

Workforce Race Equality Standard (WRES) Report 2019 for:

NHS Vale Royal CCG

August 2020

Produced by Equality and Inclusion Team, MLCSU

1.0 Introduction

This report describes our approach and performance for the Workforce Race Equality Standard (WRES) in 2020.

WRES was mandated by the NHS from April 2015 and was included within the NHS Standard Contract from 2015-16. WRES baseline data has been provided and published on a yearly basis by the NHS since July 2015.

The main purpose of the WRES is to help local and national NHS organisations to review their data across nine WRES indicators and to produce an action plan to improve workplace experiences of Black and Asian and Minority Ethnic (BAME) staff. The WRES places an obligation on NHS organisations to improve BAME representation at Board and Senior level.

The WRES is a tool designed for both NHS organisations including Providers and Commissioners.

Clinical Commissioning Groups (CCGs) have two roles in relation to the WRES – as commissioners of NHS services **and** as employers. In both roles, our work is shaped by key statutory requirements and policy drivers including those arising from:

- The NHS Constitution
- The Equality Act and The Public Sector Equality Duty
- The NHS Standard Contract
- The NHS Oversight Framework (this has replaced the CCG Improvement and Assessment Framework)

In addition to the NHS Standard Contract, The NHS Oversight Framework also requires CCGs to give assurance to the NHS England and Improvement WRES Team that their providers are implementing and using the WRES.

The CCG has monitoring arrangements in place to provide the above assurance, through contract monitoring work, equality audits and performance reporting.

2.0 The Nine WRES Indicators

Workforce indicators

For each of these four workforce indicators, compare the data for White and BAME staff

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|----|--|
| 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
Note: Organisations should undertake this calculation separately for non-clinical and for clinical staff. |
| 2. | Relative likelihood of staff being appointed from shortlisting across all posts. |
| 3. | Relative likelihood of BAME staff entering the formal disciplinary process |

compared to that of white staff.

Note: This indicator will be based on data from a two-year rolling average of the current year and the previous year.

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, compare the outcomes of the responses for White and BAME staff.

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

6. KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

7. KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion

8. Q17. 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, compare the difference for White and BAME staff.

9. Percentage difference between the organisations' Board voting membership and its overall workforce disaggregated:
- By voting membership of the Board
 - By executive membership of the Board
- Note: This is an amended version of the previous definition of Indicator 9

2.1 Definitions of ethnicity – people covered by the WRES:

Within the WRES, BAME refers to Black, Asian and Minority Ethnic groups. WRES publications often cite the term 'BME' which refers to Black and Minority Ethnic groups.

Data regarding BAME within the WRES relates to staff in the following groups which are categorised by the Office of National Statistics and cited within the [WRES technical guidance](#):

White includes:

- A – White –British
- B – White –Irish
- C – Any other white background

BAME includes:

- D – Mixed white and black Caribbean
- E – Mixed white and black African
- F – Mixed white and Asian
- G – Any other mixed background
- H – Asian or Asian British –Indian
- J – Asian or Asian British –Pakistani
- K – Asian or Asian British – Bangladeshi
- L – Any other Asian background
- M – Black or black British –Caribbean
- N – Black or black British –African
- P – Any other black background
- R – Chinese
- S – Any other ethnic group

2.2 Implementation of the WRES, CCGs should:

- Collect data on the workforce and submit through Strategic Data Collection Service between 6 July and 31st August. MLCSU team will submit this on behalf of CCG for both CCGs
- Carry out data analysis
- Produce an annual report on WRES – with regard to data protection
- Publish their WRES report and action plan

Our reporting information and data has been collated from our staff Electronic Staff Records (ESR) and internal data sets.

Due to some low number data sets being potentially identifiable to certain staff, and in accordance with the WRES technical guidance, we have taken the decision not to publicly publish our WRES data sets. We will publish our WRES action plan on the CCG website. We have taken advice over reporting very small numbers on sensitive staffing issues such as disciplinaries and redacted any sensitive information.

We have sought assurance from NHSE/I WRES team that any data submissions for each CCG will not be individually published by NHSE/I but will be used in combining with other CCG data to give an overview view of CCG workforce data at England level.

WRES technical guidance is available which notes that certain ‘white groups’ such as Gypsies and Travellers and Eastern European staff may be a significant minority group with an organisation and experience discrimination. Where this is the case, organisations should explore tackling such discrimination using workforce data, surveys and employing the principles of the WRES to take action.

2.3 Changes to WRES for 2020 reporting

Due to the COVID-19 pandemic there has been some changes in the WRES reporting for 2020. Changes included reporting dates and indicators 5 to 8 which relate to the NHS staff survey. The NHS staff survey (national level) was suspended due to COVID-19 planning.

During 2020, the disproportionate impacts of COVID-19 and the Black Lives Matter movement have increased awareness and profile of tackling race inequality issues across the UK and within the NHS. Further publication of the NHS People Plan and subsequent guidance to address race inequalities and discrimination will impact on the WRES action plans and 5 year planning for addressing Leadership Diversity.

WRES action plans should be published on website by 31st October 2020.

3.0 Our WRES data sets

The following tables show WRES reporting from the last 2 reporting periods for each of the indicators. The following data has been collated from the WRES submission templates for Vale Royal - which are in excel format.

3.1 Table showing summary workforce data – relating to indicator 1 and 9:

Relating to indicators:

- Percentage of staff in each of the AfC Bands 1-9 and Very Senior Manager (VSM) (including executive Board members) compared with the percentage of staff in the overall workforce
- Percentage difference between the organisations’ Board voting membership and its overall workforce disaggregated: By voting membership of the Board and executive membership of the Board
Note: This is an amended version of the previous definition of Indicator 9

These indicators link to Goals 3 and 4 for the Equality Delivery System.

NHS Vale Royal CCG	2019	2020
No. of staff employed within the organisation - headcount	50	55 ↓
Proportion of BAME staff %	2%	1.85% ↓
Proportion of BAME staff in VSM %	0%	0% ↑
Total Board Members headcount	13	16 ↑

Proportion of BAME Executive Board members headcount and %	0 out of 3 white 0%	0 out of 6 white 0%
Proportion of staff self-reporting their ethnicity %	93.6%	96.2% ↑

About this data:

The data sets shows relatively static staff data across the CCG. Caution should be taken with the analysis of this data due to relatively low numbers which can affect the percentage calculated.

Staffing numbers:

The overall staffing number has decreased from 50 to 55.

The proportion of BAME staff in the CCGs has also slightly decreased from 2% to 1.85%. Caution should be taken with this data set due to the relatively small number of BAME staff.

Very Senior Managers (VSM):

The proportion of BAME staff in VSM in the CCGs has stayed static at 0%.

Board Members:

Across the CCG data, the number of Board members has remained fairly static with an increase of three new member since 2019 reporting, totalling 16 in 2020. Of these, the proportion of BAME is currently 0% which is the same as the previous year.

Proportion of BAME executive Board members:

Across the CCG data, the number of executive Board members is relatively small – with a total of 6 people. For this period and previous reporting period, the BAME proportion remains at 0. BAME representation for executive Board members is lower than both local population and BAME overall staff representation.

Self-reporting of ethnicity:

The self-reporting of ethnicity on staff records is consistently high with overall reporting at 96.2%.

3.2 Table showing Recruitment data relating to indicator 2:

Related indicators:

- The relative likelihood of staff being appointed from shortlisting across all posts

These indicators link to Goals 3 and 4 for the Equality Delivery System.

NHS Vale Royal CCG	2019	2020
Number of short-listed applicants (headcount)	0	0 ↓
BAME short listed applicants – headcount and %	0 0%	0 0% ↔
Number appointed from shortlisting	0	0 ↔
BAME appointed from shortlisting – headcount and % from total appointed	0 0%	0 0% ↔
Relative likelihood of appointment from shortlisting for:		
a) White staff	0%	0%
b) BAME staff	0%	0%
c) Unknown	0%	100%

The above data shows:

There were no appointments were made in 2019 nor 2020 consequently no comment can be made on the data.

3.3. Table showing Disciplinary data relating to indicator 3:

Related indicators:

- Relative likelihood of BAME staff entering the formal disciplinary process compared to that of white staff

These indicators link to Goals 3 and 4 for the Equality Delivery System.

NHS Eastern Cheshire CCGs	2019	2020
Number of staff entering into formal disciplinary process	0	0
Number of staff from BAME entering into formal disciplinary process	0	0
Likelihood of staff entering the formal disciplinary process as a %	0	0
Relatively likelihood of BAME staff entering the formal disciplinary process compared to white staff as a %	N/A	N/A

The above data shows:

No disciplinaries were carried out in 2019 nor 2020 consequently no comment can be made on the data.

3.4 Table showing non mandatory training / development data:

NHS Vale Royal CCG	2019	2020
Number of staff accessing non mandatory training for BAME	Not calculated	Not calculated
Likelihood of staff accessing non-mandatory training and CPD for BAME	Not calculated	Not calculated
Relatively likelihood of White staff accessing non mandatory training and CPD compared to BAME staff	Not calculated	Not calculated

The above data shows:

This data set has not been reported within WRES as this is not currently captured on ESR or within internal recording. The lack of data doesn't mean that staff don't access non mandatory training and development. Current information on this should be available within individual appraisal discussions and supervision meetings.

3.5 Staff Survey – experience

Related indicators:

- KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.
- KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
- KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion
- In the last 12 months have you personally experienced discrimination at work from any of the following? Manager/team leader or other colleagues.

These indicators link to Goals 3 for the Equality Delivery System.

As noted within above section 3, there is no requirement to report on this indicator relating to staff survey work during this reporting period. The absence of reporting on this indicator does not mean that staff do not experience harassment, bullying or abuse.

The CCG has a range of reporting and procedures in place for staff reporting incidents of harassment, bullying or abuse.

4.0 WRES Action Plan

CCGs are required to produce an action plan based on the WRES findings. Following merger on 1st April 2020 a Cheshire CCG WRES action plan has been produced. This will be published on the CCG website. This will outline the steps to be taken by the CCG to improve inclusion and ensure that support is in place to meet the needs of all staff including BAME staff that are at higher risk of experiencing discrimination at work.

The action plan also brings together a range of actions relating to the NHS People Plan – published in July 2020 and the Model Employer Our WRES action plan will also incorporate the recently published reports - [NHS Peoples Plan 2020-21 Action for us all](#) and [WRES Strategy report – A Model Employer](#). Our action plan will also make reference to the links to Equality Delivery System (EDS) goals.

Our action plan and progress will be regularly reviewed throughout the year with oversight from our Governing Body.

The Executive Team will have overall oversight for monitoring led by the Accountable Officer as the Governing Body member lead for reducing inequalities.

Progress will be reported and published within:

- 2020/21 Equality and Inclusion Annual Report
- 2021 WRES report

MLCSU Equality and Inclusion Team
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