NHS WORKFORCE RACE EQUALITY REPORT 2018/19

1. INTRODUCTION

1.1 This paper provides a report and action plan on the combined results of the Hampshire and Isle of Wight Partnership of CCGs' (hereinafter referred to as the Partnership CCGs) measurement against the NHS Workforce Race Equality Standard. It provides individual CCG results and action plans within Annexes

1.2 The combined results are intended for publication. The Annexes to this paper will not be in the public domain. This is to comply with Data Protection requirements to protect identification of individuals due to the small numbers of people employed by each CCG.

1.3 By publishing a combined report and action plan the Partnership CCGs will comply with 2019 WRES Technical Guidance which requires CCGs to submit data for national analysis and publication in the same way as NHS Trusts.

1.4 The NHS Workforce Race Equality Standard (WRES) was introduced in April 2015. Its main purpose is:

1.4.1 To help local and national NHS organisations and organisations providing NHS services to review their data against the nine WRES indicators (Appendix 1);

1.4.2 To produce action plans to close the gaps in workplace experience between white and Black and Ethnic Minority (BME) staff, and

1.4.3 To improve BME representation at the Board level of the organisation.

1.5 Clinical Commissioning Groups (CCGs) have two roles relating to the WRES, one in the monitoring of providers from which they commission NHS services, the other as employers. These roles are shaped by key statutory requirements and policy.

1.5.1 **NHS Constitution.** Race equality is embedded in the fundamental values, pledges and responsibilities of the NHS Constitution to which the NHS is committed to ensuring it operates fairly and effectively.

1.5.2 **Equality Act 2010 and public sector Equality Duty to have "due regard".** CCGs and NHS providers are expected to have "due regard" to the WRES as a minimum with a view to improving workplace experience and representation at all levels for their BME staff. The Brown Principles (Appendix 2) should be applied by CCGs to determine "due regard".

1.5.3 **NHS standard contract and associated documents.** Service Condition 13.6 of the NHS Standard Contract requires each provider organisation to implement and submit an annual report to the co-ordinating commissioner on progress in implementing the standard. This does not apply to the shorter-form version of the NHS Standard Contract which is used for commissioning lower value services with smaller providers. The WRES has been part of Care Quality Commission inspections since April 2016 as part of the assessment on the extent to which the organisation is "well-led".

1.5.4 **CCG Assessment and Improvement Framework.** The CCG Assessment and Improvement Framework 2017/18 requires CCGs to show commitment to the WRES by applying as much of the WRES as possible to their own workforces. CCGs will then show that they are taking seriously improvement in their own performance against the WRES indicators. They will also demonstrate good leadership to the organisations from which they commission services

2. PROCEDURE

Measurement was undertaken against Indicators 1 to 4 (workforce) and Indicator 9 (Governing Board). The figures for Indicator 9 reflect the membership of the Committee in Common which was established in December 2019 to form a single leadership body for the Partnership CCGs.

The data for Indicators 1 to 4 (workforce) were collated from records held by each CCG's Human Resources function and training records maintained by the CCG. All data was cross- referenced by ethnicity entered on the Electronic Staff Record for the financial year 01 April 2018 to 31 March 2019.

Comparison was made against statistics available for 2017/18. A staff survey was not conducted in 2018/19. There is therefore no assessment against Indicators 5 to 8 (staff experience).

3. FINDINGS

CCG Partnership Total Workforce	Number
Total staff in the workforce	**398**
Total number of staff whose ethnic origin is known	**345**
Total number of BME staff	**22**
Total number of White Staff	**323**
Not Stated	**53**

Indicator	Indicator Description	Partnership CCG Data	
		Descriptor	**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. Organisations should undertake this calculation separately for non-clinical and for clinical staff.	Number BME staff in Bands 8 to 9 and VSM	11
		Total number of staff Bands 8 to 9 and VSM	198
		% BME staff Bands 8 to 9 and VSM	**5.6%**
		Number of BME staff in clinical roles	6
		Number of BME staff in non-clinical roles	16
		% BME staff in Bands 1-4 in Clinical roles	**0.0%**
		% BME staff in Bands 1-4 in non-Clinical roles	**12.1%**
		% BME staff in Bands 5-7 in Clinical roles	**0.0%**
		% BME staff in Bands 5-7 in non-Clinical roles	**7.4%**
		% BME staff in Bands 8-9 and VSM in Clinical roles	**8.8%**
		% BME staff in Bands 8-9 and VSM in non-Clinical roles	**3.8%**
		Number BME staff in overall workforce	22
		Total number of staff in overall workforce whose ethnic origin is known	**345**
		% BME staff in overall workforce	**6.4%**

Indicator	Indicator Description	Partnership CCG Data		
2	Relative likelihood of staff being appointed from shortlisting across all posts.	**Descriptor**	**White**	**BME**
		Number shortlisted applicants	289	69
		Number appointed from shortlisting	71	5
		Ratio shortlisting/appointed	24.6%	7.2%
		Relative likelihood of White staff being appointed from shortlisting compared to BME staff is times greater	**3.39**	

Indicator	Indicator Description	CCG Baseline Data		
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 the previous year.	**Descriptor**	**White**	**BME**
		Number in workforce	345	22
		Number of staff entering formal disciplinary	1	0
		Likelihood of White staff entering formal disciplinary	**0.0029**	
		Likelihood of BME staff entering formal disciplinary	**0**	
		The relative likelihood of BME staff entering formal disciplinary compared to White staff is	**0**	

Indicator	Indicator Description	CCG Baseline Data		
4	Relative likelihood of staff accessing non-mandatory training and CPD.	**Descriptor**	**White**	**BME**
		Number of staff in workforce	345	22
		Number of staff accessing non mandatory training and CPD	98	6
		Likelihood of **White** staff accessing non-mandatory training and CPD	**0.284**	
		Likelihood of **BME** staff accessing non-mandatory training and CPD	**0.273**	
		Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff	**1.042**	

Indicator Description		Partnership CCG Dataa			
9	Percentage difference between the organisations' Board voting membership and its overall workforce.	**Descriptor**	**White**	**BME**	**Not Stated**
		Board Representation	**60.00%**	**4.00%**	**36.00%**
		CCG Staff	**82.57%**	**5.63%**	**11.80%**
		Percentage difference	**-22.57%**	**-1.63%**	**24.20%**

4. CONCLUSIONS

As at 31st March, 2019 ethnicity was known for **86.7%** of the workforce that comprised Hampshire and Isle of Wight Partnership of CCGs. Of these, **6.4%** were BME. This compares with **8.2%** BME population of Hampshire, and, as a unitary authority, **2.7%** of Isle of Wight (source 2011 Census).

BME staff were represented at all levels of the CCG Partnership and accounted for **5.6%** of staff employed in Bands 8 and 9 and VSM roles. Of these, **3.8%** were in non-clinical roles and **8.8**% in clinical roles. BME staff were also employed in non- clinical roles, in Bands 1 to 4 (**12.1%** of all those in Bands 1 to 4)) and Bands 5 to 7 **(7.4%** of all those in Bands 5 to 7**)**. The Committee in Common included **4.0%** BME of known ethnicity of voting members.

The relative likelihood of white applicants being appointed from shortlisting was **3.39** times greater than BME applicants. The formal disciplinary process was access by one white member of staff during 2018/19.

When compared with BME staff, white staff were **1.042** times more likely to access non-mandatory training and CPD. This represents a marginal difference in accessing training by white and BME staff. It relates to **28.4%** of White staff and **27.8%** of BME staff. It does, though, need to be viewed in the context of the relatively smaller number of BME staff employed compared with white staff.

5. ACTION PLAN

Measure	How	By Whom	Outcome	When
1. 90% of staff record ethnicity through self-administration of the ESR.	Targeted communication from HR via line managers.	HR and staff side representatives	Staff records provide useful data on which to measure against CCG compliance against the WRES indicators.	Ongoing
2. 90% of Board members complete ethnicity through self-administration of the ESR.	Targeted campaign and/or face-to-face equality training with governing body members.	Equalities lead working with Governance lead.	Progress towards compliance with good practice for known ethnicity at Governing Body level.	Ongoing.
3. Complete CCG assessment against Indicators 5 to 8	Support HR to understand the link between the WRES and CCG staff survey to address Indicators 5 to 8.	Equalities lead working with HR lead.	Staff survey supports completion of WRES Indicators 5 to 8.	Q4 2019/20.
4. Review ethnic profile of the population served	HR lead to review	HR lead working with	Assurance of equitable access to available	Ongoing.

Measure	How	By Whom	Outcome	When
by CCG against recruitment processes to ensure access is equitable.	recruitment process to seek assurance on equitable access to employment..	recruiting/line managers	posts.	
5. Collate and analyse uptake of non-mandatory training and CPD data.	Review uptake of non-mandatory training and CPD and cross-reference with ethnicity by uptake and non-uptake.	FGSEH Head of Workforce and Education and Partnership CCG People Development Lead.	Assurance of equity of access to non-mandatory training and CPD by BME staff.	Q4 each year.
6. Raise awareness and understanding of the WRES to the CCG and NHS workforces.	Partnership Equality and Diversity Training Analysis and Training Plan will be developed and shared across the Partnership.	Equality and Diversity Manager	Line managers understand the relevance of race in HR procedures.	Q2 2019/20

Appendix 1: WRES Indicators

	NHS Workforce Race Equality Standard Indicators
	Workforce indicators **For each of these four workforce indicators, the Standard compares the metrics for White and BME staff.**
1.	Percentage of staff in each of the AfC Bands 1-9 and VSM or Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce • Non-clinical staff • Clinical staff of which: ○ Non-medical staff Note: Definitions for these categories are based on Electronic Staff Record occupation codes with the exception of Medical and Dental staff which are based on grade codes.
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.
4.	Relative likelihood of staff accessing non mandatory training and CPD.
	National NHS Staff Survey findings. **For each of these four staff survey indicators, compare the outcomes of the responses for White and BME 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.	Q 17. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues
	Boards representation indicator For this indicator, compare the difference for White and BME staff
9.	Percentage difference between the organisation's Board membership and its overall workforce disaggregated: • By voting membership of the Board • By executive membership of the Board

Appendix 2: The Brown Principles as applied to CCGs' use of WRES

Brown Principle	Requirement in respect of the equality duty	Implications of "due regard" for the WRES for CCGs
Knowledge	The decision makers must be aware of their duty to have 'due regard' to the three aims of the duty.	CCGs must be aware of the WRES, its aims and metrics.
Sufficient information	The decision maker must consider what information he or she has and what further information may be needed in order to give proper consideration to the Duty.	CCGs must consider what data they currently have about their own workforce, analysed by ethnicity, and what further information may be needed in order to give proper consideration to the WRES.
Timeliness	The Duty must be complied with before and at the time that a particular policy is under consideration or decision is taken – that is, in the development of policy options, and in making a final decision. A public body cannot satisfy the Duty by justifying a decision after it has been taken.	CCGs are expected to collect and analyse their workforce data using the WRES metrics and to use that data to consider the extent to which gaps exist between the experience and treatment of White and BME staff using both workforce and staff survey data. Where CCGs do not currently participate in the National Staff Survey they should consider what means they might use that are appropriate to determine staff views.
Real consideration (Decision Making)	Consideration of the three aims of the Equality Duty must form an integral part of the decision-making process. The Equality Duty is not a matter of box-ticking; it must be exercised in substance, with rigour and with an open mind in such a way that it influences the final decision.	Consideration of the WRES must form an integral part of the decision-making process. The WRES is not a matter of box-ticking; it must be exercised in substance, with rigour and with an open mind in such a way that it influences decisions on workforce treatment and experience.
Accountability (No delegation)	Public bodies are responsible for ensuring that any third parties which exercise functions on their behalf are capable of complying with the Equality Duty, are required to comply with it, and that they do so in practice. It is a duty that cannot be delegate.	Having due regard to the WRES is not to be delegated to another body.
Monitoring and review	Public bodies must have regard to the aims of the Equality Duty not only when a policy is developed and decided upon, but also when it is implemented and reviewed. The Equality Duty is a continuing duty.	CCGs must have regard to the aims of the WRES and only when a workforce policy is developed and decided upon, but also when it is implemented and reviewed.