

# **EQUALITY & DIVERSITY**

**Workforce Race Equality Standard Report  
2018/2019**

**NHS Cambridgeshire and Peterborough  
Clinical Commissioning Group**

## **1. Introduction**

The purpose of the Workforce Race Equality Standard (WRES) is to help NHS Organisations to:

- Ensure that employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.
- Review their data against the nine WRES indicators (detailed in Appendix 1).
- Produce action plans to close gaps in workplace experience between White and Black and Ethnic Minority (BME) staff.
- Improve BME representation at the Board level of the organisation.

The WRES was first made available to the NHS in April 2015. It was included in the NHS Standard Contract 2015/16, and since then all NHS Trusts have produced and published their WRES data. This agenda and the work of the WRES is embedded in the NHS Long Term Plan.

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) also completed a WRES baseline report in 2015 and subsequently reported in 2016-17. The WRES report 2017-18 was deferred until the year 2019 as the staff survey results were delayed and data were not available until after March 2018.

## **2. Role of the Clinical Commissioning Group**

The CCG has two roles in relation to the WRES - as a commissioner of NHS services, and as an employer.

As a commissioner, the CCG is required to:

- Give assurance to NHS England that Providers the CCG commissions are implementing the WRES (WRES is part of the CCG Assessment and Improvement 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 using the WRES in helping to improve workplace experiences and representation at all levels for its own BME staff.

In practice this means the CCG should:

- Collect data on its workforce by ethnicity, as well as by other characteristics given protection under the Equality Act 2010.
- Carry out data analysis.
- Produce an annual report using the WRES Reporting Template, accompanied by the organisation's WRES Action Plan. From 1 July 2016, onwards CCGs have been expected to produce a report and plan.

### 3. CPCCG report against WRES indicators for 2018-19

This section sets out the CCG's position against the WRES indicators in 2019. It is based on a snapshot of the CCG workforce as at 31 March 2019, as well as the CCGs 2018 Staff Survey results. This information will be submitted to NHS England.

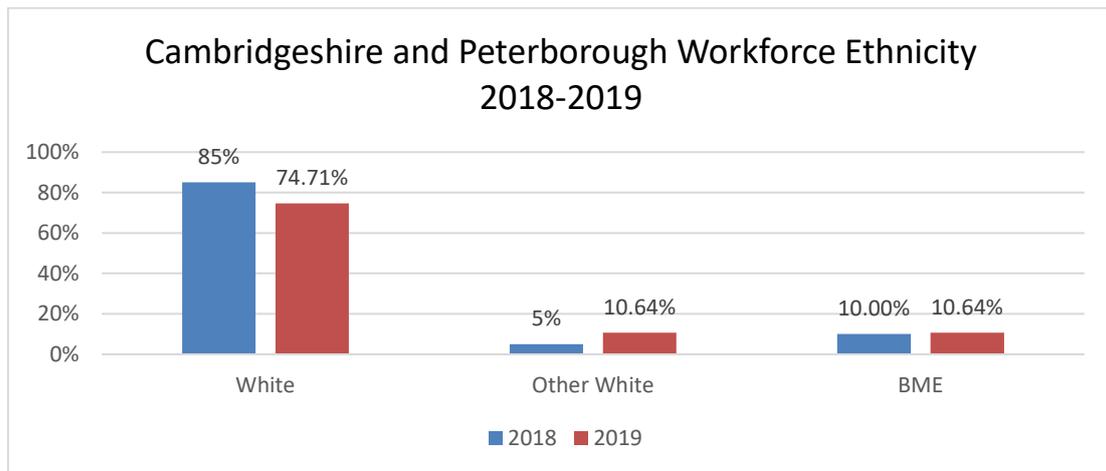
Table One shows a comparison of the make-up of the local population with the make-up of the CCG workforce (the white population is presented as White British, White Other).

Table One:

<b>Ethnic Group</b>	<b>Proportion of Cambridgeshire population</b>	<b>Proportion of Peterborough population</b>	<b>Proportion of England and Wales population</b>	<b>Proportion of the CCG Workforce</b>
White British	84.5%	70.9%	79.8%	74.7%
White Other (Irish, Gypsy or Irish traveller, Western European, Eastern European)	8.1%	11.6%	5.7%	10.6
BME	5.9%	16.8%	13.1%	10.6%
Other	1.7%	0.8%	1.2%	4.0%
(Based on 2011 Census data)				

The Ethnicity make-up of the CCG's workforce (March 2019) is shown in Figure One with data for the previous year included for comparison.

Figure One:



Six staff did not state their ethnicity (1.7%) and Eight staff (2.3%) have unspecified ethnicity (together equal to 4.0% of the CCG workforce).

When comparing the make-up of the CCG workforce with the populations served (Cambridgeshire) Table One shows that the CCG workforce with 74.7% White British appears to be more diverse than the whole of Cambridgeshire at 84.5% White British.

The population of Peterborough as a standalone area however includes a higher proportion of BME individuals than are represented within the CCG and reside within Cambridgeshire overall.

Since the initial WRES analysis undertaken in 2015, the CCG has increased its proportion of BME staff from 8% (March 2015) to 10% (March 2017). Since 2017 there has been a further, slight, improvement from 10% to 10.6%. This indicates more work is still required to recruit and retain a more representative workforce within the CCG. This is borne out in later data within this report (WRES Indicator 2)

### **WRES indicators**

**WRES Indicator 1:** Table two provides data for Indicator 1 - *Percentage of White and BME staff in each of the Agenda for Change (AfC) Bands 1-9 and Very Senior Management (including executive Board members) compared to the percentage of staff in the overall workforce.*

Table Two: Proportion of White and BME staff in each pay band in the CCG

**Clinical Staff (31 March 2019)**

Band	%BME	%White	%Not Stated	Total
Band 5	00.0%	100.00%	0.00%	100.00%
Band 6	6.25%	87.50%	6.25%	100.00%
Band 7	27.27%	63.64%	9.09%	100.00%
Band 8a	33.33%	66.67%	0.00%	100.00%
Band 8B	16.67%	83.33%	0.00%	100.00%
Band 8c	0	100.00%	0.00%	100.00%
Band 8d	20.00%	80.00%	0.00%	100.00%
Band 9	0	0	0	0.00%
Senior Medical Managers	27.27%	66.67%	6.06%	100.00%
Overall Workforce	10.63%			

**Non-Clinical Staff (31 March 2019)**

Band	%BME	%White	%Not Stated	Total
Band 2	50.00%	50.00%	0.00%	100.00%
Band 3	6.67%	93.33%	0.00%	100.00%
Band 4	13.79%	79.31%	6.90%	100.00%
Band 5	12.12%	81.82%	6.06%	100.00%
Band 6	7.14%	92.86%	0.00%	100.00%
Band 7	4.55%	88.64%	6.82%	100.00%
Band 8a	5.41%	91.89%	2.70%	100.00%
Band 8b	0.00%	100.00%	0.00%	100.00%
Band 8c	0.00%	100.00%	0.00%	100.00%
Band 8d	7.69%	92.31%	0.00%	100.00%
Band 9	0.00%	100.00%	0.00%	100.00%
VSM	0.00%	85.71%	14.29%	100.00%
Overall Workforce	10.63%			

**All Staff (31 March 2019)**

Band	%BME	%White	%Not Stated	Total
Band 2	50.00%	50.00%	0.00%	100.00%
Band 3	6.67%	93.33%	0.00%	100.00%
Band 4	13.79%	79.31%	6.90%	100.00%
Band 5	10.26%	84.62%	5.31%	100.00%
Band 6	6.67%	90.00%	3.33%	100.00%
Band 7	9.09%	83.64%	7.27%	100.00%
Band 8a	12.24%	85.71%	2.04%	100.00%
Band 8b	5.88%	94.12%	0.00%	100.00%
Band 8c	0.00%	100.00%	0.00%	100.00%
Band 8d	11.11%	88.89%	0.00%	100.00%
Band 9	0.00%	100.00%	0.00%	100.00%
Senior Medical Managers	27.27%	66.67%	6.06%	100.00%
VSM	0.00%	85.71%	14.29%	100.00%
Overall Workforce	10.63%			

Note: - For the purpose of the WRES Indicators, White British and Other White are combined. This is due to the WRES Indicators requiring data for only two categories namely, White and BME.

Table Two shows that the proportion of BME staff in the CCG workforce is 10.6%. The table shows that BME staff are therefore under-represented in Bands 3, 6, 7, 8b, 8c, 9 and at VSM (Very Senior Manager (Executive Director) level). Bands 4, 5 and 7 have relatively high numbers of “not stated” reported.

It is recommended that the CCG goes back to the staff who have not stated their ethnicity and encourage them to provide an ethnicity category as this will improve the data and help to better inform the CCG’s understanding of the data.

**WRES Indicator 2:** Table Three sets out the data for indicator 2 - *Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts.*

Table Three

April 2018 – March 2019	BME applicants	White applicants	Undisclosed
Number of shortlisted applicants	102	292	14
Number appointed from short listing	7	49	1
Relative likelihood of White staff being appointed from short listing compared to BME staff	0.06	0.16	
	(2.44 greater in 2018/19)		

Table Three identifies that across the year ending 31 March 2019, White candidates were 2.44 times more likely than BME candidates to be appointed into a role in the CCG.

The CCG utilises NHS Jobs website to manage candidate applications. The functionality of NHS Jobs enables and ensures that CCG managers at the shortlisting stage are not provided with candidate information that might directly identify the ethnicity, age, gender of the applicant. The number of BME applicants reaching the shortlist appears not to be the main issue with 102 BME applicants shortlisted and 292 White applicants shortlisted. All CCG job descriptions include a requirement for staff to perform their duties in accordance with the CCG’s commitment to Equality and Diversity.

We acknowledge that there may be some existence of conscious bias and it is recommended that to assist the to address the outcome of WRES Indicator 2 that the CCG continues to train all managers involved with the recruitment and selection of staff and considers making the training mandatory for staff that are involved with shortlisting and interviewing as opposed to the current voluntary position that is taken.

**WRES indicator 3:** Table Four sets out the data for indicator 3 - *Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation\**

\*Note: indicator based on data from a two-year rolling average of the current year and the previous year.

**Table Four**

April 2018 – March 2019	BME staff	White staff
Number of staff in workforce	45	297
Number entering disciplinary process	1	0
Relative likelihood of BME staff entering the formal disciplinary process	0.02 greater	

The number of disciplinary cases arising in the CCG is low, only one formal process was followed during 2018/19.

**WRES indicator 4:** Table Five provides the data for Indicator 4 - *Relative likelihood of BME staff accessing non-mandatory training and CPD as compared to White staff*

**Table Five**

April 2018 – March 2019	BME staff	White staff
Number of staff in workforce	45	297
Number of staff accessing non mandatory training and CPD	13	33
Likelihood of White staff accessing non-mandatory training and CPD	0.38	
Likelihood of BME staff accessing non-mandatory training and CPD as compared to White staff	0.28	
Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff	0.11	

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

Table Five suggests that BME staff in the CCG is more able and or inclined to access non mandatory training than their White colleagues. This indicates that the learning of BME staff are met but when compared to the CCG staff survey results this is different.

### **NHS Staff Survey based WRES Indicators**

WRES indicators 5 to 8 are based on the 2018 CCG Staff Survey results.

WRES indicator 5: Table Six sets out the data for Indicator 5 - *Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.*

Table Six

Percentage of staff Experiencing harassment, bullying or abuse from patients	BME	White staff
	0.00%	13.07%

Indicator 5 – Compared to the 2016/17 figure of 10.6%, this indicator shows an increase in the number of white staff reporting experiencing harassment, bullying or abuse *from* patients, relatives or the public in last 12 months. The data indicates that no BME staff reported this experience when responding to the CCG staff survey.

The data for BME staff seems encouraging. The data for White staff is not.

It is recommended that the CCG analyse its other reporting systems (for example Datix) as a cross reference check that any incidence of BME staff harassment or bullying from patients is not missed by it not being reported via the Staff Survey.

**WRES indicator 6: Table Seven sets out the data for Indicator 6 - Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.**

Table Seven

Percentage of staff experiencing harassment, bullying or abuse from staff	BME Staff	White Staff
	20% (3)	80% (12)

Table Seven identifies that fifteen members of staff reported in the staff survey that they had experienced harassment, bullying or abuse from other staff in the year 2018-19. 80% of those fifteen that reported were white staff and 20% were BME staff. The CCG takes bullying and harassment seriously and takes a zero-tolerance approach to address such cases.

Table Four identified that the CCG workforce comprises 45 BME staff and 297 White staff.

Three BME staff reporting bullying as a proportion of BME staff in the CCG workforce equates to 6.67% of BME staff reporting via the Staff Survey route that they consider they have been bullied by other CCG staff.

Twelve White staff as a proportion of all White staff in the CCG workforce equates to 4.0% of White staff reporting via the Staff Survey route this to have been their experience.

**WRES indicator 7: Table Eight sets out the data for Indicator 7 - Percentage believing that the trust provides equal opportunities for career progression or promotion.**

Table Eight

Percentage believing CCG provides equal opportunities for career progression or promotion	BME staff	White staff
	69.23%	80.95%

The figures for 2018/19 indicates an improvement from the year 2016/17 when only 33% of BME staff believed the CCG provides equal opportunities for career progression or promotion. This indicator shows a drop of 3% for White staff who believe that there are equal opportunities for progression and promotion.

**WRES indicator 8:** Table Nine provides the data for Indicator 8 - *In the last 12 months have you personally experienced discrimination at work from any of the following? Manager/team leader or other colleagues.*

Table Nine

Percentage of staff experiencing discrimination from manager/colleague	BME staff	White staff
	30.77%	11.33%

Table Nine identifies that 11.33% of white staff responding to the staff survey and 30.77% of BME staff responding to the staff survey identified that they considered they had experienced discrimination from their manager/team leader or other colleagues during the past year.

### **Board representation indicator**

This WRES 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 indicator 9:** Table Ten provides the data for Indicator 9 - *Percentage difference between the organisations' Governing Body voting membership and its overall workforce.*

Table Ten

	<b>White British, Irish or Any other White staff</b>	<b>BME staff</b>
Voting members of the Governing Body	78.95.%	15.79%
Executive members of the Governing Body	100%	0%
Overall BME workforce	10.63%	
Percentage difference between the organisation's Governing Body voting membership and its overall workforce.	+5.16%	
Percentage difference between the organisation's Governing Body executive membership and its overall workforce	-10.63%	

Table Ten shows that the Voting Membership of the CCG Governing Body had a higher proportion of BME people, 15.79%, than the overall CCG workforce of 10.63% BME (2 of the 19 voting members of the Governing Body are of BME origin).

None of the 5 Executive members are of BME origin (0%).

The data for Board voting membership give a positive picture of Governing Body composition compared with BME staff representation across the CCG workforce.

#### **4. Assurance that commissioned Providers are using WRES**

As a commissioner, we must provide assurance to NHS England that Providers we have commissioned to deliver NHS services and care to the population are implementing WRES. To help achieve this, information on each provider's progress is collated. The CCG will review provider WRES action plans as part of contract monitoring in 2019/20 and in subsequent years – this will be an agenda item at the Clinical Quality Review Meeting with each provider.

## Main commissioned Provider trust compliance with the WRES

Provider Trust	Report published 2017	Report published 2018	Report published 2019
Cambridge University Hospital	Yes	Yes	Pending
Cambridge and Peterborough Foundation Trust (CPFT)	Yes	Yes	Pending
Peterborough and Stamford Hospitals NHS Foundation Trust	Yes	Yes	Pending
Hinchingbrooke Hospital	Yes	Yes	Pending
Papworth Hospital	Yes	Yes	Pending
Cambridge Community Services	Yes	Yes	Pending

Note: In line with the NHS Standard Contract SC13.6, NHS Trusts are required to produce and publish their WRES data since 2015. Trusts must send WRES reports to NHS England and to their relevant CCG. WRES is part of the CCG Assessment and Improvement Framework). WRES guidance states that organisations should publish their annual WRES data on their website, alongside their WRES action plan.

## Recommendations

### WRES Indicator 1

It is recommended that the CCG goes back to the staff who have not stated their ethnicity and encourage them to provide an ethnicity category as this will improve the data and help to better inform the CCG's understanding of the data.

### WRES Indicator 2

It is recommended that to assist the CCG to address the outcome of WRES Indicator 2 that the CCG continues to train all managers involved with the recruitment and selection of staff and considers making the training mandatory for staff that are involved with shortlisting and interviewing as opposed to the current voluntary position that is taken.

### WRES Indicator 5

It is recommended that the CCG analyse its other reporting systems (for example Datix) as a cross reference check that any incidence of BME staff harassment or bullying from patients is not missed by it not being reported via the Staff Survey route.

Reference: *NHS England (Technical Guidance for the NHS Workforce Race Equality Standard (WRES)*, National WRES Implementation Team

Annex relating to this report

C&P CCG Equality & Diversity Strategy 2017-2020

C&PCCG Equality & Policy 2017 -2020

[www.cambridgeshireandpeterboroughccg.nhs.uk](http://www.cambridgeshireandpeterboroughccg.nhs.uk)

**Workforce Race Equality Standard 2019/20 Action Plan**

<b>WRES Metric</b>	<b>Action</b>	<b>EDS2 Link//Equality Objective</b>	<b>Lead</b>	<b>Time Scale</b>	<b>Progress</b>
Workforce Metrics 1-4	1. Ensure recruiting managers/officers have completed recruitment and selection training incorporating a module on tackling bias and discrimination and continue to monitor the recruitment and selection process.	EDS3 Goal 3: A representative and supported workforce	HR Team	Ongoing	
	2. At interviews ensure at least one member of the interview panel member is trained in the recruitment and selection process.		HR Team	Ongoing	
	3. Continue to monitor the profile of the workforce by ethnicity across pay bands.		HR Team	March 2020	
	4. Encourage staff to provide an ethnicity category as this will improve the data particularly the 'not stated' and help to better inform the CCG's understanding of the data.	CCG Equality objective 3- To ensure all staff at all levels including provider organisations are trained, equipped and supported to	Quality Team and E&D Lead for provider organisations	Ongoing	
	5. Offer learning and development opportunities through Individual learning		HR Team		

	<p>accounts accessible to all staff. Uptake to be monitored using the equality questionnaire to assess if applications are received from all staff groups including Protected Characteristics groups.</p> <p>6. Ensure staff records are up to date and that this can be analysed by categories which capture the protected characteristic groups in order to identify and address areas of inequality.</p>	<p>deliver personal, fair and diverse services competently with dignity and respect.</p>		<p>March 2020</p>	
<p>Workforce Metrics 5-6</p>	<p>7. Ensure all staff are aware of CCG's Dignity at work Policy, the Freedom to Speak Up policy as well as the Bullying and Harassment procedures.</p> <p>8. Promote and role model the positive staff behaviours that reflect the organisational values (<i>Honest, Organised, Decisive, Innovative, Ambitious, and Compassionate</i>) through the implementation of the Organisational Development Plan.</p>	<p>EDS2 Goal 3: A representative and supported workforce</p> <p>Value based recruitment Managers must be reminded of compassionate staff.</p>	<p>HR Team</p> <p>Managers OD &amp; HR team</p>	<p>Ongoing</p>	
<p>Workforce Metrics 7-8</p>	<p>9. Complete a staff engagement survey in 2019, reflecting the WRES questions to provide comparative data.</p> <p>10. Encourage and support staff to seek support available i.e. access to learning and development opportunities, mentoring, occupational health, counselling etc.</p>	<p>EDS3 Goal: A representative and supported workforce</p> <p>Safe call, external freedom to speak up helpline.</p>	<p>HR Team</p> <p>HR Team Managers</p>	<p>December 2019</p> <p>Ongoing</p>	

	<p>11. Analyse protected characteristic data to identify trends/ patterns</p> <p>12. Share and discuss findings of the WRES report with REMCOM and the EDSG.</p>			<p>March 2020</p> <p>Quarterly Annually</p>	
Metric 9	<p>13. Ensure the Governing Body and the CCG are inclusive and fully engaged with the EDS2 framework and able to lead and to challenge plans and decisions in respect of PC groups' interests.</p> <p>14. Embed the EDS2 framework within the CCG Assurance Framework.</p> <p>15. Carry out an annual equality monitoring exercise on the profile of the Board.</p> <p>16. Ensure staff records are up to date and that this can be analysed by categories which capture the protected characteristic groups in order to identify and address areas of inequality.</p>	<p>EDS2 Goal 4: Inclusive Leadership</p> <p>CCG Equality Objective 4</p> <p>CCG Equality Objective 4</p> <p>EDS2 Goal 3</p>	<p>Corporate EDSG</p> <p>Ongoing</p> <p>HR E&amp;D Adviser</p> <p>HR</p>	<p>Ongoing</p> <p>March 2020</p> <p>Ongoing</p>	
Metrics 1-9	<p>17. Support the implementation of the WRES across our provider base, in our role as Commissioner:</p> <ul style="list-style-type: none"> <li>Incorporate the WRES returns from providers into the contracting schedule and monitor WRES returns from providers every year with a quarterly follow up on progress.</li> </ul>	<p>EDS2 Goal 1: Better Health Outcomes</p> <p>EDS2 Goal 1: Better Health Outcomes</p> <p>Quality</p>	<p>EDSG Contracting &amp; Performance and Quality</p> <p>EDSG</p> <p>EDSG</p>	<p>Quarterly meetings 2019/20</p> <p>Quarterly Meetings</p>	

	<ul style="list-style-type: none"> <li>• Monitor the performance of providers on the WRES and how well led they are through quality assurance visits.</li> <li>• Exchange ideas, support, and network on the WRES through active participation and leading on the regional NHS Equalities Network.</li> </ul>	E&D Lead	ED Steering Group ED Adviser	Quarterly Meetings  Quarterly meetings	
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## Appendix One

### The NHS Workforce Race Equality Indicators (April 2019)

	<b>Workforce Indicators</b> For each of these four workforce indicators, compare the data for White and BME staff.
1.	Percentage of White and BME staff in each of the Agenda for Change (AfC) Bands 1-9 and Very Senior Management (including executive Board members) compared to 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 BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts.
3.	Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White 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 Continuing Professional development (CPD).
	<b>National NHS Staff Survey indicators (or equivalent)</b> For each of the four staff survey indicators, compare the outcome of the responses for White and BME staff.
5.	KF25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.
6.	KF26. Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months.
7.	KF21. Percentage believing the 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?
	Board representation indicator
9.	Percentage difference between the organisations' Board voting membership and its overall workforce. Note: Only voting members of the Board should be included when considering this indicator.