

WORKFORCE RACE EQUALITY STANDARD (WRES)



NHS Barnet CCG
NHS Camden CCG
NHS Enfield CCG
NHS Haringey CCG
NHS Islington CCG



Report 2016

WRES report produced by NEL
CSU for North Central London
(NCL) Clinical Commissioning
Groups (CCGs)

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Final draft1.1

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Introduction

- The Equality and Diversity Council (EDC) agreed that a Workforce Race Equality Standard (WRES) for the NHS be consulted on, with a view to it being included in the NHS standard contract 2015/16.
- The WRES was welcomed as a positive step forward for NHS organisations, particularly for the provider Trusts to deliver their responsibilities under the equality agenda and has now been included in the 2015/16 NHS standard contract. The WRES forms the first phase in a programme of work addressing workforce equality issues.
- The recent guidance has extended the requirements to include non-NHS providers who deliver health care services. CCGs must seek assurance from their providers on the WRES.
- Providers and CCGs published their first WRES report in July 2015. Now under the new WRES guidance CCGs are allowed to publish their WRES report with other CCGs by using aggregated data.
- North Central London Clinical Commissioning Groups (CCGs) have worked together with NEL Commissioning Support Unit (NEL CSU) to publish their Workforce Race Equality Standard Report (WRES) 2016.
- Based on the nine WRES indicators, the five CCGs have collated and analysed their workforce race equality data. They have met, discussed and agreed the scope and the format of the report to ensure that race equality in the CCG workforce and, to a certain extent, in provider organisations can be advanced through partnership working and commissioning- bearing in mind that the CCGs and their providers all have the same duty to have due regard to the WRES.

Our commitments

- As Clinical Commissioning Groups (CCGs) in North Central London we have been working together to commission health care services for our local population. We are driven by NHS mandates and the Five Year Forward View; we have shared values; and most importantly we serve a similar population. That said, our organisational dynamics are unique and our local priorities are different and our workforce come from diverse backgrounds.
- We are committed to ensuring that diversity and inclusion is at the heart of everything we do in our CCGs and to seek assurance from our providers that they do the same to meet the contractual requirements in relation to the Workforce Race Equality Standard (WRES) and Equality Delivery System (EDS2).
- Since inception all our CCGs have adopted EDS2 and now we are publishing the WRES report. But publishing reports is one part of the 'due regard'. What is important to us is everyone in the organisation to work together to attract, retain and support a high quality diverse workforce that we make our CCGs stronger commissioning organisations that reflect the local community.
- To meet the requirements of the WRES, each CCG will develop their own action plan based on the recommendation(s) in this report which will be part of the EDS2 and any equality objectives action plan.

Context to the changes to the WRES indicators

- The NHS Equality and Diversity Council announced on 31 July, 2014 that it had agreed actions to ensure employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace. The Equality and Diversity Council pledged its commitment, subject to consultation with the NHS, to implement two measures to improve equality across the NHS, which started in April 2015.
- Based on the feedback from the WRES baseline data returns and from engagement with the NHS, including via regional NHS WRES workshops conducted during 2015/16, the wording for two of the WRES indicators has been revised:
 - **WRES Indicator 1** now asks for the percentage of BME staff in each of the Agenda for Change bands and VSM (including executive Board members), as opposed to just in bands 8a-9 and VSM. This will help organisations to identify career progression blockages that surface within the bands 1-7, in addition to potential blockages within the senior management bands.
 - **WRES Indicator 9** now requires the percentage difference between the organisations' BME board voting membership and its overall BME workforce. The previous indicator 9 was vague and focused upon comparison of the Boards' BME representation with the BME population served. It is widely acknowledged that the 'population served' boundaries for many NHS organisations are not always clear. Many organisations cover a number of regions, or parts of regions. The revised Indicator is based upon the goal of organisations moving towards having workforces that are representative of the local populations served, and Boards that are reflective of those workforces.

The WRES indicators (1-4): Workforce

	Workforce indicators For each of these four workforce indicators, <u>compare the data for White and BME staff</u>
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 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

The WRES indicators (5-8): Staff survey

	National NHS Staff Survey indicators (or equivalent) For each of the four staff survey indicators, <u>compare the outcomes of the responses for White and BME staff</u>
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

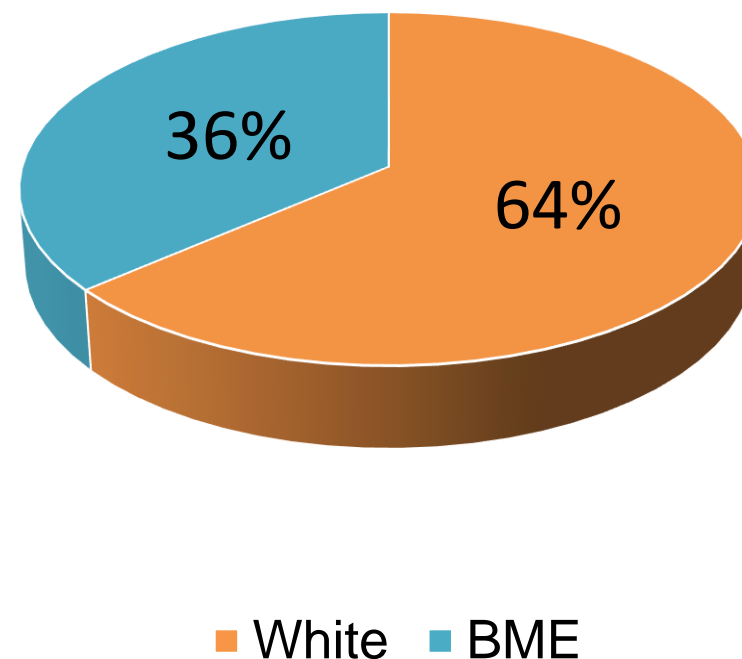
The WRES indicator 9: Board's voting members

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
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NCL Population

Code	Ethnicity	Number	%
A	White: British	572250	42%
B	White: Irish/Gypsy or Irish travellers	38969	3%
C	White: Other White	248887	18%
D	Mixed: White and Black Caribbean	19535	1%
E	Mixed: White and Black African	11817	1%
F	Mixed: White and Asian	20653	2%
G	Mixed: Other Mixed	24556	2%
H	Asian: Indian	55130	4%
I	Asian: Pakistani	12298	1%
J	Asian: Bangladeshi	29396	2%
K	Asian: Chinese	25541	2%
L	Asian: Other Asian	57076	4%
M	Black: African	94075	7%
N	Black: Caribbean	51328	4%
O	Black: Other Black	27899	2%
P	Other ethnic group: Arab	14694	1%
R	Other ethnic group: Any other ethnic group	46137	3%

Chart 1: NCL Population by ethnicity



North Central London CCGs have significantly high numbers of population from Turkish, Cypriot and Greek origin whose ethnicity is recorded under “Any Other White” (18%).

WRES 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

Chart 2: Workforce by CCG as at 31 March 2016

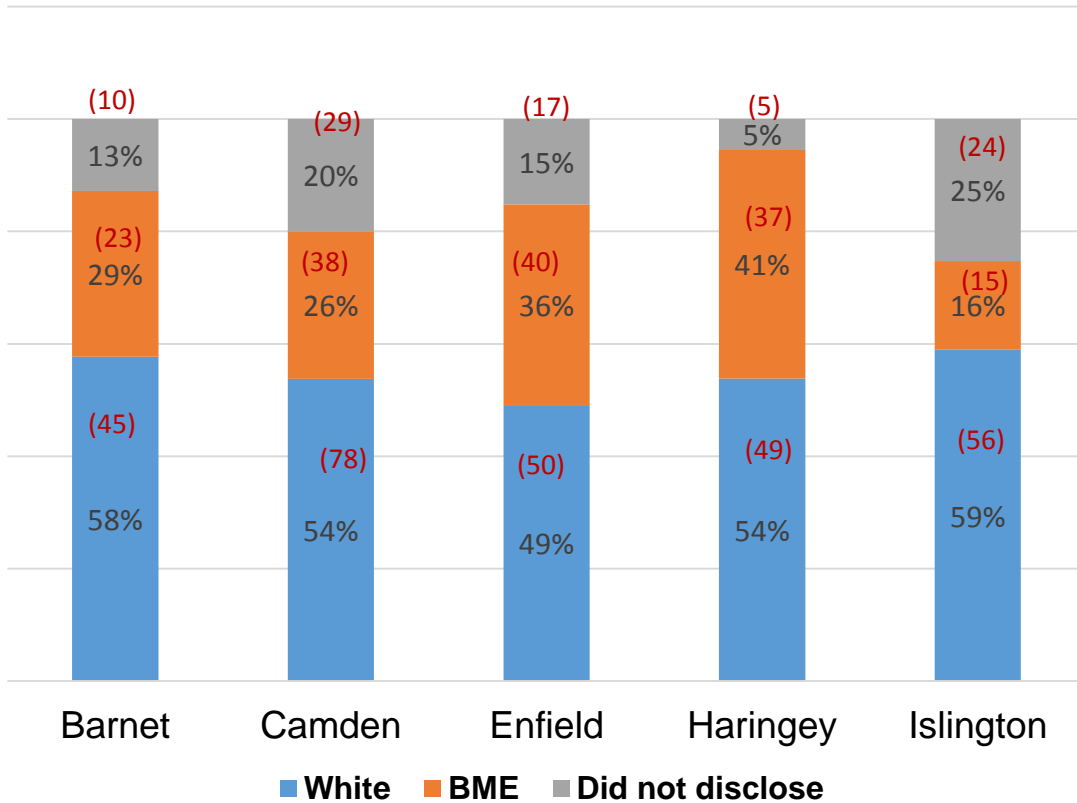
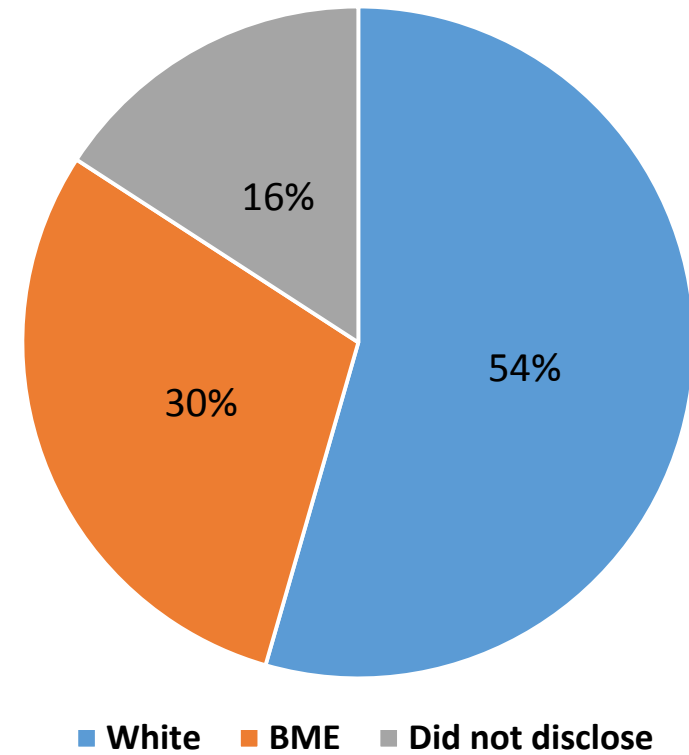


Chart 3: NCL Workforce as at 31 March 2016



As at 31st March NCL CCGs employ 521 staff; 54% are White, 30% BME and 16% have not disclosed their ethnicity

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

- As mentioned on page four that the indicator has been changed since 2015 and now it includes all AfC bands.
- For comparative purpose, NCL CCGs have kept the grouping of the data to Band 1-7, and from 8 to 9 and VSM and has created a separate category for Office Holders (Governing Body members) who do not fit under either of the first two categories and they are not staff of the CCGs.
- It should be noted that the figures in the charts on page 10-12 include appointed voting members (Lay Members, Secondary Care Clinician and Registered Nurse) and elected voting members (GP's, Practice Manager and Practice Nurse) and GP Clinical Leads. Whilst these members hold the contractual status of office holders, for the purposes of this report they have been classified as staff in the workforce data.
- Numbers have been included next to the percentages to show statistical significance.

WRES Indicator 1 (cont.)

Chart 4: Workforce (Band 1-7) by CCG as at 31 March 2016

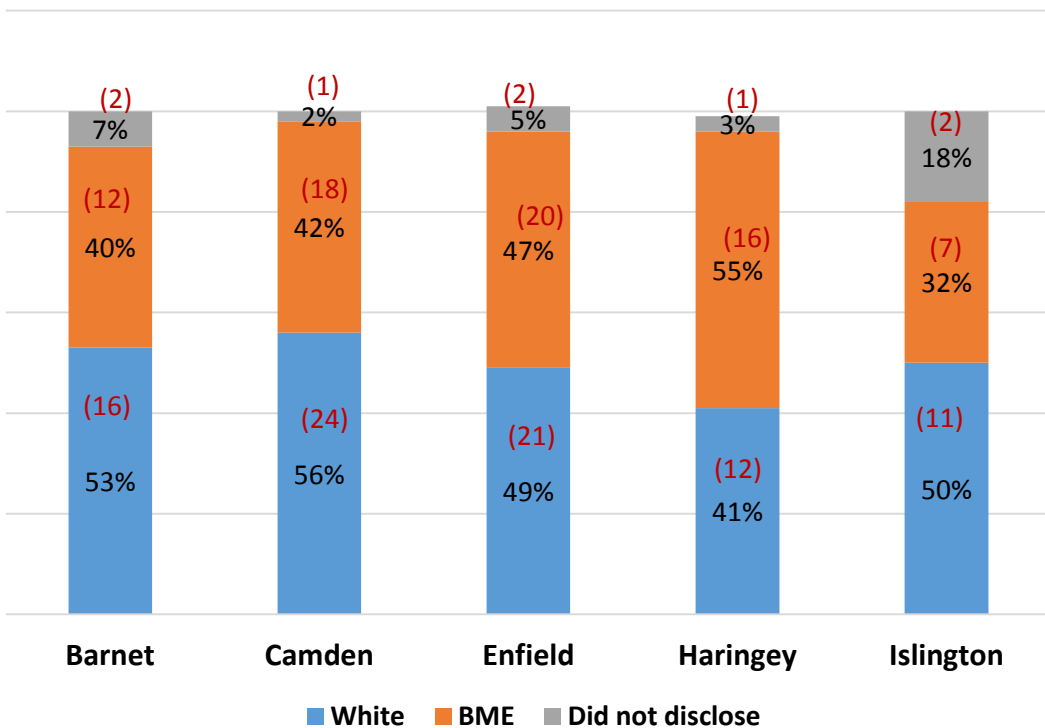
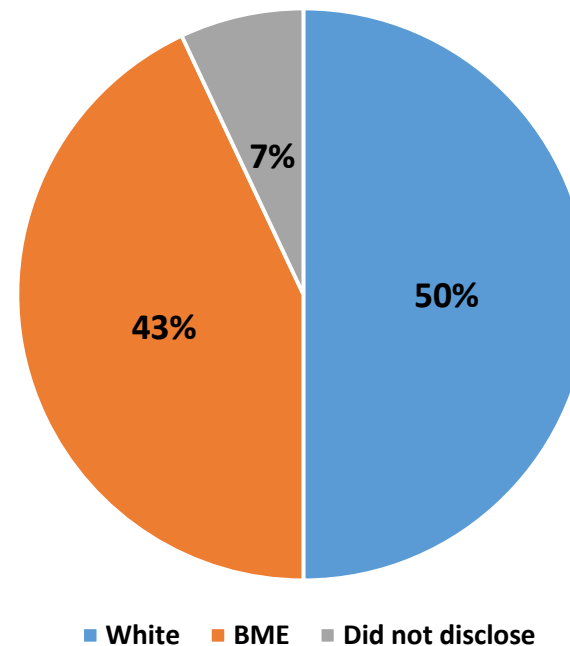


Chart 5: All CCGs workforce (Band 1-7) as at 31 March 2016



43% of all workforce in NCL CCGs are from BME and 50% from White backgrounds. 7% workforce have not disclosed their ethnicity.

WRES Indicator 1 (Cont.)

Chart 6: Workforce (Band 8 to 9 and VSM) by CCG as at 31 March 2016

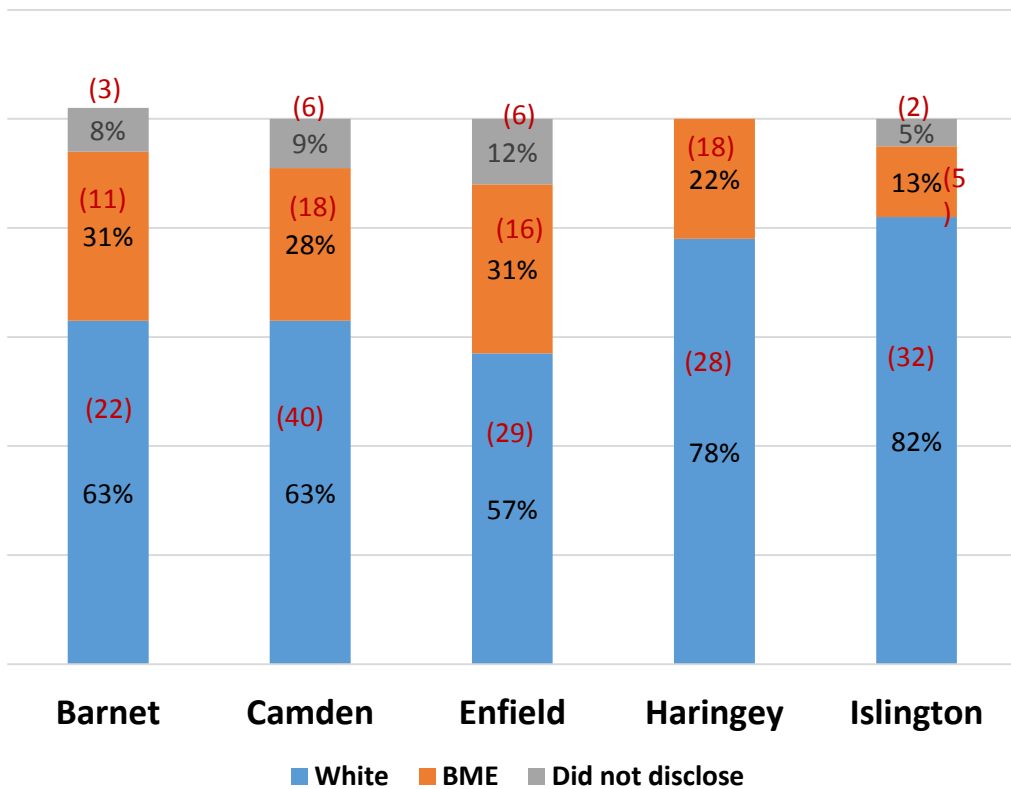
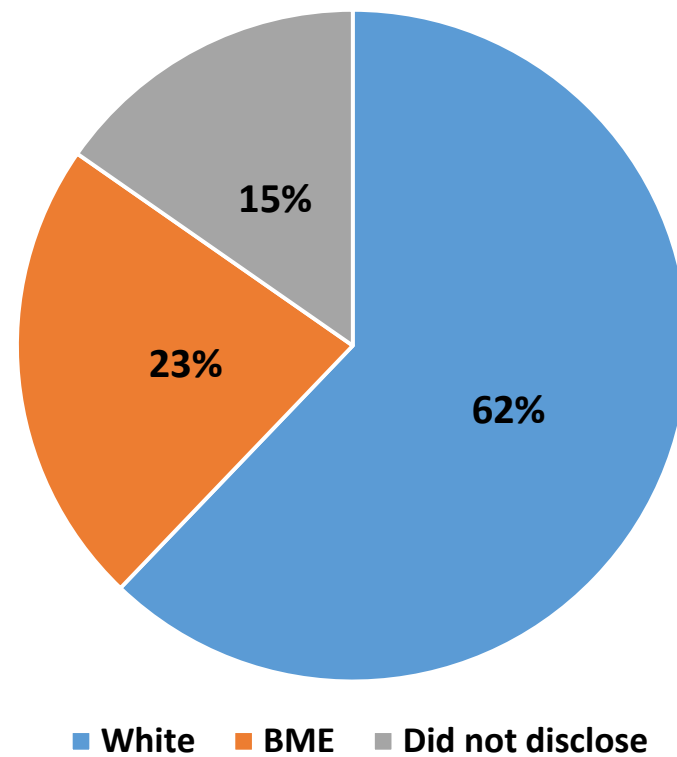


Chart 7: All CCGs workforce (Band 8 to VSM) as at 31 March 2016



WRES Indicator 1 (Cont.)

Chart 7: Workforce (Office Holders)

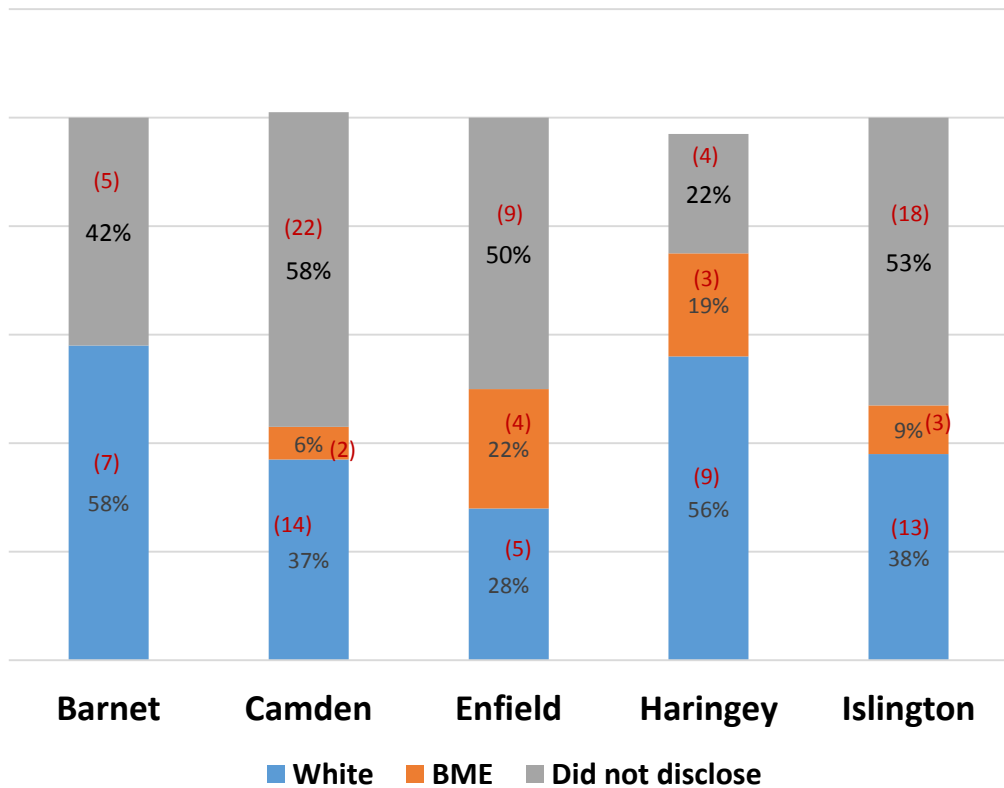
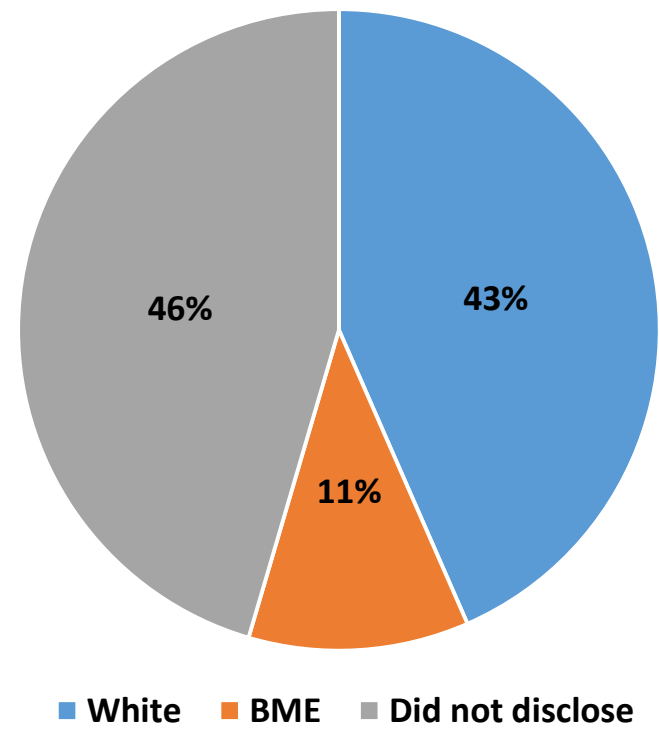


Chart 8: All CCGs workforce (Office Holders)

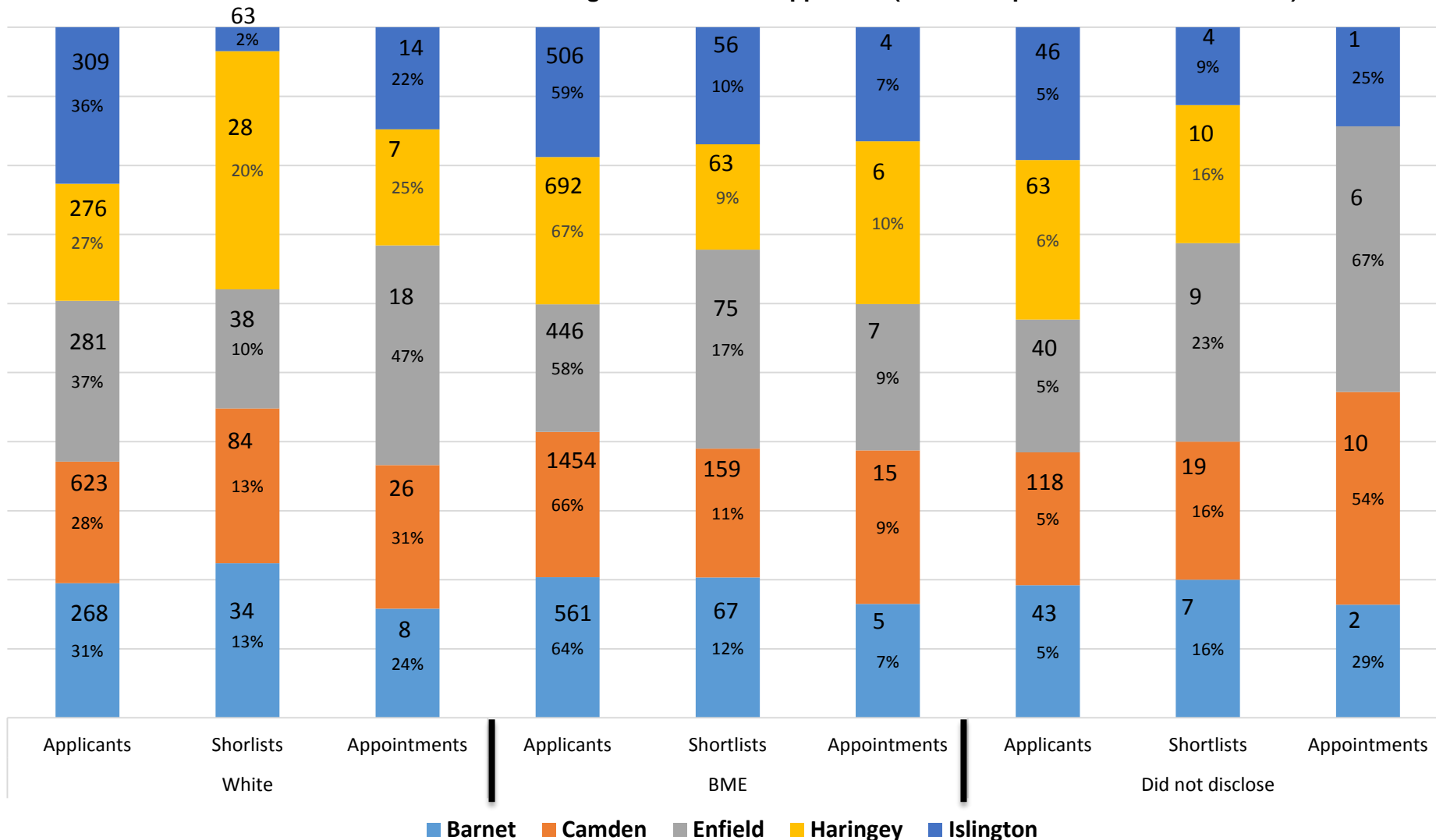


Indicator 2: Compare the data for White and BME staff: Relative likelihood of staff being appointed from shortlisting across all posts

- In the report we have analysed the recruitment data from each CCG and have aggregated them to draw an NCL picture for comparison and benchmarking.
- The data on shortlists has been compared against applications data on White and BME staff as well as those who did not disclose in their application. This shows the percentage of shortlists from applications across all posts.
- The data on appointments has been compared against the shortlists data on White, BME and those who did not disclose. This shows the percentage of appointments from shortlists across all posts.
- We have shown the relative likelihood in shortlists and appointments by comparing White staff with BME staff for all NCL CCGs.
- The data under Indicator 2 should be treated with some caution bearing in mind that some staff did not disclose their ethnicity when they applied for the job but they disclosed it when they were appointed. Similarly, some did not disclose their ethnicity when they started their job although they disclosed at the application stage. This includes the “do not wish to disclose” category.

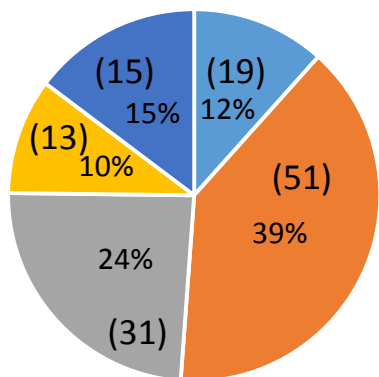
Indicator 2 (Cont.)

Chart 9: Relative likelihood of staff being shortlisted and appointed (from 1st April 2015- 31st March 2016)



Indicator 2 (Cont.)

Chart 9: Recruitment by NCL CCGs in 2015-16

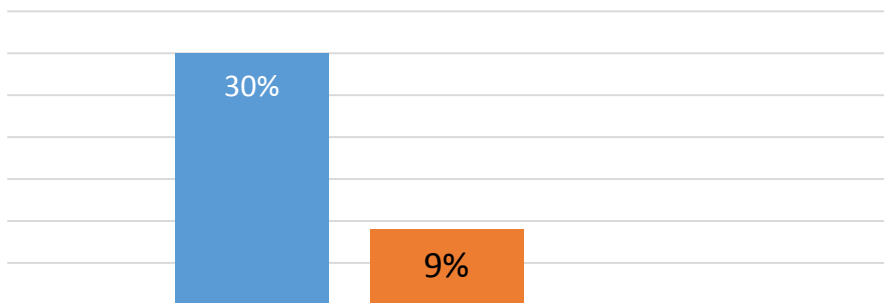


■ Barnet ■ Camden ■ Enfield ■ Haringey ■ Islington

From 1 April 2015 to 31 March 2016, NCL CCGs recruited 129 staff.

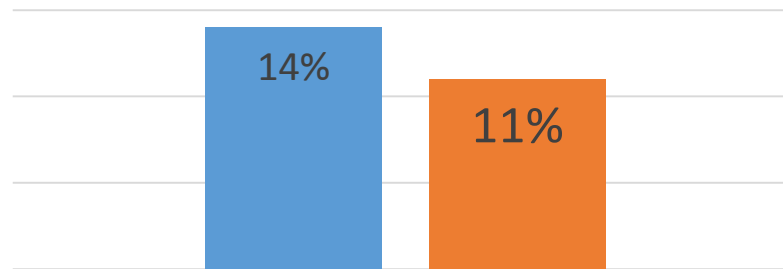
White staff are 1.27 times more likely to be shortlisted and 3.33 times more likely to be appointed compared to BME staff

Chart 10: Relative likelihood of staff being appointed from shortlisting



■ White ■ BME ■

Chart 11: Relative likelihood of staff being shortlisted from applicants

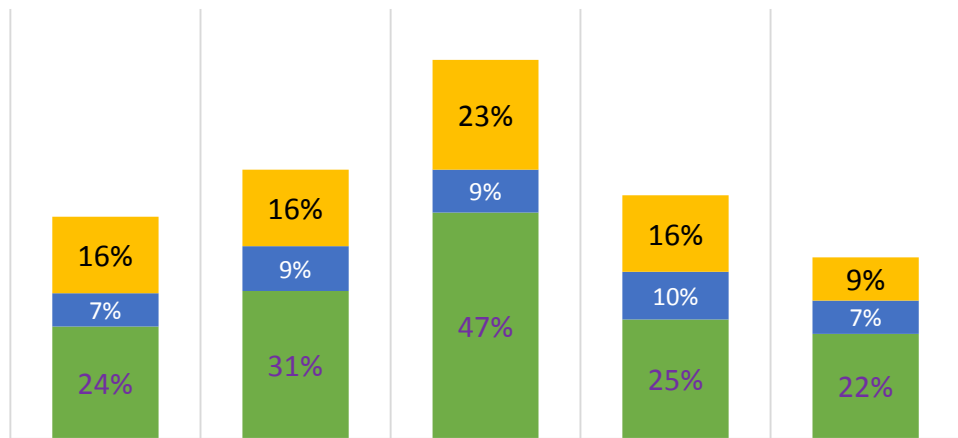


■ White ■ BME

Indicator 2 (Cont.)

CHART 12: RELATIVE LIKELIHOOD OF STAFF BEING APPOINTED FROM SHORTLISTING ACROSS ALL POSTS

White BME Did not disclose

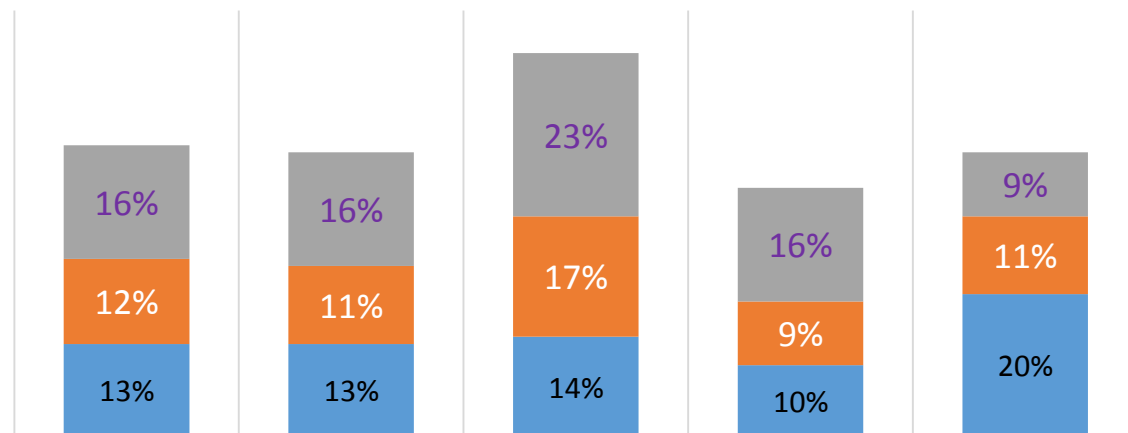


BARNET CAMDEN ENFIELD HARINGEY ISLINGTON

3.34 3.44 5.22 2.50 3.14

CHART 13: RELATIVE LIKELIHOOD OF BEING SHORTLISTED FROM APPLICANTS ACROSS ALL POSTS

White BME Did not disclose



BARNET CAMDEN ENFIELD HARINGEY ISLINGTON

1.0 1.18 0.80 1.0 1.8



Relative likelihood of White staff being appointed from shortlisting compared to BME staff



Relative likelihood of White staff being shortlisted from applicants compared to BME staff

Indicator 3: Compare the data for White and BME staff: 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 the most recent two-year rolling average).

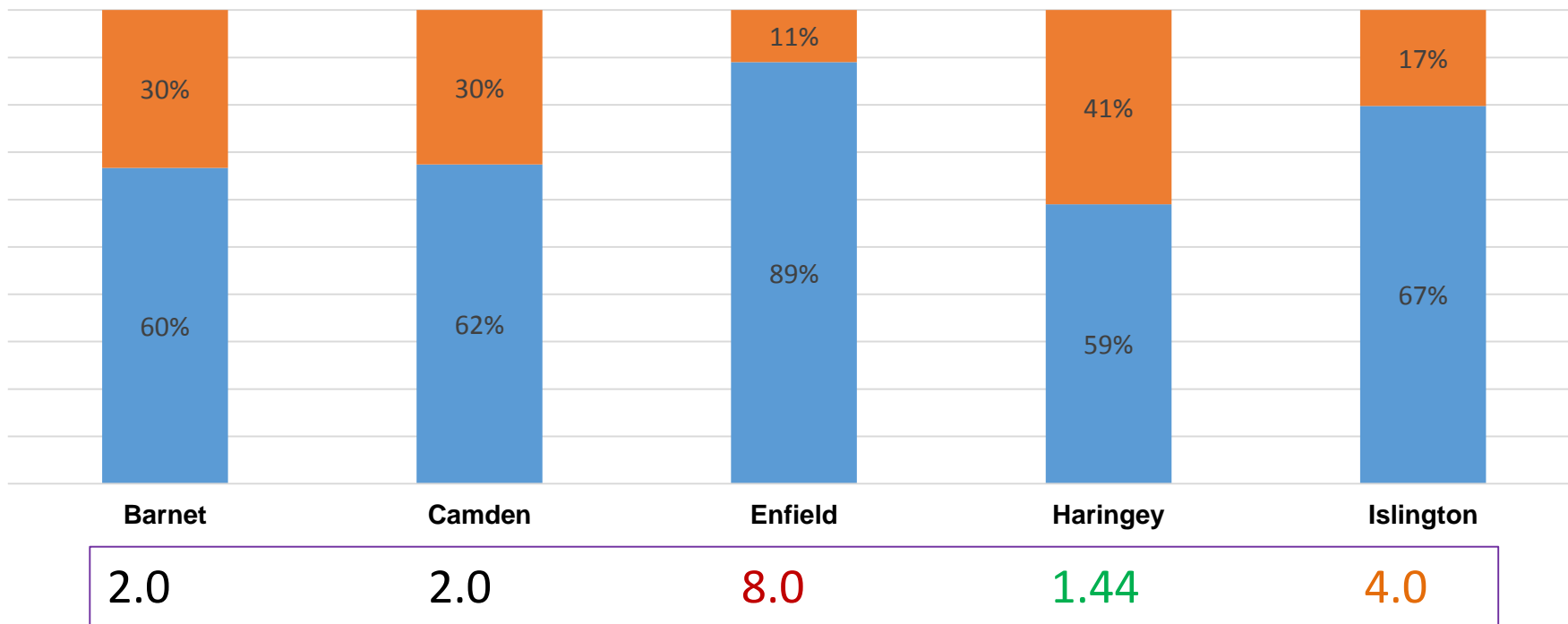
Barnet	Camden	Enfield	Haringey	Islington
No formal disciplinary to report	No formal disciplinary to report	No formal disciplinary to report	<5 disciplinary cases reported in 2014-16.	No formal disciplinary to report

All NCL CCGs, except one, did not have any formal disciplinary cases during the last two years to report. The CCGs monitor all disciplinary cases based on protected characteristic. Where the number is less than 5, the CCG will not mention the number to maintain the anonymity of the individuals concerned.

Indicator 4: Compare the data for White and BME staff: Relative likelihood of staff accessing non-mandatory training and CPD

Chart 14: Non-mandatory Training and CPD (2015-16)

■ White ■ BME



Relative likelihood of White staff accessing non-mandatory training and CPD compared with BME staff

Indicator 5-8

Compare the outcomes of the responses for White and BME staff:

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

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

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

Indicator 8- In the last 12 months have you personally experienced discrimination at work from any of the following? Manager, Team Leader, Other Colleagues.

Progress

We have collated information from all five NCL CCGs and have provided an update in the next slide which shows four of the CCGs have carried out their staff survey in 2015 and one CCG is due to carry out their staff survey in September/October 2016.

Most CCGs have recorded the ethnicity data of the staff but they have exercised caution in reporting that data in order to protect anonymity of staff who took part in the survey.

Indicator 5-8 continued

Indicator	Barnet	Camden	Enfield	Haringey	Islington
5- Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	<p>BME No – 33% Yes – 3%</p> <p>White No – 56% Yes – 8%</p>	<p>Yes: White- 8% BME- 4%</p>	<p>A staff survey is due to be carried out in September/October 2016</p>	<p>Yes: White- 9% BME- 5%</p>	<p>Never- 100%</p>
6- Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 month	<p>BME No – 25% Yes – 12%</p> <p>White No – 45% Yes – 18%</p>	<p>Yes: White- 33% BME- 27%</p>	<p>A staff survey is due to be carried out in September/October 2016</p>	<p>Yes: White- 15% BME- 15%</p>	<p>Never- 85% Yes- 15%</p> <p>The ethnicity breakdown is not provided to protect anonymity</p>
7- Percentage believing that the CCG provides equal opportunities for career progression or promotion	<p>BME No – 10% Yes – 10% Don't know – 16%</p> <p>White No – 5% Yes – 25% Don't know – 34%</p>	<p>Yes: White- 86% BME- 71%</p>	<p>A staff survey is due to be carried out in September/October 2016</p>	<p>White- 83% (Yes) BME- 0%</p>	<p>Yes- 89% No- 11%</p> <p>The ethnicity breakdown is not provided to protect anonymity.</p>
8- In the last 12 months have you personally experienced discrimination at work from any of the following: Manager, Team Leader, Other Colleagues.	<p>BME No – 33% Yes – 3%</p> <p>White No – 61% Yes – 3%</p>	<p>Yes: White- 5% BME- 4%</p>	<p>A staff survey is due to be carried out in September/October 2016</p>	<p>Yes: White- 6% BME- 5%</p>	<p>No- 94% Yes- 6%</p> <p>The ethnicity breakdown is not provided to protect anonymity</p>

Indicator 9: Percentage difference between the organisations' Board voting membership and its overall workforce

Chart 15-Governing Body Voting members by NCL CCG

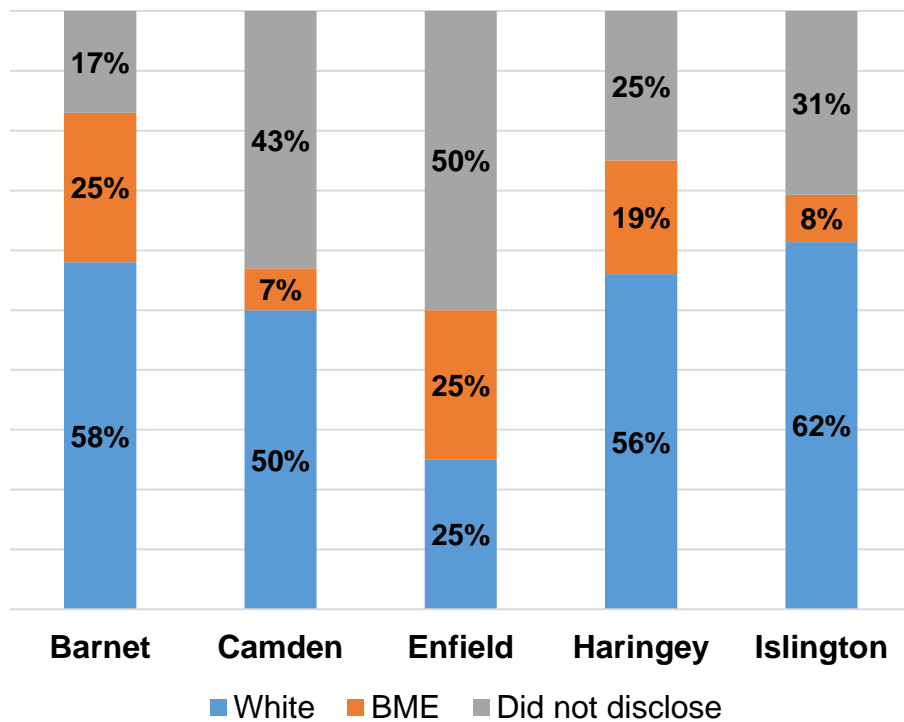
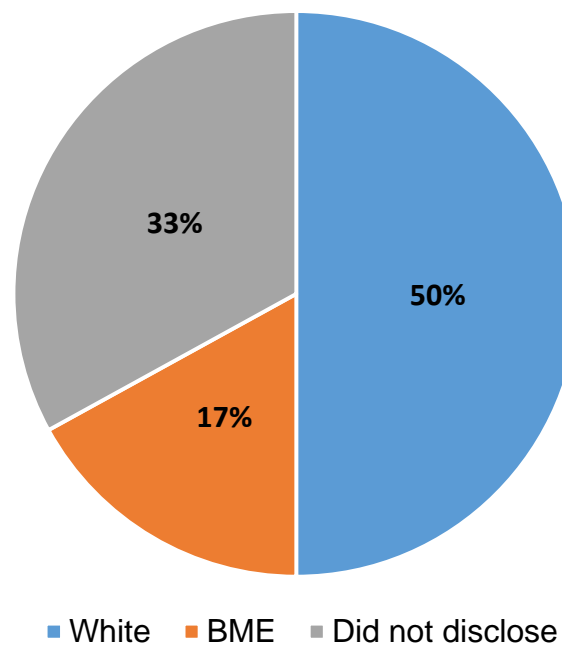


Chart 16-Governing Body Voting members across NCL



Indicator 9 (cont.)

Percentage difference between the organisations' Board Voting membership and its overall workforce

	White			BME			Did not disclose		
	GB	Staff	Difference	GB	Staff	Difference	GB	Staff	Difference
Barnet	58%	58%	0%	25%	29%	-4%	17%	13%	4%
Camden	50%	54%	-4%	7%	26%	-19%	43%	20%	23%
Enfield	25%	49%	-24%	25%	36%	-11%	50%	15%	35%
Haringey	56%	54%	2%	19%	41%	-22%	25%	5%	20%
Islington	62%	59%	3%	8%	16%	-8%	31%	25%	6%

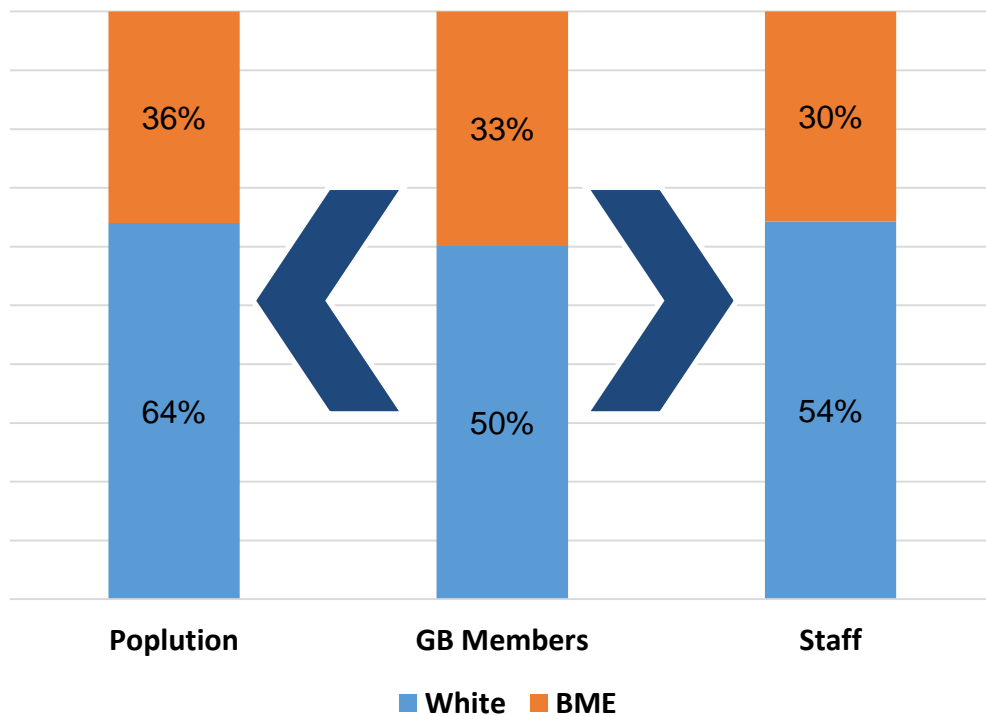
In addition to the above the CCGs have analysed the percentage difference between the organisations' Board Voting membership and its local population

	White			BME			Did not disclose		
	GB	Population	Difference	GB	Population	Difference	GB	Population	Difference
Barnet	58%	64%	-6%	25%	36%	-11%	17%	N/A	N/A
Camden	50%	66%	-16%	7%	34%	-27%	43%	N/A	N/A
Enfield	25%	61%	-36%	25%	39%	-14%	50%	N/A	N/A
Haringey	56%	61%	-5%	19%	39%	-20%	25%	N/A	N/A
Islington	62%	68%	-6%	8%	32%	-24%	31%	N/A	N/A

Indicator 9 (cont.)

Percentage difference between the organisations' Board Voting membership and its overall workforce

Chart 17-GB Members in NCL CCGs compared to staff and local population



In NCL CCGs 50% of all GB voting members are White and 33% BME, compared to 64% White and 36% BME in local population and 54% White and 30% BME in staff.

In view of the high number of non-disclosure from GB Voting Members (33%), when compared to the demographic information from the 2011 Census, it is difficult to determine whether the GB is representative of the local community or BME staff employed in the CCGs.

The WRES report provides an opportunity for CCGs to improve race equality in the organisation. NEL CSU would like to make the following recommendations to all NCL CCGs:

Recommendation 1

CCGs are individual entities in their own right. So it's recommended that they should develop their own WRES action plan for 2016-17 based on the NCL report to improve race equality across all nine indicators.

Recommendation 2

CCGs that have not carried out their staff survey must complete one in the current financial year and develop action plans based on the survey results.

Recommendation 3

There seem to be some gaps in the ethnicity data on staff and Office Holders as well as in training and staff survey. CCGs are recommended to ensure that ethnicity of all staff and Office Holders is recorded and regularly updated for next reporting in 2017.