

# **Workforce Race Equality Standard (WRES) Progress Report 2016**

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## 1. Introduction

- 1.1 The NHS Equality & Diversity Council pledged its commitment to improve equality across the NHS from April 2015. One of the ways of improving equality was the introduction of the Workforce Race Equality Standard (WRES) which measures NHS organisations against a number of indicators on workforce equality.
- 1.2 In July 2015, NHS Newham CCG published its first Workforce Race Equality Standard (WRES) report which showed how the CCG measured against the nine WRES indicators for the period 2014-2015. Since 2015 NHS England has revised two of the nine indicators (indicator 1 and 9).
- 1.3 This report shows how the CCG has progressed against the nine indicators for the period 2015-2016 and includes (where applicable) a comparison to the 2014-2015 WRES data published in 2015. The report also contains recommended actions for the CCG to implement in 2016-17 to improve the CCG's position in relation to race equality.
- 1.4 In order to demonstrate how the CCG meets each indicator, data has been collated from several sources, including workforce data from Electronic Staff Records (ESR); local demographic data from the 2011 Census as recommended in the WRES guidelines; the results from the CCG staff survey in 2015 which included specific questions on equality (see indicator 5-8 for details). The data on recruitment and non-mandatory training and CPD have been gathered from the April 2015 – March 2016 records.
- 1.5 In this report, under Office Holders<sup>1</sup>, we have included clinical leads and those who are not our permanent staff but on a contract and receive a salary. This will help us show the total commissioning workforce of the CCG.

## 2. Background and context

- 2.1 The NHS Equality and Diversity Council announced on 31 July, 2014 that it had agreed action to ensure staff from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace. This was in response to the evidence of systemic workforce race discrimination in the NHS. (Kline, R. 2013; 2014) and the evidence of the impact of workforce race discrimination on patient experience and care (Dawson, 2009; West, M 2012).
- 2.2 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 would start in April 2015. The first is a Workforce Race Equality Standard (WRES) that would, for the first time, require organisations employing almost all of the 1.4 million NHS workforces to demonstrate progress against a number of indicators of workforce equality, including a specific indicator to address the low levels of BME Board representation.

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<sup>1</sup> Anyone who is not employed under any of the AfC Bands (e.g. clinical leads, lay member trainees/apprentices).

- 2.3 Alongside the WRES, the NHS has made the Equality Delivery System (EDS2) mandatory. This is a toolkit, used across the NHS, which aims to help organisations improve the services they provide for their local communities and provide better working environments for all groups.
- 2.4 The WRES requires NHS organisations to demonstrate progress against a number of indicators of workforce equality, including a specific indicator to address the low levels of Black and Minority Ethnic (BME) Board representation.
- 2.5 The WRES has also been included in the 2015/2016 NHS standard contract and the CCG is working with local providers to ensure compliance against this requirement

### 3. How WRES applies to the CCG's duty

3.1 Under the NHS Constitution, CCGs and NHS England are required both as employers and as commissioners to take account of the NHS Constitution in their decisions and actions:

- ✚ The rights are there to help ensure that staff are treated fairly, equally and free from discrimination;
- ✚ CCGs provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential (pledge);
- ✚ CCGs have a duty not to discriminate against patients or staff and to adhere to equal opportunities and equality and human rights legislation.

3.2 The Public Sector Equality Duty (PSED) came into force on 5 April 2011. The Equality Duty applies across Great Britain to the public bodies listed in Schedule 19 (as amended) and to any other organisation when it is carrying out a public function.

It requires public bodies to:

- ✚ have due regard to the need to eliminate discrimination;
- ✚ advance equality of opportunity;
- ✚ foster good relations between different people when carrying out their activities.

3.3 The Equality Act 2010 (Specific Duties) Regulations 2011 came into force on 10 September 2011. The specific duties require public bodies to publish relevant, proportionate information showing compliance with the Equality Duty, and to set equality objectives.

3.4 In accordance with the Public Sector Equality Duty, the NHS England Technical Guidance on the Workforce Race Equality Standard requires Clinical Commissioning Groups to have “due regard” to the Workforce Race Equality Standard as a means of meeting that duty.

### 4. Rules for CCGs

4.1 CCGs are required to have “due regard” to the WRES in respect of their own workforce. It is recognised that the small size of many CCGs means that a literal application and interpretation of the indicators should be approached with caution.

- 4.2 Whilst the provisions of the NHS Standard Contract require CCGs to seek assurance from, and receive an annual report from providers, they are not required by the Standard Contract to apply the Workforce Race Equality Standard to themselves. However, CCGs should publish WRES reports and use the data to develop equality objectives to demonstrate due regard to race equality under the public sector equality duty.

## 5. The 2015-2016 WRES Indicators

- 5.1 The following table outlines the workforce race equality standard indicators that the CCG are required to report on for the period 2015-2016:

	<b>Workforce indicators</b> 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
	<b>National NHS Staff Survey indicators (or equivalent)</b> For each of the four staff survey indicators, compare the outcomes of the <u>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
	<b>Board representation indicator</b> For this indicator, <u>compare the difference for White and BME staff</u>
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

- 5.2 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:
- 5.3 **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.
- 5.4 **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.

## 6. WRES implementation milestones

The following milestones have been set by NHS England which NHS organisations must follow. The deadline for CCGs to submit their 2015-16 WRES report is 1 August 2016.

Milestone	Activity
1 July 2015	Publication of 1 <sup>st</sup> April 2015 data* (the WRES baseline data) including actions required to make continuous progress (the WRES action plan).  *CCGs should give consideration to the issue of publishing small numbers as highlighted in section 4.3.
April 2015 – March 2016	Work to address any data shortcomings and to understand and address the concerns raised in the organisation's WRES baseline data should be undertaken.
1 <sup>st</sup> July 2016 – and annually thereafter	Baseline to 31 <sup>st</sup> March 2016 data should be: <ul style="list-style-type: none"> <li>• shared with the Board, staff and other local interests</li> <li>• submitted centrally via Unify 2 – together with a WRES action plan (for providers)</li> <li>• presented to the lead commissioner (for providers)</li> <li>• published on organisations' websites</li> </ul>

## 7. NHS Newham CCG's commitments

- 7.1 Newham CCG employed 82<sup>2</sup> staff as at March 2016. We have used the 2011 Census data (section 8) to compare the workforce data by White and BME.
- 7.2 Generally speaking, the information on which this report is based has been given voluntarily by individuals when applying for a post with the organisation. This information is recorded on the NHS recruitment database. Once a candidate is appointed, the information is transferred onto another database, the Electronic Staff Record. Due to the small numbers involved, it is important to treat the percentages given with some caution: a small change in number could lead to a large change in the percentage.
- 7.3 Newham CCG acknowledges that given its size it may be difficult to apply the WRES precisely to its workforce. It will, however, have "due regard" to the WRES and will produce relevant information to inform workforce planning.
- 7.4 The CCG, in exercising due regard, will apply the WRES to its workforce using the key case law principles known as the 'Brown Principles'<sup>3</sup>. It will give due regard to using the indicators contained in the Workforce Race Equality Standard to help improve workplace experiences, and representation at all levels within its workforce, for Black and Minority Ethnic staff; and assurance, through the provision of evidence, that its Providers are implementing the NHS Workforce Race Equality Standard.
- 7.5 In order to ensure sustained compliance and continuous improvement, the CCG will use the WRES recommendations in EDS2 grading and equality objective setting.

## 8. Newham borough demography and Newham CCG workforce

- 8.1 The WRES indicators require the CCG to show how it's progressing race equality in the workforce. There is a specific indicator on the Governing Body members (Indicator 9) which requires the CCG to compare its Governing Body members with the current workforce. In order to show the progress on the WRES in 2015-16, and how reflective the CCG is of the population it serves, we have included the local population data and a breakdown of the current workforce below (table 1, and chart 1).
- 8.2 The population of Newham is very diverse as it's shown in the below table. According to the 2011 census, the population of Newham comprises of White 29% and BME 71%. We have used codes A to C to show the makeup of the White population and from D to S to show the makeup

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<sup>2</sup> The figures includes Appointed voting members (Lay Members, Clinician and Registered Nurse) and Elected voting members (GP's, Practice Manager and Practice Nurse) and any Office Holders (e.g. trainees, clinical leads)

<sup>3</sup> <https://www.england.nhs.uk/wp-content/uploads/2015/12/hlth-inqual-guid-comms-dec15.pdf>

of the BME population. The same codes have been used to show the representation of BME workforce across all nine indicators.

**Table 1: Newham population**

Code	Ethnicity	Size of the population	%
A	White-British	51516	16.7%
B	White - Irish	2634	0.9%
C	Any other White background <sup>4</sup>	35066	11.4%
D	Mixed White and Black Caribbean	3957	1.3%
E	Mixed White and Black African	3319	1.1%
F	Mixed White and Asian	2677	0.9%
G	Any other mixed background	3992	1.3%
H	Asian or Asian British - Indian	42484	13.8%
J	Asian or Asian British - Pakistani	30307	9.8%
K	Asian or Asian British - Bangladeshi	37262	12%
L	Any other Asian background	19912	6.5%
M	Black or Black British - Caribbean	15050	4.9%
N	Black or Black British - African	37811	12.3%
P	Any other Black background	7395	2.4%
R	Chinese	3930	1.3%
S	Any other ethnic group <sup>5</sup>	10672	3.4%
Z	Not stated	0	0
<b>Total</b>		<b>307984</b>	<b>100%</b>

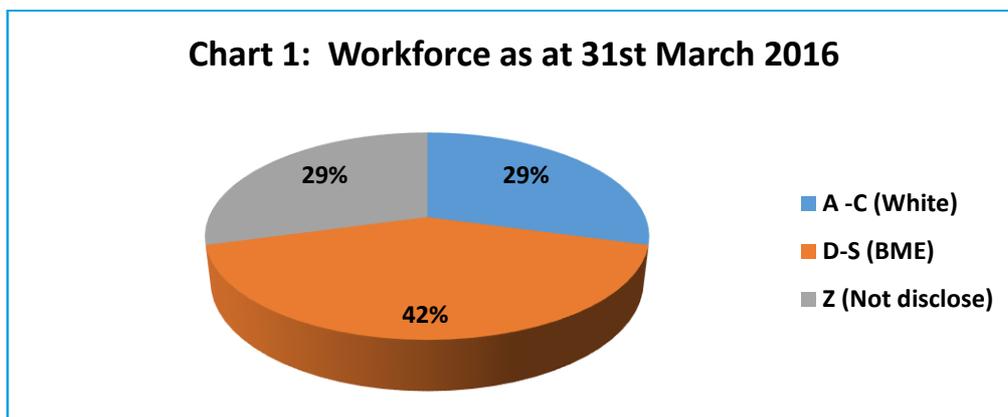
Total A-C (White)	218768	29%
<b>Total D-S (BME)</b>	<b>89216</b>	<b>71%</b>
<b>Total</b>	<b>307984</b>	<b>100%</b>

### 8.3 Newham CCG Workforce

As at 31<sup>st</sup> March 2016 Newham CCG employs 82 staff, of whom 29% are from White and 42% from BME backgrounds; 29% have not disclosed their ethnicity (See chart 1).

<sup>4</sup> C includes Gypsy or Irish traveller

<sup>5</sup> S includes Arab and another ethnic groups



## 9. Newham CCG WRES progress report for the period 2015-2016

9.1 The following section demonstrates how the CCG has progressed each of the nine WRES indicators for the period from April 2015- March 2016 and includes (where applicable) a comparison to the 2014-2015 WRES data published in 2015. The indicators are separated into three sections:

- Workforce indicators (1-4) compares the data for White & BME staff
- National NHS staff survey indicators (5-8) compares outcomes of the responses for White and BME staff
- Board representation indicator (9) compares the difference for White & BME staff and Newham population.

### 9.2 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.**

*\*Note: Organisation should undertake this calculation separately for non-clinical and for clinical staff.*

9.3 Our current commissioning workforce include permanent staff and those who hold a contract of work but are not considered as CCG staff (see table 2 below).

Table 2: CCG workforce as at 31<sup>st</sup> March 2016

Code	Band 1-7		Band 8-9 and VSM		Office Holders (personal salary)		Total	
	Number of staff	%	Number of staff	%	Number	%	Number	%
A-C (White)	7	33%	11	35%	6	20%	24	29%
D-S (BME)	12	57%	13	42%	9	30%	34	41%
Z (Not disclosed)	2	10%	7	23%	15	50%	24	29%
Total Staff	21	100%	31	100%	30	100%	82	100%

**Table 3: CCG workforce as at 31<sup>st</sup> March 2015**

Ethnic Code	Range 8-9 and VSM	
	Number of staff	%
A-C (White)	13	42%
D-S (BME)	11	35%
Z (Not disclosed)	8	23%

9.1 The 2015 WRES reported only on band 8a+ and VSM. As mentioned in paragraph 5.2 **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. For comparative purpose, the CCG has 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 CCG.

9.2 According to the 2016 data, the percentage of White staff in Bands 1-7 is 33% (7) compared to 57% (12) BME. In Bands 8-9 and VSM, the number of White staff has decreased from 42% in 2015 to 35% in 2016; the number of BME staff has increased from 35% in 2015 to 42% in 2016. But in number term BME staff in band 8-9 and VSM have increased by 2 in 2016. The data should be treated with caution as 23% staff in band 8-9 and VSM have not disclosed their ethnicity.

9.3 Among Office Holders 58% are White and none are from BME backgrounds. However, 42% Office Holders have not disclosed their ethnicity.

#### 9.4 Indicator 2

**Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all post.**

**Table 4: Recruitment data from 2015-16 and 2014-15**

Code	Applications				Shortlisted				Appointments			
	2016	2015	2016	2015	2016	2015	2016	2015	2016	2015	2016	2015
A-C	162	65	20%	20%	16	5	10%	8%	6	0	38%	0%
D-S	617	262	76%	76%	60	31	10%	12%	3	1	5%	3%
Z	36	16	4%	5%	7	0	19%	0%	5	5	71%	31%

9.5 As shown in table 4, we have analysed the recruitment data on White and BME staff and those who did not declare their ethnicity. For example, we have compared the BME shortlist data with the BME applicant data and the BME appointment data with the BME shortlist data. The same has been done for White staff. This is how we have been able to analyse the likelihood of staff being shortlisted and appointed as follows:

2015-16 Both White and BME represent 10% respectively so the likelihood is 1:1. However, White staff were 8 times more likely to be appointed compared with BME staff.

2014-15 BME were 1.5 times more likely to be shortlisted compared with White staff; but there was no White staff appointed in 2014-15

9.6 It should be noted, that some staff may not disclose their ethnicity at the application stage but they may disclose it at the appointment stage and vice versa. Taking account of the 71% (5) of staff that were appointed in 2016 decided to withhold their ethnicity.

9.7 However, it is worth noting that recruiters do not see the names of ethnicity as we use the TRAC. Names only are seen once candidates are at the interview stage and interview packs are sent out and therefore there is less likelihood of discrimination or bias at the pre-selection stage.

### 9.10 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 formal disciplinary investigations.**

9.11 Newham CCG commissions HR services from NEL CSU. Our designated HR Business Partner monitors data on involvement in disciplinary procedures through their internal process. Currently the CCG is not aware of any formal disciplinary cases across the organisation for the reporting years from 2014 – 2016.

### 9.12 Indicator 4

**Relative likelihood of BME staff accessing non-mandatory training and CPD as compared to White staff.**

9.13 The CCG reports on 2014/16 non – mandatory training. There has been 0 staff that has undertaken training. That said, the CCG will continue to record and monitor non- mandatory training. This will show a fair access to non-mandatory training opportunities that are available to all staff.

### **National NHS staff survey indicators (5-8)**

9.14 The CCG conducted its own staff survey and 2015 and the results were shared with the Governing Body and the staff side representatives. The following progress report is based on our 2015 Staff Survey.

9.15 **Indicator 5: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.**

Taking into account of the 35 responses received (97%) of staff said they had not experienced bullying or abuse from patients, relatives or the public in the last 12 months.

9.16 **Indicator 6: Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.**

83% of staff said they had not experienced harassment, bullying or abuse from staff in the last 12 months.

9.17 **Indicator 7: Percentage believing that CCG provides equal opportunities for career progression or promotion.**

Taking into account of the 35 responses received, nearly an equal amount of staff say the CCG does provide equal opportunity for career progression against the staff who say the CCG does not.

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

86% of staff said they had not experienced discrimination at work from management/team or any other colleagues.

9.19 The CCG will be carrying out its 2016-17 staff survey which will look to compare the results with 2015 staff survey and see how things have improved.

**9.14 Indicator 9**

**Percentage difference between the organisations' Board voting members and its overall workforce.**

9.15 As outlined in paragraph 5.4 and the previous indicator 9 was vague and focused upon comparison of the Boards' BME representation with the BME population served. The revised indicator requires the CCG to compare its GB members with the BME staff employed in the organisation. The CCG has decided to compare the data on GB members both with the population and also the staff it employs, which will give a clearer picture to show whether the Governing Body is representative.

9.16 There have been some changes in the makeup of the Governing Body Members since our first WRES report which we have shown in table 5 below:

**Governing Body Members (2016 and 2015)**

Code	GB Voting Members 2016, compared with CCG staff and population				GB Members 2015	
	Number	%	CCG staff	Population	Number	%
A -C	6	38%	29%	29%	6	26%

D-S	8	50%	41%	71%	9	39%
Z	2	13%	29%		8	35%

- 9.17 The CCG has 16 voting members. BME members account for 50% of all voting members compared to 38% from White backgrounds. This can be compared with the 2011 census data of the BME population in Newham which reflect 71% and BME workforce in the CCG (41%).
- 9.18 In view of the number of non-disclosure from GB Members (13%) when compared to the demographic information from the 2011 Census, it is difficult to determine whether the Board is representative of the local community or BME staff employed in the CCG. It should also be noted that 29% of all staff has not disclosed their ethnicity and therefore the data should be treated with caution. The CCG will update the ethnicity data on all GB members in 2016-17.

## 10. Conclusion

- 10.1 The CCG has analysed all WRES data and the progress against its 2015-16 action plan by using a consistent and robust process to ensure 'due regard' to race equality. However, the data in all nine indicators should be considered with caution as a small change in the numbers can create a significant variance in the percentage.
- 10.2 The CCG has made good progress in recording data for the WRES since its introduction in April 2015. However, there are still some gaps that need to be addressed. For example, the CCG needs to update the data on GB members and office holders to enable future comparison of the data with the local population to show further progress in race equality in the organisation.
- 10.3 The priority areas of focus over the coming year have been set out in the Workforce Race Equality Standards action plan (See Appendix 1). The action plan will feed into the Diversity and Inclusion Strategy action plan for 2016-18 and will be managed through Equality Delivery System , and be monitored by the Equality and Inclusion Working Group.

## Appendix 1: WRES Action Plan 2016-17 (Draft)

Indicator	Action	Outcome	Lead	Deadline	Status
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	Attract applicants from the local community by publicising jobs locally.	CCG jobs publicised through local partners and community organisations.	<b>Workforce Lead and OD Lead</b>	February 2017	
2) Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all post.	Provide training to Governing Body Members and staff on unconscious bias and recruitment and selection.  Ensure there is a BME panel member on every the selection panel for positions in Band 8 and above.	Likelihood of BME staff being shortlisted and appointed increased across all Bands to a comparable level with White staff.	<b>Workforce Lead and OD Lead</b>	February 2017	
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 formal disciplinary investigations.	Continue monitoring all disciplinary cases.	Disciplinary cases are dealt with in a fair and consistent manner.	<b>Workforce Lead and OD Lead</b>	February 2017	

4) Relative likelihood of BME staff accessing non-mandatory training and CPD as compared to White staff.	Increase the take up of non-mandatory training and CPD by BME staff and monitor the data to ensure fair access to training for all staff.	Proportionate take up of non-mandatory training and CPD increased.	<b>Workforce and OD Lead</b>	February 2017	😊
5) Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	Use staff survey findings to formulate Equality Objectives and OD action plan.	Reduced incidents bullying and harassment in the organisation.	<b>Workforce and OD Lead</b>	February 2017	😊
6) Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	Promote dignity at work policy through Board Development Sessions and staff meetings				
7) Percentage believing that CCG provides equal opportunities for career progression or promotion.					
8) In the last 12 months have you personally experienced discrimination at work from any of the following: Manager, Team Leader, Other Colleagues					
9) Percentage difference between the organisations' Board voting members and its overall workforce	Continuously review the makeup of Governing Body voting members to ensure race equality.	GB voting members reflective of the staff and local community	<b>Workforce and OD Lead</b>	February 2017	😊

 Completed or in place     **IP** In Progress     Not progressing     Not due to start yet



