NHS
Devon
Clinical Commissioning Group

Workforce Race Equality Standard (WRES) Report 2020

1. Introduction

1.1. The NHS Workforce Race Equality Standard (WRES) is an annually required report with the purpose of:

- helping local and national NHS organisations (and other organisations providing NHS services) to review their organisations against the nine WRES indicators in order to evaluate equality, diversity and inclusion (EDI) in regards specifically to race;
- supporting the production of an action plan to close the gaps in workplace experience between white and Black, Asian and Minority Ethnic (BAME) colleagues; and,
- to improve BAME representation at the Board level.

1.2. Although the NHS has made considerable progress on the EDI agenda, there remains considerable evidence of less favourable treatment of BAME colleagues in the NHS. Typically, this manifests through poor treatment and opportunities and this has a significant impact on colleague well-being, patient outcomes and on the efficient and effective running of services. Making positive improvements in this area is a key theme within the NHS People Plan and will not only be beneficial for individuals but also the NHS as a whole; improving organisational culture, organisational effectiveness and also patient care and outcomes.

1.3. For the CCG, EDI remains a core focus and is enshrined within our organisational values. The annual WRES report contributes towards the EDI agenda; aiding our understanding of the issues and focusing our plans for growth and development in this area.

2. The WRES indicators

2.1. Within the WRES report, there are nine WRES indicators. Four of the indicators focus on workforce data, four are based on data from the national NHS Staff Survey questions, and one indicator focuses upon BAME representation on Boards.

2.2. The WRES highlights any differences between the experience and treatment of white colleagues and BAME colleagues with a view to closing identified gaps through the development and implementation of action plans focused upon continuous improvement.

Links between WRES and the Equality Delivery System (EDS2)

2.3. The Equality Delivery System (EDS2) is designed to help organisations, in discussion with local stakeholders, review and improve their performance for patients, communities and colleagues in respect to all characteristics protected by the Equality Act 2010.

2.4. The WRES is a key part of ensuring we delivery EDS2 and is therefore linked to many EDS2 indicators.

Local Reporting

2.5. The CCG Board and Executive team play a crucial part in developing the EDI agenda and are thus required to review and confirm their commitment to the WRES report and associated action plan; monitoring progress closely.

2.6. In addition, the WRES report and action plan will also support discussions with the Staff Partnership Forum, the newly established Equality, Diversity and Inclusion Group and colleagues themselves to ensure the CCG is making progress to address inequalities and embed an inclusive culture.

3. Progress made in 2019/20 – BAME

3.1. The CCG is committed to equality, diversity and inclusion and it is important to recognise the steps already taken in 2019/2020 in regards to this. Examples include:

- Established a CCG Equality, Diversity and Inclusion group as a subgroup of the Staff Partnership Forum to promote the EDI agenda and support key programmes of work;
- Actively engaged with our BAME colleagues to appoint a BAME Freedom to Speak Up Guardian;
- Actively engaged with BAME community groups in the advertisement of a number of Lay Member posts;
- Endeavoured to and learned from the recruitment of 2 Associate Non-Director developmental posts with a specific focus to improve BAME within the CCG's board;
- Led on the establishment of a Devon-wide BAME staff support network which whilst very new, has a fast-growing membership of over 60 individuals.
- COVID response - developed a risk assessment process recognising the vulnerabilities of BAME staff (100% risk assessments for BAME colleagues completed). Furthermore, the CCG developed guidance for managers on having risk assessment conversations with BAME staff and each BAME colleagues was written to in order to ensure they felt supported.

4. SUMMARY - WRES report and action plan

4.1. The WRES report and action plan are provided in Appendix 1. Please refer to this document for all findings and associated actions.

4.2. A summary of the report findings and proposed actions is provided below:

Key findings include:

- BAME representation in our overall workforce has reduced slightly from 1.62% (2019) to 1.4% (2020). This remains unrepresentative of the population of Devon which has a 5.1% BAME population reported in the 2011 Census (however, it is likely that this has now increased further in some parts of Devon).
- The number of staff who are described in our electronic record system ("ESR") as "ethnicity unknown" has increased by a small amount. It is important to continue to reduce this figure to ensure we have an accurate view of our workforce composition.
- There are no concerns in regards to the relative likelihood of BAME staff entering into a disciplinary process. In regards to all staff, 0.58% entered into a disciplinary process (measured by those entering a formal disciplinary investigation). 0 BAME colleagues entered into such a process.
- Although mandatory training can be monitored through the ESR system, there is presently no central, accurate record of access to non-mandatory CPD – therefore the CCG is unable to report on this indicator.
- Findings suggest that the likelihood to being appointed to a role (if shortlisted) is 6.84% for white colleagues and 5.26% for BAME colleagues.
- There are a number of questions within the WRES report that focus on experience of bullying, harassment, abuse or discrimination from either patients, staff or managers. Furthermore, there is a WRES question that focuses on equal opportunities, career progression and promotion for BAME colleagues. These questions are captured from the NHS Staff Survey and, like other smaller organisations, WRES indicators cannot be confirmed for these questions as the NHS Staff Survey does not report on results from a group if there are 10 or fewer individuals. As the CCG has less than 10 BAME colleagues, survey data for this group is not provided and thus this prevents a comparison with white colleagues for WRES reporting purposes.
- The CCG remains in a position where there are no BME Board members which remains unchanged from 2018/19. In regards to 8C and above, there has been a small decrease in BAME representation with 12 BAME colleagues within these bands in 2018/19 and 11 in 2019/20. In

regards to those within Very Senior Manager (VSM) roles (which will include our GPs), this has increased from 37 in 2018/19 to 40 in 2019/20.

Key actions and next steps:

- Improve reporting of equality data and reduce ethnicity "unknowns" by means of colleague engagement through promotion of regular (annual) validation of ESR data.
- Embed newly developed EDI group. This group will help ensure the CCG continues to embrace and embed EDI throughout the organisation, examine how we can improve our BAME representation to align more closely with the Devon demographic and aid achievement of developed action plans (including this WRES action plan). This Committee will provide a clear mandate to the EDI group and also contribute towards and approve their terms of reference. A separate report has been provided to the Committee in regard to this.
- Review recruitment and promotion practices to ensure staffing reflects the diversity of the community and regional and national labour markets. As part of this, take positive action in ensuring consideration is given to where roles are advertised to support BAME representation. Provide recruitment and selection training to appointing managers to include equality and diversity.
- Establish means by which disciplinary cases are recorded which will include details of equality data to enable monitoring and analysis.
- Develop a system to record access to non-mandatory training and CPD to enable the CCG to internally review data in regards to this indicator. As the CCG has agreed the People Plan and organisational development priorities for 2020, this will become a part of the CCG priorities for April 2021 onwards.
- Continue to support and foster a culture of 'Freedom to Speak up' through embedding the FTSU Guardians. This will be achieved by publicising the FTSU agenda and Guardians, FTSUGs attending this Committee bi-annually (or more frequently if required) to report on FTSU activities and any themes from concerns raised. Furthermore, the FTSUGs will attend bi-annual meetings with the Accountable Officer to report on FTSU activities with an annual report provided to the Governing Body. High level information will also be included in the annual report.
- Continue to take positive action to ensure BAME representation at senior and Board level is representative of the overall BAME workforce. This will include careful consideration of our recruitment practices and BAME community engagement when roles are advertised.
- Andrew Millward (Devon System Lead Director of Communications and Engagement and Director of Communications and Human Resources, NHS Devon) and Suzie Leather (STP Independent Chair) have commissioned an independent review of diversity across Devon. It will be important for the CCG to review outcomes of this and implement actions as required.
- Consider, review and implement national programmes of work due for release/launch in 2020/2021 including
    - NHSEI refresh of the evidence for action on Leadership Diversity.
    - NHSEI toolkit on civility and respect for all.
    - NHSEI toolkit on Bullying and Harassment.
    - NHSEI competency frameworks for board-level positions.
    - NHSEI refresh of their evidence base for action to ensure senior leadership represents the diversity of the NHS.

Appendix 1

NHS Devon CCG Workforce Race Equality Standards (WRES) – Report and Action Plan

Equality, Diversity and Inclusion is of great important to the CCG and is also at the heart of the NHS People Plan. Alongside this WRES action plan the CCG is also creating a CCG Action Plan in response to the NHS People Plan - common actions across both plans are displayed in *italics*.

	WRES indicator	Findings – 2019/2020	Findings – 2018/2019	Narrative Additional background explanatory narrative	EDS2 Associated Outcome*	Action	Lead	Time scale
1	Percentage of BME 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.	% BME: All workforce: 1.40% AfC workforce: 0.91% Clinical Workforce: 2.87% VSM: 1.69%	% BME: All workforce: 1.61% AfC workforce: 1.23% Clinical Workforce: 2.79% VSM: 3.7%	Due to the small overall organisational size and as BME colleagues represent 1.4% of the total workforce, any change in the workforce numbers can create a large change in % reported. Overall, our BAME representation has decreased by 1 individual. There remains a number of ethnicity "unknowns" and it is important to reduce these to ensure we can fully understand our WRES position.	3.1 3.6	Improve reporting of equality data and reduce ethnicity "unknowns" by means of colleague engagement through promotion of regular validation of ESR data. Embed newly developed EDI group. This group will help ensure the CCG continues to embrace and embed EDI, examine how the CCG can improve its BAME representation to align more closely with the Devon BAME demographic and aid achievement of actions plans in place to improve EDI. Review recruitment and promotion practices to ensure staffing reflects the diversity of the community and regional and national labour markets. As part of this, take positive action in ensuring consideration is given to where roles are advertised to support BME representation. Andrew Millward (Devon System Lead Director of Communications and Engagement and Director of Communications and Human Resources, NHS Devon) and Suzie Leather (STP Independent Chair) have commissioned an independent review of diversity across Devon. It will be important for the CCG to review outcomes of this and implement actions as required. Consider NHSEI refresh of the evidence for action on Leadership Diversity due by October 2020.	HR HR/ EDI group HR HR HR	Oct 20 - ongoing Oct 20 - ongoing Oct 20 – ongoing April 21 Oct 20
2	Relative likelihood of white staff being appointed from shortlisting compared to BME staff. *Indicator level provided – 1 represents an equal likelihood. >1 more likelihood, <1 less likelihood.*	Indicator: 1.3	Indicator:0.47	The 2018/19 indicator should be viewed with caution. Due to a smaller number of roles advertised, a very small number of BAME individuals being shortlisted *but* with half of those shortlisted being appointed, this has affected the indicator level in 2018/19 so that it appears that White colleagues are less likely to be appointed than BAME colleagues. In 2019/20 the data indicates that the CCG advertised more roles	3.1 3.6 4.1 4.3	Provide recruitment and selection training to appointing managers to include equality and diversity. Consider NHS Jobs statement to encourage individuals to declare their ethnicity (therefore reducing "unknowns") to aid our understanding of the data.	HR HR	Apr 2021 Oct 20 - ongoing

				and shortlisted a higher number of individuals overall. In comparison to 2018/19, more BAME individuals were shortlisted for roles also. To aid understanding of what this means, when reviewing the number of those shortlisted compared to those appointment, in 2019/20 white colleagues had a 6.84% chance of being appointed (if shortlisted) compared to BAME colleagues who had a 5.26% chance. It should be noted that Managers cannot see names or personal details of those who they shortlist. A number of individuals are still declaring their ethnicity "unknown" when applying for roles.				
3	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation; based on data from a two-year rolling average of the current year and the previous year.	All staff: 0.58% BME: 0%	All staff: 0.81% BME: 0%	Very low numbers reported with no BAME colleagues entering a process.	3.4 3.6 4.1 4.3	Establish means by which disciplinary cases are recorded which will include details of equality data to enable monitoring and analysis. From Sept, NHSEI will support organisations to eliminate any ethnicity gaps in this area, including establishing robust decision - tree checklists for managers, post-action audits on disciplinary decisions, and pre-formal action checks. Review and implement actions as appropriate.	HR HR	Dec 20 Dec 20
4	Relative likelihood of staff accessing non-mandatory training and CPD.	Unable to report	Unable to report	Although mandatory training can be monitored through the ESR system, there is presently no central, accurate record of access to non-mandatory CPD – therefore the CCG is unable to report on this indicator.	1.4 3.3 3.6	Release of new Personal and Professional Development Policy (including process for applying for non – mandatory CPD). Continue to provide equal access to development for all staff. Develop a system to record access to non -mandatory training and CPD to enable the CCG to report on this indicator in 2021.	HR HR	Dec 20 Apr 21 - ongoing
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the	The 2019 Staff Survey report identifies 12.6% of White colleagues had responded to this question. The number of	The 2018 combined Staff Survey report identifies 13% of White colleagues had responded to this question. The number of	In 2020, the CCG has actively engaged with BAME colleague to seek a Freedom to Speak Up Guardian from the BAME community. The CCG will greatly benefit from this diversity and will help support BAME colleagues to	3.4 3.6 4.1 4.3	Continue to support, embed and foster a culture of 'Freedom to Speak up'. Embed the CCG FTSU Guardians. Continue with regular cycle of internal engagement surveys to benchmark progress including NHS Staff Survey, Pulse survey etc.	HR/ FTSUGs HR	Sept 20-ongoing Sept 20-ongoing

	public in last 12 months.	responses from BAME staff for these questions were very small therefore it did not enable a comparison with white colleagues for these indicators.	responses from BAME staff for these questions were very small therefore it did not enable a comparison with white colleagues for these indicators.	speak up if they have any concerns about CCG practices. This is a key action within the NHS People Plan that is already achieved.		Continue to implement new induction events for all new colleagues to introduce the values and expected behaviour within the CCG by means of introduction to the culture of the organisation. NHSEI toolkit on civility and respect for all (due for release by March 2021) and a further toolkit on Bullying and Harassment due for release by March 2021. Review and implement actions as appropriate.	HR HR	Sept 20-ongoing Apr 21
6	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	The 2019 combined Staff Survey report identifies 17.6% of White colleagues had responded to this question. The number of responses from BAME staff for these questions were very small therefore it did not enable a comparison with white colleagues for these indicators.	The 2018 combined Staff Survey report identifies 19% of White colleagues had responded to this question. The number of responses from BAME staff for these questions were very small therefore it did not enable a comparison with white colleagues for these indicators.	See Indicator 5 narrative above.	3.4 3.6 4.1	See Indicator 5 actions above.	As per indicator 5 actions	As per indicator 5 actions
7	Percentage believing that the CCG provides equal opportunities for career progression or promotion.	The 2019 combined Staff Survey report identifies 82.6% of White colleagues believing that the CCG provides equal opportunities for career progression or promotion. The number of responses from BAME staff for these questions were very small therefore it did not enable a comparison with white colleagues for these indicators.	The 2018 combined Staff Survey report identifies 84% of White colleagues believing that the CCG provides equal opportunities for career progression or promotion. The number of responses from BAME staff for these questions were very small therefore it did not enable a comparison with white colleagues for these indicators.	Embedding the CCG Freedom to Speak Up Guardians (including our newly appointed Guardian from the BAME community) will help to identify any concerns in tis area. Ensuring (and, more importantly, being able to report on) equality of access to non-mandatory training will also create positive impact.	3.1 3.2 3.3 3.6 4.3	Update talent management processes within the CCG to make sure there is greater prioritisation and consistency of diversity in talent being considered for Director, Executive senior manager, Chair and Board roles. NHSEI are updating their talent management process including digital delivery by April 2021 with practical resources – review and implement actions as appropriate.	HR	Apr 21
8	In the last 12 months have you personally experienced discrimination at	The 2019 combined Staff Survey report identifies 5.1% of White colleagues had responded to	The 2018 combined Staff Survey report identifies 8% of White colleagues had responded to	See Indicator 5 narrative above	3.4 3.6 4.1 4.3	See Indicator 5 actions above.	As per indicator 5 actions	As per indicator 5 actions

	work from any of the following? b) Manager/team leader or other colleagues	this question. The number of responses from BAME staff for these questions were very small therefore it did not enable a comparison with white colleagues for these indicators.	this question. The number of responses from BAME staff for these questions were very small therefore it did not enable a comparison with white colleagues for these indicators.					
9	Percentage difference between the organisations' Board voting membership and its overall workforce.	The metrics confirm that there are no BME voting Board or Executive members on NHS Devon CCG Governing Body.	The metrics confirm that there are no BME voting Board or Executive members on NHS Devon CCG Governing Body.	Positive steps were taken in 2019 to actively engage BAME communities in the recruitment of a number of Lay Member posts. Although this was unsuccessful, the process was warmly welcomed by both the organisation and BAME communities and was a positive experience.	4.1	Continue to take positive action to ensure BME representation at Board level is representative of the overall BME workforce. This will include careful consideration of our recruitment practices and BME community engagement when roles are advertised. Review and consider NHSEI competency frameworks for board-level positions that will be developed by March 2021. Review and implement actions as appropriate. NHSEI will also be refreshing their evidence base for action to ensure senior leadership represents the diversity of the NHS. This is expected by Dec 2020; review and implement actions as appropriate.	HR HR HR	Sept – ongoing Apr 21 Apr 21

***EDI outcomes referenced**

EDS2 Associated Outcome
1.4 - When people use NHS services their safety is prioritised, and they are free from mistakes, mistreatment and abuse
3.1 - Fair NHS recruitment and selection processes lead to a more representative workforce
3.2 - The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations
3.3 - Training and development opportunities are taken up and positively evaluated by staff
3.4 - When at work, staff are free from abuse, harassment, bullying and violence from any source
3.6 - Staff report positive experiences of their membership of the workforce
4.1 - Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisation
4.3 - Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination