NHS
Heywood, Middleton and Rochdale
Clinical Commissioning Group

WORKFORCE RACE EQUALITY STANDARD (WRES) REPORT 2019

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Healthier People, Better Future

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Document Control			
Date	**Amendment**	**Version**	**Comments/Author**
11/09/2019	**Minor amendments to summary and narrative throughout the report.**	V0.01	Director of Operations and Executive Nurse
20/09/2019		**Final**	

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1.0 Introduction

The annual NHS Workforce Race Equality Standard (WRES) is a tool designed for both providers of NHS services and NHS commissioners introduced in April 2015. A requirement to complete an annual WRES Report has been included in the NHS standard provider contract since July 2015. From 2019, all Clinical Commissioning Groups (CCG's) are expected to submit their own organisational data annual WRES data to the NHS England portal for analysis and publication.

1.1 Clinical Commissioning Groups and the WRES

CCGs have two roles in relation to the WRES; as commissioners of NHS services and as NHS employers. In both roles their work is shaped by key statutory requirements and policy drivers including those arising from:

- The NHS Constitution
- The Equality Act 2010 and the public sector Equality Duty
- The NHS standard contract and associated documents
- The CCG Improvement and Assessment Framework

The review of Provider Trust WRES action plans is a key part of the contract monitoring processes between NHS Providers and NHS Commissioners. The credibility of the CCGs relationship with its providers can only be meaningful if the CCG itself is taking serious action to improve its own performance against the WRES indicators. The key case law principles related to the term "due regard" are commonly referred to as the Brown Principles and are often used to determine whether a public body has shown "due regard" to the Equality Duty. These principles have been drawn upon to underpin the approach commissioners of NHS services, including CCGs, should take to the application of the WRES to their own organisations. Appendix A (page 18) shows the alignment between the Brown Principles and implications of "due regard" for WRES used by CCGs.

1.2 Scope of 2018/2019 WRES Report

This report has been compiled according to the WRES Technical Guidance 2019 and provides an overview and analysis of workforce race equality across Heywood Middleton and Rochdale Clinical Commissioning Group (HMRCCG) which includes HMRCCG employed posts that work in the Integrated Commissioning Directorate.

- In compiling the report, data is drawn from Greater Manchester Shared Services (GMSS) for: NHS Electronic Staff Record (ESR), NHS recruitment data, and local non-mandatory training and CPD records. HMRCCG has carried out a staff survey jointly with RBC which included WRES indicators (5-8); the staff survey report will not be included in this report to inform indicators 5-8 and will be used internally to make improvements.

1.3 GMSS and Implementation of the WRES

CCGs workforces are 'small'; this is often the case because some functions, including Human Resources, Contract Management and Performance, ITC, Information Governance, Patient Services etc. are rationalised and centralised within GMSS. Alongside CCGs, insight into the BME composition of GMSS staff, and data related to the WRES indicator, will be important for the total 'commissioning workforce' to be properly analysed and issues identified. Simply focussing upon the workforces of CCGs alone will only present a partial picture of workforce race equality across commissioning organisations

1.4 Integration with Rochdale Council and the Implementation of the WRES

Although the WRES is not applicable to Local Authorities, they are obliged to meet the requirements of the Equality Duty and Public Sector Equality Duty. At a GM level the CCG along with Rochdale Council have signed up to a Greater Manchester commitment, as public sector employers to work collectively to address race inequality in the workplace. Within this context and further integration of functions with RBC, it is an opportunity to look at this agenda collaboratively and start with a mapping exercise of staff across health and social care.

1.5 CCGs across GM

This year a couple of CCGs within Greater Manchester have produced integrated reports which reflect the CCG and the Council (Adult Social Care) and internal functions hosted in other organisations (Commissioning Support Groups and Greater Manchester Shared Services). This approach is reflective of the WRES Technical Guidance 2019 which recognises that for some CCGs there internal functions are undertaken by Commissioning Support Groups (CSUs). Furthermore, as CCG's become more integrated reviewing and working collectively on workforce race equality with our partner organisations at a locality and STP level will be important. Appendix 2 on page 19 provides an overview of WRES data for 2017-18 for CCGs across GM for indicators 1-4 and 9.

1.6 Greater Manchester Commitment to Race Equality

At a Greater Manchester level, HMRCCG and RBC have signed up to a Greater Manchester commitment of public sector employers to work collectively to address race inequality in the workplace. Within this context Greater Manchester has set itself several ambitious targets to redress the imbalances on workforce race equality across the region. The agreed target areas are:

1. That BME applicants will be just as likely to be appointed from shortlisting as white applicants – within three years
2. To close the gap in disproportionate rate of disciplinary action between BME and white staff, such that there will be no difference in the likelihood of BME and white staff entering the formal disciplinary process – within three years.
3. That we will see a 10 per cent minimum (15 per cent stretch) shift in BME representation into more senior grades in organisations – taking into account an organisation's starting position.

The main vehicles for delivery are to support a comprehensive measurement framework across the different public sector providers to better collate and understand data evidence, advising on and developing a culture across Greater Manchester public service which is inclusive, senior leadership to publicity champion the issue and developing a GM inclusive talent pool.

1.7 WRES Indicators and Definitions

The definitions of "Black and Minority Ethnic" and "White" used in this WRES report is based on the WRES Technical Guidance 2019. The guidance follows the national reporting requirements of Ethnic Category in the NHS Data Model and Dictionary and are used in NHS Digital data. These definitions were based upon the 2001 ONS Census categories for ethnicity. "White" staff include White British, Irish and Any Other white i.e. categories A–C in the table in Annex C of the WRES Technical Guidance 2019 document. The "Black and Minority Ethnic" staff category includes all others except "unknown" and "not stated." For further information please refer to page 18 of the WRES Technical Guidance 2019

These definitions have remained in place since the start of the NHS WRES collection. They target some of the clear known disparities present in the workforce. Defining ethnicity and use of terminology in the UK is a moving fast and in reporting on our and our providers WRES data, we are not excluding the experiences of those ethnic minority communities who may experience disadvantage and discrimination in the workplace and feel they fall outside of the WRES BME categories. Our work to address disparity, discrimination and disadvantage in the workplace based on personal characteristics is all encompassing, and we continue to address all within our wider policies and practices.

There are nine WRES indicators, four draws from workforce data, four from the national NHS Staff Survey and one indicator focuses on BME representation on Boards. HMRCCG does not complete the National survey but has incorporated the 4 questions into the local joint Staff Survey with RBC. Any changes to the way that these indicators have been reported on are in line with the WRES Technical Guidance 2019.

Please note:
Within this report, where comparisons with the local population the local BME population figure is presented as 18.3% and not 21% BME. This excludes the 3% Irish and Any Other White categories, which have been added to the White British category making it 81.3% (Census 2011, Table 1, page 16).

1.8 The Links between the WRES and EDS2

The Equality Delivery System (EDS2) is designed to help local NHS organisations, in discussion with local stakeholders, review and improve their performance for patients, communities and staff in respect to all characteristics protected by the Equality Act 2010. The WRES seeks to tackle one characteristic of equality – the consistently less favourable treatment of the BME workforce – in respect of their treatment and experience. It draws on new research on both the scale and persistence of such disadvantage and the evidence of the close links between discrimination against staff and patient care. The WRES and EDS2 are complementary but distinct. The data for the WRES indicators will assist organisations when implementing EDS2 with the outcomes under EDS2 Goals 3 and 4, as shown below.

Goal 3: A representative and supported workforce – notably EDS2 outcomes:
3.1 – Fair NHS recruitment and selection processes lead to a more representative workforce at all levels
3.3 – Training and development opportunities are taken up and positively evaluated by all staff
3.4 – When at work, staff are free from abuse, harassment, bullying and violence from any source
3.6 – Staff report positive experience of their membership of the workforce
Goal 4: Inclusive leadership – notably EDS2 outcomes:
4.1 – Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations
4.3 – Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination

1.9 HMR CCG WRES Overview

HMRCCG employed 108 staff as of 31st March 2019. The number of the CCG staff is small when divided into different protected groups. The race equality data in some indicators is too small to draw any meaningful conclusion as a small change in the number can skew the percentage significantly; therefore, the percentages need to be treated with caution.

- The ethnic make-up of the staff in the CCG is 15.7% (this excludes Irish and Whites other categories as specified by the WRES Technical Guidance 2019 page18) and has decreased by 0.5% from March 2018 when the CCG had 16.2% BME (Black Asian Minority Ethnic).
- The likelihood of White staff being appointed compared with BME staff could not be measured this year, as no BME staff were appointed.
- In 2018-19 the likelihood of White staff accessing non-mandatory training and Continuous Professional Development (CPD) compared with BME staff is 0.25 (for every 4 BME staff, 1 White Staff), compared to 2017-18 when it was 1.33 times greater (for every 3 BME staff, 4 White Staff), which reflects a positive shift.
- The non-voting BME board membership has decreased by 1.7% since March 2018 when the CCG had 41.7%. The percentage difference is 24.3% more than the overall CCG BME workforce which is at 15.7%.
- There was 1 disciplinary case over the last year (2018-19), which was not BME.

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1.10 Our Commitment to WRES and how we have prepared the progress report

- HMRCCG is committed to implementing the WRES. In 2018 and this is our fifth WRES report against the nine WRES indicators for the period 2018-19. In addition, a separate Annual Equality Workforce Report, looking at all protected characteristics is also published as part of our Annual Equality Publication January 2019. HMRCCG will continue this and reflect the WRES implementation for 2019-20.
- We have supported the development of our Equality Diversity and Inclusion Strategic Lead as an WRES Expert who provides local and regional expertise and good practice to make continuous improvements going forward.
- The CCG along with RBC have signed up to the Greater Manchester commitment, as public sector employers to work collectively to address race inequality in the workplace.

- The CCG has carried out a staff survey jointly with RBC which included WRES indicators (5-8); the staff survey report will not be included in this report to inform indicators 5-8 and will be used internally to make improvements.
- This report also makes recommended actions for HMRCCG and RBC to implement in 2019-20 to improve the CCG's position in relation to race equality.

WRES INDICATORS: 1-4 Workforce indicators, 5-8 Staff Survey, Indicator 9: Governing Body (Board) Members

	WRES indicators: For each of these four workforce Indicators, compare the data for white and BME staff
1	Percentage of staff in each of the AfC Bands 1-9 or Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce disaggregated by: • Non-Clinical staff • Clinical staff - of which -Non-Medical staff -Medical and Dental staff Note: Definitions for these categories are based on Electronic Staff Record occupation codes except for Medical and Dental staff, which are based upon grade codes.
2	Relative likelihood of staff being appointed from shortlisting across all posts Note: This refers to both external and internal posts
3	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation Note: This indicator will be based on data from a two-year rolling average of the current year and the previous year.
4	Relative likelihood of staff accessing non-mandatory training and CPD
	National NHS Staff Survey indicators (or equivalent) For each of the four staff survey indicators, compare the outcomes of the responses for white and BME staff
5	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion
8	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
	Board Representation indicator **For this indicator, compare the difference for white and BME staff**
9	Percentage difference between the organisations' Board membership and its overall workforce disaggregated: • By voting membership of the Board • By executive membership of the Board Note: this is an amended version of the previous definition of Indicator 9

2.0 WORKFORCE

WRES Indicator 1: Percentage of staff in each of the AfC Bands 1-9 or Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce disaggregated by:

- Non-Clinical staff
- Clinical staff of which:
  - Non-Medical staff
  - Medical and Dental staff

This indicator looks at representation across the workforce.

- This indicator includes both clinical and non-clinical staff. In 2017-18, the CCG reported its staff data by including permanent staff and those who are on the pay roll but not employed by the CCG.
- For comparative purpose, the CCG has kept the grouping of the data to Bands 1-4, 5-7 and from 8 to VSM and has used a separate category for Office Holders who do not fit under either of the first two categories and they are not staff of the CCG (e.g. Governing Body members who are clinical leads and are on payroll).
- Due to data protection, numbers under 5 are not disclosed and replaced with a # symbol.
- There are several terms in use around race and ethnicity. BME stands for Black and minority ethnic. BAME stands for Black, Asian and minority ethnic. The term BME is used throughout this report.

Table 1: Workforce by ethnicity compared with local population

	2015	2016	2017	2018	2019	2019 Performance compared with 2018	Population (2011 Census)
WHITE	84.5%	84.3%	81.7%	82.9%	84.3%	1.4% 	**81.3% (Includes 3% Irish and white other categories)**
BME	12.5%	15.7%	18.3%	16.2%	15.7%	0.5% 	**18.3% (excludes 3% Irish and white other categories)**
NOT DISCLOSED	3.85%	0.3%	0.0%	0.9%			**n/a**
Total Headcount	**74**	**108**	**115**	**111**	**108**		

- Overall, ethnic make-up of the staff in the CCG is 15.7% this excludes Irish and Whites other categories as specified by the WRES Technical Guidance 2019 page 19.
- This represents a decrease by 0.5% decrease from March 2018 when the CCG had 16.2% BME.
- White staff appear to be over represented compared to the local population.
- BME staff are unrepresented compared with the local population.

Table 2: Workforce as at 31st March 2019 compared with pay bands.

	This Year - 2018/19			Last Year - 2017/18			Variance		
PayScale	**White**	**BME**	**Unknown**	**White**	**BME**	**Unknown**	**White**	**BME**	**Unknown**
Apprentices	Data for GMSS not divided into these categories								
Non-AfC									
Non-Clinical									
Band 1 - 4	75%	25%		69.2%	30.8%		+5.8%	-5.8%	
Band 5 - 7	90.3%	9.7%		96.5%	3.5%		-6.2%	+6.2%	
Band 8+	82.1%	17.9%		72.7%	27.3%		+9.4%	-9.4%	
Clinical									
Band 5 - 7	100%			100%					
Band 8+	100%			100%					
Total	**84.3%**	**15.7%**		**82.9%**	**16.2%**		**+1.5%**	**-0.5%**	

This indicator compares likelihood of applicants being appointed from shortlisting across all posts.

- For roles on AfC Bands 1-4 there is a decrease of BME employees of 5.8%
- For roles on AfC Bands 5-7 there is an increase of BME employees of 6.2%
- For roles on AfC Bands 8 and above there is a decrease of BME employees of 9.4%

3.0 RECRUITMENT

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

Table 1: Recruitment 2018-19

Ethnicity	Shortlisted	Appointments
White	19	3
BME	6	0
Not Disclosed		

Table 2: Recruitment 2017-18

Ethnicity	Shortlisted	Appointments
White	181	14
BME	56	#
Not Disclosed		

Table 3: Recruitment 2016-17

Ethnicity	Shortlisted	Appointments
White	86	41
BME	31	17
Not Disclosed		

- In 2018-19 no BME staff were appointed therefore the likelihood of White staff being appointed compared with BME staff could not be measured.
- In 2017-18 the relative likelihood of white staff being appointed from shortlisting compared to BME is therefore 1.44 times greater
- In 2016-17 the relative likelihood of white staff being appointed from shortlisting compared to BME is therefore 0.87 times greater

4.0 DISCIPLINARIES

WRES 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).

- HMR CCG commissioned People Services (HR), from Greater Manchester Shared Services (GMSS) during 2018-19. Our designated HR Business Partner monitors the data on staff involved in disciplinary procedures through their internal process.

- There were 1 disciplinary cases reported in 2018-19 and none in 2017-18, which was not BME.

5.0 NON-MANDATORY TRAINING

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

Table 1: Non- Mandatory Training 2018-19 and 2017-18

Total number of staff in the workforce	2018-19: 111	2017/18: 115
Number of staff in the workforce	White 91 (84.3%) BME 17 (15.7%)	White 92 (82.9%) and BME 19 (16.2%)
Number of staff accessing non-mandatory training and CPD	White 13 (14.3%) BME 6 (35.3%)	White 77 (%) BME 15 (%)
Likelihood of white staff accessing non-mandatory training and CPD	0.14	0.50
Likelihood of BME staff accessing non-mandatory training and CPD	0.35	0.38
The relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff	0.41	1.33 times

This data set looks at the likelihood of BME employees accessing non-mandatory training and continued professional development compared with White employees

- In 2018-19 BME staff were more likely to access non -mandatory training

6.0 GOVERNING BODY MEMBERS (as at 31st March 2019 and the changes since 31st March 2018)

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

Table 1: Governing Body Members WRES data against local population and overall CCG workforce

	2017		2018		2019		Local Demography	Comparison with local demography	Comparison with CCG workforce
	GB Members	CCG Staff	GB Members	CCG Staff	GB Members	CCG Staff			
WHITE	72.8%	81.7%	80%	82.9%	**69.2%**	**84.3%**	81.30%	**-12.1%**	**-15.1%**
BME	27.2%	18.3%	20%	16.2%	**23.1%**	**15.7%**	18.30%	**+4.8%**	**+7.4%**
NOT DISCLOSED				0.9%	**7.7%**		0.40%	**+7.3%**	**+7.7%**

This indicator compares the percentage difference between the Governing Body's voting membership and overall employees. It should be acknowledged that, given the small size of the Governing Body (GB), a change in a single GB member can alter the figures for this indicator considerably. However, a key purpose of this indicator is to ensure NHS Boards/GB's are developing robust plans for future recruitment to minimise potential disparities.

- The non-voting Governing Body membership is 60% White and 40% BME. The overall BME staff in the CCG is 15.7%. The percentage difference is 24.3% more than the overall workforce. This shows an over representation on HMR CCG Governing Body when compared to the overall workforce.
- There are 14 members on the CCG Governing Body with 2 vacant posts and it appears that there has been a decrease in the BME and an increase of White GB members.
- The percentage of White and GB members is lower compared with the CCG's overall White and workforce and the local population
- The percentage of BME and GB members is higher compared with the CCG's overall BME and workforce and the local population

7.0 WRES ACTION PLAN 2019-20

As HMRCCG further integrates its functions with RBC, joint working will be essential to ensure data is available to produce future HMRCCG WRES reports. In addition, joint working will be essential to work towards a consistent approach in addressing Workforce Race Equality (WRE) within both organisations and for other protected groups.

1. The Joint Equality Diversity and Inclusion Strategy for HMRCCG and RBC to ensure objectives and actions related to workforce are inclusive of WRES and WRE.

2. Deliver a development session for RBC HR function to fully understand the requirements of WRES indicators, and to develop an action plan to enable data collection against the WRES indicators; and to learn from other localities that have undertaken integrated workforce equality reports.

3. Identify staff from RBC HR function to apply for the GM Race Equality Change Agent Programme (RECAP) which is the GM version of WRES Experts Programme. This will develop knowledge and skills in workforce race equality which will be beneficial to both organisations.

4. To review RBC HR Recruitment process in terms of WRES and the wider equality requirements.

5. To review the Joint Staff Survey Report undertaken 2019 including the WRES indicators 5-8, staff survey questions and make recommendations to improve the next joint staff survey to allow analysis between staff with protected characteristics.

Appendix A: **The Brown Principles as applied to CCGs use of the WRES**

BROWN PRINCIPLE	REQUIREMENT IN RESPECT OF THE EQUALITY DUTY	IMPLICATIONS OF 'DUE RESPECT' FOR WRES FOR CCGS
KNOWLEDGE	The decision makers must be aware of their duty to have 'due regard' to the three aims of the duty.	CCGs must be aware of the WRES, its aims and metrics.
SUFFICENT INFORMATION	The decision maker must consider what information he or she has and what further information may be needed to consider the Duty.	CCGs must consider what data they currently have about their own workforce, analysed by ethnicity, and what further information may be needed to consider the WRES
TIMELINESS	The Duty must be complied with before and at the time that a policy is under consideration or decision is taken – that is, in the development of policy options, and in making a final decision. A public body cannot satisfy the Duty by justifying a decision after it has been taken.	CCGs are expected to collect and analyse their workforce data using the WRES metrics and to use that data to consider the extent to which gaps exist between the experience and treatment of white and BME staff using both workforce and staff survey data. Where CCGs do not currently participate in the National Staff Survey they should consider what means they might use that are appropriate to determine staff views.
REAL CONSIDERATION (DECISION MAKING)	Consideration of the three aims of the Equality Duty must form an integral part of the decision-making process. The Equality Duty is not a matter of box-ticking; it must be exercised in substance, with rigour and with an open mind in such a way that it influences the final decision.	Consideration of the WRES must form an integral part of the decision-making process. The WRES is not a matter of box-ticking; it must be exercised in substance, with rigour and with an open mind in such a way that it influences decisions on workforce treatment and experience
ACCOUNTABILITY (*NO-DELEGATION*)	Public bodies are responsible for ensuring that any third parties which exercise functions on their behalf can comply with the Equality Duty, are required to comply with it, and that they do so in practice. It is a duty that cannot be delegate.	Having due regard to the WRES is not to be delegated to another body.
MONITORING AND REVIEW	Public bodies must have 'due regard' to the aims of the Equality Duty not only when a policy is developed and decided upon, but also when it is implemented and reviewed. The Equality Duty is a continuing duty.	CCGs must have regard to the aims of the WRES not only when a workforce policy is developed and decided upon, but also when it is implemented and reviewed

Appendix B: Greater Manchester CCGs WRES Data for 2017-18

Indicators	**Bolton** (131 staff) 9.92% BME staff	**Bury** (no headcount workforce data available)	**Manchester Health Care Commissioning** (273 staff) BME Staff 17.95%	**Oldham** (392 includes GMSS hosted staff) 15.7% BME staff	**Salford** (147 Staff) BME 8.8%	**Wigan** (186 Staff) BME 9.69%	**Tameside & Glossop** **(**less than 91 Staff) BME 6.59%
1	Decrease in the number of BME staff in the CCG 12.4 to 9.92	17.7% - Bury BME workforce is over-representative of the Bury population (10%), however this report shows a slight decrease of 0.4% since 2017 for BME staff	17.95% Increase March 2017 when the CCG had 17.95% BME	15.7% - Increase in workforce from previous year	8.8% Decrease from previous years report 11.6%	Decrease of BME staff at senior bands non-Clinical 10.5% Clinical 6.45% 3.2% 20.15%	Increase in BME staff 14.05%
2	1.8 x	0.97%	The relative likelihood of white staff being appointed from shortlisting compared to BME is therefore 1.44 times greater	0.575 times greater white staff being appointed from shortlisting compared to BME	White staff are 4x more likely to be appointed from shortlisting	No data available – as no BME applicants were appointed	Applied 25% Appointed 8.33%
3	Too small	0%	N/A	N/A	N/A	N/A	N/A
4	White staff accessing compared to BME is 1.75	1.81 times greater	1.46 more likely for white staff	0.93 less likely	1.53 more likely	0.1%	N/A
9	9.92% BME and 26.7 %	2.3 less members – excluding sector chairs 5.8 more BME members if include sector chairs	CCG BME Workforce = 17.95% BME Voting Board = 14.3% (-3.65%) BME Executive = 14.3% (-3.65%)	27.7% board 15.7 workforce	1.1% less	7.25	Not recorded