

Workforce Race Equality Standard (WRES) Report 2021 for: NHS Wirral CCG

1. Introduction

- 1.1. This report describes NHS Wirral CCGs' approach and performance for the Workforce Race Equality Standard (WRES) in 2021.
- 1.2. The NHS Workforce Race Equality Standard (WRES) was made available to the NHS from April 2015 and was included within the NHS Standard Contract from 2015-16. WRES baseline data has been provided and published on a yearly basis by the NHS since 01 July 2015.
- 1.3. The main purpose of the WRES is to help local and national NHS organisations to review their data against the nine WRES indicators and to produce an action plan to improve workplace experiences of Black, Asian and Ethnic Minority (BME) staff. The WRES also places an obligation on NHS organisations to improve BME representation at Board level. As such, the 'business case' for race equality in the NHS, and for the WRES, is now a powerful one, and the WRES provides a real impetus for NHS organisations to improve workforce race equality for the benefit of staff and patients.
- 1.4. The WRES is a tool designed for both providers of NHS services (including NHS and independent providers of NHS services) and NHS Commissioners. It can also be applied to national healthcare bodies; many of whom are also implementing and using the WRES.
- 1.5. Clinical Commissioning Groups (CCGs) have two roles in relation to the WRES – as commissioners of NHS services **and** as 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 Assessment Framework
 - The CCG Improvement and Assessment Framework
- 1.6. In addition to the NHS Standard Contract, the CCG Improvement and Assessment Framework also requires CCGs to give assurance to NHS England that their providers are implementing and using the WRES. Implementing the WRES and working on its results and subsequent action plans is a part of contract monitoring and negotiation between CCGs and provider organisations.

2. The Nine WRES Indicators

- 2.1. To support the implementation of the WRES, CCGs should:
 - Collect data on the workforce

- Carry out data analyses
 - Produce an annual report
 - Publish their WRES report and action plan
- 2.2. With over one million employees, the NHS is mandated to show progress against a number of indicators of workforce equality, including a specific indicator to address the low numbers of BME board members across the organisation.
- 2.3. The table below shows the nine WRES indicators that NHS organisations are required to report on an annual basis. These are based on existing data sources such as Electronic Staff Records (ESR) and NHS National Staff Survey results.

Table 1.1		Nine WRES Indicators:	
Workforce 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 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 BME staff entering the formal disciplinary process compared to that of white staff.	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.	Key Findings (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 voting membership and its overall workforce disaggregated: <ul style="list-style-type: none"> • 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		

3.0 Our WRES data sets

The following tables show WRES reporting from the last 2 reporting periods for each of the indicators. The following data has been collated from the WRES submission templates for NHS Wirral CCG - which are in excel format.

3.1 Table showing summary workforce data – relating to indicator 1 and 9:

Relating to indicators:

- Percentage of staff in each of the AfC Bands 1-9 and Very Senior Manager (VSM) (including executive Board members) compared with the percentage of staff in the overall workforce
- Percentage difference between the organisations' Board voting membership and its overall workforce disaggregated: By voting membership of the Board and executive membership of the Board

Note: This is an amended version of the previous definition of Indicator 9

These indicators link to Goals 3 and 4 for the Equality Delivery System.

NHS Wirral CCG	2020	2021
No. of staff employed within the organisation - headcount	91	91
Proportion of BAME staff %	6.5%	5.4%
Proportion of BAME staff in VSM %	10.5%	10.5%
Total Board Members headcount	2 out of 15	2 out of 16
Proportion of BAME Executive Board members headcount and %	0 out of 6 white 0%	0 out of 6 white 0%
Proportion of staff self-reporting their ethnicity %	93.5%	95.6%

About this data:

The workforce numbers have stayed stagnant since the last reporting period.

Context – local BAME population:

According to the Office of National Statistics, the local BAME population of Wirral is 5%.

The proportion of BAME staff in the CCG makes up 5.4% of the workforce. Caution should be taken with this data set due to the relatively small number of BAME staff.

Very Senior Managers (VSM):

The proportion of BAME staff in VSM is low with staff from BAME backgrounds making up 10.5% of very senior managers. However, caution should be taken with these data sets due to relatively low numbers of VSM staff.

Board Members:

The proportion of BAME staff on the board is currently 12.5%.

Proportion of BAME executive Board members:

The number of executive Board members is relatively small – with a total of 6 people, which remains the same since 2020 reporting. The BAME representation at executive board level is at 0%. BAME representation for executive Board members is lower than both local population and BAME overall staff representation.

Self-reporting of ethnicity:

The self-reporting of ethnicity on staff records is high with overall reporting at 95.6% increasing from the previous year where self-reporting was at 93.5%.

3.2 Table showing Recruitment data relating to indicator 2:

Related indicators:

- The relative likelihood of staff being appointed from shortlisting across all posts

These indicators link to Goals 3 and 4 for the Equality Delivery System.

NHS Wirral CCG	2020	2021
Number of short-listed applicants (headcount)	38	34
BAME short listed applicants – headcount and %	6 15.7%	5 14.7%
Number appointed from shortlisting	9	8
BAME appointed from shortlisting – headcount and % from total appointed	1 3.5%	0 0%
Relative likelihood of appointment from shortlisting for:		
a) White staff	24.14%	23.08%
b) BAME staff	16.67%	0%
c) Unknown	66.67%	66.67%

The above data shows:

The recruitment data has stayed fairly stagnant since the last reporting period with 9 members of staff being appointed in 2020 and 8 being appointed in 2021. The appointment of staff from BAME backgrounds has also stayed low with no appointments of people from BAME backgrounds being made, compared with only 1 in the previous year. This affects the confidence levels in the likelihood data of appointments across white, BAME and unknown backgrounds.

3.3. Table showing Disciplinary data relating to indicator 3:

Related indicators:

- Relative likelihood of BAME staff entering the formal disciplinary process compared to that of white staff

These indicators link to Goals 3 and 4 for the Equality Delivery System.

NHS Wirral CCG	2020	2021
Number of staff entering into formal disciplinary process	0	0
Number of staff from BAME entering into formal disciplinary process	0	0
Likelihood of staff entering the formal disciplinary process as a %	0	0
Relatively likelihood of BAME staff entering the formal disciplinary process compared to white staff as a %	N/A	N/A

3.4 Table showing non mandatory training / development data:

This data set has not been reported within WRES as this is not currently captured on ESR or within internal recording. The lack of data doesn't mean that staff don't access non mandatory training and development. Current information on this should be available within individual appraisal discussions and supervision meetings.

3.5 Staff Survey – experience

Related indicators:

- KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.
- KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
- KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion
- In the last 12 months have you personally experienced discrimination at work from any of the following? Manager/team leader or other colleagues.

These indicators link to Goals 3 for the Equality Delivery System.

As noted within above section 3, there is no requirement to report on this indicator relating to staff survey work during this reporting period. The absence of reporting on this indicator does not mean that staff do not experience harassment, bullying or abuse.

The CCG have a range of reporting and procedures in place for staff reporting incidents of harassment, bullying or abuse.

3. WRES Action Plan

- 3.1. Each year, alongside the WRES reports, CCGs are required to produce an action plan based on the WRES findings to explore opportunities to improve workplace experiences of BME staff. In light of the areas highlighted in the above, the following actions are recommended:
- 3.2. Data regarding shortlisting and appointing BME candidates at interview stage will continue to be monitored by data collated by the Human Resources Team, NHS Midlands and Lancashire Commissioning Support Unit on behalf of the CCG.
- 3.3. A full action plan will accompany this report.