

# Workforce Race Equality Standard Report and Action Plan 2020-21

South East London (SEL) Clinical Commissioning Group



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## 1. Foreword and background

This is the CCG's WRES report that covers the period 1 April 2020 – 31 March 2021. It provides a review of BME\* representation in staff numbers by seniority. It also reviews the dignity and respect staff survey results for the CCG.

The focus of this report is to determine action plans for the current next financial year to address racial inequality in the workplace. The action plan is governed by the Equalities Committee that reports directly into the Governing Body. SEL CCG has also set up a Race Equality Executive Group to support this critical agenda. Andrew Bland, Accountable Officer chairs this group. There is also now a Race Equality Forum to provide lived experience input to decision making.

There has been significant action taken since the previous WRES report including:

- 200 staff attended unconscious bias training delivered by an external provider
- An external diversity recruitment consultant was utilised on a pilot basis
- A reverse mentoring programme has been set up
- A mentoring programme to support staff progression has been set up
- A recruitment audit has been carried out and recommendation will be considered by the Equalities Committee
- Further training is planned for the next financial year

In 2014, NHS England and the NHS Equality and Diversity Council agreed action to ensure employees from Black and Minority Ethnic (BME\*) backgrounds have equal access to career opportunities and receive fair treatment in the workplace. It was agreed that a Workforce Race Equality Standard (WRES) should be developed, and in April 2015 it was made available to the NHS.

All NHS organisations including CCGs, Trusts and CSUs as well as national organisations are encouraged to implement the WRES in an open and transparent way.

The report has the following key roles:

- To enable organisations to compare their performance with others in their region and those providing similar services, with the aim of encouraging improvement by learning and sharing good practice
- To provide a national picture of WRES in practice, to colleagues, organisations and the public on the developments in the workforce race equality agenda

**\*The term BME is used by the WRES report to refer to People of Colour from Black, Asian and minority ethnic backgrounds.**

## 2. Summary Findings

### Staff Representation (Indicator 1 and 9)

**Overview:** BME colleagues constitute 33% of the population covered by SEL CCG. Overall staff representation is 36%, up from 33% and Board level staff representation is 44%, up from 37%.

**Action:** Whilst the summary representation is good, there are certain bands where further action is required. These are non-clinical bands 8-9 and all VSM bands.

### Recruitment (Indicator 2)

**Overview:** BME constitute 42% of new recruits, compared to 33% of the population covered by SEL CCG. The relative likelihood indicator points negatively with White applicants 2.1 times more likely to be appointed when shortlisted than BME colleagues. A significant driver for this ratio is the low representation (31%) of White applicants.

**Action:** An external audit of recruitment procedures is being carried out. The CCG will give careful consideration to the analysis from this audit. There is also low representation of White groups in applications and the CCG will consider looking at ways to boost applicants, particularly, from areas of deprivation and through structured employment initiatives such as apprentices or training programmes.

### Disciplinary and Training opportunities (Indicator 3 and 4)

**Overview:** No BME colleagues faced disciplinary procedures and no training data was collated during the reporting period.

**Action:** The Training Review Panel will start collating training data from July 2021.

### Dignity and Respect at Work (Indicators 5, 6, 7 and 8)

**Overview:** BME colleagues report much higher levels of experiencing of bullying, harassment and discrimination. There is also the perception that the CCG does not provide equal opportunities for career progression and promotion.

**Action:** The CCG has carried out staff engagement and identify a number of issues that will be included in the action plan. The CCG is also carrying out an independent audit of recruitment procedures, has provided unconscious bias training to 200 staff and has employed a diversity recruitment consultancy to assist with senior appointments on a pilot basis.

### 3. The Equality Act 2010 and Positive Action

**The Law** : The Equality Act allows positive action to be taken in recruitment and promotion.

#### Equality Act 2010 - Section 159 - Positive action: Recruitment and Promotion

(1) This section applies if a person (P) reasonably thinks that

- (a) persons who share a protected characteristic suffer a **disadvantage connected to the characteristic**, or
- (b) **participation** in an activity by persons who share a protected characteristic is **disproportionately low**.

**Legal Advice** : How does an employer identify if it needs to take positive action?

Emma Bartlett, employment partner at Speechly Bircham published in [Personnel Today](#)

An employer that reasonably thinks that there is a need to increase diversity in its organisation should first obtain **credible evidence** to determine whether or not employees who share a particular protected characteristic are under-represented. The employer could **compare the proportion of its workforce that is of a minority group with national or local statistics**.

### Examples of Positive Action

The Employment Tribunal ruling in [Furlong v Cheshire Police 2018](#) (paragraph 18) gives some examples:

- **Setting targets** for increasing participation of relevant group
- Providing **bursaries** to obtain a qualification in a profession such as journalism
- **Outreach work** such as raising awareness of appointments within the community
- **Reserving places on training courses** for people with protected characteristics,
- Working with local schools and FE colleges, inviting under represented groups **to spend a day at the company**
- Providing **mentoring**

### Positive Action requires a plan [Furlong v](#)

[Cheshire Police 2018](#) (paragraph 26) that:

- sets out **evidence** of the disadvantage, particular **need and/or disproportionately low levels of participation** as appropriate, and **an analysis of the causes**
- sets out **specific outcomes** which the employer aims to achieve
- identifies **possible action** to achieve those outcomes and shows an assessment of the **proportionality** of the proposed actions
- sets out the **measurable indicators** of progress towards those aims set against a **timetable (time limited)**
- explains how they will **consult with relevant groups such as all staff**, including members of the protected group
- sets out **periods for review** of progress of the measures towards the aim to ensure it **remains proportionate**.

## 4. NHS People Plan 2020-21 / London Workforce Race Equality Strategy

### NHS People Plan 2020-21

“There is strong evidence that where an NHS workforce is representative of the community that it serves, patient care and the overall patient experience is more personalised and improves.

This plan sets out actions to support transformation across the whole NHS.

It focuses on how we must all continue to look after each other and foster a culture of inclusion and belonging, as well as action to grow our workforce, train our people, and work together differently to deliver patient care.

The plan sets out what the people of the NHS can expect – from their leaders and from each other – for the rest of 2020 and into 2021.”

### London Workforce Race Equality Strategy

More than 44.9% of our NHS staff in London are from a BME background and the majority of our doctors, nurses and midwives bring global experience to their roles.

However, it is well documented that the experience of BME colleagues working in London is not equal to that of their white counterparts. This is simply not acceptable, and we now need to make a step-change to move forwards.

This strategy is aimed at starting a coordinated, consistent and sustainable programme of work to make that change. It is aligned with the spirit and actions of the People Plan and there is a great deal of interconnection between the two documents.

**SELCCG 2020-21 WRES Action Plan is linked to the NHS People Plan and the London Workforce Race Equality Strategy**

## 5. WRES Data - Indicator 1 : Staff Representation

Percentage of staff in each of the Agenda for Change (AfC) Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce disaggregated by: Non-Clinical Staff/Clinical staff

### BME people make up 33% of SEL CCGs population

		White	BME	% BME	Unknown	Total
Non-clinical staff	Bands 1 - 7	102	51	32%	5	158
	Bands 8-9	178	60	25%	2	240
	VSM	12	2	14%	0	14
Clinical staff	Bands 1-7	12	26	67%	1	39
	Bands 8-9	27	41	59%	1	69
	VSM	1	0	0%	0	1
	Consultants	3	0	0%	0	3
Other		51	42	43%	5	98
SEL CCG	Total	386 (62%)	222	36%	14 (2%)	622

Representation RAG
Over by 20%+
Over by 10-20%
Tolerance + / - 10%
Under by 10-20%
Under by 20%+

Note: Overall staff numbers increased from 530 to 622 in this reporting period. A key factor was a backlog of vacancies due to slower recruitment in the run up to the merger of the 6 CCGs. During this 12 month period, 165 people were recruited and 65 people left. There were 36 recruits and 199 leavers in the previous 12 month period.

# Staff Representation Indicator 1 – Analysis and Actions:

## Non-clinical Bands

Analysis: There is significant under representation at band clusters 8-9 and VSM. TURNOVER RATE

	Bands 8- 9	VSM
Potential for change	Posts are likely to become vacant in the next year as there are 277 posts in total.	Posts are less likely to become vacant in the next year as there are 14 posts.
Equality Target	An increase of 31 BME staff, taking the representation from 60 to 91.	An increase of 3 BME staff , taking the representation from 2 to 5.

## Clinical Bands

Analysis: There is significant underrepresentation at bands VSM and Consultant.

Potential for change: There are only 4 posts in total in these groups so it could be that these posts become vacant infrequently.

Equality Target: An increase from 0 to 1 BME staff.

**Action 1.1 : Non-clinical bands** BME career conversations for colleagues at Bands 6-7

**Action 1.2 : Non-clinical bands** Succession planning for BME colleagues at Band 9

**Action 1.3 : Clinical bands** Succession planning for BME colleagues at Band 9



# Recruitment - Indicator 2 2020-2021

**Indicator 2**  
Relative likelihood of staff being appointed from shortlisting

<b>SELCCG</b>	<b>2.1:1</b>
<b>White</b>	<b>91 appointees (55%)</b>
<b>BME</b>	<b>70 appointees(42%)</b>

<b>Representation RAG</b>
Over by 20%+
Over by 10-20%
Tolerance + / - 10%
Under by 10-20%
Under by 20%+

**Indicator 2**

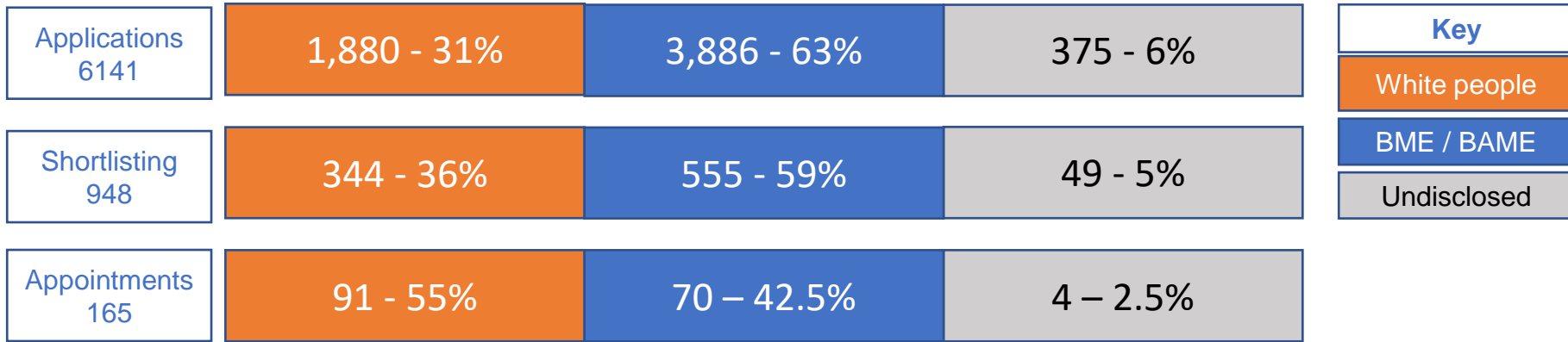
White applicants were 2.1 times more likely to be appointed from shortlisting compared to BME applicants.

However, there was an over representation of BME applicants in overall appointments.

A full breakdown of recruitment data, including a comparison to population representation is included on the next slide.

- Action 2.1** : There needs to be a focus on attracting more White applicants (only 31% of total applicants).
- Action 2.2** : Actions need to be taken to address under representation in non-clinical band clusters 8-9 and VSM and clinical band clusters VSM and Consultant

## Indicator 2 – Further detail to look for significant drivers



Key
White people
BME / BAME
Undisclosed

### WRES Indicator 2

Number of appointed candidates

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Number of shortlisted candidates

Likelihood to be  
appointed if shortlisted

Relative  
Likelihood

91/344 = 26.5%

26.5%  
/12.6%

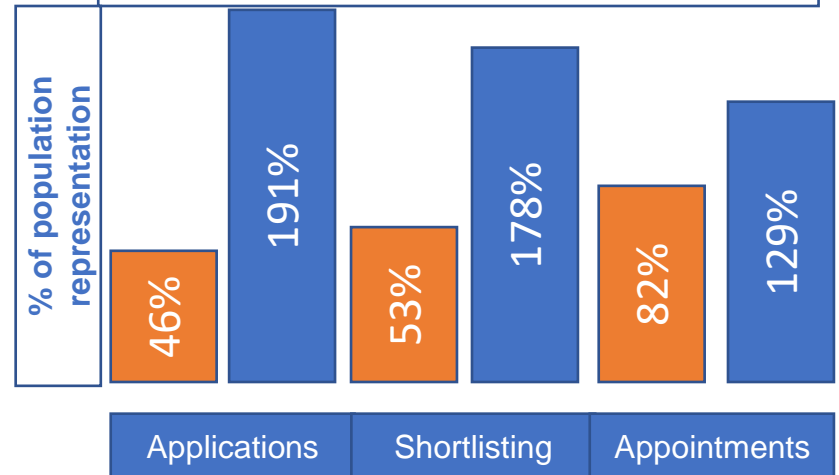
2.1

70/555 = 12.6%

In order for the ratio to be 1:1, the shortlisting ratio of 36%:59% would need to be maintained for appointments

### Equality Act (Positive Action)

BAME people make up 33% of SEL CCGs population



The Equality Act measures representation against population data and BME colleagues attained 129% of population representation in appointed candidates.

## Disciplinary and Training Comparison Indicators 3 – 4 2020-2021 (2019 – 2020)



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Indicator 3 Relative likelihood of staff entering the formal disciplinary process	Indicator 4 Relative likelihood of staff accessing non-mandatory training and CPD
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<b>SELCCG</b>	<b>0 (0)</b>	<b>0 * (0.93)</b>
<b>White</b>	<b>1</b>	<b>0*</b>
<b>BME</b>	<b>0</b>	<b>0*</b>

Indicator 3	Indicator 4
<p>1 case of formal disciplinary was reported. No BME colleagues faced disciplinary processes in this financial year.</p> <p><b>Action:</b> No action required this financial year.</p>	<p>*No data was collected in the financial year 2020-2021 for this indicator.</p>

**Action 4.1 :** SELCCG is to develop, agree and implement a formal process for accessing non-mandatory training and CPD and recording it. This is due to start from July 2021.

## Staff Survey - Indicators 5 - 8:

WRES staff survey questions 2020	Indicator 5 % staff experiencing harassment, bullying or abuse from patients, relatives or public	Indicator 6 % staff experiencing harassment, bullying or abuse from staff.	Indicator 7 % staff believing that the CCG provides equal opportunities for career progression or promotion.	Indicator 8 % staff personally experienced discrimination at work
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Organisation's name	White	BME	White	BME	White	BME	White	BME
SELCCG 2020-21	5.5%	7.4%	13.7%	31.9%	86.1%	47.4%	7.1%	22.7%
SELCCG 2019-20	8.33%	6.85%	23.05%	31.73%	85.42%	41.10%	12.63%	20.85%
England CCGs Average	7.9%	7.7%	16.7%	24.20%	88.60%	54.7%	3.9%	17.4%

Indicator 5	Indicator 6 and 8	Indicator 7
The data is similar between ethnicities and below the England CCG average. No action required this financial year.	There is a significant difference in the experience of discrimination, harassment, bullying and abuse (from staff). Action required.	The perception is recruitment is not fair. Further investigation is needed to understand why. BME candidates were over represented in recruitment data.

**Action 6.1, 8.1 : Discrimination and Harassment.** The CCG has carried out staff engagement and identify a number of issues that will be included in the action plan. See pages 14 -16.

**Action 7.1 : Promotion and Progression.** The CCG is carrying out an independent audit of recruitment procedures, has provided unconscious bias training to 200 staff and has employed a diversity recruitment consultancy to assist with senior appointments on a pilot basis.

## Board Membership - Indicator 9:

Percentage difference between (i) the organisations' Board voting membership and its overall workforce and (ii) the organisations' Board executive membership and its overall workforce\*

\*SEL CCG does not have any non-voting Board members.

WRES Indicator 9	Governing Body Representation		Percentage of BME staff in SELCCG workforce	BME Population in Borough
	White	BME		
SEL CCG 2020-2021	52%	44%	36%	33%
SEL CCG 2019-2020	52%	37%	33%	33%

### Governing Body

BME Governing Body members are at higher levels than the overall BME workforce levels and the BME borough population. The gaps are **+8.00%** and **+11%** respectively.

The representation levels are above population representation so no action is required this year.

**Note: The CCG needs to bear in mind that White groups are now under-represented (52% of the Governing Body and 67% of the population).**

## 6. Staff Engagement

Staff engagement sessions were held on the 18 and 26 August 2021 and 98 colleagues attended. One session was the Race Equality Forum meeting and the other session was for all staff. Each session covered the data in this report and asked for staff reflections on the barriers faced by BME colleagues and best practice for trying to overcome those barriers.

*The key themes from the sessions have been categorised below into Staff Representation (Indicators 1, 2, 3, 4 and 9) and Dignity and Respect at Work (Indicators 5, 6, 7 and 8)*

### Staff Representation

**Develop staff** (line manager support)

**Confidence**

**Unconscious bias**

**Lack of training**

### Dignity and Respect at Work

**Lack of mutual understanding**  
(lived experience stories)

**Poor support** (line manager)

**Fear of repercussions**

**Clear governance for reporting issues**

Font size relates to popularity of idea

## Engagement Responses on Staff Representation

### Barriers

- Line manager to develop staff x 5
- Confidence x 4
- Unconscious bias x 4
- Lack of CPD / training x 3
- Preconceived perceptions x 2
- Hierarchy inhibits honesty x 2
- Opportunities and support for progression x2
- Application support
- Number of criteria on the job description
- Culture differences

### Suggestions for Best Practice

1. Mentoring x 8 (culturally sensitive x 1)
2. Open and honest line manager conversations about career path x 5
3. Training x 3
4. Confidence building x 2
5. Diverse application selection interview panels x 3
6. Shadowing and sponsorship x 3
7. EDI progression in line managers PDP x 2
8. Talent management
9. Application and Interview support
10. Secondments
11. Address unconscious bias

## Engagement Responses on Dignity and Respect at Work

### Barriers

- Lack of mutual understanding x 8
- Poor support from line managers x 5
- Fear of repercussions when speaking out x 3
- Clear governance for reporting issues x 2
- Mediation is not an offer at present
- Labels such as BAME
- Lack of faith in change programme

### Suggestions for Best Practice

1. Challenge undesirable conduct - Mediation offer x 4
2. Cultural exchange (including at induction) - lived experience videos x 4
3. Transparency culture x 4
4. Case studies of good practice and management x 2
5. Mandatory 360 degree feedback / supervision x 2
6. Extend the organisational reach of existing initiatives
7. Objective / task based feedback at regular intervals
8. Include questions on dignity and respect at work at interview stages

## Staff Engagement action plan suggestions to address Staff Representation issues

Theme	Best practice	Action	Accountability
8. Talent Management	1.,6.* Mentoring, shadowing and sponsorship	Consider a central intranet page with guidance and a process	7.* Line manager held to account through their PDP objectives
	2.* PDP with line manager	Both parties to take ownership for these conversations	
	3.* Training	HR to consider the training offer	HR to consider a training and action learning set (ALS) offer. Training Review Panel to monitor allocation
	4., 9.* Skills training – confidence and selection	Action learning set (ALS) offer / focussed sessions.	
	10.* Secondments	Consider hiring manager guidance and a central intranet page	Recruitment team to ensure communication and transparent process
Inclusive culture	5.* Diverse selection panels	To be considered with the output from the Recruitment Audit	Equality Committee to consider
	11.* Address unconscious bias	200 staff have received unconscious bias training.	

## Staff Engagement action plan suggestions to address Dignity and Respect at Work concerns

Theme	Best practice	Action	Accountability
Governance	1.* Mediation of issues	CCG to consider alternative dispute resolution processes	3.* Transparency culture – Equality Committee to review speaking up processes and consider communication of the changes implemented due to speaking up.
	2.* Lived experience based cultural exchange	4.* Case studies of good practice and management	
Line Management	5.* Feedback from direct reports and supervision style discussions	Consider 360 degree feedback	Equality Committee and HR
	7.* Constructive regular feedback to direct reports	Equality Committee to consider adding this to the PDP template.	
Recruitment	8.* Include questions on dignity and respect at work at interview stages	To be considered with the output from the Recruitment Audit	Equality Committee and HR
Reach	6.* Extend the organisational reach of existing initiatives	Review last years action plan to consider which action may be taken forward with a wider reach.	Equality Committee and EDI Consultant



## Data Report Action Plan

**Action 1 : Non-clinical bands** BME career conversations for colleagues at Bands 6-7 to improve representation at Band 8A and above.

**Action 2 : Clinical and Non-clinical bands** Succession planning for BME colleagues at Band 9 to improve progression opportunities.

**Action 3 :** There needs to be a focus on attracting more White applicants (31% of total applicants and 67% of the population). This is likely to be a significant driver in changing the relative likelihood to be appointed ratio.

**Action 4 :** SELCCG is to develop, agree and implement a formal process for accessing non-mandatory training and CPD and recording it. This is due to start from July 2021.

# WRES Indicators

<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 nonclinical 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, <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.	Q217. 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