Herefordshire and Worcestershire
Clinical Commissioning Group

Workforce Race Equality Standard (WRES) & Black and Minority Ethnic Action (BAME) Action Plans

Herefordshire and Worcestershire CCG Workforce Race Equality Standard (WRES) and Black and Minority Ethnic (BAME) Plan Action Plan October 2020

This report describes Herefordshire and Worcestershire CCGs performance for the Workforce Race Equality Standard (WRES) in 2019/2020 and sets out the action plan to address the gaps in data. This report is a combination of WRES action plan and the wider BAME actions emanating from a number of papers and studies including the 'Beyond the data' report and the NHS peoples plan. It was though best to have an all-encompassing action plan which captured the areas we want to be concentrating on in 2020/21 and beyond. The CCG is required to publish the WRES action plan by 31st of October. The action plan will be shared with all relevant departments in the CCG so that the actions can be completed in a timely fashion. An end of year annual equality report will capture the progress made in 2021.

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 by the NHS from 01 July 2015.

The main purpose of the WRES is to help local and national NHS organisations to review their workforce data against WRES indicators and produce an action plan to improve workplace experiences of Black, Asian and Ethnic Minority (BAME) staff. The WRES also places an obligation on NHS organisations to improve BME representation at Board level. The WRES provides a real impetus for NHS organisations to improve workforce race equality for the benefit of staff and patients.

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.

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

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.

The Nine WRES Indicators

To support the implementation of the WRES, CCG should:

- Collect data on the workforce
- Carry out data analyses
- Produce an annual report
- Publish their WRES report and action plan

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 BAME board members across the organisation.

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.

Workforce Indicators For each of these four workforce indicators, compare the data for White and BAME 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 clinical staff.
2.	Relative likelihood of staff being appointed from shortlisting across all posts.
3.	Relative likelihood of BAME staff entering the formal disciplinary process compared to that of white staff. Note: This indicator will be based on data from a 2 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 BAME staff	

5.	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.
6.	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months.
7.	KF 21. Percentage believing that the 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 BAME staff.	
9.	Percentage difference between the organisations' Board voting membership and its overall workforce disaggregated: • By voting membership of the Board • By executive membership of the Board

Changes to WRES in 2020

- CCGs, as of 2019 are now also required to submit workforce data for NHS England and Improvement (NHSE/I) national analysis and reporting. Data must be submitted via the Strategic Data Collection Service (SDCS) website during the submission window between Monday 06 July and Monday 31 August 2020. Submitted data is collected from ESR and other local data sources e.g. HR records and is a snapshot of the organisation's workforce as of 31 March 2020. NHS Midlands and Lancashire CSU's Equality and Inclusion Team submitted WRES data to SDCS on behalf of HWCCG in August 2020.

- This year, there are no changes to the WRES indicators, their definitions, or the way they are calculated. However, due to the COVID-19, NHSE/I recognised that it may not have been possible or appropriate to undertake the National Staff Survey during this time. As such, organisations are not required to report on Indicators 5, 6, 7 and 8 in WRES reporting for 2020.

- The recent publication of the NHS People Plan places a heavy focus on improving BAME workforce representation, career progression and staff welfare. As such, this year's WRES Action Plan links closely with actions and recommendations included in the People Plan, such as the requirement to publish progress against Model Employer Goals. An additional Action Plan relating to Model Employer Goals and Targets has been included as part of the WRES Action Plan. MLCSU's Equality and

Inclusion Team will work more closely with Human Resources Team and CCG colleagues to ensure accountability and progress against the WRES Action Plan can be more effectively measured and monitored in light of the NHS People Plan.

COVID 19: Addressing Black, Asian and Minority Ethnic disparities

Following the publication of Public Health England Report on Disparities of COVID, subsequent stakeholder engagement was undertaken. This was released in a publication called Beyond the Data and contains a range of further insight to the causes of disparities and recommendations to address them.

There is clear evidence that COVID-19 does not affect all population groups equally. Many analyses have shown that older age, ethnicity, male sex and geographical area, for example, are associated with the risk of getting the infection, experiencing more severe symptoms and higher rates of death. This work has been commissioned by the Chief Medical Officer for England to understand the extent that ethnicity impacts upon risk and outcomes.

The PHE review of disparities in the risk and outcomes of COVID-19 shows that there is an association between belonging to some ethnic groups and the likelihood of testing positive and dying with COVID-19. Genetics were not included in the scope of the review.

This review found that the highest age standardised diagnosis rates of COVID-19 per 100,000 population were in people of Black ethnic groups (486 in females and 649 in males) and the lowest were in people of White ethnic groups (220 in females and 224 in males – as of June 2020).

An analysis of survival among confirmed COVID-19 cases showed that, after accounting for the effect of sex, age, deprivation and region, people of Bangladeshi ethnicity had around twice the risk of death when compared to people of White British ethnicity. People of Chinese, Indian, Pakistani, Other Asian, Caribbean and Other Black ethnicity had between 10 and 50% higher risk of death when compared to White British.

Death rates from COVID-19 were higher for Black and Asian ethnic groups when compared to White ethnic groups. This is the opposite of what is seen in previous years, when the all-cause mortality rates are lower in Asian and Black ethnic groups.

Beyond the Data BAME Action Plan

Recommendation from Beyond The Data Report	CCG response to recommendations – what supports these and new actions needed	Time frame	Responsible person / team	Update / narrative
Recommendation 1: Mandate comprehensive and quality ethnicity data collection and recording as part of routine NHS and social care data collection systems, including the mandatory collection of ethnicity data at death certification, and ensure that data are readily available to local health and care partners to inform actions to mitigate the impact of COVID-19 on BAME communities.	Ensure that any quality indicators that involve monitoring data from providers include data pertaining to protected characteristics – must include ethnicity. Failure of providers to provide information should be followed up. At patient registration more done to collect ethnicity data (explanation on website, text messaging) GPs issuing death certificate to record ethnicity in notes where possible	30 January 2021	Equality Lead, Contracts team, Quality team. Hollie Hastings/Meeraj Shah – Primary Care Rachael Skinner	The 20-21 NHS Standard Contract contains (Schedule 6 a) the ability to mandate collection of ethnicity data whether at death certification or otherwise as required. The contracts team will ensure that such a clause is added to contracts going forwards should this not be mandated in 21-22 NHS Standard contract. The LeDeR (learning disability mortality programme) collates ethnicity data to inform the learning identified from reviews. HWCCG LeDeR Steering Group is identifying a BAME lead to ensure that learning form reviews, especially those linked to COVID, take account of the needs of those with a BAME background and

				is responsive to identified needs. The LeDeR Steering Group are working with partners (including self-advocacy group, experts be experience and family carers) to identify learning from deaths related to covid. A 'Peoples Parliament', where experts by experience hold the local system to account, is being undertaken in December relating to the impact of the pandemic on people with a learning disability. HWCCG will ensure that this includes a focus on those who have experienced additional risk, including the BAME community.
Recommendation 2: Support community participatory research, in which researchers and community stakeholders engage as equal partners in all steps of	Links with BAME third sector groups HWCCG has commissioned the strategy unit to explore qualitative study - to engage with BAME groups to determine social, cultural, structural, economic, religious and commercial	30 Dec 2020	MLCSU - Strategy Unit & Comms and Engagement	

the research process, to understand the social, cultural, structural, economic, religious, and commercial determinants of COVID-19 in BAME communities, and to develop readily implementable and scalable programmes to reduce risk and improve health outcomes.	determinants of COVID 19 in BAME communities. Findings would be shared with Governing Board with a view of planning and implementation of recommendations Engagement strategy to include engagement with BAME groups. At GP Practice level, it would be useful for GP Practice Patient Participation Groups to have a BAME representative to explore better communication with local BAME groups and find ways in which to encourage participation in research		Hollie Hastings/Meeraj Shah – Primary Care	
Recommendation 3: Improve access, experiences and outcomes of NHS, local government and integrated care systems commissioned services by BAME communities including: regular equity audits; use of health impact assessments; integration of equality into quality systems; good representation of black and minority ethnic communities among staff at all levels; sustained workforce development and employment practices; trust-building dialogue with service users.	Suggested ideas: report through EDS assessment during 2020/21 to examine range of information such as access disaggregated for BAME and patient experience and complaints – collection of ethnicity data EIA process includes BAME within tool. Template being updated to include COVID related question. WRES action plan will address representation of BAME staff levels, recruitment and fair selection practices All HR policies to have an EIA completed BAME network to be established	Jan 30 2021	HR, Equality Lead (EIAs), Contracts and Quality.	The 20-21 NHS Standard Contract already mandates (Schedule 6 a, National reporting requirement 11) the production of an annual report by all providers regarding compliance with the National Workforce Race Equality Standard. As above, relevant equity audits and HIAs can be mandated and the contracts team will ensure that such a clause is added to contracts going forwards should this not be mandated in 21-22 NHS Standard contract.

Above action also links in with EDS Goal 1 & 2	HR policies and procedures – NHS Leadership initiatives The GP Trailblazer scheme will aim to address health inequalities by working with the most deprived communities.		Hollie Hastings/Meeraj Shah – Primary Care	
Recommendation 4: Accelerate the development of culturally competent occupational risk assessment tools that can be employed in a variety of occupational settings and used to reduce the risk of employee's exposure to and acquisition of COVID-19, especially for key workers working with a large cross section of the general public or in contact with those infected with COVID-19.	HR policies and procedures supporting staff. COVID related risk assessment for staff returning to office. Ongoing risks assessments with particular focus on clinical staff who either have direct contact with patients or may be redeployed into patient facing roles A Standardised risk assessment method throughout the STP area for both primary and secondary care. Currently there are varying risk assessment tools being used. Once someone is identified to be at risk, an agreed process to adapt the workplace.	30 December 2020	HR for CCG staff Contracts for external commissioning – we need a KPI as part of quality schedule Hollie Hastings/Meeraj Shah – Primary Care	
Recommendation 5: Fund, develop and implement culturally competent COVID-19 education and prevention	Suggested ideas: consider any campaign work in partnership with BAME and faith sectors.	30 Dec 2020	Comms and Engagement, Primary Care	

campaigns, working in partnership with local BAME and faith communities to reinforce individual and household risk reduction strategies; rebuild trust with and uptake of routine clinical services; reinforce messages on early identification, testing and diagnosis; and prepare communities to take full advantage of interventions including contact tracing, antibody testing and ultimately vaccine availability.	Use of demographic data and health inequality data to identify PCN areas to target messages. Data set currently being collated by E&I team PPG Video group consultations Media		Hollie Hastings/Meeraj Shah – Primary Care	
Recommendation 6: Accelerate efforts to target culturally competent health promotion and disease prevention programmes for non-communicable diseases promoting healthy weight, physical activity, smoking cessation, mental wellbeing, and effective management of chronic conditions including diabetes, hypertension and asthma.	Health campaigns / review work to services to undertake EIA process to identify links to protected groups and potential barriers / adverse – positive impacts. Use of demographic data and health inequality data to identify PCN areas to target messages. Data set currently being collated by E&I team. Health Promotion initiatives to be rolled out to at risk groups PPG Video Group Consultations	30 Dec 2020	Comms and Engagement &Commissioning Hollie Hastings/Meeraj Shah – Primary Care	

	Social prescribers			
Recommendation 7: Ensure that COVID-19 recovery strategies actively reduce inequalities caused by the wider determinants of health to create long term sustainable change. Fully funded, sustained and meaningful approaches to tackling ethnic inequalities must be prioritised.	Use of demographic data and health inequality data to identify PCN areas to target messages. Data set currently being collated by E&I team. Flu Vaccination plan aims to tackle at risk groups – possibility of targeting all of BAME groups due to overall risk level Greater understanding of cultural reasons why some services not accessed	30 Dec 2020	Comms and Engagement & Primary Care Hollie Hastings/Meeraj Shah – Primary Care	
Additional Recommendations: NHS England and Improvement (NHSE&I) & Peoples Plan				
NHSE&I - Recommendation 8: Establish a BAME staff network for members of staff. The BAME staff network will enable staff to network and support staff around Covid 19 and be part of wider discussions around equality and inclusion	Suggested ideas: Look to work with local partners (Community Trust, PCNs) in joining an established BAME network Look at WRES data and do a deep dive to look at disparities and address these via the WRES action plan	31st Jan 2020	E&I Business Partner * Comms and Engagement	
NHSE&I - Recommendation 9: Establish a reverse mentoring scheme for staff. Junior BAME staff are able to share experiences, ideas on career	Undertake a desk-top exercise to ensure capture of ethnicity data is up to date on ESR – self serve – WRES data will inform this action	Jan 31 2020	HR Team	

management and development with senior leadership of the CCG with mutual learning taking place giving BAME great insight into what it means to operate at a senior level	Bulletin goes out in the weekly CCG newsletter addressed to BAME staff on information on the reverse mentoring scheme and how to participate Provide information about the scheme to senior leadership – establish buy in Establish a path for development for BAME staff participating in the scheme following the conclusion of the reverse mentoring project. Peer to Peer exchange programmes across the ICS Air and Share programmes of peer support for staff		Hollie Hastings/Meeraj Shah – Primary Care	
NHSE&I Recommendation 10: Tackling inequalities in employment to ensure an inclusive, fair and just society	Suggested ideas: Identify those staff at risk and undertake a risk assessment in respect of reducing the risk and impact of COVID 19 Increasing fair employment opportunities, recruitment and policies – see WRES Action plan for more information	23 July 2020 Nov 30 2020	HR Lead	
Equality Objective 3: Representative Board Governing (Peoples plan)				
Governing Body recruitment of BAME members that is representative of the % of the	Work with comms and engagement and HR to attract BAME candidates for the Governing Body.	4-year strategy 2020-2024	HR & Comms & Engagement	

workforce and or population so that we have exclusive leadership. See WRES action plan	Use community organisations as recruiting avenues Using local examples to encourage BAME candidates to apply for leadership positions BAME representative on interview panel Also see WRES Action Plan		HR Team Hollie Hastings/Meeraj Shah – Primary Care	

Source of report:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf

Herefordshire and Worcestershire Workforce Race Equality Standard (WRES) Action Plan:

This year, we have decided to publish a joint collaborative WRES action plan that is representative of the newly formed Herefordshire and Worcestershire CCG going forward. The action plan is based on the WRES data which has been shared internally and with NHSEI

	Proportion of BAME workforce	%of Gov Body Members	% of BAME senior grades >8b and above	% combined BAME senior grades and Gov Body
HWCCG WRES data set 2019/20	3.4%	0%	0.016% (4/249)	0.016%. This needs to rise to the proportion of BAME workforce which in numerical terms would require recruitment to at least 9 BAME members of staff over a 5 year period
WRES Indicator	**Recommended actions**	**Responsible Team**	**Date**	**Narrative and update**
Actions / considerations WRES Indicator 9	1. For subsequent vacancies and recruitment for the Governing Body, the use of 'Positive Action' should be considered to ensure representation at Governing Body level (the target means 2 of the 25	HR	On going programme of activity over the course of Equality Strategy 2020-2024. Update on progress to be made by HR annually on	

	of the members should be BAME) 2. Within the next 5 years to achieve the target for Senior Leaders, at least 8.5 BAME staff need to be recruited within the next 5 years. 3. Ensure that all Governing Body members and Senior Leaders undertake Equality and Diversity training to demonstrate they know their legal duties and have informed understanding of equality, diversity and inequality issues across all protected groups and those at risk of poorer health outcomes	 HR Equality Lead	31st of January	

	4. Review work to further consider action planning to review diversity of senior grades and Governing Body membership across other protected characteristics such as sex, disability and sexual orientation with support from Governing Body member holding responsibility for inequalities	HR		
WRES Indicator 1	5. CCG to consider including extract in Job adverts at , Band2, 4, Band 5, 7 Band 8A, 8B, 8C,8D and VSM to encourage applications for underrepresented groups.	HR	Jan 31st 2020	

	6. CCG to consider promoting itself as an employer of choice by engaging with BAME third sector organisations to promote vacancies particularly at senior levels 7. One of the EDS outcomes for goal three is about ensuring "Fair NHS recruitment and selection processes lead to a more representative workforce at all levels". CCG to cascade positive action brief to recruitment	HR & Comms and Engagement Equality Lead & HR	March 31st 2020 Nov 30 2020	

	managers across the CCG			
WRES Indicator 2	8. The CCG will be supported to ensure that a data cleanse exercise is carried out in order to gather undisclosed ethnicity data. Target is 100% returns 9. E&I Business partner to develop "Accessing Equality Monitoring on ESR (Electronic Staff Records)" briefing 10. Positive action briefing	HR Equality Lead	30 Nov 2020 30 Nov 2020	

	developed and cascaded to recruitment managers	Equality Lead and HR	30 Nov 2020	
	11. Accountable Officer stand up/virtual session: HR Lead to inform staff of importance of disclosing ethnicity data	HR	30 Nov 2020	
	12. CCG to consider adding information to recruitment documentation to encourage applicants from underrepresented groups to apply and disclose their equality data in confidence.	HR	30 Nov 2020	

WRES Indicator 3	13. CCG to report on formal disciplinary cases as and when they arise (This will be entirely dependent on the number of cases each year) Due to small numbers it is highly unlikely that this data will be published due to data protection issues.	HR	30 Dec 2020	