



Care Quality Commission

Workforce Race Equality Standard
(WRES) Report

September 2020

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Introduction

Since 2015, the Workforce Race Equality Standard (WRES) has supported NHS organisations to close the gap in workplace experiences and opportunities between Black and Minority Ethnic (BME) staff and white staff.

The WRES requires organisations to demonstrate progress against nine workforce race equality indicators. The indicators focus on representation and differences between the experience and treatment of BME and white staff, as well as Board level representation.

The Care Quality Commission (CQC) has reported and published progress against the WRES indicators since 2017. In this latest report we present our WRES data and identify where we have made progress and where we acknowledge we have seen little or no change. CQC does this with a view to being open and transparent and acknowledge that there is work to be done to gain parity for our BME colleagues.

If you would like to read more about the WRES indicators, NHS England provide a technical guide which can be found here: [WRES technical guidance](#)

Collecting equality monitoring data

CQC is committed to promoting fairness and equality of opportunity for all our colleagues. To support us to do this we need to have insight into who our colleagues are, where they are employed within the organisation and what their experiences are working for CQC.

The table below contains the total number of people employed in the organisation as of 31 March 2020 and those that have self-reported their ethnicity using our Electronic Staff Record (ESR).

Total number of staff as of 31 March 2020	3208
Proportion of staff from BME groups employed in the organisation as at 31 March 2020	12.8%
The proportion of total staff who have self-reported their ethnicity	90.0%

Table 1: Total number employed as of 31 March 2020

CQC continue to take steps to reduce the percentage of colleagues overall who do not self-declare their ethnicity within ESR. We will continue to work closely with the organisation's Race Equality Network (REN) to monitor this data and develop a joint approach in reiterating the importance of holding accurate workforce data, explaining how this enables CQC to ensure we employ diverse teams at all levels. It is important that CQC's people reflect the communities we serve in our regulatory duties.

By having a more accurate demographic picture within the organisation, we can identify barriers that prevent access to employment and career opportunities.

The organisation will continue to engage with equality networks, Trade Union partners and Staff Forum representatives to improve these rates over the next 12 months.

This work is also now embedded within our newly launched Diversity and Inclusion strategy and People Plan, providing greater focus and ambition for the organisation.

Action for Race Equality Group

In order to make progress at pace on the race equality agenda we have formed an Action for Race Equality group (AREG) to oversee this work. The group is chaired by a senior leader and has organisational wide representation to focus on key priorities.

We have committed to going above and beyond what the WRES indicators require and will develop a robust action plan, setting ambitious objectives and targets. This will be embedded across the organisation and measured to understand impact and progress.

Indicator 1

Indicator 1 requires that we report the percentage of staff in each of the Agenda for Change (AfC) Bands and Very Senior Managers (VSM) which include executive Board members.

CQC has its own pay and grading framework, and although a broad comparison is provided, the pay scales are not always directly comparable to the AfC bands.

This report provides a grade breakdown with broad AfC comparators provided in brackets.

This year we have included data for a three year period to better understand the percentage changes within grades across this timeframe. We have also included the percentage of 'unknowns' with a view to highlight the importance of actively ensuring these figures reduce over time.

Grade	2020			2019			2018			Total
	White	BME	Unknown	White	BME	Unknown	White	BME	Unknown	
Executive Grades (VSM, B9, B8d)	85.2%	7.0%	7.8%	85.0%	7.1%	7.9%	86.1%	5.7%	8.2%	100.0%
Grade A (B8b, B8c)	79.6%	8.9%	11.5%	83.6%	8.4%	8.0%	82.2%	8.7%	9.1%	100.0%
Grade B (B8a)	78.3%	12.9%	8.8%	78.8%	12.3%	8.8%	79.2%	12.8%	8.0%	100.0%
Grade C (B7)	75.7%	15.5%	8.8%	77.8%	15.1%	7.1%	75.6%	16.8%	7.6%	100.0%
Grade D (B6)	70.4%	17.3%	12.3%	72.8%	17.4%	9.8%	73.1%	18.4%	8.5%	100.0%
Grade E (B5)	70.2%	18.5%	11.2%	60.2%	25.7%	14.2%	58.3%	22.6%	19.1%	100.0%
Grade F (B4)	76.5%	11.7%	11.7%	77.3%	10.3%	12.4%	76.8%	11.4%	11.8%	100.0%
Grade G (B3, B2, B1)	78.9%	9.9%	11.3%	80.8%	9.6%	9.6%	75.0%	13.2%	11.8%	100.0%
Other	57.1%	10.7%	32.1%	65.7%	5.7%	28.6%	Not reported			
Grand Total (CQC Overall)	77.2%	12.8%	10.0%	78.3%	12.4%	9.3%	78.1%	12.9%	9.0%	100.0%

Table 2: Grade, ethnicity and proportion of unknowns

What our data is telling us:

- There is an under-representation of BME colleagues at Grade A and above;
- At Grades C, D, and E, our BME colleagues are over-represented compared to the overall percentage;
- There is a decrease in the percentage of BME colleagues at grade E compared to 2018/19 of -4.1%. We will explore this further to understand more;
- Representation at Our Executive Grades has not improved since last year's report;
- We acknowledge that the proportion of 'unknowns' has increased over this period.

Some of the actions we are taking:

- We will work with the newly formed Action for Race Equality group (AREG) to drive our actions to address these inequalities and ensure there is accountability at every level.
- We will work in partnership with AREG and the Race Equality Network (REN) to use other data and insight sources (e.g. leavers data, learning and development, advice and guidance) to gain a better understanding of why we are not seeing increased representation within grades for BME colleagues.

- We will implement a range of positive action initiatives including using our current talent management process to support progression of BME colleagues into senior levels (specifically Grade A and Executive Grades).
- We will introduce a reverse mentoring programme where senior leaders will form a mentoring relationship with colleagues who are currently under-represented at senior levels, helping to dismantle biases and barriers.

Indicator 2

Indicator 2 requires that we calculate the relative likelihood of BME staff being appointed from shortlisting across all posts in the organisation compared to white staff.

Our data tells us that there is very little difference between the likelihood of BME and white staff being appointed from shortlisting across all posts.

Data covers the period 1 April 2019 to 31 March 2020.

	2019/20		2018/19	
	White	BME	White	BME
Number shortlisted	1707	439	2008	482
Number appointed	402	95	296	60
Relative likelihood of shortlisting/appointed	0.236	0.216	0.147	0.124
Relative likelihood of white staff being appointed from shortlisting compared to BME staff	1.088		1.184	

Table 3: Number of candidates shortlisted and appointed by ethnicity

Although the outcome of this indicator is reassuring, we know from Indicator 1 that recruitment outcomes are not improving our BME representation overall.

What we are doing?

- We will monitor the completion rate of mandatory recruitment manager training and gain assurances that all panel members have completed the learning.
- We will extend the data and insights we have to understand the end-to-end recruitment process, particularly application rates to roles, shortlisting and differences across grades and locations. These insights will inform more targeted interventions overall for recruitment.
- We will develop an inclusive recruitment toolkit that will provide best practice guidelines on attracting, retaining and developing diverse and talented teams, representative of the communities we serve at all levels within the organisation.

Indicator 3

Indicator 3 requires that we calculate the relative likelihood of BME staff entering the formal disciplinary process compared to white staff.

This indicator is based on a two-year rolling average. The data for 2019/20 represents the total number of cases in the current year (1 April 2019 to 31 March 2020) and the previous year (1 April 2018 to 31 March 2019).

	2019/20		2018/19	
	2 Year Average		2 Year Average	
	White	BME	White	BME
Number of staff in workforce	2525	409	2543	411.5
Number of staff entering the formal disciplinary process	8.5	3.5	14.5	1.5
Likelihood entering the formal disciplinary process	0.0034	0.0085	0.0057	0.0036
Relative likelihood of BME staff entering process compared to white staff	2.534		0.634	

Table 4: Formal disciplinary cases by ethnicity (2 year average)

This year, the likelihood of a BME colleague entering the formal disciplinary process is 2.5, a significant increase on the figure of 0.6 for the previous year.

It is important to note that the numbers behind this indicator are very low, and therefore small changes can have a significant impact on the overall ratio. However, we must understand what lies behind this increase.

What are we doing?

- We will work with the People Directorate and REN network to conduct a deep dive and identify any prevalent issues which can shed light on the increase.
- We are using Equality Impact Assessments (EIA) as part of all people management policy reviews which requires the Diversity and Inclusion Manager to sign this off at each review.

Indicator 4

Indicator 4 requires that we calculate the relative likelihood of white staff accessing non-mandatory learning and continuing professional development (CPD) compared to BME staff.

Within the organisation there are two types of learning routes:

- Route 1: All colleagues can access a large number of learning resources (on and offline) on demand via our learning management system.
- Route 2: Any colleague requiring specific learning interventions which are not available via the learning management system (on or offline), does this via an application process which is reviewed by a panel and either approved, declined or deferred. This is an individual learning request (ILR).

The data is based on the number of records during the timeframe (1 April 2019 to 31 March 2020), compared against an average of the workforce numbers as at 31 March 2019 and 31 March 2020, to reflect the timeframe in question.

Outcomes

- Route 1: There is no difference in the likelihood of white staff accessing non-mandatory learning compared to BME staff (0.96).
- Route 2: Although there is no difference in the likelihood of white staff accessing learning through this route, we have recorded a significant reduction in the applications made by BME colleagues in 2019/20 compared to 2018/19.

Data covers the period 1 April 2019 to 31 March 2020.

Learning Route 2	2019/20		2018/19	
	White	BME	White	BME
Number of staff in workforce (average during period)	2564.5	421.5	2543	411.5
Number of staff accessing non-mandatory training and CPD [ILR request approved]	101	13	124	37
Likelihood accessing non-mandatory training and CPD [ILR request approved]	0.0394	0.0308	0.0488	0.0899
Relative likelihood of white staff accessing ILR compared to BME staff	1.277		0.542	

Table 5: Non mandatory learning by ethnicity

All applications from BME colleagues made in 2019/20 were approved by the learning team panel.

What are we doing?

- Routinely working with Academy colleagues to understand more about the types of route 2 requests which are unsuccessful to determine if any group(s) is adversely impacted.
- Reviewing requests from BME colleagues to better understand where there may be gaps in the current learning offer for this group.
- Routinely monitoring across all key programmes to ensure there is proportionate BME representation.
- Routinely monitoring our internally/externally provided leadership development and Professional Regulatory Skills Programme by ethnicity.
- Actively encouraging BME staff to access the NHS Leadership Academy programmes e.g. Stepping Up Programme and Ready Now which is aimed at BME staff.

Indicator 5

Indicator 5 concerns the percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months using data from our annual people survey.

CQC's people survey question is slightly different to the one used in the NHS staff survey: "In the last 12 months, I have experienced harassment, bullying or abuse at work from people other than CQC staff".

The most recent data available is from our annual people survey which took place in November 2019.

	2019	2018	2017
BME	9%	8%	6%
White	10%	8%	9%

Table 6: CQC People survey results by year and ethnicity

This shows there has been an increase for all colleagues experiencing harassment, bullying or abuse from people other than CQC staff.

What are we doing?

- We will carry out further analysis to understand if these incidents sit within particular functions or grades of staff to inform any targeted interventions.
- Working with our organisation's Freedom to Speak Up ambassadors and REN, we will continually offer support for those reporting these incidents.
- We will continue to work with REN Network colleagues to gain insight into these figures and develop targeted interventions to reduce these incidents.

Indicator 6

Indicator 6 concerns the percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months using the data from our annual people survey.

The most recent data available is from our annual people survey which took place in November 2019.

	2019	2018	2017
BME	13%	14%	12%
White	11%	10%	11%

Table 7: CQC People survey results by year and ethnicity

This shows a slight decrease in the percentage of BME colleagues who indicate that they are experiencing bullying, harassment or abuse from staff and a small increase for white colleagues.

The gap between BME and white staff has decreased when compared to the 2018 survey results. It also shows however that there hasn't been any substantial progress made over the three-year period for all colleagues.

What are we doing?

- We will carry out further analysis to understand if these incidents sit within particular functions or grades of staff to inform any targeted interventions.
- We will continue to work with all of our Equality Network colleagues to gain insight into the experiences behind these figures and develop targeted interventions to reduce these incidents.
- We will promote our zero tolerance to bullying culture through targeted campaigns, greater awareness and understanding of 'micro-aggressions' and promote the role of Freedom to Speak Up Guardian.

Indicator 7

Indicator 7 concerns the percentage of staff believing that trust provides equal opportunities for career progression or promotion.

CQC's people survey question is slightly different: "I believe that CQC provides equal opportunities for career progression or promotion".

The most recent data available is from our annual people survey which took place in November 2019.

	2019	2018	2017
BME	36%	44%	41%
White	52%	55%	55%

Table 8: CQC People survey results by year and ethnicity

This indicator highlights that there has been a significant decrease in the percentage of BME colleagues who believe there is equality of opportunity for career progression or promotion. The gap has also widened between BME and white colleagues in their response to this annual people survey question.

We also recognise from the Arm's Length Body (ALB) comparison reports, that the overall proportion of colleagues who respond positively to this is lower than other organisations; our actions must address this.

What are we doing?

- Continue to embed the Independent Panel Member (IPM) into our recruitment processes and raise awareness of this with all colleagues. Extend the role of the IPM to include shortlisting for all vacancies.
- Exploring how internal vacancies/secondments are recruited and that a fair and robust process is used which mirrors the same principles as our formal recruitment process.
- Continue to monitor the representation of participants on leadership and management programmes.
- Introduce a role models campaign to increase the visibility of diverse leaders and communicate more widely the work to address equal opportunities.

Indicator 8

Indicator 8 concerns the percentage of staff who have personally experienced discrimination at work from any of the following: manager/team leader or other colleagues (in the last 12 months).

The most recent data available is from our annual people survey which took place in November 2019.

	2019	2018	2017
BME	8%	6%	11%
White	5%	4%	4%

Table 9: CQC People survey results by year and ethnicity

The percentage of colleagues who have experienced discrimination at work from their manager/team leader or other colleague has increased for all, including 2% increase for BME colleagues. This has also resulted in the gap widening between BME and white colleagues and their experiences, although the difference is not as stark as it was in 2017.

What are we doing?

- Working with Freedom to Speak Up Guardian who is specifically linked to the REN network, to identify areas we can provide targeted interventions for.
- Continue to engage with colleagues via the REN Network to understand more about these incidents.

Indicator 9

Indicator 9 looks at the BME representation of our board compared to the BME representation of the organisation overall.

As at 31 March 2020, the figure for our board (executive and non-executive members combined) was 9.1% compared to 12.8% for the organisation. Applying the indicator calculations, the percentage difference between the overall BME representation and the board BME representation is minus 3.7%.

Figures as a count:

Category	White	BME	Unknown	Total
Non-executive members	3	1	1	5
Executive members	5	0	1	6
CQC Board Total	8	1	2	11

Table 10: CQC Board members by ethnicity (count)

Figures as a percentage:

Category	White	BME	Unknown	Total
CQC Board Total	72.7%	9.1%	18.2%	100.0%
CQC Overall Total	77.2%	12.8%	10.0%	100.0%
Percentage Difference	-4.5%	-3.7%	8.2%	

Table 11: CQC Board members by ethnicity (percentage)

This year we have fewer executive and non-executive board members than the previous year. There has been no increase in BME board representation for both executive and non-executive members in the last 12 months.

For our board to be representative of the economically active BME population, we are aiming to see 14% of our board members (executive and non-executive) from a BME background.

What are we doing?

- Our Chair and Chief Executive are committed to ensuring any future board recruitment draws a diverse set of candidates.
- We continue to work closely with Department for Health and Social Care (DHSC) to improve the recruitment process for non-executive director appointments to ensure we are attracting diverse candidates. Our external board recruitment partners understand our aspirations of having a diverse board and actively respond to this in their search activity.
- We will continue to monitor the diversity of the board.
- We will explore the use of positive action initiatives such as associate board roles and shadow boards to bring in diverse voices to our leadership group.