

Annual Workforce Equality and Diversity update, including Workforce Race Equality Standard (WRES).

Purpose of the briefing

- 1.1 The purpose of this report is to set out the progress made against the CCG's Workforce Equality and Diversity Plan (Appendix A) , which includes the CCG producing an annual Workforce Race Equality Standard (WRES) Report (Appendix B) . Both documents are appended for noting and any comments.

Background

- 2.1 The CCG's Equality Objectives Plan 2019/22 was approved by the Governing Body in June 2019. The objectives are:
 - a) To make fair and transparent commissioning decisions;
 - b) To improve access and outcomes for patients and communities who experience disadvantage;
 - c) To improve the equality performance of our providers through collaboration robust procurement and monitoring practice;
 - d) To empower and engage our workforce.
- 2.2 The Equality Objectives Plan includes a Workforce Equality and Diversity Plan which is provided at Appendix A. The final item on the plan requires the CCG to produce an annual WRES Report covering the National Workforce Race Equality Standard indicators, which is at appendix B.
- 2.3 The Committee received has continued to receive briefings from August 2016 on progress against the Workforce Equality and Diversity Plan and an outline of all the requirements that need to be met in relation to workforce. This briefing provides a further update, including in relation to the WRES.

3. Key Issues

- 3.1 The CCG needs to ensure that employment practices, policies and procedures do not treat staff less favourably on the grounds of gender, race, colour, ethnic or national origin, sexual orientation, marital status, religion or belief, age, trade union membership, disability, offending background, domestic circumstances, social and employment status, HIV status, gender reassignment, political affiliation or any other personal characteristic as outlined in the Equality Act (2010) and any other status covered by the Human Rights Act (1998). Diversity will be viewed positively and, in recognising that everyone is different and the unique contribution that each individual's experience, knowledge and skills can make is valued.
- 3.2 It is important that CCG policies deal with the equality implications around recruitment and selection, pay and benefits, flexible working hours, training and development, and protecting employees from harassment, victimisation and discrimination. In order to achieve this, there has to be a high degree of awareness of how policies are implemented by

managers and how staff interact and work with others. A work place can unintentionally discriminate by applying its procedures or an 'accepted work culture' in such a way that hidden discriminatory barriers occur – this is known as 'institutional or indirect discrimination'.

- 3.3 The Workforce Equality and Diversity Plan supports the CCG to meet its Equality Objectives and the WRES is an added component which aims to identify discrimination against Black and Minority Ethnic (BME) staff in the NHS, and to galvanise cultural and organisational change. The standard supports the vision set out in the Five Year Forward View and the need to ensure NHS workforces experience inclusive and non-discriminatory opportunities.
- 3.5 The CCG has two roles in relation to the WRES – as commissioners of NHS services, and as employers. This committee is concerned with the CCG's role as an employer, which requires a commitment to the principles and to apply as much of it as possible to its own workforce. In practice this requires CCGs to collect data on their workforce, analyse it, and produce and publish an annual WRES Report B) and action plan.
- 3.6. The CCG's WRES data in the annual report attached covers the period 1 April 2018 – 31 March 2019. As the CCG workforce size is small, care must be taken to ensure individuals cannot be identified, and the data must be approached with caution as the size of the workforce is too small to constitute a valid sample size and one or two individuals can have a significant impact on percentages. However this is a requirement by NHSE and the CCG must ensure it improves its representation across all non clinical areas for BAME staff.

4. Actions being taken by the CCG

- 4.1 Progress relating to the Workforce Equality and Diversity Plan since the last report - To empower and engage our workforce - ensuring compliance with the Equality Act, can be seen on appendix A, with the following items and new actions highlighted:
 - a) Equality Impact Assessments continue to be completed on HR policies produced/reviewed, using a standard checklist to ensure policies do not affect one group less or more favourably than another and the impact of the policy is not likely to be negative (Owner CSU) –these have now been removed form the workforce plan and is on going.
 - b) The Commissioning Support HR Business Partner is currently working with their Workforce Team and the CCG to establish relevant monitoring systems for each of these key policies to identify any indirect discrimination and consider whether any action is required; This action has now been removed form the plan and is on going.
 - c) The CCG facilitates and leads the Equality Collaborative, which is made up of all equality leads form the Merseyside CCGs and is developing a number of positive action approaches including exploring the viability of a Merseyside Staff Support Network; working collaboratively with all CCGs and NHS providers to pool resources and research reasons behind low levels of BAME non clinical staff beyond AfC band 6; develop a Merseyside wide plan on promoting opportunities with NHS organisations.

- d) The CCG also links in with the Cheshire & Merseyside STP EDI Steering Group which has prioritised the following areas:
- Developing a range of programmes to enhance opportunities for staff from BAME and other protected groups
 - Utilising Workforce Equality Standards to bring about change and opportunity
 - Advising on STP Workforce and Educational strategy programmes
 - Reviewing recruitment programmes and promotional strategies to encourage wider involvement from minority communities

5. Summary

- 5.1 This report highlights progress made against the CCG's Workforce Equality and Diversity Plan (Appendix A), provides the WRES Report (Appendix B) for the period 1 April 2018 – 31 March 2019 demonstrating 'due regard'. The CCG has a small workforce and any percentage changes should be treated with caution. However BAME representation across all bands and specifically for non clinical staff is disproportionate both nationally and locally and the CCG will strive through the workforce plan to improve outcomes in this area.

Appendix A - Workforce Equality and Diversity Plan – Updated September 2019

Appendix B - Workforce Race Equality Standard (WRES) Report 2019

APPENDIX A

Workforce Equality and Diversity Plan 2019/21 – Updated August 2019

Task	Associated Actions	Outcomes	Owner(s)	Completion Date	EDS Comparator
Annual completion of NHS Workforce Race Equality Standard (WRES)	1. Implement and embed the 9 national Workforce Race Equality Standard indicators as per NHS England guidance.	Eliminate Discrimination Advance equality of opportunity	Interim Programme Lead – Corporate Services, HRBP and Merseyside Equality and Inclusion Lead	WRES report to September 2019F&R committee Actions and findings to be incorporated into the Workforce equality & Diversity Plan	3.1
	2. Establish conditions for Positive Action in conjunction with the Merseyside Equality Collaborative and Cheshire and Mersey EDI steering Group (see below)				3.3 3.4 3.6 4.1 4.3
Development of a pan Mersey approach to Positive Action initiatives allowed under the Equality Act 2010 by the Equality Leads Collaborative	1. Monitor performance of HR policies against the Public Sector Equality Duty to establish baseline.	Challenge barriers if data/evidence identifies them Advance equality of opportunity.	Interim Programme Lead – Corporate Services, HRBP and Merseyside Equality and Inclusion Lead	Plan to be ready by March 2020 Aims to ensure collaboration and partnership working. Ideas to promote diversity in	3.2
	2. Identify trends from CCG data.				3.5 3.1 3.3 3.5 4.1 4.3

Forum	<p>3. Establish conditions for Positive Action. Including joint work across Merseyside and wider Cheshire & Merseyside Health and care partnership EDI Steering group.</p> <p>4. Utilise WRES and staff results and feedback. Including: potential for rolling out unconscious bias training to CCG staff and future OD for St Helen Cares</p> <p>5. Work on WRES data across all NHS Merseyside providers and develop initiatives, including staff support and research.</p> <p>6. Work closely with Cheshire and Merseyside EDI Steering Group to promote Positive Action initiatives across the Cheshire and Merseyside Health and Care Partnership System.</p>			<p>the workplace are being considered and will be shared.</p>	
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<p>Implementation of the Workforce Disability Equality Standard (WDES) as per NHS England guidance.</p>	<p>Prepare for the implementation of the WDES, to include familiarisation with proposed national KPIs.</p>	<p>Eliminate Discrimination Advance equality of opportunity</p>	<p>Interim Programme Lead – Corporate Services, HRBP and Merseyside Equality and Inclusion Lead</p>	<p>Dependent on national timescale (provisional WDES launch date anticipated to be Autumn 2019) NHS England Guidance received and WDES does not currently apply to CCGs.</p>	<p>3.1 3.3 3.4 3.6 4.1 4.3</p>
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Workforce Race Equality Standard

REPORTING TEMPLATE (Revised 2016)



Template for completion

Name of organisation

Date of report: month/year

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Name and title of Board lead for the Workforce Race Equality Standard

Name and contact details of lead manager compiling this report

Names of commissioners this report has been sent to (complete as applicable)

Name and contact details of co-ordinating commissioner this report has been sent to (complete as applicable)

Unique URL link on which this Report and associated Action Plan will be found

This report has been signed off by on behalf of the Board on (insert name and date)

Report on the WRES indicators

1. Background narrative

a. Any issues of completeness of data

b. Any matters relating to reliability of comparisons with previous years

2. Total numbers of staff

a. Employed within this organisation at the date of the report

b. Proportion of BME staff employed within this organisation at the date of the report

Report on the WRES indicators, continued

3. Self reporting

a. The proportion of total staff who have self-reported their ethnicity

b. Have any steps been taken in the last reporting period to improve the level of self-reporting by ethnicity

c. Are any steps planned during the current reporting period to improve the level of self reporting by ethnicity

4. Workforce data

a. What period does the organisation's workforce data refer to?

Report on the WRES indicators, continued

5. Workforce Race Equality Indicators

Please note that only high level summary points should be provided in the text boxes below – the detail should be contained in accompanying WRES Action Plans.

	Indicator	Data for reporting year	Data for previous year	Narrative – the implications of the data and any additional background explanatory narrative	Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective
	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. 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 staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. 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.				

Report on the WRES indicators, continued

	Indicator	Data for reporting year	Data for previous year	Narrative – the implications of the data and any additional background explanatory narrative	Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective
	National NHS Staff Survey indicators (or equivalent) 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.	White BME	White BME		
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White BME	White BME		
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White BME	White BME		
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	White BME	White BME		
	Board representation indicator 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 1. All provider organisations to whom the NHS Standard Contract applies are required to conduct the NHS Staff Survey. Those organisations that do not undertake the NHS Staff Survey are recommended to do so, or to undertake an equivalent.

Note 2. Please refer to the WRES Technical Guidance for clarification on the precise means for implementing each indicator.

Report on the WRES indicators, continued

6. Are there any other factors or data which should be taken into consideration in assessing progress?

7. Organisations should produce a detailed WRES Action Plan, agreed by its Board. Such a Plan would normally elaborate on the actions summarised in section 5, setting out the next steps with milestones for expected progress against the WRES indicators. It may also identify the links with other work streams agreed at Board level, such as EDS2. You are asked to attach the WRES Action Plan or provide a link to it.

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