NHS

Wolverhampton
Clinical Commissioning Group

WOLVERHAMPTON CCG
Governing Body
10 September 2019

Agenda item 22

TITLE OF REPORT:	NHS Workforce Race Equality Standard (WRES)
AUTHOR(s) OF REPORT:	David King, EIHR Manager
MANAGEMENT LEAD:	Sally Roberts
PURPOSE OF REPORT:	Report presents the CCG's annual WRES template for information for Governing Body.
ACTION REQUIRED:	☐ **Decision** ☐ **Assurance**
PUBLIC OR PRIVATE:	This Report is intended for the public domain
KEY POINTS:	• The report demonstrates that the CCG is fully meeting its responsibilities with regard to the WRES. • Ethnicity is known for 97.4% of staff – a strong position • 27.4% of CCG staff identify as BME (increased from 25.3% in 2018) in comparison with a BME population of circa 14.5% identified in the 2011 census. Showing a CCG that is well reflective of the population it serves. • It is pleasing to note that in 201/19, BME people were proportionately represented amongst all board members and voting board members (an area where many Trusts have further work to do), they were underrepresented amongst executive board members compared to their level of representation in the workforce overall but it should be noted the CCG staff base is more diverse than the local population. • A WRES action plan will be developed to support continued work, with an exploration of the 3 issues identified in the staff survey.
RECOMMENDATION:	GB are asked to: • Note the contents of the report and progress made • Note that the CCG is meeting the expectations of NHS England with regard to the WRES.

LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	Equality, Inclusion and Human Rights (EIHR) are key to the three strategic aims of the CCG in delivering quality services to patients
1. Improving the quality and safety of the services we commission	Ensure on-going safety and performance in the system Continually check, monitor and encourage providers to improve the quality and safety of patient services ensuring that patients are always at the centre of all our commissioning decisions.
2. Reducing Health Inequalities in Wolverhampton	Improve and develop primary care in Wolverhampton Deliver our Primary Care Strategy to innovate, lead and transform the way local health care is delivered, supporting emerging clinical groupings and fostering strong local partnerships to achieve this. Deliver new models of care that support care closer to home and improve management of Long Term Conditions Supporting the development of Multi-Speciality Community Provider and Primary and Acute Care Systems to deliver more integrated services in Primary Care and Community settings.
3. System effectiveness delivered within our financial envelope	Proactively drive our contribution to the Black Country STP Play a leading role in the development and delivery of the Black Country STP to support material improvement in health and wellbeing for both Wolverhampton residents and the wider Black Country footprint. Greater integration of health and social care services across Wolverhampton Work with partners across the City to support the development and delivery of the emerging vision for transformation; including exploring the potential for an 'Accountable Care System.' Continue to meet our Statutory Duties and responsibilities Providing assurance that we are delivering our core purpose of commissioning high quality health and care for our patients that meet the duties of the NHS Constitution, the Mandate to the NHS and the CCG Improvement and Assessment Framework. Deliver improvements in the infrastructure for health and care

	across Wolverhampton
	The CCG will work with our members and other key partners to encourage innovation in the use of technology, effective utilisation of the estate across the public sector and the development of a modern up skilled workforce across Wolverhampton.

1.   Intro

The NHS Workforce Race Equality Standard has been in place for a number of years and places obligations on both Commissioners and Providers of services.   CCGs and Provider organisations are required to publish an annual date template showing outcomes for White and BME staff and develop action plans to address any issues that emerge. The CCG is also required to monitor and assure itself that those organisations providing services on its behalf have met their duties.

The CCG has published its templates annually since 2015 and thus the CCG's progress can be found.

https://wolverhamptonccg.nhs.uk/about-us/equality-inclusion-and-human-rights-2018-19

2. WRES

The WRES technical guidance document and all other WRES resources are available via the following link. Further information can be found by following the link to the NHS England WRES webpage.

In addition the CCG requires those organisations providing services on its behalf to comply fully with the WRES – this is managed through the CCG contract management approach and the specific equality contractual requirements.

The 2019 report has been compiled and is included as an appendix to this paper and will be published on the CCG's website once agreed.

The report makes positive reading, illustrating that the CCG is performing well with regard to the WRES.

- The report showcases a CCG that is meeting its responsibilities, has good data and is reflective of the population it serves.
- Ethnicity is known for 97.4% of staff – a strong position
- 27.4% of CCG staff identify as BME (increased from 25.3% in 2018) in comparison with a BME population of circa 14.5% identified in the 2011 census.   Showing a CCG that is well reflective of the population it serves.
- It is pleasing to note that In 2018/19, BME people were proportionately represented amongst all board members and voting board members (an area where many Trusts have further work to do), they were underrepresented amongst executive board members compared to their level of representation in the workforce overall but it should be noted the CCG staff base is more diverse than the local population.
- Within the staff survey a few points are worth noting, the percentage of staff who felt bullied / harassed by colleagues was % White = 17.3%, % BME = 7.7%. The 17% is a bit high, affected perhaps both by system change and that

those who chose to complete the survey may have been those who felt there was an issue. In terms of the WRES the BME percentage is great and reflects well on the CCG

- One stat that does not seem to match, relates to staff who responded to the survey, who felt that the CCG provides equal opportunities for career progression or promotion were split, % White = 96.2% % BME = 69.2%. This is quite a gap and will need to be explored further and will be by the WRES working group to identify what further actions are needed.
- Pleasingly the percentage feeling discriminated against by their manager is low (very low in comparison to other CCGs) ; % White = 7.7% % BME = 0.0% As a result it feels that there is either an inconsistency or a specific issue within the CCG that some respondents were affected by. The low percentage of staff feeling bullied and harassed by their manager reflects well on the CCG management, culture and values.

Included below is the relevant section of the CCG's 2011 Census demographic data.

Table 1: The ethnicity profiles of England and NHS Wolverhampton CCG's area based on the 2011 Census (all usual residents)

Ethnicity	England		NHS Wolverhampton CCG	
	n	%	n	%
White	45281142	85.42%	169682	68.02%
Asian British	4143403	7.82%	44960	18.02%
Black British	1846614	3.48%	17309	6.94%
Mixed	1192879	2.25%	12784	5.12%
Other	548418	1.03%	4735	1.90%
Total	**53012456**	**100.00%**	**249470**	**100.00%**

It was also positive to note that the CCG has performed well with regard to metric 2, appointment from shortlisting. In 2017/18, 26.8% of White people were appointed from shortlisting, compared to 20.6% of BME people - this did not represent a statistically significant difference. Number of appointees overall: 22. For some organisations, a significant cap of over 20% exists for this metric.

The CCG will have for the first time submitted its raw WRES data to NHS England this year by the end of August 2019 as required.

3. Key actions on the WRES

The CCG will review its staff survey responses further to understand the feelings of staff completing and seek to increase the response rate next year. In the meantime the CCG Equality and HR team will continue to analyse other intelligence to ensure any remedial action is taken. Should any future surveys be undertaken across the

black country CCGs it is important that they support the collection of relevant data for the WRES.

4.   Next steps

- The WRES working group will develop a WRES action plan for approval
- The WRES working group, formed with representatives from Governance, Equality and HR, will continue to meet during the year to and review the action plan and the progress made.

5.   CLINICAL VIEW

6.1   None for this report.

6.   PATIENT AND PUBLIC VIEW

6.2   None for this report.

7.   KEY RISKS AND MITIGATIONS

7.2   Publication of WRES template is a requirement of NHS England.

8.   IMPACT ASSESSMENT

Financial and Resource Implications

8.2   None for this report.

Quality and Safety Implications

8.3   The implications on Quality and Safety are intrinsic to the report.

Equality Implications

8.4   Equality implications are intrinsic to the report.

Legal and Policy Implications

9.5   Equality Objectives are part of the PSED requirement which is a statutory duty of the Equality Act 2010. Compliance with the PSED is a key requirement on the CCG legally and to provide NHS England with Assurance.

Other Implications
9.6   None

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Date:

RELEVANT BACKGROUND PAPERS
(Including national/CCG policies and frameworks)
REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View	N/A	
Public/ Patient View	N/A	
Finance Implications discussed with Finance Team	N/A	
Quality Implications discussed with Quality and Risk Team	N/A	
Equality Implications discussed with CSU Equality and Inclusion Service	N/A	
Information Governance implications discussed with IG Support Officer	N/A	
Legal/ Policy implications discussed with Corporate Operations Manager	N/A	
Other Implications (Medicines management, estates, HR, IM&T etc.)	N/A	
Any relevant data requirements discussed with CSU Business Intelligence	N/A	
Signed off by Report Owner (Must be completed)	N/A	