

WOLVERHAMPTON CCG

Governing Body
11 July 2017

Agenda item 7

TITLE OF REPORT:	Update report: Equality and Inclusion requirements for NHS Workforce Race Equality Standard (WRES) Update Equality Delivery System2 (EDS2)
AUTHOR(s) OF REPORT:	Juliet Herbert – Equality and Inclusion Business Partner
MANAGEMENT LEAD:	Manjeet Garcha
PURPOSE OF REPORT:	To provide the Governing Body with information and assurance that the CCG meets the requirements for NHS WRES 2017. To provide the Governing Body with year one of the EDS2 action plan, to start the process of improving the EDS2 grading from 'Developing' to 'Achieving'.
ACTION REQUIRED:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	This Report is intended for the public domain
KEY POINTS:	<ul style="list-style-type: none"> • Demonstrate how the CCG meets the NHS WRES requirements • To agree the year one EDS2 action plan
RECOMMENDATION:	The Governing Body are asked to: <ul style="list-style-type: none"> • Note the contents of the report and the sound progress being made • Approve appendix 1 and for the statement commitment to be published on the website • Agree EDS2 year one action plan • Agree the approach to update the Equality Strategy
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	Equality, Inclusion and Human Rights (EIHR) are relevant to the 3 strategic aims of the CCG as their provision centres around servicers/patients. EIHR primary focus is centred around the safety and protection of people who maybe service users/patients that fall into protected groups according to the Equality Act (2010).



<p>1. Improving the quality and safety of the services we commission</p>	<p><u>Ensure on-going safety and performance in the system</u> 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</p>
<p>2. Reducing Health Inequalities in Wolverhampton</p>	<p><u>Improve and develop primary care in Wolverhampton</u> – 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</p> <p><u>Deliver new models of care that support care closer to home and improve management of Long Term Conditions</u> 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</p>
<p>3. System effectiveness delivered within our financial envelope</p>	<p><u>Proactively drive our contribution to the Black Country STP</u> 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.</p> <p><u>Greater integration of health and social care services across Wolverhampton</u> 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.’</p> <p><u>Continue to meet our Statutory Duties and responsibilities</u> 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</p> <p><u>Deliver improvements in the infrastructure for health and care across Wolverhampton</u> 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.</p>



1. NHS Workforce Race Equality Standard (WRES) requirements for CCG's

Introduction

- 1.1. NHS England has released updated Technical Guidance (March 2017) for the implementation of WRES. This guidance sets out the over-arching purpose of the WRES and the responsibilities of both Commissioner and Provider organisations.
- 1.2 The main purpose of the WRES is:
 - to help local, and national, NHS organisations (and other organisations providing NHS services) to review their data against the nine WRES indicators;
 - to produce action plans to close the gaps in workplace experience between white and Black and Ethnic Minority (BME) staff, and;
 - to improve BME representation at the Board level of the organisation;
- 1.3 Since April 2015, the WRES has been included in the full length NHS Standard Contract only, which is mandated for use by NHS commissioners when commissioning non-primary health services. The Contract requires all providers (NHS and independent organisations) of NHS services (other than primary care) to address the issue of workforce race inequality by implementing and using the WRES.
- 1.4 Service Condition 13.6 of the NHS Standard Contract 2017/18 and 2018/19 state the following in relation to the WRES:

'The Provider must implement the National Workforce Race Equality Standard and submit an annual report to the Co-ordinating Commissioner on its progress in implementing that standard.'
- 1.5 Schedule 6A of the NHS Standard Contract requires that providers report annually on their compliance with the WRES.

Requirements on CCG's and Associated Responsibilities

- 1.6 Clinical Commissioning Groups (CCGs) have two roles in relations to the WRES:
 - as commissioners of NHS services and;
 - as employers;
- 1.7 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.
- 1.8 Implementing the WRES and working on its results and subsequent action plans should be a part of contract monitoring and negotiation between CCGs and their



respective providers in terms of meaningful dialogue to gain assurances of effective implementation and actions. However, the credibility of the CCGs relationship with its providers can only be meaningful if the CCG itself is taking serious action to improve its own performance against the WRES indicators.

- 1.9 The final standard states that ‘an annual report will be required to be submitted to the Co-ordinating Commissioner outlining progress against the Standard’. The Standard will have to be considered in relation to contract monitoring and compliance. The standard should also be applied to non – NHS providers including the voluntary and private sector organisations.
- 1.10 Further specific guidance for CCGs and CSUs, which provides clarity on the expectation on them to evidence sufficient ‘due regard’ is being developed. This will support the CCGs to ensure that its workforce and Board reflect the community that it serves.
- 1.11 Currently the expectation is that Commissioners assure themselves through contract monitoring that provider organisations are meeting the requirements as outlined in the table below. The expectation is that EDS and WRES reporting should be separate as the two requirements are complementary but distinct.

Millstones	Activity
1 August 2017 and annual there after	<p>Publication of 31st March 2017 workforce data and Autumn 2016 staff survey data against all 9 indicators. In addition actions required to make continuous progress (the WRES Action Plan) should be set out, including where appropriate, analyses of the impact of the 2016 Action Plan.</p> <p>The WRES data report and the Action Plan should be:</p> <ul style="list-style-type: none"> • shared with the Board, staff and other local interests; • submitted centrally via Unify 2 (applies to NHS providers only, and with regard to the WRES data report only) • presented to the lead commissioner (for NHS providers) • published on organisations’ websites <p>*CCGs should give consideration to the issue of publishing data that has small numbers of staff.</p>
April 2017 – March 2018 and annual there after	Work to address any data shortcomings and to understand and address the concerns raised in the organisation’s WRES baseline data should be undertaken.



- 1.12. By using the WRES, it is expected that, year on year, all NHS organisations will improve workforce race equality and that these improvements will be measured and demonstrated through the annual publication of data for each of the WRES indicators. The requirement to do this forms part of CCG assurance frameworks, the NHS standard contract and the CQC inspection regime. Progress made will be benchmarked and published, organisation by organisation. As the WRES gathers momentum, published performance data will generate publicity and discussion, inside and outside organisations.

CSU EIHR Team Actions supporting CCG customers:

- 1.13. The Equality, Inclusion and Human Rights (EIHR) team will work with the CCG workforce leads to support them to have effective 'due regard' to the WRES. This will be done through analysis of workforce data and staff survey results where relevant.
- 1.14. The EIHR team will be working with CCG Contracting and Quality leads to ensure that appropriate assurance mechanisms are in place to support the CCG to comply with the new WRES. Additional support will be available to quality assure provider submissions.

Appendix 1 confirms the CCGs statement of commitment, which once approved will be published on the website, and later accompanied by the action plans in due course.

2. Update Equality Delivery System2 (EDS2)

- 2.1. At the 14 March 2017 Governing Body meeting the EDS2 portfolio was agreed and signed off and subsequently published on the CCG website on the 28 March 2017, well within the legal deadline.
- 2.2. As part of the review of performance for people with characteristics protected by the Equality Act 2010, the Governing Body agreed that there needed to be a dedicated focus for moving the CCG from 'Developing' to 'Achieving'.
- 2.3. Appendix 2 confirms year one activity which requires named responsible officer to take things forward. Once approved named responsible officers can move actions forward.

3. CLINICAL VIEW

- 3.1. The clinical view has been taken into account for every commissioning decision, therefore already considered.

4. PATIENT AND PUBLIC VIEW



- 4.1. The patient and public view would have already been considered. A purpose of EDS2 is to evidence previous and current CCG activity.

5. KEY RISKS AND MITIGATIONS

- 5.1. Not publishing the WRES statement of commitment by the 1 August 2017 would mean that the CCG aren't compliant with the legal requirements of WRES.

6. IMPACT ASSESSMENT

Financial and Resource Implications

- 6.1. None for this report.

Quality and Safety Implications

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

Equality Implications

- 6.3. Equality implications are intrinsic to the report.

Legal and Policy Implications

- 6.4. WRES is part of the Public Sector Equality Duty which is a statutory duty of the Equality Act 2010. Any breaches of the duty could leave the CCG decision makers vulnerable to legal challenge.
- 6.5. There are also NHS England mandatory equality requirements that CCG's needs to ensure their providers are compliant. Any breaches here would compromise the equality compliance of the CCG.

Other Implications

- 6.6. None (Do you have any Manjeet?)

Name: Juliet Herbert

Job Title: Equality & Inclusion Business Partner

Date: 11 July 2017

ATTACHED: Appendix 1 – WRES Statement of Commitment
Appendix 2 – EDS2 Action Plan.

(Attached items:)



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	Steve Forsyth	?
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	



BOARD ASSURANCE FRAMEWORK NOTES

(Please **DELETE** before submission)

Following a review of the BAF, it will now be based on the risks associated with the CCG achieving its strategic aims and objectives as follows:-

Strategic Aims	Strategic Objectives
1. Improving the quality and safety of the services we commission	<p>a. <u>Ensure on-going safety and performance in the system</u> 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</p>
2. Reducing health inequalities in Wolverhampton	<p>a. <u>Improve and develop primary care in Wolverhampton</u> – 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</p> <p>b. <u>Deliver new models of care that support care closer to home and improve management of Long Term Conditions</u> 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</p>
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