

Item: 6.7

Report to:	NHS Hull Clinical Commissioning Group Board
Date of Meeting:	27 September 2019
Title of Report:	Equality Standards Report, 2019: Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES), Equality Delivery System (EDS)
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STATUS OF THE REPORT:

To approve	<input type="checkbox"/>	To endorse	<input checked="" type="checkbox"/>
To ratify	<input type="checkbox"/>	To discuss	<input type="checkbox"/>
To consider	<input type="checkbox"/>	For information	<input type="checkbox"/>
To note	<input type="checkbox"/>		

PURPOSE OF REPORT:

The Equality Report provides an update on the following NHS England equality standards:

- Workforce Race Equality Standard (WRES) – this is made up of nine indicators and is mandated by NHS England (NHSE). From 2019 onwards, CCGs are expected to submit their annual WRES data to NHS England by the end of August.
- Workforce Disability Equality Standard (WDES) – made up of 10 indicators. This came into force on 1 April 2019. Mandatory reporting on WDES is restricted to NHS Trusts and Foundation Trusts for the first two years of implementation. However, in accordance with its commitment to openness and transparency the CCG has taken the option to report from this year.
- The CCG undertook implementation of the Equality Delivery System (EDS) in 2012 (EDS1) and again in 2015 (EDS2). The engagement of staff and local equality interest groups informed the CCG’s subsequent equality plans. The CCG is required to undertake an assessment of the EDS every four years. Given that the EDS is currently under review by NHS England and it is anticipated that a new version (EDS3) will be launched in 2020, it is therefore proposed that the CCG awaits the launch of EDS3 before undertaking the next scheduled assessment. Initial engagement has however already begun in order to lay the foundations for the significant engagement required for an EDS assessment.

RECOMMENDATIONS:

a Endorse the CCG Workforce Race Equality Standard (WRES) Report.

- b Endorse the CCG's approach to the Workforce Disability Equality Standard (WDES).
- c Note the CCG's WRES findings.
- d Approve the proposed CCG approach to the Equality Delivery System (EDS).

REPORT EXEMPT FROM PUBLIC DISCLOSURE No Yes

If yes, detail grounds for exemption Albeit, elements of staff data included in appendices are exempt from disclosure under data protection requirements.

CCG STRATEGIC OBJECTIVE

Objective 3 – Delivery of Statutory Duties

Objective 5 - To embed Patient and Public Involvement across the organisation and ensure that the CCG meets its statutory duty under 14Z2 of the Health and Social Care Act

Short summary as to how the report links to the CCG's strategic objectives

The subject material included in the report cuts across a number of the CCG's 2019/20 strategic objectives but particularly its duties under the Equality Act 2010 and its statutory duty to consult.

IMPLICATIONS: *(summary of key implications, including risks, associated with the paper),*

Finance	There are no adverse implications associated with the paper.
HR	The paper's findings help in the planning and recruitment of a diverse workforce, representative of the population we serve.
Quality	The paper's recommendations support the ongoing engagement of diverse interested parties and groups, which in turn supports the commissioning of high quality services.
Safety	There are no adverse safety implications associated with the paper.

ENGAGEMENT: *(Explain what engagement has taken place e.g. Partners, patients and the public prior to presenting the paper and the outcome of this)*

The paper has been subject to review and development by the CCG's equality & diversity group and references plans for wider external engagement across the themes identified in the report.

LEGAL ISSUES: *(Summarise key legal issues / legislation relevant to the report)*

The Workforce Race Equality Standard is mandated by NHSE and applies to all NHS organisations. CCGs have two roles in relation to these indicators – as commissioners of NHS services and as employers. In both roles the CCG's 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 associated documents;
- The CCG Improvement and Assessment Framework.

The CCG is not mandated to report on the Workforce Disability Equality Standard but has chosen to do so in order to be open and transparent.

The Equality Delivery System is a mandated NHS England standard for CCGs.

EQUALITY AND DIVERSITY ISSUES: *(summary of impact, if any, of CCG's duty to promote equality and diversity based on Equality Impact Analysis (EIA). All reports relating to new services, changes to existing services or CCG strategies / policies must have a valid EIA and will not be received by the Committee if this is not appended to the report)*

	Tick relevant box
An Equality Impact Analysis/Assessment is not required for this report.	X
An Equality Impact Analysis/Assessment has been completed and approved by the lead Director for Equality and Diversity. As a result of performing the analysis/assessment there are no actions arising from the analysis/assessment.	
An Equality Impact Analysis/Assessment has been completed and there are actions arising from the analysis/assessment and these are included in section xx in the enclosed report.	

THE NHS CONSTITUTION: *(How the report supports the NHS Constitution)*

Principle 3 of the NHS Constitution:

The NHS aspires to the highest standards of excellence and professionalism in the provision of high-quality care that is safe, effective and focused on patient experience; in the planning and delivery of the clinical and other services it provides; in the people it employs and the education, training and development they receive; in the leadership and management of its organisations; and through its commitment to innovation and to the promotion and conduct of research to improve the current and future health and care of the population.

Equality Standards Report September 2019

1. INTRODUCTION

- 1.1. The Equality Report provides an update to Members on the CCG's progress with regards to the following NHS England equality standards:
- Workforce Race Equality Standard (WRES)
 - Workforce Disability Equality Standard (WDES)
 - Equality Delivery Systems (EDS)
- 1.2. These standards form part of the CCG's Equality & Diversity Action Plan, which includes objectives that reflect the standards in both in the CCG's role as an employer and as a commissioner of healthcare services for the population of Hull. The Action Plan also includes an objective related to the CCG's role as a leader in an increasingly integrated healthcare landscape, including exploring shared learning and encouraging best practice.

2. BACKGROUND

WRES and WDES

- 2.1 The main purpose of the NHS Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES) are to:
- Help local and national NHS organisations (and other organisations providing NHS services) to review their data against the relevant indicators.
 - Produce action plans to close the gaps in workplace experience between relevant groups of staff, and
 - Improve BME / Disabled people representation and gender balance at the Board level of the organisation.

Assessment

- 2.2 As an NHS organisation the CCG is required to:
- Collect data on their workforce - this includes both workforce data and staff survey data with analysis of data for each of the relevant metrics.
 - Produce an annual report and action plan – the report should show the results of the staff survey and workforce data for internal analyses and indicate the steps being taken to improve performance against the relevant indicators, and
 - Publish the annual report and action plan - CCGs will need to give consideration to how such data is published and what conclusions are drawn.

- 2.3 The WRES comprises nine indicators and is mandated by NHS England. The WDES comprises 10 indicators and it came into force on 1 April 2019. Mandatory reporting on WDES is restricted to NHS Trusts and Foundation Trusts for the first two years of implementation. The CCG has however taken the option to report from this year in accordance with its commitment to openness and transparency.
- 2.4 The indicators of both standards are intended to highlight and reflect:
- The overall representation of black or minority ethnic (BME) staff in the CCG, across the pay structure.
 - The relative likelihood of BME candidates being shortlisted and appointed.
 - BME staff entering the formal disciplinary process.
 - Uptake of non-mandatory training.
 - Staff experience of bullying and harassment.
 - Staff experience of whether the organisation provides equal opportunities, and
 - Board representation.
- 2.5 Both sets of indicators highlight any differences between the experience and treatment of BME and disabled staff and candidates in the CCG, with a view to closing those gaps through the development and implementation of action plans focused upon continuous improvement over time.
- 2.6 An action plan to address issues highlighted by the data is required and this is given at Appendix 1 and is incorporated into the current E&D Action Plan.

EDS

- 2.7 The CCG undertook implementation of the Equality Delivery System (EDS) in 2012 (EDS1) and again in 2015 (EDS2). The engagement of staff and local equality interest groups informed the CCG's subsequent equality plans. The CCG is required to undertake an assessment of the EDS every four years. Given that the EDS is currently under review by NHS England and it is anticipated that a new version (EDS3) will be launched in 2020, it is proposed that the CCG awaits the launch of EDS3 before undertaking the next scheduled assessment. Initial engagement has however already begun in order to lay the foundations for the significant engagement required for an EDS assessment.

3. INFORMATION

- 3.1 From 2019 onwards, CCGs are expected to submit their annual WRES data to NHS England by the end of August. This requirement was completed by the CCG in 2019.
- 3.2 Data is drawn from both the Electronic Staff Record (ESR) and the Staff Survey. It is important to note therefore that the numbers given reflect those staff that were willing to disclose details through ESR.
- 3.3 The number of staff reporting as BME or Disabled on ESR in some instances would be so small (5 or less) that the CCG believes it would be possible to identify individuals as a result of publication, therefore this information would be redacted prior to wider circulation. The Senior Leadership Team is satisfied that the findings reflect the analysis of data.

Workforce Race Equality Standard (WRES)

- 3.4 There are nine WRES indicators. Four of the indicators focus on workforce data, four are based on data from the national NHS Staff Survey questions and one indicator focuses upon BME representation on Boards. The WRES highlights any differences between the experience and treatment of white staff and BME staff in the CCG with a view to closing those gaps through the development and implementation of action plans focused upon continuous improvement over time.
- 3.5 The WRES defines BME based on ethnic categories defined Office of National Statistics (ONS) and used in the 2011 Census. BME excludes A, B, C and Z in the table below. The category C 'Any other white background' contains minority groups including white European.

A – White -British
B – White -Irish
C – Any other white background
D – Mixed White and Black Caribbean
E – Mixed White and Black African
F – Mixed White and Asian
G – Any other mixed background
H – Asian or Asian British -Indian
J – Asian or Asian British -Pakistani
K – Asian or Asian British - Bangladeshi
L – Any other Asian background
M – Black or Black British -Caribbean
N – Black or Black British -African
P – Any other Black background
R – Chinese
S – Any other ethnic group
Z – not stated

- 3.6 The summary findings for the CCG are as follows:
- According to ESR data, fewer than 5% of the CCG's workforce is identified as BME. The BME population of Hull (as defined above) is 6%. Specific numbers are not listed as they are so small as to potentially enable the identification of individuals.
 - According to CCG 2018/19 recruitment information, white candidates (when expressed as a ratio of applications to shortlisting) have a slightly lower chance of being shortlisted when compared to BME (9.8% and 10.5% respectively). The relative likelihood of white staff being appointed from shortlisting when compared with BME is 0.93. That said, caution must be used in interpretation of this data as the very low numbers reported in some categories would challenge statistical validity.
 - 7% of the CCG's Board is BME.

- In the 2018 staff survey a higher percentage of BME staff reported experiencing bullying or harassment from staff in the last 12 months, as opposed to 11% of white staff. It should be noted that the absolute numbers remain low.
- In the 2018 staff survey 2% of white staff reported experiencing discrimination at work from a manager or colleague.

3.7 The CCG recognises the need to recruit and retain a workforce that more closely represents the population of Hull. This, along with a number of other actions aimed to reduce the gap in differences of representation and treatment, is reflected in the CCGs E&D action plan.

Assessment of provider WRES reports and Action Plans

3.8 A review has been conducted of the 2018 WRES reports of City Health Care Partnerships (CHCP), Hull University Teaching Hospitals NHS Trust (HUTH) and Humber Teaching NHS Foundation Trust (HFT).

3.9 CHCP's report indicated incomplete data, particularly in capturing staff equality data in their colleague survey. This has been identified in their Action Plan and should be more developed in their 2019 submission.

3.10 HUTH's action plan and data capture is further developed, and they are making progress against a number of indicators (e.g. uptake of non-mandatory training, and a small increase in the likelihood of BME staff being shortlisted and recruited). The main challenges for HUTH are still the higher levels of staff in general reporting harassment & abuse from patients as well as from staff. Their report also indicates a marked decrease in the percentage of BME staff who feel that the Trust is an equal opportunities employer, but they do have a well-developed [Action Plan](#).

3.11 [Humber Teaching Hospital's WRES work plan 2018](#) is well developed, with a focus on addressing issues highlighted related to staff experience of bullying and harassment reflected in the staff survey.

Workforce Disability Equality Standard (WDES)

3.12 There are ten WDES indicators. These include the programmes or initiatives the CCG has committed to promote disability equality, workforce data reflecting the overall representation of disabled staff, and across the pay structure, staff experience of the CCG as an employer based on national NHS Staff Survey questions, representation on Boards.

3.13 The summary findings for the CCG are as follows:

- The CCG is a Disability Confident and Mindful Employer.
- The rate of disability disclosure for the CCG is 3% of staff. This is compared 20% of the overall population of Hull.
- The remaining data needs further analysis and will be prioritised in the 2019/2020 E&D Action Plan

4. RECOMMENDATIONS

4.1 It is recommended that Members:

- i) Endorse the CCG Workforce Race Equality Standard (WRES) Report.
- ii) Endorse the CCG's approach to the Workforce Disability Equality Standard (WDES).
- iii) Note the CCG's WRES findings, and
- iv) Approve the proposed CCG approach to the Equality Delivery System (EDS).