

Report to:	NHS Hull Clinical Commissioning Group Board
Date of Meeting:	24 September 2021
Title of Report:	NHS England Equality Standards Report, 2021: 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) which 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) which is made up of 10 indicators and came into force on 1 April 2019. Mandatory reporting on WDES is restricted to NHS Trusts and Foundation Trusts. WDES is not mandated for CCGs, with NHS England "[engaging with regions and integrated care systems \(ICSs\) to explore how the WDES can be applied in 2022](#)". The CCG does collect and analyse data across the WDES metrics and this informs the CCG's Equality Outcomes and Workforce Plans.
- Equality Delivery System (EDS) which is a toolkit and framework for assessing how NHS organisations are performing with regard to equality, diversity and human rights.

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 Note the proposed CCG approach to the Equality Delivery System (EDS).

REPORT EXEMPT FROM PUBLIC DISCLOSURENo 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.

NHS England Equality Standards Report

September 2021

1. INTRODUCTION

The Equality Report provides an update to Board 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)

These standards form part of the CCG's Equality, Diversity & Inclusion (EDI) Outcomes Plan, which includes outcomes that reflect the standards in both the CCG's role as an employer and as a commissioner of healthcare services for the population of Hull.

2. BACKGROUND

Hull CCG's Equality Objectives were agreed in September 2020 and are as follows:

- To be an employer with a well supported workforce and Board that represents our population
- To work, alongside partners, to tackle health inequalities with the aim of better health outcomes for all
- To demonstrate leadership on equality and inclusion through collaboration
- To ensure that our governance and decision making pays due regard to equalities
- To ensure that all our diverse communities are able to have their voices heard and their views are taken into account in our decision making

2.1 Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES)

The main objectives 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 representation of BME¹ / Disabled people across all levels of the organisation, including Board level representation.

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 due to the small numbers of staff which could breach data protection. 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. Where there are fewer than five individuals in a category, this number will be redacted and instead reported as <5, in this Board report. However, the raw data submitted to NHS England is unredacted.

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 indicators of both standards are intended to highlight and reflect:

- The overall representation of BME and disabled staff in the CCG, across the pay structure.
- The relative likelihood of BME and disabled candidates being shortlisted and appointed.
- Relative likelihood of BME or disabled 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 value their work, and
- For the WDES the extent to which disabled staff feel reasonable adjustments are made
- Board representation.

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

¹ Note: NHS England and NHS Employers are using the term BME (Black and Minority Ethnic)

through the development and implementation of action plans focused upon continuous improvement over time.

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 EDI Outcomes Plan.

2.2 Equality Delivery System (EDS)

The Equality Delivery System (EDS) is a toolkit and framework for assessing how NHS organisations are performing with regard to equality, diversity and human rights. The CCG undertook implementation of EDS in 2012 (EDS1) and again in 2015 (EDS2). This process included engagement of staff and local equality interest groups which informed the CCG's subsequent equality plans. The CCG is required to undertake an assessment of the EDS every four years, however given that the EDS is currently under review by NHS England and the launch of the anticipated new version (EDS3) has been delayed, the CCG is working towards a limited EDS implementation plan to consolidate stakeholder networks of local interest groups, and lay the foundations for the ICS to apply the EDS in a meaningful way.

3. WRES REPORTING

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.

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

CCG data will be compared to the data presented in the national [WRES team's 2020 WRES report](#).

A report based on the NHS England WRES template was submitted to NHS England in August 2021 by NHS Hull CCG. This was signed off by the Board Lay Member holding the corporate EDI portfolio. The data has also been reviewed by the Senior Leadership Team who were satisfied that the findings are an accurate reflection of the CCG.

This template included the following indicators:

- (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 (calculated 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
- (4) Relative likelihood of staff accessing non-mandatory training and CPD
- (9) Percentage difference between the organisations' Board voting membership and its overall workforce

For 2020 and 2021 NHS England removed the requirement to report on the four indicators based on the NHS Staff survey questions (indicators 5 to 8 listed below) and therefore data against these indicators is not included within this report.

- (5) Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
- (6) Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
- (7) Percentage believing that trust provides equal opportunities for career progression or promotion
- (8) In the last 12 months have you personally experienced discrimination at work from any of the following? (Manager/team leader or other colleagues)

The CCG has conducted its own survey with staff to gather information in relation to these indicators, however uptake of a pulse survey conducted over the summer was relatively low and further work will be undertaken to understand the feedback received and explore themes and trends through further surveys and by working with the staff health and wellbeing group.

3.1 Key Findings

The summary findings for NHS Hull CCG is as follows²:

Hull CCG	National WRES Report 2020
Indicator 1: Percentage of BME staff compared with the overall workforce	
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%.	21% across the NHS, 14% of CCG staff are BME
Indicator 2: Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME applicants	
According to CCG 2020/21 recruitment information, white candidates (when expressed as a ratio of applications to shortlisting) have a higher chance of being shortlisted when compared to BME (10.07%% and 12.5% respectively). The relative likelihood of white staff being appointed from shortlisting when compared with BME is 1.29. This is slightly lower than the 2020 ratio of 1.33	White applicants 1.61 times more likely to be appointed from shortlisting (across the NHS), for CCGs this ratio is 1.41
Indicator 3: Relative likelihood of BME staff entering the formal disciplinary process compared to white staff	
The CCG did not have any formal disciplinary cases in this period (no change from 2020).	Across the NHS, BME staff have a higher relative likelihood of entering the formal disciplinary process (1.14), for CCGs this is higher at 1.65
Indicator 4: Relative likelihood of white staff accessing non-mandatory training and continuous professional development (CPD) compared to BME staff	
There is currently no consistent process for recording non-mandatory training and CPD.	Across the NHS, white staff are 1.14 times more likely to access non mandatory training. For CCGs, white staff are less likely to access non-mandatory training (0.71)
Indicator 9 Board membership	
7% of the CCG's Board is BME.	Across the NHS: 10% of Board members are BME; 16.8% in CCGs.

The key area that the CCG has not been able to make progress on is attracting and recruiting more BME staff, despite the actions being progressed in the EDI Outcomes

² Workforce data for indicators 1 – 4 & 9 is at March 2021.

Plan (e.g. recruitment training for managers and wider advertising of roles through community network channels such as Forum). This needs to be reflected on, to better understand what the barriers may be, and what lessons can be shared with the emerging place based and ICS organisations, before any new recruitment gets underway. Much can be learnt from the provider trusts as they have prioritised recruitment in their WRES work, and have been making progress on this.

The CCG does not currently have a consistent way of capturing non-mandatory training or other forms of CPD. There needs to be a more robust system in place for the statutory organisation/s post March 2022.

3.2 Assessment of provider WRES reports and Action Plans

Part of the CCG's WRES duty is to seek assurance from providers that they have submitted their WRES reports and are making progress on their action plans. This is included in the CCG's EDI Outcomes Plan for Contracting and Procurement (*"Seek assurance from our provider organisations that they are addressing race equality and disability equality issues for their staff through the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES)."*)

Hull University Teaching Hospitals NHS Trust (HUTH) and Humber Teaching NHS Foundation Trust (HFT) have confirmed that they have submitted their reports and are updating and developing their actions plans. They have also submitted a narrative of the progress they are making.

City Health Care Partnerships (CHCP) is an independent provider with a later required submission date (usually October). They advise that "For this year the data collection has been postponed as last year's report for independent providers has not been published yet." Their EDI lead is waiting further guidance from the WRES team. Their 2020-21 WRES based on March 2020 data can be found on their [website](#).

The CCG attends the Humber EDI Partnership Forum which meets regularly, updates are provided regarding WRES and WDES, and there is a strong sense of collaboration and a desire to work together, where this will make a positive impact.

4. WORKFORCE DISABILITY EQUALITY STANDARD (WDES)

The CCG is not required to submit a WDES report (From the NHS [Workforce Disability Equality Standard 2021 Factsheet](#): *"It does not apply to CCGs and the independent sector in year 3, however they are welcome to produce their own data analysis and WDES action plans. • We will be engaging with regions and integrated care systems (ICSs) to explore how the WDES can be applied in 2022."*). The CCG does collect and analyse data for most of the indicators and this is used to identify areas for improvement, develop action plans and identify any training and development needs.

There are ten WDES metrics focusing on³:

- Workforce data: representation across pay bands, likelihood of appointment from short-listing and likelihood of entering formal capability procedures

³ <https://www.england.nhs.uk/wp-content/uploads/2019/03/wdes-technical-guidance-2021.pdf>

- Five are based on questions from the national NHS Staff Survey, these map to WRES indicator plus the following
 - Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.
 - Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.
 - Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.
 - Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.
 - The staff engagement score for Disabled staff, compared to non-disabled staff.
 - Whether disabled staff feel the organisation has taken action to facilitate the voices of Disabled staff in your organisation to be heard?
- Disability representation on boards

The rate of disability disclosure for the CCG is 5.5% of staff. This is compared 20% of the overall population of Hull*

Questions around disability were also asked in the pulse staff survey but as previously stated participation was low and it is difficult to draw accurate conclusions from the data. However, it was noted that the percentage of staff who self-declared a disability was higher than indicated on ESR which is something to be explored in further work.

The CCG is a Disability Confident and Mindful Employer and more information about the schemes can be found at: www.gov.uk/government/collections/disability-confident-campaign and www.mindfulemployer.dpt.nhs.uk/our-charter/signing-the-charter

* This population figure includes all adults not just working age adults.

5. 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 Action Plan, and
- iv) Note the proposed CCG approach to the Equality Delivery System (EDS).

APPENDIX 1: Action Plan

Outcome	Actions / approach	Who	Review date
Improved representation across the workforce of BME and disabled staff	Continue to build recruiting manager capability to embed E&D good practice in all recruitment advertising	HR Humber	Ongoing
	Positive action to actively promote job opportunities and troubleshoot application process (find out where people experience barriers and if any additional support needed)	HR Humber/Comms Team	Ongoing
	Promote any recruitment opportunities via social media and through community networks, such as Forum newsletter	HR Humber/Comms Team	Ongoing
	Analyse candidate application, shortlisting and recruitment data	HR Humber	March 2022
Staff survey data is used to identify themes and trends	Further analyse of pulse survey data and work undertaken to increase	HR Humber	December 2021

and inform action plans	uptake in future surveys.		
	Discussion of results of local pulse survey and the national quarterly pulse survey with Health and Wellbeing Group to identify possible further support to staff.	HR Humber / Health and Wellbeing Group	December 2021
Staff are aware of how to report any bullying, harassment or abuse and support available to them.	Launch and promotion of new Dignity and Respect at Work Policy through Team Brief and bitesize training session if demand.	HR Humber /Comms Team	March 2022
Improved data collection from ESR including % of staff declaring a disability	Promote the requirement for staff to accurately update their ESR record.	HR Humber / Comms Team	December 2021