

GOVERNING BODY MEETING

Date of meeting	Tuesday 22 March 2016	Agenda item number	19
Title of report	Workforce Race Equality Standard Report		
Paper Presented by:	Mrs Jennifer Aldridge, Chief Nursing Officer		
Paper prepared by:	Equality and Diversity Team NHS Midlands and Lancashire Commissioning Support Unit		

CCG strategic objective supported by this paper: (please tick ✓)	Develop and maintain an effective organisation	✓
	Commission high quality, safe and cost effective services which reduce health inequalities and improve access to healthcare	✓
	Effectively engage patients and the public in decision making	✓
	Develop excellent partnerships which lead to improved health outcomes	✓
	Make the best use of resources	✓

Purpose of report
To provide the Governing Body with an update on the CCG's statutory requirements as set out in the Equality Act 2010. It provides assurance that the Clinical Commissioning Group (CCG) is compliant with the new NHS Workforce Race Equality Standard.
Recommendation
The Governing Body is asked to note the contents of this report.

Please indicate which Group this has been discussed with (please tick ✓)			
Executive Management Team		Quality Improvement and Governance Cttee	✓
Clinical Commissioning Committee		Finance and Performance Committee	
Audit Committee		Remuneration Committee	
Council of Members		Other – Assurance Group	✓
Patient and Public Engagement:	The Equality and Inclusion report monitors patient and public engagement		
Equality Impact Assessment:	The Equality and Inclusion report contains an analysis of impacts on patients and public with protected characteristics.		
Resource Implication(s):	Not applicable		
For further information please contact:	Amanda Bate Community Engagement Manager 01253 956400		

GOVERNING BODY MEETING – TUESDAY 22 MARCH
WORKFORCE RACE EQUALITY STANDARD REPORT

Introduction and overview:

This report welcomes the introduction of the NHS Workforce Race Equality Standard (WRES) as a useful tool to identify and reduce any disparities in experience and outcomes for NHS employees and job applicants of different ethnicities. This is important work as research evidence shows that improving workforce race equality within the NHS will lead to improved healthcare for everyone and better use of NHS resources.

The Workforce Race Equality Standard requires NHS organisations to demonstrate progress against a number of indicators of workforce equality in relation to race.

The Standard will be used by organisations to track progress to identify and help eliminate discrimination in the treatment of black and minority ethnic (BME) employees.

As an organisation, we recognise the importance of holding accurate and relevant equality information to enable us to set objectives, undertake equality analysis of our employment policies and procedures and understand key priority equality issues in order to take appropriate action.

Ethnicity of Fylde and Wyre

The population of Fylde and Wyre is considerably less ethnically diverse than the population of England. Black and minority ethnic groups account for only 5% of the population compared to 16% nationally. *Ref: 1*

Immigration

The number of new immigrant registrations in Fylde and Wyre has been declining since 2007-08. In 2010-11 there were 440 new registrations in the Fylde and Wyre districts, 30% (130) of which were from eastern European countries Poland, Latvia and Bulgaria. There were also 100 (22%) registrations from India. There may be cultural barriers to accessing health services in these communities. Intelligence on traveller population is more difficult to ascertain. Although there are no official sites in Fylde and Wyre there are known to be two semi-settled populations in Poulton-le-Fylde and Preesall. *Ref: JSNA Health Profile Fylde and Wyre CCG.*

WRES action group

The CCG set up a WRES action group to improve on the actions identified in the 2015 WRES report. This group includes a number of CCG staff: head of quality; practice engagement, quality and governance manager; community engagement manager; and the equality and inclusion business partner, NHS Midlands and Lancashire Commissioning Support Unit (MLCSU). The group discussed the best processes of how to take the WRES forward in a practical way and below are some of the actions points discussed:

- In October 2015 the WRES action group recommended to the executive management team that the CCG distribute a staff survey to all CCG and embedded CSU staff. The main aim of

the survey was to gather an indication of the diversity and culture of the organisation by asking staff about their views and experiences of equality and diversity within the workplace. The survey included equality monitoring questions and it was anticipated that this would highlight any differences between people with 'different protected characteristics', areas of good practice and areas in need of further improvement.

Outcomes of the staff survey

This report presents the findings of the Fylde and Wyre CCG staff survey. This was the first internal staff survey that was specific to equality and inclusion that the CCG had sent out to all staff (including CSU embedded and Governing Body members) since 2013. The survey was conducted at the beginning of January 2016 and was sent out to staff via the internal staff newsletter. The newsletter had a link to the online survey which also provided staff with reasoning behind the survey. The survey will support the CCG in meeting the mandated NHS England - Equality Delivery System (EDS) requirements and Workforce Race Equality Standard.

The survey was completed by 95% of staff; this could be because the two-week turnaround meant a small percentage of staff could have been off work.

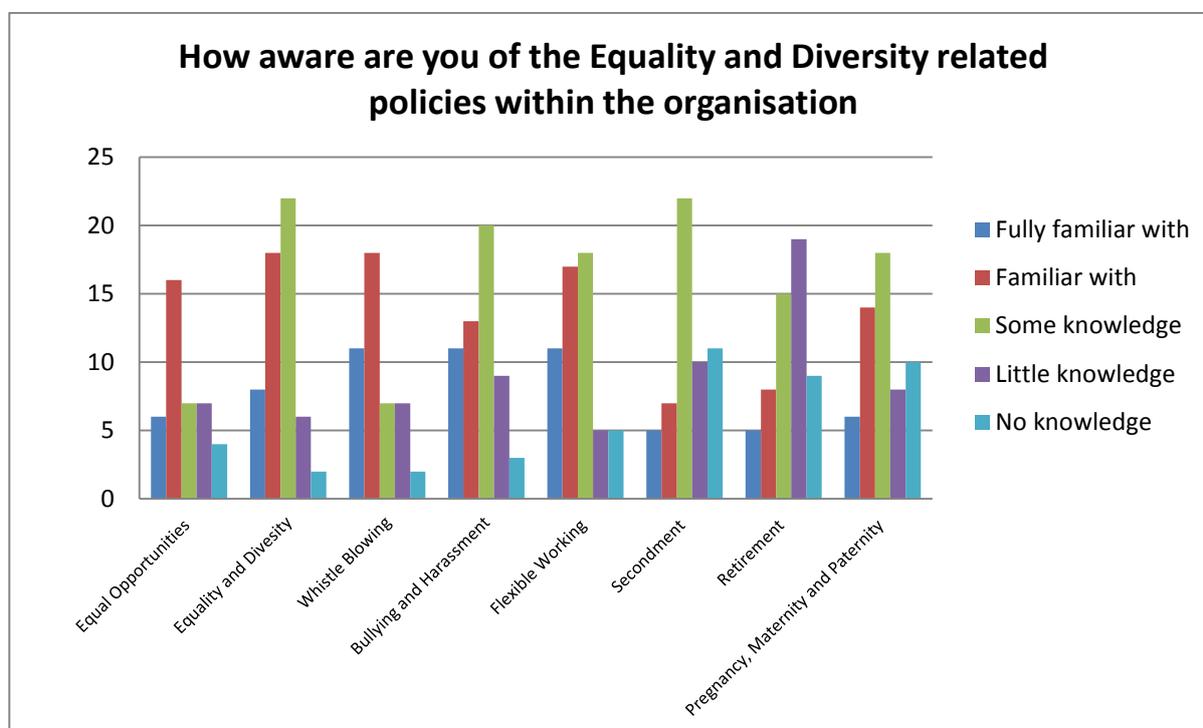
Ethnicity reporting of staff at Fylde and Wyre Clinical Commissioning Group

WRES Information	2015 – Data	2016 – Data
Staff employed within the organisation	47	47
Proportion of BME staff employed by the organisation	4.26%	9%
Proportion of employees who have self-reported their ethnicity	55.32%	98% via CCG anonymous staff survey
Governing Body Members ethnicity	White British – 62% White Irish – 6% Asian or Asian British Indian – 13% Any other ethnic group – 13%	White British – 69% White Irish – 6% Asian or Asian British Indian – 12% Any other ethnic group – 13%

Overall the survey demonstrated the positive results in relation to:

- The CCG having a culture of valuing equality and inclusion within the organisation (96% of respondents in agreement with this).
- Staff who felt confident to disclose equality information about themselves to help the CCG monitor its workforce (98% of respondents in agreement with this). This is an improvement from the Electronic Staff Record (ESR) that was reported in the WRES in July 2015.
- Being aware of how to raise a concern relating to raising a concern relating to equality and diversity (85% of respondents in agreement with this).

- Thinking men and women had equal opportunities in the workplace (84% of respondents in agreement with this).
- Staff were also asked how aware they were of the equality and diversity-related policies within the organisation (see graph below):



No respondents to the survey reported that they had been treated differently relating to race or ethnicity or any of the nine protected characteristics.

Workforce Race Equality Standards

Standard indicators – as at 31 May 2015 and the progress made for May 2016

Indicator	May 2015	May 2016
1: Percentage of BME staff in Bands 8-9, VSM (including executive board members and senior medical staff) compared with the percentage of BME staff in the overall workforce.	3.33%	3.33%
2: Relative likelihood of BME staff being appointed from shortlisting compared to that of white staff being appointed from shortlisting across all posts.	This information was not available in May 2015	The CCG have improved on this indicator by performing a staff survey. The results from the staff survey are for internal use only due to data protection.
3: Relative likelihood of BME staff entering the formal disciplinary process, compared to that of white staff entering the formal disciplinary process, as	This information was not available in May 2015	There have been no formal disciplinary processes within the previous two-year period. Human Resources, NHS Midlands and Lancashire Commissioning Support Unit

measured by entry into a formal disciplinary investigation.		collate this information
4: Relative likelihood of BME staff accessing non-mandatory training and CPD as compared to white staff	Action from 2015 to analyse this data for May 2015	Staff survey shows no variance between BME staff compared to white staff
5: KF18 – Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	Not applicable – Fylde and Wyre CCG does not do utilise the NHS National staff survey	The staff survey did not highlight any issues relating to key indicator 5. This indicator is more applicable for NHS providers
6: KF19 – Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	Not applicable – Fylde and Wyre CCG does not do utilise the NHS National staff survey	The CCG has improved on this indicator by performing a staff survey. The results from the staff survey are for internal use only due to data protection.
7: KF27 – Percentage believing that the CCG provides equal opportunities for career progression or promotion	Not applicable - Fylde and Wyre CCG does not use the national staff survey.	The CCG has improved on the reporting of this indicator by performing a staff survey. The results from the staff survey are for internal use only due to data protection.
8: Q23 – In the last 12 months have you personally experience discrimination at work?	Not applicable - Fylde and Wyre CCG does not use the national staff survey.	The CCG has improved on reporting of this indicator by performing a staff survey. The results from the staff survey are for internal use only due to data protection.
9: Boards are expected to be broadly representative of the population they serve	BME Voting board members account for around 26.6% of the voting board members. 2011 census data indicates a combined BME population for Fylde and Wyre is around 5%. Action: To gather all board member's data through monitoring self-declarations for 1 April 2016 WRES submission.	25% of the CCG Governing Body is made up of BME members. 2011 census indicated a combined BME population for Fylde and Wyre is around 5%.

Good practice in relation to the WRES

The CCG has an induction checklist to welcome all new employees at the CCG. The induction checklist was designed to support new members of staff to become acquainted with their new work situation, to ensure they have sufficient information and knowledge to enable them to do their job effectively and make staff aware of the policies and procedures that are in place at the CCG.

In order to ensure an effective induction, both the new member of staff and their line manager are required to complete/discuss each topic listed in the induction checklist. The new employee and their line manager must sign and date the end of the checklist when they have both agreed all

elements have been adequately covered. The induction pack identifies the prayer room as a facility for staff and an annual review date.

Election process of Governing Body, Fylde and Wyre CCG

This is the process through which the CCG Governing Body members are recruited

The CCG's constitution contains information on the recruitment of members of the Governing Body.

Chair: The CCG's chair post is recruited via NHS Jobs, CCG Networks and local newspapers.

Lay members and secondary care doctor: These posts would be recruited via NHS Jobs and local newspapers.

GP members: Clinicians are elected to serve on the Governing Body.

Conclusion:

The organisation is committed to learning from and sharing best practice with other organisations including comparison of data, addressing issues and in representation at a senior leadership level.

1. When reviewing the CCG's equality objectives for 2016 for the CCG's Equality and Inclusion Strategy 2017 to 2020. The objectives will link into EDS and the WRES more effectively.
2. The CCG will link the EDS and WRES to the equality objectives and report on the WRES annually within the CCG's Equality and Inclusion Annual Report.
3. CCG staff to complete a staff survey at least every two years and link the staff survey to the WRES and EDS.
4. The CCG will report on its main providers' WRES by reporting to the assurance group and by producing an Equality and Inclusion Annual Report.
5. The CCG to request annually up-to-date data from human resources in relation to the WRES

Recommendation:

The Governing Body is asked to note the contents of the report.

Jennifer Aldridge
Chief Nursing Officer

References:

Ref 1: JSNA Health profile for NHS Fylde and Wyre

