

**NHS DORSET CLINICAL COMMISSIONING GROUP
GOVERNING BODY
WORKFORCE RACE EQUALITY STANDARD REPORT**

Date of the meeting	19/09/2018
Author	M Attridge, Senior Workforce Lead
Sponsoring Board member	E Spencer, Nurse Member
Purpose of Report	To provide an update to the Governing Body on the Workforce Race Equality Standard findings for NHS Dorset Clinical Commissioning Group for 2017/2018.
Recommendation	The Governing Body is asked to note the report.
Stakeholder Engagement	All staff have the opportunity to feedback on the organisation's approach to equality and diversity via the annual NHS staff survey. The draft report has also been shared with the Equality and Diversity Steering Group.
Previous GB / Committee/s, Dates	N/A

Monitoring and Assurance Summary

This report links to the following Strategic Objectives	<ul style="list-style-type: none"> • Prevention at Scale • Integrated Community and Primary Care Services • One Acute Network • Digitally Enabled Dorset • Leading and Working Differently 		
	Yes [e.g. ✓]	Any action required?	
		Yes Detail in report	No
All three Domains of Quality (Safety, Quality, Patient Experience)	✓		✓
Board Assurance Framework Risk Register	✓		✓
Budgetary Impact	✓		✓
Legal/Regulatory	✓		✓
People/Staff	✓		✓
Financial/Value for Money/Sustainability	✓		✓
Information Management & Technology	✓		✓
Equality Impact Assessment	✓		✓
Freedom of Information	✓		✓
I confirm that I have considered the implications of this report on each of the matters above, as indicated	✓		

Initials: MA

1. Introduction

- 1.1 The Workforce Race Equality Standard (WRES) was made available to the NHS from April 2015 and was included in the NHS standard contract from 2015/16. All NHS Trusts produce and publish their WRES baseline data reports annually in July.
- 1.2 The main purpose of the WRES is to ensure local and national NHS organisations review their data against the nine WRES indicators. This in turn informs the development of local action plans to close any gap in workplace experience between White and Black and Minority Ethnic (BME) staff and, where indicated, to improve BME representation in the organisation.
- 1.3 Clinical Commissioning Groups are not required by the NHS standard contract to fully apply the WRES to themselves as some CCG workforces may be too small for the WRES indicators to either work properly or to comply with the Data Protection Act.
- 1.4 NHS England confirmed to us they are looking at the best way to work with CCGs but that the position remains that CCGs are not required to produce or publish WRES baseline data.
- 1.5 The Equality and Diversity Group of the CCG took the decision to continue with the WRES tool for internal information.
- 1.6 The purpose of this report is to provide members with an overview of the key findings of Dorset CCG's WRES report for 2017/18 along with any recommended actions.

2. Report Findings

- 2.1 The key findings, as set out in Appendix 1, are as follows:
 - 1.70% of 352 of staff are classed as BME on the Electronic Staff Record (ESR) system (98.58% of staff report their ethnicity which is recorded on ESR);
 - this has decreased from 2.74% in 2016/17 and compares to a local BME population size of 8.1% (2011 census);
 - there is only one BME member of staff in a leadership role in the organisation (bands 7- VSM). This is the same as in 2016/17;
 - the number of BME Governing body members has increased year on year from 2.11% in 2015/16 to 5.26% in 2016/17 and to 9.52% in 2017/18;
 - between 2016/17 and 2017/18, there was an 15.25% increase in BME applicants to the organisation;
 - The percentage of BME applicants shortlisted in 2017/18 increased by 4.55% to 22.06%.

3. Recommended Actions

- 3.1 From the 2017/18 findings, a number of recommended actions are proposed which build on the work the organisation already undertakes as set out in the 2016/2017 action plan. The actions are as follows:

- analyse exit interviews from BME staff to identify any actions for the organisation;
- continue to specifically welcome applications from under-represented groups and analyse NHS job applications for senior posts to understand the percentage of BME applicants versus the number of appointments to senior roles;
- Workforce will contact all staff to ensure they are aware that they can update all protected characteristics. During 2018/19 Employee Self Service will be introduced to the CCG which will allow employee to update their own protected characteristics;
- work with STP partners on Dorset wide plans for increased diversity in NHS workforces;
- connect more with organisations to promote vacancies; for example, we currently link with the Dorset Race Equality Council (DREC) regarding Governing Body roles. This should be strengthened with partnerships with organisations like DiversityLink.co.uk;
- consideration should be given to going further on the above point by advertising through boards such as www.ethnicjobsite.co.uk/ ;
- ensure that ethnic diversity is built into the People and Culture Programme which was formed in response to concerns within the organisation regarding bullying and harassment. It is important to note that this has not been specially identified by BME groups.

4. Conclusion and Next Steps

- 4.1 Actions will be developed for 2018/19 to address any gaps identified through the WRES which will be incorporated into the overarching E&D action plan. This action plan will be led and overseen by the Equality and Diversity Group with staff across the organisation accountable for its delivery, in addition to the specific actions identified for the Workforce Team.
- 4.2 The organisation continues to be committed to ensuring a fair and safe workforce environment for all staff and we will continue to encourage greater dialogue on this issue across the Governing Body, the leadership team and BME staff around the indicators.

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Date : 7 August 2018

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APPENDICES	
Appendix 1	Workforce Race Equality Standard Report 2018