

ANNEX A

Meeting Title:	Remuneration and Terms of Service Committee	Date: 21 July 2020					
Report Title:	CCG Workforce Race Equality Standard Report	Agenda Item:					
Chief Officer:	Louise Mitchell Chief Operating Officer						
Clinical Lead:							
Report Author:	Kathy Bonney Associate Director of Corporate Affairs (HR and OD) Soomitra Kawal OD & HR Advisor Equality, Diversity, and Inclusion.						
Document Status:	Final						
Report Summary:	This paper outlines the CCG response to Sir Simon Steven's letter of the 29th April 2020, which draws emphasis to the impact of Covid-19 on our BAME workforce.						
Report Purpose:	For Assurance		For Decision		For Approval		For Noting
Recommendation:	<p>WRES Indicator 1 It is recommended that the CCG go back to the staff who have not stated their ethnicity and encourage them to provide an ethnicity category via ESR Employee Self Service as this will improve the data and help to better inform the CCG's understanding of the data.</p> <p>WRES Indicator 2 It is recommended that to assist the CCG to address the outcome of WRES Indicator 2 the CCG continues to provide specific training to all managers involved with the recruitment and selection of staff and considers making the training mandatory for staff that are involved with shortlisting and interviewing as opposed to the current voluntary position that is taken.</p> <p>WRES Indicator 5 It is recommended that the CCG analyse its other reporting systems (for example Datix) as a cross reference check to ensure that any incidence of BME staff harassment or bullying from patients is not missed by it not being reported via the Staff Survey route.</p> <p>WRES Indicators 6 & 8 It is recommended that the CCG create a safe space for staff to raise issues of bullying, harassment, victimisation or any form of discriminatory activities that they may be experiencing and to seek support while working for the CCG.</p> <p>WRES Indicator 7 It is recommended that the CCG considers implementing a mentoring scheme for BME staff to be mentored by a senior leader in the CCG. This would be a step towards positive action in developing and supporting BME staff in their career progression to more senior roles. According to research, BME staff are highly underrepresented in senior non-clinical roles in the NHS.</p>						
Link to Corporate Objective:	Objective 1 – Ensure clear patient voice in everything we do						
	Objective 2 – Deliver improvements that make best use of the public pound and save system 'cost'						
	Objective 3 – Use data and information to prove everything						X
	Objective 4 – Deliver the prioritised performance standards						
	Objective 5 – Deliver the 6 transformation programmes						
	Objective 6 – Deliver the CCG Financial Plan						
CAF (Strategic Risk) Reference	Description of Risk						Current Risk Score

CAF01	CCG Assurance Framework	
CAF03	Failure to comply with the Race Equality Standard	
CAF04	Failure to comply with the Public Sector Equality Duty	
CAF09		
NHSE CCG IAF Links	IAF 1 Domain 1 - Better Health	
	IAF 2 Domain 2 - Better Care	
	IAF 3 Domain 3 - Sustainability:	X
	IAF 4 Domain 4 - Leadership	X
Resource implications:	None	
Chief Officer/ SRO Sign Off:		
Chief Finance Officer Sign Off: (if required)		
Legal implications including equality and diversity assessment:	This report provides assurance that the CCG is compliant with the NHS Workforce Race Equality Standard and the Public Sector Equality Duty.	
Conflicts of Interest	None	
Report history:	Regular Report to Remuneration and Terms of Service Committee	
Next steps:	Address any concerns identified by the Committee	

MEETING: RENUMERATION AND TERMS OF SERVICE COMMITTEE

AGENDA ITEM:

DATE: 21 JULY 2020

TITLE: WORKFORCE RACE EQUALITY STANDARD – ANNUAL REPORT 2020

**FROM: SOOMITRA KAWAL
EQUALITY AND DIVERSITY SYSTEMS ADVISER**

FOR: FOR APPROVAL

1. Introduction

The purpose of the Workforce Race Equality Standard (WRES) is to help NHS Organisations to:

- Ensure that employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.
- Review their data against the nine WRES indicators (detailed in Appendix 1).
- Produce action plans to close gaps in workplace experience between White and Black and Ethnic Minority (BME) staff.
- Improve BME representation at the Board level of the organisation.

The WRES was first made available to the NHS in April 2015. It was included in the NHS Standard Contract 2015/16, and since then all NHS Trusts have produced and published their WRES data. This agenda and the work of the WRES is embedded in the NHS Long Term Plan.

Cambridgeshire and Peterborough Clinical Commissioning Group (CPCCG) completed a WRES baseline report in 2015 and has subsequently reported each year since then. The WRES report 2019-20 was paused as part of the initial response to COVID19, however, WRES implementation including associated data collections has resumed.

2. Role of the Clinical Commissioning Group

Clinical commissioning groups (CCGs) have two roles in relation to the WRES – as commissioners of NHS services and as employers. In both roles their 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.

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. 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. If there is something amiss with the providers' implementation or use of the WRES, and/or what the results of WRES actually show, CCGs should have meaningful dialogue with those providers. 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.

3. Overall profile of the CCG Workforce in comparison to the population served (Cambridgeshire) and the nation (England and Wales)

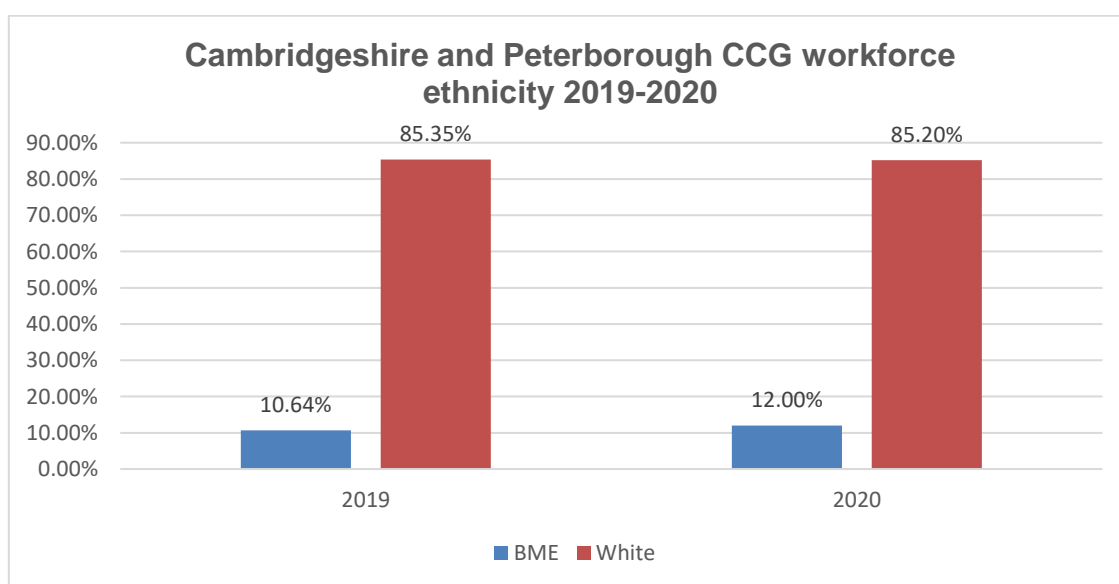
Table One shows a comparison of the make-up of the local population with the make-up of the CCG workforce.

Table One:

Ethnic Group	Proportion of Cambridgeshire population	Proportion of Peterborough population	Proportion of England and Wales population	Proportion of the CCG Workforce (31 Mar 2020)
White	92.60%	82.50%	85.50%	85.20%
BME	5.90%	16.80%	13.10%	12.00%
Other & not stated	1.50%	0.70%	1.40%	2.80%
(Based on 2011 Census data)				

The Ethnicity makeup of the CCG's workforce (snapshot date 31 March 2020) is shown in Figure One with data for the previous year included for comparison.

Figure One:



Five staff have not stated their ethnicity (1.40%) and five staff (1.40%) have unspecified ethnicity recorded (together equal to 2.80% of the CCG workforce).

When comparing the make-up of the CCG workforce with the populations served (Cambridgeshire) Table One shows that the CCG workforce with 85.20% White appears to roughly mirror the national picture of 85.50% (2011 census data).

The population of Peterborough as a standalone area has a higher proportion of BME individuals than are represented within the CCG and that reside within Cambridgeshire overall.

Since the initial WRES analysis undertaken in 2015 the CCG has increased its proportion of BME staff from 8.00% to 10.64% by March 2019. Since 2019 there has been a further increase from 10.64% to 12.00% on 31 March 2020. This indicates that the CCG's workforce from the BAME group is steadily increasing but the detail in this reports shows that more work is still required to recruit and retain a more representative workforce across all areas and pay bands within the CCG.

4.0 CPCCG report against WRES indicators for 2019-20

This section sets out the CCG's position against the WRES indicators in 2020. It is based on a snapshot of the CCG workforce as at 31 March 2020 and uses data from the Electronic Staff Records system (ESR) and the CCG 2019 Staff Survey results. The information will be submitted to NHS England and will published on the CCG's website.

4.1 WRES indicators

There are nine NHS 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 NHS with a view to organisations closing those gaps through the development and implementation of action plans focused upon continuous improvement over time. Based on feedback from the WRES baseline data returns and from engagement with the NHS, the wording for Indicators 1 and 9 was revised in relatively minor ways for 2019.

This report uses the definitions set out in the *Technical Guidance for the NHS Workforce Race Equality Standard (WRES) Version 5, published May 2019*.
Publication Gateway reference: 06590

4.2 WRES Indicator 1:

Percentage of staff in each of the AfC Bands 1-9 or Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce disaggregated by:

- Non-Clinical staff
- Clinical staff - of which
 - Non-Medical staff
 - Medical and Dental staff

Note: Definitions are based on Electronic Staff Record occupation codes with the exception of Medical and Dental staff, which are based upon grade codes.

Table Two provides the CCG data for WRES Indicator 1.

Table Three summarises the ethnicity make up for the whole CCG workforce.

Table Two: Percentage of CCG staff in each of the AfC Bands 1-9 or Medical and Dental subgroups and VSM

Category		Banding	BME	White	Z NULL	Z Not Stated/Not Given
Clinical	Non Medical	Band 5	0.00%	100.00%		
		Band 6	17.65%	76.55%	5.80%	
		Band 7	23.08%	69.20%	7.70%	
		Band 8a	40.00%	60.00%		
		Band 8b	16.67%	83.30%		
		Band 8c	0.00%	100.00%		
		Band 8d	0.00%	100.00%		
		Band 9	100.00%	0.00%		
	Medical and Dental	Medical & Dental Consultant	0.00%	100.00%		
		MQ00 / WQ00	19.23%	76.92%		3.85%
Non Clinical	Band 2	50.00%	50.00%			
	Band 3	22.22%	77.80%			
	Band 4	12.12%	87.90%			
	Band 5	0.00%	96.30%	3.70%		
	Band 6	10.00%	90.00%			
	Band 7	6.25%	87.50%		6.30%	
	Band 8a	11.90%	85.70%	2.40%		
	Band 8b	8.33%	91.70%			
	Band 8c	0.00%	100.00%			
	Band 8d	0.00%	100.00%			
	Band 9	0.00%	100.00%			
	VSM	0.00%	75.00%		25.00%	
	WP07	0.00%	100.00%			

Note: - For the WRES Indicators, White and Other White are combined. This is due to the WRES Indicators requiring data for only two categories namely, White and BME.

Table Three: Summary ethnicity makeup – whole CCG

	BME	White	Z NULL	Z Not Stated/Not Given
CCG Workforce	12.00%	85.20%	1.40%	1.40%

Table Three shows that the proportion of BME staff in the CCG workforce is 12.00%.

Table Two shows that BME staff are under-represented in non-clinical staff groups at band 5 and above (with the possible exception of Band 8a, though it is noted that

data is not held for 2.40% of staff in Band 8a) and no BME staff appear to be employed by the CCG in the most senior non-clinical posts (at Band 8c and above). Bands 2 and 3 have disproportionately high numbers of BME staff.

Relatively high numbers of “not stated” are being reported. It is recommended that the CCG encourage those staff who have not stated their ethnicity to provide an ethnicity category on their ESR record as this will improve the data and help to better inform the CCG’s understanding of the data.

4.3 WRES Indicator 2:

Relative likelihood of staff being appointed from shortlisting across all posts

Note: This refers to both external and internal posts

A figure below “1” would indicate that White candidates are less likely than BME candidates to be appointed from shortlisting.

Table Four shows the data for the CCG for WRES Indicator 2

Table Four: Relative likelihood of staff being appointed from shortlisting across all posts

April 2019 – March 2020	BME applicants	White applicants	Undisclosed
Number of shortlisted applicants	95	238	14
Number appointed from short listing	11	38	1
Relative likelihood of White staff being appointed from short listing compared to BME staff	0.06	0.16	
	1.38 greater in 2019/20		

Table Four identifies that across the year ending 31 March 2020, White shortlisted candidates were 1.38 times more likely than BME candidates to be appointed into a role in the CCG.

The CCG utilises NHS Jobs website to manage candidate applications. The functionality of NHS Jobs enables and ensures that CCG managers at the shortlisting stage are not provided with candidate information that might directly identify the ethnicity, age, or gender of the applicant. All CCG job descriptions include a requirement for staff to perform their duties in accordance with the CCG’s commitment to Equality and Diversity.

There may be some existence of unconscious bias and it is recommended that to address the outcome of WRES Indicator 2 the CCG continues to train all managers involved in the recruitment and selection process and considers if unconscious bias training should be undertaken as a mandatory requirement by those involved with shortlisting and interviewing staff.

4.4 WRES indicator 3:

Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation

*Note: indicator based on data from a two-year rolling average of the current year and the previous year. For consistency, organisations should use the same methodology as they have always used.

Table Five provides the data for CCG staff for WRES Indicator 3.

Table Five: Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation

April 2019 – March 2020	BME staff	White staff
Number of staff in workforce	43	305
Number entering disciplinary process	0	0
Relative likelihood of BME staff entering the formal disciplinary process	0	

Other than the formal disciplinary process, the CCG mediation process is also an effective way of resolving disputes before proceeding to any formal disciplinary process. This could indicate that there were no disciplinary cases in the CCG during the reporting period.

4.5 WRES indicator 4:

Relative likelihood of BME staff accessing non-mandatory training and CPD.

Note: A figure below 1 indicates White staff members are less likely to access non-mandatory training and CPD than BME staff.

Table Six provides the data for the CCG for Indicator 4

Table Six: Relative likelihood of BME staff accessing non-mandatory training and CPD

April 2019 – March 2020	BME staff	White staff
Number of staff in workforce	43	305
Number of staff accessing non mandatory training and CPD	12	35
Likelihood of White staff accessing non-mandatory training and CPD	0.11	
Likelihood of BME staff accessing non-mandatory training and CPD as compared to White staff	0.27	
Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff	0.41	

Table Six suggests that BME staff in the CCG are more able and or inclined to access non mandatory training than their White colleagues. This indicates that the learning needs of BME staff are met but when compared to the CCG staff survey results this is different as the number of staff who completed the survey was 193 White and 14 BME staff respectively.

4.6 NHS Staff Survey based WRES Indicators

WRES indicators 5 to 8 are based on the 2019 CCG Staff Survey results.

	White	BME
Total number staff completed survey	193	14
Total response to Indicator 5	24	1
Total response to Indicator 6	29	1
Total response to Indicator 7	26	3
Total response to Indicator 8	7	3

4.7 WRES indicator 5:

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.

Table Eight sets out the data for Indicator 5 for the CCG

Table Eight: Percentage of CCG staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months (Staff Survey 2019).

	BME Staff	White Staff
Percentage of staff completing the Staff Survey 2019 that report having experienced harassment, bullying or abuse from patients, relatives or member of the public	7.69% (1)	12.43% (24)

The survey data indicates that out of 14 BME staff who responded, 7.14% (1) BME staff and 12.49% (193) White staff who responded 12.49% (24) experienced harassment, bullying or abuse from patients, relatives or the public in year 2019/20.

It is recommended that the CCG analyse its other reporting systems (for example Datix) as a cross reference to check that any incidence of BME staff harassment or bullying from patients is not missed by it not being reported via the Staff Survey.

4.8 WRES indicator 6:

Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

Table Nine sets out the data for Indicator 6 for the CCG.

Table Nine: Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

	BME staff	White Staff
Percentage of staff that completed the Staff Survey 2019, that have experienced harassment, bullying or abuse from staff	7.14% (1)	15.00% (29)

Table Nine indicates that out of 14 BME staff who completed the survey 7.14% (1) BME staff and out of 193 White staff who completed the survey 15.00% (29) White staff said they had experienced harassment, bullying or abuse from other staff in the year 2019-20. The CCG takes bullying and harassment seriously and will take a zero-tolerance approach to addressing such cases.

4.9 WRES indicator 7:

Percentage believing that the trust provides equal opportunities for career progression or promotion.

Table Ten sets out the data for Indicator 7 for the CCG.

Table Ten: Percentage believing that the CCG provides equal opportunities for career progression or promotion

Percentage of staff that completed the Staff Survey 2019 that believe the CCG provides equal opportunities for career progression or promotion	BME staff	White staff
	25.00% (3)	13.83% (26)

The staff survey results for 2019/20 indicates that out of 14 BME staff who completed the survey 25.00% (3) BME staff and out of 193 White staff who completed the survey 13.83% (26) White staff believed the CCG provides equal opportunities for career progression or promotion.

4.10 WRES indicator 8:

In the last 12 months have you personally experienced discrimination at work from any of the following? Manager/team leader or other colleagues.

Table Eleven provides the data for Indicator 8 for the CCG.

Table Eleven: Percentage of CCG staff reporting they have personally experienced discrimination at work in the last 12 months from any of the following - Manager/team leader or other colleagues.

Percentage of CCG Staff that completed the Staff Survey 2019 that stated they have experienced discrimination from manager/colleague in the last 12 months	BME staff	White staff
	21.4% (3)	3.74% (7)

Table Eleven identifies that out of 14 BME staff who completed the survey 21.4% (3) BME staff and out 193 White staff who completed the survey 3.74% (7) White staff considered they had experienced discrimination from their manager/team leader or other colleagues during the past year.

4.11 WRES Indicator 9:

Percentage difference between the organisations' Board membership and its overall workforce disaggregated:

- By voting membership of the Board
- By executive membership of the Board

Note: This is an amended version (amended May 2019) of the previous definition of Indicator 9.

Table Twelve provides the data for Indicator 9 for the CCG

Table Twelve: Percentage difference between the CCG Governing Body membership and its overall workforce

	BME staff
Voting members of the Governing Body	22.20%
Executive members of the Governing Body	0.00%
Overall CCG workforce	12.00%

Percentage difference between the Governing Body voting membership and the CCG overall workforce.	+10.20%
Percentage difference between the CCG executive membership and the CCG overall workforce	-12.01%

Table Twelve shows that the Voting Membership of the CCG Governing Body had a higher proportion of BME representation than the overall CCG workforce (Two of the Nine voting members of the Governing Body are of BME origin).

None of the six Executive members are of BME origin.

5.0 Assurance that commissioned Providers are using WRES

As a commissioner we must provide assurance to NHS England that Providers we have commissioned to deliver NHS services and care to the population are implementing WRES. To help achieve this, information on each provider's progress is collated. The CCG will review provider WRES action plans as part of contract monitoring in 2019/20 and in subsequent years – this will be an agenda item at the Clinical Quality Review Meeting with each provider.

5.1 Main commissioned Provider trust compliance with the WRES

Provider Trust	Report published 2018	Report published 2019	Report published 2020
Cambridge University Hospital	Yes	Yes	In progress
Cambridge and Peterborough Foundation Trust (CPFT)	Yes	Yes	In progress
Peterborough and Stamford Hospitals NHS Foundation Trust	Yes	Yes	In progress
Hinchingbrooke Hospital	Yes	Yes	In progress
Papworth Hospital	Yes	Yes	In progress
Cambridge Community Services	Yes	Yes	In progress

Note: In line with the NHS Standard Contract SC13.6, NHS Trusts are required to produce and publish their WRES data since 2015. Trusts must send WRES reports to NHS England and to their relevant CCG. WRES is part of the CCG Assessment and Improvement Framework). WRES guidance states that organisations should publish their annual WRES data on their website, alongside their WRES action plan.

Following a benchmark against other CCGs across regions it should be noted that similar actions plan has been put in place to address the WRES indicators.

6.0 Recommendations

6.1 WRES Indicator 1

It is recommended that the CCG go back to the staff who have not stated their ethnicity and encourage them to provide an ethnicity category via ESR Employee

Self service as this will improve the data and help to better inform the CCG's understanding of the data.

6.2 WRES Indicator 2

It is recommended that to assist the CCG to address the outcome of WRES Indicator 2 the CCG continues to train all managers involved with the recruitment and selection of staff and considers making training on unconscious bias mandatory for staff that are involved with shortlisting and interviewing as opposed to the current voluntary position that is taken.

6.3 WRES Indicator 5

It is recommended that the CCG analyse its other reporting systems (for example Datix) as a cross reference to check that any incidence of BME staff harassment or bullying from patients is not missed by it not being reported via the Staff Survey route.

6.4 WRES Indicator 6 & 8

It is recommended that the CCG create a safe space for staff to raise issues of bullying, harassment, victimisation or any form of discriminatory activities that they may be experiencing and to seek support while working for the CCG.

6.5 WRES Indicator 7

It is recommended that the CCG consider implementing a mentoring scheme for BME staff to be mentored by a senior leader in the CCG. This would be a step towards positive action in developing and supporting BME staff in their career progression to more senior roles. According to research BME staff are highly underrepresented in the most senior non-clinical roles in the NHS.

Reference: *NHS England Technical Guidance for the NHS Workforce Race Equality Standard (WRES) May 2019.*

National WRES Implementation Team

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Cambridgeshire & Peterborough CCG
July 2020

Annex relating to this report
C&P CCG Equality & Diversity Strategy 2017-2020
C&PCCG Equality & Policy 2017 -2020
www.cambridgeshireandpeterboroughccg.nhs.uk

Workforce Race Equality Standard 2020/21 Action Plan

WRES Metric	Action	EDS2 Link//Equality Objective	Lead	Time Scale	Progress
Workforce Metrics 1-4	1. Ensure recruiting managers/officers have completed recruitment and selection training incorporating a module on tackling bias and discrimination and continue to monitor the recruitment and selection process.	EDS3 Goal 3: A representative and supported workforce	Recruitment Working Group.	March 2021	In progress
	2. At interviews, ensure panel members are representative and at least one member of the interview panel member is trained in the recruitment and selection process.		Recruitment Working Group	March 2021	In progress
	3. Train equality champions in the recruitment and selection process to ensure that shortlisting and interview panels are representative at all times particularly when shortlisting and interviewing BAME candidates.		HR Team E&D Lead	March 2021	In progress
	4. Continue to monitor the profile of the workforce by ethnicity across pay bands.		HR Team	Annually	Compliant
	5. Encourage staff to provide an ethnicity category as this will improve the data particularly the 'not stated' and help to better inform the CCG's understanding of the data.		HR Team	Ongoing	In progress

	<p>6. Offer learning and development opportunities through Individual learning accounts accessible to all staff.</p> <p>Uptake to be monitored using the equality questionnaire to assess if applications are received from all staff groups including Protected Characteristics groups.</p> <p>7. Ensure staff records are up to date and that this can be analysed by categories which capture the protected characteristic groups to identify and address areas of inequality.</p>	<p>CCG Equality objective 3- To ensure all staff at all levels including provider organisations are trained, equipped and supported to deliver personal, fair and diverse services competently with dignity and respect.</p>	<p>Leaning & Development Working Team and E&D Lead for provider organisations</p>	<p>Ongoing</p>	<p>Compliant</p> <p>Compliant</p> <p>Compliant</p>
Workforce Metrics 5-6	<p>8. Ensure all staff are aware of CCG's Dignity at work Policy, the Freedom to Speak Up policy as well as the Bullying and Harassment procedures.</p> <p>9. Include value based recruitment in the recruitment and selection training. Promote and role model the positive staff behaviours that reflect the organisational values (<i>Honest, Organised, Decisive, Innovative, Ambitious, and Compassionate</i>) through the implementation of the Organisational Development Plan.</p>	<p>EDS2 Goal 3: A representative and supported workforce</p> <p>Value based recruitment Managers must be reminded of compassionate staff.</p>	<p>Culture and Values Working Group.</p> <p>HR Team E&D Lead</p>	<p>Ongoing</p>	<p>In progress</p> <p>In progress</p>
Workforce Metrics 7-8	<p>10. Complete a staff engagement survey in 2020, reflecting the WRES questions to provide comparative data.</p> <p>11. Create a safe place and encourage staff to seek support available i.e. access to learning and development opportunities, mentoring, occupational health, counselling etc.</p>	<p>EDS3 Goal: A representative and supported workforce</p> <p>Safe call, external freedom to speak up helpline.</p>	<p>HR Team</p> <p>HR Team Managers</p>	<p>December 2020</p> <p>Ongoing</p>	<p>Compliant</p> <p>Compliant</p>

	<p>12. Provide coaching and mentoring for BAME staff through a member of the Senior Leadership Team</p> <p>13. Analyse protected characteristic data to identify trends/ patterns</p> <p>14. Share and discuss findings of the WRES report with REMCOM and the EDSG.</p>		SLT	Annually	Compliant
			OD & HR Associate Director	Annually	Compliant
Metric 9	<p>15. Ensure the Governing Body and the CCG are inclusive and fully engaged with the EDS2 framework and able to lead and to challenge plans and decisions in respect of PC groups' interests.</p> <p>16. Embed the EDS2 framework within the CCG Assurance Framework.</p> <p>17. Carry out an annual equality monitoring exercise on the profile of the Board.</p> <p>18. Ensure staff records are up to date and that this can be analysed by categories which capture the protected characteristic groups to identify and address areas of inequality.</p>	<p>EDS2 Goal 4: Inclusive Leadership</p> <p>CCG Equality Objective 4</p> <p>CCG Equality Objective 4</p> <p>EDS2 Goal 3</p>	<p>Corporate EDSG</p> <p>Ongoing</p> <p>E&D Adviser</p> <p>HR Team</p>	<p>Ongoing</p> <p>Annual report 2020</p> <p>Ongoing Report annually</p>	<p>In progress</p> <p>Compliant</p> <p>Compliant</p> <p>Compliant</p>
Metrics 1-9	<p>19. Support the implementation of the WRES across our provider base, in our role as Commissioner:</p> <ul style="list-style-type: none"> Incorporate the WRES returns from providers into the contracting schedule and monitor WRES returns from providers every year with a quarterly follow up on progress. 	<p>EDS2 Goal 1: Better Health Outcomes</p> <p>EDS2 Goal 1: Better Health Outcomes</p>	<p>EDSG Contracting & Performance and Quality</p> <p>EDSG</p> <p>EDSG Quality team</p>	<p>Quarterly meetings 2020/21</p> <p>Quarterly Meetings</p> <p>Quarterly Meetings</p>	<p>Compliant</p> <p>Compliant</p> <p>Compliant</p>

	<ul style="list-style-type: none"> • Monitor the performance of providers on the WRES and how well led they are through quality assurance visits. • Exchange ideas, support, and network on the WRES through active participation and leading on the regional NHS Equalities Network. 		E&D Lead ED Steering Group ED Adviser	Quarterly meetings	Compliant
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