

Governing Board Statement of Commitment: NHS Workforce Race Equality Standard (WRES) Equality and Inclusion

NHS England's decision to establish a Race Equality Standard across all NHS organisations is reflected within this high level statement of commitment from Cannock Chase Clinical Commissioning Group.

We are fully committed to inclusive workplaces that are free from discrimination – where all staff are able to thrive and flourish based on their diverse talent. This is evidenced through our organisational values - enacted through our behaviours at all levels, robust recruitment processes; support for team working and wellbeing in the workplace; and active awareness of equality and inclusion requirements embedded within our workplace practices.

Leadership of the Workforce Race Equality Standard is achieved through Board level sponsorship and support of this work and is acknowledged as crucial in driving the changes forward. Successful equality, diversity and inclusion work, including work to implement the Standard, requires specialist advice and support; it is also recognised that leadership must come from Board level.

Our obligations:

- The Board to understand the principles of the Workforce Race Equality Standard and ensure high level reporting of findings is embedded across Senior Committees and Business Groups to enact through our business processes
- A Board level Sponsor to take the lead role in championing the WRES at all levels, and ensuring our organisation is embedding any learning into our practices for measurable year on year improvements
- Board meetings to record an annual update of WRES actions and progress
- The current internal WRES Briefing and regular updates are to be presented to Senior Management Teams / Senior Committees as appropriate for approval
- Data will be gathered across our organisation for the 9 metrics for the WRES at 1 April 2015 and annually
- Our workforce findings will be displayed on our website by 1 July annually in future for the WRES 9 workforce metrics
- Main provider partner workforce findings will also be displayed on their websites by 1 July annually and timely assurances of compliance reported to the lead commissioning organisation
- In the case of CCGs, we will ensure our main provider partners are also compliant with the requirements of the NHS England Standard
- We will analyse these annual data findings and consider any significant gaps and how we can bring in improvements where practical
- We will work collaboratively with our Human Resources, Equality and Inclusion, Organisational Development and Business Intelligence colleagues and main provider partner organisations to learn from the data findings to demonstrate progress against a number of indicators of workforce equality, including a specific indicator to address the low levels of BAME Board representation (Black Asian and Minority Ethnic).
- A summary of findings and progress will be reported within our Annual Equality and Inclusion Report for display on our website no later than 31 January annually.

The Governing Board will ensure through overview and reporting processes that our organisation is giving 'due regard' to:

- using the indicators contained in the *Workforce Race Equality Standard* to help improve workplace experiences, and representation at all levels within our workforce, for Black Asian and

Minority Ethnic (BAME) staff; and assurance, through the provision of evidence, that our Providers are implementing the NHS Workforce Race Equality Standard

- CCG will need to ensure that they receive timely advice support and guidance from equality and HR workforce specialists in the collation and interpretation of the data where held centrally and within CCG.
- CCG will need to report on the metrics set out in Table 1 in their Annual Report to NHS England.
- CCG needs to review its own workforce in relation to the metrics set out in the WRES and report annually to NHS England.

Table 1 The Workforce Race Equality Standard indicators (updated)

	<p>Workforce indicators</p> <p>For each of these four workforce indicators, compare the data for White and BME staff</p>
1.	<p>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</p> <p>Note: Organisations should undertake this calculation separately for non- clinical and for clinical staff</p>
2.	<p>Relative likelihood of staff being appointed from shortlisting across all posts</p>
3.	<p>Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation</p> <p>Note: This indicator will be based on data from a two year rolling average of the current year and the previous year</p>
4.	<p>Relative likelihood of staff accessing non-mandatory training and CPD</p>
	<p>National NHS Staff Survey indicators (or equivalent)</p> <p>For each of the four staff survey indicators, compare the outcomes of the responses for White and BME staff</p>
5.	<p>KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months</p>
6.	<p>KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months</p>
7.	<p>KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion</p>
8.	<p>Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues</p>
	<p>Board representation indicator</p> <p>For this indicator, compare the difference for White and BME staff</p>
9.	<p>Percentage difference between the organisations' Board voting membership and its overall workforce</p> <p>Note: Only voting members of the Board should be included when considering this indicator</p>