

Meeting: Governing Body			
Meeting Date	28 November 2018	Action	Receive
Item No.	4	Confidential	No
Title	CCG Chair and Chief Officer Update		
Presented By	Geoff Little, Chief Officer/Dr Jeff Schryer, CCG Chair		
Author	Emma Kennett, Corporate Affairs and Governance Manager		
Clinical Lead	-		

Executive Summary
The report provides the Governing Body with an update on the: - <ul style="list-style-type: none"> (I) Emergency Preparedness, Resilience and Response (EPRR) Assessment. (II) Workforce Race Equality Standard (WRES).
Recommendations
It is recommended that the Governing Body: <ul style="list-style-type: none"> (i) Notes the CCG's substantial compliance with the EPRR Assessment which the Accountable Emergency Officer has signed off accordingly. (ii) Approves the Workforce Race Equality Standard (WRES) 2018 for publication on the CCG website noting the position of Bury CCG and within the context of the Greater Manchester WRES findings.

Links to CCG Strategic Objectives	
To encourage people so that they want to, and do, take responsibility for their own health and well-being.	<input type="checkbox"/>
To drive and support system wide transformation.	<input type="checkbox"/>
To commission joined-up health and social care for people in Bury through a Single Commissioning Framework.	<input type="checkbox"/>
To achieve financial sustainability for the Bury health and social care economy.	<input type="checkbox"/>
To support the Locality Care Alliance to deliver high quality services in line with commissioner intentions.	<input type="checkbox"/>
To be a high-performing, well-run and respected organisation with an empowered workforce	<input checked="" type="checkbox"/>
Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:	

GBAF *n/a*

Implications

Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Have any departments/organisations who will be affected been consulted ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any financial Implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Has a Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Is a Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any associated risks including Conflicts of Interest?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are the risks on the CCG's risk register?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>

- Failing to approve and publish the WRES in accordance with national deadlines could adversely impact on the performance rating of the CCG.
- Failing to demonstrate due regard or progress actions as identified through the analysis could adversely impact on patient outcomes and experience and the reputation of the CCG.

Governance and Reporting

Meeting	Date	Outcome
N/A		

1. Emergency Preparedness, Resilience and Response (EPRR) Assessment

1.1 In the letter of 30 July 2018, Stephen Groves, National Head of EPRR wrote to Accountable Emergency Officers (AEOs) of NHS organisations to set out the assurance process against the 2018-19 NHS Core Standards for EPRR.

1.2 This paper describes the outcome of the self-assessment process for Bury CCG against the Core Standards self-assessment and Health Economy Summary.

1.3 The GM LHRP requested GM NHS organisations to:

- I) Undertake a self-assessment against the relevant core standards identifying the level of compliance for each (red, amber, green);
- II) Generate an action plan if required;
- III) Provide evidence for standards 4, 11, 12, 24 and 30;
- IV) The AEO to confirm and submit these to the GM Shared Service Resilience Team mailbox by 31 October 2018;

1.4 In addition, NHS provider organisations were requested to inform their relevant commissioning organisation(s) as to the outcome of their EPRR Core Standards self-assessment. A Bury health economy summary was required by GM LHRP by 19 November 2018 that collates the declarations made by NHS commissioner and provider organisations within the health economy. CCG AOs were asked to email a summary of EPRR Core Standards compliance for Bury Health Economy.

1.5 Self-assessment of Bury CCG's compliance against the EPRR Core Standards was undertaken by the GM Shared Services Resilience Team. The outcome of the self-assessment is presented below and the Board is requested to note the findings in relation to the overall level of CCG compliance – Substantial compliance.

1.6 Of the 68 EPRR Core Standards within scope of the GM LHRP assurance process, there were 43 standards applicable to CCGs and 8 'deep dive' questions on Incident Co-ordination Centres and Command Structures which were all rated green.

1.7 For Bury CCG, the breakdown of the self-assessment was as follows:

Number of Core Standards assessed as 'Green' ¹ :	42
Number of Core Standards assessed as 'Amber' ² :	1
Number of Core Standards assessed as 'Red' ³ :	0

¹: denotes standard fully compliant

²: denotes standard not compliant with core standard, in an EPRR work plan, an action plan to achieve full compliance the next 12 months

³: denotes standard not compliant with core standard, in an EPRR work plans, compliance will not be reached within next 12 months

1.8 The Northern Care Alliance is reporting compliance with 63 out of 64 applicable standards. The one area of non-compliance that is rated as red is being addressed by the development of an action plan.

1.9 Pennine Care is reporting compliance with 52 out of 54 applicable standards. An action plan is in place to address the two areas of amber status.

1.10 In light of the outcome of the CCG's self-assessment, the position for Bury CCG for the 2018-19 EPRR Core Standards is one of substantial compliance.

2. Workforce Race Equality Standard (WRES) 2018

2.1 The CCG is required to demonstrate progress against a number of indicators of Workforce Race Equality Standard (WRES), including a specific indicator to address the low national levels of BME board representation.

2.2 The WRES consists of nine metrics:

- Four metrics specifically relating to workforce data.
- Four metrics relating to national staff survey indicators.
- The final metric relating to board representation.

2.3 This report is required to be approved and published and provides assurance to NHS England through the CCG Improvement and Assessment Framework.

2.4 NHS England requires CCGs to fulfil their two roles in relation to WRES:

- to monitor provider progress against WRES; and
- to give assurance to NHS England via the CCG Improvement and Assessment Framework.

2.5 This report is in response to the latter where there is a minimum requirement for all CCGs to use WRES to demonstrate 'due regard' in improving workplace experiences and representation.

2.6 The full report was approved by the CCG's Quality and Performance Committee on the 10th October 2018.

2.7 This report has been compiled using available data and is supported by the following appendices. Where there are gaps in the data, remedial actions have been identified and are included within the action plan.

- Appendix 1: Bury WRES Reporting Template with Narrative/Actions Aug 2018
- Appendix 2: Bury CCG WRES Action Plan 2018-19

2.8 It can be noted that Bury CCG's WRES Report 2018 and action plan will be published on the CCG website once approved by the Governing Body.

2.9 In addition, the WRES is included in provider contracts, and the CCG's action plan includes a commitment to monitor provider performance and publish this in the Annual Equality Report in January 2019.

- 2.10 This report and appendices highlight the positive position of Bury CCG in relation to its overall BME workforce diversity, which is at 17.7% exceeding the local BME population figure of 10% (Census 2011).
- 2.11 This are also other on-going improvements and the following recommendations are proposed to further enhance these areas of development :
- to further examine staff pay band data to identify trends and actions in relation to BME representation in higher pay bands.
 - to work with GMSS to increase the knowledge and experience around best practice in recruitment & selection
 - to review current 'Key Skills Training for Managers' delivered by GMSS to ensure it adequately covers equality considerations in: recruitment, disciplinary, non-mandatory training and bullying and harassment.
 - to undertake the staff survey to understand staff experience and to analyse the feedback from staff in relation the WRES indicators 5-8.
 - to review our current non mandatory training processes (those captured via GMSS Learning Management System and internal processes) to gain a better understanding of the overall picture and to ensure employees are treated fairly.
 - To continue to review and monitor Board representation and that fair processes are in place for the recruitment of Board roles.
- 2.12 In terms of the Greater Manchester position, organisations' across Greater Manchester have committed to tackling race equality collectively because: -
- Organisations with a more diverse workforce deliver better and more sustainable services.
 - A greater impact will be achieved, as the largest collective employer of Greater Manchester people, to provide good quality jobs which improves people's lives.
 - There is a moral and legal responsibility to do so.
- 2.13 A recent report submitted to the Greater Manchester Health and Care Board, highlighted that individuals from Black Asian and Minority Ethnic groups across Greater Manchester continue to be under-represented across senior leadership in the Public Sector. These groups were more likely to experience discrimination more regularly resulting in being: -
- 1.5 to 2 times less likely to get a job at interview than their white colleagues
 - 1.5 to 2 times more likely to be subject to a formal disciplinary panel than their white colleagues
- 2.14 Appendix 1 of the Bury CCG WRES Report highlights that the Bury position is more favourable compared to the overall Greater Manchester position as the relative likelihood of White staff being appointed from shortlisting compared to BME staff is almost the same. It is also positive to note that there have been no formal disciplinaries recorded at the CCG during the WRES reporting period.

2.15 At Greater Manchester level, there is a steering group which is overseeing the work and is in the process of securing a 'lead provider' for this work from the participating organisations. The main aim for the lead provider will be to work with all organisations across Greater Manchester on data, culture, senior leadership, recruitment, supporting talent and sharing best practice in order to achieve the following outcomes: -

- You will be just as likely to get a job in Greater Manchester at interview if you're Black, Asian, Other Ethnic Minority or White.
- You will be just as likely to end up in a disciplinary hearing as a result of performance or capability in Greater Manchester if you're Black, Asian, Other Ethnic Minority or White.
- We will see a minimum of a 10% shift in the distribution of people from a Black, Asian or Ethnic Minority background across the pay grades of an organisation, so that senior levels are more representative of the communities they serve.

Appendix 1: Bury CCG WRES Data for year ending 31 March 2018

No	Indicators (For each of these four workforce indicators, <u>compare the data for White and BME staff</u>)	31 March 2018	31 March 2017	Narrative the implications of the data and any additional background explanatory narrative	Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective
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. Organisations should undertake this calculation separately for non-clinical and for clinical staff.</p>	17.7%	18.1%	<p>Bury has a population profile that is ethnically diverse within both settled and emerging communities. Bury has a BME population of around 10% [Census 2011].</p> <p>At 31st March 2018 Bury CCG has 17.7% BME staff, which is over representative of the local population. However our data shows a decrease of 0.4% BME staff since 2017.</p> <p>Total for Bury CCG (including Clinical Leads)</p> <p>BME 2018: 17.7% 2017: 18.1% 2016: 20.0% White 2018: 76.1% 2017: 76.2% 2016: 75.6% Unknown 2018: 6.2% 2017: 5.7% 2016: 4.4%</p> <p>2018 Non-AfC: BME: 28.6%; White: 57.1%; Unknown: 14.3%</p> <p>Non Clinical Staff: • Band 2 BME: 33.3%; White: 66.7%; Unknown: 0.0% • Band 3 BME: 14.3%; White: 85.7%; Unknown: 0.0% • Band 4 BME: 0.0%; White: 100.0%; Unknown: 0.0% • Band 5 BME: 33.3%; White: 55.6%;</p>	<p>% of BME representation in the CCG workforce is higher than BME population in Bury. CCG will continue to work with HR services GMSS to ensure that recruitment processes are updated in line with national legislation and NHS standards.</p> <p>Potential actions include:</p> <ul style="list-style-type: none"> - Review BME representation in higher pay bands.

				<p>Unknown: 11.1% • Band 6 BME: 14.3%; White: 85.7%; Unknown: 0.0% • Band 7 BME: 20.0%; White: 80.0%; Unknown: 0.0% • Band 8a BME: 9.1%; White: 81.8%; Unknown: 9.1% • Band 8b BME: 0.0% White: 100.0%; Unknown: 0.0% • Band 8c BME: 0.0%; WHITE: 100.0%; UNKNOWN: 0.0% • Band 8d BME: 0.0%; WHITE: 100%; UNKNOWN: 0.0%</p> <p>Clinical Staff: • Band 6 BME: 0.0%; White: 100.0%; Unknown: 0.0% • Band 7 BME: 0.0%; White: 100.0%; Unknown: 0.0%</p> <p>2017 Non-AfC: BME: 29.4%; White: 55.9%; Unknown: 14.7%</p> <p>Non Clinical Staff: • Band 3 BME: 7.7%; white: 93.3%; Unknown: 0.0% • Band 4 BME: 20.0%; White: 60.0%; Unknown: 20.0% • Band 5 BME: 50.0%; White: 50.0%; Unknown: 0.0% • Band 6 BME: 11.1%; White: 88.9%; Unknown: 0.0% • Band 7 BME: 20.0%; White: 80.0%; Unknown: 0.0% • Band 8a BME: 12.5%; White: 87.5%; Unknown: 0.0% • Band 8b BME: 0.0% White: 100.0%; Unknown: 10.0% • Band 8c BME: 0.0%; White: 100.0%; Unknown: 0.0% • Band 8d BME: 0.0%; White: 100%; Unknown: 0.0%</p>	
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				<ul style="list-style-type: none"> • Band 9 BME: 0.0%; White: 100%; Unknown: 0.0% <p>Clinical Staff:</p> <ul style="list-style-type: none"> • Band 6 BME: 0.0%; White: 100.0%; Unknown: 0.0% • Band 7 BME: 0.0%; White: 100.0%; Unknown: 0.0% <p>CCG Board 2018:</p> <p>BME: CEO/Board 0.0%; Chair & Non Execs 33.3%; Clinical Leads 12.5%; Grand Total 10.0%</p> <p>White: CEO/Board 100.0%; Chair & Non Execs 33.3%; Clinical Leads 87.5%; Grand Total 80.0%</p> <p>Unknown: CEO/Board 0.0%; Chair & Non Execs 33.3%; Clinical Leads 0.0%; Grand Total 10.0%</p>													
2	Relative likelihood of staff being appointed from shortlisting across all posts.	0.97	Relative likelihood of White staff being appointed from shortlisting compared to BME is therefore 1.03 times greater.	<p>BURY CCG</p> <table border="1"> <thead> <tr> <th></th> <th>White</th> <th>BME</th> </tr> </thead> <tbody> <tr> <td>No of shortlisted applicants</td> <td>128</td> <td>31</td> </tr> <tr> <td>No appointed from shortlisting</td> <td>8</td> <td>2</td> </tr> <tr> <td>Ratio shortlisting/appointment</td> <td>0.06</td> <td>0.06</td> </tr> </tbody> </table> <p>A figure below "1" would indicate that white candidates are less likely than BME candidates to be appointed from shortlisting. This means that relative likelihood of White staff being appointed from shortlisting compared to BME staff is almost the same.</p>		White	BME	No of shortlisted applicants	128	31	No appointed from shortlisting	8	2	Ratio shortlisting/appointment	0.06	0.06	<p>The CCG will continue to collect and monitor data to assess progress in this area.</p> <p>Potential actions include:</p> <ul style="list-style-type: none"> - Annual review of workforce data trends in relation to recruitment. - Ongoing work with GMSS to increase the knowledge and experience around best practice in recruitment & selection.
	White	BME															
No of shortlisted applicants	128	31															
No appointed from shortlisting	8	2															
Ratio shortlisting/appointment	0.06	0.06															
3	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. This indicator will be based on data from a two year rolling average of the current year and the previous year.	The CCG has no disciplinarys recorded in 2017/2018	The CCG has no disciplinarys recorded in 2017		<p>The CCG's HR Provider continues to record details of all formal employee relations cases and confidentially capture equality data attributed to those individuals for annual reporting purposes to the CCG.</p> <p>Key Skills for Managers training will be offered to all managers on an ongoing basis to continue to ensure employees are treated fairly.</p>												

4	Relative likelihood of staff accessing non-mandatory training and CPD.	Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff = (0.069/0.0384) 1.81 times greater.	Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff = (0.275/0.105) 2.61 times greater.	Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff = (0.069/0.0384) 1.81 times greater. Over the last 12 months, this figure has improved from 2.61 in 2017. However it is useful to note that this data reflects a partial picture of non-mandatory training, which is captured on the GMSS Learning Management System and does not capture non mandatory training sourced by internally by the CCG.	The CCG will review its current non mandatory training processes (those captured via GMSS Learning Management System and internal processes) to gain a better understanding and to ensure employees are treated fairly. The CCG will continue to collect and monitor data to ensure continuous improvement.
5.	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.	White: BME:	White: BME:	Bury CCG has not previously participated in the NHS National Staff Survey	The CCG at present does not have comparative data to assess staff satisfaction levels for the second section of the standard (indicators 5-8). It is the intention of the CCG to undertake its own staff survey in the next few months to add qualitative feedback to the quantitative workforce measures.
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months.	White: BME:	White: BME:	Bury CCG has not previously participated in the NHS National Staff Survey	The CCG at present does not have comparative data to assess staff satisfaction levels for the second section of the standard (indicators 5-8). It is the intention of the CCG to undertake its own staff survey in the next few months to add qualitative feedback to the quantitative workforce measures.
7.	KF 21. Percentage believing that the CCG provides equal opportunities for career progression and promotion.	White: BME:	White: BME:	Bury CCG has not previously participated in the NHS National Staff Survey	The CCG at present does not have comparative data to assess staff satisfaction levels for the second section of the standard (indicators 5-8). It is the intention of the CCG to undertake its own staff survey in the next few months to add qualitative feedback to the quantitative workforce measures.
8.	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.	White: BME:	White: BME:	Bury CCG has not previously participated in the NHS National Staff Survey	The CCG at present does not have comparative data to assess staff satisfaction levels for the second section of the standard (indicators 5-8). It is the intention of the CCG to undertake its own staff survey in the next few months to add qualitative feedback to the quantitative workforce measures.
	Board representation indicator				

	For this indicator, <u>compare the difference for White and BME staff</u>				
9	Percentage difference between the organisations' Board voting membership and its overall workforce	<p>Excluding Sector Chairs 2.3% less BME members on the Governing Body than across the CCG.</p> <p>Including Sector Chairs 5.8% more BME members on the Governing Body than across the CCG.</p>	8.8% less BME members on the Governing Body than across the CCG	<p>Board membership (excluding Sector Chairs) is currently 69.2% White, 15.4% BME and Unknown 15.4%.</p> <p>BME Workforce: 17.7% % BME Voting Members: 15.4% % Difference: - 2.3%</p> <p>Board membership (including Sector Chairs) is currently 58.8% White, 23.5% BME and Unknown 17.7%.</p> <p>BME Workforce: 17.7% % BME Voting Members: 23.5% % Difference: 5.8%</p>	<p>The CCG will continue to review and monitor board representation and that fair processes are in place for the recruitment of board roles.</p> <p>Potential actions include:</p> <ul style="list-style-type: none"> - Further work in the context of board members excluding sector chairs.

Appendix 2 : Action Plan 2018/19 Bury CCG Workforce Race Equality Standard (WRES)

Number	WRES Metrics	Action	Timescale	Lead
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. Organisations should undertake this calculation separately for non-clinical and for clinical staff.	To further examine staff pay band data to identify trends and actions in relation to BME representation in higher pay bands.	March 2019	Deputy Director of Business Delivery/HR Business Partner/EDHR Business Partner
2.	Relative likelihood of staff being appointed from shortlisting across all posts.	Annual review of recruitment and selection data. Ongoing work with GMSS to increase the knowledge and experience around best practice in recruitment & selection	Feb 2019 Ongoing	Deputy Director of Business Delivery/HR Business Partner /EDHR Business Partner
3.	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. This indicator will be based on data from a two year rolling average of the current year and the previous year.	HR Provider to continue to record details of all formal employee relations cases and confidentially capture equality data attributed to those individuals for annual reporting purposes to the CCG. Key Skills for Managers training will be reviewed to ensure it adequately covers equality and offered to all managers on an ongoing basis to continue to ensure employees are treated fairly.	Ongoing Ongoing	Deputy Director of Business Delivery/HR Business Partner/EDHR Business Partner
4.	Relative likelihood of staff accessing non-mandatory training and CPD.	The CCG will review its current non mandatory training processes (those captured via GMSS Learning Management System and internal processes) to gain a better understanding and to ensure employees are treated fairly.	March 2019	Deputy Director of Business Delivery/OD Manager

		The CCG will continue to collect and monitor data to ensure continuous improvement.		
5.	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	To undertake internal staff survey.	Jan 2019	Deputy Director of Business Delivery/HR Business Partner/OD Manager/EDHR Business Partners
6.	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	To undertake internal staff survey.	Jan 2019	Deputy Director of Business Delivery/HR Business Partner/OD Manager/EDHR Business Partners
7.	KF 21. Percentage believing the Trust (CCG) provides equal opportunities for career progression or promotion.	To undertake internal staff survey.	Jan 2019	Deputy Director of Business Delivery/HR Business Partner/OD Manager/EDHR Business Partners
8.	Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? <ul style="list-style-type: none"> • Manager • Team Leader • Other Colleagues 	To undertake internal staff survey.	Jan 2019	Deputy Director of Business Delivery/HR Business Partner/OD Manager/EDHR Business Partners
9.	Percentage difference between the organisations' Board voting membership and its overall workforce	Further work in the context of board members excluding sector chairs. The CCG will continue to review and monitor board representation and that fair processes are in place for the recruitment of board roles.	Jan 2019	Deputy Director of Business Delivery/HR Business Partner/EDHR Business Partner