



## Equality Information Report 2016-17

### Appendix 1

## Workforce and Governing Body Members Equality Information (incorporating the WRES progress report)



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<b>Summary</b>	<b><i>P 3</i></b>
<b>Introduction</b>	<b><i>P 4-7</i></b>
<b>Workforce and GB Members</b>	<b><i>P 8-14</i></b>
<b>Recruitment</b>	<b><i>P 15-16</i></b>
<b>Starter and leavers</b>	<b><i>P 17</i></b>
<b>Staff experience</b>	<b><i>P 18</i></b>
<b>Appendix 1: Action Plan</b>	<b><i>P 19</i></b>
<b>Appendix 2: Workforce Disability Equality Standard</b>	<b><i>P 20</i></b>

## Summary

As a CCG we are required to publish our equality information to show how we are meeting our public sector equality duty as a commissioning organisation and an employer. This appendix is part of the equality information report and shows how the CCG is performed in terms of implementing the Workforce Race Equality Standard (WRES) and Equality Delivery System (EDS2) to meet its public sector equality duty.

The CCG employs 87 staff as of 31<sup>st</sup> March 2017 which include 31 office holders who are not employees of the CCG but are on the payroll. We have included them for WRES purpose only. The numbers of CCG staff is not many when divided into different protected groups Secondly, the race equality data in some indicators is too small to draw any meaningful conclusion as a small change in the number can skew the percentage significantly, and therefore the percentages need to be treated with caution.

- In 2016-17 the percentage of BME staff has increased by 4% and white staff decreased by 4%.
- In 2016-17 the CCG recruited 22 staff; most of whom were female, aged between 31-40, heterosexual, married or single, and did not wish to disclose their religion/belief
- In 2016-17 BME staff were twice more likely to access non-mandatory training and CPD compared with White staff.
- The CCG employs a diverse workforce and there has been an increase of white staff in the CCG since 2015-16. But currently there is no disabled staff employed in the CCG.
- Some staff and GB members have not disclosed their ethnicity, sexuality and disability and therefore it's difficult to know the exact number of percentages of a particular protected group.
- In 2016-17 equal numbers of BME and white staff, mostly from aged under 40, Christian or atheist and heterosexual backgrounds joined the CCG
- It appears that there is a very low uptake of all training, especially mandatory training by all groups (10% compliance)

## Background

As part of the Equality Information Report, the CCG publishes its workforce information every year. This is to show how the CCG is meeting its duty under the Equality Act 2010 in relation to workforce. In addition the CCG has been publishing the Workforce Race Equality Standard (WRES) report since 2015. This year we have combined the WRES report with the workforce diversity report so that we can show how the CCG is performing across all protected characteristics. This will also help us in our readiness to adopt the Workforce Disability Equality Standard (WDES) which will come in force 2018-19 when it will be part of Standard NHS Contract.

As at 31<sup>st</sup> March 2017, the CCG employed 87 staff including 31 Office Holders (e.g. those who are on the payroll but not employed by the CCG). The report includes information about our current workforce and Governing Body Members, recruitment, starters and leavers and staff survey by protected groups. We have not included information about gender re-assignment as there are no data to report- and currently the ESR does not have a category for gender-reassignment.

## WRES Changes since 2016

Based on feedback from the WRES baseline data returns and from engagement with the NHS, the wording for Indicators 1 and 9 have been revised in relatively minor ways. The revisions seek to add clarity on progress against these two WRES indicators:

- WRES Indicator 1 now has a clearer definition of “senior medical manager” and “very senior manager”. CCGs are required to include clinical and non-clinical staff.
- About WRES Indicator 2, organisation’s annual data returns are expected to include the shortlisting for both internal and external recruitment activity.
- WRES Indicator 9 now requires submission of data that disaggregate: (i) the voting and non-voting members of boards, and (ii) the executive and non-executive members of boards.

## The roles of CCGs in implementing the WRES

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 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 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 performance against the WRES indicators.

CCGs should commit to the principles of the WRES and apply as much of it as possible to their workforce. In this way, CCGs can demonstrate good leadership, identify concerns within their workforces, and set an example for their providers. Formally, of course, CCGs 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. However, neighbouring or similar (comparator) CCGs may wish to submit a jointly co-ordinated WRES report and action plan; this can counter any potential risk of small workforce numbers.

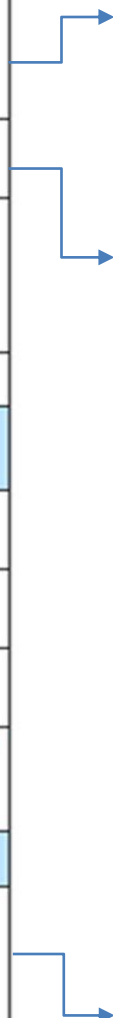
WRES indicators: 1-4- Workforce indicators , 5-8: Staff survey , Indicator 9: GB(Board) Members  
Indicators 1, 2 and 9 have been amended.

**WRES Indicators 2016**

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

**WRES Indicators 2017 (amended)**

	<b>Workforce indicators</b> For each of these four workforce Indicators, <u>compare the data for white and BME staff</u>
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: <ul style="list-style-type: none"> <li>• Non-Clinical staff</li> <li>• Clinical staff - of which                 <ul style="list-style-type: none"> <li>- Non-Medical staff</li> <li>- Medical and Dental staff</li> </ul> </li> </ul> Note: Definitions for these categories are based on Electronic Staff Record occupation codes with the exception of Medical and Dental staff, which are based upon grade codes.
2.	Relative likelihood of staff being appointed from shortlisting across all posts  Note: This refers to both external and internal posts
3.	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation  Note: This indicator will be based on data from a two year rolling average of the current year and the previous year.
4.	Relative likelihood of staff accessing non-mandatory training and CPD
	<b>National NHS Staff Survey indicators (or equivalent)</b> For each of the four staff survey indicators, <u>compare the outcomes of the responses for white and BME staff</u>
5.	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
6.	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
7.	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion
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
	<b>Board representation indicator</b> For this indicator, <u>compare the difference for white and BME staff</u>
9.	Percentage difference between the organisations' Board membership and its overall workforce disaggregated: <ul style="list-style-type: none"> <li>• By voting membership of the Board</li> <li>• By executive membership of the Board</li> </ul> Note: this is an amended version of the previous definition of Indicator 9





## **Our commitments to WRES and how we have prepared our the progress report**

- NHS Newham CCG is committed to implementing the Workforce Race Equality Standard (WRES). In July 2016, the CCG published its second Workforce Race Equality Standard (WRES) report which showed how the CCG measured against the nine WRES indicators for the period 2015-16.
- *Since 2016 NHS England has revised three of the nine indicators (indicator 1, 2 and 9). For example, Indicator 1 now includes a specific requirement on how organisations should report on clinical and non-clinical staff, Indicator 2 requires the recruitment data to include both internal and external recruitment; and Indicator 9 now requires organisations to report on both voting and non-voting members. The CCG already monitors and reports on Indicator 1 data by non-clinical staff and office holders most of whom are clinical staff. The new recruitments of Indicator 2 and 9 will be implemented in 2017-18.*
- This report shows how the CCG has progressed against the nine indicators for the period 2015-2016 and includes (where applicable) a comparison to the 2015-2016 WRES data. The report also contains recommended actions for the CCG to implement in 2017-18 to improve the CCG’s position about race equality.
- To demonstrate how the CCG meets each indicator, data has been collated from several sources, including workforce data from Electronic Staff Records (ESR) and TRAC; local demographic data from the 2011 Census as recommended in the WRES guidelines. The data on recruitment and non-mandatory training and CPD have been gathered from the April 2016 – March 2017 records.

## Race

**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

- As mentioned on page five the indicator has been changed since 2016 and it now includes both clinical and non-clinical staff. In 2015-16, the CCG reported its staff data by including permanent staff and those who are on the payroll but not employed by the CCG (e.g. office holders).
- For comparison purposes, the CCGs has kept the grouping of the data to Band 1-7, and from 8 to 9 and VSM and has used a separate category for Office Holders who do not fit under either of the first two categories and they are not staff of the CCG (e.g. Governing Body members who are clinical leads and are on payroll).
- Numbers have been included next to the percentages to show statistical significance.



WRES Indicator 1: cont'd

Table 1: Workforce by ethnicity compared with local population

	2015	2016	2017		Performance compared with 2015-16	Population (2011 Census)
White	30%	29%	22	25%	4% ↓	<b>29%</b>
BME	43%	42%	40	46%	4% ↑	<b>71%</b>
Not disclosed	9%	29%	25	29%		n/a

The figures in the above table include staff and office holders to show the overall workforce involved in commissioning as required by the WRES.

There has been a decrease in the percentage of white and increase in BME staff since 2016, and they appear to be underrepresented compared with the local white population (29% and 71% respectively). This is due to a large number of staff (29%) not disclosing their ethnicity which has not improved since 2016.

WRES Indicator 1: cont'd

Table 2: Workforce as at 31st March 2017 across different bands plus office holders

	Band 1-7		Change in % representation	Band 8a -VSM		Change in % representation	Office holders		Change in % representation
	Number	%		Number	%		Number	%	
White	6	22%	-11%	11	38%	3%	5	16%	-4%
BME	16	59%	2%	15	52%	10%	9	29%	-1
Not disclosed	5	19%	9%	3	10%	-13%	17	55%	5%

The percentage difference shown in Table 2 compared with the 2015-16 figures may mean no change or a small change in the actual numbers and therefore they need to be treated with causation. For example the 3% increase in white staff in Band 8-VSM was not an increase in staff number, it was just due to the changes in the overall staff in those bands.

The percentage of non-disclosure amongst Office Holders has a slight increase. This is because some new Governing Body Members have disclosed their ethnicity.

Breakdown of employees by protected groups as at 31st March 2017 and with comparison of changes in representation since 2015-16

Table 3: Workforce by religion/belief	Number	%	Change in % representation
Atheism	3	5%	
Christianity	18	32%	13%
Hinduism	3	5%	1
Do not wish to disclose my religion/belief	16	29%	-21%
Islam	7	13%	5%
Jainism		0%	
Judaism	1	2%	0
Sikhism	4	7%	-2%
Other	4	7%	3%

Table 4: Workforce by marital status	Number	%	Change in % representation
Divorced		2%	0
Married	26	46%	-6%
Single	27	48%	7%
Civil Partnership	1	2%	2%
Widowed	1	2%	2%
Do not wish to disclose	1	2%	-4%

Table 5: Workforce by sexual orientation	Number	%	Change in % representation
Gay	0	0	0
Lesbian	0	0	0
Bi-sexual	0	0	0
Heterosexual	39	70%	27%
Do not wish to disclose	17	30%	-27%

Table 6: Workforce by disability	Number	%	Change in % representation
Yes			
No	20	36%	-14%
Do not wish to disclose	36	64%	14%

Table 7: Workforce by age	Number	%	Change in % representation
Under 31	6	11%	N/A re age band reclassification
31 - 40	22	39%	
41 - 50	13	23%	
51 - 60	14	25%	
61 and above	1	2%	

Table 8: Workforce by gender	Number	%	Change in % representation
Female	39	70%	11%
Male	17	30%	-11%

The figures in the table do not include office holders. Office holders figures are included for WRES indicators only.

GB Members as at 31<sup>st</sup> March 2017 and the changes since 2016

**WRES Indicator 9:** Percentage difference between the organisations' Board membership and its overall workforce

Table 9: GB Members WRES data against local population and workforce

	2016		2017		Demography	Comparison with local demography	Comparison with CCG workforce
	GB Members	CCG Staff	GB Members	CCG Staff			
<b>White</b>	38%	29%	36%	30%	<b>29%</b>	<b>7%</b>	6%
<b>BME</b>	50%	41%	50%	55%	<b>71%</b>	<b>-21%</b>	-5%
<b>Not disclosed</b>	13%	29%	14%	14%		N/A	

Staff in the above table include staff only and no office holders for the purpose of comparison with GB members.

The above information is based on the CCG's voting members- and the new changes in the WRES guidance to capture the diversity information of executive members on the Board will be implemented in 2017-18.

There are 14 members on the CCG Governing Body. But significantly high number of them have not disclose their ethnicity which makes it hard to draw any meaningful conclusion given the fact that the number is very small and the change of one member in any of the groups can change the percentage quite significantly.

GB Members diversity data as at 31<sup>st</sup> March 2017 and the changes since 2016

Table 10- Age group	Number	%	Change in % representation
Under 31	0	0%	N/A re age band reclassification
31 - 40	1	6%	
41 - 50	2	13%	
51 - 60	5	31%	
61 and above	5	31%	
Not known	3	19%	

Table 11-Sexual Orientation	Number	%	Change in % representation
Gay	1	7%	-3%
Lesbian	1	7%	7%
Heterosexual	9	64%	13%
Do not wish to disclose	3	21%	-18%

Table 12-Marital Status	Number	%	Change in % representation
Divorced	1	7%	
Married	11	79%	10%
Single	1	7%	
Civil Partnership	1	7%	
Widowed			
Do not wish to disclose			

Table 13-Disability	Number	%	Change in % representation
Yes			
No	14	52%	-7%
Do not wish to disclose	13	48%	7%

Table 14-Gender	Number	%	Change in % representation
Female	5	36%	13%
Male	9	64%	-13%

Table 15- Religion/Belief	Number	%	Change in % representation
Atheism	3	21%	3%
Christianity	3	21%	3%
Hinduism	2	14%	4%
Do not wish to disclose my religion/belief	3	21%	-10%
Islam	2	14%	-4%
Jainism	0	0%	
Judaism	0	0%	
Sikhism	0	0%	
Other	1	7%	2%

The changes in the percentages may not mean a change in the actual numbers due to the size of the Governing Body.

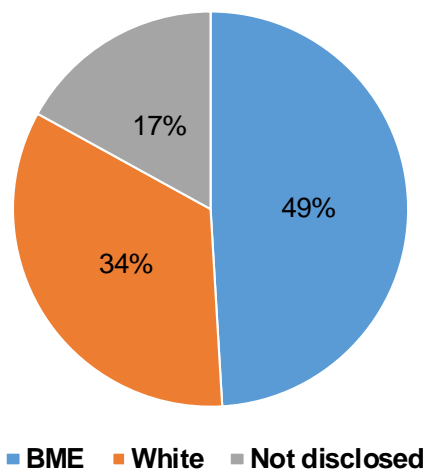
There is still a number of GB members who have not disclosed their diversity information.

Currently there is no disabled GB member.

# Training

**WRES Indicator 4:** Compare the data for White and BME staff: Relative likelihood of staff accessing non-mandatory training and CPD

Chart 1: Mandatory training take up by ethnicity



The CCG has an overall 10% compliance rate in mandatory training take up.

Half of all staff that completed mandatory training did not disclose their ethnicity.

Table 16- non-mandatory training and CPD

	2015-16	2016-17	Change
White	0	17%	N/A
BME	0	38%	N/A
Not disclosed	0	46%	N/A

24 staff attended non mandatory training and CPD programme in 2016-17. This includes permanent staff and office holders.

BME staff were twice more likely to access non-mandatory training and CPD courses compared with white staff.



Race

**WRES Indicator 2:** Compare the data for White and BME staff: Relative likelihood of staff being appointed from shortlisting across all posts

Table 1: Recruitment in 2016-17

Ethnicity	Applications		Shortlisted		Appointments	
	Count	%	Count	%	Count	%
White	208	34%	34	16%	4	12%
BME	367	60%	71	19%	8	11%
Not disclosed	39	6%	16	41%	10	63 %

Table 2: Recruitment in 2015-16

Ethnicity	Applications		Shortlisted		Appointments	
	Count	%	Count	%	Count	%
White	162	20%	16	10%	6	38%
BME	617	76%	60	10%	3	5%
Not disclosed	36	4%	7	19%	5	71%

In 2016-17 The likelihood of White staff being appointment was the same as BME staff (1:1). This has improved from 7.6 times in 2015-16.

It is worth noting that the CCG recruited 22 staff in which is an increase of 50% on the 2015-16 figures.

As shown in table 1, we have analysed the recruitment data on White and BME staff and those who did not declare their ethnicity by comparing the shortlist data with the applicant data and appointment data with shortlist data.

Recruitment data from 1 April 2016 to 31 March 2017

Table 3-Age group	Applicants		Shortlisted		Recruited	
	Number	%	Number	%	Number	%
Under 31	112	18%	18	16%	3	17%
31 - 40	216	34%	46	21%	11	24%
41 - 50	181	29%	33	18%	5	15%
51 - 60	98	16%	24	24%	4	17%
61 and above	22	3%	5	23%	1	20%

Table 4-Sexual Orientation	Number	%	Number	%	Number	%
Gay	20	3%	5	25%	1	20%
Lesbian	2	0%	1	50%	1	100%
Bi-sexual	2	0%	0	0%	0	0%
Heterosexual	535	85%	95	18%	12	13%
Do not wish to disclose	70	11%	25	36%	10	40%

Table 5-Marital Status	Number	%	Number	%	Number	%
Divorced	50	8%	4	8%	0	0%
Married	283	45%	57	20%	7	12%
Single	248	39%	44	18%	7	16%
Civil Partnership	10	2%	2	20%	1	50%
Widowed	2	0%	1	0%	0	0%
Do not wish to disclose	36	6%	18	50%	9	50%

Table 6-Disability	Number	%	Number	%	Number	%
Yes	32	5%	5	16%	0	0%
No	575	91%	108	19%	14	13%
Do not wish to disclose	22	3%	13	59%	10	77%

Table 7-Gender	Number	%	Number	%	Number	%
Female	367	57%	80	22%	18	23%
Male	265	42%	41	15%	6	15%
Do not wish to disclose	7	1%	5	71%	0	0%

Table 8-Religion	Applicants		Shortlisted		Recruited	
	Number	%	Number	%	Number	%
Atheism	51	8%	15	29%	3	20%
Christianity	308	49%	51	17%	5	10%
Hinduism	29	5%	4	14%	2	50%
Do not wish to disclose my religion/belief	87	14%	27	31%	12	44%
Islam	93	15%	13	14%	0	0%
Jainism	4	1%	1	25%	0	0%
Judaism	3	0%	0	0%	0	0%
Other	54	9%	15	28%	2	13%

As shown in Tables 3-8, we have analysed the recruitment data on staff and those who did not declare their ethnicity by comparing the shortlist data with the applicant data and the appointment data with the shortlist data to show the likelihood of a particular

In 2016-17 the CCG recruited 22 staff; most of whom were female, aged between 31-40, heterosexual, married or single, and did not wish to disclose their religion/belief.

Starters and Leavers from 1 April 2016 to 31 March 2017

Table 1- Ethnicity	Starters		Leavers	
	Number	%	Number	%
White (White-British, White-Irish, and Any other White)	4	20%	4	31%
BME	10	50%	2	15%
Do not wish to declare	6	30%	7	54%

Table 2- Sexual Orientation	Starters		Leavers	
	Number	%	Number	%
Gay				
Lesbian				
Bi-sexual				
Heterosexual	16	80%	7	54%
Do not wish to disclose	4	20%	6	46%

Table 3- Disability	Starters		Leavers	
	Number	%	Number	%
Yes				
No	12	60%	9	69%
Do not wish to disclose	8	40%	4	31%

Table 4- Gender	Starters		Leavers	
	Number	%	Number	%
Female	14	70%	8	62%
Male	6	30%	5	38%

Table 5- Religion/belief	Starters		Leavers	
	Number	%	Number	%
Atheism	2	10%	1	8%
Christianity	8	40%	3	23%
Hinduism	2	10%	1	8%
Do not wish to disclose my religion/belief	3	15%	5	38%
Islam	4	20%	2	15%
Jainism				
Judaism				
Sikhism				
Other	1	5%	1	8%

Table 6-Age group	Starters		Leavers	
	Number	%	Number	%
Under 31	6	30%	2	15%
31 - 40	8	40%	5	38%
41 - 50	1	5%	1	8%
51 - 60	5	25%	5	38%
61 and above				

**WRES Indicator 3:** Compare the data for White and BME staff: 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 the most recent two-year rolling average).

The tables provide information on the number of staff that joined and left the CCG in 2016-17

We have used colours to show who joined and left the CCG. The green colour indicates a positive difference, i.e. more staff from a protected group joined the CCG than left- and the red colour indicates a negative difference i.e. more staff from a protected group left the CCG than joined in the year.

Newham CCG commissions HR services from NEL CSU. Our designated HR Business Partner monitors the data on staff involved in disciplinary procedures through their internal process. There no disciplinary cases reported in 2015-17.

# Staff Survey (WRES Indicators 5-8: Compare the outcomes of the responses for White and BME staff)

## Summary of 2015 Staff Survey outcomes (WRES Indicators 5-8)

The CCG carried out a staff survey in 2015-16 which included the WRES Indicators 5-8 (see next slide for detail on questions). We have included a summary below. It would appear that the experience of some staff had worsened (highlighted in red) and the green indicates an improvement since 2015-16. 35 staff members completed the survey.

Indicator 5- KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.



Indicator 6- KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.



Indicator 7- KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.



Indicator 8- Q17- In the last 12 months have you personally experienced discrimination at work from any of the following? Manager, Team Leader, Other Colleagues.



# Appendix 1: WRES Action Plan 2017-18 (draft)

Indicator	Action	Outcome	Lead	Deadline	RAG
1. Percentage of staff in each of the AfCBands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce. (clinical and non-clinical)	Attract applicants from the local community by publicising jobs locally.	CCG jobs publicised through local partners and community organisations.	<b>Workforce Lead</b>		
2. Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all post (internal and external)	Provide training to Governing Body Members and staff on unconscious bias and recruitment and selection.  Ensure there is a BME panel member on the selection panel for positions in Band 8 and above.	Likelihood of BME staff being shortlisted and appointed increased across all Bands to a comparable level with White staff.	<b>Workforce Lead</b>		
3. Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process, as measured by entry into formal disciplinary investigations.	Continue monitoring all disciplinary cases.	Disciplinary cases are dealt with in a fair and consistent manner.	<b>Workforce Lead</b>		
4. Relative likelihood of BME staff accessing non-mandatory training and CPD as compared to White staff.	Publicise non-mandatory training and CPD programmes. Encourage and motivate BME staff through PDP & objective setting	Take up of non-mandatory training and CPD increased.	<b>OD Lead</b>		
5. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	Continue offering equality and diversity training	Reduced incidents bullying and harassment in the organisation.	<b>OD Lead</b>		
6. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	Promote dignity at work policy through Board Development Sessions and staff meetings				
7. Percentage believing that CCG provides equal opportunities for career progression or promotion.	Celebrate diversity in the CCG to raise awareness				
8. In the last 12 months have you personally experienced discrimination at work from any of the following: Manager, Team Leader, Other Colleagues					
9. Percentage difference between the organisation's voting membership and executive membership of the Board	Continuously review the makeup of Governing Body voting members to ensure race equality.  Update GB members ethnicity data	GB voting members reflective of the staff and local community.	<b>Workforce and OD Lead</b>		

### Workforce Disability Equality Standard (WDES)

The NHS Equality and Diversity Council (EDC) has taken another pivotal step to advance equality within the NHS.

The Council has recommended that a Workforce Disability Equality Standard (WDES) should be mandated via the NHS Standard Contract in England from April 2018, with a preparatory year from 2017-18. NHS England has agreed to do so. The EDC has also agreed to support a programme of work to explain and support it.

The Equality Diversity Council considered the report published by Middlesex and Bedfordshire Universities on the 'Experience of Disabled Staff in the NHS', alongside findings from research carried out by Disability Rights UK and NHS Employers 'Different Choices, Different Voices', which found that disabled people had poorer experiences of working in the NHS in England than non-disabled colleagues.

NHS England has begun consultation on the proposed Workforce Disability Equality Standard, alongside an extensive programme of communications and engagement to raise the profile of this initiative and to outline what support will be provided to organisations to deliver the change with disabled staff.

The CCG already records disability data of staff who declare it. However, it will start planning a full implementation of the WDES in 2017-18 which will include working with other NCL CCGs and providers, improving data recording and disclosure, including WDES questions in the staff survey questions- and supporting staff through setting up staff networks