

BaNES, Swindon and Wiltshire CCG NHS Workforce Race Equality Standard Report 2020

September 2020



1. Introduction

This is the 2020 NHS Workforce Race Equality Standard (WRES) report for BaNES, Swindon and Wiltshire Clinical Commissioning Group (BSW CCG) as at 31st March 2020.

For the 2019/2020 return due to the reporting period being up to 31st March 2020 three separate WRES returns were submitted for the three legacy CCGs, BaNES, Swindon and Wiltshire, however one report and one action plan has been produced for the merged organisation, BSW CCG, to take forward.

This combined BSW report provides details of the CCG position against indicators 1 -4 and indicator 9 of the WRES indicators as at 31st March 2020.

BaNES, Swindon and Wiltshire CCGs did not have to report on WRES indicators 5 – 8 as these were linked to the NHS national staff survey which the CCGs did not participate in during 2019/2020.

This report provides an overview of the WRES 2019/2020 data for the three CCGs and so each indicator is reported on three times to reflect the previous three CCGs. An action plan for the coming year has been developed which identifies leads to focus on key areas to improve support and experiences for Black, Asian and Minority Ethnic (BAME) colleagues.

The report also highlights areas of the NHS People Plan 2020/2021 that directly relates to actions required regarding equality, diversity and inclusion.

It should be noted that we are committed to further develop ourselves and promote better understanding of equality, diversity and bias and that the WRES action plan to support this is an ambition.

2. Background

The aim of the (WRES) is to help NHS organisations ensure that colleagues from BAME backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

The WRES came into effect on 1st April 2015 however CCGs were not required to submit their annual WRES data to NHS England for analysis and publication until 2019. The standard is designed to improve the experience and representation of BAME colleagues at all levels across the organisation, especially at senior management level.

WRES has been included in the NHS Standard Contract since 2015/2016. This means that NHS hospital and community Trusts must use the WRES and report their findings to

NHS England each year. Following this NHS England publishes a national report based on the WRES data from across the country.

There are nine indicators that make up the NHS WRES return however the three CCGs have only provided responses to 5 of the 9, as 4 of the indicators directly relate to the national NHS Staff Survey which the CCGs did not participate in. The WRES data submitted to NHS England is detailed in Appendix A.

Bank colleagues are not included in the national WRES return.

3. Responsibilities under the Public Sector Equality Duty

Under the Public Sector Equality Duty that was created under the Equality Act 2010 organisations have to have due regard to the following needs:

- To eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

The Act also explains that advancing equality involves; removing or minimising disadvantages suffered by people due to their protected characteristics, taking steps to meet the needs of people from protected groups where these are different from the needs of other people.

4. WRES and Clinical Commissioning Groups (CCGs)

The CCG has two roles in relation to the WRES, as commissioners of NHS services and as employers. The work CCGs undertake is guided by key statutory requirements and policy drivers encompassed in:

- 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
- A Model Employer (NHS Workforce Race Equality Standard (WRES) Leadership Strategy

As a commissioner the CCG is required to:

- Give assurance to NHS England that our providers are implementing and using the WRES (this is detailed in the CCG Improvement and Assessment Framework)

- Make WRES implementation, results and subsequent action plans part of contract monitoring and negotiation
- Have meaningful dialogue with providers when something is amiss with the use of the WRES, and/or what the results of the WRES show.

As an employer the CCG must have “due regard” to the WRES. This means that BSW CCG uses the WRES to help improve workplace experiences and representation at all levels for BAME colleagues

In practice the CCG should:

- Collect data on their workforce by ethnicity as well as by other characteristics given protection under the Equality Act 2010
- Carry out data analysis
- Produce and publish an annual report and action plan using the WRES reporting template.

5. BaNES, Swindon and Wiltshire CCGs position against WRES indicators 2020

The data provided below is for the three individual CCGs position against the WRES indicators based on a snapshot of BANES, Swindon and Wiltshire CCGs workforce on 31st March 2020, and recruitment and training records for the period 1st April 2019 to 31st March 2020. No data has been submitted against indicators 5 – 8 as the indicators relate to results from the NHS national staff survey and the three CCGs did not participate in this during 2019.

Our 2020 WRES data against the indicators has been submitted to NHS England using the web based WRES reporting template on 28th August 2020.

In the context of the WRES, white colleagues comprise White British, White Irish and White Other.

Please note where there is the potential for individuals to be identified due to a small number of colleagues sharing the same characteristic the data has been redacted to ensure anonymity.

5.1. WRES Indicator 1

Percentage of staff in each of the Agenda for Change (AfC) bands 1 – 9 or Medical and Dental subgroups and VSM (including executive Board members) compare with the percentage of staff in the overall workforce.

WRES Indicator 1 BaNES CCG

AfC pay band	% BAME Clinical Staff in Band for 2020 expressed as a % of all clinical staff	% BAME non-clinical staff in Band for 2020 expressed as a % of all non-clinical staff	Overall Workforce 2020		
			White	BAME	Not stated
Band 1 – 4	0%	0%	89.69% (87 staff)	5.15%	5.15% (5 staff)
Band 5 – 7	12.5%	4.34%			
Band 8 – 9 and VSM	5.88%	5.88%			

Non Clinical Staff 2020			Clinical Staff 2020		
White	BAME	Not Stated	White	BAME	Not stated
93.93%	4.54%	1.51%	80.64%	6.45%	12.90%
62 colleagues	Redacted to maintain anonymity	1 colleague	25 colleagues	Redacted to maintain anonymity	4 colleagues

Overall CCG workforce

	WRES 2019	WRES 2020
White Staff	91.09%	89.69%
BAME Staff	4.95%	5.15%
Undisclosed/not stated	3.96%	5.15%

Comparing the 2019 data with that for 2020:

- Amongst colleagues, those from BAME backgrounds made up 4.95% of the workforce in 2019 compare to 5.15% in 2020.
- The number of colleagues who have undisclosed/not stated accounted for 3.96% of colleagues in 2019 however this has increased to 5.15% in 2020.

The 2020 data for WRES Indicator 1 highlights that:

- We must focus our efforts on increasing our BAME workforce across all bands and within clinical and non-clinical roles.

WRES Indicator 1 Swindon CCG

AfC pay band	% BAME Clinical Staff in Band for 2020 expressed as a % of all clinical staff	% BAME non-clinical staff in Band for 2020 expressed as a % of all non-clinical staff	Overall Workforce 2020		
			White	BAME	Not stated
Band 1 – 4	0%	8.57%	86.33% (120 colleagues)	8.63% Redacted to maintain anonymity	5.04% (7 colleagues)
Band 5 – 7	16.66%	8.33%			
Band 8 – 9 and VSM	7.14%	6.25%			

Non Clinical Staff 2020			Clinical Staff 2020		
White	BAME	Not Stated	White	BAME	Not stated
87.91%	7.69%	4.39%	83.34%	10.41%	6.25%
80 colleagues	Redacted to maintain anonymity	4 colleagues	40 colleagues	Redacted to maintain anonymity	3 colleagues

Overall CCG workforce

	WRES 2019	WRES 2020
White Staff	87.30%	86.33%
BAME Staff	7.14%	8.63%
Undisclosed/not stated	5.55%	5.04%

Comparing the 2019 data with that for 2020:

- Amongst colleagues, those from BAME backgrounds made up 7.14% of the workforce in 2019 and this increased to 8.63% in 2020.
- The number of colleagues who have undisclosed/not stated accounted for 5.55% of colleagues in 2019 however this has decreased to 5.04% in 2020.

The 2020 data for WRES Indicator 1 highlights that:

- We must focus our efforts on increasing our BAME workforce across all bands and within clinical and non-clinical roles.

WRES Indicator 1 Wiltshire CCG

AfC pay band	% BAME Clinical Staff in Band for 2020 expressed as a % for all Clinical staff	% BAME non-clinical staff in Band for 2020 expressed as a % for all non-clinical staff	Overall Workforce 2020		
			White	BAME	Not stated
Band 1 – 4	0%	0%	91.46% (150 colleagues)	3.65% Redacted to maintain anonymity	4.87% (8 colleagues)
Band 5 – 7	18.18%	0%			
Band 8 – 9 and VSM	4%	3.57%			

Non Clinical Staff 2020			Clinical Staff 2020		
White	BAME	Not Stated	White	BAME	Not stated
95.73%	0.85%	3.42%	80.85%	10.6%	8.51%
112	Redacted to maintain anonymity	4	38	Redacted to maintain anonymity	4

Overall CCG workforce

	WRES 2019	WRES 2020
White Staff	93.20%	91.46%
BAME Staff	1.85%	3.65%
Undisclosed/not stated	4.94%	4.87%

Comparing the 2019 data with that for 2020:

- Amongst colleagues, those from BAME backgrounds made up 1.85% of the workforce in 2019 and this increased to 3.65% in 2020.
- The number of colleagues who have undisclosed/not stated accounted for 4.94% of colleagues in 2019 however this has decreased slightly to 4.87% in 2020.

The 2020 data for WRES Indicator 1 highlights that:

- We must focus our efforts on increasing our BAME workforce across all bands and within clinical and non-clinical roles.
- The only BAME colleagues in non-clinical roles in 2020 were in bands 8A and above. There were no BAME colleagues in bands 1 – 7 within Wiltshire CCG.

5.2 WRES Indicator 2

Relative likelihood of staff being appointed from short listing across all posts

WRES Indicator 2 BaNES CCG

	WRES 2019			WRES 2020		
	White	BAME	Ethnicity unknown	White	BAME	Ethnicity unknown
Number of short listed applicants	104	32	5	72	7	2
Number appointed from shortlisting	30	Redacted to maintain anonymity	8	18	Redacted to maintain anonymity	0
Relative likelihood of appointment from shortlisting	28.85%	9.38%	NA	25.0%	42.86%	0%
Relative likelihood of White staff being appointed compared to BAME	3.08 times more likely			0.58 times more likely		

N.B more colleagues whose ethnicity is unknown were appointed from shortlisting (8) than the actual number of colleagues short listed (5). This is due to the data for shortlisting being compiled from NHS jobs and the data for colleagues appointed from shortlisting is from ESR and not all jobs within the CCG will have been advertised via NHS jobs, for example Clinical Lead roles.

WRES indicator 2 shows that:

- BAME job applicants in 2019 who were shortlisted for interview were relatively less likely to be recruited compared to white interviewees. This situation has improved significantly since 2019 where White colleagues were 3.08 times more likely to be appointed compared to BAME colleagues.
- In 2020 White colleagues are only 0.58 times more likely to be appointed compared to BAME colleagues. (The greater the number the more favourable towards White colleagues)

WRES Indicator 2 Swindon CCG

	WRES 2019			WRES 2020		
	White	BAME	Ethnicity	White	BAME	Ethnicity

			unknown			unknown
Number of short listed applicants	138	28	5	144	33	6
Number appointed from shortlisting	33	Redacted to maintain anonymity	4	42	Redacted to maintain anonymity	5
Relative likelihood of appointment from shortlisting	23.91%	10.71%	80.00%	22.22%	9.09%	83.33%
Relative likelihood of White staff being appointed compared to BAME	2.23 times more likely			2.44 times more likely		

WRES indicator 2 shows that:

- BAME job applicants who are shortlisted for interview are relatively less likely to be appointed compared to white interviewees. The relative likelihood of being appointed from shortlisting for BAME colleagues was 10.71% in 2019 and this has decreased to 9.09% in 2020.
- The relative likelihood of White colleagues being appointed compared to BAME colleagues has worsened since 2019 where it was 2.23 times more likely compared to 2020 where it is 2.44 times more likely. This highlights that the likelihood of BAME colleagues being appointed was decreasing.

WRES Indicator 2 Wiltshire CCG

	WRES 2019			WRES 2020		
	White	BAME	Ethnicity unknown	White	BAME	Ethnicity unknown
Number of short listed applicants	191	26	6	149	13	4
Number appointed from shortlisting	39	Redacted to maintain anonymity	2	33	Redacted to maintain anonymity	2
Relative likelihood of appointment from shortlisting	20.42%	3.85%	33.33%	22.15%	23.08%	50.00%
Relative likelihood of White staff being appointed compared to BAME	5.31 times more likely			0.96 times more likely		

WRES indicator 2 shows that:

- The relative likelihood of BAME job applicants being appointed from shortlisting has increased from 3.85% in 2019 to 23.08% in 2020. This demonstrates a significant improvement.
- This situation has significantly improved since 2019 where the relative likelihood of White applicants being appointed compared to BAME applicants was 5.31 times more likely and in 2020 is 0.96 times.

5.3 WRES Indicator 3

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

WRES Indicator 3 BANES CCG

	WRES 2019			WRES 2020		
	White	BAME	Ethnicity unknown	White	BAME	Ethnicity unknown
Number of staff in workforce	92	Redacted to maintain anonymity	4	87	Redacted to maintain anonymity	5
Number of staff entering formal disciplinary	0	0	0	0	0	0
Likelihood of staff entering formal disciplinary	0	0	0	0	0	0
Relative likelihood of BME staff entering the formal disciplinary process compared to White staff	0%			0%		

The 2020 data for WRES indicator 3 highlights that:

- In 2019 and 2020 no colleagues were disciplined under the formal CCG disciplinary process.

WRES Indicator 3 Swindon CCG

	WRES 2019			WRES 2020		
	White	BAME	Ethnicity unknown	White	BAME	Ethnicity unknown
Number of staff in	110	Redacted	7	120	Redacted	7

workforce		to maintain anonymity			to maintain anonymity	
Number of staff entering formal disciplinary	NA	NA	NA	0	0	0
Likelihood of staff entering formal disciplinary	0%	0%	0%	0%	0%	0%
Relative likelihood of BME staff entering the formal disciplinary process compared to White staff	0%			0%		

The 2020 data for WRES indicator 3 highlights that:

- In 2019 and 2020 no colleagues were disciplined under the formal CCG disciplinary process.

WRES Indicator 3 Wiltshire CCG

	WRES 2019			WRES 2020		
	White	BAME	Ethnicity unknown	White	BAME	Ethnicity unknown
Number of staff in workforce	151	Redacted to maintain anonymity	8	150	Redacted to maintain anonymity	8
Number of staff entering formal disciplinary	1	Redacted to maintain anonymity	0	1	0	0
Likelihood of staff entering formal disciplinary	0.66%	33.33%	0%	0.67%	0%	0%
Relative likelihood of BME staff entering the formal disciplinary process compared to White staff	50.33 times more likely			0		

The 2020 data for WRES indicator 3 highlights that:

- In 2019 the relative likelihood of BME colleagues entering the formal disciplinary process compared to white colleagues was 50.33 times more likely. This likelihood has reduced to 0 in 2020. The percentage of the relative likelihood of BAME

colleagues entering the formal disciplinary process compare to White Colleagues is due to Wiltshire CCG only having a small number of BME colleagues and one of them going through the formal disciplinary process. Therefore, the likelihood of BAME colleagues entering the formal disciplinary process base don't eh workforce numbers at the time was 33.33% compared to 0.66% for White colleagues

5.4 WRES Indicator 4

Relative likelihood of staff accessing non-mandatory training and CPD

The information about colleague training for all three CCGs comes from the ConsultOD system provided by the Commissioning Support Unit.

WRES Indicator 4 BANES CCG

	WRES 2019			WRES 2020		
	White	BAME	Ethnicity unknown	White	BAME	Ethnicity unknown
Number of staff in workforce	92	Redacted to maintain anonymity	4	87	Redacted to maintain anonymity	5
Number of staff accessing non-mandatory training and CPD	0	Redacted to maintain anonymity	0	1	0	1
Likelihood of staff accessing non-mandatory training and CPD	0%	20%	0%	1.15%	0%	20%

The 2020 data for WRES indicator 4 highlights that:

- In 2019 no White colleagues accessed non-mandatory training and CPD however BAME colleagues did.
- In 2020 no BAME colleagues accessed non mandatory training and CPD but White colleagues did.
- The availability of non – mandatory training and CPD needs to be highlighted to all colleagues to encourage personal development.

WRES Indicator 4 Swindon CCG

	WRES 2019	WRES 2020
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	White	BAME	Ethnicity unknown	White	BAME	Ethnicity unknown
Number of staff in workforce	110	Redacted to maintain anonymity	7	120	Redacted to maintain anonymity	7
Number of staff accessing non-mandatory training and CPD	0	0	0	0	0	0
Likelihood of staff accessing non-mandatory training and CPD	0%	0%	0%	0%	0%	0%

The 2020 data for WRES indicator 4 highlights that:

- In 2019 and 2020 no colleagues accessed non-mandatory training and CPD.
- The availability of non – mandatory training and CPD needs to be highlighted to all colleagues to encourage personal development.

WRES Indicator 4 Wiltshire CCG

	WRES 2019			WRES 2020		
	White	BAME	Ethnicity unknown	White	BAME	Ethnicity unknown
Number of staff in workforce	151	Redacted to maintain anonymity	8	150	Redacted to maintain anonymity	8
Number of staff accessing non-mandatory training and CPD	49	Redacted to maintain anonymity	5	6	Redacted to maintain anonymity	0
Likelihood of staff accessing non-mandatory training and CPD	32.45%	66.67%	62.50%	4.00%	16.67%	0%
Relative likelihood of White staff accessing non mandatory training and CPD compared to BME staff	0.49 times more likely			0.24 times more likely		

The 2020 data for WRES indicator 4 highlights that:

- In 2019 the relative likelihood of White colleagues accessing non-mandatory training and CPD compared to BME colleagues was 0.49 times more likely and in 2020 this decreased to 0.24 times more likely.

5.5 WRES Indicator 9

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

WRES Indicator 9 BaNES CCG

	WRES 2019								
	Board Voting Membership*			Board Executive Membership*			Overall Workforce		
	White	BAME	Ethnicity Unknown	White	BAME	Ethnicity Unknown	White	BAME	Ethnicity Unknown
% Difference	63.6%	0%	36.4%	NK	NK	NK	91.1%	5.0%	4.0%

*CCG Board voting membership and executive membership as at 31st March 2020

*NK = Not Known

	WRES 2020								
	Board Voting Membership*			Board Executive Membership*			Overall Workforce		
	White	BAME	Ethnicity Unknown	White	BAME	Ethnicity Unknown	White	BAME	Ethnicity Unknown
% Difference	63.6%	0%	36.4%	66.7%	0%	33.3%	89.7%	5.2%	5.2%

*CCG Board voting membership and executive membership as at 31st March 2020

The BANES CCG Board voting membership and executive membership had a negative percentage difference of BAME representation compared to the overall workforce (-5% in 2019 and -5.2% in 2020). The Board was not representative of the BAME workforce however it is worth noting that 36.4% of the voting Board membership and 33.3% of the executive Board membership had not declared their ethnic origin and therefore the results could be skewed.

WRES Indicator 9 Swindon CCG

	WRES 2019								
	Board Voting Membership*			Board Executive Membership*			Overall Workforce		
	White	BAME	Ethnicity Unknown	White	BAME	Ethnicity Unknown	White	BAME	Ethnicity Unknown
%	NK	NK	NK	NK	NK	NK	87.3%	7.1%	5.6%

Difference									
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*CCG Board voting membership and executive membership as at 31st March 2020

*NK = Not Known

	WRES 2020								
	Board Voting Membership*			Board Executive Membership*			Overall Workforce		
	White	BAME	Ethnicity Unknown	White	BAME	Ethnicity Unknown	White	BAME	Ethnicity Unknown
% Difference	81.3%	0%	18.2%	100%	0%	0%	86.3%	8.6%	5.0%

*CCG Board voting membership and executive membership as at 31st March 2020

The Swindon CCG Board voting membership and executive membership have a negative percentage difference of BAME representation compared to the overall workforce (-7.1% in 2019 and -8.6% in 2020). The Board was not representative of the BAME workforce however it is worth noting that 18.2% of the voting Board membership had not declared their ethnic origin and therefore the results could be skewed.

WRES Indicator 9 Wiltshire CCG

	WRES 2019								
	Board Voting Membership*			Board Executive Membership*			Overall Workforce		
	White	BAME	Ethnicity Unknown	White	BAME	Ethnicity Unknown	White	BAME	Ethnicity Unknown
% Difference	NK	NK	NK	NK	NK	NK	93.2%	1.9%	4.9%

*CCG Board voting membership and executive membership as at 31st March 2020

*NK = Not Known

	WRES 2020								
	Board Voting Membership*			Board Executive Membership*			Overall Workforce		
	White	BAME	Ethnicity Unknown	White	BAME	Ethnicity Unknown	White	BAME	Ethnicity Unknown
% Difference	80%	20%	0%	NK	NK	NK	91.5%	3.7%	4.9%

*CCG Board voting membership and executive membership as at 31st March 2020

*NK = Not Known

The Wiltshire CCG Board voting membership had a positive percentage difference of BAME representation compared to the overall workforce (16.3% in 2020) (As recorded in the 2020 WRES return for Wiltshire CCG). This indicates that there is better

representation of BAME colleagues on the Board than for the rest of the workforce which stands at 3.7%.

6. Links to the People Plan and the BSW CCG People Strategy

The NHS People Plan 2020/2021 was published on 6th August 2020 and details practical actions that employers and systems should take during the remainder of the financial year. These actions are also referenced or captured in the BSW CCG People Strategy. The NHS People Plan focuses on:

- **Looking after our people** particularly the actions we must all take to keep our people safe, healthy and well – both physically and psychologically.
- **Belonging in the NHS** highlighting the support and action needed to create an organisational culture where everyone feels they belong.
- **New ways of working and delivering care** emphasising that we need to make effective use of the full range of our people's skills and experience to deliver the best possible patient care.
- **Growing for the future** particularly the need to build on renewed interest in NHS careers, to expand and develop our workforce, as well as taking steps to retain colleagues for longer

This WRES report will focus on the actions detailed in the NHS People Plan that need to be taken in relation to supporting BAME colleagues. An ambitious CCG WRES action plan has been developed to detail the actions that will be taken.

The golden thread running throughout the NHS People Plan is the need to continue “to look after each other and foster a culture of including and belonging, as well as action to grow our workforce, train our people and work together differently to deliver patient care”.

COVID-19 has had a significant impact on BAME colleagues across the NHS and communities and has highlighted the continuing inequalities and the need for this to be urgently addressed. The NHS Plan reiterates the need for us all to listen and learn from our colleagues and from society “and take considered, personal and sustained action to improve the working lives of our NHS people and diverse communities we serve.”

Risk assessments were carried out for all BAME colleagues within BSW CCG during the start of COVID 19 and colleagues supported as necessary.

The NHS Plan highlights the importance of health and wellbeing conversations and from September 2020 every colleague within the NHS should have health and wellbeing conversation. The conversation may take place as part of an appraisal or one to one line management discussion and should happen at least annually. The conversation will focus on the individual's health and wellbeing, any flexible working requirements as well as equality and diversity and inclusion. All new starters will also have a health and

wellbeing induction. These actions are detailed in the BSW CCG Performance Review documentation and within the WRES action plan as these conversations will support BAME colleagues in terms of their health and wellbeing and will hopefully support BAME colleagues in having a positive experience within the CCG workplace.

A key strand of the NHS People Plan is for people to feel that they belong to the NHS and in particular BAME colleagues. Organisations need to look to create organisational cultures where everyone feels that they belong. To do this organisations need to ensure there is trust and that all individuals understand, encourage and celebrate diversity. The CCG needs to ensure that colleagues have a voice and are empowered to speak up and when they do their concerns are heard and that we listen to colleagues lived experience.

The following section from the NHS People Plan outlines a number of actions NHS England and NHS Improvement will be taking to support NHS employers and specific actions that the CCG needs to take.

The information listed below from the NHS People Plan is in relation to the BAME workforce and are employer actions that the People Directorate will deliver in BSW CCG.

“Recruitment and promotion practices: By October 2020 employers, in partnership with representatives, should overhaul recruitment and promotion practices to make sure that their workforce reflects the diversity of their community, regional and national labour markets. This should include creating accountability for outcomes, agreeing diversity targets, and addressing bias in systems and processes. It must be supported by training and leadership about why this is a priority for our people and, by extension, patients. Divergence from these new processes should be the exception and agreed between the recruiting manager and board-level lead on equality, diversity and inclusion.

Leadership diversity: Every NHS trust, foundation trust and CCG must publish progress against the Model Employer goals to ensure that at every level, the workforce is representative of the overall BAME workforce. From September 2020, NHS England and NHS Improvement will refresh the evidence base for action, to ensure the senior leadership (very senior managers and board members) represents the diversity of the NHS, spanning all protected characteristics.”

The recruitment and promotion practices and leadership diversity action detailed above will support BSW CCG in addressing equal representation of ethnic groups across the workforce at all levels and help to increase our BAME workforce. The relative likelihood of White colleagues being appointed compared to BAME colleagues in 2020 within BANES and Wiltshire CCG decreased significantly and this work needs to continue to be built upon by BSW CCG. These actions link to WRES indicator 1, 2 and 9.

“Tackling the disciplinary gap: Across the NHS we must close the ethnicity gap in entry to formal disciplinary processes. By the end of 2020, we expect 51% of organisations to have eliminated the gap in relative likelihood of entry into the disciplinary process. As set out in A Fair Experience for All, NHS England and NHS Improvement will support organisations in taking practical steps to achieving this goal, including establishing robust

decision tree checklists for managers, post action audits on disciplinary decisions, and pre-formal action checks.”

In all three historical CCGs no BAME colleagues were subject to formal disciplinary processes during 2020. BSW CCG will be mindful of the support that NHS England and NHS Improvement will be offering regarding eliminating the ethnicity gap in relation to disciplinary processes. This action links to WRES indicator 3.

“Governance: By December 2021, all NHS organisations should have reviewed their governance arrangements to ensure that staff networks are able to contribute to and inform decision-making processes.

Not only do staff networks provide a supportive and welcoming space for our people, they have deep expertise on matters related to equality, diversity and inclusion, which boards and executive teams need to make better use of. Staff networks should look beyond the boundaries of their organisation to work with colleagues across systems, including those working in primary care.”

Further information regarding an Equalities Colleague network for BSW CCG colleagues is included within the WRES action plan and details for consideration of an allyship programme. See Appendix A

“Information and education: From October 2020, NHS England and NHS Improvement will publish resources, guides and tools to help leaders and individuals have productive conversations about race, and to support each other to make tangible progress on equality, diversity and inclusion for all staff. The NHS equality, diversity and inclusion training will also be refreshed to make it more impactful and focused on action.”

The CCG will await the NHS equality, diversity and inclusion training and will look to ensure this is mandatory for all colleagues and that the training is highlighted through the ConsultOD portal, Interim Equality and Diversity Strategy and Colleague briefings.

“Accountability: By March 2021 NHS England and NHS Improvement will have published competency frameworks for every board-level position in NHS providers and commissioners. These frameworks reinforce that it is the explicit responsibility of the chief executive to lead on equality, diversity and inclusion, and of all senior leaders to hold each other to account for the progress they are making.”

Following the publication of the competency framework action will be taken to ensure the competencies are discussed, reflected upon and action taken for every board – level position within the CCG.

“Building confidence to speak up: By March 2021 NHS England and NHS Improvement will launch a joint training programme for Freedom to Speak Up Guardians and WRES Experts. We are also recruiting more BAME staff to Freedom to Speak Up Guardian roles, in line with the composition of our workforce.

Leadership development: From September 2020, NHS England and NHS Improvement will provide refreshed support for leaders in response to the current operating

environment. This will include expert-led seminars on health inequalities and racial injustice, and action learning sets for senior leaders across health and social care.”

The CCG will support and encourage senior leaders to participate within the expert – led seminars and the action learning sets.

“Talent management: By December 2020, NHS England and NHS Improvement will update the talent management process to make sure there is greater prioritisation and consistency of diversity in talent being considered for director, executive senior manager, chair and board roles. This will include clearer guidance on the recruitment process, and metrics to track progress.”

This development in the talent management process is critical for the CCG in aiding current BAME colleagues to reach senior positions within the CCG should they wish to progress their careers to senior roles. The guidance published on recruitment processes will be reviewed by the CSU Recruitment Team who provide this service to the CCG and ensure the processes are reflected in the day to day recruitment documentation that is used.

“Online leadership resources: All central NHS leadership programmes will be available in digital form, and accessible to all, by April 2021. The curriculum will be updated to be underpinned by the principle of inclusion. It will include practical resources on team effectiveness, crisis management, and retention and talent management.”

7. Links to the CCG Interim Equality and Diversity Strategy

BSW CCG has a robust and detailed Interim Equality and Diversity Strategy and details that the focus will be:

- Protection of colleagues
- Engagement with colleagues
- Representation in decision making
- Rehabilitation and recovery
- Communications and media

The Interim Equality and Diversity Strategy outlines the following actions that the CCG plans to take: (please note this is not all the actions that are contained in the strategy):

Leadership and Governance

- Finalise the new equality objectives for BSW
- Widen access to coaching and mentoring, asking Executive and Board members to mentor colleagues, including reverse mentoring to support our Executive and Board members to better understand what it is like to walk in the shoes of some of our colleagues and support these colleagues to have a stronger voice.

Our CCG Workforce

- Periodically review and revise our statutory and mandatory training to ensure that it remains relevant
- Act on any relevant feedback from subsequent staff surveys in relation to equality and diversity
- Develop an enhanced equality and diversity programme which will raise awareness and understanding and to increase the confidence and capability of our colleagues.

Complaints, concerns and compliments

- We will seek to provide more diverse patient and colleague stories and experiences as examples from which we can all learn. In order to do this, we recognise that we need to build trust amongst our colleagues and patients so that they feel able to share their experiences.

The WRES action plan will support and build on the actions highlighted above that are detailed in the Interim Equality and Diversity Strategy to ensure there is a united approach to equality, diversity and inclusion within BSW CCG.

8. A Model Employer – Increasing black and minority ethnic representation at senior levels across the NHS (NHS Workforce Race Equality Standard (WRES) Leadership Strategy

The Model Employer Leadership Strategy states “that the NHS leadership should be as diverse as the rest of the workforce; and, in particular, we should ensure that BME representation at senior management matches that across the rest of the NHS workforce within ten years. Our staff should look at their leaders and see themselves represented, and our patients deserve the same. We know that when we support BME staff to rise through our organisations and take leadership positions, everybody benefits.”

The Model Employer Leadership Strategy highlights that the number of BME colleagues across NHS trusts and CCGs has increased from 2016 to 2018, by 25,812. The number of BME colleagues in bands 8A and above, including VSM has also increased by 1,699. However, the gap between the percentage of overall BME colleagues and representation at band 8A to VSM has not increased at the same rate and has remained constant over time. To address this, organisations need to look at increasing the recruitment of BME colleagues to senior bands. The aspiration for the NHS is to reach equality in BME representation across the workforce by 2028. This will mean for CCGs one in every seven VSM colleagues recruited in CCGs are of a BME background.

The Model Employer Leadership Strategy outlines a comprehensive and holistic set of objectives to aid the CCG in improving BAME representation across the workforce and creating an inclusive culture. The CCG has reviewed the objectives and ensure that these are embedded within the WRES action plan and CCG People Strategy.

9. Assurance that commissioned providers are using WRES

BSW CCG can confirm that all providers who are signed up to the NHS Standard Contract are required to report on their own compliance with the National WRES.

10. Conclusion

The annual WRES return highlights key areas where BSW CCG needs to take action to improve the experiences for BAME colleagues and continue to build on areas where improvements have been made. The improvements should not be underestimated as these have been achieved during a challenging year when the three CCGs were preparing to merge and there was significant organisational change being undertaken.

Equality, diversity and inclusion is at the forefront of the culture BSW CCG is trying to develop and foster whilst achieving the organisations vision of “working together to empower people to lead their best life”. One of the CCGs five values is inclusion and it is highlighted that this is shown through colleagues continually ensuring their own behaviours support equality of opportunity and diversity.

This report has provided an overview of the WRES 2019/2020 data for BANES, Swindon and Wiltshire CCGs. A WRES action plan has been developed for BSW CCG to take forward and implement based on the combined data from the three historical CCGs. Some work is already underway to achieve the actions detailed within the WRES action plan.

11. Next Steps

In line with the WRES guidance BSW CCG will publish their annual WRES report on their website alongside their WRES action plan by 31st October 2020.

The CCG is committed to tackling equality and diversity and ensuring a culture of inclusion and belonging is developed and continually fostered for all BSW CCG colleagues. The WRES action plan, CCG People Strategy, Model Employer WRES Leadership Strategy and the Interim Equality and Diversity Strategy will aid the CCG in achieving this.

APPENDIX A

Brief Overview of Allyships

TO BE AN ALLY IS TO...

1. Take on the struggle as your own.
2. Transfer the benefits of your privilege to those who lack it.
3. Amplify voices of the oppressed before your own.
4. Acknowledge that even though you feel pain, the conversation is not about you.
5. Stand up, even when you feel scared.

6. Own your mistakes and de-center yourself.
7. Understand that your education is up to you and no one else.

The definition of “ally” within the Guide to Allyship comes from author Roxane Gay in her article for *Marie Claire*, [“On Making Black Lives Matter.”](#) In it, she notes:

Black people do not need allies. We need people to stand up and take on the problems borne of oppression as their own, without remove or distance.

We need people to do this even if they cannot fully understand what it’s like to be oppressed for their race or ethnicity, gender, sexuality, ability, class, religion, or other marker of identity.

We need people to use common sense to figure out how to participate in social justice.

To recap: Being an ally doesn’t necessarily mean you fully understand what it feels like to be oppressed. It means you’re taking on the struggle as your own.

An individual from an underinvested community cannot easily cast away the weight of their identity (or identities) shaped through oppression on a whim. They carry that weight every single day, for better or for worse. An ally understands that this is a weight that they, too, must be willing to carry and never put down.

SCW CSU has introduced allyships and are promoting an active approach to allyship where the focus is on:

- supporting individuals and groups who are different from you (e.g. in terms of race, gender or disability);
- actively acknowledging the social privileges you enjoy compared to others (e.g. as conferred by your social class, education or sexual orientation);
- Using such privileges to support the people and issues you are seeking to support and work with.

Part of the SCW CSU allyship campaign involved colleagues making anonymous pledges to state how they will act or continue to act as an ally. All colleagues who made a pledge had the option to have their pledge published on the intranet site and received a rainbow lanyard to acknowledge their pledge and strengthen the sense of belonging to the allyship.

An allyship may be beneficial for organisations who may be facing challenges on setting up BAME networks due to small numbers of BAME colleagues or BAME colleagues not wanting to be part of a network. An allyship is open to all colleagues to take on the struggles of BAME colleagues and amplify their voices.

APPENDIX B

BSW CCG WRES Action Plan **November 2020 to September 2021**

The following action plan will be implemented in line with BaNES, Swindon and Wiltshire CCG values of: caring, collaborative, inclusive, accountable and innovative and will be delivered alongside the CCG Interim Equality and Diversity Strategy actions and the People Strategy actions.



Caring



Innovative



Inclusive



Accountable

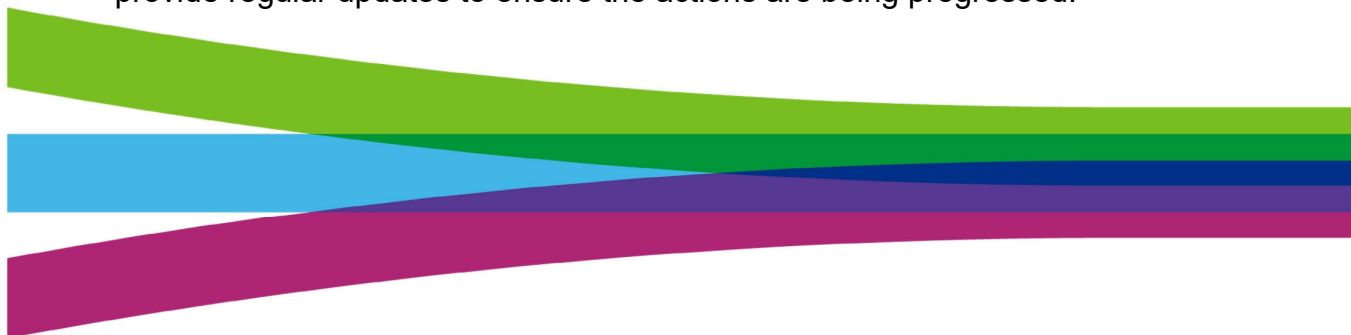


Collaborative

The action plan is ambitious for the next 11 months and therefore the actions will need to be prioritised. Some actions will be able to be achieved by March 2021, however it is acknowledged that some actions will take longer to be implemented and embedded within the CCG. Resource constraints within the people directorate is a key consideration in the development and delivery of this plan and both financial and workforce resources require further investment to fully deliver this plan.

It is proposed that some actions will have greater results for BAME colleagues if work is undertaken across the Integrated Care System (ICS); however, it is recognised that this will only be possible if all the organisations that are part of the ICS are willing to commit to this.

For each of the areas below, a specific work plan will be compiled by the end of November 2020 by the identified project leads which will detail the key actions to be achieved by September 2021. The project leads will be accountable to the Directors for People and Organisational Development and the Director of Nursing and Quality regarding the progress being made and will provide regular updates to ensure the actions are being progressed.



Area of focus	Action	Measure of success	Link to other strategies/ plans	Target completion date	Lead
Organisational Culture Creating an organisation that is aware of cultural diversity and inclusive for all <i>and</i> where all colleagues feel they belong.	Ensure all colleagues are aware of the Interim Equality and Diversity Strategy and how it impacts on all aspects of their day to day work.	Colleagues are aware of the strategy and understand how they can expect to be treated by colleagues within the organisation.	Interim Equality and Diversity Strategy	December 2020	Director for Nursing and Quality
	Review of Equality and Diversity training to ensure it is fit for purpose and if not, the training offer is reviewed.	Colleagues have a good understanding of what equality and diversity means and an increased skill set within this field and most importantly know how to address inequality.	Interim Equality and Diversity Strategy, CCG People Strategy	December 2020	CSU HR
	Consider implementing an allyship programme within the CCG and/or across the ICS. Further information about allyships can be found at: https://guidetoallyship.com/#what-is-an-ally .	All colleagues understand what it means to be an ally and help amplify the voices of BAME colleagues. BAME colleagues feel supported, represented and part of the NHS/CCG.	The NHS People Plan focuses on ensuring staff have a voice and when our people speak, we must listen and take action. The CCG People Strategy aims to work more closely with our diverse workforce to ensure that all	July 2021	Director for People and OD / Director for Nursing and Quality / ICS HR Leads

Area of focus	Action	Measure of success	Link to other strategies/ plans	Target completion date	Lead
			CCG colleagues' voices are heard.		
	Explore unconscious bias training for all colleagues including GB and look at how best to deliver this i.e. within teams or training sessions for all colleagues	Colleagues understand the concept of unconscious bias and how it might impact on decision making and this leads to a positive difference within the CCG for BAME colleagues	Interim Equality and Diversity Strategy	December 2020	CSU HR
	Equalities network to be set up to support and empower colleagues to have a voice (possibly across ICS or combined with allyship programme)	Colleagues are confident to have open and honest conversations and colleagues may be more open to be part of a BAME network.	<p>The NHS People Plan focuses on ensuring staff have a voice and when our people speak, we must listen and take action.</p> <p>The CCG People Strategy aims to ensure all CCG colleagues' voices are heard.</p> <p>A Model Employer</p>	November 2020	Director for People and OD / Director for Nursing and Quality
	During all annual appraisals colleagues will	Colleagues will be held accountable for ensuring	The CCG Performance	September 2020	Director for People and

Area of focus	Action	Measure of success	Link to other strategies/ plans	Target completion date	Lead
	be asked how they have contributed to the equality and diversity agenda within the CCG and a discussion to take place regarding their health and wellbeing.	that the CCG fosters a culture of equality and diversity for all. Line managers will be responsible for providing confidential space on at least an annual basis to discuss their colleague's health and wellbeing, flexible requirements and equality, diversity and inclusion.	Review Process documentation, CCG People Strategy, NHS People Plan		OD / Head of People Programmes & OD
	Increase the number of BAME colleagues on the board and in senior positions through having diverse interview and selection panels when recruiting to these positions to hold people to account. This will help aid the talent pipeline of BAME colleagues to increase ethnic diversity in senior positions and Board	This would mean 1 in 7 colleagues within the workforce would be from a BAME background and 1 in 10 VSM colleagues would be from a BAME background. The target to achieve the outcome detailed above would mean 1 in 6 recruits for VSM roles are from BAME background in 2023 and in 2028 1 in 7 recruits to VSM roles are from	NHS People Plan – Leadership Diversity and Talent Management, CCG People Plan and Model Employer NHS England and NHS Improvement will have published guidance on the recruitment	March 2021 (interim date) September 2020 (completion date)	Director for People and OD / CSU HR

Area of focus	Action	Measure of success	Link to other strategies/ plans	Target completion date	Lead
	positions within the CCG. The aspiration for the NHS (within the Model Employer Guidance) would be to reach equality in BME representation across the workforce by 2028.	BME backgrounds.	process and metrics to track progress.(Dec 2020)		
	BAME colleagues across the CCG and potentially the ICS share their lived experiences so all colleagues can hear and start to understand the experiences of BAME colleagues. It is recognised this action would need to be carefully managed to ensure colleagues feel safe to share their experiences and are not potentially reliving their trauma. Debriefs and support will have to be in	CCG colleagues start or continue to understand their BAME colleague's experiences and can provide support through the allyship programme (if implemented).	The NHS People Plan states that we need to look beyond the data and listen to the lived experience of our colleagues. Interim Equality and Diversity Strategy	March 2021	Director for People and OD / Director for Nursing and Quality

Area of focus	Action	Measure of success	Link to other strategies/ plans	Target completion date	Lead
	place.				
	All new colleagues will have a health and wellbeing induction whilst being mindful of protected characteristics and offering the right support from the outset of individual's employment with the CCG.	New colleagues will understand the CCGs commitment to their health and wellbeing and line managers will be aware of any health and wellbeing concerns from their direct reports from the commence of their employment.	NHS People Plan, CCG People Strategy,	October 2020	Director for People and OD / Head of People Programmes & OD
	All colleagues are asked to record or update their data regarding their protected characteristics via ESR self – service to minimise the number of unknown/not declared responses.	The data gathered for future WRES returns or monitoring compliance will enable more accurate reporting of the BAME workforce position within BSW CCG		December 2020	CSU HR
Recruitment and Retention WRES Indicator 2	Ensure all line managers and recruiting managers have undertaken unconscious bias training.	Following shortlisting more BME applicants are appointed into roles.	CCG People Strategy	March 2021	CSU HR
To eliminate the gap between	Review of values based recruitment training to	Increased recruitment and selection skills, including	CCG People Strategy, NHS	May 2021	CSU HR

Area of focus	Action	Measure of success	Link to other strategies/ plans	Target completion date	Lead
White and BME colleagues who are appointed following shortlisting	ensure equality and diversity is covered and rolled out to all CCG line managers and recruiting managers. All recruitment processes promote inclusion.	the promotion of inclusion, for recruiting managers and robust recruitment process with positive experience for candidates.	People Plan		
	Diverse shortlisting and interviewing panels, a BME member will be involved in shortlisting and interview panels. (Only in exceptional circumstances should there not be a BME member on shortlisting and interview panels. Where BME interviewees are not appointed this has to be justified to the CCG Chair)	Increase in the number of BME individuals being appointed to CCG roles	A Model Employer	July 2021	Director for People and OD / CSU HR
	Opportunity offered to BME colleagues within the CCG to be mentored by a member of the Executive Team/SLT.	BME colleagues supported throughout the mentoring relationship and opportunities for career progression identified and tracked.	CCG People Strategy – Widening access to coaching and mentoring, Model Employer	July 2021	Director for People and OD / CSU HR

Area of focus	Action	Measure of success	Link to other strategies/ plans	Target completion date	Lead
	(This action could be considered for the ICS)	Connectedness with SLT/Executive team and BAME colleagues improved.			
	Advertisements and job descriptions for roles to include clear statements regarding the value the CCG puts on diversity and inclusiveness.	Potential colleagues are clear that the CCG values diversity and inclusiveness and that this is part of the CCG culture.	CCG People Strategy	November 2020	CSU HR
	Opportunity for BAME colleagues to shadow Senior colleagues within the CCG	BAME colleagues able to shadow senior/executive colleagues carrying out their day to day duties and discuss their career aspirations and development needs to reach roles at band XXX and above (including VSM).	CCG People Strategy	June 2021	Executive Director colleagues
	A Talent management scheme that looks to increase the talent, skills and experience of BAME colleagues to enable them to apply for roles on	The number of BAME candidates appointed to roles following shortlisting increases from the current position documented within the CCG WRES report.	NHS People Plan, CCG People Strategy, Model Employer, NHS England and NHS	May 2021	Director for People and OD / Head of People Programmes & OD

Area of focus	Action	Measure of success	Link to other strategies/ plans	Target completion date	Lead
	an equal footing as White colleagues.		Improvement will update the talent management process to ensure there is greater prioritisation and consistency of diversity in talent being considered for senior and executive roles. (December 2020)		
	Work with CSU HR/OD to make the Modern Slavery training available to all colleagues via an e-learning module	<p>All colleagues will have an understanding and awareness of the issue of modern slavery.</p> <p>It will help colleagues recognise the signs that someone has been trafficked, and to take appropriate action with confidence.</p>	CCG People Strategy	March 2021	Head of People Programmes & OD / CSU HR / OD
	Re-publish the details of the organisations that are available to support	BAME colleagues know where to find support regarding their mental	NHS People Plan, CCG People Strategy	December 2020	Head of People Programmes

Area of focus	Action	Measure of success	Link to other strategies/ plans	Target completion date	Lead
	BAME individuals mental health	health. The CCG secures the Mental Health Charter			& OD
	To explore the Race at Work Charter to demonstrate the CCGs commitment to addressing equality	Through signing the Race at Work Charter there will be five calls to action to ensure that ethnic minority colleagues are represented at all levels in the organisation. The calls to action include commitment at Board level to zero tolerance of harassment and bullying and that it will be clear that supporting equality in the workplace is the responsibility of all leaders and managers.	CCG People Strategy	January 2021	Director for People and OD / Head of People Programmes & OD
Disciplinary Process WRES indicator 3 To eliminate the gap between	An equality impact assessment is carried out on the new BSW CCG Disciplinary Policy. Data is gathered on the ethnicity of colleagues	The ethnicity gap in entry to formal disciplinary processes remains minimal. The CCG disciplinary policy and process is	NHS People Plan	July 2021	CSU HR

Area of focus	Action	Measure of success	Link to other strategies/ plans	Target completion date	Lead
White and BME colleagues entering the formal disciplinary process	<p>who are subject to the disciplinary process and this is monitored on a six monthly basis.</p> <p>CCG to review the information that is published by NHS England and NHS Improvement including robust decision tree checklists for managers, post action audits on disciplinary decisions and pre-formal action checks and update CCG processes and policies as necessary.</p>	robust and provides a fair experience to all colleagues.			
Bullying and Harassment WRES indicator 5 – 8 N.B. this indicator was not reported on in the 2020 WRES	<p>Participate in the national NHS staff survey to gather data on bullying and harassment experiences across the CCG.</p> <p>Take appropriate action to eliminate any potential</p>	<p>Identify whether there is a workforce issue in relation to bullying and harassment within the CCG and be able to identify where action needs to be taken and take the necessary action in a timely way.</p>	<p>The NHS People Plan</p> <p>CCG People Strategy</p> <p>From 2021 the annual NHS Staff Survey will be designed to align</p>	November 2020	Director for People and OD

Area of focus	Action	Measure of success	Link to other strategies/ plans	Target completion date	Lead
return as the CCG did not participate in the national NHS staff survey	gap between BME and White colleagues regarding their experience of bullying and harassment.	Further analysis could be offered on the national NHS staff survey results by the CSU E&D team.	with Our People Promise as detailed in the NHS People Plan 2020/2021		
	Provide workshops/webinars to colleagues regarding what bullying and harassment is and the responsibilities that everyone has in addressing this.	Greater awareness for all colleagues regarding bullying and harassment and how to tackle it and highlighting that there is no place within the CCG for bullying and/or harassment.	CCG People Strategy	February 2021	CSU HR/ OD
	CPF to promote the support they can offer to colleagues who may be experiencing bullying and/or harassment through colleague briefing sessions.	Colleagues are aware of the support available to them at a formal and informal level from CPF members.		February 2021	Director for People and OD
	Promote to colleagues on a regular basis through communication and action that the CCG is committed to preventing and tackling bullying, harassment and abuse	Colleagues fully believe that the CCG is committed to preventing and tackling bullying, harassment and abuse against colleagues and for creating a culture of civility and respect.	NHS People Plan NHS England and NHS Improvement will provide a toolkit on civility and	. Ongoing	CCG Comms

Area of focus	Action	Measure of success	Link to other strategies/ plans	Target completion date	Lead
	against colleagues, and for creating a culture of civility and respect.	The impact the communication and action has had on colleagues will be measured through a temperature check survey every quarter and through regular feedback from the CPF members	respect for all employers, to support them in creating a positive workplace culture (By March 2021)		