**BSW CCG NHS**

**Workforce Race Equality**

**Standard Report 2021**

**September 2021**

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**Executive Summary**

This BSW CCG WRES report and action plan details the WRES data that the CCG submitted for the WRES return for 2020/2021 to NHS England. An analysis of the data is included within this report alongside a comparison between the BSW CCG WRES 2020/2021 data and the three legacy CCGs WRES data that was submitted for 2019/2020.

The BSW CCG 2021 WRES data highlights that for indicator 1 the percentage of BME[[1]](#footnote-1) colleagues within the workforce has increased by 0.45% compared to the combined 2020 legacy CCG data.

For indicator 2 white colleagues are 1.98 times more likely to be appointed from shortlisting compared to BME colleagues, this position is now worse when compared to the likelihood of BME colleagues being appointed within the legacy BANES CCG (0.58 times more likely) and Wiltshire CCG (0.96 times more likely). However, the position is better compared to the legacy Swindon CCG where white colleagues were 2.44 times more likely to be appointed.

With regards to indicator 3 the status remains the same in that no BME colleagues have entered formal disciplinary processes.

For indicator 4 white colleagues are 1.24 times more likely to access non-mandatory training and CPD compared to BME colleagues. This likelihood has increased compared to the Wiltshire 2020 data where it was 0.24 times more likely. No BME colleagues in BANES or Swindon CCG accessed non-mandatory training and CPD.

Indicator 9 highlights that there BME colleagues continue to be underrepresentation at senior and leadership positions within the CCG. BME colleagues equate for 3.8% of the Board membership compared to 88.5% of white colleagues. Executive Board members ethnic origin is 100% white.

The report details where progress has been made against the 2020/2021 WRES action plan and where some of these actions have not been achieved and therefore carried forward into the 2021/2022 WRES action plan. The timescales for the achievement of some of the actions have also been reviewed to try and accelerate progress within this area.

It is acknowledged the activity that has been undertaken regarding EDI in relation to the NHS People Plan and BSW CCG People Strategy. The report also looks ahead to the activity that needs to be undertaken and embedded in relation to advancing equality, diversity and inclusion as detailed in the HR Framework for Developing Integrated Care Boards

The action plan for 2021/2022 will be carried forward to the ICB on 1st April 2022 and key milestones for reporting on progress against the action plan to the Executive Team and Governing Body are detailed.

**We are publishing this report in draft form, subject to internal governance approval.**

1. **Introduction**

This is the 2021 NHS Workforce Race Equality Standard (WRES) report for BSW CCG and is based purely on BSW CCG. The information used is taken from data collected as at 31 March 2021. One report and action plan has been produced for the organisation to take forward over the next 12 months.

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 and Minority Ethnic (BME) colleagues. It is however acknowledged that BSW CCG will only be in existence until 31st March 2022 and following this will be an Integrated Care Board (ICB). Due to this the action plan will transfer across to the ICB on 1st April 2022. Following the creation of the ICB the WRES action plan will be reviewed and updated as appropriate to ensure all the actions are still relevant. Once the ICB is established it will be explored with the EDI Leads network if a combined action plan will be developed to support a system approach to WRES and to explore if some of the actions could be completed as a system.

The report provides details of the CCG’s position against indicators 1-4, and indicator 9 of the WRES indicators for the year 2020/2021 and is taken from data collected as at 31st March 2021. Data from the 2020 WRES report is also included to highlight whether there have been improvements regarding each reported indicator since the last reporting period.

This report also highlights areas of the NHS People Plan 2020/2021 that directly relates to actions regarding Equality, Diversity and Inclusion (EDI). It should be noted that we are committed to further develop ourselves and to promote better understanding of equality, diversity and bias and that the WRES action plan to support this is an ambitious plan.

The main purpose of the NHS Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES) are to: -

* Help local and national NHS organisations (and other organisations providing NHS services) to review their data against the relevant indicators.
* To produce action plans to close the gaps in workplace experience between relevant groups of staff, and
* To improve BME/Disabled people representation and gender balance at the Board level of the organisation.

BSW CCG are only required by law to report their WRES data and publish their report and action plan. Currently there is no legal requirement to report on WDES data, publish a report or develop an action plan. However, BSW CCG will be publishing a WDES report, data and an action plan in December 2021.

As an NHS organisation the CCG is required to:

* Collect data on their workforce – this includes both workforce data and staff survey data with analysis of data for each of the relevant metrics.
* To produce an annual report and action plan – the report should show the results of the staff survey and workforce data for internal analyses and indicate the steps being taken to improve performance against the relevant indicators, and
* To publish the annual report and action plan – CCG’s will need to give consideration to how such data is published and what conclusions are drawn**2. Background**

The aim of the WRES is to help NHS organisations ensure that colleagues from BME backgrounds have equal access to career opportunities and that they 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 BME colleagues at all levels across the organisation, particularly at senior management level.

The three legacy CCGs first submitted WRES data on 30th August 2020 for 2019/2020 and developed an ambition action plan following this. A summary update on the progress made against the 2019/2020 action plan is provided within this report (section 6 and appendix 1).

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 CCG only has to report on indicators 1 – 4 and 9. Bank colleagues are not included in the national WRES return.

1. **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: -

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

1. **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 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 BME colleagues.

1. **BSW CCGs position against WRES indicators 2021**

The data provided below is for BSW CCG’s position against the WRES indicators based on a snapshot of the CCG’s workforce on 31st March 2021 and recruitment and training records for the period of 1st April 2020 to 31st March 2021. Data submitted for the 2019/2020 WRES return for the three legacy CCGs is also included to show where improvements have been made.

The workforce total as at 31st March 2021 is recorded as 412 headcount (non-clinical workforce with a headcount of 293, clinical workforce with a headcount of 87 and medical and dental workforce with a headcount of 32).

Our 2021 WRES data against the indicators has been submitted to NHS England using the web based WRES reporting template on 20th August 2021. 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.

* The WRES indicators 1 - the headcount and percentage of clinical and non – clinical 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.
* The WRES Indicator 2 – the relative likelihood of staff being appointed from shortlisting across all posts.
* The WRES Indicator 3 – The relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.
* The WRES Indicator 4 – the relative likelihood of staff accessing non-mandatory training and CPD.
* The WRES Indicator 9 – the 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 Indicator 1**

*Headcount of staff in each of the Agenda for Change (AfC) Bands 1-9 for clinical and non clinical workforce, Medical and Dental and VSM (including executive board members) compared with the headcount of staff in the overall workforce disaggregated by: non-clinical staff, clinical staff and medical and dental staff.*

**Non-Clinical Workforce as at 31 March 2021 – based on headcount of 293**

|  |  |  |  |
| --- | --- | --- | --- |
| **AfC Pay Band**  | **White** | **BME** | **Ethnicity Unknown** |
| **Band 1-4** | 102 | Redacted to maintain anonymity | 0 |
| **Band 5-7** | 82 | Redacted to maintain anonymity | 1 |
| **Bands 8-9 and VSM** | 95 | Redacted to maintain anonymity | 2 |

**Clinical Workforce as at 31 March 2021 – based on headcount of 87**

|  |  |  |  |
| --- | --- | --- | --- |
| **AfC Pay Band**  | **White** | **BME** | **Ethnicity Unknown** |
| **Band 1-4** | 2 | 0 | 0 |
| **Band 5-7** | 42 | 6 | 2 |
| **Bands 8-9 and VSM** | 33 | Redacted to maintain anonymity | 1 |

**Medical and Dental ad hoc pay scales as at 31 March 2021 – based on headcount of 32**

|  |  |  |  |
| --- | --- | --- | --- |
| **Medical and Dental ad hoc salary** | **White** | **BME** | **Ethnicity Unknown** |
|  | 20 | Redacted to maintain anonymity | 7 |

**Overall CCG Workforce**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **WRES 2021** | **WRES 2020 BANES CCG** | **WRES 2020 Wiltshire CCG** | **WRES 2020 Swindon CCG** | **Comparison** |
| **White Staff** | 91.3% | 89.69% | 91.46% | 86.33% | Increased by 1.61% |
| **BME Staff** | 5.6% | 5.15% | 3.65% | 8.63% | Increased by 0.45% |
| **Undisclosed/Not** **Stated** | 3.2% | 5.15% | 4.87% | 5.04% | Decreased by 1.95%[[2]](#footnote-2) |

**WRES Indicator 1 shows that:**

* The WRES Indicator 1 highlights that we must focus our efforts on increasing colleagues from BME backgrounds across all bands and within clinical and non-clinical roles.
* Amongst colleagues, those from BME backgrounds made up from 4.87% in Wiltshire, 5.15% in Banes and 5.04% in Swindon of the workforce in 2020 compared to 5.6% in 2021, a slight increase.
* The number of colleagues who have undisclosed/not stated accounted for 5.15% of colleagues in Banes, 4.87% in Wiltshire and 5.04% in Swindon in 2020, and this has decreased to 3.2% in 2021.

**WRES Indicator 2 BSW CCG**

*Relative likelihood of staff being appointed from shortlisting across all posts*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **BSW WRES Data 2021** | **BANES WRES Data 2020** | **Wiltshire WRES Data 2020** | **Swindon WRES Data 2020** |
|  | **White** | **BME** | **Ethnicity unknown** | **White** | **BME** | **Ethnicity unknown** | **White**  | **BME** | **Ethnicity unknown**  | **White** | **BME**  | **Ethnicity unknown** |
| **Number of shortlisted applicants** | 212 | 35 | 4 | 72 | 7 | 2 | 149 | 13 | 4 | 144 | 33 | 6 |
| **Number appointed from shortlisting** | 36 | Redacted to maintain anonymity | 1 | 18 | Redacted to maintain anonymity | 0 | 33 | Redacted to maintain anonymity | 2 | 42 | Redacted to maintain anonymity | 5 |
| **Relative likelihood of appointment from shortlisting** | 16.98% | 8.57% | 25.00% | 25.0% | 42.86% | 0% | 22.15% | 23.08% | 50.00% | 22.22% | 9.09% | 83.33% |
| **Relative likelihood of White staff being appointed from shortlisting compared to BME staff** | 1.98 times more likely |  |  | 0.58 times more likely |  |  | 0.96 times more likely |  |  | 2.44 times more likely |  |  |

**WRES Indicator 2 shows that:**

* The 2021 WRES data shows that applicants from BME backgrounds are less likely to be shortlisted compared to white applicants. The position since 2020 has deteriorated as we shortlisted 53 BME candidates the year before across the three CCG’s compared to 35 in 2021.
* The data shows that although BME applicants are being shortlisted they are not being appointed to roles after being shortlisted, with only 3 applicants being appointed from 35 colleagues that were shortlisted in 2021. The information from 2020 was redacted to maintain anonymity.
* The relative likelihood of BME applicants being appointed is 8.57% compared to 16.98% for white applicants, therefore BME applicants are only 50% likely to be appointed when shortlisted. Applicants from BME backgrounds are less likely to be appointed compared to white applicants, when analysing the 2021 WRES data. Comparing this to the 2020 data where 42.8% of BME applicants at Banes were likely to be appointed when shortlisted, and 23.08% in Wiltshire, and 9.09% in Swindon. However, a large number of applicants did not disclose their ethnicity in Wiltshire 50% in 2020 and 83.33% in Swindon.
* In terms of the relative likelihood of white applicants being appointed from shortlisting compared to BME applicants overall it was 1.98 times more likely at BSW CCG in 2021, compared to 0.58 times more likely in Banes in 2020, 0.96 times more likely in Wiltshire, and 2.44 times more likely in Swindon.

**WRES Indicator 3**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **BSW WRES Data 2021** | **BANES WRES Data 2020** | **Wiltshire WRES Data 2020** | **Swindon WRES Data 2020** |
|  | **White** | **BME**  | **Ethnicity Unknown**  | **White** | **BME** | **Ethnicity Unknown** | **White** | **BME** | **Ethnicity Unknown** | **White** | **BME** | **Ethnicity Unknown** |
| **Number of staff in workforce**  | 376 | 23 | 13 | 87 | Redacted to maintain anonymity | 5 | 150 | Redacted to maintain anonymity | 8 | 120 | Redacted to maintain anonymity | 7 |
| **Number of staff entering the formal disciplinary process**  | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| **Likelihood of staff entering the formal disciplinary process**  | 0.27% | 0% | 0% | 0% | 0% | 0% | 0.67% | 0 | 0 | 0% | 0% | 0% |
| **Relative likelihood of BME staff entering the formal disciplinary process compared to White staff** |  | 0% |  |  | 0% |  |  | 0% |  |  | 0% |  |

**WRES Indicator 3 shows that:**

* In 2020 and 2021 the relative likelihood of BME colleagues entering the formal disciplinary process compared to white colleagues was 0%.
* The data shows that only one white colleague entered the formal disciplinary process compared to 0 colleagues from a BME background in 2021 and one white colleague in 2020 from Wiltshire CCG.

**WRES Indicator 4 BSW CCG**

*The relative likelihood of staff accessing non-mandatory training and CPD*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **BSW WRES Data 2021** | **BANES WRES Data 2020** | **Wiltshire WRES Data 2020** | **Swindon WRES Data 2020** |
|  | **White** | **BME** | **Ethnicity unknown** | **White**  | **BME**  | **Ethnicity unknown** | **White** | **BME** | **Ethnicity unknown** | **White** | **BME**  | **Ethnicity Unknown** |
| **Number of staff in Workforce** | 376 | 23 | 13 | 87 | Redacted to maintain anonymity | 5 | 150 | Redacted to maintain anonymity | 8 | 120 | Redacted to maintain anonymity | 7 |
| **Number of staff accessing non-mandatory training and CPD** | 61 | Redacted to maintain anonymity | 1 | 1 | 0 | 1 | 6 | Redacted to maintain anonymity | 0 | 0 | 0 | 0 |
| **Likelihood of staff accessing non-mandatory training and CPD** | 16.22% | 13.04% | 7.69% | 1.15% | 0% | 20% | 4.00% | 16.67% | 0% | 0% | 0% | 0% |
| **Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff** | 1.24 |  |  |  |  |  | 0.24 |  |  |  |  |  |

**WRES Indicator 4 shows that:**

* In 2021 the relative likelihood of BME colleagues accessing non-mandatory training and CPD was comparative to white colleagues, with just over 13% of BME colleagues, compared to just over 16% of white colleagues. In 2020, 16.67% of BME colleagues were likely to access non-mandatory training and CPD, across the three CCG’s, compared to 5.15% of white colleagues. The position for BME colleagues with regard to the likelihood for accessing non mandatory training was slightly better in 2020.
* There has been a significant increase in 2021 of 11.07%, of the likelihood of white colleagues accessing non-mandatory training and CPD.
* However, the actual number of BME colleagues in 2021 who accessed non-mandatory training and CPD was relatively low only 3 colleagues, compared to 61 white colleagues. The data for 2020 across Banes, Wiltshire and Swindon is redacted to remain anonymous and therefore the comparisons for the actual number of BME colleagues that accessed non-mandatory training and CPD can not be compared.
* Overall, this indicates that further work is required to encourage BME colleagues to apply for CPD and non-mandatory training opportunities. A more skilled BME workforce will also contributed to the CCG’s EDI ambition of increasing the number of BME colleagues appointed to senior level roles in the organisation.
* It can be seen that white colleagues are 1.24 more likely to access non-mandatory training and CPD. The availability of non-mandatory training and CPD needs to be highlighted to all colleagues to encourage personal development. However, it must be noted that Covid-19 is likely to have had an impact on the number of colleagues applying for CPD.

**WRES Indicator 9 BSW CCG**

*The percentage difference between the organisations’ board membership and its overall workforce disaggregated.*

 **BSW CCG WRES 2021 Data**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **White** | **BME** | **Ethnicity unknown** |
| **Total Board Members**  | 23 | Redacted to maintain anonymity | 2 |
| **Of which: Voting Board** | 17 | Redacted to maintain anonymity | 2 |
| **Of which: Non Voting Board members**  | 6 | 0 | 0 |
| **Of which: Exec Board members**  | 11 | 0 | 0 |
| **Of which: non Executive Board members**  | 12 | Redacted to maintain anonymity | 2 |
| **Number of staff in overall workforce**  | 376 | 23 | 13 |
| **Total Board members - % by Ethnicity (a)** | 88.5% | 3.8% | 7.7% |
| **Voting Board member - % by Ethnicity** | 85.0% | 5.0% | 10.0% |
| **Non Voting Board Member - % by Ethnicity** | 100% | 0% | 0% |
| **Executive Board Member - % by Ethnicity** | 100% | 0% | 0% |
| **Non Executive Board Member - % by Ethnicity** | 80.0% | 6.7% | 13.3% |
| **Overall workforce - % by Ethnicity (b)** | 91.3% | 5.6% | 3.2% |
| **Difference (Total Board (a) – Overall workforce (b))**  | -2.8% | -1.7% | 4.5% |

**WRES Indicator 9 BaNES CCG Data for 2020**

|  |  |
| --- | --- |
|  | **WRES 2020** |
|  | **Board Voting Membership\*** | **Board Executive Membership\*** | **Overall Workforce** |
|  | White | BME | Ethnicity Unknown | White | BME | Ethnicity Unknown | White | BME | 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 BME representation compared to the overall workforce -5.2% in 2020. The Board was not representative of the BME 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 Data for 2020**

|  |  |
| --- | --- |
|  | **WRES 2020** |
|  | **Board Voting Membership\*** | **Board Executive Membership\*** | **Overall Workforce** |
|  | White | BME | Ethnicity Unknown | White | BME | Ethnicity Unknown | White | BME | 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 BME representation compared to the overall workforce -8.6% in 2020. The Board was not representative of the BME 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 Data for 2020**

|  |  |
| --- | --- |
|  | **WRES 2020** |
|  | **Board Voting Membership\*** | **Board Executive Membership\*** | **Overall Workforce** |
|  | White | BME | Ethnicity Unknown | White | BME | Ethnicity Unknown | White | BME | 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 BME representation compared to the overall workforce (16.3% in 2020 as recorded in the 2020 WRES return for Wiltshire CCG). This indicates that for Wiltshire CCG there was a better representation of BME colleagues on the Board than for the rest of the workforce which stands at 3.7%.

**WRES Indicator 9 shows that:**

* Overall BME colleagues are underrepresented at Board level, the total board members by ethnicity were made up of 88.5% of white colleagues, compared to 3.8% of BME colleagues, 7% of the workforce’s ethnicity was not known.
* Colleagues from BME backgrounds are more likely to be under-represented in senior and leadership positions; BME colleagues equate for 3.8% of the Board membership compared to 88.5% of White colleagues for BSW CCG.
* This shows that further work is needed to encourage and promote BME colleagues to enter board level positions and to look at removing any barriers to progression. It is important to encourage BME colleagues to undertake CPD and career development opportunities to support BME colleagues in reaching senior leadership positions within the organisation, if this is in line with their career aspirations.
1. **Review of the 2020/2021 WRES Action Plan**

It is acknowledged that the 2020/2021 WRES action plan was ambitious, however progress has been made against 15 of the actions that were detailed. Details of the progress made against these 15 actions can be found in appendix 1.

Some of the actions from the 2020/2021 action plan have been carried forward to the 2021/2022 action plan and will aim to be achieved in the first 6 months of the action plan. The deadlines for progressing some of the actions have been reviewed to accelerate the achievement of the actions and a resource review will be completed to ensure achievement.

A number of the actions from the 2020/2021 action plan have been achieved however it is recognised that the activity remains ongoing. This is reflected in the action plan.

1. **NHS People Plan and the BSW CCG People Strategy activity to support equality, diversity and inclusion**

The NHS People Plan 2020/2021 detailed practical actions that employers and systems should take during the remainder of the financial year to delivery against the EDI ambitions. These actions are also referenced in the BSW CCG People Strategy.

The 2021 CCG WRES action plan will continue to focus on the actions detailed in the NHS People Plan that need to be taken in relation to supporting BME colleagues in addition to those actions identified in response to the 2021 WRES findings.

The BSW CCG People Strategy details the support and development that the CCG will continue to put in place to help colleagues be the best they can be and ultimately support our patients to be able to access the best possible healthcare. The support and development that the CCG has put in place has evolved as the organisation has grown in maturity since the merger and the support and development required and requested by colleagues will continue to change as we progress to the formation of the ICB. The CCG continues to develop a culture where colleagues voices are heard and are listened to, to ensure their needs are met where possible.

**Culture, Inclusion and Engagement**

Within the BSW CCG People Strategy it is stated the ambition is for all Colleagues to feel valued and able to achieve their full potential.

We wanted to create a culture in BSW CCG which was reflective of the values that were co-created with colleagues where everyone feels welcomed, listened to and valued and respected by the organisation as a whole and by the individuals that surround them. We want every individual in the organisation to know and understand the crucial role they have in caring about and making health outcomes better for the people of BaNES, Swindon and Wiltshire and recognise and embrace everyone’s unique experiences, skills and perspectives. We continue to build on creating this culture and aim to carry it through into the ICB whilst tailoring our approach and helping all individuals to feel supported, developed and provided with opportunities.

BSW CCG commissioned twelve workshops regarding Equality, Diversity and Inclusion attended by 64 colleagues and 14 workshops regarding Unconscious Bias attended by 104 colleagues to support colleagues in widening their understanding and knowledge of EDI and UCB.

A values based mandatory recruitment training workshop is being rolled out for all recruiting managers in October and November 2021 and will focus on not only recruiting in line with the CCG values but also EDI and unconscious bias.

The impact of the COVID-19 pandemic has been far-reaching, not least in terms of diversity and inclusion. The pandemic had a catastrophic effect on many people’s lives but has had a disproportionate impact on those from a Black Asian and Minority Ethnic (BME) background and those with pre-existing health conditions and disabilities. The pandemic, alongside other international events, has led almost every individual and organisation to consider inclusivity, equality and affirmative action in a new light and this is also true of BSW CCG.

During 2020 at the height of the pandemic, all CCG colleagues had a one-to-one risk assessment meeting with their line managers to identify and discuss any concerns that they had and supportive arrangements were put in place for all colleagues who required this. All colleagues were able to work from home and BME colleagues were prioritised to receive vaccinations when these were offered to BSW CCG. BME related resources and information relating to COVID-19 was shared with BME colleagues and uploaded onto the CCG intranet site.

BSW CCG colleagues met at the end of 2020 to discuss what inclusion means for them and what it does and doesn’t feel like to work as part of our organisation. As a result of this it was recommended that an Inclusion Charter was created to help inform how we all want to work together and how this aligns with our organisational values. The charter was co-created by colleagues and details the commitment to welcoming and embracing equality and diversity and to actively tackle discrimination in all its forms.

It is acknowledged that employee engagement is important in a workplace, resulting in the right conditions for all employees of an organisation to give their best each day, committed to their organisation’s goals and values, motivated to contribute to organisational success, with an enhanced sense of their own well-being. We will continue to ensure that colleagues have all they need which will support them to look forward to working as part of the BSW CCG team, ICB and ICS, have a sense of their personal contribution and achievement and their impact on their team and the organisation.

The CCG continues to engage with colleagues through two way communication at the Colleague Partnership Forum, the Colleague Briefing session, team meetings, 1:1s and performance reviews. Views of colleagues are also gathered regularly through Pulse surveys and recently through the ways of working consultation. Colleagues are also provided with regular updates through the CCG newsletters.

A previous ambition was to develop our culture around remote and agile working with increased collaboration and matrix working to ensure that we have the right teams to deliver the right services for our population and understand the impact of these on our colleagues’ experience. Our ways of working have changed significantly as a result of the merger but also our response to COVID-19. Changes in working practices that we might have worked on over months and years took place within the space of a few weeks to facilitate remote working. We have successfully consulted and engaged with colleagues regarding remote and agile working, and this is now embedded within the CCG and runs through the colleague’s employment journey with the organisation. All colleagues have continued to be supported to work in a remote and agile way since 23rd March 2020. Financial support has also been available to colleagues to aid remote and agile working.

The NHS People Plan outlines the importance for all staff within the NHS to ensure they feel that they belong in the NHS. The plan reflects that there is strong evidence that where an NHS workforce is representative of the community that it serves, patient care and the overall patient experience is more personalised and improves. As a responsible employer we are committed to understanding, encouraging and celebrating diversity in all its forms. Discrimination, violence and bullying have no place in our organisation and there is zero tolerance towards this type of behaviour.

**There are a number of areas which have been and will continue to be developed: -**

* **Develop and describe our organisational culture** – the values linked to the behaviour framework is used for all colleagues’ appraisals to continue to embed the culture of the organisation. The BSW Welcome Pack details the values and how they are expected to translate into behaviours and highlights that the values and behaviours provide the foundation for colleague conduct. We have also recently launched our Values in Practice Awards which provides an opportunity to formally recognise and reward colleagues who bring the CCGs values to life every day. One of the CCG values is “inclusive” and this value looks to recognise and reward colleagues who seek to promote and respect diversity within a team to achieve a wide range of views and continually ensure their own behaviour supports equality of opportunity and diversity.
* **Work more closely with our diverse workforce** to ensure that all our colleagues’ voices are heard. We know that Black, Asian and Minority Ethnic (BME) colleagues have experiences in the NHS that do not correspond with our CCG or wider NHS values. We will continue to use data (e.g. WRES, WDES), feedback, mentoring and conversations with our colleagues to help to shape a more diverse and inclusive place to work. Exploratory work is taking place across the system to look at mentoring and coaching for all colleagues. We will also proactively participate in the South West Equality, Diversity and Inclusion meeting and BSW EDI Leads Network to share learning, experiences and best practice regarding the EDI agenda. Conversations are taking place to look at how BSW CCG colleagues could join staff networks across the ICS as “one NHS workforce” to drive forward race equality within the CCG/ICB and ICS and aid the continuation of building an inclusive culture where everyone is treated equally and with dignity and respect.
* **Work towards ensuring our workforce reflects the communities we serve**, for example using data from WRES, WDES, Equality Delivery System 2 (EDS2)[[3]](#footnote-3), equality duty. Although these are statutory duties, we continue to have aspirations to go further than these. An aspiration of the CCG workforce was to have an Inclusion Charter which has been created by BSW CCG colleagues and continues to be embedded within the organisation. Through the Inclusion Charter we ensure that equality and diversity is an active part of our decision making processes, from the inception of an idea to the final decision making and implementation. Equality and diversity is a golden thread through our processes, including when we create, advertise and interview for jobs, develop or change services, policies and processes and engage with our colleagues and service users. We recognise the ongoing work we need to do within BSW CCG to align our processes and change some of our practices as we transition to the ICB.
* **Support carers** - We know that many of our colleagues have caring responsibilities outside of work, providing help and support to a family member, friend or neighbour who would otherwise not be able to manage. We will continue to promote an inclusive and approachable environment for colleagues with caring responsibilities.
* **Ensure we have effective recruitment processes to promote inclusion***.* The Recruitment Toolkit has been reviewed and shared with a group of CCG managers to ensure it is fit for purpose and receive very positive feedback. Mandatory recruitment training, which includes information about values-based recruitment, inclusion and unconscious bias is being rolled out to all recruiting CCG managers so that they are familiar with all aspects of recruitment to ensure a fair recruitment process. We will continue to identify where improvements could be made in our processes. The CCG continues to refine its recruitment arrangements to ensure equality of opportunity is provided to all applicants to the CCG.
* Continue to ensure that all of our colleagues are aware of how to **Raise concerns** and create an environment that everyone feels safe to raise concerns about any suspected wrongdoing in regard to the CCG’s obligations as soon as possible. This includes being aware of our policies and people they can approach, including line manager, Executive Team, Colleague Partnership Representatives, our Freedom to Speak Up Guardian and our Wellbeing Guardian. One of the FTSU Guardians has provided a presentation at a Colleague Briefing to ensure colleagues are aware of who the FTSU Guardians are and their role within the CCG. The FTSU Guardians have also participated in national FTSU training to further develop their skill set within these areas.
* **Offer targeted development opportunities** where we can proactively support the diversity of experiences and backgrounds of our colleagues, such as those offered via the NHS Leadership Academy: Stepping Up / Ready Now.

**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 Workforce Race Equality Standard Model Employer paper, published in January 2019, set out an ambition to increase black and minority ethnic representation at all levels of the workforce by 2028. This ambition has been expedited by the NHS People Plan 2020 to increase senior leader representation by 2025.

The NHS WRES Leadership Strategy states: “To be a model employer, the NHS needs to be more inclusive, embodying a diverse workforce at all levels, and bringing the wealth of experience and perspective for delivering the best outcomes for all communities that is serves. This is the ambition; its realisation will require concerted effort from everyone to overcome structural, procedural and attitudinal barriers within individual organisations and parts of the NHS. The NHS is at its best when it reflects the diversity of the country and where the leadership of organisations reflects its workforce. In many organisations, this is not always the case and sometimes a stronger focus is needed to drive accelerated improvement.

We know that workforce race equality requires organisations to go beyond operational change as a result of compliance and regulation against metrics and targets. Whilst these features are critical, the parallel challenge here is that of cultural and transformational change on this agenda, across the entire workforce, which should be approached with an honest heart and an open mind.”

It is acknowledged through the WRES Leadership Strategy that “the lack of BME leadership is a system wide issue that requires a system wide response”. Given this it is paramount that the BSW ICS looks at the underrepresentation of BME colleagues in senior and leadership roles across the system and collaboratively identify how this can be addressed. A coordinated approach to review each BSW partners 2021 WRES submission and action plan would help identify where in the system there is underrepresentation. It would also highlight which partners have or are close to achieving BME representation in these roles and understand how this has been achieve and explore if it is possible to replicate it. It has been highlighted within the Strategy that the WRES data for NHS Trusts is indicating progress on race equality and that this is showing a beneficial impact and improvement for staff across the workforce. It would therefore be advantageous to discuss with the Trusts within the BSW ICS the progress they have made regarding race equality and the impact this has had.

**9.** **Looking Ahead: - HR Framework for Developing Integrated Care Boards focus on Advancing Equality, Diversity and Inclusion**

The WRES action plan for 2021/2022 will also pay due regard to the HR Framework for Developing Integrated Care Boards as equality, diversity and inclusion run throughout the transition process and aim to aid the ICB in being as diverse as possible. The Framework highlights that advancing equality and fairness must lie at the heart of all decision-making. Following the publication of the HR Framework (August 2021) the overarching principles that apply throughout the transition period have been documented and include:

* “One NHS workforce” inclusive change approach supported by the Employment Commitment
* Taking action to increase the diversity of the new ICB workforce and particularly the leadership

People Impact Assessments (PIA) and Equality Impact Assessments (EQIAs) will be carried out at regular milestones during the transition to understand the demographics of the workforce and to ensure no colleagues are being disadvantaged and to understand any potential impact on the health and wellbeing of the workforce.

The NHS People Plan outlines that employers should look to overhaul recruitment and promotion practices to ensure the workforce reflects the diversity of communities, and regional and national labour markets. Six high impact actions for inclusive recruitment and promotion have been developed which will need to be reviewed and incorporated into the CCG/ICB recruitment toolkit and practices if they are not already in place. A system approach is being encouraged for the adoption of the six actions. (The six actions are detailed in appendix 2)

The ICS will set out its aspirations to address any underrepresentation across the entire range of characteristics where necessary. The baseline People Impact Assessment (PIA) will identify the current situation and where underrepresentation may exist. When developing the ICB, organisations must ensure that new leadership teams are diverse and representative of the communities they serve.

“The EDI priorities identified for 2021/22 focus on two strategic areas as detailed in the NHS People Plan:

1. The need for NHS employers, including system leaders, to increase ethnic minority representation within each employer and to encourage rapid and focused corrective actions delivered by:
* Refreshing model employer goals to improve racial disparity ratios in the workforce, by setting target metrics at employer/system level and supporting employers/systems to accelerate progress towards these goals
* Implementing inclusive recruitment and promotion practices across the NHS to ensure a more diverse and inclusive NHS workforce by rapid implementation of the six high impact actions
* Enabling a compassionate and inclusive culture by establishing an online community of practice among leaders and refreshing the national culture leadership programme
1. Raising the profile and voices of ethnic minority colleagues so that they can contribute effectively to decision-making in their organisation, delivered by:
* Ensuring the needs of ethnic minority colleagues are met as we move from response to recovery and restoration through lived experience events, cataloguing lessons learn and reflecting on what innovations need to be embedded
* Continuing to strengthen and support growth of high-performing staff networks, including by establishing staff networks governance frameworks and best practice guidance for all networks
* Supporting leaders and line managers to become empowered to hold productive discussions on race, health and equality within their organisation

ICB equality and diversity plans should be representative of all protected characteristics. Organisations will be required through the transition to demonstrate their commitment to and provide assurance on their plans to advance equality, diversity and inclusion.”

Senior Managers, interview panel members and key decision makers will have received training in best practice for diversity in equality considerations, cultural competence and current legislation. Refresher training will also be offered to senior managers if necessary.

Any decisions that are made throughout the transition must be recorded and monitored to ensure no direct or indirect discrimination has occurred. The outcome of these decisions will be reported to NHSE/I.

**10. Conclusion**

The annual WRES return highlights key areas where BSW CCG needs to take action to improve the experiences for BME colleagues and continue to build on areas where improvements have been made. It should be noted that some improvements have been made despite a challenging year and significant changes with regards to how individuals and teams now work. Despite our recent merger, we remain a relatively small organisation compared to some of our stakeholder organisations, such as acute Trusts. However, our potential to influence and drive the health agenda is significant and ability to do so is crucial. To do this, we need to attract, retain, develop, motivate and deploy individuals to achieve our ambition to deliver the best possible health and care for the people of BSW.

This WRES report is valuable in enabling the CCG to better understand the experiences of BME colleagues. Equality, diversity and inclusion remains at the forefront of the organisational culture at BSW CCG, and the CCG is committed to developing and fostering the organisations vision of “working together to empower people to lead their best life”. Inclusion is one of the CCG’s key values and colleagues continually ensure their behaviours support the equality of opportunity and diversity, and to encourage positive Equality, Diversity and Inclusive workplace behaviours.

This report has provided an overview of the WRES 2020/2021 data for the BSW CCG. A WRES action plan has been developed for BSW CCG to take forward and implement based on the data provided. Progress is already underway to achieve the necessary actions detailed within the WRES action plan. The CCG is fully committed to continuing to improve the experiences of BME colleagues.

**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 30th September 2021.

The CCG is committed to providing further opportunities for BME colleagues and in continuing to tackle equality and diversity and will continue to provide and develop a culture of inclusion and belonging which will continue into the ICB. The CCG is committed to continually fostering an inclusive working environment for all BSW CCG colleagues. The WRES action plan, CCG People Strategy, Model Employer WRES Leadership Strategy, HR Framework for developing integrated care boards and the Interim Equality and Diversity Strategy will support the CCG in achieving this.

**BSW CCG WRES Action Plan October 2021 to September 2022**

The following action plan will be implemented in line with BSW CCG’s values of: caring, collaborative, inclusive, accountable and innovative and will be delivered alongside the CCG’s Interim Equality and Diversity Strategy actions and the People Strategy actions. The action plan detailed below includes actions that have been carried forward from the 2019/2020 action plan that either need to be undertaken or are ongoing actions and new actions that have been identified this year.



The action plan is ambitious for the next 12 months during which time we will transition BSW CCG to the ICB. We recognise that we could have identified a significant number of actions and as a result we have concentrated on those actions that we believe are priorities and anticipate that some actions will be able to be achieved by March 2022. It should also be acknowledged that some of the actions will take longer to be implemented and embedded within the CCG/ICB. Key considerations in the development and delivery of this plan include resource constraints, both financial and workforce resources, which require further investment in order to fully deliver this action plan.

It is proposed that some of the actions will have greater results for BME colleagues when 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 2021 by the identified project leads which will detail the key actions to be achieved by September 2022. 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. An update on progress against the action plan will be provided to the CCG Executive in January 2022 and to the ICB in April 2022.

The action plan details the activity that the CCG will be undertaking: -

| **Area of Focus**  | **Action**  | **Measure of Success** | **Link to other strategies/plans**  | **Target completion date** | **Lead** |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| **Organisational Culture** Continue to create an organisation that is aware of cultural diversity and inclusive for all and where all colleagues feel they belong*.* | 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 BME colleagues. BME 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 CCG colleagues’ voices are heard. The CCG People Strategy aims to work more closely with our diverse workforce to ensure that all CCG colleagues voices are heard.  | July 2022 | Director for People and OD/Director for Nursing and Quality/ICS HR Leads.  |
|  | CCG to consider if they wish to commission any further UCB and EDI training. To date 14 UCB workshops delivered to 104 colleagues.  | Line Managers 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 BME colleagues. Line Managers understand the EDI agenda and the difference they can make.  | Interim Equality and Diversity Strategy | December 2021  | CSU HR |
|  | To deliver an EDI session for BSW CCG Colleague Partnership Forum to increase awareness and understanding of BSW EDI agenda and understanding of EIAs and the role of CPF members in championing inclusivity and EDI | CPF members have increased awareness and understanding and personal confidence and competence to talk about EDI and objectively challenge and seek solutions to address EDI |  | November 2021 | CSU HR |
|  | To require VSMs and board members to mentor/reverse mentor and sponsor at least one talented ethnic minority staff at AfC Band 8d or below.  | Coaching skills and structured support will be made available to senior staff to carry this out. Mentoring, reverse mentoring and sponsoring will be part of the senior leader’s performance objectives that will be monitored and appraised against.  | NHS England and NHS Improvement will have published guidance on the recruitment process and metrics to track progress. (December 2021).  |  |  |
|  | All new colleagues will continue to have a health and wellbeing induction whilst being mindful of protected characteristics and offering the right support from the start of an 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, BSW CCG People Strategy.  | Ongoing | Director for People and OD/Head of People Programmes & OD |
|  | All colleagues continue to be asked to record or to update their data regarding their protected characteristics vis ESR self service in order to minimise the number of unknown responses.  | The data gathered for future WRES returns or monitoring compliance will enable the more accurate reporting of the BME workforce position within BSW CCG. |  | December 2021  | CSU HR |
|  |  |  |  |  |  |
| **Recruitment and Retention** WRES Indicator 2  |  |  |  |  |  |
| To eliminate the gap between White and BME colleagues who are appointed following shortlisting.  | All recruiting managers will attend at the CCGs mandatory policy training covering recruitment and selection training that covers UCB, inclusion and values based recruitmentInterview panel chairs will be required to confirm that they have attended at recruitment and selection training.   | All line managers will be required to attend at the recruitment and selection policy training and gain knowledge and skills to include all areas of the recruitment process. To increase recruitment and selection skills, including the promotion of inclusion for recruiting managers and robust recruitment process with positive experience for candidates.To remove any shortlisting bias that may exist through training line managers in shortlisting actions. | CCG People Strategy, and People Plan. A Model Employer  | December 2021July 2022  | CSU HR 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/SLTThis action could be considered for the ICS. | BME colleagues supported throughout the mentoring relationship and opportunities for career progression identified and tracked. Connectedness with SLT/Executive team and BME colleagues.  | CCG People Strategy – Widening access to coaching and mentoring, Model Employer.  | July 2022 | Director for People and OD/CSU HR |
|  | To continue to ensure advertisements and job descriptions for roles to include clear statements regarding the value that the CCG puts on diversity and inclusiveness. | Ensuring that colleagues are clear that the CCG values diversity and inclusiveness and that this is part of the CCG culture.  | CCG People Strategy and Plan. | Ongoing | CSU HR |
|  | To identify opportunities for BME colleagues to shadow senior colleagues within the CCG. | BME colleagues are able to shadow senior/executive colleagues carrying out their day to day duties and discuss their career goals and developmental needs to move into senior level roles from Band 8 and above to VSM level positions at the CCG. | CCG People Strategy | June 2022 | Executive Director colleagues |
|  | A Talent management scheme that is designed to increase the talent, skills, knowledge and experience of BME colleagues to enable them to apply for roles on an equal footing as White colleagues.  | The number of BME candidates appointed to roles following shortlisting increases from the current position as detailed within the CCG WRES 2021 report. | The NHS People Plan, CCG People Strategy, NHS England and NHS Improvement. To update the talent management process to ensure there is a greater prioritisation and consistency of diversity in talent being considered for senior and executive roles (December 2021). | May 2022 | Director for People and OD/Head of People Programmes &OD. |
|  | To publish again details of the organisations that are available to provide support for BME individuals mental health and promote this through the CCG Wellbeing newsletter | BME colleagues know where to find support regarding their mental health. The CCG secures the Mental Health Charter.  | NHS People Plan, CCG People Strategy. | December 2021 | Head of People Programmes |
|  | To explore further the Race at Work Charter to demonstrate the CCG’s commitment to addressing equality.  | By 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 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 2022 | Director for People and OD/Head of People Programmes &OD |
| To undertake further analysis of the recruitment process and outcomes. This will include equality data such as any increases in the recruitment of BME staff appointed to posts at Band 8 and above. This data will be used to establish solutions to address any issues identified from the analysis.To achieve the NHS Model Employer goals of providing Good Practice tools on recruitment and retention (shortlisting, interviews, appraisals and development)  | To increase the number of BME staff appointed to posts band 8 and above. To establish ongoing reporting. Senior Leaders mentor and sponsor BME staff at grades 8d and below. NHS managers are equipped with the skills and knowledge to improve on recruitment and retention practice.  | To analyse and review the recruitment process and identify ways of increasing the recruitment of BME staff within more senior level’s positions at the CCG. BME staff are supported with career progression. To produce good practice guidance for the CCG.  | CCG People Strategy, the NHS People Plan, Model Employer.  | March 2022  | CSU HRCSU HR |
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| **Bullying and Harassment** WRES Indicator 5 -8 Please note: This indicator was not reported on in the 2020 WRES return as the CCG did not participate in the national NHS Staff Survey. | To take appropriate action to eliminate any potential gap between BME and White colleagues regarding their experiences of bullying and harassment as identified through Pulse surveys.  | To identify whether there is a workforce issue in relation to bullying and harassment within the CCG and to be able to identify where action needs to be taken and to take this required action in a timely way.  | The NHS People Plan.CCG People Strategy. | December 2021 | Director for People and OD. |
|  | To 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 in the CCG for bullying or harassment.  | CCG People Strategy | December 2021 | CSU HR/OD |

**Appendix 1 - Review of the 2020/2021 WRES Action Plan**

| **Area of focus** | **Action 2020/2021** | **Update as at September 21** |
| --- | --- | --- |
| **Organisational Culture**Creating an organisation that is aware of cultural diversity and inclusive for all *and* 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 had the opportunity to feedback on the strategy at the colleague briefing on 4/8/20. Intranet page on the health and wellbeing site provides CCGs approach to E&D and link to the E&D strategy. |
| Review of Equality and Diversity training to ensure it is fit for purpose and if not, the training offer is reviewed.  | The E&D training has been reviewed by the CSU EDI Lead and currently it is felt it is fit for purpose but there is room for improvement and for the training to be updated. This has been raised with HEE but there has not been any update from them with regards to improving and updating the E&D e-learning module.  |
| 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 | 14 UCB workshops delivered to 104 colleagues ranging from bands 4 to VSM.53% of attendees who provided feedback strongly agreed/agreed their work performance will be improved as a result of the course. |
| During all annual appraisal’s colleagues will 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.  | The appraisal paperwork details the need to have a health and wellbeing discussion and to discuss any issues relating to EDI. Colleagues also need to evidence how they live the values and a description of the daily behaviour for demonstrating inclusivity is: Colleagues continually ensuring their own behaviours support equality of opportunity and diversity.  |
| The aspiration for the NHS (within the Model Employer Guidance) would be to reach equality in BME representation across the workforce by 2028.  | Since April 2020 to June 2021 the number of BME colleagues employed in the CCG has increased from 22 to 24 (5.71% of the workforce are from a BME background). 15 colleagues have not stated their ethnic background (3.57% of the workforce).  |
| 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.  | Health and wellbeing conversations during new colleagues’ inductions are taking place. The Health and Wellbeing intranet pages have continued to be developed further.  |
| 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.  | There has been a significant drive to encourage colleagues to update their protected characteristic data on ESR self – service and there has been a reduction in the number of unknown/not stated categories.  |
|  |  |  |
| **Recruitment and Retention**WRES Indicator 2To eliminate the gap between White and BME colleagues who are appointed following shortlisting | Ensure all line managers and recruiting managers have undertaken unconscious bias training. | UCB training in relation to recruitment is due to be rolled out on 13th and 19th October and 2nd November. The Recruitment Training is mandatory for any managers that undertaken recruitment.  |
| Review of values based recruitment training to ensure equality and diversity is covered and rolled out to all CCG line managers and recruiting managers. All recruitment processes promote inclusion.  | VBR including EDI is part of the recruitment training sessions that are being rolled out on 13th and 19th October and 2nd November. The Recruitment Training is mandatory for any managers that undertaken recruitment. |
| Advertisements and job descriptions for roles to include clear statements regarding the value the CCG puts on diversity and inclusiveness.  | First statement on adverts is about inclusive workplace that promotes and values diversity and welcome applications from candidates with a range of backgrounds. Job description templates have statements regarding equality and diversity and all colleagues should promote an environment of inclusion.  |
| Work with CSU HR/OD to make the Modern Slavery training available to all colleagues via an e-learning module | Decision taken not to implement the modern slavery e-learning module but for a modern slavery information document has been published on the CCG intranet site and highlighted to colleagues via the CCG newsletter.  |
|  |  |  |
| **Disciplinary Process**WRES indicator 3To eliminate the gap between White and BME colleagues entering the formal disciplinary process | An equality impact assessment is carried out on the new BSW CCG Disciplinary Policy. Data is gathered on the ethnicity of colleagues who are subject to the disciplinary process and this is monitored on a six monthly basis. 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.  | EIA carried out on the Disciplinary Policy. Data continues to be gathered on the ethnicity of any colleagues who are subject to disciplinary processes.The information published by NHS England and Improvement regarding disciplinary processes was reviewed and the policy updated accordingly in January 21.   |
|  |  |  |
| **Bullying and Harassment**WRES indicator 5 – 8 N.B. this indicator was not reported on in the 2020 WRES return as the CCG did not participate in the national NHS staff survey | Participate in the national NHS staff survey to gather data on bullying and harassment experiences across the CCG.  | The CCG participated in the national NHS staff survey and the data gathered stated 88% of the workforce not experienced harassment, bullying or abuse from managers and 87% not experienced harassment, bullying or abuse from other colleagues.  |
| Provide workshops/webinars to colleagues regarding what bullying and harassment is and the responsibilities that everyone has in addressing this. | A workshop on addressing bullying and harassment and the Civility and Respect toolkit is being delivered in quarter 3 by the CSU HR team.  |
| Promote to colleagues on a regular basis through communication and action that the CCG is committed to preventing and tackling bullying, harassment and abuse against colleagues, and for creating a culture of civility and respect.  | Statement is provided under the H&W pages on the intranet site that the CCG has a zero tolerance policy towards harassment and bullying. The workshop on addressing bullying and harassment will highlight the CCGs commitment to preventing and tackling any bullying, harassment and/or abuse towards BSW CCG colleagues |

**Appendix 2 – The six high-impact actions for inclusive recruitment and promotion**

The following actions are expected to bring positive and rapid progress on inclusive recruitment and promotion and sit underneath the NHS People Plan actions:

* Ensure board-level senior managers own the agenda as part of wider culture change in NHS organisations, with improvements in representation
* Promote explanation and accountability to ensure fairness during selection processes
* Create talent panels with fair, inclusive and transparent values
* Enhance inclusive recruitment and promotion practice support
* Overhaul the candidate selection process with training on fair and inclusive practices
* Adopt resources, guides and tools to have productive conversations on core inclusion topics, such as disability and race
1. BME is used throughout the report as there is not a consistent approach with regards to BAME or BME. However the Commission on Race and Ethnic Disparities recommended in March 2021 that the government stop using the term BAME. The government is considering its response to the Commission recommendation. BME is the terminology used in the national WRES return. [↑](#footnote-ref-1)
2. CSU HR have been working on our WoVEn score to cleanse and improve employee data (WoVEn score has improved from 336 on 1April 2020 to 102 as at 28 September 2021) [↑](#footnote-ref-2)
3. The main purpose of the EDS2 is to help local NHS organisations, in discussion with local partners including local populations, review and improve their performance for people with characteristics protected by the Equality Act 2010. By using the EDS2, NHS organisations can also be helped to deliver on the Public Sector Equality Duty [↑](#footnote-ref-3)