

Meeting: Governing Body			
Meeting Date	09 September 2020	Action	Approve
Item No.	9d	Confidential	No
Title	Workforce Race equality Standard (WRES)		
Presented By	Geoff Little, Accountable Officer		
Author	Lisa Featherstone, Deputy Director Governance and Assurance		
Clinical Lead	-		

Executive Summary
<p>The report provides an update on the CCG's compliance with the Workforce Race Equality Standard (WRES) 2019-20.</p> <p>Whilst NHS England and Improvement had previously advised that they had suspended the WRES data collection process for 2020 due to COVID-19 however as COVID-19 has highlighted the critical importance of workforce equality, therefore WRES implementation, including data collections, was therefore re-instated.</p> <p>The CCG was required to upload its data to NHS England and Improvement by 31st August 2020, which was completed and has a duty to publish the data and accompanying report.</p> <p>The data has been summarised and a narrative has been included within the report and was presented to the Quality and Performance Committee at its meeting in September. The Committee reviewed the report and acknowledged that as the CCG workforce numbers are small, a minor change can have a bigger impact and therefore it is important to reflect on the actual numbers as well as the percentages. At this time, the EDHR advisor reassured the Committee that the changes should not cause for concern as this time, but that a watching brief should be maintained as the action plan is implemented.</p> <p>The Governing Body is also advised that in addition to this national requirement, the CCG has also committed to participate in the GM WRES reporting, and work is underway to collect data to support the metrics included within this additional return, which differ from the national requirements.</p> <p>Furthermore, the CCG in partnership with Bury Council have commissioned an independent equalities review. Initial feedback is expected in early October with a full report scheduled for presentation to the Strategic Commissioning Board later in the year.</p> <p>Additionally, the Governing Body is reminded that WRES also features as one of the indicators within the NHS Outcomes Framework. This metric is concerned with provider compliance with the WRES standard and the CCGs ability to influence and improve this as a system leader. Subsequently there have been occasions where as a CCG, Bury has been in the lowest quartile nationally for the WRES rating.</p>

The WRES action plan, which forms a small part of the overall Equalities Agenda will be reviewed in the context of the recommendations from the Equalities Review. Additionally, the risk in relation to capacity to deliver a comprehensive EDHR programme will be monitored through the Quality and Performance Committee.

Recommendations

The Governing Body is required to:

- Receive the report as recommended by the Quality and Performance Committee;
- Note the data as presented;
- Note the supporting narrative;
- Note the draft action plan and support the refresh once learning points from the Equalities Review are known;
- Approve the publication of the WRES report on the CCG website; and
- Note that the Equalities Review will be progressed through the Strategic Commissioning Board once it is available.

Links to CCG Strategic Objectives

SO1 People and Place To enable the people of Bury to live in a place where they can co-create their own good health and well-being and to provide good quality care when it is needed to help people return to the best possible quality of life	<input checked="" type="checkbox"/>
SO2 Inclusive Growth To increase the productivity of Bury's economy by enabling all Bury people to contribute to and benefit from growth by accessing good jobs with good career prospects and through commissioning for social value	<input checked="" type="checkbox"/>
SO3 Budget To deliver a balanced budget	<input checked="" type="checkbox"/>
SO4 Staff Wellbeing To increase the involvement and wellbeing of all staff in scope of the OCO.	<input type="checkbox"/>
Does this report seek to address any of the risks included on the Governing Body Assurance Framework?	
GBAF – N/A	

Implications

Are there any quality, safeguarding or patient experience implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Have any departments/organisations who will be affected been consulted?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any financial Implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>

Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are the risks on the CCG's risk register?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

Workforce Race Equality Standard (WRES) 2020

1.0 Introduction

1.1 This report sets out the CCG's position in respect to the Workforce Race Equality Scheme (WRES), which is a national requirement on both commissioner and provider organisations.

2.0 Background

2.1 The NHS Workforce Race Equality Standard (WRES) is a nationally-mandated system for NHS trusts to report the relative experiences of Black and Minority Ethnic (BME) staff compared with the rest of their workforce, on nine specific metrics.

2.2 Its introduction followed a series of events and reports that highlighted issues with comparatively poor experience of NHS staff from a Black and Minority Ethnic (BME) background. Research and evidence suggests that less favourable treatment of Black and Ethnic Minority (BME) staff in the NHS, through poorer experience or opportunities, has significant impact on the efficient and effective running of the NHS and adversely impacts the quality of care received by all patients.

2.3 The requirement to publish workforce information was implemented in 2015 through the NHS Standard Contract in 2015 following a period of engagement and consultation with key stakeholders. It was further rolled out to independent healthcare providers in 2017.

2.4 NHS providers and commissioning organisations are required to demonstrate progress against a number of indicators of workforce equality, including a specific indicator to address the low national levels of BME board representation.

2.5 The Clinical Commissioning Groups (CCGs) has two roles in relation to the WRES as both a commissioner of NHS services and as an employer. In both roles the work of the CCG is shaped by key statutory requirements and policy drivers including those arising from:

- The NHS Constitution;
- The Equality Act 2010 and the public sector Equality Duty (PSED);
- The NHS standard contract and associated documents; and
- The CCG Assessment and Improvement Framework.

2.6 The CCG is required to commit to the principles of the WRES and have "due regard" to using the WRES to help improve workplace experiences and representation at all levels for their own BME staff and for the patients it serves. To demonstrate this commitment, the CCG is required to:

- collect data on their workforce by ethnicity and by other characteristics given protection under the Equality Act 2010;
- carry out data analysis;
- produce an annual WRES report which should contain an action plan indicating the steps it will take to improve performance against the WRES indicators;
- publish the report and action plan; and
- give assurance to NHS England that their providers are implementing and using the WRES through ensuring that providers include the WRES requirements in contracts and regularly monitoring provider performance against the WRES indicators.

- 2.7 More recently, in the context of Covid-19 and other world events, there has been a national re-visiting of the requirements of the Equality Act 2010, specifically in relation to BAME communities and representation in decision making.
- 2.8 There has been a specific call to action for organisations to consider diversity in the leadership structures supporting the local emergency command and control arrangements ensuring inclusion at all levels, utilisation of networks, whether established internally or those in place to support the NHS specifically in relation to Workforce Race Equality and the completion of Equality Impact Assessments (EIA) for every decision taken. The NCA was cited as a good practice case study to follow in respect to the EIA process.
- 2.9 Additionally, at a national level, the NHS has committed its support and has made available tools, including risk assessments, that must be undertaken to protect and support all staff, but particularly BAME colleagues, given the evidence of disproportionate mortality and morbidity amongst this community from Covid-19. There has also been an announcement that NHS England and the NHS Confederation will create the NHS Race and Health Observatory, which is a new centre, which will investigate the impact of race and ethnicity on people's health.
- 2.10 Locally, the Council and CCG have commissioned an independent partner to undertake an equalities audit across both organisations, with reference to the relevant Equality Frameworks, including the WRES, in order to develop an overarching Equality Strategy and Outcomes Framework.
- 2.11 This independent review will assess the foundations and good practice already in place, and through engaging with our population (patients and citizens), communities and staff as key stakeholders, through a range of available and accessible channels, will help shape the future work programme aligned to Bury 2030 Strategy to address inequalities and create greater equality through all our activities and decisions. The commissioned work will be overseen through the Corporate Core with a direct reporting line to the Strategic Commissioning Board.
- 2.12 An update is expected in October 2020, with a full report available in November for progression through agreed governance routes.
- 2.13 In addition to the national requirements and the local review, the CCG has also committed to the Greater Manchester Workforce Race Equality programme, which will see further metrics measures to provide comparison across the region. The CCG's first return is due on 18th September 2020 and includes some of the national WRES metrics in addition to the following:
- Measurement of the ethnicity pay gap (to the same standard as the Gender Pay Gap);
 - Likelihood of BAME staff applications for formal flexible working being successful compared with White staff; and
 - Likelihood of BAME staff being dismissed after entering formal disciplinary process compared to White staff.

3.0 WRES assessment

- 3.1 The WRES consists of nine metrics:

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

3.2 Appendix 1 sets out the CCG's position as at 31 March 2020, alongside the data reported against the same metrics for the previous 12-month period and some comparative analysis.

3.3 Appendix 2 sets out the CCG's action plan to support further development against the metrics, however it should be noted that this will be further reviewed in the context of feedback and recommendations provided from the commissioned Equalities Review that is currently underway across the CCG and Council.

- **Overall workforce**

3.4 When looking at the overall workforce from the two periods, there has been a 13.3% increase in the CCG's headcount for the reporting periods, from 113 in 2018-19 to 128 in 2019-20. It should be noted that this does not equate to FTE and b) this reflects total post holders during the year, not the end of year headcount.

3.5 Looking at this data as currently reported, it reflects a 33% increase in the number of staff members with a BAME heritage, from 21 to 28, which accounts for an overall change of 3.3% in the level of representation within the organisation from 18.6% to 21.9%. These figures are both positive changes.

3.6 There continues to be a level of non-disclosure, however this has reduced to 2.34% which reflects 3 employees.

3.7 When looking further at the workforce position in comparison with the population profile, the Census 2011 reflects a figure of 10% BAME representation within the local population. There is a positive over representation when comparing the CCG demographics with those of the local area.

- **Board Membership and Decision Making**

3.8 Currently 16.7% (2) Governing Body members have not completed their demographic information. The Governing Body should lead by example and therefore the one clinical and one non-clinical Governing Body member will be encouraged to provide the missing information.

3.9 There have been changes in the overall composition of the Governing Body during the reporting period, which has resulted in a decrease in the overall number of Governing Body members. This is due to the removal of the Sector Chair roles. Additionally, it should be noted that other posts on the Governing Body are hosted / employed through different organisations and are therefore not included on this return as employees.

3.10 The changes do impact on the calculations relating to representation of executive and non-executive and voting on non-voting membership and therefore do not allow for accurate comparison with previous years.

3.11 The figures report a % increase in the number of voting members of white heritage from 66.7% to 83.3%, in real terms there are actually the same number (10) of white voting

members included within this cohort, however as the overall number of voting members has reduced from 15 to 12, the percentage figures do increase.

3.12 This explanation does not however negate the need for further consideration of and exploration of how representation at this level to ensure that decision making is reflective of the local population can be balanced accordingly.

3.13 Currently, when considering how representative the Governing Body is of its workforce, there is a +7.6% differential (over representation) in respect to white voting members and a negative 21.9% differential (reduction) when considering BAME representation. It should be noted that the negative position, is also a deterioration from the previous reporting period, where the difference between decision making representation and workforce was 5.3% . The data also shows a significant difference in the percentage of unreported ethnicity, however when considered in employee number terms, the percentages reflect 3 employees overall who have not disclosed demographic information which includes 2 Governing Body members.

3.14 As a further point to note, the CCG has delegated its commissioning decision making to the Strategic Commissioning Board, and therefore it may also be prudent to reflect on the demographics of this decision-making body. This has not been progressed for this report.

- **Decision making during Covid**

3.15 A full command and control structure was implemented across the Council and CCG to support the emergency response to the Covid-19 pandemic. The 'GOLD' command, which made key operational decisions included representation across both organisations, with Urgent decision and Emergency Powers groups established respectively. The demographics of these groups has not been reviewed.

- **Recruitment and Selection**

3.16 Whilst there has been a small increase in the number of candidates shortlisted for interview across all vacancies, during the 2019-20 financial year there was a significant increase of 98% (55 candidates) in the number of applicants shortlisted from BAME heritage. At the same time however, there was a 50% reduction (from 8 to 4) in the number of candidates from this cohort to be appointed. The relatively likelihood of being shortlisted as a candidate from a BAME heritage has therefore reduced from 14.29% to 3.6%. When compared with the relative likelihood of white applicants being appointed (10.63%), the relative core has changed from 1.05 to 2.95, reflecting that it is almost three times more likely that a white applicant will be appointed into a post within Bury CCG.

3.17 This is a disappointing return and more in-depth analysis is required to understand this in greater detail. Shortlisting is completed anonymously; however, it would be helpful to ensure that Job Descriptions and Person specifications are reviewed to ensure no bias or implicit discrimination, interview panels are audited to ensure appropriate training has been undertaken by all panel members and that the panels are appropriate representative.

3.18 Recruitment and Selection training has been rolled out and a further request has been made to ensure that the issue of bias is included.

- **Disciplinary Processes**

- 3.19 This metric measures the number of staff that have entered into the formal disciplinary investigation in line with the CCG's Disciplinary Policy.
- 3.20 Figures, which are reported monthly by the GMSS HR Business Service Team reflect a zero return as no staff members have entered the formal disciplinary process.
- **Access to Non-Mandatory Training**
- 3.21 Nineteen staff have reported accessing non-mandatory training during this reporting period, which is slightly lower than in the previous year. When looking at this by ethnicity there is 15.46% (15) and 14.29% (4) of white and BAME colleagues respectively accessing these opportunities. In terms of relative likelihood, these figures report an improvement with colleagues from BAME heritage almost as likely to access non-mandatory training as white heritage colleagues, (score of 1.08, where 1 reflects equal likelihood) when compared with the 4.88 score from the previous reporting period.
- 3.22 Whilst this is a positive position, there is further work and awareness to be progressed in terms of reporting in order that this information is consistently captured across all the CCG.
- **National Staff Survey**
- 3.23 The CCG is not mandated to participate in the national survey, although it can voluntarily do so, however the base number for the survey to be statistically relevant is 1250 participants and therefore the CCG can only complete a census.
- 3.24 Nationally, it is accepted that the CCG submission would be lost within the national staff survey given the low numbers of staff and returns that would be made, however consideration needs to be given on how this information can be captured consistently in order to provide a benchmark against which improvements can be made.
- 3.25 The CCG has previously opted not to participate in the survey. The CCG cannot therefore report a baseline position in respect to the four metrics assessed in respect to bullying, harassment, career progression and discrimination, however it could be timely to revisit this decision.
- 3.26 The timeline to appoint a contractor from an approved framework was 5th August 2020, however subject to the CCG acting quickly, it could still participate in the national survey using the core questions, if a decision is made promptly as the fieldwork will not commence until October 2020. There will however be some focused work to complete in preparation.
- 3.27 The cost for a contractor to work alongside the CCG to facilitate the survey would be between £1080 - £1200 per annum for the core survey depending on whether a one, two- or three-year contract is awarded. This has been referred to the Executive Team for further consideration.
- **Action Plan**
- 3.28 The CCG is required to publish the Annual WRES report, data and action plan.
- 3.29 A draft action plan has been prepared to address gaps that have emerged from the analysis, however this reflects similar actions that have been included year-on-year. At a high level, these address the current gaps in data, however additional work is needed to drill into the detail to ensure that the actions are meaningful and move the dials accordingly.

- 3.30 Given the Equality Review that is underway, which has included considering the WRES submissions of previous years, the action plan will be revisited and refreshed to take account of the key learning points that arise.
- **GM WRES Metrics**
- 3.31 Of the 6 metrics included within the GM WRES requirements, 3 of them replicate the national requirement with the fourth closely aligning to disciplinary processes.
- 3.32 Of the remaining two metrics, work is currently underway to gather information relating to flexible working requests which is not routinely captured through the HR processes. This will be analysed further once the information has been collated.
- 3.33 In terms of measuring the ethnicity pay gap, the CCG is awaiting further guidance on this metric. The request is for this metric to be measured to the same level as the gender pay gap, however specific details in respect to snap shot date is awaited in order that there is comparable data across the region. It is expected that this will be 31 March 2020 as per the national WRES.
- 3.34 Once the data requirements are confirmed, work will be undertaken to analyse the data.

4.0 Recommendations:

- 4.1 This Governing Body is requested to:
- Receive the report as recommended by the Quality and Performance Committee;
 - Note the data as presented;
 - Note the supporting narrative;
 - Note the draft action plan and support the refresh once learning points from the Equalities Review are known;
 - Approve the publication of the WRES report on the CCG website; and
 - Note that the Equalities Review will be progressed through the Strategic Commissioning Board once it is available.

Lisa Featherstone
Deputy Director – Governance and Assurance
Sept 2020

Appendix 1

Bury CCG WRES Data for year ending 31 March 2020

No	Indicators (For each of these four workforce indicators, <u>compare the data for White and BME staff</u>)	31 March 2020	31 March 2019	Narrative the implications of the data and any additional background explanatory narrative
1	<p>Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce. Organisations should undertake this calculation separately for non-clinical and for clinical staff.</p>	<p>2020 BME: 21.9%; White: 75.8%; Unknown: 2.34%;</p> <p>Non-Clinical Staff: Under Band 1 BME: 0%; White: 100%; Unknown: 0%;</p> <p>Band 2 BME: 100%; White: 0%; Unknown: 0%;</p> <p>Band 3 BME: 9%; White: 91%; Unknown: 0%;</p> <p>• Band 4 BME: 28.5%; White: 71.5%; Unknown: 0%</p> <p>• Band 5 BME: 14.2%; White: 71.6%; Unknown: 14.2%</p> <p>• Band 6 BME: 21.4%; White: 78.6%; Unknown: 0%</p> <p>• Band 7 BME: 10%; White: 90%; Unknown: 0%</p> <p>• Band 8a BME: 25%;</p>	<p>2019 BME: 18.6%; White: 76.1%; Unknown: 5.3%;</p> <p>Non-Clinical Staff: Under Band 1 BME: 0%; White: 100%; Unknown: 0%;</p> <p>• Band 2 BME: 100.0%; White: 0%; Unknown: 0%;</p> <p>• Band 3 BME: 9%; White: 91.6%; Unknown: 0%;</p> <p>• Band 4 BME: 0%; White: 100%; Unknown: 0%</p> <p>• Band 5 BME: 33.3%; White: 50.0%; Unknown: 16.7%</p> <p>• Band 6 BME: 30.0%; White: 70.0%; Unknown: 0%</p> <p>• Band 7 BME: 11.1%; White: 88.9%; Unknown: 0%</p> <p>• Band 8a BME: 11.1%;</p>	<p>Bury has a population profile that is ethnically diverse within both settled and emerging communities. Bury has a BME population of around 10% [Census 2011].</p> <p>At 31st March 2020 Bury CCG has 21.9% BME staff, which is over representative of the local population. Our data shows an increase of 3.3% BME staff since 2019.</p> <p>In non-clinical staff:</p> <ul style="list-style-type: none"> • % of BME Staff in band 2, 4 and 8a was higher than their % in the overall workforce 21.9%. • % of BME staff in Band 3, 5, 7, and 8b was lower than their % in the overall workforce. • % of BME staff in band 6 was almost the same as in the overall workforce • There was no BME staff in Band 8c, 8D and VSM. <p>Over the years to March 2020, in non-clinical staff:</p> <ul style="list-style-type: none"> • BME staff increased in band 4 and 8a. • % of BME staff fell from 33.3% to 14.2% in band 5 and 30% to 21.4% in band 6.

		<p>White: 75%; Unknown: 0%</p> <ul style="list-style-type: none"> • Band 8b BME: 14.3%; White: 85.7%; Unknown: 0% • Band 8c BME: 0%; White: 100%; Unknown: 0% • Band 8d BME: 0%; White: 100%; Unknown: 0% • VSM BME: 0%; White: 83.4%; Unknown: 16.6% <p>Clinical Staff:</p> <ul style="list-style-type: none"> • Band 6 BME: 0%; White: 100%; Unknown: 0.0% • Band 7 BME: 25%; White: 75 %; Unknown: 0% • Band 8a BME: 25% White: 75% Unknown: 0.0% • Band 8b BME: 50% White: 50% Unknown: 0% • Band 8c BME: 0% White: 100% Unknown: 0% 	<p>White: 88.9%; Unknown: 0.0%</p> <ul style="list-style-type: none"> • Band 8b BME: 14.3%; White: 85.7%; Unknown: 0% • Band 8c BME: 0.0%; White: 83.3%; Unknown: 16.6% • Band 8d BME: 0%; White: 100%; Unknown: 0% • VSM BME: 0.0%; White: 80%; Unknown: 20% <p>Clinical Staff:</p> <ul style="list-style-type: none"> • Band 6 BME: 0 %; White: 100%; Unknown: 0% • Band 7 BME: 0%; White: 100.0%; Unknown: 0% • Band 8a BME: 50.0% White: 50.0% Unknown: 0% • Band 8b BME: 0% White: 100% Unknown: 0% • Band 8c BME: 0% White: 100% Unknown: 0% 	<p>In clinical staff:</p> <ul style="list-style-type: none"> • There was no BME staff in band 6 and 8c. • BME staff in Band 7, 8a and 8b and VSM was higher than their % in the overall workforce 21.9%. • In the VSM medical and Dental Other category (GPs) 50% of staff were from BME ground which is higher than their % in the overall workforce.
--	--	--	--	---

		<ul style="list-style-type: none"> • VSM BME: 28.57%; White: 57.14%; Unknown: 14.3% <p>VSM (Medical and Dental) Other (GPs) BME: 50%; White: 50%; Unknown: 0%</p>	<ul style="list-style-type: none"> • VSM BME: 12.5%; White: 75%; Unknown: 12.5% <p>VSM (medical and Dental) Other (GPs) BME: 41.2%; White: 47%; Unknown: 11.8%</p>	
2	Relative likelihood of staff being appointed from shortlisting across all posts.	Relative likelihood of White staff being appointed from shortlisting compared to BME is therefore 2.95 times greater	Relative likelihood of White staff being appointed from shortlisting compared to BME is therefore 1.05 times greater.	Relative likelihood of White staff being appointed from shortlisting compared to BME has increased from 1.05 times to 2.95 times greater.
3	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. This indicator will be based on data from a two-year rolling average of the current year and the previous year.	The CCG has no disciplinarys recorded in 2019/20	The CCG has no disciplinarys recorded in 2018/19.	
4	Relative likelihood of staff accessing non-mandatory training and CPD.	Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff was 1.08 times greater.	Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff was 4.88 times greater.	Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff has decreased from 4.88 to 1.08 times greater. However, a figure below "1" would indicate that White staff accessing non-mandatory training and CPD compared to BME staff. This means that relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff is almost the same.
5.	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.	White: BME:	White: BME:	Bury CCG does not participate in the NHS National Staff Survey.
6	Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months.	White: BME:	White: BME:	Bury CCG does not participate in the NHS National Staff Survey.
7.	Percentage believing that the CCG provides equal opportunities for career progression and promotion.	White: BME:	White: BME:	Bury CCG does not participate in the NHS National Staff Survey.
8.	In the last 12 months have you personally experienced discrimination at work from any of the following?	White: BME:	White: BME:	Bury CCG does not participate in the NHS National Staff Survey.

	b) Manager, team leader or other colleagues.			
	Board representation indicator For this indicator, <u>compare the difference for White and BME staff</u>			
9.	Percentage difference between the organisations' Board voting membership and its overall workforce	BME Workforce: 24.6% % BME Voting Members: 0% % Difference: -24.6% White Workforce: 73.2% % White Voting members: 83.3% % Difference: 10.1%	BME Workforce: 18.6% % BME Voting Members: 13.3% % Difference: -5.3% White Workforce: 76.1% % White Voting members: 66.7% % Difference: -9.4%	Over the last 12 months: <ul style="list-style-type: none"> • % BME voting board members fell from 13.3% to 0% compared BME workforce 24.6%. • % White voting board members increased from 66.7% to 83.3% and was higher than White workforce 73.2%.

Appendix 2

Bury CCG Workforce Race Equality Standard (WRES) Action Plan 2020-2021

Number	WRES Metrics	Action	Timescale	Lead
1.	Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce. Organisations should undertake this calculation separately for non-clinical and for clinical staff.	<p>To analyse pay band data to identify trends and actions in relation to BME representation in higher pay bands.</p> <p>Annual review of assigned workforce codes to ensure correct categorisation of all employees</p>	<p>Jan 2021</p> <p>Feb 2021</p>	<p>Deputy Director Governance and Assurance / HR Business Partner</p> <p>Deputy Director Governance and Assurance / HR Workforce Team</p>
2.	Relative likelihood of staff being appointed from shortlisting across all posts.	<p>Annual review of recruitment and selection data including audit of Job Descriptions and person specifications to ensure inclusivity</p> <p>To deliver recruitment & selection training for all recruiting managers, which includes reflections on bias within the process</p> <p>Audit of Shortlisting and Interview panel to be undertaken and considered in terms of demographics</p> <p>Assurance that all interview panel members and chairs have received the necessary training</p>	<p>Feb 2021</p> <p>Jan 2021</p> <p>Dec 2020</p> <p>Jan 2021</p>	<p>Deputy Director Governance and Assurance / HR Business Partner / EDHR Business Partner</p> <p>Deputy Director Governance and Assurance / GMSS HR Workforce Team</p> <p>Deputy Director Governance and Assurance / GMSS HR Workforce Team</p> <p>Deputy Director Governance and Assurance / GMSS HR Business Partner</p>
3.	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.	Review of HR policies that invoke formal investigation processes e.g. Disciplinary, Capability, Attendance Management, Grievance etc	Dec 2020	Deputy Director Governance and Assurance / HR Business Partner

		<p>Delivery of training to all line managers in respect to HR policies</p> <p>Monthly monitoring of all HR business case work, with analysis at demographic level</p>	<p>March 2021</p> <p>On-going</p>	<p>HR Business Partner / HR Workforce Team</p> <p>Deputy Director Governance and Assurance / HR Business Partner</p>
4.	Relative likelihood of staff accessing non-mandatory training and CPD.	<p>Review current non-mandatory training processes (those captured via GMSS Learning Management System and internal processes) including access and recording of training</p> <p>Review of learning and development Policy</p> <p>Refresh of appraisal policy, including training to ensure that personal development is discussed and recorded through this process</p>	<p>March 2021</p> <p>Dec 2020</p> <p>March 2021</p>	<p>Deputy Director Governance and Assurance / GMSS OD Manager</p> <p>Deputy Director Governance and Assurance / GMSS OD Manager</p> <p>Deputy Director Governance and Assurance / GMSS OD Manager</p>
5.	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	Agree CCG approach to NHS Staff Survey	Sept 2020	Deputy Director Governance and Assurance
6.	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	Establish baseline position in respect to WRES metrics	March 2021	Deputy Director Governance and Assurance
7.	Percentage believing the Trust (CCG) provides equal opportunities for career progression or promotion.	Review and refresh as appropriate Dignity at Work Policy	Dec 2020	Deputy Director Governance and Assurance / HR Business Partner
8.	In the last 12 months have you personally experienced discrimination			

	at work from any of the following? <ul style="list-style-type: none"> • Manager • Team Leader • Other Colleagues 			
9.	Percentage difference between the organisations' Board voting membership and its overall workforce	<p>Consider opportunities to increase Governing Body representation</p> <p>Encourage Governing Body members in the unknown category to declare demographic information</p> <p>Ensure fair processes are in place for the recruitment of board roles.</p>	<p>March 2021</p> <p>Oct 2020</p> <p>Oct 2020</p>	<p>Deputy Director Governance and Assurance</p> <p>Deputy Director Governance and Assurance</p> <p>Deputy Director Governance and Assurance</p>