

## Report to the NHS Somerset Clinical Commissioning Group on 22 July 2021

<b>Title: Workforce Race Equality Standard and Action Plan (2020-2021)</b>	<b>Enclosure I</b>
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Version Number / Status:	1
Executive Lead	-
Clinical Lead:	-
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### Summary and Purpose of Paper

The Workforce Race Equality Standard (WRES) is a requirement for NHS commissioners and NHS healthcare providers including independent organisations, through the NHS standard contract.

The NHS Equality and Diversity Council announced on 31 July 2014 that it had agreed action to ensure employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

This is important because studies show that a motivated, included, and valued workforce helps deliver high-quality patient care, increased patient satisfaction, and better patient safety.

This report provides information on the CCG's position on the five key performance measures of the WRES and compares the 2020-2021 picture against that for 2019-2020.

It is encouraging to note some improvement has been seen in outcomes of several indicators when comparing the years 2019-2020 and 2020-2021, specifically:

- The percentage of CCG staff from a black and minority ethnic background has risen from 2.1% to 2.7%; and
- the disparity between minority ethnic and white applicants being appointed from shortlisting has reduced from 6.6 times less likely to be appointed in 2019-2020 to 1.8 times less likely in 2020-2021; whilst there is clearly further work to be done, at least it appears to be moving in the right direction.

The relatively likelihood of BME and white staff accessing non-mandatory training has equalised, with no disparity in access seen in 2020-2021.

This provides some tentative evidence that the actions undertaken as a result of the 2019-2020 WRES Action Plan are supportive to our Equality and Diversity objectives within Somerset CCG. However, it is vital to ensure that this does not produce complacency, and the 2020-2021 Action Plan seeks to continue and build on this work further into the future.

**Recommendations and next steps**

The Governing Body is asked to approve the action plan designed to continue to address the areas for improvement identified by the WRES report.

**Impact Assessments – key issues identified**

<b>Equality</b>	The completion of a robust action plan for addressing the indicators highlighted by the WRES is a key part of the organisation's duty to ensure equality of access in the workplace for staff from BME backgrounds.			
<b>Quality</b>	The report provides some tentative evidence that the actions undertaken as a result of the 2019-2020 WRES Action Plan are supportive to our Equality and Diversity objectives within Somerset CCG. However, it is vital to ensure that this does not produce complacency, and the 2020-2021 Action Plan seeks to continue and build on this work further into the future.			
<b>Privacy</b>	N/A			
<b>Engagement</b>	N/A			
<b>Financial / Resource</b>	N/A			
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<b>Risk Rating</b>	Consequence	Likelihood	RAG Rating	GBAF Ref

# **WORKFORCE RACE EQUALITY STANDARD (2020-2021)**

**28 June 2021**



**WORKFORCE RACE EQUALITY STANDARD  
(2020-2021)**

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## **WORKFORCE RACE EQUALITY STANDARD (2020-2021)**

### **1 INTRODUCTION**

- 1.1 The Workforce Race Equality Standard (WRES) is a requirement for NHS commissioners and NHS healthcare providers including independent organisations, through the NHS standard contract.
- 1.2 The NHS Equality and Diversity Council announced on 31 July 2014 that it had agreed action to ensure employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.<sup>1</sup>
- 1.3 This is important because studies show that a motivated, included, and valued workforce helps deliver high-quality patient care, increased patient satisfaction, and better patient safety.
- 1.4 This report provides information on the CCG's position on the five key performance measures of the WRES and compares the 2020-2021 picture against that for 2019-2020.

### **2 WRES INDICATOR 1: BANDING**

- 2.1 The first WRES indicator requires organisations to compare the data for white and BME colleagues by:
- providing a percentage of colleagues in each of the Agenda for Change (AfC) Bands 1-9 compared with the percentage of colleagues in the overall workforce
  - providing a percentage of colleagues in each of the AfC Bands 1-9 or Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of colleagues in the overall workforce
- 2.1.2 This indicator is intended to help to identify where barriers to colleague progression may be occurring, and to consider the action to address these barriers.

#### **Overall Workforce Data: 2020-2021**

- 2.2 As of 31 March 2021, the CCG employed 292 colleagues. 272 colleagues identified as white, 8 as BME and 12 did not disclose their race.
- 2.2.1 The percentage of BME colleagues within the overall workforce is

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<sup>1</sup> Please note, the abbreviation BME is used within this report to represent staff with a black and minority ethnic background, as per the June 2021 Technical Guidance for the NHS Workforce Race Equality Standard (WRES)

therefore 2.7% as of 31 March 2021. This is in line with the Somerset BME population, estimated to be 2% of the total population of the county in the 2011 census.

### Overall Workforce Data: 2019-2020

- 2.3 As of 31 March 2020, the CCG employed 275 colleagues. 264 colleagues identified as white, 6 as BME and 5 did not disclose their race.
- 2.3.1 The percentage of BME colleagues within the overall workforce is therefore 2.1% as of 31 March 2021.
- 2.3.2 The overall percentage of BME colleagues employed by Somerset CCG has therefore increased (0.6%) in 2020-2021.

### WRES Indicator 1: Data By Banding

- 2.4 The following section provides the percentages of colleagues in each band, into categories of 'White', 'Blank' (where no race has been declared) and BME. Where cells are highlighted in green, this denotes the percentage of BME colleagues in this band is higher than the overall percentage of BME colleagues in the organisation. Where cells are highlighted in orange, this denotes the percentage of BME colleagues in this band is lower than the overall percentage of BME colleagues in the organisation.

#### Non-Clinical Workforce:

Banding	2019-2020			2020-2021		
	White	Blank	BME	White	Blank	BME
Under Band 1	N/A	N/A	N/A	100%	0%	0% (-2.7%)
Band 1	N/A	N/A	N/A	N/A	N/A	N/A
Band 2	N/A	N/A	N/A	N/A	N/A	N/A
Band 3	100%	N/A	0% (-2.1%)	100%	0%	0% (-2.7%)
Band 4	89.5%	5.2%	5.2% (+3.1%)	84.8%	10.9%	4.3% (+1.6%)
Band 5	95.2%	N/A	4.8% (+2.7%)	88%	4%	8% (+5.3%)
Band 6	100%	N/A	0% (-2.1%)	93.1%	3.4%	3.4% (+0.7%)
Band 7	96.6%	N/A	3.4% (+1.3%)	93.9%	3%	3% (+0.3%)
Band 8a	96.2%	3.8%	0% (-2.1%)	96.4%	3.6%	0% (-2.7%)
Band 8b	92.3%	N/A	7.7% (+5.6%)	100%	0%	0% (-2.7%)
Band 8c	100%	N/A	0% (-2.1%)	100%	0%	0% (-2.7%)
Band 8d	88.9%	11.1%	0% (-2.1%)	100%	0%	0% (-2.7%)
Band 9	N/A	N/A	N/A	N/A	N/A	N/A



<b>VSM</b>	100%	N/A	0% (-2.1%)	100%	0%	0% (-2.7%)
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#### Clinical Workforce (of which Non-Medical):

Banding	2019-2020			2020-2021		
	White	Blank	BME	White	Blank	BME
<b>Under Band 1</b>	N/A	N/A	N/A	N/A	N/A	N/A
<b>Band 1</b>	N/A	N/A	N/A	N/A	N/A	N/A
<b>Band 2</b>	N/A	N/A	N/A	N/A	N/A	N/A
<b>Band 3</b>	N/A	N/A	N/A	N/A	N/A	N/A
<b>Band 4</b>	50%	0%	50% (+47.9%)	50%	0%	50% (+47.3%)
<b>Band 5</b>	N/A	N/A	N/A	N/A	N/A	N/A
<b>Band 6</b>	98.1%	1.9%	0% (-2.1%)	98.1%	1.9%	0% (-2.7%)
<b>Band 7</b>	100%	0%	0% (-2.1%)	91.7%	8.3%	0% (-2.7%)
<b>Band 8a</b>	100%	0%	0% (-2.1%)	100%	0%	0% (-2.7%)
<b>Band 8b</b>	100%	0%	0%(-2.1%)	100%	0%	0% (-2.7%)
<b>Band 8c</b>	N/A	N/A	N/A	0%	0%	100% (+97.3%)
<b>Band 8d</b>	N/A	N/A	N/A	N/A	N/A	N/A
<b>Band 9</b>	N/A	N/A	N/A	N/A	N/A	N/A
<b>VSM</b>	100%	0%	0%(-2.1%)	100%	0%	0% (-2.7%)

#### Clinical Workforce (of which Medical and Dental):

Banding	2019-2020			2020-2021		
	White	Blank	BME	White	Blank	BME
<b>Consultants</b>	N/A	N/A	N/A	N/A	N/A	N/A
<b>of which Senior Medical Manager</b>	N/A	N/A	N/A	N/A	N/A	N/A
<b>Non-Consultant Career Grade</b>	100%	0%	0% (-2.1%)	N/A	N/A	N/A
<b>Trainee Grades</b>	N/A	N/A	N/A	N/A	N/A	N/A
<b>Other</b>	100%	0%	0% (-2.1%)	93.8%	6.2%	0% (-2.7%)

#### WRES Indicator 1: Data Analysis

2.5 It is positive to note that Somerset CCG has increased the percentage of BME colleagues from 2.1% in 2019-2020 to 2.7% in 2020-2021. However, there are a number of points to note within the results of 2020-2021.

- there are no BME colleagues working for Somerset CCG within the medical or dental fields as of 31 March 2021

2.5.1 Whilst the number of BME colleagues working within Somerset CCG is small, the information provided in the WRES additional information sheet (Appendix 2) notes that:

‘In many CCGs the numbers of colleagues employed are small. Hence very small changes in numbers on workforce and survey metrics can result in substantial changes in percentage terms. Such changes should be treated with caution but should not be ignored since, especially where they signify a trend or indicate a concern, they may be extremely useful.’

2.5.2 Examining all Agenda for Change colleagues, it can be noted that 87.5% of BME colleagues are working at or below a Band 7 level, as opposed to 72.3% of white colleagues as of 31 March 2021.

2.5.3 The same comparison can be seen in 2019-2020, with 83.3% of BME colleagues working at or below a Band 7, compared to 71.4% of white colleagues as of 31 March 2020.

### **3 WRES INDICATOR 2**

3.1 The second WRES indicator is to compare the data for white and BME colleagues to determine the relative likelihood of colleagues being appointed from shortlisting across all posts.

3.2 From April 2020 - March 2021:

- 92 white applicants were shortlisted (247 in 2019/20), of which 52 were appointed (65 in 2019/20). Therefore, 27.08% of all white applicants shortlisted were appointed (26.32% in 2019/20)
- 33 BME applicants were shortlisted (25 in 2019/20), of which 5 were appointed (1 in 2019/20). Therefore, 15.15% of all BME applicants shortlisted were appointed (4% in 2019/20)

3.3 Therefore, a white applicant who has been shortlisted is 1.8 times more likely to be appointed at interview than a BME candidate who has been shortlisted. This compared to 2019/2020, where a white candidate was 6.6 more likely to be appointed than a BME candidate.

3.4 It is positive that the percentage of BME colleagues appointed from shortlisting has improved between 2019/20 and 2020/21. However, there continues to be a need to work to improve this indicator to the point of parity.

### **4 WRES INDICATOR 3**

4.1 The third WRES indicator examines the difference between white and BME colleagues entering the formal disciplinary process as measured by entry into a formal disciplinary investigation.

4.2 From April 2020 - March 2021 no individuals entered into a formal disciplinary process. This means that:

- the relative likelihood of a white employee entering the formal disciplinary process was 0% (0.76% in 2019/20)
- the relative likelihood of a BME employee entering the formal disciplinary process was 0% (0% in 2019/20)

4.3 As no colleagues entered into a disciplinary process in 2020/21, there is no difference in the likelihood of white and BME colleagues entering the disciplinary process.

## **5 WRES INDICATOR 4**

5.1 The fourth WRES indicator seeks to understand the relative likelihood of colleagues undertaking learning, education, training or colleague development activity, the completion of which is neither a statutory requirement or mandated by the organisation.

5.2 In 2019/2020, the only records available for examination were the non-mandatory training courses and CPD on available ESR.

5.3 In 2020/2021, this data was available alongside information from Digital Learning Solutions (an NHS digital skills provider), the Apprenticeship service, secondments and acting up opportunities and financial records to provide evidence of any funded CPD activity within the period examined. Therefore, the data provided in 2020/2021 is improved from the 2019/20 position. This noted, there is still not a centralised system to record CPD activity which is undertaken locally, is not recorded on ESR and which does not have an associated cost.

5.4 From April 2020 - March 2021:

- 12.5% of white employees accessed non-mandatory training courses and CPD (10.98% in 2019/20)
- 12.5% of BME employees accessed non-mandatory training courses and CPD (0% in 2019/20)

5.5 There is therefore no disparity between the percentage of BME colleagues accessing non-mandatory and CPD training as compared to white colleagues from the currently available data.

## **6 WRES INDICATOR 5**

6.1 Indicator 5 seeks to provide the percentage difference between:

- the organisation's Board voting membership and its overall workforce, and

- the organisation's Board executive membership and its overall workforce

6.2 As of 31 March 2021, there are 0 BME colleagues who are voting members of Somerset Clinical Commissioning Group's Board. (As of 31 March 2020, there were also 0 BME voting members.)

6.2 As of 31 March 2021, there are 0 BME colleagues who are part of the executive membership of Somerset Clinical Commissioning Group. (As of 31 March 2020, there were also 0 BME executive board members.)

6.3 Therefore, the difference in BME colleague representation on the Board, both with respect to voting members and executive members as compared to the organisation is -2.7% (as compared to March 2020 which was -2.1%).

## 7 CONCLUSIONS AND NEXT STEPS

7.1 It is encouraging to note improvement has been seen in outcomes of several indicators when comparing the years 2019-2020 and 2020-2021, specifically:

- the percentage of CCG staff from a black and minority ethnic background has risen from 2.1% to 2.7%
- the relatively likelihood of BME staff being appointed from shortlisting has improved with white staff being 6.6 times more likely to be appointed in 2019-2020 as compared to 1.8 times more likely in 2020-2021
- the relatively likelihood of BME and white staff accessing non-mandatory training has equalised, with no disparity in access seen in 2020-2021

7.2 This provides some tentative evidence that the actions undertaken as a result of the 2019-2020 WRES Action Plan are supportive to our Equality and Diversity objectives within Somerset CCG. However, it is vital to ensure that this does not produce complacency, and the 2020-2021 Action Plan seeks to continue and build on this work further into the future.

7.3 The Governing Body is asked to approve and support the action plan designed to continue to address the areas for improvement identified by the WRES report.

**Sophie Wainwright**  
**HR and Recruitment Lead Officer**

**APPENDIX ONE:**

**Workforce Race Equality Standard (WRES) Action Plan  
2021-2022**

Indicator	Narrative – the implications of the data and any additional background explanatory narrative	Action	Date to Complete	Responsible Party
<p><b>WRES Indicator 1 - Compare the data for white and BME colleagues:</b></p> <p>Percentage of colleagues in each of the AfC Bands 1-9 and VSM (including Executive Board members) compared with the percentage of colleagues in the overall workforce.</p> <p>Percentage of colleagues in each of the AfC Bands 1-9 or Medical and Dental subgroups and VSM</p>	<p>As of 31 March 2021, colleagues from black and minority ethnic (BME)<sup>i</sup> backgrounds make up 2.7% of Somerset CCG’s workforce.</p> <p>The BME population of Somerset was estimated to be 2% in 2011 in the most recent census.</p> <p>Whilst the data does not indicate a concern concerning the progression of BAME colleagues through the Agenda for Change bandings, it is recommended that the CCG continue to consider how to increase the number of BME colleagues joining and progressing through the organisation, particularly into roles at Band 8a and above.</p>	<p>Somerset CCG will continue to ensure that all recruitment opportunities are advertised in a range of locations, including NHS jobs, Twitter, Facebook and LinkedIn and the NHS Executive Jobs page for specific board-level opportunities.</p> <p>We will also ensure that we communicate these opportunities widely across Somerset, to meet those from ethnic minority backgrounds. This will include work undertaken through the System People Plan, in respect of increasing links with education and also through the Breaking Barriers work stream.</p> <p>Since the last WRES report, Somerset CCG has now updated its policy on internal advertisements of roles. All roles which are at Band 8a and above must be advertised externally to ensure that both internal and external candidates are able to compete for our more senior positions and supports the organisation in attaining the best talent available, supporting our aims for diversity and inclusion.</p> <p>Somerset CCG’s Recruitment Lead will attend an inclusive Recruitment and Career Progression Focus Group, which seeks to understand and reduce the barriers to progression in the South West for BME colleagues.</p>	<p>Ongoing commitment</p> <p>Ongoing commitment</p> <p>Ongoing commitment</p> <p>26 July 2021</p>	<p>Lydia Carmichael-Brown</p> <p>Marianne King</p> <p>Lydia Carmichael-Brown</p> <p>Lydia Carmichael-Brown</p>

Indicator	Narrative – the implications of the data and any additional background explanatory narrative	Action	Date to Complete	Responsible Party
(including executive Board members) compared with the percentage of colleagues in the overall workforce	Looking specifically at medical colleagues, there is a need to consider that GP appointments for the CCG must have an understanding of the primary care function within the county, which reduces opportunities for recruitment outside of the South West. This results in the pool of applicants more closely correlating with the BME population of Somerset of 2% than with other roles in Somerset CCG.	Finally, 4% of Somerset CCG colleagues are noted as having an undisclosed or blank ethnicity on the ESR system, from which this information is drawn. In order to ensure that accurate information is recorded for all colleagues, any colleagues that have a blank ethnicity reported will be approached to see if there is a desire to provide this information to support our equal opportunities monitoring.	01 September 2021	Lydia Carmichael-Brown
<b>Indicator 2:</b> Relative likelihood of colleagues being appointed from shortlisting across all posts.	<p>From 1 April 2020-31 March 2021, 192 white applicants applied to CCG vacancies and were shortlisted, of which 52 were appointed. Therefore, 27.08% of all white applicants who were shortlisted were appointed.</p> <p>From 1 April 2020-31 March 2021, 33 BME applicants applied to CCG vacancies and were shortlisted, of which 5 were appointed. Therefore, 15.15% of all BME applicants</p>	<p>Mandatory Equality and Diversity training to be renewed every 2 years has become a standard training requirement for all CCG colleagues. This includes all recruiting managers.</p> <p>In line with the WRES 2021 guidance, an analysis has been conducted at each stage in the recruitment process:</p>	<p>Ongoing commitment</p> <p>1 July 2021</p>	<p>Sophie Wainwright</p> <p>Sophie Wainwright and Lydia Carmichael-Brown</p>

Indicator	Narrative – the implications of the data and any additional background explanatory narrative	Action				Date to Complete	Responsible Party																								
	<p>who were shortlisted were appointed.</p> <p>Therefore, within the period 01 April 2019- 31 March 2020, a white applicant was 1.8 times more likely to be appointed at an interview than a BME candidate.</p> <p>Whilst this is improved from the 2019/2020 position, where continued action is needed to achieve parity.</p>	<table border="1" data-bbox="853 400 1688 715"> <thead> <tr> <th data-bbox="853 400 965 443">Stage</th> <th data-bbox="965 400 1473 443">Detail</th> <th data-bbox="1473 400 1585 443">White</th> <th data-bbox="1585 400 1688 443">BME</th> </tr> </thead> <tbody> <tr> <td data-bbox="853 443 965 512">1</td> <td data-bbox="965 443 1473 512">Applicants rejected through longlisting</td> <td data-bbox="1473 443 1585 512">17%</td> <td data-bbox="1585 443 1688 512">16%</td> </tr> <tr> <td data-bbox="853 512 965 580">2</td> <td data-bbox="965 512 1473 580">Applicants rejected through shortlisting</td> <td data-bbox="1473 512 1585 580">39%</td> <td data-bbox="1585 512 1688 580">53%</td> </tr> <tr> <td data-bbox="853 580 965 624">3</td> <td data-bbox="965 580 1473 624">Shortlisted Applicants who withdrew</td> <td data-bbox="1473 580 1585 624">7%</td> <td data-bbox="1585 580 1688 624">8%</td> </tr> <tr> <td data-bbox="853 624 965 671">4</td> <td data-bbox="965 624 1473 671">Applicants Rejected at Interview</td> <td data-bbox="1473 624 1585 671">24%</td> <td data-bbox="1585 624 1688 671">18%</td> </tr> <tr> <td data-bbox="853 671 965 715">5</td> <td data-bbox="965 671 1473 715">Applicants Offered</td> <td data-bbox="1473 671 1585 715">12%</td> <td data-bbox="1585 671 1688 715">5%</td> </tr> </tbody> </table> <p data-bbox="853 751 1688 884">It is important to note that name blind application occurs within Somerset CCG. Therefore recruiting managers <b>do not</b> have access to candidate’s names, race or any other demographic data on applicants until stage 4, where interview takes place.</p> <p data-bbox="853 920 1688 1086">At Stage 4 of the process, for interview, only the candidate names are shared with recruiting managers as part of their panel pack. No details of demographics or race are shared with recruiting managers at any stage of the recruitment process.</p> <p data-bbox="853 1123 1688 1289">To further support blind recruitment practices, referee detail will also be removed from shortlisting information to ensure that the only detail recruiting managers receive ahead of interview is directly in respect of the application detail required to assess competence.</p> <p data-bbox="853 1326 1688 1390">The use of recruitment agencies is limited within Somerset CCG, however, for very specific roles, executive agencies have</p>				Stage	Detail	White	BME	1	Applicants rejected through longlisting	17%	16%	2	Applicants rejected through shortlisting	39%	53%	3	Shortlisted Applicants who withdrew	7%	8%	4	Applicants Rejected at Interview	24%	18%	5	Applicants Offered	12%	5%	<p>1 July 2021</p> <p>1 July 2021</p>	<p>Lydia Carmichael-Brown</p> <p>Marianne King</p>
Stage	Detail	White	BME																												
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Indicator	Narrative – the implications of the data and any additional background explanatory narrative	Action	Date to Complete	Responsible Party
		supported recruitment practices. Where such engagements occur, details of the organisation’s Equality and Diversity practices and policies will be reviewed ahead of commencement of work, to ensure a commitment to equal opportunities employment.		
<p><b>Indicator 3:</b> Relative likelihood of colleagues 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.</p>	<p>No Somerset CCG colleagues were entered into a disciplinary process in 2020/2021.</p> <p>There is therefore no difference is determined between BME colleagues and white colleagues concerning the likelihood to be entered into a formal disciplinary process.</p>	<p>There is no further action recommended on this measure at this date.</p>	<p>N/A</p>	<p>N/A</p>
<p><b>Indicator 4:</b> Relative likelihood of colleagues accessing non-</p>	<p>12.5% of white employees accessed non-mandatory training courses and CPD on ESR and 12.5% of BME employees did so.</p>	<p>Whilst the data does indicate that CPD and non-mandatory training access is equitable for white and BME colleagues, the following actions are noted to continue to support this position and to support the actions noted in WRES indicator 1 to increase access to posts above the 8a level.</p>		



Indicator	Narrative – the implications of the data and any additional background explanatory narrative	Action	Date to Complete	Responsible Party
<p>mandatory training and CPD.</p>	<p>This data contains all relevant training conducted on ESR alongside information from Digital Learning Solutions (an NHS digital skills provider), the Apprenticeship service, details of secondments and acting up and financial records to provide evidence of any funded CPD activity within the period examined. Therefore, the data provided is 2020/2021 is improved from the 2019/20 position.</p> <p>This noted, there is still not a centralised system to record CPD activity which is undertaken locally, is not recorded on ESR and which does not have an associated cost, this does present some issues in attaining a full data set.</p>	<p>Somerset CCG proactively communicates training opportunities for the development of our BME colleagues. All training opportunities which are available, for example apprenticeships, ESR courses etc. are shared via our colleague internal communications.</p> <p>A course catalogue booklet is currently being produced to provide a summary of learning opportunities which will be shared on the electronic shared area.</p> <p>Somerset CCG will continue to consider how to improve recording of CPD and non-mandatory training data and it is anticipated that this will be further enabled by the introduction of ESR Manager Self-Service, which will allow individuals to update their own CPD records.</p> <p>We will also seek out national initiatives designed for the development of BME colleagues, for example the Stepping Up programme provided by the NHS Leadership Academy which aims to create greater levels of sustainable inclusion within the NHS by addressing the social, organisational and psychological barriers restricting BAME colleagues from progressing.</p>	<p>Ongoing commitment</p> <p>1 August 2021</p> <p>This project is currently on hold due to ICS developments</p> <p>On re-commencement of the programme, further to the relaxation of COVID-19 restrictions</p>	<p>Sophie Wainwright</p> <p>Sophie Wainwright</p> <p>Sophie Wainwright</p> <p>Sophie Wainwright</p>

Indicator	Narrative – the implications of the data and any additional background explanatory narrative	Action	Date to Complete	Responsible Party
<p><b>Indicator 5:</b> The percentage difference between the organisations' Board voting membership and its overall workforce.</p>	<p>There are currently no BME colleagues who are members of the organisation's Board voting membership, resulting in the percentage difference of -2.7%</p> <p>However, as the number of board members is small additional methods of gaining BME representation are recommended, in addition to those actions relating to recruitment described in the response to Indicator 1.</p>	<p>The same actions described in response to recruitment practice to ensure equity (as described in response to the WRES Indicator 1) will apply to posts at the Board level.</p> <p>In addition, the transition to the ICS in April 2022 may present (depending on the regulations and guidance provided in respect of this transition) a further opportunity to consider specific fair advertising and recruitment of board vacancies.</p> <p>To ensure our BME colleagues can feed into our board, Somerset CCG has commenced a series of joint meetings, between the organisation's Equality and Diversity Steering Group and Our Colleague Forum, to which all BME colleagues were invited. These joint meetings were successful and now take place every 6 months.</p> <p>We are also actively seeking BME colleagues to join our Colleague Forum permanently and, as part of the response to the 2020 National Staff Survey are seeking to ensure that the membership of this forum is representative.</p>	<p>Ongoing commitment</p> <p>1 April 2022</p> <p>Ongoing commitment</p> <p>1 December 2021</p>	<p>Lydia Carmichael-Brown</p> <p>Marianne King</p> <p>Dr Jayne Chidgey-Clark (NED representative on the Colleague Forum) and Wendy Grey (Chair of the Equality Steering Group)</p> <p>Marianne King</p>

**Progress against this action plan will be provided quarterly to the Governing Body, to provide accountability and evidence of action on these measures at a senior level.**

**Action plan approved by: .....**  
**On behalf of the Governing Body, Somerset Clinical Commissioning Group**

**Signed: .....**

**Date: .....**

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<sup>i</sup> Please note that the abbreviation BME is used within this report to represent colleagues with a black and minority ethnic background, as per the June 2021 Technical Guidance for the NHS Workforce Race Equality Standard (WRES).