

<b>Meeting: Governing Body</b>			
<b>Meeting Date</b>	22 September 2021	<b>Action</b>	Approve
<b>Item No.</b>	8d	<b>Confidential</b>	No
<b>Title</b>	Workforce Race Equality Standard (WRES), Disparity Ratio and Inclusive Recruitment		
<b>Presented By</b>	Sam McVaigh, Director of People and Inclusion ( Bury Council)		
<b>Author</b>	Lisa Featherstone, Deputy Director Governance and Assurance		
<b>Clinical Lead</b>	-		

### Executive Summary

The report provides an update on the CCG's compliance with the Workforce Race Equality Standard (WRES) 2020-21, the Race Disparity ratio and Inclusive Recruitment 6 high impact actions.

The data has been summarised and a narrative has been included within the report and is supported by a number of appendices.

Governing Body is reminded that as the CCG workforce numbers are small, a minor change can have a bigger impact and therefore, whilst there is more to do, the statistical significance needs to remain in view through all actions.

### Recommendations

The Governing Body is requested to:

- Receive the report;
- Note the data as presented;
- Note the supporting narrative;
- Note the updated action plans and
- Approve the publication of the report on the CCG website.

### Links to CCG Strategic Objectives

<b>SO1 - To support the Borough through a robust emergency response to the Covid-19 pandemic.</b>	☒
<b>SO2 - To deliver our role in the Bury 2030 local industrial strategy priorities and recovery.</b>	☒
<b>SO3 - To deliver improved outcomes through a programme of transformation to establish the capabilities required to deliver the 2030 vision.</b>	☒
<b>SO4 - To secure financial sustainability through the delivery of the agreed budget strategy.</b>	☒

Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:
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"/>

Governance and Reporting		
Meeting	Date	Outcome
Quality & Performance Committee	08/09/2021	Progress to Governing Body

# **Workforce Race Equality Standard (WRES), Race Disparity and Inclusive Recruitment 2021**

## **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 and also provides an update on other national directives including the Race Disparity Ratio and Inclusive Recruitment .

## **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 Group (CCG) 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 following the inception of the Covid-19 national pandemic and other world events, there continues to be a national focus on equalities, not only because of the adverse impact and widening health inequalities but because although work has progressed in improving equality, there is still much more to do to ensure our communities are safe, protected and represented in line with the requirements of the Equality Act 2010, and specifically in relation to BAME communities and representation in decision making.
- 2.8 Locally, the Council and CCG 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. The findings from this were hard hitting, and for the CCG reflected that 'deeds and not words' are needed to make the difference a reality.
- 2.9 Good progress has been made to re-dress the gaps within the recommendations of the independent equalities review. A joint Inclusion Strategy and supporting work plan has been developed and is monitored quarterly by the Strategic Commissioning Board. A joint Inclusion Working Group has been established which contributes to and supports delivery of the operational agenda, including awareness raising of equality across the organisation.
- 2.10 The CCG and Council have reflected on how together they can better deliver against the EDHR agenda and have appointed a Director of People and Inclusion who will be supported by an EDHR practitioner to deliver the inclusion agenda across both organisations.
- 2.11 In addition to the national requirements and the local review, the CCG has also committed to the Greater Manchester Workforce Race Equality programme, which sees twice yearly returns of WRES metrics, including the following which are additional national WRES data requirements:
- 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.
- 2.12 There has also been further return processes introduced at a national level, including Race Disparity Ratios, Inclusive Recruitment and model employer goals, and the CCG's returns were submitted on 3<sup>rd</sup> September 2021 for the first time.
- 2.13 The **Race Disparity Ratio** is the difference in proportion of BAME staff at various AfC bands compared to proportion of White staff at those bands and has been developed as a metric by the national WRES team to help set trajectories and aid organisations in working towards the Model Employer target to reflect representation of ethnic minority staff at equal proportions in all AfC pay scales by 2025
- 2.14 Where the disparity ratio at Band 6 and above is above 1.5, the organisation is required to submit a detailed action plan and remedial action to address.

2.15 To support organisations to address inequality through the recruitment process, 6 (six) actions for **Inclusive Recruitment** have been identified for implementation across all NHS organisations, which also support the NHS People Plan.

### 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 2021, 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 against the metrics for the period 1 April 2020 to 31 March 2021, along with progress to date. It should be noted that this action plan has been incorporated into the wider Inclusion Action Plan (Appendix 3) which was developed following the outcome of the commissioned Equalities Review completed across the CCG and Council.

3.4 Additional actions have been incorporated into the plan for completion during the remainder of 2021-22.

- **Overall workforce**

3.5 When looking at the overall workforce from the two periods, the headcount overall has remained fairly static at 129 employees, although there has been some significant movement with recruitment of 31 new post-holders. It should be noted that this headcount does not equate to FTE and also that it reflects total post holders during the year, not the end of year headcount.

3.6 Looking at this data as currently reported, there is one less colleague from a BAME background and 2 more colleagues of white background. These changes, although small have resulted in a 1% reduction in the level of BAME representation across the CCG's workforce, from 21.9% to 20.9%

3.7 There continues to be a level of non-disclosure, however this has remained static at 3 employees, representing 2.32% of the overall workforce.

3.8 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**

3.9 The number of Governing Body members have not completed their demographic information remains static at 2 (1.55% of overall workforce and 15.4% of Governing Body members on the CCG payroll). Previously it has been suggested that the Governing Body should lead by example and therefore the one clinical and one non-clinical Governing Body members would be encouraged to provide the missing information, however this has not

changed and therefore there may be further merit in exploring why colleagues are not willing to disclose this information.

- 3.10 There overall composition of the Governing Body has further changed during the reporting period, with the formalisation of a single leadership structure, disestablishment of some Governing Body positions and creation and appointment to new roles. Additionally, a number of Governing Body members are hosted / employed through different organisations and are therefore not included on this return as employees or counted in the overall figures, whether voting or non-voting.
- 3.11 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.
- 3.12 The figures report a % decrease in the number of voting members of white heritage from 83.3% to 70%, which in real terms is a reduction of 3 white voting members included within this cohort. Additionally, the overall number of voting members has increased from 12 to 13.
- 3.13 In reflecting on how representative the Governing Body is of its workforce, there is a -15.2% differential (under representation) in respect to white Governing Body members and a positive 2.1% differential (significant improvement from -21.9% reported in previous year) for BAME representation, when compared with the workforce demographics.
- 3.14 As a further point to note and as reported last year, the CCG has delegated its commissioning decision making to the Strategic Commissioning Board and it would be beneficial to consider its demographics when compared to the workforce and local population. This should be extended to the shadow Locality Board, which is due to be established in October 2021, with a particular view of demographic representation when considered against Bury's population.

- **Recruitment and Selection**

- 3.15 There has been a reduction in the level of recruitment which also reflects a decrease in the number of candidates shortlisted across all vacancies from all ethnicities. Positively, the relative likelihood for being appointed to a role following shortlisting is 23.66% and 25.53% for white and BAME backgrounds respectively. This sees a return to Bury's previously reported (2018-19) positive position which reflects candidates are as likely to be appointed to posts irrespective of ethnicity and an improvement on last years reported position where a white candidate was almost three times more likely to be appointed at interview than a candidate from BAME heritage.
- 3.16 Clear actions were set out to improve recruitment practice in the last WRES report and together with the full review of Equalities that was commissioned across the CCG and Council, there has been some improvement. Whilst determining a direct correlation, given not all actions have been fully implemented may be difficult, the changes in process to recruitment through more external arrangements, training for interview panel members and general awareness raising has had an impact on addressing this gap.
- 3.17 Work to ensure that Job Descriptions and Person specifications are reviewed to ensure no bias or implicit discrimination and the further auditing of interview panels to ensure appropriate representation in decision making should continue to be progressed.

- **Disciplinary Processes**

3.18 This metric measures the number of staff that have entered into the formal disciplinary investigation in line with the CCG's Disciplinary Policy.

3.19 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**

3.20 Eighteen 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 15.15% (15) and 11.11% (3) of white and BAME colleagues respectively accessing these opportunities. In terms of relative likelihood, these figures report a reduction to the likelihood of colleagues from BAME heritage accessing training at 1.36 when compared to white heritage colleagues from the previous reporting period at 1.08 (where 1 reflects equal likelihood).

3.21 Whilst overall this is a positive position, there is further work specifically to be progressed on ensure all training undertaken is reported for holding on file. Additionally, assurance is needed that all training opportunities are offered and promoted to all colleagues.

- **National Staff Survey**

3.22 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.

3.23 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.

3.24 The CCG has previously opted not to participate in the survey and although the benefits of such an insight are recognised, the decision was taken again for the 2020-21 period, not to participate in the national 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.

- **Action Plan**

3.25 The CCG is required to publish the Annual WRES report, data and action plan.

3.26 The action plan at Appendix B was prepared to address gaps that have emerged from the analysis of the 2019-20 data and an update against each of the actions is included for reference.

3.27 Additionally, and encompassing the feedback from the Equality Review, a more detailed action plan capturing the wider Inclusion agenda has been developed and is reported against on a quarterly basis to the Strategic Commissioning Board. Incorporated within the wider action plan are the WRES actions.

3.28 Furthermore, through the work of the Inclusion Working group and strategic leadership across the CCG and Council, a focus on Race has been agreed for 2021-22 and an underpinning action plan also prepared.

- **GM WRES Metrics**

3.29 The CCG has continued to submit returns against the GM WRES indicators which in the main are aligned to the national WRES return with some additional requirements. Feedback reports are awaited from these submissions.

#### **4.0 Race Disparity Ratio**

4.1 The calculation of the Race Disparity ratio for NHS Bury CCG is as follows:

- Lower to Middle (Band 6 and below) – 1.13;
- Middle to Upper – 0.83; and
- Lower to Upper – 0.94

4.2 Whilst these numbers are below the ratio of 1.5, the focus on workforce race remains paramount to the CCG's inclusion agenda. Appendix 4 sets out the Race Action Plan that has been developed across the Bury Locality Partnership of NHS Bury CCG and Bury Council for implementation in the short (1 month), medium (3 month) and long-term (12 months).

4.3 The CCG is also committed to support the Model Employer goal of ensuring appropriate representation of ethnic minority staff at all bands in line with the overall ethnic representation in the workforce by 2025.

4.4 The current ethnic workforce representation is 20.9%. Representation is below this level at Band 5, Band 6, Band 8b, 8c and 8d (all non-clinical) and Band 6 and below, 8b, 8c and 8d (clinical) pay bands.

4.5 It should be noted that the CCG has a small workforce and the impact of only a few role changes could have a large impact, and therefore the statistical significance of the data also needs to be considered. Actions in respect to recruitment are included within the WRES, Race and overall Inclusion action plan.

#### **5.0 Inclusive Recruitment**

5.1 Six actions to support inclusive recruitment have been set for localities to respond to as set out below:

- Action 1: Ensure Board level leaders own the agenda, as part of culture changes in organisations, with improvements in BAME representation (and other underrepresented groups) as part of objectives and appraisal by a) Setting specific KPIs and targets linked to recruitment which are time limited, specific and linked to incentives or sanctions;
- Action 2: Introduce a system of 'comply or explain' to ensure fairness during interviews which includes requirements for diverse interview panels, and the presence of an equality representative who has authority to stop the selection process, if it was deemed unfair;



- Action 3: Organise talent panels to a) Create a 'database' of individuals by system who are eligible for promotion and development opportunities such as Stretch and Acting Up assignments must be advertised to all staff; b) Agree positive action approaches to filling roles for under-represented groups and c) Set transparent minimum criteria for candidate selection into talent pools
- Action 4: Enhance EDI support available to a) Train organisations and HR policy teams on how to complete robust / effective Equality Impact Assessments of recruitment and promotion policies and b) Ensure that for Bands 8a roles and above, hiring managers include requirement for candidates to demonstrate EDI work / legacy during interviews;
- Action 5: Overhaul interview processes to incorporate to a) Training on good practice with instructions to hiring managers to ensure fair and inclusive practices are used, b) Ensure adoption of values-based shortlisting and interview approach and c) Consider skills-based assessment such as using scenarios.
- Action 6: Adopt resources, guides and tools to help leaders and individuals have productive conversations about race

5.2 Progress has been made against aspects of these actions, as set out at Appendix 5 however there is still more to do and a review of the CCG's Recruitment and Selection Policy in the context of these actions is required:

#### **4.0 Recommendations:**

4.1 The Governing Body is requested to:

- Receive the report;
- Note the data as presented;
- Note the supporting narrative;
- Note the updated action plans and
- Approve the publication of the report on the CCG website.

**Lisa Featherstone**  
**Deputy Director – Governance and Assurance**  
**September 2021**

## Appendix 1

### Bury CCG WRES Data for year ending 31 March 2021

No	Indicators (For each of these four workforce indicators, <u>compare the data for White and BME staff</u> )	31 March 2021	31 March 2020	Narrative the implications of the data and any additional background explanatory narrative
1	<p><b>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.</b></p>	<p><b>2021</b> BME: 20.9%; White: 76.8%; Unknown: 2.3%;</p> <p><b>Non-Clinical Staff:</b> Under Band 1 BME: 0%; White: 0%; Unknown: 0%;</p> <p>Band 2 BME: 50%; White: 50%; Unknown: 0%;</p> <p>Band 3 BME: 23.1%; White: 67.9%; Unknown: 0%;</p> <p>• Band 4 BME: 20%; White: 60%; Unknown: 20%</p> <p>• Band 5 BME: 11.1%; White: 88.9%; Unknown: 0%</p> <p>• Band 6 BME: 16.7%; White: 83.3%; Unknown: 0%</p> <p>• Band 7 BME: 21.4%; White: 78.6%; Unknown: 0%</p> <p>• Band 8a BME: 20%;</p>	<p><b>2020</b> BME: 21.9%; White: 75.8%; Unknown: 2.34%;</p> <p><b>Non-Clinical Staff:</b> 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>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 31<sup>st</sup> March 2021 Bury CCG has 20.9% BME staff across its workforce, which is over representative of the local population. This is however a decrease of 1% on the previous reporting period.</p> <p>In non-clinical staff:</p> <ul style="list-style-type: none"> <li>• % of BME Staff in band 2, 3 and 7 was higher than the % in the overall workforce (20.9%)</li> <li>• % of BME staff in all other bands was lower than the % in the overall workforce.</li> <li>• There are no BME staff in senior leadership roles (Band 8c, 8D and VSM)</li> </ul>

		<p>White: 80%; Unknown: 0%</p> <ul style="list-style-type: none"> <li>• Band 8b BME: 18.2%; White: 81.8%; Unknown: 0%</li> <li>• Band 8c BME: 0%; White: 100%; Unknown: 0%</li> <li>• Band 8d BME: 0%; White: 100%; Unknown: 0%</li> <li>• VSM BME: 20%; White: 60%; Unknown: 20%</li> </ul> <p><b>Clinical Staff:</b></p> <ul style="list-style-type: none"> <li>• Band 6 BME: 0%; White: 100%; Unknown: 0%</li> <li>• Band 7 BME: 33.3%; White: 66.7%; Unknown: 0%</li> <li>• Band 8a BME: 25% White: 75% Unknown: 0%</li> <li>• Band 8b BME: 0% White: 100% Unknown: 0%</li> <li>• Band 8c BME: 0% White: 0% Unknown: 0%</li> </ul>	<p>White: 75%; Unknown: 0%</p> <ul style="list-style-type: none"> <li>• Band 8b BME: 14.3%; White: 85.7%; Unknown: 0%</li> <li>• Band 8c BME: 0%; White: 100%; Unknown: 0%</li> <li>• Band 8d BME: 0%; White: 100%; Unknown: 0%</li> <li>• VSM BME: 0%; White: 83.4%; Unknown: 16.6%</li> </ul> <p><b>Clinical Staff:</b></p> <ul style="list-style-type: none"> <li>• Band 6 BME: 0%; White: 100%; Unknown: 0.0%</li> <li>• Band 7 BME: 25%; White: 75 %; Unknown: 0%</li> <li>• Band 8a BME: 25% White: 75% Unknown: 0.0%</li> <li>• Band 8b BME: 50% White: 50% Unknown: 0%</li> <li>• Band 8c BME: 0% White: 100% Unknown: 0%</li> </ul>	<p>In clinical staff:</p> <ul style="list-style-type: none"> <li>• There has been limited variation in levels of BME staff representation across all bands, with the exception of very senior clinical leadership which has increased by 14.33%</li> <li>• Representation of BME staff at Band 7 is higher than the % in the overall workforce (25.9%)</li> <li>• In the VSM medical and Dental Other category (GPs) there has been a reduction in BME representation and an increased in colleagues of white heritage.</li> </ul>
--	--	--	--	--

		<ul style="list-style-type: none"> <li>VSM BME: 42.9%; White: 42.9%; Unknown: 14.2%</li> </ul> <p>VSM (Medical and Dental) Other (GPs) BME: 28.6%; White: 71.4%; Unknown: 0%</p>	<ul style="list-style-type: none"> <li>VSM BME: 28.57%; White: 57.14%; Unknown: 14.3%</li> </ul> <p>VSM (Medical and Dental) Other (GPs) BME: 50%; White: 50%; Unknown: 0%</p>	
2	<b>Relative likelihood of staff being appointed from shortlisting across all posts.</b>	1.01	2.95	This reflects a return to levels previously reported in Bury CCG, with applicants of BME background as likely to be appointed from shortlisting and applicants of white heritage.
3	<b>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.</b>	No disciplinaries recorded	The CCG has no disciplinaries recorded in 2019/20	
4	<b>Relative likelihood of staff accessing non-mandatory training and CPD.</b>	1.36	1.08	There has been a slight change in the figures reported, indicating that colleagues from a white heritage are more likely to access mandatory training. It should be noted that overall numbers of staff are additionally the system for recording non-mandatory training is dependent on colleagues reporting training that they have attended.
5.	<b>Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.</b>	Bury did not opt for a local or national survey to assess this measure	Bury did not opt for a local or national survey to assess this measure	Bury CCG does not participate in the NHS National Staff Survey.
6	<b>Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months.</b>	Bury did not opt for a local or national survey to assess this measure	Bury did not opt for a local or national survey to assess this measure	Bury CCG does not participate in the NHS National Staff Survey.
7.	<b>Percentage believing that the CCG provides equal opportunities for career progression and promotion.</b>	Bury did not opt for a local or national survey to assess this measure	Bury did not opt for a local or national survey to assess this measure	Bury CCG does not participate in the NHS National Staff Survey.
8.	<b>In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager, team leader or other colleagues.</b>	Bury did not opt for a local or national survey to assess this measure	Bury did not opt for a local or national survey to assess this measure	Bury CCG does not participate in the NHS National Staff Survey.
	<b>Board representation indicator</b> For this indicator, <u>compare the difference for White and BME staff</u>			

9.	<b>Percentage difference between the organisations' Board voting membership and its overall workforce</b>	BME Workforce: 20.9% %BME Voting Members: 20% % Difference: -0.9%  White Workforce: 76.8% % White Voting members: 70% % Difference: -6.8%	BME Workforce: 24.6% % BME Voting Members: 0% % Difference: -24.6%  White Workforce: 73.2% % White Voting members: 83.3% % Difference: 10.1%	Over the last 12 months: <ul style="list-style-type: none"> <li>• % BME voting board members increased from 0% to 20%, which is almost equal to overall representation of the BME workforce (20.9%)</li> <li>• % White voting board members decreased from 83.3% to 70%, which is lower than the representation of the workforce(76.8%)</li> </ul>
----	---	---	--	--

## Appendix 2

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

Number	WRES Metrics	Action	Timescale	Lead	Progress
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.	To analyse pay band data to identify trends and actions in relation to BME representation in higher pay bands.	Jan 2021	Deputy Director Governance and Assurance / HR Business Partner	Pay band data has been analysed in relation to WRES, Race disparity and included within the Annual Equality Publication
		Annual review of assigned workforce codes to ensure correct categorisation of all employees	Feb 2021	Deputy Director Governance and Assurance / HR Workforce Team	Completed as part of the AEP and Annual Report publication
2.	Relative likelihood of staff being appointed from shortlisting across all posts.	Annual review of recruitment and selection data including audit of Job Descriptions and person specifications to ensure inclusivity	Feb 2021	Deputy Director Governance and Assurance / HR Business Partner / EDHR Business Partner	All JDs include requirement for EDI within the person specification. New JDs are evaluated, and the process should support inclusivity. An annual review has not taken place
		To deliver recruitment & selection training for all recruiting managers, which includes reflections on bias within the process	Jan 2021	Deputy Director Governance and Assurance / GMSS HR Workforce Team	Recruitment and Selection Training programme, which included three specific modules was offered and delivered remotely. Only a handful of Bury CCG colleagues attended.
		Audit of Shortlisting and	Dec 2020	Deputy Director Governance	Central co-ordination of

		Interview panel to be undertaken and considered in terms of demographics		and Assurance / GMSS HR Workforce Team	recruitment is through TRAC and supported by GMSS. No audit has been undertaken., however it is expected that all recruiting managers demonstrate inclusivity in their recruitment practice
		Assurance that all interview panel members and chairs have received the necessary training	Jan 2021	Deputy Director Governance and Assurance / GMSS HR Business Partner	Training for panel chairs is included within the recruitment sand selection training modules. Based on number of colleagues who attended training, there is limited assurance that all panel members have received training.
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	Disciplinary Policy has been reviewed. Attendance management and Capability require review
		Delivery of training to all line managers in respect to HR policies	March 2021	HR Business Partner / HR Workforce Team	Bite Size training sessions have been developed, however have not yet been rolled out in Bury. In p-art this is due to Covid and a preference to deliver face-to-face, however these will now be promoted as virtual training sessions.
		Monthly monitoring of all	On-going	Deputy Director Governance	Reviewed through Tier 2

		HR business case work, with analysis at demographic level		and Assurance / HR Business Partner	and Tier 3 discussions
4.	Relative likelihood of staff accessing non-mandatory training and CPD.	Review current non-mandatory training processes (those captured via GMSS Learning Management System and internal processes) including access and recording of training	March 2021	Deputy Director Governance and Assurance / GMSS OD Manager	A project has been completed on the transfer of mandatory training into ESR. The next phase will include the booking and recording of all non-mandatory training
		Review of learning and development Policy	Dec 2020	Deputy Director Governance and Assurance / GMSS OD Manager	The Policy has been reviewed and refreshed and is currently awaiting progression through governance arrangements.
		Refresh of appraisal policy, including training to ensure that personal development is discussed and recorded through this process	March 2021	Deputy Director Governance and Assurance / GMSS OD Manager	Appraisal Policy refreshed and relaunched. Personal development is an integral aspect of the appraisal discussion
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	A small window of opportunity arose for the CCG to engage in the national staff survey; however, the decision was taken not to progress at that time.  Local arrangements have not been progressed to assess the baseline position against these metrics.
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.				



8.	<p>In the last 12 months have you personally experienced discrimination at work from any of the following?</p> <ul style="list-style-type: none"> <li>• Manager</li> <li>• Team Leader</li> <li>• Other Colleagues</li> </ul>	Review and refresh as appropriate Dignity at Work Policy	Dec 2020	Deputy Director Governance and Assurance / HR Business Partner	Dignity at Work Policy has been reviewed and approved through due process
9.	Percentage difference between the organisations' Board voting membership and its overall workforce	Consider opportunities to increase Governing Body representation	March 2021	Deputy Director Governance and Assurance	Fair recruitment and selection processes should be followed in line with standard HR practice for appointed roles and following agreed arrangements for Elected roles. Opportunities are explored at the point of recruitment to each individual post to consider appropriate mechanisms for recruitment.
		Encourage Governing Body members in the unknown category to declare demographic information	Oct 2020	Deputy Director Governance and Assurance	There has been some reduction in the reported ethnicity of Board members, however we have not yet achieved a full declaration by all Board members
		Ensure fair processes are in place for the recruitment of board roles.	Oct 2020	Deputy Director Governance and Assurance	The recruitment process is set out in the CCG's Constitution for each Board role. As followed, these are fair, open and transparent processes.

### Appendix 3: Inclusion Implementation Plan

Recommendation	Requirement	CCG	Status
<b>Inclusion Objective 1 : Performance and Scrutiny :</b> (a) ensure that there is a robust performance/scrutiny function in place for current and future Inclusion work (b) Establish effective governance arrangements (c) resource through internal staff expertise at a senior level and drive forward the implementation of the Inclusion Strategy			
<b>Council 1</b>	Establish an Inclusion Implementation Group, with an Executive Lead, membership to be determined by the Council, in order to implement the Inclusion Strategy and actions monitored across the organisation		<b>Complete</b>
<b>CCG 1</b>	Identify and establish reporting arrangements for the Inclusion Implementation Group		<b>Complete</b>
	Establish an annual review process of the equality objectives and implementation plans actions and set appropriate objectives and actions for subsequent year		<b>Complete</b>
	Produce an annual report on progress made against objectives and actions		<b>Complete</b>
<b>CCG 1</b>	Remove the responsibility for the monitoring of EDHR work from the Quality and Performance Committee and establish a CCG Inclusion Implementation Group with an Executive Lead		<b>Complete</b>
<b>CCG 1</b>	Establish a junior internal EDHR post to operationalize delivery working across the CCG and the Council		<b>In progress</b>
<b>Inclusion Objective 2 : Equality Data and Information :</b> (a) improve data collection with regard to the protected characteristics of employees and service users (b) ensure that the Council is meeting its legal obligations to have due regard to the general equality duty and to be able to demonstrate compliance (c) ensure that the CCG is meeting its legal obligations to have due regard to the general equality duty and to be able to demonstrate compliance			
<b>CCG 2</b>	Design and implement a robust system across each department to confirm, QA & record EA screening of policies takes place		<b>In progress</b>
	Insert an EA section into formal reports in order to provide a written explanation of the outcome(s) of either conducting an initial or full EA		<b>Complete</b>
	Implement a robust system whereby approval of a formal report is paused when the 'Equality/Diversity implications' section is left blank and approval will only be given when this section is completed		<b>Complete</b>
	Identify all staff who are required to undertake EAs and implement a robust system		<b>Complete</b>

	to ensure these staff attend tutor-led EA training		
	Establish a reporting mechanism of EA work conducted departmentally to the future Inclusion Implementation Group in order to monitor progress made and to establish an accountability and assurance function		In progress
	Update current EA Template and Guidance		Complete
CCG 2	Design and implement a central system to record EA work and their outcomes		In progress
<b>Inclusion Objective 3 : Community Engagement :</b>			
<b>(a) improve community engagement</b>			
<b>(b) Ensure members of local BAME Communities, through the 'Listening Exercise', to have been genuinely heard</b>			
CCG 5	Develop equality and health inequalities guidelines for commissioners embedding EDHR in strategies, commissioning intentions, policies, service specifications and service redesign		In progress
CCG 5	Approve the draft Communications and Engagement Strategy 2020-2023 and take steps to implement the Strategy		In progress
CCG 10	Ensure the full findings of this exercise is shared with relevant key staff across departments		Complete
CCG 10	Report on progress made against these actions to the Inclusion Implementation Group and to the people who participated in the Listening Exercise		In progress
<b>Inclusion Objective 4 : Representative Workforce :</b>			
<b>(a) Progress development of a Council workforce that is representative of Bury's population</b>			
<b>(b) Continue to create a more representative CCG workforce by identifying positive action measures</b>			
<b>(c) implement the actions relating to staff contained in the 'Workforce section of the current (CCG) Annual Equality Publication</b>			
<b>(d) make real progress against the current WRES action plan</b>			
CCG 11	Adopt the NHS Workforce Disability Equality Standard (WDES) as part of their future objectives setting for 2022		To be actioned
CCG 11	Identify positive action measures and take action to progress these		To be actioned
CCG 9	Ensure actions from workforce AEP are placed into an action plan with clear timescales		In progress
CCG 8	Complete the examination of staff pay band data		Completed
	Ensure recruitment panels are diverse and monitor regularly		In progress
	Include on job advertisements a positive action statement		In progress
	Assess how the CCG currently advertises posts and determine whether extra efforts to reach BAME communities is required		In progress

	Agree incremental aspirational targets for the recruitment of BAME staff at senior levels and at Board level		<b>To be actioned</b>
	Use recruitment agencies that specialise in diverse candidate attraction for posts at senior levels		<b>Complete</b>
	Track and report applications, shortlisting, appointments, promotions and leavers by ethnicity		<b>Complete</b>
	Develop a bank of recruitment champions who will provide checks on the recruitment process		<b>To be actioned</b>
	Identify and agree further actions, where applicable, contained in the NHS Guidance – ‘A Model Employer: Increasing BAME representation at senior levels across the NHS’		<b>In Progress</b>
<b>Inclusion Objective 5 : Training and Learning</b>			
<b>(a) Upskill council staff and elected members and to enable them to effectively raise awareness and contribute to the implementation of the Inclusion Strategy</b>			
<b>(b) to upskill CCG staff with regard to EDHR and provide bespoke tailor-made tutor-led equality and diversity training</b>			
<b>CCG 6</b>	Replace the mandatory e-learning EDHR module with tutor-led bespoke EDHR training		<b>In progress</b>
<b>CCG 6</b>	Introduce Fair and Inclusive Recruitment and Selection training for staff involved in recruitment and selection		<b>Complete</b>
<b>CCG 6</b>	Introduce tutor-led Human Rights Act training for relevant staff and managers		<b>To be actioned</b>
<b>CCG 6</b>	Design and implement a Diversity-Based Reverse Mentoring Programme		<b>In progress</b>
<b>Inclusion Objective 6 : Improve user access and experience</b>			
<b>(a) CCG to assure itself that Providers are compliant with the EDHR contract requirements and to also help improve data collection on service users with protected characteristics</b>			
<b>(b) CCG to be assured of compliance against the Accessible Information Standard (AIS) and thereby improve patient access and experience</b>			
<b>(c) CCG to further demonstrate its commitment to ensuring that EDHR is at the heart of commissioning</b>			
<b>CCG 3</b>	Approve the draft Contract Management Policy 2020-2023 and take steps to implement the policy including arrangement for monitoring and reporting provider compliance		<b>In progress</b>
<b>CCG 4</b>	Assess the CCG’s compliance with the AIS for the CCG’s main public-facing services and raise staff awareness of its requirements		<b>In progress</b>
<b>CCG 4</b>	Seek assurance from provider organisations of their compliance with the standard		<b>Complete</b>

<b>CCG 4</b>	Assess GP practices' compliance with the AIS		<b>In progress</b>
<b>Inclusion Objective 7 : Framework Delivery</b>			
<b>(a) continually improve the Council's work on equality</b>			
<b>(b) progress against the goals in the EDS2</b>			
<b>CCG 7</b>	make an assessment against the evidence collected for grading purposes for Goal 1: Better Health Outcomes		<b>To be actioned</b>
<b>CCG 7</b>	Identify the next Goal in the EDS2 and use the EDS2 Guidance Steps as a framework for progressing actions		<b>To be actioned</b>

## Appendix 4

### **Bury Integrated Locality System Inclusion Strategy: Race Action Plan**

#### **1.0 Introduction**

This draft Race Action Plan has been developed through the Bury Inclusion Working Group (BIWG), an integrated locality system group with a mandate to drive the delivery of the Council and CCG's joint Inclusion Strategy and further pursue the approach and objectives of the Strategy across the locality more broadly. Partners within this group include Bury CCG and Council, Persona and Six Towns Housing.

#### **2.0 Context and Background**

It has been written following the initial Bury Inclusion Strategy development which was produced after the independent Locality Inclusion report that made a series of recommendations which were all approved. This included an agreement to focus on one particular protected characteristic each year, with this year's focus agreed as Race. As defined by the Equality Act 2010 Race means your colour, ethnicity or nationality (including Citizenship). - The emphasis of this work is on driving race inclusion, increasing racial diversity and being openly anti-racist in 21/22 as a basis for long term sustainable change.

It was originally produced as part of the Strategy Action Plan with a significant number of objectives that have now prioritised and reduced accordingly. It contains a focused and more deliverable platform going forward with the aim of demonstrating tangible action. It has been developed through a Race Action Plan Task and Finish Group as BIWG sub-group with self-nominated members from across the locality system. Actions from the overarching Inclusion Strategy are not replicated.

The actions are aligned with the 'Greater Manchester Public Service – Race Commitment for Change' developed as a framework to show the shared commitment of GM organisations in this space. The Bury plan represent a practical articulation of Bury public service's initial actions to deliver against this commitment.

#### **3.0 Resources**

The Plan will be delivered with and through BIWG membership and will also require external management and expertise in the OD and EDI arenas. Once approved the actual resources and costs will need to be identified.

#### **4.0 Governance**

It is essential that this Plan is fully owned and agreed across the Council political and executive leadership along with CCG clinical and executive Leadership to enable the delivery, assigning of costs and the importance of the work as described in the plan. The BIWG will therefore need to be clear about the best route for acquiring this during August 2021. Other partners (Persona and Six Town Housing) have expressed a willingness to work together on the delivery of the plan.

## Greater Manchester Public Services – Race Commitment for Change 2021

As public service organisations we aim to deliver fair, consistent and high-quality services to the richly diverse communities of Greater Manchester. 2020, through COVID and the death of George Floyd, highlighted the depth of individual and institutional racism which still affects our racially diverse communities and workforce on a daily basis.

We can see this affects the services we deliver and the people who access them – and we are committed to change this. We accept that we have not made the progress that we should have on issues related to race. The statistics speak for themselves. And, we recognise that change will not happen without purposeful commitments and actions.

As public service organisations we have reach and influence and we should lead by example. We impact on every individual across Greater Manchester through the services we deliver, and we have the collective power to make a real difference to the life opportunities of racially diverse groups through these services, and through good employment.

These pledges describe the actions we intend to take as individuals, organisations and as a collective system to deliver real change for our communities of Greater Manchester.

**Our pledges acknowledge that we can, and must, do better.**

**We pledge to seek out the lived experience of the workforce and people, and to combine this with data to identify priorities for improvement, to ensure:**

- The people working in our organisations are representative of our communities at all pay grades
- That people of colour are just as likely to get a job from shortlisting to recruitment as their white counterparts.
- That people of colour are no more likely to be subject to formal disciplinary processes and dismissal as their white counterparts.

**As the public service leaders of Greater Manchester, we pledge to:**

- » **Keep learning**, to intentionally seek out the experience of staff and service users and to use it to inform our personal and our organisation's decision making
- » **Be bold**, and accept that we will make mistakes on this journey
- » **Be positive and vocal advocates** for diverse groups – speaking up and speaking out
- » **Use our influence** to challenge and drive change in our organisations
- » **Take action to make a difference** for our workforces and the people who use our services.

**As Greater Manchester's public sector we pledge to:**

- » Actively create or support **our internal staff networks** with funding, development and executive sponsorship to deliver what they see as important
- » **Set ambitious plans** and targets to improve the experience of the workplace; improve life opportunities; and address the inequalities across our communities.
- » Make sure **our workplaces are diverse at all levels**, and are places where everyone feels they are safe and belong
- » **Develop our leaders and workforces** to be anti-racist and passionate advocates for inclusion and diversity in the way we work together and deliver our services
- » Work in **collaboration at a place level**, using our combined resources to make positive improvements in the way the work place and our services are experienced

**As a Greater Manchester system we pledge to:**

- » Give **voice to lived experience** of racially diverse groups across GM
- » **Connect people and organisations** at place and GM level with shared objectives to drive improvements in representation, workforce and service user experience.
- » **Share data** that shows the diversity and experience of our workforce across Greater Manchester – and take actions to change that data for the better.
- » **Provide expertise, capacity and capability** through system level interventions, which support places and organisations to take the actions needed to change the representation and experience of diverse groups across our workforces and communities
- » **Design and deliver programmes** which support racially diverse groups across Greater Manchester to enter into work, or progress within our public services
- » Proactively **celebrate the racial diversity** of our communities



Action Area	Objectives	Timescale (ST=1 month, MT= 3 months, LT= 6-12 months)	Planned Outcome & Lead
<b>1.0 Getting the basics right</b>	1.1 Demonstrate our commitment by formally adopting the GM Public Service Race Commitment for Change, sharing data to understand our position across GM and agree actions to deliver as our 'ambitious plan'.	Short Term	Locality delivery of GM Inequalities and Inclusion priorities Access to GM opportunities I.e. benchmarking, reciprocal mentoring, leadership development <b>Director of People and Inclusion</b>
	1.2 Agree and embed an approach to terminology Bury in relation to race and the terms we use when talking about ethnicity colour, and nationality in all existing partner policies and meetings.	Short Term	Council/CCG staff empowered to utilise and understand the right terminology <b>Director of People and inclusion</b>
	1.3 Review of the local system health and care race equity position through updating the Council and CCG WRES data and associated commitment.	Medium Term	Benchmarked Bury race health and care position <b>EDI Manager</b>
<b>2.0 Giving a voice to Lived Experience</b>	2.1 Deliver a series of structured workforce race listening events across the Council/CCG to gather and collate evidence of lived experience to inform future developments in policy and practice	Medium Term	The collection and collation of intelligence from diverse staff to include in action plans (qualitative data to be used alongside our quantitative information) <b>HR Teams lead with staff support through the Race Staff Group</b>
	2.2 Deliver a series of structured community race listening events to create safe spaces for open engagement and to gather evidence of lived experience to inform future developments in policy and practice.  <i>(This will be a mix of place-based events (aligned to the Community Hubs) and city-wide activity culminating in Black History Month. Opportunities will be open and inclusive whilst remaining aligned to Bury priorities and strategic developments)</i>	Medium Term	The collection and collation of intelligence from diverse communities to include in action plans <b>Strategic Partnership Manager/CCG Lead</b>

<b>3. Developing our Leaders and Workforces</b>	3.1 Design and deliver an education programme and support to our Council/CCG Members and Senior Leaders to help them explore how they can facilitate race equality corporately and be truly anti-racist. (Potential to deliver jointly with Rochdale)	Medium Term	Council and CCG Members and senior leaders can practice anti-racist approaches confidently <b>Director of People and Inclusion / Director of Secondary Care Commissioning/Michelle Bracegirdle/ external consultant in EDI/OD</b>
	3.2 To design and deliver an education, awareness, and comms & engagement programme to Council/CCG wider staff around race equality and being truly anti-racist for ongoing delivery including new staff (linked to wider inclusion L&D programme)	Medium Term	Council and CCG Members and senior leaders can practice anti-racist approaches confidently <b>Council/CCG HR Teams/Council OD</b>
<b>4. Making our Workforces Representative at levels</b>	4.1 Review partner recruitment and selection approaches and deliver identified improvements and opportunities	Medium Term	More diverse workforce and achievement of NHS WRES national targets <b>HR Teams</b>
	4.2 Develop and adopt targets for workforce race representation	Medium Term	
	4.3 Agree practical actions to support recruitment and progression of a racially diverse workforce including: <ul style="list-style-type: none"> <li>• Targeted and tailored recruitment campaigns</li> <li>• Targeted internal (cross agency) development programmes</li> <li>• Proactive commitment within executive search briefs</li> </ul>	Long Term	
<b>5. Celebrating Diversity</b>	5.1 To design and deliver a programme of events and activities to celebrate Black History Month October 2021 through BIWG colleague volunteering to enable this.	Medium Term	Demonstration of Council/CCG commitment to support BHM 21 <b>Comms with IWG support (Who?)</b>

## Appendix 5 : Inclusive recruitment and promotion practices in the NHS – 6 actions for all employers in the NHS

Reporting requirement	Progress Update
<p><b>Action 1: Ensure Board level leaders own the agenda, as part of culture changes in organisations, with improvements in BAME representation</b> (and other under-represented groups) <b>as part of objectives and appraisal by:</b></p> <p>a) Setting specific KPIs and targets linked to recruitment.            b) KPIs and targets must be time limited, specific and linked to incentives or sanctions</p>	<p>The Governing Body are sighted on the WRES action plan and identified actions.</p> <p>Specific KPIs have not yet been agreed, however the CCG is keen to ensure appropriate representation in line with model employer goals by 2025.</p>
<p><b>Action 2: Introduce a system of ‘comply or explain’ to ensure fairness during interviews</b></p> <p>This system includes requirements for diverse interview panels, and the presence of an equality representative who has authority to stop the selection process, if it was deemed unfair.</p>	<p>The requirement for inclusivity and diversity in recruitment practice is implicit within the recruitment and selection policy. Further consideration is needed in respect to benefits of ensuring all recruiting managers have undertaken appropriate training to ensure they remain inclusive through the recruitment process on balance with a wide and representative recruitment panel. All employees should be equality representatives and feel confident in challenging poor recruitment practice or raising with HR accordingly.</p>
<p><b>Action 3: Organise talent panels to:</b></p> <p>a) Create a ‘database’ of individuals by system who are eligible for promotion and development opportunities such as Stretch and Acting Up assignments must be advertised to all staff            b) Agree positive action approaches to filling roles for under-represented groups            c) Set transparent minimum criteria for candidate selection into talent pools</p>	<p>This action has not yet been considered.</p>
<p><b>Action 4: Enhance EDI support available to:</b></p> <p>a) Train organisations and HR policy teams on how to complete robust / effective Equality Impact Assessments of recruitment and promotion policies            b) Ensure that for Bands 8a roles and above, hiring managers</p>	<p>The CCG commissions GMSS to provide HR and OD support, and it is expected that colleagues are able to complete robust EIA of recruitment and selection policies. Additionally, the CCG has made EIA training available to its workforce. EDI competencies are part of all requirements for all posts,</p>

include requirement for candidates to demonstrate EDI work / legacy during interviews.	commensurate to role.
<p><b>Action 5: Overhaul interview processes to incorporate:</b></p> <p>a) Training on good practice with instructions to hiring managers to ensure fair and inclusive practices are used.</p> <p>b) Ensure adoption of values-based shortlisting and interview approach</p> <p>c) Consider skills-based assessment such as using scenarios.</p>	<p>Fair and Inclusive recruitment and selection training has been made available to all managers. As assessment of current update is required and should be mapped to recent panel to understand further actions required.</p> <p>Current recruitment practice is competency based and a review of process to transfer to values-based shortlisting and interview approach needs to be undertaken.</p> <p>Skills and competency-based assessment /scenarios are a requirement for all interview processes.</p>
<p><b>Action 6: Adopt resources, guides and tools to help leaders and individuals have productive conversations about race</b></p>	<p>Working in partnership with Bury Council, a new Inclusion Working Group has been established to support productive conversations regarding race. Discussions thus far have included development of reverse mentoring opportunities.</p>