Workforce Race Equality Standard

REPORTING TEMPLATE (Revised 2016)

Template for completion

Name of organisation

NHS Buckinghamshire Clinical Commissioning Group

Date of report: month/year

August 2019

Name and title of Board lead for the Workforce Race Equality Standard

Louise Patten, Chief Officer

Name and contact details of lead manager compiling this report

Nicola Lester, Director of Transformation

Names of commissioners this report has been sent to (complete as applicable)

N/A

Name and contact details of co-ordinating commissioner this report has been sent to (complete as applicable)

N/A

Unique URL link on which this Report and associated Action Plan will be found

https://www.buckinghamshireccg.nhs.uk/public/about-us/how-we-make-decisions/strategies-and-policies/equality-and-diversity/

This report has been signed off by on behalf of the Board on (insert name and date)

Robert Majilton and Nicola Lester - 27th August 2019

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Report on the WRES indicators

1. Background narrative

a. Any issues of completeness of data

Most recent population data is taken from the 2011 census. This shows that 13.6% of the Buckinghamshire population identified themselves as coming from a non-white ethnic group (68,613 people). Using ethnicity at entry to school aged 5 as proxy a measure, we suspect this number has risen.

b. Any matters relating to reliability of comparisons with previous years

NHS Buckinghamshire CCG was formed in April 2018 from the merger of Chiltern and Aylesbury Vale CCGs. There is therefore no comparative data for 2017/18.

2. Total numbers of staff

a. Employed within this organisation at the date of the report

104

b. Proportion of BME staff employed within this organisation at the date of the report

17.8% (16 people)

3. Self reporting

a. The proportion of total staff who have self–reported their ethnicity

86.5%

b. Have any steps been taken in the last reporting period to improve the level of self-reporting by ethnicity

Yes. This figure above is an improvement on the position for both CCGs previously.

c. Are any steps planned during the current reporting period to improve the level of self reporting by ethnicity

The Directorate with the poorest level of reporting is to be targeted.

4. Workforce data

a. What period does the organisation's workforce data refer to?

1st April 2018 - 31st March 2019

5. Workforce Race Equality Indicators

Please note that only high level summary points should be provided in the text boxes below – the detail should be contained in accompanying WRES Action Plans.

	Indicator	Data for reporting year	Data for previous year	Narrative – the implications of the data and any additional background explanatory narrative	Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective
	For each of these four workforce indicators, compare the data for White and BME staff				
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.	% BME staff in Bands 1-4 in Clinical roles 0.0% % BME staff in Bands 1-4 in non-Clinical roles	N/A	The CCG has very few clinical roles at an operational level and these are likely to be moved across into provider organisations so low levels of any clinical staff in Bands 1 - 9 are to be expected. As a clinically led organisation, we expect senior leadership to come from clinicians and 25% of	As a small organisation of 104 people with stability levels of 87% addressing this imbalance could take some time. However, all recruiters will be made aware of the ambition to have a more representative and diverse workforce; specifically at senior management and Board level roles. To support this, more junior BME staff in
2	Relative likelihood of staff being appointed from shortlisting across all posts.	1.81	N/A	29 out of 48 applicants were BME and 6 BME staff were appointed along with 10 white staff. The likelihood of BME people being appointed therefore is 1.8. This number is higher than national data for Trusts in 2018 at 1.45 and needs addressing.	The unbiased nature of recruitment policies and application of process was supported by EDS2 gradings undertaken by the Staff Partnership Forum in 2018. However, this data suggests differently and needs to be considered when BME staff are being interviewed. This is picked up in the action plan.
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.	0.00	N/A	No staff of any ethnicity entered into a formal disciplinary process in 2018/19. National data for Trusts reports this as 1.24 in 2018.	No action required at this point in time.
4	Relative likelihood of staff accessing non-mandatory training and CPD.	1.44	N/A	23 staff undertook non-mandatory training in 2018/19, of which 3 were BME. GPs undertake most their non-mandatory training outside the organisation and Lay members do not undertake any recorded training - together these represent 23% of the workforce. National data for Trusts benchmarks at 1.15.	Annual training needs assessment should take these findings into consideration. More junior BME staff in management roles need to be targeted for talent management.

Report on the WRES indicators, continued

	Indicator	Data for reporting year	Data for previous year	Narrative – the implications of the data and any additional background explanatory narrative	Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective
	National NHS Staff Survey indicators (or equivalent) For each of the four staff survey indicators, compare the outcomes of the responses for White and BME staff.				
5	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	White 15.3% BME 50%	White N/A BME N/A	CCG staff rarely have face to face contact with patients and so most of these contacts are over the phone from people making a complaint. National data has seen this figure at 29% for the last three years in Trusts.	A telephone protocol is being put in place to help all staff prevent escalation of caller behaviour.
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White 8.1% BME 50%	White N/A BME N/A	The CCG does not tolerate bullying, harassment or abuse and none of these incidents have been raised formally or informally with HR. National data has seen this figure at 27%, 26% and 28% for the last three years in Trusts.	An equality and diversity session was included in the staff development event (June 2019). An anonymous survey will be conducted to establish some examples of harassment and
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White 63.8% BME 66.7%	White N/A BME N/A	National data at trust level from 2018 records that 72% of BME staff believe there are equal opportunities for career progression or promotion. In Bucks CCG BME staff have the same belief as white staff.	The unbiased nature of recruitment policies and application of process is to be acknowledged with the staff. This view is supported by EDS2 gradings by the Staff Partnership Forum.
8	Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues	White 7.3% BME 25.0%	White N/A BME N/A	The CCG does not tolerate discrimination and none of these incidents have been raised formally or informally with HR. National data has seen this figure at 14%, 14% and 15% for the last three years in Trusts.	An equality and diversity session was included in the staff development event (June 2019). An anonymous survey will be conducted to establish some examples of harassment and
	Board representation indicator For this indicator, compare the difference for White and BME staff.				
9	Percentage difference between the organisations' Board voting membership and its overall workforce.	6.59% difference between Board and CCG for white staff	N/A	The data shows a relative shortfall in BME voting members on the Board. This is relative to the CCG workforce and relative to the Bucks population. National Trust data records 7%.	As a small organisation of 104 people with stability levels of 87% addressing this imbalance could take some time. However, all recruiters will be made aware of the ambition to have a more representative and diverse workforce; specifically

Note 1. All provider organisations to whom the NHS Standard Contract applies are required to conduct the NHS Staff Survey. Those organisations that do not undertake the NHS Staff Survey are recommended to do so, or to undertake an equivalent.

Note 2. Please refer to the WRES Technical Guidance for clarification on the precise means for implementing each indicator.

6. Are there any other factors or data which should be taken into consideration in assessing progress?

None on this occasion. The small numbers of staff should be noted.

7. Organisations should produce a detailed WRES Action Plan, agreed by its Board. Such a Plan would normally elaborate on the actions summarised in section 5, setting out the next steps with milestones for expected progress against the WRES indicators. It may also identify the links with other work streams agreed at Board level, such as EDS2. You are asked to attach the WRES Action Plan or provide a link to it.

Our detailed WRES action plan for 2019/20 can be found via the link below which has been signed off by our Governing Body.

http://www.buckinghamshireccg.nhs.uk/wp-content/uploads/2019/09/Appendix-3-WRES-Action-Plan.doc

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