

NHS Dorset Clinical Commissioning Group

Workforce Race Equality Standard Report 2016

Date of report: month/year:	May 2016
Name of organisation:	Dorset Clinical Commissioning Group
Name and title of Board lead for the Workforce Race Equality Standard:	Dr. Peter Blick, Clinical Chair, Central Bournemouth Locality
Name and contact details of lead manager compiling this report:	Ebi Sosseh ebi.sosseh@dorsetccg.nhs.uk
Unique URL link on which this report will be found (to be added after submission):	
This report has been signed off by on behalf of the Board on (insert name and date):	Dr Peter Blick, (subject to Governing Body approval on the 18/5/2016).

1. Background narrative

a. Any issues of completeness of data

The data is drawn from the most recent ESR report, NHS Staff Survey, internal workforce records and NHS Jobs application data. Accurate data was available against all measures.

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

The data within section 5, indicators 5-8 has been taken from the NHS Dorset CCG staff survey for 2015/16. CCGs are not mandated to undertake the national NHS Staff Survey. NHS Dorset CCG adapted the national survey questions to closer reflect local themes.

2. Total numbers of staff

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

285

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

2.11%

3. Self-reporting

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

99.67%

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

Last year, the self-reporting was 99.3% and therefore remedial action to improve reporting rates was not required.

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

Reporting rates are comparable to last year's and therefore remedial action is not required.

4. Workforce data

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

April 2015 to 24 March 2016

5. Workforce Race Equality Indicators

	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, the Standard compares the metrics 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	<p>The total percentage of BME staff as at 31 March 2016 in the CCG is 2.11%. See below the breakdown of BME staff by pay scale.</p> <table border="1"> <thead> <tr> <th>Band</th> <th>BME % (numbers)</th> <th>White % (numbers)</th> </tr> </thead> <tbody> <tr> <td>2</td> <td>0</td> <td>100.00 (3)</td> </tr> <tr> <td>3</td> <td>3.85 (1)</td> <td>96.15 (25)</td> </tr> <tr> <td>4</td> <td>2.27 (1)</td> <td>97.73 (43)</td> </tr> <tr> <td>5</td> <td>0</td> <td>100.00 (21)</td> </tr> <tr> <td>6</td> <td>3.51 (2)</td> <td>96.49 (55)</td> </tr> <tr> <td>7</td> <td>0</td> <td>100.00 (43)</td> </tr> <tr> <td>8a</td> <td>0</td> <td>100.00 (30)</td> </tr> <tr> <td>8b</td> <td>3.13 (1)</td> <td>96.88 (31)</td> </tr> <tr> <td>8c</td> <td>6.67 (1)</td> <td>93.33 (14)</td> </tr> <tr> <td>8d</td> <td>0</td> <td>100.00 (8)</td> </tr> <tr> <td>Executive VSM</td> <td>0</td> <td>100.00 (6)</td> </tr> </tbody> </table>	Band	BME % (numbers)	White % (numbers)	2	0	100.00 (3)	3	3.85 (1)	96.15 (25)	4	2.27 (1)	97.73 (43)	5	0	100.00 (21)	6	3.51 (2)	96.49 (55)	7	0	100.00 (43)	8a	0	100.00 (30)	8b	3.13 (1)	96.88 (31)	8c	6.67 (1)	93.33 (14)	8d	0	100.00 (8)	Executive VSM	0	100.00 (6)	Not applicable	The bandings seems to be evenly spread across the organisation amongst the lower bands (recognising the low numbers of the BME workforce). We are however aware of the gaps in some of the bandings especially in band 7 and 8a.	Job opportunities will continue to be made accessible and attainable to members of the BME community, whilst also nurturing an internal culture of ensure that everyone gets a fair opportunity for career progression within the organisation. The WRES action plan has an objective of conducting retention interviews with BME staff members who
Band	BME % (numbers)	White % (numbers)																																							
2	0	100.00 (3)																																							
3	3.85 (1)	96.15 (25)																																							
4	2.27 (1)	97.73 (43)																																							
5	0	100.00 (21)																																							
6	3.51 (2)	96.49 (55)																																							
7	0	100.00 (43)																																							
8a	0	100.00 (30)																																							
8b	3.13 (1)	96.88 (31)																																							
8c	6.67 (1)	93.33 (14)																																							
8d	0	100.00 (8)																																							
Executive VSM	0	100.00 (6)																																							

	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
					have been at the same banding for three years.
2	Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts.	29.79% of white applicants are shortlisted compared to 14.05% of BME applicants.	29.71% of white applicants are shortlisted compared to 16.38% of BME applicants.	<p>The percentage of BME staff that have been shortlisted this year has gone down by 2.33% in comparison to 2015.</p> <p>Shortlisting is through NHS jobs 'blind' shortlisting. The shortlisting panel do not have biographical details of any applicant. The shortlisting is conducted by at least two people.</p>	NHS Dorset CCG has bespoke recruitment training which includes shortlisting, interviewing and selection. Workforce and Communications have also implemented 'Unconscious Bias' awareness across the organisation which includes videos on this in our 'management essentials' programme.
3	Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process, as measured by entry into a formal disciplinary	Over the last two years formal disciplinary cases have involved white staff on 92.5% of occasions and BME staff on 7.5%. This compares to our staffing base which is 97.89% white and 2.11% BME.	Over the last two years formal disciplinary cases have involved white staff on 94.23% of occasions	There is a disparity between overall BME levels in the general workforce and those involved in disciplinary processes. However, this is the product of	The CCG have a Performance Management Policy in place and the workforce team are involved in all formal disciplinary cases and ensure all cases

	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
	investigation* *Note: this indicator will be based on data from a two year rolling average of the current year and the previous year.		and BME staff on 5.77%. This compares to our staffing base which is 98.1% white and 1.9% BME.	the low levels of both formal disciplinary cases which means involvement of one or more BME employees impacts the percentage disproportionately. No BME employee reported discrimination on the 2015/16 staff survey.	are considered only on performance and no other factors. All cases are dealt with in line with the established policy and all are subject to appeal to higher levels of management.
4	Relative likelihood of BME staff accessing non-mandatory training and CPD as compared to White staff	1.6% of the opportunities for staff to undertake non-mandatory training and CPD were taken up by BME staff and this is broadly in line with our BME staff population of 2.11%.	1.5% of the opportunities for staff to undertake non-mandatory training and CPD were taken up by BME staff and this is broadly in line with our BME staff population of 1.9%.	In considering the number of opportunities available to undertake non-mandatory training and CPD within the CCG over this period, 1.6% of the opportunities available have been accessed by BME staff. Whilst this may not be a direct correlation with our BME	The CCG continue to encourage all staff to identify their training need during the annual Personal Development Conversation and regular 1:1s. All training opportunities are promoted to all staff using the communication channels available. BME staff have been informed of this

	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
				<p>population percentage, the content and level of the training needs to be taken into consideration. For example, some of the training would not be accessed by someone in a managerial position. 1.6% represents a slight increase in the previous year's data of 1.5%.</p> <p>The likelihood of a non-BME staff member accessing the same opportunities is 98.4% and therefore 61.5 times greater than that of a BME member of staff.</p>	<p>indicator and are encourage to discuss their development needs with their line manager or the Workforce team.</p>

	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 staff survey indicators, the Standard compares the metrics for each survey question response for White and BME staff.				
5	KF 18. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	<p>White 13.76 % BME 16.67 %</p> <p>The percentage above represents staff who have experienced harassment, bullying or abuse from patients, relatives or the public in last 12 months</p>	<p>White 8.94% BME 21.43%</p> <p>The percentage above represents staff who have experienced harassment, bullying or abuse from patients, relatives or the public in last 12 months</p>	<p>The level of BME staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months has decreased for BME staff (by 4.76%) from 2015.</p> <p>As a commissioning organisation our contact with patients, relatives and the public are not comparable with provider organisations. Our main contact with these groups is through Continuing Healthcare. We have</p>	<p>Any level of bullying or harassment is unacceptable and the Workforce Team has worked with CHC on Zero Tolerance guidance. We have also developed our Lone Worker guidance and support with CHC leading the way.</p>

	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
				a slightly higher BME representation within CHC than the wider CCG. Also, please note, given the low number of BME staff within the organisation the 16.67% figure represents 1 employee report 1-2 incidents in the last 12 months.	
6	KF 19. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White 25.23% BME 0.00% The percentage above represents staff who have experienced harassment, bullying or abuse from staff in last 12 months	White 20.67% BME 14.28% The percentage above represents staff who have experienced harassment, bullying or abuse from staff in last 12 months	Whilst the results here do not identify an issue from diversity point of view we are aware that the overall figure is unacceptable.	We have established a fully representative staff forum (Our Voice) within the CCG which meets regularly. We have also established a working group within Continuing Healthcare to tackle the working environment within this particular team. Harassment, bullying and abuse are

	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
					modules within the Equality and Diversity mandatory training for the organisation.
7	KF 27. Percentage believing that trust provides equal opportunities for career progression or promotion	White 88.07% BME 83.33% The percentage above represents the Percentage believing that trust provides equal opportunities for career progression or promotion	White 96.09% BME 100% The percentage above represents the Percentage believing that trust provides equal opportunities for career progression or promotion	There has been a 17% (1) drop this year in the Percentage of BME staff believing that trust provides equal opportunities for career progression or promotion.	Opportunities for BME staff to meet up with the governing body and their heads of service has been set up in the current WRES action plan. A Workforce Lead was appointed in March 2014 to focus on staff development for all. Following feedback through the 2015/16 Staff Survey the Workforce Team has set up a Task and Finish group with representatives from each Directorate specifically on staff development. These start in April 2016.

	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
8	Q23. In the last 12 months have you personally experienced discrimination at work from any of the following: Manager/team leader or other colleagues?	White 6.88% BME 0.00% The percentage above represents figures for staff around experiencing discrimination from managers and or team leaders.	White 4.47% BME 14.28% The percentage above represents figures for staff around experiencing discrimination from managers and or team leaders.	No member of staff (of any racial background) reported discrimination on the basis of ethnic origin.	The CCG has had no cases where an employee has made a formal or informal complaint of discrimination. Any such complaint would be taken seriously and investigated under the appropriate HR policies.
	Board representation indicator For this indicator, <u>compare the difference for White and BME staff.</u>				
9	Percentage difference between the organisations' Board voting membership and its overall workforce	The BME representation on our Governing body is 2.11% lower than the overall workforce.	Not applicable	Elections for the Governing Body took place in March 2016 and now 6.25% of our Governing Body (excluding the Lay Members) are BME.	The CCG will continue to aim to reflect the diversity of the community within the workforce and governing body.

6. Are there any other factors or data which should be taken into consideration in assessing progress? Please bear in mind any such information, action taken and planned may be subject to scrutiny by the Coordinating Commissioner or by regulators when inspecting against the “well led domain.”

Compared to larger (provider) NHS organisations, the CCG has a lower BME headcount overall (6). This can mean that individual changes can have a disproportionate impact when reported as percentages. In turn, the low number of BME employees within the CCG can mean percentage figures show as either disproportionately high or low. As an organisation, we report internally on equality and diversity statistics at Executive level, our racial background profiles however is currently still lower compared to the figures from the 2011 Census outcome for Bournemouth, Dorset and Poole (8.1%).

7. If the organisation has a more detailed Plan agreed by its Board for addressing these and related issues you are asked to attach it or provide a link to it. Such a plan would normally elaborate on the steps summarised in section 5 above setting out the next steps with milestones for expected progress against the metrics. It may also identify the links with other work streams agreed at Board level such as EDS2.

Please find attached the Workforce Race Equality Standard Action Plan