

NHS Dorset Clinical Commissioning Group

Workforce Race Equality Standard Report 2018

Date of report: month/year:	June 2018
Name of organisation:	NHS Dorset Clinical Commissioning Group
Name and title of Board lead for the Workforce Race Equality Standard:	Elaine Spencer, Governing body Registered Nurse Member
Name and contact details of lead manager compiling this report:	Micki Attridge, Senior Workforce Lead
Unique URL link on which this report will be found (to be added after submission):	To be added
This report has been signed off by on behalf of the Board on (insert name and date):	

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 except around some staff survey results as detailed below.

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

The data within section 5, indicators 5-8 relate to the staff survey. In previous years NHS Dorset CCG had adapted the national survey questions to closer reflect local themes. For the past two years the organisation chose to adopt the national process provided by Picker to enable benchmarking against other NHS organisations. Due to the size of the organisation and the small numbers of BME staff employed, raw data is unavailable.

2. Total numbers of staff

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

352

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

1.70%

3. Self-reporting

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

98.58%

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 98.78% 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 (above 98%) and therefore remedial action is not required.

4. Workforce data

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

1 April 2017 to 31 March 2018

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 2018 in the CCG is 1.70%. See below the breakdown of BME staff by pay scale. Employee who didn't report are excluded.</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 (6)</td></tr> <tr><td>3</td><td>4.17 (1)</td><td>95.83 (23)</td></tr> <tr><td>4</td><td>0</td><td>100.00 (43)</td></tr> <tr><td>5</td><td>1.79 (1)</td><td>98.21 (55)</td></tr> <tr><td>6</td><td>4.69 (3)</td><td>95.31 (61)</td></tr> <tr><td>7</td><td>0</td><td>100.00 (48)</td></tr> <tr><td>8a</td><td>0</td><td>100.00 (43)</td></tr> <tr><td>8b</td><td>3.03 (1)</td><td>96.97 (32)</td></tr> <tr><td>8c</td><td>0</td><td>100.00 (14)</td></tr> <tr><td>8d</td><td>0</td><td>100.00 (9)</td></tr> <tr><td>Executive</td><td>0</td><td>100.00 (7)</td></tr> <tr><td>VSM</td><td>0</td><td>100.00 (7)</td></tr> </tbody> </table>	Band	BME % (numbers)	White % (numbers)	2	0	100.00 (6)	3	4.17 (1)	95.83 (23)	4	0	100.00 (43)	5	1.79 (1)	98.21 (55)	6	4.69 (3)	95.31 (61)	7	0	100.00 (48)	8a	0	100.00 (43)	8b	3.03 (1)	96.97 (32)	8c	0	100.00 (14)	8d	0	100.00 (9)	Executive	0	100.00 (7)	VSM	0	100.00 (7)	<p>The total percentage of BME staff as at 5 May 2017 in the CCG was 2.74%. 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>20.00 (1)</td><td>80.00 (4)</td></tr> <tr><td>3</td><td>7.14 (2)</td><td>92.86 (26)</td></tr> <tr><td>4</td><td>2.33 (1)</td><td>97.67 (43)</td></tr> <tr><td>5</td><td>4.35 (2)</td><td>95.65 (44)</td></tr> <tr><td>6</td><td>3.28 (2)</td><td>96.72 (59)</td></tr> <tr><td>7</td><td>0</td><td>100.00 (46)</td></tr> <tr><td>8a</td><td>0</td><td>100.00 (36)</td></tr> <tr><td>8b</td><td>3.23 (1)</td><td>96.77 (33)</td></tr> <tr><td>8c</td><td>0</td><td>100.00 (13)</td></tr> <tr><td>8d</td><td>0</td><td>100.00 (9)</td></tr> <tr><td>Executive</td><td>0</td><td>100.00 (6)</td></tr> <tr><td>VSM</td><td>0</td><td>100.00 (6)</td></tr> </tbody> </table>	Band	BME % (numbers)	White % (numbers)	2	20.00 (1)	80.00 (4)	3	7.14 (2)	92.86 (26)	4	2.33 (1)	97.67 (43)	5	4.35 (2)	95.65 (44)	6	3.28 (2)	96.72 (59)	7	0	100.00 (46)	8a	0	100.00 (36)	8b	3.23 (1)	96.77 (33)	8c	0	100.00 (13)	8d	0	100.00 (9)	Executive	0	100.00 (6)	VSM	0	100.00 (6)	<p>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-d. Five employees who identified themselves as BME left the CCG during 2017/18. One left</p>	<p>Job opportunities will continue to be made accessible and attainable to members of the BME community, whilst also nurturing a culture to ensure that everyone gets a fair opportunity for career progression within the organisation.</p>
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				for a promotion with Dorset Healthcare. Two relocated to their country of origin for family reasons. One had completed a yearlong university placement. One was a fixed term temp.	
2	Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts.	41.65% of white applicants are shortlisted compared to 22.06% of BME applicants.	38.53% of white applicants are shortlisted compared to 17.51% of BME applicants.	The percentage of BME applicants that have been shortlisted this year has gone up by 4.55% compared to 2017, which was, in turn, up 3.46% in comparison to 2016. We have also seen a 15.25% increase in the number of applications from people reporting as from a BME background.	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.

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				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.	
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 investigation	During the reporting year none of the BME employees of the CCG has been involved in a formal disciplinary process.	Over the last two years formal disciplinary cases have involved white staff on 89.47% of occasions and BME staff on 10.53%. This compares to our staffing base which is 97.26% white and 2.74% BME.	Given the low numbers of BME employees within the CCG involvement of one or more BME employees impacts the percentage disproportionately. Equally, there is a relatively high likelihood that no BME employees will be involved in formal disciplinary processes.	The CCG have a Performance Management Policy in place and the workforce team are involved in all formal disciplinary cases and ensure all cases 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	1.4% of the opportunities for staff to undertake non-mandatory training and CPD were taken up by BME	2.1% of the opportunities for staff to undertake non-mandatory training and CPD were taken up by BME	There have been less opportunities	Training and CPD will continue to be made accessible and

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	accessing non-mandatory training and CPD as compared to White staff	staff and this is broadly in line with our BME staff population of 1.7%.	staff and this is broadly in line with our BME staff population of 2.74%.	across the CCG for all staff members to access training and CPD due to the introduction of the apprenticeship levy. This slight reduction in availability appears to have not impacted the likelihood of BME staff accessing training or CPD.	attainable to members of the BME community, whilst also nurturing a culture to ensure that everyone gets a fair opportunity for career progression within the organisation
	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	White- 13% BME - information not available	White 14% BME - information not available	As a commissioning organisation our	Any level of bullying or harassment is unacceptable. We

	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
	harassment, bullying or abuse from patients, relatives or the public in last 12 months	<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>We have used the data directly from the National NHS Staff Survey report provided by Picker. This report states that 'in order to preserve the anonymity of individual staff, a score is replaced with a dash if the staff group in question contributed fewer than 11 responses to that score'.</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>We have used the data directly from the National NHS Staff Survey report provided by Picker. This report states that 'in order to preserve the anonymity of individual staff, a score is replaced with a dash if the staff group in question contributed fewer than 11 responses to that score'.</p>	contact with patients, relatives and the public are not comparable with provider organisations. Our main contact with these groups is through Continuing Healthcare (CHC).	<p>have worked hard with our CHC team on Zero Tolerance guidance and provided them with training and support in dealing with conflict.</p> <p>We have further developed our Lone Worker Policy in co-operation with our security advisors TIAA.</p>
6	KF 19. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	<p>White 17% BME - information not available</p> <p>The percentage above represents staff who have experienced harassment, bullying or abuse from staff in last 12 months</p> <p>We have used the data directly from the National NHS Staff Survey report provided by Picker. This report states that 'in order to preserve the anonymity of individual staff, a score is replaced with a dash if the staff group in question contributed fewer than 11 responses to that score'.</p>	<p>White 20% BME - information not available</p> <p>The percentage above represents staff who have experienced harassment, bullying or abuse from staff in last 12 months</p> <p>We have used the data directly from the National NHS Staff Survey report provided by Picker. This report states that 'in order to preserve the anonymity of individual staff, a score is replaced with a dash if the staff group in question contributed fewer than 11 responses to that score'.</p>	Whilst the results here do not identify an issue from diversity point of view we are aware that the overall figure is unacceptable.	The CCG has launched a wide-ranging 'People and Culture Programme' following a targeted local bullying and harassment survey in July 2017 and the survey results in December 2017. We have also launched a staff charter to reconfirm our commitment to our values.
7	KF 27. Percentage believing that	White 84%	White 83%	Whilst the results here do not	The Workforce team continue to provide

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	trust provides equal opportunities for career progression or promotion	<p>BME - information not available</p> <p>The percentage above represents the Percentage believing that trust provides equal opportunities for career progression or promotion</p> <p>We have used the data directly from the National NHS Staff Survey report provided by Picker. This report states that 'in order to preserve the anonymity of individual staff, a score is replaced with a dash if the staff group in question contributed fewer than 11 responses to that score'.</p>	<p>BME - information not available</p> <p>The percentage above represents the Percentage believing that trust provides equal opportunities for career progression or promotion</p> <p>We have used the data directly from the National NHS Staff Survey report provided by Picker. This report states that 'in order to preserve the anonymity of individual staff, a score is replaced with a dash if the staff group in question contributed fewer than 11 responses to that score'.</p>	<p>identify an issue from diversity point of view, the data available shows a positive trend in this area for the second successive year. The data for indicator 1 would give no reasons to see significant changes in this indicator.</p>	<p>opportunities for career progression and development, and encourage senior managers to consider ways of addressing vacancies through new routes such as secondments and apprentices.</p>
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?	<p>White 8%</p> <p>BME - information not available</p> <p>The percentage above represents figures for staff around experiencing discrimination from managers and or team leaders.</p> <p>We have used the data directly from the National NHS Staff Survey report provided by Picker. This report states that 'in order to preserve the anonymity of individual staff, a score is replaced with a dash if the staff group in question contributed fewer than 11 responses to that score'.</p>	<p>White 7%</p> <p>BME - information not available</p> <p>The percentage above represents figures for staff around experiencing discrimination from managers and or team leaders.</p> <p>We have used the data directly from the National NHS Staff Survey report provided by Picker. This report states that 'in order to preserve the anonymity of individual staff, a score is replaced with a dash if the staff group in question contributed fewer than 11 responses to that score'.</p>	<p>N/A</p> <p>The data for indicator 1 would give no reasons to see significant changes in this indicator.</p>	<p>The CCG has not received any claimed, either formally or informally, for discrimination during the reporting period. Any such claim would be investigated fully.</p>

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	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	The BME representation on our Governing body is 9.52% which is higher than in the previous reporting period and higher than the overall workforce.	The BME representation on our Governing body is 5.26% which is higher than the overall workforce.	N/A	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 employing (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 profile however is currently still slightly lower when 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.