

# **NHS Bedfordshire CCG 2019 WRES REPORTING TEMPLATE**

## **Introduction**

### **1 Name of organisation**

NHS Bedfordshire CCG

### **2 Date of report**

#### **Month/Year:**

March/2019

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

Lisa Bedding, Head of Corporate Affairs

### **4 Name and contact details of lead manager compiling this report**

David King, EIHR Manager, Arden & GEM CSU

### **5 Names of commissioners this report has been sent to**

#### **Complete as applicable:**

N/A

### **6 Name and contact details of co-ordinating commissioner this report has been sent to**

#### **Complete as applicable:**

N/A

### **7 Unique URL link on which this report and associated Action Plan will be found**

<https://www.bedfordshireccg.nhs.uk/page/?id=3238>

## **8 This report has been signed off by on behalf of the board on**

**Name:**

Mike Thompson, Chief Operating Officer

**Date:**

19 September 2019

## **Background narrative**

### **9 Any issues of completeness of data**

Ethnicity was known for the 95.9% of the workforce of 197 employees at the end of March 2019 (excluding non-executive directors).

### **10 Any matters relating to reliability of comparisons with previous years**

Data relating to indicator 1 for the previous reporting year were not available in a form that allowed the determination of whether Agenda for Change banded posts were clinical or non-clinical.

## **Self-reporting**

### **11 Total number of staff employed within this organisation at the date of the report:**

Workforce of 197 employees at end of March 2019 (excluding non-executive directors).

### **12 Proportion of BME staff employed within this organisation at the date of the report:**

13.2% of the 189 employees of known ethnicity were listed as BME (excluding non-executive directors).

**13 The proportion of total staff who have self-reported their ethnicity:**

95.9% of the workforce of 197 employees at the end of March 2019 (excluding non-executive directors) self-reported their ethnicity.

**14 Have any steps been taken in the last reporting period to improve the level of self-reporting by ethnicity?**

None

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

None

## **Workforce data**

### **16 What period does the organisation's workforce data refer to:**

Staff in post at March 2019

**17 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.**

### **Data for reporting year:**

Total N refers to those of known ethnicity.

These figures exclude non-executive directors.

#### **OVERALL %BME**

Workforce: 13.2% BME; (Total N = 189)

Ethnicity was known for 95.9% of the workforce.

The ethnicity breakdown of staff by individual pay band, as required by the WRES specification, has been redacted for the purposes of publication due to the small numbers of staff within each pay band.

### **Data for previous year:**

Data relating to indicator 1 for the previous reporting year were not available in a form that allowed the determination of whether Agenda for Change banded posts were clinical or non-clinical; as per the requirements of the WRES.

### **The implications of the data and any additional background explanatory narrative:**

When using the specified WRES scheme for pay band analyses, there were no statistically significant differences in the representation of BME staff by pay band among the non-clinical and clinical Agenda for Change pay bands, compared to their level of representation in the workforce overall (excluding non-executive directors). However, BME staff were overrepresented among "other" Medical staff (primarily general medical practitioner clinical leads).

In a supplementary analysis, pay bands were pooled to account for the small number of employees within each individual pay band. When the workforce was analysed in this fashion, again BME staff were proportionally represented within each group of pooled pay bands; this was true for the workforce at the end of March 2019 as well as for the workforce at the end of March 2018:

CLINICAL AND NON-CLINICAL POOLED %BME at March 2019

Workforce overall: 13.2%; (Total N = 189)

Bands 4 and under: REDACTED%; (Total N = 21)

Bands 5 to 7: REDACTED%; (Total N = 84)

Bands 8A to 8B: REDACTED%; (Total N = 47)

Bands 8C to 9, VSM, and Medical: REDACTED%; (Total N = 37)

These figures exclude non-executive directors and staff of unknown ethnicity.  
Ethnicity was known for 95.9% of the workforce.

CLINICAL AND NON-CLINICAL POOLED %BME at March 2018

Workforce overall: 16.3%; (Total N = 196)

Bands 4 and under: REDACTED%; (Total N = 20)

Bands 5 to 7: 13.4%; (Total N = 82)

Bands 8A to 8B: REDACTED%; (Total N = 46)

Bands 8C to 9, VSM, and Medical: 22.9%; (Total N = 48)

These figures exclude non-executive directors and staff of unknown ethnicity.  
Ethnicity was known for 95.6% of the workforce.

**Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate equality objective:**

The CCG will be producing an EDI action plan linking the findings of WRES to its objectives and EDS2. No immediate actions have been identified.

## **18 Relative likelihood of staff being appointed from shortlisting across all posts.**

### **Data for reporting year:**

1.74

### **Data for previous year:**

2.18

### **The implications of the data and any additional background explanatory narrative:**

Appointees in the current reporting period: 29.0% of 155 white people shortlisted were appointed and 16.7% of 66 BME people shortlisted were appointed. Thus, white people were 1.74 times as likely as BME people to be appointed from shortlisting. Unlike the previous reporting year, this difference narrowly missed statistical significance; but this was due to the smaller number of BME people shortlisted rather than a meaningful improvement in the percentage of BME people appointed.

Appointees in the previous reporting period: 28.2% of 156 white people shortlisted were appointed and 12.9% of 85 BME people shortlisted were appointed. Thus, white people were 2.18 times as likely as BME people to be appointed from shortlisting. This represented a statistically significant difference.

### **Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate equality objective:**

As part of the CCG's action plan development, training for recruiting managers will be reviewed.

**19 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.**

**Data for reporting year:**

6.56

**Data for previous year:**

Unavailable

**The implications of the data and any additional background explanatory narrative:**

Disciplinary proceedings in the current reporting period: BME staff were 6.56 times more likely than white staff to be subjected to disciplinary proceedings. However, given the small number of staff involved in disciplinary proceedings in the two-year period of interest, this did not represent a statistically significant difference.

**Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate equality objective:**

Due to low numbers, no specific action has been identified with regard to this metric.

## **20 Relative likelihood of staff accessing non-mandatory training and CPD.**

### **Data for reporting year:**

0.63

### **Data for previous year:**

1.95

### **The implications of the data and any additional background explanatory narrative:**

White staff were 0.63 times as likely as BME staff to undertake non-mandatory training. This did not represent a statistically significant difference due to the overall small number of staff undertaking non-mandatory training.

White staff were 1.95 times as likely as BME staff to undertake non-mandatory training; this did not represent a statistically significant difference due to the overall small number of staff undertaking non-mandatory training.

### **Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate equality objective:**

The CCG will be reviewing how data is collected on non-mandatory training to identify the completeness of the data and thus whether any actions are required.

**21 KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.**

**Data for reporting year:**

**White:**

14.3%

**BME:**

7.7%

**Data for previous year:**

**White:**

9.2%

**BME:**

Suppressed

**The implications of the data and any additional background explanatory narrative:**

Current reporting year: 14.3% of white staff (14/98) and 7.7% of BME staff (1/13) who took part in the staff survey reported experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months; due to the small number of BME staff who took part in the survey, this did not represent a statistically significant difference.

Previous reporting year: 9.2% of white staff (10/109) who took part in the staff survey reported experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months. However, the number of BME staff who reported experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months was suppressed at source due to small numbers.

**Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate equality objective:**

No specific action has been identified with regard to this metric. However, the CCG will review training and awareness for staff with the aim of reducing bullying/harassment from patients/the public and review the relevant policies and their application.

**22 KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.**

**Data for reporting year:**

**White:**

24.5%

**BME:**

30.8%

**Data for previous year:**

**White:**

29.4%

**BME:**

Suppressed

**The implications of the data and any additional background explanatory narrative:**

Current reporting year: 24.5% of white staff (24/98) and 30.8% of BME staff (4/13) who took part in the staff survey reported experiencing harassment, bullying or abuse from other staff in the last 12 months. Due to the small number of BME staff who took part in the survey, this did not represent a statistically significant difference.

Previous reporting year: 29.4% of white staff (32/109) who took part in the staff survey reported experiencing harassment, bullying or abuse from other staff in the last 12 months. However, the number of BME staff who reported experiencing harassment, bullying or abuse from other staff in last 12 months was suppressed at source due to small numbers.

**Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate equality objective:**

The CCG has planned further work to understand the underlying reasons for these figures to ensure appropriate actions can be identified to positively reduce such bullying and harassment within CCG.

**23 KF 21. Percentage believing that the organisation provides equal opportunities for career progression or promotion.**

**Data for reporting year:**

**White:**

77.8%

**BME:**

Suppressed

**Data for previous year:**

**White:**

78.9%

**BME:**

Suppressed

**The implications of the data and any additional background explanatory narrative:**

Current reporting year: 77.8% of white staff (56/72) who took part in the staff survey felt that the CCG provided equal opportunities for career progression or promotion. However, the number of BME staff who felt that the CCG provided equal opportunities for career progression or promotion was suppressed at source due to small numbers.

Previous reporting year: 78.9% of white staff (56/71) who took part in the staff survey felt that the CCG provided equal opportunities for career progression or promotion. However, the number of BME staff who felt that the CCG provided equal opportunities for career progression or promotion was suppressed at source due to small numbers.

**Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate equality objective:**

No action has been identified with regard to this metric.

**24 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.**

**Data for reporting year:**

**White:**

6.1%

**BME:**

23.1%

**Data for previous year:**

**White:**

3.6%

**BME:**

Suppressed

**The implications of the data and any additional background explanatory narrative:**

Current reporting year: 6.1% of white staff (6/98) and 23.1% of BME staff (3/13) who took part in the staff survey reported experiencing discrimination from other staff in the last 12 months. Due to the small number of BME staff who took part in the survey, this did not represent a statistically significant difference.

Previous reporting year: 3.6% of white staff (4/110) who took part in the staff survey reported experiencing discrimination from other staff in the last 12 months. However, the number of BME staff who experienced discrimination from other staff in the last 12 months was suppressed at source due to small numbers.

**Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate equality objective:**

This metric will be reviewed along with the previous bullying and harassment one to identify underlying reasons and determine appropriate solutions.

**25 Percentage difference between the organisations' Board voting membership and its overall workforce.**

**Data for reporting year:**

Difference (%BME total board - %BME overall workforce): +20.1%

Difference (%BME voting board - %BME overall workforce): +20.1%

Difference (%BME executive board - %BME overall workforce): -13.2%

**Data for previous year:**

Not available

**The implications of the data and any additional background explanatory narrative:**

In 18/19, BME people were overrepresented amongst all board members, and also among voting board members, when compared to their level of representation in the workforce overall. However, there were no BME people among the executive board members. Ethnicity was known for all board members.

**Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate equality objective:**

No action identified for this metric.

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

N/A

**27 Organisations should produce a detailed WRES action plan, agreed by its board. It is good practice for this action plan to be published on the organisation's website, alongside their WRES data. Such a plan would elaborate on the actions summarised in this report, setting out the next steps with milestones for expected progress against the WRES indicators. It may also identify the links with other workstreams agreed at board level, such as EDS2. You are asked to provide a link to your WRES action plan in the space below.**

**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.:**

The WRES Action Plan will be published in the [equality and diversity section of the CCG's website](#) once it has been approved by the Governing Body.