



**Bedfordshire, Luton
and Milton Keynes**
Integrated Care Board

Organisation: NHS Bedford Luton and Milton Keynes ICB Workforce Race Equality Standard (WRES) Report 2022 - 2023

Prepared by: AGCSU EIHR Team

Date: October 2023

Name and Title of Board Lead:

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

Contents

- Introduction..... 3
- The Nine WRES Indicators..... 4
- Key Findings..... 5
- Summary of WRES 2022-23..... 6
- WRES Report 2022-23..... 7 - 15
- WRES Action Plan for 2022-2024..... 16
- Contacts..... 17

Introduction



Bedfordshire, Luton
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Integrated Care Board

Workforce Race Equality Standard (WRES) 2023

As of the 1st July 2022, NHS Bedfordshire Luton and Milton Keynes Clinical Commissioning Group (BLMK CCG) became NHS Bedfordshire Luton and Milton Keynes Integrated Care Board (BLMK ICB). **The workforce data and findings within this report are a snapshot of BLMK ICB on 31st March 2023 and any comparisons with last year will be an amalgamation of the previous CCG.**

The NHS Workforce Race Equality Standard (WRES) came into effect in the NHS in 2015 and was mandated for Trusts. This requirement has since changed and the WRES is now mandated for ICBs.

The purpose of the WRES is to help NHS organisations to review their equality data against 9 WRES indicators and to produce action plans which will facilitate the closure of gaps in outcomes and experience evidenced in the NHS workplace (as a whole) between White and Black and Ethnic Minority (BME) staff, as well as help to improve minority ethnic representation at Board Level.

Ultimately, it is about ensuring an inclusive approach with regards to recruitment, training and promotion.

BLMK ICB is committed to have due regard to the WRES and uses it as a force for driving change, both as an employer and Commissioner of services.

The ICB aims to fully understand the diversity of their workforce so that it can ensure non-discriminatory practice and work with staff and staff representatives to identify and eliminate barriers and discrimination in line with the Public Sector Equality Duty, the Equality Act 2010 and Employment Statutory Code of Practice.

The Action Plan sets out the actions BLMK ICB plans to undertake to fulfil its commitment to the WRES for the period 2023-2024. This has been developed, based on the WRES information the ICB has collated and analysed, while ensuring a useful and effective approach to tackling race equality across the organisation is promoted and maintained.

It is recommended that the Board of BLMK ICB notes and approves the information contained in this report and the action plan prior to publication on the ICB website.

The Nine WRES Indicators



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To assist organisations to identify and improve ethnic minority background experiences and opportunities, they are required to collate and self-assess against nine indicators.

The nine indicators were developed in collaboration with the wider NHS. Four focus on workforce data and four are based on data from the national NHS Staff Survey questions. The last indicator focuses upon ethnic minority background representation on boards. These are detailed in the table below:

1	2	3	4	5	6	7	8	9
Workforce indicators				National NHS Survey indicators (or equivalent)				Board representation indicator
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	Relative likelihood of staff being appointed from shortlisting across all posts	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation	Relative likelihood of staff accessing non-mandatory training and CPD	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	Percentage believing that the organisation provides equal opportunities for career progression or promotion	Percentage of staff who have personally experienced discrimination at work from manager/team leader or other colleagues in the last 12 months	This indicator presents the percentage difference between (i) the organisations' Board voting membership and its overall workforce and (ii) the organisations' Board executive and its overall workforce

Key Findings

0.5%

- 23.5% (99) of staff working in the organisation were from a black and minority ethnic background. This is a slight decrease in % terms from 24% (96) in 2022 which is close to the local BME population at 27.3%.

Regular monitoring & reviewing of workforce demographics

3.7% - 11.5%

- Clinical staff 8a-VSM: % BME staff decreased by 3.7%, and in bands 1-7 decreased by 11.5%.
- Non-clinical staff 8a-VSM: % BME staff decreased by 7% and in bands 1-7 increased by 9%.

Maintain robust inclusive recruitment and selection practices

x0.52

- The likelihood of White staff accessing non-mandatory training was 0.52 which means that BME staff were more likely to access non-mandatory training and CPD compared to their White colleagues.

Continue review of training and guidance

x2.19

- White applicants were 2.19 times more likely to be appointed from shortlisting compared to BME applicants; this shows a consistent improvement from 2021-22 at 2.31 and 2020-21 which was at 2.66.

Reiteration of commitment to EIHR by leadership team

14.8%

- 14.8% of BME staff reported personally experiencing discrimination at work from a manager, team leader or other colleagues compared to 4.4% of White staff; an increase of 4.4% since 2021-22.

Promote the use of Freedom to Speak Up Guardians service

84.6%

- 84.6% of board members in NHS BLMK ICB were from a White background with 15.4% undisclosed.

Explore opportunities to further increase board diversity

86%

- 86% of the BLMK ICB workforce responded to the NHS staff survey.

Encourage staff to take part in the NHS staff survey

12.7%

- 12.7% of staff from BME background experienced harassment, bullying or abuse from patient, relative or the public compared to 8% of White staff. An increase of 2.1% since 2021.

Leadership commitment to zero tolerance policy

18.2%

- 18.2% of staff from BME background experienced harassment, bullying or abuse from other staff in the last 12 months compared to 10.4% of White colleagues. A decrease of 0.9% since 2021.

Development of Civility and Respect Toolkit

29.8%

- 29.8% of staff from a BME background believed that there were equal opportunities for career progression or promotion compared to 61.7% of White staff.

Ensure a Talent management scheme is in place

Summary of WRES

The BLMK ICB employs 421 people. Overall, 96.9 % of staff completed their ethnicity profile on ESR as of 31 March 2023; a further improvement since last year when it was at 96.5%.

As of 31 March 2023, 23.5% (99) of staff identified as BME, a reduction in percentage terms of 0.6% from 24.1% (96) in 2022.



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Achieving



Developing



Under-developed

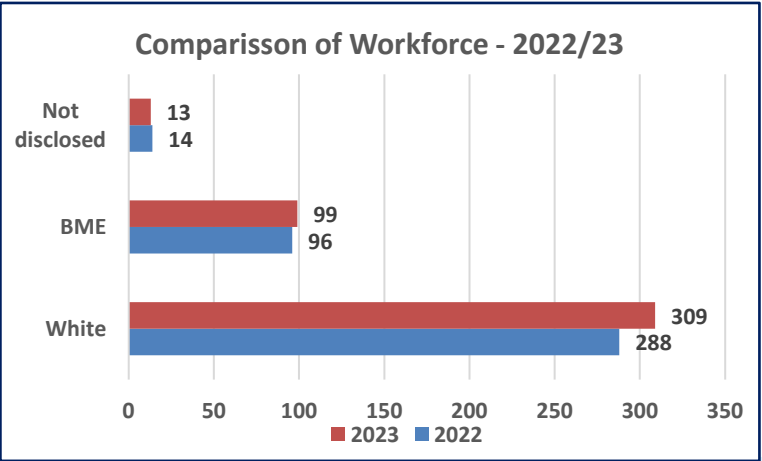


2022	2023		
		Indicator 1	<p>Non-clinical: in bands 1-7 increased by 9% from 22% to 31% and in bands 8a - VSM BME representation decreased by 7%.</p> <p>Clinical: Bands 1 to 7 – percentage of BME staff decreased by 11.5% at 12.5% with the number of staff in this category halved from 11 to 5 and in bands 8a to VSM – number of BME staff decreased by 3.7% which represents a reduction of one colleague.</p> <p>The representation of BME staff is 23.5%; this short of the local population of BME community which averages at 27.3% across the ICB</p>
		Indicator 2	In 2023, White candidates were 2.31 times more likely than BME candidates to be appointed from shortlisting which is a consistent year on year improvement from 2021-22 when they were 2.66 times more likely.
		Indicator 3	As in 2022, there were no members of BLMK staff entering the formal disciplinary process this year.
		Indicator 4	There has been an increase in the likelihood of BME staff accessing non-mandatory training and CPD from a likelihood of 0.81 to 0.52.
		Indicator 5	<p>Staff experiencing harassment bullying or abuse from patients, relatives or public in the last 12 months:</p> <p>12.7% of BME staff experienced this type of abuse compared with 10.6% last year; this is above the national average at 8.3%.</p>
		Indicator 6	<p>Staff experiencing harassment, bullying or abuse from staff in last 12 months:</p> <p>18.2% of BME staff experienced this type of abuse which is below the national average at 20.6% and slightly lower than last year which was at 19.1%</p>
		Indicator 7	<p>Staff believing that the ICB provides equal opportunities for career progression:</p> <p>29.8% of BME staff believe this to be true of the ICB which is 3.5% lower than last year and 8.5% below the national average at 38.3%.</p>
		Indicator 8	<p>Staff personally experience discrimination at work from manager/team leader or other colleagues in the last 12 months:</p> <p>14.8% of BME staff have personally experienced discrimination which is higher than the national average at 13.3% and 4.4% higher than last year.</p>
		Indicator 9	<ul style="list-style-type: none"> The BLMK Board 2022/23 data, according to ESR records, show that 90.9% of the Board are White, 0% are BME and 9.1% have not disclosed their ethnicity. At 0% the Board is not representative of the workforce population which is 23.5% BME.

Breakdown of all staff

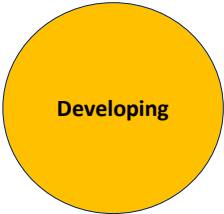
Staff group	2022 Number	2022 Percentage	2023 Number	2023 Percentage
BME	96	24.1%	99	23.5%
White	288	72.4%	309	73.4%
Not disclosed	14	3.5%	13	3.1%
Total	398		421	

Whilst there has been an increase in the total number of staff overall, we still need to be mindful of representation of BME staff across the workforce.



2023 local population data:

- In the ICB as a whole, the representation of BME staff is 23.5%; slightly short of the local population of BME community which averages at 27.3% across the ICB (ONS census data 2021 – 70.7% White British, 16.4% Asian, 6.9% Black , Other ethnic group 2%, Mixed or multiple ethnic group 4%).
- However, it must be noted that the there is a large variation across the population of the 4 boroughs of the ICB:
 - Bedford Borough: 22.5% BME
 - Bedford Central: 8.9% BME
 - Luton: 51.4% BME
 - Milton Keynes: 26.2% BME



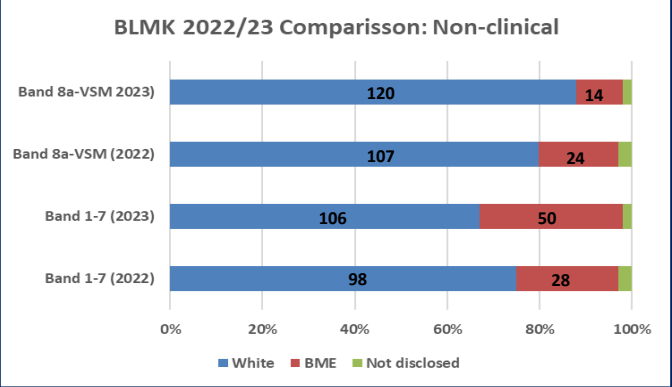
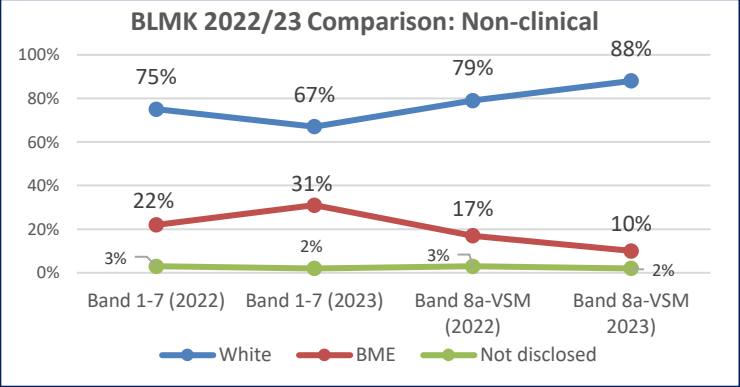
Indicator 1 – Data

Percentage of staff in AfC Bands 1-7 and 8a-VSM (including Executive Board members) in 2022 compared with the percentage of staff in the same bands in 2023. Data for clinical and non-clinical staff disaggregated.

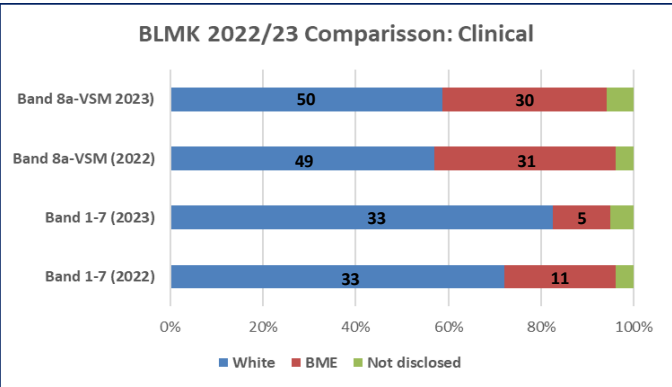
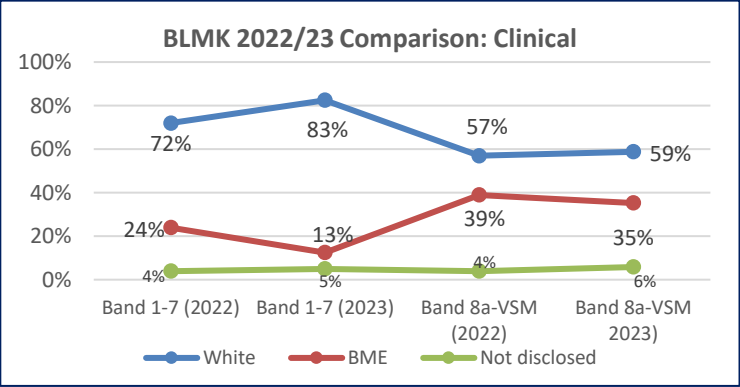


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BLMK ICB 2022/23 Comparison: Non-clinical								
	Band 1 - 7 (2022)		Band 1 - 7 (2023)		Band 8a - VSM (2022)		Band 8a - VSM (2023)	
White	98	75%	106	67%	107	79%	120	88%
BME	28	22%	50	31%	24	17%	14	10%
Not disclosed	‘—’	3%	‘—’	2%	‘—’	3%	‘—’	2%
Total	130		159		135		137	



BLMK ICB 2022/23 Comparison: Clinical								
	Band 1 - 7 (2022)		Band 1 - 7 (2023)		Band 8a - VSM (2022)		Band 8a - VSM (2023)	
White	33	72%	33	82.5%	49	57%	50	58.8%
BME	11	24%	‘—’	12.5%	31	39%	30	35.3%
Not disclosed	‘—’	4%	‘—’	5%	‘—’	4%	‘—’	5.9%
Total	46		40		84		85	



Where data is not available for reporting (due to numbers being at 5 or below) this is represented by ‘—’ within the results tables.

Indicator 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 disaggregated by: Non-Clinical Staff/Clinical staff



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Integrated Care Board

The representation of BME staff in 2023 compared with 2022 data; total workforce 421:

Non-clinical staff:

- Bands 1 to 7 - percentage of BME staff increased by 9% from 22% to 31%.
- Bands 8a to VSM - percentage of BME staff decreased by 7% from 17% to 10%.
- The number of BME staff has reduced from 24 to 14. This represents a significant loss of 52% of the number BME staff at the higher bands.
- A number of staff (less than 5) had not disclosed their ethnicity which is a slight reduction since the last report.

Action:

- It is important to understand why this significant loss has taken place at 8a-VSM level.

Clinical staff:

- Bands 1 to 7 – percentage of BME staff decreased by 11.5% at 12.5% with the number of staff in this category halved from 11 to 5.
- Bands 8a to VSM – number of BME staff decreased by 3.7% which represents a reduction of one colleague.

What is the data telling us?

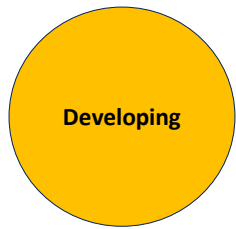
- There has been an increase in the total number of staff from 407 in 2022 to 421 this year however, the proportion of BME staff has dropped by 0.6%. A higher proportion of recruitment of BME staff has been in the lower, non-clinical bands. The most marked difference is that the number of non-clinical leaders, 8a and above, has reduced by 52% from 24 to 14.
- There has been a decrease in the percentage of clinical BME staff in bands 1-7 by 11.5% with the number of staff in this category halved from 11 to 5 as well as a reduction in 3.7% which is one member of the clinical leadership team from 31 to 30.

What have we done over the last year?

- The ICB started to develop an Equality commitment pledge with accompanying acceptable behaviour statement. This commitment sets out the rights and responsibilities of staff and links to the CCG's objectives and values, which will form part of the planning for 2023-24.
- Unison Equality Charter, including duties responsibilities and behaviours in relation to EDI have been carried into the plan for 2023-24.
- The previous CCG WRES action plan was reviewed and was revised in line with this report and the regional WRES strategy.

What are we planning for 2023-24?

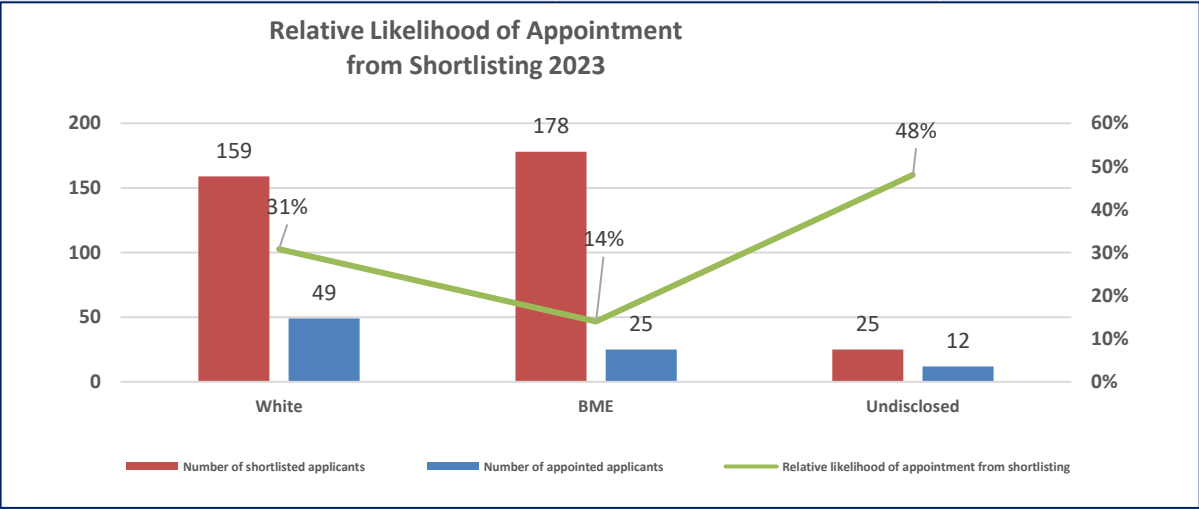
- This report will now utilise all previous year's results to inform the 2022-24 Action Plan which will be co-produced with representation of our staff.
- Review of data from ESR to understand why there have been these reductions in BME staff across the levels and in particular at leadership levels.
- Address gaps in ESR data by increasing declarations of ethnicity across all levels.
- Ensure that BLMK ICB remains reflective of the four places it serves through our place teams.
- Continue to monitor and review workforce demographics regularly and set appropriate/relevant improvement Key Performance Measures (KPI's) aligned to e.g. [A Model Employer: Increasing black and minority ethnic representation at senior levels across the NHS](#)



Indicator 2

Relative likelihood of BME staff being appointed from shortlisting compared to that of white staff being appointed from shortlisting across all posts

Indicator 2: Recruitment	BLMK CCG 2022			BLMK ICB 2023		
Ethnicity	White	BME	Not known	White	BME	Not known
Number of Staff in workforce	288	96	14	309	99	13
Number shortlisted applicants	185	169	19	159	178	25
Number appointed applicants	43	17	‘-’	49	25	12
Relative likelihood of appointment from shortlisting	23.2%	10.1%	10.5%	30.8%	14%	48%
Relative likelihood of White candidates being appointed from shortlisting compared to BME candidates	2.31 times more likely			2.19 times more likely		



What is the data telling us?

- The data from 2023 demonstrates that White candidates were 2.19 times more likely than BME candidates to be appointed from shortlisting.
- Although this is a consistent improvement year on year, from 2021 where the likelihood was 2.66 and 2022 was 2.31 and currently at 2.19, it is still significantly above the national average which was at 1.54 (National NHS WRES March 2022), and the desired ratio of 1:1.

What have we done over the last year?

- Masterclass held linked to our recruitment, selection and induction policies.

What are we planning for 2023-24?

- Suite of masterclasses, aligned with ICB policies to be implemented and delivered.
- Continue to monitor recruitment and retention practices to identify trends to further equalise the disproportion for BME candidates.
- Continue to ensure improvement and additional career development
- Be mindful of national targets on proportionate representation and seek to increase diversity in relevant areas of the ICB.
- Continue with recruitment training.
- Carry out a complete review of recruitment processes.
- Schedule of master classes for staff on key policies that have been reviewed, refreshed and relaunched. To start with recruitment selection and probation.
- Register the ICB with the Apprenticeship Gateway with implementation of an apprenticeship programme to support development of our workforce as well as specialised campaigns to support/attract local community into roles.



Indicator 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 previous year.

BLMK	2023		
Indicator 3: Disciplinary Process	White	BME	Unknown
Number of staff in workforce	309	99	13
Number of staff entering formal disciplinary	0	0	0
Likelihood of White staff entering formal disciplinary	N/A		
Likelihood of BME staff entering formal disciplinary	N/A		
The relative likelihood of BME staff entering formal disciplinary compared to White staff	N/A		

What is the data telling us?

- As with last year, there were no staff entering the formal disciplinary process this year or last year.

What have we done over the last year?

- Used effective informal processes such as one to ones to address concerns before they escalate.
- Reviewed disciplinary and grievance policy / procedures across the three previous CCG's and one single policy now in place.
- Key HR policies were reviewed and approved.
- HR policy toolkits were uploaded onto the intranet to support with understanding of policies and processes.

What are we planning for 2023-24?

- Continue to review disciplinary and grievance policy/ procedures and finalise policies for single ICB.
- Key HR policies have been reviewed and approved and a schedule of master classes for staff on these policies are to be implemented and delivered.



Indicator 4

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



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Integrated Care Board

Indicator 4: Accessing non-mandatory training & CPD	NHS BLMK ICB 2022		NHS BLMK CCG 2022-2023	
Ethnicity	White	BME	White	BME
Number of Staff accessing non-mandatory training & CPD	116	48	43	24
Likelihood of staff accessing non-mandatory training & CPD	40.3%	50%	13.92%	26.97%
Relative likelihood of White staff accessing non-mandatory training & CPD compared to BME staff	0.81		0.52	

What is the data telling us?

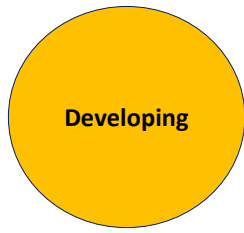
- There has been an increase in the likelihood of BME staff accessing non-mandatory training and CPD from a likelihood of 0.81 in 2022 to 0.52.
- However, figures suggest that overall, less people are accessing non-mandatory training.

What have we done over the last year?

- Carried out an initial review of the processes for self-recording non-mandatory training on ESR
- The review identified that it is possible for people to self-record, the process is straightforward, however they tend not to do so because they are unaware of this facility.

What are we planning for 2023-24?

- Communications campaign to demonstrate recording of non-mandatory training on ESR and frequent reminders to do so.
- The ICB will continue to review and implement the process for recording and reporting non-mandatory training and CPD
- Stress the importance that staff need to undertake training
- To promote and maintain NHS Elect membership to give BLMK staff access to free online courses
- Develop a blended approach and process for funded training programmes through the appraisal process.



Indicator 5-6

National NHS Staff Survey Indicators 2021/22



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Integrated Care Board

Summary of September NHS National Staff Survey outcomes (WRES Indicators 5-6)	BLMK CCG 2021	BLMK ICB 2022	National Average for CCGs 2022
5 – Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	Of the total respondents (White 201 & BME 47), those who said 'Yes': White: 10% BME: 10.6%	Of the total respondents (White 250 & BME 55), those who said 'Yes': White: 8% BME: 12.7%	Of the total respondents, those who said 'Yes': White: 7.9% BME: 8.3%
6 – Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	Of the total respondents (White 202 & BME 47), those who said 'Yes': White: 12.9% BME : 19.1%	Of the total respondents (White 250 & BME 55), those who said 'Yes': White: 10.4% BME : 18.2%	Of the total respondents, those who said 'Yes': White: 15.5% BME: 20%

Source: National NHS Staff Survey

What is the data telling us?

5. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or public in the last 12 months:

- The staff survey outcomes show a higher rate of such incidents than the national average for BME colleagues.
- The percentage of colleagues from a BME background experiencing such incidents increased by 2.1% from last year 10.6% to 12.7%.

6. Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months:

- The staff survey outcomes show a lower rate of such incidents than the national average.
- Responses from BME staff are lower than last year, though still a concern at 18.2%, and the numbers of such incidents occurring in BME staff compared to White staff is higher by 7.8%.

What have we done over the last year?

- Began to plan for and develop an EDI staff network.
- The ICB continued a zero tolerance approach to inappropriate and unacceptable behaviours, and continued the development of the Freedom to Speak Up Guardians.

What are we planning for 2023-24?

- Create awareness through staff networks and communications for staff to participate in the National NHS Staff Survey to enable benchmarking across NHS Indicators
- No formal reports of incidents - promote emerging staff networks as a useful route for staff to gain peer support which will in turn help to identify themes.
- Gain an understanding of these types of incidents being experienced by staff and why there is a disparity between the staff groups by starting to review the data already available.
- Identify ways to tackle any specific issues.
- Advertise the ICB's staff support service internally by poster and via internal facing internet / intranet pages
- Launch an anti-bullying and harassment campaign.
- Promote Freedom to Speak up Champions

Indicator 7-8

National NHS Staff Survey Indicators 2021/22

Summary of NHS National Staff Survey outcomes (WRES Indicators 7-8)	BLMK CCG 2021	BLMK ICB 2022	National Average for CCGs
7 - Percentage believing that the ICB provides equal opportunities for career progression or promotion	Of the total respondents (White 207 & BME 48), those who said 'Yes': White: 60.9% BME: 33.3%	Of the total respondents (White 248 & BME 57), those who said 'Yes': White: 61.7% BME: 29.8%	Of the total respondents those who said 'Yes': White: 59.3% BME: 38.3%
8 – In the last 12 months have you personally experienced discrimination at work from any of the following: Manager, Team Leader, Other Colleagues	Of the total respondents (White 210 & BME 48), those who said 'Yes': White: 5.2% BME : 10.4%	Of the total respondents (White 248 & BME 54), those who said 'Yes': White: 4.4% BME : 14.8%	Of the total respondents those who said 'Yes': White: 4.5% BME: 13.3%

Source: National NHS Staff Survey

What is the data telling us?**7. Percentage believing that the ICB provide equal opportunities for career progression or promotion:**

- 29.8% of BME staff do believe that the organisation provides equal career opportunities for career progression or promotion.
- This is significantly (31.9%) lower than their White colleagues at 61.7% and 3.5% lower than results from last year.
- Therefore, the data tells us that a high proportion, 70.2% of BLMK BME colleagues who completed the staff survey, do not believe that they have opportunities for career progression equal to those of their White colleagues.

8. In the last 12 months, have you experienced discrimination at work from manager, team leader, or other colleagues:

- 14.8% of BME staff have experienced this type of discrimination compared to 4.4% of their White colleagues and the situation has worsened since 2021.
- In comparison with the National picture, this is 1.5% higher in BME colleagues.

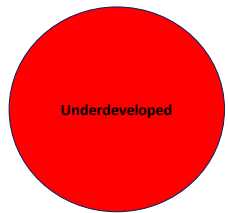
What have we done over the last year?

- The ICBs Equality commitment, WRES action plan and core values of the ICB launched.
- Job and training opportunities circulated to all staff via the staff bulletin.
- NHSE East Race Equity team hosted at BLMK offices.

What are we planning for 2023-24?

- Deeper dive into why staff feel that they have been discriminated against by managers/colleagues.
- Continue with zero tolerance approach and development of Freedom to Speak Up Guardian service including introduction of FTSU Champions.
- Carry out recruitment review to look at every aspect of recruitment process and pilot a BLMK Inclusive Recruitment Toolkit to be used across the ICB to support recruiting managers.
- Create a talent management process with Head of OD across ICB and ICS, including new competencies for the ICB that reflect the organisations values.

Note: It must be recognised that the CCG's were in building up to transition to ICB and this may have affected this metric.



Indicator 9

Percentage difference between (i) the organisations’ Board voting membership and its overall workforce and (ii) the organisations’ Board executive membership and its overall workforce



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What is the data telling us?

(The workforce data and findings within this report are a snapshot of BLMK ICB on 31st March 2023 and any comparisons with last year will be an amalgamation of the previous CCG.)

- The BLMK Board 2022/23 data, according to ESR records, show that 86.4% of the Board are White, 0% are BME and 15.4% have not disclosed their ethnicity.
- At 0% the Board is not representative of the workforce population which is 23.5% BME.

What have we done over the last year?

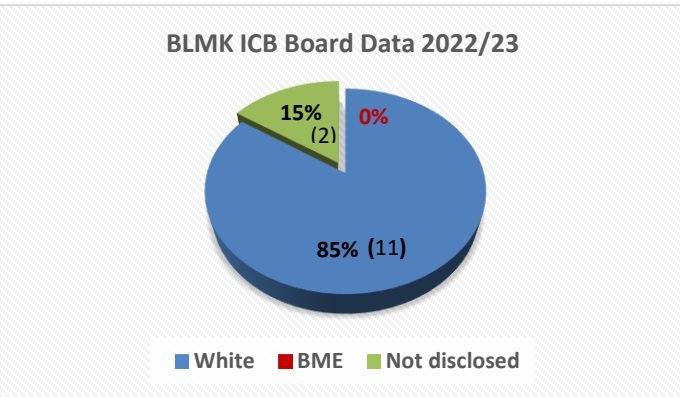
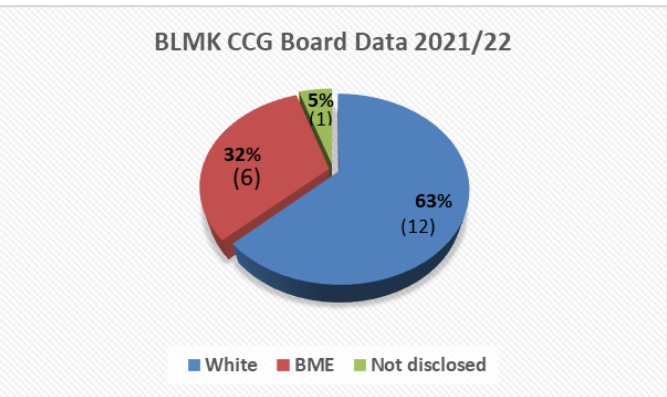
When recruiting to the Board a fair, transparent and consistent approach was taken which included working with our recruitment agency to try to attract a broad range of candidates to roles.

What are we planning for 2023-24?

- Review the processes for recording of personal information and encourage Board members to declare their ethnicity.
- The ICB will take positive steps to ensure a diverse Board that represents the population it serves in its recruitment processes and will monitor the impact of these activities.
- The development of non-exec board members planned.
- BLMK to work with the NHS Confederation, local organisations e.g. Autism Awareness, Faith Leaders, and hold community engagement events before and during recruitment processes
 - Different and varied approach to adverts
 - Drop-in sessions to be held regarding the application process.
- Continue to monitor and review Board to Workforce demographic ratio regularly and set appropriate/relevant improvement Key Performance Measures (KPI’s) aligned to e.g. [A Model Employer: Increasing black and minority ethnic representation at senior levels across the NHS](#)

Source: Electronic Staff Record as at 31 March 2023

	BLMK CCG Board 2021/22					BLMK ICB Board 2022/23				
	Board		Workforce		% Difference	Board		Workforce		% Difference
White	12	63%	288	83%	-20%	11	84.6%	309	73.4%	+10.6%
BME	6	32%	96	24%	+8%	0	0%	99	23.5%	-23.5%
Not disclosed	1	5%	14	3%	+2%	2	15.4%	13	3.1%	+12.3%
Total	19		398			13		421		



Action Plan for 2023-2024

RAG Status Key:

	ACHIEVING		DEVELOPING		UNDERDEVELOPED
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[NHS England » NHS equality, diversity, and inclusion improvement plan](#)



Bedfordshire, Luton and Milton Keynes Integrated Care Board

Indicator	Description	Six High Impact action	RAG	Theme	Action	Outcome	Lead	Date
1, 9	1. Percentage of staff in each AfC band 1-9 or VSM compared with workforce. 9. Percentage difference between ICB Board membership and overall workforce.	High Impact Action 2: Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity		Workforce Data and Quantitative Intelligence	<ul style="list-style-type: none">To carry out full review of existing information streams and the data held within them.Review workforce data currently held to ensure it gives sufficient granularity to enhance our equality monitoring.	<ul style="list-style-type: none">Gain an insight and understand the movement of staff including the loss of BME staff at 8a-VSM level.Use data to inform any future strategy to further improve representation of BME staff across all levels.		Review progress six monthly
2	Relative likelihood of staff being appointed from shortlisting across all posts.	High Impact Action 2: Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity		Recruitment, Retention Progression	<ul style="list-style-type: none">Promote management and leadership development programs, specifically targeting employees from a BME background. These programs should provide mentoring, coaching, and training to help develop leadership skills and provide opportunities for career advancementEstablish a mentoring program: Pair senior leaders with employees from a BME background to provide guidance and support in their career developmentThe mentoring program should be structured and provide regular opportunities for feedback and career guidance. Promote the upcoming Transformational Reciprocal Mentoring Programme for Inclusion (BME focused) that is due to start in Autumn 2023	<ul style="list-style-type: none">Ensure recruitment processes are fair and inclusive.Improve retention and promotion of BME staff and develop a self-reflective culture for all staff within the organisation.		
3	Relative likelihood of staff entering the formal disciplinary process.	High Impact Action 6: Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.		Health and Wellbeing	<ul style="list-style-type: none">In conjunction with the Staff Partnership Forum and staff network, review existing policies such as flexible working and sickness to ensure they are inclusive.	<ul style="list-style-type: none">Ensure all policies are accessible and inclusive.		Review Quarterly
4	Relative likelihood of staff accessing non-mandatory training and CPD.	High Impact Action 3: Develop and implement an improvement plan to eliminate pay gaps		Staff Engagement	<ul style="list-style-type: none">Assess the impact of non-mandatory training on BME career progression, embedding reliable data capture by ethnicity.Increase recording of non-mandatory training and CPD on ESR.Develop ethnicity pay gap report. Review analysis and update key objectives based on findings	<ul style="list-style-type: none">Equal access of non-mandatory training and CPD for all staff and improved capture of this data on ESR.		Review Quarterly
5, 6, 8	Percentage of staff experiencing harassment, bullying, or abuse in last 12 months from: 5. Patients, relatives, public. 6. Other staff. 8. Personally experienced from manager, lead or other colleagues.	High Impact Action 6: Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.		Health and Well being	<ul style="list-style-type: none">Carry out Training Needs Analysis and analyse results in order to propose a training programme around this topic.Linked with a new acceptable behaviours policy, once reviewed and approved; develop and implement the subsequent training programme for all staff, encouraging behavioural change by raising awareness of unconscious bias, microaggression, promoting inclusive behaviours and allyship.Create opportunities for staff from diverse backgrounds to share their experiences and perspectives, including through staff network and engagement sessions.Regularly review, revise, and update HR policies and procedures as appropriate to ensure that they promote inclusion and prevent discrimination.Relaunch the Freedom to Speak up Framework for staff within the ICB.FTSU Guardian to regularly present a report to the staff network split out against protected characteristics so that patterns can be discussed.Launch an anti-bullying and anti-harassment campaign.	<ul style="list-style-type: none">Reduce the incidents of harassment, bullying and abuse on staff from patients' relatives, public and other colleagues.Improved staff confidence to report such issues.Managers more confident to provide support to staff who have experienced such incidents.		Review Quarterly
7	Percentage believing that trust provides equal opportunities for career progression or promotion.	High Impact Action 4: Develop and implement an improvement plan to address health inequalities within the workforce.		Leadership and Culture	<ul style="list-style-type: none">Review and implement a Talent Management Programme derived from e.g. Appraisals / Training Needs Analysis with focus on ensuring fair representation and accessProgramme of training to be developed for all managers on how and when to have regular caring conversations for example in 1-2-1s and appraisals as standard practice.Encourage active membership of staff network membership to ensure that representation is reflective of the ICB's workforce profile and local population in which they work or live. Including a clear governance structure to ensure accountability and action is implemented.	<ul style="list-style-type: none">Improve percentage of staff believing that the ICB provides equal opportunities for career progression or promotion.		Review Quarterly

Contacts

To know more

If you would like to discuss any element of this report please contact:

Executive Sponsor:

- Martha Roberts, Chief People Officer

or

- Azmi Peerun, Head of Organisational Development & Inclusivity

or

- Email Equality Diversity and Inclusion Team: agcsu.equality@nhs.net