Workforce Race Equality Standard

REPORTING TEMPLATE (Revised 2016)

Template for completion

Name of organisation	Date of report:						
Calderdale and Huddersfield NHS Foundation Trust	June	2017					
Name and title of Board lead for the Workforce Race Equality Standard	Name and title of Board lead for the Workforce Race Equality Standard						
Jason Eddleston, Deputy Director of Workforce and OD							
Name and contact details of lead manager compiling this report							
Azizen Khan, Assistant Director of Human Resources							
Names of commissioners this report has been sent to							
Carol McKenna, Director of Commissioning, Greater Huddersfield CCG and Matt Walsh, Chief Officer, Calderdale CCG							
Name and contact details of co-ordinating commissioner this report has been sent to							
Carol McKenna, Director of Commissioning, Greater Huddersfield CCG							
Unique URL link on which this report will be found (to be added after submission)							
http://www.cht.nhs.uk/about-us/equality-and-diversity-at-chft/							
This report has been signed off by on behalf of the Board on (insert name and date)							
Workforce (Well-Led) Committee 13 July 2017							

Publications Gateway Reference Number: 05067

Report on the WRES indicators

- 1. Background narrative
- a. Any issues of completeness of data

None identified

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

None identified

2. Total numbers of staff

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

6087 (as at 31 March 2017)

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

14.6%

3. Self-reporting

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

97.7% (5945)

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

No

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

The Trust has implemented ESR Employee Self Service which allows staff to update their own record. This and further functionality will be promoted further after the rollout of the new ESR portal.

4.	4. Workforce data				
a. What period does the organisation's workforce data refer to?					
17	April 2016 - 31 March 2017				
5.	Workforce Race Equality Indi	cators			
Fc	r ease of analysis, as a guide we suge	jest a maximum of	150 words per inc	licator.	
	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. Organisations should undertake this calculation separately for non- clinical and for clinical staff.	Please see appendix 1a	Please see appendix 1a	Overall the Trust has 14.6% of its workforce from a BME background compared to 14.0° in the previous year. The report for this year shows that there have been small decreases in non-clinical BME staff in AfC Bands 1,2,5,6,7,8a,and 8b. In the category classed as `under Band 1' (mainly apprentices) has seen a significant increase of BME staff, moving from 22.2% in March 2016 to 50% in March 2017. Band 3 BME staff has shown an increase changing from 5.5% in March 2016 to 8.2% in March 2017.	 improve recruitment processes including having a BME person as a panel member for Band 7 and senior management appointments.

2	Relative likelihood of staff being appointed from shortlisting across	BME = 0.114 White = 0.171	BME = 0.107 White = 0.146	Clinical BME staff in the category classed as `under Band 1' and AfC Bands 1 and 4 have seen small reductions, with the largest change within the Under Band 1 category. All other AfC bands have remained constant or increased marginally. Medical BME staff within Consultant and Trainee grades have remained largely constant, with only Career Grades showing a small reduction moving from 75.3% in March 2016 to 71.1% in March 2017.	Please see Indicator 1
	all posts.	White 1.50 times as likely to be appointed.	White 1.36 times as likely to be appointed.	March 2017) the likelihood of BME staff being appointed after being shortlisted has increased. Overall however White staff are now one and a half times more likely to be appointed than BME staff.	
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.	BME = 0.0124 White = 0.0065 BME 1.89 times as likely to enter the formal process.	BME = 0.0086 White = 0.0077 BME 1.12 times as likely to enter the formal process.	The information shows that the possibility of a BME colleague entering the disciplinary process is almost twice as likely as a White colleague. A significant change from the previous year.	Links to the Trust's action plan - Set out clear and helpful guidelines and standards of behaviour deemed to be acceptable/unacceptable
4	Relative likelihood of staff	BME = 0.851	BME = 0.836	The data shows that there is a	Links to the Trust's action plan - to

	accessing non-mandatory training and CPD.	White = 0.823 White 0.97 times as likely to access non- mandatory training.	White = 0.808 White 0.97 times as likely to access non- mandatory training.	marginally higher uptake of non- mandatory training in the BME workforce.	 provide mentoring and coaching. Delivery of the Inclusive Mentoring programme commences on 10 July 2017 and will run through until July 2018. Develop a comprehensive development programme for Agenda for Change pay bands 2 – 7 (clinical and non-clinical) to support them in career progression / promotion. The Trust has invested in the Moving Forward programme for Bands 5/6 delivered by Bradford District Care Trust which commenced in May 2017.
	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	KF25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	White = 27.74% BME = 14.00%	White = 28.42% BME = 28.57%	The average (median) for BME staff within acute Trusts is 26%. In comparison the Trusts ranking is below (better than) the average. The latest survey shows that less than half as many BME staff have experienced harassment, bullying or abuse from patients, relatives or the public in last 12 months when compared to the previous year.	Please see Indicator 3

				White staff have remained	
				largely consistent, with only a	
				minor reduction compared to the	
				previous year.	
6	KF26. Percentage of staff	White = 23.97%	White = 24.83%	The average (median) for BME	Please see Indicator 3
	experiencing harassment, bullying	BME = 23.08%	BME = 25.00%	staff within acute Trusts is 27%.	
	or abuse from staff in last 12			In comparison the Trusts	
	months.			ranking is below (better than)	
				the average.	
				Both White and BME staff have	
				shown reductions when	
				compared to the previous year.	
7	KF21. Percentage believing that	White = 87.95%	White = 86.24%	The average (median) for BME	Please see Indicator 4
	trust provides equal opportunities	BME = 76.47%	BME = 71.43%	staff within acute Trusts is 76%.	
	for career progression or			In comparison the Trusts	
	promotion.			ranking is consistent with the	
				average.	
				Both White and BME staff have	
				shown increases when	
				compared to the previous year,	
				with BME staff showing a larger	
				improvement.	
8	Q17. In the last 12 months have	White = 4.75%	White = 5.10%	The average (median) for BME	Please see Indicator 3
	you personally experienced	BME = 14.29%	BME = 11.11%	staff within acute Trusts is 14%.	
	discrimination at work from any of			In comparison the Trusts	
	the following? b) Manager/team			ranking is consistent with the	
	leader or other colleagues			average.	
				5	
				White staff have seen a	
				marginal decrease. While BME	
				staff have seen an increase in	
				discrimination.	
	Board representation indicator				
		•			

	For this indicator, compare the difference for White and BME staff.				
ç	Percentage difference between the organisations' Board voting membership and its overall workforce.	Board BME 6.7% Overall Workforce BME 14.6% Difference 7.9%	Board BME 6.7% Overall Workforce BME 14.0% Difference 7.3%	There is no change in the BME composition of the Board from 2015/2016 to 2016/2017.	Please see Indicator 1

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?

The Trust held several focus groups with BME colleagues in the early part of 2016 and the feedback received from the groups was directly used to support the development and delivery of the WRES action plan during 2016/17. The Trust established a BME Network in September 2016 and this has been successfully embedded. The BME Network has been critical in the delivery of the 2016/17 action plan and therefore the same approach will be adopted for the 2017/18 action plan. An Executive Director lead will have overall responsibility for each action point.

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.

The Trust has developed an action plan for 2017/18 which was approved by the Workforce (Well-Led) Committee on 13 July 2017 – Appendix 1b available at the following link:

http://www.cht.nhs.uk/about-us/equality-and-diversity-at-chft/