

Workforce Race Equality Standard

Name of organisation Calderdale and Huddersfield NHS Foundation Trust	Date of report: July 2021
Name and title of Board lead for the Workforce Race Equality Standard Suzanne Dunkley, Executive Director of Workforce and OD	
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Names of commissioners this report has been sent to Director of Commissioning, Greater Huddersfield CCG, Chief Officer, Calderdale CCG	
Name and contact details of co-ordinating commissioner this report has been sent to 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 Workforce Committee on behalf of the Board on (insert name and date) 30 September 2021	

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

6428 (as at 31 March 2021 – includes Calderdale and Huddersfield Solutions Ltd. staff)

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

18.0% (an increase from 16.4% the previous year)

3. Self-reporting

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

96.0% (6172) (an increase from 94.5% the previous year)

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

Corporate Induction, BAME colleagues who attend the BAME network encourage others to self report, Trust wide email to encourage colleagues to report their nationality (via self service)

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 via the ESR Portal. This and further functionality will continue to be promoted. Manager self service will allow managers to have oversight of colleagues within their team and the information recorded.

4. Workforce data

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

1 April 2020 - 31 March 2021

5. Workforce Race Equality Indicators

For ease of analysis, as a guide we suggest a maximum of 150 words per indicator.

	Indicator	Data for reporting year (2020-21)	Data for previous year (2019-20)	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 OR Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce	Please see appendix 1a	Please see appendix 1a	<p>Overall, the Trust has 18.0% of its workforce from a BME background compared to 16.4% in the previous year.</p> <p>The report this year shows a decrease in the non-stated category. Reducing from 5.5% last year to 4.0% as at the 31 March 2021. This indicates an overall data quality improvement.</p> <p>Within the non-clinical group 'Under Band 1' has seen an increase in BME (+6.4%), as has Band 1 (+2.2%). Band 9 saw a decrease of BME staff (-10%).</p>	<p>We invite a BAME colleague (who has been trained as a selector) as a recruitment panel member for Band 6 and above roles.</p> <p>We have a strong BAME network and steering group, who meet regularly and encourage attendance at the quarterly meetings.</p> <p>In 2021 we have recruited a BAME Community Engagement Advisor</p>

				<p>The clinical group has seen increases to BME staff within 'Under Band 1' (+3.8%), Band 3 (+1.3%), Band 4 (+8.3%), Band 5 (+4.0%), and Band 8d (+11.1%)</p> <p>All other AfC bands have remained constant or increased marginally (changes $\pm 1\%$).</p> <p>Within the Medical group Consultants have seen a small increase in BME staff (+1.2%), and Trainee grades an increase of 6.6%. Career grades saw a reduction of BME staff (-4.8%).</p>	
2	Relative likelihood of staff being appointed from shortlisting across all posts.	<p>BME = 43.63% White = 48.96%</p> <p>White 1.12 times as likely to be appointed.</p>	<p>BME = 28.55% White = 23.99%</p> <p>White 0.84 times as likely to be appointed.</p>	<p>The data shows that in a 12 month period (April 2020 to March 2021) the likelihood of being appointed increased for both White and BME staff – likely due to mass recruitment during the COVID pandemic. Overall, however White staff are slightly more likely to be appointed than BME staff.</p>	Please see Indicator 1
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.	<p>BME = 0.17% White = 0.34%</p> <p>BME 0.51 times as likely to enter the formal process.</p>	<p>BME = 0.40% White = 0.23%</p> <p>BME 1.74 times as likely to enter the formal process.</p>	<p>The overall number of disciplinaries recorded by the Trust remains low, as such even small changes can cause dramatic shifts in the reported ratios. However, based on current year information the likelihood of a BME colleague entering the disciplinary process is</p>	<p>Links to the Trust's action plan - Set out clear and helpful guidelines and standards of behaviour deemed to be acceptable/unacceptable</p>

				now much less than a White colleague; this is a decrease from the previous year.	
4	Relative likelihood of staff accessing non-mandatory training and CPD.	BME = 92.24% White = 96.61% White 1.05 times as likely to access non-mandatory training.	BME = 99.41% White = 99.50% White 1.00 times as likely to access non-mandatory training.	The data shows that during 2020-21 the uptake of non-mandatory training has reduced for both BME and White staff – though BME staff have seen a greater overall reduction (-7.17% vs -2.89% for White). Overall White staff are now slightly more likely to access non-mandatory training and CPD.	Links to the Trust’s action plan - to provide mentoring and coaching. The Inclusive Mentoring programme concluded on 11 July 2018 and the Trust has trained 6 individuals to roll this out moving forward. Develop a comprehensive development programme for Agenda for Change pay bands 2 – 7 (clinical and non-clinical) to support them in career progression / promotion.
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	Indicator 5. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	BME = 28.7% White = 28.6%	BME = 30.2% White = 30.1%	The latest survey shows that the percentage of BME staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months has seen a decrease when compared to the previous year. However, the average (median) for BME staff within Acute Trusts is 28.0%. In comparison the Trusts ranking is above (worse than) the average.	Links to the Trust’s action plan – to deliver training to line managers on harassment, bullying and discrimination in the workplace. Say No to Racism strategy being rolled out across the Trust Lived Experience, ED&I education materials and unconscious bias learning material is available via our on line development platforms

				White staff have also seen a decrease compared to the previous year but remain above (worse than) the median average for Acute Trusts (25.4%).	BAME Community Engagement Advisor supporting colleagues across the Trust
6	Indicator 6. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	BME = 33.2% White = 21.7%	BME = 27.2% White = 23.9%	<p>BME staff have reported an increase in this metric, moving from 27.2% to 33.2%</p> <p>The average (median) for BME staff within acute Trusts is 29.1%. In comparison the Trusts ranking is above (worse than) the average.</p> <p>White staff have reported a decrease when compared to the previous year, 21.7% to 23.9%. This is in a favourable position below the Acute Trust average of 24.4%</p>	Please see Indicator 5
7	Indicator 7. Percentage believing that trust provides equal opportunities for career progression or promotion.	BME = 81.9% White = 89.9%	BME = 79.0% White = 87.8%	<p>White and BME staff have both seen continued improvement in this metric when compared to the previous year.</p> <p>The average (median) for BME staff within acute Trusts is 72.5%. In comparison the Trusts ranking of 81.9% is above (much better than) the average.</p> <p>The average (median) for White staff within acute Trusts is 87.7%. In comparison the Trusts ranking of</p>	Please see Indicator 7

				89.9% is above (better than) the average.	
8	Indicator 8. In the last 12 months have you personally experienced discrimination at work from any of the following? - Manager/team leader or other colleagues	BME = 17.2% White = 5.3%	BME = 12.5% White = 5.9%	White staff have seen a marginal decrease in discrimination from colleagues. While BME staff report an increase in discrimination of +4.7% within the reporting year. The average (median) for BME staff within acute Trusts is 16.8%. In comparison the Trusts ranking is just above (worse than) the average at 17.2% The average (median) for White staff within acute Trusts is 6.1%. In comparison the Trusts ranking is below (better than) the average at 5.3%	Please see Indicator 8
	Board representation indicator For this indicator, compare the difference for White and BME staff.				
9	Percentage difference between the organisations' Board membership and its overall workforce.	Board BME 13.3% Overall Workforce BME 18.0% Difference -4.7%	Board BME 13.3% Overall Workforce BME 16.4% Difference -3.0%	There is no change in the BME composition of the Board from 2019/2020 to 2020/2021.	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 has a well-established a BAME Network for the past three years and this has been successfully embedded and is well attended. The BAME Steering Group held a meeting to review the WRES data and developed the 21/22 action plan. More focus and attention will be held on education, awareness and engagement and working closely with managers to understand how they can progress the agenda. We signed up to the Root our Racism pledge and this will be a key area of focus which will be led by our BAME Colleague Engagement Advisor

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.

The Trust has developed an action plan for 2021/22 which was approved by the Workforce (Well-Led) Committee on 30 September 2021 – Appendix 1b available at the following link:

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