

CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST

BOARD OF DIRECTORS

3 AUGUST 2017

WORKFORCE RACE EQUALITY STANDARD (WRES) 2017

1. Purpose

The paper sets out the Trust position against the Workforce Race Equality Standard (WRES) for 2017. The Trust previously set out its position against the nine indicators included within the standard and published these 1 August 2016. The Trust is required to publish its position again on 1 August 2017.

2. Introduction

The WRES is a national equality standard for employment against which all NHS organisations are assessed. The WRES first became operational from 1 April 2015 and organisations were required to publish their position against it by 1 July 2015. There is a requirement to publish progress against the standard on an annual basis. The standard aims to improve workforce race equality across the NHS. It aims to improve the opportunities, experiences and working environment for Black, Asian and Minority Ethnic (BAME) employees, and in so doing, help lead improvements in the quality of care and satisfaction for all patients.

The WRES requires organisations to develop an action plan to drive forward improvements against the indicators. The Trust developed an action plan for 2016/17 after hearing directly from BAME colleagues about their experience of working in the Trust and what they identified as key areas for improvement. The action plan was approved by the Board of Directors in late May 2016. The WRES action plan for 2017/18 includes some actions carried over from the previous year as well as action areas to focus on as highlighted by the staff survey results.

3. The WRES Indicators

The WRES comprises 9 indicators as detailed below.

Four indicators compare workforce metrics for White and BME staff (1-4), four concentrate on staff survey responses (5-8) and one (9) considers the composition of the Board of Directors.

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| 1. Percentage of staff in each of the AfC Band 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. |
| 2. Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts. |
| 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. |

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| 4. Relative likelihood of BME staff accessing non mandatory training and CPD as compared to White staff. |
| 5. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months. |
| 6. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months. |
| 7. Percentage believing that the Trust provides equal opportunities for career progression or promotion. |
| 8. In the last 12 months have you personally experienced discrimination at work from your manager/team leader or other colleagues? |
| 9. Percentage difference between the organisations' Board voting membership and its overall workforce. |

4. WRES report publication

The Trust is required to publish its WRES report on 1 August 2017. The Workforce (Well Led) Committee approved the WRES report for publication at its meeting on 13 July 2017. This is attached at Appendix 1.

5. Conclusion

The Board of Directors is asked to note the WRES report.

Azizen Khan
Assistant Director of HR
July 2017

Workforce Race Equality Standard

REPORTING TEMPLATE (Revised 2016)

Template for completion

| | |
|---|-------------------------------------|
| Name of organisation Calderdale and Huddersfield NHS Foundation Trust | Date of report: June 2017 |
| 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. Workforce data

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

1 April 2016 - 31 March 2017

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 | 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 | <p>Overall the Trust has 14.6% of its workforce from a BME background compared to 14.0% in the previous year.</p> <p>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.</p> | Links to the Trust's action plan - to improve recruitment processes including having a BME person as a panel member for Band 7 and senior management appointments. |

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| | | | | <p>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.</p> <p>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.</p> | |
| 2 | Relative likelihood of staff being appointed from shortlisting across all posts. | <p>BME = 0.114 White = 0.171</p> <p>White 1.50 times as likely to be appointed.</p> | <p>BME = 0.107 White = 0.146</p> <p>White 1.36 times as likely to be appointed.</p> | <p>The data shows that in a 12 month period (April 2016 to 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.</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 = 0.0124 White = 0.0065</p> <p>BME 1.89 times as likely to enter the formal process.</p> | <p>BME = 0.0086 White = 0.0077</p> <p>BME 1.12 times as likely to enter the formal process.</p> | <p>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.</p> | 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 |

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|---|--|---|---|---|--|
| | 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 |

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|---|---|--------------------------------|--------------------------------|--|------------------------|
| | | | | White staff have remained largely consistent, with only a minor reduction compared to the previous year. | |
| 6 | KF26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months. | White = 23.97% BME = 23.08% | White = 24.83% BME = 25.00% | <p>The average (median) for BME staff within acute Trusts is 27%. In comparison the Trusts ranking is below (better than) the average.</p> <p>Both White and BME staff have shown reductions when compared to the previous year.</p> | Please see Indicator 3 |
| 7 | KF21. Percentage believing that trust provides equal opportunities for career progression or promotion. | White = 87.95% BME = 76.47% | White = 86.24% BME = 71.43% | <p>The average (median) for BME staff within acute Trusts is 76%. In comparison the Trusts ranking is consistent with the average.</p> <p>Both White and BME staff have shown increases when compared to the previous year, with BME staff showing a larger improvement.</p> | Please see Indicator 4 |
| 8 | 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 | White = 4.75% BME = 14.29% | White = 5.10% BME = 11.11% | <p>The average (median) for BME staff within acute Trusts is 14%. In comparison the Trusts ranking is consistent with the average.</p> <p>White staff have seen a marginal decrease. While BME staff have seen an increase in discrimination.</p> | Please see Indicator 3 |
| | 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. | Board BME 6.7% | Board BME 6.7% | There is no change in the BME composition of the Board from 2015/2016 to 2016/2017. | Please see Indicator 1 |
| | | Overall Workforce BME 14.6% | Overall Workforce BME 14.0% | | |
| | | Difference 7.9% | Difference 7.3% | | |

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.

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| 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/ |

5. Workforce Race Equality Indicators

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.

31 March 2017

| | Pay Scale | White % | BME % | Not Stated % |
|--------------|--------------|---------|-------|--------------|
| Non-Clinical | Under Band 1 | 42.9% | 50.0% | 7.1% |
| | Band 1 | 82.4% | 14.3% | 3.3% |
| | Band 2 | 85.8% | 11.6% | 2.6% |
| | Band 3 | 88.3% | 8.2% | 3.5% |
| | Band 4 | 90.3% | 8.3% | 1.4% |
| | Band 5 | 84.2% | 15.0% | 0.8% |
| | Band 6 | 90.9% | 6.1% | 3.0% |
| | Band 7 | 89.6% | 7.5% | 3.0% |
| | Band 8a | 91.7% | 8.3% | 0.0% |
| | Band 8b | 96.7% | 3.3% | 0.0% |
| | Band 8c | 93.8% | 6.3% | 0.0% |
| | Band 8d | 100.0% | 0.0% | 0.0% |
| | Band 9 | 92.9% | 7.1% | 0.0% |
| | VSM* | 66.7% | 16.7% | 16.7% |

| | Pay Scale | White % | BME % | Not Stated % |
|----------|---------------|---------|--------|--------------|
| Clinical | Under Band 1 | 87.5% | 12.5% | 0.0% |
| | Band 1 | 90.0% | 10.0% | 0.0% |
| | Band 2 | 83.4% | 14.5% | 2.1% |
| | Band 3 | 87.6% | 11.2% | 1.2% |
| | Band 4 | 87.3% | 9.8% | 2.9% |
| | Band 5 | 84.0% | 13.5% | 2.4% |
| | Band 6 | 91.1% | 7.3% | 1.6% |
| | Band 7 | 92.0% | 6.4% | 1.6% |
| | Band 8a | 95.2% | 2.9% | 1.9% |
| | Band 8b | 100.0% | 0.0% | 0.0% |
| | Band 8c | 100.0% | 0.0% | 0.0% |
| | Band 8d | 0.0% | 0.0% | 0.0% |
| | Band 9 | 100.0% | 0.0% | 0.0% |
| | VSM* | 100.0% | 0.0% | 0.0% |
| Medical | Consultant | 50.2% | 47.2% | 2.6% |
| | Career Grade | 20.0% | 71.1% | 8.9% |
| | Trainee Grade | 48.9% | 46.2% | 4.9% |
| | Other | 0.0% | 100.0% | 0.0% |

Overall Workforce **83.0%** **14.6%** **2.3%**

31 March 2016

| | Pay Scale | White % | BME % | Not Stated % |
|--------------|--------------|---------|-------|--------------|
| Non-Clinical | Under Band 1 | 77.8% | 22.2% | 0.0% |
| | Band 1 | 81.7% | 15.2% | 3.1% |
| | Band 2 | 83.4% | 13.5% | 3.1% |
| | Band 3 | 91.5% | 5.5% | 3.0% |
| | Band 4 | 90.4% | 7.7% | 1.8% |
| | Band 5 | 81.4% | 17.7% | 0.9% |
| | Band 6 | 87.7% | 10.8% | 1.5% |
| | Band 7 | 85.0% | 10.0% | 5.0% |
| | Band 8a | 84.8% | 9.1% | 6.1% |
| | Band 8b | 81.3% | 6.3% | 12.5% |
| | Band 8c | 88.2% | 5.9% | 5.9% |
| | Band 8d | 80.0% | 0.0% | 20.0% |
| | Band 9 | 92.3% | 0.0% | 7.7% |
| | VSM* | 66.7% | 11.1% | 22.2% |

| | Pay Scale | White % | BME % | Not Stated % |
|----------|---------------|---------|--------|--------------|
| Clinical | Under Band 1 | 77.3% | 20.5% | 2.3% |
| | Band 1 | 87.0% | 13.0% | 0.0% |
| | Band 2 | 84.5% | 13.2% | 2.3% |
| | Band 3 | 90.7% | 7.6% | 1.7% |
| | Band 4 | 87.3% | 10.1% | 2.5% |
| | Band 5 | 85.2% | 12.1% | 2.7% |
| | Band 6 | 90.8% | 6.7% | 2.5% |
| | Band 7 | 93.1% | 4.7% | 2.2% |
| | Band 8a | 95.6% | 2.2% | 2.2% |
| | Band 8b | 100.0% | 0.0% | 0.0% |
| | Band 8c | 100.0% | 0.0% | 0.0% |
| | Band 8d | 100.0% | 0.0% | 0.0% |
| | Band 9 | 100.0% | 0.0% | 0.0% |
| | VSM* | 100.0% | 0.0% | 0.0% |
| Medical | Consultant | 49.1% | 46.8% | 4.1% |
| | Career Grade | 19.5% | 75.3% | 5.2% |
| | Trainee Grade | 46.6% | 46.6% | 6.9% |
| | Other | 0.0% | 100.0% | 0.0% |

Overall Workforce **83.1%** **14.0%** **2.9%**

*VSM = Very Senior Manager. Contains staff in the roles; Chair, Chief Executive, Finance Director, Other Executive Director, Board Level Director, Non Executive Director, Clinical Director - Medical, Medical Director, Director of Nursing, Director of Public Health.

Note - Staff on Local/Senior Manager pay scales have been categorised into AfC bandings based on their full time salary.

CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST**WORKFORCE RACE EQUALITY STANDARD – ACTION PLAN 2017/18**

| WORKFORCE RACE EQUALITY SCHEME (WRES) ACTION PLAN PROGRESS REPORTING TEMPLATE | |
|--|---|
| Start date: | 30 June 2016 |
| Latest update: | 10 July 2017 |
| Lead Manager: | Azizen Khan, Assistant Director of HR |
| Lead Director: | Owen Williams, Chief Executive |
| Monitoring Committee: | Executive Board / Workforce (Well Led) Committee |
| Date signed off as complete | |

1. delivered
2. on track
3. off track

| ACTION | MEASURE | LEAD/ GROUP MEMBERS | TIMESCALE | RAG | PROGRESS |
|--|---|--|------------------|------------|--|
| Strengthen the current E&D training to include cultural awareness training (so people understand cultural sensitivities) and how to challenge on issues of equality and diversity (authentic speech) | E&D training brings about a reduction in incidents of racism, discrimination | Lesley Hill Jan Wilson Tahira Shariff | 1 April 2018 | 2 | Equality and diversity training to be reviewed to ensure it meets the Trust's needs Equality and diversity e-learning compliance monitored as part of overall mandatory training requirements for 2017/18 |
| Leadership Academy to deliver the Inclusive Mentoring programme during 2017 and a train the trainer programme during 2018 | Increase in number of BAME colleagues accessing mentoring and coaching. BAME colleagues feel that they can progress in | Jason Eddleston Azizen Khan Ruth Mason | May 2018 | 2 | The Leadership Academy will be delivering the Inclusive Mentoring programme in the Trust in July 2017. In order for the Trust to become self-sufficient in delivering future programmes a cohort of individuals will be trained as trainers to deliver the |

Appendix 1b

| ACTION | MEASURE | LEAD/ GROUP MEMBERS | TIMESCALE | RAG | PROGRESS |
|---|---|--|-----------|-----|--|
| | their career regardless of race and culture, age, gender or sexuality. | | | | programme in future |
| Develop a comprehensive development programme for Agenda for Change pay bands 2 – 7 (clinical and non-clinical) | <p>A clear career pathway for BAME colleagues to progress through whilst remaining in employment with the Trust</p> <p>BAME colleagues feeling they are invested in and valued by the Trust</p> | <p>Jason Eddleston Karen Heaton Ruth Mason Mahen Jamookeeah Debi Johnson</p> | June 2018 | 2 | <p>Leadership and management development programme being delivered by Health Skills – Compassionate Leadership in Practice during 2017. This includes two programmes; one for leaders and the second for aspiring leaders.</p> <p>Moving Forward programme being delivered by Bradford District Care Trust. Ten BAME colleagues are on the development programme (Agenda for Change Bands 5 and 6) which commenced in May 2017.</p> <p>The Leadership Academy has launched a one year development programme called Ready Now aimed at senior BAME leaders at Agenda for Change Band 8a or above. Colleagues will be encouraged to apply.</p> |
| Set out clear and helpful guidelines and standards of behaviours deemed to be acceptable and unacceptable | <p>Fewer incidents of discrimination and racism reported through formal processes, improved staff survey results</p> <p>BAME colleagues</p> | <p>Lesley Hill Karen Heaton June Thomas Teresa Stewart-Lynch</p> | June 2018 | 2 | <p>A CHFT leaflet has been produced with a draft proposal for CHFT behaviours and will be shared across the Trust for feedback.</p> <p>A plan is now in place to engage with staff about the CHFT behaviours identified.</p> |

| ACTION | MEASURE | LEAD/ GROUP MEMBERS | TIMESCALE | RAG | PROGRESS |
|--------|---|---------------------|-----------|-----|----------|
| | having confidence that the Trust holds a zero tolerance approach to discrimination and racism | | | | |