

Workforce Race Equality Standard

Name of organisation Calderdale and Huddersfield NHS Foundation Trust	Date of report: August 2019
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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 on behalf of the Board on (insert name and date) Workforce Committee – October 2019	

Publications Gateway Reference Number: xxxxx

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

6018 (as at 31 March 2019)

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

15.4% (increased)

3. Self-reporting

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

94.4% (5684) (reduced)

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 2018 - 31 March 2019					
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 15.4% of its workforce from a BME background compared to 15.2% in the previous year.</p> <p>The report for this year shows that there have been increases in non-clinical BME staff in AfC Bands 3,5,8b. In the category classed as 'under Band 1' (mainly apprentices) a significant decrease of BME staff, moving from 22.2% in March 2018 to 12.9% in March 2019. Band 2 & Band 7 BME staff has shown a decrease changing from 13.6% in March 2018 to 10.6% in March 2019 for Band 2 and a decrease from 13.8% to 9.1%. Further</p>	We invite a BAME colleague (who has been trained as a selector) as a panel member for Band 6 and above appointments.

				<p>increases are seen in Band 6 (+2.8%), and 8d (+1.0%).</p> <p>Clinical BME staff in the category classed as 'under Band 1' and AfC Band 3 have seen increases, with Under Band 1 increasing by 2.9% and Band 3 by 0.7%.</p> <p>Substantial decreases have been seen in Band 4 (-6.7%) and Band 8d (-25%).</p> <p>All other AfC bands have remained constant or increased marginally.</p> <p>Medical BME staff within Trainee grades have seen reductions of -3.8%, while Career Grades have shown a small increase moving from 72.9% in March 2018 to 74.2% in March 2019.</p>	
2	Relative likelihood of staff being appointed from shortlisting across all posts.	<p>BME = 0.306 White = 0.235</p> <p>White 0.77 times as likely to be appointed.</p>	<p>BME = 0.135 White = 0.233</p> <p>White 1.73 times as likely to be appointed.</p>	<p>The data shows that in a 12 month period (April 2018 to March 2019) the likelihood of BME staff being appointed after being shortlisted has increased. Overall however White staff are 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.	BME = 0.0022 White = 0.0029 BME 0.74 times as likely to enter the formal process.	BME = 0.0142 White = 0.0059 BME 2.42 times as likely to enter the formal process.	The information shows that the possibility of a BME colleague entering the disciplinary process is still more likely than a White colleague; however this has decreased 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 accessing non-mandatory training and CPD.	BME = 0.992 White = 0.987 White 0.99 times as likely to access non-mandatory training.	BME = 0.988 White = 0.978 White 0.99 times as likely to access non-mandatory training.	The data shows that the uptake of non-mandatory training is consistent across the workforce.	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	KF25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	White = 29.14% BME = 29.79%	White = 27.81% BME = 21.25%	The average (median) for BME staff within acute Trusts is 29%. In comparison the Trusts ranking is above (worse than) the average. The latest survey shows that the percentage of BME staff experiencing harassment,	Links to the Trust's action plan – to deliver training to line managers on harassment, bullying and discrimination in the workplace.

				<p>bullying or abuse from patients, relatives or the public in last 12 months has seen a significant increase (+8.54%) when compared to the previous year.</p> <p>White staff have also increased, with an increase of 1.33% compared to the previous year.</p>	
6	KF26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	<p>White = 24.17%</p> <p>BME = 26.46%</p>	<p>White = 23.17%</p> <p>BME = 25.00%</p>	<p>The average (median) for BME staff within acute Trusts is 28%. In comparison the Trusts ranking is below (better than) the average.</p> <p>Both BME & White staff have reported a slight increase when compared to the previous year, 25% to 26.46%. & 23.17% to 24.17% respectively</p>	Please see Indicator 5
7	KF21. Percentage believing that trust provides equal opportunities for career progression or promotion.	<p>White = 86.35%</p> <p>BME = 74.51%</p>	<p>White = 88.30%</p> <p>BME = 68.48%</p>	<p>The average (median) for BME staff within acute Trusts is 79%. In comparison the Trusts ranking is above at 80.43% (better than) the average.</p> <p>White staff have seen a small decrease when compared to the previous year.</p> <p>BME staff have seen a significant increase from 68.48% to 74.51%.</p>	Please see Indicator 7
8	Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team	<p>White = 6.77%</p> <p>BME = 12.27%</p>	<p>White = 5.17%</p> <p>BME = 20.33%</p>	<p>The average (median) for BME staff within acute Trusts is 11%. In comparison the Trusts ranking is below (better than)</p>	Please see Indicator 8

	leader or other colleagues			the average at 9.5%	
				White staff have seen a marginal increase. While BME staff report a significant decrease in discrimination.	
	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 6.3%	Board BME 6.3%	There is no change in the BME composition of the Board from 2017/2018 to 2018/2019.	Please see Indicator 1
		Overall Workforce BME 15.4%	Overall Workforce BME 15.2%		
		Difference -9.5%	Difference -9.7%		

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 Network has been critical in the delivery of the 2018/19 action plan and therefore the same approach will be adopted for the 2019/20 action plan. The BAME Network introduced a new initiative called “Talk in Confidence” and this has been promoted via posters and the intranet and encourages BAME colleagues to talk to a member of the Network in confidence on any work related matters.

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 2019/20 which was approved by the Workforce (Well-Led) Committee on October 2019 – Appendix 1b available at the following link:

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