Workforce Race Equality Standard

REPORTING TEMPLATE (Revised 2016)

Template for completion

Name of organisation

Calderdale and Huddersfield Foundation Trust

Date of report: month/year

July 2016

Name and title of Board lead for the Workforce Race Equality Standard

Ian Warren, 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 (complete as applicable)

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 (complete as applicable)

Carol McKenna, Director of Commissioning, Greater Huddersfield CCG

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

http://www.cht.nhs.uk/fileadmin/site_setup/contentUploads/About_us/Publications/wres/WRES_Report_June_2016__2_.pdf

This report has been signed off by on behalf of the Board on (insert name and date)

Board of Directors 28 July 2016

Publications Gateway Reference Number: 05067

Report on the WRES indicators

1. Background narrative

a. Any issues of completeness of data

Indicator 2:-
• The NHS Jobs website, the NHS recruitment tool only allows reporting for the previous 12 months and as such the data is for the period 1 July 2015 to 30 June 2016.
• Data on candidates who have been shortlisted is held in NHS Jobs. Recording of ethnicity is not a mandatory field and the Trust data is incomplete.

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

The Trust has undertaken a data cleansing exercise which has resulted in a number of posts being re-classified from clinical to non-clinical Agenda for Change Pay Bands. This means that for Band 1 posts meaningful comparisons cannot be made between 2015 and 2016 data.

2. Total numbers of staff

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

5825 (as at 31 March 2016)

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

14.3% (14.7% excluding 'Not Stated')

3. Self reporting

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

97.3% (5665)

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

The Trust has contacted individuals where ethnicity was missing to request the information and have seen an improvement in ethnicity data being reported.

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

The Trust has plans to introduce Manager and Colleague ESR Self Service which will allow staff to update their own record.

4. Workforce data

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

1 April 2015 to 31 March 2016

5. Workforce Race Equality Indicators

Please note that only high level summary points should be provided in the text boxes below – the detail should be contained in accompanying WRES Action Plans.

	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, compare the data 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.	Non-Clinical Under Band 1 - White (70.0%) | BME (30.0%) Band 1 - White(81.4%) |	Non-Clinical Under Band 1 - White (88.9%) | BME (11.1%) Band 1 - White (82.7%) | BME	The report for this year shows that there has been a slight decrease of BME staff in AfC Bands 4, 6 and 9 in the non-clinical group. All other groups have seen an increase in BME staff. In the clinical groups there has been an increase in BME staff across all AfC Bands. Overall the Trust has 14.3% of its workforce from a BME background compared to 12.6% in the previous	Links to EDS Outcome 3.1 - a fair recruitment and selection process so there is a more representative workforce at all levels. 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.
2	Relative likelihood of staff being appointed from shortlisting across all posts.	BME = 0.107 White = 0.163 White 1.52x as likely to be appointed.	BME = 0.134 White = 0.170 White 1.27x as likely to be appointed.	The data shows that in a 12 month period (July 2015 to June 2016) the ratio of BME staff appointed after being shortlisted has decreased. An assumption has been made given the reported position in Indicator 1 that this is erroneous as a consequence of the absence of ethnicity data held in NHS Jobs, highlighted in section 1a.	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 = 0.007 White = 0.006 White 0.85x as likely to enter the formal process.	BME = 0.004 White = 0.005 White 1.25x as likely to enter the formal process.	The information shows that there is an increased possibility of a BME colleague entering the disciplinary process than a White colleague. In headcount terms this equates to 31 White colleagues compared to 6 BME colleagues who have been subject to a formal disciplinary investigation.	Links to EDS2 Outcome 3.4 - staff at work being free from abuse, harassment, bullying and violence from any source. Links to the Trust's action plan - to produce standards for line managers, prepare guidance for managers on tools to use to strengthen team working, and strengthen the provision of equality
4	Relative likelihood of staff accessing non-mandatory training and CPD.	BME = 0.83 White = 0.81 White 0.98x as likely to access non-mandatory training.	BME = 0.64 White = 0.66 White 1.03x as likely to access non-mandatory training.	The data shows that there is a marginally higher uptake of non-mandatory training in the BME workforce.	Links to EDS2 Outcome 3.3 - about training and development opportunities being taken up and positively evaluated by staff. Links to the Trust's action plan - to provide mentoring and coaching including support to navigate training and development pathways and job shadowing and to develop a comprehensive

Report on the WRES indicators, continued

	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
	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	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	White 28.42% BME 28.57%	White 25.17% BME 22.50%	The staff survey results show the difference between White and BME staff. The average (median) for acute Trusts is 28%. In comparison with all acute Trusts the Trust ranking is above (worse than) average.	Links to EDS2 Outcome 3.4 - staff at work being free from abuse, harassment, bullying and violence from any source. Links to the Trust's action plan - to create a safe
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White 24.83% BME 25.00%	White 21.93% BME 28.21%	The staff survey results show the difference between White and BME staff. The average (median) for acute Trusts is 28% therefore the Trust is below (better than) average.	Please see Indicator 5.
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White 86.24% BME 71.43%	White 92.06% BME 85.71%	The staff survey results show that the Trust is below the average (median) for acute Trusts with significant difference between BME staff and White staff. In comparison with all acute Trusts the Trust is below (worse than) average.	Links to EDS Outcome 3.1 - a fair recruitment and selection process so there is a more representative workforce at all levels. Links to the Trust's action plan - to provide
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 5.10% BME 11.11%	White 4.29% BME 10.53%	The staff survey results shows the difference between BME and White staff experiencing discrimination at work however the Trust is below the average (median) for acute Trusts.	Please see Indicator 5.
	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 7.1% Overall Workforce BME 14.3%	Board BME 7.1% Overall Workforce BME 12.6%	There is no change in the BME composition of the Board from 2014/2015 to 2015/2016.	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 has been directly used to support the development of the WRES action plan. BME colleagues presented the action plan to the Board of Directors in May 2016. One of the key actions was to establish a BME network. The first meeting of the BME Network will take place in September 2016.

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 which was approved by the Board of Directors in May 2016 – Unique URL is http://www.cht.nhs.uk/fileadmin/site_setup/contentUploads/About_us/Publications/wres/Appendix_1b_WRES_Action_Plan_May_2016.pdf

Click to lock all form fields and prevent future editing