Kirklees Workforce Race Equality Standard (WRES) 2020

1. **Name of organisation**

   Greater Huddersfield and North Kirklees Clinical Commissioning Group

2. **Date of report**

   Month: July

   Year: 2020

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

   Penny Woodhead - Chief Nursing and Quality Officer

4. **Name and contact details of lead manager compiling this report**

   Sarah Mackenzie-Cooper – Equality and Diversity Manager
   Tazeem Hanif - HR Business Partner

5. **Names of commissioners this report has been sent to**

   Not applicable

6. **Name and contact details of coordinating commissioner this report has been sent to**

   Not applicable

7. **This report has been signed off by on behalf of the board on**

   Date: 27/8/20
   Name: Senior Management Team

Background narrative

8. Any issues of completeness of data

The 2019 WRES Technical Guidance advised that CCGs are not required by the NHS standard contract to fully apply the WRES as workforces may be too small for the indicators to work properly or to comply with the Data Protection Act 2018. It proposed that neighbouring CCGs could submit a jointly coordinated WRES report and action plan; countering the risks this is the approach this report has adopted. It is a joint return for NHS Greater Huddersfield CCG and NHS North Kirklees CCG.

However to manage risk some data has still been suppressed. This is to prevent individuals and their responses being identifiable. In the NHS staff survey some data is suppressed for BME staff on the required questions due to the low number of responses.

The CCG HR provider changed in August 2019, so we have been unable to access the recruitment data from April 2019 to end of July 2019.

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

The change in recruitment support means that while the data can be compared to the previous year, we are not comparing a full year's data, the method of reporting, as a ratio, for 8 months recruitment is available.

10. Total number of staff employed within this organisation at the date of the report

183 staff were employed by North Kirklees and Greater Huddersfield CCGs on 31st March 2020 (including executive Board members). There are 13 additional Governing Body members.

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

9.3% staff employed are BME; this compares to a 20.9% BME population of Kirklees. (Census 2011)

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

96.7% of staff self-reported their ethnicity an increase from 91% in the previous year.

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

Staff were encouraged to use the Self-Service ESR facility to ensure their data is up to date. This work will continue.

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

Staff have access to the employee self-service portal (ESR) are able to update their ethnicity information.

Staff will be reminded to validate their personal details through ESR employee self-service alongside work starting on preparations for the Workforce Disability Equality Standard. The CCG regularly receive workforce information reports and report equality and diversity workforce statistics to the senior management team.

Workforce data

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

For metrics 1 and 9 the data relates to a snap shot of workforce on 31st March 2020. Other metrics relate to data from the 2019 NHS staff survey and 8 months of recruitment data.

Workforce Race Equality Indicators

For each of these workforce indicators, compare the data for White and BME staff.

16. Percentage of staff in each of the Agenda for Change Bands (AfC) 1-9 and Very Senior Managers (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

Data for reporting year:

Table 1: Percentage of Clinical staff by pay band and ethnicity

Pay band	BME	White	Not stated
2-7	12.5%	79.2%	8.3%
8a+	15.4%	76.9%	7.7%

Table 2: Percentage of Non-Clinical staff by pay band and ethnicity

Pay band	BME	White	Not stated
2-7	10.6%	87.2%	2.1%
8a+	5.8%	90.4%	3.8%

Overall workforce

BME: 9.3%

White: 86.3%

Not stated: 4.4%

Data for previous year:

Table 3: Percentage of Clinical staff by pay band and ethnicity

Pay band	BME	White	Not stated
2-7	20.8%	70.8%	8.3%
8a+	15.8%	73.7%	10.5%

Table 4: Percentage of Non-Clinical staff by pay band and ethnicity

Pay band	BME	White	Not stated
2-7	10.4%	85.2%	4.3%
8a+	3.9%	88.2%	7.8%

Overall workforce

BME: 14.3%

White: 76.6%

Not stated: 9%

The implications of the data and any additional background explanatory narrative

The small workforce at the CCGs means that it is not possible to compare the data for BME and White staff in each of the pay bands, as it could identify individual members of staff. Also, where sample sizes are so small, staff data presented as a proportion of the workforce can be misleading, as small changes in staff numbers can have a disproportionate impact on workforce profiles. To avoid some of these data limitations and get a fuller picture of the representation of BME staff at more senior levels in the organisation, the CCG has compared the data for BME and White staff at bands 2-7 and bands 8a and above.

It is clear that BME staff are underrepresented across the organisation, with the highest representation in higher bands for clinical staff. For non-clinical staff (the majority of the workforce) BME staff are underrepresented at more senior non-clinical levels within the CCG.

In the past year there has been a significant decrease in the proportion of BME staff (5%), as well as the numbers of staff overall. There has been an increase in declarations.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective

An action plan has been developed and is appended to this report; this outlines actions to address each metric and also incorporates organisational actions from the NHS People Plan 2020/21 and the ICS BAME Network. This plan will form the basis of a Workforce Equality action plan, made up of actions from the WRES, WDES, EDS2 and NHS Staff Survey.

17. Relative likelihood of staff being appointed from shortlisting across all posts.

Data for reporting year: (August 2019 – March 2020)*

BME staff = 0.15

White staff = 0.27

White shortlisted staff were 1.8 times more likely to be recruited compared to BME staff.

4 BME applicants were appointed from 26 shortlisted candidates compared to 16 White applicants from 58 shortlisted candidates.

Data for previous year*:

BME staff = 0.22

White staff = 0.31

1 BME applicant was appointed from 29 shortlisted compared to 9 White applicants who were appointed from 102 shortlisted.

White shortlisted staff were 1.43 times more likely to be appointed.

*incomplete data sets

The implications of the data and any additional background explanatory narrative

Due to changes in HR support over the last 2 years we have not been able to report a full year's data. This year we are reporting 8 months data.

The reporting would indicate there is an issue with the conversion of BME shortlisted staff to employment. While the data is incomplete it suggests a worsening position. The action plan will describe remedial activity to address these issues.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective

An action plan has been developed and is appended to this report; this outlines actions to address each metric and also incorporates organisational actions from the NHS People Plan 2020/21 and the ICS BAME Network. This plan will form the basis of a Workforce Equality action plan, made up of actions from the WRES, WDES, EDS2 and NHS Staff Survey.

18. 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.

Data for reporting year:

No staff were disciplined in 2019/20.

Data for previous year:

Over a rolling two year period no staff members of any ethnicity have entered the formal disciplinary process.

The implications of the data and any additional background explanatory narrative

CCGs are small employers and in the past 2 years no staff have entered the disciplinary process.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective

To continue to monitor this metric.

19. Relative likelihood of staff accessing non-mandatory training and CPD

Data was taken from NHS staff survey responses to ‘have you had any training, learning or development in the last 12 months? (Please do not include mandatory training)’

Data for reporting year:

BME staff: 50%

White staff: 66.7%

Data for previous year:

BME staff: 60%

White staff: 59.3%

The implications of the data and any additional background explanatory narrative

The access to non-statutory training for white staff has increased over the year whilst that of BME staff has decreased significantly; BME staff are also less likely to access training comparatively. Access to training can be an incentive for staff and can open opportunities for advancement. Remedial actions to address this deficit are described in the action plan.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective

An action plan has been developed and is appended to this report; this outlines actions to address each metric and also incorporates organisational actions from the NHS People Plan 2020/21 and the ICS BAME Network. This plan will form the basis of a Workforce Equality action plan, made up of actions from the WRES, WDES, EDS2 and NHS Staff Survey.

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

20. KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

Data from reporting year

BME staff: 0%

White staff: 8.8%

Data for previous year:

BME staff: 13.3%

White staff: 11.2%

The implications of the data and any additional background explanatory narrative

There has been a significant improvement in the experience of BME staff for this metric and a smaller improvement for white staff. There may be a correlation in the reduction in BME clinical staff; clinical staff are more likely to have contact with the public.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective

Monitor this metric.

21. KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

Data from reporting year

BME staff: 14.3%

White staff: 23.2%

Data for previous year:

BME staff: 20%

White staff: 25.9%

The implications of the data and any additional background explanatory narrative

There has been a reduction in BME staff reporting experiences of harassment and bullying on the staff survey, and there is a lower rate for BME staff compared to White staff which is consistent with the previous year's reporting. The percentage of BME staff reporting harassment, bullying or abuse from staff is lower than the national average for CCGs.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective

Monitor this metric.

22. KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion

Data from reporting year

BME staff: no data

White staff: 91.8

Data for previous year:

BME staff: no data

White staff: 89.2

The implications of the data and any additional background explanatory narrative

For a second year there were insufficient responses from BME staff to publish the result; data is only reported over 11 respondents. For the other metrics in this section 14 BME staff responded, and while it is not possible to draw a conclusion as to why BME staff have not responded in sufficient numbers, it is noteworthy.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective

An action plan has been developed and is appended to this report; this outlines actions to address each metric and also incorporates organisational actions from the NHS People Plan 2020/21 and the ICS BAME Network. This plan will form the basis of a Workforce Equality action plan, made up of actions from the WRES, WDES, EDS2 and NHS Staff Survey.

23. 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

Data from reporting year

BME staff: 0%

White staff: 3.7%

Data for previous year:

BME staff: 6.7%

White staff: 3.5%

The implications of the data and any additional background explanatory narrative

The results for 2019 staff survey show a changing picture from last year, with BME staff reporting no incidents of discrimination compared to the previous year when BME staff reported more than white staff.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective

Monitor this metric.

Board representation indicator

For this indicator, compare the difference for White and BME staff.

24. Percentage difference between the organisations' Board voting membership and its overall workforce

Data from reporting year:

Governing Body BME representation is 33.3%

Overall workforce BME representation is 9.3%

The difference in representation is 24%

The BME population of Kirklees is 20.9%

Data for previous year:

Governing Body BME representation is 33.3%

Overall workforce BME representation is 14.3%

The difference in representation is 19%

The implications of the data and any additional background explanatory narrative

There is good BME representation on the Governing Body.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective

Monitor representation to ensure this remains.

Action plan 2020/21

Corporate actions	Lead	Timescales
Communicate the WRES report and action plan to staff.	Equality, HR and Comms	September 2020
Publish WRES data to CCG and WY&H Health and Care Partnership websites.	Communications	September 2020
Report WRES progress to SMT quarterly.	Equality and HR	Oct 2020 Apr/July/Oct 2021
Identify an Executive Lead for the Workforce Equality agenda.	SMT	September 2020

Representation/recruitment and selection actions	Lead	Timescales
Over the next 5 years work to ensure our board and senior leadership reflects the diversity of community they serve.	HR	September 2020
Encourage staff to self-report ethnicity on ESR.	HR	September 2020
Deliver recruitment and selection training to recruiting managers	SMT and HR	March 2021
Review recruitment and promotion practices and develop and monitor robust Recruitment and audit processes.	HR with Equality	2 sessions by April 2021
For secondment/career progression opportunities consider targeted recruitment for under-represented groups	SMT and HR	April 2021
BAME Network member involved in the recruitment and selection of staff, Band 7 and above; from job description to appointment.	SMT, HR & BAME Staff Network	Ongoing

Staff Experience Actions	Lead	Timescales
Record non-statutory staff training applications	HR	March 2021
Prevent and tackle bullying, harassment and	SMT, Equality,	Ongoing

Staff Experience Actions	Lead	Timescales
abuse by creating a culture of civility and respect.	HR and OD	
Develop and encourage participation in Staff Equality Networks.	Equality and HR	March 2021
Deliver face to face Unconscious Bias training.	OD to arrange Unconscious Bias training	March 2021
Participate in the WY&H BAME Network campaign promoting and championing positive BAME role models in senior leadership roles.	TBC	TBC