

Workforce Race Equality Standard (WRES) 2019

1. Name of organisation

Greater Huddersfield and North Kirklees Clinical Commissioning Groups Joint
WRES return 2019

2. Date of report

Month: September

Year: 2019

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 Senior Management Team on

Date: 12/9/19

Name: Senior Management Team Meeting

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 report is the 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.

The method of tracking recruitment data changed in September 18 so the CCGs do not have a complete year of data. Data has been extracted from the TRAC system for September 2018 to March 2019.

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

This report has data collated from Greater Huddersfield and North Kirklees CCGs. This counters any potential risk from small workforce numbers and recognises the more aligned way of working. This means that there is no opportunity to compare data with previous years, though each organisations previous data is shared for background.

The above recruitment and selection data issue means that there is limited comparability with previous year's data.

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

244 staff were employed on 31/3/19

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

14.3% of staff are BME this compares to 20.9% of the local community from the census 2011.

12. The proportion of total staff that have self-reported their ethnicity?

91% of staff had self-reported their ethnicity

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

Staff are encouraged to use the Employee Self-Service (ESR) facility to ensure their data is accurate.

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 which has undergone various enhancements and staff are able to update their ethnicity information.

Staff and Governing Body will be reminded to validate their personal details through ESR employee self-service. The CCG regularly receive workforce information reports and will report equality and diversity workforce statistics to the senior management team.

HR will write out to every member of staff who has no recorded ethnicity and encourage them to update their records on ESR.

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 31 March 2019. Other metrics relate to data from across the year.

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 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

Data for reporting year:

Table 1: 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 2: 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%

Data for previous year:

Greater Huddersfield

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

Pay band	BME	White	Not stated
2-7	14.3%	85.7%	0.0%
8a+	20.0%	70.0%	10.0%

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

Pay band	BME	White	Not stated
2-7	13.7%	86.3%	0.0%
8a+	6.7%	90.0%	3.3%

Overall workforce

BME: 12.2%

White: 85.7%

Not stated: 2.0%

North Kirklees

Table 5: Percentage of Clinical staff by pay band and ethnicity

Pay band	BME	White	Not stated
2-7	14.3%	76.2%	9.5%
8a+	25.0%	50.0%	25.0%

Table 6: Percentage of Non-Clinical staff by pay band and ethnicity

Pay band	BME	White	Not stated
2-7	17.9%	82.1%	0.0%
8a+	9.1%	81.8%	9.1%

Overall workforce

BME: 15.1%

White: 79.1%

Not stated: 5.8%

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. Where sample sizes are 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 senior levels in the organisation, the CCGs has compared the data for BME and White staff at bands 2-7 and bands 8a and above.

The data shows more similar levels of BME representation in clinical than non-clinical roles by band, with under-representation greater at Band 8a and above. The BME population of Kirklees is 20.9% from the 2011 census.

It is not straightforward to compare to previous years as the reporting was from two CCGs. Though it would appear there is increased representation of BME staff in clinical roles at Bands 2-7, but a decrease in BME staff representation at Band 8a and above. The majority of roles in the CCGs are non-clinical (79%) so the clinical roles include a low headcount (43). For non-clinical roles it would appear that representation of BME staff at all bands has decreased.

It should be noted that the reduction in actual numbers for this group of staff is relatively small and any movement can have a significant impact on workforce profiles due the numbers in the workforce.

There appears to be an increase in staff that have not declared or chosen not to share their ethnicity.

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

The Recruitment and Selection Policy was reviewed and updated in 2018 and there is an ongoing review of recruitment and selection processes, including job descriptions and internal/external recruitment monitoring. This will help the CCGs identify and address any potential opportunities or barriers to diverse recruitment.

In 2019/20 a refreshed Recruitment and Selection training will be offered to all Managers to update them on best practice in recruitment (including Unconscious Bias) and ensure they are aware of and follow CCG policies.

To review this in practice an evaluation will be undertaken on two complete recruitment processes; one from Band 2-7 and one from Band 8a+. This audit will review the application of the CCG Recruitment & Selection policy looking for evidence of proper procedure, lack of bias and outcomes to ensure the fairness of the system.

All staff whose ethnicity is not recorded on the system will be contacted to encourage them to self-report on ESR.

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

Data for reporting year:

BME staff = 0.22

White staff= 0.31

White shortlisted applicants were times 1.43 more likely to be appointed than BME shortlisted applicants, based on this incomplete data set.

2 BME applicants were appointed from 9 shortlisted compared to 14 White applicants who were appointed from 44 shortlisted.

Data for previous year:

Greater Huddersfield

BME staff = 0.22

White staff = 0.78

White shortlisted applicants were 3.52* times more likely to be appointed than BME shortlisted applicants.

*the data reported last year has been recalculated at 2.56.

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

North Kirklees

BME staff = 0.12

White staff= 0.20

White shortlisted applicants were 1.67 times more likely to be appointed than BME applicants.

12 White applicants were appointed from 61 shortlisted compared to 4 BME applicants who were appointed from 34 shortlisted.

The implications of the data and any additional background explanatory narrative

This is an incomplete dataset as the way of tracking recruitment changed in September 2018. It would appear from the limited data, that there has been an improvement in the recruitment conversion data which is positive. It will be important to continue to track the conversion from shortlisting to appointment rates for BME staff as more data is collected.

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

The CCGs have to achieve a 20% saving for 2020/21 and this means that only business critical posts will be recruited, reducing the number of new staff and therefore opportunities to recruit more BME staff into the CCGs.

In 2019/20 a refreshed Recruitment and Selection training will be offered to all Managers to update them on best practice in recruitment (including Unconscious Bias) and ensure they are aware of and follow CCGs policies.

To review this, an evaluation will be undertaken on two complete recruitments; one from Band 2-7 and one from Band 8a+. This audit will review the application of the CCGs Recruitment & Selection policy looking for evidence of proper procedure, lack of bias and outcomes to ensure the fairness of the system.

Review process for analysis of recruitment data, following transfer to a different recruitment system.

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 2018/19.

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

None

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

The CCGs will continue to monitor any formal disciplinary action. The organisation has a relatively small workforce, it is expected that numbers will remain low and no further action will be required.

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

The Staff survey question: “have you had any training, learning or development in the last 12 months? (Please do not include mandatory training results)”

Data for reporting year:

White 59.3%

BME 60.0%

Data for previous year:

It was not possible to calculate this indicator in line with the technical guidance.

North Kirklees



The implications of the data and any additional background explanatory narrative

In 2019 it is not possible to report the data in line with the technical data.

In 2017 Greater Huddersfield did not take part in the national staff survey and this wasn't asked in the local survey.

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

The introduction of this question into the national staff survey means that we are now able to publish a proxy measure, recognising that not all staff complete the staff survey.

The updated Learning and Development Policy includes an application form including equality monitoring. We will review the system and applications in the coming year, recognising that with budget pressures, there may be fewer and there may be issues with introducing a new system.

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 for reporting year:

White 11.2%

BME 13.3%

The implications of the data and any additional background explanatory narrative

The data reflects that less than 5 BME (number suppressed) staff reported experiencing harassment, bullying or abuse from patients, relatives or the public compared to 13 White staff. This is not statistically significant. The majority of staff at the CCGs have limited public contact, with the exception of Continuing Healthcare Team.

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

Staff survey results workshop have been held and used to develop a staff survey action plan. The action plan gives consideration to undertaking some training around Bullying and Harassment. If, after analysis of the results, any particular teams are identified they'll be directed to appropriate support.

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

Data for reporting year:

White 25.9%

BME 20.0%

The implications of the data and any additional background explanatory narrative

The data reflects that less than 5 BME (number suppressed) reported experiencing harassment, bullying or abuse from staff compared to 30 White staff, with more white staff proportionally reporting they had experienced bullying. In line with the staff survey action plan consideration will be given to undertaking training around Bullying and Harassment. Analysis will be undertaken to understand if any particular teams or issues are identified to be able to direct appropriate support.

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

Staff survey results workshops have been held and used to develop a staff survey action plan. The action plan gives consideration to undertaking some training around Bullying and Harassment. If any particular teams are affected after analysis of the results they'll be directed to appropriate support. At the staff

workshop staff reported that they felt that some of the behaviours may be the result of inappropriate behaviours by colleagues who are not staff of the CCGs but are associated.

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

Data for reporting year:

White: 89.2%

BME – not reported

The implications of the data and any additional background explanatory narrative

The data for this indicator has been suppressed for BME staff. The data for White staff compares to a national benchmark figure of 88.1%.

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

In 2019/20 a refreshed Recruitment and Selection training will be offered to all Managers to update them on best practice in recruitment (including Unconscious Bias) and ensure they are aware of and follow CCGs policies.

To review this in practice an evaluation will be undertaken on two complete recruitment processes; one from Band 2-7 and one from Band 8a+. This audit will review the application of the CCGs Recruitment & Selection policy looking for evidence of the application proper procedure, lack of bias and the outcomes to test the fairness of the system.

Work with partners to develop our participation in staff equality networks specifically for BME staff.

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 for reporting year:

White 3.5%

BME 6.7%

The implications of the data and any additional background explanatory narrative

BME staff are reporting twice the amount of discrimination from colleagues this relates to less than 5 BME (number suppressed) and less than 5 White staff (number suppressed) reporting discrimination. This indicates that while there is not a statistically significant problem there needs to be more analysis undertaken to understand the experience of all staff. Our data compares to a national CCG average of 14% for BME staff and 4.6% for White staff.

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

Staff survey results workshop have been held and used to develop a staff survey action plan. The action plan gives consideration to undertaking some training around Bullying and Harassment, including discrimination. If any particular types of discrimination are identified these will be addressed through appropriate training and support for those experiencing.

Work with partners to develop our participation in staff equality networks specifically for BME staff.

Collated data for previous year from staff survey results

Greater Huddersfield

Table 7: KF25: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

Ethnicity	2017	Average for CCGs
White	12%	9%
BME	0%	7%

Table 8: KF26: Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

Ethnicity	2017	Average for CCGs
White	9%	18%
BME	1%	31%

Table 9: KF21: Percentage believing that trust provides equal opportunities for career progression or promotion

Ethnicity	2017	Average for CCGs
White	65%	87%
BME	100%	60%

Table 10: Q17b: In the last 12 months have you personally experienced discrimination at work from manager/team leader or other colleagues?

Ethnicity	2017	Average for CCGs
White	6%	5%
BME	0%	15%

North Kirklees

Table 11: KF25: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

Ethnicity	2017	Average for CCGs	2016
White	9%	9%	21%
BME	0%	7%	0%

Table 12: KF26: Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

Ethnicity	2017	Average for CCGs	2016
White	19%	18%	18%
BME	0%	31%	0%

Table 13: KF21: Percentage believing that trust provides equal opportunities for career progression or promotion

Ethnicity	2017	Average for CCGs	2016
White	89%	87%	95%
BME	0%	60%	0%

Table 14: Q17b: In the last 12 months have you personally experienced discrimination at work from manager/team leader or other colleagues?

Ethnicity	2017	Average for CCGs	2016
White	9%	5%	3%
BME	0%	15%	0%

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 14.3%

The difference in representation is +19%

The BME population of Kirklees is 20.9%

Data from previous year

Governing Body BME representation is 25%

Overall workforce BME representation is 12.2%

The difference in representation is +12.8%

The implications of the data and any additional background explanatory narrative

CCGs representation of BME people on the Governing Body is positive, however the number of members is small so individual changes in membership can have a significant impact on representation data.

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

When recruiting new board members or succession planning it will be important to reflect the importance of equality and diversity within the limitations of the selection process.

Kirklees WRES action plan 2019/20

WRES Indicator	Action	Lead	Timescale
All	Communicate the WRES action plan across the CCG.	Equality and HR	December 2019
All	Report progress to SMT biannually	Equality and HR	Feb 2020 August 2020
Indicator 1	Contact all staff whose ethnicity is not recorded on the system to encourage them to self-report on ESR.	HR	December 2019 then February 2020

WRES Indicator	Action	Lead	Timescale
Indicator 1 and 2	Deliver refreshed Recruitment and Selection training to all Managers updating them on best practice in recruitment (including Unconscious Bias).	HR with Equality support	2 by July 2020 SMT by March 2020
Indicator 3	Review process for analysis of recruitment data, following transfer to a different recruitment system.	HR	November 2019
Indicator 4	Review non-statutory training applications from Heads of Service.	Heads of Service and HR	July 2020
Indicator 1, 2 and 7	Audit two complete recruitments; one from Band 2-7 and one from Band 8a+	HR	March 2020
Indicator 5-8	Proactively promote development opportunities with staff, including the Leadership Academy's Stepping up Programme and Ready Now Programme	Communications supported by HR and Equality	On going
Indicator 5-8	Following the survey to consider CCG staff networks; work with partners to develop	Equality	July 2020

WRES Indicator	Action	Lead	Timescale
	participation in staff equality networks, specifically for BME staff.		