Workforce Race Equality Standard

REPORTING TEMPLATE (Revised 2016)

Template for completion

Name of organisation	Date of report: month/year	
Papworth Hospital NHS Foundation Trust	July	2017

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

Oonagh Monkhouse Director of HR and OD

Name and contact details of lead manager compiling this report

Elizabeth Taylor, HR Manager - elizabeth.taylor42@nhs.net

Names of commissioners this report has been sent to (complete as applicable)

NHS Cambridgeshire and Peterborough Clinical Commissioning Group

Name and contact details of co-ordinating commissioner this report has been sent to (complete as applicable)

Soomitra Kawal, Equality and Diversity System Advisor soomitra.kawal@nhs.net

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

http://www.papworthhospital.nhs.uk/docs/equality/WRES-Report-201-17.pdf

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

Oonagh Monkhouse, Director of Workforce and OD 2nd November 2017

Publications Gateway Reference Number: 05067

Report on the WRES indicators

1. Background narrative

a. Any issues of completeness of data

The data relating to accessing non-mandatory training a may be incomplete as a different system is currently used to report CPD and non-mandatory training. Work is in progress to ensure ALL training is recorded on ESR (OLM)

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

The same data sources were used to derive the statistical data included in the reporting template for the reported and previous year.

2. Total numbers of staff

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

1880

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

17% [nb: 2% of the workforce (37 individuals) have not declared their ethnicity].

3. Self reporting

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

98%

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

No. The level of self-reporting was already at a very high level, sufficient to enable detailed analysis of the workforce

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

In an attempt to achieve 100% self-reporting compliance, the review of the Trust induction process will be used to explain the importance of self reporting ethnicity and to consider whether individuals who have not self-reported to consider whether they now wish to do so. The level of self-reporting we do have is high enough to not impact on the accuracy of data though.

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

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.	TOTAL workforce White 80.95% BME 17.07% not stated 1.98% Band 2 Clinical White 78.24% BME 20.00%	TOTAL workforce White 81.01% BME 17.16% not stated 1.83% Band 2 Clinical White 82.35% BME 17.65%	The 2011 Census data for Cambridgeshire comprised 92.6% White and 7.4% BME.	A more detailed analysis and review will be undertaken of band and BME distribution by discipline/directorate/ward/department.
2	Relative likelihood of staff being appointed from shortlisting across all posts.	Relative likelihood of White staff being appointed from shortlisting compared to BME staff was 1.91 times greater	Relative likelihood of White staff being appointed from shortlisting compared to BME staff was 1.75 times greater	In 2016/17, of 503 BME applicants shortlisted, 50 were appointed. 1646 shortlisted applicants were White, of whom 313 were appointed.	Shortlisting on NHS jobs does not allow visibility of ethnicity before completion. The Trust needs to focus on attracting applications from a diverse base. Analysis and review of application to shortlisting will be monitored and reviewed.
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.	Relative likelihood of BME staff entering the formal disciplinary process compared to White staff was	Relative likelihood of BME staff entering the formal disciplinary process compared to White staff was	In 2016/2017 9 individuals were subject to a formal disciplinary process; of these 3 were white and 6 were from a BME background. This is an increase in the number of BME staff compared to 2015/2016 and the previous year. In 2015/16, 12 individuals were subject to a formal disciplinary investigation, 8 of whom were	All Trust policy and procedures are accessible electronically and all employees are given access to them on joining. Trust to review the local induction process to make sure there is consistency in delivery. Local induction checklist to be return when completed to Education admin for evaluation. It is vital that the local induction is tailored to
4	Relative likelihood of staff accessing non-mandatory training and CPD.	Relative likelihood of White staff accessing non-mandatory training compared to BME staff was 0.96	Relative likelihood of White staff accessing non-mandatory training compared to BME staff was 0.878	In 2016/2017, 647 staff accessed mandatory training, 119 of whom were BME (36%) and 528 were white (34%) Staff accessing non-mandatory training has significantly decreased from the previous year. Papworth staffs' response to the question in the	Mandatory training is recorded electronically on ESR (OLM) however non-mandatory training is currently recorded on Healthroster(scheduling system). Work is underway to get all training recorded on ESR (OLM) to ensure accuracy in reporting.

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 20% BME 18%	White 18% BME 20%	Whilst the overall percentage of staff reporting harassment, bullying and abuse has remained the same. The split between white staff and BME staff has switched. National average is 20% for all staff.	
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White 24% BME 30%	White 25% BME 24%	The average for similar trusts in 2016 was 25%	Bullying audit completed in 2016/2017 in a large clinical area. Completed actions included a focused training programme for line managers.
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White 89% BME 87%	White 90% BME 86%	The average for similar trusts in 2016 was 86% The gap has closed between the reported ethnic groups in the past year	Recruitment and retention nurses focus on communication and support in conjunction with the clinical education team. This covers clinical pathways. With projected recruitment from overseas, specific focus needs to be on
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 7% BME 11%	White 7% BME 10%	The average for similar trusts in 2016 was: 9% There were three formal grievance complaints (within HR involvement) in the Trust during 2016-2017. One of these involved Race.	As discrimination is a broad description that can include all protected characteristics more detailed analysis of the type of discrimination needs to be conducted to enable focused intervention. The Trust will soon have the facility to conduct
	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.	-17%	-17%	None of the current voting members of the Trust's Board of Directors is from a BME background. No change from the previous year. No Non-Executive Directors are from a BME	Board of Directors E and D training booked with Trust external provider for 2/11/17. Next opportunity for election of a non-executive director is November 2018. Before this the recruitment campaign will be reviewed to ensure

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's progress on Equality and Diversity, including the Equality Delivery System and WRES, is monitored by the Access and Facilities Group which comprises members of the Council of Governors, staff representatives and external stakeholders, together with senior Trust managers.

The Trust includes an Equality and Diversity section within its external Trust website. This contains the WRES report and workforce profile statistics.

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.

Action plan attached

Click to lock all form fields and prevent future editing