

Workforce Race Equality Standard



REPORTING TEMPLATE (Revised 2016)

Template for completion

Name of organisation

Royal Papworth Hospital NHS Foundation Trust

Date of report: month/year

November

2018

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

Oonagh Monkhouse, Director of Workforce 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

<https://royalpapworth.nhs.uk/our-hospital/information-we-publish/equality-diversity-and-inclusion>

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

Oonagh Monkhouse, Director of Workforce and OD

Report on the WRES indicators

1. Background narrative

a. Any issues of completeness of data

The data relating to accessing non-mandatory training may be incomplete as a different system is currently used to report CPD and non-mandatory training. The majority of training is now recorded in Oracle Learning Management (OLM) but work is in progress to ensure it encompasses 100% of the information.

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 current and previous year.

2. Total numbers of staff

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

1891

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

18.63% [Nb.: 2.36% of the workforce (44 individuals) have not declared their ethnicity].

Report on the WRES indicators, continued

3. Self-reporting

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

97.65%

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 and 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, wish to do so. The current level of self-reporting is high enough to not impact on the accuracy of data.

4. Workforce data

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

1 April 2017 - 31 March 2018

Report on the WRES indicators, continued

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.	<table border="1"> <tr><td>TOTAL workforce</td></tr> <tr><td>White 79.4%</td></tr> <tr><td>BME 18.1%</td></tr> <tr><td>Not stated 2.4%</td></tr> <tr><td>Band 2 Clinical</td></tr> <tr><td>White 76.9%</td></tr> <tr><td>BME 21.5%</td></tr> <tr><td>Not Stated 1.4%</td></tr> <tr><td>Band 2 Non Clinical</td></tr> <tr><td>White 88.5%</td></tr> <tr><td>BME 10.4%</td></tr> <tr><td>Not Stated 1.04%</td></tr> <tr><td>Band 3 Clinical</td></tr> <tr><td>White 81%</td></tr> <tr><td>BME 18.9%</td></tr> <tr><td>Not Stated 0%</td></tr> <tr><td>Band 3 Non Clinical</td></tr> <tr><td>White 81.57%</td></tr> <tr><td>BME 18.42%</td></tr> <tr><td>Not Stated 0%</td></tr> </table>	TOTAL workforce	White 79.4%	BME 18.1%	Not stated 2.4%	Band 2 Clinical	White 76.9%	BME 21.5%	Not Stated 1.4%	Band 2 Non Clinical	White 88.5%	BME 10.4%	Not Stated 1.04%	Band 3 Clinical	White 81%	BME 18.9%	Not Stated 0%	Band 3 Non Clinical	White 81.57%	BME 18.42%	Not Stated 0%	<table border="1"> <tr><td>TOTAL workforce</td></tr> <tr><td>White 80.95%</td></tr> <tr><td>BME 17.07%</td></tr> <tr><td>Band 2 Clinical</td></tr> <tr><td>White 78.24%</td></tr> <tr><td>BME 20.00%</td></tr> <tr><td>Band 2 Non Clinical</td></tr> <tr><td>White 90.7%</td></tr> <tr><td>BME 8.40%</td></tr> <tr><td>Not Stated: 0.84%</td></tr> <tr><td>Band 3 Clinical</td></tr> <tr><td>White 81.57%</td></tr> <tr><td>BME 18.42%</td></tr> <tr><td>Not Stated 0%</td></tr> </table>	TOTAL workforce	White 80.95%	BME 17.07%	Band 2 Clinical	White 78.24%	BME 20.00%	Band 2 Non Clinical	White 90.7%	BME 8.40%	Not Stated: 0.84%	Band 3 Clinical	White 81.57%	BME 18.42%	Not Stated 0%	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.
TOTAL workforce																																							
White 79.4%																																							
BME 18.1%																																							
Not stated 2.4%																																							
Band 2 Clinical																																							
White 76.9%																																							
BME 21.5%																																							
Not Stated 1.4%																																							
Band 2 Non Clinical																																							
White 88.5%																																							
BME 10.4%																																							
Not Stated 1.04%																																							
Band 3 Clinical																																							
White 81%																																							
BME 18.9%																																							
Not Stated 0%																																							
Band 3 Non Clinical																																							
White 81.57%																																							
BME 18.42%																																							
Not Stated 0%																																							
TOTAL workforce																																							
White 80.95%																																							
BME 17.07%																																							
Band 2 Clinical																																							
White 78.24%																																							
BME 20.00%																																							
Band 2 Non Clinical																																							
White 90.7%																																							
BME 8.40%																																							
Not Stated: 0.84%																																							
Band 3 Clinical																																							
White 81.57%																																							
BME 18.42%																																							
Not Stated 0%																																							

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 1.6 times greater	Relative likelihood of White staff being appointed from shortlisting compared to BME staff was 1.91 times greater	In 2017/18, of 542 BME applicants shortlisted, 94 were appointed. 1512 shortlisted applicants were White, of whom 419 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 0.72	Relative likelihood of BME staff entering the formal disciplinary process compared to White staff was 9.51	In 2017/2018, 7 individuals were subject to a formal disciplinary process; of these 6 were white and 1 was from a BME background. This is a decrease in the number of BME staff in a formal process compared to 2016/2017 and the previous year.	All Trust policy and procedures are accessible electronically and all employees are given access to them on joining the organisation. Trust to review the local induction process to make sure there is consistency in delivery. Local induction process and onboarding is being reviewed as the Trust invests more in e-learning. The Trust has updated the Disciplinary procedure to include the Decision Tree. Work is ongoing in updating line managers on how to utilise this before they are making decisions regarding poor conduct.
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 1.0	Relative likelihood of White staff accessing non-mandatory training compared to BME staff was 0.96	In 2017/2018, 365 staff accessed non-mandatory training 293 of whom were white (19.5%) and 68 of whom were BME. (19.5%) The likelihood of staff accessing non-mandatory training is equal for both white and BME staff. 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,	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, <u>compare the outcomes of the responses for White and BME staff.</u>				
5	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	White 17.11% BME 13.11%	White 20% BME 18%	2017/2018 saw a significant decrease in all staff reporting harassment, bullying and abuse from patients, relatives or the public. There was a marked decrease for BME staff which is well below the national average of 20%.	
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White 21.9% BME 26.23%	White 24% BME 30%	2017/2018 saw a positive decrease in all staff groups in staff experiencing harassment, bullying or abuse for staff.	Work is ongoing with the Trust OD team.
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White 92.24% BME 74.47%	White 89% BME 87%	In 2017/2018 the gap between white and BME staff who feel the Trust provides equal career progression has significantly increased in favour of white staff.	Trust has rolled out unconscious bias e-learning training and a new recruitment and selection training offer. Funding sourced for career coaching and Cultural Leadership and widely publicised development programme 'Stepping Up' specifically for staff from a BAME background.
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 6.21% BME 15%	White 7% BME 11%	The average for similar trusts in 2016/2017 was: 9% There were fifteen grievance complaints (within HR involvement) in the Trust during 2017-2018. Three of these were instigated by BAME staff members.	The Trust is reviewing the line manager training offer with specific reference to Equality, Diversity and unconscious bias. As discrimination is a broad description that can include all protected characteristics, a more detailed analysis of the type of discrimination needs to be conducted to enable focused intervention.
	Board representation indicator For this indicator, <u>compare the difference for White and BME staff.</u>				
9	Percentage difference between the organisations' Board voting membership and its overall workforce.	-18.4%	-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. From December 2018 the Trust will have a Non-executive director from a BAME background. A	Board of Directors will complete Unconscious Bias e-learning training.

			further post will be advertised in January 2019.	
--	--	--	--	--

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.

Report on the WRES indicators, continued

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

