Workforce Race Equality Standard

REPORTING TEMPLATE (Revised 2016)

Template for completion

Name of organisation

Papworth Hospital NHS Foundation Trust

Date of report: month/year

July 2016

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

Elizabeth Horne, Director of Human Resources

Name and contact details of lead manager compiling this report

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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)

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

http://www.papworthhospital.nhs.uk/docs/equality/WRES-Report-2015-16.pdf

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

Elizabeth Horne, Director of Human Resources 28 July 2016

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 and CPD may be incomplete as not all relevant information may have been input to the electronic health roster.

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.

2. Total numbers of staff

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

1964

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

17% [nb 1.8% of the workforce (36 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

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 induction process will be used to provide those individuals who have not self-reported their ethnicity to consider whether they would now wish to do so.

4. Workforce data

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

1 April 2015 - 31 March 2016
1 April 2014 - 31 March 2015

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 81.01% BME 17.16% not stated 1.83% Band 2 Clinical White 82.35% BME 17.65%	TOTAL workforce White 81.31% BME 16.88% not stated 1.81% Band 2 Clinical White 78.29% BME 21.71%	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 1.75 times greater	Relative likelihood of White staff being appointed from shortlisting compared to BME staff was 1.68 times greater	In 2015/16, of 449 BME applicants shortlisted, 54 were appointed. 1520 shortlisted applicants were White, of whom 326 were appointed. In 2014/15, of 431 BME applicants shortlisted, 67 were appointed. 1406 shortlisted applicants were White, of whom 366 were appointed.	In addition to shortlisting to appointment, analysis and review of application to shortlisting will also 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 2015/16, 12 individuals were subject to a formal disciplinary investigation, 8 of whom were White, four of whom were BME. This is an increase in the number of BME staff compared to 2014/15 when 13 individuals were subject to a formal disciplinary investigation, 12 of whom were White, one of whom was BME.	Each disciplinary case involving BME staff will be analysed to identify whether there are common themes/issues.
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 0.878	Incomplete data making meaningful analysis impossible	In 2015/16, 1024 individuals accessed non-mandatory training, 199 of whom were BME and 825 were White Papworth staffs' response to the question in the National NHS Staff Survey 2015 relating to the 'quality of non-mandatory training, learning or development' elicited a result (out of 5) of White:	More robust recording of non-mandatory training and CPD will be introduced to enable better analysis and review.

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 18% BME 20%	White 16% BME 21%	The average for similar trusts in 2015 was: White: 22%; BME: 19%.	
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White 25% BME 24%	White 23% BME 24%	The average for similar trusts in 2015 was White: 23%; BME: 24%. There were three allegations of bullying and/or harassment which were subject to formal investigation in 2014/15 and three in 2015/16.	Bullying awareness campaign to be implemented during 2016/17.
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White 90% BME 86%	White 91% BME 80%	The average for similar trusts in 2015 was: White: 91%; BME: 78%	An analysis will be undertaken of respondents who do NOT believe that the Trust provides equal opportunities.
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 10%	White 6% BME 15%	The average for similar trusts in 2015 was: White: 6%; BME: 12% There were no formal allegations of discrimination at work submitted by staff in either 2014/15 or 2015/16.	A more detailed analysis of these indicators will be undertaken by band and BME distribution by discipline/directorate/ward/ department.
	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%	-18%	None of the current voting members of the Trust's Board of Directors is from a BME background. All Non-Executive Directors were appointed before the WRES was introduced and have	

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 Annual Report and Accounts which, together with the WRES report and workforce profile, is available on the Trust's website.

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

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