Workforce Race Equality Standard

REPORTING TEMPLATE (Revised 2016)

Template for completion

Name of organisation

The Walton Centre NHS Foundation Trust

Date of report: month/year

April 2016

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

Mike Gibney, Director of Workforce

Name and contact details of lead manager compiling this report

Hannah Sumner, HR Manager

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

Northwest Specialised Commissioning Hub

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

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

http://www.thewaltoncentre.nhs.uk/175/equality-and-diversity.html

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

Mike Gibney, Director of Workforce, 28th July 2016

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Report on the WRES indicators

1. Background narrative

a. Any issues of completeness of data

For the indicators relating to the findings of the staff survey only 22 BME staff responded meaning it is unlikely these findings can be considered significant.

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

Due to the change in reporting periods for this report and the original baseline for Indicator 2 the 2015 data could not be recalculated for the period April – March due to a 12 month limit on reporting on the NHS jobs system. Therefore, the 2015 data relates to the period July 14 - June 15 and the 2016 data reflect April 15 - March 16.

2. Total numbers of staff

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

1319

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

8.4%

Report on the WRES indicators, continued

3. Self reporting

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

98.5%

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

Improved processes during recruitment and when staff retire and return in terms of capturing data. The Trust wide data cleanse has also been completed as thoroughly as possible.

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

Continued awareness raising regarding the reasons for ethnicity data collection.

4. Workforce data

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

1 April 2015 to 31 March 2016.

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.	Clinical BME Band 2 5.23% Band 5 12.88% Band 6 4.58% Band 7 1.89% Medical 38.66% Non clinical	Clinical BME Band 2 3.95% Band 3 1.03% Band 4 9.09% Band 5 11.64% Band 6 5.30% Band 7 1.85% Medical 37.29%	The highest proportion of BME staff is within the medical workforce followed by band 5 clinical staff. There are no BME staff above a Band 7 in either clinical or non-clinical roles. The decrease to 0% BME staff for clinical band 4's is skewed because of the small number of band 4 roles (this is actually only 1 WTE)	Actions completed: 1) Feedback from BME staff via staff network and questionnaires. 2) Unconscious bias training. Further proposed actions: 1) Further exploration is needed to understand any barriers staff feel they face when applying for
2	Relative likelihood of staff being appointed from shortlisting across all posts.	White staff = 1.13 times greater	White staff = 1.31 times greater	Small improvement for this indicator; however White staff are still more likely to be appointed from shortlisting than BME staff. It must be noted that the 2015 data for this indicator could not be recalculated for the period April – March due to a 12 month limit on reporting on the NHS jobs system.	Actions completed: 1) Feedback from BME staff. 2) Unconscious bias training. Further proposed actions: 1) E&D Policy uploaded to all adverts on NHS jobs to highlight equal opportunity expectations. 2) Additional E&D training module will be
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.	BME staff = 1.98 times greater	BME staff = 1.43 times greater	Deterioration to BME staff being almost twice as likely to enter formal disciplinary processes as White staff. However, analysis of these BME cases has shown that there are comparison cases for White staff for each, with the same outcome being given.	Actions completed: 1) Feedback from BME staff. 2) Review of cases. Further proposed actions: 1) Seek further feedback from BME staff. 2) Explore informal disciplinary application.
4	Relative likelihood of staff accessing non-mandatory training and CPD.	White staff = 0.66 times greater	White staff = 1.62 times greater	There has been a good improvement in this year's figure however; it is likely that this is due to the fact that medical staff can now be included. There was a lot of feedback from the BME staff network on this indicator.	Actions completed: 1) Feedback from BME staff . 2) 1:1 aspire and achieve session offered to all staff who attended BME network 3) Fed back concerns to PNF Further proposed actions: 1)Department managers being asked to make

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 23.470% BME 36.36%	White 23.99% BME 23.08%	Last year, although our scores were very similar, we were within the 52% of Acute Trusts where BME staff reported a lower percentage than White staff. It is concerning to see that this has changed dramatically this year with the	Actions completed: 1) Feedback from BME staff. 2) Equality email address set up to encourage staff to feel able to report concerns/experiences without having to go through their manager.
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White 19.05% BME 9.09%	White 22.79% BME 24.00%	Last year, although our scores were very similar, we were within the 75% majority of Acute Trusts where BME staff reported a higher percentage. In contrast to the above finding (KF 25) it is therefore very pleasingly to see that this	Actions completed: 1) Feedback from BME staff. 2) Equality email address set up (as above) Further proposed actions:
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White 87.84% BME 88.89%	White 88.12% BME 88.89%	Last year we were 1 of only 6 Acute Trusts to have a higher percentage of BME staff believing their organisation offered equal opportunities for career progression. It is therefore very pleasing to see there is no change in these findings this year.	Actions completed: 1) Feedback from BME staff Further proposed actions: 1) Continue to monitor to ensure this does not
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 4.81% BME 13.64%	White 5.19% BME 7.69%	Last year 81% of Acute Trusts reported a higher percentage for BME staff, of which we were one, although our difference was minimal compared to many Trusts. It is concerning therefore, that whilst the percentage for White staff has remained	Actions completed: 1) Feedback from BME staff 2) Equality email address set up (as above) Further proposed actions:
	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.	-8.5%	-8.0%	Change is due to changes in overall workforce number not changes to Board composition. As the Trust Board is still 100% White there is still no improvement on this indicator.	Further proposed actions: 1) Consideration should be given to the lack of diversity when reviewing Non-Executive terms of office or appointing new members, with the consideration of seeking BME candidates.

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?

In addition to this WRES report the Trust also publishes a detailed annual workforce report and separate patient report in January of each year. These can be found on the Trust website and include an analysis of all equality monitoring information available as well as on-going initiatives and future plans. The Equality and Diversity Annual Report provides an overview of E&D related activities and achievements for the previous year. The Trust also uses the EDS2 Framework and publishes the agreed scores on the Trust website, along with the the Trust's Current Objectives and Action Plan.

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.

Provide link to E&D action plan

Click to lock all form fields and prevent future editing

Produced by NHS England, April 2016