Workforce Race Equality Standard

REPORTING TEMPLATE (Revised 2016)

Template for completion

NHS

Name of organisation

St George's University Hospitals NHS Foundation Trust

Date of report: month/year

June   2016

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

Karen Charman, Director of Workforce and OD

Name and contact details of lead manager compiling this report

Steph Gomersall / Rebecca Hurrell

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

Lead Local Commissioner: Wandsworth CCG, National and Specialist Services Commissioner: NHS England

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

Lucie Walters, Director of Planning and Commissioning, Wandsworth CCG. 73 Upper Richmond Road, East Putney, London SW15 2SR. wands

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

https://www.stgeorges.nhs.uk/about/living-our-values/equality-and-human-rights/

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

Report on the WRES indicators

1. Background narrative

a. Any issues of completeness of data

Indicator 1 calls for comparison of staff % by band and also seperately for non clinical and clinical staff. Which staff groups would be classed as clinical could be interpreted in more than one way.

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

The recruitment data shows shortlisted candidates from TRAC/NHS Jobs as data from 2 systems has been joined. New starter information has been extracted from ESR for the appointed data as this is not available onTRAC/NHS Jobs.

Indicator 3 (Relative likelihood of staff entering the formal disciplinary process) - In 2015 only one year of data was available from ESR. By 2016, data was available for the 2 year requested period meaning that the data should be more robust.

2. Total numbers of staff

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

9132

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

41.01%

3. Self reporting

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

95.9%

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

No, it had been anticipated that the response rate would increase over time.

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

ESR self service is now available so staff will be encouraged to update their own details on line.

4. Workforce data

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

1 April 2015 - 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.	BME/White (%) Overall41.01/54.45 (4.54% not stated) B1=70/20 B2=57.9/39.58 B3=49.48/47.90 B4=40.21/56.47	18.16% BME staff in the Trust are in these posts compared with 42.02% of BME staff in the overall workforce	Data showed a lower proportion of BME staff in senior posts. This was a similar pattern to the previous year.	Increase and mandate Recruitment training for managers Review all of the acting up arrangements over 6 months Career clinics Mentors Create an in-house accredited cohort of coaches Incorporate 'coaching for performance' into all
2	Relative likelihood of staff being appointed from shortlisting across all posts.	White staff are 2.0 times more likely to be appointed from shortlisting than BME staff	White staff are 1.9 times more likely to be appointed from shortlisting than BME staff	Data showed BME staff are less likely to be appointed after shortlisting. Results were similar to the previous year.	Unconscious Bias training & input into research Increase and mandate Recruitment training for managers Links with EDS objective to : -respond to the WRES -embed inclusive leadership -improve the working lives of staff
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 are 2.41 times more likely to enter the formal disciplinary process than white staff	BME staff are 3.31 times more likely to enter the formal disciplinary process than white staff	The 2016 results showed a significantly improved position on the previous year. It was noted that some of the investigations related to right to work issues which were more likely to affect BME staff.	Unconscious Bias training & input into research Review employee relations cases Links with EDS objective to : -respond to the WRES -embed inclusive leadership -improve the working lives of staff
4	Relative likelihood of staff accessing non-mandatory training and CPD.	BME staff are 1.05 times more likely to access non mandatory training	BME staff are 1.06 times more likely to access non mandatory training	No issues with inequality of training accessed were identified. However the quality of data could be improved as available information only relates to approximately 10% of staff.	Ensure that there is a transparent process in place for when leadership development opportunities arise Links with EDS objective to : -respond to the WRES -embed inclusive leadership -improve the working lives of staff

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 32% BME 30%	White 32% BME 31%	The % of White staff reporting harassment from patients/ relatives/public remained the same (32%). The experience of BME staff improved by 1% from 31% to 30% meaning there was a slight improvement in the experience of BME staff.	New violence and aggression policy including greater support to staff reporting an issue. Launch and briefings. Review and relaunch Dignity at Work Policy against bullying and harassment.
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White 32% BME 35%	White 29% BME 34%	Data for the previous year identified a 5% gap between White and BME staff in the % of staff reporting bullying/abuse from staff. The current reporting year shows this gap in experience has reduced to 3%. Unfortunately this was partly due	Unconscious Bias training & input into research Review and relaunch Dignity at Work Policy against bullying and harassment. Strengthen training for managers, taking an inclusive approach
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White 83% BME 59%	White 85% BME 62%	Data for the previous year identified a 23% difference in White/BME confidence in equal opportunities for career progression. In the current reporting year this increased slightly to 24%. The pattern was similar for both white /	Increase and mandate Recruitment training for managers Review all of the acting up arrangements over 6 months Links with EDS objective to :
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 8% BME 23%	White 9% BME 21%	The experience of white staff improved by 1% since the previous reporting year. However the experience of BME staff deteriorated by 2%. This means that the gap between white and BME experience increased from 12% to 15%.	Unconscious Bias training & input into research Review and relaunch Dignity at Work Policy against bullying and harassment Strengthen training for managers, taking an inclusive approach
	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.	Overall workforce is 41.01% BME Board is 0% BME	Non Exec Board Members: 66% white, 17% white other, 17% not known		Links with EDS objective to : -respond to the WRES -embed inclusive leadership

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?

Over the last 12 months the Trust has been going through a programme of change. The period of change and financial restraint has impacted on the experience of staff and increased pressures on some staff to deliver services differently.

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.

The WRES Action Plan seeks to deliver and expand on the actions detailed in section 5, embedding training programmes and improvement projects into mainstream work.

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