

Workforce Race Equality Standard



REPORTING TEMPLATE

Template for completion

Name of organisation

St George's University Hospitals NHS Foundation Trust

Date of report: month/year

September

2017

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

Harbhajan Brar, Director of Workforce and OD

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)

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.

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)

Stephen J Collier, September 2017.

Report on the WRES indicators

1. Background narrative

a. Any issues of completeness of data

Indicator 1 calls for comparison of staff % by clinical and non-clinical. Which staff groups could be classed as clinical is open to interpretation.

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

The recruitment data from last year was taken from both NHS Jobs and Trac. This year it has been taken solely from Trac. Last year the starters were taken from ESR for the appointed data, this year they have been taken from Trac.

2. Total numbers of staff

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

8771

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

41.4%

Report on the WRES indicators, continued

3. Self reporting

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

95.8%

Reports are sent to the recruitment team on a monthly basis notifying them of gaps in the data and requesting that they complete this.

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

Staff are encouraged to update their own details online using ESR self service.

4. Workforce data

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

1 April 2016 to 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.	BME/White (%) Overall 41.4/54.4 (4.2% not stated) B1=67/10 B2=58/38 B3=54/44 B4=41/54 B5=41/56 B6=47/51 B7=28/70 B8a=27/71 B8b=17/82 B8c=12/88 B8d=3/97 B9=0/100 Medic=31/55 VSM=0/100	BME/White (%) Overall 41.01/54.45 (4.54% not stated) B1=70/20 B2=57.9/39.58 B3=49.48/47.90 B4=40.21/56.47 B5=43.44/53.82 B6=45.72/52.39 B7=29.74/68.81 B8a=23.50/74.59 B8b=15.74/68.81 B8c=11.11/88.89 B8d=5.56/94.44 B9=46.65/52.17 Medic=34.32/51.79 VSM=3.57/96.43	This data shows that BME staff is under-represented in the upper bands. This was a similar pattern to the previous year. An Action Plan has been updated to address this disparity.	See 2017/18 Action Plan
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	This data was taken from the reporting year: April 2016 – March 2017. 10.07% of white shortlisted applicants were appointed compared with 3.84% of BME shortlisted applicants. White shortlisted applicants are therefore 2.6 times more likely to be appointed than BME shortlisted applicants. An Action Plan has been updated to address this issue.	See 2017/18 Action Plan

Report on the WRES indicators, continued

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 2.05 times more likely to enter the formal disciplinary process than white staff	BME staff are 2.41 times more likely to enter the formal disciplinary process than white staff	This was a similar pattern to the previous year but has improved. An Action Plan has been updated to address this issue.	See 2017/18 Action Plan
4	Relative likelihood of staff accessing non-mandatory training and CPD.	BME staff are 1.21 times more likely to access non mandatory training	BME staff are 1.05 times more likely to access non mandatory training	The reporting data showed that BME staff is 1.21 more likely than non BME staff to access non mandatory training and CPD. No issues with inequality of training accessed were identified.	

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
	<p>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></p>				
5	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	White 32% BME 27.5%	White 32% BME 30%	According to the national NHS Staff Survey, the Trust is above average for this key finding for both staff groups. However, the percentage of BME staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months is lower than non BME staff and there has been a 2.5% improvement for BME staff since the last year. The data shows that BME staff is less likely to report bullying and harassment from relatives/services users and also from patients, relatives or the public in the last 12 months. An Action Plan has been updated to address this issue.	See 2017/18 Action Plan
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White 31.5% BME 33%	White 32% BME 35%	According to the national NHS Staff Survey, the Trust is above average for this key finding for both staff groups. However the percentage of BME staff experiencing harassment, bullying or abuse from staff in the last 12 month has improved by 2% compared to 2016 and is only 7% higher than the average. Non BME staff is 10% higher than average and this groups score has not improved significantly since 2016. The data shows that BME staff is slightly more likely to have experienced harassment, bullying or abuse from staff in the last 12 months. An Action Plan has been updated to address this issue.	See 2017/18 Action Plan

Report on the WRES indicators, continued

7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White 83% BME 63%	White 83% BME 59%	According to the national NHS Staff Survey, the Trust is below average for this key finding for both staff groups. The percentage of BME staff believing that the Trust provides equal opportunities for career progression or promotions has increased by 4% since 2016, however the percentage of non BME staff believing that the Trust provides equal opportunities for career progression remains unchanged. The data shows that BME staff is less likely to believe that the Trust provides equal opportunities for career progression or promotions. An Action Plan has been updated to address this issue.	See 2017/18 Action Plan
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 9% BME 20%	White 8% BME 23%	According to the national NHS Staff Survey, the Trust is above average for this key finding for both staff groups. However, we are significantly higher for BME staff. This staff group has seen a 3% improvement since 2016, but this staff group is 6% higher than the average. The data shows that BME staff is more likely to experience discrimination at work from manager, team leaders or other colleagues. An Action Plan has been updated to address this issue.	See 2017/18 Action Plan
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.	White 90% BME 10%	White 100% BME 0%	In the previous year the BME Board was 0% and this year is a significant improvement where there was not any BME representation on the Board.	

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?

Over the last 12 months the Trust has been going through a programme of change. The period of change and financial restraint has had an impact on the staff experience. To keep our focus on improving quality and recovering the financial position at St George's, we have made many changes with a positive impact on quality, staff engagement and the way we work together by listening to, and acting on, staff feedback. Some of the issues raised by staff were on the support for staff health and wellbeing, staff resourcing and support, levels of bullying and harassment and the new level of support for managers. We have additional questions in our 2017/18 staff survey around Diversity and Inclusion, Role Modelling and demonstration of our Values and Behaviours.

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 2017/18 WRES Action Plan seeks to deliver and expand on indicators 1-3 and 7-9. See <https://www.stgeorges.nhs.uk/about/living-our-values/equality-and-human-rights/>



Report on the WRES indicators, continued

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Produced by NHS England, April 2016