Workforce Race Equality Standard

NHS

REPORTING TEMPLATE (Revised 2016)

Template for completion

Name of organisation

St George's University Hospitals NHS Foundation Trust

Date of report: month/year

August 2019

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

Harbhajan Brar – Chief People Officer

Name and contact details of lead manager compiling this report

Sion Pennant-Williams – Workforce Intelligence Manager

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

Merton & Wandsworth CCG

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

https://www.stgeorges.nhs.uk/about/living-our-values/diversity-and-inclusion/

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

Harbhajan Brar 15th August 2019

Publications Gateway Reference Number: 05067

Report on the WRES indicators

1. Background narrative

a. Any issues of completeness of data

None.

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

This year we used the occupational code lookup from the 'SQL and definitions' document to determine which staff are clinical and non-clinical, so some groups which were previously classed as clinical e.g. Porters are now classed as non-clinical.

2. Total numbers of staff

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

8884

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

44.6%

3. Self reporting

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

97.22%

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

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

Guides have been produced and advertised to encourage staff to update their own details online using ESR self service Portal, and we are also working with our staff networks to further facilitate this.

4. Workforce data

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

1 April 2018 to 31 March 2019

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.	BAME/White (%) Clinical: B2 - 69/27 B3 - 60/38 B4 - 51/48 B5 - 50/48 B6 - 45/53 B7 - 31/67	BAME/White (%) Clinical: B2 – 53/44 B3 – 41/57 B4 – 42/55 B5 – 44/54 B6 – 48/50 B7 – 30/68	This data shows that BAME staff are under-represented in the upper bands. This was a similar pattern to the previous year.	This is being addressed as part our of D&I 18/19 plan, which underpins our D&I Strategy approved by the Trust Board in October 2018.
2	Relative likelihood of staff being appointed from shortlisting across all posts.	White staff are 1.57 times more likely to be appointed from shortlisting than BME staff	White staff are 1.59 times more likely to be appointed from shortlisting than BME staff	Between April 2018 and March 2019 31.5% of white shortlisted applicants were appointed, compared with 20.1% of BAME shortlisted applicants. White applicants are therefore 1.57 times more likely to be shortlisted than BAME applicants.	This is being addressed as part our of D&I 18/19 plan, which underpins our D&I Strategy approved by the Trust Board in October 2018.
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 1.82 times more likely to enter the formal disciplinary process than white staff	BME staff are 2.04 times more likely to enter the formal disciplinary process than white staff	Whilst this has fallen from the previous year the figure is still much higher than it should be.	This is being addressed as part our of D&I 18/19 plan, which underpins our D&I Strategy approved by the Trust Board in October 2018, and the action plan will be in accordance with the 'A Fair Experience For All' document produced by NHSE/I
4	Relative likelihood of staff accessing non-mandatory training and CPD.	White staff are 0.94 times more likely than BAME staff to access non-mandatory training and CPD.	White staff were 1.01 times more likely than BAME staff to access non-mandatory training and CPD.	Data for this year shows that BAME staff are now more likely to access non-mandatory training and CPD than white staff.	This is being addressed as part our of D&I 18/19 plan, which underpins our D&I Strategy approved by the Trust Board in October 2018.

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 34.4% BME 27.09%	White 33.6% BME 28.4%	The BAME figure has decreased slightly since last year and is below the overall median figure for Acute Trusts which is 29.8%.	This is addressed in the Workforce Diversity & Inclusion (D&I) Strategy Plan
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White 29.5% BME 31.4%	White 29.5% BME 30.9%	The BAME figure has increased slightly since last year, and is higher than the overall median figure for Acute Trusts which is 28.6%.	This is addressed in the Workforce Diversity & Inclusion (D&I) Strategy Plan
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White 81.8% BME 59.6%	White 82.9% BME 62.9%	The BAME figure has decreased since last year and is lower than the overall median figure for Acute Trusts which is 72.3%.	This is addressed in the Workforce Diversity & Inclusion (D&I) Strategy 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 8% BME 19.1%	White 9.7% BME 18.41%	The BAME figure has increased since last year and is higher than the overall median figure for Acute Trusts which is 14.6%.	This is addressed in the Workforce Diversity & Inclusion (D&I) Strategy Plan
	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.	Board voting: 10% BAME 90% White Overall	Board voting: 10% BAME 90% White Overall	Board membership has remained static over the year so there is no difference in the figures.	

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?

In the last 12 months St George's has developed a Workforce Diversity and Inclusion (D&I) Strategy and one year plan. This was produced with the WRES indicators in mind and targets have been set to improve the figures of each indicator. However as our D&I Manager has been absent for 6 months work on this has stalled, but we are bringing in additional resource to help kick start this. In addition we have produced and published an Ethnicity Pay Gap report to enable us to tackle inequalities in pay that aren't necessarily highlighted within these indicators.

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.

https://www.stgeorges.nhs.uk/wp-content/uploads/2019/08/Diversity-and-Inclusion-Strategy-Plan-1.pdf

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