

# Workforce Race Equality Standard

## Reporting template

**Reporting year:** 2015

**Name of provider:** St George's University Hospitals NHS Foundation Trust

**Name and contact details of lead manager compiling this report:** Steph Gomersall, Senior HR Advisor

**Names of commissioners:** Lead Local Commissioner: Wandsworth CCG, National and Specialist Services Commissioner: NHS England

**Name and contact details of co-ordinating commissioner:** Lucie Walters, Director of Planning and Commissioning, Wandsworth CCG. 73 Upper Richmond Road, East Putney, London SW15 2SR. [wandsworth.ccg@wandsworthccg.nhs.uk](mailto:wandsworth.ccg@wandsworthccg.nhs.uk)

**Link on which this report will be found (to be added after submission):**

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

**This report has been signed off by:** Wendy Brewer, Director of Workforce and Organisational Development

**On behalf of the Board**

**Date on which this report was signed off: 29 May 2015**

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**1. Background narrative**

a. Any issues of completeness of data

Available data for Question 3 (relative likelihood of BME staff entering the formal disciplinary process) consisted of data from 2013/14 financial year. Due to introduction of more robust methods of capturing data it is anticipated that from 2016, two years of data will be readily available. Question 4 data (likelihood of accessing non mandatory training) captures the data which had been inputted to the ESR database. Recording other training which is not currently fully captured on ESR database would be desirable.

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

N/A

**2. Total numbers of staff**

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

8370

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

42%

**3. Self reporting**

- a. The proportion of total staff who have self –reported their ethnicity  
97.5%
- b. Have any steps been taken in the last reporting period to improve the level of self reporting by ethnicity  
All new staff routinely report ethnicity during the recruitment process, so it is anticipated that the response rate will increase over time.
- c. Are any steps planned during the current reporting period to improve the level of self reporting by ethnicity  
Please see above.

**4. Workforce data**

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

Q1 - March 2015

Q2 – March 2014 – February 2015

Q3 – April 2013- March 2014

Q4 – March 2015

**5. Workforce Race Equality Indicators**

	<b>Indicator</b>	<b>Data</b>	<b>Narrative – the implications of the data and any additional background explanatory narrative</b>	<b>Action taken and planned (see item 8 in the main reporting template)</b>
	For each of these four workforce indicators, the			

	Standard compares the metrics for white and BME staff.			
1	Percentage of BME staff in Bands 8-9, VSM (including executive Board members and senior medical staff) compared with the percentage of BME staff in the overall workforce	18.16% BME staff in the Trust are in these posts compared with 42.02% of BME staff in the overall workforce	It is recognised that further steps need to be taken to address this imbalance and the reasons for the outcome data are likely to be complex.	Introduction of new processes for role modelling / mentors to support staff and help with their development. Further roll out of unconscious bias training. Addition of information of staff in roles on website.
2	Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts.	White staff are 1.9 times more likely to be appointed from shortlisting than BME staff	It is recognised that further steps need to be taken to address this imbalance and the reasons for the outcome data are likely to be complex.	Review of recruitment and interview processes. Further roll out of unconscious bias training. Divisional representation on the St George's As One Inclusivity Committee.
3	Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation* *Note: this indicator will be based on data from a two year rolling average of the current year and the previous year.	BME staff are 3.31 times more likely to enter the formal disciplinary process than white staff	It is recognised that further steps need to be taken to address this imbalance. It is noted that BME staff within the organisation tend to be concentrated within lower banded posts, particularly Bands 2, 5 and 6 which also needs to be addressed, and in itself may have contributed to the data.	Further roll out of unconscious bias training. Divisional representation on the St George's As One Inclusivity Committee.
4	Relative likelihood of BME staff accessing non-mandatory training and CPD as compared to White staff	BME staff are 1.06 times more likely to access mandatory training	Access to training appears to be similar for all staff.	Monitor access to training and improve quality of data.
	For each of these four staff survey indicators, the Standard compares the metrics for each survey			

	question response for White and BME staff.			
5	KF 18. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White staff- 32% BME staff- 31%	Experience of BME and white staff were similar and there was no change to this pattern between 2013 and 2014 staff survey. Bullying and harassment is an area which needs to be improved on for the benefit of all staff.	Divisional representation on the St George's As One Inclusivity Committee. Ethnic minority inclusivity event for the community and staff.
6	KF 19. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White staff- 29% BME staff- 34%	BME staff reported significantly higher levels of harassment, bullying or abuse from other staff. This pattern was consistent when looking at comparator Trusts although the gap narrowed slightly for SGH between 2013 and 2014. Bullying and harassment is an area which needs to be improved on for the benefit of all staff.	Divisional representation on the St George's As One Inclusivity Committee. Listening into action inclusivity event for staff. Develop an inclusivity staff network. In house mediation service for staff.
7	KF 27. Percentage believing that trust provides equal opportunities for career progression or promotion	White staff- 85% BME staff- 62%	The pattern of data for the Trust was consistent with all 9 comparator Trust's data which was examined. This imbalance needs to be further addressed.	Introduction of new processes for role modelling / mentors to support staff and help with their development. Further roll out of unconscious bias training. Addition of information of staff in roles on website. Review of recruitment and interview processes.
8	Q23. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues	13% of staff (10% experienced discrimination on grounds of ethnic background)	Data improved slightly between 2013 and 2014. Unfortunately the % of perceived discrimination and discrimination due to Ethnic background remained high when compared to the average for Acute Trusts. Further steps need to be taken to ensure equity and fairness for all staff.	Listening into action inclusivity event for staff. Develop an inclusivity staff network. In house mediation service for staff. Develop an inclusivity staff network.
	Does the Board meet the			

	requirement on Board membership in 9?			
9	Boards are expected to be broadly representative of the population they serve	Non Exec Board Members: 66% white, 17% white other, 17% not known Executive Directors: 100% white Wandsworth Population: 71% White, 29% BME SGH: 56% white, 42% BME	Although the composition of the Trust's Board is not representative of the local community this pattern is not unlike other London Trusts. Steps need to be taken to address this imbalance.	Development session for the Board and Governor. Introduction of new processes for role modelling / mentors to support staff and help with their development. Further roll out of unconscious bias training. Addition of information of staff in roles on website. Review of recruitment and interview processes.

Note 1. All provider organisations to whom the NHS Standard Contract applies are required to conduct staff surveys though those surveys for organisations that are not NHS Trusts may not follow the format of the NHS Staff Survey

Note 2. Please refer to the Technical Guidance for clarification on the precise means of each indicator

## 6. Comparison with previous years

- a. How does the data for this reporting year compare with the previous three years (or as many years as the reporting organisation holds data for)

Following the introduction of WRES in 2015, this is the first year that data has been available in this format. From 2016 data onwards it will be possible to fully compare each metric. The staff survey data for 2013 and 2014 show that the responses have remained very similar with no significant difference between the two reporting years.

**7. Are there any other factors or data which should be taken into consideration in assessing progress?**

No

**8. If the organisation has a more detailed Plan agreed by its Board for addressing these and related issues you are asked to attach it. Such a plan would normally elaborate on the steps summarised in section 5 above setting out the next steps with milestones for expected progress against the metrics. It may also identify the links with other 5s work streams agreed at Board level such as EDS2**