Workforce Race Equality Standard

REPORTING TEMPLATE (Revised 2016)

Template for completion

Name of organisation	Date of report: month/year	
South London and Maudsley NHS Foundation Trust	July	2016

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

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

http://www.slam.nhs.uk/media/433426/workforce_race_equality_standard_2016.pdf

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

Dr Matthew Patrick, Chief Executive

Publications Gateway Reference Number: 05067

Report on the WRES indicators

1. Background narrative

a. Any issues of completeness of data

We have a very small number of staff who have "Not Stated" as their ethnicity. However, given the small number these will not affect the overall figures for different ethnic groups within the workforce.

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

No issues with reliability and comparing to previous years. The response rate to Q23b is not broken down by ethnicity so we can only provide an overall figure for the whole workforce.

2. Total numbers of staff

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

4,612

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

39.73%

3. Self reporting

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

97.4%

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

We actively encourage staff to disclose their ethnicity at recruitment stage where the data is sourced. For the outstanding "Not stated" staff we will identify them and ask them to confirm their ethnicity.

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

No specific plans.

4. Workforce data

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

2015-2016 (for present year)
2014-2015 (for previous year comparison)

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.	19.52% compared to 39.73% of workforce	17.29% compared to 39.87% of the workforce.	We have seen a small improvement in the proportion of BME staff in Bands 8-9 from the previous year.	Increasing the representation of BME in higher bands is a key equality objective for the Trust. Within some professional groups where representation has been much lower, an Inclusivity strategy has been introduced. We have introduced a new recruitment system where the ethnicity and name of the individual is not visible until after shortlisting stage.
2	Relative likelihood of staff being appointed from shortlisting across all posts.	Relative likelihood of white staff being appointed compared to BME = 1.89 times.	Relative likelihood of white staff being appointed compared to BME = 1.53 times	we have seen a decrease in the proportion of BME staff appointed from shortlisting compared to white staff from the previous year. Further analysis is required to ascertain the reasons for this.	Our new TRAC recruitment system prevents the ethnicity and name of applicants being known before shortlisting stage. This should reduce any possible bias in the recruitment process at all stages before shortlisting. We are intending to work with local schools and colleges to promote the organisation and roles within healthcare generally selling a career rather than just a job to
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.	3.5 times	1.8 times	Further analysis of disciplinary outcomes will be undertaken to identify where cases could and should have been dealt with informally. To identify reasons for over representation of Black African staff in formal processes.	Undertake an audit of staff entering disciplinary processes and outcomes. Whilst the numbers overall have reduced from 116 cases in 2013 to 61 cases in 2015 the proportion of Black African staff entering formal processes remains comparatively high.
4	Relative likelihood of staff accessing non-mandatory training and CPD.	0.05 times greater for BME staff	0.05 times greater for BME staff	There has been no change from the previous year.	We are aware that CPD funds for the current year have reduced significantly so we will monitor take up by ethnicity to ensure there are no adverse affects.

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 33 BME 38	White 33 BME 41	The number of staff from a white ethnic background has remained the same whereas the number from BME has reduced, however both still remain high.	We will continue to include as local questions in our FFT survey to monitor trends for this.
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White 23 BME 32	White 23 BME 30	The number for BME staff has increased whereas the number for white staff had remained static, however, both are still high.	We will write to all staff actively encouraging them to report incidents of bullying, harassment and abuse as the numbers reported through the survey are significantly higher than those reported formally in employee relations.
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White 85 BME 63	White 83 BME 66	The percentage for white staff has increased and the percentage for BME staff has reduced. There is a significant difference in percentages overall.	We will continue to ensure all staff have an annual appraisal to enable opportunities for development, progression and promotion are signposted.
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 BME	White BME	This metric is not slit out by ethnicity. 2015/16 - 10% 2014/15 - 12% 2013/14 - 14%	This will be incorporated into the Staff Survey Action Plans. There has been year-on-year improvement.
	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.	92% white 8% BME	91% white 9% BME	The composition of the Board has not significantly changed from the previous year. We have recently appointed new NEDs so there may be some changes in ethnic composition next year.	The local populations across which the Trust provides services varies. The proportion of white population in each borough varies from 53% to 57% depending upon the Borough.

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?

Each Clinical Academic Group has been asked to develop an Action Plan following the Staff Survey results and to incorporate elements of the WRES where necessary. There is ongoing work following the publication of our Workforce Equality objective from the previous year.

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.

Develop and embed Staff Survey Action Plans within each Clinical Academic Group incorporating trends for ethnicity and responses.
Continue to develop the new BME Network within the Trust and design the work programme to encourage greater representation across all bands and professions.
Undertake further analysis of disciplinary outcomes especially for Black African staff who have higher representation in formal disciplinary processes.
To work with local schools and colleges to promote the range of roles within healthcare. Selling a career rather than just a job and highlighting all the opportunities open to people in the local population.
Continue to ensure all staff have an annual appraisal - presently at 92%.

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