

Workforce Race Equality Standard  
REPORTING TEMPLATE

Template for completion

Name of provider organisation	Date of report: month/year	
Lewisham and Greenwich NHS Trust	June	2015

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

Mr Tim Higginson- Chief Executive Officer

**Name and contact details of lead manager compiling this report**

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**Names of commissioners this report has been sent to**

**Name and contact details of co-ordinating commissioner this report has been sent to**

**Unique URL link on which this report will be found (to be added after submission)**

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

# Report on WRES indicators

## 1. Background narrative

### a. Any issues of completeness of data

The workforce data relates to the period 1 October 2013 and 30 September 2014. This is the data which is published as part of meeting the Public Sector Equalities Duty and internal ratification takes place between November and January before publication by 31st of January as directed by the Specific Duties Regulations 2011. The survey data used is based on the Trust's survey results of the 2014 NHS staff survey.

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

Lewisham and Greenwich NHS Trust was formed on 1st October 2013 following the dissolution of South London Health NHS Trust. Whilst the merger of the Trust had taken place at the time of the survey of 2013 and therefore able to report the findings of the staff survey, there are no dataset for 2013 relating to indicators 1-4

## 2. Total numbers of staff

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

5866

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

43%

## Report on the WRES Indicators, continued

### 3. Self reporting

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

98.41%

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

Staff were given the opportunity to validate their data in 2013/2014.

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

Implementation of ESR self service is planned for the latter part of 2015/2016. This will enable staff to validate their data on an on-going basis

### 4. Workforce data

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

1 October 2013 - 30 September 2014

## 5. Workforce Race Equality Indicators

For ease of analysis, as a guide we suggest a maximum of 150 words per indicator

	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, 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	35%	N/A	BME staff are under represented in these staff bands. An additional 54 BME staff need to be employed in these bands to ensure proportional representation. The data presented here include career grade and consultants.	Included in Equality Objective- Objective 7- Develop coherent set of Talent Development actions to address the progression and representation of minority groups.
2	Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts.	0.030 v 0.094 BME staff are 3 times less likely to be appointed	N/A	White staff are 3 times more likely to be appointed in comparison to BME staff	No specific action is included in the Trusts Equality Objectives- Objective 9 is about implementation of the WRES which involves the development of action plans to address identified gaps.
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*	Likelihood for white staff =0.04 BME Staff = 0.07 Not Stated= 0.18 BME staff are 1.73 times more likely to enter formal disciplinary investigation.	N/A	The data shows a disproportionate involvement of BME staff in disciplinary action in comparison to white staff. Further investigation is needed to establish those in the 'Not stated' ethnic category as a larger proportion were subject to disciplinary action.	Equalities Objective 7.2- Commission and support attendance for training on Culturally competent ways of working; LGT values framework training to address poor and unacceptable behaviour from any source, empowering them to challenge and hold each other to account.
4	Relative likelihood of BME staff accessing non-mandatory training and CPD as compared to White staff	The likelihood of white staff accessing non mandatory training and CPD is 0.01 and 0.03 for BME staff.	N/A	The data shows that BME staff are nearly 3 times likely to access non mandatory training.	

# 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	Action taken and planned including e.g. does the indicator link to EDS2
	<b>For each of these four indicators, the standard compares the metrics for each survey question for White and BME Staff</b>				
5	KF 18. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White: 28%  BME: 31%	White: 30%  BME: 31%	Whilst the gap between white and BME staff in this indicator is relatively small, those within the white category have seen improvement whilst the percentage for BME staff has remained static	Equalities Objective 7.2- Commission and support attendance for training on Culturally competent ways of working; LGT values framework training to address poor and unacceptable behaviour from any source, empowering them to challenge and hold each other to account.
6	KF 19. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White: 22%  BME: 27%	White: 22%  BME: 27%	BME staff are 1.23 more likely to experience experience harassment, bullying and abuse from staff. This KF has remained the same in 2 years though the finding for white staff is better than the national average which was 24% in 2013 and 22% in 2014	Equalities Objective 7.2- Commission and support attendance for training on Culturally competent ways of working; LGT values framework training to address poor and unacceptable behaviour from any source, empowering them to challenge and hold each other to account.

	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
	<b>For each of these four indicators, the standard compares the metrics for each survey question for White and BME Staff</b>				
7	KF 27. Percentage believing that trust provides equal opportunities for career progression or promotion	white: 88% BME: 61%	White: 87% BME: 67%	The %age of white staff believing that the Trust provides equal opportunities has improved slightly, for BME staff however, there has been a decrease. BME staff were 2.54 times did not believe the Trust provides equal opportunities for career progression in 2013 in comparison to 3.25 in 2014	Equalities Objective 8 Communication- Increase communication and awareness raising in relation to areas of EDI achievements, policies, practices, activities, stories and business/clinical rationale
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	White: 7%  BME: 15%	White: 8%  BME: 16%	Approximately twice as many BME staff as white staff reported experiencing discrimination at work from manager, team leader or colleague	Equalities Objective 7.2- Commission and support attendance for training on Culturally competent ways of working; LGT values framework training to address poor and unacceptable behaviour from any source, empowering them to challenge and hold each other to account.
	<b>Does the Board meet the requirement on Board membership in 9?</b>				
9	Boards are expected to be broadly representative of the population they serve	Board consist of White 94% and 6% BME		The data shows that the Board is unrepresentative of the population which according to the 2011 Census comprised of 58% white and 42% BME	Linked to Objective 6- Leadership and Management. Trust Board to be accountable for a systematic approach to inclusive leadership development.

**6. Are there any other factors or data which should be taken into consideration in assessing progress? Please bear in mind any such information, action taken and planned may be subject to scrutiny by the Co-ordinating Commissioner or by regulators when inspecting against the “well led domain.”**

**7. If the organisation has a more detailed Plan agreed by its Board for addressing these and related issues you are asked to attach it or provide a link to 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 work streams agreed at Board level such as EDS2.**