

Response ID ANON-R89M-8JCP-5

Submitted to **Workforce Race Equality Standard (WRES) reporting template**
Submitted on **2017-07-26 11:30:20**

Introduction

1 Name of organisation

Name of organisation:

Western Sussex Hospital NHS Foundation Trust

2 Date of report

Month/Year:

May 2017

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

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

Denise Farmer, Director of Organisational Development and Leadership

4 Name and contact details of lead manager compiling this report

Name and contact details of lead manager compiling this report:

Nikki Kriel, Organisational Development Manager, 01903 205111 ext: 84025

5 Names of commissioners this report has been sent to

Complete as applicable::

Coastal West Sussex CCG. NHS England

Workforce Race Equality Standard reporting template

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

Complete as applicable.:

Kevin Wilcox, Associate Director of Contracting - NHS South Central & West Commissioning Support Unit, The Causeway, Goring-By-Sea

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

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

8 This report has been signed off by on behalf of the board on

Name::

Date::

29/06/2017

Background narrative

9 Any issues of completeness of data

Any issues of completeness of data:

This report is based on data from the 31st March 2017 and 31st March 2016 for the last reporting period unless stated otherwise.

Data for indicator 3 is from the Trusts Annual Equality and Diversity Monitoring Report provided to our Trust Board and Diversity Matters Steering Group in January 2017. The reporting period for this report is 1st October 2015 - 30th September 2016 and compared to the previous years report which covered the period 1st October 2014 - 30th September 2015.

Staff Survey data is taken from the 2016 National Staff Survey results which were published in January 2017 and compared to the 2015 results which were published in January 2016.

10 Any matters relating to reliability of comparisons with previous years

Any matters relating to reliability of comparisons with previous years:

No

Self reporting

11 Total number of staff employed within this organisation at the date of the report:

Total number of staff employed within this organisation at the date of the report:

7051 (31.03.17)

12 Proportion of BME staff employed within this organisation at the date of the report?

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

14.97%

13 The proportion of total staff who have self reporting their ethnicity?

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

95.33% of staff have disclosed their ethnicity

14 Have any steps been taken in the last reporting period to improve the level of self reporting by ethnicity?

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

None - disclosure levels are high

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

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

No

Workforce data

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

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

As at 31st March 2017 for reporting year and 31st March 2016 for previous year for indicators 1,2,4 and 9. Indicator 3 is based on data published in the trusts annual E&D monitoring report for Jan 2016 and Jan 2015 (data is taken from 1.10 to 30.9 each year) and indicators 5,6,7 and 8 are from the trusts national staff survey results 2016 (reporting year) and 2015 (previous year).

Workforce Race Equality Indicators

17 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.

Data for reporting year:

Clinical Staff

B1 - BME 5.56%

WHITE 94.44%

B2 - BME 18.95%

WHITE 81.05%

B3 - BME 10.59%

WHITE 89.41%

B4 - BME 9.20%

WHITE 90.80%

B5 - BME 27.09%

WHITE 72.91%

B6 - BME 10.85%

WHITE 89.15%

B7 - BME 7.94%

WHITE 92.06%

B8 - BME 3.19%

WHITE 96.81%

B9 - BME 0

WHITE 0

MEDICAL - BME 29.91% WHITE 70.09%

OTHER - BME 0 WHITE 0

Non-Clinical Staff

B1 - BME 15.71% WHITE 84.29%

B2 - BME 7.04% WHITE 92.96%

B3 - BME 4.89% WHITE 95.11%

B4 - BME 3.75% WHITE 96.25%

B5 - BME 8.29% WHITE 91.71%
B6 - BME 7.41% WHITE 92.59%
B7 - BME 10.14% WHITE 89.86%
B8 - BME 4.79% WHITE 95.21%
B9 - BME 8.33% WHITE 91.67%
MEDICAL - BME 0 WHITE 0
OTHER - BME 0 WHITE 100%

Data for previous year:

Clinical Staff

B1 - BME 9.09% WHITE 90.91%
B2 - BME 17.85% WHITE 82.15%
B3 - BME 13.5% WHITE 86.5%
B4 - BME 6.49%
WHITE 93.51%
B5 - BME 24.34% WHITE 75.66%
B6 - BME 10.57% WHITE 89.43%
B7 - BME 5.80% WHITE 94.20%
B8 - BME 2.17% WHITE 97.83%
B9 BME 0 WHITE 0
MEDICAL - BME 28.69% WHITE 71.31%
OTHER - BME 0 WHITE 0

Non Clinical Staff

B1 - BME 14.29% WHITE 85.71%
B2 - BME 6.48% WHITE 93.52%
B3 - BME 5.15% WHITE 94.85%
B4 - BME 3.02% WHITE 96.98%
B5 - BME 8.54%
WHITE 91.46%
B6 - BME 8.59% WHITE 91.41%
B7 - BME 7.03% WHITE 92.97%
B8 - BME 2.86% WHITE 97.14%
B9 - BME 0% WHITE 100%
MEDICAL - BME 0 WHITE 0
OTHER - BME 0% WHITE 100%

The implications of the data and any additional background explanatory narrative:

The data shows that the percentage of BME clinical staff in B1 - B2 is reflective of percentage employed. B3 - B4 is lower, however B5 shows a significant increase in the percentage of BME staff, B6 - B9 of BME staff are lower than the percentage employed.

There is a higher percentage of white non-clinical staff across all bands.

There is a higher percentage of BME medical staff than BME staff employed.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:

Linked to EDS2 goal 3.1 and one of the Trust Equality Objectives 'To ensure that the workforce is representative at all levels and across all protected groups'. In December 2016 the National BAME leadership development programme was promoted through Trust Celebrating Cultures Network and staff encouraged to apply, with successful applicants selected at different levels.. Current in house managers leadership programme undergoing update and unconscious bias introduced to E&D training and included in recruitment and selection training.

18 Relative likelihood of staff being appointed from shortlisting across all posts.

Data for reporting year:

Relative likelihood of white staff being appointed from shortlisting 1.15. Relative likelihood of BME staff appointed from shortlisting 0.87.

Data for previous year:

Relative likelihood of white staff being appointed from shortlisting 1.35. Relative likelihood of BME staff being appointed from shortlisting 0.74

The implications of the data and any additional background explanatory narrative:

The likelihood of BME staff being appointed from shortlisting is less likely than white staff. However this figure has increased to 0.87 from 0.74 in 2016.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:

Linked to EDS2 goal 3.1. and one of the Trust Equality Objectives 'To ensure that the workforce is representative at all levels and across all protected groups'. Unconscious Bias training has been introduced to recruitment and selection training sessions. Further work to ensure the Trust is promoted as an employer of choice for BME staff.

19 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.

Data for reporting year:

BME staff are 2.02 times more likely to enter a disciplinary process than white staff

Data for previous year:

BME staff are 1.55 times more likely to enter a disciplinary process than white staff

The implications of the data and any additional background explanatory narrative:

The data has been adjusted to be in-line with WRES definition for White. Data adjusted from the annual E&D report to include 'staff who have been subject to an investigation, but for whom no further action was taken'. These numbers were not included in last years WRES report so a true comparison can not be made. Future annual E&D report to be adjusted to include this. Total numbers of disciplinary's with formal action were 21, with an additional 6 cases which had no further action. There was no significant difference between the ethnicity of staff entering the process and those receiving sanctions.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:

Although from the data reported it would seem that BME staff are more likely to enter the disciplinary process the numbers are low. Employee relations data reported to board will now include narrative around staff ethnicity which also links to work from the 2016 staff survey results and look at any hotspot areas. Continue to share the Trust's values to challenge behavior and raise awareness of cultural differences

20 Relative likelihood of staff accessing non-mandatory training and CPD.**Data for reporting year:**

Out of all staff who accessed non-mandatory training and CPD, 14.60% were BME and 85.40% were White Staff in the last year

Data for previous year:

Out of all staff who accessed non-mandatory training and CPD, 15.71% were BME and 84.29% were White Staff in the last year

The implications of the data and any additional background explanatory narrative:

BME staff accessing non-mandatory training is very similar to the percentage employed (14.97%). This percentage has decreased slightly from the previous year.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:

Linked to EDS2 goal 3.3, and equality objective for the Trust to 'To ensure that training and development opportunities are recorded and taken up by all staff with equal access for all' In agreement with the Learning and Development team from July 2017 all PC's to be recorded from applications for training in order to give a better picture. Recording evidence for other training opportunities i: mentoring, CPD and job rotations to be explored.

Workforce Race Equality Indicators**21 KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.****White:**

29%

BME:

32%

White:

30%

BME:

35%

The implications of the data and any additional background explanatory narrative:

The % of BME staff experiencing harassment, bullying or abuse from patients/relatives/public has decreased in the Trust by 3% in the past year. This is 3% higher than white staff and 6% higher than the national average for acute trusts.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:

Linked to EDS goal 3.4 and is an agreed equality & diversity objective for the Trust "To improve the levels of staff who are free from abuse, harassment, bullying and violence from any source whilst at work". Work has been undertaken with the security team. Support and encouragement of reporting incidents undertaken. Further work in target areas taking place throughout 2017. Celebrating Cultures Network involved in creating action plan going forward.

23 KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.**White:**

92%

BME:

84%

White:

89%

BME:

86%

The implications of the data and any additional background explanatory narrative:

The % of BME staff believing the Trust provides equal opportunities for career progression or promotion has decreased by 2% since last year to 84%. This is 8% lower than White staff but 8% higher than the BME National average for acute trusts.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:

The Trust is significantly above average for BME and White staff. However the gap between BME and White staff has widened since last year. This indicator is linked to EDS2 goal 3.1 and 3.3. In December 2016 the National BAME leadership development programme was promoted through Trust Celebrating Cultures Network and staff encouraged to apply, with successful applicants selected at different levels. Future development of the Trusts in house management development programme scheduled for completion by 2017. Currently no in-house programme is offered. Monitoring of PC's of delegates undertaking this programme will be collected. Unconscious bias is now included in mandatory E&D training sessions.

24 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:

6%

BME:

12%

White:

7%

BME:

13%

The implications of the data and any additional background explanatory narrative:

The % of BME staff experiencing discrimination at work from managers, team leaders or other colleagues is 12%. This is 1% less than last years survey and 2% less than the BME national average for acute trusts.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:

A positive result in comparison to last year and lower than the national average for BME staff. However the gap between White and BME staff remains. Work on discrimination by ethnicity following staff survey results is planned and supported by the Celebrating Cultures network. This indicator is linked to EDS2 goal 3.6.

22 KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.

White:

24%

BME:

23%

White:

25%

BME:

24%

The implications of the data and any additional background explanatory narrative:

The % of BME staff experiencing harassment, bullying or abuse from staff has decreased by 1% in the last year to 23%. This is 1% lower than for the White staff in the Trust this year (24%) and 4% lower than the BME national average for acute trusts (27%).

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:

Again this is a positive result for the Trust with less BME staff reporting experiencing harassment, bullying or abuse from staff than previous years and nationally. The Trust has strong values and staff are made clear of these at induction. Management development programmes need reviewing and this piece of work is due to take place by the end of 2017. However the Trust needs to ensure this continues and staff remain confident to challenge any unwanted/unwelcome behaviors.

Workforce Race Equality Indicators

25 Percentage difference between the organisations' Board voting membership and its overall workforce.

White:

Voting Board Members (including executive and non-executive) - WHITE 100%

BME:

Voting Board Members (including executive and non-executive) - BME 0%

White:

Voting Board members - WHITE 100%

BME:

Voting Board members - BME 0%

The implications of the data and any additional background explanatory narrative:

As of the 31st March 2017 there were 12 voting members of the board. As you can see BME staff are not represented on the voting board.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:

Continue to ensure board members take into account BME voice through the Diversity Matters Steering groups link with the Celebrating Cultures network. Targeted NED position advertising to attract interest from BME population took place in October 2016 although this was not successful work to increase representative membership of the board of governors and the Trusts membership committee will continue. The board has noted the governors role in appointing NEDs and the need to draw attention to the wider population.

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

During 2016/17 the Trust completed the NHS Employers Diversity and Inclusion partners programme. Gaining valuable learning to input into the equality and diversity agenda. The Celebrating Cultures Network has developed since the last WRES report was submitted and is getting actively involved in developing strategies to support our staff.

27 Organisations should produce a detailed WRES action plan, agreed by its board. It is good practice for this action plan to be published on the organisation's website, alongside their WRES data. Such a plan would elaborate on the actions summarised in this report, setting out the next steps with milestones for expected progress against the WRES indicators. It may also identify the links with other workstreams agreed at board level, such as EDS2. You are asked to provide a link to your WRES action plan in the space below.

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.:

Links for WRES Board Report, EDS2 and Performance Report to be added