Western Sussex Hospitals
NHS Foundation Trust

Western Sussex Hospitals NHS Foundation Trust

Workforce Race Equality Standard 2017-2018

Introduction

Recent research on race equality in the NHS workforce makes challenging reading for boards in provider organisations. Evidence shows that if you are from a black and minority ethnic (BME) background you are less likely to be appointed once shortlisted, less likely to be selected for training and development programmes, more likely to experience harassment, bullying and abuse, and more likely to be disciplined and dismissed.

Black and minority ethnic staff are significantly underrepresented in senior management positions and at board level. In 2012, just 1 per cent of NHS Chief Executives came from a BME background, compared to 16 per cent BME representation in the NHS workforce. Most worryingly, despite a multitude of race equality initiatives and examples of provider good practice since the 2004 Race Equality Action Plan, many of the key indicators are either static or actually getting worse.

Leading by example: The race equality opportunity for NHS provider boards, 2014 – NHS Providers

This challenge is one that **all** NHS organisations need to meet because:

- It suggests talent is being wasted through unfairness in the appointment, treatment and development of a large section of the NHS workforce,
- It suggests precious resources are wasted through the impact of such treatment on the morale, discretionary effort, and other consequences of such treatment,
- Research shows convincingly that such treatment adversely affects the care and treatment of all patients,
- Research shows that diverse teams and leaderships are more likely to show the innovation and increase the organisational effectiveness the NHS needs,
- Organisations whose leadership composition bears little relationship to that of the communities served will be less likely to deliver the patient focussed care that is needed.

The NHS has responded by the mandatory introduction of the Workforce Race Equality Standard (WRES), which requires all NHS providers to start to address these issues.

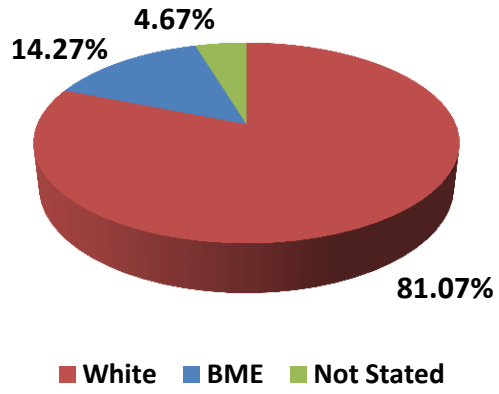
Background Information

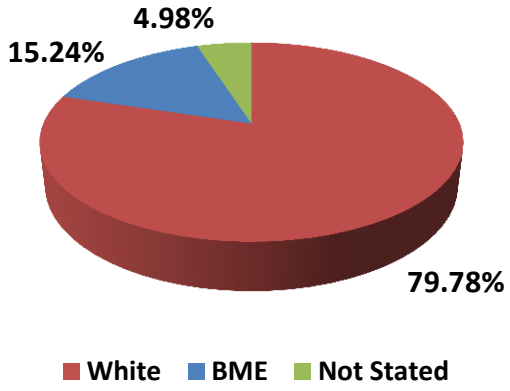
1) Total number of staff:

2017	2018
7051 headcount	7053 headcount

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

	2017		2018	
	Headcount	% of Staff	Headcount	% of Staff
White	5716	81.07%	5627	79.78%
BME	1006	14.27%	1075	15.24%
Not Stated	329	4.67%	351	4.98%
Total	7051	100.0%	7053	100.0%





2) Self-reporting

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

	2017		2018	
	Headcount	% of Staff	Headcount	% of Staff
Ethnicity Declared	6722	95.33%	6702	95.02%
Ethnicity Not Declared	329	4.67%	351	4.98%
Total	7051	100.0%	7053	100.0%

b) Has any steps been taken in the last reporting period to improve the level of self-reporting by ethnicity?

We collect information relating to staff ethnicity as part of the recruitment process and disclosure levels are high.

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

We collect information relating to staff ethnicity as part of the recruitment process. The Trust is currently rolling out ESR self-service and the opportunity will be explored to see if monitoring information can be updated.

3) Workforce Data

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

1st April 2017 to 31st March 2018.

4) Definition of BME under to WRES

In line with the categories taken from the 2001 Census:

BME	Unknown	White
D – Mixed white and black Caribbean	Z – not stated	A – White – British
E – Mixed white and black African	NULL	B – White – Irish
F – Mixed white and Asian	Unknown	C – Any other white background
G – Any other mixed background		
H – Asian or Asian British – Indian		
J – Asian or Asian British – Pakistani		
K – Asian or Asian British – Bangladeshi		
L – Any other Asian background		
M – Black or black British – Caribbean		
N – Black or black British – African		
P – Any other black background		
R – Chinese		
S – Any other ethnic group		

5) Population Demographic 2011 Census (Southeast England)

	Census 2011
BME	9%
White	91%
Unknown	0%

Workforce Race Equality Indicators

For each of the indicators, the standard compares the metrics for white and BME staff.

Indicator 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

Note: Organisations should undertake this calculation separately for non-clinical and for clinical staff.

	Non-Clinical				
	White	BME	Total	White %	BME%
Band 1	254	46	300	84.67%	15.33%
Band 2	462	32	494	93.52%	6.48%
Band 3	336	14	350	96.00%	4.00%
Band 4	276	12	288	95.83%	4.17%
Band 5	121	5	126	96.03%	3.97%
Band 6	97	3	100	97.00%	3.00%
Band 7	52	3	55	94.55%	5.45%
Band 8a	48	2	50	96.00%	4.00%
Band 8b	31	2	33	93.94%	6.06%
Band 8c	15	0	15	100.00%	0.00%
Band 8d	4	0	4	100.00%	0.00%
Band 9	6	0	6	100.00%	0.00%
VSM	4	0	4	100.00%	0.00%
Other	18	0	18	100.00%	0.00%
Total	**1724**	**119**	**1843**	**93.54%**	**6.46%**

What the data tells us:

- The overall population of non-clinical BME staff in the majority of bands is under represented compared to the overall population demographic statistics in the 2011 Census (9%).
- There appears to be a higher representation at 15.33% of BME staff in the lowest paid roles at Band 1. In line with Agenda for Change Refresh the Band 1 position will be phased out by March 2021.
- All other bands including 8c, 8d, 9 and VSM (very senior managers) appear to be underrepresented by BME staff.

- When comparing to the previous WRES report (2017), BME findings indicate a total reduction from 7.67% to 6.46%.

  Note: WRES data for 2018 has been extracted directly from ESR and the Business Intelligent (BI) dashboard. This is the first BI extract and therefore data is more reliable.

	Clinical				
	White	**BME**	**Total**	**White %**	**BME%**
Band 1	40	5	45	88.89%	11.11%
Band 2	871	176	1047	83.19%	16.81%
Band 3	199	50	249	79.92%	20.08%
Band 4	123	13	136	90.44%	9.56%
Band 5	773	322	1095	70.59%	29.41%
Band 6	787	113	900	87.44%	12.56%
Band 7	481	40	521	92.32%	7.68%
Band 8a	104	7	111	93.69%	6.31%
Band 8b	27	1	28	96.43%	3.57%
Band 8c	9	0	9	100.00%	0.00%
Band 8d	4	0	4	100.00%	0.00%
Band 9	2	0	2	100.00%	0.00%
VSM	1	0	1	100.00%	0.00%
Medical: Consultants	254	85	339	74.93%	25.07%
Medical: Non-consultant career grade	41	38	79	51.90%	48.10%
Medical: Trainee	181	106	287	63.07%	36.93%
Other	6	0	6	100.00%	0.00%
Total	**3903**	**956**	**4859**	**80.33%**	**19.67%**

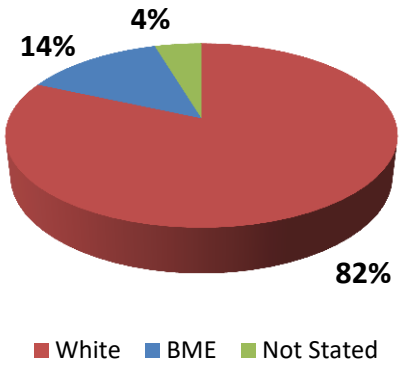
What the data tells us:

- The overall population of clinical BME staff in the majority of bands is more represented compared to the overall population statistics in the 2011 Census (9%).
- There appears to be an overrepresentation at 48.10% of BME staff in the non-consultant career grade.
- The appears to be an higher representation for non- medical clinical roles for BME staff at Band 5 Staff Nurse and Band 2 / 3 Healthcare Assistant. This would suggest the need to investigate if there is a concrete ceiling to career progression.
- There appears to be an overrepresentation at all levels of medical roles which is attributed to the diverse nationalities employed and also follows the national trend.
- There appears to be an under representation of BME staff at 8c, 8d, 9 and VSM (very senior managers).
- When comparing to the previous WRES report (2017), BME findings indicate a total increase from 16.91% to 19.67%.

Note: WRES data for 2018 has been extracted directly from ESR and the Business Intelligent (BI) dashboard. This is the first BI extract and therefore data is more reliable.

Indicator 2 - Relative likelihood of staff being appointed from shortlisting across all posts

	Shortlisted	Appointed	Relative Likelihood of being appointed
White	4601	530	0.11519
BME	925	89	0.09622
Not Stated	158	30	0.18987
Total	5684	649	0.11418



The likelihood of white candidates being appointed from shortlisting: 530/4601 = 0.11519

The likelihood of BME candidates being appointed from shortlisting: 89/925 = 0.09622

The relative likelihood of white staff being appointed from shortlisting compared to BME staff is:0.11519 (white candidates) / 0.09622 (BME candidates) = 1.2

White Candidates 1.2

BME Candidates 1

In this instance the data suggests BME candidates are less likely than white candidates to be appointed from shortlisting.

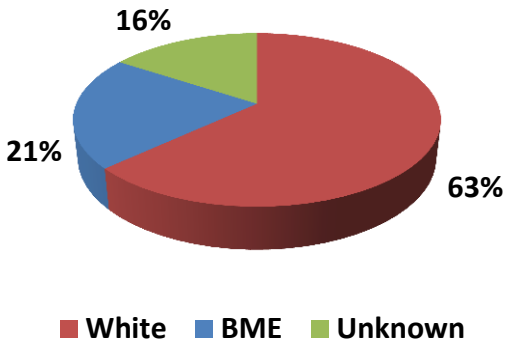
The 2017 WRES report highlighted that there was a relative likelihood of 1.15 (in favour of white staff) of being employed over BME staff 0.87, and the 2016 WRES report highlighted

a 1.35 relative likelihood (in favour of white staff) of being employed over BME staff 0.74. It would appear there is a steady balancing of BME outcomes over the last 3 reports.

Indicator 3 - Relative likelihood of 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

	Number of Disciplinary Procedures	Number in Workforce	Relative Likelihood of entering procedure
White	12	5627	0.00213
BME	4	1075	0.00372
Unknown	3	351	0.00855



The likelihood of white staff entering the formal disciplinary process:
12 / 5627 = 0.00213

The likelihood of BME staff entering the formal disciplinary process:
4 / 1075 = 0.00372

The relative likelihood of BME staff entering the formal disciplinary process compared to white staff is: 0.00372 (BME Staff) / 0.00213 (White Staff) = **1.75 times.**

White Candidates 1

BME Candidates 1.75

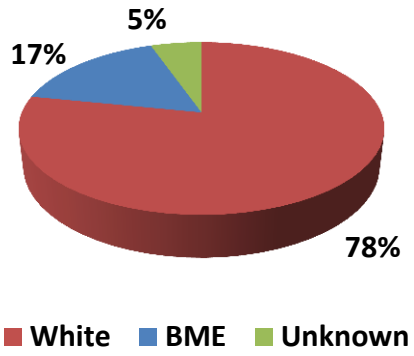
In this instance the data suggests that BME staff members are more likely than white staff to enter into a formal disciplinary process.

The 2017 WRES report stated there was a likelihood of 2.02 of BME staff entering into a formal disciplinary process over white staff. The 2016 WRES report stated there was a 1.55 likelihood of BME staff entering disciplinary process over white staff. The data in 2017

was not a true comparison as it included staff who had been subjected to an investigation, but no further action was taken.

Indicator 4 - Relative likelihood of staff accessing non-mandatory training and CPD.

	Number in workforce	No. of staff accessing non-mandatory/CPD training	Relative likelihood of accessing non-mandatory/CPD training
White	5627	3887	0.69078
BME	1075	819	0.76186
Unknown	351	268	0.76353
Total	7053	4974	0.70523



The data supplied for 2016-17 related to applications for education funding submitted by allied health professionals and nursing and midwifery staff.

Likelihood of white staff accessing non-mandatory/CPD training:
3887 / 5627= 0.6978

Likelihood of BME staff accessing non-mandatory/CPD training:
819 / 1075 = 0.76186

Relative likelihood of white staff accessing non-mandatory/CPD training compared to BME staff: 0.06978 (White Staff) / 0.76186 (BME Staff) = **0.91 times.**

White Candidates 0.91

BME Candidates 1

In this instance the data suggests BME staff are more likely to have non-mandatory/CPD training than white staff.

In 2016/2017 reported data was provided in a percentage figure and not the relative likelihood. With the introduction of the Business Intelligence dashboard the data is more credible.

Reported percentage figures:

2017 – 14.60% BME compared to 85.40% White

2016 – 15.71% BME compared to 84.29% White

It would appear there has been an increase where BME staff are more likely to be accepted on non-mandatory training. There is an opportunity moving forward to investigate the staff groups the data is attributed to.

Indicator 5 - Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months – KF25 from NHS Staff Survey

Staff Survey Date	BME Staff	White Staff	National Acute Average
2017	32%	29%	28%
2016	32%	29%	27%
2015	35%	30%	28%
2014	33%	30%	28%

There has been a consistent level for BME staff since 2015 and the overall trend is higher for both BME and white staff compared to the national acute average.

Indicator 6 - Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months – KF26 from NHS Staff Survey

Staff Survey Date	BME Staff	White Staff	National Acute Average
2017	26%	23%	25%
2016	23%	24%	25%
2015	24%	25%	26%
2014	25%	24%	

Since 2016 there has been a 3% increase for BME staff which remains a concern. This is being explored as part of the Trust's corporate campaign to reduce abusive behaviours amongst the workforce.

Indicator 7 - Percentage believing that trust provides equal opportunities for career progression or promotion – KF21 from NHS Staff Survey

Staff Survey Date	BME Staff	White Staff	National Acute Average
2017	84%	90%	85%
2016	84%	92%	87%
2015	86%	89%	87%
2014	77%	91%	61%

A consistent level for BME has remained since 2016; however the experience is below the national average.

Indicator 8 - In the last 12 months have you personally experienced discrimination at work from your Manager/team leader or other colleagues? Q17(b) from the Staff Survey

Staff Survey Date	BME Staff	White Staff	National Acute Average
2017	12%	6%	8%
2016	12%	6%	7%
2015	14%	7%	11%
2014	17%	7%	7%

There has been a consistent level for BME and white staff for 2 years and the overall trend is 4% higher for BME compared to the national acute average.

Indicator 9 - compare the difference for white and BME staff: Percentage difference between:

(i) The organisation's Executive Board voting membership and its overall workforce

	Overall Workforce		Executive Board Voting Membership		% Difference
	Number in workforce	% in workforce	Number on board	% of board	
White Staff	5627	79.78%	10	66.67%	**-13.11%**
BME Staff	1075	15.24%	0	0.00%	**-15.24%**
Unknown	351	4.98%	5	33.33%	**28.36%**
Total	7053		15		

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

In 2017 the NHS Staff Survey was open to all WSHFT Trust staff to participate in which a potential sample of circa 6,000 were permitted to participate in. For the first year 795 (12%) of the organisation was offered to undertake the survey on-line.

The Trust's Annual Equality Report is also produced and the workforce data is analysed for trends across recruitment, employee relations, training and development and demographics. The report is scrutinised and approved by the Trust's Executive Team, and the actions feed into the Trust's Equality Objectives.

a. Any issues of completeness of data
This report is based on information presented to the Trust's Board in August 2018.

b. Any matters relating to the reliability of comparisons with previous years
None.