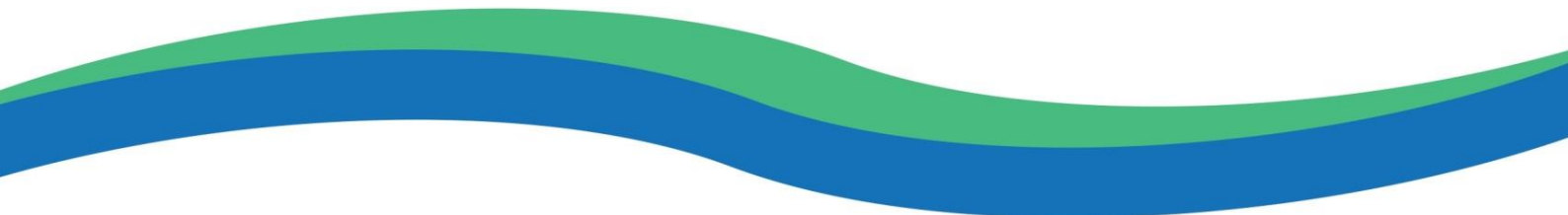




**Western Sussex Hospitals**  
NHS Foundation Trust

# Western Sussex Hospitals NHS Foundation Trust

Workforce Race Equality Standard 2018-19





# 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 background (BME) 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 introduction of the Workforce Race Equality Standard, which requires all NHS providers to start to address these issues.



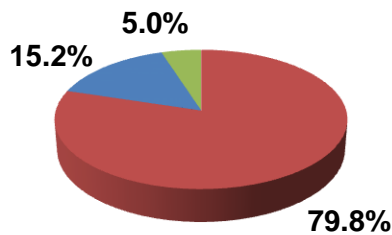
## Background Information

### 1) Total number of staff:

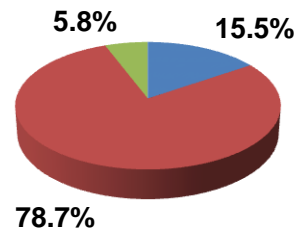
2017-18	2018-19
7053 headcount	7104 headcount

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

	2017-18		2018-19	
	Headcount	% of Staff	Headcount	% of Staff
White	5627	79.8%	5588	78.7%
BME	1075	15.2%	1100	15.5%
Not Stated	351	5.0%	416	5.8%
<b>Total</b>	<b>7053</b>	<b>100.0%</b>	<b>7104</b>	<b>100.0%</b>



■ White  
■ BME  
■ Not Stated



■ BME  
■ White  
■ Not Stated

2017-18

2018-19

### 2) Self-reporting

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

	2017-18		2018-19	
	Headcount	% of Staff	Headcount	% of Staff
<b>Ethnicity Declared</b>	6702	95.0%	6688	94.1%
<b>Ethnicity Not Declared</b>	351	5.0%	416	5.9%
<b>Total</b>	<b>7053</b>	<b>100.0%</b>	<b>7104</b>	<b>100.0%</b>

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

c) We collect information relating to staff ethnicity as part of the recruitment process. Electronic Staff Records self-service has also been rolled out to all staff in April 2019, which provides staff with the opportunity to update their ethnicity confidentially.

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

A full review of the monitoring information documents took place. We collect information relating to staff ethnicity as part of the recruitment process.

### 3) Workforce Data

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

April 2018 to March 2019.

### 4) Definition of BME under to WRES

In line with the categories taken from the 2001 Census:

<b>BME</b>	<b>Unknown</b>	<b>White</b>
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)

	<b>Census 2011</b>
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	Unknown	Total	White %	BME%
Band 1	235	49	3	287	81.88%	17.07%
Band 2	471	30	19	520	90.58%	5.77%
Band 3	355	15	10	380	93.42%	3.95%
Band 4	269	14	7	290	92.76%	4.83%
Band 5	117	6	5	128	91.41%	4.69%
Band 6	100	2	5	107	93.46%	1.87%
Band 7	52	4	3	59	88.14%	6.78%
Band 8a	46	3	3	52	88.46%	5.77%
Band 8b	33	2		35	94.29%	5.71%
Band 8c	20			20	100.00%	0.00%
Band 8d	5		2	7	71.43%	0.00%
Band 9	4			4	100.00%	0.00%
VSM	11	1	1	13	84.62%	7.69%
Other	10		7	17	58.82%	0.00%
<b>Total</b>	<b>1728</b>	<b>126</b>	<b>65</b>	<b>1919</b>	<b>90.05%</b>	<b>6.57%</b>

### 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%). Though there has been a marginal increase of non-clinical BME staff of 0.11% when comparing to 2017-18.
- There appears to be a higher representation at 17.07% of BME staff in the lowest paid roles at Band 1. In line with Agenda for Change Refresh, Band 1 positions will be phased out by March 2021.

- All other bands except VSM (very senior managers) appear to be underrepresented by BME staff.

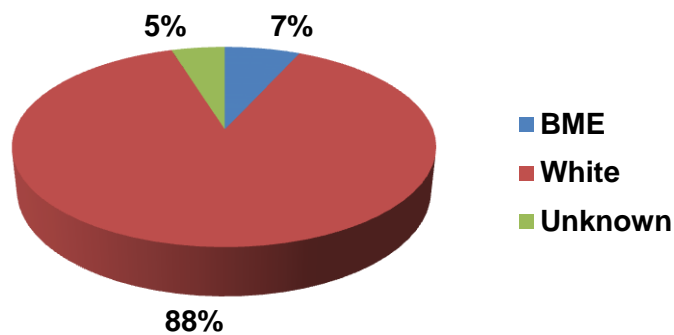
	Clinical					
	White	BME	Unknown	Total	White %	BME%
Band 1	30	2		32	93.8%	6.3%
Band 2	841	188	78	1107	76.0%	17.0%
Band 3	201	40	17	258	77.9%	15.5%
Band 4	136	13	9	158	86.1%	8.2%
Band 5	743	331	96	1170	63.5%	28.3%
Band 6	774	126	42	942	82.2%	13.4%
Band 7	487	34	26	547	89.0%	6.2%
Band 8a	92	9	6	107	86.0%	8.4%
Band 8b	27			27	100.0%	0.0%
Band 8c	10			10	100.0%	0.0%
Band 8d	3			3	100.0%	0.0%
Band 9	2			2	100.0%	0.0%
VSM	8		2	10	80.0%	0.0%
Consultants	257	88	16	361	71.2%	24.4%
Non-consultant career grade	42	34	8	84	50.0%	40.5%
Trainee	207	109	50	366	56.6%	29.8%
Other			1	1	0.0%	0.0%
<b>Total</b>	<b>3860</b>	<b>974</b>	<b>351</b>	<b>5185</b>	<b>74.4%</b>	<b>18.8%</b>

### What the data tells us:

- The overall population of clinical BME staff is more than the overall population statistics in the 2011 Census (9%). Though there has been an overall decrease of the percentage (0.87%) of non-clinical BME staff when comparing to 2017-18.
- There appears to be a higher representation of BME staff in clinical roles, which can be attributed to the diverse nationalities employed and also follows the national trend. The highest representation is at non-consultant career grade at 40.5%.
- There appears to be a higher representation for non-medical clinical roles for BME staff at Bands 5 (Staff Nurse) and Bands 2/3 (Healthcare Assistants). This would suggest the need to investigate if there is a blockage to progression.
- All other bands including VSM (very senior managers) is underrepresented by BME staff.

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

	Shortlisted	Appointed	Relative Likelihood of being appointed
<b>White</b>	4313	446	0.1034083
<b>BME</b>	1253	38	0.0303272
<b>Not Stated</b>	156	24	0.1538461
<b>Total</b>	5722	511	



The likelihood of white candidates being appointed from shortlisting:  
 $446 / 4313 = 0.1034083$

The likelihood of BME candidates being appointed from shortlisting:  
 $38 / 1253 = 0.0303272$

The relative likelihood of white staff being appointed from shortlisting compared to BME staff is:  $0.1034083$  (white candidates) /  $0.0303272$  (BME candidates) = **3.4 times.**

BME Candidates		1.00
White Candidates		3.40

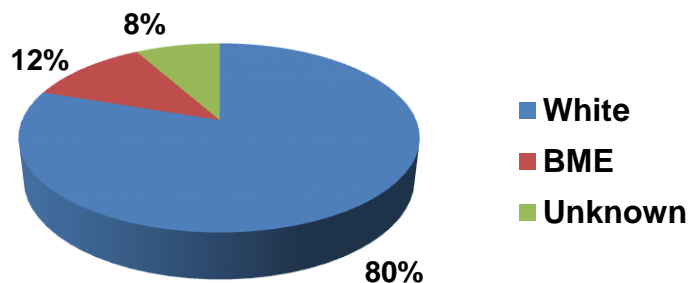
*In this instance the data suggests BME candidates are less likely than white candidates to be appointed from shortlisting.*

In 2017-18 the relative likelihood was 1.2 (in favour of white candidates), compared to this year this has now doubled.

**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**

	Disciplinary Procedures 2017/18	Disciplinary Procedures 2018/19	Total number of procedures	Number in Workforce	Relative Likelihood of entering procedure
<b>White</b>	12	57	<b>69</b>	5588	0.0123478
<b>BME</b>	4	6	<b>10</b>	1100	0.0090909
<b>Unknown</b>	3	4	<b>7</b>	416	0.0168269



The likelihood of white staff entering the formal disciplinary process:  
 $69 / 5588 = 0.0123478$

The likelihood of BME staff entering the formal disciplinary process:  
 $10 / 1100 = 0.0090909$

The relative likelihood of BME staff entering the formal disciplinary process compared to white staff is:  $0.0090909$  (BME Staff) /  $0.0123478$  (White Staff) = **0.07 times**.



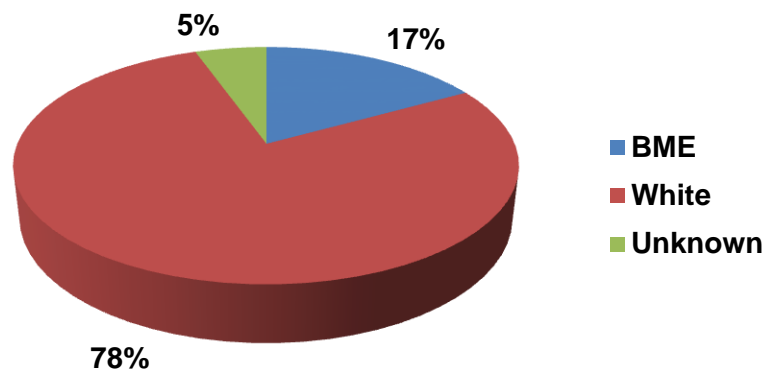
*In this instance the data suggests that BME staff members are less likely than white staff to enter into a formal disciplinary process.*

The 2017/18 WRES report stated there was a likelihood of 1.75 of BME staff entering into a formal disciplinary process over white staff. In this report we can see there has been a significant decrease in likelihood of BME staff entering the formal disciplinary process.



**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
<b>BME</b>	1100	853	0.6993557
<b>White</b>	5588	3908	0.7754545
<b>Unknown</b>	416	274	0.6586538
<b>Total</b>	7104	5035	



The data supplied for 2018-19 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:  
 $3908 / 5588 = 0.6993557$

Likelihood of BME staff accessing non-mandatory/CPD training:  
 $853 / 1100 = 0.7754545$

Relative likelihood of white staff accessing non-mandatory/CPD training compared to BME staff:  $0.6993557$  (White Staff) /  $0.7754545$  (BME Staff) = **0.90 times.**

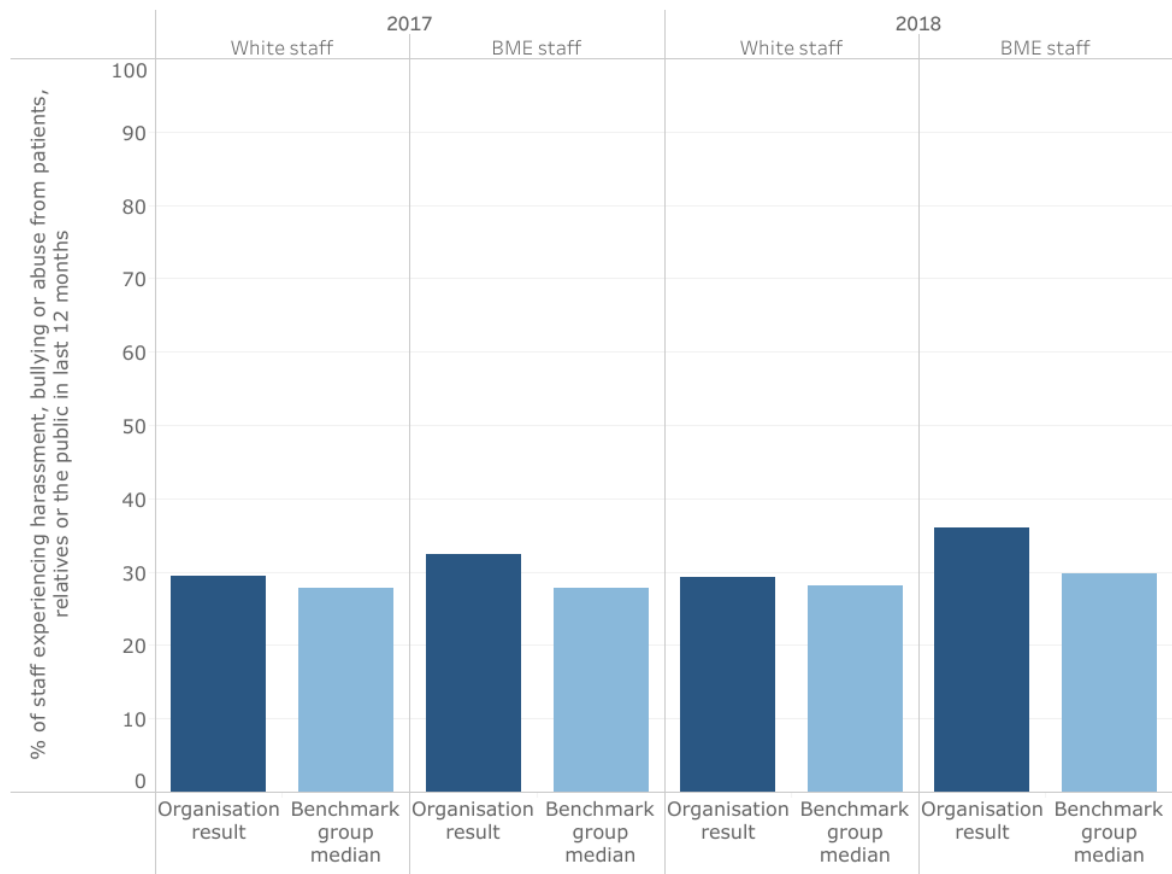
BME Staff	<div style="width: 100%; height: 10px; background-color: #008000;"></div>	1.00
White Staff	<div style="width: 90%; height: 10px; background-color: #008000;"></div>	0.90

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

In the 2017-18 report the relative likelihood was 0.91 (in favour of BME staff), compared to this year the likelihood has remained about the same.

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

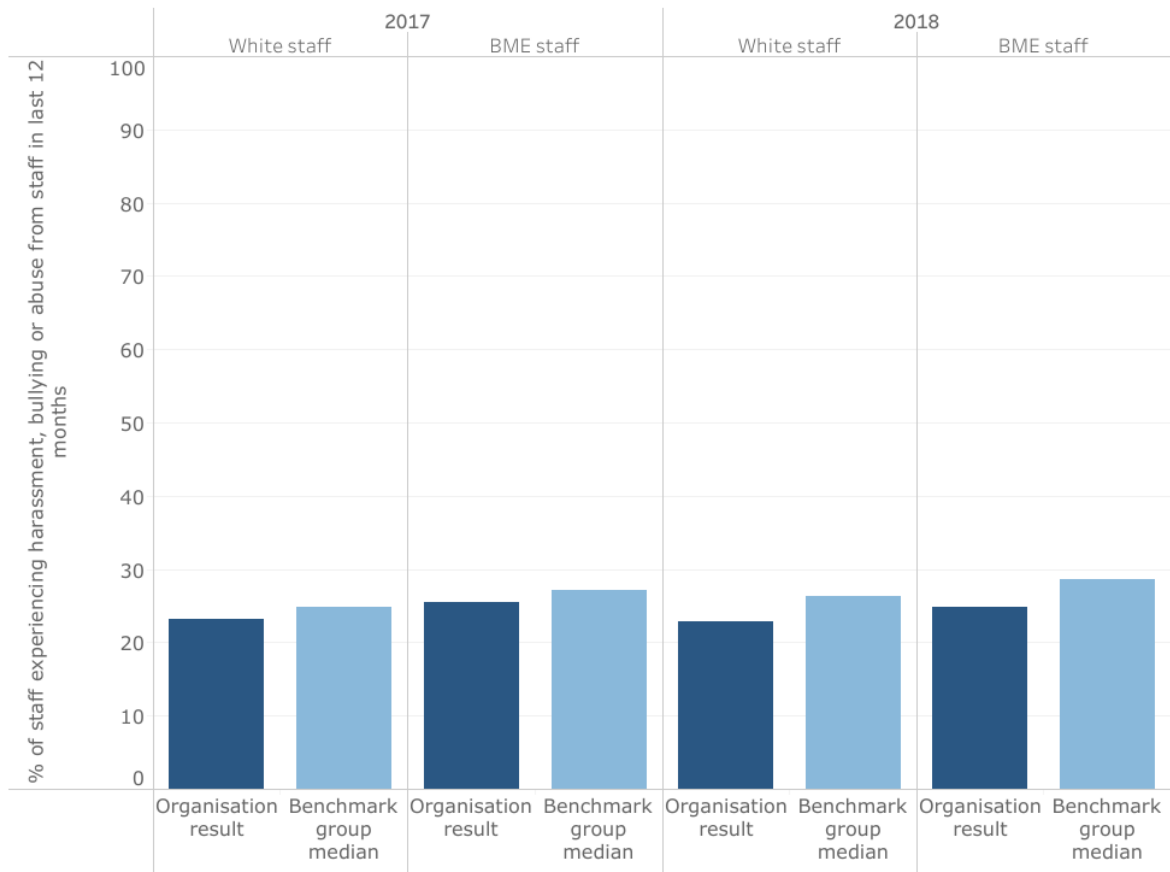
Staff Survey	White Staff		BME Staff	
	WSHFT staff	Acute Average	WSHFT staff	Acute Average
2017	29.4%	27.8%	32.3%	27.8%
2018	29.2%	28.2%	36.1%	29.8%



Both white and BME staff experience harassment, bullying or abuse from patients, relatives or the public above the national average. It would appear from 2017-18 to 2018-19 the percentage of BME people experiencing harassment, bullying or abuse from patients, relatives or the public has increased.

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

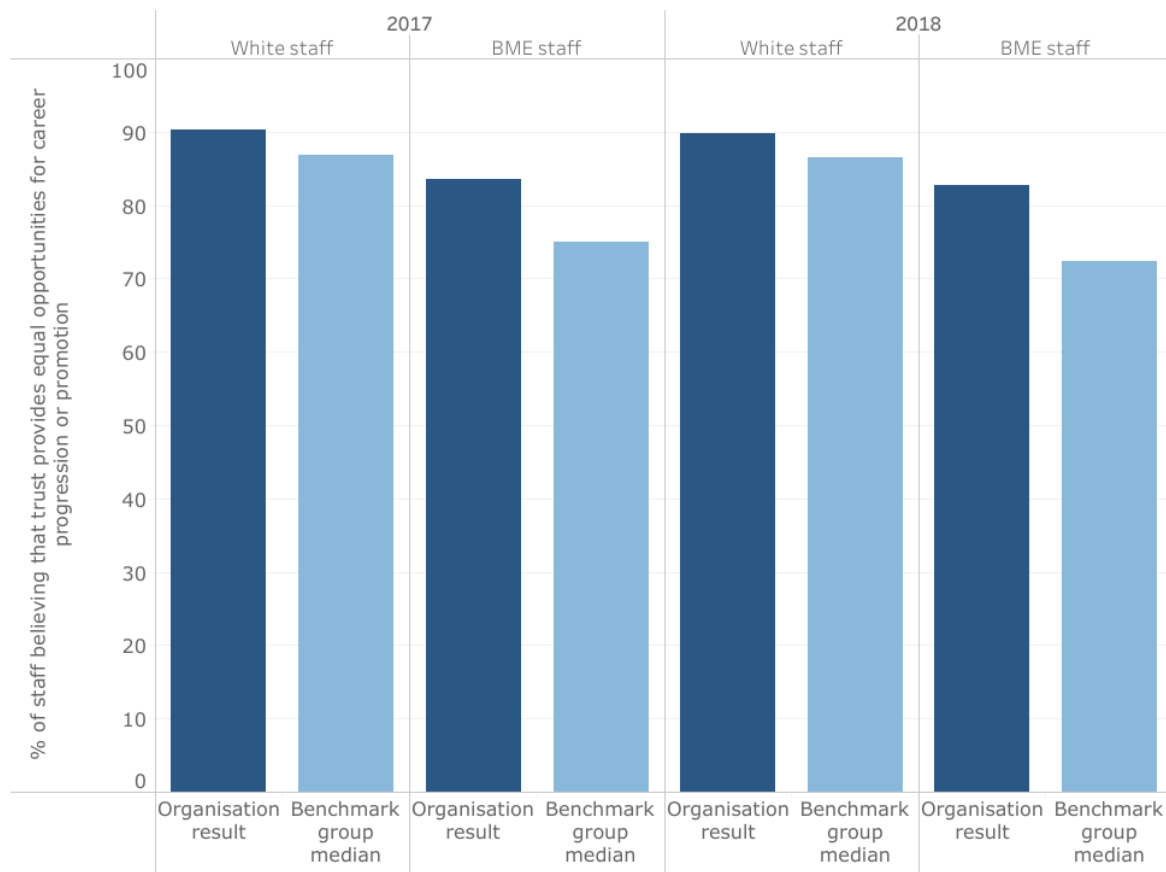
Staff Survey	White Staff		BME Staff	
	WSHFT staff	Acute Average	WSHFT staff	Acute Average
2017	23.2%	24.8%	25.5%	27.2%
2018	22.9%	26.4%	24.9%	28.6%



Over the last two financial years, the percentage of BME staff experiencing harassment bullying or abuse from staff has been below the national average for acute trusts.

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

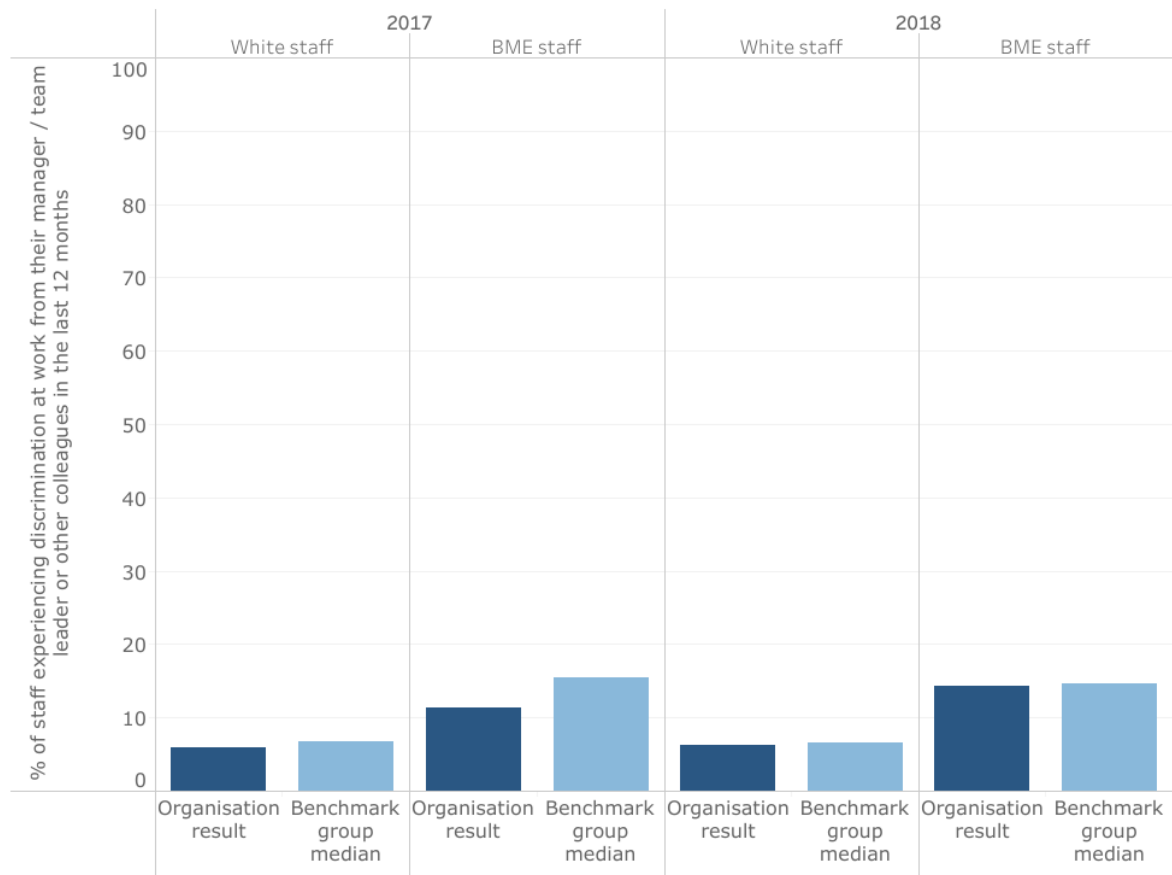
Staff Survey	White Staff		BME Staff	
	WSHFT staff	Acute Average	WSHFT staff	Acute Average
2017	90.3%	86.6%	83.6%	75.0%
2018	89.8%	86.5%	82.7%	72.3%



Whilst the percentage of BME staff believing that the trust provides equality opportunities is consistently higher than the national average, it should be noted that there has been a small decrease from 2017 to 2018.

**Indicator 8 - In the last 12 months have you personally experienced discrimination at work? Q15(a&b) from the Staff Survey**

Staff Survey	White Staff		BME Staff	
	WSHFT staff	Acute Average	WSHFT staff	Acute Average
2017	5.9%	6.7%	11.4%	15.5%
2018	6.3%	6.6%	14.3%	14.6%



Whilst the percentage of BME staff experiencing discrimination at work from your Manager/team leader or other colleagues is below the average for acute trusts, there has been a circa 3% increase from 2017 to 2018.

Driving improvements in indicator 8 the Trust has commissioned a corporate project to 'Reduce Abusive Behaviours' throughout the workforce where the impact of WRES will be addressed.

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

The organisation's Board executive voting membership and its overall workforce

	Overall Workforce		Executive Board Voting Membership		% Difference
	Number in workforce	% in workforce	Number on board	% of board	
<b>BME Staff</b>	1100	15.5%	1	6.7%	<b>-8.8%</b>
<b>White Staff</b>	5588	78.7%	12	80.0%	<b>1.3%</b>
<b>Unknown</b>	416	5.8%	2	13.3%	<b>7.5%</b>
<b>Total</b>	7104	100.0%	15	100.0%	

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

In 2018 the national NHS Staff Survey was open to all WSHFT Trust staff to participate in which a potential sample of circa 6,500 were permitted. A total of 4,363 responses were received from staff.

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 Senior Management 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 Management Board in July 2019.

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

None.