

# NHS Workforce Race Equality Standard (WRES)

## 2015 Report

**Date of Report**  
24 August 2015

**Subject**  
NHS Workforce Race Equality Standard  
Brighton and Sussex University Hospitals  
NHS Trust  
Report 2015

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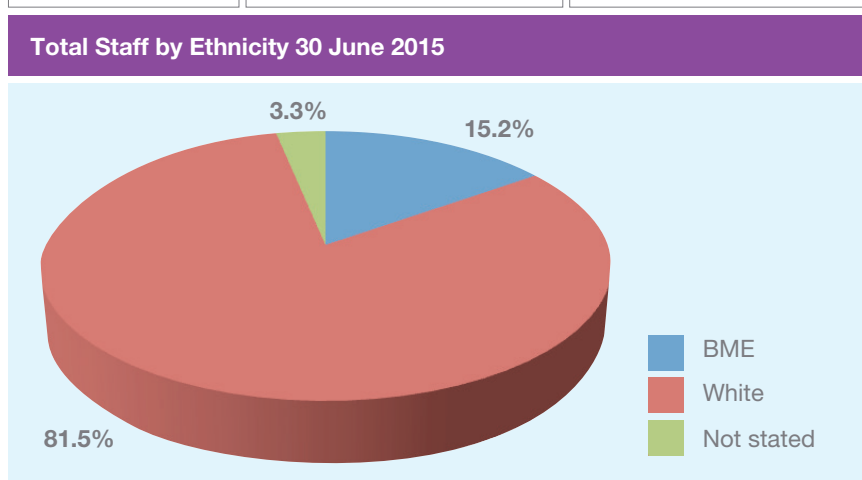
# Background

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All the available evidence shows that BME staff have a far inferior experience of the NHS as employees when compared to white staff. In the context of the standard White staff comprise White British, White Irish and White Other, whereas BME staff comprise all other categories with the exception of “not stated”.

At 30 June 2015, a total of 7311 staff were employed by BSUH NHS Trust. Of these, 1114 (15.2%) were BME and 5959 (81.5%) were white. The ethnicity of the remaining 238 (3.3%) staff was not stated.

Ethnic Group	Number	%
BME	1114	15.2%
White	5959	81.5%
Not stated / Other	238	3.3%
<b>Total</b>	<b>7311</b>	<b>100.0%</b>



The Workforce Race Equality Standard which came into effect on 1st April 2015 aims to address this inequality along racial lines and all providers, as holders of the standard contract 2015/16 except “small providers” are required to implement the standard by 1st July 2015.

The standard comprises nine metrics four of which are specifically on workforce data and four are derived from the national NHS Staff Survey indicators. The aim is to compare the experience of BME staff and white staff with the aim of closing the gaps highlighted by those metrics. The final metric requires provider organisations to address the low levels of BME Board representation. Consequently, the WRES is a tool to measure improvements in the workforce with respect to BME staff.

The nine metrics are detailed in the table below:

The NHS Workforce Race Equality Standard for implementation for April 2015

NHS Workforce Race Equality Standard Indicators	
<b>Workforce metrics</b> For each of these three 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.
2	Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts.
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 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.
4	Relative likelihood of BME staff accessing non-mandatory training and CPD as compared to White staff.
<b>National NHS Staff Survey findings</b> For each of these four staff survey indicators, the Standard compares the metrics for each survey question response for White and BME staff.	
5	KF 18. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.
6	KF 19. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.
7	KF 27. Percentage believing that trust provides equal opportunities for career progression or promotion.
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.
<b>Boards</b> Does the Board meet the requirement on Board membership in 9?	

The data presented below refers to the following time periods

Indicator 1	30 June 2015
Indicator 2	June 2014 – July 2015
Indicator 3	1 April 2013 – 1 April 2015
Indicator 4	1 April 2014 – 31 March 2015
Indicator 5, 6, 7 and 8	Staff survey 2014
Indicator 9	31 July 2015

# Workforce Race Equality Indicators

## Indicator 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.

The percentage of BME staff in Bands 8-9 VSM (including executive Board members and senior medical staff) at 30 June 2015 was 6.6%, compared with 15.2% of BME staff in the overall workforce.

## Indicator 2

Relative likelihood of BME staff being appointed from shortlisting compared to that of white staff being appointed from shortlisting across all posts.

Ethnic Group	Applied	Shortlisted	% Shortlisted from applied	Appointed	% appointed from shortlisted
White	13500	5184	38.40%	1214	23.42%
BME	5964	1744	29.24%	324	18.58%
Not stated	472	175	37.08%	24	13.71%
<b>Total</b>	19936	7103	100%	1562	100%

Likelihood of white staff being appointed from shortlisting (1214/5184) = 0.234

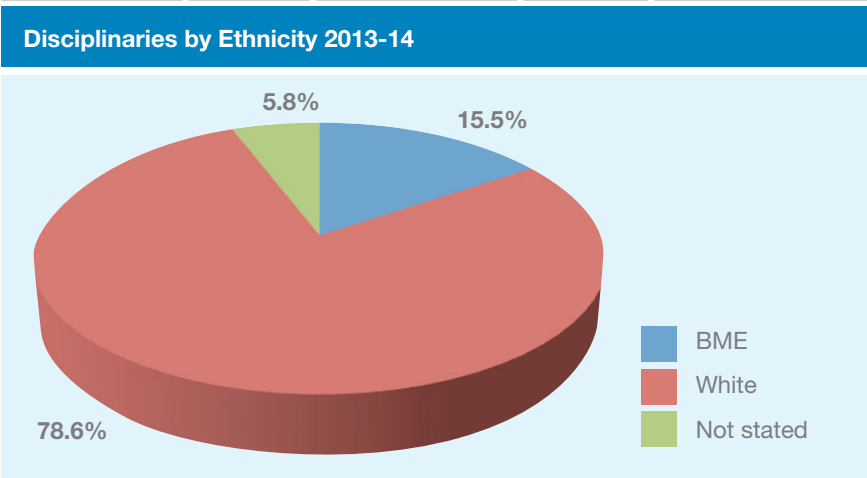
Likelihood of BME staff being appointed from shortlisting (324/1744) = 0.186

The relative likelihood of white staff being appointed from shortlisting compared to BME staff is therefore  $0.234/0.186 = 1.26$  times greater

## Indicator 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 – based on a two year rolling period 1 April 2013 – 31 March 2015.

Disciplinary 01/04/2013 – 31/03/2014				
Ethnic Group	Number	Number in workforce	%	% in workforce
BME	16	1032	15.5%	14.7%
White	81	5744	78.6%	81.8%
Not stated	6	248	5.8%	3.5%
<b>Total</b>	<b>103</b>	<b>7024</b>	<b>100.0%</b>	<b>100.0%</b>

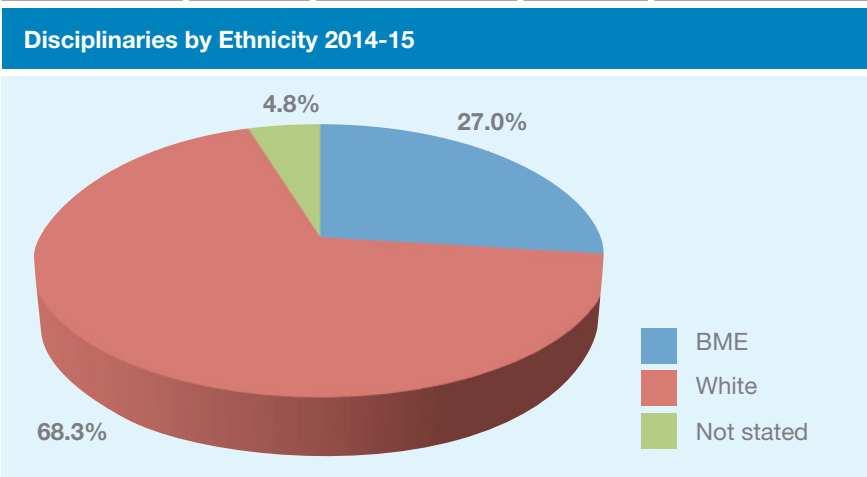


Likelihood of white staff entering the formal disciplinary process (81/5744) = 0.0141

Likelihood of BME staff entering the formal disciplinary process (16/1032) = 0.0155

The relative likelihood of BME staff entering the formal disciplinary process compared to white staff is therefore 0.0155/0.0141 = **1.1 times greater**

Disciplinary 01/04/2014 - 31/03/2015				
Ethnic Group	Number	Number in workforce	%	% in workforce
BME	17	1114	27.0%	15.2%
White	43	5959	68.3%	81.5%
Not stated	3	238	4.8%	3.3%
<b>Total</b>	<b>63</b>	<b>7311</b>	<b>100.0%</b>	<b>100.0%</b>



Likelihood of white staff entering the formal disciplinary process (43/5959) = 0.0072

Likelihood of BME staff entering the formal disciplinary process (17/1114) = 0.0153

The relative likelihood of BME staff entering the formal disciplinary process compared to white staff is therefore 0.0153/0.0072 = **2.13 times greater**

It is noteworthy that compared to the data for 2013-2014, the likelihood of white staff entering the formal disciplinary process has reduced significantly, while the likelihood of BME staff entering the formal disciplinary process has remained almost the same. Therefore, the relative likelihood of BME staff entering the formal disciplinary process compared to white staff has increased significantly.

# Workforce Race Equality Indicators

## Indicator 4

### Relative likelihood of BME staff accessing non-mandatory training and CPD as compared to white staff

Two sets of information were available for the period 1 April 2014 - 31 March 2015:

- a) Numbers of staff attending non-mandatory in-house general courses
- b) Applications for Education funding submitted by Allied Health Professionals and Nursing and Midwifery Staff

Likelihood of white staff accessing training  
(178/5959) = 0.0299

Likelihood of BME staff accessing training  
(23/1114) = 0.0206

The relative likelihood of white staff accessing training compared to BME staff is therefore  
 $0.0299/0.0206 = 1.45$  times greater

Ethnic Group	Number trained	Number in workforce	%	% in workforce
BME	23	1114	10.9%	15.2%
White	178	5959	84.4%	81.5%
Not stated	10	238	4.7%	3.3%
<b>Total</b>	211	7311	100%	100%

- b) Applications for Education funding submitted by Allied Health Professionals and Nursing and Midwifery staff

Ethnic Group	Number applied	% applied	Number funded	% funded	Number in workforce	% in workforce
BME	102	16.1%	81	14.9%	1114	15.20%
White	463	73.3%	394	72.7%	5959	81.50%
Not stated	67	10.6%	67	12.4%	238	3.30%
<b>Total</b>	632	100%	542	100%	7311	100%

Likelihood of white staff applying for funding (463/5959) = 0.0777

Likelihood of BME staff applying for funding (102/1114) = 0.0916

The relative likelihood of BME staff applying for funding compared to white staff is therefore  $0.0916/0.0777 = 1.18$  times greater

#### However:

Likelihood of white applicants being funded (394/463) = 0.851

Likelihood of BME applicants being funded (81/102) = 0.794

The relative likelihood of white British applicants being funded compared to BME staff is therefore  $0.851/0.794 = 1.07$  times greater

Although the likelihood of BME staff applying for funding is 1.18 times greater than for white staff, the likelihood of the white staff who do apply being successfully funded is 1.07 times greater than for BME staff

## National NHS Staff Survey findings

286 staff at Brighton and Sussex University Hospitals (BSUH) NHS Trust took part in the 2014 survey. This is a response rate of 34% of the random sample of 830 staff who received the survey. This is in the lowest 20% of acute trusts in England, and compares with a response rate of 55% in this trust in the 2013 survey. The number of white respondents was 255 (92%), compared to 22 (8%) BME respondents. The remaining nine respondents did not disclose their ethnicity.

### Indicator 5

**KF 18. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months**

The Trust score for 2014 was 34%, with no change from 2013. This, when compared with the national 2014 average of 29%, places BSUH NHS Trust in the worst 20% of acute trusts. The score for BME staff was 38%, compared to 33% for white staff.

### Indicator 6

**KF 19. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months**

The Trust score for 2014 was 28%, with no change from 2013. This, when compared with the national 2014 average of 23%, places BSUH NHS Trust in the worst 20% of acute trusts. The score for BME staff was 30%, compared to 28% for white staff.

### Indicator 7

**KF 27. Percentage believing that trust provides equal opportunities for career progression or promotion**

The Trust score for 2014 was 83%, compared to 84% in 2013. This, when compared with the national 2014 average of 87%, places BSUH NHS Trust in the worst 20% of acute trusts. The score was 44% for BME staff, compared to 86% for white staff.

### Indicator 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**

The Trust score for 2014 was 8%, with no change from 2013. This matches the average score for acute trusts.

# Workforce Race Equality Indicators

## Indicator 9

**Boards are expected to be broadly representative of the population they serve.**

The ethnicity of the Trust Board at the time of this report is as follows:

- 5 x White British Executive Directors
- 2 x Asian or Asian British Non-Executive Directors
- 7 x White British Non-Executive Directors

The two BME NEDs were appointed to the Trust Board in April 2015.

**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.”**

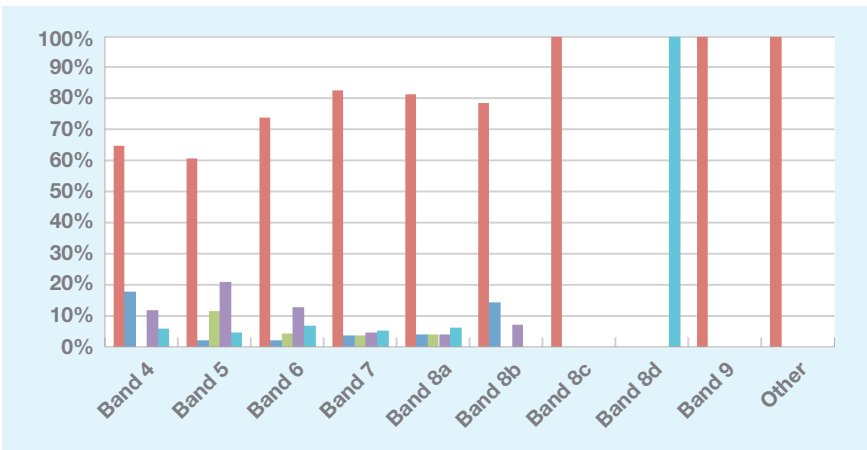
The other factors which need to be taken into consideration when assessing progress of the WRES is the over-representation of BME staff at Agenda for Change paybands 5 and 6 and the disproportionate number of grievances raised by BME staff.

Analysis of data for nursing staff on AfC paybands by ethnicity show that for white British nurses the proportion employed at AfC Bands 4, 5, 6, 7, 8a, 8b, 8c and 9 is 64.7%, 60.8%, 73.7%, 82.6%, 81.3%, 78.6%, 100.0% and 100% respectively. It is noteworthy that no white British nurse is employed at band 8d. By contrast the proportion of BME nurses employed at AfC Bands 4, 5, 6, 7, 8a and 8b is 11.8%, 20.9%, 12.8%, 4.6%, 4.2% and 7.1% respectively with no BME nurse employed above Band 8b. The proportion of nurses from white other backgrounds employed at AfC Bands 5, 6, 7 and 8a is 11.6%, 4.5%, 3.8% and 4.2% respectively with no nurse from a white other background being employed at Band 4 or above Band 8a. The proportion of white Irish nurses employed at AfC Bands 4, 5, 6, 7, 8a and 8b is 17.6%, 2.0%, 2.1%, 3.8%, 4.2% and 14.3% respectively with no white Irish nurse being employed above Band 8b.

Ethnicity	1	2	3	4	5	6	7	8a	8b	8c	8d	9	Other	Total
White British	0	0	0	11	754	609	304	39	11	7	0	2	1	1738
White Irish	0	0	0	3	25	17	14	2	2	0	0	0	0	63
White Other	0	0	0	0	144	37	14	2	0	0	0	0	0	197
BME	0	0	0	2	259	106	17	2	1	0	0	0	0	387
Not stated	0	0	0	1	58	57	19	3	0	0	1	0	0	139
<b>Total</b>	0	0	0	17	1240	826	368	48	14	7	1	2	1	2524

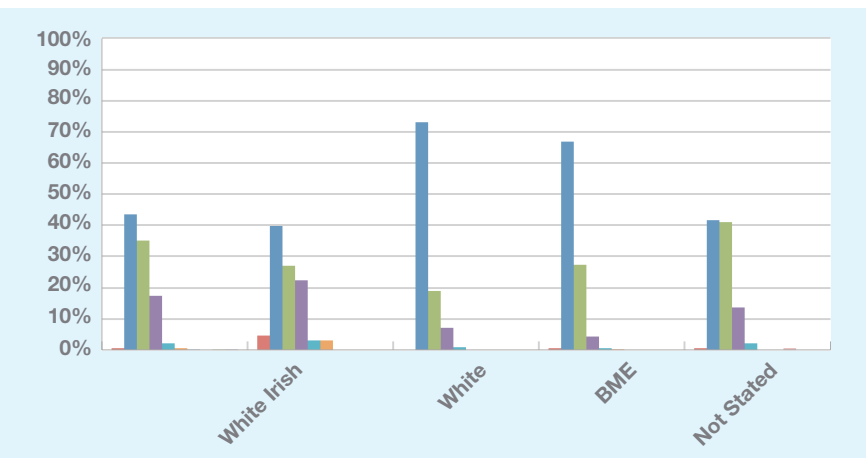


**Agenda for Change (AfC) Paybands by Proportion and Ethnicity  
30 September 2014**



When considering the proportion of Registered Nurses on Agenda for Change (AfC) Paybands by Ethnic Group the data shows that for white British nurses, 0.6% are employed at AfC Band 4, 43.4% at Band 5, 35.0% at Band 6, 17.5% at Band 7 and 3.4% at Band 8 and above. By contrast, for BME nurses, 0.5% are employed at AfC Band 4, 66.9% at Band 5, 27.4% at Band 6, 4.4% at Band 7 and 0.8% at Band 8 and above. For nurses from white other backgrounds, 73.1% are employed at AfC Band 5, 18.8% at Band 6, 7.1% at Band 7 and 1.0% at Band 8 and above. No nurse from a white other background is employed at Band 4. For white Irish nurses 4.8% are employed at AfC Band 4, 39.7% at Band 5, 27.0% at Band 6, 22.2% at Band 7 and 6.4% at Band 8 and above.

**Proportion of Registered Nurses on Agenda for Change (AfC)  
Paybands by Ethnic Group 30 September 2014**



The data for grievances raised by ethnic group is currently being reviewed and will be added at a later date

# Workforce Engagement Strategy

## Race Equality Workforce Engagement Strategy

In October 2014 BSUH NHS Trust and the local BME Network jointly launched a Race Equality Workforce Race Equality Strategy. The Race Equality Workforce Engagement Strategy outlines the process by which BSUH and the BME Workforce will work in partnership to ensure the Trust delivers on its statutory obligations concerning race equality. The attached diagram provides an overview of the strategic approach.

Delivery of the strategy is overseen by a Programme Board which is co-chaired by the Chief Executive Officer and the Associate Director of Transformation. The latter being the operational lead for the project. Membership of the Programme Board includes all the Executive Directors leads and the BME Engagement Leads for nursing, doctors, non-nursing, administrative and clerical, housekeeping staff. In addition membership of the Board also includes the Operational Director of HR and the Chief of Procurement.

Progress on this important agenda is achieved via partnership working between the named Executive Director leads and BME Engagement leads and their appointed team members. Engagement being facilitated by the co-production of action plans to address the concerns for BME staff as a result of the institutional racism which exists.

More detail by which the Race Equality Workforce Engagement Strategy will deliver organisational transformational change will be outlined in the Strategy document which is currently being prepared and due to be published in October 2015.

# Race Equality Workforce Engagement Strategy

