

Response ID ANON-R89M-8JED-U

Submitted to **Workforce Race Equality Standard (WRES) reporting template**
Submitted on **2018-08-06 11:40:25**

Introduction

1 Name of organisation

Name of organisation:

Brighton & Sussex University Hospitals NHS Trust

2 Date of report

Month/Year:

08/2018

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

4 Name and contact details of lead manager compiling this report

Name and contact details of lead manager compiling this report:

Barbara Harris

Barbara.harris@bsuh.nhs.uk

01273 696955 ext. 67251

5 Names of commissioners this report has been sent to

Complete as applicable::

Workforce Race Equality Standard reporting template

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

Complete as applicable.:

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:

<https://www.bsuh.nhs.uk/about-us/equality-diversity-and-human-rights/>

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

Name::

Barbara Harris for BSUH NHS Trust

Date::

02/08/2018

Background narrative

9 Any issues of completeness of data

Any issues of completeness of data:

This report is based on information presented to the Trust's Board in 2018.

10 Any matters relating to reliability of comparisons with previous years

Any matters relating to reliability of comparisons with previous years:

There is a discrepancy in the headcount of the 2017 BSUH workforce, the headcount is actually 8219 and not 8619.

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:

8321

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:

17.3%

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

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

97.1%

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:

We collect information relating to staff ethnicity as part of the recruitment process.

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:

Whilst we appreciate that knowing 97.1% of the workforce's ethnicity is very positive, we recognise there are ways we can improve on this. We will continue to collect information relating to staff ethnicity as part of the recruitment process. In addition to contacting staff where their ethnicity is unknown and encourage them to declare their ethnicity.

Workforce data

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

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

April 2017 to March 2018.

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:

Non-Clinical:

White BME Unknown Total White % BME %

Band 1 280 91 27 398 70.4% 22.9%

Band 2 340 26 14 380 89.5% 6.8%

Band 3 497 61 13 571 87.0% 10.7%

Band 4 365 22 6 393 92.9% 5.6%

Band 5 159 17 6 182 87.4% 9.3%

Band 6 128 6 6 140 91.4% 4.3%

Band 7 91 9 3 103 88.3% 8.7%

Band 8a 43 2 3 48 89.6% 4.2%

Band 8b 42 5 0 47 89.4% 10.6%

Band 8c 19 1 0 20 95.0% 5.0%

Band 8d 10 1 0 11 90.9% 9.1%

Band 9 7 1 0 8 87.5% 12.5%

VSM 9 0 2 11 81.8% 0.0%

Total 1990 242 80 2312 86.1% 10.5%

Clinical:

White BME Unknown Total White % BME %

Band 1 0 0 0 0 0.0% 0.0%

Band 2 630 218 21 869 72.5% 25.1%

Band 3 212 31 6 249 85.1% 12.4%

Band 4 140 22 4 166 84.3% 13.3%

Band 5 1043 313 47 1403 74.3% 22.3%

Band 6 1023 158 37 1218 84.0% 13.0%

Band 7 595 59 21 675 88.1% 8.7%

Band 8a 141 13 7 161 87.6% 8.1%

Band 8b 48 2 2 52 92.3% 3.8%

Band 8c 19 0 0 19 100.0% 0.0%

Band 8d 8 0 0 8 100.0% 0.0%

Band 9 2 0 0 2 100.0% 0.0%

VSM 1 1 1 3 33.3% 33.3%
 Medical: Consultants 321 131 8 460 69.8% 28.5%
 Medical: Non-consultant
 career grade 29 25 2 56 51.8% 44.6%
 Medical: Trainee 435 225 8 668 65.1% 33.7%
 Other 0 0 0 0 0.0% 0.0%
 Total 4647 1198 164 6009 77.3% 19.9%

Data for previous year:

Non-Clinical

White BME Total White % BME%
 Band 1 283 95 378 74.9% 25.1%
 Band 2 361 31 392 92.1% 7.9%
 Band 3 445 28 473 94.1% 5.9%
 Band 4 368 20 388 94.8% 5.2%
 Band 5 158 14 172 91.9% 8.1%
 Band 6 108 6 114 94.7% 5.3%
 Band 7 85 9 94 90.4% 9.6%
 Band 8a 47 2 49 95.9% 4.1%
 Band 8b 42 7 49 85.7% 14.3%
 Band 8c 20 1 21 95.2% 4.8%
 Band 8d 8 1 9 88.9% 11.1%
 Band 9 9 2 11 81.8% 18.2%
 VSM 9 0 9 100.0% 0.0%
 Total 1943 216 2159 90.0% 10.0%

Clinical:

White BME Total White % BME%

Band 1 0 0 0
 Band 2 598 219 817 73.20% 26.80%
 Band 3 228 51 279 81.70% 18.30%
 Band 4 153 21 174 87.90% 12.10%
 Band 5 1096 345 1441 76.10% 23.90%
 Band 6 1019 150 1169 87.20% 12.80%
 Band 7 585 57 642 91.10% 8.90%
 Band 8a 142 14 156 91.00% 9.00%
 Band 8b 50 3 53 94.30% 5.70%
 Band 8c 21 0 21 100.00% 0.00%
 Band 8d 9 0 9 100.00% 0.00%
 Band 9 2 0 2 100.00% 0.00%
 VSM 2 0 2 100.00% 0.00%
 Medical: Consultants 506 202 708 71.50% 28.50%
 Medical: Non-consultant
 career grade 35 42 77 45.50% 54.50%
 Medical: Trainee 348 207 555 62.70% 37.30%
 Other 75 34 109 68.80% 31.20%
 Total 4869 1345 6214 78.40% 21.60%

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

Non-Clinical:

- There appears to be an overrepresentation at 22.9% of BME staff in the lowest paid roles at Band 1.
- A fair representation can be seen at bands: 3, 8b, and 9. Although the overall number of band 9s are small.
- All other bands including VSM (very senior manager) appear to be underrepresented by BME staff.
- There have been increases in representation of BME staff from 2017 to 2018 in bands: 3, 4, 5 and 8c but decreases in bands: 1, 2, 6, 7, 8b, 8d and 9.

Clinical:

- There appears to be an overrepresentation at 25.1% of BME staff in the lowest paid clinical roles at Band 2.
- There appears to be an overrepresentation at Band 5 however, there is a low representation between bands 6-8d this which should be investigated to identify any barriers to progression.
- There is a representation of BME staff in the VSM (very senior managers) level.
- There is appears to be an overrepresentation at all levels of medical roles however, this in line with national trends for this staff group.
- All other bands are underrepresented by BME staff.
- There have been increases in representation of BME staff from 2017 to 2018 in bands: 4, 6 and VSM but decreases in bands: 2, 3, 5, 7, 8a, 8b, Non-consultant grade, medical trainees and medical other.

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

WRES Action Plan:

1.2 - Values based recruitment to be implemented

4.3 - Look into 'Unconscious Bias' or 'Cultural Intelligence' Awareness training/education

BSUH Equality Objectives:

3. Review recruitment and selection process and training to identify areas of bad practice and unconscious bias.

<https://www.bsuh.nhs.uk/wp-content/uploads/sites/5/2016/09/Equality-Report-2017.pdf>

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

Data for reporting year:

BME applicants:

Applications: 4734 (25%)

Shortlisted: 84 (21%)

Appointed: 124 (15%)

Relative likelihood of being appointed: 1.48

White applicants:

Applications: 13643 (71%)

Shortlisted: 293 (74%)

Appointed: 551 (69%)

Relative likelihood of being appointed: 1.88

The relative likelihood of white candidates being appointed from shortlisting compared to BME staff is: 1.88 (white candidates) / 1.48 (BME candidates) = 1.27 times.

Data for previous year:

BME applicants:

Shortlisted: 534

Appointed: 329

Relative likelihood of being appointed: 0.61610

White applicants:

Shortlisted: 1859

Appointed: 1050

Relative likelihood of being appointed: 0.56482

The relative likelihood of white staff being appointed from shortlisting compared to BME staff is: 0.56482 (white candidates) / 0.61610 (BME candidates) = 0.92 times.

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

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

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

WRES Action Plan:

1.1 - All Band 7 and above posts to have diverse interview panels

1.2 - Value Based Recruitment to be implemented

1.3 - Monitor, review and publish the recruitment monitoring data

1.5 - Recruitment images to be representative of population

4.3 - Look into 'Unconscious Bias' or 'Cultural Intelligence' Awareness training/education

BSUH Equality Objectives:

3. Review recruitment and selection process and training to identify areas of bad practice and unconscious bias.

<https://www.bsuh.nhs.uk/wp-content/uploads/sites/5/2016/09/Equality-Report-2017.pdf>

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:

White Staff:

Number of Disciplinary Procedures 65

Number in Workforce 6637

Relative Likelihood of entering procedure 0.0098

BME Staff:

Number of Disciplinary Procedures 19

Number in Workforce 1440
Relative Likelihood of entering procedure 0.0132

The relative likelihood of BME staff entering the formal disciplinary process compared to white staff is: 0.0132 (BME Staff) / 0.0098 (White Staff) = 1.35 times.

Data for previous year:

White Staff:
Number of Disciplinary Procedures 37
Number in Workforce 6523
Relative Likelihood of entering procedure 0.00567

BME Staff:
Number of Disciplinary Procedures 6
Number in Workforce 1452
Relative Likelihood of entering procedure 0.00413

The relative likelihood of BME staff entering the formal disciplinary process compared to white staff is: 0.00413 (BME Staff) / 0.00567 (White Staff) = 0.73 times.

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

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

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

WRES Action Plan:

- 2.1 - Ensure that Trust policies are equally applied to all staff
- 2.2 - Ensure that those staff in leadership roles throughout the organisation are equipped to understand the complexities of race equality
- 4.3 - Look into 'Unconscious Bias' or 'Cultural Intelligence' Awareness training/education

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

Data for reporting year:

White Staff:
No. In workforce: 6637
No. Staff accessing CPD: 323
Relative likelihood accessing CPD: 0.04867

BME Staff:
No. In workforce: 1440
No. Staff accessing CPD: 76
Relative likelihood accessing CPD: 0.05278

Relative likelihood of white staff accessing non-mandatory/CPD training compared to BME staff: 0.04867 (White Staff) / 0.05278 (BME Staff) = 0.92 times.

Data for previous year:

BME Staff:
No. In workforce: 1452
No. Staff accessing CPD: 73
Relative likelihood accessing CPD: 0.0503

White Staff:
No. In workforce: 6523
No. Staff accessing CPD: 586
Relative likelihood accessing CPD: 0.0898

Relative likelihood of white staff accessing non-mandatory/CPD training compared to BME staff: 0.0898 (White Staff) / 0.0503 (BME Staff) = 1.79 times.

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

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

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

WRES Action Plan:

- 1.4 - Offer BME staff career development support and interview skills training
- 4.3 - Look into 'Unconscious Bias' or 'Cultural Intelligence' Awareness training/education

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:

37%

BME:

39%

White:

31%

BME:

34%

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

Whilst there has been an overall reduction for BME staff since 2015 for BME staff, the overall trend is higher than the national acute average. It is worth noting that there was an overall increase from both BME and white staff in 2017.

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

WRES Action Plan:

3.1 - Initiate conversations in training and include Equalities discrimination and bullying concerns within the remit of Freedom to speak up Guardian

3.2 - Highlight what our Zero Tolerance approach is

4.2 - Update the Violence and Aggression Policy

4.3 - Look into 'Unconscious Bias' or 'Cultural Intelligence' Awareness training/education

BSUH Equality Objectives

2. Review the disparity of experiences from the NHS Staff Survey.

<https://www.bsuh.nhs.uk/wp-content/uploads/sites/5/2016/09/Equality-Report-2017.pdf>

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

White:

85%

BME:

71%

White:

82%

BME:

64%

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

Since 2014 there has been an overall increase for BME staff (of +27%), however in 2017 the experience was still -14% compared to the national average.

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

WRES Action Plan

1.1 - All Band 7 and above posts to have diverse interview panels

1.2 - Value Based Recruitment to be implemented

1.3 - Monitor, review and publish the recruitment monitoring data

1.4 - Offer BME staff career development support and interview skills training

1.5 - Recruitment images to be representative of population

4.3 - Look into 'Unconscious Bias' or 'Cultural Intelligence' Awareness training/education

BSUH Equality Objectives:

2. Review the disparity of experiences from the NHS Staff Survey.

3. Review recruitment and selection process and training to identify areas of bad practice and unconscious bias.

<https://www.bsuh.nhs.uk/wp-content/uploads/sites/5/2016/09/Equality-Report-2017.pdf>

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:

8%

BME:

18%

White:

8%

BME:

21%

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

We can observe a large disparity in the number of BME staff feeling that they have experienced discrimination at work from a manager, team leader or other colleague throughout the years. In 2017 this disparity was +10% for BME staff, compared to 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:

WRES Action Plan

2.1 - Ensure that Trust policies are equally applied to all staff

2.2 - Ensure that those staff in leadership roles throughout the organisation are equipped to understand the complexities of race equality

4.1 - Roll out the 'No Bystanders film'

4.3 - Look into 'Unconscious Bias' or 'Cultural Intelligence' Awareness training/education

BSUH Equality Objectives:

2. Review the disparity of experiences from the NHS Staff Survey.

<https://www.bsuh.nhs.uk/wp-content/uploads/sites/5/2016/09/Equality-Report-2017.pdf>

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

30%

BME:

30%

White:

32%

BME:

37%

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

Since 2015 there has been a steady decrease for BME staff, in 2017 the experience of BME and White staff were equal at 30% each.

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

WRES Action Plan:

2.2 - Ensure that those staff in leadership roles throughout the organisation are equipped to understand the complexities of race equality

3.1 - Initiate conversations in training and include Equalities discrimination and bullying concerns within the remit of Freedom to speak up Guardian

4.3 - Look into 'Unconscious Bias' or 'Cultural Intelligence' Awareness training/education

BSUH Equality Objectives:

2. Review the disparity of experiences from the NHS Staff Survey.

<https://www.bsuh.nhs.uk/wp-content/uploads/sites/5/2016/09/Equality-Report-2017.pdf>

Workforce Race Equality Indicators**25 Percentage difference between the organisations' Board voting membership and its overall workforce.****White:**

-0.6%

BME:

3.5%

White:

20.6%

BME:

-17.7%

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

With the formation of the new Board we can see good BME representation.

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

BSUH Equality Objectives:

3. Review recruitment and selection process and training to identify areas of bad practice and unconscious bias.

<https://www.bsuh.nhs.uk/wp-content/uploads/sites/5/2016/09/Equality-Report-2017.pdf>

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?:**

In 2016 the NHS Staff Survey was open to all BSUH Trust staff to participate in which a potential sample of circa 8,000 were permitted to participate, as opposed to a restricted sample of circa 800 in previous years.

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.

The system used to provide recruitment data, picks up all recruitment activity across a user specified period, in this instance 1 April 2017 to 31 March 2018. The system does not differentiate recruitment campaigns that start and finish within this period.

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 workstreams agreed at Board level, such as EDS2. You are asked to attach the WRES Action Plan or provide a link to it.:

<https://www.bsuh.nhs.uk/about-us/equality-diversity-and-human-rights/>