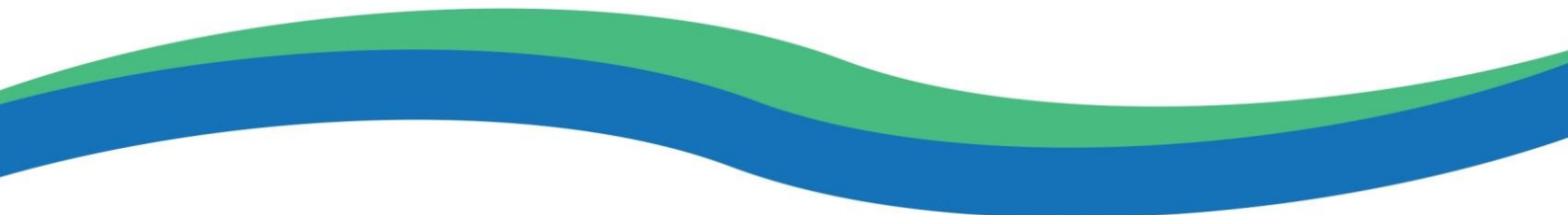


Brighton and Sussex University Hospitals NHS Trust

Workforce Race Equality Standard 2020





Introduction

“It can’t be right that ten years after the launch of the NHS race-equality plan, while 41% of NHS staff in London are from Black and ethnic minority backgrounds, similar in proportion to the Londoners they serve, only 8% of trust board directors are, with two-fifths of London trust boards having no BME directors at all.

Similar patterns apply elsewhere, and have actually been going backwards”.

Simon Stevens, Chief Executive – NHS England. May 2014

The NHS has a workforce of 1.4 million people, of which 20% are from a BME background. Whilst there is good representation of BME people in GP, hospital doctor and nursing and midwifery roles – this does not always translate to career progression. This can be seen by the levels of BME staff in senior management roles in the NHS in England, there are:

- 8 BME CEOs (236 Trusts) as of March 2019
- 9 BME Chairs as of March 2018
- 11 BME Executive Directors of Nursing as of March 2019
- 37 BME Medical Directors as of March 2018
- Less than 6% of very senior managers are from BME backgrounds

The Workforce Race Equality Standard (WRES) helps to shine a light where NHS organisations are doing well and where there is need for improvement. The WRES uses statistical data to demonstrate the experience and outcomes of BME staff compared to white staff through many stages of the employment journey. A requirement of the standard is to develop action plans to address any areas of inequity that has been highlighted by the data.

The WRES is an annual process, and helps NHS organisation demonstrate that they are making progress year-on-year by improving working conditions for BME staff in the NHS.



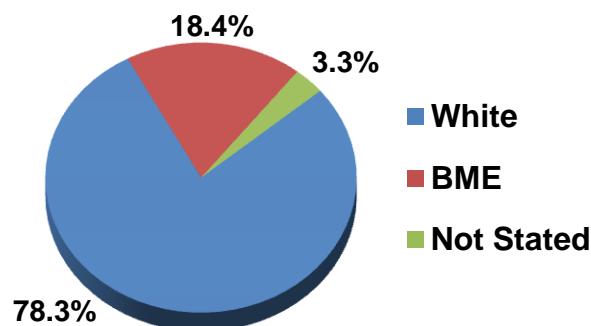
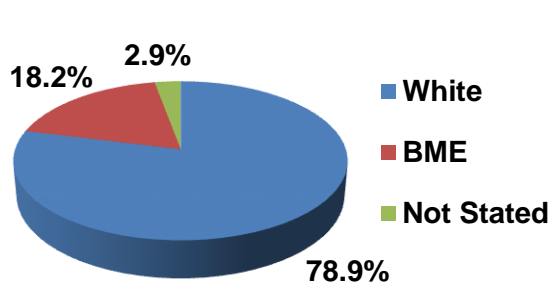
Background Information

1) Total number of staff:

2019	2020
8528 headcount	8598 headcount

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

	2019		2020	
	Headcount	% of Staff	Headcount	% of Staff
White	6729	78.9%	6731	78.3%
BME	1552	18.2%	1585	18.4%
Not Stated	247	2.9%	282	3.3%
Total	8528	100.0%	8598	100.0%



2019	2020
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2) Self-reporting

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

	2019		2020	
	Headcount	% of Staff	Headcount	% of Staff
Ethnicity Declared	8281	97.1%	8316	96.7%
Ethnicity Not Declared	247	2.9%	282	3.3%
Total	8528	100.0%	8598	100.0%

b) 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. Staff that have access to Electronic Staff Records self-service are also able to update that ethnicity at any time.

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

Whilst we appreciate that knowing 96.7% 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.

3) Workforce Data

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

1st April 2019 to 31st March 2020.

4) How is BME defined under the WRES?

In line with the categories taken from the 2001 Census:

BME Categories	Unknown	White Categories
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

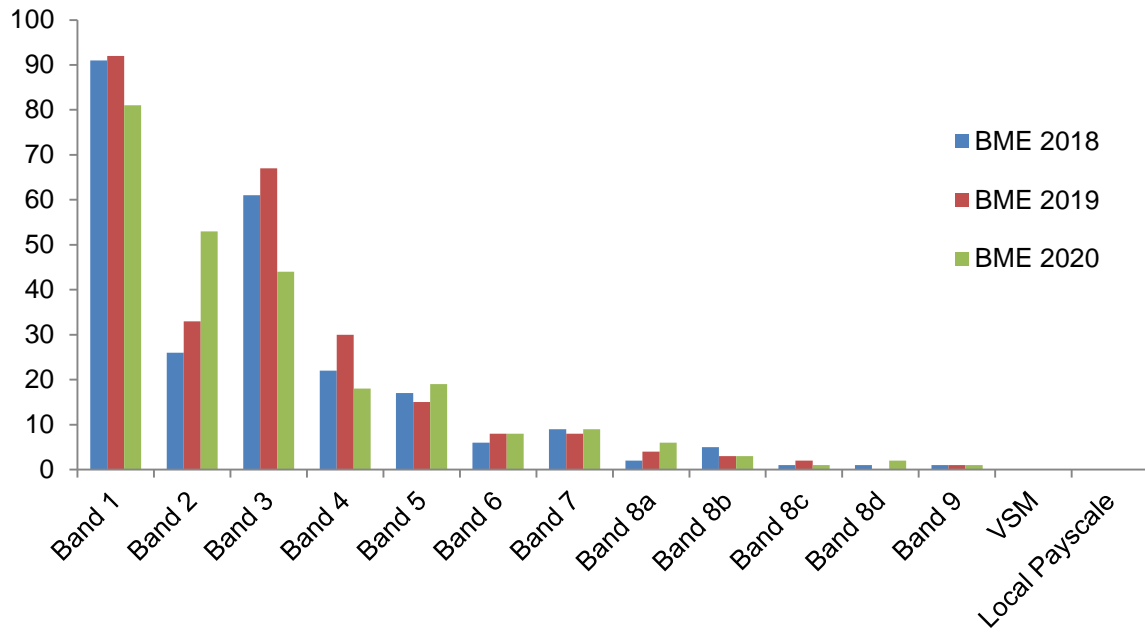
For each of the indicators, the standard compares the metrics for white and BME staff.

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.

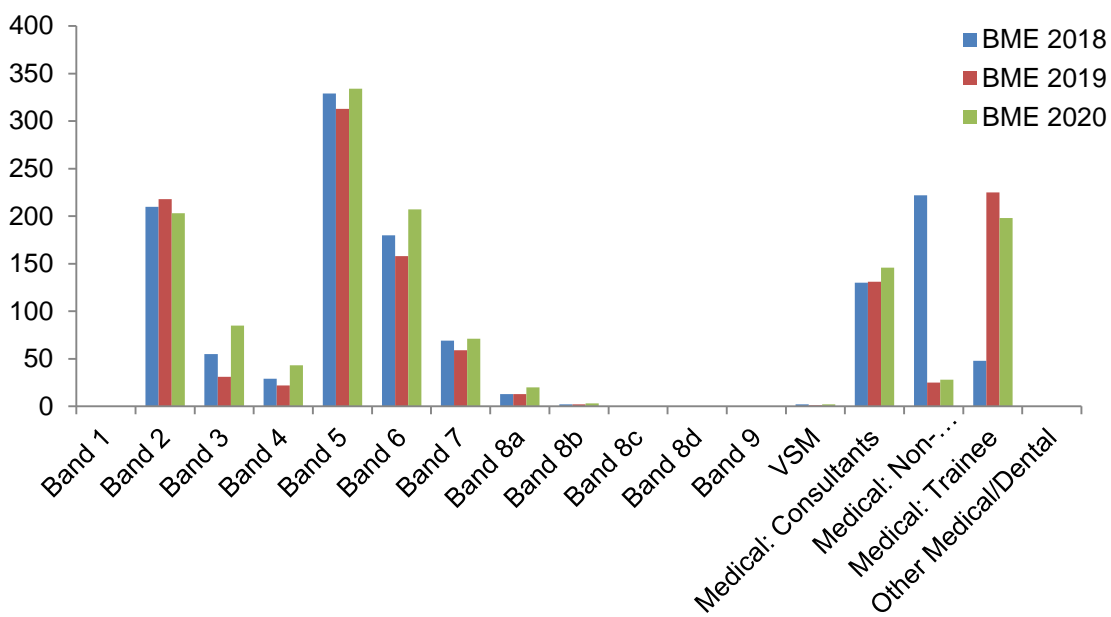
	Non-Clinical					
	White	BME	Unknown	Total	White %	BME %
Band 1	237	81	19	337	70.3%	24.0%
Band 2	470	53	13	536	87.7%	9.9%
Band 3	495	44	12	551	89.8%	8.0%
Band 4	377	18	10	405	93.1%	4.4%
Band 5	160	19	5	184	87.0%	10.3%
Band 6	124	8	7	139	89.2%	5.8%
Band 7	92	9	2	103	89.3%	8.7%
Band 8a	58	6	3	67	86.6%	9.0%
Band 8b	50	3	0	53	94.3%	5.7%
Band 8c	20	1	0	21	95.2%	4.8%
Band 8d	8	2	0	10	80.0%	20.0%
Band 9	11	1	1	13	84.6%	7.7%
VSM	6	0	0	6	100.0%	0.0%
Local Pay Scale	1	0	3	4	25.0%	0.0%
Total	2109	245	75	2429	86.8%	10.1%

Historical comparison from previous WRES reports



	Clinical					
	White	BME	Unknown	Total	White %	BME %
Band 1						
Band 2	573	203	18	794	72.2%	25.6%
Band 3	251	85	4	340	73.8%	25.0%
Band 4	161	43	8	212	75.9%	20.3%
Band 5	890	334	39	1263	70.5%	26.4%
Band 6	1067	207	38	1312	81.3%	15.8%
Band 7	622	71	19	712	87.4%	10.0%
Band 8a	165	20	4	189	87.3%	10.6%
Band 8b	52	3	2	57	91.2%	5.3%
Band 8c	17	0	0	17	100.0%	0.0%
Band 8d	8	0	1	9	88.9%	0.0%
Band 9						
VSM	2	2	1	5	40.0%	40.0%
Medical: Consultants	320	146	10	476	67.2%	30.7%
Medical: Non-consultant career grade	28	28	1	57	49.1%	49.1%
Medical: Trainee	466	198	62	726	64.2%	27.3%
Other Medical/Dental						
Total	4622	1340	207	6169	74.9%	21.7%

Historical Comparison from previous WRES reports



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

	Applicants		Shortlisted		Appointed		Relative Likelihood of being appointed
	Number	%	Number	%	Number	%	
BME applicants	7889	37.9	5670	46.6	113	17.4	0.020
White applicants	12184	58.6	6164	50.7	460	70.9	0.075
Not Stated / Unknown	723	3.5	332	2.7	76	11.7	0.229
Total	20796	100.0	12166	100.0	649	100.0	

The relative likelihood of white candidates being appointed from shortlisting:
 $460 / 6164 = 0.075$

The likelihood of BME candidates being appointed from shortlisting:
 $113 / 5670 = 0.020$

The relative likelihood of white candidates being appointed from shortlisting compared to BME staff is: 0.075 (white candidates) / 0.020 (BME candidates) = **3.8 times.**

BME Staff

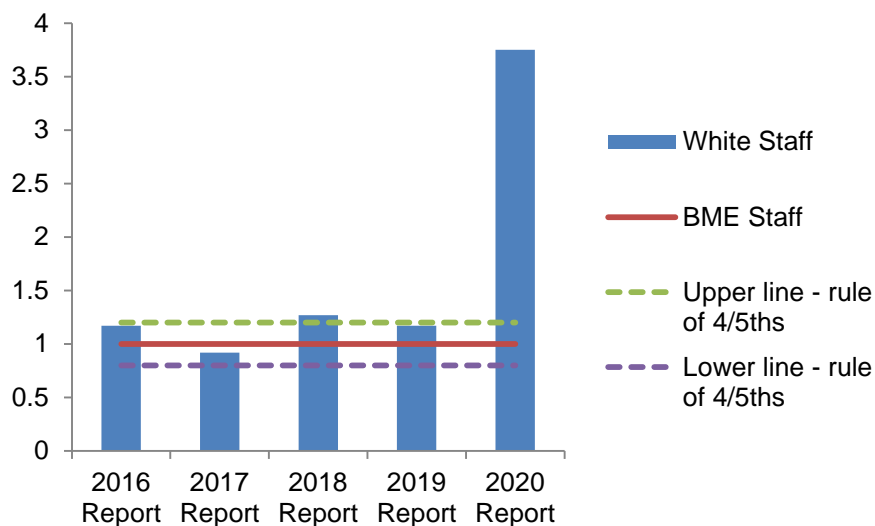
1.0

White Staff

3.8

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

Historical comparison with previous WRES reports



In the above chart BME applicants have a constant measure of 1.0. For white applicants if there bar is below the BME line it would suggest; that white applicants are less likely to be recruited from shortlisting than BME applicants. Naturally, if the white applicant bar is above it would suggest that they have a greater chance of being appointed.

Using the rule of four fifths, if the likelihood of white applicants is below 0.8 or above 1.2, it would suggest there is a statistical adverse impact.

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	30.5	6731	0.0045
BME	8	1585	0.0050
Unknown	2	282	0.0071

The likelihood of white staff entering the formal disciplinary process:
 $30.5 / 6731 = 0.0045$

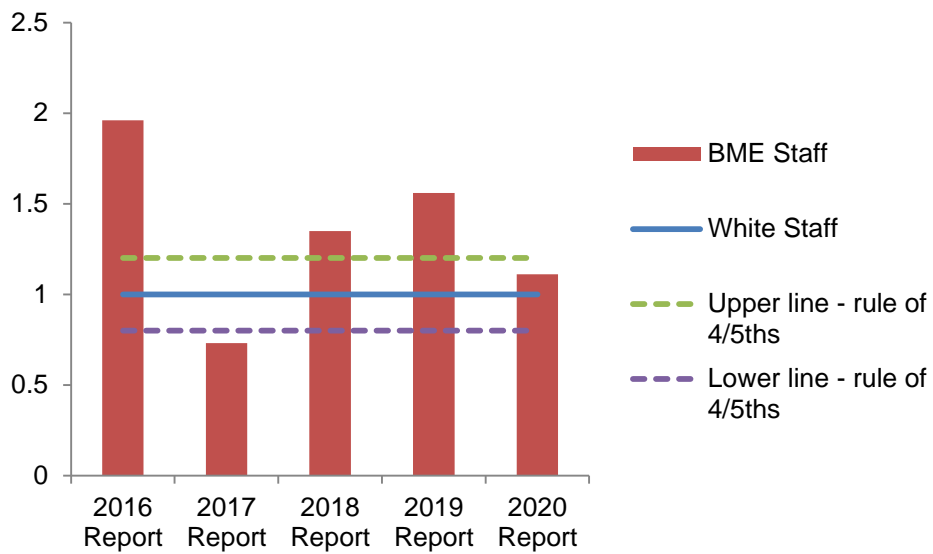
The likelihood of BME staff entering the formal disciplinary process:
 $7.5 / 1585 = 0.0050$

The relative likelihood of BME staff entering the formal disciplinary process compared to white staff is: 0.0050 (BME Staff) / 0.0046 (White Staff) = **1.11 times**.

White Staff 1.00
BME Staff 1.11

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

Historical comparison with previous WRES reports



In the above chart white staff have a constant measure of 1.0. For BME staff, if the bar is below the white staff line it would suggest; that BME staff are less likely to enter the formal disciplinary process than white staff. Naturally, if the BME staff bar is above it would suggest that they have a great chance of entering formal disciplinary procedures.

Using the rule of four fifths, if the likelihood of BME staff is below 0.8 or above 1.2, it would suggest there is a statistical adverse impact.

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	6731	105	0.0156
BME	1585	18	0.0114
Unknown	282	402	1.4255
Total	8598	525	

The data supplied for 2018-19 related to applications for education funding submitted by allied health professionals, nursing, midwifery, administrative and clerical staff.

Likelihood of white staff accessing non-mandatory/CPD training:
 $105 / 6731 = 0.0156$

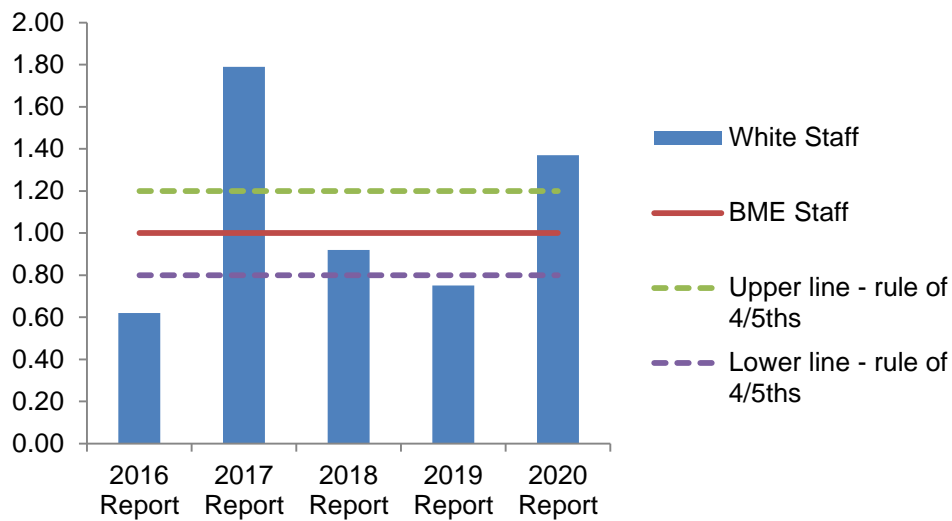
Likelihood of BME staff accessing non-mandatory/CPD training:
 $18 / 1585 = 0.0114$

Relative likelihood of white staff accessing non-mandatory/CPD training compared to BME staff: 0.0156 (White Staff) / 0.0114 (BME Staff) = **1.37 times**.



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

Historical comparison with previous WRES reports

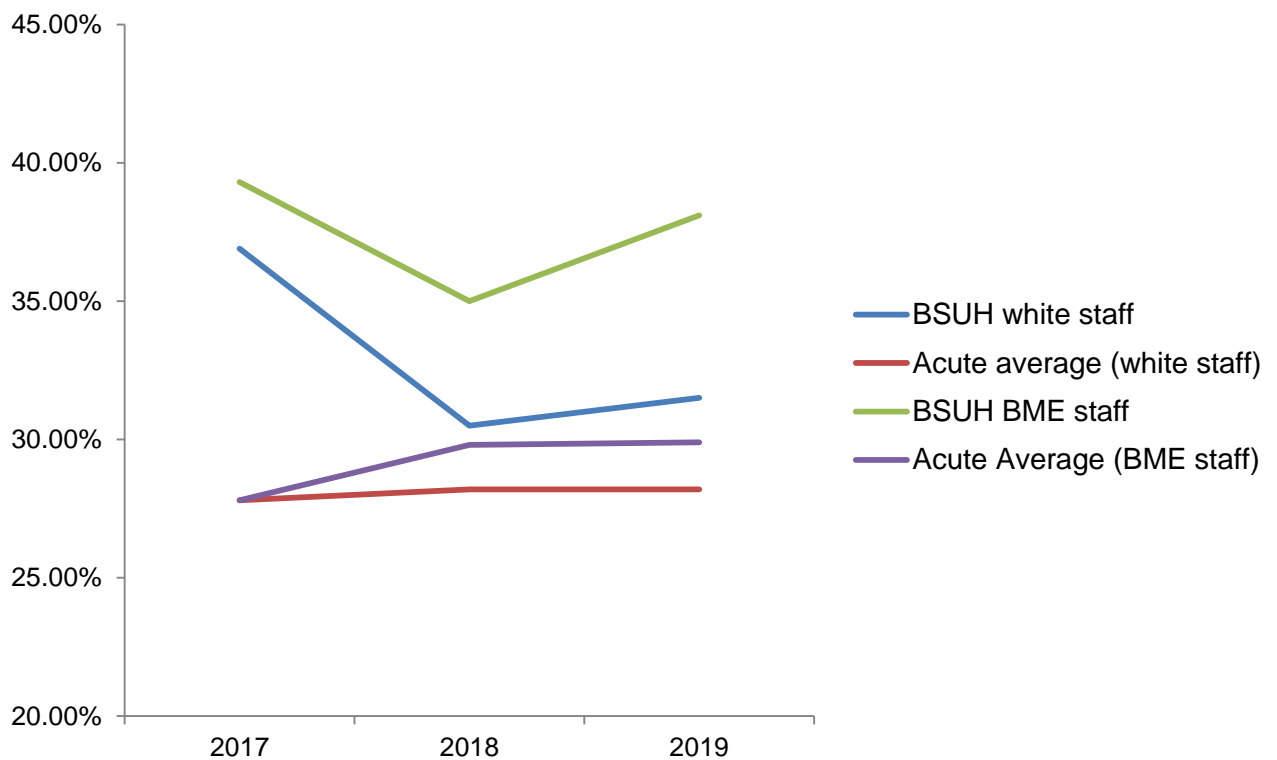


In the above chart BME staff have a constant measure of 1.0. For white staff if there bar is below the BME line it would suggest; that white staff are less likely to access non-mandatory/CPD than BME staff. Naturally, if the white applicant bar is above it would suggest that they have a greater chance of accessing non-mandatory/CPD.

Using the rule of four fifths, if the likelihood of white staff is below 0.8 or above 1.2, it would suggest there is a statistical adverse impact.

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

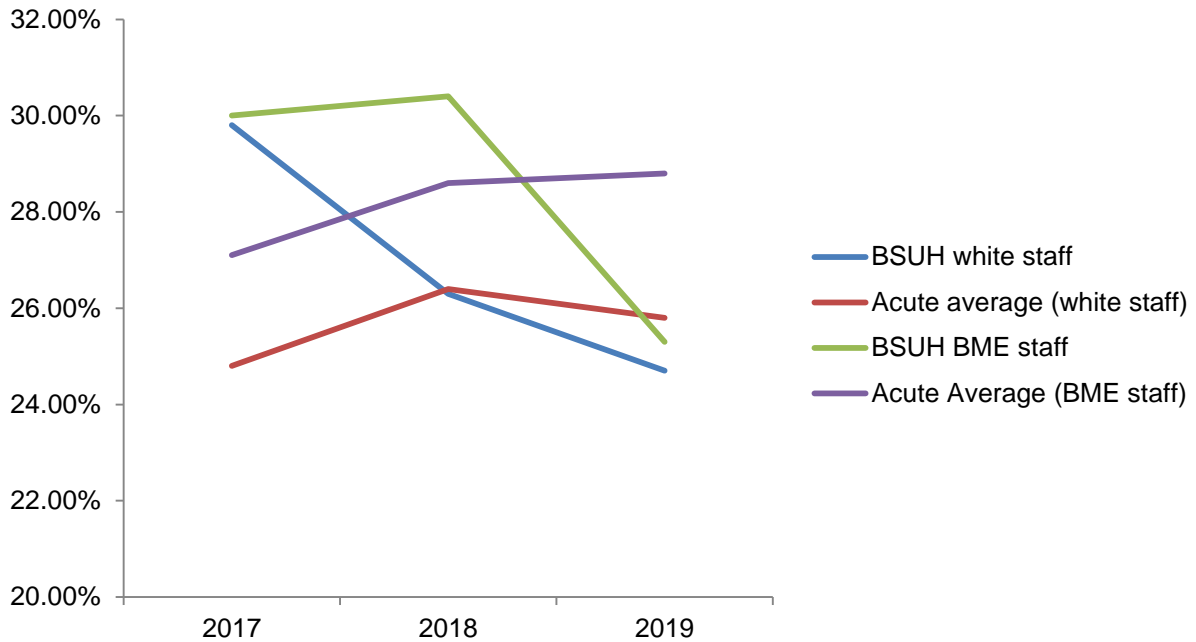
Staff Survey	White Staff		BME Staff	
	BSUH staff	Acute Average	BSUH staff	Acute Average
2017	36.9%	27.7%	39.3%	27.7%
2018	30.5%	28.4%	35.0%	29.8%
2019	31.5%	28.2%	38.1%	29.9%



There has been an overall increase for BME staff experiencing harassment, bullying and abuse from patients, relatives or the public, from the 2018 NHS Staff Survey to the 2019 Staff Survey. The overall level of experience is higher than the national acute average for BME staff. The same can be said of the experiences of white staff in the trust.

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

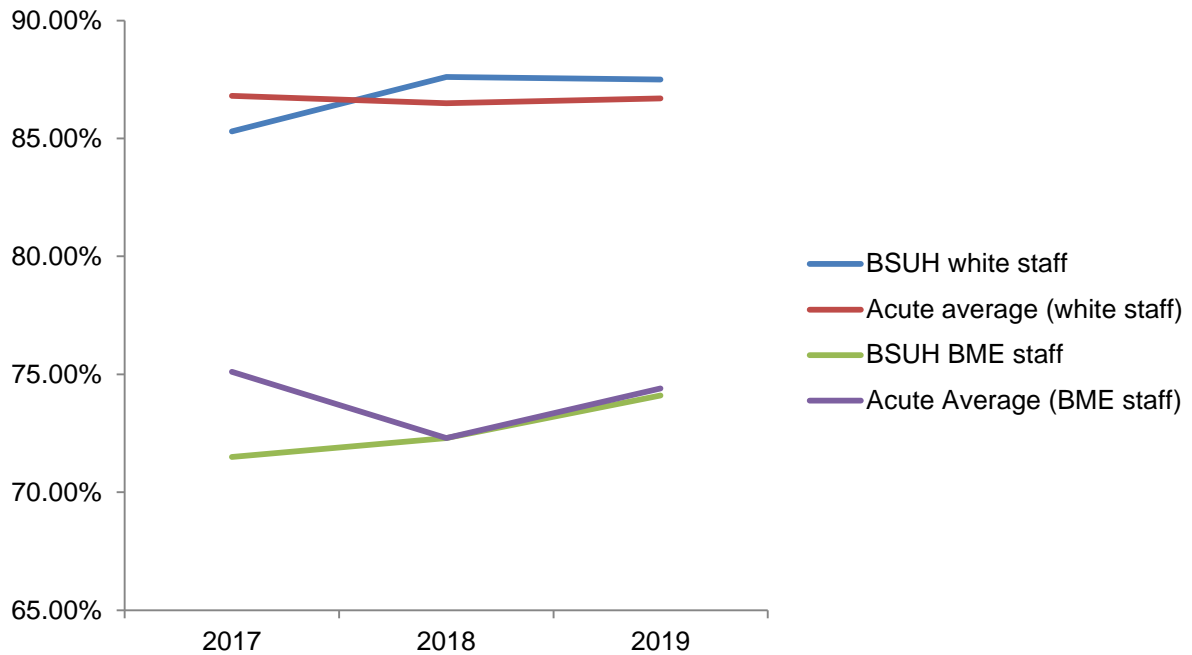
Staff Survey	White Staff		BME Staff	
	BSUH staff	Acute Average	BSUH staff	Acute Average
2017	29.8%	24.8%	30.0%	27.1%
2018	26.4%	26.4%	30.4%	28.6%
2019	24.7%	25.8%	25.3%	28.8%



There has been a decrease BME Staff experiencing harassment, bullying or abuse from staff, from the 2018 NHS Staff Survey to the 2019. The overall level of experience is lower than the national average for BME staff in acute trusts. However, for white staff there has also been a decrease in experience from 2018 to 2019 NHS Staff Surveys which is below the national average for white staff in acute trusts.

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

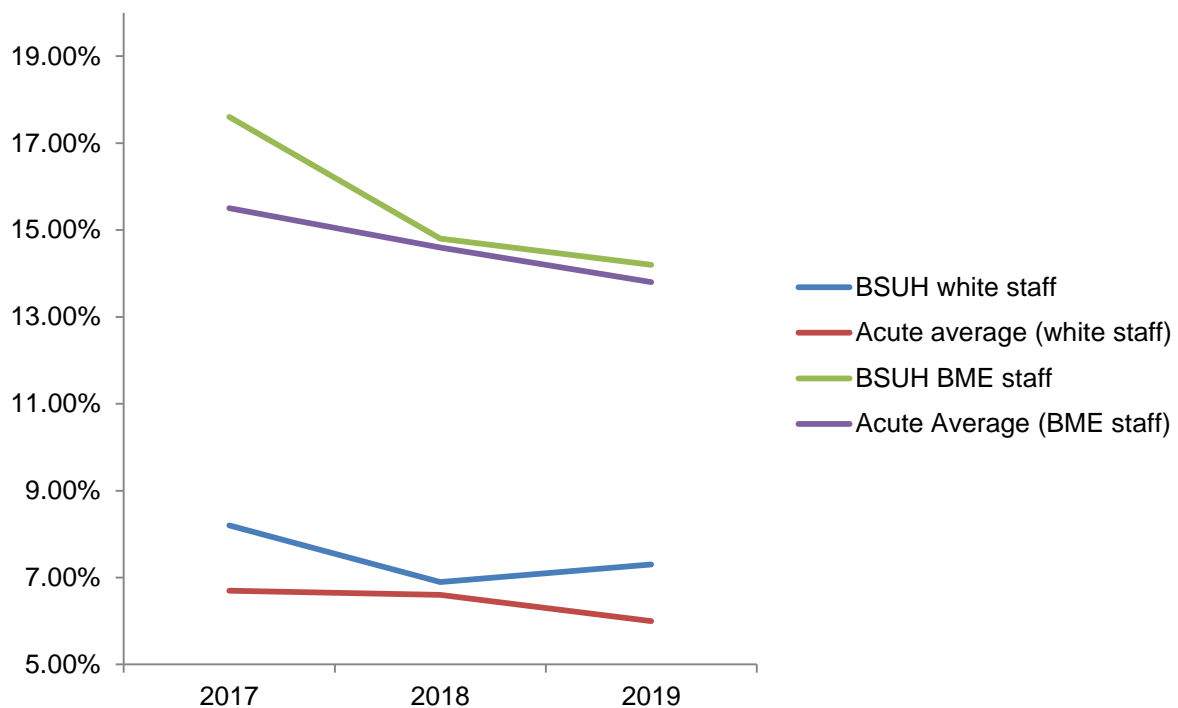
Staff Survey	White Staff		BME Staff	
	BSUH staff	Acute Average	BSUH staff	Acute Average
2017	85.3%	86.8%	71.5%	75.1%
2018	87.6%	86.5%	72.3%	72.3%
2019	87.5%	86.7%	74.1%	74.4%



There has been an increase of BME staff believing that the trust provides equal opportunities for career progression or promotion from the 2018 to the 2019 NHS Staff Survey. This is now in line for the national average for this group in acute trusts. For white staff at the Trust, their experiences are in line with the average for acute Trusts.

**Indicator 8 - In the last 12 months have you personally experienced discrimination at work from your Manager/team leader or other colleagues?
Q15(b) from the Staff Survey**

Staff Survey	White Staff		BME Staff	
	BSUH staff	Acute Average	BSUH staff	Acute Average
2017	8.2%	6.7%	17.6%	15.0%
2018	6.9%	6.6%	14.8%	14.6%
2019	7.3%	6.0%	14.2%	13.8%



For BME staff, we can see that there has been a reduction in staff which have experienced discrimination at work from their managers, team leader or other colleagues from the 2018 and 2019 NHS Staff Surveys. Conversely, for white staff there has been a slight increase. For BME staff, their experience is largely in line with the national acute average, but for white staff Trust staff experiences are greater than the average.

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

- (i) The organisation's Board executive membership and its overall workforce

	Overall Workforce		Executive Board Membership		% Difference
	Number in workforce	% in workforce	Number on board	% of board	
White Staff	6731	78.3%	12	85.7%	+7.4%
BME Staff	1585	18.4%	0	0.0%	-18.4%
Unknown	282	3.3%	2	14.3%	+11.0%
Total	8598	100.0%	14	100.0%	

6) 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.

a. Any issues of completeness of data

This report is based on information presented to the Trust's Board in 2020.

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

None .