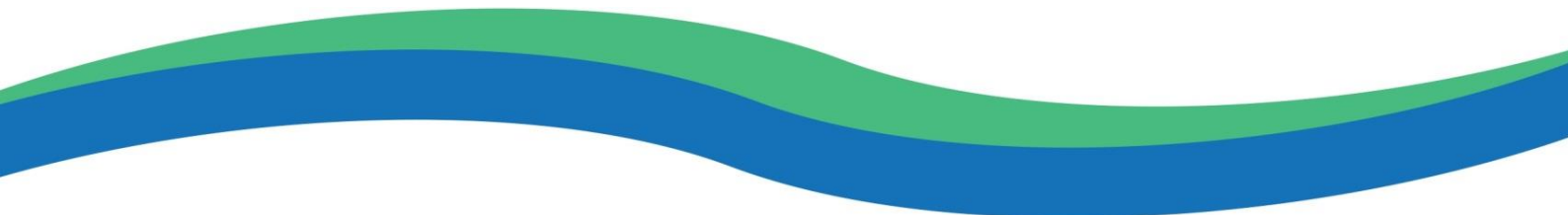


Brighton and Sussex University Hospitals NHS Trust

Workforce Race Equality Standard 2017





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 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.



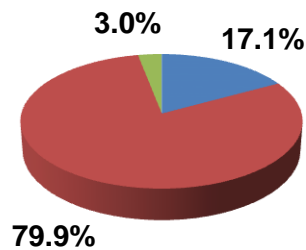
Background Information

1) Total number of staff:

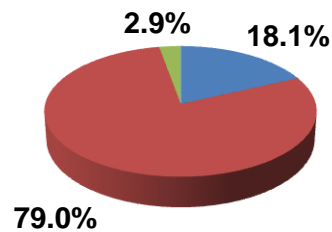
2016	2017
8587 headcount	8619 headcount

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

	2016		2017	
	Headcount	% of Staff	Headcount	% of Staff
White	6861	79.9%	6812	79.0%
BME	1466	17.1%	1561	18.1%
Not Stated	260	3.0%	246	2.9%
Total	8587	100.0%	8619	100.0%



■ BME
■ White
■ Unknown



■ BME
■ White
■ Unknown

2016

2017

2) Self-reporting

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

	2016		2017	
	Headcount	% of Staff	Headcount	% of Staff
Ethnicity Declared	8327	97.0%	8373	97.1%
Ethnicity Not Declared	260	3.0%	246	2.9%
Total	8587	100.0%	8619	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.

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.

3) Workforce Data

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

April 2016 to July 2017.

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
BAME	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	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%

What the data tells us:

- The overall population of non-clinical BME staff is equivalent to the overall population statistics in the 2011 Census (9%).
- There appears to be an overrepresentation at 25.1% of BME staff in the lowest paid roles at Band 1.
- A fair representation can be seen at bands: 7, 8b, 8d and 9.
- All other bands including VSM (very senior managers) appear to be underrepresented by BME staff.
- When comparing to the previous WRES report (2016), the findings are generally similar except -7.7% Band 8C and +11.9% Band 9.

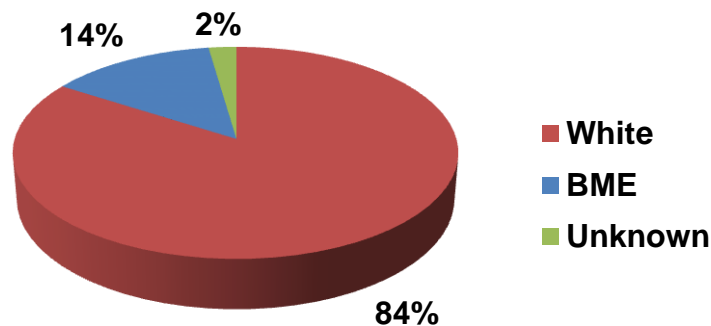
	Clinical				
	White	BME	Total	White %	BME%
Band 1					
Band 2	598	219	817	73.2%	26.8%
Band 3	228	51	279	81.7%	18.3%
Band 4	153	21	174	87.9%	12.1%
Band 5	1096	345	1441	76.1%	23.9%
Band 6	1019	150	1169	87.2%	12.8%
Band 7	585	57	642	91.1%	8.9%
Band 8a	142	14	156	91.0%	9.0%
Band 8b	50	3	53	94.3%	5.7%
Band 8c	21	0	21	100.0%	0.0%
Band 8d	9	0	9	100.0%	0.0%
Band 9	2	0	2	100.0%	0.0%
VSM	2	0	2	100.0%	0.0%
Medical: Consultants	506	202	708	71.5%	28.5%
Medical: Non-consultant career grade	35	42	77	45.5%	54.5%
Medical: Trainee	348	207	555	62.7%	37.3%
Other	75	34	109	68.8%	31.2%
Total	4869	1345	6214	78.4%	21.6%

What the data tells us:

- The overall population of non-clinical BME staff is more than the overall population statistics in the 2011 Census (9%).
- 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 past this which could suggest a blockage in progression.
- There is appears to be an overrepresentation at all levels of medical roles.
- All other bands including VSM (very senior managers) is underrepresented by BME staff.
- When comparing to the previous WRES report (2016), the findings are generally similar except -25.0% Band 1 and +4.4% Band 2.

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

	Shortlisted	Appointed	Relative Likelihood of being appointed
White	1859	1050	0.56482
BME	534	329	0.61610
Not Stated	37	17	0.45946
Total	2430	1396	



The likelihood of white candidates being appointed from shortlisting:
 $1050/1859=0.56482$

The likelihood of BME candidates being appointed from shortlisting:
 $329/534=0.61610$

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.**

White Candidates	<div style="width: 92%; height: 10px; background-color: green;"></div>	0.92
BME Candidates	<div style="width: 100%; height: 10px; background-color: green;"></div>	1.00

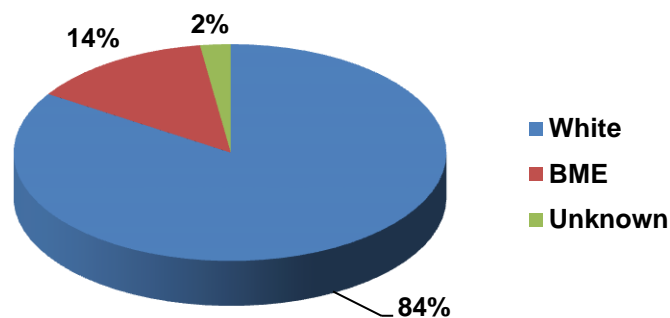
In this instance the data suggests white candidates are slightly less likely than BME candidates to be appointed from shortlisting.

The 2016 WRES report highlighted that there was a relative likelihood of 1.17 (in favour of white staff) of being employed over BME staff, and the 2015 WRES report highlighted a 1.26 relative likelihood (in favour of white staff). It would appear there is a steady balancing of 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	37	6523	0.00567
BME	6	1452	0.00413
Unknown	1	236	0.00424



The likelihood of white staff entering the formal disciplinary process:
 $37 / 6523 = 0.00567$

The likelihood of BME staff entering the formal disciplinary process:
 $6 / 1452 = 0.00413$

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.**

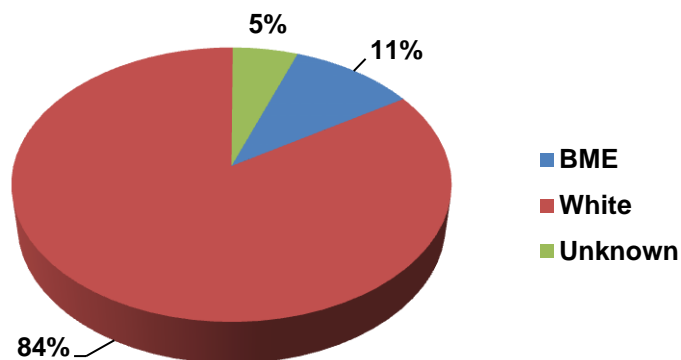
White Staff	<div style="width: 100%; height: 10px; background-color: green;"></div>	1.00
BME Staff	<div style="width: 73%; height: 10px; background-color: green;"></div>	0.73

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

The 2016 WRES report stated there was a likelihood of 1.96 of BME staff entering into a formal disciplinary process over white staff. The 2015 WRES report stated there was a 1.52 likelihood of BME staff entering disciplinary process over white staff.

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
BME	1452	73	0.0503
White	6523	586	0.0898
Unknown	236	38	0.1610
Total	8211	697	



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:
 $586 / 6523 = 0.0898$

Likelihood of BME staff accessing non-mandatory/CPD training:
 $73 / 1452 = 0.0503$

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.**

White Staff		1.79
BME Staff		1.00

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

Compared to the WRES 2016 report where the likelihood was 0.62 times and the WRES 2015 report where the likelihood was 0.89 times. It would appear that there has been a sharp increase of relative likelihood where white staff are more likely to be accepted on non-mandatory training.

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 Date	BME Staff	White Staff	National Acute Average
2017	39%	37%	28%
2016	34%	31%	27%
2015	41%	36%	28%
2014	38%	33%	28%

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.

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

Staff Survey Date	BME Staff	White Staff	National Acute Average
2017	30%	30%	25%
2016	37%	32%	25%
2015	44%	28%	26%
2014	30%	28%	

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.

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	71%	85%	85%
2016	64%	82%	87%
2015	68%	87%	87%
2014	44%	86%	61%

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.

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	18%	8%	8%
2016	21%	8%	7%
2015	22%	7%	11%
2014	18%	8%	7%

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.

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

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

	Overall Workforce		Voting Board Membership		% Difference
	Number in workforce	% in workforce	Number on board	% of board	
BME Staff	1452	17.7%	0	0.0%	-17.7%
White Staff	6523	79.4%	10	100.0%	20.6%
Unknown	236	2.9%	0	0.0%	-2.9%
Total	8211	100.0%	10	100.0%	

- (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	
BME Staff	1452	17.7%	0	0.0%	-17.7%
White Staff	6523	79.4%	5	100.0%	20.6%
Unknown	236	2.9%	0	0.0%	-2.9%
Total	8211	100.0%	5	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 2017.

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

None.