

# Workforce Race Equality Standard

## Data report for 2022



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## Introduction

The NHS has a workforce of 1.4 million people, of which 20% are from a black and minority ethnic background (BME). Whilst there is a good representation of BME people in GP, hospital doctor and nursing and midwifery roles – this does not always translate to career progression and representation at more senior levels. Nor do BME colleagues enjoy the same levels of staff satisfaction or treatment in the workplace.

The NHS Workforce Race Equality Standard (WRES) was developed to help shine a light on where NHS organisations are doing well across a range of equality measures and identify areas for improvement where progress can then be tracked. It has now been collecting data on race inequality for more than five years, holding up a mirror to the NHS and revealing the disparities that exist for BME staff compared to their white colleagues. The findings of national WRES reports do not make for a comfortable read, and nor should they. The evidence from each WRES report over the years has shown that BME staff members are less well represented at senior levels, have measurably worse day to day experiences of life in NHS organisations, and have more obstacles to progressing in their careers. The persistence of outcomes like these is not something that the Trust or wider NHS should accept.

The WRES uses statistical data to demonstrate the experience and outcomes for BME staff compared to white staff through many stages of their employment journey. The standard requires NHS Trusts to develop action plans to address any areas of inequity that the data highlights.

This reporting period includes the Coronavirus Pandemic; further details can also be found in the Trust's Annual Equality Report.

The report uses the acronym BME, recognising that within this, there are numerous ethnic backgrounds and diversity included within the WRES analysis. It is not used to suggest that the identified issues affect all BME staff equally or that each group's treatment or needs are the same.

As Western Sussex Hospitals NHS Foundation Trust and Brighton and Sussex University Hospitals Trust merged on 1<sup>st</sup> April 2021, this is the first data report for the newly formed University Hospitals Sussex NHS Foundation Trust.

## Background Information

### The total number of staff in the Trust:

#### In 2022:

Total headcount:	16,658 staff
White Staff:	12,403 (74.5% of the workforce)
BME Staff:	3,595 (21.6% of the workforce)
Unknown Ethnicity:	660 (3.9% of the workforce)

Overall in 2022, 96.1% of the workforce had declared their ethnicity.

### Steps 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. In addition, staff who have access to Electronic Staff Records self-service (and a range of other tools) can update that ethnicity at any time.

### Planned steps during the current reporting period to improve the level of self-reporting by ethnicity?

We appreciate that the declaration within the organisation is high; however, we will continue to run programmes to increase declaration and review our information to candidates to encourage this.

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

The reporting period is 1<sup>st</sup> April 2021 to 31<sup>st</sup> March 2022.

### How is BME defined under the WRES?

In line with the categories taken from the 2001 Census:

The BME category includes:

- D – Mixed white and black Caribbean
- E – Mixed white and black African

- F – Mixed white and Asian
- 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

The White category includes:

- A – White – British
- B – White – Irish
- C – Any other white background

The unknown category includes:

- Z – not stated
- Null (NHS Electronic Staff Records code)
- Unknown (NHS Electronic Staff Records code)

## **Population Demographics from the 2011 Census (Southeast England)**

- 9% BME population
- 91% White population

## **Other factors or data which should be taken into consideration in assessing progress?**

The NHS Staff Survey is now open to all Trust staff to participate. As a result, a potential sample (circa 16,000) could participate instead of a restricted sample (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. Issues of completeness of data**

This report is based on information presented to the Trust's Board in 2021-22.

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

On completing data for the WRES report, it was realised that some previous TRAC recruitment reports had been interpreted inconsistently. This inconsistency has now been rectified. In 2020 the likelihood was reported as 3.8, which should have been 1.42 for former BSUH. For former WSHFT, 1.32 was reported and should have been 1.35.

## Workforce Race Equality System Indicators

The standard compares the metrics for white and BME staff (using declared status).

### 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.

There are 20 staff that have been roles that have neither been classified clinical or non-clinical, these staff have been excluded from metric 1.

\*The overall percentage in the tables is compared to the 21.6% representation of BME staff in the overall workforce. Items in bold text highlight a higher than expected representation of BME staff in that pay banding.

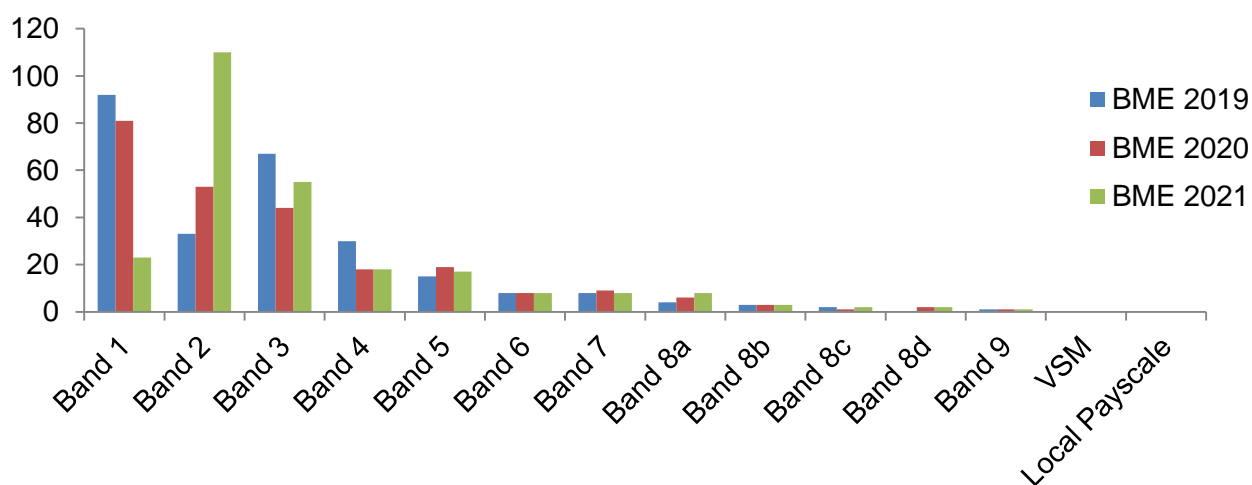
**For Non-clinical Roles:**

Pay banding	White	BAME	Unknown	Total	White %	*BAME %
<b>Band 1</b>	69	17	8	94	73.4%	18.1%
<b>Band 2</b>	1267	211	35	1513	83.7%	13.9%
<b>Band 3</b>	855	77	19	951	89.9%	8.1%
<b>Band 4</b>	680	42	12	734	92.6%	5.7%
<b>Band 5</b>	311	24	7	342	90.9%	7.0%

<b>Band 6</b>	230	15	4	249	92.4%	6.0%
<b>Band 7</b>	160	16	4	180	88.9%	8.9%
<b>Band 8a</b>	103	11	4	118	87.3%	9.3%
<b>Band 8b</b>	81	2	0	83	97.6%	2.4%
<b>Band 8c</b>	38	1	1	40	95.0%	2.5%
<b>Band 8d</b>	15	2	0	17	88.2%	11.8%
<b>Band 9</b>	16	0	1	17	94.1%	0.0%
<b>VSM</b>	24	2	5	31	77.4%	6.5%
<b>Local Pay Scale</b>	1	0	0	1	100.0%	0.0%
<b>All Non-clinical Roles</b>	3850	420	100	4370	88.1%	9.6%

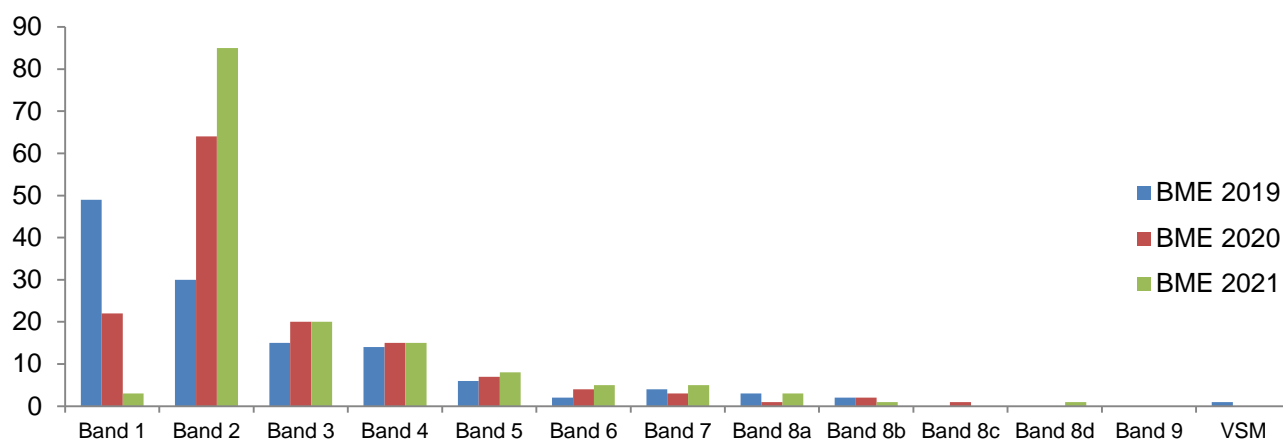
The data highlights that in all non-clinical roles, there is a lower than an expected representation of BME staff. Representation of BME staff from bands 3-9 and VSM are particularly low..

### Historical comparison from previous BSUH WRES reports



### Historical comparison from previous WSHFT WRES reports

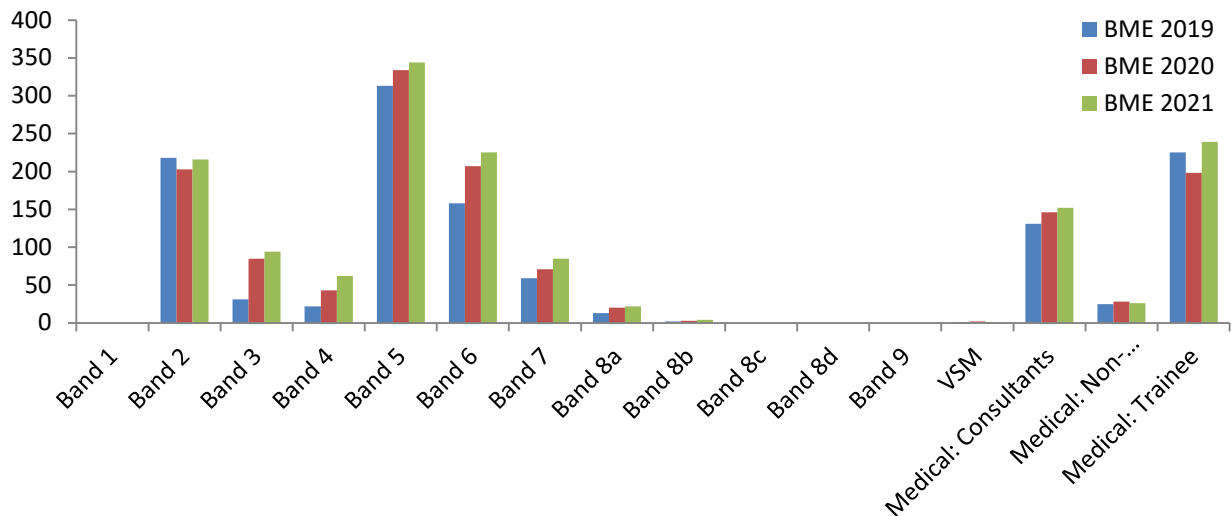




**For Clinical Roles:**

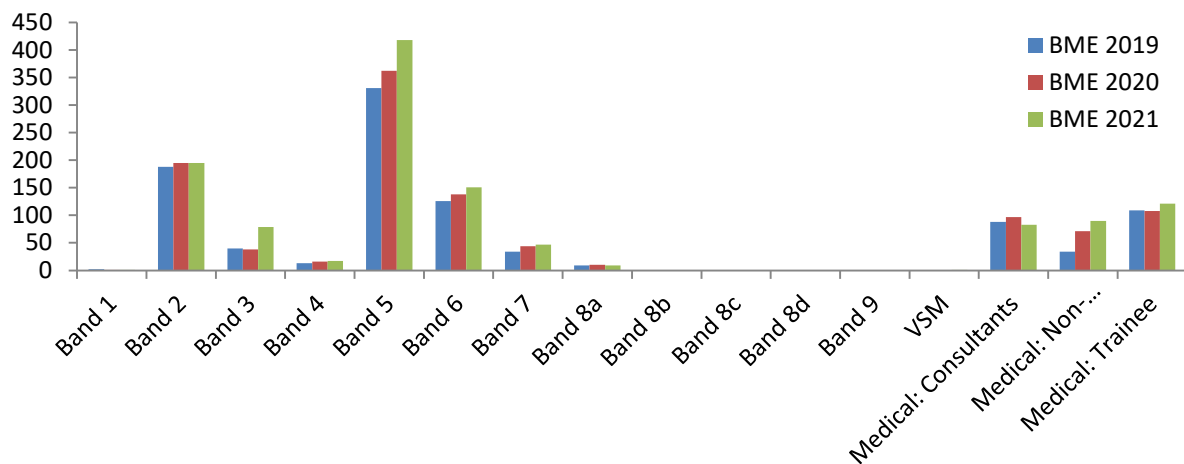
Pay banding	White	BME	Unknown	Total	White %	*BME %
<b>Band 1</b>	3	0	0	3	100.0%	0.0%
<b>Band 2</b>	1364	404	67	1835	74.3%	<b>22.0%</b>
<b>Band 3</b>	551	162	22	735	75.0%	<b>22.0%</b>
<b>Band 4</b>	342	101	16	459	74.5%	<b>22.0%</b>
<b>Band 5</b>	1419	1128	155	2702	52.5%	<b>41.7%</b>
<b>Band 6</b>	1864	426	75	2365	78.8%	18.0%
<b>Band 7</b>	1211	133	30	1374	88.1%	9.7%
<b>Band 8a</b>	280	44	9	333	84.1%	13.2%
<b>Band 8b</b>	92	5	3	100	92.0%	5.0%
<b>Band 8c</b>	26	0	1	27	96.3%	0.0%
<b>Band 8d</b>	14	0	0	14	100.0%	0.0%
<b>Band 9</b>	1	0	0	1	100.0%	0.0%
<b>VSM</b>	8	2	4	14	57.1%	14.3%
<b>Medical: Consultants</b>	589	242	40	871	67.6%	<b>27.8%</b>
<b>Medical: Non-consultant career grade</b>	104	124	14	242	43.0%	<b>51.2%</b>
<b>Medical: Trainee</b>	678	404	111	1193	56.8%	<b>33.9%</b>
<b>All Clinical roles</b>	8546	3175	547	12268	69.7%	25.9%

### Historical comparison from previous WRES reports



Compared to the overall workforce, there is a higher than an expected representation of BME staff in bands 2-5 and all medical grades. However, within bands 6-9 and VSM, there is a lower than an expected representation of BME staff. In band 5, medical: non-consultant carrier and trainee grades there is a much higher than expected representation of BME staff.

### Historical comparison from previous WSHFT WRES reports



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

Applicant Ethnicity	Applicants Shortlisted	Shortlisted %	Applicants Appointed	Appointed %	Relative Likelihood of being Appointed
<b>BME applicants</b>	3839	27.8%	313	17.8%	<b>0.0815</b>
<b>White applicants</b>	8946	64.8%	1079	61.5%	<b>0.1206</b>
<b>Not Stated / Unknown</b>	1027	7.4%	364	20.7%	<b>0.3544</b>
<b>Total</b>	<b>13812</b>	<b>100.0%</b>	<b>1756</b>	<b>100.0%</b>	

To calculate the relative likelihood of white candidates being appointed from shortlisting:

$$1079 / 8946 = 0.1206$$

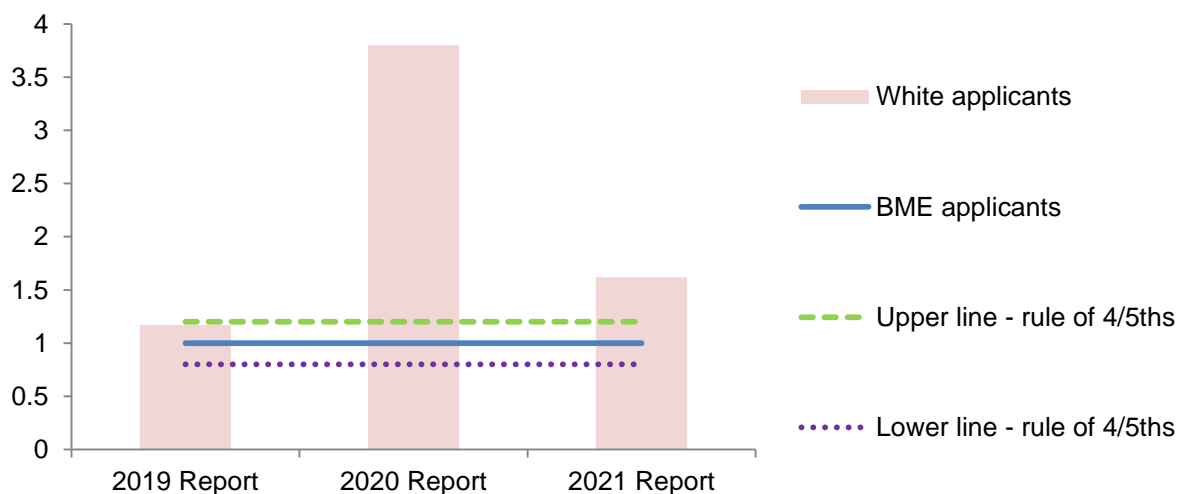
To calculate the relative likelihood of BME candidates being appointed from shortlisting:

$$313 / 3839 = 0.0815$$

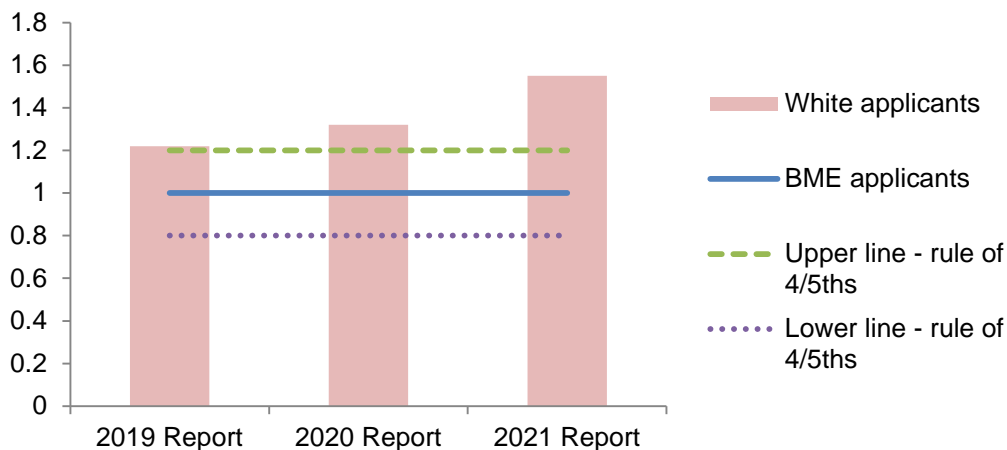
The relative likelihood of white candidates being appointed from shortlisting compared to BME staff is 0.1206 (white candidates) / 0.0815 (BME candidates) = **1.48 times greater.**

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

### Historical comparison with previous BSUH WRES reports



## Historical comparison with previous WSHFT WRES reports



In the above charts, BME applicants have a constant measure of 1.0. So for white applicants, if their bar is below the BME line, it would suggest; that white applicants are less likely to be recruited from shortlisting than BME applicants. So naturally, if the white applicant bar is above, it indicates that they have a greater chance of being appointed.

The Trust does not share personal or equal opportunities data with managers at the shortlisting stage to help remove bias in the recruitment process.

## Indicator 3 - Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation

Staff Ethnicity	Number of Disciplinary Procedures	Number in Workforce	Relative Likelihood of entering procedure
White	18	12403	0.00145
BME	9	3595	0.00250
Unknown	1	660	0.0015

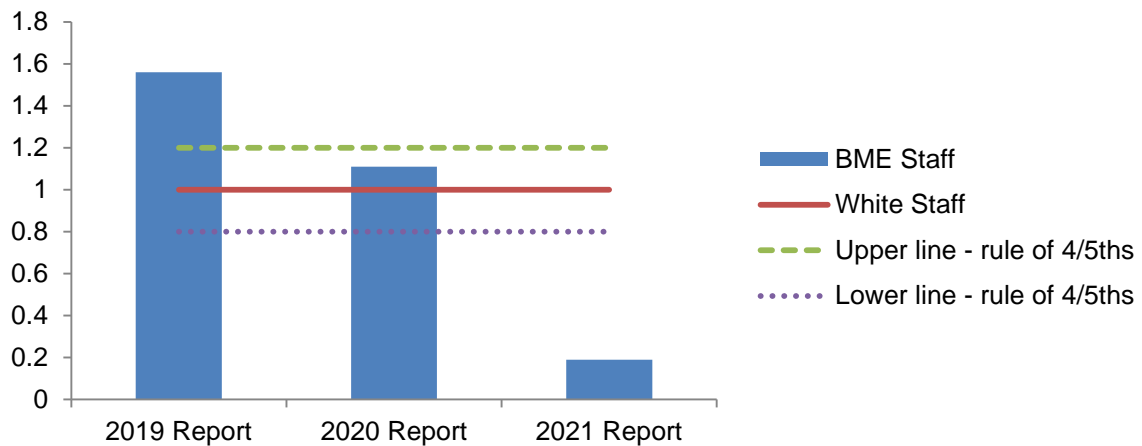
The likelihood of white staff entering the formal disciplinary process:  
 $18 / 12403 = 0.00145$

The likelihood of BME staff entering the formal disciplinary process:  
 $9 / 3595 = 0.00250$

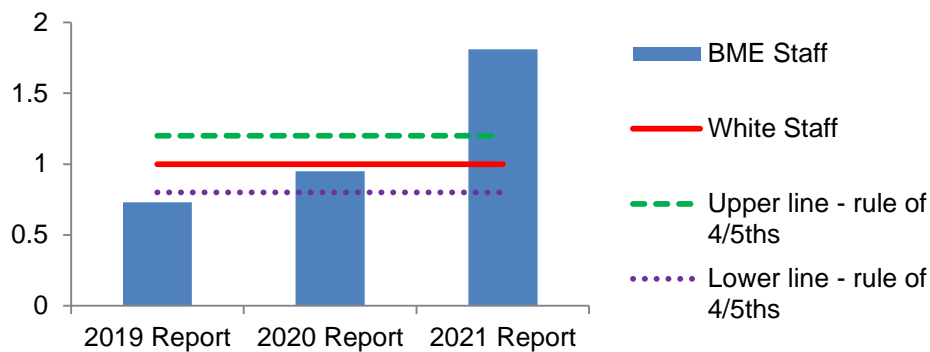
The relative likelihood of BME staff entering the formal disciplinary process compared to white staff is  $0.00250$  (BME Staff) /  $0.00145$  (White Staff) = **1.725 greater**.

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

### Historical comparison with previous BSUH WRES reports



### Historical comparison with previous WSHT 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.

### Indicator 4 - Relative likelihood of staff accessing non-mandatory training and CPD.

Staff Ethnicity	Number in workforce	No. of staff accessing non-mandatory/CPD training	Relative likelihood of accessing non-mandatory/CPD training
White	12,403	5,569	0.45
BME	3,595	1,589	0.44
Unknown	660	332	0.50
Total	16,658	7,490	

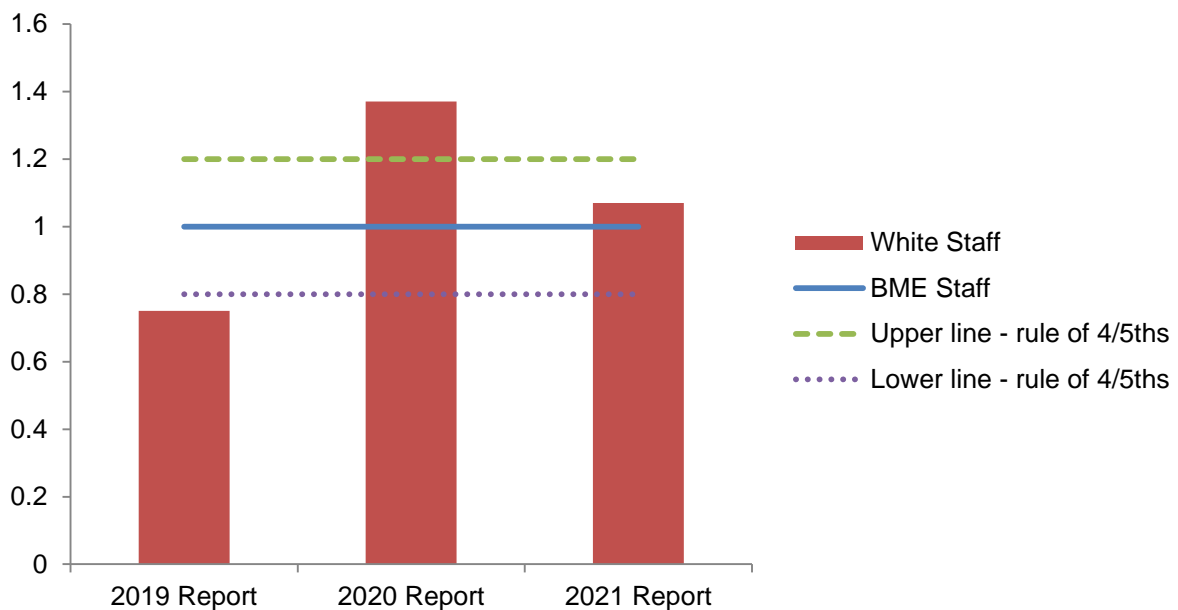
Likelihood of white staff accessing non-mandatory/CPD training:  
 $5,569 / 12,403 = 0.45$

Likelihood of BME staff accessing non-mandatory/CPD training:  
 $1,589 / 3,595 = 0.44$

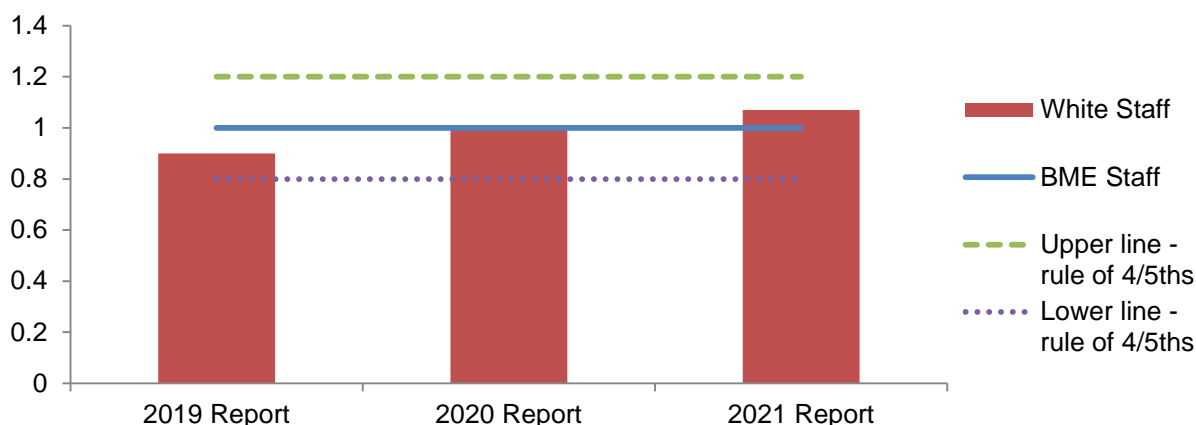
Relative likelihood of white staff accessing non-mandatory/CPD training compared to BME staff:  $0.45$  (White Staff) /  $0.44$  (BME Staff) = **1.02 times**.

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

### Historical comparison with previous BSUH WRES reports



### Historical comparison with previous WSHFT WRES reports



In the above chart, BME staff have a constant measure of 1.0. If the bar for white staff 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 indicate that they have a greater chance of accessing non-mandatory/CPD.

## Indicator 5 - Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in last 12 months

	Organisation	2021
<b>White Staff</b>	UHSussex	31.3%
	Acute Average	26.5%
<b>Staff from all other ethnic groups combined</b>	UHSussex	37.0%
	Acute Average	28.8%

What the data tells us:

- UHSussex BME staff are more likely to experience harassment, bullying and abuse than UHSussex white staff.
- When compared to the acute average, BME staff are more likely to experience harassment, bullying and abuse by almost 10 percentage points.
- Compared to the previous year, the acute average has risen slightly.
- Compared to legacy trust data from last year, there has been an increase of staff experiencing harassment, bullying or abuse from patients, relatives or the public for both BSUH and WSHFT.

## Historical Overview Brighton and Sussex University Hospitals NHS Trust:

Staff Survey Year	BSUH BME staff	BSUH white staff	% point difference	Acute Average (BME staff)	Acute average (white staff)
2018	35.00%	30.50%	(-4.50%)	28.90%	27.00%
2019	38.10%	31.50%	(-6.60%)	29.50%	27.60%
2020	33.70%	30.70%	(-3.00%)	28.00%	25.40%

### Historical Overview Western Sussex NHS Foundation Trust

Staff Survey Year	WSHFT BME staff	WSHFT white staff	% point difference	Acute Average (BME staff)	Acute average (white staff)
2018	36.1%	29.2%	(-6.9%)	28.9%	27.0%
2019	37.8%	27.6%	(-10.2%)	29.5%	27.6%
2020	33.5%	28.0%	(-5.5%)	28.0%	25.4%

### Indicator 6 - Percentage of staff experiencing harassment, bullying, or abuse from staff in last 12 months

	Organisation	2021
<b>White Staff</b>	UHSussex	25.6%
	Acute Average	23.6%
<b>Staff from all other ethnic groups combined</b>	UHSussex	28.9%
	Acute Average	28.5%

What the data tells us:

- When comparing UHSussex data, BME staff are more likely to experience harassment, bullying or abuse from staff.
- Compared to the acute average, UHSussex BME staff are slightly more likely to experience harassment, bullying or abuse.
- Compared to the previous year, the acute average has decreased.
- Compared to legacy data for last year, the number of BME staff that have stated they have experience harassment, bullying or abuse has increased.



## Historical Overview Brighton and Sussex University Hospitals NHS Trust:

Staff Survey Year	BSUH BME staff	BSUH white staff	% point difference	Acute Average (BME staff)	Acute average (white staff)
2018	30.40%	26.30%	(-4.10%)	28.70%	24.90%
2019	25.30%	24.70%	(-0.60%)	28.60%	24.50%
2020	26.80%	25.40%	(-1.40%)	29.10%	24.40%

## Historical Overview Western Sussex NHS Foundation Trust

Staff Survey Year	WSHFT BME staff	WSHFT white staff	% point difference	Acute Average (BME staff)	Acute average (white staff)
2018	24.9%	22.9%	(-2.0%)	28.7%	24.9%
2019	24.9%	24.0%	(-0.9%)	28.6%	24.5%
2020	24.2%	24.5%	(0.3%)	29.1%	24.4%

## Indicator 7 - Percentage believing that trust provides equal opportunities for career progression or promotion

	Organisation	2021
White Staff	UHSussex	55.1%
	Acute Average	58.6%
Staff from all other ethnic groups combined	UHSussex	46.2%
	Acute Average	44.6%

What the data tells us:

- Comparing UHSussex data, BME staff are less likely to believe that the trust provides equality opportunities for career progression or promotion than white staff.
- Compared to the acute average, more BME UHSussex staff believe that the trust provides equality opportunities for career progression or promotion.

- The calculation for this question has changed since previous reporting periods, it is therefore, not possible to draw a meaningful conclusion when looking back at historical data.

### Historical Overview Brighton and Sussex University Hospitals NHS Trust:

Staff Survey Year	BSUH BME staff	BSUH white staff	% point difference	Acute Average (BME staff)	Acute average (white staff)
2018	72.30%	87.60%	(15.30%)	73.10%	86.80%
2019	74.10%	87.50%	(13.40%)	74.10%	87.20%
2020	71.60%	85.70%	(14.10%)	72.50%	87.70%

### Historical Overview Western Sussex NHS Foundation Trust

Staff Survey Year	WSHFT BME staff	WSHFT white staff	% point difference	Acute Average (BME staff)	Acute average (white staff)
2018	82.7%	89.8%	(7.1%)	73.1%	86.8%
2019	81.0%	88.5%	(7.5%)	74.1%	87.2%
2020	81.8%	89.3%	(7.5%)	72.5%	87.7%

**Indicator 8 - In the last 12 months, have you personally experienced discrimination at work from your Manager/team leader or other colleagues?**

	Organisation	2021
White Staff	UHSussex	8.1%
	Acute Average	6.7%
Staff from all other ethnic groups combined	UHSussex	15.4%
	Acute Average	17.3%

What the data tells us:

- When comparing UHSussex data, BME staff are more likely (nearly twice as much) to have experienced discrimination at work from their manager, team leader or other colleagues.
- Compared to the acute average, less UHSussex BME staff have reported that they have experienced discrimination, but more for white UHSussex staff.
- Compared to last year, the acute average has risen.
- Compared to the legacy data for last year, the number of BME staff has slightly increased by remains broadly similar.

### Historical Overview Brighton and Sussex University Hospitals NHS Trust:

Staff Survey Year	BSUH BME staff	BSUH white staff	% point difference	Acute Average (BME staff)	Acute average (white staff)
2018	14.8%	6.9%	(-7.9%)	14.6%	6.3%
2019	14.2%	7.3%	(-6.9%)	14.2%	5.8%
2020	15.5%	7.1%	(-8.4%)	16.8%	6.1%

### Historical Overview Western Sussex NHS Foundation Trust

Staff Survey Year	WSHFT BME staff	WSHFT white staff	% point difference	Acute Average (BME staff)	Acute average (white staff)
2018	14.3%	6.3%	(-8.0%)	14.6%	6.3%
2019	13.1%	6.3%	(-6.8%)	14.2%	5.8%
2020	15.7%	6.1%	(-9.6%)	16.8%	6.1%

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

### Percentage difference between:

- i) The organisation's Voting membership of the Board and its overall workforce (as of 31<sup>st</sup> March 2022)
- ii) The organisation's Executive membership of the Board and its overall workforce (as of 31<sup>st</sup> March 2022)

#### Total Board Membership

Staff Ethnicity	Number in workforce	% in workforce	Number on board	% of board	% Difference
White Staff	12,403	74.5%	13	76.5%	+2.0%
BME Staff	3,595	21.6%	1	5.8%	-15.8%
Unknown	660	3.9%	3	17.6%	+13.7%
<b>Total</b>	<b>16,658</b>	<b>100.0%</b>	<b>17</b>	<b>100.0%</b>	

#### Voting Membership

Staff Ethnicity	Number in workforce	% in workforce	Number on board	% of board	% Difference
White Staff	12,403	74.5%	8	88.9%	+14.4
BME Staff	3,595	21.6%	0	0.0%	-21.6%
Unknown	660	3.9%	1	11.1%	+7.2%
<b>Total</b>	<b>16,658</b>	<b>100.0%</b>	<b>9</b>	<b>100.0%</b>	

#### Executive Membership

Staff Ethnicity	Number in workforce	% in workforce	Number on board	% of board	% Difference
White Staff	12,403	74.5%	8	88.9%	+14.2%
BME Staff	3,595	21.6%	0	0.0%	-21.6%
Unknown	660	3.9%	1	11.1%	+7.2%
<b>Total</b>	<b>16,658</b>	<b>100.0%</b>	<b>9</b>	<b>100.0%</b>	

### Next steps

Using the data to inform the Trusts race equality actions and inclusion strategy. The drafted version of the Equalities & Inclusion Strategy will be taken to the People Committee for the October 2022 meeting. The Trust will also continue to supplement the quantitative data with qualitative and lived experience data.