

Workforce Race Equality Standard 2021

Reporting on Brighton and Sussex University Hospitals NHS Trust and Western Sussex NHS Foundation Trust race data for 2020/21

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# 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 Black or Minority Ethnic (BME) background. 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. 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 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. 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.

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.

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 1st April 2021, this report contains data for both Trusts. However, the data snapshot period falls outside of the merger. It provides an overview of the closing position of each of the previous Trusts. It, therefore, will be the baseline from which future progress is measured for the new combined Trust, University Hospitals Sussex, as we pursue equality and inclusion for all staff.

# Background Information

## The total number of staff in the Trusts:

### Brighton and Sussex University Hospitals NHS Trust:

**In 2020:**

Total headcount: 8598 staff

White Staff: 6731 (78.3% of the workforce)
BME Staff: 1585 (18.4% of the workforce)
Unknown Ethnicity: 282 (3.3% of the workforce)

Overall in 2020, 96.7% of the workforce had declared their ethnicity.

**In 2021:**

Total headcount: 8873 staff

White Staff: 6890 (77.7% of the workforce)
BME Staff: 1725 (19.4% of the workforce)
Unknown Ethnicity: 258 (2.9% of the workforce)

Overall in 2021, 97.1% of the workforce had declared their ethnicity.

### Western Sussex Hospitals Foundation NHS Trust:

**In 2020:**

Total headcount: 7317 staff

White Staff: 5650 (77.2% of the workforce)
BME Staff: 1219 (16.7% of the workforce)
Unknown Ethnicity: 448 (6.1% of the workforce)

Overall in 2020, 93.9% of the workforce had declared their ethnicity.

**In 2021:**

Total headcount: 7519 staff

White Staff: 5763 (76.6%)
BME Staff: 1359 (18.1%)
Unknown Ethnicity: 397 (5.3%)

Overall in 2021, 94.7% 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 1st April 2020 to 31st March 2021.

## 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?

In 2016 the NHS Staff Survey was 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.

1. Issues of completeness of data
This report is based on information presented to the Trust’s Board in 2021.
2. Matters relating to the reliability of comparisons with previous years
On completing data for the WRES report, it was realised that there had been an inconsistency in interpreting TRAC recruitment reports. This inconsistency has now been rectified. In 2020 the likelihood was reported as 3.8, which should have been 1.42 for BSUH. For WSHFT, 1.32 was reported and should have been 1.35.

The requirements for indicator three has changed for the 2020/21 reporting period. Instead of a 2-year rolling average, this is now based on year-end.

# Workforce Race Equality 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.

### Brighton and Sussex University Hospitals NHS Trust:

\*The overall percentage in the tables is compared to the 19.4% 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** | **BME** | **Unknown** | **Total** | **White %** | **\*BME %** |
| --- | --- | --- | --- | --- | --- | --- |
| **Band 1** | 59 | 23 | 7 | 89 | 66.3% | **25.8%** |
| **Band 2** | 639 | 110 | 19 | 768 | 83.2% | 14.3% |
| **Band 3** | 512 | 55 | 8 | 575 | 89.0% | 9.6% |
| **Band 4** | 391 | 18 | 10 | 419 | 93.3% | 4.3% |
| **Band 5** | 182 | 17 | 3 | 202 | 90.1% | 8.4% |
| **Band 6** | 121 | 8 | 3 | 132 | 91.7% | 6.1% |
| **Band 7** | 95 | 8 | 3 | 106 | 89.6% | 7.5% |
| **Band 8a** | 61 | 8 | 2 | 71 | 85.9% | 11.3% |
| **Band 8b** | 50 | 3 | 0 | 53 | 94.3% | 5.7% |
| **Band 8c** | 18 | 2 | 1 | 21 | 85.7% | 9.5% |
| **Band 8d** | 9 | 2 | 0 | 11 | 81.8% | 18.2% |
| **Band 9** | 12 | 1 | 1 | 14 | 85.7% | 7.1% |
| **VSM** | 5 | 0 | 3 | 8 | 62.5% | 0.0% |
| **Local Pay Scale** | 1 | 0 | 0 | 1 | 100.0% | 0.0% |
| **All Non-clinical Roles** | 2155 | 255 | 60 | 2470 | 87.2% | 10.3% |

**Historical comparison from previous WRES reports**

The data highlights that in most non-clinical roles, there is a lower than an expected representation of BME staff. Band 1 has a higher than an expected representation of BME staff, and band 8d is slightly under compared to the overall representation of BME staff in the workforce. Compared to the previous year, there has been an increase of BME staff in bands 8a and 8c. Over the last few years, there has been a programme for migrating staff (where appropriate) from band 1 to 2.

**For Clinical Roles:**

|  **Pay banding** | **White** | **BME** | **Unknown** | **Total** | **White %** | **\*BME %** |
| --- | --- | --- | --- | --- | --- | --- |
| **Band 1** | 0 | 0 | 0 | 0 | 0.0% | 0.0% |
| **Band 2** | 618 | 216 | 10 | 844 | 73.2% | **25.6%** |
| **Band 3** | 280 | 94 | 4 | 378 | 74.1% | **24.9%** |
| **Band 4** | 182 | 62 | 5 | 249 | 73.1% | **24.9%** |
| **Band 5** | 862 | 344 | 27 | 1233 | 69.9% | **27.9%** |
| **Band 6** | 1110 | 225 | 31 | 1366 | 81.3% | 16.5% |
| **Band 7** | 654 | 85 | 7 | 746 | 87.7% | 11.4% |
| **Band 8a** | 164 | 22 | 1 | 187 | 87.7% | 11.8% |
| **Band 8b** | 53 | 4 | 2 | 59 | 89.8% | 6.8% |
| **Band 8c** | 19 | 0 | 0 | 19 | 100.0% | 0.0% |
| **Band 8d** | 10 | 0 | 0 | 10 | 100.0% | 0.0% |
| **Band 9** | 1 | 0 | 1 | 2 | 50.0% | 0.0% |
| **VSM** | 1 | 1 | 1 | 3 | 33.3% | **33.3%** |
| **Medical: Consultants** | 322 | 152 | 15 | 489 | 65.8% | **31.1%** |
| **Medical: Non-consultant career grade** | 27 | 26 | 2 | 55 | 49.1% | **47.3%** |
| **Medical: Trainee** | 432 | 239 | 92 | 763 | 56.6% | **31.3%** |
| **All Clinical roles** | 4735 | 1470 | 198 | 6403 | 73.9% | **23.0%** |

**Historical comparison from previous WRES reports**Compared to the overall workforce, there is a higher than an expected representation of BME staff in band 1-5 and medical grades. However, within bands 6-9, there is a lower than an expected representation of BME staff. Compared to recent years that has been a year-on-year increase in the representation of BME staff in bands 6-8a.

### Western Sussex Hospitals NHS FoundationTrust:

\*\*The overall percentage in the tables is compared to the 18.1% 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** | **BME** | **Unknown** | **Total** | **White %** | **\*\*BME %** |
| --- | --- | --- | --- | --- | --- | --- |
| **Band 1** | 28 | 3 |   | 31 | 90.3% | 9.7% |
| **Band 2** | 685 | 85 | 24 | 794 | 86.3% | 10.7% |
| **Band 3** | 363 | 20 | 10 | 393 | 92.4% | 5.1% |
| **Band 4** | 286 | 15 | 4 | 305 | 93.8% | 4.9% |
| **Band 5** | 122 | 8 | 5 | 135 | 90.4% | 5.9% |
| **Band 6** | 95 | 5 | 3 | 103 | 92.2% | 4.9% |
| **Band 7** | 73 | 5 | 1 | 79 | 92.4% | 6.3% |
| **Band 8a** | 48 | 3 | 2 | 53 | 90.6% | 5.7% |
| **Band 8b** | 36 | 1 |   | 37 | 97.3% | 2.7% |
| **Band 8c** | 18 |   |   | 18 | 100.0% | 0.0% |
| **Band 8d** | 4 | 1 |   | 5 | 80.0% | **20.0%** |
| **Band 9** | 5 |   |   | 5 | 100.0% | 0.0% |
| **VSM** | 11 |   | 2 | 13 | 84.6% | 0.0% |
| **All Non-clinical Roles** | 1774 | 146 | 51 | 1971 | 90.0% | 7.4% |

 **Historical comparison from previous WRES reports**

The data highlights that in most non-clinical roles, there is a lower than an expected representation of BME staff. Band 8d has a higher than an expected representation of BME staff. Compared to the previous year, there has been an increase of BME staff in bands 5-8a and 8d.

**For Clinical Roles:**

| **Pay Banding** | **White** | **BME** | **Unknown** | **Total** | **White %** | **\*\*BME %** |
| --- | --- | --- | --- | --- | --- | --- |
| **Band 1** | 7 | 1 | 2 | 10 | 70.0% | 10.0% |
| **Band 2** | 851 | 195 | 74 | 1120 | 76.0% | 17.4% |
| **Band 3** | 231 | 79 | 12 | 322 | 71.7% | **24.5%** |
| **Band 4** | 163 | 17 | 6 | 186 | 87.6% | 9.1% |
| **Band 5** | 674 | 418 | 109 | 1201 | 56.1% | **34.8%** |
| **Band 6** | 843 | 151 | 48 | 1042 | 80.9% | 14.5% |
| **Band 7** | 515 | 47 | 29 | 591 | 87.1% | 8.0% |
| **Band 8a** | 101 | 9 | 5 | 115 | 87.8% | 7.8% |
| **Band 8b** | 33 |   | 1 | 34 | 97.1% | 0.0% |
| **Band 8c** | 11 |   | 1 | 12 | 91.7% | 0.0% |
| **Band 8d** | 3 |   |   | 3 | 100.0% | 0.0% |
| **Band 9** | 2 |   |   | 2 | 100.0% | 0.0% |
| **VSM** | 5 | 1 | 2 | 8 | 62.5% | 12.5% |
| **Medical: Consultants** | 246 | 83 | 18 | 347 | 70.9% | **23.9%** |
| **Medical: Non-consultant career grade** | 63 | 90 | 14 | 167 | 37.7% | **53.9%** |
| **Medical: Trainee** | 240 | 121 | 26 | 387 | 62.0% | **31.3%** |
| **All Clinical Roles** | 3988 | 1212 | 347 | 5547 | 71.9% | **21.8%** |

**Historical comparison from previous WRES reports**

The data highlights a lower than expected representation of BME staff in the majority of clinical roles. However, this excludes bands 3 and 5 and medical roles with a higher than expected representation than the overall (workforce) BME representation; band 2 is slightly under. From the previous year, there has been an increase of BME staff in bands 6 and 7.

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

### Brighton and Sussex University Hospitals NHS Trust:

| **Applicant Ethnicity** | **Applicants Shortlisted** | **Shortlisted %** | **Applicants Appointed** | **Appointed %** | **Relative Likelihood of being Appointed** |
| --- | --- | --- | --- | --- | --- |
| **BME applicants** | 2239 | 25.2% | 232 | 14.6% | **0.1036** |
| **White applicants** | 5854 | 66.0% | 981 | 61.9% | **0.1676** |
| **Not Stated / Unknown** | 776 | 8.7% | 371 | 23.4% | **0.4781** |
| **Total** | 8869 | 100.0% | 1584 | 100.0% |  |

To calculate the relative likelihood of white candidates being appointed from shortlisting:
981 / 5854 = 0.1676

To calculate the relative likelihood of BME candidates being appointed from shortlisting:
232 / 2239 = 0.1036

The relative likelihood of white candidates being appointed from shortlisting compared to BME staff is 0.1676 (white candidates) / 0.1036 (BME candidates) = **1.62 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 WRES reports**

In the above chart, 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.

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 an adverse statistical impact. The data shows that in 2019, 2020, and 2021 white applicants are more likely to be recruited than BME applicants.

### Western Sussex Hospitals NHS Foundation Trust:

| **Applicant Ethnicity** | **Applicants Shortlisted** | **Shortlisted %** | **Applicants Appointed** | **Appointed %** | **Relative Likelihood of being Appointed** |
| --- | --- | --- | --- | --- | --- |
| BME applicants | 1132 | 20.0% | 76 | 13.6% | **0.0671** |
| White applicants | 4372 | 77.2% | 456 | 81.6% | **0.1043** |
| Not Stated / Unknown | 161 | 2.8% | 27 | 4.8% | **0.1677** |
| **Total** | 5665 | 100.0% | 559 | 100.0% |  |

To calculate the relative likelihood of white candidates being appointed from shortlisting:
456 / 4372 = 0.1043

To calculate the relative likelihood of BME candidates being appointed from shortlisting:
76 / 1132 = 0.0671

The relative likelihood of white candidates being appointed from shortlisting compared to BME staff is 0.1043 (white candidates) / 0.0671 (BME candidates) = **1.55 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 WRES reports**

In the above chart, 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.

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 an adverse statistical impact. The data shows that in 2019, 2020, and 2021 white applicants are more likely to be recruited than BME applicants.

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

### Brighton and Sussex University Hospitals NHS Trust:

| **Staff Ethnicity** | **Number of Disciplinary Procedures**  | **Number in Workforce**  | **Relative Likelihood of entering procedure** |
| --- | --- | --- | --- |
| **White** | 22 | 6890 | 0.0032 |
| **BME** | 1 | 1725 | 0.0006 |
| **Unknown** | 0 | 258 | 0.0000 |

The likelihood of white staff entering the formal disciplinary process:
22 / 6890 = 0.0032

The likelihood of BME staff entering the formal disciplinary process:
1 / 1725 = 0.0006

The relative likelihood of BME staff entering the formal disciplinary process compared to white staff is 0.0006 (BME Staff) / 0.0032 (White Staff) = **0.19 times.**

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

**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 an adverse statistical impact. The graph above highlights that in 2019 and 2020, BME staff were more likely to enter the formal disciplinary process than white staff; in 2021, BME staff were less likely to enter such processes.

### Western Sussex Hospitals NHS Foundation Trust:

| **Staff Ethnicity** | **Number of Disciplinary Procedures**  | **Number in Workforce**  | **Relative Likelihood of entering procedure** |
| --- | --- | --- | --- |
| **White** | 9 | 5763 | 0.0016 |
| **BME** | 4 | 1359 | 0.0029 |
| **Unknown** | 4 | 397 | 0.0101 |

The likelihood of white staff entering the formal disciplinary process:
9 / 5763 = 0.0016

The likelihood of BME staff entering the formal disciplinary process:
4 / 1359 = 0.0029

The relative likelihood of BME staff entering the formal disciplinary process compared to white staff is 0.0029 (BME Staff) / 0.0016 (White Staff) = **1.81 times greater.**

In this instance, the data suggestsBME staff are more likely to enter a formal disciplinary process than white staff.

**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 an adverse statistical impact. In 2019 and 2020, BME staff were less likely to enter formal disciplinary processes than white staff; in 2021, BME staff were more likely.

There was an error in the calculation in the 2019 report. The report incorrectly stated the likelihood is 0.07; this should be 0.73, as highlighted in the chart above.

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

### Brighton and Sussex University Hospitals NHS Trust:

| **Staff Ethnicity** | **Number in workforce** | **No. of staff accessing non-mandatory/CPD training** | **Relative likelihood of accessing non-mandatory/CPD training** |
| --- | --- | --- | --- |
| **White** | 6890 | 261 | 0.038 |
| **BME** | 1725 | 70 | 0.041 |
| **Unknown** | 258 | 3 | 0.012 |
| **Total** | 8873 | 334 |  |

Likelihood of white staff accessing non-mandatory/CPD training:
261 / 6890 = 0.038

Likelihood of BME staff accessing non-mandatory/CPD training:
70 / 1725 = 0.041

Relative likelihood of white staff accessing non-mandatory/CPD training compared to BME staff: 0.038 (White Staff) / 0.041 (BME Staff) = **0.93 times.**

In this instance, the data suggests white staff are less likely to access 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. 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.

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 an adverse statistical impact. In 2019 and 2021, BME staff were more likely to access training; in 2020, BME staff were less likely.

This analysis is limited by the numbers of staff declaring ethnicity and whether all training opportunities have been captured.

**BSUH Data including Apprenticeships:**

| **Staff Ethnicity** | **Number in workforce** | **No. of staff accessing non-mandatory/CPD training** | **Relative likelihood of accessing non-mandatory/CPD training** |
| --- | --- | --- | --- |
| **White** | 6890 | 401 | 0.058 |
| **BME** | 1725 | 94 | 0.054 |
| **Unknown** | 258 | 3 | 0.012 |
| **Total** | 8873 | 498 |  |

Likelihood of white staff accessing non-mandatory/CPD training:
401 / 6890 = 0.058

Likelihood of BME staff accessing non-mandatory/CPD training:
94 / 1725 = 0.054

Relative likelihood of white staff accessing non-mandatory/CPD training compared to BME staff: 0.058 (White Staff) / 0.054 (BME Staff) = **1.07 times.**

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

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.

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 an adverse statistical impact. In 2019 BME staff were more likely to attend training than white staff; however, in 2020 and 2021, BME staff were less likely.

The 2021 data includes information about the staff that entered into apprenticeships, which the previous years do not consider.

This analysis is limited by the numbers of staff declaring ethnicity and whether all training opportunities have been captured.

### Western Sussex Hospitals NHS Foundation Trust:

| **Staff Ethnicity** | **Number in workforce** | **No. of staff accessing non-mandatory/CPD training** | **Relative likelihood of accessing non-mandatory/CPD training** |
| --- | --- | --- | --- |
| **White** | 5763 | 468 | 0.081 |
| **BME** | 1359 | 103 | 0.076 |
| **Unknown** | 397 | 24 | 0.060 |
| **Total** | 7519 | 595 |  |

Likelihood of white staff accessing non-mandatory/CPD training:
468 / 5763 = 0.081

Likelihood of BME staff accessing non-mandatory/CPD training:
103 / 1359 = 0.076

Relative likelihood of white staff accessing non-mandatory/CPD training compared to BME staff: 0.081 (White Staff) / 0.076 (BME Staff) = **1.07 times.**

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

**Historical comparison with previous 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.

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 an adverse statistical impact. In 2019 BME staff were more likely to enter training; in 2020, there was an equal chance, and in 2021 only slightly less.

This analysis is limited by the numbers of staff declaring ethnicity and whether all training opportunities have been captured.

## 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

### 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% |

Compared to the previous year, there has been a decrease in the number of Trust BME and white staff, highlighting in the staff survey that they have experienced harassment, bullying or abuse from patients, relatives, etc. This has led to the percentage point difference between the two groups getting smaller. However, the overall Trust data for staff experiencing bullying and harassment from patients is worse than the NHS acute trust average.

### 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% |

Compared to the previous year, there has been a decrease in the number of Trust BME staff (and a small increase for white staff), highlighting they have experienced harassment, bullying or abuse from patients, relatives, etc. This has led to the percentage point difference between the two groups getting smaller. However, the overall Trust data for staff experiencing bullying and harassment from patients is worse than the NHS acute trust average, particularly for BME staff.

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

### 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% |

Compared to the previous year, there has been an increase in the number of Trust BME staff, highlighting that they have experienced harassment, bullying, or abuse from staff in the staff survey. There has also been an increase for white staff but at a lower level. This has led to the percentage point difference between the two groups increasing.

The data does not give an indication of the nature of the bullying or harassment that staff have reported experiencing.

### 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% |

Compared to the previous year, there has been a decrease in the number of Trust BME staff (but an increase for white staff), highlighting they have experienced harassment, bullying or abuse from staff. This has led to the percentage point difference between the two groups closing. The reported experience of both groups of staff appears close to the typical Trust average.

The data does not give an indication of the nature of the bullying or harassment that staff have reported experiencing.

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

### 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% |

Compared to the previous year, there has been a decrease for BME and white Trust staff, believing that the Trust offers equal opportunities for carer progression or promotion. This has led to the overall experience widening between the two groups. When comparing to the acute average, both Trust BME and white staff score worse.

### 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% |

Compared to the previous year, there has been an increase in Trust BME and white staff stating that they feel that the Trust offers equal opportunities for carer progression and promotion. The difference in experience between the two groups remains the same as the previous year. Compared to the acute average, both Trust BME and white staff score better.

## 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

### 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% |

Compared to the previous year, Trust BME staff saw an increase (and white staff a slight decrease) in stating they have experienced discrimination from their manager/team leader or other colleagues. This has led the experience between the two groups to widen.

### 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% |

Compared to the previous year, Trust BME staff saw an increase (and white staff a slight decrease) in stating they have experienced discrimination from their manager/team leader or other colleagues. This has led the experience between the two groups to widen. The reporting is broadly comparable to the acute trust average.

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

1. The organisation’s Board executive membership and its overall workforce

### Brighton and Sussex University Hospitals NHS Trust:

| **Staff Ethnicity** | **Number in workforce** | **% in workforce** | **Number on board** | **% of board** | **% Difference** |
| --- | --- | --- | --- | --- | --- |
| **White Staff** | 6890 | 77.7% | 11 | 78.6% | **+0.9%** |
| **BME Staff** | 1725 | 19.4% | 1 | 7.1% | **-12.3%** |
| **Unknown**  | 258 | 2.9% | 2 | 14.3% | **+11.4%** |
| **Total** | 8873 | 100.0% | 14 | 100.0% |  |

### Western Sussex NHS Foundation Trust:

| **Staff Ethnicity** | **Number in workforce** | **% in workforce** | **Number on board** | **% of board** | **% Difference** |
| --- | --- | --- | --- | --- | --- |
| **White Staff** | 5763 | 76.6% | 11 | 78.6% | **-2.0%** |
| **BME Staff** | 1359 | 18.1% | 1 | 7.1% | **-11.0%** |
| **Unknown**  | 397 | 5.3% | 2 | 14.3% | **+9.0%** |
| **Total** | 7519 | 100.0 | 14 | 100.0% |  |