

# Response ID ANON-R89M-8JJY-N

Submitted to **Workforce Race Equality Standard (WRES) reporting template**  
Submitted on **2019-10-29 13:04:07**

## Introduction

### 1 Name of organisation

**Name of organisation:**

Sussex Community NHS Foundation Trust

### 2 Date of report

**Month/Year:**

March 2019

### 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 :**

Sue Marshall (Chief Nurse)

### 4 Name and contact details of lead manager compiling this report

**Name and contact details of lead manager compiling this report:**

Jourdan Durairaj (Diversity and Inclusion Lead)

### 5 Names of commissioners this report has been sent to

**Complete as applicable::**

Sussex and East Surrey Clinical Commissioning Groups

## Workforce Race Equality Standard reporting template

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

**Complete as applicable.:**

Nicky Cambridge (Head of Equality, Diversity & Inclusion) Sussex CCGs  
nicky.cambridge@nhs.net

### 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:**

[www.sussexcommunity.nhs.uk/inclusion](http://www.sussexcommunity.nhs.uk/inclusion)

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

**Name::**

Director of HR and OD

**Date::**

25 July 2019

## Background narrative

### 9 Any issues of completeness of data

**Any issues of completeness of data:**

### 10 Any matters relating to reliability of comparisons with previous years

**Any matters relating to reliability of comparisons with previous years:**

## 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:**

4973

## 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:

8.5%

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

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

93%

## 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:

ESR self-service continues to be made available to staff, with communications to all staff to update their personal details online, including their ethnicity information.

## 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:

Not applicable.

## Workforce data

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

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

1 April 2018 - 31 March 2019

## 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:

ALL - WORKFORCE OVERALL: 84.73% (White); 8.49% (BME); 6.78% (Unknown / Null)

Non Clinical - Under AfC Band 1: 0% (White); 0% (BME); 0% (Unknown / Null)

Non Clinical - AfC Band 1: 66% (White); 22% (BME); 12% (Unknown / Null)

Non Clinical - AfC Band 2: 84% (White); 6% (BME); 10% (Unknown / Null)

Non Clinical - AfC Band 3: 90% (White); 4% (BME); 6% (Unknown / Null)

Non Clinical - AfC Band 4: 90% (White); 5% (BME); 5% (Unknown / Null)

Non Clinical - AfC Band 5: 83% (White); 7% (BME); 10% (Unknown / Null)

Non Clinical - AfC Band 6: 78% (White); 9% (BME); 13% (Unknown / Null)

Non Clinical - AfC Band 7: 80% (White); 8% (BME); 12% (Unknown / Null)

Non Clinical - AfC Band 8a: 94% (White); 2% (BME); 4% (Unknown / Null)

Non Clinical - AfC Band 8b: 89% (White); 4% (BME); 7% (Unknown / Null)

Non Clinical - AfC Band 8c: 78% (White); 11% (BME); 11% (Unknown / Null)

Non Clinical - AfC Band 8d: 100% (White); 0% (BME); 0% (Unknown / Null)

Non Clinical - AfC Band 9: 100% (White); 0% (BME); 0% (Unknown / Null)

Non Clinical - Very Senior Managers: 100% (White); 0% (BME); 0% (Unknown / Null)

Non Clinical - Workforce: 85% (White); 7% (BME); 8% (Unknown / Null)

Clinical - Under AfC Band 1: 0% (White); 0% (BME); 0% (Unknown / Null)

Clinical - AfC Band 1: 57% (White); 0% (BME); 43% (Unknown / Null)

Clinical - AfC Band 2: 73% (White); 17% (BME); 11% (Unknown / Null)

Clinical - AfC Band 3: 84% (White); 9% (BME); 7% (Unknown / Null)

Clinical - AfC Band 4: 91% (White); 5% (BME); 4% (Unknown / Null)

Clinical - AfC Band 5: 82% (White); 12% (BME); 6% (Unknown / Null)

Clinical - AfC Band 6: 87% (White); 7% (BME); 6% (Unknown / Null)

Clinical - AfC Band 7: 90% (White); 5% (BME); 5% (Unknown / Null)

Clinical - AfC Band 8a: 91% (White); 6% (BME); 2% (Unknown / Null)

Clinical - AfC Band 8b: 95% (White); 0% (BME); 5% (Unknown / Null)

Clinical - AfC Band 8c: 71% (White); 14% (BME); 14% (Unknown / Null)

Clinical - AfC Band 8d: 100% (White); 0% (BME); 0% (Unknown / Null)

Clinical - AfC Band 9: 100% (White); 0% (BME); 0% (Unknown / Null)

Clinical - Very Senior Managers: 100% (White); 0% (BME); 0% (Unknown / Null)

Clinical - Consultants: 62% (White); 35% (BME); 4% (Unknown / Null)

Clinical - Non-consultant career grade: 48% (White); 38% (BME); 14% (Unknown / Null)

Clinical - Trainee Grades: 80% (White); 0% (BME); 20% (Unknown / Null)

Clinical - Other: 70% (White); 0% (BME); 30% (Unknown / Null)  
Clinical - Workforce: 85% (White); 9% (BME); 6% (Unknown / Null)

**Data for previous year:**

ALL - WORKFORCE OVERALL: 85% (White); 8% (BME); 7% (Unknown / Null)

**NON-CLINICAL WORKFORCE**

Non Clinical - Under AfC Band 1: 100% (White); 0% (BME); 0% (Unknown / Null)  
Non Clinical - AfC Band 1: 66% (White); 22% (BME); 12% (Unknown / Null)  
Non Clinical - AfC Band 2: 84% (White); 5% (BME); 11% (Unknown / Null)  
Non Clinical - AfC Band 3: 89% (White); 5% (BME); 7% (Unknown / Null)  
Non Clinical - AfC Band 4: 90% (White); 4% (BME); 6% (Unknown / Null)  
Non Clinical - AfC Band 5: 78% (White); 7% (BME); 15% (Unknown / Null)  
Non Clinical - AfC Band 6: 85% (White); 3% (BME); 12% (Unknown / Null)  
Non Clinical - AfC Band 7: 77% (White); 7% (BME); 16% (Unknown / Null)  
Non Clinical - AfC Band 8a: 95% (White); 0% (BME); 5% (Unknown / Null)  
Non Clinical - AfC Band 8b: 91% (White); 0% (BME); 9% (Unknown / Null)  
Non Clinical - AfC Band 8c: 64% (White); 18% (BME); 18% (Unknown / Null)  
Non Clinical - AfC Band 8d: 100% (White); 0% (BME); 0% (Unknown / Null)  
Non Clinical - AfC Band 9: 100% (White); 0% (BME); 0% (Unknown / Null)  
Non Clinical - Very Senior Managers: 75% (White); 0% (BME); 25% (Unknown / Null)  
Non Clinical - Workforce: 84% (White); 7% (BME); 9% (Unknown / Null)

**CLINICAL WORKFORCE**

Clinical - Under AfC Band 1: 100% (White); 0% (BME); 0% (Unknown / Null)  
Clinical - AfC Band 1: 0% (White); 0% (BME); 0% (Unknown / Null)  
Clinical - AfC Band 2: 77% (White); 16% (BME); 7% (Unknown / Null)  
Clinical - AfC Band 3: 82% (White); 11% (BME); 7% (Unknown / Null)  
Clinical - AfC Band 4: 93% (White); 3% (BME); 4% (Unknown / Null)  
Clinical - AfC Band 5: 82% (White); 12% (BME); 6% (Unknown / Null)  
Clinical - AfC Band 6: 88% (White); 7% (BME); 5% (Unknown / Null)  
Clinical - AfC Band 7: 91% (White); 5% (BME); 5% (Unknown / Null)  
Clinical - AfC Band 8a: 91% (White); 4% (BME); 4% (Unknown / Null)  
Clinical - AfC Band 8b: 100% (White); 0% (BME); 0% (Unknown / Null)  
Clinical - AfC Band 8c: 67% (White); 17% (BME); 17% (Unknown / Null)  
Clinical - AfC Band 8d: 100% (White); 0% (BME); 0% (Unknown / Null)  
Clinical - AfC Band 9: 0% (White); 0% (BME); 0% (Unknown / Null)  
Clinical - Very Senior Managers: 100% (White); 0% (BME); 0% (Unknown / Null)  
Clinical - Consultants: 62% (White); 31% (BME); 7% (Unknown / Null)  
Clinical - Non-consultant career grade: 48% (White); 38% (BME); 14% (Unknown / Null)  
Clinical - Trainee Grades: 75% (White); 25% (BME); 0% (Unknown / Null)  
Clinical - Other: 0% (White); 0% (BME); 0% (Unknown / Null)  
Clinical - Workforce: 85% (White); 9% (BME); 6% (Unknown / Null)

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

The number (n.) of BME people in the workforce at 31 March 2019 was 424, or 8.5% of the workforce overall. The Trust's BME workforce has grown by 32% (n. +103) over the past five years.

Medical and dental staff was 34.3% BME (n. 25). Agenda for Change (AfC) pay band 1 had the largest BME proportion of any AfC pay band at 21.4% (n. 34), followed by band 2 at 12.2% (n. 63), then band 5 at 11.4% (n. 92).

By comparison the workforce was 13.8% BME in the whole NHS South Region and 11.2% amongst all NHS community healthcare providers across England.

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

There is an equality objective for 2019-20 include to establish a diverse reverse mentoring scheme.

Reverse mentoring helps colleagues to better understand issues and ways of thinking by bringing together people with different lived experiences.

This scheme will help us improve workforce representation at all levels (including the Board).

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

**Data for reporting year:**

White people were 1.41 times as likely to be appointed than BME people in the year 2018-19.

**Data for previous year:**

White people were 1.70 times as likely to be appointed than BME people in the year 2017-18.

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

115 BME people and 773 white people were appointed in 2018-19. White people were 1.41 times more likely to be appointed from shortlisting than BME people,

the same as the regional and the sector averages. If the Trust had appointed 47 more BME people across 2018-19 it would have achieved racial equality in appointments.

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

There is an 2019-20 equality objective for 100 people to have attended the new 1-day inclusive leader course by March 2020.

The one-day inclusive leader course is a chance for staff to learn about social identity, to build positive relations at work, to reduce prejudice and discrimination, and to enhance their skills, knowledge and motivation to work successfully with all people.

Completion of the course allows staff to optionally become 'Inclusion Allies', a person who is not only committed to social equality but someone who is willing to do the work of social justice from an informed position. People acting as Allies work to support diverse groups in our community with which they may not necessarily identify as members.

This scheme will help the Trust improve the likelihood of staff being appointed from shortlisting by ethnic group through bias reduction learning activities.

**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:**

BME people were 1.25 times more likely than white people to enter formal disciplinary, including six BME people, 43 white people and one person with unknown ethnicity in the rolling two year period of 2017-19.

**Data for previous year:**

BME people were 1.37 times more likely than white people to enter formal disciplinary, including three BME people and 22 white people in the rolling two year period of 2016-18.

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

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

This metric will be measured quarterly and reported to Board members at an organisational level as a cultural indicator within the workforce dashboard section of the Workforce Report.

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

**Data for reporting year:**

White people were 0.98 times as likely to access non-mandatory training and CPD than BME people in the year 2018-19.

**Data for previous year:**

White people were 0.95 times as likely to access non-mandatory training and CPD than BME people in the year 2017-18.

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

There were 3674 white staff, 375 BME staff and 280 staff with unknown ethnicity accessing non-mandatory training in the year 2018-19.

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

Not applicable.

## **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:**

22% (White)

**BME:**

34% (BME)

**White:**

23% (White)

**BME:**

30% (BME)

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

34% of BME staff experienced harassment, bullying or abuse from patients, relatives or the public in the prior 12 months, four points greater than the 30% BME staff in 2017, though the 5-year trend is static. This figure is nine percentage points more from the 25% BME staff community provider benchmark.

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

The equality action plan 2019-20 includes actions to:

- 1) Work with an independent psychologist to facilitate an activity about racially motivated conflict for the BAME Staff Network;

2) Run bespoke conflict resolution workshops targeted at staff network members;

3) Facilitate staff engagement to better understand experience of harassment and bullying at work.

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

**White:**

20% (White)

**BME:**

27% (BME)

**White:**

18% (White)

**BME:**

21% (BME)

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

27% of BME staff experienced harassment, bullying or abuse from other colleagues in the prior 12 months, 6 points greater than the 21% BME staff in 2017 with relatively acute growth over five years. The BME staff community provider benchmark is 24%.

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

The equality action plan 2019-20 includes actions to:

1) Work with an independent psychologist to facilitate an activity about racially motivated conflict for the BAME Staff Network;

2) Run bespoke conflict resolution workshops targeted at staff network members;

3) Facilitate staff engagement to better understand experience of harassment and bullying at work.

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

**White:**

91% (White)

**BME:**

82% (BME)

**White:**

91% (White)

**BME:**

79% (BME)

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

82% of BME staff reported the Trust provided equal opportunities for promotion, with a positive (desirable) trend over five years. The Trust is seven points greater than the 76% BME staff community provider benchmark.

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

There is an equality objective for 2019-20 include to establish a diverse reverse mentoring scheme.

Reverse mentoring helps colleagues to better understand issues and ways of thinking by bringing together people with different lived experiences.

This scheme will help the Trust improve staff believing we provide equality of career opportunities.

**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:**

5% (White)

**BME:**

14% (BME)

**White:**

5% (White)

**BME:**

14% (BME)

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

14% of BME staff experienced discrimination at work from their manager or colleagues, a nine-point difference to the 5% of white staff experiencing it and a four-point difference from the 10% BME staff community provider benchmark.

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

There is an 2019-20 equality objective for 100 people to have attended the new 1-day inclusive leader course by March 2020.

The one-day inclusive leader course is a chance for staff to learn about social identity, to build positive relations at work, to reduce prejudice and discrimination, and to enhance their skills, knowledge and motivation to work successfully with all people.

This scheme will help the Trust improve the perceptions of staff reporting discrimination at work from managers in the staff survey.

## **Workforce Race Equality Indicators**

### **25 Percentage difference between the organisations' Board voting membership and its overall workforce.**

**White:**

15.3% (White)

**BME:**

-8.5% (BME)

**White:**

15.0% (White)

**BME:**

-8.5% (BME)

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

The Board, including voting and executive, was 100% white.

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

There is an equality objective for 2019-20 include to establish a diverse reverse mentoring scheme.

Reverse mentoring helps colleagues to better understand issues and ways of thinking by bringing together people with different lived experiences.

This scheme will help us improve workforce representation at all levels (including the Board).

### **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?:**

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

The equality objectives can be accessed by visiting <http://www.sussexcommunity.nhs.uk/inclusion>