

# **East Sussex Healthcare Trust Workforce Race Equality Standard (WRES) Report 2021**

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**If you require this report in an accessible format please contact:  
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## Table of Contents

<b>1.0 Introduction</b>	<b>2</b>
<b>1.1 Data Collection and Monitoring</b>	<b>2</b>
<b>2.0 Workforce Race Equality Standard Metrics 2020/21</b>	<b>4</b>
<b>2.1 INDICATOR 1:</b> Percentage of staff in each of the AfC Bands 1-9 or Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce	4
<b>2.2 INDICATOR 2:</b> Relative likelihood of staff being appointed from shortlisting across all posts	5
<b>2.4 INDICATOR 4:</b> Relative likelihood of staff accessing non-mandatory training and Continuous Professional Development	7
<b>2.5 INDICATOR 5:</b> Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	8
<b>2.6 INDICATOR 6:</b> Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	9
<b>2.7 INDICATOR 7:</b> Percentage believing that Trust provides equal opportunities for career progression or promotion	10
<b>2.8 INDICATOR 8:</b> In the last 12 months have you personally experienced discrimination at work from any of the following? Manager/team leader or other colleagues	11
<b>2.9 INDICATOR 9:</b> Percentage difference between the organisations' Board membership and its overall workforce disaggregated	11
<b>3.0 Summary of Activities 2020-2012</b>	<b>13</b>
<b>3.1 Covid -19 response for BME staff</b>	<b>13</b>
<b>3.2 Medical Workforce</b>	<b>13</b>
<b>3.3 International Nurses</b>	<b>13</b>
<b>3.4 Employee Relation Cases</b>	<b>14</b>
<b>3.5 BAME Staff Network</b>	<b>14</b>
<b>3.6 Leadership Development</b>	<b>14</b>
<b>3.7 Aspirational Goals in Leadership for AfC Bandings of 8a and above</b>	<b>15</b>
<b>3.8 System –wide collaborative: Sussex Health Care Partnership (SHCP)</b>	<b>15</b>
<b>4.0 Conclusion</b>	<b>16</b>
<b>5.0 Our Top Priorities For 2021</b>	<b>16</b>

## **1.0 Introduction**

In 2014, the NHS Equality and Diversity Council agreed action to ensure employees from Black and Minority Ethnic (BME) backgrounds, receive equal opportunity to career opportunities and fair treatment in the workplace.

In 2015, the Workforce Race Equality Standard (WRES) was mandated for all NHS Trusts, forming part of the inspection framework under the 'Well Led' domain. The WRES also offers NHS organisations a number of tools through nine progress indicators to understand their race equality performance, including the BAME representation at both a senior management and board level. This helps East Sussex Healthcare Trust (ESHT) focus on where we are right now, where we need to be and how to get there whilst tracking our progress.

East Sussex Healthcare NHS Trust (ESHT) has continued to hold itself accountable to the WRES indicators which have provided the opportunity to demonstrate our commitment to advancing equality and equity for the diverse workforce we employ.

The Trust continues to explore and take action to improve the experience and working lives of their BME staff and ensuring they have fair opportunities to progression.

This report demonstrates the improvements made in many areas and identifies the highlights for 2020/2021. The report also highlights our aspirational goals in Leadership; ensuring we link the WRES Indicators to the NHS Peoples Plan 2020/21, supporting the statement that "for the future, the NHS needs more people, working differently, in a compassionate and inclusive culture".

### **1.1 Data Collection and Monitoring**

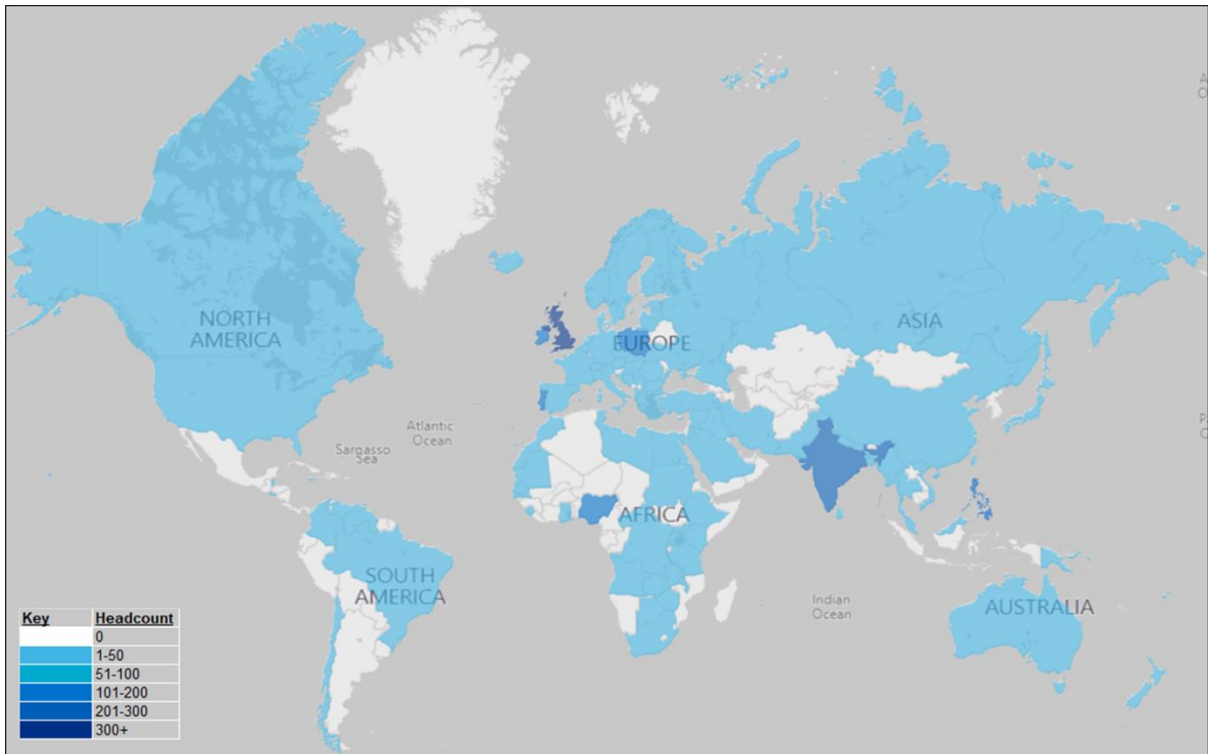
The first WRES report (2015) highlighted the importance of having processes for collecting robust data. Through the use of the WRES metrics, the Trust has now improved the way data is collected and reported.

The 2011 Census continues to remain the most up to date information we have available to identify Ethnicity in the local areas. As highlighted in previous reports, using East Sussex in figures, East Sussex, is less ethnically diverse than the South East region or nationally" (ESiF 2012). The local BME populations are around 10.5% which is lower than the South East (20%) and England (17%). Eastbourne and Hastings have the highest percentage of BME groups at 13%.

As of 31 March 2021 ESHT employed 7,725 staff of which 17.5% identified as BME, made up of 106 nationalities from across the globe. 78.4% identify as White and 4.1% have not disclosed their ethnicity on Electronic Staff Records (ESR).

The 2021 data shows that at ESHT we employ more BME staff than both the local BME population and national BME population.

**Table 1 ESHT Nationalities**



ESHT calculations are formulated according to the WRES technical guidance where White Irish and White Other are not included in BME calculations.

## 2.0 Workforce Race Equality Standard Metrics 2020/21

This data relates to a reporting period from 1 April 2020 – 31 March 2021 and includes all staff captured on the ESR as of 31 March 2021 that are on permanent, fixed term and seconded contracts.

### 2.1 INDICATOR 1: Percentage of staff in each of the AfC Bands 1-9 or Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce

Table 2 Combined Clinical and Non-clinical AfC Bandings

Ethnic Category	BME		White		Undefined/Not Stated		Grand Total	
	% Band total	% all staff	% Band total	% all staff	% Band total	% all staff	% Band total	% all staff
Band 1	20.0%	0.0%	80.0%	0.1%	0.0%	0.0%	100.0%	0.1%
Band 2	13.1%	3.0%	83.2%	18.8%	3.7%	0.8%	100.0%	22.6%
Band 3	11.4%	1.5%	84.0%	11.4%	4.6%	0.6%	100.0%	13.5%
Band 4	4.5%	0.3%	92.0%	6.6%	3.5%	0.2%	100.0%	7.1%
Band 5	29.7%	5.3%	65.3%	11.7%	5.0%	0.9%	100.0%	17.9%
Band 6	13.0%	2.0%	83.1%	13.0%	3.8%	0.6%	100.0%	15.6%
Band 7	8.3%	0.8%	89.2%	8.5%	2.5%	0.2%	100.0%	9.5%
Band 8a	10.3%	0.3%	85.5%	2.4%	4.2%	0.1%	100.0%	2.8%
Band 8b	3.9%	0.0%	96.1%	1.0%	0.0%	0.0%	100.0%	1.0%
Band 8c	15.4%	0.1%	84.6%	0.4%	0.0%	0.0%	100.0%	0.5%
Band 8d	9.1%	0.0%	90.9%	0.1%	0.0%	0.0%	100.0%	0.1%
Band 9	11.1%	0.0%	66.7%	0.1%	22.2%	0.0%	100.0%	0.1%
VSM	0.0%	0.0%	100.0%	0.1%	0.0%	0.0%	100.0%	0.1%
<b>M&amp;D</b>								
Cons	31.9%	1.1%	62.3%	2.2%	5.9%	0.2%	100.0%	3.5%
Med Trainee	54.1%	2.2%	41.4%	1.7%	4.5%	0.2%	100.0%	4.1%
NCCG	54.3%	0.7%	33.3%	0.5%	12.4%	0.2%	100.0%	1.4%
<b>Grand Total</b>		<b>17.5%</b>		<b>78.4%</b>		<b>4.1%</b>		<b>100.0%</b>

During 2020 – 2021 ESHT has increased its overall BME staff representation from 15.6% in 2020 to 17.5% in 2021.

#### Non-Clinical AfC bandings staff as of 31 March 2021

- Non-clinical AfC pay grade account for 29.9% for all roles across the Trust as of 31 March 2021
- 1.8% identify as BME and 26.9% identify as White
- BME staff are underrepresented across AfC pay grade bands (Bands 2 to VSM) over the workforce BME average of 17.5%.

### Clinical staff AfC bandings as of 31 March 2021

- Clinical staff AfC pay grades account for 61.2% of all roles across the Trust as of 31 March 2021
- 11.6% identify as BME and 42.6% identify as White
- BME staff are underrepresented across all pay bands with the exception of Band 5 (28.6%) that is overrepresented against the workforce mean of 17.5%

### Medical and Dental staff as of 31 March 2021

- Medical and Dental staff account for 9% of all roles across the Trust
- BME Medical and Dental staff are overrepresented by the BME workforce mean of 17.5%
- BME Medical Trainees and Non Consultant Career Grade doctors have a higher representation than their White colleagues
- There is 23.2% higher representation of White Consultants compared to BME Consultants as of 31 March 2021

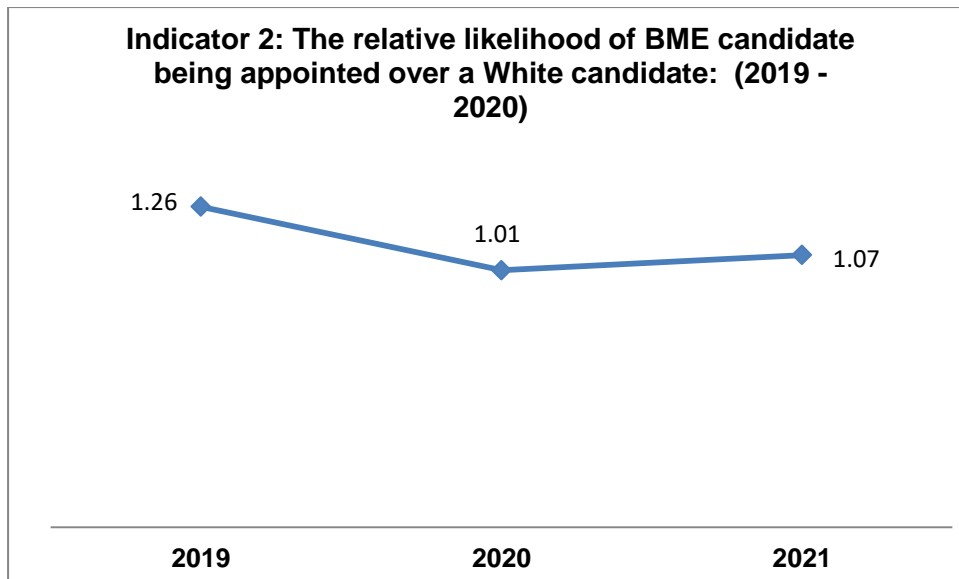
## 2.2 INDICATOR 2: Relative likelihood of staff being appointed from shortlisting across all posts

### Definitions:

- Relative likelihood – compares the likelihood of white staff being appointed with the likelihood of BME staff being appointed (ratio)
- Appointed – is required rather than “recruited”. The two may well be the same, but it is “appointed” staff numbers which should be used according to the WRES technical guidance
- All posts – means all directly employed posts. Organisations should exclude all bank and locum staff, students on placement and staff employed by contractors

### Calculation Formula

	White	BAME	Unknown
No. Shortlisted Applicants	13,386	4,657	281
Appointed from Shortlisting	1,388	453	196
Relative likelihood appointment from shortlisting	10.37%	9.73%	69.5%



- BME candidates are 1.07 times less likely to be appointed than White candidates
- A relative likelihood of 1.0 indicates that there is no difference with BME and White staff being appointed from shortlisting.
- Whilst the likelihood has increased marginally we have increased our overall BME staff representation has risen from 15.6% in 2020 – 17.5% in 2021

NB: Calculations include our international recruitment of Radiographers and international nurses.

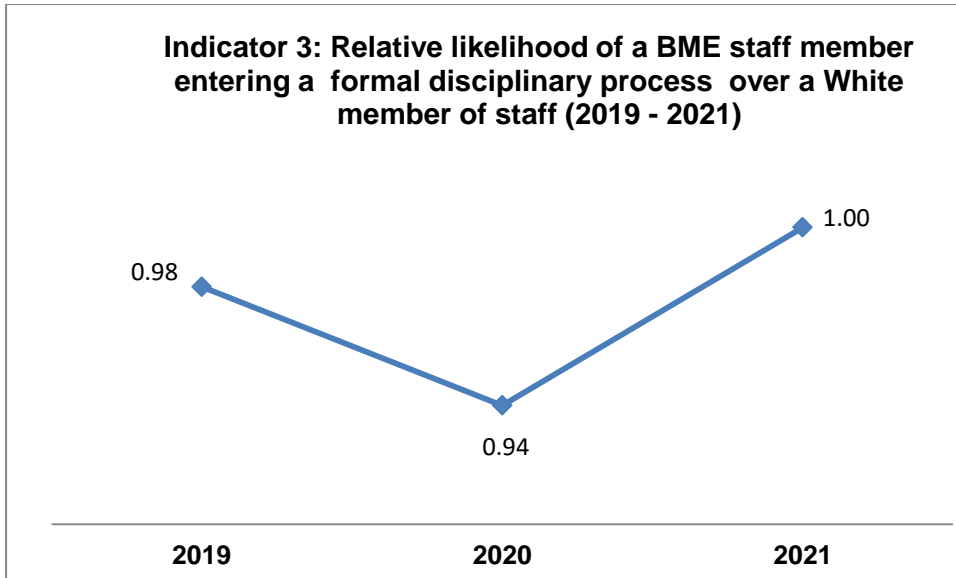
### 2.3 INDICATOR 3: Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation

#### Definitions:

- This metric refers to staff in the overall workforce (as defined in indicator 1) who have entered a formal disciplinary as prescribed by the local disciplinary process.
- Data is counted from a two-year rolling average of the current year and the previous year –e.g. Head count from 1 April 2019 to 31 March 2021 has been used as the basis of this year’s report.
- Only new entries into a formal process in each year’s WRES annual report i.e. the start date falls within the reporting period.

#### Calculation Formula

	White	BAME	Unknown
Number of staff entering a formal disciplinary process	36	8	4.5
Likelihood of staff entering a formal disciplinary process	0.59%	0.59%	1.41%



**Summary**

- Although there has been a slight increase in the data for BME staff, this has been due to unavoidable cases.
- A relative likelihood of 1.0 indicates that there is no difference with BME and White staff entering a formal disciplinary process.

**2.4 INDICATOR 4: Relative likelihood of staff accessing non-mandatory training and Continuous Professional Development**

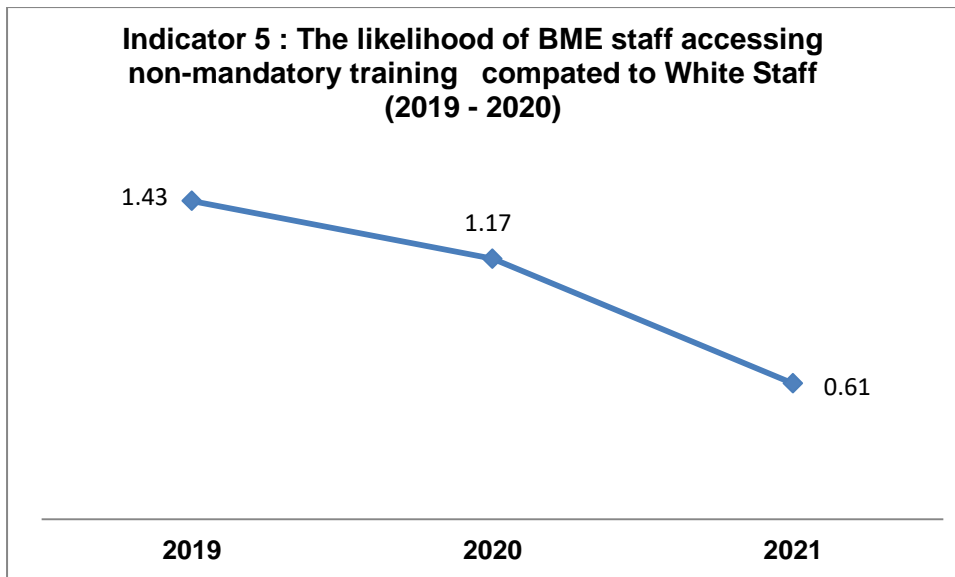
**Definitions:**

- Non-mandatory training refers to any learning, education, training or staff development activity undertaken by an employee, the completion of which is neither a statutory requirement (e.g. fire safety training) or mandated by the organisation (e.g. clinical records system training).
- Accessing non-mandatory training and continuing professional development (CPD) in this context refers to courses and developmental opportunities for which places were offered and accepted.
- A relative likelihood of 1.0 indicates that there is no difference between BME or White staff accessing non-mandatory training

**Calculation formula**

	<b>White</b>	<b>BAME</b>	<b>Unknown</b>
Number of staff accessing non-mandatory training and CPD	277	101	18
Relative likelihood of accessing non-mandatory and CPD	4.57%	7.48%	5.64%



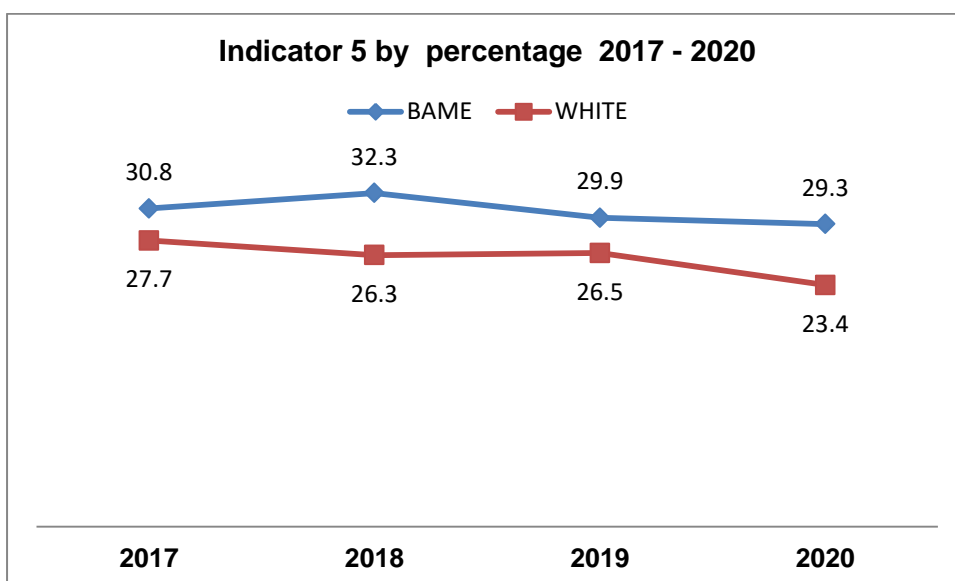


- The above table demonstrates that a White member of staff was 1.4 times less likely to access non-mandatory training compared to a BME staff member during 1 April 2020 – 31 March 2021.

The following four indicators are drawn from the 2020 staff survey and compare the outcomes of the responses for white and BME staff

Source: [NHS Staff Survey 2020 Benchmark Reports \(nhsstaffsurveys.com\)](https://nhs.uk/staffsurvey/2020/benchmark-reports/)

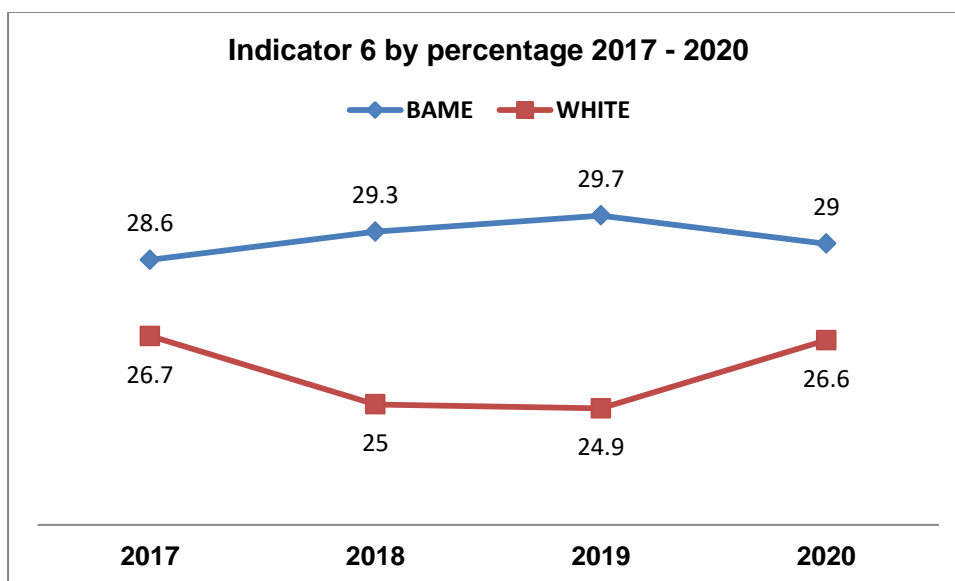
**2.5 INDICATOR 5: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months**



## 2020 Summary:

- The national bench mark for BME staff is 28%.
- 29.3% of BME staff represents a head count of 522 responses to the survey
- The national bench mark for White staff is 25.4%
- 23.4% of White staff represents a head count of 3,083 responses to the survey
- For both BME staff and White staff there has been a downward trend since 2018 with staff experiencing harassment, bullying or abuse from patients, relatives or the public
- BME staff have seen a decrease of 2% from 29.9% in 2019 to 29.3% in 2020
- White staff have seen a decrease of 23.4 % from 26.5% in 2019 to 23.4% in 2020
- BME staff are disproportionately affected by abuse my members of the public and patient's' compared to their white colleagues in the 2020 staff survey

## 2.6 INDICATOR 6: Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

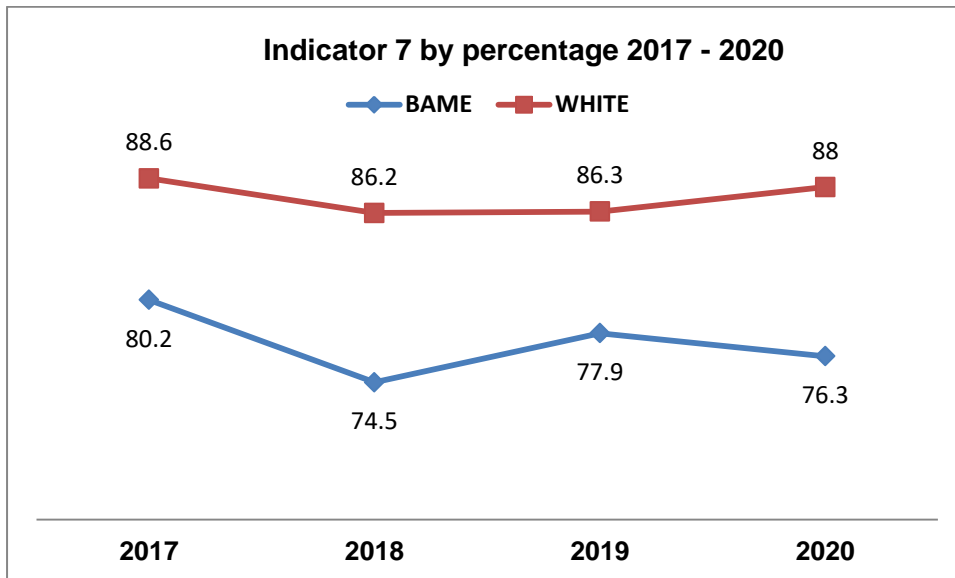


## 2021 Summary

- The national bench mark for BME staff is 29.1%
- 29% of BME staff represents a headcount of 525 responses to the survey
- The national bench mark for White staff is 24.4%
- 26.6% of White staff represents a headcount of 3,083 responses to the survey
- BME staff reported a decrease in feeling, harassment bullying and abuse for other staff from 29.7% in 2019 to 29.0% in 2020.
- White staff reported a greater increase in 2020 than their BME colleagues feeling harassment and bullying from colleagues (24.9% in 2019 to 26.6% in 2020).

- The percentage between BME and White staff has closed during this year's report however, BME staff remain disproportionately affected than their White colleagues in 2020 survey results

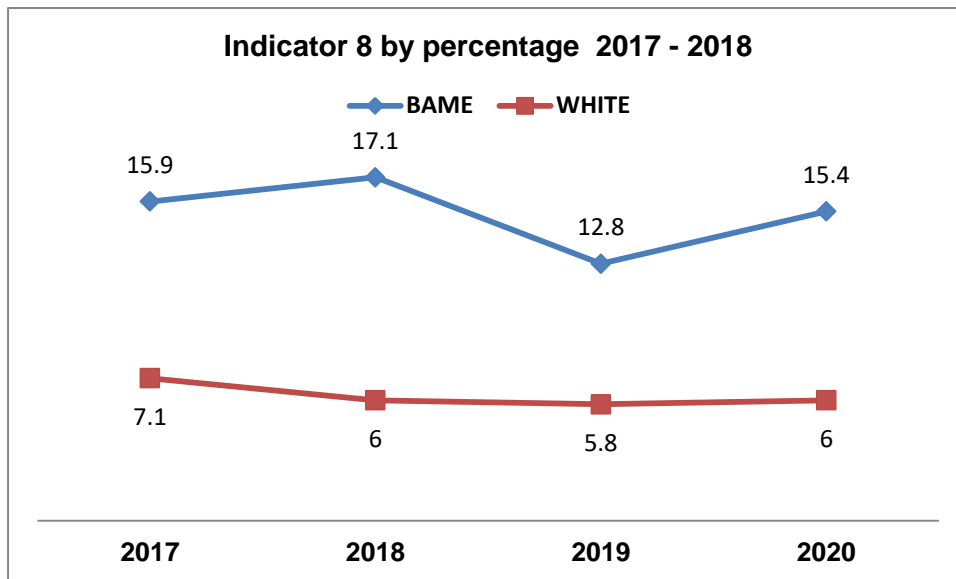
**2.7 INDICATOR 7: Percentage believing that Trust provides equal opportunities for career progression or promotion**



**2020 Summary**

- The national bench mark for BME staff is 72.5%
- 76.3% % of BME staff represents a headcount of 321 responses to the survey
- The national bench mark for White staff is 87.7%
- 88% of White staff represents a headcount of 2115 responses to the survey
- There has been an increase by 1.9% of White staff that believe the Trust acts fairly from 86.3% in 2019 – 88% in 2020
- The 2020 staff survey has seen a 2 % decrease for BME staff (77.9% in 2019 and 76.3%) believing the trust act fairly with progression.

**2.8 INDICATOR 8: In the last 12 months have you personally experienced discrimination at work from any of the following? Manager/team leader or other colleagues**



**Summary**

- The national bench mark for BME staff is 16.8%
- 15.4% of BME staff represents a headcount of 525 responses to the survey
- The national bench mark for White staff is 6.1%
- 6% of White staff represents a headcount of 3,068 responses to the survey
- There is a 20% (12.8% in 2019 – (15, 4% in 2020) increase in BME staff that have personally experienced discrimination by a manager/team leader or another colleague.
- White staff have seen a 4% increase in personally experiencing discrimination by a managers/team leader or another colleague

**2.9 INDICATOR 9: Percentage difference between the organisations' Board membership and its overall workforce disaggregated**

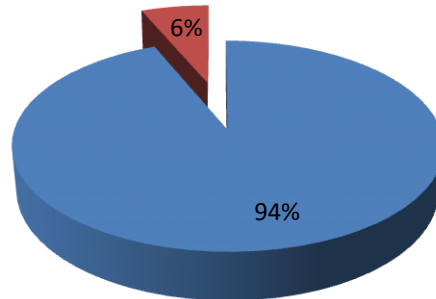
**Definitions:**

- Very senior managers (VSM) are defined as:
- Board level management (Chair / chief executives / executive directors)
- Senior medical manager
- Other senior managers with board level responsibility who report directly to the chief executive.

In considering the 2021 data it is pleasing to note that our Trust Board have 100% ethnicity declaration rates as of 31 March 2021.

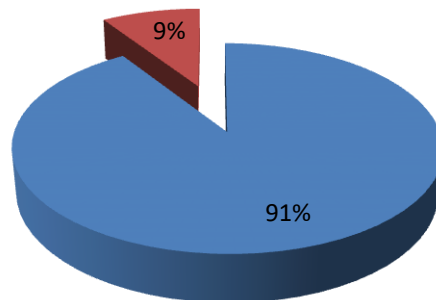
### Total Board Member by Ethnicity as of 31 March 2021

■ White ■ BAME



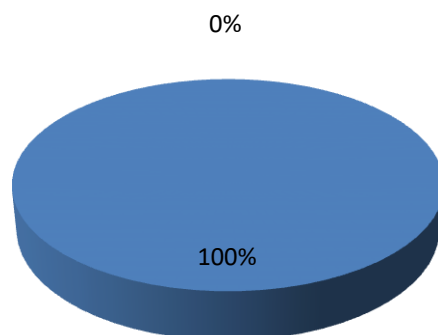
### Voting Membership of the Board by Ethnicity as of 31 March 2021

■ White ■ BAME



### Executive Board Members by Ethnicity as of 31 March 2021

■ White ■ BAME



## **3.0 Summary of Activities 2020-2012**

### **3.1 Covid -19 response for BME staff**

The Trust has responded to the Covid-19 pandemic and taken into account the disproportionate amount of BME staff that have sadly lost their lives nationally working on the front line. ESHT has given priority to our most vulnerable staff groups, ensuring that every member of staff received a meaningful Covid-19 Risk Assessment to ensure their health and safety at work is a priority. A project team was established and met weekly throughout the height of infections to review compliance of BME staff.

Our Chief Peoples Officer and Chief Pharmacist held confidential sessions with our staff networks in December 2020. The main aim of these sessions was to address all concerns around vaccine hesitancy. Our Communications Department also provided information on vaccine misinformation for BME staff so they could make informed decisions around the vaccine up-take from reliable sources like The British Medical Association. ESHT is proud to say that, as of the 2 June 2021 we were amongst the top five Trusts regionally for COVID-19 vaccine uptake from our BME staff at 77%.

### **3.2 Medical Workforce**

We have recognised the impact on Doctors and Consultants during the pandemic and dedicated staff have been available to offer additional support where necessary.

ESHT have recently employed two pastoral fellows in the previous 12 months who are available to support our medical graduates; including a number of BME medical graduates as outlined in Indicator 1.

Support for Specialist & Associate Specialist (SAS) Doctors, of which the majority of whom are International Medical Graduates (IMG) is provided by the SAS Tutors. They provide guidance on the SAS Doctors Contract, continuing professional development and CESR for those SAS doctors wishing to apply for Consultant status.

Support for Trust doctors, again the majority of whom are IMG, is provided by the Trust Doctors Lead, Mr Faiyaz Kapasi, who is a Consultant.

### **3.3 International Nurses**

During the reporting year we have recruited over 120 nurses from mainly from Africa, India, and the Philippines.

We have recognised the difficult circumstances of nurses having to self- isolate when arriving in the UK. To support them during this period we have introduced virtual activities through the use of Microsoft Teams. This has included a welcome from the Trust Board Chair, welcome from the Chaplaincy service, compassionate check-ins and a quiz on UK Culture. Ward managers also make contact whilst isolating to introduce themselves and provide an opportunity for any questions.

Our Health & Wellbeing team has provided a session of pastoral support to each nurse that has arrived in the UK is supported with their transition into UK culture, offering information on the internal and external support available to them as an employee of ESHT.

ESHT boasts an excellent pass rate for our international nurses and to support them further, we have recently employed two practice nurse educators with lived experience of having been an OSCE nurse themselves. This role provides ongoing support to our international cohorts throughout their OSCE training.

### **3.4 Employee Relation Cases**

The success in our investigations has been achieved through the adoption of the 'Fair Experience for All' paper recommendations:

- Decision tree checklist: The tool comprises an algorithm with accompanying guidelines and poses a series of structured questions to help managers decide whether formal action is essential or whether alternatives might be feasible.
- Pre-formal action check lists are used to ensure all formal cases cannot be resolved through other avenues or informal processes
- Post action audit: Managers are made aware that all decisions to place staff through the formal disciplinary process is reviewed on a quarterly or bi annual basis using robust information on each case to discern any systemic weaknesses, biases or underlying drives or adverse treatment of any staff group.
- During 2021 there will be an introduction of a responsible officer role who will ensure impartial oversight and commissioning of any investigation/disciplinary process

### **3.5 BAME Staff Network**

Listening to the voices and concerns of our BME staff is a priority. We have created spaces and a seat at the table at key equality meetings so that decisions that affect BME staff can be made collaboratively.

Our BAME staff network has direct access to the Trust Board. The network is sponsored by the Trust Board Chair, Steve Phoenix, with an annual budget to carry out activities. In addition to the above, Chief Executive Officer, Joe Chadwick Bell and Chief Peoples Officer, Steve Aumayer, meet with the network chairs on a regular basis and listen to emerging themes and act upon concerns raised.

### **3.6 Leadership Development**

The Organisation Development (OD) Team actively include WRES targets in their work. Focusing on their leadership offer, the last year has seen the following engagement around WRES:

In 2020 we launched an MA Leadership Apprenticeship in partnership with Henley Business School, with BME colleagues representing 14.3% of the cohort. The OD Team also continue the offer of Career Progression Conversations, which target career development, through skills and tools. Of the 5 cohorts, 30 BME colleagues

have attended workshops, 7 of which have progressed into new roles (with a higher pay banding) since undertaking the learning. In 2021, the ESHT Aspiring Leaders programme was launched, a programme designed to help individuals explore leadership and whether it is a path they wish to take – 20% of the cohort identify as BME

### 3.7 Aspirational Goals in Leadership for AfC Bandings of 8a and above

The table above shows the 10-year trajectory to reach equality by 2028 for AfC bands 8a to VSM.

	2018	2019	2020	2021	2022	2023	2024	2028	2026	2027	2028
Band 8A	19	19	20	20	21	21	21	22	22	22	23
8a Actual	19	17	19	22							
Band 8B	0	1	1	2	3	3	4	5	5	6	7
8b Actual	0	2	3	3							
Band 8C	1	1	2	2	2	2	3	3	3	3	4
8C Actual	1	3	4	6							
Band 8D	1	1	1	1	1	1	1	1	1	2	2
8D Actual	1	2	1	1							
Band 9	0	0	0	0	0	0	0	0	0	0	0
9 Actual	0	0	1	1							
VSM	0	0	0	0	0	0	0	0	1	1	1
VSM Actual	0	0	0	0							

### 3.8 System –wide collaborative: Sussex Health Care Partnership (SHCP)

Following a BME Staff Sussex wide conference in October 2020, which was supported by all system partners, Executive Leadership Teams and feedback from our BAME Network chairs, saw the BME workforce agenda refreshed within the BAME Disparity Response Programme.

This was then aligned to the People Committee to ensure that we have a consistent 'system-wide' approach in the way our people practices promote fair treatment and equality of opportunity for all staff, encourage and celebrate diversity, and demonstrate intolerance of discriminatory behaviours.

This commitment was reinforced through the collaborative development and sign off for the “BME Workforce Disparity Reduction Roadmap” with 5 key priorities identified which was then approved and endorsed by the Sussex Turning the Tide Transformation Oversight Board (TTTOB) and the People Committee in November 2020.

In December 2020, the BME Workforce Steering group was established but paused active delivery until March 2021 due to system capacity focussed on the Vaccination roll out programme.

The five key priorities within the BME Workforce roadmap are as follows:-



- To improve BME representation on all Boards to reflect the corresponding local BME workforce or population demographic, whichever is greater
- Improving BME representation on all Boards to reflect the corresponding local BME workforce or population demographic, whichever is greater
- Identifying and removing disparities in the recruitment and selection process:
- Removing disparities relating to local disciplinary processes
- Eliminating bullying, harassment and discrimination in the workplace

## 4.0 Conclusion

The results of the 2021 WRES data highlight improvements in a number of the indicators, most notably around training, our leadership trajectory ambitions and increasing our BME staff representation from 15.6% in 2020 to 17.5% in 2021.

However, there is clearly still significant work to make even greater improvements in those areas where there has been a positive movement in the last twelve months but also in where there has been a downward trajectory.

Of particular priority is; BME staff that have experienced discrimination by a manager/team leader or another colleagues. As we move into the forthcoming year and living with the Coronavirus pandemic, we remain committed and continue to hold ourselves accountable to WRES indicators. As a Trust, a corporate priority is to address the concerns relating to Bullying and Harassment in the workplace and we aim to do so by engaging with our staff to prevent and reduce these incidents in the workplace.

Health & Wellbeing remains a key priority for our BME staff with continuing to carrying out Covid-19 Risk Assessments and the appropriate use of PPE, the offer of vaccinations and ensuring that the physical and mental health of our staff forms part of wellbeing conversations during supervision sessions.

To ensure our action plans become tangible outcomes, a WRES task and finish group has been established during 2020, meeting monthly. Membership consists of key stakeholders from the Apprenticeship team, BAME Staff Network Chair, Workforce EDI Lead, Health & Wellbeing team, Recruitment team, Operational HR department and the Training department.

As a trust we remain committed to progressing on all indicators that need attention as part of our Workforce EDI strategy over the next 5 years

## 5.0 Our Top Priorities For 2021

In the year ahead, we aim to prioritise the following: 1. Addressing Bullying and Harassment in the work place

2. An end to end review of the recruitment process and interview process
3. To continue with BME Leadership development programme

#### 4. Medical Workforce Race Equality Standard

A detailed action plan is available on request and progress is made through our Task and Finish group and through the SHCP BME disparity roadmap.

**For further information contact [esht.workforceinclusion@nhs.net](mailto:esht.workforceinclusion@nhs.net)**