

East Sussex Healthcare Trust Workforce Race Equality Standard Report 2022

If you require this report in an accessible format, please contact:
esht.workforceinclusion@nhs.net

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INTRODUCTION

In 2014 the NHS Equality and Diversity Council had agreed action to ensure from employees Black and Minority Ethnic (BME) backgrounds have equal staff receive equal opportunity to career opportunities and fair treatment in the workplace. In 2015 the Workforce Race Equality Standard (WRES) was mandated for all Trusts and forms part of inspection framework under the Well Led domain. The WRES also offers NHS organisations tools through nine progress indicators to understand their race equality performance, including the BME representation at senior management and board level. It helps East Sussex Healthcare Trust (ESHT) to focus on where we are right now, where we need to be and how to get there as well as track 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.

The 2022 report shows progress in many areas where improvements are made and the highlights for 2021/2022. The report also highlights our aspirational goals in leadership and ensuring we link the WRES Indicators to NHS Peoples Plan which states that “for the future, the NHS needs more people, working differently, in a compassionate and inclusive culture”.

As a Trust we recognise the ambiguities surrounding the terms BAME and BME. Where the Trust is reporting/has reported to national standards, BAME and BME have been used in line with national reporting standards. Where possible, the term 'ethnic minority' or reference to specific ethnicities e.g., 'Bangladeshi' has been used.

Data Collection and Monitoring

The first WRES report (2015) highlighted the importance of having processes for collecting robust data. With the WRES indicators the Trust has identified ways to improve 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 2022 ESHT, employed 8023 staff of which 20.1% Identify as BME. 76.4% identify as White and 3.5% have not disclosed their ethnicity on Electronic Staff Records (ESR). The 2022 data shows that we employ more BME staff than both the local and national BME population.

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

Workforce Race Equality Standard Indicators 2021/22

The data relates to a reporting period is from 1 April 2021 – 31 March 2022 all staff captured on the ESR as of 31 March 2022 that are on permanent, fixed term and seconded contracts.

INDICATOR1. 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:

Non-clinical and Clinical AFC Bandings

	WHITE		BME		ETHNICITY UNKNOWN/NULL		Grand Total	
1a) non-Clinical workforce	%Band Total	%All Staff	%Band Total	%All Staff	%Band Total	%All Staff	%Band Total	% All Staff
Band 1	71.4%	0.1%	28.6%	0.0%	0.0%	0.0%	100%	0.1%
Band 2	88.5%	10.2%	7.4%	0.8%	4.1%	0.5%	100%	11.5%
Band 3	94.9%	4.2%	2.6%	0.1%	2.6%	0.1%	100%	4.4%
Band 4	93.5%	3.9%	3.3%	0.1%	3.3%	0.1%	100%	4.2%
Band 5	90.5%	2.5%	6.3%	0.2%	3.2%	0.1%	100%	2.8%
Band 6	93.5%	1.2%	5.6%	0.1%	0.9%	0.0%	100%	1.3%
Band 7	92.7%	0.9%	3.7%	0.0%	3.7%	0.0%	100%	1.0%
Band 8A	85.7%	1.0%	9.9%	0.1%	4.4%	0.0%	100%	1.1%
Band 8B	90.9%	0.4%	9.1%	0.0%	0.0%	0.0%	100%	0.4%
Band 8C	91.7%	0.3%	8.3%	0.0%	0.0%	0.0%	100%	0.3%
Band 8D	100.0%	0.1%	0.0%	0.0%	0.0%	0.0%	100%	0.1%
Band 9	71.4%	0.1%	28.6%	0.0%	0.0%	0.0%	100%	0.1%
VSM	100.0%	0.1%	0.0%	0.0%	0.0%	0.0%	100%	0.1%
1b)Clinical workforce of which non-Medical	WHITE		BME		ETHNICITY UNKNOWN/NULL		Grand Total	
	%Band Total	% All Staff	%Band Total	% All Staff	%Band Total	%All Staff	%Band Total	% All Staff
Band 1	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Band 2	76.6%	8.4%	21.2%	2.3%	2.2%	0.2%	10.9%	10.9%
Band 3	77.9%	7.0%	17.3%	1.6%	4.7%	0.4%	9.0%	9.0%
Band 4	91.6%	2.6%	6.2%	0.2%	2.2%	0.1%	2.8%	2.8%
Band 5	54.9%	8.0%	42.2%	6.1%	2.9%	0.4%	14.6%	14.6%
Band 6	79.3%	11.5%	16.5%	2.4%	4.2%	0.6%	14.5%	14.5%
Band 7	89.1%	7.5%	9.3%	0.8%	1.6%	0.1%	8.4%	8.4%
Band 8A	87.9%	1.5%	8.6%	0.1%	3.6%	0.1%	1.7%	1.7%
Band 8B	94.1%	0.6%	5.9%	0.0%	0.0%	0.0%	0.6%	0.6%
Band 8C	88.9%	0.2%	11.1%	0.0%	0.0%	0.0%	0.2%	0.2%
Band 8D	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%
Band 9	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
VSM	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

	WHITE		BME		ETHNICITY UNKNOWN/NULL		Grand Total	
Of which Medical & Dental	% Band Total	% All Staff	% Band Total	% All Staff	% Band Total	% All Staff	% Band Total	% All Staff
Consultants	57.7%	2.1%	36.4%	1.3%	5.8%	0.2%	3.6%	3.6%
of which Senior medical mar	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Non-consultant career grade	25.1%	0.5%	65.5%	1.4%	9.4%	0.2%	2.1%	2.1%
Trainee grades	41.5%	1.6%	54.4%	2.1%	4.1%	0.2%	3.9%	3.9%
Other	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Summary

During 2021 – 2022 ESHT has increased its overall BME staff representation from 17.5% in 2021 to 19.7% in 2022.

Non-Clinical AfC bandings staff as of 31 March 2022

- Non-Clinical AfC pay grades make up 27.4 % of the overall workforce as of 31 March 2022 and comprise of 1.6% staff identifying as BME and 24.9 % staff identify as white staff.
- BME staff are underrepresented across AfC pay grade Bands 2 to Band 8 when compared with the total workforce BME average of 19.7%.

Clinical staff AfC bandings as of 31 March 2022

- Clinical staff AfC pay grades account for 62.9% of all roles across the Trust as of 31 March 2022 and comprise of 13.6% staff identifying as BME and 47.3% staff identifying as white.
- BME staff are underrepresented across pay grade Bands 3, 4 and Band 6 to VSM compared with the workforce BME average of 19.7%

Medical and Dental staff as of 31 March 2022

- Medical and Dental staff account for 9.7% of all roles across the Trust
- BME Medical Trainees (65.5%) and Non-Consultant Career Grade doctors (54.4%) have a higher representation than their White colleagues (25.1% and 41.5%)
- There is 21.3% higher representation of white Consultants compared to BME Consultants as of 31 March 2022

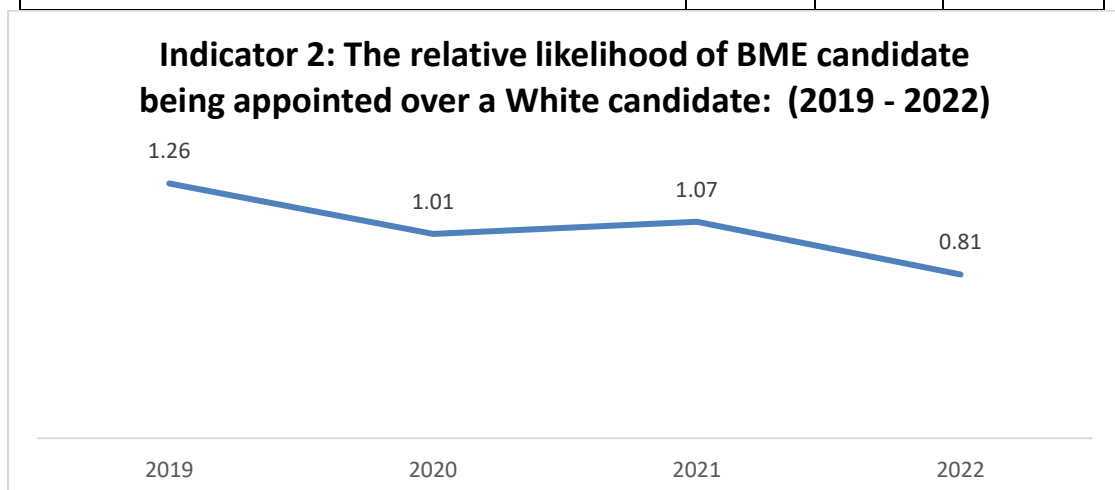
INDIACTOR 2. Relative likelihood of staff being appointed from shortlisting across all posts

Definitions:

- Relative likelihood – compares the likelihood of white staff being appointed with the likelihood of BME staff being appointed (ratio)
- Appointed – is required other 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.

Calculation Formula

	White	BAME	Unknown
No. Shortlisted Applicants	4704	1471	484
Appointed from Shortlisting	1168	450	234
Relative likelihood appointment from shortlisting	24.83%	30.59%	48.35%



Summary

BME candidates are 0.19 more 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.

The Trust score of 0.81 falls inline with the national median/benchmark value of 0.8 - 1.25. This is the non-adverse likelihood range set by the NHS WRES Strategy team. It is between these two values where the national WRES team feels there is not significant difference or an adverse effect.

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

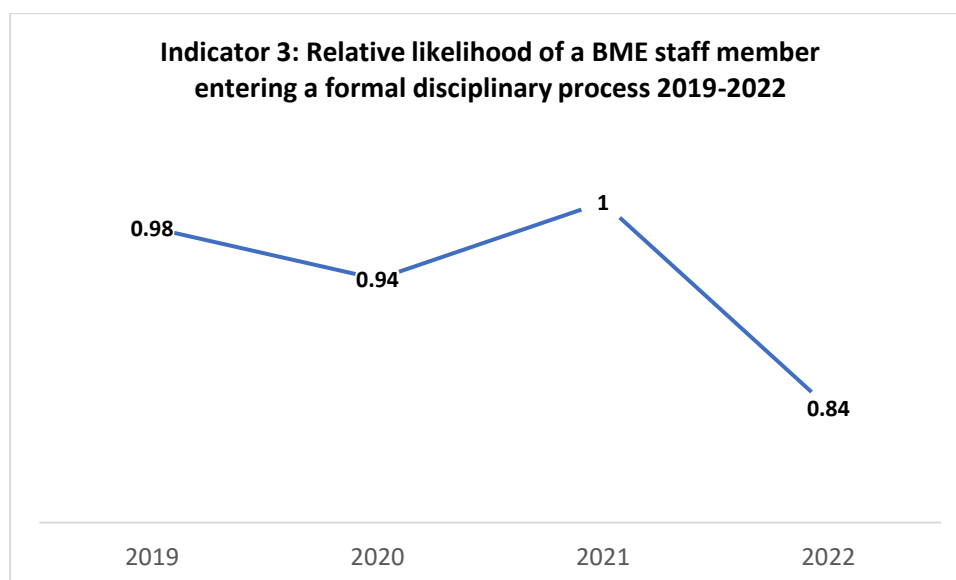
INDICAOR 3. Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation

Definitions:

- This indicator 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 as year end data 31 March 2022.
- 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	21	4	0
Likelihood of staff entering a formal disciplinary process	0.34%	0.25%	0%



Summary

Relative likelihood of a BME staff member entering a formal disciplinary process has fallen from 1.00 in 2021 to 0.84 in 2022.

The national median/benchmark value of 0.8 - 1.25 is the non-adverse likelihood range set by the NHS WRES Strategy team. It is between these two values where the WRES team feels there is not significant difference or an adverse effect. The Trust is just below that figure and means that white staff are more likely to enter the formal disciplinary process.

INDICATOR 4. Relative likelihood of staff accessing non-mandatory training and Continuous Professional Development

Definitions:

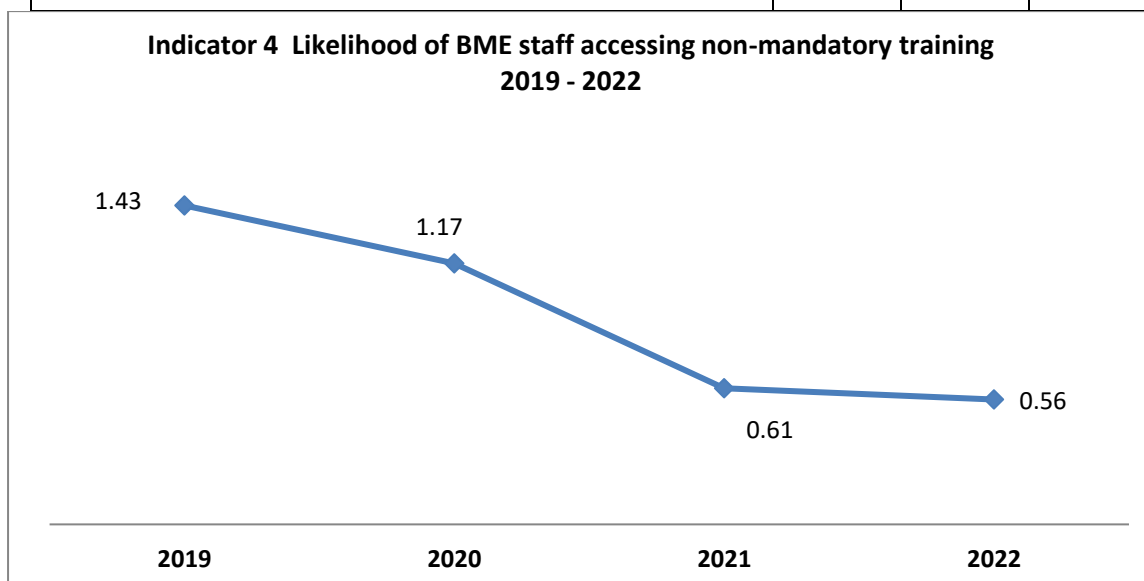
- Non-mandatory training refers to any learning, education, training or staff development activity undertaken by an employee, the completion of which is neither a statutory

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

	White	BAME	Unknown
Number of staff accessing non-mandatory training and CPD	241	112	12
Relative likelihood of accessing non-mandatory and CPD	3.93%	6.96%	4.33%



Summary

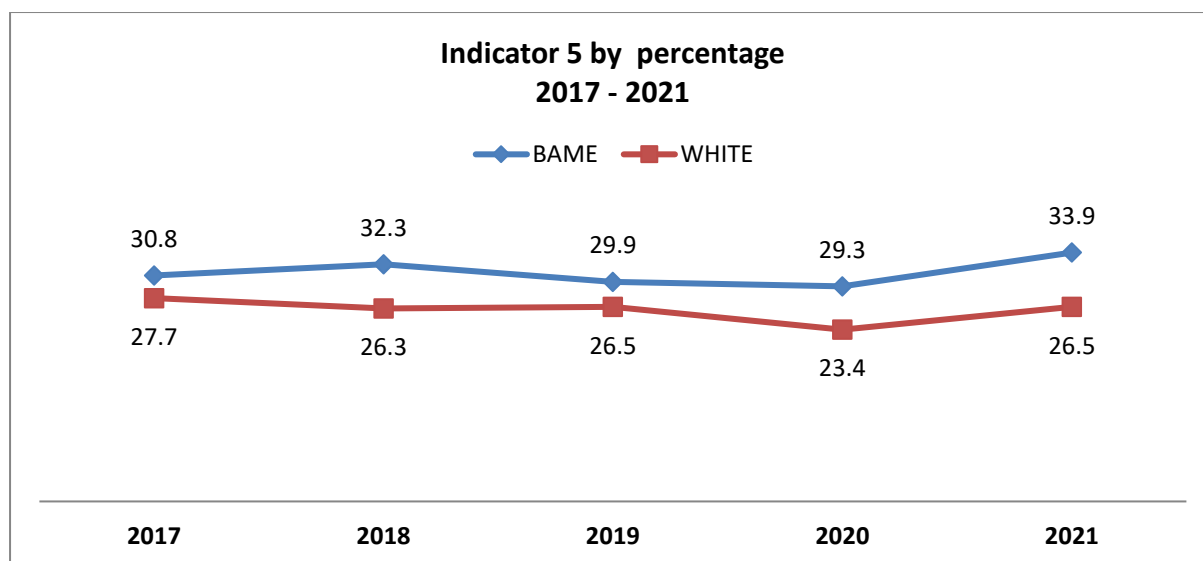
The above table demonstrates that a White member of staff was less likely to access non-mandatory training compared to a BME staff member during 1 April 2021 – 31 March 2022.

The national median/benchmark value of 0.8 - 1.25 is the non-adverse likelihood range set by the NHS WRES Strategy team. It is between these two values where the WRES team feels there is not significant difference or an adverse effect. For the Trust white staff are less likely to access non-mandatory training. This may be explained by the targeted approach of both local and systemwide training to the staff network.

The following four indicators are drawn from the 2021 staff survey and compare the outcomes of the responses for White and BME staff

Source: [NHS Staff Survey 2021 Benchmark Reports \(nhsstaffsurveys.com\)](https://nhsstaffsurveys.com)

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



Summary

The national benchmark for BME staff is 28.8% - our Trust has a higher percentage of BME staff experiencing harassment, bullying or abuse from patients, relative or the public (33.9%) and is at its highest for five years.

33.9% of BME staff represents a head count of 194 responses to the survey question.

The national benchmark for White staff is 26.5% and our Trust is equal on that response.

26.5% of White staff represents a head count of 1117 responses to the survey question.

For both BME staff and White staff there has been an increase in staff experiencing harassment, bullying or abuse from patients, relatives or the public.

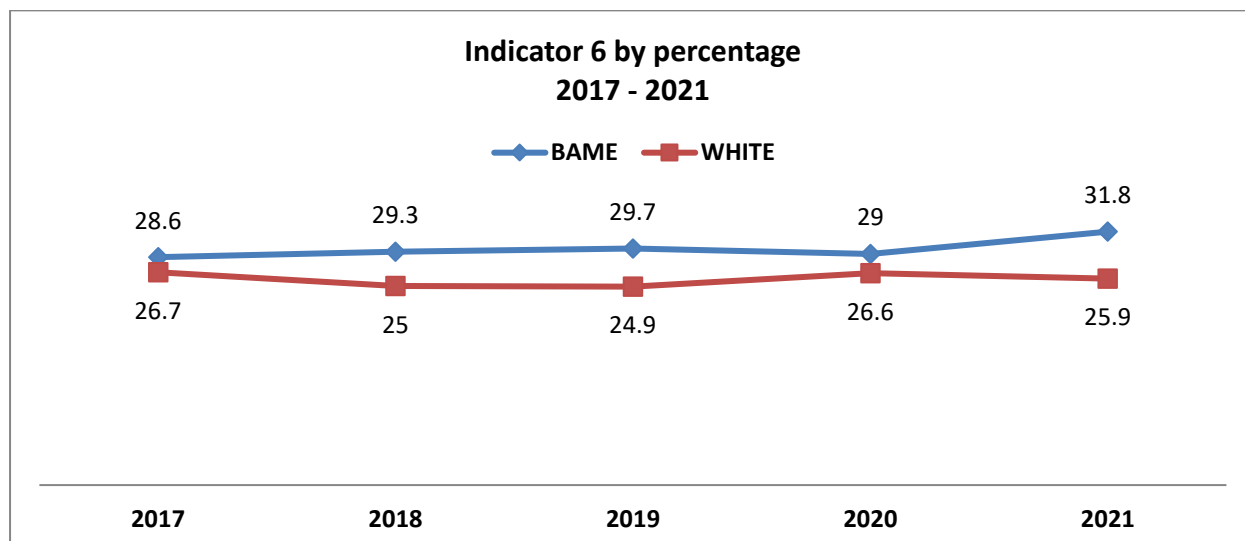
BME staff have seen an increase of 4.6% from 29.3% in 2020 to 33.9% in 2021.

White staff have seen an increase of 3.2% from 26.5% in 2020 to 23.4% in 2021.

BME staff are disproportionately affected by abuse from members of the public and patients compared to their white colleagues in the 2021 staff survey.

In the past year several initiatives have been put in place, such as the Violence and Aggression Group and yellow card system. This may mean that staff have felt more confident in reporting bullying and harassment because they see the Trust taking steps to tackle it.

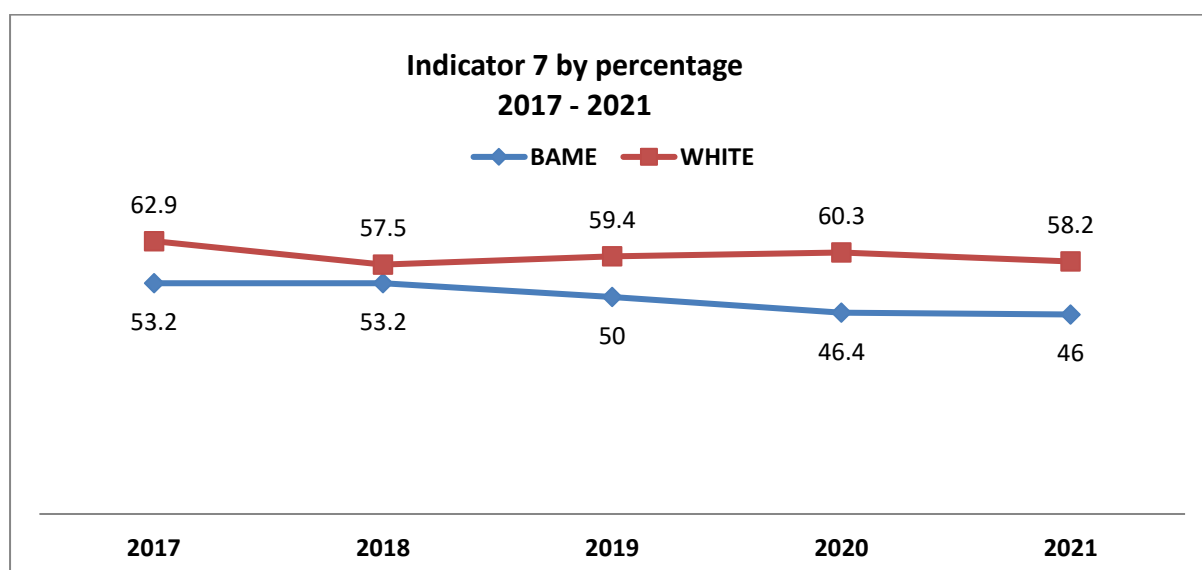
INDICATOR 6. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months



2021 Summary

- The national benchmark for BME staff is 28.5% - our Trust has a higher percentage of BME staff experiencing harassment, bullying or abuse from staff in the last 12 months (31.8%)
- 31.8% of BME staff represents a headcount of 181 responses to this survey question
- The national benchmark for White staff is 23.6% - our Trust has a slightly higher percentage at 25.9%
- 25.9% of White staff represents a headcount of 786 responses to the survey
- BME staff reported an increase in feeling, harassment bullying and abuse for other staff from 29% in 2020 to 31.8% in 2021.
- White staff reported a decrease in 2020 from 26.6% in 2020 to 25.9% in 2021
- BME staff remain disproportionately affected by harassment, bullying and abuse.

INDICATOR 7. Percentage believing that Trust provides equal opportunities for career progression or promotion



Summary

The national benchmark for BME staff is 44.6% and for the Trust is slightly higher at 46%

46% of BME staff represents a headcount of 261 responses to the survey question

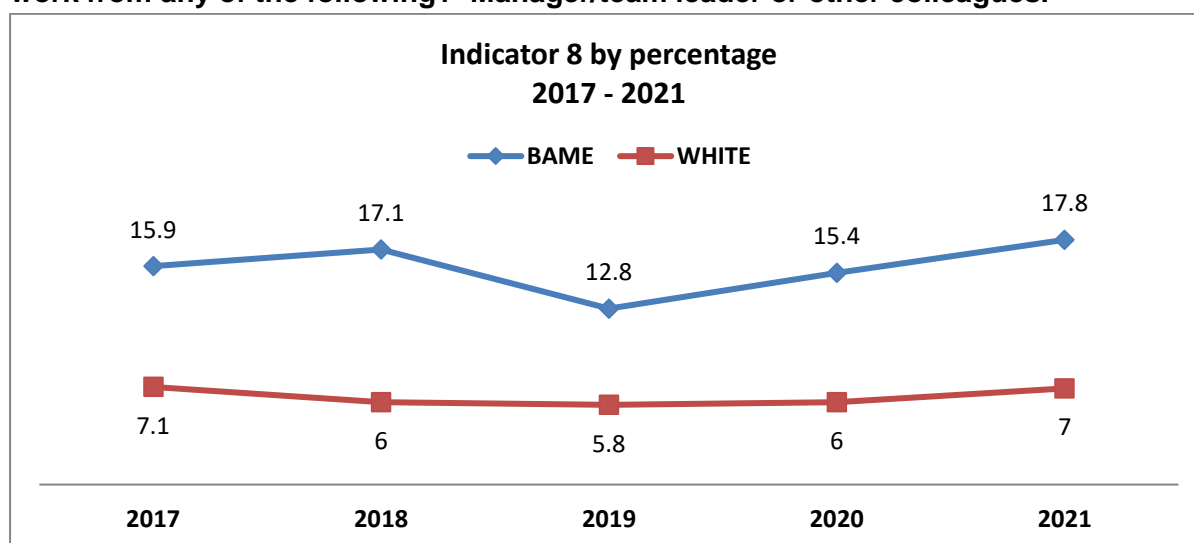
The national benchmark for White staff is 58.6%

58.2% of White staff represents a headcount of 1808 responses to the survey

There has been a decrease by 2.1% of White staff that believe the Trust acts fairly from 60.3% in 2020 – 58.2% in 2021

The 2021 staff survey has seen a 0.4% decrease for BME staff (46.4% in 2020 and 46%) believing the Trust act fairly with progression.

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 benchmark for BME staff is 17.3%. Our Trust has a slightly higher percentage of BME staff who have personally experienced discrimination at work from a manager/team leader or other colleague at 17.8%

17.8% of BME staff represents a headcount of 105 responses to the survey question

The national benchmark for White staff is 6.7% and the Trust has a slightly higher percentage at 7%. This represents a headcount of 212 responses to this survey question.

There is a 2.4% increase in BME staff and a 1% increase in white staff that have personally experienced discrimination by a managers/team leader or another colleague from 2020 to 2021

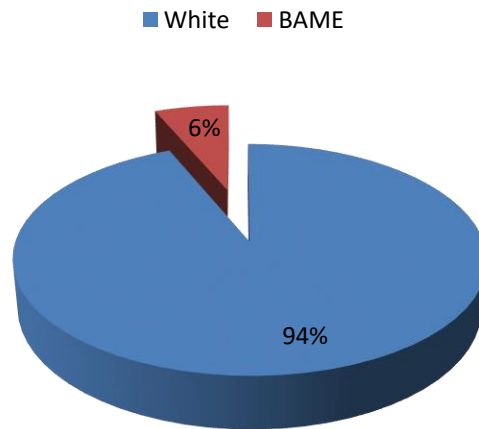
INDICATOR 9. Percentage difference between the organisation's Board membership and its overall workforce disaggregated:

Definitions:

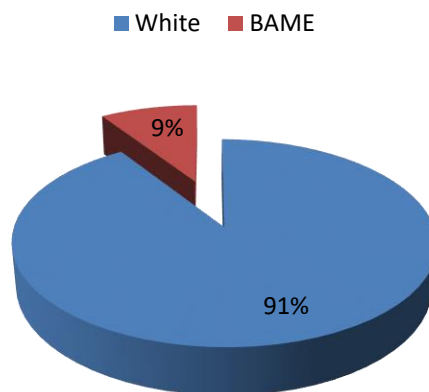
- Very senior managers (VSM) are defined as:
- Board level management (Chair / chief executives / executive directors)
- Senior medical manager
- Other senior managers with board level responsibility who report directly to the chief executive.

In considering the 2021 data it is pleasing to note that our Trust Board have 100% ethnicity declaration rates as 31 March 2022

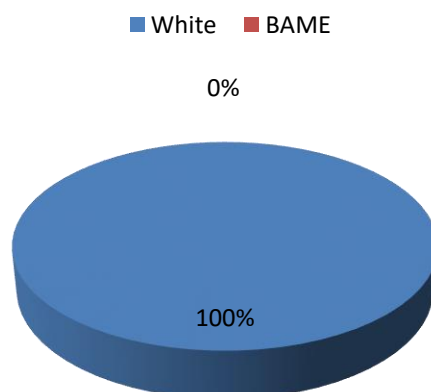
Total Board Member by Ethnicity as of 31 March 2022



Voting Membership of the Board by Ethnicity as of 31 March 2022



Executive Board Members by Ethnicity as of 31 March 2022



SUMMARY OF ACTIVITIES 2021-2022

1. WRES

The national WRES team data analysis report for 2021 that was published in March 2022 highlighted the Trust for being one on the top ten performing Trusts for Indicator three the

relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.

2. Health and Wellbeing

As we continue to feel the effects of the Covid-19 pandemic, the Trust also continues to implement robust Risk Assessments to all staff including ethnic minority staff. At the start of 2022, information regarding mandatory vaccines for NHS staff surfaced. In recognition of the disproportionate effect Covid-19 has on ethnic minority communities, we sought to support ethnic minority staff during this time and help them make the best decisions for themselves. Through support groups, panel discussions and pop-up events, clinical and emotional guidance was offered to staff experiencing vaccine hesitancy.

In addition to Covid-19 support, our Health & Wellbeing Department has a dedicated team that offer support to managers and staff these include:

- Mental Health First Aiders
- Visits to wards and departments
- Bespoke wellbeing support for individuals and teams.

Our health and wellbeing work for our ethnic minority staff also stretches into our external support services. Our BAME staff network works closely with Sussex Staff in Mind to ensure that we offer culturally competent wellbeing support to our staff.

Looking after our ethnic minority staff remains a key priority for 2022/23.

International Nurses

During the reporting year we recruited over 150 nurses from mainly from Asia and Africa.

We recognise that travelling to a new country for work is very difficult and generates challenges. To help our international nurses adapt to their new environment and settle into ESHT, an induction period has been developed to situate the nurses with ESHT and the surrounding areas. Within this period, the nurses get to meet a variety of different teams including the Recruitment Team, Health and Wellbeing Team, Chaplaincy and EDI Team to name a few. As well as providing practical support, the induction period provides pastoral support by helping the nurses transition into UK culture and settle into their lives in East Sussex.

BAME Staff Network

Listening to the voices and concerns of our BAME staff is a priority. 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 People Officer Steve Aumayer, meet with the network chairs on a regular basis and listen to emerging themes and act upon concerns raised.

Leadership Development

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

ESHT continues to work in collaboration with Henley Business School to provide leadership development opportunities. In early 2022 ESHT recruited its newest cohort for the Postgraduate Diploma in Leadership. This cohort is comprised on of 43% BME of the students. The Postgraduate in Leadership provides the opportunities for staff to Understand their personal strengths as a leader and how to use them to deliver high performance.

The OD Team continue the offer of Career Progression Conversations, which target career development, through skills and tools. Career Progression Conversations have been tailored towards BME staff in order overcome some of the barriers preventing career progression. In addition to this, throughout 2021/22 our Aspiring Leaders Programme continued to run. The Aspiring Leaders Programme is designed to help individuals explore leadership and whether it is a path they wish to take.

System –wide collaborative

ESHT continues to participate in system wide collaboration. Being an active member in the BAME Disparity Programme, ESHT remains committed to the BME Workforce Disparity Reduction Roadmap with priorities 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:
- Eliminating bullying, harassment and discrimination in the workplace

ESHT's Chief People Office, Deputy Director of Culture and BAME Network Chair were present at the Sussex Race Equality Away Day. During the event, a headline mission statement was agreed along with a plan of action with reference to progressing race equality across Sussex. This will be implemented across ESHT, and compliance will be monitored by the Chief People Officer.

CONCLUSION

The results of the 2022 WRES show the data driven indicators 1-4 and 9 have either been maintained or slight improvements have been made.

The main areas of concern relate to the increase in staff experiencing bullying and harassment from patients, colleagues, or their managers (indicators 5,6 and 8) and to Indicator 7 relating to the belief that the Trust offers equal opportunities for career progression and promotion as although it remains above that of the national benchmark it has fallen slightly for the Trust. Work in this area has already begun and will be built on in 2022/2023.

Health & Wellbeing remains a key priority. We continue to offer wellbeing conversations and increase the inclusivity of our health and wellbeing services.

To progress in our priorities a WRES action plan has been developed. To ensure our action plan generates tangible outcomes a group of key stakeholder's report to the bi-monthly WRES task and finish group. Membership to the group is formed of key stakeholders which include representatives from the Apprenticeship team, BAME Staff Network, Workforce EDI Team, Health & Wellbeing Team, Recruitment Team, Operational HR department and the Training department. Collaborating with the BAME Staff Network is crucial to generating meaningful and long-lasting change – the network contributes to reporting, assessing, and generating the changes.

As a Trust we remain committed to progressing on all indicators that need attention as part of our Workforce EDI strategy over the next 3 years. As we move into the forthcoming year we remain committed and continue to hold ourselves accountable to WRES indicators.

OUR TOP PRIORITIES FOR 2022-2024

1. Addressing Bullying and Harassment in the workplace
2. To continue with BME Leadership development programme
3. Further investigation into staff turnover
4. Further investigation into internal promotion opportunities

A detailed action plan is attached.

For further information contact esht.workforceinclusion@nhs.net

WRES Action Plan 2022-2024

WRES indicator	Likelihood of ethnic minority candidates being appointed from shortlisting in comparison to White candidates			
	Action	Outcome	Lead	Timescale
1 2	Regular review of recruitment processes to ensure they remain fair and inclusive	Ethnic minority representation continues to improve in line with national trajectory	Recruitment team	Ongoing until March 2024
1 2	Advertise the staff networks on recruitment documentation	Highlight ESHT as an inclusive employer		October 2022
Ethnic minority staff report higher levels of bullying, harassment or abuse				
5 6 8	Include ethnicity within datix reporting form	Ensure that ESHT provides a safe and healthy environment for ethnic minority staff	Health and Safety Manager	April 2023
	Trust and System Wide Review on Violence and Aggression within the Trust	Reduce incidences of violence and aggression	Associate HR Director- Staff Engagement & Wellbeing	March 2023
Raising the profile of ethnic minority across the Trust				
5 6 7 8	Diversity Dialogue session to be held on numerous topic	Facilitate conversations on potentially sensitive topics and subjects	EDI Team	December 2022
All	Celebrate the contribution of ethnic minority staff to the experience of patients at ESHT	Using existing mechanisms to promote diversity in workforce and develop new mechanisms	EDI Team Staff Engagement & Wellbeing Manager	Ongoing until March 2024
1 9	Continue to improve ESR self-reporting of ethnicity data	Reduced undeclared ethnicity data on ESR	EDI Team	January 2023
1 9	Increase awareness of the diversity makeup of teams	Embed the diversity toolkit within divisions		October 2023
5 6 7 8	Ensure representation of ethnic minorities at Staff Partnership Forum	Ensure involvement within decision-making process	EDI Team People Experience Manager	September 2023
Percentage of ethnic minority staff accessing career promotion or progression				
4	Promote structures that support career progression and opportunities for ethnic minorities	Create equitable opportunities for ethnic minorities staff	OD Team	March 2024
4 7	Monitor learning and development attendance by ethnicity status		OD Team Training Team	June 2023
All	Health and Wellbeing support	Keep the ethnic minority workforce physically and mentally healthy by tailoring support to their needs	Health and Wellbeing Team	January 2023