

South East Coast  
**BME Network**  
Black & Minority Ethnic Network

**Race Equality  
Service Review**

for  
**NHS Trusts, PCTs and SHA**  
in the  
**NHS South East Coast Region**

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Chair of the South East Coast BME Network



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2008**

# South East Coast **BME Network** Black & Minority Ethnic Network

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## Foreword

# South East Coast BME Network

## Black & Minority Ethnic Network

The South East Coast Black & Minority Ethnic (BME) Network was launched in June 2007 with sponsorship from the South East Coast Strategic Health Authority (SHA), Sussex Partnership NHS Trust and the trade union Managers in Partnership.

The perception within the South East Coast BME Network is that NHS organisations in the region are failing to deliver on their statutory duties under the Race Relations (Amendment Act) 2000 and the impending Equalities and Human Rights legislative provisions.

To investigate this further the Executive Committee for the South East Coast BME Network decided to undertake a review of the delivery of race equality by all NHS Trusts, PCTs and the SHA in the NHS South East Coast region.

This report provides compelling “baseline” information, which demonstrates there are a number of significant shortfalls, which are preventing NHS organisations in the region from delivering fully on their Race Equality Duty. However, there are a few NHS organisations where it is possible to demonstrate there is some good practice in place and this has been recognised in the report.

The Government set out in the NHS Plan a radical agenda for the modernisation of the NHS, which includes responding to population health needs, reducing health inequalities and valuing diversity amongst service users and its workforce.

As the largest provider of public services and the largest employer in the UK, the NHS has huge potential to bring about race equality, harmonious race relations and greater social justice. However, this will not happen unless race equality is embedded in the culture of the organisation such that it influences all its actions including how it delivers its services, plans new activities and how the people involved in it relate to each other.

To change the culture of our organisations means changing the way people think and this will not happen unless we have leadership, sustained commitment and adequate resources. We cannot perceive this present position as acceptable or tolerable and therefore the challenge that remains will be how we intend to change the status quo.

The time has come for Chief Executives and other senior leaders to publicly commit themselves to a continuous programme of action and personal effort which will lead to the eradication of racism in NHS organisations in the NHS South East Coast region. I hope this review and the recommendations arising from it will be a catalyst for such action.

I believe that the South East Coast BME Network has a pivotal role to play, including challenging organisational practices and procedures, to ensure we deliver race equality for BME staff, BME patients and BME clients.

Consequently, progress on the delivery of this important agenda will be continuously monitored by the South East Coast BME Network Executive Committee and another review is scheduled to take place at the end of this year.

**Dr Vivienne Lyfar-Cissé**  
**Chair, South East Coast BME Network**

***Leadership is choosing to engage the pain of standing in criticism of the things you hold most dear, your culture currently values and society thinks important!***

***Professor Kurt April (2005)***

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# 1. Executive Summary & Recommendations

The South East Coast BME Network was launched in June 2007 with sponsorship from the South East Coast SHA, Sussex Partnership NHS Trust and the trade union Managers in Partnership

The broad objective of the South East Coast BME Network is to work in partnership with all Trusts in the NHS South East Coast region to support compliance with the Race Relations (Amendment) Act 2000 together with enabling enactments or consequential amendments or provisions envisioned or engendered by the impending Equality & Human Rights legislative provisions.

In undertaking this role the South East Coast BME Network acts as an umbrella organisation for the NHS South East Coast BME staff networks and is accountable to its members.

Following the launch of the South East Coast BME Network in June 2007 the Executive Committee decided to undertake a review of the delivery of the race equality agenda by all NHS Trusts, PCTs and SHA in the NHS South East Coast region. The findings of this review for all these organisations and the resulting recommendations are summarised below:

## The Objectives of the Race Equality Service Review are as follows:

- To review the performance of all NHS Trusts, PCTs and SHA in the NHS South East Coast region with regard to meeting their obligations under the Race Relations (Amendment) Act 2000
- To establish “baseline” information on the delivery of the race equality duty
- To identify good practice and highlight areas of concern
- To raise awareness to issues of concern for BME staff and patients/clients
- To publish the findings of the review in a report for all NHS Trusts, PCTs and SHA in the NHS South East Coast region
- To develop a common approach for the delivery of the race equality agenda throughout the NHS South East Coast region
- To use the findings as a tool to drive improvement and cultural change.

## 1.1 Summary of Key Findings

### Workforce Data

- The total workforce for the South East Coast region at the time of this review was 77,826 employees.
- The total workforce for the South East Coast region, whose ethnicity is known, is 72,682.
- Nineteen of the twenty seven NHS organisations (70%) in the region reported they did not know the ethnicity of all their staff. The total workforce, whose ethnicity is unknown, is 5144 employees.
- The Acute NHS Trusts employ 61.1% of the workforce; the Mental Health NHS Trusts employ 13.8%; the PCTs employ 19.4% and the Specialist NHS organisations employ 5.7% of the workforce.
- The Acute Trust, East Kent Hospitals NHS Trust, is the largest employer in the region with 6756 employees of known ethnicity. By contrast Brighton and Hove City PCT as a commissioning only organisation is the smallest employer in the region with 136 members of staff of known ethnicity.
- The total BME workforce for the South East Coast region, whose ethnicity is known, is 10,791 employees which represents 14.8% of the total workforce.
- Although 73.2% of the BME workforce work in the Acute sector the proportion of BME staff working within the Acute and Mental Health sectors is similar at 17.8% and 18.5% respectively. The proportion of BME staff working for PCTs and for Specialist NHS organisations is 6.5% and 2.9% respectively.

- Ashford and St Peter's Hospitals NHS Trusts; Surrey and Borders Partnership NHS Foundation Trust; Surrey PCT and South Downs Health NHS Trust employ the highest percentage of BME staff for Acute, Mental Health, PCT and Specialist NHS organisations respectively.
- Surrey and Borders Partnership NHS Foundation Trust also employs the highest percentage (34.2%) of BME staff across the South East Coast region. Consistent with the findings nationally the South East Coast Ambulance NHS Trust, although not the smallest NHS organisation in the region, employs the lowest percentage (1.5%) of staff from a BME background.
- Over two thousand (2188) medical consultants work within the South East Coast region of known ethnicity and 25% (547 employees) are from a BME background.
- Dartford and Gravesham NHS Trust; Kent & Medway NHS & Social Care Partnership Trust; Surrey PCT and South Downs Health NHS Trust employ the highest percentage of BME Medical Consultants for Acute, Mental Health, PCT and Specialist NHS organisations respectively. The South East Coast Ambulance NHS Trust and Hastings and Rother PCT do not employ any medical consultants.
- The ethnic profile of the Trust Board for all NHS organisations in the South East Coast region shows there is a significant under-representation of BME senior leaders working within the region. The percentage of BME Executive Directors and Non-Executive Directors on the Trust Board is 3.1% and 2.5% respectively, excluding BME data from Sussex Partnership NHS Trust.

### **Paybands 8 and 9**

- When all the NHS organisations are considered together 46% less BME staff are employed in senior management positions or paybands 8a, 8b, 8c, 8d and 9 than would be expected from the proportion of BME staff in the workforce (Risk Ratio=0.54). However, association between ethnicity and employment at this level is only statistically significant for the Acute and Mental Health NHS Trusts.
- When the NHS organisations are considered separately the Risk Ratios for the Acute NHS Trusts; Mental Health NHS Trusts; PCTs and the Specialist NHS organisations are 0.40; 0.59; 1.0 and 1.0 respectively.
- Only four of the thirteen Acute NHS Trusts employ staff at payband 9 namely Maidstone and Tunbridge Wells NHS Trust; Royal Surrey County Hospital NHS Trust; Royal West Sussex NHS Trust and Worthing and Southlands Hospitals NHS Trust. Only Maidstone and Tunbridge Wells NHS Trust does not employ any staff from a BME background at this level. The Royal Surrey County Hospital NHS Trust employs one BME member of staff, but the proportion is consistent with the proportion in the workforce. However, it is noteworthy that the one member of staff and the two members of staff employed by Royal West Sussex NHS Trust and Worthing and Southlands Hospitals NHS Trust respectively are from a BME background.
- All the Mental Health NHS Trusts employ staff at payband 9. However, neither Surrey and Borders Partnership NHS Foundation Trust or Sussex Partnership NHS Trust employ BME staff at this level. Although Kent & Medway NHS & Social Care Trust only employs one BME member of staff at this level this is consistent with the proportion of BME staff in the workforce.
- Six of the eight PCTs employ staff at payband 9. All with the exception of Surrey PCT, employ one member of staff at this level. However, none of these staff are from a BME background.
- Of the three Specialist NHS organisations only the South East Coast SHA employ staff at payband 9 and none of these staff are from a BME background.
- All the Acute NHS Trusts employ staff at payband 8d. However, eight of the thirteen Acute NHS Trusts do not employ any BME staff at this level. The proportion of BME staff employed at this level by Ashford and St Peter's Hospital and Dartford and Gravesham NHS Trust is less than the proportion of BME staff in the workforce. However, although Surrey and Sussex Healthcare NHS Trust and Worthing and Southlands Hospitals NHS Trust only employ one BME member of staff at this level the proportion is higher than the proportion of BME staff in their workforce.
- All the Mental Health NHS Trusts employ staff at payband 8d. However, Sussex Partnership NHS Trust does not employ any BME staff at this level. Both Surrey and Borders Partnership NHS Foundation Trust and Kent & Medway NHS & Social Care NHS Trust employ a lower proportion of BME staff than would be expected from their workforce data.

- All the PCTs employ staff at 8d. However, six of the eight PCTs do not employ any BME staff at this level. However, it is noteworthy that the proportion of BME staff employed at this payband by both East Sussex Downs and Weald PCT and Medway PCT is higher than the proportion of BME staff in the workforce.
- For the Specialist NHS organisations both the South East Coast SHA and South Downs Health NHS Trust employ staff at payband 8d. However, no BME member of staff is employed at this level.
- All the Acute NHS Trusts employ staff at payband 8c. However seven of the thirteen Acute NHS Trusts do not employ any BME staff at this level. For the remaining Trusts the proportion of BME staff employed at this payband is less than the proportion of BME staff in the workforce.
- Approximately the same number of staff are employed by each of the three Mental Health NHS Trusts at payband 8c. However, Sussex Partnership NHS Trust does not employ any BME member of staff at this level. Both Surrey and Borders Partnership NHS Foundation Trust and Kent & Medway NHS & Social Care Partnership Trust employ less BME staff than would be expected from the proportion of BME staff in the workforce.
- All the PCTs employ staff at payband 8c; however three of the eight PCTs namely, Brighton and Hove City PCT; Medway PCT and West Sussex PCT do not employ any BME staff at this level. All the remaining PCTs, with the exception of Surrey PCT, employ BME staff consistent or higher than the proportion of BME staff in the workforce.
- All three Specialist NHS organisations employ staff at payband 8c. However, no BME member of staff is employed by the South East Coast SHA or the South East Coast Ambulance NHS Trust at this level. Although only one BME member of staff is employed by South Downs Health NHS Trust at this level the proportion is higher than the proportion of BME staff in the workforce.
- All the Acute NHS Trusts employ staff at payband 8b. However four of the thirteen Acute NHS Trusts namely, East Sussex Hospitals NHS Trust; Maidstone and Tunbridge Wells NHS Trust; Queen Victoria Hospital NHS Foundation Trust and Royal West Sussex NHS Trust, do not employ any BME member of staff at this level. For the remaining Trusts the proportion of BME staff employed at this level is less than the proportion of BME staff in the workforce.
- All the Mental Health NHS Trusts employ staff at payband 8b and all employ staff from a BME background. However, for all the Trusts the proportion of BME staff employed at this level is less than would be expected from the proportion of BME staff in the workforce. However, it is noteworthy that Surrey and Borders Partnership NHS Foundation Trust employs approximately 25% BME staff at this level.
- All the PCTs employ staff on payband 8b, however only West Sussex PCT does not employ any BME member of staff at this level. It is noteworthy that the proportion of BME staff employed by Surrey PCT and West Sussex PCT is lower than the proportion of BME staff in the workforce. All the remaining PCTs employ BME staff that is either consistent with or higher than the proportion of BME staff in the workforce.
- All three Specialist NHS organisations employ staff at payband 8b. However, no BME staff is employed by the South East Coast Ambulance NHS Trust or South Downs Health NHS Trust. Although only one BME member of staff is employed by the South East Coast SHA at this level the proportion is consistent with the proportion of BME staff in the workforce.
- For all the Acute NHS Trusts there is a significant increase in the total number of staff employed at payband 8a and all employ BME staff at this level. However, for all the Trusts the proportion of BME staff employed at this level is less than the proportion of BME staff in the workforce.
- All the Mental Health NHS Trusts employ staff at payband 8a. Just over thirty percent (30.2%) of all the staff employed by Surrey and Borders Partnership NHS Foundation Trust is from a BME background which is consistent with the proportion of BME staff in the workforce. However, for both Sussex Partnership NHS Trust and Kent & Medway NHS & Social Care Partnership Trust the proportion is lower at 6% and 7% respectively.
- All the PCTs employ staff on payband 8a. However only Medway PCT does not employ any BME staff at this level. It is noteworthy that the proportion of BME staff employed by Surrey PCT and West Sussex PCT is lower than the proportion of BME staff in the workforce. All the remaining PCTs employ BME staff that is either consistent with or higher than the proportion of BME staff in the workforce.

- All three Specialist NHS organisations employ staff at payband 8a. However, no BME staff is employed by the South East Coast Ambulance NHS Trust at this level. Although only one BME member of staff is employed by the South East Coast SHA at this level the proportion is higher than the proportion of BME staff in the workforce. By contrast the proportion of BME staff employed by South Downs Health NHS Trust at this level is lower than would be expected from the workforce data.

## Payband 7

- When all the NHS organisations in the South East Coast region are considered together 39% less BME staff are employed on payband 7 than would be expected from the proportion of BME staff in the workforce (Risk Ratio =0.61). However, from the 95% confidence intervals it is evident that an association between ethnicity and employment at this payband can only be demonstrated statistically for the Acute NHS Trusts when considered as a whole.
- When the Acute NHS Trusts are considered together 52% less BME staff are employed on payband 7 than would be expected from the proportion of BME staff in the workforce (Risk Ratio=0.48). For the majority of Acute NHS Trusts this finding is statistically significant. The only exceptions are Dartford and Gravesham NHS Trust and East Sussex Hospitals NHS Trust. However, even for these two NHS organisations the trend is the same.
- When the Mental Health NHS Trusts are considered together there is no association between ethnicity and employment at payband 7 (Risk Ratio=1.0). However, it is noteworthy that Surrey and Borders Partnership NHS Foundation Trust is the only Mental Health NHS Trust which employs BME staff (35.3%) at payband 7 which is consistent with the proportion of BME staff in the workforce (34.2%). For Sussex Partnership NHS Trust 37% less BME staff are employed at this payband than would be expected (Risk Ratio=0.63). For Kent & Medway NHS & Social Care Partnership NHS Trust 19% less BME staff are employed on this payband than expected (Risk Ratio=0.81).
- When the PCTs are considered together there is a slight association between employment of BME staff at payband 7 and ethnicity (Risk Ratio=0.86). However, the 95% confidence intervals show this finding is only statistically significant for Surrey PCT.
- When the Specialist NHS organisations are considered together 44% more BME staff are employed on payband 7 than would be expected from the proportion of BME staff in the workforce (Risk Ratio of 1.44). However, possibly as a result of the small number of BME staff involved the 95% confidence intervals suggest this finding is not statistically significant.

## Payband 6

- When all the NHS organisations in the South East Coast region are considered together 14% less BME staff are employed on payband 6 than would be expected (Risk Ratio=0.86). However, it is evident from the 95% confidence intervals that this finding is only statistically significant for the Acute NHS Trusts when considered as a whole.
- When all the Acute NHS Trusts, are considered together 17% less BME staff are employed on payband 6 than would be expected from the proportion of BME staff in the workforce (Risk Ratio=0.83). However, it is noteworthy that this finding is only statistically significant for three of the thirteen Acute NHS Trusts namely Ashford and St Peter's Hospitals NHS Trust; East Kent Hospitals NHS Trust and Worthing and Southlands Hospitals NHS Trust.
- When all the Mental Health NHS Trusts are considered together the results suggests there is no association between the number of staff employed by these organisations on payband 6 and ethnicity (Risk Ratio=1.0).
- When all the PCTs are considered together the results suggests there is no association between the number of staff employed by these organisations on payband 6 and ethnicity (Risk Ratio=0.98).
- The South East Coast SHA does not employ any BME staff at payband 6. However, when all the Specialist NHS organisations are considered together the Risk Ratio is 1.28 which suggests a slight association between ethnicity and employment. However, perhaps because of the small number of BME staff involved this finding is not statistically significant.



## Payband 5

- When all the NHS organisations in the South East Coast region are considered together 86% more BME staff are employed on payband 5 than would be expected from the proportion of BME staff in the workforce (Risk Ratio = 1.86). Furthermore it is evident from the 95% confidence intervals that an association between ethnicity and employment at this payband can be demonstrated statistically for all NHS organisations with the exception of the Specialist NHS organisations.
- When all the Acute NHS Trusts are considered together the proportion of BME staff employed at payband 5 is almost twice that expected from the workforce data (Risk Ratio=1.94). Although the 95% confidence intervals suggests this finding is not statistically significant for Queen Victoria Hospital NHS Foundation Trust it is evident that the trend is the same. Furthermore, the proportion of BME staff employed at this level is significantly higher than the proportion of the total number of white staff employed at payband 5
- When all the Mental Health NHS Trusts in the region are considered together the proportion of BME staff employed on payband 5 is 54% higher than would be expected from the proportion of BME staff in the workforce (Risk Ratio = 1.54).
- When the Mental Health NHS Trusts are considered individually it is evident that for Surrey and Borders Partnership NHS Foundation Trust the proportion of BME staff employed at payband 5 is consistent with the proportion of BME staff in the workforce (Risk Ratio = 1.15). Furthermore, there is no significant difference between the proportion of the total BME staff and the proportion of the total number of white staff employed at this level. However the converse is true for Kent & Medway NHS & Social Care Partnership Trust where the proportion of BME staff is almost twice (Risk Ratio=1.98) that expected from the workforce data. The same is also true for Sussex Partnership NHS Trust where the Risk Ratio is also much higher at 2.45.
- When all the PCTs in the region are considered together the proportion of BME staff employed on payband 5 is 31% higher than would be expected from the proportion of BME staff in the workforce (Risk Ratio = 1.31).
- When the PCTs are considered individually it is evident that Brighton and Hove City PCT is the only PCT that does not employ BME staff at payband 5. For Medway PCT; Surrey PCT and West Kent PCT the proportion of BME staff employed at this level is higher than the proportion of BME staff in the workforce and greater than the proportion of the total number of white staff employed at this level. The Risk Ratios are 1.75, 1.42 and 1.79 respectively. For all the other PCTs there is no association between employment at this level and ethnicity.
- When all the Specialist NHS organisations in the region are considered together the proportion of BME staff employed on payband 5 is 44% higher than would be expected from the proportion of BME staff in the workforce (Risk Ratio = 1.44).
- When the Specialist NHS organisations are considered individually it is evident that the South East Coast SHA is the only Specialist NHS organisation that does not employ BME staff at payband 5. The proportion of BME staff employed by the South East Coast Ambulance NHS Trust at this level is consistent with the proportion of BME staff in the workforce. Furthermore, a similar proportion of the total number of BME staff and the total number of white staff is employed at this level. By contrast the results suggest 80% more BME staff are employed on payband 5 by South Downs Health NHS Trust than would be expected (Risk Ratio=1.80). This proportion is also higher than the proportion of white staff also employed on this payband.

## Paybands 1-4

- When all the NHS organisations are considered together 24% less BME staff are employed on paybands 1-4 than expected from the proportion of BME staff in the workforce (Risk Ratio=0.76). This finding is consistent with the fact that a significantly higher proportion of BME staff are employed on payband 5 than expected. However, the 95% confidence interval suggests this finding is only statistically significant for the Acute NHS Trusts.
- However, when the NHS organisations are considered individually it is evident that nine of the thirteen Acute NHS Trusts; Kent & Medway NHS & Social Care Partnership Trust; Sussex Partnership NHS Trust; Eastern Coastal Kent PCT and West Kent PCT also employ significantly less BME staff at paybands 1-4. Only Surrey PCT employ statistically significant more BME staff at paybands 1-4 than would be expected from the workforce data.

## Specific Human Resource Data

### Disciplinary Procedure

- Three of the twenty seven organisations in the South East Coast region namely Eastern and Coastal Kent PCT; Hastings and Rother PCT and the South East Coast Ambulance NHS Trust reported no BME staff had been disciplined for the time periods specified.
- For the remaining NHS organisations it is evident there is a considerable amount of variation in the proportion of BME staff being subjected to the disciplinary procedure. Analysis of the data for the whole region shows there is a significant difference between the number of BME staff subjected to this disciplinary procedure when compared to white staff given the proportion of these two groups of staff in the workforce. The results show a BME member of staff is 69% more likely to be subjected to a disciplinary procedure (Risk Ratio =1.69) than would be expected from the proportion of BME staff in the workforce and that this finding is statistically significant ( $p < 0.0001$ ).
- For the Acute Trusts, Mental Health Trusts, PCTs and Specialist NHS organisations the Risk Ratios are 1.44, 1.97, 2.82 and 2.21 respectively. For all these NHS organisations, with the exception of the Specialist NHS organisations, these findings are statistically significant.

### Grievance Procedure

- Ten of the twenty seven organisations in the South East Coast region reported no BME staff had been involved with the grievance procedure for the time period specified. This included Dartford and Gravesham NHS Trust; Frimley Park Hospital NHS Foundation Trust; Queen Victoria Hospital NHS Foundation Trust; Royal West Sussex NHS Trust; Brighton and Hove City PCT; East Sussex Downs and Weald PCT; Eastern and Coastal Kent PCT; Hastings and Rother PCT; Medway PCT and the South East Coast Ambulance NHS Trust.
- For the remaining NHS organisations it is evident there is a considerable amount of variation in the proportion of BME staff involved with the grievance procedure. Analysis of the data for the whole region shows there is a significant difference between the number of BME staff involved with this procedure when compared to white staff given the proportion of these two groups of staff in the workforce. The results show a BME member of staff is 53% more likely to be involved with the grievance procedure (Risk Ratio =1.53) than would be expected from the proportion of BME staff in the workforce and that this finding is statistically significant ( $p < 0.0001$ ).
- For the Acute NHS Trusts, PCTs and Specialist NHS organisations the Risk Ratios are 1.68, 1.45 and 3.55 respectively. However, this finding is only statistically significant for the Acute NHS Trusts and the Specialist NHS organisations.
- For the Mental Health NHS Trusts a Risk Ratio of 1.08 suggests there is no association between ethnicity and involvement with the grievance process.

### Bullying and Harassment Procedure

- Ten of the twenty seven organisations in the South East Coast region reported no BME staff had been involved with the bullying and harassment procedure for the time periods specified. This included Dartford and Gravesham NHS Trust; Frimley Park Hospital NHS Foundation Trust; Queen Victoria Hospital NHS Foundation Trust; Royal West Sussex NHS Trust; East Sussex Downs and Weald PCT; Hastings and Rother PCT; Medway PCT; West Sussex PCT; South Downs Health NHS Trust and the South East Coast Ambulance NHS Trust.
- Four of these organisations namely Dartford and Gravesham NHS Trust; Hastings and Rother PCT; Medway PCT and West Sussex PCT also reported that no white member of staff had been involved with the bullying and harassment procedure during the same time period.

- For the remaining NHS organisations it is evident there is a considerable amount of variation in the proportion of BME staff involved with the bullying and harassment procedure. Analysis of the data for the whole region shows there is a significant difference between the number of BME staff involved with this procedure when compared to white staff given the proportion of these two groups of staff in the workforce. The results show a BME member of staff is 72% more likely to be involved with the bullying and harassment procedure (Risk Ratio =1.72) than would be expected from the proportion of BME staff in the workforce and that this finding is statistically significant ( $p < 0.001$ )
- For the Acute NHS Trusts, Mental Health NHS Trusts, PCTs and Specialist NHS organisations the Risk Ratios are 1.23, 3.00, 3.08 and 5.76 respectively. It is noteworthy that for the Specialist NHS organisations only one BME member of staff is involved with this procedure. For the Mental Health NHS Trusts and PCTs these findings are statistically significant. However, for the Acute NHS Trusts this is not the case.

## Capability Procedure

- Ten of the twenty-seven organisations in the South East Coast region reported no BME staff had been subjected to the capability procedure for the time periods specified. This included Frimley Park Hospital NHS Foundation Trust; Royal Surrey County Hospital NHS Trust; Brighton and Hove City PCT; East Sussex Downs and Weald PCT; Hastings and Rother PCT; Medway PCT; West Sussex PCT and all three Specialist NHS organisations.
- Six of these organisations namely, Royal Surrey County Hospital NHS Trust; Brighton and Hove City PCT; Hastings and Rother PCT; West Sussex PCT; South Downs Health NHS Trust and the South East Coast SHA also reported that no white member of staff had been involved with the capability procedure during the same time period.
- For the remaining NHS organisations it is evident there is a considerable amount of variation in the proportion of BME staff involved with the capability procedure. The Specialist NHS organisations reported that no BME member of staff was subjected to this procedure for the time periods specified.
- Analysis of the data for the whole region shows there is a significant difference between the number of BME staff subjected to the capability procedure when compared to white staff given the proportion of these two groups of staff in the workforce. The results show a BME member of staff is 34% more likely to be subjected to the capability procedure (Risk Ratio =1.34) than would be expected from the proportion of BME staff in the workforce and that this finding is statistically significant ( $p = 0.027$ ).
- For the Acute NHS Trusts, Mental Health NHS Trusts and PCTs the Risk Ratios are 1.60, 0.68 and 2.08 respectively. However, this finding is statistically significant for the Acute NHS Trusts and the PCTs but not the Mental Health NHS Trusts probably as a result of the small number BME staff involved. It is noteworthy that data from Surrey and Borders Partnership NHS Foundation Trust was excluded from the analysis.

## Employment Tribunal Claims

- Nine of the twenty seven organisations in the South East Coast region reported no BME staff had lodged an Employment Tribunal Claim for the time periods specified namely Ashford and St Peter's Hospitals NHS Trust; Maidstone and Tunbridge Wells NHS Trust; Queen Victoria Hospital NHS Foundation Trust; Brighton and Hove City PCT; East Sussex Downs and Weald PCT; Eastern and Coastal Kent PCT; Hastings and Rother PCT; West Sussex PCT and the South East Coast Ambulance NHS Trust.
- Five of these organisations namely, Ashford and St Peter's Hospitals NHS Trust; Queen Victoria Hospital NHS Foundation Trust; Brighton and Hove City PCT; East Sussex Downs and Weald PCT and Hastings and Rother PCT reported that no white member of staff had lodged an Employment Tribunal claim during the same time period.

- For the remaining NHS organisations it is evident there is a considerable amount of variation in the proportion of BME staff bringing Employment Tribunal claims. Analysis of the data for the whole region shows there is a significant difference between the number of BME staff bringing Employment Tribunal claims when compared to white staff given the proportion of these two groups of staff in the workforce. The results show a BME member of staff is almost twice as likely to lodge an Employment Tribunal claim (Risk Ratio =1.96) than would be expected from the proportion of BME staff in the workforce and that this finding is statistically significant ( $p < 0.0001$ ).
- For the Acute NHS Trusts, Mental Health NHS Trusts, PCTs and Specialist NHS organisations the Risk Ratios are 1.74, 1.71, 3.17 and 11.48 respectively. For all these organisations with the exception of the Mental Health NHS Trusts these findings are statistically significant.

## Redundancy

- Fourteen of the twenty seven organisations in the South East Coast region reported that no BME member of staff had been made redundant over the time period specified. This included nine of the thirteen Acute NHS Trusts in the region; Kent & Medway NHS & Social Care Partnership Trust; Brighton and Hove City PCT; Hastings and Rother PCT; South Downs Health NHS Trust and the South East Coast Ambulance NHS Trust.
- Three organisations namely, East Kent Hospitals NHS Trust; Frimley Park Hospital NHS Foundation Trust and Kent & Medway NHS & Social Care Partnership Trust reported that no white member of staff had been made redundant during the same period.
- For the remaining NHS organisations it is evident there is a considerable amount of variation in the proportion of BME staff that were made redundant. Analysis of the data for the whole region shows there is a significant difference between the number of BME staff made redundant when compared to white staff given the proportion of these two groups of staff in the workforce. The results show a BME member of staff is 42% less likely to be made redundant (Risk Ratio =0.58) than would be expected from the proportion of BME staff in the workforce and that this finding is statistically significant ( $p < 0.001$ ).
- When the Acute NHS Trusts are considered together a BME member of staff is 63% less likely to be made redundant than would be expected (Risk Ratio 0.37). For both the Mental Health NHS Trusts and PCTs the Risk Ratios are 0.98 and 1.03 respectively which suggests there is no association between redundancy and ethnicity. However, although the risk for the Specialist NHS organisations is almost double that expected (Risk Ratio= 2.24) this finding is not statistically significant perhaps because of the small number of BME staff involved.

## Compliance with Healthcare Commission Core Standards

- Approximately seventy percent (69.2%) of the NHS organisations in the South East Coast region declared compliance with the Healthcare Commission core standard C7e in 2006/07. Eight organisations in the region declared not met or insufficient assurance for this core standard namely, Ashford and St Peter's Hospitals NHS Trust; Brighton and Hove City PCT; Dartford and Gravesham NHS Trust; East Sussex Downs and Weald PCT; Eastern and Coastal Kent PCT; Hastings and Rother PCT; Surrey and Sussex Healthcare NHS Trust and Surrey PCT.
- Approximately ninety percent (88.5%) of the NHS organisations in the South East Coast region declared compliance with the Healthcare Commission core standard C8b. Three organisations in the region declared not met or insufficient assurance for this core standard including, Eastern and Coastal Kent PCT; Maidstone and Tunbridge Wells NHS Trust and Surrey and Sussex Healthcare NHS Trust.
- Three (11.5%) NHS organisations in the region namely Eastern and Coastal Kent PCT; South Downs Health NHS Trust and Sussex Partnership NHS Trust declared non-compliance for the core standard C18. All the remaining Trusts declared they were compliant for this core standard.
- Having reviewed the evidence provided by NHS organisations in support of their declarations of compliance to the Healthcare commission for these core standards the South East Coast BME Network concludes the majority of NHS organisations in the region are failing to comply with these standards contrary to their self-declarations.

## Promotion, Training and Development

- Thirteen of the twenty six (50%) NHS organisations could not provide any data regarding the promotion of BME staff in accordance with the criteria for compliance with the core standard C7e. The South East Coast Ambulance NHS Trust and East Sussex Downs and Weald PCT provided incomplete data. However, for most of the remaining organisations the proportion of BME staff promoted was consistent with the proportion of BME staff in the workforce. The exception being Brighton and Hove City PCT where no BME member of staff was promoted; although the time period for the data submitted by this PCT was not specified.
- The levels at which promotions occurred was not requested as part of this review. However, given the under-representation of BME staff at the higher paybands as shown above it follows that the promotion of BME staff to more senior positions in the NHS is not taking place at the rate that could be expected from the proportion of BME staff in the workforce.
- Thirteen of the twenty six NHS Trusts (50%) could not provide any data regarding the training and development of staff from BME backgrounds or any evidence that the under-representation of uptake of professional training by BME staff was being addressed in accordance with the criteria for compliance with core standards C7e and C8b. However, where information was available the results show that with the exception of Surrey and Sussex Healthcare NHS Trust and Surrey PCT the proportion of BME staff receiving training and development is consistent with the proportion of BME staff in the workforce.

## Recruitment

- All twenty seven organisations with the exception of Medway PCT provided information in respect of the recruitment process. However, eight organisations (29.6%) could not provide data for all three stages of the recruitment process namely applications, short-listing and appointments. This included East Sussex Hospitals NHS Trust; Royal Surrey County Hospital NHS Trust; Surrey and Sussex Healthcare NHS Trust; Worthing and Southlands Hospitals NHS Trusts; Eastern and Coastal Kent PCT; Medway PCT; Surrey PCT and the South East Coast Ambulance NHS Trust.
- Over sixty percent (67%) of the NHS organisations provided recruitment data for a minimum of twelve months or more. Two organisations namely Ashford and St Peter's Hospitals NHS Trust and Frimley Park Hospital NHS Foundation Trust provided data for a ten month period. Dartford and Gravesham NHS Trust and Medway NHS Foundation Trust provided data for an eight month period. East Kent Hospitals NHS Trust and the South East Coast SHA provided data for a six month period and Eastern and Coastal Kent PCT for a five month period. Only East Sussex Hospitals NHS Trust, the Royal Surrey County Hospital NHS Trust and Surrey PCT provided recruitment data for less than three months
- For all organisations where recruitment data was provided there was a significant number of applicants from BME backgrounds. The highest percentage (74%) was recorded for East Sussex Hospitals NHS Trust and the lowest (24%) for Hastings and Rother PCT.
- For all organisations where information was provided, with the exception of East Sussex Hospitals NHS Trust and Royal West Sussex NHS Trust there was a significant difference between the number of white applicants and the number of BME applicants short-listed for interview. However it is noteworthy that East Sussex Hospitals only provided recruitment data for one month and could not provide data for the number of appointments. As part of the "factual accuracy check" most organisations reported that this difference could be accounted for by the fact that a large number of overseas applicants were not eligible for Work Permits
- For the vast majority of NHS organisations (85%) there was also a significant difference between the number of BME applicants offered a job as compared to white applicants after short-listing which cannot be explained by a problem with Work Permits. Only four NHS organisations including Brighton and Hove City PCT; Dartford and Gravesham NHS Trust; Royal West Sussex NHS Trust and the South East Coast SHA did not show any bias for the appointment stage of the recruitment process

## **Race Equality Impact Assessments**

- A review, by the South East Coast BME Network, of the information provided by NHS organisations in the South East Coast region revealed that no NHS organisation in the region had undertaken Race Equality Impact Assessments of their policies and procedures in a manner that was compliant with their statutory duties under the RRAA 2000. A few organisations provided evidence to support a factual analysis of their policies and procedures rather than race impact assessments. Given this is a criterion for compliance with the Healthcare Commission core standard C7e it is evident that these organisations are failing in this respect.

## **Ethnic Monitoring Data**

- A review, by the South East Coast BME Network, of the information provided by NHS organisations in the South East Coast region, in support of their duty to monitor the ethnicity of the patients using their services, showed that for the majority of organisations (64%) where this is a requirement monitoring was not taking place. Given this is a criterion for compliance with the Healthcare Commission core standard C18 it is evident that these organisations are failing in this respect.
- The organisations which provided evidence to support monitoring included Dartford and Gravesham NHS Trust; East Kent Hospitals NHS Trust; East Sussex Hospitals NHS Trust; Frimley Park Hospital NHS Foundation Trust; Medway NHS Trust; Queen Victoria Hospital NHS Foundation Trust; Surrey and Borders Partnership NHS Foundation Trust; Surrey and Sussex Healthcare NHS Trust and Worthing and Southlands NHS Trust. The Royal Surrey County Hospital NHS Trust provided evidence to show that it was monitoring the ethnicity of its inpatients, but not its outpatients. The South East Coast Ambulance NHS Trust reported that ambulance services do not traditionally collect the ethnic origin of patients.

## **Engagement of BME Communities**

- A review, by the South East Coast BME Network, of the information provided by NHS organisations in the South East Coast region, in support of the engagement of the BME communities they serve showed that for the majority of organisations (84.6%) where there is a requirement to engage members of these communities this was not the case. Given this is a criterion for compliance with the Healthcare Commission core standard C18 it is evident that these organisations are failing in this respect.
- The organisations which provided evidence to support engagement of BME communities included East Sussex Downs and Weald PCT; Hastings and Rother PCT; Queen Victoria Hospital NHS Foundation Trust and Surrey and Borders Partnership NHS Foundation Trust.
- Hastings and Rother PCT and Surrey and Borders Partnership NHS Foundation Trust have been selected as two of the three Pacesetter sites in the South East Coast region. Hastings and Rother PCT also participates in the Race for Health programme and Surrey and Borders Partnership NHS Foundation Trust is one of seventeen Focus Implementation Sites established to deliver Race Equality in Mental Health.

## **Health Needs Assessments of BME Communities**

- A review, by the South East Coast BME Network, of the evidence provided by PCTs in the South East Coast region revealed that the majority of PCTs are failing to undertake health needs assessments of the BME communities they serve. Consequently, this would suggest that clinical services are not being tailored to meet the needs of BME communities as an integral part of the commissioning process.

## **Equality Schemes**

- Nineteen of the twenty seven (70.4%) NHS organisations in the region have published a Race Equality Scheme. Five organisations namely Ashford and St Peter's Hospitals NHS Trust; East Kent Coastal Kent PCT; East Sussex Hospitals NHS Trust; Royal Surrey County Hospital NHS Trust and Sussex Partnership NHS Trust have published a Single Equality Scheme. However, three organisations notably Kent & Medway NHS & Social Care Partnership Trust; West Kent PCT and the South East Coast Ambulance NHS Trust have not published an operational Race Equality Scheme or Single Equality Scheme following reorganisation of their Trust.

## Local BME Networks

- Twelve of the twenty seven (44.4%) NHS organisations in the region have established a local BME Network. East Sussex Downs and Weald PCT; Hastings and Rother PCT and East Sussex Hospitals NHS Trust reported they are part of an East Sussex County wide BME Network. East Kent Hospitals NHS Trust reported until more recently BME staff used to be members of an East Kent wide BME Network which has now been disbanded in favour of local BME Networks.
- Six organisations including East Kent Hospitals NHS Trust; Maidstone and Tunbridge Wells NHS Trust; Royal Surrey County Hospital NHS Trust; South East Coast Ambulance NHS Trust; Surrey PCT and Worthing and Southlands Hospitals NHS Trust reported they would be establishing a BME Network in the near future.
- Four NHS organisations in the region do not have a BME Network. Dartford and Gravesham NHS Trust reported that its BME staff have stated they do not wish to have a BME Network, because they felt that their views were being listened to without the need for a Network. Frimley Park Hospital NHS Foundation Trust reported that attempts to establish a BME Network did not generate any interest. Medway NHS Foundation Trust reported it did not have a local BME Network because BME staff reported their views were already listened to without the need for a Network. However, the Trust reported it would be willing to establish and support a BME Network if requested by BME employees. The South East Coast SHA reported that with less than 150 staff it did not have a BME Network and would not be establishing a BME Network in the future.

## Published Data

- All the NHS organisations in the region with the exception of Sussex Partnership NHS Trust accepted an invitation to undertake a factual accuracy check of the draft report before publication of a final report for their organisation.
- Six of the twenty seven organisations in the region including Eastern and Coastal Kent PCT; Kent & Medway NHS & Social Care Partnership Trust; Queen Victoria Hospital NHS Foundation Trust; Royal Sussex NHS Trust; Surrey PCT and Worthing and Southlands Hospitals NHS Trust confirmed on request that the data submitted for the review was their published staff monitoring data under the Race Equality Scheme and those required to be published by all public sector bodies under Regulation 5 of the Race Relations Act 1976 (Statutory Duties) Order 2001.
- The South East Coast Ambulance NHS Trust reported that the information on the ethnic profile of their workforce as at 31 October 2007 is accurate and was published in the Trust Board papers in November 2007. However, they also reported that the other information submitted was obtained from manual sources from the three legacy trusts and is not likely to be complete or accurate and therefore is not the Trust's published staff monitoring data.
- The remaining NHS organisations in the South East Coast region did not provide a response to this request.

## 1.2 Recommendations

Based on the findings of this review the Executive Committee for the South East Coast BME Network recommends the following actions:

- The South East Coast SHA to develop a strategy to manage the performance of non-foundation Trusts in the region with regards to the delivery of the race equality agenda.
- The regulatory body Monitor to develop a strategy to manage the performance of Foundation Trusts in the region with regards to the delivery of the race equality agenda.
- The South East Coast SHA to use the findings from this review to inform its workforce strategy for the region and its consultation document on *Healthier People Excellent Care* to address the delivery of clinical services to the BME communities it serves.
- Both the SHA and Monitor to work in partnership with the South East Coast BME Network as the beneficiaries of the race equality duty to assess the effectiveness of the delivery of this important agenda in the region.
- Where required, NHS organisations in the South East Coast region to establish the ethnicity of all employees.
- All NHS organisations in the South East Coast region to address the under-representation of BME Executive Directors at Trust Board level and to actively seek to promote the appointment of BME Non-Executive Directors by working in partnership with the Appointments Commission to address this short-fall.
- All NHS organisations in the South East Coast region to address the under-representation of BME staff at paybands 8a, 8b, 8c, 8d and 9 and determine the reasons for these findings.
- Where required, NHS organisations in the South East Coast region to address the under-representation of BME staff at paybands 6 and 7 and to determine the reasons for these findings.
- Where required, NHS organisations in the South East Coast region to determine the reasons for the over-representation of BME staff at payband 5 and the reasons for a disproportionate number of BME staff being employed on this payband.
- Where required, NHS organisations in the South East Coast region to address the reasons for a disproportionate number of BME staff being subjected to the disciplinary procedure.
- Where required, NHS organisations in the South East Coast region to address the reasons for a disproportionate number of BME staff being involved with the grievance procedure.
- Where required, NHS organisations in the South East Coast region to address the reasons for a disproportionate number of BME staff being involved with the bullying and harassment procedure.
- Where required, NHS organisations in the South East Coast region to address the reasons for a disproportionate number of BME staff being subjected to the capability procedure.
- Where required, NHS organisations in the South East Coast region to address the reasons for a disproportionate number of BME staff lodging Employment Tribunal claims.
- NHS organisations that have a disproportionate number of BME staff involved in Human Resource procedures to liaise with other NHS organisations in the region in order to share good practice.
- All NHS organisations in the South East Coast region to review the evidence in support of their declarations to the Healthcare Commission concerning the delivery of the race equality agenda. Where necessary NHS organisations to amend their declarations to reflect more accurately the current position for their organisations. Furthermore each organisations should work in partnership with their local BME Network to devise an Action Plan.



- Where required, NHS organisations in the South East Coast region to determine the proportion of BME staff that have applied for and have been promoted within the last twelve months as a minimum. Perhaps more importantly to determine the levels at which promotion takes place. Representatives from the BME Network should be included in this process.
- Where required, NHS organisations in the South East Coast region to determine the proportion of BME staff that have received training and development within the last twelve months as a minimum. Furthermore to also determine whether such training and development is supported by the organisation. Representatives from the BME Network should be included in this process.
- All NHS organisations in the South East Coast region to support BME staff to participate in the local BME Leadership Developmental Programmes facilitated by the South East Coast SHA with input from the South East Coast BME Network.
- Where required, NHS organisations in the South East Coast region to determine whether the recruitment process is discriminating against applicants from a BME background. Representatives from the BME Network should be included in this process.
- All NHS organisations in the South East Coast region to undertake race impact assessments of their policies and procedures in accordance with their statutory duties under the RRAA 2000.
- Where required, NHS organisations in the South East Coast region to monitor the ethnicity of patients using their services.
- Where required, NHS organisations in the South East Coast region to establish a programme to engage and consult the BME communities they serve with regards to service delivery. Representatives from the BME Network should be included in this process.
- All PCTs in the South East Coast region to undertake Health Needs Assessments of their BME communities and to use the evidence collected to ensure that services are either in place or are accessible to meet the needs of these communities. Representatives from the BME Network should be included in this process.
- Kent & Medway NHS & Social Care Partnership Trust; West Kent PCT and the South East Ambulance Trust to make available either an operational Race Equality Scheme or a Single Equality scheme.
- All NHS organisations in the South East Coast region to undertake a review of the Action Plans as outlined in either their Race Equality Scheme or Single Equality Scheme pertaining to the delivery of the race equality agenda.
- All NHS organisations in the South East Coast region to provide training for all staff on the Race Equality Duty.
- NHS organisations in the South East Coast region who do not currently have a local BME Network to consider an invitation from the Executive Committee of the South East Coast BME Network to assist with the development of a Network.
- Where required, all NHS organisations in the South East Coast region to publish their staff monitoring data in a manner that is readily accessible by the public in a number of different sites in accordance with Regulation 5 of the Race Relations Act 1976 (Statutory Duties) Order 2001.
- All NHS organisations in the South East Coast region to engage BME staff in their organisation, to assist with addressing the findings of this review.
- All NHS organisations in the South East Coast region to work in partnership with the South East Coast BME Network to support the delivery of the race equality agenda in the region.

## 1.3 Way Forward

- All NHS organisations in the South East Coast region to consider the actions required to ensure the above recommendations are met.
- BME staff employed by NHS organisations in the South East Coast region to provide a feedback report on the findings and recommendations of the review and be engaged to assist with the delivery of the action plan.
- All NHS organisations in the South East Coast region to undertake a detailed review of its Race Equality Scheme or its Single Equality Scheme pertaining to the delivery of the Race Equality Duty
- All NHS organisations in the South East Coast region to undertake further work among BME staff and BME service users to identify issues and unmet needs related to culture, race and ethnicity.
- All NHS organisations in the South East Coast region to work in partnership with the South East Coast BME Network to facilitate the delivery of its Race Equality Duty and to participate in another review at the end of the year.

## 1.4 Conclusion

As mentioned above, following the launch of the South East Coast BME Network in June 2007, the Executive Committee decided to undertake a review of the delivery of the race equality agenda, by all twenty seven NHS organisations in the NHS South East Coast region.

Anecdotal evidence which had been collected for the past two years by the Surrey and Sussex BME Network, indicated that NHS organisations in the region were failing to deliver on their Race Equality Duty. Furthermore, it appeared that such failures were to the detriment of both BME staff and BME patients.

The findings from this review clearly demonstrates there are a number of significant shortfalls, concerning the delivery of the race equality agenda in the NHS South East Coast region. These findings also confirm that such failures have and continue to impact adversely on the working conditions of BME staff and their development and progression.

Similarly, the failure of NHS organisations to undertake health need assessments or to engage with the BME communities they serve would suggest that the needs of these communities are not being adequately addressed in accordance with the commissioning process.

Although this is the finding for the majority of NHS organisations in the region, it is also noteworthy that there is much variation between organisations. The results have shown that for a few organisations the proportion of BME staff involved with a number of Human Resource Procedures is consistent with, or lower than, the proportion of BME staff in their workforce. Furthermore, a few organisations have provided evidence to show they have and are successfully engaging the BME communities they serve. It is important where good practice exists that it is shared throughout the region.

Given more recent publications by the Healthcare Commission, highlighting the failure of NHS Trusts to comply with even the most basic race equality legislation, it is most unlikely that the findings of this review are specific, or peculiar to, the NHS organisations in the South East Coast region.

However, this review provides the South East Coast SHA and the regulatory body Monitor with both an ideal opportunity and a challenge to work in partnership with the South East Coast BME Network to deliver on the race equality agenda within the NHS South East Coast region. It will also be an opportunity for both the South East Coast SHA and Monitor to provide leadership on the delivery of this important agenda to NHS organisations in other SHA regions.

The South East Coast BME Network hopes this review will be both a catalyst and a tool to drive cultural change and improvement on the delivery of the Race Equality Duty not only in the NHS South East Coast region, but also more widely.

## 2. Background

The Macpherson report<sup>1</sup> on the Stephen Lawrence Inquiry highlighted the issue of institutionalised racism. The report defined institutional racism as *“the collective failure of an organisation to provide an appropriate and professional service to people because of their colour, culture or ethnic origin. It can be detected in processes, attitudes or behaviour which amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and racist stereotyping which disadvantages minority ethnic people.”*

It is possible that any large organisation, whose workforce reflects the predominantly white local population, could demonstrate the same inherent institutional racism. The Inquiry therefore also highlighted the need for organisations to review their policies to guard against such behaviour.

The Race Relations (Amendment) Act (RRAA) 2000<sup>2</sup> strengthens and extends the scope of the 1976 Race Relations Act<sup>3</sup>. Under the **general duty of the RRAA Act 2000** employers are required to promote race equality with due regard to the need to:

- eliminate unlawful discrimination
- promote equality of opportunity and
- promote good relations between people of different racial groups

In addition to the general duty, organisations must also comply with specific race equality duties, which require them to:

- publish a race equality scheme, setting out how they intend to meet their obligations under the general and specific duties. The first scheme was due for publication in May 2002. All Trusts should have published a Race Equality Scheme for the period 2005-2008.
- publish employment monitoring statistics by reference to ethnic group annually
- publish the results of race equality impact assessments, detailing consultations and monitoring for any adverse impact on the promotion of race equality.
- monitor existing staff and applicants for jobs, promotion and training, by their racial group
- monitor and analyse grievances, disciplinary action, performance appraisal, training and dismissals and other reasons for leaving by ethnic group
- ensure public access to information and services provided
- provide training for all staff on the Race Equality Duty

Following the introduction of the Race Relations (Amendment) Act 2000 the then Commission for Racial Equality (CRE) commissioned a review of progress on implementing the law across the public sector in England and Wales. The report found that overall the health sector had made less progress than other public services.

In February 2004 at the NHS Leaders conference, both the then Secretary of State John Reid and the then NHS Chief Executive Sir Nigel Crisp emphasised that race equality is core business for the NHS and that senior staff must take the lead to ensure their organisation really delivers race equality for both patients and staff.

Sir Nigel Crisp's Ten Point Race Equality Action Plan<sup>4</sup> on leadership and race equality in the NHS, published in the same year provided a framework for meeting the service needs of people from ethnic minorities; addressing health inequalities and developing staff from BME backgrounds.

1 <http://www.archive.official-documents.co.uk/document/cm42/4262/4262.htm>  
2 [http://www.opsi.gov.uk/acts/acts2000/ukpga\\_20000034\\_en\\_1](http://www.opsi.gov.uk/acts/acts2000/ukpga_20000034_en_1)  
3 <http://www.opsi.gov.uk/si/si2001/20013458.htm>  
4 [http://www.dh.gov.uk/en/publicationsandstatistics/Bulletins/DH\\_4072494](http://www.dh.gov.uk/en/publicationsandstatistics/Bulletins/DH_4072494)

Despite this public commitment the Department of Health in 2007 became the first Government department to be served with a compliance notice by the then CRE for failing to deliver on its Race Equality Duty. Furthermore a recent report by the Healthcare Commission, the health watchdog in England, clearly highlights that the delivery of the race equality agenda within the NHS remains an area of major concern.

The Healthcare Commission's report published in 2007<sup>5</sup> revealed that fewer than one in ten trusts have complied with their legal duties under the Race Relations Act 1976 to publish workforce data, race equality schemes and race equality impact assessments. Just one in three trusts appear to be monitoring the ethnic make-up of their workforce; almost a quarter have not published a race equality scheme and fewer than one in six have published equality impact assessments.

Following its annual health check in 2005/06 the Healthcare Commission decided it would undertake a review of race equality in approximately sixty NHS Trusts by March 2008. The review was deemed necessary based on evidence, which suggested that Trust's declarations on core standards were not consistent with the findings of follow-up inspections in relation to compliance with race equalities legislation.

## 2.1 Establishment of the South East Coast BME Network

In September 2004 the BME Network for Brighton and Sussex University Hospitals NHS Trust was launched with funding provided from the Government Office for the South East (GOSE) and matched funding from the Trust.

The Network was privileged to have both Sir Nigel Crisp and Doreen Lawrence attend the event with a number of other dignitaries. Following this event and a meeting with the Chief Executive of the then Surrey & Sussex SHA, Simon Robbins, it was agreed that the Surrey & Sussex SHA would financially support the development of a Surrey & Sussex wide BME Network. The aim was for the BME Network to assist the SHA with the performance management of this important agenda across the region and to provide the SHA with a link to BME communities.

An inaugural conference was held in February 2005 with BME staff from across the region and a Surrey and Sussex BME Network was established in May 2005. During the next two years the Network held a number of conferences in an attempt to identify the issues of concern for BME staff working for NHS organisations within the region. In January 2007 the Surrey and Sussex BME Network published a report entitled *A Strategy for Delivering Race Equality 2006-2007*; however very little progress has been made to date.

Following the reorganisation of the Surrey and Sussex SHA to establish a South East Coast SHA the Surrey and Sussex BME Network was reorganised to establish a South East Coast BME Network which was launched in June 2007. Some of the aims and objectives of the Network are outlined on page 76 of this report.

5. [http://www.healthcare.commission.org.uk/\\_db/\\_documents/Equalities\\_publications\\_audits\\_briefings.pdf](http://www.healthcare.commission.org.uk/_db/_documents/Equalities_publications_audits_briefings.pdf)

### 3. NHS Organisations - South East Coast Region

The South East Coast SHA region covers the counties of Surrey, West Sussex, East Sussex Downs and Weald, Brighton and Hove, Hastings and Rother, Eastern and Coastal Kent, West Kent and Medway.

The total population across the whole of South East Coast SHA is approximately 4.2 million people. The total minority population is estimated at just over 440,000 which equates to 10.5 percent of the total population for the South East Coast. This compares with the total minority population for England of 15.3 percent.

Table 1 shows the estimated resident population by ethnic group based on 2005 Mid-Year Population Estimates published by Office for National Statistics. The table provides a breakdown of the population rounded to the nearest thousand by main Ethnic Group.

The largest minority group across the South East Coast SHA is White Other, accounting for 3.5 per cent of the total population, followed by Indian accounting for 1.2% of the total population.

**Table 1.** South East Coast Strategic Health Authority - Estimated resident population by Ethnic Group, mid-2005

<b>South East Coast SHA Area</b>	<b>Population '000s</b>	<b>% of Total</b>
White: British	3780.5	89.5
All BME Groups	440.7	10.5
White: Irish	42.8	1.0
White: White Other	145.9	3.5
Mixed: White and Black Caribbean	13.5	0.3
Mixed: White and Black African	7.3	0.2
Mixed: White and Asian	20.2	0.5
Mixed: Other Mixed	15.1	0.4
Asian or Asian British: Indian	52.2	1.2
Asian or Asian British: Pakistani	19.5	0.5
Asian or Asian British: Bangladeshi	10.7	0.3
Asian or Asian British: Other Asian	19.2	0.5
Black or Black British: Black Caribbean	16.5	0.4
Black or Black British: Black African	27.5	0.7
Black or Black British: Other Black	3.7	0.1
Chinese or Other Ethnic Group: Chinese	22.9	0.5
Chinese or Other Ethnic Group: Other	23.7	0.6
<b>Total Population All Groups</b>	<b>4221.8</b>	<b>100.0</b>

**Source:** Office for National Statistics, Crown Copyright 2007

**Notes:** Published on 11 October 2007, the estimates are consistent with the Mid-Year Population Estimates

**There are twenty seven NHS organisations in the South East Region.**

**This includes:**

### **3.1 Acute NHS Trusts**

- Ashford and St Peter's Hospitals NHS Trust
- Brighton and Sussex University Hospitals NHS Trust
- Dartford and Gravesham NHS Trust
- East Kent Hospitals NHS Trust
- East Sussex Hospitals NHS Trust
- Frimley Park Hospital NHS Foundation Trust
- Maidstone and Tunbridge Wells NHS Trust
- Medway NHS Foundation Trust
- Queen Victoria Hospital NHS Foundation Trust
- Royal Surrey County Hospital NHS Trust
- Royal West Sussex NHS Trust
- Surrey and Sussex Health Care NHS Trust
- Worthing and Southlands Hospitals NHS Trust

### **3.2 Mental Health NHS Trusts**

- Kent and Medway NHS and Social Care Partnership Trust
- Surrey & Borders Partnership NHS Foundation Trust
- Sussex Partnership NHS Trust

### **3.3 Primary Care Trusts (PCTs)**

- Brighton and Hove City PCT
- Eastern and Coastal Kent PCT
- East Sussex Downs and Weald PCT
- Hastings and Rother PCT
- Medway PCT
- Surrey PCT
- West Kent PCT
- West Sussex PCT

### **3.4 Specialist NHS Organisations**

- South Downs Health NHS Trust
- South East Coast Ambulance NHS Trust
- South East Coast Strategic Health Authority (NHS South East Coast)

The NHS South East Coast is the regional Headquarters for all the NHS organisations in Kent, Surrey & Sussex. It works in partnership with regional and local organisations particularly the Government Office for the South East and the local government to ensure the health service needs of its residents are met.

The NHS South East Coast is also responsible for the performance management of NHS Trusts in the region with the exception of Foundation Trusts whose performance is managed by the regulatory body Monitor. The Healthcare Commission carries out inspection of the performance of all Trusts in the region as part of its annual health check.

## 4. South East Coast BME Network-Race Equality Service Review

The broad objective of the South East Coast BME Network is to work in partnership with all NHS organisations in the South East Coast region to support compliance with the Race Relations (Amendment) Act 2000<sup>3</sup> together with enabling enactments or consequential amendments or provisions envisioned or engendered by the impending Equality & Human Rights legislative provisions.

In undertaking this role the South East Coast BME Network acts as an umbrella organisation for the NHS South East Coast BME staff networks and is accountable to its members.

Following the launch of the BME Network in June 2007 the Executive Committee decided, that given anecdotal evidence, the best way forward was to undertake a review of the delivery of the race equality agenda by all the NHS organisations in the NHS South East Coast region. The aims and objectives of the review are outlined below:

### **The Objectives of the Race Equality Service Review are as follows:**

- To review the performance of all NHS Trusts, PCTs and the SHA within the NHS South East Coast region with regard to meeting their obligations under the Race Relations (Amendment) Act 2000<sup>3</sup>
- To establish “baseline” information on the delivery of the race equality duty
- To identify good practice and highlight areas of concern
- To raise awareness to issues of concern for BME staff and patients/clients
- To publish the findings of the review in a report for all NHS Trusts, PCTs and the SHA in the NHS South East Coast region.
- To develop a common approach for the delivery of the race equality agenda throughout the NHS South East Coast region
- To use the findings as a tool to drive improvement and cultural change.

The review was conducted by means of a questionnaire, which was devised by the Chair of the South East Coast BME Network. Following a meeting with the CRE and the GOSE the questionnaire was sent to all Chief Executives in the region to request public data (in accordance with Regulation 5 of the Race Relations Act 1976 (Statutory Duties) Order 2001) on the delivery of the race equality agenda as part of the review. The letter was copied to the CRE.

3. <http://www.opsi.gov.uk/si/si2001/20013458.htm>

## **The questionnaire covered specific areas of the Race Equality Duty including:**

- specific Human Resource Data;
- Healthcare Commission for core standards C7e, C8b and C18.
- race equality impact assessments
- ethnic monitoring data for patients
- engagement of BME communities
- health needs assessments
- performance management of NHS organisations
- race equality scheme
- local BME Network

A Race Equality Service Review report for each of the twenty seven NHS organisations in the NHS South East Coast region was published in May 2008.

Given the initial involvement of the CRE and the impending Equalities and Human Rights legislative provisions this review report will also be submitted to the Equalities and Human Rights Commission for consideration as a regulatory body.

The copy of the Review Report will be submitted to the Healthcare Commission to inform their own review on the delivery of the race equality agenda and for their consideration as a regulatory body for the NHS. Local BME Networks in the NHS South East Coast region will also be asked to provide feedback to the Executive Committee on the findings of the review for their NHS organisation



## 5. Review Results

### 5.1 Workforce Data

The Race Relations (Amendment) Act 2000<sup>2</sup> requires all public sector organisations to monitor and publish data on their workforce in a number of different areas some of which were covered by this review.

#### These Include:

- **workforce composition**
- **recruitment and promotion**
- **access to training**
- **grievance process**
- **disciplinary process**

Although information was collected for redundancy, information for staff leaving the organisation for other reasons and information on the performance assessment process were only requested as part of the evidence for compliance with the Healthcare Commission core standard C7e. Given this was not fully appreciated by many organisations it was agreed that information received on performance assessment and staff leaving the organisation would not be included as part of this review. Additional information was requested on the capability and bullying and harassment process and Employment Tribunal claims.

For the purpose of this review the term black and minority ethnic (BME) is used in this report to refer to the following ethnic groups: Asian Bangladeshi, Asian Indian, Asian Pakistani, Asian other, black African, black Caribbean, black other, Chinese, mixed white and Asian, mixed white and black, and any other non-white ethnic group.

Chi-square tests were calculated using the free Excel macro DAG-STAT<sup>6</sup>. These formulae have been validated previously (Mackinnon, A. A spreadsheet for the calculation of comprehensive statistics for the assessment of diagnostic tests and inter-rater agreement, *Computers in Biology and Medicine* 2000;30: 127-134). Confidence intervals around proportions were calculated using a free online calculator, GraphPad QuickCalcs<sup>7</sup>

2. [http://www.opsi.gov.uk/acts/acts2000/ukpga\\_20000034\\_en\\_1](http://www.opsi.gov.uk/acts/acts2000/ukpga_20000034_en_1)

6. [http://www.mhri.edu.au/biostats/DAG\\_Stat/](http://www.mhri.edu.au/biostats/DAG_Stat/)

7. <http://www.graphpad.com/quickcalcs/index.cfm>

### 5.1.1 Workforce as a Whole

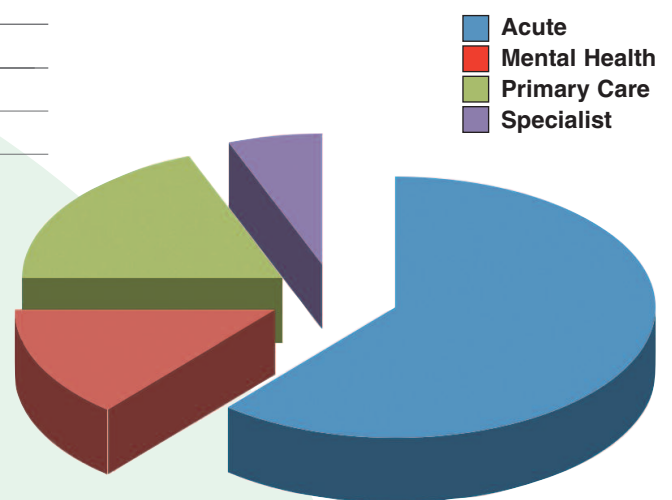
As shown in Table 2 the total workforce for the South East Coast region whose ethnicity is known is 72,682 employees. As shown in Table 4 the total workforce whose ethnicity is unknown is 5144 employees.

The Acute NHS Trusts employ 61.1% of the workforce with East Kent Hospitals NHS Trust being the largest employer in the region. The Mental Health NHS Trusts employ 13.8% of the workforce and 19.4% of the workforce is employed by the PCTs. Brighton and Hove City PCT, a commissioning only PCT, is the smallest employer in the region.

For the purpose of this review the Specialist NHS organisations include the South East Coast SHA; the South East Coast Ambulance NHS Trust and the community health Trust South Downs Health NHS Trust. There being only one of each of these organisations in the region. However, it is important to note that the operational function of these organisations is very different. The Specialist NHS organisations employ 5.7% of the workforce.

**Table 2.** Distribution of Staff in the NHS South East Coast Region of Known Ethnicity

NHS Organisation	No. of Staff	% of Total
Acute	44408	61.1
Mental Health	10029	13.8
Primary Care	14092	19.4
Specialist	4153	5.7
<b>Total</b>	<b>72682</b>	<b>100</b>

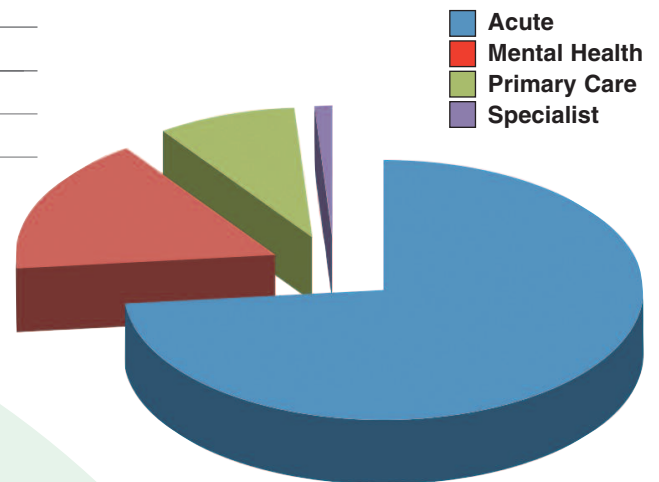


### 5.1.2 BME Workforce

As shown in Table 3 the total BME workforce for the South East Coast region, whose ethnicity is known, is 10,791 employees or 14.8% of the total workforce. The vast majority of BME staff work within the Acute Sector. However as shown in Table 4 a similar proportion of BME staff work in the Acute (17.8%) and Mental Health (18.5%) sector.

**Table 3.** Distribution of BME Staff in the NHS South East Coast Region

NHS Organisation	No. of Staff	% of Total
Acute	7900	73.2
Mental Health	1859	17.1
Primary Care	913	8.5
Specialist	119	1.1
<b>Total</b>	<b>10791</b>	<b>100</b>



For the Acute NHS Trusts the highest percentage (28.4%) of BME staff is employed by Ashford and St Peter's Hospitals NHS Trust and the lowest percentage (10.1%) is employed by Royal West Sussex NHS Trust

For the Mental Health NHS Trusts Surrey and Borders Partnership NHS Foundation Trust, employs the highest percentage (34.2%) of BME staff not only within the Mental Health sector, but also across the South East Coast region. The lowest percentage (10.8%) of BME staff is employed by Sussex Partnership NHS Trust

For the PCTs the highest percentage (9.9%) of BME staff is employed by Surrey PCT and the lowest percentage (3.0%) by West Sussex PCT.

For the Specialist NHS organisations the highest percentage (5.3%) of BME staff is employed by South Downs Health NHS Trust. Consistent with the findings nationally the South East Coast Ambulance NHS Trust, although not the smallest NHS organisation in the region, employs the lowest percentage (1.5%) of staff from a BME background.

**Table 4.** Distribution of all Staff for the Twenty Seven NHS Organisations in the SEC Region

<b>Acute NHS Trusts</b>	<b>Total</b>	<b>BME</b>	<b>%BME</b>	<b>Unknown</b>
Ashford and St Peter's Hospitals	3159	898	28.4	0
Brighton and Sussex University Hospitals	5087	740	14.5	591
Dartford and Gravesham	2272	568	25.0	83
East Kent Hospitals	6756	1142	16.9	0
East Sussex Hospitals	4795	631	13.2	269
Frimley Park Hospital NHS Foundation	3231	604	18.7	0
Maidstone and Tunbridge Wells	4296	639	14.9	358
Medway NHS Foundation	3547	823	23.2	0.0
Queen Victoria Hospital NHS Foundation	845	125	14.8	33
Royal Surrey County Hospital	2402	467	19.4	0
Royal West Sussex	2164	218	10.1	0
Surrey and Sussex Healthcare	2713	643	23.7	71
Worthing and Southlands Hospitals	3141	402	12.8	64
<b>Sub-Total</b>	<b>44408</b>	<b>7900</b>	<b>17.8</b>	
<b>Mental Health NHS Trusts</b>				
Kent & Medway NHS and Social Care Partnership	3697	533	14.4	632
Surrey and Borders Partnership NHS Foundation	2740	938	34.2	65
Sussex Partnership	3592	388	10.8	281
<b>Sub-Total</b>	<b>10029</b>	<b>1859</b>	<b>18.5</b>	
<b>Primary Care Trusts</b>				
Brighton and Hove City	136	10	7.4	31
East Sussex Downs and Weald	713	39	5.5	544
Eastern and Coastal Kent	3131	148	4.7	0
Hastings and Rother	630	56	8.9	4
Medway	1183	93	7.9	0
Surrey	3559	354	9.9	690
West Kent	1808	124	6.9	417
West Sussex	2932	89	3.0	555
<b>Sub-Total</b>	<b>14092</b>	<b>913</b>	<b>6.5</b>	
<b>Specialist NHS Organisations</b>				
South Downs Health	1399	74	5.3	149
South East Coast Ambulance	2609	40	1.5	291
South East Coast Strategic Health Authority	145	5	3.4	16
<b>Sub-Total</b>	<b>4153</b>	<b>119</b>	<b>2.9</b>	
<b>Grand Total</b>	<b>72682</b>	<b>10791</b>	<b>14.8</b>	<b>5144</b>

### 5.1.3 Ethnicity of Medical Consultants

As shown in Table 5 over two thousand (2188) medical consultants work within the South East Coast region of known ethnicity and 25% (547 employees) are from a BME background

For the Acute NHS Trusts the highest percentage (57%) of BME medical consultants is employed by Dartford and Gravesham NHS Trust, which also employs the highest percentage of BME consultants across the South East Coast region. The lowest percentage of BME medical consultants is employed by Worthing and Southlands Hospitals NHS Trust and Brighton and Sussex University Hospitals NHS Trust.

For the Mental Health Trusts the highest percentage (47%) of BME medical consultants is employed by Kent & Medway NHS & Social Care Partnership Trust although a similar percentage (46%) is employed by Surrey and Borders Partnership NHS Foundation Trust. The lowest percentage (27%) of BME medical consultants is employed by Sussex Partnership NHS Trust

For the PCTs the highest percentage (40.0%) of BME medical consultants is employed by West Kent PCT. Hastings and Rother PCT does not employ any medical consultants and East Sussex Downs and Weald only employs one medical consultant from a white British background. It is noteworthy that all the consultants employed by Medway PCT and West Sussex PCT are from a white background. However, it is also evident that the number of medical consultants employed by these organisations will vary widely depending on the extent to which these organisations are service providers as well as commissioners of NHS services.

For the Specialist NHS organisations the South East Coast Ambulance NHS Trusts does not employ medical consultants. However, all the medical consultants employed by the South East Coast SHA of known ethnicity are from a white British background.

**Table 5.** Distribution of Medical Consultants within the NHS SEC Region

<b>Acute NHS Trusts</b>	<b>Total</b>	<b>BME</b>	<b>%BME</b>
Ashford and St Peter's Hospitals	157	47	30
Brighton and Sussex University Hospitals	261	36	14
Dartford and Gravesham	82	46	57
East Kent Hospitals	270	89	33
East Sussex Hospitals	164	32	20
Frimley Park Hospital NHS Foundation	124	30	24
Maidstone and Tunbridge Wells	179	32	18
Medway NHS Foundation	124	56	45
Queen Victoria Hospital NHS Foundation	43	9	21
Royal Surrey County Hospital	131	30	23
Royal West Sussex	92	14	15
Surrey and Sussex Healthcare	128	45	35
Worthing and Southlands Hospitals	110	15	14
<b>Sub-Total</b>	<b>1820</b>	<b>481</b>	<b>26</b>
<b>Mental Health NHS Trusts</b>			
Kent & Medway NHS and Social Care Partnership	105	49	47
Surrey and Borders Partnership NHS Foundation	72	33	46
Sussex Partnership	93	25	27
<b>Sub-Total</b>	<b>270</b>	<b>107</b>	<b>40</b>
<b>Primary Care Trusts</b>			
Brighton and Hove City	3	1	33
East Sussex Downs and Weald	1	0	0
Eastern and Coastal Kent	6	2	33
Hastings and Rother	0	0	0
Medway	3	0	0
Surrey	30	11	37
West Kent	10	4	40
West Sussex	12	0	0
<b>Sub-Total</b>	<b>65</b>	<b>18</b>	<b>28</b>
<b>Specialist NHS Organisations</b>			
South Downs Health	18	4	22
South East Coast Ambulance	0	0	0
South East Coast Strategic Health Authority	15	0	0
<b>Sub-Total</b>	<b>33</b>	<b>4</b>	<b>12</b>
<b>Grand Total</b>	<b>2188</b>	<b>547</b>	<b>25</b>

### 5.1.4 Ethnic Profile of Trust Boards

Information regarding the number and ethnicity of Executive and Non Executive Directors on the Trust Boards of all NHS organisations in the South East Coast region was requested from each organisation. Information was also provided by the South East Coast SHA and from the Website of those Trusts that did not respond to this request. The findings are shown in Table 6.

It is noteworthy that some NHS organisations make a further distinction between voting and non-voting Executive Directors on the Trust Board. For the purpose of this review we included all Directors attending Trust Board meetings. Hastings and Rother PCT and East Sussex Downs and Weald PCT have a shared Trust Board.

Sussex Partnership NHS Trust informed the BME Network that it would be publishing the ethnic profile of its Trust Board in its Annual Report in due course and hence this information was not available at the time of publication of this review. The South East Coast BME Network is aware that certain members of their Board are from a BME background. However, even making allowance for this fact the results show that only 3.1% of the Executive Directors, including the Chief Executive Officer and 2.5% of the Non-Executive Directors including the Chairman are from a BME background.

Given the proportion of BME staff in the workforce in the South East Coast region is 14.8% this finding represents a marked under-representation of BME senior leaders within the NHS South East Coast region.

**Table 6.** Ethnic Profile of Trust Board Members in the NHS SEC Region

	Executives		Non-Executives	
	Total	BME	Total	BME
<b>Acute NHS Trusts</b>				
Ashford and St Peter's Hospitals	6	0	6	0
Brighton and Sussex University Hospitals	12	1	5	0
Dartford and Gravesham	6	0	6	0
East Kent Hospitals	8	0	6	0
East Sussex Hospitals	9	0	5	0
Frimley Park Hospital NHS Foundation	5	0	6	0
Maidstone and Tunbridge Wells	8	0	6	0
Medway NHS Foundation	6	1	6	1
Queen Victoria Hospital NHS Foundation	4	0	6	0
Royal Surrey County Hospital	5	0	6	0
Royal West Sussex	6	0	6	0
Surrey and Sussex Healthcare	7	0	6	0
Worthing and Southlands Hospitals	8	0	6	0
<b>Sub-Total</b>	<b>90</b>	<b>2</b>	<b>76</b>	<b>1</b>
<b>Mental Health NHS Trusts</b>				
Kent & Medway NHS and Social Care Partnership	7	0	8	0
Surrey and Borders Partnership NHS Foundation	10	1	5	1
Sussex Partnership	12	N/A	7	N/A
<b>Sub-Total</b>	<b>29</b>	<b>1</b>	<b>20</b>	<b>1</b>
<b>Primary Care Trusts</b>				
Brighton and Hove City	6	0	7	0
East Sussex Downs and Weald	8	1	6	0
Eastern and Coastal Kent	9	0	8	0
Hastings and Rother	**	**	**	**
Medway	3	0	6	1
Surrey	8	0	7	0
West Kent	11	1	7	0
West Sussex	10	1	8	0
<b>Sub-Total</b>	<b>55</b>	<b>3</b>	<b>49</b>	<b>1</b>
<b>Specialist NHS Organisations</b>				
South Downs Health	5	0	5*	0
South East Coast Ambulance	8	0	5	0
South East Coast Strategic Health Authority	6	0	5	1
<b>Sub-Total</b>	<b>19</b>	<b>0</b>	<b>15</b>	<b>1</b>
<b>Grand Total</b>	<b>193</b>	<b>6</b>	<b>160</b>	<b>4</b>
		<b>3.1%</b>		<b>2.5%</b>

\* 1 vacancy on the Trust Board \*\* shared Trust Board  
N/A Not Available



### **5.1.5 Workforce by Payband**

Agenda for Change (AfC) is a pay scheme in operation in the NHS. It applies to all staff directly employed by the NHS with the exception of doctors, dentists and some very senior managers.

The pay scheme is divided into nine paybands, one being the lowest paid and nine being the highest paid. Within this structure payband eight is further divided into four ranges (8a-8d). Within each payband there are a number of pay points to allow pay progression in post. Staff progress from one point to the next on an annual basis until they reach to the top point in their payband. For this progression to take place staff have to demonstrate that their performance is satisfactory and that they have the agreed knowledge and skills appropriate to that part of the payband or pay range.

Table 7 shows the number of staff employed on the AfC payband scheme by all NHS organisations in the South East Coast region.

**Table 7.** Distribution of all Staff on AfC in the NHS SEC Region

<b>Acute NHS Trusts</b>	<b>Total staff on AfC</b>	<b>BME staff on AfC</b>
Ashford and St Peter's Hospitals	2698	688
Brighton and Sussex University Hospitals	4177*	487
Dartford and Gravesham	1924*	377
East Kent Hospitals	4886	642
East Sussex Hospitals	4533*	432
Frimley Park Hospital NHS Foundation	2911	482
Maidstone and Tunbridge Wells	4065*	461
Medway NHS Foundation	3085	560
Queen Victoria Hospital NHS Foundation	755*	86
Royal Surrey County Hospital	2015	336
Royal West Sussex	1908	144
Surrey and Sussex Healthcare	2401*	456
Worthing and Southlands Hospitals	2857	309
<b>Sub-Total</b>	<b>38215</b>	<b>5460</b>
<b>Mental Health NHS Trusts</b>		
Kent & Medway NHS and Social Care Partnership	3993*	403
Surrey and Borders Partnership NHS Foundation	2737*	938
Sussex Partnership	3611*	295
<b>Sub-Total</b>	<b>10341</b>	<b>1636</b>
<b>Primary Care Trusts</b>		
Brighton and Hove City	138*	8
East Sussex Downs and Weald	1234*	38
Eastern and Coastal Kent	2976	105
Hastings and Rother	629*	55
Medway	1140	81
Surrey	4028*	328
West Kent	2077*	99
West Sussex	3310*	78
<b>Sub-Total</b>	<b>15532</b>	<b>792</b>
<b>Specialist NHS Organisations</b>		
South Downs Health	1454*	65
South East Coast Ambulance	2554*	36
South East Coast Strategic Health Authority	129*	4
<b>Sub-Total</b>	<b>4137</b>	<b>105</b>
<b>Grand Total</b>	<b>68225</b>	<b>7993</b>

\* including staff of unknown ethnicity

### 5.1.5.1 Agenda for Change Paybands 8 and 9

On the AfC pay scheme bands 8a, 8b, 8c, 8d and 9 are equivalent to senior management positions within the NHS.

As shown in Table 8 when all the NHS organisations in the region are considered together 46% less BME staff are employed on paybands 8a, 8b, 8c, 8d and 9 than would be expected from the proportion of BME staff in the workforce (Risk Ratio=0.54)

However, it is evident from the 95% confidence intervals that this finding is statistically significant for the Acute and Mental Health NHS Trusts which suggests for these organisations there is an association between ethnicity and employment on these paybands. However, no such association could be demonstrated for the PCTs and Specialist NHS organisations.

**Table 8.** Proportion and CI for BME Staff on AfC Paybands 8 and 9 for all NHS Organisations

Paybands 8 and 9	Total	BME	Proportion of BME on this payband (95% CI)	Proportion of BME on AfC
<b>All NHS Organisations</b>	<b>3735</b>	<b>235</b>	<b>0.063</b> (0.056 – 0.071)	<b>0.117</b> (0.115 – 0.120)*
Acute NHS Trusts	1732	99	<b>0.057</b> (0.047 – 0.069)	<b>0.143</b> (0.139 – 0.146)*
Mental Health NHS Trusts	862	81	<b>0.094</b> (0.076 – 0.115)	<b>0.158</b> (0.151 – 0.165)*
Primary Care NHS Trusts	947	50	<b>0.053</b> (0.040 – 0.069)	<b>0.051</b> (0.048 – 0.055)
Specialist NHS Organisations	194	5	<b>0.026</b> (0.011 – 0.059)	<b>0.025</b> (0.021 - 0.031)

\*Statistically significant

### Acute NHS Trusts

As shown in Table 4 17.8% of the staff employed by Acute NHS Trusts across the South East Coast Region are from a BME background. The results show (Table 8) that 60% less BME staff are employed on paybands 8a, 8b, 8c, 8d and 9, by Acute NHS Trusts in the region, than would be expected from the proportion of BME staff in the workforce (Risk Ratio=0.40)

As shown in Table 9 only four of the thirteen Acute NHS Trusts in the region employ staff at payband 9. These include Maidstone and Tunbridge Wells NHS Trust; Royal Surrey County Hospital NHS Trust; Royal West Sussex NHS Trust and Worthing and Southlands Hospitals NHS Trust. It is also noteworthy that the one member of staff employed by Royal West Sussex NHS Trust and the only two members of staff employed by Worthing and Southlands Hospitals NHS Trust at this payband are from a BME background.

One of the five members of staff employed by the Royal Surrey County Hospital NHS Trust at this level is from a BME background which is consistent with the proportion (19.4%) of BME staff in the workforce. However, neither of the two members of staff employed by Maidstone and Tunbridge Wells NHS Trust at payband 9 are from a BME background.

All the Acute NHS Trusts employ staff at payband 8d. However, eight of the thirteen Acute NHS Trusts (61.5%) do not employ any BME staff at this level. The proportion of BME staff employed at this level by the remaining Acute NHS Trusts namely Ashford and St Peter's Hospitals NHS Trust; Brighton and Sussex University Hospitals Trust and Dartford and Gravesham NHS Trust is less than the proportion of BME staff in their workforce. Although Surrey and Sussex Healthcare NHS Trust and Worthing and Southlands Hospitals NHS Trust only employ one BME member of staff at this level the proportion is higher than the proportion of BME staff in their workforce.

All the Acute NHS Trusts employ staff at payband 8c. However, seven of the thirteen Acute NHS Trusts (53.8%) do not employ any BME staff at this payband. Furthermore, the proportion of BME staff employed at this level by all the remaining Acute NHS Trusts is less than the proportion of BME staff in their workforce.

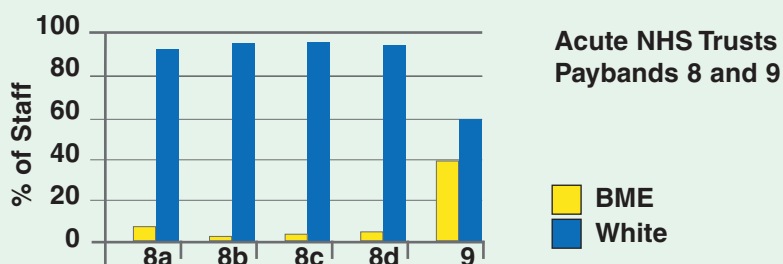
All the Acute NHS Trusts employ staff at payband 8b. However, four of the thirteen Acute NHS Trusts (30.8%) do not employ any BME staff at this payband. Furthermore, the proportion of BME staff employed at this level by all the remaining Acute NHS Trusts is less than the proportion of BME staff in the workforce.

For all Acute NHS Trusts there is a significant increase in the total number of staff employed at payband 8a and all employ BME staff at this level. However, for all these Trusts the proportion of BME staff employed at this level is less than the proportion of BME staff in their workforce.

**Table 9.** Number of Staff on AfC Paybands 8 and 9 for Acute NHS Trusts

Workforce by Pay Band Acute NHS Trusts	Band 9		Band 8d		Band 8c		Band 8b		Band 8a	
	Total	BME	Total	BME	Total	BME	Total	BME	Total	BME
Ashford & St Peter's Hospitals	0	0	5	1	16	0	41	2	70	4
Brighton & Sussex University Hospitals	0	0	19	1	34	0	62	2	143	5
Dartford & Gravesham	0	0	15	2	8	0	38	3	59	6
East Kent Hospitals	0	0	11	0	35	1	75	3	145	9
East Sussex Hospitals	0	0	9	0	9	1	37	0	79	4
Frimley Park Hospital NHS Foundation	0	0	8	0	7	0	27	2	50	2
Maidstone & Tunbridge Wells	2	0	5	0	22	1	45	0	106	4
Medway NHS Foundation	0	0	6	0	11	1	27	1	64	10
Queen Victoria Hospital NHS Foundation	0	0	4	0	6	0	8	0	21	2
Royal Surrey County Hospital	5	1	9	0	20	0	43	1	49	3
Royal West Sussex	1	1	2	0	10	0	22	0	34	1
Surrey & Sussex Healthcare	0	0	3	1	12	2	22	4	67	6
Worthing & Southlands Hospitals	2	2	2	1	11	1	25	2	64	6
<b>Total</b>	<b>10</b>	<b>4</b>	<b>98</b>	<b>6</b>	<b>201</b>	<b>7</b>	<b>472</b>	<b>20</b>	<b>951</b>	<b>62</b>
<b>%</b>	<b>100</b>	<b>40</b>	<b>100</b>	<b>6.1</b>	<b>100</b>	<b>3.5</b>	<b>100</b>	<b>4.2</b>	<b>100</b>	<b>6.5</b>

Figure 1 shows the proportion of white and BME staff employed on paybands 8 and 9 by Acute NHS Trusts in the region



**Figure1.** Percentage of staff on AfC Paybands 8 and 9 for Acute NHS Trusts

## Mental Health NHS Trusts

As shown in Table 4 18.5% of the staff working for Mental Health NHS Trusts across the South East Coast region are from a BME background. The results show (Table 8) that 41% less BME staff are employed on paybands 8a, 8b, 8c, 8d and 9, by the Mental Health NHS Trusts in the region, than would be expected from the proportion of BME staff in the workforce (Risk Ratio=0.59)

As shown in Table 10 all the Mental Health Trusts employ staff at payband 9. However, both Surrey and Borders Partnership NHS Foundation Trust and Sussex Partnership NHS Trust do not employ any BME staff at this level. One of the seven staff employed at this level by Kent & Medway NHS & Social Care Partnership Trust is from a BME background which is consistent with the proportion (14.4%) of BME staff in its workforce.

All the Mental Health Trusts employ staff at payband 8d. However, although Sussex Partnership NHS Trust employs the highest number of staff at this level no BME member of staff is employed on this payband. Both Surrey and Borders Partnership NHS Foundation Trust and Kent & Medway NHS & Social Care Partnership Trust employ one BME member of staff at this payband which is less than would be expected from the proportion of BME staff in the workforce.

All the Mental Health NHS Trusts employ approximately the same number of staff at payband 8c. However, Sussex Partnership NHS Trust does not employ any BME staff at this level. Furthermore, both Surrey and Borders Partnership NHS Foundation Trust and Kent & Medway NHS & Social Care Partnership Trust employ less BME staff at this level than would be expected from the proportion of BME staff in the workforce.

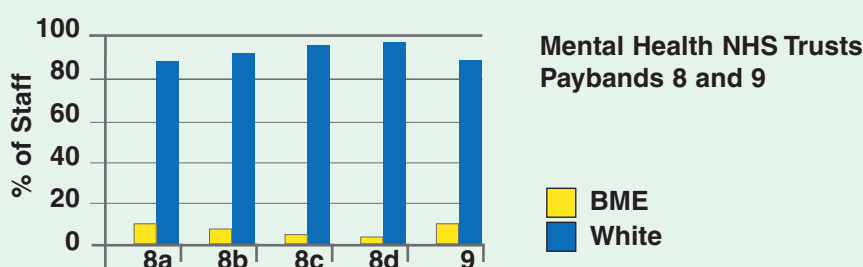
All the Mental Health Trusts employ staff at payband 8b and all employ staff from a BME background. However, for all the Trusts the proportion of BME staff employed at this level is less than would be expected from the proportion of BME staff in the workforce. It is noteworthy that Surrey and Borders Partnership NHS Foundation employs approximately 25% of BME staff at this level.

All the Mental Health Trusts employ staff at payband 8a. Just over thirty percent (30.2%) of all the staff employed on this payband by Surrey & Borders Partnership NHS Foundation Trust is from a BME background which is consistent with the proportion (34.2%) of BME staff in the workforce. However for both Sussex Partnership NHS Trust and Kent & Medway NHS & Social Care Partnership Trust the proportion is lower at 6% and 7% respectively.

**Table 10.** Number of Staff on AfC Paybands 8 and 9 for Mental Health NHS Trusts

Workforce by Pay Band	Band 9		Band 8d		Band 8c		Band 8b		Band 8a	
	Total	BME	Total	BME	Total	BME	Total	BME	Total	BME
<b>Mental Health NHS Trusts</b>										
Kent & Medway NHS & SC Partnership	7	1	23	1	48	1	84	3	129	9
Surrey and Borders Partnership	1	0	15	1	45	8	64	15	86	26
Sussex Partnership	3	0	35	0	47	0	92	5	183	11
<b>Total</b>	<b>11</b>	<b>1</b>	<b>73</b>	<b>2</b>	<b>140</b>	<b>9</b>	<b>240</b>	<b>23</b>	<b>398</b>	<b>46</b>
<b>%</b>	<b>100</b>	<b>9.1</b>	<b>100</b>	<b>2.7</b>	<b>100</b>	<b>6.4</b>	<b>100</b>	<b>9.6</b>	<b>100</b>	<b>11.6</b>

Figure 2 shows the proportion of white and BME staff employed on paybands 8 and 9 by Mental Health NHS Trusts in the region



**Figure 2.** Percentage of staff on AfC Paybands 8 and 9 for Mental Health NHS Trusts

## Primary Care Trusts

As shown in Table 4 6.5% of the staff working for Primary Care Trusts across the South East Coast region are from a BME background. The results show (Table 8) there is no association between ethnicity and employment of staff on paybands 8a, 8b, 8c, 8d and 9, by PCTs in the region when considered together (Risk Ratio=1.00). The same is true if the paybands are considered individually.

As shown in Table 11 six of the eight PCT employ staff at payband 9. All of these PCTs, with the exception of Surrey PCT, which employs two member of staff; employ one member of staff at this level. However, none of the staff employed by the PCTs at this level are from a BME background.

All the PCTs employ staff at payband 8d. However six of the eight PCTs (75%) do not employ any BME staff at this level. However, it is noteworthy that the proportion of BME staff employed at this payband by both East Sussex Downs and Weald PCT and Medway PCT is higher than the proportion of BME staff in the workforce.

All the PCTs employ staff at payband 8c. However three of the eight PCTs (37.5%) notably Brighton and Hove City PCT; Medway PCT and West Sussex PCT do not employ any BME staff at this level. All the remaining PCTs with the exception of Surrey PCT, employ BME members of staff consistent with or higher than the proportion of BME staff in the workforce.

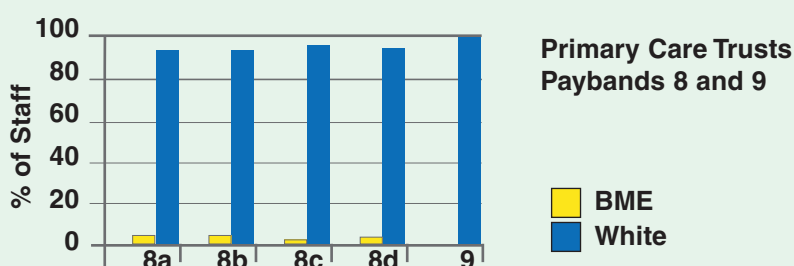
All the PCTs employ staff on payband 8b. However, only West Sussex PCT does not employ any BME staff at this level. It is noteworthy that the proportion of BME staff employed by Medway PCT and Surrey PCT is lower than the proportion of BME staff in the workforce. For all other PCTs the proportion of BME staff employed at this level is consistent with the proportion in the workforce.

All the PCTs employ staff on payband 8a. However, only Medway PCT does not employ any BME staff at this level. It is noteworthy that the proportion of BME staff employed by Surrey PCT and West Sussex PCT is lower than the proportion of BME staff in the workforce. All the remaining PCTs employ BME staff that is either consistent with or higher than the proportion of BME staff in the workforce.

**Table 11.** Number of Staff on AfC Paybands 8 and 9 for Primary Care Trusts.

Workforce by Pay Band	Band 9		Band 8d		Band 8c		Band 8b		Band 8a	
	Total	BME	Total	BME	Total	BME	Total	BME	Total	BME
Brighton and Hove City	1	0	4	0	4	0	15	2	13	2
East Sussex Downs and Weald	1	0	2	1	15	1	6	1	35	2
Eastern and Coastal Kent	1	0	9	0	23	1	6	3	107	6
Hastings and Rother	1	0	2	0	6	1	14	2	26	3
Medway	0	0	4	1	8	0	25	1	29	0
Surrey	2	0	10	0	37	1	71	1	157	7
West Kent	1	0	8	0	26	2	30	2	63	8
West Sussex	0	0	5	0	21	0	47	0	112	2
<b>Total</b>	<b>7</b>	<b>0</b>	<b>44</b>	<b>2</b>	<b>140</b>	<b>6</b>	<b>214</b>	<b>12</b>	<b>542</b>	<b>30</b>
<b>%</b>	<b>100</b>	<b>0</b>	<b>100</b>	<b>4.5</b>	<b>100</b>	<b>4.3</b>	<b>100</b>	<b>5.6</b>	<b>100</b>	<b>5.5</b>

Figure 3 shows the proportion of white and BME staff employed on paybands 8 and 9 by PCTs in the region



**Figure 3.** Percentage of staff on AfC Paybands 8 and 9 for PCTs

## Specialist NHS Organisations

As shown in Table 4 2.9% of the staff working for the Specialist NHS organisations in the region are from a BME background. The results show (Table 8) there is no association between ethnicity and employment of staff on paybands 8a, 8b, 8c, 8d and 9, by Specialist NHS organisations in the region when considered together (Risk Ratio=1.00). The same is true if the paybands are considered individually.

As shown in Table 12 of the three specialist NHS organisations only the South East Coast SHA employ staff at payband 9 and none of these staff are from a BME background. Furthermore, only the SHA and South Downs Health NHS Trust employ staff at payband 8d; however neither organisation employ BME staff at this level.

All three Specialist NHS organisations employ staff at payband 8c. However, no BME staff are employed by the South East Coast SHA and the South East Coast Ambulance NHS Trust at this level. Although only one BME member of staff is employed by South Downs Health NHS Trust at this level the proportion is higher than the proportion of BME staff in the workforce.

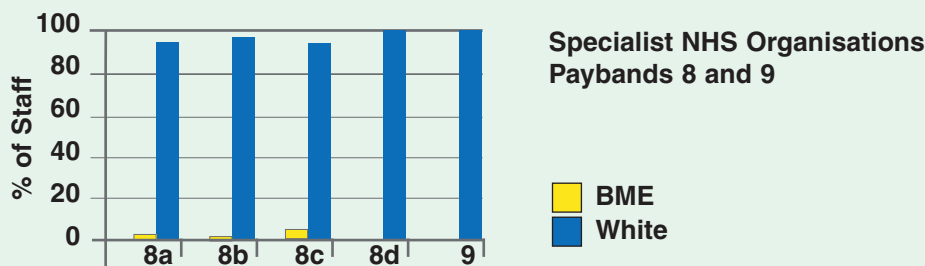
All three Specialist NHS organisations employ staff at payband 8b. However, no BME staff is employed by the South East Coast Ambulance NHS Trust or South Downs Health NHS Trust at this level. Although only one BME member of staff is employed by the SHA at this level the proportion is consistent with the proportion of BME staff in the workforce.

All three Specialist NHS organisation employ staff at payband 8a. However, no BME staff is employed by the South East Coast Ambulance NHS Trust at this level. Although only one BME staff is employed by the South East Coast SHA at this level the proportion is higher than proportion of BME staff in the workforce. By contrast the proportion of BME staff employed by South Downs Health NHS Trust at this level is lower than would be expected from the workforce data.

**Table 12.** Number of Staff on AfC Paybands 8 and 9 for the Specialist NHS Organisations

Workforce by Pay Band Specialist NHS Organisations	Band 9		Band 8d		Band 8c		Band 8b		Band 8a	
	Total	BME	Total	BME	Total	BME	Total	BME	Total	BME
South Downs Health	0	0	4	0	7	1	28	0	49	2
South East Coast Ambulance	0	0	0	0	7	0	12	0	26	0
South East Coast Strategic Health Authority	9	0	12	0	9	0	22	1	9	1
<b>Total</b>	<b>9</b>	<b>0</b>	<b>16</b>	<b>0</b>	<b>23</b>	<b>1</b>	<b>62</b>	<b>1</b>	<b>84</b>	<b>3</b>
<b>%</b>	<b>100</b>	<b>0</b>	<b>100</b>	<b>0</b>	<b>100</b>	<b>4.3</b>	<b>100</b>	<b>1.6</b>	<b>100</b>	<b>3.6</b>

Figure 4 shows the proportion of white and BME staff employed on paybands 8 and 9 by Specialist NHS organisations in the region



**Figure 4.** Percentage of staff on AfC Paybands 8 and 9 for the Specialist NHS Organisations

## 5.1.5.2 Agenda for Change Payband 7

### All NHS Organisations

As shown in Table 13 when all the NHS organisations in the region are considered together 39% less BME staff are employed on payband 7 than would be expected from the proportion of BME staff in the workforce (Risk Ratio=0.61)

However, it is evident from the 95% confidence intervals that this finding is only statistically significant for the Acute NHS Trusts which suggests for these organisations there is an association between ethnicity and employment on payband 7.

**Table 13.** Proportion and CI for BME Staff on AfC Payband 7 for all NHS Organisations

Payband 7	Total	BME	Proportion of BME on this payband (95% CI)	Proportion of BME on AfC
<b>All NHS Organisations</b>	<b>7374</b>	<b>525</b>	<b>0.071</b> (0.066 – 0.077)	<b>0.117</b> (0.115 – 0.120)*
Acute NHS Trusts	3944	267	<b>0.068</b> (0.060 – 0.076)	<b>0.143</b> (0.139 – 0.146)*
Mental Health NHS Trusts	1008	154	<b>0.153</b> (0.132 – 0.176)	<b>0.158</b> (0.151 – 0.165)
Primary Care Trusts	2085	92	<b>0.044</b> (0.036 – 0.054)	<b>0.051</b> (0.048 – 0.055)
Specialist NHS Organisations	337	12	<b>0.036</b> (0.021 – 0.061)	<b>0.025</b> (0.021 – 0.031)

\* Statistically significant

### Acute NHS Trusts

As shown in Table 14 when all the Acute NHS Trusts are considered together 52% less BME staff are employed on payband 7 than would be expected from the proportion of BME staff in the workforce (Risk Ratio=0.48)

The results show that for the majority of NHS Trusts the 95% confidence intervals indicates this finding is statistically significant which suggests there is an association between ethnicity and employment on payband 7. The only exceptions are Dartford and Gravesham NHS Trust and East Sussex Hospitals NHS Trust. However, even in these two cases the trend is the same.

**Table 14.** Proportion and CI for BME Staff on AfC Payband 7 for Acute NHS Trusts

Payband 7	Total	BME	Proportion of BME on this payband (95% CI)	Proportion of BME on AfC
<b>All Acute NHS Trusts</b>	<b>3944</b>	<b>267</b>	<b>0.068</b> (0.060 – 0.076)	<b>0.143</b> (0.139 – 0.146)*
Ashford & St Peter's Hospitals	282	36	<b>0.128</b> (0.093 – 0.172)	<b>0.255</b> (0.239 – 0.272)*
Brighton & Sussex University Hospitals	485	23	<b>0.047</b> (0.032 – 0.070)	<b>0.117</b> (0.107 – 0.127)*
Dartford & Gravesham	182	23	<b>0.126</b> (0.086 – 0.183)	<b>0.196</b> (0.179 – 0.214)
East Kent Hospitals	592	45	<b>0.076</b> (0.057 – 0.100)	<b>0.131</b> (0.122 – 0.141)*
East Sussex Hospitals	431	26	<b>0.060</b> (0.042 – 0.087)	<b>0.095</b> (0.087 – 0.104)
Frimley Park Hospital NHS Foundation	205	11	<b>0.054</b> (0.030 – 0.094)	<b>0.166</b> (0.153 – 0.180)*
Maidstone & Tunbridge Wells	466	25	<b>0.054</b> (0.037 – 0.078)	<b>0.113</b> (0.104 – 0.124)*
Medway NHS Foundation	269	23	<b>0.086</b> (0.058 – 0.125)	<b>0.182</b> (0.168 – 0.196)*
Queen Victoria Hospital NHS Foundation	98	4	<b>0.041</b> (0.016 – 0.100)	<b>0.114</b> (0.093 – 0.139)*
Royal Surrey County Hospital	275	21	<b>0.076</b> (0.051 – 0.114)	<b>0.167</b> (0.151 – 0.184)*
Royal West Sussex	192	3	<b>0.016</b> (0.005 – 0.045)	<b>0.076</b> (0.065 – 0.088)*
Surrey & Sussex Healthcare	242	22	<b>0.091</b> (0.061 – 0.134)	<b>0.190</b> (0.175 – 0.206)*
Worthing & Southlands Hospitals	225	5	<b>0.022</b> (0.010 – 0.051)	<b>0.108</b> (0.097 – 0.120)*

\* Statistically significant



## Mental Health NHS Trusts

As shown in Table 15 when the Mental Health NHS Trusts are considered together the Risk Ratio is almost one (0.97) which suggests there is no association between the number of staff employed on payband 7 and ethnicity.

It is noteworthy that when these organisations are considered individually there is no association between BME status or ethnicity for BME staff employed by Surrey and Borders Partnership NHS Foundation Trust. However, by contrast 37% less BME staff employed by Sussex Partnership NHS Trust are employed on this payband than expected (Risk Ratio=0.63). Kent & Medway NHS & Social Care Partnership Trust employs 19% less BME staff than expected (Risk Ratio =0.81).

**Table 15.** Proportion and CI for BME Staff on AfC Payband 7 for Mental Health NHS Trusts

<b>Paybands 7</b>				
<b>Mental Health NHS Trusts</b>	<b>Total</b>	<b>BME</b>	<b>Proportion of BME on this payband (95% CI)</b>	<b>Proportion of BME on AfC</b>
<b>All Mental Health NHS Trusts</b>	<b>1008</b>	<b>154</b>	<b>0.153</b> (0.132 – 0.176)	<b>0.158</b> (0.151 – 0.165)
Kent & Medway NHS & SCP	341	28	<b>0.082</b> (0.057 – 0.116)	<b>0.101</b> (0.092 – 0.111)
Surrey and Borders Partnership	303	107	<b>0.353</b> (0.302 – 0.409)	<b>0.343</b> (0.325 – 0.361)
Sussex Partnership	364	19	<b>0.052</b> (0.034 – 0.080)	<b>0.082</b> (0.073 – 0.091)

## Primary Care Trusts

As shown in Table 16 when all the PCTs are considered together the Risk Ratio is almost one (0.86) which suggests there is a slight association between the number of staff employed on payband 7 and BME status or ethnicity.

The 95% confidence intervals indicates that Surrey PCT, which employs the highest number of staff on this payband, is the only PCT to demonstrate an association between ethnicity and staff employed on this payband. Furthermore this finding is statistically significant.

**Table 16.** Proportion and CI for BME Staff on AfC Payband 7 for PCTs

<b>Payband 7</b>				
<b>Primary Care Trusts</b>	<b>Total</b>	<b>BME</b>	<b>Proportion of BME on this payband (95% CI)</b>	<b>Proportion of BME on AfC</b>
<b>All Primary Care Trusts</b>	<b>2085</b>	<b>92</b>	<b>0.044</b> (0.036 – 0.054)	<b>0.051</b> (0.048 – 0.055)
Brighton & Hove City	39	2	<b>0.051</b> (0.014 – 0.169)	<b>0.058</b> (0.030 – 0.110)
East Sussex Downs & Weald	170	8	<b>0.047</b> (0.024 – 0.090)	<b>0.031</b> (0.023 – 0.042)
Eastern & Coastal Kent	365	19	<b>0.052</b> (0.034 – 0.080)	<b>0.035</b> (0.029 – 0.043)
Hastings & Rother	100	12	<b>0.120</b> (0.070 – 0.198)	<b>0.087</b> (0.068 – 0.112)
Medway	108	9	<b>0.083</b> (0.045 – 0.151)	<b>0.071</b> (0.058 – 0.088)
Surrey	608	21	<b>0.035</b> (0.023 – 0.052)	<b>0.081</b> (0.073 – 0.090)*
West Kent	261	10	<b>0.038</b> (0.021 – 0.069)	<b>0.048</b> (0.039 – 0.058)
West Sussex	434	11	<b>0.025</b> (0.014 – 0.045)	<b>0.024</b> (0.019 – 0.029)

\* Statistically significant

## Specialist NHS Organisations

As shown in Table 17 when all the Specialist NHS organisations are considered together the Risk Ratio is 1.44, which suggests there is an association between the number of staff employed on payband 7 and ethnicity. However, the results of the 95% confidence intervals suggest this is of no statistical significance. This finding is probably due to the small number of BME staff employed at this level for two of the three NHS organisations in this category.

**Table 17.** Proportion and CI for BME Staff on AfC Payband 7 for Specialist NHS Organisations

<b>Payband 7 Specialist NHS Organisations</b>	<b>Total</b>	<b>BME</b>	<b>Proportion of BME on this payband (95% CI)</b>	<b>Proportion of BME on AfC</b>
<b>All Specialist NHS Organisations</b>	<b>337</b>	<b>12</b>	<b>0.036</b> (0.021 – 0.061)	<b>0.025</b> (0.021 – 0.031)
South Downs Health	207	9	<b>0.044</b> (0.023 – 0.081)	<b>0.045</b> (0.035 – 0.057)
South East Coast Ambulance	103	2	<b>0.019</b> (0.005 – 0.068)	<b>0.014</b> (0.010 – 0.020)
South East Coast SHA	27	1	<b>0.037</b> (0.067 – 0.183)	<b>0.031</b> (0.012 – 0.077)

### 5.1.5.3 Agenda for Change Payband 6

#### All NHS Organisations

As shown in Table 18 when all the NHS organisations in the region are considered together 14% BME staff are employed on payband 6 than would be expected from the proportion of BME staff in the workforce (Risk Ratio=0.86).

However, it is evident from the 95% confidence intervals that this finding is only statistically significant for the Acute NHS Trusts which suggests for these organisations there is a slight association between ethnicity and employment on payband 6.

**Table 18.** Proportion and CI for BME Staff on AfC Payband 6 for all NHS Organisations

<b>Payband 6 All NHS Organisations</b>	<b>Total</b>	<b>BME</b>	<b>Proportion of BME on this payband (95% CI)</b>	<b>Proportion of BME on AfC</b>
<b>All NHS Organisations</b>	<b>11224</b>	<b>1137</b>	<b>0.101</b> (0.096 – 0.107)	<b>0.117</b> (0.115 – 0.120)*
Acute NHS Trusts	5783	686	<b>0.119</b> (0.111 – 0.127)	<b>0.143</b> (0.139 – 0.146)*
Mental Health NHS Trusts	1735	276	<b>0.159</b> (0.143 – 0.177)	<b>0.158</b> (0.151 – 0.165)
Primary Care Trusts	3135	157	<b>0.050</b> (0.043 – 0.058)	<b>0.051</b> (0.048 – 0.055)
Specialist NHS Organisations	571	18	<b>0.032</b> (0.020 – 0.049)	<b>0.025</b> (0.021 – 0.031)

\*Statistically significant

#### Acute NHS Trusts

As shown in Table 19 when all the Acute NHS Trusts are considered together 17% less BME staff are employed on payband 6 than would be expected from the proportion of BME staff in the workforce (Risk Ratio=0.83)

The 95% Confidence Intervals show that for three of the thirteen NHS Trusts; notably Ashford and St Peter's Hospitals NHS Trust, East Kent Hospitals NHS Trust and Worthing and Southlands Hospitals NHS Trust this finding is statistically significant. However, for the majority of NHS organisations there was no association between ethnicity and appointment on this payband.

**Table 19.** Proportion and CI for BME Staff on AfC Payband 6 for Acute NHS Trusts

<b>Payband 6 Acute NHS Trusts</b>	<b>Total</b>	<b>BME</b>	<b>Proportion of BME on this payband (95% CI)</b>	<b>Proportion of BME on AfC</b>
<b>All Acute NHS Trusts</b>	<b>5783</b>	<b>686</b>	<b>0.119</b> (0.111 – 0.127)	<b>0.143</b> (0.139 – 0.146)*
Ashford & St Peter's Hospitals	330	58	<b>0.176</b> (0.139 – 0.221)	<b>0.250</b> (0.234 – 0.266)*
BSUH	758	75	<b>0.099</b> (0.080 – 0.122)	<b>0.117</b> (0.107 – 0.127)
Dartford & Gravesham	244	36	<b>0.148</b> (0.109 – 0.198)	<b>0.196</b> (0.179 – 0.214)
East Kent Hospitals	918	92	<b>0.100</b> (0.082 – 0.121)	<b>0.131</b> (0.122 – 0.141)*
East Sussex Hospitals	618	47	<b>0.076</b> (0.058 – 0.099)	<b>0.095</b> (0.087 – 0.104)
Frimley Park Hospital	426	61	<b>0.143</b> (0.113 – 0.180)	<b>0.166</b> (0.153 – 0.180)
Maidstone & Tunbridge Wells	535	55	<b>0.103</b> (0.080 – 0.131)	<b>0.113</b> (0.104 – 0.124)
Medway NHS Foundation	417	74	<b>0.178</b> (0.144 – 0.217)	<b>0.182</b> (0.168 – 0.196)
Queen Victoria Hospital	139	21	<b>0.151</b> (0.101 – 0.220)	<b>0.114</b> (0.093 – 0.139)
Royal Surrey County Hospital	355	61	<b>0.172</b> (0.136 – 0.215)	<b>0.167</b> (0.151 – 0.184)
Royal West Sussex	242	11	<b>0.046</b> (0.026 – 0.080)	<b>0.076</b> (0.065 – 0.088)
Surrey & Sussex Healthcare	394	75	<b>0.190</b> (0.155 – 0.232)	<b>0.190</b> (0.175 – 0.206)
Worthing & Southlands Hospitals	407	20	<b>0.049</b> (0.032 – 0.075)	<b>0.108</b> (0.097 – 0.120)*

\* Statistically significant

## Mental Health NHS Trusts

As shown in Table 20 when all the Mental Health NHS Trusts are considered together the Risk Ratio is one (1.00) which suggests there is no association between the number of staff employed on payband 6 and ethnicity.

**Table 20.** Proportion and CI for BME Staff on AfC Payband 6 for Mental Health NHS Trusts.

Payband 6 Mental Health NHS Trusts	Total	BME	Proportion of BME on this payband (95% CI)	Proportion of BME on AfC
<b>All Mental Health NHS Trusts</b>	<b>1735</b>	<b>276</b>	<b>0.159</b> (0.143 – 0.177)	<b>0.158</b> (0.151 – 0.165)
Kent & Medway NHS & SCP	665	90	<b>0.135</b> (0.111 – 0.163)	<b>0.101</b> (0.092 – 0.111)
Surrey and Borders Partnership	375	131	<b>0.349</b> (0.303 – 0.399)	<b>0.343</b> (0.325 – 0.361)
Sussex Partnership	695	55	<b>0.079</b> (0.061 – 0.102)	<b>0.082</b> (0.073 – 0.091)

## Primary Care Trusts

As shown in Table 21 when all the PCTs are considered together the Risk Ratio is approximately one (0.98), which suggests there is no association between the number of staff employed on payband 6 and ethnicity.

**Table 21.** Proportion and CI for BME Staff on AfC Payband 6 for PCTs

Payband 6 Primary Care Trusts	Total	BME	Proportion of BME on this payband (95% CI)	Proportion of BME on AfC
<b>All Primary Care Trusts</b>	<b>3135</b>	<b>157</b>	<b>0.050</b> (0.043 – 0.058)	<b>0.051</b> (0.048 – 0.055)
Brighton and Hove City	20	1	<b>0.050</b> (0.009 – 0.236)	<b>0.211</b> (0.111 – 0.364)
East Sussex Downs and Weald	259	5	<b>0.019</b> (0.008 – 0.044)	<b>0.031</b> (0.023 – 0.042)
Eastern and Coastal Kent	491	35	<b>0.071</b> (0.052 – 0.098)	<b>0.035</b> (0.029 – 0.043)
Hastings and Rother	141	9	<b>0.064</b> (0.034 – 0.0117)	<b>0.087</b> (0.068 – 0.112)
Medway	222	19	<b>0.086</b> (0.056 – 0.0130)	<b>0.071</b> (0.058 – 0.088)
Surrey	882	51	<b>0.058</b> (0.044 – 0.075)	<b>0.081</b> (0.073 – 0.090)
West Kent	409	25	<b>0.061</b> (0.042 – 0.089)	<b>0.048</b> (0.039 – 0.058)
West Sussex	711	12	<b>0.017</b> (0.010 – 0.029)	<b>0.024</b> (0.019 – 0.029)

## Specialist NHS Organisations

It is noteworthy that the South East Coast SHA does not employ any BME staff on payband 6. However, as shown in Table 22 for the Specialist NHS organisations the Risk Ratio is 1.28 which suggests there is an association between the number of staff employed on payband 6 and ethnicity. However, the results of the 95% confidence intervals suggest this is of no statistical significance. This finding is probably due to the small number of BME staff employed on this payband.

**Table 22.** Proportion and CI for BME Staff on AfC Payband 6 for Specialist NHS Organisations

Paybands 6 Specialist NHS Organisations	Total	BME	Proportion of BME on this payband (95% CI)	Proportion of BME on AfC
Specialist NHS Organisations	<b>571</b>	<b>18</b>	<b>0.032</b> (0.020 – 0.049)	<b>0.025</b> (0.021 – 0.031)
South Downs Health	324	16	<b>0.049</b> (0.031 – 0.079)	<b>0.045</b> (0.035 – 0.057)
South East Coast Ambulance	241	2	<b>0.008</b> (0.002 – 0.030)	<b>0.014</b> (0.010 – 0.020)
South East Coast SHA	6	0	<b>0.000</b> (0.000 – 0.390)	<b>0.031</b> (0.012 – 0.077)

## 5.1.5.4 Agenda for Change Payband 5

### All NHS Organisations

As shown in Table 23 when all the NHS organisations in the region are considered together 86% more BME staff are employed on payband 5 than would be expected from the proportion of BME staff in the workforce (Risk Ratio=1.86).

Furthermore, it is evident from the 95% confidence intervals this finding, with the exception of the Specialist NHS organisations, is statistically significant for all NHS organisations which suggests for these organisations there is an association between ethnicity and employment on payband 5

**Table 23.** Proportion and CI for BME Staff on AfC Payband 5 for all NHS Organisations

Payband 5				
All NHS Organisations	Total	BME	Proportion of BME on this payband (95% CI)	Proportion of BME on AfC
<b>All NHS Organisations</b>	<b>15476</b>	<b>3380</b>	<b>0.218</b> (0.212 – 0.225)	<b>0.117</b> (0.115 – 0.120)*
Acute NHS Trusts	9851	2730	<b>0.277</b> (0.268 – 0.286)	<b>0.143</b> (0.139 – 0.146)*
Mental Health NHS Trusts	1714	418	<b>0.244</b> (0.223 – 0.265)	<b>0.158</b> (0.151 – 0.165)*
Primary Care Trusts	2968	198	<b>0.067</b> (0.058 – 0.076)	<b>0.051</b> (0.048 – 0.055)*
Specialist NHS Organisations	943	34	<b>0.036</b> (0.026 – 0.050)	<b>0.025</b> (0.021 – 0.031)

\*Statistically significant

### Acute NHS Trusts

As shown in Table 24 for all the Acute NHS Trusts the proportion of BME staff employed at payband 5 is almost twice that expected from the proportion of BME staff in the workforce (Risk Ratio=1.94). The proportion of BME staff employed on this payband is also significantly greater than the proportion of white staff employed at this level.

Furthermore, it is evident from the 95% confidence intervals this finding, with the exception Queen Victoria Hospital NHS Foundation Trust, is statistically significant for all NHS organisations which suggests for these organisations there is an association between ethnicity and employment on payband 5. However, it is noteworthy that for Queen Victoria Hospital NHS Foundation Trust the trend is the same as for other Acute NHS Trusts (Risk Ratio=1.66).

**Table 24.** Proportion and CI for BME Staff on AfC Payband 5 for Acute NHS Trusts.

Payband 5						
Acute NHS Trusts	Total	BME	% of BME	% of White	Proportion of BME on this payband (95% CI)	Proportion of BME on AfC
<b>All Trusts</b>	<b>9851</b>	<b>2730</b>	<b>49.3</b>	<b>21.0</b>	<b>0.277</b> (0.268 – 0.286)	<b>0.143</b> (0.139 – 0.146)*
ASPH	764	375	<b>54.5</b>	<b>19.4</b>	<b>0.491</b> (0.456 – 0.526)	<b>0.250</b> (0.234 – 0.266)*
BSUH	1195	254	<b>54.4</b>	<b>25.4</b>	<b>0.213</b> (0.190 – 0.237)	<b>0.117</b> (0.107 – 0.127)*
D&G	564	204	<b>54.1</b>	<b>23.3</b>	<b>0.362</b> (0.323 – 0.402)	<b>0.196</b> (0.179 – 0.214)*
EKHT	1555	316	<b>49.2</b>	<b>29.2</b>	<b>0.203</b> (0.184 – 0.224)	<b>0.131</b> (0.122 – 0.141)*
ESHT	1016	245	<b>56.7</b>	<b>18.8</b>	<b>0.241</b> (0.216 – 0.268)	<b>0.095</b> (0.087 – 0.104)*
FPH	726	219	<b>45.4</b>	<b>20.9</b>	<b>0.302</b> (0.269 – 0.336)	<b>0.166</b> (0.153 – 0.180)*
M&TW	967	254	<b>55.1</b>	<b>19.8</b>	<b>0.263</b> (0.236 – 0.291)	<b>0.113</b> (0.104 – 0.124)*
Medway	738	247	<b>44.1</b>	<b>19.4</b>	<b>0.335</b> (0.302 – 0.370)	<b>0.182</b> (0.168 – 0.196)*
QVH	127	24	<b>27.9</b>	<b>15.4</b>	<b>0.189</b> (0.130 – 0.266)	<b>0.114</b> (0.093 – 0.139)
RSCH	437	128	<b>38.1</b>	<b>18.4</b>	<b>0.293</b> (0.252 – 0.337)	<b>0.167</b> (0.151 – 0.184)*
RWS	482	83	<b>57.5</b>	<b>22.6</b>	<b>0.172</b> (0.141 – 0.209)	<b>0.076</b> (0.065 – 0.088)*
SASH	564	190	<b>41.7</b>	<b>19.2</b>	<b>0.337</b> (0.299 – 0.377)	<b>0.190</b> (0.175 – 0.206)*
WASH	716	191	<b>61.8</b>	<b>20.6</b>	<b>0.267</b> (0.236 – 0.300)	<b>0.108</b> (0.097 – 0.120)*

\* Statistically significant

Figure 5 shows the proportion of white and BME staff employed on payband 5 by Acute NHS Trusts in the region

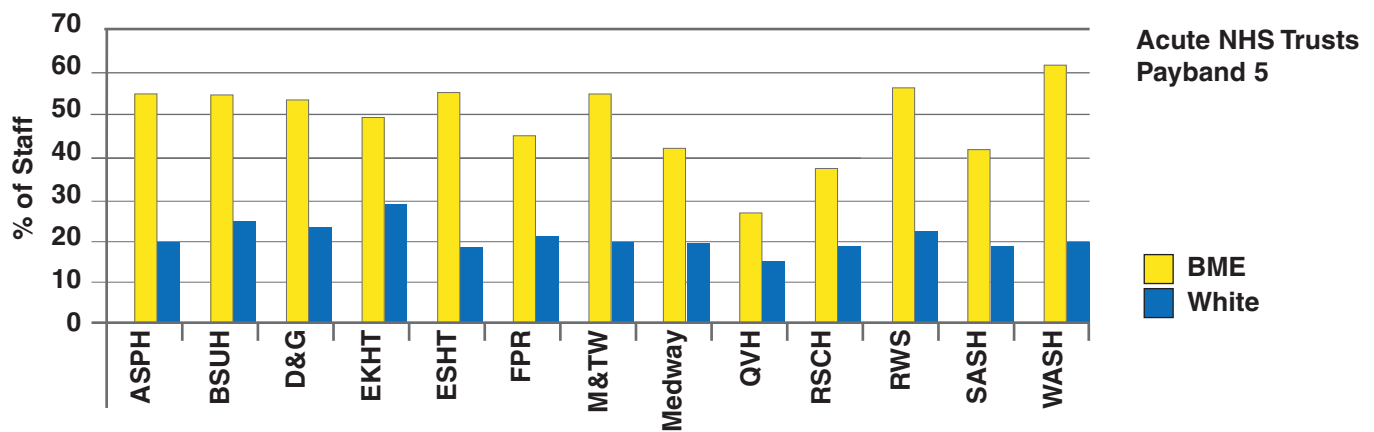


Figure 5. Percentage of staff on AfC Payband 5 for Acute NHS Trusts

### Mental Health NHS Trusts

As shown in Table 25 for both Kent and Medway NHS & Social Care Partnership NHS Trust and Sussex Partnership NHS Trust the proportion of BME staff employed at payband 5 is greater than the proportion of BME staff in the workforce and significantly greater than the proportion of white staff employed at the same band. For Kent and Medway NHS & Social Care Partnership Trust the results suggest that a BME staff is almost twice as likely to be employed on payband 5 than expected (Risk Ratio=1.95). For Sussex and Partnership NHS Trust the risk is much higher (Risk Ratio= 2.45).

However, it is noteworthy that for Surrey and Borders Partnership NHS Foundation Trust the proportion of BME staff employed at this level is consistent with the proportion of BME staff in the workforce. Furthermore, a similar proportion of white and BME staff is employed at this payband. (Risk Ratio=1.15).

Table 25. Proportion and CI for BME Staff on AfC Payband 5 for Mental Health NHS Trusts.

#### Payband 5

Mental Health	Total	BME	% of BME	% of White	Proportion of BME on this payband (95% CI)	Proportion of BME on AfC
<b>All Trusts</b>	<b>1714</b>	<b>418</b>	<b>31.1</b>	<b>14.6</b>	<b>0.244</b> (0.224 – 0.265)	<b>0.158</b> (0.151 – 0.165)*
K&M SCP	690	136	<b>33.7</b>	<b>15.4</b>	<b>0.197</b> (0.169 – 0.228)	<b>0.101</b> (0.092 – 0.111)*
SaBP	391	155	<b>16.5</b>	<b>13.1</b>	<b>0.396</b> (0.349 – 0.446)	<b>0.343</b> (0.325 – 0.361)
SP	633	127	<b>43.1</b>	<b>15.3</b>	<b>0.201</b> (0.171 – 0.234)	<b>0.082</b> (0.073 – 0.091)*

\* Statistically significant

Figure 6 shows the proportion of white and BME staff employed on payband 5 by Mental Health NHS Trusts in the region

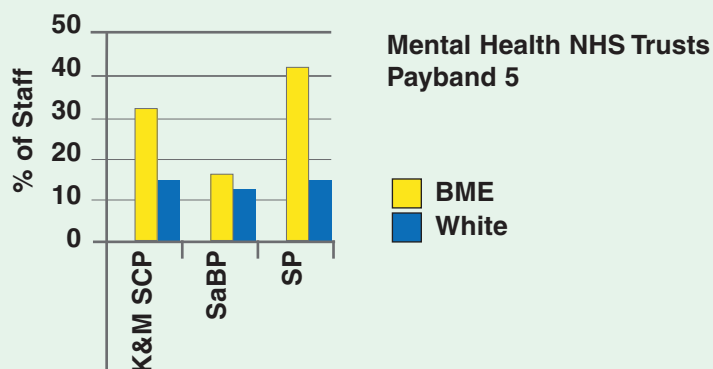


Figure 6. Percentage of staff on AfC Payband 5 for Mental Health NHS Trusts

## Primary Care Trusts

As shown in Table 26 for Medway PCT; Surrey PCT and West Kent PCT the proportion of BME staff employed at payband 5 is higher than the proportion of BME staff in the workforce. The Risk Ratio is 1.75, 1.42 and 1.79 respectively. Although the 95% confidence interval for Medway PCT is not statistically significant the trend is the same.

For the majority of PCTs, the proportion of BME staff employed at this payband is consistent with the proportion of BME staff in the workforce. Furthermore the proportion of all BME staff employed at payband 5 is similar to the proportion of all white staff employed at the same payband.

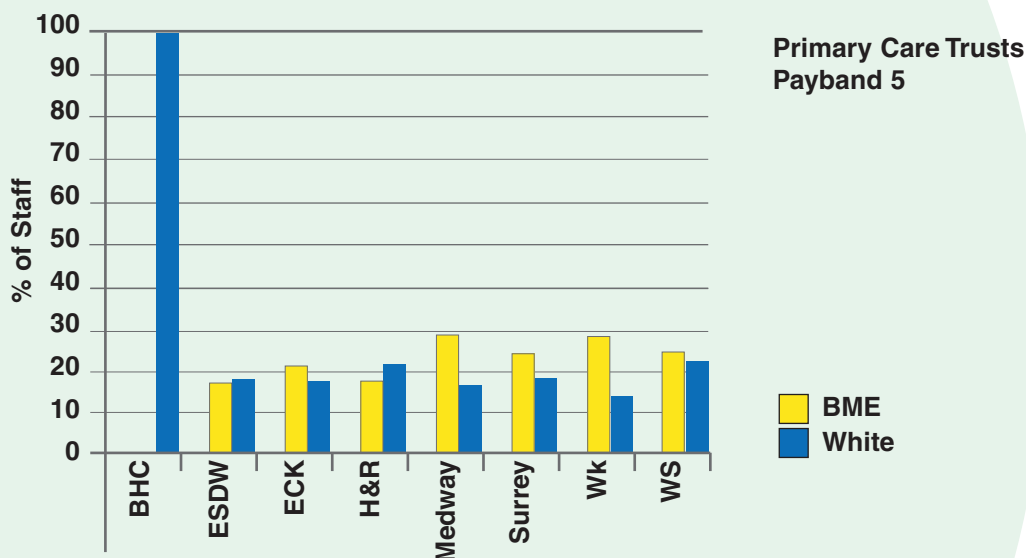
It is noteworthy that Brighton and Hove PCT is the only PCT which does not employ any BME staff on payband 5.

**Table 26.** Proportion and CI for BME Staff on AfC Payband 5 for PCTs

Payband 5						
PCTs	Total	BME	% of BME	% of White	Proportion of BME on this payband (95% CI)	Proportion of BME on AfC
<b>All PCTs</b>	<b>2968</b>	<b>198</b>	<b>21.0</b>	<b>28.9</b>	<b>0.067</b> (0.058 – 0.076)	<b>0.051</b> (0.048 – 0.055)*
BHC	27	0	0	100	0.000 (0.000 – 0.125)	0.211 (0.111 – 0.364)
ESDW	223	7	18.4	18.1	0.031 (0.015 – 0.063)	0.031 (0.023 – 0.042)
ECK	528	22	21.0	17.6	0.042 (0.028 – 0.062)	0.035 (0.029 – 0.043)
H&R	142	10	18.2	23.0	0.070 (0.039 – 0.0125)	0.087 (0.068 – 0.112)
Medway	194	24	29.6	16.1	0.124 (0.085 – 0.0178)	0.071 (0.058 – 0.088)*
Surrey	751	86	26.2	18.0	0.115 (0.094 – 0.139)	0.081 (0.073 – 0.090)*
WK	337	29	29.3	15.6	0.086 (0.061 – 0.121)	0.048 (0.039 – 0.058)*
WS	766	20	25.6	23.1	0.026 (0.017 – 0.040)	0.024 (0.019 – 0.029)

\*Statistically significant

Figure 7 shows the proportion of white and BME staff employed on payband 5 by Primary Care Trusts in the region



**Figure 7.** Percentage of staff on AfC Payband 5 for PCTs

## Specialist NHS Organisations

As shown in Table 27 the South East Coast SHA is the only organisations that does not employ any BME staff at payband 5. However, when the Specialist NHS organisations are considered together approximately forty percent more BME staff is employed on payband 5 than would be expected from the proportion of BME staff in the workforce (Risk Ratio=1.44). However, the 95% confidence interval suggests this finding is not statistically significant.

It is also evident that when these organisations are considered individually South Downs Health NHS Trust employs eighty percent more BME staff at this payband than would be expected from the workforce data (Risk Ratio=1.8). However, by contrast the proportion of BME staff employed by South East Coast Ambulance NHS Trust at payband 5 is consistent with the proportion of BME staff in the workforce. Furthermore a similar proportion of white staff is also employed at this level.

**Table 27.** Proportion and CI for BME Staff on AfC Payband 5 for Specialist NHS Organisations

Payband 5						
Specialist	Total	BME	% of BME	% of White	Proportion of BME on this payband (95% CI)	Proportion of BME on AfC
All	943	34	22.5	48.1	0.036 (0.026 – 0.050)	0.025 (0.021 – 0.031)
SDH	296	24	39.6	19.6	0.081 (0.055 – 0.118)	0.045 (0.035 – 0.057)
SEC Amb	630	10	27.8	24.6	0.016 (0.009 – 0.029)	0.014 (0.010 – 0.020)
SEC SHA	17	0	0	100	0.000 (0.000 – 0.184)	0.031 (0.012 – 0.077)

Figure 8 shows the proportion of white and BME staff employed on payband 5 by the Specialist NHS organisations in the region



**Figure 8.** Percentage of staff on AfC Payband 5 for Specialist NHS Organisations



### 5.1.5.5 Agenda for Change Paybands 1-4

As shown in Table 28 when all the NHS organisations in the region are considered together approximately 24% less BME staff are employed on paybands 1-4 than could be expected from the proportion of BME staff in the workforce (Risk Ratio=0.76). This finding is consistent with the fact that a significantly higher proportion of BME staff is employed at payband 5 than would be expected from the proportion of BME staff in the workforce.

However, it is evident from the 95% confidence intervals, that this finding is only statistically significant for the Acute NHS Trusts.

**Table 28.** Proportion and CI for BME Staff on AfC Paybands 1-4 for all NHS Organisations

<b>Paybands 1-4</b>				
<b>All NHS Organisations</b>	<b>Total</b>	<b>BME</b>	<b>Proportion of BME on this payband (95% CI)</b>	<b>Proportion of BME on AfC</b>
<b>All NHS Organisations</b>	<b>30413</b>	<b>2710</b>	<b>0.089</b> (0.086 – 0.092)	<b>0.117</b> (0.115 – 0.120)*
Acute NHS Trusts	16902	1663	<b>0.098</b> (0.093 – 0.102)	<b>0.143</b> (0.139 – 0.146)*
Mental Health NHS Trusts	5022	716	<b>0.143</b> (0.133 – 0.153)	<b>0.158</b> (0.151 – 0.165)
Primary Care Trusts	6397	295	<b>0.046</b> (0.041 – 0.052)	<b>0.051</b> (0.048 – 0.055)
Specialist NHS Organisations	2092	36	<b>0.017</b> (0.013 – 0.024)	<b>0.025</b> (0.021 – 0.031)

\*Statistically significant

The findings for the individual organisations are shown in Tables 29-32. It is noteworthy that when the organisations are considered individually this finding is also statistically significant for nine of the thirteen Acute NHS Trusts; Kent & Medway NHS & Social Care Partnership Trust; Sussex Partnership NHS Trust; Eastern Coastal Kent PCT; and West Kent PCT. Surrey PCT is the only NHS organisation which employs more BME staff at paybands 1-4 than would be expected from the workforce data (Risk Ratio=1.31) of statistical significance.

**Table 29.** Proportion and CI for BME Staff on AfC Paybands 1-4 for Acute NHS Trusts

<b>Paybands 1-4</b>				
<b>Acute NHS Trusts</b>	<b>Total</b>	<b>BME</b>	<b>Proportion of BME on this payband (95% CI)</b>	<b>Proportion of BME on AfC</b>
<b>All Acute NHS Trusts</b>	<b>16902</b>	<b>1663</b>	<b>0.098</b> (0.093 – 0.102)	<b>0.143</b> (0.139 – 0.146)*
Ashford & St Peter's Hospitals	1190	212	<b>0.178</b> (0.158 – 0.201)	<b>0.250</b> (0.234 – 0.266)*
BSUH	1481	107	<b>0.072</b> (0.060 – 0.087)	<b>0.117</b> (0.107 – 0.127)*
Dartford & Gravesham	814	103	<b>0.127</b> (0.105 – 0.151)	<b>0.196</b> (0.179 – 0.214)*
East Kent Hospitals	1555	176	<b>0.113</b> (0.098 – 0.130)	<b>0.131</b> (0.122 – 0.141)
East Sussex Hospitals	2333	109	<b>0.047</b> (0.039 – 0.056)	<b>0.095</b> (0.087 – 0.104)*
Frimley Park Hospital	1462	187	<b>0.128</b> (0.112 – 0.146)	<b>0.166</b> (0.153 – 0.180)*
Maidstone & Tunbridge Wells	1910	122	<b>0.064</b> (0.054 – 0.076)	<b>0.113</b> (0.104 – 0.124)*
Medway NHS Foundation	1553	204	<b>0.131</b> (0.116 – 0.149)	<b>0.182</b> (0.168 – 0.196)*
Queen Victoria Hospital	352	35	<b>0.099</b> (0.072 – 0.135)	<b>0.114</b> (0.093 – 0.139)
Royal Surrey County Hospital	822	121	<b>0.147</b> (0.125 – 0.173)	<b>0.167</b> (0.151 – 0.184)
Royal West Sussex	924	46	<b>0.050</b> (0.038 – 0.066)	<b>0.076</b> (0.065 – 0.088)
Surrey & Sussex Healthcare	1097	156	<b>0.142</b> (0.123 – 0.164)	<b>0.190</b> (0.175 – 0.206)*
Worthing & Southlands Hospitals	1409	85	<b>0.060</b> (0.049 – 0.074)	<b>0.108</b> (0.097 – 0.120)*

\* Statistically significant

**Table 30.** Proportion and CI for BME Staff on AfC Paybands 1-4 for Mental Health NHS Trusts.

<b>Paybands 1-4</b>				
<b>Mental Health NHS Trusts</b>	<b>Total</b>	<b>BME</b>	<b>Proportion of BME on this payband (95% CI)</b>	<b>Proportion of BME on AfC</b>
<b>All Mental Health NHS Trusts</b>	<b>5022</b>	<b>716</b>	<b>0.143</b> (0.133 – 0.153)	<b>0.158</b> (0.151 – 0.165)
Kent & Medway NHS & SCP	2006	143	<b>0.071</b> (0.061 – 0.083)	<b>0.101</b> (0.092 – 0.111)*
Surrey and Borders Partnership	1457	495	<b>0.340</b> (0.316 – 0.365)	<b>0.343</b> (0.325 – 0.361)
Sussex Partnership	1559	78	<b>0.050</b> (0.040 – 0.062)	<b>0.082</b> (0.073 – 0.091)*

\* Statistically significant

**Table 31.** Proportion and CI for BME Staff on AfC Paybands 1-4 for PCTs

<b>Paybands 1-4</b>				
<b>Primary Care Trusts</b>	<b>Total</b>	<b>BME</b>	<b>Proportion of BME on this payband (95% CI)</b>	<b>Proportion of BME on AfC</b>
<b>All Primary Care Trusts</b>	<b>6397</b>	<b>295</b>	<b>0.046</b> (0.041 – 0.052)	<b>0.051</b> (0.048 – 0.055)
Brighton and Hove City	15	1	<b>0.067</b> (0.012 – 0.298)	<b>0.211</b> (0.111 – 0.364)
East Sussex Downs and Weald	523	13	<b>0.025</b> (0.015 – 0.042)	<b>0.031</b> (0.023 – 0.042)
Eastern and Coastal Kent	1446	19	<b>0.013</b> (0.008 – 0.020)	<b>0.035</b> (0.029 – 0.043)*
Hastings and Rother	197	18	<b>0.091</b> (0.059 – 0.140)	<b>0.087</b> (0.068 – 0.112)
Medway	550	27	<b>0.049</b> (0.034 – 0.071)	<b>0.071</b> (0.058 – 0.088)
Surrey	1510	161	<b>0.107</b> (0.092 – 0.123)	<b>0.081</b> (0.073 – 0.090)*
West Kent	942	23	<b>0.024</b> (0.016 – 0.036)	<b>0.048</b> (0.039 – 0.058)*
West Sussex	1214	33	<b>0.027</b> (0.019 – 0.038)	<b>0.024</b> (0.019 – 0.029)

\* Statistically significant

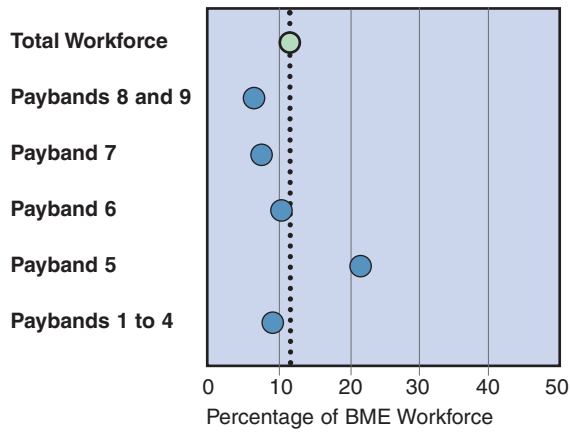
**Table 32.** Proportion and CI for BME Staff on AfC Paybands 1-4 for Specialist NHS Organisations

<b>Paybands 1-4</b>				
<b>Specialist NHS Organisations</b>	<b>Total</b>	<b>BME</b>	<b>Proportion of BME on this payband (95% CI)</b>	<b>Proportion of BME on AfC</b>
Specialist NHS Organisations	<b>2092</b>	<b>36</b>	<b>0.017</b> (0.013 – 0.024)	<b>0.025</b> (0.021 – 0.031)
South Downs Health	539	13	<b>0.024</b> (0.014 – 0.041)	<b>0.045</b> (0.035 – 0.057)
South East Coast Ambulance	1535	22	<b>0.014</b> (0.010 – 0.022)	<b>0.014</b> (0.010 – 0.020)
South East Coast SHA	18	1	<b>0.056</b> (0.010 – 0.258)	<b>0.031</b> (0.012 – 0.077)

Figure 9 shows the distribution of BME workforce within the AfC pay scheme. It is evident that when all the NHS organisations are considered together, or when all the Acute NHS Trusts, or Mental Health Trusts are considered together there is under-representation of BME staff at the higher paybands which represent senior management positions within the NHS. By contrast it is evident for these organisations the majority of BME staff are employed on payband 5 such that there is a significant over-representation of BME staff at this level.

For both the PCTs and Specialist NHS organisations the distribution of BME staff on the AfC scheme is consistent with the proportion of BME staff in the workforce. However, it is noteworthy that these organisations employ a much lower proportion of BME staff by comparison.

**All NHS Organisations**

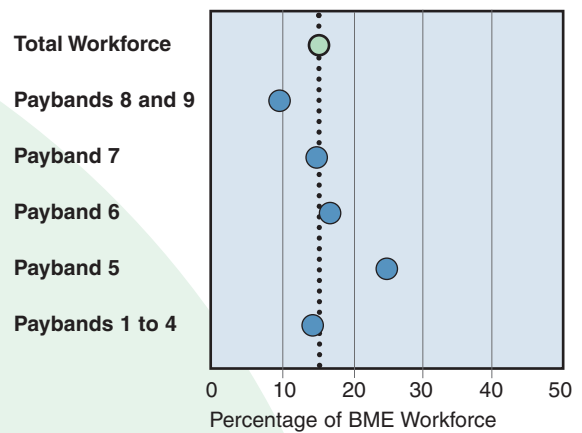


••••• Percentage of BME Staff on AfC Scheme for each organisation

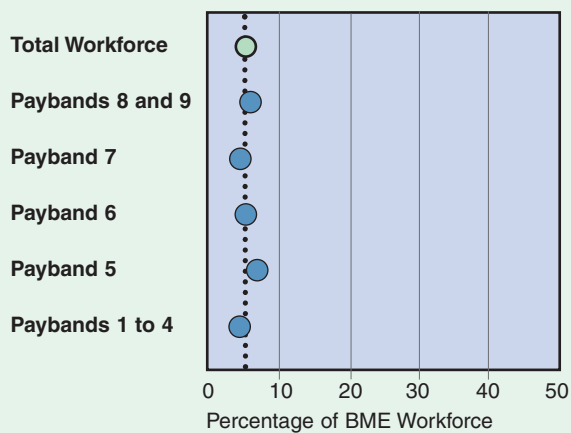
**Acute NHS Trusts**



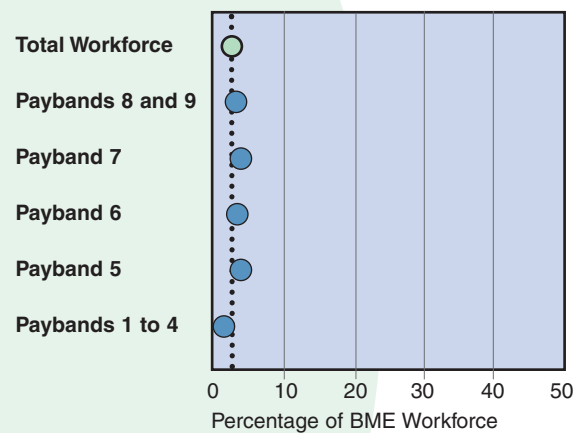
**Mental Health NHS Trusts**



**Primary Care Trusts**



**Specialist NHS Organisations**



**Figure 9.** Distribution of BME Workforce within the AfC Pay Scheme

## 5.2 Human Resource Procedures

Tables 33 - 38 shows the number of BME staff that have been involved with a number of different Human Resource procedures as compared to the number of white staff within the same time period. All the Acute NHS Trusts provided data for a minimum of twelve months with the exception of Maidstone and Tunbridge Wells NHS Trust, which provided data for an eight month period. A few Trusts provided most of their data for a five year period including Brighton and Sussex University Hospitals NHS Trust; East Kent Hospitals NHS Trust; Medway Hospital NHS Foundation Trust; Surrey and Sussex Healthcare NHS Trust and Royal Surrey County Hospital NHS Trust.

For the Mental Health NHS Trusts Sussex Partnership did not specify the time period for the data submitted. However, Kent & Medway NHS & Social Care Partnership Trust and Surrey & Borders Partnership NHS Foundation Trust provided data in the main for a thirteen month and fourteen month period respectively.

For the PCTs Medway PCT did not specify the time period for the data submitted and Brighton and Hove City PCT provided data in the main for an average of four years. All the remaining PCTs provided data for a minimum of twelve months with the exception of Surrey PCT which provided data in the main for a nine month period.

All the specialist organisations provided data for a twelve month period.

## 5.2.1 Disciplinary Procedure

The data in Table 33 show the number of BME and white staff subjected to the disciplinary procedure during a defined time period for any one NHS organisation. Only Medway PCT and Sussex Partnership NHS Trust did not specify the time period for the data submitted.

For the South East Coast region as a whole the results show that a BME member of staff is 69% more likely to be involved with the disciplinary procedure than would be expected from the proportion of BME staff in the workforce (Risk Ratio=1.69). Furthermore, this finding is statistically significant ( $p<0.0001$ ).

The results for the different NHS organisations in the region show that for the Acute NHS Trusts a BME member of staff is 44% more likely to be subjected to a disciplinary procedure (Risk Ratio=1.44). Furthermore, this finding is also significant ( $p<0.0001$ ). For the Mental Health NHS Trusts and the Specialist NHS organisations the risk is approximately twice that expected with Risk Ratios of 1.97 and 2.21 respectively. However, this finding is only statistically significant for the Mental Health NHS Trusts ( $p<0.0001$ ).

The risk for a BME member of staff employed by a PCT is almost three fold higher than expected from the proportion of BME staff in the workforce (Risk Ratio= 2.82). This finding is also statistically significant ( $p<0.0001$ ).

However, it is evident from the data in Table 33 that there is a considerable variation between organisations for the proportion of BME staff subjected to the disciplinary procedure. It is noteworthy that Eastern and Coastal Kent PCT; Hastings and Rother PCT and the South East Coast Ambulance NHS Trust reported that no BME member of staff had been subjected to the disciplinary procedure over a period of twenty four months; thirteen months and twelve months respectively.

For a number of NHS organisations the proportion of BME staff subjected to this procedure is consistent with the proportion of BME staff in the workforce. However, for many other organisations the proportion of BME staff is clearly higher than would be expected from the workforce data.

**Table 33.** Total Number of White and BME Staff Involved with the Disciplinary Procedure

<b>Acute NHS Trusts</b>	<b>White</b>	<b>BME</b>	<b>% BME</b>	<b>% BME in workforce</b>
Ashford and St Peter's Hospitals	12	14	53.8	28.4
Brighton and Sussex University Hospitals	103	18	14.9	14.5
Dartford and Gravesham	9	7	43.8	25.0
East Kent Hospitals	66	10	13.2	16.9
East Sussex Hospitals	29	4	12.1	13.2
Frimley Park Hospital NHS Foundation	58	22	27.5	18.7
Maidstone and Tunbridge Wells	29	11	27.5	14.9
Medway NHS Foundation	20	8	28.6	23.2
Queen Victoria Hospital NHS Foundation	4	3	42.9	14.8
Royal Surrey County Hospital	7	6	46.2	19.4
Royal West Sussex	9	3	25.0	10.1
Surrey and Sussex Healthcare	34	34	50.0	23.7
Worthing and Southlands Hospitals	48	8	14.3	12.8
<b>Sub-Total</b>	<b>428</b>	<b>148</b>	<b>30.8</b>	<b>18.1</b>
<b>Total Workforce</b>	<b>36508</b>	<b>7900</b>		
<b>Risk Ratio =1.44 (p&lt;0.0001)</b>				
<b>Mental Health NHS Trusts</b>				
Kent & Medway NHS and Social Care Partnership	35	3	7.9	14.4
Surrey and Borders Partnership NHS Foundation	21	48	69.6	34.2
Sussex Partnership	43	6	12.2	10.8
<b>Sub-Total</b>	<b>99</b>	<b>57</b>	<b>29.9</b>	<b>19.8</b>
<b>Total Workforce</b>	<b>8170</b>	<b>1859</b>		
<b>Risk Ratio=1.97 (p&lt;0.0001)</b>				
<b>Primary Care Trusts</b>				
Brighton and Hove City	5	1	16.7	7.4
East Sussex Downs and Weald	6	1	12.5	5.5
Eastern and Coastal Kent	3	0	0.0	4.7
Hastings and Rother	2	0	0.0	8.9
Medway	10	3	23.1	7.9
Surrey	21	6	30	9.9
West Kent	36	9	20.9	6.9
West Sussex	11	1	9.1	3.0
<b>Sub-Total</b>	<b>94</b>	<b>21</b>	<b>14.0</b>	<b>6.8</b>
<b>Total Workforce</b>	<b>13179</b>	<b>913</b>		
<b>Risk Ratio = 2.82 (p&lt;0.0001)</b>				
<b>Specialist NHS Organisations</b>				
South Downs Health	17	4	19.0	5.3
South East Coast Ambulance	56	0	0	1.5
South East Coast Strategic Health Authority	0	1	100	3.4
<b>Sub-Total</b>	<b>73</b>	<b>5</b>	<b>39.7</b>	<b>3.4</b>
<b>Total Workforce</b>	<b>4034</b>	<b>119</b>		
<b>Risk Ratio = 2.21 (p=0.12)</b>				
<b>Grand Sub-Total</b>	<b>694</b>	<b>231</b>		
<b>Grand Total</b>	<b>61891</b>	<b>10791</b>		
<b>Risk Ratio = 1.69 (p&lt;0.0001)</b>				

## 5.2.2 Grievance Procedure

The data in Table 34 show the number of BME and white staff involved with the grievance procedure during a defined time period for any one NHS organisation. Only Medway PCT and Sussex Partnership NHS Trust did not specify the time period for the data submitted.

For the South East Coast region as a whole the results show that a BME member of staff is 53% more likely to be involved with the grievance procedure than would be expected from the proportion of BME staff in the workforce (Risk Ratio=1.53). Furthermore, this finding is statistically significant ( $p<0.0001$ ).

The results for the different NHS organisations in the region show that for the Acute NHS Trusts a BME member of staff is 68% more likely to be involved with the grievance procedure than expected (Risk Ratio=1.68). Furthermore, this finding is also statistically significant ( $p<0.0001$ ).

For the Mental Health NHS Trusts the Risk Ratio is 1.08, which suggests there is no association between ethnicity and involvement with the grievance procedure. Although the risk is increased by 45% for a BME staff employed by a Primary Care Trust (Risk Ratio=1.45) this finding is not statistically significant ( $p=0.49$ ).

For the Specialist NHS organisations the risk is greater than three times that expected (Risk Ratio=3.55) and close to statistical significance ( $p=0.06$ ).

However, it is evident from the data in Table 34 that there is a considerable variation between organisations for the proportion of BME staff involved in the grievance procedure. However it is also noteworthy that ten of the twenty seven NHS organisations reported that no BME member of staff had been involved with the grievance procedure over the time period specified. This included Dartford and Gravesham NHS Trust; Frimley Park Hospital NHS Foundation Trust; Royal West Sussex NHS Trust; Brighton and Hove City PCT; East Sussex Downs and Weald PCT; Eastern and Coastal Kent PCT; Hastings and Rother PCT; Medway PCT and the South East Coast Ambulance NHS Trust.

For a number of NHS organisations the proportion of BME staff involved with this procedure is consistent with the proportion of BME staff in the workforce. However, for a number of other organisations the proportion of BME staff involved is clearly higher than would be expected from the workforce data.

**Table 34.** Total Number of White and BME Staff Involved with the Grievance Procedure

<b>Acute NHS Trusts</b>	<b>White</b>	<b>BME</b>	<b>% BME</b>	<b>% BME in workforce</b>
Ashford and St Peter's Hospitals	5	3	37.5	28.4
Brighton and Sussex University Hospitals	35	36	50.7	14.5
Dartford and Gravesham	2	0	0.0	25.0
East Kent Hospitals	22	4	15.4	16.9
East Sussex Hospitals	41	2	4.7	13.2
Frimley Park Hospital NHS Foundation	5	0	0.0	18.7
Maidstone and Tunbridge Wells	4	2	33.3	14.9
Medway NHS Trust	3	5	62.5	23.2
Queen Victoria Hospital NHS Foundation	8	0	0.0	14.8
Royal Surrey County Hospital	6	5	45.5	19.4
Royal West Sussex	4	0	0.0	10.1
Surrey and Sussex Healthcare	8	6	42.9	23.7
Worthing and Southlands Hospitals	7	1	12.5	12.8
<b>Sub-Total</b>	<b>150</b>	<b>64</b>	<b>23.5</b>	<b>18.1</b>
<b>Total Workforce</b>	<b>36508</b>	<b>7900</b>		
<b>Risk Ratio=1.68 (p&lt;0.0001)</b>				
<b>Mental Health NHS Trusts</b>				
Kent & Medway NHS and Social Care Partnership	77	14	15.4	14.4
Surrey and Borders Partnership NHS Foundation	9	10	52.6	34.2
Sussex Partnership	30	5	14.3	10.8
<b>Sub-Total</b>	<b>116</b>	<b>29</b>	<b>27.4</b>	<b>19.8</b>
<b>Total Workforce</b>	<b>8170</b>	<b>1859</b>		
<b>Risk Ratio=1.08 (p=0.74)</b>				
<b>Primary Care Trusts</b>				
Brighton and Hove City	3	0	0.0	7.4
East Sussex Downs and Weald	5	0	0.0	5.5
Eastern and Coastal Kent	4	0	0.0	4.7
Hastings and Rother	1	0	0.0	8.9
Medway	5	0	0.0	7.9
Surrey	16	2	11.1	9.9
West Kent	17	3	15.0	6.9
West Sussex	7	1	12.5	3.0
<b>Sub-Total</b>	<b>58</b>	<b>6</b>	<b>4.8</b>	<b>6.8</b>
<b>Total Workforce</b>	<b>13179</b>	<b>913</b>		
<b>Risk Ratio 1.45 (p=0.49)</b>				
<b>Specialist NHS Organisations</b>				
South Downs Health	4	2	38.3	5.3
South East Coast Ambulance	18	0	0.0	1.5
South East Coast Strategic Health Authority	4	1	20.0	3.4
<b>Sub-Total</b>	<b>26</b>	<b>3</b>	<b>19.4</b>	<b>3.4</b>
<b>Total Workforce</b>	<b>4034</b>	<b>119</b>		
<b>Risk Ratio = 3.55 (p = 0.06)</b>				
<b>Grand Sub-Total</b>	<b>350</b>	<b>102</b>		
<b>Grand Total</b>	<b>61891</b>	<b>10791</b>		
<b>Risk Ratio=1.53 (p&lt;0.0001)</b>				



### 5.2.3 Bullying and Harassment Procedure

The data in Table 35 show the number of BME and white staff involved with the bullying and harassment procedure during a defined time period for any one NHS organisation. Only Medway PCT and Sussex Partnership NHS Trust did not specify the time period for the data submitted.

For the South East Coast region as a whole the results show that a BME member of staff is 72% more likely to be involved with the bullying and harassment procedure than would be expected from the proportion of BME staff in the workforce (Risk Ratio=1.72). Furthermore, this finding is statistically significant ( $p<0.001$ ).

The results for the different NHS organisations in the region show that for the Acute NHS Trusts a BME member of staff is 23% more likely to be involved with this procedure than would be expected. However, this finding is not statistically significant ( $p=0.36$ ).

For both the Mental Health NHS Trusts and the Primary Care Trusts the results show that a BME member of staff is three times more likely to be involved with the bullying and harassment procedure than expected. Furthermore, these findings are statistically significant at  $p<0.0001$  and  $p<0.01$  respectively.

For the Specialist NHS organisations only one BME member of staff was involved with this procedure and therefore this finding is not statistically significant.

However, it is evident from the data in Table 35 that there is a considerable variation between organisations for the proportion of BME staff involved with the bullying and harassment procedure. It is noteworthy that ten of the twenty-seven NHS organisations reported that no BME member of staff had been involved with the bullying and harassment procedure over the time period specified. This included Dartford and Gravesham NHS Trust; Frimley Park Hospital NHS Foundation Trust; Queen Victoria Hospital NHS Foundation Trust; Royal West Sussex NHS Trust; East Sussex Downs and Weald PCT; Hastings and Rother PCT; Medway PCT; West Sussex PCT; South Downs Health NHS Trust and the South East Coast Ambulance NHS Trust.

Furthermore, four of these organisations namely Dartford and Gravesham NHS Trust; Hastings and Rother PCT; Medway PCT and West Sussex PCT also reported that no white member of staff had been involved with the bullying and harassment procedure during the same time period.

For a number of NHS organisations the proportion of BME staff involved with this procedure is consistent with the proportion of BME staff in the workforce. However, for a number of other organisations the proportion of BME staff involved is clearly higher than would be expected from the workforce data.

**Table 35.** Total Number of White and BME Staff Involved with the Bullying and Harassment Procedure

<b>Acute NHS Trusts</b>	<b>White</b>	<b>BME</b>	<b>% BME</b>	<b>% BME in workforce</b>
Ashford and St Peter's Hospitals	2	1	33.3	28.4
Brighton and Sussex University Hospitals	1	1	50.0	14.5
Dartford and Gravesham	0	0	0.0	25.0
East Kent Hospitals	20	4	16.7	16.9
East Sussex Hospitals	18	2	10.0	13.2
Frimley Park Hospital NHS Foundation	3	0	0.0	18.7
Maidstone and Tunbridge Wells	5	2	28.6	14.9
Medway NHS Foundation	3	1	25.0	23.2
Queen Victoria Hospital NHS Foundation	5	0	0.0	14.8
Royal Surrey County Hospital	4	1	20.0	19.4
Royal West Sussex	1	0	0.0	10.1
Surrey and Sussex Healthcare	8	8	50.0	23.7
Worthing and Southlands Hospitals	5	1	16.7	12.8
<b>Sub-Total</b>	<b>75</b>	<b>21</b>	<b>19.3</b>	<b>18.1</b>
<b>Total Workforce</b>	<b>36508</b>	<b>7900</b>		
<b>Risk Ratio =1.23 (p=0.36)</b>				
<b>Mental Health NHS Trusts</b>				
Kent & Medway NHS and Social Care Partnership	3	4	57.1	14.4
Surrey and Borders Partnership NHS Foundation	1	5	83.3	34.2
Sussex Partnership	5	2	28.6	10.8
<b>Sub-Total</b>	<b>9</b>	<b>11</b>	<b>56.3</b>	<b>19.8</b>
<b>Total Workforce</b>	<b>8170</b>	<b>1859</b>		
<b>Risk Ratio =3.0 (p&lt;0.0001)</b>				
<b>Primary Care Trusts</b>				
Brighton and Hove City	5	1	16.7	7.4
East Sussex Downs and Weald	1	0	0.0	5.5
Eastern and Coastal Kent	13	1	7.1	4.7
Hastings and Rother	0	0	0.0	8.9
Medway	0	0	0.0	7.9
Surrey	5	2	28.6	9.9
West Kent	4	3	42.9	6.9
West Sussex	0	0	0.0	3.0
<b>Sub-Total</b>	<b>28</b>	<b>7</b>	<b>11.9</b>	<b>6.8</b>
<b>Total Workforce</b>	<b>13179</b>	<b>913</b>		
<b>Risk Raio=3.08 (p&lt;0.01)</b>				
<b>Specialist NHS Organisations</b>				
South Downs Health	2	0	0	5.3
South East Coast Ambulance	3	0	0	1.5
South East Coast Strategic Health Authority	0	1	100	3.4
<b>Sub-Total</b>	<b>5</b>	<b>1</b>	<b>11.9</b>	<b>3.4</b>
<b>Total Workforce</b>	<b>4034</b>	<b>119</b>		
<b>Risk Ratio=5.76</b>				
<b>Grand Sub-Total</b>	<b>117</b>	<b>40</b>		
<b>Grand Total</b>	<b>61891</b>	<b>10791</b>		
<b>Risk Ratio=1.72 (p&lt;0.001)</b>				

## 5.2.4 Capability Procedure

The data in Table 36 show the number of BME and white staff involved with the capability procedure during a defined time period for any one NHS organisation. Only Medway PCT and Sussex Partnership NHS Trust did not specify the time period for the data submitted.

Given Surrey and Borders Partnership NHS Foundation Trust capability procedure is different to that of other NHS organisations in the region it was decided that the data for this Trust should be excluded from the analysis.

For the South East Coast region as a whole the results show that a BME member of staff is 34% more likely to be involved with the capability procedure than would be expected from the proportion of BME staff in the workforce (Risk Ratio=1.34). Furthermore, this finding is statistically significant ( $p=0.027$ ).

The results for the different NHS organisations in the region show that for the Acute NHS Trusts a BME member of staff is 60% more likely to be involved with this procedure than would be expected (Risk Ratio=1.60). This finding is also statistically significant ( $p<0.01$ ).

For the Mental Health NHS Trusts, excluding data for Surrey and Borders Partnership NHS Foundation Trust, the results show that a BME member of staff is 32% less likely to be involved with the capability procedure than expected (Risk Ratio=0.68). However, this finding is not statistically significant ( $p=0.47$ ).

For the Primary Care Trusts the results show that a BME member of staff is approximately twice as likely to be involved with the capability procedure than expected (Risk Ratio=2.08). This finding is statistically significant at ( $p=0.014$ ).

All the Specialist NHS organisations reported no BME member of staff had been involved with this procedure.

However, it is evident from the data in Table 36 that there is a considerable variation between organisations for the proportion of BME staff subjected to the capability procedure. It is noteworthy that ten of the twenty seven NHS organisations reported that no BME member of staff had been involved with the capability procedure over the time period specified. This included Frimley Park Hospital NHS Foundation Trust; Royal Surrey County Hospital NHS Trust; Brighton and Hove City PCT; East Sussex Downs and Weald PCT; Hastings and Rother PCT; Medway PCT; West Sussex PCT and all three Specialist NHS organisations.

Furthermore, six of these organisations namely, Royal Surrey County Hospital NHS Trust; Brighton and Hove City PCT; Hastings and Rother PCT; West Sussex PCT; South Downs Health NHS Trust and the South East Coast SHA also reported that no white member of staff had been involved with the capability procedure during the same time period.

For a number of NHS organisations the proportion of BME staff subjected to this procedure is consistent with the proportion of BME staff in the workforce. However, for other organisations the proportion of BME staff involved is clearly higher than would be expected from the workforce data.

**Table 36.** Total Number of White and BME Staff Involved with the Capability Procedure

<b>Acute NHS Trusts</b>	<b>White</b>	<b>BME</b>	<b>% BME</b>	<b>% BME in workforce</b>
Ashford and St Peter's Hospitals	2	1	33.3	28.4
Brighton and Sussex University Hospitals	10	4	28.6	14.5
Dartford and Gravesham	1	1	50.0	25.0
East Kent Hospitals	23	13	36.1	16.9
East Sussex Hospitals	5	2	28.6	13.2
Frimley Park Hospital NHS Foundation	1	0	0.0	18.7
Maidstone and Tunbridge Wells	2	3	60.0	14.9
Medway NHS Foundation	1	1	50.0	23.2
Queen Victoria Hospital NHS Foundation	20	4	16.7	14.8
Royal Surrey County Hospital	0	0	0.0	19.4
Royal West Sussex	8	1	11.1	10.1
Surrey and Sussex Healthcare	8	3	27.3	23.7
Worthing and Southlands Hospitals	7	2	22.2	12.8
<b>Sub-Total</b>	<b>88</b>	<b>35</b>		
<b>Total Workforce</b>	<b>36508</b>	<b>7900</b>		
<b>Risk Ratio=1.60 (p&lt;0.01)</b>				
<b>Mental Health NHS Trusts</b>				
Kent & Medway NHS and Social Care Partnership	35	3	7.9	14.4
Surrey and Borders Partnership NHS Foundation	*	*	*	34.2
Sussex Partnership	18	2	10.0	10.8
<b>Sub-Total</b>	<b>53</b>	<b>5</b>		
<b>Total Workforce</b>	<b>6368</b>	<b>921</b>		
<b>Risk Ratio=0.68 (p=0.47)</b>				
<b>Primary Care Trusts</b>				
Brighton and Hove City	0	0	0.0	7.4
East Sussex Downs and Weald	2	0	0.0	5.5
Eastern and Coastal Kent	9	1	10.0	4.7
Hastings and Rother	0	0	0.0	8.9
Medway	3	0	0.0	7.9
Surrey	35	9	20.5	9.9
West Kent	28	2	6.7	6.9
West Sussex	0	0	0.0	3.0
<b>Sub-Total</b>	<b>77</b>	<b>12</b>		
<b>Total Workforce</b>	<b>13179</b>	<b>913</b>		
<b>Risk Ratio=2.08 (p=0.014)</b>				
<b>Specialist NHS Organisations</b>				
South Downs Health	0	0	0	5.3
South East Coast Ambulance	5	0	0	1.5
South East Coast Strategic Health Authority	0	0	0	3.4
<b>Sub-Total</b>	<b>5</b>	<b>0</b>		
<b>Total Workforce</b>	<b>4034</b>	<b>119</b>		
<b>Grand Sub-Total</b>	<b>223</b>	<b>52</b>		
<b>Grand Total</b>	<b>60089</b>	<b>9853</b>		
<b>Risk Ratio=1.34 (p=0.027))</b>				

\*Data for Surrey and Borders Partnership NHS Foundation Trust omitted from the analysis

## 5.2.5 Employment Tribunal Claims

The data in Table 37 show the number of BME and white staff who have raised Employment Tribunal claims during a defined time period for any one NHS organisation. It is noteworthy that in addition to Medway PCT and Sussex Partnership NHS Trust both Frimley Park Hospitals NHS Foundation Trust and Kent & Medway NHS & Social Care Partnership Trust did not specify the time period for the data submitted. Furthermore Eastern and Coast Kent PCT only provided data for a three month period.

For the South East Coast region as a whole the results show that almost twice as many BME members of staff are more likely to lodge an employment tribunal claim than would be expected from the proportion of BME staff in the workforce (Risk Ratio=1.96). Furthermore, this finding is statistically significant ( $p<0.0001$ ).

The results for the different NHS organisations in the region show that for both the Acute NHS Trusts and the Mental Health NHS Trusts a BME member of staff is approximately 70% more likely to bring an Employment Tribunal claim than would be expected. The Risk Ratios are 1.74 and 1.71 respectively. However, this finding is only statistically significant for the Acute NHS Trusts ( $p<0.001$ ).

For the Primary Care Trusts and the Specialist NHS organisations the risk is almost three fold and eleven fold higher respectively than expected. The Risk Ratios are 3.17 and 11.48 respectively. This finding is also statistically significant for both organisations at  $p<0.01$  and  $p<0.0001$  respectively.

However, it is evident from the data in Table 37 that there is a considerable variation between organisations for the proportion of BME staff bringing Employment Tribunal claims. It is noteworthy that nine of the twenty seven NHS organisations reported that no BME member of staff had lodged an Employment Tribunal claim over the time period specified. This included Ashford and St Peter's Hospitals NHS Trusts; Maidstone and Tunbridge Wells NHS Trust; Queen Victoria Hospital NHS Foundation Trust; Brighton and Hove City PCT; East Sussex Downs and Weald PCT; Eastern and Coastal Kent PCT; Hastings and Rother PCT; West Sussex PCT and the South East Coast Ambulance NHS Trust.

Furthermore, five of these organisations namely, Ashford and St Peter's Hospitals NHS Trust; Queen Victoria Hospital NHS Foundation Trust; Brighton and Hove City PCT; East Sussex Downs and Weald PCT and Hastings and Rother PCT reported that no white member of staff had lodged an Employment Tribunal claim during the same time period.

For a few NHS organisations the proportion of BME staff raising claims was consistent with the proportion of BME staff in the workforce. However, for other organisations the proportion of BME staff involved is clearly higher than would be expected from the workforce data.

**Table 37.** Total Number of White and BME Staff Lodging Employment Tribunal Claims

<b>Acute NHS Trusts</b>	<b>White</b>	<b>BME</b>	<b>% BME</b>	<b>% BME in workforce</b>
Ashford and St Peter's Hospitals	0	0	0.0	28.4
Brighton and Sussex University Hospitals	27	9	25.0	14.5
Dartford and Gravesham	1	2	66.7	25.0
East Kent Hospitals	3	4	57.1	16.9
East Sussex Hospitals	11	2	15.4	13.2
Frimley Park Hospital NHS Foundation	0	1	100	18.7
Maidstone and Tunbridge Wells	6	0	0.0	14.9
Medway NHS Foundation	3	1	25.0	23.2
Queen Victoria Hospital NHS Foundation	0	0	0.0	14.8
Royal Surrey County Hospital	4	1	20.0	19.4
Royal West Sussex	2	2	50.0	10.1
Surrey and Sussex Healthcare	4	6	60.0	23.7
Worthing and Southlands Hospitals	8	3	27.3	12.8
<b>Sub-Total</b>	<b>69</b>	<b>31</b>		
<b>Total Workforce</b>	<b>36508</b>	<b>7900</b>		
<b>Risk Ratio=1.74 (p&lt;0.001)</b>				
<b>Mental Health NHS Trusts</b>				
Kent & Medway NHS and Social Care Partnership	8	3	27.3	14.4
Surrey and Borders Partnership NHS Foundation	2	2	50.0	34.2
Sussex Partnership	3	1	25.0	10.8
<b>Sub-Total</b>	<b>13</b>	<b>6</b>		
<b>Total Workforce</b>	<b>8170</b>	<b>1859</b>		
<b>Risk Ratio= 1.71 (p=0.24)</b>				
<b>Primary Care Trusts</b>				
Brighton and Hove City	0	0	0.0	7.4
East Sussex Downs and Weald	0	0	0.0	5.5
Eastern and Coastal Kent	3	0	0.0	4.7
Hastings and Rother	0	0	0.0	8.9
Medway	0	1	100	7.9
Surrey	8	3	27.3	9.9
West Kent	15	3	16.7	6.9
West Sussex	1	0	0.0	3.0
<b>Sub-Total</b>	<b>27</b>	<b>7</b>		
<b>Total Workforce</b>	<b>13179</b>	<b>913</b>		
<b>Risk Ratio=3.17 (p&lt;0.01)</b>				
<b>Specialist NHS Organisations</b>				
South Downs Health	0	2	100	5.3
South East Coast Ambulance	4	0	0.0	1.5
South East Coast Strategic Health Authority	2	1	33.3	3.4
<b>Sub-Total</b>	<b>6</b>	<b>3</b>		
<b>Total Workforce</b>	<b>4034</b>	<b>119</b>		
<b>Risk Ratio=11.48 (p&lt;0.0001)</b>				
<b>Grand Sub-Total</b>	<b>115</b>	<b>47</b>		
<b>Grand Total</b>	<b>61891</b>	<b>10791</b>		
<b>Risk Ratio =1.96 (p&lt;0.0001)</b>				

## 5.2.6 Redundancy

The data in Table 38 show the number of BME and white staff who were made redundant during the same time period for any one NHS organisation. Frimley Park Hospitals NHS Foundation Trust; Medway PCT; Surrey PCT and Sussex Partnership NHS Trust did not specify the time period for the data submitted.

All the other NHS organisations provided data for a minimum of twelve months with the exception of Eastern and Coastal Kent PCT; Maidstone and Tunbridge Wells NHS Trust; Royal Surrey County Hospital NHS Trust and Kent & Medway NHS & Social Care NHS Trust who provided data for six months; eight months; six months and eight months respectively.

For the South East Coast region as a whole the results show that a BME member of staff is 42% less likely to be made redundant than would be expected from the proportion of BME staff in the workforce (Risk Ratio=0.58). Furthermore, this finding is statistically significant ( $p < 0.001$ ).

The results for the different NHS organisations in the region show that for the Acute NHS Trusts a BME member of staff is 63% less likely to be made redundant than would be expected (Risk Ratio=0.37). This finding is also statistically significant ( $p < 0.001$ ).

For both the Mental Health NHS Trusts and Primary Care Trusts there appears to be no association with ethnicity. The Risk Ratios being 0.98 and 1.03 respectively. By contrast the risk for a BME staff employed by the Specialist NHS organisations is almost twice that expected. However, this is not statistically significant perhaps as a result of the small number of BME members of staff involved ( $p = 0.19$ ).

However, it is evident from the data in Table 38 that there is a considerable variation between organisations for the proportion of BME staff being made redundant. It is noteworthy that fourteen of the twenty seven NHS organisations reported that no BME member of staff had been made redundant over the time period specified. This included nine of the thirteen Acute NHS Trusts in the region; Kent & Medway NHS & Social Care Partnership Trust; Brighton and Hove City PCT and Hastings and Rother PCT; South Downs Health NHS Trust and the South East Coast Ambulance NHS Trust.

Furthermore, three organisations namely, East Kent Hospitals NHS Trust; Frimley Park Hospital NHS Foundation Trust and Kent & Medway NHS & Social Care Partnership Trust reported that no white member of staff had been made redundant during the same time period.

**Table 38.** Total Number of White and BME Staff Redundancies

<b>Acute NHS Trusts</b>	<b>White</b>	<b>BME</b>	<b>% BME</b>	<b>% BME in workforce</b>
Ashford and St Peter's Hospitals	14	2	12.5	28.4
Brighton and Sussex University Hospitals	19	1	5.0	14.5
Dartford and Gravesham	6	0	0.0	25.0
East Kent Hospitals	0	0	0.0	16.9
East Sussex Hospitals	43	5	10.4	13.2
Frimley Park Hospital NHS Foundation	0	0	0.0	18.7
Maidstone and Tunbridge Wells	8	0	0.0	14.9
Medway NHS Foundation	1	0	0.0	23.2
Queen Victoria Hospital NHS Foundation	1	0	0.0	14.8
Royal Surrey County Hospital	1	0	0.0	19.4
Royal West Sussex	9	0	0.0	10.1
Surrey and Sussex Healthcare	17	0	0.0	23.7
Worthing and Southlands Hospitals	10	1	9.1	12.8
<b>Sub-Total</b>	<b>129</b>	<b>9</b>		
<b>Total Workforce</b>	<b>36508</b>	<b>7900</b>		
<b>Risk Ratio=0.37 (p&lt;0.001)</b>				
<b>Mental Health NHS Trusts</b>				
Kent & Medway NHS and Social Care Partnership	0	0	0.0	14.4
Surrey and Borders Partnership NHS Foundation	9	5	35.7	34.2
Sussex Partnership	18	1	5.3	10.8
<b>Sub-Total</b>	<b>27</b>	<b>6</b>		
<b>Total Workforce</b>	<b>8170</b>	<b>1859</b>		
<b>Risk Ratio= 0.98 (p=0.86)</b>				
<b>Primary Care Trusts</b>				
Brighton and Hove City	3	0	0.0	7.4
East Sussex Downs and Weald	22	2	8.3	5.5
Eastern and Coastal Kent	11	1	8.3	4.7
Hastings and Rother	5	0	0.0	8.9
Medway	6	1	14.3	7.9
Surrey	68	6	8.1	9.9
West Kent	14	1	6.7	6.9
West Sussex	38	1	2.6	3.0
<b>Sub-Total</b>	<b>167</b>	<b>12</b>		
<b>Total Workforce</b>	<b>13179</b>	<b>913</b>		
<b>Risk Ratio=1.03 (p=0.98)</b>				
<b>Specialist NHS Organisations</b>				
South Downs Health	2	0	0.0	5.3
South East Coast Ambulance	6	0	0.0	1.5
South East Coast Strategic Health Authority	50	4	7.4	3.4
<b>Sub-Total</b>	<b>58</b>	<b>4</b>		
<b>Total Workforce</b>	<b>4034</b>	<b>119</b>		
<b>Risk Ratio=2.24 (p=0.19)</b>				
<b>Grand Sub-Total</b>	<b>381</b>	<b>36</b>		
<b>Grand Total</b>	<b>61891</b>	<b>10791</b>		
<b>Risk Ratio=0.58 (p&lt;0.001)</b>				



Figure 10 shows the percentage of the BME staff involved with a number of Human Resource procedures as compared to the proportion of BME staff in the workforce.

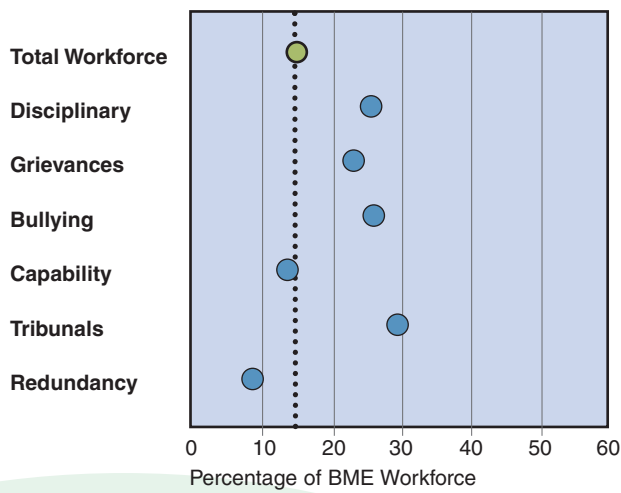
It is evident that when all the NHS organisations are considered together there is an over-representation of BME staff involved with disciplinaries, grievances, bullying and harassment and Employment Tribunal claims. The representation of BME staff for the capability procedure is consistent with the proportion of BME staff in the workforce although this finding is biased by the exclusion of workforce data for Surrey and Borders Partnership NHS Foundation Trust from the analysis. Interestingly, fewer BME staff are made redundant than would be expected from the proportion of BME staff in the workforce.

When the Acute NHS Trusts are considered together the findings are the same with the exception that there is also an over-representation of BME staff involved with the capability procedure. Likewise a similar profile is obtained for the Primary Care Trusts and the Specialist NHS organisations with the exception that the number of BME staff made redundant is also higher or consistent with the workforce data. The increase in the number of redundancies involving BME staff for these organisations may be explained by more recent mergers involving SHA organisations and PCTs..

When the Mental Health NHS Trusts are considered together there is an over-representation of BME staff involved with disciplinaries, bullying and harassment and Employment Tribunal claims. The proportion of BME staff involved with the grievance procedure and redundancy is consistent with workforce data.

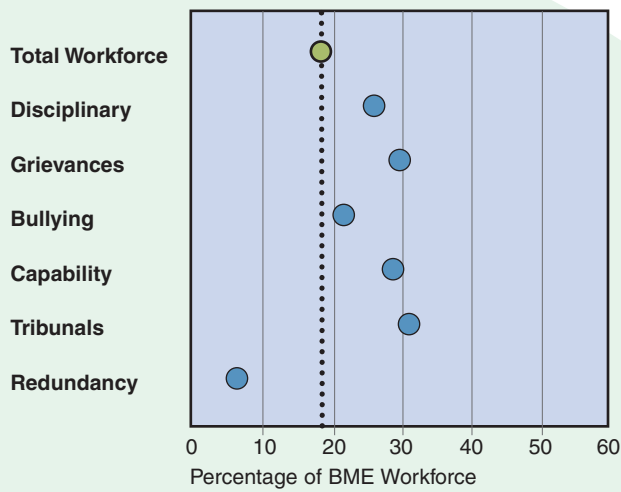
The number of BME staff involved with the capability procedure appears to be less than expected. However, as mentioned above with the exclusion of workforce data for Surrey and Borders Partnership NHS Foundation Trust the proportion of BME staff included in the analysis is lower than the proportion of BME staff in the workforce as shown.

### All NHS Organisations

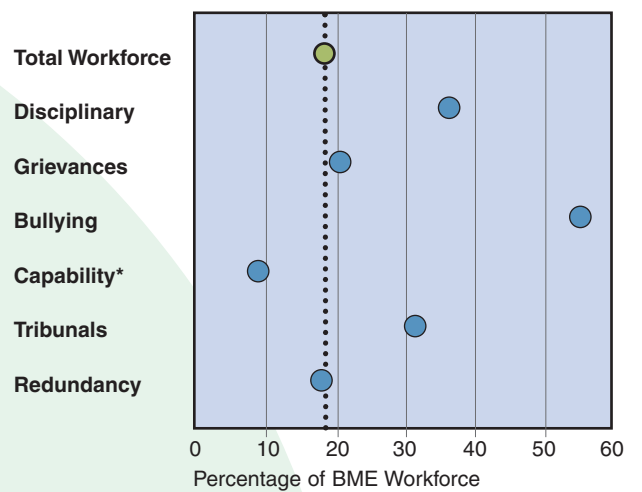


- Percentage of BME Staff in the workforce
- \* Excluding data for Surrey & Borders Partnership NHS Foundation Trust
- \*\* No BME cases

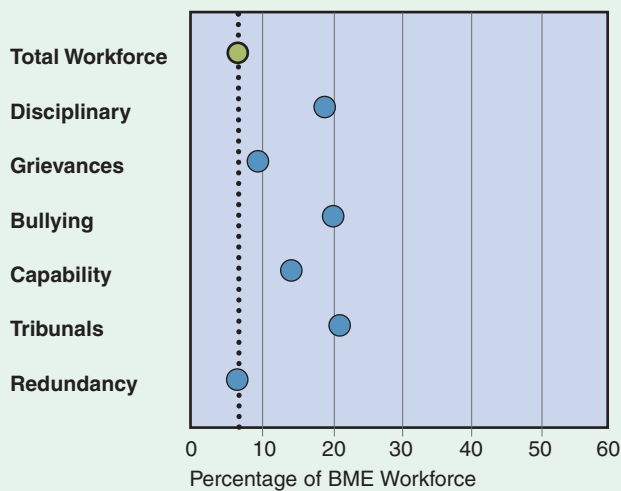
### Acute NHS Trusts



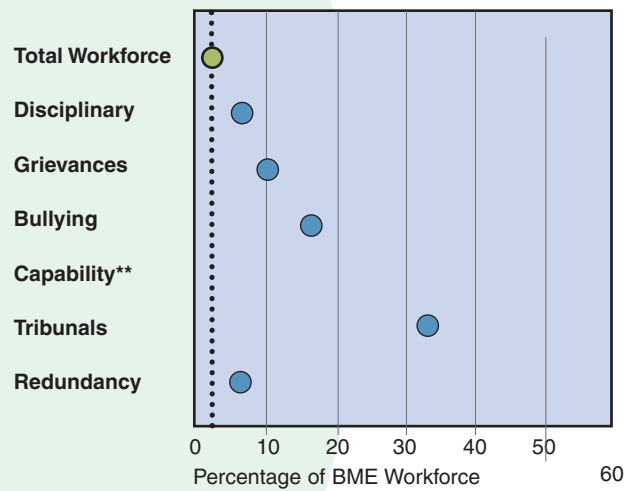
### Mental Health NHS Trusts



### Primary Care Trusts



### Specialist NHS Organisations



**Figure 10.** The percentage of BME Workforce Involved with a Number of Human Resource Procedures

### 5.3 Health Care Commission Core Standards

The Healthcare Commission is the health watchdog in England. It carries out inspections of all NHS Trusts to ensure they are meeting standards in a range of different areas.

Standards for Better Health describes twenty four essential or core standards that all healthcare organisations in England should already be achieving and thirteen developmental standards that they should be working towards achieving in the future. As part of an annual health check by the Healthcare Commission all NHS Trusts are required to declare whether or not they have met these core standards. There are three declaration options: compliant; insufficient assurance or not met. This is a self-assessment process and NHS Trusts are not required to submit any evidence in support of their declarations.

#### **The core standards relating to the Healthcare Commission race equality review mentioned above include:**

- Standard C7e which requires trusts to “challenge discrimination, promote equality and respect human rights”
- Standard C8b which requires trusts to support their staff through organisational and development programmes which recognise the contribution and value of staff, and address where appropriate, under-representation of minority groups
- Standard C16 which requires trusts to make information available to patients and the public on their services to provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and after-care.
- Standard C17 which requires the views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving health care services.
- Standard C18 which requires trusts to enable all members of the population to access services equally and offer choice in access to services and treatment equitably.

Given the limited resources available to the South East Coast BME Network the Executive Committee decided it would only review the evidence in support of Trust's declarations for the core standards C7e, C8b and C18 using the criteria detailed below:

- **Standard C7e-the evidence sought included** (i) assessment and monitoring of all policies for any adverse impact on the promotion of race equality (ii) monitoring of BME staff in post and the number of BME staff for employment training and promotion (iii) monitoring of BME staff who benefit or suffer detriment as a result of performance assessment procedures (iv) monitoring of BME staff subjected to grievance and/or disciplinary procedures (v) publication of the number of BME staff that cease employment annually.
- **Standard C8b-the evidence sought included** (i) BME staff are provided with opportunities for professional training, secondments and shadowing for career development (ii) Under-representation of the uptake of professional training by BME staff are being addressed at all levels (iii) Mentoring scheme provided by senior leaders for BME staff (iv) processes are in place for tracking the career progression of BME staff.
- **Standard C18-the evidence sought included** (i) BME population is accessing services equitably (ii) action taken where services are not accessed equitably by the BME populations (iii) consultation with BME communities regarding services provided/service changes (iv) provision of interpreting services for BME patients whose first language is not English.

It is noteworthy that although the South East Coast SHA is not required to comply with the Healthcare Commission core standards it has a legal obligation to ensure it fulfils its statutory duties under the RRAA 2000.

Approximately seventy percent (69.2%) of the NHS organisations in the South East Coast region declared compliance with the core standard C7e for 2006/07. The following organisations declared insufficient assurance or not met for core standard C7e

- Ashford and St Peter's Hospitals NHS Trust
- Brighton and Hove City PCT
- Dartford and Gravesham NHS Trust
- East Sussex Downs and Weald PCT
- Eastern and Coastal Kent PCT
- Hastings and Rother PCT
- Surrey and Sussex Healthcare NHS Trust
- Surrey PCT

Approximately ninety percent (88.5%) of the NHS organisations in the South East Coast region declared compliance with the core standard C8b for 2006/07. The following organisations declared insufficient assurance or not met for core standard C8b.

- Eastern and Coastal Kent PCT
- Maidstone and Tunbridge Wells NHS Trust
- Surrey and Sussex Healthcare NHS Trust

Three (11.5%) NHS organisations in the South East Coast region declared they were not compliant for core standards C18 including:

- Eastern and Coastal Kent PCT
- South Downs Health NHS Trust
- Sussex Partnership NHS Trust

The self declarations by all NHS organisations in the region to the Healthcare Commission for 2006/07 are shown in Table 39

Having reviewed the evidence provided by NHS organisations in support of their declarations of compliance to the Healthcare commission for these core standards the South East Coast BME Network concludes that the majority of NHS organisations in the region are failing to comply with core standards C7e, C8b and C18 contrary to their self-declarations. Further evidence to support this conclusion is provided below.

**Table 39.** Self-Declarations of NHS Organisations for Compliance with the HCC Core Standards

	2006-2007 Self-Declaration		
	C7e	C8b	C18
<b>Acute NHS Trusts</b>			
Ashford and St Peter's Hospitals	I/A	Compliant	Compliant
Brighton and Sussex University Hospitals	Compliant	Compliant	Compliant
Dartford and Gravesham	Not Met	Compliant	Compliant
East Kent Hospitals	Compliant	Compliant	Compliant
East Sussex Hospitals	Compliant	Compliant	Compliant
Frimley Park Hospital NHS Foundation	Compliant	Compliant	Compliant
Maidstone and Tunbridge Wells	Compliant	Not Met	Compliant
Medway NHS Foundation	Compliant	Compliant	Compliant
Queen Victoria Hospital NHS Foundation	Compliant	Compliant	Compliant
Royal Surrey County Hospital	Compliant	Compliant	Compliant
Royal West Sussex	Compliant	Compliant	Compliant
Surrey and Sussex Healthcare	Not Met	Not Met	Compliant
Worthing and Southlands Hospitals	Compliant	Compliant	Compliant
<b>Mental Health NHS Trusts</b>			
Kent & Medway NHS and Social Care Partnership	Compliant	Compliant	Compliant
Surrey and Borders Partnership NHS Foundation	Compliant	Compliant	Compliant
Sussex Partnership	Compliant	Compliant	I/A
<b>Primary Care Trusts</b>			
Brighton and Hove City	Not Met	Compliant	Compliant
East Sussex Downs and Weald	Not Met	Compliant	Compliant
Eastern and Coastal Kent	I/A	I/A	Not Met
Hastings and Rother	Not Met	Compliant	Compliant
Medway	Compliant	Compliant	Compliant
Surrey	I/A	Compliant	Compliant
West Kent	Compliant	Compliant	Compliant
West Sussex	Compliant	Compliant	Compliant
<b>Specialist NHS Organisations</b>			
South Downs Health	Compliant	Compliant	I/A
South East Coast Ambulance	Compliant	Compliant	Compliant

<b>Not Met</b>	<b>Targets Not Met</b>
<b>I/A</b>	<b>Insufficient Assurance</b>
<b>Compliant</b>	<b>Compliant with Regulations</b>

## 5.4 Promotion, Training and Development

As part of this review all NHS organisations were asked to provide data on the proportion of BME staff that had been promoted and had received training and development. Details of the training and development received were not requested. Furthermore no information was requested concerning the proportion of BME staff applying for and being short-listed for promotion or the levels at which promotions occur. However, it has been agreed that BME Leads and BME Chairs of local BME Networks from across the region should determine these factors at the local level as part of the implementation of the recommendations put forward by the Executive Committee.

All NHS organisations provided promotion data for a minimum of twelve months with the exception of Brighton and Hove City PCT and Frimley Park Hospital NHS Foundation Trust who did not specify the time period for the data submitted and Eastern and Coastal Kent PCT who provided data for a six month period.

As shown in Table 40 it is evident that despite their declarations of compliance to the Healthcare Commission 50% of all NHS organisations could not provide any information regarding the promotion of staff from a BME background. A further two NHS organisations notably East Sussex Downs and Weald PCT and the South East Coast Ambulance NHS Trust could only provide incomplete data on feedback. However, where promotion data was available the results show that for the majority of NHS organisations the proportion of BME staff promoted is consistent with the proportion of BME staff in the workforce. The exception was Brighton and Hove City PCT where no member of staff from a BME background was promoted.

Although the South East Coast BME Network did not request information with respect to the level at which these promotions occur it is evident from the data shown in Figure 9 that the promotion of BME staff to higher paybands or more senior management levels in the NHS is not taking place at a rate that could be expected from the proportion of BME staff in the workforce.

All organisations provided training and development data for a minimum of twelve months or more.

As also shown in Table 40 50% of all NHS organisations could not provide any information regarding the training and development of staff from a BME background. Furthermore, the South East Coast Ambulance NHS Trust provided incomplete data. However, where training and development data was available the results show that with the exception of Surrey and Sussex Healthcare NHS Trust and Surrey PCT the proportion of BME staff receiving training and development is consistent with the proportion of BME staff in the workforce.

**Table 40.** Percentage of BME Staff Promoted and Receiving Training and Development

<b>Acute NHS Trusts</b>	<b>% BME Staff in Workforce</b>	<b>% BME Promotions</b>	<b>% BME Training &amp; Development</b>
Ashford and St Peter's Hospitals	28.4	No Data	No Data
Brighton and Sussex University Hospitals	14.5	No Data	No Data
Dartford and Gravesham Hospitals	25.0	No Data	18
East Kent Hospitals	16.9	19	No Data
East Sussex Hospitals	13.2	No Data	18
Frimley Park Hospital NHS Foundation	18.7	12	19
Maidstone and Tunbridge Wells	14.9	No Data	16
Medway Hospital	23.2	28	No Data
Queen Victoria Hospital NHS Foundation	14.8	10	24
Royal Surrey County Hospital	19.4	24	20
Royal West Sussex	10.1	No Data	8
Surrey and Sussex Healthcare	23.7	No Data	8
Worthing and Southlands Hospitals	12.8	15	15
<b>Mental Health NHS Trusts</b>			
Kent & Medway NHS and Social Care Partnership	14.4	No Data	No Data
Surrey and Borders Partnership NHS Foundation	34.2	36	No Data
Sussex Partnership	10.8	No Data	No Data
<b>Primary Care Trusts</b>			
Brighton and Hove City	7.4	0	No Data
East Sussex Downs and Weald	5.5	Incomplete Data	No Data
Eastern and Coastal Kent	4.7	4	No Data
Hastings and Rother	8.9	9	No Data
Medway	7.9	No Data	No Data
Surrey	9.9	10	2
West Kent	6.9	No Data	No Data
West Sussex	3.0	No Data	2
<b>Specialist NHS Organisations</b>			
South Downs Health	5.3	No Data	9
South East Coast Ambulance	1.5	Incomplete Data	Incomplete Data

## 5.5 Recruitment

As part of this review, recruitment data was requested from all NHS organisations in the South East Coast region to cover all three stages of the recruitment process notably applications, short-listing and appointments. As shown in Table 41 all NHS organisations, with the exception of Medway PCT, provided recruitment data. However, eight organisations (29.6%) could not provide data for all three stages of the recruitment process. The data submitted by South East Coast Ambulance NHS Trust was incomplete for all three stages.

Over sixty percent (67%) of the NHS organisations provided recruitment data for a minimum of twelve months or more. Two organisations namely Ashford and St Peter's Hospitals NHS Trust and Frimley Park Hospital NHS Foundation Trust provided data for a ten month period. Dartford and Gravesham NHS Trust and Medway NHS Foundation Trust provided data for an eight month period. East Kent Hospitals NHS Trust and the South East Coast SHA provided data for a six month period and Eastern and Coastal Kent PCT for a five month period. East Sussex Hospitals NHS Trust, the Royal Surrey County Hospital NHS Trust and Surrey PCT provided recruitment data for less than three months.

For all the organisations where information was provided there was a significant number of applications from people from BME backgrounds. The highest percentage (74%) was recorded for East Sussex Hospitals NHS Trust and the lowest percentage (24%) for Hastings and Rother PCT

With the exception of East Sussex Hospitals NHS Trust and Royal West Sussex NHS Trust there was a significant difference between the number of applicants from white backgrounds and the number of applicants from BME backgrounds that were short-listed. However, it is noteworthy that East Sussex Hospitals NHS Trust could not provide information regarding the number of BME applicants that were eventually offered a job.

As part of the "factual accuracy check" of their data the majority of organisations reported on feedback that this finding was consistent with the fact that a large number of applicants were from overseas and were not eligible for Work Permits.

However, it is significant that for the majority of NHS organisations (85%) even when applicants from BME backgrounds were eligible for appointment there was a significant difference between the number of applicants from white backgrounds and the number of applicants from BME backgrounds that were eventually offered a job. Furthermore, Sussex Partnership NHS Trust reported that no applicant from a BME background was offered a job between December 2006 and November 2007.

It is noteworthy that four organisations namely, Brighton and Hove City PCT; Dartford and Gravesham NHS Trust; Royal West Sussex NHS Trust and the South East Coast SHA did not show any bias for appointments after short-listing.



**Table 41.** Recruitment of BME Staff in the NHS South East Coast Region.

<b>Acute NHS Trusts</b>	<b>Total Applicants</b>	<b>% BME Applicants</b>	<b>% BME Short-listed</b>	<b>% BME Appointed</b>
Ashford and St Peter's Hospitals	10209	73	35	25
Brighton and Sussex University Hospitals	3968	50	28	13
Dartford and Gravesham	1891	49	20	22
East Kent Hospitals	9233	35	18	11
East Sussex Hospitals	1133	74	79	No Data
Frimley Park Hospital NHS Foundation	9678	42	27	12
Maidstone and Tunbridge Wells	11267	59	27	16
Medway NHS Foundation	7638	38	23	13
Queen Victoria Hospital NHS Foundation	1768	49	38	13
Royal Surrey County Hospital	1968	53	28	No Data
Royal West Sussex	162	30	20	13
Surrey and Sussex Healthcare	11665	66	No Data	No Data
Worthing and Southlands Hospitals	5509	31	No Data	23
<b>Mental Health NHS Trusts</b>				
Kent & Medway NHS & Social Care Partnership	26436	58	49	7
Surrey and Borders Partnership NHS Foundation	5465	58	42	32
Sussex Partnership	6728	37	19	0
<b>Primary Care Trusts</b>				
Brighton and Hove City	474	33	19	15
East Sussex Downs and Weald	1306	38	12	3
Eastern and Coastal Kent	6305	25	11	No Data
Hastings and Rother	936	24	12	3
Medway	No Data	No Data	No Data	No Data
Surrey	2465	41	17	No Data
West Kent	4586	39	28	10
West Sussex	4538	33	14	9
<b>Specialist NHS Organisations</b>				
South Downs Health	8283	36	16	8
South East Coast Ambulance	Incomplete	Incomplete	Incomplete	Incomplete
South East Coast Strategic Health Authority	478	33	24	17

## 5.6 Race Equality Impact Assessments

It is important for all Trusts to consider the impact that their policies and procedures on race equality. Undertaking race equality impact assessments ensures an organisation's functions and policies and procedures do not impact negatively on staff and patients from BME backgrounds.

The South East Coast BME Network has reviewed the information provided by all twenty seven NHS organisations in the South East Coast region and concludes that for all twenty seven organisations there was insufficient evidence that Race Equality Impact Assessments had been undertaken in accordance with their statutory duties under the RRAA 2000. Although it was evident that a few organisations had undertaken a "factual analysis" of some of their policies and procedures.

Given this is a criteria for compliance with core standard C7e it is evident that all NHS organisations are failing to meet the requirements of this element of the core standard. Furthermore this finding is inconsistent with the self-declarations of NHS organisations to the Healthcare Commission as outlined above.

## 5.7 Ethnic monitoring data for patients

In accordance with their statutory duties under the Race Relation (Amendment) Act 2000 NHS organisations are required to collect ethnic monitoring data for patients using their services. The data collected should then be used to address any inequalities in access to services, to determine whether the right services are being provided to meet the needs of local communities and to address the health inequalities gaps where identified.

The South East Coast BME Network has reviewed the information provided by all NHS organisations where applicable in the South East Coast region. Evidence in support of the fact that ethnic monitoring was taking place was provided by the following organisations:

- Dartford and Gravesham NHS Trust
- East Kent Hospitals NHS Trust
- East Sussex Hospitals NHS Trust
- Frimley Park Hospital NHS Foundation Trust
- Medway NHS Foundation Trust
- Queen Victoria Hospital NHS Foundation Trust
- Surrey and Borders Partnership NHS Foundation Trust
- Surrey and Sussex Healthcare NHS Trust
- Worthing and Southlands Hospitals NHS Trust

With the exception of the South East Coast Ambulance NHS Trust which reported that ambulance services do not traditionally collect the ethnic origin of patients it is evident from these findings that a significant number of NHS organisations are failing in this respect. It is noteworthy that the Royal Surrey County Hospital NHS Trust could only provide monitoring data for inpatients. Given this is a criteria for compliance with core standard C18 it is evident that these NHS organisations are failing to meet the requirements of this element of the core standard. Furthermore this finding is inconsistent with the self-declarations of NHS organisations to the Healthcare Commission as outlined above.

## 5.8 Engagement of BME Communities

The existing evidence from various sources shows that BME groups continue to face significant inequalities in health and consequently the health gap for these communities remains unacceptably wide.

Ethnicity monitoring is an essential first step in addressing this problem if services are to respond to the needs of these patients and to be effective NHS organisations will have to determine ways to best engage with the BME communities they serve.

The South East Coast BME Network has reviewed the information provided by all NHS organisations in the South East Coast region. Evidence in support of the fact that engagement of BME communities was taking place, as outlined by the core standard C18, was provided by the following four organisations

- East Sussex Downs and Weald PCT
- Hastings and Rother PCT
- Queen Victoria Hospital NHS Foundation Trust
- Surrey and Borders Partnership NHS Foundation Trust

It is also noteworthy that Hastings and Rother PCT and Surrey and Borders Partnership NHS Foundation have been selected as two of three Pacesetter sites in the South East Coast region. Hastings and Rother PCT is also a participant in the Race for Health programme. Both programmes aim to engage and improve access and outcomes for BME communities. Furthermore Surrey and Borders Partnership NHS Foundation Trust is one of seventeen Focus Implementation Sites (FIS) established to deliver the Race Equality in Mental Health Action Plan.

It is evident from these findings that a significant number of NHS organisations are not only failing to engage the BME communities they serve, but also have no Action Plan in place to address this shortcoming. Given this is a criterion for compliance with core standard C18 it follows that these NHS organisations are failing to meet the requirements of this element of the core standard. Furthermore, this finding is inconsistent with the self declarations of NHS organisations to the Healthcare Commission as outlined above.

## 5.9 Health Needs Assessments of BME Communities

As part of the commissioning process Primary Care Trusts are required to undertake Health Needs Assessments of the BME communities they serve. The aim is to identify the health needs of these communities and to use this evidence to shape the delivery of clinical services to address their needs.

Having reviewed the evidence provided by Primary Care Trusts in the South East Coast region the South East Coast BME Network concludes that Primary Care Trusts are failing to undertake health needs assessments to ensure that the clinical services available are tailored to meet the needs of BME communities.

## 5.10 Race Equality Scheme

As part of this review, evidence for the existence of a Race Equality Scheme was requested from all NHS organisations in the South East Coast region. However, due to limited resources it was not possible for the BME Network to obtain expert advice to determine whether the Schemes were compliant with the Act only that it had been published.

Nineteen of the twenty seven organisations (70.4%) in the region provided a copy of or access to their Race Equality Scheme. Five organisations namely Ashford and St Peters Hospitals NHS Trust; Eastern and Coastal Kent PCT; East Sussex Hospitals NHS Trust; Royal Surrey County Hospital NHS Trust and Sussex Partnership NHS Trust provided a copy or access to their Single Equality Scheme.

Three of the twenty seven organisations in the region namely Kent & Medway & Social Care Partnership Trust; West Kent PCT and the South East Coast Ambulance NHS Trust could not provide a published Race or Single Equality Scheme. All three organisations reported that this was largely due to the recent merger of several organisations to form the existing organisation. However, all reported that this short-fall was being addressed.

## 5.11 Local BME Networks

As part of the review evidence for the existence of a Local BME Network was requested from all NHS organisations in the South East Coast region.

Twelve of the twenty seven NHS organisations (44.4%) in the region confirmed they had established local BME Networks and that staff were given time to attend meetings during working hours. East Sussex Hospitals NHS Trust, East Sussex Downs and Weald PCT and Hastings and Rother PCT reported that they were part of an East Sussex Wide Network.

A further six organisations reported they were in the process of establishing local BME Networks including:

- East Kent Hospitals NHS Trust
- Maidstone and Tunbridge Wells NHS Trust
- Royal Surrey County Hospital NHS Trust
- South East Coast Ambulance NHS Trust
- Surrey PCT
- Worthing and Southlands Hospitals NHS Trust

For all other organisations the response provided were as follows:

- Dartford and Gravesham NHS Trust

Dartford and Gravesham NHS Trust reported that it had experienced difficulty with involving BME staff to participate in a BME Network as the staff felt there was no need for a Network. However, the Trust also recognised that more junior staff may support a BME Network and consequently it would be encouraging BME staff again to join both a local and the South East Coast BME Network

- Frimley Park Hospital NHS Foundation Trust

Frimley Park Hospital NHS Foundation Trust reported that the promotion of a local BME Network within the Trust had not generated any interest from BME staff.

- Medway NHS Foundation Trust

Medway NHS Foundation Trust reported it did not have a Network, because BME staff had informed the Trust *“that their views were already listened to without the development and voice of such a Network and therefore did not need to specifically attend a BME Network”*.

However, the Trust indicated it would be willing to support, fund and develop a BME Network in the future if requested.

- South East Coast SHA

The South East Coast SHA reported that it did not have a BME Network and as a relatively small organisation with less than one hundred and fifty staff it is unlikely that a BME Network would be established in the future.

## 6. Feedback from NHS Organisations

All twenty seven NHS organisations in the region were invited to undertake a factual accuracy check of the draft report for their organisations. All with the exception of Sussex Partnership NHS Trust accepted this invitation.

On completion of the final report all twenty seven NHS organisations in the region were asked to confirm that the data submitted for their organisation was their published staff monitoring data under the Race Equality Scheme and those required to be published by all public sector bodies under Regulation 5 of the Race Relations Act 1976 (Statutory Duties) Order 2001. If this was not the case organisations were asked to confirm the actual status of the data provided

Six of the twenty seven NHS organisations in the region confirmed the data submitted was their published data including:

- Eastern and Coastal Kent PCT
- Kent & Medway NHS & Social Care Partnership Trust
- Queen Victoria Hospital NHS Foundation Trust
- Royal West Sussex NHS Trust
- Surrey PCT
- Worthing and Southlands Hospitals NHS Trust

These Trusts also confirmed they would be willing to work in partnership with the South East Coast BME Network to deliver this important agenda.

In addition the South East Coast Ambulance NHS Trust reported that the information on the ethnic profile of their workforce as at 31 October 2007 is accurate and was published in the Trust Board papers in November 2007. However, they also reported that the other information submitted was obtained from manual sources from the three legacy trusts and is not likely to be complete or accurate and therefore is not the Trust's published staff monitoring data.

The remaining NHS organisations in the South East Coast region did not respond to this request

## 7. SOUTH EAST COAST BME NETWORK

The South East Coast BME Network acts as an umbrella organisation for the NHS South East Coast BME staff networks and is accountable to its members

### MEMBERSHIP

The membership of the Network comprises any member of staff employed by the NHS in the South East Coast region who are black, or from a minority ethnic background.

### SOME OF OUR AIMS/OBJECTIVES

- To represent the views of local networks and provide guidance, support and expertise to them.
- To promote the interests of BME employees in the NHS organisations within the South East Coast region in accordance with guidance from the Department of Health, Equality and Human Rights Commission and the Healthcare Commission and derived Employment Rights Legislation as it relates to equality of and/or fairness of treatment.
- To raise concerns of racial discrimination with senior leaders, organisational policy makers or policy holders in NHS organisations in the South East Coast region.
- To commission research as appropriate into the impact of health services on BME people as employees and service users, including questions relating to provision of health services, and delivery, accessibility and quality assurance matters.
- To engage with NHS organisations in the region to ensure compliance with the Race Relations (Amendment) Act 2000; all enabling Race equality statutory or legislative provisions and compliance with general and specific public sector duties, including the collection and publication of Ethnic monitoring data, Impact assessment data, and Staff relations monitoring data.
- To facilitate or where necessary to undertake an annual review on the progress of race equality and efforts at eliminating racial discrimination within the NHS organisations in the South East Coast region including the provision of services and internal staff relations. The report will be made available to the Department of Health, the Equality and Human Rights Commission the Healthcare Commission and other organisations across the local health community and all NHS organisations within the NHS South East Coast regions.
- To work in partnership with relevant organisations and interests to promote and further the aims /objectives of the South East Coast BME Network.

**South East Coast**  
**BME Network**  
Black & Minority Ethnic Network

## 8. ABBREVIATIONS

AfC	Agenda for Change
ASPH	Ashford and St Peter's Hospitals
BHC	Brighton and Hove City
BME	Black and Minority Ethnic
BSUH	Brighton and Sussex University Hospital
CI	Confidence Interval
CRE	Commission for Racial Equality
EKC	East Kent and Coastal
ESDW	East Sussex Downs and Weald
GOSE	Government Office for the South East
HCC	Healthcare Commission
H&R	Hastings and Rother
NHS	National Health Service
PCT	Primary Care Trust
RRAA	Race Relations Amendment Act
RSCH	Royal Surrey County Hospital
RWS	Royal West Sussex
SaBP	Surrey and Borders Partnership
SASH	Surrey and Sussex Healthcare
SCP	Social Care Partnership
SDH	South Downs Health
SEC	South East Coast
SHA	Strategic Health Authority
SP	Sussex Partnership
UK	United Kingdom
WASH	Worthing and Southlands Hospitals
WK	West Kent
WS	West Sussex

South East Coast  
**BME Network**  
Black & Minority Ethnic Network

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