



East and North Hertfordshire NHS Trust

Organisation Code: RWH

Region: East of England

**Workforce Race Equality Standard
2018 - 2023**

East and North Hertfordshire NHS Trust

East of England

Summary for the 2022/23 reporting year

RWH

Trust type: Acute with or without Community

Indicator number and description			Trust	East of England	Acute	National	Percentile rank*	
Indicator 1: BME representation in the workforce by pay band								
BME representation in the workforce overall			37.6%	27.3%	28.9%	26.4%		
Pay band at which BME under-representation first occurs	Non-clinical	Band 4 -	Band 3	Band 3	Band 3	Band 3		
		Band 5 +	Band 8C	Band 8A	Band 8A	Band 8A		
	Clinical	Band 4 -	Proportional	Band 3	Band 3	Band 3		
		Band 5 +	Band 6	Band 6	Band 6	Band 6		
	Medical			Consultant	Consultant	Consultant	Consultant	
	Race disparity ratios	Non-clinical	Lower:middle	1.25	0.88	0.92	0.90	40%
Middle:upper			0.84	1.28	1.40	1.36	17%	
Lower:upper			1.04	1.13	1.29	1.23	3%	
Clinical		Lower:middle	1.87	1.96	1.91	1.83	31%	
		Middle:upper	2.17	1.47	1.56	1.39	75%	
		Lower:upper	4.06	2.88	2.97	2.55	63%	
Indicator 2: likelihood of appointment from shortlisting								
likelihood ratio White / BME			1.34	1.46	1.58	1.59	31%	
Indicator 3: likelihood of entering formal disciplinary proceedings								
likelihood ratio BME / White			1.47	0.92	1.02	1.03	37%	
Indicator 4: likelihood of undertaking non-mandatory training								
likelihood ratio White / BME			0.86	1.01	1.15	1.12	64%	
Indicator 5: harassment, bullying or abuse from patients, relatives or the public in last 12 months								
BME			32.2%	31.8%	30.6%	30.4%	62%	
White			32.2%	28.8%	26.8%	26.8%	88%	
Indicator 6: harassment, bullying or abuse from staff in last 12 months								
BME			30.8%	28.5%	28.5%	27.7%	77%	
White			26.5%	24.6%	23.1%	22.0%	87%	
Indicator 7: belief that the trust provides equal opportunities for career progression or promotion								
BME			50.2%	45.9%	46.3%	46.4%	24%	
White			54.7%	56.2%	58.9%	59.1%	83%	
Indicator 8: discrimination from a manager/team leader or other colleagues in last 12 months								
BME			15.8%	17.4%	17.0%	16.6%	48%	
White			8.9%	7.8%	6.7%	6.7%	87%	
Indicator 9: BME representation on the board minus BME representation in the workforce								
Overall			-37.6%	-14.8%	-14.9%	-10.9%	97%	
Voting members			-37.6%	-15.5%	-16.1%	-11.1%	97%	
Executive members			-37.6%	-22.0%	-19.7%	-15.7%	91%	

* ranks the Trust from 0% (best in the country) to 100% (worst in the country) on each indicator.

Quick guide to colour coding

A quick guide to the colour coding used in the tables of analyses is presented below. Please refer to the user guide in the appendix to this report for more detail.

Indicator 1 race disparity ratios and indicators 2 to 4: colour coding for the degree of inequality

	Inequality, large degree
	Inequality, medium degree
	Inequality, small degree
	Equity / proportional

Indicators 5 to 8: heat map colour coding for the degree of poor outcome, relative to the benchmark

	Benchmark
	Very high
	High
	Quite high
	Similar to benchmark
	Quite low
	Low
	Very low

Indicator 9: colour coding for the degree of inequality

	Underrepresentation by three or more board members
	Underrepresentation by two board members
	Underrepresentation by one board member
	Equity / proportional representation

Percentile ranks: colour coding

	Best 5%
	Best 10%
	Best 25%
	Middle 50%
	Worst 25%
	Worst 10%
	Worst 5%

A note on interpreting the colour-coding in the summary table:

Regarding the colour coding of the indicators in the summary table on page 2, it is possible that an indicator will be colour-coded green in the “Trust” column, but yellow, orange, or red in the “Percentile rank” column (or vice versa). The colour coding in the “Trust” column conveys whether or not the indicator is different from equity or proportional representation to a statistically significant degree. Sometimes, even a very large value may not be different from equity or proportional representation to a statistically significant degree if it is based on a very small number of people (this is often the case with indicator 3). Meanwhile, the colour-coding in the “Percentile rank” column reflects the percentage of Trusts that had a better value for that indicator when ranked by the size of the deviation from equity or proportional representation. This ranking does not take into account statistical significance. Indicators that are colour-coded yellow, orange, or red in both the “Trust” and “Percentile rank” columns should be a cause for particular concern as this combination denotes that the indicator is both significantly different from equity or proportional representation, and amongst the worst in the country.

Introduction

This report features a summary of workforce race equality standard (WRES) metrics for East and North Hertfordshire NHS Trust.

This is the third time such a report has been generated on a Trust by Trust basis throughout the country. The intention is to provide detailed information for each Trust. The NHS standard contract requires Trusts to submit an annual report to the coordinating commissioner on progress in implementing their annual WRES action plan. It is intended that this data report will allow each Trust to understand where the data indicates the areas of greatest challenge are, be that around recruitment, promotion, disciplinary referral, education, bullying and harassment or board representation. The report also highlights areas where the Trust is performing well – we hope it is possible in these situations to learn from good practice and share that with other providers. The Trust's data is tabulated alongside data for the region, as well as data from Trusts of similar type. The intention is to benchmark against relevant comparators. The report is shared with the regional EDI leads who we work closely with and will be able to help with identifying target actions.

The disaggregated metrics also allows accurate monitoring to ensure that the results of targeted actions taken can be seen, rather than being 'diluted' when numbers are looked at as a whole.

The quantitative information is analysed and interpreted using inferential statistical techniques, adopting the standards applied in the social and medical sciences. A comprehensive user guide is provided alongside this report. The user guide includes guidance on interpreting the metrics, the colour coding used in the tables of analysis, and the graphs and charts included in the report. We welcome feedback from you about the report, and of course are keen to work with you in developing action plans for the Trust.

The current reporting year for the purposes of this report is 2023. Data for indicators 1 to 4 are taken from WRES data portal submissions relating to the workforce as at the end of March 2023. Data for indicators 5 to 8 come from the NHS Staff Survey run in November and December 2022.

Areas for Improvement

A maximum of three high priority areas for improvement have been identified for the Trust. These are the areas from amongst the Trust's indicators with the worst percentile rankings against other Trusts (excluding indicator 4). For indicators 1 to 3 and 9, a further criterion is that the indicator is different from equality to a statistically significant degree. For indicators 5 to 8, performance must also be significantly worse than that for the other ethnic group.

High priority areas for improvement within the Trust (to a maximum of three):
Indicator 9: Board representation (overall, voting members, and executive members)
Indicator 6: harassment, bullying or abuse from staff in last 12 months against BME staff
Indicator 1: Career progression in clinical roles (middle to upper levels)

Areas of Best Performance

A maximum of three areas of best performance have been identified for the Trust. These are the areas from amongst the Trust's indicators with the best percentile rankings against other Trusts, and where the Trust performs in the best 10% of Trusts nationally (excluding indicator 4). For indicators 1 to 3 and 9, a further criterion is that the indicator is not different from equality to a statistically significant degree. For indicators 5 to 8, performance must also be similar to that for the other ethnic group.

Areas of best performance within the Trust (to a maximum of three):
Indicator 1: Career progression in non-clinical roles (lower to upper levels)

Please note, this area of best performance is intended to highlight a potential example of good practice that could be further built upon within the organisation, and also shared with other organisations. Nonetheless, there may remain the need for further improvement in this indicator. The WRES team will analyse for, and look to celebrate areas where good performance is maintained or further improved, year-on-year.

Indicator 1

Non-clinical staff on AfC paybands

BME staff were represented at 20.2% in all non-clinical AfC roles.

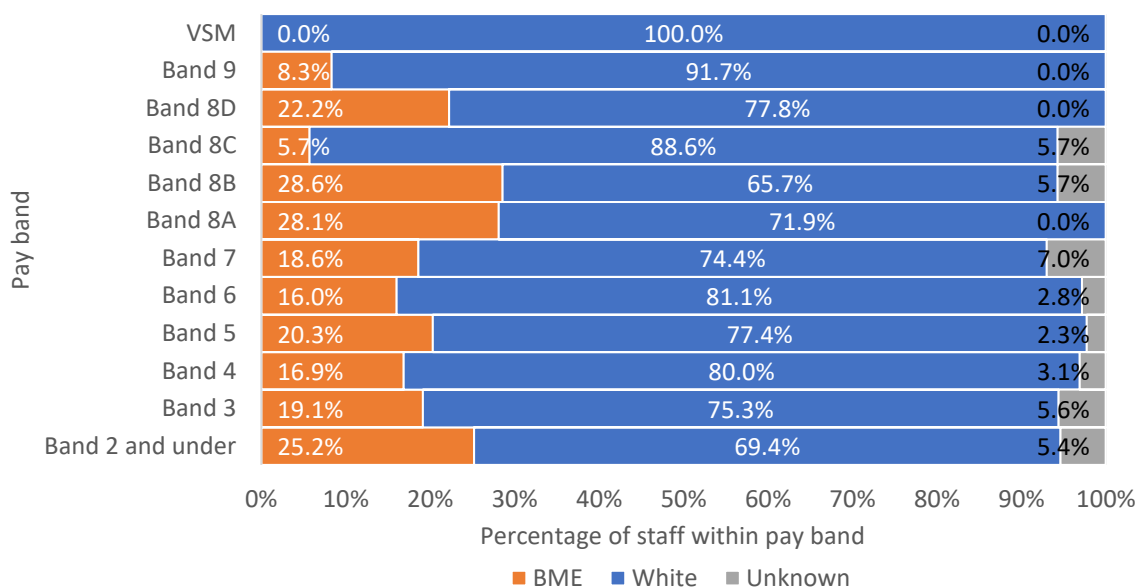
At Band 4 and under (e.g., administrative and technical support roles, estates officer):

- BME representation was 20.6%, overall.
- BME staff were underrepresented at Band 3 and above, 18.0%.

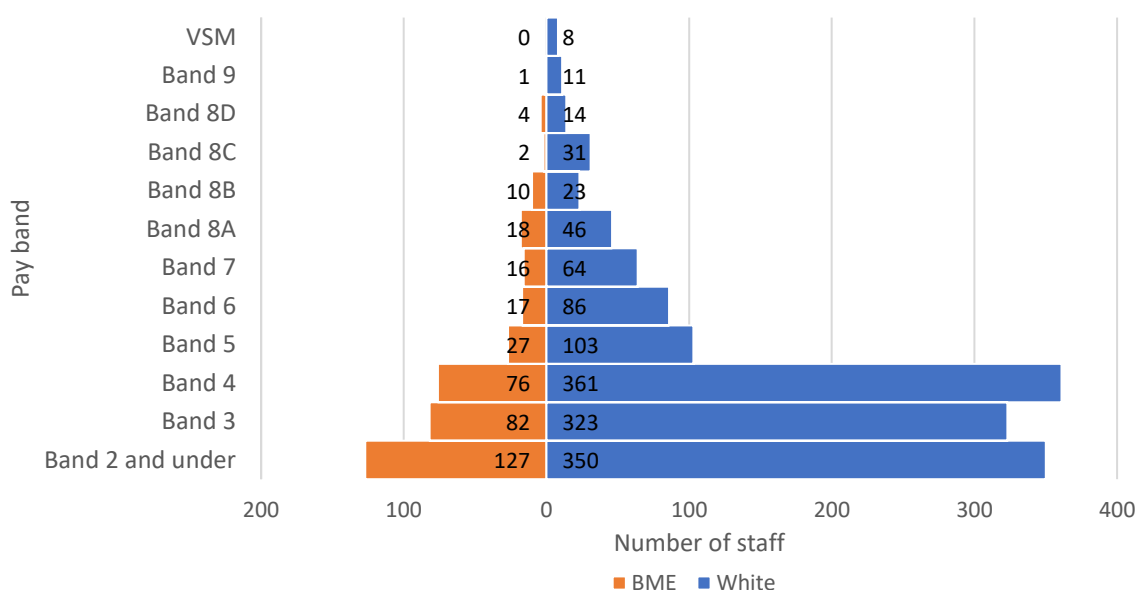
At Band 5 and over (graduate and management level roles):

- BME representation was 19.1%, overall.
- BME staff were underrepresented at Band 8C and above, 9.6%.

AfC bands: non-clinical (percentage representation)



AfC bands: non-clinical (headcount)



Clinical staff on AfC paybands

BME staff were represented at 42.6% in all clinical AfC roles.

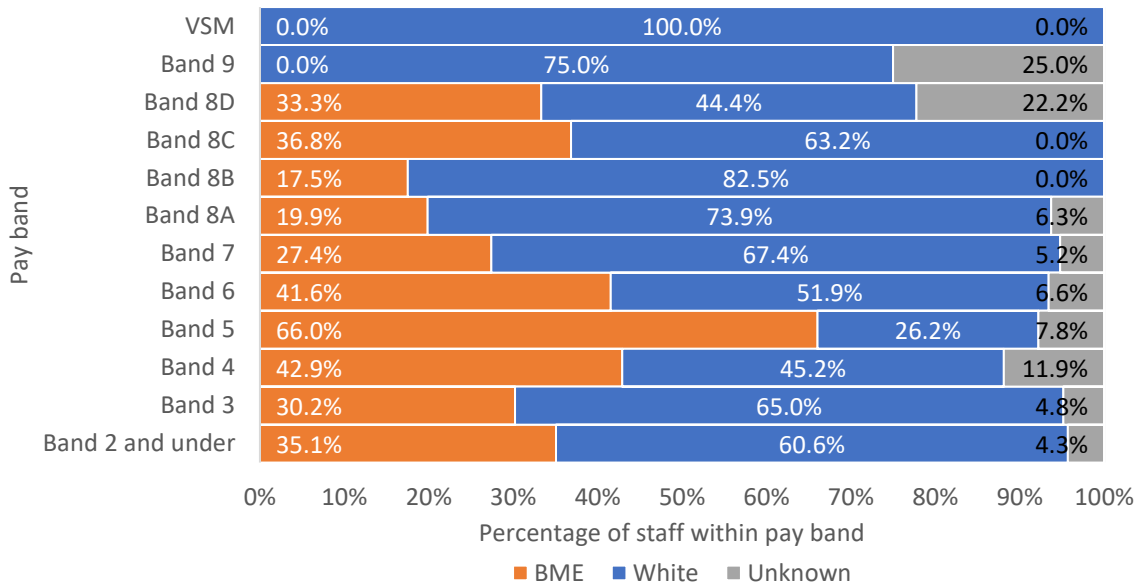
At Band 4 and under (e.g., clinical support workers and healthcare assistants):

- BME representation was 35.2%, overall.
- BME staff were proportionately represented by pay band.

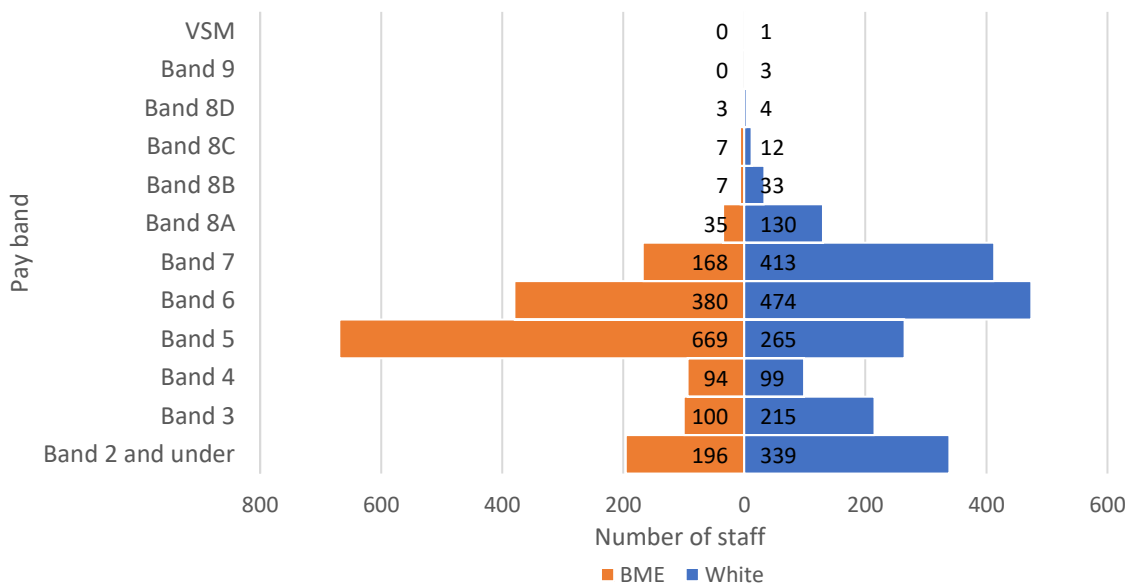
At Band 5 and over (e.g., clinical roles requiring professional registration including nurses):

- BME representation was 45.5%, overall.
- BME staff were underrepresented at Band 6 and above, 33.8%.

AfC bands: clinical (percentage representation)



AfC bands: clinical (headcount)

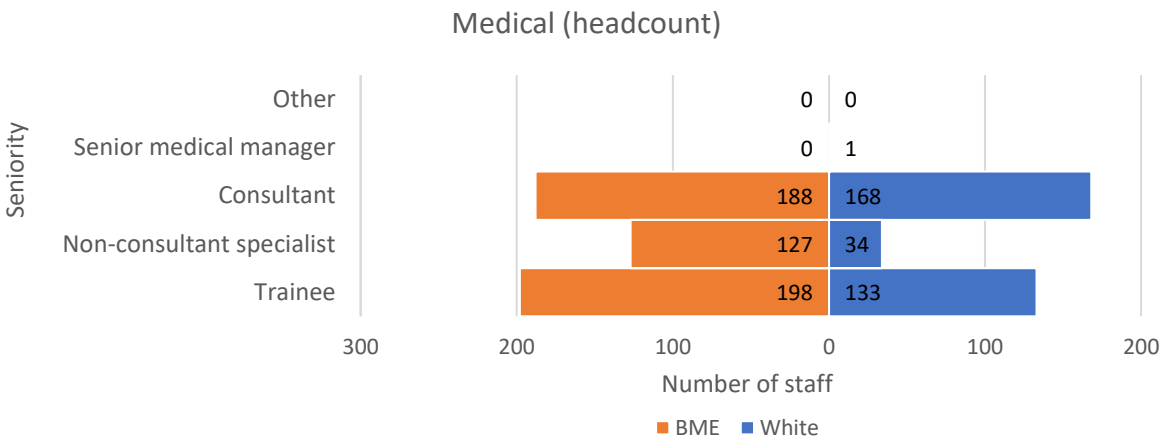
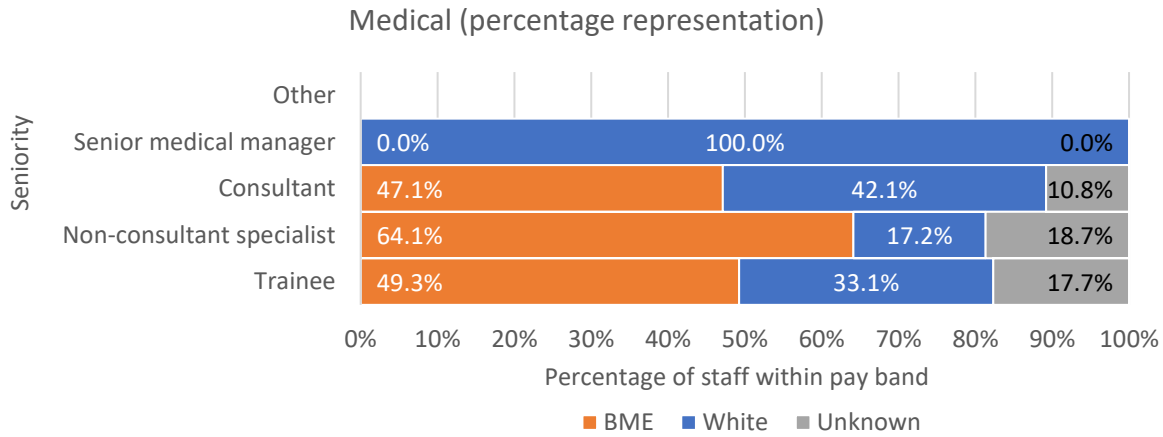


Medical staff

BME representation was 51.3% in all medical and dental roles.

Amongst medical and dental staff:

- BME staff were underrepresented at Consultant level and above, 47.0%.



Race disparity ratios for non-clinical staff on AfC paybands

At March 2023:

Lower to middle: 1.25; not significantly different from "1.0" (or equity).

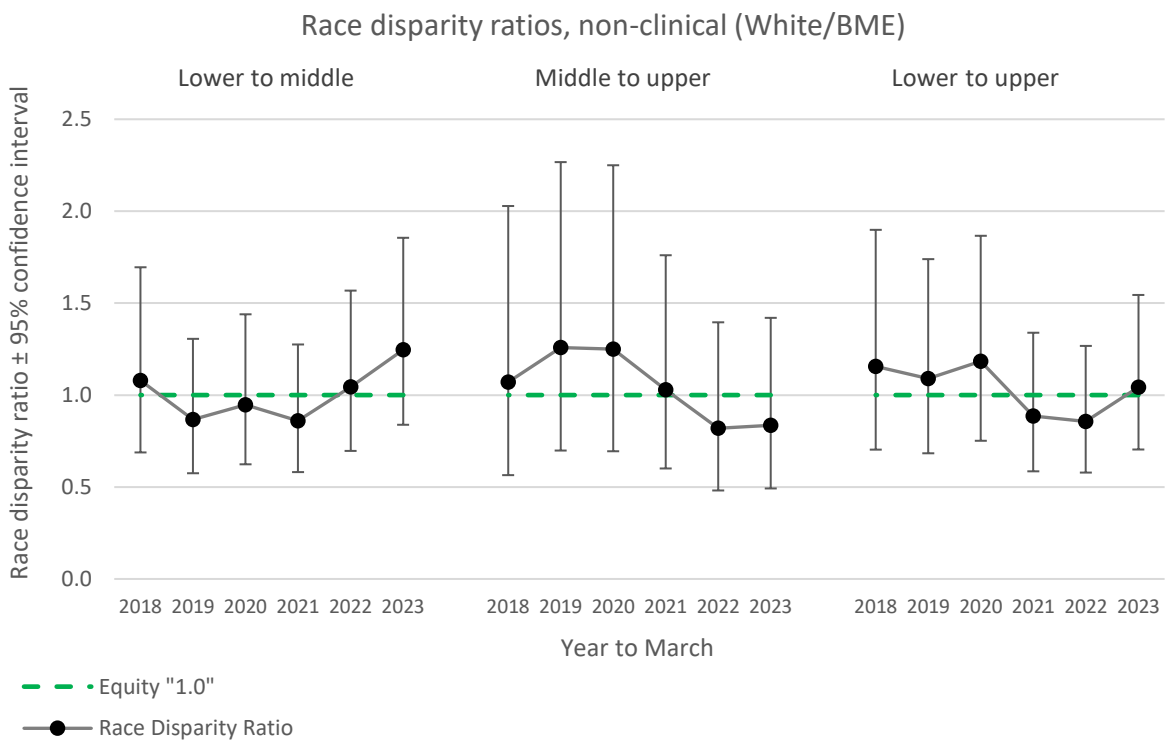
The Trust performed better than 60% of Trusts and worse than 40% of Trusts.

Middle to upper: 0.84; not significantly different from "1.0" (or equity).

The Trust performed better than 83% of Trusts and worse than 17% of Trusts.

Lower to upper: 1.04; not significantly different from "1.0" (or equity).

The Trust performed better than 97% of Trusts and worse than 3% of Trusts.



Lower: non-clinical bands 5 and under

Middle: non-clinical bands 6 to 7

Upper: non-clinical bands 8a and above

The race disparity ratio compares the progression of white staff through the organisation with the progression of BME staff through the organisation. If the race disparity ratio is greater than "1.0" this means that progression favours white staff, whilst if the race disparity ratio is below "1.0", this means that progression favours BME staff. Please refer to the user guide for further explanation.

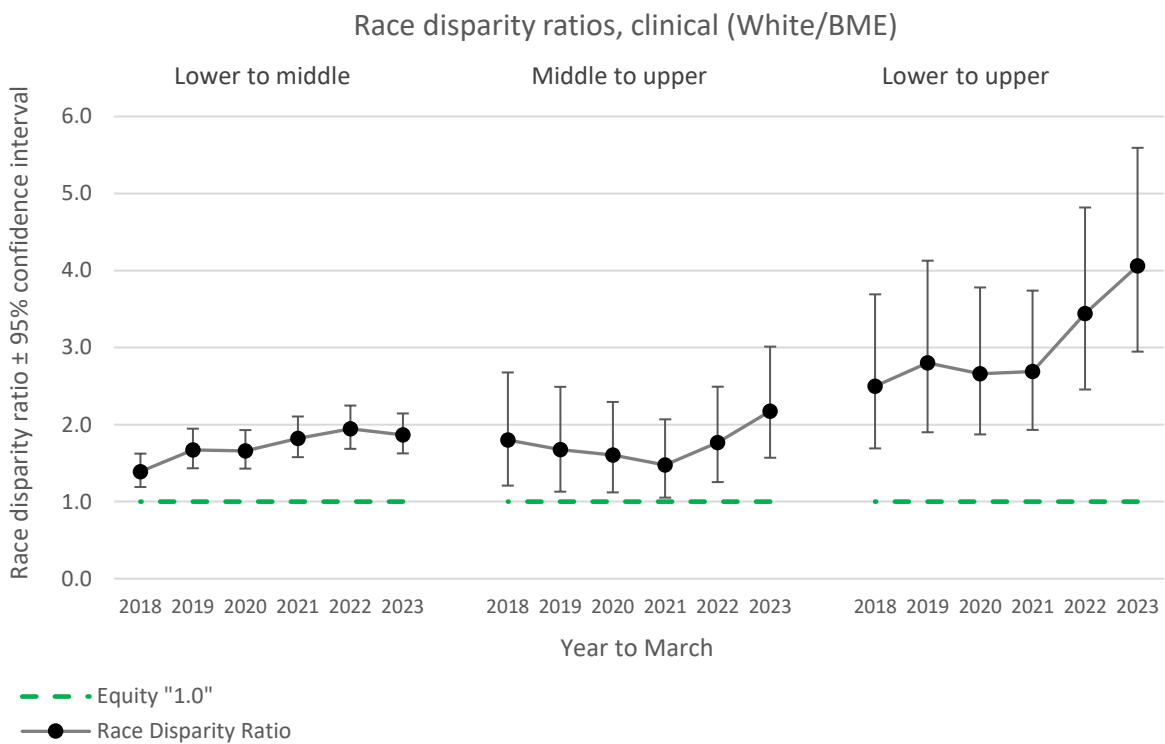
Race disparity ratios for clinical staff on AfC paybands

At March 2023:

Lower to middle: 1.87; higher than "1.0" (or equity) to a small degree.
 The Trust performed better than 69% of Trusts and worse than 31% of Trusts.

Middle to upper: 2.17; higher than "1.0" (or equity) to a small degree.
 The Trust performed better than 25% of Trusts and worse than 75% of Trusts.

Lower to upper: 4.06; higher than "1.0" (or equity) to a medium degree.
 The Trust performed better than 37% of Trusts and worse than 63% of Trusts.



Lower: clinical bands 5 and under

Middle: clinical bands 6 to 7

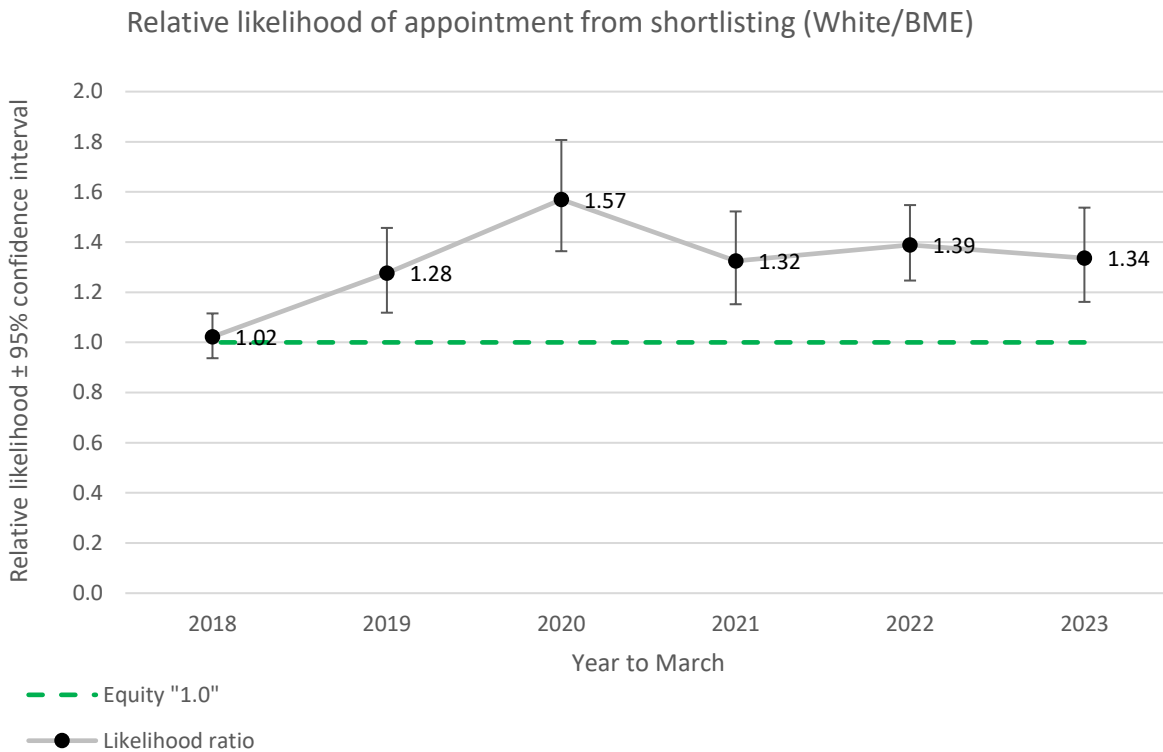
Upper: clinical bands 8a and above

Indicator 2

The relative likelihood of white applicants being appointed from shortlisting compared to BME applicants

At March 2023 the likelihood ratio was 1.34; higher than "1.0" or equity to a small degree. Specifically, 339 out of 1259 white candidates were appointed from shortlisting (26.9% of white candidates) compared to 270 out of 1340 BME candidates (20.1% of BME candidates).

The Trust performed better than 69% of Trusts and worse than 31% of Trusts.



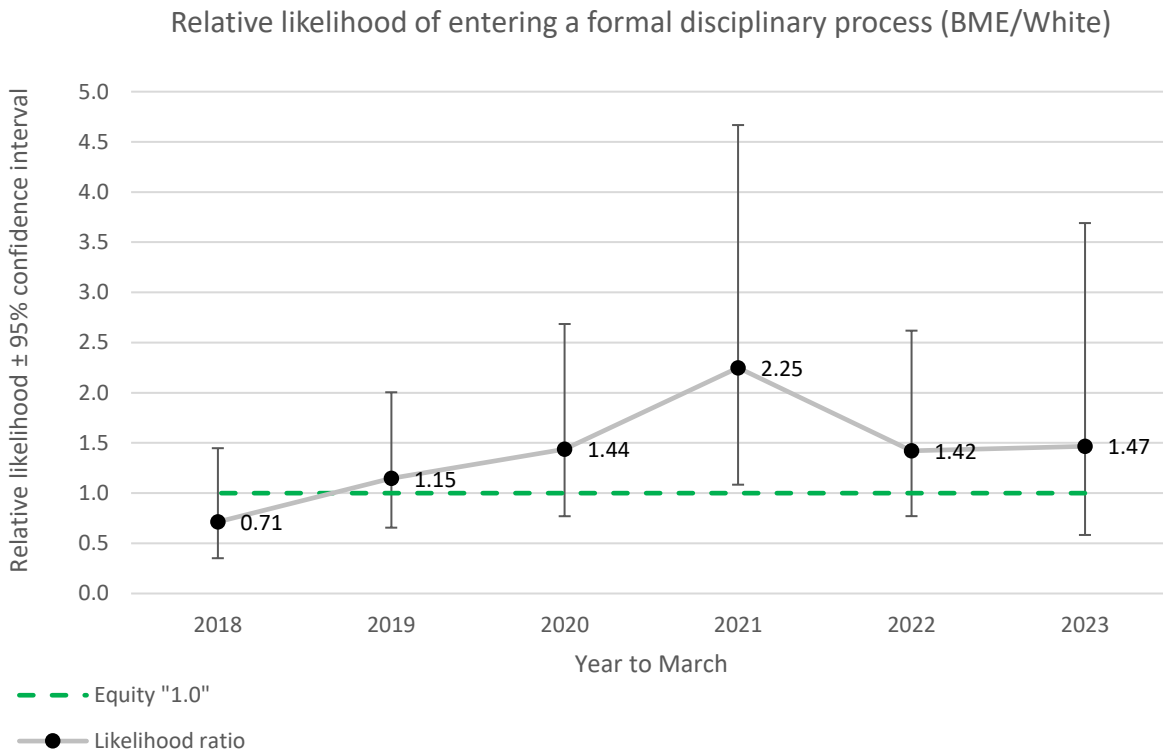
Example: a value of "2.0" would indicate that White candidates were twice as likely as BME candidates to be appointed from shortlisting, whilst a value of "0.5" would indicate that White candidates were half as likely as BME candidates to be appointed from shortlisting.

Indicator 3

The relative likelihood of BME staff entering the formal disciplinary process compared to white staff

At March 2023 the likelihood ratio was 1.47; not significantly different from "1.0" or equity. Specifically, 9 out of 2552 BME staff entered formal disciplinary proceedings (0.35% of the BME workforce) compared to 9 out of 3744 white staff (0.24% of the white workforce).

The Trust performed better than 63% of Trusts and worse than 37% of Trusts.



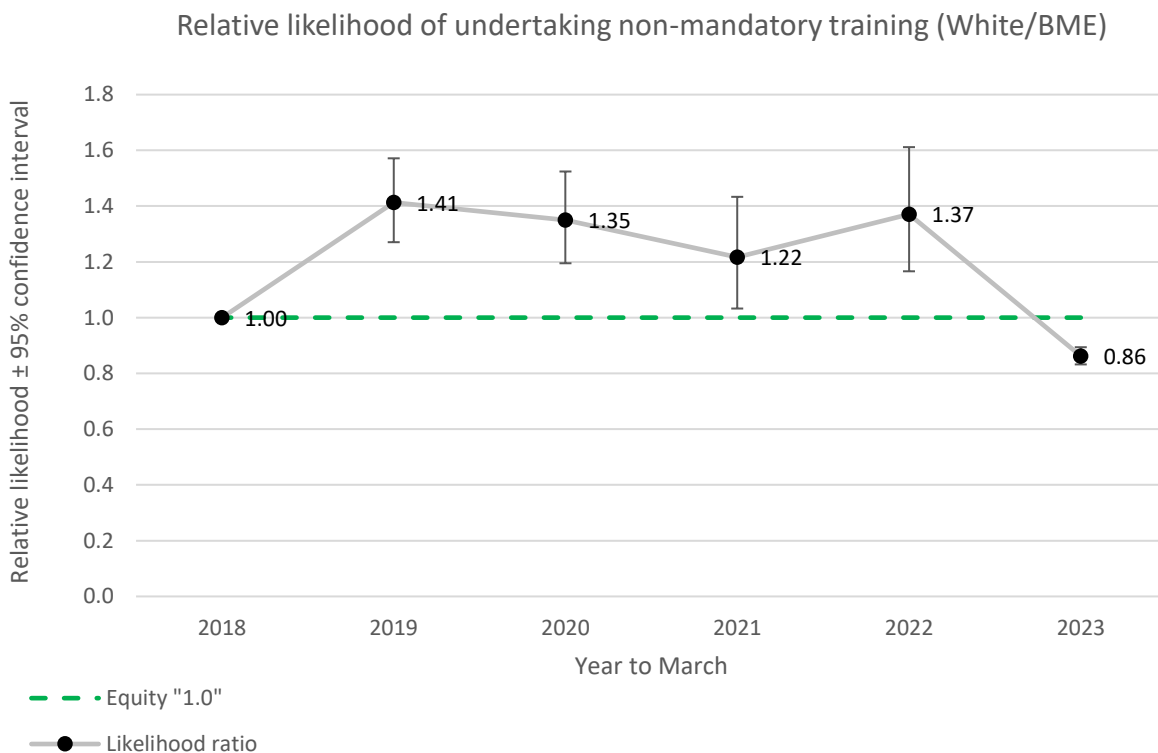
Example: a value of "2.0" would indicate that BME staff were twice as likely as White staff to enter a formal disciplinary process, whilst a value of "0.5" would indicate that BME staff were half as likely as White staff to enter a formal disciplinary process.

Indicator 4

The relative likelihood of white staff accessing non-mandatory training and continuing professional development (CPD) compared to BME staff

At March 2023 the likelihood ratio was 0.86; lower than "1.0" or equity to a small degree. Specifically, 2284 out of 3744 white staff undertook non-mandatory training (61.0% of the white workforce) compared to 1805 out of 2552 BME staff (70.7% of the BME workforce).

The Trust performed better than 36% of Trusts and worse than 64% of Trusts.



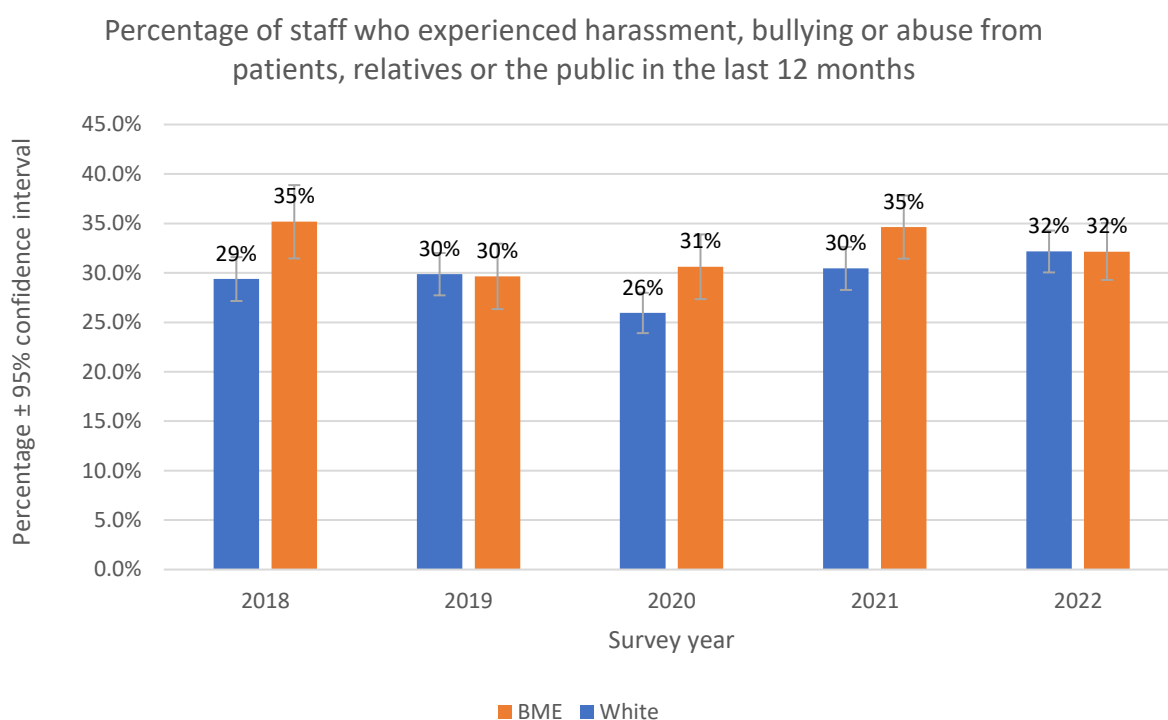
For example a value of "2.0" would indicate that White staff were twice as likely as BME staff to undertake non-mandatory training, whilst a value of "0.5" would indicate that White staff were half as likely as BME staff to undertake non-mandatory training.

Indicator 5

The percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

The percentage of staff who experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months was similar for BME staff, 32.2%, and for White staff, 32.2%.

In terms of the percentage of BME staff who experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months, the Trust performed better than 38% of Trusts and worse than 62% of Trusts.



Percentage of staff who experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months, by ethnicity

Ethnicity		Survey year				
		2018	2019	2020	2021	2022
Grouped	White	29%	30%	26%	30%	32%
	BME	35%	30%	31%	35%	32%
Detailed	White British	29%	29%	26%	30%	32%
	White "other"	29%	34%	26%	33%	37%
	Asian	36%	31%	32%	36%	33%
	Black	36%	22%	24%	32%	34%
	Mixed/other	31%	30%	30%	32%	28%

Percentage of staff who experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months, by ethnicity and gender

Ethnicity and gender	Survey year				
	2018	2019	2020	2021	2022
Overall	31%	30%	27%	32%	32%
White women	32%	31%	27%	32%	33%
BME women	38%	29%	30%	35%	34%
White men	18%	23%	19%	19%	26%
BME men	28%	30%	31%	32%	28%

Percentage of staff who experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months, by ethnicity and occupational group

Occupational group	Ethnicity	Survey year				
		2018	2019	2020	2021	2022
Allied health prof.	White	26%	27%	23%	27%	30%
	BME	25%	19%	24%	21%	25%
Medical and dental	White	38%	44%	35%	49%	44%
	BME	33%	36%	41%	41%	47%
Ambulance (operational)	White	SUPP	SUPP	SUPP	SUPP	SUPP
	BME	SUPP	SUPP	SUPP	SUPP	SUPP
Nurses and midwives	White	42%	43%	40%	47%	46%
	BME	49%	40%	39%	43%	38%
Healthcare assistants	White	41%	38%	34%	47%	49%
	BME	37%	28%	24%	37%	29%
Wider healthcare team	White	17%	20%	17%	18%	20%
	BME	10%	7%	13%	18%	16%
General management	White	11%	13%	11%	11%	11%
	BME	20%	12%	28%	27%	SUPP
Other	White	10%	13%	19%	20%	24%
	BME	47%	14%	26%	18%	21%

Heat map colour coding for the degree of poor outcome, relative to the benchmark

	Benchmark
	Very high
	High
	Quite high
	Similar to benchmark
	Quite low
	Low
	Very low

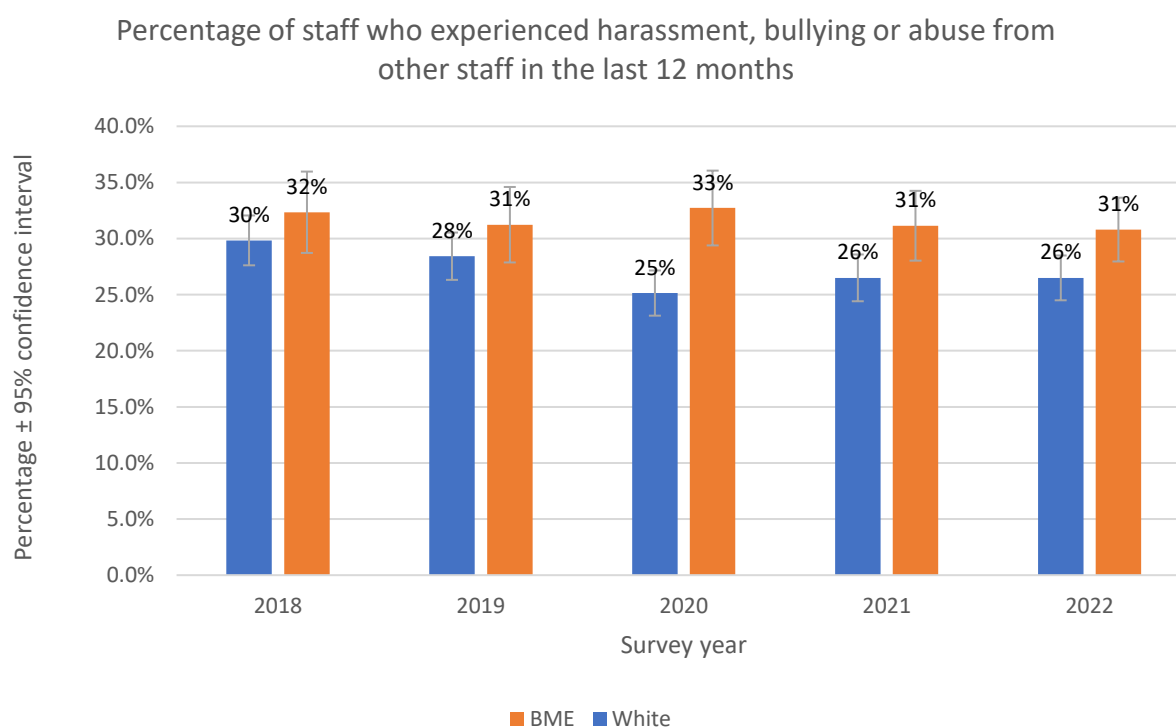
SUPP = Suppressed (percentages based on 10 or fewer respondents have been suppressed)

Indicator 6

The percentage of staff who experienced harassment, bullying or abuse from other staff in the last 12 months

The percentage of staff who experienced harassment, bullying or abuse from other staff in the last 12 months was significantly higher for BME staff, 30.8%, than for White staff, 26.5%.

In terms of the percentage of BME staff who experienced harassment, bullying or abuse from other staff in the last 12 months, the Trust performed better than 23% of Trusts and worse than 77% of Trusts.



Percentage of staff who experienced harassment, bullying or abuse from other staff in the last 12 months, by ethnicity

Ethnicity		Survey year				
		2018	2019	2020	2021	2022
Grouped	White	30%	28%	25%	26%	26%
	BME	32%	31%	33%	31%	31%
Detailed	White British	30%	28%	25%	26%	26%
	White "other"	32%	35%	24%	27%	32%
	Asian	31%	32%	33%	29%	31%
	Black	37%	26%	27%	31%	31%
	Mixed/other	33%	33%	38%	43%	29%

Percentage of staff who experienced harassment, bullying or abuse from other staff in the last 12 months, by ethnicity and gender

Ethnicity and gender	Survey year				
	2018	2019	2020	2021	2022
Overall	31%	29%	28%	28%	28%
White women	30%	28%	25%	27%	26%
BME women	35%	31%	33%	34%	31%
White men	28%	27%	21%	24%	25%
BME men	24%	30%	31%	23%	28%

Percentage of staff who experienced harassment, bullying or abuse from other staff in the last 12 months, by ethnicity and occupational group

Occupational group	Ethnicity	Survey year				
		2018	2019	2020	2021	2022
Allied health prof.	White	30%	30%	25%	27%	27%
	BME	30%	23%	26%	23%	26%
Medical and dental	White	31%	34%	31%	28%	31%
	BME	27%	41%	43%	38%	41%
Ambulance (operational)	White	SUPP	SUPP	SUPP	SUPP	SUPP
	BME	SUPP	SUPP	SUPP	SUPP	SUPP
Nurses and midwives	White	32%	32%	31%	31%	30%
	BME	36%	34%	35%	33%	32%
Healthcare assistants	White	30%	26%	22%	23%	33%
	BME	32%	24%	18%	14%	28%
Wider healthcare team	White	28%	24%	21%	23%	21%
	BME	30%	23%	31%	34%	27%
General management	White	43%	35%	25%	34%	22%
	BME	20%	53%	44%	55%	SUPP
Other	White	22%	26%	21%	22%	26%
	BME	40%	41%	43%	38%	29%

Heat map colour coding for the degree of poor outcome, relative to the benchmark

	Benchmark
	Very high
	High
	Quite high
	Similar to benchmark
	Quite low
	Low
	Very low

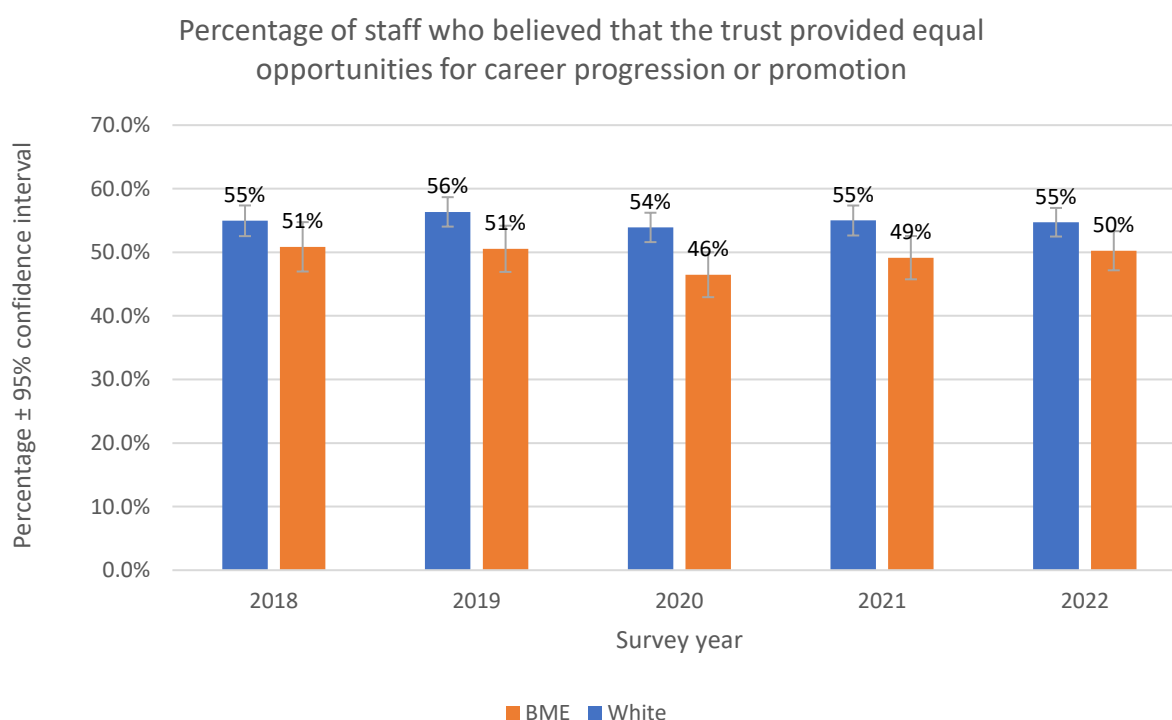
SUPP = Suppressed (percentages based on 10 or fewer respondents have been suppressed)

Indicator 7

The percentage of staff who believed that the trust provided equal opportunities for career progression or promotion

The percentage of staff who believed that the trust provided equal opportunities for career progression or promotion was significantly lower for BME staff, 50.2%, than for White staff, 54.7%.

In terms of the percentage of BME staff who believed that the trust provided equal opportunities for career progression or promotion, the Trust performed better than 76% of Trusts and worse than 24% of Trusts.



Percentage of staff who believed that the trust provided equal opportunities for career progression or promotion, by ethnicity

Ethnicity		Survey year				
		2018	2019	2020	2021	2022
Grouped	White	55%	56%	54%	55%	55%
	BME	51%	51%	46%	49%	50%
Detailed	White British	55%	57%	55%	55%	55%
	White "other"	51%	50%	45%	54%	53%
	Asian	54%	54%	47%	53%	54%
	Black	39%	37%	36%	32%	35%
	Mixed/other	50%	51%	53%	51%	49%

Percentage of staff who believed that the trust provided equal opportunities for career progression or promotion, by ethnicity and gender

Ethnicity and gender	Survey year				
	2018	2019	2020	2021	2022
Overall	53%	55%	51%	53%	53%
White women	56%	57%	54%	55%	56%
BME women	51%	51%	50%	49%	50%
White men	53%	53%	57%	60%	53%
BME men	53%	53%	43%	51%	54%

Percentage of staff who believed that the trust provided equal opportunities for career progression or promotion, by ethnicity and occupational group

Occupational group	Ethnicity	Survey year				
		2018	2019	2020	2021	2022
Allied health prof.	White	56%	58%	58%	54%	56%
	BME	58%	55%	55%	52%	53%
Medical and dental	White	56%	61%	58%	56%	50%
	BME	51%	50%	40%	48%	51%
Ambulance (operational)	White	SUPP	SUPP	SUPP	SUPP	SUPP
	BME	SUPP	SUPP	SUPP	SUPP	SUPP
Nurses and midwives	White	58%	60%	58%	57%	58%
	BME	54%	55%	49%	52%	50%
Healthcare assistants	White	60%	52%	60%	65%	59%
	BME	55%	52%	59%	56%	61%
Wider healthcare team	White	49%	52%	48%	53%	52%
	BME	37%	31%	30%	41%	37%
General management	White	68%	59%	57%	57%	52%
	BME	10%	18%	21%	18%	SUPP
Other	White	54%	58%	53%	54%	52%
	BME	27%	41%	26%	35%	47%

Heat map colour coding for the degree of poor outcome, relative to the benchmark

	Benchmark
	Very high
	High
	Quite high
	Similar to benchmark
	Quite low
	Low
	Very low

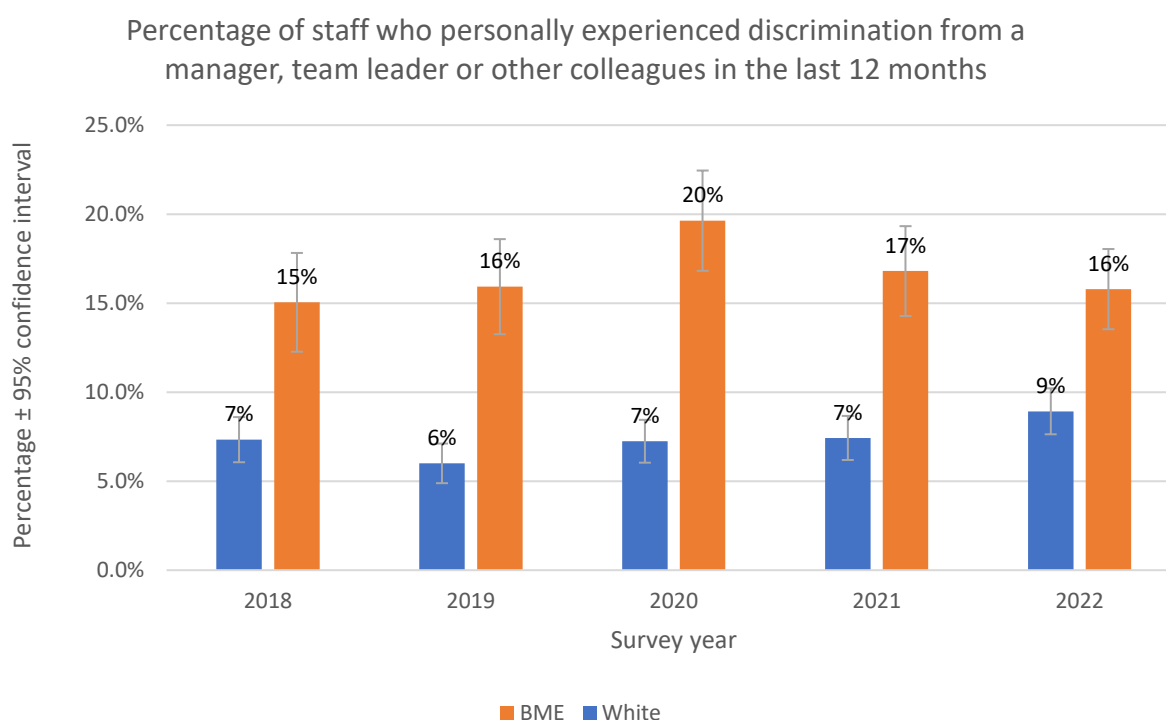
SUPP = Suppressed (percentages based on 10 or fewer respondents have been suppressed)

Indicator 8

The percentage of staff who personally experienced discrimination at work from a manager, team leader or other colleagues

The percentage of staff who personally experienced discrimination from other staff in the last 12 months was significantly higher for BME staff, 15.8%, than for White staff, 8.9%.

In terms of the percentage of BME staff who personally experienced discrimination from other staff in the last 12 months, the Trust performed better than 52% of Trusts and worse than 48% of Trusts.



Percentage of staff who personally experienced discrimination from other staff in the last 12 months, by ethnicity

Ethnicity		Survey year				
		2018	2019	2020	2021	2022
Grouped	White	7%	6%	7%	7%	9%
	BME	15%	16%	20%	17%	16%
Detailed	White British	7%	5%	7%	7%	9%
	White "other"	10%	11%	11%	7%	11%
	Asian	15%	16%	20%	16%	16%
	Black	18%	15%	21%	21%	17%
	Mixed/other	13%	18%	16%	14%	11%

Percentage of staff who personally experienced discrimination from other staff in the last 12 months, by ethnicity and gender

Ethnicity and gender	Survey year				
	2018	2019	2020	2021	2022
Overall	10%	9%	11%	11%	12%
White women	7%	6%	7%	7%	9%
BME women	16%	16%	20%	19%	15%
White men	8%	6%	8%	9%	9%
BME men	11%	15%	16%	10%	15%

Percentage of staff who personally experienced discrimination from other staff in the last 12 months, by ethnicity and occupational group

Occupational group	Ethnicity	Survey year				
		2018	2019	2020	2021	2022
Allied health prof.	White	8%	7%	9%	7%	11%
	BME	12%	9%	8%	12%	15%
Medical and dental	White	6%	8%	10%	7%	6%
	BME	14%	20%	22%	17%	19%
Ambulance (operational)	White	SUPP	SUPP	SUPP	SUPP	SUPP
	BME	SUPP	SUPP	SUPP	SUPP	SUPP
Nurses and midwives	White	8%	5%	7%	8%	9%
	BME	16%	16%	25%	17%	16%
Healthcare assistants	White	8%	10%	10%	8%	10%
	BME	12%	18%	19%	10%	13%
Wider healthcare team	White	6%	4%	6%	7%	9%
	BME	19%	13%	25%	20%	12%
General management	White	5%	7%	10%	11%	11%
	BME	10%	38%	21%	36%	SUPP
Other	White	9%	10%	6%	10%	7%
	BME	13%	18%	4%	28%	19%

Heat map colour coding for the degree of poor outcome, relative to the benchmark

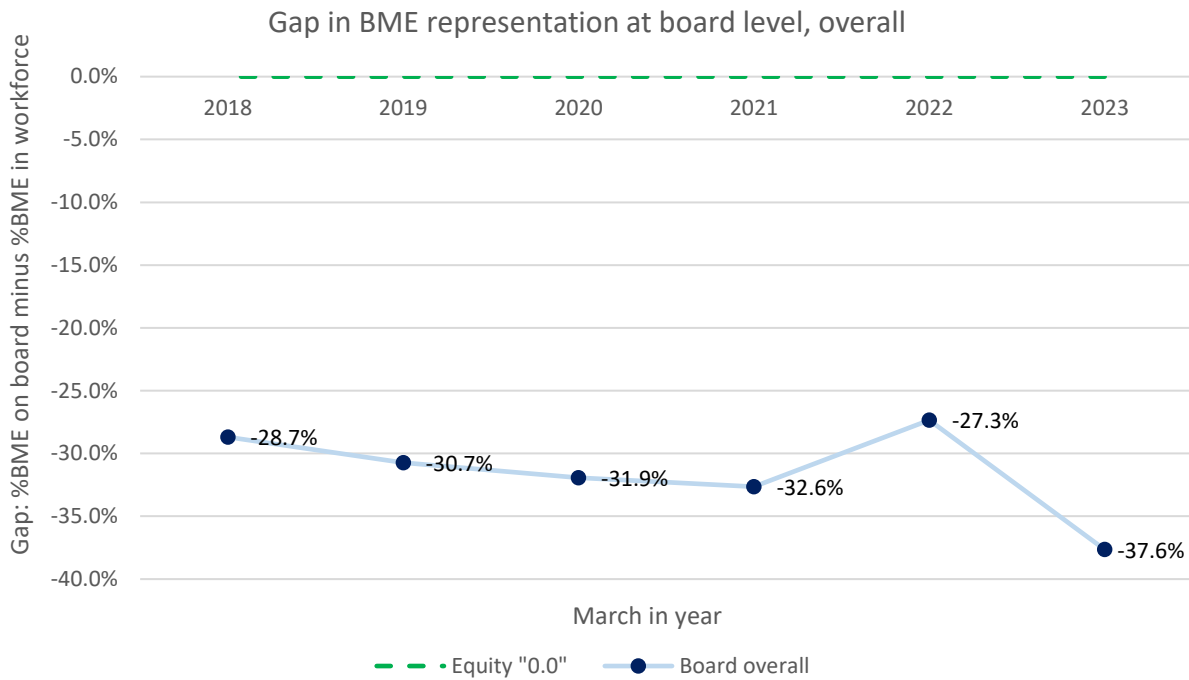
	Benchmark
	Very high
	High
	Quite high
	Similar to benchmark
	Quite low
	Low
	Very low

SUPP = Suppressed (percentages based on 10 or fewer respondents have been suppressed)

Indicator 9

Overall board membership

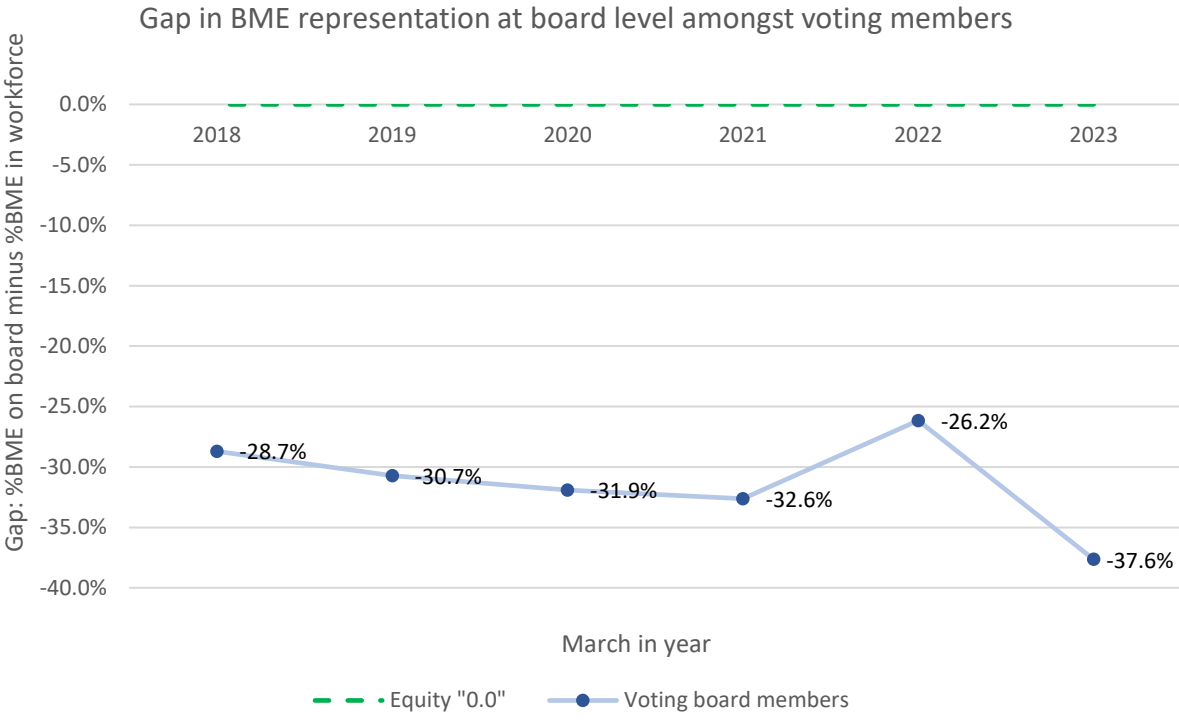
At March 2023, the difference between BME representation on the board and in the workforce was -37.6%. BME members were underrepresented on the board by five members in terms of a headcount. The Trust performed better than 3% of Trusts and worse than 97% of Trusts.



The board representation indicator is calculated by deducting the percentage of BME staff in the workforce from the percentage of BME members on the board of directors. A value of "0.0" means that the percentage of BME members on the board of directors is exactly the same as the percentage of BME staff in the workforce. A positive value means that the percentage of BME members on the board of directors is higher than in the workforce, and a negative value means that the percentage of BME members on the board of directors is lower than in the workforce. These calculations are made for all board members considered together, as well as for voting members and executive members considered separately.

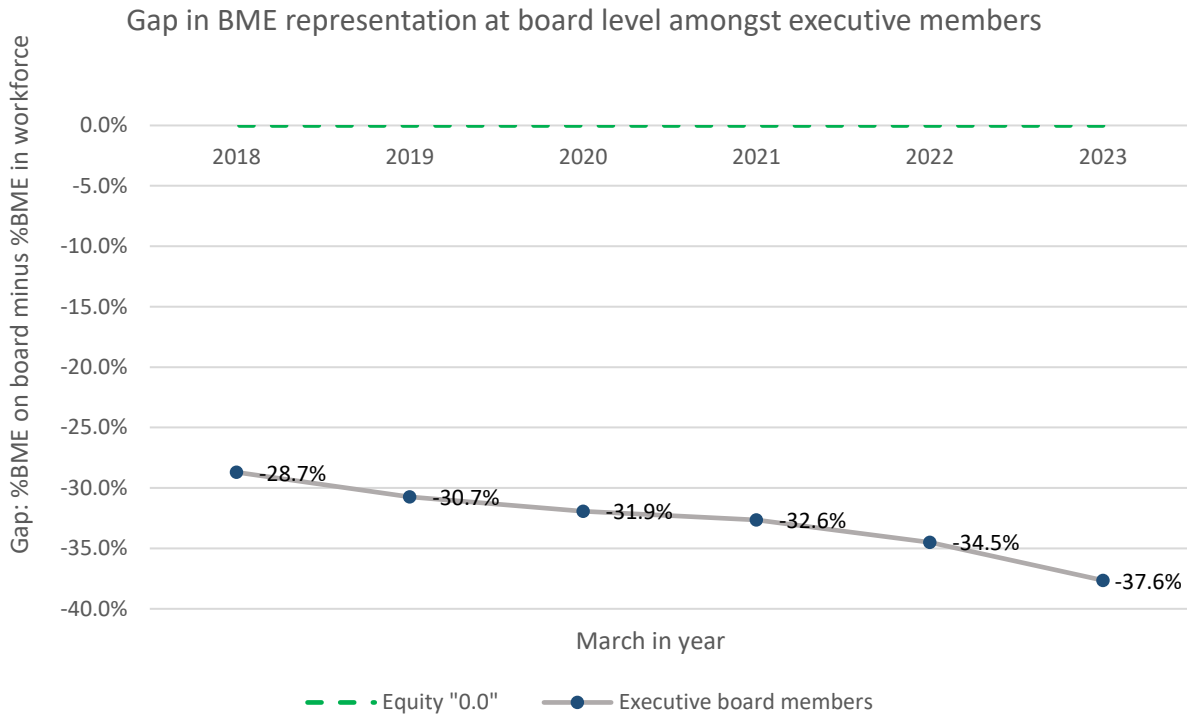
Voting board membership

At March 2023, the difference between BME representation on the board and in the workforce was -37.6% amongst voting members. BME members were underrepresented on the board by four voting members in terms of a headcount. The Trust performed better than 3% of Trusts and worse than 97% of Trusts.



Executive board membership

At March 2023, the difference between BME representation on the board and in the workforce was -37.6% amongst executive members. BME members were underrepresented on the board by three executive members in terms of a headcount. The Trust performed better than 9% of Trusts and worse than 91% of Trusts.



Appendix: Scatter Graphs and Frequency Distributions

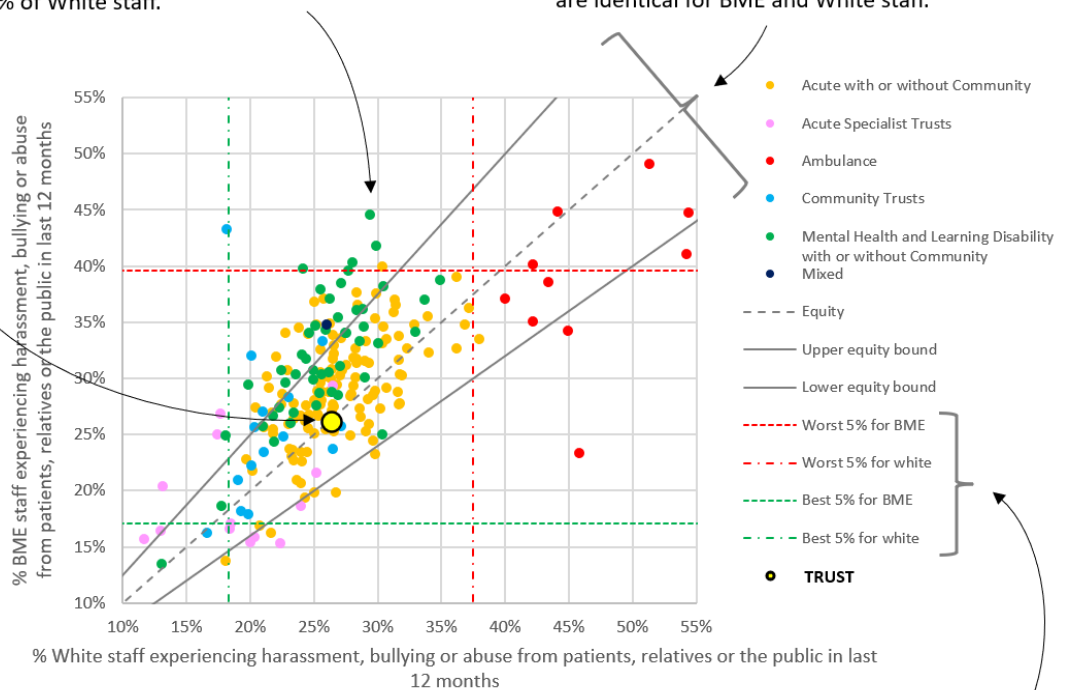
How to interpret scatter graphs

Scatter graphs can show how two or more variables are related. Consequently, in this report, scatter graphs are used to show how each Trust performed on the staff survey-based WRES metrics (indicators 5 to 8) for BME staff compared to White staff. In the example below, each Trust is represented by a dot. The position of the Trust in terms of its x and y co-ordinates on the graph is determined by the percentage of White staff at that Trust who experienced harassment, bullying or abuse from patients (horizontal x-axis) and the percentage of BME staff at that Trust who experienced harassment, bullying or abuse from patients (vertical y-axis). In this graph there is a tendency for Trusts that have higher rates of abuse from patients against BME staff to also have higher rates of abuse from patients against White staff. The colour-coding in this graph denotes trust type. It can be seen that Ambulance Trusts, in red, tend to have high rates of abuse from patients against BME staff and especially high rates of abuse from patients against White staff.

Each Trust is represented by a single dot, that is colour-coded according to either the Trust's region or trust-type (depending on which graph is being studied). For instance, at this Mental Health Trust (colour-coded green) 44.6% of BME staff experienced harassment, bullying or abuse from patients compared to 29.4% of White staff.

Trusts that fall within the solid grey lines have similar outcomes for BME and White staff (according to the four-fifths rule for assessing disproportionate impact). The dotted grey line marks where outcomes are identical for BME and White staff.

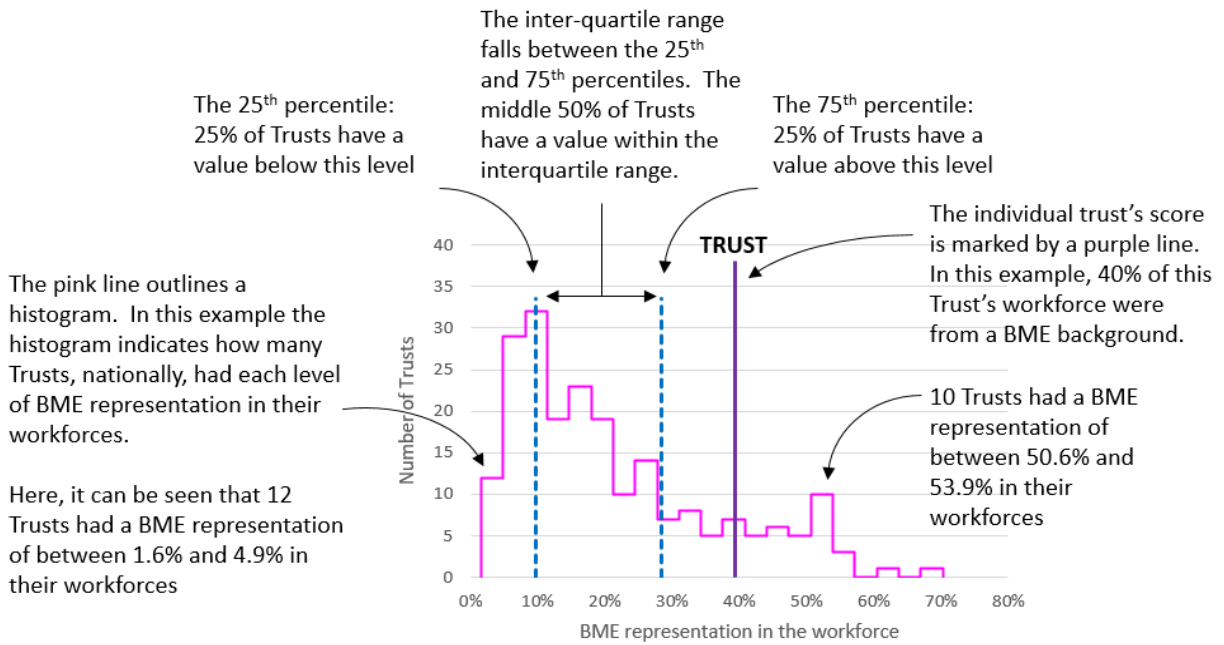
The Trust that is the subject of the report has its position marked by a large, yellow dot with a black border. For instance, the position of this Trust's marker indicates that at this organisation, 26.1% of BME staff experienced harassment, bullying or abuse from patients compared to 26.4% of White staff.



The red and green lines mark the thresholds for Trusts that are performing especially well (best 5%, green) or poorly (worst 5%, red) for BME and/or White staff.

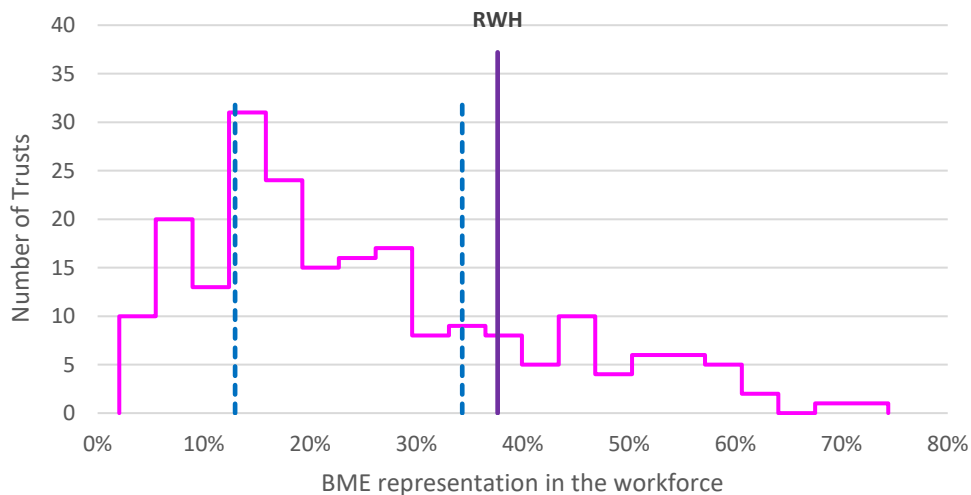
How to interpret frequency distributions

Frequency distributions are statistical charts. In the example below, the frequency distribution shows how many Trusts had various levels of BME representation in their workforces.

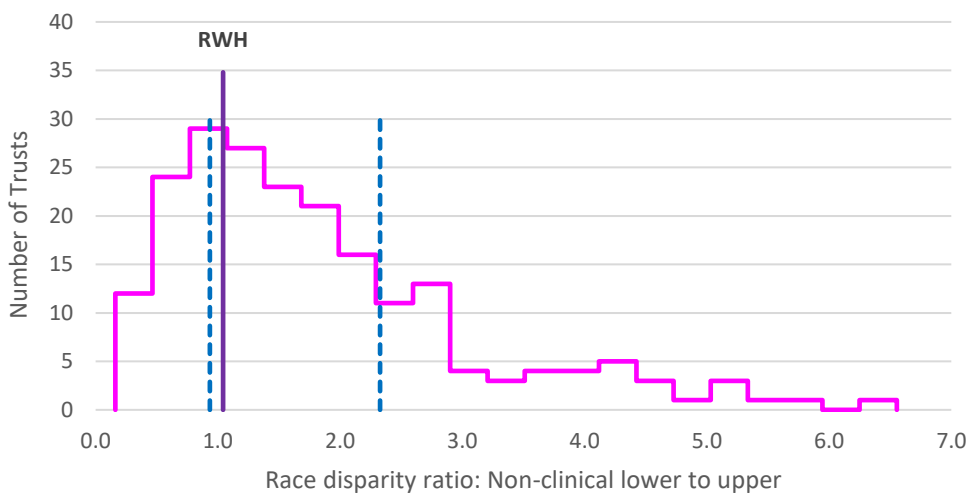
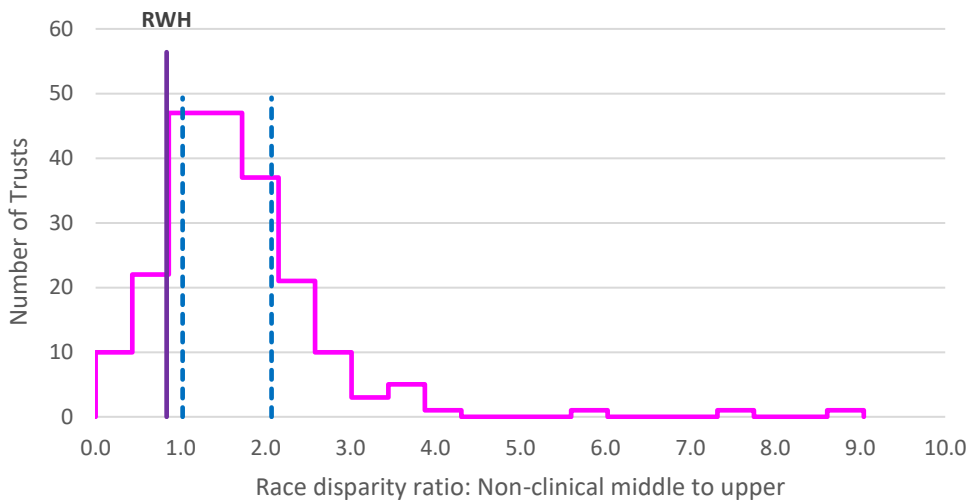
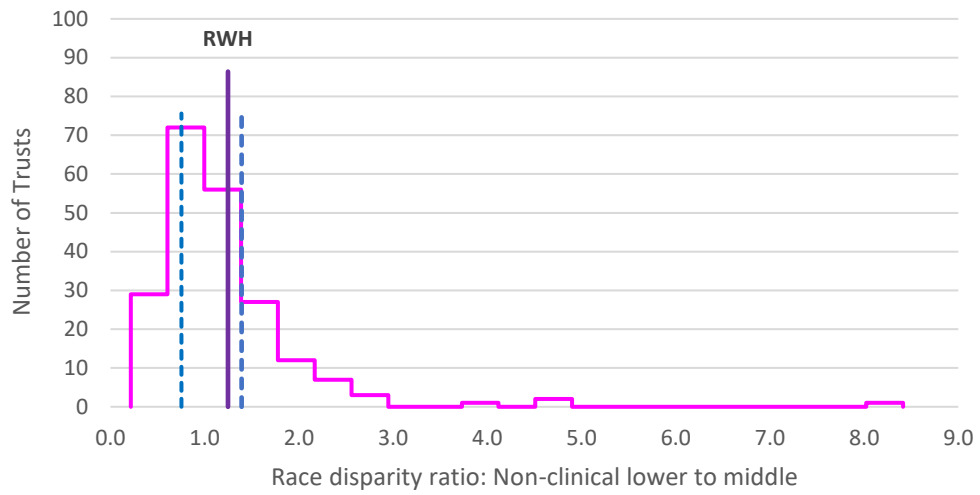


Frequency distributions and scatter graphs that illustrate the position of this Trust against the distribution of values for other Trusts, nationally, are presented below for each indicator.

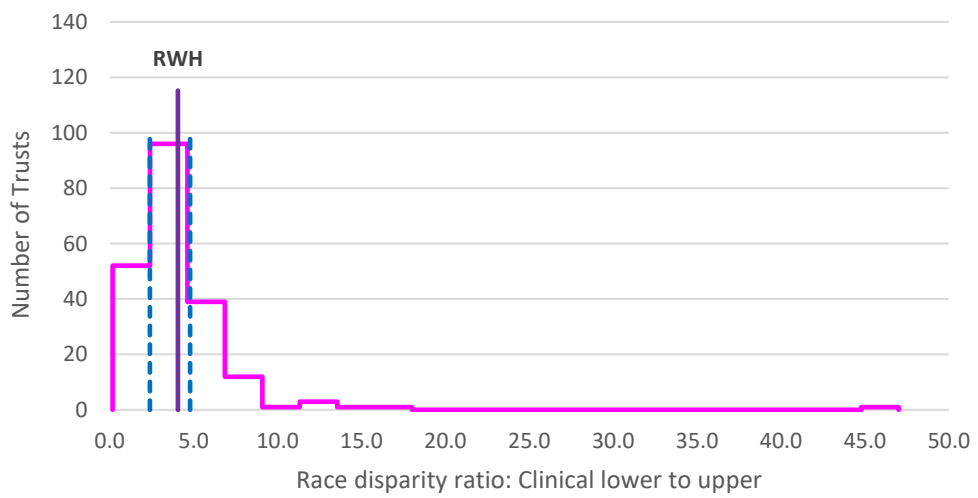
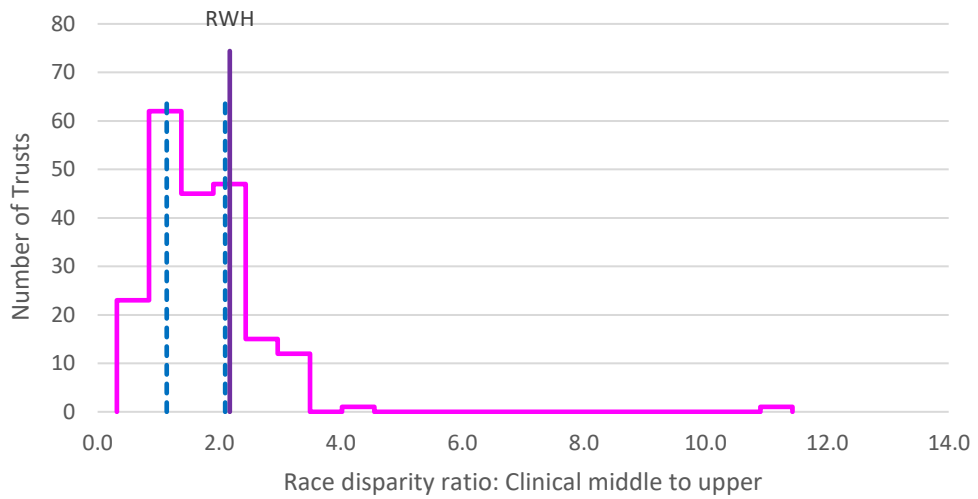
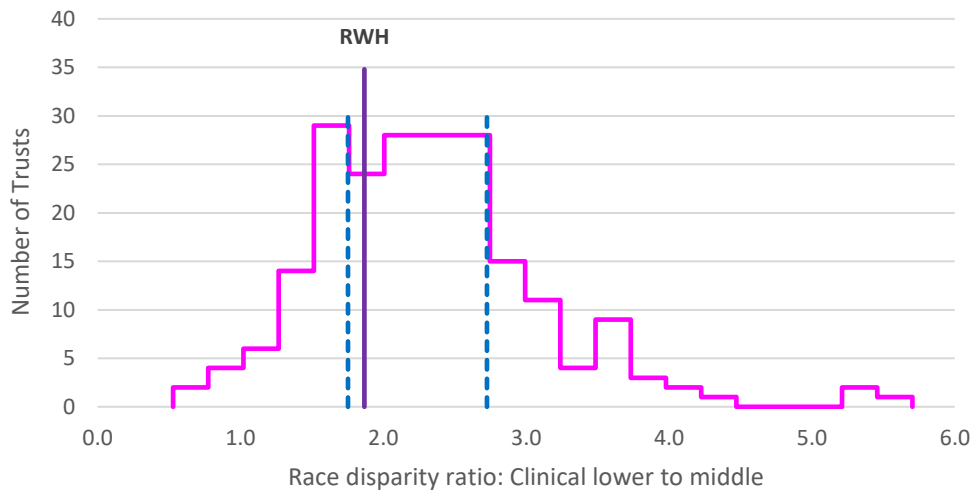
Indicator 1: Percentage BME representation in the workforce



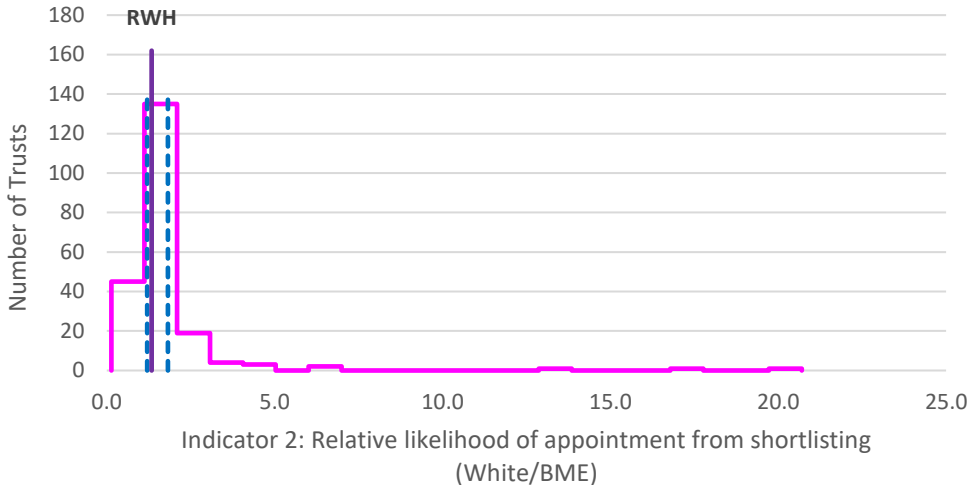
Indicator 1: Non-clinical race disparity ratios



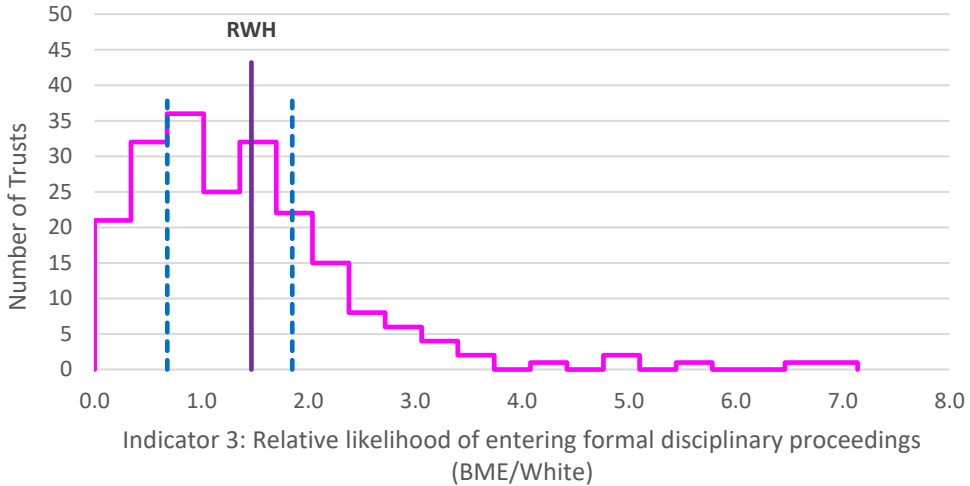
Indicator 1: Clinical race disparity ratios



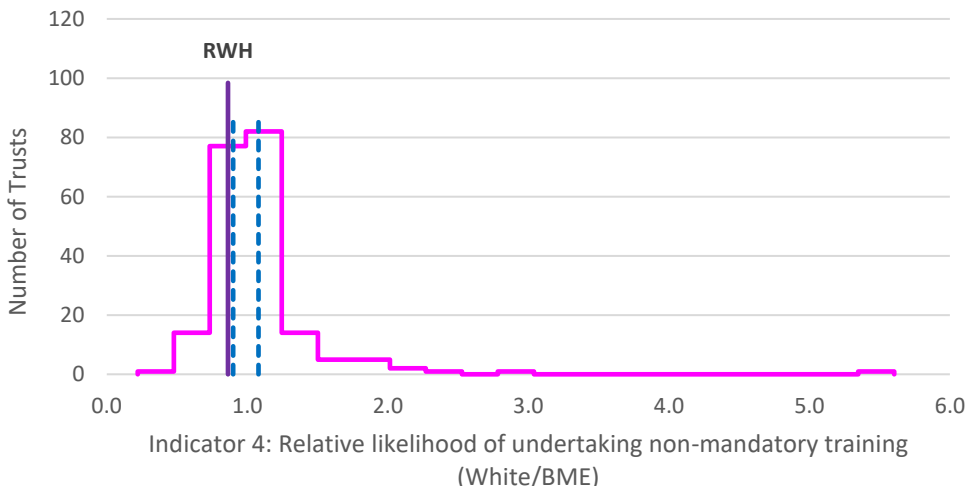
Indicator 2: The relative likelihood of white applicants being appointed from shortlisting compared to BME applicants



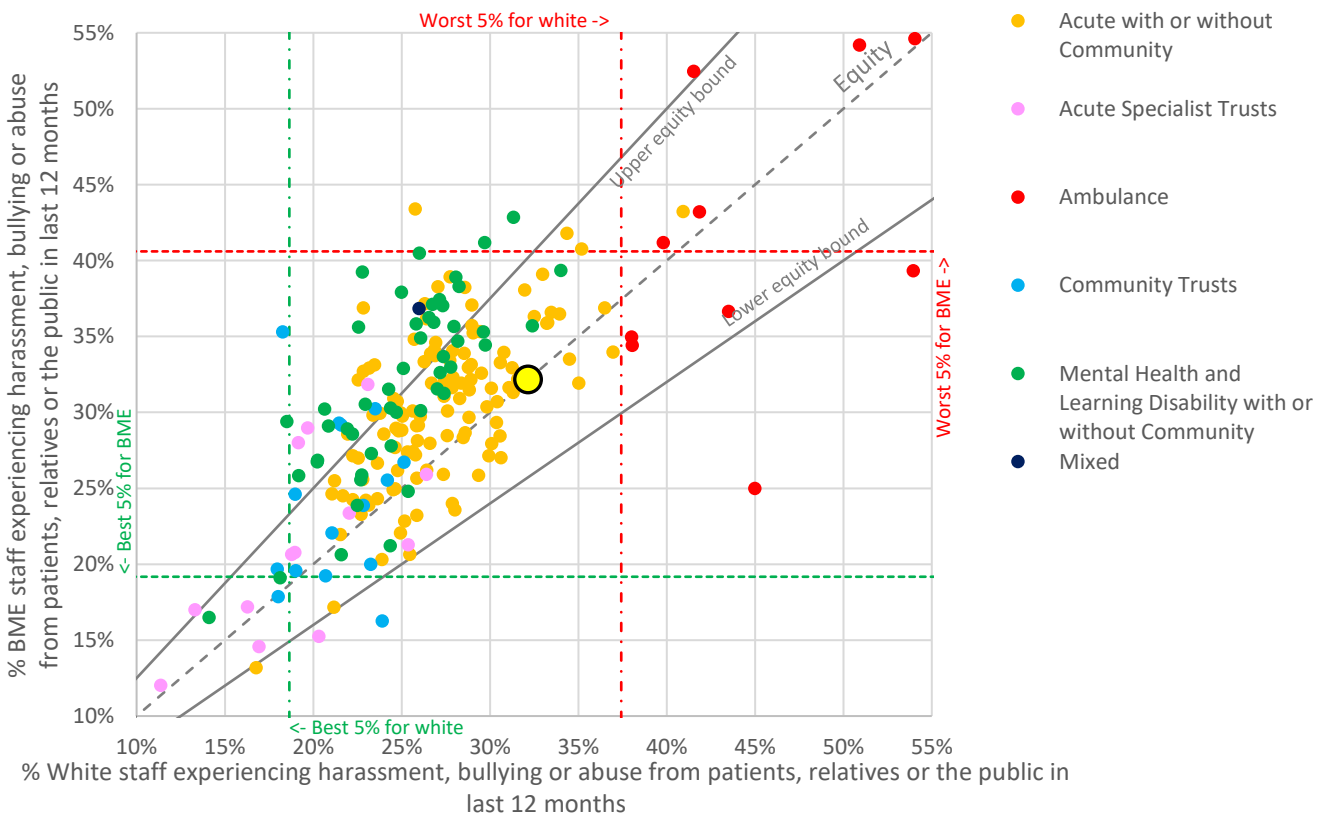
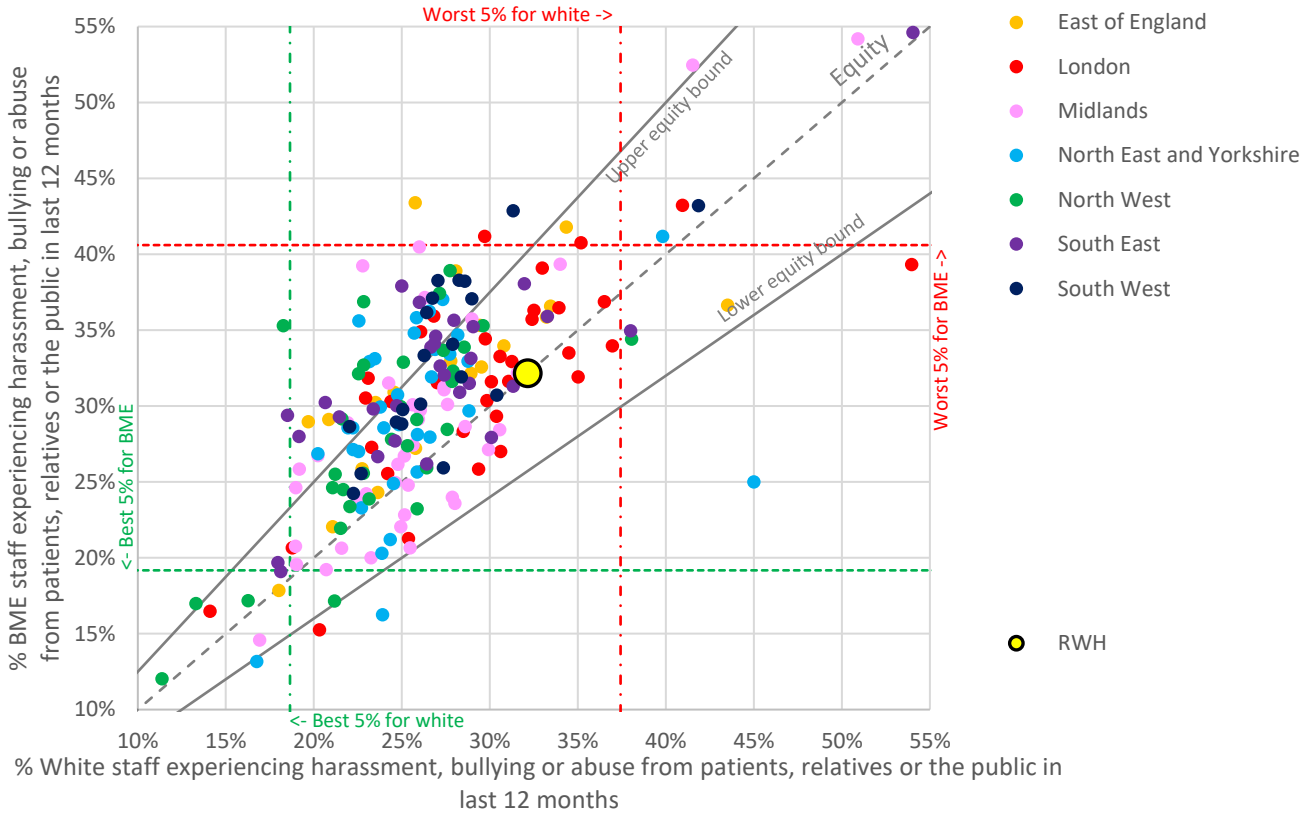
Indicator 3: The relative likelihood of BME staff entering the formal disciplinary process compared to white staff



Indicator 4: The relative likelihood of white staff accessing non-mandatory training and continuing professional development (CPD) compared to BME staff



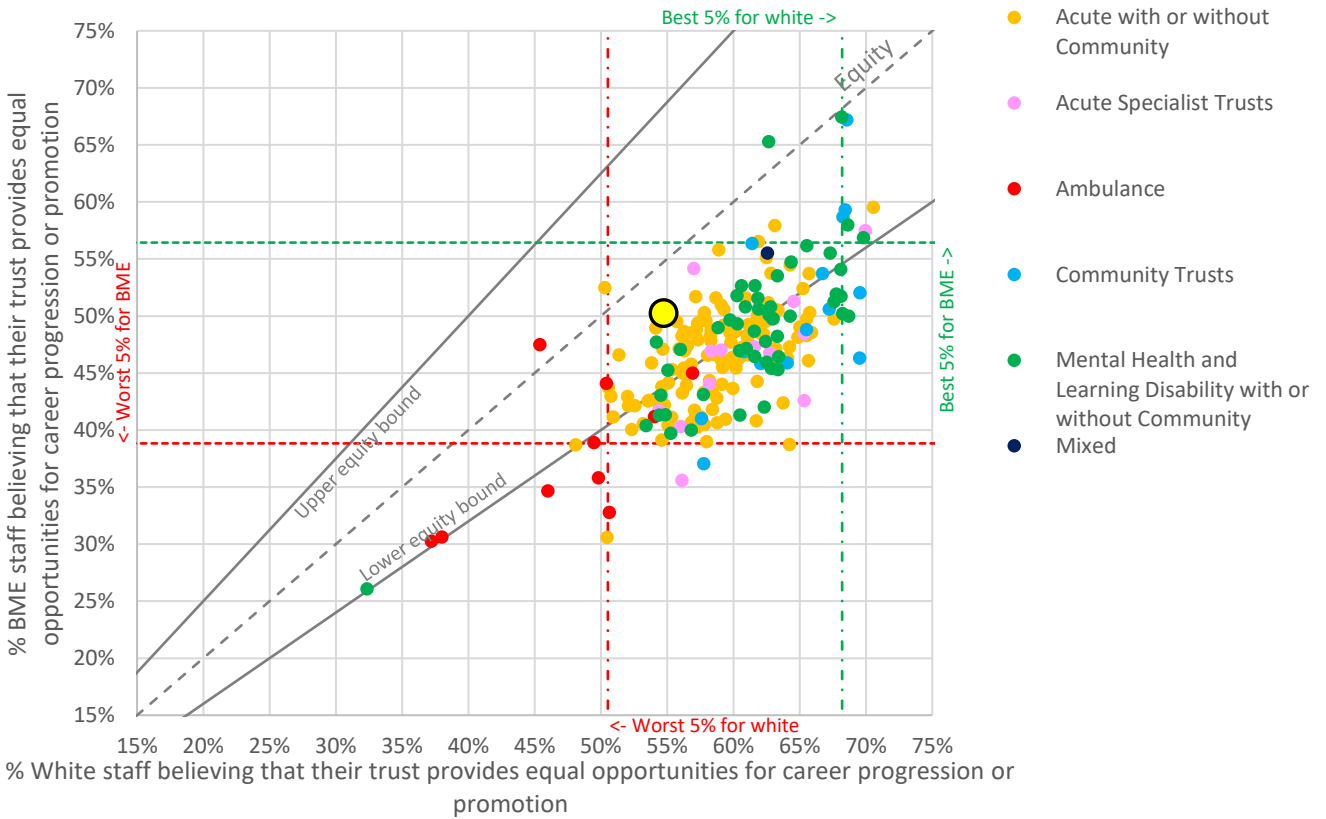
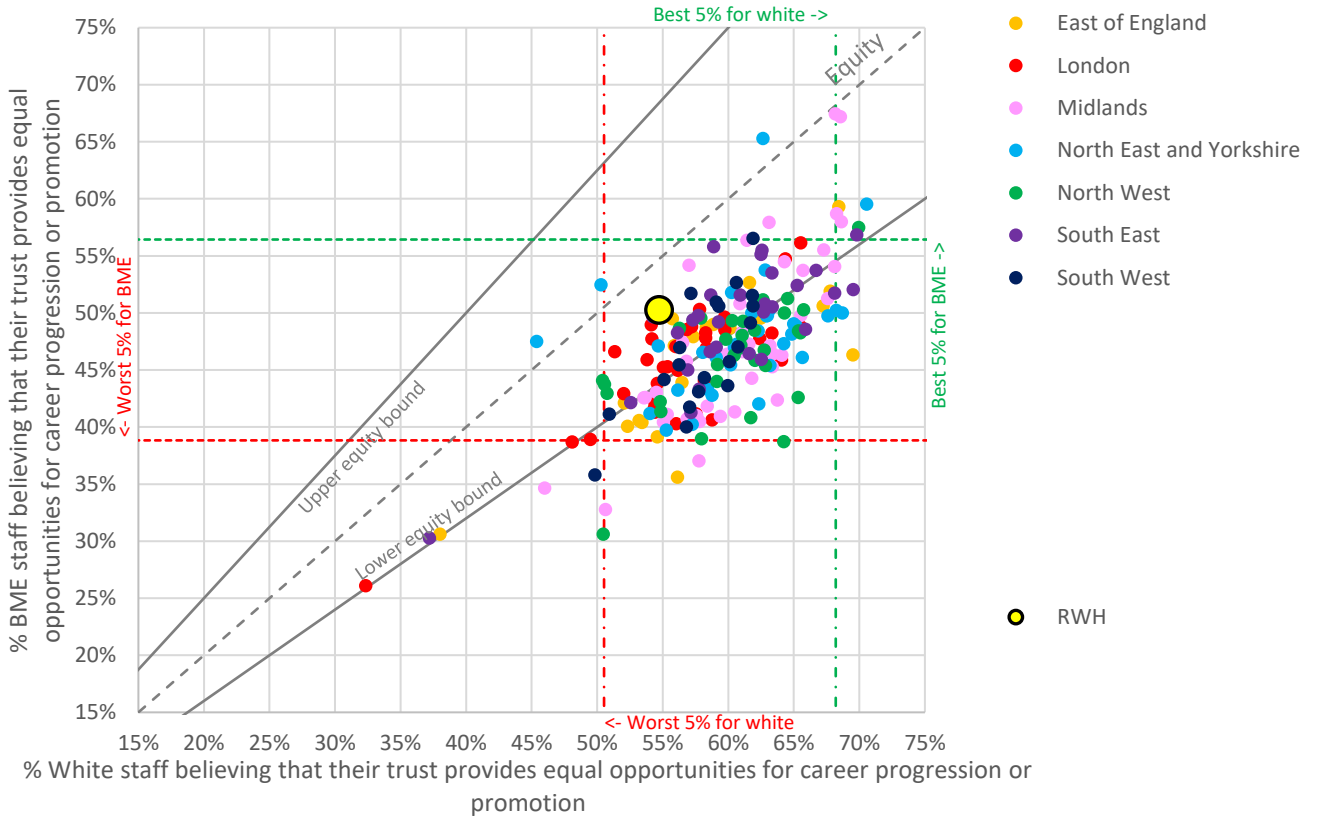
Indicator 5: The percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months



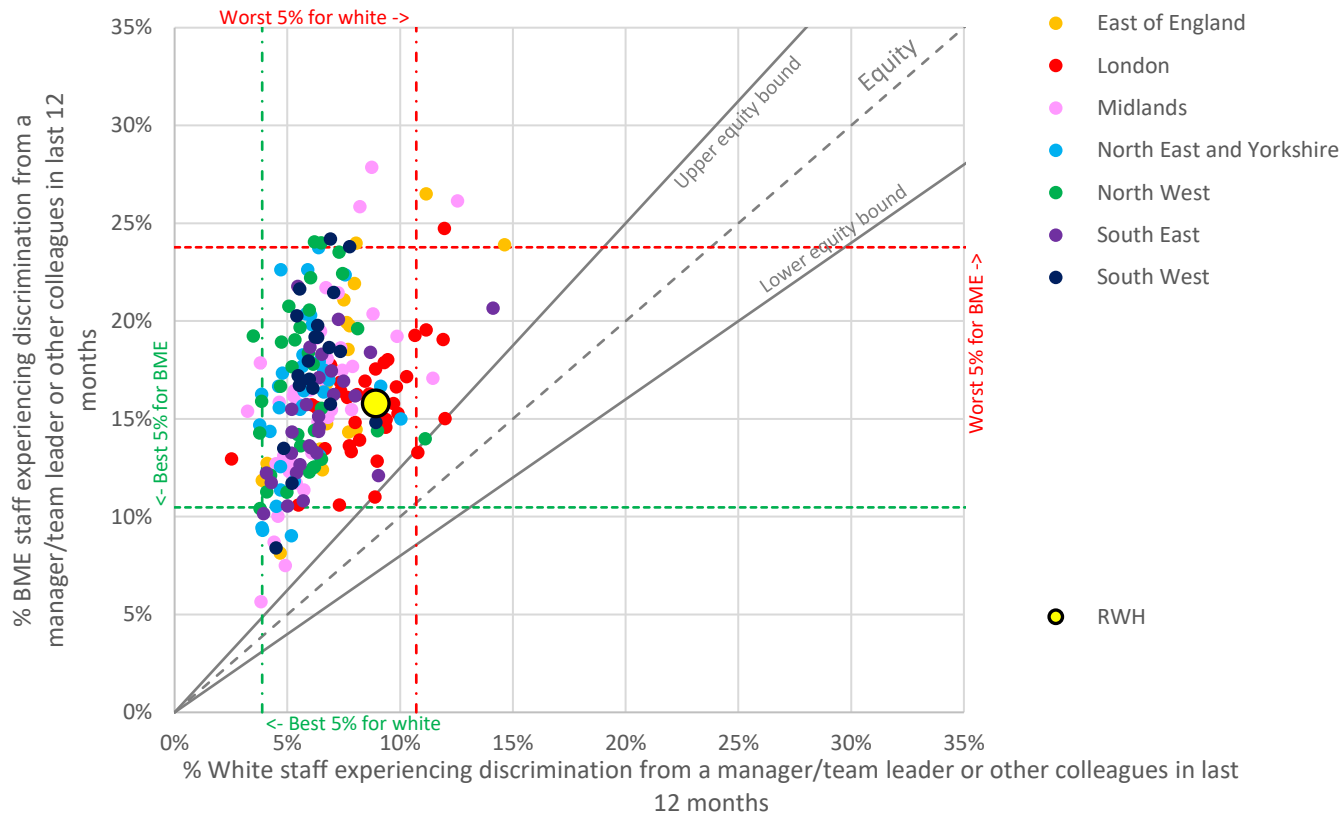
Indicator 6: The percentage of staff who experienced harassment, bullying or abuse from other staff in the last 12 months



Indicator 7: The percentage of staff who believed that the trust provided equal opportunities for career progression or promotion



Indicator 8: The percentage of staff who personally experienced discrimination at work from a manager, team leader or other colleagues



Indicator 9: Board membership, the difference between BME representation on the board and BME representation in the workforce

