



**Royal Papworth Hospital NHS
Foundation Trust**

Organisation Code: RGM

Region: East of England

**Workforce Race Equality Standard
2018 - 2023**

Royal Papworth Hospital NHS Foundation Trust

East of England

Summary for the 2022/23 reporting year

RGM

Trust type: Acute Specialist Trusts

Indicator number and description			Trust	East of England	Acute Specialist	National	Percentile rank*	
Indicator 1: BME representation in the workforce by pay band								
BME representation in the workforce overall			30.1%	27.3%	28.8%	26.4%		
Pay band at which BME under-representation first occurs	Non-clinical	Band 4 - Band 5 +	Band 3 Proportional	Band 3 Band 8A	Band 4 Band 8A	Band 3 Band 8A		
		Clinical	Band 4 - Band 5 +	Proportional Band 6	Band 3 Band 6	Proportional Band 7	Band 3 Band 6	
	Medical		Consultant	Consultant	Consultant	Consultant		
	Race disparity ratios	Non-clinical	Lower:middle	0.96	0.88	0.91	0.90	9%
			Middle:upper	1.57	1.28	1.90	1.36	45%
			Lower:upper	1.51	1.13	1.74	1.23	40%
Clinical		Lower:middle	1.96	1.96	1.63	1.83	35%	
		Middle:upper	3.15	1.47	1.77	1.39	95%	
	Lower:upper	6.16	2.88	2.87	2.55	87%		
Indicator 2: likelihood of appointment from shortlisting								
likelihood ratio White / BME			0.94	1.46	1.68	1.59	9%	
Indicator 3: likelihood of entering formal disciplinary proceedings								
likelihood ratio BME / White			1.51	0.92	1.65	1.03	40%	
Indicator 4: likelihood of undertaking non-mandatory training								
likelihood ratio White / BME			1.02	1.01	1.10	1.12	57%	
Indicator 5: harassment, bullying or abuse from patients, relatives or the public in last 12 months								
BME			29.0%	31.8%	21.9%	30.4%	41%	
White			19.7%	28.8%	18.5%	26.8%	8%	
Indicator 6: harassment, bullying or abuse from staff in last 12 months								
BME			36.5%	28.5%	28.3%	27.7%	98%	
White			27.1%	24.6%	21.0%	22.0%	91%	
Indicator 7: belief that the trust provides equal opportunities for career progression or promotion								
BME			35.6%	45.9%	44.3%	46.4%	97%	
White			56.1%	56.2%	60.8%	59.1%	77%	
Indicator 8: discrimination from a manager/team leader or other colleagues in last 12 months								
BME			26.5%	17.4%	16.3%	16.6%	100%	
White			11.2%	7.8%	6.1%	6.7%	97%	
Indicator 9: BME representation on the board minus BME representation in the workforce								
Overall			-8.6%	-14.8%	-13.1%	-10.9%	41%	
Voting members			-13.4%	-15.5%	-12.0%	-11.1%	54%	
Executive members			-30.1%	-22.0%	-20.4%	-15.7%	82%	

* 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 Royal Papworth Hospital NHS Foundation 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 8: discrimination from a manager/team leader or other colleagues in last 12 months against BME staff
Indicator 6: harassment, bullying or abuse from staff in last 12 months against BME staff
Indicator 7: belief that the trust provides equal opportunities for career progression or promotion amongst BME staff

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 middle levels)
Indicator 2: likelihood of appointment from shortlisting

Please note, these areas of best performance are intended to highlight potential examples 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 these indicators. 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 14.4% in all non-clinical AfC roles.

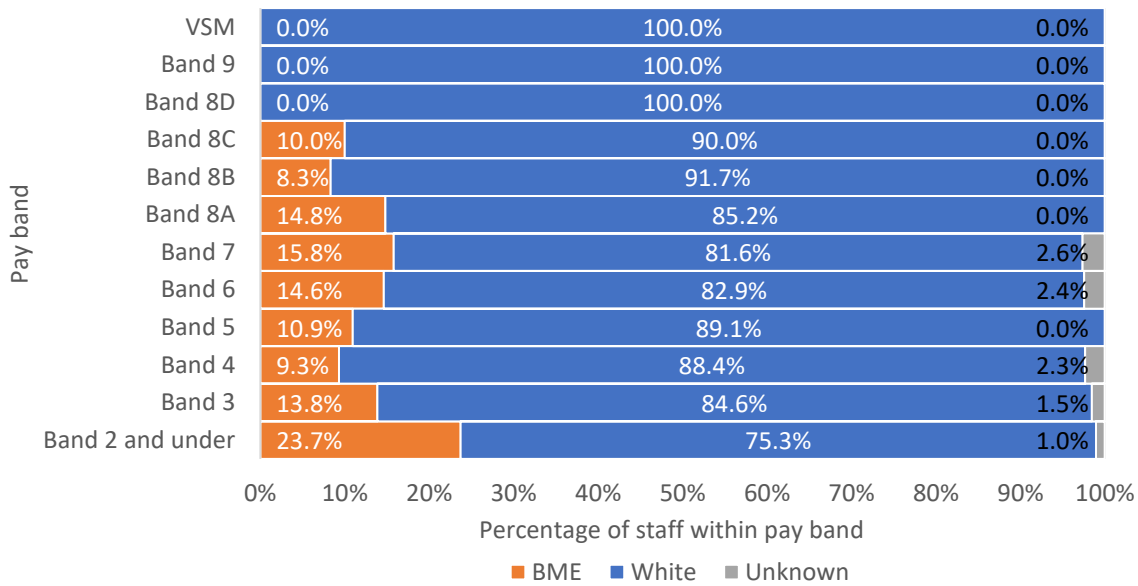
At Band 4 and under (e.g., administrative and technical support roles, estates officer):

- BME representation was 15.7%, overall.
- BME staff were underrepresented at Band 3 and above, 12.0%.

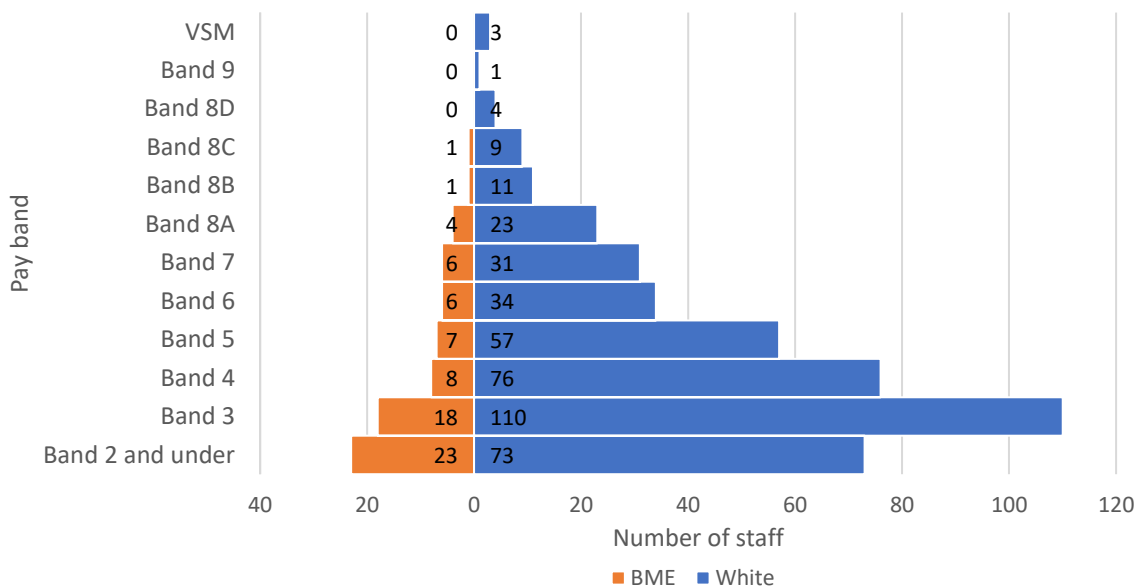
At Band 5 and over (graduate and management level roles):

- BME representation was 12.5%, overall.
- BME staff were proportionately represented by pay band.

AfC bands: non-clinical (percentage representation)



AfC bands: non-clinical (headcount)



Clinical staff on AfC paybands

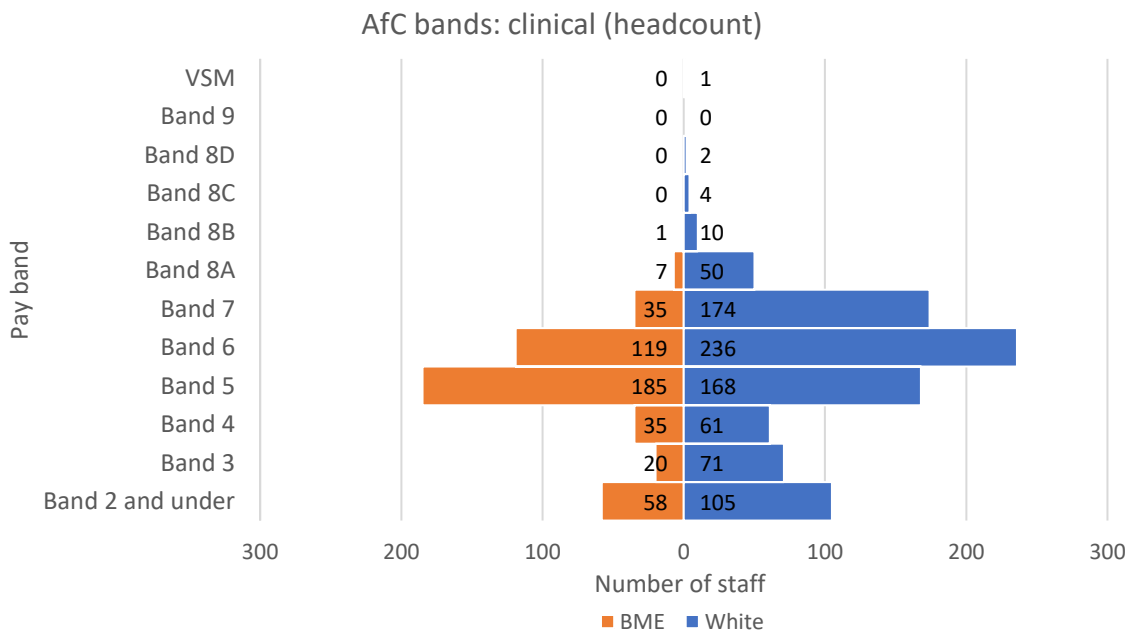
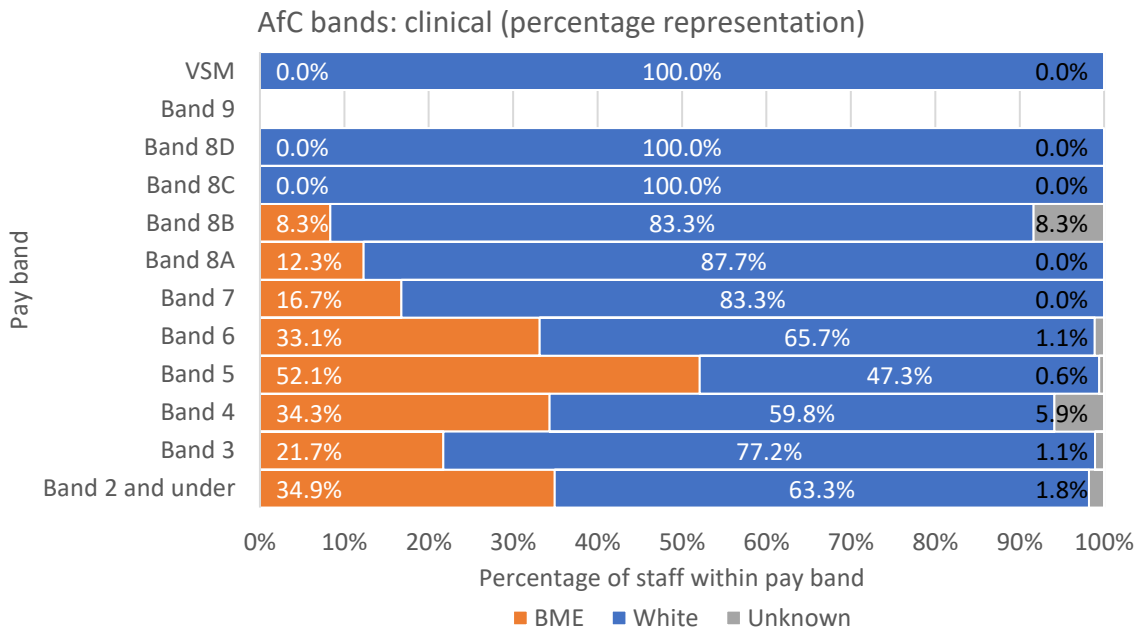
BME staff were represented at 33.8% in all clinical AfC roles.

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

- BME representation was 31.4%, 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 34.7%, overall.
- BME staff were underrepresented at Band 6 and above, 25.2%.

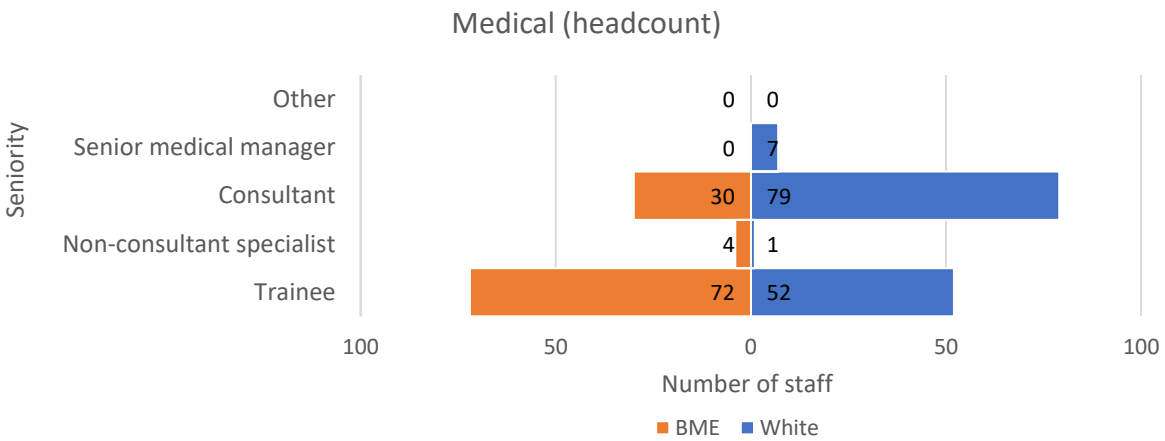
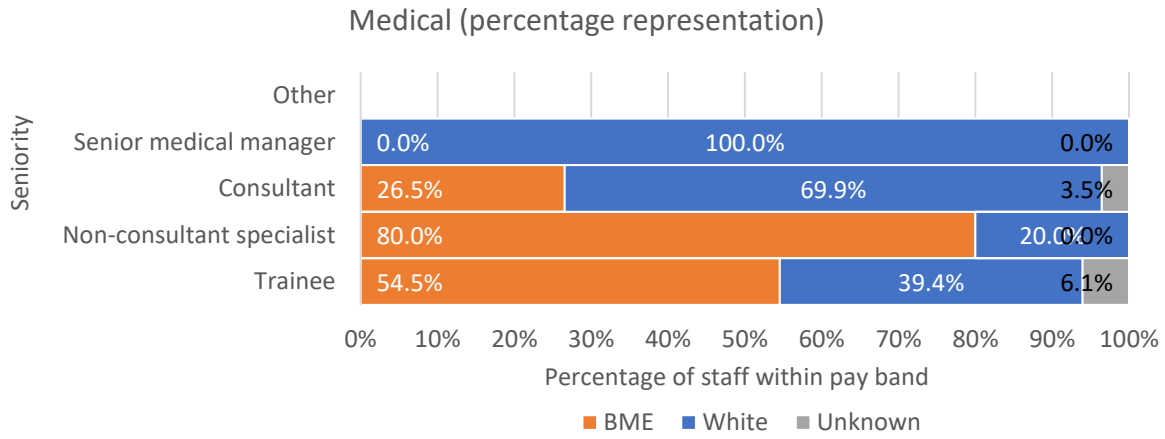


Medical staff

BME representation was 41.2% in all medical and dental roles.

Amongst medical and dental staff:

- BME staff were underrepresented at Consultant level and above, 25.0%.



Race disparity ratios for non-clinical staff on AfC paybands

At March 2023:

Lower to middle: 0.96; not significantly different from "1.0" (or equity).

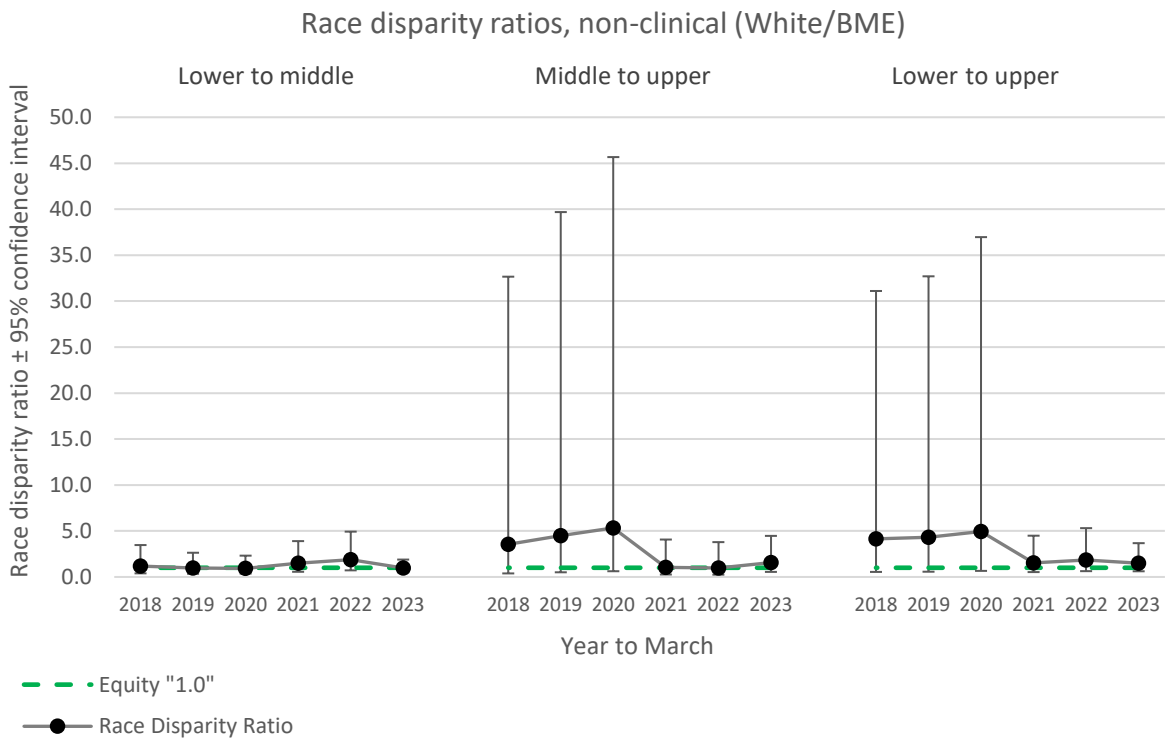
The Trust performed better than 91% of Trusts and worse than 9% of Trusts.

Middle to upper: 1.57; not significantly different from "1.0" (or equity).

The Trust performed better than 55% of Trusts and worse than 45% of Trusts.

Lower to upper: 1.51; not significantly different from "1.0" (or equity).

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

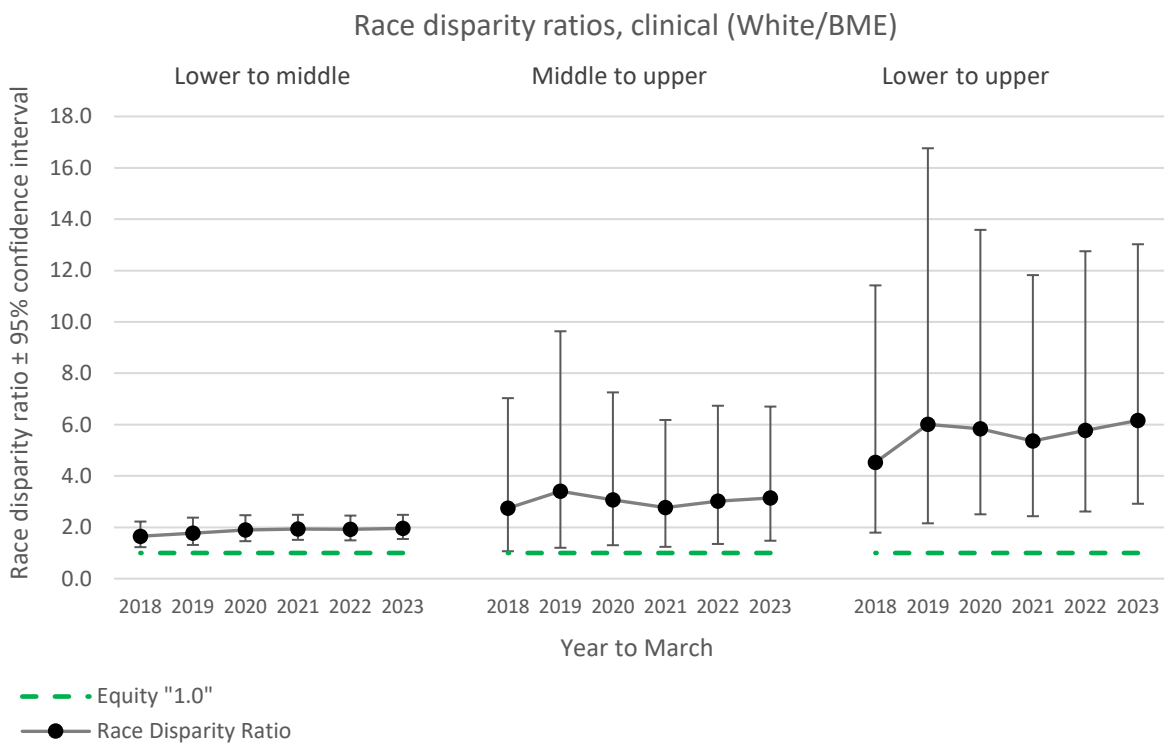
Race disparity ratios for clinical staff on AfC paybands

At March 2023:

Lower to middle: 1.96; higher than "1.0" (or equity) to a small degree.
 The Trust performed better than 65% of Trusts and worse than 35% of Trusts.

Middle to upper: 3.15; higher than "1.0" (or equity) to a medium degree.
 The Trust performed better than 5% of Trusts and worse than 95% of Trusts.

Lower to upper: 6.16; higher than "1.0" (or equity) to a large degree.
 The Trust performed better than 13% of Trusts and worse than 87% of Trusts.



Lower: clinical bands 5 and under

Middle: clinical bands 6 to 7

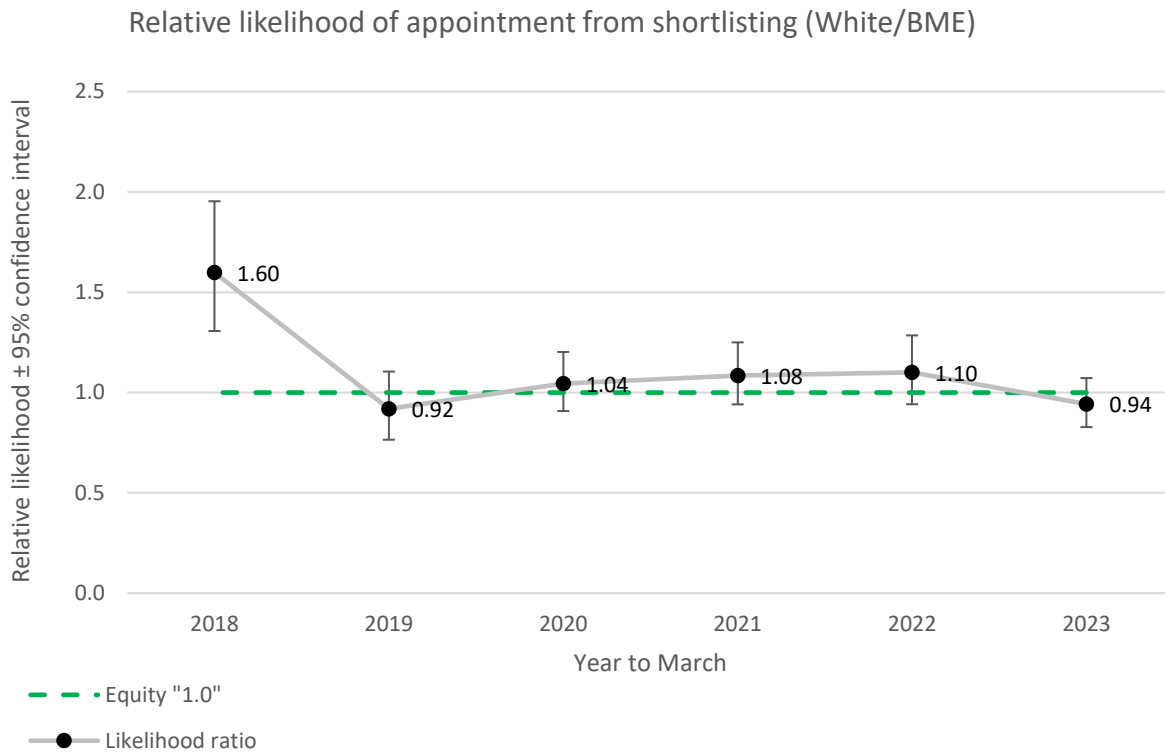
Upper: clinical bands 8a and above

Indicator 2

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

At March 2023 the likelihood ratio was 0.94; not significantly different from "1.0" or equity. Specifically, 246 out of 417 white candidates were appointed from shortlisting (59.0% of white candidates) compared to 139 out of 222 BME candidates (62.6% of BME candidates).

The Trust performed better than 91% of Trusts and worse than 9% of Trusts.



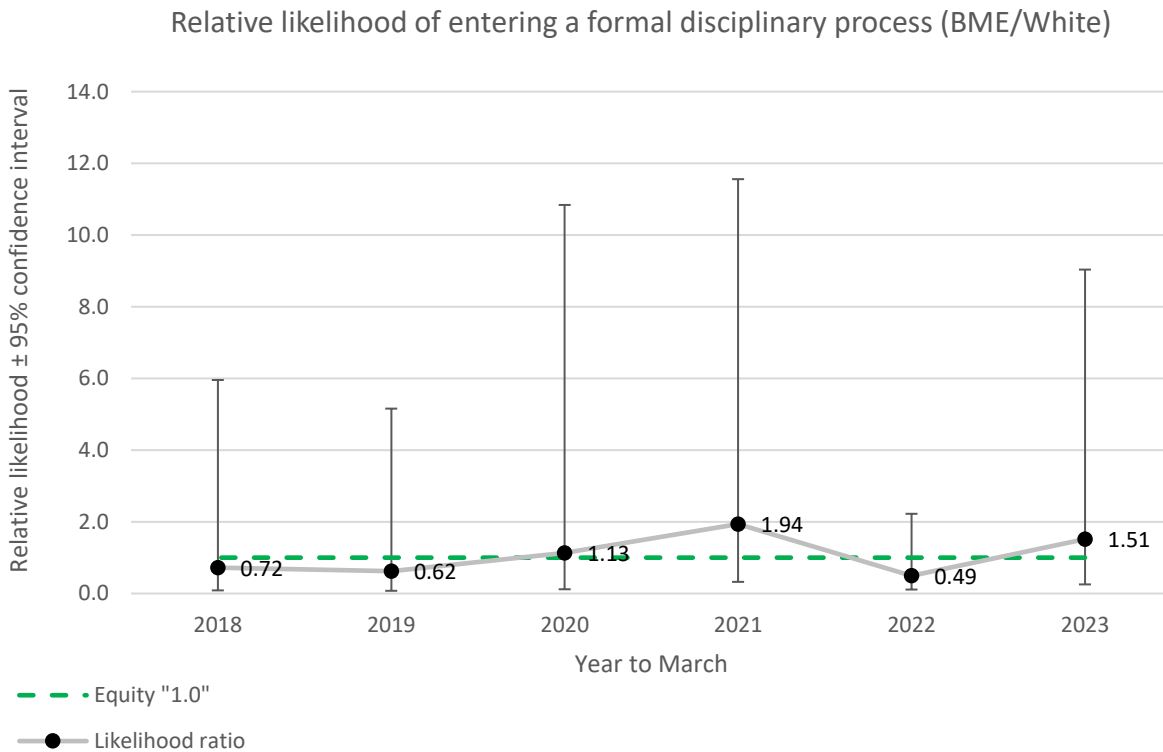
Example: a value of "2.0" would indicate that White candidates were twice as likely as BME candidates to be appointed from shortlisting, whilst a value of "0.5" would indicate that White candidates were half as likely as BME candidates to be appointed from shortlisting.

Indicator 3

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

At March 2023 the likelihood ratio was 1.51; not significantly different from "1.0" or equity. Specifically, 2 out of 640 BME staff entered formal disciplinary proceedings (0.31% of the BME workforce) compared to 3 out of 1453 white staff (0.21% of the white workforce).

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



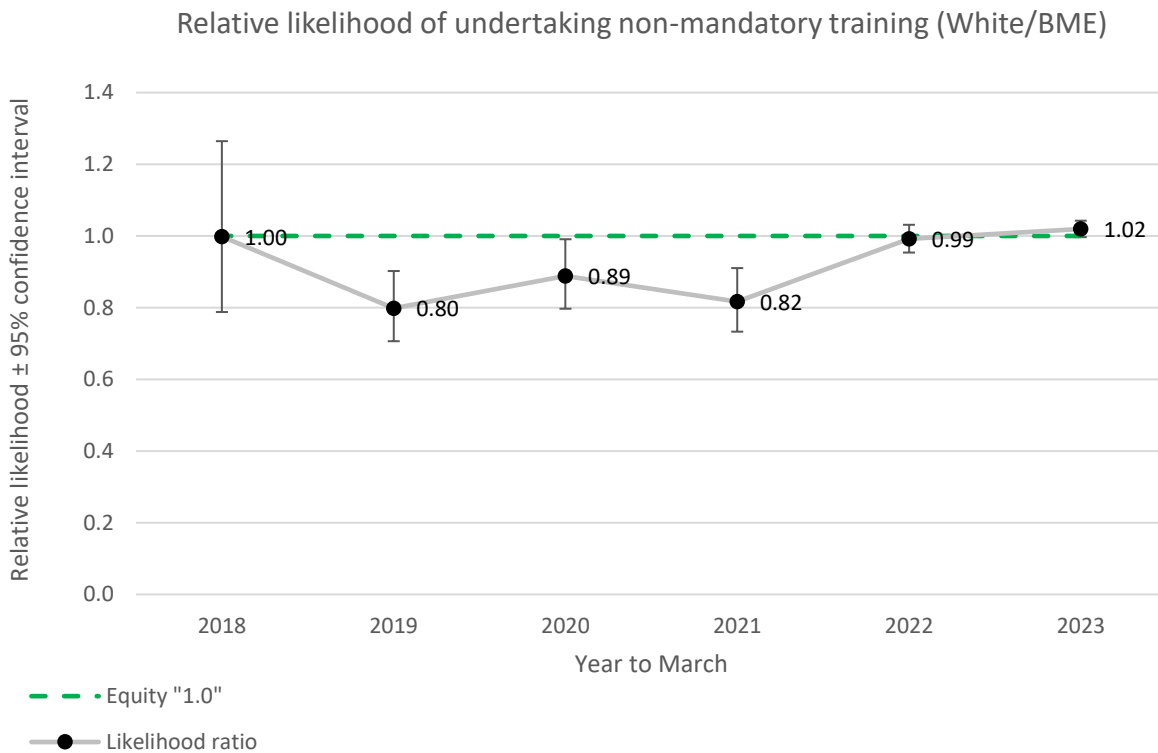
Example: a value of "2.0" would indicate that BME staff were twice as likely as White staff to enter a formal disciplinary process, whilst a value of "0.5" would indicate that BME staff were half as likely as White staff to enter a formal disciplinary process.

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 1.02; not significantly different from "1.0" or equity. Specifically, 1391 out of 1453 white staff undertook non-mandatory training (95.7% of the white workforce) compared to 601 out of 640 BME staff (93.9% of the BME workforce).

The Trust performed better than 43% of Trusts and worse than 57% of Trusts.



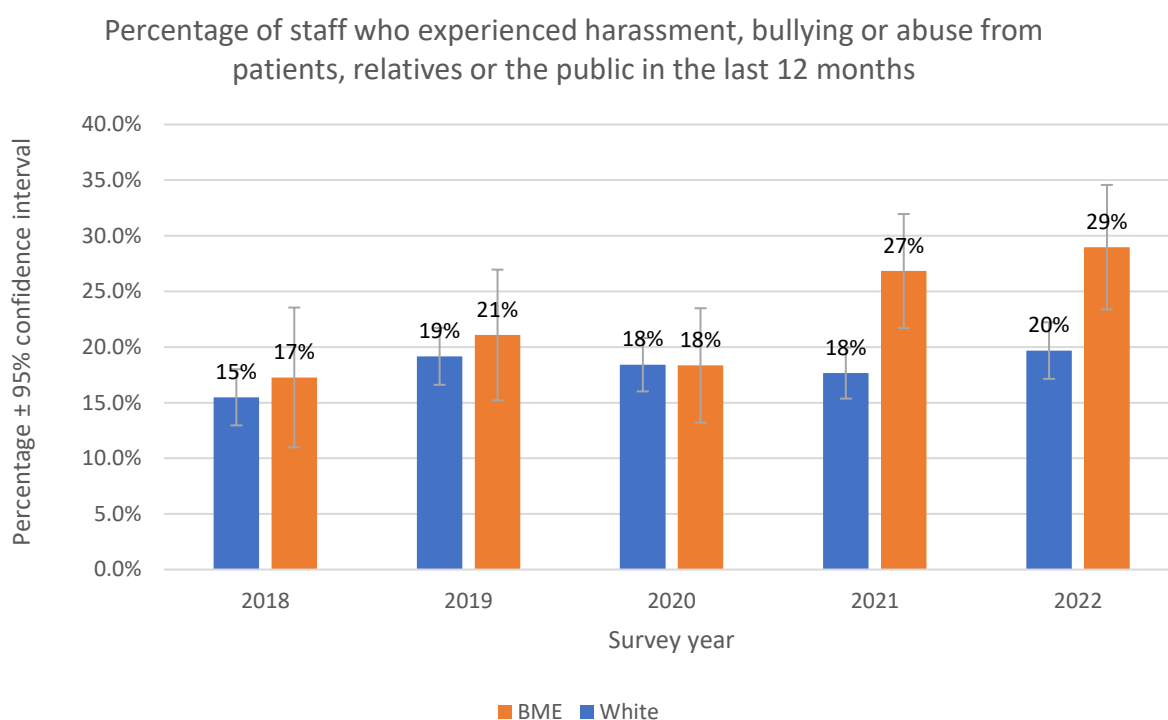
For example a value of "2.0" would indicate that White staff were twice as likely as BME staff to undertake non-mandatory training, whilst a value of "0.5" would indicate that White staff were half as likely as BME staff to undertake non-mandatory training.

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 significantly higher for BME staff, 29.0%, than for White staff, 19.7%.

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 59% of Trusts and worse than 41% 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	15%	19%	18%	18%	20%
	BME	17%	21%	18%	27%	29%
Detailed	White British	15%	18%	17%	17%	19%
	White "other"	17%	24%	24%	21%	23%
	Asian	16%	24%	18%	27%	31%
	Black	7%	11%	25%	29%	26%
	Mixed/other	23%	19%	15%	23%	23%

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	16%	19%	18%	20%	22%
White women	17%	20%	20%	18%	20%
BME women	18%	24%	18%	28%	31%
White men	12%	18%	11%	17%	19%
BME men	15%	15%	17%	23%	23%

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	17%	19%	18%	12%	14%
	BME	7%	21%	14%	16%	18%
Medical and dental	White	10%	20%	15%	25%	29%
	BME	16%	12%	10%	24%	12%
Ambulance (operational)	White	SUPP				
	BME	SUPP				
Nurses and midwives	White	26%	30%	29%	27%	31%
	BME	23%	28%	25%	32%	41%
Healthcare assistants	White	14%	15%	31%	23%	22%
	BME	8%	12%	14%	37%	27%
Wider healthcare team	White	8%	12%	8%	11%	13%
	BME	20%	7%	9%	19%	14%
General management	White	6%		5%	9%	14%
	BME	SUPP	SUPP	SUPP	SUPP	SUPP
Other	White	8%	11%	17%	4%	7%
	BME	SUPP	SUPP	SUPP	SUPP	SUPP

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

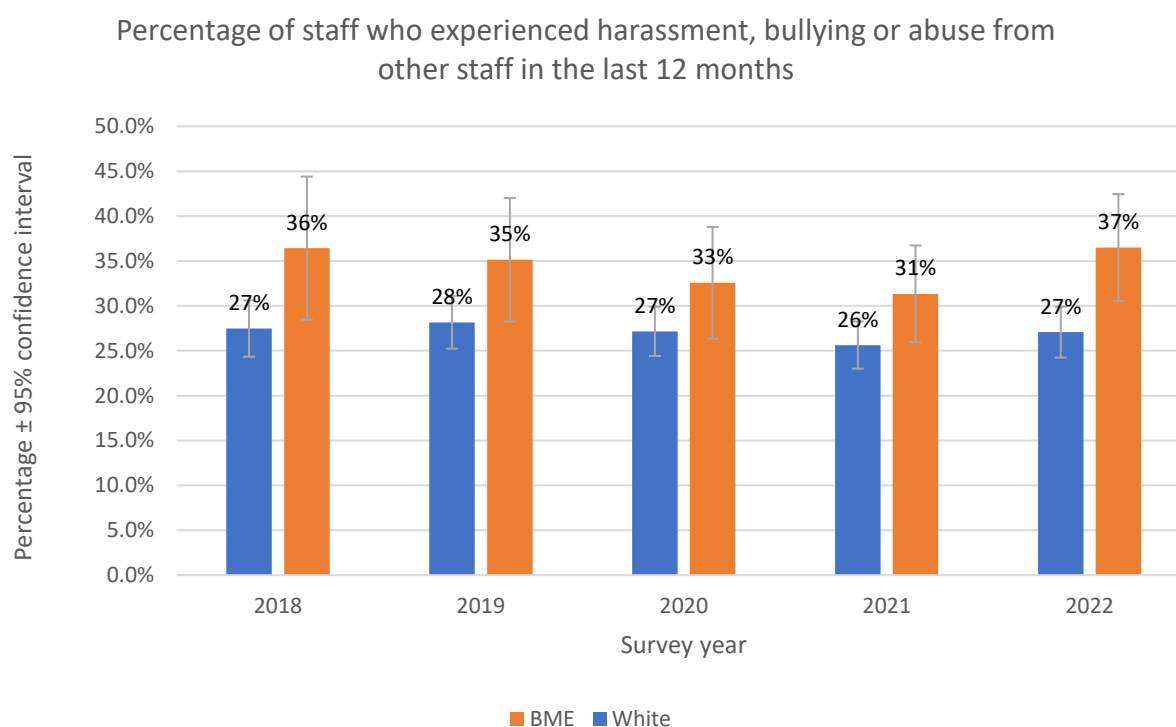
SUPP = Suppressed (percentages based on 10 or fewer respondents have been suppressed)

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, 36.5%, than for White staff, 27.1%.

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 2% of Trusts and worse than 98% 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	27%	28%	27%	26%	27%
	BME	36%	35%	33%	31%	37%
Detailed	White British	25%	26%	26%	24%	24%
	White "other"	37%	38%	34%	32%	39%
	Asian	35%	38%	33%	31%	37%
	Black	40%	30%	31%	31%	35%
	Mixed/other	38%	29%	32%	35%	33%

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	29%	30%	28%	27%	29%
White women	29%	29%	27%	25%	26%
BME women	40%	35%	32%	30%	39%
White men	22%	25%	25%	28%	29%
BME men	25%	32%	26%	33%	30%

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	25%	23%	20%	22%	24%
	BME	21%	32%	21%	21%	20%
Medical and dental	White	27%	42%	46%	36%	39%
	BME	28%	32%	39%	38%	52%
Ambulance (operational)	White	SUPP				
	BME	SUPP				
Nurses and midwives	White	32%	32%	29%	30%	33%
	BME	38%	39%	36%	33%	43%
Healthcare assistants	White	23%	31%	36%	22%	29%
	BME	50%	24%	19%	34%	27%
Wider healthcare team	White	24%	22%	23%	22%	19%
	BME	36%	33%	22%	27%	23%
General management	White	32%	27%	37%	35%	19%
	BME	SUPP	SUPP	SUPP	SUPP	SUPP
Other	White	19%	33%	32%	22%	29%
	BME	SUPP	SUPP	SUPP	SUPP	SUPP

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

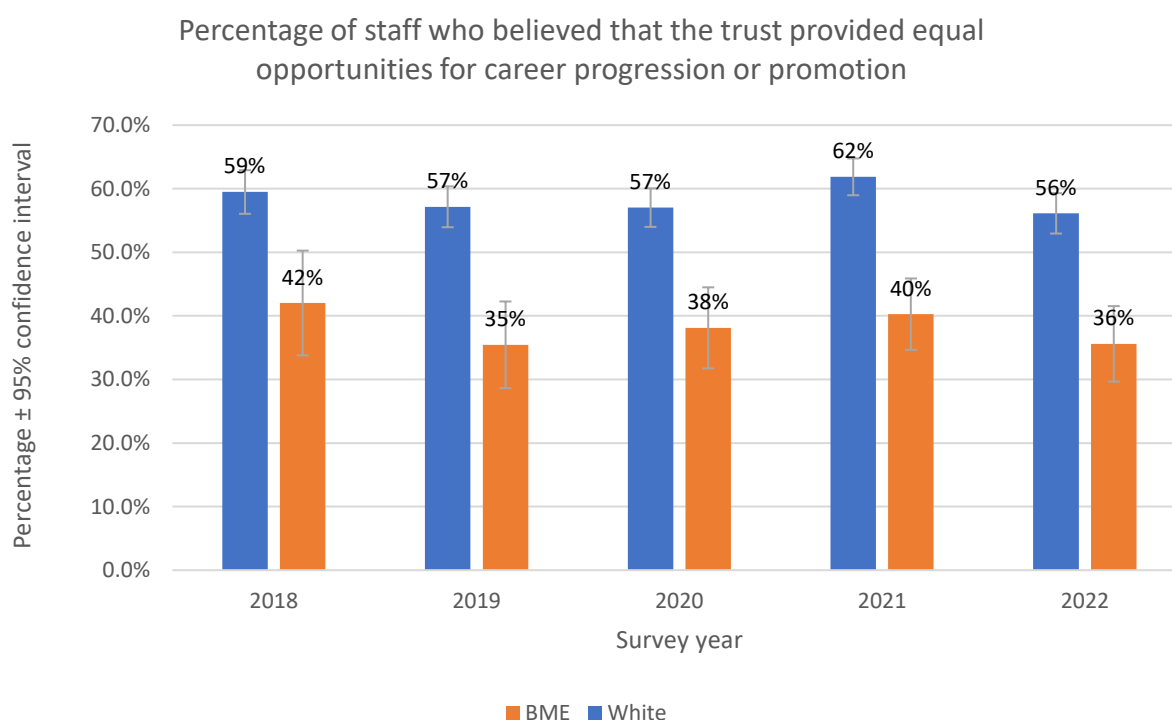
SUPP = Suppressed (percentages based on 10 or fewer respondents have been suppressed)

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, 35.6%, than for White staff, 56.1%.

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 3% of Trusts and worse than 97% 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	59%	57%	57%	62%	56%
	BME	42%	35%	38%	40%	36%
Detailed	White British	61%	61%	61%	65%	60%
	White "other"	53%	43%	41%	48%	41%
	Asian	38%	36%	40%	43%	37%
	Black	27%	29%	27%	19%	29%
	Mixed/other	56%	39%	40%	46%	33%

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	56%	53%	53%	57%	51%
White women	60%	57%	58%	64%	56%
BME women	39%	38%	38%	40%	35%
White men	62%	61%	59%	56%	56%
BME men	55%	33%	43%	41%	38%

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	65%	66%	63%	66%	62%
	BME	50%	46%	52%	44%	46%
Medical and dental	White	55%	55%	61%	62%	67%
	BME	40%	37%	44%	35%	44%
Ambulance (operational)	White	SUPP				
	BME	SUPP				
Nurses and midwives	White	62%	55%	53%	61%	52%
	BME	38%	29%	32%	38%	30%
Healthcare assistants	White	79%	69%	60%	65%	58%
	BME	64%	56%	39%	59%	53%
Wider healthcare team	White	55%	55%	55%	57%	53%
	BME	27%	25%	46%	36%	27%
General management	White	61%	45%	74%	67%	57%
	BME	SUPP	SUPP	SUPP	SUPP	SUPP
Other	White	54%	50%	60%	63%	57%
	BME	SUPP	SUPP	SUPP	SUPP	SUPP

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)

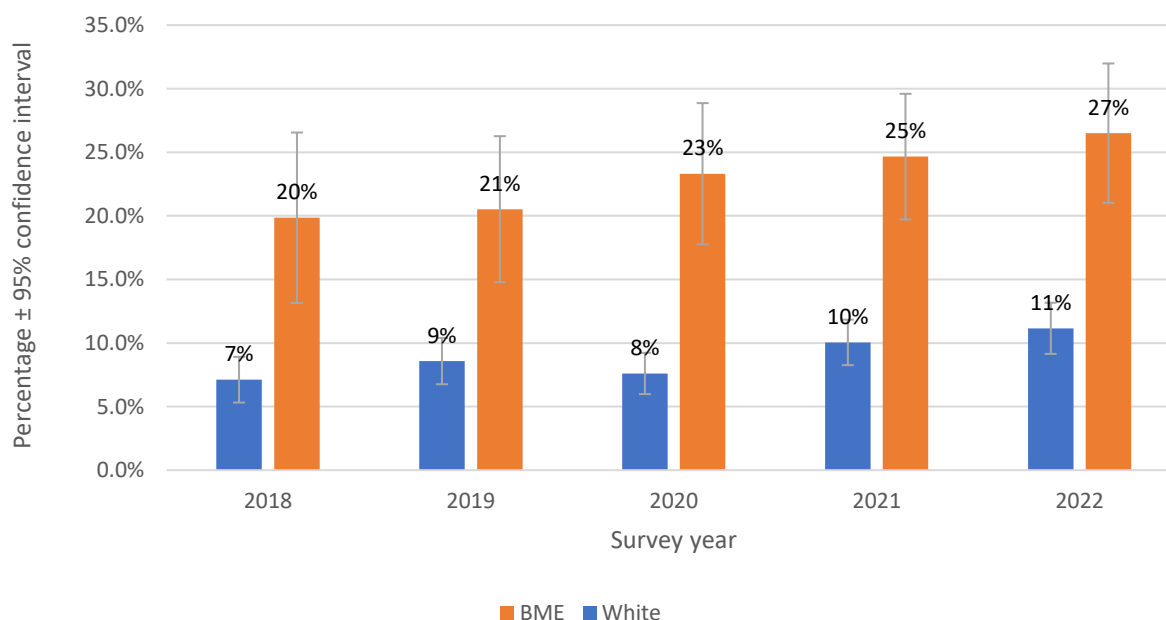
Indicator 8

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, 26.5%, than for White staff, 11.2%.

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 0% of Trusts and worse than 100% of Trusts.

Percentage of staff who personally experienced discrimination from a manager, team leader or other colleagues in the last 12 months



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%	9%	8%	10%	11%
	BME	20%	21%	23%	25%	27%
Detailed	White British	6%	7%	6%	8%	8%
	White "other"	13%	16%	15%	20%	25%
	Asian	20%	21%	24%	23%	29%
	Black	14%	18%	25%	31%	23%
	Mixed/other	22%	21%	17%	25%	18%

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	9%	11%	11%	13%	15%
White women	7%	9%	8%	10%	11%
BME women	23%	22%	22%	27%	28%
White men	8%	7%	5%	7%	12%
BME men	13%	17%	19%	17%	21%

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	5%	5%	5%	7%	10%
	BME	15%	11%	10%	19%	13%
Medical and dental	White	6%	8%	7%	12%	13%
	BME	12%	4%	19%	21%	24%
Ambulance (operational)	White	SUPP				
	BME	SUPP				
Nurses and midwives	White	7%	13%	9%	11%	14%
	BME	24%	27%	30%	29%	34%
Healthcare assistants	White	4%	10%	18%	15%	14%
	BME	18%	22%	22%	26%	33%
Wider healthcare team	White	8%	5%	6%	9%	9%
	BME	20%	19%	9%	18%	9%
General management	White	6%	14%	5%	8%	5%
	BME	SUPP	SUPP	SUPP	SUPP	SUPP
Other	White	0%	9%	10%	10%	18%
	BME	SUPP	SUPP	SUPP	SUPP	SUPP

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

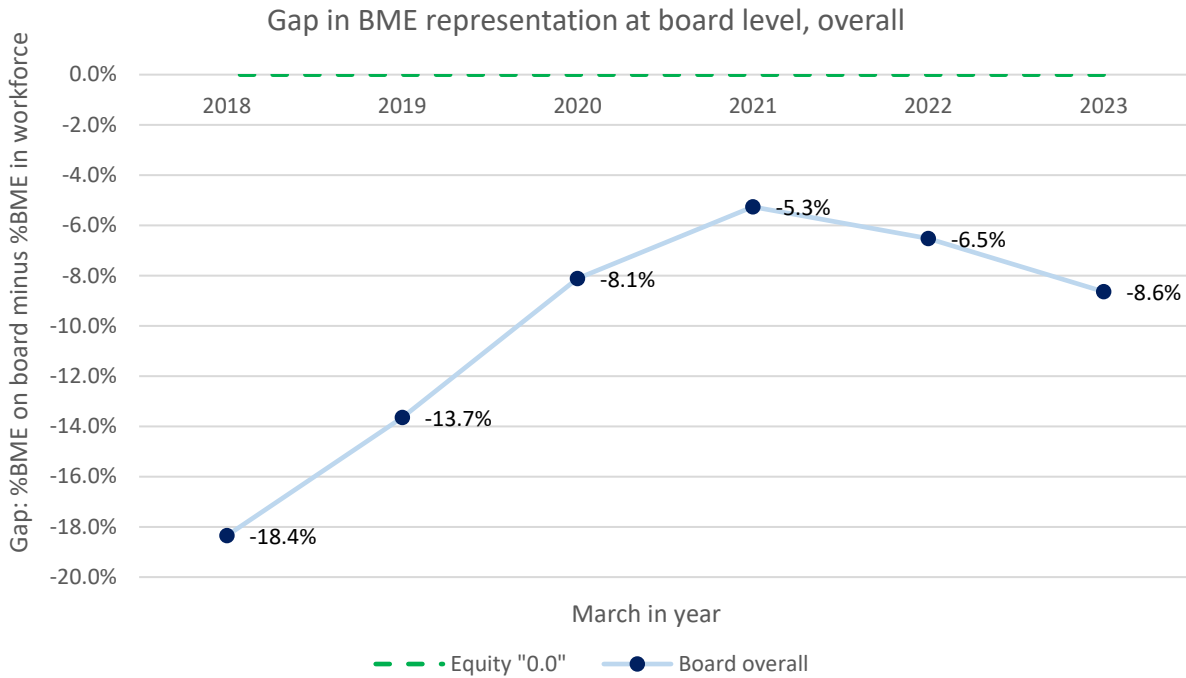
	Benchmark
	Very high
	High
	Quite high
	Similar to benchmark
	Quite low
	Low
	Very low

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

Indicator 9

Overall board membership

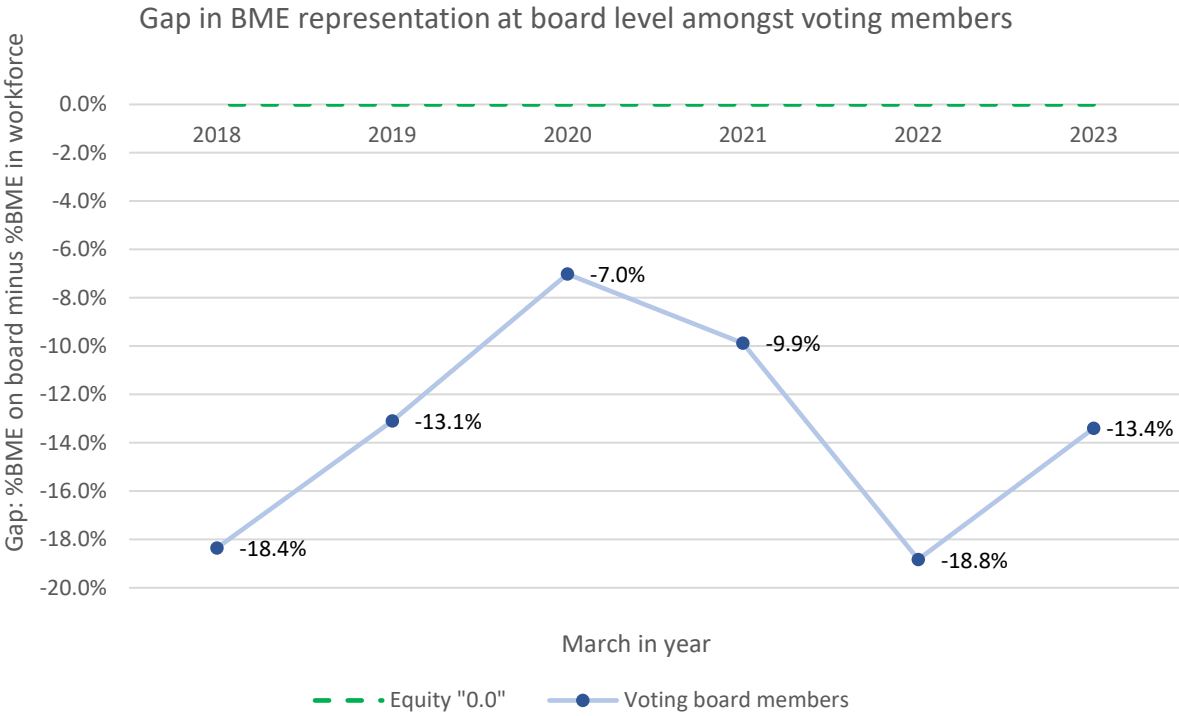
At March 2023, the difference between BME representation on the board and in the workforce was -8.6%. BME members were underrepresented on the board by one member in terms of a headcount. The Trust performed better than 59% of Trusts and worse than 41% of Trusts.



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.

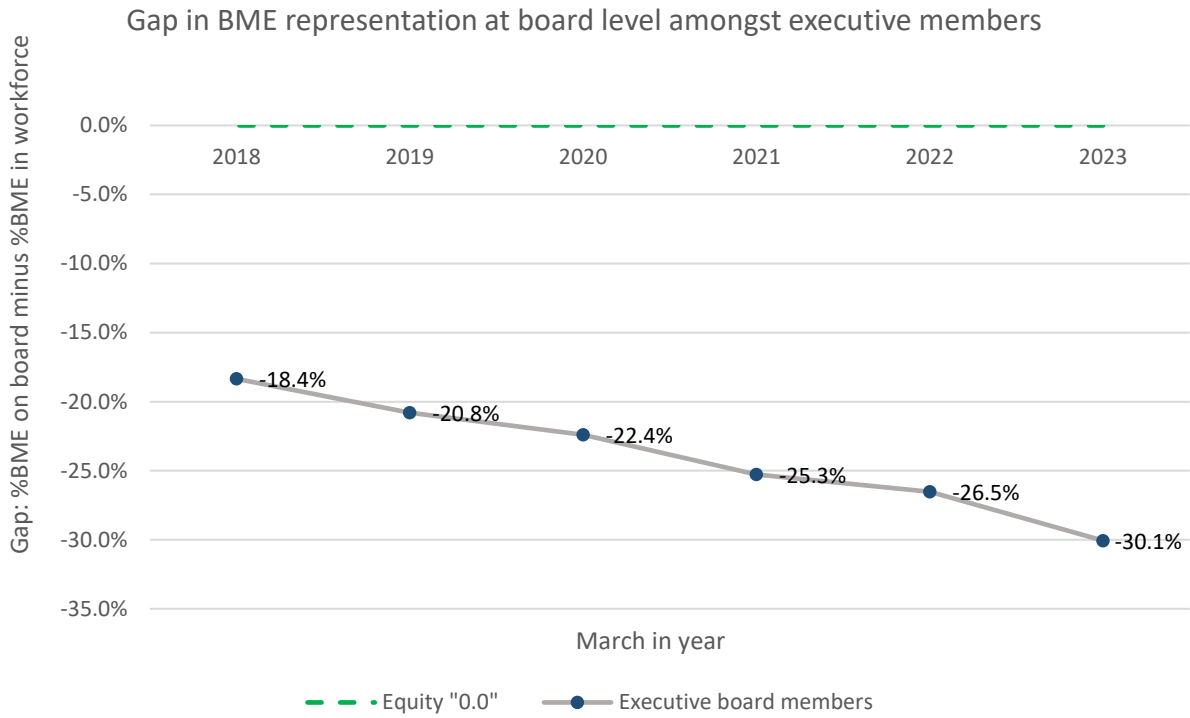
Voting board membership

At March 2023, the difference between BME representation on the board and in the workforce was -13.4% amongst voting members. BME members were underrepresented on the board by two voting members in terms of a headcount. The Trust performed better than 46% of Trusts and worse than 54% of Trusts.



Executive board membership

At March 2023, the difference between BME representation on the board and in the workforce was -30.1% amongst executive members. BME members were underrepresented on the board by two executive members in terms of a headcount. The Trust performed better than 18% of Trusts and worse than 82% of Trusts.



Appendix: Scatter Graphs and Frequency Distributions

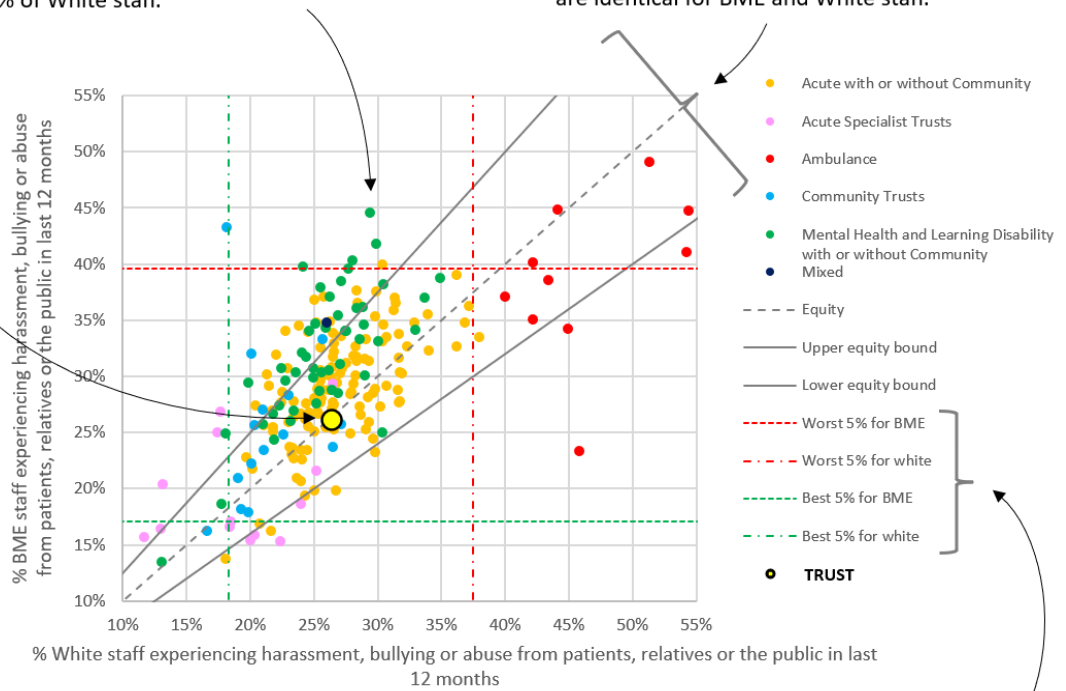
How to interpret scatter graphs

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.

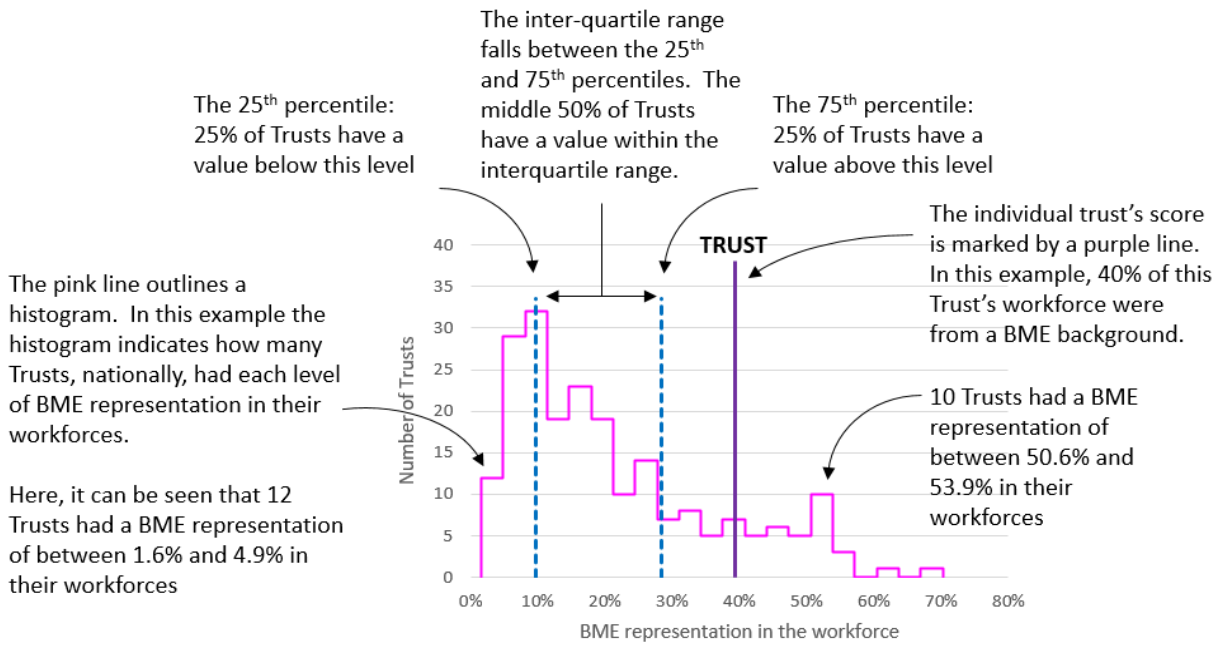
The Trust that is the subject of the report has its position marked by a large, yellow dot with a black border. For instance, the position of this Trust's marker indicates that at this organisation, 26.1% of BME staff experienced harassment, bullying or abuse from patients compared to 26.4% of White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

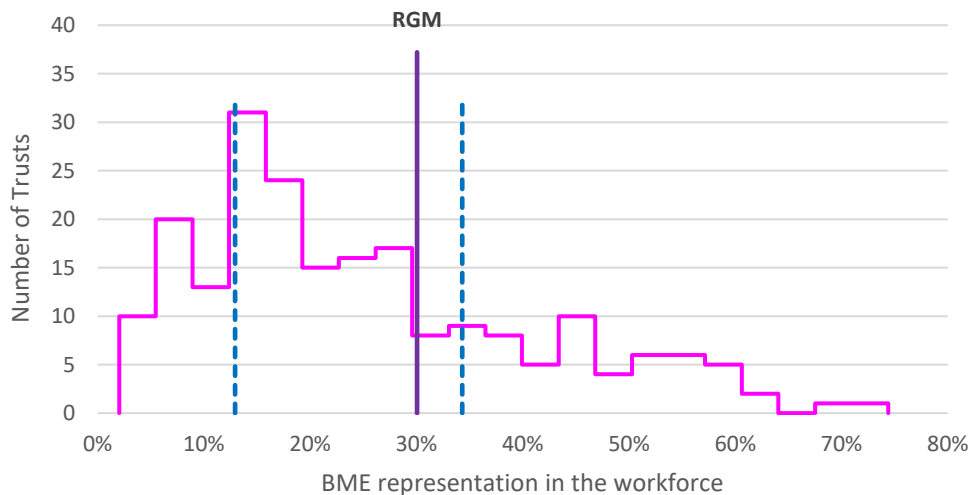
How to interpret frequency distributions

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.

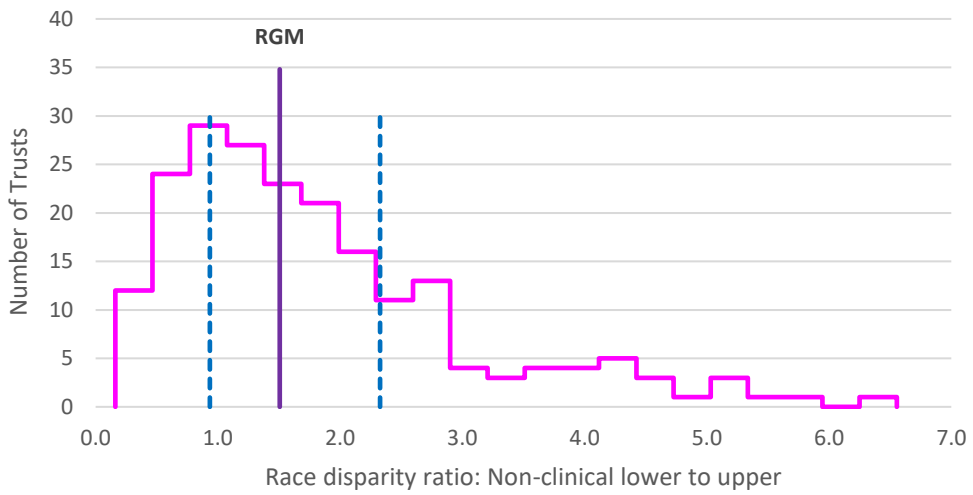
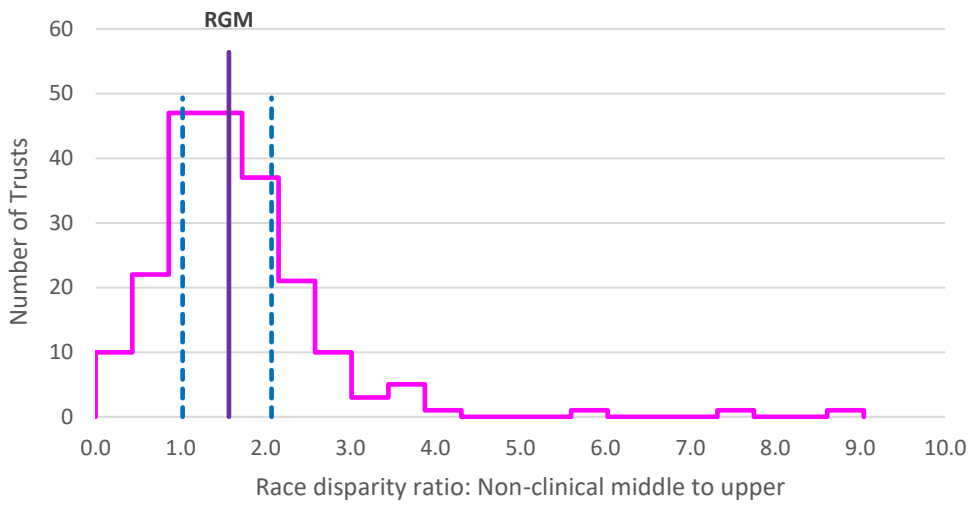
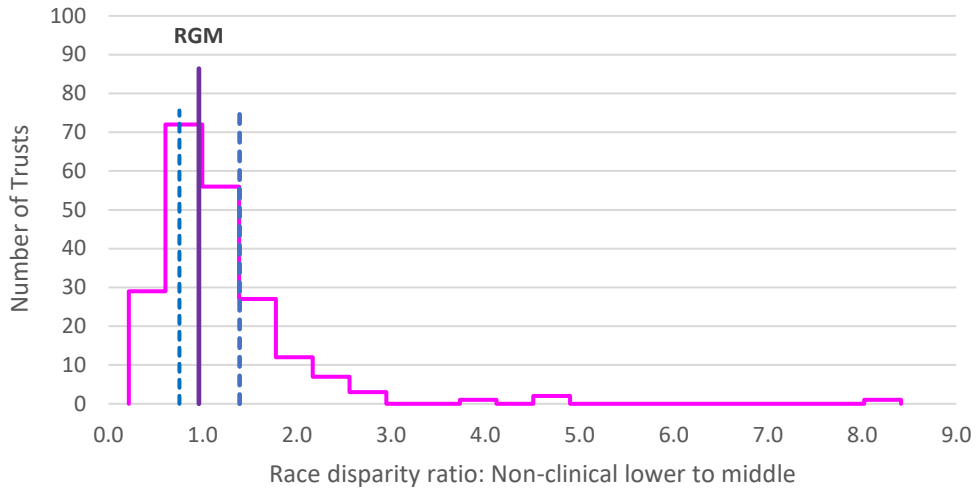


Frequency distributions and scatter graphs that illustrate the position of this Trust against the distribution of values for other Trusts, nationally, are presented below for each indicator.

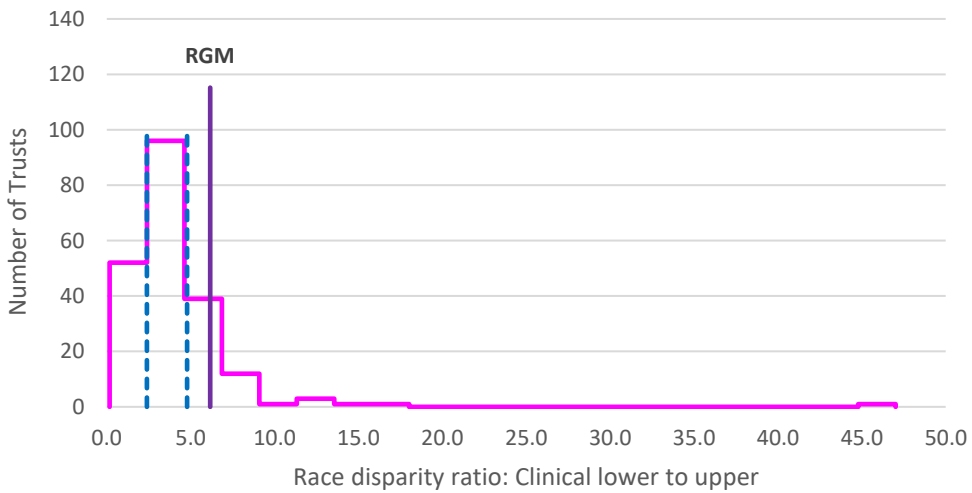
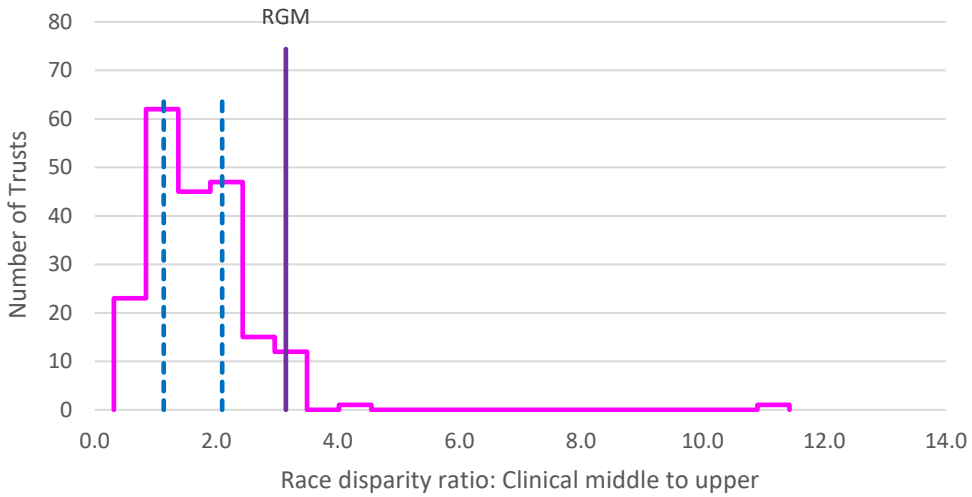
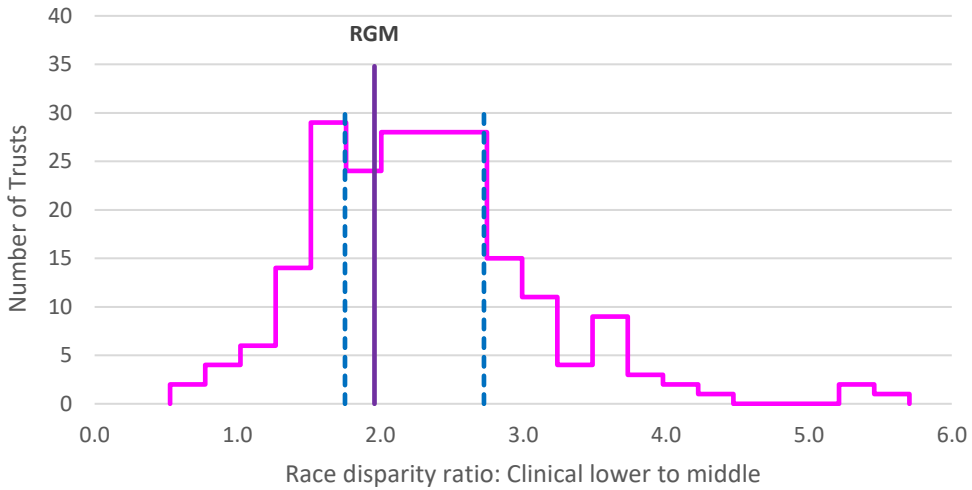
Indicator 1: Percentage BME representation in the workforce



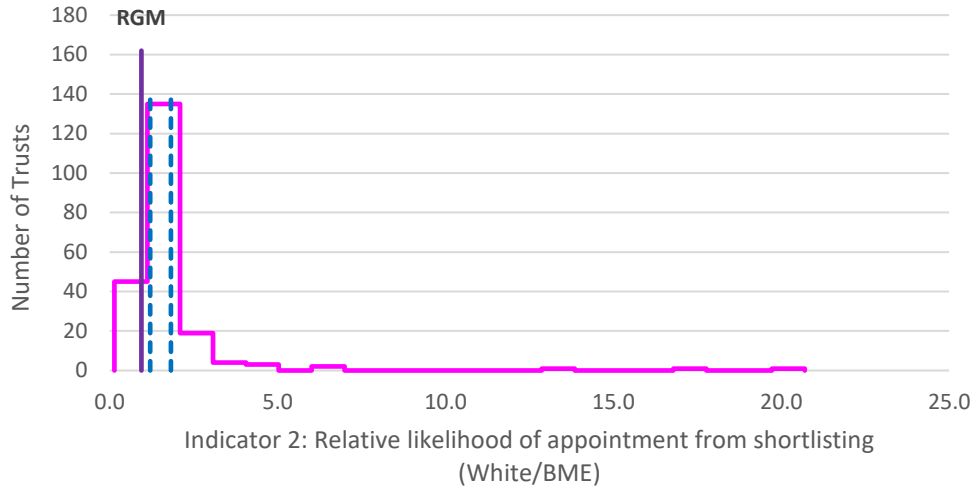
Indicator 1: Non-clinical race disparity ratios



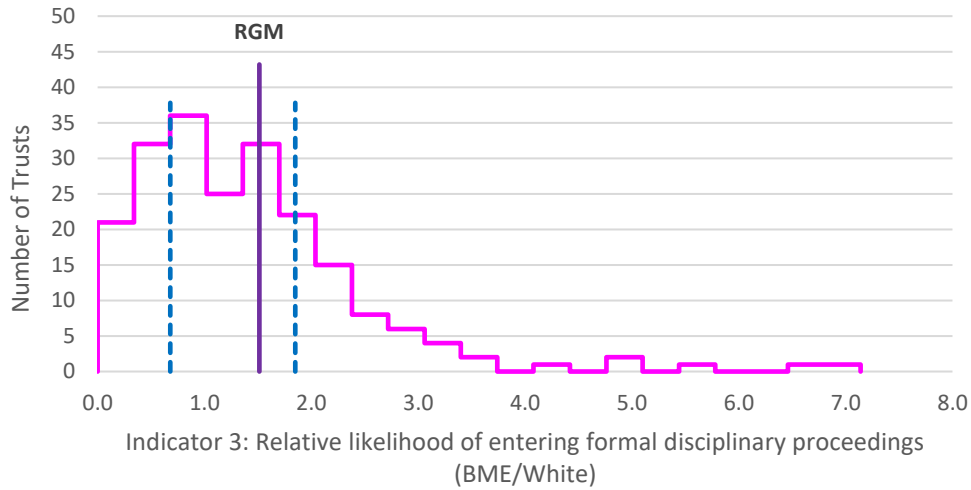
Indicator 1: Clinical race disparity ratios



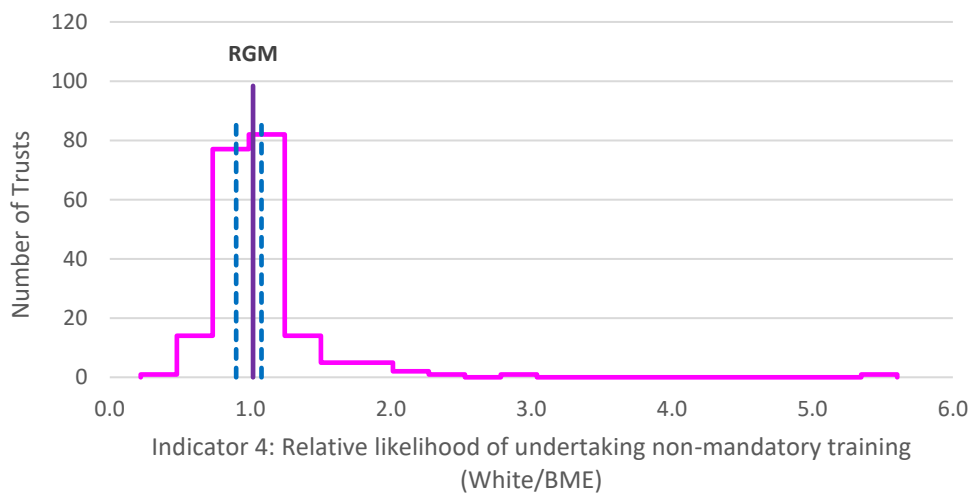
Indicator 2: The relative likelihood of white applicants being appointed from shortlisting compared to BME applicants



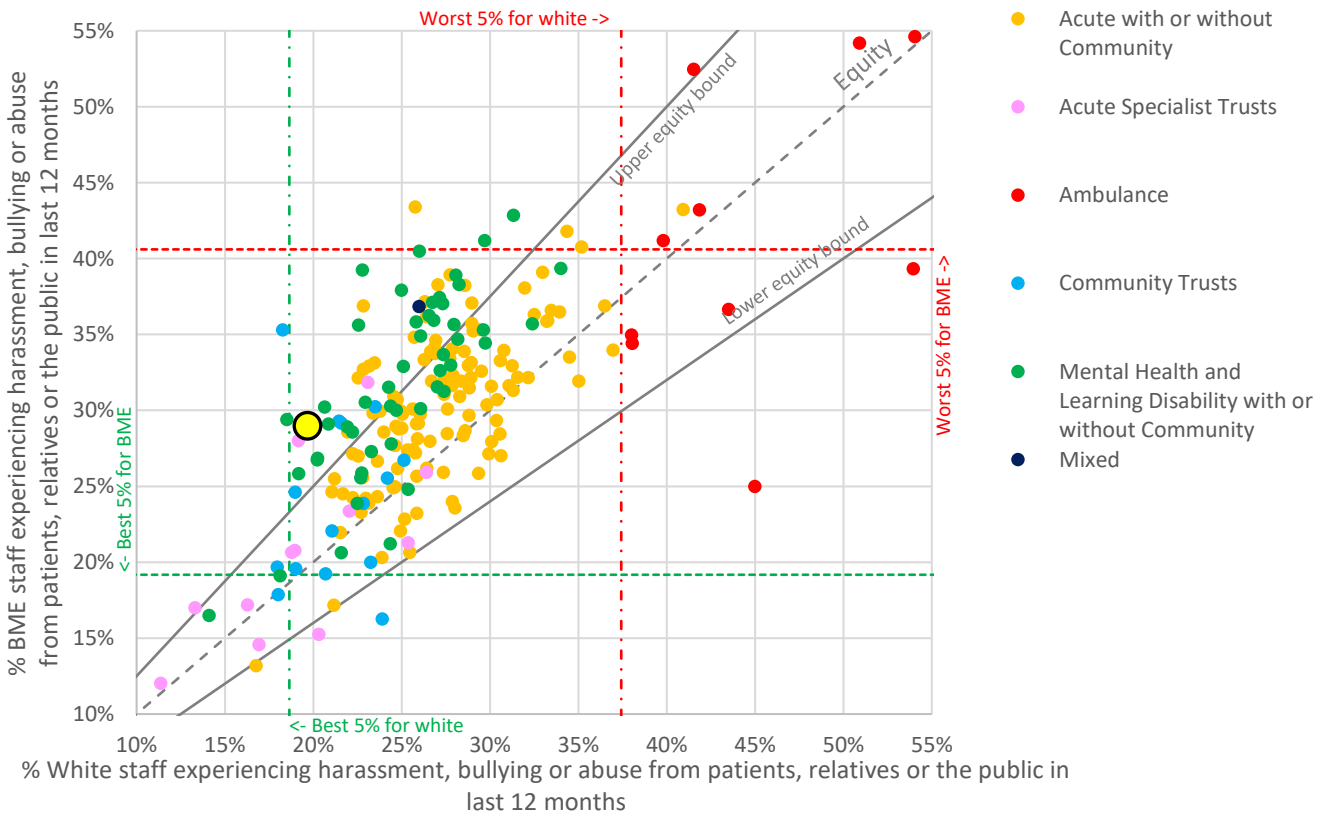
Indicator 3: The relative likelihood of BME staff entering the formal disciplinary process compared to white staff



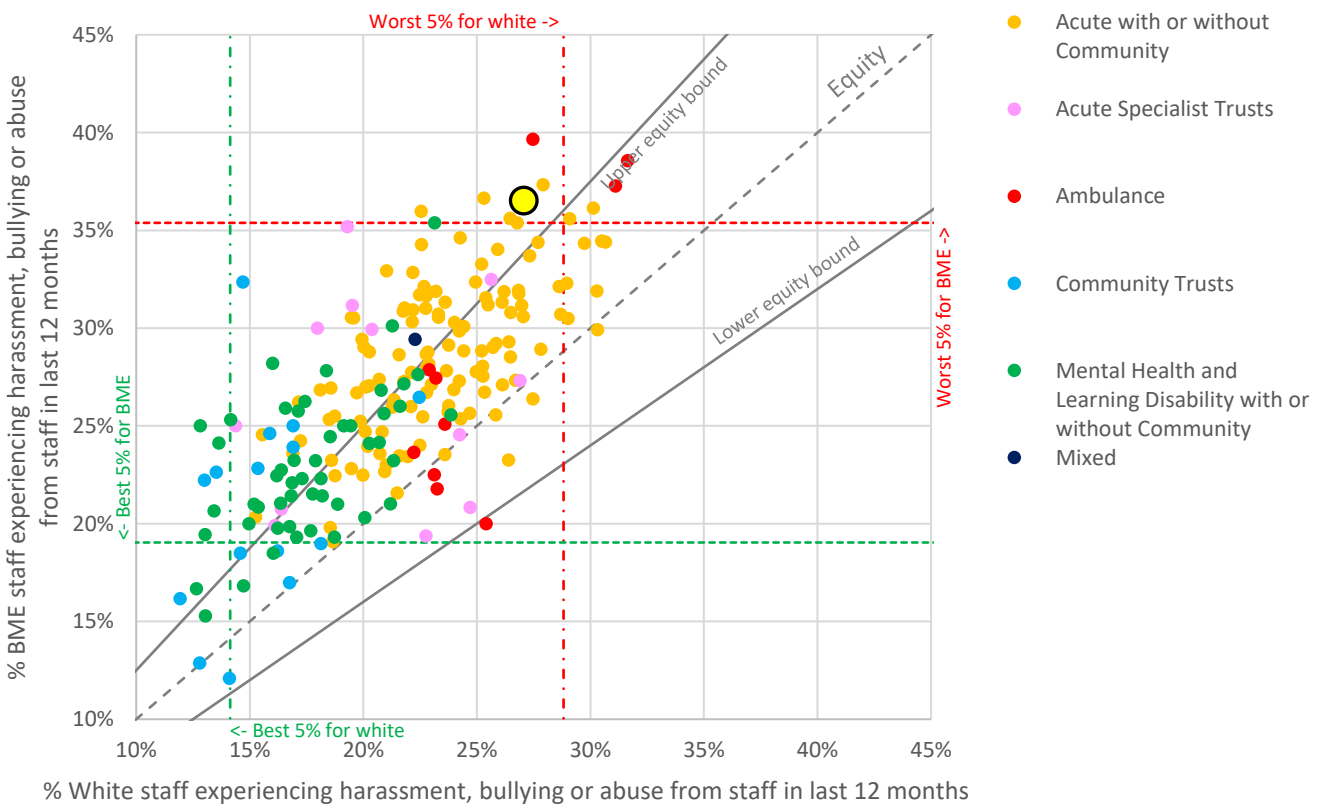
Indicator 4: The relative likelihood of white staff accessing non-mandatory training and continuing professional development (CPD) compared to BME staff



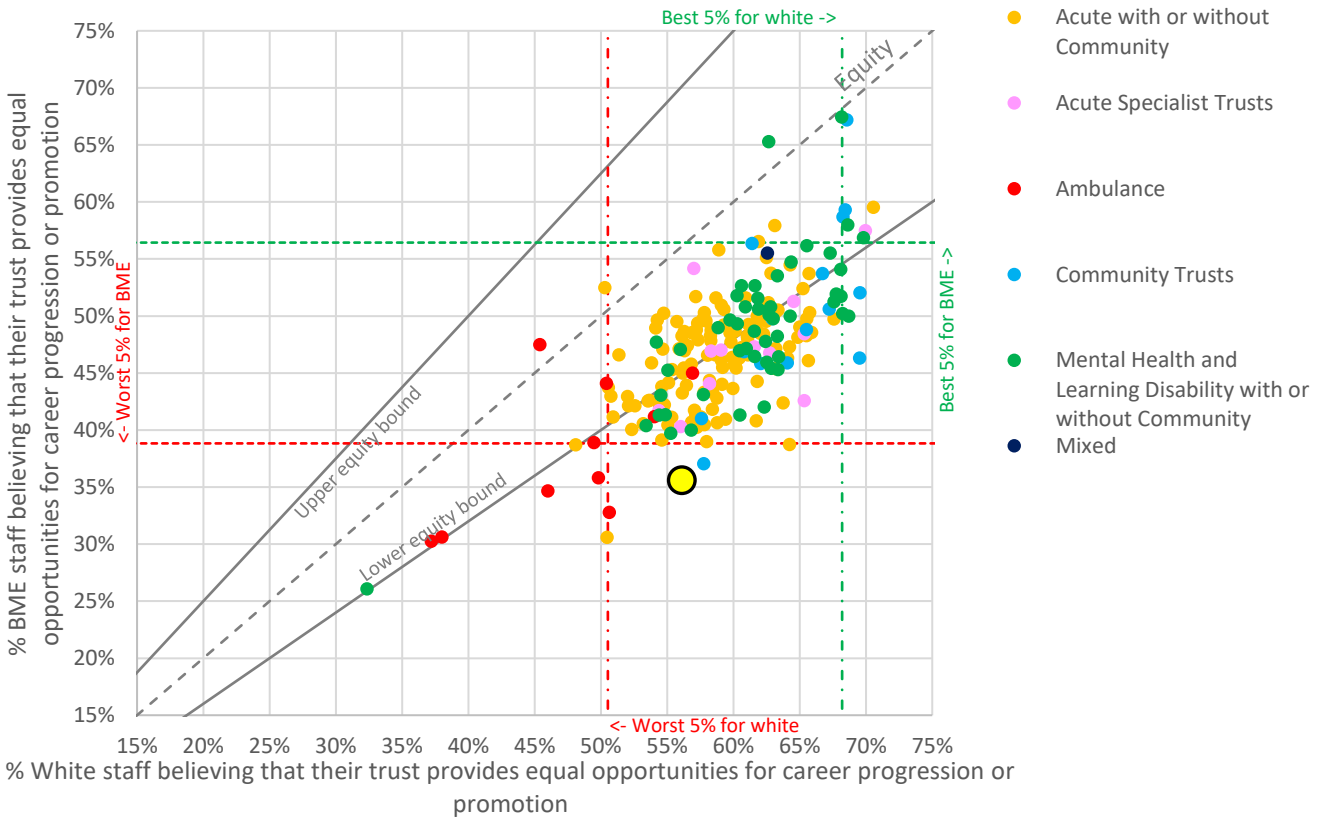
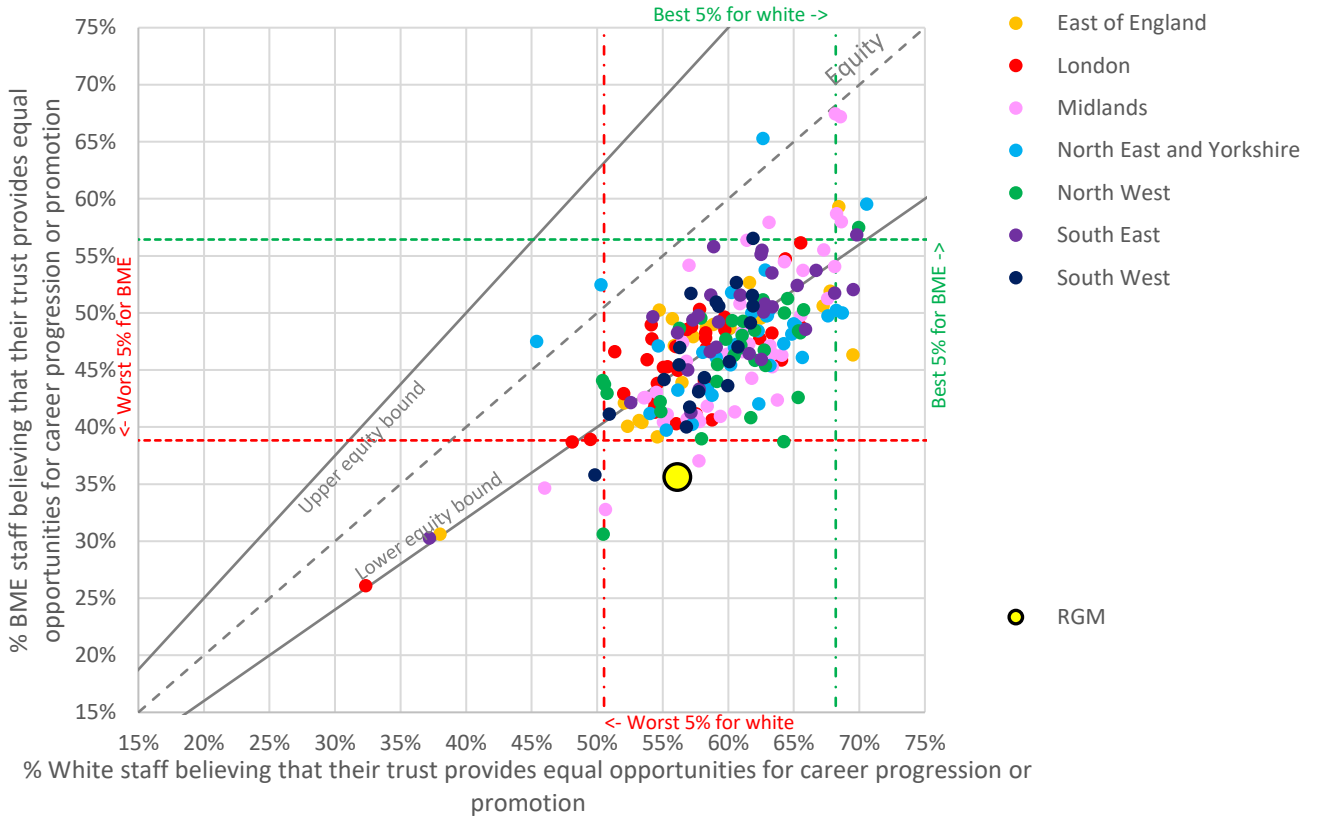
Indicator 5: The percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months



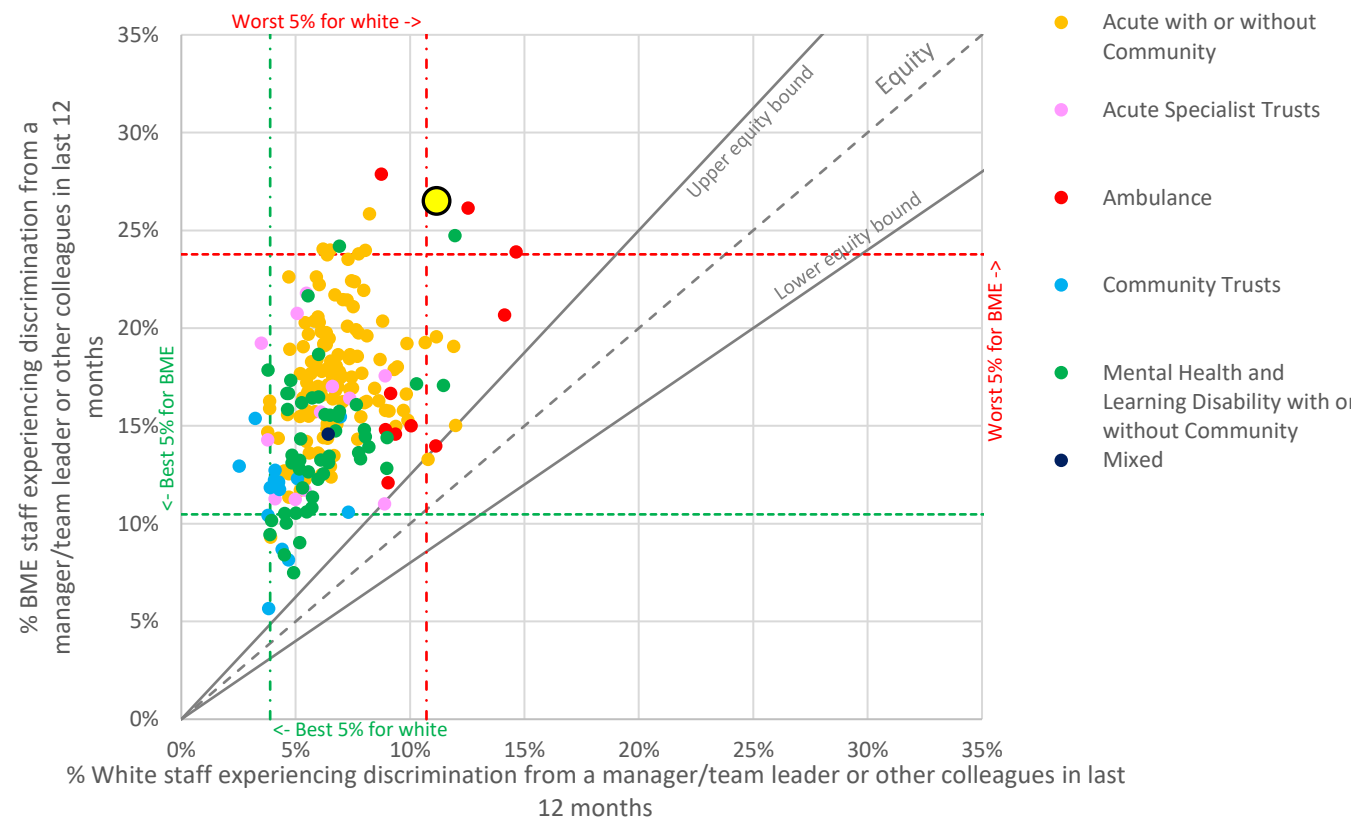
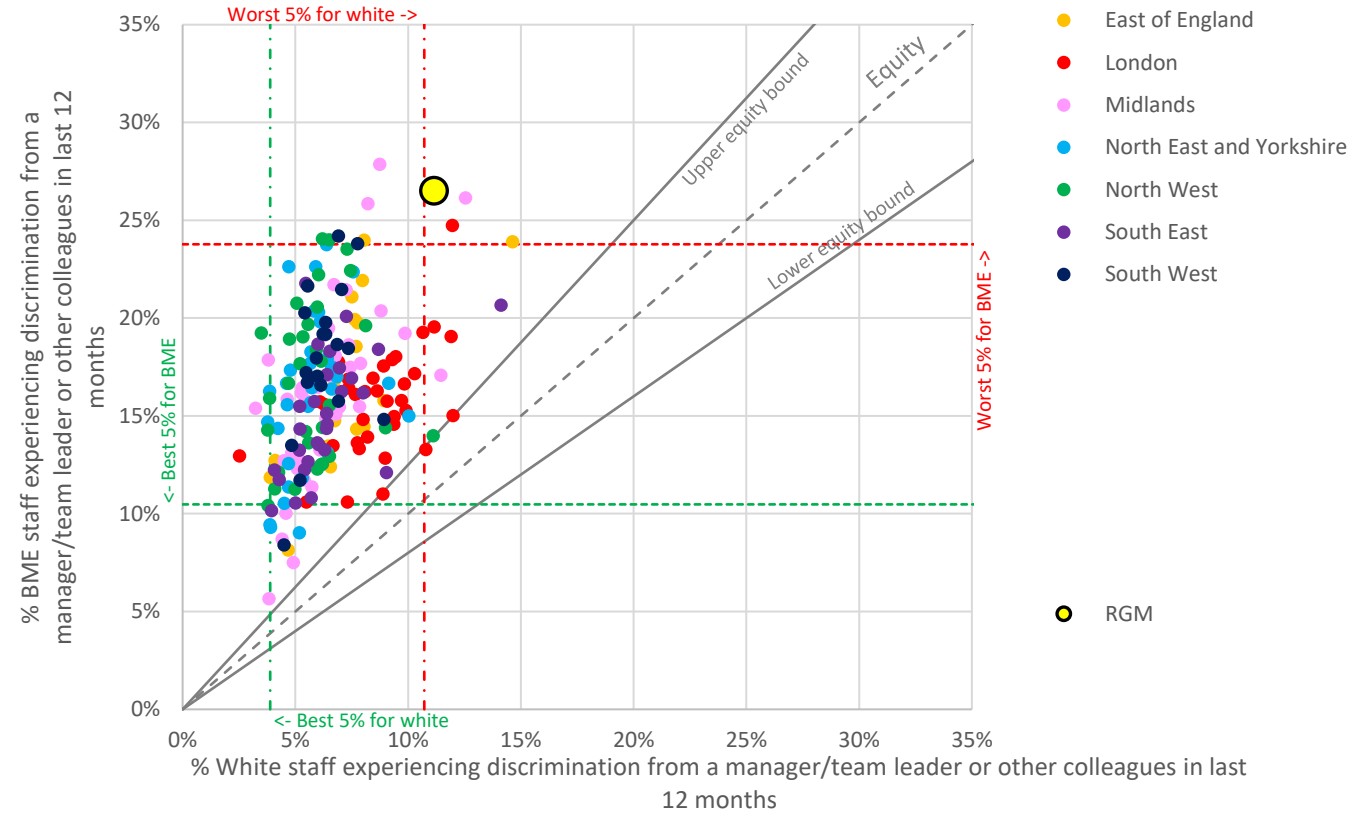
Indicator 6: The percentage of staff who experienced harassment, bullying or abuse from other staff in the last 12 months



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

