Royal Papworth Hospital NHS Foundation Trust

Organisation Code: RGM

Region: East of England

Workforce Race Equality Standard
2017 - 2022

Royal Papworth Hospital NHS Foundation Trust
East of England

Summary for the 2021/22 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			26.5%	25.3%	27.3%	24.2%	
Pay band at which BME under-representation first occurs	**Non-clinical**	Band 4 -	Proportional	Band 3	Band 4	Band 3	
		Band 5 +	Proportional	Band 8A	Band 8A	Band 8A	
	Clinical	Band 4 -	Proportional	Band 3	Proportional	Band 3	
		Band 5 +	Band 6	Band 6	Band 7	Band 6	
	Medical		Consultant	Consultant	Consultant	Consultant	
Race disparity ratios	**Non-clinical**	Lower:middle	1.88	0.84	0.97	0.88	77%
		Middle:upper	0.97	1.23	1.94	1.42	2%
		Lower:upper	1.83	1.03	1.88	1.25	56%
	Clinical	Lower:middle	1.91	1.87	1.54	1.70	38%
		Middle:upper	3.02	1.46	1.84	1.37	94%
		Lower:upper	5.77	2.74	2.83	2.34	87%
Indicator 2: likelihood of appointment from shortlisting							
		likelihood ratio White / BME	1.10	1.96	1.96	1.54	15%
Indicator 3: likelihood of entering formal disciplinary proceedings							
		likelihood ratio BME / White	0.49	1.11	1.50	1.14	68%
Indicator 4: likelihood of undertaking non-mandatory training							
		likelihood ratio White / BME	0.99	1.01	1.21	1.12	13%
Indicator 5: harassment, bullying or abuse from patients, relatives or the public in last 12 months							
		BME	26.8%	30.6%	19.9%	29.2%	32%
		White	17.7%	28.1%	18.5%	27.0%	3%
Indicator 6: harassment, bullying or abuse from staff in last 12 months							
		BME	31.3%	27.6%	28.3%	27.6%	79%
		White	25.6%	24.7%	22.1%	22.5%	77%
Indicator 7: belief that the trust provides equal opportunities for career progression or promotion							
		BME	40.3%	45.5%	42.3%	44.4%	85%
		White	61.9%	56.8%	61.1%	58.7%	28%
Indicator 8: discrimination from a manager/team leader or other colleagues in last 12 months							
		BME	24.7%	17.8%	17.5%	17.0%	96%
		White	10.0%	7.7%	6.3%	6.8%	94%
Indicator 9: BME representation on the board minus BME representation in the workforce							
		Overall	-6.5%.	-14.8%.	-10.7%.	-11.0%.	36%
		Voting members	-18.8%.	-16.0%.	-11.7%.	-10.8%.	73%
		Executive members	-26.5%.	-19.5%.	-16.2%.	-14.6%.	80%

* 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 second 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 2022. Data for indicators 1 to 4 are taken from WRES data portal submissions relating to the workforce as at the end of March 2022. Data for indicators 5 to 8 come from the NHS Staff Survey run in November and December 2021.

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 1: Career progression in clinical roles (middle to upper levels)
Indicator 1: Career progression in clinical roles (lower 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 (middle 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

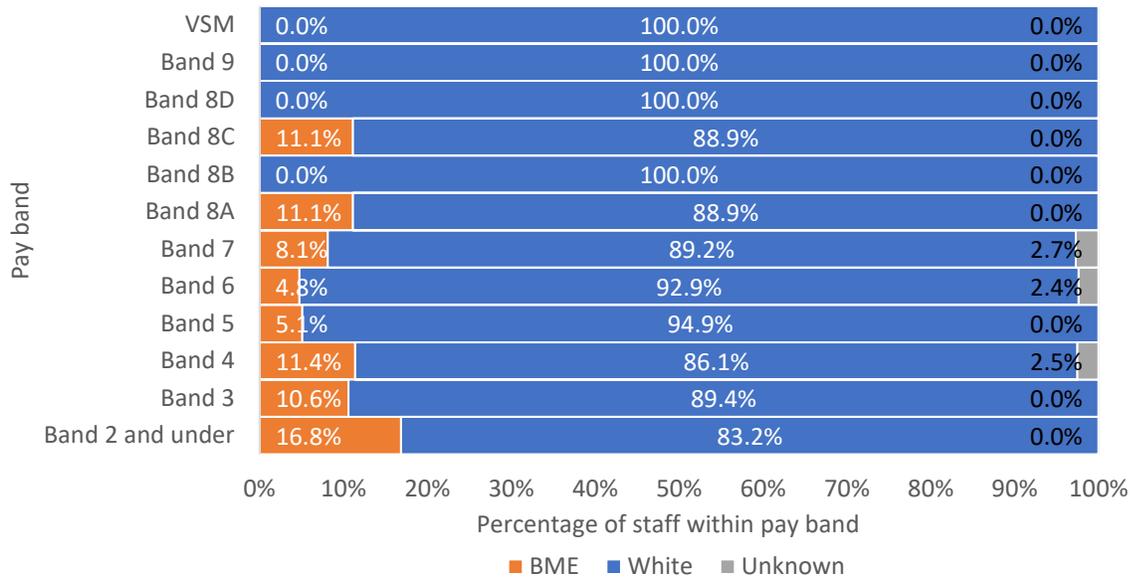BME staff were represented at 10.1% in all non-clinical AfC roles.

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

- BME representation was 12.7%, overall.
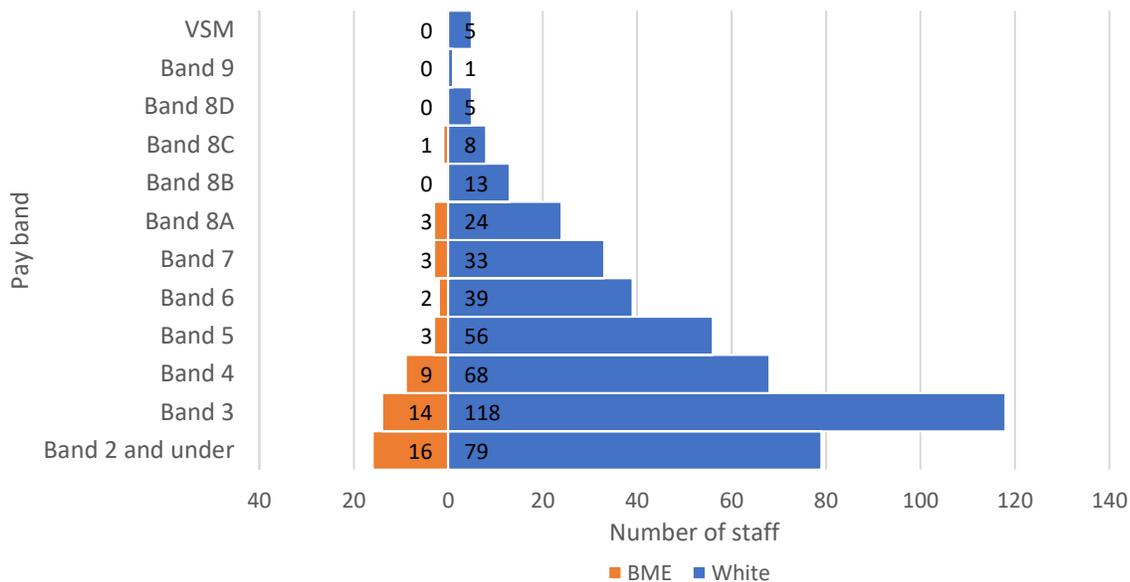- BME staff were proportionately represented by pay band.

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

- BME representation was 6.1%, overall.
- BME staff were proportionately represented by pay band.

AfC bands: non-clinical (percentage representation)

Pay band	BME	White	Unknown
VSM	0.0%	100.0%	0.0%
Band 9	0.0%	100.0%	0.0%
Band 8D	0.0%	100.0%	0.0%
Band 8C	11.1%	88.9%	0.0%
Band 8B	0.0%	100.0%	0.0%
Band 8A	11.1%	88.9%	0.0%
Band 7	8.1%	89.2%	2.7%
Band 6	4.8%	92.9%	2.4%
Band 5	5.1%	94.9%	0.0%
Band 4	11.4%	86.1%	2.5%
Band 3	10.6%	89.4%	0.0%
Band 2 and under	16.8%	83.2%	0.0%

Percentage of staff within pay band

AfC bands: non-clinical (headcount)

Pay band	BME	White
VSM	0	5
Band 9	0	1
Band 8D	0	5
Band 8C	1	8
Band 8B	0	13
Band 8A	3	24
Band 7	3	33
Band 6	2	39
Band 5	3	56
Band 4	9	68
Band 3	14	118
Band 2 and under	16	79

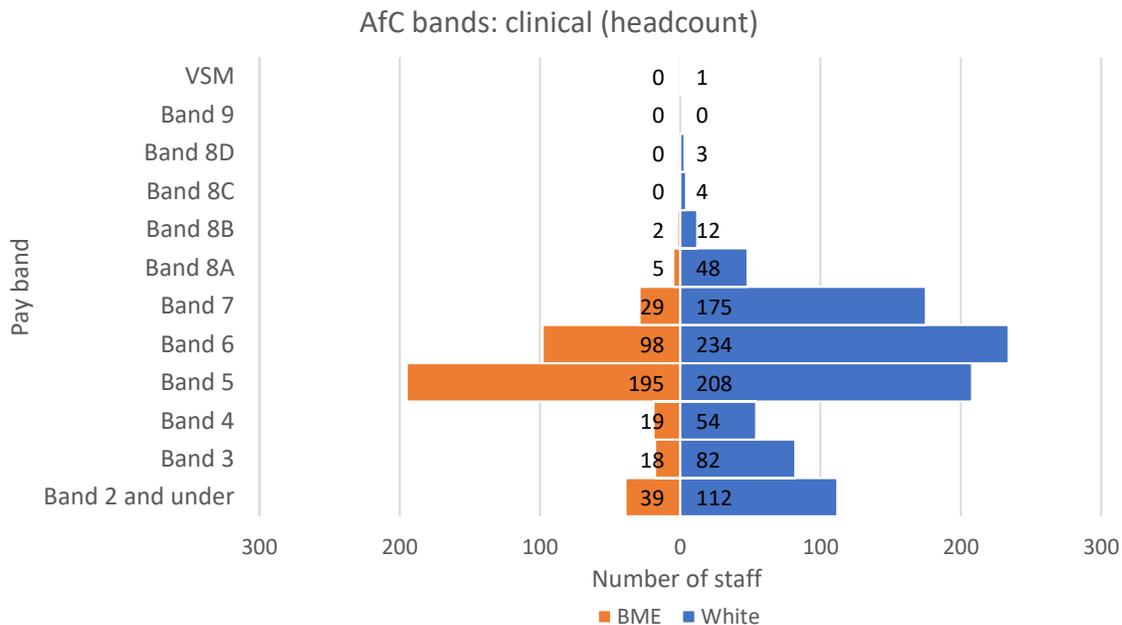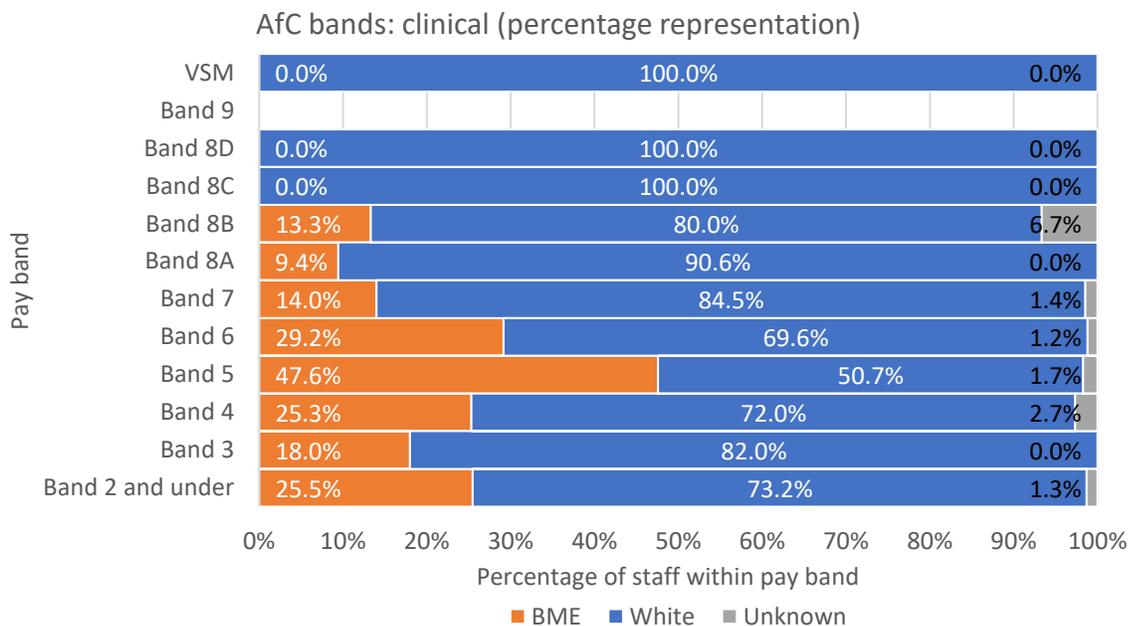Number of staff

6

Clinical staff on AfC paybands

BME staff were represented at 29.8% in all clinical AfC roles.

At Band 4 and under (e.g., clinical support workers and healthcare assistants):
- BME representation was 23.2%, 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 32.0%, overall.
- BME staff were underrepresented at Band 6 and above, 21.6%.

AfC bands: clinical (percentage representation)

Pay band	BME	White	Unknown
VSM	0.0%	100.0%	0.0%
Band 9			
Band 8D	0.0%	100.0%	0.0%
Band 8C	0.0%	100.0%	0.0%
Band 8B	13.3%	80.0%	6.7%
Band 8A	9.4%	90.6%	0.0%
Band 7	14.0%	84.5%	1.4%
Band 6	29.2%	69.6%	1.2%
Band 5	47.6%	50.7%	1.7%
Band 4	25.3%	72.0%	2.7%
Band 3	18.0%	82.0%	0.0%
Band 2 and under	25.5%	73.2%	1.3%

Percentage of staff within pay band

■ BME ■ White ■ Unknown

AfC bands: clinical (headcount)

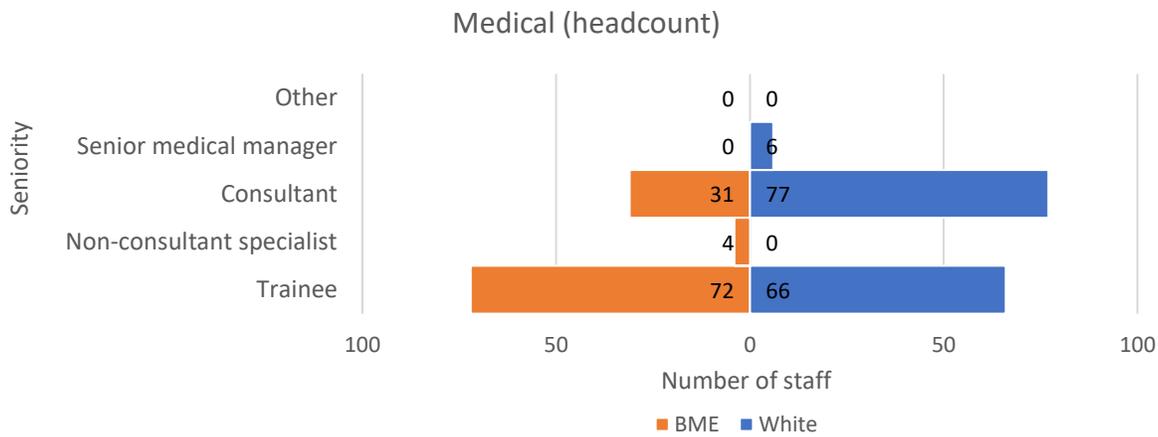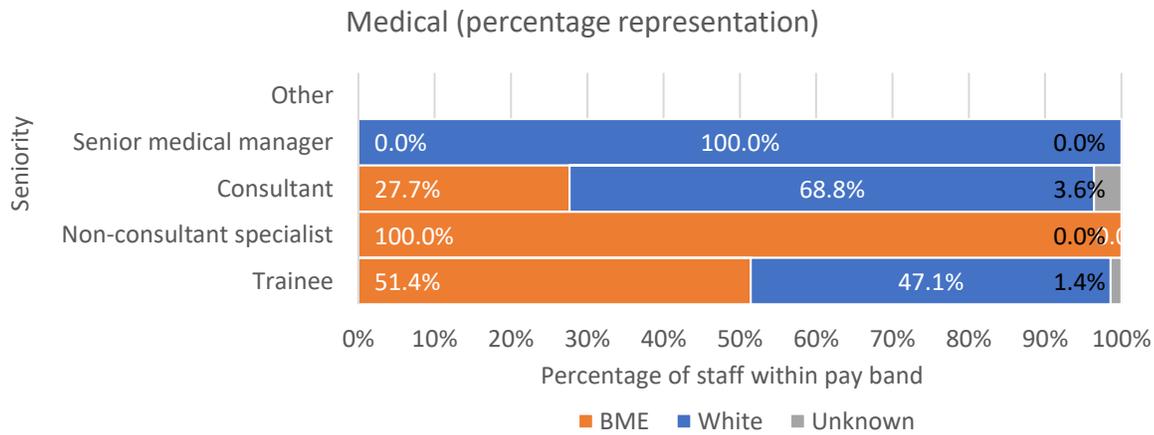| Pay band	BME	White
VSM	0	1
Band 9	0	0
Band 8D	0	3
Band 8C	0	4
Band 8B	2	12
Band 8A	5	48
Band 7	29	175
Band 6	98	234
Band 5	195	208
Band 4	19	54
Band 3	18	82
Band 2 and under	39	112

Number of staff

■ BME ■ White

Medical staff

BME representation was 40.8% in all medical and dental roles.

Amongst medical and dental staff:

- BME staff were underrepresented at Consultant level and above, 26.3%.

Medical (percentage representation)

Seniority	BME	White	Unknown
Other			
Senior medical manager	0.0%	100.0%	0.0%
Consultant	27.7%	68.8%	3.6%
Non-consultant specialist	100.0%	0.0%	0.0%
Trainee	51.4%	47.1%	1.4%

Percentage of staff within pay band

Medical (headcount)

Seniority	BME	White
Other	0	0
Senior medical manager	0	6
Consultant	31	77
Non-consultant specialist	4	0
Trainee	72	66

Number of staff

Race disparity ratios for non-clinical staff on AfC paybands

At March 2022:

Lower to middle: 1.88; not significantly different from "1.0" or equity.
The Trust performed better than 23% of Trusts and worse than 77% of Trusts.

Middle to upper: 0.97; not significantly different from "1.0" or equity.
The Trust performed better than 98% of Trusts and worse than 2% of Trusts.

Lower to upper: 1.83; not significantly different from "1.0" or equity.
The Trust performed better than 44% of Trusts and worse than 56% of Trusts.

Race disparity ratios, non-clinical (White/BME)
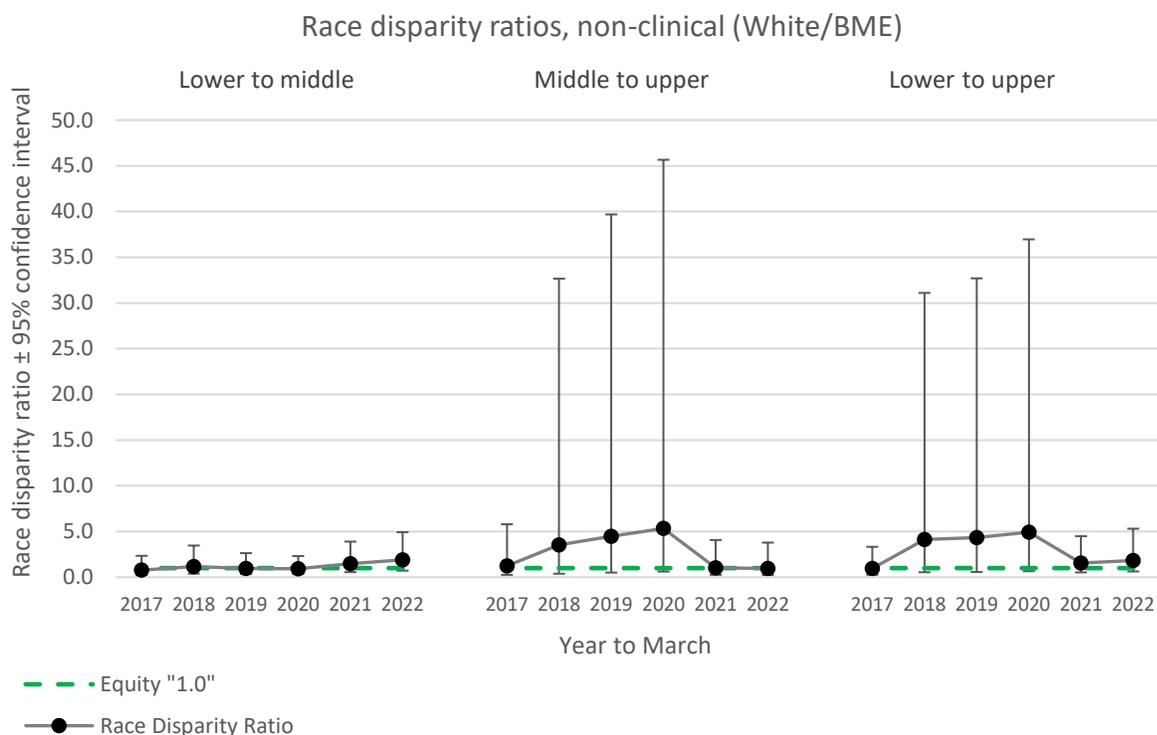
Lower: non-clinical bands 5 and under
Middle: non-clinical bands 6 to 7
Upper: non-clinical bands 8a and above

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 2022:

Lower to middle: 1.91; higher than "1.0" or equity to a small degree.
The Trust performed better than 62% of Trusts and worse than 38% of Trusts.

Middle to upper: 3.02; higher than "1.0" or equity to a medium degree.
The Trust performed better than 6% of Trusts and worse than 94% of Trusts.

Lower to upper: 5.77; higher than "1.0" or equity to a large degree.
The Trust performed better than 13% of Trusts and worse than 87% of Trusts.

Race disparity ratios, clinical (White/BME)
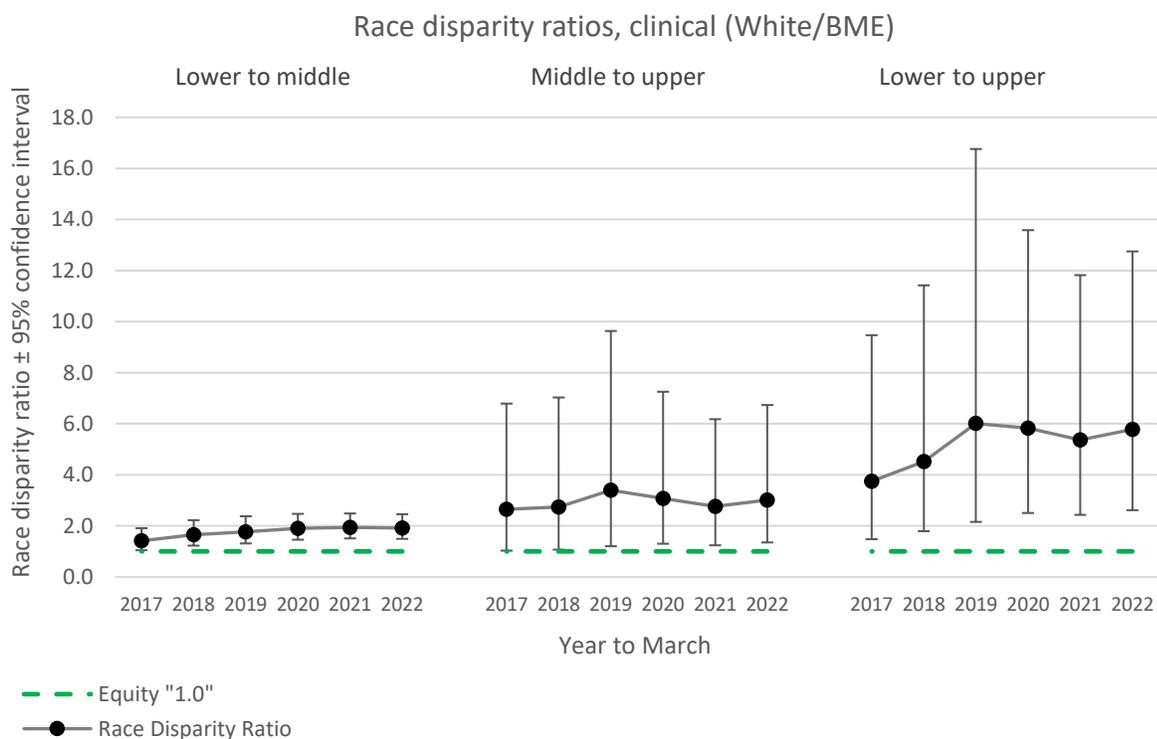
Lower: clinical bands 5 and under
Middle: clinical bands 6 to 7
Upper: clinical bands 8a and above

Indicator 2

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

At March 2022 the likelihood ratio was 1.10; not significantly different from "1.0" or equity. Specifically, 268 out of 485 white candidates were appointed from shortlisting (55.3% of white candidates) compared to 108 out of 215 BME candidates (50.2% of BME candidates).

The Trust performed better than 85% of Trusts and worse than 15% of Trusts.

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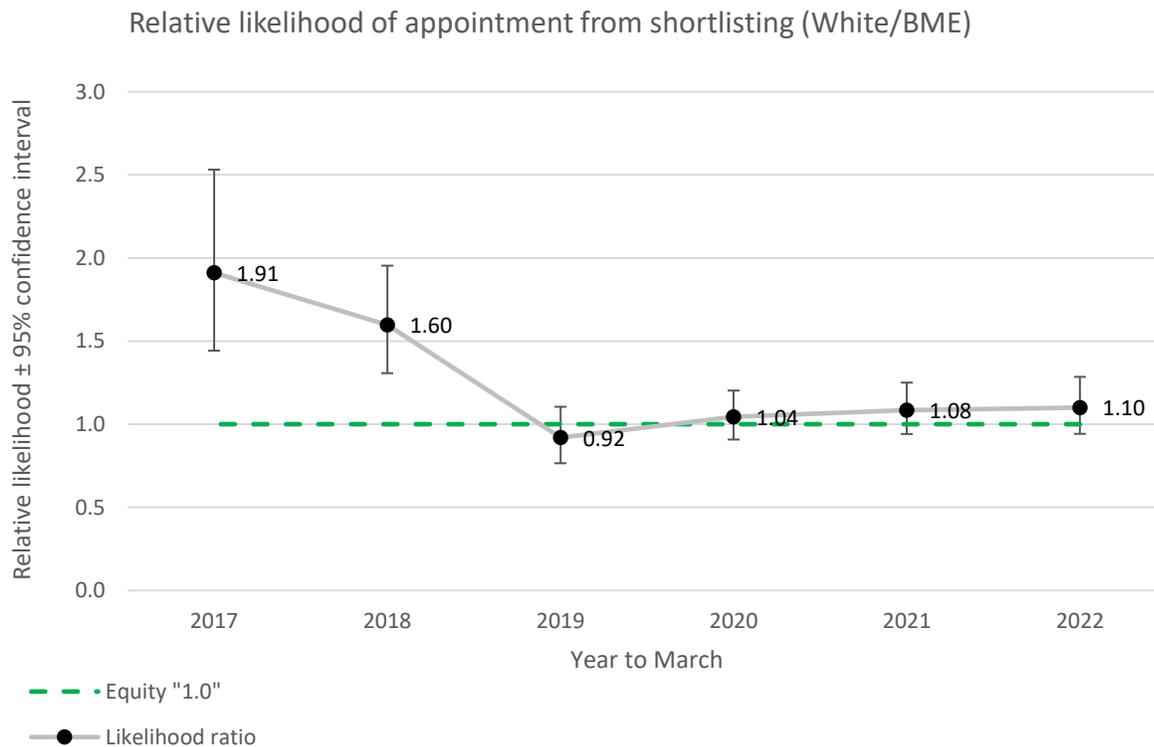
Example: a value of "2.0" would indicate that White candidates were twice as likely as BME candidates to be appointed from shortlisting, whilst a value of "0.5" would indicate that White candidates were half as likely as BME candidates to be appointed from shortlisting.

Indicator 3

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

At March 2022 the likelihood ratio was 0.49; not significantly different from "1.0" or equity. Specifically, 2 out of 563 BME staff entered formal disciplinary proceedings (0.36% of the BME workforce) compared to 11 out of 1531 white staff (0.72% of the white workforce).

The Trust performed better than 32% of Trusts and worse than 68% of Trusts.

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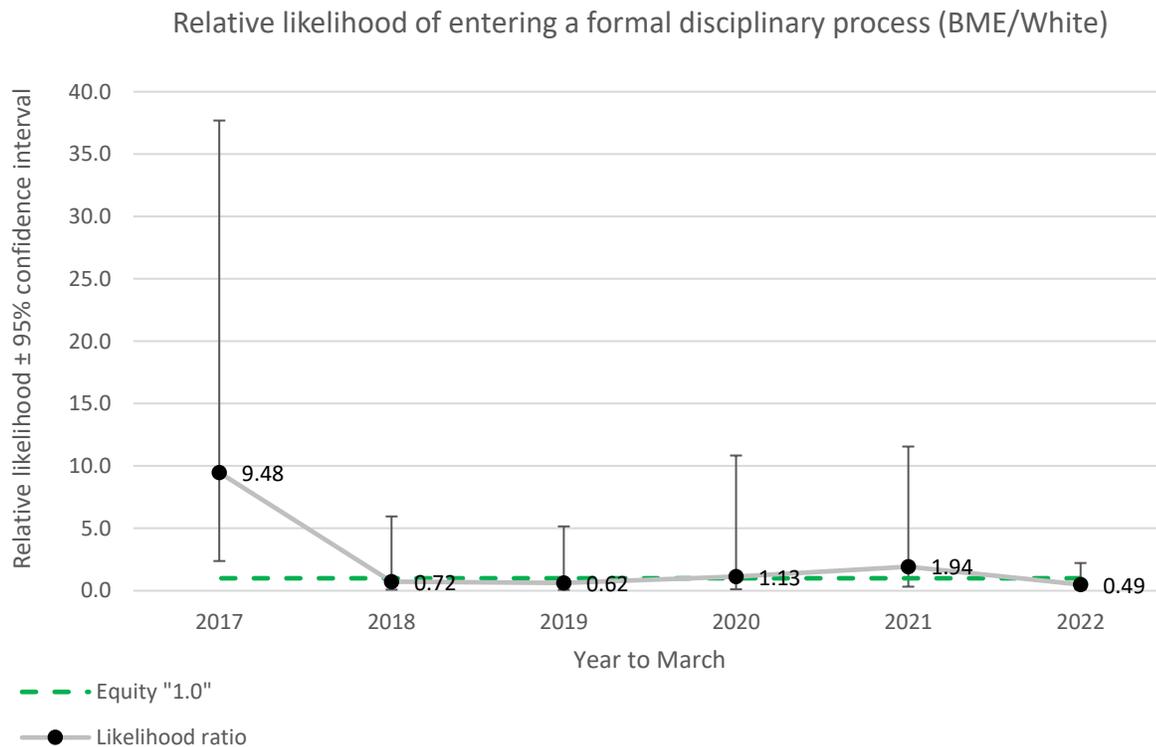
Example: a value of "2.0" would indicate that BME staff were twice as likely as White staff to enter a formal disciplinary process, whilst a value of "0.5" would indicate that BME staff were half as likely as White staff to enter a formal disciplinary process.

Indicator 4

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

At March 2022 the likelihood ratio was 0.99; not significantly different from "1.0" or equity. Specifically, 1308 out of 1531 white staff undertook non-mandatory training (85.4% of the white workforce) compared to 485 out of 563 BME staff (86.1% of the BME workforce).

The Trust performed better than 87% of Trusts and worse than 13% of Trusts.

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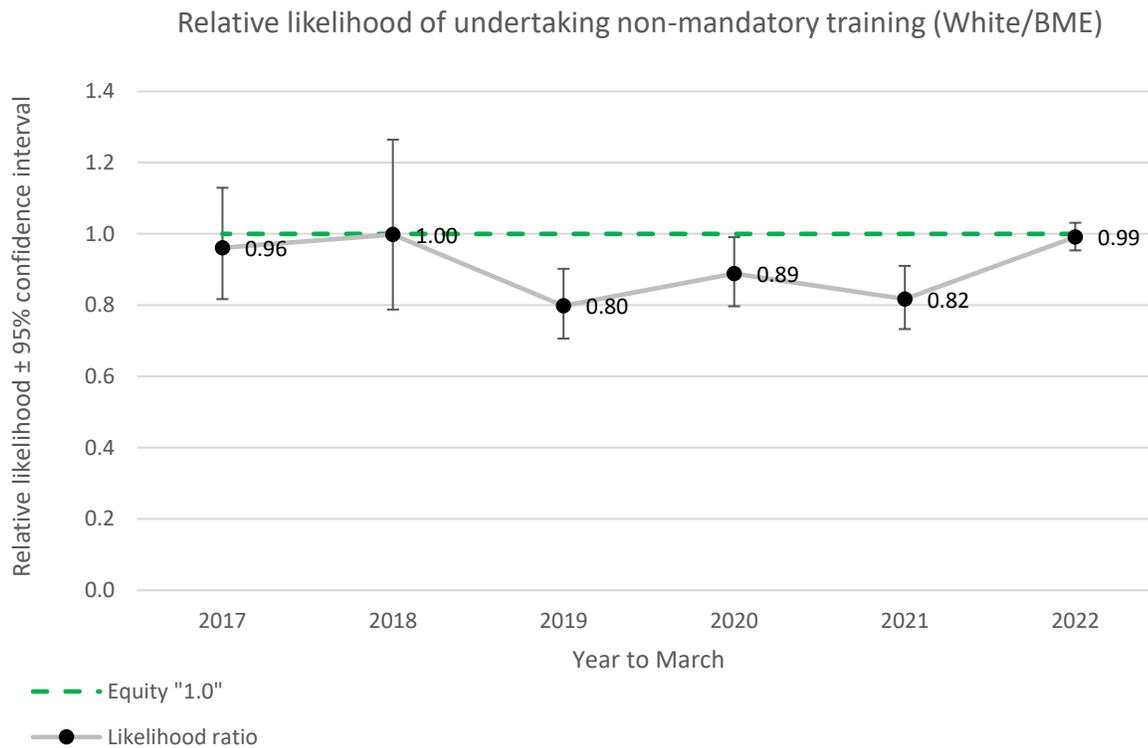
For example a value of "2.0" would indicate that White staff were twice as likely as BME staff to undertake non-mandatory training, whilst a value of "0.5" would indicate that White staff were half as likely as BME staff to undertake non-mandatory training.

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, 26.8%, than for White staff, 17.7%.

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 68% of Trusts and worse than 32% of Trusts.
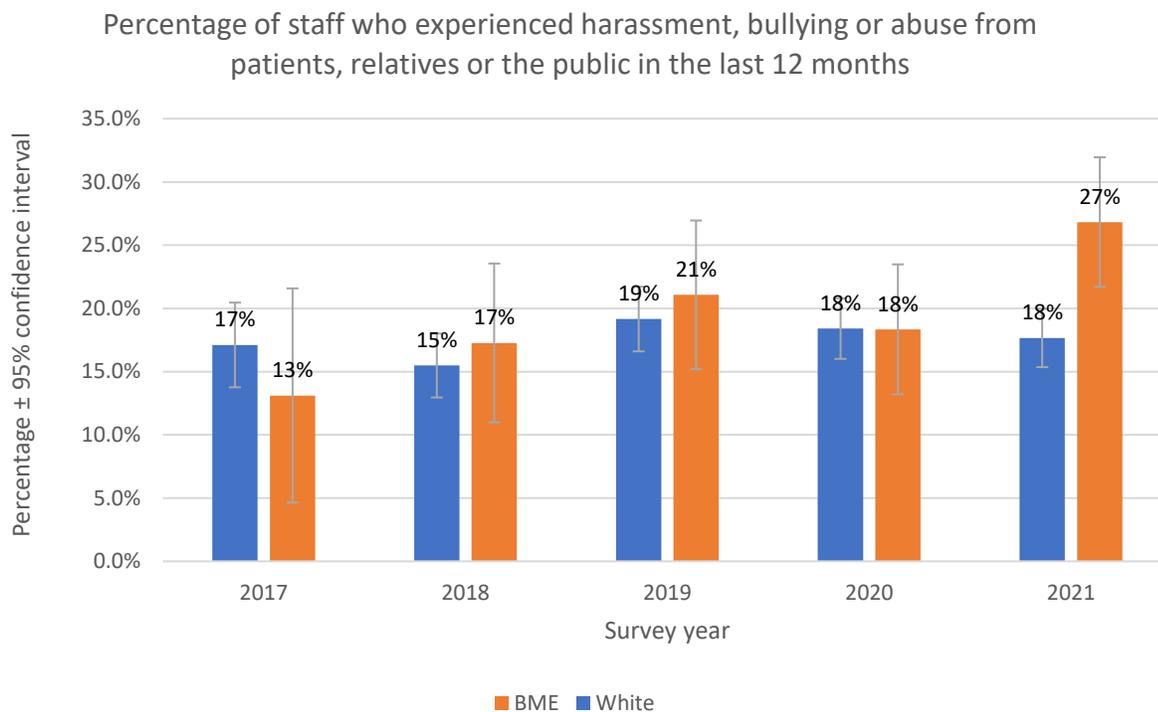
Percentage of staff who experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months

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				
		2017	**2018**	**2019**	**2020**	**2021**
Grouped	White	17%	15%	19%	18%	18%
	BME	13%	17%	21%	18%	27%
Detailed	White British	17%	15%	18%	17%	17%
	White "other"	15%	17%	24%	24%	21%
	Asian	16%	16%	24%	18%	27%
	Black	SUPP	7%	11%	25%	29%
	Mixed/other	10%	23%	19%	15%	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				
	2017	2018	2019	2020	2021
Overall	17%	16%	19%	18%	20%
White women	18%	17%	20%	20%	18%
BME women	14%	18%	24%	18%	28%
White men	15%	12%	18%	11%	17%
BME men	13%	15%	15%	17%	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				
		2017	2018	2019	2020	2021
Allied health prof.	White	19%	17%	19%	18%	12%
	BME	20%	7%	21%	14%	16%
Medical and dental	White	15%	10%	20%	15%	25%
	BME	SUPP	16%	12%	10%	24%
Ambulance (operational)	White	SUPP	SUPP			
	BME	SUPP	SUPP			
Nurses and midwives	White	29%	26%	30%	29%	27%
	BME	21%	23%	28%	25%	32%
Healthcare assistants	White	16%	14%	15%	31%	23%
	BME	SUPP	8%	12%	14%	37%
Wider healthcare team	White	11%	8%	12%	8%	11%
	BME	SUPP	20%	7%	9%	19%
General management	White	15%	6%		5%	9%
	BME	SUPP	SUPP	SUPP	SUPP	SUPP
Other	White		8%	11%	17%	4%
	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, 31.3%, than for White staff, 25.6%.

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 21% of Trusts and worse than 79% of Trusts.
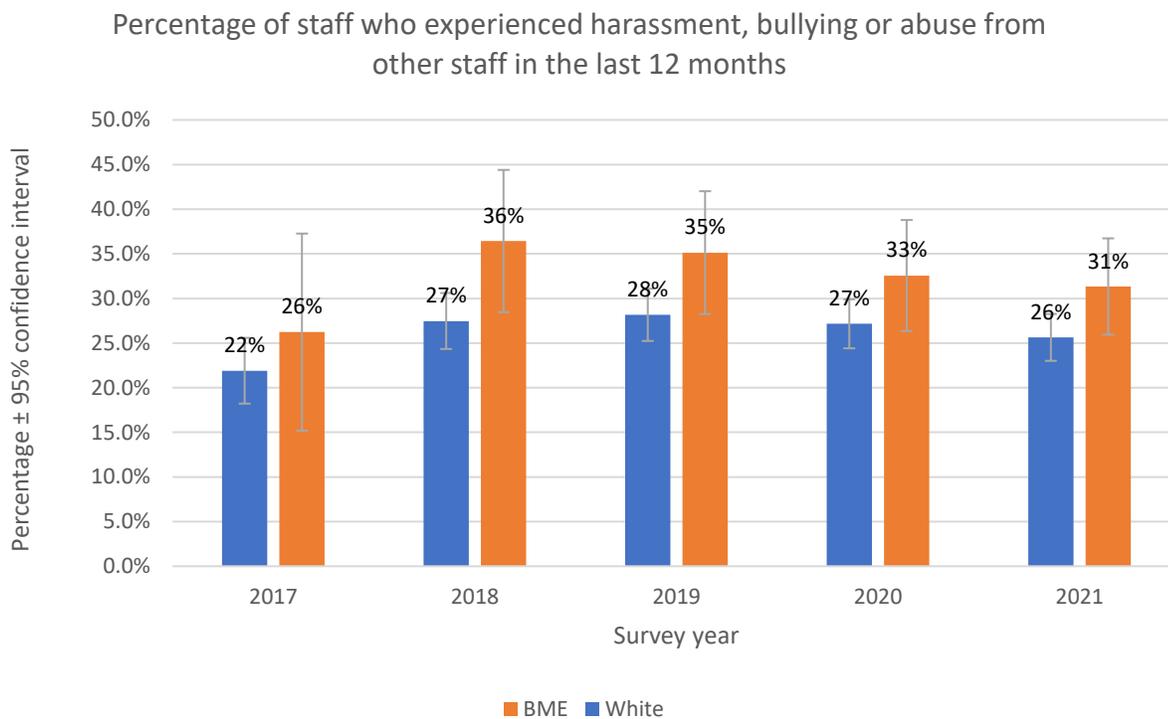
Percentage of staff who experienced harassment, bullying or abuse from other staff in the last 12 months

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

Ethnicity		Survey year				
		2017	**2018**	**2019**	**2020**	**2021**
Grouped	White	22%	27%	28%	27%	26%
	BME	26%	36%	35%	33%	31%
Detailed	White British	21%	25%	26%	26%	24%
	White "other"	25%	37%	38%	34%	32%
	Asian	31%	35%	38%	33%	31%
	Black	SUPP	40%	30%	31%	31%
	Mixed/other	20%	38%	29%	32%	35%

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				
	2017	**2018**	**2019**	**2020**	**2021**
Overall	23%	29%	30%	28%	27%
White women	21%	29%	29%	27%	25%
BME women	30%	40%	35%	32%	30%
White men	25%	22%	25%	25%	28%
BME men	19%	25%	32%	26%	33%

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				
		2017	**2018**	**2019**	**2020**	**2021**
Allied health prof.	White	19%	25%	23%	20%	22%
	BME	20%	21%	32%	21%	21%
Medical and dental	White	32%	27%	42%	46%	36%
	BME	SUPP	28%	32%	39%	38%
Ambulance (operational)	White	SUPP	SUPP			
	BME	SUPP	SUPP			
Nurses and midwives	White	27%	32%	32%	29%	30%
	BME	28%	38%	39%	36%	33%
Healthcare assistants	White	21%	23%	31%	36%	22%
	BME	SUPP	50%	24%	19%	34%
Wider healthcare team	White	18%	24%	22%	23%	22%
	BME	SUPP	36%	33%	22%	27%
General management	White	38%	32%	27%	37%	35%
	BME	SUPP	SUPP	SUPP	SUPP	SUPP
Other	White	11%	19%	33%	32%	22%
	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, 40.3%, than for White staff, 61.9%.

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 15% of Trusts and worse than 85% of Trusts.
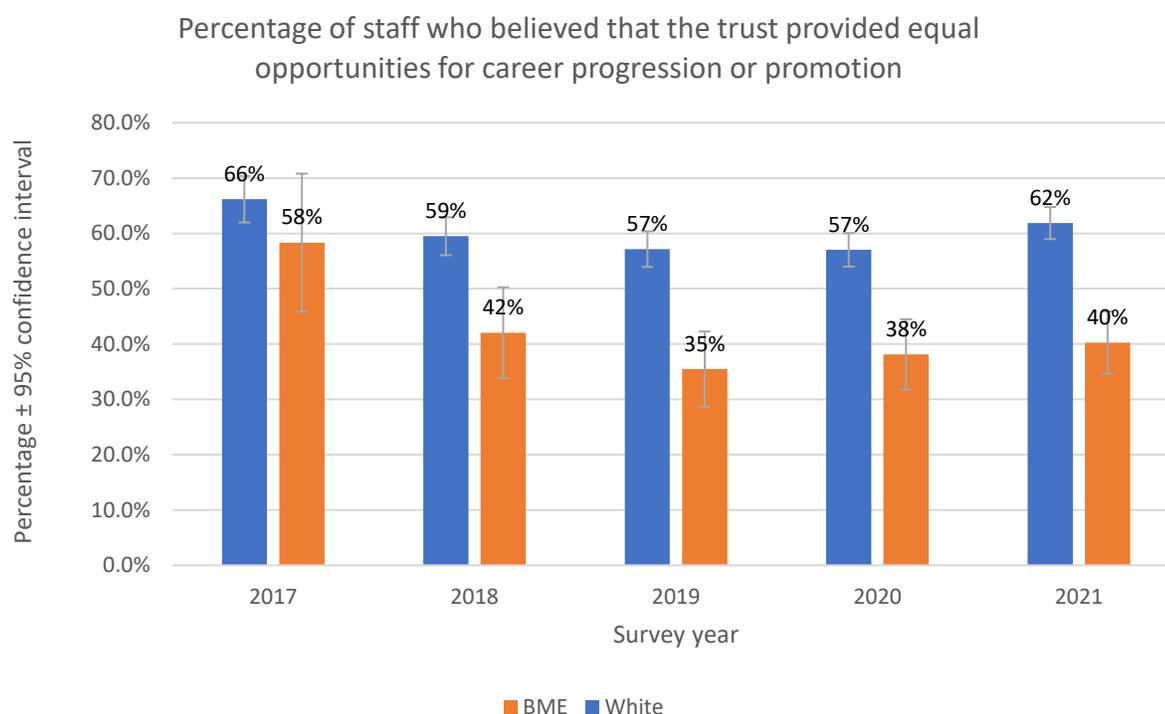
Percentage of staff who believed that the trust provided equal opportunities for career progression or promotion

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

Ethnicity		Survey year				
		2017	**2018**	**2019**	**2020**	**2021**
Grouped	White	66%	59%	57%	57%	62%
	BME	58%	42%	35%	38%	40%
Detailed	White British	68%	61%	61%	61%	65%
	White "other"	51%	53%	43%	41%	48%
	Asian	59%	38%	36%	40%	43%
	Black	SUPP	27%	29%	27%	19%
	Mixed/other	70%	56%	39%	40%	46%

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				
	2017	**2018**	**2019**	**2020**	**2021**
Overall	65%	56%	53%	53%	57%
White women	66%	60%	57%	58%	64%
BME women	51%	39%	38%	38%	40%
White men	69%	62%	61%	59%	56%
BME men	81%	55%	33%	43%	41%

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				
		2017	**2018**	**2019**	**2020**	**2021**
Allied health prof.	White	68%	65%	66%	63%	66%
	BME	50%	50%	46%	52%	44%
Medical and dental	White	53%	55%	55%	61%	62%
	BME	SUPP	40%	37%	44%	35%
Ambulance (operational)	White	SUPP	SUPP			
	BME	SUPP	SUPP			
Nurses and midwives	White	69%	62%	55%	53%	61%
	BME	46%	38%	29%	32%	38%
Healthcare assistants	White	68%	79%	69%	60%	65%
	BME	SUPP	64%	56%	39%	59%
Wider healthcare team	White	66%	55%	55%	55%	57%
	BME	SUPP	27%	25%	46%	36%
General management	White	46%	61%	45%	74%	67%
	BME	SUPP	SUPP	SUPP	SUPP	SUPP
Other	White	74%	54%	50%	60%	63%
	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, 24.7%, than for White staff, 10.0%.

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 4% of Trusts and worse than 96% of Trusts.
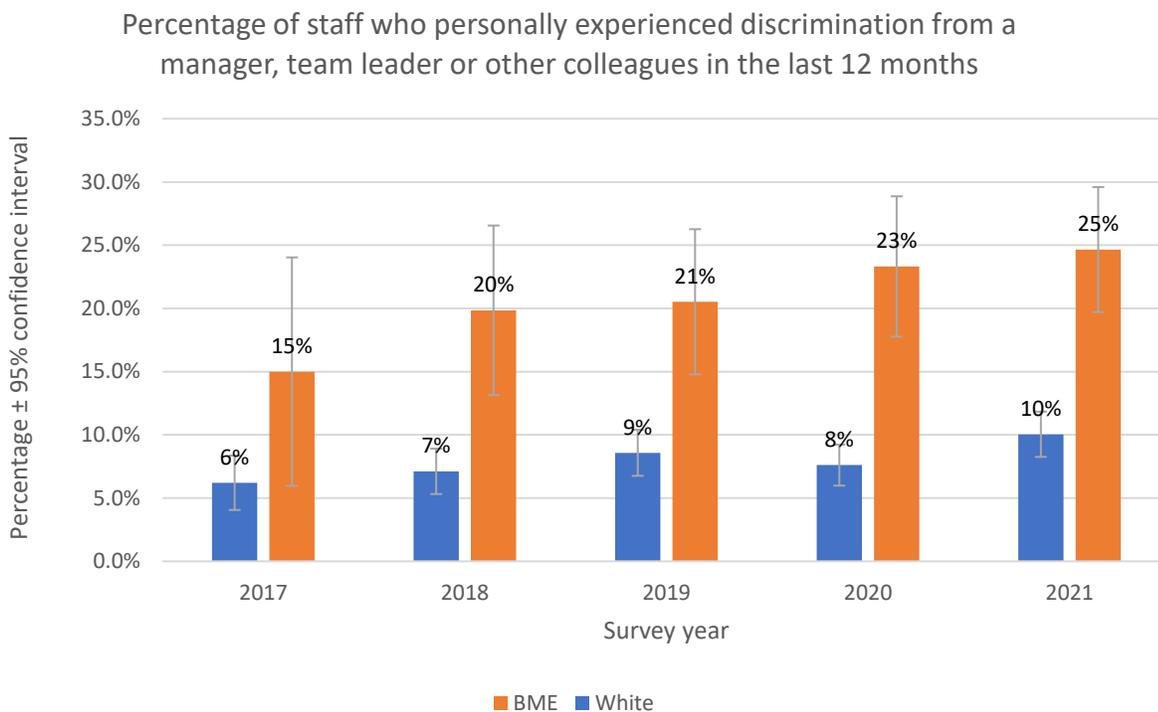
Percentage of staff who personally experienced discrimination from a manager, team leader or other colleagues in the last 12 months

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

Ethnicity		Survey year				
		2017	**2018**	**2019**	**2020**	**2021**
Grouped	White	6%	7%	9%	8%	10%
	BME	15%	20%	21%	23%	25%
Detailed	White British	5%	6%	7%	6%	8%
	White "other"	16%	13%	16%	15%	20%
	Asian	16%	20%	21%	24%	23%
	Black	SUPP	14%	18%	25%	31%
	Mixed/other	SUPP	22%	21%	17%	25%

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

Ethnicity and gender	Survey year				
	2017	**2018**	**2019**	**2020**	**2021**
Overall	7%	9%	11%	11%	13%
White women	7%	7%	9%	8%	10%
BME women	19%	23%	22%	22%	27%
White men	4%	8%	7%	5%	7%
BME men	6%	13%	17%	19%	17%

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				
		2017	**2018**	**2019**	**2020**	**2021**
Allied health prof.	White	4%	5%	5%	5%	7%
	BME	20%	15%	11%	10%	19%
Medical and dental	White	3%	6%	8%	7%	12%
	BME	SUPP	12%	4%	19%	21%
Ambulance (operational)	White	SUPP	SUPP			
	BME	SUPP	SUPP			
Nurses and midwives	White	8%	7%	13%	9%	11%
	BME	21%	24%	27%	30%	29%
Healthcare assistants	White	8%	4%	10%	18%	15%
	BME	SUPP	18%	22%	22%	26%
Wider healthcare team	White	6%	8%	5%	6%	9%
	BME	SUPP	20%	19%	9%	18%
General management	White	8%	6%	14%	5%	8%
	BME	SUPP	SUPP	SUPP	SUPP	SUPP
Other	White	4%	0%	9%	10%	10%
	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 2022, the difference between BME representation on the board and in the worforce was
-6.5%. BME members were underrepresented on the board by one member in terms of a headcount. The Trust performed better than 64% of Trusts and worse than 36% of Trusts.

Gap in BME representation at board level, overall
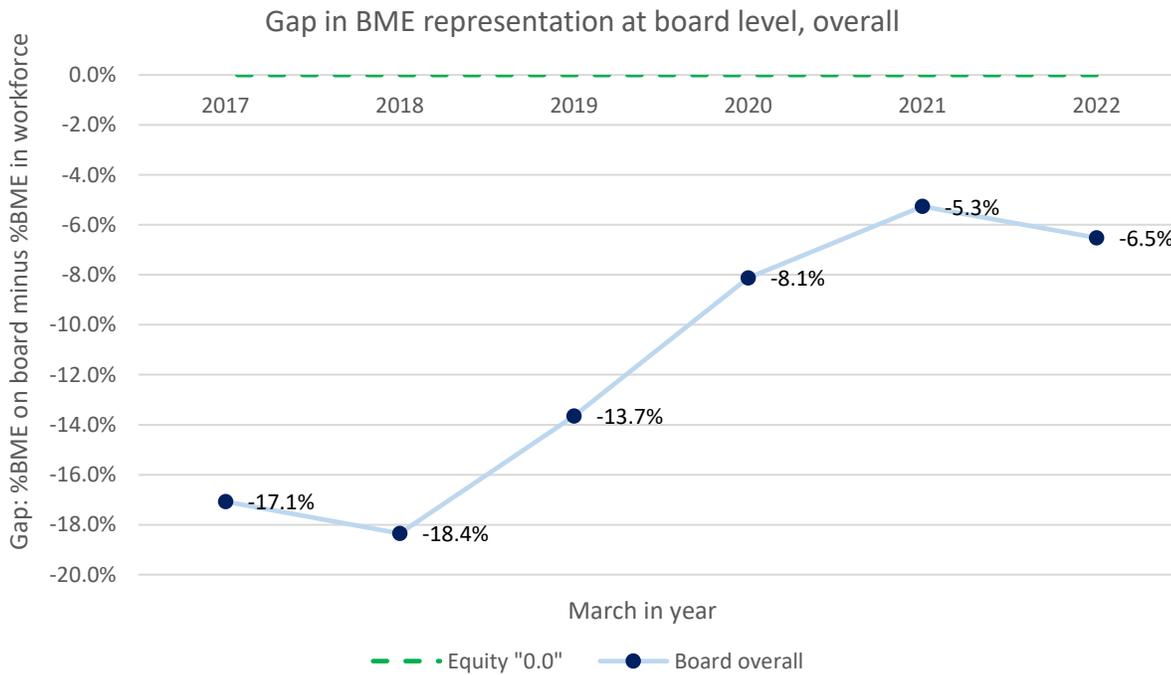
The board representation indicator is calculated by deducting the percentage of BME staff in the workforce from the percentage of BME members on the board of directors. A value of "0.0" means that the percentage of BME members on the board of directors is exactly the same as the percentage of BME staff 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 2022, the difference between BME representation on the board and in the worforce was
-18.8% amongst voting members. BME members were underrepresented on the board by two voting members
in terms of a headcount. The Trust performed better than 27% of Trusts and worse than 73% of Trusts.

Gap in BME representation at board level amongst voting members

Y-axis: Gap: %BME on board minus %BME in workforce

X-axis: March in year

Year	Value
2018	-18.4%
2019	-13.1%
2020	-7.0%
2021	-9.9%
2022	-18.8%

Legend: Equity "0.0" — Voting board members
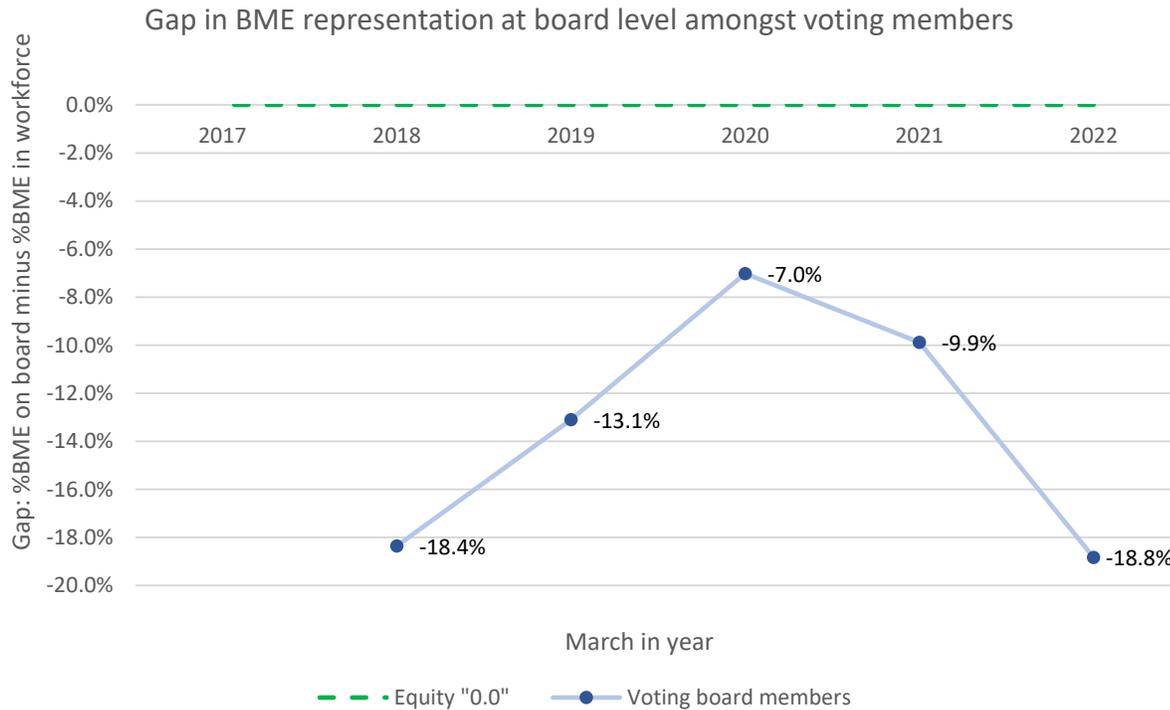
Executive board membership

At March 2022, the difference between BME representation on the board and in the worforce was -26.5% amongst executive members. BME members were underrepresented on the board by two executive members in terms of a headcount. The Trust performed better than 20% of Trusts and worse than 80% of Trusts.

Gap in BME representation at board level amongst executive members
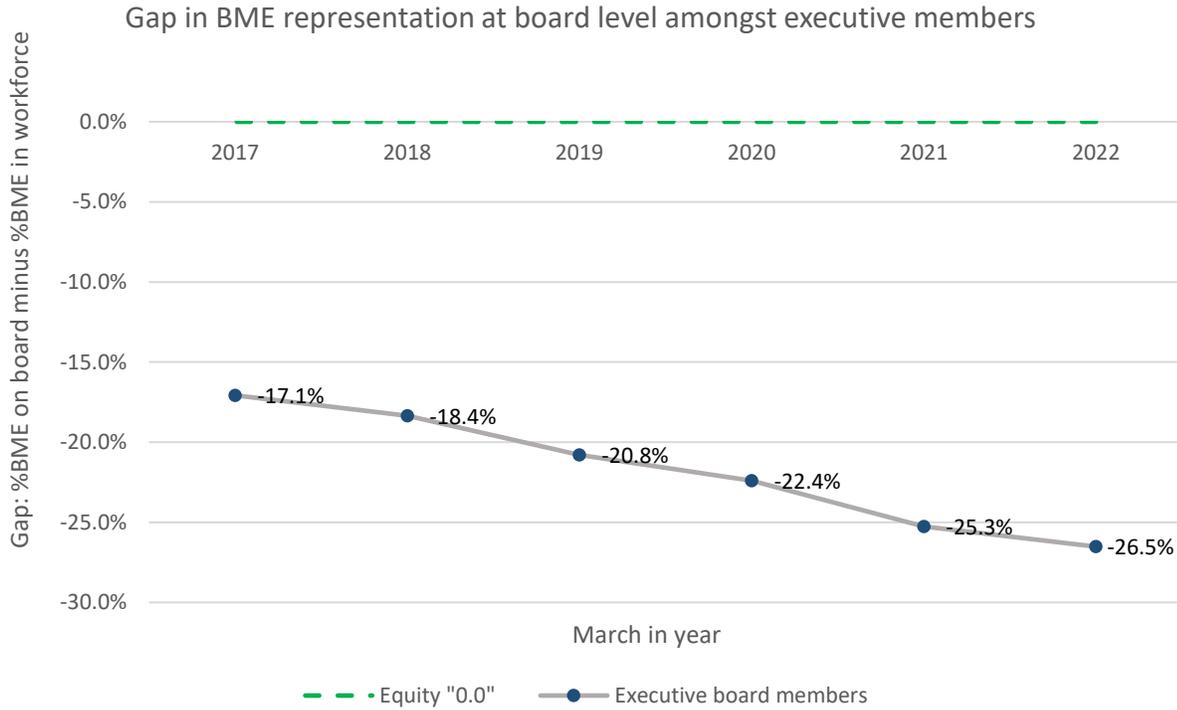
Appendix: Scatter Graphs and Frequency Distributions

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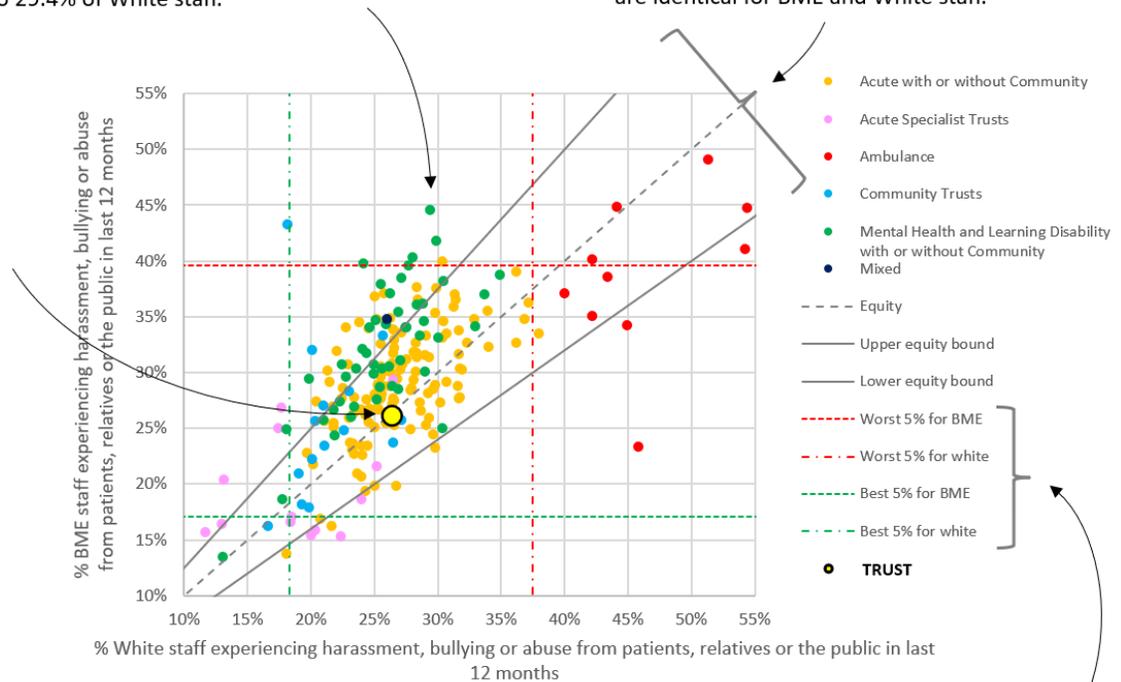
The red and green lines mark the thresholds for Trusts that are performing especially well (best 5%, green) or poorly (worst 5%, red) for BME and/or White staff.

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.
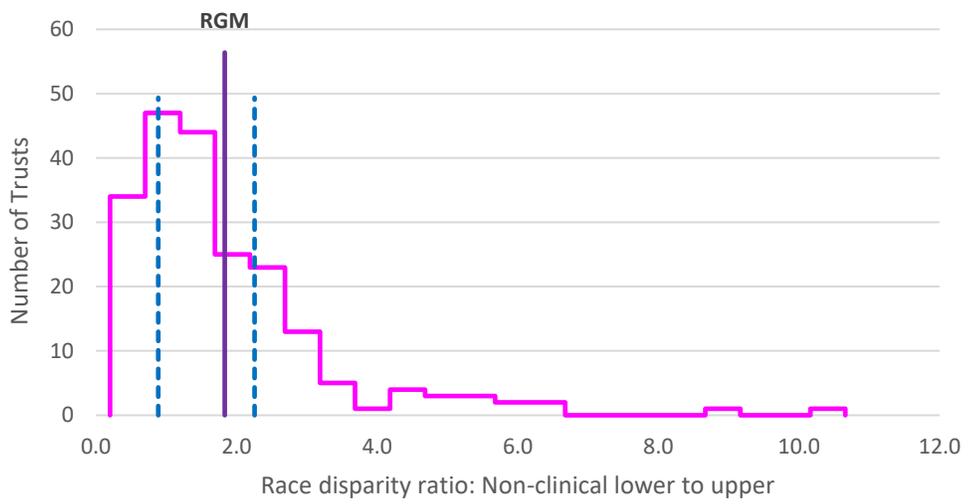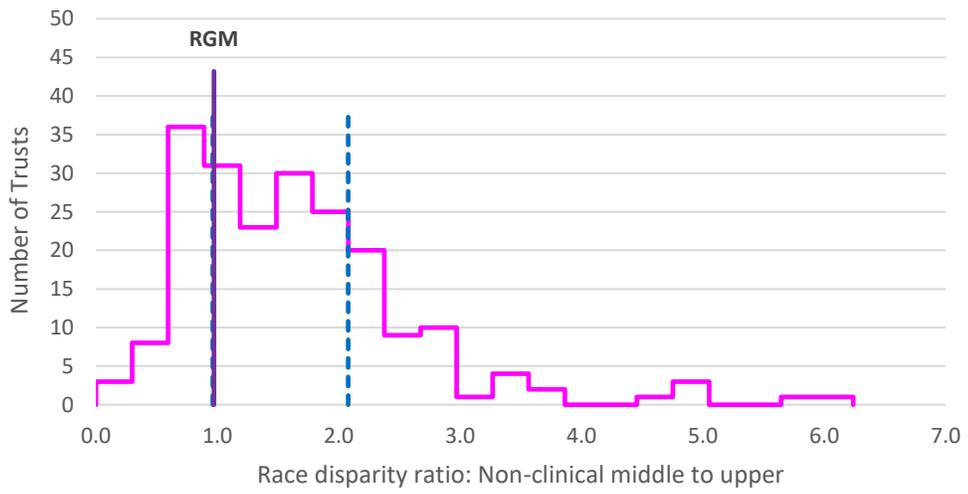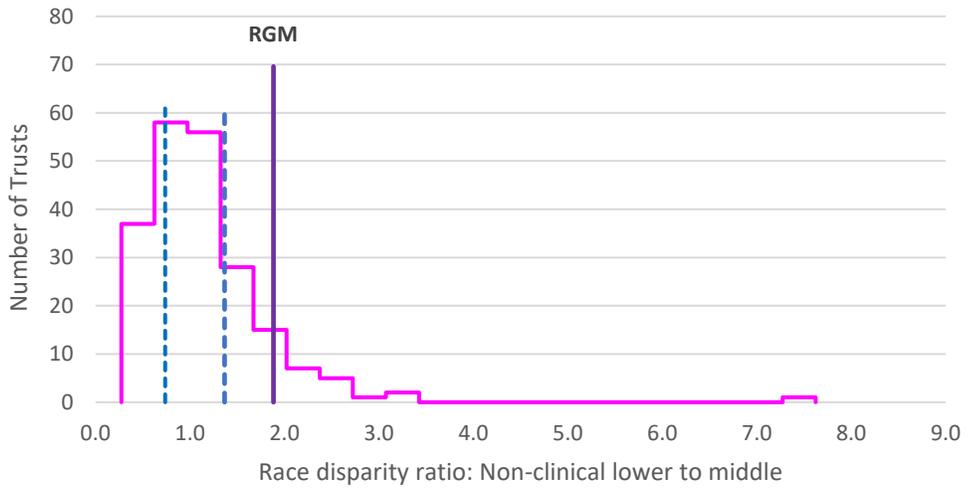
The inter-quartile range falls between the 25th and 75th percentiles. The middle 50% of Trusts have a value within the interquartile range.

The 25th percentile: 25% of Trusts have a value below this level

The 75th percentile: 25% of Trusts have a value above this level

The individual trust's score is marked by a purple line. In this example, 40% of this Trust's workforce were from a BME background.

The pink line outlines a histogram. In this example the histogram indicates how many Trusts, nationally, had each level of BME representation in their workforces.

Here, it can be seen that 12 Trusts had a BME representation of between 1.6% and 4.9% in their workforces

10 Trusts had a BME representation of between 50.6% and 53.9% 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
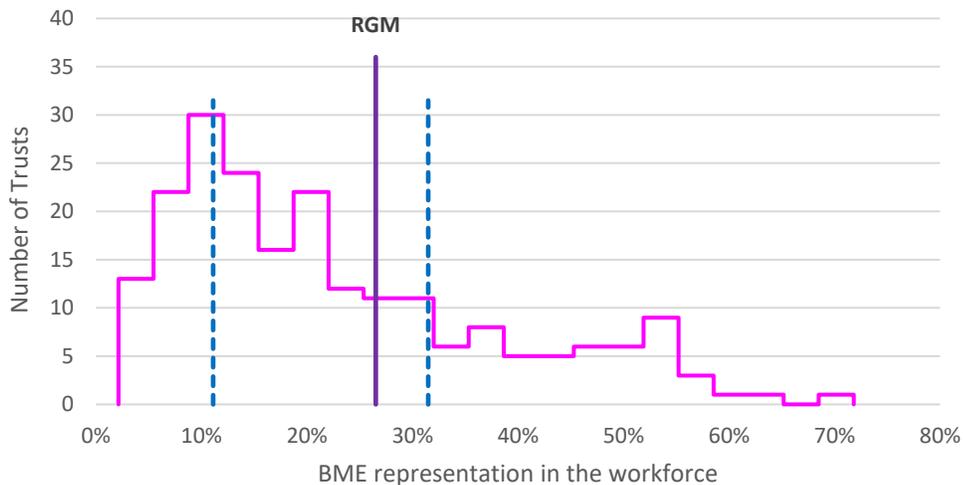
Indicator 1: Non-clinical race disparity ratios

Race disparity ratio: Non-clinical lower to middle


Race disparity ratio: Non-clinical middle to upper

Race disparity ratio: Non-clinical lower to upper

Indicator 1: Clinical race disparity ratios
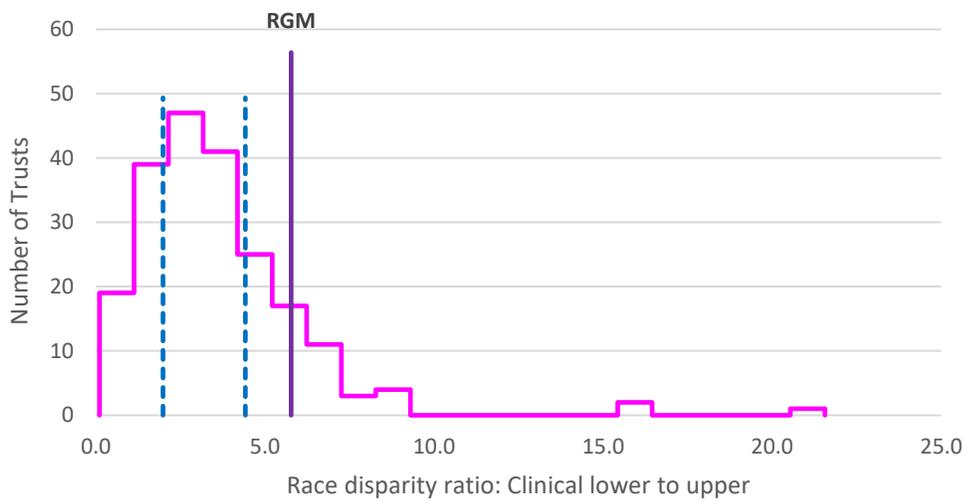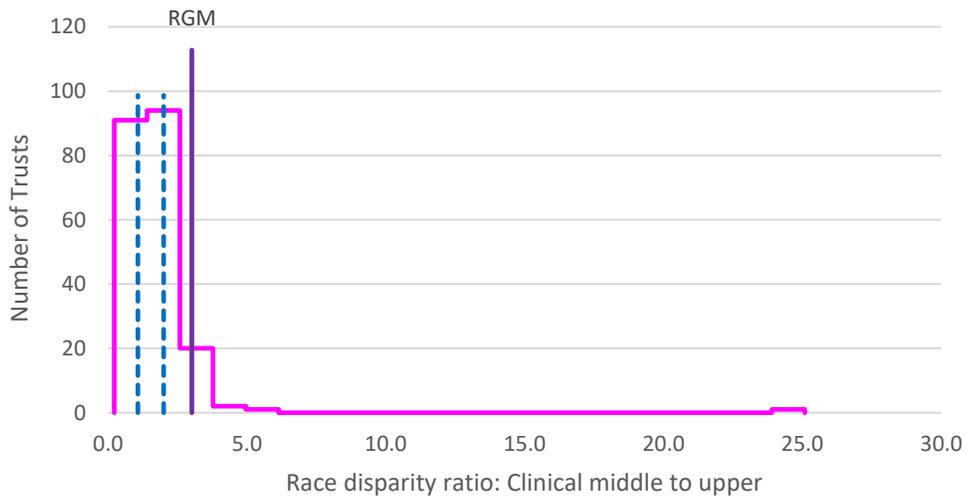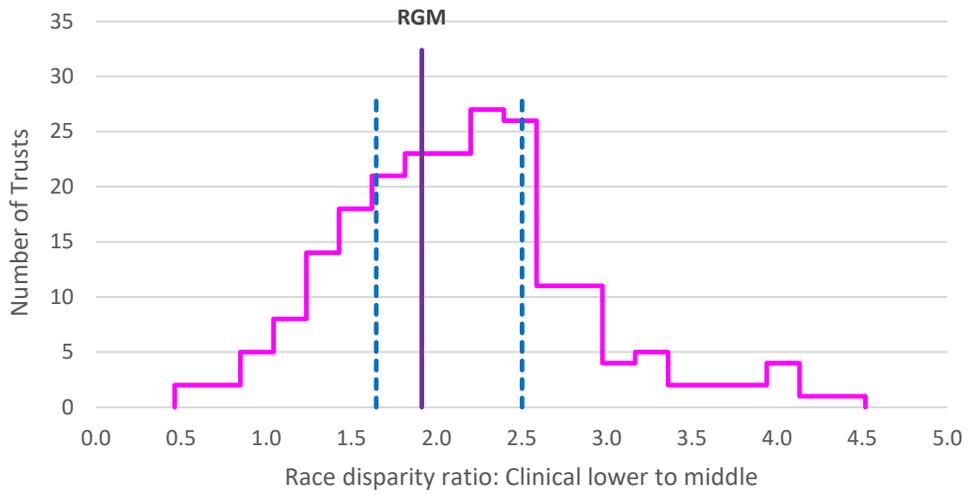
Race disparity ratio: Clinical lower to middle

Race disparity ratio: Clinical middle to upper

Race disparity ratio: Clinical lower to upper

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

Indicator 2: Relative likelihood of appointment from shortlisting (White/BME)
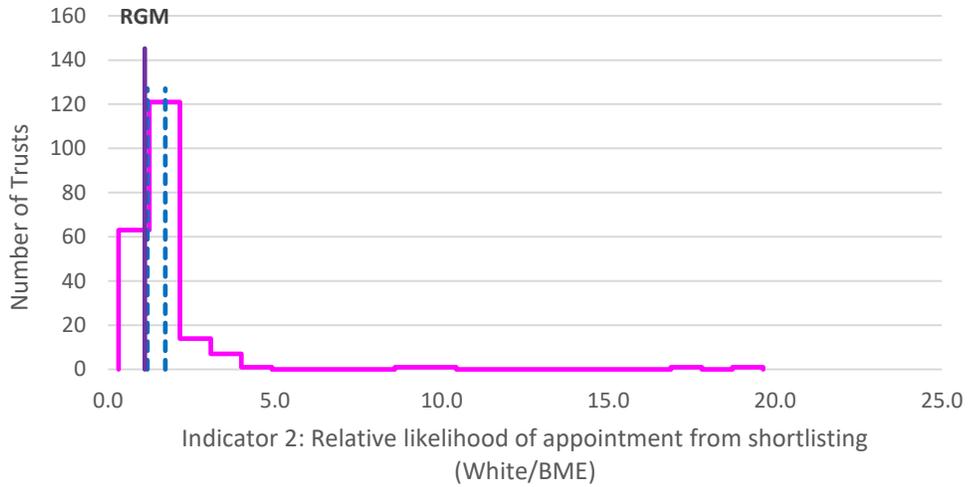
Indicator 3: The relative likelihood of BME staff entering the formal disciplinary process compared to white staff

Indicator 3: Relative likelihood of entering formal disciplinary proceedings (BME/White)
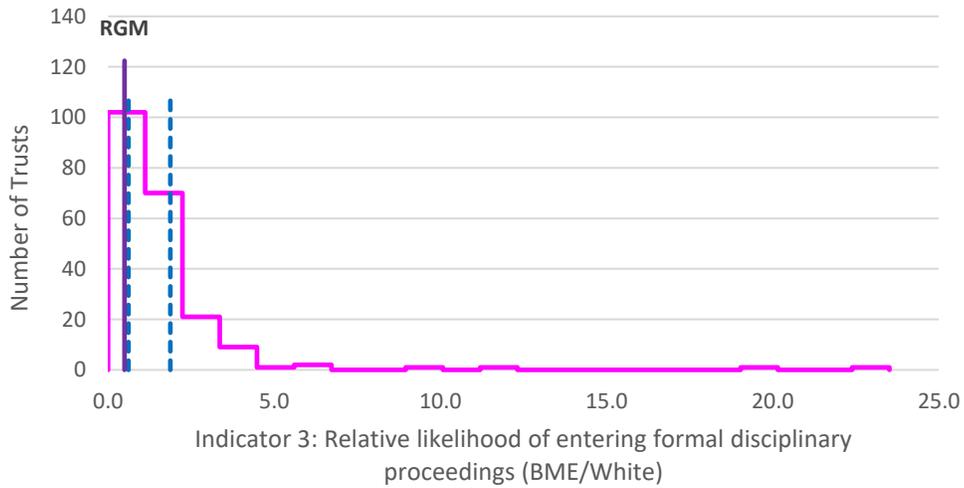
Indicator 4: The relative likelihood of white staff accessing non–mandatory training and continuing professional development (CPD) compared to BME staff

Indicator 4: Relative likelihood of undertaking non-mandatory training (White/BME)
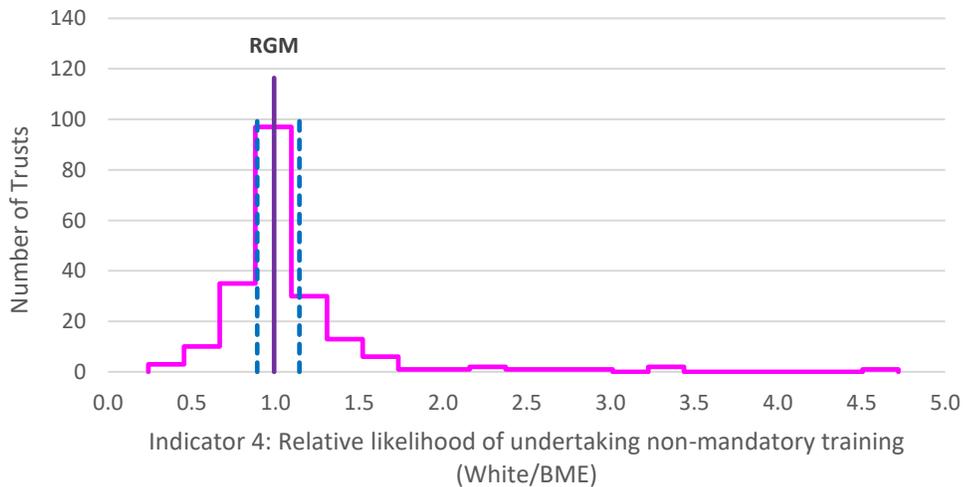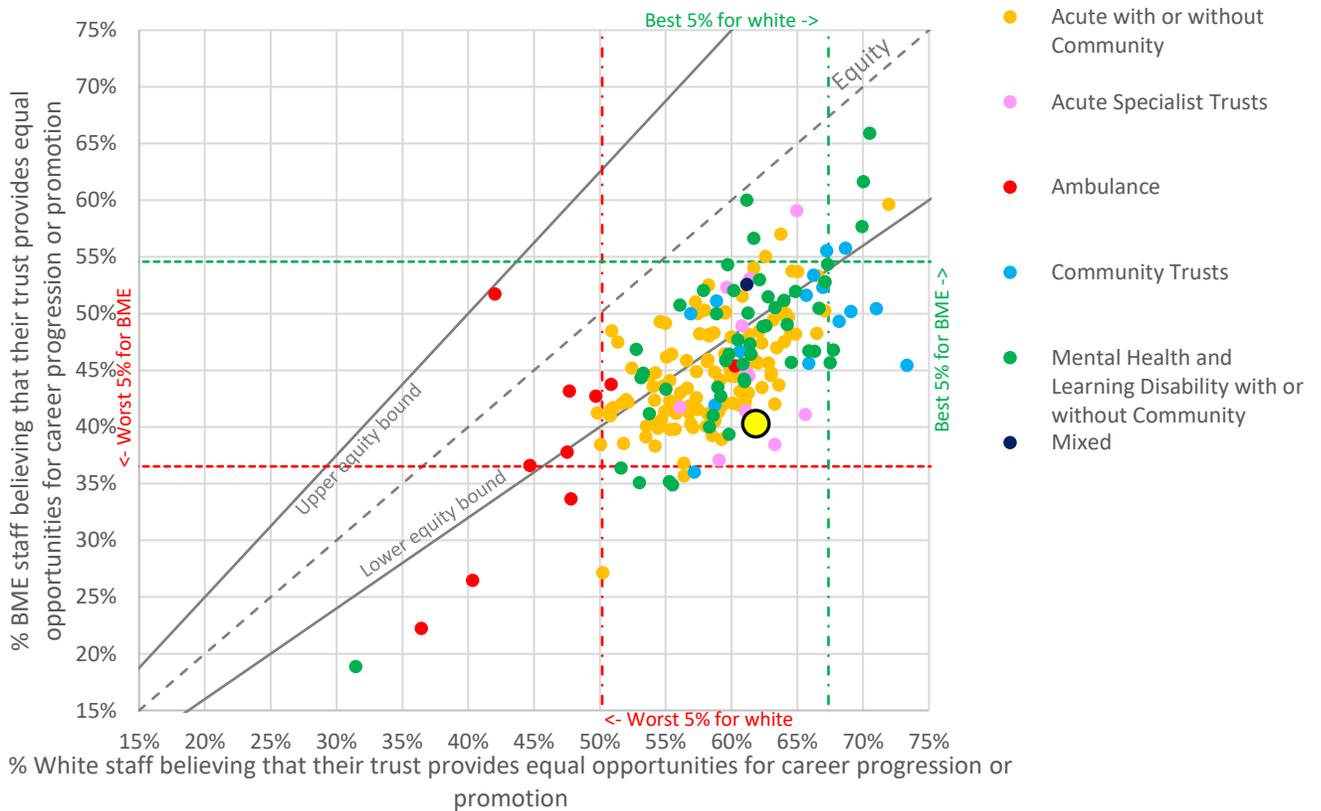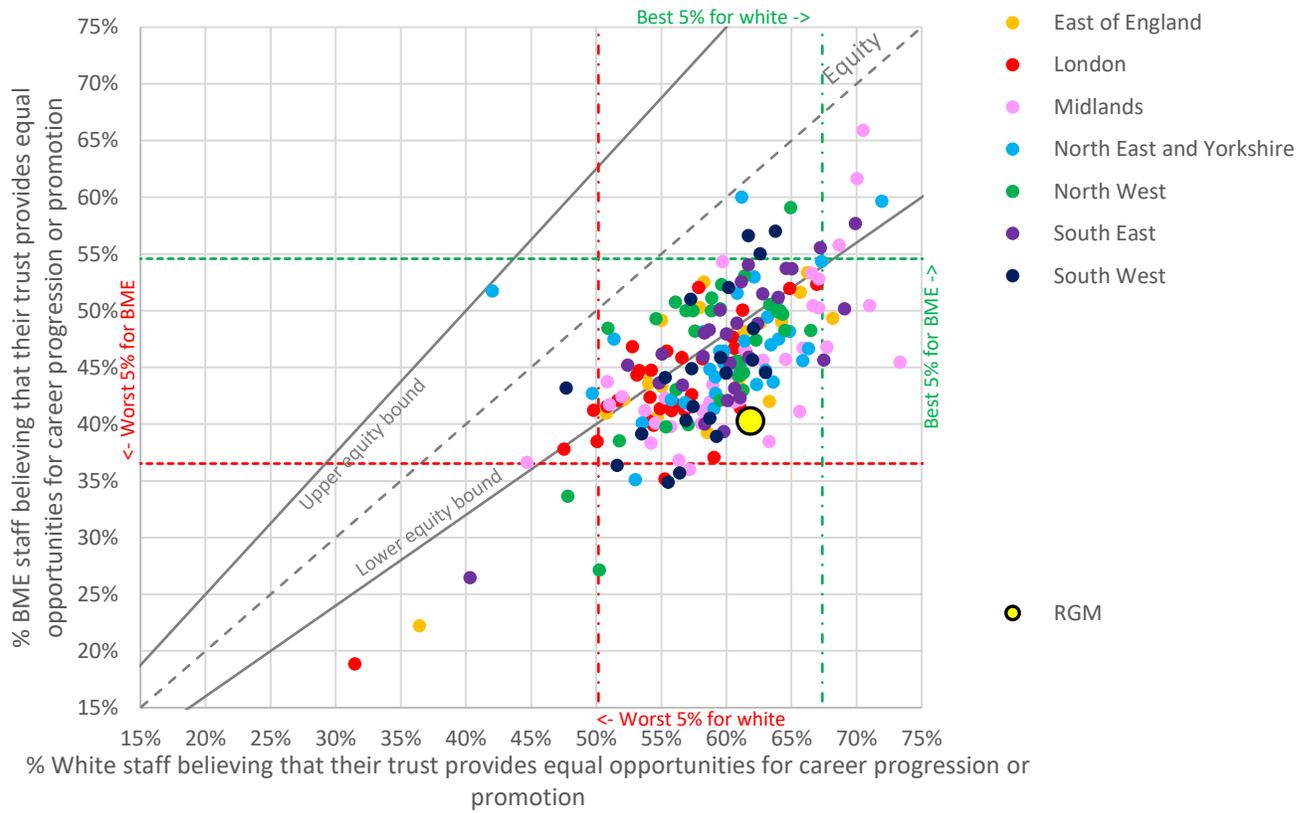
Indicator 5: The percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
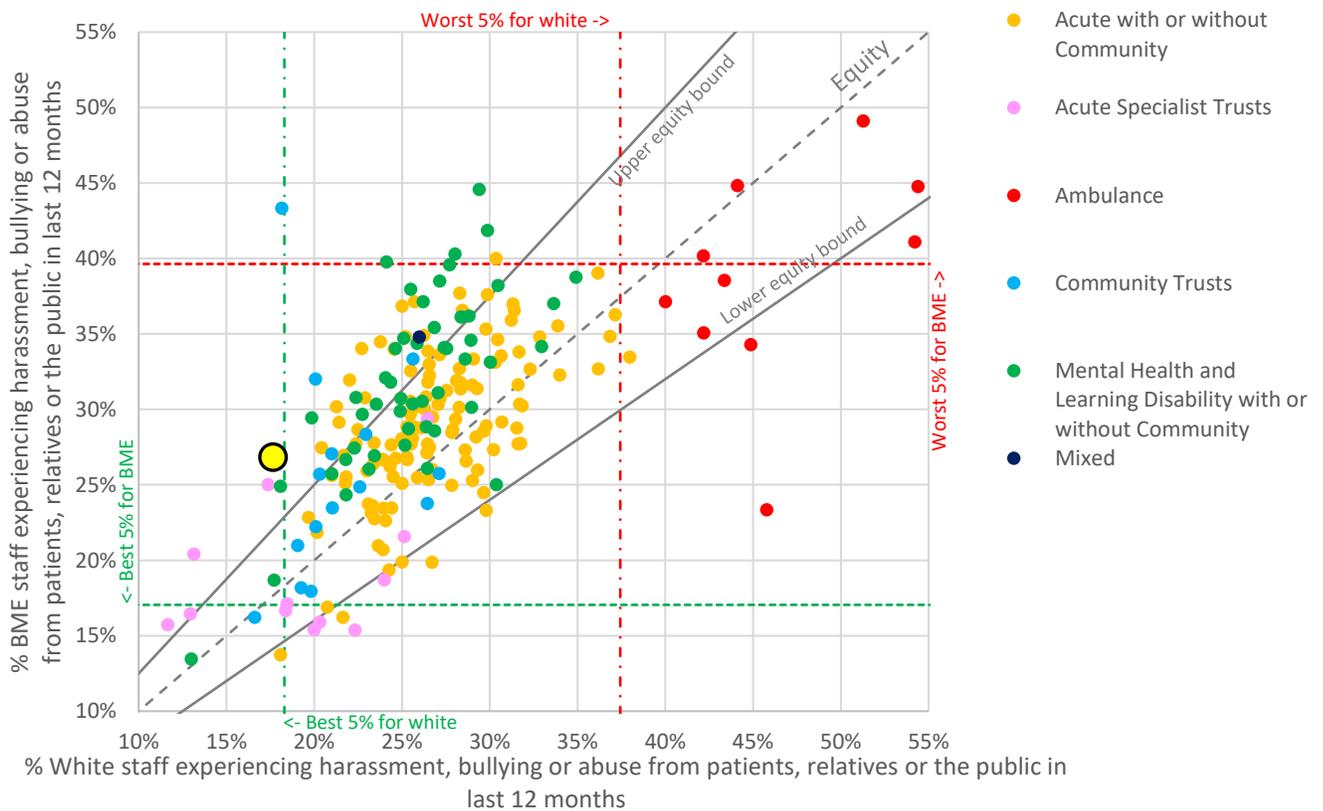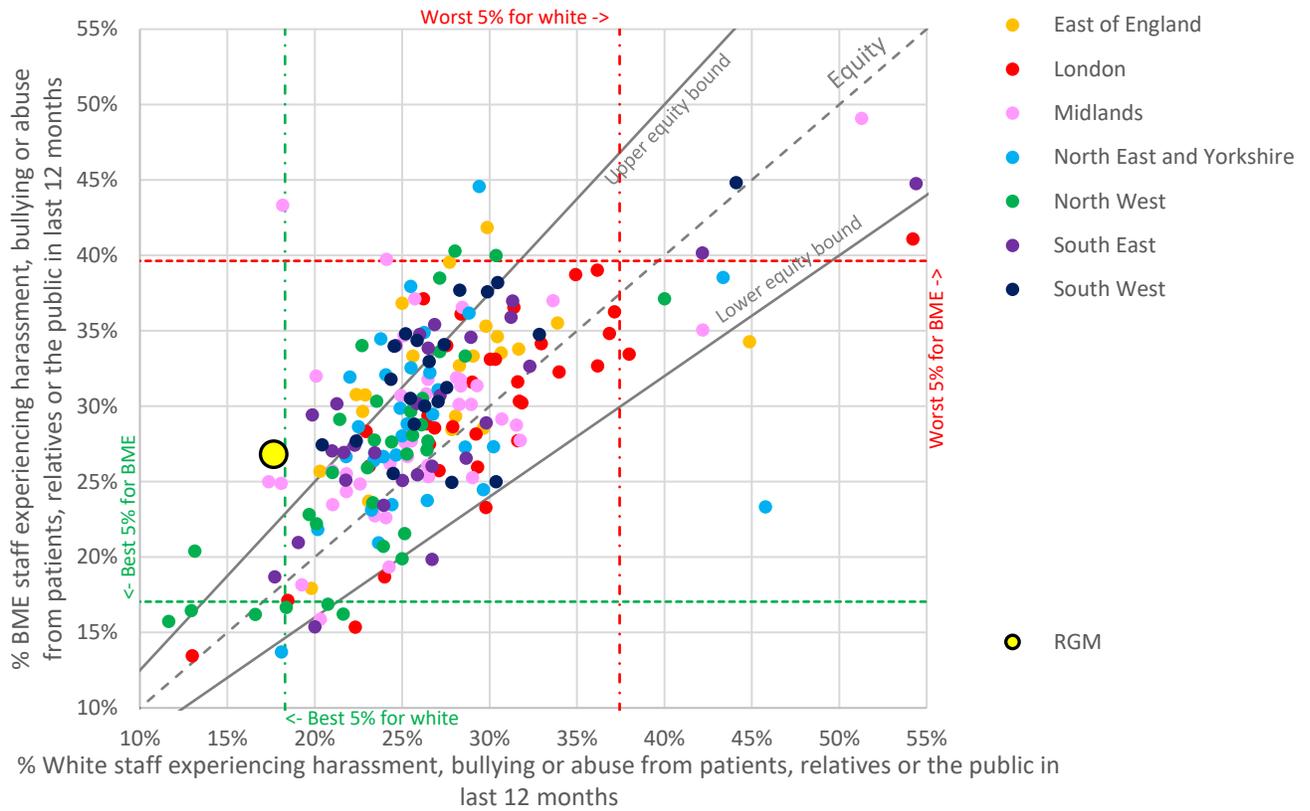
Indicator 6: The percentage of staff who experienced harassment, bullying or abuse from other staff in the last 12 months
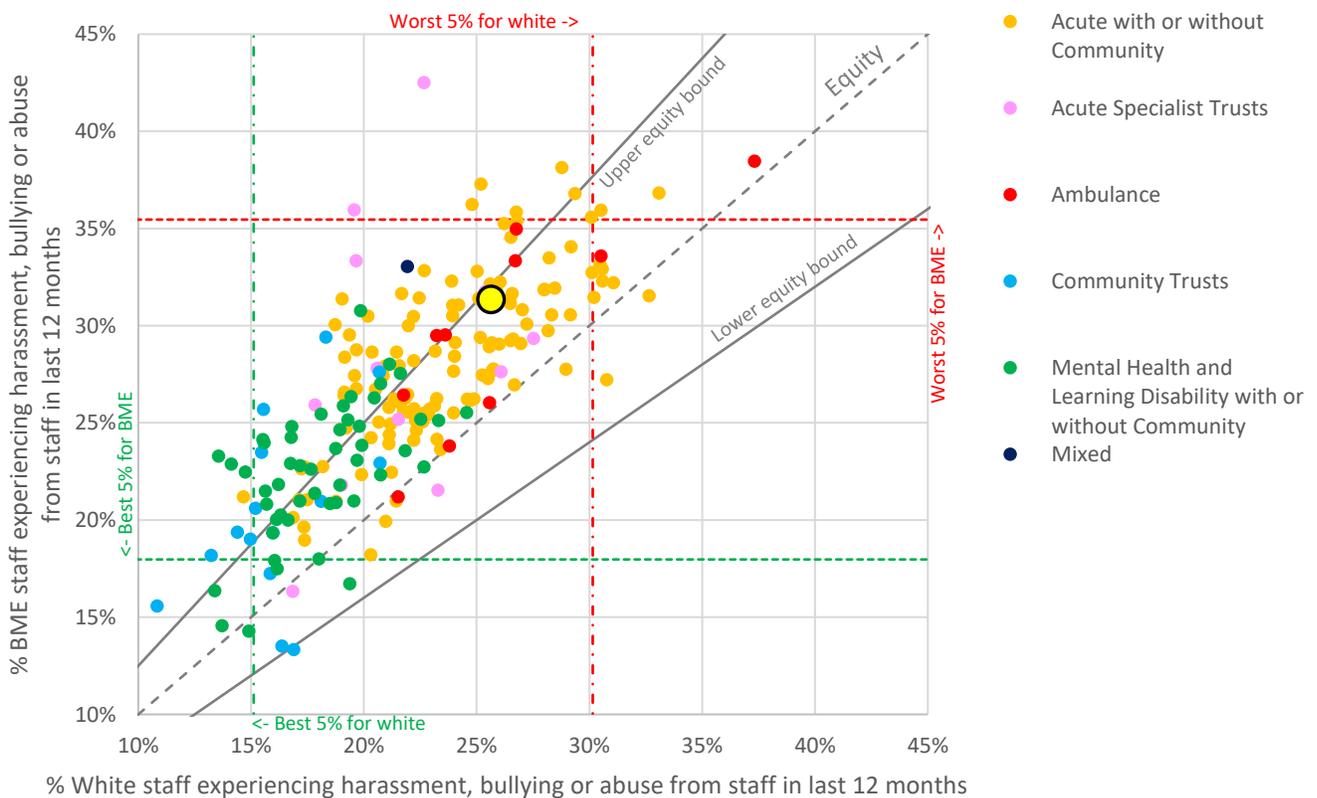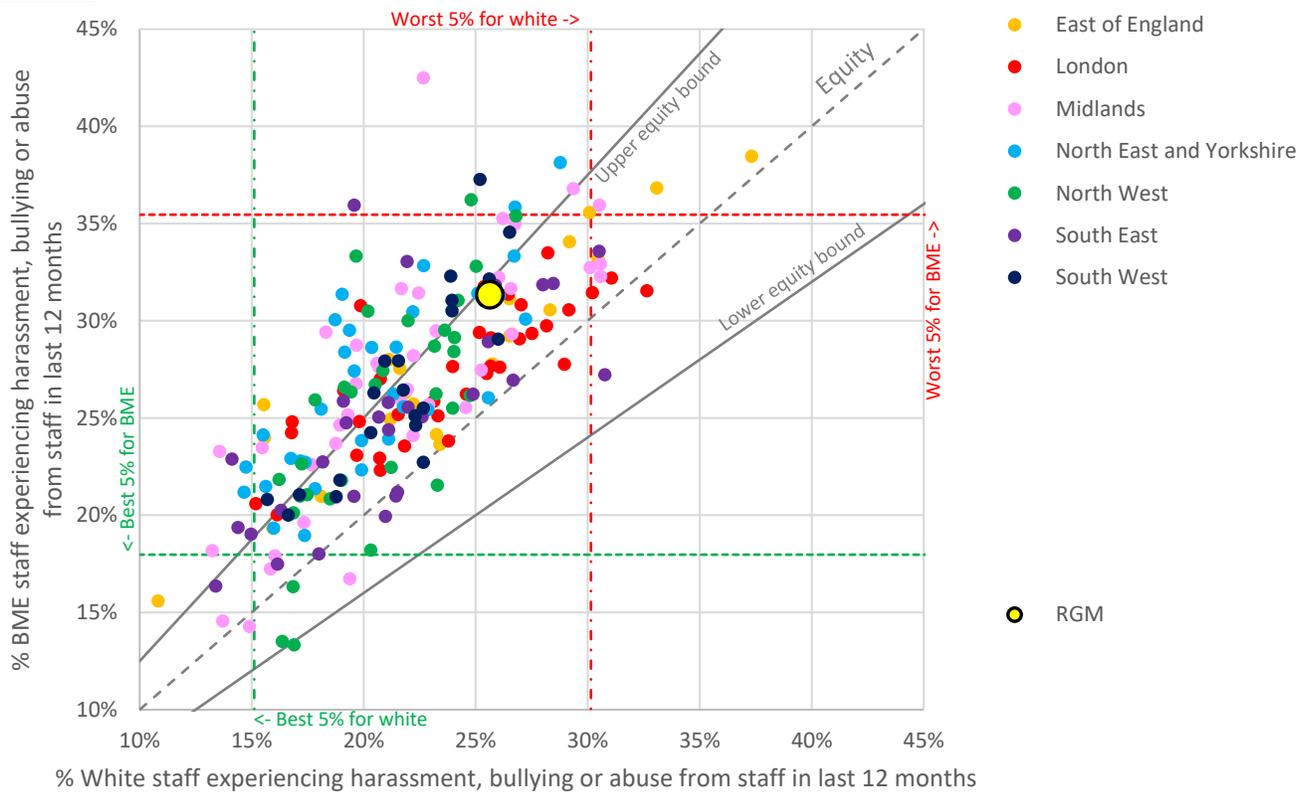
Indicator 7: The percentage of staff who believed that the trust provided equal opportunities for career progression or promotion

Indicator 8: The percentage of staff who personally experienced discrimination at work from a manager, team leader or other colleagues
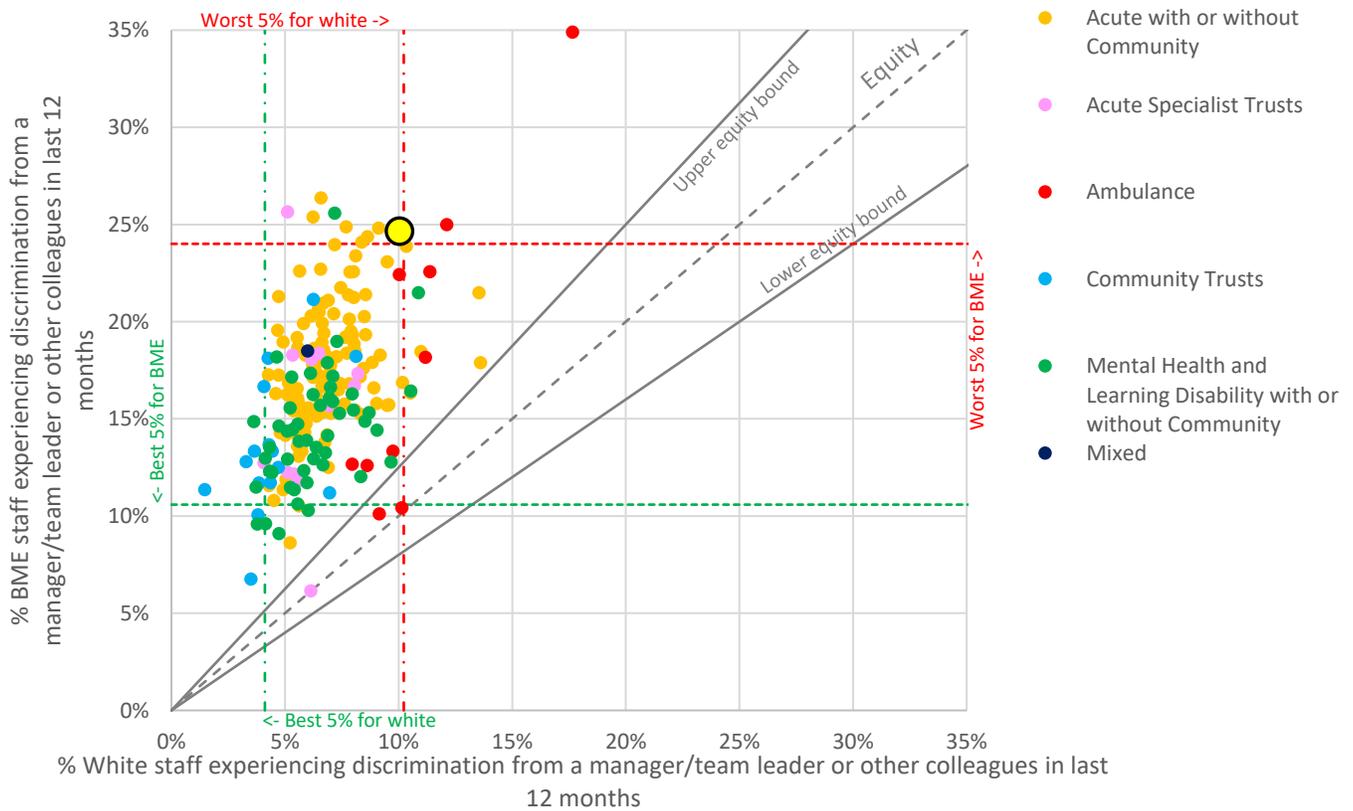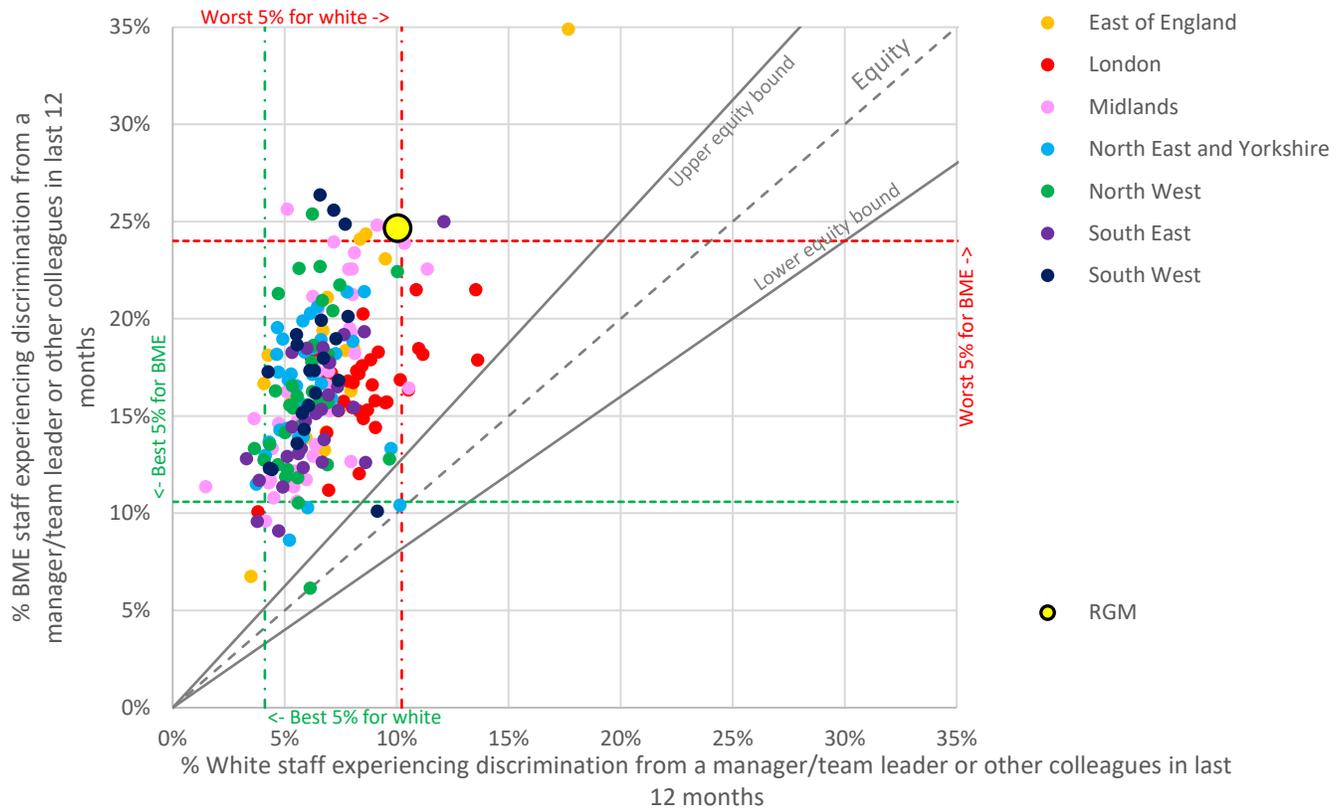
Indicator 9: Board membership, the difference between BME representation on the board and BME representation in the workforce

Indicator 9: Difference between BME representation in the workforce and on the board, overall

Indicator 9: Difference between BME representation in the workforce and amongst voting board members

Indicator 9: Difference between BME representation in the workforce and amongst executive board members