

 **WORKFORCE RACE EQUALITY STANDARD**

**2022/2023**

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|  | 1. Background narrativea. Any issues of completeness of data |  |
| The Pulse survey does not include a question about CPD and non-mandatory training as the staff FFT did therefore information from the staff survey has been used for indicator 4. |   |
| b. Any matters relating to reliability of comparisons with previous years |
|   |
| 2. Total numbers of staffa. Employed within this organisation at the date of the report |
| 7927 (data from 31st March 2023) |
| b. Proportion of BME staff employed within this organisation at the date of the report |
| 5.9% |
|  | 3. Self-reportinga. The proportion of total staff who have self-reported their ethnicity |  |
| 99% |
| b. Have any steps been taken in the last reporting period to improve the level of self-reporting by ethnicity |
| No |
| c. Are any steps planned during the current reporting period to improve the level of self-reporting by ethnicity |
| The level of self-reporting is very high.  |
| 4. Workforce data a. What period does the organisation’s workforce data refer to |
| Data as of 31st March 2023  |
|   | 5. Are there any other factors or data which should be taken into consideration in assessing progress? |  |
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| 6. Organisations should produce a detailed WRES Action Plan, agreed by its Board. Such a Plan would normally elaborate on the actions summarised in section 5, setting out the next steps with milestones for expected progress against the WRES indicators. It may also identify the links with other work streams agreed at Board level, such as EDS2. You are asked to attach the WRES Action Plan or provide a link to it. |
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**KEY:**

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| Green = Improvement from the previous year |
| Amber = Remains the same or similar to previous year |
| Red = Decline from previous year |

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|  | **Indicator** | **Data 2023** | **Data for 2022** | **Data for 2021** | **Data for 2020, 2019, 2018, 2017** | **Narrative – the implications of the data and any additional background explanatory narrative** |
|  | For each of these four workforce indicators, compare the data for White and BME staff. |  |  |  |  |  |
| 1 | Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce. Organisations should undertake this calculation separately for non-clinical and for clinical staff. | Please see appendix 1 for 2022/23 data. |  |  |  | There is an increase in the % of BAME staff within the trust from 5.1% (387 staff members) in 2022 to 5.9% (467 staff members) in 2023.The percentage of BAME staff in the trust is still affected by the large numbers of medical staff who are from BAME backgrounds. 2023 data shows that there were 20 BAME staff in bands 8a to VSM compared to 18 in 2022.In order to meet the Model Employer Trajectory rates (Appendix 2), we need an addition BAME staff member in band 8c. We are meeting or exceeding the trajectories in the other bands  |
| 2 | Relative likelihood of staff being appointed from shortlisting across all posts. | White people are **1.83 times more likely** to be appointed from shortlisting compared to BAME people. | White people are **1.38 times more likely** to be appointed from shortlisting compared to BAME people. | White people are 1.71 times more likely to be appointed from shortlisting compared to BAME people. | White people are:2020 = 1.562019 = 1.72018 = 1.62017 = 1.32016 = 1.4more likely to be appointed from shortlisting compared to BAME people. | There has been an increase in the likelihood of white people being appointed for shortlisting compared to BAME people. This is the worse result since beginning to report in 2016. |
| 3. | Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. This indicator will be based on data from last two year rolling average of the current year and the previous year. | BAME staff are **1.03 times more likely** to enter the formal disciplinary process than white staff | BAME staff are **0.78 times more likely** to enter the formal disciplinary process than white staff (this means they are less likely to enter disciplinary processes.) | BAME staff are 0.76 times more likely to enter the formal disciplinary process than white staff. (this means they are less likely to enter disciplinary processes.) | BAME staff are2020 = 0.81 2019 = 1.622018 = 2.592017 = 2.082016 = 2.03more likely to enter the formal disciplinary process than white staff. | BAME staff are similarly likely to enter disciplinary processes compared to white staff. |
| 4. | Relative likelihood of staff accessing non-mandatory training and CPD. | White staff are **less likely** (0.8) to report that they have access to the right learning and development opportunities when they need to. | White staff are **less likely** (0.9) to report that they have access to the right learning and development opportunities when they need to. | White staff are 1.1 more likely to access non- mandatory training and CPD compared to BAME staff. | White staff are2020 = 1.12019 = 1.32018 = 1.22017 = 1.152016 = 0.86more likely to access non- mandatory training and CPD compared to BAME staff. | This indicator has been taken from a response to the staff survey Q20e due to the new Pulse survey not including a relevant question.  |
|  | National NHS Staff Survey indicators (or equivalent).For each of the four staff survey indicators, compare the outcomes of the responses for White and BAME staff.  |  |  |  |  |  |
| 5. | Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months. | **White: 22.6%****BAME: 35.6%** | **White: 24%****BAME: 32%** | White: 24%BAME: 29% | 2020 =White: 29%BAME: 32%2019 = White: 27%BAME: 32%2018 = White: 28%BAME: 34%2017 =White: 28%BAME: 37%2016 =White: 21%BAME: 27% | There has been an increase in the % of BAME staff reporting that they have experienced harassment, bullying, bullying or abuse from patients, relatives or the public.The gap between white staff and BAME has increased this year to 13%. |
| 6. | Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months. | **White: 17.1%****BAME: 19.3%** | **White: 18%****BAME: 21%** | White: 20%BAME: 25% | 2020 =White: 21%BAME: 25%2019 = White: 20%BAME: 24%2018=White: 19%BAME: 29%2017 = White: 17%BAME: 19%2016 = White: 14%BAME: 36% | There has been a decrease in this indicator for both BAME and white staff. There continues to be a gap between BAME and white staff’s experience of bullying, harassment and abuse from staff, with BAME staff being more likely to experience this. |
| 7. | Percentage believing that Trust acts fairly with regard to career progression/promotion regardless of ethnic background, gender, religion, sexual orientation, disability or age? | **White: 62.7%****BAME: 65.3%** | **White: 61%****BAME: 60%** | 2020 resultsWhite: 64%BAME: 53.9% | 2019 = White: 59%BAME: 59%2018 = White: 69%BAME: 53%2017 = White: 68%BAME: 60%2016 = no data | BAME staff a more likely to believe the trust provides equal opportunities for career progression or promotion. |
| 8 | In the last 12 months have you personally experienced discrimination at work from any of the following?b) Manager/team leader or other colleagues. | **White: 5.2%****BAME: 9%** | **White: 6%****BAME: 10%** | White: 6%BAME: 15% | 2020 =White: 5%BAME: 14%2019 =White: 5%BAME: 7%2018 = White: 6%BAME: 18%2017 = White: 5%BAME: 3%2016 = no data |  The % of staff reporting discrimination at work from managers/team leaders or other colleagues has decreased. However there is still between BAME staff and white staff’s experiences, with BAME staff more likely to report this. |
|  | Board representation indicator:For this indicator, compare the difference for White and BME staff. |  |  |  |  |  |
| 9. |

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| Percentage difference between (i) the organisations’ Board voting membership and its overall workforce and (ii) the organisations’ Board executive membership and its overall workforce  |

 | Percentage difference between organisations boards voting membership and its overall workforce is **+** **5.1%**Percentage difference between organisations boards voting membership and its overall workforce is **+** **8.4%**Percentage difference between organisations board executive membership and its overall workforce is**+ 4.1%** | Percentage difference between organisations boards voting membership and its overall workforce is **+** **4%**Percentage difference between organisations board executive membership and its overall workforce is**-5.1%** | Percentage difference between organisations boards voting membership and its overall workforce is + 12%Percentage difference between organisations board executive membership and its overall workforce is + 9% | Percentage difference between organisations boards voting membership and its overall workforce is 2020 = + 11% (voting)+ 10% (exec)2019 = + 4%2018 = +8.5%2017 = not available2016 = not availablePercentage difference between organisations board executive membership and its overall workforce is 2019 = + 8.5%2018 = not available2017 = not available2016 = not available | This data shows that the trust board has some BAME representation. |

**APPENDIX 1**

**DETAILED STAFF BREAKDOWN RACE 31st March 2022**

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|  |  |
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|  | **Clinical Staff %** |
| **Band** | **White** | **BAME** | **Not Declared** |
| **1-4** | 96% (1708) | 4% (80) |  (15) |
| **5-7** | 96% (3080) | 4% (132) |  (30) |
| **8ab** | 96% (306) | 4% (13) |  (0) |
| **8cd** | 99% (110) | 1% (1) |  (0) |
| **9** | 100% (1) | 0% (0) |  (0) |
| **VSM** | 0 |  0 |  0 |
| **Medics** | 53% (141) | 41% (107) | 6% (15) |
|  | **Non-clinical staff %** |
| **Band** | **White** | **BAME** | **Not Declared** |
| **1-4** | 98% (1333) | 2% (33) | (12) |
| **5-7** | 95% (350) | 5% (17) | (2) |
| **8ab** | 97% (87) | 3% (3) | (1) |
| **8cd** | 96% (22) | 4% (1) | (1) |
| **9** | 0 | 0 | 0 |
| **VSM** | 100% (20) | 0 | 0 |

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| --- | --- |
|  | **Clinical Staff %** |
| **Band** | **White** | **BAME** | **Not Declared** |
| **1-4** | 92% (1741) | 7% (125) | 2% (31) |
| **5-7** | 94% (3169) | 5% (160) | 1% (34) |
| **8ab** | 95% (336) | 5% (16) | 0% (0) |
| **8cd** | 100% (108) | 0% (0) | 0% (0) |
| **9** | 100% (5) | 0% (0) | 0% (0) |
| **VSM** | 75% (3) | 0% (0) | 25% (1) |
| **Medics** | 52% (137) | 39% (102) | 9% (24) |
|  | **Non-clinical staff %** |
| **Band** | **White** | **BAME** | **Not Declared** |
| **1-4** | 96% (1351) | 3% (37) | 1% (14) |
| **5-7** | 95% (364) | 5% (20) | 0% (1) |
| **8ab** | 98% (101) | 2% (2) | 0% (0) |
| **8cd** | 93% (28) | 3% (1) | 3% (1) |
| **9** | 2 (100%) | 0 | 0 |
| **VSM** | 94% (16) | 6% (1) | 0% (0) |

**APPENDIX 2**

**Model Employer 2023**

The Model Employer trajectories set aspirational goals for each organisation to increase BAME representation at leadership levels.

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|  | Proportion of BAME workforce (as 31st March 2018) | Proportion of BAME workforce (as 31st March 2019) | Proportion of BAME workforce (as 30th November 2020) | Proportion of BAME workforce (as 31st March 2021) | Proportion of BAME workforce (as 31st March 2022) | Proportion of BAME workforce (as 31st March 2023) | Trajectory for 2023 | Additional recruitment over next 5 years | Total BAME staff by 2028 to reach equity  |
| Band 8a | 6 | 9 | 9 | 9 | 14 | 13 | 8 | 0 | 10 |
| Band 8b | 0 | 2 | 2 | 2 | 2 | 5 | 2 | 0 | 4 |
| Band 8c | 1 | 1 | 2 | 1 | 1 | 1 | 2 | 3 | 4 |
| Band 8d | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 1 | 1 |
| Band 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| VSM | 0 | 0 | 1 | 1 | 0 | 1 | 0 | 0 | 1 |

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| Orange no change since 2022  | Orange same as 2023 trajectory |
| Green increase since 2022 | Green above 2023 trajectory |
| Red decrease since 2022 | Red below 2023 trajectory |