*Graphical user interface, text, application

Description automatically generated***Report to the People Committee**

**Wednesday 27 July 2022**

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| **Title of report** | **WRES & WDES Annual Report** |
| **Report author(s)** | **Christopher Rowlands EDI Lead** |
| **Executive Lead (if different from above)** | **Lynne Shaw, Executive Director of Workforce & OD** |

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| --- | --- | --- | --- |
| **Strategic ambitions this paper supports (please check the appropriate box)** | | | |
| Work with service users and carers to provide excellent care and health and wellbeing |  | Work together to promote prevention, early intervention and resilience |  |
| To achieve “no health without mental health” and “joined up” services |  | Sustainable mental health and disability services delivering real value |  |
| To be a centre of excellence for mental health and disability |  | The Trust to be regarded as a great place to work | ✓ |

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| **Board Sub-committee meetings where this item has been considered (specify date)** | |  | **Management Group meetings where this item has been considered (specify date)** | |
| Quality and Performance |  |  | Executive Team |  |
| Audit Committee |  |  | Trust Leadership Team (TLT) |  |
| Mental Health Legislation |  |  | Business Delivery Group (BDG) |  |
| Remuneration Committee |  |  | Trustwide Safety Group (TSG) |  |
| Resource and Business Assurance |  |  | CQC Compliance Group |  |
| Provider Collaborative and Lead Provider |  |  | Equality, Diversity & Inclusion Steering Group |  |
| People Committee | 27.07.2022 |  | Caldicott Information Governance Group |  |
| Charitable Funds Committee |  |  | Clinical Records Improvement Group |  |
| CEDAR Programme Board |  |  |  |  |
| Other/external (please specify) |  |  |  |  |

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| --- | --- | --- | --- |
| **Does the report impact on any of the following areas *(please check the box and provide detail in the body of the report)*** | | | |
| Equality, diversity and or disability | ✓ | Reputational | ✓ |
| Workforce | ✓ | Environmental |  |
| Financial/value for money |  | Estates and facilities |  |
| Commercial |  | Compliance/Regulatory | ✓ |
| Quality, safety, experience and effectiveness |  | Service user, carer and stakeholder involvement |  |

|  |
| --- |
| **Board Assurance Framework/Corporate Risk Register risks this paper relates to** |
| Workforce |

**WRES & WDES Annual Report**

**People Committee**

**Wednesday 27 July 2022 – 10.30am**

**1. Executive Summary**

The Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) support positive change for existing employees and enable a more inclusive environment for BAME and Disabled people working in the NHS. We are required to report our performance on these standards yearly and to draw up plans to address disparities.

**2. Risks and mitigations associated with the report**

There are specific risks of Race Discrimination and Disability Discrimination under the Equality Act if policies and practices are not in line with legislation. There are reputational risks to the Trust if legislation and best practice is not followed which may have a detrimental effect on attraction and retention of staff.

**3. Recommendation/summary**

The People Committee is asked to consider approval to the following. In addition to the measures ongoing regarding inclusive recruitment and the Give Respect Get Respect work that we:

* measure progress half yearly, so that we can better assess the efficacy of actions
* ensure managers of Cultural Ambassadors understand the importance of this Trust-wide role and release of staff to undertake it.
* monitor the ethnicity of staff raising issues that result in formal disciplinary investigations
* consider how to use non-mandatory training and CPD to improve career progression and promotion for BME staff.
* develop a PGN to address discrimination against staff from patients and relatives.
* Develop an approach for staff to demonstrate allyship with staff who identify with the protected characteristics that are supported by our existing staff networks and to extend to any future planned networks.
* identify evidence-based interventions that we can implement to address staff survey disparities
* continue to improve our protected characteristics disclosure rates and run a further campaign this year.
* continue to publicise the Disability passport for staff.
* introduce a centralised budget for the delivery of reasonable adjustments before the end of this financial year.

Christopher Rowlands Lynne Shaw

Equality Diversity & Inclusion Lead Executive Director of Workforce & OD

July 2022

**Workforce Race Equality Standard (WRES)**

The figures contained within this document are a snapshot as of 31 March 2022. It should be noted that these figures do not include NTW Solutions or Bank Staff. Later this year we will be required to submit a WRES return for Bank Staff for the first time. Please see the appendix for all WRES data tables.

**(1) Percentage of staff in each of the Agenda for Change Bands 1-9 and Very Senior Managers (including executive Board members) compared with the percentage of staff in the overall workforce. Note: Organisations should undertake this calculation separately for non-clinical and for clinical staff**

At the audit date there were 7381 members of staff in the Trust. Of the 7381 558 (440 in 2021) BAME staff employed by the Trust. These staff made up 7.5% (6.25%) of our overall workforce. Although it should be noted that this average is inflated by the inclusion of medical staff. If we exclude medical staff the average is 5.4% (4.6%). Data on Ethnicity will not be available for the 2021 Census until October, the latest available Office for National Statistics population figures across the region put the BAME population at 6.4%. It is recommended that we review how representative we are as an organisation as soon as ethnicity information becomes available from the 2021 Census.

The distribution of staff across roles and agenda for change bands should help inform inclusive recruitment practices. Of 1502 staff employed in non-clinical roles only 35 – 2.3% were from a BAME background. 29 of the 34 were employed at bands 5 or below.

Of 5557 staff employed in clinical (non-medical) roles 367 (6.6%) were from a BAME background. 252 of the 367 (68.6%) were employed at bands 5 or below. For white staff 2480 of 5133 (48.3%) were employed at bands 5 or below.

Of 345 medical staff 157 (45.5%) were from a BAME background. 87 of the 157 (55.5%) employed at Consultant Grade, compared to 110 of 176 (62.5%) of White Doctors at Consultant Grade.

**Aspirational (model employer) targets**.

These were set in late 2019 by NHS England for each NHS Trust. Our targets are listed below.



Our current totals across these bands are

|  |  |  |
| --- | --- | --- |
|  | **Number of staff** | **Difference from Aspirational Target** |
| Band 8A | 13 | +4 |
| Band 8B | 5 | +1 |
| Band 8C | 3 | +1 |
| Band 8D | 1 | = |
| Band 9 | 0 | = |
| VSM | 0 | = |

As staffing figures currently stand the aspirational targets have been exceeded.

**Recommendations**

* We take positive action in line with the Equality Act to attract the BAME applicants and that we adopt those measures for progression in the Trust.
* Diverse shortlisting and interviewing panels – recruiting managers need to be held accountable. Where BAME interviewees are not appointed, justification needs to be given setting out, clearly, the process followed and the reasons for not appointing the BAME candidate.
* The above measures should help address the disparities, though it is also important that we measure progress on a regular basis and it is recommended that this snapshot of data is taken half yearly, so that we can better assess the efficacy of actions.

**(2) Relative likelihood of staff being appointed from shortlisting across all posts (2021 figures in brackets)**

* 3115 (2302) BAME applicants were shortlisted. Of those shortlisted 139 (67) were appointed.
* 5828 (8222) White applicants were shortlisted. Of those shortlisted 648 (844) were appointed.
* White job applicants are 2.5 (3.5) times more likely to be appointed from shortlisting compared to BAME applicants.

An improvement, but one that only returns us to our pre-pandemic trend. More work is needed to reach a figure close to 1 which would mean parity of likelihood.

**Recommendations**

* Positive action to encourage applications and coaching of existing BAME staff looking to progress in their careers.
* Compulsory training for all recruitment panel members following a package being developed as part of our inclusive recruitment work.

**(3) Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation**

8 BAME members of staff out of 557 (1.43%) were going through a formal disciplinary process. 36 White members of staff out of 6736 (0.5%) were going through a formal process. BAME members of staff are 2.69 times more likely to be in a formal disciplinary process compared to White staff – compared to 1.5 times more likely in 2021. The performance on this metric has deteriorated despite rigorous triage of cases and a total of 19 Cultural Ambassadors now in place within the Trust.

We have explored the possibility that we may have in previous years misreported by recording cases that were not formal and therefore not required under the WRES Technical Guidance. Whilst we have been given assurance that this is not the case, there is also the added complication that in previous years the WRES snapshot also included Bank Staff in the staffing totals – which will clearly have altered the percentages for this calculation. For that reason it is suggested that we use the figure of 2.69 as the new benchmark which we have assurance over and measure effectiveness of our recommended actions against this new benchmark, rather than looking to previous trends.

**Recommendations**

It is recommended the following actions are taken:

* It is important that managers of Cultural Ambassadors understand the importance of this Trust-wide role and allow the release of staff to undertake the Ambassador role.
* That we continue with the measures outlined in the Trust’s Respect Campaign.
* That we consider following a Freedom to Speak Up case that we move to monitor the ethnicity of staff raising issues that result in formal disciplinary investigations – though note that this might lead to a reluctance to raise legitimate concerns about staff for fear of being viewed discriminatory.
* Wider implementation of the Respectful Resolution tools from A Kinder Life. This will ensure more issues are addressed at an early informal stage by giving managers the tools and confidence to engage in difficult conversations.

**(4) Relative likelihood of staff accessing non-mandatory training and CPD**

As was the case in 2021, due to staff not accessing non-mandatory training during the pandemic it has therefore not been possible to calculate the figure for this year. The 2020 return showed that BAME staff were 1.5 times more likely than White staff to access non mandatory training.

**Recommendation**

It is recommended that the following action is taken:

* We should consider how to use non-mandatory training and CPD to improve career progression and promotion for BME staff.

**(5) Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months**

This is the first of the metrics with the Equality Standard that takes data from the NHS Staff Survey. We therefore need to be aware that these figures were compiled from the survey that took place in Autumn 2021.

* 44.6% of BAME staff said that they had experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months. This compares to 35.3% in the 2020 Staff Survey.
* 29.4% of White staff said that they had experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months. This compares to 30.4%% in the 2020 Staff Survey.

Experience of BAME staff has deteriorated between 2020 and 2021 survey and the disparity between BAME and White staff has increased.

**Recommendations**

It is recommended that the following actions are taken:

* That we develop a strand of the Respect Campaign to address bullying, harassment or abuse from patients, relatives or the public.
* That we develop a PGN to address discrimination against staff from patients and relatives.
* Promote allyship from White Staff to provide appropriate challenge to patients, relatives or the public, when a BAME member is subject to these behaviours.

**(6) Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months**

* 15.5% of White Staff stated that they had experienced harassment, bullying or abuse in the last 12 months. This compares to 15.9% in the 2020 Survey.
* 24.1% of BAME Staff stated that they had experienced harassment, bullying or abuse in the last 12 months. This compares to 25.0% in the 2020 Survey.

There have been marginal improvements in the experience of both White and BAME staff but the disparity in experience between the two still remains.

**Recommendations**

It is recommended that the following actions are taken:

* That we continue with the activities under the Respect Campaign and monitor efficacy through the Staff Survey, feedback from the Staff Network and other local consultation forums.
* That we identify evidence-based interventions that we can implement to address staff survey disparities.

(7) **Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion**

* 67.3% of White Staff believed that the organisation provides equal opportunities for career progression or promotion, compared to 89.9% % in 2020.
* 54.3% of BAME Staff believed that the organisation provides equal opportunities for career progression or promotion, compared to 83.2% in 2020

There has been a significant fall for both White and BAME staff and the disparity between them has increased.

**Recommendations**

It is recommended that the following actions are taken:

* A process for stretch opportunities for staff is introduced to help facilitate career progression or promotion.
* That there are specific positive action initiatives to ensure that BAME staff have the skills, experience and confidence to apply for senior positions when they arise.

**(8) Percentage of staff experienced discrimination at work from manager / team leader or other colleagues in last 12 months**

* 5.1% of White staff experienced discrimination at work from manager / team leader or other colleagues in last 12 months, compared to 5.0% in 2020.
* 14.4% of BAME staff experienced discrimination at work from manager / team leader or other colleagues in last 12 months, compared to 13.1% in 2020.

The experience of BAME staff between the 2020 and 2021 Staff Surveys slightly deteriorated, whilst that of White staff stayed almost the same.

**Recommendations**

It is recommended that the following actions are taken:

* That we continue with the activities under the Respect Campaign and monitor efficacy through the Staff Survey, feedback from the Staff Network and other local consultation forums.
* That we identify evidence-based interventions that we can implement to address staff survey disparities.

**(9) Percentage difference between the organisations’ Board voting membership and its overall workforce. Note: Only voting members of the Board should be included when considering this indicator. For this indicator, compare the difference for White and BME staff**

* The Board is less representative of the population than the overall workforce. BAME representation is at 7.1%, compared to the overall figure of 7.5% for the Trust. In the 2021 National WRES Report, the proportion of BAME Board members across the North East and Yorkshire averaged 8.2%.

**Recommendation**

It is recommended that the following action is taken:

* Where appropriate the recruitment practices that will be introduced as part of the ongoing review will apply to Board-level recruitment too.

**Workforce Disability Equality Standard (WDES)**

The figures contained within this document are a snapshot as of 31 March 2022. It should be noted that these figures do not include NTW Solutions Staff. Please see the appendix for all WDES data tables.

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**(1) Percentage of staff in AfC pay-bands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce (2021 figures in brackets)**

* According to the information held in ESR, there are 532 (386) Disabled Staff employed by the Trust, they make up 6.6% (5.5%) of the Trust workforce. This figure is considerably lower than the figure identified through the NHS Staff Survey, where regularly up to 20% of our workforce state that they live with a long term condition. The most recent figures for the disabled population of the North East states that 22% of the population meets the criteria for disability as defined by the Equality Act. Whilst disclosure of disability has increased – 146 more disabled staff than in 2021, we still have 14.6% of staff for whom we have no data on their disability status.
* Disabled staff make up 7.0% (6.5%) of our non-clinical workforce.
* 89.7% (88%) of Disabled staff in non-clinical roles, are in roles that are Band 5 or below. This compares with 77.6% (83%) for non-disabled staff.
* Disabled staff make up 6.6% (5.3%) of our clinical workforce.
* 47.8% (52%) of Disabled staff in clinical roles, are in roles that are Band 5 or below. This compares with 42.9% (49%) of the non-disabled workforce in clinical roles.
* Disabled staff are 5.5% (4.5%) of the medical workforce.
* 58.8% (61.5%) of Disabled Doctors are at Consultant grade. This compares with 61.8% (65.7%) for non-disabled Doctors at Consultant grade.

**Recommendations**

It is recommended that the following actions are taken:

* We have had more disclosure of disability in this reporting year, the unknown gap however only closed by 4.4% points from 19% unknown to 14.6%. We need to continue to improve our disclosure rates and will run a further campaign this year which will be backed up by information about why we collect these data and will target managers to encourage disclosure.

**(2) Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts.**

* 895 Disabled applicants were shortlisted. Of those 65 (7.2%) were appointed.
* 10756 non-disabled applicants were shortlisted. Of those 711(6.6%) were appointed.
* The recruitment of non-disabled staff to Disabled staff when expressed as a ratio is 0.91:1 This shows that the likelihood of appointment for disabled people to be appointed from shortlist is greater than for non-disabled applicants. Disabled applicants are 1.09 times more likely to be appointed compared to non-disabled shortlisted candidates.

**Recommendation**

It is recommended that the following action is taken:

* Ensure that the changes to recruitment practices are in line with best practice for disability as outlined by organisations such as the Business Disability Forum and the Recruitment Industry Disability Initiative (RIDI).

**(3) Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.**

The calculation is based on a two-year rolling average. The relative likelihood has been calculated as 1.70, down from 3.72 in 2021. This means that disabled members of staff are 1.70 times more likely to enter into a formal capability process compared to non-disabled members of staff.

**Recommendations**

It is recommended that the following actions are taken:

* Continue to publicise the Disability passport introduced for staff in December 2020.
* A centralised budget for the delivery of reasonable adjustments to be introduced before the end of this financial year.

The following metrics take data from the NHS Staff Survey. We therefore need to be aware that these figures were compiled from the survey that took place in Autumn 2021.

**(4ai) Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months**

* 34.0% of disabled staff in the 2021 survey experienced harassment, bullying or abuse from patients, relatives or the public, compared to 35.0% in 2020.
* 28.8% of non-disabled staff in the 2021 survey experienced harassment, bullying or abuse from patients, relatives or the public, the same as in 2020.

**Recommendations**

It is recommended that the following actions are taken:

* That we develop a strand of the Respect Campaign to address bullying, harassment or abuse from patients, relatives or the public.
* Promote allyship from non-disabled staff to provide appropriate challenge to patients, relatives or the public, when a Disabled member of staff is subject to these behaviours.

**(4aii) Percentage of staff experiencing harassment, bullying or abuse from manager in last 12 months**

* 11.6% of Disabled staff experienced harassment, bullying or abuse from manager in the 2021 survey, compared to 13.2 in the 2020.
* 4.9% of non-disabled staff experienced harassment, bullying or abuse from manager in the 2021 survey, compared to 5.8% in the 2020.

**(4aiii) Percentage of staff experiencing harassment, bullying or abuse from other colleagues in last 12 months**

* 15.2% of Disabled staff experienced harassment, bullying or abuse from other colleagues in the 2021 survey, compared to 17.2% in the 2020.
* 11.1% of non-disabled staff experienced harassment, bullying or abuse from other colleagues in the 2021 survey, compared to 9.5% in the 2020.

**(4b) Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it**

* 66.1% of Disabled Staff said in the 2021 survey that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it, compared with 66.2% % in 2020
* 67.7% of Disabled Staff said in the 2021 survey that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it, compared with 73% in 2020

**Recommendations**

It is recommended that the following actions are taken:

* We continue with the activities under the Respect Campaign and monitor efficacy through the Staff Survey, feedback from the Staff Network and other local consultation forums.
* That we work with our staff network and Disability-led organisations to identify evidence-based interventions that we can implement to address staff survey disparities.

**(5) Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion**

* 61.6% of Disabled Staff in the 2021 survey believe that the Trust provides equal opportunities for career progression or promotion, compared to 85.2% in 2020.
* 68.9% of non-disabled Staff in the 2021 survey believe that the Trust provides equal opportunities for career progression or promotion, compared to 91.3% in 2020

A significant drop on the figures for 2020 and similar to those in the WRES. It is therefore important that similar measures are used to address the issues for both protected characteristics.

**Recommendations**

It is recommended that the following actions are taken:

* A process for stretch opportunities for staff is introduced to help facilitate career progression or promotion.
* That there are specific positive action initiatives to ensure that Disabled staff have the skills, experience and confidence to apply for senior positions when they arise.

**(6) Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties**

* 18.0% of Disabled Staff in the 2021 survey felt pressure from their manager to come to work, compared with 19.4% in 2020.
* 13.5% of non-disabled staff in the 2021 survey felt pressure from their manager to come to work, compared with 13.2%in 2020.

**Recommendation**

It is recommended that

* That we look to best practice from Disability Confident Leaders to see if there are further measures that we can consider implementing.

**(7) Percentage of staff satisfied with the extent to which their organisation values their work**

* 45.5% of Disabled Staff in the 2021 survey were satisfied with the extent to which the Trust values their work, compared with 46.1% in 2020.
* 51.1% of non-disabled staff in the 2021 survey were satisfied with the extent to which the Trust values their work, compared with 57.4% in 2020.

**Recommendation**

It is recommended that

* The focus groups to be held with Disabled Staff this year discuss the disparities in experiences that are highlighted from Staff Survey results and seek to explore the implementation of ideas that emerge from the discussions that might address the issues.

**(8) Percentage of staff with a long-lasting health condition or illness saying their employer has made adequate adjustment(s) to enable them to carry out their work**

* 81.3% of disabled staff stated that there had been adequate adjustments for them, compared to 84.3% in 2020.

**Recommendation**

It is recommended that

* A centralised budget for reasonable adjustments is introduced this financial year.

**(9) Staff engagement score**

* There has been a 0.4 gap in this score for the past three years. In 2020 non-disabled staff scored 7.4, compared to 7.0 for Disabled Staff. In 2021 the respective figures were 7.2 and 6.8.

**Recommendation**

It is recommended that

* The focus groups to be held with Disabled Staff this year discuss the disparities in experiences that are highlighted from Staff Survey results and seek to explore the implementation of ideas that emerge from the discussions that might address the issues.

**(10) Percentage difference between the organisation’s Board voting membership and its organisation’s overall workforce disaggregated**

**• By voting membership of the Board**

**• By Executive membership of the Board**

* 7.1% of the Board state that they have a disability or long-term condition. This compares to 6.6% in our overall workforce

**Recommendation**

It is recommended that the following action is taken:

* That recommendations for recruitment relating to Disability are where appropriate applied to Board membership.

**WRES and WDES Data 2022**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **WHITE** | **BME** | **ETHNICITY UNKNOWN/NULL** |
|  |
| **Non Clinical workforce** | **Verified figures** | **Verified figures** | **Verified figures** |  |
| Under Band 1 | 12 | 1 | 0 |  |
| Band 1 | 1 | 0 | 0 |  |
| Band 2 | 224 | 4 | 3 |  |
| Band 3 | 434 | 10 | 4 |  |
| Band 4 | 317 | 6 | 4 |  |
| Band 5 | 160 | 9 | 2 |  |
| Band 6 | 119 | 2 | 3 |  |
| Band 7 | 79 | 1 | 1 |  |
| Band 8A | 38 | 0 | 0 |  |
| Band 8B | 35 | 1 | 0 |  |
| Band 8C | 2 | 0 | 0 |  |
| Band 8D | 2 | 0 | 0 |  |
| Band 9 | 1 | 0 | 0 |  |
| VSM | 4 | 0 | 0 |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **WHITE** | **BME** | **ETHNICITY UNKNOWN/NULL** |
|  |
| **Clinical workforce** | **Verified figures** | **Verified figures** | **Verified figures** |  |
| Under Band 1 | 0 | 0 | 0 |  |
| Band 1 | 1 | 0 | 0 |  |
| Band 2 | 18 | 2 | 0 |  |
| Band 3 | 1540 | 158 | 12 |  |
| Band 4 | 324 | 14 | 2 |  |
| Band 5 | 597 | 78 | 6 |  |
| Band 6 | 1450 | 67 | 19 |  |
| Band 7 | 767 | 27 | 10 |  |
| Band 8A | 242 | 13 | 7 |  |
| Band 8B | 105 | 4 | 0 |  |
| Band 8C | 67 | 3 | 1 |  |
| Band 8D | 19 | 1 | 0 |  |
| Band 9 | 2 | 0 | 0 |  |
| VSM | 1 | 0 | 0 |  |
| Consultants | 110 | 87 | 0 |  |
| *of which Senior medical manager* | 1 | 1 | 0 |  |
| Non-consultant career grade | 46 | 58 | 0 |  |
| Trainee grades | 10 | 8 | 0 |  |
| Other | 9 | 3 | 12 |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **WHITE** | **BME** | **ETHNICITY UNKNOWN/NULL** |
|  |
|  | **Verified figures** | **Verified figures** | **Verified figures** |  |
| Number of shortlisted applicants | 5828 | 3115 | 143 |  |
| Number appointed from shortlisting | 648 | 139 | 140 |  |
| Relative likelihood of appointment from shortlisting | 11.12% | 4.46% | 97.90% |  |
| Relative likelihood of White staff being appointed from shortlisting compared to BME staff | 2.49 |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **WHITE** | **BME** | **ETHNICITY UNKNOWN/NULL** |
|  |
| Number of staff in workforce | 6736 | 557 | 86 |  |
| Number of staff entering the formal disciplinary process | 36 | 8 | 0 |  |
| Likelihood of staff entering the formal disciplinary process | 0.53% | 2.69% | 0.00% |  |
| Relative likelihood of BME staff entering the formal disciplinary process compared to White staff |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **WHITE** | **BME** | **ETHNICITY UNKNOWN/NULL** |
|  |
| Number of staff in workforce |  |  |  |  |
| Number of staff accessing non-mandatory training and CPD: |  |  |  |  |
| Likelihood of staff accessing non-mandatory training and CPD |  |  |  |  |
| Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff |  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  | **WHITE** | **BME** |
|  |
| Percentage of staff experiencing harassment, bullying or abuse from patients / service users, relatives or the public in last 12 months | 29.4% | 44.6% |  |
| Total Responses | 2955 | 175 |  |

|  |  |  |
| --- | --- | --- |
|  | **WHITE** | **BME** |
|  |
| Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months | 15.5% | 24.1% |  |
| Total Responses | 2952 | 174 |  |

|  |  |  |
| --- | --- | --- |
|  | **WHITE** | **BME** |
|  |
| Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion | 67.3% | 54.3% |  |
| Total Responses | 2930 | 173 |  |

|  |  |  |
| --- | --- | --- |
|  | **WHITE** | **BME** |
|  |
| Percentage of staff experiencing discrimination at work from manager / team leader or other colleagues in last 12 months | 5.1% | 14.4% |  |
| Total Responses | 2943 | 174 |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **White** | **BAME** | **Unknown** |
| Total Board Members | 13 | 1 | 0 |
| Voting Board Members | 13 | 1 | 0 |
| Exec | 5 | 1 | 0 |
| NED | 8 | 0 | 0 |

Trust Board BAME 7.14%

Trust Workforce BAME 7.5%

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Disabled** | **% Disabled** | **Non-disabled** | **% Non-disabled** | **Unknown/Null** | **% Unknown/Null** | **Total** |
| **1a) Non Clinical Staff** |  |  |  |  |  |  |  |
| Under Band 1 | 1 | 7.7% | 12 | 92.3% | 0 | 0.0% | 13 |
| Bands 1 | 0 | 0.0% | 1 | 100.0% | 0 | 0.0% | 1 |
| Bands 2 | 14 | 6.1% | 189 | 81.8% | 28 | 12.1% | 231 |
| Bands 3 | 32 | 7.1% | 365 | 81.5% | 51 | 11.4% | 448 |
| Bands 4 | 32 | 9.8% | 270 | 82.6% | 25 | 7.6% | 327 |
| Bands 5 | 17 | 9.9% | 139 | 81.3% | 15 | 8.8% | 171 |
| Bands 6 | 2 | 1.7% | 101 | 84.2% | 17 | 14.2% | 120 |
| Bands 7 | 3 | 3.7% | 69 | 85.2% | 9 | 11.1% | 81 |
| Bands 8a | 4 | 10.5% | 30 | 78.9% | 4 | 10.5% | 38 |
| Bands 8b | 0 | 0.0% | 30 | 83.3% | 6 | 16.7% | 36 |
| Bands 8c | 0 | 0.0% | 2 | 100.0% | 0 | 0.0% | 2 |
| Bands 8d | 0 | 0.0% | 2 | 100.0% | 0 | 0.0% | 2 |
| Bands 9 | 0 | 0.0% | 1 | 100.0% | 0 | 0.0% | 1 |
| VSM | 0 | 0.0% | 4 | 100.0% | 0 | 0.0% | 4 |
| Other (e.g. Bank or Agency) Please specify in notes. | 2 | 3.6% | 42 | 75.0% | 12 | 21.4% | 56 |
| Cluster 1: AfC Bands <1 to 4 | 79 | 7.7% | 837 | 82.1% | 104 | 10.2% | 1020 |
| Cluster 2: AfC bands 5 to 7 | 22 | 5.9% | 309 | 83.1% | 41 | 11.0% | 372 |
| Cluster 3: AfC bands 8a and 8b | 4 | 5.4% | 60 | 81.1% | 10 | 13.5% | 74 |
| Cluster 4: AfC bands 8c to VSM | 0 | 0.0% | 9 | 100.0% | 0 | 0.0% | 9 |
| Total Non-Clinical | 107 | 7.0% | 1257 | 82.1% | 167 | 10.9% | 1531 |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Disabled** | **% Disabled** | **Non-disabled** | **% Non-disabled** | **Unknown/Null** | **% Unknown/Null** | **Total** |
| **1b) Clinical Staff** |  |  |  |  |  |  |  |
| Under Band 1 | 0 |  | 0 |  | 0 |  | 0 |
| Bands 1 | 1 | 100.00% | 0 | 0.00% | 0 | 0.00% | 1 |
| Bands 2 | 5 | 25.00% | 14 | 70.00% | 1 | 5.00% | 20 |
| Bands 3 | 108 | 6.32% | 1297 | 75.85% | 305 | 17.84% | 1710 |
| Bands 4 | 31 | 9.12% | 273 | 80.29% | 36 | 10.59% | 340 |
| Bands 5 | 50 | 7.34% | 510 | 74.89% | 121 | 17.77% | 681 |
| Bands 6 | 120 | 7.81% | 1243 | 80.92% | 173 | 11.26% | 1536 |
| Bands 7 | 44 | 5.47% | 674 | 83.83% | 86 | 10.70% | 804 |
| Bands 8a | 18 | 6.87% | 226 | 86.26% | 18 | 6.87% | 262 |
| Bands 8b | 2 | 1.83% | 96 | 88.07% | 11 | 10.09% | 109 |
| Bands 8c | 2 | 2.82% | 59 | 83.10% | 10 | 14.08% | 71 |
| Bands 8d | 4 | 20.00% | 15 | 75.00% | 1 | 5.00% | 20 |
| Bands 9 | 0 | 0.00% | 2 | 100.00% | 0 | 0.00% | 2 |
| VSM | 0 | 0.00% | 1 | 100.00% | 0 | 0.00% | 1 |
| Other (e.g. Bank or Agency) Please specify in notes. | 23 | 3.5% | 460 | 70.1% | 173 | 26.4% | 656 |
| Cluster 1: AfC Bands <1 to 4 | 145 | 7.0% | 1584 | 76.5% | 342 | 16.5% | 2071 |
| Cluster 2: AfC bands 5 to 7 | 214 | 7.1% | 2427 | 80.3% | 380 | 12.6% | 3021 |
| Cluster 3: AfC bands 8a and 8b | 20 | 5.4% | 322 | 86.8% | 29 | 7.8% | 371 |
| Cluster 4: AfC bands 8c to VSM | 6 | 6.4% | 77 | 81.9% | 11 | 11.7% | 94 |
| Total Clinical | 408 | 6.6% | 4870 | 78.4% | 935 | 15.0% | 6213 |
| Medical & Dental Staff, Consultants | 10 | 5.08% | 136 | 69.04% | 51 | 25.89% | 197 |
| Medical & Dental Staff, Non-Consultants career grade | 7 | 7.87% | 64 | 71.91% | 18 | 20.22% | 89 |
| Medical & Dental Staff, trainee grades | 0 | 0.00% | 20 | 86.96% | 3 | 13.04% | 23 |
| Total Medical and Dental | 17 | 5.50% | 220 | 71.20% | 72 | 23.30% | 309 |
| Number of staff in workforce | 532 | 6.61% | 6347 | 78.82% | 1174 | 14.58% | 8053 |

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|  | **Disabled** | **Non-disabled** |
| Number of shortlisted applicants | 895 | 10756 |
| Number appointed from shortlisting | 65 | 711 |
| Likelihood of shortlisting/appointed | 0.072 | 0.066 |
| Relative likelihood of non-disabled staff being appointed from shortlisting compared to Disabled staff | 0.91 |  |

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|  | **Disabled** | **Non-disabled** |
| Total Number of Staff | 532 | 6347 |
| Average number of staff entering the formal capability process over the last 2 years. (i.e. Total divided by 2.) | 0.5 | 3.5 |
| Likelihood of staff entering the formal capability process | 0.00094 | 0.00055 |
| Relative likelihood of Disabled staff entering the formal capability process compared to Non-Disabled staff | 1.70 |  |

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|  | **Disabled** | **Non-disabled** |
| Percentage of staff experiencing harassment, bullying or abuse from patients / service users, relatives or the public in last 12 months | 34.0% | 28.8% |
| Total Number of Responses | 1004 | 2127 |

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|  | **Disabled** | **Non-disabled** |
| Percentage of staff experiencing harassment, bullying or abuse from managers in last 12 months | 11.6% | 4.9% |
| Total Number of Responses | 999 | 2112 |

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| --- | --- | --- |
|  | **Disabled** | **Non-disabled** |
| Percentage of staff experiencing harassment, bullying or abuse from other colleagues in last 12 months | 15.2% | 11.1% |
| Total Number of Responses | 995 | 2099 |

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|  | **Disabled** | **Non-disabled** |
| Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it | 66.1% | 67.7% |
| Total Number of Responses | 392 | 643 |

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|  | **Disabled** | **Non-disabled** |
| Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion | 61.6% | 68.9% |
| Total Number of Responses | 999 | 2106 |

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|  | **Disabled** | **Non-disabled** |
| Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties | 18.0% | 13.5% |
| Total Number of Responses | 645 | 951 |

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|  | **Disabled** | **Non-disabled** |
| Percentage of staff satisfied with the extent to which their organisation values their work | 45.5% | 51.1% |
| Total Number of Responses | 1009 | 2121 |

|  |  |
| --- | --- |
|  | **Disabled** |
| Percentage of staff with a long lasting health condition or illness saying their employer has made adequate adjustment(s) to enable them to carry out their work | 81.3% |
| Total Number of Responses | 615 |

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| --- | --- | --- |
|  | **Disabled** | **Non-disabled** |
| Staff engagement score (0-10) | 6.8 | 7.2 |
| Total Number of Responses | 1008 | 2131 |

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| --- | --- | --- | --- |
|  | **Non-Disabled** | **Disabled** | **Unknown** |
| Total Board Members | 14 |  | 0 |
| Voting Board Members | 13 | 1 | 0 |
| Exec | 6 | 0 | 0 |
| NED | 7 | 1 | 0 |