

# Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) Data 2022/23 Year

## 1. INTRODUCTION

Inequalities in any form are at odds with the values of the NHS and our Trust. The fair treatment of staff is not only the right thing to do but it is directly linked to better clinical outcomes and better experience of care for patients. Developing a more inclusive workplace is therefore a key element of our Staff Experience Plan.

All NHS Trusts are required to report performance against a range of race and disability equality metrics on an annual basis. These are known as the Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES). Our submission to NHS England by the end of May was duly made. Some of the data is drawn from the 2022 Staff Survey, otherwise it is as at 31 March 2023.

This report sets out our performance and next steps.

## 2. WORKFORCE RACE EQUALITY STANDARD (WRES)

### Indicator 1 - Percentage of BME staff

	WHITE	BME	ETHNICITY UNKNOWN/NULL
<b>1a) Non Clinical workforce</b>			
Under Band 1	0	0	0
Band 1	11	1	0
Band 2	373	10	10
Band 3	272	10	2
Band 4	177	2	1
Band 5	109	4	2
Band 6	64	2	0
Band 7	60	4	0
Band 8a	28	1	0
Band 8b	31	1	2
Band 8c	11	0	0
Band 8d	5	0	2
Band 9	1	0	1
VSM	8	0	0
<b>1b) Clinical workforce (of which Non Medical)</b>			
Under Band 1	0	0	0
Band 1	2	0	0

Band 2	574	44	2
Band 3	158	10	2
Band 4	152	41	2
Band 5	448	345	9
Band 6	341	72	1
Band 7	271	28	5
Band 8a	50	7	1
Band 8b	18	0	0
Band 8c	5	0	0
Band 8d	3	0	0
Band 9	0	0	0
VSM	6	0	2
<b>(Of which Medical &amp; Dental)</b>			
Consultants	69	84	8
<i>of which Senior Medical Manager</i>	2	2	0
Non-consultant career grade	19	57	8
Trainee grades	75	98	5
Other	7	0	0
<b>Total (Number)</b>	<b>3348</b>	<b>821</b>	<b>65</b>
<b>Total (Percentage)</b>	<b>79.1</b>	<b>19.4</b>	<b>1.5</b>

The demographic profile of the Trust by ethnicity is 79.1% White, 19.4% Black and Minority Ethnic (BME), and 1.5% unknown ethnicity. BME representation has increased by 2.5% from 16.8% in the previous year.

The data shows that BME staff are over-represented at Band 5 and significantly under-represented in senior levels of the organisation (Band 7+). There is also limited representation within the non-clinical workforce.

According to the 2021 Census 94.7% of the population of Norfolk and Waveney are White (Office for National Statistics). Just 2.9% of non-clinical staff are BME which is lower than the local demographics suggesting the Trust's workforce is not representative of its local population despite the overall BME representation. This is likely due to overseas recruitment of clinical staff masking lower levels of local recruitment. This also explains the over-representation of BME staff in band 5 clinical roles.

**Indicator 2 - Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME applicants**

	WHITE	BME	ETHNICITY UNKNOWN/NULL
Number of shortlisted applicants	1182	508	329
Number appointed from shortlisting	436	131	51
Relative likelihood of appointment from shortlisting	36.89%	25.79%	15.50%
Relative likelihood of White staff being appointed from	1.43		

shortlisting compared to BME staff			
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The relative likelihood of White staff being appointed from shortlisting compared to BME staff is 1.43, an increase of more than 1 from 0.31. This means BME staff are less likely to be appointed when shortlisted than White staff. What this indicator does not take account of is any factors impacting getting through to shortlisting. Anecdotal feedback from staff is that expectations and less experience of interviews can be a barrier to appointment of BME applicants.

**Indicator 3 – Relative likelihood of BME staff entering the formal disciplinary process compared to white staff**

	WHITE	BME	ETHNICITY UNKNOWN/NULL
Number of staff in workforce	3348	821	65
Number of staff entering the formal disciplinary process	17	5	1
Likelihood of staff entering the formal disciplinary process	0.51%	0.61%	1.54%
Relative likelihood of BME staff entering the formal disciplinary process compared to White staff		1.20	

The relative likelihood of BME staff entering the formal disciplinary process compared to white staff is 1.20, an increase from 0.30 in the previous year. This shows that BME staff are a 5<sup>th</sup> more likely to enter a formal disciplinary process than white staff. Figures in this area are low though, less than 1% of the workforce, so just 1 staff member can impact the likelihood figure significantly. It is an indicator to keep an eye on next year to see if the increase continues.

**Indicator 4 – Relative likelihood of white staff accessing non-mandatory training and continuous professional development (CPD) compared to BME staff**

	WHITE	BME	ETHNICITY UNKNOWN/NULL
Number of staff in workforce	3348	821	65
Number of staff accessing non-mandatory training and CPD	3324	815	64
Likelihood of staff accessing non-mandatory training and CPD	99.28%	99.27%	98.46%
Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff	1.00		

The relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff is 1.00, an increase from 0.73 in the previous year. This means that BME staff are just as likely as White staff to access non-mandatory training and CPD.

**Indicator 5 – Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public within the last 12 months (NHS average in brackets)**

	JPUH 2021	JPUH 2022
All	34.2% (27.4%)	35.5% (28.1%)
White Staff	33.9% (26.5%)	34.3% (26.9%)
Other Ethnic Groups	35.5% (28.8%)	41.8% (30.8%)

All staff are reporting an increase in abuse from patients and the Trust's figures are 7.5% higher than the national average. The abuse of BME staff has both increased and is 7.5% higher than that received by their White counterparts.

**Indicator 6 – Percentage of staff experiencing harassment, bullying or abuse from staff within the last 12 months (NHS average in brackets)**

	JPUH 2021	JPUH 2022
White Staff	30.5% (23.6%)	30.7% (23.3%)
Other Ethnic Groups	33.2% (28.5%)	34.4% (28.8%)

There has been a small increase in abuse from colleagues and ethnic minorities are still receiving more abuse than their colleagues (over a 3<sup>rd</sup> of BME employees).

**Indicator 7 – Percentage of staff believing that their Trust provides equal opportunities for career progression or promotion (NHS average in brackets)**

	JPUH 2021	JPUH 2022
All	57.1% (55.8%)	54.2% (55.6%)
White Staff	58.3% (58.6%)	56.5% (58.6%)
Other Ethnic Groups	52.5% (44.6%)	43.9% (47.0%)

Staff belief in equal opportunities for career progression has decreased over the last year with BME staff 12.5% less belief in equal opportunities. Feedback from staff has been that they don't believe recruitment practices are fair – staff survey comments refer to an 'if your face fits' approach.

**Indicator 8 – Percentage of staff personally experiencing discrimination at work from a manager / team leader or other colleagues (NHS average in brackets)**

	JPUH 2021	JPUH 2022
All	11.0% (8.8%)	9.9% (8.7%)
White Staff	8.6% (6.7%)	8.0% (6.5%)

Other Ethnic Groups	24.4% (17.3%)	21.9% (17.3%)
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More than 20% of BME staff report experiencing discrimination at work from their colleagues, more than double the Trust average, and higher than the national average.

### **Indicator 9 – BME Board membership**

	WHITE	BME	ETHNICITY UNKNOWN/NULL
Total Board members	14	1	0
<i>Of which: Voting Board members</i>	12	1	0
<i>Non-voting Board members</i>	2	0	0
Total Board Members	14	1	0
<i>Of which: Exec Board members</i>	7	1	0
<i>Non-Exec Board members</i>	7	0	0
Number of staff in overall workforce	3348	821	65
Total Board members - % by Ethnicity	93.3%	6.7%	0.0%
Voting Board members - % by Ethnicity	92.3%	7.7%	0.0%
Non-voting Board members - % by Ethnicity	100.0%	0.0%	0.0%
Executive Board Member - % by Ethnicity	87.5%	12.5%	0.0%
Non-Executive Board Member - % by Ethnicity	100.0%	0.0%	0.0%
Overall workforce - % by Ethnicity	79.1%	19.4%	1.5%
Difference (Total Board – Overall workforce)	14.3%	-12.7%	-1.5%

The ethnic diversity of the board has improved slightly as last year it was 100% White. Ongoing attention is still required to increase the diversity of the Board (in regard to all protected characteristics) through recruitment and succession planning approaches.

## **3. WORKFORCE DISABILITY EQUALITY STANDARD (WDES)**

### **Indicator 1 – Percentage of disabled staff**

	# Disabled	% Disabled	# Non-Disabled	% Non-Disabled	# Unknown/Null	% Unknown/Null	Total
<b>1a) Non Clinical workforce</b>							
Under Band 1	0	0.0	0	0.0	0	0.0	0
Band 1	1	7.1	11	78.6	2	14.3	14
Band 2	30	7.6	358	90.6	7	1.8	395

Band 3	15	5.3	261	91.9	8	2.8	284
Band 4	3	1.7	174	96.7	3	1.7	180
Band 5	9	7.8	102	88.7	4	3.5	115
Band 6	2	3.0	64	97.0	0	0.0	66
Band 7	3	4.7	59	92.2	2	3.1	64
Band 8a	3	10.3	26	89.7	0	0.0	29
Band 8b	4	11.8	29	85.3	1	2.9	34
Band 8c	0	0.0	11	100.0	0	0.0	11
Band 8d	0	0.0	7	100.0	0	0.0	7
Band 9	0	0.0	2	100.0	0	0.0	2
VSM	0	0.0	8	100.0	0	0.0	8
Other (Non-Exec Directors)	0	0.0	7	100.0	0	0.0	7
Cluster 1: AfC Bands <1-4	49	5.6	804	92.1	20	2.3	873
Cluster 2: AfC Bands 5 to 7	14	5.7	225	91.8	6	2.4	245
Cluster 3: AfC Bands 8a and 8b	7	11.1	55	87.3	1	1.6	63
Cluster 4: AfC Bands 8c to VSM	0	0.0	28	100.0	0	0.0	28
<b>Total Non-Clinical</b>	<b>70</b>	<b>5.8</b>	<b>1119</b>	<b>92.0</b>	<b>27</b>	<b>2.2</b>	<b>1216</b>
<b>1b) Clinical workforce (of which Non Medical)</b>							
Under Band 1	0	0.0	0	0.0	0	0.0	0
Band 1	2	100.0	0	0.0	0	0.0	2
Band 2	27	4.3	589	94.7	6	1.0	622
Band 3	7	4.1	164	95.4	1	0.6	172
Band 4	3	1.5	192	98.5	0	0.0	195
Band 5	29	3.6	761	94.8	13	1.6	803
Band 6	20	4.8	394	94.7	2	0.5	416
Band 7	12	4.0	284	93.4	8	2.6	304
Band 8a	1	1.7	57	98.3	0	0.0	58
Band 8b	0	0.0	18	100.0	0	0.0	18
Band 8c	1	20.0	4	80.0	0	0.0	5
Band 8d	0	0.0	3	100.0	0	0.0	3
Band 9	0	0.0	0	0.0	0	0.0	0
VSM	1	16.67	5	83.3	0	0.0	6
Other	0	0.0	0	0.0	0	0.0	0
Cluster 1: AfC Bands <1-4	39	3.9	945	95.4	7	0.7	991
Cluster 2: AfC Bands 5 to 7	61	4.0	1439	94.5	23	1.5	1523
Cluster 3: AfC Bands 8a and 8b	1	1.3	75	98.7	0	0.0	76

Cluster 4: AfC Bands 8c to VSM	2	14.3	12	85.7	0	0.0	14
<b>Total Clinical</b>	<b>103</b>	<b>4.0</b>	<b>2471</b>	<b>94.9</b>	<b>30</b>	<b>1.2</b>	<b>2604</b>
<b>(Of which Medical &amp; Dental)</b>							
Consultants	2	1.2	156	95.7	5	3.1	163
Non-consultant career grade	0	0.0	77	90.6	8	9.4	85
Trainee grades	5	2.8	168	94.4	5	2.8	178
<b>Total Medical and Dental</b>	<b>7</b>	<b>1.6</b>	<b>401</b>	<b>94.1</b>	<b>18</b>	<b>4.2</b>	<b>426</b>
<b>Number of staff in workforce</b>	<b>180</b>	<b>4.2</b>	<b>3991</b>	<b>94.0</b>	<b>75</b>	<b>1.8</b>	<b>4246</b>

Overall, the Trust has 4.2% of staff within its workforce recorded as disabled on their Electronic Staff Record (ESR). This is an increase from 3.6% in the previous year and is likely to be under-representative of the actual numbers due to staff not updating their ESR. Nationally, approximately 20% of the working age population have a disability with almost half currently in employment.

The demographic profile of the Trust's Non-Clinical workforce by disability is 5.8%, up from 4.9%. Disabled non-clinical staff are under-represented at senior levels of the Trust from Band 8c+.

The demographic profile of the Trust's Clinical workforce by disability is 4.0%, up from 3.2%. Disabled clinical staff are under-represented at senior levels of the Trust at Band 8a, b, d and Band 9.

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

	Disabled	Non-Disabled	UNKNOWN/NULL
Number of shortlisted applicants	102	1541	341
Number appointed from shortlisting	27	477	52
Relative likelihood of appointment from shortlisting	0.26	0.31	0.15
Relative likelihood of non-disabled staff being appointed from shortlisting compared to disabled staff		1.17	

The relative likelihood of non-disabled staff being appointed from shortlisting compared to disabled staff is 1.17, higher than 1.02 last year.

**Indicator 3 - Relative likelihood of Disabled staff entering the formal capability process compared to non-disabled staff.**

	Disabled	Non-Disabled	UNKNOWN/NULL
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Average number of staff entering the formal capability process over the last 2 years for any reason (i.e. total divided by 2)	0	2	0
Of these, how many were on the grounds of ill-health?	0	0	0
Likelihood of staff entering the formal capability process	0	0.005	0
Relative likelihood of disabled staff entering the formal capability process compared to non-disabled staff	0		

The relative likelihood of disabled compared to non-disabled staff entering the formal capability process is 0.005 i.e. far less likely and much lower than the 3.28 of the previous 2 years – this metric is based on two-year rolling average (April 2021 to March 2023). The numbers used to calculate this indicator are so small that large variations are possible year on year. It is therefore one to monitor for trend rather than specific years in particular.

**Indicator 4 - Percentage of staff experiencing harassment, bullying or abuse in the last 12 months (NHS average in brackets)**

	JPUH 2021	JPUH 2022
<b>From patients/service users</b>		
All	<b>34.2% (27.4%)</b>	<b>35.5% (28.1%)</b>
Staff with LTC* or illness	<b>43.4% (32.4%)</b>	<b>42.8% (33.0%)</b>
Staff without LTC or illness	<b>30.6% (25.2%)</b>	<b>33.0% (26.2%)</b>
<b>From managers</b>		
All	<b>15.4% (11.9%)</b>	<b>14.6% (11.6%)</b>
Staff with LTC or illness	<b>23.4% (18.0%)</b>	<b>21.0% (17.1%)</b>
Staff without LTC or illness	<b>12.2% (18.0%)</b>	<b>12.7% (9.9%)</b>
<b>From other colleagues</b>		
All	<b>25.9% (19.5%)</b>	<b>25.9% (20.0%)</b>
Staff with LTC or illness	<b>35.5% (26.6%)</b>	<b>34.1% (26.9%)</b>
Staff without LTC or illness	<b>22.3% (17.1%)</b>	<b>22.9% (17.7%)</b>

\*LTC = Long Term Health

Condition

Staff with a disability/long term health condition are more likely to experience abuse from patients, managers and colleagues than their non-disabled colleagues. There has also been



a slight increase in prevalence over the last year. 1 in every 3 disabled staff are receiving abuse from patients/public.

**Indicator 5 - Percentage of staff believing that trust provides equal opportunities for career progression or promotion (NHS average in brackets)**

	JPUH 2021	JPUH 2022
All	57.1% (55.8%)	54.2% (55.6%)
Staff with LTC or illness	54.7% (51.4%)	51.7% (51.4%)
Staff without LTC or illness	58.1% (56.8%)	55.6% (57.3%)

As with all staff, staff with long term health conditions are decreasingly believing there are equal opportunities for career development and progression.

**Indicator 6 - Percentage of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties**

	JPUH 2021	JPUH 2022
All	21.9% (26.0%)	24.1% (23.6%)
Staff with LTC or illness	28.2% (32.2%)	31.9% (30.0%)
Staff without LTC or illness	17.7% (23.7%)	20.6% (20.8%)

Nearly a third of disabled staff report feeling pressure to come to work despite being unwell. This has increased from the previous year and is slightly higher than the national average. It is also 11% higher than for staff without a disability.

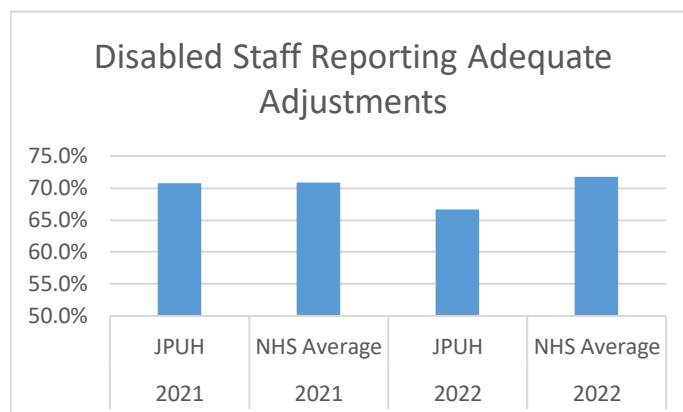
**Indicator 7 - Percentage of staff saying that they are satisfied with the extent to which their organisation values their work (NHS average in brackets)**

	JPUH 2021	JPUH 2022
All	37.8% (40.7%)	37.1% (41.1%)
Staff with LTC or illness	28.6% (32.6%)	31.4% (32.5%)
Staff without LTC or illness	41.5% (43.3%)	39.8% (43.6%)

Staff with long term illnesses feel less valued by the organisation (68.6% unsatisfied compared to 60.2% of non-disabled colleagues). Some staff feedback has included that this is not so much to do with their work being recognised but that when the support or adjustments they need aren't easily forthcoming it makes them feel undervalued.

**Indicator 8 - Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work**

66.7% of disabled staff have had adequate adjustments to enable them to carry out their work, this has fallen from 70.8% the previous year and is below the 71.8% NHS average.



**Indicator 9 – Staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation (NHS average in brackets)**

	JPUH 2021	JPUH 2022
All	6.9 (6.8)	6.7 (6.8)
Staff with LTC or illness	6.5 (6.4)	6.2 (6.4)
Staff without LTC or illness	7.1 (7.0)	6.9 (6.9)

The staff engagement score has fallen slightly over the last year. Since the staff survey was completed the Trust's new Ability network has continued to develop and grow, giving disabled staff and their allies a forum to engage with senior management and the wider organisation.

**Indicator 10 - Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated:**

	# Disabled	% Disabled	# Non-Disabled	% Non-Disabled	# Unknown/Null	% Unknown/Null	Total
Total Board Members	0	0.0	15	100.0	0	0.0	15
Voting Board Members	0	0.0	13	100.0	0	0.0	13
Non Voting Board Members	0	0.0	2	100.0	0	0.0	2
Exec Board Members	0	0.0	8	100.0	0	0.0	8
Non Exec Board Members	0	0.0	7	100.0	0	0.0	7
Difference (Total Board – Overall Workforce)		-4%		6		-2	
Difference (Voting membership – Overall workforce)		-4%		6		-2	

Difference (Executive membership – Overall Workforce)		-4%		6		-2	
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There is no disabled representation at board level, with no change from the previous year.

#### 4. NEXT STEPS

Over the last year, the Trust appointed an Equity, Diversity and Inclusion Manager who has worked with the Staff Networks and colleagues to begin addressing a number of the areas of concern further highlighted by this latest data set. An Ability network for disabled staff and allies, and a Menopause network have been created and work has been undertaken to increase awareness and membership of staff networks through events like LGBTQ+, Disability and Black History Months. There have also been a number of inclusion training and awareness activities to increase awareness of discrimination and bias, and provide staff with practical actions to feel confident in addressing any concerns.

Senior People and Culture Managers are leading on work to prevent and respond to abuse from internal and external sources; support individuals affected; and to create more equitable organisational processes. This has included Just Culture, Civility and Respect, Recruitment and Violence and Aggression workstreams.

The Equity, Diversity and Inclusion Manager will work with the staff networks and other colleagues over the coming months to develop this years WRES and WDES action plan which will be submitted to HMG for approval prior to publishing in October. Actions will be SMART based and given the above results will continue to focus on:

- Debiassing recruitment with steps taken to encourage applications from individuals who are BME and/or Disabled, and support them through the recruitment process as appropriate. This should also include clarification of recruitment expectations for both applicants and recruiters.
- Ongoing development and empowerment of our staff networks, BME and Disabled staff including encouraging disability declaration on Electronic Staff Records.
- Continued diversity data monitoring of James Paget Management Programme, Headway, Growing into Leadership and other development programmes to ensure equality of access.
- Continued monitoring and action of reported incidents of abuse by the Violence and Aggression Group. Further development of the work already begun with stakeholders to provide clear guidance for public, staff and managers. Internal and external partnership working to ensure appropriate action is taken. Regular awareness raising communications.
- Continuation of Civility and Respect Training and Awareness
- Further embedding of EDI into training programmes and Divisional/Team conversations.
- Improving access to reasonable adjustments.
- Learning and engagement programme of events to improve staff relations.