



Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) Data 2023/24 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 is due by the end of May 2024. Some of the data is drawn from the 2023 Staff Survey, otherwise it is as at 31st March 2024.

This report sets out our performance data. Committee discussions and staff engagement around the data will help to inform our action plan which will be published later in the year.

2. WORKFORCE RACE EQUALITY STANDARD (WRES)

Indicator 1 - Percentage of BME staff

	WHITE	BME	ETHNICITY UNKNOWN/NULL
1a) Non Clinical workforce			
Under Band 1	0	0	0
Band 1	8	0	0
Band 2	360	15	9
Band 3	289	12	1
Band 4	188	4	1
Band 5	111	3	1
Band 6	59	3	0
Band 7	60	6	0
Band 8a	32	1	0
Band 8b	29	2	0
Band 8c	12	0	0
Band 8d	6	0	2
Band 9	1	0	1
VSM	6	0	0
Other	8	0	1
1b) Clinical workforce (of which Non Medical)			
Under Band 1	0	0	0
Band 1	2	0	0
Band 2	566	49	2
Band 3	166	11	2

Band 4	153	19	2
Band 5	442	374	5
Band 6	364	79	1
Band 7	275	34	6
Band 8a	63	6	1
Band 8b	17	1	0
Band 8c	6	0	0
Band 8d	3	0	0
Band 9	0	0	0
VSM	1	0	0
(Of which Medical & Dental)			
Consultants	69	82	8
Non-consultant career grade	19	60	2
Trainee grades	81	98	8
Other	5	1	0
Total (Number)	3401	860	53
Total (Percentage)	78.8	19.9	1.2

The demographic profile of the Trust by ethnicity is 78.8% White, 19.9% Black and Minority Ethnic (BME), and 1.2% unknown ethnicity. BME representation has increased by 0.5% from 19.4% the previous year.

The data shows that BME staff continue to be over-represented at Band 5 due to international recruitment into clinical roles but this currently doesn't appear to be translating into increasing representation at Band 6 and 7 suggesting progression made need to be reviewed.

There is also limited representation of BME staff within the non-clinical workforce, though bands 2 and 7 have seen small increases.

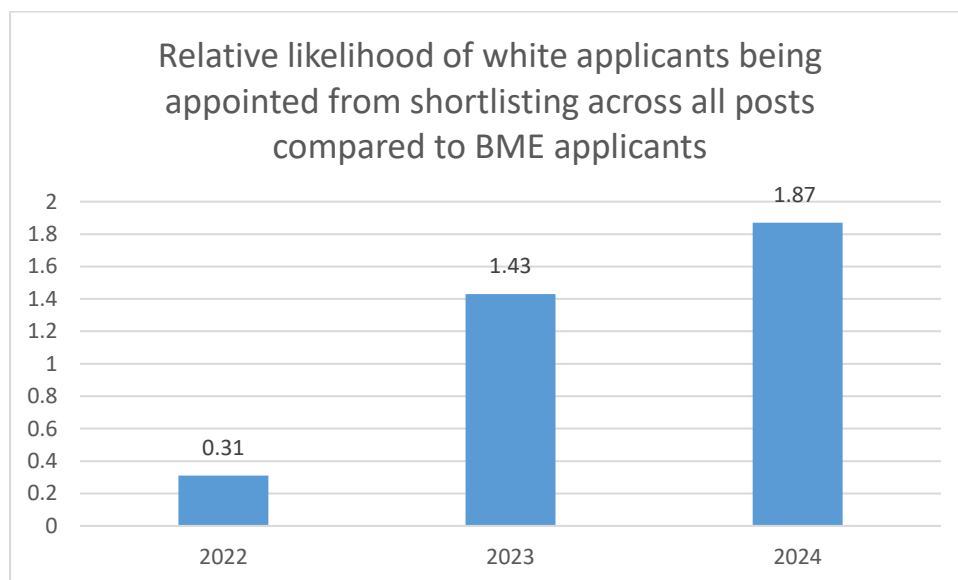
According to the 2021 Census 94.7% of the population of Norfolk and Waveney are White (Office for National Statistics). 95% of non-clinical staff are White which is only slightly higher than the local demographics suggesting the Trust's workforce is becoming representative of its local population despite the overall BME representation as these are less impacted by direct international recruitment.

A significant amount of work has been undertaken to improve the fairness of both internal and external recruitment with reviews of policies, documents and attempts to increase diversity on interview panels. Work in this area continues and it will take a little time for the results of the fairer pathways to increase diversity at all levels depending upon when roles become available.

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	1284	579	584
Number appointed from shortlisting	269	65	54
Relative likelihood of appointment from shortlisting	20.95%	11.23%	9.25%
Relative likelihood of White staff being appointed from shortlisting compared to BME staff	1.87		

The relative likelihood of White staff being appointed from shortlisting compared to BME staff is 1.87, meaning that BME staff are almost half as likely to be appointed as their shortlisted counterparts. This has continued to increase from last year conversely to 2 years ago (2022) when BME shortlisted applicants were more likely to be appointed.

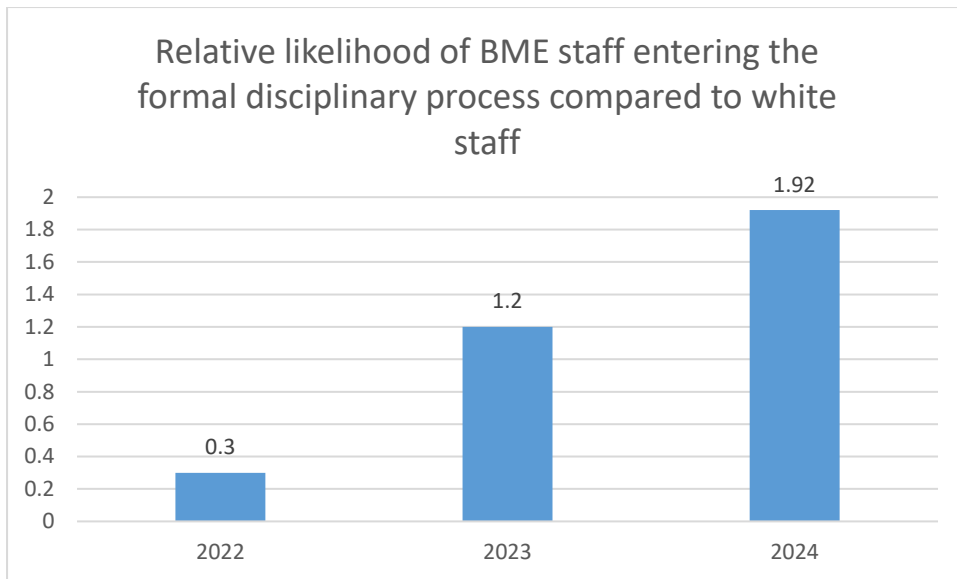


Anecdotal feedback from staff is that in-experience of the interview process can be a barrier to them performing well. The recruitment team and managers have been working with staff to provide greater awareness of the process including the opportunity for mock interviews. A manager's guide is also being created to ensure recruiters understand how they can ensure interviews are fair and get the most out of candidates. We will begin to monitor appointment data more frequently to get a greater insight into factors driving these statistics.

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	3401	860	53
Number of staff entering the formal disciplinary process	4	2	0
Likelihood of staff entering the formal disciplinary process	0.12%	0.23%	0%
Relative likelihood of BME staff entering the formal disciplinary process compared to White staff		1.92	

The relative likelihood of BME staff entering the formal disciplinary process compared to white staff is 1.98, meaning that BME staff are nearly twice as likely to enter the formal disciplinary process, and an increase from from the previous year.

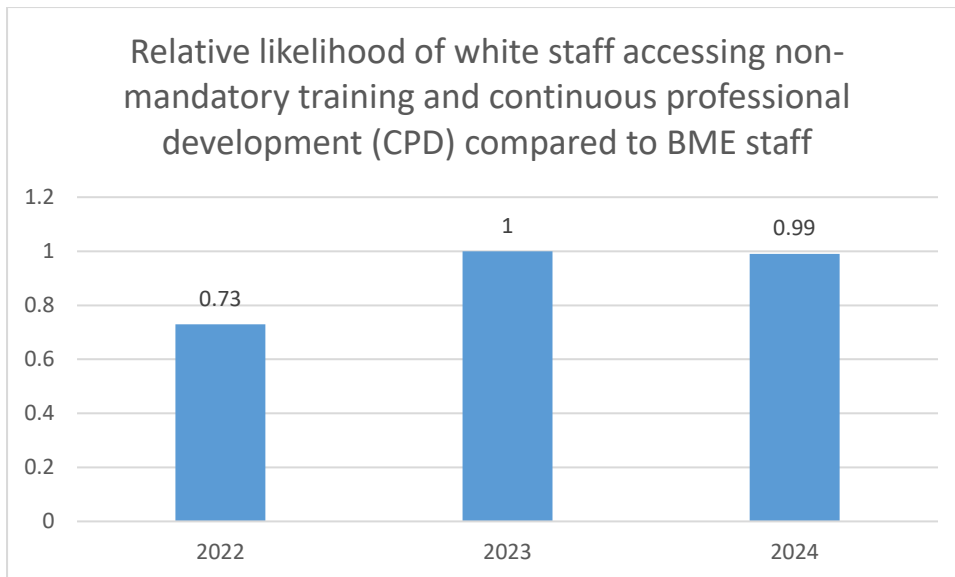


Figures in this area are low though, meaning that 1 individual can impact the indicator quite substantially. Due to the 2 year increase the Employee Relations Manager and Equity, Diversity and Inclusion Manager will be reviewing the 6 cases from last year for any potential bias or improvement recommendations.

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	3401	860	53
Number of staff accessing non-mandatory training and CPD	3365	858	52
Likelihood of staff accessing non-mandatory training and CPD	98.94%	99.77%	98.11%
Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff	0.99		

The relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff is 0.99, meaning that for the second year running BME staff are just as likely as White staff to access non-mandatory training and CPD.

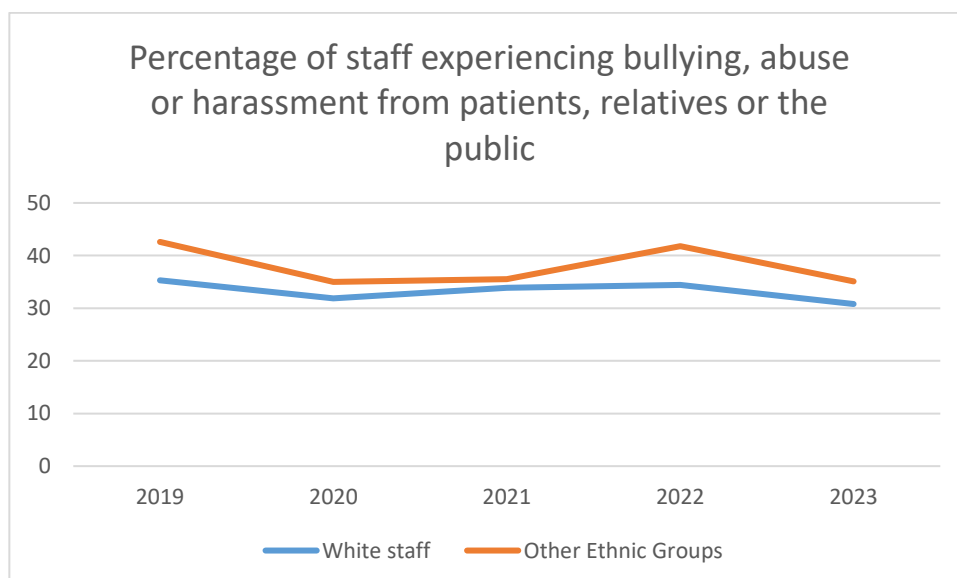


All development programmes run by the Organisational Development team are reviewed by ethnicity allowing for targetting of any under-represented groups. This year it does not appear to have been a problem suggesting that staff are being equally supported in their training opportunities.

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 2022	JPUH 2023
White Staff	34.4% (26.9%)	30.8% (24.7%)
Other Ethnic Groups	41.8% (30.8%)	35.1% (28.1%)

All staff are reporting a decrease in abuse from patients although the Trust's figures continue to be higher than the national median. The abuse of BME staff continues to be higher than experienced by White counterparts despite falling.



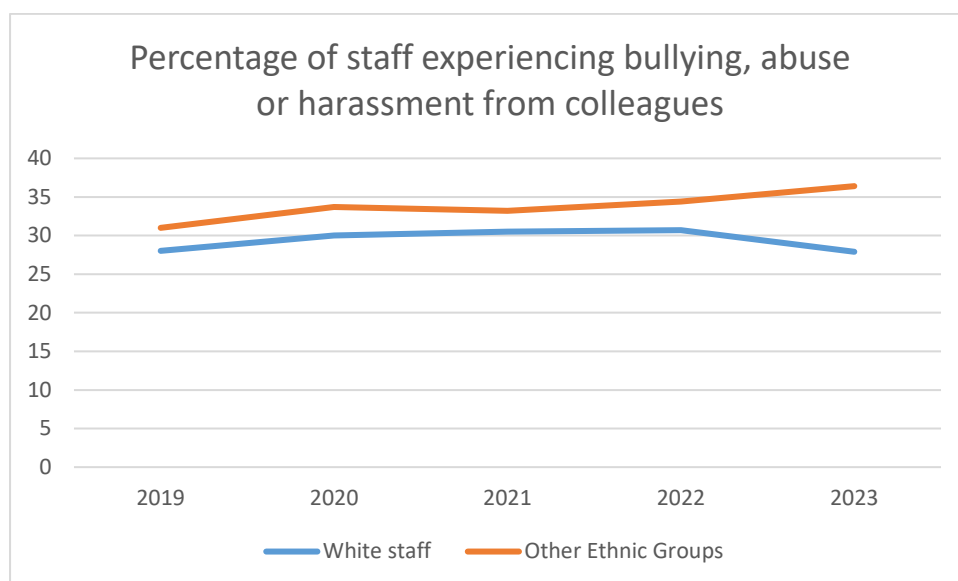
This year saw the #ExpectRespect campaign rerun over the winter months with updated materials. Patients who exhibit unacceptable behaviour may be sent a letter raising

concerns, in an attempt to prevent reoccurrence. We have begun partnership working with Norfolk police who have trained some staff in hate crime and incident reporting and will have a more regular presence on site over the next year.

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

	JPUH 2022	JPUH 2023
White Staff	30.7% (23.3%)	27.9% (22.4%)
Other Ethnic Groups	34.4% (28.8%)	36.4% (26.2%)

There has been an increase in abuse from colleagues to Ethnic minorities and a decrease in abuse to White colleagues. This reverse trend is concerning and more analysis is required to understand the driving factors and lived experience of our non-White staff.

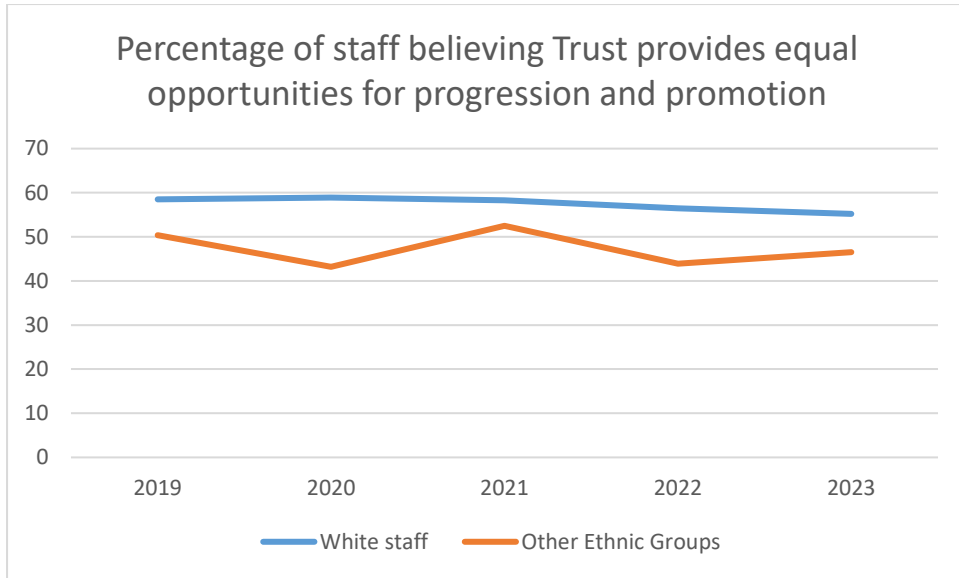


HR staff have been delivering Civility and Respect Training both organisation wide and on a targeted basis. Roll out of the Values and Behaviours work will begin this year supported by Inclusion training around microaggressions and intent v impact.

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

	JPUH 2022	JPUH 2023
White Staff	56.5% (58.6%)	55.2% (58.8%)
Other Ethnic Groups	43.9% (47.0%)	46.5% (49.6%)

Whilst still lower than their White counterparts BME staff belief in equal opportunities for career progression has increased over the last year. This is the opposite of what White staff are reporting. BME staff have been engaged in the fair recruitment workstream and as work continues to develop and embed will hopefully see the results of the efforts undertaken.

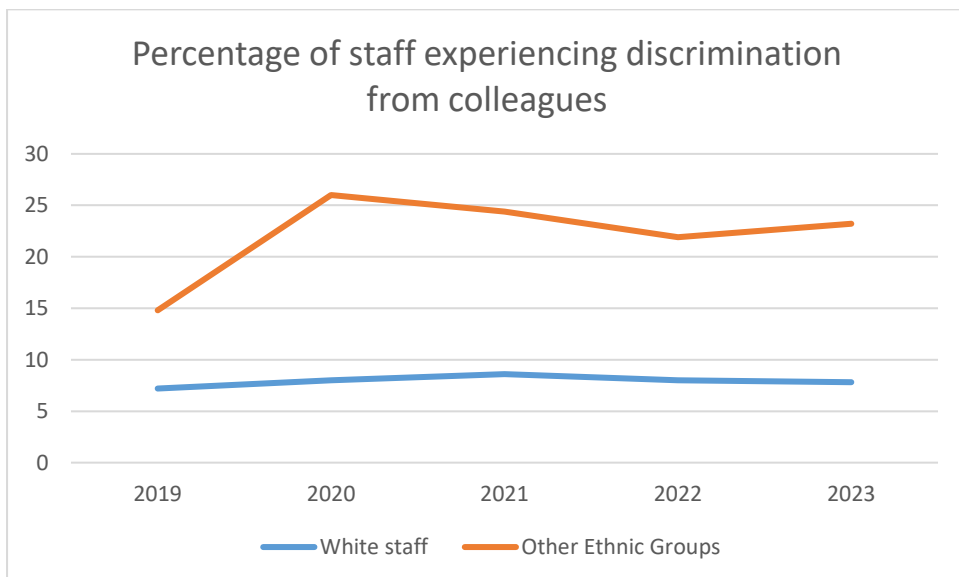


Organisation wide promotion of the fair recruitment work undertaken might improve perceptions across all demographics of the Trust.

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

	JPUH 2022	JPUH 2023
White Staff	8.0% (6.5%)	7.8% (6.7%)
Other Ethnic Groups	21.9% (17.3%)	23.2% (16.2%)

The number of BME staff experiencing discrimination at work from their colleagues has increased, is more than double the Trust average, and higher than the national average.



Over the past year there has been general awareness raising of discrimination, the provision of Civility and Respect training, as well as targeted interventions in staffing areas where concerns have been raised.

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	3401	860	59
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	78.8%	19.9%	1.4%
Difference (Total Board – Overall workforce)	14.5%	-13.2%	-1.4%

The ethnic diversity of the board has remained consistent with last year. 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. WORFORCE DISABILITY EQUALITY STANDARD (WDES)

Indicator 1 – Percentage of disabled staff

	# Disabled	% Disabled	# Non-Disabled	% Non-Disabled	# Unknown/Null	% Unknown/Null	Total
1a) Non Clinical workforce							
Under Band 1	0	0.0	0	0.0	0	0.0	0
Band 1	1	12.5	7	87.5	0	0.0	8
Band 2	29	7.6	345	89.8	10	2.6	384
Band 3	19	6.3	274	90.7	9	2.9	302
Band 4	6	3.1	183	94.8	4	2.1	193
Band 5	10	8.7	101	87.8	4	3.5	115
Band 6	3	4.8	58	93.5	1	1.6	62
Band 7	3	4.5	61	92.4	2	3.0	66
Band 8a	4	12.1	29	87.8	0	0.0	33
Band 8b	3	9.7	28	90.3	0	0.0	31
Band 8c	0	0.0	12	100.0	0	0.0	12
Band 8d	1	12.5	7	87.5	0	0.0	8
Band 9	0	0.0	2	100.0	0	0.0	2
VSM	0	0.0	6	100.0	0	0.0	6
Other	0	0.0	9	100.0	0	0.0	9
Cluster 1: AfC Bands <1-4	55	6.3	809	92.7	23	2.6	873

Cluster 2: AfC Bands 5 to 7	16	6.5	220	89.8	7	2.8	245
Cluster 3: AfC Bands 8a and 8b	7	11.1	57	90.5	0	0.0	63
Cluster 4: AfC Bands 8c to VSM	1	3.6	27	96.4	0	0.0	28
Total Non-Clinical	79	6.4	1122	91.1	30	2.4	1231
1b) Clinical workforce (of which Non Medical)							
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	21	4.3	589	94.7	7	1.0	617
Band 3	11	4.1	165	95.4	3	0.6	179
Band 4	6	1.5	164	98.5	4	0.0	174
Band 5	40	3.6	761	94.8	20	1.6	821
Band 6	26	4.8	414	94.7	4	0.5	444
Band 7	16	4.0	291	93.4	8	2.6	315
Band 8a	1	1.7	69	98.3	0	0.0	70
Band 8b	1	0.0	17	100.0	0	0.0	18
Band 8c	0	20.0	6	80.0	0	0.0	6
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	0	16.67	1	83.3	0	0.0	1
Other	1	0.0	5	0.0	0	0.0	6
Cluster 1: AfC Bands <1-4	40	3.9	918	95.4	14	0.7	972
Cluster 2: AfC Bands 5 to 7	82	4.0	1466	94.5	32	1.5	1583
Cluster 3: AfC Bands 8a and 8b	2	1.3	86	98.7	0	0.0	88
Cluster 4: AfC Bands 8c to VSM	0	14.3	10	85.7	0	0.0	10
Total Clinical	125	4.7	2485	93.6	46	1.73	2656
(Of which Medical & Dental)							
Consultants	4	1.2	149	95.7	6	3.1	159
Non-consultant career grade	0	0.0	74	90.6	7	9.4	81
Trainee grades	1	2.8	175	94.4	11	2.8	187
Total Medical and Dental	5	1.2	398	93.2	24	5.6	427
Number of staff in workforce	209	4.8	4005	92.8	100	2.3	4314

Overall, the Trust has 4.8% of staff within its workforce recorded as disabled on their Electronic Staff Record (ESR), an increase from 0.6% from the previous year. There has been a small increase in Disabled staff in non-clinical roles from 5.8% to 6.4%. Clinical representation has also seen a slight increase from 4.0% to 4.7%. Disabled representation at senior levels remains low.

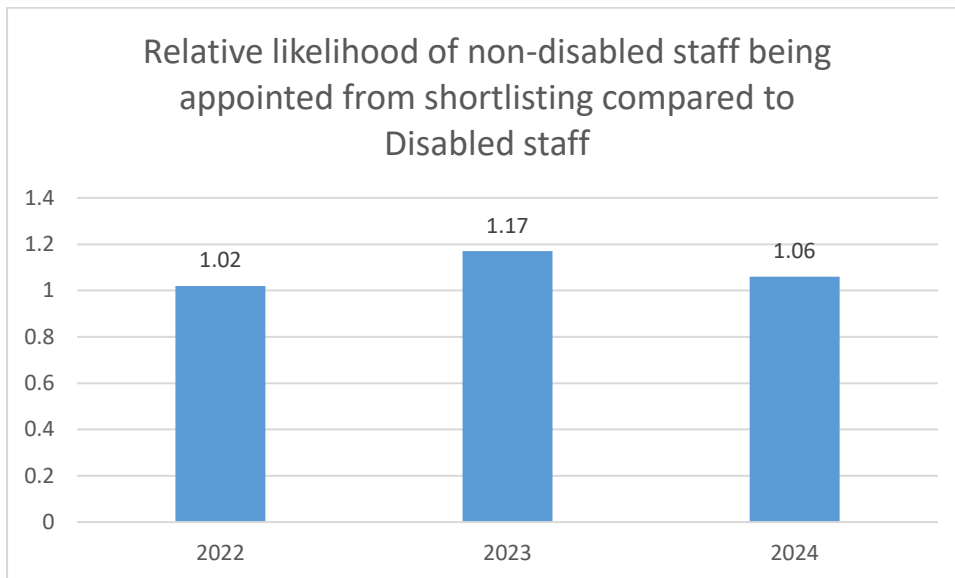
It is worth noting that whilst only 4.8% of staff on ESR report a disability, 25.1% of staff survey respondents stated they had a disability. It is likely that declaration rates on ESR are low and this is reflected nationally. Approximately 20% of the working age population have a disability with almost half currently in employment.

Work has been undertaken to improve the experience of Disabled staff through access to individual adjustment passports that document and support the provision of any assistance they need; neurodiversity training; and staff support groups. As staff see the benefit of declaration it is hoped that more will feel secure in declaring their disability.

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	149	1726	572
Number appointed from shortlisting	26	314	48
Relative likelihood of appointment from shortlisting	0.17	0.18	0.08
Relative likelihood of non-disabled staff being appointed from shortlisting compared to disabled staff		1.06	

The relative likelihood of non-disabled staff being appointed from shortlisting compared to disabled staff is 1.06 which means that there is almost equal chance of Disabled and non-disabled shortlisted applicants being appointed.

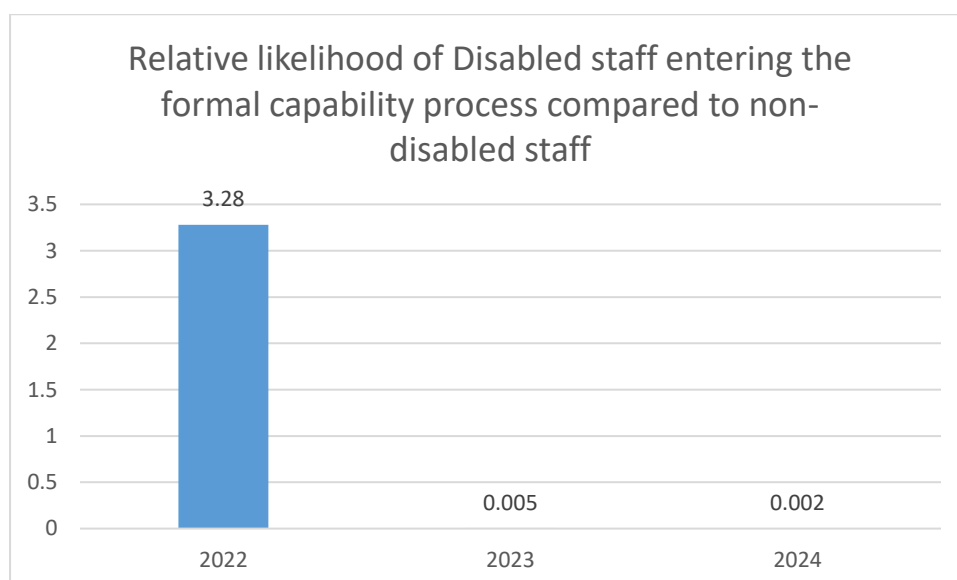


Indicator 3 - Relative likelihood of Disabled staff entering the formal capability process compared to non-disabled staff.

	Disabled	Non-Disabled	UNKNOWN/NULL
Average number of staff entering the formal capability process over the last 2 years for any reason (i.e. total divided by 2)	0	1	0
Of these, how many were on the grounds of ill-health?	0	0	0
Likelihood of staff entering the formal capability process	0	0.002	0
Relative likelihood of disabled staff entering the formal capability	0		

process compared to non-disabled staff			
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The relative likelihood of disabled compared to non-disabled staff entering the formal capability process is 0.002 down from 0.005 i.e. far less likely – 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 2022	JPUH 2023
From patients/service users		
Staff with LTC* or illness	42.8% (33.0%)	36.1% (30.4%)
Staff without LTC or illness	33.0% (26.2%)	29.7% (23.8%)
From managers		
Staff with LTC or illness	21.0% (17.1%)	17.8% (15.9%)
Staff without LTC or illness	12.7% (9.9%)	10.7% (8.7%)
From other colleagues		
Staff with LTC or illness	34.1% (26.9%)	31.1% (25.9%)
Staff without LTC or illness	22.9% (17.7%)	21.2% (16.6%)
Reported		
Staff with LTC or illness	54.4% (48.4%)	53.6% (50.4%)
Staff without LTC or illness	51.1% (47.3%)	52.1% (49.3%)

*LTC = Long Term Health Condition

Abuse of Disabled staff has decreased this year in line with the experience of their colleagues. They are, however, still more likely to experience abuse from patients, managers and colleagues.

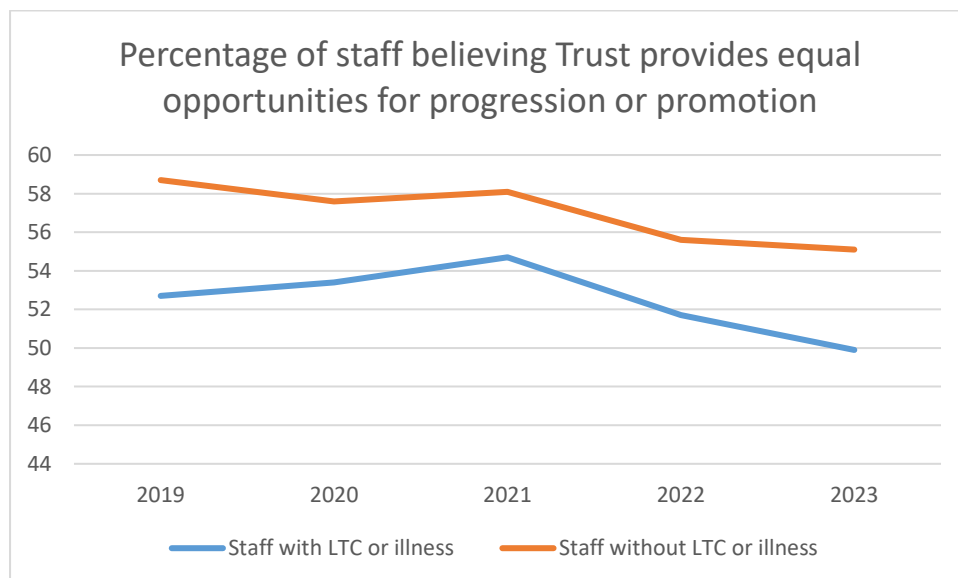
Staff with a Disability or long term health condition are more likely to report abuse than others though this has fallen slightly since last year.

The Trust has updated its policies, values and training over the last year alongside the #ExpectRespect campaign. A new Guardian Service has just been launched and an internal anonymous reporting system is in the works. In addition, a conflict resolution gap analysis has taken place.

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

	JPUH 2022	JPUH 2023
Staff with LTC or illness	51.7% (51.4%)	49.9% (51.5%)
Staff without LTC or illness	55.6% (57.3%)	55.1% (57.5%)

As with all staff, staff with long term health conditions are decreasingly believing there are equal opportunities for career development and progression, though the change over the past year has been small (-0.5%).

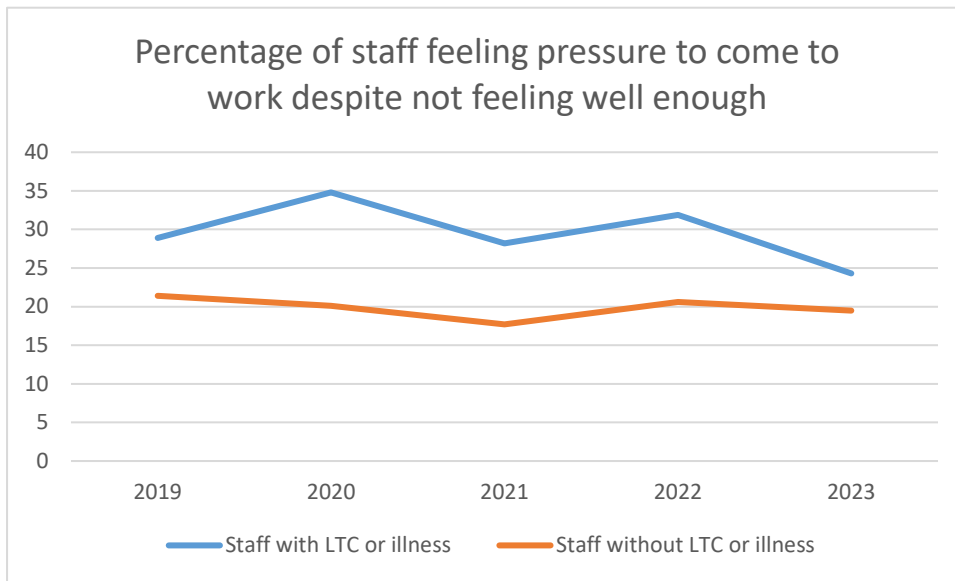


Disabled staff have been less involved in the fair recruitment workstream than their BME counterparts (due to staff time) and are therefore less aware of the improvements that have been made. There is also some work to do reviewing the staff survey comments to see the context around this belief.

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 2022	JPUH 2023
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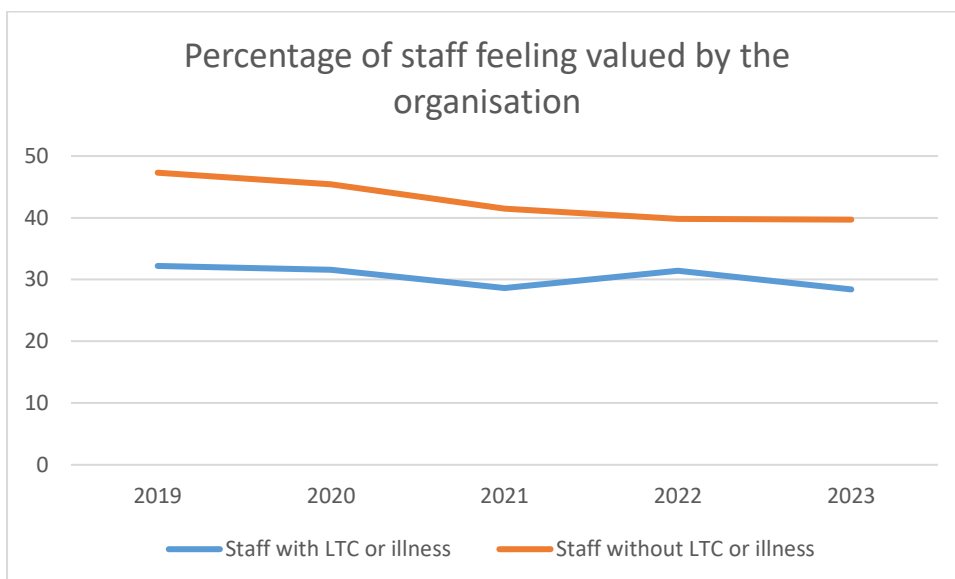
Staff with LTC or illness	31.9% (30.0%)	24.3% (28.6%)
Staff without LTC or illness	20.6% (20.8%)	19.5% (19.5%)



25% of Disabled staff report feeling pressure to come to work despite being unwell. This has decreased substantially from nearly a third the previous year and is less than the national average. Various disability awareness events have occurred over the last 12 months and will continue.

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

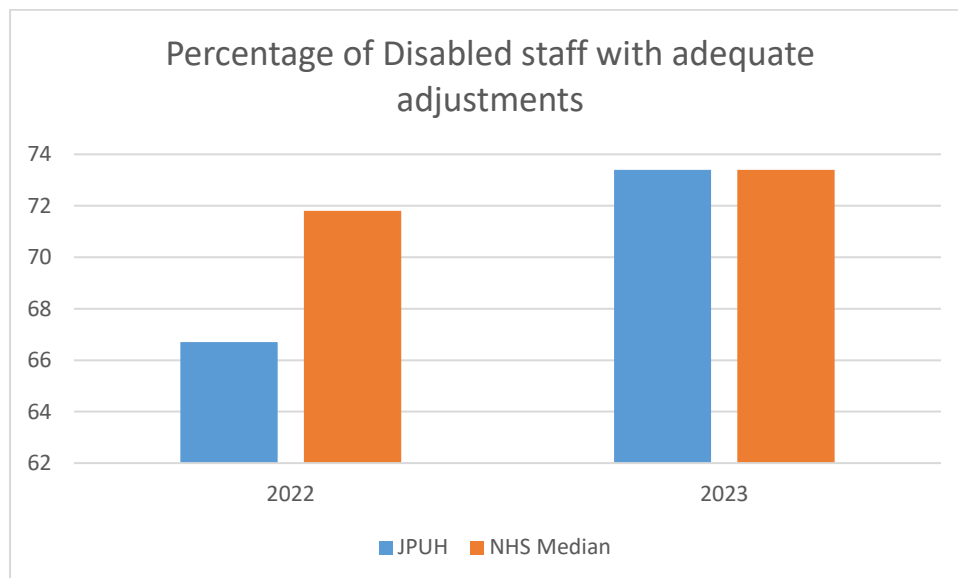
	JPUH 2022	JPUH 2023
Staff with LTC or illness	31.4% (32.5%)	28.4%(35.7%)
Staff without LTC or illness	39.8% (43.6%)	39.7% (47.2%)



Staff with long term illnesses feel less valued by the organisation than both last year and than their non-disabled counterparts. More work needs to be undertaken looking at the staff

survey feedback to ascertain what is driving this particularly given that more are reporting having the adjustments that they need in place.

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



73.4% of disabled staff have had adequate adjustments to enable them to carry out their work, this has increased from 66.7% the previous year and is in line with the NHS average. The number of staff with adjustment passports continues to increase; neurodiversity training has increased both adjustment awareness and delivery; and more managers are actively seeking out advice or support from HR or the Organisational Development Team.

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 2022	JPUH 2023
Staff with LTC or illness	6.2 (6.4)	6.3 (6.5)
Staff without LTC or illness	6.9 (6.9)	7.0 (7.0)

The staff engagement score has increased slightly over the last year but is still lower than the national median. The Ability network has continued to develop and been involved in many initiatives this year including adjustment passports, support groups, and policy advice.

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)		-4.8%		7.2%		-2.3%	
Difference (Voting membership – Overall workforce)		-4.8%		7.2%		-2.3%	
Difference (Executive membership – Overall Workforce)		-4.8%		7.2%		-2.6%	

There is no disabled representation at board level, with no change from the previous year. As with BME ongoing attention is required to increase the diversity of the Board (in regard to all protected characteristics) through recruitment and succession planning approaches.

4. Action Plan

The Trust has developed a comprehensive diversity and inclusion programme of which response to WRES and WRES data is just one aspect. The programme is aligned to the NHS six high impact actions:

- Chief executives, chairs and board members having EDI objectives
- Fair and inclusive recruitment processes and talent management strategies
- Improvement plan to eliminate pay gaps
- Improvement plan to address health inequalities within the workforce
- Comprehensive induction, onboarding and development programme for internationally-recruited staff
- An environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.

The WRES/WDES Action Plan spans across multiple of these high impact actions and will contribute to our Trust objective of an inclusive, fair and safe workplace.