



East Lancashire Hospitals NHS Trust

Organisation Code: RXR

Region: North West

**Workforce Race Equality Standard
2016 - 2021**

East Lancashire Hospitals NHS Trust

North West

Summary for the 2020/21 reporting year

RXR

Indicator number and description			Trust	North West	National	Percentile rank*
Indicator 1: BME representation in the workforce by pay band						
BME representation in the workforce overall			19.0%	13.3%	22.4%	
Pay band at which BME under-representation first occurs	Non-clinical	Band 4 and under	Band 3	Band 3	Band 3	
		Band 5 and over	Proportional	Band 8B	Band 8B	
	Clinical	Band 4 and under	Proportional	Band 3	Band 3	
		Band 5 and over	Band 6	Band 6	Band 6	
	Medical		Consultant	Consultant	Consultant	
	Race disparity ratios	Non-clinical	Lower to middle	1.20	1.02	0.91
Middle to upper			1.39	1.39	1.39	28%
Lower to upper			1.67	1.42	1.27	48%
Clinical		Lower to middle	1.53	1.93	1.59	22%
		Middle to upper	1.93	1.31	1.36	70%
		Lower to upper	2.96	2.53	2.16	52%
Indicator 2: likelihood of appointment from shortlisting						
likelihood ratio White / BME			2.03	1.77	1.61	80%
Indicator 3: likelihood of entering formal disciplinary proceedings						
likelihood ratio BME / White			0.87	1.06	1.14	15%
Indicator 4: likelihood of undertaking non-mandatory training						
likelihood ratio White / BME			1.62	1.13	1.14	75%
Indicator 5: harassment, bullying or abuse from patients, relatives or the public in last 12 months						
BME			25.6%	24.0%	28.9%	31%
White			22.9%	22.8%	25.9%	31%
Indicator 6: harassment, bullying or abuse from staff in last 12 months						
BME			24.5%	27.6%	28.8%	22%
White			20.4%	21.7%	23.2%	30%
Indicator 7: belief that the trust provides equal opportunities for career progression or promotion						
BME			72.1%	71.5%	69.2%	52%
White			89.7%	87.7%	87.3%	32%
Indicator 8: discrimination from a manager/team leader or other colleagues in last 12 months						
BME			16.3%	16.3%	16.7%	52%
White			4.9%	5.8%	6.2%	21%
Indicator 9: BME representation on the board minus BME representation in the workforce						
Overall			+2.1%	-2.6%	-9.8%	10%
Voting members			+6.0%	-2.5%	-10.0%	30%
Executive members			-4.7%	-5.6%	-13.5%	15%

* ranks the Trust from 0% (best in the country) to 100% (worst in the country) on each indicator.

Quick guide to colour coding

A quick guide to the colour coding used in the tables of analyses is presented below. Please refer to the user guide in the appendix to this report for more detail.

Indicator 1 race disparity ratios and indicators 2 to 4: colour coding for the degree of inequality

	Inequality, large degree
	Inequality, medium degree
	Inequality, small degree
	Equity / proportional

Indicators 5 to 8: heat map colour coding for the degree of poor outcome, relative to the benchmark

	Benchmark
	Very high
	High
	Quite high
	Similar to benchmark
	Quite low
	Low
	Very low

Indicator 9: colour coding for the degree of inequality

	Underrepresentation by three or more board members
	Underrepresentation by two board members
	Underrepresentation by one board member
	Equity / proportional representation

Percentile ranks: colour coding

	Best 5%
	Best 10%
	Best 25%
	Middle 50%
	Worst 25%
	Worst 10%
	Worst 5%

A note on interpreting the colour-coding in the summary table:

Regarding the colour coding of the indicators in the summary table on page 2, it is possible that an indicator will be colour-coded green in the “Trust” column, but yellow, orange, or red in the “Percentile rank” column (or vice versa). The colour coding in the “Trust” column conveys whether or not the indicator is different from equity or proportional representation to a statistically significant degree. Sometimes, even a very large value may not be different from equity or proportional representation to a statistically significant degree if it is based on a very small number of people (this is often the case with indicator 3). Meanwhile, the colour-coding in the “Percentile rank” column reflects the percentage of Trusts that had a better value for that indicator when ranked by the size of the deviation from equity or proportional representation. This ranking does not take into account statistical significance. Indicators that are colour-coded yellow, orange, or red in both the “Trust” and “Percentile rank” columns should be a cause for particular concern as this combination denotes that the indicator is both significantly different from equity or proportional representation, and amongst the worst in the country.

Introduction

This report features a summary of workforce race equality standard (WRES) metrics for East Lancashire Hospitals NHS Trust.

This is the first time such a report has been generated on a Trust by Trust basis throughout the country. The intention is to provide detailed information for each Trust. The NHS standard contract requires Trusts to submit an annual report to the coordinating commissioner on progress in implementing their annual WRES action plan. This report allows each Trust to understand where the data indicates the areas of greatest challenge are, be that around recruitment, promotion, disciplinary referral, education, bullying and harassment or board representation. It also highlights areas where the Trust is performing well – we hope it is possible in these situations to learn from good practice and share that with other providers. The report is shared with the regional EDI leads who we work closely with and will be able to help with identifying target actions.

The disaggregated metrics also allows accurate monitoring to ensure that the results of targeted actions taken can be seen, rather than being ‘diluted’ when numbers are looked at as a whole.

The quantitative information is analysed and interpreted using inferential statistical techniques, adopting the standards applied in the social and medical sciences. A comprehensive user guide is provided in the appendix to this report. The user guide includes guidance on interpreting the metrics, the colour coding used in the tables of analysis, and the graphs and charts included in the report. We welcome feedback from you about the report, and of course are keen to work with you in developing action plans for the Trust.

The current reporting year for the purposes of this report is 2021. Data for indicators 1 to 4 are taken from Strategic Data Collection Service WRES form submissions relating to the workforce as at the end of March 2021. Data for indicators 5 to 8 come from the NHS Staff Survey run in November and December 2020.

Areas for Improvement

A maximum of three high priority areas for improvement have been identified for the Trust. These are the areas from amongst the Trust's indicators with the worst percentile rankings against other Trusts (excluding indicator 4). For indicators 1 to 3 and 9, a further criterion is that the indicator is different from equality to a statistically significant degree. For indicators 5 to 8, performance must also be significantly worse than that for the other ethnic group.

High priority areas for improvement within the Trust (to a maximum of three):
Indicator 2: likelihood of appointment from shortlisting
Indicator 1: Career progression in clinical roles (middle to upper levels)
Indicator 8: discrimination from a manager/team leader or other colleagues in last 12 months against BME staff

Areas of Best Performance

A maximum of three areas of best performance have been identified for the Trust. These are the areas from amongst the Trust's indicators with the best percentile rankings against other Trusts, and where the Trust performs in the best 10% of Trusts nationally (excluding indicator 4). For indicators 1 to 3 and 9, a further criterion is that the indicator is not different from equality to a statistically significant degree. For indicators 5 to 8, performance must also be similar to that for the other ethnic group.

Areas of best performance within the Trust (to a maximum of three):
Indicator 9: Board representation (overall)

Please note, this area of best performance is intended to highlight a potential example of good practice that could be further built upon within the organisation, and also shared with other organisations. Nonetheless, there may remain the need for further improvement in this indicator. The WRES team will analyse for, and look to celebrate areas where good performance is maintained or further improved, year-on-year.

Indicator 1

Non-clinical staff on AfC paybands

BME staff were represented at 14.0% in all non-clinical AfC roles.

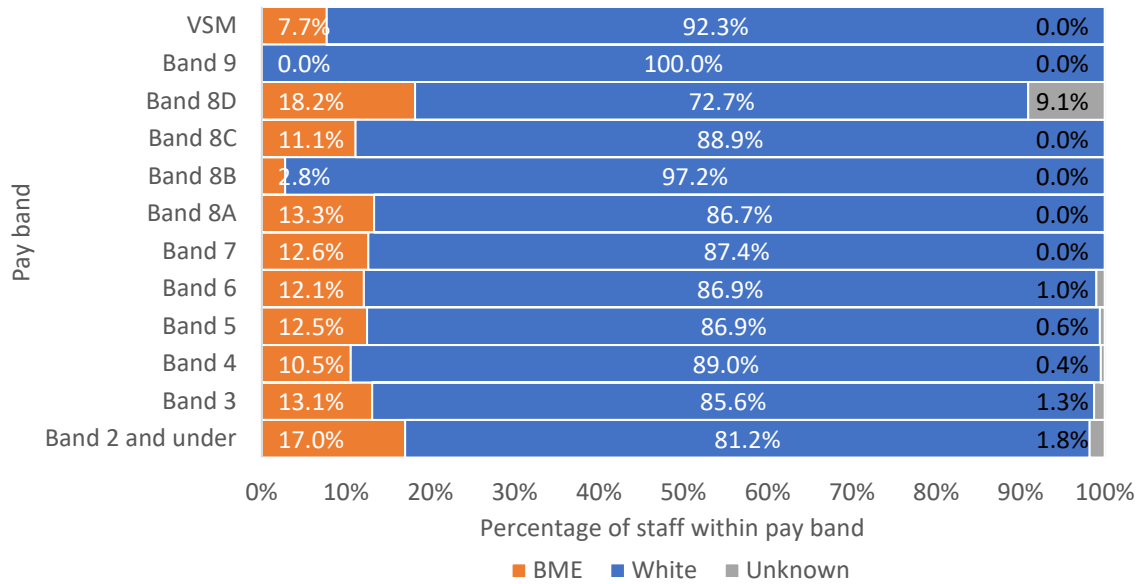
At Band 4 and under (e.g., administrative and technical support roles, estates officer):

- BME representation was 14.6%, overall.
- BME staff were underrepresented at Band 3 and above, 12.0%.

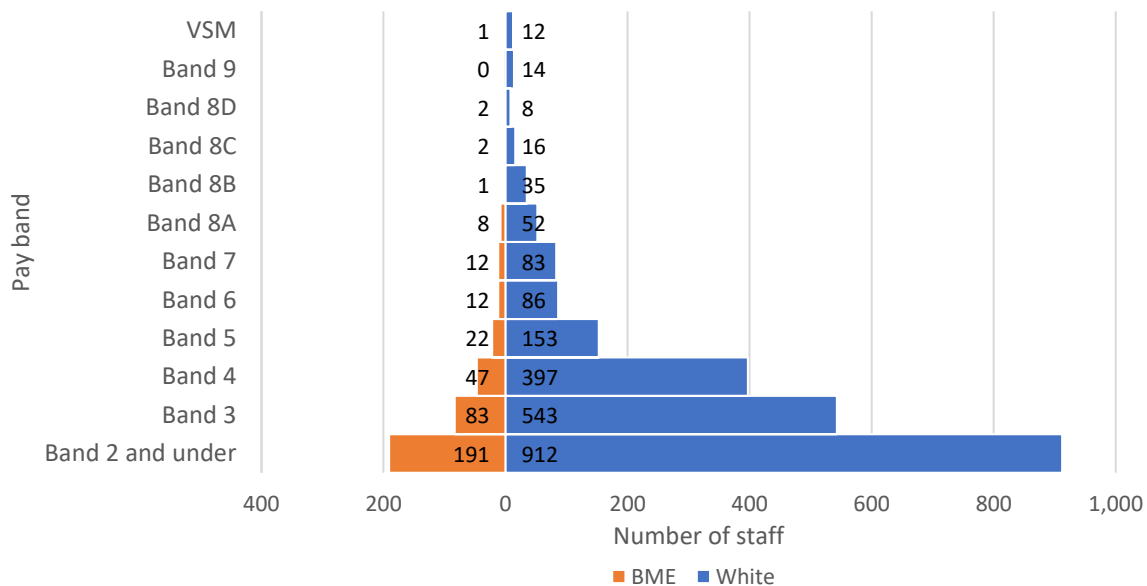
At Band 5 and over (graduate and management level roles):

- BME representation was 11.5%, overall.
- BME staff were proportionately represented by pay band.

AfC bands: non-clinical (percentage representation)



AfC bands: non-clinical (headcount)



Clinical staff on AfC paybands

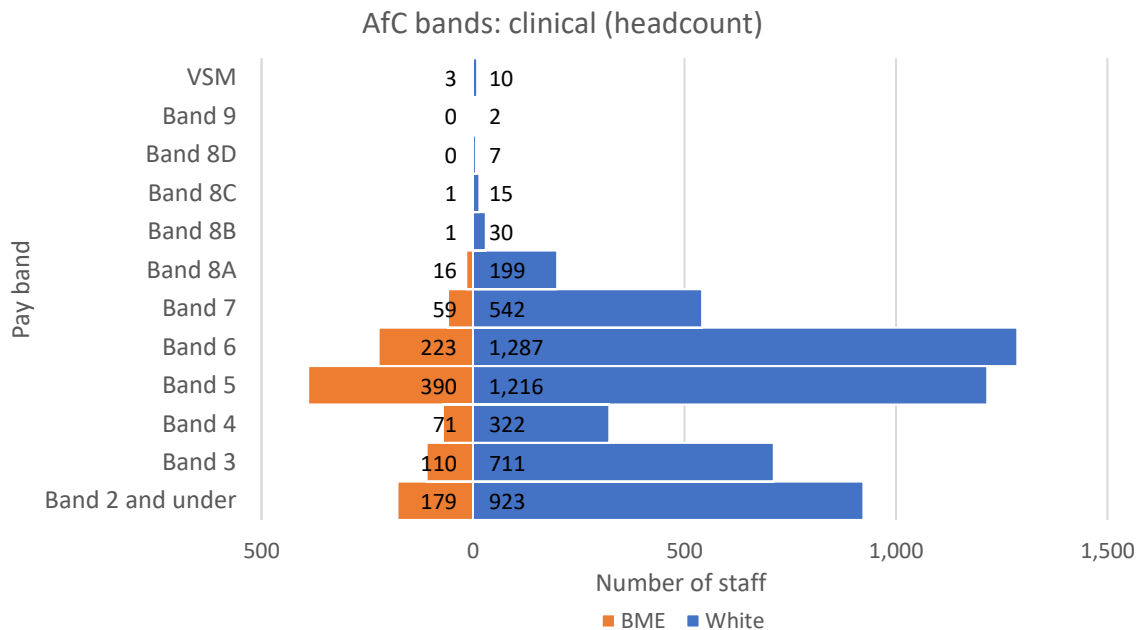
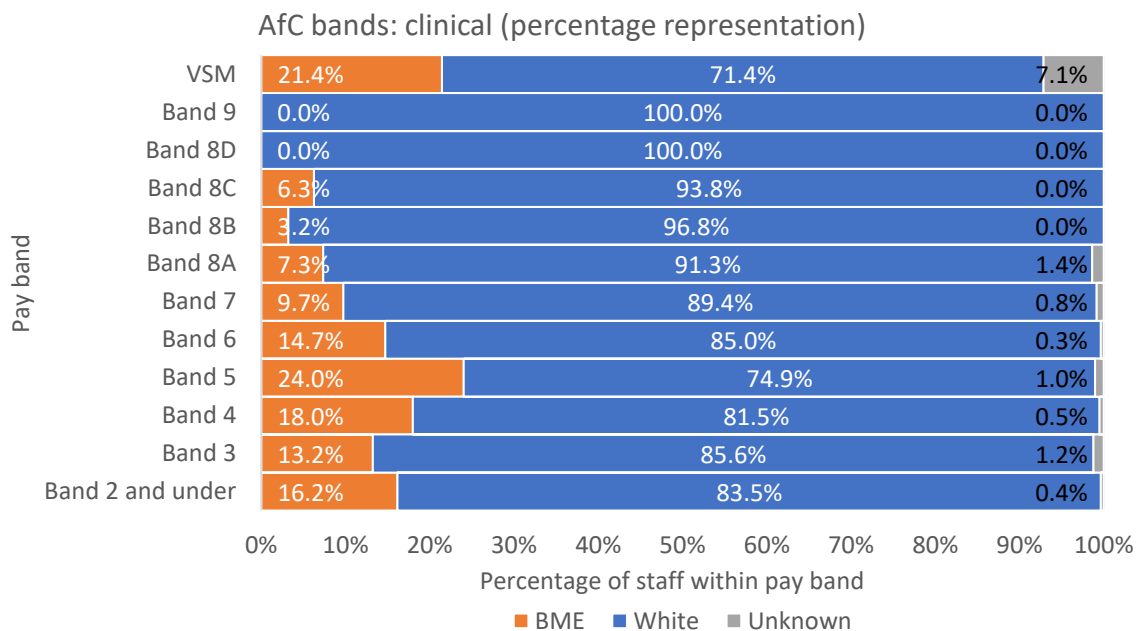
BME staff were represented at 16.5% in all clinical AfC roles.

At Band 4 and under (e.g., clinical support workers and healthcare assistants):

- BME representation was 15.4%, overall.
- BME staff were proportionately represented by pay band.

At Band 5 and over (e.g., clinical roles requiring professional registration including nurses):

- BME representation was 17.2%, overall.
- BME staff were underrepresented at Band 6 and above, 12.6%.

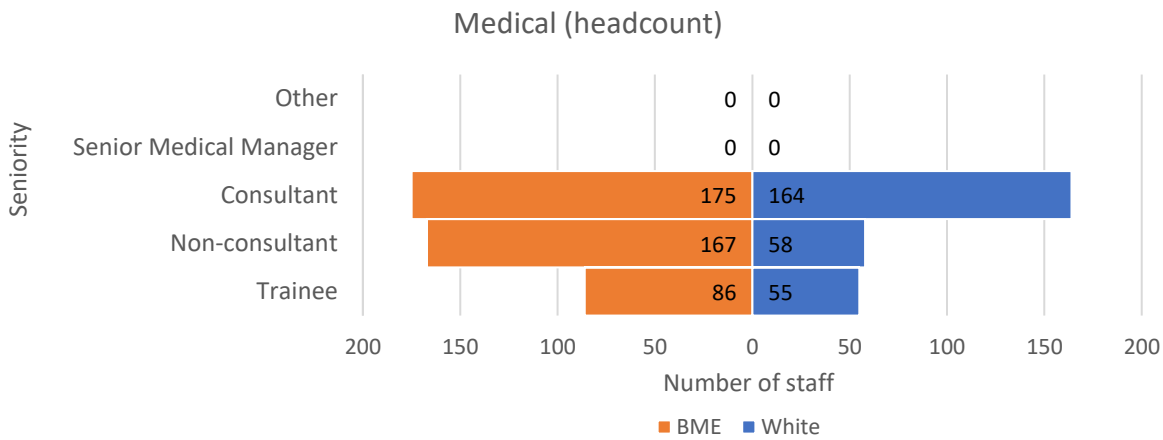
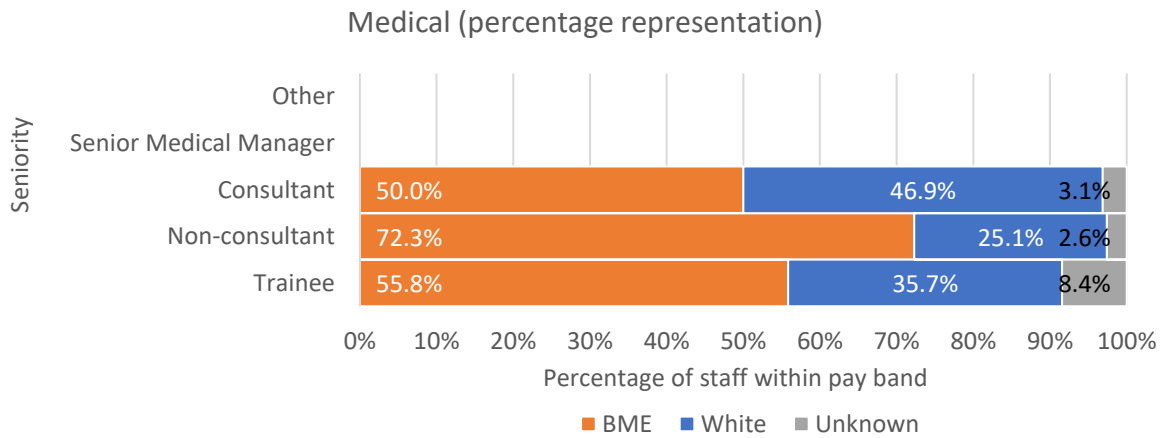


Medical staff

BME representation was 58.2% in all medical and dental roles.

Amongst medical and dental staff:

- BME staff were underrepresented at Consultant level and above, 50.0%.



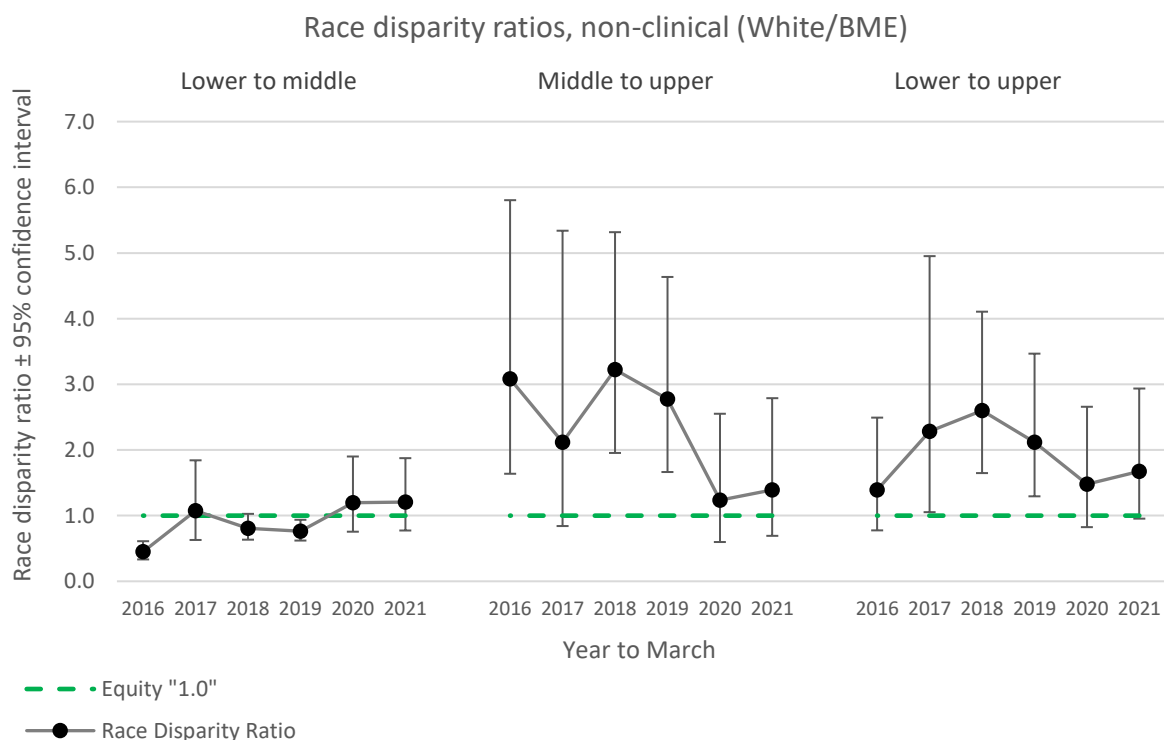
Race disparity ratios for non-clinical staff on AfC paybands

At March 2021:

Lower to middle: 1.20; not significantly different from "1.0" or equity.
The Trust performed better than 76% of Trusts and worse than 24% of Trusts.

Middle to upper: 1.39; not significantly different from "1.0" or equity.
The Trust performed better than 72% of Trusts and worse than 28% of Trusts.

Lower to upper: 1.67; not significantly different from "1.0" or equity.
The Trust performed better than 52% of Trusts and worse than 48% of Trusts.



Lower: non-clinical bands 5 and under
Middle: non-clinical bands 6 to 7
Upper: non-clinical bands 8a and above

The race disparity ratio compares the progression of white staff through the organisation with the progression of BME staff through the organisation. If the race disparity ratio is greater than "1.0" this means that progression favours white staff, whilst if the race disparity ratio is below "1.0", this means that progression favours BME staff. Please refer to the user guide for further explanation.

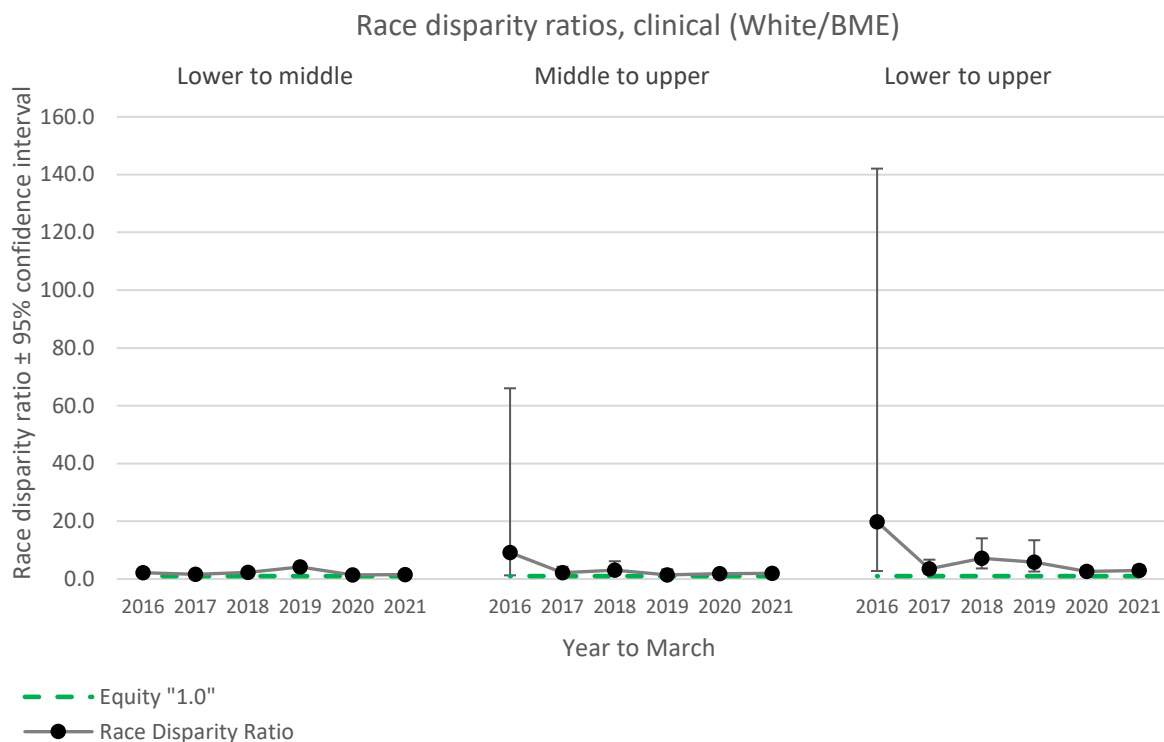
Race disparity ratios for clinical staff on AfC paybands

At March 2021:

Lower to middle: 1.53; higher than "1.0" or equity to a small degree.
 The Trust performed better than 78% of Trusts and worse than 22% of Trusts.

Middle to upper: 1.93; higher than "1.0" or equity to a small degree.
 The Trust performed better than 30% of Trusts and worse than 70% of Trusts.

Lower to upper: 2.96; higher than "1.0" or equity to a medium degree.
 The Trust performed better than 48% of Trusts and worse than 52% of Trusts.



Lower: clinical bands 5 and under

Middle: clinical bands 6 to 7

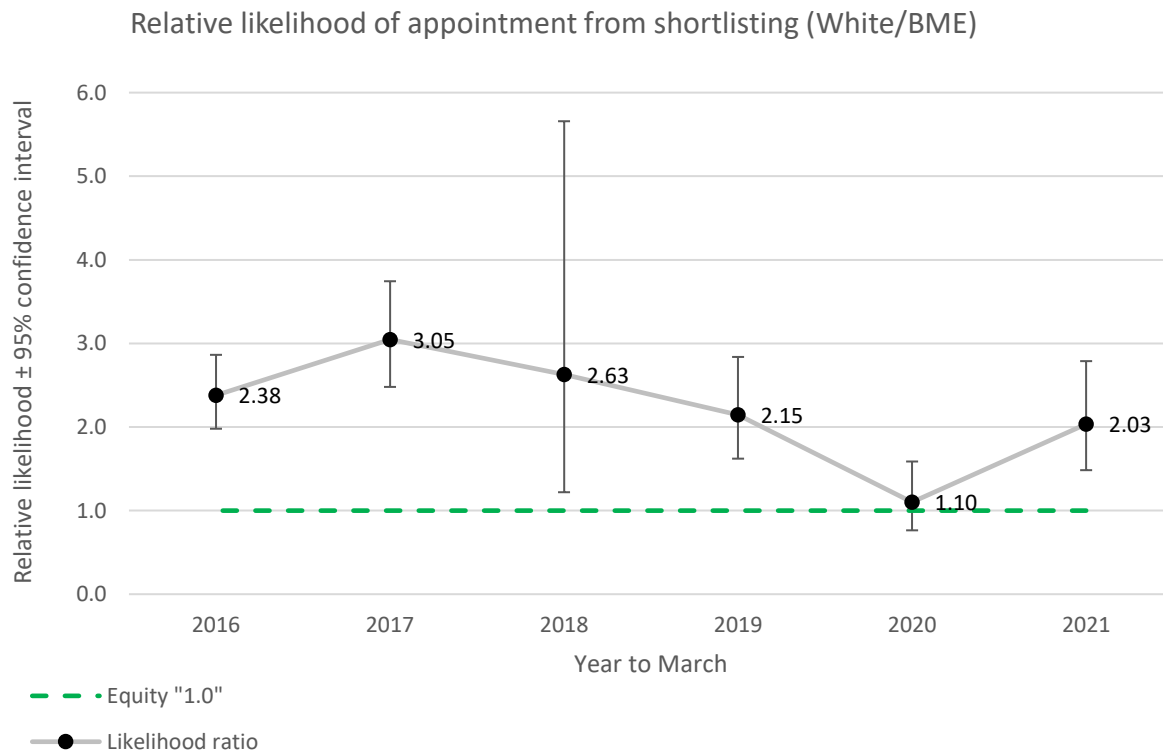
Upper: clinical bands 8a and above

Indicator 2

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

At March 2021 the likelihood ratio was 2.03; higher than "1.0" or equity to a small degree. Specifically, 142 out of 6196 white candidates were appointed from shortlisting (2.3% of white candidates) compared to 52 out of 4615 BME candidates (1.1% of BME candidates).

The Trust performed better than 20% of Trusts and worse than 80% of Trusts.



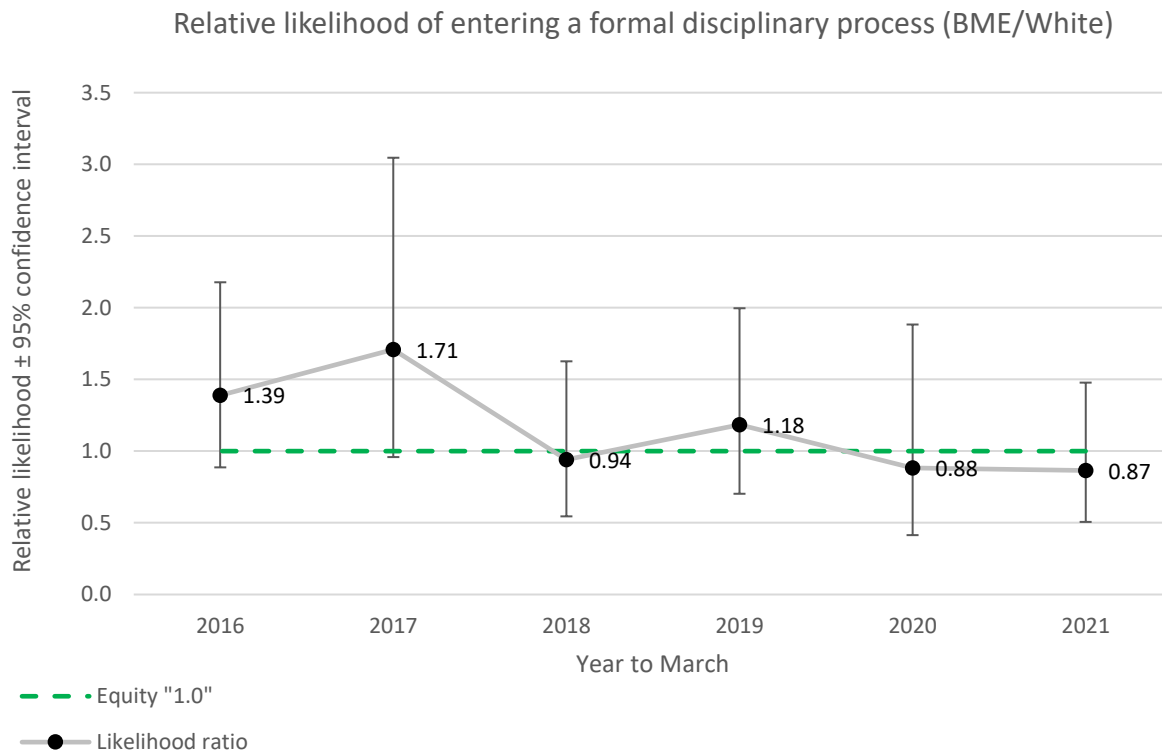
Example: a value of "2.0" would indicate that White candidates were twice as likely as BME candidates to be appointed from shortlisting, whilst a value of "0.5" would indicate that White candidates were half as likely as BME candidates to be appointed from shortlisting.

Indicator 3

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

At March 2021 the likelihood ratio was 0.87; not significantly different from "1.0" or equity. Specifically, 16 out of 1862 BME staff entered formal disciplinary proceedings (0.86% of the BME workforce) compared to 78 out of 7852 white staff (0.99% of the white workforce).

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



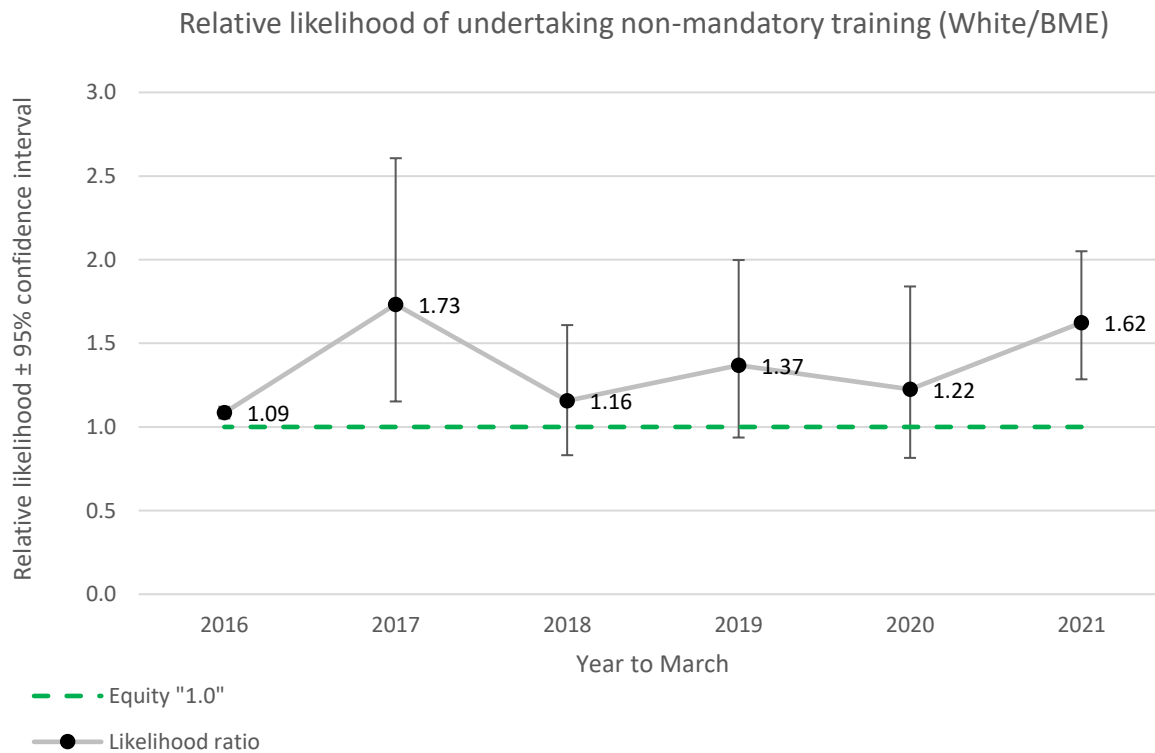
Example: a value of "2.0" would indicate that BME staff were twice as likely as White staff to enter a formal disciplinary process, whilst a value of "0.5" would indicate that BME staff were half as likely as White staff to enter a formal disciplinary process.

Indicator 4

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

At March 2021 the likelihood ratio was 1.62; higher than "1.0" or equity to a small degree. Specifically, 527 out of 7852 white staff undertook non-mandatory training (6.7% of the white workforce) compared to 77 out of 1862 BME staff (4.1% of the BME workforce).

The Trust performed better than 25% of Trusts and worse than 75% of Trusts.



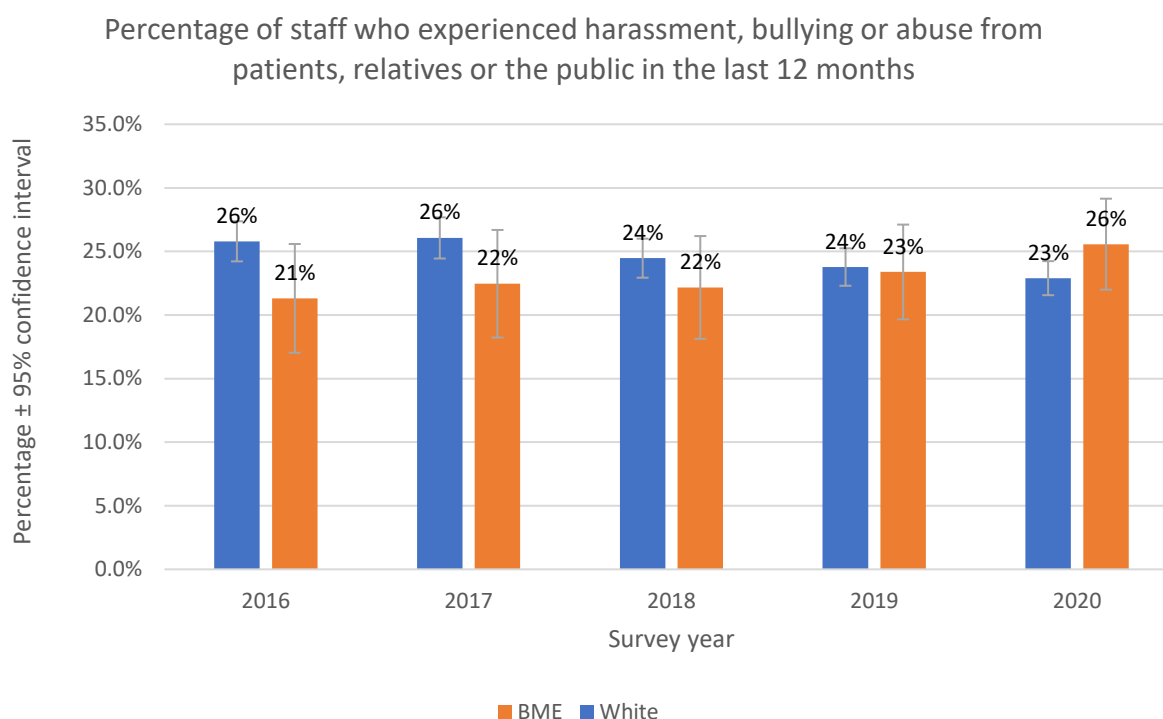
For example a value of "2.0" would indicate that White staff were twice as likely as BME staff to undertake non-mandatory training, whilst a value of "0.5" would indicate that White staff were half as likely as BME staff to undertake non-mandatory training.

Indicator 5

The percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

The percentage of staff who experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months was similar for BME staff, 25.6%, and for White staff, 22.9%.

In terms of the percentage of BME staff who experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months, the Trust performed better than 69% of Trusts and worse than 31% of Trusts.



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

Ethnicity		Survey year				
		2016	2017	2018	2019	2020
Grouped	White	26%	26%	24%	24%	23%
	BME	21%	22%	22%	23%	26%
Detailed	White British	26%	26%	24%	24%	23%
	White "other"	33%	25%	24%	30%	37%
	Asian	19%	21%	20%	21%	23%
	Black	27%	28%	31%	22%	40%
	Mixed/other	31%	30%	31%	41%	31%

Percentage of staff who experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months, by ethnicity and gender

Ethnicity and gender	Survey year				
	2016	2017	2018	2019	2020
Overall	26%	26%	25%	24%	23%
White women	27%	27%	25%	24%	24%
BME women	23%	21%	19%	24%	26%
White men	20%	22%	20%	20%	17%
BME men	19%	23%	28%	22%	23%

Percentage of staff who experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months, by ethnicity and occupational group

Occupational group	Ethnicity	Survey year				
		2016	2017	2018	2019	2020
Allied health prof.	White	22%	22%	21%	21%	20%
	BME	18%	22%	21%	27%	25%
Medical and dental	White	38%	36%	37%	38%	28%
	BME	23%	28%	32%	24%	20%
Ambulance (operational)	White	SUPP	SUPP	SUPP	SUPP	SUPP
	BME	SUPP	SUPP	SUPP	SUPP	SUPP
Nurses and midwives	White	40%	41%	36%	36%	32%
	BME	44%	32%	26%	34%	42%
Healthcare assistants	White	35%	44%	32%	36%	38%
	BME	SUPP	31%	40%	43%	38%
Wider healthcare team	White	18%	17%	16%	15%	14%
	BME	10%	15%	11%	15%	20%
General management	White	9%	10%	10%	9%	4%
	BME	SUPP	SUPP	SUPP	SUPP	SUPP
Other	White	11%	13%	9%	15%	14%
	BME	SUPP	22%	14%	11%	19%

Heat map colour coding for the degree of poor outcome, relative to the benchmark

	Benchmark
	Very high
	High
	Quite high
	Similar to benchmark
	Quite low
	Low
	Very low

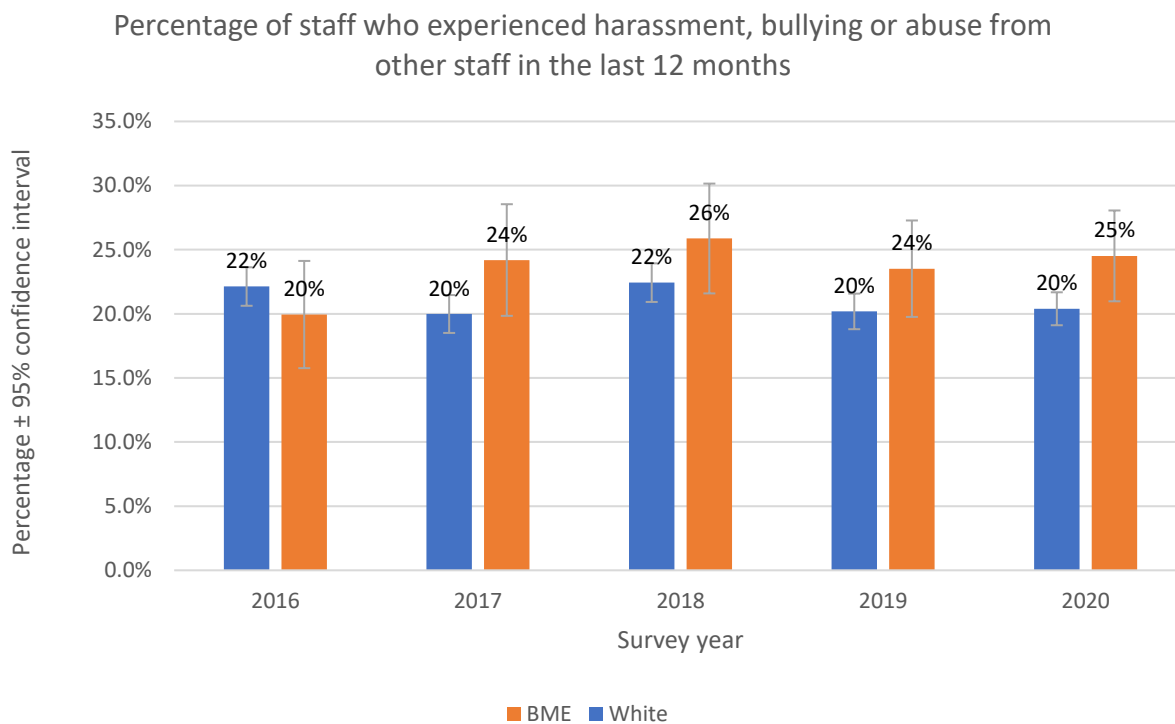
SUPP = Suppressed (percentages based on 10 or fewer respondents have been suppressed)

Indicator 6

The percentage of staff who experienced harassment, bullying or abuse from other staff in the last 12 months

The percentage of staff who experienced harassment, bullying or abuse from other staff in the last 12 months was significantly higher for BME staff, 24.5%, than for White staff, 20.4%.

In terms of the percentage of BME staff who experienced harassment, bullying or abuse from other staff in the last 12 months, the Trust performed better than 78% of Trusts and worse than 22% of Trusts.



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

Ethnicity		Survey year				
		2016	2017	2018	2019	2020
Grouped	White	22%	20%	22%	20%	20%
	BME	20%	24%	26%	24%	25%
Detailed	White British	22%	20%	22%	20%	20%
	White "other"	31%	27%	24%	32%	35%
	Asian	19%	23%	24%	23%	23%
	Black	13%	0%	31%	23%	37%
	Mixed/other	29%	37%	31%	24%	30%

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

Ethnicity and gender	Survey year				
	2016	2017	2018	2019	2020
Overall	22%	20%	23%	21%	21%
White women	22%	20%	22%	20%	20%
BME women	19%	24%	25%	21%	24%
White men	22%	19%	21%	20%	21%
BME men	21%	23%	27%	25%	25%

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

Occupational group	Ethnicity	Survey year				
		2016	2017	2018	2019	2020
Allied health prof.	White	21%	16%	20%	19%	19%
	BME	19%	17%	27%	28%	22%
Medical and dental	White	29%	23%	26%	25%	18%
	BME	19%	26%	23%	21%	26%
Ambulance (operational)	White	SUPP	SUPP	SUPP	SUPP	SUPP
	BME	SUPP	SUPP	SUPP	SUPP	SUPP
Nurses and midwives	White	24%	22%	24%	20%	21%
	BME	25%	29%	34%	17%	25%
Healthcare assistants	White	21%	21%	22%	20%	20%
	BME	SUPP	13%	29%	18%	19%
Wider healthcare team	White	21%	20%	21%	19%	21%
	BME	16%	24%	23%	23%	27%
General management	White	21%	19%	20%	25%	21%
	BME	SUPP	SUPP	SUPP	SUPP	SUPP
Other	White	23%	17%	27%	25%	16%
	BME	SUPP	39%	7%	37%	19%

Heat map colour coding for the degree of poor outcome, relative to the benchmark

	Benchmark
	Very high
	High
	Quite high
	Similar to benchmark
	Quite low
	Low
	Very low

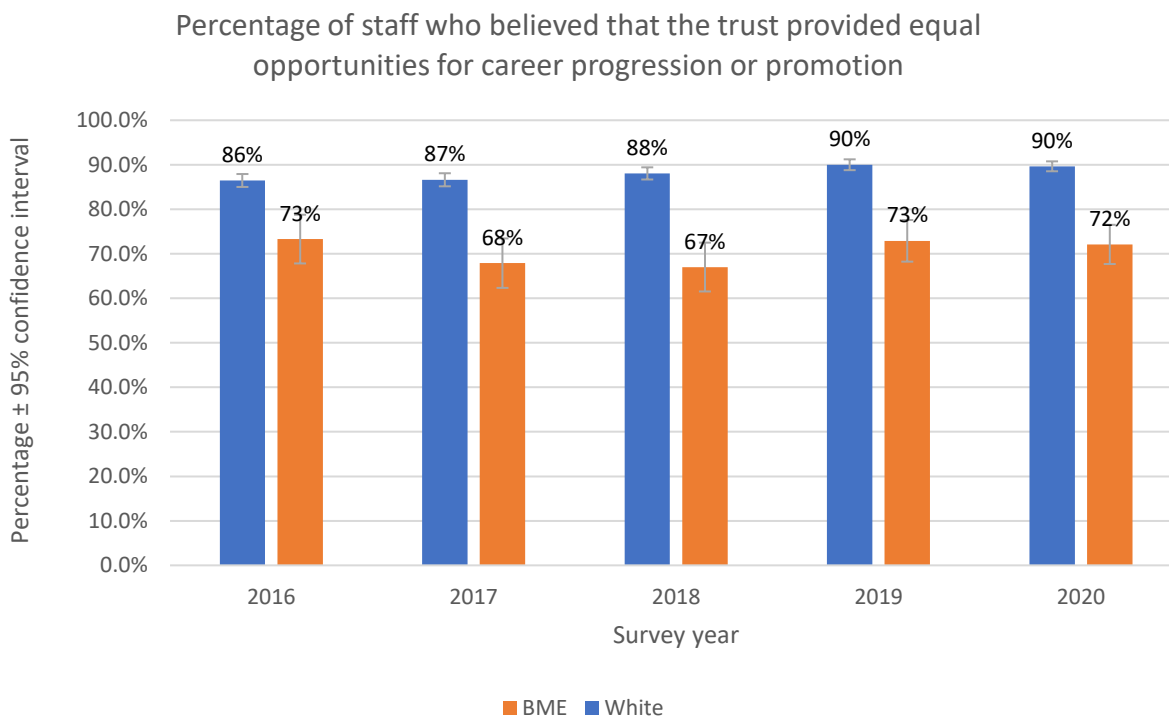
SUPP = Suppressed (percentages based on 10 or fewer respondents have been suppressed)

Indicator 7

The percentage of staff who believed that the trust provided equal opportunities for career progression or promotion

The percentage of staff who believed that the trust provided equal opportunities for career progression or promotion was significantly lower for BME staff, 72.1%, than for White staff, 89.7%.

In terms of the percentage of BME staff who believed that the trust provided equal opportunities for career progression or promotion, the Trust performed better than 48% of Trusts and worse than 52% of Trusts.



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

Ethnicity		Survey year				
		2016	2017	2018	2019	2020
Grouped	White	86%	87%	88%	90%	90%
	BME	73%	68%	67%	73%	72%
Detailed	White British	87%	87%	88%	90%	90%
	White "other"	80%	89%	87%	79%	87%
	Asian	72%	65%	68%	73%	73%
	Black	SUPP	90%	55%	87%	53%
	Mixed/other	78%	75%	63%	70%	72%

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

Ethnicity and gender	Survey year				
	2016	2017	2018	2019	2020
Overall	85%	84%	85%	87%	87%
White women	88%	88%	89%	91%	91%
BME women	79%	73%	73%	79%	77%
White men	81%	80%	84%	84%	87%
BME men	66%	63%	61%	66%	69%

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

Occupational group	Ethnicity	Survey year				
		2016	2017	2018	2019	2020
Allied health prof.	White	87%	87%	88%	91%	91%
	BME	80%	67%	70%	72%	70%
Medical and dental	White	92%	92%	93%	94%	90%
	BME	73%	78%	78%	89%	86%
Ambulance (operational)	White	SUPP	SUPP	SUPP	SUPP	SUPP
	BME	SUPP	SUPP	SUPP	SUPP	SUPP
Nurses and midwives	White	91%	88%	90%	91%	90%
	BME	76%	70%	63%	69%	78%
Healthcare assistants	White	82%	91%	92%	90%	90%
	BME	SUPP	92%	60%	88%	82%
Wider healthcare team	White	83%	85%	86%	88%	89%
	BME	71%	63%	62%	63%	63%
General management	White	86%	87%	87%	92%	91%
	BME	SUPP	SUPP	SUPP	SUPP	SUPP
Other	White	73%	75%	87%	89%	91%
	BME	SUPP	53%	50%	60%	60%

Heat map colour coding for the degree of poor outcome, relative to the benchmark

	Benchmark
	Very high
	High
	Quite high
	Similar to benchmark
	Quite low
	Low
	Very low

SUPP = Suppressed (percentages based on 10 or fewer respondents have been suppressed)

Indicator 8

The percentage of staff who personally experienced discrimination at work from a manager, team leader or other colleagues

The percentage of staff who personally experienced discrimination from other staff in the last 12 months was significantly higher for BME staff, 16.3%, than for White staff, 4.9%.

In terms of the percentage of BME staff who personally experienced discrimination from other staff in the last 12 months, the Trust performed better than 48% of Trusts and worse than 52% of Trusts.



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

Ethnicity		Survey year				
		2016	2017	2018	2019	2020
Grouped	White	6%	5%	6%	5%	5%
	BME	14%	16%	16%	14%	16%
Detailed	White British	6%	5%	6%	5%	5%
	White "other"	8%	8%	11%	7%	9%
	Asian	16%	17%	16%	13%	15%
	Black	13%	11%	19%	9%	23%
	Mixed/other	5%	9%	15%	19%	19%

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

Ethnicity and gender	Survey year				
	2016	2017	2018	2019	2020
Overall	7%	6%	7%	6%	6%
White women	6%	4%	6%	4%	4%
BME women	11%	15%	15%	11%	15%
White men	7%	9%	7%	6%	7%
BME men	17%	18%	18%	17%	15%

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

Occupational group	Ethnicity	Survey year				
		2016	2017	2018	2019	2020
Allied health prof.	White	5%	5%	6%	5%	4%
	BME	7%	14%	13%	17%	16%
Medical and dental	White	4%	7%	4%	2%	4%
	BME	13%	16%	15%	8%	14%
Ambulance (operational)	White	SUPP	SUPP	SUPP	SUPP	SUPP
	BME	SUPP	SUPP	SUPP	SUPP	SUPP
Nurses and midwives	White	5%	5%	6%	4%	5%
	BME	12%	19%	21%	17%	16%
Healthcare assistants	White	7%	5%	7%	5%	8%
	BME	SUPP	7%	14%	5%	6%
Wider healthcare team	White	6%	5%	5%	5%	4%
	BME	18%	16%	18%	15%	18%
General management	White	5%	5%	3%	8%	3%
	BME	SUPP	SUPP	SUPP	SUPP	SUPP
Other	White	8%	4%	8%	7%	5%
	BME	SUPP	22%	8%	21%	18%

Heat map colour coding for the degree of poor outcome, relative to the benchmark

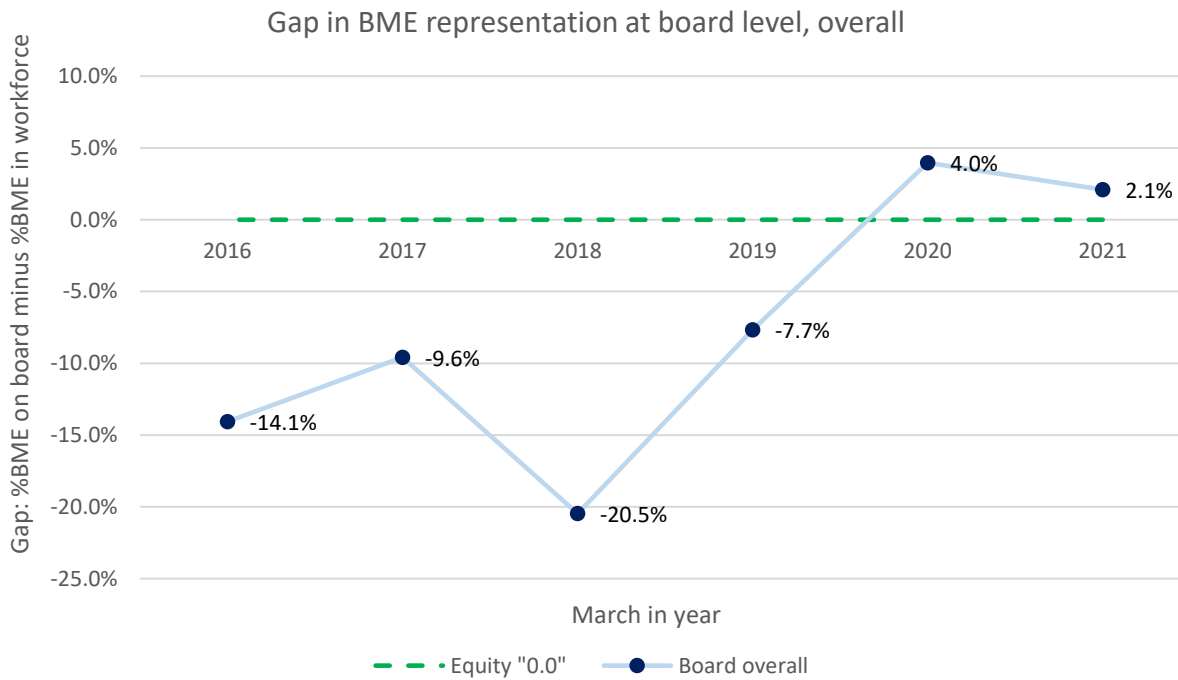
	Benchmark
	Very high
	High
	Quite high
	Similar to benchmark
	Quite low
	Low
	Very low

SUPP = Suppressed (percentages based on 10 or fewer respondents have been suppressed)

Indicator 9

Overall board membership

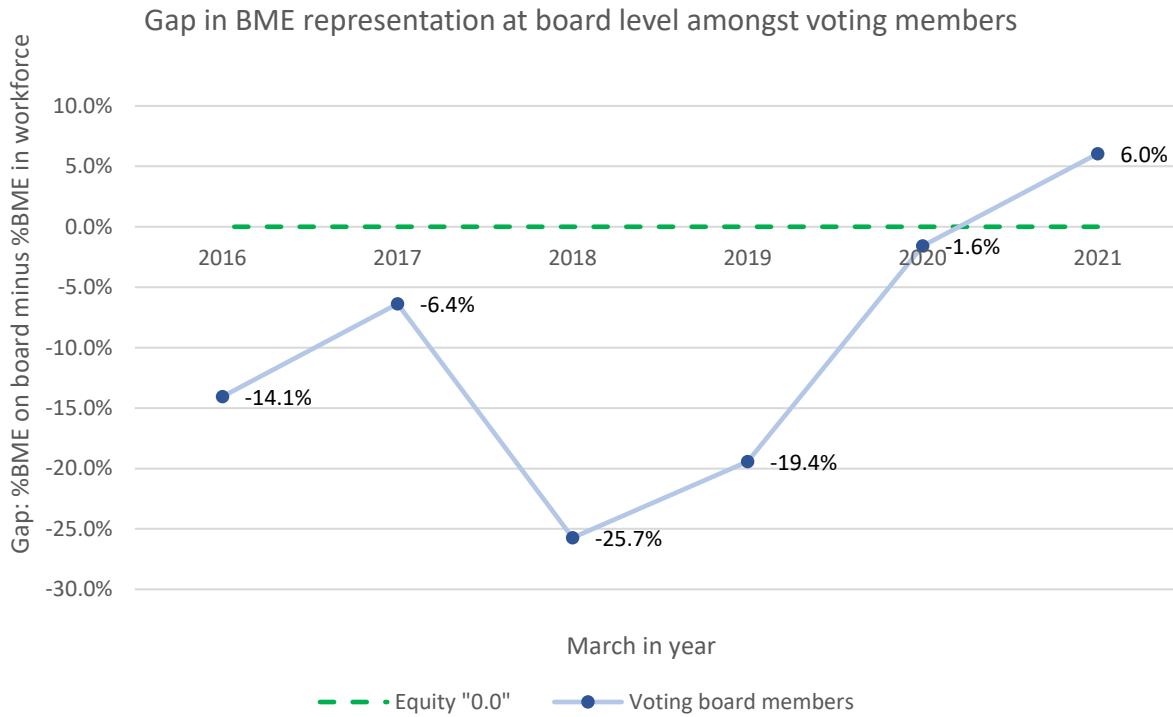
At March 2021, the difference between BME representation on the board and in the workforce was +2.1%. BME members were at least proportionately represented on the board in terms of a headcount. The Trust performed better than 90% of Trusts and worse than 10% of Trusts.



The board representation indicator is calculated by deducting the percentage of BME staff in the workforce from the percentage of BME members on the board of directors. A value of "0.0" means that the percentage of BME members on the board of directors is exactly the same as the percentage of BME staff in the workforce. A positive value means that the percentage of BME members on the board of directors is higher than in the workforce, and a negative value means that the percentage of BME members on the board of directors is lower than in the workforce. These calculations are made for all board members considered together, as well as for voting members and executive members considered separately.

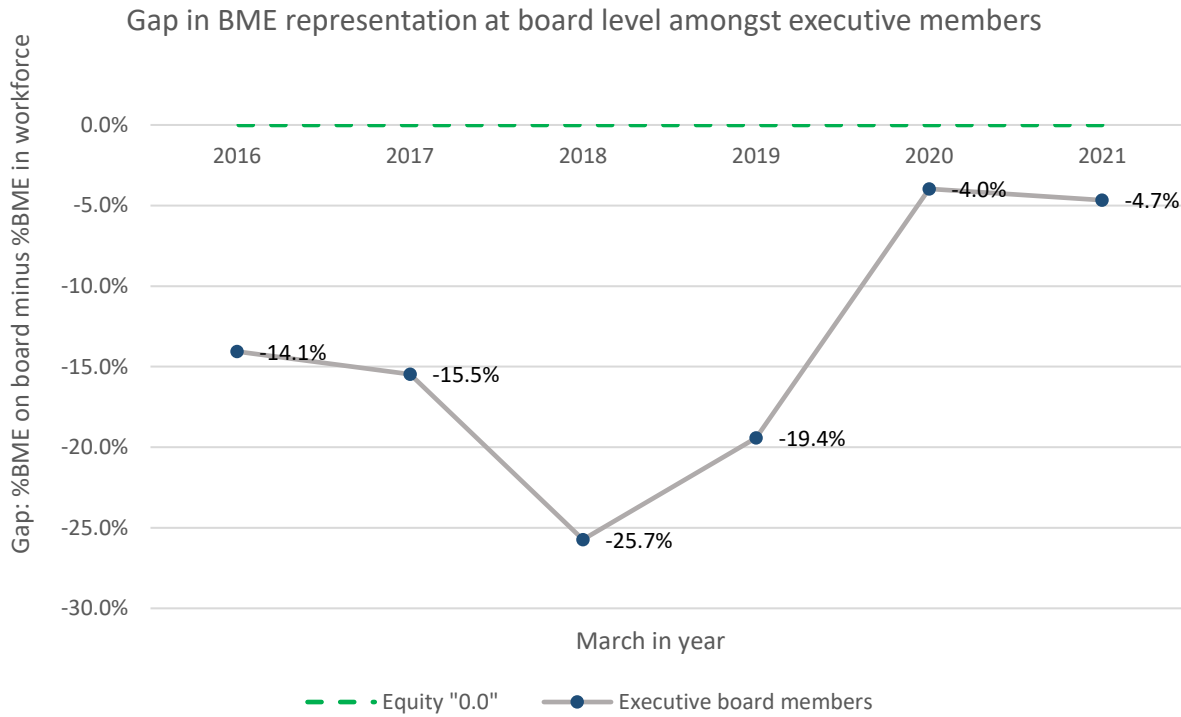
Voting board membership

At March 2021, the difference between BME representation on the board and in the workforce was +6.0% amongst voting members. BME members were at least proportionately represented on the board in terms of a headcount of voting members. The Trust performed better than 70% of Trusts and worse than 30% of Trusts.



Executive board membership

At March 2021, the difference between BME representation on the board and in the workforce was -4.7% amongst executive members. The degree of BME underrepresentation equated to less than half an executive member in terms of a headcount. The Trust performed better than 85% of Trusts and worse than 15% of Trusts.



Appendix: User guide

This section provides guidance on how to interpret and use the information in this report.

The purpose of the report is to provide detailed information at the individual organisation level to assist Trusts in identifying areas for improvement. The information will also serve to highlight areas where a Trust's performance excels and where good practice can be shared.

The quantitative information is analysed and interpreted using inferential statistical techniques, adopting the standards applied in the social and medical sciences.

Summary table

A summary table of the latest organisational WRES performance is given on page 2 of this report. Headline values for the Trust's performance on each WRES indicator are given in the "Trust" column, alongside regional and national values.

The percentile ranks indicate how the Trust performed on each indicator, relative to other trusts nationally, from 0% (best in the country) to 100% (worst in the country).

For the indicator 1 - race disparity ratios, indicators 2 to 4, and indicator 9, the ranking is based on how far the indicator is from equity. Thus, the best performing Trusts in the country will have ratios closest to "1.0" for the indicator 1 race disparity ratios and the likelihood ratios of indicators 2 to 4, and gaps closest to "0.0" for indicator 9. (The degree of difference from equity is standardised as an effect size to allow race disparity and likelihood ratios above and below equity to be ranked on the same scale.)

For indicators 5 to 8, the ranking is based on the raw percentage of respondents who experienced a poor outcome. The ranks in the summary table of organisational WRES performance are colour coded for quick reference:

Percentile ranks: colour coding

	Best 5%
	Best 10%
	Best 25%
	Middle 50%
	Worst 25%
	Worst 10%
	Worst 5%

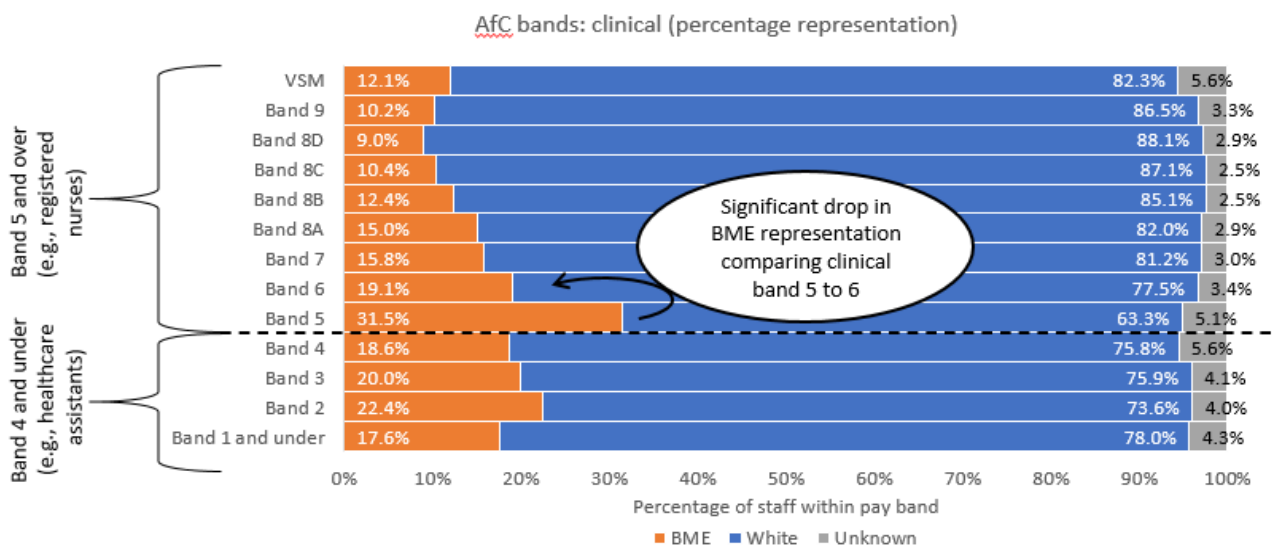
Indicator 1

Indicator 1 examines the degree of BME representation by pay band to determine if BME employees are underrepresented at higher levels, and if so, at what level BME underrepresentation becomes statistically significant.

This is done separately for five sections of the workforce to capture career progression within different occupational groups:

- non-clinical staff at band 4 and under (e.g., administrative support, security and estates officers)
- non-clinical staff at band 5 and over (e.g., roles requiring a degree or equivalent experience, managers, project leads)
- clinical staff at band 4 and under (e.g., healthcare assistants and support workers)
- clinical staff at band 5 and over (e.g., clinical roles outside of medicine requiring professional registration, such as nursing)
- medical staff

Example chart for indicator 1 based on percentage representation by ethnicity within each pay band

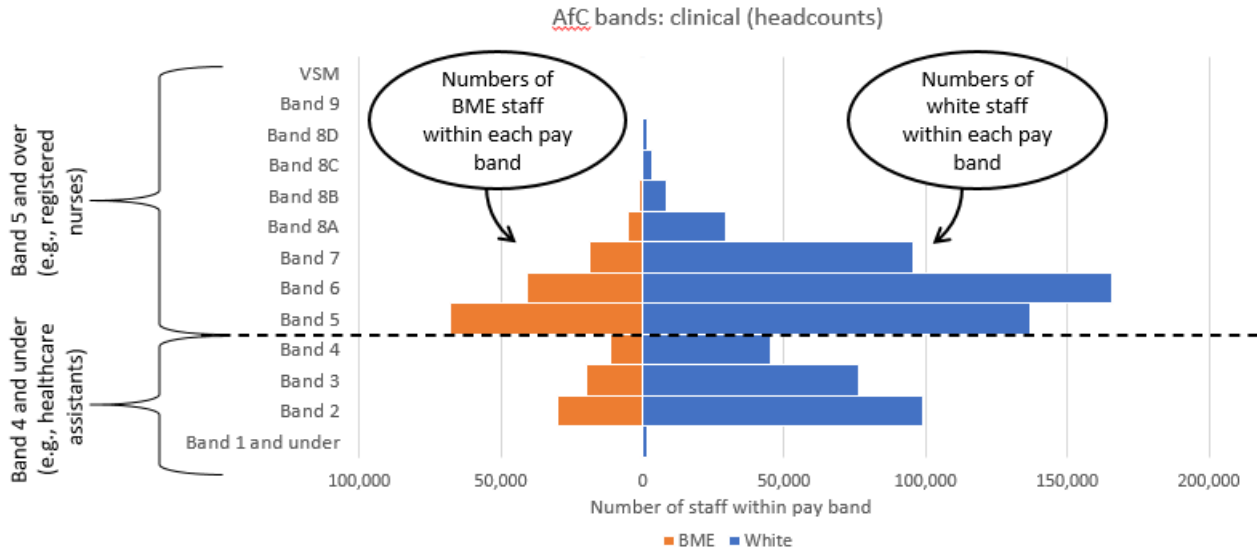


Using the above example, clinical band 6 would be flagged as the level at which BME underrepresentation first becomes evident to a statistically significant degree. When no significant drop in BME representation is evident within a given section of the workforce, BME representation is described as “proportional”.

It is hoped that Trusts will be able to use these analyses to focus their efforts on making career progression more equitable for BME employees in specific roles and pay bands where significant disparities exist. These “key” pay bands are also highlighted in the organisational WRES performance summary table.

The percentage representation by ethnicity chart is complimented by the number of BME and white staff within each pay band. These graphs are intended to provide an indication of the number of employees of each ethnicity who are affected by any disparities in representation across pay bands.

Example chart for indicator 1 based on headcounts by ethnicity within each pay band

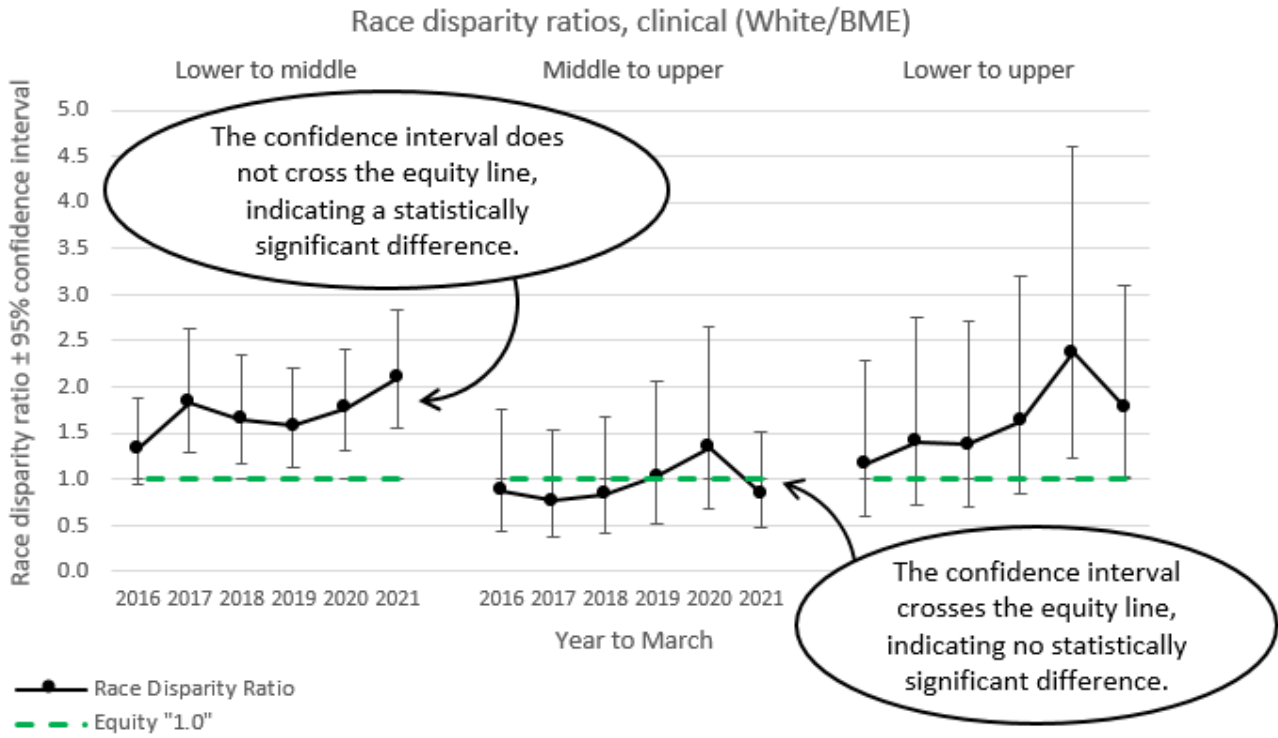


Race disparity ratios

An example chart is given overleaf. Each race disparity ratio compares the progression ratio for white staff with the progression ratio for BME staff, across specified groups of pay bands. The lower to middle race disparity ratio compares bands 5 and under to bands 6 and 7, whilst the middle to upper race disparity ratio compares bands 6 and 7 to bands 8a and over, and the lower to upper race disparity ratio compares bands 5 and under to bands 8a and over. The green dashed line marks the value “1.0” which indicates that white and BME progression ratios from lower to higher pay bands are similar.

Each dot reflects the value of each race disparity ratio at a given year. The whiskers extending above and below each dot give the 95% confidence interval for each race disparity ratio. If the confidence interval whiskers cross over the dashed, green equity line, either from above or below, then the value of the indicator is not significantly different from “1.0” and neither group, white or BME, is disadvantaged. (When the likelihood ratio is based on a small number of observations, as is often the case for race disparity ratios involving higher pay bands, the confidence interval can be very wide.) If the confidence interval whiskers do not cross over the dashed, green equity line, then the value of the indicator is significantly different from “1.0” such that if the value is above “1.0” then the progression ratio for white staff is higher than for BME staff (white staff are overrepresented at the higher level), whilst if the value is below “1.0” then the progression ratio for white staff is lower than for BME staff (BME staff are overrepresented at the higher level).

Example chart for the race disparity ratios



The degree of inequality represented by each race disparity ratio is conveyed by the colour coding in the summary table of organisational WRES performance.

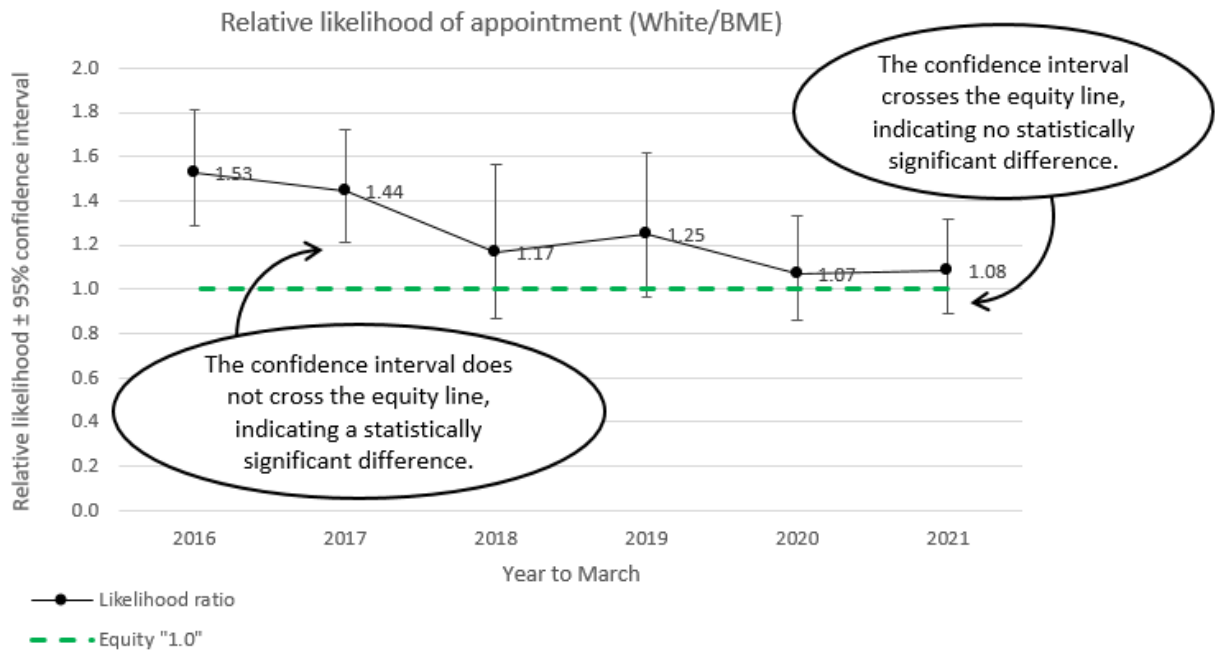
Race disparity ratios: colour coding for the degree of inequality

	Inequality, large degree
	Inequality, medium degree
	Inequality, small degree
	Equity / proportional





Indicators 2 to 4

The green dashed line marks the value “1.0” which indicates an equal likelihood of the outcome of interest for BME and white staff (i.e., an equal likelihood of appointment from shortlisting in the example below), whilst each dot reflects the value of the indicator at a given year.

Example chart for indicators 2 to 4



Indicators 2 to 4: Colour coding for the degree of inequality

	Inequality, large degree
	Inequality, medium degree
	Inequality, small degree
	Equity / proportional

Indicators 5 to 8

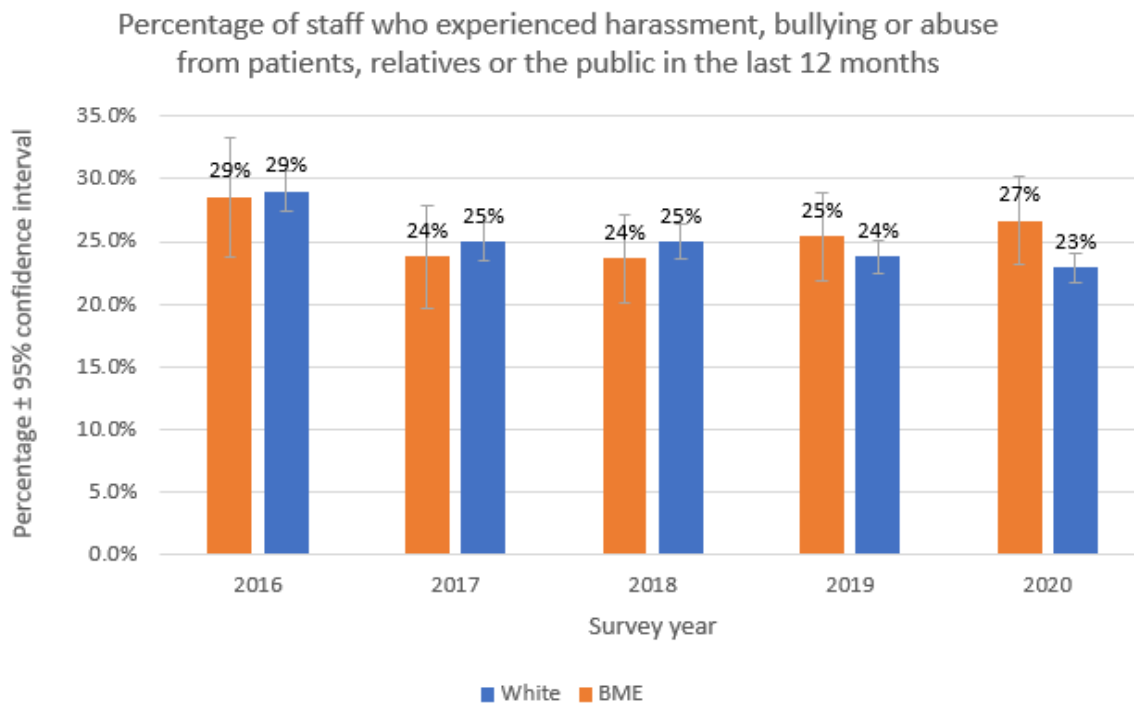
For indicators 5 to 8, the outcomes of the statistical tests are presented in subsequent tables, colour coded in a “heat map” style to convey the degree of poor outcome for a given group relative to the benchmark. These tables compare BME and white respondents within each survey year, as well as giving more detailed breakdowns by ethnicity, ethnicity and gender, and analyses compartmentalised by occupational group.

Where a percentage is based on 10 or fewer respondents, the value is suppressed, indicated by the term "SUPP" in a cell within the table.

Indicators 5 to 8: heat map colour coding for the degree of poor outcome, relative to the benchmark figure

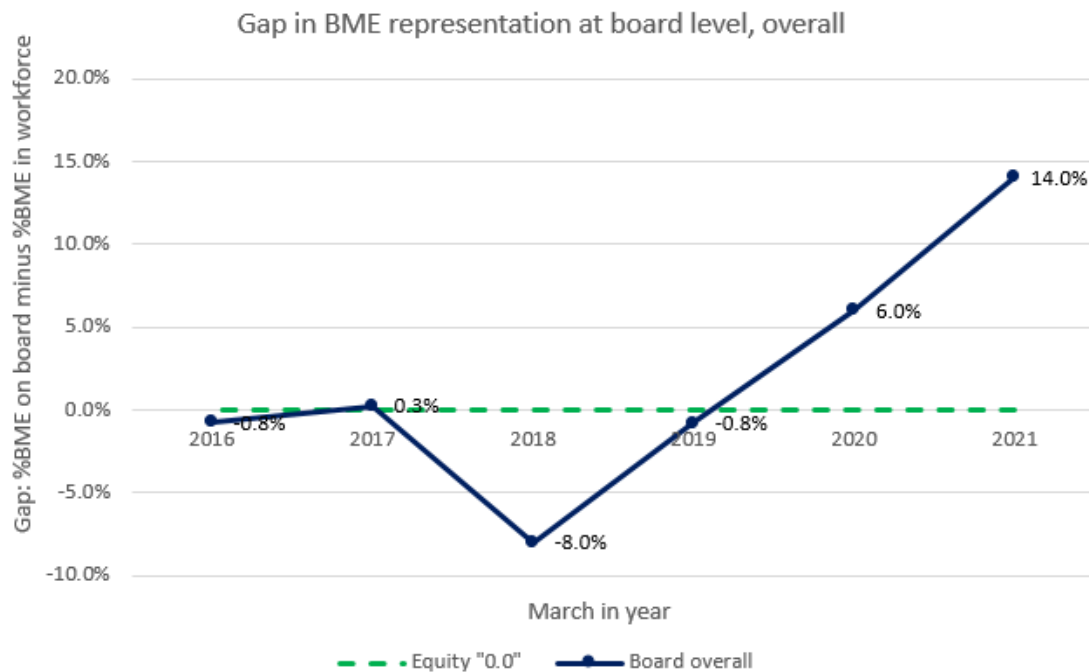
	Benchmark
	Very high
	High
	Quite high
	Similar to benchmark
	Quite low
	Low
	Very low

Example chart for indicators 5 to 8



Indicator 9

Example chart for indicator 9



The green dashed line marks the value “0.0” which indicates that there is no difference between the levels of BME representation on the board and in the workforce. A value above “0.0” indicates that BME representation on the board is greater than in the workforce, whilst a value below “0.0” indicates that BME representation on the board is less than in the workforce. Standard statistical testing is not applied to this indicator as the number of people on the board is typically very small. Instead, the degree of difference in representation is converted to a headcount and rounded to the nearest whole number as the basis for colour coding in the “Trust” column of the summary table of organisational WRES performance.

Indicator 9: colour coding for the degree of inequality

	Underrepresentation by three or more board members
	Underrepresentation by two board members
	Underrepresentation by one board member
	Equity / proportional representation