Appendix 1.

Workforce Race Equality Data – Trends and Benchmarking 2014 - 2017

Below is a summary of the past four years data submitted for the WRES. Some of the data is not comparable as the metric or way the calculation is done has changed.

WRES Metric	2014 data	2015 data	2016 data	2017 data	Trends and Comments	National Benchmark taken from the WRES report [1]
Percentage of BME staff in bands 8 – 9 VSM (Including Executive Board members and Senior Medical Staff) compared with the BME staff in the overall workforce.	6.76% BME 19.81% White	6.69% BME 20.61% White	**Metric changed to bands 1-9.** 18.7%	18.7% **10.40% BME band 8-9 (VSM)**	The way that this metric has been measured changed in 2016 makes the data difficult to compare. Up until 2016 the metric asked for the percentage of BME staff in bands 8 – 9 (very senior management) compared with BME staff in the overall workforce. From 2016 the metric was the Percentage of BME staff in bands 1 – 9 compared. For 2017 the figure for the previous metric bands 8 – 9 has been shown in blue for comparative purposes. This show an increase 3.71% in the percentage of staff in these bands who are from BME backgrounds. It should also be noted that the way that WRES data is collected is different to the way BDCFT collects and analyses race equality data. WRES specify that the White ethnicity category includes White British, White Other and White Irish groups.	Nationally, for all non-medical staff (clinical and non-clinical) as a whole, the proportion of BME staff in Bands 8a - 9 and VSM was 11.1% compared with 17.7% in the workforce as a whole; a substantial difference between the two figures. Analysis on the new ways of measuring this data has not been completed nationally as yet.

[1] WRES Report 2016 NHS England

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					The Trust analysis has been done including White Other and White Irish into the BME category as there is a significant European Community within Bradford. **Could we show both ways of analyzing the data to help the board understand the trend and issues?**	
Relative likelihood of White staff being appointed from shortlisting compared to that of BME staff being appointed from shortlisting across all posts.	10:1 BME 11:1 White	8:1 BME 6:1 White	8:1 BME 6:1 White	0.99	The difference in likelihood of BME and White applicants being appointed to a post after the applicant has been shortlisted has reduced to virtually no difference. The 0.1 difference is now in favour of BME applicants. Emphasis has been placed on unconscious bias and teams have been recruiting with their service user community demographics in mind.	1.57 In 38 trusts (17%), it was more than twice as likely that white staff would be appointed from shortlisting compared to BME staff. In the north the average was 1.3, in London it was 1.8. Mental health 1.6.
Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff	41:1 BME 56:1 White	36:1 BME 44:1 White	45.1 BME 49:1 White	1.98 Previous metric method: 44:1 BME 88:1 White	The way that this metric is measured has been changed making it more difficult to look at like for like trends. The difference had been reducing steadily from 15 to 8 to 4 over the past 3 years. In 2017 however the new way of measuring this shows that BME staff are almost 2 times as likely to enter	Of the total 238 responding NHS trusts, 14 provided data that were either incomplete or null. Two trusts provided data that were such significant outliers that it was not possible to use it with any confidence. That data significantly impacted on the average likelihood of BME staff

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entering the formal disciplinary investigation.				Last 6 months 138:1 BME 215:1 White	into a disciplinary. When using the old method of analysis to compare like with like this again shows that the difference has increased to 44. A snapshot of the past 6 months disciplinary cases shows that for every 215 White staff 1 member would enter into a disciplinary whereas for every 138 BME staff 1 would enter into a disciplinary.	entering the formal disciplinary process compared to white staff within the South region. For the 224 trusts analysed, the (unweighted) relative likelihood of BME staff entering the formal disciplinary process nationally was 1.56 in 2016, with significant variations between regions and type of trust and within regions and types of trust. In the north the likelihood was 1.4 and in Community Provider Trusts it was 2.5 and in Mental Health Trusts it was 1.8.
Relative likelihood of BME staff accessing non-mandatory training and CPD as compared to White staff	1:1 BME 1:1 White	1:1 BME 1:1 White	1:1 BME 1:1 White	1.05	There is little difference in the likelihood of BME staff accessing training compared with White staff however the difference is in favour of White staff.	In 84 of the 162 trusts that provided reliable data, it was more likely that white staff will access non-mandatory training and CPD than BME staff. In three trusts it was the same likelihood, and in 76 trusts it was more likely that BME staff will access non-mandatory training and CPD. This suggests that broadly access to non-mandatory training and CPD is slightly better for white staff but not dramatically so.

WRES Metric	2014 data	2015 data	2016 data	2017 data	Trends and Comments	National Benchmark taken from the WRES report [1]
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the past 12 months.	–	31% BME 25% White	30% BME 27% White	27.72% 27.97%	The gap between BME staff and White staff reporting having experienced harassment, bullying or abuse from patients, relatives or the public has reduced over the time period from 6% more BME staff having experienced it to 3% and now to 0.25. It should be noted that although the percentage of BME staff experiencing this has reduced the percentage of White staff has increased by almost 3%.	White and BME staff are equally likely to experience harassment, bullying or abuse from patients, relatives and members of the public in the last 12 months.
		6% difference	3% difference	0.25% difference		
Percentage of staff experiencing harassment, bullying or abuse from staff in the past 12 months.	21% BME 17% White	23% BME 19% White	24% BME 19% White	24.16% BME 20.20% White	There has been a constant gap of 4% more BME staff experiencing harassment, abuse or discrimination from staff until 2016 year when that gap increased to 5%.	BME staff remain more likely than white staff to experience harassment, bullying or abuse from other staff though this fell very slightly last year.
	4% difference	4% difference	5% difference	3.96% difference		
Percentage believing that Trust provides equal opportunities for career progression and	70% BME 93% White	78% BME 87% White	68% BME 88% White	66.41% BME 84.64% White	In 2015 there was a significant narrowing of the gap to 9%. This is when the Moving Forward Development Programme for BME staff in bands 5 and 6 launched following the BME Diversity in the Workforce Strategy in 2014. This may contribute	BME staff remain less likely than white staff to believe that their trust provides equal opportunities for career progression. However, the gap between white and BME staff on this indicator fell from 14.5 percentage points in 2014 to

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promotion.	23% difference	9% difference	20% difference	18.23%	to this boosting in BME staffs perception. If that is not included there has been a steady reduction of 4% from the initial results in 2014. However for both groups it should be noted that staff perception of this has fallen over time; although reducing the gap is still significant.	12.6 percentage point in 2015.
In the last 12 months have you personally experienced discrimination at work from any of the following? Manager / Team Leader or other colleagues.	41% BME 11% White	25% BME 9% White	16% BME 5% White	15.85% BME 7.52% White	There has been a steady reduction in the gap between BME staff and White staffs reporting of experiencing discrimination at work from a manager / team leader or other colleagues. In the past year this gap has only been because the number of White staff reporting this has increased.	For white staff, the percentage of staff reporting that in the last 12 months they have personally experienced discrimination at work from manager / team leader or other colleagues, decreased from 7% in 2014 to 6% in 2015. For BME staff, the percentage of staff reporting that in the last 12 months they have personally experienced discrimination at work from manager / team leader or other colleagues, fell slightly from 15% in 2014 to 14% in 2015 The overall difference between the percentage of white staff and BME staff experiencing harassment, bullying or abuse from staff in last 12 months fell slightly from -8.0 percentage points in 2014 to -7.5 percentage
	30 % difference	16% difference	11% difference	8% difference		

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						points in 2015.
Board are expected to be broadly representative of the population they serve. Percentage of the Board that are from a BME background. Note in 2017 the metric changed to: Percentage difference between the organisations' Board voting membership and its overall workforce.	6.25% BME	7.7% BME	8.3% BME	-10.3% BME -10.5% White	The way that this metric has been changed makes it difficult to analyse for trends. In 2017 8.3% of the Board were from a BME background and therefore the percentage has increase gradually since 2014 but is still an under-representation when compared with the population and workforce.	BME representation at board and VSM level remains significantly lower than BME representation in the overall NHS workforce and in the local communities served. 43.5% (84) of trusts reported having no BME board members 37.3% (72) of trusts reported having one BME board member 10.9% (21) of trusts reported having two BME board members 4.7% (9) of trusts reported having three BME board members 2.6% (5) of trusts reported having four BME board members 1.0% (2) of trusts reported having five BME board members