



**Countess of Chester Hospital NHS  
Foundation Trust**

**Organisation Code: RJR**

**Region: North West**

**Workforce Race Equality Standard  
2019 - 2024**

**Countess of Chester Hospital NHS Foundation Trust**  
**North West**

**Summary for the 2023/24 reporting year**

RJR

Trust type: **Acute with or without Community**





Indicator number and description			Trust	North West	Acute	National	Rank*	
<b>1: BME representation in the workforce by pay band</b>								
Workforce BME representation			16.6%	19.4%	31.1%	28.6%		
Pay band at which %BME drops off	Non-clinical	Band 4 - Band 5 +	Equitable Equitable	Band 3 Band 8A	Band 3 Band 8A	Band 3 Band 8A		
		Clinical	Band 4 - Band 5 +	Band 3 Band 6	Band 3 Band 6	Band 3 Band 6		
	Medical		Consultant	Consultant	Consultant	Consultant		
Gap: %BME 8c to VSM - workforce overall			Non-clinical Clinical	-0.6% -17.0%	-4.9% -11.1%	-6.9% -19.3%	-5.8% -16.4%	23% 71%
<b>2: Likelihood of appointment from shortlisting</b>								
ratio White / BME			1.47	2.01	1.56	1.62	33%	
<b>3: Likelihood of entering formal disciplinary proceedings</b>								
ratio BME / White			0.29	0.90	0.95	1.09	91%	
<b>4: Likelihood of undertaking non-mandatory training</b>								
ratio White / BME			1.02	0.99	1.11	1.06	87%	
<b>5: Harassment, bullying or abuse from patients, relatives or the public in last 12 months</b>								
BME			34.0%	25.1%	27.9%	27.8%	85%	
White			24.3%	21.6%	23.9%	24.1%	58%	
<b>6: Harassment, bullying or abuse from staff in last 12 months</b>								
BME			32.4%	23.6%	25.5%	24.9%	98%	
White			22.5%	18.9%	21.5%	20.7%	72%	
<b>7: Belief that the trust provides equal opportunities for career progression or promotion</b>								
BME			35.1%	47.6%	48.9%	48.8%	99%	
White			49.9%	59.4%	59.2%	59.4%	96%	
<b>8: Discrimination from a manager/team leader or other colleagues in last 12 months</b>								
BME			27.5%	16.0%	15.8%	15.5%	100%	
White			7.1%	6.0%	6.7%	6.7%	65%	
<b>9: BME representation on the board minus workforce</b>								
Overall			-16.6%	-6.9%	-16.9%	-12.2%	70%	
Voting members			-16.6%	-6.1%	-17.8%	-12.1%	65%	
Executive members			-16.6%	-11.4%	-22.3%	-16.8%	56%	

\* ranks the Trust from 0% (best in the country) to 100% (worst in the country) on each indicator, based on effect size.






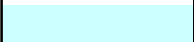
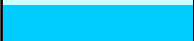

## Quick guide to colour coding

A quick guide to the colour coding used in the tables of analyses is presented below.





### **Indicator 1 gap in representation at pay bands 8C to VSM, and indicators 2 to 4: colour coding for the degree of inequality**

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



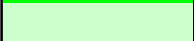




### **Indicators 5 to 8: heat map colour coding for the degree of poor outcome, relative to the benchmark**

	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) indicators for Countess of Chester Hospital NHS Foundation Trust.

The intention of this report to provide detailed information for each Trust on their WRES indicators. The 2023/24 NHS standard contract requires Trusts to submit an annual report to the co-ordinating commissioner on progress in implementing their annual WRES action plan. It is intended that this data report will allow 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. The report 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 Trust's data is tabulated alongside data for the region, as well as data from Trusts of similar type. The intention is to benchmark against relevant comparators. 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 allow 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 alongside this report. The user guide includes guidance on interpreting the indicators, 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 2024. Data for indicators 1 to 4 and indicator 9 are taken from WRES data portal submissions relating to the workforce as at the end of March 2024. Data for indicators 5 to 8 come from the NHS Staff Survey run in November and December 2023.

## The NHS equality, diversity, and inclusion improvement plan

The NHS equality, diversity, and inclusion (EDI) improvement plan, published by NHS England in June 2023, sets out targeted actions to address the prejudice and discrimination – direct and indirect – that exists through behaviour, policies, practices and cultures against certain groups and individuals across the NHS workforce. Several of the WRES indicators align with success metrics from the NHS EDI improvement plan. These indicators are highlighted in the table below and are also flagged throughout the main body of this report.

NHS equality, diversity, and inclusion improvement plan success metrics	Aligned WRES indicators
<b>High Impact Action 1: Chief executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable</b>	
Annual chair and chief executive appraisals on EDI objectives	Any
<b>High Impact Action 2: Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity</b>	
a) Relative likelihood of staff being appointed from shortlisting across all posts	2
b) Access to career progression, training and development opportunities	4, 7
c) Year-on-year improvement in race and disability representation leading to parity over the life of the plan	1
d) Year-on-year improvement in representation of senior leadership (Band 8C and above) over the life of the plan	1
e) Diversity in shortlisted candidates	
f) Combined Indicator Score metric on quality of training NETS	
<b>High Impact Action 3: Develop and implement an improvement plan to eliminate pay gaps</b>	
Year-on-year reductions in the gender, race and disability pay gaps	
<b>High Impact Action 4: Develop and implement an improvement plan to address health inequalities within the workforce</b>	
a) Organisation action on staff health and wellbeing	
b) National Education & Training Survey (NETS) Combined Indicator Score metric on quality of training	
<b>High Impact Action 5: Implement a comprehensive induction, onboarding and development programme for internationally-recruited staff</b>	
a) Sense of belonging for internationally recruited staff	
b) Reduction in instances of bullying and harassment from team/line manager experienced by internationally recruited staff	
<b>High Impact Action 6: Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur</b>	
a) Improvement in staff survey results on bullying / harassment from line managers/teams (ALL Staff)	6
b) Improvement in staff survey results on discrimination from line managers/teams (ALL Staff)	8
c) Bullying & Harassment score metric (NHS professional groups) NETS	

### **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.

<b>High priority areas for improvement within the Trust (to a maximum of three):</b>
Indicator 8: discrimination from a manager/team leader or other colleagues in last 12 months against BME staff
Indicator 7: belief that the trust provides equal opportunities for career progression or promotion amongst BME staff
Indicator 6: harassment, bullying or abuse from staff 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.

<b>Areas of best performance within the Trust (to a maximum of three):</b>
No areas identified

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 mandated standards team will analyse for, and look to celebrate areas where good performance is maintained or further improved, year-on-year.

## **The quality and completeness of data submissions**

For the 2023/24 reporting year, WRES data submissions from 22 trusts were either incomplete or had to be amended after the submission deadline. Performing quality checks and dealing with inaccurate and incomplete submissions causes significant delays to the analysis of the data, and to the production of the organisation level and national level reports here at NHS England. Please ensure that your data are submitted, complete, accurate, and to the technical specification, by the submission deadline.

**Countess of Chester Hospital NHS Foundation Trust: data were submitted complete and on time, with no amendments required after the submission deadline, thank you.**

Section 13.6 of the 2024/25 NHS Standard Contract (Service Conditions) stipulates: The Provider (if it is an NHS Trust or an NHS Foundation Trust) must implement the high impact actions set out in the NHS Equality, Diversity and Inclusion Improvement Plan and measure its progress against the success metrics set out in the Plan, as well as the wider metrics under the National Workforce Race Equality Standard and the National Workforce Disability Equality Standard. The Provider must be prepared, if requested to do so by the Co-ordinating Commissioner, to provide a written report on its implementation and progress to its public board meeting and/or to the Co-ordinating Commissioner.

## Indicator 1

### Non-clinical staff on AfC paybands

**Success metric "c" for High Impact Action 2: Year-on-year improvement in race and disability representation leading to parity over the life of the plan.**

BME staff were represented at 4.3% across all non-clinical AfC roles.

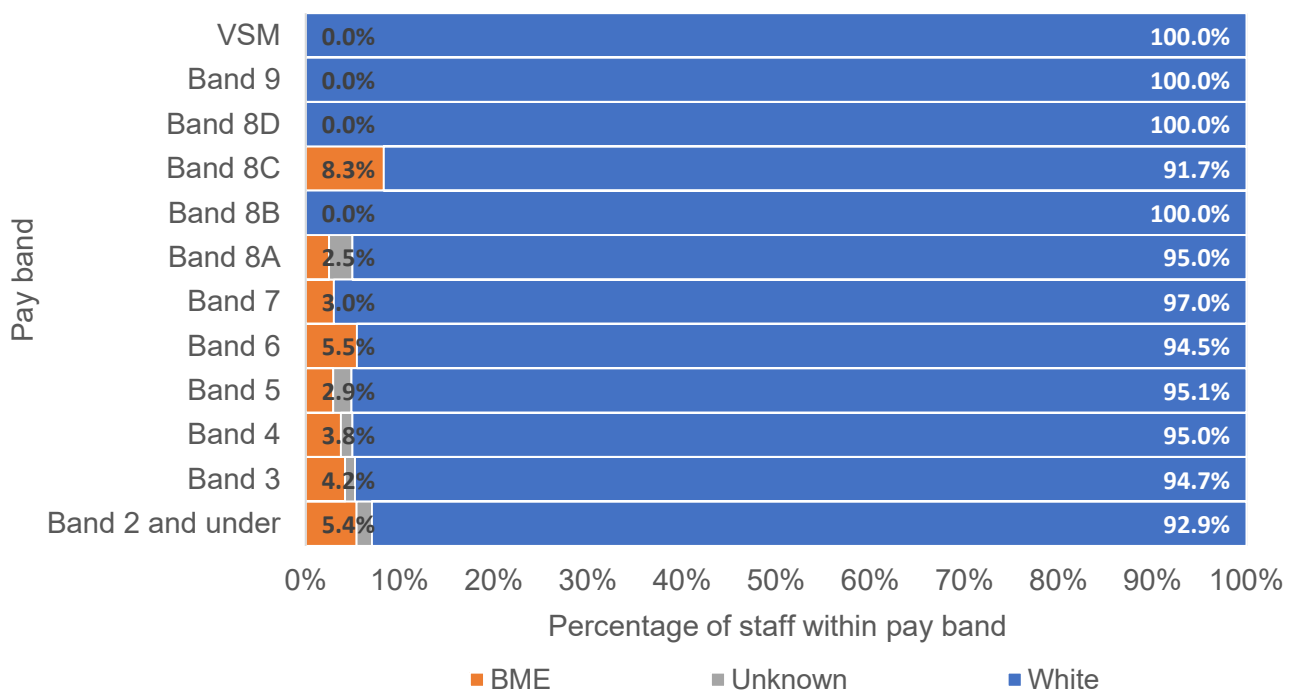
At Band 4 and under (e.g., administrative and technical support roles, estates officer):

- BME representation was 4.7%, overall.
- BME staff were proportionately represented by pay band.

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

- BME representation was 3.2%, overall.
- BME staff were proportionately represented by pay band.

AfC bands: non-clinical (percentage representation)



**AfC bands: non-clinical (headcount)**

Pay Band	BME		Unknown		White	
VSM	0	0.0%	0	0.0%	6	100.0%
Band 9	0	0.0%	0	0.0%	3	100.0%
Band 8D	0	0.0%	0	0.0%	6	100.0%
Band 8C	1	8.3%	0	0.0%	11	91.7%
Band 8B	0	0.0%	0	0.0%	19	100.0%
Band 8A	1	2.5%	1	2.5%	38	95.0%
Band 7	2	3.0%	0	0.0%	64	97.0%
Band 6	3	5.5%	0	0.0%	52	94.5%
Band 5	3	2.9%	2	2.0%	97	95.1%
Band 4	6	3.8%	2	1.3%	152	95.0%
Band 3	12	4.2%	3	1.1%	270	94.7%
Band 2 and under	23	5.4%	7	1.7%	394	92.9%

Percentages are calculated by row

**Clinical staff on AfC paybands**

**Success metric "c" for High Impact Action 2: Year-on-year improvement in race and disability representation leading to parity over the life of the plan.**

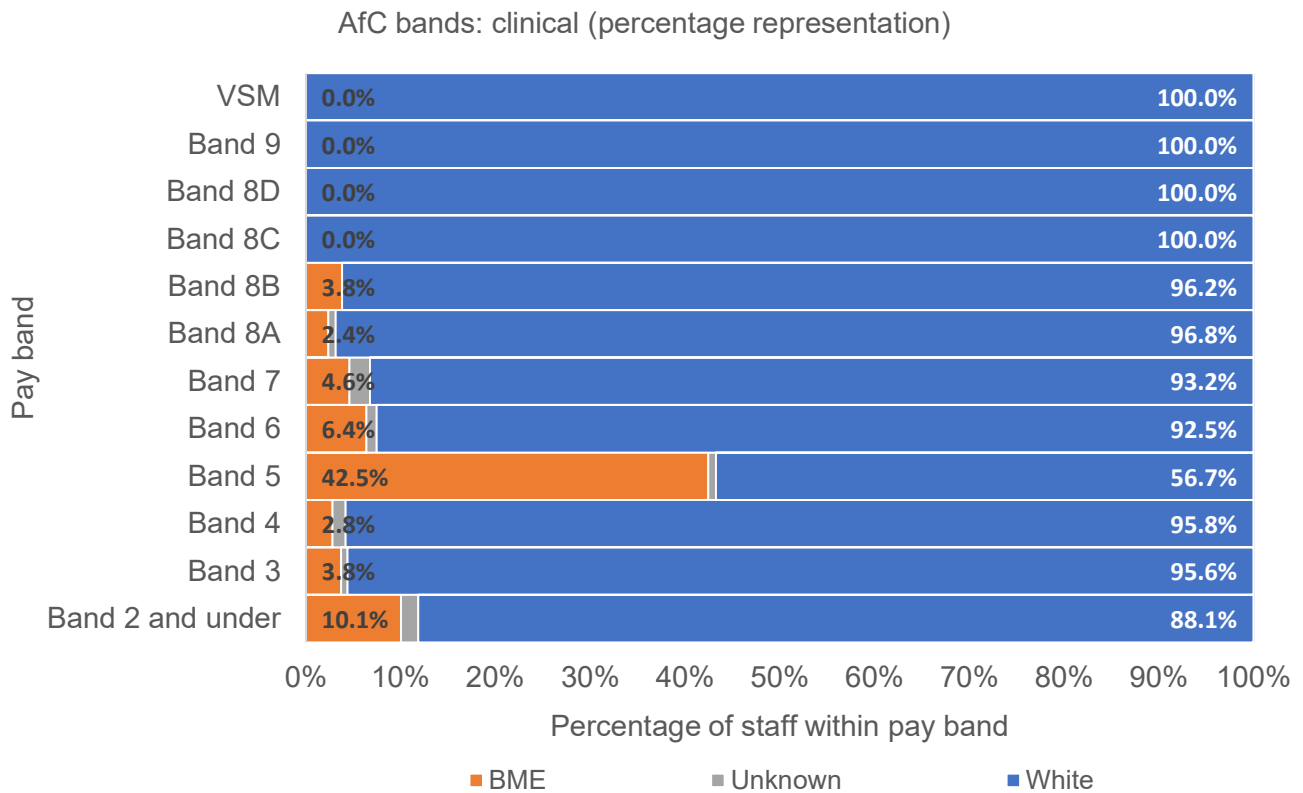
BME staff were represented at 17.0% across all clinical AfC roles.

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

- BME representation was 7.8%, overall.
- BME staff were underrepresented at Band 3 and above, 3.4%.

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

- BME representation was 22.6%, overall.
- BME staff were underrepresented at Band 6 and above, 5.2%.



**AfC bands: clinical (headcount)**

Pay Band	BME		Unknown		White	
VSM	0	0.0%	0	0.0%	2	100.0%
Band 9	0	0.0%	0	0.0%	4	100.0%
Band 8D	0	0.0%	0	0.0%	4	100.0%
Band 8C	0	0.0%	0	0.0%	10	100.0%
Band 8B	1	3.8%	0	0.0%	25	96.2%
Band 8A	3	2.4%	1	0.8%	122	96.8%
Band 7	17	4.6%	8	2.2%	343	93.2%
Band 6	36	6.4%	6	1.1%	519	92.5%
Band 5	409	42.5%	8	0.8%	546	56.7%
Band 4	4	2.8%	2	1.4%	136	95.8%
Band 3	11	3.8%	2	0.7%	280	95.6%
Band 2 and under	83	10.1%	15	1.8%	726	88.1%

Percentages are calculated by row

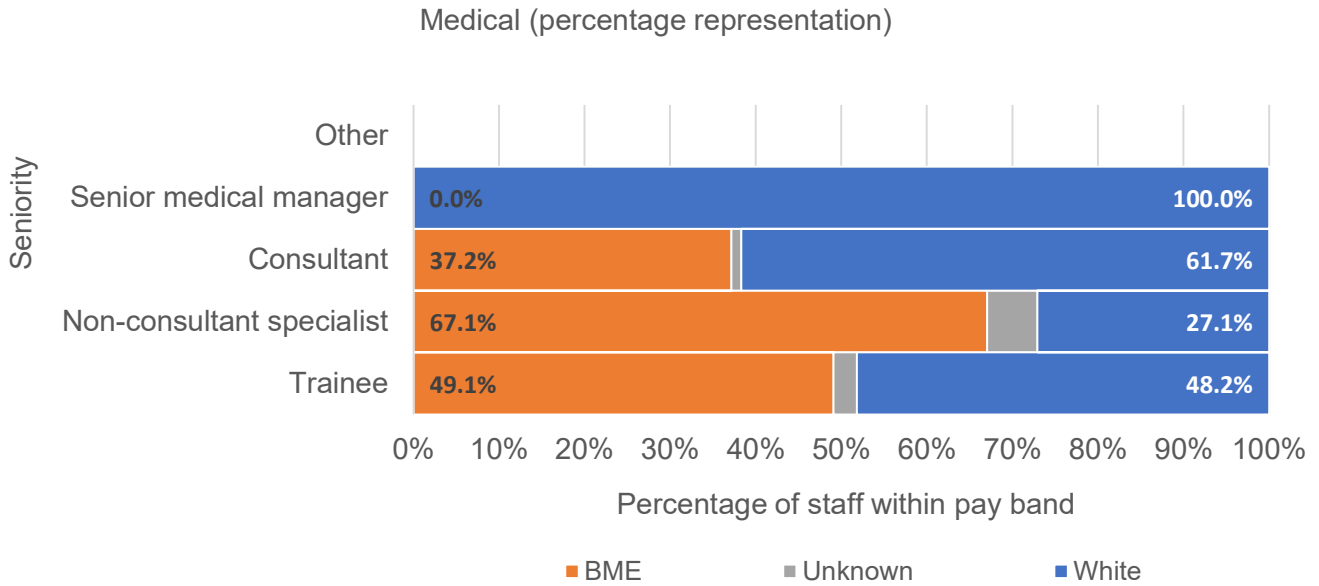
**Medical staff**

**Success metric "c" for High Impact Action 2: Year-on-year improvement in race and disability representation leading to parity over the life of the plan.**

BME representation was 45.7% across all medical and dental roles.

Amongst medical and dental staff:

- BME staff were underrepresented at Consultant level and above, 37.0%.



**Medical (headcount)**

Seniority	BME		Unknown		White	
Other	0		0		0	
Senior medical manager	0	0.0%	0	0.0%	1	100.0%
Consultant	94	37.2%	3	1.2%	156	61.7%
Non-consultant specialist	57	67.1%	5	5.9%	23	27.1%
Trainee	54	49.1%	3	2.7%	53	48.2%

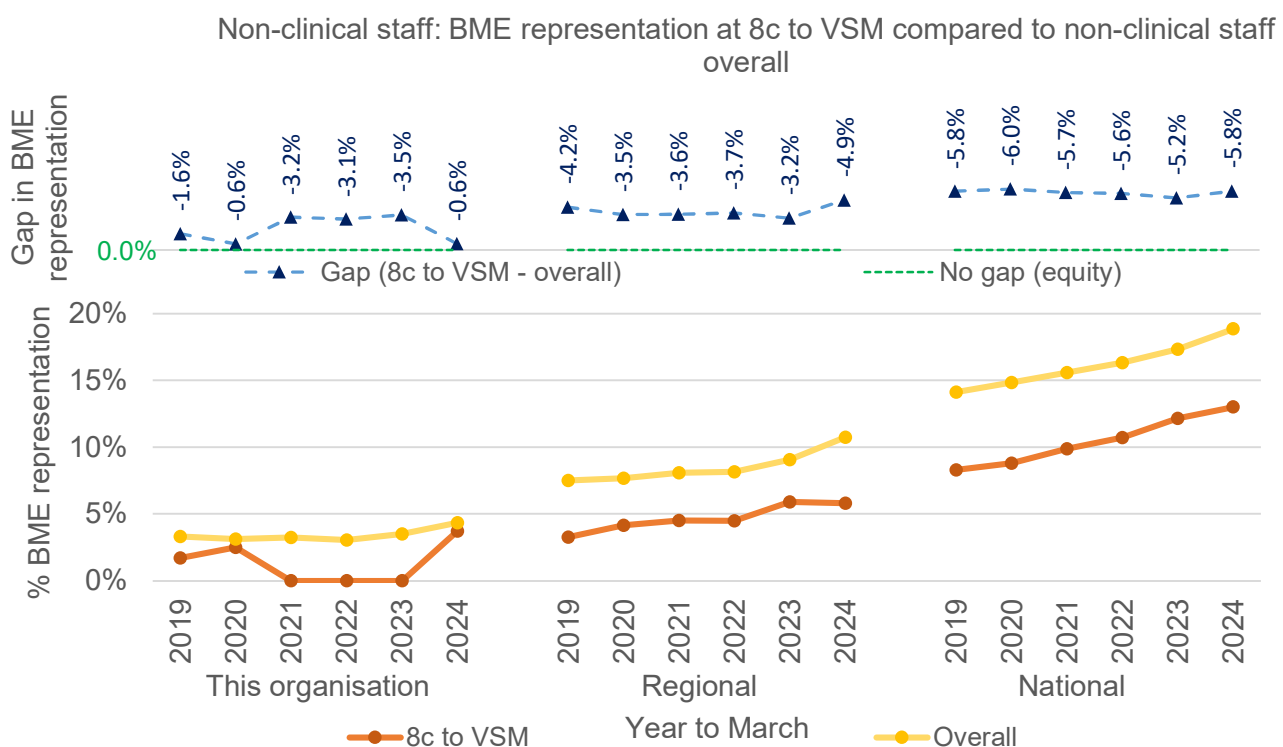
Percentages are calculated by row

## The representation of BME staff at non-clinical pay bands 8C to VSM

Success metric "d" for High Impact Action 2: Year-on-year improvement in representation of senior leadership (Band 8C and above) over the life of the plan.

BME staff were represented at 3.7% in senior non-clinical AfC roles (pay bands 8c to VSM); not significantly different from the 4.3% observed across all non-clinical AfC roles.

- Amongst non-clinical AfC staff at 8C to VSM, 0.0% did not declare their ethnicity; therefore the actual level of BME representation amongst senior non-clinical AfC staff could be anywhere between 3.7% and 3.7%.
- Overall 1.3% of non-clinical AfC staff did not declare their ethnicity; therefore the actual level of BME representation amongst all non-clinical AfC staff could be anywhere between 4.3% and 5.6%.



Number of BME staff observed at 8C to VSM level in non-clinical roles: 1

Number of BME staff expected at 8C to VSM level in non-clinical roles: 1 to 2

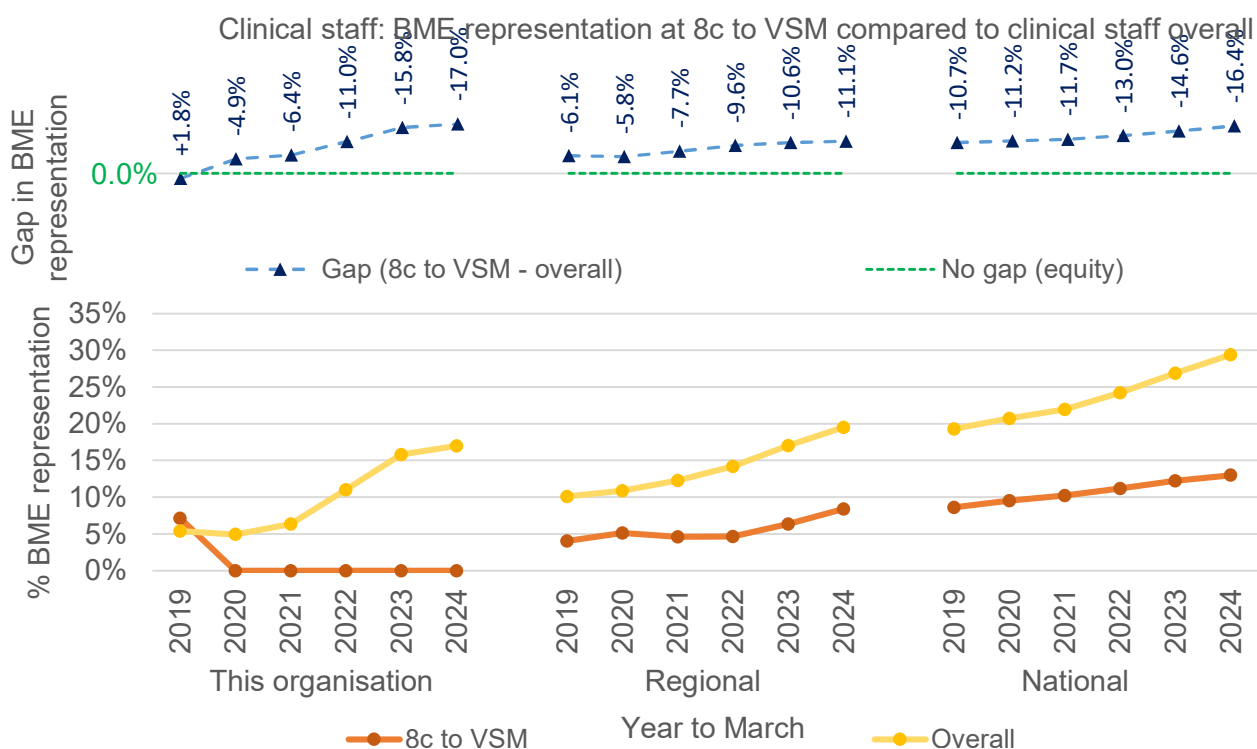
		Reporting year					
		2019	2020	2021	2022	2023	2024
<b>This organisation</b>	8c to VSM	1.7%	2.5%	0.0%	0.0%	0.0%	3.7%
	Overall	3.3%	3.1%	3.2%	3.1%	3.5%	4.3%
	Gap	-1.6%	-0.6%	-3.2%	-3.1%	-3.5%	-0.6%
<b>North West</b>	8c to VSM	3.3%	4.2%	4.5%	4.5%	5.9%	5.8%
	Overall	7.5%	7.7%	8.1%	8.2%	9.1%	10.7%
	Gap	-4.2%	-3.5%	-3.6%	-3.7%	-3.2%	-4.9%
<b>National</b>	8c to VSM	8.3%	8.8%	9.9%	10.7%	12.2%	13.0%
	Overall	14.1%	14.8%	15.6%	16.3%	17.3%	18.8%
	Gap	-5.8%	-6.0%	-5.7%	-5.6%	-5.2%	-5.8%

## The representation of BME staff at clinical pay bands 8C to VSM

### Success metric "d" for High Impact Action 2: Year-on-year improvement in representation of senior leadership (Band 8C and above) over the life of the plan.

BME staff were represented at 0.0% in senior clinical AfC roles (pay bands 8c to VSM); significantly lower than the 17.0% observed across all clinical AfC roles.

- Amongst clinical AfC staff at 8C to VSM, 0.0% did not declare their ethnicity; therefore the actual level of BME representation amongst senior clinical AfC staff could be anywhere between 0.0% and 0.0%.
- Overall 1.3% of clinical AfC staff did not declare their ethnicity; therefore the actual level of BME representation amongst all clinical AfC staff could be anywhere between 17.0% and 18.2%.



Number of BME staff observed at 8C to VSM level in clinical roles: 0

Number of BME staff expected at 8C to VSM level in clinical roles: 3 to 4

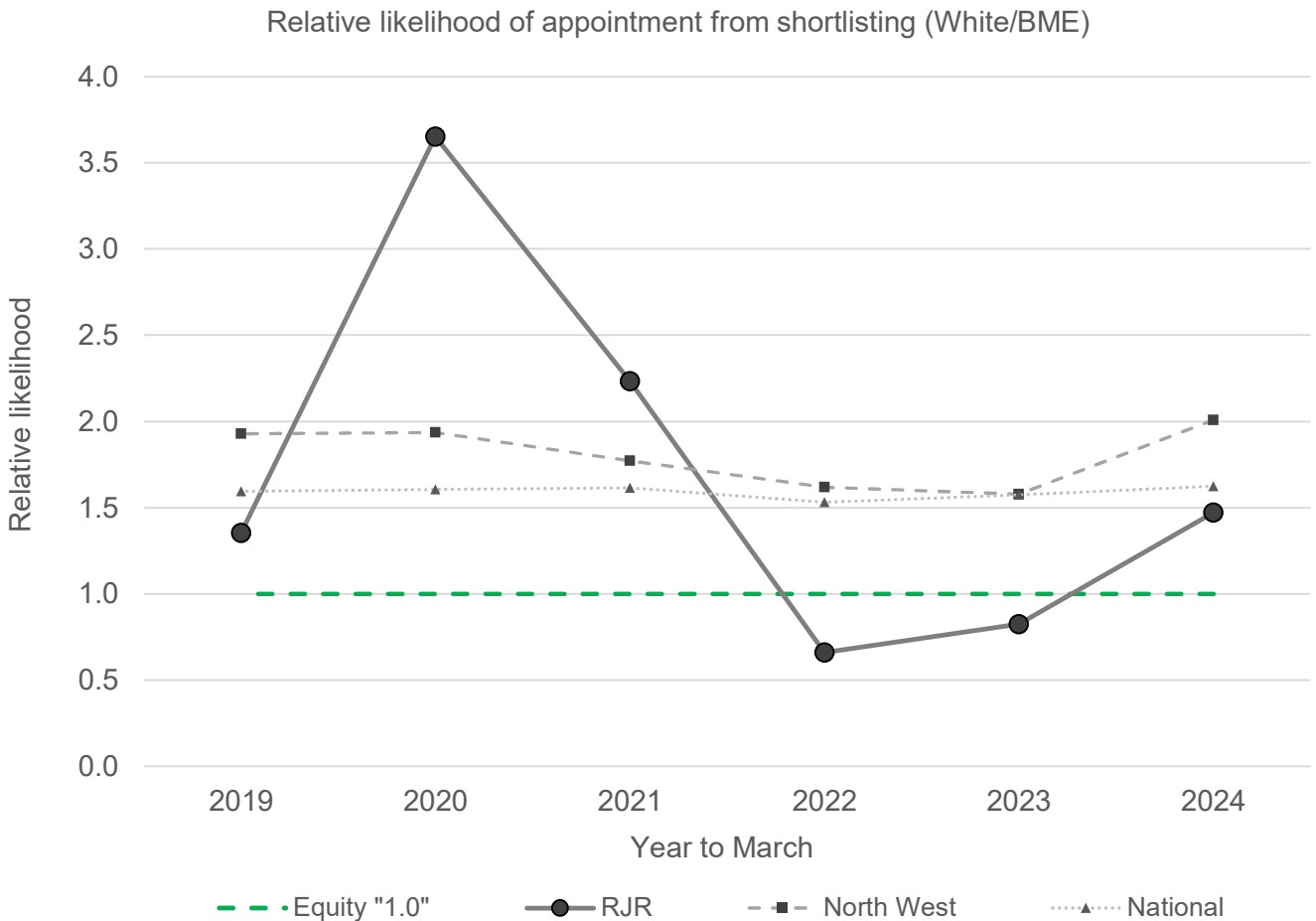
		Reporting year					
		2019	2020	2021	2022	2023	2024
<b>This organisation</b>	8c to VSM	7.1%	0.0%	0.0%	0.0%	0.0%	0.0%
	Overall	5.4%	4.9%	6.4%	11.0%	15.8%	17.0%
	Gap	+1.8%	-4.9%	-6.4%	-11.0%	-15.8%	-17.0%
<b>North West</b>	8c to VSM	4.0%	5.1%	4.6%	4.6%	6.4%	8.4%
	Overall	10.1%	10.9%	12.3%	14.2%	17.0%	19.5%
	Gap	-6.1%	-5.8%	-7.7%	-9.6%	-10.6%	-11.1%
<b>National</b>	8c to VSM	8.6%	9.5%	10.2%	11.2%	12.2%	13.0%
	Overall	19.3%	20.7%	21.9%	24.2%	26.9%	29.4%
	Gap	-10.7%	-11.2%	-11.7%	-13.0%	-14.6%	-16.4%

## Indicator 2

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

**Success metric "a" for High Impact Action 2: Relative likelihood of staff being appointed from shortlisting across all posts.**

At March 2024 the likelihood ratio was 1.47; higher than "1.0" or equity to a small degree. Specifically, 520 out of 1908 white candidates were appointed from shortlisting (27.3% of white candidates) compared to 147 out of 794 BME candidates (18.5% of BME candidates).



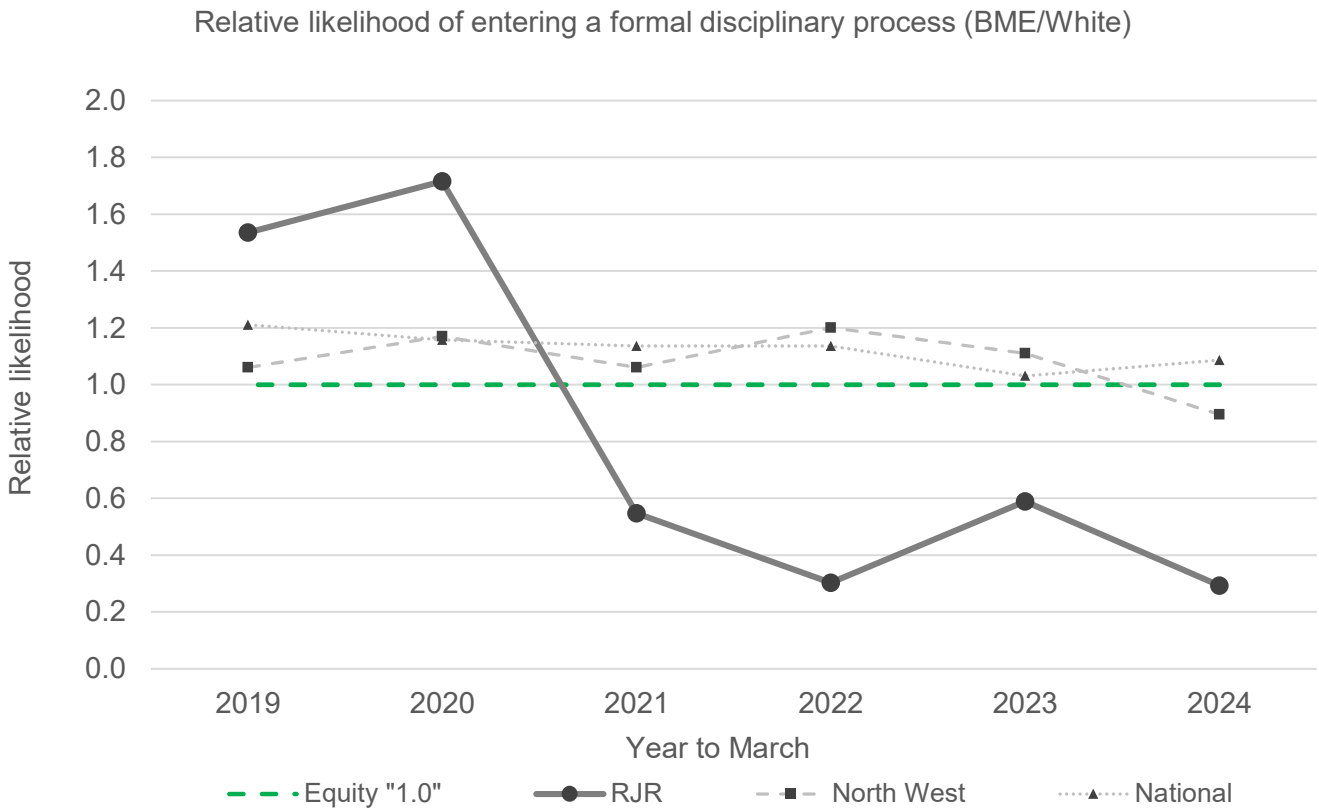
*Example: a value of "2.0" would indicate that White candidates were twice as likely as BME candidates to be appointed from shortlisting, whilst a value of "0.5" would indicate that White candidates were half as likely as BME candidates to be appointed from shortlisting.*

	Reporting year					
	2019	2020	2021	2022	2023	2024
<b>This organisation</b>	1.35	3.65	2.23	0.66	0.82	1.47
<b>North West</b>	1.93	1.94	1.77	1.62	1.58	2.01
<b>National</b>	1.59	1.61	1.61	1.53	1.58	1.62

### Indicator 3

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

At March 2024 the likelihood ratio was 0.29; lower than "1.0" or equity to a medium degree. Specifically, 9 out of 820 BME staff entered formal disciplinary proceedings (1.10% of the BME workforce) compared to 152 out of 4062 white staff (3.74% of the white workforce).



*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.*

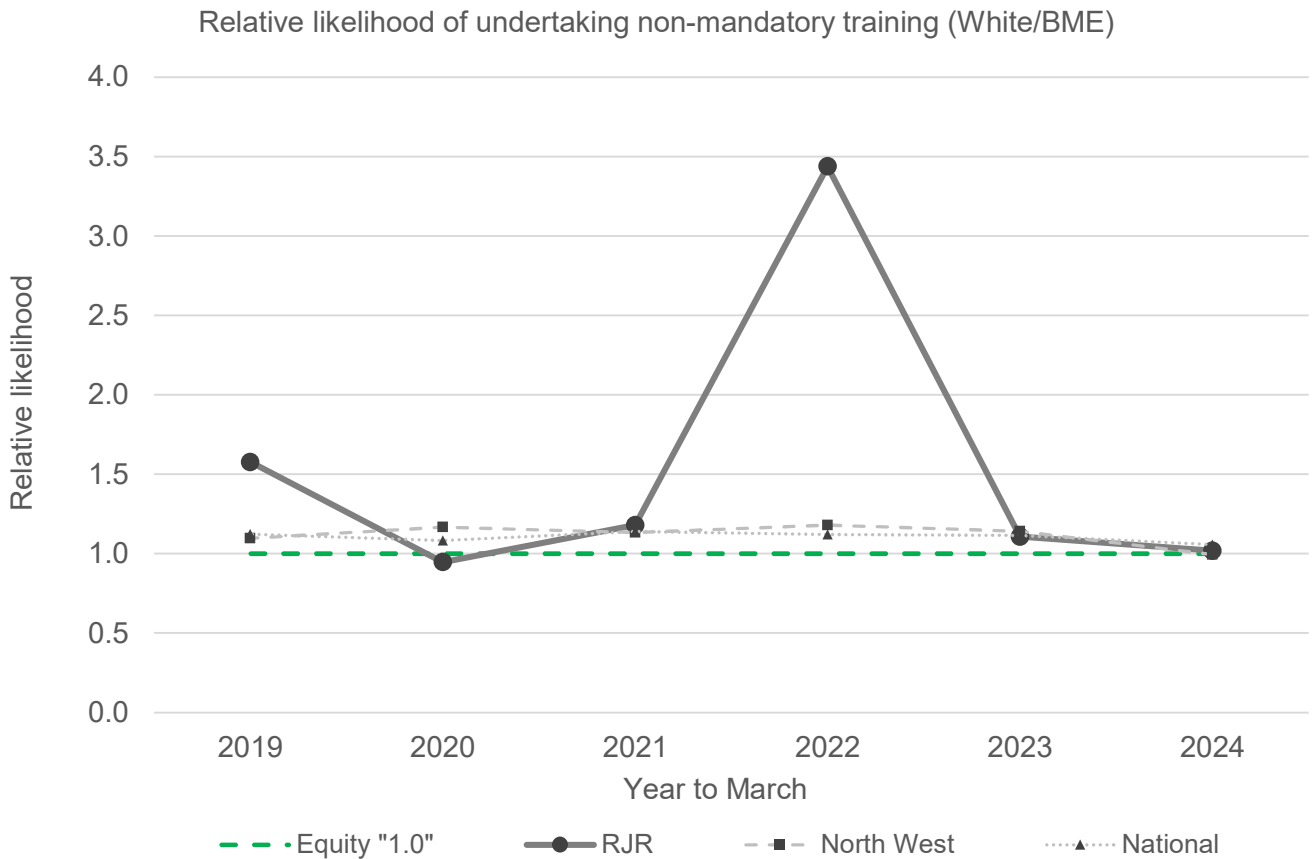
	Reporting year					
	2019	2020	2021	2022	2023	2024
<b>This organisation</b>	1.54	1.72	0.55	0.30	0.59	0.29
<b>North West</b>	1.06	1.17	1.06	1.20	1.11	0.90
<b>National</b>	1.21	1.16	1.14	1.14	1.03	1.09

### Indicator 4

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

**Success metric "b" for High Impact Action 2: Access to career progression, training and development opportunities.**

At March 2024 the likelihood ratio was 1.02; higher than "1.0" or equity to a medium degree. Specifically, 4020 out of 4062 white staff undertook non-mandatory training (99.0% of the white workforce) compared to 797 out of 820 BME staff (97.2% of the BME workforce).



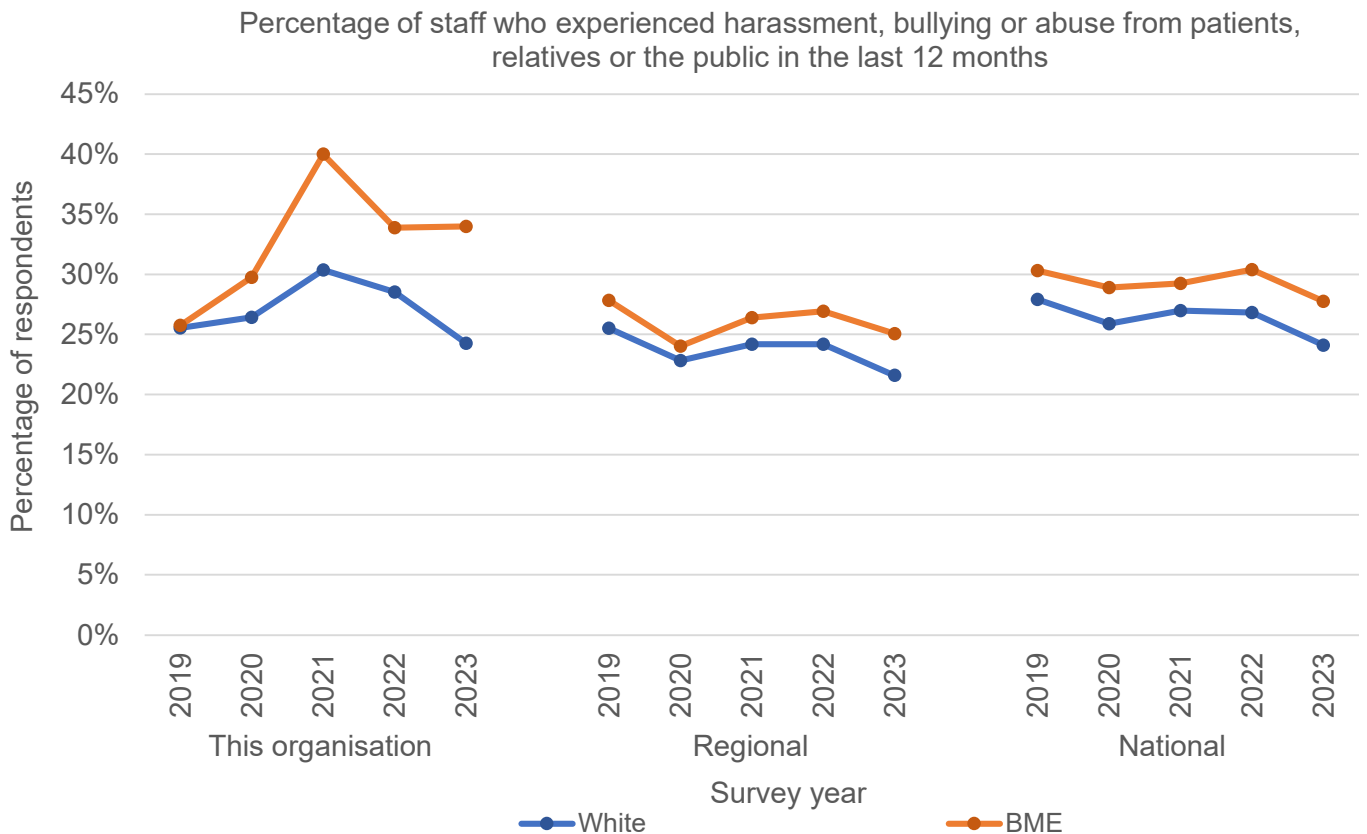
*For example a value of "2.0" would indicate that White staff were twice as likely as BME staff to undertake non-mandatory training, whilst a value of "0.5" would indicate that White staff were half as likely as BME staff to undertake non-mandatory training.*

	Reporting year					
	2019	2020	2021	2022	2023	2024
<b>This organisation</b>	1.58	0.95	1.18	3.44	1.11	1.02
<b>North West</b>	1.10	1.17	1.13	1.18	1.14	0.99
<b>National</b>	1.12	1.08	1.14	1.12	1.12	1.06

## 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 significantly higher for BME staff, 34.0%, than for White staff, 24.3%.



### **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				
		2019	2020	2021	2022	2023
This organisation	White	26%	26%	30%	29%	24%
	BME	26%	30%	40%	34%	34%
North West	White	26%	23%	24%	24%	22%
	BME	28%	24%	26%	27%	25%
National	White	28%	26%	27%	27%	24%
	BME	30%	29%	29%	30%	28%
This organisation, detailed breakdown	White British	25%	26%	30%	28%	24%
	White "other"	41%	27%	37%	38%	36%
	Asian	29%	33%	41%	30%	31%
	Black	9%	20%	39%	41%	46%
	Mixed/other	31%	25%	40%	35%	26%

**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				
	2019	2020	2021	2022	2023
Overall	26%	27%	31%	29%	26%
White women	27%	28%	32%	31%	25%
BME women	28%	29%	42%	34%	37%
White men	19%	22%	22%	20%	18%
BME men	26%	32%	35%	30%	22%

**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**

Occupation Ethnicity		Survey year				
		2019	2020	2021	2022	2023
Allied health prof.	White	26%	24%	26%	24%	22%
	BME	SUPP	18%	23%	40%	14%
Medical and dental	White	41%	35%	34%	41%	24%
	BME	24%	32%	42%	30%	22%
Ambulance (operational)	White	SUPP	SUPP	SUPP	SUPP	SUPP
	BME	SUPP	SUPP	SUPP	SUPP	SUPP
Nurses and midwives	White	46%	39%	46%	41%	34%
	BME	SUPP	39%	49%	37%	45%
Healthcare assistants	White	27%	36%	44%	41%	45%
	BME	SUPP	50%	60%	45%	29%
Wider care team	White	12%	14%	17%	15%	13%
	BME	SUPP	SUPP	8%	20%	16%
General management	White	8%	11%	6%	15%	6%
	BME	SUPP	SUPP	SUPP	SUPP	SUPP
Other	White	10%	21%	16%	15%	12%
	BME	SUPP	SUPP	SUPP	SUPP	SUPP

**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

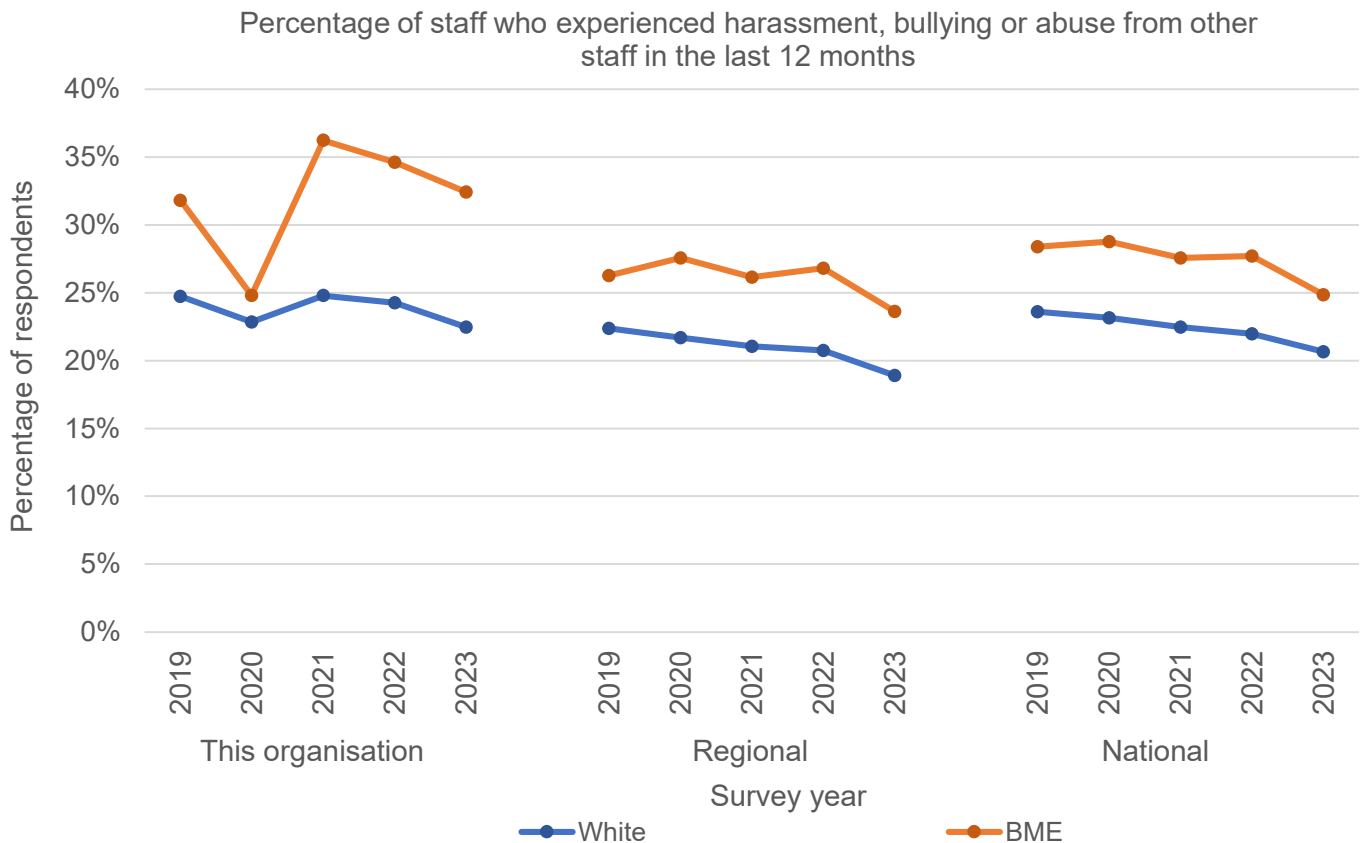
SUPP = Suppressed (percentages based on 10 or fewer respondents have been suppressed)

## Indicator 6

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

#### Success metric "a" for High Impact Action 6: Improvement in staff survey results on bullying / harassment from line managers/teams (ALL Staff).

The percentage of staff who experienced harassment, bullying or abuse from other staff in the last 12 months was significantly higher for BME staff, 32.4%, than for White staff, 22.5%.



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

Ethnicity		Survey year				
		2019	2020	2021	2022	2023
This organisation	White	25%	23%	25%	24%	22%
	BME	32%	25%	36%	35%	32%
North West	White	22%	22%	21%	21%	19%
	BME	26%	28%	26%	27%	24%
National	White	24%	23%	22%	22%	21%
	BME	28%	29%	28%	28%	25%
This organisation, detailed breakdown	White British	24%	23%	25%	24%	22%
	White "other"	35%	27%	33%	33%	32%
	Asian	29%	24%	31%	27%	29%
	Black	27%	10%	39%	50%	37%
	Mixed/other	46%	31%	41%	35%	37%

**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				
	2019	2020	2021	2022	2023
Overall	25%	23%	26%	25%	24%
White women	25%	22%	24%	24%	23%
BME women	38%	24%	37%	33%	34%
White men	21%	23%	27%	25%	19%
BME men	29%	25%	27%	36%	23%

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

Occupation Ethnicity		Survey year				
		2019	2020	2021	2022	2023
Allied health prof.	White	17%	18%	21%	22%	20%
	BME	SUPP	24%	23%	13%	10%
Medical and dental	White	30%	25%	27%	30%	26%
	BME	29%	27%	33%	40%	30%
Ambulance (operational)	White	SUPP	SUPP	SUPP	SUPP	SUPP
	BME	SUPP	SUPP	SUPP	SUPP	SUPP
Nurses and midwives	White	34%	30%	32%	28%	25%
	BME	SUPP	33%	46%	32%	38%
Healthcare assistants	White	40%	17%	19%	22%	24%
	BME	SUPP	8%	SUPP	45%	29%
Wider care team	White	20%	21%	23%	20%	21%
	BME	SUPP	SUPP	33%	50%	21%
General management	White	19%	19%	25%	30%	19%
	BME	SUPP	SUPP	SUPP	SUPP	SUPP
Other	White	23%	26%	24%	25%	19%
	BME	SUPP	SUPP	SUPP	SUPP	SUPP

**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

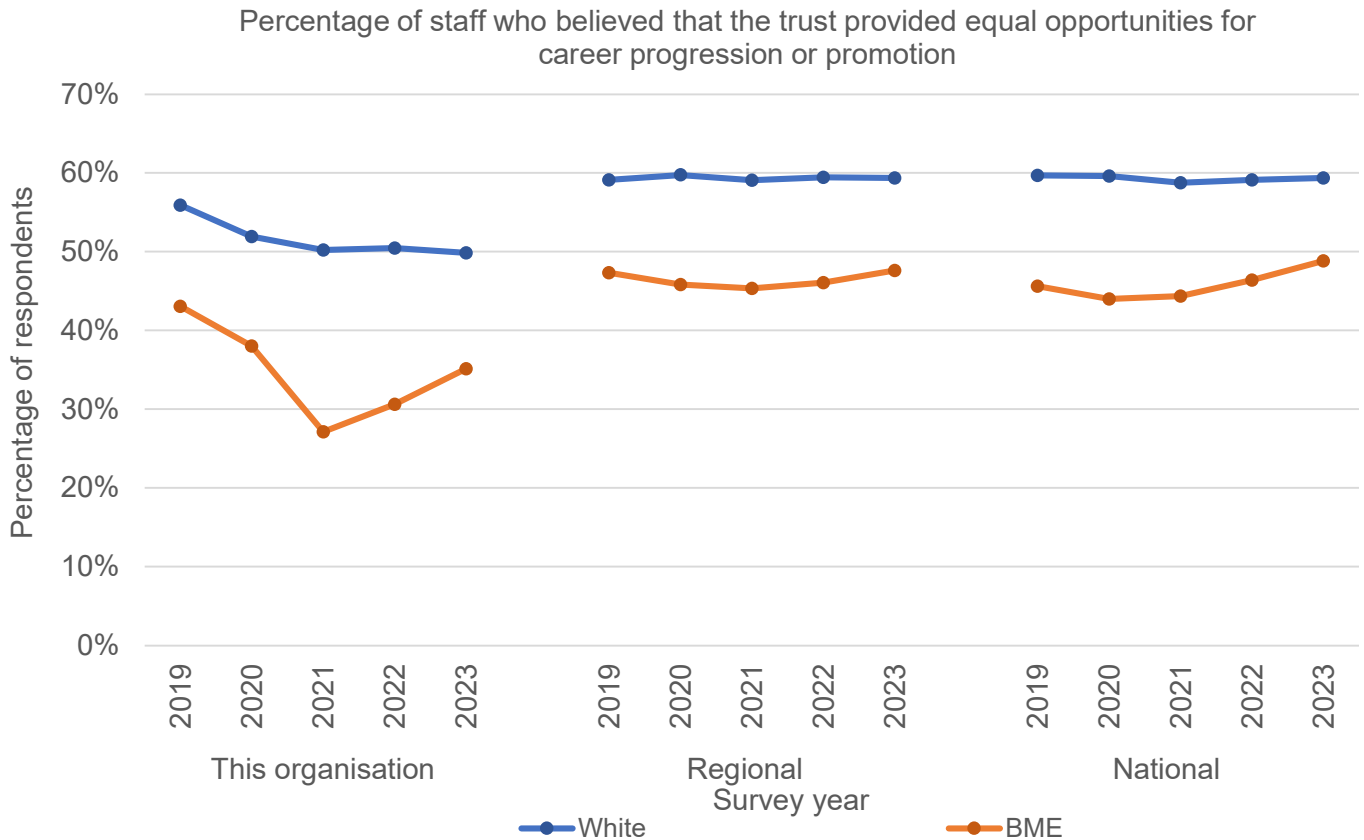
SUPP = Suppressed (percentages based on 10 or fewer respondents have been suppressed)

## Indicator 7

### The percentage of staff who believed that their organisation provided equal opportunities for career progression or promotion

#### Success metric "b" for High Impact Action 2: Access to career progression, training and development opportunities.

The percentage of staff who believed that the trust provided equal opportunities for career progression or promotion was significantly lower for BME staff, 35.1%, than for White staff, 49.9%.



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

Ethnicity		Survey year				
		2019	2020	2021	2022	2023
This organisation	White	56%	52%	50%	50%	50%
	BME	43%	38%	27%	31%	35%
North West	White	59%	60%	59%	59%	59%
	BME	47%	46%	45%	46%	48%
National	White	60%	60%	59%	59%	59%
	BME	46%	44%	44%	46%	49%
This organisation, detailed breakdown	White British	56%	52%	51%	51%	50%
	White "other"	56%	56%	41%	38%	53%
	Asian	48%	41%	32%	37%	43%
	Black	18%	40%	16%	24%	22%
	Mixed/other	50%	31%	30%	22%	30%

**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				
	2019	2020	2021	2022	2023
Overall	55%	51%	48%	48%	48%
White women	56%	52%	51%	50%	50%
BME women	38%	38%	25%	31%	36%
White men	59%	52%	50%	53%	51%
BME men	46%	40%	33%	37%	38%

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

Occupation Ethnicity		Survey year				
		2019	2020	2021	2022	2023
Allied health prof.	White	58%	56%	55%	58%	54%
	BME	SUPP	35%	23%	33%	38%
Medical and dental	White	64%	63%	59%	52%	58%
	BME	50%	42%	38%	39%	38%
Ambulance (operational)	White	SUPP	SUPP	SUPP	SUPP	SUPP
	BME	SUPP	SUPP	SUPP	SUPP	SUPP
Nurses and midwives	White	55%	48%	48%	48%	45%
	BME	SUPP	33%	6%	25%	31%
Healthcare assistants	White	62%	52%	50%	50%	44%
	BME	SUPP	50%	50%	27%	50%
Wider care team	White	53%	50%	48%	47%	49%
	BME	SUPP	SUPP	33%	30%	42%
General management	White	71%	68%	66%	63%	60%
	BME	SUPP	SUPP	SUPP	SUPP	SUPP
Other	White	52%	53%	43%	48%	55%
	BME	SUPP	SUPP	SUPP	SUPP	SUPP

**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

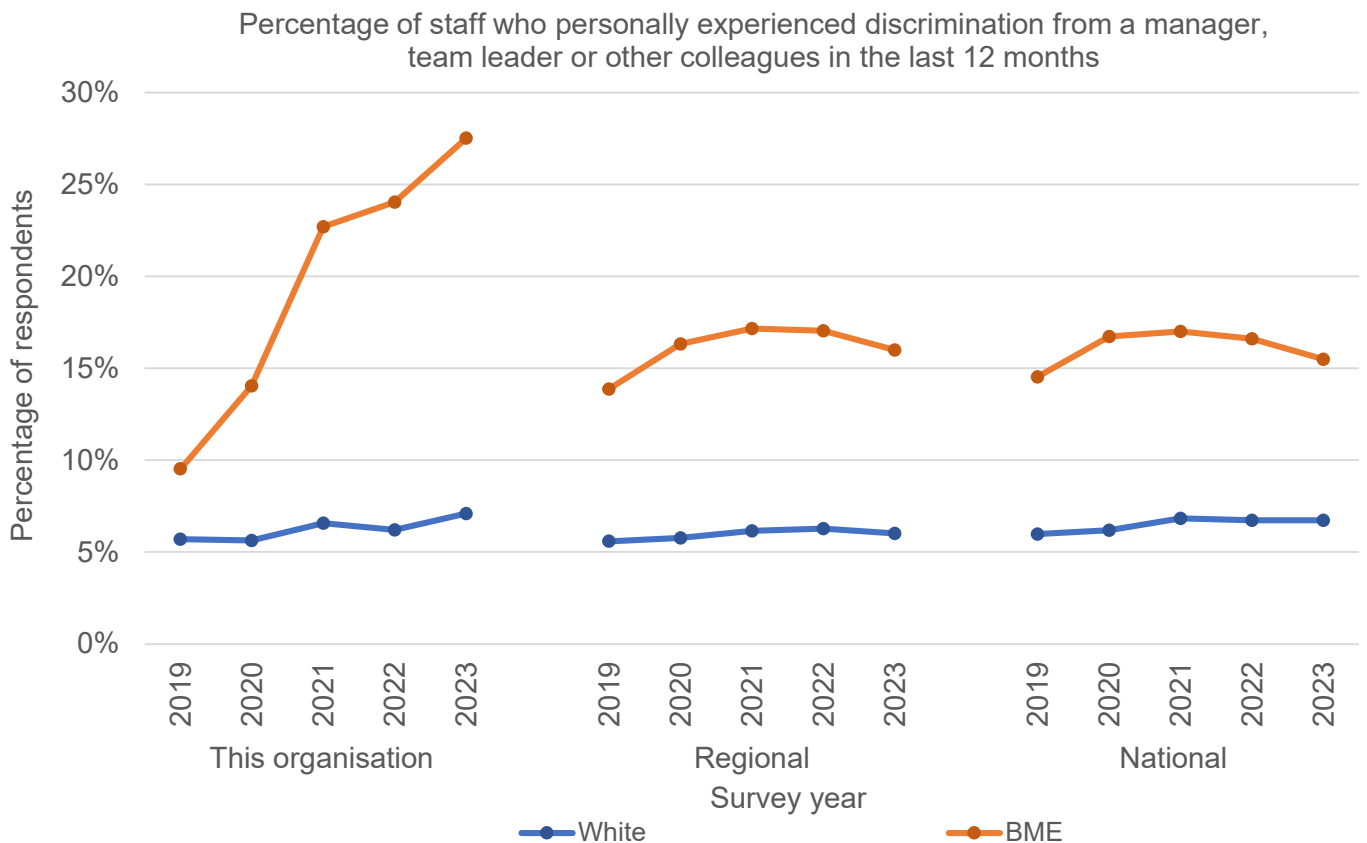
SUPP = Suppressed (percentages based on 10 or fewer respondents have been suppressed)

## Indicator 8

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

**Success metric "b" for High Impact Action 6: Improvement in staff survey results on discrimination from line managers/teams (ALL Staff).**

The percentage of staff who personally experienced discrimination from other staff in the last 12 months was significantly higher for BME staff, 27.5%, than for White staff, 7.1%.



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

Ethnicity		Survey year				
		2019	2020	2021	2022	2023
This organisation	White	6%	6%	7%	6%	7%
	BME	10%	14%	23%	24%	28%
North West	White	6%	6%	6%	6%	6%
	BME	14%	16%	17%	17%	16%
National	White	6%	6%	7%	7%	7%
	BME	15%	17%	17%	17%	15%
This organisation, detailed breakdown	White British	5%	5%	6%	6%	7%
	White "other"	11%	12%	10%	12%	16%
	Asian	10%	11%	15%	15%	23%
	Black	0%	20%	31%	37%	36%
	Mixed/other	15%	19%	26%	32%	28%

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

Ethnicity and gender	Survey year				
	2019	2020	2021	2022	2023
Overall	6%	6%	8%	8%	10%
White women	6%	5%	6%	6%	7%
BME women	18%	13%	26%	23%	34%
White men	4%	7%	8%	7%	9%
BME men	3%	13%	21%	23%	9%

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

Occupation Ethnicity		Survey year				
		2019	2020	2021	2022	2023
Allied health prof.	White	6%	6%	6%	7%	7%
	BME	SUPP	24%	31%	27%	24%
Medical and dental	White	5%	6%	7%	7%	7%
	BME	5%	14%	12%	23%	14%
Ambulance (operational)	White	SUPP	SUPP	SUPP	SUPP	SUPP
	BME	SUPP	SUPP	SUPP	SUPP	SUPP
Nurses and midwives	White	6%	6%	8%	8%	8%
	BME	SUPP	17%	36%	26%	40%
Healthcare assistants	White	10%	7%	8%	4%	7%
	BME	SUPP	17%	20%	18%	14%
Wider care team	White	4%	5%	5%	5%	6%
	BME	SUPP	SUPP	8%	10%	11%
General management	White	3%	0%	6%	3%	9%
	BME	SUPP	SUPP	SUPP	SUPP	SUPP
Other	White	9%	6%	8%	4%	7%
	BME	SUPP	SUPP	SUPP	SUPP	SUPP

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

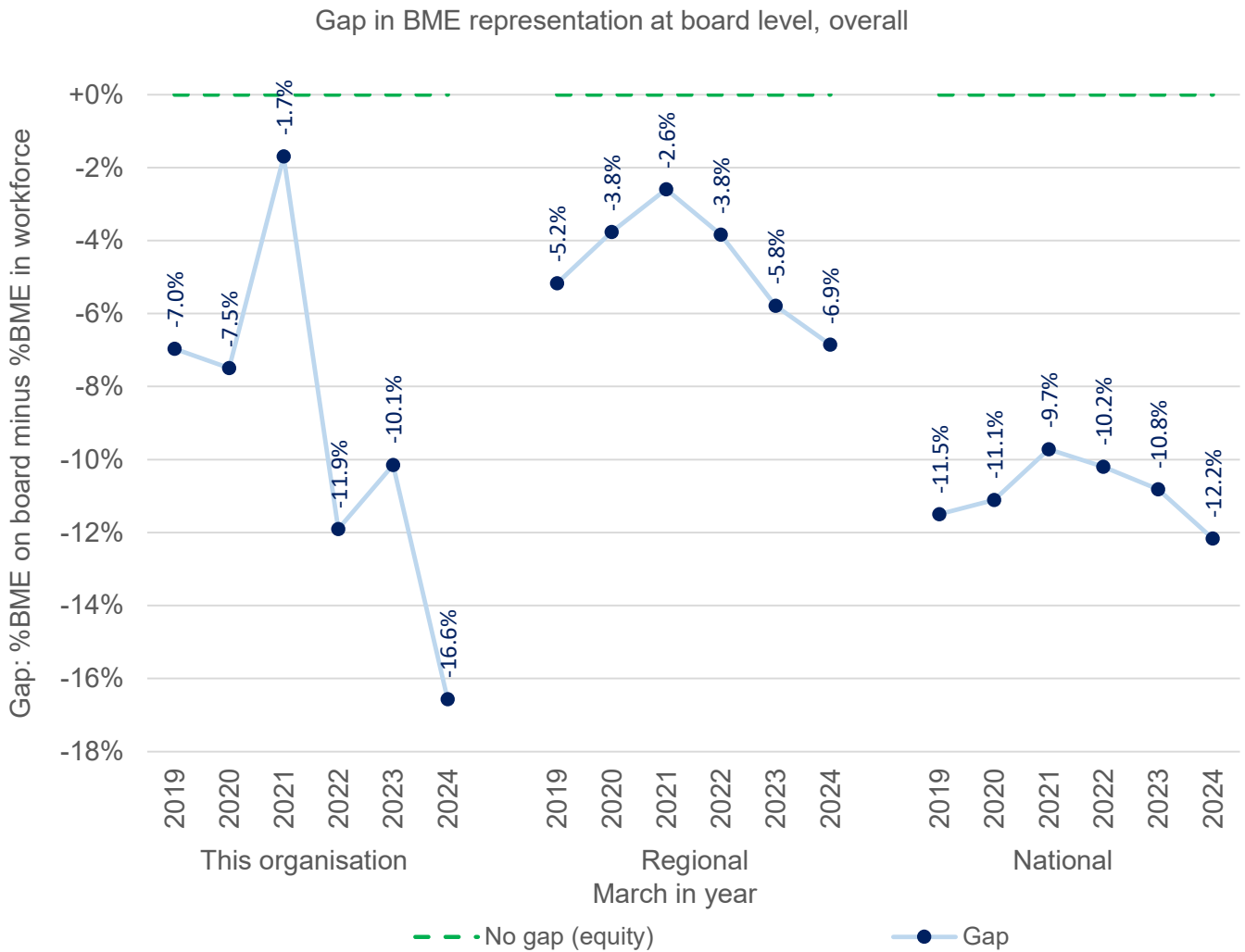
	Benchmark
	Very high
	High
	Quite high
	Similar to benchmark
	Quite low
	Low
	Very low

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

## Indicator 9

### Overall board membership

At March 2024, the difference between BME representation on the board and in the workforce was -16.6%. BME members were underrepresented on the board by two members in terms of a headcount.

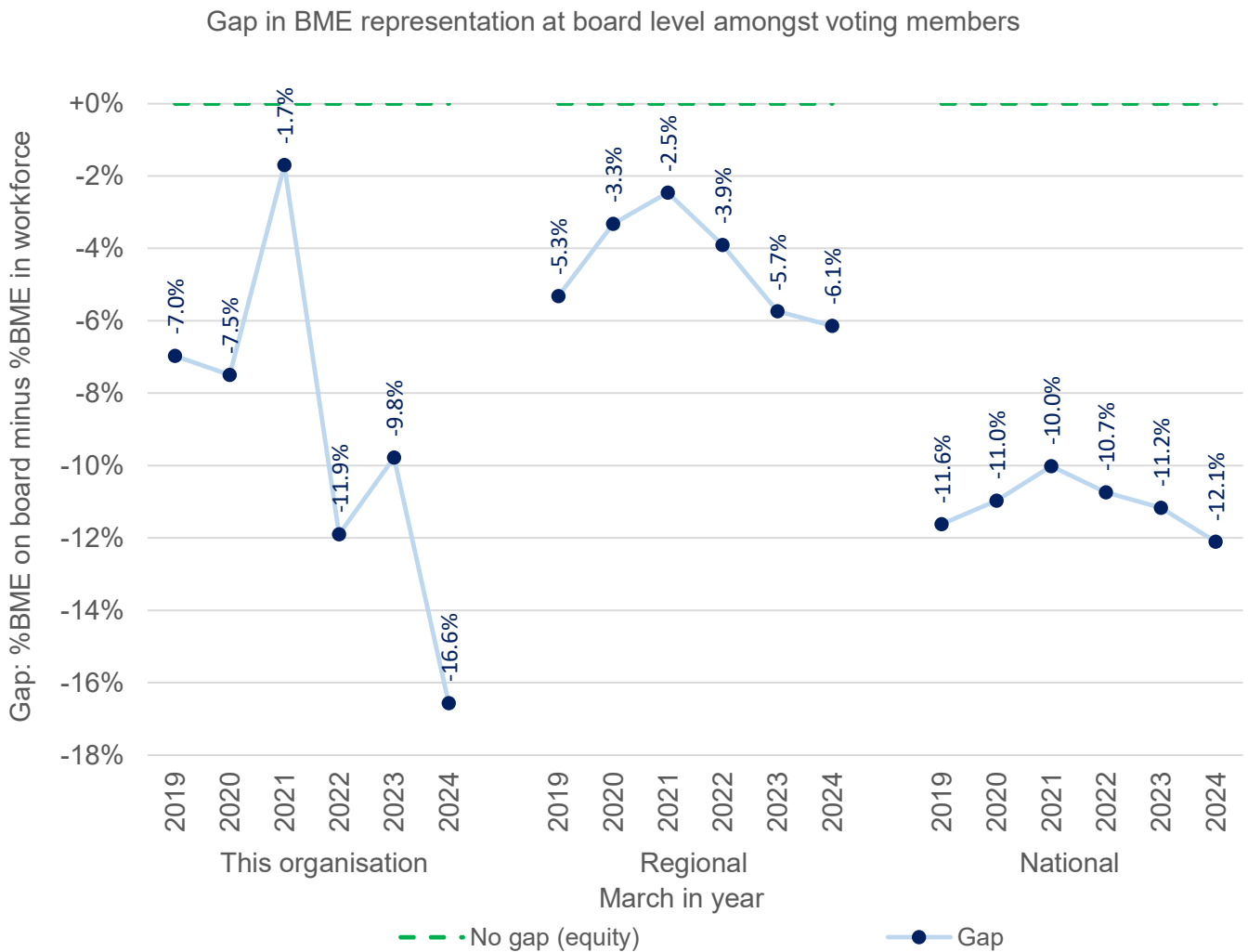


	Reporting year					
	2019	2020	2021	2022	2023	2024
This organisation	-7.0%	-7.5%	-1.7%	-11.9%	-10.1%	-16.6%
North West	-5.2%	-3.8%	-2.6%	-3.8%	-5.8%	-6.9%
National	-11.5%	-11.1%	-9.7%	-10.2%	-10.8%	-12.2%

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

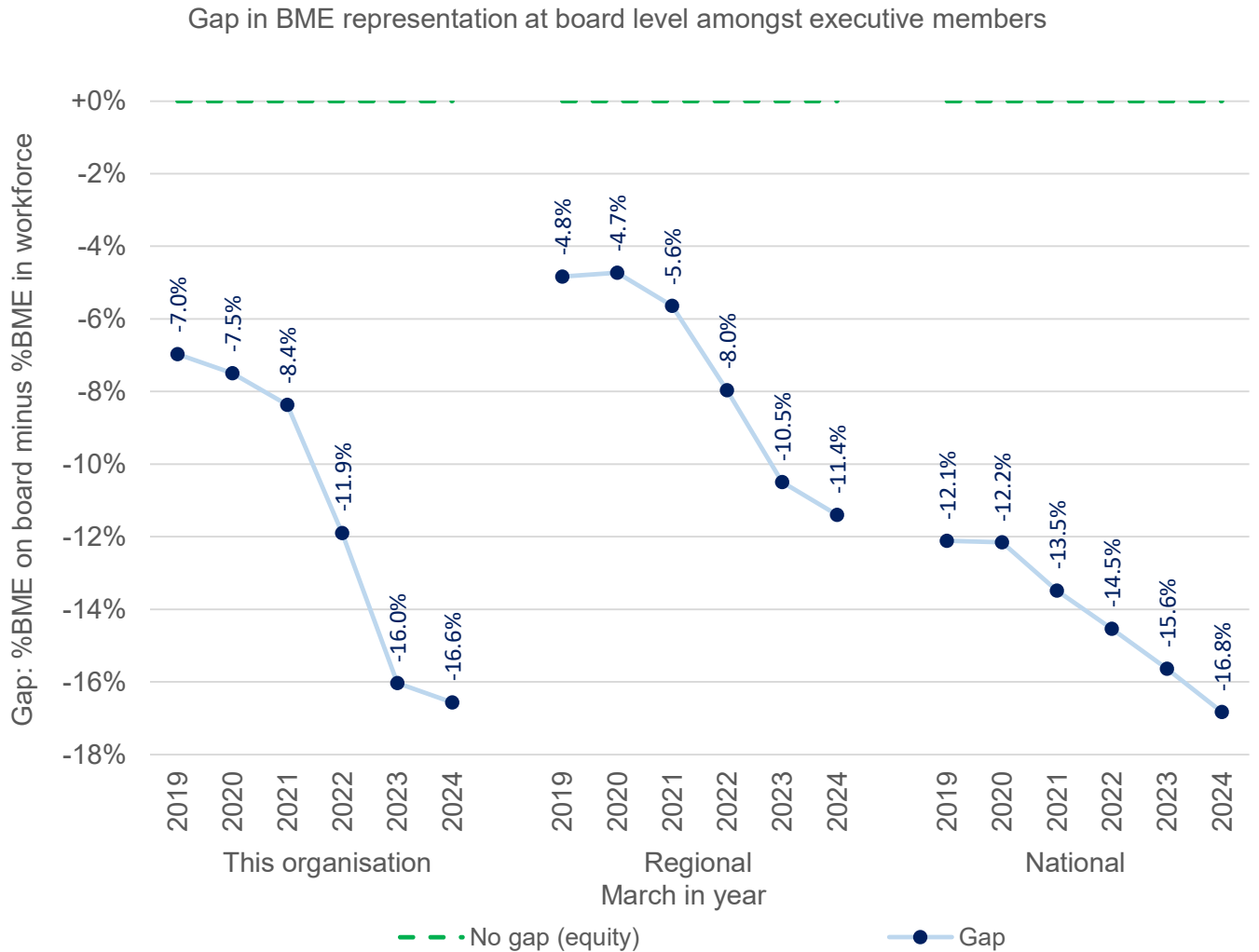
At March 2024, the difference between BME representation on the board and in the workforce was -16.6% amongst voting members. BME members were underrepresented on the board by two voting members in terms of a headcount.



	Reporting year					
	2019	2020	2021	2022	2023	2024
This organisation	-7.0%	-7.5%	-1.7%	-11.9%	-9.8%	-16.6%
North West	-5.3%	-3.3%	-2.5%	-3.9%	-5.7%	-6.1%
National	-11.6%	-11.0%	-10.0%	-10.7%	-11.2%	-12.1%

## Executive board membership

At March 2024, the difference between BME representation on the board and in the workforce was -16.6% amongst executive members. BME members were underrepresented on the board by one executive member in terms of a headcount.



	Reporting year					
	2019	2020	2021	2022	2023	2024
This organisation	-7.0%	-7.5%	-8.4%	-11.9%	-16.0%	-16.6%
North West	-4.8%	-4.7%	-5.6%	-8.0%	-10.5%	-11.4%
National	-12.1%	-12.2%	-13.5%	-14.5%	-15.6%	-16.8%