

Workforce Race Equality Standard (WRES) Report May 2023

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Introduction and Background

The WRES has been mandated in the NHS Contract since 2015 to help ensure that Black Minority Ethnicities (BME) staff have equal access to career opportunities and fair treatment in the workplace. National NHS research data has indicated that less favourable treatment of BME staff can and does occur. NHS England and the NHS Equality and Diversity Council created the WRES as a tool to enable NHS organisations to address this. The Trust submits WRES data annually to demonstrate progress against 9 indicators of workforce race equality.

Nine WRES Indicators

Two indicators (1 and 9) focus on BME representation across the Trust at Board Level, in senior management, and across all Pay Bands clinical and non-clinical.

Three relate to likelihood of shortlisting to appointment (2) disciplinary (3), and access to non-mandatory training and continued professional development (4).

The other indicators (5 to 8) are in the National NHS Staff Survey and highlight any differences in the experience and treatment of White and BME staff in relation to patient or colleague conduct, and their belief in Equal Opportunities.

Submitted data is benchmarked nationally for transparency and for sharing of learning and good practice. Trusts are expected to understand their data, report on it, make inquiry into causes of any poor results and have robust evidenced action plans.

The National Report produced covers progress and recommendations and will be available from February 2024.

Workforce Race Equality Standards Indicator Results

Total staff and Declaration of Ethnicity

	2021	2022	2023
Total Staff	8022	8104	8206
Non declaration	3.6%	3.7%	3.9%
Equates to staff Number	289	300	321

BHFT Staff ratios and declaration	2021		2022		2023	
Total Staff numbers	8022		8106		8206	
BME staff -	3470	43.3%	3680	45.4%	3867	47.1%
White staff -	4265	53.2%	4126	50.9%	4018	49%
Proportion self-reporting ethnicity	7734	96.4%	7806	96.3%	7885	96.1%
Non- declaration by staff	288	3.6%	300	3.7%	351	3.9%

For each of these workforce indicators, we compare the data for White and BME staff. If we are reviewing relative likelihood, a score of less than one is more favourable to BME Staff.

<u>Indicator 1 - Percentage of BME staff in each salary range by clinical / non-clinical staff</u> compared to the percentage of staff in the overall workforce.

Key	Underrepresented and	Underrepresented and	Overrepresented by
	reduced from 2022	improved from 2022	BME

Grades	<u> </u>		C	Clinical	•	•	•		•	NO	V Clinica	l	•	•	Grand
Bands	BME	%	White	%	NR	%	Total	BME	%	White	%	NR	%	Total	Total
Band 1	0	0.0%	2	100.0%	0	0.0%	2	10	38.5%	15	57.7%	1	3.85%	26	28
Band 2	399	45.1%	436	49.3%	50	5.6%	885	155	39.5%	231	58.9%	6	1.53%	392	1277
Band 3	149	33.8%	262	59.4%	30	6.8%	441	112	27.4%	281	69.6%	12	2.99%	405	846
Band 4	142	41.4%	189	55.1%	12	3.5%	343	129	28.2%	318	69.4%	11	2.40%	458	801
Band 5	839	68.3%	328	26.7%	61	5.0%	1228	59	29.4%	138	67.7%	6	2.99%	203	1431
Band 6	579	48.6%	591	49.6%	22	1.8%	1192	44	35.5%	77	62.1%	3	2.42%	124	1316
Band 7	238	30.3%	536	68.3%	11	1.4%	785	32	29.6%	74	68.5%	2	1.85%	108	893
Band 8a	72	39.1%	108	58.7%	4	2.2%	184	23	38.3%	37	61.7%	0	0.00%	60	244
Band 8b	14	25.9%	38	70.4%	2	3.7%	54	5	12.2%	35	85.4%	1	2.44%	41	95
Band 8c	1	6.7%	14	93.3%	0	0.0%	15	5	22.7%	17	77.3%	0	0.00%	22	37
Band 8d	3	30.0%	7	70.0%	0	0.0%	10	1	6.3%	15	93.8%	0	0.00%	16	26
Band 9	1	33.3%	2	66.7%	0	0.0%	3	2	16.6%	10	85.7%	0	0.00%	12	15
VSM	0	0.0%	2	100.0%	0	0.0%	2	0	0.00%	6	100.0%	0	0.00%	6	8
Ad hoc	0	0.0%	1	100.0%	0	0.0%	1	0	0.00%	0	0.00%	0	0.00%	0	1
Junior	309	73.4%	77	18.3%	35	8.3%	421								421
Middle	218	77.6%	29	10.3%	34	12.1%	281								281
Consultant	326	67.1%	142	29.2%	18	3.7%	486								486
	3290		2764		279		6333	577		1254		42		1873	8206

2023 compared to 2022

• BME staff continue to be under-represented within clinical 8c, 8d and VSM and non clinical 7, 8b, 8d and VSM.

• BME staff have improved representation but continue to be underrepresented in clinical band 3, 7, 8a, 8b and 9 and non-clinical band 3, 4, 5, 6, 8c and VSM

<u>INDICATOR 2 - Relative likelihood of staff being appointed from shortlisting across all posts</u>

Year	2021	2022	2023
Relative likelihood	1.25	1.73	2.40

BHFT 2022	Number of applications	Number shortlisted	Number Interviewed		% shortlisted from applications	Interviewed from	% recruited from Shortlisting	from
white	3431	1281	1032	661	37.3%	80.6%	51.6%	64.1%
BME	21070	6583	2870	1414	31.2%	43.6%	21.5%	49.3%
not known	2186	496	258	98	22.7%	52.0%	19.8%	38.0%
TOTAL	26687	8360	4160	2173				

• The data shows that BME staff are 2.4x less likely to be appointed than white staff following shortlisting.

<u>INDICATOR 3 -</u> Relative likelihood of staff entering the formal disciplinary process, (by entry into a formal disciplinary investigation)

	At Y/E March 2021	At Y/E March 2022	At Y/E March 2023
Number	36	58	56
Ratio	0.41	1.2	1.8

BHFT	Total Emp	oloyees	Total Discipl	inary Cases	Cases as Proportion of Total Workforce
2023	No	%	No.	%	%
White	4018	49%	20	34.5%	0.2%
BAME	3886	47.1%	36	62.1%	0.4%
	7904		56		0.7%
Unknown	321	3.9%	2	3.4	0.02%
	8206		58	0.7%	0.7%

BHFT	Total Emp	oloyees	Total Discipl	inary Cases	Cases as Proportion of Total Workforce
2022	No	%	No.	%	%
White	4126	50.9%	28	48.3%	0.3%
BAME	3680	45.4%	30	51.7%	0.4%
	7806		58		0.7%
Unknown	300	3.7%	6	9.4%	0.07%
	8106		64	0.8%	0.8%

 BME staff are more likely to experience the disciplinary process compared to white staff.

<u>INDICATOR 4</u> - Relative likelihood of staff accessing non-mandatory training and Continued Professional Development (CPD)

Y/E March 31 st	2021	2022	2023
BHFT	0.87	0.86	1

BHFT	Total	Number	%
2023	Employees	accessed	
White	4018	3702	92%
BAME	3867	3541	92%
	7885	7243	
Unknown	321	296	
	8206	7939	

• Accessing training and CPD is the same rate for BME and white staff

<u>INDICATOR 5</u> (Staff Survey) - Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months. (Lower score better)

BHFT	2021	Acute Average	Difference for BHFT
BME	29.6%	28.0%	+1.6%
White	26.4%	25.4%	+1%
Gap for BME	+3.2%	+2.6%	
BHFT	2022	Acute Average	Difference for BHFT
BME	28.6%	28.8%	-0.2%
White	29.6%	26.5%	+3.1%
Gap for BME	-1.0%	+2.3%	
BHFT	2023	Acute Average	Difference for BHFT
BME	32.6%	30.8%	+2.2%
White	29.5%	26.9%	+2.6%
Gap for BME	+3.1%	+3.9%	

- These results were not good for staff overall Local and National
- There has been an increase in the last year of BME staff reporting the experience from patients that is not above the acute average and remains higher that white staff

INDICATOR 6 – (Staff Survey) Percentage of staff experiencing harassment, bullying or
abuse from staff in last 12 months. (Lower score better)

BHFT	2021	Acute Average	Difference for BHFT
BME	25.3%	29.4%	- 4.1%
White	26%	24.4%	+1.6%
Gap for BME	- 0.7%	+5%	
BHFT	2022	Acute Average	Difference for BHFT
BME	24.2%	28.5%	-4.3%
White	23.2%	23.6%	-0.4%
Gap for BME	+1%	+4.9%	
BHFT	2023	Acute Average	Difference for BHFT
BME	25.6%	28.8%	-3.2%
White	24.7%	23.3%	+1.4%
Gap for BME	+0.9%	+5.5%	

- These results were not good for staff overall Local and National
- There has been a slight increase in the last year of BME staff reporting the experience from staff that is not above the acute average and remains slightly higher that white staff

BHFT	HFT 2021		Difference for BHFT	
BME	1E 45.3%		+0.1%	
White	58.9%	59.4%	-0.5%	
Gap for BME	-13.6%	-14.2%		
BHFT	2022	Acute Average	Difference for BHFT	
BME 46.2%		44.6%	+1.6%	
White 59.5%		58.6%	+1.1%	
Gap for BME	-13.3%	-14.0%		
BHFT	2023	Acute Average	Difference for BHFT	
BME 48.7%		47%	+1.7%	
White 60.1%		58.6%	+1.6%	
Gap for BME	-11.4%	-11.6%		

<u>Indicator 7</u> - (Staff Survey) - Percentage believing that Trust provides equal opportunities for career progression or promotion (Higher score better)

• There has been a slight increase in staff reporting positively and BME staff at BedsFT are above the national average. However, there remains a significant difference between white and BME staff (which is in line with the national average).

<u>INDICATOR 8</u> – (Staff Survey) In the last 12 months have you personally experienced discrimination at work from any of the following? Manager/team leader or other colleagues. (Lower score better)

BHFT RESULTS	2021	Acute Average	Difference for BHFT
BME	14.1%	16.8%	-2.1%
White	6.4%	6.1	+0.3%
Gap for BME	+7.7%	+10.7%	
BHFT RESULTS	2022	Acute Average	Difference for BHFT
BME	17.2%	17.3%	-0.1%
White	7.1%	6.1	+1.0%
Gap for BME	+10.1%	+11.2%	
BHFT RESULTS	2023	Acute Average	Difference for BHFT
BME	14.3%	17.3%	-3%
White	7.7%	6.5%	+1.2%
Gap for BME	+6.6%	+0.8%	

• There has been a decrease in staff reporting discrimination from BME staff compared to 2022 which is also below the acute average. However, the BME staff are reporting higher levels

<u>Indicator 9</u> - Board representation indicator (compares the difference for White/ BME staff).

Percentage difference between the organisations' Board voting membership and its overall workforce and Executive membership to overall workforce.

	2022		20	23
Numbers	White	BME	White	BME
TOTAL Board	19	1	19	2
Voting member	15	1	15	2
Non-voting member	4	0	4	0
Executive	7	0	7	0
Non-Executive	8	1	8	2
Workforce BME %	45.4%		47.12%	
Voting Board BME Representation	6.67%		13.33%	
Voting gap in representation	-38.73%		-33.79%	
Executive gap in representation	-45.4%		-47.12%	

• The gap has reduced slightly for the Board voting but remains high for the Executive



Workforce Race Equality Standard (WRES) Metrics Comparator Table 2020-2023:

Summary Trustwide Data

WRES Indicator	2020/21*	2021/22*	2022/23*	Notes	Performance
 Percentage of staff in each of the AfC Bands 1- 9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce (Workforce Data) 	43.3%	45.4%	47.1%	 BME staff continue to be under-represented within clinical 8c, 8d and VSM and non clinical 7, 8b, 8d and VSM. BME staff have improved representation but continue to be underrepresented in clinical band 3, 7, 8a, 8b and 9 and non-clinical band 3, 4, 5, 6, 8c and VSM BME are over represented in clinical band 5 and all medical grades Overall BME levels have increased by 1.7%. It is noted that 3.9% (or n=321) of the Trust's staff ethnicity is unknown; a figure which has marginally increased over the last year The population served by the Trust is different depending on the Borough. Overall Bedfordshire is approx. 30.2% BME. Luton 54.8% BME Gentral Bedfordshire 9.8% BME Bedford Borough 26% BME 	SOME IMPROVEMENT BUT INEQUALITIES ARE STILL EVIDENT
 Relative likelihood of staff being appointed from shortlisting across all posts. (Workforce Data) 	1.25	1.73	2.40	 The overall likelihood of white staff being appointed from shortlisting compared to BME staff has decreased over the last year. The data shows that BME staff are 2.4x less likely to be appointed than white staff following shortlisting. This figure is a challenge. The Trust has increased BME staff but this figure is saying you are over twice as likely to be appointed from shortlisting if you are white. On reviewing BME Staff appointed from interview – this figure is more equitable (
 Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary 	0.41	1.2	1.8	 During the last year the proportion of BME staff compared to white staff entering the formal disciplinary process has increased, suggesting that if you are BME you are more likely to experience the disciplinary process compared to white staff. The total number of disciplinary cases in 2020/21 was at a similar level to 2021/22, however the overall Trust BME staffing numbers have increased giving a lower percentage. A figure below "1" would indicate that BME staff members are less likely than white staff to enter the formal disciplinary process. 	

	WRES Indicator	2020/21*	2021/22*	2022/23*	Notes	Performance
4.	Relative likelihood of White staff accessing non- mandatory training and Continuous Professional Development (Workforce Data)	0.87	0.86	1	 Access to CPD and non-mandatory training was lower across all staff groups between 2020/21 and 2021/22; this may have been as a consequence of the Pandemic. It is noteworthy that proportionately this drop is less significant for BME staff compared to white staff. During 2021/22 44.8% of staff from BME backgrounds accessed non mandatory training & CPD. This is a increase from 31.0% in 2020/21. As a result the Trust is equitable in relation to access to NMTCPD than last year. A figure below "1" would indicate that white staff members are less likely to access non-mandatory training and CPD than BME staff 	EQUITABLE
5.	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months. *	29.6% BME 26.4% White	28.6% BME 29.6% White	32.6% BME 29.5% White	 The proportion of BME staff experiencing bullying and harassment from patients etc. has risen over the last year by 4% and is now higher this year than white staff. This sits above the BME national average (30.8%) 	
6.	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months. *	25.3% BME 26% White	24.2% BME 23.2% White	26.6% BME 24.7% White	 The proportion of staff experiencing bullying & harassment from other staff members has risen over the last year. It remains slightly higher for BME staff over the last 5 years. This remains an issue for the Trust for all staff and these figures are not where we would like them to be. However, in this instance these figures are largely equitable. This sits below the BME national average (28.8%) 	LARGELY EQUITABLE BUT SOME INEQUALITIES ARE EVIDENT
7.	Percentage believing that trust provides equal opportunities for career progression or promotion.*	45.3% BME 58.9% White	42.2% BME 59.5% White	48.7% BME 60.1% White	 The percentage of both BME and white staff believing that the Trust provides equal opportunities for career progression and promotion has increased over the last year. However, the proportion of BME staff being positive in this respect continues to be lower than for white staff. This sits above the BME national average (47%). 	IMPROVEMENT BUT INEQUALITIES ARE STILL EVIDENT
8.	In the last 12 months have you personally experienced discrimination at work from any of the following? Manager/team leader or other colleagues. *	14.1% BME 6.4% White	17.2% BME 7.1% White	14.3% BME 7.7% White	 The proportion of BME staff experiencing discrimination has decreased between 2020/21 and 2021/22, but still remains significantly higher than for white staff. This sits below the BME national average (17.3%). 	IMPROVEMENT BUT INEQUALITIES ARE STILL EVIDENT

WRES Indicator	2020/21*	2021/22*	2022/23*	Notes	Performance
 Percentage difference between the organisations' Board voting membership and its overall workforce. (Workforce Data) 	6.25% -37.05%	6.67% -38.73%	13.33% <mark>-33.79%</mark>	 The gap between the Trust Board's BME voting membership and its overall BME workforce has decreased over the last year BME Board Voting Board membership is 35.3% lower than the Trust's BME workforce total of 47.1%. The population served by the Trust is different depending on the Borough. Overall Bedfordshire is approx. 30.2% BME. Luton 54.8% BME Central Bedfordshire 9.8% BME Bedford Borough 26% BME 	IMPROVEMENT BUT INEQUALITIES ARE STILL EVIDENT

* Annual Staff Survey