

Workforce Race Equality Standard (WRES) Report

May 2024

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Approved by Formal Executive	28 th May 2024

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	2024
Total Staff	8022	8104	8206	8996
Non declaration	3.6%	3.7%	3.9%	4.3%
Equates to staff Number	289	300	321	385

BHFT Staff ratios and declaration	2021		2022		2023		2024	
Total Staff numbers	8022		8106		8206		8996	
BME staff -	3470	43.3%	3680	45.4%	3867	47.1%	4495	50%
White staff -	4265	53.2%	4126	50.9%	4018	49%	4226	45.8%
Proportion self-reporting ethnicity	7734	96.4%	7806	96.3%	7885	96.1%	8611	95.7%
Non- declaration by staff	288	3.6%	300	3.7%	351	3.9%	385	4.3%

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.

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

Key	■	Underrepresented and reduced from 2023	■	Underrepresented and improved from 2023	■	Overrepresented by BM3
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2024 compared to 2023

2024															
Grades Bands	Clinical							NON Clinical							Grand
	BME		White		NR		Total	BME		White		NR		Total	Total
Band 1	0	0.0%	2	100.0%	0	0.0%	2	9	37.5%	14	58.3%	1	4.2%	24	26
Band 2	526	54.9%	375	39.1%	57	5.9%	958	169	41.4%	225	55.1%	14	3.4%	408	1366
Band 3	209	39.2%	294	55.2%	30	5.6%	533	132	30.1%	294	67.0%	13	3.0%	439	972
Band 4	156	42.4%	199	54.1%	13	3.5%	368	150	31.3%	317	66.2%	12	2.5%	479	847
Band 5	949	71.6%	317	23.9%	60	4.5%	1326	67	30.9%	145	66.8%	5	2.3%	217	1543
Band 6	709	52.4%	613	45.3%	32	2.4%	1354	41	33.1%	79	63.7%	4	3.2%	124	1478
Band 7	272	31.5%	570	66.0%	21	2.4%	863	41	32.3%	84	66.1%	2	1.6%	127	990
Band 8a	74	37.6%	117	59.4%	6	3.0%	197	25	34.2%	47	64.4%	1	1.4%	73	270
Band 8b	18	30.5%	39	66.1%	2	3.4%	59	6	15.8%	32	84.2%	0	0.0%	38	97
Band 8c	1	7.1%	13	92.9%	0	0.0%	14	8	27.6%	19	65.5%	2	6.9%	29	43
Band 8d	3	30.0%	7	70.0%	0	0.0%	10	2	12.5%	14	87.5%	0	0.0%	16	26
Band 9	1	33.3%	2	66.7%	0	0.0%	3	1	8.3%	11	91.7%	0	0.0%	12	15
VSM	0	0.0%	3	100.0%	0	0.0%	3	0	0.0%	7	100.0%	0	0.0%	7	10
Ad hoc	0	0.0%	0	0.0%	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0
Junior	349	70.8%	93	18.9%	51	10.3%	493								
Middle	230	75.9%	31	10.2%	42	13.9%	303								
Consultant	347	67.1%	153	29.6%	17	3.3%	517								
	3844		2828		331		7003	651		1288		54		1993	8996

- BME staff continue to be under-represented within clinical 8a, 8d band 9 and VSM and non clinical 6, 8a, 8b, 9 and VSM.
- BME staff have improved representation but continue to be underrepresented in clinical band 3, 4, 7, 8b and 8c and non-clinical band 3, 4, 5, 7, 8c and 8d
- BME staff are over represented in Clinical bands 2, 5, 6 and all medical grades

INDICATOR 2 - Relative likelihood of staff being appointed from shortlisting across all posts

Year	2021	2022	2023	2024
Relative likelihood	1.25	1.73	2.40	4.21

	Number of applications	Number shortlisted	Number interviewed	Number recruited	% shortlisted from applications	% interviewed from shortlist	% recruited from shortlisting	% recruited from interview
White	6907	3387	1879	668	49.04%	55.48%	19.72%	35.55%
BME	66596	26486	5396	1240	39.77%	20.37%	4.68%	22.98%
Not stated	994	434	173	129	43.66%	39.86%	29.72%	74.57%
Total	74497	30307	7448	2037	40.68%	24.58%	6.72%	27.35%

The data shows that BME staff:

- are 4.21x less likely to be appointed than white staff following shortlisting
- Are 1.67x less likely to be appointed than white staff following interview

This figure is a challenge. The Trust has increased BME staff employment from 47.1% to 50% but this figure is saying you are over twice as likely to be appointed from shortlisting if you are white.

INDICATOR 3 - 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	At Y/E March 2024
Number	36	58	56	37
Ratio	0.41	1.2	1.8	1.12

BME staff are more slightly more likely to experience the disciplinary process compared to white staff but the Trust has seen an improving position to a more equitable result.

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

Y/E March 31 st	2021	2022	2023	2024
BHFT	0.87	0.86	1	1

BHFT 2024	Total Employees	Number accessed	%
White	4494	4181	93%
BAME	4117	3813	93%
	8611	7994	
Unknown	385	354	
	8996	8348	

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

INDICATOR 5 (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%	
BHFT	2024	Acute Average	Difference for BHFT
BME	27%	28.1%	-1.1%
White	26.6%	24.7%	+1.9%
Gap for BME	+0.4%	+3.4%	

The proportion of BME staff experiencing bullying and harassment from patients etc. has decreased over the last year by 5.6% and remains slightly higher than white staff.

This sits below the BME national average (28.1%)

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%	
BHFT	2024	Acute Average	Difference for BHFT
BME	25.2%	28.1%	-2.9%
White	22.6%	22.4%	+0.2%
Gap for BME	+2.6%	+5.7%	

The proportion of staff experiencing bullying & harassment from other staff members has reduced over the last year.

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 (26.2%)

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

BHFT	2021	Acute Average	Difference for BHFT
BME	45.3%	45.2%	+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%	
BHFT	2024	Acute Average	Difference for BHFT
BME	48.8%	49.6%	-0.8%
White	63.7%	58.8%	+4.9%
Gap for BME	+14.9%	+9.2%	

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 below the BME national average (49.6%).

INDICATOR 8 – (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%	
BHFT	2024	Acute Average	Difference for BHFT
BME	13.2%	16.2%	-3%
White	7.2%	6.7%	+0.5%

Gap for BME	+6%	+12.3%	
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- The proportion of BME staff experiencing discrimination has decreased, but still remains significantly higher than for white staff.
- This sits below the BME national average (16.2%).

Indicator 9 - 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		2023		2024	
Numbers	White	BME	White	BME	White	BME
TOTAL Board	19	1	19	2	20	3
Voting member	15	1	15	2	15	2
Non-voting member	4	0	4	0	5	1
Executive	7	0	7	0	7	0
Non-Executive	7	1	6	2	6	2
Workforce BME %	45.4%		47.12%		50%	
Voting Board BME Representation	6.67%		13.33%		13.33%	
Voting gap in representation	-38.73%		-33.79%		-36.7%	
Executive gap in representation	-45.4%		-47.12%		-50%	






Due to the change in workforce demographics, the gap has increased slightly.


The focus moving forward for the Trust:

- Provide bespoke training to managers to develop knowledge and understanding relating to the management of career progression of BME staff.
- Refocus on BME staff recruitment challenges around shortlisting to interview.
- Continue to promote the declaration of BME staff on ESR.
- Review the Trust stance on the Anti-racism charter.

Workforce Race Equality Standard (WRES) Metrics Comparator Table 2020-2024: Summary Trustwide Data

WRES Indicator	2020/21	2021/22	2022/23	2023/24	Notes	Performance
1. 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%	50%	<ul style="list-style-type: none"> BME staff continue to be under-represented within clinical 8a, 8d band 9 and VSM and non clinical 6, 8a, 8b, 9 and VSM. BME staff have improved representation but continue to be underrepresented in clinical band 3, 4, 7, 8b and 8c and non-clinical band 3, 4, 5, 7, 8c and 8d BME staff are over represented in Clinical bands 2, 5, 6 and all medical grades Overall BME levels have increased by 2.9%. It is noted that 4.3% (or n=385) of the Trust's staff ethnicity is unknown; a figure which has increased over the last year The population served by the Trust is different depending on the Borough. Overall Bedfordshire is approx. 30.2% BME. <ul style="list-style-type: none"> Luton 54.8% BME Central Bedfordshire 9.8% BME Bedford Borough 26% BME 	<p>SOME IMPROVEMENT BUT INEQUALITIES ARE STILL EVIDENT</p>
2. Relative likelihood of staff being appointed from shortlisting across all posts. (Workforce Data)	1.25	1.73	2.40	4.21	<ul style="list-style-type: none"> 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 4.21x less likely to be appointed than white staff following shortlisting. This figure is a challenge. The Trust has increased BME staff employment from 47.1% to 50% but this figure is saying you are over four times as likely to be appointed from shortlisting if you are white. On reviewing BME Staff appointed from interview – this figure is more equitable 1.67 x less likely to be appointed 	<p>LESS EQUITABLE</p>
3. Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary	0.41	1.2	1.8	1.12	<ul style="list-style-type: none"> 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. 	<p>LARGELY EQUITABLE BUT SOME INEQUALITIES ARE EVIDENT</p>

WRES Indicator	2020/21	2021/22	2022/23	2023/24	Notes	Performance
4. Relative likelihood of White staff accessing non-mandatory training and Continuous Professional Development (Workforce Data)	0.87	0.86	1	1	<ul style="list-style-type: none"> 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. The Trust is equitable in relation to access to NMTCPD 	 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	27.0% BME 26.6% White	<ul style="list-style-type: none"> The proportion of BME staff experiencing bullying and harassment from patients etc. has decreased over the last year by 5.6% and remains slightly higher than white staff. This sits below the BME national average (28.1%) 	 EQUITABLE
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	25.2% BME 22.6% White	<ul style="list-style-type: none"> The proportion of staff experiencing bullying & harassment from other staff members has reduced over the last year. It remains 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 (26.2%) 	 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	48.8% BME 63.7% White	<ul style="list-style-type: none"> 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 below the BME national average (49.6%). 	 VERY SLIGHT INCREASE 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	13.2% BME 7.2% White	<ul style="list-style-type: none"> The proportion of BME staff experiencing discrimination has decreased, but still remains significantly higher than for white staff. This sits below the BME national average (16.2%). 	 IMPROVEMENT BUT INEQUALITIES ARE STILL EVIDENT
9.						

WRES Indicator	2020/21	2021/22	2022/23	2023/24	Notes	Performance
10. Percentage difference between the organisations' Board voting membership and its overall workforce. (Workforce Data)	6.25% -37.05%	6.67% -38.73%	13.33% -33.79%	13.33% -36.7%	<ul style="list-style-type: none"> The gap between the Trust Board's BME voting membership and its overall BME workforce has decreased over the last year due to the change in the Trust demographics. BME Board Voting Board membership is lower than the Trust's BME workforce. This has increased this year as the Trust's BME workforce has increased by 2.8% The population served by the Trust is different depending on the Borough. Overall Bedfordshire is approx. 30.2% BME. <ul style="list-style-type: none"> Luton 54.8% BME Central Bedfordshire 9.8% BME Bedford Borough 26% BME 	 LESS EQUITABLE

* Annual Staff Survey