

Workforce Race Equality Standard Data Submission (as at 31st March 2022)

Indicator 1	Percentage of staff in each of the AfC Bands 1-9 or Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce disaggregated by: Non-Clinical staff and Clinical staff (of which: Non-Medical staff and Medical and Dental staff)
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Table 1: Snap shot of BTHFT workforce data over a period of three years

Pay Band	31st March 2020			31st March 2021			31st March 2022		
	White	Ethnic Minorities	Ethnicity Unknown/ NULL	White	Ethnic Minorities	Ethnicity Unknown/ NULL	White	Ethnic Minorities	Ethnicity Unknown/ NULL
1a) Non Clinical Workforce									
Under Band 1	7	8	0	7	7	0	6	8	0
Band 1	56	55	8	20	20	6	18	22	6
Band 2	513	271	19	526	297	19	517	290	19
Band 3	186	84	6	181	82	4	177	93	4
Band 4	252	62	5	245	68	5	245	64	7
Band 5	110	45	2	111	51	5	106	53	5
Band 6	85	34	1	95	31	1	99	43	1
Band 7	106	24	0	111	30	2	111	31	1
Band 8a	35	10	1	39	11	1	45	11	2
Band 8b	31	7	0	26	7	0	27	7	0
Band 8c	14	3	0	16	4	0	15	5	0
Band 8d	8	0	0	10	0	0	12	0	0
Band 9	5	0	0	4	0	0	4	0	0
VSM	7	0	0	6	1	0	6	1	0
1b) Clinical Workforce of which Non-Medical									
Under Band 1	6	2	0	3	1	0	0	0	0
Band 1	0	0	0	0	0	0	1	2	0
Band 2	336	232	4	333	247	4	351	253	7
Band 3	207	95	2	199	99	1	191	103	2
Band 4	99	32	4	117	43	3	111	49	2
Band 5	547	456	22	530	475	23	447	500	18
Band 6	558	178	17	574	184	15	588	228	13
Band 7	394	56	4	398	83	6	428	88	12
Band 8a	121	22	4	128	22	2	142	25	3
Band 8b	29	3	1	33	3	1	34	6	1
Band 8c	15	1	0	16	0	0	13	0	0
Band 8d	3	0	0	5	0	0	6	0	0
Band 9	2	0	0	1	1	0	1	1	0
VSM	1	0	0	1	0	0	1	0	0
of which Medical & Dental									
Consultants	206	104	13	218	117	13	215	123	12
of which Senior Medical Manager	11	4	2	11	5	2	11	5	2
Non-consultant Career Grade	43	37	1	47	46	5	41	48	6
Trainee Grades	166	142	15	194	149	8	159	153	11
Other	0	0	0	0	0	0	0	0	0
TOTAL	4148	1963	129	4194	2079	124	4117	2207	132

Table 2: BTHFT staffing figures over a 3-year period

See Appendix 1 (at the end) for key showing the meaning of the arrows in the data tables

Year	Number of Staff in overall workforce	Number of Staff in overall workforce who have declared their ethnicity	Number of Ethnic Minority Staff in overall workforce	Percentage of Ethnic Minority Staff in overall workforce	Percentage of Senior Leaders from an Ethnic Minority background
March 2020	6240	6111	1963	31.5% (32.11%) ↑	(14.5%)
March 2021	6397	6273	2079	32.5% (33.14) ↑	(14.5%) ↔
March 2022	6456	6324	2207	34.2% (34.9%) ↑	(15.5%) ↑

Nb: For clarity; the calculation as shown for WRES includes the number of Ethnic Minority staff as a percentage of the number of staff in the workforce. We have also included, for reference, the People Academy Dashboard metrics which have always been calculated as the number of ethnic minority staff as a percentage of the staff who have declared their ethnicity (dashboard figures in brackets).

Table 3

Indicator 2	Relative likelihood of staff being appointed from shortlisting across all posts						
	Number of shortlisted applicants		Number appointed from shortlisting		Ratio appointed/shortlisted (relative likelihood of appointment from shortlisting)		The relative likelihood of White staff being appointed compared to Ethnic Minority staff (a higher figure shows White staff more likely to be appointed)
	White	Ethnic Minority	White	Ethnic Minority	White	Ethnic Minority	
March 2020	2894	2841	940	616	32.48%	21.68% ↑	1.5 ↑
March 2021	2481	2217	834	509	33.62%	22.96% ↑	1.5 ↔
March 2022	3142	3690	1000	798	31.83%	21.63% ↓	*1.5 ↔

*A figure above "1" would indicate that White candidates are more than Ethnic Minority candidates to be appointed from shortlisting.

Table 4

Indicator 3	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation		
	Number of staff who are part of a formal disciplinary process		Relative likelihood of Ethnic Minority staff entering the formal disciplinary process compared to White staff
	White	Ethnic Minority	
March 2020	98 (49)	42 (21)	0.91
March 2021	18	17	*1.91 ↑
March 2022	26	11	0.79 ↓

*A figure below "1" would indicate that Ethnic Minority staff members are less likely than White staff to enter the formal disciplinary process.

This Indicator was changed in 2021 to feature 12 months of data (previously shown as 24 months of data) – 2 years data for March 2020 halved in brackets to provide comparison.

Table 5

Indicator 4	Relative likelihood of staff accessing non-mandatory training and CPD
March 2020	1.22
March 2021	1.61
March 2022	2.28

A figure above "1" indicates that White staff members are more likely to access non-mandatory Training and CPD than Ethnic Minority staff.

Table 6

Indicators 5 – 8	National NHS Staff Survey indicators (or equivalent) For each of the four staff survey indicators, compare the outcomes of the responses for White and Ethnic Minority staff							
	Indicator 5 Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months		Indicator 6 Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months		Indicator 7 Percentage of staff believing that trust provides equal opportunities for career progression or promotion		Indicator 8 In the last 12 months have you personally experienced discrimination at work from any of the following? Manager/team leader or other colleagues	
	White	Ethnic Minority	White	Ethnic Minority	White	Ethnic Minority	White	Ethnic Minority
March 2020 (2019 survey)	28.1%	24.53%	20.4%	25%	63.0%	44.0%	4.9%	14.4%
March 2021 (2020 survey)	29.6%	30.3%	24.8%	26.7%	63.0%	46.7%	5%	15.7%
March 2022 (2021 survey)	30.2%	27.3%	22.2%	30.5%	63.6%	43.7%	6.5%	15.4%

Nb. The results for Indicator 7 has been calculated (by the National survey co-ordination centre) differently this year than in previous years and previous years results have been re-calibrated accordingly so they are comparable. In previous years, the percentage reported was those saying 'yes' as a proportion of all staff (excluding those who said 'don't know'). For this year's reporting, the figure reported is the percentage saying 'yes' as a proportion of all those who responded to the survey (including 'don't know').

Table 7

Indicator 9	Percentage difference between the organisations' Board membership and its overall workforce disaggregated: <ul style="list-style-type: none"> By voting membership of the Board By executive membership of the Board 			
	Voting membership of the Board		Executive membership of the Board	
	White	Ethnic Minority	White	Ethnic Minority
March 2020	78.6%	21.4%	100%	0%
March 2021	64.3%	35.7%	88.9%	11.1%
March 2022	66.7%	33.3%	88.9%	11.1%

Summary of WRES data findings and analysis

Areas for Action: Despite many of the findings reflecting the national picture (particularly in relation to the staff survey) the data above highlights some key areas for action which include:

- Increasing Ethnic Minority representation at senior levels
- Improving likelihood of appointment from shortlisting for Ethnic Minority candidates
- Improving likelihood of Ethnic Minority staff accessing non-mandatory training
- Improving staff experience in relation to discrimination and harassment & bullying and from colleagues
- Improving satisfaction with career development opportunities

Areas where we have seen Improvement: Although some of these area's still demonstrate inequalities and require action, there have also been some definite improvements in our data this year;

- Our workforce as a whole now being representative of the local population
- An increase in representation in clinical roles at bands 1 to 8b and with no issues in representation for medical & dental grades
- Improvements in the likelihood of Ethnic Minority staff being shortlisted for interview
- A reduction in harassment & bullying experienced by Ethnic Minority staff from patients/ public
- A reduction in Ethnic Minority staff experiencing discrimination

Focus for 2022/2023

Workforce Representation, Recruitment & Retention:

There is much work to be done, particularly around the areas of staff development, and targeted intervention in recruitment and selection at senior levels (which has been highlighted by the national WRES team as a priority **See Appendix 3**) and also for Clinical Staff (all levels) –(**see also Race Disparity Ratio Data, Appendix 4**).

We will also ensure there is specific focus around Recruitment & Selection and career progression for Nursing & Midwifery staff from an Ethnic Minority background (See additional data analysis at **Appendix 5, Midwives Staff in post data and Race Disparity Ratio calculation for Nurses and Midwives**). This data analysis identifies a need to focus on the recruitment of newly qualified nurses & midwives and the progression of Midwives into more senior roles.

Along with the planned introduction of a new recruitment & selection toolkit for managers (with focus on EDI), the refreshed recruitment & selection training is now mandatory for all managers (with 3 yearly renewal) and the work we are doing to increase diverse representation on interview panels, should help in addressing the inequalities experienced at recruitment interview stage






Leadership, Learning & Development:

We will need to engage with our Ethnic Minority staff, using their lived experience to raise the profile of race equality in the Trust, and to help us to understand their specific needs in relation to provision of and access to appropriate development opportunities. We will also review and refresh our approach to delivering anti-racist training and awareness to staff across the Trust.

Staff Experience (Inclusion & Belonging):

We will continue to develop and roll out the ongoing work around civility in the workplace, along with our wider efforts in raising the profile of equality, diversity & inclusion in the Trust to improve the experience for all our diverse staff.

Appendix 1:**Key for symbols used in the data tables:**

	<i>A higher % or score is better and this has shown an increase this year</i>		<i>A lower % or score is better and this has shown an increase</i>
	<i>A lower % or score is better and this has shown a decrease this year</i>		<i>The score has stayed the same from the previous year</i>
	<i>A higher % or score is better and this has shown a decrease this year</i>		

Appendix 2

Workforce Race Equality Standard (WRES): The 9 Indicators

Indicator 1	Percentage of Ethnic Minority staff in each of the Agenda for Change bands 1-9, medical & dental subgroups and very senior managers (VSM), including executive board members compared with the percentage of staff in the overall workforce.
Indicator 2	Relative likelihood of Ethnic Minority staff being appointed from shortlisting across all posts.
Indicator 3	Relative likelihood of Ethnic Minority staff entering the formal disciplinary process, compared to that of White staff.
Indicator 4	Relative likelihood of White staff accessing non mandatory training and Continuous Professional Development (CPD) as compared to Ethnic Minority staff.
Indicator 5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.
Indicator 6	Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months.
Indicator 7	Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion.
Indicator 8	In the last 12 months have you personally experienced discrimination at work from any of the following? Manager, team leader or other colleague.
Indicator 9	Percentage difference between the organisations' board voting membership and its overall workforce.

Appendix 3: National WRES Team – Summary (heat map) of detailed analysis for the 2021 WRES reporting year

Bradford Teaching Hospitals NHS Foundation Trust North East & Yorkshire

Summary for the 2020/21 reporting year

RAE

Indicator number and description			Trust	North East & Yorkshire	National	Percentile rank*
Indicator 1: BME representation in the workforce by pay band						
BME representation in the workforce overall			32.5%	12.2%	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	Band 7	Band 8B	Band 8B	
	Clinical	Band 4 and under	Band 3	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	1.63	1.13	0.91	60%
		Middle to upper	1.30	1.50	1.39	23%
		Lower to upper	2.12	1.70	1.27	64%
	Clinical	Lower to middle	2.66	2.04	1.59	86%
		Middle to upper	1.94	1.06	1.36	72%
		Lower to upper	5.18	2.17	2.16	85%
Indicator 2: likelihood of appointment from shortlisting						
likelihood ratio White / BME			1.46	1.70	1.61	57%
Indicator 3: likelihood of entering formal disciplinary proceedings						
likelihood ratio BME / White			1.91	1.08	1.14	64%
Indicator 4: likelihood of undertaking non-mandatory training						
likelihood ratio White / BME			1.62	1.05	1.14	78%
Indicator 5: harassment, bullying or abuse from patients, relatives or the public in last 12 months						
BME			30.3%	27.0%	28.9%	61%
White			29.6%	24.6%	25.9%	82%
Indicator 6: harassment, bullying or abuse from staff in last 12 months						
BME			26.7%	29.0%	28.8%	40%
White			24.8%	21.4%	23.2%	67%
Indicator 7: belief that the trust provides equal opportunities for career progression or promotion						
BME			70.4%	73.7%	69.2%	60%
White			87.7%	88.6%	87.3%	54%
Indicator 8: discrimination from a manager/team leader or other colleagues in last 12 months						
BME			15.7%	16.1%	16.7%	42%
White			5.0%	5.4%	6.2%	24%
Indicator 9: BME representation on the board minus BME representation in the workforce						
Overall			-3.1%	-4.0%	-9.8%	13%
Voting members			+3.2%	-3.3%	-10.0%	16%
Executive members			-21.4%	-4.8%	-13.5%	76%

* 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 30%
	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.

Appendix 1

Appendix 4:

Race Disparity Ratio's for clinical staff:

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.

For progression from both "lower to middle" and "lower to upper" levels (for Clinical staff) it is evident from the chart that the race disparity is higher than equity (the green broken line) in each case. Therefore, this should be a key area of focus for improvement.

Race disparity ratios for clinical staff on AfC paybands

At March 2021:

Lower to middle: 2.66; higher than "1.0" or equity to a medium degree.

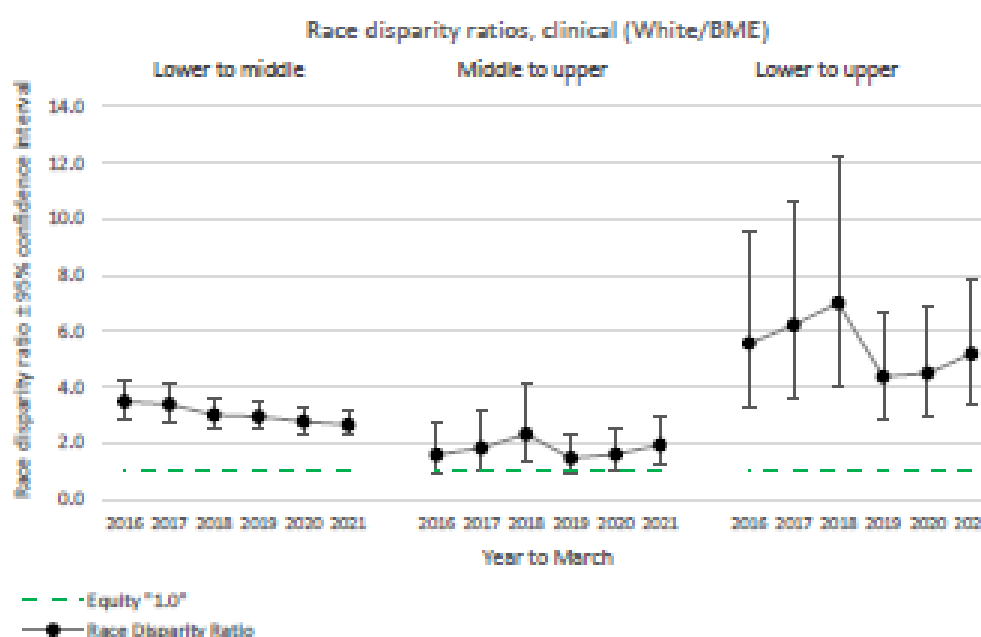
The Trust performed better than 14% of Trusts and worse than 86% of Trusts.

Middle to upper: 1.94; higher than "1.0" or equity to a small degree.

The Trust performed better than 28% of Trusts and worse than 72% of Trusts.

Lower to upper: 5.18; higher than "1.0" or equity to a large degree.

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



Lower: clinical bands 3 and under

Middle: clinical bands 6 to 7

Upper: clinical bands 8a and above

Race Disparity Ratio's for Non-clinical staff:

Race disparity ratios for non-clinical staff on AfC paybands

At March 2021:

Lower to middle: 1.63; higher than "1.0" or equity to a small degree.

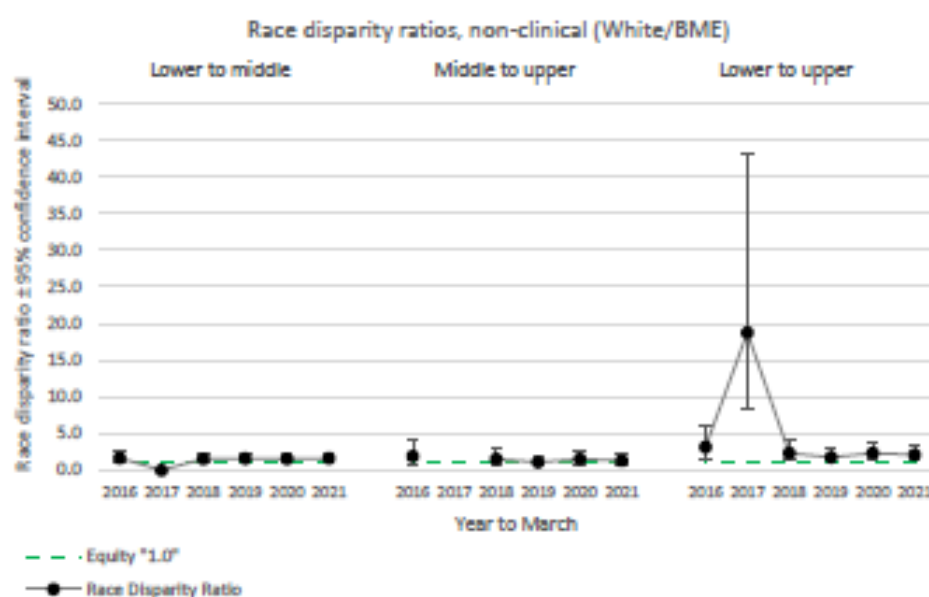
The Trust performed better than 40% of Trusts and worse than 60% of Trusts.

Middle to upper: 1.30; not significantly different from "1.0" or equity.

The Trust performed better than 77% of Trusts and worse than 23% of Trusts.

Lower to upper: 2.12; higher than "1.0" or equity to a small degree.

The Trust performed better than 36% of Trusts and worse than 64% of Trusts.



Lower: non-clinical bands 3 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.

Appendix 5 – Nursing & Midwifery Data Analysis

The following data analysis was shared with us by the national WRES team. This more detailed data analysis shows that Ethnic Minority Midwives are under-represented at all levels in the Trust, but particularly at senior levels (Band 8a) where we have no Ethnic Minority midwives.

Midwives staff in post by Ethnicity (as at March 2022)

Midwives	white	BAME	Not stated	Total	% of BAME
Band 5	39	11	1	51	21.6%
Band 6	154	36	3	193	18.7%
Band 7	42	4		46	8.7%
Band 8a	3			3	0.0%

Race Disparity Ratio for Nursing & Midwifery Staff (March 2021 compared to March 2022)

We have seen an improvement in the Race Disparity Ratio (likelihood of progression for Ethnic Minority staff) from lower to upper and middle to upper (see key below). However, there are still challenges for progression from lower to middle for Ethnic Minority staff. This could be due to a large intake of newly qualified staff. Indicating a need to work with Bradford University to look at representation of Ethnic Minority students on Nursing & Midwifery training courses.

		Nurses and Midwives (2021)			Nurses and Midwives (2022)		
ICS	Trust Name	lower to middle	middle to upper	lower to upper	Lower to middle	Middle to upper	Lower to upper
West Yorkshire	Bradford Teaching Hospitals NHS Foundation Trust	3.89	2.31	8.98	4.45	1.83	8.14

Key:

- bands 5 and below ('lower')
- bands 6 and 7 ('middle')
- bands 8a and above ('upper')