# Workforce Race Equality Standard Data Submission (as at 31st March 2025)

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)

Table 1: Snapshot of BTHFT workforce data over a period of three years

Pay Band		arch 2023		31st Mar			31st March 2025		
	White	Ethnically Diverse	Ethnicity Unknown/ NULL	White	Ethnically Diverse	Ethnicity Unknown/ NULL	White	Ethnically Diverse	Ethnicity Unknown/ NULL
1a) Non-clinical									
workforce	_	_	_		_	_		_	
Under Band 1	4	8	0	4	5	0	3	5	0
Band 1	17	16	3	12	14	2	12	15	2
Band 2	483	330	19	506	371	20	490	414	17
Band 3	180	94	7	165	118	5	160	130	4
Band 4	245	82	7	245	89	7	228	109	7
Band 5	109	59	3	122	64	2	123	74	4
Band 6	101	38	0	97	42	2 3	95	45	3
Band 7	120	33	2	127	43	3	129	47	2
Band 8a	47	17	2	48	16	2	54	17	2
Band 8b 14%	31	5	0	35	6	1	37	11	1
Band 8c	13	5	0	14	6	0	14	6	0
Band 8d 7%	13	1	0	14	0	0	14	0	0
Band 9 0%	4	0	0	3	1	0	3	1	0
VSM 14%	6	1	0	4	1	0	6	2	0
1b) Clinical workforce of which non-medical									
Under Band 1	0	0	0	0	0	0	0	0	0
Band 1	0	0	0	0	0	0	0	0	0
Band 2	335	314	3	332	345	4	316	381	6
Band 3	188	121	2	224	153	3	236	162	5
Band 4	125	95	2	117	100	3	115	64	1
Band 5	405	524	20	397	714	19	417	820	21
Band 6	592	247	11	610	286	16	620	330	12
Band 7	423	97	11	432	111	11	438	133	11
Band 8a	138	30	4	142	34	2	143	37	3
Band 8b 14%	30	5	1	32	3	1	31	4	1
Band 8c 0%	12	0	0	12	3	0	13	2	0
Band 8d 12.5%	7	1	0	7	1	0	7	1	0
Band 9	2	1	0	2	1	0	1	2	0
VSM 0% of which Medical & Dental	1	0	0	1	0	0	1	0	0
Consultants	209	135	16	217	143	17	215	158	17
of which Senior Medical Manager	6	7	2	10	5	1	7	6	1
Non-consultant Career Grade	37	64	18	38	68	15	49	75	7
Trainee Grades	158	173	10	156	162	11	167	163	20
Other	0	0	0	0	0	0	0	0	0
TOTAL	4035	2496	141	4115	2900	146	4137	3208	146

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 2023	6672	6531	2496	37.4% (38.22%)	(17.84%) 👚
March 2024	7161	7015	2900	40.5% (41.3%)	(18.7%)
March 2025	7491	7345	3208	42.82% (43.7%)	(20.4%)

Nb: For clarity; the calculation as shown for WRES includes the number of Ethnic Minority staff as a percentage of the nuber 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	Relativ	e likelihood	nood of staff being appointed from shortlisting across all posts					
	Number of shortlisted applicants		Number appointed from shortlisting		Ratio appointed from shortlisting (likelihood of appointment from shortlisting)		The relative likelihood of White staff being appointed compared to Ethnic Minoirity staff	
	White	Ethnic Minority	White	Ethnic Minority	White	Ethnic Minority		
March 2023	2185	2813	792	654	36.25%	23.25% 👚	1.6 🕇	
March 2024	2867	5298	595	658	20.8%	12.4% 👃	*1.7 👚	
March 2025	1092	2108	256	297	23.44%	14.9% 🕇	1.7 🔷	

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

Table 4

	nood of staff entering the formal disciplinary process, as entry into a formal disciplinary investigation.				
		Relative likelihood of ethnic minority staff entering the formal disciplinary process compared to white staff			
White	Ethnic Minority				
10	14	2.26			
23	12	0.7			
23	27	1.5			
	Number of staff we disciplinary process  White  10	Mumber of staff who are part of a formal disciplinary process  White Ethnic Minority  10 14  23 12			

<sup>\*</sup>A figure below "1" would indicate that ethnic minority staff members are less likely than white staff to enter the formal disciplinary process.

#### Table 5

Indicator 4	Relative likelihood of staff accessing non-mandatory training and CPD						
March 2023	1.16 ♣						
March 2024	1.01 ♣						
March 2025	1.01						

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

able 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 2023 (2022 survey)	28.8% 👃	29.7%	24.4% 👚	28.8% 👃	65.6% 👚		5.7%	18.3% 🕇
March 2024 (2023 Survey)	25.1% 👢	23.5% 👢	20.8%	21.8% 👢	65% 👢	50.6% 👚	6.6%	12.7% 👢
March 2025 (2024 survey)	23.4%	23.8%	17.8%	23% 👚	61.5%	50.5% 👢	6.6%	13.9%

#### Table 7

Indicator 9	• By voting me	Percentage difference between the organisations' Board membership and its overall workforce disaggregated:  • By voting membership of the Board • By executive membership of the Board							
	Voting membership of the Board								
	White	Ethnic Minority	White	Ethnic Minority					
March 2023	64.3%	35.7%	88.9%	11.1% 🔷					
March 2024	64.3%	35.7%	83.3%	16.7% 👚					
March 2025	76.9%	23.1%	77.8%	22.2%					

#### **Summary of WRES Findings**

<u>Overview of findings:</u> There have been fewer improvements in the data this year with some areas showing little or no change and one or two indicators where there has been a slight deterioration. However, there have also been some definite improvements, particularly around diverse representation:

- We have <u>further</u> exceeded our target of having a workforce that is representative of the local population (now 43% ethnically diverse representation), but with continued challenges in our race disparity ratio for the progression of ethnically diverse staff to more senior levels of the organisation where representation continues to be below our 35% target at 20.4%. There is a particular challenge for more senior clinical roles.
- There has been no change in the likelihood of ethnic minority applicants being appointed from shortlisting (white staff still 1.7 times more likely)
- Increase in the likelihood of ethnic minority staff entering the formal disciplinary process (ethnically diverse staff 1.5 times more likely, but fluctuating year on year)
- No change in the disparity between white and ethnic minority staff accessing non-mandatory training (remaining close to equity at 1.01)
- A slight deterioration in the experience of ethnically diverse staff in relation to bullying & harassment from both patients and staff and discrimination in the workplace.
- A very slight reduction (just 0.1%) in ethnically diverse staff believing the Trust provides equal opportunities in career progression and promotion (now 50.5%).
- A decrease in the diversity of our voting board membership (to 23.08%), but an increase in our exec board membership (to 22.2%).

<u>Areas for Further Action:</u> Despite some positives in this years' data, there is room for improvement on one or two key areas for the WRES which we propose renewed focus with a view to further developing some of the key actions from last year:

- Ethnic minority representation at senior levels (8a+ and board level) including focus on positive action in recruitment & selection and succession planning/ talent management, and particularly for clinical roles
- Improve staff experience in relation to discrimination and harassment & bullying, with particular focus on anti-racist approaches, nipping issues in the bud at an early stage, cultural competency & humility training, and the roll out of the new Sexual Safety charter in the workplace policy.
- Further embedding a 'Just Culture' approach in our policies and practices, including training for line managers.
- Further embedding our EDI Strategy, including everyone's role in raising the profile of EDI.
- Equity in career development opportunities and developing confidence that approaches are fair.

We will continue 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 how best to achieve improvement in these key areas.

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 (including; launch of the refreshed Respect, Civility & Resolution policy, with targeted implementation plan, comms & engagement, re-launch of the mediation and staff advocacy

service aligned to this, along with development of new training around informal approaches to resolution. There will also be continued focus on leadership and role modelling behaviours, developing an appetite and psychological safety to talk openly about race and training/ empowerment for staff in "anti-racist" practice, recognising early warning signs of racism and nipping it in the bud informally, at an early stage.

We will continue to engage with CSU's and departments to raise the profile of the Trust EDI Strategy and the five key strategic objectives, supporting them to develop CSU/ department level action plans that will support these objectives, which in turn may have a positive impact on the WRES, and particularly to staff experiences.

## Appendix 1:

## Key for symbols used in the data tables:

1	A higher % or score is better and this has shown an increase this year	1	A lower % or score is better and this has shown an increase
•	A lower % or score is better and this has shown a decrease this year	•	The score has stayed the same from the previous year
1	A higher % or score is better and this has shown a decrease this year		

## 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.