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NHS

East and North
Hertfordshire
NHS Trust

Workforce Race Equality Standard (WRES) Report 2022



1. Introduction and Scope

The Workforce Race Equality Standard (WRES)¹ aims to improve work experience and employment opportunities of Black, Asian and Minority Ethnic (referred as BAME in this report) staff in the NHS by taking positive actions to help address race inequalities in the workplace.

The trust has committed to making anti-racism a reality², which incorporates respect for dignity and human rights, as well as ensuring equitable opportunities free from discrimination for people with protected characteristics as defined by the Equality Act 2010.

East and North Hertfordshire NHS Trust is committed to being a leading organisation for promoting equality, diversity and inclusion in Hertfordshire. We aim to do this by creating a culture where everyone in the organisation is responsible for creating an environment which is supportive, fair and free from discrimination.

This report gives detailed information on our Black, Asian and Minority Ethnic (BAME) covering the period April 2021 to March 2022, it also presents our findings in relation to the national NHS Workforce Race Equality Standard (WRES). The information in this report is used understand trends and patterns of inequality and outlines our progression at local and system level and, areas that require our focus, including high priority improvement areas for 2022/2023, all designed and intended to drive positive change towards equity and inclusion and future WRES performance.

2. Context

This paper should be read in conjunction with WRES report for East and North Hertfordshire [Appendix 2](#).

Other reports of interests are the Trust staff survey results 2021 key findings [Appendix 3](#), and current Trust WRES Data 2022 shown at [Appendix 4](#).

Further reports of interest and relevance are set out here for reference:

- No More Tick Box [Appendix 5](#),
- Sir Gordon Messenger - Leadership for a collaborative and inclusive future <https://www.gov.uk/government/publications/health-and-social-care-review-leadership-for-a-collaborative-and-inclusive-future>
- Race and Health Observatory report ([here](#))
- NHS People Plan 2020-21 <https://www.england.nhs.uk/ournhspeople/>
- *Trust People Team Strategic Priorities (Thriving People)* and *ENHT Organisational Strategic Priorities (Vision to 2030)*

The NHS Workforce Race Equality Standard (WRES), which was introduced in 2015, is designed to improve the representation and experience of Black, Asian and Minority Ethnic (BAME) staff at all levels of the organisation. Nine indicators make up the WRES covering workforce data, the national NHS Staff Survey results and Trust Board composition as follows:

1. Percentage of staff in each of the NHS pay bands 1-9, plus those on Medical & Dental and Very Senior Managers contracts (including Executive Board members) compared with the percentage of staff in the overall workforce
2. Relative likelihood of staff being appointed from shortlisting across all posts
3. Relative likelihood of staff entering the formal disciplinary process
4. Relative likelihood of staff accessing non-mandatory training and CPD

¹ <https://www.england.nhs.uk/about/equality/equality-hub/workforce-equality-data-standards/equality-standard/>

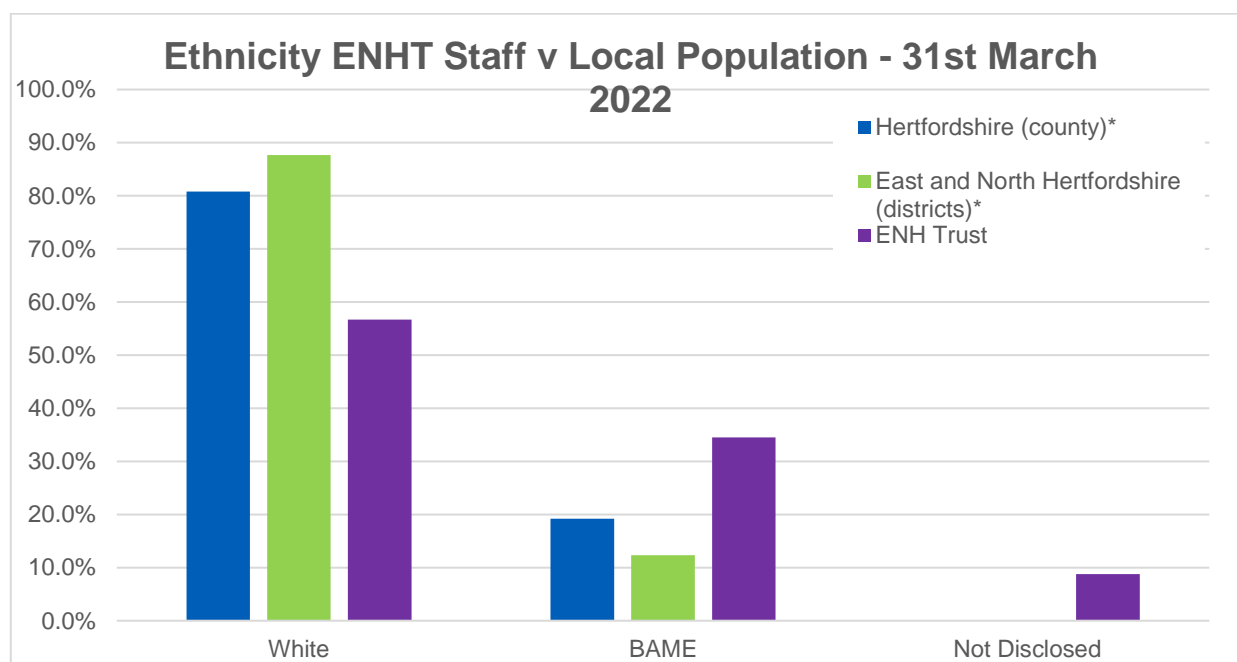
² Making anti-racism a reality, East of England Race Strategy 2021 (Appendix 1)

5. Percentage staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months (from NHS Annual Staff Survey)
6. Percentage staff experiencing harassment, bullying or abuse from staff in the last 12 months (from NHS Annual Staff Survey)
7. Percentage staff believing that the organisation provides equal opportunities for career progression or promotion (from NHS Annual Staff Survey)
8. Percentage staff having personally experienced discrimination at work from manager, team leader, or other colleagues in the last 12 months (from NHS Annual Staff Survey)
9. Percentage difference between the organisations' Board voting membership and its overall workforce.

The table and graph below provide comparison of Trust employees against the local population. The Trust employs a greater proportion of staff who are from BME backgrounds than resident in the local population and therefore suggests we are representative of the population we serve.

Points to note, the population data is based on the 2011 census therefore is likely to change upon the release of the 2021 data; further work is underway in the Trust to reduce the number of 'not disclosed' ethnic origin data we hold for staff.

**Data from ONS Census 2011 (2021 data not available until October 2022)*



Medical Workforce Race Equality Standard (MWRES)

NHS England introduced the first Medical Workforce Race Equality Standard (MWRES) in September 2020 to specifically focus on medical staff whose make-up can differ widely from that of other NHS Staff group. The first national publication was made July 2021 providing baseline evidence for the medical workforce in the NHS and highlights areas for action specifically for this staff group.

As an early indicator for the 2022, East and North Hertfordshire NHS Trust has provided a breakdown of our medical workforce data (shown in the table below), this will form part of the national report which, is due to be published later in 2022. Work continues to improve our data and reduce the number of 'unknown ethnicity' records.

MWRES	2020	2021	2022
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	White	BAME	Unknown	White	BAME	Unknown	White	BAME	Unknown
Consultants	46%	48%	7%	43%	47%	10%	43%	47%	11%
Other Doctor Grades	20%	61%	18%	20%	60%	20%	14%	59%	27%
Junior Doctors	34%	49%	18%	29%	42%	28%	29%	45%	26%
TOTAL	36%	51%	14%	32%	48%	20%	31%	49%	20%

As part of achieving our ENHT mission and deliver our strategic objectives, ensuring our workforce is representative of our community and patient profile in relation to race is paramount. To make a real difference to our current WRES progress, a range of intentional, comprehensive and targeted interventions are required, together these build transformational, collaborative and inclusive behaviours to the organisation.

Interventions to debias local policy and procedures, co-create equitable, inclusive environments and recognise and appreciate differences through cultural change approaches, can lead to advancement in our journey to become a more inclusive organisation within the East of England region. There is strong evidence that a single intervention will not achieve equity and inclusion alone, and all interventions carry equal importance to form connectivity to support achieving positive and lasting changes.

In this report, we have included available 2022 data to provide as up to date and accurate picture of our performance as possible. We have made steady, positive progress in representation in our workforce over the past three years. We have more to do relating to diversity at senior and board level roles.

The data demonstrates the need to consistently improve our standing in the likelihood of BAME staff entering formal disciplinary processes compared to white staff and, in ensuring equity of access to development opportunities, we will continue to encourage more calling in and calling out of bullying and harassment and encouragingly, the figures indicate staff are beginning to speak up more.

3. Progress

The diagram below sets out some of our achievements during 2021/22 and further, the range of collaborative partnership work underway for our trust.

Celebrating some of our achievements

Thriving staff Networks, continue to flourish and champion intersectionality

Implementation of Inclusion ambassadors at local & the system level

Disability Confident Employer

Increase in representation for Band 8A in non-clinical workforce from 11 in 2021 to 16 in 2022

Leading on some equity & inclusion initiatives at system level

Collaborative Work with Partner organisations

- Inclusive recruitment and selection process
- Engage on Anti-Racism strategy by launching the See ME Fist campaign
- First steps towards - Leading inclusively with Cultural intelligence
- Plans to launch Reciprocal Mentoring for Inclusion in Sep 2022
- Engaging on Regional Maternity/Neonatal Equity & Inclusion Ambassador scheme
- ICS Inclusive Career Development Programme for BAME and Disabled members of staff – first cohort Sep 2022

Other upcoming collaborative schemes in 2022/23:

- Diversity in Health and Care Partners programme
- Restorative Just Culture – engagement with Mersey Care NHS FT
- Reciprocal Mentoring Programme for 22/23

4. Current Workforce Race Equality Standard (WRES)

- a. ENHT data from 2019 to 2022 is shown in the table below and key priorities for ENHT are set out in 4e below.

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Workforce Race Equality Standard (WRES) Indicators	East & North Herts (ENHT) WRES Data					WRESS Comparison to Regional & National Data	
	%Staff	ENHT 2019/2020	ENHT 2020/2021	ENHT 2021/2022	ENHT WRES Progress in comparison to last year	East of England WRES 2020/2021	National WRES 2020/2021
WRES 1 – Overall workforce % by Ethnicity	White	62.1%	59.6%	56.7%	Increase in Diverse Workforce	71.3%	73.1
	BAME	31.9%	32.6%	34.5%		23.9%	22.4%
	Unknown	6.0%	7.7%	8.8%	More work to be done	4.8%	4.6%
WRES 2 - Relative likelihood of White staff being appointed from shortlisting compared to BAME staff		1.57	1.32	1.39	More work to be done	1.73	1.61
WRES 3 - Relative likelihood of BAME staff entering the formal disciplinary process compared to White staff		1.44	2.25	1.39	Improvement	1.05	1.14
WRES 4 - Relative likelihood of White staff accessing non-mandatory training and CPD compared to BAME staff		1.35	1.22	1.37	More work to be done	1.03	1.14
WRES 5 - Percentage of BAME staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	BAME	29.6%	BAME 30.6% White 25.9%	BAME 34.6% White 30.4%	More work to be done	BAME 29.8% White 26.9%	BAME 28.9% White 25.5%
WRES 6 - Percentage of BAME staff experiencing harassment, bullying or abuse from staff in last 12 months	BAME	31.2%	BAME 32.7% White 25.1%	BAME 31.1% White 26.5%	Improvement	BAME 28.6% White 25.8%	BAME 28,8% White 23.2%
WRES 7 – Percentage of BAME staff believing that trust provides equal opportunities for career progression or promotion	BAME	76.5%	BAME 69.9% White 83.8%	BAME 49.2% White 55.0%	More work to be done	BAME 70.4% White 85.4%	BAME 69.2% White 87.3%
WRES 8 - Percentage of BAME staff personally experienced discrimination at work from Manager/team leader/other colleagues	BAME	15.9%	19.6% 7.2%	16.8% 7.4%	Improvement	17.1% 7.1%	16.7% 6.2%
WRES 9 - Percentage of voting members of the Board representation by ethnicity	White	100.0%	100.0%	91.7%	Improvement	86.5%	82.4%
	BAME	0.0%	0.0%	8.3%		8.2%	12.6%
	Unknown	0.0%	0.0%	0.0%		5.3%	5.0%



b. WRES Data Key Findings

Appendix 4 contains the East of England WRES full data set and, this section summarises findings for our Trust within the data set.

The overall rate of minority ethnic staff has increased from (32.6% to 34.5% in 2022³). We have more representation in our clinical workforce (36.37%⁴) compared to our non-clinical and AfC non-clinical workforce, which has 16.8% representation and 48.0% in representation across all medical and dental roles. All data sets show better representation in lower band roles, with decreasing representation in more senior roles across all staffing groups.

c. WRES Indicators 1-4

White staff are 1.3 times or 6.5%⁵ more likely to be appointed from shortlisting, compared to minority ethnic staff, however this gap closed slightly since last year. The data shows more minority ethnic staff are applying for roles and being successful at shortlisting stage compared to three years ago, demonstrating our minority ethnic staff are keen to apply for roles, yet are not as successful in securing senior roles. We have commissioned specific development programmes for our BAME staff which commence in Autumn 2022 to actively support and improve in this area.

The Trust saw a spike in 20/21 on likelihood of minority ethnic staff experiencing formal disciplinary procedures, however, the 2022 data shows an improvement for current WRES data. This is attributable in part, due to a checklist introduced to determine whether any disciplinary case, regardless of ethnicity, has merit to progress to formal stages. Other work continues to better understand the processes and behaviours between managers and staff and, robust data collection on disciplinary procedures which do not fall into formal routes is being explored. The relative likelihood of White staff accessing non-mandatory training and CPD compared to BAME staff metric remains similar, with more opportunity for white staff compared to BAME staff.

d. WRES Indicators 5-8

We have seen a decrease in BAME staff (16.8%) who said they have experienced discrimination at work from a manager / team leader or other colleagues, this figure is still 9% more than the experience of white staff. The metrics of indicators five to eight are represented in the staff survey results, these have worsened in comparison to last year's staff survey. With reference to NHS People Promise, two themes scored lower than comparable organisations' average, the first '*we are compassionate and inclusive*' (Diversity & Equality) and second '*we each have a voice that counts*' (Raising Concerns). The rate of harassment, bullying and abuse (from patients and the public) has also increased for BAME staff, over 4% higher in comparison to white staff.

Work will continue to educate our staff and communities, that incivility towards our staff will be directly challenged and addressed through communication campaigns and building confidence for all our staff to positively challenge and call in uncivil behaviour. As we increase psychological safety in the workplace, it in turn increases staffs ability to positively advocate for others.

e. Model Employer

³ Appendix 4 2022 WRES Data

⁴ East of England WRES 2020/21 Pages 6-8

⁵ East of England WRES 2020/21 pg 11 Indicator 2

6. There is a promising emerging story against band 8a appointments (non-clinical roles) and we are meeting model employer targets for band 8a, 8b and 8d roles, providing work to increase representation at band 8c will strengthen the talent pipeline into future band 9 and VSM and this is where progress for 22/23 should be focussed. It may be beneficial to also review our targets for each professional group (*data set 2 below*) and to be curious on whether previous set targets were ambitious enough.

Bands	BAME	White	Z Not Stated	Of which are Clinical	Of which are Non Clinical	Total Number	Proposed ENHT Target based on 34% of BAME staff	Model Employer 2022 Targets	Model Employer 2022 Target Met?
Band 8A	52	162	11	165	60	225	77	38	Yes
Band 8B	19	50	4	41	32	73	25	13	Yes
Band 8C	10	43	4	19	38	57	20	12	No
Band 8D	7	19	3	11	18	29	10	2	Yes
Band 9	1	12	0	3	10	13	5	2	No
VSM	2	18	0	1	19	20	7	3	No
Total	91	304	22	240	177	417	144	70	n/a

7.

a. Equity and Inclusion Overall Priorities

Three key areas of priority are recommended by the National team based on our WRES data (*see high priority areas below*).

High priority areas for improvement within the Trust (to a maximum of three):
Indicator 9: Board representation (overall, voting members, and executive members)
Indicator 8: discrimination from a manager/team leader or other colleagues in last 12 months against BME staff
Indicator 6: harassment, bullying or abuse from staff in last 12 months against BME staff

Other key objectives (*pg. 9*) will continue to collectively address all disparities and inequalities faced by our Black, Asian, and Minority Ethnic colleagues, eliminate racism and all forms of discrimination, and bring a true sense of belonging in this organisation.

All work undertaken is underpinned by the People Strategy four pillars (Work, Grow, Thrive & Care together see diagram below) and the Trust ambition to create an environment which fosters equity and inclusion, supports progression and ensures the organisation is a place whereby everybody feels they belong; and likewise delivers inclusive services to the community we serve.

Working together through and with our staff diversity networks, will continue to ensure networks flourish and that we continue champion the principles of intersectionality whilst continuing delivery on the equity and inclusion agenda. As opportunities arise at Board level, we will increase diversity. Our freedom to speak up guardian work and people policy reviews are supporting and enabling staff to speak up about their experiences and to confidentially raise concerns to be addressed and resolved with and for them.

The diagram below shows in more detail the types of work planned and underway for ENHT for 2022/23.

Work Together
More people operating at top of capability not top of capacity
 Clear target operating model
 Workforce plan built around critical capabilities
 Implement e-roster
 Clearer roles and responsibilities
 Improve recruitment process/method
 Build employer brand
 Job plan rewrite

Grow Together
Loyal, capable and engaged staff who stay longer and deliver improved care
 E-learning implementation
 Induction and on-boarding improvement
 Increase self-service/reduce administration
 Career conversations integrated to ongoing appraisal
 Talent board in every division/directorate with clear succession plan
 Clinical leadership programme
 Increased capacity for trainees

Thrive Together
Create a culture of collaboration to enable better, quicker decision-making that balances money, people and quality
 ENHT proposition
 Just and learning culture
 New suite of policies aimed at cultural alignment
 Build basic line management skills
 Compassionate service and leadership for everyone
 Include our vulnerable and under-represented groups
 Micro-behaviour awareness

Care Together
Great place to work where people feel engaged and able to improve what they do
 Package of physical and mental wellbeing interventions
 Schwartz rounds, supervision
 Clear accountabilities to enable improvement
 New communication strategy and approach
 FTSU champions across Trust

| Priorities 2022/23

Conclusion and Next Steps

ENHT's aim is to create momentum, whereby equity and inclusion is everyone's business as part of everyday work. We have identified in some cases, a lack of knowledge and, this has been taken into consideration in setting up our people objectives for this year 2022/2023.

We require more engagement from everyone and have received feedback from staff about intention to engage in various events, yet being unable to do so, sometimes due to operational pressures, and through inflexible arrangements within some areas also playing a part.

We have seen an improvement from our staff survey results and anecdotal data that more staff are now reporting on issues of racism and discrimination. We need to collectively ensure more awareness of the organisation's policies and processes for raising concerns at work, with reassurance about how concerns are handled, treated seriously and with transparency.

Equally, how we handle concerns pertaining to racism and discrimination to foster the healing process matters. There is strong evidence of its impact on mental and physical health and that when invalidated or handled inappropriately, this can lead to more mistrust, isolation, and feeling of loneliness, in turn impacting one's ability to deliver well at work.

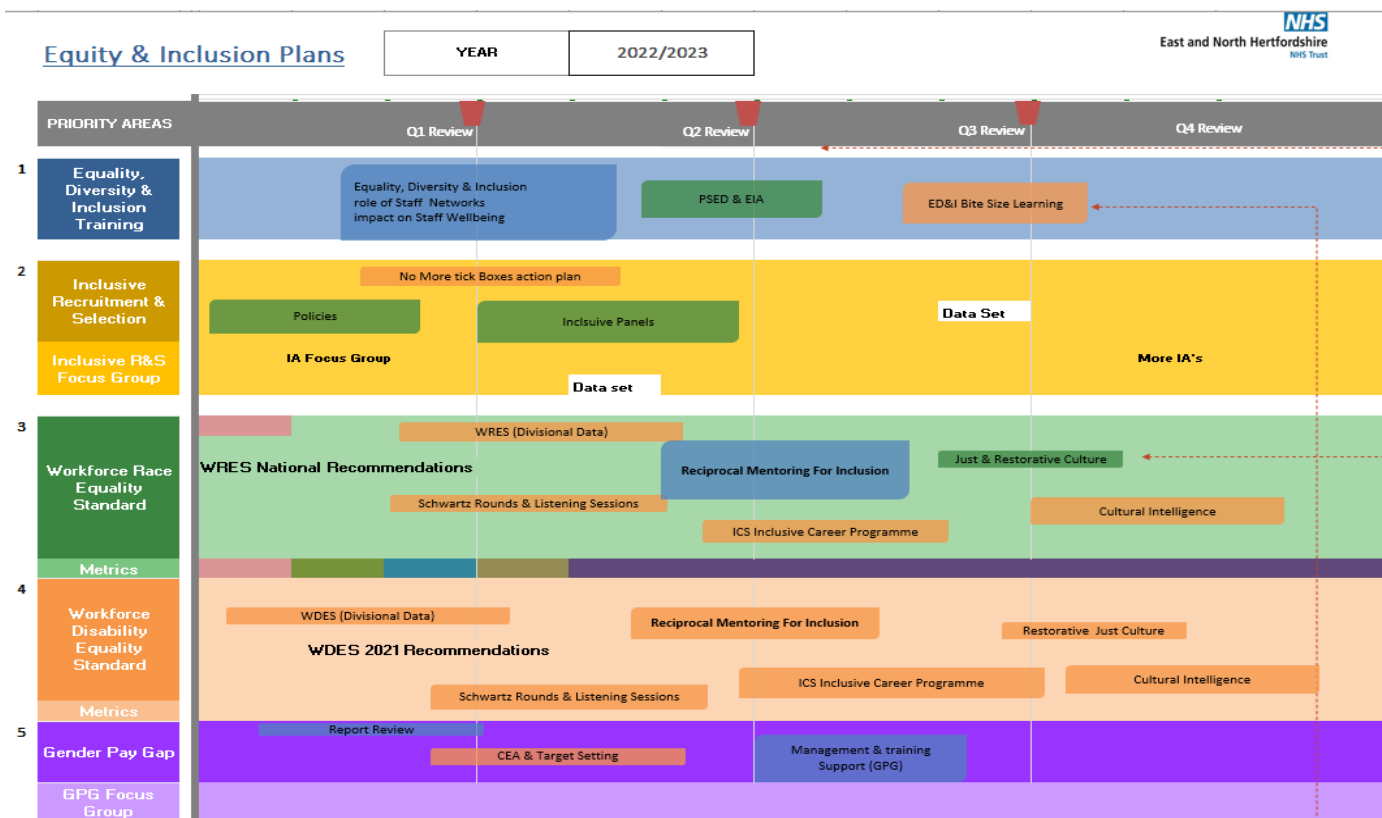
We have in plan the launch of two new documents, ENHT ED&I policy underpinned by our ENHT Equity & Inclusion strategy. The two documents will foster a co-production approach with staff side and staff networks and all relevant stakeholders to ensure its effectiveness, inclusivity, and sustainability.

Working with People Intelligence, Planning and Analytics team we will further look at WRES data at divisional level, produce medical WRES as well as temporary workers (NHSP WRES) data, the latter will become a requirement for submission in 2023.

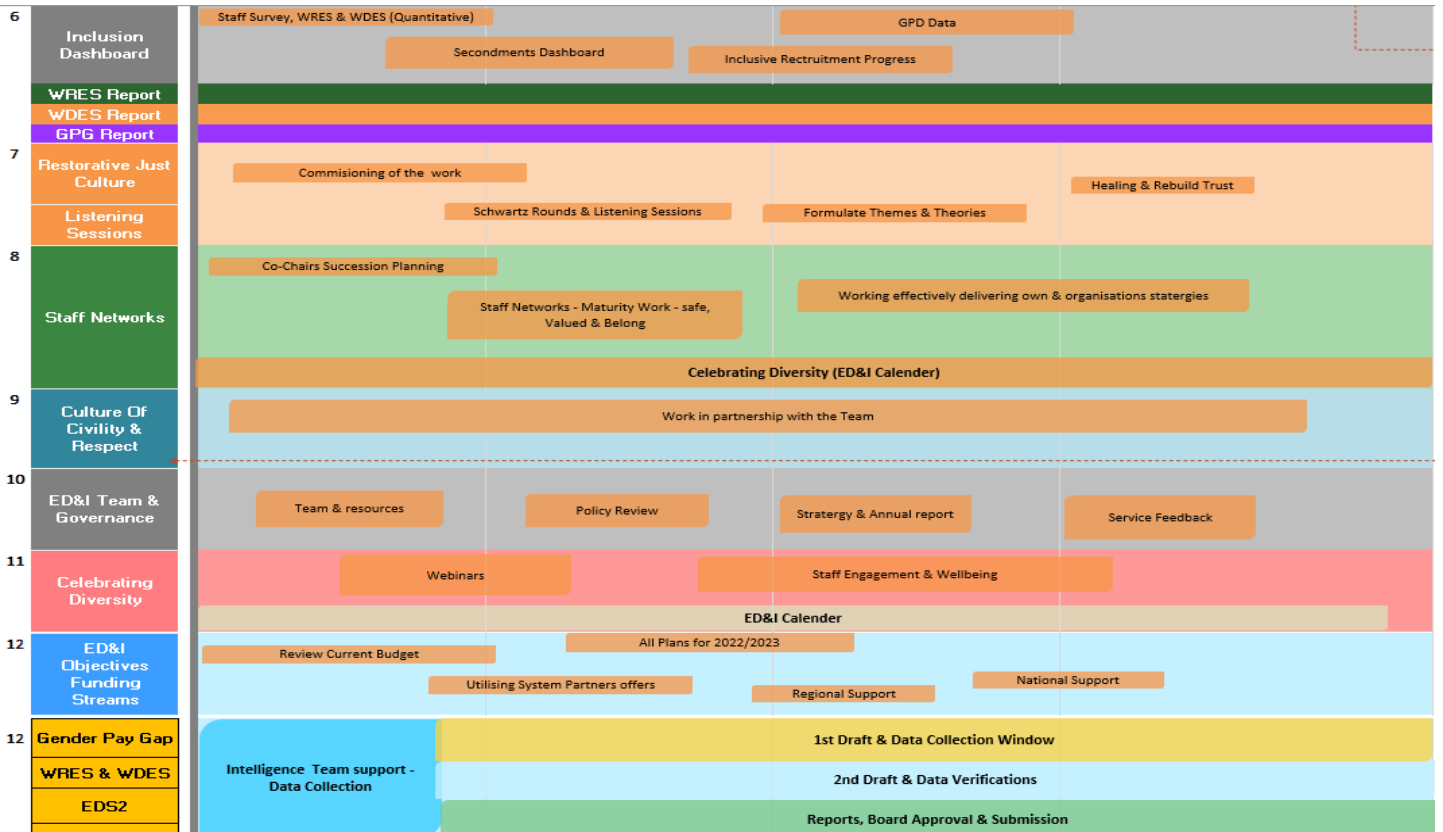
Equality, Diversity & Inclusion objectives so far, have been set in view of metrics from various data such Workforce Disability Equality Standard (WDES), Workforce Race Equality Standard (WRES), Gender Pay Gap (GPG), themes from NHS Staff survey, qualitative input from staff Networks and

People Pulse Survey. These tools provide assurance and help us monitor and see areas of improvement and overall experiences of staff and service users from the diverse groups.

The programme of work is mapped out (see below) and there is a considerable amount of work required to deliver our key priorities through various parallel action plans. We have the ambition to move further on equity and inclusion and as part of forward financial planning for 2023/24 will be seeking commitment to invest and divert funds as prioritised and agreed, to ensure success in ongoing delivery of the EDI agenda.



As an organisation we continue need a strong focus on behaviours, embedding our values and developing cultural intelligence capabilities throughout the organisation to achieve not only the above but bringing the true sense of belonging for everyone.



Appendices

Appendix 1: Making Anti-Racism a Reality

<https://www.england.nhs.uk/east-of-england/nhs-east-of-england-equality-diversity-and-inclusion/antiracism-strategy/>

Appendix 2: **WRES Report 2020/21**



East of England -
RWH - East and Nort

Appendix 3: **ENHT Staff Survey Findings 2021**



National Staff
Survey people comm

Appendix 4: **WRES 2022 data (ready for upload and within 2021 template)**



Copy of WRES 2022
Data.xlsm

Appendix 5: No more tick box

<https://www.england.nhs.uk/east-of-england/wp-content/uploads/sites/47/2021/10/NHSE-Recruitment-Research-Document-FINAL-2.2.pdf>