NHS
East and North
Hertfordshire
NHS Trust

Workforce Race Equality Standard (WRES) Report 2024

#ProudToBeENHT

1. **Introduction and Scope**

Since its introduction in 2015, NHS England's Workforce Race Equality Standards (WRES) programme has been providing direction and tailored support to the NHS, enabling organisations to continuously improve their performance. The WRES has required NHS trusts to annually self-assess against nine indicators of workplace experience and opportunity in relation to race, and to develop and implement robust action planning for improvement.

This report focusses on ENHT return, the national and regional data for 2023/24 will be available early autumn.

ENHT has committed to making anti-racism a reality[1], incorporating respect, dignity and human rights, and by ensuring equitable opportunities free from discrimination for people with protected characteristics as defined by the Equality Act 2010. Our ENHT EDI Strategy approved by the board in March has a comprehensive action plan on how we will be addressing local challenges on our journey to becoming a more inclusive organisation where everyone feels valued.

In accordance to our EDI Strategy, ENHT is committed to becoming a leading organisation in promoting equality, diversity, and inclusion in Hertfordshire, by creating a place where every person in our organisation is responsible for enabling an environment which is supportive, fair, and free from discrimination.

This report seeks to understand trends and patterns of inequality and outlines detailed information about our Black and Minority Ethnic (BME) staff, covering the period April 2023 to March 2024, and documents our progress, continuing work, and actions still to deliver equity in relation to the national NHS Workforce Race Equality Standard (WRES).

2. **Context**

The WRES contains nine indicators covering workforce data, 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
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)

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

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

All work undertaken in 2023/24 is underpinned by the People Strategy four pillars (Work, Grow, Thrive & Care together) and by working together through and with our BAME network (renamed Race Equity And Cultural Heritage (REACH) network) delivering the equity and inclusion agenda. The Trust continues to ensure our staff networks flourish, championing the principles of intersectionality, whilst delivering on the equity and inclusion agenda. As opportunities arise at Board and senior level, we will increase diversity. Our freedom to speak up guardian work and people policy reviews continue to support and enable staff to speak up about their experiences and to confidentially raise concerns to be addressed and resolved.

3. Our priority areas of focus 2023/24

Our approach this year has been to be as current as possible with our analysis and action plans. To support this mindset we have used the most up to date data from our WRES Data Collection Framework 2024 submission. This data has highlighted where good progress has been made and some priority areas for our attention. We have continued to do well in race disparity ratios for non-clinical workforce appointment in the band movement from lower to middle bands, middle to upper bands and lower to upper bands. There are also some areas to focus on that have been highlighted;

Priority areas as per our currently submitted data
Indicator 2: Relative likelihood of White staff being appointed from shortlisting compared to BME staff – ↑1.43
Indicator 3: Relative likelihood of BME staff entering the formal disciplinary process compared to White staff – ↑1.96
Indicator 8: Percentage of BME staff personally experienced discrimination at work from Manager/team leader/other colleagues – 16.7% compared to 8.1% for white colleagues

Our 2023 WRES report shed some light on priority areas and we can report that there is on-going work on these with updates on setting up processes that will continue to effectively address the highlighted issues.

1. Continuous improvement on equity of access to development opportunities.

2. Increasing diversity at senior and board level roles.

3. Improve our standing on the likelihood of BME staff entering formal disciplinary processes compared to white staff.

4. Career progression in clinical roles has continued to be a challenge.

5. Co-create equitable, inclusive environments, recognise and appreciate differences through cultural change approaches.

4. Progress:

We have seen improvements in 1 and 2 above and the narrative is contained in section 4c-f below. However, as we acknowledge this good progress, there is more to be done to increase diversity at senior and board level. More inclusive recruitment practices with targeted positive action campaigns are supporting us improve. We recognise that priority 3 and 4 above, requires more zoned-in work to reduce the likelihood of BME staff entering disciplinary processes compared to white staff and reduce the career progression race disparity ratios in clinical roles for minority ethnic colleagues.

Clearly the checklist introduced as an interceptor and to provide more scrutiny before entering anyone through the disciplinary process is not having the desired impact …. yet. There is a need for more focused work, discussions and scrutiny before BME workforce are entered into the disciplinary process.

In relation to 5 above, Civility Saves Lives campaign is on-going, our Freedom To Speak Up guardian is well established with an increased number of cases and issues raised, mostly, anonymously.   More work is required to create psychologically safe team environments that promote and support open, in-team sharing. We launched our Reciprocal Mentoring for Inclusion pilot cohort with plans to roll this our across the Trust in 2024/25. There is on-going work to redevelop core people policies and embed restorative justice practices appropriately within policies such as grievance and disciplinary and demystifying language in these policies is key. This should work to support our work in addressing point 3, above.

For 5 above we continue to triangulate staff survey results, complaints, and reported incidents to identify teams where cultural change approaches are needed and we have provided a range of interventions and support these areas; an example – the multi-professional work on cultural improvement in Women and Maternity teams cultures. In the last year we have delivered extensive workshops on Civility Saves Lives. We are embedding our ENHT values – Include Respect and Improve, with team ownership of team charters, bringing the values to life, supported by the Healthy Leadership Programme, on-going team talks on staff survey results with locally developed and owned actions. Our staff networks and the events both celebrate and challenge us in this space.

The 2023 WRES report outlined a comprehensive delivery work plan combined with and the above demonstrates delivery of some of this work and the deliverables for 2024 – 2025 are outlined in the section 7 of this report.

5. Current Workforce Race Equality Standard (WRES)
   a. ENHT data from 2020/21 to 2023/24 is shown in the table below and narrative for ENHT 2023-2025 is set out **in 4c-g** below.
   b. WRES comparison regional and national data 2023 is the most up to date currently available

| Workforce Race Equality Standard (WRES) Indicators | Staff | East & North Herts (ENHT) WRES Data | | | | ENHT WRES Progress in comparison to last year | WRES Comparison to Regional & National Data | |
		ENHT 2020/2021	ENHT 2021/2022	ENHT 2022/2023	ENHT 2023/2024		East of England WRES 2021/2022	National WRES 2022/2023
	White	59.60%	56.70%	55.20%	53.36%	**Increase in Workforce Diversity**	69.90%	-
WRES 1 – Overall workforce % by Ethnicity	BAME	32.60%	34.50%	37.70%	40.84%		25.30%	26.40%
	Unknown	7.70%	8.80%	7.10%	5.81%	**Improvement**	4.80%	-
WRES 2 - Relative likelihood of White staff being appointed from shortlisting compared to BME staff		1.32	1.39	1.34	1.43	**Further work to be done**	1.96	1.59
WRES 3 - Relative likelihood of BME staff entering the formal disciplinary process compared to White staff		2.25	1.41	1.47	1.96	**Further work to be done**	1.11	1.03
WRES 4 - Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff		1.22	1.37	0.86	0.80	**Improvement**	1.01	1.12
WRES 5 - Percentage of BME staff experiencing harassment, bullying or abuse from patients, relatives, or the public in last 12 months	BAME	BAME 30.6%	BAME 34.6%	BAME 32.2%	BAME 27.0%	**Improvement**	BAME 30.6% White 28.1%	BAME 30.5% White 26.9%
		White 25.9%	White 30.4%	White 32.2%	White 27.4%			
WRES 6 - Percentage of BME staff experiencing harassment, bullying or abuse from staff in last 12 months		BAME 32.7%	BAME 31.1%	BAME 30.8%	BAME 26.8%	**Improvement**	BAME 27.6% White 24.7%	BAME 27.5% White 21.7%
		White 25.1%	White 26.5%	White 26.5%	White 24.9%			
WRES 7 – Percentage of BME staff believing that Trust provides equal opportunities for career progression or promotion		BAME 69.9%	BAME 49.2%	BAME 50.2%	BAME 51.1%	**Improvement**	BAME 56.8% White 45.5%	BAME 46.7% White 59.4%
		White 83.8%	White 55.0%	White 54.7%	White 54.4%			
WRES 8 - Percentage of BME staff personally experienced discrimination at work from Manager/team leader/other colleagues		BAME 19.6%	BAME 16.8%	BAME 15.8%	BAME 16.7%	**Further work to be done**	BAME 17.8% White 7.7%	BAME 16.4% White 6.6%
		White 7.2%	White 7.4%	White 8.9%	White 8.1%	**Improvement**		
WRES 9 - Percentage of voting members of the Board representation by ethnicity	BAME	0.0%	8.3%	0.0%	9.1%	**Improvement**	-	15.6%

c. WRES Data Key Findings

The overall representation of minority ethnic staff is 40.8% and has continued to increase year on year. However, when analysing the data further this representation is varied across different professions: health care sciences, nursing & midwifery and scientific and technical roles are at or above 37%; allied health professionals sits at 42% whereas admin and clerical roles have 18% representation with medical and dental at 55%.

It remains the case that all data sets show better representation in lower band roles. For roles at 8A and above there has been an increase, however not yet meeting the model employer targets. In the last 12 months changes in board and VSM roles has impacted the level of representation with the appointment of the new Trust chair improving the minority representation for voting members at Board level. Though it should be noted that both our board and VSM share other protected equality characteristics. A particular current opportunity exists to attract and encourage BME candidates to apply to support ENHT increasing board representation.

d. WRES Indicators 1-4

White staff are 1.43 times (approx. 6.7%) likely to be appointed from shortlisting, compared to minority ethnic staff. This gap has increased from 1.34 times in 2022/23. We are working with our System colleagues together with our own workforce to implement initiatives that will positively and sustainably impact this data set. Data shows more minority ethnic staff are applying for senior roles, are successful at the shortlisting stage demonstrating minority ethnic workforce keenness to progress to senior roles, yet not as successful in securing senior roles. Work continues with initiatives to support bridging this appointment gap. We are working with colleagues across the ICS to understand how we can effectively bring inclusive improvement in our minority representation in senior roles. The 90-Day Challenge initiative from the national team started in June 2024 to showcase initiatives with positive impact this indicator. There is an ICS-wide agreed item on all job descriptions setting out behaviours required around equality, diversity and inclusion alongside an inclusivity commitment statement and clear essential criteria on diversity and inclusion, tailored to band role started in the 2022/23 reporting cycle. Analysis on success of the 90-Day Challenge will happen in due course and be available in the wider update to board in Q3 (Autumn/winter) reporting.

There has been a steady increase since 2020/21 figures on likelihood of minority ethnic staff experiencing formal disciplinary procedures. We continue to utilise a checklist introduced to determine whether any disciplinary case, regardless of ethnicity, has merit in progressing to formal stages. Other work continues to better understand the processes and behaviours between managers and staff by supporting managers and staff to explore and resolve tension and conflict through psychologically safe facilitated conversations. We will be setting up an EDI Steering Committee to review EDI trends across the Trust and promote active discussion, support and accountability within teams for the triangulated EDI data metrices from WRES, WDES, Staff Survey, Gender Pay Gap and all other measures we have. We are also going to set up an EDI dashboard to showcase all the EDI information and make it easy to review and analyse trends, prompt discussions and the joint-leadership and team accountability for the work environment at ENHT. EDI Steering Committee to be set up by October 2024 and to present initial report to the People Committee by end of 2024. Availability of EDI dashboard will highlight trends and guide the transparency of EDI Steering Committee discussions.

The relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff metric has improved significantly from 1.37 in 2021/22 to 0.80 in 2023/24. This directly reflects work undertaken to increase the importance of development for all and focus on ensuring

CPD opportunities and apprenticeships are promoted across the organisation with staff networks utilisation, discussions during Grow Together Reviews, follow up 1:1 discussions and other informal channels e.g., targeted email cascades of developmental opportunities via Practice Educators.

e. WRES Indicators 5-8

Overall, there is an improving decrease of minority ethnic workforce experiencing discrimination at work from a manager/team leader or other colleagues - metric 5 to 7. However, minority ethnic workforce continue to suffer higher rates of discrimination – double the rate White staff endure, as shown in metric 8. Metrics of indicators five to eight are represented in the staff survey results.

Work will continue to educate our staff and communities on incivility and its impact whilst also ensuring accountability. Our Civility Saves Lives film is being used externally, we had team charters to follow on our refreshed our Trust values, encouraging and building confidence for all our staff to hold each other to account on uncivil behaviours within teams. As we increase psychological safety in the workplace, we should start to see an increase in staff's ability to positively advocate for others, through active allyship supported with the introduction of EDI champions initiatives within teams. We have also started the roll out of the management competency framework where work on equality diversity and inclusion is a key component and is aimed at building cultural intelligence and improved line management practices.

f. Model Employer

Model Employer targets were set in 2018 over a 10-year period through to 2028 and the NHS People Plan 2020 set an ambition to increase senior leader representation by 2025 to equate to either the organisational or community percentage, whichever is highest.

In ENHT the overall representation of Black, Asian and minority ethnic workforce currently sits at 40.8% as of March 24 compared to 19.2% in the Hertfordshire County.

Progress is being made with greater proportionate representation at AfC band 8A and 8B less so at bands 8C, 9 and VSM. Transparency and professional breakdown of this data is a key step towards understanding the current situation and the challenges towards working to achieving inclusive model employer goals. Professional breakdown data shared in the appendix highlights areas that need active focus and action. There is need to be proactively more inclusive, reconsider our structural and procedural barriers. This needs on-going, co-designing and working together with a committed leadership team and our minority ethnic workforce. It needs looking beyond operational changes to systemic debiasing of our recruitment and promotion processes enabling cultural and transformational changes, for example, consider monitoring access to stretch/secondment opportunities in divisions by protected characteristics.

ENHT continues the improvement journey and our mission of providing high quality, compassionate care to our community, with an inclusive proportionately represented workforce at all levels of the organisation's leadership aligned to the communities we serve or workforce percentages, (whichever is higher).

The tables below show targets and our data as at April 2024 and progress against targets:

Model employer targets set over 10 years

	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028
Band 8a	29	31	33	36	38	40	42	44	46	49	51
Band 8b	11	12	12	13	13	14	15	15	16	16	17
Band 8c	12	12	12	12	12	12	12	12	12	12	12
Band 8d	0	1	1	2	2	3	3	4	5	5	6
Band 9	1	1	1	2	2	2	2	2	2	3	3
VSM	0	1	1	2	3	4	4	5	6	6	7

Year on year comparison (from band 5)

	Sep-20	Sep-21	Sep-22	Mar-23	Mar-24	Movement from Mar 2023
Band 5	525	579	646	702	774	+72
Band 6	307	317	374	415	447	+32
Band 7	145	153	166	192	214	+22
Band 8a	38	46	50	57	62	+5
Band 8b	18	19	19	18	17	-1
Band 8c	11	11	10	10	10	0
Band 8d	5	5	8	8	7	-1
Band 9	1	1	1	1	0	-1
VSM	0	2	0	0	2	+2
TOTAL	1050	1133	1274	1403	1533	+130

Performance against target

BAME STAFF IN POST	Mar-24	Model Employer Targets	Target Met?
Band 8a	62	42	Y
Band 8b	17	15	Y
Band 8c	10	12	N
Band 8d	7	3	Y
Band 9	0	2	N
VSM	2	4	N
TOTAL	98	78	80%

The tables demonstrate in March 2024 we meet and exceeded set role model employer targets across grades 8a; 8b and 8d. More work is required at Band 8c, 9 and VSM representation.

The Trust has managed to recruit a new Chair and a non-exec director from minority ethnic background.

6. Areas of Focus and review of Actions 2023/24

Within the Healthy Culture Team service, the EDI manager holds overall responsibility for highlighting challenges and bringing in best practise for inclusion within the Trust as delegated by the Chief People Officer with overall Chief Executive Officer accountability. This is delivered with support from and through staff networks, the People Business Partners, Employee Relations Advisory Service team, wider People team along with active support from senior leadership and wider workforce engagement. All work in this space leans heavily on and must include data analytic collaboration with the People Intelligence, Planning and Analytics team (PiP) to share granular divisional/departmental data details on all the EDI reports. There is need to consider continued analysis of our medical WRES and temporary workers (NHSP WRES) data.

EDI objectives historically have been set in view of metrics from various available 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, as we now move to a more holistic approach to deliver and embed sustainable changes aligned to the Trust's EDI Strategy and the National EDI improvement action plan, shown in the diagram below.

Looking ahead 2024/25

Our priority areas are well set out in our responsive and live EDI Strategy aligned to the NHS EDI improvement plan. We will triangulate all our data and have a single document tracker with areas of concern, action plans and with quarterly updated progress. Progress on these will be reviewed regularly and reported on.
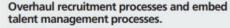
High-impact actions

This plan prioritises the following six high impact actions to address the widely-known intersectional impacts of discrimination and bias.

Measurable objectives on EDI for Chairs Chief Executives and Board members.

Success metric

1a. Annual Chair/CEO appraisals on EDI objectives via Board Assurance Framework (BAF).

Overhaul recruitment processes and embed talent management processes.

Success metric

2a. Relative likelihood of staff being appointed from shortlisting across all posts

2b. NSS Q on access to career progression and training and development opportunities

2c. Improvement in race and disability representation leading to parity

2d. Improvement in representation senior leadership (Band 8C upwards) leading to parity

2e. Diversity in shortlisted candidates

2f. NETS Combined Indicator Score metric on quality of training

Eliminate total pay gaps with respect to race, disability and gender.

Success metric

3a. Improvement in gender, race, and disability pay gap

Address Health Inequalities within their workforce.

Success metric

4a. NSS Q on organisation action on health and wellbeing concerns

4b. National Education & Training Survey (NETS) Combined Indicator Score metric on quality of training

4c. To be developed in Year 2

Comprehensive Induction and onboarding programme for International recruited staff.

Success metric

5a. NSS Q on belonging for IR staff

5b. NSS Q on bullying, harassment from team/line manager for IR staff

5c. NETS Combined Indicator Score metric on quality of training IR staff

Eliminate conditions and environment in which bullying, harassment and physical harassment occurs.

Success metric

6a. Improvement in staff survey results on bullying / harassment from line managers/teams (ALL Staff)

6b. Improvement in staff survey results on discrimination from line managers/teams (ALL Staff)

6c. NETS Bullying & Harassment score metric (NHS professional groups)

The table below shows the work undertaken over the last year and into the remainder of 2023/24 on our WRES.

WRES Action Plan Update and Plans for 2023/24

Objective	Actions	Metrics	Updates at July 2024	RAG rating
Equality, Diversity and Inclusion training To increase the view of BAME staff believing that trust provides equal opportunities for career progression or promotion	First steps towards - Leading inclusively with Cultural intelligence Plans to launch Reciprocal Mentoring across the wider Trust in a different format from the pilot offer to ensure wider impact and scaling up across the Trust. Create data base of mentors ICS and Inclusive Career Development Programme for BME and Disabled members of staff Engaging on Regional Maternity/Neonatal Equity & Inclusion Ambassador scheme Diversity in Health and Care Partners programme Restorative Just Culture – engagement with Mersey Care NHS FT	**WRES 8 -** Percentage of BME staff personally experienced discrimination at work from Manager/team leader/other colleagues **WRES 2** - Relative likelihood of White staff being appointed from shortlisting compared to BME staff **WRES 4** - Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff **WRES 7** – Percentage of BME staff believing that trust provides equal opportunities for career progression or promotion **WRES 5 & 6** - Percentage of BME staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months / Percentage of BME staff experiencing harassment, bullying or abuse from staff in last 12 months	• Pilot Reciprocal mentoring completing in July 2024. Evaluation and setting next steps on launching this offer across our Trust to be shared. • Two Maternity/Neonatal Equity and Inclusion Ambassadors identified, now working to secure allocated time to focus on EDI matters in Maternity and Neonatal areas. • Specific development programmes from system and national shared widely informally and formally to increase up take by colleagues. • Have EDI champions and active by-standers in all teams. Encourage regular team discussions on team charters application within teams. • Targeted team support highlighting uncivil behaviours and early proactive addressing of	**Green** **Amber – Green** **Amber -Red** **Amber – Green** **Green**

			issues by team members and line managers.	
			• Head of ERAS trained in restorative just culture, wider sessions planned with more colleagues to be trained in restorative just culture.	
Inclusive recruitment Ensuring fairness in recruitment and selection process with attention given to employee life cycle. To have an inclusive representative workforce that reflects the community served or the workforce percentages, whichever is higher.	Positive action and practical support for candidates Accountability and assurance framework in recruitment reviewed Secondment policy to be created and ratified, soon to be published, to support equity in opportunities within the Trust Onboarding and induction seamless and consistent for all Board representation and 8D increase in diversity	**WRES 1** – Overall workforce % by Ethnicity **WRES 2** - Relative likelihood of White staff being appointed from shortlisting compared to BME staff - Relative likelihood of White staff being appointed from shortlisting compared to BME staff **WRES 7** – Percentage of BME staff believing that Trust provides equal opportunities for career progression or promotion **WRES 9** - Percentage of voting members of the Board representation by ethnicity	• Introducing more accountability for appointing managers on their duty of care for the shortlisted applicants with effective constructive feedback and developmental gaps discussion for the appointed applicants together with support on how to address all the above. Appointing managers to be held accountable and randomly selected interviewees to feedback their experience to the EDI Steering Committee, People Committee and the Trust Board. Recurrent trends and impact to be analysed. • Recruitment and Selection Training continues with greater focus on ED&I & values-based recruitment, including unconscious bias, job descriptions, person specifications and adverts. • A new guide on Recruitment and Selection to be launched by Autumn to support managers. Considering making this training	**Green** **Green** **Green – Amber (work to communicate required)** **Green** **Amber- Red**

			mandatory for all appointing managers.	
			• Secondment Policy launched April 2023 with review of all current secondments.	
			• Improved induction in place since Feb 2023 and review of e-learning underway throughout year	
			• Vacancy arising at board provides opportunity for a more representative team.	
Engage on Anti-Racism strategy Reducing uncivil behaviour and raising awareness of discrimination in all forms, and creating advocates and allies across the workforce Reducing incidents of discrimination and experience of bullying and harassment in the workplace measured through staff survey which has remained at double the experience of White staff since 2020/21 .	Delivery of Civility Saves Lives programme and staff values charters for local teams Board representation and 8D increase in diversity	**WRES 5 & 6** - Percentage of BME staff experiencing harassment, bullying or abuse from patients, relatives, or the public in last 12 months / Percentage of BME staff experiencing harassment, bullying or abuse from staff in last 12 months **WRES 5 & 6** - Percentage of BME staff experiencing harassment, bullying or abuse from patients, relatives, or the public in last 12 months/ Percentage of BAME staff experiencing harassment, bullying or abuse from staff in last 12 months **WRES 8** - Percentage of BME staff personally experienced discrimination at work from Manager/team leader/other colleagues	• Values team talks and Civility Saves Lives for awareness and behaviour change continues within teams. • Public notifications promoting our Trust values from all who use and work at ENHT highlighting that non-compliancy will be addressed swiftly and effectively, including reporting to the Police, where necessary. • EDI Steering Committee via the EDI dashboard to monitor trends – to highlight these, discuss, support and hold individuals and leaders to account on the cultures within teams. • Peer reviews of team charter relevancy and application to be launched to ensure continued updating and team discussions. • Continued opportunity to increase representation at	**Green** **Green** **Amber**

			board into 2023/24 due to vacancies and tenures expiring	
EDI Strategy approved by the Trust board in March 2024. **EDI policy to be reviewed at Trust Partnership July 2024.** The above documents result from a co-production approach with staff side and staff networks and all relevant stakeholders to ensure its effectiveness, inclusivity, and sustainability. To increase morale and engagement – by creating a better feeling of inclusion and belonging where people are happier, more productive and deliver better quality care with positive outcomes for patients/service users.	On-going restorative just culture training and work to be embedded across the Trust aiming to reduce the likelihood of minority workforce entering formal disciplinary process compared to white staff.	**WRES 3** - Relative likelihood of BME staff entering the formal disciplinary process compared to White staff **WRES 5 & 6 & &** - Percentage of BME staff experiencing harassment, bullying or abuse from patients, relatives, staff or managers in last 12 months **WRES 8** - Percentage of BME staff personally experienced discrimination at work from Manager/team leader/other colleagues	• EDI Strategy action plan aims to work with all teams to reduce minority ethnic colleagues experiencing harassment, bullying or abuse from any source by setting up an EDI Steering Committee with a Central Investigations Team to review all cases needing to enter disciplinary processes. • Reviewing and ensuring all Investigating Officers have the relevant training to be able to support investigations effectively and objectively. • Having active EDI Champions within teams, active allies/by-standers. • Sharing of lived experiences from all available resources within teams for impact awareness, discuss learning, support health working environments for all whilst also enforcing accountability.	

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: Role Model employer data broken down by occupational groups

https://www.enherts-tr.nhs.uk/wp-content/uploads/2024/04/EDI-Strategy-2024_V10.pdf

Appendix 2: Representation by staff group @ March 2024

Healthcare Scientists

Banding	BAME		WHITE		Not Known		TOTAL STAFF
	Headcount	%	Headcount	%	Headcount	%	
Band 4	1	33%	2	67%		0%	3
Band 5	22	67%	8	24%	3	9%	33
Band 6	33	61%	18	33%	3	6%	54
Band 7	20	37%	29	54%	5	9%	54
Band 8A	3	15%	15	75%	2	10%	20
Band 8B	2	29%	5	71%		0%	7
Band 8C	1	20%	4	80%		0%	5
Band 8D		0%	2	100%		0%	2
Total	82	46%	83	47%	13	7%	178

Allied Health Professionals

Banding	BAME		WHITE		Not Known		TOTAL STAFF
	Headcount	%	Headcount	%	Headcount	%	
Band 5	37	61%	21	34%	3	5%	61
Band 6	64	51%	52	41%	10	8%	126
Band 7	32	28%	76	67%	6	5%	114
Band 8A	7	23%	18		5	17%	30
Band 8B	1	17%	5	83%		0%	6
Band 8C		0%	1	100%		0%	1
Band 8D		0%		0%	1	100%	1
Total	141	42%	173	51%	25	7%	339

Professional & Technical

Banding	BAME		WHITE		Not Known		TOTAL STAFF
	Headcount	%	Headcount	%	Headcount	%	
Band 3	1	33%	2	67%		0%	3
Band 4	10	77%	3	23%		0%	13
Band 5	31	46%	32	48%	4	6%	67
Band 6	30	48%	30	48%	2	3%	62
Band 7	15	45%	17	52%	1	3%	33
Band 8A	18	45%	18	45%	4	10%	40
Band 8B	4	50%	4	50%		0%	8
Band 8C	2	40%	3	60%		0%	5
Band 8D	2	67%	1	33%		0%	3
Band 9		0%	1	100%		0%	1
Total	113	48%	111	47%	11	5%	235

Admin & Clerical

Banding	BAME		WHITE		Not Known		TOTAL STAFF
	Headcount	%	Headcount	%	Headcount	%	
Band 2	37	15%	191	78%	17	7%	245
Band 3	49	14%	297	82%	16	4%	362
Band 4	79	18%	353	79%	17	4%	449
Band 5	35	26%	95	70%	6	4%	136
Band 6	22	20%	86	78%	2	2%	110
Band 7	18	23%	56	71%	5	6%	79
Band 8A	20	31%	43	66%	2	3%	65
Band 8B	9	24%	27	73%	1	3%	37
Band 8C	5	13%	32	82%	2	5%	39
Band 8D	4	25%	12	75%		0%	16
Band 9		0%	11	85%	2	15%	13
Trust Pay	2	15%	11	85%		0%	13
Total	**280**	**18%**	**1214**	**78%**	**70**	**4%**	**1564**

Nursing & Midwifery

Banding	BAME		WHITE		Not Known		TOTAL STAFF
	Headcount	%	Headcount	%	Headcount	%	
Band 5	641	73%	184	21%	54	6%	879
Band 6	292	43%	359	53%	29	4%	680
Band 7	129	30%	280	66%	15	4%	424
Band 8A	14	15%	74	81%	3	3%	91
Band 8B	1	5%	19	95%		0%	20
Band 8C	2	33%	3	50%	1	17%	6
Band 8D	1	33%	1	33%	1	33%	3
Band 9		0%	2	67%	1	33%	3
Trust Pay		0%	1	100%		0%	1
Grand Total	**1080**	**51%**	**923**	**44%**	**104**	**5%**	**2107**