**Workforce Race Equality Standard (“WRES”)**

**Report 2021/22**

# Introduction

The WRES is an annual set of measures for the NHS, designed to track how Trusts are ensuring their staff processes are fair and equitable for all. The evidence shows that people from black, Asian or other minority ethnic communities do not fare as well as their white counterparts, when it comes to employment, through the range of ‘touchpoints’ like recruitment, promotion, training opportunities etc.

This report shows how Barnet Enfield and Haringey NHS Trust (BEH) is doing in its race equality aspirations, and an action plan for the next 12 months is at the end to help us work with staff to improve their experience and equitable outcomes.

# ****Indicator 1 – workforce profile of ethnicity; clinical, non-clinical and medical & dental workforce****

**At 31.03.22, the Trust had a total of *n=*3,513 people in its employment, comprising:**

* **People from black, Asian and minority ethnic (“BAME” or “BME”) communities; *n=*1,405**
* **People from white communities; *n=*1,944**
* **People whose ethnicity is not known; *n*=164.**

***These are headcount values; not FTE.***

*Figure 1: non-clinical staff at every pay band in the Trust at 31.03.2022*

*Figure 2: clinical staff (excluding medics) at every pay band in the Trust at 31.03.2022*

*Figure 3: Medical & Dental staff at each grade in the Trust at 31.03.2022*

## Summary

The NHS People Plan encourages Trusts to embed themselves in their local community as an employer of choice and to develop their reputation within that catchment area; which for BEH is an ethnically diverse geography. We have invested in a strategic campaign to increase in the percentage representation of people in BAME communities at all bands, called, “Somebody Like Me”. We anticipate increased BAME representation at every band showing in the data, within the next 12-24 months, as we embed the “Somebody Like Me” branding and key messages.

# ****Indicator 2 – Relative likelihood of staff from BAME communities being appointed from shortlist, when compared with the relative likelihood of recruitment of staff from white communities****

**In the year to 31.03.2022, Trust appointing managers interviewed a total of 2,809 candidates for employment, and subsequently appointed 747 candidates – meaning BEH appointed 26.6% of all candidates interviewed. White candidates remain 1.2 times more likely to be appointed than their BAME counterparts.**

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| **Ethnicity** | **Actual numbers of candidates interviewed *n=*** | **Percentage of candidates who were subsequently employed** | **Actual numbers of candidates who were subsequently employed *n=*** |
| **White candidates** | **934** | **28.37%** | **265** |
| **BAME candidates** | **1,718** | **23.69%** | **407** |
| **Candidates with ethnicity not known** | **157** | **47.77%** | **75** |
| **Relative likelihood of the appointment of candidates from white communities** | | | **1.2** |
| **For information: comparison relative likelihood of the appointment of candidates from white communities – London Trust average (2021)** | | | **1.64** |

## **Summary**

**Whilst BEH appoints 26.6% of candidates overall, only 23.69% of candidates from BAME communities are appointed. This is a differential experience of 2.91 percentage points for those who disclose minority ethnicity. However, BEH has made improvements to its appointment relative likelihood figure on last year (1.25) and the trend is going in the right direction. This is anticipated to continue with the Trust’s new training, Recruiting for Values, gaining traction, and the strict rule around ethnically diverse recruitment panels for roles at 8a and above.**

# ****Indicator 3 – relative likelihood of staff from BAME communities entering the formal disciplinary process, compared to that of staff from white communities****

**People from BAME communities more likely to be formally disciplined than their white counterparts. In effect, this means they are at higher risk of losing their job. BEH’s submission for 2020/21 was a relative likelihood for BAME staff of 5.48. Numbers were small, however, and the score has driven much work with HR colleagues and operational managers to counter this inequity, and we now have a likelihood figure for current year of 2.46.**

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| **Ethnicity** | **Actual numbers staff *n=*** | **Actual numbers of staff entering formal disciplinary process *n=*** | **Relative likelihood of entering formal disciplinary process** |
| **White** | **1,405** | **5** | **0.36%** |
| **BAME** | **1,944** | **17** | **0.87%** |
| **Ethnicity not known** | **164** | **3** | **1.83%** |
| **Relative likelihood of staff from BAME communities entering the formal disciplinary process** | | | **2.46** |
| **For comparison: Relative likelihood of staff from BAME communities entering the formal disciplinary process – London Trust average (2021)** | | | **1.54** |

## Summary

The appropriate focus on inequity in use of the Trust disciplinary process is in place and will continue. This is part of the Just & Inclusive Culture workstream that the Trust has invested in and committed to during 2020-21.

Although not yet in line with London averages, the Trust’s journey is well underway in establishing equitable use of the BEH disciplinary process across staff of all ethnic communities.

# ****Indicator 4 – Relative likelihood of staff from BAME communities accessing non mandatory training****

One of the aims of the WRES is to see equitable and fair progression through the pay bands to VSM for people of diverse ethnicity, thereby ensuring equal participation at the most senior decision-making levels. Therefore non-mandatory training indicators are a useful way of understanding how people are being prepared for future progression, and whether Continuing Professional Development resources are distributed on an equitable basis.

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| **Ethnicity** | **Actual numbers staff *n=*** | **Actual numbers of staff accessing non-mandatory training opportunities *n=*** | **Relative likelihood of accessing non-mandatory training opportunities** |
| **White** | **1405** | **1,065** | **75.80%** |
| **BAME** | **1944** | **1,629** | **83.80%** |
| **Ethnicity not known** | **164** | **134** | **81.71%** |
| **Relative likelihood of staff from white communities accessing non-mandatory training opportunities when compared with BAME colleagues** | | | **0.90** |
| **For information: Relative likelihood of staff from white communities accessing non-mandatory training opportunities when compared with BAME colleagues – London Trust average (2021)** | | | **0.95** |

## **Summary**

BEH likelihood ratio indicates that proportionately more BAME staff are accessing development opportunities than their counterparts in the white communities. This is an equity indicator of use of current resources, and also a predictor of future diversification of senior decision-making roles in the Trust.

# ****Indicator 5 – Percentage of staff experiencing bullying, harassment or abuse from patients, relatives or the public in the last 12 months****

This indicator is drawn from staff survey results and is disaggregated by ethnicity to show the differential treatment by the public of our staff. It demonstrates a sinister assumption from some members of the public that people who have a different culture, skin colour, faith adherence or accent are an ‘easy target’ upon which to take out their irritation, anger or stress when using or visiting our services.

* 28.4% of staff from white communities have told us they’ve experienced bullying from patients, members of the public and visitors in the last 12 months.
* 36.1% of staff from BAME communities have told us they’ve experienced bullying from patients, members of the public and visitors in the last 12 months; **a differential of 7.7 percentage points.**

*Figure 5: Staff experience of bullying from patients & public in last 12 months*

## **Summary**

Whilst the majority of our patients and visitors are polite and respectful of our staff, there is a small minority who are not. Their treatment of our staff causes us concern – more so when we perceive this is motivated by race. Over the last 5 years, our staff are telling us that their treatment from the public has improved – for white staff, the improvements are gaining traction but for BAME staff, the improvements are slow and small. This means that the differential experience of white staff and BAME staff is opening up again and is cause for concern and action planning is already taking place to counter this trend.

# ****Indicator 6 – Percentage of staff experiencing bullying, harassment or abuse from staff in the last 12 months****

This indicator is drawn from staff survey results and is disaggregated by ethnicity to show the differential treatment by staff from colleagues. It is an indicator for racism. It also shows workforce attitudes – both covert and overt, and conscious and unconscious – of how each of us actively includes (or otherwise) people who look, talk and behave culturally diversely.

* Staff in white communities have told us that 21.8% of them have experienced inappropriate behaviour from other staff members.
* Staff in BAME communities have told us that 23.6% of them have experienced inappropriate behaviour from other staff members; **a differential of 1.8 percentage points.**

*Figure 7: Staff experience of bullying from other staff in last 12 months*

## **Summary**

As you would expect, most staff relationships at BEH are professional and respectful. We all work hard in our respective roles, and managers work to ensure our contribution is valued. However, there are times when staff relationships suffer and deteriorate and this is an area of work that is always in scrutiny. Following a very difficult couple of years for everyone during COVID-19, it is good to note that staff experience of bullying harassment and abuse is declining for both white and non-white groups, and the differential gap is closing. BAME staff incidence of bullying is improving at the fastest rate.

# ****Indicator 7 – percentage of staff who believe that BEH provides an equal opportunity for career progression or promotion****

This indicator is the only ‘perception’ indicator in the WRES dataset; the inference is that not only does the Trust need to be carrying out equality interventions, but it needs to be seen to be doing so by staff. This increases the confidence of staff with diverse ethnicity to apply for training and promotion as opportunities become available.

* 52.8% of staff in white communities at BEH hold the belief that the Trust will offer them fair, equitable career progression opportunities and promotion
* 46.8%% of staff in BAME communities hold the belief that the Trust will offer them fair, equitable career progression opportunities and promotion – meaning there is **a six percentage point differential between BAME and white staff members**

*Figure 8: staff perception of equal opportunities for progression and promotion 2021-22*

## **Summary**

BEH has a 6 percentage point differential between staff from BAME communities and those from white communities, around how fairly they believe they’ll be treated when applying for training or promotion opportunities. The year on year trend is improving, in terms of numbers of staff in BAME communities believing the Trust will afford them equality of opportunity, thereby eroding the differential data.

# ****Indicator 8 – percentage of staff who have personally experienced discrimination at work from a manager, team leader or other colleague****

This indicator measures *all-protected characteristic discrimination* that is experienced by our staff, disaggregated by ethnicity. It is our best indicator to understand race and ‘intersectionality’ e.g. the experience of being a unique individual, where diverse characteristics compound one another in terms of the treatment received.

* Staff in white communities have told us that 9% of them have experienced discrimination at work from another colleague/manager.
* Staff in BAME communities have told us that 14.4% of them have experienced discrimination at work from another colleague/manager; **a differential experience of 5.4 percentage points.**

*Figure 9: percentage of staff who’ve experienced discrimination at work in last 12 months*

## **Summary**

Staff at BEH complete mandatory training on equality, diversity and inclusion in order to help them reflect on how to be fair and equitable at work. This training is important for everyone, but particularly managers and team leaders. However, there are times when discrimination is still in effect, and the NHS Staff Survey asks our staff about these experiences.

* 9% of staff in white communities have experienced discrimination in last 12 months – this is 3 percentage points above all England benchmark averages.
* 14.4% of staff in BAME communities have experienced discrimination in last 12 months – this is in line with all England benchmark.

# ****Indicator 9 – percentage of Trust Board Members by ethnicity compared with wider workforce ethnicity****

This indicator is important because it defines how representative the most senior levels of decision-making in the Trust are of the staff who work in it. Historically, as well as in London and across England currently, Trust Boards are not ethnically representative of their workforces. This implies Trusts are not currently harnessing the benefits of diversity in terms of innovative, creative and sustainable strategic steering and decision-making. Patients, members of the public and staff alike have increasing expectations that decisions in NHS health services are made by people who look and talk like them – the WRES helps Trusts respond to this expectation.

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|  | **Board Membership – white communities** | **Board Membership – BAME communities** | **Board Membership - ethnicity not known** |
| Total Board Members \* | 10 | 6 | 2 |
| *of which:*  Executive Board Members \*  Non-Executive Board Members \* | 6  4 | 2  4 | 0  2 |
| Staff in overall workforce | 1,405 | 1,944 | 164 |
| Board Membership by % | 55.6% | 33.3% | 11.1% |
| **Ethnicity disparity:** | | | **-22%** |

## **Summary**

BEH has a differential percentage of -22%. This is a positive change of 2.8 percentage points on last year’s submission, however, people from BAME Communities remain unrepresented at the Trust’s most senior decision-making level. BEH submission is in line with London averages for last reporting year.

# High Priority Areas for WRES action planning

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| --- | --- | --- |
| **Indicator 3** | **Relative likelihood of staff from BAME communities entering the formal disciplinary process, compared to that of staff from white communities** | **Ratio**   * 2.46 |
| **Values**   * *n*=17 people from BAME communities * *n=*5 from white communities * *n=*3 of unknown ethnicity |
| **Indicator 5** | **Percentage of staff experiencing bullying, harassment or abuse from patients, relatives or the public in the last 12 months** | **Rate**   * 36.1% of staff in BAME communities * 28.4% of staff in white communities |
| **Values**   * *n*= 306 staff in BAME communities * *n=* 215 staff in white communities |
| **Indicators 1 & 9** | **Workforce profile of ethnicity; clinical, non-clinical, medical & dental and VSM workforce – retention and progression of colleagues**   * white groups in non-clinical AfC roles start to be proportionately over-represented at 8c * white groups in clinical AfC roles start to be proportionately over-represented at 8d * white groups are proportionately over-represented in VSM roles | |

# Conclusion

We recognise that people in BAME communities have historically worse outcomes than their peers in the white communities, and this includes in employment. We remain committed to ensuring that all groups of the workforce receive equal treatment and are not discriminated against on the basis of their skin colour, accent, culture or faith. There is no place for racism or racist attitudes at BEH.

Some indicators this year have been improved, and we can celebrate these successes even though we know we can’t take our foot of the gas. But other indicators cause concern, including indicator 5 where our staff in BAME communities are telling us they feel bullied by some people who visit or use our services. We will do more to support those staff and to curb their poor experiences in this area.

An action plan has been agreed with the Trust’s Better Together staff equality network for race, to move the equality agenda forward, collaboratively with staff.

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*Black people suffer. Our lives are worth less. And the statistics don’t lie. In the US and UK, our children are more likely to leave school without qualifications, we are more likely to go to jail, more likely to live in poverty, more likely to live in social housing, less likely to own a home. We earn less, our women die in childbirth at a higher rate, our infant mortality is higher. And, not surprisingly, our life expectancy is lower. All of these things happen because we live by a system that tolerates and enforces deeply entrenched ideas that Black people, or people of colour, are inferior.”*

*Michael Holding (2021) from his book, Why We Kneel, How We Rise*