Hertfordshire Community NHS Trust

Outstanding services ealthier communities

NHS Workforce Race Equality Standard (WRES) Report

April 2025 – March 2026



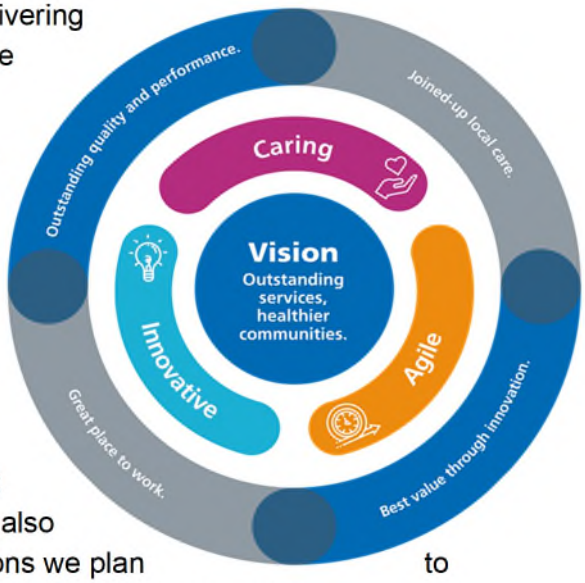






Outstanding services ealthier communities

Introduction



Hertfordshire Community NHS Trust is committed to delivering services that are responsive to and fully meet the diverse needs of our communities, patients and service users.

In line with our Great Place to Work strategic objective, we aspire to be a Trust that celebrates difference and to create a culture of inclusion, valuing the unique contribution of all our staff.

This report sets out key information covering the period April 2025 to March 2026. It includes detailed information on our Black, Asian and Minority Ethnic (B.A.M.E.) workforce during this period to help us understand the trends and patterns of inequality, so that we are able to mitigate them in a systematic manner. It also covers the progress we have made to date and the actions we plan to take to address identified gaps and further promote diversity and inclusion within our organisation.

The actions set out in this report have been developed with input from our Celebrating Race Equality & Diversity (CRE&D) Network and Shadow Board.

NHS Workforce Race Equality Standard (WRES)

The national 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 (B.A.M.E.) staff at all levels of the organisation. There are a total of nine indicators that make up the WRES, split across workforce data, the national NHS Staff Survey and Trust Board composition, as follows:

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
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 of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months (from NHS Annual Staff Survey)
6. Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months (from NHS Annual Staff Survey)
7. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion (from NHS Annual Staff Survey)

8. Percentage of staff experiencing 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

Executive Summary of Progress Against Measures

The main points to note from this report against the nine indicators are summarised below:

Indicator	Comments
Indicator 1	The minority ethnic profile of the Trust remained relatively unchanged at 20.4% in the reporting year. There is good representation of B.A.M.E. staff at senior band 8a and particularly in the medical and dental staff groups. However, similar to last year, representation is low at Bands 8b and above.
Indicator 2	B.A.M.E. candidates were strongly represented at application and shortlisting stages, accounting for 77% of applications and 78% of candidates progressing to shortlisting. The principal drop-off occurred later: 24.7% of shortlisted B.A.M.E. candidates progressed to interview compared with 77.9% of White candidates, and 16.8% progressed from interview to appointment compared with 52.0% of White candidates. Overall, 1.9% of B.A.M.E. applicants were appointed compared with 16.9% of White applicants. White candidates were therefore 3.11 times more likely to be appointed from shortlisting and approximately nine times more likely to convert from application to appointment. This is a significant deterioration from the previous two years and indicates potential bias or structural barriers at interview and selection stages.
Indicator 3	It remains the case that a larger proportion of staff from B.A.M.E. backgrounds entered formal disciplinary proceedings than staff from White backgrounds over the reporting year. The number of formal disciplinary cases fell compared to last year (from 14 to 10). 0.7% of B.A.M.E staff entered the formal disciplinary process compared to 0.5% for White staff. The relative likelihood this year was 1.49 compared to 3.72 last year; this year's ratio is comparable to the 1.67 ratio in 2024.
Indicator 4	In the reporting year, 77% of staff from a B.A.M.E. background accessed non-mandatory training, compared to 79% of white staff. This equates to a ratio of 1.03, indicating almost equity of access amongst staff. This marks a positive shift, reversing the inequity of 2025 where the ratio was 0.72 in favour of B.A.M.E. staff last year and 1.16 in 2024.
Indicator 5	The proportion of staff from B.A.M.E. backgrounds reporting they experienced harassment or abuse from patients rose to 19.61% from 18.18% during the reporting year. Staff from White backgrounds also reported an increase to 16.56% from 15.96%. Our scores were lower than the Community Trust average (22.22% of B.A.M.E. staff).
Indicator 6	This year, there was a further decrease in the percentage of B.A.M.E. staff reporting bullying or harassment from other staff, with 14.57% reporting such experiences. Among White staff, there was an increase to 12.36% (compared to 17.19%/17.54% and 10.71%/12.01% for previous two years). Both figures remain better than the national averages, which are 17.65% for B.A.M.E. staff and 13.90% for White staff.