



NHS  
WORKFORCE  
**RACE EQUALITY**  
STANDARD



## Workforce Race Equality Standard 2025

<b>Report to:</b>	<b>EDI Steering Committee</b>	<b>Date: 10 July 2025</b>
<b>Report from:</b>	Oonagh Monkhouse, Director of Workforce and OD Onika Patrick-Redhead, Assistant Director of Organisational Development.	
<b>Principal Objective/Strategy:</b>	To note the 2024/25 WRES data submission	
<b>Title:</b>	24/25 WRES Data submission	
<b>Board Assurance Framework Entries:</b>	Staff Engagement Retention Recruitment	
<b>Regulatory Requirement:</b>	WRES Equality Act Public Sector Equality Duty	
<b>Equality Considerations:</b>	Supports the delivery of the Trust's WRES and EDS goals. This report supports the requirements laid out in the Equality Act 2010 and the Public Sector Equality Duty. This report provides assurance that the Trust is complying with NHS Workforce Equality Standards as outlined in the NHS Standard Contract.	
<b>Key Risks:</b>	<ul style="list-style-type: none"> <li>• Staff retention</li> <li>• Staff engagement</li> <li>• Patient experience</li> </ul>	
<b>For:</b>	<ul style="list-style-type: none"> <li>• Note the 2024/25 WRES data submission.</li> </ul>	

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## 1. Purpose

The purpose of this paper is to provide the Workforce Committee and Board with a summary of the Workforce Race Equality Standard submission, which took place on the 30th of April 2025. This report and our 25/26 action plan (which was approved by the Trust Board) will be published on our external website as required.

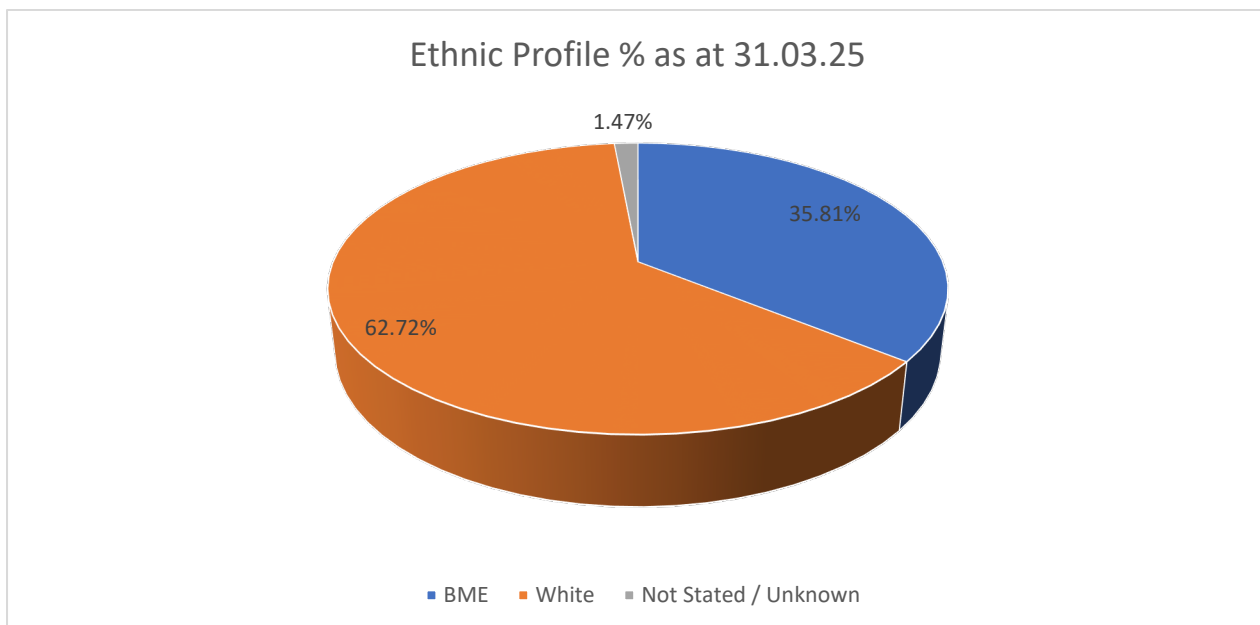
The data will be submitted to the July Workforce Committee.

### 1.1 WRES Data submission highlights 2024/2025

This report details our 2024/25 data submission and is based on April 24 to March 25 workforce data and the 2024 Staff Survey results, in line with the national requirements, and provides a comparison with our data from the previous three years. It also details the action plan developed in conjunction with the Race Equality Network (REN).

Our baseline data tells us that 35.81% of our workforce comes from Black, Asian, and Minority Ethnic (BAME), backgrounds, an increase from last year's 33.79%. We have 63 different nationalities represented across RPH.

AS AT 31.03.25		
Ethnic Group	Total	%
BME	853	35.81%
White	1494	62.72%
Not Stated / Unknown	35	1.47%
<b>Grand Total</b>	<b>2382</b>	



## 2. WRES Indicators

The Workforce Race Equality Standard (WRES) is a workforce standard mandated by NHS England & NHS Improvement. All NHS Trusts and organisations are required to collect and analyse data across a series of metrics to help to improve the working experiences of Black, Asian and Minority ethnic (BAME) staff across the NHS. There are nine WRES metrics:

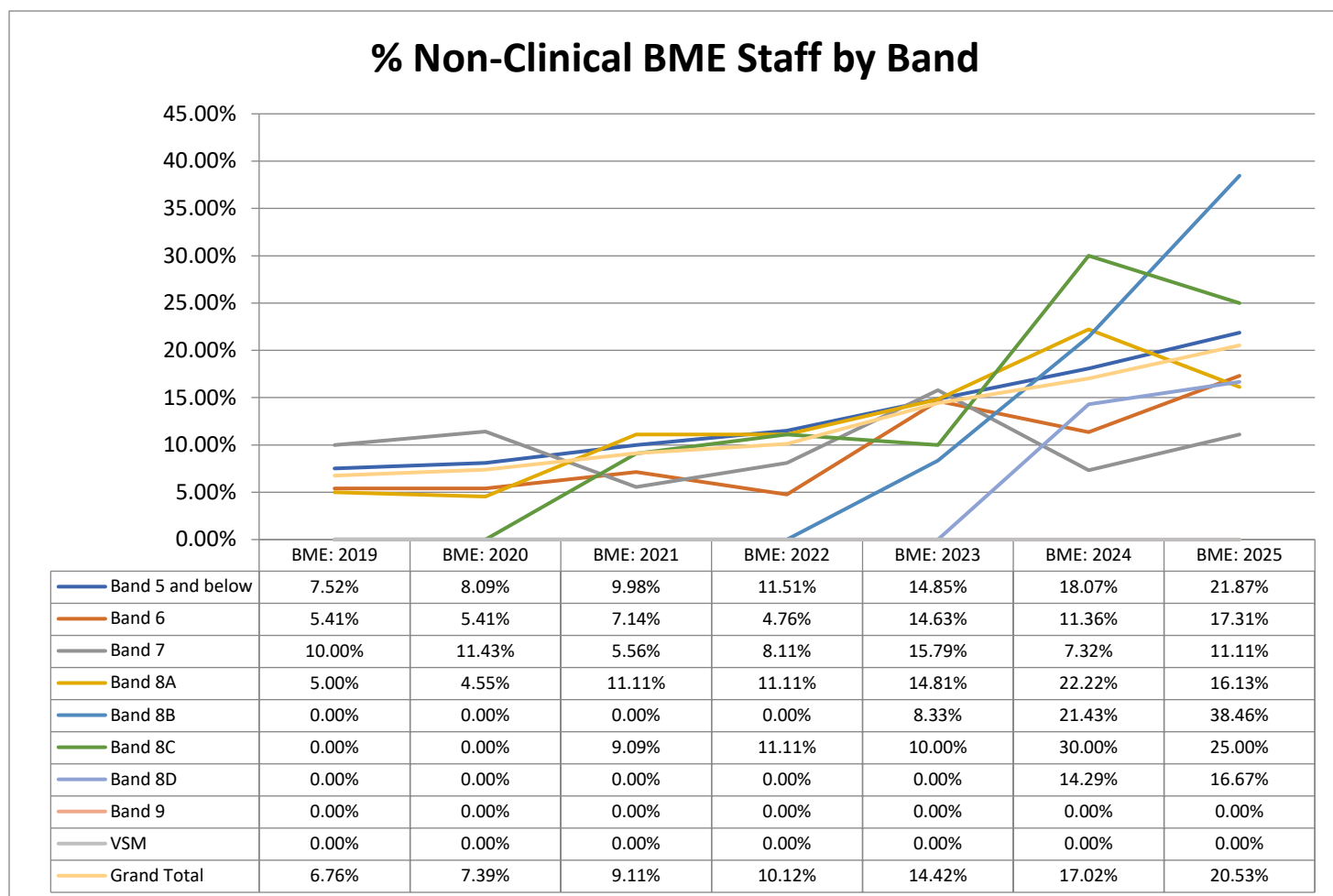
- Two focus on workforce data and representation.
- Four are based on questions from the NHS Staff Survey
- Three based on workforce data from HR interventions.

Indicator Number	Workforce Indicators (comparison of data for white and BAME staff)	Who provides the data
1	Percentage of staff in each of the AFC Bands 1-9 and VSM (including Executive Board members) compared with the percentage of staff in the overall workforce  Calculation completed separately for non-clinical and for clinical staff	Workforce Information team
2	Relative likelihood of staff being appointed from shortlisting across all posts	Workforce Information team
3	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.  This indicator is based on data from a two-year rolling average of the current year and the previous year	Workforce Information team
4	Relative likelihood of staff accessing non-mandatory training and CPD	Workforce Information team
	<b>National NHS Staff Survey indicators (or equivalent)</b> Comparison of the outcomes of the response for White and BAME staff	<b>Staff Survey Results</b>
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last months	Staff Survey Results
6	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	Staff Survey Results
7	Percentage believing that trust provides equal opportunities for career progression or promotion	Staff Survey Results
8	In the last 12 months have you personally experienced discrimination at work from any of the following? Managers/team leader or other colleagues	Staff Survey Results
	<b>Board representation indicator</b> Comparison of the difference of White and BAME staff	<b>Trust Secretary</b>
9	Percentage difference between the organisations' Board voting membership and its overall workforce  Only voting members of the Board are included when considering this indicator	Trust Secretary

### 3. WRES data submission 24/25 key areas

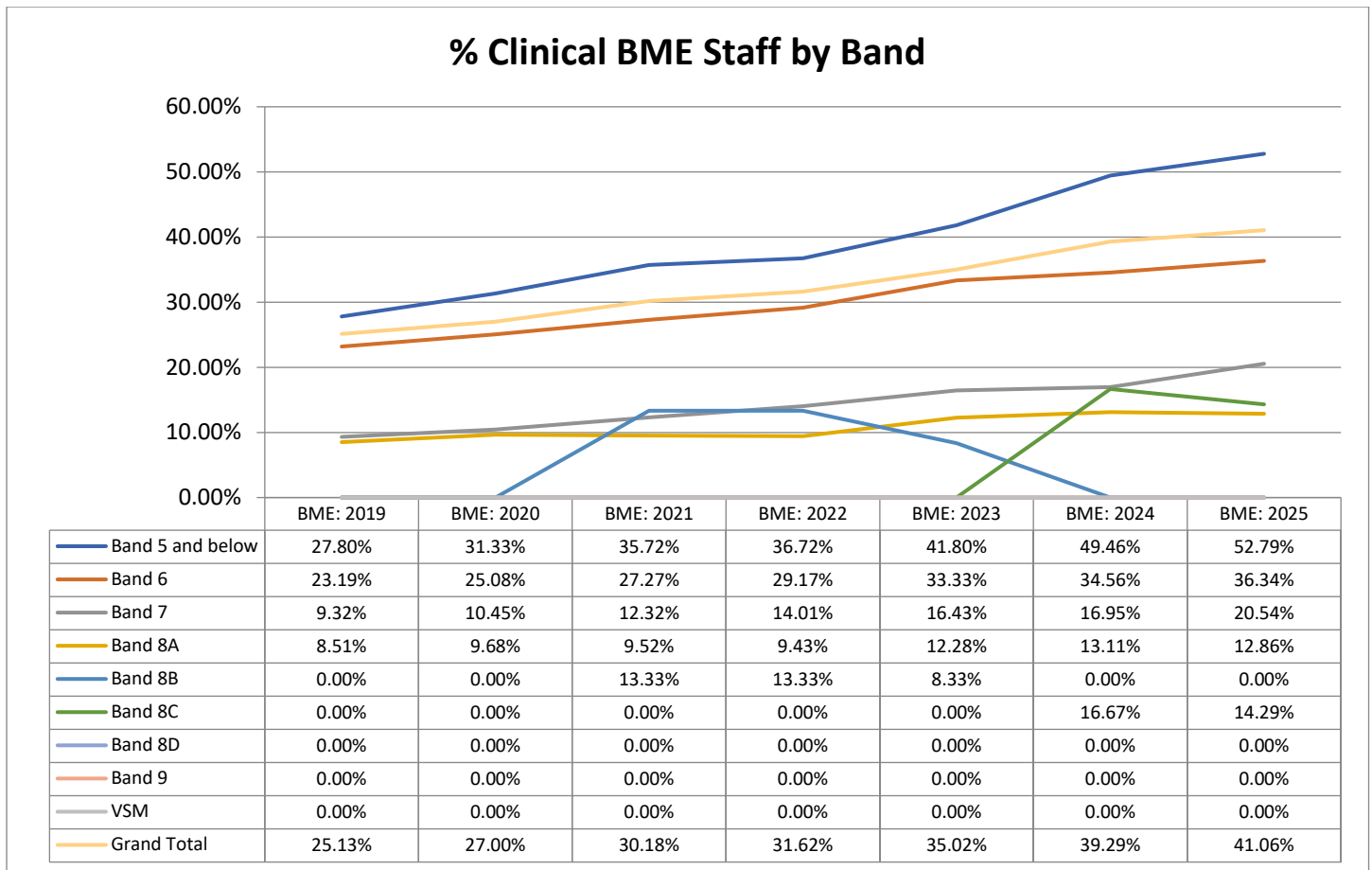
In this section is an evaluation of the indicators, by comparing the data against previous years' results, peer benchmarks, and national standards. It will help in identifying areas of improvement and set targets for improvement.

**Indicator 1 - Percentage of BAME staff in Bands 8-9 and Very Senior Manager (VSM) (including Executive Board members and senior medical staff) compared with the percentage of BAME staff in the overall workforce.**



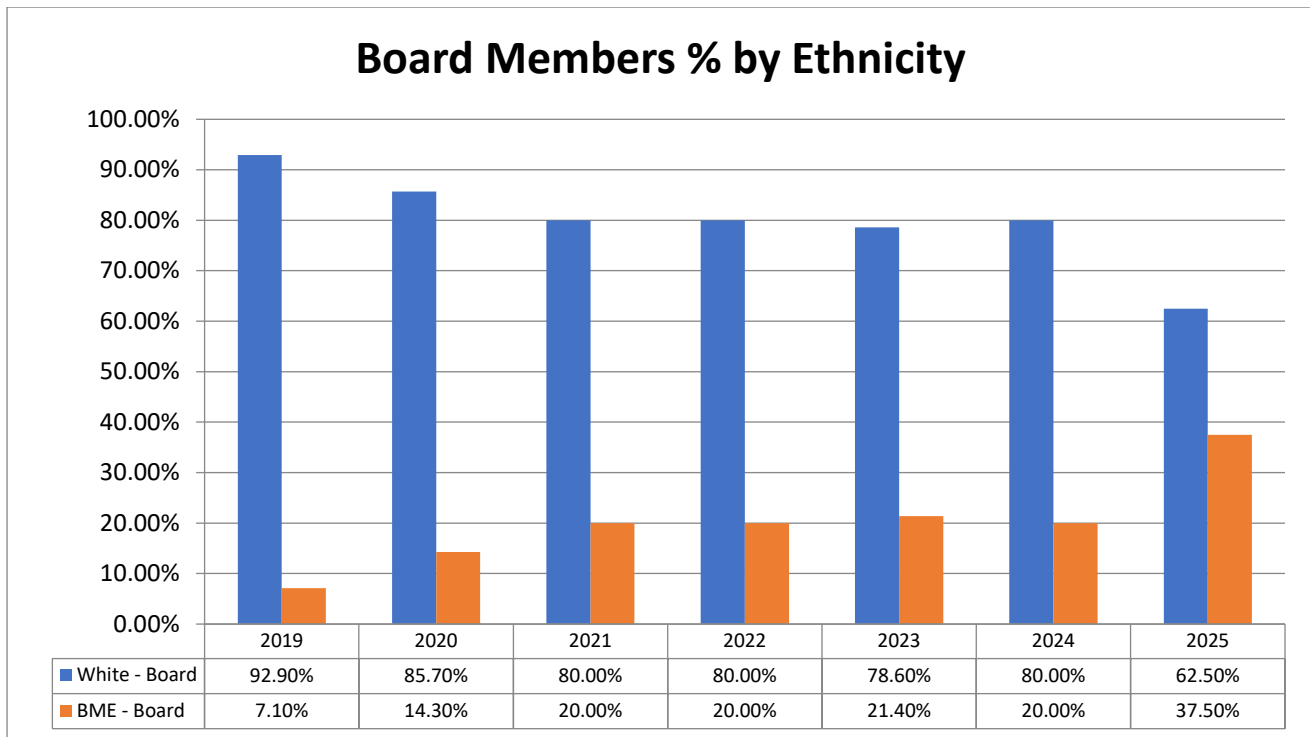
This graph shows the percentage of BAME staff across different pay bands in non-clinical roles from 2019 to 2025. BAME staff representation in the total non-clinical workforce has grown steadily from 7.52% in 2019 to 21.87% in 2025.

**Observations:** There is improved representation of staff from a BAME background at middle management levels (Band 8B and 8C), suggesting career progression opportunities exist. However, there is still an absence of BAME staff at the most senior levels (VSM), and the overall representation remains lower than in clinical roles.



This graph shows the percentage of BAME staff across different pay bands in clinical roles from 2019 to 2025. BAME staff representation in the total clinical workforce has grown steadily from 25% in 2019 to 41% in 2025. In Bands 5 and below the percentage of staff from a BAME background has grown from 27.8% to 52.79%

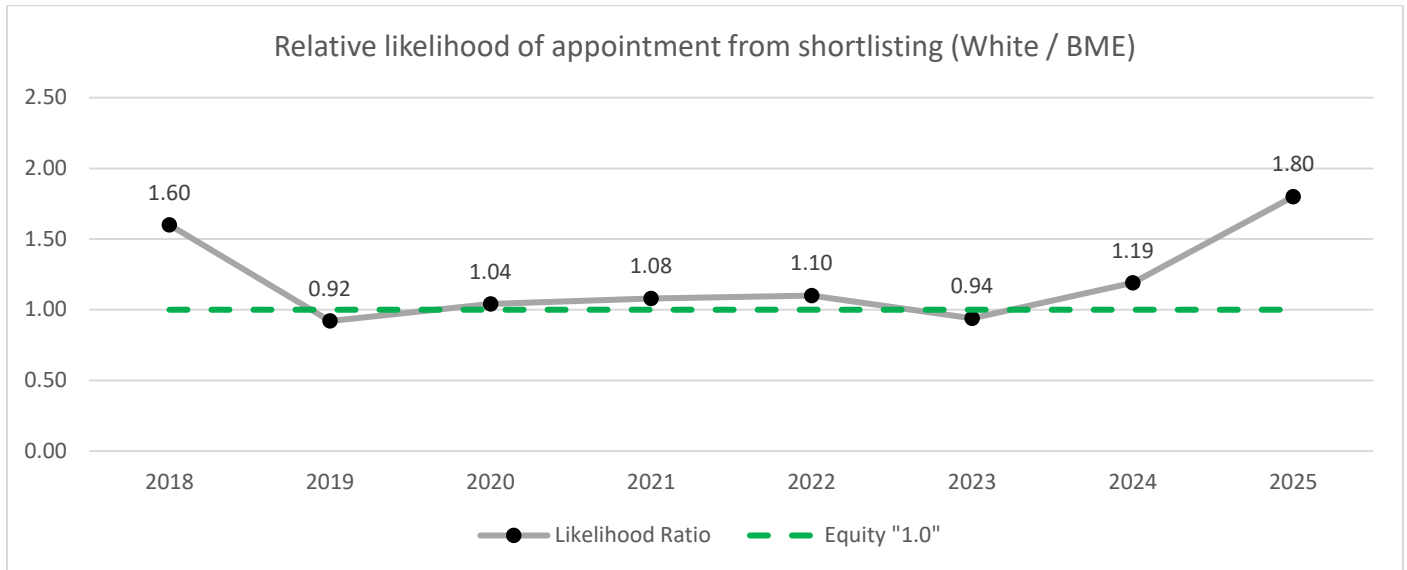
**Observations:** BAME representation decreases as seniority increases. There appears to be a pipeline problem - while BAME staff make up an increasing proportion of the workforce and are well-represented in junior roles, their representation drops at senior levels and is absent at the most senior positions (Band 8D and above). This suggests significant barriers to career progression for BAME clinical staff.



This data indicates progress in board diversity and representation over the years but not for Executive Director roles.

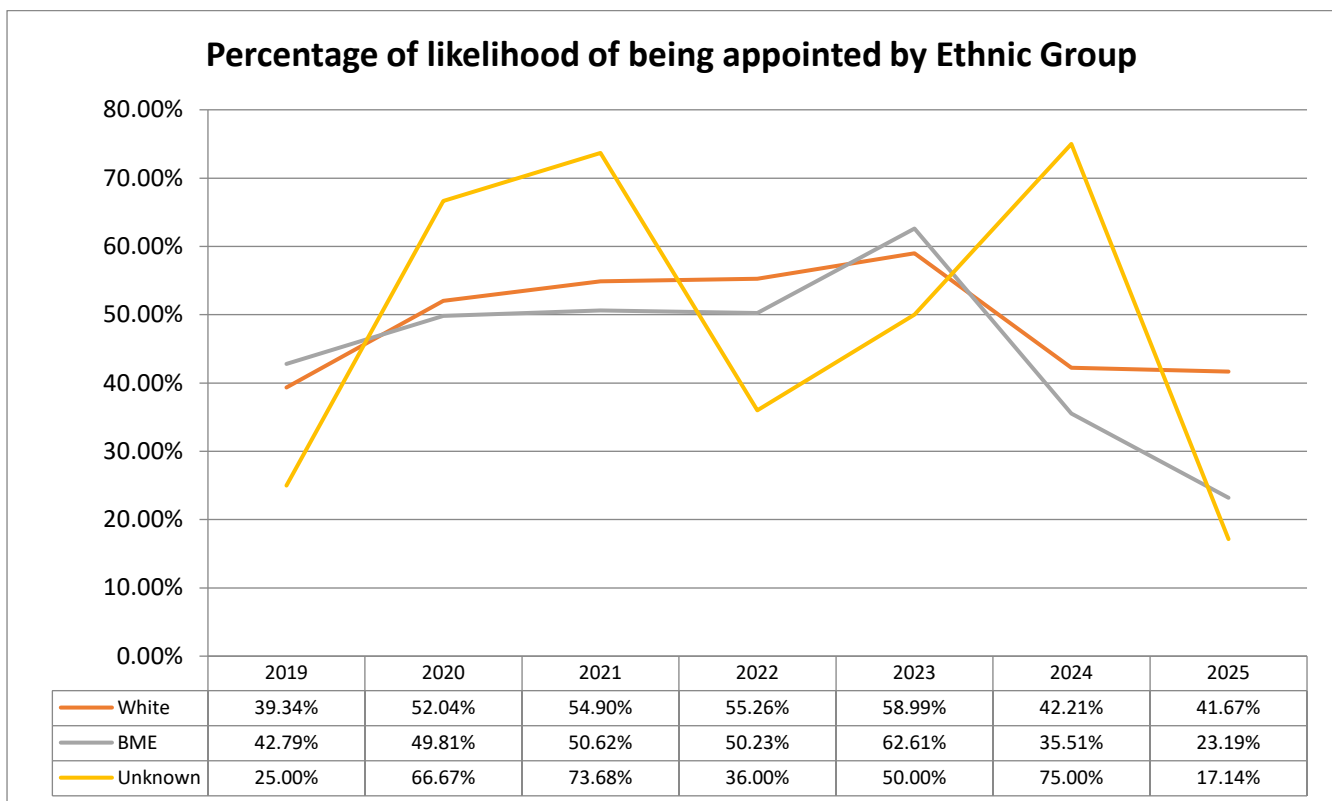


## Indicator 2 - Relative likelihood of BAME staff being appointed from shortlisting compared to that of white staff being appointed



This graph shows the relative likelihood of Black, Asian, and Minority Ethnic (BAME) staff being appointed from shortlisting compared to white staff over time from 2018 to 2025.

The green dashed line at 1.0 represents equity - this would mean BAME, and white candidates have equal chances of being appointed after being shortlisted. Values above 1.0 mean BAME candidates are less likely to be appointed than white candidates after shortlisting. Values below 1.0 mean they're more likely to be appointed.



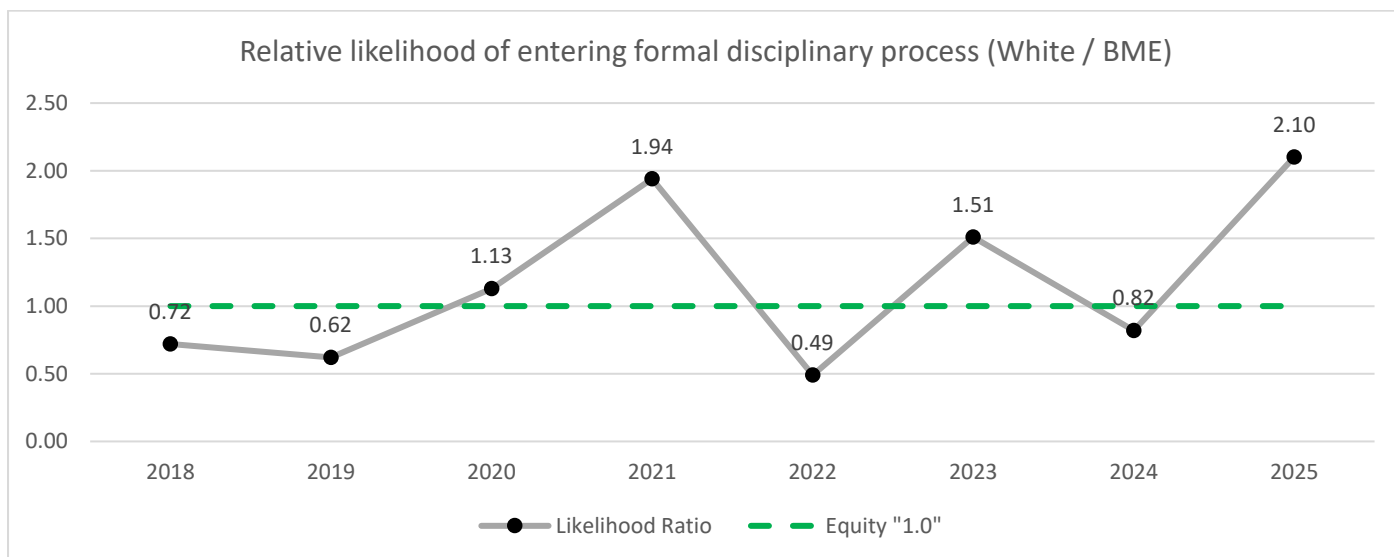
This graph shows in more detail that:

- In 2025 there shows significant disparity for BME staff, it appears that they have much lower appointment rates (23.19%) compared to White staff (41.67%).
- Declining trend for BME staff: After reaching parity or better rates in 2020-2023, BME appointment rates have fallen quite considerably.

**Observations:** In 2024 we implemented a new electronic recruitment system. This change has enabled all recruitment records to be included in the analysis, which had not previously been the case. This has significantly changed our understanding of whether our recruitment processes are delivering broadly equitable outcomes for applicants from a BAME background and a white background. It is important to note that over the past 12 months the Head of EDI and Head of Resourcing have been monitoring fairer recruitment across the Trust and have implemented a review of appointments for Band 8A and above. We have commissioned a deep dive into the disparities that are now indicated across several departments. Early analysis indicates that this disparity is occurring both at the shortlisting and the appointment stages in the recruitment process. There may be some skewing of the recruitment process by the increased number of applications from candidates requiring visas that we are not able to support but this does not explain all the apparent disparity. As part of the deep dive, we have agreed with the Head of Nursing for Cardiology to conduct a comprehensive review of recruitment for band 6 and band 7 posts within the Cardiology ward over the next year. This review will be undertaken collaboratively with a cultural ambassador, Workforce Business partner, the matron and ward managers of cardiology. The examination will explore the entire recruitment process from initial application through to interview stage. Key areas of focus will include an assessment of shortlisting criteria and decision-making processes at each stage of recruitment. This will help us understand what might be happening in the recruitment process to contribute to the apparent inequity in outcomes. The learning from this review in Cardiology will increase our understanding of what is happening in our recruitment processes, and we can then apply this learning across other departments where inequity is indicated in their data.

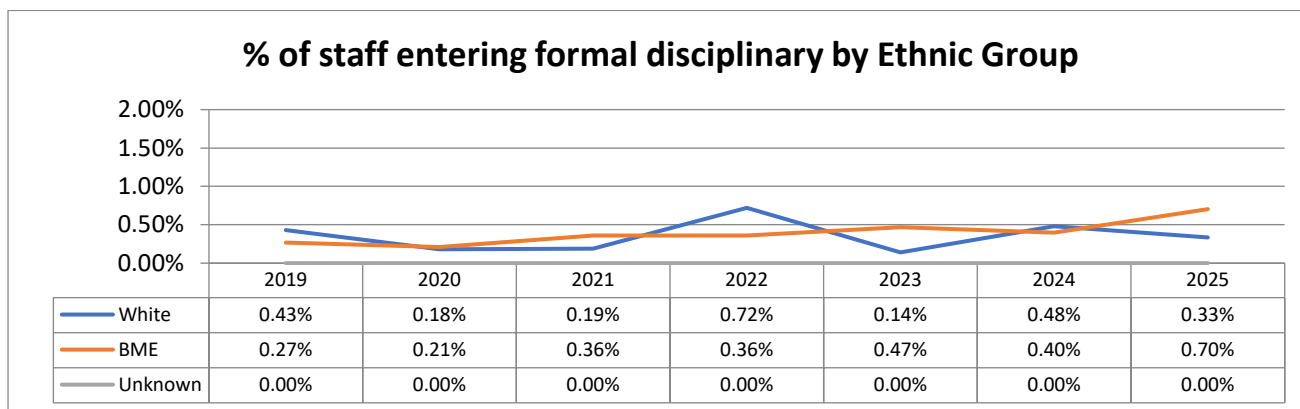
At the request of the Head of Nursing for Cardiology, the review will also encompass an evaluation of the support provided to internal candidates, particularly examining the feedback mechanisms and development opportunities offered to enhance their readiness for future positions.

**Indicator 3 - Relative likelihood of BAME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.**



This graph shows the relative likelihood of BAME staff entering formal disciplinary processes compared to white staff from 2018 to 2025.

The green dashed line at 1.0 represents equality - this would mean BAME, and white staff have equal chances of entering formal disciplinary processes. Values above 1.0 mean BAME staff are more likely to enter disciplinary processes than white staff. Values below 1.0 mean they're less likely.

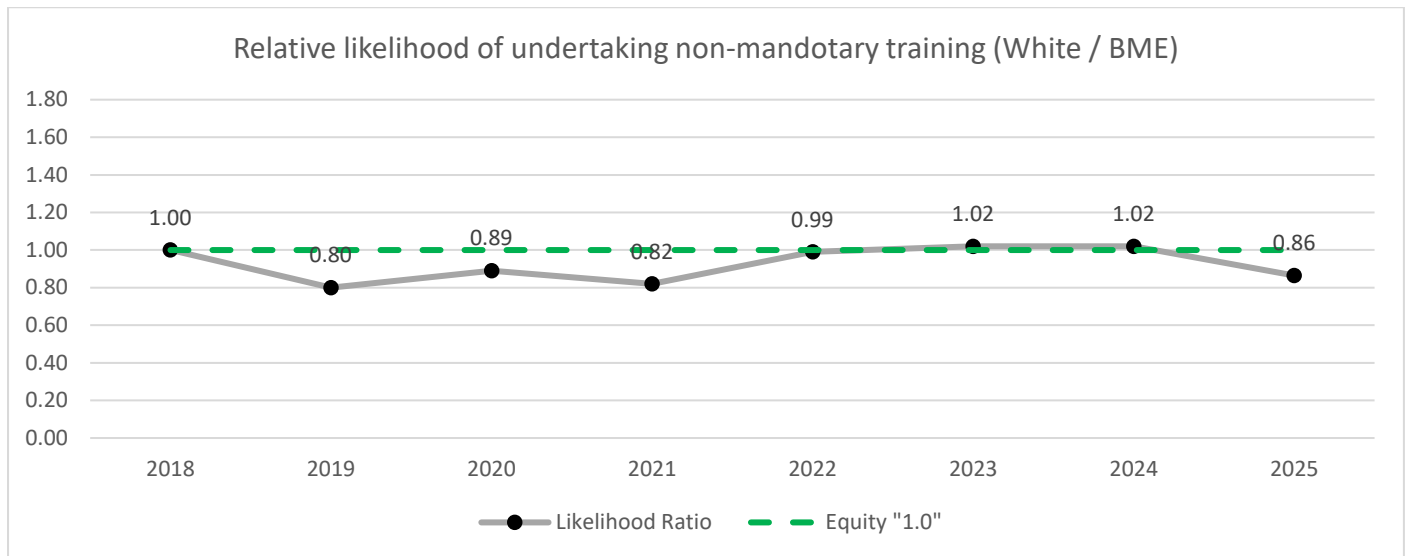


**Overall:** The numbers of staff involved in formal disciplinary processes are very small and therefore small changes have a big impact on the analysis. However, given the degree of change this year the Head of Employee Relations was asked to undertake a desktop review of the 11 cases in 2024/25. The breakdown is that 5 of the staff involved in these cases were of a white background and 6 were of a BAME background. This review looked at the use of the pre-disciplinary review tool and the decision making about whether to proceed with a formal process. A Cultural Ambassador was involved in this review. The outputs from that review were as follows:

- There was no indication of inequitable decision making in whether cases proceeded to a formal hearing. It was considered that all the cases were appropriately managed.
- We need to progress fully embedding the use of Cultural Ambassadors in employee relations cases. They are primarily involved in recruitment processes, but a key part of their training is to support employee relations processes.

- We need to improve the quality of record keeping in the Employee Relations system particularly for medical cases
- We should integrate the use of the pre-disciplinary tool into the MHPS procedure.

**Indicator 4 - Relative likelihood of BAME staff accessing non-mandatory training and CPD compared to White staff.**



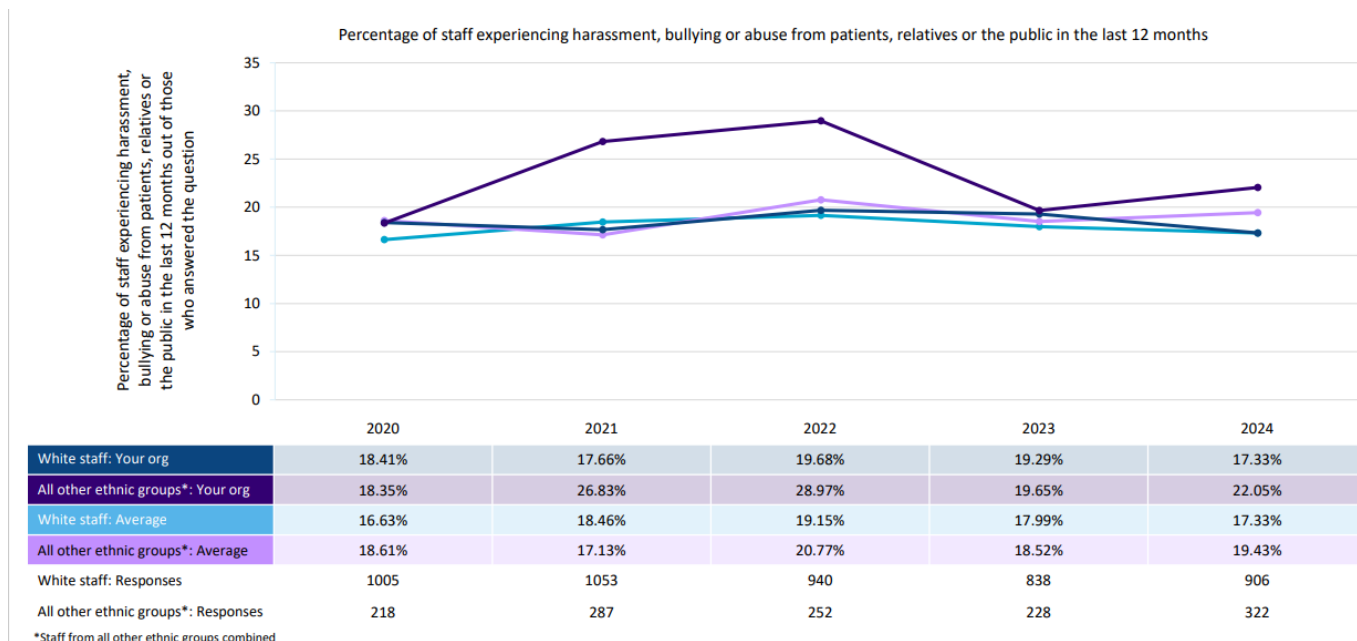
This graph shows the relative likelihood of BAME staff accessing non-mandatory training and continuing professional development (CPD) compared to white staff from 2018 to 2025.

The green dashed line at 1.0 represents equality - this would mean BAME, and white staff have equal access to non-mandatory training and CPD opportunities. Values below 1.0 mean BAME staff are less likely to access training than white staff. Values above 1.0 mean they're more likely.

**Observations:** The data suggests that there is no inequity in access to non-mandatory training and CPD. That said, it is difficult to capture all training that takes place to this will be based on an incomplete data set.

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

Please note for this indicator the data is taken from the National Staff Survey.



This graph shows the percentage of staff who experienced harassment, bullying, or abuse from patients, relatives, or the public in the last 12 months, comparing experiences between White staff and "All other ethnic groups" (BAME staff) from 2020 to 2024.

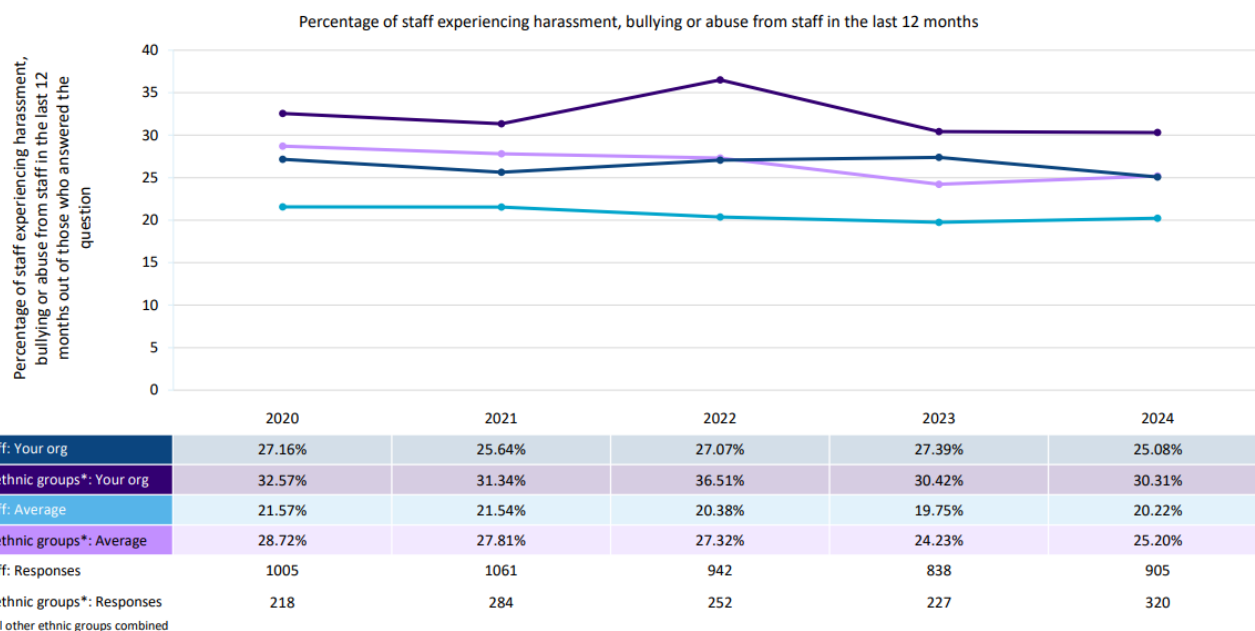
It shows that both groups experience significant levels of harassment, bullying, or abuse from patients/public, and rates generally range between 17-29% across all groups and years. In 2024 rates increased again for BME to 22%, higher than White staff at 17%.

There are key points worth noting:

- Persistent disparity: BAME staff consistently experience higher rates of harassment, bullying, or abuse.
- Above national average: BAME staff rates are generally above the national average for their ethnic group.

## Indicator 6 - Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.

Please note for this indicator the data is taken from the National Staff Survey.



This graph shows the percentage of staff who experienced harassment, bullying, or abuse from other staff members in the last 12 months, comparing experiences between White staff and "All other ethnic groups" (BAME staff) from 2020 to 2024.

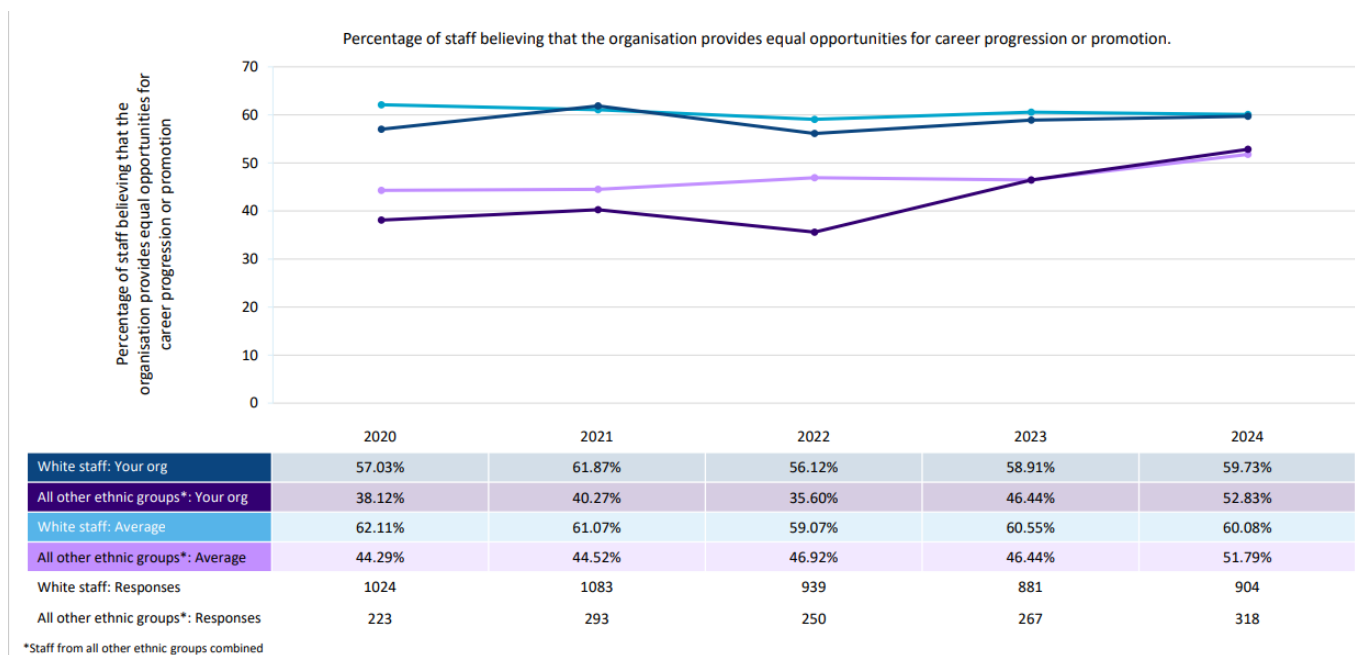
It shows that both groups experience significant levels of harassment, bullying, or abuse from colleagues, rates are generally higher than harassment from patients/public (previous graph) and rates range between 25-37% across all groups and years.

There are key points worth noting:

- Persistent and significant disparity: BAME staff consistently experience 4-10% higher rates of workplace harassment than White staff.
- Over 30% of BAME staff experience harassment from colleagues. Whilst this has been reducing over the last 5 years it is a slow rate of change.
- Both groups exceed national averages.

## Indicator 7 - Percentage of staff who said their organisation acts fairly regarding career progression/promotion.

Please note for this indicator the data is taken from the National Staff Survey.



This graph shows the percentage of staff who believe that the organization provides equal opportunities for career progression or promotion, comparing responses between White staff and "All other ethnic groups" (BAME staff) from 2020 to 2024.

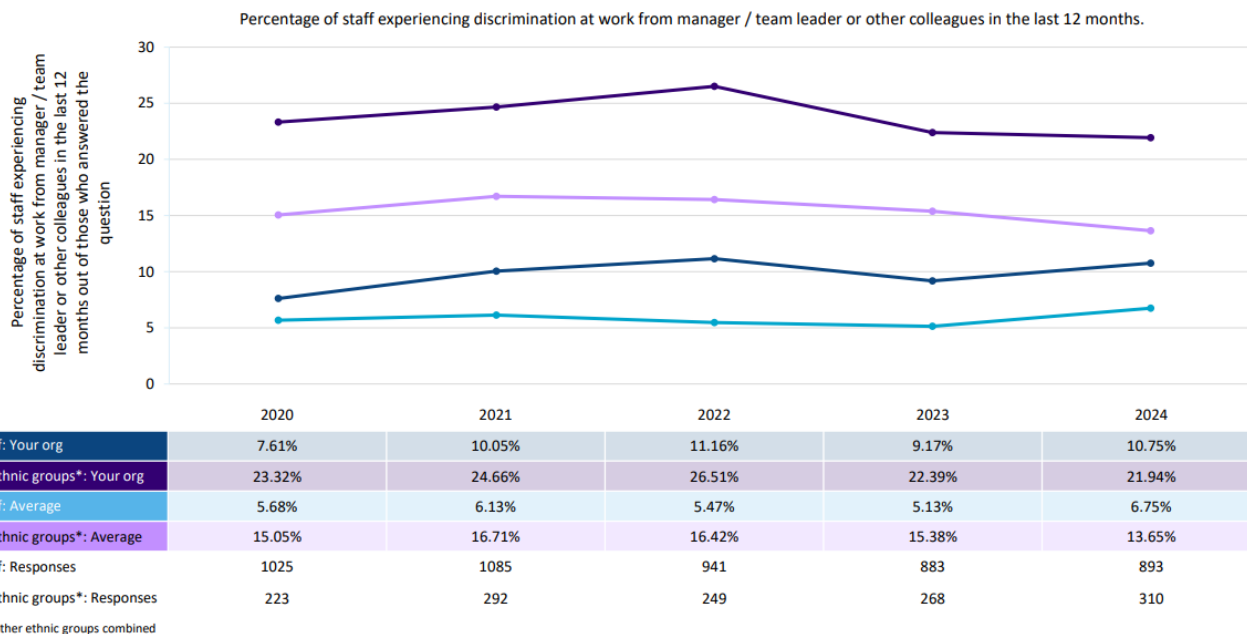
It suggests that there's a persistent gap in perceptions between White and BAME staff, where White staff consistently have a more positive views about equality of opportunities although this gap has been reducing over the last 5 years.

There are key points worth noting:

- There's a large and consistent gap between how White and BAME staff view career opportunities.
- The disparity suggests BAME staff may be experiencing barriers to progression that White staff do not experience.



## Indicator 8 - Percentage personally, experienced discrimination from any of the following: Manager/team leader or other colleagues.



This graph shows the percentage of staff who experienced discrimination at work from managers, team leaders, or other colleagues in the last 12 months, comparing experiences between White staff and "All other ethnic groups" (BAME staff) from 2020 to 2024.

It suggests that there is a persistent disparity in discrimination experiences between ethnic groups and the gap has remained consistently large throughout the last 5 -year period.

There are key points worth noting:

- BAME staff are experiencing discrimination at rates 2-3 times higher than White staff. (
- Over 1 in 5 BAME staff report workplace discrimination consistently.
- Whilst this has been reducing over the last 5 years it is a slow rate of change.
- Both groups exceed national averages, but BAME staff experience is particularly concerning.

**Indicator 9 - Percentage difference between the organisation's Board voting membership and its overall workforce**

	2022/2023			2023/2024			2024/2025		
	WHITE	BME	UNKNOWN	WHITE	BME	UNKNOWN	WHITE	BME	UNKNOWN
Total Board members	11	3	0	12	3	0	13	3	0
<i>of which: voting Board members</i>	10	2	0	10	3	0	12	3	0
Non-voting Board members	1	1	0	2	0	0	1	0	0
Overall workforce - % by Ethnicity	78.6%	21.4%	0%	80%	20%	0%	62.50%	37.50%	0%
Voting Board Percentage- % by Ethnicity	83.3%	16.7%	0%	76.92%	23.08%	0%	80%	20%	0%

#### **4. Next Steps**

The data provided in this report was submitted to NHS England by the 30<sup>th</sup> of April 2025. The 2025/2026 Action Plan (Appendix 1) will be submitted as required on September 30<sup>th</sup>, 2025. Both documents will be published on the Trust website.

The 2025/26 WRES Action plan has been reviewed and updated in collaboration with the Race Equality Network and EDI Steering Committee and need approval by the Workforce Committee and Trust Board. It considers the areas for improvement highlighted in our WRES data. Some of these actions are ones continuing from the 2024/25 plan.

The work will be supported by the Equality, Diversity and Inclusion Team and monitored through the EDI Steering and Workforce Committee. The key priorities of the plan are to:

- Continue to improve BME staff representation and career progression across senior levels of the organisation.
- Continue to reduce the gaps in experience between white staff and BAME staff.
- Continue to value and promoting the voice of BME staff within decision-making.
- Continue to support managers to understand structural and individual acts of racism and develop cultural intelligence programmes.

#### **5. The Committee is asked to:**

- Review and note the WRES report 2024/25.