

# Workforce Race Equality Standard

**Published:** September 2024

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**Approved:** Strategic People Committee on behalf of the Trust Board

## WORKFORCE RACE EQUALITY STANDARD

<b>SUBJECT</b>	Workforce Race Equality Standard (WRES) Annual Report 2023/24	<b>AGENDA REF:</b>	SPC/24/08/84
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### 1. BACKGROUND/CONTEXT

NHS England and the NHS Equality and Diversity Council introduced the Workforce Race Equality Standard (WRES)<sup>1</sup> in 2015. The standard sets out agreed actions to ensure employees from black and minority ethnic (BME) backgrounds have equality of access to career opportunities and receive fair treatment in the workplace. As such on an annual basis the NHS organisations are required as per the NHS standard contract to complete a data analysis against nine metrics, formulating a Trust wide action plan for improvement. Responsibility for oversight of the action plan sits with the Trust Board for sign off and approval.

The Trust is expected to show progress against 9 indicators of workforce equality, including a specific indicator to ensure that the organisation is representative across all levels, including the Trust Board. The WRES measures are important as they demonstrate the experience that our organisation is providing for our racially diverse workforce and research shows that a motivated, included and valued workforce contributes to the delivery of outcomes such as reduced health inequalities, high quality patient care, increased patient satisfaction and improved patient safety<sup>2</sup>.

The WRES data has been provided by the Trust’s Electronic Staff Record (ESR), the National Staff Survey results, and via the HR Business Partnering Team. The data has been submitted to the national central government portal as per the national timescales in May 2024. A copy of this data can be found as **Appendix One**.

The Trust’s WRES Action Plan for 2023/24, found as **Appendix Two**, has been produced through an analysis of the data with a comparison to the previous year’s data and progress made against the Action Plan for 2022/23. Additionally The plan has utilised elements of the Trust’s action plan for the NHS North West BAME Assembly Anti-Racist Organisation Framework<sup>3</sup> requirements.

In addition to being monitored by NHS England, compliance with the WRES and subsequent action plans are also monitored by the Care Quality Commission (CQC), as local intelligence for the well-led domain of the new assessment framework.

For the purposes of this report, non-white ethnicities are referred to utilising the same language as the WRES, Black and Ethnic Minorities (BME), however throughout the

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<sup>1</sup> NHS England – Workforce Race Equality Standard:  
<https://www.england.nhs.uk/about/equality/equality-hub/workforce-equality-data-standards/equality-standard/>

<sup>2</sup> West M (2021) Compassionate Leadership: Sustaining Wisdom, Humanity and Presence in Health and Social Care

<sup>3</sup> NHS North West BAME Assembly – Anti-Racist Organisation Framework:  
<https://www.england.nhs.uk/north-west/wp-content/uploads/sites/48/2023/07/The-North-West-BAME-Assembly-Anti-racist-Framework-FINAL.pdf>

WRES indicator descriptions and narrative within the action plan, the term Black, Asian and Minority Ethnic (BAME) is also used.

## 2. REPORTING AND TIMESCALES

The NHS standard contract outlines how organisations must meet the required timescales of the National Workforce Race Equality Standard (WRES) Team. For the 2023/24 reporting, this timeframe was brought forward to May 2024 as with the previous year.

As part of the reporting requirements, organisations are required to develop an action plan approved by Trust Boards and uploaded to the Trust's website by 31 October 2024. The Strategic People Committee holds the delegated responsibility of the Trust Board to receive and approve the contents of the WRES, with escalation of the decision reported via the Committee Chairs Log.

## 3. ACTIONS COMPLETED IN 2022/23

The Trust is required to complete an action plan for each submission of the Workforce Race Equality Standard (WRES). From the 2022/23 submission, the following actions have been completed:

- Review of recruitment processes and marketing to ensure this is inclusive of all protected characteristics and external accreditations.
- Implementation of cohort two of Your Future Your Way, completed on 25 July 2024.
- Implementation and monitoring of ethnicity pay gap reporting as part of the Annual Equality, Diversity and Inclusion Report. This found there were no significant outliers in pay however the Trust implemented monitoring of band 7 and above agenda for change contract progression for BME staff. This has shown a positive improvement in representation.
- Development of an internal EDI dashboard to support real-time monitoring of information (percentages declared), at local level.
- Continued development of the Anti-Racist Working Group with extended clinical membership, achieving 'bronze' status in May 2024.
- A review of the WHH Recruitment and Selection training to support managers competency in inclusive recruitment practices.
- Introduce Staff Network representatives as part of the workforce policies and procedures working group, ensuring lived experience supports policy development.
- A review of Staff Survey data for 2023, applying reduction targets for staff from a Black, Asian and minority ethnic background who experience bullying, harassment, discrimination and violence. Monitored through risk 2103.
- Develop listening workshops to gather qualitative information from staff across all races to identify areas for improvement based on the Staff Survey 2022 results.
- Develop and embed personalised equality and diversity related objectives for Executive Board members and all staff appraisals, commenced from September 2024.

- Introduce an executive sponsor as part of the Multi-Ethnic Staff Network to support and champion the networks progress whilst acting as an ally for the network at board level. This role is completed by the Director of Communications and Engagement.
- Continued participation in the NHS Leadership Academy Shadow Board programme to support aspiring leaders in their development, supporting diversity in preparedness for Trust Board level engagement.
- Review of executive recruitment resources through an inclusive lens, to ensure that the Trust's commitment to inclusivity is recognised by diverse candidates.

#### 4. KEY FINDINGS

The full datasets identified as part of the Workforce Race Equality Standard (WRES) for 2023/24, can be found as **Appendix One**. This section provides a high-level analysis of the key findings from the WRES reporting. A copy of the action plan to address the findings in this report can be found as **Appendix Two**.

Analysis of the Trust's WRES data has identified improvements against a number of the WRES indicators, including:

- The Trust wide profile for BME workforce increased by 3% to a total headcount of 823 people – with the majority across the clinical (Agenda for Change) and medical workforce.
- The relative likelihood of BME staff being appointed from shortlisting compared to White staff improved in 2023/24 from 1.85 to 0.97 – this represents the Trust's best position since the commencement of the WRES in 2019.
- The relative likelihood of BME staff entering the formal disciplinary process compared to White staff remained below 1.0 at 0.57 in 2023/24. Although this shows an imbalance for White staff, this demonstrates that the Trust is embedding principles outlined in the Improving People Practices workstreams for the workforce profile of the Trust.
- The percentage of staff who experienced harassment, bullying or abuse from other colleagues decreased in 2023/24.
- The percentage of staff who believed that the Trust provides equal opportunities for career progression or promotion increased in 2023/24.
- The percentage of staff who in the last 12 months experienced discrimination at work from their manager/team leader or other colleagues decreased in 2023/24.
- The percentage of BME Board membership and the overall workforce improved with a difference of 11.6%, compared with the previous year.

Analysis of the Trust's WRES data has also identified areas of deterioration in comparison with the 2023/24 results. They include:

- The percentage of staff who experienced harassment, bullying or abuse from patients, visitors or the public increased in 2023/24 compared with 2022/23.
- Data also shows that the percentage of White staff who experienced discrimination at work from manager / team leader or other colleagues in the last 12 months increased by 0.61%.

Overall there remains a significant disparity in the experience of BME staff and White staff at the Trust. Although this is an improving picture, there remains work to be done to remove the imbalance. This is monitored through the Board Assurance Framework, under risk 2103.

## 5. MONITORING/REPORTING ROUTES

Actions associated with the Workforce Race Equality Standard (WRES) will be integrated into the Workforce Equality, Diversity and Inclusion Strategy 2022-2025 delivery dashboard.

Monitoring of the Workforce Equality, Diversity and Inclusion Strategy 2022-2025 delivery dashboard is completed by the Workforce Inclusion and Culture Sub-Committee, chaired by the Chief People Officer on a bi-monthly basis.

In addition, as part of the NHS standard contract, progress updates associated with the WRES are reported bi-annually to the Clinical Quality Focus Group (CQFG) for assurance.

## 6. TIMELINES

Data reporting of the Workforce Race Equality Standard was completed by 31 May 2024.

Following approval of the associated action plan, found as **Appendix Two**, the Trust is required to submit the plan to NHS England, and publish on its website by 31 October 2024.

## 7. ASSURANCE COMMITTEE (IF RELEVANT)

Assurance for the Workforce Race Equality Standard is completed by the Strategic People Committee as delegated responsibility on behalf of the Trust Board.

## 8. APPENDIX ONE - WORKFORCE RACE EQUALITY STANDARD DATASET (2023/24)

**Metric 1:** Percentage of staff in each of the Agenda for Change Bands 1-9 or Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce disaggregated by:

- Non-Clinical staff
  - Clinical staff - of which, non-medical staff and Medical and Dental staff

Non clinical workforce	BME		White		Unknown		Total
	Num	%	Num	%	Num	%	
Cluster 1: AfC Bands <1 to 4	69	6.8%	941	92.8%	4	0.4%	1014
Cluster 2: AfC bands 5 to 7	8	3.2%	237	96.0%	2	0.8%	247
Cluster 3: AfC bands 8a and 8b	1	1.4%	69	98.6%	0	0.0%	70
Cluster 4: AfC bands 8c to VSM	4	7.7%	48	92.3%	0	0.0%	52
<b>Total non-clinical</b>	<b>82</b>	<b>5.9%</b>	<b>1295</b>	<b>93.6%</b>	<b>6</b>	<b>0.4%</b>	<b>1383</b>

Clinical workforce	BME		White		Unknown		Total
	Num	%	Num	%	Num	%	
Cluster 1: AfC Bands <1 to 4	103	10.5%	875	89.2%	3	0.3%	981
Cluster 2: AfC bands 5 to 7	410	22.7%	1350	74.8%	45	2.5%	1805
Cluster 3: AfC bands 8a and 8b	12	7.7%	142	91.0%	2	1.3%	156
Cluster 4: AfC bands 8c to VSM	1	5.9%	16	94.1%	0	0.0%	17
<b>Total clinical</b>	<b>526</b>	<b>17.8%</b>	<b>2383</b>	<b>80.5%</b>	<b>50</b>	<b>1.7%</b>	<b>2959</b>

Medical and Dental	BME		White		Unknown		Total
	Num	%	Num	%	Num	%	
Medical & Dental Staff, Consultants	107	52.71%	91	44.83%	5	2.46%	203
Medical & Dental Staff, Non-Consultants career grade	57	77.03%	17	22.97%	0	0.00%	74

Medical & Dental Staff, Medical and dental trainee grades	51	52.58%	42	43.30%	4	4.12%	97
<b>Total Medical and Dental</b>	<b>215</b>	<b>57.49%</b>	<b>150</b>	<b>40.11%</b>	<b>9</b>	<b>2.41%</b>	<b>374</b>

Total workforce	BME		White		Unknown		Total
	Num	%	Num	%	Num	%	
Number of staff in workforce	823	17.45%	3828	81.17%	65	1.38%	4716

**Metric 2:** Relative likelihood of staff being appointed from shortlisting across all posts.

2022/23	2023/24
The relative likelihood of White staff being appointed from shortlisting compared to BME staff was <b>1.85</b> .	The relative likelihood of White staff being appointed from shortlisting compared to BME staff was <b>0.97</b> .
This indicates BME candidates are significantly less likely to be appointed compared to White candidates.	This indicates BME candidates are more likely to be appointed compared to White candidates.

**N.B.** A value of “1.0” for the likelihood ratio means that White and BME staff are equally likely to be appointed from shortlisting, whilst a value above 1 indicates that white candidates are more likely to be appointed than BME candidates, and a value below 1 indicates that White candidates are less likely to be appointed than BME candidates.

**Metric 3:** Relative likelihood of staff entering the formal disciplinary process as measured by entry into a formal disciplinary investigation.

2022/23	2023/24
The relative likelihood of BME staff entering the formal disciplinary process compared to White staff was <b>0.79</b> .	The relative likelihood of BME staff entering the formal disciplinary process compared to White staff was <b>0.57</b> .
This indicates that BME staff are less likely to enter the formal disciplinary proceeding compared to White staff.	This indicates that BME staff are less likely to enter the formal disciplinary proceeding compared to White staff.

**N.B.** A value of “1.0” for the likelihood ratio means that BME and White staff are equally likely to enter formal disciplinary proceedings, whilst a value above 1 indicates that BME staff are more likely to enter formal disciplinary proceedings than White staff, and a value below 1 indicates that BME staff are less likely to enter formal disciplinary proceedings than White staff.

**Metric 4:** Relative likelihood of staff accessing non-mandatory training and CPD.

2022/23	2023/24
<p>The relative likelihood of BME staff accessing non-mandatory training and CPD compared to White staff was <b>0.97</b>.</p> <p>This indicates that BME staff are more likely to access non-mandatory training or CPD in comparison to White staff.</p>	<p>The relative likelihood of BME staff accessing non-mandatory training and CPD compared to White staff was <b>0.82</b>.</p> <p>This indicates that BME staff are more likely to access non-mandatory training or CPD in comparison to White staff.</p>

**N.B.** A value of “1.0” for the likelihood ratio means that white and BME staff are equally likely to access non-mandatory training or CPD, whilst a value above 1 indicates that white staff are more likely to access non-mandatory training or CPD than BME staff, and a value below 1 indicates that white staff are less likely to access non-mandatory training or CPD than BME staff.

**Metric 5 to 8 (linked to the Staff Survey 2023):**

5. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.
6. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.
7. Percentage of staff believing that their organisation provides equal opportunities for career progression or promotion.
8. In the last 12 months have you personally experienced discrimination at work from any of the following? (b) Manager/team leader or other colleagues.

Question	White				Black, Asian and minority ethnic (BAME)			
	2021	2022	2023	Comparator	2021	2022	2023	Comparator
Q14a) Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	21.01%	21.21%	<b>19.69%</b>		25.62%	25.50%	<b>28.24%</b>	
Q14c) Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	23.23%	21.76%	<b>17.60%</b>		26.25%	30.87%	<b>21.88%</b>	
Q15) Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	64.33%	61.72%	<b>64.90%</b>		49.69%	40.82%	<b>50.98%</b>	
Q16b) Percentage of staff experiencing discrimination at work from manager / team leader or other colleagues in the last 12 months	5.04%	4.74%	<b>5.35%</b>		11.88%	18.92%	<b>13.33%</b>	

**Metric 9:** Percentage difference between the organisation’s Board voting membership and its overall workforce.

Percentage difference between:

- i. the organisations’ Board voting membership and its overall workforce
- ii. the organisations’ Board executive membership and its overall workforce

	2022/23			2023/24		
	WHITE	BAME	ETHNICITY UNKNOWN	WHITE	BAME	ETHNICITY UNKNOWN
Total Board members - % by Ethnicity	94%	6%	0%	94.1%	5.9%	0%
Voting Board members - % by Ethnicity	100%	0%	0%	100%	0%	0%
Non-Voting Board Member - % by Ethnicity	75%	25%	0%	80%	20%	0%
Executive Board Member - % by Ethnicity	100%	0%	0%	100%	0%	0%
Non-Executive Board Member - % by Ethnicity	88%	13%	0%	87.5%	12.5%	0%
Overall workforce - % by Ethnicity	84%	14%	1%	81.2%	17.5%	1.4%
Difference (Total Board compared to Overall	9%	-8%	-1%	12.8%	11.6%	-1.45

## 9. APPENDIX TWO – WORKFORCE RACE EQUALITY STANDARD ACTION PLAN

The Workforce Race Equality Standard action plan has been developed based on actions developed in 2022/23 and the NHS BAME Assembly Anti-Racist Organisation Framework action plan.

Metric Number	Standard	Narrative	Actions	Timescales / Progress
1	<b>Percentage of staff in each of the Agenda for Change Bands 1-9 or Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce.</b>	The Trust wide profile for BME workforce increased by 3% to a total headcount of 823 people – with the majority across the clinical (Agenda for Change) and medical workforce. Data demonstrates that there is a positive trend improvement across clinical (AfC and Medical) in terms of the percentage of BME staff. Data does demonstrate there is still work to improve the diversity of senior positions across both clinical and non-clinical roles.	Review of the Your Future Your Way programme in line with available data. Analysing opportunities to expand the programme based on WRES intelligence beyond nursing, midwifery and AHP.	October 2024
			Implementation of the North West BAME Assembly Anti-Racist Organisation Framework. Working toward Silver and Gold with year-on-year measures and improvements ( <i>specific actions monitored through the anti-racist action plan</i> ).	May 2025
			Development of an internal succession planning matrix and training needs analysis to support career progression for Black, Asian and Minority Ethnic colleagues across the Trust moving into leadership positions.	September 2024 (2024/25)  June 2025 (refresh for 2025/26)
2	<b>Relative likelihood of staff being appointed from shortlisting across all posts.</b>	The relative likelihood of White staff being appointed from shortlisting compared to BME staff was <b>0.97</b> .	Identify opportunities to work in partnership with local voluntary, community, faith and social enterprises to increase employability opportunities and support across the	March 2025

Metric Number	Standard	Narrative	Actions	Timescales / Progress
		This indicates BME candidates are more likely to be appointed compared to White candidates.	local boroughs.	
			Alignment of workforce improvement leads with the People Promise Exemplar Programme to support retention. Linked to the NHS EDI Improvement Plan (HIA5).	February 2025
3	<b>Relative likelihood of staff entering the formal disciplinary process as measured by entry into a formal disciplinary investigation.</b>	The relative likelihood of BME staff entering the formal disciplinary process compared to White staff was <b>0.57</b> .	Engagement between the Multi-Ethnic Staff Network / other Staff Networks and the HR Business Partnering Team on the development of Trust policies and procedures – including disciplinary, MHPS and supporting attendance.	December 2024
		This indicates that BME staff are less likely to enter the formal disciplinary proceeding compared to White staff.	Continue to increase management capability regarding informal steps of the policy. This includes investment in investigating officer training, mediation services and the formation of the network and triangulation of cases through a Freedom to Speak Up lens.	March 2025
4	<b>Relative likelihood of staff accessing non-mandatory training and CPD.</b>	The relative likelihood of BME staff accessing non-mandatory training and CPD compared to White staff was <b>0.82</b> .	Development of an inclusive talent management framework to support career progression, monitored via the National Education and Training Survey and GMC Training Survey.	December 2024

Metric Number	Standard	Narrative	Actions	Timescales / Progress
		This indicates that BME staff are more likely to access non-mandatory training or CPD in comparison to White staff. It is noted there has been no change in access for 2023/24 compared with 2022/23.	Triangulation and review of the NHS Staff Survey 2024 and National Education and Training Survey and GMC Training Survey to highlight further intelligence and actions to be undertaken.	January 2025
			Introduce datasets to collate and review CPD funding pots by protected characteristic, including race to identify gaps in access to Trust wide funding.	March 2025
5-8	<b>Staff Survey questions associated with:</b> <ul style="list-style-type: none"> <li>Harassment, bullying or abuse from patients, managers and other colleagues</li> <li>Equality of access to career progression</li> <li>Personally experiencing discrimination</li> </ul>	Data demonstrates that there has been an improvement in staff experiencing harassment, bullying or abuse from other colleagues and managers however a deterioration in staff experiences harassment, bullying or abuse from patients and service users.	Embedding new processes into Freedom to Speak Up to increase recording of equality and diversity information. Working in conjunction with the Multi-Ethnic Staff Network and HR Business Partnering Team to increase reporting of incidents.	March 2025
		Additionally there has been an improvement in the percentage of BME staff believing that the organisation provides equal opportunities for career progression or promotion in comparison to White staff.	Analysis of reported incidents on DATIX, including measures to ensure that where incidents are reported, comprehensive psychological support is provided for all individuals.	March 2025
			Mapping of the WHH Culture Programme and operational oversight with Datix reports for staff-on-staff incidents. Identifying further intelligence to feed into culture reviews and interventions.	October 2024

Metric Number	Standard	Narrative	Actions	Timescales / Progress
	at work from manager/ team leader or other colleagues	Overall there remains a significant disparity in the experience of BME staff and White staff at the Trust. Although this is an improving picture, there remains work to be done to remove the imbalance.	Implementation of a cultural awareness programme for all line managers of internationally recruited staff to embed psychological safety.	September 2024
			Implement an Anti-Racist training programme working with external organisations and lived experience to support wider awareness and interventions through an anti-racist lens utilising WHH datasets.	January 2025
<b>9</b>	<b>Percentage difference between the organisation's Board voting membership and its overall workforce.</b>	Data demonstrates that the percentage of BME Board membership and the overall workforce improved with a difference of 11.6%, compared with the previous year.	Development of a series of board related EDI training and development programmes, including anti-racism, cultural appreciation, analysis and competency across all characteristics.	December 2025
			Implementation of an insourced Reciprocal Mentoring programme to commence between executive members, senior and aspiring leaders representing all characteristics.	November 2024