

# **Workforce Race Equality Standard (2024/25)**

**Report compiled by:**

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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, Asian and Minority Ethnic (BAME) 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 2025. A copy of this data can be found as **Appendix One**.

The Trust's WRES Action Plan for 2024/25, 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 2023/24. 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 WRES indicator descriptions and narrative within the action plan, the term Black, Asian and Minority Ethnic (BAME) is also used.

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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>

## 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. This was completed in May 2025.

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 2025.

The Strategic People Committee in Common 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 with the paper reported as supplementary.

It is noted that the Trust implements an ethnicity pay gap and has done since 2023/24. This is reported through the EDI Annual Report as part of the workforce profile review and will be presented to the Strategic People Committee in Common from Q4 2025/26.

## 3. Key findings in 2024/25

The full datasets identified as part of the Workforce Race Equality Standard (WRES) for 2024/25, 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 to 19.32% from 17.45% in 2024 – with the majority across the clinical (Agenda for Change) and medical workforce.
  - For the non-clinical workforce there were improvements in clusters one to three in 2024/25 whilst a slight reduction from 7.7% to 6.3% in cluster four. Overall, the percentage of BAME non-clinical workforce increased from 5.9% to 7.4%.
  - For the clinical workforce there were improvements in all clusters with the total BAME clinical workforce increasing from 17.8% to 19.2%.
  - For the Medical and Dental workforce, again, there were improvements in all clusters with the total BAME workforce increasing from 57.49% to 59.66%.
- The relative likelihood of BME staff being appointed from shortlisting compared to White staff in 2024/25 is 0.83. Improvements are noted from previous years where reporting was above the 1.0 ratio, however it is noted that this now reflects a negative impact on White staff with the aim being to achieve a 1.0 ratio.
- The relative likelihood of BME staff entering the formal disciplinary process compared to White staff remained below 1.0 at 0.89 in 2024/25. This is an improvement closer to 1.0 than the previous year.

- For BAME staff, the percentage of those believing that the organisation provides equal opportunities for career progression or promotion increased in 2024/25.
- The percentage of BAME Board membership and the overall workforce improved with a difference of 12.6%, compared with the previous year of 11.6%.

Analysis of the Trust's WRES data has also identified areas of deterioration in comparison with the 2024/25 results. They include:

- The percentage of BAME staff who experienced harassment, bullying or abuse from other colleagues increased in 2024/25.
- The percentage of BAME staff who in the last 12 months experienced discrimination at work from staff increased in 2024/25. Although still an increase, it is noted that the WRES metrics combined 'other colleagues' and 'managers' into one metric.
- The percentage of staff who experienced harassment, bullying or abuse from patients, visitors or the public increased in 2024/25.

Overall, there remains a significant disparity in the experience of BAME 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.

#### **4. Actions required/responsible officer**

The Chief People Officer is the executive lead for workforce equality, diversity and inclusion. This includes all statutory reporting requirements.

#### **5. Measurements/evaluations**

As detailed in section three.

#### **6. 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. From September 2025, quarterly WRES and WDES oversight groups led by the Chief People Officer with Staff Network leads is in place for enhanced scrutiny of activity.

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.

## **7. Timelines**

Data reporting of the Workforce Race Equality Standard was completed by 31 May 2025.

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 2025.

## **8. Assurance committee (if relevant)**

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

## 9. Appendix One: WRES Dataset (2024/25)

**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	84	8.4%	909	91.3%	3	0.3%	996
Cluster 2: AfC bands 5 to 7	11	4.5%	231	95.1%	1	0.4%	243
Cluster 3: AfC bands 8a and 8b	2	2.8%	69	97.2%	0	0.0%	71
Cluster 4: AfC bands 8c to VSM	3	6.3%	45	93.8%	0	0.0%	48
<b>Total non-clinical</b>	<b>100</b>	<b>7.4%</b>	<b>1254</b>	<b>92.3%</b>	<b>4</b>	<b>0.3%</b>	<b>1358</b>

Clinical workforce	BME		White		Unknown		Total
	Num	%	Num	%	Num	%	
Cluster 1: AfC Bands <1 to 4	121	12.6%	834	86.9%	5	0.5%	960
Cluster 2: AfC bands 5 to 7	441	23.6%	1389	74.4%	38	2.0%	1868
Cluster 3: AfC bands 8a and 8b	17	9.9%	152	88.9%	2	1.2%	171
Cluster 4: AfC bands 8c to VSM	1	5.9%	16	94.1%	0	0.0%	17
<b>Total clinical</b>	<b>580</b>	<b>19.2%</b>	<b>2391</b>	<b>79.3%</b>	<b>45</b>	<b>1.5%</b>	<b>3016</b>

Medical and Dental	BME		White		Unknown		Total
	Num	%	Num	%	Num	%	
Medical & Dental Staff, Consultants	120	52.86%	102	44.93%	5	2.20%	227
Medical & Dental Staff, Non-Consultants career grade	54	79.41%	14	20.59%	0	0.00%	68

Medical & Dental Staff, Medical and dental trainee grades	73	58.87%	47	37.90%	4	3.23%	124
<b>Total Medical and Dental</b>	<b>244</b>	<b>59.66%</b>	<b>156</b>	<b>38.14%</b>	<b>9</b>	<b>2.20%</b>	<b>409</b>

Total workforce	BME		White		Unknown		Total
	Num	%	Num	%	Num	%	
<b>Number of staff in workforce</b>	<b>924</b>	<b>19.32%</b>	<b>3801</b>	<b>79.47%</b>	<b>58</b>	<b>1.21%</b>	<b>4783</b>

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

2023/24	2024/25
The relative likelihood of White staff being appointed from shortlisting compared to BME staff was <b>0.97</b> .	The relative likelihood of White staff being appointed from shortlisting compared to BME staff was <b>0.83</b> .
This indicates BME candidates are more 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.

2023/24	2024/25
The relative likelihood of BME staff entering the formal disciplinary process compared to White staff was <b>0.78</b> .	The relative likelihood of BME staff entering the formal disciplinary process compared to White staff was <b>0.89</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.

2023/24	2024/25
<p>The relative likelihood of BME staff accessing non-mandatory training and CPD compared to White staff was <b>0.81</b>.</p>	<p>The relative likelihood of BME staff accessing non-mandatory training and CPD compared to White staff was <b>0.95</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>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 (It is noted that this question aligns other colleagues and managers together and is therefore different to the Staff Survey questions).
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)			
	2022	2023	2024	Trend	2022	2023	2024	Trend
Q14a) Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	21.21%	19.69%	<b>19.75%</b>	<b>No change</b>	25.50%	28.24%	<b>29.51%</b>	<b>Deteriorated</b>
Q14c) Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	17.15%	14.54%	<b>13.87%</b>	<b>Improved</b>	25.68%	19.61%	<b>24.20%</b>	<b>Deteriorated</b>
Q15) Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	61.72%	64.90%	<b>63.41%</b>	<b>Deteriorated</b>	40.82%	50.98%	<b>52.54%</b>	<b>Improved</b>
Q16b) Percentage of staff experiencing discrimination at work from manager / team leader or other colleagues in the last 12 months	4.74%	5.35%	<b>4.75%</b>	<b>Improved</b>	18.92%	13.33%	<b>15.40%</b>	<b>Deteriorated</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

	2023/24			2024/25		
	White	BAME	Ethnicity unknown	White	BAME	Ethnicity unknown
Total Board members - % by Ethnicity	94.1%	5.9%	0%	93.3%	6.7%	0%
Voting Board members - % by Ethnicity	100%	0%	0%	91.7%	8.3%	0%
Non-Voting Board Member - % by Ethnicity	80%	20%	0%	100%	0%	0%
Executive Board Member - % by Ethnicity	100%	0%	0%	87.5%	12.5%	0%
Non-Executive Board Member - % by Ethnicity	87.5%	12.5%	0%	100%	0%	0%
Overall workforce - % by Ethnicity	81.2%	17.5%	1.4%	79.5%	19.3%	1.2%
Difference (Total Board compared to Overall Workforce)	12.8%	11.6%	-1.4%	14%	-13%	-1%

## 10. Appendix Two: WRES Action Plan 2024/25

The Workforce Race Equality Standard action plan has been developed in conjunction with the Multi-Ethnic Staff Network based on actions developed in 2023/24 and the NHS BAME Assembly Anti-Racist Organisation Framework action plan.

Metric Alignment / Theme	Action	Timescale / RAG	Anticipated Success Factors
<b>Anti-Racism</b>	<b>Reattainment of the ‘bronze’ accreditation for the Anti-Racist Organisation Framework.</b>	<b>May 2026</b>	Achievement of the ‘bronze’ accreditation by the North West Black, Asian and Minority Ethnic Assembly.
	<b>Attainment of ‘silver’ accreditation for the Anti-Racist Organisation Framework.</b>	<b>May 2026</b>	Achievement of the ‘silver’ accreditation by the North West Black, Asian and Minority Ethnic Assembly.
	<b>Collaboration with the LCR Race Equality Hub to develop an Anti-Racism Strategy for the region.</b>	<b>July 2026</b>	Engagement with the Race Equality Hub and development of an action plan following the launch of the strategy in March 2026.
	<b>Relaunch the Anti-Racist Working Group with wider engagement and representation to ensure all communities are able to share their views.</b>	<b>August 2025</b>	Relaunched working group to sit alongside the accreditation steering group. Annual review of membership to ensure all communities are able to access the forum.
	<b>Develop listening and wellbeing forums for staff affected by racism in the workplace aligned with the Violence and Aggression / Bullying and Harassment programmes.</b>	<b>September 2025</b>	First session to be launched in Q3 2025/26 and reviewed quarterly as part of the Anti-Racist Steering Group.
<b>Training</b>	<b>Implementation of a Cultural Competency programme for all line managers of internationally recruited staff to embed psychological safety principles.</b>	<b>October 2025</b>	Programme developed with a confirmed trajectory targeting line managers initially.

	<b>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.</b>	<b>October 2025</b>	Programme developed with a confirmed trajectory to reach all line managers by 2027.
	<b>Development of a series of board related EDI training and development programmes, including anti-racism, cultural appreciation, analysis and competency across all characteristics.</b>	<b>December 2026</b>	Board development programme to include at least one EDI related offer annually based on refreshed data from equality reporting schedules.
	<b>Implementation of an insourced Reciprocal Mentoring programme to commence between executive members, senior and aspiring leaders representing all characteristics.</b>	<b>November 2025</b> (Review to be completed six-monthly)	Reciprocal Mentoring programme launched and built into talent management plans for the following year.
<b>Bullying and Harassment</b> To note: This action forms part of a wider Trust wide action plan for improvement	<b>Launch a refreshed bullying, harassment and abuse campaign Trust wide with refreshed reporting routes, information targeting patients, workforce and the public and create reader friendly policy guides for managers / staff to access.</b>	<b>December 2025</b> (Progress to be monitored annually until March 2027)	Launch of the refreshed campaign with materials. Reduction in reported instances via the staff survey annually with an increase in formal reports via Datix / employee relations to reduce the disparity.
	<b>Scope the development of an anti-bullying policy and procedure which replicates national best practice for sexual misconduct, including anonymous reporting.</b>	<b>August 2025</b>	Options appraisal completed following the scoping to align with the bullying and harassment programme.
	<b>Launch a Culture, Inclusion and Wellbeing Steering Group focused on targeting interventions to wellbeing through a holistic approach, including</b>	<b>October 2025</b>	Steering Group terms of reference approved by the Workforce Inclusion and Culture Sub-Committee with assurance reported through the bullying and harassment programme.

	<b>bullying and harassment, violence and aggression, presenteeism etc.</b>		
<b>Accountability</b>	<b>Complete a review of Trust wide EDI objectives to realign 2026/27 objectives with updated intelligence from equality reporting, e.g. anti-racism.</b>	<b>January 2026</b>	Updated objectives for all staff, with targeted leadership objectives.
<b>International Recruitment</b>	<b>Launch the ‘Supporting Staff Who Become Patients’ standard operating procedure, codeveloped with the Multi-Ethnic Staff Network.</b>	<b>July 2025</b>	Launch of the SOP with an engagement plan to ensure familiarity, particularly for internationally recruited staff.
	<b>Finalise the review of the International Recruitment pack, aligning resources and pastoral support for staff across the Trust and professions.</b>	<b>August 2025</b>	Refreshed pack completed and shared Trust wide and on the intranet.
<b>Staff Network</b>	<b>Support the Multi-Ethnic Staff Network in increasing its representation to ensure all communities are represented and their voice is amplified.</b>	<b>September 2025</b>	Network communications plan developed in line with networks ‘in common’ formal launch.