WORKFORCE RACE EQUALITY STANDARD 2025

1 INTRODUCTION

1.1 The Workforce Race Equality Standard (WRES) was created to lead the race equality agenda in the NHS and for organisations to improve their performance. The goal is for employees from Black, Asian and Minority Ethnicity (BME) backgrounds to have equal access to opportunities and receive fair treatment in the workplace. This is measured using both NHS Staff Survey data and workforce data from our Electronic Staff Record (ESR) across ten "WRES Indicators." These indicators cover areas including representation throughout the organisation, recruitment, involvement in formal disciplinary processes, bullying, harassment and career progression.

1.2 This report shares the findings of the EPUT WRES 2025 data, measuring our performance. It provides a detailed breakdown and comparison of EPUT's indicators to our previous year with a breakdown of key data in Appendix A. This data has been presented to EPUT Stakeholders to develop an action plan (Appendix B) that will be delivered in EPUT with the goal of improving the experience of working in EPUT for our Black, Asian and minority Ethnicity (BME) workforce.

2 EXECUTIVE SUMMARY

2.1 EPUT has seen improvements in two out of the nine WRES indicators. with the remaining eight being close to national averages.

2.2 The latest WRES data states that 32.1% of the Trust's workforce are from a BME background. This is an increase of 2.9% from the previous year's report. EPUT data shows that whilst the Trust have seen some improvements, there remained a disparity in the negative experience of BME staff in all indicators in comparison to their White counterparts. This inequality is seen in the Trust data for discrimination and bullying from staff and patients, as well as the likelihood of entering formal disciplinary processes and access to career progression in comparison to their White counterparts.

3 PERFORMANCE AGAINST WRES INDICATORS

3.1 This data is taken from the ESR (1 April 2024 – 31 March 2025) and the EPUT 2024 Staff Survey results which has been shared with NHS England's Mandated Standards Team via a Data Collection Framework (DCF). These findings are presented below with progress against these indicators and comparisons against the national averages where available:

3.2 **Indicator 1: Percentage of staff in each of the AfC Bands 1-9 and VSM (Very Senior Managers) including Executive Board members compared with the percentage of staff in the overall workforce.**

3.3 Performance against this indicator has improved by 2.9%, with 308 BME staff joining the Trust since the previous reporting period. 32.1% of our staff are from a BME background. The BME non-clinical workforce has seen an increase in staff at bands 2, 3, 4, 6, 7 and 8a in comparison to the previous report. The majority of BME staff however remain in bands 2 – 4, with fewer BME staff working at bands 7, 8, 9 and VSM in comparison to their White counterparts.

3.4 The BME clinical workforce (non-medical) has also seen significant growth in bands 3, 6, 7 and 8a, this data shows fewer BME staff working at bands 7, 8, 9 and VSM in comparison to their White counterparts. The medical and dental workforce has a significantly larger proportion of BME staff in comparison to their White counterparts. This section has seen growth at Consultant and Trainee grades.

3.5 **<u>Indicator 2</u>: Relative likelihood of White staff being appointed from shortlisting compared to that of BME staff being appointed from shortlisting across all posts.**

3.6 Performance against this indicator has decreased. In 2024, the relative likelihood ratio of 1.27 showed that BME staff were less likely to be appointed from shortlisting compared to their White counterparts during that period. The latest data shows that this is now 1.44 which highlights that White staff were more likely to be appointed during this period (based on shortlisting and appointment figures in Appendix A).

3.7 When reviewing the data, we can see that whilst the number of BME shortlisted applicants was higher, the percentage of successfully appointed staff members was lower than their White counterparts (with BME staff having a 17.2% success rate during this period and White staff having a higher 24.8%). This reinforces the raise in disparity ratio.

3.8 **<u>Indicator 3:</u> Relative likelihood of BME staff entering the formal disciplinary process compared to White staff.**

3.9 The likelihood of BME staff entering formal disciplinary processes compared to their White counterparts has decreased from a disparity ratio of 3.47 to 3.32, whilst this is an improvement, it still shows that BME staff were significantly more likely to enter this process.

3.10 When reviewing this significant disparity with the Employee Relations Team, their annual reporting showed an increase overall in cases entering formal conduct proceedings, with the majority of these within the MH Inpatient and Urgent Care directorates (which have significantly higher levels of BME staff). This will continue to remain a priority until the Trust can reduce this ratio to a balanced score (1).

3.12 **<u>Indicator 4</u>: Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff.**

3.13 The likelihood of BME staff accessing non-mandatory training and CPD compared to White staff has declined from the previous year, showing that BME staff were less likely to access these opportunities than their White counterparts during this period, with the disparity ratio rising from 1.07 in 2024's WRES report to 1.41 in 2025.

3.14 When comparing this to the figures in Appendix A, 17.4% of BME staff engaged in comparison to 24.5% of White staff. Whilst the bespoke RISE program for BME staff receives a positive reception in EPUT, other methods to encourage and empower this group into non-mandatory training and career progression should be considered.

Symbol	Key

▲▼	Improvement / Increase
▼▲	Decline / Decrease
-	No Change
	Current data for BME staff experience at time of reporting.

Workforce Indicators (Data taken from ESR, ER and Recruitment teams, April 2024 – March 2025)		EPUT Progress				
		EPUT 2024	EPUT 2025	24 - 25 Diff.	NHS Avg.	EPUT vs. Avg.
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. *(full breakdown in **Appendix A**)* *Higher % = Improvement*	**29.2%**	**32.1%**	**▲ 2.9%**	**28.6%**	**Higher**
2	Relative likelihood of White staff being appointed from shortlisting compared to BME staff. *Higher = Worse, "1" being equal likelihood. Figure below 1 means that BME Staff are more likely than White staff.*	**1.24**	**1.44**	**▲ 0.44**	**1.62**	**Lower**
3	Relative likelihood of BME staff entering the formal disciplinary process compared to White staff. *Lower Ratio = Better, with "1" being equal likelihood.*	**3.47**	**3.32**	**▼ 0.15**	**1.09**	**Higher**
4	Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff. *Lower Ratio = Better, with "1" being equal likelihood. Figure below 1 means that White staff are less likely than BME Staff.*	**1.07**	**1.41**	**▲ 0.07**	**1.06**	**Higher**

3.15 Indicators 5-8: Staff Experience

3.16 This data is taken from EPUT's NHS Staff Survey results, published in March 2024. Some figures may show discrepancies in comparison to previous WRES reports due to a National Staff Survey data collection issue which has since been resolved. To rectify this, we used the most recent Staff Survey benchmark data to ensure this report remains accurate. The following should be considered:

- **These percentages represent staff who completed the NHS Staff Survey**, not the total for EPUT or the NHS.
- Our current results are near average for an NHS organisation, with our scores being within 5% of NHS Staff Survey 2024 averages.
- We have seen positive reductions in indicator 5 (*Percentage of staff experiencing harassment, bullying or abuse from patients / service users, relatives, or the public in last 12 months.*) for both White and BME staff, with a reduction in the gap between the two groups.
- Indicators 5, 6 and 8 continue to show a significant disparity in the reported experience of BME staff in comparison to their White counterparts.
- This gap is akin to the previous year with the largest being for indicator 7 *(Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion.)*

Symbol	Key
▲▼	Improvement / Increase
▼▲	Decline / Decrease
-	No Change
	Current data for BME staff experience at time of reporting.

Staff Survey Indicators (data taken from NHS Staff Survey 2024)		EPUT 2023	EPUT 2024	23 / 24 Diff.	Staff Survey Avg. (2024)	EPUT vs Avg.
5	Percentage of staff experiencing harassment, bullying or abuse from patients / service users, relatives, or the public in last 12 months. *Lower % = Improvement*	White 21.98%	White 21.49%	▼0.49%	White: 21.29%	**Higher**
		BME: 33.14%	**BME: 31.64%**	▼1.50%	**BME: 31.64%**	**Equal**
6	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months. *Lower % = Improvement*	White 19.70%	White 19.97%	▲0.27%	White 16.48%	**Higher**
		BME: 20.72%	**BME: 21.91%**	▲1.19%	**BME: 21.23%**	**Higher**
7	Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion. *Higher % = Improvement*	White: 63.68%	White: 60.90%	▲2.78%	White 60.99%	**Lower**
		BME: 53.29%	**BME: 50.23%**	▼3.06%	**BME: 51.05%**	**Lower**
8	Percentage of staff experiencing discrimination at work from manager / team leader or other colleagues in last 12 months. *Lower % = Improvement*	White: 6.59%	White: 7.78%	▲1.19%	White 6.08%	**Higher**
		BME: 13.58%	**BME: 14.58%**	▲1.00%	**BME: 13.23%**	**Higher**

3.17 Indicator 9 – Percentage difference between the organisations' Board voting membership and its overall workforce

There have been reductions in the number of BME board members and BME executive members in EPUT, which has led to a decrease in the representation in each of these areas.

However, when reviewing the data in Appendix A, we can see that EPUT currently has fourteen Board members, with three (21.4%) members of BME staff. Whilst this still does not reflect the 32.1% of BME staff in the wider Trust, we still see representation at senior levels.

Workforce Indicators (Data taken from April 2023 – March 2024)		EPUT Progress		
		EPUT 2024	EPUT 2025	Difference Gap 2024 - 2025
9i	Percentage difference between the organisations' Voting Board membership and its overall workforce *A score of 0 = equality of representation between membership and workforce* *Minus numbers caused by larger percentage in overall workforce*	White *(60% - 68.7%)* -8.7%	White *(66.7% - 66.4%)* 0.3%	**Narrower**
		BME *(33.3% - 29.2%)* **4.1%**	**BME** *(25% - 32.1%)* **-7.1%**	**Wider**
9ii	Percentage difference between the organisations' Exec Board membership and its overall workforce	White *(80% - 68.7%)* 11.3%	White *(100% - 66.4%)* 33.6%	**Wider**

Workforce Indicators (Data taken from April 2023 – March 2024)		EPUT Progress		
		EPUT 2024	EPUT 2025	Difference Gap 2024 - 2025
	A score of 0 = equality of representation between membership and workforce. Minus numbers caused by larger percentage in overall workforce	**BME** *(20% - 29.2%)* **-9.2**	**BME** *(0% - 32.1%)* **-32.1%**	**Wider**

4 PEOPLE AND EDUCATION STRATEGY AND EDI DELIVERY PLAN

4.1 The EPUT **People and Education Strategy (2024 - 2028)** uses the data from Indicators 5 – 8 (based on 2024 Staff Survey data) to gauge performance as an organisation in achieving race equality and preventing discrimination or disparities. The information below shows our current progress in comparison to the targets set by these indicators.

- A 1.50% increase in the percentage of BME staff reporting experiences of harassment, bullying or abuse from patients / service users, relatives, or the public.
  - This is currently at 31.64%, above EPUT's PES target of 30%.
- A 0.19% increase in the percentage of BME staff reporting experiences of harassment, bullying or abuse from staff.
  - This is currently at 21.91%, above EPUT's PES target of 20%.
- A 3.06% decrease in the percentage of BME staff believing that the Trust provides equal opportunities for career progression or promotion.
  - This is currently at 50.23%, below EPUT's PES target of 60%.
- A 1% increase in the percentage of BME staff reporting experiences of discrimination at work from a manager / team leader or other colleagues.
  - This is currently at 14.58%, above EPUT's PES target of 10%.

5 ENGAGING STAKEHOLDERS AND PRIORITIES

5.1 An all-staff stakeholder session was held on 17 July 2025, as part of the Ethnic Minority and Race Equality Network (EMREN) to discuss how these indicators have developed, as well as the Trust's current initiatives. This collaboration was then used to develop the WRES action plan (Appendix B) with the following themes:

- BME staff entering the formal disciplinary process. **(WRES Indicator 3)**
- BME Staff accessing non-mandatory training and CPD. Belief that the organisation provides equal opportunities for progression or promotion. **(WRES Indicator 4 & 7**
- Staff experiencing harassment, bullying or abuse from patients, relatives, or the public **(WRES Indicator 5)**
- Staff experiencing harassment, bullying, discrimination or abuse from staff. **(WRES Indicator 6 & 8)**

5.2 This data has also been used to establish priorities as part of an overarching EDI delivery plan across 2025-27 and will be facilitated by an EDI working group. Racism and disproportionate treatment of BME staff has been agreed as a theme following engagement with key stakeholders within the organisation.

6 CONCLUSION

6.1 Whilst we as the Trust endeavours to improve the experiences of BME staff in comparison to their White counterparts, this report continues to highlight areas for improvement. The Trust

will continue to support BME staff across the Trust as well as working in collaboration with our EMREN, their executive sponsor and the People and Culture Directorate to drive improvement and facilitate the voices of our staff from these groups. The WRES action plan and delivery of the EDI Delivery Plan will also facilitate this, with updates provided to the Executive Team as these actions are implemented.

7 NEXT STEPS

Presented to Executive Team for approval	Tuesday 5 August 2025
Presented to PECC for assurance	Thursday 28 August 2025
Presented to Board of Directors for approval	Tuesday 1 October 2025
Deadline for Publication	Friday 31 October 2025

8 ACTION REQUIRED

The Board of Directors is asked to:

- Note the data in Section 4 and Appendix A
- Note the proposed actions in Appendix B for delivery in 2025-26.
- Approve the publication of the WRES.

Report prepared by:

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Paul Taylor
Director of Organisational Development and Culture

On behalf of:

Andrew McMenemy
Executive Chief People Officer

APPENDIX A: BREAKDOWN OF WRES DATA

1a) Summary of Key Figures Taken from WRES DCF	WRES 2023	WRES 2024	WRES 2025
Number of White staff in overall workforce	4489	4712	4783
Number of BME staff in overall workforce	1677	**2004**	**2312**
Number of staff (ethnicity unknown on ESR)	190	139	107
Total substantive (permanent) workforce	6356	**6855**	**7202**
Number of shortlisted applicants (White)	2603	2921	**2431**
Number appointed (White)	693	657	**603**
Percentage of successful appointments (White)	26.6%	22.5%	24.8%
Number of shortlisted applicants (BME)	1994	**2379**	2760
Number appointed (BME)	744	**430**	474
Percentage of successful appointments (BME)	37%	**18.1%**	17.2%
Number of shortlisted staff (ethnicity unknown on ESR)	186	158	246
Number appointed (ethnicity unknown in ESR)	116	25	20
Percentage of successful appointments (ethnicity unknown on ESR)	62%	15.3%	16.2%
Number of White staff entering formal disciplinary process	19	23	27
Number of BME staff entering formal disciplinary process	13	**34**	**43**
Number of staff (ethnicity unknown on ESR) entering formal disciplinary process	1	0	1
Number of White staff accessing non-mandatory training and CPD	543	1023	1170
Number of BME staff accessing non-mandatory training and CPD	146	**406**	**402**
Number of staff (ethnicity unknown on ESR) accessing non-mandatory training and CPD	27	71	153
White Total Board Members	12	12	11
White Executive Board Members	8	8	8
BME Total Board Members	4	**5**	**3**
BME Executive Board Members	1	**2**	**0**
(Ethnicity unknown on ESR) Total Board Members	1	1	1
(Ethnicity unknown on ESR) Executive Board Members	0	0	0

1b) Non-Clinical Workforce						
	2023		2024		2025	
NHS Banding (AfC)	White	BME	White	BME	White	BME
Band 1	No Staff in Band 1 or below					
Band 2	265	56	261	61	266	**66**
Band 3	485	52	522	56	534	**58**
Band 4	346	35	364	43	368	**59**
Band 5	156	15	157	15	160	**14**
Band 6	107	14	105	20	118	**24**
Band 7	72	11	86	15	91	**16**
Band 8a	41	7	44	8	46	**12**
Band 8b	23	5	20	6	19	**6**
Band 8c	14	3	21	5	22	**4**
Band 8d	11	2	11	3	13	**3**
Band 9	5	0	6	0	8	**0**
VSM	24	3	22	2	21	**0**

1c) Clinical Workforce (of which Non-Medical)			
	2023	2024	2025

NHS Banding (AfC)	White	BME	White	BME	White	BME
Band 1	**Band 1 Removed from Grading System (No Staff in Band 1 or below)**					
Band 2	18	3	10	3	1	**1**
Band 3	581	319	582	394	562	**515**
Band 4	378	129	420	86	418	**90**
Band 5	309	298	308	421	32	**411**
Band 6	752	302	784	367	801	**481**
Band 7	526	152	574	178	581	**210**
Band 8a	185	46	202	58	209	**65**
Band 8b	85	25	94	27	91	**23**
Band 8c	28	4	28	3	29	**10**
Band 8d	14	5	14	7	18	**7**
Band 9	2	0	3	0	4	**0**
VSM	2	1	2	1	2	**1**
1d) Clinical Workforce (of which Medical and Dental)						
Consultants	28	66	29	79	31	**81**
Of which, Senior Medical Manager	0	1	0	1	0	**1**
Non-Consultant, Career Grade	12	46	12	56	13	**59**
Trainee Grades	31	74	31	90	21	**89**
Other	7	8	0	0	4	**2**

APPENDIX B: WRES ACTION PLAN 2025-26

WRES indicators – 3, 4, 5, 6, 7, 8
People Promise Themes – *We are Compassionate and Inclusive, we are Safe and Healthy*
NHS EDI High Impact Actions – 1, 2, 4, 6

Priority Area	Actions	Leads	KPI's
FORMAL DISCIPLINARY PROCESS Reduce number of BME Staff members undergoing the formal disciplinary procedure.	• Engage with volunteers from the Ethnic Minority and Race Equality Network to review current processes and help mitigate potential bias. **(Ongoing)** • Develop training for staff to build cultural awareness, share benefits of inclusion and cultural competency in workplace interactions and conflict resolutions. **(March 2026)** • Collaboratively work with the EMREN volunteers with positive and negative accounts of resolving incidents in inpatient settings, using lived experience to identify cultural barriers whilst evoking emotional shifts that are fundamental to behaviour change. **(June 2026)**	Debbie Prentice *Employee Relations Lead* Nicky Reeves: *Organisational Development Lead* Gary Brisco: *Equality Advisor*	**WRES 3:** Relative Likelihood reduced significantly to "1". Reduction in BME staff accessing formal disciplinary processes (<43)

WRES indicators – 3, 4, 5, 6, 7, 8 **People Promise Themes –** *We are Compassionate and Inclusive, we are Safe and Healthy* **NHS EDI High Impact Actions –** 1, 2, 4, 6			
Priority Area	**Actions**	**Leads**	**KPI's**
ACCESS TO NON-MANDATORY TRAINING AND CPD Increase the numbers of BME staff members accessing career development and mentoring.	• Launch internal "speed mentoring" sessions aimed at BME staff **(January 2026)** • Develop "Career Clinic" sessions aimed at BME staff, where staff can access advice on their own career progression and development. **(December 2025)** • Promote apprenticeships, career progression and development opportunities **(Ongoing)** • Work alongside national NHS to develop a pilot for BME nurses (including internationally educated nurses) **(September 2026)**	Nicky Reeves: *Organisational Development Lead* Kim Russell *Communications Lead* Andrew McMenemy *EPUT Chief People Officer, Pilot Lead*	**NHS Staff Survey Q15 & Q24B:** Improvement in scores regarding career progression and development for BME staff. **WRES 3:** BME staff entering NMD and CPD. **WRES 7:** Improved perception of equal opportunities for career progression or promotion. **Workforce Promotions Data:** Increased rate of promotion for BME staff (PSED Report 2025)
BULLYING AND HARASSMENT FROM SERVICE USERS Increase reporting of instances of bullying, harassment, and discrimination from service users. Decrease instances of this behaviour against BME staff.	• Develop clear guidelines on managing situations where patients or carers are racially abusing staff members, and how the Trust should challenge this. **(April 2026)** • Introduce ways to capture how staff are supported following a reported DATIX incident by their manager, and to confirm that this is done appropriately with discussion on how to prevent this happening again. **(April 2026)**	Deputy Directors of Quality and Safety Adam Mack *VAPR Lead* Phil Stephens *DATIX Lead*	**WRES 5**: Percentage of BME staff experiencing harassment, bullying or abuse from patients, relatives, or the public in the last 12 months. **DATIX:** Incidents where Racial Abuse was listed as a contributing factor and manager support was received

WRES indicators – 3, 4, 5, 6, 7, 8 **People Promise Themes –** *We are Compassionate and Inclusive, we are Safe and Healthy* **NHS EDI High Impact Actions –** 1, 2, 4, 6			
Priority Area	**Actions**	**Leads**	**KPI's**
BULLYING, HARASSMENT AND DISCRIMINATORY BEHAVIOUR AGAINST STAFF Reduce instances of discriminatory behaviour from managers, team leaders or other colleagues by BME Staff.	• Cultural awareness training to be delivered in areas with high rates of incident reporting, encouraging staff to challenge discriminatory behaviour and empowering them to report and discuss this in the workplace. **(Ongoing)** • Develop resources to educate teams and managers on the positive benefits from inclusion. **(January 2026)** • Board and VSM's clearly and regularly communicate the organisation's values as an anti-racist Trust, and the consequences of racial discrimination, bullying, harassment, or abuse. **(Ongoing)**	Nicky Reeves: *Organisational Development Lead* Gary Brisco: *Equality Advisor* Kim Russell *Communications Lead*	**WRES 6**: Percentage of BME staff experiencing harassment, bullying or abuse from staff in the last 12 months. **WRES 8:** Percentage of BME staff experiencing discrimination at work from manager / team leader or other colleagues in the last 12 months.