

# NHS Workforce Race Equality Standard (WRES) Annual Report – 2023





We are  
**compassionate**  
and **inclusive**

# Workforce Race Equality Standard

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WRES focuses on enabling people to work comfortably with race equality. Through communications and engagement, we will work to change the deep rooted cultures of race inequality in the system, learn more about the importance of equity, to build capacity and capability to work with race.

Continuous embedding of accountability to ensure key policies have race equality built into their core, so that eventually workforce race becomes everyday business.

The WRES will continue to work to evidence the outcomes of the work that is done, publishing data intelligence and supporting the system by sharing replicable good practice.

With over one million employees, the NHS is mandated to show progress against a number of indicators of workforce equality, including a specific indicator to address the low numbers of ethnic diverse board members across the organisation.

# A fair experience for all

To enable organisations to compare their performance with others in their region and those providing similar services, with the aim of encouraging improvement by learning and sharing good practice

To provide a national picture of WRES in practice, to colleagues, organisations and the public on the developments in the workforce race equality agenda

The WRES 2023 reporting timeline ran from 1 May until 31 May for NHS provider trusts and required metrics and narrative data to be reported by 31 October 2023, trusts must publish their board ratified 2023 WRES annual report on their website.

The current reporting year for the purposes of this report is 2023. Data for indicators 1 to 4 are taken from WRES data portal submissions relating to the workforce as at the end of March 2023. Data for indicators 5 to 8 come from the NHS Staff Survey run in 2022

Implementing the Workforce Race Equality Standard (WRES) is a requirement for NHS commissioners and NHS healthcare providers including independent organisations, through the [NHS standard contract](#).

## Introduction

The WRES requires NHS trusts to self-assess against nine indicators of workplace experience and opportunity for organisations to compare the workplace and career experiences of ethnic diverse and white staff . Four indicators relate specifically to workforce data, four are based on data from the national NHS staff survey questions, and one considers ethnic diversity representation on boards

As a Trust, we are using the term ethnically diverse rather than Black and Minority Ethnic (BME)

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## Indicator 1

### **Non-clinical staff on AfC paybands**

BME staff were represented at 1.2% in all non-clinical AfC roles.

At Band 4 and under (e.g., administrative and technical support roles, estates officer):

- BME representation was 1.2%, overall.
- **BME staff were proportionately represented by pay band.**

At Band 5 and over (graduate and management level roles):

- BME representation was 1.2%, overall.
  - **BME staff were proportionately represented by pay band**
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## Indicator 1

### **Clinical staff on AfC paybands**

BME staff were represented at 5.8% in all clinical AfC roles.

At Band 4 and under (e.g., clinical support workers and healthcare assistants):

- BME representation was 5.4%, overall.
- BME staff were proportionately represented by pay band.

At Band 5 and over (e.g., clinical roles requiring professional registration including nurses):

- BME representation was 6.1%, overall.
  - **BME staff were underrepresented at Band 6 and above, 3.6%**
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## Indicator 1

### **Medical staff**

BME representation was 40.8% in all medical and dental roles.

Amongst medical and dental staff:

- **BME staff were underrepresented at Consultant level and above, 34.3%.**
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## Indicator 1

Race disparity ratios for non-clinical staff on AfC paybands

Lower to middle: 0.77; not significantly different from "1.0" (or equity).

The Trust performed better than 55% of Trusts and worse than 45% of Trusts

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## **Indicator 1**

### **Race disparity ratios for clinical staff on AfC paybands**

Lower to middle: 2.60; higher than "1.0" (or equity) to a medium degree.

The Trust performed better than 30% of Trusts and worse than 70% of Trusts.

Middle to upper: 0.39; not significantly different from "1.0" (or equity).

The Trust performed better than 13% of Trusts and worse than 87% of Trusts.

Lower to upper: 1.00; not significantly different from "1.0" (or equity).

The Trust performed better than 100% of Trusts and worse than 0% of Trusts.

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## Indicator 2

### **The relative likelihood of white applicants being appointed from shortlisting compared to BME applicants**

The Trust performed better than 5% of Trusts and worse than 95% of Trusts.

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Example: a value of "2.0" would indicate that White candidates were twice as likely as BME candidates to be appointed from shortlisting, whilst a value of "0.5" would indicate that White candidates were half as likely as BME candidates to be appointed from shortlisting.

At March 2023 the likelihood ratio was 3.49; higher than "1.0" or equity to a large degree. Specifically, 257 out of 824 white candidates were appointed from shortlisting (31.2% of white candidates) compared to **17 out of 190 BME candidates (8.9% of BME candidates)**.

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### Indicator 3

**The relative likelihood of BME staff entering the formal disciplinary process compared to white staff**

the likelihood ratio was 0.00; Specifically, **0 out of 120 BME staff entered formal disciplinary proceedings** (0.00% of the BME workforce) compared to 5 out of 1512 white staff (0.33% of the white workforce)

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#### **Indicator 4**

**The relative likelihood of white staff accessing non-mandatory training and continuing professional development (CPD) compared to BME staff**

the likelihood ratio was 0.22; lower than "1.0" or equity to a large degree. Specifically, 86 out of 1512 white staff undertook non-mandatory training (5.7% of the white workforce) **compared to 31 out of 120 BME staff (25.8% of the BME workforce).**

**The Trust performed better than 3% of Trusts and worse than 97% of Trusts**

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### **Indicator 5**

**The percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months**

The percentage of staff who experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months was similar for BME staff, 14.6%, and for White staff, 16.9%.

**In terms of the percentage of BME staff who experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months, the Trust performed better than 99% of Trusts and worse than 1% of Trusts**

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## **Indicator 6**

**The percentage of staff who experienced harassment, bullying or abuse from other staff in the last 12 months**

The percentage of staff who experienced harassment, bullying or abuse from other staff in the last 12 months was similar for BME staff, 20.8%, and for White staff, 24.7%

In terms of the percentage of BME staff who experienced harassment, bullying or abuse from other staff in the last 12 months, the Trust performed better than 87% of Trusts and worse than 13% of Trusts

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## Indicator 7

**The percentage of staff who believed that the trust provided equal opportunities for career progression or promotion**

The percentage of staff who believed that the trust provided equal opportunities for career progression or promotion was similar for BME staff, 54.2%, and for White staff, 57.0%

In terms of the percentage of BME staff who believed that the trust provided equal opportunities for career progression or promotion, the Trust performed better than 91% of Trusts and worse than 9% of Trusts

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## **Indicator 8**

**The percentage of staff who personally experienced discrimination at work from a manager, team leader or other colleagues**

The percentage of staff who personally experienced discrimination from other staff in the last 12 months was significantly higher for BME staff, 17.0%, than for White staff, 6.6%

in terms of the percentage of BME staff who personally experienced discrimination from other staff in the last 12 months, the Trust performed better than 39% of Trusts and worse than 61% of Trusts.

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## **Indicator 9**

### **Overall board membership**

At March 2023, the difference between BME representation on the board and in the workforce was -0.4%. The degree of BME underrepresentation equated to less than half a member in terms of a headcount.

The Trust performed better than 99% of Trusts and worse than 1% of Trusts.

**a negative value means that the percentage of BME members on the board of directors is lower than in the workforce**

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## **Indicator 9**

### **Voting board membership**

At March 2023, the difference between BME representation on the board and in the workforce was +2.0% amongst voting members. BME members were at least proportionately represented on the board in terms of a headcount of voting members. The Trust performed better than 92% of Trusts and worse than 8% of Trusts

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## Indicator 9

### **Executive board membership**

At March 2023, the difference between BME representation on the board and in the workforce was -7.1% amongst executive members.

The degree of BME underrepresentation equated to less than half an executive member in terms of a headcount. The Trust performed better than 78% of Trusts and worse than 22% of Trusts

# WRES priorities



## High priority areas for improvement

**Indicator 2: likelihood of appointment from shortlisting**

**Indicator 1: Career progression in clinical roles (lower to middle levels)**

**Indicator 8: discrimination from a manager/team leader or other colleagues  
in last 12 months against ethnic diverse staff**

# WRES priorities



## Areas of best performance

Indicator 1: Career progression in clinical roles (lower to upper levels)

Indicator 5: harassment, bullying or abuse from patients, relatives or the public in last 12 months against ethnic diverse staff

Indicator 9: Board representation (overall and voting members)

# Executive Summary (1 of 2)

The Trust continues to commit to being a more inclusive place to work , ensuring equal opportunities and celebrating our diversity. We support and encourage staff to share their experiences through a variety of feedback resources and in line with our Inclusion Strategy

Through 2022 / 2023, we have achieved;

- The launch of our Inclusion Strategy and Action Plan 2023-2026
- Reviving our Ethnic Diverse Staff Network
- Appointed an Executive Sponsor/ally for the Ethnic diverse Staff Network
- Reviewed the Terms of Reference of our monthly EDI meetings so that they are more inclusive for members to attend
- Joined the NHSE Diversity in Health and Care Partners programme, which commenced in September 2023 and is a year-long programme that includes, supporting health and care organisations to create more inclusive workplace cultures, where difference is welcomed and celebrated, with access to leading industry experts, good practice, guidance, resources and networking opportunities.
- Promotion of the National NHS Muslim Network

# Executive Summary (2 of 2)

Through 2022 / 2023, we have achieved;

- Received 52% response for our Staff Survey 2022
- Continuing to review our progress and delivery against statutory requirements, such as the public sector equality duty
- Published WRES, WDES, Workforce Report and Gender Pay Gap report
- Promoted the Visible Leaders Network  
<https://midlands.leadershipacademy.nhs.uk/our-offers/visible-leaders-network/>
- Celebrated Inclusion Week in September 2023
- Held a Come Dine with me event in October 2023
- Celebration and staff stories through Black History Month
- Developed EDI mandatory training on e-learning modules
- Held Staff listening events to help shape the Inclusion strategy and a platform for staff to share experiences
- Signed the NHS Confederation Inclusive Leadership pledge



# Our Inclusion Vision

We hold the principles of equality and inclusion at the heart of everything we do and all that we stand for.

We will connect and align our vision and ethics to everyone.

We want under-represented groups at senior levels (such as women, people with disabilities, ethnic diverse and LGBTQ+ communities) to realise their potential in a sustainable way



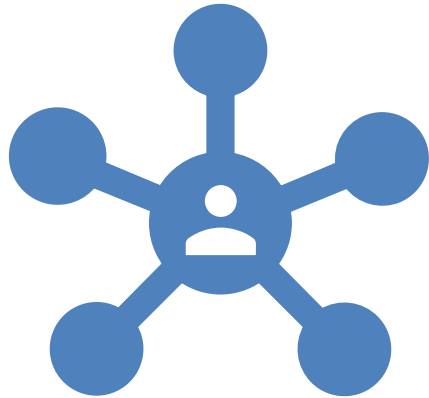


# NHS People Plan 2020

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The NHS must welcome all, with a culture of belonging and trust...

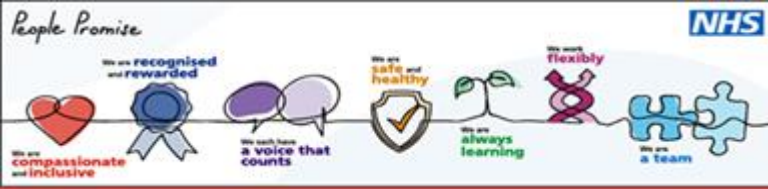
We must understand, encourage and celebrate diversity in all its forms



# Staff Network

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The results of the WRES data for 2023 will be shared with the Ethnic Diverse Staff Network, once it has been set up again. The subsequent action plan will be shared for input and feedback. Amendments to the action plan will be made in line with the network recommendations



# Further enquiries

RJAH would welcome any enquiries about the details of our WRES and Action Plan

please contact  
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