



# Workforce Race Equality Standard (WRES) Data Report

Covering the period of  
1 April 2023 – 31 March 2024

## Introduction

This report sets out the 2023/24 annual workforce data in relation to race which the trust is required by NHS England to publish.

Working to address inequalities identified by workforce data demonstrates our compliance with the Equality Act 2010 and the Public Sector Equality Duty. Monitoring workforce equalities data is also central to ensuring that we are delivering on our equality, diversity and inclusion priorities:

1. We will ensure our current employees and future talent have fair opportunities and access to jobs and career progression resulting in improved representation of diverse groups at all levels of the organisation, including Board.
2. We will educate and develop our leaders and staff to improve understanding of racism, discrimination and cultural competence to deliver a step change in the experience of our staff and patients.

## Workforce Race Equality Standard (WRES)

The WRES is a set of nine specific measures (indicators) which enables NHS organisations to compare the workplace and career experiences of Black and Minority Ethnic (BME) staff. We use the data to inform the development of projects and initiatives to improve NWAS for BME staff. Year on year comparison enables us to demonstrate progress against the indicators of race equality to create the cultures of belonging and trust that will improve retention, recruit from the widest possible talent pool and provide sustainable careers.

This data in this report relates to the period of 1st April 2023 – 31st March 2024. In line with the nationally mandated timeframe, the data was submitted to NHS England in May 2024.

This is the sixth year of reporting for WRES, and as with previous years, the data includes results from the National Staff Survey.

## Indicator 1: Workforce information

Percentage of BME staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of BME staff in the overall workforce

Overall	31/03/ 2019	31/03/ 2020	31/03/ 2021	31/03/ 2022	31/03/ 2023	31/03 2024
<b>Total workforce</b>	6356	6598	6807	6815	7073	<b>7421</b>
<b>BME staff</b>	286	304	342	325	365	<b>444</b>
<b>% BME staff in total workforce</b>	4.5%	4.6%	5.0%	4.8%	5.2%	<b>6.0%</b>

Agenda for Change bandings	2024 Non-clinical Staff	2024 Clinical Staff
<b>Cluster 1: Bands 1 - 4</b>	8.5%	7.1%
<b>Cluster 2: Bands 5-7</b>	10.8%	4.1%
<b>Cluster 3: Bands 8a-8b</b>	6.5%	3.3%
<b>Cluster 4: Bands 8c-9 and VSM</b>	6.8%	0

Figures show a consistent increase in the number of BME staff in the organisation since 2019. There were 100 more BME staff in the organisation on 31 March 2024, compared to the same date in March 2023.

Less than 1% of all staff have not declared their ethnicity. Colleagues are regularly reminded to update their details on the Electronic Staff Record and we will be working to reduce the number of non-declarations.

## Indicator 2: Recruitment

Relative likelihood of White applicants being appointed from shortlisting across all posts compared to BME applicants

The target outcome is a figure of 1.0 – meaning that BME candidates are no less likely to be appointed from shortlisting than candidates who are White. A figure of 1.0 reflects well on the fairness of recruitment processes.

	2020	2021	2022	2023	2024
Likelihood	1.29	1.51	1.98	1.26	<b>1.61</b>

The figures show that white staff are more than one-and-a-half times more likely to be appointed compared to BME applicants – which is worsening of the previous year's position. This is despite significantly more BME applicants being shortlisted, and an increase in the number of BME staff being appointed.

In 2023/24:

- Out of 14000+ applications for trust roles, more than 4000 came from BME applicants.
- 1,046 BME applicants were shortlisted (602 in 2022/23, 349 in 2021/22).
- 134 BME staff were appointed (102 staff in 2022/23, 48 in 2021/22).

While we still have a way to go to improve the score, it is encouraging to see the increased numbers of BME applicants applying for, and being appointed to trust roles. These increases are likely due to a range of factors including the delivery of positive action recruitment initiatives, promotion of communications campaigns using diverse imagery, and review of inclusive language in job adverts. Additionally, the Beyond Bias training module for managers and leaders has helped enable greater awareness around managing bias when undertaking recruitment. More information on our inclusive recruitment work can be seen in the [Equality, Diversity and Inclusion Annual Report 2023-24](#).

Considering the data emerging from this indicator and a similar metric in the Workforce Disability Equality Standard (WDES), in summer 2023 we completed an audit of our end-to-end recruitment and selection processes through an external and independent consultancy. The audit undertook a deep dive in to the data and explored a range of issues impacting applicants who are disabled, and those from black and minority ethnic backgrounds. It identified potential solutions and provided recommendations to effectively address the challenges and improve access to employment opportunities in the trust. Many of the recommendations emerging from the audit are now being taken forward by a recently established Inclusive Recruitment Group.

### **A point on data**

*It should be noted that on our recruitment portal (Trac), a campaign is considered completed when all appointees from a campaign have commenced in post. This means that for example, if there is a vacancy that opens on 1 March 2024, but the successful individual(s) does not commence in post until 15 April 2024, this recruitment will not be counted in the data. This issue with the data is a particular challenge for us, as the trust manages several mass recruitment campaigns each year, and at times, these may cross over from one financial year to the other. The portal only closes a vacancy once every individual with an offer starts in the position.*

*In the case of mass recruitment campaigns this could lead to distorted data, as often there can be up to twelve months between a campaign opening and the last individual commencing on a training course. As a result, the data that is presented for the WRES submission, while correct at the time, does not accurately reflect our actual position.*

### Indicator 3: Formal Disciplinary Process

*Relative likelihood of BME staff entering the formal disciplinary process compared to White staff*

A figure of 1.0 or below is desired, as this would indicate BME staff are no more or less likely to enter the formal disciplinary process than White staff.

	2019	2020	2021	2022	2023	<b>2024</b>
Likelihood	1.32	1.89	1.70	2.23	1.86	<b>2.59</b>

The data in this Indicator shows that BME staff are over two-and-a-half times more likely to enter the formal disciplinary performance compared to their White colleagues. This represents the most significant disparity between the two staff groups, since we started reporting.

Out of less than 100 formal disciplinary cases in 2023/24, around 15 related to BME staff. While these numbers are low when compared to the overall BME and White staff total, the BME cases equated to 16% - when the proportion of BME staff in the organisation is only 6%.

When reviewing the themes related to disciplinary cases involving BME staff, data shows that they cumulatively relate to lower level incidents. The disproportionality in the figures may therefore suggest that there could be a greater propensity to progress issues into the formal disciplinary process for these types of cases.

The majority of BME staff in NWAS are based within our Contact Centres. To help further understand and explain the data, engagement will be undertaken with HR and Management Teams, especially in the 111 service line as a priority.

### Indicator 4: Non-mandatory training and CPD

*Relative likelihood of White staff accessing non-mandatory training and continuous professional development (CPD) compared to BME staff*

The target outcome is a figure of 1.0 – meaning that BME staff are no less likely to be able to access non-mandatory training and CPD than White staff.

	2019	2020	2021	2022	2023	<b>2024</b>
Likelihood	1.45	1.31	1.34	1.01	1.01	<b>1.11</b>

For the two preceding years, the data showed virtually no difference in experience between BME and White staff. However, 2023/24 data shows a slight advantage for White staff in accessing training and CPD. Over the course of this year, 313 BME staff accessed non-mandatory and CPD training opportunities, compared to 5406 White staff.

The data in the following indicators (5 – 8) is based on responses from NHS Staff Survey 2023.

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

	National Staff Survey Year						
	2017	2018	2019	2020	2021	2022	2023
<b>White</b>	49.8%	47.0%	47.9%	43.5%	40.0%	38.1%	<b>39.5%</b>
<b>BME</b>	45.7%	38.0%	34.6%	38.2%	37.1%	34.4%	<b>33.3%</b>
<b>Difference</b>	4.1%	9.0%	13.3%	5.3%	2.9%	3.7%	<b>6.2%</b>

A third of BME staff had experienced negative behaviours from the public, compared to 1 in 4 White staff. While BME responses on this question have continued to show a positive trend since 2021, responses from White staff were more negative compared to 2022.

The responses to this question will be monitored carefully in 2024 Staff Survey to see if the rollout of Body Worn Video Cameras to all sectors has an impact on figures.

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

	National Staff Survey Year						
	2017	2018	2019	2020	2021	2022	2023
<b>White</b>	27.5%	25.8%	24.5%	25.7%	23.6%	22.2%	<b>20.9%</b>
<b>BME</b>	30.9%	27.5%	25.0%	24.2%	29.5%	23.7%	<b>22.4%</b>
<b>Difference</b>	-3.4%	-1.7%	-0.5%	1.5%	-5.9%	-1.5%	<b>-1.5%</b>

There are positive reductions in the percentage of BME and White staff experience negative behaviours from colleagues. However, for both staff groups, it remains the case that around 1 in 5 continue to experience abuse from colleagues.

The Civility Saves Lives training has continued to be delivered and promoted, and the Freedom to Speak Up function has expanded to make it easier for staff to engage with, to report negative behaviours and concerns.

## Indicator 7: Percentage of staff believing that their trust provides equal opportunities for career progression or promotion

	National Staff Survey Year						
	2017	2018	2019	2020	2021	2022	2023
<b>White</b>	47.6%	52.6%	52.7%	51.3%	47.8%	50.4%	<b>52.0%</b>
<b>BME</b>	30.5%	36.8%	38.8%	39.1%	33.6%	36.8%	<b>37.9%</b>
<b>Difference</b>	17.1%	8.5%	19.1%	12.2%	9.0%	13.6%	<b>14.1%</b>

Responses from BME staff have improved on this question compared to the previous year. However, the gap between BME and White staff has increased year on year. It remains that over 6 in 10 BME staff believe the organisation does not act fairly in terms of career progression compared to almost 5 in 10 White staff.

We are continuing efforts to improve retention of talent, as well as support career progression and development opportunities for staff. This work is taking in to account the experiences of staff with protected characteristics, and the barriers they may face in their professional development and career progression.

## Metric 8: Percentage of staff personally experiencing discrimination at work from a manager/team leader or other colleagues

	National Staff Survey Year						
	2017	2018	2019	2020	2021	2022	2023
<b>White</b>	13.4%	10.6%	10.6%	10.1%	10.0%	11.1%	<b>10.8%</b>
<b>BME</b>	23.2%	12.80%	13.6%	8.6%	22.4%	14.0%	<b>14.0%</b>
<b>Difference</b>	-9.8%	-2.2%	-3.0%	1.5%	-12.4%	-2.9%	<b>-3.2%</b>

Responses to this question from BME staff remained stable in 2023 when compared to the previous year. However, the difference in experience between BME and White staff has slightly widened.

Experiences of discrimination may relate to recruitment and development opportunities, feeling around inclusion within a team or relationships with colleagues and managers. We are working towards becoming an anti-racist organisation and committed to nurturing positive environments for all staff – and through this process we aim to reduce the incidences of discrimination and feelings of exclusion.

Since October 2022, we have been delivering the ‘Beyond Bias’ training module, as part of the NWS Making a Difference leadership programme. This module examines how bias, discrimination, and prejudice affect the workplace. At the end of May 2024, around 850 leaders and managers had participated in the training, with the overwhelming majority reporting that they found the programme to be useful and insightful.

A refreshed training module developed internally with the input of Staff Networks will launch in mid-2024, titled Leading with Inclusivity, building on Beyond Bias to continue to improve the cultural competency of our managers and leaders.

### Indicator 9: Representation of BME people among board members

Percentage difference between the organisation’s board voting membership and overall workforce, disaggregated by:

- Voting membership of the Board
- Executive membership of the Board.

While slightly lower than the previous year, proportionally however, there is still a higher percentage of BME representation on the Board than there is in the overall NWAS workforce (6%). The percentage of Board members who have not declared their ethnicity remains at 6%.

<b>NWAS overall 31/03/2024</b>	6.0%	<b>Board overall 31/03/2024</b>	14.2%
<b>Voting Board Members</b>	18.2%	<b>Non-Voting Board Members</b>	0
<b>Executive Board Members</b>	14.2	<b>Non-Executive Board Members</b>	14.2

The table below shows the percentage difference when comparing the total Board number to the overall workforce.

	2019	2020	2021	2022	2023	<b>2024</b>
<b>White</b>	-17.2%	-5.9%	-5.5%	-17.1%	-15.2%	<b>-14%</b>
<b>BME</b>	3.2%	1.3%	0.9%	10.6%	9.1%	<b>8%</b>
<b>Ethnicity unknown</b>	14.0%	4.6%	4.6%	6.4%	6.1%	<b>6%</b>

### Trust-wide actions

The WRES data along with the Workforce Disability Equality Standard (WDES), and Gender Pay Gap data (set out in separate reports) reflects the ongoing work to support all our staff groups and address inequalities in the workplace. While there have been some improvements across a number of key areas, we recognise that there remains a significant difference in the experiences of BME and white staff. We will continue to explore the reasons for this and put in place actions to help improve the employee experience of our BME colleagues.

In 2024/25, to support improvements in Indicator 2, we are aiming to complete the refresh of the recruitment and selection policy and will be embedding applicant tracking in to all large-scale recruitment campaigns, not just EMT recruitment as has been the case to date. We will also be launching a new training module for manager around leading inclusively, and we will continue to work



with universities to improve diversity of students on Paramedic degree programmes – aiming to impact the academic year starting in 2025.

In response to Indicator 3, we will undertake a review of disciplinary cases relating to BME staff to better understand the data, and consider improvements to the application of disciplinary policy to ensure it is being used appropriately and fairly.

Through the introduction of the Developing Leaders programme, we aim to support more colleagues from underrepresented background into leadership roles by providing them with the skills and knowledge to progress in the careers. We are aiming to positively impact Indicator 7 through this work.

A full set of actions are set out in our EDI Action Plan.