Workforce Race Equality Standard (WRES) Report 2024 - 2025

1.0 Introduction

1.1 The Workforce Race Equality Standard (WRES) was introduced in 2015 as part of the NHS standard contract to enable employees from black and minority ethnic (BME) backgrounds to receive fair treatment in the workplace. The WRES is a data collection framework which measures elements of race equality in NHS organisations. Implementing the WRES is a requirement for NHS Commissioners and NHS healthcare providers including independent organisations through the NHS contract.

1.2 The WRES is designed around nine indicators, or measures, which compare BME colleagues and their white counterparts.

Five indicators of the WRES are populated with workforce data from our Electronic Staff Record (ESR), the recruitment system (TRAC), Employee relations (Conformity) and NHS National Staff Survey which shows comparative data for BME and White staff.

Indicator 1: the distribution of staff in each pay band (ESR)

Indicator 2: likelihood of being appointed following shortlisting (TRAC)

Indicator 3: likelihood of entering a formal disciplinary process (Conformity)

Indicator 4: access to training and development (Staff records)

Indicator 5 & 6: Bullying and Harassment (Staff Survey)

Indicator 7: Equal opportunities (Staff Survey)

Indicator 8: Experiencing discrimination from manager or other colleagues (Staff Survey)

Indicator 9: BME Board Membership (ESR)

1.3 The data is to enable the Trust to adopt a 'learning organisation' approach and produce an action plan to build a culture of continuous improvement. These are essential steps to foster a workplace that is free from discrimination and bias.

1.4 As a public service, our Trust is bound by the Equality Act - Public Sector Equality Duty and, as such, we are committed to:

➢ Eliminating unlawful discrimination, harassment, and victimisation.

➢ Advancing equality of opportunity between people from different protected characteristics

➢ Fostering good relations between people from different protected characteristics

2.0 Context

2.1 The data in this report is mainly comparing 2023 - 2024 and 2024 - 2025.

When reviewing the information, it is useful to understand the overall numbers of BME and white staff in the workforce. As at 31 March 2025 the ethnic profile of staff represents 46% for BME staff (43% previous year), and 51% classed as white British (54% previous year). Staff who have not stated their ethnicity represents 3%, which remains the same as last year.

2.2 Whilst there has been an increase in the BME workforce profile from 43% in 2024 to 46% in 2025, this is not proportionate across the senior posts when our leaders under Medical and Dental terms and conditions are removed from the data. However, they are an integral part of our leadership and as such should not be discounted.

Ethnicity	Headcount as at 31 March 2025	%
BME	1896	46
Not Stated	119	3
White	2131	51
Grand Total	4146	

3.0 WRES Indicators

3.1 - <u>Indicator 1</u>: 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:

3.2 Percentage of non-clinical staff in each Pay band AFC Band 1-9 & VSM

Non Clinical	Apr23 - Mar24						Apr24 - Mar25					
	White		BME		Unknown		White		BME		Unknown	
	Headcount	%	Headcount	%	Headcount	%	Headcount	%	Headcount	%	Headcount	%
Band 1	10	71%	2	14%	2	14%	10	71%	2	14%	2	14%
Band 2	340	72%	109	23%	21	4%	331	70%	127	27%	18	4%
Band 3	153	85%	21	12%	6	3%	146	82%	28	16%	5	3%
Band 4	174	88%	20	10%	4	2%	172	87%	22	11%	3	2%
Band 5	63	81%	11	14%	4	5%	61	77%	14	18%	4	5%
Band 6	57	72%	20	25%	2	3%	65	70%	26	28%	2	2%
Band 7	73	78%	18	19%	2	2%	61	74%	18	22%	3	4%
Band 8a	40	80%	10	20%	0	0%	34	83%	7	17%	0	0%
Band 8b	23	72%	8	25%	1	3%	27	71%	11	29%	0	0%
Band 8c	9	82%	2	18%	0	0%	9	82%	2	18%	0	0%
Band 8d	8	80%	2	20%	0	0%	10	77%	2	15%	1	8%
Band 9	7	88%	1	13%	0	0%	10	83%	2	17%	0	0%
VSM	7	88%	1	13%	0	0%	7	88%	1	13%	0	0%
NEDS	5	63%	3	38%	0	0	5	50%	4	40%	1	10%

3.3 BME staff in Band 6 are underrepresented in the last 2 years showing 20 staff (25%) and 26 staff (28%) respectively. There has been a decrease in white staff in Band 7 from 73 (78%) to 61 (74%).

3.3 In 2023/2024 we made progression in Band 8a for BME staff to 20%. However, this year the number has fallen to 17%. This may be reflected in the increase in the number of BME staff in Bands 8b which has increased 25% last year to 29% this year, potentially showing a promotion. There is an underrepresentation of BME staff at band 8A when compared to white staff.

3.4 At the most senior levels of the Trust non- clinical BME staff continue to be underrepresented over the last three years. For this statistic we consider the collectively numbers in Bands 8c, 8d, 9, and VSM). For 2024 to 2025 BME staff held 7 posts compared to White who held 36,1 unknown, BME staff representing 16%, against the total of 46%. To address this underrepresentation of BME staff in senior posts, this year we will be introducing a Talent management and succession Planning Strategy. We will also take a review of our starts and leavers data.

3.5 We have however increased the number of BME NEDS on the Board from 3 to 4 members which now represents 40%, which is a positive outcome for Board BME representation.

3.6 Percentage of clinical staff in each Pay band AFC Band 1-9 & Medical & Dental

Clinical	Apr23 - Mar24						Apr24 - Mar25					
	White		BME		Unknown		White		BME		Unknown	
	Headcount	%	Headcount	%	Headcount	%	Headcount	%	Headcount	%	Headcount	%
Band 2	247	61%	150	37%	9	2%	35	41%	51	59%	0	0%
Band 3	102	78%	26	20%	3	2%	257	60%	161	38%	9	2%
Band 4	66	57%	48	42%	1	1%	54	69%	17	22%	7	9%
Band 5	136	20%	532	78%	14	2%	138	19%	561	79%	13	2%
Band 6	244	51%	220	46%	17	4%	237	50%	229	48%	10	2%
Band 7	197	62%	108	34%	12	4%	195	63%	110	36%	4	1%
Band 8a	90	63%	47	33%	5	4%	90	65%	48	35%	0	0%
Band 8b	17	63%	7	26%	3	11%	17	59%	9	31%	3	10%
Band 8c	9	69%	3	23%	1	8%	7	70%	2	20%	1	10%
Band 8d	7	88%	1	13%	0	0%	7	88%	1	13%	0	0%
Band 9	0	0%	1	100%	0	0%	1	50%	1	50%	0	0%
Medical & Dental	152	25%	422	71%	24	4%	151	24%	447	71%	34	6%

3.7 The majority of BME staff are at Band 5 representing 78% staff, a similar position to the 2023/2024 data at 79%. White staff in Band 5 represented 20% in 2023/2024, and 19% in 2024/2025. The data shows an overrepresentation of BME staff in Band 5 compared to the Trust profile at 46%.

3.8 In Band 7 and Band 8a the staff profile for BME and White staff has largely remained the same showing a slight variance over the two years for both groups.

3.9 At the most senior levels of the Trust clinical staff under Agenda for Change terms and conditions, BME staff continue to be underrepresented over the last two years, collectively in Bands 8c, 8d, 9. In 2023/2024 BME staff represented 23% while on the year 2024/2025 BME staff representation declined to 20%. We will well with our medical recruitment team to better understand the underrepresentation.

3.10 In our staff under the Medical and Dental terms and conditions the data remained the same, which shows significant overrepresentation of BME staff compared to White staff.

The disparity however is not represented by total numbers in the same way for other groups. For this staff group, differences can include clinical awards, academic posts, and fitness to practice referrals.

3.11 <u>Indicator 2</u>: Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME:

Indicators	2023/24						2024/25					
Relative likelihood of white staff being appointed from Shortlisting compared to BME staff across all posts	2.14						1.63					
	White		BME		Unknown		White		BME		Unknown	
	Headcount	%	Headcount	%	Headcount	%	Headcount	%	Headcount	%	Headcount	%
	690	42%	529	32%	412	25%	350	41%	485	56%	28	3%

The relative likelihood of white staff being appointed compared to BME staff in 2023/24 was 2.14. This is an improvement compared to last year which was 1.63. We will be reviewing applications for training to understand the decline and address the outcome for next year.

Last year we implemented the NHS debias recruitment programme to assist us in improving this outcome. We will continue with more robust monitoring with our new recruitment system, to examine the stages from applications, shortlisting, through to appointments, for BME and White staff. Ideally the WRES outcomes aim for our recruitment data to be at 1:1.

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

Relative likelihood of BME staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation compared to white staff (two years rolling average)	2023/24						2024/25					
	0.54						1.01					
	White		BME		Unknown		White		BME		Unknown	
	Headcount	%	Headcount	%	Headcount	%	Headcount	%	Headcount	%	Headcount	%
	23	70%	10	30%	0	0%	10	53%	9	47%	0	0%

This is a positive outcome as a score less than one is a positive outcome for BME Staff.

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

Relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff	2023/24						2024/25					
	0.87						0.78					
	White		BME		Unknown		White		BME		Unknown	
	Headcount	%	Headcount	%	Headcount	%	Headcount	%	Headcount	%	Headcount	%
	321	53%	296	44%	19	3%	353	52%	309	45%	18	3%

The likelihood of White staff accessing non-mandatory training and has slightly dropped from last year. 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.
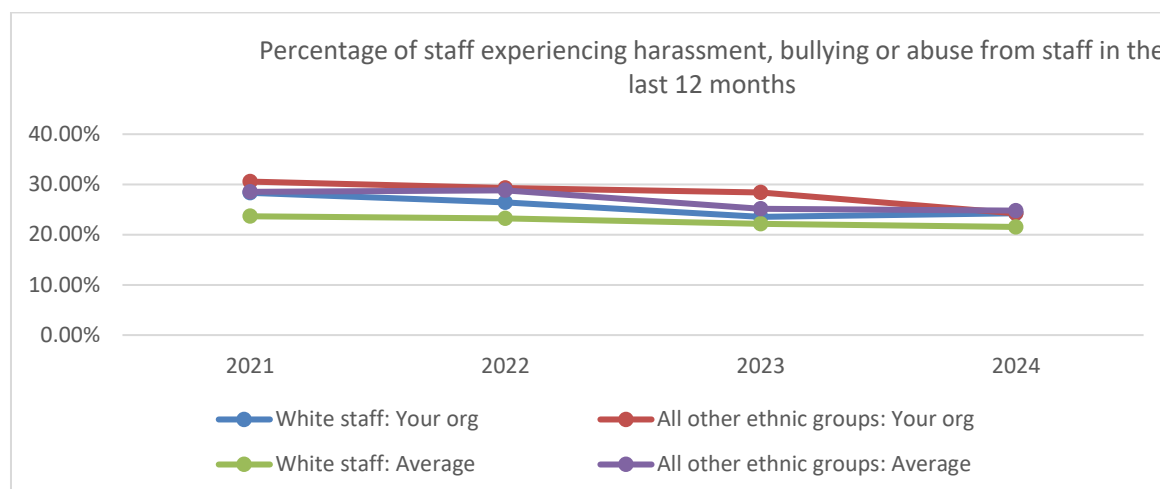
During the initial stages of the annual process, the OD & L team liaised with internal communications to promote the CPD across the organisation (for all staff) whilst also liaising directly with divisional leaders to communicate, encourage and promote continuous learning. A number of open workshops were promoted and held for all staff regarding any questions they had on the process, applicability and benefits of CPD. Posters were distributed in different areas on sites to encourage staff to enquire about CPD, whilst OD & L staff visited wards to encourage and educate staff.

3.14 - <u>Indicator 5</u>: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months out of those who answered the question
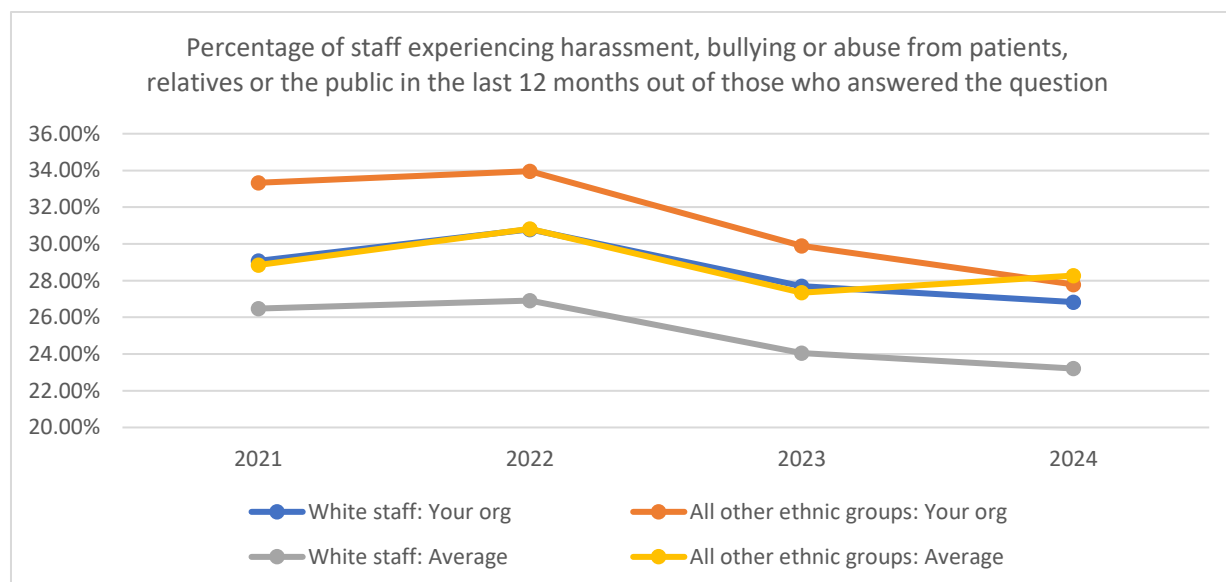
The table above indicates that bullying and harassment within the Trust has reduced from last year. However, it is still higher than the national average for both BME and white staff and, BME staff still experience bullying and harassment at higher ratios than white staff. The People Business partnering Team will be creating a plan to address bullying and harassment cases by January 2026.

3.15 - <u>Indicator 6:</u> Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months

Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months

Legend:
- White staff: Your org
- All other ethnic groups: Your org
- White staff: Average
- All other ethnic groups: Average

The table above indicates that bullying and harassment or abuse within the trust is higher than the national average for both BME and white staff. The data also shows that both BME and White staff experience bullying and harassment in our organisation.

3.16 In December 2024 we launched a new zero-tolerance campaign, titled '*no excuse for abuse,*' aimed at combating the risk of violence and aggressive behaviour towards our people and encouraging patients and visitors to reflect on their actions.

The campaign aims to embed a culture of support, safety, and respect at all times and to create an environment that is free from abuse of all kinds, including verbal, physical, and racist taunts.

The visual assets for the campaign are promoted across the hospital, off-site offices, and community sites through vinyl graphics and posters on entrance doors and lifts, including our off-site locations, as well as through digital messaging display screens and social media channels.

3.17 In order to further reflect our commitment to creating a workplace that prioritises your safety and wellbeing, the campaign is underpinned by:

- The encouragement of reporting all incidents relating to violence and aggressive behaviour through Datix.
- Enhancing policies and protocols in place to manage challenging behaviours and to guide appropriate action to be taken.
- Introducing a straightforward process to exclude patients from the hospital and community sites, when it is clinically safe to do so, if they have acted violently or aggressively towards our people.
- Providing adequate safety and de-escalation training for colleagues in 'high-risk' environments.
- Developing a violence prevention and reduction strategy.

3.18 - <u>Indicator 7:</u> Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion
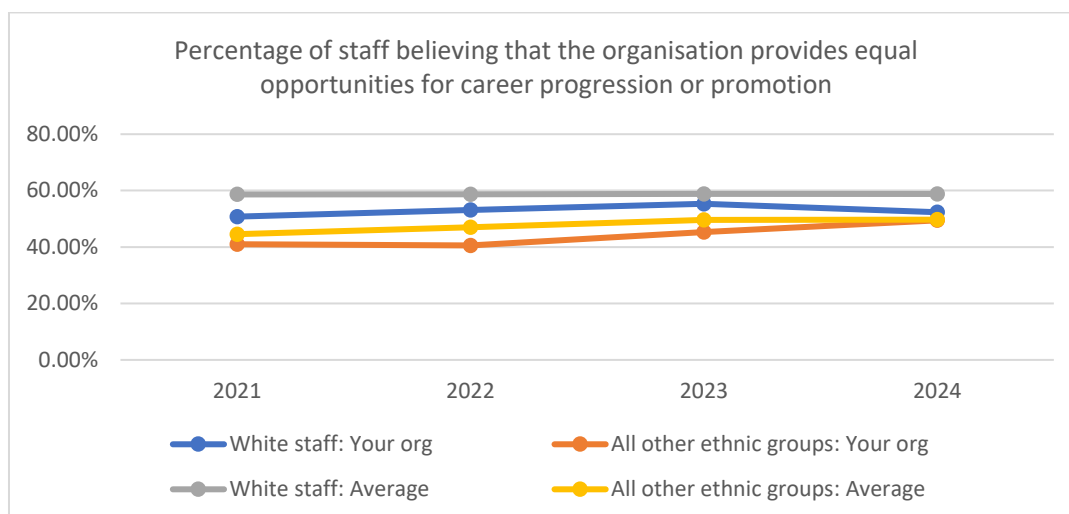
The table above indicated BME staff respondents, consistently do not believe the Trust provides equal opportunity for career progression. However, there has been an increase in the number of BME staff who believe the Trust provides equal opportunities for career development from last year. This now shows an improvement which is in line with the national average for BME staff, and almost at the same percentage as White staff within the Trust.

3.19 - <u>Indicator 8:</u> Percentage of staff experiencing discrimination at work from manager / team leader or other colleagues in the last 12 months
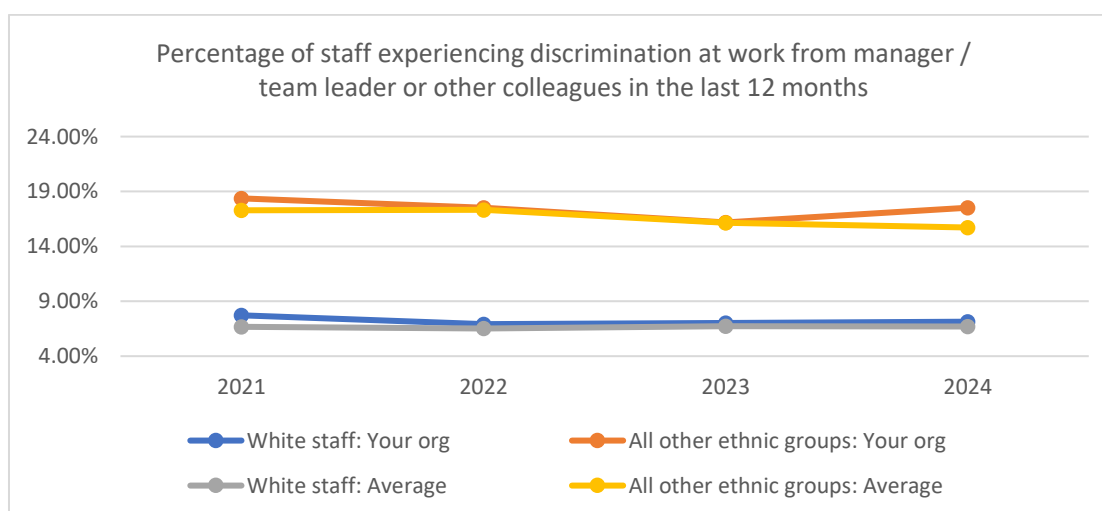
The previous table above indicates that there is a significant difference in experience of discrimination amongst BME staff (18%) and White staff (7%) in our Trust. The data also indicates there has been a slight increase on this indicative for BME staff from 2023 to 2024. This indicator signal that although we are sitting close to the national average we still have work to do to foster a climate of tolerance and civility within our people.

Part of the work we have already started is implementing appropriate actions from the East of England Anti-racism Strategy, which we have identified as a continued action in the WRES and PAHT EDI Delivery Plan 2025 to 2026.

3.20 - Indicator 9: BME board membership – Executive and Non-Executive Directors

Total Board Members by ethnicity	2023/24				2024/25			
	White		BME		White		BME	
	Headcount	%	Headcount	%	Headcount	%	Headcount	%
	13	72%	4	22%	13	65%	6	30%

BME representation at board level is 30% when compared to 22% last year. This shows a significant steady increase and improvement from 2023 which was at 16%. This significant increase demonstrates the commitment of Princess Alexandra Trust to equality and diversity to enable us to serve our population and community to the best of our abilities.

4.0 Actions for 2025 to 2026

It is important that we sign up to the recommended actions below and agree the timescales.

Reference	Indicator	Actions	Lead	Timescale
1	2, 9	Debiased recruitment NHS programme to be implemented in line with the NHS EDI High impact actions – attraction, recruitment and retention.	Head of People -Recruitment and Retention	**On going**
2	2, 9	Review the role of recruitment inclusion specialist. To ensure they are effectively able to challenge and report on bias recruitment processes.	Head of People -Recruitment and Retention & Head of EDI	**November 2025**
4	3	Review disciplinary cases, policy and processes. To ensure investigations are fair, transparent and adopt the 'just culture' principles.	Head of Employee relations and Head of EDI	**On going**
5	5 & 6	Within our culture change programme and initiatives, set standards of behaviour to tackle bullying and harassment.	Head of People Business Partners & Head of EDI & Head of ODL	**January 2026**
6	5 & 6	Develop an action plan to review all data and complaints to address bullying and harassment.	People Business Partnering Team	**January 2026**
7	5 & 6	Consider bystander training - Select existing EDI champions, Freedom to Speak up Guardians, and Inclusion Specialist for the Active Bystander Train-the-Trainer programme - to roll out across the Trust.	Head of EDI	**February 2026**
8	7 & 8	Review the EOE Anti- racism Strategy and Action plan – to ensure we appropriately challenge racism within PAHT.	Head of EDI	**February 2026**
9	1 & 9	Implement a Talent Management and Succession Planning Strategy.	Head of OD&L	**March 2026**
10	1	Review our starters and leavers data to understand if we can introduce incentives for the attraction and retention of BME staff above AFC band 8c.	People Information Team	**December 2025**