Workforce Race Equality Standards 25/26

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Introduction

The Workforce Race Equality Standard (WRES) was introduced from 1st April 2015 by the National Health Service (NHS) Equality and Diversity Council (EDC).

The WRES seeks to prompt enquiry to better understand why BAME may staff receive poorer treatment than White staff in the workplace and to facilitate the closing of those gaps.

In its simplest form, the WRES offers local NHS organisations the tools to understand their workforce race equality performance, including the degree of BAME representation at senior management and board level. The WRES highlights differences between the experience and treatment of White and BAME staff in the NHS.

The principal outcome of measuring performance against the standard is that it helps organisations to measure where they are against key best practice indicators, where they need to be, and how to plan for improvements to achieve and maintain optimum performance for each indicator. The WRES requires NHS organisations to demonstrate progress against specific workforce metrics including a metric on Board BAME representation.

The Trust's WRES submission, including a detailed breakdown of staffing numbers, can be found in the appendix of this report.

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Key Findings

The BAME Staff within the organisation have remained fairly static.

The composition of Medical and Dental Workforce that is BAME stands at 53.3%

White staff are 2.77 x as likely to be appointed once they have reached the shortlisting stage compared to BAME staff, but there is an actual increase in appointments

BAME Staff are more likely to enter the formal discilipinary process

BAME Staff experiencing bullying from other staff has decreased by 4.8% this year

BAME Staff experiencing discrimination at work from patients has increased by 0.2% in year

In last 12 months, BAME staff report a 8.8% higher negative experience than white colleagues in relation to harassment, bullying or abuse from patients, relatives or the public

BAME Staff are significantly more likely to access non-mandatory training and CPD than White Staff

The percentage of BAME Staff in Bands 8-9 and VSM compared to total staff in these bands is 3.4%, none above 8c
but total 8a-8c has risen from 22 to 37

The staff survey results for BAME staffare more positive than last years. Which is a clear indicator that EDI strategies are being impactful when the rest of the organisation struggled

51.3% of BAME staff believed that the organisation offers equal opportunities for career advancement or promotion

7% of non-clinical staff are BAME

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	Wres 24/25 Performance Comparison and Summary	24/25	25/26
1	Percentage of BAME staff in NHS trust by ethnicity	21.1%	21.7%
2	The relative likelihood of white applicants being appointed from shortlisting compared to BAME applicants	1.75	2.77
3	The relative likelihood of BAME staff entering the formal disciplinary process compared to white staff	0.71	1.49
4	The relative likelihood of white staff accessing non–mandatory training and CPD compared to BAME staff	0.88	0.39
5	Percentage of BAME staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	32.1%	32.3%
6	Percentage of BAME staff experiencing harassment, bullying or abuse from staff in last 12 months	31.8%	27.1%
7	Percentage of BAME staff believing that their trust provides equal opportunities for career progression or promotion	51.4%	51.3%
8	Percentage of BAME staff experiencing discrimination at work from a manager or team leader in the last 12 months	19.1%	17.2%
9	Percentage difference of BAME representation between Board Membership and overall workforce	-15.3%	-21.7%

WRES Indicator 1

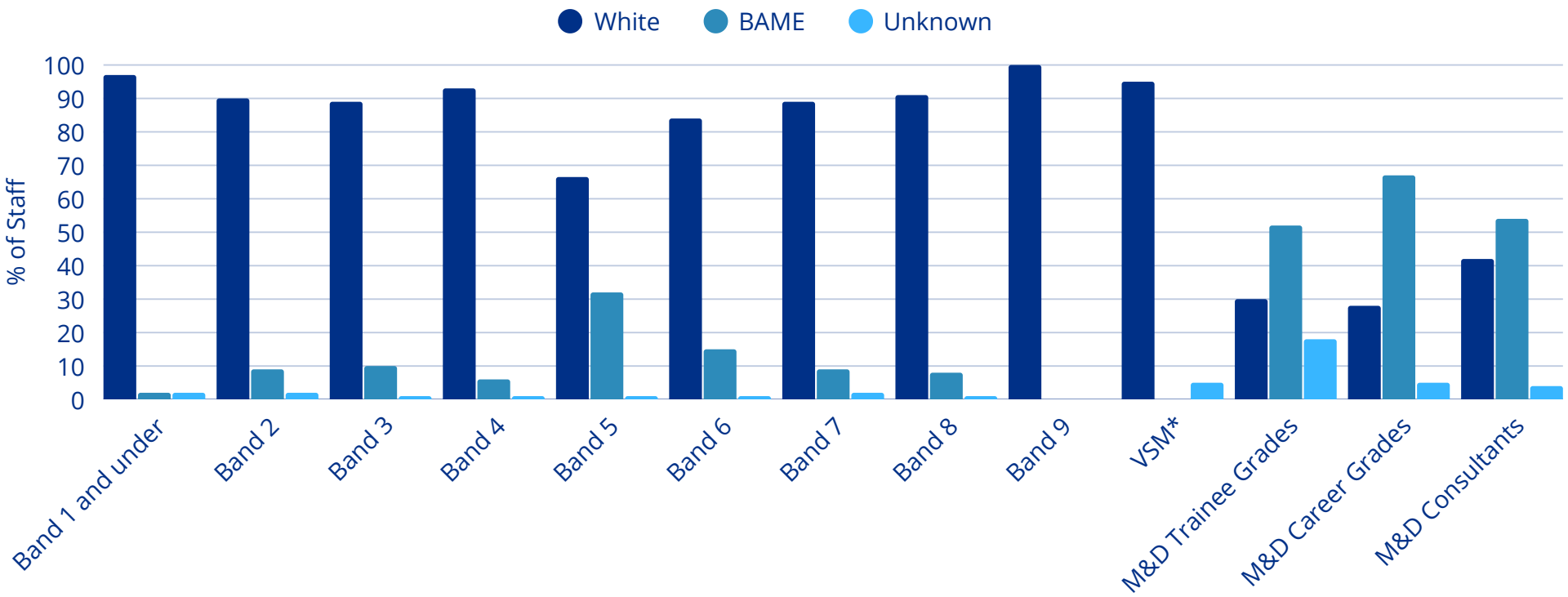
Table 1: Ethnic Composition of HUTH Staff

	Composition of Workforce	Compostion of Clinical Staff	Composition of Non-Clinical Staff	Composition of Medical and Dental Staff
BAME	2251	2067	184	834
White	7833	5417	2416	533
Not Stated	298	264	34	197

The complement of our BAME staff has remained relatively static year on year with an increase in 'not-stated' ethnicity. There has been a slight increase in non-clinical BAME staff.

WRES Indicator 1

Figure 1: Proportional Ethnic Composition of HUTH Staff



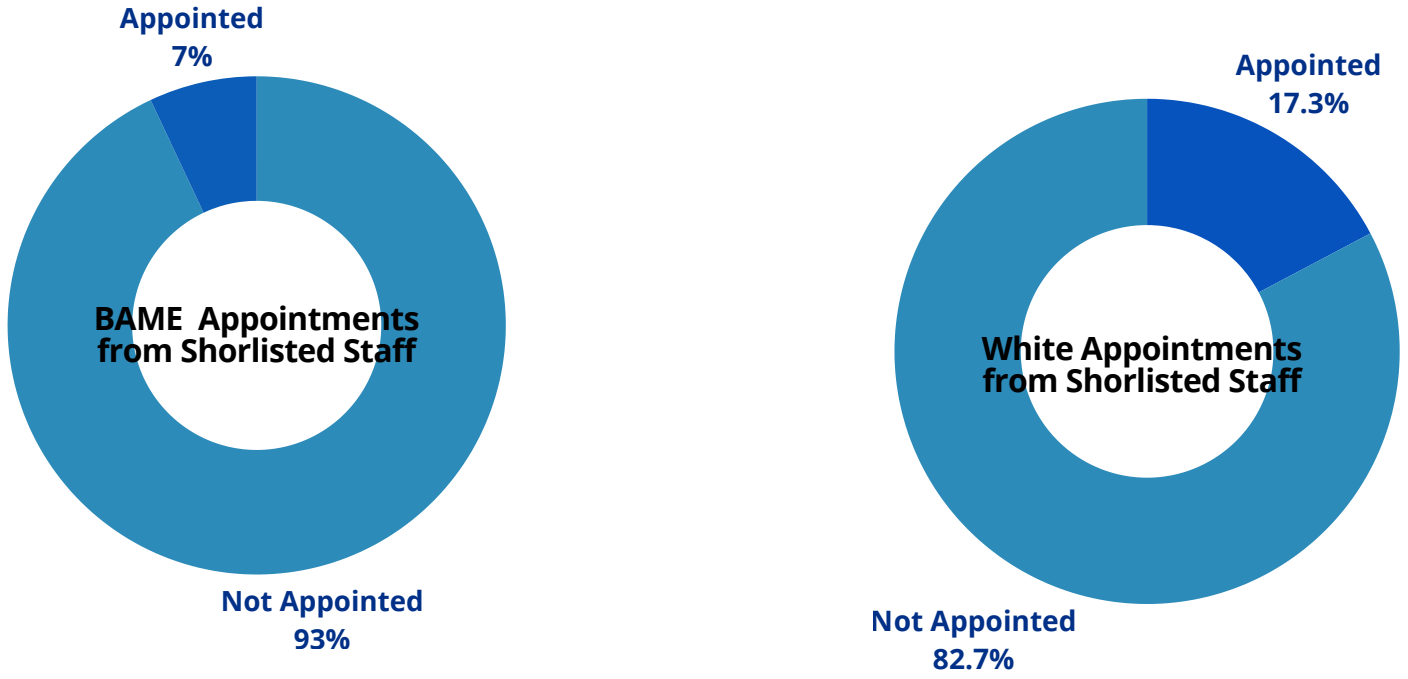
The bar chart illustrates the distribution of individuals identified as white, BAME, and those with an unknown ethnicity, categorised by band. BAME representation is lowest within Bands 4 and again at Band 8 and above. When considered by Agenda for Change (AfC), band 5 continues to see the highest percentage of staff from an ethnic minority, which is similar across all trusts (NHS Providers, 2024).
The percentage of BAME Staff in Bands 8 8%, an improvement on last year. Although, there is zero percentage of BAME staff in Bands 8-9 and VSM . Following NHS England's recommendations, medical and dental grades (including trainee grades) are excluded from the Bands 8-9 and VSM figures, as these categories typically have a much higher proportion of BAME staff.
Across clinical and non-clinical staff bands, white staff make up the majority at all levels, particularly in higher bands and leadership roles, though there is representation of BAME staff across most bands.
***VSM (Very Senior Managers - this payscale is a non-AFC payscale for the most senior management staff and executive team)**

*VSM (Very Senior Managers - this payscale is a non-AFC payscale for the most senior management staff and executive team)

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WRES Indicator 2

Figure 2: Appointment from Shortlisting for all staff groups

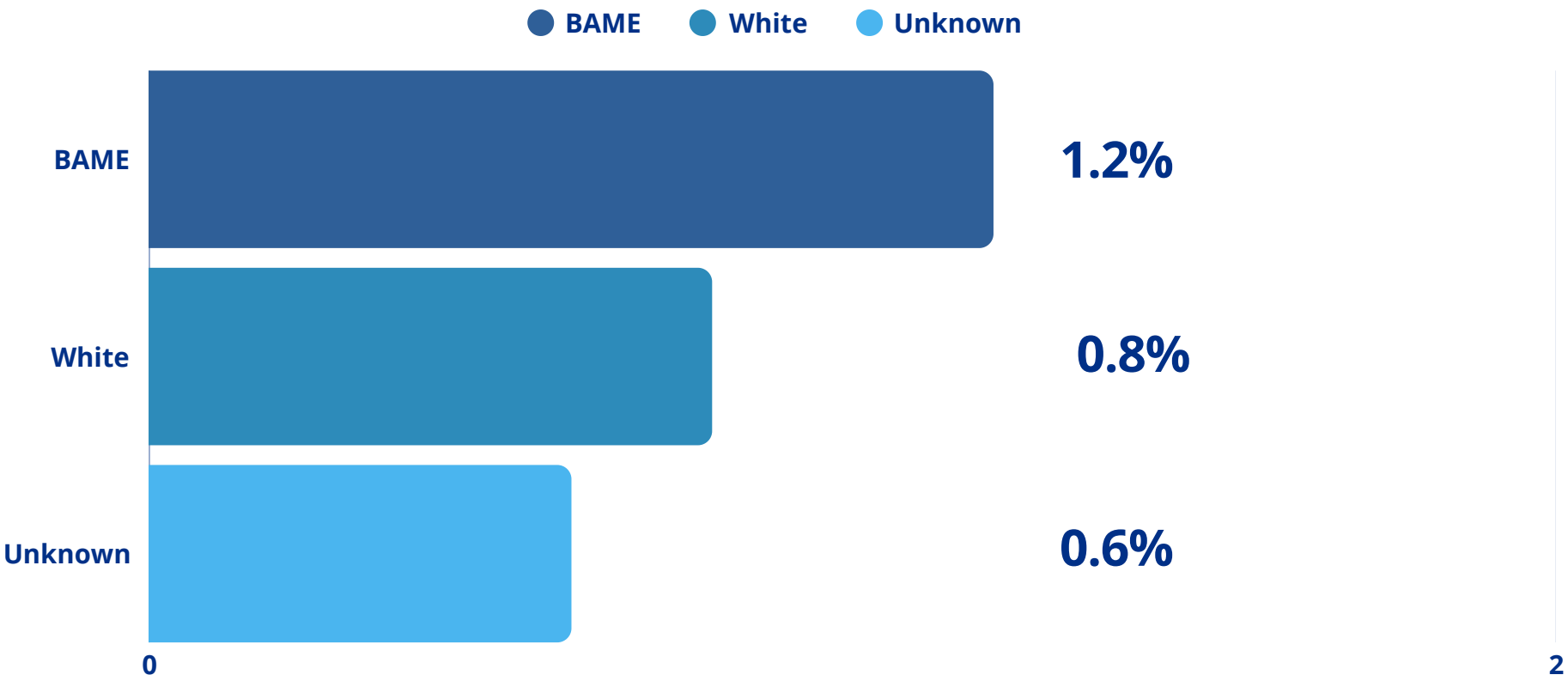


This indicator has a noticeable negative increase, with White staff being **2.77** times more likely to be appointed from a shortlist than BAME staff as opposed to 1.19 times last year, some of that may be due to the sheer number of BAME staff shortlisted which nearly doubled in the year. There were actually 33% more BAME staff appointed in the year.

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WRES Indicator 3

Figure 3: Likelihood of Staff entering formal disciplinary procedure



The relative likelihood of BAME staff entering the formal disciplinary process compared to White staff is **1.49**. This is a steep regression on last year's numbers.

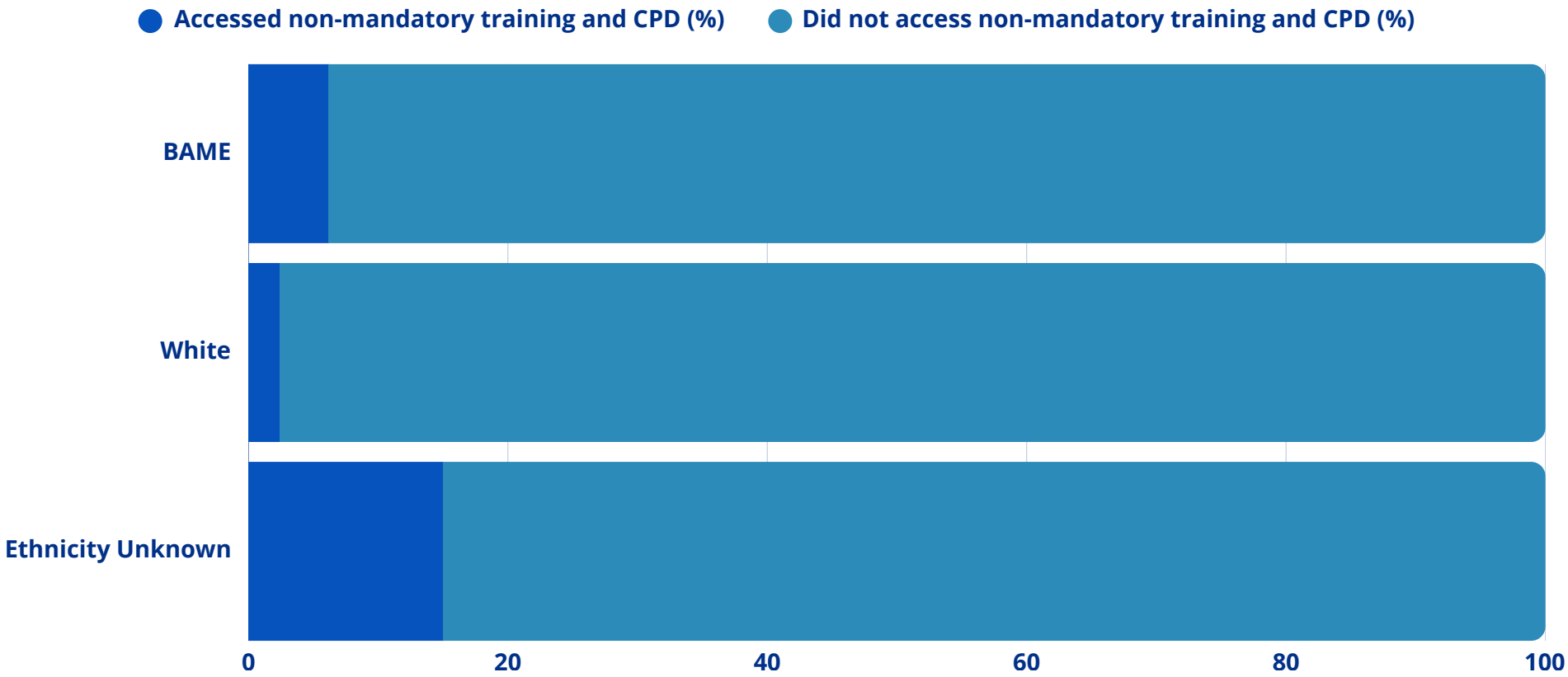
While these statistics remain relatively low within the overall workforce, they highlight a disparity; BAME staff are more likely to undergo the formal disciplinary process than white staff.

Note: The data includes informal processes through personal responsibility, meaning instances where no investigation occurred but a disciplinary sanction action was agreed upon.

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WRES Indicator 4

Figure 4: Likelihood of Staff accessing non-mandatory training and CPD

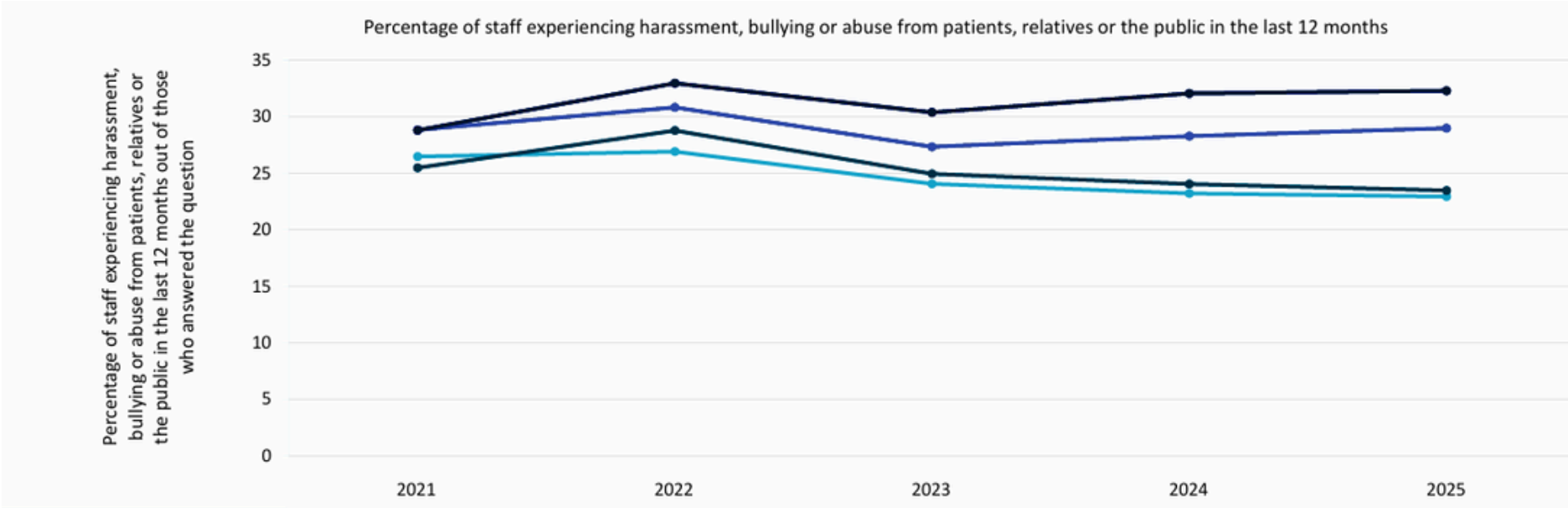


The relative likelihood of White Staff accessing non-mandatory training and CPD is **0.39** this is an improvement on last year's position however the Ethnicity unknown staff still have a higher access rate.
This metric is missing data as it does not illustrate all non-mandatory training/CPD as this isn't held centrally.

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WRES Indicator 5

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

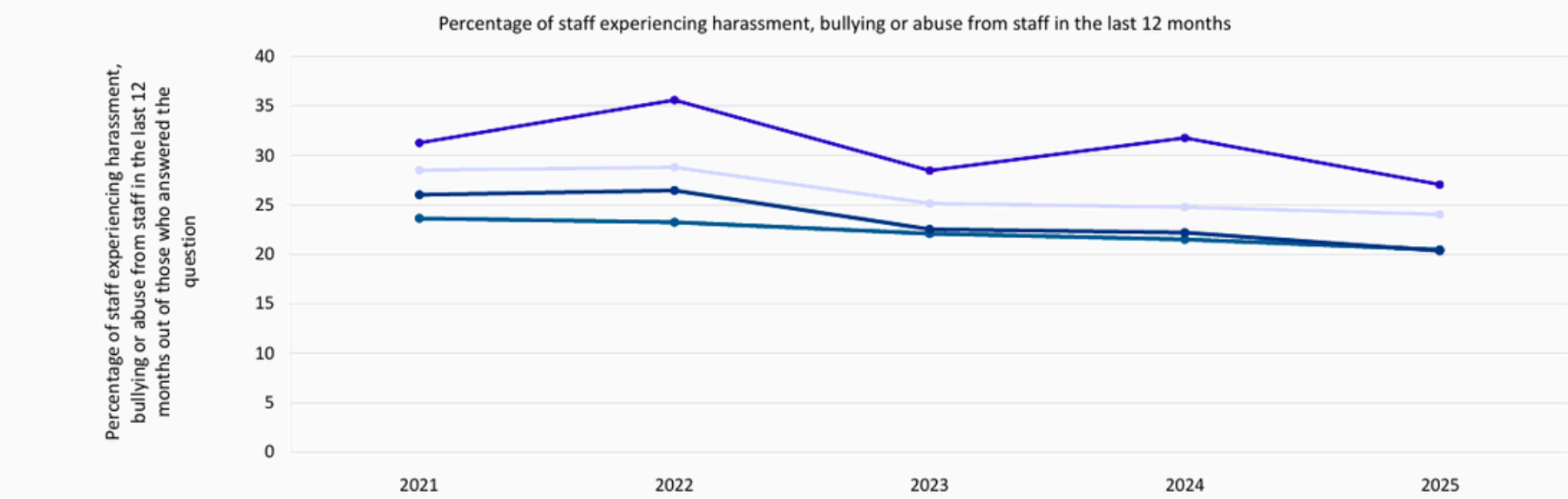


	2021	2022	2023	2024	2025
White staff: Your org	25.47%	28.77%	24.93%	24.04%	23.48%
All other ethnic groups*: Your org	28.79%	32.95%	30.37%	32.06%	32.29%
White staff: Average	26.47%	26.91%	24.05%	23.21%	22.93%
All other ethnic groups*: Average	28.84%	30.82%	27.34%	28.27%	28.98%

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WRES Indicator 6

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

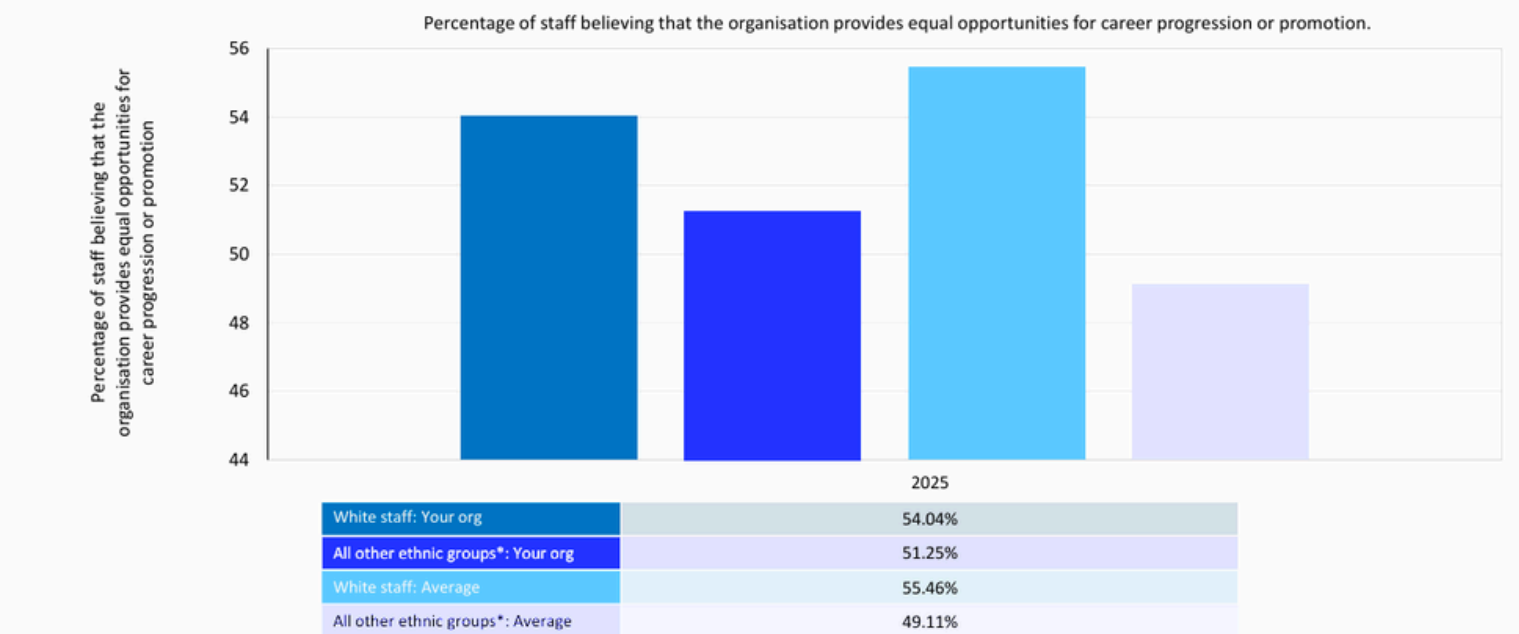


	2021	2022	2023	2024	2025
White staff: Your org	26.04%	26.47%	22.55%	22.20%	20.37%
All other ethnic groups*: Your org	31.28%	35.61%	28.47%	31.78%	27.07%
White staff: Average	23.65%	23.25%	22.12%	21.53%	20.48%
All other ethnic groups*: Average	28.53%	28.81%	25.16%	24.78%	24.06%

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WRES Indicator 7

Figure 7 : Percentage of staff believing that their trust provides equal opportunities for career progression or promotions



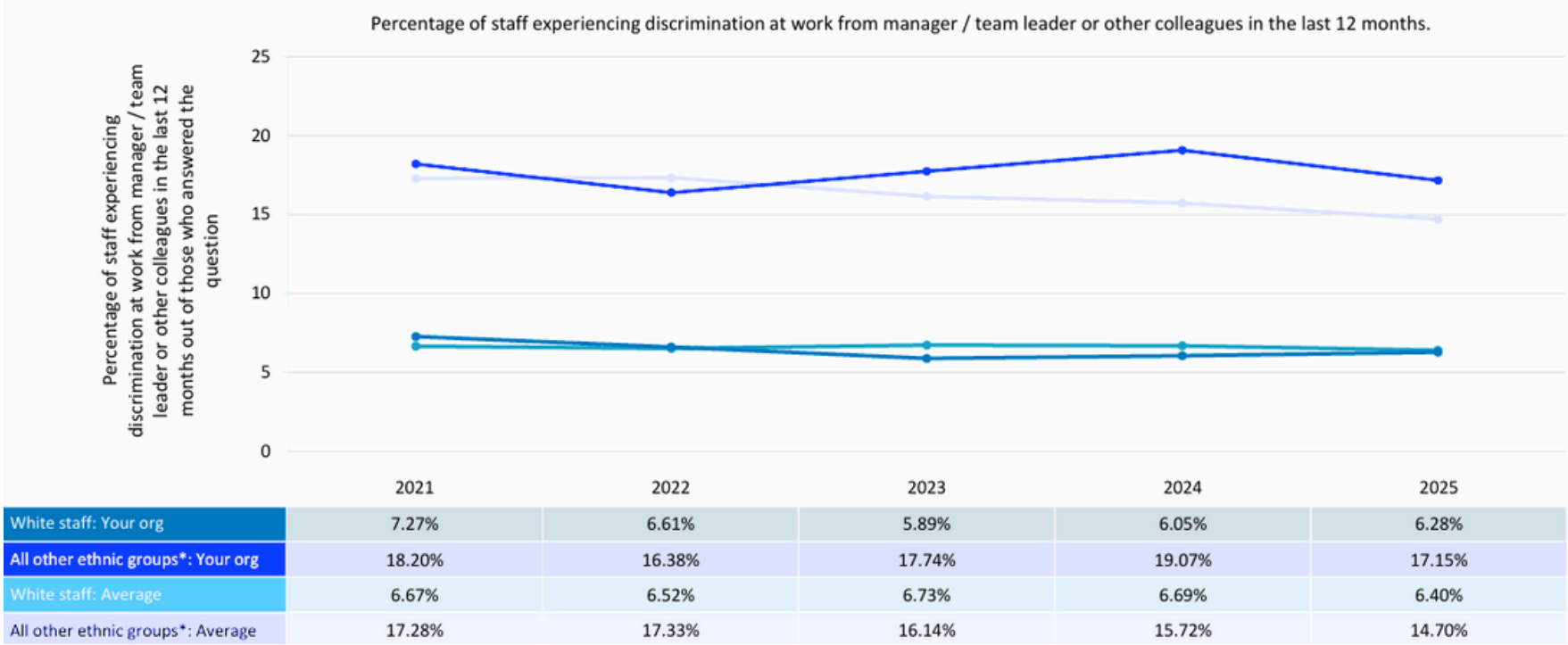
In 2025, 51.25% of BAME staff believed that the organisation offers equal opportunities for career advancement or promotion.

Note: Due to changes in the question wording in 2025, previous years' results for indicator 7 are not reported.

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WRES Indicator 8

Figure 8 : Percentage of staff experiencing discrimination at work from other staff in the last 12 months



	2021	2022	2023	2024	2025
White staff: Your org	7.27%	6.61%	5.89%	6.05%	6.28%
All other ethnic groups*: Your org	18.20%	16.38%	17.74%	19.07%	17.15%
White staff: Average	6.67%	6.52%	6.73%	6.69%	6.40%
All other ethnic groups*: Average	17.28%	17.33%	16.14%	15.72%	14.70%

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WRES Indicator 9

Figure 9: Total Board Composition

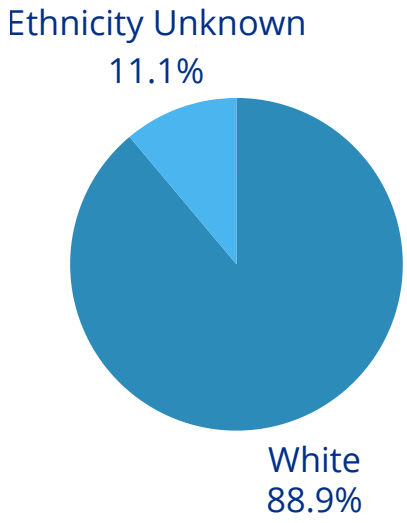


Figure 10: Voting Board Members

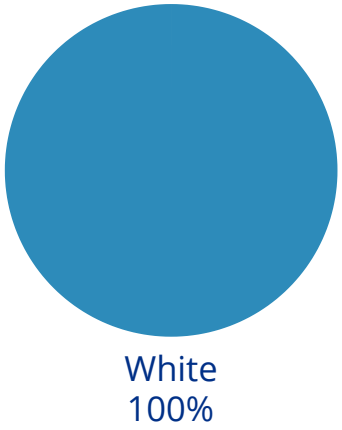
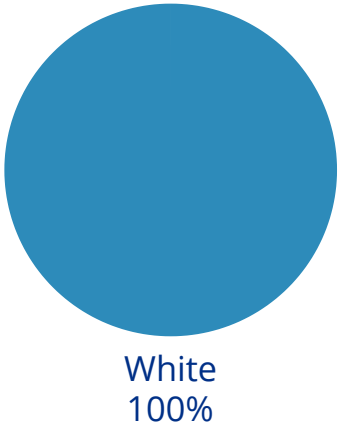


Figure 11: Non-Exec Board members



The BAME representation at board level has is nor reflective of the proportion of BAME staff we have in the organisation. Of the Voting Board members we are currently showing no BAME representation.

Huth is part of NHS Humber Health Partnership, operating under a Shared Group Board and Leadership team. Staff are employed by either Northern Lincolnshire and Goole NHS Foundation Trust or Hull University Teaching Hospitals NHS Trust. In which case, figures will not be double- counted.

There has been a negative impact since last year's report - BAME representation at Board level witin HUTH is zero

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Progress to date to Support BAME Staff

The advancements made in the past year to assist BAME staff within the workforce are outlined below.

1

Continue to embed the Zero Tolerance to Racism Framework

The continuation of the reporting tool has seen regular if not profuse reporting through the year and numerous interventions that have supported BAME staff. The presence of the tool in itself acts as a deterrent to racist behaviours but is not universally welcomed. So BAME staff are reporting less discrimination from colleagues and managers in the Staff Survey. The tool made a significant contribution to NLaG winning an HSJ Patient Safety award

2

Continued support for Internationally Educated Staff

We have monthly wellbeing meetings with our International Educated Staff and the focus of those meetings has shifted from experiencing discrimination to wanting to understand what they have to do in order to be able to progress their careers in the future. The a Stay and Thrive group continues to meet to drive the agenda. A group came together to unofficially organise a social event over the Xmas period for staff that might not otherwise have anybody to spend time with socially over that period.

3

Development of the BAME Staff Network

The BAME Staff Network's across the group are now both active and contributing to supporting staff both from a pastoral basis and to advocate for increased representation and providing a sense of community to staff.

4

Governance

An Equality, Diversity, and Inclusion Steering Group is now operating to inform the work priorities of the EDI team and the broader group of staff support the agenda across the organisation. This group is able to challenge and establish a cohesive workplan that will give the Trust Board assurance in terms of meeting our equality duties.

In addition the network Chair's represent their constituents in the Organisation to help them to have fully inclusive experiences at work The Group Executives now meet on a scheduled basis to help frame Organisation policies.

5

Education and Development

As a development to the EDI training across both sites the Practice learning team along with the EDI Team deliver Cultural Competency training sessions aligned to the NHSE Nursing Directorate National Course.

We have also facilitated NHSE to deliver the Step Up Programme across the organisation to cohorts of our internationally educated colleagues. The Embracing the Challenge of Inclusive Leadership training continues to be delivered across the organisation.

Action Plan

Although this year's national WRES reports indicate positive progress in some areas, it is clear that considerable effort is still required to improve the experiences of BAME employees within the trust. To address this, an Action Plan has been created based on the 24/25 WRES technical data results, aimed at bridging the gap in workplace experiences between BAME and White staff. A comprehensive workplan accompanies the Action Plan.

Action	WRES Indicator	Delivery Timescale	Lead Responsibility
1. Develop an abridged version of the Zero Tolerance to Racism Framework and Relaunch to get better awareness • Support the Trust to tackle all forms of racism • Support our BAME Staff *Prepare a shortened reference version of the Framework to make reporting easier *Create an environment where people aren't reluctant to report	Indicators 5, 6, 8 EDS 2022 2B	2026/27 Ongoing	EDI Team
2. Develop and Grow the BAME Staff Network • Run a Groupwide Network conference to showcase achievements of prominent BAME staff in the Organisation • Introduce the inaugural Dumbor Ngaage award to recognise the contribution of BAME individuals to the organisation	All EDS 2022 2B	February 2027/Ongoing	EDI Team

Action	WRES Indicator	Delivery Timescale	Lead Responsibility
3. Support Internationally Educated Staff • Develop and implement Bridge programme to support children of our International staff who can't access University funding to engage with the education system via Apprenticeships *NHSE Step Up programme (Start to Elevate your Professional Career) for our Nursing & AHP colleagues to be run internally	Indicators 1, 2, 7 EDS 2022 2B, 2C	April 27/ Ongoing	EDI Team / Nursing
4. Introduce an Inclusive Recruitment Project & Toolkit Stage One Data Analysis: a. Data Analysis Importance: Group discussed the importance of analysing recruitment data, including both successful and unsuccessful candidates, to understand trends and disparities. b. Disaggregation by Characteristics: They emphasised the need to disaggregate data by protected characteristics to identify and address any systemic inequities in the recruitment process. c. Promotion Analysis: Highlighted the significance of understanding promotion to higher bandings, expressing interest in seeing data on promotion rates and potential disparities.	Indicator 2, 7 EDS 2022 2D	March 27/Ongoing	EDI Team/Recruitment

Action	WRES Indicator	Delivery Timescale	Lead Responsibility
5. Ensure BAME staff are treated Equitably in HR Processes • Develop and implement an RCN type programme that trains BAME staff to be cultural inclusion ambassadors so that they can contribute to Recruitment panels and Disciplinary, Capability or Probation processes to ensure BAME staff are treated fairly	Indicators 1, 2, 3, 8 EDS 2022 2B, 2C	April 27/ Ongoing	EDI Team / Nursing
6. Introduce Patient Racism Standard Operating Procedure (SOP) *Pilot a new SOP on how to address the issues of Patients being racist towards our staff *Take through governance and get Board sign off *Identify the resource to take the responsibility to address issue with Patients *Launch across the group in a roll out aligned to the Ward accreditation process	Indicator 3, 5 EDS 2022 2D	Pilot Complete October 26/Launch January 27 then Ongoing	EDI Team/Recruitment

Action	WRES Indicator	Delivery Timescale	Lead Responsibility
7. Work across Organisation to develop inclusivity to BAME staff *Develop a new programme that is personalised to our needs evolving the National NHSE Nursing Directorate course *Deliver Cultural Competency workshops to improve understanding of how to be inclusive *Highlight differences of experience and cultural gaps *Identify the resource to deliver this work plan *Launch across the group in a roll out aligned to the Ward accreditation process	Indicators 1, 2, 6, 8 EDS 2022 2B, 2C	September 26/ Ongoing	EDI Team / Nursing

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Appendix

Indicator 1a - Non-Clinical Workforce

	White	BME	Ethnicity Unknown/ Null
Under Band 1	6 *	0 *	0 *
Band 1	12 *	1 *	1 *
Band 2	947 *	102 *	18 *
Band 3	607 *	3 *	3 *
Band 4	259 *	14 *	1 *
Band 5	201 *	11 *	1 *
Band 6	126 *	8 *	1 *
Band 7	91 *	7 *	4 *
Band 8A	61 *	4 *	3 *
Band 8B	53 *	2 *	0 *
Band 8C	18 *	1 *	0 *
Band 8D	11 *	0 *	0 *
Band 9	4 *	0 *	0 *
VSM	20 *	0 *	2 *

Indicator 1b - Clinical Workforce

	White	BME	Ethnicity Unknown/
Under Band 1	40 *	0 *	0 *
Band 1	1 *	0 *	0 *
Band 2	290 *	19 *	4 *
Band 3	1077 *	162 *	16 *
Band 4	185 *	13 *	6 *
Band 5	1389 *	753 *	19 *
Band 6	959 *	188 *	11 *
Band 7	640 *	68 *	9 *
Band 8A	206 *	26 *	1 *
Band 8B	57 *	3 *	1 *
Band 8C	18 *	1 *	0 *
Band 8D	3 *	0 *	0 *
Band 9	2 *	0 *	0 *
VSM	17 *	0 *	0 *

Indicator 1 - Medical and Dental Consultants

	White	BME	Ethnicity Unknown/ Null
Medical & Dental Consultants	240 *	312 *	23 *
Of which Senior Medical Manager	0 *	0 *	0 *
Non-consultant career grade	17 *	40 *	3 *
Trainee Grades	276 *	482 *	171 *
Other	0 *	0 *	0 *

Number of staff in Workforce

White	BME	Ethnicity Unknown/ Null
7833	2220	298

Indicator 2 - Relative likelihood of staff being appointed from shortlisting across all posts.

	White	BME	Ethnicity Unknown/ Null
Number of Shortlisted Applicants	4792 *	6919 *	0 *
Number Appointed from Shortlisting	1000 *	521 *	0 *
Relative likelihood of appointment from shortlisting	20.8 %	7.53 %	0 %
Relative likelihood of White staff being appointed from shortlisting compared to BME staff	2.77		

Indicator 3 - Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.

Note: This indicator will be based on year-end data.

	White	BME	Ethnicity Unknown/ Null
Number of staff in workforce	7833	2220	298
Number of staff entering the formal disciplinary process	64 *	27 *	2 *
Likelihood of staff entering the formal disciplinary process	0.8 %	1.2 %	0.6 %
Relative likelihood of BME staff entering the formal disciplinary process compared to White staff		1.49	

Indicator 4 - Relative likelihood of staff accessing non-mandatory training and CPD.

	White	BME	Ethnicity Unknown/ Null
Number of staff in workforce	7833	2220	298
Number of staff accessing non-mandatory training and CPD	189 *	139 *	47 *
Likelihood of staff accessing non-mandatory training and CPD	2.4 %	6.2 %	15. %
Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff	0.39		

This is only the non-mandatory that is held centrally and does not include all non-mandatory/CPD undertaken.

Indicator 9 - Percentage difference between the organisations' Board voting membership and its overall workforce.

	White	BME	Ethnicity Unknown/ Null
Total Board members	8 *	0 *	1 *
of which: Voting Board members	5 *	0 *	0 *
Non-voting Board members	3	0	1
Exec Board members	6 *	0 *	1 *
Non-exec Board members	2	0	0
Number of staff in workforce	7833	2220	298