

NGH Workforce Race Equality Standard (WRES) Report

April 2024 – March 2025



EMPLOYER RECOGNITION SCHEME

SILVER AWARD 2024

Proudly supporting those who serve.

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Introduction

It is well evidenced through various sources of data and lived experiences, that colleagues from a **Black, Asian and Minority Ethnic** background have a poorer experience of working within the NHS. At UHN we are committed to improving those **lived experiences** and focused on creating a culture where:

- **Race and ethnicity are not barriers to progression,**
- **Individuals feel safe in the workplace and**
- **Difference are embraced.**

As a Trust we want to focus on working in **partnership with our patients, service users and colleagues**, to change our ways of working and interacting with each other. This enables our colleagues to **thrive and deliver** the best possible services and care to the people of **Northampton, Kettering and surrounding areas**.

The importance of **race equality** is embedded into the **NHS People Promise** where it states '**We are open and inclusive. We understand, encourage and celebrate diversity, making the NHS a place where we all feel we belong**'. The **People Promise** declares 'a commitment to creating and maintaining a compassionate and inclusive culture where diversity is valued and celebrated as a critical component, and not just a desirable one.' The Trust must also meet its **legal obligations** under the **Equality Act 2010** and **The Human Rights Act 1998**.

Each year the Trust is required to publish **Workforce Race Equality Standard (WRES)** data. The WRES provides a framework for NHS organisations to **report, demonstrate and monitor** progress against **nine indicators of workforce equality**. The indicators are a combination of **workforce data and results from the NHS national staff survey** and help to ensure that employees receive **fair treatment** in the workplace and have **equal access to career opportunities**. The WRES is included in the NHS Standard Contract and has been a requirement of NHS commissioners and NHS healthcare providers since July 2015.

There are 9 WRES indicators.

4 of the indicators focus on workforce data from ESR

4 of the indicators are based on data from the national NHS Staff Survey questions

1 indicator focuses upon BME representation on the Board of Directors



Indicator 1

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



Indicator 2

Relative likelihood of staff being appointed from shortlisting across all posts (both external and internal posts)



Indicator 3

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



Indicator 4

Relative likelihood of staff accessing non-mandatory training and CPD



Indicator 5

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



Indicator 6

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



Indicator 7

Percentage of staff believing that the trust provides equal opportunities for career progression or promotion



Indicator 8

In the last 12 months have you personally experienced discrimination at work from a Manager/team leader or other colleague



Indicator 9

Percentage difference between the organisations' Board membership and its overall workforce

Data Limitations

Workforce indicators for each of the four workforce indicators, compare the data for white and BME staff -

Indicator 1 : the definitions for these categories are based on Electronic Staff Record (ESR) occupation codes except for medical and dental staff, which are based upon grade codes.

Indicator 2: refers to 'Relative likelihood of staff being appointed from shortlisting across all posts', it must be noted that this refers to both external and internal posts through the Trac system linking into ESR.

Indicator 3: Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation, this indicator is based on data from a 12month/24 month rolling average of the current year and the previous year

Indicator 4: Relative likelihood of white staff accessing non-mandatory training and CPD compared to BAME staff maybe limited as the data only reflects courses that are managed by ESR. Colleagues attending apprenticeships, learning through regulatory bodies, and additional clinical/professional development sessions may not be captured for this indicator.

Four of the WRES indicators (5 to 8) are drawn from questions in the National NHS staff survey. The reliability of the data drawn from those indicators is dependent upon the overall size of the sample that have responded to the Staff Survey, the response rates to the survey questions, and whether the numbers of BME staff are large enough to not undermine confidence in the data. It should be noted that in the most recent staff survey (2024) only 54% of the total UHN workforce population took part in the survey.

Board representation indicator 9: Percentage difference between the organisations' board membership and its overall workforce disaggregated:

- By voting membership of the board
- By executive membership of the board

[Indicator 1](#)

[Indicator 2](#)

[Indicator 3](#)

[Indicator 4](#)

[Indicator 5](#)

[Indicator 6](#)

[Indicator 7](#)

[Indicator 8](#)

[Indicator 9](#)

Workforce Race Equality Standard 2024/25

4

Relative likelihood of white staff accessing non-mandatory training and continuous professional development compared to BAME staff

0.8



1

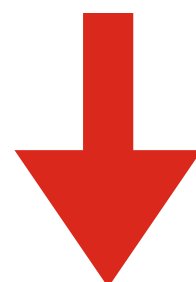
41% Percentage of BAME Staff



2

0.53

Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BAME applicants



Relative likelihood of BAME staff entering the formal disciplinary process compared to white staff

0.12



7

Percentage of BAME staff believing that trust provides equal opportunities for career progression or promotion

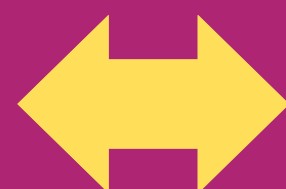
49%



5

30%

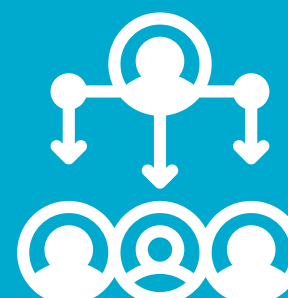
Percentage of BAME staff experiencing harassment, bullying or abuse from patients, relatives, or the public in last 12 months



9

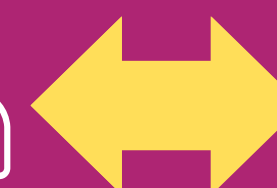
BAME Board Membership

-32%



Percentage of BAME staff personally experiencing discrimination at work from a manager/team leader or other colleagues

14%



8

Total Workforce population based off ethnicity

White: 3,576

BAME: 2,732

Not Stated: 129

Total Workforce: 6,617



6

20%

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

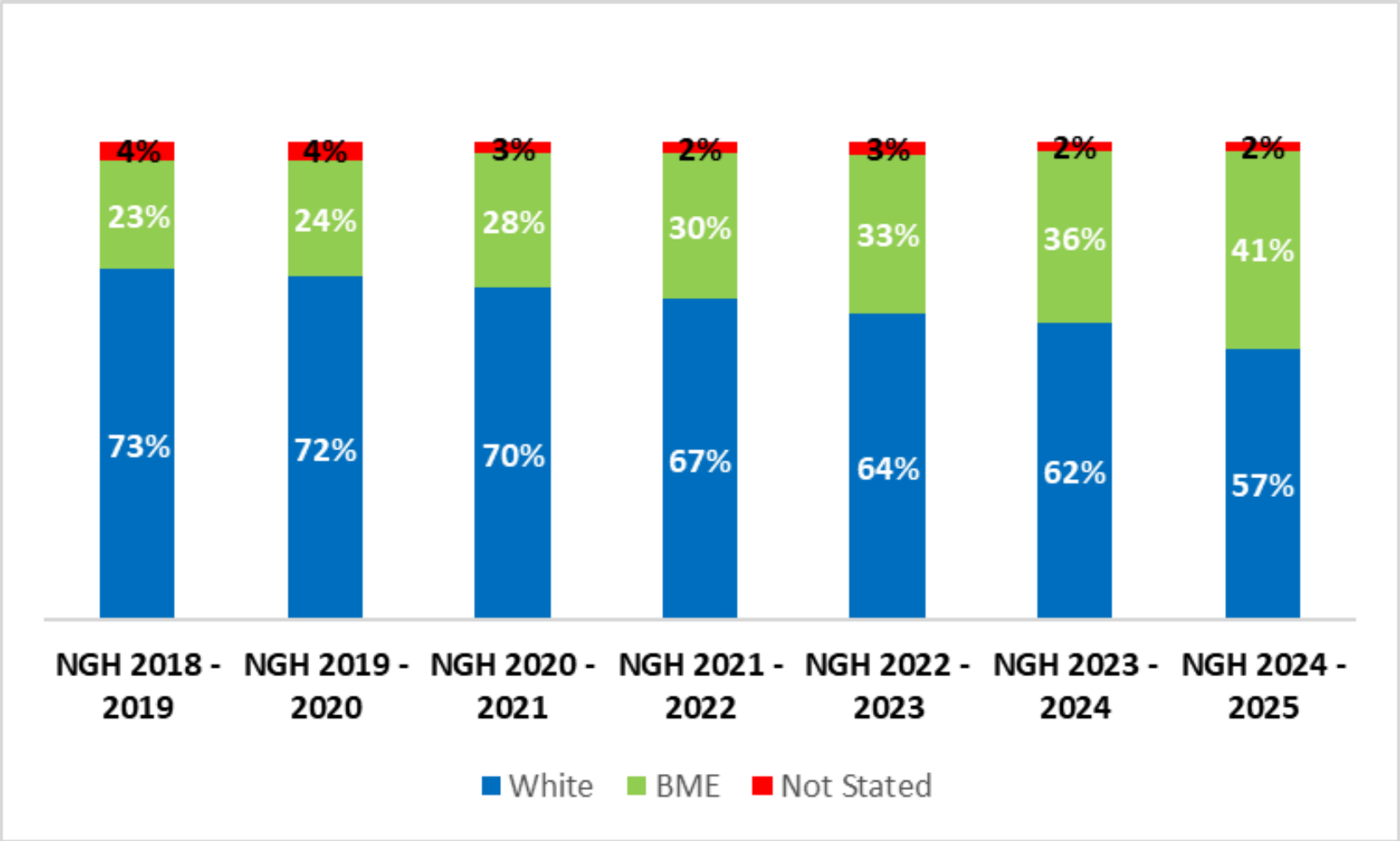


Yearly Comparison

	WRES Indicator	NGH 2020-2021	NGH 2021-2022	NGH 2022-2023	NGH 2023-2024	NGH 2024 - 2025	Trend	Difference between 23/24 & 24/25
1	Percentage of BAME staff	28%	30%	33%	36%	41%		+5% 
2	Likelihood of white applicants being appointed from shortlisting across all posts compared to BAME applicants	0.93	0.93	0.90	0.93	0.53		-0.40 
3	Likelihood of BAME staff entering formal disciplinary process compared to white staff	1.52	1.00	0.47	0.17	0.12		-0.05 
4	Likelihood of white staff accessing non-mandatory training and CPD compared to BAME staff	1.80	0.62	0.97	0.70	0.80		+0.10 
5	Percentage of BAME staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	30%	31%	32%	30%	30%		= 
6	Percentage of BAME staff experiencing harassment, bullying or abuse from staff in the last 12 months	34%	33%	30%	24%	20%		-4% 
7	Percentage of BAME staff believing that the Trust provides equal opportunities for career progression or promotion	40%	40%	40%	51%	49%		-2% 
8	Percentage of BAME staff personally experiencing discrimination at work from a manager/team leader or other colleagues	22%	25%	19%	14%	14%		= 
9	% Difference between Board membership and overall BAME workforce	-22%	-10%	-23%	-23%	-32%		-9% 

WRES Indicator 1

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



The overall headcount for the Trust is 6,617. This has increased from previous years with the number of staff declaring as BME increasing to 2,732 (41.29%), an additional 497 people.

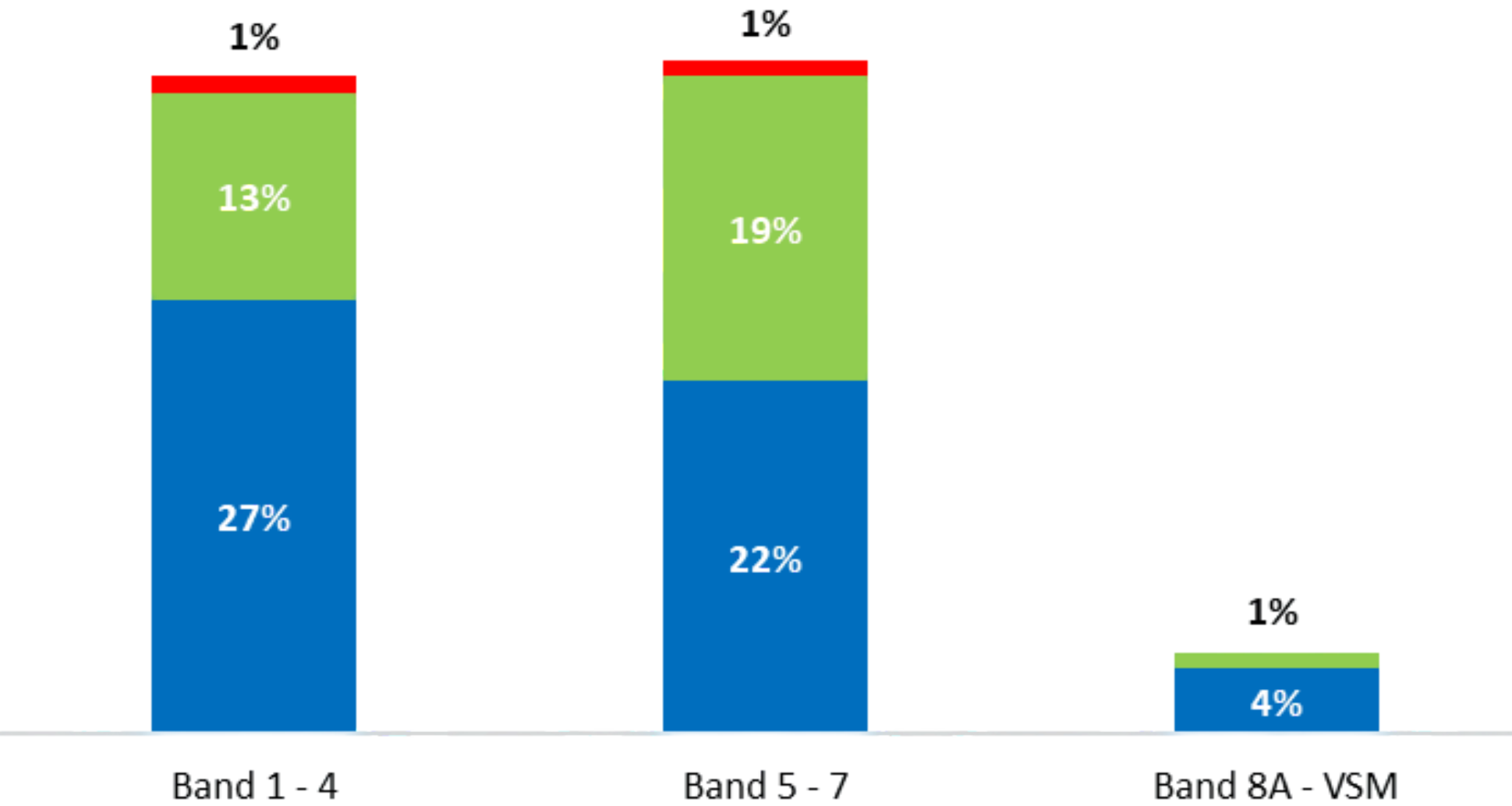
The Data shows that the percentage of BME staff at the Trust continues to increase, growing by 5% in the last year. The number of colleagues who have not completed their ethnicity reporting on ESR still remains at 2%. There has been an emphasis on the updating of ethnicity information on ESR (Electronic Staff Record)

Overall Workforce Headcount at NGH

2020 - 2021	2020 - 2021	2021 - 2022	2022 - 2023	2023 - 2024	2024 - 2025
5,457	5,973	5,805	5,913	6,158	6,617

WRES Indicator 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

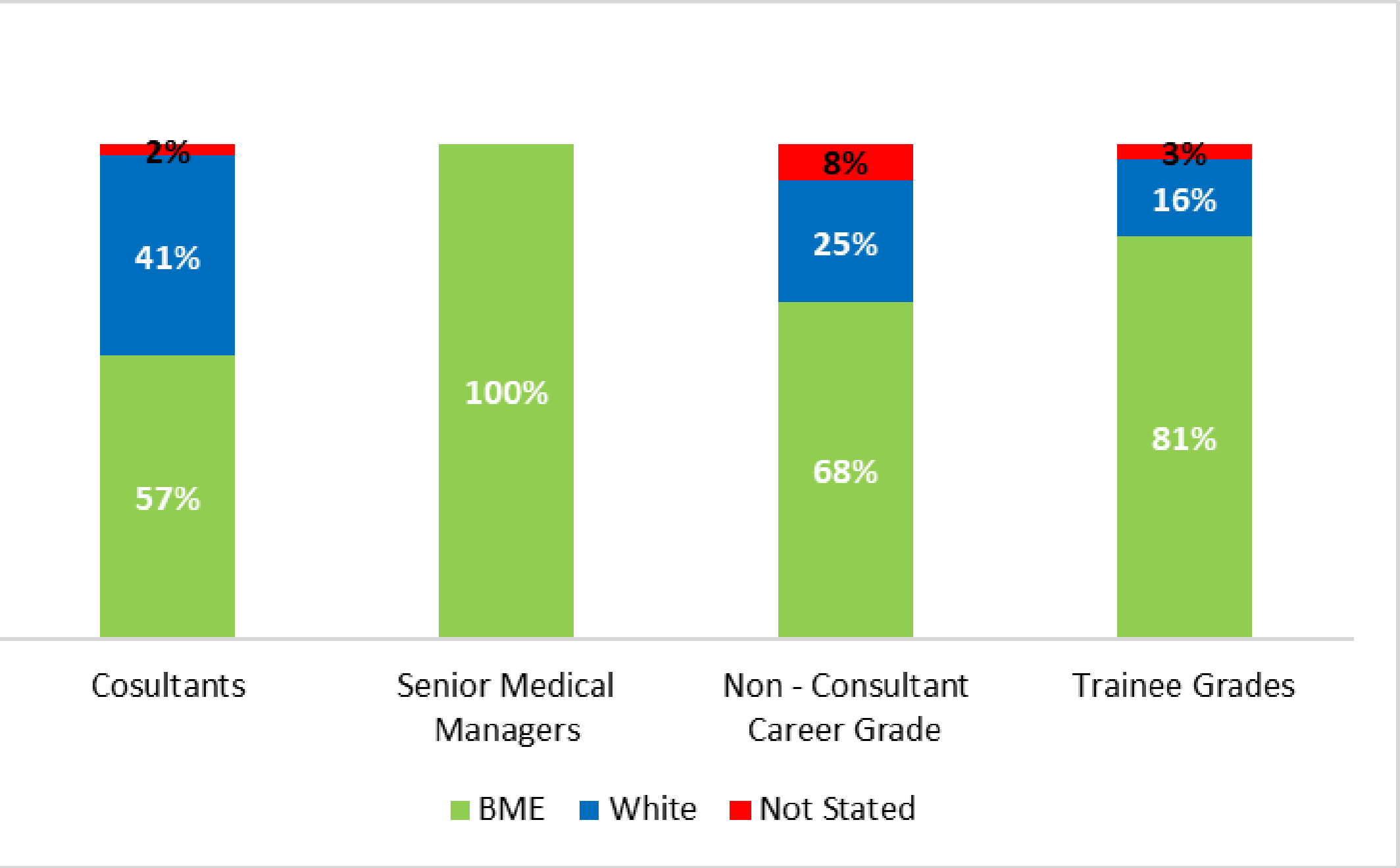


Position	White	BME
Band 1 - 4	1,811	836
Band 5 - 7	1,459	1,242
Band 8a - VSM	274	59

- From bands 1 - 7, our BME representation remains below the national average of BME employed within NHSE, which was 26% in 2023.
- Within Bands 5 - 7, NGH is nearly split equally with 3% being the difference from half of the banding being BME colleagues.
- Bands 8A - VSM remain below the national average with more white representation within senior level roles.

WRES Indicator 1

Percentage of staff in Medical and Dental subgroups compared with the percentage of staff in the overall workforce



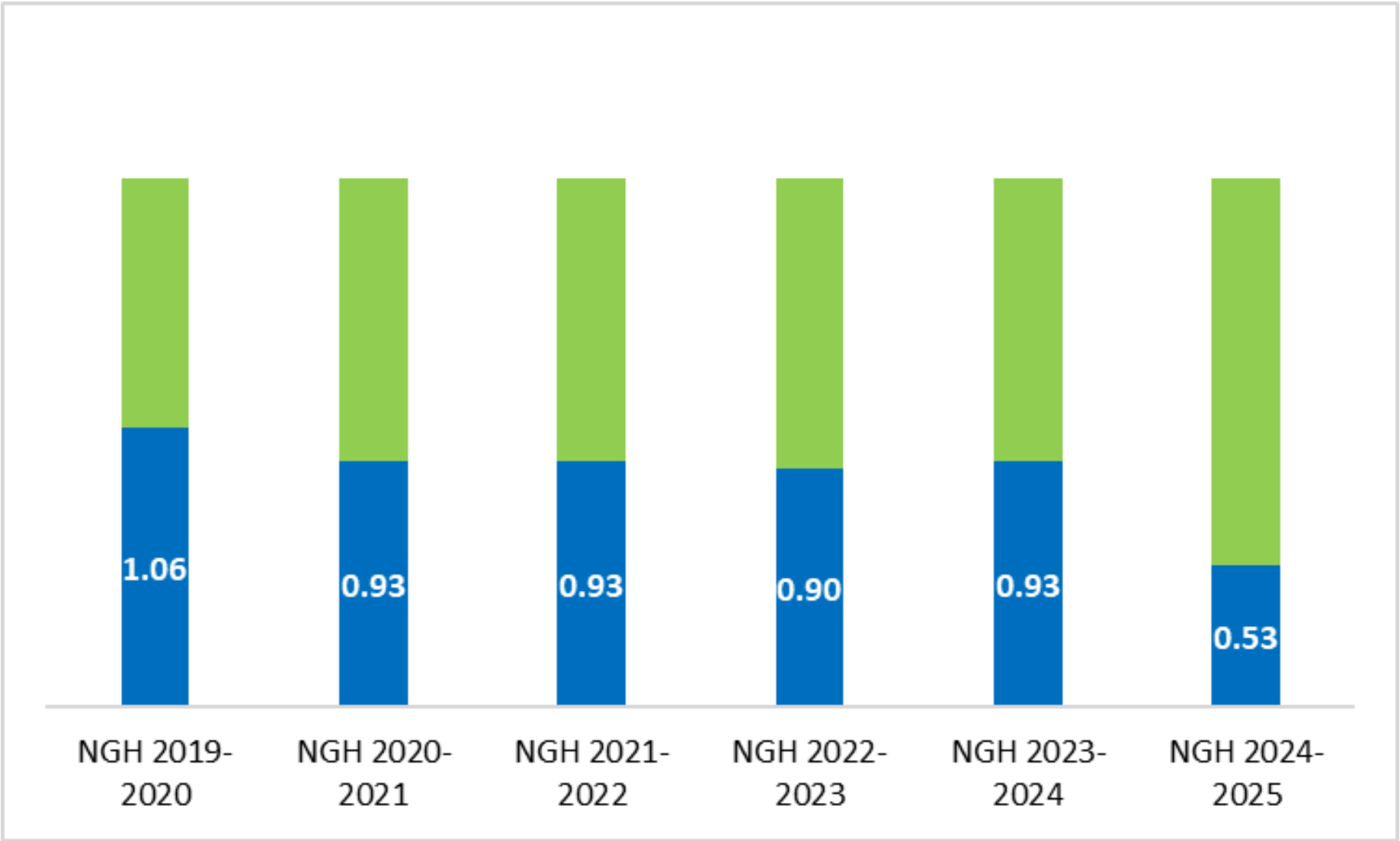
Position	White	BME
Consultants	125	176
Senior Medical Managers	0	1
Non - Consultant Career Grade	36	13
Trainee Grades	74	383


- Across all Medical & Dental roles, BME colleagues represent a majority for each role.
- BME colleagues working within Trainee Grade roles have the highest representation across NGH with 81% of colleagues being BME
- The Senior Medical Manager role is reserved for the UHN Medical Director

WRES Indicator 2

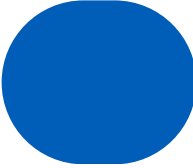
2019-2020	2020 - 2021	2021 - 2022	2022 - 2023	2023 - 2024	2024 - 2025
1.06	0.93	0.93	0.90	0.93	0.53

Relative likelihood of staff being appointed from shortlisting across all posts (both external and internal posts)






A relative likelihood below 1 indicates that BME applicants are less likely to be appointed compared to white applicants.



A relative likelihood of over 1 means that white applicants have a greater likelihood of being appointed from shortlisting than BME applicants

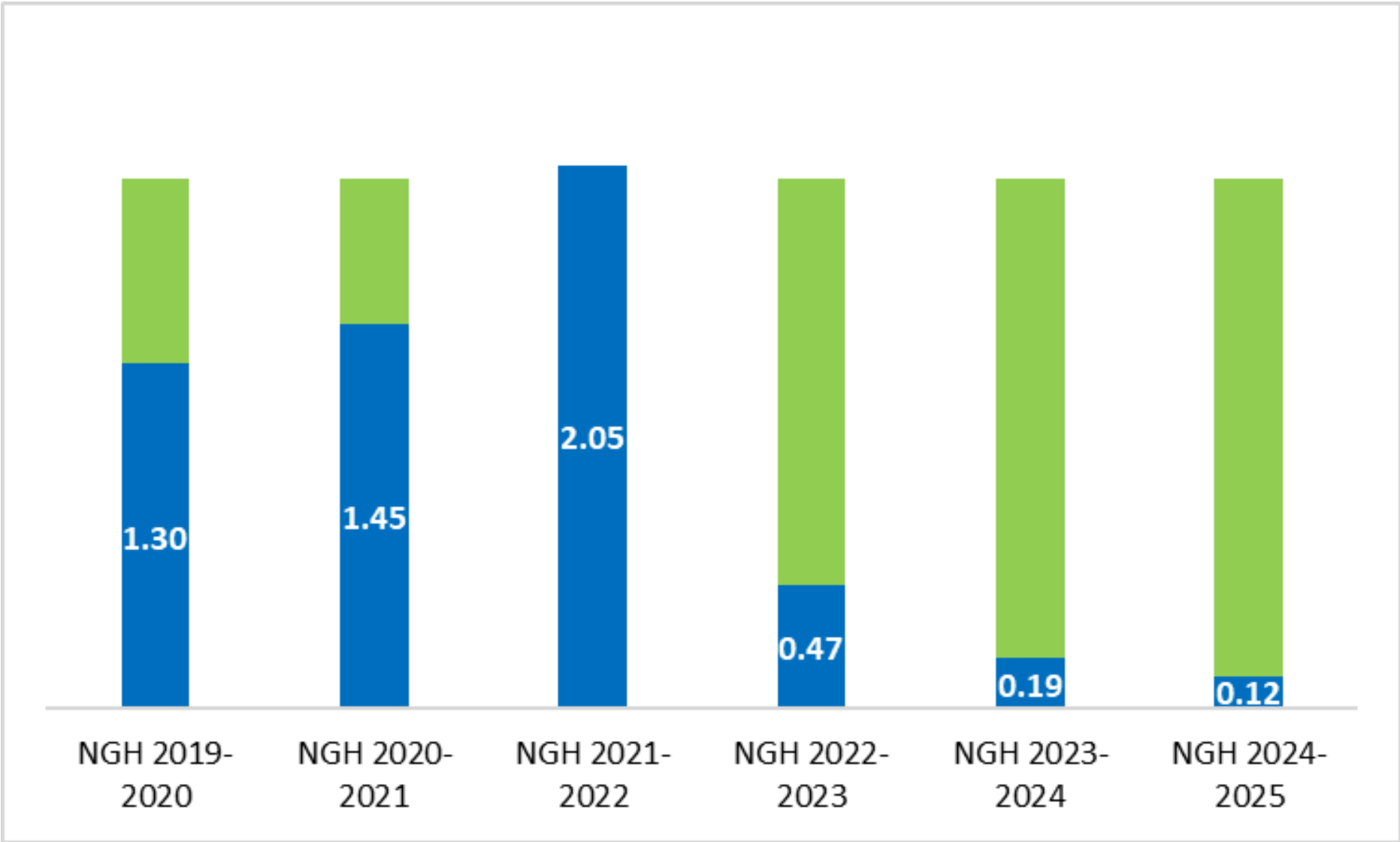


A relative likelihood of 1 means that there is no difference and white applicants are just as likely to be appointed compared to BME applicants.

WRES Indicator 3

2019 - 2020	2020 - 2021	2021 - 2022	2022 - 2023	2023 - 2024	2024 - 2025
1.30	1.45	2.05	0.47	0.19	0.12

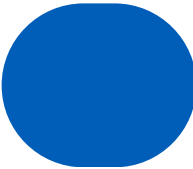
Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation



A relative likelihood of 1 means that there is no difference and white colleagues are just as likely to enter the formal disciplinary process compared to BME applicants.



A relative likelihood below 1 indicates that White staff are less likely to enter the formal disciplinary process compared to BME staff

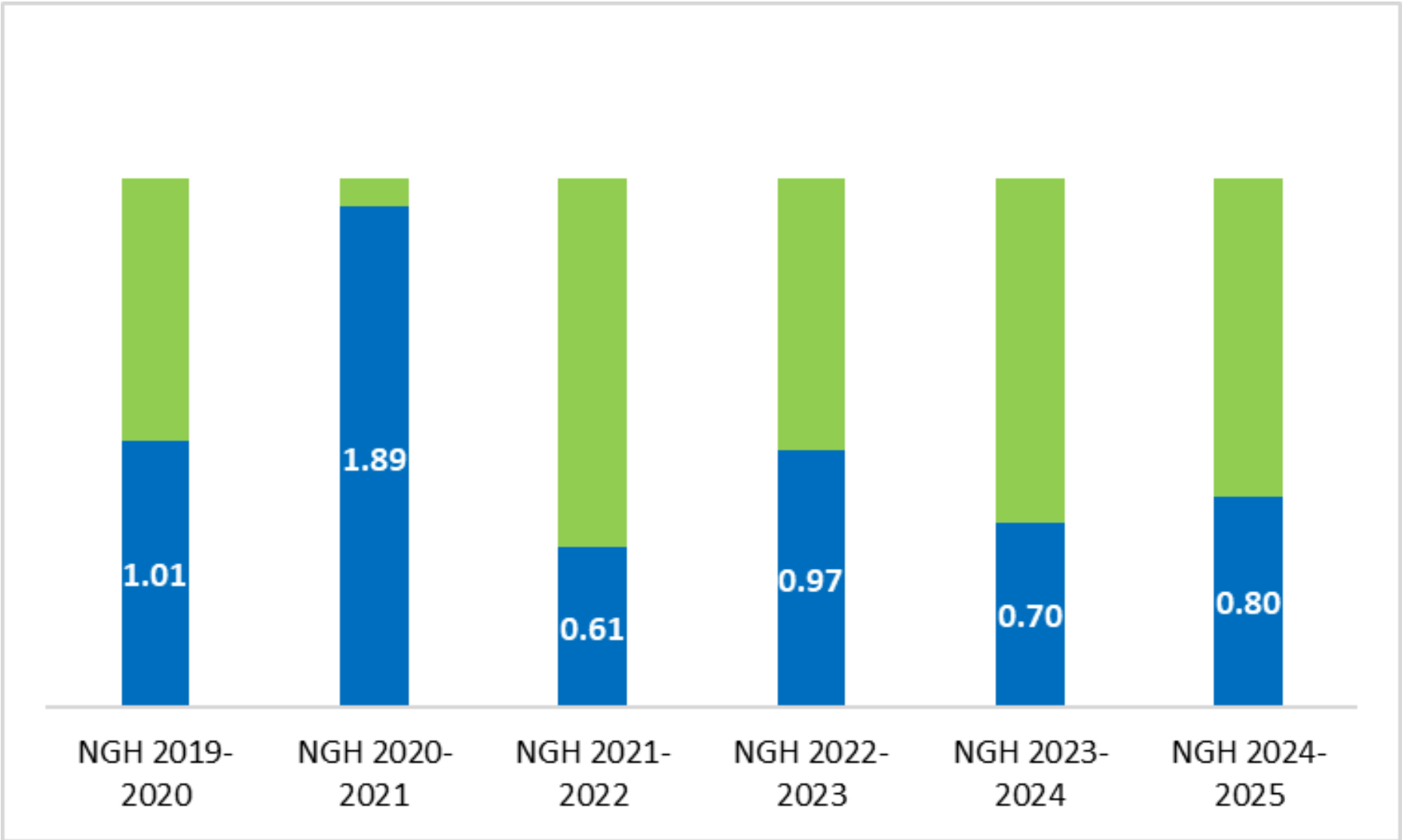


A relative likelihood above 1 means that BME staff are more likely to enter the formal disciplinary process compared to white staff.

WRES Indicator 4

2019 - 2020	2020 - 2021	2021 - 2022	2022 - 2023	2023 - 2024	2024 - 2025
1.01	1.89	0.61	0.97	0.70	0.80

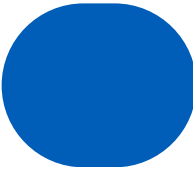
Relative likelihood of staff accessing non-mandatory training and CPD



A relative likelihood of 1 means that there is no difference and white colleagues are just as likely to access non-mandatory training as BME colleagues.



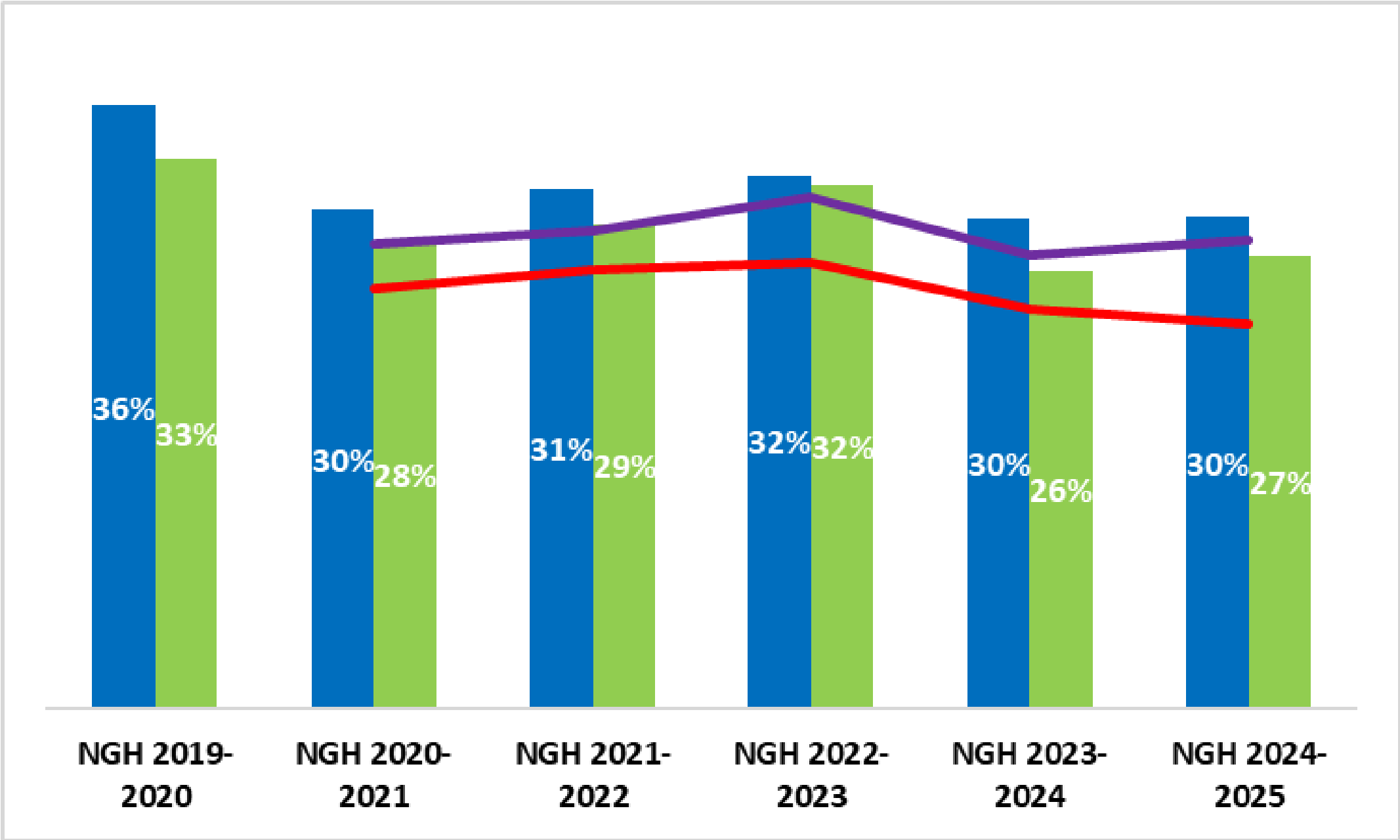
A relative likelihood below 1 indicates that white staff are less likely to access non-mandatory training compared to BME staff



A relative likelihood above 1 means that white staff are more likely to access non-mandatory training compared to BME staff

WRES Indicator 5

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



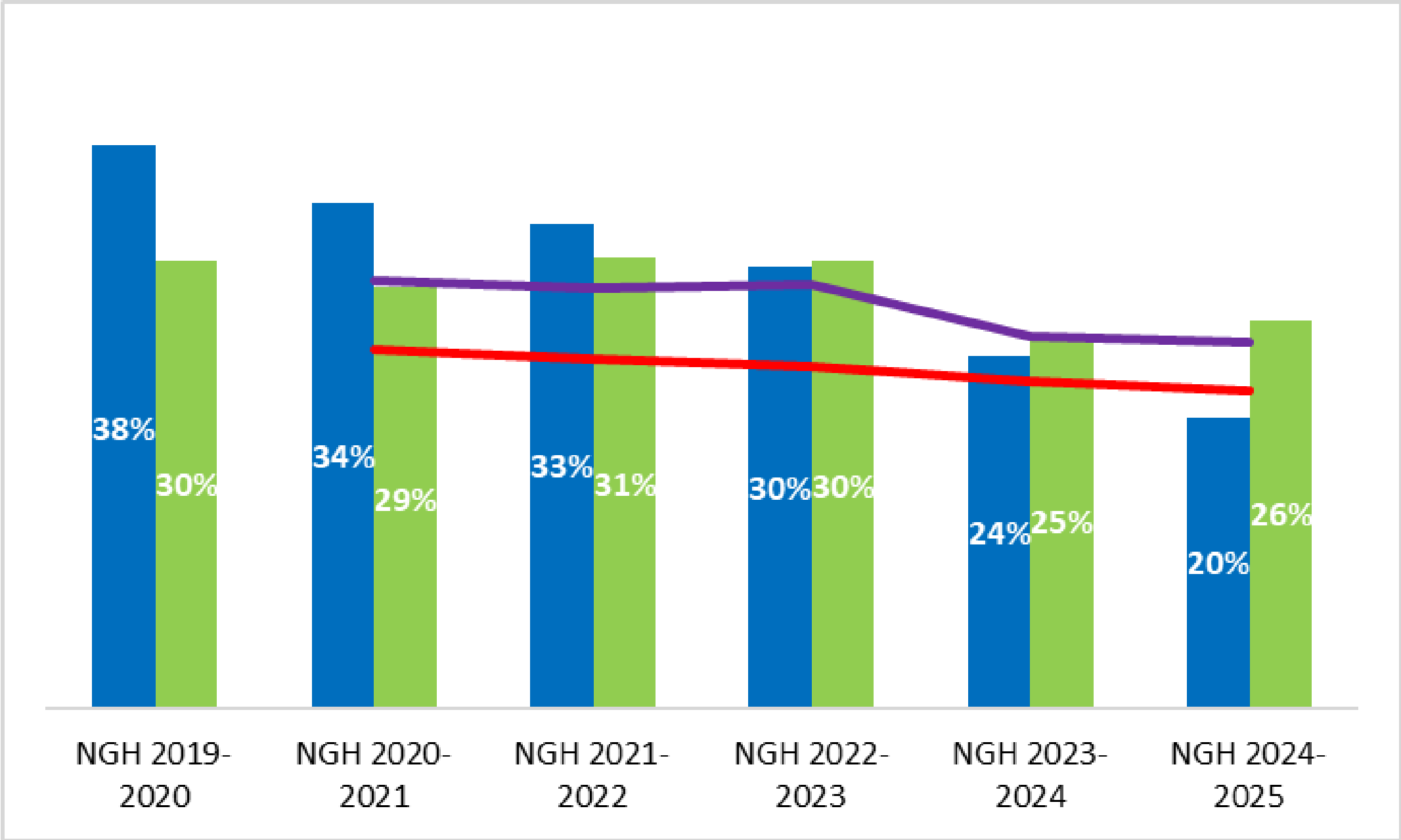
	White	BME
Overall UHN Workforce:	Overall: 3,756	Overall: 2,732
	NSS: 2,272	NSS: 1,261

- National Average for BME NHS Colleagues
- National Average for White NHS Colleagues

- Nearly a third of BME colleagues within UHN have experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months.
- There has been an increase of 0.14% of BME colleagues experiencing harassment from patients, relatives and the public from 29.52% to 29.66% in 2024

WRES Indicator 6

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



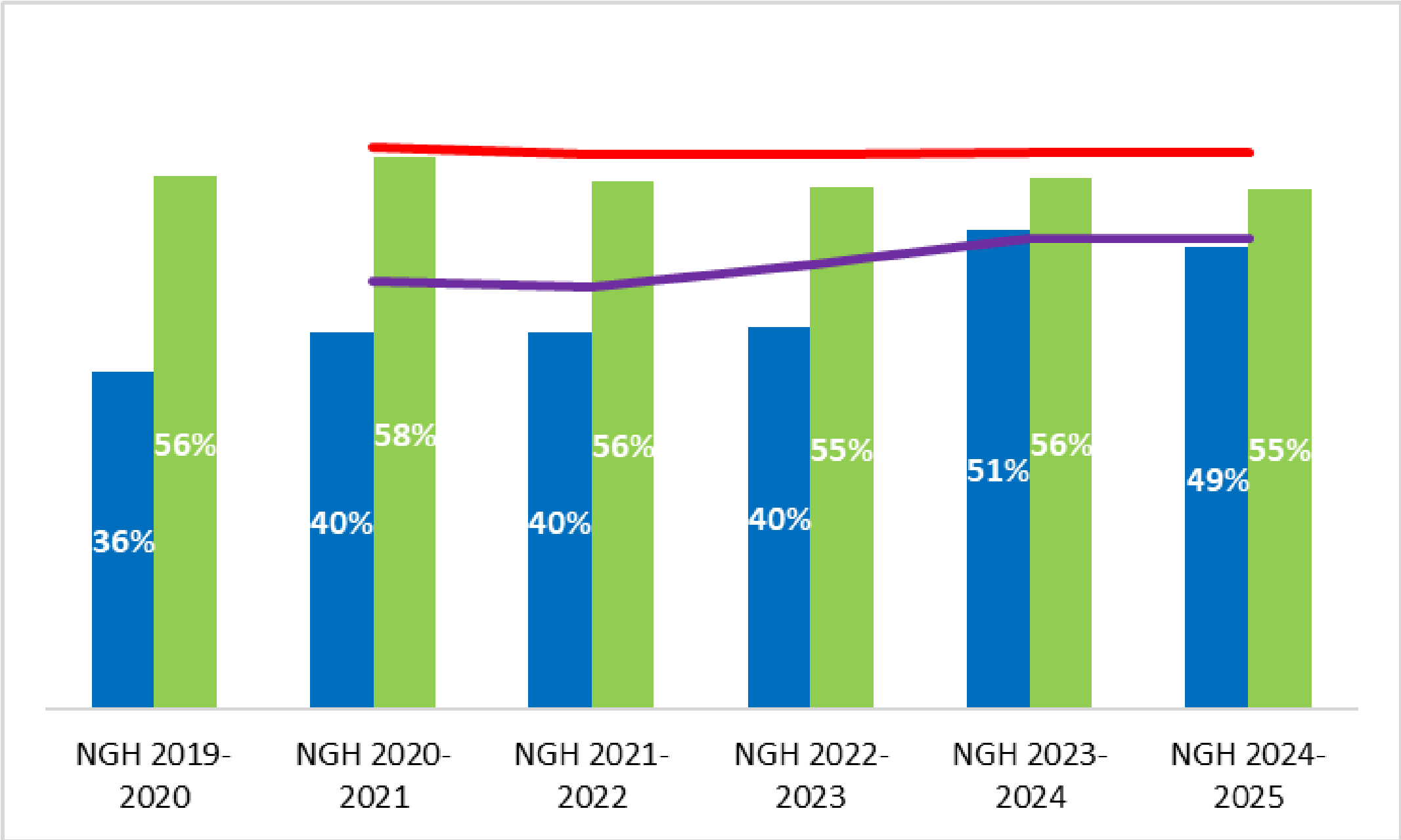
	White	BME
Overall UHN Workforce:	Overall: 3,756	Overall: 2,732
	NSS: 2,272	NSS: 1,261

- National Average for BME NHS Colleagues
- National Average for White NHS Colleagues

- Over a quarter of White colleagues within UHN have experienced harassment, bullying or abuse from other members of staff in the last 12 months.
- Only a fifth of BME colleagues within UHN have experienced harassment, bullying or abuse from other colleagues in the last 12 months
- There has been an decrease of 4.08% of BME colleagues experiencing harassment from other colleagues from 23.84% to 19.76% in 2024

WRES Indicator 7

Percentage of staff believing that the trust provides equal opportunities for career progression or promotion

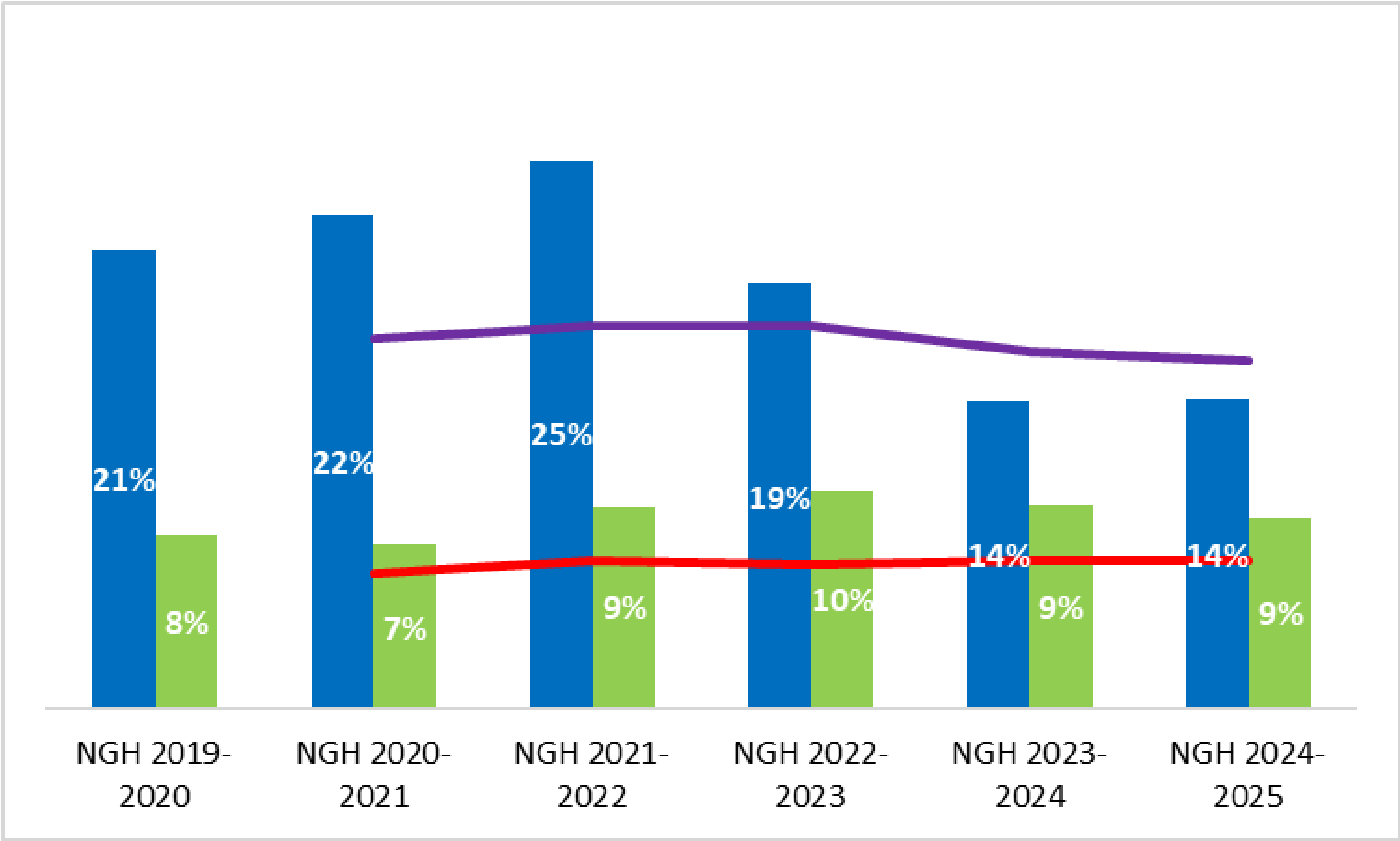


	White	BME
Overall UHN Workforce:	Overall: 3,756	Overall: 2,732
	NSS: 2,272	NSS: 1,261

- National Average for BME NHS Colleagues
- National Average for White NHS Colleagues
- Less than half of BME colleagues within UHN believe that the Trust provides equal opportunities for career progression or promotion
 - Both BME & White colleagues are below the national average when believing that the Trust provides equal opportunities for career progression or promotion.
 - There has been an decrease of 1.07% of BME colleagues believing that the Trust provides equal opportunities for career progression or promotions from 50.59% to 48.89% in 2024

WRES Indicator 8

In the last 12 months have you personally experienced discrimination at work from a Manager/team leader or other colleague

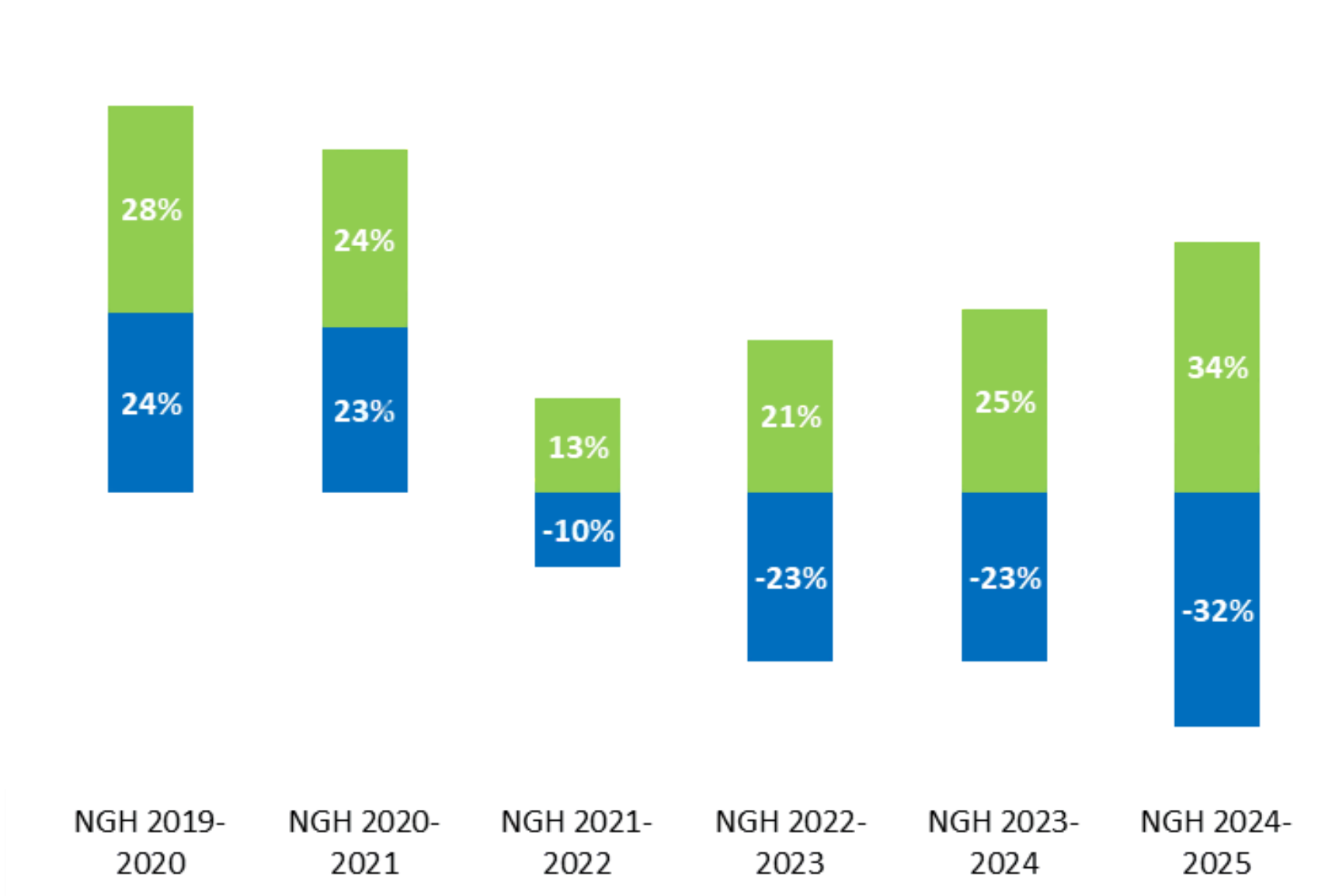


	White	BME
Overall UHN Workforce:	Overall: 3,756	Overall: 2,732
	NSS: 2,272	NSS: 1,261

- National Average for BME NHS Colleagues
- National Average for White NHS Colleagues
- Less than a fifth of BME colleagues have personally experienced discrimination at work from a manager/team leader or other colleagues in the last 12 months
 - Nearly 10% of white colleagues have personally experienced discrimination at work from a manager/team leader or other colleague in the last 12 months, higher than the national average.
 - There has been an increase of 0.09% of BME colleagues who have personally experienced discrimination at work from a manager/team leader or other colleague from 13.90 % to 13.99 % in 2024

WRES Indicator 9

Percentage difference between the organisations’ Board membership and its overall workforce



Year	Position	White	BME
2024	Exec	7	1
	Non Exec	13	1

- All board members have voting membership.
- The number of BME voting board members has decreased by 9%.
- In the last four years there has been a decrease of 22% in terms of BME representation on the board.
- Out of 22 board members there is only 2 BME (Exec & Non-Exec) representatives.
- The percentage of BME members on the board of directors is lower than in the workforce.

Key Areas of Progress – Actions from WRES 2023/24

To streamline the Inclusive Recruitment Champion process to ensure that our recruitment and selection process is not only effective but also sustainable	<i>As of November 2024, our EDI team has commenced a comprehensive review of our Inclusive Recruitment process. By analysing six months of recruitment data, the EDI team has compiled a report advocating for a complete overhaul of the inclusive recruitment process. In April 2025, this report was presented to the UHN People Committee, which has concurred that a reform of the process is warranted. Further collaborative efforts between our EDI, Recruitment, and People Partnering services are scheduled for Autumn 2025, during which more definitive changes to the process will be implemented.</i>
To strengthen the RCN Cultural Ambassador programme to support REACH staff during formal and informal HR process to ensure a space/ atmosphere of safety, transparency and support that is offered to the staff.	<i>As of June 2024, the Cultural Ambassador Programme has been formally integrated into our UHN Disciplinary Policy. This ensures that all REACH colleagues undergoing the formal disciplinary process will be assigned a Cultural Ambassador to ensure fairness and impartiality throughout the proceedings. Additionally, Cultural Ambassadors have been informally engaged to address intersectional issues, including matters related to disability and LGBTQ+ communities. Our Equality, Diversity, and Inclusion (EDI) team has initiated discussions with the Royal College of Nursing (RCN) to explore the expansion of the Cultural Ambassador role. This expansion aims to incorporate Cultural Ambassadors into additional processes such as Grievances and Appeals.</i>
Align FTSU and EDI compassionate walks and conversations to encourage REACH colleagues to seek early support or raise concerns in a psychologically safe environment.	<i>Beginning in October 2024, the EDI has organized monthly Ward Walks in collaboration with FTSU at both NGH and KGH. These Ward Walks aim to engage clinical colleagues on the wards who have limited availability to attend REACH meetings or who are unfamiliar with certain HR processes. The Ward Walks alternate between the EDI staff networks to ensure that each community has the opportunity to engage directly with clinical colleagues.</i>
Amplify REACH voice through a single UHN REACH network that supports REACH colleagues in all staff groups	<i>As of January 2025, the NGH and KGH-based EDI Staff networks have been consolidated into the UHN staff networks. This collaboration aims to standardize the support services provide to colleagues across both networks and to ensure the equitable distribution of resources throughout the Trust. Consequently, there has been a notable increase in the membership of our REACH network, fostering enhanced collaboration among the REACH chairs. Additionally, new workstreams have been established to advance the network's objectives and improve the experiences of REACH staff member</i>

Key Areas of Progress – Actions from WRES 2023/24

Promote REACH Network Drop In Service to create a safe space for Network members to share feedback on activities or raise cultural issues/concerns to a respective Co-Chair of the Network in confidence.	Effective January 2025, the NGH and KGH EDI staff networks have merged into the UHN networks. This collaboration encompasses the integration of workstreams and projects. For the fiscal year 2025/26, it has been designated as a priority for our REACH network to initiate the development of drop-in sessions. These sessions will provide colleagues with opportunities to raise issues, express concerns, and offer feedback. Currently, these interactions occur informally within the REACH network meetings, which serve as the primary forum for REACH colleagues to engage with UHN-related matters. Our REACH chairs are considering the implementation of informal, in-person meetings every alternate month, complementing the formal REACH meetings.
Roll out Tackling Racism Toolkit and create Rethinking Racism Education Programme and Microaggressions Toolkit to embed cultural change within organisation whilst creating a safe space for protected groups	<i>In July 2024, our EDI team launched the first of three "Rethinking Racism" sessions, facilitated by external training partners. These sessions were attended by senior-level managers, executives, governors, and culture leads from across UHN. Upon the conclusion of these sessions, the UHN Tackling Racism Toolkit and Microaggression Toolkit were developed and published. Since October 2024, our EDI team has been conducting monthly "Rethinking Racism" sessions at both NGH and KGH. To date, 320 colleagues have participated in these sessions, reporting that the material has significantly influenced their decision-making processes. Additionally, the EDI team has observed an increase in requests for microaggression training and more intersectional content addressing disability and LGBTQ+ issues. As of March 2025, discussions are underway to mandate this training for all colleagues at UHN</i>

1. Continue the work done in Race education and cultural competency development, through our rethinking racism Programme, with the aim to improve the experiences of our colleagues and patients. The overall outcome will be to improve the following areas, which the Board notes that work is still required to improve:

- harassment, bullying or abuse from patients, relatives or the public
- harassment, bullying or abuse from staff
- providing equal opportunities for career progression or promotion
- discrimination at work from a manager/ team leader/other colleague
- difference between Board membership and overall BAME workforce

2. Embed a robust Freedom to Speak Up (FTSU) framework that encourages all UHN colleagues to raise concerns and issues in a psychologically safe space, with the knowledge that senior leadership fully embraces and understands the importance.

3. Co-design our new We Belong Strategy, setting out our objectives to enhancing Equity and Inclusion, for the next 5 years at UHN. This will our strategic aims focus on areas of improving race equality such as cultural competency, Talent programmes and Health & Wellbeing

4. Begin work on reviewing our Cultural Ambassador programme with the aim of expanding the programme to support with more formal processes: sickness absence, investigations and appeals. As well as providing a training programme to our current Ambassadors to refresh their knowledge on supporting with formal cases

5. Expand our Inclusive Recruitment Champion Programme, by redesigning our training to better reflect recruiting experiences of REACH colleagues. This programme will be rolled out to more People Teams for better support and coverage with the aim of Inclusive Recruitment being used for all Agenda for Change interviews and shortlisting.

6. All Board members to sign up to the Reciprocal Mentoring programme and attend Rethinking Racism programme as a minimum commitment (in addition to personal EDI appraisal objective).



Accountability

We take responsibility for our decisions, our actions and our behaviours. We do what we say we will do, when we say we will do it. We acknowledge our mistakes and we learn.



Respect

We value each other, embrace diversity and make sure everyone feels included. We take the time to listen to, appreciate and understand the thoughts, beliefs and feelings of others



Courage

We dare to take on difficult challenges and try out new things. We find the strength to speak up when it matters and we see potential failure as an opportunity to learn and improve.



Compassion

We care about our patients and each other. We consistently show kindness and empathy and take the time to imagine ourselves in other people's shoes.



Integrity

We are consistently open, honest and trustworthy. We can be relied upon, we stand by our values and we always strive to do the right thing.