

NNUH

Workforce Race Equality Standard (WRES) Reporting 2025



Introduction

- ▶ Research and evidence strongly suggest that BAME staff in the NHS consider themselves treated less favourably, perceive that they have poorer experience and progression opportunities. This in turn has significant implications for the efficient and effective running of the NHS, including adverse impacts on the quality of care received by all patients.
- ▶ The NHS Workforce Race Equality Standard (WRES), introduced in 2015, seeks to prompt inquiry to better understand why it is that BAME staff receive poorer treatment than white staff in the workplace and to facilitate the closing of these gaps
- ▶ Data has been directly compared to 2024 and 2025 data providing a clear picture on the indicators that the trust is performing well and those that require our focus in the year ahead.

Norfolk Census Data (2021)

To understand the data better, it is important to recognise Norfolk's population. Below is a table which identifies Norfolk's population by ethnicity and compares this to the East of England region and England.

	Norfolk	East of England	England
Asian, Asian British or Asian Welsh	18992	405869	5426392
Asian, Asian British or Asian Welsh (%)	2.1	6.4	9.6
Black, Black British, Black Welsh, Caribbean or African	8369	184949	2381724
Black, Black British, Black Welsh, Caribbean or African (%)	0.9	2.9	4.2
Mixed or Multiple ethnic groups	15080	179654	1669378
Mixed or Multiple ethnic groups (%)	1.6	2.8	3
White	867151	5478364	45783401
White (%)	94.7	86.5	81
Other ethnic group	6528	86232	1229153
Other ethnic group (%)	0.7	1.4	2.2

Summary of Findings.... (Indicators 1-9)



Indicator 1: Percentage of BAME staff in each of the Agenda for Change (AfC) Bands 1-9 or Medical and Dental Subgroups and Very Senior Management (VSM) compared with the percentage of staff in the overall workforce

- 20.28% of our staff are from a Black, Asian or Minority Ethnic background. 73.18% of our staff are from a White background.
- There are less than 10 individuals from a Black, Asian and Minority Ethnic background within Band 8c to VSM roles.
- There are less than 15 individuals from a Black, Asian and Minority Ethnic background within Band 8a and Band 8b roles.
- Majority of our Black, Asian and Minority Ethnic staff work within Band's 1- 4 non-clinical and clinical.

Indicator 2: Relative Likelihood of staff being appointed from shortlisting across all posts.

	2024			2025		
	White	BAME	Unknown	White	BAME	Unknown
Number of shortlisted applicants	5,896	3,528	760	4,365	3,691	614
Number appointed from shortlisting	1,515	591	295	1,293	570	393
Relative likelihood of appointment from shortlisting	0.25%	0.16%	0.38%	0.29%	0.15%	0.64%
Relative likelihood of White staff being appointed from shortlisting compared to BAME staff	1.53			1.91		



- This statistic has peaked and dropped over the years since WRES was introduced. This year it is showing an increase whereby you are almost twice as likely to be appointed from shortlisting if White.
- We will work with our staff networks to consider other actions to help improve.

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

	2024			2025		
	White	BAME	Unknown	White	BAME	Unknown
Number of staff in workforce	7,348	1,776	707	7,404	2,052	662
Number of staff entering the formal disciplinary process	106	11	17	28	9	2
Relative likelihood of BAME staff entering the formal disciplinary process compared to White staff	0.43			1.24 		

What does Indicator 3 really tell us and how have we been addressing this over the past 12 months?

- A figure above 1.0 indicates that B.A.M.E staff are more likely than White staff to enter the formal disciplinary process.
- We feel it is important to highlight that 2024 return saw an increase in numbers of misconduct cases compared to 2025 and previous years. We understand that the 2024 return data interpreted the WRES definition of formal misconduct incorrectly as this data captured informal cases including mediation.
- We are on a journey to embed a just and learning culture which is captured within our Misconduct Policy.
- We want staff to feel empowered to learn when things do not go as expected, rather than feeling blamed. We want a culture that instinctively asks in the case of an adverse event: “what was responsible, not who is responsible”. It is not finger pointing and not blame-seeking. But it is not the same as an uncritically tolerant culture where anything goes – that would be as inexcusable as a blame culture.

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

	2024			2025		
	White	BAME	Unknown	White	BAME	Unknown
Number of staff in workforce	7,348	1,776	707	7,404	2,052	662
Number of staff accessing non-mandatory training and CPD	2,126	379	91	1,691	452	117
Likelihood of staff accessing non-mandatory training and CPD	29.93%	21.34%	12.87%	0.22	0.22	0.17
Relative likelihood of White staff non-mandatory training and CPD compared to BAME staff	1.36			1.03 		

What does Indicator 4 really tell us and how have we been addressing this over the past 12 months?

- When comparing to the previous year, this statistic has improved. A figure of 1.0 means there is a balance between B.A.M.E and White staff and therefore no disparity.
- Our Accelerated Leadership programme for B.A.M.E colleagues continues to be offered. Line managers are encouraged to promote the course to their colleagues during PDR discussions.
- Within year 2 of our Diversity, Inclusion and Belonging strategy we commit to working with managers to undertake meaningful career conversations with all staff. We will monitor the progression of our B.A.M.E and international nursing staff specifically.
- However, whilst this statistic has improved it is recognised that the outcomes of having access to training/CPD does not necessarily mean that staff feel they are given equal opportunities for career progression or promotion. For example, only 44% of our B.A.M.E staff declared that they felt that the Trust provides equal opportunities for career progression or promotion within the staff survey this year.

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

	2024	2025
BAME	32.21%	28.35%
White	26.94%	24.58%

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

	2024	2025
BAME	31.38%	29.46%
White	26.17%	24.74%

- The Trust delivered active bystander training to specific teams who were identified as having issues with regards to experiences of bullying and harassment. With this training it is hoped colleagues can identify and challenge inappropriate behaviours as a victim of such behaviours or as a witness.
- Elements of this training such as a model to support staff to call out behaviours have now been embedded within other training packages for managers and staff.
- As part of our Diversity, Inclusion and Belonging strategy, we also committed to reviewing our Dignity at Work policy/ framework where civility and respect is a key feature in order to help us embed a just and learning culture.
- We are now reviewing our objectives for year 2 of the strategy and considering how we continue to improve this statistic across all teams with consideration of structure changes being introduced this year.

Indicator 7: Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion.

	2024	2025
BAME	49.15%	44.29%
White	54.30%	53.48%

- It is disappointing to report a decline in this statistic. Whilst we understand from metric 4 that our BAME staff are provided with the access to attend training for development purposes it is clear that the perception is that BAME staff do not believe they are given equal access to career progression or promotion.
- Our staff survey people promise action plan will look to address this. One action which may have an indirect impact is our work in development of inclusive leadership skills where we will include unconscious bias and the impact of a diverse team has on team working and patient care.
- We will also work with our staff networks to consider other actions to help improve.

Indicator 8: Percentage of staff personally experienced discrimination at work from a manager, team leader or other colleague in the last 12 months.

	2024	2025
BAME	19.23%	18.82%
White	7.48%	7.92%

- The Trust delivered active bystander training to specific teams who were identified as having issues with regards to experiences of bullying and harassment. With this training it is hoped colleagues can identify and challenge inappropriate behaviours as a victim of such behaviours or as a witness.
- Elements of this training has now been embedded within other training packages for managers and staff. We are also developing a new e-learning package on inclusive leadership for managers.
- As part of our Diversity, Inclusion and Belonging strategy, we also committed to reviewing our Dignity at Work policy/ framework where civility and respect is a key feature in order to help us embed a just and learning culture.

Indicator 9: Percentage difference between the organisation’s Board voting membership and its overall workforce.

	2024			2025		
	White	BAME	Unknown	White	BAME	Unknown
Total Board Members	12	1	3	15	2	1
Total Board – Overall Workforce	0%	-12%	12%	10%	-9%	-1%

- 2025 return shows we have 18 total board members compared to 16 in 2024.
- Of the 18, 2 of the Board members are from a BAME background. This is an improvement compared to 2024 and previous years for example, in 2022 0 of the Board were from a BAME background.



Our hospital for all