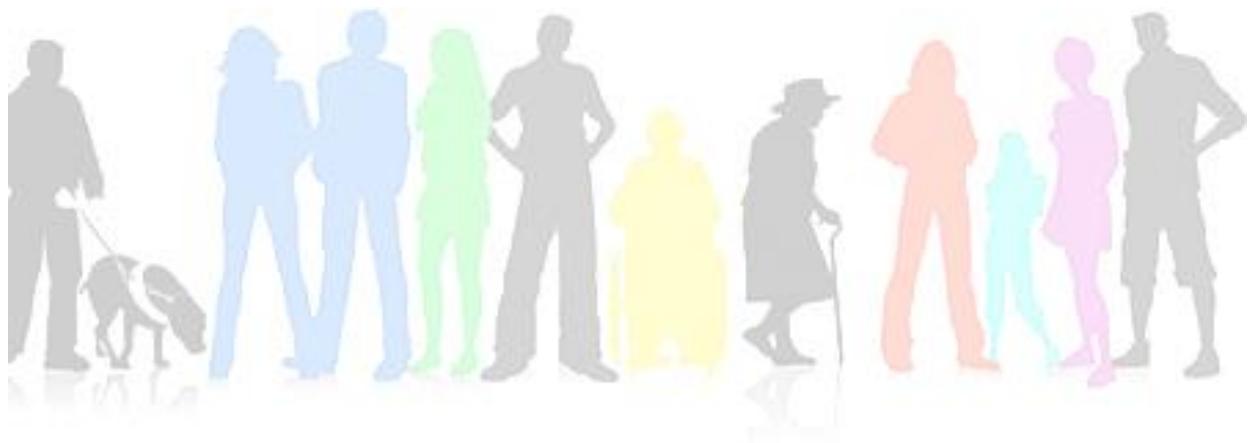


Workforce Race Equality Standard (WRES) Report 2025



Introduction

The NHS Workforce Race Equality Standard (WRES) was made available to the NHS from April 2015, following sustained engagement and consultation with key stakeholders including a widespread of NHS organisations across England. The WRES is included in the NHS standard contract, and since July 2015, NHS trusts have been producing and publishing their WRES data on an annual basis.

The main purpose of the WRES is:

- to help local, and national, NHS organisations (and other organisations providing NHS services) to review their data against the nine WRES indicators,
- to produce action plans to close the gaps in workplace experience between white and Black and Ethnic Minority (BME) staff, and,
- to improve BME representation at the Board level of the organisation.

This document reports on Trust's activity between 1st April 2024 and 31st March 2025 against the WRES, in accordance with the three workforce themes: workforce diversity (indicators 1 – 4), staff experience (indicators 5 – 8) and leadership diversity (Indicator 9).

In addition to reporting the metrics required of the WRES, this report also sets out actions that will be undertaken to address the inequalities identified.

The WRES Indicators



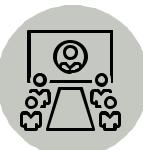
Workforce indicators

Indicator	Descriptor
1	Percentage of staff in each of the AfC Bands 1-9 and Very Senior Managers (VSM) (including executive Board members) compared with the percentage of staff in the overall workforce Note: organisations should undertake this calculation separately for non-clinical and for clinical staff
2	Relative likelihood of staff being appointed from shortlisting across all posts
3	Relative likelihood of BAME staff entering the formal disciplinary process compared to that of White staff
4	Relative likelihood of staff accessing non-mandatory training and continuous professional development (CPD).



National NHS Staff Survey indicators

Indicator	Descriptor
5	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
7	KF 21. Percentage believing that the trust (or organisation) provides equal opportunities for career progression or promotion
8	Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? Manager/team leader or other colleagues



Board representation indicator

Indicator	Descriptor
9	Percentage difference between the organisation's Board voting membership and its overall workforce disaggregated: <ul style="list-style-type: none">• By voting membership of the Board• By executive membership of the Board

Performance against the WRES indicators

Indicator 1: Percentage of staff in each of the AfC Bands 1-9 and Very Senior Managers (VSM) (including executive Board members) compared with the percentage of staff in the overall workforce Note: organisations should undertake this calculation separately for non-clinical and for clinical staff

Non-clinical workforce

31 st March 2024		31 st March 2025	
White	1457	White	1418
BAME	215	BAME	242
Unknown	23	Unknown	21
Total	1695	Total	1681

As of March 2025, within the non-clinical workforce, 84.4% of staff were White, and 14.4% of staff were from Black & Minority Ethnic backgrounds (an increase from 1.4% in the previous year).

Clinical workforce

31 st March 2024		31 st March 2025	
White	3051	White	2861
BAME	1383	BAME	1261
Unknown	128	Unknown	92
Total	4562	Total	4214

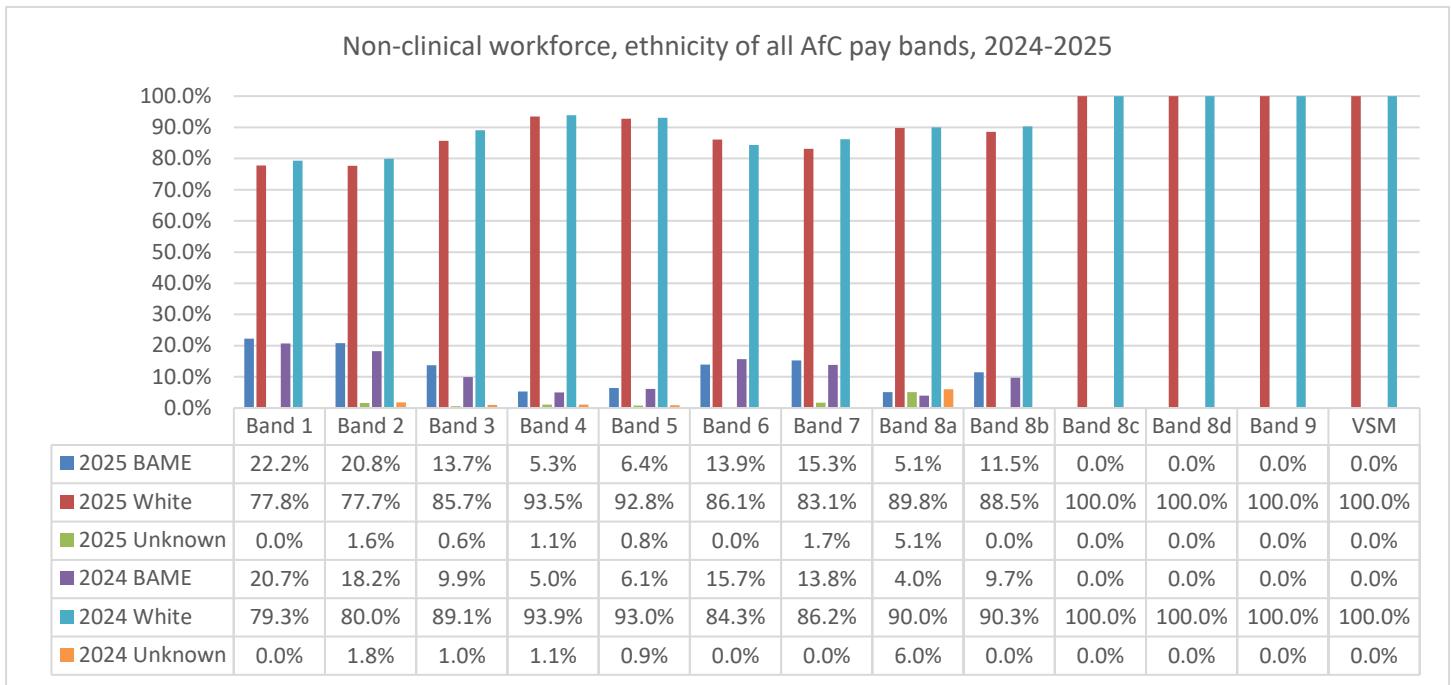
As of March 2025, within the clinical workforce, 67.9% of staff are White, and 29.9% are from BAME backgrounds (a decrease of 0.01% on the previous year).

Figure 1 (*overleaf*) shows the proportion of White and BAME staff in each of the AfC pay bands within the non-clinical workforce.

In summary the data shows:

- There has been little movement across the majority of pay bands, with small increases of BAME representation at band 1,2,3, 7, 8A and 8B.

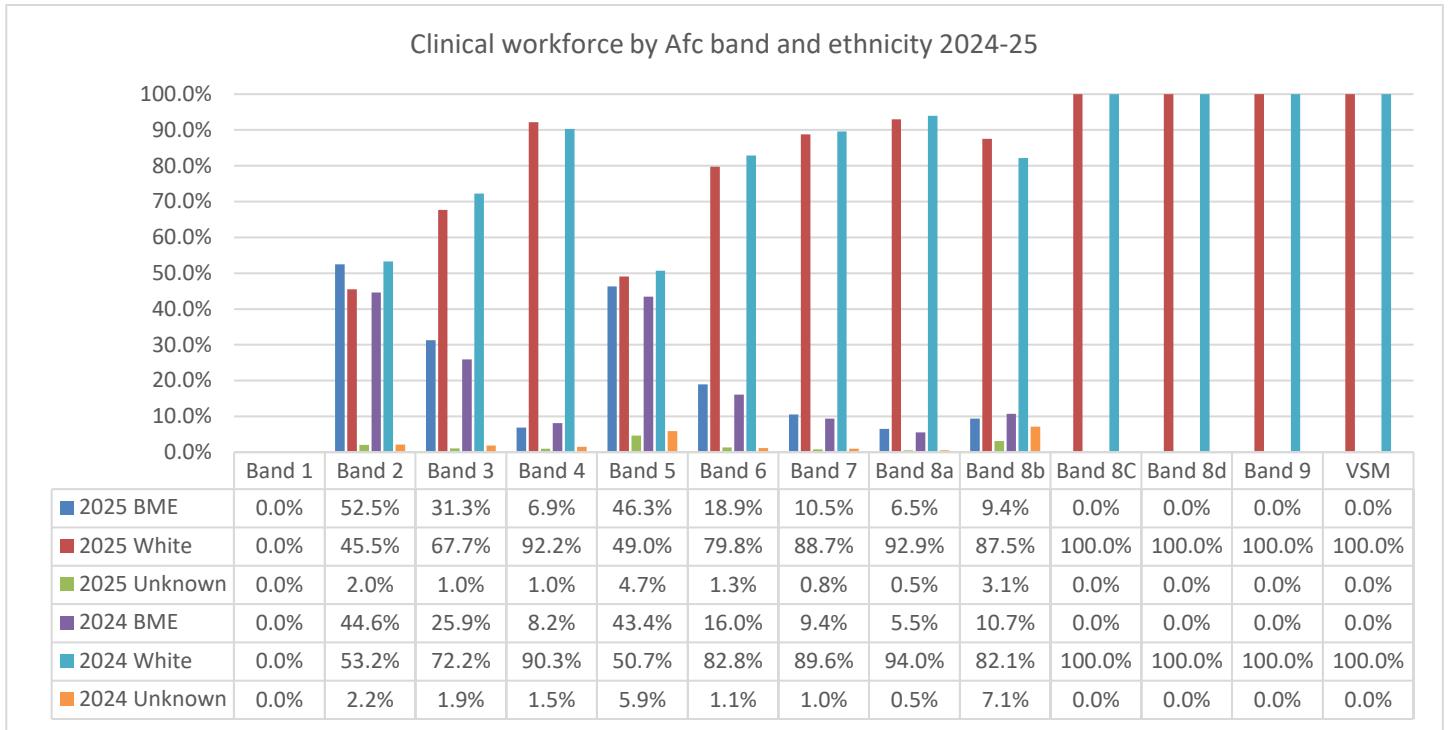
Figure 1



The table below shows the changes at each AfC band between 2024 and 2025.

AfC Band	% movement per band		
	White 2025	BAME 2025	Unknown 2025
Band 1	-2%	2%	0%
Band 2	-2%	3%	0%
Band 3	-3%	4%	0%
Band 4	0%	0%	0%
Band 5	0%	0%	0%
Band 6	2%	-2%	0%
Band 7	-3%	2%	2%
Band 8A	0%	1%	-1%
Band 8B	-2%	2%	0%
Band 8C	0%	0%	0%
Band 8D	0%	0%	0%
Band 9	0%	0%	0%
VSM	0%	0%	0%

Figure 2 (below) shows the proportion of White and BAME staff in each of the AfC pay bands within the clinical workforce.



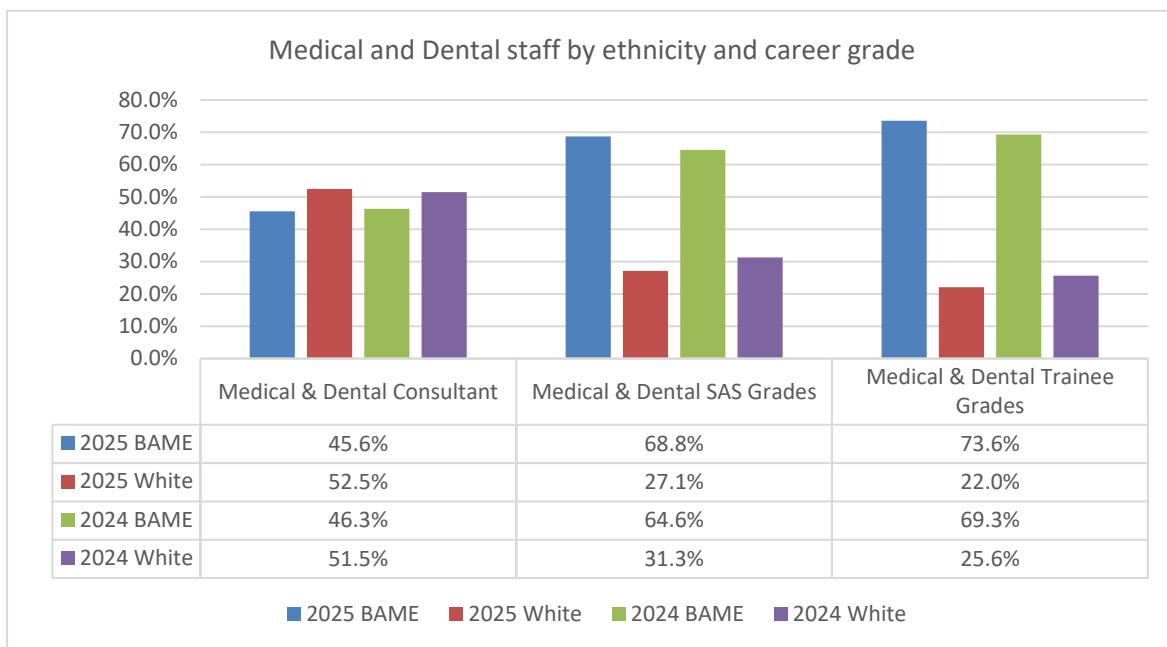
The table below shows the changes at each AfC band between 2024 and 2025.

AfC Band	% movement per band		
	White 2025	BAME 2025	Unknown 2025
Band 1	0%	0%	0%
Band 2	-8%	8%	0%
Band 3	-5%	5%	-1%
Band 4	2%	-1%	-1%
Band 5	-2%	3%	-1%
Band 6	-3%	3%	0%
Band 7	-1%	1%	0%
Band 8A	-1%	1%	0%
Band 8B	5%	-1%	-4%
Band 8C	0%	0%	0%
Band 8D	0%	0%	0%
Band 9	0%	0%	0%
VSM	0%	0%	0%

In summary the data shows:

- There has been little movement across the majority of AfC pay bands in relation to ethnicity. The largest change is across band 2 whereby there is an 8% decrease in white staff and an 8% increase in BAME staff.

Figure 3 below shows the distribution of White and BAME staff over each of the career grades for the medical workforce.



The table below shows the changes between 2024 and 2025:

	% Movement between grades	
	White 2025	BAME 2025
Medical & Dental Consultant	1%	-0.7%
Medical & Dental Career Grade	-4.2%	4.2%
Medical & Dental Trainee Grades	-3.6%	4.3%

There has been little change in the distribution of white staff in Consultant grades, where roughly an even split. There has been a small increase in the proportion of BAME staff in career grade roles, and a similar reduction on the proportion of white staff in these roles. There has been an increase in the proportion of BAME trainees compared to the previous 12 months.

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

	Relative likelihood in 2024	Relative likelihood in 2025	Difference +/-
Relative likelihood of White staff being appointed from shortlisting compared to BAME staff.	1.24	1.62	+0.38

Analysis of recruitment data there has been a small increase in the relative likelihood that White staff are appointed from shortlisting compared to BAME staff. A figure of 1.62 shows that White candidates are still slightly more likely to be appointed from a shortlist than BAME candidates.

Indicator 3: Relative likelihood of BAME staff entering the formal disciplinary process compared to that of White staff

	Relative likelihood in 2024	Relative likelihood in 2025	Difference +/-
Relative likelihood of BAME staff entering the formal disciplinary process compared to that of White staff.	1.85	0.75	-1.1

The relative likelihood of BAME staff entering the formal disciplinary process compared to that of White staff has decreased significantly in the last 12 months (from 1.85 to 0.75), and now BAME staff are less likely to enter into the formal disciplinary process than White staff, compared to 12 months ago.

Indicator 4: Relative likelihood of staff accessing non-mandatory training and continuous professional development (CPD)

	Relative likelihood in 2024	Relative likelihood in 2025	Difference +/-
Relative likelihood of staff accessing non-mandatory training and continuous professional development (CPD).	0.99	0.97	-0.02

There has been no significant change in the 2024 and 2025 relative likelihood scores, showing there is no disparity between white staff and BAME staff accessing non-mandatory CPD opportunities.

Indicators 5-8: The figure below summarise the staff survey data that is used to inform the WRES submission

Measure	2023 Score	2024 Score
% of BAME staff reported experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	23.1%	26.6%
% of BAME staff reported experiencing harassment, bullying or abuse from staff in last 12 months	21.6%	26.0%
% of BAME staff said they had experienced discrimination at work from either their manager, team leader or other colleagues	13.5%	15.3%
% of BAME staff believed that the organisation provides equal opportunities for career progression or promotion	50.6%	48.4%

There has been an increase (3.5%) in the proportion of BAME respondents who report bullying or abuse from patients, relatives or the public in the last 12 months.

The proportion of BAME staff reporting harassment or bullying from staff has increased from 21.6% to 26.0%.

There has been an increase in the proportion of BAME respondents who reported that they had experienced discrimination at work from either their manager, team leader or other colleagues, from 13.5% to 15.3%.

The proportion of BAME respondents who believed that the organisation provides equal opportunities for career progression or promotion has decreased by 2.2% compared to the previous year.

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

	White	BAME	Unknown
Board Membership	10	2	1
Of which;			
Voting Board Members	9	2	1
Non-voting Board Members	1	0	0
Board Membership	11	2	1
Of which;			
Exec Board Members	7	0	0
Non-Exec Board Members	3	2	1
Number of staff in overall workforce	4479	1822	130
Overall Workforce % by ethnicity	69.65%	28.33%	2.02%
Total Board members by ethnicity (%)	76.92%	15.38%	7.69%
Difference Board membership to overall workforce	7%	-13%	6%

Action Planned

The Trust's EDI Strategy 2022-2025 outlines our approach to accelerating our EDI journey. Below are the specific actions contained within the EDI Strategy that will seek to address some of the issues highlighted in our 2023 WRES metrics. Progress of the EDI action plan is monitored by the Trust's Equality Diversity & Inclusion Steering Group.

Progress RAG Rating Key

Blue	Action is complete	Amber	Action mainly on track with some minor issues
Green	Action is on track	Red	Action not on track with major issues

Priority 1: Workforce

Objective 1: Recruitment Ensure that we fulfil our Public Sector Equality Duty in response to the Equality Act 2010 to 'Advance equality of opportunity between people who share a protected characteristic and those who do not.' We will ensure current employees and future talent with protected characteristics are offered equality of opportunity and fair access.		
Action	Progress	RAG Rating
Build relationships with local organisations supporting people into employment to ensure our vacancies reach a diverse audience, with a particular focus on disability/long term condition (LTC).	Ongoing attendance at recruitment fairs including 'one Stockport' and help to arrange in-house recruitment events; Initial meetings held with Job Centre whom we have shared our role profiles for distribution across our local job seekers and Disability Stockport who have reviewed our new inclusive interview process with positive feedback.	Blue
Routinely share our vacancies to ensure our advertising efforts for new vacancies reach people with protected characteristics such as Job Plus, GM EDI Network, RNIB, Black History Recruitment, Pink News and Voice.	Adverts and inclusivity statements have been reviewed. Recruitment materials and links available through events such as Stockport Pride.	Blue
Undertake mandatory implicit and association bias awareness training as part of the recruitment training for all managers with responsibility for current	A cross-site training programme went live across Stockport and Tameside on July 1 st .	Blue

and future recruitment and selection.		
Review and draw up drawing up role descriptions which are more accessible and user friendly and therefore targeted to a wider audience.	Role profiles have now been created for HCAs, Domestics, Porters and Catering Assistants.	
Work with 'Pure Innovations', those on apprenticeships and Guaranteed Interview schemes to ensure people with protected characteristics can transition to employment following initial work experience and training programmes.	Working with Pure Innovations, providing info for upcoming vacancies as well as coaching on the application process. We have held initial meetings about how to formalise the recruitment process. We are reviewing other supported internship models across GM and process mapping to enable robust and dedicated supported internship employment pathway and a quantifiable conversion rate from supported intern to employee.	
Organisations should encourage flexible working as part of local attraction, recruitment, retention and return plans. The plan should embed the NHS Pension Scheme and highlight its value across the career journey, with special focus on flexible retirement for staff in late-stage careers.	This is included in applicant packs attached to all adverts. The information will be reviewed regularly to ensure it is up to date and relevant.	
Work with our recruiting managers to identify existing talent and proactively develop staff for internal promotion and progression opportunities for with protected characteristics when appropriate new vacancies arise towards equality of opportunity and support development and succession planning.	The career progression task group is considering a number of possible interventions to support staff with their career progression within the Trust. This will include skills workshops, shadowing opportunities, career coaching as well as bespoke support.	
Develop staff conducting interviews and selection for all Band 7 and above vacancies by providing appropriate toolkits for	Inclusive Recruitment training is currently being rolled out across the site. Both attendance and feedback have been positive to date. This should be concluded by January 2025. An	

<p>recruiting managers. E.g., offering maternity / paternity and returner's scheme support packages; more flexible work patterns: part-time; job share or compressed hours.</p>	<p>evaluation report was produced by providers Right Track.</p> <p>A group has been set up by the Dep Dir of OD to review recruitment practices across both sites for band 8a+ roles and a further meeting is to be arranged to progress initial thoughts and ideas.</p>	
<p>Work in partnership with local educational institutions and voluntary sector partners to support social mobility by improving recruitment from local communities, and by considering alternative entry routes to the NHS, such as apprenticeships and volunteering.</p>	<p>An Inclusive Recruitment Improvement Action Plan has been implemented which covers this specific action. Additionally, the Trust runs a 'Pathways into Employment' Group with representatives for local community organisations. The group's terms of reference & membership are currently being reviewed. Collaborative working with locality partners including SMBC and FEIs is embedded offering T-Levels, Cadets, work experience, pre-employment and alternative routes into NHS roles. We have expanded place-based placements with our social care partners from September 24 to support the cadet and T Level programmes. We are expanding the T level offer by promoting other industry pathways in addition to Health and Social Care which is aligned to the GM MBacc.</p>	
<p>Implement recommendations from the inclusive recruitment and promotion practices programme and ensure each stage of the recruitment pathway is accessible, does not discriminate and encourages people with disabilities to apply for roles in the NHS. This can be tracked via the WDES, using Trac data.</p>	<p>Inclusive interview practices now implemented - providing candidates with details of all stages of interview (venue, equipment, facilities, expectations of day/times etc, interview questions - prior to interview date). Full guidance for managers is now in place to complete template document with info about interview days and questions prior to interview.</p>	
<p>Before they join, ensure international recruits receive clear communication, guidance and support around their conditions of employment, including clear guidance on latest Home Office immigration policy, conditions for accompanying family members, financial commitment and future career options. Create comprehensive onboarding programmes for international recruits,</p>	<p>IR package was previously provided to IR nurses. The information will be reviewed and amended to be more generic to suit any international recruits.</p> <p>Internationally recruited nurses undertake the full preceptorship programme. All internationally recruited colleagues are able to access training and development opportunities and funding to support their career progression.</p> <p>ACCEND International Programme - 5 International Nurses to develop cancer knowledge and skills.</p>	

drawing on best practice and give international recruits access to the same development opportunities as the wider workforce.		
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Objective 2: Retention

Ensure that we fulfil our Public Sector Equality Duty in response to the Equality Act 2010 to 'Advance equality of opportunity between people who share a protected characteristic and those who do not.' We will ensure current employees and future talent with protected characteristics are treated with equability and stay with the organisation as 'a great place to work', as per the 2022-2025 Trust Strategy.

Action	Progress	RAG Rating
Establish a Reverse Mentoring Scheme.	A Reverse Mentoring Scheme has been launched. To date 2 employees have put themselves forward to be a mentor (1 disabled employee & 1 BAME employee). We currently have 2 NEDs that have agreed to be a mentee. The Scheme is advertised, and we are seeking more Board Members and staff to take part in the scheme.	
The organisation can evidence diverse representation within their disciplinary and grievance processes. Freedom to Speak Up Champions within the organisation to support in incidents involving racial discrimination.	The Trust Board, through the relevant updates from EDI steering group and workforce committee are routinely informed of the diversity of the staff going through formal ER processes. We have a regular wider HR meeting with FTSUG, OD and SPAWS to review any areas of concern and highlight any issues, working together to find resolution.	

Objective 3: Progression

Ensure that we fulfil our Public Sector Equality Duty in response to the Equality Act 2010 to 'Advance equality of opportunity between people who share a protected characteristic and those who do not.' We will ensure current employees and future talent with protected characteristics are enabled into senior leadership positions to drive lived experience into the heart of decision-making to ensure services are designed, developed, and delivered with inclusivity.

Action	Progress	RAG Rating
Positive action on development programmes to female, ethnically diverse, and disabled staff.	Due to competing demands & limited capacity we have been focusing on enhancing leadership & management development for all staff. The Career Progression Task Group is currently exploring the feasibility of developing/commissioning a BAME Leadership Programme.	

Actively create development opportunities, leadership courses, secondments, shadowing and work experience for ethnically diverse and disabled staff.	Due to competing demands & limited capacity we have been focusing on enhancing leadership & management development for all staff. The Career Progression Task Group is currently exploring the feasibility of developing/commissioning a BAME Leadership Programme.	
Ensure Black, Asian and Minority Ethnic talent is intentionally included across organisational talent programmes. Numbers should reflect the need for positive action to increase diversity within leadership roles.	All of our leadership development offers are open to all leaders at the appropriate level of the organisation regardless of their sex, disability or ethnicity. Equality monitoring to be undertaken of the newly launched Leading with Impact program, to ensure equitable access.	
Create and implement a talent management plan to improve the diversity of executive and senior leadership teams (by June 2024) and evidence progress of implementation (by June 2025).	Due to competing demands and limited capacity this work has been delayed.	
Implement the Mend the Gap review recommendations for medical staff and develop a plan to apply those recommendations to senior non-medical workforce.	Gender pay gap and actions published annually. Ethnicity pay gap calculated and published for 2025. Flexible working recommendations implemented through new policy. Career progression actions passed to career progression task group.	

Priority 2 Culture

Objective 1: Staff Experience

Ensure that we fulfil our Public Sector Equality Duty in response to the Equality Act 2010 to 'foster good relations between people who share a protected characteristic and those who do not'. We will ensure employees with protected characteristics are able to work, free from discrimination, bullying and harassment in an inclusive work culture that embraces diversity. To address the disparity evident in the poorer experience of staff with protected characteristics as evidenced above, there needs to be a renewed leadership focus to ensure all managers and team leaders are trained and aware of their responsibilities to create the necessary conditions for a more diverse and inclusive place of work for all staff with protected characteristics.

Action	Progress	RAG Rating
Review staff networks, identify improvements, refresh process, brief managers, and relaunch.	Review of staff networks undertaken. Network dates to be rolled out using thematic approach, promoted through staff EDI newsletter, and reminder comms throughout the year through social media, and all established comms channels.	Blue
All leaders at Band 8A and above must have an appraisal/ personal development plan goal agreed around equality, diversity and inclusion, and a process to report annually the percentage of these goals that have been met.	Divisional Directors were asked to set leaders an EDI-related performance objectives as part of their 2025 appraisal. We intend to audit the process in Oct/Nov'25 to assess the effectiveness of performance objectives setting. The audit findings will be reported to the JEMT and recommendations will inform next year's appraisal process.	Yellow
Chief Executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable. Board members should demonstrate how organisational data and lived experience have been used to improve culture (by March 2025).	EDI specific objectives are incorporated into the new Board appraisal framework.	Green
Create an inclusion calendar of events and awareness days/months.	Calendar in place and promoted.	Blue
Review existing programmes and incorporate Anti-Racist Framework. Develop process and implement.	The Anti-Racist Framework was presented to the EDI Steering Group for assurance. Relevant actions incorporated into this plan.	Green
An anti-racism statement to be produced and published detailing organisational commitment to racial equity.	Anti-racism statement approved by EMT and published on the Trust external facing website.	Green
Define system and process for all EDI grievances and or concerns raised to ensure reported appropriately either informally or formally e.g.,	The EDI details are collated for all staff going through a formal ER process. The details are reported through PPC to Trust Board and to ET. A peer review process has been established with T&GICFT where cases are reviewed to establish joint learning and good practice. The	Blue

equality champion network are logged; for the purposes of identifying trends throughout the organisation.	last review had a focus on staff from an ethnic minority. From these reviews actions are agreed and where applicable processes changed.	
Develop an EDI dashboard, including relevant WRES/WDES metrics for managers to use in their areas, and for the Board to review progress.	EDI dashboard developed and approved by EDI steering group. Data requirements shared with People analytics for dashboard build. It is anticipated the standard dashboard will be prepared by Q3, in readiness for new metrics identified in the EDI strategy development.	
The organisation should bring together annually Black, Asian and Minority Ethnic staff to review EDI progress and any learning be built into the following year's plans. WRES and anti-racism action plans to be co-produced with staff networks.	As part of the WRES publication for 2025, an event will be conducted to bring together BAME colleagues to review and present challenge to the EDI progress. This will be used to coincide with ongoing consultation of the future joint EDI strategy. Event diarised for BHM October 2025.	
Implementation of equality and inclusion KPIs with a focus on addressing race-based disparities.	Trust EDI Strategy contains explicit stretch targets in relation to race-based disparity.	
Creation of a cross-departmental WRES actions working group to support and challenge progress on WRES data.	Cross departmental WRES working group established to examine differentials in WRES data.	
Provide further education for leaders, including inclusive recruitment, cultural awareness / competency, inclusive leadership, equality strategy and direction. 75% of Executive and Non-Executive Directors and their direct reports have been part of a racial equality reverse mentoring programme over the past three years.	Inclusive recruitment training undertaken and implicit bias session incorporated into the: Leading with Impact Leadership Development Programme. Compassionate and Inclusive Leadership Course. Review of our reverse mentoring scheme taking place.	
We will create a reciprocal arrangement with Black, Asian and Minority Ethnic staff network chair to attend	A review of our current reverse mentoring scheme will be taking place with the aim to increase the number of mentors to enable more of our non-executive and executive leaders to be able to participate in this scheme.	

and contribute to committee/ board meetings.		
We will ensure that Boards should be able to demonstrate their understanding of and progress towards race equality, an essential criterion in job descriptions for board members and all very senior manager (VSM) grades. Appraisals of senior executives will include a focus on EDI, as recommended by the Messenger Review.	Demonstration of understanding of Board members should be through the new Board appraisal framework.	
To tackle race discrimination effectively Boards must give due consideration to national policies and recommendations from other arms-length bodies such as the Equality and Human Rights Commission inquiry and General Medical Council. In addition, Boards must proactively raise awareness of their commitment with patients and public.	The Trust Board, through the relevant updates from EDI steering group and workforce committee are routinely informed of any national policies, strategies or recommendations from arm's length bodies in relation to equality, diversity and inclusion.	
Boards should ensure concerns raised about race discrimination are dealt with in a proactive, preventative, thorough and timely manner, including encouraging diversity in Freedom to Speak Up Guardians.	Board receives updates of complaints reported through the FTSU process bi-annually. FTSU meets regularly with the Chief Executive.	
Explicit processes for addressing instances of racist abuse, discrimination and harassment should be developed within or in addition to current organisational disciplinary procedures.	Explicit processes exist to address racial harassment, through the Trust's Respect Policy and Reduction in Violence and Aggression Strategy.	

<p>Review data by protected characteristic on bullying, harassment, discrimination and violence. Reduction targets must be set (by March 2024) and plans implemented to improve staff experience year-on-year.</p>	<p>Explicit targets for reduction in bullying/harassment by protected characteristic are included in the Trust EDI strategy. Data is reviewed within the annual staff survey. Improvements in data triangulation to be used to identify potential areas of focus throughout the year.</p>	
<p>Review disciplinary and employee relations processes. This may involve obtaining insights on themes and trends from trust solicitors. There should be assurances that all staff who enter into formal processes are treated with compassion, equity and fairness, irrespective of any protected characteristics. Where the data shows inconsistency in approach, immediate steps must be taken to improve this.</p>	<p>The EDI details are collated for all staff going through a formal ER process. The details are reported through PPC to Trust Board and to ET. Each potential disciplinary case is reviewed by a conduct review panel to ensure consistency and allow for alternatives to formal investigations are considered. A peer review process has been established with T&GICFT where cases are reviewed to establish joint learning and good practice. The last review had a focus on staff from an ethnic minority. From these reviews actions are agreed and where applicable processes changed.</p>	
<p>Create an environment where staff feel able to speak up and raise concerns, with steady year-on-year improvements. Boards should review this by protected characteristic and take steps to ensure parity for all staff.</p>	<p>Year-round promotion of FTSU as a mechanism to raise concerns. FTSU Guardian has attended staff network meetings to promote the services. 13 FTSU champions appointed. Significant promotion activity throughout FTSU month (Oct 2024).</p>	
<p>Provide comprehensive psychological support for all individuals who report that they have been a victim of bullying, harassment, discrimination or violence.</p> <p>Have mechanisms to ensure staff who raise concerns are protected by their organisation.</p>	<p>All individuals who raise concerns formally are signposted to SPAWS. Ensure that FTSU Guardian, HRBMs and teams are signposting to effective psychological programs where an individual has made an allegation of bullying/harassment.</p>	