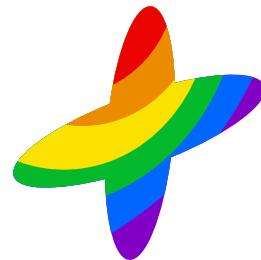




# **NHS Workforce Race Equality Standard 2025**



## 1. Introduction

The Workforce Race Equality Standard (WRES) programme was established in 2015. It requires organisations to report against nine indicators of race equality and supports continuous improvement through robust action planning to tackle the root causes of discrimination.

Inequalities in any form are at odds with our values. Research shows that the fair treatment of our staff is directly linked to better clinical outcomes and better experience of care for patients.

This report represents the tenth publication since the WRES was established. There are some positive findings in this report and there are also areas where further analysis of the information is required to fully understand the results, particularly in relation to staff survey feedback.

We are committed to tackling racial discrimination to bridge the gaps in experience, opportunity and differential attainment in our diverse workforce. A key tool to understanding and correcting these inequities is the presentation of detailed data to key work streams, which will allow us to identify the targets for action.

## 2. Trust Requirements

In order to meet the requirements for 2025, the Trust is required to publish our WRES data no later than 31 May 2025 to NHS England via the Data Collection Framework (DCF) portal.

Work will then commence to produce the Trust's annual WRES report which will be published on the Trust's internet site no later than 31 October 2025.

## 3. WRES Indicators 2025

A summary of the results for North Tees and Hartlepool NHS Foundation Trust is shown in the table below. This includes comparison of the Trust's results covering a five-year period (2021 to 2025).

The baseline data has been extracted from ESR, Workforce databases and the Trac recruitment system to calculate a response to each of the nine WRES indicators.

## 4. Key Findings for 2025

The key findings in respect of the nine WRES indicators for 2025 are summarised below.

We are currently only able to undertake benchmarking for those areas which relate to the staff survey (indicators 5-8). Full benchmarking information is published by the national WRES team and this is expected for March 2026.

The data for the UK Census which took place in 2021 is now available for analysis and reporting and this provides us with a more accurate picture of the UK's ethnicity profile, which can also be broken down by Region and Local Authority Area.

- UK Population: 81.7% White and 18.3% BAME
- North East Population: 93% White and 7% BAME
- Stockton Population: 92% White and 8% BAME
- Hartlepool Population: 96.5% White and 3.5% BAME

North Tees and Hartlepool - WRES Indicators 2025			2021	2022	2023	2024	2025
1	Percentage of BME staff	Overall VSM	11.0% 0.0%	11.4% 0.0%	12.80% 0.00%	14.33% 0.00%	<b>16.06% 0.00%</b>
2	Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME applicants		3.24	1.43	2.12	2.40	<b>2.96</b>
3	Relative likelihood of BME staff entering the formal disciplinary process compared to white staff		0.93	0.88	0.78	0.99*	<b>0.64</b>
4	Relative likelihood of white staff accessing non-mandatory training and continuous professional development (CPD) compared to BME staff		1.16	0.96	1.1	0.91	<b>0.84</b>
			2020	2021	2022	2023	2024
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	BME White	28.1% 24.8%	34.9% 26.2%	30.7% 24.8%	28.3% 21.8%	<b>33.9% 21.2%</b>
6	Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	BME White	29.2% 20.4%	30.1% 18.7%	26.9% 18.6%	22.8% 16.1%	<b>22.4% 16.9%</b>
7	Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion	BME White	55.7% 61.7%	48.2% 64.8%	48.1% 64.9%	50.6% 63.7%	<b>47.6% 58.4%</b>
8	Percentage of staff personally experiencing discrimination at work from a manager/team leader or other colleagues	BME White	14.6% 5.1%	16.8% 5.2%	12.6% 4.7%	13.7% 5.2%	<b>15.4% 4.7%</b>
			2021	2022	2023	2024	2025
9	BME Board membership	BME	5.6%	7.1%	6.3%	0.0%	<b>0.0%</b>

\*Remains positive as 1.00 would indicate equal experience of both White and BME staff

## Indicators 1 and 9 – Representation across the organisation

### Representative Workforce across all protected characteristics at all levels

This information is obtained from the Trust's ESR system as at 31 March 2025.

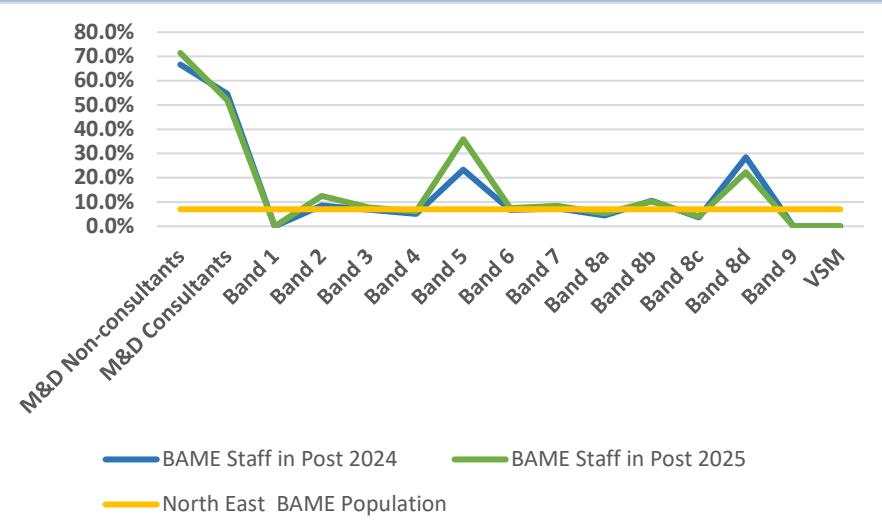
There has been an increase in the number of global majority staff employed by the Trust for 2025 - an increase of 1.73% to 16.06%. When compared to the North East's ethnicity data (2021 census) the Trust has higher representation within the overall workforce, however this is not reflected across all grades.

Consistent with previous years, there is higher representation within the medical staffing group and at Band 5 and 8d. There continues to be no representation at VSM level.

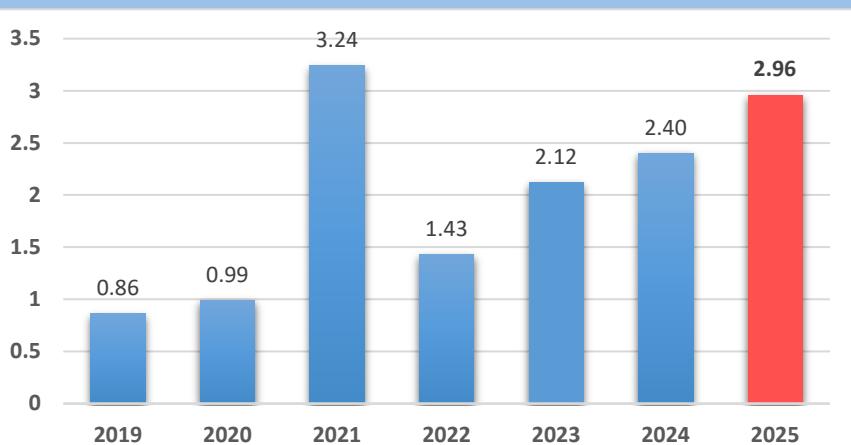
### Representation of BME at Board and senior management levels.

For reporting purposes we are only able to report on Board members who are directly employed by North Tees and Hartlepool Foundation Trust (NTH)

Representation at Board level is under represented at 0%, as compared to the Trust's overall global majority workforce of 16.06%. We have seen a positive increase at Band 8d.



## Indicator 2 – Likelihood of staff being appointed from shortlisting



### Equity of Experience

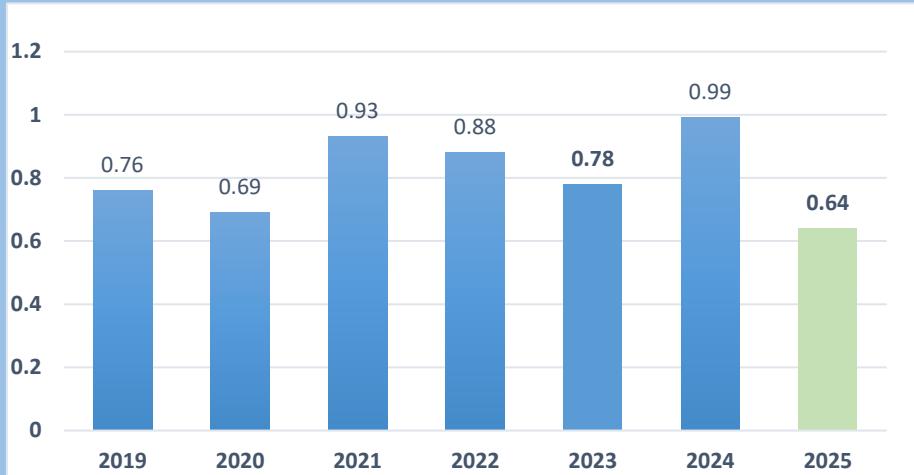
This information is obtained from the Trust's Trac Recruitment System for the period 1 April 2024 to 31 March 2025 and considers a ratio showing the likelihood of being appointed following shortlisting. A figure of 1 indicates equal experience between White and global majority applicants.

The data shows global majority applicants are less likely to be appointed following shortlisting than white applicants and there has been a negative increase from the figure reported in 2024.

Work will focus on inclusive interview panels and support for internal applicants.

(A figure above 1:00 indicates that White candidates are more likely than BME candidates to be appointed from shortlisting)

### Indicator 3 – Likelihood of staff entering formal disciplinary process



#### Equality of Experience

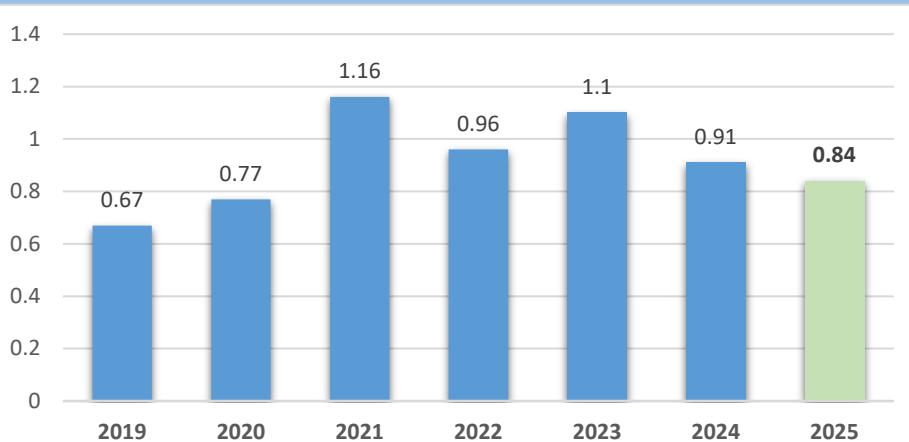
This information is obtained from the Trust's Workforce databases and considers a ratio showing the likelihood of entering formal disciplinary processes.

A total of 1 case is recorded, as compared to 8 cases involving staff from a White ethnicity.

The Trust has consistently reported that global majority colleagues are less likely to enter formal disciplinary processes and the figure for this year has seen a decrease and is reported at 0.64.

(A figure above 1:00 indicates that BME staff are more likely than White staff to enter the formal disciplinary process)

#### Indicator 4 – Likelihood of staff accessing non-mandatory training and continuous personal development



#### Belief in Equal Opportunities

This information is obtained from the Trust's ESR system for the period 1 April 2024 to 31 March 2025.

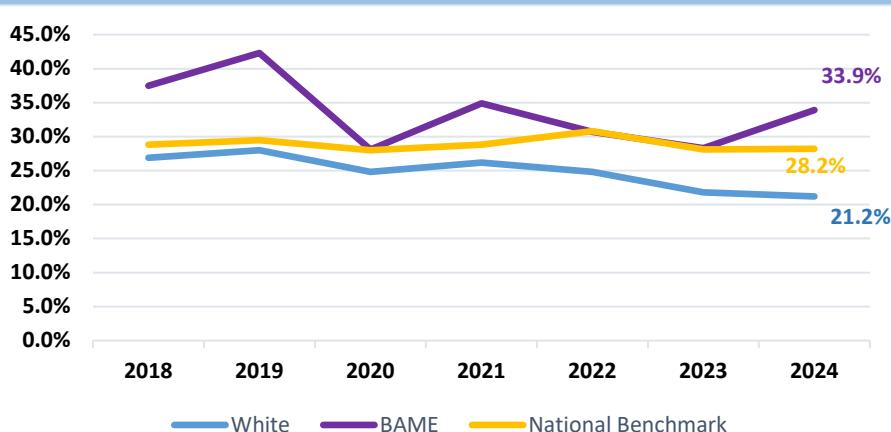
For this reporting cycle, global majority staff are more likely to access non-mandatory training and continuous personal development as compared to white Staff.

The ratio continues to remain below 1.0, and the overall differential remains low and does not indicate any real concern in this area.

It is positive to note that the % of global majority staff accessing training has increased from 73.61% in 2024, to 81.5% in 2025. The number of white staff accessing training has also increased from 67.3% in 2024, to 68.6% in 2025.

(A figure above 1:00 indicates that White staff are more likely than BME staff to access non-mandatory training and CPD)

## Indicator 5 – Percentage of staff experiencing harassment, bullying/abuse from patients, relatives/public



### Staff Survey Key Findings - B&H Public

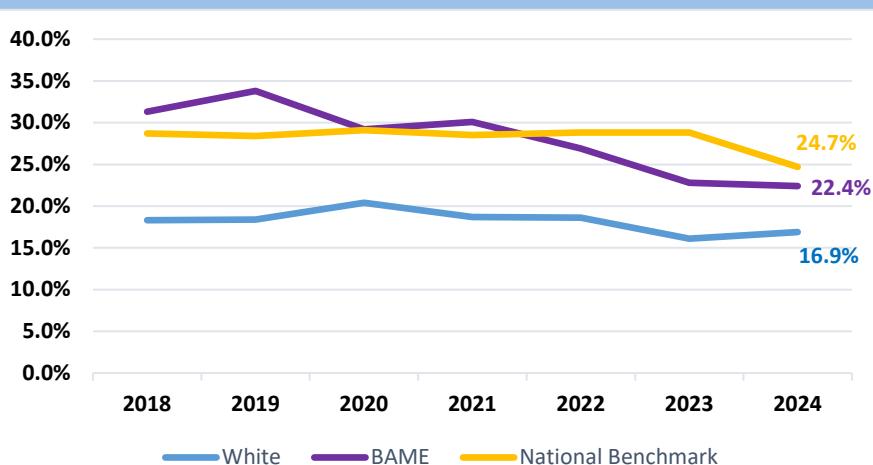
This information is derived from the 2024 staff survey.

Staff survey results show a negative increase in the number of global majority staff experiencing harassment, bullying and abuse from patients, relatives/public (33.9% as compared to 28.3% for 2023).

Global majority staff continue to be more likely to experience harassment, bullying/abuse from patients than white staff and the gap is reported as 12.7%.

Staff are required to log all incidents of service user violence and harassment via Inphase and the information is reported through Yellowfin. The Trust's Keeping People Safe group reviews this information to identify trends and this includes analysis of related themes including race.

## Indicator 6 – Percentage of staff experiencing harassment, bullying/abuse from staff



### Staff Survey Key Findings - B&H Staff

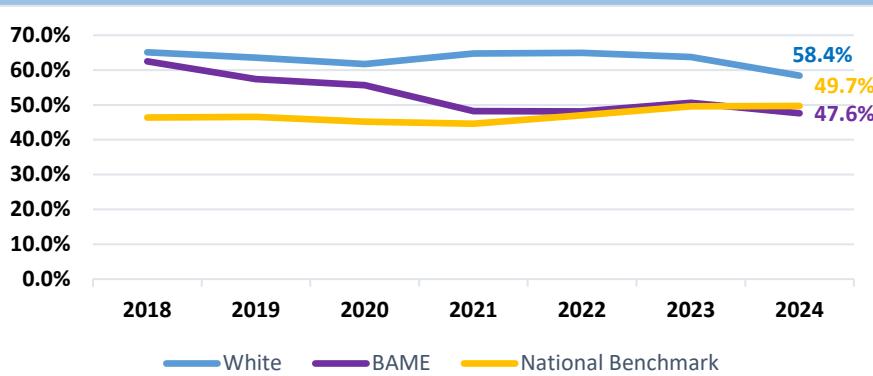
This information is derived from the 2024 staff survey.

Staff survey results show a slight positive reduction in the number of global majority staff experiencing harassment, bullying and abuse from staff (22.4 compared to 22.8% for 2023).

Global majority staff continue to be more likely to experience harassment, bullying/abuse from colleagues than white staff and the gap is reported as 5.5%.

It is important that our staff feel supported to report concerns regarding bullying and harassment and all cases are logged and monitored by the People Services Team.

## Indicator 7 – Percentage of staff believing the Trust provides equal opportunities for career progression or promotion



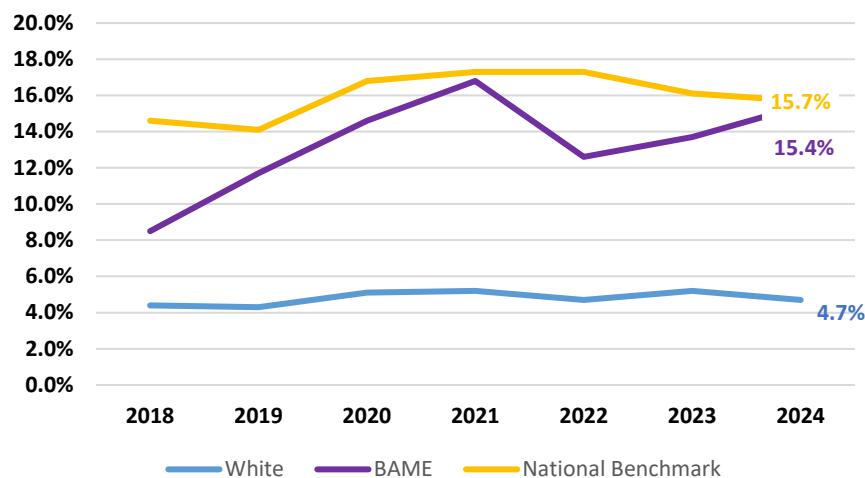
### Staff Survey Key Findings - Equal Opportunities

This information is derived from the 2024 staff survey.

The results have decreased in terms of the % of global majority staff who believe the Trust provides equal opportunities for career progression/promotion (47.6% as compared to 50.6% in 2023).

White staff report a higher belief in equal opportunities than global majority. The gap in experience has narrowed and is currently reported as 10.8% when compared to 13.1% in 2023.

## Indicator 8 – Percentage of staff experiencing discrimination at work from their manager, team leader or other colleagues



### Staff Survey Key Findings - Discrimination

This information is derived from the 2024 staff survey.

There has been an increase in the % of global majority staff who have reported experience of discrimination at work (15.4% as compared to 13.7% in 2023). There is a gap in experience, with global majority staff reporting a less positive experience when compared to white staff.

It is important that our staff feel supported to report concerns regarding bullying and harassment and all cases are logged and monitored by the People Services Team.

## 5. Conclusion and Next Steps

Our actions to improve the Trust's WDES metrics align with the Group People values specifically 'respect' and support our commitments to the NHS People Plan.

We are pleased to report some improvement in the metrics for 2025 and note that this is a reflection of our EDI programme of work and the investment we have made in terms of data analysis and focused interventions to improve staff experience across the range of protected characteristics.

We will continue to promote the activities and good practice that we already undertake, including: undertaking fair and transparent recruitment processes, delivery of civility and unconscious bias training and promotion of various leadership and development opportunities which exist across the Trust.

We take racial equality seriously and whilst we have already implemented a number of practices which will have a positive impact in this area, we understand that change will require a significant cultural shift within the organisation. We know that our workforce ethnicity profile will not change overnight, however we are starting to see a yearly increase in the number of global majority staff working in the Trust. It is also important that we continue to grow the membership of our staff network to help us facilitate the voices of our global majority colleagues and improve staff experience overall.

It is noted that this is a high-level report based on the overall workforce metrics. The next stage in the reporting process will be to engage with our workforce to share the results and jointly develop the action plan to be included in the WRES annual report for October 2025.