

People and Culture Committee
Date: 24 September 2025

Title:	Workforce Race Equality Standard
Responsible Director:	Angela Wilkinson, Director of People and Culture
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Purpose of the report and summary of key issues:	<p>The Workforce Race Equality Standard 2025 (WRES) focuses on specific metrics regarding minority ethnic employees and their work experiences. Key areas of analysis are measured against data from the electronic staff record (ESR) and the National Staff Survey 2024.</p> <p>The metric framework includes a breakdown of:</p> <ul style="list-style-type: none"> - BME staff within the agenda for change bandings, in four clusters: 1-4, 5-7, 8a-8b, and 8c-9 and VSM. - An assessment of the likelihood of colleagues being appointed from shortlisting. - Colleagues entering the capability or disciplinary process. - The number of minority ethnic employees who are facing bullying or harassment from patients, colleagues, and managers. - Comparisons between the membership of the Board and its contrast with the BME workforce. <p>Findings from the 2025 report show an improvement in some of the indicators such as:</p> <ul style="list-style-type: none"> • BME workforce has grown since 2024, continuing a year on year trend. • More BME staff continue to access non mandatory training which is supported by the Reciprocal Mentoring Programme • There has been a 5.8% reduction in bullying by staff and managers 	
Trust Strategy and Strategic Ambitions:	The Patient and Child First Improving the health and wellbeing of our patients, children and communities	
	Best Quality, Safest Care	
	Person Centred, Integrated Care; Strong Partnerships	

	Great Start in Life	
	At Our Best: Making HDFT the best place to work	X
	An environment that promotes wellbeing	
	Digital transformation to integrate care and improve patient, child and staff experience	
	Healthcare innovation to improve quality	
Corporate Risks:	N/A	
Report History:	N/A	
Recommendation:	The SDR is requested to note the 2025 WRES metrics and the subsequent Action Plan ahead of publication. The data element of this report will be published on the HDFT website on 31 October 2025 following approval by the People and Culture Committee.	

NHS Workforce Race Equality Standard (WRES)

Annual Report 2025

Harrogate and District NHS

Foundation NHS Trust

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Introduction

This report shares our latest data and metrics from the past twelve months, charts the progress made so far, and sets out a clear Action Plan to guide our work throughout 2025 and beyond. Our aim remains simple: to strengthen our efforts, sharpen our focus, and hold ourselves to account.

To help set this in context, we have included comparative data from the 2021 Census, sourced from the Office for National Statistics. Within Harrogate and the surrounding districts, 1.8% of residents identify as Asian, 0.6% as Black, Black British, Black Welsh, Caribbean or African, and 1.6% as being from mixed ethnic groups. Harrogate itself remains a predominantly White area, with 95.4% of the population identifying as White. It should also be noted that the Trust operates over a large geographical footprint providing community services outside of the county of North Yorkshire.

Our Commitment to Promoting Equal Opportunities

The KITE values outlined below represent the Trust's ambitions and are embedded within our everyday behaviours.

KINDNESS

We show **compassion**,
and are **understanding**
and **appreciative** of
other people

INTEGRITY

We display personal and
professional **integrity**,
are **honest** and bring a
positive attitude

TEAMWORK


We are **helpful** to each
other, **listen** intently and
communicate clearly


EQUALITY

We show **respect**,
we are **inclusive** and
we act **fairly**

As a Trust, we want to make Harrogate District Foundation NHS Trust (HDFT) a more inclusive place to work and to help achieve this, an Action Plan is included at the end of this report.

Throughout the report the following colour key applies:

Improvement on previous year 

Worse than previous year 

Metric 1 – Workforce Ethnicity

In this section, we shall be examining the data regarding employees who are paid using the Agenda for Change pay and Senior Manager pay bands, represented by bands 1-4, 5-7, 8a-8b and 8c-9 and VSM (Very Senior Manager), compared with the percentage of staff in the overall workforce.

The profile of our BME employees versus NHS Averages:

The total percentage number of BME employees in the Trust (excluding Board members) has increased by 1.07% compared to the previous year but is still lower than the overall average for the NHS.

	NHS Average	HDFT: 2025	HDFT: 2024
Staff Who identify as BME %	28.6%	16.47%	15.4%
Total number of BME staff	-	864	782
Staff who identify as White %	-	78.01%	79.44%
Total Number of White staff	-	4093	4027
Staff who identify as Unspecified %	-	5.53%	5.13%
Total Number of Unspecified staff	-	290	260

Total percentage number of BME employees within each band:

Non-Clinical Staff	HDFT: 2025
Bands 1-4	7.4%
Bands 5-7	12.7%
Bands 8a-8b	4.2%
Bands 8c -9 and VSM	0.0%

Clinical Staff	HDFT: 2025
Bands 1-4	16.9%
Bands 5-7	16.2%
Bands 8a-8b	5.2%
Bands 8c-9 and VSM	8.3%

The bands which have the largest number of BME staff are clinical bands 2 and 5

Medical and Dental by Grade 2024/2025

2025				2024		
Medical and Dental Staff	BME	White	Unknown	BME	White	Unknown
Consultants	44	130	6	37	127	4
Non-consultant Career Grades	69	61	12	69	63	16
Trainee Grades	75	121	23	72	110	11

Medical and Dental Analysis

There has been an increase in the number of BME Consultants from 2024 to 2025, and an additional three Trainee Grades in the reporting period. There is an increase of Consultants and Trainee Grades who have not disclosed their ethnicity.

Metric 2 – Recruitment shortlisting

Likelihood of staff being appointed from shortlisting across all posts.

31st March 2025					
Indicator		White	BME	Not Declared	Total
Number of staff in the Workforce	Headcount	4093	864	290	5247
	%	78.01%	16.47%	5.53%	
Likelihood of staff being appointed from shortlisting across all posts	Number of shortlisted applicants	2830	2685	391	5906
	Number appointed from shortlisting	614	196	249	1059
	Likelihood of appointed from shortlisting	21.7%	7.3%	63.7%	
Relative likelihood of White candidates compared to BME candidates being appointed from shortlisting across all posts			2.97		

31st March 2024					
Indicator		White	BME	Not Declared	Total
Number of staff in the Workforce	Headcount	4027	782	260	5069
	%	79.4%	15.4%	5.1%	
Likelihood of staff being appointed from shortlisting across all posts	Number of shortlisted applicants	2890	2360	433	5683
	Number appointed from shortlisting	715	239	287	1241
	Likelihood of appointed from shortlisting	24.7%	10.1%	66.3%	

In 2025, there were more applicants—both White and from Black and Minority Ethnic (BME) backgrounds—shortlisted than in 2024. However, the number of BME applicants appointed fell compared to the previous year.

The relative likelihood of BME candidates being appointed from shortlisting is 2.97 less likely than a White candidate.

There has been a net increase of 82 BME staff in the workforce since the 2024 report.

Harrogate and District NHS Foundation Trust (HDFT) continues to sponsor international staff who meet the relevant role and salary thresholds, in line with United Kingdom Visas and Immigration (UKVI) criteria. This includes Skilled Worker and Health and Care visas, with coverage extending to most healthcare roles and some non-clinical positions. In addition, staff with other visa types—such as dependant or student visas—may already have the Right to Work in the UK.

We explored whether visa status may have contributed to the disparity in appointment rates. However, the current electronic recruitment system does not capture sufficient detail to assess this further.

Metric 3 – Disciplinary action

The relative likelihood of BME staff entering the formal disciplinary process compared to White staff.

A relative likelihood above 1.00 indicates that BME staff are more likely than White staff to enter the formal disciplinary process.

In 2025, BME staff were marginally more likely than White staff to enter the formal disciplinary process than White staff.

2025	White		BME		Unknown	
	%	Number	%	Number	%	Number
Likelihood of staff entering the formal disciplinary process	0.34%	14	0.35%	3	1.03%	3
Relative likelihood of BME staff entering the formal disciplinary process compared to White staff			1.01			
2024	White		BME		Unknown	
	%	Number	%	Number	%	Number
Likelihood of staff entering the formal disciplinary process	0.52%	21	0.26%	2	0.38%	1
Relative likelihood of BME staff entering the formal disciplinary process compared to White staff			0.49			

Metric 4 – Access to training

Relative likelihood of staff accessing non-mandatory training and CPD

A relative likelihood below 1.00 indicates that BME staff are more likely than White staff to access non-mandatory training and CPD.

		White	BME	Unknown		White	BME	Unknown
Total Headcount		4390	379	478		4027	782	260
Number of staff accessing non-mandatory training and CPD		2734	690	220		2053	561	163
Likelihood of staff accessing non-mandatory training and CPD	2025	66.7%	79.8%	75.8%	2024	50.9%	71.7%	62.7%
Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff.		0.83				0.71		

BME colleagues remain more likely to attend non-mandatory CPD than White colleagues. BME staff are actively encouraged to attend the BME Leadership Development Programme and Reciprocal Mentoring. The Trust also offers and promotes other non-targeted, non-mandatory CPD. We also note that White colleagues are reporting an increase in accessing non-mandatory training compared to 2024.

Metric 5, 6, 7, and 8 Bullying and Harassment

Bullying and harassment by patients, staff and managers and the percentage of staff believing that their Trust provides equal opportunities for career progression or promotion. Figures extracted from the National Staff Survey 2024/25.

Metric		2024		2023		2022	
		White	BME	White	BME	White	BME
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in last 12 months	18.3%	27.9%	19.9%	26.5%	23.8%	29.9%
6	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	13.2%	24.3%	19.5%	24.8%	21.0%	32.9%
8	Percentage of staff experiencing harassment, bullying or abuse from their manager, team leader or other colleague	7.3%	9.8%	6.1%	15.6%	5.9%	22.6%
7	Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age (No).	39.7%	49.2%	38.1%	46.1%	42.8%	59.8%

Over the past three years, there has been little change in the levels of bullying and harassment experienced by both White and Black and Minority Ethnic (BME) staff from patients, relatives, and members of the public

Bullying and harassment of White staff (measured under metric 6) has improved by 6.3%. However, for BME colleagues, the level of improvement has been negligible

Metric 8 indicates a 5.8% reduction in reported bullying and harassment experienced by BME colleagues from their manager, team leader, or colleagues, decreasing from 15.6% to 9.8%. In contrast, White staff have reported a slight increase over the same period.

Metric 7 has a reduction in the number of colleagues feeling that the organisation acts fairly towards career progression based upon their protected characteristic.

Metric 9 – Board Representation

The number of BME directors and non-executive directors compared to the overall workforce.

	2025	White Board Members	BME Board Members	Unknown Ethnicity Board Members		2024	White Board Members	BME Board Members	Unknown Ethnicity Board Members
Total Board Members		82.35%	11.76%	5.88%			81.3%	18.6%	0.00%
: Executive Board Members		100%	0%	0%			100%	0.0%	0.0%
: Non-Executive Board Members		66.67%	22.22%	11.11%			66.7%	33.3%	0.0%
	2025	White Board Members	BME Board Members	Unknown Ethnicity Board Members		2024	White Board Members	BME Board Members	Unknown Ethnicity Board Members
Number of board members		14	2	1			13	3	0
Voting Board Member % by Ethnicity		87.5%	6.25%	6.25%			92.7%	7.1%	0.0%
Non-Voting Board Members % by Ethnicity		100%	0%	0%			-	-	-
Executive Board Members % by Ethnicity		100%	0%	0%			100%	0%	0%
Non-Executive Board Members % by Ethnicity		66.67%	22.22%	11.11%			66.67%	33.33%	0%

	2025	White Board Members	BME Board Members	Unknown Ethnicity Board Members		2024	White Board Members	BME Board Members	Unknown Ethnicity Board Members
Overall workforce % by Ethnicity		78.01%	16.47%	5.53%			79.4 %	15.4%	5.1%
Difference (Total Board - Overall Workforce)		4%	-5%	0%			2%	3%	-5%

As part of the WRES reporting, the Trust is asked to consider the following question.

Has your Trust taken action to facilitate the voices of BME colleagues in your organisation to be heard (provide an example or action plan).

The Trust has consulted with the previous two Reciprocal Mentoring cohorts regarding strategies to employ which should see an improvement to our shortlisting to recruitment ratio which has decreased, year on year. The Equality, Diversity and Inclusion Manager is delivering a session on the Pathway to Management programme which discusses actions needed to reverse this trend.

By quarter three, the EDI manager will be discussing WRES data with the triumvirate boards, examining this WRES data and trends with each Directorate, supporting them to develop their understanding of inclusion and diversity across their teams.

A paper “Embedding Equity: Introducing New Recruitment Strategies and Directorate-Level EDI Champions to Enhance BME Inclusion” was presented to the People and Culture Programme Board in August 2025 for consideration and agreement to be taken to the next level of governance, the Senior Leadership Team. The paper outlines a model used by Birmingham Women and Childrens Hospital who use Independent Panel Members (IPM) on interview panels. HDFT propose to use IPM's during interviews for bands 8a to VSM as auditors of the process, rather than a recruiter asking equality and diversity questions of the

candidate. The Trust also proposes to establish a group of EDI Champions at Directorate level to support the EDI agenda and to feedback to the EDI on successes, barriers and blockages. In addition, the EDI service will provide equality and diversity data to the three Directorates to monitor changes in their workforces when mapped against the main protected characteristics which will be embedded to address the decline in some metrics.

Conclusion and Recommendations

The 2025 WRES report highlights several successes that demonstrate the Trust's ongoing commitment to EDI and to supporting the growth and development of our BME colleagues. There remain key areas that need sustained focus and further action.

There has been an increase in the relative likelihood of White applicants being appointed from shortlisting to recruitment from 2.44 to 2.97.

A separate paper is being prepared for the Board which outlines how the Trust plans to further embed equity across the WRES domains, with a specific focus on improving the relative likelihood of shortlisting to appointment.

Appendix 1 Action Plan

Action Plan

Workforce Race Equality Standard 2025

Metric	Context	Actions	Timescale
Metric 2 Likelihood of being shortlisted	The relative likelihood of BME candidates is almost three times less likely to be appointed after shortlisting	To agree the proposals set out in The Embedding Equity BME recruitment paper going to People and Culture Programme Board August 2025 for review and recommendations to our board	Using the Birmingham Women and Childrens programme as best practice, HDFT aims to implement this by the end of Q4
Metric 5, 6 and 8	BME staff continue to be bullied and harassed by patients, colleagues and managers	<p>Data based reporting to the Triumvirate Boards on a quarterly basis.</p> <p>Work with the Freedom to Speak Up Guardian to consider strategies for reporting</p> <p>Introduction of Directorate level EDI Champions</p>	<p>Q3</p> <p>Q4</p>

Appendix 2: Workforce Race Equality Standard 2025

Points to note:

- **Metric 2** - A figure above 1.00 indicates that BME staff are less likely than White staff to be appointed from shortlisting.
- **Metric 4** - A figure below 1.00 indicates that BME staff are more likely than White staff to access non-mandatory training and CPD.

			March 2025	RAG Rating	March 2024
1	Percentage of BME staff	Overall	16.47%		15.4%
2	Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME applicants		2.97		2.44
3	Relative likelihood of BME staff entering the formal disciplinary process compared to white staff		1.01		0.49
4	Relative likelihood of white staff accessing non-mandatory training and continuous professional development (CPD) compared to BME staff		0.83		0.71
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in last 12 months	BME	27.9%		26.5%
		White	18.3%		19.9%
6	Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	BME	24.3%		24.8%
		White	13.2%		19.5%
7	Percentage of staff believing that their Trust provides equal opportunities for career progression or promotion	BME	49.2%		53.9%
8	Percentage of staff personally experiencing discrimination at work from a manager/team leader or other colleagues	BME	9.8%		15.6%
		White	7.3%		6.1%
9	BME board membership	BME	11.78%		18.7%
		White	82.35%		81.3%
	Difference (total Board – Overall Workforce)	BME	-5%		3%
		White	4%		2%