

Workforce Race Equality Standard (WRES) Report 2024-2025



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1. Introduction

The Workforce Race Equality Standard (WRES) is an annual data collection, analysis and action-planning requirement that highlights the experiences of Black and Minority Ethnic (BME) colleagues compared to their white counterparts within an organisation. The standard is a requirement for all NHS health care providers through the NHS standard contract, to improve the experience and outcomes for BME colleagues. The WRES requires NHS organisations to demonstrate progress against nine indicators specifically focused on race equality and suggests actions to address the disparities identified.

The data and statistics used in this report reflect workforce indicators from ESR and Trac as of 31st March 2025, NHS Staff Survey results from the latest (i.e. 2024) staff survey, and a Board representation indicator. This WRES report and action plan has also been developed in line with the national NHS EDI Improvement Plan.

2. Workforce Indicators

Overall, there are nine indicators which make up the NHS WRES. These comprise of workforce indicators (1-4), Staff Survey indicators (5-8) and an indicator based on Board representation (9):

Workforce indicators	
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
2.	Relative likelihood of staff being appointed from shortlisting across all posts
3.	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation
4.	Relative likelihood of staff accessing non-mandatory training and CPD
National NHS Staff Survey indicators	
5.	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last months
6.	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
7.	Percentage believing that Trust provides equal opportunities for career progression or promotion
8.	In the last 12 months have you personally experienced discrimination at work from any of the following? Managers/team leader or other colleagues
Board representation indicator	
9.	Percentage difference between the organisation's Board membership and its overall workforce disaggregated: By voting membership of the Board By Executive membership of the Board

3. Key Findings

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

As of March 2025, the Trust workforce total is 5019. Of those, 1208 (24.07%) are BME and 3646 (72.64%) are white. The ethnicity of the remaining 165 (3.29%) staff was not stated. There has been a 3.53% increase in BME staff, rising from 20.55% in 23/24 to 24.07% in 24/25.

Improvement in the declaration rate in 2024/25 compared to 2023/24:

- non-clinical staff by 1.8%
- clinical staff by 2.9%
- medical and dental staff by 4.62%

The data indicates a significant underrepresentation of BME staff in Cluster 4 (AFC Bands 8C and VSM) for non-clinical and clinical staff. There has been no change from the previous year.



2

Relative likelihood of staff being appointed from shortlisting across all posts

There has been a slight decrease of 0.18 in the relative likelihood of white applicants being appointed from shortlisting compared to BME applicants, from 2.25 in 23/24 to 2.07 in 24/25, however BME applicants are still only half as likely to be appointed from shortlisting compared to white applicants.



3

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

The relative likelihood of BME staff entering the formal disciplinary process decreased from 2.13 in 23/24 to 1.38 in 24/25.



4

Relative likelihood of staff accessing non-mandatory training and CPD

The relative likelihood of white staff accessing non-mandatory or CPD training compared to BME staff decreased slightly from 0.86 in 23/24 to 0.70 in 24/25, meaning the relative likelihood of BME staff accessing non-mandatory or CPD training increased by 0.16.



5

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

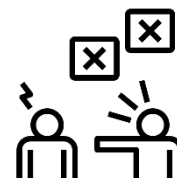
There has been an increase of 2.36% of BME staff experiencing harassment, bullying or abuse from patients, relatives or the public, from 26.39% in 2023 to 28.75% in 2024.



6

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

Harassment, bullying or abuse from staff has seen a slight increase of 0.97%, from 23.69% in 2023 to 24.32% in 2024.



7

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

There has been an improvement of 4.28% (42.81% in 2023 to 47.09% in 2024) of BME staff believing that their Trust provides equal opportunities for career progression or promotion



8

Percentage of staff experiencing discrimination at work from manager / team leader or other colleagues in the last 12 months

There is a decrease of 1.34% of BME staff that have personally experienced discrimination at work from manager/team leader or other colleagues, from 15.00% in 2023 to 13.66% 2024. There has been a downward trend since 2022.



9

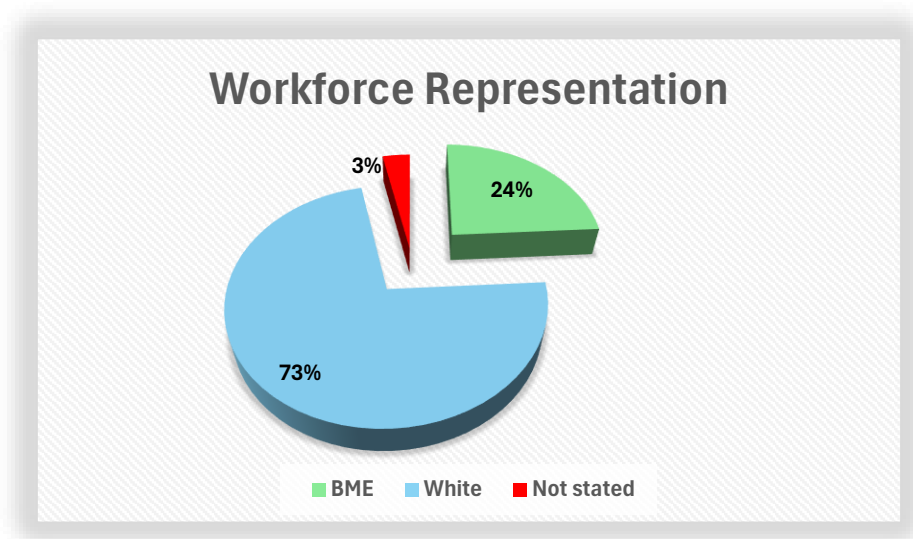
Percentage difference of ethnicity between the organisation's Board voting membership and its overall workforce

Out of 16 board members, only 2 (12.50%) have declared that they are from a BME background (Non-Executive Directors). 1 board member (6.25%) has not declared their ethnicity.



4. Data Analysis

As of 31st March 2025, a total of 5019 staff are employed by Cambridgeshire and Peterborough Foundation Trust. Of those, 1208 (24.07%) were BME and 3646 (72.64%) were white. The ethnicities of the remaining 165 (3.29%) staff were not stated.



5. 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.

The data snapshot for this indicator on 31st March 2025:

Non-clinical	BME	White	Unknown
Cluster 1 AFC Bands 1-4	99 (16.9%)	480 (82.1%)	6 (1.0%)
Cluster 2 AFC Bands 5-7	51 (15.0%)	278 (81.5%)	12 (3.5%)
Cluster 3 AFC Bands 8a and 8b	17 (14.5%)	99 (84.6%)	1 (0.9%)
Cluster 4 AFC Bands 8c to VSM	1 (2.3%)	41 (93.2%)	2 (4.5%)
Total	168 (15.5%)	898 (82.6%)	21 (1.9%)

Clinical	BME	White	Unknown
Cluster 1 AFC Bands 1-4	318 (31.4%)	667 (65.8%)	28 (2.8%)
Cluster 2 AFC Bands 5-7	614 (25.7%)	1689 (70.9%)	82 (3.4%)
Cluster 3 AFC Bands 8a and 8b	25 (9.5%)	236 (89.4%)	3 (1.1%)
Cluster 4 AFC Bands 8c to VSM	3 (6.0%)	46 (92.0%)	1 (2.0%)
Total	960 (25.9%)	2638 (71.1%)	114 (3.0%)

Medical and Dental Staff	BME	White	Unknown
Medical and Dental Staff Consultants	32 (27.83%)	71 (61.74%)	12 (10.43%)
<i>of which are Senior Medical Managers</i>	0 (0.0%)	1 (100%)	0 (0.0%)
Medical and Dental Staff - Non-Consultant Career Grade	21 (65.63%)	8 (25.00%)	3 (9.37%)
Medical and Dental Staff Medical and Dental Trainee Grade	27 (36.99%)	31 (42.46%)	15 (20.55%)
Medical and Dental Staff Other	0 (0.0%)	0 (0.0%)	0 (0.0%)
Total	80 (36.36%)	110 (50.00%)	30 (13.64%)

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

Descriptor	2024		2025	
	White	BME	White	BME
Number of shortlisted applications	1897	1471	1852	2129
Number appointed from shortlisting	524	188	502	279
Ratio shortlisted/ appointed	524/1897 =0.27	188/1471= 0.12	502/1852 =0.27	279/2129 =0.13
Relative likelihood of white staff being appointed from shortlisting compared with BME staff. (A figure above 1.00 indicates that BME staff are less likely than white staff to be shortlisted)				
	2.25		2.07	

Data for 2025 shows white staff are twice as likely to be appointed from shortlisting compared to BME staff, which is a cause for concern.

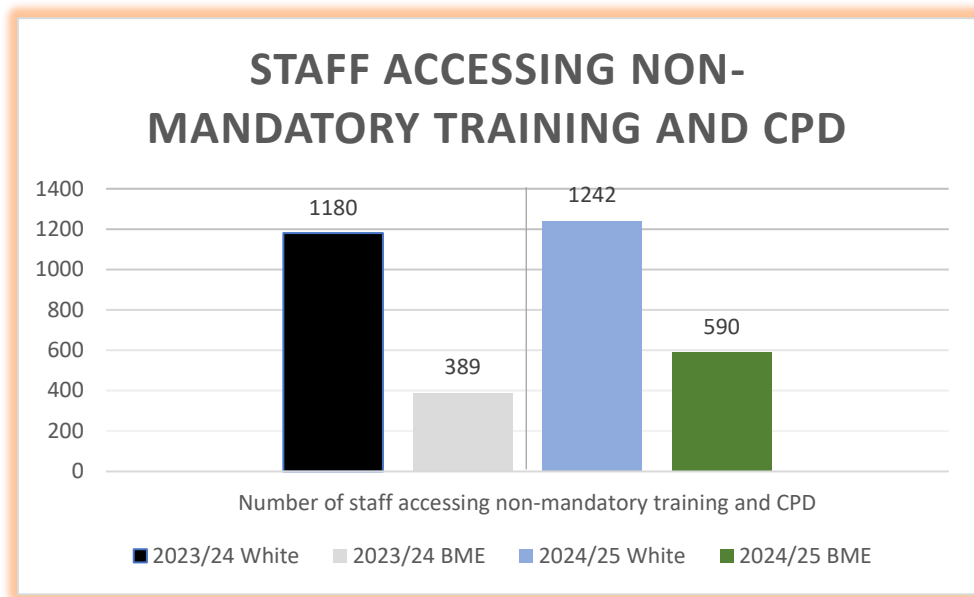
7. Indicator 3 - Workforce Formal Disciplinary process

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

	BME 2024	White 2024	Unknown 2024	BME 2025	White 2025	Unknown 2025
Overall Workforce	1024	3665	295	1208	3646	165
No of disciplinaries	12	20	2	10	22	0
Total 34 disciplinaries in 2024				Total 32 disciplinaries in 2025		
% of staff entering formal disciplinary	1.17%	0.55%	0.68%	0.83%	0.60%	0
Relative likelihood of BME staff entering the formal disciplinary process compared to white staff	2.13			1.38		

The relative likelihood shows that BME staff are 1.38 times more likely to enter a formal disciplinary process compared to white staff. This is a decrease from 2.13 the previous year.

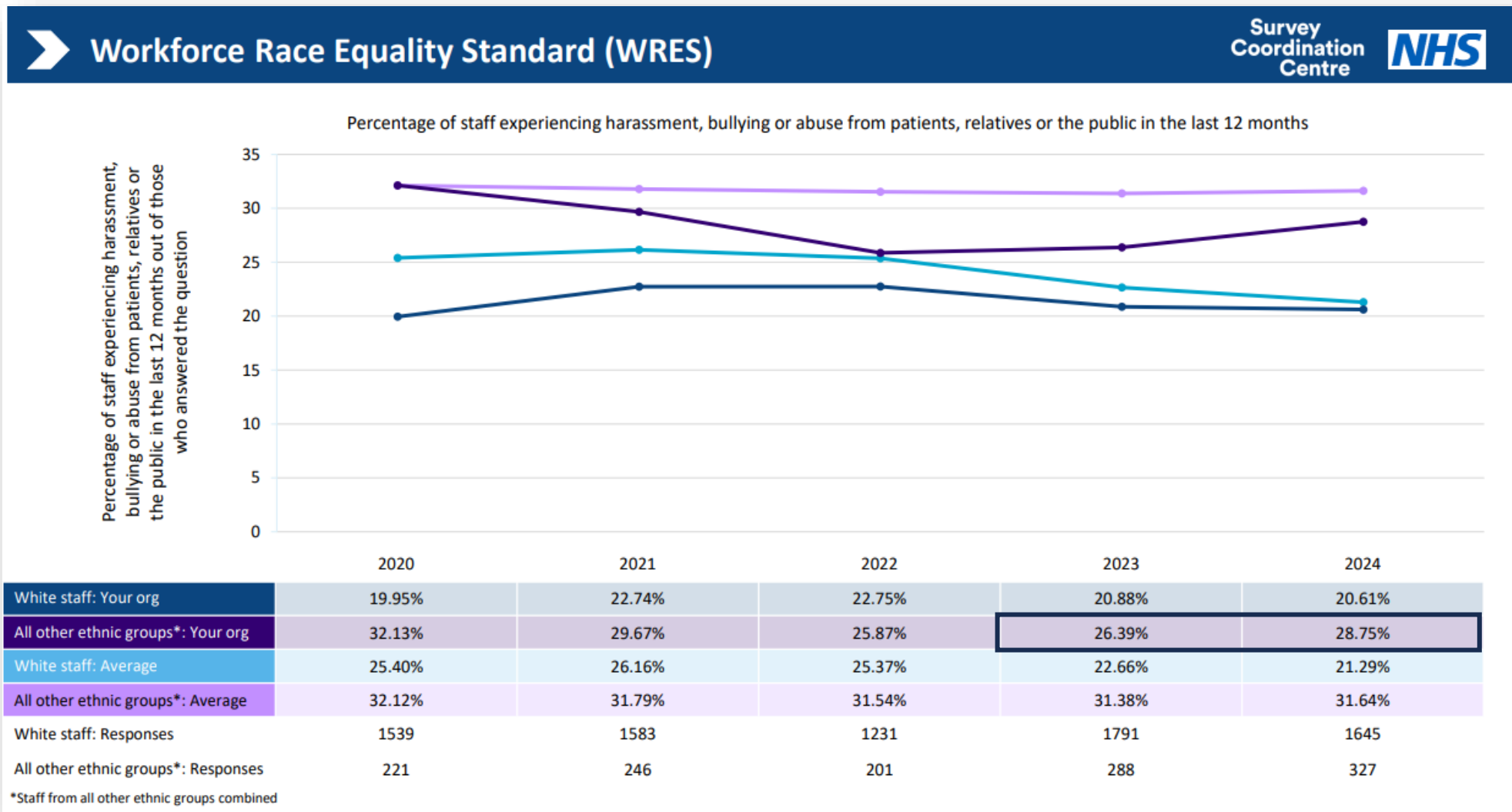
8. Indicator 4: Relative likelihood of staff accessing non-mandatory training and CPD.



	2023/24		2024/25	
	White	BME	White	BME
Overall Workforce	3665	1024	3646	1208
Likelihood of staff accessing non-mandatory training and CPD (total staff accessing training /overall workforce)	0.32	0.37	0.34	0.48
Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff	0.86		0.70	

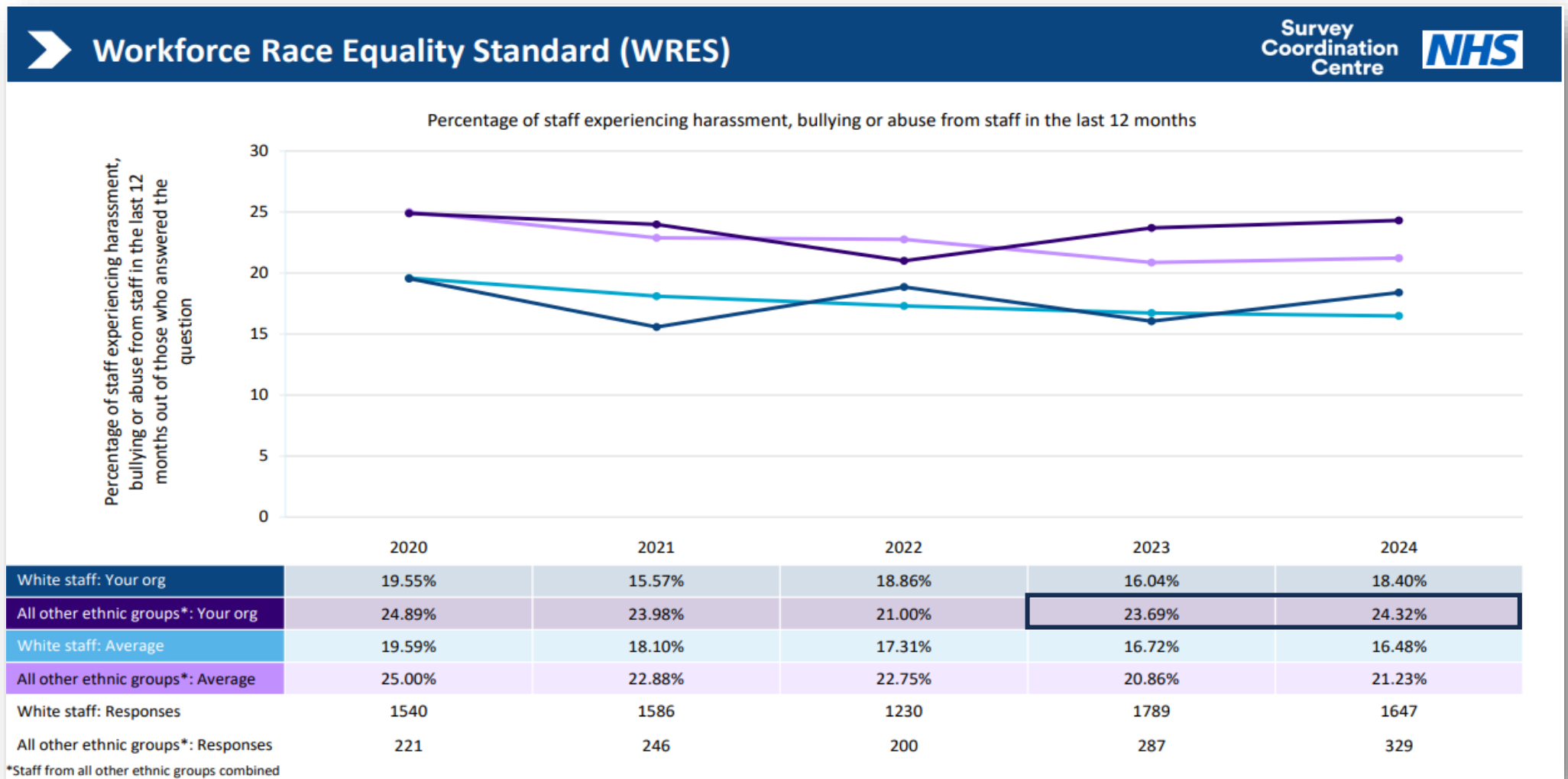
The data shows that BME staff are more likely to be accessing non-mandatory training and CPD than white staff in 2024/25, a relative likelihood of 0.70 and with 48% of BME staff accessing non-mandatory training compared to 34% of white staff. This is a slight increase for white staff from 32% and a larger increase for BME staff from 37% in 2023/24.

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



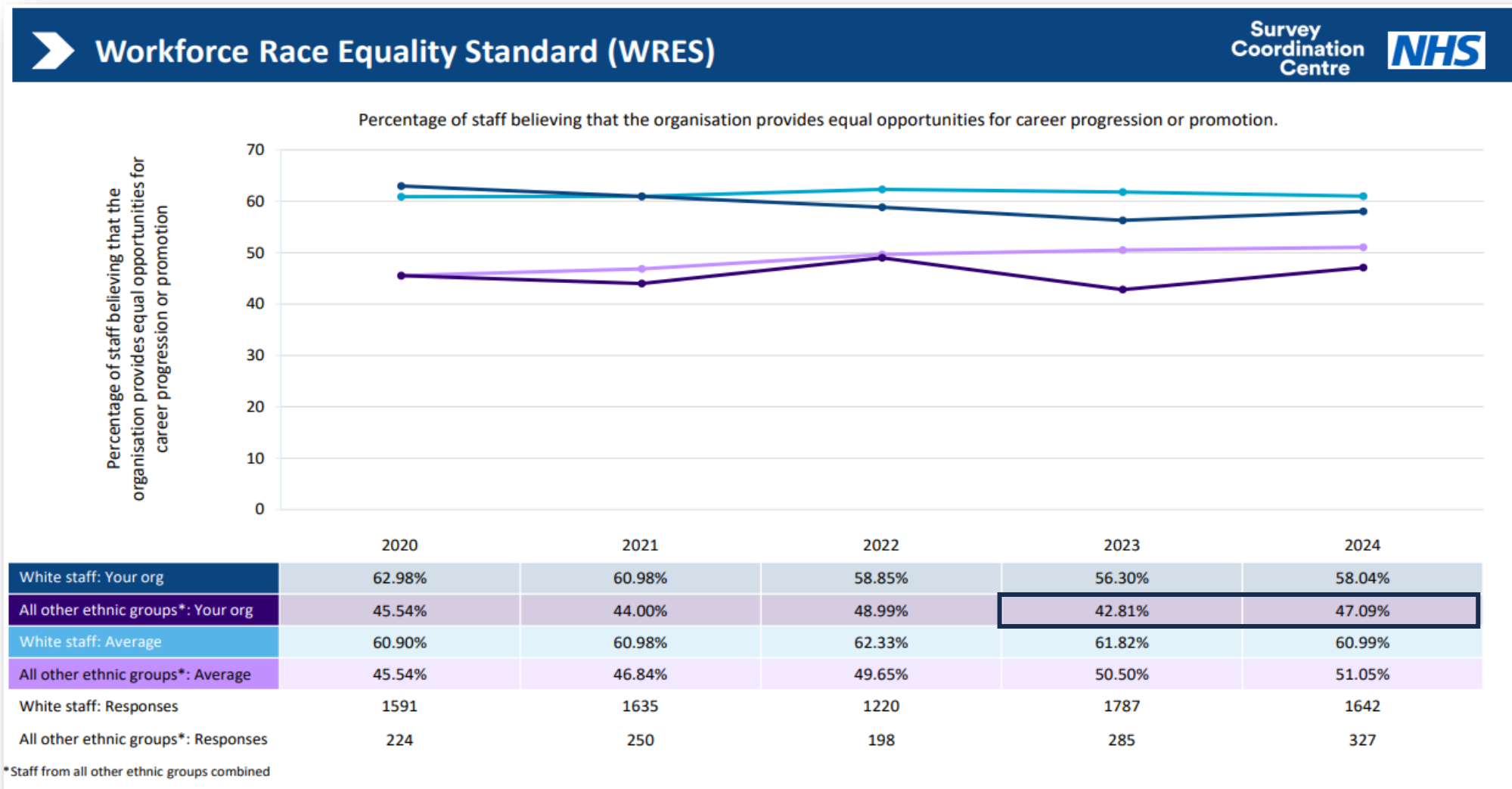
In the last year, there has been an increase in BME staff experiencing harassment and bullying from patients, relatives or the public, with figures rising from 26.39% in 2023 to 28.75% in 2024. This data shows the overall trends over a five-year period 2020-2024.

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



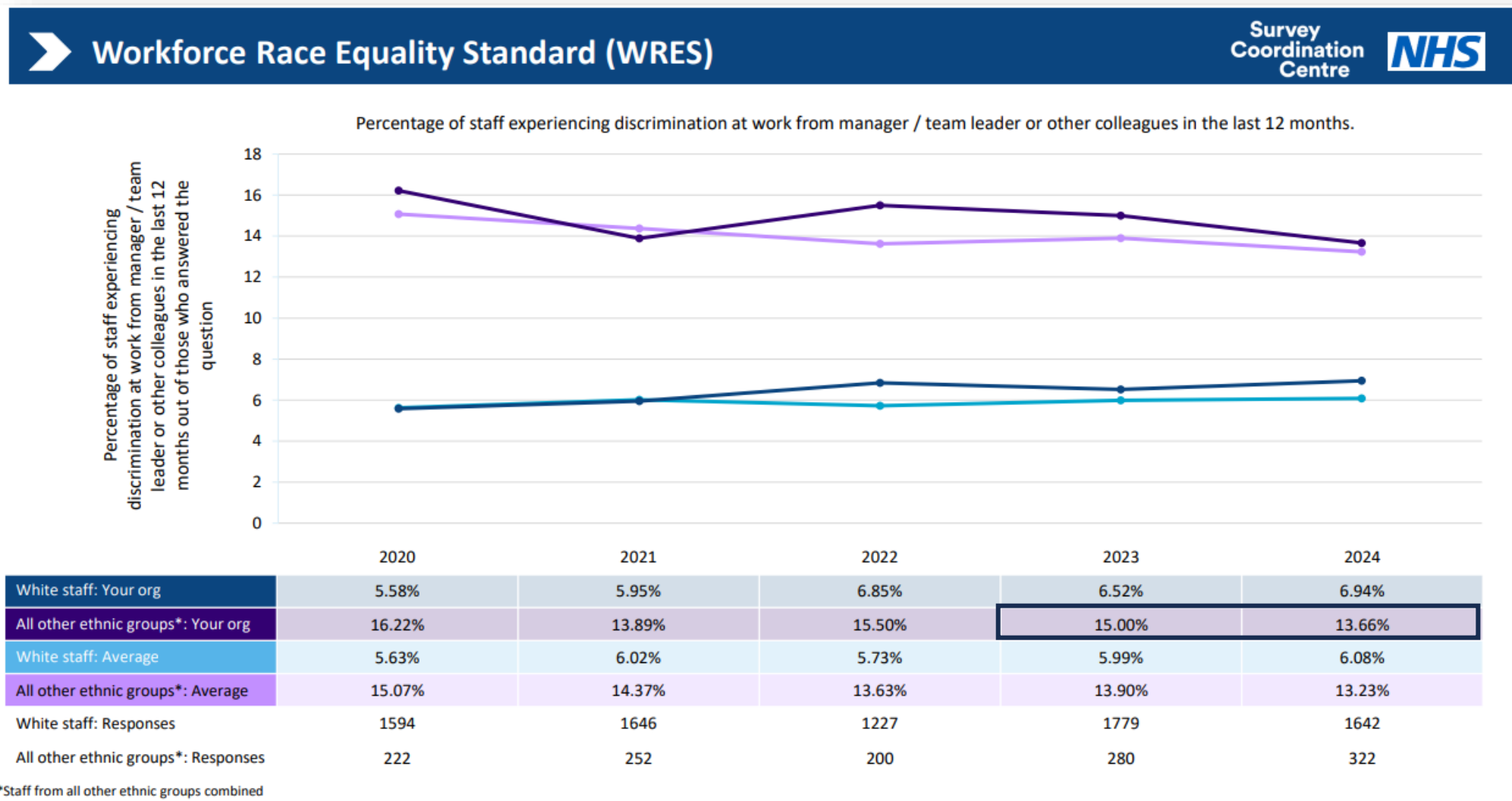
In the last year, there has been a slight increase in BME staff experiencing harassment and bullying from staff, with figures rising from 23.69% in 2023 to 24.32% in 2024. This data shows the overall trends from 2020-2024.

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



There has been an improvement of 4.28% (42.81% in 2023 to 47.09% in 2024) of BME staff believing that their Trust provides equal opportunities for career progression or promotion, as well as a slight improvement for white staff (1.74% increase from 2023 to 2024). This data shows the overall trends from 2020-2024.

12. Indicator 8: Percentage of staff experiencing discrimination at work from manager / team leader or other colleagues in the last 12 months



A slight improvement for BME staff as figures have decreased from 15.00% in 2023 to 13.66% in 2024, meaning BME staff reported lower levels of discrimination from managers/team leaders. This data shows the overall trends from 2020-2024.

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

Trust Board Membership - snapshot on 31st March 2025				
Board voting membership	BME	White	Ethnicity Unknown	Overall Total
Total Board Members	2 (12.50%)	13 (81.25%)	1 (6.25%)	16
of which: Voting Board members	2 (12.50%)	13 (81.25%)	1 (6.25%)	16
Non-executive Board members	2 (22.22%)	6 (66.67%)	1 (11.11%)	9
Exec Board members	0 (0.00%)	7 (100%)	0 (0.00%)	7

Work is currently underway to establish the Non-Executive Board member with ethnicity unknown, and to ensure this information is kept regularly updated.

14. Conclusion and Next Steps

BME representation within the Trust’s workforce continues to increase. Overall, the WRES data has shown several improvements, but we recognise there is still work to be done to enhance the experiences of BME staff. The Trust remains committed in creating an inclusive and compassionate culture and advancing the race equality agenda. Over the past year we have seen the development of the EDI Strategy updating the previous version, reflecting our commitment to embedding EDI into the core of everything we do.

With the areas for improvement in mind, the WRES Improvement Plan 2025 - 2026 (see Appendix 1) outlines action the Trust will take to respond to the WRES and achieve improvements against the following themes:

- Principles of EDI to be embedded as the personal responsibility of every leader.
- Staff are free from discrimination, bullying and harassment in the workplace (links to the Anti-Racism Working Group)
- Diverse panels members for roles at Bands 8 and above
- Eliminating bias within recruitment and selection
- Equal opportunity for career progression and promotion

15. Appendices

Appendix 1.

Workforce Race Equality Standard Action Plan: April 2025 - March 2026

Priority areas/objective	Proposed action	Leads	Measures of success and Timescale
<p>1. Principles of EDI to be embedded as the personal responsibility of every leader. Leaders to set the tone and culture of the Trust</p>	<p>Chief Executives, Chair and Board members must have specific and measurable EDI objective/s to which they will be individually and collectively accountable.</p> <p>The Board's composition accurately reflects staff and community demographic with any gaps identified.</p> <p>Continue to offer the 'allies' discussion group to allow space for colleagues to develop their allyship skills and be a safe space for exploration of ideas.</p>	<p>CEO/Chair/EDI</p> <p>EDI</p>	<p>March 2026</p> <p>Annual Chair/CEO appraisals on EDI objectives via Board Assurance Framework. Board to demonstrate how organisational data and lived experience have been used to improve culture. This also links to EDS22.</p> <p>Ongoing</p>
<p>2. Staff are free from discrimination, bullying and harassment in the workplace (links to the Anti-Racism Working Group)</p>	<p>Continue to reduce the gaps in experience between white staff and BME staff.</p> <p>Analysing incidents in relation to racial harassment reported by staff. Quarterly reporting to the EDI Steering Group.</p> <p>Continue to work with the Anti-Racism Working Group to explore race related issues and develop a statement declaring the Trust stance on racist abuse towards staff.</p>	<p>EDI, FTSU, Workforce, Staff Network Chairs, Anti-Racism Working Group</p>	<p>March 2026</p> <p>Monitoring by HR, FTSUG and EDI Team/ WRES Experts at the enriching data triangulation meeting held quarterly to identify gaps and what works to close the gaps in race equality.</p> <p>Quarterly improvements noted and reported to the appropriate committee.</p>

	<p>Evaluate racist incidents (reported on Datix) at the Anti-Racism Working Group.</p> <p>Continue to work with staff networks to address any concerns.</p> <p>Review disciplinary and employee relations process and where the data shows inconsistency in approach. Link in with Cultural Ambassadors feedback.</p> <p>Create an environment where staff feel able to speak up and raise concerns. Through training and raising awareness of speaking up.</p>	FTSU / EDI	<p>A significant reduction in staff reporting they have experienced discrimination, violence, abuse, and harassment as measured across three themes within the NHS staff survey: Equality, Diversity and Inclusion, Violence, Bullying and Harassment and benchmark within top percentile of England acute Trusts.</p>
<p>3. Continue to invest in developing compassionate and inclusive leadership</p>	<p>Invest in our management and leadership development, ensuring compassionate, inclusive leadership is at the centre.</p> <p>Continue to encourage BME staff to undertake Compassion in Action training/EDI courses.</p> <p>Include coaching and mentoring capacity as part of staff development offer.</p> <p>Continue to implement a 'reverse mentoring' scheme for BME staff and senior leaders in the organisation.</p> <p>Ensure every member of Trust Leadership team (TLT) has undertaken at least one cohort of reverse mentoring</p>	<p>Workforce, Learning & OD, FTSU, Staff Health & Wellbeing, EDI</p> <p>EDI</p> <p>L&OD</p> <p>EDI</p> <p>EDI/TLT</p>	<p>April 2026</p> <p>Monitor the number of BME staff accessing reverse mentoring, Compassion in Action, coaching and management and leadership development opportunities.</p> <p>Ensure that we undertake at least one cohort of reverse mentoring every year.</p>

	<p>Continue to work with staff networks and support the delivery of key actions identified to improve their experience in the workplace.</p> <p>Offer routes into employment and career development as an anchor organisation in the local community.</p>	<p>EDI/L&OD/Multicultural Staff Network (MSN)</p> <p>EDI/L&OD team</p>	
<p>4. Recruitment and Selection ensuring fair processes</p>	<p>Continue to focus on ensuring our recruitment and selection processes are inclusive and try to minimise bias.</p> <p>EDI team and Recruitment team to work together to develop a section on bias within Recruitment and Selection training.</p> <p>Ensure diverse interview panels for all senior roles, prioritising highest banded vacancies (Band 8D, Band 9 and Execs initially) and expanding to lower banded vacancies when capacity allows</p>	<p>Recruitment team, EDI, HR, Directorates</p> <p>EDI, Recruitment team</p>	<p>August 2025</p> <p>Monitor compliance and impact of the inclusive recruitment training.</p> <p>Work with EDI and Recruitment teams to monitor take up of inclusive recruitment panels</p>
<p>5. Equal opportunity for career progression and promotion</p>	<p>Career conversations embedded as part of the annual appraisal process.</p> <p>Engage with TLT and other managers to provide targeted support for BME colleagues in interview preparation.</p> <p>In-depth analysis of BME staff and their progression route in the organisation (recruitment, retention, talent management, mentoring and coaching) to ensure fair and equitable access.</p>	<p>L&OD</p> <p>EDI/L&OD</p> <p>EDI/L&OD</p> <p>EDI/L&OD</p>	<p>September 2025 and ongoing</p> <p>September 2025 and ongoing</p>

	<p>Promote and support inclusive access to training, learning and development opportunities, at national, regional, and local level.</p> <p>All CPD/Funding requests to be more visible – linked to Appraisal and Career Conversations.</p> <p>Specific report to be drawn up by the CPD Administrator to evaluate the number of BME staff accessing CPD opportunities.</p> <p>Specific WRES report to be made available for Directorates and discussed and updated in monthly workforce groups.</p> <p>Development of a specific development programme for BME leaders to assist with their progression.</p>	<p>EDI/L&OD</p> <p>L&OD Co-ordinator</p> <p>EDI/L&OD</p> <p>EDI/L&OD</p>	
6. Data collection and analysis	<p>In conjunction with Informatics and Performance (I&P) team further develop the EDI scorecard into a ‘touch of a button’ WRES/WDES for annual reporting. This will need Exec level support.</p> <p>To drill down into the HR data (disciplinary/ capability data) to ensure its validity and to ensure it is measured the same way every year.</p>	<p>EDI/ I&P team/ Execs</p> <p>HR/EDI/ I&P team</p>	April 2026
	<p>FTSUGs will continue to collate demographic data of colleagues raising concerns with the Guardians against the primary category of concerns they have raised and report this data in their 6-monthly reports. Next report due November 2025.</p>	<p>FTSUGs</p>	November 2025