



**Wirral Community
Health and Care**
NHS Foundation Trust

Workforce Race Equality Standards (WRES) Report

July 2025

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Background

This report details the background to and the content of the Workforce Race Equality Standard (WRES) report that is required annually of all NHS organisations in order to help ensure the fulfilment of the public sector equality duty as set out in the Equality Act 2010.

All the available evidence shows that Black, Asian and Ethnic Minority (BME) staff have a significantly inferior experience of the NHS as employees when compared to white staff.

The WRES has been mandated by the NHS Standard Contract since 1 April 2019 and all Trusts must ensure data is uploaded to a government portal by no later than 31 May each year. Detailed reports including action plans to address areas of further work needed must also be developed and made public by no later than 31 October.

The aim of the WRES is to improve the experience of Black, Asian and Ethnic Minority (BME) staff in the workplace. This includes employment, promotion and training opportunities as well as the experience of employment relations processes. It also applies to BME people who want to work in the NHS.

The WRES action plan forms one of the key ambitions within the People Strategy and Inclusion and Health Inequality Strategy with the aim of improving both access to work for people from black and minority ethnic BME communities as well as their staff experience.

WCHC is also committed to ensuring that it upholds the principles of the Public Sector Equality Duty to:

- eliminate unlawful harassment and victimisation.
- foster good relations between people who share a protected characteristic and those who do not.
- advance equality of opportunity between people who share a protected characteristic and those who do not.

WRES data provides an invaluable opportunity to annually review staff experiences and Trust performance against a series of nationally agreed indicators and support identification of key areas of progress and areas requiring additional attention.

In the context of the WRES, “white staff” comprises of white British, white Irish and white other, whereas “BME staff” comprise all other categories with the exception of “not stated”.

Executive Summary

The aim of the Workforce Race Equality Standard is to improve the experience of Black, Asian and Minority Ethnic (BME) staff in the workplace. This includes employment, promotion and training opportunities as well as the experience of employment relations processes. It also applies to BME people who want to work in the NHS.

The Trust (WCHC) has seen a mixture of results this year with some improvements and areas of decline.

2024/25 data highlights improvements in:

- Trust demographics – with increases in non-white staff across clinical and non-clinical roles.
- The likelihood of BME staff entering the formal disciplinary process
- The likelihood of BME staff being appointed from shortlisting compared to the previous year
- Staff experiencing bullying and harassment from staff and/or patients, relatives or members of the public which has been an improving position over the last 3 years

However, all other areas of staff survey results have unfortunately declined this year which include

- the percentage of staff experiencing harassment, bullying and abuse from staff
- the percentage of staff believing that their equal opportunities for career progression/ promotion
- experiencing discrimination from any of the following: manager/ team leader or other colleagues.

The Trust has now signed up to the North-West Anti-Racist framework and has publicly declared its commitment to being an anti-racist organisation. It is working towards achievement of bronze status as the first step in our journey towards achieving this and to ensure we support improvements in staff experiences.

The BAME Staff Network continues to meet on a regular basis and special thanks is noted to its chair Millie Williams who has successfully led the group for the last two years. The network has an executive sponsor Alison Hughes, Director of Corporate Affairs.

The Trust's Inclusion and Health Inequalities strategic commitment underpins the Trust's People Strategy and seeks to ensure that Inclusion is a golden thread throughout all our people practices and processes.

Appendix A provides a summary overview of the Trust's performance and comparisons to community trust comparators.

Appendix B provides a summary overview of key actions required to sustain and improve further the experiences of our BME staff.

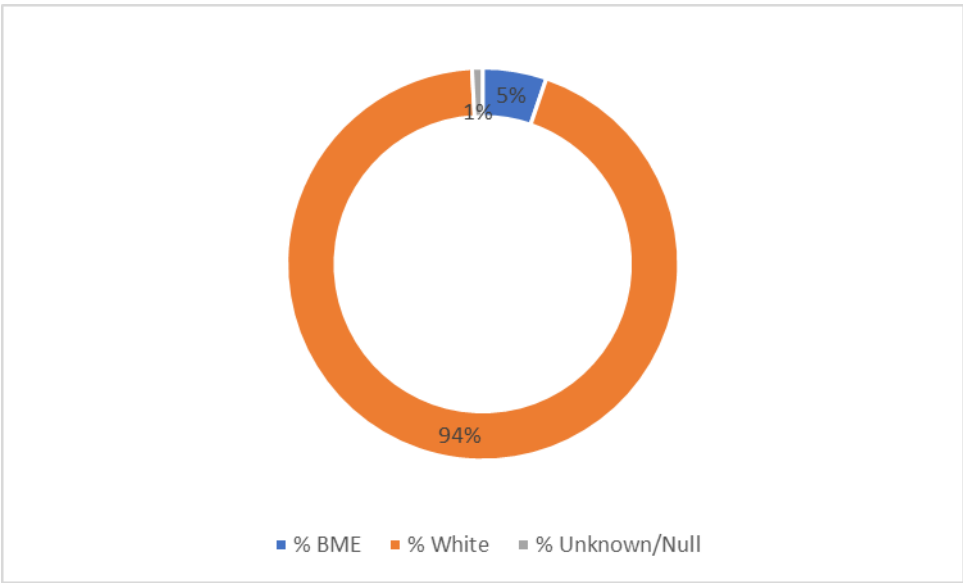
All actions identified in the 2024/25 action plan have been completed.

Total Staff by Ethnicity 31 March 2025

As of 31 March 2025, a total of 1,824 staff were employed by WCHC. Of these, 96 (5.26%) were BME and 1,712 (93.86%) were white. 16 staff however, (0.88%) were unstated for their ethnicity, as per our electronic staff record (ESR). This figure has further decreased since 2024.

The results highlight therefore that there continues to be an increase in the number of BME staff within the Trust, with numbers higher than that within the local population (95.2% of residents identified as “white” in the 2021 census¹, although it is recognised that the WCHC also has staff working in services across Cheshire East, St Helen’s and Knowsley).

Staff Employees as of 31 March 2025 by Ethnic Group



The definitions of “Black, Asian and Minority Ethnic” and “White” used have followed the national reporting requirements of Ethnic Category in the NHS Data Model and Dictionary, and as used in Health and Social Care Information Centre data. “White” staff includes White British, Irish and Any Other White. The “Black, Asian and Minority Ethnic” staff category includes all other staff except “unknown” and “not stated.”

The data within this report excludes bank workers.

¹ <https://www.ons.gov.uk/census/maps/choropleth/identity/ethnic-group/ethnic-group-tb-6a/white?lad=E08000015>

WRES Standard Indicators

Table 1. The Workforce Race Equality Standard Indicators

Workforce Indicators

For each of these four workforce indicators, compare the data for White and BAME staff.

1 Percentage of staff in each of the AfC Bands 1-9 or Medical and Dental subgroups and VSM (*including executive Board members*) compared with the percentage of staff in the overall workforce disaggregated by:

- Non-clinical staff
- Clinical staff – of which
- Non-medical staff
- Medical and Dental staff

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*

Note: *this indicator will be based on data at 31 March.*

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

National NHS Staff Survey findings (or equivalent)

For each of the four staff survey indicators, compare the outcomes of the responses for White and BAME staff.

5 Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 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?
b) manager/team leader or other colleagues

Boards representation indicator

For this indicator, compare the difference for White and BAME staff

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

- By voting membership of the Board
- By executive membership of the Board

Indicator 1

This indicator relates to the relative numbers of staff in each of the Agenda for Change Bands and VSM compared with the percentage of staff in the overall workforce. The tables below show this data for WCHC as a whole workforce as of 31 March 2025.

Clinical staff breakdown by pay band

Pay Band	White	BAME	Not Stated	Grand Total	% BME staff in band 2024/25	% BME staff in band 2023/24
Band 2	39	17	0	56	30.36% ↑	17.24%
Band 3	184	7	1	192	3.65% ↑	3.00%
Band 4	118	2	2	122	1.64% ↓	1.71%
Band 5	316	21	9	346	6.07% ↑	5.45%
Band 6	426	17	0	443	3.84% ↑	2.95%
Band 7	193	6	2	201	2.99% ↑	2.49%
Band 8A	45	2	1	48	4.17% ↑	4.08%
Band 8B	5	1	0	6	16.67% ↔	16.67%
Band 8C	0	0	0	0	0.00% ↔	0.00%
Band 8D	2	0	0	2	0.00% ↔	0.00%
Band 9	0	0	0	0	0.00% ↔	0.00%
VSM	2	0	0	2	0.00% ↔	0.00%
M&D – Consultant	0	0	0	0	0.00% ↔	0.00%
M&D – Career Grade	5	3	0	8	37.50% ↑*	0.00%
M&D – Trainee	0	0	0	0	0.00%	0.00%
M&D – Other	13	5	0	18	27.78% ↓*	40.00%*
Grand Total	1348	81	15	1444	5.6% ↑	4.7%
% of clinical staff	93.4%	5.6%	1.0%	100%		

*difference is due to categorisation of medical and dental staff based on technical guidance

Non-clinical staff breakdown by pay band

Pay Band	White	BAME	Not Stated	Grand Total	% BME staff in band 2024/25	% BME staff in band 2023/24
Band 1	4	0	0	4	0.0% ↔	0.0%
Band 2	115	6	1	122	4.9% ↑	3.2%
Band 3	72	2	0	74	2.7% ↓	3.7%
Band 4	49	1	0	50	2.0% ↔	2.0%
Band 5	43	2	0	45	4.4% ↓	4.7%
Band 6	19	2	0	21	9.5% ↑	8.0%
Band 7	26	1	0	27	3.7% ↑	3.0%
Band 8A	12	1	0	13	7.7% ↓	10.0%
Band 8B	12	0	0	12	0.0% ↔	0.0%
Band 8C	1	0	0	1	0.0% ↔	0.0%
Band 8D	3	0	0	3	0.0% ↔	0.0%
Band 9	1	0	0	1	0.0% ↔	0.0%
Other Incl VSM	7	0	0	7	0.0% ↔	0.0%
Grand Total	364	15	1	380	3.9% ↑	3.5%
% of non-clinical	95.8%	3.9%	0.3%	100.00%		

Key Findings:-

- The percentage of non-white staff employed at WCHC has increased from 4.42% last year to 5.3% this year with increases seen across clinical and non-clinical roles. Representation continues to be higher within clinical roles.
- The majority of clinical bands have increased, with the exception of band 4. For non-clinical roles, we have seen an increase in band 2, 6 and 7 but a decrease in bands 3, 5 and 8A. all other bands remain the same as previous year.
- The percentage of non-white staff employed at WCHC (5.26%) is greater than the population of Wirral as a whole (4.8%, 2021 Census), although it is recognised that the WCHC also has staff working in services across Cheshire East, St Helens and Knowsley.
- The number of clinical BME staff is higher than non-clinical BME staff, with 5.6% (4.7% last year) of BME staff being clinical and only 3.9% non-clinical (3.5% last year).

Indicator 2

This indicator relates to the relative likelihood of BAME staff being appointed from shortlisting compared to that of white staff being appointed from shortlisting across all posts.

Key Findings:

BAME applicants are less likely to be appointed from shortlisting than white applicants this year, with a relative likelihood of 4.0, however this is in improvement on 6.1 last year.

Indicator 3

This indicator relates to the relative likelihood of BAME staff entering the formal disciplinary process, compared with that of non-BAME staff.

Key Findings:

Within 2024/25, 17 people (0.93%) entered the disciplinary process. 1 staff were BME (0.05% of workforce numbers), 16 were white (including any “white ethnic group”) (0.88% of workforce numbers).

This data therefore highlights that BME staff are slightly more likely to enter the disciplinary process than white staff, with a relative likelihood of 1.1 which is a significant improvement on 6.57 last year.

Indicator 4

This indicator relates to the relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff.

Key Findings :

Data highlights that in 2023/4 this score was 0.99 and in 2024/5 this score was 0.82. This means BME staff are more likely to access non-mandatory training and CPD than white colleagues.

As in line with the WRES technical guidance a figure below “1” would indicate that white staff members are less likely to access non mandatory training and CPD than BME staff.

National NHS Staff Survey Findings

The next 4 indicators are taken directly from the 2024 staff survey report and relate to staff experience of bullying and harassment, career progression opportunities and personally experienced discrimination.

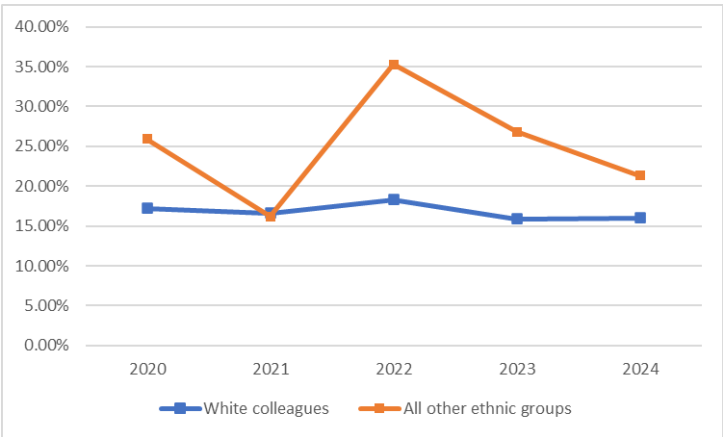
Indicator 5

21.28% of our BME staff have indicated that they have experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months compared to 16% of white colleagues. The chart below highlights for BME staff this is below the percentage Community Trust (CT) average that experienced harassment, bullying or abuse patients, relatives or the public in the last 12 months.

Table 1 - Annual Data Comparison

	2020	2021	2022	2023	2024	CT Average 2024
White colleagues	17.2%	16.6%	18.3%	15.9%	16.0%	17.6%
All other ethnic groups	25.9%	16.2%	35.3%	26.8%	21.3%	21.6%
Difference (+/-)	8.70%	-0.40%	17.00%	10.90%	5.30%	4.00%

Chart 1 - Annual Comparison Graph



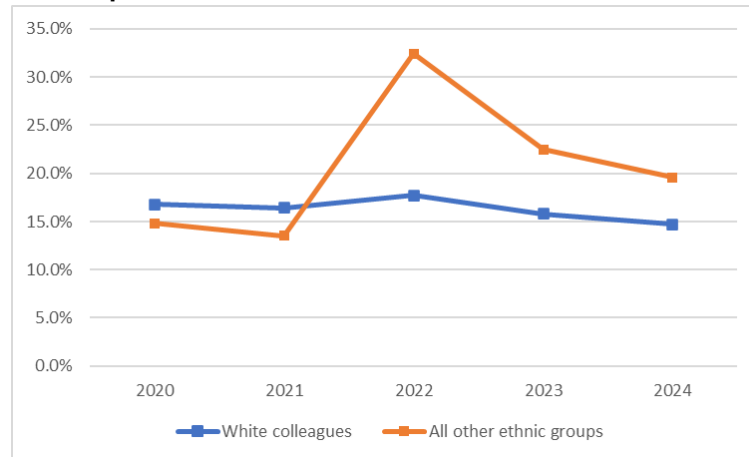
Indicator 6

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

19.6% of our BME staff have indicated that they have experienced harassment, bullying or abuse from staff in the last 12 months compared to 14.7% of white colleagues. The chart below highlights that for the last 3 years there has been a year-on-year improvement in this area.

Table 2 - Annual Data Comparison

	2020	2021	2022	2023	2024	CT Average 2024
White colleagues	16.8%	16.4%	17.7%	15.8%	14.7%	14.2%
All other ethnic groups	14.8%	13.5%	32.4%	22.5%	19.6%	17.1%
Difference (+/-)	-2.0%	-2.9%	14.7%	6.7%	4.9%	2.9%

Chart 2 – Annual Comparison Graph

Indicator 7

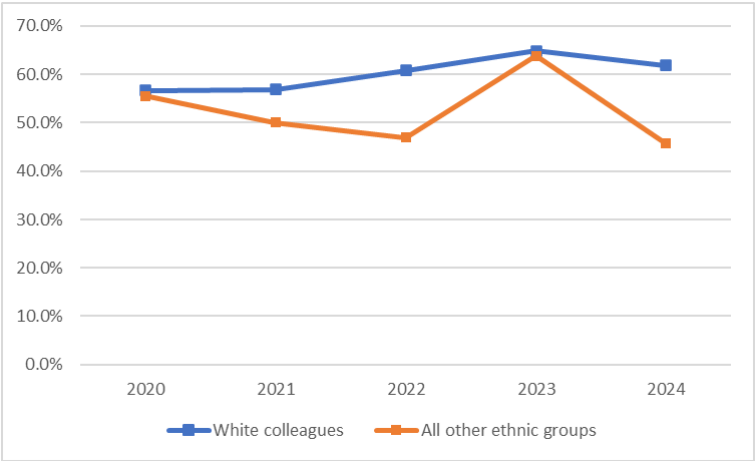
Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion.

45.7% of our BME staff believe that the trust provides equal opportunities for career progression or promotion compared to 61.9% of white colleagues. The chart below highlights this is figure for BME staff is below the comparator trust average.

Table 3 - Annual Comparison

	2020	2021	2022	2023	2024	CT Average 2024
White colleagues	56.7%	56.9%	60.8%	64.9%	61.9%	63.4%
All other ethnic groups	55.6%	50.0%	46.9%	63.8%	45.7%	54.6%
Difference (+/-)	-1.1%	-6.9%	-13.9%	-1.1%	-16.2%	-8.8%

Chart 3 - Annual Data Graph



Indicator 8

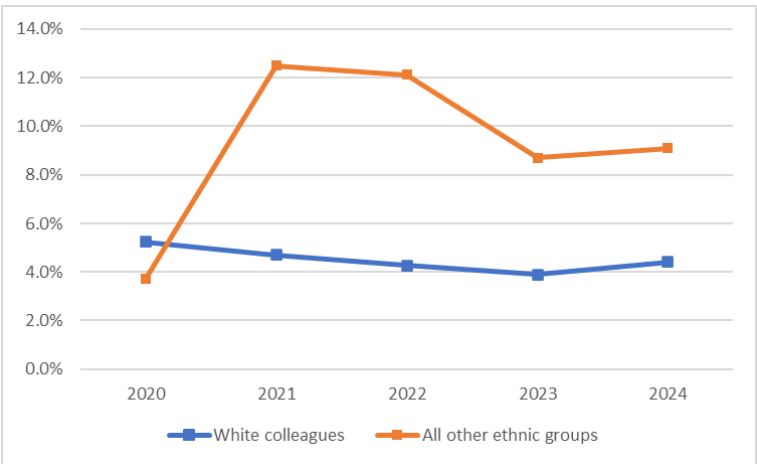
Percentage of staff experiencing discrimination at work from manager/team leader or other colleagues

9.1% of BME staff have experienced discrimination at work from manager/ team leader or other colleagues which is below the community average of 10.2% however this is an increase on the previous year.

Table 4 - Annual Data Comparison

	2020	2021	2022	2023	2024	CT Average 2024
White colleagues	5.3%	4.7%	4.3%	3.9%	4.4%	4.4%
All other ethnic groups	3.7%	12.5%	12.1%	8.7%	9.1%	10.2%
Difference (+/-)	-1.6%	7.8%	7.9%	4.8%	4.7%	5.8%

Chart 4 – Annual Data Graph



Indicator 9

Percentage difference between the organisations' board voting membership and its overall workforce disaggregated:

This indicator compares the percentage difference between the organisation's Board voting membership and its overall workforce disaggregated:

- By voting membership of the Board
- By executive membership of the Board

Key Finding:

The Trust has 13 Board members, 8 of whom are voting members. 10 identify as white (which includes all white categories as defined within ESR) and 3 recorded as unstated.

This gives a percentage difference for both the Trust boards voting and executive membership and its overall workforce of – 5%.

Conclusion

The Trust has seen a mixture of improvements and areas of decline this year.

Improvements can be seen in:

- Trust demographics – with increases in non-white staff across clinical and non-clinical roles.
- The likelihood of BME staff entering the formal disciplinary process
- The likelihood of BME staff being appointed from shortlisting compared to the previous year
- Staff experiencing bullying and harassment from staff and/or patients, relatives or members of the public which has been an improving position over the last 3 years

However, all other areas of staff survey results have unfortunately declined this year which include

- the percentage of staff experiencing harassment, bullying and abuse from staff
- the percentage of staff believing that their equal opportunities for career progression/promotion
- experiencing discrimination from any of the following: manager/ team leader or other colleagues.

The Trust has signed up to the North-West Anti-Racist framework and has publicly declared its commitment to being an anti-racist organisation. It is working towards achievement of bronze status as the first step in our journey towards achieving this and to ensure we support improvements in staff experiences.

The BAME Staff Network has continued to meet regularly and is seen as a valued space for members to meet and share experiences.

The scores have been shared with the network chair and group and actions have been developed in partnership. The action plan will continue to be reviewed on a regular basis to track progress and monitor the expected improvements for BME staff in their experiences at work.

Appendix A - WRES Indicator Summary table for WCHC 2024/25 compared to previous year and national comparators

Submission Year			2024	2025
Reporting Year			April 2023 – March 2024	April 2024 – March 2025
Metric 1 - Percentage of staff in each of the AfC bands 1 - 9 or medical and dental subgroups and VSM (including executive board members) compared with the percentage of staff in the overall workforce.	Overall workforce headcount		1831	1824
	Overall BME %		4.4%	5.26%
	BME headcount		81	96
	White Headcount		1728	1712
	NULL Headcount		22	16
Metric 2 - Relative likelihood of white staff being appointed from shortlisting compared to BME staff (shortlisting across all posts)			6.10	3.99
Metric 3 - Relative likelihood of BME staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation * <small>*this year submission is based on ER cases from 01/04/2023 – 31/03/2024.</small>			6.57	1.11
			7 White 2 BME	16 White 1 BME
Metric 4 - Relative likelihood of white staff accessing non-mandatory training and CPD compared to BME			0.99	0.82

Date of Staff Survey	CT average	Ethnicity	October 2023	October 2024
Metric 5 - Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	17.55%	White	16.58%	16.01%
	21.59%	BME	27.66%	21.28%
Metric 6 - Percentage staff experiencing harassment, bullying or abuse from staff in last 12 months.	14.21%	White	15.77%	14.71%
	17.10%	BME	22.47%	19.57%
Metric 7 - Percentage of staff believing that Trust provides equal opportunities for career progression or promotion.	63.37%	White	64.89%	61.85%
	54.29%	BME	63.83%	45.65%
Metric 8 - In the last 12 months have you personally experienced discrimination at work from manager/ team leader or other colleagues	4.44%	White	3.89%	4.41%
	10.19%	BME	8.70%	9.09%

Submission Year (August)	2024	2025
Reporting period	April 2023 – March 2024	April 2024 – March 2025
Metric 9 - Percentage difference between the organisations' board voting membership and its overall workforce disaggregated:	Board Members (13) White 100% BME 0% Voting Membership White 100 % BME 0 %	Board Members (13) White 76.9% BME 0% Undeclared 23.1% Voting Membership White 75% BME 0 % Undeclared 25%
Total Workforce	White 94.4% BME 4.4 % NULL 1.2 %	White 93.9% BME 5.3 % NULL 0.9%

Key:

- Improved from last year and above the national average
- Improved from last year however below the national average or reduced from last year however above the national average
- Reduced from last year and below the national average

Appendix B - Workforce Race Equality Standard (WRES) Action Plan 2025/26

WRES Action Plan for 2025-26

Elements		Action	Responsibility	Deadline
Seek to Understand	1	To regularly analyse incidents/ concerns in relation to racial harassment and bullying reported by staff and employee relations cases to identify learning	Network/ Staff Inclusion Lead	30/09/2025
Support	2	Build capacity and capability of Trust staff networks, with appointment of new BAME co-chairs and re-establishment of regular meetings.	Network/Staff Inclusion Lead/ Head of People Experience	31/03/2026
	3	Enhanced promotion of support available, including staff network and revising induction information for new starters.	Staff Inclusion Lead/ Head of People Experience	31/12/2025
Educate and Develop	4	Deliver education and training sessions to promote key priorities e.g. anti racism framework and inclusive recruitment, general advice and support for managers	Staff Inclusion Lead/ Patient Inclusion Lead/ Head of People Experience	Ongoing
	5	To improve equal opportunities in relation to career progression for BME workforce – promoting mentoring and coaching opportunities	Staff Inclusion Lead/Head of People Development	31/03/2026
Celebrate and Promote	6	Annual calendar of events to ensure proactive celebration of diversity and raising awareness of key EDI events / festivals/ awareness days sharing staff experiences and linking external / internal support mechanisms to aid and enhance understanding and support	Staff Inclusion Lead/ Patient Inclusion Lead	Ongoing
	7	Launch and promote actions achieved by the BAME network as part of the wider campaign of inclusion network achievements	Network/ Staff Inclusion Lead	Ongoing