

DRAFT NHS Workforce Race Equality Standard (WRES) Report 2024-2025



Lincolnshire
Integrated Care Board

Publication date 31 October 2025



Contents

Slide Title	Slide Number
What is the NHS Workforce Race Equality Standard?	3
Introduction	4
What are the 9 WRES Indicators?	5
Explanation of symbols used for Indicators 1-9	6
Summary of WRES Outcomes 2024-2025	7-8
WRES Indicators 1-9 (WRES data 2024-25)	9-14
LICB WRES Action Plan for 2023-2026	15
Implementation of Action plan	16

What is the NHS Workforce Race Equality Standard?

The NHS England WRES was devised to ensure employees from Black and Minority Ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace. Implementing the WRES is a requirement for NHS commissioners and NHS healthcare providers including independent organisations, through the [NHS standard contract](#).

The purpose of the WRES is to help NHS organisations to review their equality data against 9 WRES indicators and to produce action plans which will facilitate the closure of gaps in outcomes and experience evidenced in the NHS workplace (as a whole) between White and BME staff, as well as help to improve BME representation at Board Level.

All WRES data submitted by NHS organisations is used by NHSE to produce a national picture of WRES practice. The national report has the following key roles:

- To enable NHS organisations to compare their performance with others in their region and those providing similar services, with the aim of encouraging improvement by learning and sharing good practice.
- To provide a national picture of WRES in practice, to colleagues, organisations and the public on the developments in the workforce race equality agenda.

The 2024 national WRES report (published June 2025) is the eighth publication since it was mandated and can be accessed via the link: [NHS England » Workforce Race Equality Standard: 2024 data analysis report for NHS trusts](#)

Introduction

NHS Lincolnshire Integrated Care Board (LICB) is committed to ensuring that equality, diversity and inclusion is at the heart of everything we do and seek assurance from our providers that they do the same, so we all meet the contractual requirements in relation to the WRES and Equality Delivery System (EDS).

BME leadership representation across the NHS has shown signs of improvement since the introduction of the WRES. However, there is a clear need for further accelerated improvement. Aspirational goals to increase BME representation at senior levels and across the workforce, will reinforce the existing WRES programme of work.

This WRES report relates to LICB workforce data for April 2024 to March 2025 and shows performance information against the 9 mandatory WRES metrics, with recommendations for improvements where appropriate.

The WRES Action Plan 2023-2026 enables the ICB to focus its work on gaps identified within data.

Publishing the LICB WRES report is an important part of giving 'due regard' to the Public Sector Equality Duty (PSED). It's about our commitment to ensuring we are inclusive in our service delivery and that our staff reflect the communities we serve. The report will be approved by LICB prior to publication deadline of 31 October 2025 and reflects nationally the period of change that ICBs and other NHS organisations are affected by.

NHS ICB Reform – 2025

The government's 10-Year Health Plan introduces major reforms to NHS Integrated Care Boards (ICBs), aiming to modernise services, improve outcomes, and ensure long-term sustainability. Central to this change are three strategic shifts: moving care from hospitals into communities, prioritising prevention over treatment, and expanding digital innovation through tools such as the NHS App and AI.

Structurally, NHS England will be abolished, with its functions moving to the Department of Health and Social Care. ICBs will be reshaped to focus on strategic commissioning, reduce running costs, and potentially merge or share leadership teams. Operational responsibilities will increasingly sit with providers and regional/national teams.

ICBs will be expected to drive innovation, reduce variation, meet minimum standards across seven domains, and balance national priorities with local needs. Workforce changes include voluntary redundancy schemes, a refreshed workforce model with an emphasis on training, wellbeing, and leadership, alongside limited opportunities for public engagement due to time and resource constraints.

Potential Considerations in Relation to the WRES

From a WRES perspective, several risks arise and should be considered in light of the reforms. Redundancies may disproportionately affect minority ethnic staff, particularly those concentrated in lower bands or administrative roles. Restructuring and budget cuts could also restrict career progression and mobility for these groups.

There are concerns about staff wellbeing, with uncertainty and workload pressures potentially worsening stress, especially for minority ethnic staff who already face systemic barriers. Digital transformation carries risks of exclusion if accessibility and equitable support are not prioritised.

Finally, leadership representation may be impacted if mergers reduce diversity at senior levels without proactive inclusion measures. Rapid reform may also limit meaningful engagement with staff networks, potentially silencing underrepresented voices and missing opportunities to co-design inclusive workforce strategies.

It is therefore imperative to ensure that any risks are considered, and mitigations are put into place.

What are the 9 WRES indicators?

1-4 Workforce indicators: For each of these four workforce indicators, compare the data for White and BME staff

Indicator 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
Indicator 2	Relative likelihood of White staff being appointed from shortlisting compared to BME applicants, across all posts
Indicator 3	Relative likelihood of BME staff entering the formal disciplinary process compared to white staff
Indicator 4	Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff

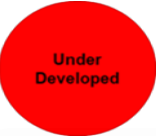




National NHS Staff Survey indicators (or equivalent): For each of the four staff survey indicators, compare the outcomes of the responses for White and BME staff

Indicator 5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
Indicator 6	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
Indicator 7	Percentage believing that trust provides equal opportunities for career progression or promotion
Indicator 8	Percentage of staff experiencing discrimination at work from other staff in the last 12 months









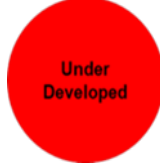











Board representation indicator: For this indicator, compare the difference for White and BME staff

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


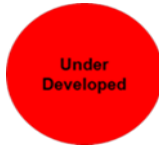























Explanation of symbols used for Indicators 1-9

RAG Indicator	Explanation
	Under developed
	Developing
	Achieving
	Data is not available -
	NHS Staff Survey data - no data is published 10 and under WRES data - no data is published 5 and under

Summary of WRES outcomes for 2024-2025

RAG Rating				Change	Indicator	2024-25 Explanation
2021-2022	2022-2023	2023-2024	2024-2025			WRES data - Total of 388 Staff
					1	BME staff representation of the workforce in 2024 remains static at 8%. With a slight decrease of Bands 8a-9 of 1%, and VSM 3%. NHS Lincolnshire ICB has a 8% BME representation which is higher than the Lincolnshire BME population of 4%.
					2	Likelihood of White candidates being appointed from short listing compared to BME candidates is 11.34, compared to 3.32 in 2023-2024. This is moving further away from the ideal ratio of 1.
					3	Likelihood of staff entering formal disciplinary process for 2024-25 was nil for White and BME. For 2023-2024 the number of formal disciplinary cases recorded was fewer than n=5 for BME staff. The ideal is that there are no disparities in White or BME staff entering the formal disciplinary process.
					4	Likelihood of staff accessing non-mandatory training and CPD, there is a notable increase in disparity with white staff 3.43 times more likely to access non-mandatory training than BME staff compared to previous years of 0.62 and 0.63. The ideal is that both BME and White staff should have fair opportunities to access non-mandatory training and CPD. The ideal is that both BME and White staff should have fair opportunities to access non-mandatory training and CPD.

Summary of WRES outcomes for 2024-2025..

RAG Rating				Change	Indicator	2024-25 Explanation
2021-2022	2022-2023	2023-2024	2024-2025			WRES data - Total of 388 Staff For indicators 5&6 and 7&8 the BME n=10> the Staff Survey show a score less than 10 as '-'
					5	5.67% of the White staff experienced harassment and bullying or abuse from patients, relatives or public in the last 12 months that is below the national average of 7.02%. Improving by 1.35%. For BME, compared to 2023-2024 the national average has slightly risen from 6.25% to 7.36% an increase of 1.11%. The ideal is that no one experiences harassment, bullying or abuse in any form.
					6	11.74% of White staff said they experienced harassment, bullying or abuse from staff in last 12 months that is slightly below the national average of 15.21% (3.47%). For BME staff who said they experience harassment, bullying or abuse from staff in the last 12 months, compared to 2024-2025 the national average has increased from 20.93% to 21.13% an increase in 1.13% increase. The ideal is that no one experiences harassment, bullying or abuse in any form.
					7	68.29% of White staff believe that the ICB provides equal opportunities for career progression which is 13.38% above the national average of 54.91%. For BME staff, compared to 2023-2024 the national average increased from 36.49% to 36.88%, an slight increase of 0.39%. The ideal is that the ICB staff to receive fair and equitable opportunities for career progression or promotion.
					8	4.49% of White staff reported experiencing discrimination at work, which is less than the national average of 5.06%. Compared to 2023-2024 the national average has slightly decreased 5.06% from 5.08%, a marginal decrease of 0.02%. The ideal is to have comparable data of BME staff to eliminate discrimination faced by all staff. We should continue to reduce numbers of staff experiencing discrimination in the workplace.
					9	In comparison of the 2023-24 and 2024-54 data for the Board shows that BME representation for the ICB Board is 2, (13.3%) and exceeds the representation of the Lincolnshire BME Population of 4% (2021 Census). The ideal is that the Lincolnshire BME representation on the Board continues to be reflective of the Lincolnshire's BME population.



Indicator 1: % of staff in each of the AfC Bands 1-9 and VSM (including Executive Board members) compared with the % of staff in the overall workforce disaggregated by: Non-Clinical Staff/Clinical staff

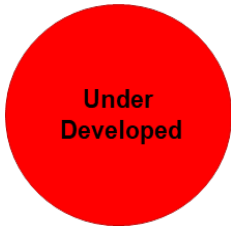
2024-2025								
Ethnicity	Work Force		Band 1-7		Band 8a-9		VSM	
White	353	91%	233	90%	112	93%	8	89%
BME	30	8%	22	8%	7	6%	'	11%
Not Disclosed	'	1%	'	2%	'	1%	0	0%
Total	388	100%	255	100%	119	100%	8	100%

2023-2024								
Ethnicity	Work Force		Band 1-7		Band 8a-9		VSM	
White	345	91%	225	90%	108	92%	12	86%
BME	32	8%	22	9%	8	7%	'	14%
Not Disclosed	'	1%	'	1%	'	1%	0	0%
Total	377	100%	247	100%	116	100%	12	100%

2022-2023								
Ethnicity	Work Force		Band 1-7		Band 8a-9		VSM	
White	347	94%	229	94%	110	95%	8	100%
BME	18	5%	12	5%	6	5%	0	0%
Not Disclosed	'	1%	'	1%	0	0%	0	0%
Total	368	100%	244	100%	116	100%	8	100%

What is the data telling us?

- The workforce has increased during the period 2022-2023, 2023-2024 and 2024-2025 by 20 staff.
- During the period 2023-2024 and 2024-2025 the BME workforce representation remains static at 8%. With a decrease in Bands 8a-9 of 1% and VSM decrease by 3%.
- The local BME population is 4%, NHS Lincolnshire ICB in 2024-25 has 8% BME representation in 2024.



Indicator 2: Relative likelihood of White staff being appointed from shortlisting compared to BME applicants, across all posts

Indicator 2 - Recruitment									
2022-2023				2023-2024			2024-2025		
Ethnicity	White	BME	Unknown	White	BME	Unknown	White	BME	Unknown
No. Staff in the workforce	347	18	3	345	32	3	353	30	5
No. Shortlisted applicants	357	73	3	222	41	8	219	91	14
No. Appointed applicants	97	15	2	54	3	6	54	2	10
Ratio - Shortlisting to Applicants	0.27	0.21	0.67	0.24	0.073	0.75	0.24	0.02	0.71
Relative likelihood of White candidates being appointed compared to BME candidates	1.32			3.32			11.22		

What is the data telling us?

- In 2024-25, White candidates are 11.22 times more likely to be appointed from shortlisting. This an increase of from the previous ratio of 7.90 times more likely to be appointed from shortlisting in 2023-24.
- A ratio of 1 is the ideal where White and BME candidates are being appointed.
- This disparity highlights a significant equity gap in recruitment processes.

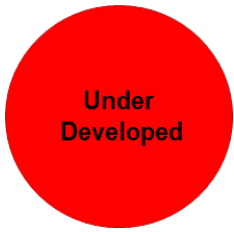


Indicator 3: Relative likelihood of BME staff entering the formal disciplinary process, compared to White staff

Indicator 3 - Disciplinary Process						
	2022-23		2023-24		2024-25	
Ethnicity	White	BME	White	BME	White	BME
No. Staff in workforce	347	18	345	32	353	30
No. staff entering formal disciplinary	12	'	'	'	'	'
Likelihood of White staff entering formal disciplinary	'	'	'	'	'	'
Likelihood of BME staff entering formal disciplinary	'	'	'	'	'	'
The relative likelihood of BME staff entering formal disciplinary compared to White staff	'	'	'	'	'	'

What is the data telling us?

- For 2024-25, staff entering the formal disciplinary process was nil for White and BME.
- For 2023-2024 the number of formal disciplinary cases recorded was fewer than n=5 for BME staff.



Indicator 4: Relative likelihood of White staff accessing non-mandatory training and CPD, compared to BME staff

Indicator 4 - Non-mandatory training and CPD						
	2022-2023		2023-2024		2024-2025	
Ethnicity	White	BME	White	BME	White	BME
No. Staff in Workforce	349	18	344	21	353	30
No. Staff accessing non-mandatory training and CPD	12	'-'	34	'-'	40	'-'
Likelihood of White staff accessing non-mandatory	3.44%	5.56%	9.58%	15.15%	0.11%	0.03%
Relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff	0.62		0.63		3.43	



What is the data telling us?

- There is a notable increase in disparity with white staff 3.43 times more likely to access non-mandatory training than BME staff.
- The ideal is that both BME and White staff should have fair opportunities to access non-mandatory training and CPD.
- Data collection limitations hinder accurate analysis.
- There's a need to improve recording and uptake for both White and BME staff.

Developing

Under Developed

Indicator 5-6: Percentage staff experiencing harassment, bullying or abuse for patients, relatives or public / or staff in the last 12 months



Indicator 5-6 - Percentage staff experiencing harassment, bullying or abuse for patients, relatives or public / or staff in the last 12 months			
Summary of Staff Survey Outcomes (WRES Indicators 5-6)	2022-2023	2023-2024	2024-2025
 <p>Percentage of staff experiencing harassment, bullying or abuse form patients, relatives or the public in last 12 months</p>	<p>Of the total who responded those who said 'Yes': White: 9.0% National AV: 10.3% BME: 22.2% National AV: 10.3%</p>	<p>Of the total who responded those who said 'Yes': White: 7.48% National AV: 7.66% BME: '-' National AV: 6.25%</p>	<p>Of the total who responded those who said 'Yes': White: 5.67% National AV: 7.02% BME: 6.67% National AV: 7.36%</p>
 <p>Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months</p>	<p>Of the total who responded those who said 'Yes': White: 10.9% National AV: 11.2% BME: 16.7% National AV 11.2%</p>	<p>Of the total who responded those who said 'Yes': White: 12.60% National AV: 15.57 % BME: '-' National AV 20.93%</p>	<p>Of the total who responded those who said 'Yes': White: 11.74% National AV: 15.21% BME: 20.00% National AV: 21.13%</p>

What is the data telling us?

- *BME - n=10> (the Staff Survey show a score less than 10 as '-').
- 5.67% of the White staff experienced harassment and bullying or abuse from patients, relatives or public in the last 12 months, that is below the national average of 7.02% an improvement of 1.35%.
- For BME compared to 2023-2024 the national average has increased by 1.11% from 6.25% to 7.36%.
- Continue to monitor as below the national average no data last year - 2023/24.
- 11.74% of the White staff said they experienced harassment, bullying or abuse from staff in last 12 months which is below the national average of 15.21% (3.47%).
- For BME staff said they experienced, harassment and bullying or abuse from staff in the last 12 months, is 20%, which is below the national average of 1.13%
- Continue to monitor as just below the national average and no data for last year – 2023/24.



Indicator 7-8: Percentage believing the ICB provides equal opportunities for career progression or promotion and personally experience discrimination at work from other staff in the last 12 months

Indicator 7-8 - Percentage believing the ICB provides equal opportunities for career progression or promotion and personally experience discrimination at work from other staff in the last 12 months			
Summary of Staff Survey Outcomes (WRES Indicators 7-8)	2022-2023	2023-2024	2024-2025
 <p>Percentage believing that the ICB provides equal opportunities for career progression or promotion</p>	<p>Of the total who responded those who said 'Yes':</p> <p>White: 45.5%</p> <p>National AV: 59.3%</p> <p>BME: 25%</p> <p>National AV 38.3%</p>	<p>Of the total who responded those who said 'Yes':</p> <p>White: 64.14 %</p> <p>National AV: 53.72 %</p> <p>BME: 0%</p> <p>National AV: 36.49 %</p>	<p>Of the total who responded those who said 'Yes':</p> <p>White: 68.29%</p> <p>National AV: 54.91%</p> <p>BME: 40.00%</p> <p>National AV: 36.88 %</p>
 <p>Percentage of staff experiencing discrimination at work from other staff in the last 12 months</p>	<p>Of the total who responded those who said 'Yes':</p> <p>White: 4.5%</p> <p>National AV: 4.5%</p> <p>BME: 4%</p> <p>National AV 13.3%</p>	<p>Of the total who responded those who said 'Yes':</p> <p>White: 4.73%</p> <p>National AV: 5.08%</p> <p>BME: 0%</p> <p>National AV: 14.50%</p>	<p>Of the total who responded those who said 'Yes':</p> <p>White: 4.49%</p> <p>National AV: 5.06%</p> <p>BME: 0%</p> <p>National AV: 15.19%</p>

What is the data telling us?

*BME - n=10> (the Staff Survey show a score less than 10 as '-') no comparison can be made as the data is not available.

- 68.29% of White staff believe that the ICB provides equal opportunities for career progression which is 13.8% above the national average of 54.91%.
- 40% of BME staff believe that the ICB provides equal opportunities for career progression which is an increase 0.39% to 36.88%.
- White is significantly above the national average by 13.38% and for BME it is slightly above the national average of 3.12%.
- 4.49% of White staff reported experiencing discrimination at work, which is less than the national average of 5.06%. Marginal decrease of 0.02%
- Compared to 2023-2024 the national average has increased by 0.69% to 15.19%.



Indicator 9: Percentage difference between the organisations' Board voting membership and its overall workforce

	2024-25 (Lincolnshire ICB)				
Ethnicity	Board		Workforce		% Difference
White	13	86.7%	353	91.0%	-4.3%
BME	2	13.3%	30	7.73%	5.6%
Not Disclosed	0	0.0%	5	1.3%	-1.3%
Total	15	100%	388	100%	

	2023-24 (Lincolnshire ICB)				
Ethnicity	Board		Workforce		% Difference
White	9	81.8%	345	90.8%	-9.0%
BME	2	18.2%	32	8.42%	9.8%
Not Disclosed	0	0.0%	3	0.8%	-0.8%
Total	11	100%	380	100%	

	2022-23 (Lincolnshire ICB)				
Ethnicity	Board		Workforce		% Difference
White	13	86.6%	349	94.2%	-7.6%
BME	1	6.7%	18	5%	1.7%
Not Disclosed	1	6.7%	3	0.8%	-5.9%
Total	15	100%	370	100%	

What is the data telling us?

- In comparison of the 2023-24 and 2024-25 data for the Board shows that BME representation for the ICB Board is 2, (13.3%). This is a decrease of 4.9% and exceeds the representation of the Lincolnshire BME Population of 4% (2021 Census).
- The ideal is that the Lincolnshire BME representation on the Board continues to be reflective of the Lincolnshire's BME population.

LICB WRES Action Plan 2023-2026

WRES indicator	Areas of focus/objective	Action required	Strategic links	Outcome achieved
Indicator 2 Recruitment & Representation	Reduce the significant equity gap in recruitment outcomes	<ul style="list-style-type: none"> Review recruitment processes to reduce bias and improve BME appointment rates Implement inclusive recruitment toolkit and positive action initiatives for Board and senior roles 	NHS EDI workforce improvement plan, high impact area 2 - Overhaul recruitment processes and embed talent management processes. People plan – developing our people	
Indicator 4 Mandatory Training	Improve the take-up and recording of non-Mandatory training	<ul style="list-style-type: none"> Encourage Staff to record non-mandatory training through more frequent communication of its importance e.g., via team briefs, other media Managers are regularly reminded of the importance of ongoing dialogue during 1:1 and appraisals re the recording of training as well as offering opportunities to attend courses/workshops 	NHS EDI workforce improvement plan, high impact area 2 - Overhaul recruitment processes and embed talent management processes. People plan – developing our people	Evidence of comms exercises and availability of more data from ESR
Indicators 5-6 Bullying and Harassment (B&H)	Reduce the incidents of harassment, bullying and abuse on staff from patients’ relatives and public	<ul style="list-style-type: none"> Anti-harassment and anti-racism stance/policy to be developed including review processes for incident reporting and timelines Tackling bullying and racial harassment training for all staff Anti-bullying and harassment Public posters and leaflets to be developed, displayed and distributed 	Lincs ICS Anti racism campaign strategy NHS EDI workforce improvement plan, high Impact Action 6 - Eliminate conditions and environment in which bullying, harassment and physical harassment occurs. People Plan – Value Our People (Drive to reduce Bullying and harassment)	Improved staff confidence to report incidents. Improved manager confidence in dealing with incidents and providing support to staff
	Reduce the incidents of harassment, bullying and abuse staff on staff	<ul style="list-style-type: none"> Frequent comms to all staff on LICB stance on B&H via relevant channels e.g., face book, team talk/brief etc. Developing managers caring conversational skills through training to enable them to support staff e.g., via 1:1s/appraisals 		
Indicator 7 Career progression or promotion	Improve Percentage of staff believing that the ICB provides equal opportunities for career progression or promotion	<ul style="list-style-type: none"> Develop a learning and development strategy linking to the Lincolnshire System for staff development and targeted approach to under representation e.g., via positive action initiatives, professional development opportunities to support their career progression Managers to recommend more Learning development opportunities for all staff via 1:1s/appraisals Targeted approach – offer BAME staff, via positive action initiatives, professional development opportunities to support their career progression 	NHS EDI workforce improvement plan – High Impact Action 2 People Plan – pathways in Health and care Careers Develop our People Retain our People NHS LTWF Plan June 23 – Train: grow the workforce. Retain: right culture and improving retention. Reform: working and training differently	Strategy developed and implementation plans for delivery. Availability of more data from ESR
Indicator 8 Discrimination at work - Manager, Team Leader, Other Colleagues	Support staff who have experienced discrimination at work to report incidents and discuss impact	<ul style="list-style-type: none"> Frequent comms to all staff on LICB stance on discrimination via relevant channels e.g., face book, team talk/brief etc. Managers to engage in conversations - developing managers conversational skills through training to enable them to support staff e.g., via 1:1s/appraisals Anti-discrimination training for managers and staff Develop Zero tolerance policy 	NHS EDI workforce improvement plan – High Impact Action 6 High Impact Action 2	Evidence of improved staff confidence to report incidents and improved manager confidence in dealing with incidents and providing support
Indicator 9 Board representation	Continue to improve Board diversity and representation	<ul style="list-style-type: none"> Review the Board Recruitment process and develop a targeted approach to recruitment, selection of Board members from different backgrounds e.g., through positive action initiatives:- Assess uses of current methods of attraction advertising Shortlisting and interviewing – training on tackling bias and discrimination Implement system Inclusive Recruitment Toolkit 	NHS EDI workforce improvement plan – High Impact Action 2 System Inclusive Recruitment Toolkit	Revised Board recruitment and selection process – positive action
General across all indicators Disclosure of Ethnicity	Highlight the importance of disclosure of ethnicity to address barriers and gaps in practice	<ul style="list-style-type: none"> Ongoing communication of the importance of disclosure e.g., team talk, training, bulletins Team meetings and managers 1:1 conversation with staff 	NHS EDI Workforce Improvement plan – High impact Action 2	Evidence of comms Availability of more data from ESR

Suggested additional actions:

Based on the data and the existing plan, further recommendations that will take the plan through to the other side of organisational change include:

- Introducing blind recruitment practices to reduce unconscious bias, auditing shortlisting panels for diversity and bias awareness, and tracking monthly conversion rates from application to appointment by ethnicity (Indicator 2).
- To improve training access (Indicator 4), it is recommended to implement mandatory ESR training for managers and staff on recording non-mandatory training, and to develop a centralised dashboard to monitor training uptake by ethnicity.
- For harassment and discrimination (Indicators 5–8), conducting anonymous quarterly pulse surveys to capture real-time sentiment, and incorporating EDI metrics into manager performance reviews are advised to enhance accountability.
- Regarding board representation (Indicator 9), setting aspirational targets for BME representation aligned with population data and introducing mentorship programmes for BME staff aspiring to leadership roles are key steps.
- More broadly, improving ethnicity disclosure rates through targeted campaigns and assurances of data privacy, along with applying intersectional analysis (e.g., ethnicity and gender), will help uncover deeper disparities and inform more inclusive strategies.

Suggested additional actions (continued):

Based on the data and the existing plan, further recommendations that will take the plan through to the other side of organisational change include:

- Introducing blind recruitment practices to reduce unconscious bias, auditing shortlisting panels for diversity and bias awareness, and tracking monthly conversion rates from application to appointment by ethnicity (Indicator 2).
- To improve training access (Indicator 4), it is recommended to implement mandatory ESR training for managers and staff on recording non-mandatory training, and to develop a centralised dashboard to monitor training uptake by ethnicity.
- For harassment and discrimination (Indicators 5–8), conducting anonymous quarterly pulse surveys to capture real-time sentiment, and incorporating EDI metrics into manager performance reviews are advised to enhance accountability.
- Regarding board representation (Indicator 9), setting aspirational targets for BME representation aligned with population data and introducing mentorship programmes for BME staff aspiring to leadership roles are key steps.
- More broadly, improving ethnicity disclosure rates through targeted campaigns and assurances of data privacy, along with applying intersectional analysis (e.g., ethnicity and gender), will help uncover deeper disparities and inform more inclusive strategies.

Concluding Insights on WRES 2024-2025

- Significant progress made in BME representation despite ongoing challenges.
- Action plans target recruitment, training, harassment, and board diversity.
- Continuous monitoring and tailored initiatives are critical for equity.
- Leadership commitment and inclusive culture remain vital for success particularly so during periods of change.
- Future focus on data transparency and staff engagement to drive change.