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Chelsea and Westminster Hospital NHS Foundation Trust Workforce Race Equality Standard (WRES) Annual Report

2024/25



Foreword

Since 2015, all NHS organisations have been required to demonstrate how they are addressing race equality through the Workforce Race Equality Standard (WRES). The WRES measures disparities across nine key indicators, comparing the experiences of Black and Minority Ethnic (BAME) staff to their White counterparts. Data is drawn from multiple sources, including workforce records, employee relations, learning and development, recruitment, and the NHS Staff Survey.

As Chair of the People Strategy Belonging Subgroup, I am committed to seeing meaningful and sustained improvements for all our colleagues. The latest WRES Annual Report shows areas of progress, but also confirms that disparities persist. Staff continue to experience the workplace differently based on their race and ethnicity—and that must change.

We are committed within the Trust's People Plan Belonging Subgroup and with colleagues across the North West London Acute Provider Collaborative in meeting NHS England's EDI Improvement Plan and the NHS 10 year plan.

We intend to bring about the real organisational change required, within our Trust.

We aim to achieve these changes by:

Embedding a culture of compassion, where speaking out against witnessed or experienced discrimination, racism or abuse is supported and encouraged.

Acknowledging incidences of bullying and harassment reported by staff and ensuring that there is zero-tolerance to all forms of discrimination and racism directed towards staff and service-users.

Ensuring that disciplinary, grievance and performance management processes are fair and equitable.

Improving and ensuring that recruitment processes are transparent and career progression opportunities for underrepresented staff groups are achieved; working towards having representation at all levels of the Trust as diverse as the communities we serve.

We recognise that we are responsible as well as accountable to maintain these standards in ways that are visible.

Our aim is clear: to ensure that all voices are heard, and that real action is taken to address unequal experiences. Through partnership, advocacy, and accountability, we strive to break down barriers, increase equity, and drive real and lasting change across our organisation.

Robert Bleasdale Chief Nursing Officer, Chair Belonging Subgroup and Executive Sponsor of the ENRICH Staff Network



Workforce Race Equality Standard Report

The Workforce Race Equality Standard (WRES) came into effect on 1st April 2015. The standard aims to improve the representation and experience of Black, and Minority Ethnic (BME) staff at all levels of the organisation – particularly senior management.

In the context of the WRES, White staff comprises White British, White Irish and White Other (Ethnicity codes A, B, C) whereas BME staff comprise all other categories excluding 'not stated'. These terms and categorisations are those set out within the WRES guidance nationally and therefore used within the context of this report.

The total workforce as at 31st March 2025 was 7783. BME staff make up 54.9% of the workforce, The BME percentage has increased by 1.2% from 53.7% in March 2024. White staff make up 37.2% of the workforce a decrease of 1.7% from 38.9% in 2024. The not stated category increased slightly by 0.4% to 7.8% from 7.4% in 2024.

*In comparison as at March 2024 28.6% of the workforce across NHS Trusts nationally came from a BME background. This figure was 53.9% for the London region.

Table 1 and Table 2 show the number of and distribution of White, BME and Not stated staff in non-clinical and clinical bands in 2024 and 2025 with the BME percentage in each band in 2024. Bands 8b to 8d saw a large decrease in people BME in those posts due to recruitment and leavers data.

Table 1: WRES Indicator 1: Non-clinical roles

| WRES indicator 1: Percentage of staff in each AfC Bands 1-9 and VSM as at 31 st March 2025 | | | | | | | | | |
|---|-------|-----|------------|------------|-------|-----|------------|------------|--------------------------|
| Non Clinical | 2024 | | | % BME 2024 | 2025 | | | % BME 2025 | BME % year on year trend |
| | White | BME | Not Stated | | White | BME | Not Stated | | |
| Band 2 | 51 | 73 | 4 | 57% | 48 | 82 | 5 | 60% | Increase |
| Band 3 | 93 | 143 | 19 | 56% | 93 | 155 | 21 | 57% | Increase |
| Band 4 | 136 | 140 | 30 | 46% | 134 | 163 | 30 | 49% | Increase |
| Band 5 | 81 | 108 | 11 | 54% | 94 | 98 | 8 | 49% | Decrease |
| Band 6 | 58 | 60 | 7 | 48% | 54 | 62 | 9 | 49% | Increase |
| Band 7 | 58 | 59 | 9 | 47% | 50 | 66 | 10 | 52% | Increase |
| Band 8a | 57 | 35 | 1 | 38% | 57 | 38 | 2 | 39% | Increase |
| Band 8b | 42 | 21 | 5 | 31% | 43 | 18 | 7 | 26% | Decrease |
| Band 8c | 26 | 17 | 4 | 36% | 25 | 15 | 4 | 34% | Decrease |
| Band 8d | 19 | 8 | 3 | 27% | 21 | 6 | 3 | 20% | Decrease |
| Band 9 | 5 | 4 | 1 | 40% | 4 | 4 | 0 | 50% | Increase |
| VSM | 18 | 4 | 0 | 18% | 17 | 5 | 0 | 23% | Increase |



* [NHS England » Workforce Race Equality Standard: 2024 data analysis report for NHS trusts](#)

The numbers of non-clinical staff across all bandings in the Trust as at 31st March 2025 is 1451, which accounts for 19% of the total workforce.

Table 2: Summary of Staff in White and BME groups March 2025

| | Number | Percentage of those in non-clinical roles |
|------------|--------|---|
| White | 640 | 44% |
| BME | 712 | 49% |
| Not stated | 99 | 7% |

Table 3: WRES Indicator 1: Clinical roles

| WRES indicator 1: Percentage of staff in each AfC Bands 1-9 and VSM as at 31 st March 2025 | | | | | | | | | |
|---|-------|-----|------------|------------|-------|------|------------|------------|--------------------------|
| Clinical | 2024 | | | % BME 2024 | 2025 | | | % BME 2025 | BME % year on year trend |
| | White | BME | Not Stated | | White | BME | Not Stated | | |
| Band 2 | 101 | 359 | 48 | 71% | 94 | 370 | 52 | 72% | Increase |
| Band 3 | 100 | 214 | 35 | 61% | 105 | 236 | 31 | 63% | Increase |
| Band 4 | 65 | 107 | 15 | 57% | 74 | 113 | 11 | 57% | No change |
| Band 5 | 247 | 978 | 78 | 75% | 242 | 1052 | 79 | 77% | Increase |
| Band 6 | 385 | 596 | 87 | 56% | 387 | 665 | 76 | 59% | Increase |
| Band 7 | 445 | 275 | 49 | 36% | 460 | 307 | 57 | 37% | Increase |
| Band 8a | 141 | 71 | 11 | 32% | 144 | 76 | 12 | 33% | Increase |
| Band 8b | 39 | 19 | 5 | 30% | 38 | 23 | 3 | 36% | Increase |
| Band 8c | 14 | 5 | 2 | 24% | 15 | 6 | 3 | 25% | Increase |
| Band 8d | 6 | 1 | 0 | 14% | 6 | 1 | 0 | 14% | No change |
| Band 9 | 5 | 1 | 0 | 17% | 6 | 1 | 0 | 14% | Decrease |
| VSM | 2 | 0 | 0 | 0% | 2 | 0 | 0 | 0% | No change |
| *Consultants | 343 | 230 | 40 | 38% | 351 | 245 | 47 | 38% | No change |
| *Career/staff grades | 26 | 30 | 8 | 47% | 30 | 33 | 6 | 48% | Increase |
| *Trainee grades/Trust grade | 318 | 422 | 78 | 52% | 308 | 433 | 132 | 50% | Decrease |

* Medical and Dental

The numbers of clinical, medical and dental staff across all bandings in the Trust as at 31st March 2025 is 6332, which accounts for 81% of the total workforce. Band 8a and above are



small number changes apart from band 8d which was static. The band 9 post increased overall but a person of white ethnicity was successful and this again depends on who applied, shortlisting and interview performance

Table 4: Summary of staff in White and BME groups March 2025

| | Number | Percentage of those in clinical roles |
|------------|--------|---------------------------------------|
| White | 2262 | 36% |
| BME | 3561 | 56% |
| Not stated | 509 | 8% |

Table 5: WRES indicator 2

| WRES indicator 2: Relative likelihood of white staff compared to BME being appointed from shortlisting across all posts | | | | | |
|---|------------|------------|------------|------------|------------|
| Trust 2025 | Trust 2024 | Trust 2023 | Trust 2022 | Trust 2021 | Trust 2020 |
| 1.86 | 1.62 | 1.71 | 1.72 | 1.60 | 1.40 |

Note: equity is a figure of 1.0

Table 5 shows our progress in relation to WRES indicator 2. For 2024/25 white applicants continue to be more likely to be appointed from shortlisting than BME applications. The WRES indicator has worsened by 0.24 from the 2023/24 position.

The national average (mean) for WRES indicator 2 in 2024 is 1.62 with London the best performing region at 1.16. In 2024/25 the Trust is performing worse than the 2024 national average.

Whilst not an indicator itself the number of applications has increased from last year by 12,287 submitted applications which is a 29% increase in volume. The ratio at shortlisting of BME candidates in 2024/25 increased to 77% from 66% in 2023/24 of those candidates who applied. Whilst not a part of the national WRES reporting we have reviewed the actual attendance at interview rates from those shortlisted.

For white staff the attendance rate at interview is 89%, for BME candidates the attendance rate at interview is 61% across all advertised posts. It could be because of a variety of factors but we need to ascertain if there is any common themes. We aim to explore this by profession and/or division.



Table 6: WRES indicator 3

| WRES indicator 3: Relative likelihood of BME entering the formal disciplinary process | | | | | |
|--|------------|------------|------------|------------|------------|
| Trust 2025 | Trust 2024 | Trust 2023 | Trust 2022 | Trust 2021 | Trust 2020 |
| 1.18 | 1.02 | 1.55 | 1.77 | 1.91 | 2.41 |

Note: equity is a figure of 1.0

Table 6 shows our progress in the relative likelihood of BME staff entering the formal disciplinary process compared to white staff.

Ensuring that we embed a just and fair culture has been a Trust priority over the past three years. We have been seeing positive changes and we are performing better than the national mean average in 2024 of 1.50. However, we have now slipped against the London mean average of 1.09 which is a negative change.

The indicator looks at two years rolling data and in 2023 we documented 16 disciplinary cases and 57 disciplinary cases in 2022. The comparatively low number of cases reported in 2023 reduced the WRES 3 indicator for 2024, however the overall trend in the relative likelihood of BME staff entering the formal disciplinary process compared to white staff remains downward.

One of the successful initiatives by the employee relations teams in seeing how it is possible to reduce the overall number of formal cases within the disciplinary process are “*Letters of Expectations*” which is an action short of formal disciplinary action.

44 formal cases were reported in 2024/25 so our 2 year rolling average has increased due to the cumulative shift in number of cases for 2024 and 2025.

We will continue to work closely with the employee relations team to look at the number of cases, number that are formal cases and the areas they are from and how we can support learning from this to reduce this as outlined in the draft EDI 2025/26 action plan.

Table 7: WRES indicator 4

| WRES indicator 4: Relative likelihood of white staff accessing non mandatory training and Career Professional Development (CPD) | | | | | |
|--|------------|------------|------------|------------|------------|
| Trust 2025 | Trust 2024 | Trust 2023 | Trust 2022 | Trust 2021 | Trust 2020 |
| 0.98 | 0.97 | 1.01 | 0.90 | 1.08 | 1.03 |

Note: equity is a figure of 1.0

Table 7 shows the relative likelihood of white staff accessing non-mandatory training compared to BME staff.

The range which NHS England has deemed as a “non-adverse range” is 0.80 – 1.25 for the



indicator, which we are within. As a comparator the national figure for this in 2024 was 1.06 with London the same figure at 1.06. The Trust continues to perform better than the overall London figure.

Table 8: WRES indicators 5 – 8

| | Year on year changes | Year on year narrowing the gap | Ethnicity | 2024 | 2023 | 2022 | 2021 | 2020 |
|---|----------------------|--------------------------------|-----------|-------|-------|-------|-------|-------|
| WRES Indicator 5: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months | Decrease | Widened | WHITE | 33.9% | 34.5% | 40.9% | 37.1% | 37.9% |
| | Increase | | BME | 38.3% | 37.2% | 43.2% | 36.2% | 39.6% |
| WRES Indicator 6: Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months | Increase | No Change | WHITE | 21.3% | 20.4% | 26.4% | 25.1% | 26.7% |
| | Increase | | BME | 25.8% | 24.9% | 28.5% | 29.4% | 29.0% |
| WRES Indicator 7: Percentage believing that trust provides equal opportunities for career progression or promotion | Increase | Widening | WHITE | 63.6% | 59.5% | 57.2% | 59.6% | 59.9% |
| | Increase | | BME | 51.3% | 50.7% | 48.7% | 46.0% | 45.1% |
| WRES Indicator 8: Percentage of staff experiencing harassment, bullying or abuse from manager/team leader or other colleagues in last 12 months | Decrease | Widening | WHITE | 6.3% | 7.3% | 8.1% | 7.8% | 5.6% |
| | No change | | BME | 15.6% | 15.6% | 16.2% | 16.8% | 16.1% |

Key:

| | | |
|------------------|------------------|-----------|
| Improving figure | Worsening figure | No Change |
|------------------|------------------|-----------|

The data in table 8, taken from our most recent Staff Survey 2024 results and shows a change in trends from the 2023 staff survey. BME staff experiencing bullying and harassment has



increased and our results are different compared to the national average of 27.8%

For indicator 5 there has been a year on year percentage decrease of white staff experiencing bullying or abuse from patients, relatives or the public in last 12 months however, the gap between the responses from BME staff and white staff year on year has widened. We are working to address this through staff safety programmes of work.

There is a slight shift to metric 6 for both White and BME staff and we need to address this concern using Trust based initiatives including our staff safety meetings.

Based on national averages from 2024 against these metrics, as seen in table 7, the Trust scores are above those of the National average scores for BME staff experiencing harassment bullying or abuse from patients or members of the public. Addressing this is a key priority in our People Strategy and will be a focus of the new Feeling Safe multi-disciplinary group which seeks to reduce levels of violence and aggression experienced by staff.

Table 9: Trust Staff Survey Data compared to National Data from 2024 in WRES Indicators 5–8

| | | |
|---------------|--|---|
| WRES 5 | Trust Average for BME Staff 2024 38.3% | National Average Score for BME Staff 2024 28.7% |
| WRES 6 | Trust Average for BME Staff 2024 25.8% | National Average for BME Staff 2024 24.2% |
| WRES 7 | Trust Average for BME Staff 2024 51.3% | National Average for BME Staff 2024 49.7% |
| WRES 8 | Trust Average for BME Staff 2024 15.6% | National Average for BME Staff 2024 15.2% |

Metric 7 has not shifted significantly from last year and we are performing slightly better than the national average of 49.7% but we need to ensure there is a clear focus on conversations in 121s and via PDR.

There is no significant year or year shift for metric 8 and we are in line with national average but need to look at ways of decreasing this with managers via conversations, our new guide for managers and support and training available for all managers.

Table 10: WRES indicators 9

| WRES Indicator 9: disaggregated | Year on year trend | Trust 2025 | Trust 2024 | Trust 2023 | Trust 2022 |
|---|-------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| % difference between the organisations' Board voting membership and its overall workforce | Decrease | 28% | 30% | 30% | 30% |
| % difference between organisations' Board executive membership and its overall workforce | Widening | -25% | -21.5% | -19.0% | -21.8% |



Our most significant change is metric 9 and representation at board due to changes of the executive board membership which was extended in 2024 and although the change would be considered positive we are far from having good representation at board level. We need to encourage a more diverse range of applications the next time a role becomes vacant as the global majority are most underrepresented at board level. We acknowledge that this is difficult to change unless a position becomes vacant and we take positive action.

WRES Action Plan

Our WRES action plan is part of our wider EDI action plan under the People Strategy and specific actions we will be taken and monitored over the next 12 months. Our key actions include:

- Deliver culturally inclusive leadership development
- Revise Inclusive Recruitment training
- EDI metrics reported monthly and by division
- Launch Reciprocal Mentoring across the Trust starting with underrepresented groups