Workforce Race Equality Standard (WRES) 2025

Snapshot data 31 March 2025

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Introduction

Introduced in April 2015, the NHS Workforce Race Equality Standard (WRES) was seamlessly integrated into the NHS Standard Contract to promote equity within the workforce. The WRES is designed to support NHS organisations in systematically evaluating their workforce data against nine critical indicators. These indicators enable the identification of disparities in workplace experiences between White staff and Black and Minority Ethnic (BME) staff, driving the creation of targeted action plans to reduce these inequalities. A further aim of the WRES is to improve the representation of BME colleagues in senior positions, particularly at board and executive levels of NHS organisations. Leadership that reflects the diversity of the workforce is vital not only for fairness but also for building trust, ensuring that decision-making is inclusive, and embedding diverse perspectives in strategic planning and governance.

This report marks an important milestone, as it is the first time data from the four Commissioning Support Units (CSUs) have been brought together and reported jointly. This combined approach provides a broader, more unified picture of workforce race equality across the organisations, offering richer insights and enabling the identification of common themes, challenges, and opportunities for improvement. Covering the reporting period from April 2024 to March 2025, the report sets out a comprehensive overview of performance against the nine WRES metrics, as well as highlighting progress achieved in addressing workforce inequalities during this time.

The findings presented here are not only a reflection of organisational performance but also a demonstration of the ongoing commitment to continuous improvement. By monitoring progress and sharing learning across CSUs, the aim is to foster collaboration and embed best practice in workforce race equality.

This work is closely aligned with the priorities set out in the national NHS People Plan, which places a strong emphasis on ‘Looking after Our People.’ At the heart of this plan is a clear commitment to building a compassionate, inclusive culture where diversity is not only acknowledged but celebrated as a fundamental strength. For staff, this means creating an environment where every individual feels respected, valued, and able to thrive, regardless of their background. For the organisation, it means recognising that workforce diversity is critical to innovation, resilience, and supporting the delivery of high-quality patient care.

Executive Summary

This Workforce Race Equality Standard (WRES) report brings together, for the first time, workforce data from the four Commissioning Support Units (CSUs) for the reporting period April 2024 to March 2025. This joint approach provides a consolidated view of workforce equality ahead of the planned closure of all CSUs by March 2027.

BME staff make up 19.14% of the CSU workforce, with stronger representation at Bands 5–6 and significant underrepresentation in senior roles, particularly at Band 8D (7.98%) and Executive Senior Manager (ESM) level (12.28%).

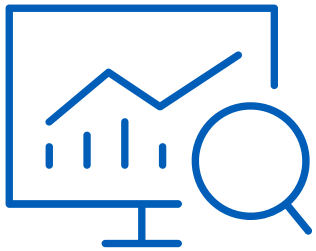
Recruitment outcomes remain a key area of concern with White candidates 2.36 times more likely than BME candidates to be appointed from shortlisting, despite BME applicants making up a large proportion of shortlisted candidates. In addition, BME staff are 1.86 times more likely than White colleagues to enter the formal disciplinary process.

- **BME colleagues comprise 19.14% of the CSU workforce**
- **White candidates are more likely to be appointed from shortlisting than BME candidates**
- **BME colleagues are more likely to enter a formal disciplinary process than white colleagues**

Executive Summary

The 2024 staff survey results show that rates of harassment and bullying are relatively consistent across ethnic groups, both from colleagues and the public. However, BME staff are far less likely to feel that the CSU provides equal opportunities for progression (49.4% compared to 62.9% of White staff) and are more likely to report experiencing discrimination from managers or colleagues. These findings point to deeper challenges around inclusion, career progression and trust in organisational processes, even if overall experiences of overt harassment are broadly similar.

Board-level representation remains disproportionately low, with only 6.9% of board members identifying as BME, despite the significant BME workforce presence. While access to non-mandatory training is largely equitable, the cumulative data highlights persistent barriers to progression and leadership representation for BME staff. Addressing these issues will be crucial in ensuring that the final years of the CSUs deliver on equality commitments and leave a positive legacy as they transition toward closure.



- **Colleagues experiencing harassment, bullying and abuse from colleagues and members of the public is consistent across ethnic groups**
- **There is lower percentage of BME staff than white staff believing in equal opportunities for career progression or promotion**
- **More BME colleagues than white colleagues report having experienced discrimination from managers/team leaders, or other colleagues**
- **Only 6.9% of Board Members identify as BME**
- **BME colleagues are less likely to access non-mandatory or CPD training than white colleagues**

Workforce Demographics

As of March 2025, the workforce of the four Commissioning Support Units (CSUs) consisted of 5,887 staff members, with BME staff making up 19.14% of the total workforce, representing 1,127 individuals. This is slightly higher than the population of BME people in England and Wales (18.3%, 2021 Census).

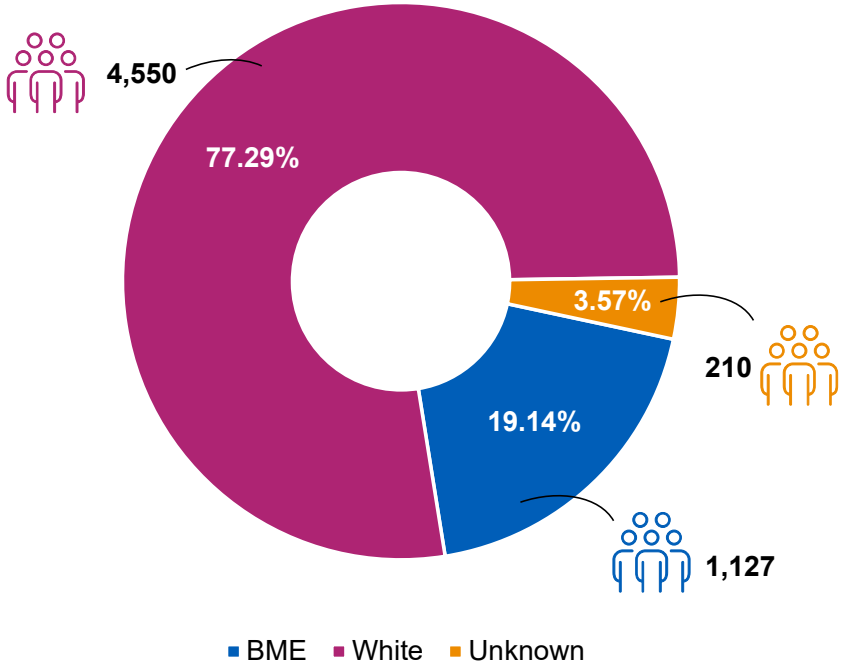
White staff constitute the majority, accounting for 77.29% of the workforce, which equates to 4,550 individuals, with the ethnicity of 210 staff members (or 3.57%) remaining unknown due to incomplete or undeclared data.

These figures demonstrate a modest representation of BME staff across the four CSUs. While nearly one in five employees identifies as BME, further efforts may be required to ensure equitable representation at all levels of the organisation.

The proportion of unknown ethnicity records also highlights a continued need for improvement in data completeness, which is essential for monitoring and driving forward race equality initiatives. This data provides a critical benchmark for ongoing work to assess and improve equality, diversity and inclusion in employment practices across the CSUs.

The demographic data from ESR was compared with the demographic data from the staff survey. A lower proportion of colleagues identified as BME in the staff survey (15.5%) compared with ESR (19.1%). However, within the staff survey 4,290 colleagues (98.6% of the 4,350 survey respondents) disclosed their ethnicity. The number of colleagues who took part in the staff survey only represents 72.9% of the overall workforce, meaning the figures in the staff survey may not be fully representative.

The CSU Workforce Demographics (March 2025)



WRES Indicator 1

Percentage of staff in each of the AfC bands 1-9 OR Medical and Dental subgroups and VSM compared with the percentage of staff in the overall workforce

PAY BANDS	Non-Clinical Workforce			Clinical Workforce		
	BME	White	Unknown	BME	White	Unknown
Band 2	21.7%	78.3%	0.0%	0.00%	0.00%	0.00%
Band 3	17.9%	79.6%	2.6%	0.00%	100.00%	0.00%
Band 4	21.3%	75.0%	3.7%	0.00%	0.00%	0.00%
Band 5	22.6%	74.3%	3.1%	17.07%	80.49%	2.44%
Band 6	21.7%	75.0%	3.3%	24.00%	74.86%	1.14%
Band 7	19.2%	78.0%	2.7%	13.75%	83.75%	2.50%
Band 8A	18.8%	77.7%	3.4%	25.49%	74.51%	0.00%
Band 8B	16.7%	78.6%	4.7%	20.83%	79.17%	0.00%
Band 8C	11.4%	82.9%	5.7%	16.67%	75.00%	8.33%
Band 8D	7.9%	83.7%	8.4%	10.00%	80.00%	10.00%
Band 9	11.4%	78.5%	10.1%	0.00%	100.00%	0.00%
VSM	13.0%	81.5%	5.6%	0.00%	66.67%	33.33%
Consultant				38.46%	46.15%	15.38%
Other				33.33%	66.67%	0.00%

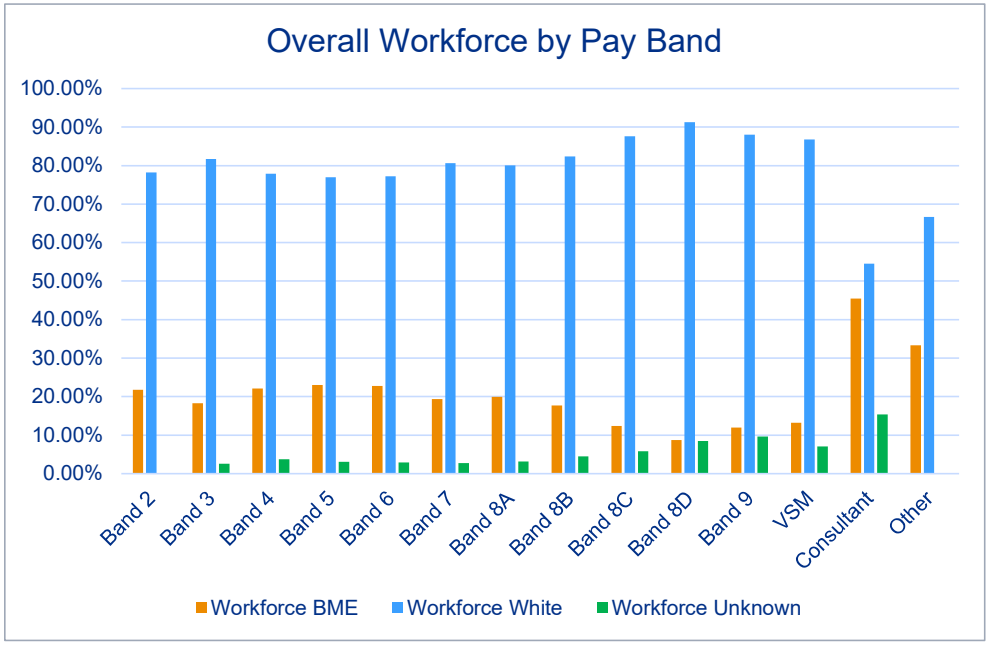
	Non-Clinical	Clinical
BME	1040	87
White	4230	320
Unknown	200	10
Total Headcount	**5470**	**417**

This data shows that while there is moderate BME representation across both clinical and non-clinical workforces, there is a clear trend of under-representation at higher pay bands, especially in non-clinical senior roles. Despite promising BME figures among Band 6 clinical and consultant staff, further action is needed to support career progression and reduce ethnic disparities across leadership and decision-making positions. Addressing the unknown data entries will also be important to ensure a fully accurate picture of workforce diversity.

WRES Indicator 1

While the overall figures reflect a reasonably diverse workforce, a closer look by pay band reveals a pattern of diminishing BME representation at higher levels.

- BME representation is strongest across Bands 5 and 6, with 22.32% and 22.11%, respectively. These bands also account for a large proportion of the overall workforce. Bands 3 and 4 maintain consistent BME representation around 17.84% to 21.27%.
- From Band 7 upward, a declining trend in BME representation is evident, with the steepest decline occurring from Band 8C onward, where BME representation falls below 12% and reaches a low of 7.98% at Band 8D. This under-representation becomes more pronounced in executive and strategic roles, indicating potential barriers to progression for BME staff.
- The Executive Senior Manager (ESM) group has a BME proportion of 12.28%, which is below the workforce average and highlights the need to strengthen the pipeline for diverse leadership.
- The Consultant group stands out with 38.46% BME representation, significantly higher than all other bands. This reflects strong diversity in senior clinical roles, although numbers are small.
- The highest proportions of unknown ethnicity appear at the senior levels and may mask the true extent of under-representation and should be addressed as a priority to improve workforce equality monitoring.



When comparing the overall percentage of BME staff against the proportion of BME staff at each banding, the data shows that BME staff are well-represented across Bands 2–6, their representation steadily declines at senior pay bands, especially from Band 8C upwards. There is a clear need for targeted actions to address career progression barriers, improve leadership diversity and reduce the number of unknown ethnicity declarations, particularly at senior levels. Enhancing transparency and inclusivity in talent development, recruitment and retention strategies will be essential to ensuring equity across all grades in the CSU workforce.

WRES Indicator 2:

Relative likelihood of white staff being appointed from shortlisting across all posts compared to BME applicants (recruitment data)

	BME	White	Unknown
Number of shortlisted applicants	1649	1710	119
Numbers appointed from shortlisting	140	342	54
Relative likelihood of being appointed from shortlisting	0.08	0.20	0.45
Relative likelihood of BME staff being appointed from shortlisting compared to white staff		**2.36**	

- From a total of 3,478 shortlisted applicants, White candidates made up the largest group (49.2%), followed by BME applicants (47.4%) and those with unknown ethnicity (3.4%). However, only 8% of BME applicants were appointed, compared to 20% of White applicants and 45% of those with unknown ethnicity.
- The relative likelihood of White applicants being appointed from shortlisting was 2.36 times higher than BME applicants, highlighting a significant disparity in appointment outcomes. This suggests a potential barrier in the recruitment process for BME candidates between shortlisting and final appointment stages.
- Action is required to review recruitment practices, including panel diversity and bias mitigation measures, to ensure fair and equitable outcomes for BME applicants throughout the selection process.
- It would also be helpful to understand barriers to colleagues sharing their ethnicity status.

WRES Indicator 3:

Relative likelihood of BME staff entering the formal disciplinary process, as measured by entry into the formal disciplinary procedure as compared to white staff (ESR Data)

	BME	White	Unknown
Number of staff entering the formal disciplinary process	6	13	4
Likelihood of staff entering the formal disciplinary process	0.01	0.00	0.02
Relative likelihood of BME staff entering the formal disciplinary process compared to white staff		**1.86**	

- In the latest reporting period, 23 staff entered the formal disciplinary process across the four CSUs.
- Although numbers are relatively low, the data shows that BME staff were 1.86 times more likely to enter the disciplinary process compared to their White colleagues. The likelihood for BME staff stood at 0.01, while for White staff it was effectively 0.00, indicating a disproportionate pattern that may point to underlying inequalities in how cases are identified or managed.
- A detailed review of disciplinary referrals, decision-making thresholds and outcomes is required to ensure the process is transparent, proportionate, and free from bias.

WRES Indicator 4:

Relative likelihood of BME staff accessing non-mandatory training and CPD compared to white staff (ESR Data)

	BME	White	Unknown
Number of staff accessing non-mandatory training and CPD	436	1713	91
Likelihood of staff accessing non-mandatory training and CPD	0.39	0.38	0.43
Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff		**0.97**	

- The data for non-mandatory training and CPD access by ethnicity shows that out of the staff groups, 436 BME staff, 1,713 White staff and 91 staff of unknown ethnicity participated in such training.
- The likelihood of accessing non-mandatory training and CPD is similar across groups, with BME staff at 39%, White staff at 38% and those of unknown ethnicity slightly higher at 43%.
- When comparing White staff to BME staff, White staff are slightly less likely to access training, with a relative likelihood ratio of 0.97, indicating near parity in training engagement between these groups.

N.B. ML does not currently collect a central database of staff accessing non-mandatory training and CPD and are therefore not included in this data. Opportunities for staff development and CPD are discussed with line managers within individual appraisal discussions and supervision meetings.

WRES Indicators 5-8: Staff survey indicators

Staff Survey Indicators				
		The CSU Average		
		2023	2024	Difference
Indicator 5 - KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	BME	3.4%	2.4%	**- 1.0%** ↓
	White	4.3%	4.2%	**- 0.1%** ↓
Indicator 6 - KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	BME	14.0%	11.8%	**- 2.2%** ↓
	White	13.9%	12.2%	**- 1.7%** ↓
Indicator 7- KF 21. Percentage believing that CSU provides equal opportunities for career progression or promotion	BME	52.7%	49.4%	**- 3.3%** ↓
	White	64.2%	62.9%	**- 1.3%** ↓
Indicator 8 - Q17- In the last 12 months have you personally experienced discrimination at work from Manager/team leader or other Colleagues?	BME	11.3%	6.6%	**- 4.7%** ↓
	White	5.1%	4.4%	**- 0.7%** ↓

- There has been a notable improvement in the percentage of BME staff experiencing harassment, bullying or abuse from the public, with a decrease of 1% in the last year, suggesting progress in fostering a safer environment for BME staff in public-facing roles. White staff also reported a slight improvement, though much smaller at a 0.1% decrease.
- Encouragingly, both BME and White staff report reductions in experiences of bullying or abuse from other staff. However, despite these improvements, the figures remain relatively high, particularly for BME staff, and highlight the ongoing need for focused cultural and behavioural interventions to reduce peer-to-peer and managerial conflict in the workplace.
- The proportion of BME staff who believe the CSUs provide equal opportunities for career progression has dropped since last year, with White staff also reporting a decrease. This widening disparity suggests that BME staff are increasingly less confident in the fairness and inclusivity of promotion processes with a need to explore both perceived and actual barriers to career progression.
- There has been a significant improvement in the number of BME staff reporting experiences of discrimination at work, with a reduction of 4.7%. Despite the improvement, BME staff still experience discrimination at a rate notably higher than their White counterparts.

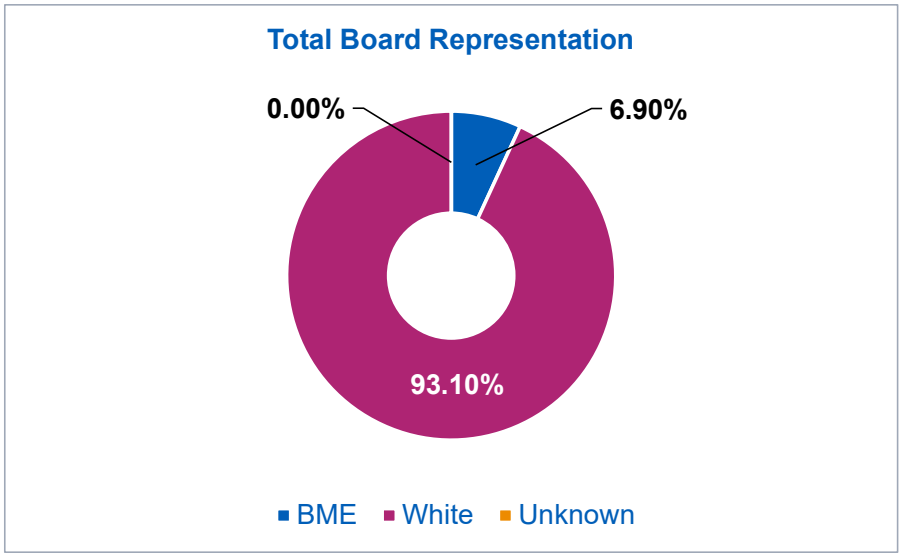
↓ Positive change in experience from previous year

↓ Negative change in experience from previous year

WRES Indicator 9: Board Membership Representation

Percentage difference of representation between the organisations Board voting membership and its overall workforce. Difference (Total Board – Overall workforce)

	Overall Workforce		Total Board Representation		Voting Board Representation		Executive Board Representation	
BME	1127	19.14%	2	6.90%	2	6.90%	1	3.57%
White	4550	77.29%	27	93.10%	27	93.10%	27	96.43%
Unknown	210	3.57%	0	0.00%	0	0.00%	0	0.00%



- The data highlights that while BME staff make up 19.14% of the overall workforce, they hold only 6.90% of total board and voting board positions, and 3.57% of executive board positions. This underrepresentation is especially marked at the executive level, where BME individuals account for less than one-fifth of their workforce proportion.
- Conversely, White staff constitute 77.29% of the workforce but hold a disproportionately high 93.10% of total board and voting board roles, and 96.43% of executive positions. Staff with unknown ethnicity account for 3.57% of the workforce and have no board representation.
- These figures suggest a significant lack of ethnic diversity in senior leadership, with representation gaps widening at higher decision-making levels.

* The Total Number of Board Members comprises the number of Executive Directors and Non-Executive Directors in the CSUs. While the number of total board members, voting board members and executive board members remain the same for AGEM, NECS and SCW, these counts differ for MLCSU. This is due to MLCSU having one Non-Executive Board Member with voting rights.

Recommendations and next steps

1. Embed equity in transition planning

Ensure that workforce race equality considerations are embedded in CSU closure and transition/transfer plans, with considerations given to colleague support needs throughout the process.

2. Culture and inclusion initiative

Act on survey feedback by developing cultural competency and allyship resources for managers and teams, addressing discrimination concerns raised by staff. Continue to provide group listening events for CSU colleagues to ensure concerns are heard and addressed as CSUs transition towards closure. Enable group-wide CSU networks, where requested, and maintain local networks as an ongoing support mechanism.

3. Develop and enable access to support and resources

Develop and share resources to further educate colleagues on ethnicity, anti-racism, and unconscious bias to increase self awareness. Develop and implement varied communication channels, documentation and resources to ensure transparency.

4. Improve board-level representation and accountability

Engage Senior Management/Leadership Teams in development around ethnicity, anti-racism and inclusion, to extend senior leader knowledge on these topics and enable decision making through an inclusive lens.

5. Monitor and maintain progress through closure

Continue to monitor actions and WRES metrics annually to track improvements or regressions. Data continuity will be vital for transferring learning and ensuring that receiving organisations support colleagues, fulfilling their own responsibility for inclusive workforce practices.