# Workplace Race Equality Standard (WRES) report

**2024/25**

# Contents

# 1. Context

The NHS Workforce Race Equality Standard (WRES) is published annually and is an essential tool in supporting the NHS to be an inclusive and fair workplace. It helps evaluate progress and identify areas where further improvement is needed. This 2025 report is the latest version and uses data from March 2024 - March 2025.

The report utilises data from the electronic staff record (ESR) and the NHS Staff Survey to bring together a national picture of race across the NHS. NHS England's Equality, Diversity and Inclusion improvement plan, published in 2023 sets out six actions for systems to create an environment where staff feel they belong, can safely raise concerns, and are empowered to deliver the best care to our patients. As we work to make the NHS an inclusive and fair workplace, the WRES and Workforce Disability Equality Standard (WDES) remain essential tools for evaluating our progress and identifying areas where further improvement is needed. They provide a critical framework to ensure equality of opportunity is not just something we talk about but is central to our organisational culture, policies, and practices.

*A note on language and terminology: West Suffolk NHS FT uses the term 'Global Majority' rather than BME or BAME.*

The following page highlights a shortened summary of some of the key areas of work and achievements we have undertaken that are contributing towards a more equitable and inclusive organisation.

# 2. Summary of key areas of work

**Reaffirming our anti-racist commitment**

In September 2023, the Trust formally committed to UNISON's Anti-Racism Charter. Since signing the charter, we have made progress on nine out of twenty areas. These include:

- The development and implementation of the Trust's **Equality Impact Assessment process**

- **Ethnicity pay gap reporting**: the first report was run in 2024 and analysis of the data is included in the EDI workforce annual report 2024.

- **Workforce ethnicity reporting**: This reporting is included within the Trust's annual workforce EDI monitoring report. This includes **data on HR cases by race** (and other protected characteristics) to highlight if there are any disparities in the number of HR cases of White colleagues and Global Majority colleagues.

- ***Addressing bias, recognising privilege, and becoming a proactive ally*** has been delivered since April 2024. Over 120 colleagues have participated in the full training session, in addition to many other teams and colleagues who have had part of the training delivered within team meetings and away days. The content of the training focusses on: implicit bias, race, racism, white privilege, white fragility, allyship and being an active bystander. It has been designed and delivered by the Trust's Organisational Development Manager-EDI, and it was also co-delivered with the now Chief Executive Nurse to senior nurses and midwives.

- Establishing recruitment processes that are robust enough to identify inequity and areas of potential discrimination at shortlisting and appointment stages of our recruitment processes. To address this, a number of actions that seek to address implicit bias and increase inclusive practices within the recruitment process are being implemented alongside changes to the recruitment and selection mandatory training requirements.

- Colleagues in HR have undertaken an equality module and will be delivering this training to all managers involved in investigating allegations.

- From July 2025, data from exit interviews with colleagues leaving the Trust are disaggregated by protected characteristics, enabling us to identify any race disparities in the retention of staff, and to act accordingly.

- Beginning to include greater consideration and awareness of intersectionality within Trust policies to better reflect the experiences of our staff and patients.

- Launched the Trust's Employee Assistance Programme, which is delivered by Vivup, providing colleagues with confidential and impartial wellbeing support that can be accessed by colleagues after experiencing racism. This compliments the support available internally, which includes: the Staff

Psychology Service, the Chaplaincy and the peer-to-peer and community support established through our Staff REACH network.

There is further work that must be done to continue to progress anti-racist commitments within the organisation and to relentlessly eradicate discrimination in our practice and behaviours. In addition to the work already underway to address racial inequity within the Trust, additional areas of focus are:

- Increasing visibility of our anti-racist commitment, and articulating our zero tolerance of racism
- Enhancing literacy and understanding of anti-racism across our organisation

Actions to progress these areas are embedded within the Trust's EDI Priorities plan.

## Achievements of the Trust's Staff REACH Network

The REACH Network identified and continue to work towards the following objectives:

- Ensuring the momentum of the network is maintained by scheduling regular and consistent network activities.
- Providing clarity over the remit of the network to ensure the role of the network is clear amongst all members and staff across the Trust, ensuring focus upon peer support and signposting to reporting or supporting mechanisms.
- Adopt a data-led approach within the network to inform priority areas and support wider Trust work to address race inequity.

Aligned with these priorities, the network have:

- Celebrated Black History Month by arranging for the Trust's restaurant to serve Black dishes on various days throughout the Month.
- Organised a successful cultural celebration event
- Continues to work with colleagues across the Trust to support our ongoing journey toward becoming an anti-racist organisation.

## Supporting sexual safety

As a signatory of the NHS Sexual Safety Charter, we have pledged to uphold the highest standards of sexual safety across all areas of care and employment, and to create an organisational culture where sexual violence, harassment, abuse, and inappropriate behaviours are never tolerated.

The Trust has implemented the following things:

- **Sexual misconduct policy:** The policy was developed with a trauma-informed approach. It outlines the Trust's approach to dealing with sexual harassment, describes how to report an incident, provides a summary of support available to staff, patients, and visitors, and explains how reports of sexual misconduct will be investigated.
- **Sexual safety guidelines:** Developed to sit alongside the policy, the guidelines serve as a resource for staff to improve understanding of sexual misconduct, set out clear routes for reporting incidents and concerns, and

provide specific guidance for victims, witnesses, and alleged perpetrators throughout the reporting and investigation process.

- **Reporting form:** An online reporting form has been created to make reporting sexual misconduct more accessible. The form is displayed on the intranet and Trust website pages for sexual safety and can also be opened via a QR code on the posters you see around the Trust. The form has an anonymous reporting option for those who feel unsafe or unable to share their name, and every submission will be triaged by the HR team and taken seriously.

- **Highlighting additional ways to speak up:** For staff, this includes line managers, Freedom to Speak Up Guardian, HR business partner and union representative. For patients, family members or visitors, this includes ward or senior managers and the patient advice and liaison (PALS) team.

# 3. West Suffolk NHS Foundation Trust WRES 2024-25 key highlights

**Performing well**

WRES indicator 4 (training and CPD): *Consistently equitable*

> The ratio remains at 1, indicating access to non-mandatory training and CPD is equitable between White colleagues and Global Majority colleagues.

**Maintain focus - improvement required**

WRES indicator 9 (board representation): *Some increase in representation*

> This figure has improved since initial reporting, although Global Majority colleagues remain underrepresented on the Board compared to the overall Trust ethnicity profile.

**Work required- priority areas**

WRES indicator 1: representation *Low representation beyond band 6*

> This indicator shows Global Majority staff are significantly overrepresented in band 5 and significantly under-represented in band 4 and beyond band 6.

WRES indicator 2: shortlisting *Increasing inequity*

> Figures are the highest they have been in four years, indicating a significant and increasing disparity between the percentage of White applicants and Global Majority applicants appointed from shortlisting.

WRES indicator 5: bullying from the public *Consecutive 5-year decline*

> The percentage of Global Majority colleagues experiencing harassment, bullying or abuse from patients, relatives, or the public continues to worsen.

WRES indicator 6: bullying from staff *Highest levels over the last 5 years*

> The percentage of Global Majority staff who have experienced bullying from other staff has increased by 5.3% from the previous year. This is the highest percentage in the last five years, and it is also the highest percentage difference (6.83%) between of White and Global Majority.

WRES indicator 7: career progression *Disparity in experience*

> Despite equitable access to non-mandatory and CPD training for White and Global Majority staff (indicator 4), there is a disparity between the perception of around the fairness of career progression.

WRES indicator 8: discrimination *Significant disparity in experience*

There continues to be a significant difference between Global Majority staff and White staff in relation to their experiences of discrimination from a manager or colleague.

# 4. West Suffolk Foundation Trust WRES 2024-25: the overall picture

When considering our journey towards race equity, it is important to look at WRES over time. This gives a fuller picture of how things are changing and looks beyond year-on-year fluctuations that can be due to chance or short-term organisational changes. When a single metric goes up or down each year by a small amount, this is unlikely to indicate an improving/declining trend and instead suggests there has been no significant improvement/decline. The table below provides a transparent summary of our progress since initial reporting, which is explained in more detail throughout this report.

Table 1: A four-year overview, further information and work in progress for each WRES indicator

| Area | 4-year view | Further information | Work in progress |
|---|---|---|---|
| **Indicator 1:** Representation | Steady increase in the representation of Global Majority staff. | Whilst there is growing representation of Global Majority colleagues that remains higher than regional data, the over-representation of Global Majority colleagues in band 5 and the under-representation in higher bands indicates systemic barriers which must be addressed. | The CEO mentoring programme was launched in January 2025.<br>The programme has been specifically designed to support the professional development of colleagues at band 7 or above who are underrepresented within the Trust and who experience additional systemic issues due to their identities.<br><br>Additionally, training has been delivered to managers to begin to dismantle the barrier of implicit bias. For example, '*Addressing bias, recognising privilege and becoming a proactive ally'* training has been delivered to all senior and recruiting nurses and midwives as one of the ways to address the overrepresentation of Global Majority nurses and midwives in band 5 and tackle the systemic, implicit biases that are inhibiting the recruitment and |

| | | | progression of Global Majority colleagues within the Trust. |
|---|---|---|---|
| **Indicator 2:** Shortlisting | Fluctuated significantly over the last three years. | The closest figure to 1 (which would indicate equity) attained by the Trust over the last 4 years was in 2022/23 (1.22). Since then, both 2023/24 and 2024/25 data highlight significant fluctuations that have occurred in opposite directions (0.39 and 1.67, respectively). | The existing recruitment and selection training is being reviewed to ensure there is greater detail of bias, the impact of this, actual Trust data and how to challenge bias in oneself and others.

An inclusive recruitment guide, utilising the recommendations from the 'Too hot to handle' report will also shortly be developed and circulated. |
| **Indicator 3:** Disciplinary process | Improving towards equity | Global Majority staff are less likely to enter formal disciplinary processes than White staff. WRES looks at attaining equity between both Global Majority and White staff, so an equitable, relative likelihood is represented by the number 1. Although there has only been a 0.02 increase over the past year, there continues to be an upward trend towards equity since 2023, where the figure was 0. | A main module on equity and inclusivity has been developed for all investigators. This is being rolled out and is mandatory for all investigators on the current pool to attend. |
| **Indicator 4:** Training | Consistently showing equity | The figures have remained at 1 since 2022, which is very positive. This indicates equity in the relative likelihood of White and Global Majority staff accessing non-mandatory and CPD training. | Whilst this data is positive and indicates equity in accessing these training types, it also further highlights systemic racial inequity preventing the development and progression of Global Majority staff within the Trust. This is because, although this data shows equity between White and Global Majority staff accessing non-mandatory and CPD training, the representation and progression of Global Majority colleagues within the |

| | | | organisation is inequitable.<br><br>Further exploration of these barriers, and actions to address them, are required. |
|---|---|---|---|
| **Indicator 5:** Harassment, bullying and abuse from patients | Increasing figures for Global Majority staff over the last 5 years.<br><br>Fluctuating figures for White staff with no clear trend. However, there is an overall downward direction when compared with figures from 2020 | The percentage of Global Majority colleagues experiencing harassment, bullying or abuse from patients, relatives, or the public has increased from 30.9% in to 32.1% over the past year. Although these figures have fluctuated year on year since 2022, this is the highest this figure has been over the last four years.<br><br>For White staff, whilst the percentage has increased from 20.6% to 21.8% over the past year, a downward trajectory over the last five years can still be identified. | *Management of unacceptable behaviour by patients, service users and members of the public* policy was launched in the summer of 2024. New posters stating "unacceptable and discriminatory behaviours will not be tolerated" were designed and displayed I public facing areas. These posters include examples of unacceptable behaviours such as, but not limited to: racism, homophobia, sexism, transphobia, ableism and verbal or physical assault and sexual harassment. |
| **Indicator 6:** Harassment, bullying and abuse from staff | Yearly fluctuations with no clear or sustained trend, however figures remain unacceptably high. | 29.9% of Global Majority staff completing the staff survey have experienced bullying, harassment or abuse from other colleagues, which is a 5.3% increase from the previous year. This figure is the highest it has been since 2020. The figures for both White and Global Majority staff experiencing this behaviour from other colleagues are above the national average. | Anti-racism training is regularly delivered generally (available for all staff to book onto) and on a bespoke basis for specific teams.<br><br>Active bystander resources and training have been developed. In addition to standalone sessions and resources, this content has been embedded into existing training sessions, leadership and management programmes, and added to appendices for relevant policies. |
| **Indicator 7:** Career progression | Yearly fluctuations with no clear or sustained trend | Since last year, there has been decrease amongst both White and Global Majority survey respondents who believed that they have equal | The CEO mentoring programme was launched in January 2025. The programme has been specifically |

| | | opportunities for career progression or promotion; these percentage decreases are -5.6% and -6.4%, respectively. The percentages for both White and Global Majority staff sit below the national average. | designed to support the professional development of colleagues at band 7 or above who are underrepresented within the Trust and who experience additional systemic issues due to their identities.

Further work is underway to collect and analyse the Trust's Learning and Development data by protected characteristic, specifically data of staff applying for, being selected for, and completing development and leadership programmes to determine if there are disparities in the experiences of our staff due to their ethnicity. |
|---|---|---|---|
| **Indicator 8:** Experiencing discrimination | White staff: although figures fluctuate, analysis over time shows a steady increase in percentage of staff experiencing discrimination from a manager.

Global Majority staff: Yearly fluctuations with no clear trend | For White staff, the percentage from the current year (7.34%) is the highest it has been in five years and reflects a steady increase over this time frame. For Global Majority staff, although there has been a -1.3% decrease since 2022 (which was the highest figure in the last five years) there continues to be a significant difference between the experiences of discrimination from a manager or colleague between Global Majority staff and White staff (16.3% and 7.3%, respectively). The percentages for both White and Global Majority staff sit above the national average. | Anti-racism training is regularly delivered generally (available for all staff to book onto) and on a bespoke basis for specific teams and managers across the Trust.

Active bystander resources and training have been developed. In addition to standalone sessions and resources, this content has been embedded into existing training sessions, leadership and management programmes, and added to appendices for relevant policies.

The Trust has included 'percentage of staff reporting personal experience of discrimination' as one of the measures for its *Empowered to Improve* ambition within |

| | | | the 2025-2028 strategic plan, reflecting the Trust's strong commitment to reduce racial discrimination within the organisation. |
|---|---|---|---|
| **Indicator 9:** Board representation | No increase in Global Majority representation on the Board since 2024 | With two Global Majority colleagues on the Board, Global Majority representation remains the same as last year despite the fact that Board numbers have increased by three. Global Majority colleagues remain underrepresented on the Board compared to the overall Trust ethnicity profile. | Due to operational priorities, work to develop a succession planning framework has been paused, but is anticipated to be continued and launched in 2026. |

# 5. WSFT 2025 WRES analysis

**WRES indicator 1: The percentage and number of staff by ethnicity**

The WRES data indicates that as of 31 March 2025, the Trust had a workforce of 5507 (an increase from previous year, which was 5415), of which 20% of colleagues shared that they were from the Global Majority. This is a 20% increase from the previous year. The data also showed that 75% of the workforce were White, and 5% of colleagues had not shared their ethnicity data.

This has been a positive trend over the past 3 years particularly when compared with the local ethnicity demographics of the West Suffolk population, which is around 92% White[1]. Therefore, the Trust is reporting significantly higher proportionate figures of ethnicity in comparison to the overall regional data.

Table 1 shows the number and percentage of all staff by ethnicity over the past two years. Whilst there has been an increase of Global Majority staff, which is positive, there has also been an increase in the percentage of Global Majority staff in bands 6 and above. Whilst this is positive, there continues to be a stark and significant underrepresentation of Global Majority staff in senior roles in relation to the percentage of Global Majority staff within the overall staff population.

The largest representation of Global Majority staff is at Band 5 (395 / 41.1%) and this has increased from 374 / 40.8% in the previous year. This is over double the equitable percentage of Global Majority staff when comparing to the workforce demographics, highlight significant overrepresented of Global Majority staff within this band. Conversely, Global Majority staff continue to be significantly underrepresented in bands 4 and bands 7+.

Although the 2024/23 figures showed a decrease from last year, there remains much higher representation of Global Majority staff within non-consultant career grade roles (64.7%), trainee grade roles (39.4%) and in consultant roles (37.1%) in comparison to the percentage of Global Majority staff in the Trust's workforce.

---

[1] West Suffolk Demographics & Population Statistics 2025

Table 2: number and percentage of <u>all staff</u> by ethnicity in 2023/24 and 2024/2025

| Band | 2023/24 | | | | 2024/25 | | | |
|---|---|---|---|---|---|---|---|---|
| | Global majority | White | Not disclosed | % Global majority at each band | Global majority | White | Not disclosed | % Global majority at each band |
| 1 | 0 | 10 | 0 | 0% | 0 | 9 | 0 | 0% |
| 2 | 134 | 768 | 0 | 14.9% | 78 | 398 | 19 | 15.8% |
| 3 | 47 | 489 | 39 | 8.2% | 126 | 822 | 35 | 12.8% |
| 4 | 20 | 535 | 35 | 3.4% | 25 | 538 | 19 | 4.3% |
| 5 | 374 | 517 | 26 | 40.8% | 395 | 508 | 59 | 41.1% |
| 6 | 136 | 685 | 73 | 15.2% | 150 | 692 | 46 | 16.9% |
| 7 | 43 | 548 | 46 | 6.8% | 50 | 557 | 34 | 7.8% |
| 8a | 11 | 200 | 43 | 4.3% | 12 | 214 | 3 | 5.2% |
| 8b | 5 | 68 | 6 | 6.3% | 6 | 65 | 4 | 8% |
| 8c | 2 | 25 | 7 | 5.9% | 3 | 26 | 4 | 9% |
| 8d | 0 | 13 | 3 | 0% | 0 | 13 | 0 | 0% |
| 9 | 0 | 9 | 0 | 0% | 0 | 9 | 0 | 0% |
| VSM | 0 | 6 | 0 | 0% | 0 | 4 | 0 | 0% |
| Trainee Grade | 67 | 42 | 11 | 55.8% | 67 | 78 | 25 | 39.4% |
| Non-consultant career grade | 45 | 58 | 19 | 36.9% | 90 | 22 | 27 | 64.7% |
| Consultant | 88 | 153 | 9 | 35.2% | 102 | 159 | 14 | 37.1% |
| Total | 972 | 4126 | 317 | 18% | 1104 | 4114 | 289 | 20% |

*NB: Appendixes A and B show the breakdown of clinical v non-clinical staff in 2023/24 and 2024/25, respectively.*

**WRES indicator 2 - The relative likelihood of White applicants being appointed from shortlisting compared to Global Majority applicants**

Table 3: the number of shortlisted applicants by ethnicity, the number of appointed applicants from shortlisting by ethnicity, and the relative likelihood of White staff being appointed in comparison to Global Majority staff across the following three years: 2022/23, 2023/24 and 2024/2025.

| | 2022/2023 | | | 2023/24 | | | 2024/25 | | |
|---|---|---|---|---|---|---|---|---|---|
| | White | Global Majority | Ethnicity Unknown | White | Global Majority | Ethnicity Unknown | White | Global Majority | Ethnicity Unknown |
| Number of shortlisted applicants | 2685 | 80 | 40 | 1288 | 1939 | 77 | 1023 | 1468 | 51 |
| Number appointed from shortlisting | 78 | 21 | 1 | 43 | 167 | 20 | 129 | 111 | 20 |
| Relative likelihood of White staff being appointed in comparison to Global Majority staff | **1.22** | | | **0.39** | | | **1.67** | | |

The relative likelihood of white applicants being appointed from shortlisting compared to Global Majority applicants has fluctuated significantly over the last three years. It is currently 1.67, which is the largest figure it has been since 2022. A figure of 1 would mean equitable appointment of White and Global Majority applicants from the shortlisting stage, so it indicates that White applicants are more likely to be appointed from the shortlisting stage in comparison to Global Majority colleagues.

Although this metric focusses on the relative likelihood of White staff being appointed in comparison to Global Majority staff, when exploring our recruitment and selection data further, it has also highlighted a disparity earlier on in the process, at the shortlisting stage. Trust data shows that White applicants are more likely to be shortlisted for the roles they apply for in comparison to Global Majority applicants.

Compassionate care, healthier communities

**WRES indicator 3 - The relative likelihood of Global Majority staff entering the formal disciplinary process compared to white staff**

Table 4: the number of staff by ethnicity, the number of staff entering the formal disciplinary process by ethnicity, and the relative likelihood of Global Majority Staff entering the formal disciplinary process compared to White staff across the following three years: 2022/23, 2023/24 and 2024/2025.

| | 2022/23 | | | 2023/24 | | | 2024/25 | | |
|---|---|---|---|---|---|---|---|---|---|
| | White | Global Majority | Ethnicity Unknown | White | Global Majority | Ethnicity Unknown | White | Global Majority | Ethnicity Unknown |
| Number of Workforce | 4015 | 890 | 309 | 4144 | 1010 | 325 | 4114 | 1103 | 285 |
| Number of staff entering the formal disciplinary process | 14 | 2 | 1 | 16 | 2 | 0 | 21 | 3 | 0 |
| Relative likelihood of Global Majority Staff entering the formal disciplinary process compared to White staff | **0** | | | **0.51** | | | **0.53** | | |

The relative likelihood of Global Majority staff entering the formal disciplinary process compared to White staff is 0.53 compared to 0.51 the previous year. Whilst this has risen over the past 3 years, it should be noted that a figure of 1 would indicate a proportionate balance of Global Majority v White staff entering the formal process. Therefore, although this figure has risen slightly in the last year, Global Majority staff remain less likely to enter formal disciplinary processes than their White colleagues.

**WRES indicator 4 - The relative likelihood of White staff accessing non–mandatory training and CPD compared to Global Majority staff**

Table 5: the number of staff by ethnicity, the number of staff accessing non-mandatory training and CPD by ethnicity, and the relative likelihood of Global Majority Staff entering the formal disciplinary process compared to White staff across the following three years: 2022/23, 2023/24 and 2024/2025.

| | 2022/2023 | | | 2023/24 | | | 2024/25 | | |
|---|---|---|---|---|---|---|---|---|---|
| | White | Global Majority | Ethnicity Unknown | White | Global Majority | Ethnicity Unknown | White | Global Majority | Ethnicity Unknown |
| Number of Staff in post | 4015 | 890 | 309 | 4144 | 1010 | 325 | 4114 | 1103 | 285 |
| Number of staff accessing non-mandatory training and CPD | 4001 | 890 | 305 | 4144 | 1008 | 323 | 4114 | 1103 | 285[2] |
| Relative likelihood of Global Majority staff accessing non mandatory training and CPD compared to White Staff | 1 | | | 1 | | | 1 | | |

Encouragingly, the ratio showing the relative likelihood of White staff remains at 1, which indicates equity. This means Global Majority staff are equally as likely to access non-mandatory training and CPD as White colleagues.

However, despite positive indication, progress, the results for indicator 1 on representation show that there is a significant overrepresentation of Global Majority colleagues at band 5 and underrepresentation of Global Majority staff in band 4 and in senior roles at Band 7 and above. This points to the need for deeper analysis to better understand the types of training and CPD that different staff groups are accessing, particularly whether leadership development and experiential learning opportunities, which are often key to career progression, are being taken up equally. Whilst we remain committed to ensuring that access to training opportunities is equal for all staff, it is important that our equity and inclusion efforts do not default to a

---

[2] Actual Trust data (which was unable to uploaded to the data collection system as they exceed the total number of staff were as followed: White- 4176, Global Majority- 1111, Ethnicity unknown- 364.

'deficit model' (NHS England, 2019)[3] . This approach assumes that disparities in representation are the result of weaknesses among Global Majority staff that can simply be addressed through targeted training and development programmes. Instead, we must recognise the deep rooted and systemic issues that exist in society and are reflected within our organisation, and we must be proactive and intention in addressing these. To create lasting and meaningful change, and to support the career progression of Global Majority colleagues, we need to focus on transforming our culture, systems, and processes to remove structural barriers, tackle bias, and ensure equal opportunities for all.

**4-Year Comparison of WRES indicators 1-4**

Table 5 below is a 4-year comparison of indicators 1-4 which shows a steady increase in Global Majority staff from 2021-2025. Indicator 2 would suggest a fluctuating position over the last few years which no shows the highest disparity between the likelihood of White applicants being appointed from shortlisting and Global Majority applicants since 2022, highlighting and reiterating that improving recruitment and selective processes within the Trust is a key priority.

Indicator 3 shows a slight change from the previous year yet continues to move in the right direction towards an equitable balance of staff entering formal disciplinary processes. Indicator 4 highlights continual and consistent best practice in relation to equity between White staff and Global Majority staff accessing non-mandatory training and CPD.

Table 6: a four-year comparison of WRES indicators 1-4

| | | 2021/22 | 2022/23 | 2023/24 | 2024/25 |
|---|---|---|---|---|---|
| Indicator 1 | No. of staff at the Trust | 4892 | 5214 | 5479 | 5502 |
| | Number (percentage) of Global Majority staff at the Trust | 753 (15.4%) | 890 (17.1%) | 1010 (18.4%) | 1103 (20.1%) |
| Indicator 2 | Relative likelihood of white staff appointed from shortlisting compared to Global Majority staff | 1.63 | 1.22 | 0.39 | 1.67 |
| Indicator 3 | Relative likelihood of Global Majority staff entering formal disciplinary process compared to white staff | 0 | 0 | 0.51 | 0.53 |
| Indicator 4 | Relative likelihood of white staff accessing non-mandatory training & CPD compared to Global Majority staff | 1 | 1 | 1 | 1 |

---

[3] NHS England (2019) A model employer: Increasing black and minority ethnic representation at senior levels across the NHS [PDF] https://www.england.nhs.uk/wp-content/uploads/2019/01/wres-leadership-strategy.pdf

Compassionate care, healthier communities

*The data for Indicators 5-8 have been sourced from the National NHS Staff Survey which provides a comparison of the outcomes of the response for White and Global Majority staff. (Source: [Local results for every organisation | NHS Staff Survey (nhsstaffsurveys.com)](nhsstaffsurveys.com))*

**WRES indicator 5 - Percentage of Global Majority staff experiencing harassment, bullying or abuse from <u>patients, relatives or the public</u> in the last 12 months**



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

| | 2020 | 2021 | 2022 | 2023 | 2024 |
|---|---|---|---|---|---|
| White staff: Your org | 25.22% | 22.89% | 24.56% | 20.58% | 21.81% |
| All other ethnic groups*: Your org | 29.59% | 30.77% | 30.92% | 30.90% | 32.11% |
| White staff: Average | 25.36% | 26.47% | 26.91% | 24.05% | 23.21% |
| All other ethnic groups*: Average | 28.01% | 28.84% | 30.82% | 27.34% | 28.27% |
| White staff: Responses | 1582 | 1612 | 1759 | 2000 | 2045 |
| All other ethnic groups*: Responses | 169 | 195 | 207 | 288 | 299 |
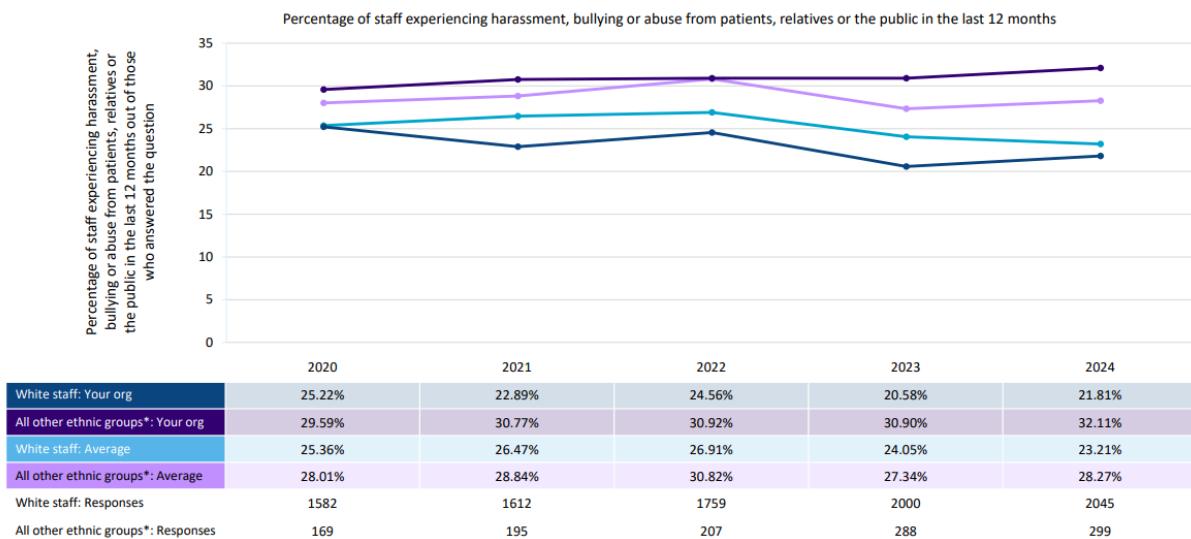
Over the last five years, Trust data consistently shows a higher proportion of Global Majority staff who responded to the survey have experienced harassment, bullying or abuse from patients, relatives, or the public. Current data shows that 32.1% of Global Majority respondents have experienced this, which is the highest percentage in the last five years. During this time frame, Trust figures for Global Majority staff who have experienced this behaviour have been between 1-4% higher than the national average when compared to similar sized acute and community Trusts.

For White, whilst current data indicates a 1.2% increase from the previous year, it should be noted that there has been a steady decrease over the last five years. Additionally, over the last five years, Trust figures for White staff have been between 1-4% lower than the national average when compared to similar sized acute and community Trusts.
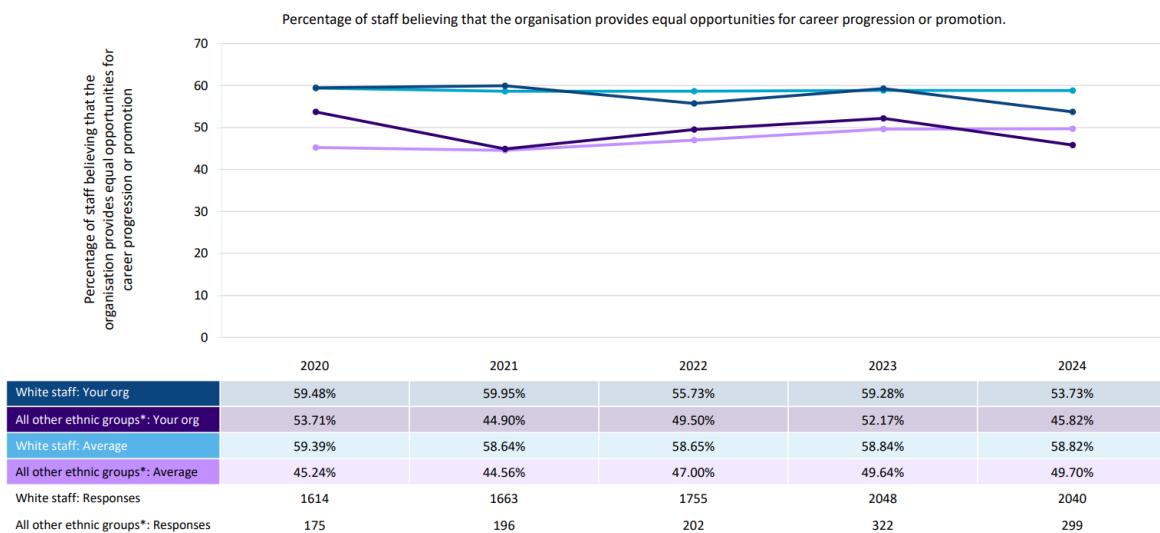
**WRES indicator 6 - Percentage of staff experiencing harassment, bullying or abuse from <u>staff</u> in last 12 months**
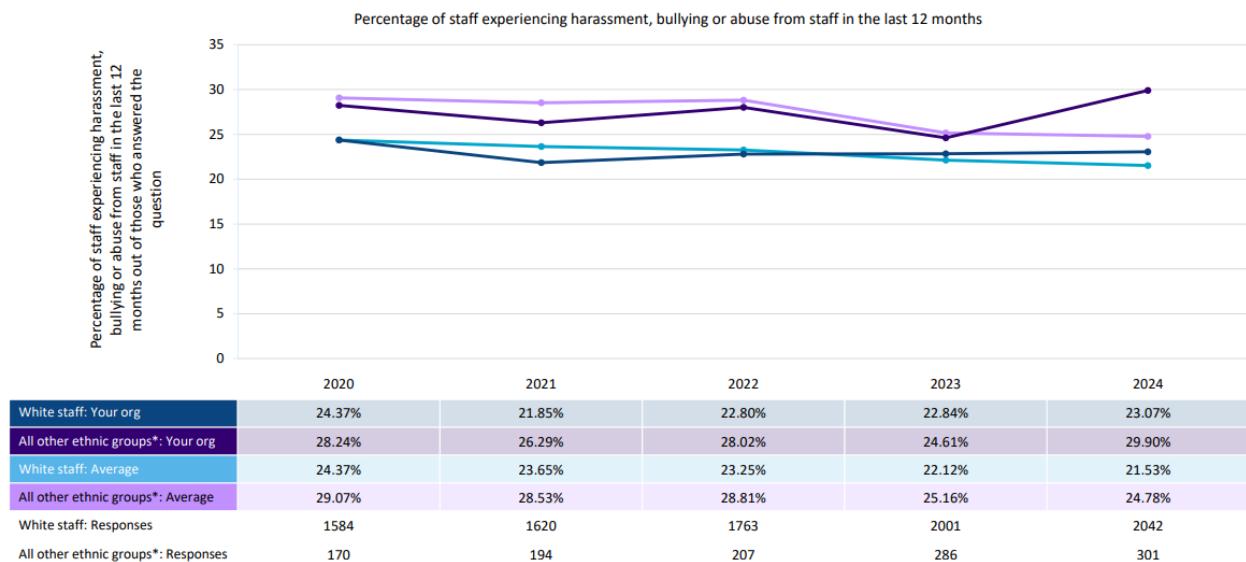
Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months



| | 2020 | 2021 | 2022 | 2023 | 2024 |
|---|---|---|---|---|---|
| White staff: Your org | 24.37% | 21.85% | 22.80% | 22.84% | 23.07% |
| All other ethnic groups*: Your org | 28.24% | 26.29% | 28.02% | 24.61% | 29.90% |
| White staff: Average | 24.37% | 23.65% | 23.25% | 22.12% | 21.53% |
| All other ethnic groups*: Average | 29.07% | 28.53% | 28.81% | 25.16% | 24.78% |
| White staff: Responses | 1584 | 1620 | 1763 | 2001 | 2042 |
| All other ethnic groups*: Responses | 170 | 194 | 207 | 286 | 301 |

Over the last five years, Trust data consistently shows a higher proportion of Global Majority staff who responded to the survey have experienced harassment, bullying or abuse from other staff. Current data shows 29.9% of Global Majority respondents have experienced this behaviour, which is an increase of 5.3% from the previous year. This is the highest percentage in the last five years, and it is also the highest percentage difference (6.83%) between of White and Global Majority staff in respect of their experiences of harassment, bullying and abuse from other members of staff.
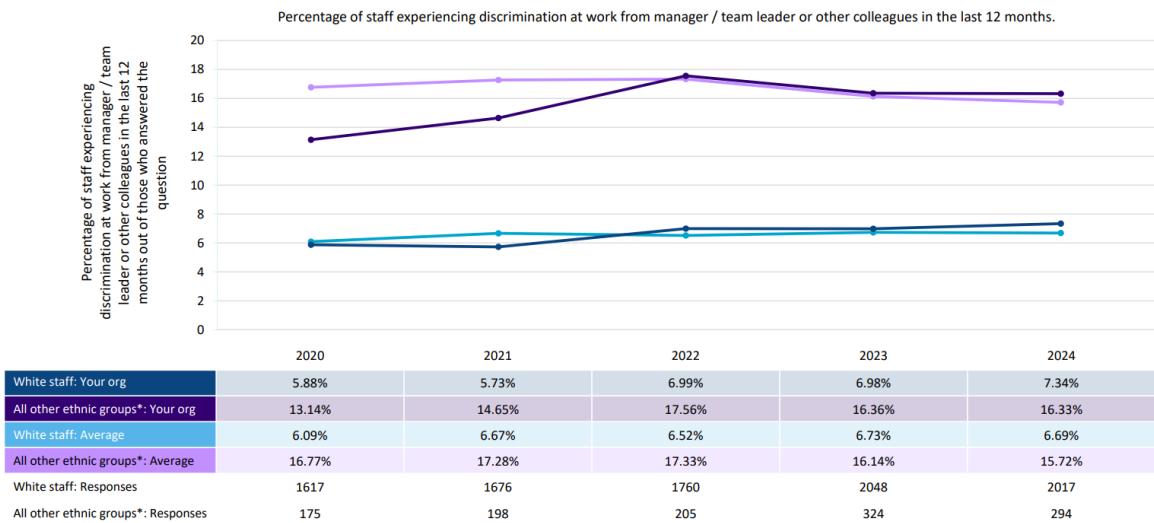
## WRES indicator 7 - Percentage of staff believing that their trust provides equal opportunities for career progression or promotion

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



| | 2020 | 2021 | 2022 | 2023 | 2024 |
|---|---|---|---|---|---|
| White staff: Your org | 59.48% | 59.95% | 55.73% | 59.28% | 53.73% |
| All other ethnic groups*: Your org | 53.71% | 44.90% | 49.50% | 52.17% | 45.82% |
| White staff: Average | 59.39% | 58.64% | 58.65% | 58.84% | 58.82% |
| All other ethnic groups*: Average | 45.24% | 44.56% | 47.00% | 49.64% | 49.70% |
| White staff: Responses | 1614 | 1663 | 1755 | 2048 | 2040 |
| All other ethnic groups*: Responses | 175 | 196 | 202 | 322 | 299 |

The percentage of both White staff and Global Majority staff believing the Trust provides equal opportunities for career progression or promotion has fluctuated year-on-year since 2020. Since last year, there has been decrease amongst both White and Global Majority survey respondents who believed that they have equal opportunities for career progression or promotion- these percentage decreases are -5.6% and -6.4%, respectively. Currently percentages for both White and Global Majority staff sit below the national average. The 2024 data shows that the percentage of White colleagues believing that the Trust provides equal opportunities is the lowest it has been in five years, and for Global Majority staff it is the second lowest it has been in the last five years, with the lowest being in 2021.

When considering this data alongside our representation data (indicator 1), it becomes clear that career progression must be a priority area in our wider inclusion and workforce strategies. Focused and tailored interventions are required to address the specific barriers faced by Global Majority colleagues. As our data from indicator 4 already indicators sustained equity in terms of access to non-mandatory training and CPD, we must ensure that there is fair and equitable access other types of formal and informal development opportunities, such as participation in leadership and management programmes, and mentoring and networking, which are important for career development.

Compassionate care,
healthier communities

**WRES indicator 8 - Percentage of staff who experienced discrimination at work from their manager/team leader or other colleagues.**

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



| | 2020 | 2021 | 2022 | 2023 | 2024 |
|---|---|---|---|---|---|
| White staff: Your org | 5.88% | 5.73% | 6.99% | 6.98% | 7.34% |
| All other ethnic groups*: Your org | 13.14% | 14.65% | 17.56% | 16.36% | 16.33% |
| White staff: Average | 6.09% | 6.67% | 6.52% | 6.73% | 6.69% |
| All other ethnic groups*: Average | 16.77% | 17.28% | 17.33% | 16.14% | 15.72% |
| White staff: Responses | 1617 | 1676 | 1760 | 2048 | 2017 |
| All other ethnic groups*: Responses | 175 | 198 | 205 | 324 | 294 |

There has been a slight increase in the percentage of White staff experiencing discrimination at work from a manager, team leader or other colleague from the previous year. The percentage from the current year is the highest it has been in five years and reflects a steady increase over this time frame.

There was a negligible decrease in the percentage of Global Majority staff experiencing discrimination at work from a manager, team leader or other colleague from the previous year. Although there has been a percentage decrease since 2022, a year that saw a steep spike, there continues to be a significant difference between the experiences of discrimination from a manager or colleague between Global Majority staff and White staff.

Compassionate care,
healthier communities

**WRES indicator 9 - The representation of Global Majority people among board members**

| Table 7: | | 2022 | 2023 | 2024 | 2025 |
|---|---|---|---|---|---|
| Executive Board | White | 6 | 7 | 6 | 6 |
| | Global Majority | 0 | 0 | 0 | 0 |
| | Ethnicity Unknown | 0 | 0 | 0 | 1 |
| Non-Executive | White | 4 | 8 | 5 | 8 |
| | Global Majority | 1 | 2 | 2 | 2 |
| | Ethnicity Unknown | 0 | 0 | 0 | 0 |
| Total | | 11 | 17 | 13 | 17 |

| | | 2022 | 2023 | 2024 | 2025 |
|---|---|---|---|---|---|
| Voting | White | 9 | 14 | 11 | 14 |
| | Global Majority | 1 | 1 | 2 | 2 |
| | Ethnicity Unknown | 0 | 0 | 0 | 1 |
| Non-Voting | White | 1 | 1 | 0 | 0 |
| | Global Majority | 0 | 1 | 0 | 0 |
| | Ethnicity Unknown | 0 | 0 | 0 | 0 |
| Total | | 11 | 17 | 13 | 17 |

The Global Majority representation of all board members is not reflective of the workforce demographic and this has been consistent within the reporting of WRES data over the past 4 years. Whilst turnover in this staff group tends to be low there will continue to be proactivity to attract a more diverse pool of candidates when appointing new board members, particularly when non-executive directors have reached the end of their tenure at the Trust.

# 6. Conclusion and next steps

The lived experiences shared by our staff provide essential insights that will continue to inform our approach, helping us to drive the cultural and systemic changes needed for sustained progress. We must remain vigilant in our efforts, ensuring that race equity is consistently prioritised in all areas of our work as we continue to work towards being an anti-racist organisation.

This report highlights the progress we have made in some areas in relation to advancing racial equity within our workforce, while also strongly emphasising the areas where further work is required.

There has been an increase in the overall representation of Global Majority staff within our workforce, and we have consistently attained equity in the relative likelihood of White and Global Majority staff accessing non-mandatory and CPD training is a positive achievement. However, identifying the overrepresentation of Global Majority colleagues at band 5 and the underrepresentation of Global Majority staff beyond band 6, alongside the shortlisting data outlined within indicator 2 and the lower percentage of Global Majority staff who believed that they have equal opportunities for career progression or promotion, highlight institutional issues within the organisation preventing the progression of Global Majority staff. We must take action to address this.

Reducing harassment, bullying, abuse and discrimination must also be a priority for the Trust.

The following areas have therefore been identified as a priority and will be taken forward as actions within our EDI priority plan:

- **Recruitment** – Through quantitative and qualitative data, bias is evident within the recruitment and selection process. We will address this by implementing several actions including (but not limited to):
  - ➢ reviewing and strengthening the current recruitment and selection training.
  - ➢ Developing an inclusive recruitment toolkit.
  - ➢ Proposing a change to mandatory training requirements, meaning only staff who have undertaken the Trust's recruitment and selection training will have access to TRAC. This access is needed for anyone who is on a selection panel. Currently, there is only a requirement for the recruiting managers (the Chair of the panel) to have undertaken this training.
  - ➢ Ensuring that incidents of bias within the recruitment and selection process are dealt with as conduct issues.

- **Progression**
  - ➢ Review of data from our leadership and management programmes to review both the number of Global Majority staff applying and the number of staff selected to participant on these programmes.

➢ Invite Global Majority colleagues who have participated on these programmes to listening exercises to understand and address any barriers they encountered in applying and participating in the programme, and beyond.

➢ Positive action initiatives (such as the CEO mentoring programme) to support the career development of Global Majority staff.

➢ Targeted conversations and resources for managers to support career conversations with Global Majority staff in areas where there is a lack of progression and/or low Global Majority represented within senior roles.

- **Tackling racial harassment, bullying and discrimination**
  ➢ Consistently communicating the Trust's commitments to anti-racism and upholding this commitment across all areas of our work.

  ➢ For patients, increasing visible reminders of expected behaviours and 'zero tolerance' of harassment, bullying or abuse.

  ➢ Empowering staff to take action against abusive patients through the Trust's 'Unacceptable behaviour policy'.

  ➢ For staff, regular visibility of acceptable and expected behaviours through our values and behaviour framework. Alongside this, we will continue to proactively communicate report and support mechanisms available to ensure we are hearing about incidents of harassment, bullying and discrimination, and we are taking actions appropriately.

  ➢ Continuing to schedule and deliver regular anti-racism training for all staff.

  ➢ Interventional work with senior leaders and managers to support in identifying and addressing poor behaviours.

  ➢ Continuation of active bystander training and further work around FTSU and allyship alongside team support and interventions.

  ➢ Creating and disseminating allyship resources, both at a Trust level and locally within departments and teams.

# 7. Appendices

Appendix A: number and percentage of <u>non-clinical and clinical staff</u> by ethnicity in <u>2023/24</u>

| | Measure | # Global Majority | % Global Majority | # White | % White | # Unknown/Null | % Unknown/Null | Total |
|---|---|---|---|---|---|---|---|---|
| **1a) Non Clinical Staff** | | | | | | | | |
| Under Band 1 | Headcount | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 |
| Bands 1 | Headcount | 0 | 0.0% | 10 | 100.0% | 0 | 0.0% | 10 |
| Bands 2 | Headcount | 49 | 13.1% | 309 | 82.8% | 15 | 4.0% | 373 |
| Bands 3 | Headcount | 13 | 4.4% | 272 | 91.9% | 11 | 3.7% | 296 |
| Bands 4 | Headcount | 11 | 3.0% | 337 | 92.3% | 17 | 4.7% | 365 |
| Bands 5 | Headcount | 7 | 4.4% | 146 | 92.4% | 5 | 3.2% | 158 |
| Bands 6 | Headcount | 3 | 3.0% | 95 | 95.0% | 2 | 2.0% | 100 |
| Bands 7 | Headcount | 7 | 7.4% | 83 | 87.4% | 5 | 5.3% | 95 |
| Bands 8a | Headcount | 5 | 6.0% | 76 | 90.5% | 3 | 3.6% | 84 |
| Bands 8b | Headcount | 4 | 8.9% | 37 | 82.2% | 4 | 8.9% | 45 |
| Bands 8c | Headcount | 2 | 10.5% | 16 | 84.2% | 1 | 5.3% | 19 |
| Bands 8d | Headcount | 0 | 0.0% | 11 | 100.0% | 0 | 0.0% | 11 |
| Bands 9 | Headcount | 0 | 0.0% | 7 | 100.0% | 0 | 0.0% | 7 |
| VSM | Headcount | 0 | 0.0% | 4 | 100.0% | 0 | 0.0% | 4 |
| Cluster 1: AfC Bands <1 to 4 | Auto-Calculated | 73 | 7.0% | 928 | 88.9% | 43 | 4.1% | 1044 |
| Cluster 2: AfC bands 5 to 7 | Auto-Calculated | 17 | 4.8% | 324 | 91.8% | 12 | 3.4% | 353 |
| Cluster 3: AfC bands 8a and 8b | Auto-Calculated | 9 | 7.0% | 113 | 87.6% | 7 | 5.4% | 129 |
| Cluster 4: AfC bands 8c to VSM | Auto-Calculated | 2 | 4.9% | 38 | 92.7% | 1 | 2.4% | 41 |
| Total Non-Clinical | Auto-Calculated | 101 | 6.4% | 1403 | 89.5% | 63 | 4.0% | 1567 |
| **1b) Clinical Staff** | | | | | | | | |
| Under Band 1 | Headcount | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | 0 |
| Bands 1 | Headcount | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | 0 |
| Bands 2 | Headcount | 85 | 14.96% | 459 | 80.81% | 24 | 4.23% | 568 |
| Bands 3 | Headcount | 34 | 12.36% | 217 | 78.91% | 24 | 8.73% | 275 |
| Bands 4 | Headcount | 9 | 4.17% | 198 | 91.67% | 9 | 4.17% | 216 |
| Bands 5 | Headcount | 367 | 45.53% | 371 | 46.03% | 68 | 8.44% | 806 |
| Bands 6 | Headcount | 133 | 17.34% | 590 | 76.92% | 44 | 5.74% | 767 |
| Bands 7 | Headcount | 36 | 6.68% | 465 | 86.27% | 38 | 7.05% | 539 |
| Bands 8a | Headcount | 6 | 4.51% | 124 | 93.23% | 3 | 2.26% | 133 |
| Bands 8b | Headcount | 1 | 2.86% | 31 | 88.57% | 3 | 8.57% | 35 |
| Bands 8c | Headcount | 0 | 0.00% | 9 | 81.82% | 2 | 18.18% | 11 |
| Bands 8d | Headcount | 0 | 0.00% | 2 | 100.00% | 0 | 0.00% | 2 |
| Bands 9 | Headcount | 0 | 0.00% | 2 | 100.00% | 0 | 0.00% | 2 |
| VSM | Headcount | 0 | 0.00% | 2 | 100.00% | 0 | 0.00% | 2 |
| Cluster 1: AfC Bands <1 to 4 | Auto-Calculated | 128 | 12.1% | 874 | 82.5% | 57 | 5.4% | 1059 |
| Cluster 2: AfC bands 5 to 7 | Auto-Calculated | 536 | 25.4% | 1426 | 67.5% | 150 | 7.1% | 2112 |
| Cluster 3: AfC bands 8a and 8b | Auto-Calculated | 7 | 4.2% | 155 | 92.3% | 6 | 3.6% | 168 |
| Cluster 4: AfC bands 8c to VSM | Auto-Calculated | 0 | 0.0% | 15 | 88.2% | 2 | 11.8% | 17 |
| Total Clinical | Auto-Calculated | 671 | 20.0% | 2470 | 73.6% | 215 | 6.4% | 3356 |

Compassionate care,
healthier communities

Appendix B: number and percentage of <u>non-clinical and clinical staff</u> by ethnicity 2024/2025

| | Measure | # Global Majority | % Global Majority | # White | % White | # Unknown/Null | % Unknown/Null | Total |
|---|---|---|---|---|---|---|---|---|
| **1a) Non Clinical Staff** | | | | | | | | |
| Under Band 1 | Headcount | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 |
| Bands 1 | Headcount | 0 | 0.0% | 9 | 100.0% | 0 | 0.0% | 9 |
| Bands 2 | Headcount | 54 | 14.3% | 311 | 82.5% | 12 | 3.2% | 377 |
| Bands 3 | Headcount | 15 | 4.9% | 286 | 92.9% | 7 | 2.3% | 308 |
| Bands 4 | Headcount | 17 | 4.7% | 333 | 92.5% | 10 | 2.8% | 360 |
| Bands 5 | Headcount | 7 | 4.5% | 145 | 92.4% | 5 | 3.2% | 157 |
| Bands 6 | Headcount | 5 | 5.6% | 82 | 92.1% | 2 | 2.2% | 89 |
| Bands 7 | Headcount | 7 | 7.1% | 87 | 88.8% | 4 | 4.1% | 98 |
| Bands 8a | Headcount | 7 | 7.9% | 81 | 91.0% | 1 | 1.1% | 89 |
| Bands 8b | Headcount | 5 | 11.9% | 34 | 81.0% | 3 | 7.1% | 42 |
| Bands 8c | Headcount | 3 | 15.0% | 15 | 75.0% | 2 | 10.0% | 20 |
| Bands 8d | Headcount | 0 | 0.0% | 11 | 100.0% | 0 | 0.0% | 11 |
| Bands 9 | Headcount | 0 | 0.0% | 7 | 100.0% | 0 | 0.0% | 7 |
| VSM | Headcount | 0 | 0.0% | 4 | 100.0% | 0 | 0.0% | 4 |
| Cluster 1: AfC Bands <1 to 4 | Auto-Calculated | 86 | 8.2% | 939 | 89.1% | 29 | 2.8% | 1054 |
| Cluster 2: AfC bands 5 to 7 | Auto-Calculated | 19 | 5.5% | 314 | 91.3% | 11 | 3.2% | 344 |
| Cluster 3: AfC bands 8a and 8b | Auto-Calculated | 12 | 9.2% | 115 | 87.8% | 4 | 3.1% | 131 |
| Cluster 4: AfC bands 8c to VSM | Auto-Calculated | 3 | 7.1% | 37 | 88.1% | 2 | 4.8% | 42 |
| Total Non-Clinical | Auto-Calculated | 120 | 7.6% | 1405 | 89.4% | 46 | 2.9% | 1571 |
| **1b) Clinical Staff** | | | | | | | | |
| Under Band 1 | Headcount | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | 0 |
| Bands 1 | Headcount | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | 0 |
| Bands 2 | Headcount | 24 | 20.34% | 87 | 73.73% | 7 | 5.93% | 118 |
| Bands 3 | Headcount | 111 | 16.44% | 536 | 79.41% | 28 | 4.15% | 675 |
| Bands 4 | Headcount | 8 | 3.60% | 205 | 92.34% | 9 | 4.05% | 222 |
| Bands 5 | Headcount | 388 | 48.20% | 363 | 45.09% | 54 | 6.71% | 805 |
| Bands 6 | Headcount | 145 | 18.15% | 610 | 76.35% | 44 | 5.51% | 799 |
| Bands 7 | Headcount | 43 | 7.92% | 470 | 86.56% | 30 | 5.52% | 543 |
| Bands 8a | Headcount | 5 | 3.57% | 133 | 95.00% | 2 | 1.43% | 140 |
| Bands 8b | Headcount | 1 | 3.03% | 31 | 93.94% | 1 | 3.03% | 33 |
| Bands 8c | Headcount | 0 | 0.00% | 11 | 84.62% | 2 | 15.38% | 13 |
| Bands 8d | Headcount | 0 | 0.00% | 2 | 100.00% | 0 | 0.00% | 2 |
| Bands 9 | Headcount | 0 | 0.00% | 2 | 100.00% | 0 | 0.00% | 2 |
| VSM | Headcount | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | 0 |
| Cluster 1: AfC Bands <1 to 4 | Auto-Calculated | 143 | 14.1% | 828 | 81.6% | 44 | 4.3% | 1015 |
| Cluster 2: AfC bands 5 to 7 | Auto-Calculated | 576 | 26.8% | 1443 | 67.2% | 128 | 6.0% | 2147 |
| Cluster 3: AfC bands 8a and 8b | Auto-Calculated | 6 | 3.5% | 164 | 94.8% | 3 | 1.7% | 173 |
| Cluster 4: AfC bands 8c to VSM | Auto-Calculated | 0 | 0.0% | 15 | 88.2% | 2 | 11.8% | 17 |
| Total Clinical | Auto-Calculated | 725 | 21.6% | 2450 | 73.1% | 177 | 5.3% | 3352 |
| Medical & Dental Staff, Consultants | Headcount | 102 | 37.09% | 159 | 57.82% | 14 | 5.09% | 275 |
| of which Senior Medical Managers | Headcount | 0 | | 0 | | 0 | | 0 |
| Medical & Dental Staff, Non-Consultants career | Headcount | 90 | 64.75% | 22 | 15.83% | 27 | 19.42% | 139 |
| Medical & Dental Staff, Medical and dental trainee | Headcount | 67 | 39.41% | 78 | 45.88% | 25 | 14.71% | 170 |
| Medical & Dental Staff, Other | | 0 | | 0 | | 0 | | 0 |
| Total Medical and Dental | Auto-Calculated | 259 | 44.35% | 259 | 44.35% | 66 | 11.30% | 584 |
| Number of staff in workforce | Auto-Calculated | 1104 | 20.05% | 4114 | 74.70% | 289 | 5.25% | 5507 |