

Workplace Race Equality Standard (WRES) report

2025/26

Contents

1. Context	3
2. Summary of key areas of work	4
Strengthening our anti-racism commitment through our policies	4
Establishing an Anti-Racist working group	4
Development and delivery of anti-racism training	5
Inclusive recruitment	5
Reviewing support for the Staff REACH network	6
Reviewing our Equality Impact Assessment (EIA) process	7
3. West Suffolk NHS Foundation Trust WRES 2024-25 key highlights	8
4. West Suffolk Foundation Trust WRES 2025-26: the overall picture	10
5. WSFT 2025 WRES analysis	13
WRES indicator 1: The percentage and number of staff by ethnicity	13
WRES indicator 2 - The relative likelihood of White applicants being appointed from shortlisting compared to Global Majority applicants	16
WRES indicator 3 - The relative likelihood of Global Majority staff entering the formal disciplinary process compared to white staff	17
WRES indicator 4 - The relative likelihood of White staff accessing non-mandatory training and CPD compared to Global Majority staff	18
4-Year Comparison of WRES indicators 1-4	19
WRES indicator 5 - Percentage of Global Majority staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	20
WRES indicator 6 - Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	21
WRES indicator 7 - Percentage of staff believing that their Trust provides equal opportunities for career progression or promotion	22
WRES indicator 8 - Percentage of staff who experienced discrimination at work from their manager/team leader or other colleagues	23
WRES indicator 9 - The representation of Global Majority people among board members	24
6. Conclusion and next steps	25
7. Appendices	27
Appendix A: number and percentage of non-clinical and clinical staff by ethnicity 2024/2025	27
Appendix B: number and percentage of non-clinical and clinical staff by ethnicity 2025/2026	28

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 2026 report is the latest version and uses data from March 2025 - March 2026.

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

Strengthening our anti-racism commitment through our policies

During 2025/26, work commenced to strengthen and embed the Trust's anti-racism commitment within organisational policies and procedures.

This includes the development of a dedicated anti-racism section within the Trust's new *Creating an Inclusive Culture Policy*. The scope of the policy has been expanded so that it applies not only to employees, but also to patients, service users, visitors and anyone accessing Trust services, whether on a Trust site or within a community or home setting. In addition to the creation of a policy statement that clearly articulates the Trust's commitment to becoming and remaining an anti-racist organisation, the policy reinforces the Trust's zero-tolerance approach to all forms of racism, racial discrimination and racial prejudice including, but not limited to

- Anti-Black racism
- Anti-Asian racism
- Antisemitism
- Anti-Muslim hostility
- Gypsy, Roma and Traveller discrimination
- All other forms of racism and ethnic discrimination

More broadly, the policy reflects the Trust's strategic ambitions, particularly *Empowered to Improve* and *High-Quality Care*, and reinforces the behavioural expectations set out within the Trust's FIRST values.

The next phase of this work will focus on bringing these commitments to life through visible action, accountability and leadership, ensuring they are embedded within everyday practice and decision-making. The Trust's aim is to create and sustain an inclusive culture that benefits everyone, where all people are treated with dignity and respect, feel a sense of belonging, and understand their personal responsibility for upholding our values. This includes challenging racism and discrimination and promoting inclusion and anti-racism in their everyday interactions and behaviours.

Establishing an Anti-Racist working group

Work is underway to establish an Anti-Racist working group which will provide oversight, coordination and accountability for the Trust's anti-racism work.

This group will focus on supporting sustainable, visible and impactful progress towards race equity and ensuring anti-racism is embedded within organisational culture, decision-making and workforce practices.

Membership of the group will include key stakeholders from across the Trust who bring both lived and professional expertise. This will include colleagues with lived experience of racism and racial inequity, and colleagues and allies who are able to

influence and implement meaningful organisational change. Representation from local organisations with expertise in anti-racism and race equity will also be sought to provide additional insight, challenge and support.

Consideration is currently being given to how the group can create psychologically safe spaces for discussion, learning and constructive challenge whilst recognising the potential impact of engaging in anti-racism work, including vicarious and reactivated trauma. To support this, the Inclusion Team is working closely with colleagues within the Trust's Staff Psychology Service to ensure the group is designed in a way that promotes psychological safety, wellbeing and meaningful engagement for members, in addition to seeking advice and learning from other NHS organisations that have already established similar approaches.

The group will be established during 2026/27 and will coordinate and monitor progress against a range of commitments and priorities, including:

- Actions arising from the Workforce Race Equality Standard (WRES)
- NHS Equality, Diversity and Inclusion Improvement Plan actions
- Actions arising from ethnicity pay gap analysis
- Workforce race data and staff experience data
- Lord Mann's recommendations on combating racism in the NHS
- UNISON's Anti-Racism Charter
- NHS Tackling Racism Staff Standard
- NHS Seven Anti-Racism Principles

Through collective leadership, accountability and collaboration, the Anti-Racist working group will play a key role in translating the Trust's anti-racism commitments into measurable action, sustained progress and long-term cultural change.

Development and delivery of anti-racism training

Interactive, informative and powerful training sessions have been created and delivered to colleagues across the Trust, including students on their placements. In addition, facilitated anti-racism discussions and training sessions have also taken place within the People, Culture and Communications Directorate (January 2026), during a Trust Board development session in March 2026, and with the Trust's Senior leadership Team (March 2026).

Inclusive recruitment

Trust recruitment data continues to identify disparities between White and Global Majority applicants at the shortlisting stage. We have taken the following steps to address these findings:

- Reviewing and strengthening the current recruitment and selection training to increase awareness and understanding of bias (and where it may occur)

- within the recruitment and selection process), inclusive recruitment practices and decision-making
- Developing an inclusive recruitment toolkit to support recruiting managers and selection panel members
 - Restricting access to TRAC, the Trust's recruitment system. Only staff who have completed the recruitment and selection training will have access to TRAC. Access is needed for anyone who is on a selection panel. Prior to this, there was only the requirement for the recruiting managers (the Chair of the panel) to have undertaken this training
 - Reinforcing expectations that incidents of bias or discriminatory behaviour within the recruitment and selection process will be managed appropriately and may be addressed through formal conduct processes

Reviewing support for the Staff REACH network

The Trust's Staff REACH Network plays an integral role in providing peer support, insight, challenge and advocacy for Global Majority colleagues. However, maintaining momentum and consistent engagement has become increasingly challenging due to operational and clinical pressures.

This challenge is particularly significant for the REACH Network because a large proportion of Global Majority colleagues within the Trust work in clinical roles, where service demands can limit opportunities to participate in network activities. As a result, the network may experience barriers to engagement that are not experienced to the same extent by other staff networks.

To ensure the network remains sustainable, impactful and responsive to the needs of both its members and the wider organisation, the Inclusion Team will undertake a review of the network's remit, priorities and support arrangements during 2026/27. The review will focus on:

- exploring opportunities to strengthen alignment with the Trust's anti-racism work whilst preserving the network's important role in providing peer support, a sense of community and collective voice for Global Majority colleagues.
- Reviewing the governance arrangements of all staff networks alongside the support and resource available to them to ensure they are equipped to operate effectively and maximise their impact and visibility across the organisation

This review will help ensure that the REACH Network remains a valued source of support for colleagues whilst continuing to inform and influence the Trust's race equity and anti-racism priorities.

Reviewing our Equality Impact Assessment (EIA) process

Following the launch of the Trust's EIA process in January 2025, and the creation of the EIA PowerApp in September 2025 (which allows for EIAs to be reviewed, quality checked and submitted electronically), we will be reviewing the Trust's EIA process in 2026-2027 alongside other adjacent processes to ensure that it is integrated within Trust governance effectively and impactfully.

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

Performing well

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

For the fourth consecutive year, the relative likelihood remains at 1, indicating equitable access to non-mandatory training and CPD between White colleagues and Global Majority colleagues.

WRES indicator 3 (disciplinary processes): *Maintaining an equitable position*

Global Majority staff remain less likely than White staff to enter a formal disciplinary process. Whilst WRES seeks equity between staff groups, the data continues to indicate no evidence of disproportionate disciplinary action affecting Global Majority staff within the Trust.

Maintain focus - improvement required

WRES indicator 9 (board representation): *Limited representation at Board level*

Global Majority representation on the Board has remained unchanged over the last three years and continues to be significantly lower than the workforce ethnicity profile. Whilst turnover at Board level is relatively low, continued focus is required to improve representation over time.

WRES indicator 7: (career progression) *Continuing disparity in progression outcomes*

Despite equitable access to non-mandatory and CPD training for White and Global Majority staff (indicator 4), and only a small difference between the White and Global Majority staff regarding opportunities for career progression, workforce data continues to highlight a significant underrepresentation of Global Majority colleagues in Band 7 and above.

Work required- priority areas

WRES indicator 1: (representation) *Low representation beyond band 7*

This indicator shows Global Majority staff are significantly over-represented at band 5 and significantly under-represented at band 7 and above.

WRES indicator 2: (shortlisting) *Significant and increasing inequity*

The relative likelihood of White applicants being appointed from shortlisting compared with Global Majority applicants has increased to 2.1, which is the highest level of inequity reported in the last four years.

WRES indicator 5: (bullying from the public) *Worsening experiences for Global Majority staff*

The percentage of Global Majority colleagues experiencing harassment, bullying or abuse from patients, relatives, or the public increased to 34.9%, the highest level reported in the last five years. The disparity between Global Majority and White staff remains significant and continues to widen.

WRES indicator 6: bullying from staff *Improvements made, but disparities persist*

Whilst there has been significant improvement over the last year which has seen a 7% reduction of reports from Global Majority staff, Global Majority staff remain more likely than White colleagues to experience bullying, harassment and abuse from other staff.

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. Although there has been a small improvement over the last year, the disparity between the Global Majority staff and White staff remains significant.

4. West Suffolk Foundation Trust WRES 2025-26: 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
Indicator 1: Representation	Steady increase in the representation of Global Majority staff, but there continues to be underrepresentation in senior roles.	Whilst there is growing representation of Global Majority colleagues that remains higher than regional data, the over-representation of Global Majority colleagues at band 5 and the under-representation at band 7 and above indicates systemic barriers which must be addressed.
Indicator 2: Shortlisting	Increasing inequity	The relative likelihood of White applicants being appointed from shortlisting has increased from 1.67 in 2024/25 to 2.10 in 2025/26, representing the highest level of inequity reported during the last four years. Trust recruitment data also indicates disparities at the shortlisting stage, where White applicants are more likely to be shortlisted than Global Majority applicants.
Indicator 3: Disciplinary process	No evidence of disproportionate disciplinary outcomes for Global Majority staff	No Global Majority staff entered a formal disciplinary process during 2025/26, resulting in a relative likelihood score of 0. Whilst WRES seeks a position of equity represented by 1, Trust data continues to show no evidence of disproportionate disciplinary action affecting Global Majority colleagues. Due to the relatively small numbers involved, year-on-year changes should be interpreted with caution.

Indicator 4: Training	Consistently showing equity	The relative likelihood ratio has remained at 1 for four consecutive years, demonstrating sustained equity in access to non-mandatory training and CPD opportunities. However, this positive finding highlights that barriers to progression are likely to extend beyond access to training alone and may be influenced by wider organisational and systemic factors.
Indicator 5: Harassment, bullying and abuse from patients	Worsening experiences	The percentage of Global Majority colleagues experiencing harassment, bullying or abuse from patients, relatives, or the public has increased from 30.8% in 2021 to 34.9% in 2025, which is the highest level reported over the last four years. Whilst White staff have also experienced an increase, the disparity between staff groups remains significant and continues to exceed national benchmarking figures.
Indicator 6: Harassment, bullying and abuse from staff	Significant improvement over the last year	The percentage of Global Majority staff experiencing harassment, bullying or abuse from colleagues decreased by 7%, whilst reports from White staff decreased by 2.3%. This represents the lowest reported level in at least five years for both groups and it has significantly reduced the disparity of experience between White and Global Majority staff.
Indicator 7: Career progression	Persistent underrepresentation in senior roles despite relatively similar perceptions of career progression	2025/26 data shows little difference between White and Global Majority staff perceptions of equal opportunities for career progression or promotion (51.2% and 50.4% respectively). However, workforce data continues to demonstrate significant underrepresentation of Global Majority staff within senior leadership roles.
Indicator 8: Experiencing discrimination	Long-term disparity but with encouraging improvement during the last year	There has been a reduction in the percentage of both White and Global Majority staff experiencing discrimination at work from a manager, team leader or colleague during the last year. The largest improvement was seen

		amongst Global Majority staff, resulting in a reduction in the gap between White and Global Majority staff. Despite this positive progress, Global Majority staff continue to report substantially higher levels of discrimination than White colleagues (13.81% compared to 6.38%), indicating that a significant disparity in staff experience remains.
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. Global Majority colleagues remain underrepresented on the Board compared to the overall workforce profile.

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 5338, a decrease from the previous year, which was 5507. There has been a 0.6% increase since 31 March 2025 in the percentage of staff who shared that they were from the Global Majority, bringing the percentage of Global Majority staff within the trust as at 31 March 2026 to 20.6%. The data also showed that 73.2 % of the workforce were White (-1.8% from March 2025), and 6.1% of colleagues had not shared their ethnicity data (+0.9% from March 2025).

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% White¹. Therefore, the Trust is reporting significantly higher proportionate figures of ethnicity in comparison to the overall regional data. Whilst this diversity is celebrated and welcomed, we must also acknowledge and address concerning data regarding the experiences of Global Majority staff. For example, the percentage of Global Majority staff within the Trust who have reported through the NHS Staff Survey that they have experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months, has increased each year and by a total of 4% between 2021 and 2025.

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 (bands 7 and above) 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 (373/39.5%). Whilst this has decreased slightly since last year (395 / 41.1%), this number/percentage of Global Majority staff at this band remains almost double the equitable percentage of Global Majority staff when compared to the workforce demographics, which highlights a significant overrepresentation of Global Majority staff within this band. Conversely, Global Majority staff continue to be significantly underrepresented in bands 4 and bands 7 and above.

Although the 2025/26 figures show a decrease from last year in the percentage of Global Majority non-consultant career grade roles and trainee grade roles, the representation of Global Majority staff within these roles and within consultant roles continues to be much higher when compared to the overall percentage of Global

¹ [West Suffolk Demographics & Population Statistics 2025](#)

Majority staff within the Trust's workforce.

Table 2: number and percentage of all staff by ethnicity in 2024/25 and 2025/2026

Band	2024/25					2025/26				
	Global majority	White	Not disclosed	Total number of staff at each band	% Global majority at each band	Global majority	White	Not disclosed	Total number of staff at each band	% Global majority at each band
1	0	9	0	9	0%	0	0	0	0	0
2	78	398	19	495	15.8%	79	373	24	476	16.6%
3	126	822	35	983	12.8%	135	755	34	924	14.6%
4	25	538	19	582	4.3%	22	497	23	542	4.1%
5	395	508	59	962	41.1%	373	489	82	944	39.5%
6	150	692	46	888	16.9%	161	675	48	884	18.2%
7	50	557	34	641	7.8%	52	530	36	618	8.4%
8a	12	214	3	229	5.2%	15	214	3	232	6.5%
8b	6	65	4	75	8%	6	56	3	65	9.2%
8c	3	26	4	33	9%	4	30	4	38	10.5%
8d	0	13	0	13	0%	0	13	0	13	0%
9	0	9	0	9	0%	0	10	0	10	0%
VSM	0	4	0	4	0%	0	6	0	6	0%
Trainee Grade	67	78	25	170	39.4%	70	84	30	184	38%
Non-consultant career grade	90	22	27	139	64.7%	84	27	27	138	60.9%
Consultant	102	159	14	275	37.1%	101	151	12	264	38.3%
Total	1104	4114	289	5507	20.0%	1102	3910	326	5338	20.6%

NB: Appendixes A and B show the breakdown of clinical and non-clinical staff in 2024/25 and 2025/26, 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: 2023/24, 2024/2025 and 2025/2026.

	2023/24			2024/25			2025/2026		
	White	Global Majority	Ethnicity Unknown	White	Global Majority	Ethnicity Unknown	White	Global Majority	Ethnicity Unknown
Number of shortlisted applicants	1288	1939	77	1023	1468	51	1255	1281	91
Number appointed from shortlisting	43	167	20	129	111	20	358	174	48
Relative likelihood of White staff being appointed in comparison to Global Majority staff	0.39			1.67			2.10		

The relative likelihood of White applicants appointed from shortlisting compared to Global Majority applicants has increased significantly over the last three years. It is currently 2.10, which is the largest figure it has been since 2022. A figure of 1 (with an acceptance range of between 0.8 and 1.2) would mean equitable appointment for White and Global Majority applicants from the shortlisting stage, so Trust data indicates that White applicants are significantly more likely to be appointed from the shortlisting stage in comparison to Global Majority colleagues.

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: 2023/24, 2024/2025 and 2025/2026.

	2023/24			2024/25			2025/26		
	White	Global Majority	Ethnicity Unknown	White	Global Majority	Ethnicity Unknown	White	Global Majority	Ethnicity Unknown
Number of staff	4144	1010	325	4114	1103	285	3910	1102	326
Number of staff entering the formal disciplinary process	16	2	0	21	3	0	11	0	1
Relative likelihood of Global Majority Staff entering the formal disciplinary process compared to White staff	0.51			0.53			0.00		

The relative likelihood of Global Majority staff entering the formal disciplinary process compared to White staff is 0. This is a decrease since the previous year where the figure was 0.53. This figure of 0 indicates that Global Majority staff are less likely to enter the formal disciplinary process in comparison to White staff.

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: 2023/24, 2024/2025 and 2025/2026

	2023/24			2024/25			2025/26		
	White	Global Majority	Ethnicity Unknown	White	Global Majority	Ethnicity Unknown	White	Global Majority	Ethnicity Unknown
Number of Staff	4144	1010	325	4114	1103	285	3910	1102	326
Number of staff accessing non-mandatory training and CPD	4144	1008	323	4114	1103	285	3902	1103	325
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 'deficit model' (NHS England, 2019)². 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 intentional 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 racial bias, and ensure equitable opportunities.

4-Year Comparison of WRES indicators 1-4

Table 6 below is a 4-year comparison of indicators 1-4 which shows a steady increase in Global Majority staff from 2022-2026. Indicator 2 would suggest a position that has worsened significantly over the last two years, as it now shows the highest disparity between the likelihood of White applicants being appointed from shortlisting and Global Majority applicants in a four-year period, highlighting and reiterating that improving recruitment and selective processes within the Trust remains a key priority for the Trust.

Indicator 3 shows a decrease from the previous two years and movement away from the figure of 1, which highlights equity. This means that Global Majority staff are less likely to enter the formal disciplinary process. Lastly, indicator 4 highlights continual and consistent best practice in relation to equitable access to non-mandatory training and CPD between White staff and Global Majority.

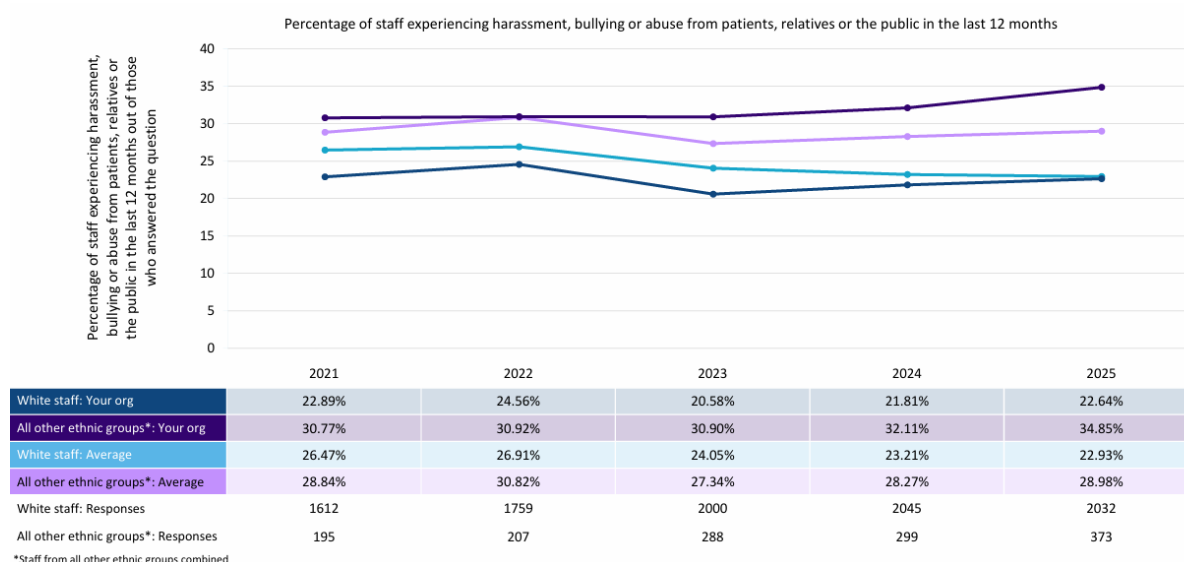
² NHS England (2019) A model employer: Increasing black and minority ethnic representation at senior levels across the NHS [PDF] <https://www.england.nhs.uk/wp-content/uploads/2019/01/wres-leadership-strategy.pdf>

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

		2022/23	2023/24	2024/25	2025/26
Indicator 1	No. of staff at the Trust	5214	5479	5502	5338
	Number (percentage) of Global Majority staff at the Trust	890 (17.1%)	1010 (18.4%)	1103 (20.1%)	1102 (20.6%)
Indicator 2	Relative likelihood of white staff appointed from shortlisting compared to Global Majority staff	1.22	0.39	1.67	2.10
Indicator 3	Relative likelihood of Global Majority staff entering formal disciplinary process compared to white staff	0	0.51	0.53	0
Indicator 4	Relative likelihood of white staff accessing non-mandatory training & CPD compared to Global Majority staff	1	1	1	1

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](#))

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



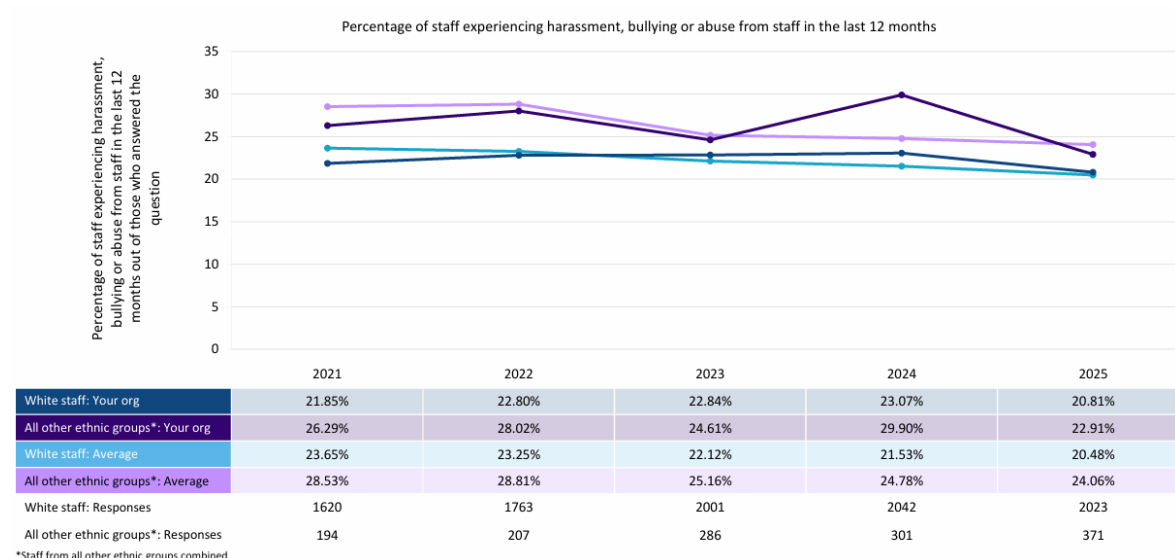
Over the last five years, Trust data consistently shows a higher proportion of Global Majority staff who responded to the survey have experienced harassment, bullying or abuse from patients, relatives, or the public. Current data shows that 34.9% of Global Majority respondents have experienced this, 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 1-6% higher than the national average when compared to similar sized acute and community Trusts.

For White staff, there has been an 0.83% increase in the percentage of staff survey respondents who had experienced harassment, bullying or abuse from patients, relatives or the public. This is the second year that there has been an increase, as prior to this there had been a notable decrease between 2022 and 2023.

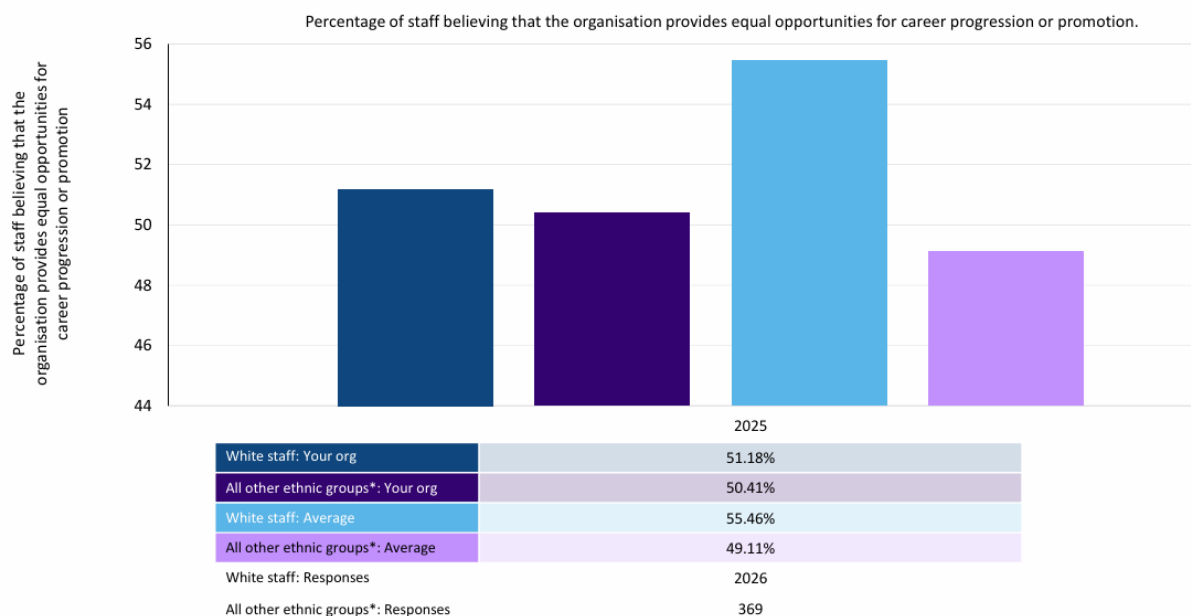
Additionally, over the last five years, Trust figures for White staff have been between 1-4% lower than the national average when compared to similar sized acute and community Trusts.

WRES indicator 6 - Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months



This has been an area of significant progress for the Trust over the last year. Our recent data shows a significant decrease (-7%) in the percentage of Global Majority staff who responded to the survey who had experienced harassment, bullying or abuse from other staff over the last year. There has also been a decrease of -2.3% of White staff who responded to the survey who had experienced harassment, bullying or abuse from other staff over the last year. This marks the lowest percentage in at least the last five years for both Global Majority and White staff and reduces the percentage difference between the two staff groups in respect of their experiences of harassment, bullying and abuse from other members of staff (from 6.8% in 2024 to 2.1% in 2025).

WRES indicator 7 - Percentage of staff believing that their Trust provides equal opportunities for career progression or promotion



*Staff from all other ethnic groups combined.

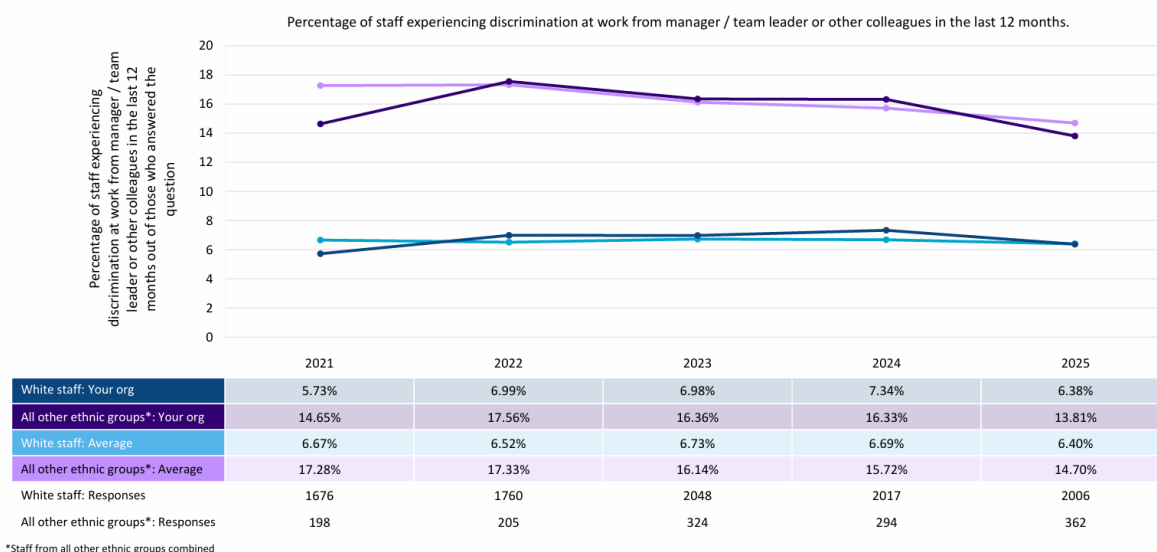
Note: Due to changes in the question wording in 2025, previous years' results for WRES indicator 7 (Q15) are not reported. For more information, please refer to the *Technical Guide*: <https://www.nhsstaffsurveys.com/survey-documents/>

Trust data shows that the 51.2% of White staff and 50.4% of Global Majority staff survey respondents feel that the Trust provides equal opportunities for career progression or promotion. Our Trust data here is slightly above the national average for Global Majority staff (+1.3%) and below average for White staff (-4.28%).

It should be noted that, due to changes in the wording of this question during the 2025 staff survey, previous year's results are not reported as they are not comparable.

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 identify and address the specific barriers faced by Global Majority colleagues. As our data from indicator 4 already indicates 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.

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



There has been a slight decrease (-1%) 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 lowest it has been since 2022.

There was a larger decrease in the percentage of Global Majority staff experiencing discrimination at work from a manager, team leader or other colleague from the previous year (-2.5%). There continues to be a significant difference between the experiences of discrimination from a manager or colleague for Global Majority staff and White staff.

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

Table 7: Number of voting and non-voting board members by ethnicity as at 31st March of each year between 2023 and 2026.

		2023	2024	2025	2026
Executive Board	White	7	6	6	7
	Global Majority	0	0	0	0
	Ethnicity Unknown	0	0	1	0
Non-Executive	White	8	5	8	5
	Global Majority	2	2	2	2
	Ethnicity Unknown	0	0	0	0
Total		17	13	17	14

		2023	2024	2025	2026
Voting	White	14	11	14	12
	Global Majority	1	2	2	2
	Ethnicity Unknown	0	0	1	0
Non-Voting	White	1	0	0	0
	Global Majority	1	0	0	0
	Ethnicity Unknown	0	0	0	0
Total		17	13	17	14

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 must be continuous proactivity within the Trust 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

This report demonstrates areas of positive progress in relation to race equity, particularly the continued increase in the representation of Global Majority staff within the workforce, equitable access to non-mandatory training and CPD, and improvements in the experiences of harassment, bullying and abuse from colleagues and experiences of discrimination at work. However, significant disparities remain between the experiences and outcomes of White and Global Majority staff, particularly in relation to recruitment, progression, representation within senior roles, harassment, bullying, abuse and discrimination.

The Trust's approach to advancing race equity and embedding anti-racism within our organisational culture and practices is not limited to the annual WRES reporting process. Key priorities are embedded within the *Empowered to Improve* ambition of the Trust's 2025-2028 Strategic Plan and supported through delivery of the Trust's Workforce Inclusion Plan and anti-racism commitments.

The progress of this important work is monitored through a combination of WRES metrics, NHS Staff Survey results, workforce data, ethnicity pay gap reporting, staff feedback and regular reporting through Trust committees and groups, ensuring ongoing oversight and accountability. This work is further supported by the Trust's commitment to the UNISON Anti-Racism Charter, the NHS Tackling Racism Staff Standard and the NHS Seven Anti-Racism Principles.

It must be recognised that becoming and remaining an anti-racist organisation is a long-term commitment. While improvements are expected over time, some of the disparities identified within this report reflect wider societal, systemic and institutional inequities that will take several years to address fully. The focus during 2026/27 will therefore be on sustaining progress, embedding anti-racist practices and ensuring improvement activity is targeted towards the areas of greatest need. Success will be measured through trends over time rather than year-on-year fluctuations alone.

The following areas have been identified as priorities for 2026/27. Actions to progress these areas are embedded within the Trust's workforce inclusion plan:

- Strengthening leadership, accountability and coordination of all anti-racism activity through the establishment of the Anti-Racist working group.
- Continuing to take steps to improve the representation and progression of Global Majority staff within senior leadership roles
- Reducing inequity within recruitment, specifically in relation to the appointment from shortlisting stage
- Improving career progression, development opportunities and talent pipelines for Global Majority staff
- Reducing experiences of racism, harassment, bullying, abuse and discrimination

- Embedding anti-racism across organisational culture, leadership, governance, policies and workforce practices
- Improving the experiences of Global Majority staff by strengthening inclusion, belonging and psychological safety

7. Appendices

Appendix A: number and percentage of non-clinical and clinical staff 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	Headcount	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

Appendix B: number and percentage of non-clinical and clinical staff by ethnicity 2025/2026

	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%	0	0.0%	0	0.0%	0
Bands 2	Headcount	53	15.2%	284	81.4%	12	3.4%	349
Bands 3	Headcount	13	5.3%	228	92.3%	6	2.4%	247
Bands 4	Headcount	17	5.1%	306	92.4%	8	2.4%	331
Bands 5	Headcount	8	5.3%	138	90.8%	6	3.9%	152
Bands 6	Headcount	5	6.0%	77	91.7%	2	2.4%	84
Bands 7	Headcount	10	11.0%	77	84.6%	4	4.4%	91
Bands 8a	Headcount	5	6.4%	71	91.0%	2	2.6%	78
Bands 8b	Headcount	5	14.3%	28	80.0%	2	5.7%	35
Bands 8c	Headcount	3	13.6%	17	77.3%	2	9.1%	22
Bands 8d	Headcount	0	0.0%	11	100.0%	0	0.0%	11
Bands 9	Headcount	0	0.0%	8	100.0%	0	0.0%	8
VSM	Headcount	0	0.0%	5	100.0%	0	0.0%	5
Cluster 1: AfC Bands <1 to 4	Auto-Calculated	83	9.0%	818	88.2%	26	2.8%	927
Cluster 2: AfC bands 5 to 7	Auto-Calculated	23	7.0%	292	89.3%	12	3.7%	327
Cluster 3: AfC bands 8a and 8b	Auto-Calculated	10	8.8%	99	87.6%	4	3.5%	113
Cluster 4: AfC bands 8c to VSM	Auto-Calculated	3	6.5%	41	89.1%	2	4.3%	46
Total Non-Clinical	Auto-Calculated	119	8.4%	1250	88.5%	44	3.1%	1413
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	26	20.47%	89	70.08%	12	9.45%	127
Bands 3	Headcount	122	18.02%	527	77.84%	28	4.14%	677
Bands 4	Headcount	5	2.37%	191	90.52%	15	7.11%	211
Bands 5	Headcount	365	46.09%	351	44.32%	76	9.60%	792
Bands 6	Headcount	156	19.50%	598	74.75%	46	5.75%	800
Bands 7	Headcount	42	7.97%	453	85.96%	32	6.07%	527
Bands 8a	Headcount	10	6.49%	143	92.86%	1	0.65%	154
Bands 8b	Headcount	1	3.33%	28	93.33%	1	3.33%	30
Bands 8c	Headcount	1	6.25%	13	81.25%	2	12.50%	16
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%	1	100.00%	0	0.00%	1
Cluster 1: AfC Bands <1 to 4	Auto-Calculated	153	15.1%	807	79.5%	55	5.4%	1015
Cluster 2: AfC bands 5 to 7	Auto-Calculated	563	26.6%	1402	66.2%	154	7.3%	2119
Cluster 3: AfC bands 8a and 8b	Auto-Calculated	11	6.0%	171	92.9%	2	1.1%	184
Cluster 4: AfC bands 8c to VSM	Auto-Calculated	1	4.8%	18	85.7%	2	9.5%	21
Total Clinical	Auto-Calculated	728	21.8%	2398	71.8%	213	6.4%	3339
Medical & Dental Staff, Consultants	Headcount	101	38.26%	151	57.20%	12	4.55%	264
of which Senior Medical Managers	Headcount	0	0.00%	1	100.00%	0	0.00%	1
Medical & Dental Staff, Non-Consultants career grade	Headcount	84	60.87%	27	19.57%	27	19.57%	138
Medical & Dental Staff, Medical and dental trainee grades	Headcount	70	38.04%	84	45.65%	30	16.30%	184
Medical & Dental Staff, Other	Headcount	0		0		0		0
Total Medical and Dental	Auto-Calculated	255	43.52%	262	44.71%	69	11.77%	586
Number of staff in workforce	Auto-Calculated	1102	20.64%	3910	73.25%	326	6.11%	5338