

Workforce Race Equality Standard (WRES)

2025 Annual Report and Action

Final

Ratified by the Trust Board 15 Oct 2025

Introduction to the Workforce Race Equality Standard

Introduction and background

The Workforce Race Equality Standard (WRES) is a mandatory NHS framework designed to improve the workplace experiences and career opportunities of Black and Minority Ethnic (BME) staff. Please refer to **Appendix A** for definitions of ethnicity and the individuals covered by WRES.

Introduced in 2015, it holds NHS organisations accountable for making progress on race equality. The WRES uses nine metrics to compare the experiences of BME and White staff. These metrics highlight potential inequalities in key areas such as:

- Recruitment and career progression
- · Likelihood of appointment from shortlisting
- · Representation in senior and board-level roles
- · Experiences of bullying, harassment, discrimination and feeling valued
- Fairness of disciplinary processes

The goal is to turn this data into meaningful change. By identifying specific challenges, NHS organisations can develop targeted action plans to foster a more inclusive and equitable culture.

Every year, Trusts must publish their WRES data and action plan on their website by 31st October.

NHS England's Workforce Race Standard: 2024 data analysis report for NHS trusts was published on 25 June 2025 and highlights ongoing inequalities between BME and White staff across all nine metrics. While the data shows some progress, the findings underscore the need for NHS Trusts to take further action to close these experience gaps.

SFT's 2025 WRES annual report and action plan

This document reviews our progress on the 2024/25 action plan, presents the latest data across all nine WRES metrics, and sets out our proposed action plan for 2025/26.

<u>Previous SFT's WRES annual reports for 2017, 2018, 2019, 2020, 2021, 2022, 2023 and 2024 can be found here.</u>

Slides	Contents
2	Introduction and background to WRES
3	Executive summary
4-5	Summary of progress against WRES action plan 2024/25
6	Definitions, data reference and timeline for WRES metrics
7-10	Metric 1: SFT workforce snapshot on 31 March 2025 by different staff groups
11	Race Disparity Ratio - Equity in Career Progression
12	NHS Model Employer BME representation target
13	Metric 2: BME job applicants' appointment from shortlisting
14	Metric 3: BME staff entering the formal capability process
15	Metric 4: BME staff accessing non-mandatory training and CPD
16	Metric 5: BME staff experiencing harassment, bullying or abuse from patients, relatives or the public
16	Metric 6: BME staff experiencing harassment, bullying or abuse from staff
17	Metric 7: Equal opportunities for career progression or promotion for BME staff
17	Metric 8: BME staff experiencing harassment, bullying or abuse from managers
18	Metric 9: Board membership in relation to ethnicity
19-21	Progress against the 2024/25 WRES action plan
22-24	WRES action plan for 2025/26
25	Appendix A: Definitions of ethnicity

EXECUTIVE SUMMARY

In 2024/25, SFT's WRES data shows overall positive progress with SFT demonstrating both year-on-year improvement and stronger performance when benchmarked against Acute and Acute & Community Trusts, with most metrics matching or exceeding national averages. However, there are some areas where the WRES data shows significant drop in performance that needs focused attention.

KEY AREAS OF PROGRESS

Decreased discrimination

The percentage of BME staff experiencing discrimination at work from manager/team leader or other colleagues **decreased** again in 2024 but remains 6.5% higher compared to White staff. SFT is **below** the national average for both groups of staff.

Decreased harassment, bullying or abuse

The percentage of BME staff experiencing harassment, bullying or abuse from other staff significantly **reduced** in 2024 but still 1.2% higher than White staff. SFT is **below** the national average for both groups of staff.

Improved perceptions of equal opportunities

The percentage of BME staff believing that SFT provides equal opportunities for career progression or promotion **increased** again in 2024. This is an 11.9% increase from 2022. However, there is still a gap of 4% compared to White staff who believe the same. SFT is **above** the national average for both groups of staff.

Accessing non-mandatory training and CPD

In 2024/25, the relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff was x1.02. This indicates **near par** access for BME and White staff when accessing CPD-funded non-mandatory training. **Note:** At present, the Trust can only access demographic information for CPD-funded non-mandatory training. Work is planned on developing a mechanism to enable the extraction of demographic data for all non-mandatory training.

AREAS OF FOCUS 2025/26

Appointment from shortlisting

The purpose of this metric is to achieve equity between BME job applicants and White job applicants. In 2024/25, White applicants were 1.82 times more likely than BME applicants to be appointed from shortlisting. This is an **increase** from 2023/24 (x1.25). A figure below 1.00 means BME applicants are more likely to be appointed.

BME staff entering formal disciplinary process

In 2024/25, BME staff were 1.44 times more likely than White staff to enter the formal disciplinary process. This is an **increase** from 2023/24 (x1.03). A ratio above 1.00 indicates higher likelihood for BME staff entering the formal disciplinary process.

Harassment, bullying or abuse from patients, relatives or the public BME and White staff experiencing harassment, bullying or abuse from patients, relatives or the public **increased** in 2024. SFT is **below** the national average for both groups of staff.

Discrimination concerns

Whilst there has been some progress on a reduction of BME staff experiencing discrimination at work from manager/team leader or other colleagues, but it is still 6.5% higher compared to White staff.

CONCLUSION

SFT has made progress across most metrics, with year-on-year improvement and performance at or better than acute-sector averages. However, gaps persist—particularly in appointments from shortlisting and entry into formal disciplinary processes—requiring renewed targeted action.

Summary of Progress Against WRES Action Plan 2024/25

Introduction

This section provides an update on the progress made against the WRES Action Plan for 2024/25. The plan focuses on four key objectives, addressing cultural development, career progression, and network engagement for Black and Minority Ethnic (BME) staff.

OBJECTIVE 1: CULTURAL DEVELOPMENT

To seek a downward trend in the percentage of BME staff experiencing harassment, bullying, abuse or discrimination at work Metric 5, 6 and 8 (staff survey)

Progress overview

Good progress has been made in advancing the cultural development objective of the WRES Action Plan. A multi-faceted approach, focusing on education, training, and awareness, has been implemented to foster a more inclusive and supportive workplace environment. There is a notable **positive** trend since 2023.

- Harassment, bullying or abuse: The 2024 staff survey shows that the percentage of BME staff experiencing harassment, bullying or abuse from other staff significantly reduced in 2024 but still 1.2% higher than White staff. The data also shows that the percentage of BME staff experiencing discrimination at work from manager/team leader or other colleagues decreased in 2024 but still 6.5% higher compared to White staff. BME and White staff experiencing harassment, bullying or abuse from patients, relatives or the public increased in 2024.
- Leadership behaviours charter rollout: The OD & Leadership Team has developed a
 Team Behaviour Charter as a model for teams to collaboratively create their own specific
 charters. These locally developed charters should address team dynamics and
 challenges with the aim of fostering a culture of inclusion and belonging. The Behaviours
 Charter is business as usual with resources on SALi for managers/teams to co-develop
 their own team behaviours charter. The OD & Leadership Team provides additional
 support on request, which can include workshops, team building and development of the
 team charter

- Piloted an active bystander workshop: A successful pilot of the 'Nip in the Bud' workshop, designed to help staff confidently address discriminatory behaviours early. However, the subsequent workshops were cancelled due to low take-up and non-attendance (DNAs). The workshops will be offered in late 2025 with a greater lead time and comms campaign.
- Inclusion and wellbeing integration: A dedicated 2-hour module, "Leading for Inclusion and Wellbeing," has been incorporated into the Transformational and Aspiring Leadership Programmes. This module addresses the impact of harassment, bullying, abuse, and discrimination on mental wellbeing, highlighting SFT's commitment to addressing these issues.
- Enhanced induction process: A new 30-minute induction session focusing on inclusion, wellbeing, and personal/professional boundaries has been launched for all new staff, ensuring that these principles are introduced from the outset. Over 300 have attended to date.
- Refreshed wellbeing champions training: The Wellbeing Champions training has been refreshed and launched on the MLE, with a specific focus on the link between mental wellbeing and discrimination/exclusion. This initiative empowers champions to provide effective signposting support to colleagues.

Next steps:

- Capability development: Provide targeted training for staff and managers through
 the launch and promotion of the Licence to Manage Programme. The programme
 will equip managers with essential skills in people management, making reasonable
 adjustments, early intervention techniques, effective conflict resolution, and inclusive
 team-building. It aims to strengthen compassionate leadership, ensure compliance,
 and improve the overall staff experience.
- **Behaviours Charter rollout:** Support the Trust-wide implementation of the Behaviours Charter to set clear expectations for civil, kind, and compassionate conduct, reinforcing these standards through regular communication and leadership modelling.

Summary of Progress Against WRES Action Plan 2024/25

OBJECTIVE 2: CULTURAL DEVELOPMENT

To seek an upwards trend in the percentage of BME staff believing that the Trust provides equal opportunities for career progression or promotion. **Metric 7 (staff survey)**

Progress overview

Efforts to increase the perception of equal career progression opportunities for BME staff have seen mixed results. The 2024 staff survey shows that the percentage of BME staff believing that SFT provides equal opportunities for career progression or promotion increased (56.10%) However, there is still a gap of 4% compared to White staff who believe the same.(60.16%)

- Workshops on job application and interview skills: Workshops were delivered for Internationally Educated Nurses to support job applications and interview preparation. However, participation was low due to competing clinical work commitments.
- Mentoring Network: A Mentoring Network focusing on personal effectiveness, leadership, and management skills was launched in Dec 2024 for all staff. However, due to capacity issues the network has not been developed and a specific Mentoring Programme for BME staff (particularly for Internationally Educated Nurses) remains work in progress.
- Supporting Internationally Educated Nurses: Held a development day for IENs on 17
 March 2025 with 20 attendees and conducted a survey with the IENs (111 responses out
 of 236) to gather information on careered development needs.

Next steps:

- Develop and promote the Mentoring Network with a comms campaign and through the Multicultural Staff Network
- Develop an enhanced pastoral care programme for IENs with a focus on career pathways, cultural and language support.

OBJECTIVE 3: NETWORKS AND COMMUNICATION OBJECTIVE

To develop a robust method to measure the relative likelihood of staff accessing non-mandatory training and CPD. **Metric 4 (staff survey)**

Progress overview

In 2024/25, the relative likelihood of White staff accessing **CPD-funded non-mandatory training** compared to BME staff was **1.02** times, indicating near-par access between the two staff groups. A ratio above 1.00 means White staff are more likely than BME staff to access non-mandatory training and CPD. No data is available from previous years to compare the trends. In 2024/25, 565 staff accessed non-mandatory CPD training of which BME (134), White (337) and no ethnicity recorded (94).

Next steps

- Currently, the Trust can only obtain demographic information for CPD-funded non-mandatory training.
- Explore options for extracting demographic data for all non-mandatory training from our reporting systems.

OBJECTIVE 4: NETWORKS AND COMMUNICATION OBJECTIVE

To enhance the reach and impact of the Multicultural Staff Network to improve the experience of all staff, but with a spotlight on BME staff across the divisions/services/teams

Progress overview

The Multicultural Staff Network has seen positive developments, with membership growing from 43 to 80 and several high-visibility events have been successfully organised. A new chair was appointed in February 2025. However, development of the network leadership continues to be a challenge.

Next steps

- Continue to provide support to the network and activities throughout the year using the inclusion and wellbeing calendar.
- Re-imagine all the staff networks using the insights that Cherron Inko-Tariah, a leading expert in this field brought to building this momentum including with the exec sponsors of the networks.

Definitions, data references and timelines for WRES metrics

WRES data reference and timeline

Metrics 1, 4 and 9

Workforce snapshot from ESR

31 March 2025

C 3 Metrics 5 to 8

ns management Staff Survey

October 2024

Metric 2

Recruitment data from Trac

1 April 2024 to 31 March 2025

Metric 3

Employment relations management records

1 April 2024 to 31 March 2025

METRIC 1: Provides a single-date snapshot of the entire workforce (excluding bank staff) as of 31 March 2025, drawn from ESR and subdivided into non-clinical, clinical, medical and dental staff.

METRIC 2: The relative likelihood of BME job applicants being appointed from those shortlisted across all posts for the 2024/25 financial year based on data from Trac (the online NHS recruitment portal).

METRIC 3: Measures the relative likelihood of BME staff compared to White staff entering the formal disciplinary process during the 2024/25 financial year. The data is sourced from the Trust's employment relations management records.

METRIC 4: Measures the relative likelihood of BME staff accessing non-mandatory training and CPD. The data is sourced from the Trust's LEARN (MLE) system and Electronic Staff Record (ESR)

METRICS 5 to 8 draw on the 2024 NHS Staff Survey, conducted each October with results published the following March.

METRIC 5: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months out of those who answered the question

METRIC 6: Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months out of those who answered the question

METRIC 7: Percentage of staff believing that the trust provides equal opportunities for career progression or promotion

METRIC 8: Percentage of staff experiencing discrimination at work from manager/team leader or other colleagues in the last 12 months out of those who answered the question

Metric 9: Trust Board Membership – snapshot on 31 March 2025 via ESR subdivided into BME, White and Ethnicity unknown

METRIC 1: Total SFT workforce snapshot on 31 March 2025

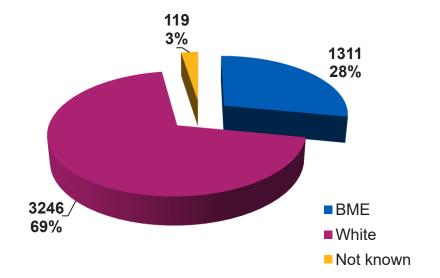
METRIC 1 provides a single-date snapshot of the entire workforce (excluding Bank staff) on 31 March 2025 from ESR. It comprises two layers of breakdown:

1. Ethnicity status (see appendix A for full definitions)

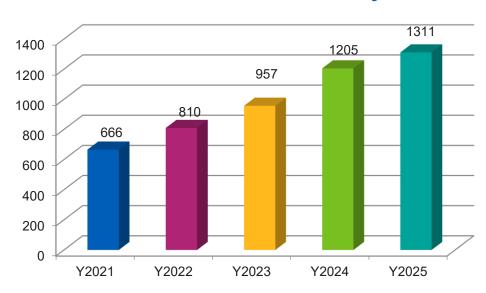
- White
- Black and Minority Ethnic (BME)
- Ethnicity unknown

2. Staff group

- Non-clinical (corporate functions like human resources, recruitment, training and development, admin and clerical)
- **Clinical** (nurses, allied health professionals, and healthcare assistants)
- Medical and dental (consultant, non-consultant career grades and trainee grades)



BME Workforce over last five years



There has been a steady increase in the number of people from a BME background employed by the Trust as can be seen in the graph above. This has been boosted by international recruitment of nurses.

On 31 March 2025, SFT had a total workforce of 4676. This is an increase of 178 staff from 2024. Of these:

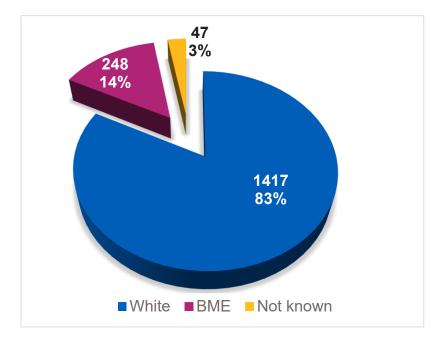
- 1311 (28.04%) are BME (1205 in 2023)
- 3246 (69.42%) are White (3195 in 2023)
- 119 (2.45%) have ethnicity unknown (98 in 2023)

METRIC 1: Non-clinical staff group snapshot on 31 March 2025

The non-clinical staff group comprised 1712 marking an increase of 92 BME staff compared with 2024. Non-clinical BME staff had a slightly improved representation at bands 8A to 8D (increase of 6)

1a) Non-clinical workforce	White (2024)	White (2025)	BME (2024)	BME (2025)	Ethnicity unknown (2024)	Ethnicity unknown (2025)
	Headcount	Headcount	Headcount	Headcount	Headcount	Headcount
Under Band 1	0	0	0	0	0	0
Band 1	1	0	0	0	0	0
Band 2	317	319	63	74	9	10
Band 3	335	315	47	56	13	14
Band 4	165	194	21	28	4	4
Band 5	107	147	9	30	1	5
Band 6	84	165	8	40	1	6
Band 7	72	146	3	9	1	5
Band 8A	39	66	2	5	2	1
Band 8B	24	26	2	4	1	1
Band 8C	10	11	0	1	0	1
Band 8D	9	8	0	0	2	0
Band 9	7	9	0	0	0	0
VSM	11	11	1	1	0	0
Total non-clinical	1181	1471	156	248	34	47

Non-Clinical (1712)

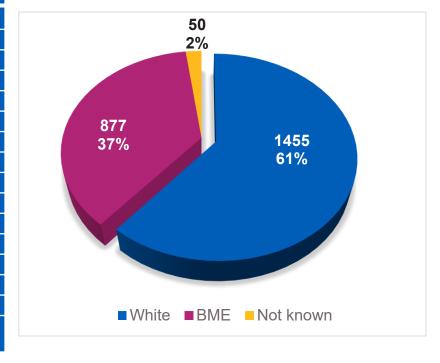


METRIC 1: Clinical (non-medical) staff group on 31 March 2025

The total number of clinical staff is 2,382. While 2025 shows a noticeable re-distribution of clinical BME staff across Bands 2 to 6, the overall increase amounts to only six additional BME clinical staff. **Significantly, BME representation at band 8A to band 8D fell by 5 in 2025.**

1b) Clinical workforce (non- medical)	White (2024)	White (2025)	BME (2024)	BME (2025)	Ethnicity unknown (2024)	Ethnicity unknown (2025)
	Headcount	Headcount	Headcount	Headcount	Headcount	Headcount
Under Band 1	0	0	0	0	0	0
Band 1	0	0	0	0	0	0
Band 2	66	22	43	10	2	2
Band 3	375	390	118	165	10	17
Band 4	111	124	67	7	3	4
Band 5	270	249	483	524	14	12
Band 6	423	326	122	131	10	9
Band 7	296	232	27	34	6	3
Band 8A	78	70	7	3	1	2
Band 8B	28	21	3	2	1	1
Band 8C	10	10	1	1	0	0
Band 8D	7	9	0	0	0	0
Band 9	0	2	0	0	0	0
VSM	2	0	0	0	0	0
Total clinical (non-medical)	1666	1455	871	877	47	50

Clinical (non-medical)

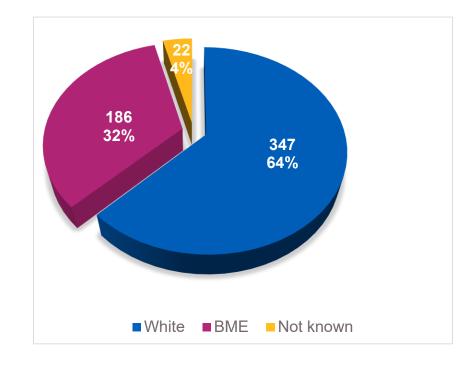


Metric 1: SFT Workforce 31 March 2025 – Medical & Dental

The total medical and dental staff is 582. Medical and dental BME staff increased by 8 in 2025 with a greater increase in the non-consultant career grade.

Ethnicity **Ethnicity** BME White White BME 1b) Medical & Dental unknown unknown (2025)(2024)(2024)(2025)(2024)(2025)Headcoun Headco Headcount Headcount Headcount Headcount unt Consultants 179 184 35 34 13 11 Of which Senior medical 5 3 0 0 0 manager Non-consultant career 43 58 53 67 6 grade Trainee grades 126 132 85 90 5 0 0 Other 0 0 0 Medical & Dental 374 348 178 186 17

Medical & Dental



Equity in Career Progression – Race Disparity Ratio in 2025

The NHS Race Disparity Ratio is a tool used to measure the difference in career progression between White staff and BME staff. It looks specifically at the Agenda for Change (AfC) pay bands. in simple terms, imagine a ladder representing the different AfC pay bands. The Race Disparity Ratio tells us if there are any differences in how White staff and BME staff are climbing this ladder. A ratio of 1 means both groups are progressing equally. However, a ratio higher than 1

suggests BME staff face barriers in moving up to higher pay bands compared to White staff.

Non-clinical (SFT)

BME progression ratios

Lower to middle	188	/	49	=	3.84
Middle to upper	49	/	11	=	4.45
Lower to upper	188	/	11	=	17.09

White progression ratios

Lower to middle	975	/	311	=	3.14
Middle to upper	311	/	131	=	2.37
Lower to upper	975	/	131	=	7.44

Disparity ratios	BME		White		
Lower to middle	3.84	/	3.14	=	1.22
Middle to upper	4.45	/	2.37	=	1.88
Lower to upper	17.09	/	7.44	=	2.30

- Lower to middle pay bands: BME staff are x1.22 times less likely to progress equally from lower pay bands (such as Band 5) to middle pay bands (such as Band 6 or 7). This is a decrease from 2024 (x2.15)
- Middle to upper pay bands: BME staff are x1.88 times less likely to progress from middle pay bands to upper pay bands (such as Band 8a or above). This is increase from 2024 (x1.41)
- Lower to upper pay bands: Taking both steps into account, BME staff are x2.30 times less likely to progress equally from lower pay bands all the way to upper pay bands compared to white staff. This is decrease from 2024 (x3.03)

Clinical (SFT)

BME progression ratios

Lower to middle	706	/	165	=	4.28
Middle to upper	165	/	6	=	27.50
Lower to upper	706	/	6	=	117.67

White progression ratios

Lower to middle	785	/	558	=	1.41
Middle to upper	558	/	112	=	4.98
Lower to upper	785	/	112	=	7.01

Disparity ratios	BME		White		
Lower to middle	4.28	/	1.41	=	3.04
Middle to upper	27.50	/	4.98	=	5.52
Lower to upper	117.67	/	7.01	=	16.79

- Lower to middle pay bands: BME staff are x3.04 times less likely to progress equally from lower pay bands (such as Band 5) to middle pay bands (such as Band 6 or 7). This is decrease from 2024 (x4.17)
- Middle to upper pay bands: BME staff are x5.52 times less likely to progress equally from middle pay bands to upper pay bands (such as Band 8a or above). This is increase from 2024 (x2.35)
- Lower to upper pay bands: Taking both steps into account, BME staff are 16.79 times less likely to progress equally from lower pay bands all the way to upper pay bands compared to white staff. This is significant increase from 2024 (x9.83)

NHS Model Employer BME Representation Target

The NHS Model Employer framework aims for BME representation at senior grades to match their overall workforce share by 2025, with each Trust setting local targets across AfC Bands 6–VSM.

As of 31 March 2025, BME staff comprised 28.04% of the NHS (27.48% excluding medical/dental), up from 27.00% (26.00% excluding) a year earlier.

SFT remains below its Bands 6–VSM targets but has launched three leadership programmes for Bands 2–8, now accessed by over 500 colleagues.

In 2025, SFT was below the NHS Model Employer BME Target all bands (6 to VSM).

The table to the right shows the revised BME representative target for 2025/2026 across AfC Bands 6 to VSM based on the 31 March 2025 snapshot BME workforce of 27.48% (excluding medical and dental grades)

SFT NHS Model Employer BME representation target for 2025/26

2025	Total staff	BME Staff	Actual % against 27.48% target for BME staff representation	Target to increase BME representation to 27.48%.
Band 6	677	171	25.26 %	16
Band 7	429	43	10.02 %	75
Band 8a	147	8	5.44 %	33
Band 8b	55	6	10.91 %	10
Band 8c	24	2	8.33 %	5
Band 8d	17	0	0.00 %	5
Band 9	11	0	0.00 %	4
VSM	12	1	8.33 %	3

Metric 2: Appointment from shortlisting 2024/25

Relative likelihood of BME staff being appointed from shortlisting across all posts.

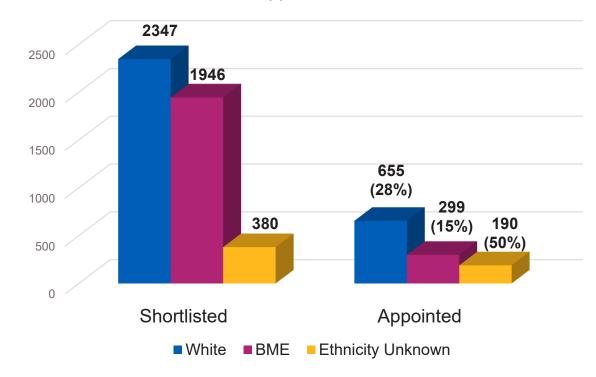
X1.82

The metric's aim is to achieve parity between eligible White and BME applicants. A figure below 1.00 means BME applicants are more likely than White applicants to be appointed from shortlisting.

In 2024/25, the relative likelihood of White applicants being appointed from shortlisting compared to BME applicants was **1.82** times. This has **increased** from 1.25 in 2023/24 indicating a widening equity gap for BME applicants.

Note: The number of international applicants via Trac continues to increase which creates significant challenges for both Recruiting Managers and the Recruitment Team. They are facing increased pressure on time and resources to carefully review and shortlist applicants who are eligible to work in the UK and meet the Home Office sponsorship requirements. This challenge is further intensified by applicants using artificial intelligence that automatically enable them to complete and submit job applications even if they don't meet the minimum requirements of the job role.

Shortlisted and appointed – White and BME



METRIC 3: Entering the formal disciplinary process in 2024/25

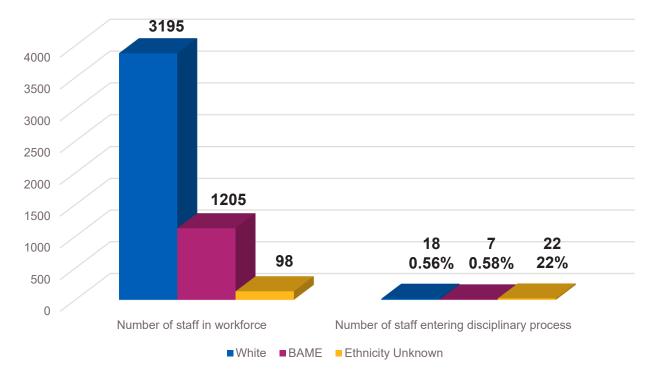
METRIC 3 measures the relative likelihood of BME staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.

X1.44

In 2024/25, BME staff were **1.44** times more likely than White staff to enter the formal disciplinary process. This represents an **increase** from 1.03 in 2023/24 and 0.98 in 2022/23, indicating a widening equity gap for BME staff.

Note: A ratio above 1.00 means BME staff are more likely than White staff to enter the formal disciplinary process.

Staff Entering Formal Disciplinary Process



METRIC 4: Accessing non-mandatory training and CPD in 2024/25

METRIC 4: Measures the relative likelihood of BME staff accessing non-mandatory training and CPD.

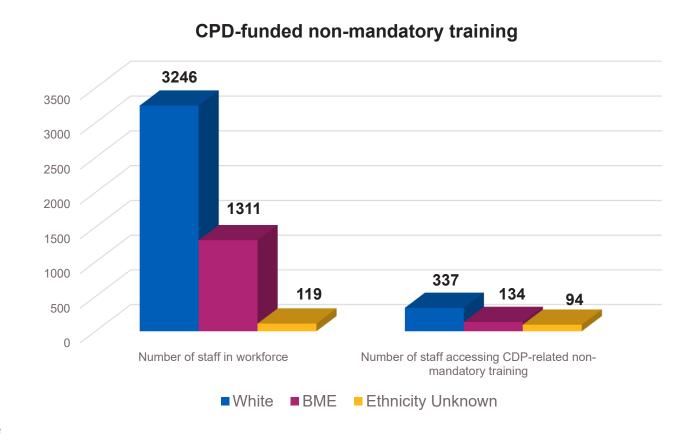
X1.02

In 2024/25, the relative likelihood of White staff accessing **CPD-funded non-mandatory training** compared to BME staff was **1.02** times, indicating near-par access between the two staff groups.

A ratio above 1.00 means White staff are more likely than BME staff to access non-mandatory training and CPD.

Note

- Currently, the Trust can only obtain demographic information for CPD-funded non-mandatory training.
- Work is at a very early stage to scope options for extracting demographic data on all non-mandatory training from our reporting systems.
- No data is available from previous years to compare the trends.



SFT staff survey 2023 and 2024 comparison

METRIC 5: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months out of those who answered the question

Staff group	2023	2024	Change	National average
White	20.69%	21.82%	▲ 1.13%	▼ 23.21 %
All other ethnic groups	21.90%	22.98%	▲ 1.08 pts	▼ 28.27 %

METRIC 6: Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months out of those who answered the question

Staff group	2023	2024	Change	National average
White	20.90%	19.59%	▼ 1.31 pts	▼ 21.53%
All other ethnic groups	24.82%	18.39%	▼ 6.43 pts	▼ 24.78%



SFT staff survey 2023 and 2024 comparison

METRIC 7: Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion

Staff group	2023	2024	Change	SFT compared to the national average
White	56.88%	60.16%	▲ 3.28 pts	▲ 58.82%
All other ethnic groups	51.84%	56.10%	▲ 4.26 pts	49.70%

METRIC 8: Percentage of staff experiencing discrimination at work from manager/team leader or other colleagues in the last 12 months out of those who answered the question

Staff group	2023	2024	Change	SFT compared to the national average
White	7.16%	6.72%	▼ 0.44 pts	▲ 6.69 %
All other ethnic groups	16.01%	13.22%	▼ 2.79 pts	▼ 15.72%



Metric 9: Trust Board Membership 2024/25

Metric 9: Trust Board Membership – snapshot on 31 March 2025						
Board voting membership	White (2024)	White (2025)	BME (2024)	BME (2025)	Ethnicity unknown (2024)	Ethnicity unknown (2025)
Total Board members	11	13	1	1	2	0
of which: Voting Board members	11	13	1	1	2	0
Non-voting Board members	0	0	0	0	0	0
of which: Exec Board members	4	6	0	0	2	0
Non-executive Board members	7	7	1	1	0	0

Progress against WRES Action Plan 2024/25

	Cultural Development Objective	Action	Progress	Status	Next Steps		
		Rollout Leadership Behaviours Charter workshops across the Trust	The OD & Leadership Team has developed a Behaviour Charter as a model for teams to collaboratively create their own specific charters. These locally developed charters aim to address team dynamics and challenges with the aim of fostering a culture of inclusion and belonging.		Support the Trust-wide implementation of the Behaviours Charter to set clear expectations for civil, kind, and compassionate conduct, reinforcing these standards through regular communication and leadership modelling.		
1	To seek a downward trend in the percentage of BME staff experiencing harassment, bullying, abuse or discrimination at work Metric 5, 6 and 8 (staff survey)	 Managers' Wellbeing Conversations training will be refreshed to include a stronger focus on the duty of care, equipping managers to support staff mental wellbeing in relation to experiences of discrimination and/or exclusion. 	Managers' Wellbeing Conversations now includes duty of care in relation to staff mental health wellbeing. A 2-hour "Leading for Inclusion and Wellbeing" module has been integrated into the Transformational and Aspiring Leadership Programmes with a focus on impact of harassment, bullying, abuse or discrimination on mental wellbeing, stress and anxiety (over 500 attendees) A new 30-minute induction focusing on inclusion, wellbeing, and personal/professional boundaries has been launched for all new staff.		Business-as-usual		
		Pilot and rollout leading for inclusion masterclass training for all staff.	One-day leading for inclusion masterclass successfully piloted.11 attended the pilot, however subsequent sessions were cancelled due to poor uptake and non-attendance (DNAs).		Relaunch in autumn 2025 with longer lead- time and comms campaign		
		Pilot active bystander 'nip in the bud' workshops to support staff to be confident to address discriminatory behaviours at the outset	Active Bystander (Proactive Behaviour Management) training successfully piloted. 13 attended the pilot, however subsequent sessions were cancelled due to poor uptake and DNAs		Relaunch in autumn 2025 with longer lead- time and comms campaign		

Progress against WRES Action Plan 2024/25

	Cultural Development Objective	Action	Progress	Status	Next Steps
2	To seek an upwards trend in the percentage of BME staff believing that the trust provides equal	Consolidate job application and interview skills workshops throughout 2024	 Workshops were held for Internationally Educated Nurses on job applications and interview preparation; however, participation was very limited. Conducted a survey with the Internationally Educated Nurses (111 responses out of 236) to gather information on careered development needs Held a development day for IENs on 17 March 2025 with 20 attendees 		Redevelop and promote the offer through a comms campaign and the Multicultural Staff Network in autumn 2025
	opportunities for career progression or promotion. Metric 7 (staff survey)	Pilot BME Mentoring Programme	The Mentoring Network (non-clinical) skills development programme, which focuses on general personal effectiveness, leadership, and management skills mentoring, was launched in December 2024 for all staff, however, the network is still in in development stage and a specific Mentoring Programme for BME staff, IENs remains work in progress.		Develop and promote the Mentoring Network with a comms campaign and through the Multicultural Staff Network. Scope for the development of a specific BME mentoring programme

Progress against WRES Action Plan 2024/25

	Networks and Communication Objective	Action	Progress	Status	Next Steps
3	To develop a robust method to measure the relative likelihood of staff accessing non-mandatory training and CPD. Metric 4 (staff survey)	Develop a method for updating LEARN (MLE) via ESR on staff accessing non-mandatory training and CPD by demographics	 Currently the Trust can only extract data on CPD-funded non-mandatory training by demographics In 2024, 565 staff accessed non-mandatory CPD training of which BME (134), White (337) and no ethnicity recorded (94). 		Explore options for extracting demographic data for all non-mandatory training from our reporting systems.
	To enhance the reach and impact of the Multicultural Staff Network to	Develop the leadership team with meaningful succession planning	 Membership increased from 43 to 80 Challenges remain for staff volunteering for the role of chair/co-chair even with protected time A new chair was appointed in Feb 2025 		Continue to develop leadership team and support events like South Asian Heritage month, Inclusion week and Black History Month
4	improve the experience of all staff, but with a particular focus on BME staff across the divisions/services/teams	Hold high visibility and impactful events (e.g Black History Month, Tent Talks Inclusion Day, Staff awards, Inclusion week, South Asian Heritage Month)	 Several high visibility events have taken place over the past six months including a very successful Black History Month celebration on 25 October 2024 attended by over 100 staff Exhibitions included Diwali and Race Equality Week Over 200 people attended the South Asian Heritage month celebration on 25 July 2025 		Planning for Inclusion week (Sept 15-21) Planning for Diwali celebration (Oct) Planning for Black History Month (Oct)

WRES Action Plan for 2025/26

	Cultural Development Objective	Key Actions	Outcomes & Measures	Lead	Delivery Partners	Start	End
1	Seek a downward trend in the percentage of BME staff experiencing harassment, bullying, abuse or discrimination from manager/team leader or other colleagues (metric 8)	Provide targeted training for staff and managers through the launch and promotion of the Licence to Manage Programme. The programme will equip managers with essential skills in people management, making reasonable adjustments, early intervention techniques, effective conflict resolution, and inclusive teambuilding. It aims to strengthen compassionate leadership, ensure compliance, and improve the overall staff experience.	 BME staff experience a more compassionate, inclusive, and supportive culture, fostering a stronger sense of belonging. Reduction in the percentage of BME staff experiencing harassment, bullying, abuse or discrimination from 2024/25 baseline of 13.2% compared to White staff (6.72%) Quarterly data shows strong take-up of the Licence to Manage Programme by managers across all teams 	OD&L Lead	Head of Inclusion & Wellbeing HRBPs	Q3 2025/26	Q2 2026/27
2	Culture of Civility, Kindness and Compassion Seek a downward trend in negative behaviours resulting in team cultures that are neither compassionate nor inclusive.	 Deliver further Compassionate Leadership programmes to build managers' and staff self- awareness, inclusive behaviours, and psychologically safe team practices. Embed and sustain Behaviour Charters within teams, focusing on identifying triggers, ensuring accountability, and reducing behaviours that lead to incivility. 	 Staff report experiencing more equitable and inclusive treatment across departments. Increase in the Trust's 2024 staff survey score for "Compassionate & Inclusive" (baseline average = 7.38). Reduction in variation between departments:21/54 departments currently sit below the Trust average. Target: narrow this gap by raising the departmental scores of these 21 teams closer to, or above, the Trust average. Evidence of consistent lived experience across teams, demonstrated through staff survey results, focus groups, and case studies. 	Head of OD&L	OD&L Team HRBPs Head of Inclusion & Wellbeing	Q2 2025/26	Q2 2026/27

WRES Action Plan for 2025/26

	Cultural Development Objective	Key Actions	Outcomes & Measures	Lead	Delivery Partners	Start	End
4	Launch a dedicated support programme for our internationally educated (IENs) nurses so they can thrive personally, culturally, and professionally.	 Stakeholder analysis of all current development offers, with a focus on how accessible each option is to IENs. A programme of themed listening events specifically for IENs, ensuring their lived experiences shape future support. Targeted interventions – either newly developed or clearly signposted – driven by insights from the IEN survey and listening events. 	 An inclusive, psychologically safe workplace in which IENs enjoy the same training, development and career-progression opportunities as UK-educated colleagues, supported by line managers and peers who are culturally aware and equipped to champion equity Support programme in place for IENs At least 10% of the IENs using the programme Feedback on impact (before & after) 	Head of Inclusion & Wellbeing	HRBPs Deputy head of nursing (surgery Staff Networks	Q2 2025/26	Q2 2026/27
5	Enhance the reach and impact of the Trust's seven Staff Networks, improving the intersectional experience of all staff by drawing on the expertise of Cherron Inko-Tariah and maintaining momentum through active support from the networks' executive sponsors.	 Cascade Cherron's insights to all chairs/co-chairs and exec sponsors and develop a refreshed approach to staff networks and role of exec sponsors. Monthly drop-in listening and support sessions for chairs/co-chairs with the I&WB team Update the Staff Networks Handbook and ToRs Quarterly listening sessions with chairs, head of I&WB and ADODC&L Develop staff networks partnership working within the BSW Group 	 All staff network have full complement of chair/co-chair and an engaged exec sponsor All networks have an agreed vision and mission based on Cherron's template All staff networks support each other on events and activities Meaningful collaborative support and activities across the BSW Group staff networks Noticeable growth in membership across all staff networks 	Head of Inclusion & Wellbeing	I&WB Officer Network chairs ADODC&L HRBPs	Q3 2025/26	Q2 2026/27

WRES Action Plan for 2025/26

	Cultural Development Objective	Key Action	Outcomes & Measures	Lead	Delivery Partners	Start	End
6	Understand and act on the causes of the disparity in White job applicants being 1.82 times more likely to be appointed from shortlisting than Black and Minority Ethnic (BME) candidates in 2024/25.	Extract the past 12 months of TRAC data and build a one-page recruitment funnel by ethnicity, flagging any stage where the White-to-BME progression ratio exceeds 1.25 for deep-dive review.	 BME candidates are appointed from shortlisting at a rate equal to that of White candidates. Trac data review complete One-page recruitment funnel to monitor white to BME progression ratio 	Head of Resourcing	Head of Inclusion & Wellbeing	Q3 2025/26	Q2 2026/27
7	Assess pathways that reduce detriment when speaking up.	Conduct a full analysis of all speaking up channels to produce an evidence-based action plan on which pathways to promote, redesign, or resource to ensure staff are protected from detriment	 A culture of safety where staff can confidently raise concerns safely, confidentially, and without fear of reprisal. Analysis of speaking up channels completed – actions planned based on analysis 	F2SPG	Head of Inclusion & Wellbeing	Q3 2025/26	Q1 2026/27

Appendix A – Definitions of Ethnicity: Workforce Race Equality Standard

	Ethnic Categories 2021 – Definitions of 'Black and Minority Ethnic' and 'White'		
1	WHITE		
	1 – White –British / Welsh / Scottish / Northern Irish / British 2 – White –Irish 3 – Gypsy or Irish Traveller 4 – Any other White background		
2	MIXED/MULTIPLE ETHNIC GROUPS		
	 5 – White and Black Caribbean 6 – White and Black African 7 – White and Asian 8 – Any other mixed / multiple ethnic background please describe 		
3	ASIAN / ASIAN BRITISH		
	9 – Asian or Asian British –Indian 10 – Asian or Asian British –Pakistani 11 – Asian or Asian British – Bangladeshi 12 – Asian or Asian British – Chinese 13 – Any other Asian background please describe		

	Ethnic Categories 2021 – Definitions of 'Black and Minority Ethnic' and 'White'				
4	BLACK / AFRICAN / CARIBBEAN / BLACK BRITISH				
	14 – Black or black British – African 15 – Black or black British – Caribbean 16 – Any other black background please describe				
5	ANY OTHER ETHNIC GROUP				
	17 – Arab 18 – Any other ethnic group please describe				
6	NOT STATED OR UNKNOWN				
	19 – Not stated 20 – Do not wish to state 21 – Unknown				