WRES 2025

NHS
South East Coast Ambulance Service
NHS Foundation Trust

WORKFORCE RACE EQUALITY STANDARD REPORT 2025

Version 5.0 – 17 Oct 2025

A message from our CEO

I am pleased to introduce this year's Workforce Race Equality Standard (WRES) report, which plays a vital role in helping SECAmb understand and address the disparities experienced by colleagues from Black and Minority Ethnic (BME) backgrounds. Creating a truly inclusive and equitable workplace is one of our highest priorities. We want every colleague to feel valued, supported, and able to thrive, and for our workforce to reflect the rich diversity of the communities we serve across the South-East.

This year's report shows encouraging progress in some areas, such as reductions in bullying and harassment for both BME and White colleagues, and increased confidence in career progression. For the first time, BME colleagues reported lower levels of harassment from other staff than White colleagues. However, challenges remain. BME colleagues continue to face disproportionate levels of discrimination from the public, and recruitment outcomes still favour White applicants, with a notable disparity in appointments from shortlisting. These inequities must be addressed with urgency and determination.

This year we set out clear priority areas to guide our Trust-wide approach to Equality, Diversity and Inclusion (EDI). They were shaped through genuine engagement, including Board Development Days that brought together senior leaders, staff network chairs and colleagues from across the Trust.

From these conversations and lived experiences, four themes emerged: supporting and empowering our staff networks, strengthening inclusive recruitment, developing our staff, and improving our analytics and reporting. These priorities now form the foundation of our EDI delivery plan and reflect where we believe we can achieve the most meaningful and lasting change.

These focus areas reflect where we believe we can make the greatest impact. We are committed to learning from lived experience, listening to our colleagues, and holding ourselves accountable as we work towards a workplace where every individual, regardless of background, feels respected, included, and able to reach their full potential.

Simon Weldon
South-East Coast Ambulance NHS Trust

A message from our Inspire Network

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Inspire is SECAmb's Cultural Diversity and Faith network. We aim to promote equality of opportunity while creating a supportive network for all by discussing and promoting the interests of Black and Minority Ethnic (BME) and faith issues for all staff, students and volunteers alike.

The Workforce Race Equality Standard (WRES) is a vital tool in helping us measure, understand, and improve how we support colleagues from Black and Minority Ethnic (BME) backgrounds across SECAmb. Since its introduction in 2015, WRES has provided us with clear insights into where progress is being made and, just as importantly, where inequalities remain.

At its heart, WRES is about ensuring that every colleague has fair access to opportunities for development and career progression, while also being treated with respect and dignity in the workplace. It challenges us to look honestly at the data, listen to the lived experiences of our staff, and take meaningful action to address disparities.

As Chair of Inspire, I want to emphasise that WRES is about people. It represents our commitment to building a culture where everyone feels valued, included, and empowered to thrive. By standing firm in our dedication to equity and accountability, we can continue to create a stronger, fairer SECAmb for colleagues and the communities we serve.

Amjad Nazir
Chair Inspire Network

Inspire
Cultural Diversity Network

CONTENTS

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INTRODUCTION

The Workforce Race Equality Standard (WRES) is a mandatory requirement for all NHS organisations with more than 250 staff. Its purpose is to identify and address disparities in the workplace experience of Black and Minority Ethnic (BME) colleagues compared with their White counterparts.

WRES provides a critical evidence base to measure progress against our EDI Action Plan, to hold ourselves accountable for change and to ensure we are building a workplace that is fair, inclusive and representative of the communities we serve.

As with previous years, this WRES analysis draws on two core datasets:

- Workforce data extracted from the **Electronic Staff Record** (ESR) as at 31 March 2025, including headcount by ethnicity, pay band, recruitment and disciplinary processes.

- Staff experience data from the 2024 **NHS Staff Survey**, published in spring 2025, which captures the lived experiences of staff across areas such as bullying, harassment, discrimination, and career progression.

The two data sources together provide a balanced picture of both the structural and cultural aspects of race equality within SECAmb.

Percentages are based on staff self-declaration.

The WRES covers nine indicators, grouped into three broad areas:

1. **Workforce composition and processes:** representation by pay band, recruitment, disciplinary outcomes and access to training.
2. **Staff experience:** perceptions of career progression, bullying/harassment and discrimination at work.
3. **Leadership:** representation at Board level.

WRES is integrated into SECAmb's wider EDI plan, aligned to the EDI four focus areas:

- **Staff networks**: stronger Inspire leadership, clear objectives, and effective sponsorship
- **Inclusive recruitment**: fairer processes, improved progression pathways, and stronger senior representation
- **Staff development**: targeted programmes, including the Ascend programme and mentoring
- **Data insights:** the People Scorecard and Board oversight to track progress

KEYS & SYMBOLS & DEFINITIONS


Positive trend, evidence of improvement


Negative trend, area for improvement


No significant improvement/deterioration

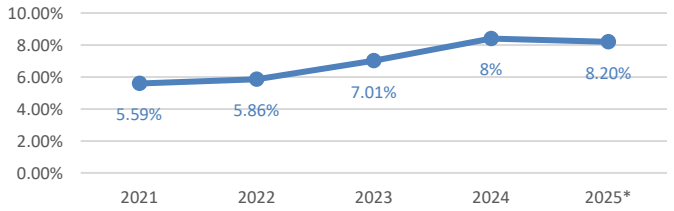
KEY FINDINGS

Data for indicators 1-3 and 9 are taken from the Employee Staff Record(ESR) Indicators 4 – 8 from National Staff Survey

BME colleagues White colleagues *HBA = Harassment, Bullying or Abuse

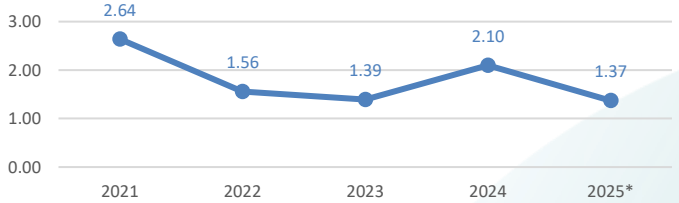
01

Workforce representation



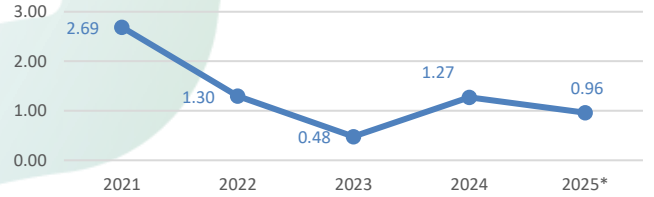
02

Relative likelihood of BME candidates compared to White candidates being appointed from shortlisting



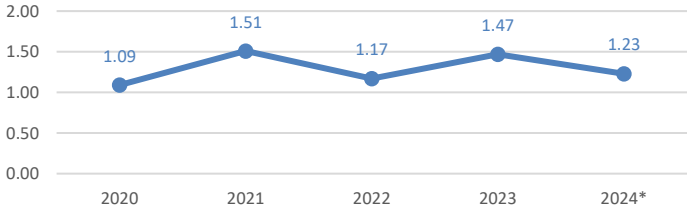
03

Relative likelihood of BME staff entering formal disciplinary proceedings compared to White staff



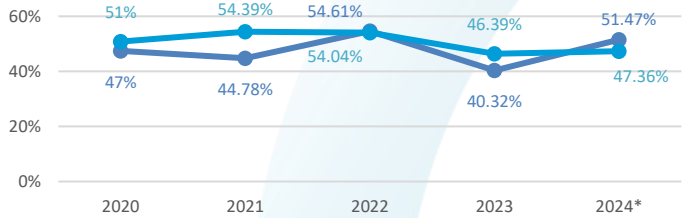
04

Relative likelihood of BME staff accessing non-mandatory training compared to white staff



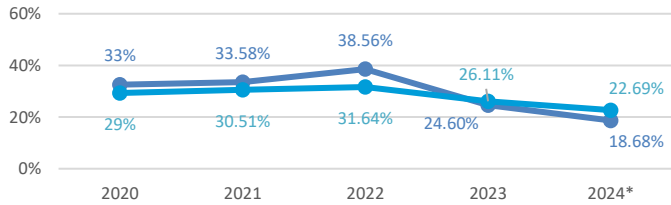
05

Percentage of staff experiencing HBA from patients



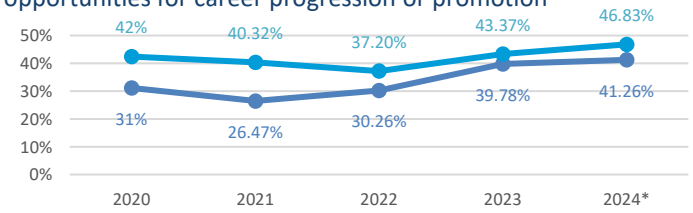
06

Percentage of staff experiencing HBA from staff



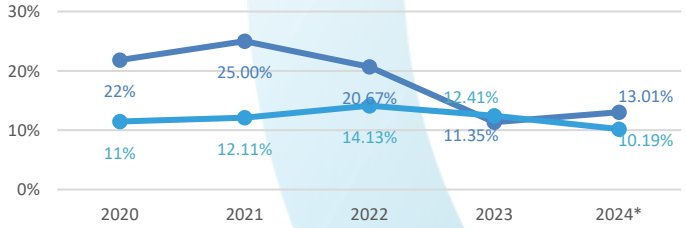
07

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



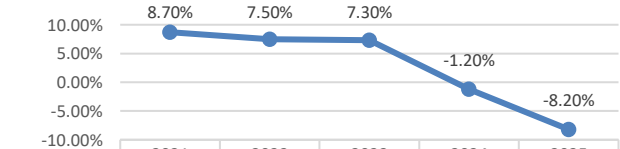
08

Percentage of staff experiencing discrimination



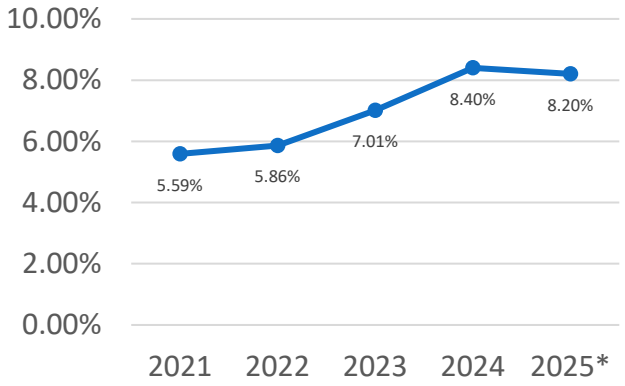
09

Board representation



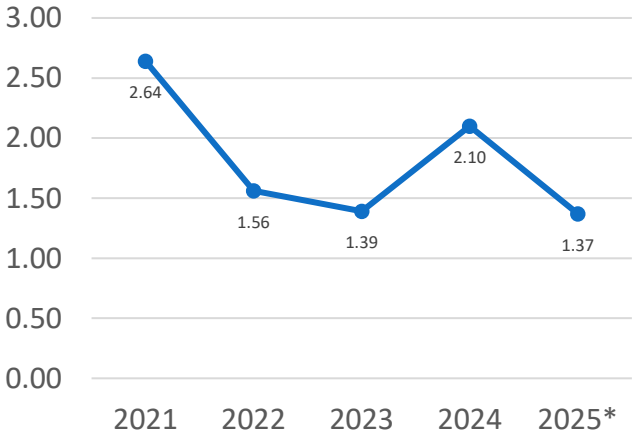
	2021	2022	2023	2024	2025
% BME Board	8.70%	7.50%	7.30%	-1.20%	-8.20%

Indicator 1 | Workforce representation



This indicator compares the proportion of BME staff across Agenda for Change (A4C) pay bands with the overall workforce. In 2025, **8.2% of SECAmb staff** identified as BME (down from 8.4% in 2024). BME staff are disproportionately located in **non-clinical roles at lower A4C pay bands (1–4)**. Representation steadily declines with seniority, creating a significant gap at leadership levels, with only one BME person at band 8C and above reported in post as of 31 March 2025.

Indicator 2 | Relative likelihood of BME candidates compared to White candidates being appointed from shortlisting



This indicator compares the relative likelihood of BME applicants being appointed compared with White applicants. A ratio of 1.0 indicates equity. White candidates are 1.37 times more likely to be appointed than BME candidates which, whilst this is an improvement from 2024, there is still much work to do to create an equal opportunity.

**Workforce data from 31 Mar 2025 and Staff Survey results published in 2025 (2024 survey)*

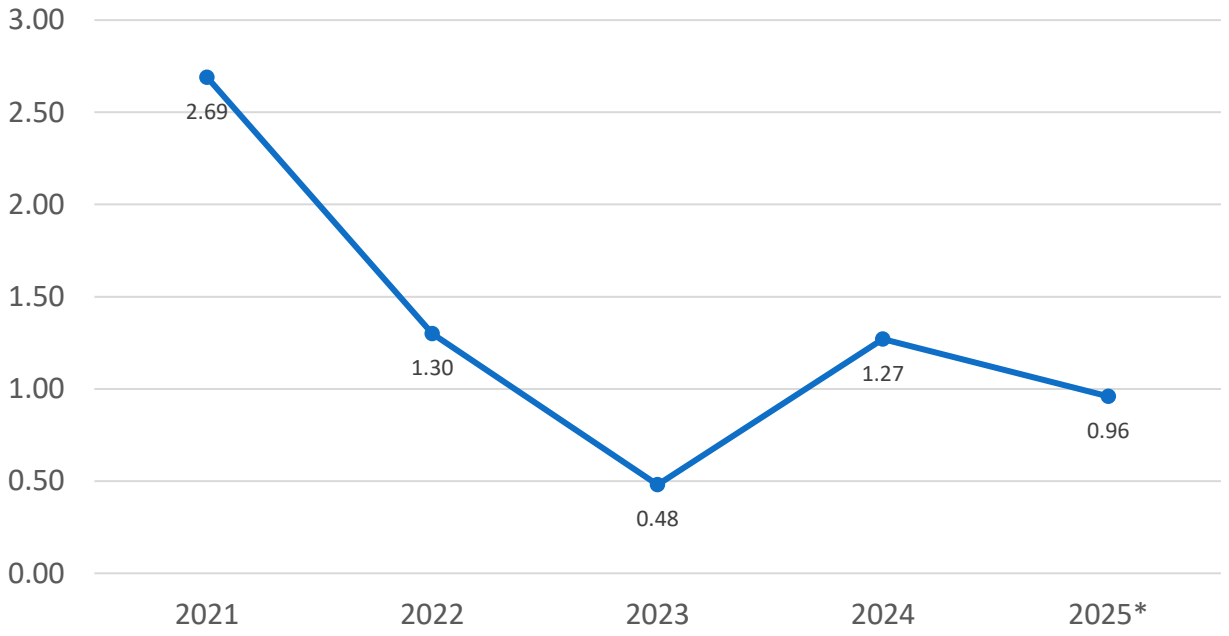
ACHIEVED TO DATE

- Overall number of BME colleagues has risen steadily, with BME colleagues well represented in non-clinical entry level roles, showing successes in recruitment campaigns
- Appointments ratios are moving in the right direction, with reduced disparity compared to earlier years
- Organisation's first ever Chief Paramedic Officer recruited to oversee education, training, and clinical supervision, working across the organisation to enhance patient care.
- Participation in College of Paramedic and Higher Education Institution (HEI) activity (e.g. conferences) focussing on race equality and increasing the representation of BME groups into the paramedic profession.

ACTIVITY PLANNED

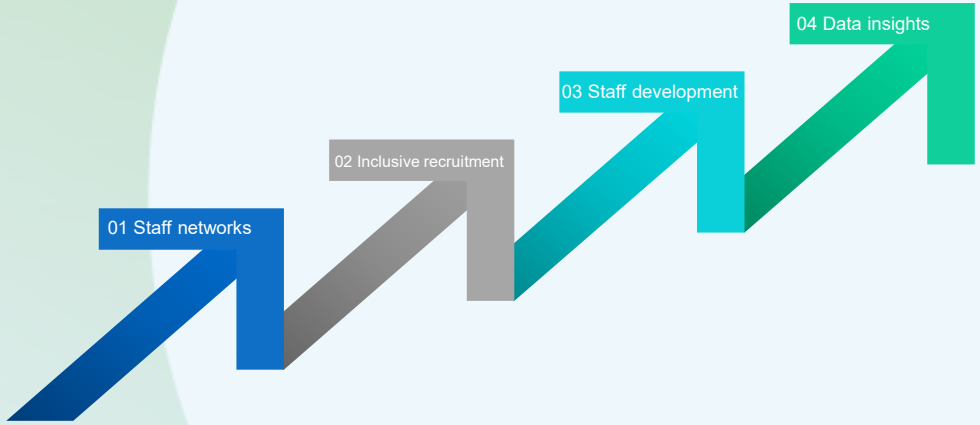
- Monitor breakdown of workforce distribution and recruitment across different directorates and action accordingly
- Implement Beyond Bias training to all directorates
- Strengthen approach to ensuring diverse recruitment panels
- Local engagement with higher education providers to help increase diversity in pipeline
- Train hiring managers in inclusive recruitment approaches across all divisions
- Three-day outreach careers event planned for October 2025
- Schedule summit with HEI partners, our Inspire network and College of Paramedics representatives to discuss local level initiatives to encourage more diverse applications to undergraduate paramedic programmes.

Indicator 3 | Relative likelihood of BME staff entering formal disciplinary proceedings compared to White staff



Compares the likelihood of BME staff entering formal disciplinary proceedings compared with White staff. A ratio of 1.0 indicates parity. In 2025, we have seen BME staff being slightly less likely than White staff to enter formal disciplinary proceedings, which is a vast improvement on 2021 data.

**Workforce data from 31 Mar 2025 and Staff Survey results published in 2025 (2024 survey). A ratio of 1.0 indicates equity; higher values show disproportionate impact on disabled staff.*



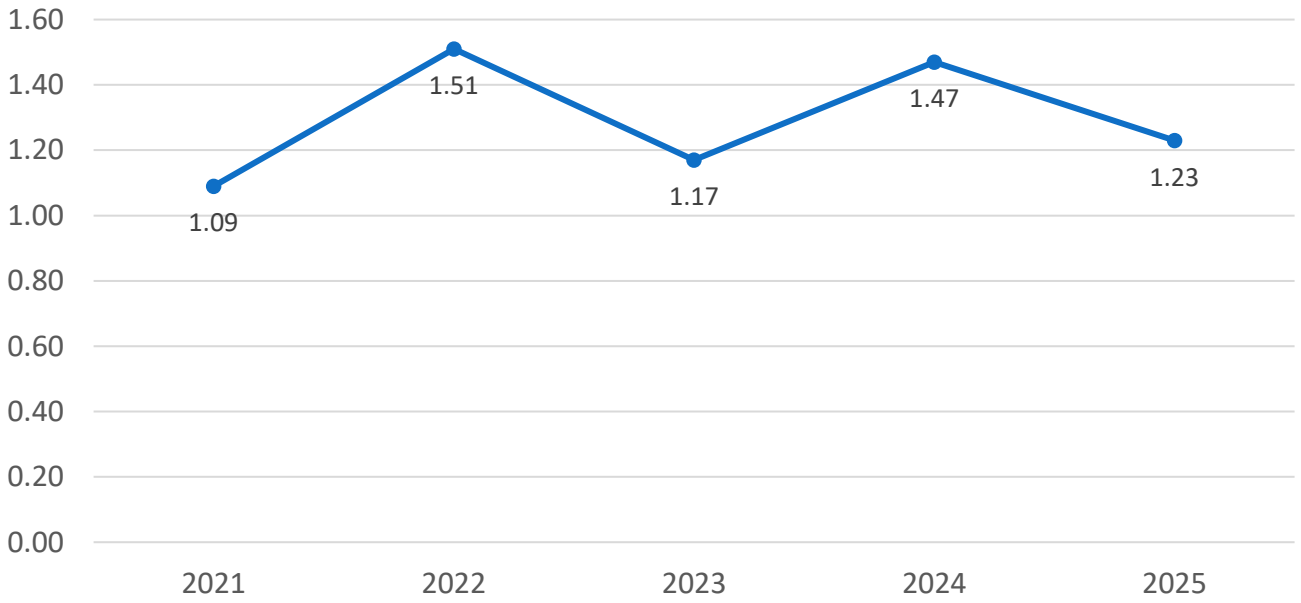
ACHIEVED TO DATE

- The embedding of early resolution and mediation service into the Trust in March 2025
- Ongoing support for managers in fair and consistent practice
- Beyond bias training delivered to senior leadership team of two directorates, Quality & Nursing and Strategy & Transformation

ACTIVITY PLANNED

- Maintain parity by continuing to use early resolution pathways, for example the Mediation Service. Transition the Mediation Service to the Employee Relations team by Q4 strengthening signposting to informal resolution as a clear option for colleagues facing conflict.
- Launch the Resolution Policy in December 2025 to support early resolution
- Regularly monitor and report disciplinary cases by ethnicity via EDI dashboard
- Engage with staff networks and divisional teams in reviewing trends and staff experiences to ensure confidence in fairness

Indicator 4 |Relative likelihood of BME staff accessing non-mandatory training compared to white staff



Measures the relative likelihood of BME staff reporting access to non-mandatory training, learning or CPD compared with White staff. A value of **1.0** = parity. In 2025, White staff were 1.23 times more like than BME staff to access non-mandatory training. Even though this is an improvement on the previous year, BME staff remain at a disadvantage for this indicator.

**Workforce data from 31 Mar 2025 and Staff Survey results published in 2025 (2024 survey). A ratio of 1.0 indicates equity; higher values show disproportionate impact on disabled staff.*

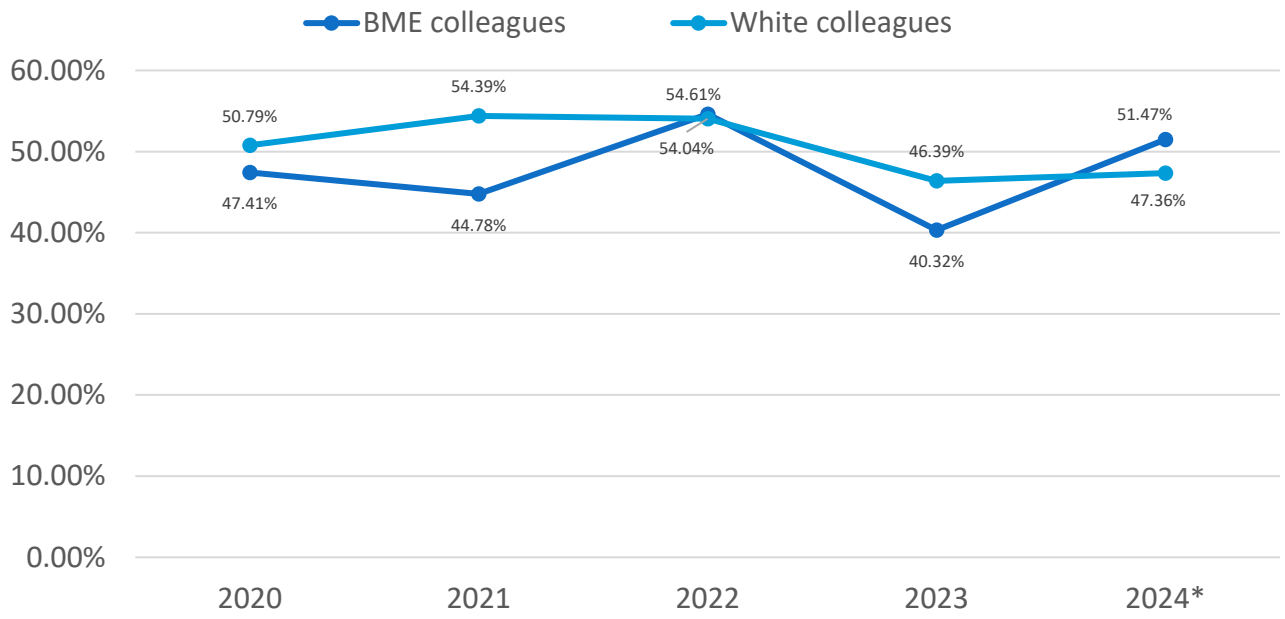
ACHIEVED TO DATE

- Targeted leadership programme (Ascend) is now in its 3rd and 4th cohorts, providing structured development specifically for BME colleagues
- Staff networks (e.g. Inspire) have actively promoted development offers and supported colleagues to access training
- First cohort of Reverse mentoring successfully delivered with the next cohort planned for late 2025
- Education representative now embedded within the Inspire Network to strengthen collaboration and inclusivity
- Training and Education panel implemented to support with how colleagues can access the Training and Education Bursary application and budget

ACTIVITY PLANNED

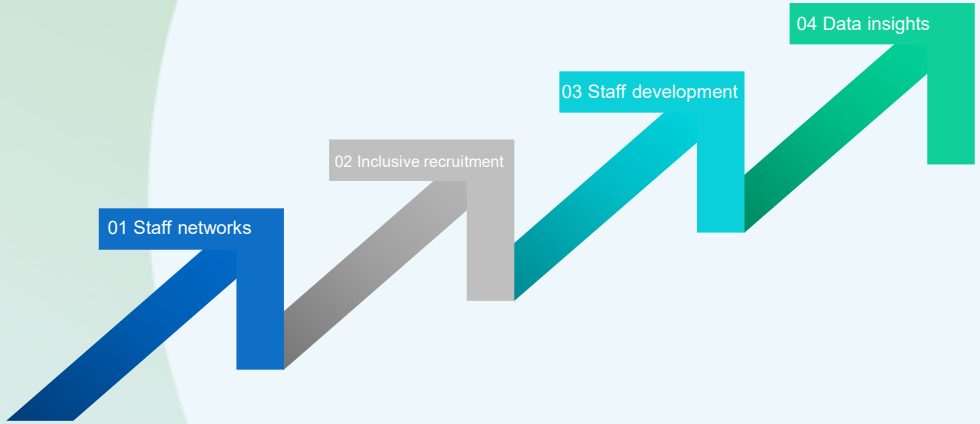
- Evaluate the impact of the first two cohorts of the Ascend programme on participants' career progression and feed lessons into wider leadership programmes
- Incorporate continuing professional development (CPD) access and outcomes into the EDI data dashboard for regular Board oversight
- Ongoing work to ensure the *Education* pages on *The Zone* reflect an inclusive and accessible approach for all colleagues
- Developing a new, integrated Education Strategy in collaboration with key stakeholders to ensure every professional group is represented and aligned to organisational priorities

Indicator 5 | Percentage of staff experiencing harassment, bullying or abuse from patients, service users, their relatives or the public



BME staff: 51.47% reported harassment, bullying or abuse (HBA). White staff: 47.36% reported HBA. This shows a 4.1 % point gap, with BME staff more likely to experience HBA. The data also shows a high overall prevalence across both groups (nearly half of staff who completed the survey reported being affected). While rates dropped in 2023, they rose again in 2024, with both groups reporting more incidents.

**Workforce data from 31 Mar 2025 and Staff Survey results published in 2025 (2024 survey). A ratio of 1.0 indicates equity; higher values show disproportionate impact on disabled staff.*



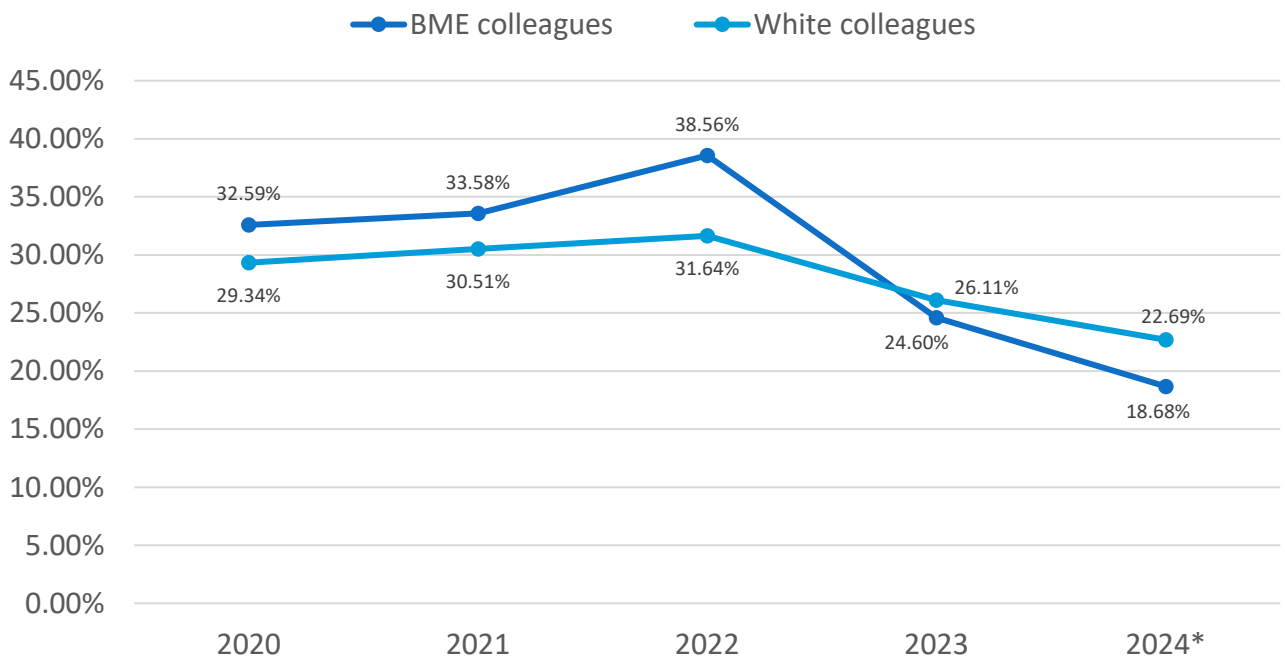
ACHIEVED TO DATE

- Staff safety initiatives (e.g., body-worn cameras, lone worker policies and procedures) introduced to reduce risks of abuse
- Active engagement with the Assaults on Emergency Workers Act, lead by the government and the NHS updated Violence Prevention Reduction Standards
- Collaboration with Operation Cavell, a joint workstream with Police, NHS Trusts and the Crown Prosecution Service tackling violence and aggression against staff
- Conflict resolution training introduced as part of key skills in April 2024, with excellent feedback. Training provides theory, breakaway techniques, and clinical restraint to help staff manage challenging behaviours. 86.34% colleagues completed the training as of Oct 2025

ACTIVITY PLANNED

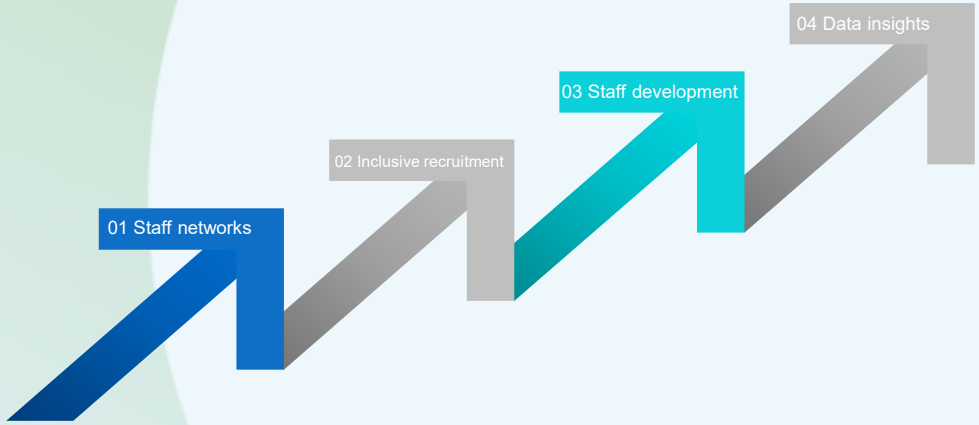
- Strengthen reporting and feedback mechanisms across divisions so staff feel confident incidents will be acted upon
- Track incident reporting and staff survey outcomes across divisions through the EDI dashboard
- Explore targeted resilience and wellbeing support for BME colleagues
- Continued collaboration between FTSU and staff networks to bridge the gap for communities who are less likely to speak up
- Maintain focus on violence reduction initiatives and embed inclusive leadership training

Indicator 6 | Percentage of staff experiencing harassment, bullying or abuse from staff



This is the first time since 2020 that BME staff reported lower levels of HBA from colleagues than White staff. The figures show an improvement for both groups.

**Workforce data from 31 Mar 2025 and Staff Survey results published in 2025 (2024 survey). A ratio of 1.0 indicates equity; higher values show disproportionate impact on disabled staff.*



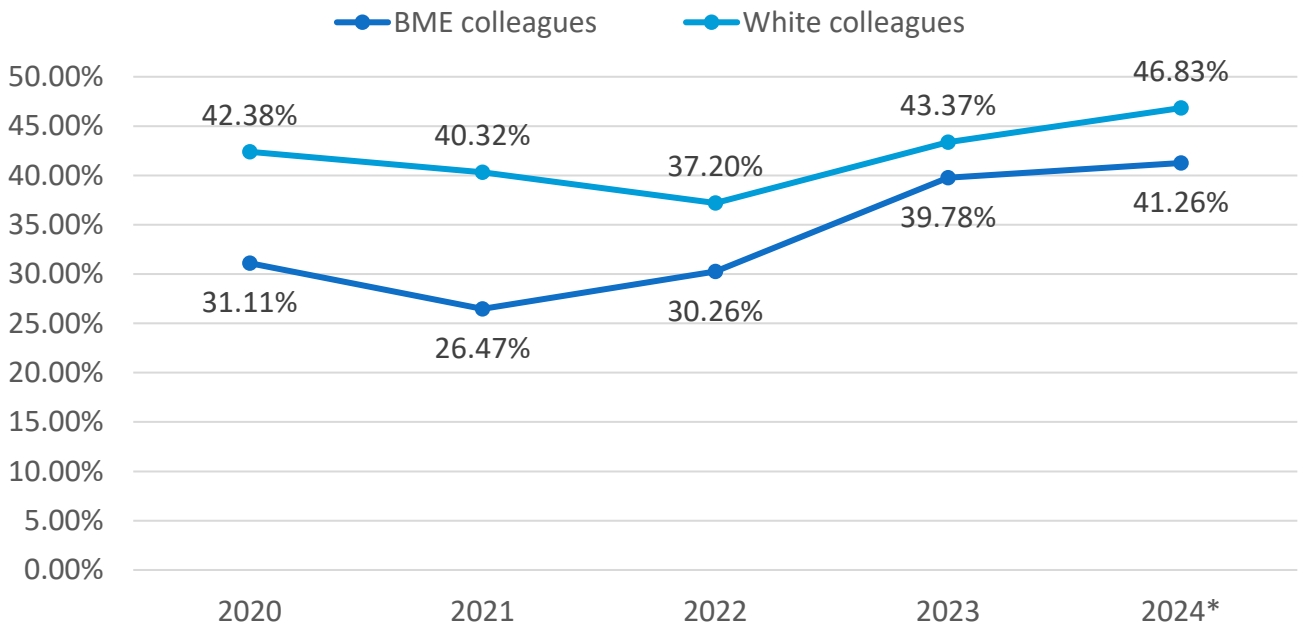
ACHIEVED TO DATE

- Consistent reduction in harassment from staff since 2022, showing positive cultural change
- Staff networks and Freedom to Speak Up Guardians providing safe spaces to raise issues
- Launched the Mediation Service in March 2025 to support conflict being resolved quicker and informally

ACTIVITY PLANNED

- Use staff networks and leadership programmes to model inclusive behaviours
- Deliver structured training sessions on the new Resolution Policy to all line managers ensuring they are confident in applying early resolution and mediation approaches in the first instance, from Q4.
- New Values and Behaviour Framework launching Q4 2026 to embed Integrity, Kindness and Courage, supporting inclusion and culture change across SECAmb

Indicator 7 | Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion



Compared with 2020, belief in equal opportunities has grown by around 10 percentage points for both groups, suggesting wider cultural improvements.

**Workforce data from 31 Mar 2025 and Staff Survey results published in 2025 (2024 survey)*

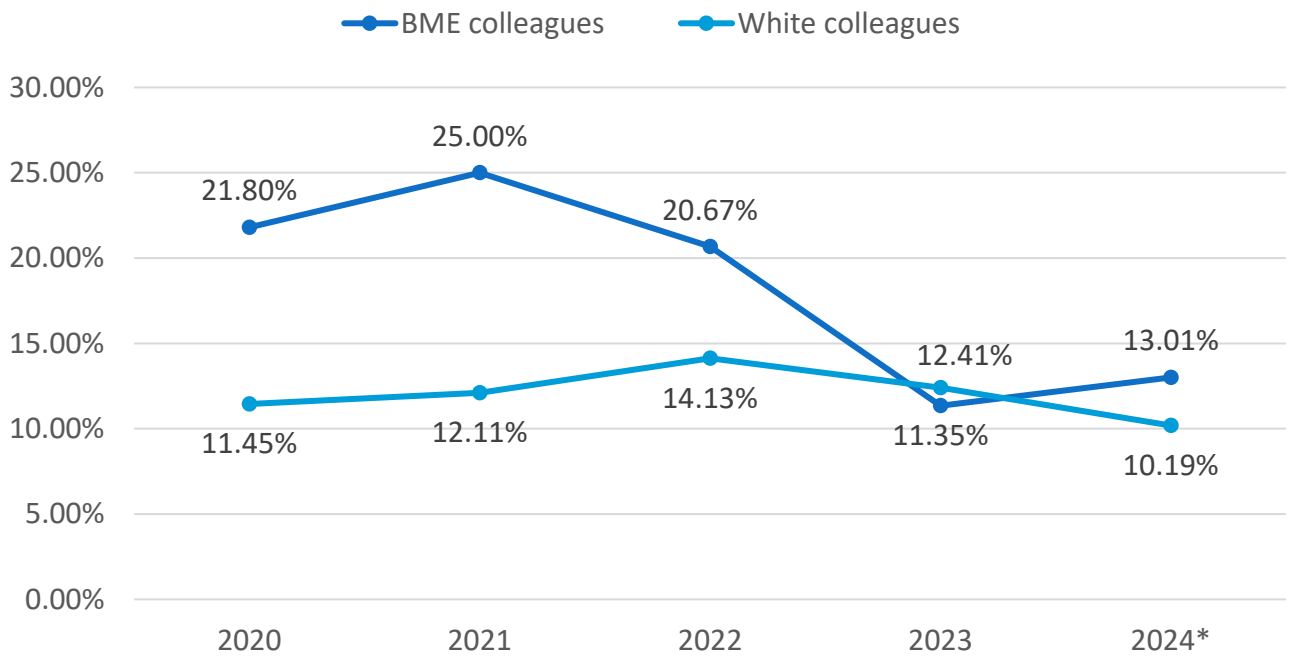
ACHIEVED TO DATE

- Ascend programme (now in its 3rd and 4th cohorts) provides targeted development and career support for BME staff
- Improved visibility of vacancies and development opportunities through internal comms

ACTIVITY PLANNED

- Track career outcomes of Ascend participants to evaluate impact on progression rates
- Maintain a centrally monitored pool of trained diverse staff for allocation to all Band 7+ recruitment and promotion panels
- Embed progression metrics into the EDI data dashboard and monitor across divisions
- Develop proposal for implementation of Beyond boundaries anti-racist framework, with Staff Network support

Indicator 8 | Percentage of staff experiencing discrimination at work from manager / team leader or other colleagues



Our data shows that BME staff are more likely to report discrimination. Whilst there is a gap in reporting, both groups' experiences of discrimination are significantly lower compared with 2020–2022 (when BME levels exceeded 20%).This suggests significant improvements in organisational culture.

**Staff Survey results published in 2025 (2024 survey)*

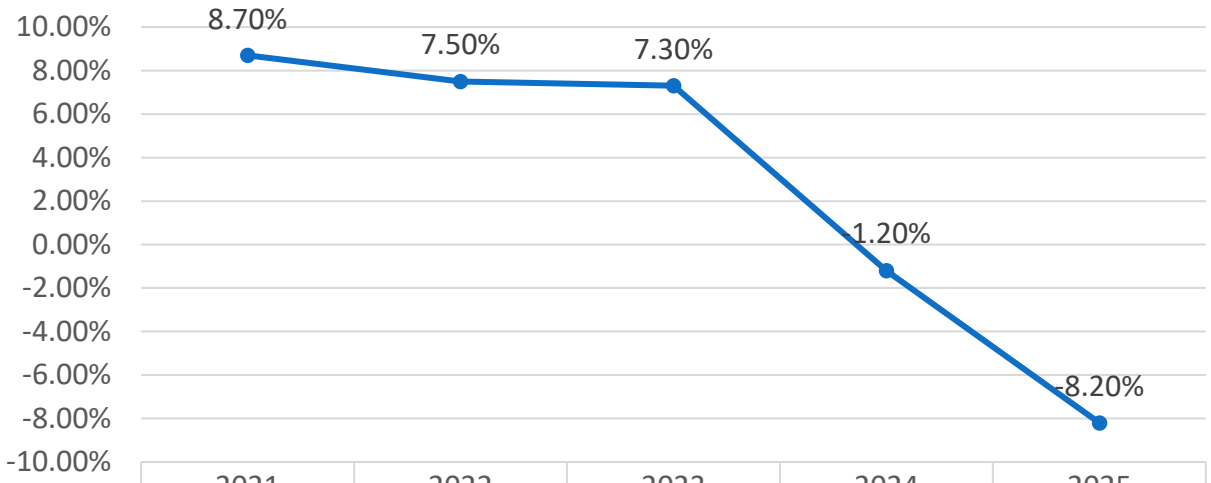
ACHIEVED TO DATE

- Reduction in reported discrimination among BME staff from 25% in 2021 to 13% in 2024
- Inclusive leadership modules threaded through several leadership development training packages

ACTIVITY PLANNED

- Strengthen manager accountability through clearer expectations, training and appraisal measures
- Embed data into the EDI data dashboard to monitor patterns at team and department level
- Strengthen escalation and feedback processes to ensure confidence in responses
- Co-design peer-led awareness campaigns with Inspire, include Staff Networks
- Launch new Values & Behaviour Framework (Jan/Feb 2026) to embed Integrity, Kindness, and Courage, supporting inclusion and culture change across SECAmb

Indicator 9 | Board representation



	2021	2022	2023	2024	2025
% BME Board	8.70%	7.50%	7.30%	-1.20%	-8.20%

This indicator compares the ethnic diversity of the Trust Board, as declared on ESR (both voting and non-voting members) with the ethnic profile of the overall workforce. It shows whether leadership is proportionate to the staff population.

As of 31 March 2025, 8.2% of the workforce had declared a BME background in ESR, compared with 0% of the Board. This creates a representation gap of 8.2 percentage points, meaning the Board currently does not reflect the diversity of the workforce.

From 2021–2023, Board representation was broadly proportionate to the workforce (around 7–9%). However, from 2024 this balance was lost, and by 2025 the gap had widened significantly.

ACHIEVED TO DATE

- Increased focus on Board-level EDI objectives, including reverse mentoring
- Executive and non-executive sponsors identified for all staff networks
- Board development days included lived experience contributions from BME staff

ACTIVITY PLANNED

- Strengthen talent pipeline and succession planning for BME colleagues aspiring to senior leadership
- Sustain reverse mentoring and active sponsorship by non-exec directors to model inclusive leadership

Conclusion and next steps

Focus area	Next steps / activities planned	Linked WDES indicator(s)
1. Staff networks	• Continue engaging with staff networks in reviewing trends and staff experiences • Continued collaboration between FTSU and staff networks to bridge the gap for underrepresented communities • Co-design peer-led awareness campaigns with Inspire • Sustain reverse mentoring and active sponsorship by non-exec directors to model inclusive leadership • Develop proposal for implementation of Beyond boundaries – anti-racist framework	1,3, 5, 6, 8,9
2. Inclusive recruitment	• Monitor workforce distribution and recruitment across directorates • Deliver Beyond Bias training to all directorates • Strengthen approach to ensuring diverse recruitment panels • Train all hiring managers in inclusive recruitment approaches • Develop engagement with higher education providers to increase diversity in pipeline • Three-day outreach careers event (Oct 2025) with follow-ups • Maintain centrally monitored pool of trained diverse staff for Band 7+ panels to strengthen diverse recruitment panels. • Develop proposal for implementation of Beyond boundaries – anti-racist framework • Engage with staff networks in reviewing trends and staff experiences to ensure confidence in fairness • Schedule summit with HEI partners, our Inspire network and College of Paramedics representatives to discuss local level initiatives to encourage more diverse applications to undergraduate paramedic programmes.	1, 2, 7,9

Conclusion and next steps

Focus area	Next steps / activities planned	Linked WDES indicator(s)
3. Staff development	• Evaluate the impact of Ascend programme cohorts on progression • Track career outcomes of Ascend participants • Incorporate CPD access and outcomes into EDI dashboard for Board oversight • Embed progression metrics into EDI dashboard • Strengthen talent pipeline and succession planning for BME colleagues aspiring to senior leadership • Maintain focus on violence reduction initiatives and embed inclusive leadership training • Explore targeted resilience and wellbeing support for BME colleagues • Strengthen manager accountability through clearer expectations, training and appraisal • Launch new Values & Behaviour Framework (Jan/Feb 2026) • Deliver structured training sessions on the new Resolution Policy to all line managers ensuring they are confident in applying early resolution and mediation approaches in the first instance, from Q4 • Maintain parity by continuing to use early resolution pathways, for example the Mediation Service. • Ongoing work to ensure the Education pages on The Zone reflect an inclusive and accessible approach • Developing a new, integrated Education Strategy in collaboration with key stakeholders to ensure every professional group is represented and aligned to organisational priorities • Explore targeted resilience and wellbeing support for BME colleagues • Strengthen reporting and feedback mechanisms so staff feel confident incidents of HBA will be acted upon • Explore targeted resilience and wellbeing support for BME colleagues	3,4, 5, 6, 7, 8, 9
4. Data insights	• Regularly monitor and report disciplinary cases by ethnicity via EDI dashboard • Incorporate progression and CPD metrics into EDI dashboard • Track incident reporting and survey outcomes via EDI dashboard • Embed progression metrics into the EDI data dashboard linked to career progresssion • Embed data into EDI dashboard to monitor trends at team/department level	1, 3, 4,5,7, 8