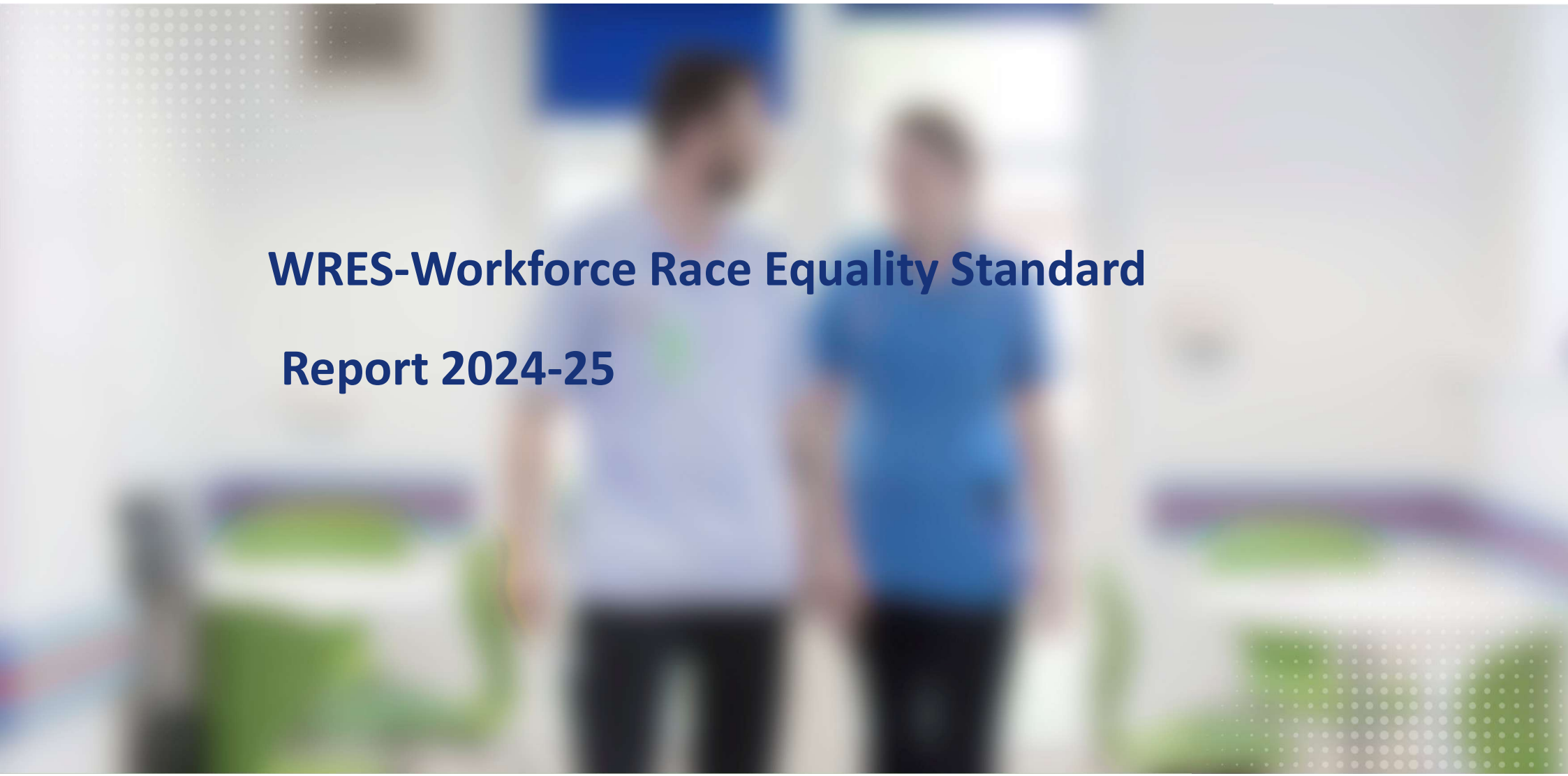


The background of the slide is a blurred photograph of two people standing in a hospital corridor. The person on the left is wearing a light blue shirt and dark trousers, and the person on the right is wearing a blue shirt and dark trousers. The corridor has white walls and a blue door in the background.

WRES-Workforce Race Equality Standard

Report 2024-25



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Introduction

Nationally, it is known, based on various sources of data and lived experiences, colleagues from a Black, Asian and Minority Ethnic background have a poorer experience of working within the NHS. QVH are committed to improving those lived experiences and strive towards creating a culture where race and ethnicity are not barriers to progression, individuals feel safe in the workplace and difference is embraced.

The importance of race equality is embedded into the NHS People Plan where it states *'The NHS must welcome all, with a culture of belonging and trust. We must understand, encourage and celebrate diversity in all its forms'*. The People Promise declares *'a commitment to creating and maintaining a compassionate and inclusive culture where diversity is valued and celebrated as a critical component, and not just a desirable one.'* The Trust must also meet its legal obligations under the Equality Act 2010 and The Human Rights Act 1998.

QVH's 5 year People and Culture strategy has been published, where the voices of our workforce will be key to our aims and objectives. This approach is also strengthened by the NHS EDI Improvement Plan, which sets out targeted actions to address the prejudice and discrimination –direct and indirect –that exists through behaviour, policies, practices and cultures against certain groups and individuals across the NHS workforce.

As a Trust we want to focus on working in partnership with our patients, service users and workforce, to change our workforce systems, rather than trying to change individuals. This enables our staff to thrive and deliver the best possible services and care to our patients and working environment to our colleagues.

Each year the Trust is required to publish Workforce Race Equality Standard (WRES) data.

The WRES provides a framework for NHS organisations to report, demonstrate and monitor progress against nine indicators of workforce equality. The indicators are a combination of workforce data and results from the NHS national staff survey and help to ensure employees receive fair treatment in the workplace and have equal access to career opportunities.

The WRES is included in the NHS Standard Contract and has been a requirement of NHS commissioners and NHS healthcare providers since July 2015.

The information in this report details key findings from the data collated for 2024/2025, comparisons of data from previous years, the progress made and actions we will be put in place to address the findings.

We encourage anyone reading this report, to give us feedback about the contents and suggest improvements, so we can enable appropriate and effective lived experiences for our diverse colleagues.

WRES Metrics

There are nine WRES indicators. Four of the indicators focus on **workforce data**, four are based on data from the **national NHS Staff Survey** questions, and one indicator focuses upon **BME representation on boards**. Based on the requirement from the National team, the Trust submitted the WRES data for Indicators 1 -4 and indicator 9 on the National Data Collection Framework (DCF) on **31st May 2024**. The staff survey results for Indicators 5 to 8, are taken directly from the WRES publications available on the NHS Staff Survey website.

Workforce Indicators:

1. Percentage of staff in each of the AfC Bands 1-9 or Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce disaggregated by:

- a) Non-Clinical Staff
- b) Clinical Staff-of which
 - Non-Medical Staff
 - Medical and Dental Staff

Data Sourced from ESR

- 2. Relative likelihood of staff being appointed from shortlisting across all posts (both external and internal posts). **Data Sourced from ESR**
- 3. Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. **Data sourced from Human resources team records**
- 4. Relative likelihood of staff accessing non-mandatory training and CPD. **Data sourced from ESR and Organisational Development records**

National NHS Staff Survey indicators (or equivalent):

- 5. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
- 6. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
- 7. Percentage of staff believing that the trust provides equal opportunities for career progression or promotion
- 8. In the last 12 months have you personally experienced discrimination at work from any of the following?
 - b) Manager/team leader or other colleagues

Data Sourced from NHSS

Board representation indicator: For this indicator, compare the difference for white and BME staff

- 9. Percentage difference between the organisations' Board membership and its overall workforce disaggregated:
 - By voting membership of the Board
 - By executive membership of the Board

Data Sourced from ESR

Data Limitations

Four of the WRES indicators (5 to 8) are drawn from questions in the National NHS staff survey.

The reliability of the data drawn from those indicators is dependent upon the overall size of samples surveyed, the response rates to the survey questions, and whether the numbers of BME staff are large enough to not undermine confidence in the data.

Potential issues have been identified with the National Staff Survey Results affecting all NHS Trusts. Close to publication date, a problem was identified with the quality of the data. Further investigation determined that, for respondents at some organisations working with one of the main providers of survey services who had completed the survey using an iPhone, questions 13 a to d and question 14 a to d. This affects approximately 20,000 of the 707,460 respondents. Accompanying this report is the NHS Briefing (Appendix 3).

Definitions

Definitions as per Technical Guidance by NHS WES Team	
Term	Definitions
White Staff	Includes White British, Irish and Eastern European and any “white other”.
BME Staff	Staff that are from a Black or Minority Ethnic background that is not white.
Unknown	Refers to anyone who has not declared ethnicity. (i.e., staff who have either indicated that they ‘Prefer not to say’ or have not responded to the ethnic background monitoring question in ESR)
Non-mandatory training	Any learning, education, training, or staff development activity undertaken by an employee, the completion of which is neither a statutory requirement (e.g. fire safety training) or mandated by the organisation. Accessing non-mandatory training and CPD, in this context refers to courses and developmental opportunities for which places were offered and accepted.

Yearly comparison 2019-2025

	WRES Metrics		Year							Trend	Difference between 2024 & 2025	
			2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025			
1	Percentage of black and minority ethnic (BME) staff	Overall	14.68%	15.91%	18.81%	19.33%	19.57%	21.20%	21.98%		0.78%	↑
		Non-Clinical	7.06%	7.61%	8.83%	8.50%	9.36%	10.00%	11.30%		1.30%	↑
		Clinical (inc M&D)	18.93%	20.39%	24.19%	25.17%	25.03%	27.06%	27.82%		0.76%	↑
2	Relative likelihood of staff being appointed from shortlisting across all posts (both external and internal posts).		1.32	1.47	1.79	1.27	2.31	2.72	2.94		0.22	↑
3	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation		0.00	1.27	0.00	0.00	0.00	1.82	1.15		-0.67	↑
4	Relative likelihood of staff accessing non-mandatory training and CPD		0.65	1.04	0.90	0.89	1.04	1.00	0.96		-0.04	↑
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	BME	27.6%	27.4%	18.3%	15.4%	28.0%	26.1%	28.1%		2.00%	↑
		Non-BME	24.6%	25.3%	16.0%	20.0%	19.2%	20.7%	19.1%		-1.60%	↑
6	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	BME	22.8%	34.3%	34.9%	36.0%	30.0%	19.7%	25.2%		5.50%	↑
		Non-BME	24.5%	21.2%	21.4%	19.5%	18.0%	19.9%	20.2%		0.30%	↑
7	Percentage of staff believing that the trust provides equal opportunities for career progression or promotion	BME	51.8%	52.8%	48.2%	48.9%	47.0%	58.8%	55.1%		-3.67%	↑
		Non-BME	61.2%	58.1%	60.2%	60.8%	59.1%	62.5%	63.1%		0.58%	↑
8	In the last 12 months have you personally experienced discrimination at work from a manager, team leader or other colleague?	BME	13.0%	14.5%	23.2%	18.3%	21.8%	17.5%	13.3%		-4.24%	↑
		Non-BME	4.1%	5.8%	5.6%	5.3%	5.5%	4.0%	6.9%		2.91%	↑
9	Percentage difference between the organisations' Board membership and its overall workforce disaggregated	Voting Membership	N/A	N/A	N/A	N/A	N/A	-21.0%	3.0%		24.00%	↑
		Executive Membership	N/A	N/A	N/A	N/A	N/A	-21.0%	-5.0%		16.00%	↑
		Overall Board	-6.5%	-7.6%	-18.8%	-10.9%	-11.8%	-21.0%	-2.0%		19.00%	↑

Please note that 2023 results for WRES indicator 5 (Q14a) and indicator 6 (Q14b & Q14c) are now reported using corrected data.

Workforce Representation

There is an increase of 0.78% BME staff, from 21.20% 23/24 to **21.98%** in 24/25. Our non clinical staff rose by 1.3% and clinical staff by 0.76%

Most BME staff are still clustered at **Band 5** (25.30%), closely followed by **Band 6** (22.94%) and **Band 7** (21.99%). Representation at **Band 8B** has grown from 0% to 6.67%. There is still low representation at **Band 4** (12.08%) although this has grown from 23/24 and none from **Band 8d to Band 9** (0%).

Discrimination

BME staff that have personally experienced discrimination at work from a manager/team leader or other colleagues has decreased from **17.5%** (20/114 respondents) in 23/24 to **13.3%** (17/128) in 24/25. This is a reduction from **21.8%** in 22/23.

BME staff are twice as likely to experience discrimination compared to white staff, **13.3%** compared to **6.9%**.

As per the NHS national Staff Survey, the Trust performed slightly worse than the national average of 16.4%.

Career Progression

There is a decrease of **3.7%** in BME staff that believe there is equal opportunity for career progression or promotion, in comparison to white staff, from **61.1%** (91/149 respondents) in 23/24 to **57.8%** in 24/25 (96/166). The Trust performed better than the national average of 48.8% per the national WRES Summary for 2023/2024.

Disciplinary Processes

There is a decline in the relative likelihood of BME staff entering the formal disciplinary process from **1.82** in 23/24 to **1.15** in 24/25.

In 23/24 there were a total of 9 cases. The difference in disparity is 0.006 vs 0.01 however this was auto calculated to 1.82, in 24/25 we had 3 employee relations cases which auto calculates at 0.0032 vs 0.0036

Board Representation

The difference between the board's membership and the Trust Workforce has increased by **19%** in 24/25 to - **2.00%**.

As per the national WRES Summary for the 2023/2024 reporting year, The Trust performed better than the national average of 12.2%.

Accessing CPD and Non-Mandatory Training

The Trust has continued to achieve equal access to non-mandatory training and CPD for 24/25 (0.96)

Recruitment

There is an increase of **0.22** in the relative likelihood of white applicants being appointed from shortlisting compared to BME applicants, from **2.72** in 23/24 to **2.94** in 24/25.

The data for this metric is taken from the TRAC recruitment system and includes data from applicants who do not have the right to work in the UK and who the Trust cannot legally sponsor owing to not meeting the salary cap set by the government to qualify.

Bullying and Harassment

There is an increase of **2%** of BME staff experiencing harassment, bullying or abuse from patients, relatives or the public, from **26.1%** (26/101 respondents) in 23/24 to **28.1%** in 24/25 (36/128).

Harassment, bullying or abuse from staff towards BME colleagues has also increased **5.5%**, from **19.7%** in 23/24 to **25.2%** in 24/25.

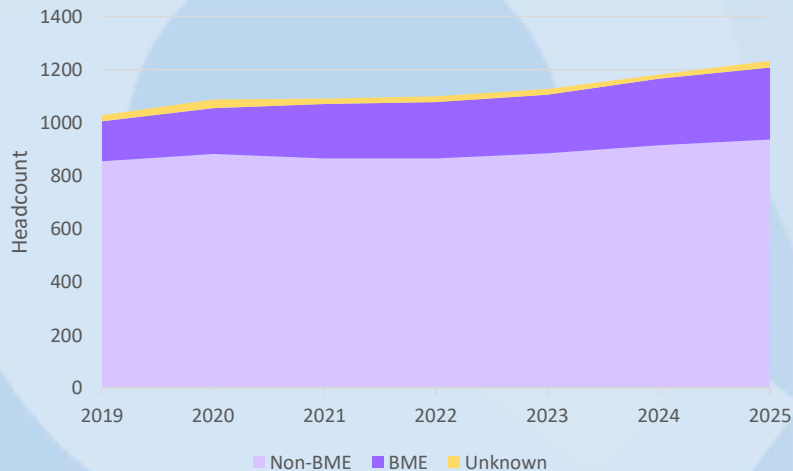
This is below the national average of 28.63%



WRES Indicator 1

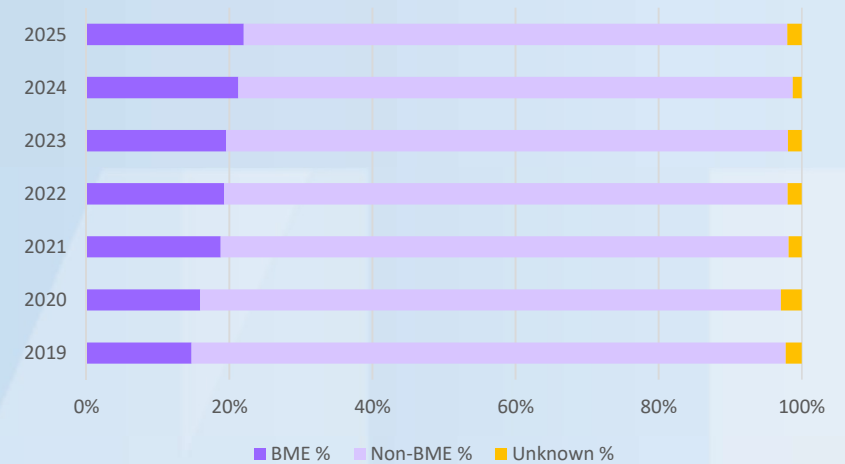
Workforce Representation

	Headcount				Percentage		
	Non-BME	BME	Unknown	Total	Non-BME %	BME %	Unknown %
2019	854	151	23	1028	83.1%	14.7%	2.24%
2020	882	173	32	1087	81.1%	15.9%	2.94%
2021	866	205	20	1091	79.4%	18.8%	1.83%
2022	866	212	22	1100	78.7%	19.3%	2.00%
2023	885	220	22	1127	78.5%	19.5%	1.95%
2024	915	251	15	1181	77.48%	21.25%	1.27%
2025	937	271	25	1233	75.99%	21.98%	2.03%



The overall headcount for the Trust is **1233**. This has increased between 2024 and 2025 with the number of staff declaring as BME increasing to **271 (21.98%)**, an additional **20** people. The Data shows the percentage of BME staff at the Trust continues to increase, growing by 0.78% in the last year.

There has also been an increase in the proportion of staff who have not declared their ethnicity (unknown), which is now at **25 (2.03%)**.



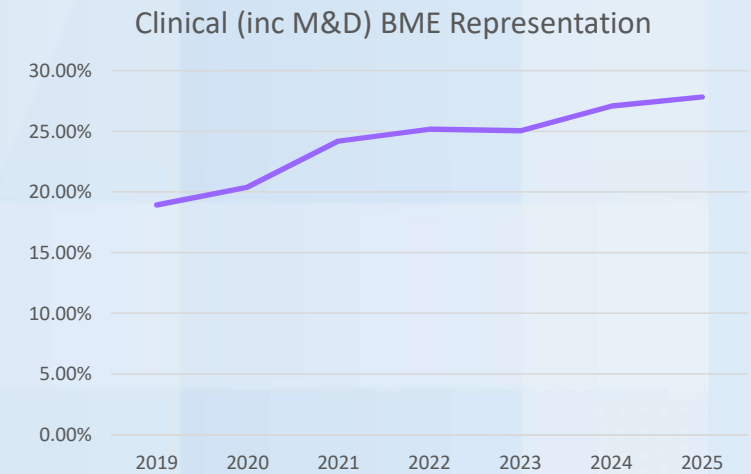
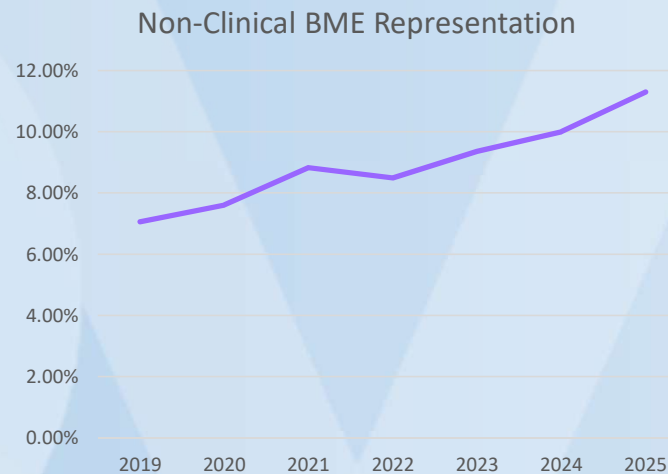
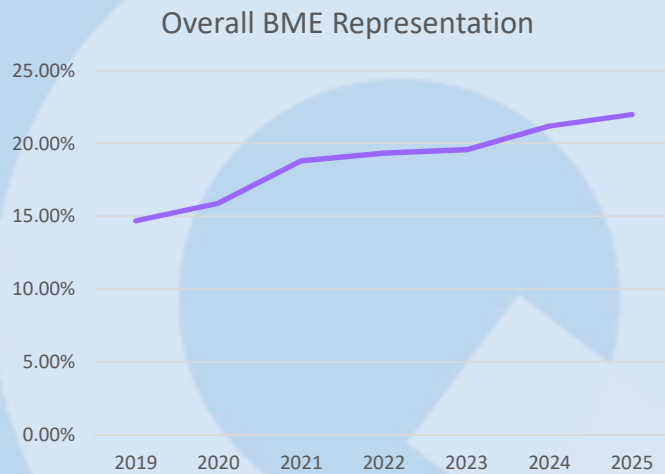
NHS Workforce Race Equality Standard 2023/24

National Average
BME: 28.6%
Non-BME: 72.4%

WRES Indicator 1

Workforce Representation

	Year						
	2019	2020	2021	2022	2023	2024	2025
Overall	14.68%	15.91%	18.81%	19.33%	19.57%	21.20%	21.98%
Non-Clinical	7.06%	7.61%	8.83%	8.50%	9.36%	10.00%	11.30%
Clinical (inc M&D)	18.93%	20.39%	24.19%	25.17%	25.03%	27.06%	27.82%



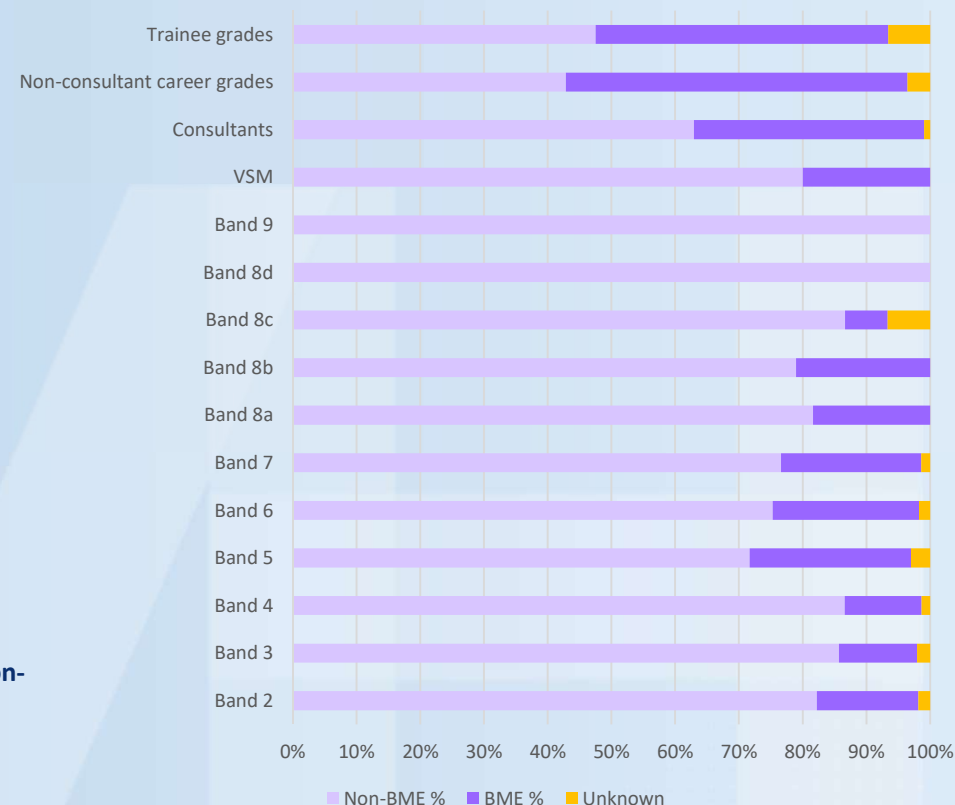
WRES Indicator 1

Workforce Representation

Pay banding	White	BME	Unknown	Total	White %	BME %	Unknown
Band 2	134	26	3	163	82.21%	15.95%	1.84%
Band 3	126	18	3	147	85.71%	12.24%	2.04%
Band 4	129	18	2	149	86.58%	12.08%	1.34%
Band 5	119	42	5	166	71.69%	25.30%	3.01%
Band 6	128	39	3	170	75.29%	22.94%	1.76%
Band 7	108	31	2	141	76.60%	21.99%	1.42%
Band 8a	40	9	0	49	81.63%	18.37%	0.00%
Band 8b	15	4	0	19	78.95%	21.05%	0.00%
Band 8c	13	1	1	15	86.67%	6.67%	6.67%
Band 8d	6	0	0	6	100.00%	0.00%	0.00%
Band 9	6	0	0	6	100.00%	0.00%	0.00%
VSM	4	1	0	5	80.00%	20.00%	0.00%
Consultants	68	39	1	108	62.96%	36.11%	0.93%
Non-consultant career grades	12	15	1	28	42.86%	53.57%	3.57%
Trainee grades	29	28	4	61	47.54%	45.90%	6.56%

The majority of BME representation in the workforce are remain clustered at **Consultant** (36.11%) **Non-Consultant Career Grade** (53.57%) and **medical trainees** (47.54%) Of our Agenda for Change staff representation mainly falls within **Band 5** (25.30%), closely followed by **Band 6** (22.94%).

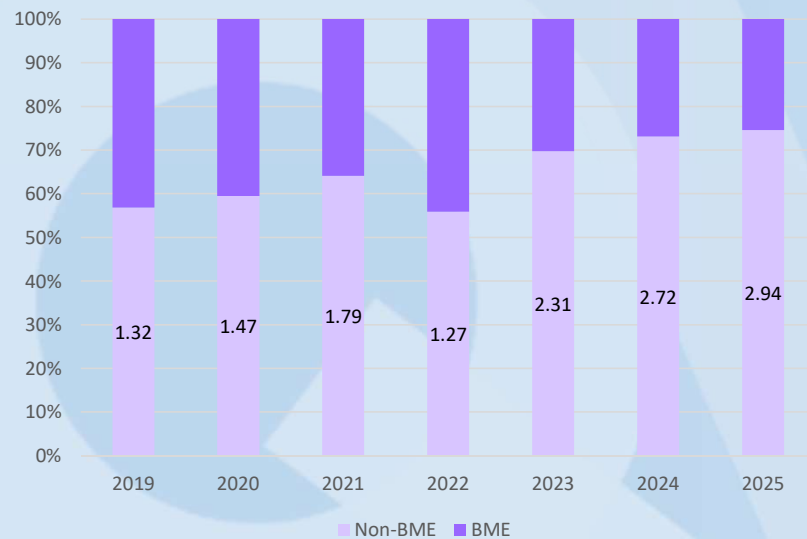
Representation at **Band 8b** has grown from 0% to 6.67%. There is still low representation at **Band 4** (12.08%) although this has grown from 23/24 and none from **Band 8d to Band 9**(0%).



WRES Indicator 2

Recruitment

	Year						
	2019	2020	2021	2022	2023	2024	2025
Relative likelihood of staff being appointed from shortlisting across all posts (both external and internal posts).	1.32	1.47	1.79	1.27	2.31	2.72	2.94



The relative likelihood of white applicants being appointed from shortlisting compared to BME applicants has increased since last year by **0.22**.

It is important to recognise that the data for this metric is taken from the TRAC recruitment system and includes data from applicants who do not have the right to work in the UK and who the Trust cannot legally sponsor owing to not meeting the salary cap set by the government to qualify.

This issue has a significant impact upon this metric as these are not excluded from the data

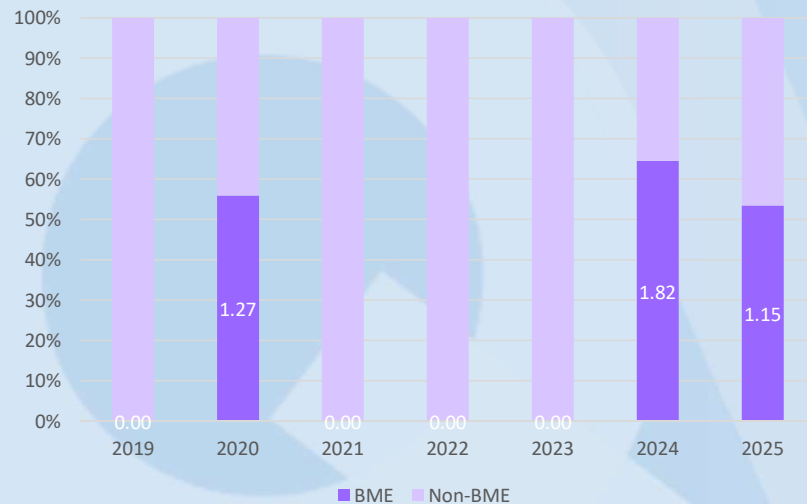
NHS Workforce Race Equality Standard 2023/2024

National Average
1.62

WRES Indicator 3

Disciplinary

	Year						
	2019	2020	2021	2022	2023	2024	2025
Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation	0.00	1.27	0.00	0.00	0.00	1.82	1.15



There is a decline in the relative likelihood of BME staff entering the formal disciplinary process from **1.82** in 23/24 to **1.15** in 24/25.

In 23/24 there were a total of 9 cases. The difference in disparity is 0.006 vs 0.01 however this was auto calculated to 1.82, in 24/25 we had 3 employee relations cases which auto calculates at 0.0032 vs 0.0036

NHS Workforce Race Equality Standard 2023/2024

National Average
1.09

WRES Indicator 4

Training and Continual Professional Development

	Year						
	2019	2020	2021	2022	2023	2024	2025
Relative likelihood of staff accessing non-mandatory training and CPD	0.65	1.04	0.90	0.89	1.04	1.00	0.96



The Trust has continued to achieve equal access to non mandatory training and CPD for 24/25 (**0.96**)

NHS Workforce Race Equality Standard 2023/2024

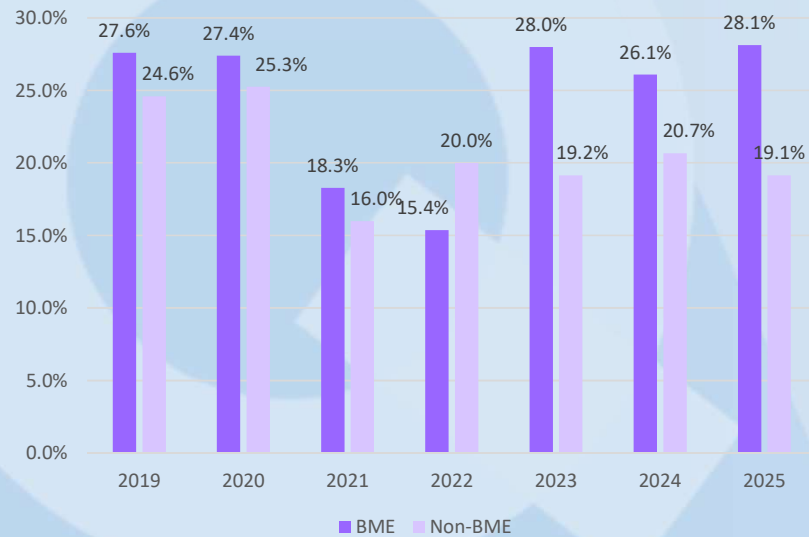
National Average
1.06

WRES Indicator 5

Bullying, harassment or abuse from patients, relatives or the public

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

		Year						
		2019	2020	2021	2022	2023	2024	2025
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	BME	27.6%	27.4%	18.3%	15.4%	28.0%	26.1%	28.1%
	Non-BME	24.6%	25.3%	16.0%	20.0%	19.2%	20.7%	19.1%



This data is from the National Staff Survey results.

Over 20% of all staff experience harassment, bullying or abuse from patients, relatives or the public

There is an **increase of 2%** of BME staff experiencing harassment, bullying or abuse from patients, relatives or the public, from 26.1% (26 of 101 respondents) to 28.1% (36 of 128 respondents) in 24/25.

Please note that 2023 results for WRES indicator 5 (Q14a) and indicator 6 (Q14b & Q14c) are now reported using corrected data.

NHS Staff Survey Data 2024

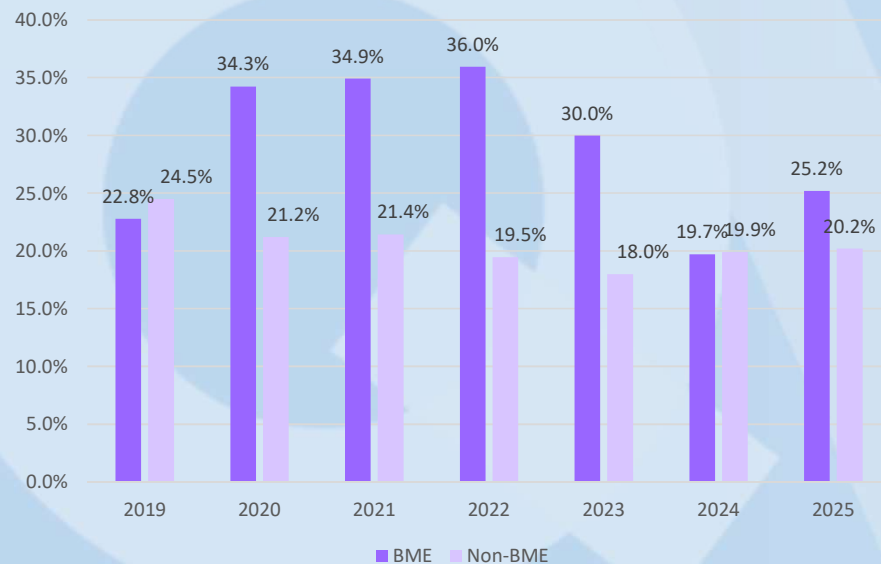
National Average
BME: 28.63%
Non-BME: 23.51%

WRES Indicator 6

Bullying, harassment or abuse from colleagues

Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

		Year						
		2019	2020	2021	2022	2023	2024	2025
Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	BME	22.8%	34.3%	34.9%	36.0%	30.0%	19.7%	25.2%
	Non-BME	24.5%	21.2%	21.4%	19.5%	18.0%	19.9%	20.2%



This data is from the National Staff Survey results.

Over 20% of all staff experience harassment, bullying or abuse from patients, relatives or the public.

There is an **increase of 5.5%** of BME staff experiencing harassment, bullying or abuse from staff, from 19.7% (20 of 101 respondents) to 25.2% (32 of 127 respondents) in 24/25.

Please note that 2023 results for WRES indicator 5 (Q14a) and indicator 6 (Q14b & Q14c) are now reported using corrected data.

NHS Staff Survey Data 2024

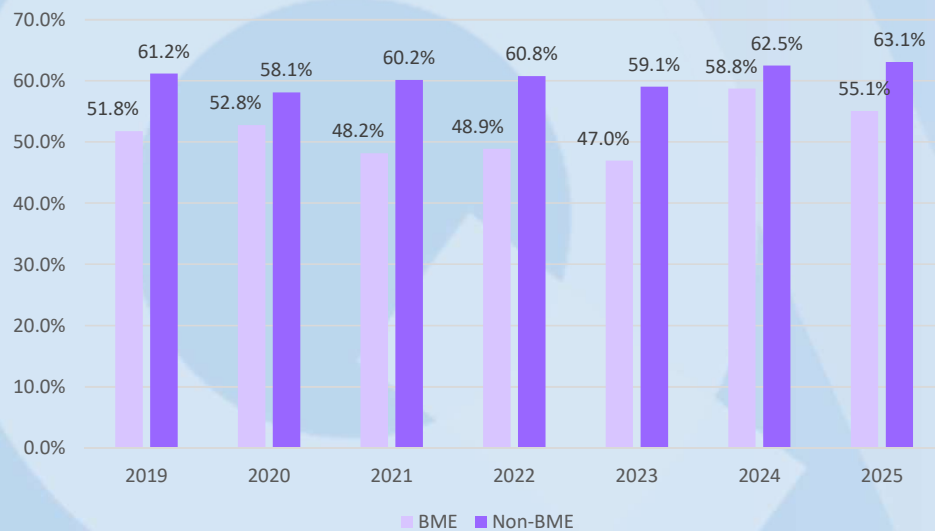
National Average
 BME: 24.29%
 Non-BME: 15.20%

WRES Indicator 7

Career Progression

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

	Year						
	2019	2020	2021	2022	2023	2024	2025
BME	51.8%	52.8%	48.2%	48.9%	47.0%	58.8%	55.1%
Non-BME	61.2%	58.1%	60.2%	60.8%	59.1%	62.5%	63.1%



This data is from the National Staff Survey results.

There has been a decrease by **3.7%** for the number BME staff that believe the Trust provides equal opportunities for career progression or promotion. This is alongside the percentage of staff who believe that the Trust provided equal opportunities for career progression or promotion being lower for BME staff than for non-BME staff.

The Trust is significantly better than the national average for both BME and Non-BME staff

NHS Staff Survey Data 2024

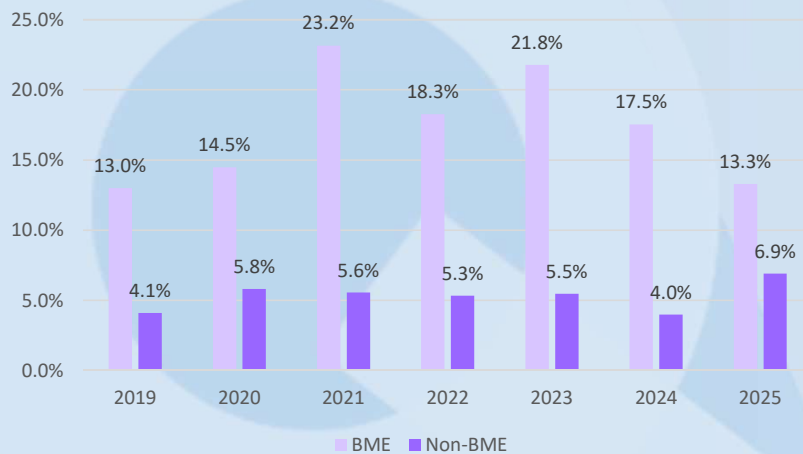
National Average
BME: 49.51%
Non-BME: 58.85%

WRES Indicator 8

Discrimination at work

In the last 12 months have you personally experienced discrimination at work from a manager, team leader or other colleague?

	Year						
	2019	2020	2021	2022	2023	2024	2025
BME	13.0%	14.5%	23.2%	18.3%	21.8%	17.5%	13.3%
Non-BME	4.1%	5.8%	5.6%	5.3%	5.5%	4.0%	6.9%



This data is from the National Staff Survey results.

There is a decrease in BME staff that have personally experienced discrimination at work from manager/team leader or other colleagues, from **17.5%** (20 of 114 respondents) in 23/24 to **13.3%** (17 of 128 respondents) in 24/25.

The overall percentage of staff who personally experienced discrimination from manager/team leader or other colleague is significantly higher for BME staff, being twice as likely to experience discrimination compared to white staff, (**13.3%** compared to **6.9%**).

As per the NHS England Staff Survey results, the Trust performed better than the national average of 15.2%.

NHS Staff Survey Data 2024

National Average
BME: 15.20%
Non-BME: 6.77%

WRES Indicator 9

Board Representation

Percentage difference between the organisations' Board membership and its overall workforce disaggregated

	2019	2020	2021	2022	2023	2024	2025
Overall Board	-6.5%	-7.6%	-18.8%	-10.9%	-11.8%	-21.0%	-2.0%



The number of BME board members has increased in 23/24 to 3 members. There is now a 20% representation

Since 2019 the Trust board representation has been below the workforce representation and has fluctuated each year . In 24/25 This has increased significantly to reduce the gap.

100% of the board have declared their ethnicity.

As per the summary for the 2023/2024 reporting year, the Trust is significantly above the national average of 12.2%

NHS Workforce Race Equality Standard 2023/2024

National Average
12.2%

Additional Insights

- BME staff represent 28.26% of the Trust's voluntary resignations in 2024-25. This is higher than the Trust's total BME workforce representation of 21.98% which has grown year on year since WRES reporting commenced
- Analysis of retention data shows BME staff cite the following as the reason for their resignation:
 - Care of adult dependants
 - Relocation
 - Undertaking further education or training
 - Work-life balance
 - Promotion

This suggests that while the Trust has taken positive steps to improve attraction and recruitment of BME candidates, there is work to be done to support the balance of work and personal responsibilities. This also suggests that there are improvements to be made to career development options for our BME colleagues to support retention.

This may also be linked to our 2024 Staff Survey results, which show a 3.7% reduction in the number of BME colleagues reporting a belief that the Trust provides equal opportunities for career progression.

Key Areas of Progress and Ongoing Actions for Next 12 Months

Culture Change	Refreshed Vision and Values & Behavioral Framework - These were launched in late 2024, with a behaviour framework to support an inclusive learning culture, increasing psychological safety of staff and supporting the embedding of an enhanced speak up process for staff. Workforce Belonging & Value – The Trust has in place a comprehensive action plan aligned with NHS England’s EDI Improvement Plan to create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur. The Trust commissioned an external company (Absolute Diversity) to conduct a listening exercise with our BME staff to understand areas of progress for inclusion and are working through the specific actions identified to support our staff’s needs. Inclusive Behaviours – The Exec team will be undertaking Diversity MOTs with Absolute Diversity to better understand cultural competence. The Trust has also implemented a Cultural Transformation Steering Group, with the aim to embed inclusion into business-as-usual practices. This group is attended by the Trust’s CEO and CMO. Freedom to Speak Up – The Trust’s speak up provision has been enhanced and supported by an external provider to provide 24/7 support to staff. This service is available to all staff, and compliments the Trusts embedded mechanisms for raising concerns. The Freedom to Speak Up Guardian for QVH meets with the Employee Relations team to triangulate case work and feedback. Cultural Listening Exercises – The Wellbeing & Inclusion team have supported cultural listening exercises across several teams to understand and tackle behaviours that contribute to a less inclusive environment for our BME staff.
Recruitment	Inclusive Recruitment Process & Practice – There has been an improvement in BME representation across staff groups. However, BME candidates are significantly less likely to be appointed from shortlisting than white candidates, and approximately 45% of our BME colleagues have reported feeling that opportunities for career development and/or promotion are not equal, suggesting that improvements can be made in this area, particularly as representation at Bands 8a and above is low. Career development through Apprenticeships - Apprenticeships are key to support career development across all staffing areas. There was significant increase of apprentices from BAME backgrounds from 9.3% in 23/24 to 13.0% in 24/25. However, work is needed over 25/26 to ensure diversity of staff accessing apprentice opportunities carry on growing and the use of the levy continues to increase. Work experience opportunities have been offered to a more diverse range of students due to the introduction of work experience events to complement traditional work experience placements.
Career Development	Appraisal Process Revised with a focus on Wellbeing and career development- As part of the revised process, we ask for feedback and monitor effectiveness of appraisal alongside our National Staff Survey results. Any areas of concern are raised at an appropriate level to address concerns. Developing a management and leadership strategic framework- In light of the new Management and Leadership Framework that is being co-developed by NHS England in response to the Messenger (2022) and Kark (2019) reviews, QVH is awaiting the publication of the framework before launching a local version. The purpose of this framework is to equip NHS managers – both clinical and non-clinical - with a code of practice, defined set of standards and competencies, a national development curriculum, and practical, accessible learning resources to enable them to lead and manage with confidence, care, and consistency and elevate NHS management and leadership as a recognised professional discipline. We are also developing a local management and leadership programme to include inclusive and compassionate leadership, which will be publicized to all staff once finalized Leadership through Education for Excellent Patient Care Programme (LEEP) - The Trust continues to deliver our LEEP programme with a focus on multidisciplinary teamwork, increasing opportunities for staff from BME backgrounds both from a clinical and non-clinical staff groups.

Key Areas of Progress and Actions for next 12 Months

Bullying and Harassment	Violence, Aggression & Abuse - The Trust's Violence Prevention and Reduction group has increased compliance against the national standards to 91% in 24/25. The Trust has published its VPR policy which details how to manage inappropriate telephone calls and the procedure for withholding treatment from violent and abusive patients. The Trust's Domestic Abuse for staff policy has been re-written with safeguarding oversight. The key milestones of this work in 25/26 is to ensure compliance with the revised 2025 VPR standards where the Trust are currently 75% compliant NHS England High Impact Actions - The Trust has in place a comprehensive action plan aligned with NHS England's EDI Improvement Plan, to address High Impact Action 6, which is to 'Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur. The Trust commissioned an external company (Absolute Diversity) to conduct a listening exercise with our BME staff to understand areas of progress for inclusion and are working through the specific actions identified to support our staff needs. Restorative and Just Learning Culture - A key pillar within the People and Culture strategy will be to start the work on introducing a Restorative and Just Learning Culture in the Trust. The key focus will be the psychological safety of staff and civility and respect. This not only extends to Employee Relations but also through Patient Safety Incident Response Framework (PSIRF) and learning from incidents, understanding what has happened and what the learning is rather than seek a punitive approach. To support this approach, the Employee Relations and Wellbeing & Inclusion teams have been trained in implementing RJLC into people management practices.
Staff Engagement	Engagement of BME staff – The Wellbeing & Inclusion team have worked to engage our diverse staff and amplify their voices, including hosting drop in sessions to plan Black History Month activities to tailor these to areas of challenge. We have also launched EDI Champions and re-introduced monthly Team Brief (now Team Talk) sessions to drive organisational engagement. Wellbeing & Inclusion Resources – The Wellbeing & Inclusion team have introduced a monthly bulletin and all-staff email to promote inclusive activities and initiatives. The team have also launched monthly drop-in sessions to allow staff at all levels to ask questions and build knowledge in a confidential space.
Board Sponsorship	Board Accountability - The Trust has agreed each Board member will act as a sponsor for one of the Staff Networks once established. This will result in dedicated and targeted leadership support, provide accountability and governance from senior leaders, reinforce the commitment to improving lived experiences and develop an inclusive leadership culture. Most importantly, it will enable Board members to hear the voices of BME staff. The CEO and CMO are members of the Culture Transformation Steering Group. People Committee – This will be created in 2024-25 to highlight areas of challenge to the Trust Board relating to our BME colleagues. The Workforce Sub-committee commenced in 2024/25.

Actions for next 12 months

Action	By When	Lead
A module on EDI and inclusive management (including reasonable adjustments) will be added to the line manager's training offer in 2025-26.	Q3 2025-26	Wellbeing & Inclusion Manager
Triangulate Employee Relations case work, Freedom to Speak Up reports, Occupational Health data, Staff Survey and Pulse Survey results and Wellbeing & Inclusion insights to capture and act on themes highlighted by our BME colleagues on a quarterly basis.	Q2 2025-26	Employee Relations Team
Apply an EDI lens through lived experience to an ongoing end-to-end review of our current internal and external recruitment processes, with an EDI representative available for interview panels to support the de-biasing of the recruitment process.	Q3 2025-26	DCPO
Conduct an EDI audit of all applications for career development, including apprenticeships and external learning, to establish how our BME colleagues can be better supported to develop their careers and tackle any potential barriers.	Q3 2025-26	DCPO
Ongoing review of the structures and roles across departments specifically looking at succession planning and talent management from Band 8a to VSM	Ongoing through 2025/26	CPO, supported by Head of OD & L
Exploration of a reverse mentoring programme, using our networks to determine areas of initial focus to support career progression	Ongoing through 2025/26	CPO, supported by Head of OD & L
Development and implementation of a shadow board programme to develop future leaders, build board level experience and confidence to support succession planning and talent management	Ongoing through 2025/26	CPO