

# **NHS Workforce Race Equality Standards (WRES)**

## **Annual Report 2022/23**

**National context**

As at 31 March 2023, the NHS had a workforce of approximately 1.4 million people with over 100 nationalities represented, of which 24.2%<sup>1</sup> were from a black or minority ethnic (BME) background. This is an increase from 19.1% in 2018. The total number of BME staff at very senior manager level increased by 69.7% since 2018, and there was a 38.1% improvement of board members from a BME background between 2020 and 2022.

The Workforce Race Equality Standard (WRES) programme has now been collecting data on race inequality for seven years, holding up a mirror to the service and revealing the disparities that exist for black and minority ethnic staff compared to white colleagues. The Covid-19 pandemic has put in the spotlight the disadvantage experienced by staff with protected characteristics. As the NHS recovers its services following the pandemic, addressing the issues of equality and inclusion are core to the success for the workforce.

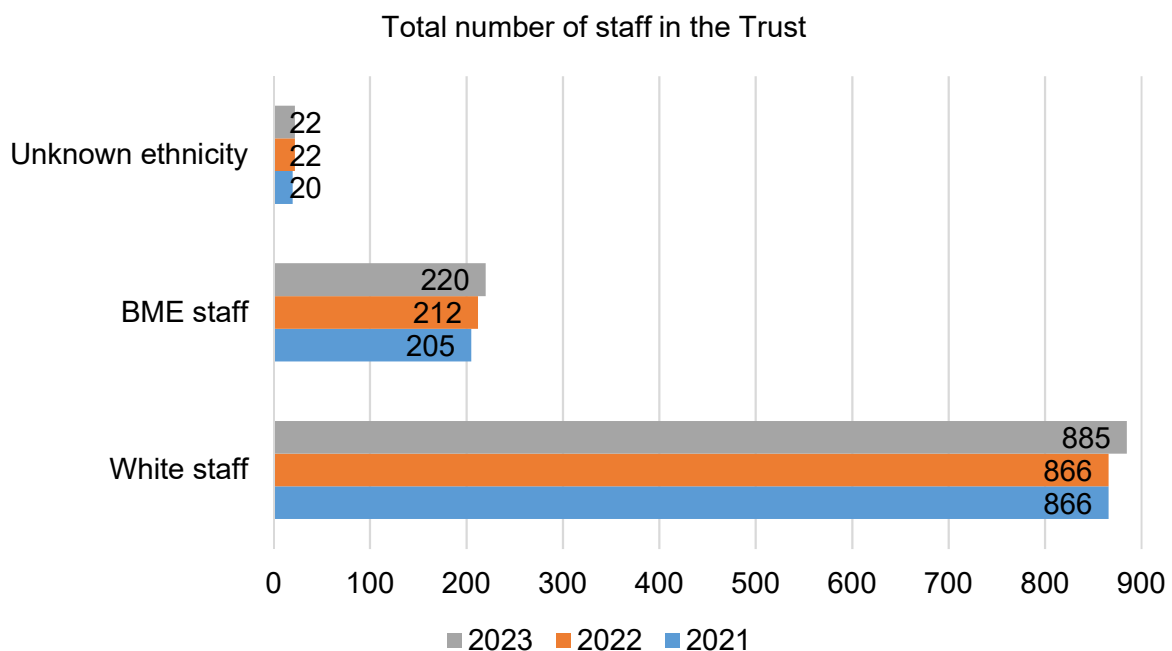
The WRES uses statistical data to demonstrate the experience and outcomes for BME staff compared to white staff through many stages of the employment journey. The standard requires NHS Trusts to develop action plans to address any areas of inequity that the data highlights. It is an annual process to review and improve working conditions for BME staff in the NHS.

The report uses the acronym BME, recognising that within this there are a multitude of ethnic backgrounds and diversity included within the WRES analysis. It does not suggest that the identified issues affect all BME staff equally or that each group’s treatment or needs are the same.

This report contains a data snapshot comparison between 1<sup>st</sup> April 2022 and 31<sup>st</sup> March 2023, and highlights the improvements that have been seen and the areas that may require further action.

**Background information**

The total number of staff in the Trust in 2023 was 1127 compared to 2022 where there were 1,100 staff. Overall in 2023, 98% of the workforce had declared their ethnicity, which is comparable to 2022. This is broken down as below:



<sup>1</sup> NHS Workforce Race Equality Standard: 2022 data analysis report from NHS trusts March 2023, accessed 10/05/2023  
[NHS England » NHS Workforce Race Equality Standard \(WRES\)2022 data analysis report for NHS trusts](#)

**How is BME defined under the WRES?**

In line with the categories taken from the 2001 Census:

The BME category includes:	The White category includes:	The unknown category includes:
<ul style="list-style-type: none"> <li>• D – Mixed white and black Caribbean</li> <li>• E – Mixed white and black African</li> <li>• F – Mixed white and Asian</li> <li>• G – Any other mixed background</li> <li>• H – Asian or Asian British – Indian</li> <li>• J – Asian or Asian British – Pakistani</li> <li>• K – Asian or Asian British – Bangladeshi</li> <li>• L – Any other Asian background</li> <li>• M – Black or black British – Caribbean</li> <li>• N – Black or black British – African</li> <li>• P – Any other black background</li> <li>• R – Chinese</li> <li>• S – Any other ethnic group</li> </ul>	<ul style="list-style-type: none"> <li>• A – White – British</li> <li>• B – White – Irish</li> <li>• C – Any other white background</li> </ul>	<ul style="list-style-type: none"> <li>• Z – not stated</li> <li>• Null (NHS Electronic Staff Records code)</li> <li>• Unknown (NHS Electronic Staff Records code)</li> </ul>

**Steps taken and progress in the last reporting period against Actions 2022**

**Trust to launch the Integrated Care Board (ICB) anti-racism statement and promote throughout QVH**

A soft launch of the ICB anti-racism statement was issued in October 2022 during Black History Month through promotions, published on the Trust Intranet and staff newsletter. In March the statement was further shared on posters in all staff areas across QVH.

**Monitor shortlisting process to ensure equal opportunities given and challenge managers where candidates not shortlisted**

Ongoing spot checks of shortlisting to interview stage to ensure no bias taking place over any protected characteristics with meetings taking place with managers to ensure fair and consistent shortlisting takes place.

**Develop equality and unconscious bias training as a mandated requirement for all managers**

To form part of trust wide equality and diversity training alongside current one to one training for recruitment managers on specific unconscious bias training.

**Introduction of developmental roles including direct appointment**

A soft launch with some roles where a full recruitment episode does not have to take place where an existing employee is deemed suitable for a developmental role. Direct external appointments made for specialist and more senior roles where candidates are sourced outside of a standard recruitment episode to ensure the right person is recruited in a faster way. Ongoing work to look at “grow our own” roles within the trust; for example assistant radiographers appointed, training and qualification worked through and provided by the trust to enable move to more senior qualified role without separate application and recruitment process.

**Implement NHS People Promise – compassionate and inclusive**

- All staff diversity and inclusion training to close the reality gap – all staff have a mandatory requirement to complete Equality & Diversity training at QVH; as at 31 March 2023 the overall Trust compliance was 93.86%. The Trust engaged and procured ENACT to train and communicate key messages in respect of diversity and inclusion through an interactive drama based training using actors which was well received by staff and managers from a cross-section of the organisation.
- All staff bullying, harassment and incivility in the workplace training – the Trust also engaged and procured ENACT to train and communicate key messages in respect of bullying and harassment which was also valued by our people.

**Build closer working relationships with Freedom to Speak Up Guardian and Guardian of Safe Working**

The Health, Wellbeing and Inclusion Coordinator has reached out to both the Freedom to Speak Up Guardian (FSUG) and the Guardian of Safe Working (GoSW). The GoSW has engaged and regular meetings are scheduled to discuss feedback from Junior Doctors and their forum conversations and actions to improve working experiences. It is anticipated that a relationship with the FSUG will be fostered in 2023/24.

**To increase workplace satisfaction of BME staff through initiatives such as:**

The Ethnically Diverse Staff (EDS) network continued to encourage membership through promotion by various mediums.

In March the Health, Wellbeing and Inclusion Coordinator offered all staff the opportunity to utilise confidential drop-ins over a week-long period, and it is hoped that these will gain engagement from staff in 2023/24 to understand the key themes that will then be fed back into network meetings and utilised to develop the health, wellbeing and inclusion strategies for our people.

**Key findings**

**+0.2%**

19.5% (220) of staff working at QVH were from a BME background. This is an increase from 19.37% in 2022.

**+47.0%**

47.0% of BME staff felt the organisation acts fairly in respect of career progression in 2022 compared to 59.1% of white staff

**+12.5%**

12.5% of board members at QVH were from a BME background which was an improvement of 4.20% between 2022 and 2023

**x2.31**

White applicants were 2.31 times more likely to be appointed from shortlisting compared to BME applicants; this is an increase from 1.27 in 2022.

**x0.0068**

BME staff were 0.0068 times more likely to enter the formal disciplinary process compared to white staff. There are minimal numbers of QVH staff that enter a formal process.

**21.8%**

21.8% of BME staff had personally experienced discrimination at work from a manager, team leader or other colleagues in 2022

### Workforce Race Equality Indicators

The standard compares the metrics for white and BME staff (using declared status).

### Indicator 1 - Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce

Note: Organisations should undertake this calculation separately for non-clinical and for clinical staff.

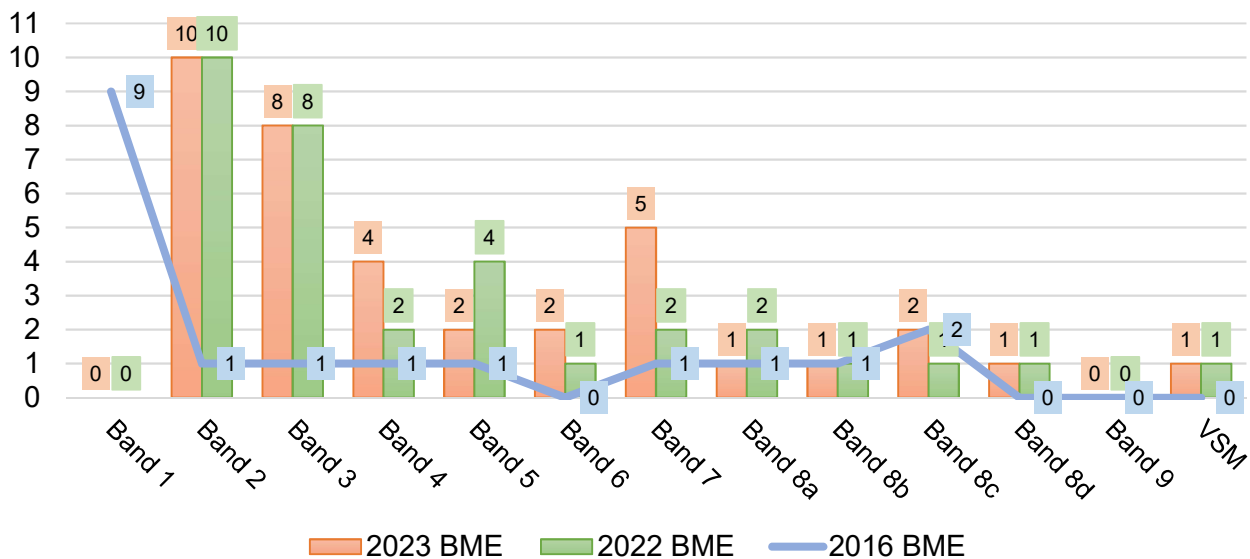
#### For non-clinical workforce

Pay banding	White	BME	Unknown ethnicity	Total	White %	*BME %
Band 1	0	0	0	0		
Band 2	78	10	4	92	84.8%	10.9%
Band 3	77	8	2	87	88.5%	9.2%
Band 4	106	4	0	110	96.4%	3.6%
Band 5	19	2	1	22	86.4%	9.1%
Band 6	22	2	2	26	84.6%	7.7%
Band 7	16	5	1	22	72.7%	22.7%
Band 8a	15	1	0	16	93.8%	6.3%
Band 8b	2	1	0	3	66.7%	33.3%
Band 8c	6	2	0	8	75.0%	25.0%
Band 8d	1	1	0	2	50.0%	50.0%
Band 9	2	0	0	2	100.0%	0.0%
VSM	4	1	0	5	80.0%	20.0%
<b>All non-clinical roles</b>	<b>348</b>	<b>37</b>	<b>10</b>	<b>395</b>	<b>88.1%</b>	<b>9.4%</b>

\*The overall percentage in the tables is compared to the 19.5% representation of BME staff in the overall workforce.

#### Historical comparison from previous WRES reports

Non-clinical BME workforce 2022-2023



There has been a 105.6% increase in the number of BME staff in non-clinical roles between 2016 to 2023. However, across all non-clinical roles there is a low representation of BME staff at only 9.4%.

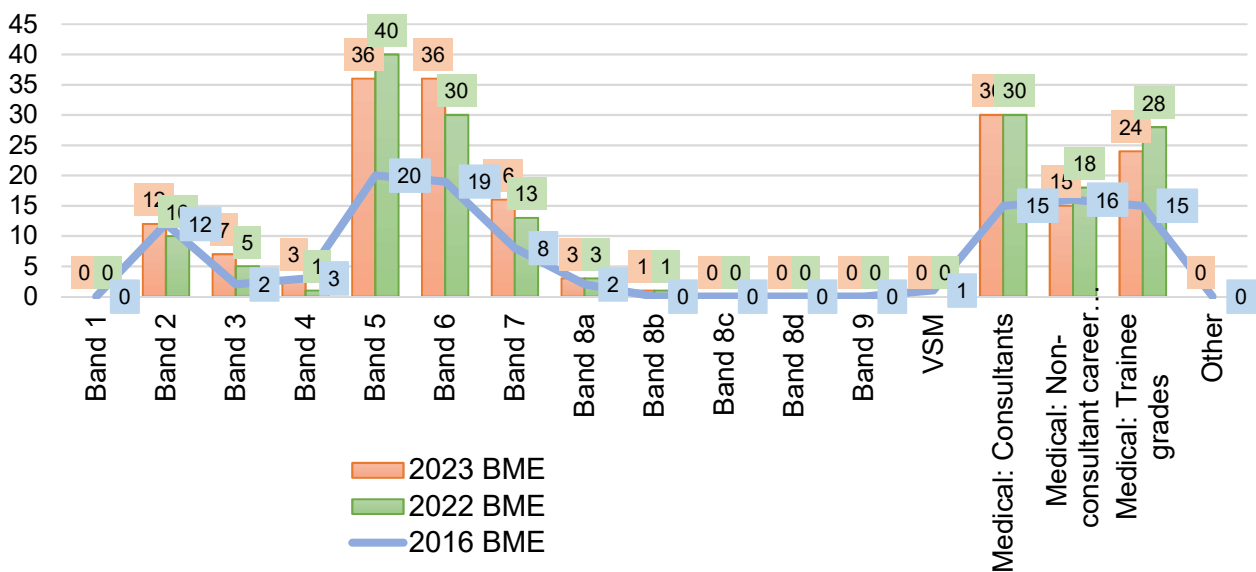
**For clinical workforce**

Pay banding	White	BME	Unknown ethnicity	Total	White %	*BME %
Band 1	0	0	0	0		
Band 2	60	12	2	74	81.1%	16.2%
Band 3	35	7	0	42	83.3%	16.7%
Band 4	32	3	1	36	88.9%	8.3%
Band 5	75	36	2	113	66.4%	31.9%
Band 6	105	36	1	142	73.9%	25.4%
Band 7	93	16	1	110	84.5%	14.5%
Band 8a	19	3	0	22	86.4%	13.6%
Band 8b	7	1	0	8	87.5%	12.5%
Band 8c	5	0	0	5	100.0%	0.0%
Band 8d	1	0	0	1	100.0%	0.0%
Band 9	2	0	0	2	100.0%	0.0%
VSM	0	0	0	0		
Medical: Consultants	56	30	2	88	63.6%	34.1%
<i>**of which Senior medical manager</i>	5	2	0	7	71.4%	28.6%
Medical: Non-consultant career grades	9	15	1	25	36.0%	60.0%
Medical: Trainee grades	38	24	2	64	59.4%	37.5%
<b>All clinical roles</b>	<b>537</b>	<b>183</b>	<b>12</b>	<b>732</b>	<b>73.4%</b>	<b>25.0%</b>

*\*\*Business Unit Clinical Directors (n=4), Deputy Medical Director & Clinical Director of Strategy (n=1), Chief Clinical Informatics Officer (n=1), Clinical Director of Research & Innovation (n=1)*

**Historical comparison from previous WRES reports**

**Clinical BME workforce 2022-2023**



Compared to the overall workforce, there is a higher representation of BME staff in Band 5-7 and medical grades. The least number of BME staff are represented in Band 8a to 9. There has been a 61.9% increase in the number of BME staff in clinical roles between 2016 to 2023 which is a year-on-year increase in the representation of BME staff in the overall workforce.

**What the data tells us:**

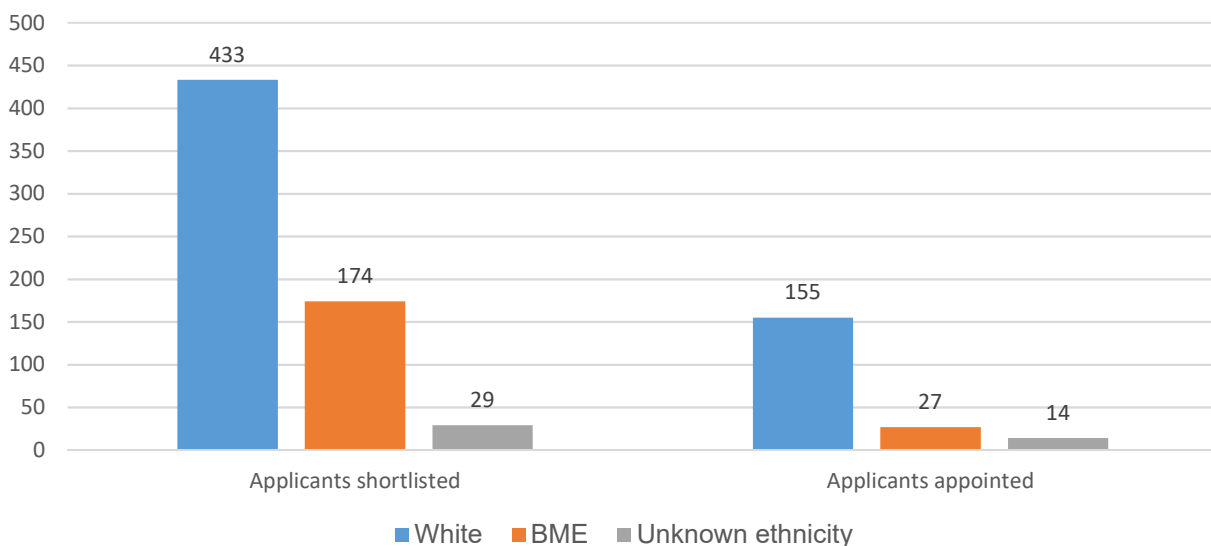
- There is a better representation of BME staff in clinical roles (25.0%) compared to non-clinical roles (9.5%).
- There has been an 105.6% increase in the number of BME staff in non-clinical roles between 2016 and 2023. However, representation of BME staff in non-clinical roles is lower than expected at 9.4% (compared to the overall number of BME staff in the workplace at 19.5%).
- There has been a 61.9% increase in the number of BME staff in clinical roles between 2016 and 2023. There is a higher level of representation of BME staff in clinical roles at 25.0% compared to the overall number of BME staff in the workplace.
- Band 5-6 and medical grades in clinical roles have a higher level of representation of BME staff compared to the overall number of BME staff in the workplace which has remained consistent since 2016.
- Band 8c-9 and VSM have no representation of BME staff in clinical roles. However, it is important to note that the number of staff in these roles are small (each below 5, with only 1 member of staff in Band 8d and 2 staff in Band 9), resulting in variations appearing more significant than in larger groups.

**Indicator 2 - Relative likelihood of applicants being appointed from shortlisting across all posts**

The relative likelihood of white candidates being appointed from shortlisting compared to BME staff is 2.31\*\* times greater. In this instance, the data suggests white candidates are more likely than BME candidates to be appointed from shortlisting.

Applicant ethnicity	White	BME	Unknown ethnicity	Total
Applicants shortlisted	433	174	29	<b>636</b>
<i>Shortlisted %</i>	68.1%	27.4%	4.6%	
Applicants appointed	155	27	14	<b>196</b>
<i>Appointed %</i>	79.1%	13.8%	7.1%	
Relative likelihood of appointment from shortlisting	35.9%	15.5%	48.3%	
<b>Relative likelihood of being appointed</b>	<b>0.36</b>	<b>0.16</b>	<b>0.48</b>	<b>2.31</b>

\*\*calculation is 0.36 (white candidates) / 0.16 (BME candidates)

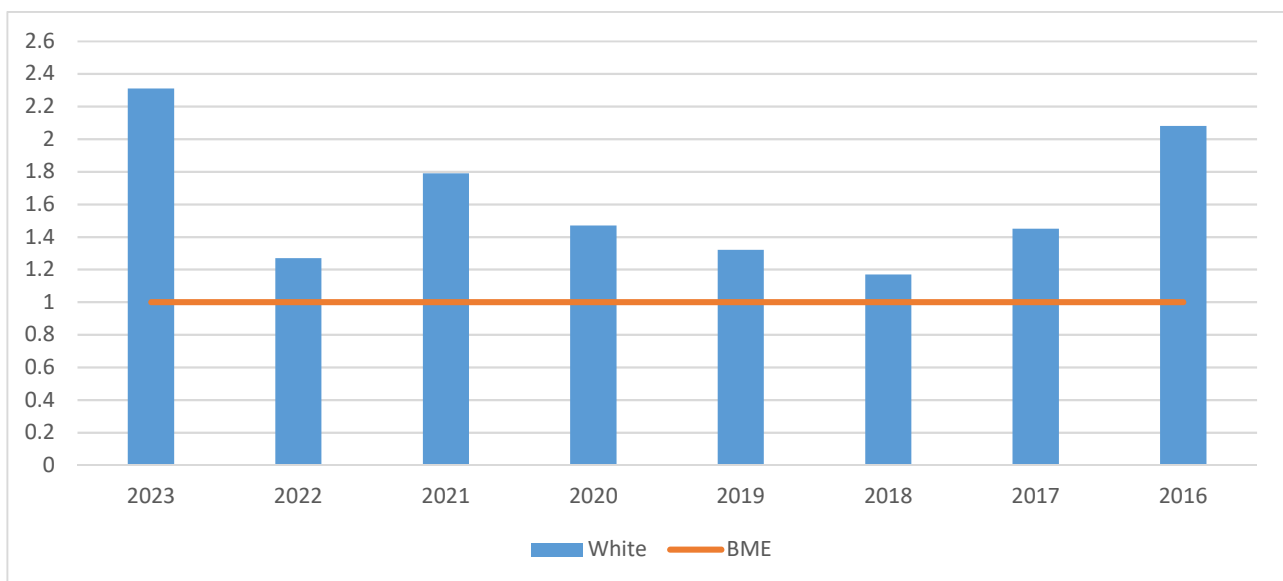


**Historical comparison from previous WRES reports**

In the chart below, BME applicants have a constant measure of 1.0. Where the BME applicants line is above the white applicants bar, it would suggest that white applicants are less likely to be recruited from shortlisting than BME applicants. Where the BME applicants line is below the white applicants bar, it suggests the converse, in that white applicants are more likely to be recruited from shortlisting than BME applicants.

It can be seen that the relative likelihood of white candidates being appointed from shortlisting compared to BME staff has increased and is the highest since 2016.

The Trust does not share personal or equal opportunities data with managers at the shortlisting stage to remove bias in the recruitment process. However, hiring managers are able to view an applicant's right to work status and country of residence at this stage, as there are some candidates that cannot be processed in line with the Department of Health & Social Care Code of Practice for the International Recruitment of Health and Social Care Personnel in England and World Health Organisation Health Workforce Support and Safeguard List.



**What the data tells us:**

- The relative likelihood of white applicants being appointed from shortlisting compared to BME staff has increased in 2023 to 2.31 compared to 1.27 in 2022.
- The data suggests that the relative likelihood of white applicants being appointed from shortlisting compared to BME staff has been consistently greater between 2016 and 2023 with slight decreases in 2022 and 2018.

**Indicator 3 – Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation**

*Note: this indicator is based on data from a two year rolling average of the current year and the previous year.*

The likelihood of white staff entering the formal disciplinary process:  $0 / 885 = 0.00\%$

The likelihood of BME staff entering the formal disciplinary process:  $1.5 / 220 = 0.68\%$

We are unable to state the relative likelihood of BME staff entering the formal disciplinary process compared to white staff in 2023 due to the minimal numbers seen below.

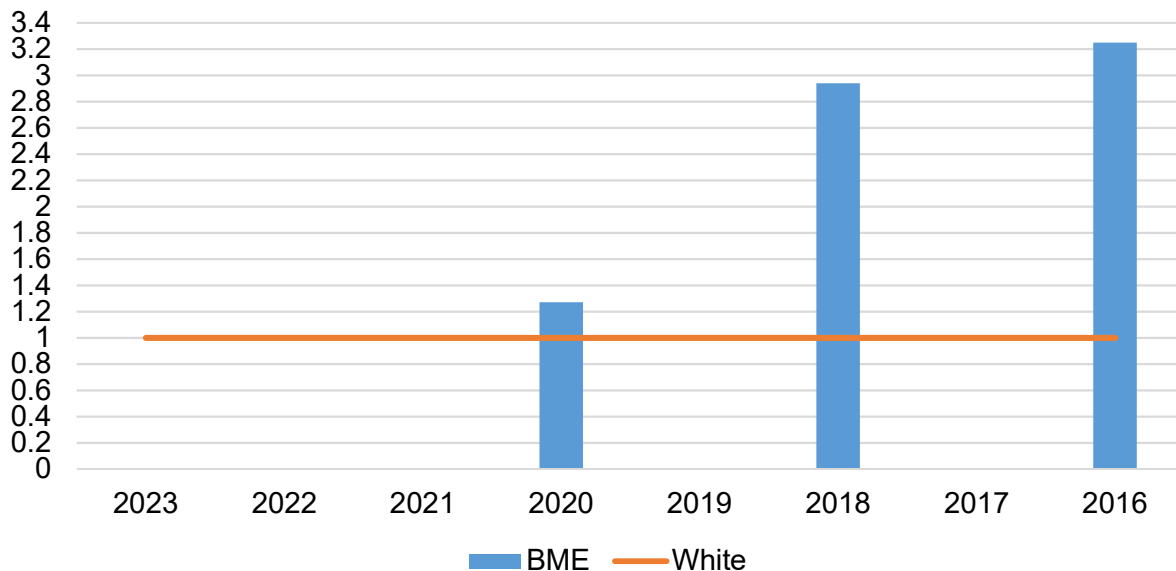


Staff Ethnicity	Number of Disciplinary Procedures	Number in Workforce	Relative Likelihood of entering procedure
White	0	885	0.0000
BME	1.5	220	0.0068 (0.68%)
Unknown	0	22	0.0000

**Historical comparison from previous WRES reports**

In the chart below, white staff have a constant measure of 1.0. For BME staff, if the bar is below the white staff line, it would suggest that BME staff are less likely to enter the formal disciplinary process than what staff. Where the BME staff bar is above the white staff line, it would suggest that they are more likely to enter a formal disciplinary process.

It can be seen that the relative likelihood of BME staff entering the formal disciplinary process compared to white staff is variable over the eight reporting years.



**What the data tells us:**

- The relative likelihood of BME staff entering the formal disciplinary process compared to white staff has been variable between 2016 and 2023. However, the data over the 8 reporting years suggests that this has reduced between 2016 and 2023.

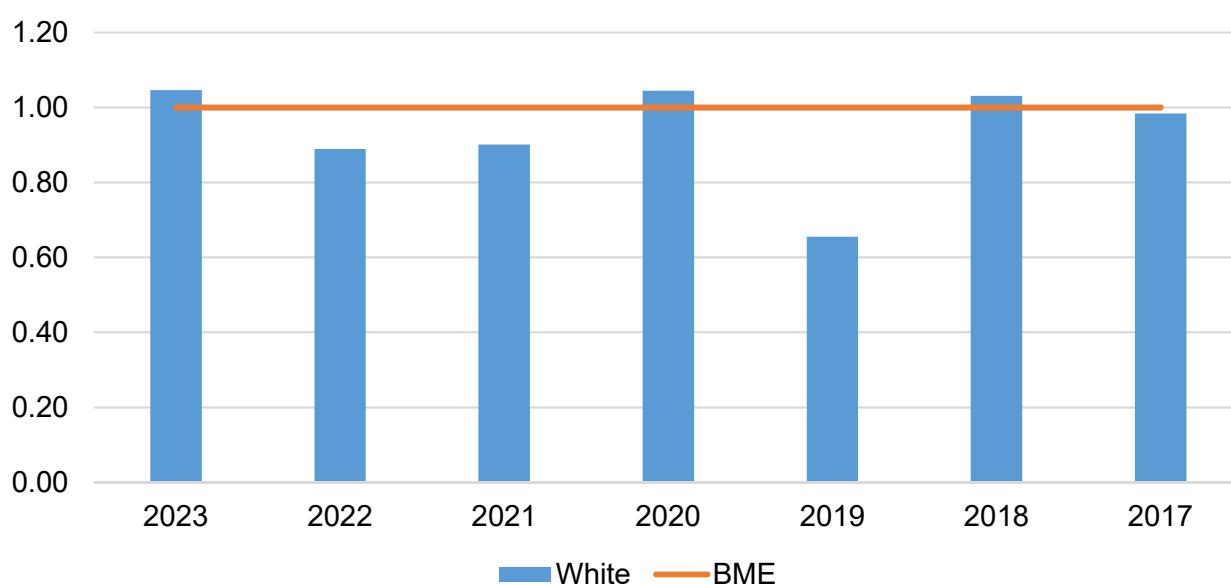
**Indicator 4 – Relative likelihood of staff accessing non-mandatory training and CPD**

The relative likelihood of white staff accessing non-mandatory training or CPD compared to BME staff is 1.02\*\*\* times greater. In this instance, the data suggests white staff are slightly more likely than BME staff to access non-mandatory training or CPD.

	White	BME	Unknown ethnicity	Total
Number of staff accessing non-mandatory training and CPD	812	194	18	1068
Likelihood of staff accessing non-mandatory training and CPD	91.58%	88.18%	81.82%	
<b>Relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff</b>	0.92	0.88	0.82	<b>1.04</b>

\*\*\*calculation is 0.95 (white candidates) / 0.93 (BME candidates)

### Historical comparison from previous WRES reports



In the chart above, BME applicants have a constant measure of 1.0. Where the BME staff line is above the white staff bar, it would suggest that white staff are less likely to access non-mandatory training and CPD than BME staff. Where the BME staff line is below the white staff bar, it suggests the converse, in that white staff are more likely to access non-mandatory training and CPD than BME staff.

It can be seen that the relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff continues to be greater or comparable year on year.

### What the data tells us:

- The data suggests that the relative likelihood of white staff accessing non-mandatory training and CPD is 1.05 times greater compared to BME staff in 2023.
- The relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff is greater than or in line with the previous 7 reporting years.

### Indicator 9 – Percentage difference between the organisations' Board voting membership

*Note: only voting members of the Board are included when considering this indicator.*

There was no BME representation of voting Board members in 2023.

	White	BME	Unknown	Total
<b>Total Board members</b>	12	1	0	13
<i>of which voting</i>	4	0	0	4
<i>of which non-voting</i>	8	1	0	9
<i>of which Exec</i>	7	1	0	8
<i>of which Non-Exec</i>	5	0	0	5

	White	BME	Unknown
Number of staff in overall workforce	885	220	22
Total Board members - % by Ethnicity	92.3%	7.7%	0.0%
Voting Board Members - % by Ethnicity	100.0%	0.0%	0.0%
Non-Voting Board Members - % by Ethnicity	88.9%	11.1%	0.0%
Executive Board Members - % by Ethnicity	87.5%	12.5%	0.0%
Non-executive Board Members - % by Ethnicity	100.0%	0.0%	0.0%
Overall workforce - % by Ethnicity	78.5%	19.5%	2.0%
Difference (Total Board - Overall workforce )	13.7%	-11.8%	-2.0%

**What the data tells us:**

- There was no BME representation among voting Board members in 2022-23. This demonstrates a -19.5% difference compared to BME representation in the workplace at 19.5%.
- There is a low level of representation of BME staff in the Board overall at 8.3% compared to the overall number of BME staff in the workplace. However, it is important to note that the Board is comprised of only 8 members, with 4 voting members.

**NHS Staff Survey**

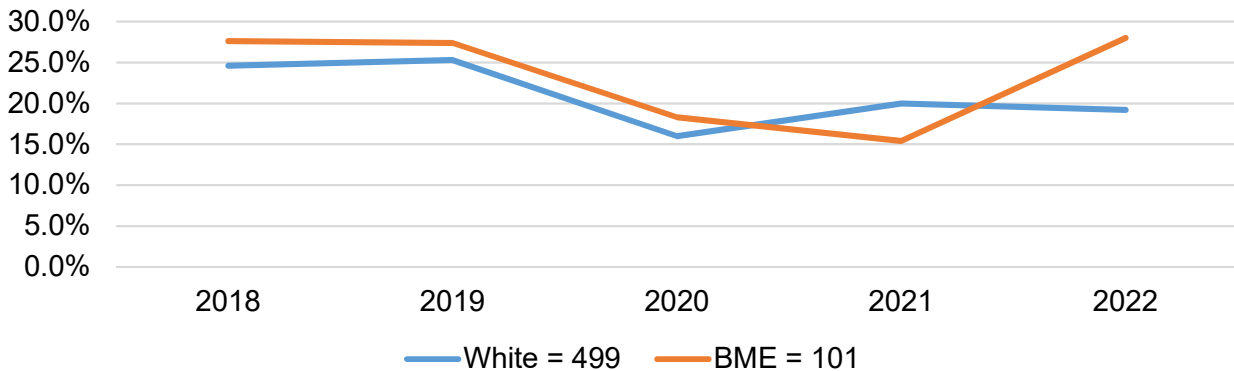
QVH surveyed 1081 eligible staff in 2022 compared to 1056 in 2021. Of these, 609 responded making a 56% return, a decrease from 64.5% the year before. Unsubmitted surveys were excluded from NHS Staff Survey reporting in 2022. This may have caused a drop in base size against historical data. Partially completed surveys, which have been submitted, was included in reporting.

The following indicators (5-8) include the 2017-2022 organisation results (for q14a, q14b&c combined, q15, and q16b) split by ethnicity (by white and BME staff).

**Indicator 5 – Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in the last 12 months**

The percentage of white staff experiencing harassment, bullying or abuse from patients, relatives, or the public in the last 12 months was 19.2% which is 8.8% less than BME staff (28%). Although overall 79.5% of the workforce at QVH have not had experience of bullying, harassment or abuse from this group, it is unacceptable that 20.5% have this experience. Compared to 2021 there has been a 0.9% decrease from 80.4% of our workforce stating that they had not experienced bullying, harassment or abuse from this group.

**Historical comparison from previous Staff Survey results**



In the chart above, although there had been a significant percentage reduction over the previous 4 year period for BME staff experiencing harassment, bullying or abuse from this group in the last 12 months, QVH has noted that in 2022 the results have significantly deteriorated and has risen to previous levels recorded in 2017.

**What the data tells us:**

- More BME survey respondents have reported experiencing bullying, harassment or abuse from patients, relatives or the public in the last 12 months (28%) compared to white respondents (19.2%).

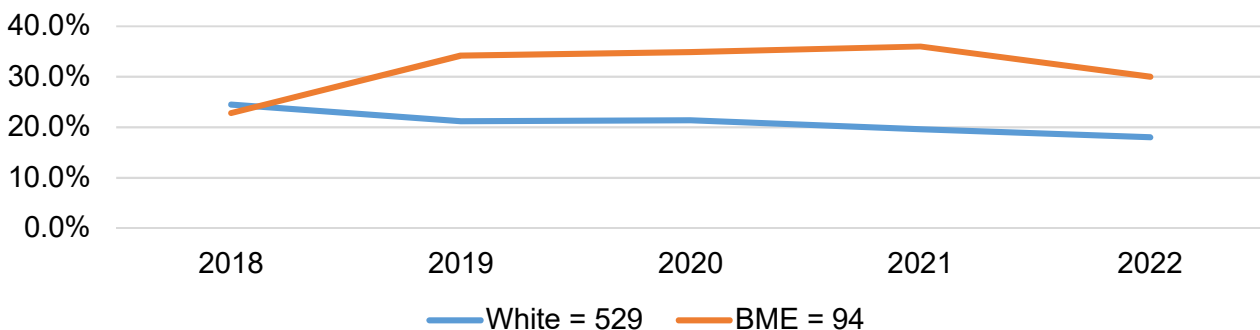
**Indicator 6 – Percentage of staff experiencing harassment, bullying, or abuse from staff in the last 12 months**

*Note: this indicator combines the responses to two questions in the staff survey.*

The percentage of BME staff experiencing harassment, bullying, or abuse from staff in the last 12 months was 30% which is 12% more than white staff (18%). This is a significant number of staff.

Unfortunately there was no record of BME staff reporting harassment, bullying or abuse in the last 12 months when looking at the employee relations casework records (Source: ESR) and therefore the Trust has not had the opportunity to address any incidents at the time of occurrence.

**Historical comparison from previous Staff Survey results**



It is encouraging to see in the chart above that there has been a 6% decrease in the number of BME staff experiencing harassment, bullying or abuse from staff in the last year and a 1.6% decrease in the number of white staff answering they have had this experience in the workplace. However, no staff should have this experience in the workplace and this needs to improve further.

**What the data tells us:**

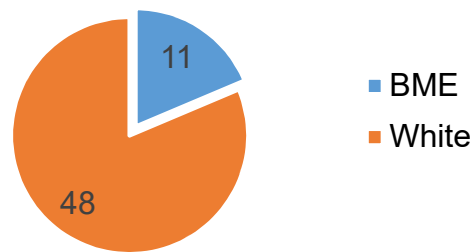
- The number of BME survey respondents reporting experience of bullying, harassment or abuse from staff in the last 12 months (30%) was 12% higher than white respondents (18%).
- Since 2018, there has been a marked decrease (6.5%) in the number of white respondents reporting experience of bullying, harassment or abuse from staff.
- Since 2018, there has been a marked increase (7.2%) in the number of BME respondents reporting experience of bullying, harassment or abuse from staff.

**Indicator 7 – Percentage believing that the Trust provides equal opportunities for career progression or promotion**

There is a disparity in the equality of opportunities for career progression or promotion between white and BME staff, where the percentage of white staff is 12.1% higher than BME staff.

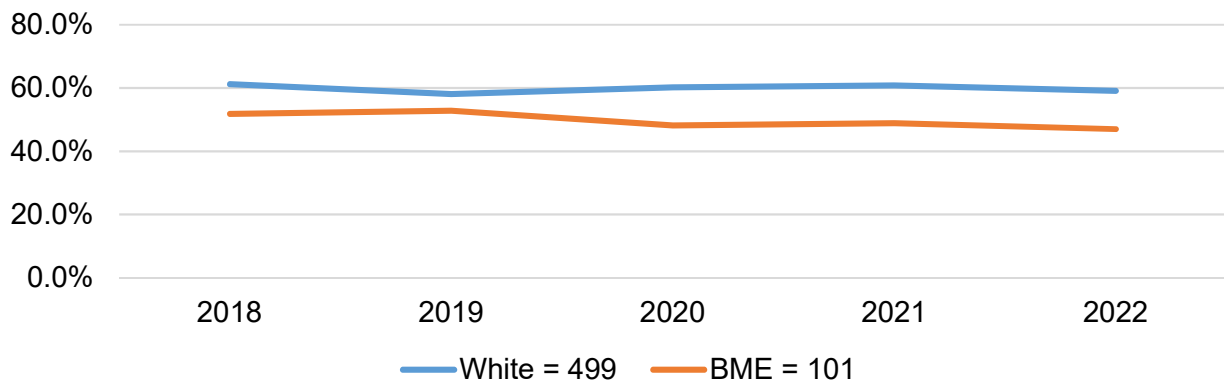
The graph below shows the number of staff that were recruited through open competition (source: Trac) and therefore promoted internally. It can be seen that 19% were BME staff compared to 81% white staff.

Internal promotions through open recruitment competition



**Historical comparison from previous Staff Survey results**

Although there has been a marginal variance for white staff and BME staff over a 5 year period, the chart below shows the disparity between white and BME staff where white staff believe they are provided with opportunities for career progression or promotion on average 10.1% more.



**What the data tells us:**

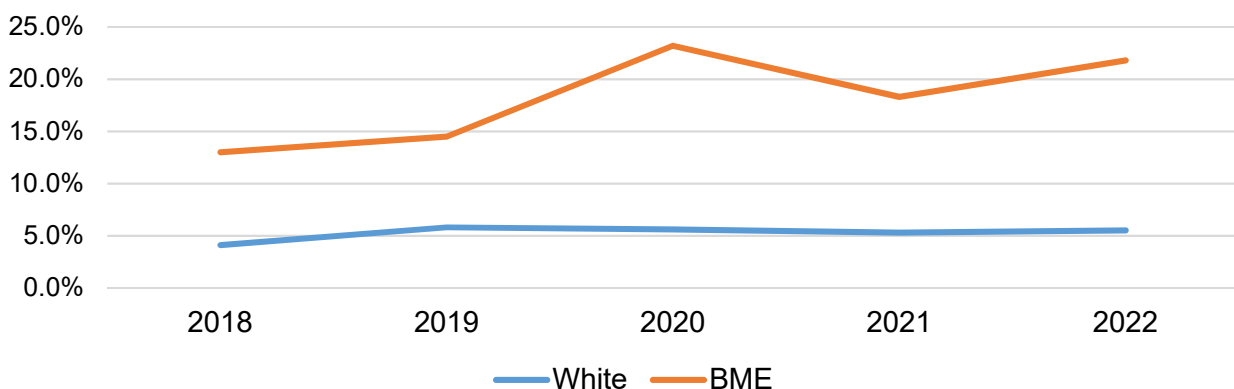
- 12.1% fewer BME survey respondents reported a belief that the Trust provides equal opportunities for career progression and promotion (47%) compared to white respondents (59.1%).
- On average, 10.1% more white respondents have reported a belief that the Trust provides equal opportunities for career progression and promotion when compared to BME respondents over the previous 5 years.
- Of the internal promotions that were recruited by open competition, it can be seen that 81% were offered to white staff compared to 19% of BME staff. However, it is important to note that not all internal promotions are recruited in this manner and therefore may not be captured within this data.

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

There is a greater disparity in the percentage of BME staff (21.8%) experiencing discrimination at work from managers/ team leaders or other colleagues compared to white staff (5.5%). This is a significant variance of 16.3%.

#### Historical comparison from previous Staff Survey results

The graph below shows the significant disparity over a 5 year period where BME staff are experiencing discrimination at work from managers/ team leaders or other colleagues compared to white staff on average 12.9% more.



#### What the data tells us:

- The number of BME survey respondents reporting experience of discrimination from managers, team leaders or other colleagues (21.8%) was 16.3% higher than white respondents (5.5%).
- The data suggests that the incidence of discrimination experienced by BME staff from managers or team leaders has increased from 2021 (18.3%) to 2022 (21.8%).
- Since 2018, there has been a marginal increase (1.4%) in the number of white respondents reporting experience of discrimination from managers or team leaders. However, since 2019 the results have remained consistent.
- Since 2018, there has been an increase (8.8%) in the number of BME respondents reporting experience of discrimination from managers or team leaders.
- In the previous 5 years, BME staff have consistently reported a significantly higher incidence of discrimination from managers or team leaders (an average of 12.9% more).

#### Conclusions

It is encouraging that there has been a 105.6% increase in the number of BME staff in non-clinical roles and a 61.9% increase in the number of BME staff in clinical roles between 2016 and 2023. The lower level of representation of BME staff in clinical and non-clinical roles at Band 8a-9 and VSM remains a concern, however it is important to consider the statistical relevance as there are fewer roles at these levels.

The concern remains in respect of the number of incidences of bullying, harassment or abuse from staff experienced by BME staff. To address this, the Trust engaged and procured ENACT to train and communicate key messages in respect of bullying and harassment, and diversity and inclusion, which were both valued by our people. It is anticipated that this alongside other initiatives in 2023/24 will improve the staff experience in the workplace.

Finally, the relative likelihood of white candidates being appointed from shortlisting compared to BME staff increased from 1.27 (2022) to 2.31 times greater (2023) which remains a significant concern. It is important to note that not all internal promotions are recruited in this manner and therefore may not be captured within this data. However, this needs to be addressed in the action plan for 2023/24.

## Action plan

The Trust has developed an action plan which is aligned to the Sussex People Plan, National People Plan and the EDI Implementation plan. The actions set out below feed into our overarching EDI plan.

WRES Indicator	2021-2022 Data	2022-2023 Data	2022-2023 Action	Timescale
2. Relative likelihood of white staff being appointed from shortlisting	1.27	2.31	Recommit to trust anti-racism statement through Board, exec and senior leadership development and awareness raising for all staff	October 2023
			Apply an EDI lens through lived experience to an end-to-end review of our current internal and external recruitment processes	December 2023
7. % of staff believing that the Trust provides equal opportunities for career progression or promotion	BME 48.9%	BME 47%	Undertake an enquiry into workplace belonging – inc. a specific focus on eliminating discrimination and barriers to career progression	January 2024
	White 60.8%	White 59%	Expand career development opportunities within roles and support internal and external career progression for more staff	January 2024
5. In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...Patients / service users, their relatives or other members of the public	BME 15.4%	BME 28%	Multi-disciplinary violence prevention and reduction group established and focused reducing incidents involving staff and patient.	November 2023
	White 20%	White 19.2%	Undertake an enquiry into workplace belonging – inc. a specific focus on bullying and harassment at work	January 2024
			To review existing and commission new provision for training for managers and all staff to increase cultural competence, civility and a just restorative culture.	November 2023
8. In the last year have you personally experienced discrimination at work from your manager, team leader or other colleagues	BME 18.3%	BME 21.8%	Establish individual and collective EDI objectives for all executive and non-executive board members	From October 2023
	White 5.2%	White 5.5%	Support the trusts action plan to improve Speak Up and psychological safety for all staff	November 2023
			To invite expression of interest and training to become an inclusion agent within the workplace	November 2023
			Establish a Trust EDI group as a focus for all our EDI work and to ensure a safe space for conversations on workplace belonging	December 2023
			Support networks development and growth	December 2023