



NHS Workforce Race Equality Standard (WRES)

Annual Report 2024

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1. Introduction

The Workforce Race Equality Standard (WRES) was mandated through the NHS standard contract from 2015/16. The WRES comprises nine specific metrics to compare the profile and experiences of Black, Asian, and Minority Ethnic (BAME) and White staff within an NHS organisation. The purpose of the indicators is to inform a local action plan that will target specific areas within a given organisation where the treatment or experience of BAME staff is less than good. The WRES indicators will also enable the organisation to demonstrate progress in areas where the treatment of BAME staff needs to improve; and facilitate challenge where progress is not being made.

2. Executive summary

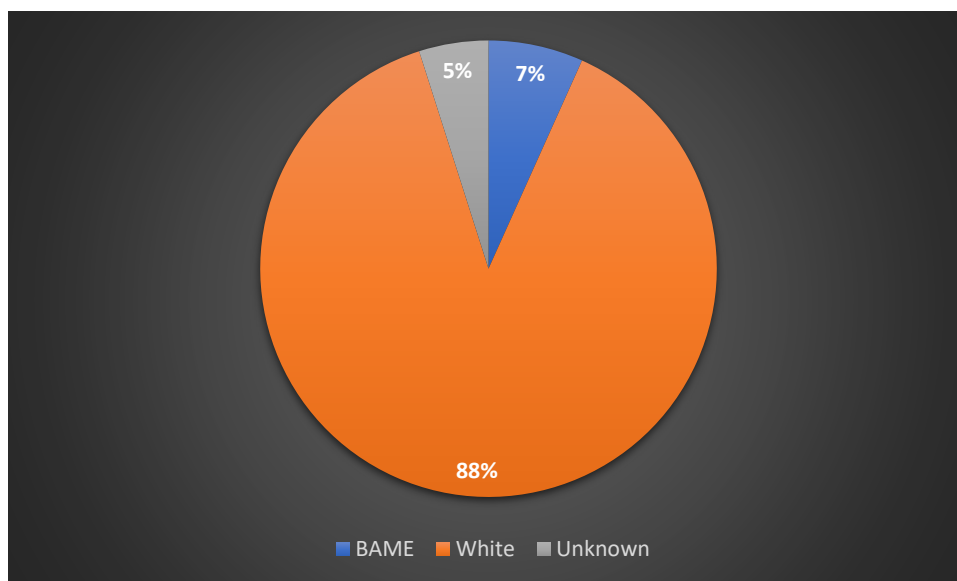
A summary of the data over the last 5 years with current highlights and points is detailed in [WRES Action Implementation Plan 2024/25](#)

Indicator 1 BAME staffing across the bands

In 2024 (as of 31st March) there were 4736 staff on ESR payroll excluding volunteers, students, and any honorary positions. Of these, 6.7% of staff declared their ethnicity as BAME across all pay bands in both clinical and non-clinical (5.4% last year), this represents an increase of 1.3% from the previous year. The breakdown by band in non-clinical and clinical (definitions for these categories are based on Electronic Staff Record occupation codes) bands are shown in the Chart (2&3) below.

If we look to making improvements over 3 years, it will mean making a 1% improvement for the year, reaching 7.7% by the end of the Financial year. We have implementing Trac understanding how to use it effectively for monitoring performance at each stage of the recruitment process. In addition, we have implemented the Inclusive Recruitment programme to help attracting a more diverse workforce.

Chart 1 All staff percentage



The majority of our staff (88.1%) are white, 6.7% are BAME and 4.9% are undeclared where their ethnicity is unknown. The Ethnic minority population of the geography we serve as an average is 9.7%.

Chart 2 All staff percentage in non-clinical roles

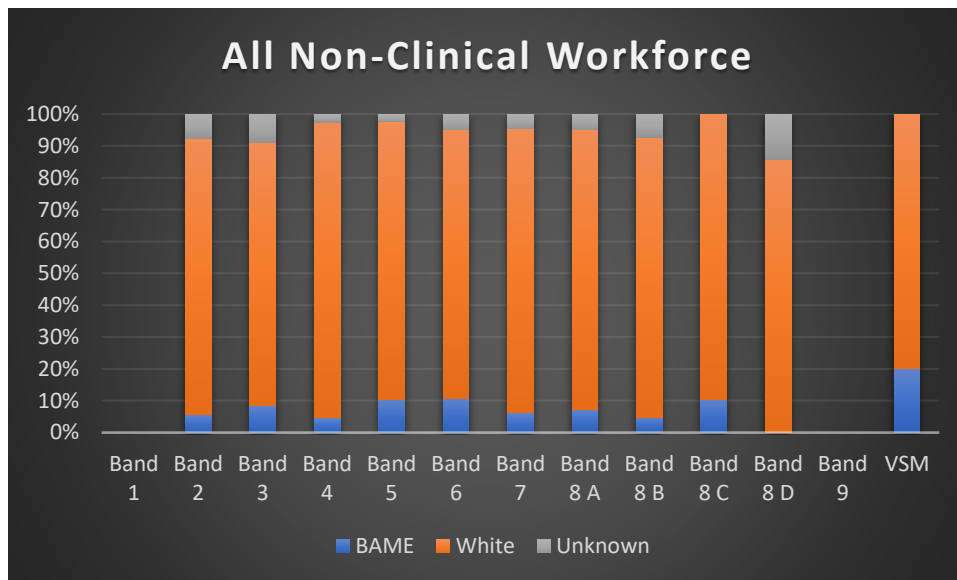
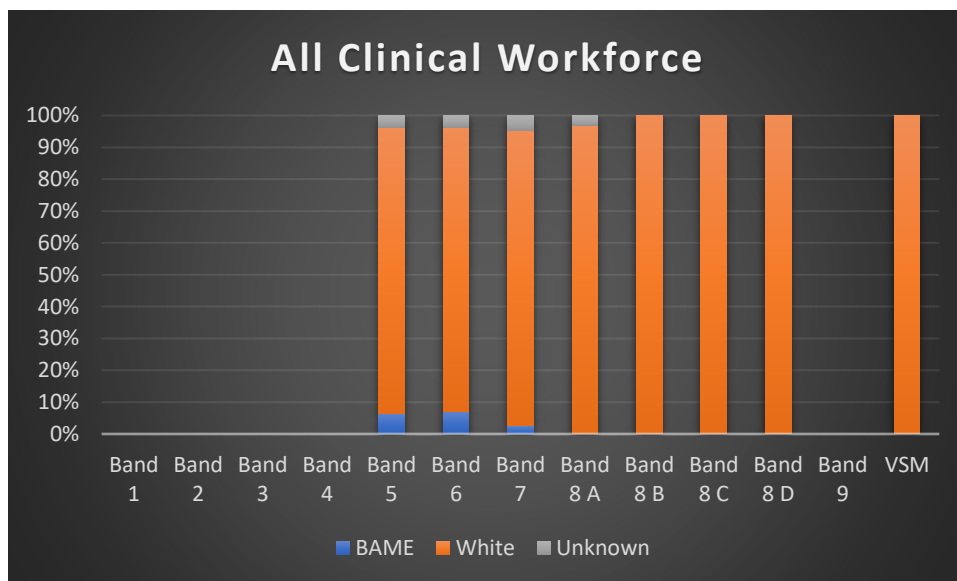


Chart 3 All staff percentage in Clinical roles

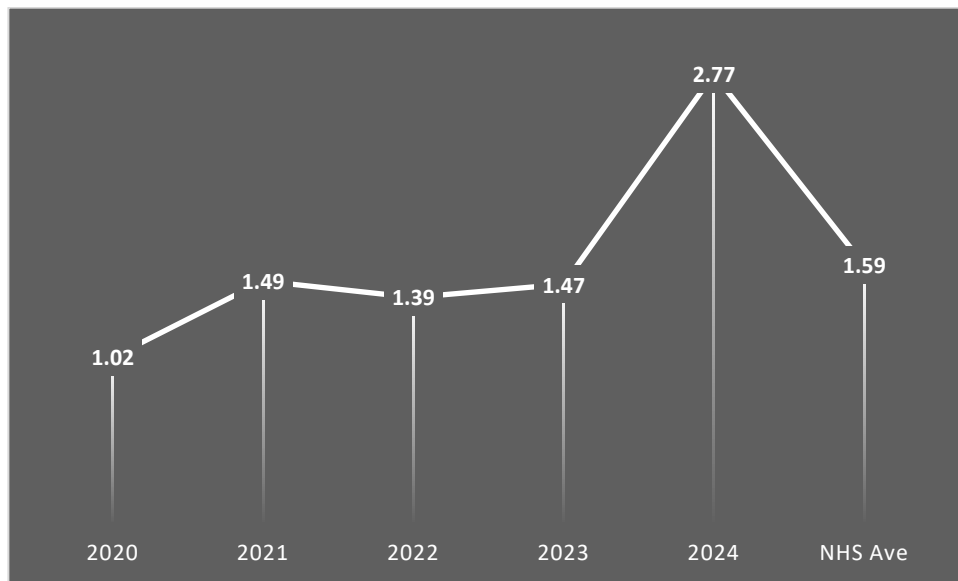


- All bands have white majority, with bands 8a through to VSM having no BAME clinical staff.
- The highest numbers of BAME staff were in the non-clinical bands 2 to 6. Only 9 BAME non-clinical staff in bands 8a through to VSM

Indicator 2 Shortlisting of BAME applicants

- This year the relative likelihood of white staff being appointed from shortlisting compared to BAME staff was 2.77, a regression for BAME staff being appointed from last year (1.47). A figure above “1” indicates that white candidates are more likely than BAME candidates to be appointed from shortlisting
- Nationally across all NHS Trusts White applicants were 1.59 times more likely to be appointed from shortlisting compared to BAME applicants. We are not as good as the “all” NHS Trusts average.

Chart 4 Likelihood of White staff appointed from shortlists

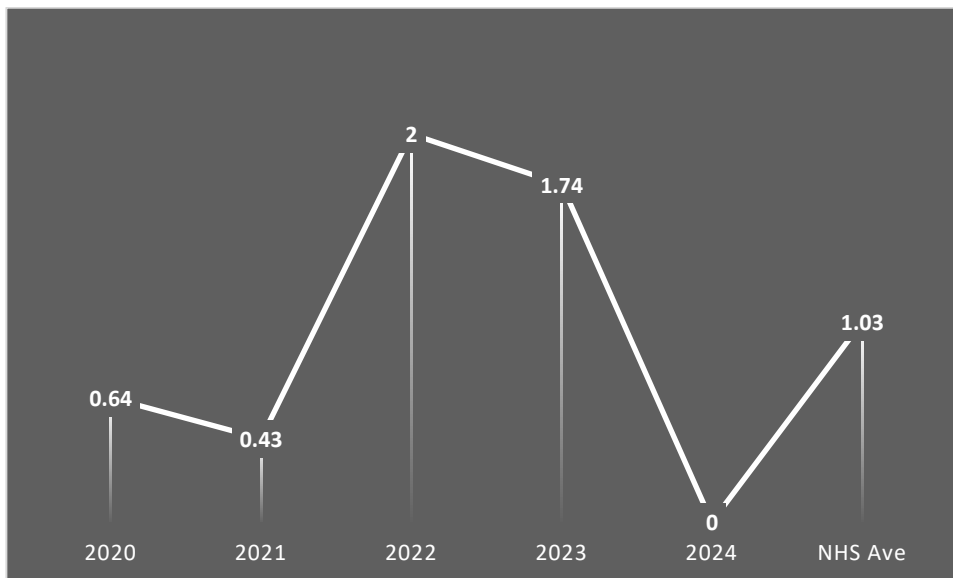


- Shortlisting BAME applicants is not just about meeting quotas or fulfilling legal obligations; it's about fostering an inclusive environment that benefits the Trust and society as a whole. It helps to counteract bias, promote diversity, and ensure that everyone has a fair chance to succeed. The negative spike this year has been attributed to the Trusts disruptive move to the Trac system. The key issue was that TRAC reports on the past 400 days not 365 therefore the data was over the annual period. In addition, we were also reporting on everyone in the whole TRAC system – which meant some people were still at shortlisted stage at the time of this report as they had not undertaken their interview as yet, so potentially some of those of those people could have been successful but this will not have shown on this report
- Nevertheless, we will be taking positive actions such having Recruitment Skills Training to panel members every 3 years to reduce any bias and have EDI Recruitment Champions from our Networking Groups to be trained on recruitment best practice and positive action to then assist on panels.

Indicator 3 Likelihood of BAME Staff entering a formal disciplinary process

- This year the relative likelihood of BAME entering a formal disciplinary process is 0 which indicates there are no staff who declared their ethnicity as BAME that entered formal disciplinary process. Last year they were 1.74 times more likely to enter formal disciplinary process a figure below “1” would indicate that BAME staff members are less likely than white staff to enter the formal disciplinary process.
- Nationally across all Trusts BAME staff were 1.03 times more likely to enter the formal disciplinary process compared to white staff. We are comparatively better than the “all” NHS Trusts average

Chart 5 Likelihood of BAME Staff entering a formal disciplinary process

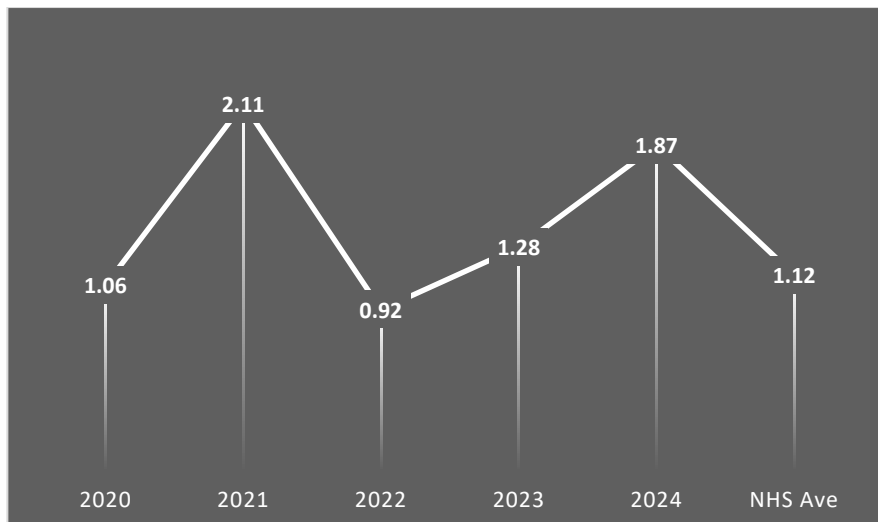


- The indicator shows an improvement this year. However, it is sensitive to numbers going through the disciplinary process where one or two people (more or less) can affect the chart. The overall number of formal cases has reduced since we introduced the just and learning culture approach but that has affected all groups. However, to ensure that any EDI concerns identified are addressed additionally, the Head of ED&I should be consulted on complex cases.

Indicator 4 likelihood of white staff accessing non mandatory training/CPD compared with BAME staff

- This year relative likelihood of white staff accessing non-mandatory training and CPD compared to BAME staff is 1.87, compared to 1.28 last year. A value above 1 indicates that white staff are more likely to access non-mandatory training or CPD than BAME staff.

Chart 6 likelihood of white staff accessing non-mandatory training



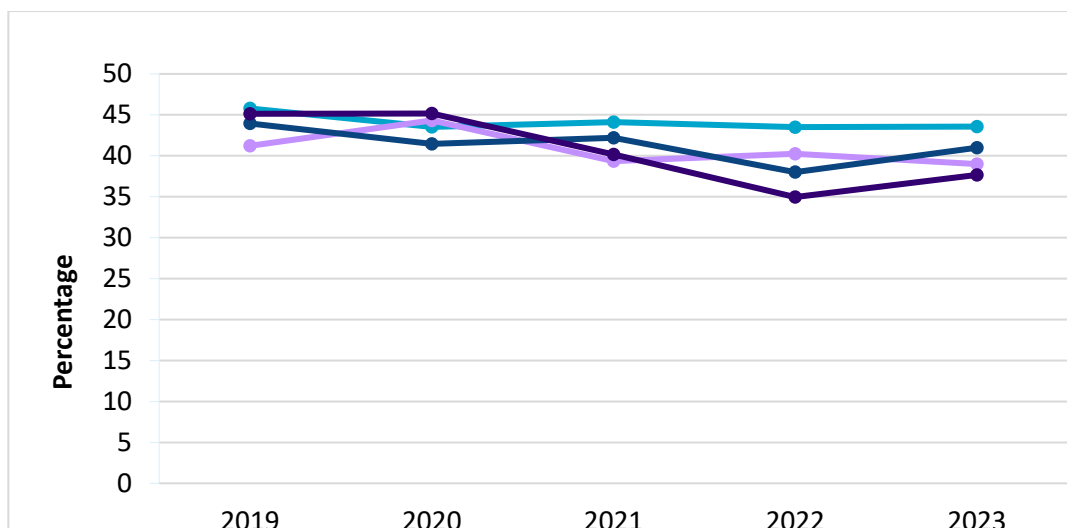
- Increasing the number of BAME staff accessing non-mandatory training and development opportunities is essential for creating a fair, inclusive, and high-performing Trust. It supports career progression, reduces disparities, and builds a diverse leadership pipeline, all of which contribute to the overall success and sustainability of the Trust. We are aware that we now need to collect data more frequently around the demographics of the internal and external opportunities accessed and commence CPD strategic meeting to review results and plan accordingly.
- The 'all' Trusts average was 1.12, the non-adverse range nationally is 0.80 to 1.25. Therefore, we fall into the adverse range and have to further encourage and monitor number of BAME staff to access non mandatory/CPD training. To understand and learn we will commence CPD strategic meetings to review results and plan accordingly.

The indicators 5 to 8 are taken from the Staff survey (published March 2024) a year in arrears. The percentage figures are rounded up.

Indicator 5 percentage of staff experiencing harassment, bullying or abuse from patients or public

- The percentage of BAME staff experiencing harassment, bullying or abuse from patients or the public is 38%, this is not as good as last year when it was 35%. Comparable Ambulance Trusts average of this indicator for BAME staff is 39%.
- This compares with the experience of white staff at 41%, this is also not as good as last year when it was 38%. Comparable Ambulance Trusts average of this indicator for white staff is 44%.

Chart 5 percent of staff experiencing harassment, bullying or abuse from patients or public



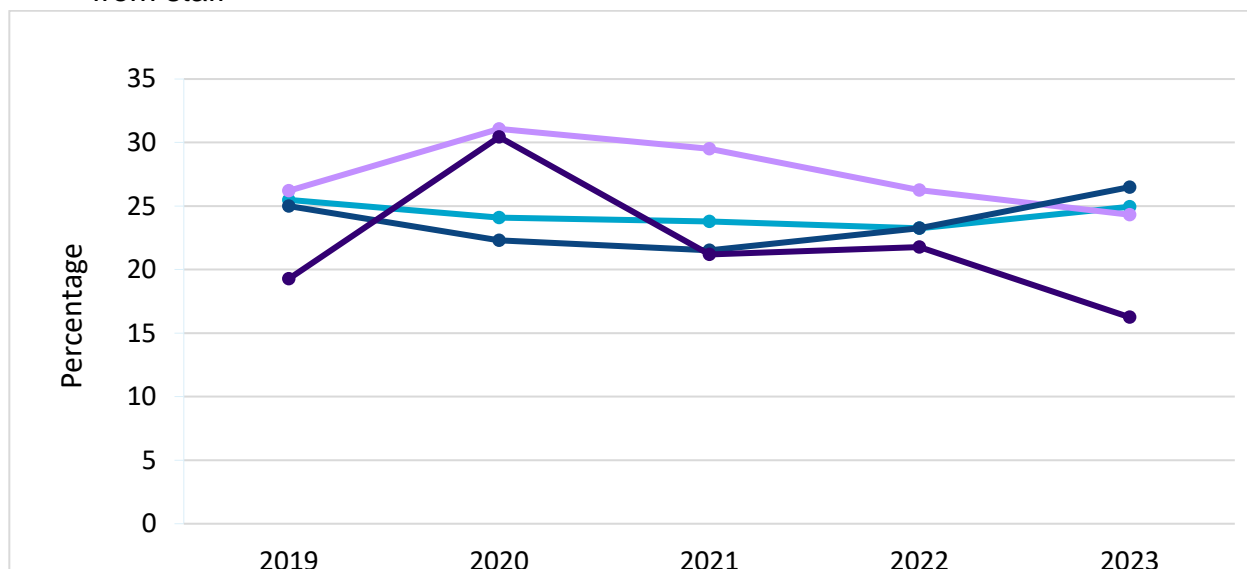
	2019	2020	2021	2022	2023
White staff: Your org	43.94%	41.47%	42.18%	38.00%	40.98%
All other ethnic groups*: Your org	45.12%	45.16%	40.17%	34.96%	37.65%
White staff: Average	45.78%	43.52%	44.11%	43.50%	43.57%
All other ethnic groups*: Average	41.22%	44.32%	39.36%	40.25%	38.99%

- Reducing the incidence of BAME staff experiencing harassment, bullying, and abuse (BHA) from patients and the public is crucial for creating a safe, inclusive workplace. It ensures the well-being and helps foster a respectful environment, improving job satisfaction, retention, and overall sense of 'belonging'.
- Although there has not been much difference from last year, it is still higher, and the Trust will need to raise awareness and address the safety of our staff for example by presenting the figures at level 1 meetings in context alongside the checklist to create awareness and to recognise and challenge inappropriate behaviour.

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

- The percentage of BAME staff experiencing harassment, bullying or abuse from staff is 16%, this is comparably better than last year when it was 22%. Comparable Ambulance Trusts average of this indicator for BAME staff is 24%
- This compares with the white staff experiences at 26%, this is not as good as last year when it was 23%, which was similar as the BAME staff experience last year. Comparable Ambulance Trusts average for white staff at 25%. There could be anecdotal suggestion that BAME staff are likely to under report.

Chart 6 Percentage of BAME staff experiencing harassment, bullying or abuse from staff



	2019	2020	2021	2022	2023
White staff: Your org	24.99%	22.30%	21.52%	23.25%	26.49%
All other ethnic groups*: Your org	19.28%	30.43%	21.19%	21.77%	16.25%
White staff: Average	25.49%	24.09%	23.79%	23.25%	24.95%

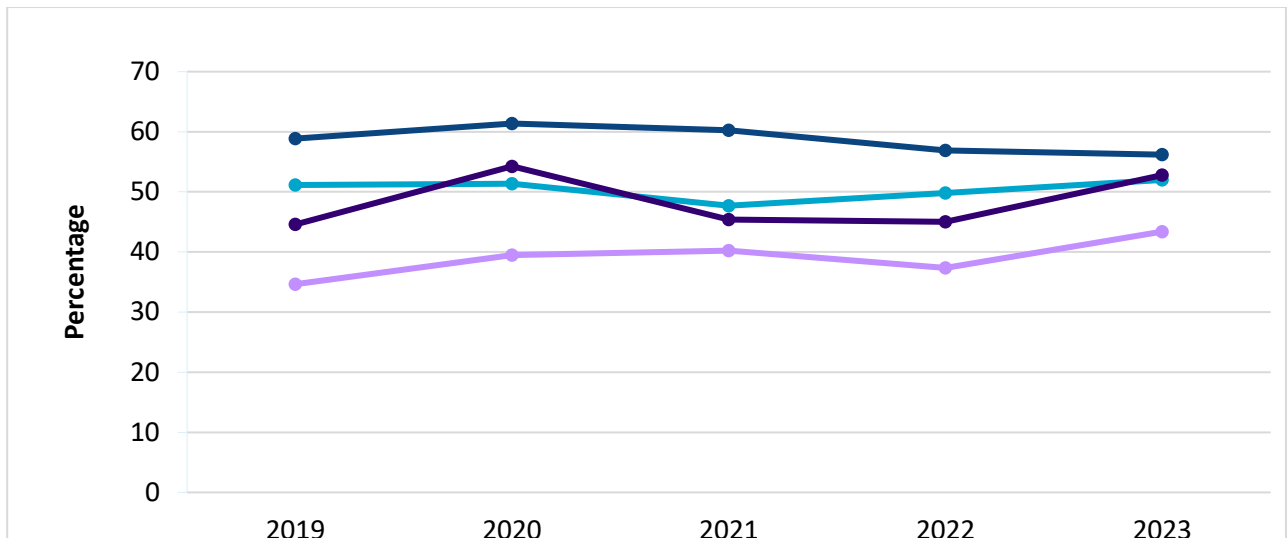
All other ethnic groups*: Average	26.20%	31.08%	29.51%	26.27%	24.32%
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- Harassment, bullying, or abuse of BAME and white staff by colleagues is unacceptable, reflecting a failure in upholding basic standards of respect and equality. It creates a toxic, hostile work environment, leading to disengagement, and high turnover. Such behaviour not only devalues BAME employees, eroding their confidence and sense of belonging, but also perpetuates systemic racism within the Trust.
- The Trust will be ensuring processes are transparent and set out the key routes to reporting incidents including options for anonymous reporting. To encourage a just and learning approach by building in relevant figures in the analysis into our training sessions so they are shared with and educate managers. This will also mean that any increase in reporting will impact on the capacity of the FTSU team.

Indicator 7 Percentage of staff believing that Trust provides equal opportunities for career progression or promotion

- The percentage of BAME staff that believed that the Trust provides equal opportunities for career progression is 53%. This is comparably better than last year when it was 45%. Comparable Ambulance Trusts average of this indicator for BAME staff is 43%
- This compares with 56% of white staff who believed that the Trust provides equal opportunities for career progression, this is marginally not as good as last year when it was 57%. Comparable Ambulance Trusts average for white staff is 52%

Chart 7 Percentage of staff believing that Trust provides equal opportunities for career progression or promotion



2019 2020 2021 2022 2023

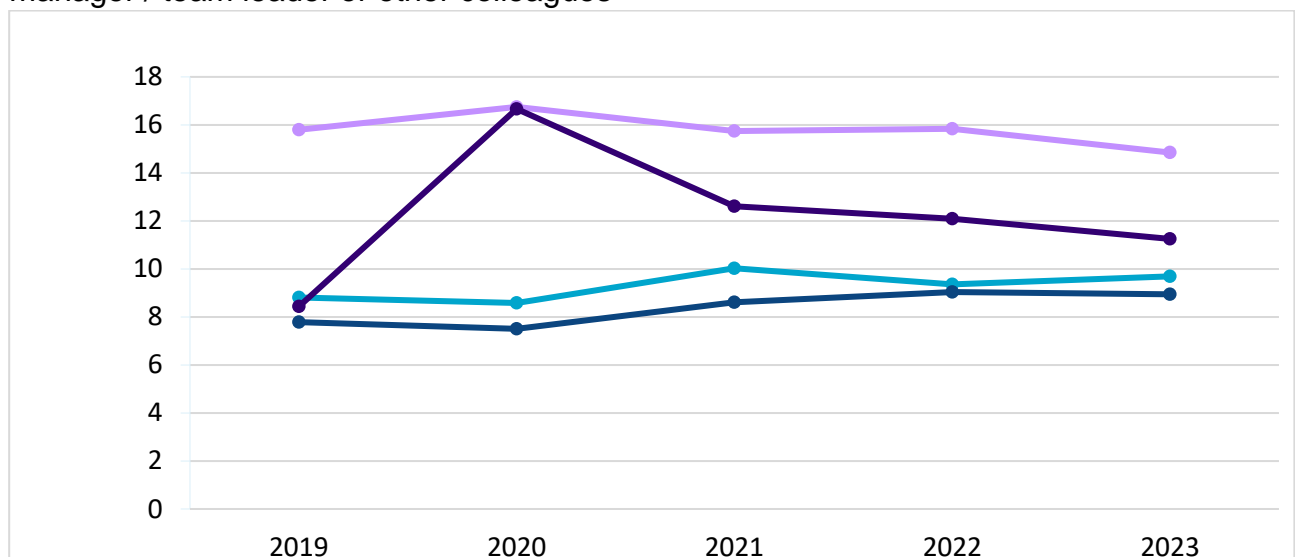
	2019	2020	2021	2022	2023
White staff: Your org	58.87%	61.37%	60.26%	56.91%	56.19%
All other ethnic groups*: Your org	44.58%	54.26%	45.38%	45.00%	52.80%
White staff: Average	51.15%	51.35%	47.70%	49.82%	51.98%
All other ethnic groups	34.64%	39.46%	40.25%	37.36%	43.39%

- When staff believe that everyone has equal chances for career progression or promotion, it boosts their motivation and commitment. They are more likely to work hard when they see fair opportunities for advancement. This belief encourages a diverse and inclusive workplace, where talent is recognised equally. It also helps keep skilled employees, as they feel valued and see a future with the organisation, engendering a sense of 'belonging'. Overall, this assurance in fairness creates a positive work environment, improves productivity, and enhances the Trust's reputation as a good place to work.
- Our Race Equality & Inclusion Network (REIN) will work with the recruitment team to actively to promote roles within internal Staff Networks and work with the recruitment team on making interview questions more accessible. This joint work and positive action with the trusted network will provide confidence for our BAME staff to seek career progression.

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

- The percentage of BAME staff personally experiencing discrimination at work from a manager / team leader or other colleagues is 11%. This is comparably better than last year when it was 12%. Comparable Ambulance Trusts average for BAME staff at 15%.
- The percentage of white staff personally experiencing discrimination at work from a manager / team leader, or other colleagues is 9%. This is the same as last year when it was also 9%. Comparable Ambulance Trusts average for white staff at 10%.

Chart 10 Percentage of BAME staff personally experiencing discrimination at work from a manager / team leader or other colleagues



	2019	2020	2021	2022	2023
White staff: Your org	7.78%	7.51%	8.61%	9.04%	8.94%
All other ethnic groups*: Your org	8.43%	16.67%	12.61%	12.10%	11.25%
White staff: Average	8.81%	8.58%	10.03%	9.36%	9.69%
All other ethnic groups*: Average	15.80%	16.75%	15.75%	15.83%	14.85%

- When BAME staff experience discrimination at work from a manager, team leader, or colleagues, it is a profound violation of trust and a stark reminder of systemic inequities. Such discrimination not only undermines their professional confidence but also perpetuates a culture of exclusion and inequality.
- The Trust will need to create a safe space and take a proactive approach for example, whereby HR and the FTSU team will work out how to publicise what is done in response to complaints of this nature but anonymously. Data gathered/analysed should also be incorporated into HR training sessions, so they are shared with managers attending training.

Indicator 9 BAME (voting) board membership

All Board members have voting rights, all Board members declared their ethnicity. Board ethnicity is 15% from 14% last year. There has been an increase in Board ethnic composition relative to the workforce, a difference (Total board - Overall workforce) from 9% last year to 9.6% this year. However, this needs to be sustained following any organisational changes

3. WRES progress in 2023/2024

We continue to implement and monitor the WRES action plans and have implemented our ED&I strategy which includes our statutory required Equality Objectives. We also published our Annual Public Sector Equality Duty (PSED).

Other progress made this year of note include the following:

- All Board members now have their own Equality Objectives that will be reviewed annually as part of the NHSE EDI Implementation plan (high impact action).
- A refreshed Equality Impact Analysis (EqIA) Toolkit has been developed and continues to be implemented with a repository in the Hub
- The refreshed Equal Opportunities & Diversity Policy was consulted and implemented
- The BAME Staff Network now the Race Equality & Inclusion (REIN) network has been involved in setting up the AACE national BME conference.
- ED&I induction training has been updated and included within the 'Good start' programme
- Recruitment Skills Training Course for managers updated to include EDI – being rolled out.
- Inclusive Recruitment programme rolled out
- Implemented Trac and developing an understanding how to use it effectively for monitoring ethnicity performance at each stage of the recruitment process.
- Quarterly Board reports on Disciplinary & Capability with data on Protected characteristics

- Specific questions on PDR review document on “*Our culture – equality, diversity, and inclusion*” were implemented and are now being further evolved
- Added a count of each time one of the protected characteristics has been chosen from the Aggravating Factors field in DATIX and secondly a report with the details.
- Harassment and Sexual safety Disclosure checklist for managers developed can be applied to any discrimination disclosure

4. Conclusion and next steps

SCAS is committed to driving a culture change, and we recognise that this journey is ongoing. As we move into the new year, we remain focused on addressing inappropriate and unacceptable behaviours while fostering a truly inclusive environment. The actions and interventions highlighted in this report, both behavioural and structural, are vital steps in our transformation.

We understand that meaningful change takes time, energy, and dedicated leadership. While there is still much work to do, we are encouraged by the steady progress we are making across most indicators. We are fully committed to continuing this important work together.

We will be delivering our [Action implementation plan](#) and include ongoing reviews of actions mentioned in this report.

Next steps:

Over next twelve months, will focus on the following key actions:

- To monitor BAME in the recruitment process and deep dive into data to assess any patterns of bias and introduce positive action measures
- Increasing the number of BAME staff accessing non-mandatory training and development opportunities, ensuring accurate data is gathered and reviewed monthly to include demographics and internal and external opportunities accessed
- The Trust will be ensuring processes are transparent and set out the key routes to reporting incidents of BHA from patients and for managers & team leads to use harassment checklist/sexual safety toolkit.
- Deliver our first Ethnicity Pay Analysis report
- Look to developing a SCAS Race Equality Charter
- Consult and grade our progress against the Equality Delivery System (EDS)
- Provide development to the Board on their ED&I responsibilities through the NHSE EDI improvement plan.
- Ensure we meet the NHSE Equality Implementation plans and use the High Impact Actions (HIA) to renew our ED&I strategy and Equality objectives with the WRES informing and evidencing progress
- Continue to strengthen the support and development to the Networks Board Executive Sponsors, particular to identify the new REIN Executive sponsor
- Undertake analysis to better understand the data and encourage learning and development by BAME staff

WRES Action Implementation Plan 2024/25
Indicators 1 – 4 taken from ESR (as of 31 March 2024)

Indicator	2020	2021	2022	2023	2024	Trend	Comment
Indicator 1 BAME workforce						<p>A pie chart titled 'Trend' showing the distribution of staff by ethnicity. The largest slice is White at 88%, followed by BAME at 7%, and Unknown at 5%.</p>	There were 4736 staff, 6.7% of staff declared their ethnicity (as BAME). This represents an increase of 1.3%
BAME staffing across the bands	3.6%	5%	4.8%	5.4%	6.7%	<p>A line chart showing the percentage of BAME staffing across the bands from 2020 to 2024. The data points are: 2020 (3.60%), 2021 (5%), 2022 (4.80%), 2023 (5.40%), and 2024 (6.70%). A vertical line represents the NHS average at 26.40%.</p>	The latest data from NHSE (in March 2023), 26.4% of the workforce across all NHS trusts came from a BAME background. The Ethnic minority population of the geography is on average at 9.7%
Indicator	Objective		Action/s			Timescales	Lead/s
1	Making a 1% improvement for the year, reaching 7.7%		<ul style="list-style-type: none"> Communicate purpose and positive benefit of staff updating personal details on the ESR self-service portal. 			On-going	HR

	by the end of the Financial year.			<ul style="list-style-type: none"> Race Equality Inclusion Network (REIN) to champion ESR declarations through communications via Viva and Intranet Use Trac effectively for monitoring performance at each stage of the recruitment process coupled with Inclusive Recruitment programme which is being rolled out 		March 2024	REIN															
						On-going	Recruitment															
Indicator	2020	2021	2022	2023	2024	Trend																
Indicator 2 Likelihood of White staff appointed from shortlist	1.02	1.49	1.39	1.47	2.77	<table border="1"> <thead> <tr> <th>Year</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>2020</td> <td>1.02</td> </tr> <tr> <td>2021</td> <td>1.49</td> </tr> <tr> <td>2022</td> <td>1.39</td> </tr> <tr> <td>2023</td> <td>1.47</td> </tr> <tr> <td>2024</td> <td>2.77</td> </tr> <tr> <td>NHS Ave</td> <td>1.59</td> </tr> </tbody> </table>		Year	Value	2020	1.02	2021	1.49	2022	1.39	2023	1.47	2024	2.77	NHS Ave	1.59	Comment
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						<p>We are not as good as last year A figure above “1” indicates that white candidates are more likely than BAME candidates to be appointed from shortlisting Nationally across all NHS Trusts White applicants were 1.59 times more likely to be appointed from shortlisting compared to BAME applicants. We not as good as the “all” NHS Trusts average.</p>																
Indicator	Objective			Action/s		Timescales	Lead/s															
2	To increase the number of BAME candidates to be successfully appointed			<ul style="list-style-type: none"> Ensure TRAC data is rectified to report annually (365 days) At least one member of the panel should have undertaken Recruitment Skills Training within the previous 3 year period. For any role that involves management, evidence of understanding and behaving inclusively should be an essential competency within the job’s person specification. 		December 2024 Quarterly reviews TRAC review when job placed	Recruitment Recruitment Recruitment															

		<ul style="list-style-type: none"> • EDI Recruitment Champions from our Networking Groups to be trained on recruitment best practice and positive action to then assist on panels ensuring interviews questions are fair and balanced. • Targeted Recruitment: Partner with organisations, universities, and professional networks that support diverse communities to actively promote job openings. • Work with local job centres to promote our roles within the diverse communities we serve • Promote celebrated days and ask staff to be our case studies for these celebrations. • • REIN to have invited members to the Recruitment Skills Training to be able to support at interviews to help promote diversity and support interview panel. • REIN to work with recruitment team on making interview questions more accessible. 	<p>December 2024</p> <p>Ongoing</p> <p>When recruiting in the local areas</p> <p>As per attraction planner</p> <p>March 2025</p>	<p>Recruitment</p> <p>Recruitment Digital and Engagement Team</p> <p>REIN Recruitment</p> <p>REIN Recruitment</p>			

Indicator	2020	2021	2022	2023	2024	Trend	Comment														
Indicator 3 Likelihood of BAME Staff entering a formal disciplinary process	0.64	0.43	2	1.74	0	<table border="1"> <caption>Trend Data</caption> <thead> <tr> <th>Year</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>2020</td> <td>0.64</td> </tr> <tr> <td>2021</td> <td>0.43</td> </tr> <tr> <td>2022</td> <td>2</td> </tr> <tr> <td>2023</td> <td>1.74</td> </tr> <tr> <td>2024</td> <td>0</td> </tr> <tr> <td>NHS Ave</td> <td>1.03</td> </tr> </tbody> </table>	Year	Value	2020	0.64	2021	0.43	2022	2	2023	1.74	2024	0	NHS Ave	1.03	<p>This year the relative likelihood of BAME entering a formal disciplinary process is 0 which indicates there were no BAME staff entered formal disciplinary process. Last year it they were 1.74 times greater to do so, a figure below “1” would indicate that BAME staff members are less likely than white staff to enter the formal disciplinary process. We are comparatively better than the “all” NHS Trusts average (1.03)</p>
Year	Value																				
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Indicator	Objective		Action/s			Timescales	Lead/s														
3	To reduce number BAME in the disciplinary process		<ul style="list-style-type: none"> To ensure that EDI concerns have been identified and addressed and to provide guidance and expertise on EDI matters, the Head of ED&I should be consulted on complex cases only. (BDO Audit) Disciplinary Reporting currently goes through EMC, PAAC and Board – with any trends/issues highlighted. Determine if further refinement is needed. Effective mechanisms should be established for gathering feedback from staff members facing dismissal in a safe and confidential environment so that they are able to express any concerns. Any key learnings and reasonable actions based on this feedback should be 			<p>On-Going</p> <p>On-going</p> <p>December 2024</p>	<p>HR Head of ED&I</p> <p>HR</p> <p>HR</p>														

		collated and enacted. These actions should be monitored by the relevant executive or committee. (BDO Audit)																			
Indicator	2020	2021	2022	2023	2024	Trend	Comment														
Indicator 4 likelihood of white staff accessing non mandatory training/CPD compared with BAME staff	1.06	2.11	0.92	1.28	1.87	<table border="1"> <caption>Indicator 4 Trend Data</caption> <thead> <tr> <th>Year</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>2020</td> <td>1.06</td> </tr> <tr> <td>2021</td> <td>2.11</td> </tr> <tr> <td>2022</td> <td>0.92</td> </tr> <tr> <td>2023</td> <td>1.28</td> </tr> <tr> <td>2024</td> <td>1.87</td> </tr> <tr> <td>NHS Ave</td> <td>1.12</td> </tr> </tbody> </table>	Year	Value	2020	1.06	2021	2.11	2022	0.92	2023	1.28	2024	1.87	NHS Ave	1.12	<p>More white staff were 1.87 more likely to access non mandatory/CPD training.</p> <p>A value above 1 indicates that white staff are more likely to access non-mandatory training or CPD than BAME staff.</p> <p>The 'all' Trusts average was 1.12, the non-adverse range nationally is 0.80 to 1.25.</p>
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Indicator	Objective			Action/s			Timescales	Lead/s													
4	To increase the number of BAME staff accessing non-mandatory/CPD training			<ul style="list-style-type: none"> Ensure accurate data is gathered and reviewed monthly to include demographics and internal and external opportunities accessed Review the variety and spread (according to role and professional group) of CPD opportunities Commence CPD strategic meeting to review results and plan accordingly To ensure correct Equal opportunities data is collected through updated monitoring requirements 			<p>Monthly</p> <p>March 2025</p> <p>June 2024</p> <p>July 2024</p>	<p>Head of Education</p> <p>Head of Education</p> <p>Head of Education</p> <p>Senior Education Manager</p>													

					<ul style="list-style-type: none"> To encourage and monitor number of BAME staff to access non mandatory/CPD training 	July 2024	

Indicators 5 – 9 taken from Staff Survey 2022 (published March 2024)

Indicator	2019	2020	2021	2022	2023	Trend	Comment														
Indicator 5 percent of BAME staff experiencing harassment, bullying or abuse from patients or public	45.1 %	45.2 %	40.2 %	35.0 %	38%	<table border="1"> <caption>Indicator 5 Trend Data</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2019</td> <td>45.10%</td> </tr> <tr> <td>2020</td> <td>45.20%</td> </tr> <tr> <td>2021</td> <td>40.20%</td> </tr> <tr> <td>2022</td> <td>35.00%</td> </tr> <tr> <td>2023</td> <td>38%</td> </tr> <tr> <td>NHS Ave</td> <td>39%</td> </tr> </tbody> </table>	Year	Percentage	2019	45.10%	2020	45.20%	2021	40.20%	2022	35.00%	2023	38%	NHS Ave	39%	<p>We are not as good as last year.</p> <p>Comparable Ambulance Trusts average for BAME staff is 39%</p>
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NHS Ave	39%																				

Indicator	Objective	Action/s	Timescales	Lead/s
5	Reduce the incidence of BAME staff experiencing BHA from patients and public harassment, bullying and abuse from patients and the public	<ul style="list-style-type: none"> Promote harassment checklist/sexual safety toolkit to managers & team leads Ensuring processes are transparent, and set out the key routes to reporting incidents including options for anonymous reporting Promotion of the harassment checklist/sexual safety checklist by HRAs at level 1 meetings – for harassment on any grounds. Build in relevant figures in the analysis into our training sessions so they are shared with and educate managers attending training. 	<p>December 2024</p> <p>On-going</p> <p>December 2024</p> <p>December 2024</p>	<p>FTSU</p> <p>FTSU</p> <p>HR</p> <p>HR</p>

		<ul style="list-style-type: none"> • Present the figures at level 1 meetings in context alongside the checklist to create awareness and to recognise and challenge inappropriate behaviour. • Devise incident reporting campaign to encourage staff to report all incidents, near misses or issues of concern include a section on BAME and placing an emphasis on the reporting of harassment, bullying, discrimination. Staff should also be able to report these anonymously. • Publicise the importance of reporting incidents by having articles in Staff Matters related to the various 'Awareness months' e.g. Black History month; LGBTQ+ month; Disability Awareness month, etc. • We include a section in the Incidents report to the HSRG on incidents involving staff with protective characteristics – this is being developed to include the category of incidents (such as bullying, harassment, etc.) so that we can identify how many of these incidents involve staff who have protected characteristics • Ensure the information in this report is also provided to the Violence, Prevention and Reduction group (from August 2024) onwards; and the Health & Wellbeing Group; and Equality Diversity & Inclusion (ED&I) Steering Group. • Report a dashboard for the identification of staff with protected characteristics reporting incidents to the ED&I Steering group 	<p>December 2024</p> <p>December 2024</p> <p>On-going</p> <p>On-going</p> <p>August 2024</p> <p>Qrtly</p>	<p>HR</p> <p>Head of Risk and Security</p> <p>Head of Risk and Security</p> <p>Head of Risk and Security</p> <p>Head of Risk and Security</p> <p>Head of Risk and Security</p> <p>Head of Risk and Security</p>		

Indicator	2019	2020	2021	2022	2023	Trend	Comment														
Indicator 6 Percentage of BAME staff experiencing harassment, bullying or abuse from staff	19.3 %	30.4 %	21.2 %	21.8 %	16.25 %	<table border="1"> <caption>Percentage of BAME staff experiencing harassment, bullying or abuse from staff</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2019</td> <td>19.30%</td> </tr> <tr> <td>2020</td> <td>30.40%</td> </tr> <tr> <td>2021</td> <td>21.20%</td> </tr> <tr> <td>2022</td> <td>21.80%</td> </tr> <tr> <td>2023</td> <td>16.25%</td> </tr> <tr> <td>NHS Ave</td> <td>24.32%</td> </tr> </tbody> </table>	Year	Percentage	2019	19.30%	2020	30.40%	2021	21.20%	2022	21.80%	2023	16.25%	NHS Ave	24.32%	<p>We are comparably better than last year.</p> <p>Comparable Ambulance Trusts average for BAME staff is 24.3%</p>
Year	Percentage																				
2019	19.30%																				
2020	30.40%																				
2021	21.20%																				
2022	21.80%																				
2023	16.25%																				
NHS Ave	24.32%																				
Indicator	Objective	Action/s	Timescales	Lead/s																	
6	To reduce BAME staff experiencing harassment, bullying or abuse from staff	<ul style="list-style-type: none"> Promote harassment checklist to managers & team leads Ensuring processes are transparent, and set out the key routes to reporting incidents including options for anonymous reporting Promotion of the harassment checklist/sexual safety checklist by HRAs at level 1 meetings – for harassment on any grounds. Build in relevant figures in the analysis into our training sessions so they are shared with and educate managers attending training. Present the figures at level 1 meetings in context alongside the checklist to create awareness and to recognise and challenge inappropriate behaviour. Campaigns and reporting (as detailed in Indicator 5) 	<p>December 2025</p> <p>On-going</p> <p>December 2024</p> <p>December 2024</p> <p>December 2024</p>	<p>FTSU</p> <p>FTSU</p> <p>HR</p> <p>HR</p> <p>HR</p>																	

								December 2024	Head of Risk and Security
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Indicator	2019	2020	2021	2022	2023	Trend	Comment														
Indicator 7 Percentage of staff believing that Trust provides equal opportunities for career progression or promotion	44.6 %	54.3 %	45.4 %	45.0 %	52.8 %	<table border="1"> <caption>Indicator 7 Trend Data</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2019</td> <td>44.60%</td> </tr> <tr> <td>2020</td> <td>54.30%</td> </tr> <tr> <td>2021</td> <td>45.40%</td> </tr> <tr> <td>2022</td> <td>45.00%</td> </tr> <tr> <td>2023</td> <td>52.80%</td> </tr> <tr> <td>NHS Ave</td> <td>43.40%</td> </tr> </tbody> </table>	Year	Percentage	2019	44.60%	2020	54.30%	2021	45.40%	2022	45.00%	2023	52.80%	NHS Ave	43.40%	<p>We are comparably better than last year for BAME staff</p> <p>Comparable Ambulance Trusts average for BAME staff is 43.4%</p>
Year	Percentage																				
2019	44.60%																				
2020	54.30%																				
2021	45.40%																				
2022	45.00%																				
2023	52.80%																				
NHS Ave	43.40%																				

Indicator	Objective	Action/s	Timescales	Lead/s
7	To innovate and promote opportunities for career progression or promotion	<ul style="list-style-type: none"> At least one member of the panel should have undertaken Recruitment Skills Training within the previous 3 year period. For any role that involves management, evidence of understanding and behaving inclusively should be an essential competency within the job's person specification. EDI Recruitment Champions from our Networking Groups to be trained on recruitment best practice and positive action to then assist on panels ensuring interviews questions are fair and balanced. Targeted Recruitment: Partner with organisations, universities, and professional networks that support diverse communities to 	<p>Quarterly reviews</p> <p>TRAC review when job placed</p> <p>December 2024</p> <p>Ongoing</p>	<p>Recruitment</p> <p>Recruitment</p> <p>Recruitment</p>

		<p>actively promote job openings.</p> <ul style="list-style-type: none"> • Work with local job centres to promote our roles within the diverse communities we serve • Promote celebrated days and ask staff to be our case studies for these celebrations. • • REIN to have invited members to the Recruitment Skills Training to be able to support at interviews to help promote diversity and support interview panel. • • REIN to work with recruitment team on making interview questions more accessible. • • Actively advertise and promote roles within internal Staff Networks 	<p>When recruiting in the local areas</p> <p>As per attraction planner</p> <p>March 2025</p> <p>December 2024</p> <p>December 2024</p>	<p>Recruitment Digital and Engagement Team</p> <p>REIN Recruitment</p> <p>REIN Recruitment</p> <p>REIN Recruitment</p>		

Indicator	2019	2020	2021	2022	2023	Trend	Comment														
Indicator 8 Percentage of BAME staff personally experiencing discrimination at work from a manager / team leader or other colleagues	8.4%	16.7%	12.6%	12.1%	11.25%	<table border="1"> <caption>Indicator 8 Trend Data</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2019</td> <td>8.40%</td> </tr> <tr> <td>2020</td> <td>16.70%</td> </tr> <tr> <td>2021</td> <td>12.60%</td> </tr> <tr> <td>2022</td> <td>12.10%</td> </tr> <tr> <td>2023</td> <td>11.25%</td> </tr> <tr> <td>NHS Ave</td> <td>14.85%</td> </tr> </tbody> </table>	Year	Percentage	2019	8.40%	2020	16.70%	2021	12.60%	2022	12.10%	2023	11.25%	NHS Ave	14.85%	<p>We are comparably better than last year.</p> <p>Comparable Ambulance Trusts average for BAME staff is 14.85%.</p>
Year	Percentage																				
2019	8.40%																				
2020	16.70%																				
2021	12.60%																				
2022	12.10%																				
2023	11.25%																				
NHS Ave	14.85%																				

Indicator	Objective	Action/s	Timescales	Lead/s
8	To actively reduce BAME staff personally experiencing discrimination at work from a manager / team leader or other colleagues	<ul style="list-style-type: none"> Promote harassment checklist to managers & team leads Ensuring processes are transparent, and set out the key routes to reporting incidents including options for anonymous reporting Build in some of the figures in the analysis into HR training sessions so they are shared with managers attending training. Present the figures at level 1 meetings as context alongside the checklist so people are aware of them. Work out how to publicise what is done in response to complaints of this nature but anonymously – work with FTSU to consider how best to do this. Campaigns and reporting (as detailed in Indicator 5) 	<p>December 2025</p> <p>On-going</p> <p>December 2024</p> <p>December 2024</p> <p>December 2024</p> <p>December 2024</p>	<p>FTSU</p> <p>FTSU</p> <p>HR</p> <p>HR</p> <p>HR/FTSU</p> <p>Head of Risk and Security</p>

Indicator	2019	2020	2021	2022	2023	Trend	Comment														
Indicator 9 BAME (voting) board membership	12.7 %	20%	14%	15%	16.8%	<table border="1"> <caption>BAME (voting) board membership percentage</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2019</td> <td>12.70%</td> </tr> <tr> <td>2020</td> <td>20%</td> </tr> <tr> <td>2021</td> <td>14%</td> </tr> <tr> <td>2022</td> <td>15%</td> </tr> <tr> <td>2023</td> <td>16.80%</td> </tr> <tr> <td>NHS Ave</td> <td>15.60%</td> </tr> </tbody> </table>	Year	Percentage	2019	12.70%	2020	20%	2021	14%	2022	15%	2023	16.80%	NHS Ave	15.60%	<p>There has been an increase in Board ethnic composition relative to the BAME workforce Difference (Total board - Overall workforce) from 15% last year to 16.8% this year</p> <p>The 'all' Trust average is 15.6%</p>
Year	Percentage																				
2019	12.70%																				
2020	20%																				
2021	14%																				
2022	15%																				
2023	16.80%																				
NHS Ave	15.60%																				
Indicator	Objective		Action/s			Timescales	Lead/s														
9	Actively promote Board diversity		<ul style="list-style-type: none"> Board members to have their own SMART Equality Objectives and have them as a part of their appraisal To identify new Staff Network Sponsor for REIN 			on-going September 2024	Board Executive management Team														