
**Workforce Race
Equality Standard
(WRES) Report
2023-2024**

Contents

Introduction	3
Methodology	3
WRES Indicator 1	3
WRES Indicator 2	5
WRES Indicator 3	6
WRES Indicator 4	6
WRES Indicator 5	6
WRES Indicator 6	7
WRES Indicator 7	7
WRES Indicator 8	8
WRES Indicator 9	9
Conclusion	9
Appendix 1	10
Workforce Race Equality Standard	10
Report on the WRES Indicators	11
Indicator 1.....	13
Indicator 2.....	18
Indicator 3.....	18
Indicator 4.....	19
Indicator 5.....	19
Indicator 6.....	20
Indicator 7.....	20
Indicator 8.....	21

Introduction

“Implementing the Workforce Race Equality Standard (WRES) is a requirement for NHS commissioners and NHS healthcare providers including independent organisations, through the NHS standard contract. The NHS Equality and Diversity Council announced on 31 July 2014 that it had agreed action to ensure employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace. This is important because studies shows that a motivated, included and valued workforce helps deliver high quality patient care, increased patient satisfaction and better patient safety. In April 2015, after engaging and consulting with key stakeholders including other NHS organisations across England, the WRES was mandated through the NHS standard contract, starting in 2015/16.”

[NHS England WRES website](#)

The WRES is the first NHS England equality standard and was followed in 2019 by the WDES. Both NHS England equality standards draw on workforce data, NHS Staff Survey data and leadership data. Further information about the WRES can be located on the NHS England WRES website: [NHS England » NHS Workforce Race Equality Standard](#)

NHS England commenced work and trialling of the Medical WRES and WRES for Bank staff in 2023/2024. In May 2024 the NHS England Mandated Standards Team informed NHS Trust’s that no reporting for either the Medical WRES or WRES for Bank staff would be required in the current reporting cycle for 2023/2024 data.

Methodology

The data for the WRES report was collated and prepared in the third quarter of 2024/2025. The NHS Staff Survey data is taken straight from the National Staff Survey Benchmark report 2023. Unlike the NHS Trusts, CityCare’s workforce data is not required to be submitted to the NHS England Mandated Standards Team via the national data reporting platform.

In Quarter 4 of 2024/2025, the data will be shared with CityCare’s Ethnic Equality Staff Network for consideration and active engagement in relation to the actions for improvement required. The resulting action plan will be produced in partnership with our staff networks and published on the CityCare website.

This current report provides an overview of the data by indicator and compares the data to the previous years’ report, as appropriate. Furthermore, for the first time in this report, the data trends from 2019 to 2023 are reviewed and analysed. Infographics relating to the data trends for Indicator 1 to Indicator 8 are provided in Appendix 1.

WRES Indicator 1

WRES Indicator 1 reviews the workforce and compares the workforce composition data relating to white staff and BME staff. This indicator specifically reviews the percentage of staff in Agenda for Change (AfC) pay-bands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce. The indicator further disaggregates the data and compares clinical staff, non-clinical staff and medical staff.

In general terms the percentage of BME staff employed by CityCare has increased by **1.20%** from 14.80% in 2022 to **16%** in 2023. This is an increase from a 177 headcount to a 191 headcount.

Each of the AfC bands for 2022 have been compared with 2023 and show as follows:

AfC band 2 there are no clinical posts and an **increase** for non-clinical BME staff by **2%**. Overall, 12% of all BME staff in the organisation are in Band 2 compared to 13% in 2022.

AfC band 3 there has been an **increase** of clinical BME staff by **3%** and an **increase** of non-clinical BME staff by **1%**. Overall, 14% of all BME staff in the organisation are in Band 3 compared to 12% in 2022.

AfC band 4 has **remained the same** from the previous year for both clinical and non-clinical BME staff. Overall, 17% of all BME staff in the organisation are in Band 4 compared to 18% in 2022.

AfC band 5 there has been an **increase** of clinical BME staff by **1%** and an **increase** of **6%** for non-clinical BME staff. Overall, 18% of all BME staff in the organisation are in Band 5 compared to 16% in 2022.

AfC band 6 there has been a **decrease** of clinical BME staff by **-1%** and an **increase** of **3%** for non-clinical BME staff. Overall, 25% of all BME staff in the organisation are in Band 6 compared to 29% in 2022.

AfC band 7 has **remained the same** from the previous year for clinical BME staff and there has been an **increase** of **9%** for non-clinical BME staff. Overall, 9% of all BME staff in the organisation are in Band 7 compared to 8% in 2022.

AfC band 8a there has been a **decrease** of clinical BME staff by **-14%** and there has been a **decrease** for non-clinical BME staff by **-4%**. Overall, 3% of all BME staff in the organisation are in Band 8a, this is the same as in 2022.

AfC band 8b there were no clinical posts at this band in 2022, with the introduction of clinical posts there has been an **increase** of clinical BME staff to **33%**. For non-clinical staff it has **remained the same** from the previous year with **no** non-clinical BME staff employed in this pay band. Overall, 1% of all BME staff in the organisation are in Band 8b compared to 0% in 2022.

AfC band 8c there are no clinical posts in 2022 or 2023. For non-clinical staff it has **remained the same** from the previous year with **no** non-clinical BME staff employed in this pay band.

AfC bands 8d there are **no** BME staff employed in this pay band, which **remains the same** from the previous year for both clinical and non-clinical BME staff.

AfC band 9 there are no clinical or non-clinical posts in 2022 or 2023.

AfC band VSM there has been an **increase** by **10%** for non-clinical BME staff. Overall, 2% of all BME staff in the organisation are in VSM compared to 0.6% in 2022.

	Headcount 2022	Headcount 2023	Difference
BME	177	191	14 ↑
Band 2	23	22	-1
Band 3	21	26	5
Band 4	32	33	1
Band 5	28	35	7
Band 6	51	48	-3
Band 7	15	18	3
Band 8a	6	5	-1
Band 8b	0	1	1
VSM	1	3	2
White	1006	991	-15 ↓
Band 2	63	47	-16
Band 3	152	142	-10
Band 4	161	165	4
Band 5	139	152	13
Band 6	267	248	-19
Band 7	168	173	5
Band 8a	29	38	9
Band 8b	6	7	1
Band 8c	2	2	0
Band 8d	5	8	3
Medical	1	1	0
VSM	8	8	0

Table One: Workforce by Pay Band

The data confirms we have more BME staff working in clinical roles and less BME staff working in non-clinical roles. Actions are required to address the recruiting and retaining of BME staff so that we are representative of our communities. Actions are also required to increase the number of BME staff employed in more senior positions. This remains a concern and an area for focused improvement.

WRES Indicator 2

WRES Indicator 2 reviews CityCare’s recruitment data and compares the data relating to white staff and BME staff. This indicator compares specifically the data and the relative likelihood of staff being appointed from shortlisting across all posts.

CityCare’s data for this indicator for 2023 confirms that to a likelihood of **1.37** white staff are more likely to be appointed from shortlisting across all posts. In practical terms this is best understood that white staff are approximately a third more likely to be appointed from shortlisting. This is a deterioration with the likelihood of white staff increasing by 0.41 when compared with the 2022 data.

In 2023 there were 393 white applicants shortlisted with 39 appointed compared to 291 BME applicants shortlisted with 21 appointed.

Over the years this indicator has tended to fluctuate and remains an area for focused improvement. Please refer to the infographic relating to this indicator in Appendix 1.

WRES Indicator 3

WRES Indicator 3 reviews CityCare's Human Resources data and compares the data relating to white staff and BME staff. This indicator specifically reviews the relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. This indicator is based on data from a two-year rolling average of the current year and the previous year.

Upon review of CityCare's data for this metric it has been confirmed that for 2023 the likelihood is **3.3**. This is an area of significant concern and will be a priority area of focused improvement.

In reviewing and analysing the data trend for this indicator from 2019 we can see that between 2019 and 2021 BME staff were twice as likely as white staff to enter a formal disciplinary investigation. In 2022 this reduced to 0 as on ESR four cases were recorded, all for white staff before increasing in 2023 to 3.3. On ESR in 2023 there were eight formal disciplinary cases, of these five colleagues were white, out of a 991 headcount, and three colleagues were BME, out of a 191 headcount.

As part of the action plan work the reliability of this data will need to be tested. Please refer to the infographic relating to this indicator in Appendix 1.

WRES Indicator 4

WRES Indicator 4 reviews CityCare's training data and compares the data relating to white staff and BME staff. This indicator compares specifically the data and the relative likelihood of staff accessing non-mandatory training and continued professional development (CPD).

CityCare's data for this indicator for 2023 confirms a likelihood of **1** which means that there is no difference and both groups are equally able to access non-mandatory training and continued professional development (CPD). The data is taken from ESR and compares enrolment data between the two groups, across all non-mandatory training and continued professional development (CPD) recorded in ESR. The data shows an enrolment headcount of 179 for BME staff and an enrolment headcount of 999 for white staff which in both cases is the vast majority of both groups.

For CityCare reaching parity in this indicator is very encouraging and meets an aim for all CityCare staff to have equal opportunity for accessing non mandatory training and continued professional development (CPD).

In reviewing and analysing the data trend for this indicator from 2019 we can see this is the first time that CityCare has reached parity although the organisation has been incredibly close to parity over the period. Please refer to the infographic relating to this indicator in Appendix 1.

WRES Indicator 5

WRES Indicator 5 is taken from the NHS Staff Survey and compares the data relating to white staff and BME staff. This indicator compares specifically the data and percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in the last 12 months.

The percentage of white staff and BME staff reporting they have experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months has increased for both groups.

For white staff this has increased from 17.99% in 2022 to **21.25%** in 2023. For BME staff the figure has increased from 22.22% in 2022 to **26.51%** in 2023. Our data shows that we are **above** the national average for comparable organisations for both groups.

There is a disparity of **5.26%** between the reported experience of the two groups with a higher percentage of BME staff experiencing harassment, bullying or abuse from patients, relatives, or the public in the last 12 months. This remains a concern and an area for focused improvement.

In reviewing and analysing the data trend for this indicator from 2019, our staff are informing us through the NHS staff survey that there has been a very small decline for white staff and an increase for BME Staff who are experiencing harassment, bullying or abuse from patients, relatives, or the public in the last 12 months.

Over the years the figures have tended to fluctuate and show that there was a decrease in 2020 and increase in 2021 before decreasing to its lowest point in 2022 and increasing in 2023 for white staff. For BME staff there was a significant decrease in 2020 to its lowest point, increasing in 2021 to 2023. Please refer to the infographic relating to this indicator in Appendix 1.

WRES Indicator 6

WRES Indicator 6 is taken from the NHS Staff Survey and compares the data relating to white staff and BME staff. This indicator compares specifically the data and percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months.

The percentages of white staff and BME staff reporting they have experienced harassment, bullying or abuse from staff in the last 12 months has increased for white staff and decreased for BME staff.

For white staff the figure has increased from 13.64% in 2022 to **16.99%** in 2023 and for BME staff the figure has reduced from 31.11% in 2022 to **26.51%** in 2023. Our data shows that we are **above** the national average for comparable organisations in 2023 for both groups.

There is a disparity of **9.52%** between the reported experience of the two groups with a higher percentage of BME staff experiencing harassment, bullying or abuse from staff in the last 12 months. While the percentage has decreased for BME staff, it has increased for white staff, and this remains a concern and an area for focused improvement.

In reviewing and analysing the data trend for this indicator from 2019, our staff are informing us through the NHS staff survey that there has been a small increase for both group saying that they are experiencing harassment, bullying or abuse from staff in the last 12 months.

Over the years the figures have tended to be variable and show that in 2019 and 2020 the figures were the same before steadily decreasing in 2021 and 2022 and increasing in 2023 for white staff. For BME staff there was an upward trend from 2019 to 2022 before decreasing in 2023. Please refer to the infographic relating to this indicator in Appendix 1.

WRES Indicator 7

WRES Indicator 7 is taken from the NHS Staff Survey and compares the data relating to white staff and BME staff. This indicator compares specifically the data and percentage of staff believing that the organisation provides equal opportunities for career progression or promotion.

The percentages of staff believing that the organisation provides equal opportunities for career progression or promotion has increased for both groups.

For white staff this has increased from 61.54% in 2022 to **63.76%** in 2023. For BME staff the figure has slightly increased from 45.24% in 2022 to **46.34%** in 2023. Our data shows that we were **below** the national average for comparable organisations in 2022 and 2023 for both groups.

There is a disparity of **-17.45%** between the reported experience of the two groups with a lower percentage of BME staff reporting that the organisation provides equal opportunities for career progression or promotion. This is a significant concern and an area for focused improvement.

In reviewing and analysing the data trend for this indicator from 2019, our staff are informing us through the NHS staff survey that there has been a small increase for both groups saying that the organisation provides equal opportunities for career progression or promotion but there remains a large disparity between the experience of both groups.

Over the years both groups follow the same pattern, with figures significantly increasing in 2020, before decreasing to their lowest point in 2021, and then increasing in 2022 and 2023. Please refer to the infographic relating to this indicator in Appendix 1.

WRES Indicator 8

WRES Indicator 8 is taken from the NHS Staff Survey and compares the data relating to white staff and BME staff. This indicator compares specifically the data and percentage of staff experiencing discrimination at work from manager/team leader or other colleagues in the last 12 months.

The percentages of staff experiencing discrimination at work from manager/team leader or other colleagues in the last 12 months has decreased for white staff and increased for BME staff.

For white staff this has decreased from 5.29% in 2022 to **4.87%** in 2023. For BME staff the figure has slightly increased from 17.78% in 2022 to **20.48%** in 2023. Our data shows that we were **above** the national average for comparable organisations in 2022 and 2023 for both groups.

There is a disparity of **15.61%** between the reported experience of the two groups with a significantly higher percentage of BME staff experiencing discrimination at work from manager/team leader or other colleagues in the last 12 months. This remains a significant concern and an area for focused improvement.

In reviewing and analysing the data trend for this indicator from 2019, our staff are informing us through the NHS staff survey that the experience of white colleagues has remained largely static whereas the experience of BME colleagues has significantly deteriorated.

Over the years the figures have tended to be variable and show that there was a significant decrease in 2020, followed by a significant increase in 2021 and then a gradual decrease in 2022 and 2023 for white staff. For BME staff there was a small decrease in 2020, followed by a small increase in 2021 and then a significant increase in 2022 and 2023. Please refer to the infographic relating to this indicator in Appendix 1.

WRES Indicator 9

WRES Indicator 9 compares specifically the percentage difference between (i) the organisations' board voting membership and its overall workforce and (ii) the organisations' board executive membership and its overall workforce.

The Percentage difference between the organisations Board and its overall workforce, split by voting member and executive membership, in 2023 is:

- a. By voting member of the Board is **+4%** (CityCare has 16% BME workforce and 2 of its 10 i.e. 20% voting members on the Board is of BME origin. The percentage difference between CityCare's Board Voting Membership and its overall workforce is 4%).
- b. By executive membership of the Board **-16%** (CityCare has 16% BME workforce and 0 of its 5 i.e. 0% executive members on the Board is of BME origin. The percentage difference between CityCare's Executive Membership and its overall workforce is therefore -16%).

This metric will depend on the characteristics of the personnel who make up the CityCare Board, however improved board representation is an objective within the high impact actions within the NHS equality, diversity and inclusion improvement plan.

Conclusion

In this report, for the first time, we have included a data trend analysis of the WRES from 2019 through to the current reporting cycle. Whilst for some of the WRES indicators over time, there is an encouraging improvement, there still remains room for continued improvement across all indicators, as we continue to strive for equity in experience for all our staff. Of particular concern across a number of the indicators is the disparity in experience between BME staff and white staff.

In Quarter 4 of 2024/25 we will engage with our Ethnic Equalities Staff Network and other key stakeholders to agree and craft our actions for improvement. Once completed, the WRES Action Plans will be shared with the People and Inclusion Committee and CityCare's Board for approval, before publishing on the CityCare website.

Appendix 1

Workforce Race Equality Standard

Date of this report	November 2024
Name of Provider Organization	Nottingham CityCare Partnership CIC
Name and Title of Board Lead for Workforce Race Equality Standard	Namdi Ngoka Director of People, Communications, and Inclusion – Chief People Officer
Name and contact details of Lead Managers completing this report	Lindsay Shankland - Deputy Director of People and Organisational Development Email: lindsay.shankland@nhs.net Erica Pearce - Assistant Equalities Manager Email: erica.pearce3@nhs.net
Name of Commissioners this report has been sent to	Not Applicable.

Report on the WRES Indicators

1. Background Narrative

a. Any issues of completeness of data

No

b. Any matters relating to reliability of comparisons with previous years

No

2. Total Numbers of Staff

a. Employed within this organisation at the date of this report

1193

b. Proportion of BME¹ staff employed within this organisation at the date of this report

16%

¹ The definitions of “Black and Minority Ethnic” and “White” used in the NHS England Standard and Guidance have followed the national reporting requirements of Ethnic Category in the NHS Data Model and Dictionary and are as used in Health and Social Care Information Centre data. These definitions were based upon the 2001 ONS Census categories for ethnicity. “White” staff include White British, Irish and Any Other White. The “Black and Minority Ethnic” staff category includes all other staff except “unknown” and “not stated.” (these are presented in Annex B)

3. Self-Reporting

- a. The proportion of total staff who have self-reported their ethnicity.

99.16%

- b. Have any steps been taken in the last reporting period to improve the level of self-reporting of ethnicity?

Staff complete self-reporting on application, at recruitment and for the staff survey. Regular awareness raising to staff on the importance of using self-serve to add personal data. We have my Equality and Diversity portal in ESR for staff to report their ethnicity at any time on their ESR Record.

- c. Are any steps planned during the current report period to improve the level of self-reporting by ethnicity?

Continue to raise awareness of the importance of recording during equality training, on the website and in CityCare Cascade.

3. Workforce Data

- a. What period does the organisation's workforce data relate to?

1st April 2024 (exception indicator 3 which is a rolling two-year period).

Indicator 1

Percentage of staff in Agenda for Change (AfC) pay-bands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce.

2019-2020	2020-2021	2021-2022	2022-2023	2023-2024
Band 1 non-clinical				
Nil	Nil	Nil	Nil	Nil
Band 2 non-clinical				
BME 34% White 66%	BME 31% White 69%	BME 29% White 71%	BME 30% White 70%	BME 32% White 68%
Band 2 clinical				
BME 5% White 95%	BME 9% White 91%	BME 8% White 92%	BME 8% White 92%	BME Nil White Nil
B2 % BME in overall BME workforce 17%	B2 % BME in overall BME workforce 16%	B2 % BME in overall BME workforce 13%	B2 % BME in overall BME workforce 13%	B2 % BME in overall BME workforce 12%
Band 3 non-clinical				
BME 12% White 88%	BME 16% White 84%	BME 13% White 87%	BME 10% White 90%	BME 11% White 89%
Band 3 clinical				
BME 14% White 86%	BME 15% White 85%	BME 14% White 86%	BME 14% White 86%	BME 17% White 83%
B3 % BME in overall BME workforce 12%	B3 % BME in overall BME workforce 13%	B3 % BME in overall BME workforce 12%	B3 % BME in overall BME workforce 12%	B3 % BME in overall BME workforce 14%
Band 4 non-clinical				

BME 16% White 84%	BME 14% White 86%	BME 14% White 86%	BME 14% White 86%	BME 14% White 86%
Band 4 clinical				
BME 14% White 86%	BME 14% White 86%	BME 12% White 88%	BME 18% White 82%	BME 18% White 82%
B4 % BME in overall BME workforce 19%	B4 % BME in overall BME workforce 16%	B4 % BME in overall BME workforce 14%	B4 % BME in overall BME workforce 18%	B4 % BME in overall BME workforce 17%
Band 5 non-clinical				
BME 12% White 88%	BME 22% White 78%	BME 27% White 73%	BME 9% White 91%	BME 15% White 85%
Band 5 clinical				
BME 10% White 90%	BME 13% White 87%	BME 18% White 82%	BME 18% White 82%	BME 19% White 81%
B5 % BME in overall BME workforce 14%	B5 % BME in overall BME workforce 17%	B5 % BME in overall BME workforce 20%	B5 % BME in overall BME workforce 16%	B5 % BME in overall BME workforce 18%
Band 6 non-clinical				
BME 10% White 90%	BME 9% White 91%	BME 12% White 88%	BME 18% White 82%	BME 21 % White 79%
Band 6 clinical				
BME 13% White 87%	BME 13% White 87%	BME 15% White 85%	BME 16% White 84%	BME 15% White 85%
B6 % BME in overall BME workforce 29%	B6 % BME in overall BME workforce 24%	B6 % BME in overall BME workforce 32%	B6 % BME in overall BME workforce 29%	B6 % BME in overall BME workforce 25%
Band 7 non-clinical				

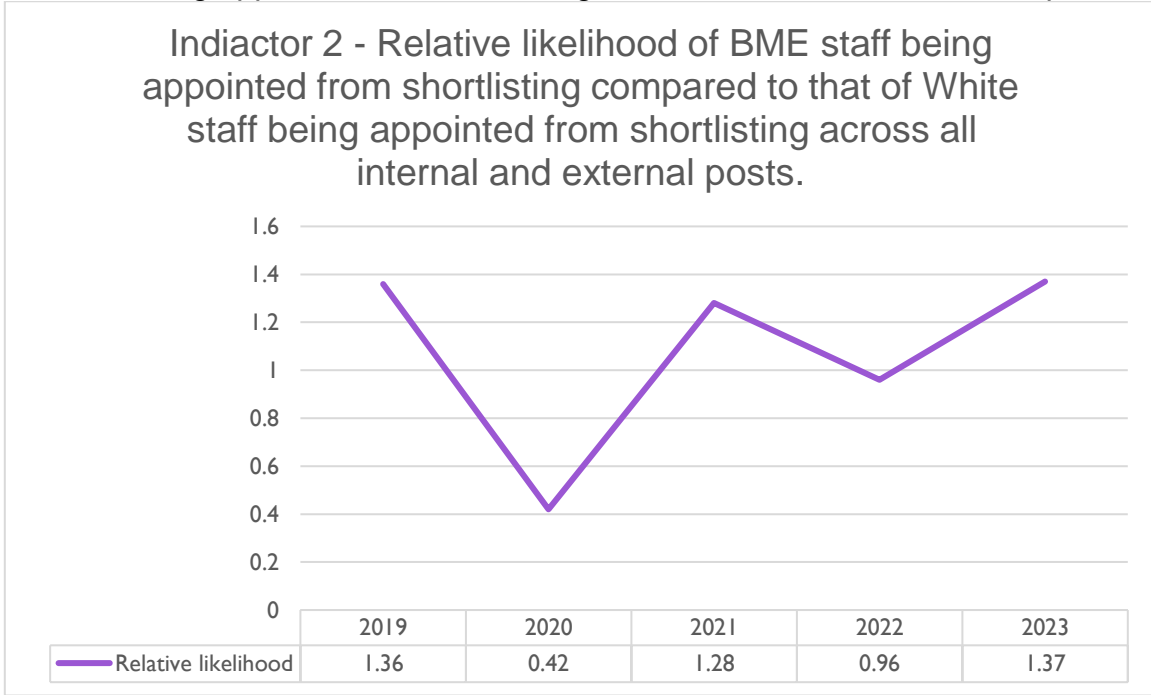
BME 0% White 100%	BME Nil White 100%	BME 6% White 94%	BME 6% White 94%	BME 15% White 85%
Band 7 clinical				
BME 8% White 92%	BME 10% White 90%	BME 7% White 93%	BME 9% White 91%	BME 9% White 91%
B7 % BME in overall BME workforce 7%	B7 % BME in overall BME workforce 9%	B7 % BME in overall BME workforce 7%	B7 % BME in overall BME workforce 8%	B7 % BME in overall BME workforce 9%
Band 8a non-clinical				
BME 17% White 83%	BME 22% White 78%	BME 40% White 60%	BME 15% White 85%	BME 11% White 89%
Band 8a clinical				
BME 15% White 85%	BME 9% White 91%	BME 18% White 82%	BME 25% White 75%	BME 11% White 89%
B8a % BME in overall BME workforce 3%	B8a % BME in overall BME workforce 3%	B8a % BME in overall BME workforce 4%	B8a % BME in overall BME workforce 3%	B8a % BME in overall BME workforce 3%
Band 8b non-clinical				
BME nil White 100%	BME nil White 100%	BME nil White 100%	BME nil White 100%	BME nil White 100%
Band 8b clinical				
BME nil White nil	BME nil White nil	BME nil White nil	BME nil White nil	BME 33% White 67%
B8b % BME in overall BME workforce 0%	B8b % BME in overall BME workforce 0%	B8b % BME in overall BME workforce 0%	B8b % BME in overall BME workforce 0%	B8b % BME in overall BME workforce 1%

Band 8c non-clinical				
BME nil White 100%	BME nil White 100%	BME nil White 100%	BME nil White 100%	BME nil White 100%
Band 8c clinical				
BME nil White nil	BME nil White nil	BME nil White nil	BME nil White nil	BME nil White nil
B8c % BME in overall BME workforce 0%	B8c % BME in overall BME workforce 0%	B8c % BME in overall BME workforce 0%	B8c % BME in overall BME workforce 0%	B8c % BME in overall BME workforce 0%
Band 8d non-clinical				
BME nil White nil	BME nil White 100%	BME nil White 100%	BME nil White 100%	BME nil White 100%
Band 8d clinical				
BME nil White 100%	BME nil White 100%	BME nil White 100%	BME nil White 100%	BME nil White 100%
B8d % BME in overall BME workforce 0%	B8d % BME in overall BME workforce 0%	B8d % BME in overall BME workforce 0%	B8d % BME in overall BME workforce 0%	B8d % BME in overall BME workforce 0%
Band 9 non-clinical				
BME nil White 100%	BME nil White 100%	BME nil White nil	BME nil White nil	BME nil White nil
Band 9 clinical				
BME nil White nil	BME nil White nil	BME nil White nil	BME nil White nil	BME nil White nil

B9 % BME in overall BME workforce nil	B9 % BME in overall BME workforce 0%	B9 % BME in overall BME workforce nil	B9 % BME in overall BME workforce nil	B9 % BME in overall BME workforce nil
VSM non-clinical				
BME nil White 100%	BME nil White 100%	BME 25% White 75%	BME 33% White 67%	BME 43% White 57%
VSM % BME in overall BME workforce 0%	VSM % BME in overall BME workforce 0%	VSM % BME in overall BME workforce 0.6%	VSM % BME in overall BME workforce 0.6%	VSM % BME in overall BME workforce 2%
Medical subgroups				
BME nil White 100%	BME nil White 100%	BME nil White 100%	BME nil White 100%	BME nil White 100%
Medical & Dental Consultant % BME in overall BME workforce 0%	Medical & Dental Consultant % BME in overall BME workforce 0%	Medical & Dental Consultant % BME in overall BME workforce 0%	Medical & Dental Consultant % BME in overall BME workforce 0%	Medical & Dental Consultant % BME in overall BME workforce 0%

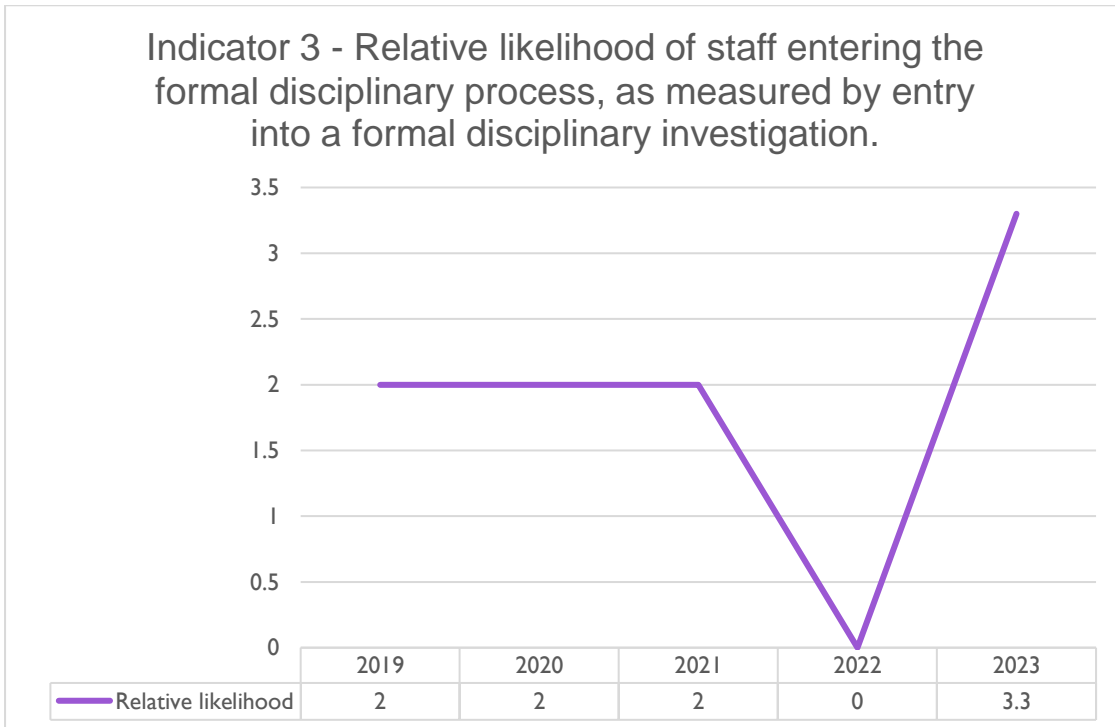
Indicator 2

Relative likelihood of BME staff being appointed from shortlisting compared to that of white staff being appointed from shortlisting across all internal and external posts.



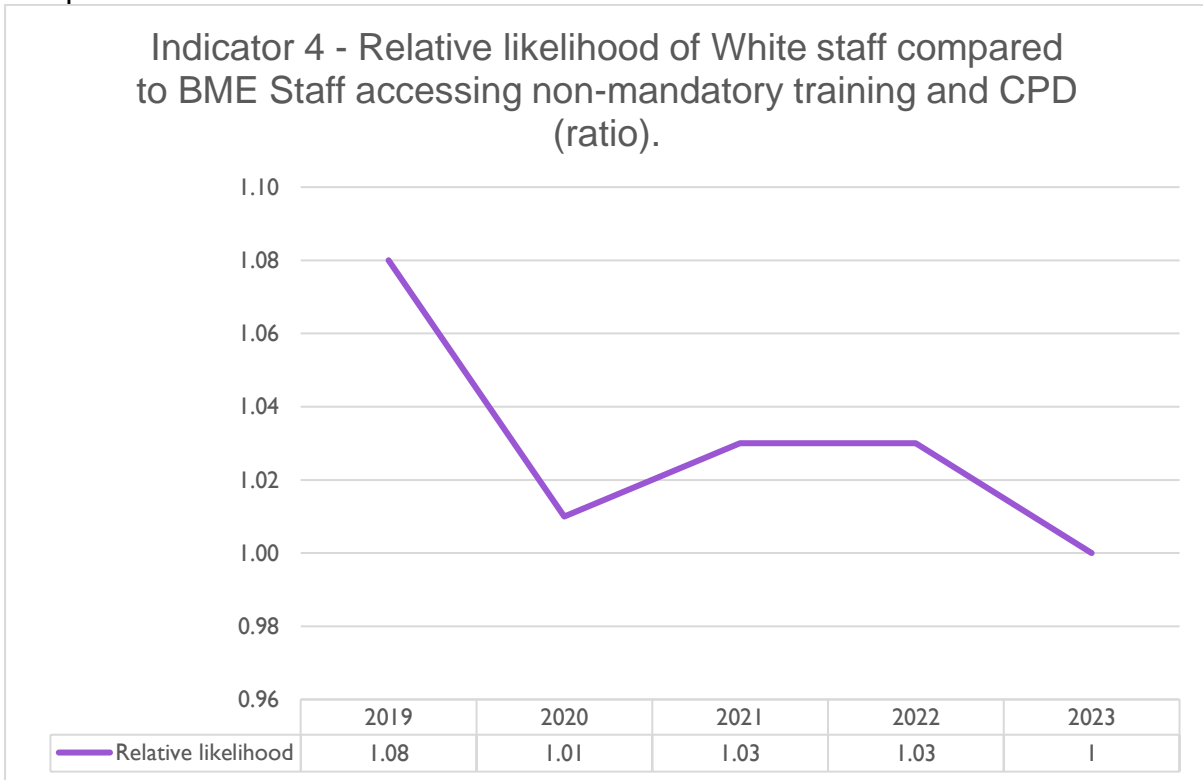
Indicator 3

Relative likelihood of BME staff entering the formal disciplinary process, compared to that of white staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.



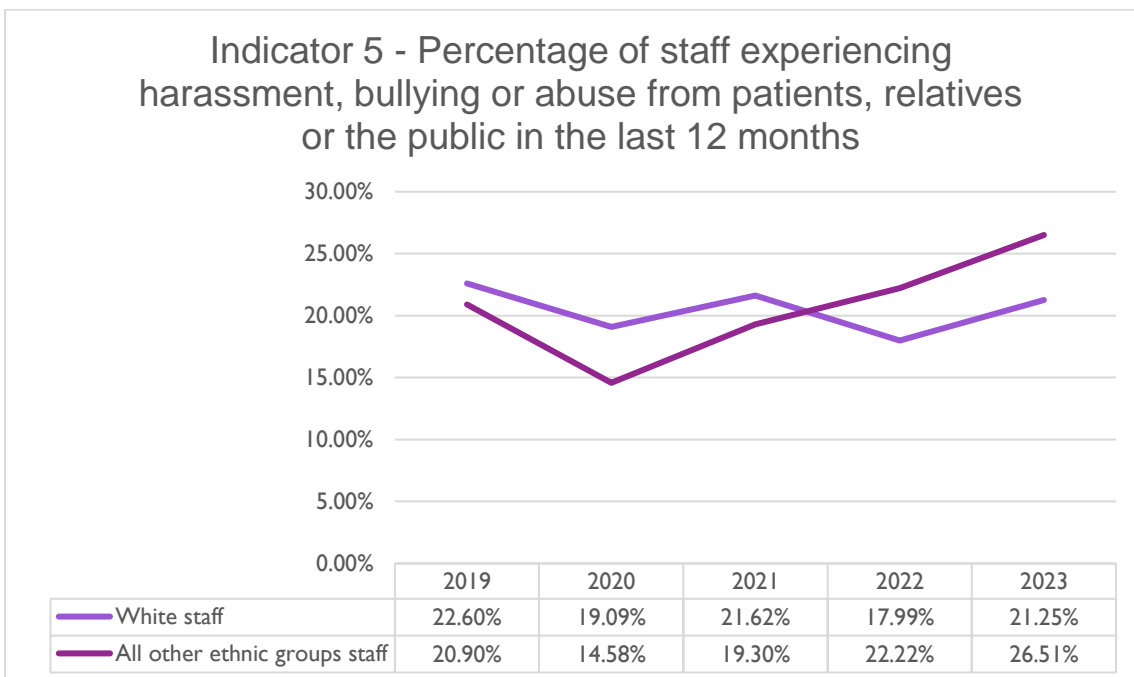
Indicator 4

Relative likelihood of BME staff accessing non-mandatory training and CPD as compared to white staff.



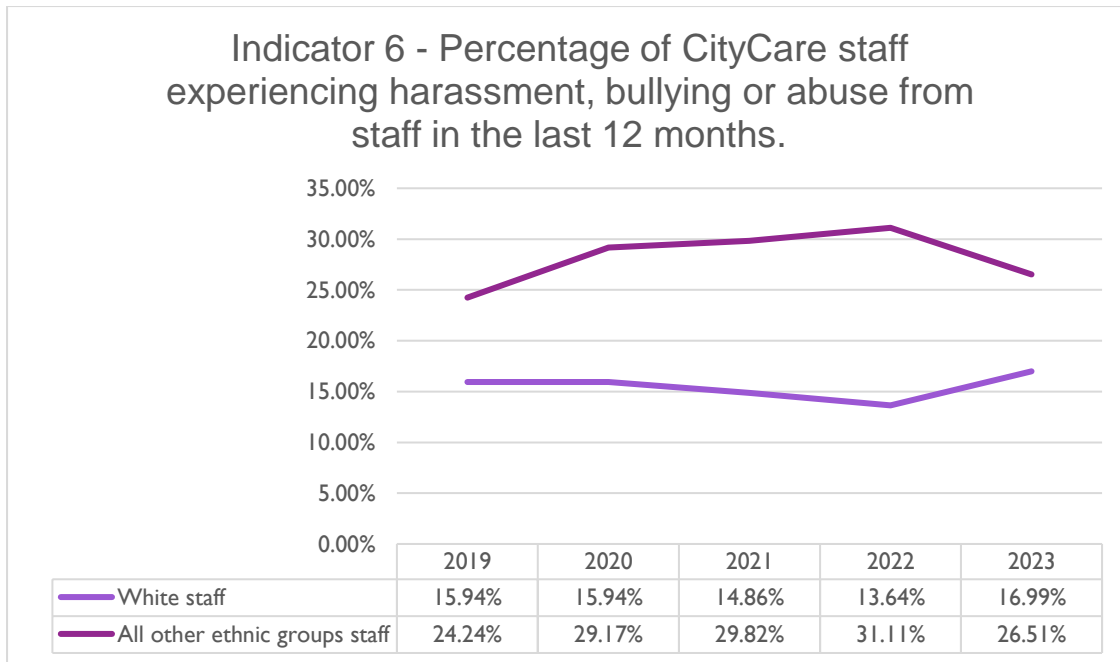
Indicator 5

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



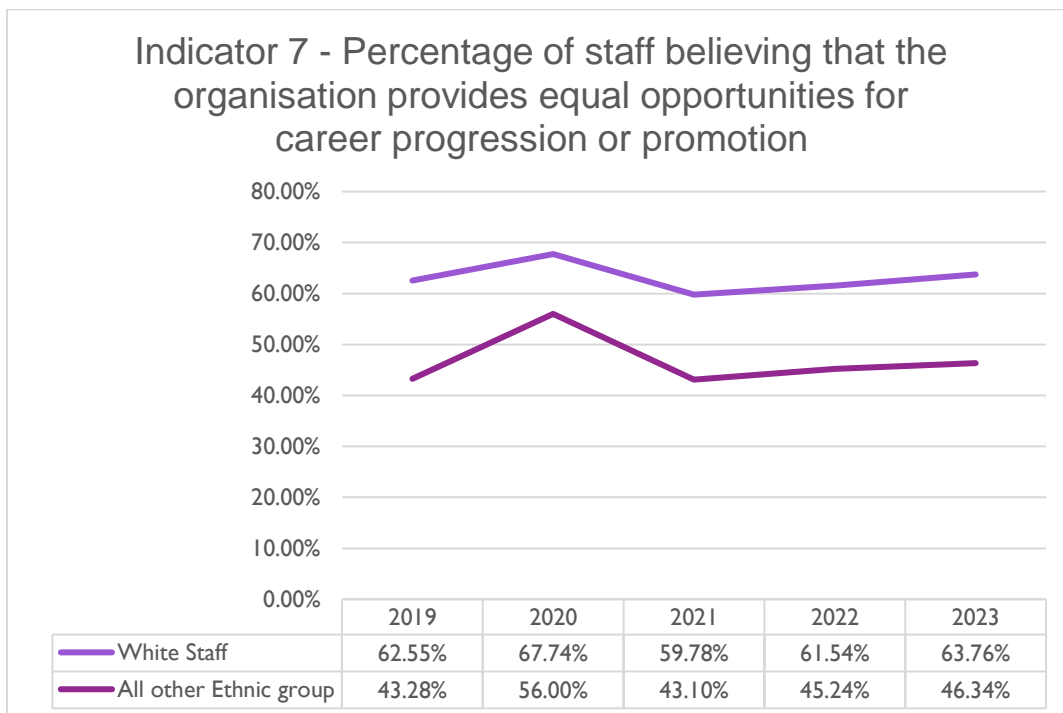
Indicator 6

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



Indicator 7

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



Indicator 8

Percentage of staff experiencing discrimination at work from manager / team leader or other colleagues in the last 12 months.

