

NHS Workforce Race Equality Standard

Barts Health NHS Trust
Data Summary and Action Plan

2024 / 2025

Summary report covering data from the period 1st April 2024 – 31st March 2025.

1. Background

The NHS Workforce Race Equality Standard (WRES) is published annually and is an essential tool in supporting the NHS to be an inclusive and fair workplace. It helps evaluate progress and identify areas where further improvement is needed. The 2025 report is the latest version; previous years reports can be found on our Trust website.

The report utilises data from the electronic staff record and the NHS Staff Survey to bring together a national picture of race across the NHS. Local data reports are also sent to individual organisations to support them to make improvements. NHS England's Equality, Diversity and Inclusion improvement plan, published in 2023, is our pathway to support further progress through NHS systems. The plan sets out six actions for systems to create an environment where staff feel they belong, can safely raise concerns, and are empowered to deliver the best care to our patients.

As we work to make the NHS an inclusive and fair workplace, the WRES and Workforce Disability Equality Standard (WDES) remain essential tools for evaluating our progress and identifying areas where further improvement is needed. They provide a critical framework to ensure equality of opportunity is not just something we talk about but is central to our organisational culture, policies, and practices.

Note on terminology: in relation to the WRES, Barts Health uses the terms BME and BAME to follow the WRES technical guidance that ensures consistent data collection and analysis across the NHS.

2. Our Context

Barts Health is one of the largest Trusts in the country and one of Britain's leading healthcare providers. With a diverse workforce of over 20,000 staff, in addition to volunteers, students, and contractors, the WRES provides a valuable insight into the challenges of inclusion and diversity across our workforce.

Like most Trusts in North East London, Barts Health has a workforce that is predominantly comprised of people from a Black, Asian and Minority Ethnic (BME) background. According to data from the period this report covers, 29% of our staff are White, 26% are Asian, 22% are Black, 3% are from a mixed heritage background and 9% were from 'other' ethnic backgrounds. The ethnicity of 11% of our workforce is unknown.

Many of the inequality gaps highlighted in this report are not unique to Barts Health; they are widespread across the NHS and society. By continuing to publish the extent of our own inequalities, we hope to give further recognition to this agenda and be open with our own challenges as a positive step towards addressing them.

While this report fulfils our statutory requirement to publish our WRES data, it should also be seen in the wider context of our WeBelong strategy. WeBelong sets out our commitment to building a more compassionate, inclusive and equitable culture across Barts Health. The findings within this paper contribute to that broader journey, helping us to understand where progress is being made and where further action is required. A more detailed update on WeBelong, and the impact of our work to date, will be presented to the Board in January for wider discussion and reflection.

Barts Health WRES 2024-25 Highlights

Performing Well

Indicator 1
Representation 60.5%

Year on Year Improvement
Year on year improvement in overall BME representation since 2019. 60.5% of our workforce are from a BME background, which is 2 percentage point improvement from the previous year (58.5%).

Indicator 7
Career Progression 44.8%

Year on Year Improvement
The figure has improved for the fourth consecutive year from 39.8% in 2021 to 44.8% in 2025. This is a slight improvement of 0.2 percentage points from the previous year (44.6%).

Making improvements but further work required

Indicator 1
8a+ Representation 39.8%

Improving, however a representation gap remains
The figure has improved from 39.1% in March 2024 to 39.8% in March 2025. However, there is still a significant gap compared to our overall Trust ethnicity profile (60.5% BME).

Indicator 6
Harassment from Staff 28.3%

Improving, however figures remain unacceptably high
The figure has improved from 31.9% in March 2024 to 28.3% in March 2025. Despite this improvement, levels of harassment from staff are still unacceptably high.

Indicator 8
Discrimination 16.3%

Improving, however figures remain unacceptably high
The figure has improved for the second consecutive year from 19.3% in 2023 to 16.3% in 2025. This is a slight improvement of 0.2 percentage points from the previous year (16.5%). However, levels are still too high.

Indicator 9
Board Composition 25%

Improving, however a representation gap remains
The figure has improved from 21.7% in March 2024 to 25% in March 2025. However, there is still a significant gap compared to our overall Trust ethnicity profile (60.5% BME).

Work Required

Indicator 2
Shortlisting 1.62x

Figure Worsening
The figure has deteriorated for two consecutive years from 1.48x in 2023 to 1.62x in 2025. This is a deterioration of 0.06 points from the previous year (1.56x).

Indicator 3
Disciplinary 2.6x

Figure worsening
The figure has deteriorated for two consecutive years from 1.17x in 2023 to 2.6x in 2025. This is a significant deterioration of 1.21 points from the previous year (1.39x).

Indicator 4
Training 0.85x

Becoming less equal
The figure has reduced to 0.85x in March 2025 from 0.99x in March 2024, suggesting that BME colleagues are now more likely than White colleagues to access non mandatory training.

Indicator 5
Harassment from Service Users 29.6%

Figure Increasing
The figure has increased from 28% in March 2024 to 29.6% in March 2025. BME staff also face higher levels of abuse compared to White staff (27%).



4. Being Accountable: The Overall Picture

When considering our journey to equality, it is important to look at WRES over time, as this gives a fuller picture of how things are changing and looks beyond year-on-year fluctuations that can be due to chance. When a single metric goes up or down each year by a small amount, this is unlikely to indicate an improving/declining trend and instead suggests there has been no significant improvement/decline. The table below provides a transparent summary of our progress since initial reporting, which is explained in more detail throughout this report.

Metric Area	Improved last year	6-year view	Where are we now?
Metric 1: Representation	 Yes	Significant year on year improvement since 2019.	The proportion of BME colleagues in the Trust has grown overall by 8.3 % between 2019 (52.2%) and 2025 (60.5%). This an improvement of 2 percentage points from the previous year (58.5%). 39.8% of our band 8a+ workforce is from a BME background, which is an improvement of 0.7 percentage points from the previous year (39.1%). Despite this improvement, there remains a significant gap between our overall Trust ethnicity profile (60.5% BME) and the percentage of BME colleagues in senior roles.
Metric 2: Shortlisting	 No	Deteriorated for 2 consecutive years.	The relative likelihood of White staff being appointed from shortlisting compared to BME staff has deteriorated for two consecutive years from 1.48x in 2023 to 1.62x in 2025. This is a deterioration of 0.06 points from the previous year (1.56x). This metric remains outside of the range of 0.8-1.2 which indicates there is still an unfair disparity where BME colleagues are less likely to be appointed from shortlisting, compared to White staff.
Metric 3: Disciplinary Process	 No	Deteriorated for 2 consecutive years.	The figure for the likelihood of BME staff entering a formal disciplinary process compared to White staff has deteriorated for two consecutive years from 1.17x in 2023 to 2.6x in 2025. This is a significant deterioration of 1.21 points from the previous year (1.39x). The data continues to show a significant disparity between the experiences of White colleagues and those from BME backgrounds in relation to the disciplinary process however this is based on a low number of cases which means it is a less reliable figure.
Metric 4: Training	BME colleagues are now more likely than White colleagues to access such training.		Between 2021 and 2024, the gap narrowed consistently to 0.99x, indicating parity in access. In March 2025, the figure reduced to 0.85x, suggesting that BME colleagues are now more likely than White colleagues to access such training.
Metric 5 – 6: Harassment from service users and staff	 No  Yes	Metric 5: Yearly fluctuations with no clear or sustained trend, however figures remain unacceptably high. Metric 6: Improvement for 2 consecutive years, however figures remain unacceptably high.	Metric 5: The percentage of BME colleagues experiencing harassment, bullying or abuse from patients, relatives, or the public (metric 5) has increased from 28% in 2024 to 29.6% in 2025. The data also shows that BME colleagues continue to face higher levels of abuse from the public compared to White Colleagues (27%). Metric 6: The percentage of BME colleagues experiencing harassment, bullying or abuse from other colleagues has improved for the second consecutive year from 31.9% in 2023 to 28.3% in 2025 (compared to 26.0% for white colleagues). This is a slight improvement of 0.6 percentage points from the previous year (28.9%). Across both metrics 5 and 6, BME staff are more likely than White staff to experience these unacceptable behaviours.
Metric 7: Career progression	 Yes	Improvement for 4 consecutive years.	The percentage BME staff believing that the trust provides equal opportunities for career progression or promotion has improved for the fourth consecutive year from 39.8% in 2021 to 44.8% in 2025. This is a slight improvement of 0.2 percentage points from the previous year (44.6%).
Metric 8: Experiencing discrimination	 Yes	Improvement for 2 consecutive years.	After a period of yearly fluctuations between 2019 – 2023, metric 8, which looks at the levels of discrimination experienced by BME staff from a manager/team leader or other colleagues, has improved for the second consecutive year from 19.3% in 2023 to 16.3% in 2025. This is a slight improvement of 0.2 percentage points from the previous year (16.5%). This is also the lowest this figure has been since initial reporting in 2019.
Metric 9: Board composition	 Yes	Improvement for 4 consecutive years.	25% of our Board members are from a BME background, which is a 3.3% improvement from the previous year (21.7%).

5. 2024 / 25 Narrative on WRES Metrics for Barts Health

Overall, five out of nine WRES metrics have shown an improvement in the last year, and four have deteriorated. It is important to celebrate and accelerate areas of progress across the WRES indicators, while equally focusing our efforts on driving improvements in areas that still require attention.

5.1) Metric 1 and 9: Representation

The proportion of BME colleagues in the Trust has grown overall by 8.3 % between 2019 (52.2%) and 2025 (60.5%). This an improvement of 2 percentage points from the previous year (58.5%). In the last 12 months we have also seen notable improvements in the representation of BME colleagues in senior roles. 39.8% of our band 8a+ workforce is from a BME background, which is an improvement of 0.7 percentage points from the previous year (39.1%). Additionally, 25% of our Board members are from a BME background, which is a 3.3% improvement from the previous year (21.7%).

Whilst the overall increase in BME representation is positive, there remains a significant gap between our overall Trust ethnicity profile (60.5% BME) and the percentage of BME colleagues in senior roles. Continued focus on this metric is therefore required to sustain the improvements that we have achieved over the last five years to ensure that we close the representation gap at the senior level.

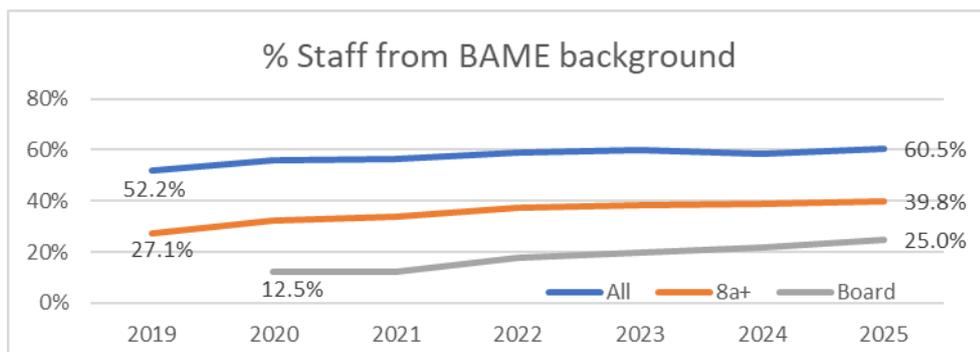


Fig. 1

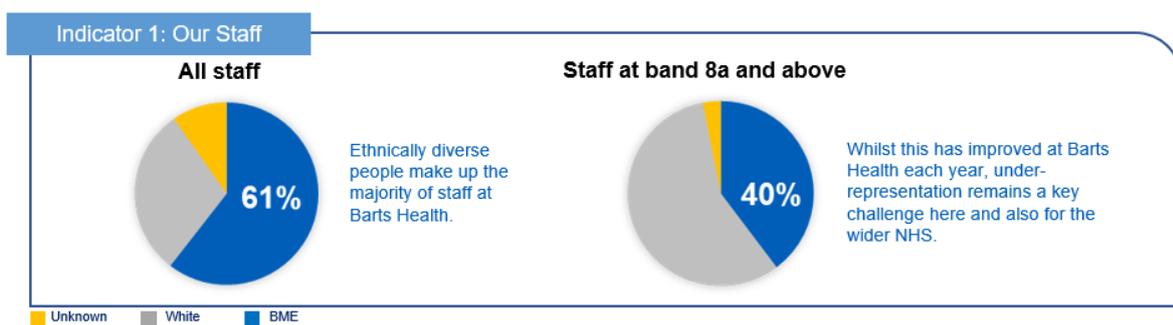


Fig. 2

5.2) Metric 2: Shortlisting

The relative likelihood of White staff being appointed from shortlisting compared to BME staff has deteriorated for two consecutive years from 1.48x in 2023 to 1.62x in 2025. This is a deterioration of 0.06 points from the previous year (1.56x). This metric remains outside of the range of 0.8-1.2 which

indicates there is still an unfair disparity where BME colleagues are less likely to be appointed from shortlisting, compared to White staff.

This persistent disparity highlights that inequalities in recruitment have persisted, despite the work that we have undertaken to transform our recruitment process and embed more inclusive recruitment practices. We therefore recognise the need to be bolder in our approach and to further strengthen our interventions to address bias and structural barriers within recruitment.

This will include moving away from the traditional interview format and consistently adopting more inclusive, values-based and scenario-based approaches. Building on learning from the Inclusive Recruitment Programme at Imperial College Healthcare NHS Trust¹, we will introduce additional scrutiny and check-and-challenge mechanisms into the recruitment process for senior appointments. We will also refresh training for our Inclusion Ambassadors, with a focus on bias interruption and influencing, to ensure they are equipped with the skills and confidence to fully participate in decision-making and to challenge bias effectively.



Fig. 3

5.3) Metric 3: Disciplinary Process

The figure for the likelihood of BME staff entering a formal disciplinary process compared to White staff has deteriorated for two consecutive years from 1.17x in 2023 to 2.6x in 2025. This is a significant deterioration of 1.21 points from the previous year (1.39x). The data continues to show a significant disparity between the experiences of White colleagues and those from BME backgrounds in relation to the disciplinary process. The number of formal disciplinary cases is very low in comparison with the number of people in the workforce. In 2024-25 there was only 49 cases a significant decline from the levels seen before the introduction the fair and just culture principle into the employee relations process; in 2020-21 there were 81 cases.

Overall, this metric reinforces the need for a bolder, more proactive approach to removing bias from decision-making processes and ensuring fairness, consistency, and equity for all staff. This includes strengthening our restorative just culture approach as part of our wider PSIRF framework and ensuring consistent application of our Pause and Reflect process across all sites.



¹ https://www.imperial.nhs.uk/about-us/news/inclusive-recruitment-programme-drives-progress-towards-increasing-ethnic-diversity-in-senior-roles?utm_source=chatgpt.com

Fig. 4

5.4) Metric 4: Non-Mandatory Training and CPD

This metric examines the likelihood of White staff accessing non-mandatory training and continuing professional development (CPD) compared to BME staff. Between 2021 and 2024, the gap narrowed consistently to 0.99x, indicating parity in access. In March 2025, the figure moved to 0.85x, meaning that BME colleagues are now more likely than White colleagues to access such training.

This outcome remains within the target range of 0.8–1.2 and demonstrates that BME colleagues are not experiencing less access to development opportunities. While this is a positive trend, ongoing monitoring will be important to ensure access remains equitable for all staff and to assess whether increased participation in non-mandatory training for BME colleagues is translating into meaningful career progression opportunities.



Fig. 5

5.5) Metrics 5, 6 & 8: Bullying, Harassment & Discrimination from the Public and Colleagues

The percentage of BME colleagues experiencing harassment, bullying or abuse from patients, relatives, or the public (metric 5) has increased from 28% in 2024 to 29.6% in 2025. The data also shows that BME colleagues continue to face higher levels of abuse from the public compared to White Colleagues (27%).

Metric 6, which looks at levels of bullying and harassment experienced by BME staff from other colleagues has improved for the second consecutive year from 31.9% in 2023 to 28.3% in 2025. This is a slight improvement of 0.6 percentage points from the previous year (28.9%). The levels of bullying and harassment experienced by White staff are also unacceptably high at 26%, however similar to metric 5, there continues to be a disparity between the experiences of BME staff compared to White staff in relation to this metric, with BME staff being slightly more likely to experience bullying and harassment from other colleagues.

After a period of yearly fluctuations between 2019 – 2023, metric 8, which looks at the levels of discrimination experienced by BME staff from a manager/team leader or other colleagues, has improved for the second consecutive year from 19.3% in 2023 to 16.3% in 2025. This is a slight improvement of 0.2 percentage points from the previous year (16.5%). This is also the lowest this figure has been since initial reporting in 2019. While we are proud of this achievement and encouraged by the downward trend, we recognise that levels of discrimination remain unacceptably high and that BME staff are far more likely to experience discrimination compared to White colleagues (16.3% for BME staff, compared to 10% for White staff).

No level of discrimination is acceptable within our organisation, and these figures reflect the ongoing need for sustained, organisation-wide action, with a particular focus on eliminating racism,

islamophobia, and antisemitism. We remain committed to creating an inclusive and respectful working environment where all staff feel safe, valued and a strong sense of belonging.

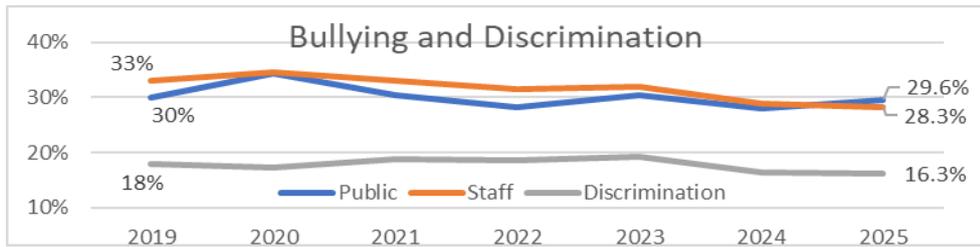


Fig.6

5.6) Metric 7: Career Progression

The percentage BME staff believing that the trust provides equal opportunities for career progression or promotion has improved for the fourth consecutive year from 39.8% in 2021 to 44.8% in 2025. This is a slight improvement of 0.2 percentage points from the previous year (44.6%). Whilst this sustained improvement is promising, there continues to be a significant disparity between White and BME colleagues in relation to perceptions around fairness of career progression. Notably, 57% of White colleagues believe that the opportunities for career progression are fair, compared to only around 45% of BME colleagues, which is a 12% percentage point gap.



Fig.7

6. Closing the Gaps: Our Commitments to Race Equality in 2025 and Beyond

Over the past year, Barts Health has continued to make significant strides in our journey toward becoming a truly inclusive organisation. We are proud that our 2024/25 WRES data have shown improvement in five out of nine metrics, which demonstrates that our collective efforts, driven by our People teams and staff networks, are beginning to make a positive impact. These improvements reflect the progress we are making in creating fairer systems and our journey towards becoming an anti-racist organisation.

However, while we acknowledge and celebrate these achievements, we remain acutely aware of the challenges that persist. The data has highlighted key areas that require attention and sustained action. The key challenges that we need to address are:

- There remains a significant gap between our overall Trust ethnicity profile (60.5% BME) and the percentage of BME colleagues in senior roles.
- There is still an unfair disparity where BME colleagues are less likely to be appointed from shortlisting, compared to White staff.

- There continues to be a significant disparity between the experiences of White colleagues and those from BME backgrounds in relation to the disciplinary process.
- Levels of bullying, harassment, and discrimination remain unacceptably high across the organisation, and BME staff are still more likely to experience this type of behaviour, compared to White staff.
- There continues to be a significant disparity between White and BME colleagues in relation to perceptions around fairness of career progression.

Our commitment to addressing the challenges highlighted in this year's WRES findings is reflected in our targeted action plan for the year ahead, set out in Section 7. Over the coming year, our focus will be on embedding anti-racist practice into the everyday culture of our organisation, ensuring fair access to development opportunities, removing bias from recruitment and disciplinary processes, tackling all forms of incivility including racism, Islamophobia, and antisemitism, and fostering cultural change that is both meaningful and enduring.

We recognise that achieving equity cannot be accomplished through isolated initiatives or short-term measures alone; it requires deep-rooted, systemic cultural transformation. We are committed to address the structural barriers that continue to disadvantage BME colleagues and to embed accountability for race equity at every level, from Board leadership to our frontline teams.

While our WRES data offers a crucial means of measuring progress, it tells only part of the story. We will continue to actively engage with, listen to, and learn from the lived experiences of our colleagues. Our staff networks will remain central to shaping our approach, challenging inequity, and influencing positive change from within the organisation.

We will also continue to apply an intersectional lens to all our race equality and inclusion work, recognising that some BME colleagues experience compounded disadvantage linked to other protected characteristics, including gender, disability, sexual orientation, and religion. Our actions will reflect this understanding, ensuring that our efforts address inequality in all its forms and that no one is excluded.

Looking ahead, we remain committed to building a workplace where every colleague feels safe, valued, and able to reach their full potential. Our ambition is to ensure that race never limits opportunity, and that inclusion is embedded in the fabric of our culture. We will keep listening, keep learning, and focus our energy on delivering actions that bring lasting, tangible change for our people in 2026 and beyond.

7. WRES Action Plan: 2025/26

Theme	WRES Indicators	Actions
Recruitment	Metrics 1 & 2	<ul style="list-style-type: none"> • We will transform our recruitment processes to remove bias from decision making, including ensuring that all interview panels for senior roles (8a+) include an objective inclusion ambassador, implementing a more values based inclusive recruitment approach and rolling out our refreshed inclusive recruitment training which is now live and available to all hiring managers. • Due to current productivity challenges, permanent opportunities may be limited. We will therefore take a more robust and inclusive approach to acting-up and secondment opportunities, using refreshed internal talent management processes to ensure fair and equitable access. This approach will accelerate internal development and build the readiness of our diverse talent pipeline for senior roles when they arise. • We will bolster our role as an anchor institution, through providing inclusive local employment opportunities such as Project SEARCH. • We will expand recruitment via non-traditional routes, e.g. apprenticeships, as part of our broader efforts to widen access and participation for underrepresented groups. • We will explore digital solutions, including Artificial Intelligence (AI), to improve and simplify the application process, with a particular focus on enhancing accessibility for neurodiverse candidates. • Where possible, we will advertise senior posts internally before external advertisement and strongly encourage staff from under-represented staff groups to apply.
Career Progression	Metric 7	<ul style="list-style-type: none"> • We will develop a robust talent management and succession planning framework, that is integrated into our annual appraisal cycle, ensuring that all colleagues have equal opportunities to be considered for senior roles. • We will refresh our Inclusive Career Development Offer, including delivery of bespoke leadership development programmes targeted specifically at underrepresented staff groups (e.g. Pave Your Path Programme for disabled colleagues). • By driving appraisal compliance, we will continue the roll out of scope for growth career conversations across the organisation, which have now been embedded into the appraisal framework. • We will conduct a detailed analysis of representation disparities at various levels and across different staff groups within the BAME categorisation. We will use this data to inform development of targeted interventions and monitor the impact of current initiatives on specific groups, especially focusing on the underrepresentation of Black and Bangladeshi colleagues in senior roles.

Disciplinary	Metric 3	<ul style="list-style-type: none"> • We will Strengthen our Restorative Just Culture Programme as part of the broader (Patient Safety Incident Response Framework) PSIRF approach, embedding it into policies, procedures, and practices. • We will further improve the pause and reflect process with an aim to ensure that pause and reflect is carried out in 100% of disciplinary cases through monthly auditing of cases. • We will improve the investigation stage of disciplinary cases by rolling out improved training for investigating managers to specifically highlight the unfair disparities in outcomes. • We will review involvement outcomes for BME colleagues in disciplinary processes, to identify and address race disparities.
Civility	Metrics 5,6 & 8	<ul style="list-style-type: none"> • Through our new case management system, we will analyse our employee relations data to identify hot spot areas (with elevated levels bullying / harassment / discrimination) to target training interventions such as Cultural Intelligence (CQ), Active Bystander, Unconscious Bias, and anti-racism training etc. • We will strengthen our Speak Up culture by expanding our network of Freedom to Speak Up Champions, enhancing feedback loops, and ensuring learning from cases is shared to build trust and confidence in reporting processes. • We will enhance wellbeing support for staff affected by bullying and harassment or violence and aggression, ensuring timely access to debriefs and psychological support. • We will provide bespoke organisational development interventions for teams and services experiencing issues linked to racism and discrimination, supporting recovery and cultural change.
Governance and Accountability	Metrics 1 - 9	<ul style="list-style-type: none"> • We will strengthen our equity and inclusion governance by bolstering the allyship role of our EDI Executive Sponsors, calling on the Group Executive Board and Trust Board to actively lead and role-model this agenda, and driving strategic change through our dedicated Group Equity and Inclusion Board and Hospital EDI Committees. • Through our recently refreshed inclusion business partner model, we will continue to strengthen the interface between our Group Inclusion Centre and Hospital EDI leads, ensuring a joined-up and collaborative approach that enables the local embedding and implementation of group-wide strategic inclusion priorities.
Staff Networks	Metrics 1 -9	<ul style="list-style-type: none"> • We will deliver bespoke leadership development sessions for our staff network leads to enhance their effectiveness as strategic change agents and to strengthen employee voice from ward to board, enabling senior leaders to gain deeper insight into the lived experiences of our people. • We will work in partnership with our staff networks to ensure their activities align with and actively support the delivery of our strategic EDI priorities, fostering collaboration and shared accountability for progress.

NHS Workforce Race Equality Standard

2025 Metrics | Barts Health Trust

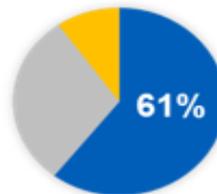


The workforce race equality standard (WRES) is an annual collection of metrics that helps NHS organisations understand the experience of ethnically diverse employees.

This overview provides a snapshot of data from March 2025. Some of these numbers have been rounded to the nearest %.

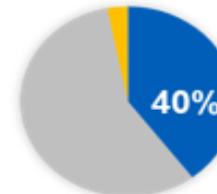
Indicator 1: Our Staff

All staff



Ethnically diverse people make up the majority of staff at Barts Health.

Staff at band 8a and above



Whilst this has improved at Barts Health each year, under-representation remains a key challenge here and also for the wider NHS.

See key bottom right corner. Yellow segments of the pie represent unknown/unrecorded.

Indicator 2: Shortlisting

The relative likelihood of white staff being appointed from shortlisting compared to ethnically diverse staff:

1.62x

This means white staff are slightly more than 1.6 times more likely to be shortlisted.

Indicator 3: Disciplinary

The relative likelihood of ethnically diverse staff entering a formal disciplinary process compared to white staff:

2.55x

This means ethnically diverse staff are 2.6 times more likely to enter formal disciplinary.

Indicator 4: Training

The relative likelihood of white staff accessing non-mandatory training compared to ethnically diverse staff:

0.9x

This means white staff are less likely to access training.

Indicator 5: Bullying from the public

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or public:



Indicator 6: Bullying from staff

Percentage of staff experiencing harassment, bullying or abuse from staff:



Indicator 7: Progression

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



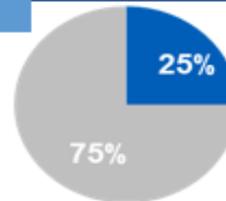
Indicator 8: Discrimination

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



Indicator 9: The Board

Composition of the Trust Board:



Appendix B: WRES Metrics: Six-Year Data Summary (2019 – 2025)

This table summarises current WRES data. Previous years are included in this table to understand any changes over time, Figures in green indicate they improved from the year before, figures in red are where they became worse. Figures in brackets represent the equivalent metric for White colleagues where available.

WRES Metric	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
1a – Representation (All Staff)	52.2%	55.8%	56.4%	59.0%	60.0%	58.5% (29.9%)	60.5% (29.8%)
1a – Representation (8a+)	27.1%	32.5%	34.0%	37.2%	38.6%	39.1% (57.2%)	39.8% (57.2%)
2 – Shortlisting	1.66	1.63	1.65	1.50	1.48	1.56	1.62
3 – Disciplinary	1.91	1.25	1.31	1.77	1.17	1.39	2.60
4 – Training	0.8	0.98	0.43	0.70	0.90	0.99	0.85
5 – Bullying from the Public	30%	34.4%	30.4%	28.2%	30.4%	28.0% (29.0%)	29.6% (26.5%)
6 – Bullying from Staff	33%	34.5%	33.1%	31.4%	31.9%	28.9% (26.8%)	28.3% (26.0%)
7 – Career Progression	41.2%	41.4%	39.8%	41.4%	42.1%	44.6% (56.2%)	44.8% (56.5%)
8 – Discrimination	18%	17.3%	18.9%	18.5%	19.3%	16.5% (10.9%)	16.3% (10.1)
9 – Board Composition		12.5%	12.5%	17.6%	20.0%	21.7% (78.3%)	25.0% (75.0%)

Key: **Yellow** = Metric based on fewer than 100 cases

Appendix C: Site Level Comparisons

This table summarises current WRES data by site, benchmarked to the Trust wide averages, to understand variation in staff experience across the organisation. Due to the variation in the WRES data across our organisation, it is important that the delivery of Trust wide inclusion interventions within the WeBelong strategy, are tailored to address the specific cultural challenges of each site, to ensure that the desired outcomes of the interventions are effectively achieved.

WRES Metric	Trust Wide Data	Site Level Data					
		GSS	Newham	Royal London Hospital & Mile End	St Bartholomew's	Whipps Cross	Pathology Partnership
1a – Representation (All Staff)	60.5%	38.4%	76.6%	62.4%	56.0%	70.4%	68.0%
1a – Representation (8a+)	39.8%	35.8%	57.2%	36.6%	29.6%	48.2%	34.1%
2 – Shortlisting	1.62	1.46	1.30	1.80	1.79	1.43	1.43
3 – Disciplinary	2.60						
4 – Training	0.85	0.92	0.85	0.94	0.82	0.86	1.29
5 – Bullying from the Public	29.6%	16.0%	40.3%	36.8%	26.8%	34.2%	6.0%
6 – Bullying from Staff	28.3%	20.3%	35.4%	30.2%	28.6%	26.4%	34.2%
7 – Career Progression	44.8%	37.5%	42.7%	46.4%	48.9%	49.0%	33.2%
8 – Discrimination	16.3%	15.1%	20.5%	16.5%	15.1%	14.0%	18.2%
9 – Board/HEB Composition	25.0%		18.2%	31.3%	18.2%	41.7%	