Results: Consultation Exercise with Black and Ethnic Minority Employees:

November 2022

Report compiled by:

McKenzie Human Resources LLP

www.diversitymckenzie.co.uk

Contents:

1.1 Introduction:

In July 2022, the East of England Ambulance Service (referred to hereafter as either EEAST or The 'Trust') commissioned McKenzie LLP – a specialist Equality, Diversity and Inclusion consultancy to undertake an external research and consultation project with all Black and Minority Ethic Staff employed within the Trust.

During August – October 2022 all Black and Minority Ethnic staff[1] in the Trust were invited to:

1: Complete an anonymous online / digital survey comprising 17 questions exploring a number of areas including perceptions and experiences of Discrimination, Harassment, Inclusion and Equality of Opportunity in the Trust.

2: Join a confidential focus / discussion group to share relevant experiences and perceptions in this area. All discussion groups were facilitated by external Equality, Diversity and Inclusion specialists from McKenzie LLP.

3: Have a confidential one to one telephone interview with a McKenzie consultant – again with the aim of sharing perceptions and experiences in this area.

[1] As of September 2022, 120 EEAST employees declared themselves as either Black or Minority Ethnic.

1.2 Participation:

Participation in all of the above three activities was both voluntary and confidential. Staff were therefore free to take part in all, some, or no activities at all.

In total, 58 out of the 120 selected employees answered the survey (a 48% response rate) via one or more of the consultation options shown above. (From experience, an average response/participation rate in an exercise of this nature is 50%). 26 employees also took part in a one to one confidential telephone interview.

1.3 Online Survey Content / Other Qualitative Feedback:

The first section of the online survey contained a series of 15 different statements. Participants were asked to rate their own perceptions and experiences against each statement by giving one of five possible responses;

*1: **Agree Strongly**, 2: **Agree**, 3: **Neither Agree or Disagree**, 4: **Disagree**, or 5: **Disagree Strongly**.*

The final section contained gave participants the option to add free flow comments via three questions / statements:

Question 16 asked: ***EEAST teams are not always representative of the actual communities we serve. What do you think we could do to attract a more diverse and representative workforce ?***

Statement 17*:* *Please add any further comments you may in relation to your other answers to this survey.*

Statement 18: *What is your Age, Sex, Disability status etc.* (Reported in the appendices of this document.)

1.4 Methodology:

Employee responses were collected on line using *Survey Monkey* (a web based surveying company). All other qualitative feedback obtained from telephone interviews was compiled, summarised and reported by key 'themes' (also reported in this document) by McKenzie LLP.

1.5 About McKenzie LLP:

Formed in 1996, McKenzie specialise exclusively in the areas of Equality, Diversity, Inclusion and Dignity at Work.
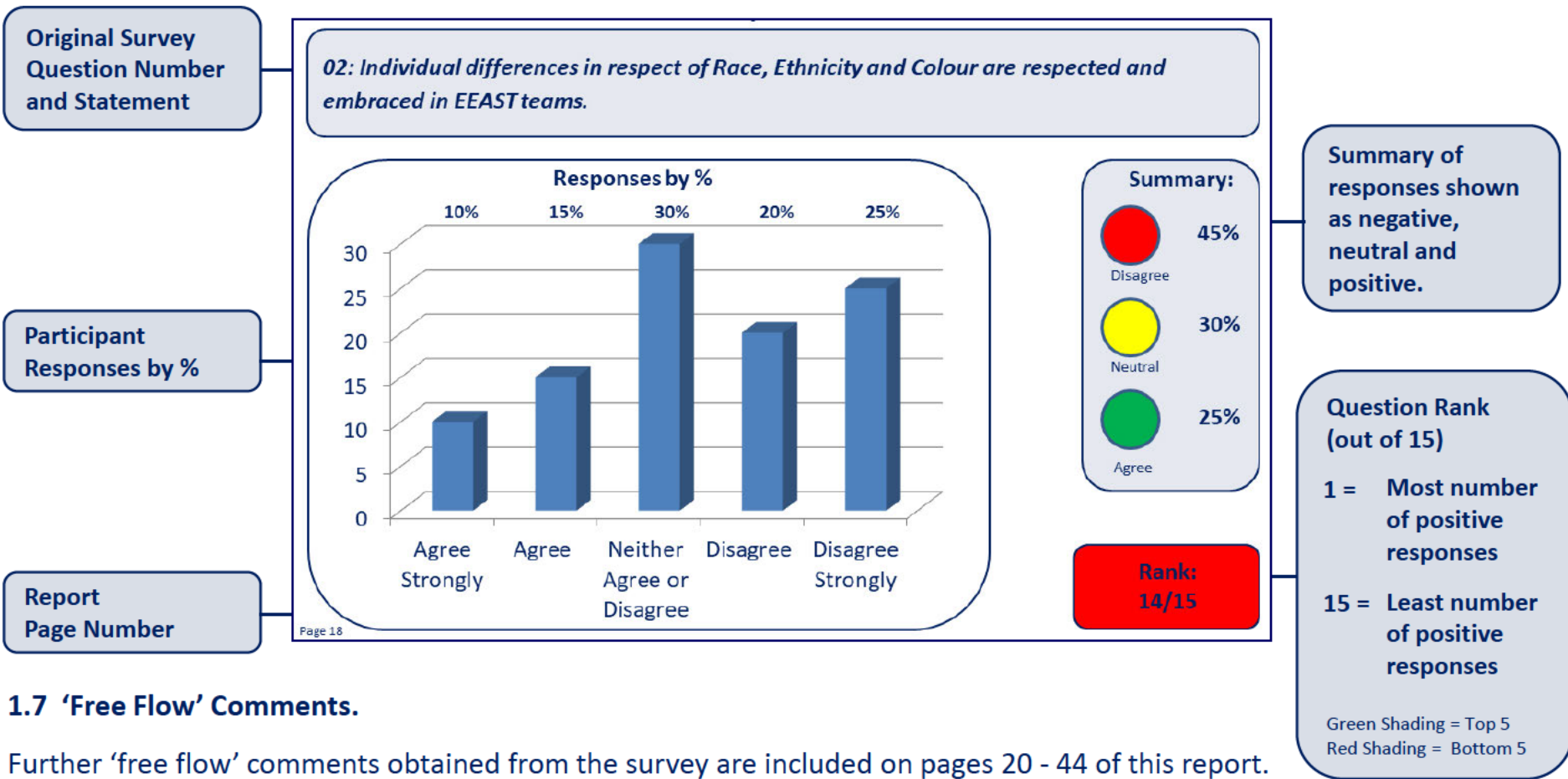
They have considerable healthcare experience - previously working with the *Care Quality Commission, The General Medical Council, The Department of Health* and a number of NHS Primary Care Trusts and Clinical Commissioning Groups. (www.diversitymckenzie.co.uk)
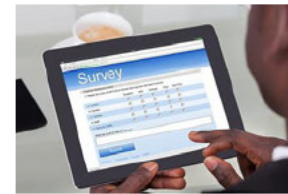
1.6 Interpreting the Format of this Report:

Pages 5 - 21 of this report shows a summary of all responses to the online survey statements ranked in order of the most number of positive responses received, to the least number of positive responses received using the following format:

Example Report Page (Simplified and Dummy data is used for this example)

Original Survey Question Number and Statement

02: Individual differences in respect of Race, Ethnicity and Colour are respected and embraced in EEAST teams.

Participant Responses by %

Responses by %

| | 10% | 15% | 30% | 20% | 25% |

Agree Strongly | Agree | Neither Agree or Disagree | Disagree | Disagree Strongly

Summary:

Disagree — 45%

Neutral — 30%

Agree — 25%

Summary of responses shown as negative, neutral and positive.

Rank: 14/15

Question Rank (out of 15)

1 = Most number of positive responses

15 = Least number of positive responses

Green Shading = Top 5
Red Shading = Bottom 5

Report Page Number

Page 18

1.7 'Free Flow' Comments.

Further 'free flow' comments obtained from the survey are included on pages 20 - 44 of this report.

2.0 One Page Executive Summary:

What is this report about ?

It details the results of a confidential external research and consultation exercise (via an online survey and one to one telephone interviews) undertaken with 58 minority Ethnic staff employed by EEAST who elected to take part. The exercise was completed during August – October 2022.

Does the Trust have a major problem in this area ?

Possibly. There are risks that a minority of EEAST employees are demonstrating behaviours or using language which could be perceived as racist. Reports of subsequent inaction by managers further risk this behaviour being normalised.

Because this exercise was (quite rightly) extended to Trust employees who are minority ethnicity only, it is not possible at this juncture, to ascertain whether the inappropriate behaviour reported is reserved for minority ethnicity employees only, or whether a broader culture of general aversion to difference prevails. If the issue is broader, it does not (of course) excuse the current situation. However, establishing the complete picture is critical in respect of designing and implementing corrective actions. Further work may therefore be needed to establish this.

Is it easy to fix ?

Some of it is. This report makes eight initial recommendations. These include providing up to date education and awareness, work with Trust managers in resect of handling complaints and a campaign to promote greater Dignity and Respect at Work in the Trust.

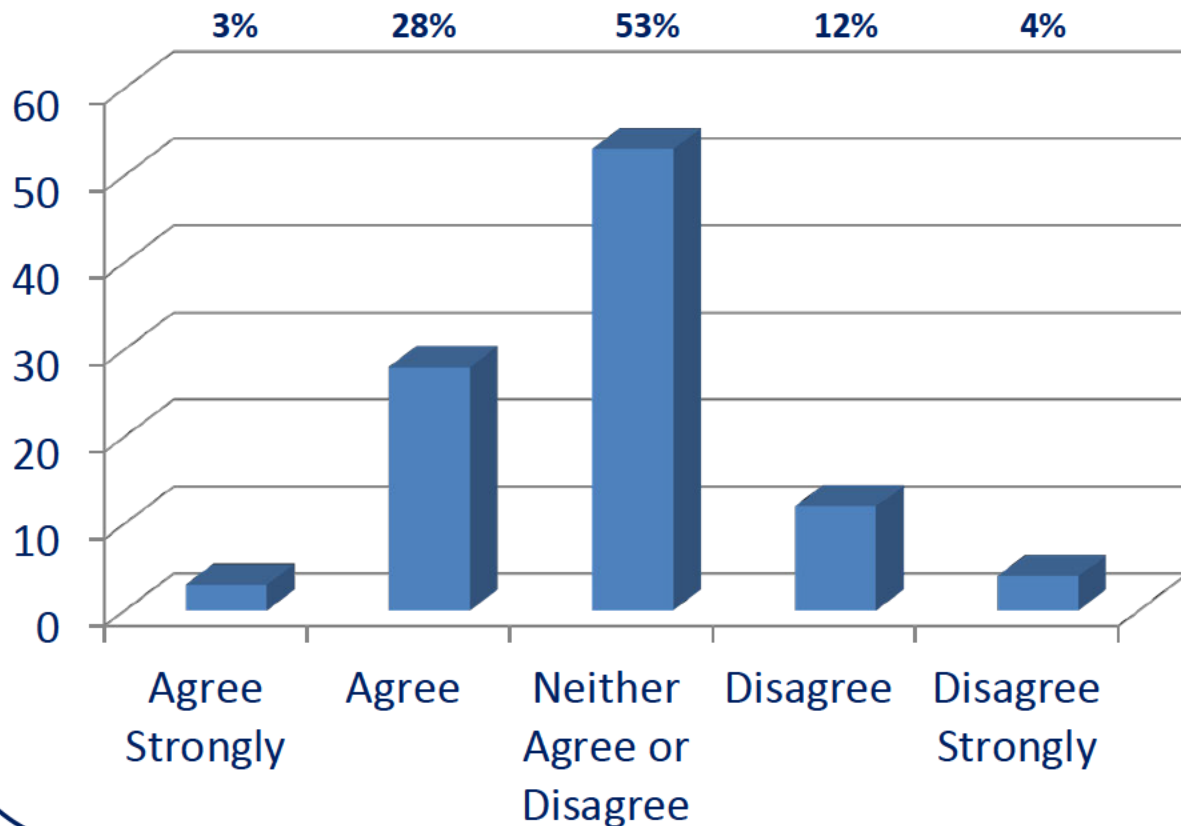*Implementing these actions would realise a significant difference in this area.*

3.0 Survey Results:

NHS
East of England Ambulance Service
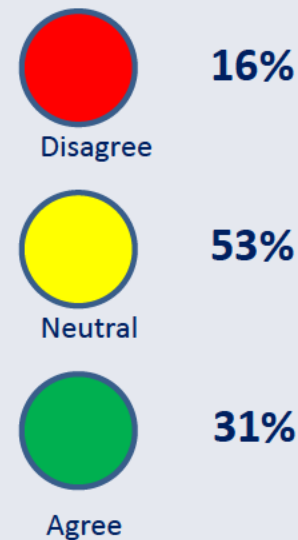NHS Trust

Survey Question:

06: When dealing with the general public, I generally feel that I am valued as a medical professional delivering important and valuable services.

Responses by %

3%   28%   53%   12%   4%

| | Agree Strongly | Agree | Neither Agree or Disagree | Disagree | Disagree Strongly |

Summary:

🔴 Disagree — **16%**

🟡 Neutral — **53%**
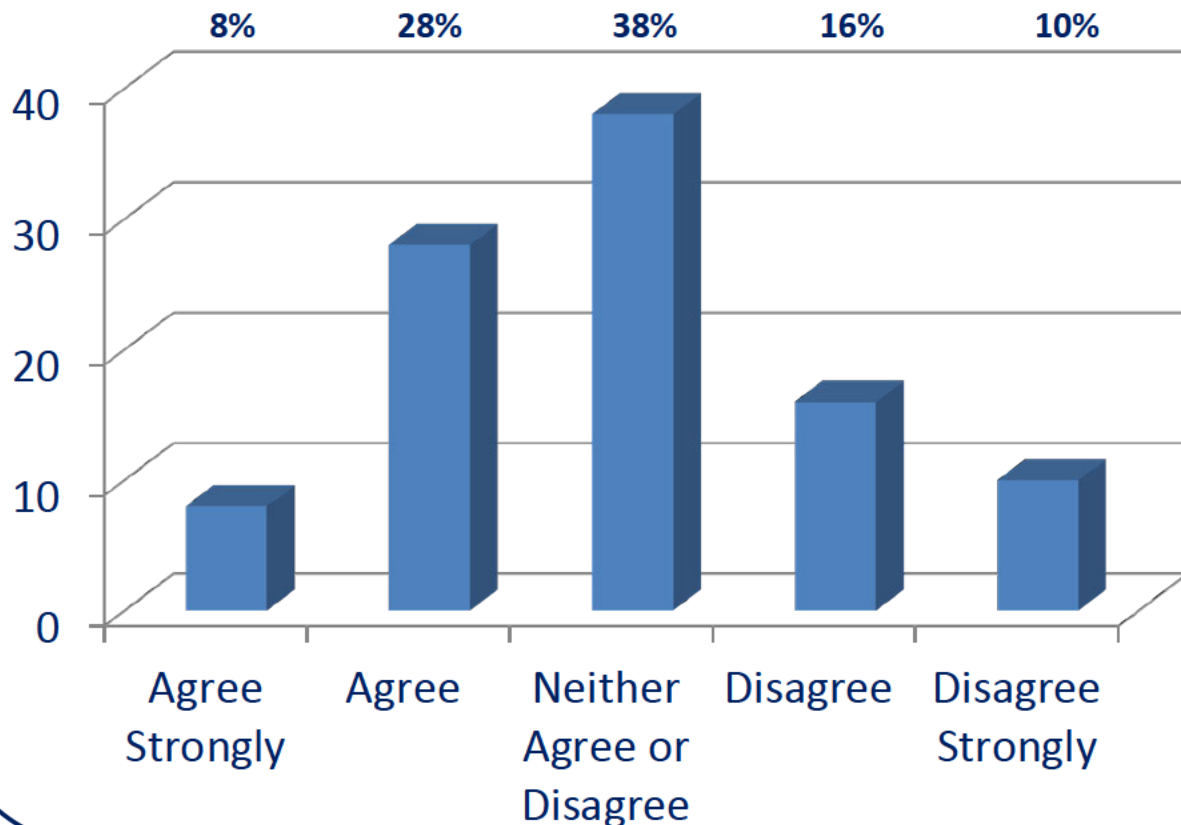
🟢 Agree — **31%**

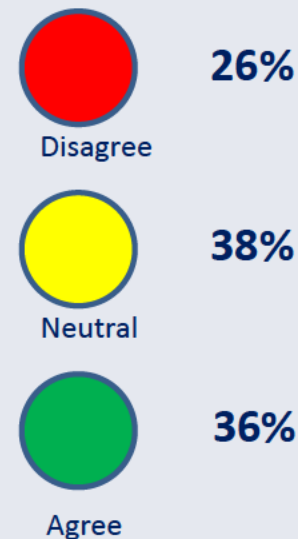**Rank: 1/15**

3.0 Survey Results:

Survey Question:

09: My colleagues and manager generally demonstrate sensitivity and respect towards me in respect of any cultural differences or beliefs I may have.

Responses by %

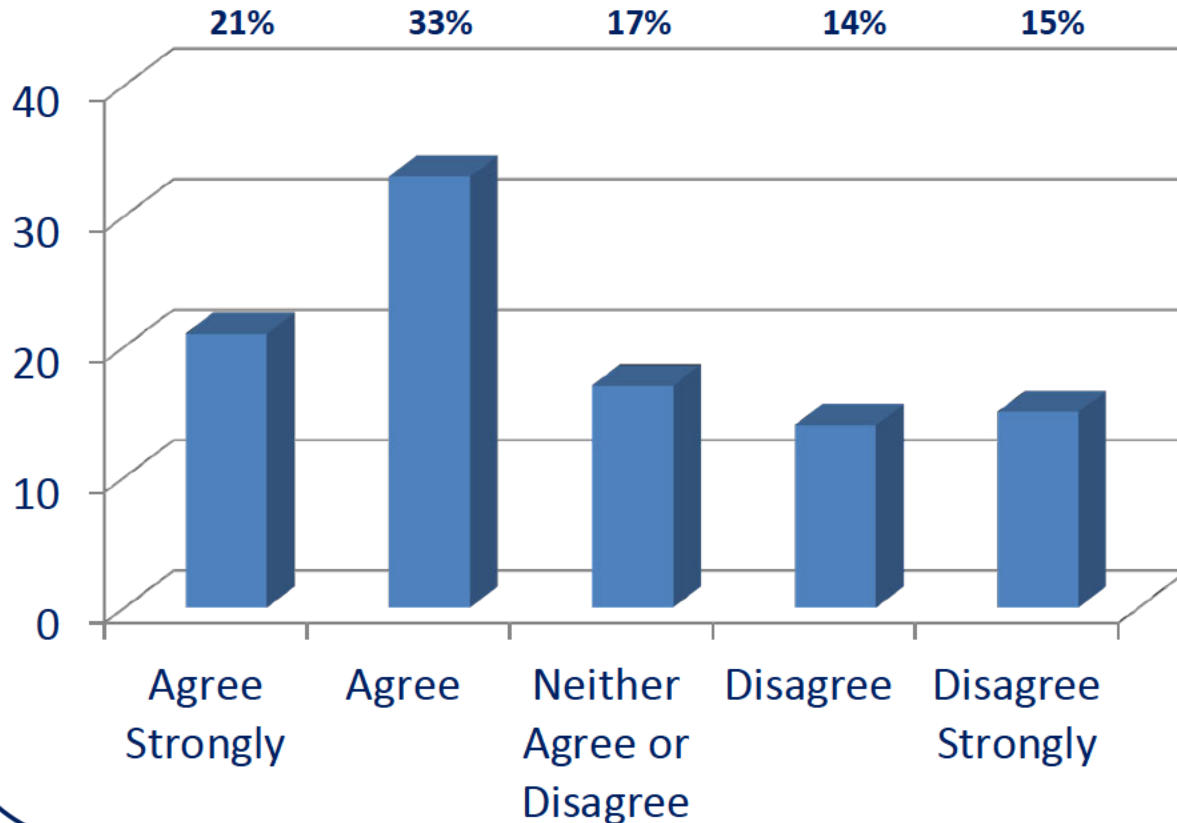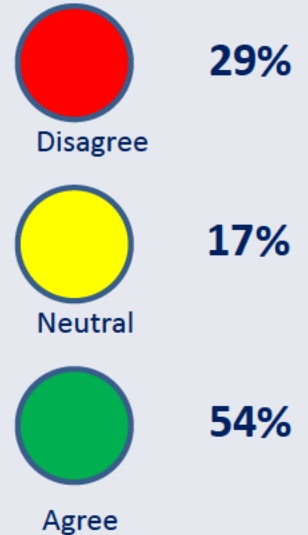| Agree Strongly	Agree	Neither Agree or Disagree	Disagree	Disagree Strongly
8%	28%	38%	16%	10%

Summary:

- **26%** Disagree (red)
- **38%** Neutral (yellow)
- **36%** Agree (green)

Rank: 2/15

3.0 Survey Results:

NHS East of England Ambulance Service NHS Trust

Survey Question:

04: My manager's behaviour makes me feel included and valued as part of my team.

Responses by %

| 21% | 33% | 17% | 14% | 15% |

40
30
20
10
0

Agree Strongly | Agree | Neither Agree or Disagree | Disagree | Disagree Strongly

Summary:

🔴 **29%** Disagree

🟡 **17%** Neutral

🟢 **54%** Agree

Rank: 3/15

NHS
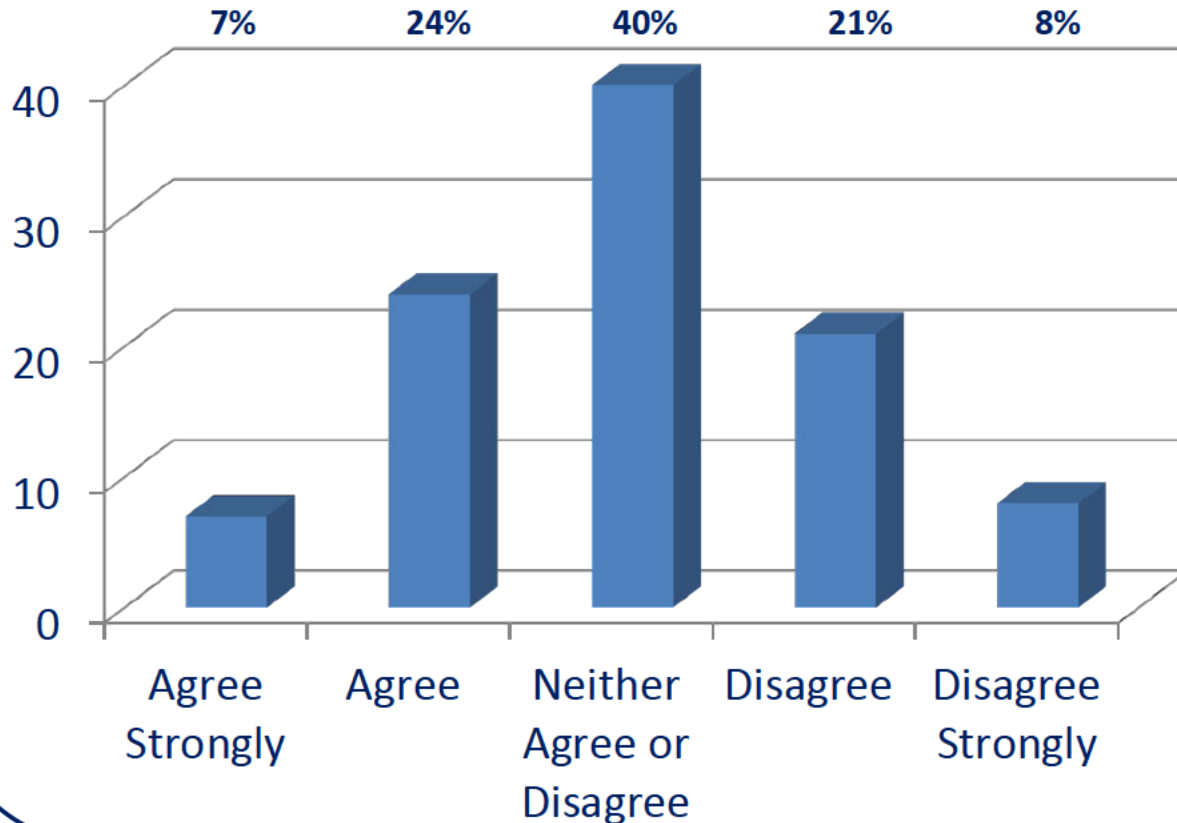East of England Ambulance Service
NHS Trust
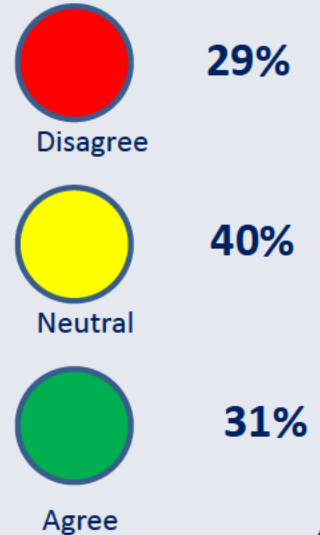
3.0 Survey Results:

Survey Question:

14: Different pain pathways are offered equally to all patients – irrespective of their culture or background.

Responses by %

7%	24%	40%	21%	8%

Agree Strongly — Agree — Neither Agree or Disagree — Disagree — Disagree Strongly

Summary:

🔴 **29%**
Disagree

🟡 **40%**
Neutral

🟢 **31%**
Agree

Rank: 4/15

NHS
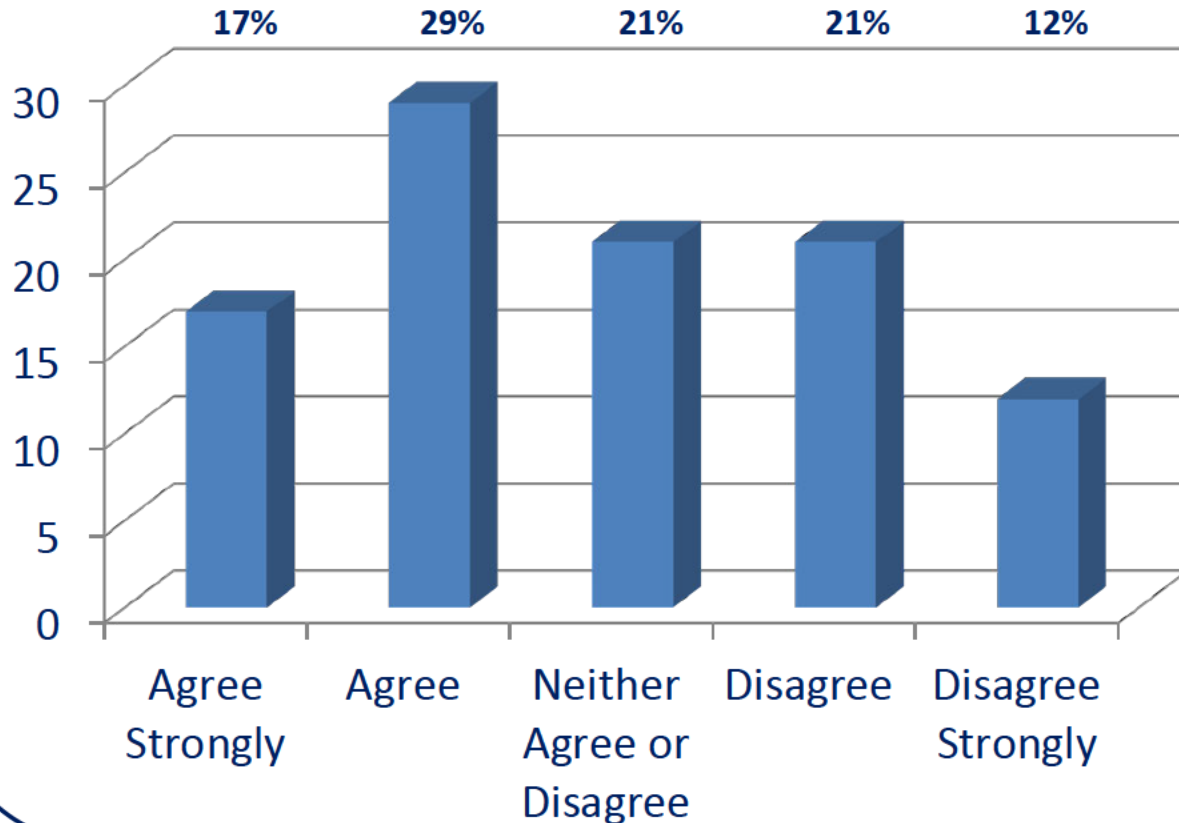**East of England Ambulance Service**
NHS Trust
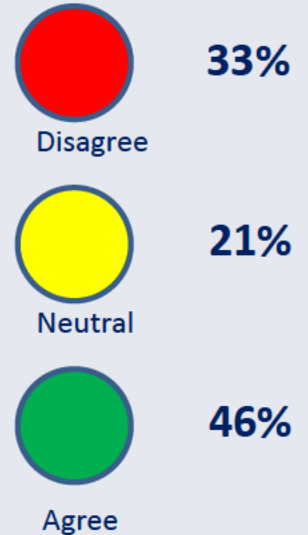
3.0 Survey Results:

Survey Question:

05: My colleagues behaviour makes me feel included and valued - either as part of my own team, or in EEAST generally.

Responses by %

17%	29%	21%	21%	12%

Chart axis values: 30, 25, 20, 15, 10, 5, 0

Categories: Agree Strongly | Agree | Neither Agree or Disagree | Disagree | Disagree Strongly

Summary:

🔴 **33%**
Disagree

🟡 **21%**
Neutral

🟢 **46%**
Agree

**Rank:
5/15**

NHS
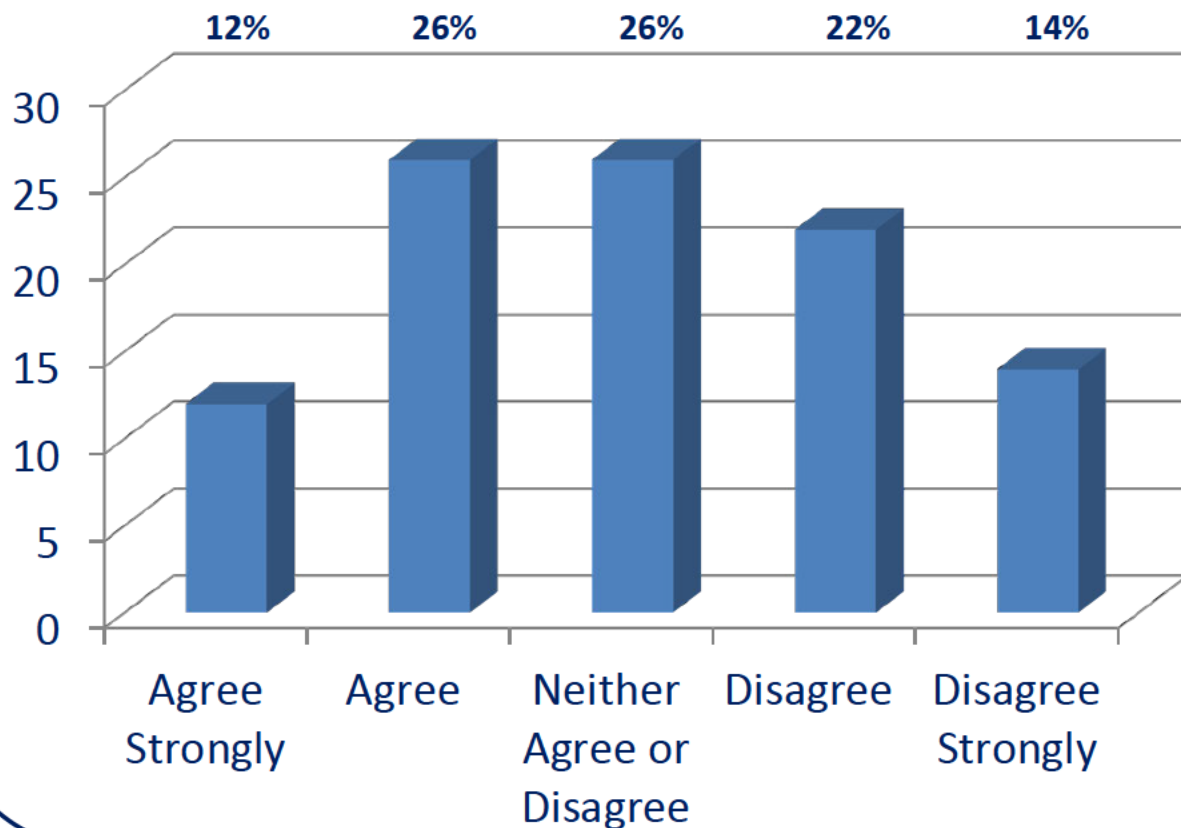East of England Ambulance Service
NHS Trust
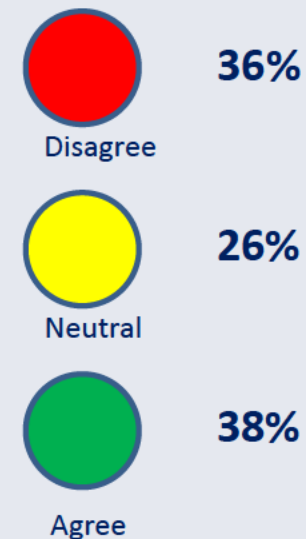
3.0 Survey Results:

Survey Question:

08: I feel that my ideas, opinions and experiences are listened to and respected by my manager and colleagues.

Responses by %

Category	%
Agree Strongly	12%
Agree	26%
Neither Agree or Disagree	26%
Disagree	22%
Disagree Strongly	14%

Summary:

🔴 Disagree	**36%**
🟡 Neutral	**26%**
🟢 Agree	**38%**

Rank: 6/15

3.0 Survey Results:

NHS
East of England Ambulance Service
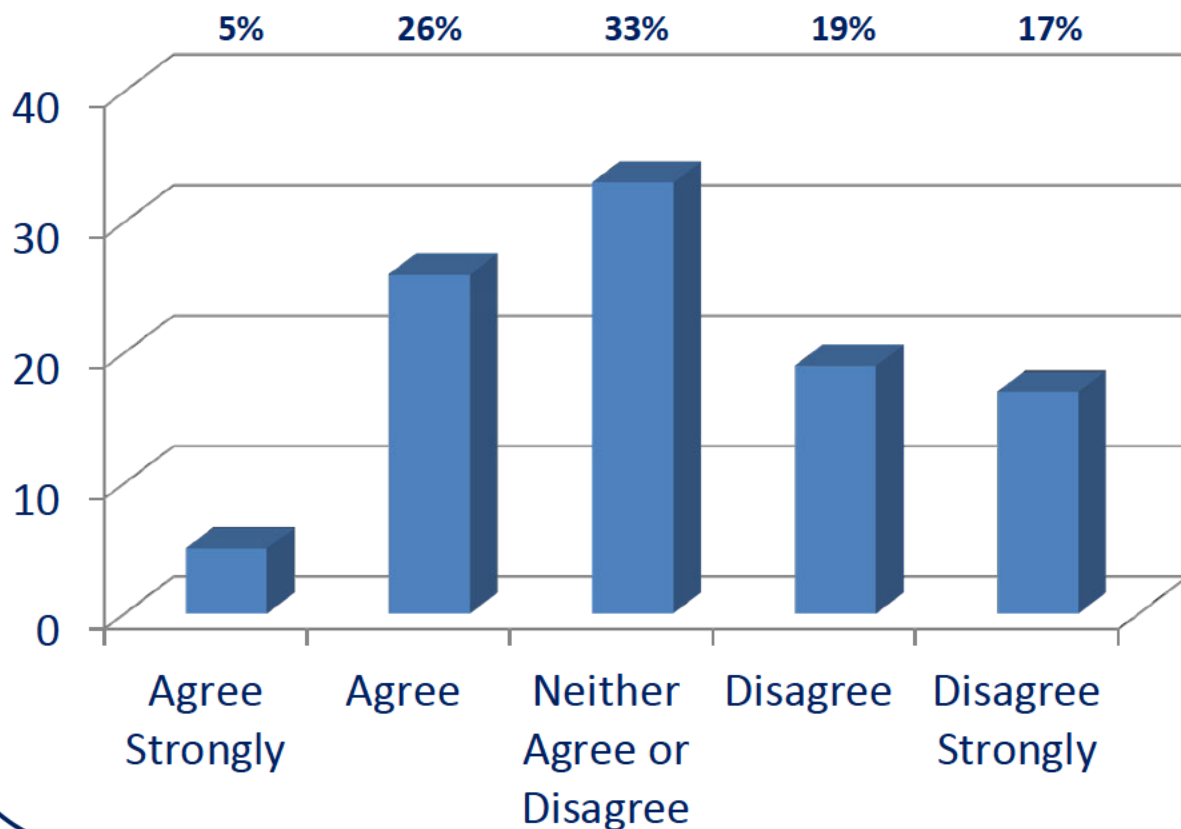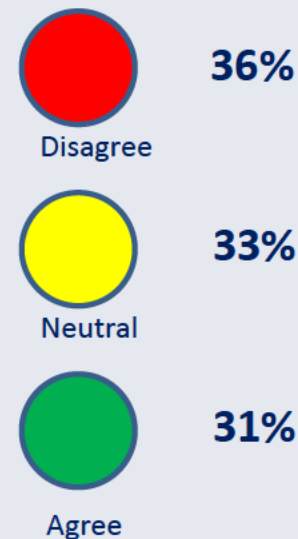NHS Trust

Survey Question:

10: The Equality and Diversity Training delivered in EEAST provides all staff with the knowledge, skills and confidence to effectively embrace inclusivity and difference within the Trust.

Responses by %

Category	%
Agree Strongly	5%
Agree	26%
Neither Agree or Disagree	33%
Disagree	19%
Disagree Strongly	17%

Summary:

- Disagree: **36%**
- Neutral: **33%**
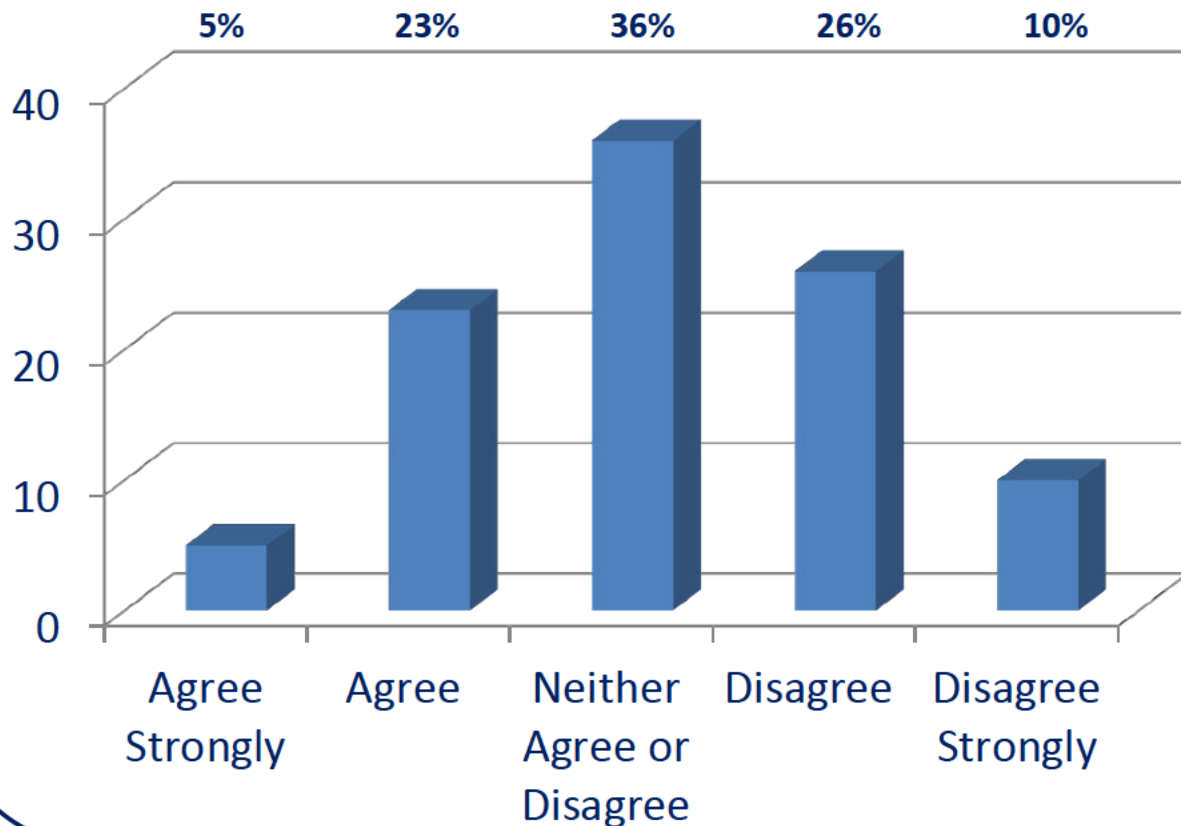- Agree: **31%**

Rank: 7/15

3.0 Survey Results:
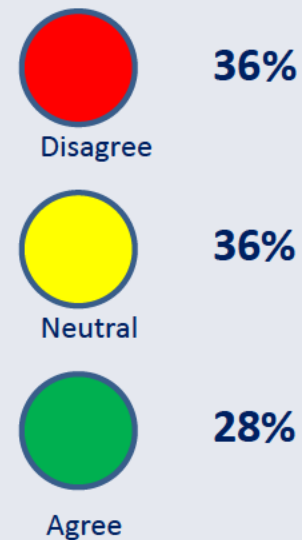
Survey Question:

13: My colleagues recognise and respect the differences that exists within both our diverse patient groups and the diverse locales in which we operate.

Responses by %

| 5% | 23% | 36% | 26% | 10% |

- Agree Strongly
- Agree
- Neither Agree or Disagree
- Disagree
- Disagree Strongly

Summary:

36%
Disagree

36%
Neutral

28%
Agree

Rank: 8/15

NHS
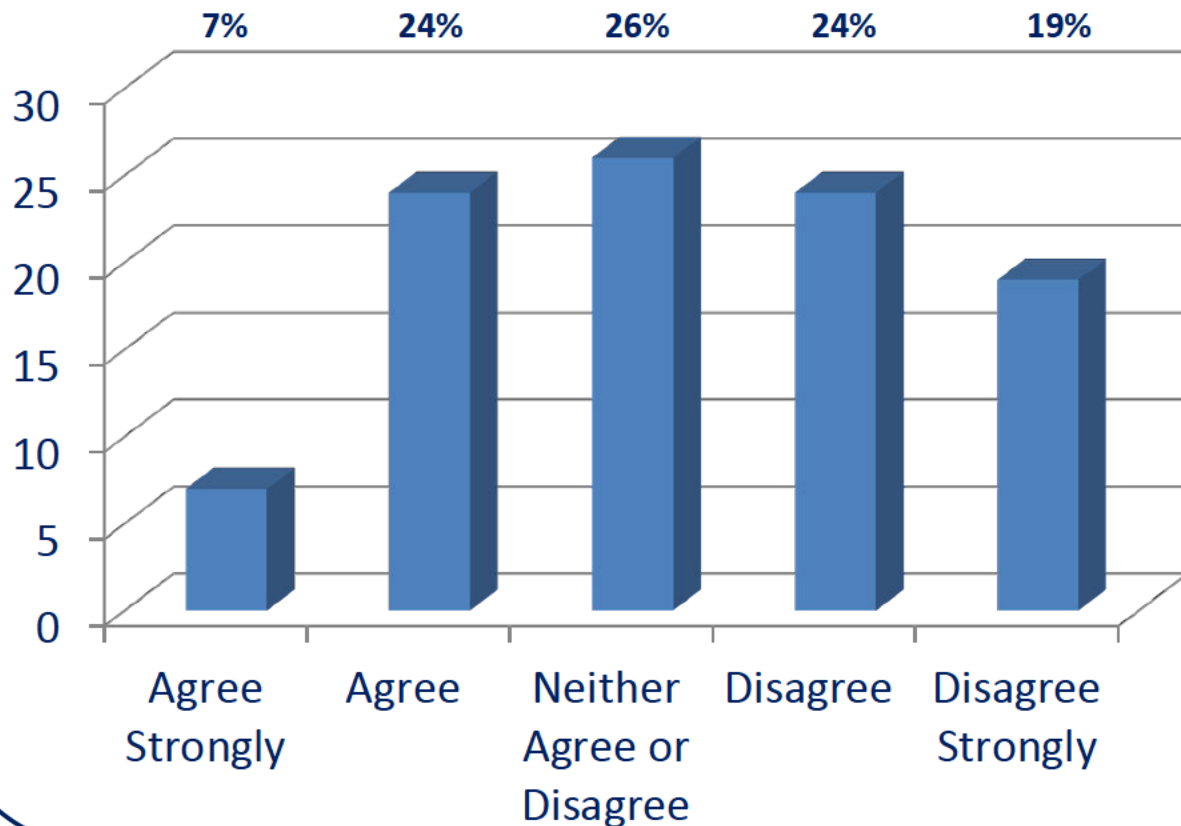**East of England Ambulance Service**
NHS Trust

3.0 Survey Results:

Survey Question:

11: I believe that the EEAST senior management team demonstrates visible commitment to promoting Equality of Opportunity and embracing the Diversity of its employees.

Responses by %

| | 7% | 24% | 26% | 24% | 19% |

Axis values: 30, 25, 20, 15, 10, 5, 0

Categories: Agree Strongly, Agree, Neither Agree or Disagree, Disagree, Disagree Strongly

Summary:

43% Disagree

26% Neutral

31% Agree

Rank: 9/15

3.0 Survey Results:

NHS
East of England Ambulance Service
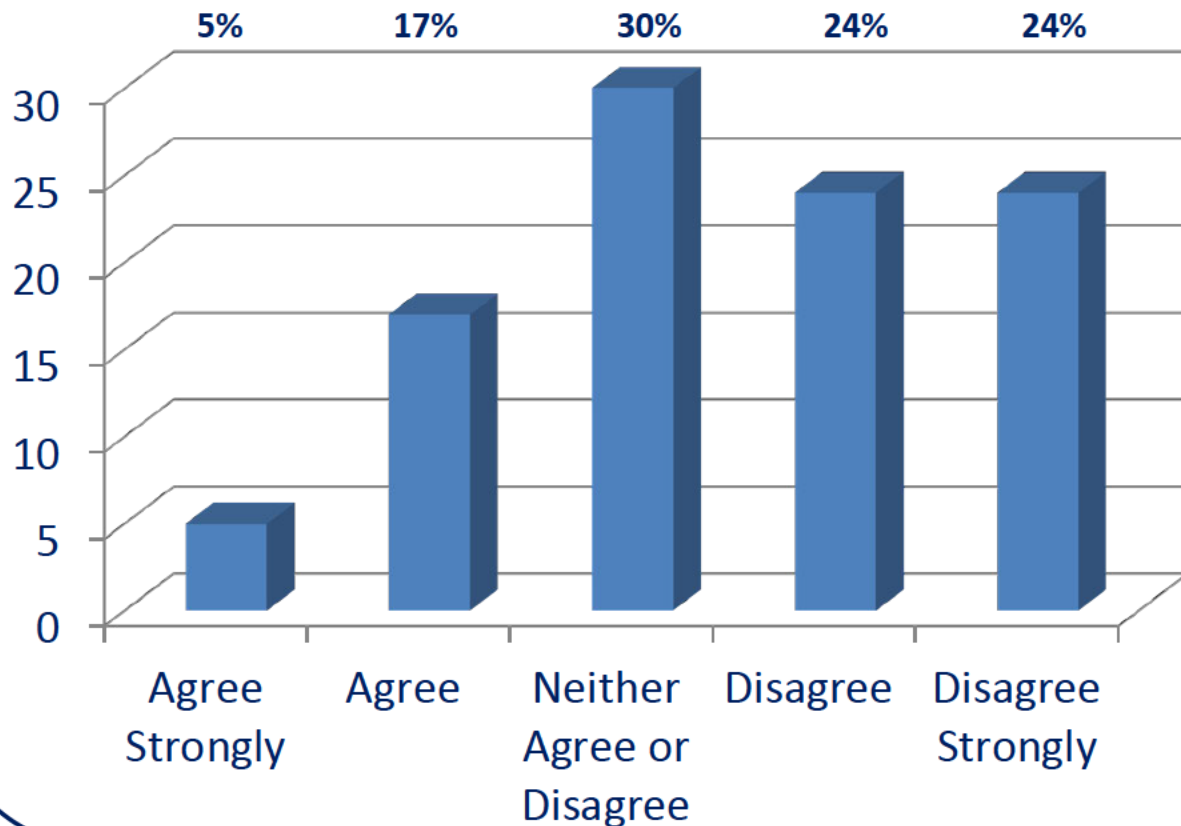NHS Trust
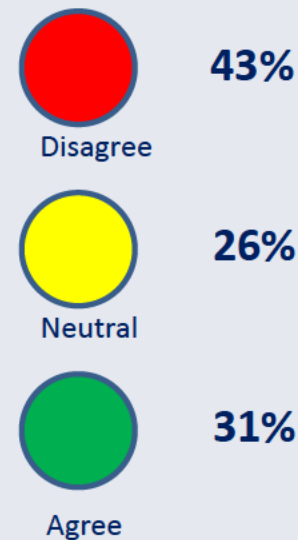
Survey Question:

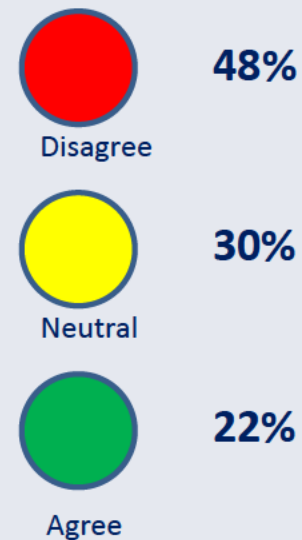**15: If complaints or concerns are raised within EEAST, they are always taken seriously and not dismissed, trivialised or explained away.**

Responses by %

5%	17%	30%	24%	24%

Agree Strongly · Agree · Neither Agree or Disagree · Disagree · Disagree Strongly

Summary:

- Disagree: **48%**
- Neutral: **30%**
- Agree: **22%**

Rank: 10/15

NHS
East of England Ambulance Service
NHS Trust

3.0 Survey Results:

Survey Question:
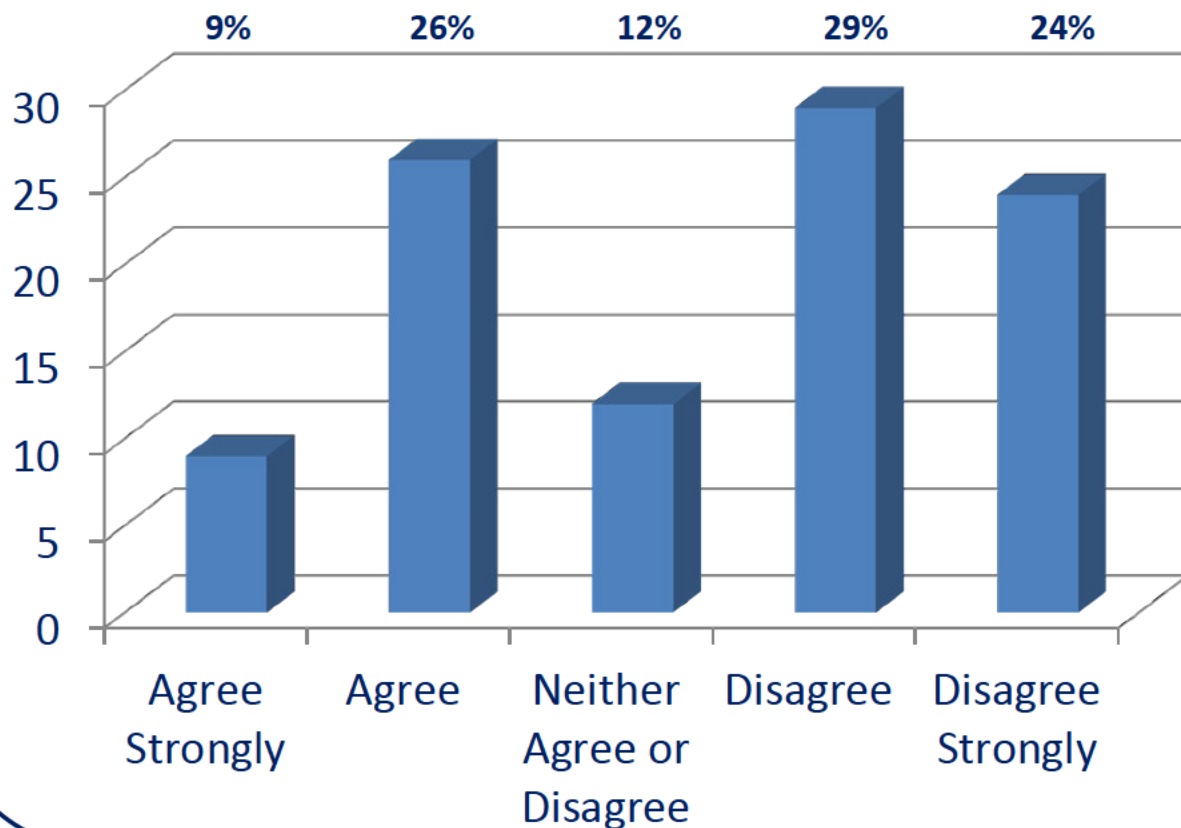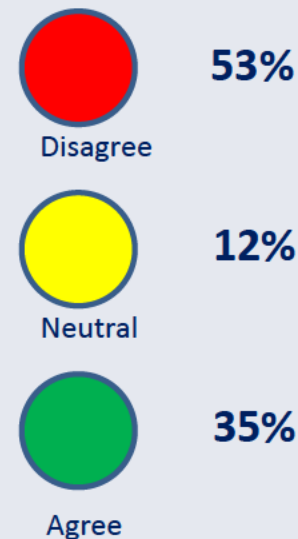
07: I would feel confident reporting any inappropriate behaviour or language used within EEAST and that it would be dealt with accordingly.

Responses by %

Response	%
Agree Strongly	9%
Agree	26%
Neither Agree or Disagree	12%
Disagree	29%
Disagree Strongly	24%

Summary:

Disagree — 53%

Neutral — 12%

Agree — 35%

Rank: 11/15

NHS
East of England Ambulance Service
NHS Trust

3.0 Survey Results:

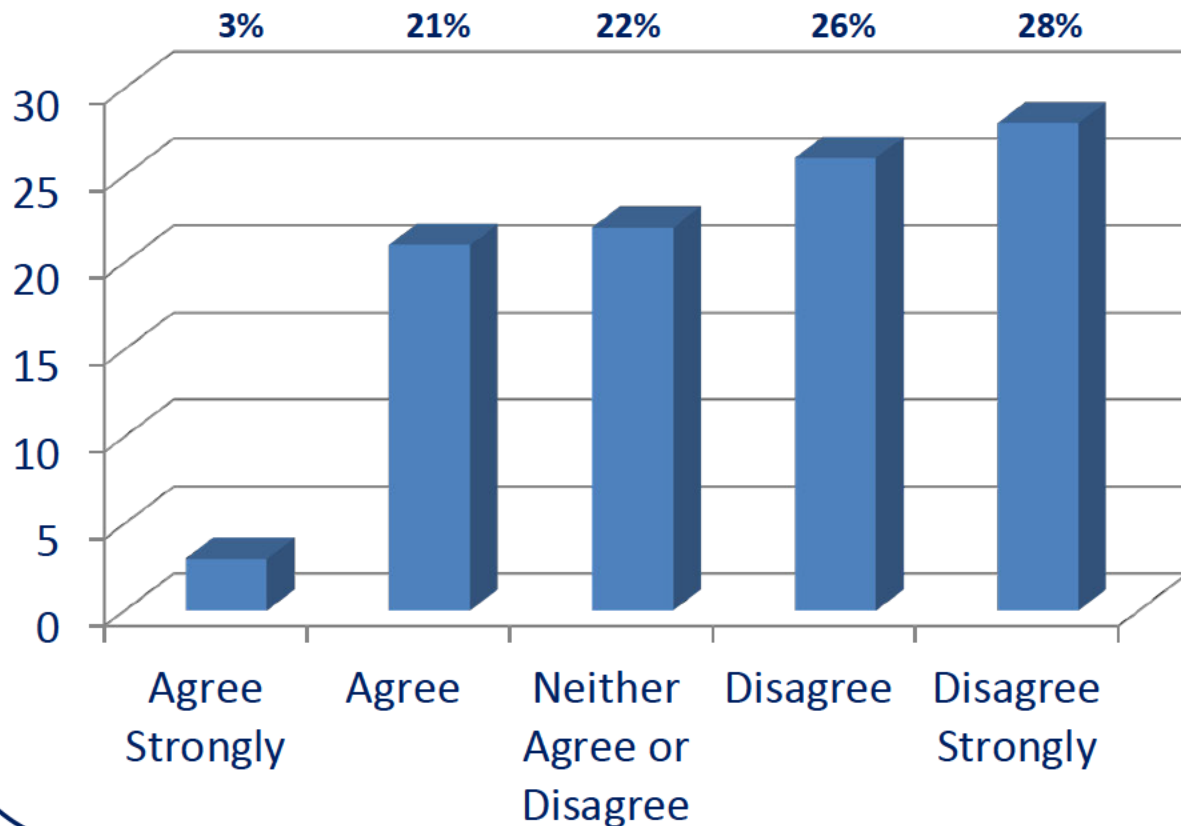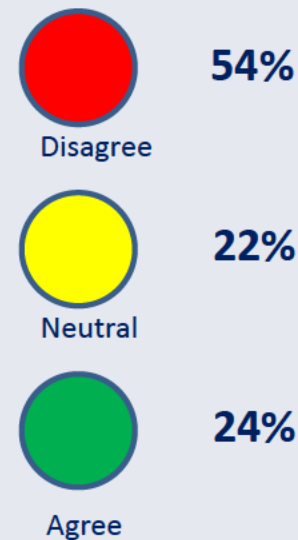## Survey Statement:

01: The East of England Ambulance Trust is a modern and inclusive environment where everyone is given the same chance and opportunities.

Responses by %

| | 3% | 21% | 22% | 26% | 28% |

| Agree Strongly | Agree | Neither Agree or Disagree | Disagree | Disagree Strongly |

Summary:

🔴 **54%**
Disagree

🟡 **22%**
Neutral

🟢 **24%**
Agree

Rank: 12/15

NHS
East of England Ambulance Service
NHS Trust

3.0 Survey Results:

Survey Question:

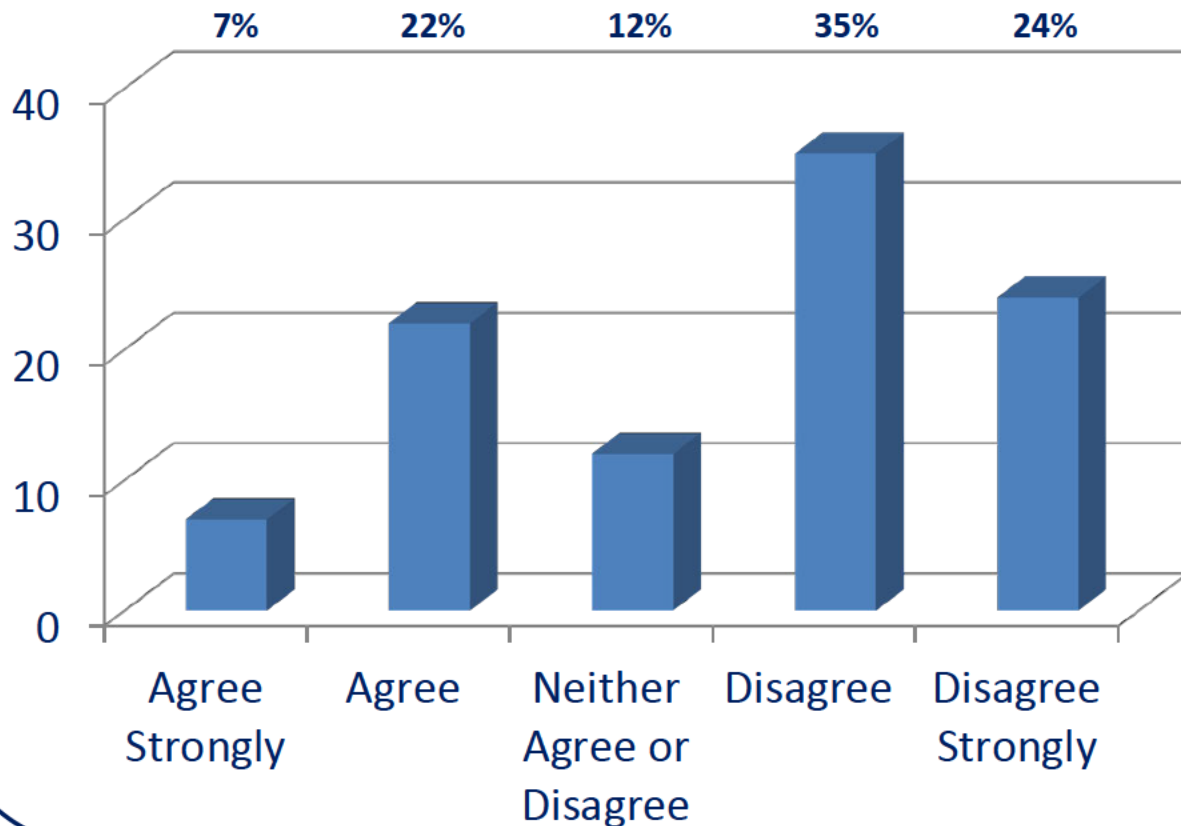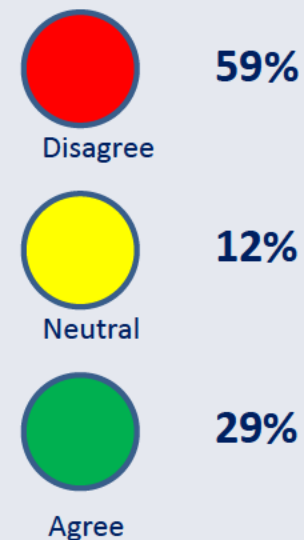*03: Suitable career development, advancement and training opportunities are equally available to all staff in EEAST – irrespective of personal background or circumstances.*

Responses by %

| | 7% | 22% | 12% | 35% | 24% |

Agree Strongly | Agree | Neither Agree or Disagree | Disagree | Disagree Strongly

Summary:

🔴 **59%**
Disagree

🟡 **12%**
Neutral

🟢 **29%**
Agree

Rank: 13/15

3.0 Survey Results:

NHS
East of England Ambulance Service
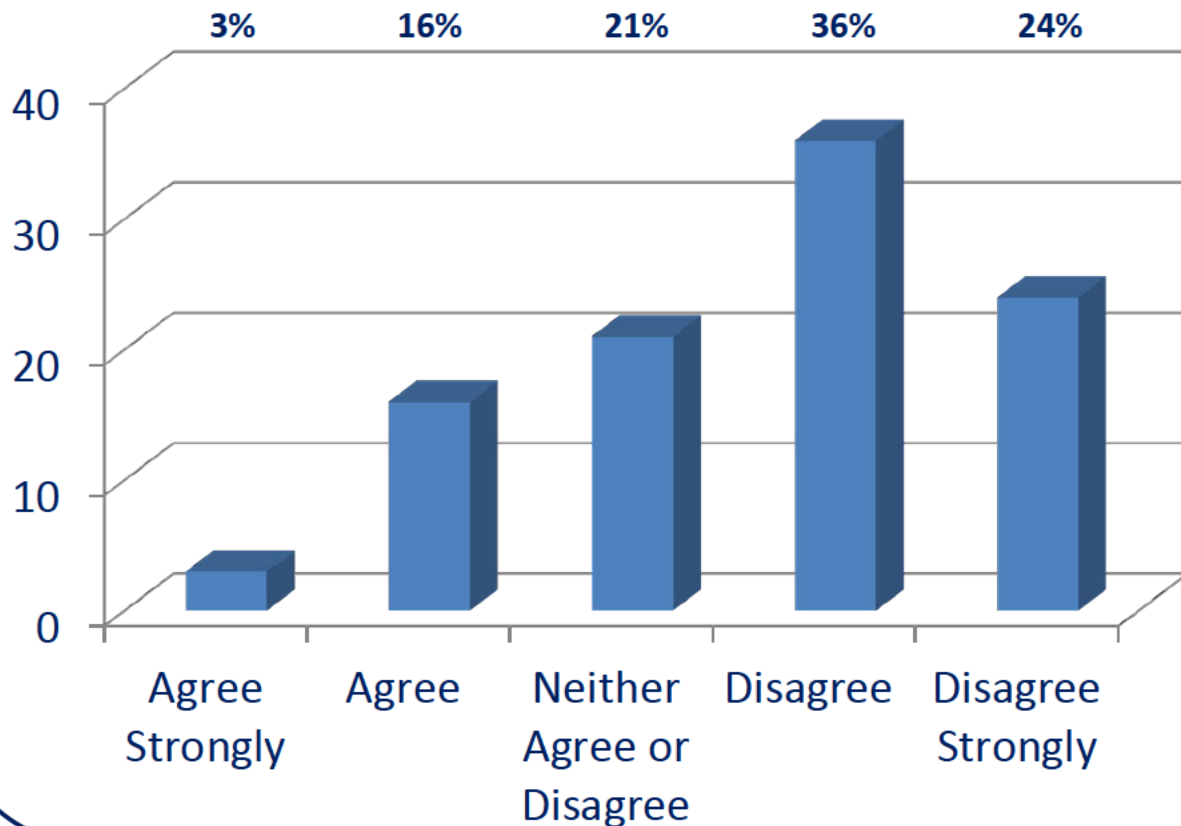NHS Trust

Survey Question:

02: Individual differences in respect of Race, Ethnicity and Colour are respected and embraced in EEAST teams.

Responses by %

| | 3% | 16% | 21% | 36% | 24% |

- Agree Strongly
- Agree
- Neither Agree or Disagree
- Disagree
- Disagree Strongly

Summary:

- 🔴 **60%** Disagree
- 🟡 **21%** Neutral
- 🟢 **19%** Agree

Rank: 14/15

NHS
East of England Ambulance Service
NHS Trust
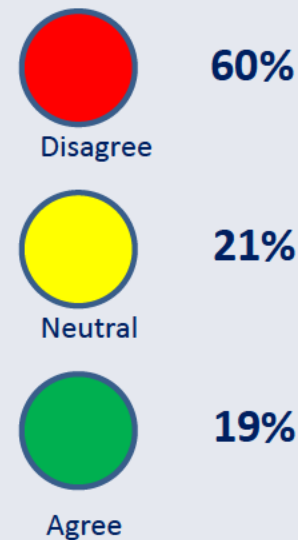
3.0 Survey Results:

Survey Question:

12: Inappropriate nicknames, banter or mimicking are not used within EEAST.

Responses by %

5%   13%   21%   33%   28%

Chart categories: Agree Strongly, Agree, Neither Agree or Disagree, Disagree, Disagree Strongly

Summary:

- 🔴 **61%** Disagree
- 🟡 **21%** Neutral
- 🟢 **18%** Agree
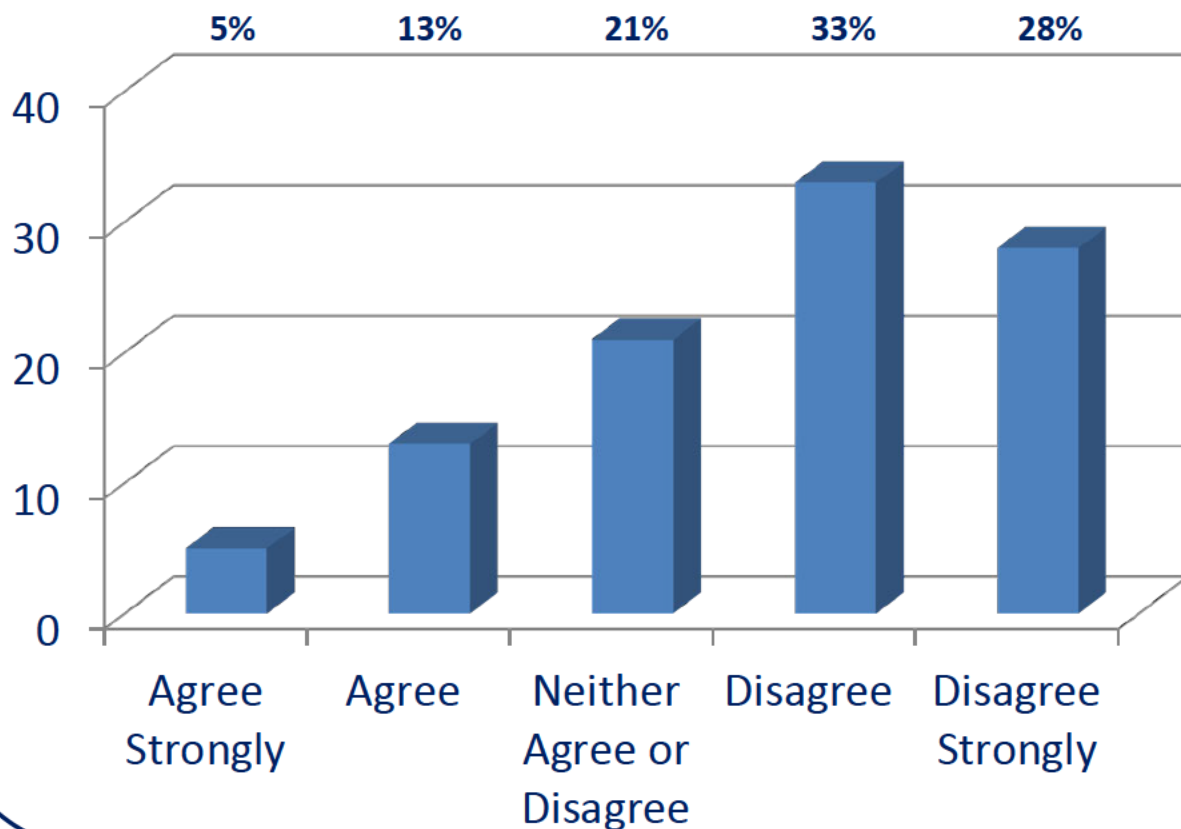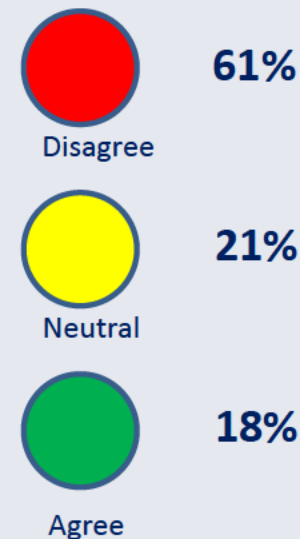
Rank: 15/15

Ideas / Comments on Attracting a More Diverse Workforce

Q16 EEAST teams are not always representative of the actual communities we serve. What do you think we could do to attract a more diverse and representative workforce?

Social media is really important to our youths. EEAST needs to showcase a diverse workforce on the public website. This includes on the recruitment page and when celebrating new graduates on social media platforms like LinkedIn.

———

Role models - Unfortunately bad experience news travels further and faster than the good. However this is not everyone's story. Having role models who staff can learn and gain inspiration from would be a start to tackle the issues. In turn, the positive impactful and stories or case studies could be publicised via various channels to attract staff from different backgrounds to the organisation.

———

Consider an EDI career coach for those staff members who would like to use their initiative however struggle to know where to start. I have personally progressed within the organisation from self-motivation and drive and have not found my ethnicity to be a barrier. It is a two-way relationship, an organisation can help support people by being inclusive however, how can we make sure individuals feel confident enough to include themselves.

———

Q16 EEAST teams are not always representative of the actual communities we serve. What do you think we could do to attract a more diverse and representative workforce?

Get more BAME colleagues in middle management to promote diversity. Coming into work and seeing all white middle management is heart wrenching when you can see other BAME colleagues doing above and beyond but don't get any recognition for their skills, attributes and knowledge and someone non BAME gets promoted over them.

_____

Firstly get the BME network up and running again. Recruit more staff and management from BAME backgrounds. We are not well balanced from that prospective. Celebrate different cultural events within EEAST and actively encourage it.

_____

Hire with more diversity at management level.

_____

School visits.

_____

Advertising we include all ethnicities.

_____

Q16 EEAST teams are not always representative of the actual communities we serve. What do you think we could do to attract a more diverse and representative workforce?

We need to embrace the few minorities that are already employed by the EEAST. By so doing, we will attract others to join. But if the few are I'll (sic) treated and marginalised, then it's no longer attractive to join the EEAST as a minority.

―――――

Have a culture that doesn't just play lip service to protected characteristics.

―――――

Persist in creating awareness of being an inclusive organisation alongside actually fostering that culture. Positively empower the ethnic and black minority workforce.

―――――

More robust and accountable recruitment processes and procedures, where the interviews are recorded and could be listen to if a candidate believes that their interview went really well but weren't offered the job.

―――――

Q16 EEAST teams are not always representative of the actual communities we serve. What do you think we could do to attract a more diverse and representative workforce?

By increasing our profile within the community and getting into the schools etc. to promote the paramedic profession and the various opportunities that exist within the organisation.

―――――

More advertisements on TV, posters etc.

―――――

Go to local events. For example, Carnivals.

―――――

More education on different beliefs and religions that some of our fellow colleagues follow.

―――――

Go to where communities are - don't expect them to come to us.

―――――

Provide an opportunity for BAME staff to be the face. Support them and build their confidence.

―――――

Q16 EEAST teams are not always representative of the actual communities we serve. What do you think we could do to attract a more diverse and representative workforce?

Targeted recruitment drives. Lack of community involvement and engaging with minority populations.

———

Staff need to listen more & respect individual backgrounds, instead of having their ideas or knowledge over rule the individual, observe the current affairs in regards domestically & internationally, & respond accordingly. This conduct is to be expected from our profession - especially with experience or registration statuses.

———

Be more cultural and diversity trained. Yet the ignorance of health care professionals do go into question.

———

Mentoring -training - posters There's a lot of things to mention.

———

Have diverse people on the interview panels that are interviewing.

———

Q16 EEAST teams are not always representative of the actual communities we serve. What do you think we could do to attract a more diverse and representative workforce?

Give equal and fair opportunity to all. The institutional discrimination needs to stop.

————

Maybe have a more diverse management team! It would appear if your face fits you do well, people appear to be in jobs made up for them!

————

Attend more recruitment fairs.

————

We need more staff from different ethnic back grounds. The work environment should be more inclusive rather than feeding (sic) isolated.

————

Include and show true diversity in promotional pictures or social media. Prior to joining this trust I was ready to be in a very 'white' environment as that's what pictures and posts showed online. If ethnic minorities can see that they aren't going to be singled out or be seen as the 'only token black/brown person' they are more likely to apply.

————

Q16 EEAST teams are not always representative of the actual communities we serve. What do you think we could do to attract a more diverse and representative workforce?

The training team is essentially the first true EEAST team you see when you join. From my experience there was no diversity at all in the team and this was somewhat concerning and gives you the message that there won't be diversity out on the road.

_____

Think outside the box. Engage with communities, less reliant on TRAC.

_____

We have a diverse workforce representing the makeup of the country. Nothing more needs to be done.

_____

Targeted recruitment advertising in BME media outlets and social media. Have managers who are experienced and trained to lead and support our teams so that staff from BME groups are included and feel more inclined to progress in the organisation.

_____

Q16 EEAST teams are not always representative of the actual communities we serve. What do you think we could do to attract a more diverse and representative workforce?

Acknowledging the long standing staff who have not been supported through development and training and have been on the receiving end of racism both openly and covertly via other staff being "selected" for jobs and secondments etc.

———

A community engagement team which actually has experience, knowledge and qualifications in engaging with the "harder to reach" communities - not a clinician who wants to try their hand at it and does it exceptionally badly. This is key - go out to the communities to show them what we do, what they can do and encourage people to apply - but sort out the internal racism first as who wants to come to an organisation that currently and historically has been racist ?

———

Using volunteer staff to represent the diversity with EEAST in outreach events/initiatives.

———

Q16 EEAST teams are not always representative of the actual communities we serve. What do you think we could do to attract a more diverse and representative workforce?

Employ more "non-white" staff in management. Acknowledge and eradicate the toxic culture of patriotism that is rife in the ambulance service. There is a strong identity within the Trust where people wear flag badges and help for heroes bands etc. This has a direct correlation with attitudes that demean "foreigners" like "they only come here for...", "we should look after our own first...", "I'm paying for their lifestyle...", "illegal immigrants should all be sent back..." and "s/he only got that job because of their ethnic background".

———————

Hire better manager, not your friend as a manager.

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Work hard within the organisation to eradicate behaviours which are against inclusiveness.

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More minority group engagement, actively celebrating diversity, making our vehicles and estates more diversity aware, making EEAST a place someone from a minority group can see themselves safely working within.

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Q16 EEAST teams are not always representative of the actual communities we serve. What do you think we could do to attract a more diverse and representative workforce?

Embrace difference of cultures/ beliefs through the unity of humanity. This will then naturally attract interest from ethnic groups to work at EEAST.

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Promote diversity and Inclusion and encourage discussions on this from the Executive Leadership Team.

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Perhaps the diversity of EEAST should be reflected in the senior management / board level roles within the Trust. You become what you see.

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Introduce more robust diversity training for ALL staff - introduce diversity training for senior management and ELT - ensure diversity training is delivered externally at training school.

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Q16 EEAST teams are not always representative of the actual communities we serve. What do you think we could do to attract a more diverse and representative workforce?

Engage at local events and places of gathering - mosques, temples - the recruitment team need to actively utilise people of colour at any engagement events they attend – diversify social media

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EEAST is too top heavy. We need diversity at every level especially front line.

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More visible recruitment films, brochures and open days and being open about our underrepresentation; making sure the WRES and WDES are known about in an explicit manner Trust wide and the negative impact this has for the Trust; having better quality unconscious bias training within the Trust and more explicit understanding of where EEAST is not representative of the local community as indicators for positive action in recruitment; using examples of LAS who have increased their minority ethnic operational staff by 4% over 2 years; for EEAST to have more resources dealing with workforce statistics, setting a clear baseline and an evidence base to measure change.

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Q16 EEAST teams are not always representative of the actual communities we serve. What do you think we could do to attract a more diverse and representative workforce?

Not sure.

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Career fairs targeted at gurdwaras mosques etc. Going into schools Keep your existing staff and use them to frontline change. More work into schools with more diverse students e.g. careers days. More equal opportunities for management positions.

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More communication is needed so that it is less of a problem.

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Support internal staff via appraisals and development. Commit to changing and updating the diversity from the Executive team down the management hierarchy.

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Survey Free Flow Comments

4.0 All Survey Free flow Comments:

Need to recognise and act on minor / underhand comments, attitudes and behaviours within the Trust. Regular discussions need to be had and information needs to be distributed widely on discrimination, equality, diversity and inclusion within teams and within the workplace in general. Need to include these matters in statutory and mandatory training.

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I work in ███████ so do not come across patients or public within my role's domain as other front-line colleagues. I am not sure whether we can streamline the survey questions if a member of staff is asked if they work in certain areas, and subsequently their questions relate to their area of work.

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All white panels interview BAME staff. Black and ethnic minority workers are humans too. We need equality.

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4.0 All Survey Free flow Comments:

I honestly believe there will be no change for around 10-15 years when a lot of the staff that hold racist views retire. Even then, we risk spreading these opinions and mindsets to the newer staff that join in the mean time which would only continue the cycle. Our trust is renowned for lip service. The leadership churn where the executive team seem to rotate jobs with other trusts every 3-5 years means that no change ever manifests on the shop floor. Managers come in and want to stamp their name on the trust so come up with "new and innovative" ideas which were probably tried 2 chief executives ago. The same thing happens with bullying, equality and diversity.

———

Proper training of staff that have any kind of responsibility of other staff - should cover such thing as diversity and equal opportunities, so when such issues arise they are dealt with in the proper manner. We all know that money does not keep people in a job but how they are treated is the most important.

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4.0 All Survey Free flow Comments:

EEAST is an organisation that is approximately 40 years behind any other public sector organisation. The nepotism, favouritism, cliques and "your face doesn't fit" culture has been allowed to function through all layers of management. The majority of managers currently in post have either not gone through an open and fair recruitment process, some have not even had an interview.

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EEAST suffers from the "own race bias" phenomenon which I have personally experienced at least 20 times in the Trust in the last 20 months.

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4.0 All Survey Free flow Comments:

Staff from BME backgrounds generally do not socialise like their white counterparts and do not see their work colleagues as their "family" and so it is very difficult to go against what your own beliefs and cultures are to adapt to one that is so far removed from your own. The pressure to conform and be liked in order to get ahead is huge and many people from a BME background will not or cannot do this.

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A lack of representation of BME staff from band 7 and above is visible. Staff have had to put up with racist terminology, culture appropriation and micro-aggression's for years, one survey will not change this, seeing real action following this may go some way to give staff the confidence to speak up about what has happened, however many are too fearful of repercussions to do so.

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4.0 All Survey Free flow Comments:

There were a couple of questions directed more to medical / frontline staff which I couldn't answer.

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I found the first few questions harder to answer as my experiences have varied from the departments I have worked in, and it has been fundamentally due to the managers attitude and not my peers. ▋▋▋▋▋ *have been brilliant in the way they treat their team. However, my time working in a* ▋▋▋▋ *environment was not so pleasant. My approach was to upskill myself up to improve my position holistically, rather than blaming and becoming a victim to other people's poor management style. It took self-investment, identifying personal values, self-funding a qualification, but it worked. I look back and take the lessons from the unfortunate experiences of how not to manage people.*

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NHS
East of England Ambulance Service
NHS Trust

4.0 All Survey Free flow Comments:

My manager needs to be replaced. For someone who can unit work force and not divide it .

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I don't feel my line manager is approachable. Doesn't respond to my e-mails. I strongly feel that I should be able to change my line manager. At many occasions I felt that I have not been included in the team. When I worked with two staff at different occasions on a twelve hour shift. They will not even have a single conversation. On my previous secondment the last one month I was constantly ended up at the back of the ambulance as my crew mate have a student in the front to sit. On the other hand, my current crew mate is quite approachable and supportive. The best crew mate so far but my secondment is coming to an end soon.

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Some staff members may have narrowed views regarding people of different ethnic minorities, but I have not personally experienced any overt racism from fellow staff within the Trust.

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4.0 All Survey Free flow Comments:

Things need to change and this is because due to my past few years in EEAST, I have noticed behaviour that is unfair to others of the BAME community.

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Just conducting surveys with no action is just waste of time for everyone. BAME group was started and slowly faded as there was no support from senior management team.

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More sensitisation is needed especially to the lower and middle level staff.

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Managers that take no action when incidents are reported or attempt to normalise their occurrence should not be tolerated

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In my experience all the right words and nods are said and demonstrated however when it comes to the next step, senior teams are always too busy.

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4.0 All Survey Free flow Comments:

Get non BAME colleagues to look at the bigger picture. Try walking in a BAME colleagues shoes. From birth, we have prejudices against us, but working for a trust that promotes equality and diversity lacks in disciplining those who are racist in a clever way. They say it's not because your Asian. But when your in a group and your the only BAME colleague. The only difference is my skin colour. They just don't get it.

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I am a Muslim. People openly joked in front of groups of other colleagues about eating food in front of me during Ramadan when I could not eat or drink for 18hrs of the day. People have made comments about my name and culture. My name is not even spelled properly on the system. When I forgot my phone password, the seniors struggled to find my name on the system to get my password as it was spelled wrong.

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Further singling out of minorities will only increase resentment. Just treat us the same as everyone else please.

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4.0 All Survey Free flow Comments:

I personally believe that I was racially targeted by a senior colleague mainly due to the fact this person was also treating the only other coloured person in the class terribly too. When I expressed the bullying to senior management as it got unbearable, I was gas lit into believing that it was due to my past experiences that I was 'sensitive' to this colleagues actions.

However other people had noticed it. Personally from this experience I won't speak out about bullying which I believe stemmed from the perpetrators racial issues in the future as it was brushed off previously and it was made to seem as if I was blowing things out of proportion - hence why I believe complaints aren't taken seriously at all.

This is also why I believe I won't be staying at EEAST long as it has deep rooted issues.

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4.0 All Survey Free flow Comments:

Eeast has a big turn over of senior management. Some may come with great ideas, but we are back to square one again when they leave. So nothing gets completed. They all come with their own and different ideas, disrupt work and leave. Then we have to start all over again.

Keep having to explain the same things all the time and very little time to achieve things. Too much bureaucracy and too many systems / committees get in the way of accomplishing results. Too much change with no achievements.

One incident was reported to senior management in 2019. We are in 2022, still remains unresolved. This period the trust has seen four chief executives - they were all informed about this incident by the BME network members. How high can one go ? Nothing materialised.

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4.0 All Survey Free flow Comments:

I have personally been at the receiving end of bullying behaviour conducted upon me by another Employee in a Managerial role. The matter took a year & a half to investigate, I went through hell during that period, there was a massive coverup attempt.

In a final hearing, my appeal was upheld & I received an apology from the Trust ███████ *of the way the matter was handled. The other employee has since left the Trust, they are white British & I am Indian & very much a minority in the organisation.*

I am yet again embroiled in another matter involving a Manager who subtly bullied me through gaslighting. I am currently off work due to stress, the matter is dragging on, some of the same players are involved & it is bearing the same hallmarks of what I went through previously in this organisation.

Telephone Interview Comments:

5.0 Telephone Interview Comments:

5.1 Perceptions of Racism:

"I find that it is a generational problem, the older members of staff, those in their 50's and 60's are the problem. They are stuck in their ways and have lived in times where it was acceptable to behave and say things that aren't acceptable now. I hear comments like It's black history month, I don't see us getting us a white history month."

"I feel like differences aren't valued. It seems that white British members of staff feel comfortable making racist jokes, they then pass it off as harmless banter to excuse themselves. I don't really know how to deal with it. I don't want to be seen as whinging but I'm a ▮▮▮▮▮▮▮▮ and I don't like it happening so how a ▮▮▮▮▮▮▮▮ would feel worries me."

"I can see for myself, that other BME staff are treated less favourably so I try to encourage and support other BME staff to hold their own and be the best they can so that they can also feel valued."

"Assumptions are made based on the colour of your skin, I was asked to translate for someone speaking Arabic, the reason given for the request was that 'I look like one of them'. I don't even speak Asian - never mind Arabic."

"A colleague of mine who is of colour, ▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮ - ▮▮▮▮▮▮▮▮▮▮▮▮ ▮▮▮▮▮. Instead of supporting her, the manager made her life even more difficult by changing shift patterns making childcare almost impossible. It was well known that that particular manager was a racist."

5.0 Telephone Interview Comments:

5.1 Perceptions of Racism:

"I was called ' ███████ by a team leader, ██ thought it was light hearted but I definitely didn't."

"A call handler in my team is a racist. Every time ██ has a call from someone whose first language isn't English ██ mutes that call and says loudly ████████████████████████████████████ Some of the other call handlers who are BME feel very uncomfortable about this but don't raise it as are scared of any repercussions   I raised it to my Line Manager who emailed me back asking what I thought should be done, I suggested some awareness training, but nothing was ever done."

"I hear the difference in conversation when people call in. If it's a BME person, the handler often speaks differently, they are very clipped and give short answers, when a white member of the team answers then there is a lot more conversation."

"A member of the ambulance crew is very racist ██ treats patients completely different according to their skin colour. An example of this is when dealing with a ██████████ lady who couldn't speak English. ██ just opened her blouse and didn't speak to her via the interpreter and just carried on in a very harsh manner and bundled her into the back of the ambulance. The next patient we went to see was a white gentleman who ██ treated with respect and talked to him and explained everything to him."

5.0 Telephone Interview Comments:

5.1 Perceptions of Racism:

"When a colleague saw a photo of me wearing my traditional dress ██ said' ████████████████████████████ my team leader did report it to my manager but nothing was done."

*"When my team were ordering a takeaway they didn't order me one as they told me that **they were ordering a curry** and **I was probably sick of them** as I must eat them all the time."*

"I went to a meeting where I was the project manager and my administrator, who attended with me to take notes, was white. When we arrived at the meeting, people started introducing themselves to her and asking her questions - assuming she was the manager because she was white."

"A question I was asked at interview was 'How long I was going to be in the country for ? I was actually born here."

"When I first started my job I was very nervous to be working in a station as the only black person. It turns out I was right to feel worried as the other team members would say things like 'I've just been to the corner shop and Mr Singh was there, do you know him' /. They thought it was funny but I found it rude and disrespectful. I don't go round saying 'Do you know Mr Smith ?' to them. Why is acceptable for them to behave in this way ?"

5.0 Telephone Interview Comments:

5.1 Perceptions of Racism:

*"I have twelve years experience within another Ambulance Service and I never once felt different, it was only when I moved to EEAST that it was pointed out to me. I have never previously felt the need to join a BME network, not until I worked here that is. Now I have joined the network as I feel that I need the support from them. I am always asked to pronounce names that are foreign**, its assumed that because of the colour of my skin,** that I will be able to speak loads of different languages."*

*"I was at a gathering with the staff from my station, they were talking about a doctor who was Asian and were **mimicked a monkey sound** when they were talking about him. It was highlighted (to the rest of the team) that I was stood there. Nobody apologised they just carried on talking as if it were perfectly acceptable."*

"The Trust are not up to date with certain cultures or backgrounds. I am always being asked by white managers to speak to people who are in their team as I will understand their position better. I don't see that as respecting individual difference. Why don't managers ask questions and learn about their own staff ?"

*"I was asked 'Can you speak to them as they speak 'gobildy gook'' the person that the manager was referring to spoke Punjabi - not a language I actually speak. **It is just assumed that if you are 'of colour', you all come from the same place and speak the same language."***

5.0 Telephone Interview Comments:

5.1 Perceptions of Racism:

"*When arriving at a patient's house, someone was stood outside waiting for us. My colleague saw them and sighed* ███ ███████ *There is complete disrespect of BME staff and patients.*"

"*Patients definitely see my colour first and not that I'm a paramedic, I am constantly being told I should be a basketball player or I look like* ███████████*, I'm tall but so is my colleague and he never gets the same sort of treatment. Its more from the older generation and their old fashion views.*"

"*On my first day with EEAST a comment was made " You don't look like I thought you would with your name" It made me feel very unwelcome.*"

"*My colleague gets continual verbal abuse about her accent. She is Indian and does have a strong accent. When she is on the phone with patients they are extremely rude to her about and I know this upsets her greatly. She wont do anything about it herself, so I raised a complaint with our manager and as far as I know nothing has been done about it.*"

"*When I was a paramedic I was told on several occasions that the patient didn't wanted to be treated by the likes of me.*"

5.0 Telephone Interview Comments:

5.2 Perceptions of Inequality of Opportunity:

"The current ████████████████, who is a white female, recruited people to various posts without advertising or consultation. The people she recruited were the ones who were her friends. She made it obvious that you had to be in her 'clique' to get anywhere with her. No one dares to say anything."

"Interview panels in EEAST are made up of white people and I know that myself and other BME colleagues worry that they wont get a fair interview. This impacts on their subsequent performance at interview."

"In the nine years I've worked here I don't think any black African or Caribbean people have applied for jobs here and yet Peterborough is very mixed race city."

"There is definitely discrimination when it comes to promotion within the Trust. Firstly, there are not a lot of senior BME staff here that I'm aware of. BME members of staff are being consistently overlooked for appointments. We had several vacancies within our teams which they applied for and were denied while other less experienced staff were appointed."

"Certain employees are groomed for training or secondment positions. They are the people whose 'face fits' or who are friends with certain people - i.e. their managers. I know of several white members of staff who have been ████████ ████████████████████. BME people just don't get that chance."

5.0 Telephone Interview Comments:

5.2 Perceptions of Inequality of Opportunity:

"*I know of two people, both are black, that have been overlooked for promotion. Although extremely well qualified, they didn't get the job and they said that it was because they weren't part of 'the clique' or their 'face didn't fit'. It seems to be that* **white is more important than black in EEAST.**

"*I am aware that people are treated differently at job interviews by certain people. There have been reports that if you are white and being interviewed, then there is a rapport built up by talking to the candidate before starting the actual interview. If you are BME, the panel just start with the questioning.*"

"*I would not even bother to attempt to go for promotion as if I did it would be seen as a box ticking exercise. Anyway, no one would respect me. I know of just one BME station manager in EEAST and there are hundreds of station managers.*"

"*There is a lot of nepotism going on within the Trust. When secondment and development opportunities come up, the manager usually has someone in mind and just goes through the motions of the interview process.*"

"*I'm a band 6 and you'd be hard pushed to find any ethnic minority staff in positions above that grade in EEAST.*"

5.0 Telephone Interview Comments:

5.2 Perceptions of Inequality of Opportunity:

"There aren't any BAME managers in the Trust as far as I know and definitely none on the board of directors. In fact the WRES report that comes out annually was very poor it said we have the lowest diverse management in the country."

"The ratio of BME staff in EEAST compared to the local community is dreadful. There is no recruitment drive to encourage BME candidates."

"EEAST managers are picked from the existing pool of employees - so if there aren't many BME employees in th efirst place, then we aren't going to have any BME managers."

5.0 Telephone Interview Comments:

5.3 Raising issues in EEAST:

"I raised an issue with **regards to an** ▮▮▮▮▮▮▮▮ **who often made derogatory comments about people who aren't white**, *saying things like* **"Why can't those two Indian men speak English".** ▮▮ *made me feel very uncomfortable so I raised it with the* ▮▮▮▮▮▮ *who told me to speak to my manager which I did. Their response was '*▮▮▮▮▮▮▮▮ ▮.▮▮▮▮▮▮▮▮▮▮▮' I was told to ignore* ▮▮. *Thing aren't taken seriously or appropriately round here so I have no faith in the process in EEAST."*

"Complaints are dealt with very badly in EEAST. As part of my role, I support people who have complaints. Someone came to me to tell me that their complaint had not been dealt after they had reported it five weeks previously. I approached ▮▮▮▮▮▮▮▮ *to discuss the situation and they had no knowledge of the complaint or who the person was."*

"Managers don't want complaints to be formalised as it doesn't look good on their department."

"People don't have any confidence that they will get justice or people aren't made accountable for their behaviour."

"I would never go to my direct manager to complain as they are not approachable and very negative. I just know that nothing would get done. If I wanted to raise an issue, I would try and find a BME manager to raise it through as I think that would understand a lot more."

5.0 Telephone Interview Comments:

5.3 Raising issues in EEAST:

"My colleague ███████████████████████, complained to H.R. She raised concerns to them that she thought her treatment was because of her colour. She never got a response from HR. She also voiced her concerns to her team who dismissed them telling her it was 'All in her head'. She was extremely upset that her concerns were not being taken seriously."

"It depends where you work in the Trust. If you work with the ███████████████, then I think you are taken more seriously. Other departments are managed better than mine and people are treated better and looked after. I think a lot depends on the individual EEAST manager."

"Historically, a lot of complaints were not dealt with. Theses are legacy cases because concerns were raised but never looked into or resolved. Its a different situation now. We have a new director of HR who is proactive and deals with things. Increased accessibility and visibility has thankfully been created."

"We now deal with issues. We give people time to sort it out. If not, we then get involved."

"If you raise anything formally then everyone knows about it. There is no discretion in this organisation. I remember a woman who raised a complaint and everyone was told about it. ████████████████████. ██████████████████████
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5.0 Telephone Interview Comments:

5.3 Raising issues in EEAST:

"Complaints and issues are dismissed in the sense that the Trust minimises and locks things away. ███████████
███
███████████████████████████████*"*

"In the 10 years I've worked here, nothing has changed. There are the same problems, they way BME staff are treated. Nothing has evolved. We talk about cultural changes but that's what it is, talk, talk, talk, …"

"There is absolutely no support for me as a ██████████ *as all the head honchos are white."*

"Managers often don't know how to manage. They have been promoted from job such as paramedics and gone into management without knowing how to manage. That is one of the reasons the reporting system fails."

"I know that complaints are being dismissed and that the person who has been accused always has their defence supported by their manager. Often the complaint is disbelieved and staff are discouraged from making complaints by their managers. Managers do trivialise and brush them under the carpet and you can see that Black / Minority staff feel that they have been treated unfairly."

5.0 Telephone Interview Comments:

5.4 Use of Workplace 'Banter':

"Banter and name calling is much more prevalent in the front-line roles in EEAST. I'm not aware of it happening in our department as its deemed as unacceptable behaviour and managed correctly. I think it is almost 'expected' on the front line."

"There is no such thing as loyalty or privacy in EEASt teams. I told a colleague in confidence that I had ████████████ ████████████████████████████████, for my own reasons, I didn't want to be seen as a ███████ the next day I came into work and everyone was asking me about it. My manager did nothing."

"I've been called █████ cause I do my job well and am very thorough. Also I was called █████, because I'm always on time for my shift. I didn't do anything about it as thought I would be seen as weak. The person who called me the names has now left so it doesn't matter anymore."

"There is a lot of banter and name calling but I can't make a judgement if its bad or not. Some of the staff have been here for years so know each other really well and there are quite a few members of staff who are family so I don't know if it affects them or not."

5.0 Telephone Interview Comments:

5.4 Use of Workplace 'Banter':

"I think that it is more of a problem with the front line staff, I don't have any specific examples I'm just aware that it goes on."

"Banter and nicknames do happen but I think it is more between people who have known each other for a long time, but some people are offended listening to it."

"My name is constantly being shortened or I am called by my surname. I have said that I don't like either, but it continues. Managers think they can behave how they want to. They seem to think that they have the power to do what they want."

"Banter is a real problem. We need to have a zero tolerance on banter and name calling. A lot of times, people just say they were joking and use this to hide their prejudices."

"We have banter in the station all the time It is not offensive, its light hearted. I've never seen anyone ridiculed or picked on. If I did see this, I'd say something."

5.0 Telephone Interview Comments:

5.5 Perceptions of Bullying and Harassment:

"I am the only BME person in the whole of my large team. There was another colleague who was BME but she was micro managed out of the team. There were changes made in the team and it was obvious that the manager singled her out. She was left out and alienated from the rest of the team."

"When I was going through a time of stress following a ▮▮▮▮▮▮ *, my manager asked me to go to Occupational Health for help.* ▮▮▮ *told my whole team about it behind my back - no more to be said."*

"I was bullied by a fellow crew member, ▮▮▮ *was very clever in that* ▮▮ *behaved well in front of other team members, who all thought* ▮▮ *was great.* ▮▮▮ *was condescending and patronising to me,* ▮▮▮ *made me feel insecure.* ▮▮▮ *came from a* ▮▮▮▮▮▮▮▮▮▮▮▮▮ *and I put* ▮▮ *behaviour down to this. I also blamed myself. I accepted it for a long time but then found myself not wanting to come to work. It wasn't until a colleague of mine highlighted to me that they thought I was being bullied by this* ▮▮▮ *that I discussed it with my manager. I asked my manager to move me to a different station, I did not want to make a official complaint as I didn't want to be seen to be playing the 'black card' or be seen to be a trouble maker."*

I know bullying goes on, but I turn a blind eye and avoid situations.

5.0 Telephone Interview Comments:

5.5 Perceptions of Bullying and Harassment:

"Other BME staff have confided in me that they feel disrespected. An example of this is in a meeting ▮▮▮▮▮▮▮▮ they consistently called two BME people by the wrong names. Once you can explain but many times is unacceptable. Although they shared the same ethnicity they do not look alike. It was embarrassing and the two people involved felt disrespected and undermined."

"I have been on the end of harassment from the general public. I was told by a member of the public while dealing with a patient, that I was probably part of the grooming gangs when I was in uniform. Another time, an elderly patient who I was attending to, asked me how I got the job in the first place. She never asked my white colleague the same thing."

"When I joined EEAST there was one particular ▮▮▮ who was training me and ▮ constantly made jokes about my name. It was becoming the norm with ▮▮ so I asked ▮▮ to stop and ▮ response was that it was only a joke and continued to do it. Two other people that were being trained by ▮▮ commented to me that ▮ treated me differently to the others, ▮▮ ask me if I understood what ▮▮ said and never asked the others"

5.0 Telephone Interview Comments:

5.6 What Needs to Change ?

"The rules we have are very rigid and there is no flexibility to accommodate differing needs. H.R. need to look at the policies we have and adapt them to incorporate the differences we have in our workforce be it BME, women, disability etc. It doesn't really matter what the difference is you can just 'tar' everyone with the same brush."

"There is no visible career progression for BME staff. That needs to change."

"A diversity recruitment drive, employee more BME staff, there is a huge mix of cultures in ▮▮▮▮▮▮▮▮▮▮ ▮▮▮▮▮▮▮▮ *so why aren't we employing them ?"*

"More staff engagement in and out of work, staff culture nights, culture education days."

"Apprenticeship schemes to be introduced to encourage BME recuits of all abilities."

"Educate new / existing members of staff on Equality and Diversity so that everyone has the same understanding. If we did this then no one can turn round and say they weren't aware. Currently on induction, you have to self train using PowerPoint slides which is boring and not at all engaging."

5.0 Telephone Interview Comments:

5.6 What Needs to Change ?

"We have Culture Ambassadors who are really useful, but we don't have enough. The reason for this is that to be one, we have to go on courses and learn in our own time and at our own expense. It puts people off from doing the role. There needs to be some incentive."

"There is a deep engrained culture of white importance in EEAST. To my knowledge there are no BME people in the leadership roles. It is very difficult to change that white culture."

"We need to wait until the older generation have left the organisation as they are the main problem. A lot of the problems we currently have will disappear with them. The younger members of staff have a much better attitude towards difference."

"Ensure frequent and high quality Equality and Diversity training is delivered. That way, all staff can be held accountable."

"The personnel at director level have greatly improved since we've had a new CEO."

5.0 Telephone Interview Comments:

5.6 What Needs to Change ?

"Older members of staff need to 'unlearn' old fashioned and out of date behaviours and also learn that there will be consequences if they are used."

"We have five staff networks in the trust - BME being one of them., I know when some new starters were being trained they were shown on PowerPoint slide of them which was moved on very quickly and they were told they 'wouldn't need them'. The networks are there to help and support people so it might be a good idea to explain them properly to new starters by a member of the respective networks."

"The first thing to do is to acknowledge that there is a problem. If our exec team acknowledge this, then we are half way to solving our problems in this area. If the exec team 'buy in' and speak to the middle managers (which is mainly where the problem lies) we might start making some head way."

"Team leaders and local managers don't challenge behaviour so it then becomes accepted behaviour. People need to be made accountable for their behaviour."

"A recruitment drive for BME staff and more BME managers."

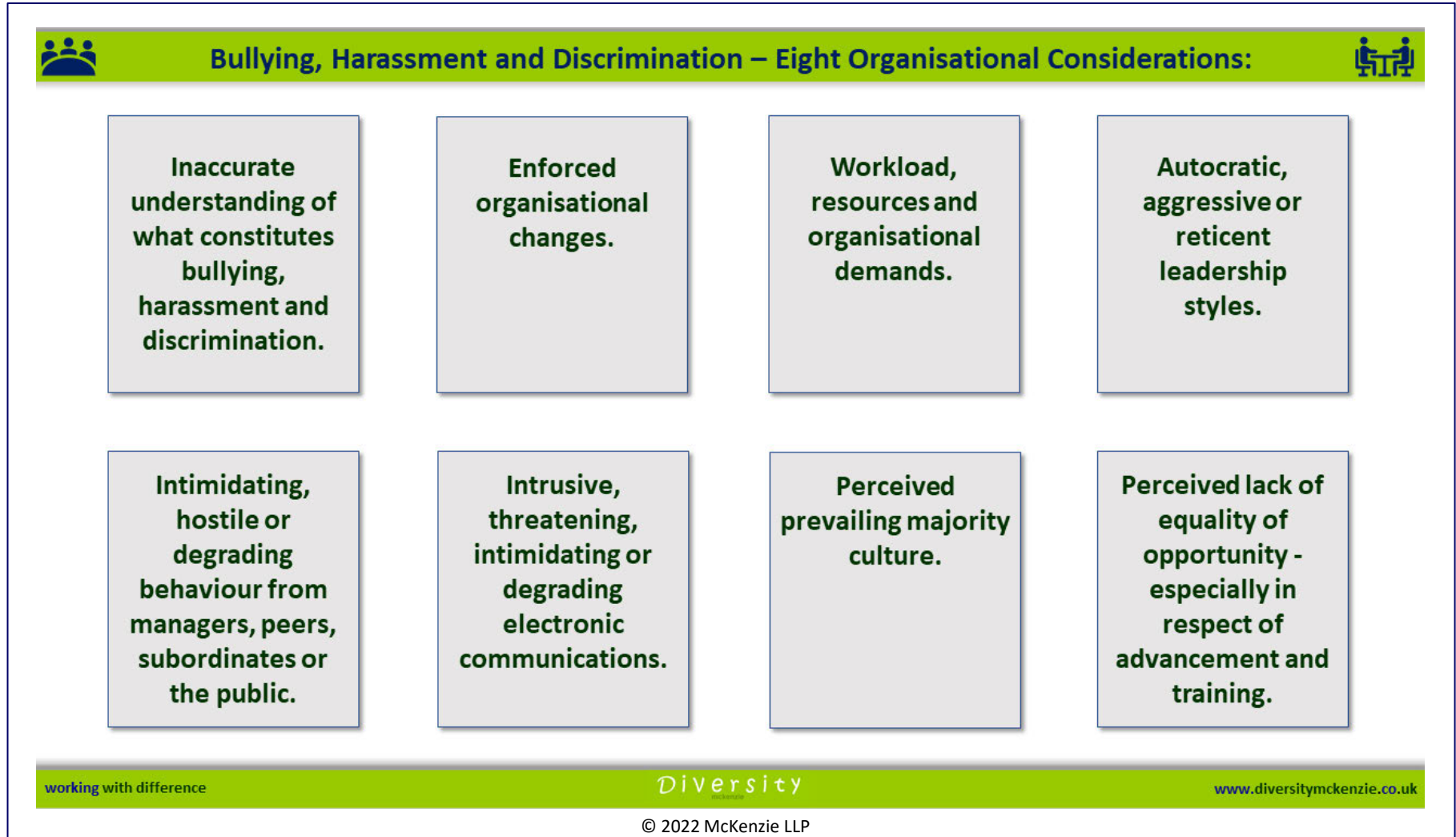## 5.0 Telephone Interview Comments:

5.6 What Needs to Change ?

"The current mind set of the Trust is that it's the responsibility of the Cultural Director and the Equality Team to ensure that Equality is promoted but it should be the responsibility of everyone. Everyone needs to understand what the culture of the organisation should be and Equality should be a golden thread weaved through the organisation."

"EDI is on another agenda for the senior leaders. They need to walk the talk and be accountable but I don't think they know or understand what they need."

"Start celebrating different cultural events - Chinese new year, Diwali etc. In my old station in London, we had a cultural advocate who would organise different events, they didn't have to be huge, but it got people together and talking about their own cultures - it allowed conversation to happen."

NHS
East of England Ambulance Service
NHS Trust

5.0 Report Conclusions:

Our professional experience indicates that there are generally eight key reasons why employees report bullying, harassment or discrimination. These are:

Bullying, Harassment and Discrimination – Eight Organisational Considerations:

Inaccurate understanding of what constitutes bullying, harassment and discrimination.	Enforced organisational changes.	Workload, resources and organisational demands.	Autocratic, aggressive or reticent leadership styles.
Intimidating, hostile or degrading behaviour from managers, peers, subordinates or the public.	Intrusive, threatening, intimidating or degrading electronic communications.	Perceived prevailing majority culture.	Perceived lack of equality of opportunity - especially in respect of advancement and training.

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5.1 Analysing BME employee perceptions within the Trust against the McKenzie model:

We have mapped the overall findings of this consultation exercise against the model shown on the previous page by rating each of the eight key considerations as follows:

Green – Not likely to be a contributary factor. No evidence was provided either via the online survey or consultation exercises to indicate this to be a contributary factor in respect of current perceptions of bullying, harassment and discrimination within the Trust.

Orange – Likely to be a minor contributary factor. Some evidence was provided via the online survey or consultation exercises to indicate that this was potentially a factor (albeit a minor one) in respect of the current perceptions of bullying, harassment and discrimination within the Trust.

Red – Likely to be a major contributary factor. Significant evidence was provided either via the online survey or consultation exercises to indicate this may be a major contributary factor in respect of the current perceptions of bullying, harassment and discrimination within the Trust.

A summary of these ratings are shown overleaf.

5.2 Summary Ratings of EEAST using all Information and Data collected from this Project versus our Model of Bullying, Harassment and Discrimination:

Factor:	Example descriptors include:	EEAST Rating:
Inaccurate understanding of what constitutes bullying, harassment and discrimination.	Where people perceive they are being subjected to bullying, harassment and discrimination when in reality, they are not. For example, objections to legitimate performance management, objective performance appraisal or minor and trivial matters.	🟢 (Green)
Enforced organisational change.	Where significant organisational change e.g. outsourcing, mergers and rationalisations is imposed on employees resulting in anxiety and stress.	🟡 (Amber)
Workload, resources and organisational demands.	Where workload, targets and organisational demands is causing stress and anxiety to employees. Pressure from managers / senior managers to achieve results may also be perceived as, or may actually be resulting in, workplace bullying / harassment.	🟡 (Amber)
Autocratic, aggressive or reticent leaderships styles.	Inappropriate leadership styles which may be reasonably perceived by a person as hostile, intimidating or degrading. For example, shouting at employees, humiliation, old fashioned style of working, passive aggressive hostility and overt favouritism.	🔴 (Red)
Intimidating, hostile or degrading behaviour from managers, peers, subordinates or the public.	Intentional or unintentional language, behaviour or actions which may reasonably be perceived by a person as either intimidating, hostile or degrading which cannot be objectively justified. (Please see the appendices of this report for further definitions).	🔴 (Red)
Intrusive, threatening, intimidating or degrading electronic communications.	Harmful and inappropriate use of e-mails, SMS texts or digital media which includes publishing false or degrading information, unnecessary regular out of hours contact, excessive copying (via cc/bcc) of people into e-mails, sharing private or explicit content.	🟢 (Green)
Perceived prevailing majority culture.	Where the majority of employees (particularly managers) share similar personal characteristics (e.g. Age, Race and Gender) and it is therefore perceived (rightly or wrongly) that people who do not share these characteristics constitute a marginalised minority.	🔴 (Red)
Perceived lack of equality of opportunity	Where it is perceived that people do not have the 'same chance' to progress in the organisation. For example, where superficial recruitment processes are followed prior to appointing an applicant who was widely expected to be given the role in the first place.	🔴 (Red)

5.3.0 Overall Summary of the Findings of this Exercise:

The overall results of this exercise indicate risks that a historic and institutional culture of racism may exist within EEAST. On balance, it is likely that a minority, not the majority, of EESAT employees may be responsible. Pages 46 – 50 of this report (stated perceptions of racism) provide sufficient examples to support this unfortunate conclusion.

Much reference was made towards an 'old school' cohort in EEAST with old fashioned attitudes suggested as being partly responsible for the situation. We accept this may be true. Whilst 1970's style attitudes to Race Equality in Britain do, in our professional experience, still exist in small pockets of more industrial sectors, it is extremely rare for us to experience the accounts received during this exercise from a blue/white collar professional sector of the NHS. Some of the verbatim comments published in this report are representative of very dated behaviours. We also comment that whilst old fashioned attitudes may *explain* behaviours they of course, do not *excuse* them.

However, in our professional judgement, we remain unconvinced that 'older workers' are the root cause of the entire situation within EEAST and believe the findings of this exercise could be symptomatic of a more general underlying and unchallenged culture of xenophobia (aversion to difference) within some 'pockets' of Trust employees. If this is true, a largely homogenous workforce, traditionalist attitudes and a prevailing lack of experience / knowledge of diversity could be contributing to and reinforcing this culture.

We also conclude that a legacy of unresolved previous issues in this area, frequent recent changes in the senior team, a lack of modern/robust Dignity at Work related training and people being 'made an example of' in the Trust are also major contributary factors to the overall findings of this exercise.

5.3 Extended Reasoning for Each Key Consideration:

5.3.1 Inaccurate understanding of what constitutes bullying, harassment and discrimination:

No evidence was provided to indicate this was a contributary factor. The situations described to us were largely speaking, accurate descriptions of either bullying, harassment and discrimination in the Trust and not, for example, incidences of people being over sensitive or reacting to legitimate performance management.

5.3.2 Enforced organisational change:

Constant recent changes to the senior Team in the Trust is regarded as a minor contributary factor to the findings of this exercise – particularly in respect of continuity and dealing with complaints / incidents.

5.3.3 Workload, resources and organisational demands:

Obviously a major issue for the Trust and the UK Ambulance service more generally but not considered to be a contributary factor in respect of the findings of this exercise.

5.3 Extended Reasoning for Each Key Consideration:

5.3.4 Autocratic, aggressive or reticent leadership styles.

Whilst 54% of survey respondents agreed their manager currently promotes an inclusive style of leadership, it is worth noting that unusually, none of the survey questions received a particularly positive response. The best ranking question in the entire survey was rating *Agree / Agree Strongly* by less than a third of employees. There are clearly some management related considerations to be drawn from from this exercise.

Five key issues emerged in respect of Trust managers:

1: Reports of inaction or weak action being taken when issues are raised.

2: Robust perceptions of favouritism- particularly in respect of recruitment.

3: Cultural insensitivities and inexperience e.g. asking a person of a certain ethnicity to deal with a a situation as they 'look' like the people involved. (See pages 46, 48 and 49 for relevant examples.)

4: Challenging unacceptable behaviour and language.

5: A lack of knowledge, skills or confidence required to promote inclusion i.e. embed Equality, Diversity and Inclusion considerations in their leadership style, decision making and activities.

5.3 Extended Reasoning for Each Key Consideration:

5.3.5 Intimidating, hostile or degrading behaviour from managers, peers, subordinates or the public:

The verbatim comments published in this report evidence all of the above. Once again, five key issues or themes have emerged from this exercise for EEAST colleagues:

1: **Blatant Racism**. For example, making monkey noises, banana boat references, telling people to learn to speak English etc.

2: **Cultural Ignorance**. For example, assumptions about languages spoken, colour of skin dictating cultural similarities. Asking a job applicant how long they were going to be in the country.
(Note that *Respecting Individual Race, Ethnicity and Colour* was the second lowest scoring survey question with only 18% of employees agreeing this is currently achieved.)

3: **Exclusion**. Examples include ordering a meal for the whole team and excluding a person based on their ethnicity, not informally conversing in the same way with BME colleagues as they would white colleagues, making a person sit in the rear of an Ambulance etc.

4: **Use of Banter / Inappropriate Humour.** (The lowest scoring survey question.)

5: **Perceptions of Inaction by Managers** - risking a culture where colleagues may feel they can operate with a degree of impunity.

5.3 Extended Reasoning for Each Key Consideration:

5.3.6 Intrusive, threatening, intimidating or degrading electronic communications:

No evidence was provided to indicate this was a contributary factor.

5.3.7 Perceived prevailing majority culture and 5.3.8 Perceived lack of equality of opportunity:

The responses to the survey question relating to promoting Equality of Opportunity returned a very low statistical rate of disagreement with just 24% people rating *Agree* or *Strongly Agree*.

This negative survey response was further supported by **very robust perceptions** of favouritism, cronyism and nepotism in respect of recruitment as described by exercise participants. Whether the accounts described to us are accurate, partially accurate or inaccurate, a clear adverse perception remains and further work is required in EEAST to reverse this perception.

NB: Statistical evidence exists to support inequality of opportunity in the Trust. The latest NHS *Workforce Race Equality Scheme* (WRES) data submitted by EEAST for 2020 – 2021 shows that white applicants are 2.6 times more likely to be shortlisted for jobs in the Trust that BME applicants.

The full report can be read here:

[Workforce Race Equality Standard (eastamb.nhs.uk)](http://eastamb.nhs.uk)

6.0 Recommendations:

By way of an introduction to development planning, the following actions are suggested:

1: Communicate the findings of this report within the Trust. If this is not realised, there is a high risk of despondency amongst BME staff and the perception that nothing is going to happen or change as a result of participating in this exercise.

2: Repeat this exercise with a separate group minority employees in the Trust e.g. staff who are LGBTQ+ to test the xenophobic versus racism question posed in this report.

3: Provide mandatory Inclusive Language and Dignity at Work training for all Trust staff.

4: Develop an enhanced system for reporting issues in the Trust – perhaps via an external assistance scheme ?

5: Decide the separate work that is required with Trust managers in reporting and escalating issues correctly.

6: As part of the above, develop a programme of reverse mentoring with senior managers and junior / middle grade BME staff.

7: Decide upon the internal action that needs to be taken to reverse the current perceptions of inequality in respect of job opportunities, advancement and training in the Trust.

8: Design a Dignity at Work campaign posters etc to encourage employees to stamp it out or call it out.

Appendix A: Profile of Survey Respondents: (Sample Size 58 Respondents)

NHS East of England Ambulance Service NHS Trust

Birth Sex

Female 54 %	Male 42 %	Not Declared 4 %

Sexual Orientation (Not collected in this survey)

Heterosexual	Same Sex	Bisexual	Other

Gender Identity

Cisgender 96 %	Transgender 2 %	Non Binary 0 %	Gender Fluid 0 %	Other 2 %

Ethnicity

Caribbean 16 %	Asian 44 %	White Minority 5 %	Dual Heritage 16 %	African 12 %	Other 7 %

Age

16 - 25 10 %	26 - 35 16 %	36 - 45 25 %	46 - 55 30 %	56 - 65 17 %	65 + 2 %

Disability

None 80%	Medical 1 %	Learning 7 %	Physical 2 %	Mental Health 2 %	Sensory 2 %	Not Declared 6 %

Religion (Not collected in this survey)

No Religion	Christian	Hindu	Muslim	Buddhist	Jewish	Other

Appendix B: Definitions of Inclusion, Discrimination, Harassment and Bullying:

B1 Harassment - The Legal Definition: (Source ACAS www.acas.org.uk)

Harassment occurs where behaviour, language or actions - whether intended or not, create an intimidating, hostile, degrading, humiliating or offensive environment for a person.

B2 Bullying – A Definition: (Source ACAS www.acas.org.uk)

Although there is no legal definition of bullying, it can be described as unwanted behaviour, from a person or a group, that is either:

- Offensive, intimidating, malicious or insulting.

- An abuse or misuse of power that undermines, humiliates, or causes physical or emotional harm to someone.

The bullying might also be :

- A regular pattern of behaviour or a one-off incident.

- Happen face-to-face, on social media, in emails or telephone calls.

- Occur at work or in other work-related situations and may not always be obvious to, or noticed by, others.

- Happen from a colleague towards another colleague, from a manager to a staff member or a staff member to a manager. (The latter can be called 'upward bullying'.)

Appendix B: Definitions of Inclusion, Discrimination, Harassment and Bullying:

2.6 Definition of Inclusion: (Source Miller and Katz 2003)

Inclusion is defined as: Having a sense of belonging, feeling respected, valued for who you are and experiencing a level of supportive energy and commitment from others so that you can do your best.