

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

Annual Report 2021

Torbay and South Devon NHS Foundation Trust

## 1 - Executive Summary; the breakdown

- We are an Integrated Care Organisation (ICO) and are over 6,500 people strong. We are responsible for the delivery of acute, community health and social care services. We are culturally innovative, and have a clear ambition to improve outcomes for everyone in our population, Building a Brighter Future.
- Our People Promise describes how Torbay and South Devon will feel as a great place to work, and Our People Plan describes how we will create the conditions for people to thrive, and deliver exceptional integrated health and care, whatever essential role we play. Our People Promise and Plan have been shaped by our people, as well as our colleagues across the whole NHS. Importantly, we are committed to understand and build on what works well and to address the issues that get in the way.
- The Covid-19 pandemic has significantly raised the profile of BME health inequalities both nationally and in Devon. The recent Nous report commissioned by Together for Devon has highlighted the inequalities in the experience of health and care in Devon for BME communities and staff. The Integrated Care System for Devon (ICSD) has committed to delivering the 34 recommendations from the Nous report to improve experiences for ethnically diverse staff and communities, and the eight recommendations to improve LGBTQ+ inclusivity.
- The Devon Wide BME Network is chaired by our EDI Lead. The Network and its members are committed to ensuring that the recommendations of the Nous report are implemented in line with WRES reporting. Therefore, actions implemented by ICSD should drive and align to the high-level strategies of the NHS People Plan 2020/21, the NHS Long Term Plan and the NHS Equality Objectives, and with our local WRES action plans.
- Devon remains predominantly a White area with 5.1 % BME people reported in the 2011 Census. However, it is likely this figure is more in the region of 7% and is set to increase with the mobilization of the Devon International Recruitment Hub (IRH) in place.
- Our aim is to create a culture of including and belonging and have equitable representation of minorities at all levels within our organization in line with 'A Model Employer' goals, which aims to accelerate recruitment of BME staff at senior levels.
- We have developed a robust WRES action plan, which will be progressed over the next twelve months to help us achieve this and close gaps in workplace inequalities between our BME and white staff.
- The WRES highlights the importance of how we must all treat each other with

kindness, civility and compassion. It is essential we all realise we can all make a difference towards the Trust becoming a more inclusive and equitable place to work.

- We are very proud to have launched a number of Networks in driving forward equality, diversity and inclusion initiatives organisation wide, and furthermore, celebrating the best of every person's individuality.
- The Equality Business Forum (EBF) together with the Networks will also have an important role in overseeing progress of the WRES action plan and strengthening collaboration between the Board and BME staff across the organisation.
- The WRES will be a standard item on the EBF and Network monthly meetings and network members will continually seek updates on its progress.
- The Trust also has Equality, Diversity and Inclusion (EDI) Leads who will have a key role in working with the networks, to support and guide the organisation and its stakeholders in improving staff and service user experience.
- Finally, TSDFT takes the view that an action plan is an organic tool to be adapted as concerns are raised. This means our actions moving forward will be adaptable and personalized for our future states.

**“The aim of the NHS Constitution is clear, to treat everyone, regardless of background with kindness, respect and care. The WRES is built on the values of the constitution and aims to ensure that all members of staff, regardless of background, have the opportunity to be the best that they can be. The evidence is that closing the gaps on workforce race equality in the NHS improves patient care, patient safety and patient satisfaction, saves money and saves lives”.<sup>6</sup>**

Yvonne Coghill, ex-Director, Workforce Race Equality Standard Implementation NHSEngland

## Key Headlines from the WRES Data

Please see Appendix 1 for WRES Data 2020 Infographic.

- Under representation of BME staff at Band 7 and above.  
The intention of the Model Employer target is to reflect representation of ethnic minority staff at equal proportions in all AFC pay scales by 2025. BME representation of the total workforce is currently 7%
- Inequalities in recruitment – white people are **nearly twice (1.73)** as likely to be appointed from shortlisting compared to BME people.
- **31%** of BME staff who completed the NHS Staff Survey said that they had experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months. **0.2% Slight Increase** on 2019 data. We are slightly higher (worse than) the national average.
- **25.2%** of BME staff who completed the NHS Staff Survey said that they had experienced harassment, bullying or abuse from staff in the last 12 months. **4.5% Increase** on 2019. We are below (better than) the national average.
- **15.1%** of BME staff who had completed the NHS Staff Survey said that they had personally experienced discrimination at work from their manager/team leader or other colleague. **4.8% Increase** on 2019 data. We are slightly higher (worse than) the national average.
- **75.7%** of BME staff believing that trust provides equal opportunities for career progression or promotion has **reduced significantly by 6% since 2019**. We are above (better than) the national average.
- **No BME representation** on the Board.
- Current figures would indicate BME staff were **no more likely than white staff** to enter the formal disciplinary process. There are no recorded cases in 2021 for BME staff and 10 cases for white staff (0.16%).
- Relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff in 2021 is **1.01 for TSDFT**. Our performance against this indicator has dipped slightly so that we move from a position in 2019/20 where BME staff were more likely than white colleagues to access training, to a position in 20/21 where BME and white colleagues are equally likely to access training.

## 2 - Introduction

Welcome to our WRES Annual Report 2021 which includes a data report for 2020/21 and an action plan for 2021/22.

### The Workforce Race Equality Standard (WRES)

There is considerable evidence that the less favourable treatment of BME staff in the NHS, through poor treatment and lack of opportunities, has a significant impact on staff well-being, patient outcomes and on the efficient and effective running of the NHS and that the measures needed to address such discrimination will benefit patient care and organisational effectiveness.

The WRES was introduced in 2015 and is designed to close gaps in work place inequalities between our black and minority ethnic (BME) and white.<sup>1</sup> This was in response to the 2014 study by Roger Kline titled 'The snowy white peaks of the NHS', which highlighted the link between good patient care and an NHS workforce that is representative of the local population it serves.

Commissioned and overseen by the NHS Equality and Diversity Council (EDC) and NHEngland, the WRES is included in the NHS Standard Contract and Trusts are required to publish their WRES data and action plans on an annual basis.

The main purpose of the WRES is to: -

- Enable the organisation to review WRES performance.
- Produce action plans to close the gaps in workplace experience between white and BME staff.
- Improve BME representation at the Board and senior levels of the organisation.

Overall, there are nine indicators that make up the NHS WRES. These comprise workforce indicators (1-4), Staff Survey indicators (5-8) and an indicator focused on board representation (9) based on the workforce data and an action plan tracked year on year to demonstrate continuous improvement to tackle the root causes of discrimination. The 2020-21 WRES data for TSDFT is based on staff who have an ethnicity recorded on the Trust's Electronic Staff Records (ESR) system and we currently have data on the ethnic origins of 97% of our workforce.

From April 2016 onwards, progress on the WRES is considered as part of the "well-led" domain in CQC's inspection programme. The aims of the WRES Annual Report are to:

- Compare the workplace and career experiences of BME and White staff in the NHS using data drawn from WRES reporting; and

- Identify improvement priorities to create an inclusive culture for people to thrive by eliminating unlawful discrimination, promoting equal opportunity and fostering good relations.

This year the national workforce race equality standard programme have created 'Disparity ratios', highlighting how staff with minority ethnic backgrounds are represented at different levels in each trust. The data indicates the differences in progression between white people and those from an ethnic minority background through the ranks of each organisation. The data can be used alongside the WRES data to highlight areas for improvement.

The WRES supports our compliance with the Public Sector Equality Duty, as part of the Equality Act 2010.<sup>2</sup> It reinforces the improvements set out in the NHS Long Term Plan and is integral to the NHS People Promise within the NHS People Plan 2020/21, a promise we must all make to each other, to work together and improve the experience of working in the NHS for everyone.<sup>3</sup>

The WRES complements the Workforce Disability Equality Standard (WDES) and both are vital to ensuring that the values of equality, diversity and inclusion lay at the heart of the NHS.

1. <https://www.england.nhs.uk/about/equality/equality-hub/equality-standard/>
2. <https://www.gov.uk/government/publications/public-sector-quick-start-guide-to-the-public-sector-equality-duty>
3. <https://www.england.nhs.uk/ournhspeople/>

## 2.1 - Our Values



Whether you're a patient, a visitor or a member of staff, our Vision sets out what you can expect from us – 'Working with you for you'

Our values describe and define our culture. In everything we do, we aim to:

- Treat everyone with 'Respect and Dignity'
- Commit to the quality of care we provide
- Treat our service users and colleagues with 'Compassion'
- Work collaboratively to 'Improve lives'
- Work together for people
- Ensure that everyone is counted and most importantly that they feel counted

## 2.2 - Our Commitment

It is clear from our WRES data analysis that we need to improve the experience for our BME colleagues and continue focusing on closing the gaps in workplace inequalities between our BME and white staff.

We are committed to delivering our robust WRES action plan as part of the Equality, Diversity and Inclusion strategy; a golden thread which runs through our newly developing and exciting 'People Plan' and 'Pathway to Excellence' programme.

We all need to treat each other with kindness, civility and compassion and we know that improving the experience of all our colleagues will lead to better care for our patients.

We have introduced a number of Staff Networks in response to staff requests during 2020/21, a catalyst to empower, encourage, and promote equitable opportunities for staff from across our organisation. It is a safe and supportive space for colleagues to come together, share their experiences and feedback on a wide range of actions and decisions.

Our BME Staff Network is still in its infancy but is growing in numbers and will play a vital role in supporting and guiding the organisation to drive forward WRES improvements over the coming months and beyond.

Stakeholders across the organisation have been given the opportunity to input to the development of the action plan.

We are very grateful to those who shared their experiences and to everyone who has engaged in our WRES journey. We now look forward to working together throughout 2021/22 to deliver the actions in the plan and improve workplace and career experiences for our BME colleagues across TSDFT.



## 2.3 - Why Race?

<b>The Legal Case</b>	Working towards equality, diversity and inclusion is rooted in the fundamental values, pledges and responsibilities of the NHS Constitution. <sup>4</sup> The WRES also supports our compliance with the Public Sector Equality Duty, as part of the Equality Act 2010.
<b>The Moral Case</b>	Now more than ever Covid-19 and the Black Lives Matter movement highlighted the moral case for the WRES. We are committed to understanding and tackling inequality and recognising its impact on the lived experiences of our BME and all colleagues and communities.
<b>The Quality Case</b>	The experience of our staff is linked to patient satisfaction, patient safety and high-quality patient care.
<b>The Financial Case</b>	Improved workforce efficiency improves organisational financial efficiency.

The action plan focuses on the steps we need to take to close the gaps in work place inequalities between our BME and white staff; to drive changes in attitude and culture; to increase employment and career opportunities, and implement long-lasting change for BME people. Help support the staff networks in championing an organisation which is committed to an open culture, reducing bullying, and improving staff wellbeing.

<sup>4</sup> <https://www.gov.uk/government/publications/the-nhs-constitution-for-england>

### 3 - Conclusions and next steps

- The data indicates some improvement in some areas for our BME colleagues but we still require further, focused action. We are still not achieving outcomes and experiences in line with our expectations.
- Recognising that some of the actions we take, such as actions to improve the culture of inclusion and leadership development, will require longer than 12 months to implement, we endeavor to have a rolling action plan that is reviewed annually.
- Our data was submitted August 2021 and our action plan has been reviewed and is attached in Appendix 4. Its focus and activities are in line with best practice and other trusts but we have not been seeing the results that we need and it would appear that we may have been trying to do too many things in parallel. Consequently, the focus for the year ahead will be on key priorities (Refer to 3.1 - Agreed Areas of Focus)
- The WRES will continue, alongside organisational work streams, at system level and in line with the Nous report recommendations to help ensure that there is momentum and continuous improvement in the workforce race equality agenda. This will help drive a culture of inclusion within the organisation and help meet the goals set out in the People Promise and Plan 2021 so that it will take us forward, faster, with greater impact.

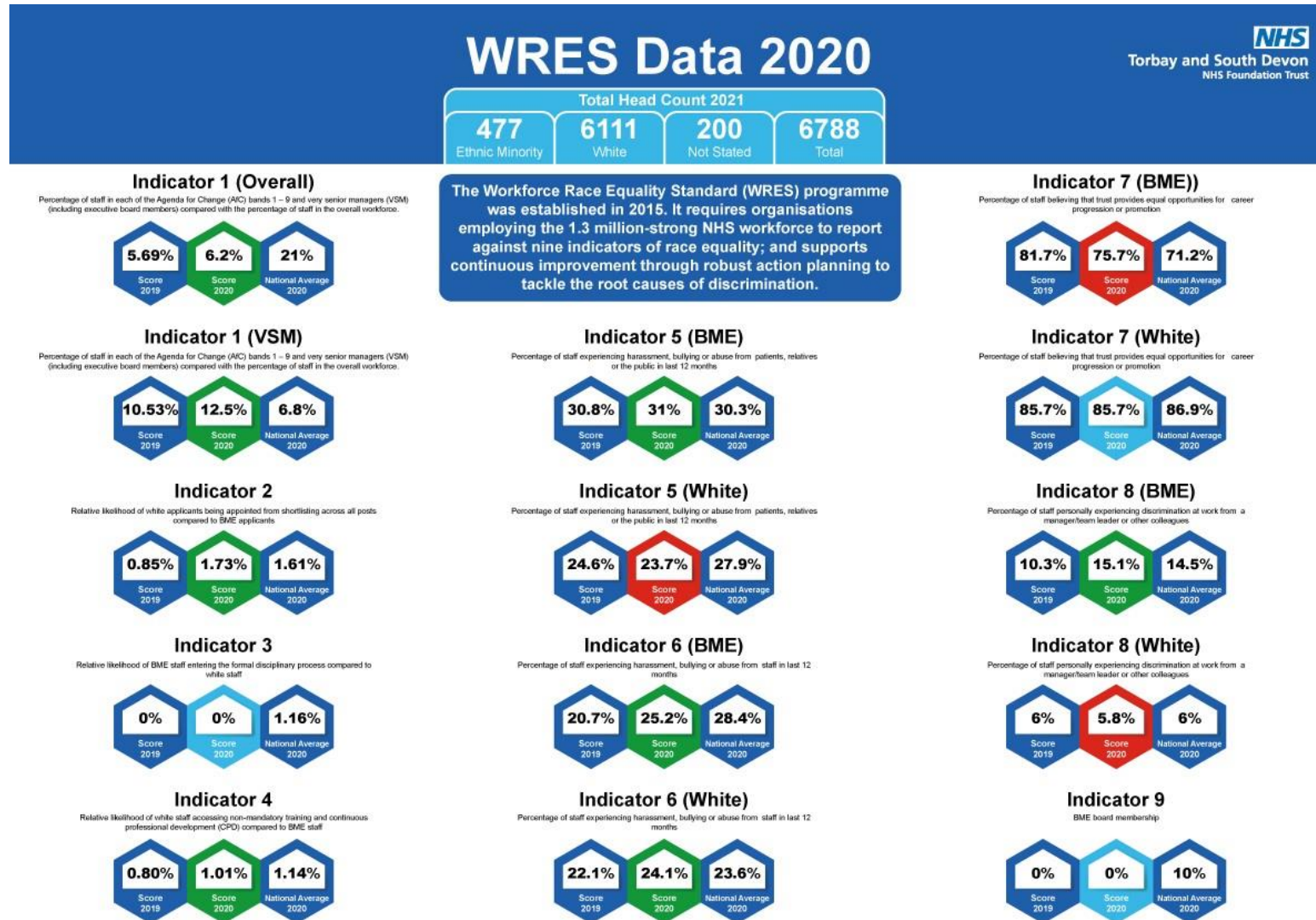
### 3.1 - Agreed Areas of Focus

- **Health Inequalities- Employability.** We will work with partners to widen access to quality work thus creating job and work experience opportunities for under-represented and the most deprived people in our communities.
- **Recruitment** practices to be overhauled so that we are truly Inclusive and Diverse, to ensure we attract and retain a diverse workforce particularly at Board and senior management levels. We will focus on ensuring that our workforce is reflective of our local communities.
- **Reciprocal Mentoring.** We have been selected as an organisation to participate in the Reciprocal Mentoring Inclusion Scheme. This is a systemic leadership development intervention that provides opportunities for individuals from under-represented groups to work as equal partners in progress with senior executive leaders. The scheme is designed to create transformational change and enable a culture of diversity, equality and inclusion, where the power of difference is valued through sharing lived experiences, creating awareness, insights and action. This directly contributes towards the creation of a more equitable and inclusive organisation where the factors that generate inequity are positively and proactively addressed. This programme is a powerful enabler that can change organisational norms and traditional culture, one conversation at a time.
- **The Networks.** The trust is committed to supporting Networks to become sustainable with increased visibility, membership, wider reach and impact across all protected characteristics. They will play a significant role in driving up the standards to improve our WRES data over the next year through the WRES action plan, as well as empowering our BME colleagues to use their voices through the network, sharing their lived experiences to educate and to improve outcomes for BME colleagues, all staff and patients. Our networks will be prominent in contributing too and informing decision making.
- **Develop career pathways.** Focus on development and progression opportunities for a new and existing staff, recognise and reward talent, develop Apprenticeship career pathways and work alongside the Devon IR Hub to ensure our International Nurses have a clear understanding of clinical pathways for career progression. This will also aid in the understanding of any barriers and will have the support of the Networks.
- **Education and Cultural Awareness.** Deliver a management essentials programme and Cultural Framework via Imanage to include cultural competency to raise awareness and encourage conversation around uncomfortable topics, such as race and White Privilege as well as celebrating and valuing the contribution of all our staff. There will be a focus on

celebrating cultural festivals and encouraging more proactive campaigns around inclusion.

- Achieving equality and inclusion is central to our success and mission critical to delivering outstanding quality services.

# Appendix 1 - TSDFT WRES Data 2020



## Appendix 2 - TSDFT WRES Data Report

Detailed below is the organisation's WRES data which was submitted August 2021 covering the period 1 April 2020 to 31 March 2021

**Indicator 1 - Percentage of staff in each of the Agenda for Change (AfC) bands 1 – 9 and very senior managers (VSM) (including executive Board members) compared with the percentage of staff in the overall workforce.**

### 2a. Non-clinical workforce

	BME staff in 2019/20	BME staff in 2020/21	BME staff difference	White staff in 2019/20	White staff in 2020/21	White staff difference	Unknown/null staff in 2019/20	Unknown/null staff in 2020/21	Unknown/null staff difference	Total staff headcount
Cluster 1 (Band 1-4)	2.2%	2.4%	+0.2%	95.5%	93.5%	-2.0%	2.2%	4.1%	+1.9%	1429
Cluster 2 (Band 5-7)	1.7%	2.3 %	+0.6%	96.7%	95.9%	-0.8%	1.7%	1.8%	+0.1%	434
Cluster 3 (Band 8a-8b)	2.2%	2.1%	-0.1%	93.3%	94.8%	+1.5%	4.4%	3.1%	-1.3%	97
Cluster 4 (Band 8c-VSM)	Nil	2.2%	+2.2%	90.6%	95.6%	+5.0%	9.4%	2.2%	-7.2%	45

## 2b. Clinical workforce

	BME staff in 2019/20	BME staff in 2020/21	BME staff difference	White staff in 2019/20	White staff in 2020/21	White staff difference	Unknown/null staff in 2019/20	Unknown/null staff in 2020/21	Unknown/null staff difference	Total staff headcount
<b>Cluster 1 (Band 1-4)</b>	5.5%	6.2%	+1.2%	93.0%	92.5%	-0.5%	2.0%	1.3%	-0.7%	1593
<b>Cluster 2 (Band 5-7)</b>	7.8%	8.8%	+1.0%	86.9%	87.7%	+0.8%	5.3%	3.5%	-1.8%	2443
<b>Cluster 3 (Band 8a-8b)</b>	1.4%	1.5%	+0.1%	90.8%	93.4%	+2.6%	7.8%	5.1%	-2.7%	136
<b>Cluster 4 (Band 8c-VSM)</b>	3.1%	2.9%	-0.2%	87.5%	91.4%	+3.9%	9.4%	5.7%	-3.7%	35
<b>Cluster 5 (Medical &amp; Dental Consultants)</b>	14.6%	14.9%	+0.3%	84.6%	83.9%	-0.7%	0.8%	1.2%	+0.4%	254
<b>Cluster 6 (Medical &amp; Dental Non-Consultants &amp; Career grades)</b>	22.9%	23.9%	+1.0%	74.3%	75.2%	+0.9%	2.8%	0.9%	-1.9%	117
<b>Cluster 7 (Medical &amp; Dental Trainee grades)</b>	15.9%	22.0%	+6.1%	67.0%	72.9%	+5.9%	17.1%	5.1%	-12.0%	218

## 2c. TSDFT vs National data

National WRES indicator data			TSDFT 2019	National 2019	TSDFT 2020	National 2020
1	Percentage of BME staff	Overall	5.69%	19.7%	6.2%	21.0%
		VSM	10.53%	6.5%	12.5%	6.8%
2	Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME applicants		0.85	1.46	1.73	1.61
3	Relative likelihood of BME staff entering the formal disciplinary process compared to white staff		0.00	1.22	0.00	1.16
4	Relative likelihood of white staff accessing non-mandatory training and continuous professional development (CPD) compared to BME staff		0.80	1.15	1.01	1.14
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	BME	30.8%	29.8%	31%	30.3%
		White	24.6%	27.8%	23.7%	27.9%
6	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	BME	20.7%	29.0%	25.2%	28.4%
		White	22.1%	24.2%	24.1%	23.6%
7	Percentage of staff believing that trust provides equal opportunities for career progression or promotion	BME	81.7%	69.9%	75.7%	71.2%
		White	85.7%	86.3%	85.7%	86.9%
8	Percentage of staff personally experiencing discrimination at work from a manager/team leader or other colleagues	BME	10.3%	15.3%	15.1%	14.5%
		White	6%	6.4%	5.8%	6.0%
9	BME board membership		0.00	8.4%	0.00	10.0%



## Appendix 3 - Indicator 2 - 8 Data

### Indicator 2 – Relative likelihood of staff being appointed from shortlisting across all posts.

(A figure below '1' would indicate that white candidates are less likely than BME candidates to be appointed from shortlisting)

(Data source: Trust's recruitment data)

	Relative likelihood in 2020	Relative likelihood in 2021	Relative likelihood difference (+-)
<b>Relative likelihood of staff being appointed from shortlisting across all posts</b>	0.85	1.73	+0.88

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

**Note** This indicator will be based on data from a two-year rolling average of the current year and the previous year

(A figure below '1' would indicate that BME staff members are less likely than white staff to enter the formal disciplinary process)

(Data source: Employee relations data)

	Relative likelihood in 2020	Relative likelihood in 2021	Relative likelihood difference (+-)
<b>Relative likelihood of BME staff entering the formal disciplinary process compared to white staff.</b>	0.00	0.00	0.00

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

(A figure below '1' would indicate that white staff members are less likely to access non-mandatory training and CPD than BME staff)

(Data source: Trust HR data)

	Relative likelihood in 2020	Relative likelihood in 2021	Relative likelihood difference (+/-)
Relative likelihood of staff accessing non-mandatory training and CPD.	0.8	1.01	+ 0.21

## Indicators 5 – 8

(Data source: NHS Staff Survey)

	BME staff responses to 2019 NHS Staff Survey	White staff responses to 2019 NHS Staff Survey	% points difference (+/-) between BME staff and white staff responses 2019	BME staff responses to 2020 NHS Staff Survey	White staff responses to 2020 NHS Staff Survey	% points difference (+/-) between BME staff and white staff responses 2020
5 – Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	30.8	24.6	+6.2	31.0	23.7	+7.3
6 – Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	20.7	22.1	-1.4	25.2	24.1	+1.1
7 – Percentage believing that the Trust provides equal opportunities for career progression or promotion	81.7	85.7	-4.00	75.7	85.7	-10.0
8 – In the last 12 months have you personally experienced discrimination at work from any of the following? Manager/team leader or other colleagues	10.3	6.0	+4.3	15.1	5.8	+9.3

## Appendix 4 - WRES Action Plan

Metric	Objective	Action/s	Timescales	Lead/s	Why
1	<p>Percentage of BME staff</p> <p>Improve our ethnicity declaration rates to build a more accurate picture of the diversity of our workforce.</p> <p>Improve diverse representation across the workforce, at all levels of Agenda for Change and profession.</p> <p>Deliver in line with TSDFT People Promise and Plan 2021-2024</p>	<ol style="list-style-type: none"> <li>1. Work with the Staff Network to raise awareness of WRES and encourage staff to feel confident in declaring their ethnicity status on ESR.</li> <li>2. Review our recruitment processes to promote our commitment to be an inclusive workplace that welcomes people from BME backgrounds.</li> <li>3. Enhanced Onboarding Overseas nursing for 2021/22 will be managed through the new Devon IR Hub which has a focus on inclusivity and supporting cultural awareness. This Devon IR Hub is hosted by TSDFT and as such we will be working very closely on continuous improvements in these</li> </ol>	<p>March 2021</p> <p>July December 2021</p> <p>Jan 2021 Onwards</p>	<p>Head of WF&amp;OD Lead EDI Lead.BME Staff Network Communications</p> <p>Resourcing Lead EDI Lead</p> <p>International Nursing Lead Head of WF&amp;OD EDI Lead</p>	<p>To build a more accurate picture of the diversity of our workforce. 200 staff of unknown ethnicity could have significant impact on small numbers of BME staff.</p> <p>To celebrate the diversity of our workforce and encourage everyone to bring their whole-self to work.</p> <p>To review fairness in our recruitment processes.</p>

		<p>areas.</p> <p>4. Complete detailed analysis of data by directorate and profession to identify areas of under-representation and barriers to career progression.</p> <p>5. Review and set aspirational targets - Model Employer: Increasing BME representation at senior levels across Torbay and South Devon NHS Foundation Trust Develop a career pathway for underrepresented groups in senior leadership role</p> <p>6. Continue to work with our existing volunteering and work experience programmes, to promote the wide range of career opportunities across the Trust.</p> <p>7. Develop Apprenticeship career pathways Review models</p>	<p>October 2021- Onwards</p> <p>July 2021</p> <p>Apr/Jul 2022</p> <p>Jan 2022</p>	<p>WIT Lead EDI Lead BP's</p> <p>Director of WF&amp;OD EDI Lead.</p> <p>EDI Lead/ Volunteer Services Manager</p>	<p>Identify potential barrier to recruitment/promotion of BME staff.</p> <p>To understand where we have gaps/under representation.</p> <p>To identify role models and leaders in the pipeline</p> <p>Commitment to meet the aspirations on improving BME representation across the workforce and at leadership positions in the NHS, as set-out in both the NHS People Plan and within the WRES 'Model Employer' leadership representation strategy.</p> <p>To become a model employer, be compassionate and inclusive, and improve how</p>
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		for connecting opportunities and engaging with BME communities towards gaining and sustaining employment.			we recruit, retain and develop BME people.  To agree local aspirational goals and ambitions to improve BME representation.
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2	<p>Relative Likelihood of White applicants being appointed from shortlisting across all posts compared to white staff</p> <p>Reduce the inequality in recruitment shortlisting from 1.73 to 1.00.</p> <p>Review recruitment practices to ensure the process is equitable and inclusive where everyone can thrive.</p>	<p><b>BME Staff Engagement</b> Continue our internal BME staff engagement to better understand the experiences of BME colleagues in the recruitment and selection process. Including experiences and views of career progression opportunities.</p> <p><b>Overhaul our Recruitment and Selection Process</b></p> <ol style="list-style-type: none"> <li>1. Review the overall recruitment practices: <ul style="list-style-type: none"> <li>- Develop our Employer Brand</li> <li>- Criteria for appointment</li> <li>- Management of unsuccessful candidates</li> <li>- Promotions, acting up and secondments</li> <li>- Job adverts length of advert, communications about the advert, wording, JDs</li> <li>- Better understand</li> </ul> </li> </ol>	<p>October 2021 July 2022</p> <p>July 2021</p>	<p>WF&amp;OD Lead Resourcing Lead EDI Lead BME Staff Network</p> <p>Resourcing Lead EDI Lead BME Network</p>	<p>Introduce a system of constructive and critical challenge to ensure fairness during interviews.</p> <p>To improve career progression prospects for BME staff (See 6 Below)</p>
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		<p>Barriers for staff applying, and being successful at reaching senior posts</p> <p>2. BME representation on recruitment and selection panels. The proposal is for all roles of Band 8 and above to include an Inclusivity Representative (Reps) as part of their interview panel.</p> <p>3. <b>Review training and education,</b> Deliver Management essentials Programme and Cultural Framework via the IManage a multipurpose education tool. for the managers of TSDFT to manage our people in compassionate ways Modules to educate and improve managers' awareness and</p>	<p>July 2021</p> <p>Sept 2021</p>	<p>Resourcing Lead EDI Lead BME Staff Network</p> <p>OD Manager EDI Lead BME Staff Network</p>	<p>To ensure the lived experiences of BME staff are considered 'We have a voice that counts.</p> <p>The role of the inclusivity rep would be to provide the supportive consideration on the behaviors and values, as well as diversity of the candidates who apply for our roles that have the most influence around setting our cultural</p>
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		<p>understanding of the benefits of diversity and inclusivity. Model to include cultural awareness</p> <p>4. Launch reciprocal mentoring for inclusion programme Reciprocal Mentoring is a product of traditional model of mentoring and reverse mentoring.</p> <p>5. Launch a series of 'Let's Talk' to promote awareness and understanding of Cultural Awareness and EDI</p> <p>6. Promote and support BME Staff to take up the offer of places on the Health Education England Stepping Up Ready Now and other Leadership programmes</p>	<p>Feb 2021 Onboarding</p> <p>Nov 2021</p> <p>Nov 2021</p>	<p>Head of WF&amp;OD Lead EDI Lead across ICSD</p> <p>Head of WF&amp;OD OD manager EDI Lead.BME Staff Network Communications team</p> <p>Head of WF&amp;OD EDI Lead.BME Staff Network Communications</p>	<p>To ensure diversity in thought when decisions are being made and to ensure objectivity in the recruiting process.</p> <p>Opportunities for individuals from under-represented groups to work as equal partners in progress with senior executive leaders.</p> <p>Building the conditions to enable Transformation</p>
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3	<p>Relative likelihood of BME staff entering the formal disciplinary process compared to white staff.</p> <p>Current figures would indicate BME staff were <b>no more likely</b> than white staff to enter the formal disciplinary process.</p> <p><b>No recorded cases 2021 for BME staff</b>  % White staff 2021  0.16% (10 Cases)</p>	<ol style="list-style-type: none"> <li>Engage with the Staff Network chairs when reviewing disciplinary policies.</li> <li>Review training and education, please refer to 3 above.</li> </ol> <p><b>Conflict resolution support and training</b></p> <ol style="list-style-type: none"> <li>Development of a just and learning culture which is restorative and inclusive. A culture underpinned by civility and respect, avoiding a culture of fear/blame. This is to support all colleagues within the Trust We will</li> </ol>	<p>October 2021</p> <p>September 2020</p> <p>Date to be set</p>	<p>HR Lead BME Staff Network Chair</p> <p>Head of WF&amp;OD Lead HR Lead EDI Lead BME Staff Network</p> <p>HR Manager Staff Side</p>	<p>To increase the confidence of staff entering into the disciplinary process that they will be treated fairly</p> <p>Cultural Awareness, Mental Health In the Workplace ‘ Unconscious Bias training and information for line managers and recruitment staff. To improve awareness and understanding of unconscious bias and stereotyping.</p> <p>Encourage BME staff to have a voice and trust that they will be treated fairly and heard.</p>
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		<p>continue to review our informal intelligence through a just and learning culture to triangulate the experience of staff/data/processes.</p>			
		<p>4. Mediation. Continue development of our team of workplace mediators with accredited training. The aim is to eventually have a pool of diverse mediators across TSDFT</p>	<p>October 2021</p>	<p>Head of WF&amp;OD Comms team EDI Lead</p>	<p>Encourage BME staff to be able to share concerns.</p>
		<p>5. Continue to promote awareness and understanding of Cultural differences through a series of 'Let's Talk' conversations to be rolled out through the organisation.</p>	<p>Jan 2021</p>	<p>People Hub</p>	<p>Improve Cultural awareness</p>
		<p>6. We have now a new case management system in HR called Selenity which should improve data management and reporting.</p>			<p>Accurate data. Confidence in our data</p>

4	<p>Relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff in 2021 is <b>1.01</b> for TSDFT</p> <table border="1" data-bbox="297 627 607 823"> <tr> <td>2020</td> <td>0.8</td> </tr> <tr> <td>2021</td> <td>1.01</td> </tr> <tr> <td>National 2020</td> <td>1.14</td> </tr> </table> <p>TSDFT is below the national average showing that we have more BME staff accessing non-mandatory training/CPD than the average NHS trust.</p>	2020	0.8	2021	1.01	National 2020	1.14	<p>Ensure TSDFT is keeping accurate and up-to- date records on non- mandatory training. However, this indicator is still a useful proxy for understanding the level of fairness by which staff are treated when it comes non-mandatory training and CPD</p> <p>Training and development</p> <p>Continue detailed analysis of the BME staff take up of internal and external Leadership Courses.</p> <p>Continue to promote targeted opportunities available through NHS Southwest Leadership Academy</p>	March 2021	Head of WF&OD	To understand link between BME staff undertaking non-mandatory training and CPD and under-representation at senior levels.
2020	0.8										
2021	1.01										
National 2020	1.14										

		<p>1. Talent Management Continue development of our approach to talent management, to create additional structured routes to access training and development.</p>	Nov 2021	Head of WF&OD Lead HR Lead	% of underrepresented staff in Band 8A and above Achievement of model employer Internal promotions
		<p>2. Career progression post training Work collaboratively with the Devon International Recruitment Hub and run a series of workshops to ensure that our international nurses have a clear understanding of career pathway options.</p>	October 2021	Head of WF&OD Lead IRH Lead EDI Lead BME Staff Network	Better understand barriers to progression. Encourage International nurses to take up career opportunities.
		<p>3. Shadowing, secondments, Bespoke coaching</p>	Coaching to be piloted September 2021	OD Facilitator, & Coaching Lead EDI Lead	To empower BME staff.' We each have a voice that counts.

5	<p>Percentage of BME staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months <b>Slight increase 0.2%</b> We are slightly higher (worse than) the national average.</p> <table border="1" data-bbox="291 710 616 909"> <tr> <td>2019</td> <td>30.8%</td> </tr> <tr> <td>2020</td> <td>31%</td> </tr> <tr> <td>National 2020</td> <td>30.3%</td> </tr> </table> <p>Reduce the incidence of BME staff experiencing harassment, bullying or abuse from patients, relatives or the public.</p>	2019	30.8%	2020	31%	National 2020	30.3%	<ol style="list-style-type: none"> <li>To promote the Culture, Change and worktogether to drive the importance of the WRES throughout the current work streams and future initiatives.</li> <li><b>Review training and education,</b> Review and finalise the virtual induction training Ensure the B&amp;H video is integrated into mandatory training Ensure the civility saves lives and B&amp;H training is integrated into i-manage. Begin fostering a Culture of Respect and Dignity</li> </ol>	<p>October 2021</p> <p>Nov 2021</p>	<p>Head of WF&amp;OD Lead EDI Lead BME Staff Network</p> <p>OD Manager OD Practitioner EDI Lead FTSU</p>	<p>Part of the overall organisational goal to create an inclusive culture.</p> <p>To ensure that that BME staff are involved in the Culture Change Programme and are valued in making a difference.</p>
2019	30.8%										
2020	31%										
National 2020	30.3%										

		<p>3. To continue listening across a variety of platforms where colleagues feel safe to share their lived experiences. Focus on the drive to eliminate harassment, bullying and abuse and reassure staff that concerns will be acted on appropriately.</p>	<p>Oct 2021/Jan/Apr/Jul 2022</p>	<p>Head of WF&amp;OD Lead EDI Lead BME Staff Network</p>	<p>To build on the culture of the organisation in order to drive initiatives to reduce harassment, bullying and abuse from members of the public.</p>
		<p>4. Raise awareness of the WRES with the Council of Governors and the Equality Business Forum Support staff by producing zero-tolerance materials.</p>	<p>October 2021</p>	<p>Head of WF&amp;OD EDI Lead Staff Networks</p>	<p>Understand the lived experience behind the data.</p>
		<p>5. Encourage colleagues to participate and provide feedback in the NHS Staff Survey.</p>	<p>November 2021</p>	<p>BME Staff Networks</p>	<p>Value the richness of staff feedback to inform actions. Small numbers of BME staff has large impact on %</p>

		<p>6. EDI Lead, Freedom to Speak Up Guardians, BME Staff Network Chairs, and Bullying and Harassment Advisors to triangulate learning from themes in relation to the experiences of BME staff and feedback to senior management team.</p>	<p>Oct 2021/ Jan/Apr/Jul 2022</p>	<p>EDI Lead/Freedom to Speak Up Guardians BME Staff Network Chairs Bullying and Harassment Advisors Comms Team</p>	<p>To work together in partnership so that all staff, and in particular our BME staff, feel safe to speak up, knowing that the right actions will be taken.</p>
		<p>7. Target the recruitment of additional anti bullying advisors to develop the diversity of the network</p>	<p>October 2021</p>	<p>Head of WF&amp;OD Practitioner EDI Lead Staff Networks</p>	<p>Support staff to speak up</p>



		8. In line with the NHS People Plan, focus on work streams to ensure that we create a culture where everyone feels they belong.	January 2021	H&S Leads BME Staff Network	Celebrate our diversity and enjoy learning about cultures.
		9. Promote reporting racist incidents on Datix	October 2021	EDI Leads BME Staff Network	Support staff to speak up.

6	<p>Percentage of BME staff experiencing harassment, bullying or abuse from staff in the last 12 months. has <b>increased by 4.5%</b> We are below (Better than) the national average.</p> <table border="1" data-bbox="295 638 622 836"> <tr> <td>2019</td> <td>20.7%</td> </tr> <tr> <td>2020</td> <td>25.2%</td> </tr> <tr> <td>National 2020</td> <td>28.4%</td> </tr> </table> <p>Reduce the incidence of BME staff experiencing harassment, bullying or abuse from staff</p>	2019	20.7%	2020	25.2%	National 2020	28.4%	1. Actions as above (Indicator 5)	As above (Indicator 5)	As above (Indicator 5)	<p>As above (Indicator 5)</p> <p>We need to actively encourage our BME staff to raise concerns without fear of reprisal. Work alongside our Staff Side colleagues to monitor themes and hot spots.</p>
2019	20.7%										
2020	25.2%										
National 2020	28.4%										

7	<p>Percentage of BME staff believing that trust provides equal opportunities for career progression or promotion has <b>reduced significantly by 6%</b></p> <table border="1" data-bbox="293 600 620 799"> <tr> <td>2019</td> <td>81.7%</td> </tr> <tr> <td>2020</td> <td>75.7%</td> </tr> <tr> <td>National 2020</td> <td>71.2%</td> </tr> </table> <p>Increase career progression and promotion opportunities for BME staff</p>	2019	81.7%	2020	75.7%	National 2020	71.2%	<ol style="list-style-type: none"> <li>1. Encourage colleagues to participate and provide feedback in the NHS Staff Survey.</li> <li>2. Arrange a series of engagement focus groups to listen to BME colleagues, International Nurses share experiences about career progression and promotion, and feedback themes which can inform the recruitment review, appraisal and development review.</li> <li>3. Reciprocal mentoring (as Indicator 2 above)</li> </ol>	<p>November 2021</p> <p>November 2021 – January 2021</p> <p>As above (Indicator 2)</p>	<p>Head of WF&amp;OD facilitator EDI Lead BME Staff Network</p> <p>Head of WF&amp;OD BME Staff Network Resourcing Lead</p> <p>As above (Indicator 2)</p>	<p>Value the richness of staff feedback to inform actions.</p> <p>Insight into the lived experience of BME staff to inform policy and process reviews.</p> <p>As above (Indicator 2)</p>
2019	81.7%										
2020	75.7%										
National 2020	71.2%										

8	<p>Percentage of BME staff personally experiencing discrimination at work from a manager/team leader or other colleagues has <b>Increased by 4.8%</b></p> <table border="1" data-bbox="293 600 620 799"> <tr> <td>2019</td> <td>10.3%</td> </tr> <tr> <td>2020</td> <td>15.1%</td> </tr> <tr> <td>National 2020</td> <td>14.5%</td> </tr> </table> <p>Reduce the incidence of BME staff experiencing discrimination at work</p>	2019	10.3%	2020	15.1%	National 2020	14.5%	<ol style="list-style-type: none"> <li>1. Encourage colleagues to participate and provide feedback in the NHS Staff Survey.</li> <li>2. Actions as in Indicator 5</li> <li>3. Encourage colleagues to speak up.</li> </ol>	<p>November 2021</p> <p>Actions as in Indicator 5</p> <p>Oct 2021 Jan/Apr/Jul 2021</p>	<p>Director of WF&amp;OD HR Lead BME Staff Network</p> <p>Actions as in Indicator 5</p> <p>BME Staff Network Freedom to Speak UpGuardians / Fairness Champions</p>	<p>Value the richness of staff feedback to inform actions.</p> <p>Support staff to feel safe to speak up, knowing that the right actions will be taken.</p>
2019	10.3%										
2020	15.1%										
National 2020	14.5%										

9	Percentage difference between the organisation's board voting membership and its overall workforce.	1. Ensure the process for appointment of Executive and Non-Executive Directors encourages BME applicants.	July 2021	Director of WF&OD Resourcing Lead EDI Lead	To demonstrate visible leadership in this area at senior levels.
	We currently have 16 Board Members (15 Voting- 1 Non-voting Member of which 8 are Executive Board Members. <b>All of which are White.</b>  <b>Our overall Workforce % by ethnicity is 7% BME 90% White. 2.9% unknown.</b>	2. As a demonstration of Trust commitment to inclusion, include reciprocal mentoring programme for BME Staff Network members to have mentoring relationship with Board members. 'Walk a mile in someone else's shoes'. From hearing insights and lived experiences, Board members will be better informed in making decisions that benefit all staff and patients.	Dec 2021	Director of WF&OD Board Champion Staff Network	Importance of leadership role models.
	Increase diversity of Board.	3. Establish links with local and national BME recruitment	Dec 2021	Director of W&OD Resourcing	Increase diversity of Board

		<p>agencies to increase the BME representation at senior management and Non-Executive Director level in the Trust</p> <p>4. Take up the offer of a Board Workshop from the National WRES Team who are delivering Board workshops across the country to enhance understanding of the WRES and offer practical advice.</p>	<p>Jan 2022</p>	<p>Lead</p> <p>W&amp;OD Lead EDI Lead</p>	
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All Metrics	To close the gaps between the workplace and career experiences of BME staff.	<p>Across all, or multiple indicators, the following actions will champion positive WRES outcomes and improved staff experience:</p> <ol style="list-style-type: none"> <li>1. Recognition of the value of the Staff Network across the organisation – benefits the organisation as much as the individual: <ol style="list-style-type: none"> <li>a. Resources</li> <li>b. Time – facility time for Network Chairs and time for staff to attend,</li> <li>c. Support</li> </ol> </li> <li>2. Build an equality educational program of masterclasses to build staff and manager competence around EDI</li> <li>3. Develop a range of resources for leaders and staff to engage in meaningful conversations about race inequality</li> <li>4. Overhaul recruitment process to incorporate: Training on good practice with instructions to hiring managers to ensure fair and inclusive practices, adoption of values-based interviews, skills-based assessments</li> <li>5. Recruit BME colleagues to the bespoke coaching programme and support for BME</li> </ol>			<p>Improve the experience of BME staff.</p> <p>Improve the culture of the organisation.</p> <p>Compliance with:</p> <ul style="list-style-type: none"> <li>• Public Sector Equality Duty, Equality Act 2010.</li> <li>• NHS Standard Contract.</li> <li>• NHS Long Term Plan.</li> <li>• NHS People Promise and Plan</li> </ul> <p>Looking after our People</p> <p>Belonging in the NHS</p> <p>New ways of working</p> <p>Growing for the future</p> <p>Increase diversity of Board</p>
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		<p>staff</p> <p>6. Support BME staff to undertake NHS SWLA courses including Stepping Up and Ready Now</p> <p>7. Listening with fascination and sharing lived experience – story telling to bring the lived experience alive, which along with the data and the feedback through the Staff Survey gives a whole perspective and has such a powerful impact, e.g. Schwartz Round, Board of Directors’ meetings, People and Culture Committee.</p> <p>8. Reciprocal mentoring – using this model to raise awareness of inequalities and promote diversity</p> <p>9. Integrate the WRES within mainstream business and ensure BME representation across the organisation’s governance structures including regular reporting via the Integrated Board Report and as part of the CultureChange Programme.</p> <p>10. Regular communications to bring WRES alive and celebrate achievements. Produce innovative ways to communicate e.g. infographics.</p>			
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		11. The ESR self-service portal gives all staff the ability to update their personal details as required. Continue to encourage staff to self-report ethnicity			
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