

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

Annual Report 2022

Torbay and South Devon NHS Foundation Trust

## 1 - 1.0 Executive summary

- 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 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 has 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 aim of the people plan is; more people, working differently in a compassionate inclusive culture and is underpinned by four pillars:
- Looking after our people – with quality health and wellbeing support for everyone
- Belonging in the NHS – with a particular focus on tackling the discrimination that some staff face
- New ways of working and delivering care – making effective use of the full range of our people’s skills and experience
- Growing for the future – how we recruit and keep our people, and welcome back colleagues who want to return.
- The national people plan contains learning from wave one of pandemic and responds to the needs of the delivery of the NHS Long Term Plan. It appropriately has a relentless focus on diversity and inclusion actions to improve the experience of our people at work, paying attention to supporting people in under-represented groups. A particular focus is improving the experience of BME staff who have been disproportionately affected by COVID-19.
- The Integrated Care System Devon (ICSD) EDI group formerly known as the Devon Co-operative has now been set up and has input into addressing the recommendations of the NOUS Report. It also works with other system groups to address EDI priorities. Our Trust EDI Lead is a member of the group.
- The Devon ICS commissioned the NOUS report on the ‘Experiences of health and care in Devon for Black, Asian and Minority Ethnic communities and staff’. The report was researched and produced by independent specialists the Nous Group between September 2020 and February 2021.

- The Devon Wide Ethnic Equality network is chaired by the Trusts 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, 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 mobilisation of the Devon International Recruitment Hub (IRH) in place.
- Our aim is to create a culture of inclusion and belonging and have equitable representation of minorities at all levels within our organisation in line with 'A Model Employer' goals, which aims to accelerate recruitment of BME staff at senior levels. We will aim to focus our efforts on making career progression more equitable for BME staff in specific roles and pay bands where significant disparities exist.
- Each organisation has this year received from NHSI/E a summary of workforce race equality standard (WRES) metrics. This is the first time such a report has been generated on a Trust by Trust basis throughout the country. The intention is to provide detailed information for each Trust enabling them to identify where progress has been made, but importantly to also identify where there is a required focus of attention for future action, to improve this critical aspect of our workforce agenda. This in turn will support the refinement of our WRES action plan and annual report, required under the NHS standard contract.
- Whilst we have developed a robust WRES action plan, our plan this year will be to focus on 4 key areas as highlighted in the summary of WRES metrics for our Trust. 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) Lead 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 personalised 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 NHS England

## 2 - Individual summary of workforce race equality (WRES) metrics- RA9.

The first phase of the WRES focused on supporting the system to understand the nature of the challenge of workforce race equality and for leaders to recognise that it is their responsibility to help make the necessary changes.

The next phase of the WRES will focus on enabling people to work comfortably with race equality. Through communications and engagement, we will work to change the deep-rooted cultures of race inequality in the system, learn more about the importance of equity, build capacity and capability to work with race. Which will align with our year 2 people plan and EDS2.

As a Trust our focus has been on engagement and listening to what matters to our people. We have expanded our networks. Held listening sessions to better understand barriers to career progression for our Black Asian Minority ethnic staff (BAME). We are in the process of overhauling our EDI mandatory training and are due to launch our I-manage and the Skill Boosters video training package. In order to create a culture of inclusion throughout the organisation. We have started work on overhauling recruitment with the implementation of inclusivity reps on interview panels. Focused on ensuring our marketing is truly inclusive and representative of our work force and that we are taking positive action to attract a diverse workforce.

Our success can be measured by the increase in BME staff sample sizes to the NHS staff Survey this year and this will aid better understanding of the specific challenges facing BME staff. The success of the work started in 2021/22 will hopefully be reflected in the National NHS Staff Survey 2022 and the WRES reports 2022 and 2023.

The Trusts report (please refer to Appendix 2) provides detailed information to allow better understanding of where the data indicates the areas of greatest challenges are and also highlights areas where the Trust is performing well.

**The methodology this year has been to provide disaggregated metrics which allows accurate monitoring to ensure that the results of targeted actions taken can be seen, rather than being diluted when numbers are looked as a whole. This WRES report is intended to be used alongside the summary (Appendix 1) and the report (Appendix 2) Graphics have been deliberately left out so as not to duplicate the report itself and only highlights extracted from the report. We have used this data and the work currently underway to inform the action plan for the year ahead.**

Our challenge for the year ahead will be to ensure our stakeholders are held to account for their actions, we embed good practice and make EDI everyone's business. This in turn will help to reduce health inequalities as they affect both workforce and patients.

Looking ahead into 2022/23 we will examine the data by gender, ethnicity and workforce type to better understand the differences between the diverse range of ethnicities of the workforce.

As an organisation we are applying the WRES with an open mind and an honest heart. This means being open about the nature and scale of the challenge we face and sharing data however uncomfortable it may initially be.

### 3 - Key Headlines from the WRES Data

Please see Appendix 1 for WRES Data

The following indicators have been identified as areas of strength or where there is an improving trajectory;

- **Indicator 3:** Likelihood of entering formal disciplinary process. The likelihood ratio of BME staff entering the formal disciplinary process compared to white staff remains 0, as in the previous 4 years. This compares to a South West ratio of 1.17 and national ratio of 1.14.
- Whilst this is a favourable outcome it is important that we review this practice on a yearly basis to enable critical analysis and constant learning. During 2022 we will investigate disciplinary cases from 2020/21 to identify any potential for bias or inequity.
- **Indicator 4:** Likelihood of undertaking non-mandatory training. The likelihood ratio of white staff accessing non-mandatory training and continuing professional development (CPD) compared to BME staff is 1.01. Whilst this has increased over the past 5 years it is not significantly different from '1.00' or equity. This compares to a south west ratio of 0.96 and national ratio of 1.14 and for which the Trust performs in the best 5% of Trusts in the country.
- Whilst this is a positive position we must continue to ensure that the organisation promotes CPD and that the message is shared across all media and through the BAME network. There is a key link to the Education Strategy and plan as to how the Trust ensures learning, development and education is accessible to all.
- **Indicator 6:** Percentage of staff experiencing harassment, bullying or abuse (HBA) from staff. The report rates the percentage of staff experiencing HBA from other staff as similar for white staff, 24.1% and for BME staff 25.2%. The BME percentage is ranked in the top 28% of trust in the country. We know from the 2021 national staff survey that these figures have continued to improve for both white staff 22.3% and BME staff, 24.6%. Whilst this might be seen an improving picture we must not be complacent as we know through our extensive engagement this remains an area of concern for our BME colleagues as highlighted in indicator 8 below.

- The 2021 staff survey saw an increase in response rate of 2% from our BME staff. This is likely to be related to the extensive engagement and support given to individuals to come to early conciliation wherever possible
- **Indicator 7:** Percentage of staff who believed the Trust provided equal opportunities for career progression or promotion. The report rates the percentage of staff who believe that the trust provided equal opportunities for career progression as similar for BME staff, 75.7% and for white staff 85.7%. Whilst 5% lower than our percentage in 2019, the BME percentage is ranked in the top 29% of Trust in the country and compares to 71.7% in the south and 69.2% nationally. Whilst not directly comparable due to a slight change in wording, we do know that there has been an improvement in the 2021 national staff survey feedback which will have a significant impact on Indicators 5-8.

## Conversely the following indicators have been identified as areas for improvement

- **Indicator 1: BME Representation in the workforce by pay band.** BME staff represent 7.00% of the Trusts total workforce, compared to 11.2% in the South West and 22.4% nationally. This is slightly higher than the BME representation in the local communities of Devon which is 5.1% as reported in the 2011 census.
- Data analysis suggests that this increase is primarily driven by an increase in overseas recruitment for nursing roles over the last few years.
- In terms of non-clinical staff on AfC pay bands, BME staff were under-represented at band 3 and 4, but proportionally at band 5 and above. Conversely, clinical staff on AfC pay bands, BME staff were proportionally represented at band 4 and under but underrepresented at band 6 and above. Amongst medical and dental staff, BME staff were underrepresented at consultant level and above.
- The race disparity ratio compares the progression of white staff through the organisation with the progression of BME staff through the organisation. If the race disparity ratio is greater than '1.00' it means that progression favours white staff, whilst a ratio below '1.00' means that progression favours BME staff. The Trust performs well in regards to the disparity ratios for non-clinical staff and is in the top 10% of Trusts nationally. However, at 2.65 there is a medium degree of inequality for clinical staff between lower (band 5 and under) and middle (band 6-7) and at 5.88 there is a large degree of inequality between lower and upper (band 8a and above) for which the Trust performs in the worst 10% of Trusts.
- It is important to note that given the BME numbers are small the focus should be on this rather than percentage change. A small increase in numbers will have a large impact on percentage reported.
- To address the inequality actions will be taken from within the belonging and growing the future people plan pillars. This will include a focus on how we attract a diverse workforce across all bands. In addition, the work that commenced in developing career pathways will continue to not only include international nurses but other professions too.

- **Indicator 2: likelihood of appointment from shortlisting** categorised as inequality of a small degree. It is 1.73 times more likely that a white candidate would be appointed from shortlisting compared to BME applicants. This is a significant increase from the previous two years, where the ratio has been less than one. This is higher than the South West and national ratio, and for which we perform in the worst 25% of Trusts in the country.
- An action within 'Growing for the Future' pillar for the year 2 people plan is to understand our shortlisting data and to put in place an improvement intervention.
- **Indicator 5: Percentage of staff experiencing harassment, bullying or abuse (HBA) from patients, relatives or the public.** The report rates the percentage of staff experiencing HBA from patients as similar for white staff, 23.7% and for BME staff 31%, and ranks the Trust in the middle 50% of Trust nationally. However, we know from the 2021 national staff survey that these figures have increased for white staff 26.5% and BME staff, 33%. Whilst the disparity has not changed, the increasing prevalence is of concern and therefore will be a priority to understand in more detail and address in the action plan.
- A point worthy of note is that throughout the extensive engagement during 2021/22 this had not been identified as an area of concern by our BAME network or BME colleagues. A detailed programme of work will be undertaken as a matter of priority in year 2 people plan to understand if there are hotspot service areas and particular groups of staff that are being affected.
- **Indicator 8: Percentage of staff who personally experienced discrimination at work from a manager, team leader or other colleagues.** The percentage of staff experiencing discrimination at work from other staff in the last 12 months was significantly higher for BME staff, 15.1% than for white staff, 5.8%. Whilst the Trust percentage is lower than the south west, 17.4% and nationally, 16.7%, it is 5% higher than in 2019 therefore not only the disparity but the prevalence is increasing. We know from the 2021 national staff survey that this picture continues to deteriorate with 17.3% of our BME staff reporting experience of discrimination as opposed to 6.3% of white staff.

These findings were further highlighted during our recent engagement with BME colleagues who identified a lack of cultural awareness in the organisation often taking the form of micro-aggression and insensitive, clumsy language. This is leading to feeling bullied and harassed and on occasion being discriminated against

This is a far-reaching and ranging issue that requires a multi-faceted approach to drive improvement and will be undertaken as a priority in the year 2 people plan.

**Indicator 9: BME representation on the board minus BME representation in the workforce.** The board representation indicator is calculated by deducting the percentage of BME staff in the workforce from the percentage of BME members on the board of directors. A positive value means that the percentage of BME members on the board of directors is higher than the workforce, and a negative value means that the percentage of BME members on the board is lower. The Trust difference between BME representation on the board and in the workforce was -7.00% in 2021 and continues to reflect a deteriorating position over the past 4 years. This compares to a difference in the South West of -5.4% and nationally of -9.8%.

## 4 - Introduction

Welcome to our WRES Annual Report 2022 which includes a data report for 2021/22 and an action plan for 2022/23.

### The Workforce Race Equality Standard (WRES)

There is considerable evidence that the less favorable 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 NHSEngland, 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 2021-22 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.

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.

The WRES also complements the national people plan which contains learning from wave one of pandemic and responds to the needs of the delivery of the NHS Long Term Plan. It appropriately has a relentless focus on diversity and inclusion actions to improve the experience of our people at work, paying attention to supporting people in under-represented groups. A particular focus is improving the experience of BME staff who have been disproportionately affected by COVID-19.

The 2021 WRES report recently received from NHSI/E will support the refinement of our WRES action plan and annual report, required under the NHS standard contract.

This year the WRES report provides more granular data than previous years, increasing the scope to understand the intersectionality of race and other characteristics on the NHS staff experience (namely gender and occupational group). Further data granularity by ethnic group in this year's report is also very welcome, as it enables better comprehension of the differing experiences for distinct groups of staff.

The current reporting year for the purposes of this report is 2021. Data for indicators 1 to 4 are taken from Strategic Data Collection Service WRES form submissions relating to the workforce as at the end of March 2021. Data for indicators 5 to 8 come from the NHS Staff Survey run in November and December 2020.

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/>

## 4.1 - 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

## 4.2 - 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 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 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 growing in numbers and is beginning to play a vital role in supporting and guiding the organisation to drive forward WRES improvements. This is set to continue 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 2022/23 to deliver the actions in the plan and improve workplace and career experiences for our BME colleagues across TSDFT.

### 4.3 - 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. It will also help support the staff networks in championing an organisation which is committed to an open culture, reducing bullying, and improving staff wellbeing.

The NHS is committed to tackling racial discrimination to bridge the gaps in experience, opportunity and differential attainment in this diverse workforce. Central to the correction of these inequities is the presentation of detailed data to organisational leaders to allow them to identify the targets for action.<sup>5</sup>

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

## 5 - Conclusions and next steps

- The WRES data indicates some improvement in some areas for our BME colleagues but we still require further, intense focused action. We are still not achieving outcomes and experiences in line with our expectations. Each area for improvement will be delivered through the Trusts year 2 people plan and where possible through partnership of the Integrated Care System Devon (ICSD).
- The activities undertaken and the progress made can be seen throughout the report. Impact is starting to be seen through higher levels of engagement from BME staff in the national staff survey, increased network numbers and just under 7% increase of BME staff feeling the organisation provides equal opportunities for career progression.
- We have been identified in the best 10% of Trusts nationally for Key Indicator 1: career progression in non-clinical roles (lower to upper levels)
- Year 1 of the people plan focused heavily on engagement and listening to what matters to our BME staff. Building trust was key to creating psychological safety.
- Year 2 priorities will build on the engagement undertaken, take into account learnings from year 1 and focus on areas of improvement identified for the trust in this year detailed individual organisational report. Please refer to appendix 2 . We absolutely recognise that to improve the culture of inclusion belonging and leadership development, will require a number of years to embed, we endeavor to have a rolling action plan that is reviewed annually.
- Our data was submitted July 2022 and our action plan has been reviewed and is attached in Appendix 3. 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 4 key priorities In line with the three high priority areas for improvement identified in this year's Organisational WRES report as highlighted in 5.1 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 2022/23 so that it will take us forward, faster, with greater impact.

## 5.1 - 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 and Promotion-** In 2021/22 we prioritised the overhauling of recruitment practices 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 continue to work on this area. There is still much more work to do. focus on ensuring that our workforce is reflective of our local communities.
- **Creating a culture of Inclusion through education and raising cultural Awareness-** Work collaboratively with the Learning Technology team to revamp our mandatory training so that it is reflective of current practices.

Deliver a management essentials programme and cultural framework via I-manage, this together with the Skill Boosters package will help 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 and the importance of belonging.

- **Develop career pathways: -Work collaboratively the Education team.** Focus on development and progression opportunities for new and existing staff, recognise and reward talent, develop career pathways with the Devon IR Hub to ensure our International Nurses continue to 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
- **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. We can see the progress of the BAME network through increased engagement and visibility of the network and its members.
- Achieving equality and inclusion is central to our success and mission critical to delivering outstanding quality services.

Equality, Diversity and Inclusion of which the WRES report is part of, is everyone's business. Each person within the Trust makes a contribution to this agenda and how it feels to work in the organisation. The key to both the degree

of success and speed of improvement is how managers take responsibility and are held to account for their own people practice and create the right environment for our people to thrive and trans

## Appendix 1

### Torbay and South Devon NHS Foundation Trust

#### South West

#### Summary for the 2020/21 reporting year

RA9

Indicator number and description			Trust	South West	National	Percentile rank*
<b>Indicator 1: BME representation in the workforce by pay band</b>						
BME representation in the workforce overall			7.0%	11.2%	22.4%	
<b>Pay band at which BME under-representation first occurs</b>	<b>Non-clinical</b>	Band 4 and under	Band 3	Band 3	Band 3	
		Band 5 and over	Proportional	Band 8A	Band 8B	
	<b>Clinical</b>	Band 4 and under	Proportional	Band 3	Band 3	
		Band 5 and over	Band 6	Band 6	Band 6	
	<b>Medical</b>		Consultant	Consultant	Consultant	
	<b>Race disparity ratios</b>	<b>Non-clinical</b>	Lower to middle	0.62	1.23	0.91
Middle to upper			1.74	1.86	1.39	56%
Lower to upper			1.08	2.28	1.27	3%
<b>Clinical</b>		Lower to middle	2.65	2.60	1.59	85%
		Middle to upper	2.22	1.51	1.36	77%
		Lower to upper	5.88	3.93	2.16	93%
<b>Indicator 2: likelihood of appointment from shortlisting</b>						
likelihood ratio White / BME			1.73	1.50	1.61	76%
<b>Indicator 3: likelihood of entering formal disciplinary proceedings</b>						
likelihood ratio BME / White			0.00	1.17	1.14	
<b>Indicator 4: likelihood of undertaking non-mandatory training</b>						
likelihood ratio White / BME			1.01	0.96	1.14	5%
<b>Indicator 5: harassment, bullying or abuse from patients, relatives or the public in last 12 months</b>						
BME			31.0%	28.4%	28.9%	66%
White			23.7%	26.0%	25.9%	37%
<b>Indicator 6: harassment, bullying or abuse from staff in last 12 months</b>						
BME			25.2%	28.0%	28.8%	28%
White			24.1%	22.2%	23.2%	63%
<b>Indicator 7: belief that the trust provides equal opportunities for career progression or promotion</b>						
BME			75.7%	71.7%	69.2%	29%
White			85.7%	87.5%	87.3%	71%
<b>Indicator 8: discrimination from a manager/team leader or other colleagues in last 12 months</b>						
BME			15.1%	17.4%	16.7%	36%
White			5.8%	5.8%	6.2%	47%
<b>Indicator 9: BME representation on the board minus BME representation in the workforce</b>						
Overall			-7.0%	-5.4%	-9.8%	35%
Voting members			-7.0%	-5.7%	-10.0%	34%
Executive members			-7.0%	-7.9%	-13.5%	24%

\* ranks the Trust from 0% (best in the country) to 100% (worst in the country) on each indicator.

## Quick guide to colour coding

A quick guide to the colour coding used in the tables of analyses is presented below. Please refer to the user guide in the appendix to this report for more detail.

### Indicator 1 race disparity ratios and indicators 2 to 4: colour coding for the degree of inequality

	Inequality, large degree
	Inequality, medium degree
	Inequality, small degree
	Equity / proportional

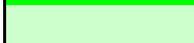
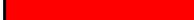
### Indicators 5 to 8: heat map colour coding for the degree of poor outcome, relative to the benchmark

	Benchmark
	Very high
	High
	Quite high
	Similar to benchmark
	Quite low
	Low
	Very low

### Indicator 9: colour coding for the degree of inequality

	Underrepresentation by three or more board members
	Underrepresentation by two board members
	Underrepresentation by one board member
	Equity / proportional representation

### Percentile ranks: colour coding

	Best 5%
	Best 10%
	Best 25%
	Middle 50%
	Worst 25%
	Worst 10%
	Worst 5%

### A note on interpreting the colour-coding in the summary table:

Regarding the colour coding of the indicators in the summary table on page 2, it is possible that an indicator will be colour-coded green in the "Trust" column, but yellow, orange, or red in the "Percentile rank" column (or vice versa). The colour coding in the "Trust" column conveys whether or not the indicator is different from equity or proportional representation to a statistically significant degree. Sometimes, even a very large value may not be different from equity or proportional representation to a statistically significant degree if it is based on a very small number of people (this is often the case with indicator 3). Meanwhile, the colour-coding in the "Percentile rank" column reflects the percentage of Trusts that had a better value for that indicator when ranked by the size of the deviation from equity or proportional representation. This ranking does not take into account statistical significance. Indicators that are colour-coded yellow, orange, or red in both the "Trust" and "Percentile rank" columns should be a cause for particular concern as this combination denotes that the indicator is both significantly different from equity or proportional representation, and amongst the worst in the country.

## Appendix 2

### [TSDFT RA9 WRES Data 2016-2021](#)

## Appendix 3

### WRES Action Plan 2022-2023

*Please note:* Significant progress has been made across the Trust in building engagement in BAME inclusion and setting the groundwork for change; through leadership commitment, a strong and visible Black Asian Minority Ethnic network, creating Inclusive Cultures, raising awareness and overhauling recruitment practises. The action plan below aims to build on these foundations by identifying strategies for lasting systemic change.

Action	Accountability	Timescales	Outcomes and Success Measures	WRES Metric
<b>Key Priority 1: Recruitment And promotion Overhaul action plan</b>				
There are opportunities for system working to address some of the areas of improvement particularly relating to the overhauling of recruitment practices within the Growing for the Future people plan pillar.				
Ensure Executive and Very Senior Managers (ES&VM) own the agenda, as part of culture changes in organisations, with improvements in Black Asian and Minority Ethnic representation (and other under-represented groups) as part of objectives and appraisal by: a) Setting specific KPIs and targets linked to recruitment. b) KPIs and targets must be time limited, specific and linked to incentives for which ES&VMs are accountable	Head of Workforce &OD  Resourcing Hub Service Lead	Dec 2022	Ensure Executive and Very Senior Managers (ES&VM) own the agenda, as part of culture changes in organisations, with improvements in Black Asian and Minority Ethnic representation (and other under-represented groups) as part of objectives and appraisal by: a) Setting specific KPIs and targets linked to recruitment. b) KPIs and targets must be time limited, specific and linked to incentives for which ES&VMs are accountable	1 & 2

			<p>Review ES and VM knowledge and experience and where necessary, put in place appropriate development sessions, development ambitions/objectives to raise understanding and awareness of EDI and drive the EDI agenda forward.</p> <p>Embed in appointment material (JD's advert etc) the emphasis on the Trust's commitments to equality and diversity.</p>	
<p>Introduce a system of constructive and critical challenge to ensure fairness during interviews. This system includes requirements for diverse interview panels, and the presence of an equality representative who has authority to stop the selection process before offer is made, if it is deemed unfair and complements the need for accountability</p>	<p>Resourcing Hub Service Lead</p>	<p>Dec 2022</p>	<p>Standardised recruitment process for B8a+ across Trusts that show (as a minimum): Confirmation of EDI training across the panel; Confirmation of the diverse communities that were reached out to (inc areas where they have been previously been unsuccessful in recruiting from); A check that there is full diversity inclusion at the advert/campaign stage – methods, where advertising etc; A review of diversity (data) of the appointable candidates following shortlisting stage – if not sufficiently diverse, then active consideration by the Chair to continue (a stop and check point) OR requests the process to pause and be re-launched. If continue, then justification should be documented; Justification as to why the highest scoring candidate is the strongest candidate; Reporting and escalation as required</p>	<p>1 &amp; 2</p>

			Review and improve attraction campaigns to attract a broader and diverse applicant, including use of terminology, use of forms and paperwork	
Organise talent panels to: a) Create a 'database' of individuals by system who are eligible for promotion and development opportunities such as Stretch and Acting Up assignments must be advertised to all staff b) Agree action approaches to filling roles for under-represented groups c) Set transparent minimum criteria for candidate selection into talent pools	Head of Workforce &OD	March 2023	Define, develop and implement appropriate talent panel/pool infrastructures that will facilitate fair, inclusive and transparent mobilisation of staff; including those in under represented groups.	1 & 2
Enhance EDI support available to: a) Train organisation and HR policy teams on how to complete robust / effective Equality Impact Assessments of recruitment and promotion policies b) Ensure that for Bands 8a roles and above, hiring managers include requirement for candidates to demonstrate EDI work / legacy during interviews.	Head of Workforce &OD  Resourcing Hub Service Lead	Dec 2022	Review EIA process and ensure appropriate colleagues are trained in use. Ensure these are embedded in policy and development.	2 & 7
			Ensure EIA's are reviewed at policy sign off by inclusion/EDI lead.	
			Ensure that for B8a+, all recruitment paperwork (JD's, questions etc) include the requirement to demonstrate behaviours/capabilities to ensure candidates are living the Trust EDI values at all levels.	
Overhaul interview processes to incorporate: a) Training on good practice with instructions to hiring managers to ensure fair and inclusive practices are used.	Resourcing Hub Service Lead	Dec 2022	Ensure appropriate training provided to all hiring managers, to help ensure they are equipped with the skills they need to recruit and select talent inclusively, fairly and objectively and trained to understand and	1, 2 & 7

b) Ensure adoption of values based shortlisting and interview approach c) Consider skills-based assessment such as using scenarios	Head of Workforce &OD		mitigate different sources of error and bias. Review experience and qualification requirements to ensure no groups are unfairly excluded.	
Investigate disciplinary cases from 2021 and 2022 to identify any potential for bias or inequity.	People Hub Service manager	Jan 2023	Whilst this is a favourable outcome it is important that we review this practice on a yearly basis to enable critical analysis and constant learning. During 2022 we will investigate disciplinary cases from 2021/22 to identify any potential for bias or inequity.	3
<b>Key Priority 2: Development and progression</b>				
High priority areas for improvement highlighted in the trust WRES report-. Focus on making career progression more equitable, under the belonging pillar				
Review data presented in RA9 Organisational WRES report and staff survey from 2022 relating to career development and progression of BAME colleagues.	WFIT Head of Workforce &OD	Dec 2022	Targeted and specific actions developed to address areas of concern.	4 and 7
Undertake analysis of BAME colleague training access with particular focus on Bands 5 and over	WFIT	March 2023	Focus on making career progression more equitable for our BME staff in specific roles and pay bands where significant disparities exists.	4
Listening sessions	All- Across the organisation and in	August 2022	Build on the work already started to better understand barriers to career progression across all pay bands	4 and 7

	collaboration educational practitioners		Continue engagement with our International Nurses Roll out Engagement across areas identified in the data	
Continue to promote relevant career development training to BAME network members	Head of Clinical Education	August 2022	Proportion of BAME colleagues accessing career development training reflects BAME representation across the Trust.	4
BME Leadership Programme	Head of Clinical Education	August 2022	BME leadership programme promoted trust wide July 2022. This is a personal staff development programme available to staff who identify as Black, Asian, and Minority Ethnic (BAME). This is an inaugural Talent Development Programme, which reinforces our commitment to equality of opportunity and positive action.	4 and 7
Bespoke Coaching for our BME staff	OD manager	July 2022	To increase empowerment and build confidence to be able to share views and what matters to them.	4 and 7
Interview Ready	Head of Clinical Education	July 2022	Mock interviews- Support with expressions of interest. Mainly aimed at bands 5.	4 and 7
CPD Clearer pathways	Head of Clinical Education	July 2022	Shared at Onboarding of International nurses CPD awareness targeting BAME colleagues & support with completing application forms especially for our IEN	4
<b>Key Priority 3: Creating culture of inclusion</b>				
Raising cultural awareness and celebrating diversity by educating and learning to increase the sense of belonging				

Particular focus on education, raising cultural awareness. Tackling discrimination and bullying and harassment within the Belonging pillar				
Induction training Revamped Mandatory training	Head of Workforce &OD	January 2023	EDI mandatory training will be revamped and launched in Q4 of 2022/23 to reflect current and meaningful content. These changes will be presented in a creative format, such that it increases curiosity, raises self-awareness and aims to educate around the importance of EDI.	All
Skill Boosters- We have procured this brave, engaging and effective video training package which enables individuals to be the best they can and support difficult conversations.	Head of Workforce &OD	September 2022	Access to video-based training for Inclusion, Leadership and teamwork will be available to all staff through our dedicated learning management system (Hive). Some will also be incorporated into mandatory training.	All
I-manage	Head of Workforce &OD	August 2022	Imanage combines all management resources in to one location providing consistent access to relevant resources. A part of the focus for the next year will be around incivility, values, respect, self-awareness, and emotional intelligence	All
Host regular listening sessions and support teams that are identified as being hot spot service areas with in the organisation	Head of Workforce &OD	March 2023	Support teams to have honest open discussions around race, bias, banter, language. Using the above resources.	5,6 and 8
Anti-bullying team to explore ways of increasing engagement, raising profile and visibility of the team. Collaborate with work around civility. Work closely with FTSUG and trade unions to identify hot spot service areas.	Head of Workforce &OD	Dec 2022	Recruit a more Diverse team and promote Inclusion and civility. Work with and identify hotspot areas. Wellbeing team- Introduced wellbeing buddies. With the aim of a buddy in every team.	5,6 and 8

Work in confidence is an anonymous conversation platform, which you can use to speak to one of our Freedom to Speak Guardians to discuss your ideas and report concerns. Launched June 2022	FTSUG	June 2022	Start a conversation. Get a resolution. Anonymously. Learn how we keep your identity hidden and secure Report bullying and improper behaviour Tell us what we should stop doing Discuss ideas and improvements Report fraud or misconduct Suggest more efficient ways of working	All
Just Culture	Head of Workforce &OD  People Hub service manager	Review Dec 2022	Just culture aims to give a more compassionate and understanding approach in the application of people hub policy and procedure. Just culture aims to learn from and explore differences and learn from innovative approaches that cultural differences display. There will be listening events held with international nurses to proactively learn from differences and imbed change on all sides.	All
Developing and strengthening the BAME network. with the aim of empowering BAME staff to achieve their potential through creating positive change.	Head of Workforce &OD	Ongoing 2022/23	The first year has been about creating psychological safety through building trust, which is vital and easily destroyed. Success is measured by the expanding size of the	6 and 8

The BME staff network believes that, in order for every individual to reach their full potential, there must be no fear of discrimination or prejudice and a belief that career opportunities or experience of work is not predetermined by ethnicity, nationality or colour.			network and engagement with projects associated with the belonging pillar. Continue to build on this and ensure members are involved, listened too and heard. There is still a fear of speaking out for many but the network aims to be the vehicle for bringing about meaningful change. Through positive action.	
Celebrate Diversity with high profile BAME speakers and events.	Chair of BAME Network	Review March 2023	Positive feedback from 'Proud to be' event Attendees represent leaders, network members, and allies.	All
<b>Key Priority 4: Leadership</b>				
Revisit reverse mentoring pilot programme and review of impact, and develop recommendations for future.	Head of Workforce &OD	Oct 2022	If programme re-started – Minimum 5 mentorship pairs in place and meeting regularly.	All
Collaborate with Trust Board to develop leadership KPIs for Inclusion.	Head of Workforce &OD	Oct 2022	Inclusion KPIs in place for each member of the Executive Group	All
Consider establishing Executive Sponsors for each of the Trust's Colleague Networks	Head of Workforce &OD	Oct 2022	Executive Sponsors identified and communicated across the Trust.	All
strengthening collaboration between the Board and BME staff across the organisation.	Head of Workforce &OD	July 2022	Network chair invited to share progress of the network. Encourage members to share lived experience.	All