

# NHS Workforce Race Equality Standard (WRES)

Annual Report 2023

Torbay and South Devon NHS Foundation Trust

## 1 - 1.0 Executive summary

- We are an Integrated Care Organisation (ICO) and are over 8000 people strong and 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 through our people priority: to build a healthy culture at work where our people feel safe, healthy, and supported.

Our two goals to achieving this in 2023/24 have been shaped by our people at Torbay and South Devon NHS Foundation Trust and are:

1. Consistent, compassionate, and inclusive leadership that is motivating and empowering.
2. Making people's lives easier and freeing up time to work in a safe and calm way on agreed priorities.

To underpin the people promise we have enacted a 'creating and embedding culture of inclusion plan' that has been signed off by the Trust Board – designed to address the most important issues within the Trust relating to inclusion.

- The Integrated Care System Devon (ICSD) EDI group 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 report highlighted 33 recommendations of which 29 are in progress or complete.
- 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 2.6 % Black, Asian, or other ethnic minority people reported in the 2021 Census. However, it is likely this figure is higher due to 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 second 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 again this year will be to focus on 3 key areas as highlighted in the summary of WRES metrics for our Trust plus 1 other 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.
- We are very proud of our Networks, who are all at different level of maturity but committed 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 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 - Introduction

Welcome to our WRES Annual Report 2023 which includes a data report for 2021/22 and an action plan for 2023/24.

### 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 workplace 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 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, 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 2022 WRES report recently received from NHSE 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 2022. 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 2022. Data for indicators 5 to 8 come from the NHS Staff Survey run in November and December 2021.

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/>

### 3 - 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 People promise within the people plan and EDS2.

As a Trust our focus remains on engagement and listening to what matters to our people. The experience of our BME staff continues to deteriorate and the Trust recognises no single intervention will have the desired outcome. The Trust is committed to creating psychological safety and creating a culture of inclusion for all by educating our leaders and adopting a Just and Learning culture to reduce the harm that we cause. Some networks have expanded their membership, but we must continue to invest in these in order to allow for organic growth and greater impact.

We held listening sessions to better understand barriers to career progression for our Black Asian Minority ethnic staff (BAME) and have subsequently supported these staff to be interview ready, with successful outcomes.

Through our inclusion plan we are in the process of overhauling our EDI mandatory training with an immersive inclusion module designed to nudge behaviour change by raising awareness of modern terminology in relation to discrimination, unacceptable behaviours, and language. It also includes self- reflection and will be linked to an individual's appraisal and EDI objective.

We have launched our Compassionate leadership framework and programme together with management development – all designed to create a culture of inclusion throughout the organisation.

We have introduced the concept of having an inclusivity representative on interview panels with the purpose challenging habitual bias thinking in recruiting and posing questions around EDI. This has been successful, and we are now in the process of exploring ways to embed this into the organisation.

Two areas of best performance have been identified for the Trust (RA9). Indicator 1 which relates to career progression in non-clinical roles. Lower to upper levels and middle to upper levels. These are the areas from amongst the Trust's indicators with the best percentile rankings against other Trusts, and where the Trust performs in the best 10% of Trusts nationally (excluding indicator 4). For indicators 1 to 3 and 9, a further criterion is that the indicator is not different from equality to a statistically significant degree. For indicators 5 to 8, performance must also be similar to that for the other ethnic group.

The success of the work started in 2022/23 will hopefully be reflected in the National NHS Staff Survey 2023 and the WRES reports 2023 and 2024.

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 2023/24 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.



## 4 - 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 5 years. This compares to a South West ratio of 1.28 and national ratio of 1.14.
- Whilst this is a favorable outcome it is important that we review this practice on a yearly basis to enable critical analysis and constant learning. During 2023/24 we will investigate disciplinary cases with a Just and Learning lens 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 0.95, which is lower than '1.00' or equity to a smaller degree. This compares to a southwest ratio of 0.89 and national ratio of 1.12 and for which the Trust performed better than 48% of Trusts.
- 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, 22.3% and for BME staff 24.6%. The trust performed better than 66% of the Trusts. Whilst this might be seen an improving picture on last year's figures 24% and 25% respectively, we must not be complacent, the gap has widened and 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 was similar for BME staff 51.0% and for white staff 57.3%. The trust performed better than 84% of the Trusts.

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

- **Indicator 1: BME Representation in the workforce by pay band.** BME staff represent 8.2% of the Trusts total workforce, compared to 12.8% in the Southwest and 24.2% nationally. This is higher than the BME representation in the local communities of Devon which is 2.6% as reported in the 2021 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 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 regard to the disparity ratios for non-clinical staff and is in the top 10% of Trusts nationally. However, at 3.20 there is a medium degree of inequality for clinical staff between lower (band 5 and under) and middle (band 6-7) and at 8.04 there is a large degree of inequality between lower and upper (band 8a and above) for which the Trust performs in the worst 96% of Trusts.
- It is important to note that given the BME numbers are small the context is vitality important and that it is perhaps too simplistic to simply look at the distribution of BME and White staff by pay bands. A more in-depth analysis considering factors such as role types held and their pay bands ranges and whether staff sought promotion is required.
- To address the inequality and address growing and retaining a diverse workforce. We will focus on how we attract a diverse workforce across all pay 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 3.20 times more likely that a white candidate would be appointed from shortlisting compared to BME applicants from the data submitted. This is a significant disparity from the previous two years. On reviewing the data an error was identified. The corrected figures give a score of 2.64 This changes the Trust's ranking in the Southwest slightly but it still remains an outlier nationally.
- An action within the inclusive culture 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 for white staff, 26.5% and significantly higher for BME staff 33.0%, the Trust performed better than 30% of Trusts. However, we know from the 2022 national staff survey that these figures have increased significantly for our BME staff 35.7% and remained similar for white staff 26.2%, The increasing prevalence is of concern and therefore will be a priority understand in more detail and address in the action plan.
- A point worthy of note is that throughout the extensive engagement during 2021/22/23 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 to better understand if there are hotspot service areas and particular groups of staff that are being affected or is this due to lack of psychological safety within the organisation to speak up.
- **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, 17.3% than for white staff, 6.3%. Whilst the Trust percentage is similar to the southwest, 17.9% and nationally, 17.0%, it is 2% higher than in 2020 therefore not only the disparity but the prevalence is increasing. We know from the 2022 national staff survey that this picture continues to deteriorate with 18.4% of our BME staff reporting experience of discrimination which is the highest in the past 5 years.

These findings were further highlighted during our recent engagement with BME colleagues who identified a lack of cultural awareness within the organisation which was displayed often in the form of micro-aggression and insensitive, clumsy language and/or displays of unacceptable behavior. 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 our WRES action 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 -8.2% in 2022 and continues to reflect a deteriorating position over the past 4 years. This compares to a difference in the Southwest of -4.4% and nationally of -11.0%.

## 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 Our people promise.

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 2023/24 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 our Inclusion plan.
- 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 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) and (middle to upper levels)
- Year 1 of our people promise/plan focused heavily on engagement and listening to what matters to our BME staff. Building trust was key to creating psychological safety.
- We will build on the engagement undertaken, take into account previous years learnings 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 March 2023 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 seen the results that we need. 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 3 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 priorities set out in the People Promise 2023/24 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 to 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 to provide an inclusion module.

Continue to use the development and the Skill Boosters package, to 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.

We will create and develop a network of inclusion champions that will role model inclusion. They will make inclusion an everyday reality and help drive forward inclusion, supporting our commitment to equality, diversity, and inclusion across the organisation.

- **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 International Recruitment 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 to 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 contributes 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, stay well and deliver outstanding care.

Appendix 1

**Torbay and South Devon NHS Foundation Trust**

**South West**

**Summary for the 2021/22 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			8.2%	12.8%	24.2%	
<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 7	Band 8A	
	<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	0.90	1.22	0.88
Middle to upper			1.07	1.60	1.42	6%
Lower to upper			0.96	1.95	1.25	2%
<b>Clinical</b>		Lower to middle	3.20	2.55	1.70	93%
		Middle to upper	2.51	1.84	1.37	84%
		Lower to upper	8.04	4.68	2.34	96%
<b>Indicator 2: likelihood of appointment from shortlisting</b>						
likelihood ratio White / BME			3.20	1.82	1.54	95%
<b>Indicator 3: likelihood of entering formal disciplinary proceedings</b>						
likelihood ratio BME / White			0.00	1.28	1.14	
<b>Indicator 4: likelihood of undertaking non-mandatory training</b>						
likelihood ratio White / BME			0.95	0.89	1.12	52%
<b>Indicator 5: harassment, bullying or abuse from patients, relatives or the public in last 12 months</b>						
BME			33.0%	31.3%	29.2%	70%
White			26.5%	27.5%	27.0%	57%
<b>Indicator 6: harassment, bullying or abuse from staff in last 12 months</b>						
BME			24.6%	27.7%	27.6%	34%
White			22.3%	21.7%	22.5%	57%
<b>Indicator 7: belief that the trust provides equal opportunities for career progression or promotion</b>						
BME			51.0%	43.6%	44.4%	16%
White			57.3%	58.1%	58.7%	67%
<b>Indicator 8: discrimination from a manager/team leader or other colleagues in last 12 months</b>						
BME			17.3%	17.9%	17.0%	63%
White			6.3%	6.4%	6.8%	46%
<b>Indicator 9: BME representation on the board minus BME representation in the workforce</b>						
Overall			-8.2%	-4.4%	-11.0%	43%
Voting members			-8.2%	-6.0%	-10.8%	35%
Executive members			-8.2%	-7.5%	-14.6%	30%

\* 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

To access the WRES 2022 RA9 report click [here](#)

Appendix 3– TSDFT WRES Action Plan

<b>Workforce Representation, Recruitment &amp; Retention</b> <b>WRES Indicators: 1,2,7 &amp; 9</b>				
	Objective	Action	Lead	Time-scale
<b>1</b>	<b>Continued focus on ensuring our recruitment &amp; selection processes are inclusive</b> Raising the profile of the Trust as an “Employer of Choice” and reducing inequality in recruitment	Finalise and launch the new recruitment & selection toolkit/training for managers with focus on reducing bias in recruitment & selection, and ensuring our processes are inclusive	Head of Resourcing & EDI Lead	March 2024
		Continue with place-based engagement plans to attract a more diverse range of people into health and care careers (including recruitment/ career days and application/ interview skills sessions). Engaging with schools, colleges, universities and local communities. Using positive action and targeted engagement with the aim of raising the profile of the Trust as an Employer of Choice and our commitment of ensuring our workforce is representative of the communities we serve.	Head of Resourcing	March 2024
<b>2</b>	<b>Increased focus on Ethnic Minority staff in leadership roles (clinical &amp; non-clinical</b> – to have enabling plans that support and encourage ethnic minority staff to develop and enhance their careers at all levels.	Deeper analysis of the Trust data around career progression and the career development journeys of Ethnic Minority Nursing & Midwifery staff to: <ul style="list-style-type: none"> <li>▪ Identify bottlenecks.</li> <li>▪ Target under-representation</li> <li>▪ Promote positive role models.</li> </ul> Followed by targeted engagement with service leads	Head of Clinical Education and EDI Lead	March 2024

	Including specific focus on Nursing & Midwifery roles (in response to the National WRES team recommendations and Race Disparity Calculations)	To explore ways we can increase diversity in qualified nursing & midwifery roles at Band 6 and above, including targeted engagement with colleagues in Women's services.		
		Continue to work with the BME Network in raising the profile of race equality across the Trust.	EDI Lead	Ongoing
3	<b>To hold comprehensive workforce data on all protected characteristic staff</b> (ensuring all Ethnic Minority staff have confidence in declaring their status on ESR)	Encourage staff to update ESR with diversity data- focus on information and communication, ensuring we reach <u>all</u> staff groups	EDI Lead	July 2024
4	<b>Increase the diversity balance at Trust Board level</b> (Taking into consideration the recommendations of the national WRES team report)	Utilise positive action principles and targeted recruitment/ engagement measures, where appropriate to strive for a Board of Directors that reflects the diversity of the local population	Chief People officer and Dir Corporate Governance and Board Secretary	Ongoing



Leadership, Learning & development.				
WRES Indicators: 2,4,5,6,7,8 & 9				
	Objective	Action	Lead	Timescale
1	<b>Commitment to embedding &amp; mainstreaming diversity &amp; Inclusion in everything we do</b>	Continued development, delivery and embedding of 'creating a culture of inclusion plan',	Associate Director of People	March 2024
		Work with key stakeholders to raise the profile of race equality across the Trust, including the development of 'Allies/ Inclusion champions' across the Trust.	EDI Lead	February 2024
2	<b>Managers equipped with having meaningful and compassionate conversations</b>	Roll out Compassionate Leadership Framework and I management development ensuring that we provide managers and leaders with the necessary tools and strategies to empower them to be inclusive and compassionate leaders, and with focus on creating and sustaining a culture of Civility & Respect, Inclusion & Belonging.	Associate Director of People	Launch - September 2023
3	<b>Awareness raising across the Trust; so that senior managers,</b>	Discussion at Care Group / Management level meetings about EDI – raising the profile of race equality, detailed analysis of service level equality data, empowering managers to agree their own	Head of Culture and Inclusion	July 2024

	<p><b>middle managers and the wider workforce are aware of our diversity &amp; inclusion priorities</b></p>	<p>priority area's for action and influencing operational plans, which would consider equality, diversity &amp; inclusion actions.</p>		
		<p>Continue to develop the dedicated EDI intranet page and Share point platform with EDI related information</p>		Ongoing
4	<p><b>Take positive action to ensure our diverse staff have equal opportunity for personal development, career progression and promotion</b></p>	<p>Analysing and exploring the gap between White and Ethnic Minority staff accessing non-mandatory learning &amp; development opportunities. Identifying some key actions with agreed timescales to take forward to improve our position on this Indicator</p>	<p>Head of Education</p>	<p>December 2023</p>
		<p>Engage with our diverse staff to evaluate existing Career Development offers and explore the potential for further personal development opportunities for staff at Band 5 upwards. Including; Interview preparation and career development conversations. Roll out of cohort 2 of the BME leadership programme.</p>	<p>Head of Education</p>	<p>January 2024</p>
		<p>Pilot "Scope for Growth – Career Conversations" as part of an approach to talent management and consider how this can be rolled out within the organisation with particular consideration towards a targeted approach for Ethnic Minority staff</p>	<p>Associate Director of People Strategic People Partners, Health and Wellbeing Lead</p>	<p>July 2024</p>
		<p>Equality Impact Assessment and monitoring of Education &amp; Training opportunities to ensure our diverse staff needs are being met.</p>	<p>Head of Education</p>	<p>May 2024</p>

Staff Experience (Inclusion & Belonging)				
WRES Indicators: 5,6,7 & 8				
	Objective	Action	Lead	Timescale
1	<b>Prevent and challenge bullying, harassment and abuse against staff and create a culture of civility and respect</b>	Increased focus on civility in the workplace. Including; <ul style="list-style-type: none"> <li>▪ Roll out of a Trust wide campaign on Civility in the Workplace</li> <li>▪ Continuing to embed Zero Tolerance across the Trust</li> <li>▪</li> <li>▪ Roll out Inclusion Champions across the Trust.</li> <li>▪ Wider promotion of the Trust Workplace Mediation service</li> <li>▪ Encourage staff to report instances of racism, discrimination and micro-aggression</li> </ul>	Health and Wellbeing Lead  EDI Lead  Associate Director of People	August 2024

2	<b>Staff are engaged in the diversity and inclusion agenda and empowered to challenge inappropriate behaviors</b>	<p>Work with the BME network and the ICB to co- produce materials for anti-racism training and awareness:</p> <ul style="list-style-type: none"> <li>▪ Adopt NHS England/ NHS Improvement and other resources, guides and tools to generate productive conversations about race with a focus on making tangible progress on equality, diversity &amp; inclusion for all staff.</li> <li>▪ Providing “safe spaces” for open, but uncomfortable discussions around “lived experience”</li> </ul>	EDI Lead	July 2024
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		<p>Work with system colleagues and staff equality networks to develop a cultural calendar, promoting this widely to ensure all staff are informed and able to get involved in celebrating important Inclusion and diversity days with focus on exploring the power of lived experiences and stories</p>	Health and Wellbeing Lead	Jan 2024
4	<b>Ensure all Staff have access to a “thriving” Equality Network, providing our diverse staff with a mechanism to influence change</b>	<p>Continue to raise the profile and increase the membership of the Trust’s BME network supporting them to develop work plans aligned to Trust strategic EDI objectives and both regional and national ambitions around EDI.</p>	EDI Lead	January 2024