

Board report - WRES, WDES, SOWES and publication of staff equality information

For General Release

Meeting of:	Board of Directors
Date:	9th October 2025
Title:	WRES, WDES, SOWES & Publication of Staff Equality Information
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Report for:	<i>Assurance</i>	☒	<i>Decision</i>	☒
	<i>Consultation</i>	☐	<i>Information</i>	☐

Strategic Goal(s) in Our Journey to Change relating to this report:

<i>1: We will co-create high quality care</i>	☒
<i>2: We will be a great employer</i>	☒
<i>3: We will be a trusted partner</i>	☒

Strategic risks relating to this report:

<i>BAF ref no.</i>	<i>Risk Title</i>	<i>Context</i>
1	Safe Staffing	The feedback from the WRES, WDES, SOWES and publication of information allows the Trust to better understand the experiences and outcomes for staff from protected groups, to act where necessary and in doing so to improve employee experience and retention.

EXECUTIVE SUMMARY:

Purpose:

This paper is presented to the Board to provide assurance that the Trust is meeting the requirements of the NHS Standard Contract by gathering data for the Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES) and request a decision that the Board supports publishing the results and associated action plans on its website by 31st October 2025. The Trust also undertakes and publishes a Sexual Orientation Workforce Equality Standard (SOWES). Publishing staff equality data also helps to meet the obligations under the Public Sector Equality Duty of the Equality Act 2010.

Proposal:

The paper proposes that there is good assurance that the Trust has followed a robust process in analysing its staff data by protected group and that the actions provide a clear response to the concerns raised. In doing so it is meeting its NHS Standard Contract requirements and Equality

Act duties. The paper asks the Board to confirm that they support the publication of the information onto the external website.

Overview:

The Trust is obliged to meet its NHS Standard Contract requirements and Public Sector Equality Duties as outlined above.

The proposal for good assurance is based on the information in the appendix which demonstrates that a robust analysis has been carried out on WRES data, WDES data, SOWES data and equality data for staff from other protected characteristic groups, prior to publication on the Trust's website.

Areas of progress

The percentage of the workforce that identify as BAME **9.7%** compared to **7.9%** last year, percentage of the workforce declaring having a disability is **11.64%** compared to **9.23%** last year. Increase in declaration rates for sexual orientation (**92%** declaration) and disability (**89%** declaration).

The percentage of staff that require reasonable adjustments and have had them in place has increased from **74% to 77%**.

Concerns

There are a number of immediate concerns identified actions to address these are in place and will be closely monitored - see Appendix 1. The full detail is presented in Appendix 2. The arrows indicate whether the result has improved (↑) or is worse than last year (↓).

Harassment, bullying or abuse.

From patients, relatives, or the public – overall trust score 22.55%

BAME staff 39.57% (↓), Gay or lesbian 28.18% (↓), Bisexual 33.98% (↓), Gender not the same as assigned at birth 53.85% (↓), Muslim staff 32.56% (↑).

From colleagues – Overall trust score 13.87%

BAME 18.91% (↓), Staff with LTHC 18.02% (↑) Gender not the same as assigned at birth 38.46% (↓).

Discrimination

From manager/team leader or other colleague - Overall trust score 6.6%

BAME 18.48% (↓), Gender not the same as assigned at birth 23.08% (↓), Buddhist staff 13.33% (↓), Muslim staff 20.93% (↓), LTHC 11.13% (↓).

Likelihood of being appointed from shortlisting

Likelihood of a white applicant being appointed from shortlisting compared to a BAME applicant 2.57 (↓) times more likely.

Likelihood of entering the disciplinary process

BAME staff are 2.46 (↑) times more likely compared to white staff to enter disciplinary processes. Men are 2 (↓) times more likely compared to women.

Believing the Trust acts fairly in relation to career progression and promotion

Overall trust score 64%

BAME staff 53% (↓), Bisexual staff 54% (↓), Gender not the same as assigned at birth 49% (↓).

Board Diversity

The Board diversity does not reflect the current workforce (ethnicity, gender and sexual orientation).

Staff living in the 3 areas of highest deprivation.

In the Trust overall 33.87% of staff live in the 3 areas of highest deprivation. In the DTVF care group this is 37.52% of staff. In the NYYS care group 14.12% of staff live in the 3 areas of highest deprivation.

Prior Consideration and Feedback:

The development of the data has been undertaken by the Trust's Business Analytics and Clinical Outcomes Information Department and the Equality, Diversity, Inclusion and Human Rights Team. Staff networks have been involved in the development of the WRES, WDES and SOWES actions plans, through consultation events.

A version of this report and information has been to the Equality, Diversity, Inclusion and Human Rights Steering Group in July, Executive Directors Group and JCC in Sept 2025. Due to the timing of meetings this report will go to PCDC on 13th Oct.

Implications:

Failure to undertake the WRES and WDES or understand the differences in outcomes and experiences of our staff from protected groups in accordance with the Public Sector Equality Duties and the NHS Standard Contract may have regulatory and reputational consequences.

Failure to act to reduce differences in outcomes and experiences of our staff from protected groups may impact on the ability of the Trust to recruit and retain staff.

Recommendations:

1. Confirm that the Trust has good assurance that a robust process has been undertaken when developing the attached data and actions for the WRES, WDES, SOWES and the Publication of Staff Information
2. Confirm that the Board approves the data for publication on the Trust website

Appendix 1

Areas of concern and actions

Harassment, bullying or abuse from patients, relatives, or the public.

BAME staff, gay, lesbian and bisexual staff, staff whose gender is not the same as assigned at birth and Muslim staff all report higher levels of harassment, bullying or abuse from patients, relatives, or the public.

Actions

Deliver the Show Racism the Red Card (SRTTC) overarching education/training programme – focus on cultural competency and addressing racism

Update the keeping staff safe at work poster campaign

Review the support for staff procedure following incidents

Review the Verbal and Physical Aggression Procedure

Harassment, bullying or abuse from colleagues and discrimination from manager, team leader or other colleagues

BAME staff, staff with long term health conditions, staff whose gender is not the same as assigned at birth all report higher levels of bullying, harassment, or abuse from colleagues. BAME staff, staff whose gender is not the same as assigned at birth, Buddhist staff and Muslim staff and staff with long term health conditions all report higher levels of discriminations from their manager/ team leader or other colleagues.

Actions

Develop race equality/anti-discrimination policy as included in the Anti Racist Charter the organisation signed in Oct 2024

Develop and deliver managers bitesize training programme – including unconscious bias in the recruitment process, WRES/WDES/SOWES data, addressing discrimination, cultural competency

Reverse mentoring opportunities – promote to managers and BAME, staff with LTHC's and LGB staff

Triangulate data from exit interviews and intention to leave as included in the Anti Racist Charter the organisation signed in Oct 2024

Reasonable Adjustment module to be included in the new managers training

Develop a 12-month lunch and learn programme focusing on educating staff on different health conditions

Likelihood of entering disciplinary process

BAME staff are 2.57 times more likely to enter the disciplinary process compared to white staff and men are 2 times more likely to enter the disciplinary process than women.

Actions

Following changes in the PAG process identify ways to involve the EDI team in the disciplinary decision-making process

Likelihood of being appointed from shortlisting

Likelihood of a white applicant being appointed from shortlisting compared to a BAME applicant 2.57 times more likely. There has been a large increase in the number of BAME applicants, 3643 applicants this year compared to 1400 in 2024 (160% increase). There has also been an increase in white applicants but not the same % increase (33% increase). Other regional trusts are reporting similar trends and are exploring if there is any explanation linked to BAME applicants being shortlisted but not having the right to work or being eligible for sponsorship, therefore effecting the likelihood figures.

Actions

Including unconscious bias in the recruitment process in the bitesize managers training
Analyse recruitment data to explore if there are any links to eligibility to be appointed (right to work, sponsorship, visa's)

Believing the Trust acts fairly in relation to career progression and promotion

In relation to career progression and promotion BAME staff are 11% less likely to believe the Trust acts fairly compared to white staff. Bisexual staff are 11% less likely than heterosexual staff, staff with LTHC are 6% less likely than staff without a LTHC, and staff identifying as not the same sex as assigned at birth 19% less likely compared to staff who identify the same sex as assigned at birth.

Actions

Undertake a survey and work with staff networks to understand the barriers to career progression
Reverse mentoring opportunities – promote to managers and BAME staff, staff with LTHC's and LGB staff

Staff engagement

Staff with LTHC's, bisexual staff and staff whose gender is not the same as assigned at birth have lower levels of engagement compared to the Trust overall score.

Actions

Embed "belonging" into the how we work project – celebrating diversity and what it means to belong to TEWV

Promote the permanency of the Reasonable Adjustment Team and all that it can offer

Explore funding to develop a Long-Term Health Conditions (LTHC) video

To understand the guidance to be released in August following the Supreme Court Ruling and support staff across the Trust and release communications

Board Diversity

10% of the workforce are BAME, 5% of the Board are BAME

12% of the workforce have a disability, 11% of the Board have a disability

79% of the workforce are women, 68% of Board are women

5% of the workforce identify as LGB, 0% of the Board identify as LGB

There is demographic information that is not declared or not stated.

26% of the Board hasn't not declared if they have a disability, 32% have not stated their sexual orientation, 37% do not wish to disclose their religion.

Actions

Encourage Board members to review their demographic information and update as required