Workforce Race Equality Standard

Annual Report 2022

Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust

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1   Introduction

The Workforce Race Equality Standard (WRES) was launched in 2015. It is designed to demonstrate progress in ensuring colleagues from Black, Asian and minority ethnic (BAME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace, including a specific indicator to address the low levels of NHS BAME Board representation.

Due to the upcoming merger between Somerset NHS Foundation Trust (SFT) and Yeovil District Hospital NHS Foundation Trust (YDH), this WRES report will be the first submission to represent the combined data for the two trusts.

Progress has been made across both Trusts. Five colleagues are taking part in the WRES Expert program and the Multicultural Network welcomes members from SFT and YDH. Examples of actions implemented across both organisations include: launch of the See Me First badge campaign; BAME career days; pilot reverse mentoring scheme; successful speaker series hosted by the Multicultural Network; and inclusion has been embedded into leadership training.

Ahead of the merger between SFT and YDH in 2023, we have a shared action plan. The aim is to share examples of good practice across both Trusts, as well as identifying data-informed and systemic improvements that are needed across both organisations. The intention is that this 1-year action plan will position us to design a longer-term strategy for our merged organisation that will drive impactful change, with tangible outcomes for our BAME colleagues.

Data analysis, proposed actions and a review of impact over time are presented and monitored through the Inclusion Steering Group and Multicultural Network.

2   WRES Metrics 2021-2022

Metric 1:
Percentage of BAME colleagues in Agenda for Change (AFC) and very senior managers

BAME colleagues represent 13% (SFT) and 25% (YDH). This is higher than the BAME population in the county of Somerset (2%[1]), but significantly lower than the national average within the NHS (22.4%[2]). Data analysis suggests that this increase is primarily driven by an increase in overseas recruitment for nursing roles over the last few years.

Further analysis has highlighted that there are significant variations across clinical and non-clinical roles, and the Agenda for Change (AfC) banding. For example:

-   Overall, there is higher representation of BAME colleagues within clinical roles (15.6%) compared to non-clinical roles (5%) at SFT. This is up from 2020/21 with (11%) clinical and (4%) non-clinical.
-   This is the same for YDH, however YDH has a higher percentage of BAME colleagues in clinical roles, with 28.1% (clinical) and 2.0% (non-clinical).
-   There are 22.6% of BAME colleagues in Medical & Dental (SFT) compared to 68.7% white, however there is a more equal balance at YDH, with 44.1% BAME and 48.9% white.
-   Within clinical roles, the representation of BAME colleagues slightly increases from 13% in Bands <1-4, to 18% at Bands 5-7 at SFT. However, representation then consistently declines to less than 3% from Band 8a and above.
-   This is the same at YDH, with 20% in Bands <1-4 to 38% at Bands 5-7, then a sharp decline with 2% at Bands 8a and 8b to 0% at Bands 8c and above.
-   Within non-clinical roles, BAME representation is highest at Bands <1-4, with 6% (SFT) followed by 3% at Bands 5-7 (SFT). Representation gradually falls throughout the pipeline to 2% at Band 8c and above.
-   At YDH, the highest BAME representation occurs at Bands 5-7 (4%) but then no representation at Bands 8c and above.
-   23% of medical colleagues are BAME (SFT) and 44.1% (YDH).

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[1] 2011 Census, ONS.
[2] *Workforce Race Equality Standard: 2021 Data Analysis Report for NHS Trusts and Clinical Commissioning Groups.* March 2022. Available at Workforce-Race-Equality-Standard-report-2021-.pdf (england.nhs.uk)

% of whole workforce - SFT and YDH

Chart 1 shows percentages for Non-clinical, Clinical, and Medical & Dental categories across SFT and YDH:

Non-clinical:
- SFT: BAME 5.0%, White 92.0%, Unknown/null 3.0%
- YDH: BAME 2.0%, White 95.6%, Unknown/null 2.4%

Clinical:
- SFT: BAME 15.6%, White 80.9%, Unknown/null 3.4%
- YDH: BAME 28.1%, White 68.7%, Unknown/null 3.3%

Medical & Dental:
- SFT: BAME 22.6%, White 73.3%, Unknown/null 4.1%
- YDH: BAME 44.1%, White 48.9%, Unknown/null 7.0%

Legend: BAME, White, Unknown/null

Chart 1

Clinical - Agenda for Change Bands

Cluster 1: AfC Bands <1 to 4:
- SFT: BAME 13%, White 83%, Unknown/null 4%
- YDH: BAME 20%, White 78%, Unknown/null 1%

Cluster 2: AfC bands 5 to 7:
- SFT: BAME 18%, White 78%, Unknown/null 3%
- YDH: BAME 38%, White 58%, Unknown/null 4%

Cluster 3: AfC bands 8a and 8b:
- SFT: BAME 3%, White 94%, Unknown/null 3%
- YDH: BAME 2%, White 93%, Unknown/null 4%

Cluster 4: AfC bands 8c to VSM:
- SFT: BAME 3%, White 97%, Unknown/null 0%
- YDH: BAME 0%, White 100%, Unknown/null 0%

Legend: BAME, White, Unknown/null
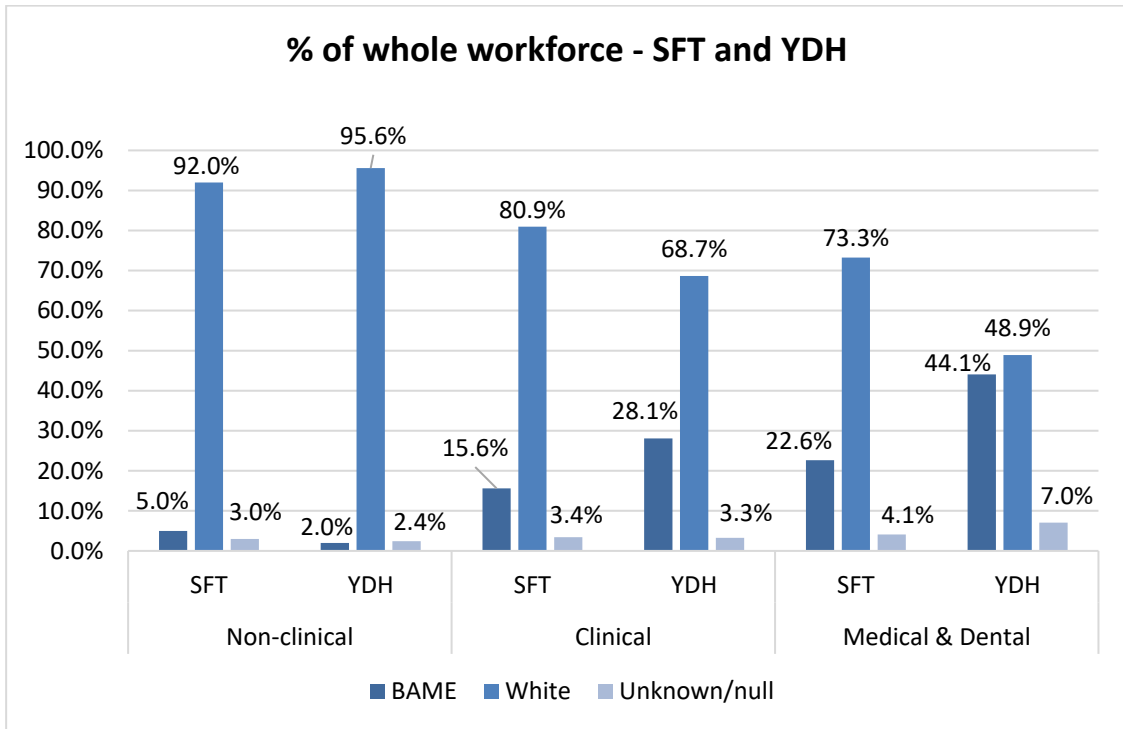
Chart 2

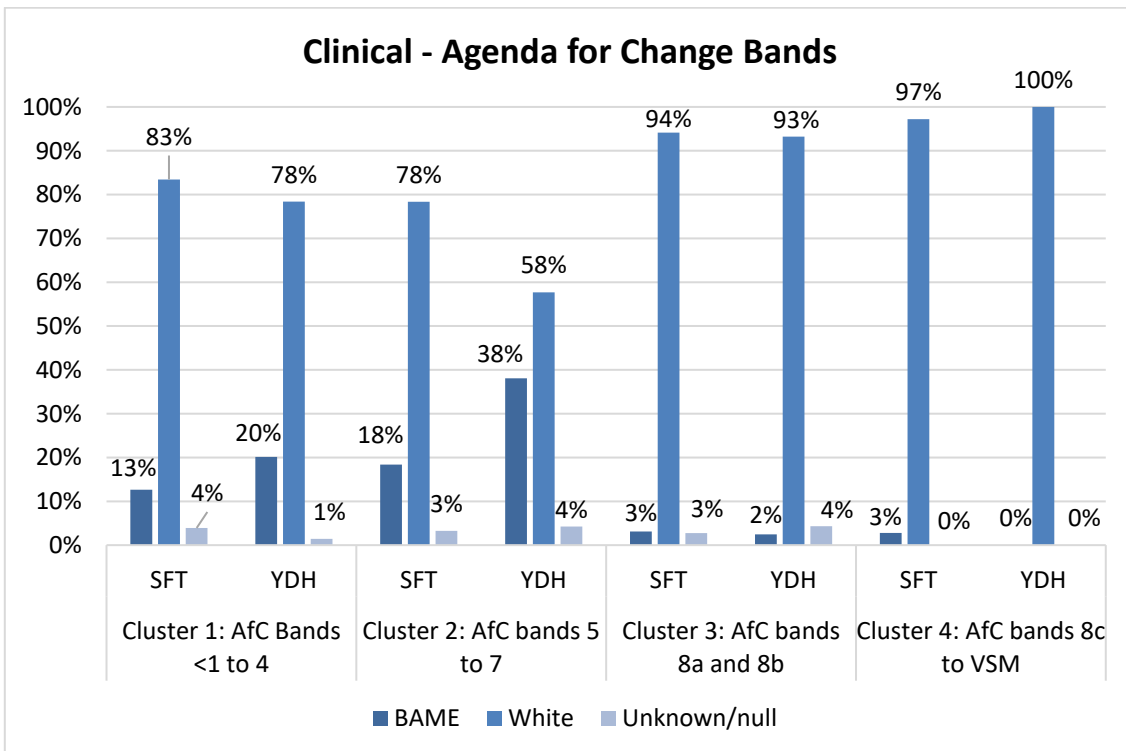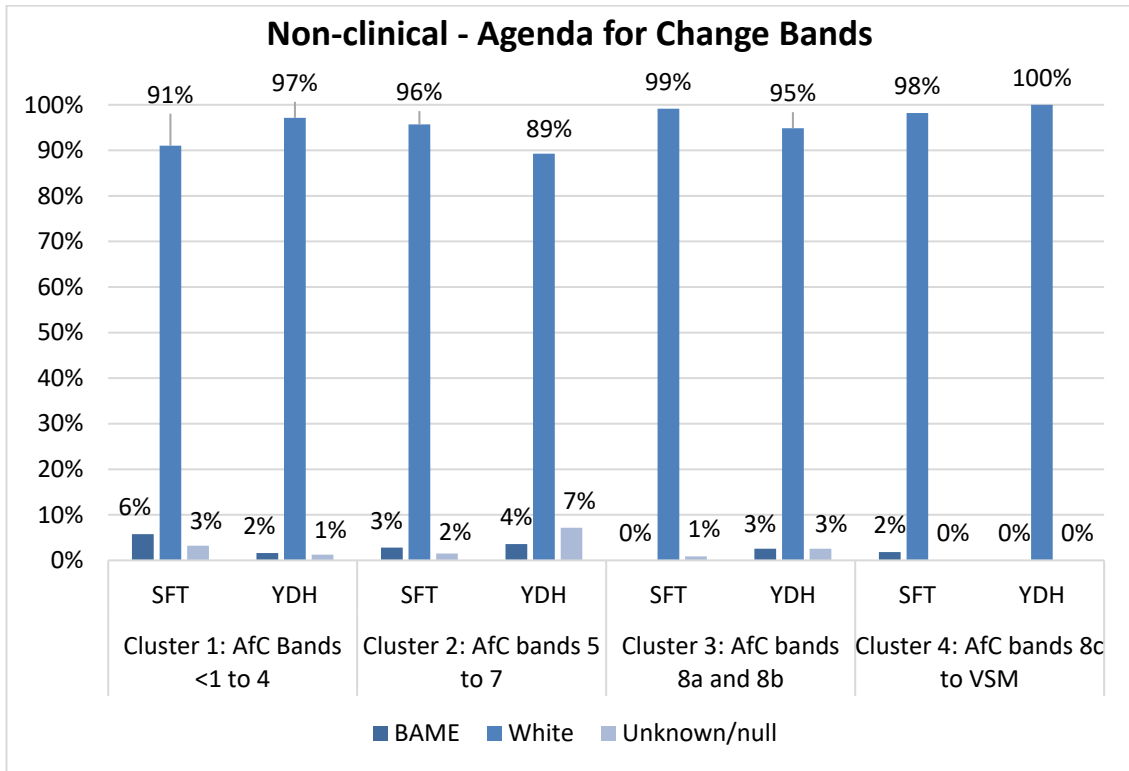**Non-clinical - Agenda for Change Bands**

Chart 3

Metric 2:
Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BAME applicants

The data below illustrates that a BAME person was less likely to be appointed compared to a white person at SFT, with 52.3% shortlisted and 10.1% appointed.

A BAME person was more likely to be appointed than a white person at YDH, with 12.3% shortlisted and 18.3% appointed.

Initial analysis of our recruitment data suggests that representation of BAME candidates falls at each stage of the process (i.e. between application, interview and appointment). However, further analysis has found that BAME representation falls most significantly between interview and appointment.
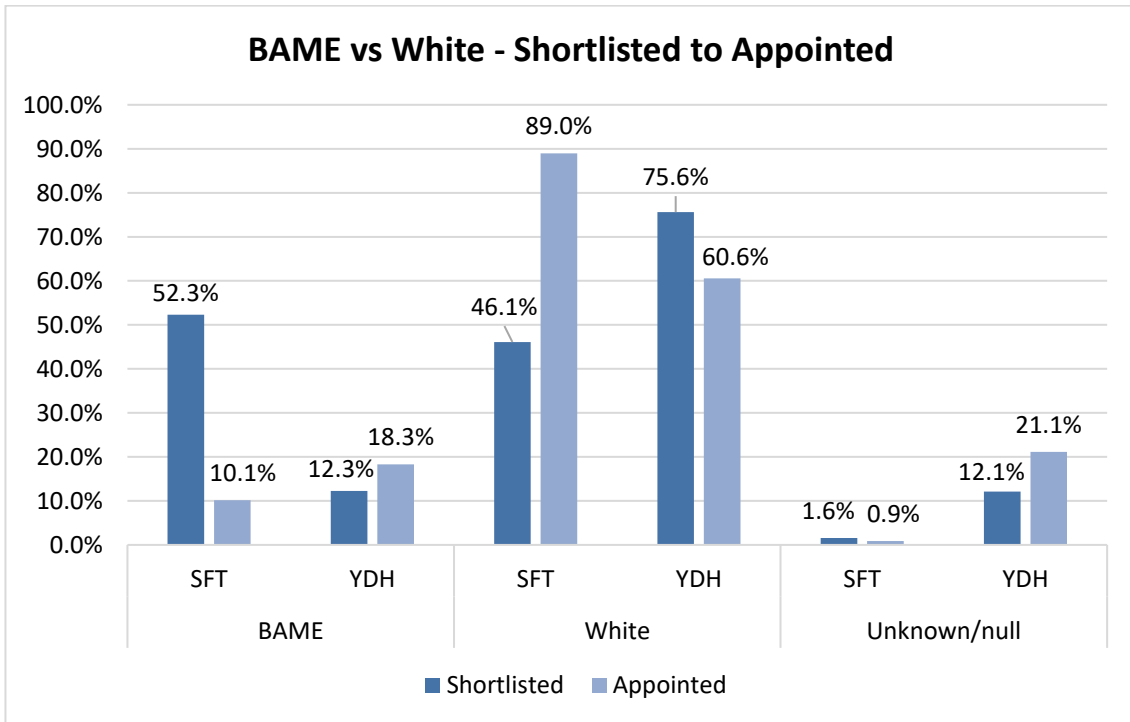
BAME vs White - Shortlisted to Appointed

Chart 4

Metric 3:

Relative likelihood of BAME colleagues entering formal disciplinary processes.

BAME colleagues at both Trusts were less likely to enter the formal capability process compared to their white counterparts. The relative likelihood of BAME colleagues entering the formal capability process compared to white colleagues is 0 at both SFT and YDH.

Metric 4:

Relative likelihood of BAME colleagues accessing non mandatory training and CPD

The data indicates that BAME colleagues are more likely to access additional training compared to white colleagues, with 90% BAME and 84% white at SFT.

At YDH, the figures are similar with 91.53% BAME colleagues and 58.75% white colleagues accessing non mandatory training and CPD.

The following metrics 5 – 9 are taken from the NHS Staff Survey 2021.

Metric 5:

Percentage of colleagues experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months

At SFT, 37.7% of BAME colleagues have experienced harassment, bullying or abuse from **patients, relatives or the public**, compared with 28.3% of white colleagues.

At YDH, 30.5% of BAME colleagues reported experiencing harassment, bullying or abuse from **patients, relatives or the public**, compared to 25.5% of white colleagues.
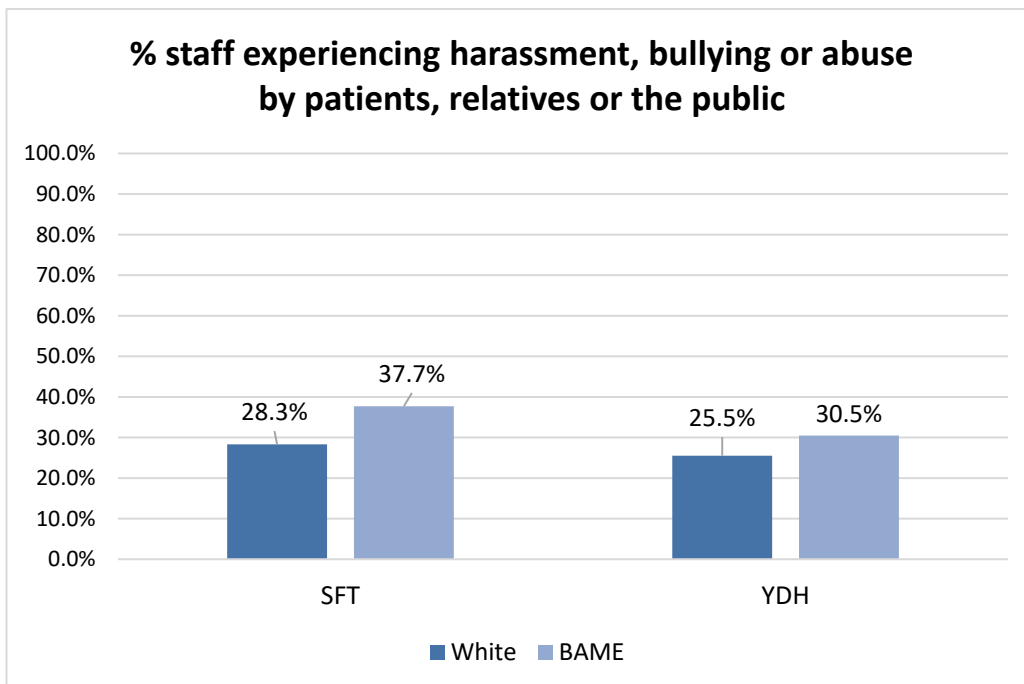

Chart 5

Metric 6:

Percentage of colleagues experiencing harassment, bullying or abuse from staff in the last 12 months

At SFT, the percentage of BAME colleagues who have experienced harassment, bullying or abuse from **staff** is higher than white colleagues, with 27.9% compared to 21.6% of white colleagues.

YDH also reported a higher proportion of BAME colleagues who have experienced harassment, bullying or abuse from **staff**, with 21.0% compared to 18.8% of white colleagues.
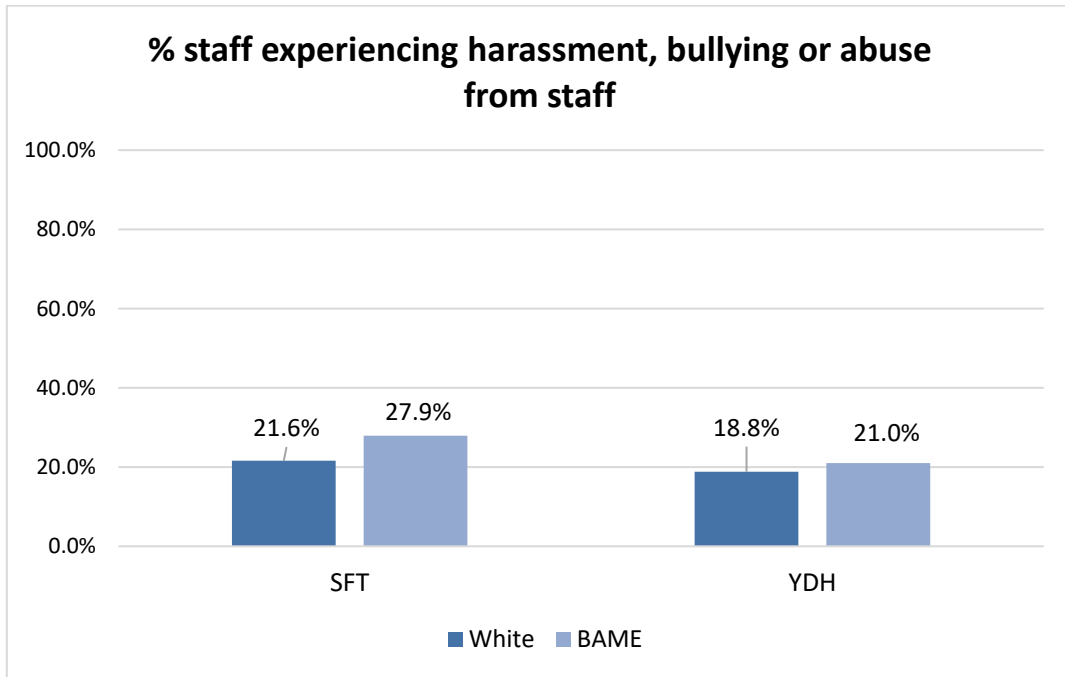
% staff experiencing harassment, bullying or abuse from staff

SFT: White 21.6%, BAME 27.9%
YDH: White 18.8%, BAME 21.0%

White ■ BAME

Chart 6

Metric 7:

Percentage of colleagues believing there are equal opportunities for career progression/promotion

At SFT, approximately 48.4% of BAME colleagues believe that the organisation provides equal opportunities for career progression/promotion, compared with 62.1% of white colleagues. It is important to highlight that this has decreased from the previous reporting period for our BAME colleagues by approximately 6% but increased by 1% for white colleagues.

At YDH, approximately 57.0% of BAME colleagues believed that the organisation provides equal opportunities for career progression/promotion, compared with 63.8% of white colleagues. This has increased by nearly 4% for BAME colleagues but decreased by 1.2% for white colleagues.
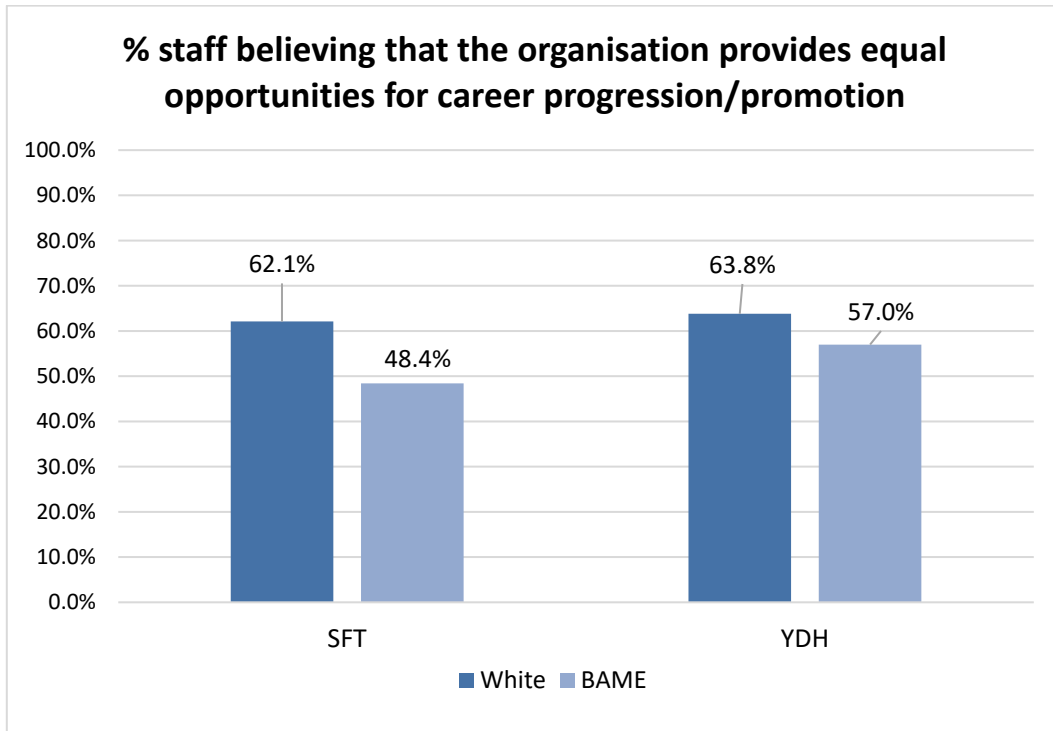
% staff believing that the organisation provides equal opportunities for career progression/promotion

Chart 7

Metric 8:

Percentage of colleagues personally experiencing discrimination from manager/team leader or other colleagues

At SFT, BAME colleagues are more likely to experience higher levels of discrimination from their manager/team leader or colleagues than their white counterparts, with 15.1% and 5.8% respectively. It is interesting to note however that this increased across both BAME and white colleagues from the previous reporting period, with 12.8% and 4.5% respectively.

YDH also reported higher levels of BAME colleagues experiencing discrimination from their manager/team leader or colleagues compared with their white counterparts, with 13.6% and 5.5% respectively. Interestingly, this decreased for BAME colleagues by 0.6% from the previous reporting period but increased by 0.7% for white colleagues.
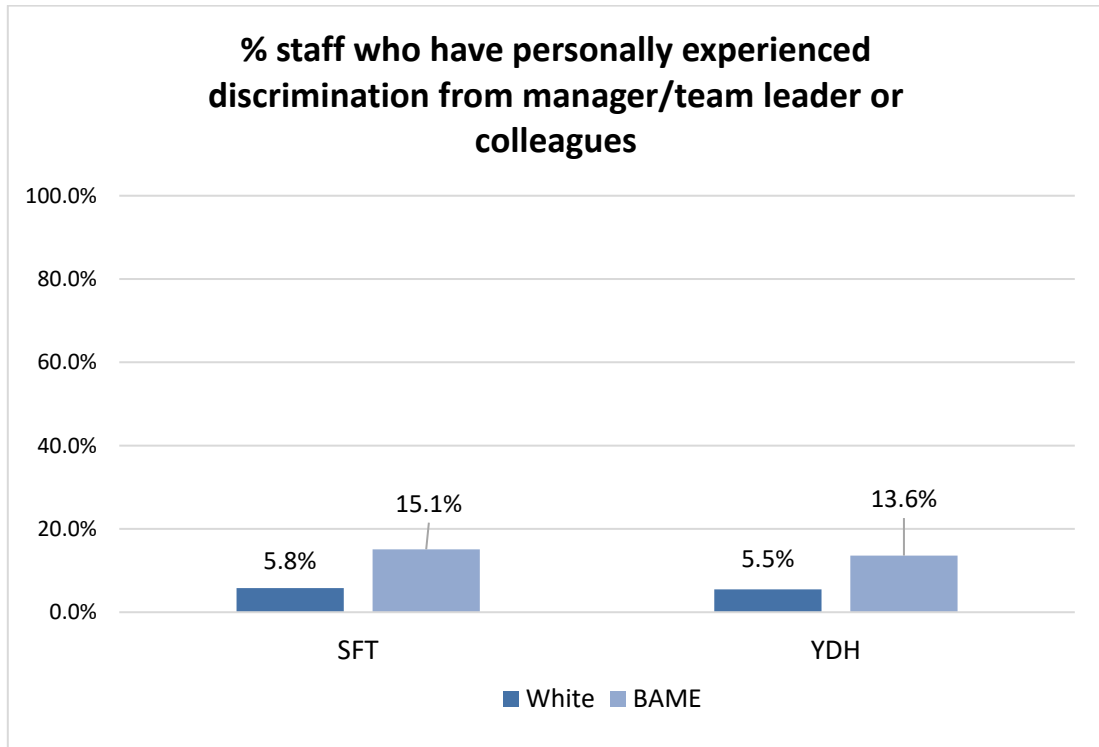
% staff who have personally experienced discrimination from manager/team leader or colleagues

Chart 8

Metric 9:

Percentage difference between the BAME board voting membership and overall BAME workforce

There are no BAME Board members at YDH and 2 at SFT. The charts below illustrate this by numbers and as a percentage. The percentage of BAME Board members at SFT is 11% and 0% at YDH. This is partly a result of changes in Board membership as the Trust Executive Team and Board have started to work across both organisations. Data for our combined Board in next year's submission will be a more accurate reflection of total Board membership.

A significant proportion of Board have not completed their diversity data in ESR – which is a priority for monitoring representation across our merged organisation.
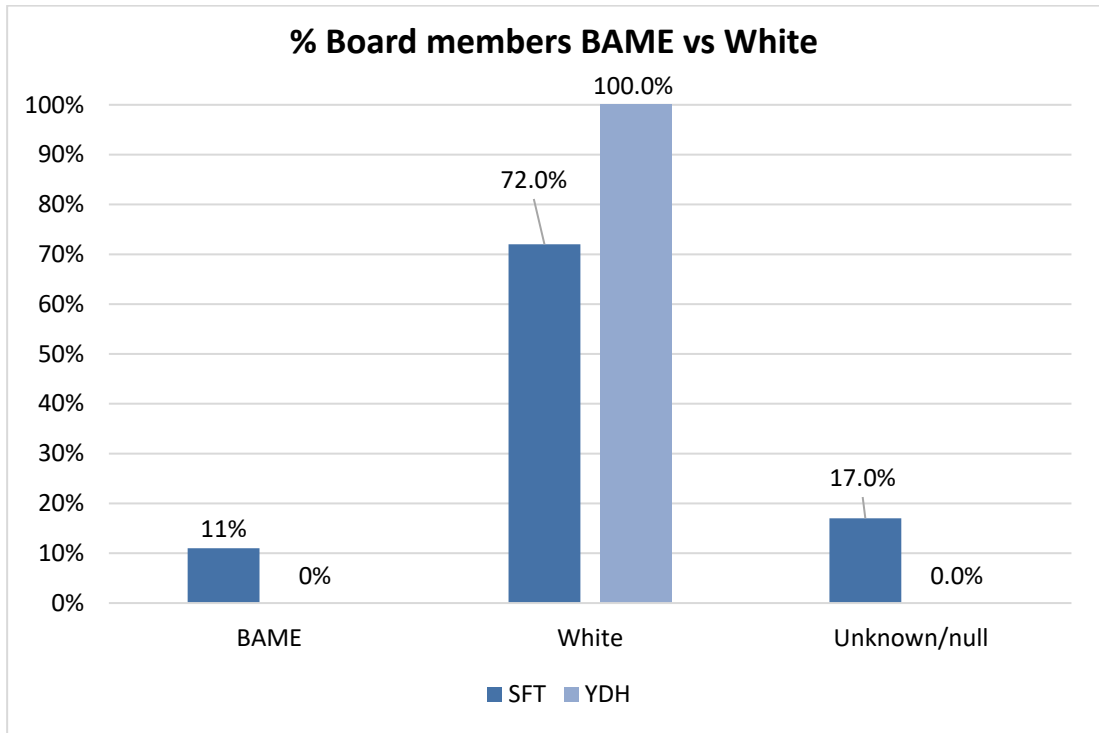
Chart 9

3 Summary: Key areas for action

From the data above, the following issues have been highlighted for further investigation:

- The representation of BAME colleagues in clinical roles falls from Band 5. Action is needed to understand the systemic causes – including an investigation of routes for progression, recruitment trends into Bands 6 and above, and access to career development opportunities.
- Representation of BAME colleagues in non-clinical roles is relatively low throughout the pipeline at both SFT and YDH. Action needs to be prioritised to analyse our recruitment data, so we can understand this low representation. Different approaches may be needed to address BAME underrepresentation within different colleague groups, and we will seek to pilot a range of actions.
- Our data indicates a white candidate is more likely to be appointed following shortlisting compared to a BAME candidate. We have identified the need for a significant review of our recruitment process and practices to ensure inclusivity is embedded and bias can be mitigated at each stage. There are also some issues with our data that need further investigation prior to our next WRES submission.
- Our staff survey data highlights significant issues around bullying and harassment and abuse of BAME colleagues. The Trust has taken steps to ensure colleagues are empowered to speak up, challenge or report incivility and harassment in the workplace. More could be done to track the impact of this work for our BAME colleagues, as well as focus on empowering colleagues to step up as allies and active upstanders.
- Our staff survey data highlights significant issues around abuse experienced from patients and members of the public. SFT and YDH have established a join Violence and Aggression Prevention and Reduction group that is overseeing a policy and new strategy. Our aim is to ensure this program of work addresses specific issues around racism, and the experiences of our BAME colleagues.
- There are some significant differences in representation data and staff survey responses between SFT and YDH. There will be lessons that can be learnt from both organisation as we merge, and work to maintain good practice from each organisation.

4   Next Steps

The WRES data and analysis will be presented to the Multicultural Network and the Board. Progress against our plan will be reported to the and Inclusion Steering Committee.

For further information about this report, please email the Inclusion Team on inclusion@somersetft.nhs.uk.

WRES Action Plan 2022-2023

Progress has been made across both Trusts in building engagement in race equality and inclusion, and setting the groundwork for change; through leadership commitment, a strong and visible multicultural colleague network, Microaggression training, and the launch of the See Me First badge.

The action plan below aims to build on these foundations by sharing successes and good practice across SFT and YDH, and by identifying strategies for systemic change. For this reason, many of the actions outlined below focus on data collection and analysis, consultation, and process review. This will enable us to develop specific and measurable actions that target the underlying causes of inequality and underrepresentation throughout our workforce.

The intention is that this 1-year action plan will position us to design a longer-term strategy for our merged organisation that will drive impactful change, with tangible outcomes for BAME colleagues and the Trust as a whole.

Action	Accountability	Timescales	Outcomes and Success Measures	WRES Metric
Key theme 1: Recruitment				
Undertake holistic review of recruitment process to embed inclusive practice. Review to consider specific issues including: - Detailed analysis of race data throughout recruitment process from application to appointment, - Methods to build confidence and improve declaration rates from applicants, - Move to skills-based hiring.	Deputy Chief People Officer	Project continuing from 2022/23 and ongoing throughout 2023/24.	Revised recruitment process, underpinned by inclusive recruitment principles, in place by Q1 2024/25.	1 & 2

Action	Accountability	Timescales	Outcomes and Success Measures	WRES Metric
Review and update recruitment website to reflect diversity and inclusion.	Head of Communications	Q2 2023/24	Increased diversity in images and website content. Inclusion as a key theme throughout website content. Increase in the representation of BAME candidates applying for roles.	2
Develop training for recruitment managers that guides them through inclusive practice and bias mitigation strategies at every stage.	Associate Director of UK and International Recruitment	Q1 2023/24	Training developed and in place. Monitor uptake, with a plan in place for reaching all trust recruitment managers.	2
Seek advice from national WRES team to address recruitment data issues identified in 2021/22 WRES report. Specific issues relating to the recording of international recruitment.	Workforce Reporting Teams and Inclusion Coordinator	Q1 2023/24	Clarification on how data should be recorded and reported.	2
Key Theme 2: Progression and Retention				

Action	Accountability	Timescales	Outcomes and Success Measures	WRES Metric
Analyse appraisal completion rates for BAME and white colleagues. Explore possibility of more details analysis of appraisal impacts and outcomes.	Assistant Director, Learning & Development	Q3 2023/24	Targeted and specific actions developed and approved in response to data review.	1
Undertake a detailed analysis of internal recruitment/progression data to identify and understand potential biases or barriers to progression.	Inclusion Coordinator	Q1 2023/24	Targeted and specific actions developed and approved in response to data review.	1
Explore formal capability procedure at SFT and YDH. - Compare data for the previous 3 years - Identify any good practice at either Trust or potential for bias or inequity - Update process based on review and ensure bias-mitigation techniques are included.	Associate Director of People	Q3 2023/24	Targeted and specific actions developed and approved in response to data review where appropriate.	3
Key Theme 3: Leadership				
Partner with Executive Team to develop specific inclusion actions and priorities for each member of the Executive Team.	Head of Inclusion & Executive Team	From Q4 2022/23 onwards	Inclusion actions in place for each member of the Executive Group and communicated to colleagues.	All

Action	Accountability	Timescales	Outcomes and Success Measures	WRES Metric
Set up 'conversation café' sessions – for each member of Executive Team to meet with every Network Lead to hear priorities, colleague feedback and challenges.	Chief Executive	Events to take place twice per year	Systemic actions identified for Executive to take forward following each event.	All
Revisit reverse mentoring pilot programme (piloted at SFT) - review impact, lessons learnt, and develop recommendations for future.	Deputy Director of Experience and OD	Q2 2022-23	If programme re-started – Minimum 5 mentorship pairs in place and meeting regularly.	All
Encourage Board members and Executive Group to complete their demographic data in ESR.	Chief Executive	Q4 2022/23	>90% data available for Board members and Executive Group by Q1 2023/24	9
Key Theme 4: Workplace Culture				
Consultation with colleagues via Multicultural Network to explore 2022 staff survey findings.	Multicultural Network leads and Inclusion Coordinator	Q1 2022/23	Targeted and specific actions developed and approved in response to consultation.	All
Following pilot sessions - launch Allyship training – workshop to develop skills and confident to step in and	Head of Inclusion	Pilot – Q4 2022/23	Reduction in proportion of colleagues living with disability	5, 6 & 8

Action	Accountability	Timescales	Outcomes and Success Measures	WRES Metric
challenge discrimination, microaggressions or bullying.		Launch – Q1 2023/24	reporting that they experience abuse, bullying or harassment at work in 2023 NHS Staff Survey.	
Inclusion Team to continue to work with the Violence Prevention & Reduction Strategy Group, with a specific focus on improving the experiences of underrepresented groups and improving reporting rates.	Head of Inclusion	Project continuing from 2022/23 and ongoing throughout 2023/24.	Reduction in proportion of colleagues living with disability reporting that they experience violence and abuse at work in 2023 NHS Staff Survey.	5
Support the continued growth of the Multicultural Network across SFT and YDH.	Multicultural Network leads and Inclusion Coordinator	Throughout 2022-23	Increase in network membership over time.	All
Review SFT and YDH dignity at work / bullying and harassment policies and create a consistent and combined policy and process.	Head of HR Advisory Service	Q1 2023/24	Clear and transparent policy in place and communicated.	6 & 8