Somerset NHS Foundation Trust	
REPORT TO:	People Committee
REPORT TITLE:	Annual Inclusion Workforce Data Report
SPONSORING EXEC:	Isobel Clements, Director of People and OD
REPORT BY:	Louise Netto – Deputy Director of Experience and Learning
PRESENTED BY:	Louise Netto – Deputy Director of Experience and Learning
DATE:	12 November 2024

Purpose of Paper/Action Required (Please select any which are relevant to this paper)		
☑ For Assurance	☐ For Approval / Decision	☑ For Information

Executive Summary and Reason for presentation to Committee/Board	The Inclusion Team present to Board every 6 months. The purpose of this paper is to bring together reporting frameworks (including the WDES, WRES and gender pay gap) that focus on individual protected characteristics, into one holistic inclusion data report. This will ensure we are able to identify common challenges and focus on the behaviours, processes and systems that need improving. This report is focused on workforce inclusion and our duties and responsibilities under the Equality Act 2012 as an employer. This is the second report and will provide an update on progress made against the long-term workforce inclusion workplan. An updated version of this plan is included in the paper. We would still like to invite feedback on the following questions: • The report identifies where data are missing and plans in place to collect and present data in future. However, we would also invite feedback from the Board on other data sets or information we should include in future. • How can this data be used effectively to inform discussion and decision making at Board and Sub-committee level?
Recommendation	The Board is asked to note the report and consider the questions posed above for future reporting.

Links to Joint Strategic Objectives
(Please select any which are impacted on / relevant to this paper)

☐ Obj 1   Improve health and wellbeing of population

☐ Obj 2   Provide the best care and support to children and adults

☐ Obj 3   Strengthen care and support in local communities

☐ Obj 4   Reduce inequalities

☐ Obj 5   Respond well to complex needs

☒ Obj 6   Support our colleagues to deliver the best care and support through a compassionate, inclusive and learning culture

☐ Obj 7   Live within our means and use our resources wisely

☐ Obj 8   Develop a high performing organisation delivering the vision of the Trust

Implications/Requirements (Please select any which are relevant to this paper)

☐ Financial	☐ Legislation	☒ Workforce	☐ Estates	☐ ICT	☐ Patient Safety/ Quality

Details:

Equality and Inclusion
The Trust aims to make its services as accessible as possible, to as many people as possible. We also aim to support all colleagues to thrive within our organisation to be able to provide the best care we can.
How have you considered the needs and potential impacts on people with protected characteristics in relation to the issues covered in this report?

The attached report provides an overview of key metrics and available data relating to diversity and inclusion. This data will form the basis of a long-term inclusion workplan for SFT.

All major service changes, business cases and service redesigns must have a Quality and Equality Impact Assessment (QEIA) completed at each stage. Please attach the QEIA to the report and identify actions to address any negative impacts, where appropriate.

Public/Staff Involvement History
How have you considered the views of service users and / or the public in relation to the issues covered in this report? Please can you describe how you have engaged and involved people when compiling this report.

This paper focuses on workforce inclusion. The paper is based on quantitative data sets, survey responses, insights from colleague networks, and feedback from pilot programmes.

Previous Consideration
(Indicate if the report has been reviewed by another Board, Committee or Governance Group before submission to the Board or is a follow up report to one previously considered by the Board – eg. in Part B]

The Board receives six monthly reports in respect of equality, diversity and inclusion. The People Committee also receives regular updates on the issues covered by this report.

Reference to CQC domains (Please select any which are relevant to this paper)

☐ Safe	☐ Effective	☐ Caring	☐ Responsive	☒ Well Led

Is this paper clear for release under the Freedom of Information Act 2000?	☒ Yes	☐ No

SOMERSET NHS FOUNDATION TRUST

Annual Inclusion Data Report

1.   BACKGROUND AND PURPOSE

1.1   In November 2023, we presented the first annual Inclusion Data Report to the Board. This paper serves to provide an update on that data, offering assurance that we are meeting the requirements of national frameworks, including the Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES), and the Gender Pay Gap Report. It also serves as an annual update on workforce diversity and inclusion within the Trust. An inclusion report is provided to the Board every six months, with the previous report highlighting achievements and areas of focus. This report will primarily focus on data, providing assurance of our ongoing compliance with national standards.

1.2   The data in this report will provide an update on progress made against the long-term workforce inclusion workplan. An updated version of this plan is included in the paper.

2.   KEY THEMES IDENTIFIED IN OUR DATA

2.1   The Key themes identified in this report closely mirror from the previous report. The data presented here aims to assess any positive or negative impacts resulting from the actions outlined in the workplan, which are linked to these key themes.

2.2   **Recruitment:**
-    In 2024, BME representation in appointments increased from 13% in 2023 to 19%, spanning both medical and non-medical recruitment. However, a significant drop in BME representation remains throughout the recruitment process, with 33% of BME candidates shortlisted compared to 56% white colleagues being shortlisted and a 67% appointment rate.
-    For disables candidates, 35% of applications process to shortlisting, with 40% of those shortlisted being appointed.

2.2   **Workforce Profile:**
-    **Gender:** SFT's workforce is predominately female, with 79% identifying as female, compared to 51% of the Somerset population. Gender representation varies across departments, such as 94% female in Children, Young People and Families, compared to 61% female in corporate support services. There is a general decrease in female representation at senior levels, particularly at Band 8B and above.
-    **Race:** 19.8% of SFT's workforce identifies as BME, up from 17% in 2023. In comparison 8.4% of the Somerset Population identifies as BME. Representation varies across staff groups, with higher percentages in Medical, Dental, and Nursing and Midwifery roles. For example, within the Surgical service Group, 50% of Nursing and Midwifery Colleagues and 29% of Medical and Dental colleagues are BME.

- The majority of BAME colleagues continue to be employed at band 5 – 44% of colleagues at band 5 are BAME. Representation then falls significantly to 16% at band 6 and further again to 7% at band 7.
- There continues to be an increase across the bands with higher representation remaining in Band 5 at 44% and career grade doctors at 57%. Representation at band 8 and above continues to remain static and there has been no change since 2021 in consultant representation.
- **Disability:** 5% of colleagues have disclosed a disability, compared to 4% in 2023. The proportion of colleagues disclosing a disability in the 2023 staff survey was 24%, similar to Somerset's population rate of 22%. Disabled colleagues are more highly represented among apprentices with 40% declaring a disability.
- **Summary:** Whilst improvements have been made, key areas requiring further focus include:
    o Progression of BME colleagues, especially international colleagues, at Band 6 and above and into consultant roles.
    o Progression of female medical colleagues into consultant positions.
    o Increases representation of men in roles at Bands 2 to 8.
    o The progression of female colleagues into senior roles
    o Continued improvement in ESR declaration rates, particularly for disability and sexual orientation.

2.3 Leaves

- The demographic breakdown of leavers mirrors that of the wider workforce:
    o 78% of leavers were female, matching the workforce gender composition.
    o 16% were BME., compared to 20% of the workforce.
    o 5% were disabled., reflecting the overall workforce disability rate.
- Among BME Colleagues, 45% left to relocate, with 63% relocating abroad and 57% having less than 2 years' service.
- The highest reason for leaving is "Other" or "Unknown" at 18% of total leavers in the period, with BME colleagues comprising 11% of this category. Further investigation is needed.
- The exit survey introduced in August 2023 revealed:
    o 11% completion rate for all leavers, and 20% completion rate among BME colleagues.
    o 28% of all colleagues expressed dissatisfaction with flexible working arrangements, with a higher proportion (21%) among BME.
- Efforts to increase exit survey completion rates will help ensure a richer data source in future.

2.4 Pay Gap:

- The gender pays gap remains unchanged at 26%, driven by factors such as:
    o A higher proportion of men in senior roles and in medical/dental positions, which are generally higher paying than roles with higher female representation, (e.g., nursing and administrative positions).
- The pay gap also increases with seniority, with women in lower bands earning slightly more, while men earn more at Bands 8B and above.
- The race pay gap has increased by 2% since the last report, but BME colleagues, on average continue to earn slightly more than white colleagues.
- There are pay disparities within Medical and Dental roles, with BME colleagues earning less on average in Specialty Registrar, consultant, and Dental positions.

- We are also analysing the gender and race-related gaps in bonuses, particularly within the Clinical Excellence Award (CEA) scheme. Changes post-COVID have led to more equitable distribution of CEA funds, although historical CEA awards continue to contribute to a gender pay gap.
- Further analysis is needed to understand starting salary disparities, particularly for Agenda for Change roles and Consultants.

2.5   Staff Survey (2023)

The 2023 staff survey results were the first set for the newly merged Trust and showed the following:

- **Violence & Aggression**: Bisexual and BME colleagues report higher incidents of violence from patients – 23% of bisexual colleagues and 25% of BME colleagues. However, most incidents are reported in line with the Trust average. Disables colleagues, however, are less likely to report these incidents.
- **Harassment, bullying or abuse**: BME, Disables, and LGBTQ colleagues report higher levels of harassment from patients or colleagues. Approximately 8% of colleagues reported harassment by managers, a slight decrease form 2022.
- **Discrimination**: BME colleagues continue to experience higher levels of discrimination from manager and colleagues. There has been no change in the perception of fairness in career progression, with 60% of colleagues overall believing the Trust act fairly.
- **Wellbeing**: Disables colleagues continue to report poorer wellbeing outcomes, with a higher likelihood of experiencing work-related stress. Younger colleagues (under 40) also reported higher stress levels.
- **Civility and respect** Disabled colleagues are less likely to feel respected by colleagues, with responses to this question varying significantly across different demographic group:
- **Adjustments**:24% of colleagues in the 2023 staff survey disclosed having a long-term condition or disability. Of these, 78% reported that reasonable adjustments were made to support their work.
- **Summary –** The staff survey highlights areas for improvement in addressing workplace violence, harassment, and discrimination, particularly for BME, Disables and LGBTQ colleagues. There is a need for more inclusive and accessible wellbeing provisions.

2.6   Decision Making:

- The Trust Board's diversity is as follows: 60% female, 40% male, with no BME representation (down from 6% in 2023), and 10% identifying as disables (compared to 0% in 2023). The diversity of other decision-making groups such as sub-committees and governors, is still being recorded.
- Ongoing data collection is taking place, particularly with the Clinical Officers Advisory Group (COAG).

2.7 **Formal Processes:**

- WRES & WDES: Data for 2024 submissions show that disables colleagues represent 4% of those entering formal capability processes, in line with their overall workforce proportion. BME colleagues continue to be more likely to enter formal disciplinary [processes, though the number of cases remains low.
- Work is underway to improve the capturing and accuracy of demographic data for formal processes, ensuring a more inclusive and compassionate environment.

2.8 **Training & Development:**

- BME colleagues continue to be more likely to access non-mandatory training (22% of training participants). However, there is little variation in mandatory training compliance across demographic groups.

3. WORKFORCE INCLUSION WORKPLAN

3.1 The attached work plan has been informed by data analysis and several audits, including:

- **Disability Confident Audit** – A review by BDO on our progress towards disability Confident Employer Accreditation, with a focus on supporting colleagues with disabilities.

- **The Rainbow Badge Phase 2 programme** – An assessment of our progress towards LGBTQ+ inclusion, with a final score of 35 out of 165, indicating areas for further improvement.

3.2 The workforce inclusion plan is a live document, updated regularly with progress on each action. It aligns with the SFT People Strategy ensuring consistency across initiatives.

3.3 Oversight of the workplan is provided by a quarterly review group to ensure continued proves and address any challenges.

4. RECOMMENDATIONS AND DISCUSSION

4.1 This second report provides an overview of workforce diversity and inclusion data, building on the previous report. We invite feedback on:

- The data presented and suggestions for additional information or data sets for future reports.
- How this data can be used effectively in decision-making at the Board and sub-committee levels.