Workforce Race Equality Standards 2019 Action Plan

We have submitted the latest Workforce Race Equality Standards (WRES) data covering 2018/2019 for Somerset Partnership NHS Foundation Trust and Taunton and Somerset NHS Foundation Trust. The WRES requires NHS trusts to self-assess against nine indicators of workplace experience and opportunity. Four of the indicators relate specifically to workforce data; four are based on data from the national NHS staff survey questions, and one considers black and BME representation on boards.

This data helps to reveal and thereby help close the gaps in workplace inequalities between black and minority ethnic (BME) and white staff working in the NHS. Getting this right is critical as evidence shows that a motivated, included and valued workforce helps deliver high quality patient care, increased patient satisfaction and better patient safety – it also leads to more innovative and efficient organisations.

The below table gives an overview of national WRES data and trends for NHS trusts in England since 2016. It also shows how Somerset Partnership and Taunton and Somerset NHS Foundation Trust compare to this national picture:

WRES indicator	2016	2017	2018	Somerset Partnership	TST
2. Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME applicants	1.57	1.60	1.45	1.67 down from 1.70 in 2018 - Improving but remains higher than the national picture	1.20 down from 1.35 in 2018 - Improving and below the national picture
3. Relative likelihood of BME staff entering the formal disciplinary process compared to white staff	1.56	1.37	1.24	0.00 down from 1.72 in 2018 – An improvement and below the national picture	0.00 down from 0.68 in 2018 – An improvement and below the national picture

4. Relative likelihood of BME staff accessing non-mandatory training and CPD compared to white staff	1.11	1.22	1.15	1.30 down from 2.95 in 2018 - Improving but remains higher than the national picture	1.73 up from 1.13 in 2018 - Deteriorating and remains higher than the national picture
5. Percentage of BME staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	29%	29%	29%	20% up from 15.91% in 2018 – Deteriorating but remains healthier than the national picture	35% up from 31% in 2018 – Deteriorating and remains higher than the national picture
6. Percentage of BME staff experiencing harassment, bullying or abuse from staff in last 12 months	27%	26%	28%	24% up from 6.82% in 2018 – Deteriorating but remains better than the national picture	23% up from 18% in 2018 – Deteriorating but remains better than the national picture
7. Percentage of BME staff believing that trust provides equal opportunities for career progression or promotion	74%	76%	72%	77% down from 87.5% in 2018 – Deteriorating but remains healthier than the national picture	72% down from 85% in 2018 – Deteriorating but remains in line with the national picture
8. Percentage of BME staff personally experiencing discrimination at work from a manager/team leader or other colleagues	14%	14%	15%	7% down from 9.09% in 2018 – Improving and better than the national picture	11% up from 8% in 2018 - Deteriorating but remains healthier than the national picture

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9. BME board membership	7%	7%	7%	0% - has remained the same since 2018 and below the national average	0% - has remained the same since 2018 and below the national average

The graphs below show the composition of the workforce across both trusts. This is shown as a percentage of white and BME colleagues in order to highlight any disproportionate areas:
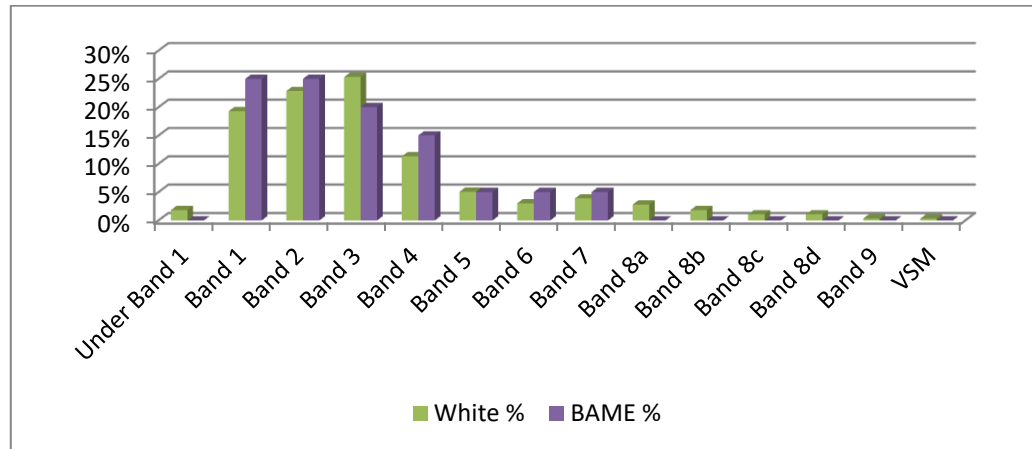
TST Non-Clinical workforce
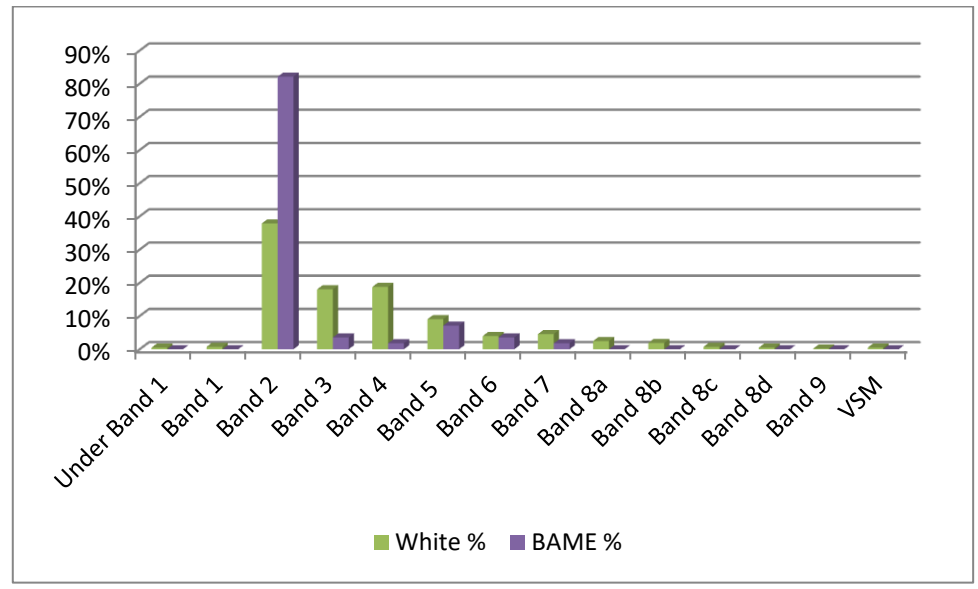
Highlights a disproportionate % of BME colleagues at Band 2 and no BME colleagues beyond Band 7
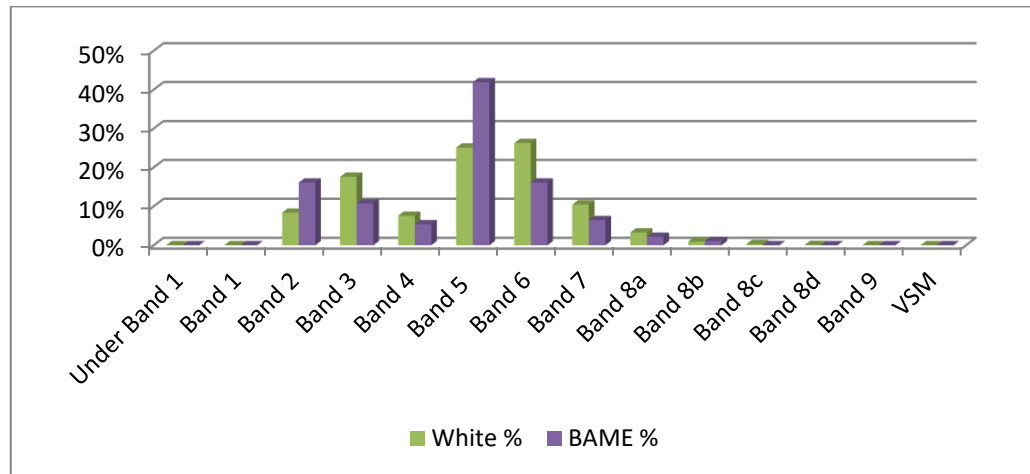
TST Clinical workforce
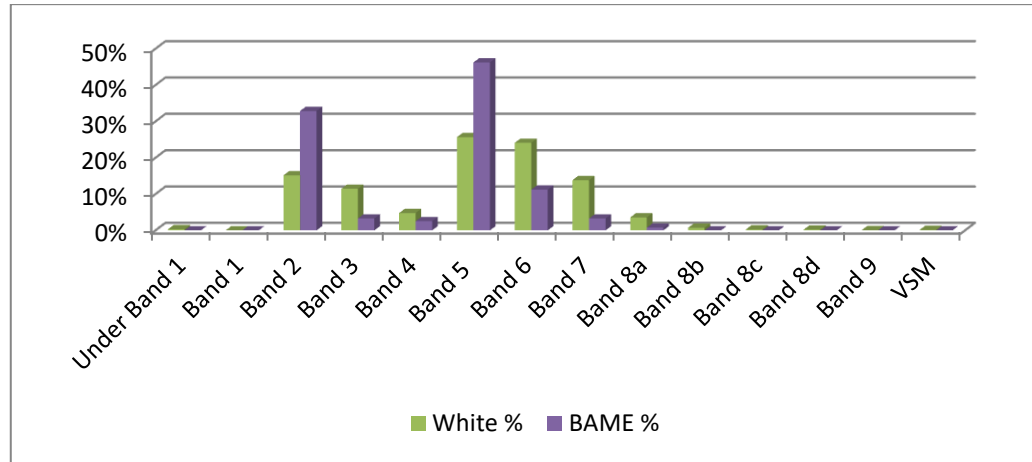
BME colleagues at Band 2 and 5 are disproportionately represented. 43% of white clinical colleagues are at Band 6 or above, compared to just 15% of BME colleagues.
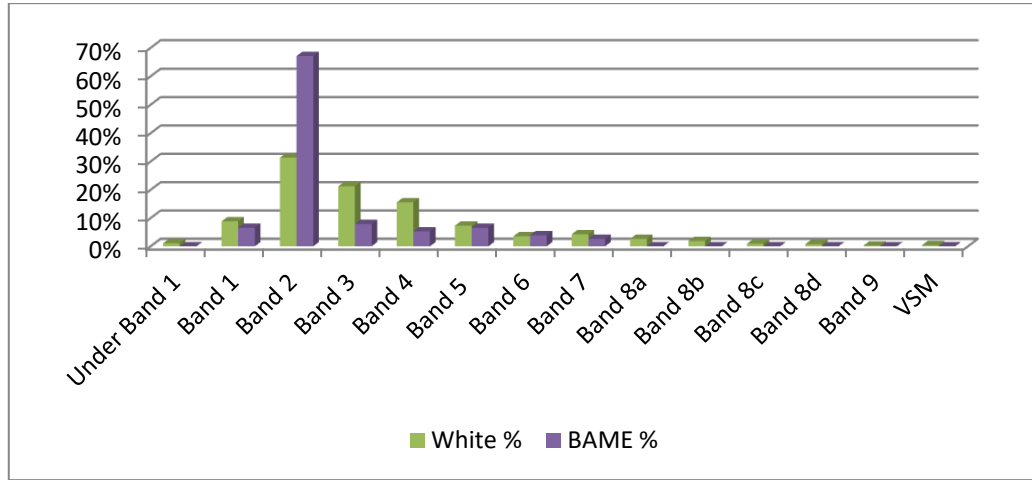
Somerset Partnership Non-Clinical workforce

Relatively even distribution of the workforce up to and including Band 7. There are no non-clinical BME colleagues employed in a role above Band 7.
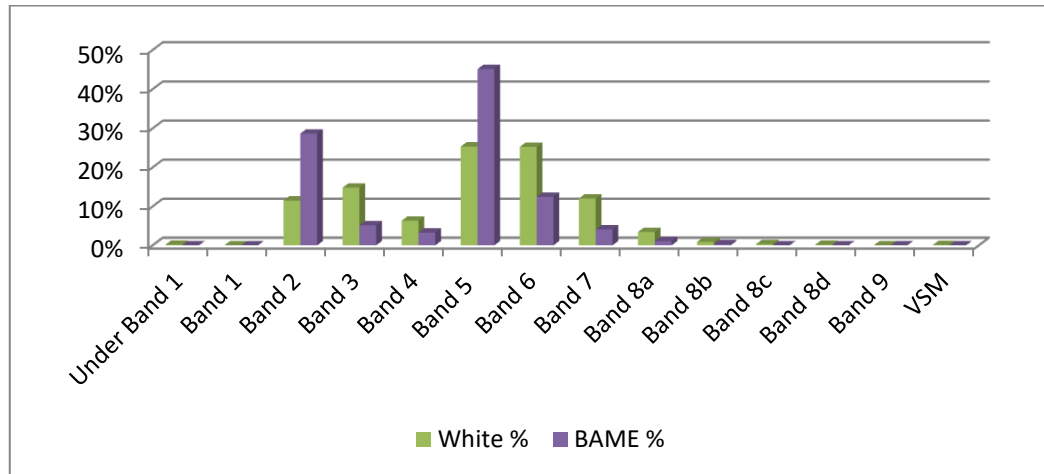
Somerset Partnership Clinical workforce

Similar to TST, Somerset Partnership BME colleagues at Band 2 and 5 are disproportionately represented. 41% of white clinical colleagues are at Band 6 or above, compared to 26% of BME colleagues.

TST & Somerset Partnership Non-Clinical workforce combined

Bar chart showing White % (green) and BAME % (purple) across bands: Under Band 1, Band 1, Band 2, Band 3, Band 4, Band 5, Band 6, Band 7, Band 8a, Band 8b, Band 8c, Band 8d, Band 9, VSM. Y-axis 0% to 70%. Band 2 shows White ~32% and BAME ~68%. Legend: ■ White % ■ BAME %

TST & Somerset Partnership Clinical workforce combined

Bar chart showing White % (green) and BAME % (purple) across bands: Under Band 1, Band 1, Band 2, Band 3, Band 4, Band 5, Band 6, Band 7, Band 8a, Band 8b, Band 8c, Band 8d, Band 9, VSM. Y-axis 0% to 50%. Band 5 shows White ~25% and BAME ~45%. Legend: ■ White % ■ BAME %

TST & Somerset Partnership workforce ethnicity compared to Somerset's overall ethnicity
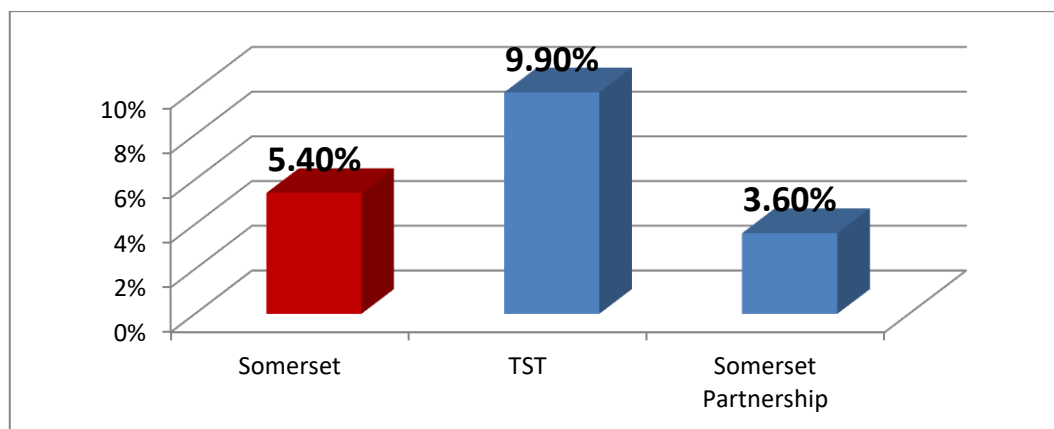
5.4% of the population of Somerset are non-white British. 9.9% of TST's workforce is BME 9.9% in contrast to 3.6% of Somerset Partnership.

WRES Action Plan 2019/2020 -

WRES indicator	Current Position TST	Current Position Sompar	Action
1. Percentage of colleagues in each of the AFC Bands 1-9 or medical and dental subgroups and VSM (including executive Board members) compared with the percentage of colleagues overall	A disproportionate % of BME colleagues at Band 2 and no BME colleagues beyond Band 7 non-clinical roles Only 15% of BME clinical colleagues at Band 6 or above	BME colleagues under represented when compared to the community they support (3.6% vs 5.4%) No BAME colleagues beyond Band 7 non-clinical roles BAME colleagues	• Development of career conversations encouraging all colleagues to consider their development needs for future roles and progression of their careers • BAME Networking lead to work closely with the Recruitment Manager

		underrepresented in senior clinical positions	to create an action plan around attracting a more diverse workforce • Equality, diversity and inclusion statement to be added to all advertised vacancies
2. Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME applicants	Continues to improve and positively below the national average	Improving but remains higher than the national picture	• Equality, diversity and inclusion statement to be added to all advertised vacancies • Equality, diversity and inclusion principles to be included as part of the essential management training programme
3. Relative likelihood of BME colleagues entering the formal disciplinary process compared to white colleagues	No BME colleagues were subject to a formal disciplinary process 2018/2019	No BME colleagues were subject to a formal disciplinary process 2018/2019	• All people policies will be reviewed in line with 'just culture' principles to avoid any unnecessary formal processes • Equality, diversity and inclusion training to form part of the essential management training programme
4. Relative likelihood of BME colleagues accessing non-	1.73 up from 1.13 in 2018 - Deteriorating and remains	Improving but remains higher than the national	• Career conversations to ensure all colleagues are

mandatory training and CPD compared to white colleagues	higher than the national picture	picture	aware of non-mandatory development opportunities available • BAME Network Lead to promote non-mandatory training opportunities to BME colleagues through network groups and engagement events
5. Percentage of BME colleagues experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	35% up from 31% in 2018 – Deteriorating and remains higher than the national picture	Poorer results than in 2018, but remains healthier than the national picture	• BAME Networking lead to work closely with the governance team on how incidents of BME harassment are documented and action taken when recorded. This will include promotion of the correct coding to capture incidents more accurately. • BAME Networking lead will make contact with all BME colleagues reporting an incident of harassment to support them and ensure any learning or preventative

			• actions are highlighted to the relevant areas. • BAME Networking lead will correlate reported incidents of BME harassment to highlight any areas of concern or trends • Develop a working group to support on improving increased number of incidents.
6. Percentage of BME colleagues experiencing harassment, bullying or abuse from colleagues in last 12 months	23% up from 18% in 2018 – Deteriorating but remains better than the national picture	Deteriorating but remains better than the national picture	• Revise the equality, diversity and inclusion section of the corporate induction programme to ensure the Trust expectations of zero tolerance of discrimination is set at the earliest opportunity • Introduction of a BAME Network lead to ensure colleagues have a supportive independent individual to seek guidance and support from
7. Percentage of BME colleagues believing the trust	72% down from 85% in 2018 – Deteriorating but	77% down from 87.5% in 2018 – Deteriorating but	• Management training coving equality,

provides equal opportunities for career progression or promotion	remains in line with the national picture	remains healthier than the national picture	diversity and inclusion. This will include an understanding the principals of unconscious bias • Launch and development of BAME network to ensure all BME colleagues have the opportunity to express their views and seek support in a safe and compassionate environment
8. Percentage of BME colleagues personally experiencing discrimination at work from a manager/team leader or other colleagues	11% up from 8% in 2018 - Deteriorating and remains higher than the national picture	Improving and better than the national picture	• Equality, diversity and inclusion training to form part of the essential management training programme • Revising the equality, diversity and inclusion section of the corporate induction programme to ensure the Trust expectations of zero tolerance of discrimination is set at the earliest opportunity • Introduction of a BAME Network lead to ensure

			colleagues have a supportive independent individual to seek guidance and support from • BAME lead is now in post and will review each concern to asses if preventative measure could be put in place
9. BME board membership	0% at present	0% - has remained the same since 2018 and below the national average	• Rollout of reverse mentoring • Review succession planning approach and support for BAME colleagues to gain opportunities to develop • Review approach to recruitment to board roles

In addition to the above actions, the newly appointed BAME Networking lead is engaging with BAME colleagues across the Trust and will be using their feedback to help create a BAME Network group. Following the creation of the Network further actions will be identified.