



Somerset
NHS Foundation Trust



Workforce Race Equality Standard (WRES) Annual Report & Action Plan 2021

outstanding care
listening and leading
working together

WORKFORCE RACE EQUALITY STANDARD

CONTENTS

- 1 Introduction
- 2 Workforce Race Equality Standard (WRES) metrics 2020/21
- 3 Summary: Key areas for action
- 4 Next steps
- 5 Action Plan 2021-2022

1. Introduction

The Workforce Race Equality Standard (WRES) was launched in 2015 and 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.

Data was presented for the two legacy trusts separately in all WRES submissions from 2016/17 to 2019/20. The 2020/21 WRES return is the first submission to represent the combined data for the Somerset Foundation Trust.

While both legacy trusts had completed the data reporting part of the WRES requirement since 2015, there is the opportunity to improve the development of a subsequent action plan. As highlighted in the TST CQC inspection in January 2020: *“(the) actions in the Workforce Race Equality Standard plan were not owned by anyone and were not measurable to determine achievements. They were without ambition.”*

Progress has already been made. A WRES Action Group has been in place since 2020, bringing together colleagues who have applied for the national NHS WRES expert programme, and members of the BAME colleague network alongside the trust’s Inclusion Team. A one-year action plan was developed in response to the data in our 2020 WRES submission. Examples of actions implemented include BAME career days, a pilot reverse mentoring scheme, a successful speaker series hosted by our multicultural colleague network, and inclusion has been integrated into leadership training.

In developing our 2021/2022 action plan, we will be focusing our attention on the systemic issues affecting the outcomes and experiences of our BAME colleagues. We need to fully understand the multiple factors that contribute to the data and colleague feedback presented in this report. This will enable us to develop sustainable and impactful strategies and changes. Our action plan sets out accountabilities and details the impact we wish to see as a result of each action.

In anticipation of our merger with Yeovil District Hospital (YDH), we are working collaboratively with YDH to share our progress and challenges, and to work towards developing a combined action plan in future.

Data analysis, proposed actions, and a review of impact over time are presented and monitored through the People Committee annually.

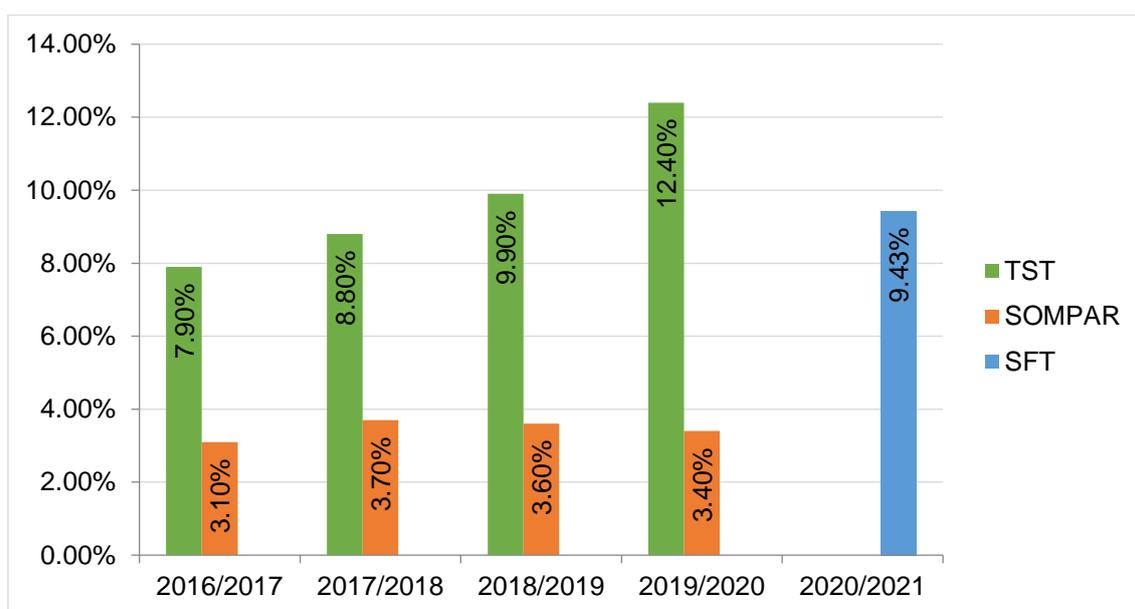
2. WRES Metrics 2020-2021

The data presented below show trends over time. 2016-2020 data are presented for the two legacy trusts – Taunton and Somerset NHS Foundation Trust (TST) and Somerset Partnership NHS Foundation Trust (SOMPAR).

Data from 2020/2021 represents the full Somerset Foundation Trust (SFT). In all graphs below, historical TST data is presented in green, historical SOMPAR data is presented in orange, and data for SFT is presented in blue.

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

BAME colleagues represent 9.4% of STF. This is higher than the BAME population in the Somerset community (2%¹), but significantly below the national average within the NHS (21%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 across AFC banding:

- Overall, there is a higher representation of BAME colleagues within clinical roles (11%) compared to non-clinical positions (4%).
- Within clinical roles, the representation of BAME colleagues steadily increases from 10% at under band 1, to 21% at Band 5. However, representation then falls to 6% and below within Bands 6 to 9.

¹ 2011 Census, ONS.

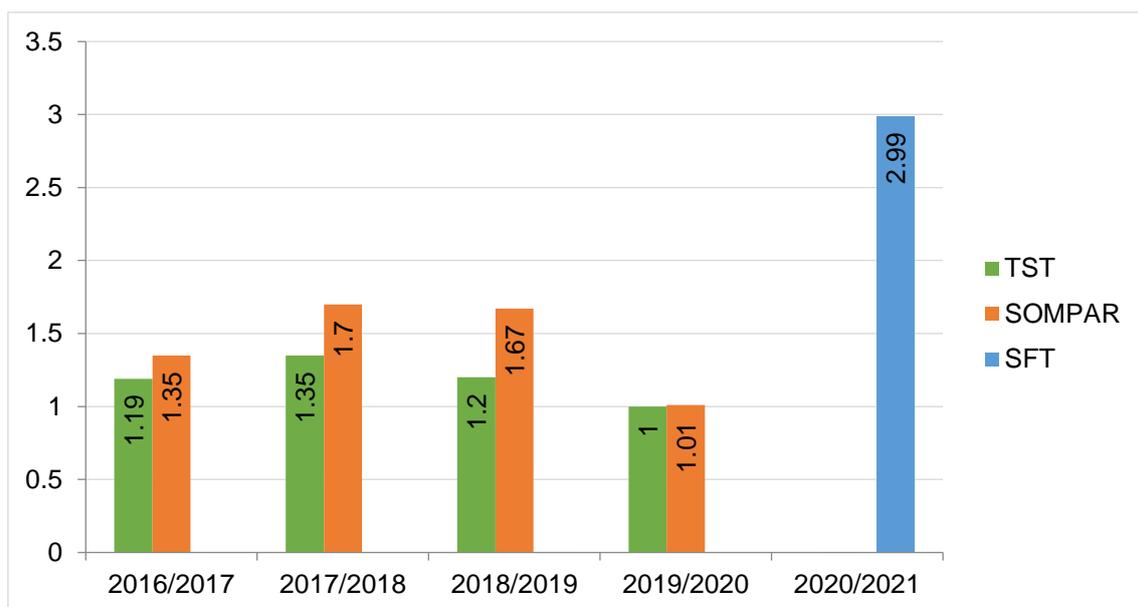
² *Workforce Race Equality Standard: 2020 Data Analysis Report for NHS Trusts and Clinical Commissioning Groups*. Feb 2021. Available at <https://www.england.nhs.uk/wp-content/uploads/2021/02/Workforce-Race-Equality-Standard-2020-report.pdf>

- Within non-clinical roles, BAME representation is highest within band 2, at 7%. Representation gradually falls throughout the pipeline to 2% at band 7, and 1% amongst bands 8a-d.
- 18% of medical colleagues are BAME.

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

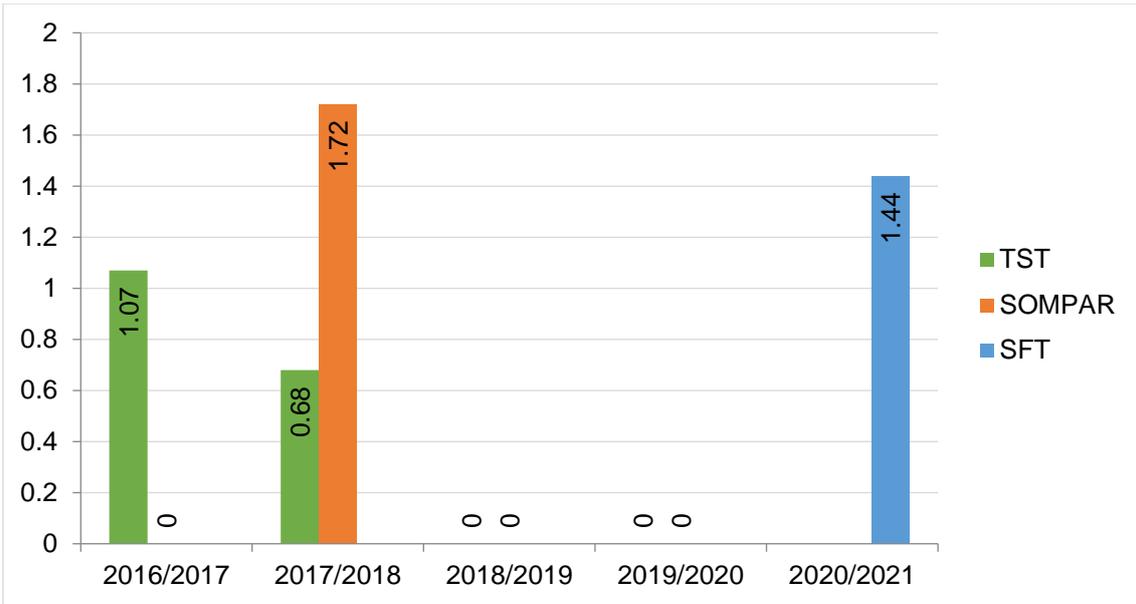
The data below illustrates that a BAME person was less likely to be appointed compared to a white person in 2020/21. This is a significant change from previous years, and we aim to investigate this to understand the change.

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). Initial analysis has also identified the most significant area for action is the interview process – as BAME representation falls most significantly between interview and appointment.



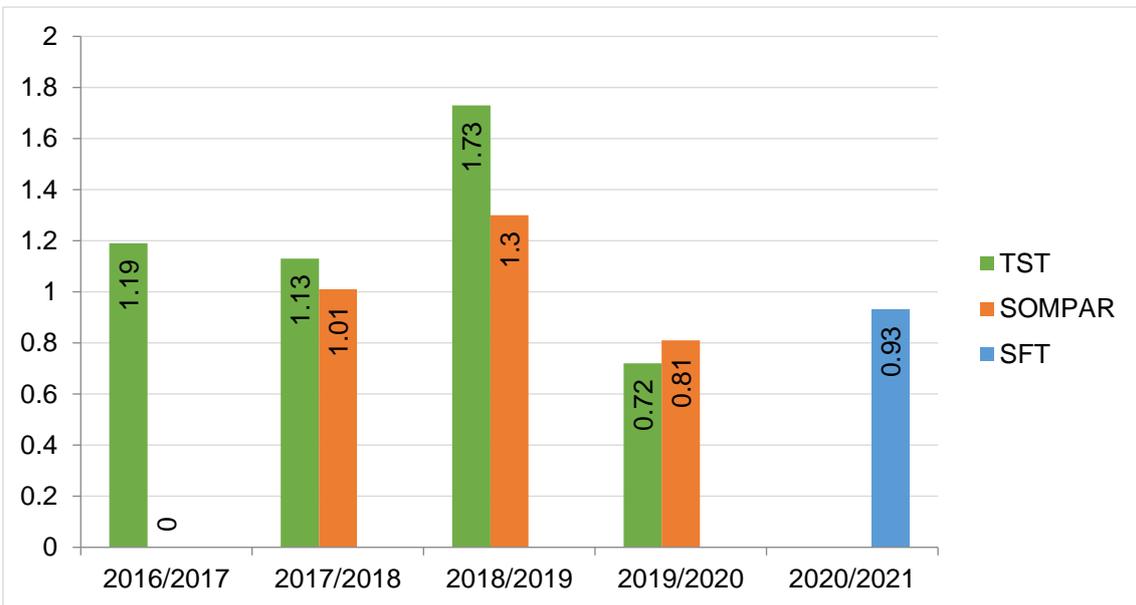
Metric 3: Relative likelihood of BAME colleagues entering formal disciplinary processes.

In previous years, BAME colleagues were no more likely to enter formal disciplinary process in either trust. In 2020/2021, there were some disciplinary cases involving BAME colleagues. The total number of disciplinarians is relatively small, but we will investigate the nature of these cases to identify any potential for bias or inequity.



Metric 4: Relative likelihood of BAME colleagues accessing non mandatory training and CPD

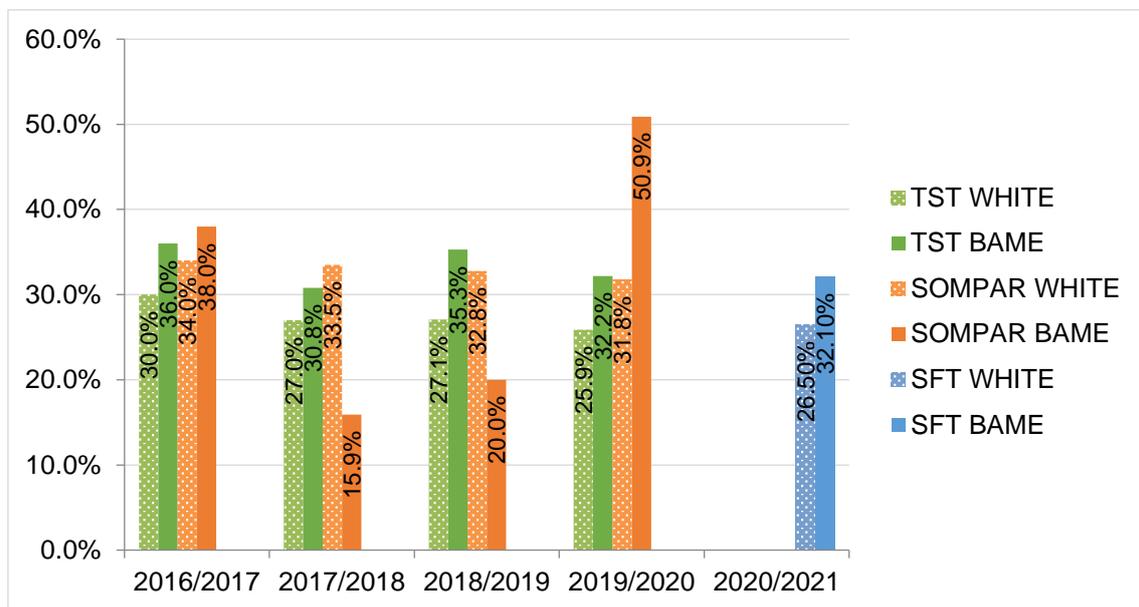
The data indicates BAME colleagues are more likely to access additional training compared to white colleagues.



Metric 5: Percentage of colleagues experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months

This indicator is taken from the NHS Staff Survey and shows BAME colleagues are more likely to experience harassment, bullying or abuse. In 2020-21, 32% of BAME colleagues reported experiencing harassment, bullying or abuse, compared to 26.5% of white colleagues.

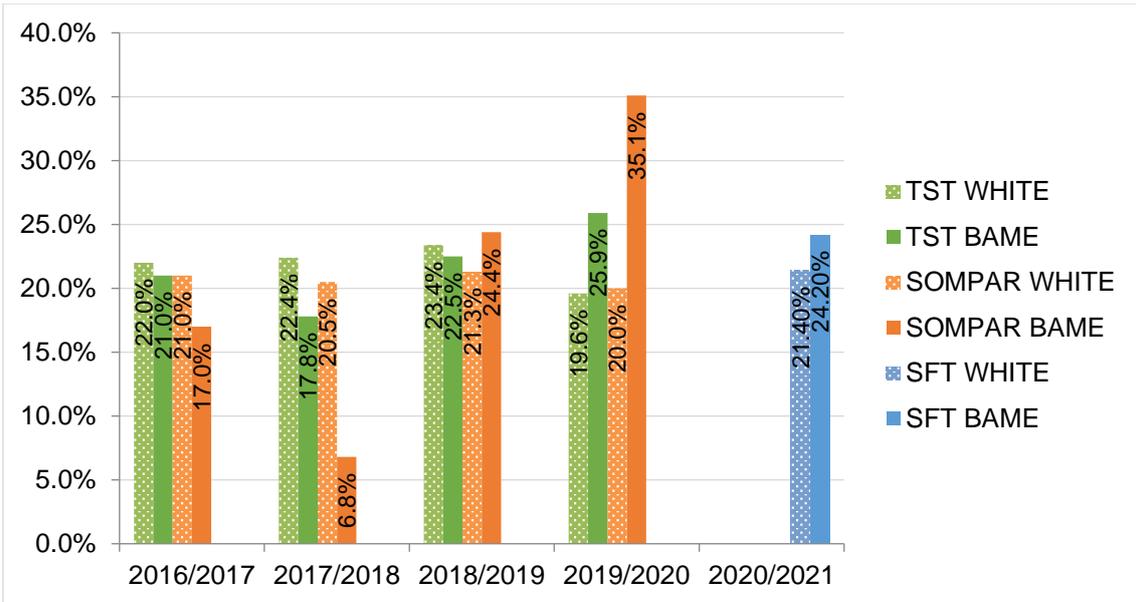
There was a significant rise in responses from SOMPAR in 2019/20, but this has fallen in 2020/21. We will continue to consult with colleagues via the multicultural network to understand their experiences, and monitor any changes in survey responses over time.



Metric 6: Percentage of colleagues experiencing harassment, bullying or abuse from colleagues in the last 12 months

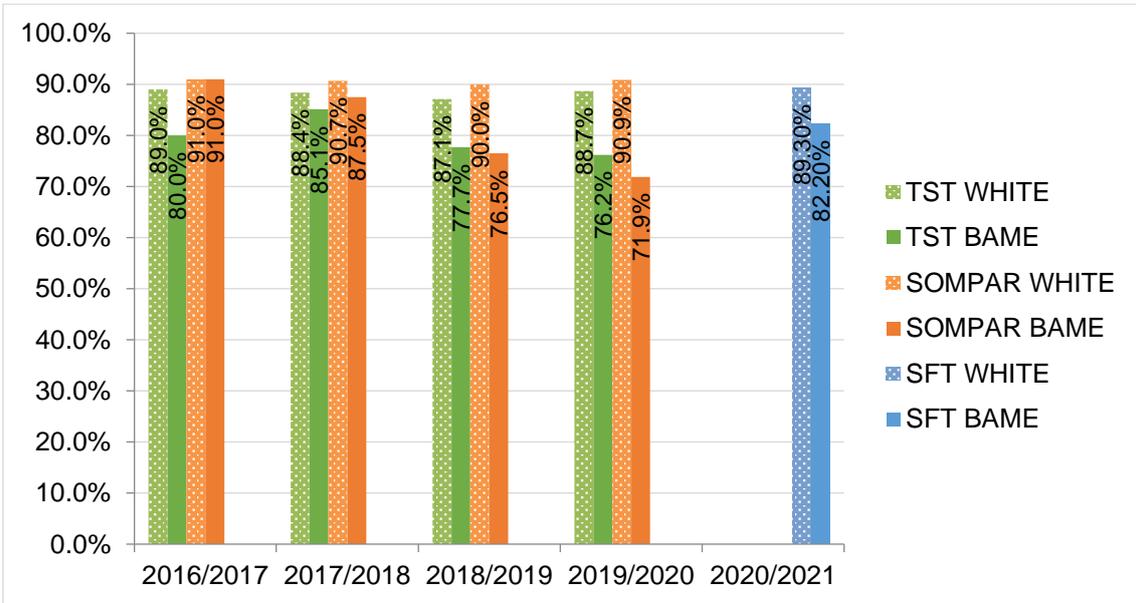
This indicator is taken from the NHS Staff Survey and shows a higher proportion of BAME colleagues (24.2%) had experienced harassment, bullying or abuse from colleagues compared to white colleagues (21.4%).

As with metric 5, there was a significant increase in BAME colleagues in SOMPAR reporting they had experienced harassment, bullying or abuse from colleagues in 2019/20, but this did not continue into 2020/21.



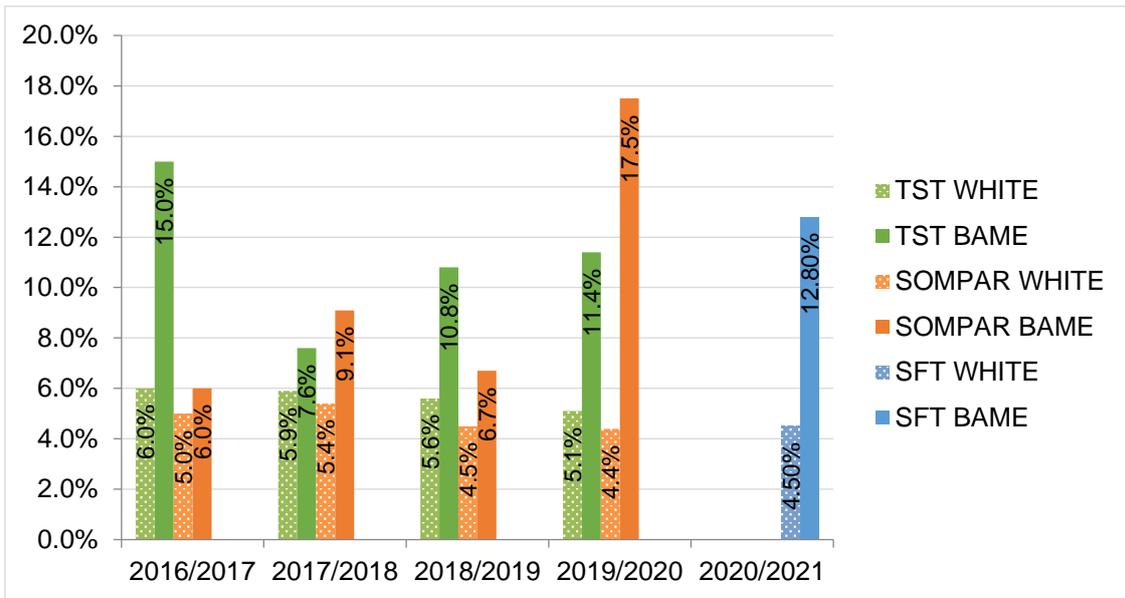
Metric 7: Percentage of colleagues believing the Trust provides equal opportunities for career progression

This data is taken from the NHS Staff Survey. Over time, BAME colleagues had become less positive about access to equal opportunities for career progression, reducing ~86% positive in 2017/18 to ~74% in 2019/20. However, the perceptions of BAME colleagues improved in the 2020/21 survey, to 82% positive. Despite this improvement in perception, there is still a gap of 7% between the perceptions of white and BAME colleagues.



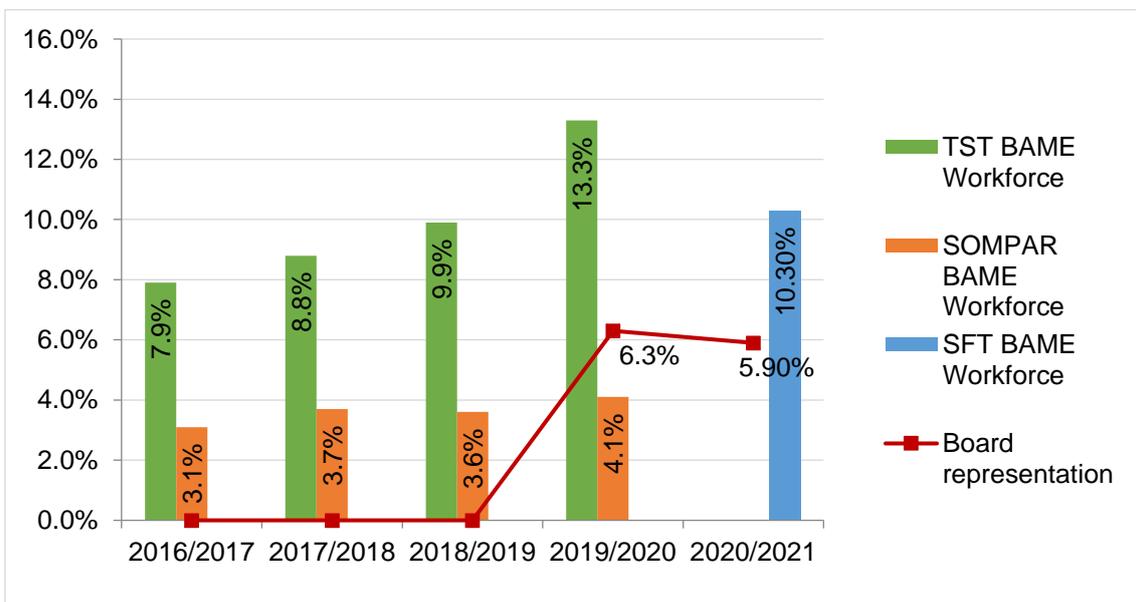
Metric 8: Percentage of colleagues experiencing discrimination at work from colleagues.

This information is taken from the NHS Staff Survey and shows BAME colleagues are more likely to experience discrimination at work from colleagues. The percentage of BAME colleagues reporting discrimination has reduced since the 2019/2020 survey, but there is still a gap of 8% between responses from white and BAME colleagues.



Metric 9: Percentage difference between the BAME board voting membership and overall BAME workforce

6% of the trust's board are from BAME backgrounds, compared to 10% of our workforce.



3. Summary: Key areas for action

From the data above, the following issues have been highlighted where further investigation is required:

- 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. Action could be taken to analyse our recruitment data to 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.
- In 2020/2021, there was an increase in the number of disciplinary cases involving BAME colleagues. We will investigate the nature of these cases and review to identify any potential bias.
- Our NHS Staff Survey data highlights significant issues around bullying, harassment and abuse of BAME colleagues, both from colleagues and patients. 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 bystanders.

4. Next Steps

The WRES data and analysis will be presented to the BAME Colleague Network. A WRES action group is in place, including representation from SFT and YDH. This group will oversee the implementation of our action plans, identify options for learning across both trusts, as well as cross-trust initiatives. Progress will be reported to the People Committee and Inclusion Steering Committee.

More information

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

5. WRES Action Plan 2021-2022

Please note: Significant progress has been made across the Trust in building engagement in BAME inclusion and setting the groundwork for change; through leadership commitment, a strong and visible multicultural colleague network, and awareness campaigns. The action plan below aims to build on these foundations 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. This 1 year action plan will position us to design a longer-term strategy 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				
Detailed review of recruitment data to identify key systemic drivers of BAME underrepresentation.	Head of Inclusion	Q4 2021/22	Targeted and specific actions developed and approved in response to data review.	1 & 2
Undertake holistic review of recruitment process and identify opportunities to embed inclusive practice.	Assistant Director, People Services	Q1 2022/23	Action plan focused on systemic change developed and approved in response to review.	1 & 2
Review and update recruitment website to reflect diversity and inclusion.	Director of Communications	Q2 2022/23	Increased diversity in images and website content. Inclusion as a key theme throughout website content.	2

Action	Accountability	Timescales	Outcomes and Success Measures	WRES Metric
Develop training for recruitment managers that guides managers through inclusive practice and bias mitigation strategies.	Assistant Director, People Services	Q3 2022/23	Training developed and in place. Monitor uptake, with a plan in place for reaching all trust recruitment managers.	2
Key Theme 2: Development and Progression				
<p>Review data from 2021 NHS Staff Survey relating to career development and progression. Analyse responses from BAME colleague groups with a focus on the following themes:</p> <ul style="list-style-type: none"> - Career progression and development - Workplace culture - Violence, bullying and harassment - Perceptions of leadership and managers - Wellbeing 	Head of Inclusion	Q4 2021/22	Targeted and specific actions developed and approved in response to data review.	1 & 2
Undertake analysis of BAME colleague training access, with particular focus on Bands 1 to 5.	Head of Learning	Q4 2021/22	Targeted and specific actions developed and approved in response to data review.	4
Analyse appraisal completion rates for BAME and white colleagues. Explore possibility of more details analysis of appraisal impacts and outcomes.	Assistant Director, Leadership and Learning & Development	Q2 2022/23	Targeted and specific actions developed and approved in response to data review.	1

Action	Accountability	Timescales	Outcomes and Success Measures	WRES Metric
Continue to promote relevant career development training to multicultural network members.	Multicultural Network Chairs	Reminder of available training every quarter	Proportion of BAME colleagues accessing career development training reflects BAME representation across the Trust.	4
Continue to run career development days through the multicultural network, with a particular focus on progression from Band 5 to Band 6.	Multicultural Network Chairs	Minimum 1 career days per year	Increase in BAME representation in applications for Band 6 roles.	1 & 2
Key Theme 3: Leadership				
Revisit reverse mentoring pilot programme and review of impact, and develop recommendations for future.	Assistant Director, People Services	Q2 2022-23	If programme re-started – Minimum 5 mentorship pairs in place and meeting regularly.	All
Collaborate with Trust Board to develop leadership KPIs for Inclusion.	Chief Executive	Q3 2022-23	Inclusion KPIs in place for each member of the Executive Group	All
Consider establishing Executive Sponsors for each of the Trust's Colleague Networks	Chief Executive	Q3 2022-23	Executive Sponsors identified and communicated across the Trust.	All
Key Theme 3: Workplace Culture				
Inclusion Team to collaborate with working group leading on civility. Embed themes such as macroaggressions and bias.	Head of Inclusion	Throughout 2022-23	Reduction in proportion of BAME colleague reporting that they experience bullying and harassment at work in 2023 NHS Staff Survey.	5 & 6

Action	Accountability	Timescales	Outcomes and Success Measures	WRES Metric
Inclusion Team to collaborate with the working group implementing the Violence Prevention & Reduction Standard.	Chief Nurse	Throughout 2022-23	Reduction in proportion of BAME colleague reporting that they experience violence and abuse at work in 2023 NHS Staff Survey.	5 & 6
Review research and best practice to develop a plan for building colleague allyship and active bystander skills.	Head of Inclusion	Q3 2022-23	Targeted and specific actions developed in consultation with key partners in response to review.	5 & 6
Investigate disciplinary cases from 2020 and 2021 to identify any potential for bias or inequity.	Head of Employee Relations	Q4 2021-22	Targeted and specific actions developed and approved in response to data review where appropriate.	3
Launch <i>See Me First</i> badge campaign, and continue to promote.	Multicultural Network Chairs	Q3 2021-22	Minimum 10% of colleagues to have made a pledge and wearing a badge by Q3 2022-23.	6
Host regular listening events with high profile BAME speakers.	Inclusion Lead & Multicultural Network Chairs	Minimum 4 per year	Positive feedback from attendees. Event attendees represent leaders, network members and allies.	7