



WORKFORCE RACE EQUALITY STANDARD (WRES): REPORT 2019-20

Name of organisation: Yeovil District Hospital NHS Foundation Trust

Date of Report: August/ September 2020

Name and title of Board Lead for WRES: Shelagh Meldrum, Director of Elective Care and Executive Lead for E&D

Name and contact details of lead manager compiling this report

- Debbie Matthewson, Associate Director of Education and Development, EDI Lead
- Emma Symonds, EDI Advisor
- Elaine Cox, EDI Support
- Lydia Karamura, Staff Minorities Network Chair
- Bernadette Ford, Performance & Reporting Manager
- Tracy Jones, Deputy Director HR and OD
- Patricia Spruce, Recruitment Manager

Names of commissioners this report has been sent to:

- Lee Reed, Equality & Quality Officer Somerset Clinical Commissioning Group

Unique URL link on which this report and associated Action Plan will be found: <https://yeovilhospital.co.uk/about-us/equality-and-diversity/>

This report has been noted/ ratified by the:

- Staff Minorities Network Executive Steering Board – 7.9.20 (attended by the Chief Executive, so on behalf of the Trust Board)

REPORT ON THE WRES INDICATORS

1. Background narrative

- Any issues of completeness of data:** Data is automatically transferred to ESR from the recruitment software TRAC.
- Any matters relating to reliability of comparisons with previous years:** All data has been reviewed and excludes staff employed by Simply Serve Ltd (SSL), a subsidiary company of the Trust, ensuring it is comparable. The percentage differences are minimal with the removal of these figures. SSL staff will continue to be excluded from future submissions to ensure consistency.



2. Total numbers of staff

a. **Employed within this organisation at the date of the report:** 2153.

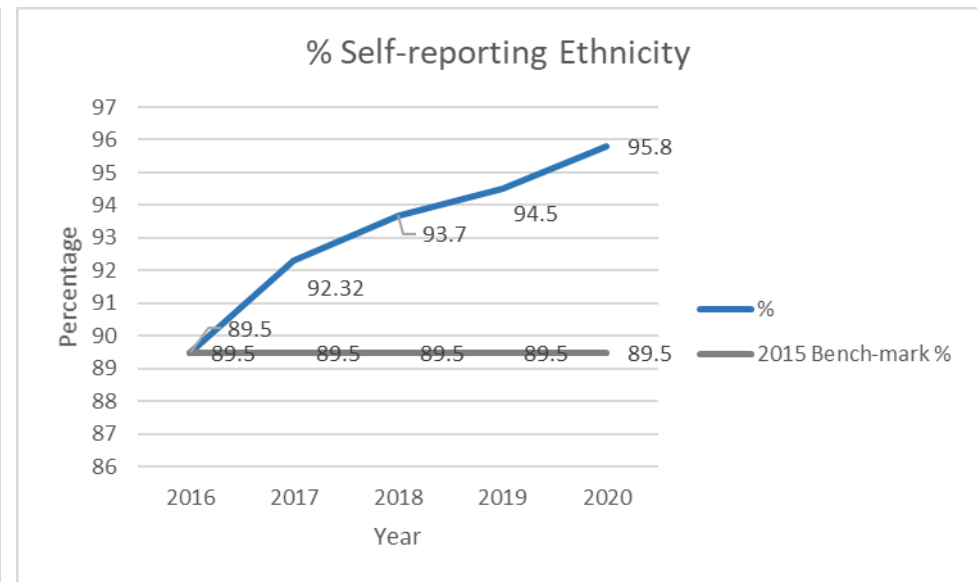
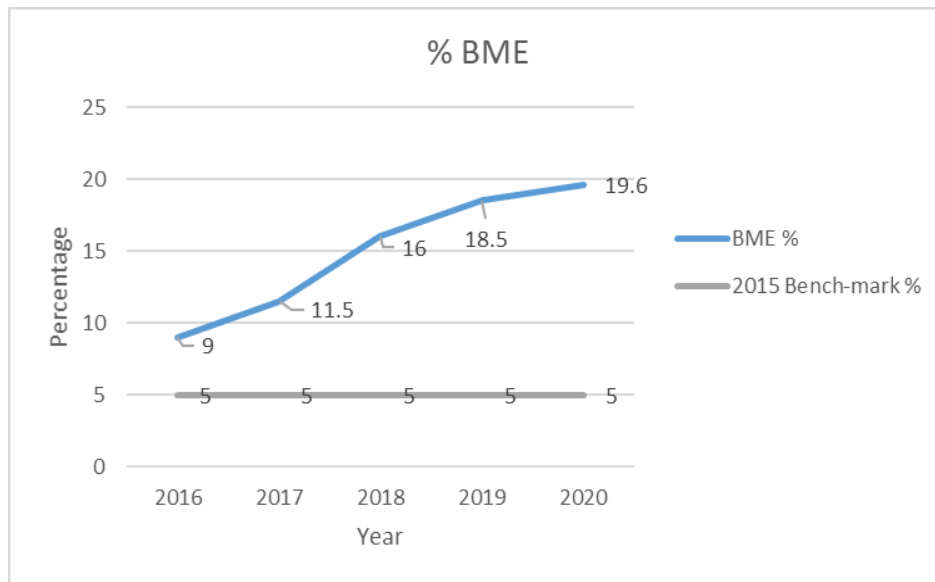
b. **Proportion of BME staff employed within this organisation at the date of the report:** 19.6% (423) of total workforce is BME, compared to 76.2% (1641) White and 4.1% (89) "Null / unknown".

3. Self-reporting

a. A total of 2064 staff self-reported their ethnicity. This is from a total workforce of 2153 and equates to 95.8% of our workforce self-reporting. A total of 89 (4.1%) chose not to define ('Undefined') or not to state their ethnicity ('Unstated').

b. To improve the level of self-reporting by ethnicity we have introduced an electronic starter's form as part of our recruitment process. Ethnicity is now a mandatory field to be completed and the data is transferred to ESR. We will continue to encourage staff to update their own details via the self-service element of ESR through promotion via staff engagement events (e.g. Trust induction and Marketplace; Mandatory training).

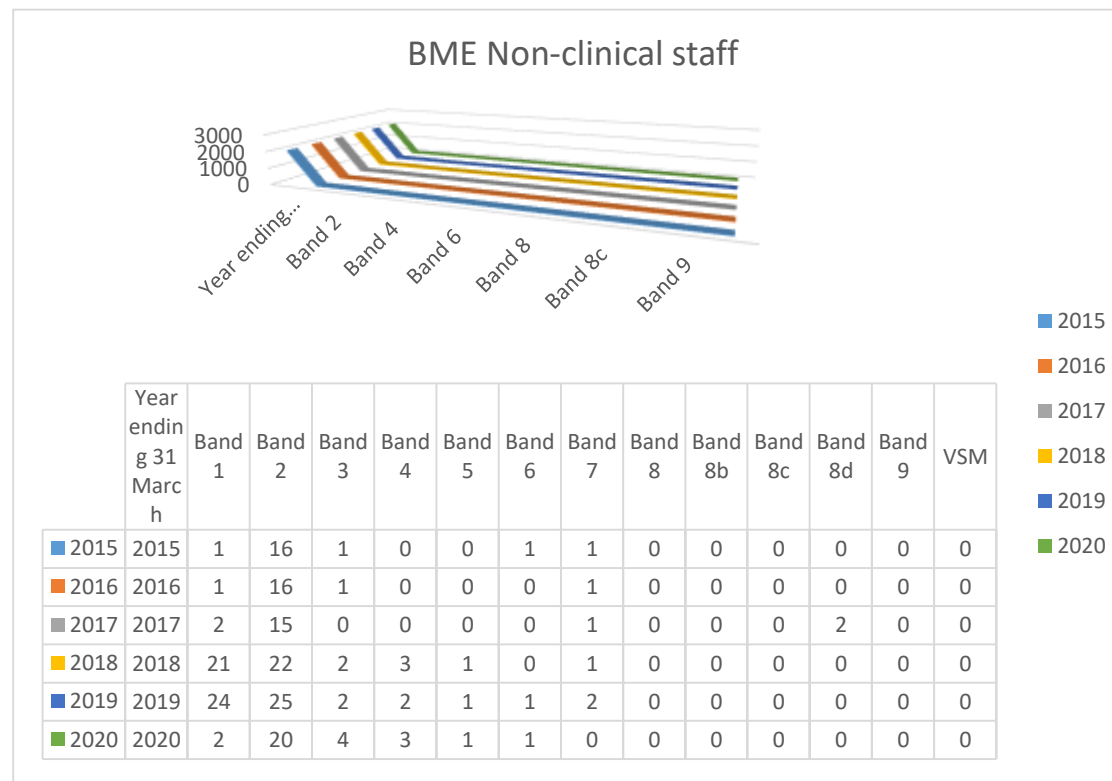
c. The following graphs provide visual representation of self-reporting since the implementation of WRES.





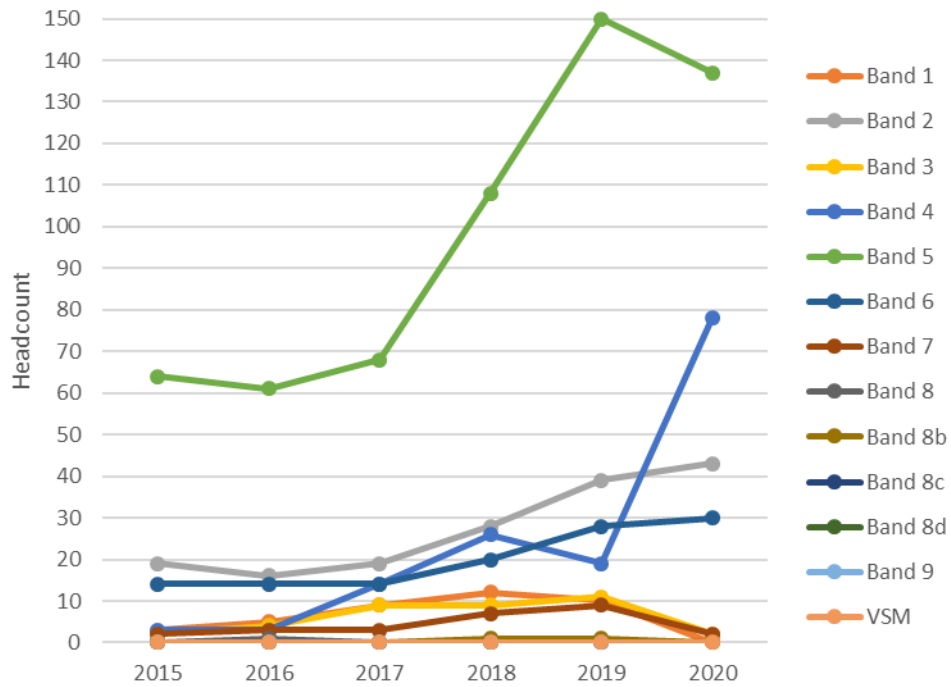
4. Workforce Data

- The data in this report covers the period from 1 April 2019 to 31 March 2020; the data is therefore correct up to and including 31 March 2020.
- The graphs below provide comparison of workforce data since the implementation of WRES. The Staff Minorities Network will conduct in-depth analysis of the data over the coming reporting period, to explore specific roles and areas, rather than just banding scales.

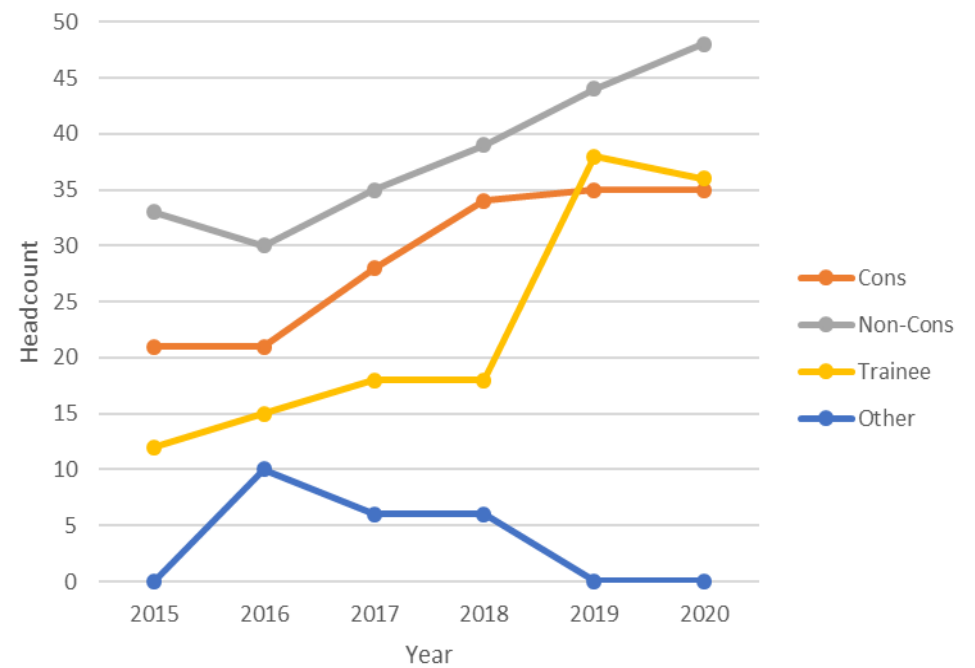




Clinical (Non-medical) BME workforce



Medical / Dental BME workforce





5. Workforce Race Equality Indicators

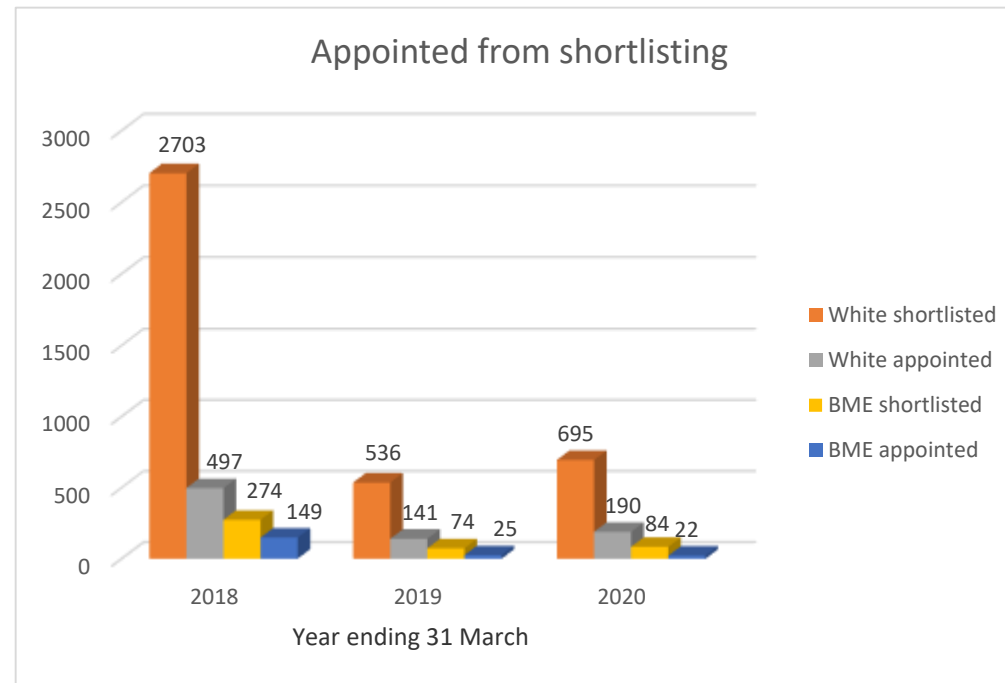
Indicator (For each indicator compare the data for White and BME staff)	Data for reporting year	Data for previous year	The implications of the data and any additional background explanatory narrative and Action taken and planned including e.g. does the indicator link to EDS evidence and/or a corporate Equality Objective
<p>1. Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce. Organisations should undertake this calculation separately for non-clinical and for clinical staff.</p>	<p>Non-clinical:</p> <ul style="list-style-type: none"> B1-7 = 425 total, of which 93% (396) White; 3.2% (14) BME; 3.5% (15) Unstated B8-9 = 35 total, of which 97% (34) White; 0 BME; 3% (1) Unstated VSM = 4 total, of which 3 (75%) white; 0 BME; 1 (25%) Unstated <p>Clinical:</p> <ul style="list-style-type: none"> B1-7 = 1374 total, of which 74% (1027) White; 21% (290) BME; 4% (57) Unstated B8-9 = 100% (49) White VSM = 100% (1) White <p>Medical/ Dental:</p> <ul style="list-style-type: none"> Consultants = 98, of which 59% (58) White; 35 (35%) BME; 5 (5%) Unstated Non-consultant = 64, of which 18.7% (12) White; 75% (48) BME; 6% (4) Unstated Trainee grades = 99, of which 57% (57) White; 	<p>Non-clinical:</p> <ul style="list-style-type: none"> Bands 1-7 = 687 of which 57 BME (8.29%) Bands 8A-9 = 46 of which BME 1 (2.17%) VSM: 12 of which 1 BME (8.33%) <p>Clinical:</p> <ul style="list-style-type: none"> Bands 1-7 = 1319 of which 266 BME (20.16%) Bands 8A-9 = 26 of which 1 BME (3.84%) VSM: 2 White <p>Medical/Dental:</p> <ul style="list-style-type: none"> Consultants = 93 of which 44 BME (47.31%) Non-Consultant Grades = 62 of which 44 BME (70.95%) Trainee Grades = 90, of which 38 BME (42.2%) Other = 8 White 	<ul style="list-style-type: none"> The Academy, HR and Staff Minorities Network are working closely on the development of BAME staff to enable them to competitively apply for senior roles. We continue to increase the diversity of our workforce through ongoing international recruitment, for medical and nursing staff. We are mindful that we do not disproportionately represent either population, but rather ensure that we have the correct skill-mix, coupled with a diverse range of staff, in each area. The Staff Minorities Network will conduct in-depth analysis of the data to explore diversity within specific roles and areas, rather than banding scales. HR are working to empower our managers to improve staff retention and staff engagement through the data collected from the staff survey and external outreach opportunities.



Indicator (For each indicator compare the data for White and BME staff)	Data for reporting year	Data for previous year	The implications of the data and any additional background explanatory narrative and Action taken and planned including e.g. does the indicator link to EDS evidence and/or a corporate Equality Objective	
		36% (36) BME; 6% (6) Unstated		
2.	Relative likelihood of staff being appointed from shortlisting across all posts.	White shortlisted: 695 Appointed: 190 27.3% BME shortlisted: 84 Appointed: 22 26% Unknown shortlisted: 173 Appointed: 96 55%	White shortlisted: 1054 Appointed: 222 21.06% BME shortlisted: 279 Appointed 96 34.40% Unknown shortlisted: 159 Appointed: 113 71.06%	<ul style="list-style-type: none"> • We undertake a fair and equal recruitment process: shortlisting is completed on TRAC, which is anonymised (the candidate information can only be viewed once shortlisting is completed, ensuring no bias); the Hiring Managers never have access to the Equal Opportunities information on the application form. • Members of the Staff Minorities Network are to be involved in shortlisting applicants, particularly for Bands 6 and above, and are nominated to sit on interview panels to ensure fairness and transparency in the appointment process.

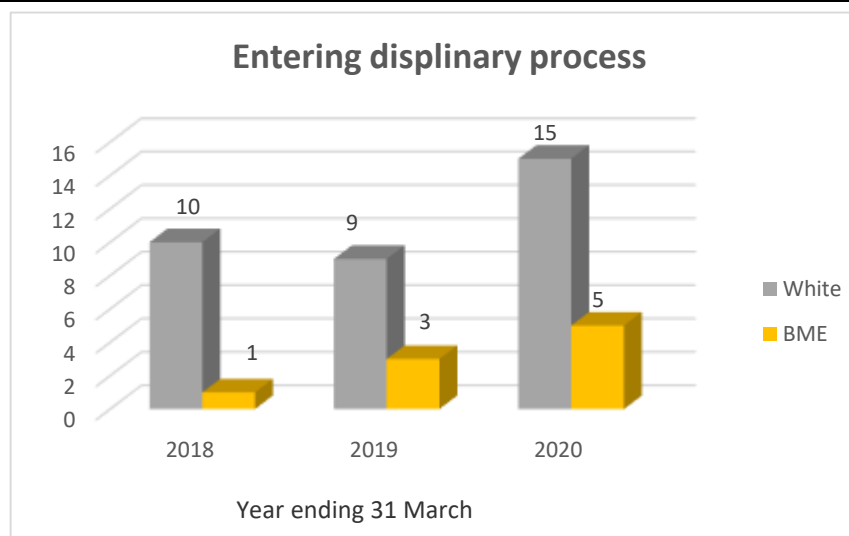


Indicator (For each indicator compare the data for White and BME staff)	Data for reporting year	Data for previous year	The implications of the data and any additional background explanatory narrative and Action taken and planned including e.g. does the indicator link to EDS evidence and/or a corporate Equality Objective
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Indicator (For each indicator compare the data for White and BME staff)	Data for reporting year	Data for previous year	The implications of the data and any additional background explanatory narrative and Action taken and planned including e.g. does the indicator link to EDS evidence and/or a corporate Equality Objective
3. Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. This indicator will be based on data from a two year rolling average of the current year and the previous year.	Of 23 disciplinary cases: <ul style="list-style-type: none"> • 15 White (0.69% workforce) • 5 BME (0.23% workforce) • 3 Unstated (0.13% workforce) 	Total of 14 disciplinary cases of a total workforce of 2,372. Broken down by ethnicity as follows: <ul style="list-style-type: none"> • 9 White (0.49% of White workforce) • 3 BME (0.68% of BME workforce) • 2 Undisclosed (1.55% of Undisclosed workforce) 	<ul style="list-style-type: none"> • In relation to the percentage of the total workforce, the rate of disciplinary cases are low. However, when comparing that with the 19% BAME workforce there remains a significant representation within the disciplinary processes. Therefore, changes are being made to disciplinary processes to include a risk assessment to challenge decision making and ensure processes are appropriate. The Staff Minorities Network have expressed a desire to be involved. • All investigation/ disciplinary interviews are recorded and a summary reflection compiled. • Interview panel training is being developed for Staff Minorities Network members.





Indicator (For each indicator compare the data for White and BME staff)	Data for reporting year	Data for previous year	The implications of the data and any additional background explanatory narrative and Action taken and planned including e.g. does the indicator link to EDS evidence and/or a corporate Equality Objective	
4.	Relative likelihood of staff accessing non-mandatory training and CPD.	White staff: 82% (1349 of 1641) BME: 97% (411 of 423) Unstated: 88% (79 of 89)	ESR data: <ul style="list-style-type: none"> White: 1287 of 1802 BME: 384 of 441 Unknown 106 of 129 Funded external training applications: 318 total: <ul style="list-style-type: none"> 209 white 73 BME 36 Unstated 	<ul style="list-style-type: none"> The Academy provides a range of staff development courses, such as Leadership & Management; Conflict resolution; MECC; Mentorship etc. All staff are able to apply for funding for external training, whether as a requirement of their role or CPD. The majority of applications received are from medical staff. The Academy records attendance of Trust funded external courses on ESR. The availability of national scholarship and bursary programmes, such as Stepping Up; WRES Experts will be highlighted to staff.
National NHS Staff Survey indicators (or equivalent)				
5.	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	<ul style="list-style-type: none"> White: 30% BME: 27% 	<ul style="list-style-type: none"> White: 31% BME: 27% 	<ul style="list-style-type: none"> The anonymity of the staff survey makes it difficult for us to compare staff survey responses with the live reporting system, unless staff have also made the ED&I team, F2SU Guardians or Staff Minorities Network aware of the incident.
6.	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	<ul style="list-style-type: none"> White: 16% BME: 18% 	<ul style="list-style-type: none"> White: 17% BME: 23% 	<ul style="list-style-type: none"> The majority of reported incidents occur in clinical settings where a high percentage of BME staff work, increased patient contact. Ethnicity is not requested on the Ulysses reporting system so, unless explicitly stated within incident text, it is difficult for us to determine whether an incident relates to this. Incident reports which specifically mention E&D (e.g. due to race/ ethnicity) are shared with the E&D team who in turn liaise with the Staff Minorities Network to identify if/ where potential themes may be developing and discuss/ implement resolutions as appropriate.



Indicator (For each indicator compare the data for White and BME staff)	Data for reporting year	Data for previous year	The implications of the data and any additional background explanatory narrative and Action taken and planned including e.g. does the indicator link to EDS evidence and/or a corporate Equality Objective
7. Percentage believing that trust provides equal opportunities for career progression or promotion.	<ul style="list-style-type: none"> • White: 90% • BME: 83% 	<ul style="list-style-type: none"> • White: 89% • BME: 80% 	<ul style="list-style-type: none"> • HR and the Staff Minorities Network are working closely on the development of BAME staff, to enable them to competitively apply for promotion/ development opportunities. • All internal vacancies are advertised on our Trust vacancy pages and on our staff bulletin. In addition we have a “transfer window” for nurses to give opportunities to move into different specialities without a lengthy recruitment process. This enables them to gain more experience in other specialities to broaden their skills and knowledge, ready to apply for any promotion opportunities.
8. Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues	<ul style="list-style-type: none"> • White: 5% • BME: 11% 	<ul style="list-style-type: none"> • White: 4% • BME: 10% 	<ul style="list-style-type: none"> • The Ulysses incident reporting system extracts only an individual’s name, date of birth and job title from ESR. It does not have a category for discrimination so those reviewing such reports have to rely on the content provided. This prevents us from actively comparing our formal incident reporting data with that provided through the anonymous staff survey. • We have seen an increase in reporting, as we encourage reporting by staff. However, whilst staff may utilise the reporting system they are not always also communicating issues to the ED&I team.



Indicator (For each indicator compare the data for White and BME staff)	Data for reporting year	Data for previous year	The implications of the data and any additional background explanatory narrative and Action taken and planned including e.g. does the indicator link to EDS evidence and/or a corporate Equality Objective
9.	<p>Board representation indicator: Percentage difference between the organisations' Board voting membership and its overall workforce.</p> <p>Board detail:</p> <ul style="list-style-type: none"> • 11 White: 10 Voting; 1 Non-voting; 5 Exec; 6 Non-exec • 1 BME: Voting, Exec <p>Compared to workforce:</p> <ul style="list-style-type: none"> • Overall White: 76% • Overall BME: 20% • Nil/ Unstated: 5% <p>Board difference:</p> <ul style="list-style-type: none"> • +15.4% White • -11.3% BME • -4.1% Nil/Unstated 	<p>Breakdown of Board:</p> <ul style="list-style-type: none"> • 14 White: 13 Voting; 1 Non-voting; 9 Exec; 5 Non-exec • 1 BME: Voting <p>Compared to workforce:</p> <ul style="list-style-type: none"> • Overall White: 79% • Overall BME: 16% • Nil/ Unstated: 5% <p>Board difference:</p> <ul style="list-style-type: none"> • +12.8% White • -7.6% BME • -5.2% Nil/Unstated 	<ul style="list-style-type: none"> • When recruiting to the Board, the Trust considers the representation of its members compared to the workforce and locality diversity.
6.	Are there any other factors or data which should be taken into consideration in assessing progress?		
	<p>Although halted temporarily by Covid-19 restrictions early in 2020, our international nurse recruitment has continued to build our nursing community during the reporting period, with the recruitment of trained staff from India, Philippines and Dubai.</p> <p>Locality diversity: the Trust's diverse workforce is not necessarily representative of the Somerset population, which is less diverse than many areas of the UK (Source: Census 2011):</p> <ul style="list-style-type: none"> • Somerset's population comprises 94.6% 'White British' (higher than the England and Wales average of 80.5%) and 5.4% BME (below the national average of 14.0%). • The local Yeovil (South Somerset) area boasts Hungarian, Portuguese, Spanish, Polish (1%), Irish and German (both between 0.3 and 0.5%) populations, as well as 1.9% BME (compared to 4.2% in West Dorset). • 6% of Somerset residents (31,761) were born outside the UK, with Polish being the most common country of birth aside from the UK. <p>Data collected in June-19 (Source: Somerset Intelligence) indicates that:</p> <ul style="list-style-type: none"> • the Somerset population has risen by an average of 4,000 per year over the last 5 years • 48% live in a rural area (England: 18%) • 17.6% are aged 0-15 years and almost 1 in 4 are over the age of 65 (24.6% in 2019, with the highest percentage living in West Somerset) 		



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	<ul style="list-style-type: none"> 3,548 more people moved to Somerset from elsewhere in the UK than left the county. However, there was a net flow of 902 university-age (18-20) residents out of Somerset <p>This data presents the Trust with challenges when recruiting, particularly to higher level roles and Board, so the development of existing staff is an important factor when looking to increase our BAME representation in senior positions.</p> <p>With regard to our staff survey results, HR are working to empower our managers to improve staff retention and staff engagement through the data collected from the staff survey and external outreach opportunities.</p>		
7.	Organisations should produce a detailed WRES Action Plan, agreed by its Board. Such a Plan would normally elaborate on the actions summarised in section 5, setting out the next steps with milestones for expected progress against the WRES indicators. It may also identify the links with other work streams agreed at Board level, such as EDS2. You are asked to attach the WRES Action Plan or provide a link to it.		
	<ul style="list-style-type: none"> The Somerset Equality Officers Group (SEOG), led by the Council, meet on a quarterly basis and discuss regional ED&I Action Plans, Objectives, public engagement etc. The group includes YDH, alongside the CCG, Somerset NHS, SWAST, Police and Fire Authorities and Healthwatch volunteers. The hospital's Patient Experience representatives (or ED&I) attend community meetings such as the Somerset Engagement Advisory Group (SEAG), and the Academy has provided meeting space for "Yeovil Multicultural Group", which formed in 2019. Internal committees on which ED&I is represented include Health and Wellbeing; Patient Experience & Patient Environment; Workforce and JCNC. Our Staff Minorities Network is developing a schedule of Webinars so that members can continue to engage and participate virtually. Face to face options will be available when possible. 		



ACTION PLAN

STRAND	ACTIONS	MONITORING
Embed equality and diversity across YDH and its subsidiary organisations <i>WRES Indicators: All</i>	<ul style="list-style-type: none"> Each directorate to evaluate current challenges to equality diversity and inclusion 	<ul style="list-style-type: none"> Staff survey findings and reports Random Evaluation of managerial and HR outcomes in minority group reported incidents
	<ul style="list-style-type: none"> Communication streams that promote values and importance equality and diversity 	<ul style="list-style-type: none"> Staff network webinars at regular intervals to support this Engagement minority network with HR to provide feedback and be a voice for staff Establishing the need for Minority networks in relation to other Protected Characteristics Freedom to speak up guardians as a voice of staff to feedback to management Regular HR director clinics/walkabouts to engage with staff and listen
	<ul style="list-style-type: none"> Appoint equality and diversity/inclusion advisor to support achieving this objective 	<ul style="list-style-type: none"> Appointment EDI advisor With role to support network development /BAME activity
Create a diverse and inclusive culture <i>WRES Indicators: All</i>	<ul style="list-style-type: none"> Facilitate regular conversations with staff from protected characteristics 	<ul style="list-style-type: none"> Engender an environment of openness and freedom to speak up in all work areas Create a listening culture when concerns are raised at all levels management and responsive address to staff concerns
	<ul style="list-style-type: none"> Develop strong networks in the organisation 	<ul style="list-style-type: none"> Strengthen the role of minority networks in the trust Encourage the benefit of networks to staff and encourage active participation Support managers to engage with networks in improving staff experiences at YDH Empower staff minorities to raise /voice concerns or request development opportunities Engage with local community based networks to strengthen YDH minorities networks
	<ul style="list-style-type: none"> Increase BAME representation in senior leadership 	<ul style="list-style-type: none"> Review the reasons for absence of BAME representation in senior leadership Review the advertising and recruitment for senior leadership posts at YDH Development of minority staff with potential/interest to be leaders to ascertain they have relevant training experience for these roles Mentoring opportunities for staff to support their development Identify and engage with allies through recruitment process Reverse Mentorship
	<ul style="list-style-type: none"> Focussed educational development of staff 	<ul style="list-style-type: none"> Academy leadership and development courses available for all staff interested in personal development Mentoring and coaching courses to support managers in their roles Directed equality and diversity training to all managers extending beyond routine mandatory sessions Develop career pathways and developmental structure specific to overseas staff to define progression
Improve and explore data to	<ul style="list-style-type: none"> Encourage staff to declare all 	<ul style="list-style-type: none"> Mandatory declaration in ESR of monitoring statistics



STRAND	ACTIONS	MONITORING
<p>support delivery WRES/WDES</p> <p><i>WRES Indicators: All</i></p>	<ul style="list-style-type: none"> information relevant to identify minority groups in ESR Actions on statistics not positive in WRES to improve staff experience and learn as organisation Explore BAME pay gap Triangulate governance information to improve staff experience of work place environment COVID risk evaluation 	<ul style="list-style-type: none"> WRES leadership training for minority/BAME network leader to support the process for understanding and trust development linked to WRES Develop a strategy to enable staff to recognise the strengths and values of being disabled/differently abled to decrease stigma Scrutinise the YDH statistics independent of country ranking to get the most out of these results Review starting pay scales for staff ascertain correlate agenda for change Clear defined transition from probation period to full pay scale for overseas nurses A review of reason for any observed differences in pay scale for BAME/minority staff in relation to white contemporaries Explore rate of occurrence and involvement in incident reporting by BAME/ Minority staff Review grievances to explore learning and outcomes for both staff and organisation Review disciplinary process and outcomes for organisational learning to improve staff experience Strengthen use of freedom to speak up guardians and networks by staff and explore themes emerging to inform organisational development and learning A new element of staff care and risk both for BAME and staff with pre –existing medical conditions Support all managers to undertake risk evaluation for all staff and where needed implement relevant work place adjustments Empower all staff to undertake risk assessment and discuss their needs with their respective line managers
<p>Reviewing and improving policy, procedure and processes</p> <p><i>WRES Indicators: 1, 2, 3</i></p>	<ul style="list-style-type: none"> Review recruitment and selection processes to enhance equal opportunities and enable positive action Develop “just culture” 	<ul style="list-style-type: none"> WRES indicator 1: increased detailed analysis of racial/ethnic representation at different banding to provide deeper understanding in the variance representation EDI advisor and minority network committee to engage in review of specific job shortlisting/ interview and appointment processes Education department to review and evaluate formation of formalised carer progression pathways in the nursing structure at YDH Department education to ascertain equity access to developmental programmes by all staff groups especially the most marginalised groups Apply the “just culture” ethos to all incident reviews, disciplinary cases and grievances Ensure the Just Culture those is taken into consideration when managing HR Processes such as Grievance, capabilities, appraisal and Disciplinary Performance of a Risk assessment of all cases prior to commencement to establish if an alternative approach could be more appropriate



STRAND	ACTIONS	MONITORING
	<ul style="list-style-type: none"> Training for diversity 	<ul style="list-style-type: none"> Review the process of disciplinary to question whether formal investigations are relevant before staff suspension Train all leaders band 7 and above in the just culture approach to incident review and disciplinary process Ensure that Supervisors/team leaders or staff with management responsibilities have an over sight of Just culture and the impact it has on the team To provide extended diversity and equality training to all leaders Develop an understanding of micro aggressions in the work place the stifle the development of BAME staff Develop training on Neurodiversity to support Adults who identify in this category. Utilise community experts to enforce learning
Identify and tackle bullying harassment and abuse of staff <i>WRES Indicators: 5, 6, 8</i>	<ul style="list-style-type: none"> Leadership and training of staff in leadership roles Education to staff of trust policy bullying and harassment Encourage the use of freedom to speak guardians by staff 	<ul style="list-style-type: none"> WRES/WDES NHS leadership training course Review the Policy and wording "Bullying & harassment" Review current training applications and update if required Educate on the terms Bullying and Harassment and how they impact. Promote the advantages of FTS guardian to both staff and managers Ensure FTU Guardians have secured time for training/support
Monitor progress and emerging priorities	<ul style="list-style-type: none"> WRES/WDES data reports Regular reports to the executive board against this action plan Engagement by EDI advisor with external organisations and national 	<ul style="list-style-type: none"> Scrutiny of WRES/WDES derived statistics report to observe progress in comparison to previous years Twice yearly Review with Board in regard to actions Bi monthly reviews with Executive Minority Steering committee to discussion actions Seek to engage with community based organisations and national organisations which offer beneficial outcomes to YDH staff and local community.