

Workforce Race Equality Standard

1.0 Introduction

1.1 The systemic discrimination against Black and Minority Ethnic (BME) staff within the NHS is highlighted in numerous reports. These reports show that by every indicator BME staff experience less favourable treatment when working in the NHS than do their white colleagues.

1.2 The challenge to ensure black and minority ethnic (BME) staff are treated fairly and their talents valued and developed is one that all NHS organisations need to meet, for a variety of compelling reasons;

- Research shows that unfair treatment of BME staff adversely affects the care and treatment of all patients
- Talent is being wasted through unfairness in the appointment, treatment and development of a large section of the NHS workforce
- Precious resources are wasted through the impact of such treatment on the morale, discretionary effort and other consequences of such treatment
- Research shows that diverse teams and leaderships are more likely to show the innovation and increase the organisational effectiveness the NHS needs
- Organisations whose leadership composition bears little relationship to that of the communities served will be less likely to deliver the patient focussed care that is needed

1.3 In response to this challenge, the 2015/16 NHS Standard Contract includes a new Workforce Race Equality Standard (WRES) which will require all NHS providers of NHS services (other than Primary Care) to start to address this issue. Specifically the contract states that 'The Provider must implement EDS2 (Equality Delivery System 2) and implement the National Workforce Race Equality Standard and submit an annual report to the Co-ordinating Commissioner on its progress in implementing the Standard'. The Care Quality Commission will also consider the Workforce Race Equality Standard in their assessments of how "well-led" NHS providers are from April 2016.

1.4 The WRES seeks to tackle one particular aspect of equality – the consistently less favourable treatment of the BME workforce - in respect of their treatment and experience. EDS2 contains the overarching obligations in respect of equal treatment for all nine protected



characteristics as defined by the Equality Act 2010. The WRES and EDS2 are complementary but distinct. The indicators used in the WRES, and the progress made in closing them, will assist the Trust with the implementation of the EDS2.

1.5 In order to meet the mandatory requirements of the WRES, the data provided in this report must be published externally by each NHS Provider by **1st August 2016** and annually thereafter.

2.0 WRES Benchmarking Data

2.1 There are nine indicators within the WRES. Four of the indicators use workforce data, four are based on data from the NHS Staff Survey, and one refers to the composition of the Board. The data collected for the WRES will highlight any differences between the experience and treatment of white staff and BME staff in the NHS with a view to closing those metrics. Indicator nine requires organisations to ensure their Boards are broadly representative of the communities they serve.

2.2 The WRES benchmarking data for Dorset County Hospital NHS Foundation Trust is attached overleaf.

3.0 Conclusion

3.1 Having reviewed the WRES data we do not believe there is any indication of systematic discrimination in relation to BME staff. Where appropriate, actions have been identified and will be reviewed as part of the annual Equality and Diversity Board Report in January 2017



WRES Benchmarking Data – Submission Date August 2016

Workforce Race Equality indicators	Data for reporting year (up to 31 March 2016)	Date for previous year (up to 31 March 2015)	Implications of the data and any additional background narrative	Actions																																																												
Workforce metrics	For each of these four workforce indicators, the Standard compares the metrics for white and BME staff.																																																															
<p>1</p> <p>Percentage of BME staff in Bands 8-9 and VSM compared with the percentage of BME staff in the overall workforce</p>	<table border="1"> <thead> <tr> <th></th> <th>White</th> <th>BME</th> </tr> </thead> <tbody> <tr><td>Band 8a</td><td>97%</td><td>3%</td></tr> <tr><td>Band 8b</td><td>100%</td><td>0%</td></tr> <tr><td>Band 8c</td><td>91%</td><td>9%</td></tr> <tr><td>Band 8d</td><td>100%</td><td>0%</td></tr> <tr><td>Band 9</td><td>100%</td><td>0%</td></tr> <tr><td>Junior Doctor</td><td>73%</td><td>27%</td></tr> <tr><td>Other Medical Staff</td><td>63%</td><td>37%</td></tr> <tr><td>Consultant</td><td>82%</td><td>18%</td></tr> <tr><td>Board</td><td>92%</td><td>8%</td></tr> </tbody> </table>		White	BME	Band 8a	97%	3%	Band 8b	100%	0%	Band 8c	91%	9%	Band 8d	100%	0%	Band 9	100%	0%	Junior Doctor	73%	27%	Other Medical Staff	63%	37%	Consultant	82%	18%	Board	92%	8%	<table border="1"> <thead> <tr> <th></th> <th>White</th> <th>BME</th> </tr> </thead> <tbody> <tr><td>Band 8a</td><td>98%</td><td>2%</td></tr> <tr><td>Band 8b</td><td>100%</td><td>0%</td></tr> <tr><td>Band 8c</td><td>91%</td><td>9%</td></tr> <tr><td>Band 8d</td><td>100%</td><td>0%</td></tr> <tr><td>Band 9</td><td>NA</td><td>NA</td></tr> <tr><td>Junior Doctor</td><td>78%</td><td>22%</td></tr> <tr><td>Other Medical Staff</td><td>52%</td><td>48%</td></tr> <tr><td>Consultant</td><td>79%</td><td>21%</td></tr> <tr><td>Board</td><td>92%</td><td>8%</td></tr> </tbody> </table>		White	BME	Band 8a	98%	2%	Band 8b	100%	0%	Band 8c	91%	9%	Band 8d	100%	0%	Band 9	NA	NA	Junior Doctor	78%	22%	Other Medical Staff	52%	48%	Consultant	79%	21%	Board	92%	8%	<p>There was an overall increase in BME staff in band 8a and within the junior doctor cohort. Across the Trust the total number of BME staff employed rose from 176 to 190.</p>	
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<p>2 Relative likelihood of BME staff being recruited from shortlisting compared to that of white staff being recruited from shortlisting across all posts</p>	<p>Number of shortlisted applicants:</p> <ul style="list-style-type: none"> White 1169 BME 215 <p>Number appointed from shortlisting</p> <ul style="list-style-type: none"> White 316 BME 75 <p>Likelihood of appointment</p> <ul style="list-style-type: none"> White 27% BME 34% 	<p>Number of shortlisted applicants:</p> <ul style="list-style-type: none"> White 1729 BME 266 <p>Number appointed from shortlisting</p> <ul style="list-style-type: none"> White 445 BME 33 <p>Likelihood of appointment</p> <ul style="list-style-type: none"> White 25% BME 12% 	<p>The data has shown a significant increase (22%) in the likely appointment of BME candidates from the previous year. This is a positive indicator for the Trust.</p>	
<p>3 Relative likelihood of BME staff entering the formal disciplinary process, compared to that of white staff entering the formal disciplinary process</p>	<p>Number of staff entering the formal disciplinary process</p> <ul style="list-style-type: none"> White 33 (1.4%) BME 4 (2.1%) 	<p>Number of staff entering the formal disciplinary process</p> <ul style="list-style-type: none"> White 42 (1.8%) BME 1 (0.6%) 	<p>There was an increase in disciplinary processes involving BME staff in 2016.</p>	<p>Anonymised summary of disciplinary processes to be provided to the HRD to ensure all cases were appropriately implemented and managed.</p>



Workforce Race Equality indicators		Data for reporting year (up to 31 March 2016)	Date for previous year (up to 31 March 2015)	Implications of the data and any additional background narrative	Actions
4	Relative likelihood of BME staff accessing non mandatory training and CPD as compared to white staff	Information relating to non mandatory training participation and CPD is not recorded centrally by the Trust.	Information relating to non mandatory training participation and CPD is not recorded centrally by the Trust.	2015 National Staff Survey findings showed that BME staff responded 5% more favourably when asked if they received job-relevant training, learning or development in the last 12 months.	Trust to consider the feasibility of central collection of non mandatory training and CPD records to facilitate the collection of this data.
National NHS Staff Survey findings			For each of these five staff survey indicators, the Standard compares the metrics for each survey question response for white and BME staff.		
5	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	20% of BME respondents reported experiencing bullying, harassment or abuse from patients, relatives or public in the last 12 months, compared to 29% of white respondents.	20% of BME respondents reported experiencing bullying, harassment or abuse from patients, relatives or public in the last 12 months, compared to 27% of white respondents.	There has been a slight increase in the number of white staff who have reported experiencing bullying abuse from patients. The number of BME staff who have experienced this abuse is lower and has not increased.	The Trust has recruited and trained a number of volunteers from across the Trust as Harassment Support Advisors. The Advisors offer confidential advice and guidance to all Trust staff who feel they are personally experiencing



Workforce Race Equality indicators		Data for reporting year (up to 31 March 2016)	Data for previous year (up to 31 March 2015)	Implications of the data and any additional background narrative	Actions
					harassment, who have been accused of harassment or who have witnessed an incident of harassment in the workplace.
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	19% of BME respondents experienced bullying, harassment or abuse from a colleague in the last 12 months, compared to 26% of white respondents.	30% of BME respondents experienced bullying, harassment or abuse from a colleague in the last 12 months, compared to 24% of white respondents.	Incidences of bullying, harassment or abuse from a colleague reduced considerably (+10%) for BME staff.	See above.
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion	92% of BME respondents feel the Trust acts fairly with regard to career progression and promotion, compared to 91% of white respondents	74% of BME respondents feel the Trust acts fairly with regard to career progression and promotion, compared to 91% of white respondents	A significant and positive increase occurred in the number of BME staff who feel that the Trust acts fairly with regard to career progression and promotion.	



Workforce Race Equality indicators		Data for reporting year (up to 31 March 2016)	Date for previous year (up to 31 March 2015)	Implications of the data and any additional background narrative	Actions
8	Q17b. In the last 12 months have you personally experienced discrimination at work from manager or other colleagues	8% of BME respondents experienced discrimination from colleagues in the last 12 months, compared to 6.4% of white respondents.	20% of BME respondents experienced discrimination from colleagues in the last 12 months, compared to 6.6% of white respondents.	A significant and positive decrease occurred in the number of BME staff experiencing discrimination at work.	
Board Composition			Does the Board meet the requirement on Board membership?		
9	Boards are expected to be broadly representative of the population they serve.	12 members of the board - 92% are White (8% BME).	12 members of the board - 92% are White (8% BME).	No change has occurred in this indicator.	

