

Title of Meeting	Workforce Committee
Date of Meeting	20th July 2020
Report Title	Annual Equality, Diversity and Inclusion Report
Author	Bernadette Pritchard, Inclusion & Wellbeing Lead
Responsible Executive	Mark Warner, Director of Workforce and Organisational Development

Purpose of Report (e.g. for decision, information)

To advise of mandated equality, diversity and inclusion (EDI) reporting data over the past 12 months, including the 2020 Workforce Race Equality Standard (WRES) and the 2020 Workforce Disability Equality Standard (WDES) and highlight issues arising. To confirm EDI activity and actions and present workforce data across protected characteristics as defined in the Equality Act 2010 (2010)

Summary

Under the Equality Act (2010), public bodies have very specific duties and in particular, the Trust has a duty to promote equality and diversity and to publish information on compliance to demonstrate how it is delivering improvement.

The report details the work undertaken by the Trust during 2019/20 to demonstrate its commitment to promoting equality, diversity, inclusion and human rights. An analysis of the workforce and the 2019/20 recruitment cycle are also included. Data contained within this report refers to the April 2019 – March 2020 reporting cycle.

It also includes drafts of the Workforce Race Equality Standard and Workforce Disability Quality Standard Action Plans to address the inequalities highlighted in the report.

Paper Previously Reviewed By

Strategic Impact

Risk Evaluation

Unsatisfactory performance in providing services and employment which reflects the diverse nature of the population served by the Trust will be a risk to reputation and can leave the Trust open to legal challenges. The Trust is required to demonstrate its compliance with the Equality Act 2010, and the various frameworks, including compliance with the Care Quality Commission (CQC) standards.

Impact on Care Quality Commission Registration and/or Clinical Quality

See above. There is an established and widely accepted body of evidence that promoting and supporting diversity in the workplace, with the UK legislation covering age, disability, race, religion, gender and sexual orientation, contributes towards employee wellbeing and engagement.

Governance Implications (legal, clinical, equality and diversity or other):

In accordance with the Equality Act Public Sector Equality Duty, the Trust has a legal obligation to promote equality and diversity and to produce and publish information on compliance.

Financial Implications

There are no direct financial implications although failure to comply with legislation could result in fines being levied on the Trust and successful discrimination claims brought against the

Trust at employment tribunal.	
Freedom of Information Implications – can the report be published?	Yes

Recommendations	a) Note the content of this report and support the actions. b) Provide continued support to the Trust in seeking to embed equality, diversity, inclusion and human rights.
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Annual Equality and Diversity Report July 2020

1.0 Equality, Diversity and Inclusion at Dorset County Hospital NHS Foundation Trust

1.1 Language and terminology used in this report

The terms BAME (Black, Asian and minority ethnic) and BME (Black and minority ethnic) are used in this report to reflect the language used by the Workforce Race Equality Standard (WRES) to define those of all ethnicities other than white. It is acknowledged, however, that the groups to whom these terms are applied are culturally and ethnically distinct. The use of a 'catch-all' term is not considered acceptable by everyone, and the Trust will be led by our staff of ethnic minorities to ensure that we use the most appropriate and inclusive terminology.

'LGBT+' is used to refer to people who are lesbian, gay, bisexual, and transgender, with the '+' including those people who define their sexual orientation as other than heterosexual or any of the above.

1.2 DCHFT has a firm commitment to equality, diversity and inclusion. The Trust acknowledges our responsibility to provide a supportive environment where all staff and patients can feel they belong.

1.3 Progress on ED&I activity is monitored by the Trust's Equality, Diversity and Inclusion Steering Group (EDISG), along with the Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES). This report contains the results for the WRES and WDES, plus other findings of note and key staff diversity data.

1.4 Mark Warner, Head of Workforce and Organisational Development is the 2019/20 board lead for the WRES and WDES. He is supported by Bernadette Pritchard, Inclusion and Wellbeing Lead.

1.5 The Trust, along with Dorset CCG, Royal Bournemouth and Christchurch Hospitals, Poole NHS Foundation Trust, and Dorset Healthcare, form the Dorset NHS Inclusion Network. The Trust is also an active member of the South West Inclusion Network, which brings together EDI leads from across the public sector.

1.6 All staff receive training in EDI and human rights, delivered via e-learning through the general induction programme, followed by core skills training every three years. As part of our EDI work, we will be re-developing this training for 2020/21.

1.7 The Trust's Equality, Diversity and Inclusion Steering Group (EDISG), established in 2016, hold responsibility for the equality and diversity and inclusion agenda. This group will be chaired by Patricia Miller, Chief Executive, from July 2020 onwards. It has representation from diverse staff groups, including those with disabilities and the BAME network. It works with Dorset diversity networks to promote equality and inclusion, establish and support accessible staff support networks.

The work of the EDISG is informed by the Black, Asian and Minority Ethnic (BAME) Staff Network, which has increased its membership over the past 12 months and is currently focusing on:

- Engagement and communication with our BAME staff
- Support with career progression and leadership skills
- Working with the Freedom to Speak Up Guardian to ensure that BAME staff are encouraged and thanked for speaking up.
- Support in the recovery phase of Covid-19

Future work will be led by outcomes of this report, the WRES action plan, and further BAME staff engagement.

1.8 A Mental Health First Aiders network has also been established to support these roles and provide opportunity for shared good practice, learning and development. Mental illnesses are the second largest cause of burden of disease in England. Evidence is pointing to the consequences of the COVID-19 pandemic on mental health being considerable¹, and past studies of epidemics have shown a higher mental health burden on healthcare workers. Mental illnesses are known to be more long-lasting and impactful than other health conditions².

1.9 We will work to engage with our staff with disabilities and LGBT+ staff in 2020/21 – first to better identify them and then to explore the interest in a network and other inclusion/awareness work.

2.0 The Communities we Serve – Demographics

2.1 Age

The West Dorset area has a total population of 102,064³; the table below shows the age demographics of this population compared to the national average. Dorset has a much greater proportion (31%) of the population aged 65 and over than England and Wales (18%)⁴.

Table 1: A comparison of age breakdown for West Dorset, England and Wales, and DCHFT patients

	Aged 0-15	Aged 16-64	Aged 65+
West Dorset*	15%	54%	31%
England & Wales*	19%	63%	18%
Our patients	17%	46%	37%

2.2 Disability

One in five of Dorset's population and 22% of people living in Weymouth (highest rate in Dorset Council region) have a long term health condition or disability.

2.3 Ethnicity

4.4% of the Dorset population is of Black, Asian or other minority ethnicity compared to the national average of 19.5%.

¹ <https://www.bmj.com/content/369/bmj.m1515>

² <https://www.gov.uk/government/publications/health-profile-for-england-2019>

³ Census 2011, ONS

⁴ Mid-year population estimates (2017), ONS

This includes the classification 'White Other' which make up approximately 41% of Dorset's ethnic minority population. This classification includes people who identify as white but who do not have UK national identity (English, Welsh, Scottish, Northern Irish and British). An example would be Polish³.

It must be noted that the Trust data presented in this report does not include white minority ethnicities. This is in line with the data requirements for the Workforce Race Equality Standard which defines between 'White' and 'Black and Minority Ethnicity' (BME).

3.0 **Our Workforce Demographics**

3.1 **Age**

The largest age cohort of Trust staff is between 51 and 55 years old, with 14% of staff being between these ages; this is a change from the previous year when the largest age cohort was 46-50 yrs. 43.5% of the workforce is under 40 yrs.

3.2 **Disability**

In the 2019 Staff Survey, 21% of Trust staff reported that they have a 'Physical/Mental illness or Disability expected to last more than 12 months'. Only 3% of staff are recorded on ESR as having a disability. However, 23.4% of all staff have not declared their status or are recorded on ESR as 'not defined'. The staff survey results reflect the one in five of Dorset's population who have a long term health condition or disability.

3.3 **Gender**

77.1% of staff are women in the Trust, the same as the NHS as a whole where 77% of staff are women.

An increasing number of organisations now offer staff whose gender is not the same as the sex they were registered at birth a way to record this. This is inclusive of a range of genders, including:

- binary male or female genders when not the same as registered at birth
- non-binary genders such as those on a continuum between male and female
- non-gendered identities (neither male nor female).

Language around this area is still developing, but the most acceptable alternative category to Male and Female genders is currently 'Other', (with some organisations then offering a free text response to self-describe) which would be inclusive of those identities above. DCH patients can choose to record their gender as 'other'. This is not currently an option for staff as ESR only offers the categories 'male or female'.

ACTION: We will work closely with NHS England SW inclusion network and national LGBT+ organisations to ensure our practice is up to date and inclusive.

Our Gender Pay Gap Report will be published separately in August 2020.

3.4 Ethnicity

The percentage of BAME staff working for the Trust is increasing. BAME staff account for 10.34% of the total staff population, half of the percentage of BAME staff in the NHS (20.7%⁵), but more than double that of the Dorset population (4.5%), meaning our Trust is much more ethnically diverse than our local population.

3.5 Religion/Belief

Diversity in religion/beliefs of our staff continues to increase, with less than half (46.4%) of our staff who disclosed their religion/belief identifying as Christian (a decrease of 2.1% from 2018/19), followed by Atheism (17.2%), 'Other' (7.3%), and Islam (1.4%) However, 25.9% of staff chose to not disclose their religious belief, or did not specify.

3.6 Sexual Orientation

77.5% of staff reported their sexual orientation as heterosexual, Those who recorded their sexuality as other than heterosexual (gay, lesbian, bisexual, undecided, other sexual orientation not listed) make up 1.64% of the workforce. However, 20.8% of staff did not declare their sexual orientation.

3.7 It should also be noted that high levels of non-disclosure exist, particularly in regard to sexual orientation and disability, where 20.8% and 23.4% of staff respectively did not declare. Given that staff are able to self-report anytime on ESR, it is to be assumed that there are barriers to disclosure for these groups. If we are to effectively support our staff to be themselves at work, we need to work on improving disclosure rates across all protected characteristics.

4.0 ED&I Practice in the Workplace

4.1 Data and Disclosure

Organisations which have been successful in improving the rate of disclosure of sexual orientation and other protected characteristics have emphasised the importance of building trust. Positive practices include:

- referring to 'sharing' rather than self-disclosure or recording
- Being clear who will access this information
- Communicating how the data will be used, and how it will make the organisation become more inclusive.
- Regularly sharing the evidence and progress made with staff.

This report and WDES action plan highlights the need to improve our reporting rates for disability in particular, but action will also seek to improve the percentage of staff sharing information on their ethnicity, sexual orientation and gender using the approaches above.

4.2 Learning and Development

The Trust is committed to promoting equal and fair access to learning opportunities for all staff and providing appropriate learning and development (L&D) interventions

⁵ <https://www.ethnicity-facts-figures.service.gov.uk/workforce-and-business/workforce-diversity/nhs-workforce/latest#title>

that suit different learning styles and work patterns. All staff members receive Trust training in a number of key areas to meet mandatory requirements. Requests to fund additional training are decided by assessment of prospective learners' applications based on the relevance of training to Trust business and service plans, delivering improved quality to patients, improvement of staff wellbeing, and increased productivity and innovation within the workplace.

See the WRES and WDES action plans below for specific actions related to L&D.

4.3 Recruitment and Resourcing

40% of all applicants in 2019/20 were BAME, and 58% White. This is an increase in percentage of BAME applicants from 27%, and a reduction on the percentage of white applicants from 70% compared to 2019.

Unfortunately, this percentage increase does not positively influence the chance of BAME applicants being shortlisted or appointed. 11% of BAME applicants were shortlisted, compared with 41% of white applicants. Of all BAME people shortlisted, 11% went on to be appointed. Of all white people shortlisted, 25% were appointed. This includes both internal and external appointments. (See 5.2 below).

Applications from candidates indicating their sexual orientation as heterosexual represent 92% of all those received while 4% of respondents did not respond or chose not to disclose their sexual orientation. 4% of applicants described their sexual orientation as other than heterosexual. The data shows a slight increase in the proportion of applicants declaring their sexual orientation.

Male applicant numbers remain lower than those for female candidates when compared to the relatively even gender split of the local population. This trend is representative of the NHS staffing population generally, where women are over represented.

For 2019/20, 5.6% of applicants declared a disability. 33% of applicants with a disability were shortlisted, compared to 29% of non-disabled applicants. Of those shortlisted, 21% of those with a disability were appointed, and 23% of those who did not declare a disability.

4.4 National NHS Staff Survey

Equality, Diversity and Inclusion (EDI) is one of the 11 NHS Staff Survey themes. The Trust scores 9.4 for EDI, equal to 'best' of the 85 Acute Sector organisations with the worst score being 8.3, and the average 9.0. The Trust scores above average on all four key questions on EDI.

Table 2 below shows the Trust's position in relation to key questions from the Survey as compared to the Trust position in 2017, 2018 and 2019 and also the ranking relevant to all other acute trusts that participated.

RAG ratings are compared with the Trust's 2018 performance, benchmark is comparison with the other 85 Acute trusts.

Table 2: Staff Opinion Survey Key questions

Key Question from National Staff Survey	2017	2018	2019	Benchmark compared with other Acute trusts in 2019
All Staff believing the Trust provides equal opportunities for career progression or promotion	92%	91%	92%	Much better than average
BAME Staff believing the Trust provides equal opportunities for career progression or promotion	92%	92%	81%	Better than average
All Staff experiencing discrimination from patients/members of the public in the last 12 months	4.2%	3.7%	2%	Much better than average
BAME Staff experiencing discrimination from patients/members of the public in the last 12 months	18%	23%	18%	Much better than average
All Staff experiencing discrimination from managers/team leaders in the last 12 months	6.7%	6.1%	5%	Better than average
BAME Staff experiencing discrimination from managers/team leaders in the last 12 months	19%	14%	19%	Much worse than average (Median for the benchmark group is 13.8%)

5.0 Workforce Race Equality Standard (WRES)

The Workforce Race Equality Standard (WRES) is a mandated NHS assessment that requires NHS organisations to provide a detailed analysis of their existing staff and board compositions as relates to their ethnic origin, using a standard template and WRES calculator.

The assessment requires organisations to submit information about their BME staff, such as their representation per pay band and access to development and promotion opportunities. The standard was launched to ensure that employees from Black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

5.1 WRES Indicator 1: Staff in Agenda for Change pay bands

- 5.1.1 The percentage of staff in each of the Agenda for Change pay bands 1-9 and very senior managers (including executive Board members) compared with the percentage of staff in the overall workforce is included in Table 3 below.

Table 3: Clinical Staff (non-medical and medical) by Pay Band, white and BAME for 2020 and 2019

Pay Band	2020 White (n)	2020 White (%)	2020 BAME (n)	2020 BAME (%)	2019 White (n)	2019 White (%)	2019 BAME (n)	2019 BAME (%)
Non-medical staff	1691		155		585			
1	0	0%	0	0%	0	0%	0	0%
2	480	92%	24	5%	428	92%	23	5%
3	114	93%	6	5%	104	90%	8	7%
4	11	23%	35	73%	9	64%	5	36%
5	432	81%	73	14%	436	84%	60	12%
6	384	96%	10	3%	353	97%	6	2%
7	213	95%	6	3%	200	95%	6	3%
8a	41	98%	1	2%	40	98%	1	2%
8b	12	100%	0	0%	10	100%	0	0%
8c	2	100%	0	0%	2	100%	0	0%
8d	0	0%	0	0%	0	0%	0	0%
9	0	0%	0	0%	0	0%	0	0%
VSM	2	100%	0	0%	3	100%	0	0%
Medical staff	293		135		282		121	
Consultant	110	61%	36	20%	109	62%	32	18%
of which senior medical manager	0	0%	0	0%	0	0%	0	0%
Non-consultant career grade	61	58%	27	25%	46	52%	28	32%
Trainee grades	122	57%	72	33%	127	64%	61	31%
Other	11	100%	0		14	100%	0	

Table 4: Non-Clinical staff by pay band, White and BAME for 2020 and 2019

Pay Band	2020 White (n)	2020 White (%)	2020 BAME (n)	2020 BAME (%)	2019 White (n)	2019 White (%)	2019 BAME (n)	2019 BAME (%)
1	30	94%	2	6%	146	92%	12	8%
2	525	95%	22	4%	401	95%	12	3%
3	286	96%	5	2%	264	96%	6	2%
4	167	98%	1	1%	159	98%	1	1%
5	122	92%	7	5%	120	96%	3	2%
6	109	85%	14	11%	104	86%	10	8%
7	78	96%	2	2%	78	94%	3	4%
8a	46	94%	2	4%	37	95%	2	5%
8b	18	100%	0	0%	18	95%	1	5%
8c	4	80%	0	0%	5	100%	0	0%
8d	5	83%	1	17%	6	100%	0	0%

9	2	100%	0	0%	2	100%	0	0%
VSM	11	92%	1	8%	11	92%	1	8%

5.1.2. Clinical: BAME staff (who make up 10% of the overall staff population) are over-represented at Bands 4 and 5 and under-represented at all other grades with the exception of medical staff.

Non-clinical: BAME staff are under-represented at all grades, with the exception of Bands 6 and 8d.

5.2 WRES Indicator 2: Relative likelihood of white applicants being appointed from shortlisting compared to BAME applicants

Table 5: A comparison of White and BAME applicants across all posts, showing likelihood of shortlisting and appointment by percentage.

Candidates:	Applied	Shortlisted (% of those who applied)	Appointed (% of those shortlisted)
White	2095	862 (41% of white applicants)	216 (25% of white shortlistees)
BAME	1423	161 (11% of BAME applicants)	18 (11% of BAME shortlistees)

- BAME applicants have a 1 in 79 chance of appointment
- White applicants have a 1 in 10 chance of appointment
- BAME shortlistees have a 1 in 9 chance of appointment
- White shortlistees have a 1 in 4 chance of appointment

Relative chance of appointment from shortlisting is therefore 2.25. The average for Acute Trusts is 1.44. Of all 226 Trusts whose data is included in the 2019 NHS WRES Data Analysis Report⁶, 27 scored over 2.

5.2.1. A total of 3597 applications were received over the 2019/20 year from those who disclosed their ethnicity. 79 applicants did not disclose. BAME applicants were 73% less likely to be shortlisted than white applicants, and those shortlisted were 56% less likely to be appointed than white shortlistees.

5.2.2 The Trust monitors equality data for all applicants for posts across conversion rates from application to appointment. The on-line application form used by NHS Jobs and TRAC addresses all of the protected characteristics covered by the Equality Act, with the exception of pregnancy and maternity. Managers are not made aware of applicants' age, race, religion, marital status or sexual orientation when shortlisting and interviewing.

5.2.3. **ACTION** – Increase BAME representation in recruitment process and continue recruitment training programme. See WRES Action 3 p.21.

⁶ <https://www.england.nhs.uk/wp-content/uploads/2020/01/wres-2019-data-report.pdf>

5.3 WRES Indicator 3: The relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation

	2019/20	2018/19
White	26	40
BAME	0	3
Ethnicity not declared	9	7

Ethnicity was not recorded for 26% of those entering the formal disciplinary process for 2019/20. The Trust will need to improve data collection for ethnicity in relation to disciplinary investigations to ascertain the relative likelihood of entering this process for white and BAME staff.

5.3.1 ACTION – Support staff to identify bullying behaviours and speak up. Support managers and peers to understand their responsibilities and how deal with these behaviours in a timely and appropriate way. Make clear to all staff what behaviours are unacceptable in the workplace. See WRES Actions 5-8 p.23.

5.4 WRES Indicator 4: Relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff

Information relating to non-mandatory training participation and CPD is not recorded centrally by the trust. However, 74% of white staff, staff responding to the NHS Staff Survey reported having received non-mandatory training, learning or development in the last 12 months compared to 84% of BAME making the relative likelihood 0.88. With BAME staff 13.5% more likely to have accessed non-mandatory training than white staff, this is a positive indicator for the Trust.

Indicators 5 to 8 are utilising data from the Trust's responses to the NHS Staff Survey. The Trust response rate for 2019 was 44.9%. DCH's response rate has steadily declined since 2015 whereas the national trend is the reverse. This is obviously a worrying trend and one that will be considered in more detail as part of the forthcoming culture review.

5.5 WRES Indicator 5: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.

2019 White	2019 BAME	2018 White	2018 BAME
24%	25%	23%	29%

25% of BAME 2019 Staff Survey respondents reported they have experienced bullying harassment or abuse from patients, relatives or members of the public in comparison to 24% of white respondents.

Incidences of bullying, harassment or abuse from patients, relatives or the public have decreased (-4%) for BAME staff, bringing figures in line with those for white staff.

5.6 WRES Indicator 6: Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months

2019 White	2019 BAME	2018 White	2018 BAME
19%	33%	18%	28%

33% of BAME 2019 Staff Survey respondents personally experienced discrimination at work from a manager, team leader or other colleagues compared to 19% of white staff. There has been a 5 percentage point increase in the number of BAME staff reporting they had experienced bullying, harassment or abuse from staff members, which equates to an 18% increase from the 2018 survey.

5.7 WRES Indicator 7: Percentage believing that the Trust provides equal opportunities for career progression or promotion

2019 White	2019 BAME	2018 White	2018 BAME
92%	81%	92%	85%

81% of BAME respondents feel the Trust acts fairly with regard to career progression and promotion, compared to 92% of white respondents. This is a 5% decrease in the percentage of BAME staff believing that the Trust provides equal opportunities for career progression or promotion compared to 2018 survey results.

5.8 WRES Indicator 8: National NHS Staff Survey. In the last 12 months, have you personally experienced discrimination at work from any of the following: Manager, team leader of other colleagues?

2019 White	2019 BAME	2018 White	2018 BAME
10%	19%	10%	14%

Almost double the percentage of BAME staff than white experienced discrimination from their manager/team leader in 2019. There has been a 5 percentage point increase for BAME staff from last year. **This equates to a 36% increase in BAME staff reporting discrimination compared to 2018 survey results.**

ACTIONS FOR 5.6, 5.7 and 5.8 - Support staff to identify bullying behaviours and speak up. Support managers and peers to understand their responsibilities and how deal with these behaviours in a timely and appropriate way. Make clear to all staff what behaviours are unacceptable in the workplace. See detailed WRES Actions 5-8 p. 23.

5.9 WRES Indicator 9: Percentage difference between the organizations Board voting membership and its overall workforce

Percentage of voting board membership who are:

2020 White	2020 BAME	2019 White	2019 BAME
92.3%	7.7%	92.3%	7.7%

The Trust's 13-strong voting board has one BAME member, which has remained the same since the Trust began reporting on WRES. BAME staff make up 10.4% of the total staff population. The percentage of BAME voting board staff members is 26% less than that of the overall workforce. This percentage of BAME representation is

equal to the national average⁷ and much better than average in terms of representation of the workforce. The Trust is unique in that the percentage of BAME board membership is higher than that of the local population.

5.10 Other notable findings of the Staff Survey

A higher percentage of BAME than white staff report that they:

- look forward to going to work
- feel time passes quickly when working
- feel trusted to do their job
- are able to do their job to a standard they are pleased with
- are able to meet all the conflicting demands on their time at work

However, during the last 12 months, 47% of BAME staff felt unwell as a result of work-related stress compared to 36% of white staff, and 22% of BAME staff feel they do not have a choice in deciding how to do their work compared to 12% of white staff.

6.0 The Workforce Disability Equality Standard (WDES)

The WDES is a set of ten specific measures (metrics) that will enable NHS organisations to compare the experiences of disabled and non-disabled staff. This information is reported to NHS England, and used to develop a local WDES action plan, to enable the Trust to demonstrate progress against the indicators of disability equality.

The implementation of the WDES will enable us to better understand the experiences of our disabled staff. It will support positive change for existing employees, and enable a more inclusive environment for disabled people working in the NHS. Like the Workforce Race Equality Standard on which the WDES is in part modelled, it will also allow us to identify good practice and compare our performance regionally and by type of trust. Our 2019 WDES results can be found below. This is the second year we have reported against the WDES Metrics, so the first that comparison of the data is possible. ESR shows only **2.9%** of our workforce (90 staff) have declared a disability. It should be noted that **20%** staff have chosen not to declare, or have a disability status recorded as unknown or null.

21% of all our Staff Survey respondents responded 'yes' to the question 'Do you have any physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last for 12 months or more?'. This is above sector average (18%), but in line with Dorset demographics. If we are to assume that the 44% of DCH staff who completed the Staff Survey are representative of our whole workforce, it means that 644 of our workforce define themselves in this way, and are therefore potentially protected under the Equality Act 2010.

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https://improvement.nhs.uk/documents/2620/NHSI_board_membership_2017_survey_findings_Oct2018a_ig.pdf

6.1 WDES Metric 1: Percentage of staff in AfC paybands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the workforce overall

Data held on ESR was extracted for the number and percentage of both disabled and non-disabled staff in 2020 and 2019 broken down into Bands 1-9, Very Senior Managers, and 'Other' for clinical and non-clinical roles.. However, due to the low percentage of staff recorded with a disability on ESR (2.9%), it was not possible to draw any conclusions from this and it also presented a risk of identifying individuals at particular grades.

ACTION: Launch internal communication campaign to raise awareness of 'What is a disability?' and the benefits of reporting disability status. Offer staff the opportunity to self-report when taking part in mandatory training. Increase knowledge, understanding and awareness of line managers. See specific WDES actions 1-3 p 24 and 25.

6.2 WDES Metric 2: Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts.

2020				2019			
Candidates	Applied	Shortlisted	Appointed	Candidates	Applied	Shortlisted	Appointed
Non-disabled:	3324	950 (29%)	221 (23%)	Non-disabled:	Data not available	1521	399 (26.2%)
Disabled:	201	67 (33%)	14 (21%)	Disabled:	Data not available	74	18 (24%)
Don't wish to disclose not stated:	72	43 (60%)	25 (58%)	Don't wish to disclose/not stated:	Data not available	Data not available	Data not available

6.3% of shortlisted applicants and 5.4% of all staff appointed had declared a disability. Staff with a disability have a 21% chance of being appointed in comparison to 23 % of non-disabled staff. This is a relative likelihood of 1.1 which is a positive result for the Trust. Only 2% of applicants have not disclosed or stated their disability status. This means that the vast majority of our new workforce are happy to disclose.

6.3 WDES Metric 3: Relative likelihood of disabled staff compared to non-disabled staff entering the formal capability process.

2019/20		2018/19	
Non-disabled	1 (0.04% chance)	Non-disabled	2
Disabled	1 (0.85% chance)	Disabled	6
Not declared	5	Not declared	11

The Trust only holds disability data on 29% (two individuals) of those who entered the formal capability process in 2019/20. It is therefore not possible to draw any conclusions from these figures.

6.3.1 It is important to note that the figures for indicator 3 above are based on the rates of disability recorded on ESR, which evidence from the Staff Survey and local population data would suggest are significantly under-reported. In order to collect accurate data on our staff, the Trust needs to encourage all employees to self-report their disability status. This can be done by wellbeing & inclusion awareness events and campaigns, explaining the benefits to the workforce of self-reporting to staff attending mandatory training so they do so 'there and then', and by continuing to work on increasing awareness and reducing stigma (such as through the Mental Health First Aid programme) to support those with long term conditions to self-report. See WDES Action Plan Actions 5 and 6 p.25.

6.4 The next five indicators (4 to 8) are based in the responses given by Disabled and non-disabled Trust staff in the 2019 NHS Staff Survey. Staff who answered 'yes' to the question: 'Do you have any physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last for 12 months or more?' are recorded as disabled. The above is the standard definition of disability used by the Equality Act 2010⁸

6.4.1 **WDES Metric 4a:** Percentage of staff experiencing harassment, bullying or abuse in the previous 12 months from i) patients, relatives or the public, ii) Managers/Team leaders, iii) Other Colleagues

	2019			2018		
	i) Patients, Relatives or Public	ii) Managers or Team Leaders	iii) Other Colleagues	i) Patients, relatives or public	ii) Managers or Team Leaders	iii) Other Colleagues
Non-disabled	24%	8%	18%	23%	8%	17%
Disabled	27%	18%	26%	27%	20%	24%

- i) This is in line with the average national response for staff both with and without a disability.
- ii) **More than double the percentage of disabled staff than non-disabled reported bullying from a manager** but slightly lower than previous year. Sadly, this is in line with national average for other Acute trusts.
- iii) An increase, but remaining better than average compared to other Acute trusts.

ACTION: Develop and deliver Communications strategy for Freedom to Speak Up. Identify staff who may be particularly vulnerable to bullying, or have barriers to speaking up and target support from FTSU Champions. Offer line managers awareness sessions on disability, plus specific conditions/issues affecting the workforce e.g. neurodiversity, menopause. (See detailed WDES actions 6, 7 and 8 page 26.

⁸ <https://www.gov.uk/definition-of-disability-under-equality-act-2010>

- 6.4.2 **WDES Metric 4b:** Percentage of disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.

	2019	2018
Non-disabled	43%	57%
Disabled	48%	46%

This is a positive increase for Disabled staff, taking the Trust from below average (2018) to in line with national average. There has, however, been a significant drop in non-disabled staff reporting bullying or abuse.

ACTION: Develop and deliver Communications strategy for Freedom to Speak Up. Identify staff who may be particularly vulnerable to bullying, or have barriers to speaking up and target support from FTSU Champions. See WDES actions 7 and 8 page 26.

- 6.5 **WDES Metric 5:** Percentage of Disabled staff compared to non-disabled staff believing that the trust acts fairly with regards to career progression and promotion.

	2019	2018
Non-disabled	92%	92%
Disabled	86%	89%

This is a very small negative decrease, remaining well above Acute trusts average (79%) for disabled staff.

- 6.6 **WDES Metric 6:** Percentage of Disabled staff compared to non-disabled staff saying they had felt pressure from their line manager to come to work despite not feeling well enough to perform their duties in the previous 12 months.

	2019	2018
Non-disabled	18%	21%
Disabled	34%	31%

The number of disabled staff who feel pressure from their line manager to come to work despite not feeling well enough to perform their duties is **almost than double that of non-disabled staff**.

ACTION: Continue to expand MHFA Programme. Offer line managers awareness sessions on disability, plus specific conditions/issues affecting the workforce e.g. neurodiversity, menopause. See WDES actions 5 and 6 page 26.

- 6.7 **WDES Metric 7:** Percentage of staff saying they are satisfied with the extent to which their organisation values their work

	2019	2018
Non-disabled	53%	50%
Disabled	40%	34%

This is a significant improvement from 2018, but still a large gap between disabled & non-disabled staff. Both figures are above average, showing that this gap is a national issue. Actions detailed in the WDES action plan around leadership training and communication aim to narrow this gap

- 6.8 **WDES Metric 8:** Percentage of staff saying their employer has made adequate adjustment(s) to enable them to carry out their work

	2019	2018
Non-disabled	N/A	N/A
Disabled	81%	78%

This is an improvement, on last year, and well above the Acute trust average (73%).

- 6.9 **WDES Metric 9a:** NHS Staff Survey - Staff engagement score for disabled staff, compared to non-disabled staff, and the Trust's overall score.

	2019	2018
Non-disabled	7.3	7.3
Disabled	6.9	6.7
Overall DCHFT Score	7.2	7.2

This shows a decrease in the gap between disabled and non-disabled staff scores and is above the average NHS Acute trust score of 6.6 for disabled staff.

WDES Metric 9b: Has your trust taken action to facilitate the voices of Disabled staff in your organisation to be heard?

We have staff members with disabilities on our EDI steering group, and support individuals with disability-related issues. However, the Trust has not yet taken specific actions to engage all our disabled staff. This features in the WDES action plan.

- 6.10 **WDES Metric 10:** Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated by voting membership of the Board and Executive membership of the Board

	2019/20 Board Membership		
	Voting	Non-voting	Executive
Non-disabled	69%		
Not declared	31%		
Disabled	0%		
Overall DCHFT workforce with disability	2.9%		

If has not been possible to obtain disability data on the voting/non-voting/executive membership. It can be noted that 31% of the Board have not declared their disability status.

ACTION: IWL to review data held on Board membership and improve reporting where confidentiality allows. Board members to be included in the work to improve reporting rates.



7.0 Covid-19 – Implications for the EDI Agenda

The current Covid-19 pandemic appears to have laid bare health inequalities across the world. According to the latest data from the ONS:

Black males are 4.2 times more likely to die from a COVID-19-related death and Black females are 4.3 times more likely than White ethnicity males and females, with people of Bangladeshi, Pakistani, Indian and mixed ethnicities also having a statistically significant raised risk of death involving Covid-19 compared to those of White ethnicity.

Of 119 NHS staff known to have died in the pandemic, 64 per cent were from an ethnic minority background (only 20 per cent of NHS staff are from an ethnic minority background)⁹

The specific reasons as to why NHS staff are three times more likely to die of Covid 19 than their white counterparts are no doubt complex, and yet to be concluded. Some people of particular ethnic groups are more likely to experience health issues such as diabetes, which is known to place people at higher risk of death from Covid-19. However, all NHS staff of ethnic minorities are culturally and ethnically distinct. There is certainly no 'genetic common-denominator' across this part of our workforce which can explain this alarming death rate. Research in this area is currently lacking, but what this pandemic seems to have shown is the increased risk across people of many ethnic minorities are related to racial inequality. These inequalities have also been brought starkly into focus by the death of George Floyd and the Black Lives Matter movement.

Professor David Williams of Harvard University has written and spoken widely on the global phenomenon¹⁰ of non-dominant racial groups having worse health than the dominant racial group.

Males, people with long term physical and mental health conditions and learning disabilities, and those who are LGBT+ are also known to experience more barriers to healthcare access, and poorer health outcomes.

In order to safeguard those most at risk of Covid-19, NHS England has issued guidelines on Risk Assessment for at-risk staff groups, based on current data.

7.1 Actions the Trust has taken to date to support at-risk groups:

- The Acting CEO wrote to all recorded BAME staff on 1st May to outline support available from managers, how to access the HR Hub, and how to Speak Up in confidence.
- Regular listening and update sessions have been held on MS Teams to which all BAME staff have been invited.
- Managers have been instructed to complete an individual risk assessment for all at-risk staff, including every BAME staff member by 17th July 2020.
- The Trust is also submitting an application to the latest round of NHS CT funding to support those groups disproportionately affected by Covid-19. If successful, this will enable us to provide more support for these staff and patients.

⁹ <https://www.hsj.co.uk/exclusive-deaths-of-nhs-staff-from-covid-19-analysed/7027471.article>

¹⁰ <https://nhsproviders.org/media/1253/prof-david-r-williams-ace-slides.pdf>



7.2 Plans in place to support BAME staff through the Covid recovery period:

Work will focus around the five priorities identified by Prerana Issar, NHS Chief People Officer:

- **Protection of staff** (including returning staff)
- **Engagement with staff** and staff networks
- **Representation in decision making** to ensure that BAME staff have influence over decisions that affect them.
- **Rehabilitation and recovery** to ensure there is tailored and ongoing health and wellbeing support.
- **Communications and media** to ensure that the contribution of our BAME colleagues is not fully represented in the mainstream media.

These priorities will feature in the upcoming Equality, Diversity & Inclusion Strategy, and are reflected in the WDES Action Plan.

8.0 Strategy development

The Trust has started the journey to a more strategic approach to the ED&I agenda through the Board Development programme in 2019/20. This will now be built on to become a Trust wide strategic plan and associated actions plan.

The approach is still to be finalised, however the draft approach is detailed in Appendix 2.

9.0 Conclusion

9.1 Recent events have brought the global impact of health, racial and social inequalities into stark focus. This has brought about a realisation that real change is needed across the NHS to address the inequalities affecting our staff. Within our own organisation, the Trust scored above average in all four EDI-related areas of the 2019 Staff Survey compared to other Acute trusts, but the data above highlights some clear inequalities in the experiences of our staff from Black, Asian and other minority ethnicities, meaning their experience falls well below average.

9.2 The draft WRES and WDES Action Plans lay out initial steps that the Trust can take to begin to redress the balance. These changes will not occur by simply acknowledging diversity – for DCHFT to be a place where all staff feel they belong, we will need act to change ‘culture, behaviours, resources, processes and structures, which (can) either promote or inhibit the full and equal engagement of all individuals’.

9.3 ED&I Strategy development will be for a fundamental part of the Trusts culture review programme and Ethnicity being prioritised in the initial phase.

^{11 11} <https://uwe-repository.worktribe.com/output/852067/inclusion-the-dna-of-leadership-and-change> p.23

DORSET COUNTY HOSPITAL NHS FOUNDATION TRUST
WORKFORCE RACE EQUALITY STANDARD (WRES) ACTION PLAN 2019/20

WRES ACTION PLAN PROGRESS REPORTING TEMPLATE	
Start date:	July 2020
Latest update:	
Lead Manager:	Bernadette Pritchard, Inclusion and Wellbeing Lead
Lead Director:	Mark Warner – Head of Workforce
Monitoring Committee:	Executive Board / Workforce Committee
Sign-off date:	

1. delivered
 2. on track
 3. off track

What is the issue?	The Trust workforce has ‘Diversity’ – the percentage of DCHFT staff from minority ethnicities is double that of the local Dorset population. However, data from the 2019 staff survey indicates the Trust does not have ‘Inclusion’ across its environment and culture.				
What are we doing about it already?	<ul style="list-style-type: none">• Dedicated Inclusion and Wellbeing lead (IWL) appointed October 2019• IWL regularly meets and shares good practice with other leads form across Dorset & South West.• Board Development Programme – led by Eden Charles 2019/2020• Chief Executive is chair of EDI steering group.• Successful application to NHSE Diversity & Inclusion Partners Programme				
What action will we take to address this issue in 2020/21?					
ACTION	MEASURE	LEAD (S)	TIMESCALE	RAG	PROGRESS
1. Publish Equality, Diversity and Inclusion Strategy.	All staff know what the Trust’s plans are to address inequalities and ensure this organisation a place where all staff feel they belong.	IWL Lead	April 2021		
2. Take part in the NHS E & Leadership Academy Inclusion Programmes	Completion of the programme by IWL Lead and a board member.	IWL Lead			IWL Lead and CEO took part in the introductory session of NHS Employers Diversity and Inclusion Partners

	Increase in number of BAME colleagues accessing mentoring and coaching.				Programme on 02/07/20 Awaiting contact from NHS LA as soon as the programme resumes.
What is the issue?	Recruitment – Inequality in shortlisting and appointment of BAME staff.				
What are we doing about it already?	<ul style="list-style-type: none">• Shortlisting through TRAC requires rationale for shortlisting• At least 2 people required to shortlist• Interview assessment sheets require scoring• Recruitment website images representative of DCH staff population• Some EDI issues covered on recruitment training including bias – review of EDI content already part of work plan.				
What action will we take to address this issue in 2020/21?					
ACTION	MEASURE	LEAD (S)	TIMESCALE	RAG	PROGRESS
3. Full review and refresh of EDI element of Recruitment training focusing on inclusive culture and practice.	Recruitment training includes key elements of cultural competence and inclusion. Increase in percentage of BAME staff both shortlisted and appointed. Applicants report that the recruitment process is an inclusive experience.	Recruitment /OD/Leader ship/ IWL Lead/BAME Network	Dec 2020		
What is the issue?	Recruitment – Over-representation of BAME clinical staff at Bands 4 and 5, with under-representation at all others with exception of medical staff. Under-representation of BAME non-clinical staff at all Bands/grades.				

What are we doing about it already?	<ul style="list-style-type: none">Advertise and encourage staff from ethnic minority groups to take part in leadership programmes such as the NHS Leadership Academy's 'Stepping Up' programme¹² and Florence Nightingale Foundation Windrush Nurses & Midwives Programme.Involve senior nursing staff from ethnic minority groups in the planning and implementation of in-house career-development programmes.				
What action will we take to address this issue in 2020/21?					
ACTION	MEASURE	LEAD (S)	TIMESCALE	RAG	PROGRESS
4. Develop meaningful ways that our BAME staff can become more involved with recruitment and interviewing processes	Increase in number of BAME colleagues being appointed in Band 6, 7 and 8a clinical posts. Increase in number people of ethnic minorities appointed to non-clinical posts at all levels. Improved recruitment and retention of BAME colleagues	Recruitment Team/HR/IWL Lead/ BAME Network	March 2021		
What is the issue?	High and disproportionate rates of BAME staff reporting discrimination from managers/team leaders in the last 12 months				
What are we doing about it already?	<ul style="list-style-type: none">Established network of Freedom to Speak Up Champion Network, representing the diverse ethnicities of Trust staff.Information on how to speak up included in all communications with BAME staff				

¹² <https://www.leadershipacademy.nhs.uk/programmes/the-stepping-up-programme/>

Freedom to Speak Up Guardian is also responsible for Inclusion enabling promotion of the role across					
ACTION	MEASURE	LEAD (S)	TIMESCALE	RAG	PROGRESS
5. Set out clear and helpful guidelines and standards of behaviours deemed to be acceptable and un-acceptable as well as offering colleagues a safe space to talk in confidence.	Fewer incidents of discrimination and racism reported through formal processes, improved staff survey results.	IWL Lead	December 2020		Draft guidelines and standards proposal for behaviours and will be shared with the BAME Network & Freedom to Speak Up Guardians for feedback.
6. Training for line managers in what constitutes bullying/harassment and discrimination, how to deal with bullying behaviours, and have culturally competent conversations.	BAME colleagues have confidence that the Trust holds a zero tolerance approach to discrimination and racism. Line managers report increased confidence, knowledge and understanding in preventing and dealing with bullying behaviours		March 2021		Development of a bite-size training package that is targeted at line managers to be rolled out Trust wide. This requires dedicated focus due to the staff survey results showing an increase in the number of colleagues feeling discriminated at work from their manager/team leader or colleagues.
7. Offer information at induction and for current staff on bullying/harassment, how to identify these behaviours and Speak Up 8. Identify staff who may be isolated and vulnerable to bullying /Harassment and provide targeted support		IWL Lead/Freedom to Speak Up Guardian & Champions /BAME Network	December 2020		

DORSET COUNTY HOSPITAL NHS FOUNDATION TRUST
WORKFORCE DISABILITY EQUALITY STANDARD (WDES) ACTION PLAN 2019/20

WDES ACTION PLAN PROGRESS REPORTING TEMPLATE	
Start date:	July 2020
Latest update:	
Lead Manager:	Bernadette Pritchard, Inclusion and Wellbeing Lead
Lead Director:	Mark Warner – Head of Workforce
Monitoring Committee:	Executive Board / Workforce Committee
Date signed off as complete	

RAG: **Delivered**
On track
Off track

What is the issue?	Under-reporting of disability status on ESR compared to NHS Staff Survey				
What are we doing about it already?	<ul style="list-style-type: none">Staff are able to self-report via ESR at any time				
What action will we take to address this issue in 2020/21?					
ACTION	MEASURE	LEAD (S)	TIMESCALE	RAG	PROGRESS
1. Internal Comms campaign to raise awareness of ‘What is a disability?’ and the benefits of reporting disability status. 2. Offer staff the opportunity to self-	Increase in percentage of staff recorded as having a disability to nearer that reported in NHS Staff Survey ESR data used for 2020/21 WDES will be more accurate and enable Trust to identify	IWL/ Comms	April 2021		

report when taking part in mandatory training.	any issues.				
3. Increase knowledge, understanding and awareness line managers (see Actions 5&6)					
What is the issue?	No dedicated forum for the voices of staff living with long term health conditions and disabilities to be heard.				
What are we doing about it already?					
What action will we take to address this issue in 2020/21?					
ACTION	MEASURE	LEAD (S)	TIMESCALE	RAG	PROGRESS
4. Engage with staff to establish need for a staff network for people with disabilities.	Staff Network or alternative is established.	IWL			IWL to publicise the finding of NHS staff survey that 20+% of our staff have long term health conditions or disability.
What is the issue?	A disproportionate number of disabled staff feel pressure from their manager to come to work despite not feeling well enough to perform their duties				
What are we doing about it already?	<ul style="list-style-type: none">Mental Health First Aid ProgrammeHR Helpline to support with HR policy/processes/Flexible working/Reasonable adjustments?				

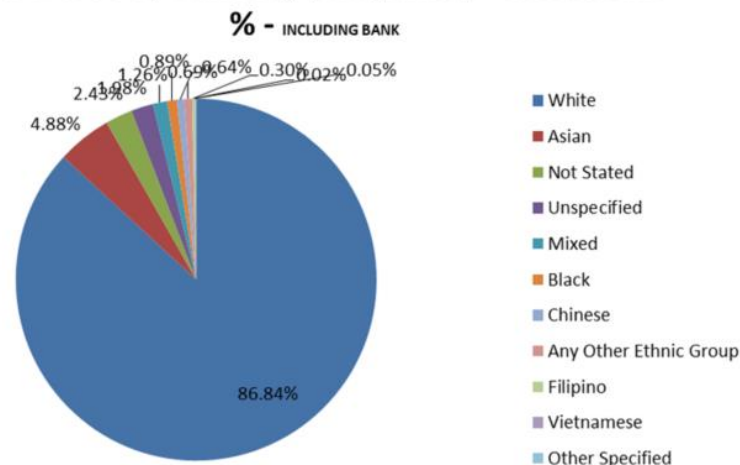
What action will we take to address this issue in 2020/21?

ACTION	MEASURE	LEAD (S)	TIMESCALE	RAG	PROGRESS
5. Continue to expand MHFA Programme 6. Offer line managers awareness sessions on disability, plus specific conditions/issues affecting the workforce e.g. neurodiversity, menopause.	Increase in percentage of Trust staff trained in MHFA. Staff report increase in confidence knowledge and understanding. Increase in line managers' knowledge and understanding of disabilities	IWL Lead/ Leadership/ Education			Application made to NHS Charities together for funding to support awareness training for managers.
What is the issue?	Sharp decrease from 2018 in percentage of disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.				
What are we doing about it already?	<ul style="list-style-type: none"> Freedom to Speak Up Guardian and Champions network Freedom to Speak Up Vision and Strategy, plus supporting HR Policies and training in place. 				
ACTION	MEASURE	LEAD (S)	TIMESCALE	RAG	PROGRESS
7. Develop and deliver Comms strategy for Freedom to Speak Up. 8. Identify staff who may be particularly vulnerable to bullying, or have barriers to speaking up and target support from FTSU Champions.	Increase in percentage of staff in 2020 survey who when they experienced abuse, reported it.	IWL Lead/ Freedom to Speak Up Guardian & Champions/ BAME Network	December 2020		

APPENDIX 1: ADDITIONAL WORKFORCE DATA

ETHNICITY	HEADCOUNT	% (of headcount)	FTE
Not Stated	98	2.43%	68.49
Unspecified	80	1.98%	30.57
Mixed	51	1.26%	30.36
Black	36	0.89%	29.56
Chinese	26	0.64%	17.90
Any Other Ethnic Group	28	0.69%	21.31
Filipino	12	0.30%	9.40
Vietnamese	1	0.02%	1.00
Other Specified	2	0.05%	1.80
GRAND TOTAL	4035	100.00%	2632.85

Workforce by Ethnicity (simplified) - Headcount

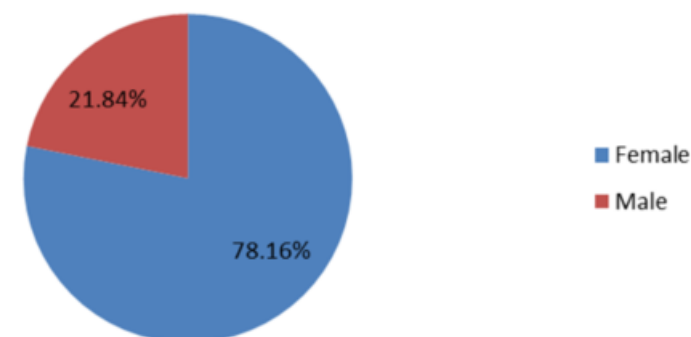


GENDER

EXCLUDING BANK				
Gender	Headcount	% (of Headcount)	FTE	% (of FTE)
Female	2409	78.16%	1999.879	76.02%
Male	673	21.84%	630.9676	23.98%
GRAND TOTAL	3082	100.00%	2630.846	100.00%

Workforce by Gender - Headcount %

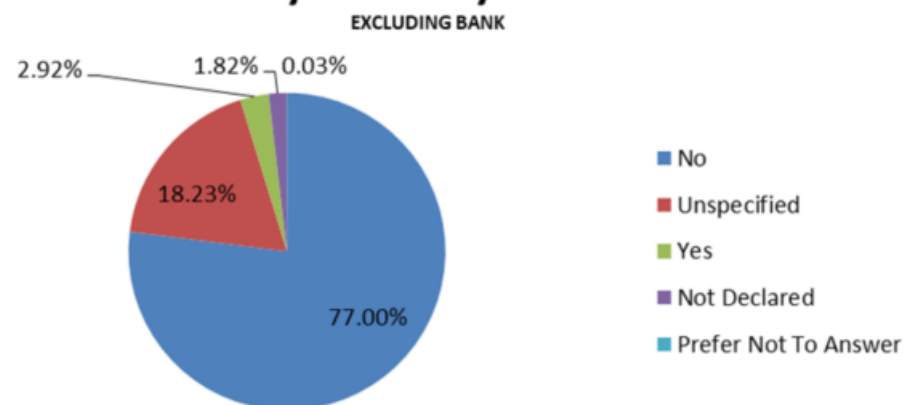
(exc bank)



DISABILITY

EXCLUDING BANK			
Disability Flag	Headcount	% (of Headcount)	FTE
No	2373	77.00%	2049.48
Unspecified	562	18.23%	459.29
Yes	90	2.92%	77.63
Not Declared	56	1.82%	45.69
Prefer Not To Answer	1	0.03%	0.76
GRAND TOTAL	3082	100.00%	2632.85

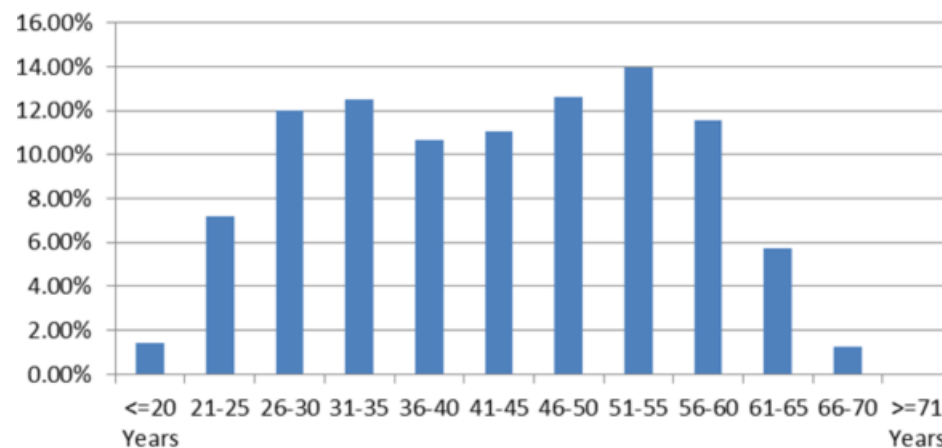
Workforce by Disability - Headcount % -



AGE

EXCLUDING BANK			
Disability Flag	Headcount	% (of Headcount)	FTE
No	2373	77.00%	2049.48
Unspecified	562	18.23%	459.29
Yes	90	2.92%	77.63
Not Declared	56	1.82%	45.69
Prefer Not To Answer	1	0.03%	0.76
GRAND TOTAL	3082	100.00%	2632.85

% (of Headcount) EXCLUDING BANK



EXCLUDING BANK			
Sexual Orientation	Headcount	% (of Headcount)	FTE
Heterosexual or Straight	2410	59.73%	2077.21
Unspecified	433	10.73%	349.79
Not stated (person asked but declined to provide a response)	189	4.68%	157.42
Gay or Lesbian	31	0.77%	29.91
Bisexual	18	0.45%	17.51
Other sexual orientation not listed	1	0.02%	1.00
Undecided	0	0.00%	0.00
GRAND TOTAL	3082	76.38%	2632.85

|