Meeting Title:	Board Meeting
Date of Meeting:	September 2021
Document Title:	**Workforce Race Equality Standard 2021**
Responsible Director:	Dawn Harvey, Chief People Officer
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Confidentiality:	No – publicly published
Publishable under FOI?	Yes

Prior Discussion		
Job Title or Meeting Title	**Date**	**Recommendations/Comments**

Purpose of the Paper	This report sets out our 2020/21 data and action plan against the Workforce Race Equality Standard (WRES) metrics							
	Note (✓)	✓	*Discuss (✓)*	✓	*Recommend (✓)*		*Approve (✓)*	
Summary of Key Issues	The WRES is the national framework through which Trusts measure their performance against nine key indicators. These comprise workforce indicators (1-4), Staff Survey indicators (5-8) and an indicator based on Board representation (9). Overall, we have seen improvements in four indicators and negative movement in five indicators and the data is attached at Annex A & B. The rolling WRES action plan has been replaced with our Equalities Plan & Priorities, a comprehensive suite of staff development activities and plans aimed at developing inclusive behaviours and practices across the organisation. This is shown at Annex C.							
Action recommended	The Board Meeting is recommended to: 1. **NOTE** the Workforce Race Equality Standard data and action plan, and next steps. 2. **DISCUSS** the contents and implications 3. **APPROVE** the document to be published on 30/9/21							

Governance and Compliance Obligations

Legal / Regulatory	Y	The general equality duty is set out in section 149 of the Equality Act 2010. Public organisations including NHS Trusts are subject to the general duty and must have due regard to the need to: eliminate unlawful: discrimination, harassment and victimisation. The public sector Equality Duty (PSED) requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations between different people when carrying out their activities.

		Each Trust's WRES data and Action Plan are published on their website annually as a requirement of the standard NHS Contract.
Financial	N	
Impacts Strategic Objectives?	Y	People, Place, Partnership – The new Trust strategy signals our intention to truly value our staff. Our people are our most important asset, and we want them to feel valued, welcomed, respected, they belong and matter. We recognise the link between high levels of staff satisfaction and improving patient experience and outcomes
Risk?	Y	Non-compliance with the WRES would create risks for the organisation in terms of reputation, but more importantly, in terms of the wellbeing of the overall workforce.
Decision to be made?	Y	Approve publication of WRES 2021
Impacts CQC Standards?	Y	Development of fair and inclusive leadership, practice and culture contributes to the 'Well Led' CQC Domain. Inclusive workplaces report better staff health and wellbeing, which is linked to markedly higher patient satisfaction and better patient outcomes, meaning that there is potential for progress in EDI work to positively contribute to all CQC Domains
Impacts Social Value ambitions?	Y	Championing Equality, Diversity and Inclusion is a key ambition of the Trust's Social Value pledge.
Equality Impact Assessment?	N	
Quality Impact Assessment?	N	

Introduction

This paper provides an overview of our annual performance against the Workforce Race Equality Standard (WRES) metrics for 2020-21. The data will be published on our public website, along with our action plan, in line with regulatory requirements.

The NHS Equality and Diversity Council (EDC) introduced WRES as a framework for NHS Trusts to focus specifically on race. This was in response to the 2014 study by Roger Kline titled 'The snowy white peaks of the NHS', which highlighted the link between good patient care and an NHS workforce that is representative of the local population it serves.

It is recognised that Dorset has a lower BME demographic (around 5%) than BME staff population at Dorset County Hospital Foundation Trust (9.38%). It is expected that the staff BME figure will continue to rise over the next few years due to increasing overseas recruitment needed to fill key posts.

The WRES came into effect on 1st April 2015. The standard is designed to improve the representation and experience of Black and Minority Ethnic (BME) staff at all levels of the organisation and to scrutinise and improve BME representation at senior levels. In the context of WRES, White staff comprises White British, White Irish and White Other (Ethnic codes A, B & C), whereas BME staff comprise all other categories except 'not stated'.

Overall there are nine indicators which make up the NHS WRES. These comprise workforce indicators (1-4), Staff Survey indicators (5-8) and an indicator based on Board representation (9).

The 2020-21 WRES data for Dorset County Hospital is based on staff who have an ethnicity recorded on the Trust's Electronic Staff Records and we currently have data on the ethnic origins of 95.16% of our workforce.

The WRES is now mandated as part of the standard NHS Contract and this supports closer scrutiny of the progress we make and outcomes we achieve. Non-compliance with the WRES would create risks for the organisation in terms of reputation, but more importantly, in terms of the wellbeing of the overall workforce.

Overview of changes since 2019/20 data

Developing an inclusive culture at DCH is a key organisation priority. During the last 12 months the programme of work supporting this has gained momentum. The first stage of shifting culture is to disrupt the existing culture and this has involved raising awareness of inequalities across the organisation and encouraging staff to speak out about experiences. It is helpful to consider interpretation of DCH WRES data in this context.

Overall, the organisation has improved in four indicators and decreased in five indicators. The data is attached at **Annex A**. This annex includes provision of both 2020 and 2021 data for Indicator 4 (likelihood of staff accessing non-mandatory training and CPD) which the Trust has not previously submitted. Year on year changes by indicator for the last 4 years are included.

A detailed breakdown of workforce data is attached at **Annex B.** An Action Plan is shown at **Annex C.**

Indicators where we have seen negative changes

Key Indicator 3: *Relative likelihood of BME staff entering the formal disciplinary process compared to White staff (Note: This Indicator will be based on data from a two year rolling average of the current year and the previous year)*

Last year there were no recorded instances of BME staff entering the formal disciplinary process whereas this year there has been 3, resulting in a likelihood ratio of 1.44. Performance management and disciplinary

policies and procedures are in the process of co design with staff networks as part of the Transforming People Practices Programme.

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

Whilst figures for last year indicated similar experiences for White and BME staff, this year has seen a significant increase for our BME staff. Whilst disappointing to see that there has been an increase against this Indicator, this is welcomed as arising from staff feeling more confident to report incidents in the Staff Survey. Whilst the median figure for White staff indicates we are 4% below the national average, for BME staff the difference is only 0.5% below national average and the disparity between White and BME percentages is 6.1%.

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

This year sees a further significant increase in adverse experiences for our BME staff, which is both disappointing and concerning. As with Indicator 5, we need to understand if this has arisen from staff feeling more confident to report these incidents in the Staff Survey and/or if there has been an increase in such events. Whilst the median figure for White staff indicates we are 3% below the national average, for BME staff the difference is very significant, being 11.3% above the national average. The disparity between White and BME percentages is 14.2%.

Key Indicator 7: *Percentage of staff believing that the Trust provides equal opportunities for career progression and promotion*

Last year's WRES report ranked us as one of the best performing Acute Trust's for this Indicator. This year this has declined from 84.3% to 67.2%. Whilst this is 5.3% below the national average for BME staff, last year the figure was 10.2% above the national average. This year's figures indicate an increasing disparity between White and BME staff, being 23.3% (in comparison with 7.5% last year).

A review of appraisal and succession planning processes and procedures, to include career planning and development discussions and skills training for managers, is underway as part of the Appraisal and Succession Planning work stream of our Transforming People Practices Programme. A review of recruitment and selection processes, procedures and training for recruiting managers is also underway as part of the Inclusive Recruitment work stream of the same Programme.

Key Indicator 8: *In the last 12 months have you personally experienced discrimination at work from any of the following? Manager/Team Leader or other colleagues.*

Following a significant increase in 2019/20 to 18.6%, from 10% in the previous year, our 2020/21 figures show a further increase to 20%, which is 3.2% above the national average for BME staff. Once again, we need to understand if this has arisen from staff being more aware of which behaviours constitute discrimination and/or feeling more confident to report these incidents in the Staff Survey and/or if there has been an increase in such events.

<u>Indicators where we have seen positive changes</u>

Key Indicator 1: *Percentage of staff in each of the AfC Bands 1-9 or Medical & Dental subgroups and VSM (including Executive Board members) compared with the % of staff in the overall workforce*

Our overall BME headcount has increased very slightly, and whilst BME percentages have remained static across all grades in our non-clinical workforce, we have seen increases in BME clinical workforce in Bands 1-5 and 6-8d. However, there has been a decrease in BME clinical workforce B9+.
A detailed breakdown of workforce data for 2020-21 and 2019-20 is shown at Annex B.

Key Indicator 2: *Relative likelihood of White staff being appointed from shortlisting compared to BME staff*

Our likelihood ratio of 2.24 in 2019/20 has halved to 1.12 in 2020/21 which is to be celebrated, whilst noting that more work needs to be done to further improve the situation. A review of recruitment and selection processes, procedures and training for recruiting managers is underway as part of the Inclusive Recruitment work stream of our Transforming People Practices Programme.

Key Indicator 4: *Relative likelihood of White staff accessing non-mandatory training & CPD compared to BME staff*

Information relating to participation in non-mandatory training and CPD has not previously been provided by the Trust due to uncertainty of records being kept centrally. However, two years' data has been consistently collected and recorded on the Trust's Electronic Staff Record (ESR) so offers some comparison figures.
The likelihood ratio has increased from 0.62 to 0.90. this means that BME staff are more likely than White colleagues to access non-mandatory training and CPD.

Key Indicator 9: *Percentage difference between the organisation's Board voting membership & its overall workforce*

The positive increase from -1.0% to 4.0% is attributable to the appointment of a Non-Executive Director from the BME community this year. BME voting Board membership is less than half of the total BME staff population (9.38%).

Next steps

Achieving inclusion and equity is central to our mission to deliver outstanding care and reduce health inequalities. The data illustrates that staff from a BME background are increasingly able to speak out about experiences.

The data supports the need to continue building an inclusive culture where everyone is valued and heard and has opportunities for progression. It is important DCH continues with the 18 month programme of work in the Equalities Plan and Priorities agreed by the People and Culture Committee. This is shown at Annex C.

The Equalities Plan and Priorities is regularly reviewed and refined as we measure impact using quantitative and qualitative data as part of the monthly People Dashboard.

All NHS Trusts are required to publish WRES data by 30th September 2021.

Annex A

WRES Indicators	2017/18	2018/19	2019/20	2020/21
Indicator 1 Percentage of staff in each of the AfC Bands 1-9 or Medical & Dental subgroups and VSM (including Executive Board members) compared with the % of staff in the overall workforce **See Annex B for detailed breakdown for 19/20 & 20/21**	White: 3130 BME: 245 Unknown: 153 Total staff: 3528 **Overall BME %: 6.94**	White: 2493 BME: 231 Unknown: 102 Total staff: 2826 **Overall BME %: 8.17**	White: 3365 BME: 364 Unknown: 170 Total staff: 3903 **Overall BME%: 9.33**	White: 3474 BME: 380 Unknown: 196 Total staff: 4052 **Overall BME %: 9.38**
Indicator 2 Relative likelihood of being appointed from shortlisting across all posts ***Relative likelihood of White staff being appointed from shortlisting compared to BME staff***	White: 400 (27%) BME: 26 (5%) **Difference: 22%**	White: 370 (27%) BME: 25 (21%) **Difference: 6%**	White: 216 (25.06%) BME: 18 (11.18%) **Difference: 14%** ***Likelihood ratio: 2.24***	White: 382 (53%) BME: 83 (47%) **Difference: 6%** ***Likelihood ratio: 1.12***
Indicator 3 The relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation ***Relative likelihood of BME staff entering the formal disciplinary process compared to White staff***	White: 23 (0.77%) BME: 3 (1.21%) **Difference: 0.44%**	White: 26 (1.09%) BME: 4 (1.71%) **Difference: 0.62%**	White: 26 (0.77%) BME: 0 (0.00%) **Difference: 0%** ***Likelihood ratio: 0.00***	White: 19 (0.55%) BME: 3 (0.79%) **Difference: 0.24%** ***Likelihood ratio: 1.44***
Indicator 4 Relative likelihood of staff accessing non-mandatory training and CPD ***Relative likelihood of White staff accessing non-mandatory training & CPD compared to BME staff***	Data not available/provided during these years		White: 188 (5.59%) BME: 33 (9.07%) ***Likelihood ratio: 0.62***	White: 379 (10.91%) BME: 46 (12.11%) ***Likelihood ratio: 0.90***
Indicator 5 % of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	White: 25.2% BME: 18.1% **Difference: 7.1%**	White: 23.7% BME: 28.2% **Difference: 4.5%**	White: 24.3% BME: 25.3% **Difference: 1.0%**	White: 21.4% BME: 27.5% **Difference: 6.1%**
Indicator 6 % of staff experiencing harassment, bullying or abuse from staff in the last 12 months	White: 24.2% BME: 31.1% **Difference: 6.9%**	White: 23.6% BME: 28.6% **Difference: 5.0%**	White: 23.0% BME: 36.8% **Difference: 13.8%**	White: 26.2% BME: 40.4% **Difference: 14.2%**
Indicator 7 % of staff believing that the	White: 91.9% BME: 92.0%	White: 91.7% BME: 81.6%	White: 91.8% BME: 84.3%	White: 90.5% BME: 67.2%

Trust provides equal opportunities for career progression and promotion	**Difference: 0.1%**	**Difference: 10.1%**	**Difference: 7.5%**	**Difference: 23.3%**
Indicator 8 In the last 12 months have you personally experienced discrimination at work from any of the following? Manager/Team Leader or other colleagues	White: 5.9% BME: 19.2% **Difference: 13.3%**	White: 5.5% BME: 10.0% **Difference: 4.5%**	White: 4.7% BME: 18.6% **Difference: 13.9%**	White: 6.6% BME: 20.0% **Difference: 13.4%**
Indicator 9 % **difference** between the organisation's Board voting membership & its **overall workforce**	White:85.7% **Difference: 2.1%** BME: 14.3% **Difference: 5.6%**	White: 85.7% **Difference: 2.8%** BME: 14.3% **Difference: 6.9%**	White: 90.9% **Difference: 5.4%** BME: 9.1% **Difference: -1.0%**	White: 86.7% **Difference: 0.9%** BME: 13.3% **Difference: 4.0%**

Annex B Workforce Metrics – Indicator 1

2021 Workforce data based on total staff figure of **4052**

2020-21	White Clinical	%	BME Clinical	%	Unknown Clinical	%	White Non Clinical	%	BME Non Clinical	%	Unknown Non Clinical	%
Band 1	0	0.0%	0	0.0%	0	0.0%	26	0.6%	2	0.0%	0	0.0%
Band 2	632	15.6%	34	0.8%	15	0.4%	410	10.1%	19	0.5%	13	0.3%
Band 3	183	4.5%	8	0.2%	6	0.1%	263	6.5%	4	0.1%	7	0.2%
Band 4	66	1.6%	14	0.3%	4	0.1%	136	3.4%	2	0.0%	4	0.1%
Band 5	455	11.2%	115	2.8%	44	1.1%	77	1.9%	1	0.0%	0	0.0%
Band 6	443	10.9%	22	0.5%	12	0.3%	45	1.1%	7	0.2%	3	0.1%
Band 7	259	6.4%	12	0.3%	8	0.2%	43	1.1%	0	0.0%	2	0.0%
Band 8A	56	1.4%	2	0.0%	0	0.0%	27	0.7%	1	0.0%	2	0.0%
Band 8B	14	0.3%	0	0.0%	0	0.0%	19	0.5%	0	0.0%	0	0.0%
Band 8C	1	0.0%	0	0.0%	0	0.0%	6	0.1%	1	0.0%	2	0.0%
Band 8D	4	0.1%	0	0.0%	0	0.0%	6	0.1%	0	0.0%	0	0.0%
Band 9	1	0.0%	0	0.0%	0	0.0%	1	0.0%	0	0.0%	0	0.0%
VSM	1	0.0%	0	0.0%	0	0.0%	7	0.2%	1	0.0%	0	0.0%
Consultants	113	2.8%	36	0.9%	35	0.9%	0	0.0%	0	0.0%	0	0.0%
Non-consultant Career Grade	57	1.4%	27	0.7%	17	0.4%	0	0.0%	0	0.0%	0	0.0%
Trainee Grades	124	3.1%	72	1.8%	22	0.5%	0	0.0%	0	0.0%	0	0.0%
Other	1	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Total	2410		342		163		1066		38		33	

2020 Workforce data based on total staff figure of **3903**

2020-21	White Clinical	%	BME Clinical	%	Unknown Clinical	%	White Non Clinical	%	BME Non Clinical	%	Unknown Non Clinical	%
Band 1	0	0.0%	0	0.0%	0	0.0%	30	0.8%	2	0.1%	0	0.0%
Band 2	599	15.3%	28	0.7%	21	0.5%	401	10.3%	19	0.5%	5	0.1%
Band 3	169	4.3%	7	0.2%	4	0.1%	223	5.7%	4	0.1%	5	0.1%
Band 4	47	1.2%	35	0.9%	3	0.1%	130	3.3%	1	0.0%	2	0.1%
Band 5	482	12.3%	78	2.0%	29	0.7%	62	1.6%	2	0.1%	0	0.0%
Band 6	438	11.2%	19	0.5%	9	0.2%	45	1.2%	5	0.1%	1	0.0%
Band 7	248	6.4%	8	0.2%	6	0.2%	38	1.0%	0	0.0%	1	0.0%
Band 8A	59	1.5%	2	0.1%	0	0.0%	29	0.7%	1	0.0%	1	0.0%
Band 8B	14	0.4%	0	0.0%	0	0.0%	15	0.4%	0	0.0%	0	0.0%
Band 8C	2	0.1%	0	0.0%	0	0.0%	5	0.1%	0	0.0%	1	0.0%
Band 8D	2	0.1%	0	0.0%	0	0.0%	3	0.1%	1	0.0%	0	0.0%
Band 9	1	0.0%	0	0.0%	0	0.0%	1	0.0%	0	0.0%	0	0.0%
VSM	1	0.0%	0	0.0%	0	0.0%	11	0.3%	0	0.0%	0	0.0%
Consultants	119	3.0%	39	1.0%	34	0.9%	0	0.0%	0	0.0%	0	0.0%
Non-consultant Career Grade	60	1.5%	36	0.9%	19	0.5%	0	0.0%	0	0.0%	0	0.0%
Trainee Grades	133	3.4%	77	2.0%	30	0.8%	0	0.0%	0	0.0%	0	0.0%
Other	1	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Total	2375		329		155		993		35		16	

WRES Report by Band clusters

1/4/20 – 31/3/21

2021	White Clinical	%	BME Clinical	%	Unknown Clinical	%	White Non Clinical	%	BME Non Clinical	%	Unknown Non Clinical	%
Band 1-5	1336	33.0%	171	4.2%	69	1.7%	912	22.5%	28	0.7%	24	0.6%
Band 6-8D	777	19.2%	36	0.9%	20	0.5%	146	3.6%	9	0.2%	9	0.2%
Band 9 +	297	7.3%	135	3.3%	74	1.8%	8	0.2%	1	0.0%	0	0.0%
Total	2410		342		163		1066		38		33	

1/4/19 – 31/3/20

2020	White Clinical	%	BME Clinical	%	Unknown Clinical	%	White Non Clinical	%	BME Non Clinical	%	Unknown Non Clinical	%
Band 1-5	1297	33.2%	148	3.8%	57	1.5%	846	21.7%	28	0.7%	12	0.3%
Band 6-8D	763	19.5%	29	0.7%	15	0.4%	135	3.5%	7	0.2%	4	0.1%
Band 9 +	315	8.1%	152	3.9%	83	2.1%	12	0.3%	0	0.0%	0	0.0%
Total	2375		329		155		993		35		16	

Annex C – WRES Action Plan (Equalities Plan and Priorities)

Our starting point for getting inclusion right will be to initially focus on staff as this will support getting it right for patients. Throughout 2021-22 we are embarking on a range of staff development activities and programmes aimed at developing inclusive behaviours and practices. Our key work programmes are presented here with high level detail to show the range of interventions and indicative timeframes.

	Programme	Summary	Timescale
1	**Dignity & Respect at Work** *This will be a mandatory session for all existing staff & will initially be aimed at Bands 2-6*	A development session to support **all staff** understand their personal & role responsibilities for role modelling respectful behaviour and calling out inappropriate behaviour.	Programme commences October 2021
2	**Mental Health First Aid** *This will be a mandatory session for all line managers (and be available for other staff as required).*	A one day course will qualify **line managers** as an MHFA Champion, giving them an understanding of common mental health issues, knowledge and confidence to advocate for mental health awareness, provide ability to spot signs of mental ill health and develop skills to support mental health wellbeing.	Programme commences January 2022
3	**Bystander to Upstander** *Linked to Dignity & Respect Programme*	A poster/communications campaign backed by skill sessions suitable for **all staff** to help challenge inappropriate behaviour through speaking up and reporting routes.	Programme commences October 2021
4	**Inclusive Leadership Programme for Middle Managers** *This will be a mandatory session for all line managers at B7+ initially, with a tailored rollout to staff Bands 1-6 in due course.*	A programme of workshops, self-directed learning and group activities **for leaders with line management responsibility** to develop confidence and understanding of the importance of creating inclusive, compassionate teams to address inequalities, improve team performance and organisational effectiveness.	Programme commences June 2021
5	**Staff Development Programmes for staff from minority communities.** .	Participation in the programmes is intended to accelerate career progression and support applicants to contribute to removing inequity by becoming knowledgeable and skilled agents of change. The programmes will support ethnically diverse staff to release their	Programme* commences September 2021 **Beyond Difference*, *Dorset ICS Programme*

		leadership capabilities.	
6	**Reciprocal Mentoring for Inclusion**	A Change Programme that uses Reciprocal Mentoring as a tool for supporting greater systemic change that actively reduces inequity.	Programme start date to be reviewed in September 2021.
7	**Transforming People Practices – 3 workstreams:** 1. Just & Learning Culture 2. Appraisal & Succession Planning **3.** Inclusive Recruitment	Workshops aimed at developing new policies and frameworks to ensure all staff processes and procedures are inclusive, fair and equitable. We will review and update how we recruit, develop, appraise, performance manageand promote staff to build a fair and inclusive culture.	Programme commences March 2021
8	**Staff Networks**	The Trust currently has 3 staff nertworks: **Diversity Network** (for staff from minority ethnic communities) **Pride Network**(for our LGBTQ+ community) **Without Limits Network** (for Staff with Disabilities/Long Term Health conditions and Carers) Staff Networks for other under-represented groups are being planned and encouraged, including an **Overseas Staff Network**	Ongoing – latest two staff networks launched in April and May 2021
9	**Management Toolkit**	A range of resources and development sessions to support line managers with effective and inclusive management practices.	Programme commences May 2021

Measures of Success

We will evaluate our progress on EDI, ensuring it is measured against realistic and achievable targets which in turn will help us to learn, develop and improve over time. Cross-referencing our strategy to data and documents will ensure all areas are progressed and measurable. A dashboard of inclusion metrics will be created for on going monitoring of progress.

Evidence of success will look, sound and feel like *(& our measurement tools)*:

- Board members and leaders at all levels will routinely demonstrate their commitment to equality, diversity and inclusion

- Board and Committee papers will identify equality-related impacts and how they are mitigated and managed
- When at work staff are free from abuse, harassment, bullying and physical violence from any source *(SOS, Quarterly staff survey, ER data, WRES & WDES)*
- Staff believe the Trust provides equal opportunities for career progression and promotion *(shortlist to hire data)*
- Staff recommend the Trust as a place to work and receive treatment *(SOS, Quarterly staff survey)*
- Greater diversity in our senior management and leadership structures *(workforce demographic by band, improvements at 8a and above via a goal-oriented trajectory of progress)*
- People report positive experiences of Trust services *(FFT)*