

Workforce Race Equality Standard Report

2022-23

Introduction

This paper provides an overview of our annual performance against the Workforce Race Equality Standard (WRES) metrics for 2022-23. 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 (15%). 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):

1	Percentage of BME staff
2	Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME applicants
3	Relative likelihood of BME staff entering the formal disciplinary process compared to white staff
4	Relative likelihood of white staff accessing non-mandatory training and continuous professional development (CPD) compared to BME staff
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
6	Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months
7	Percentage of staff believing that their trust provides equal opportunities for career progression or promotion
8	Percentage of staff personally experiencing discrimination at work from a manager/team leader or other colleagues
9	BME board membership

The 2022-23 WRES data for Dorset County Hospital is based on staff who have an ethnicity recorded on the Trust's Electronic Staff Records. We currently have data on the ethnic origins of 95.37% of our workforce. We plan to contact the other 4.63% of staff to encourage them to disclose their ethnicity to improve the accuracy of our data by the end of 2023.

- **Indicator 1** is based on data recorded on ESR on a snapshot date: 31st March 2023.
- **Indicators 2 - 3** are based on known data from HR records for the period 1st April 2022 to 31st March 2023.
- **Indicator 4** is based on data recorded on ESR for the period 1st April 2022 – 31st March 2023
- **Indicators 5 – 8** are lifted from national NHS Survey data which was collected over a two-month period from early October – early December 2022 (the NHS Staff Survey Results were published 9^h March 2023)

- **Indicator 9** is based on data recorded on ESR on a snapshot date: 31st March 2023

The rate of BME respondents for indicators 5-8 (from the national staff survey) averaged 168.

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 2022/23 data

Developing an inclusive culture at DCH continues to be a key priority within our People Plan. During the last 12 months the programme of work supporting this has gained momentum. Training around intercultural communication for both L1 (speaker's first language) and L2 (speaker's second language) speakers has taken place. The onboarding package for overseas nurses has improved as well with supporting including a buddying system, a 'Letter of Guarantee' when seeking accommodation and pastoral support from the preceptorship team. The Dorset ICB-lead 'Beyond Difference' leadership programme aimed at ethnically diverse staff has also proven to be beneficial for those seeking to progress within their careers. The Reciprocal Mentoring programme matching senior leaders with members of our ethnic diverse DCH staff around creating change has continued and is gathering momentum.

Overall, the organisation has improved in five indicators and need to make more progress in four indicators. The data is attached at **Annex A**.

Narrative and Implication of the data

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*

Ethnically diverse numbers have **increased** from 564 in 2021/22 to 679 at the end of March 2023 (2%). There are increased numbers in each of the clinical staff bandings especially within 5-7, with a 2% increase in Band 6 from the previous year, and 16 members of staff in Band 7 compared to 14, the previous year.

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

The gap between being appointed following shortlisting for jobs have slightly **widened** from 1.01 the previous year to white staff being 1.51 more likely to be appointed from shortlisting than their BME counterparts.

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)*

There is **no ratio difference** between white and BME staff into entering the formal disciplinary process this year. The figure stands at 0. This is positive bearing in mind the national trends of negative experiences of ethnically diverse staff within this indicator.

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

The likelihood ratio has slightly **increased** from 0.95 to 1.05. this means that White staff are more likely than BME colleagues to access non-mandatory training and CPD.

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

The percentage of ethnically diverse staff who have experienced bullying from patients, relatives or the public has **decreased** by 4% from last year to 29.8%. the difference between white and BME staff has narrowed to 5% as well.

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

The percentage has **increased** by over 3% from the previous year (29.1% to 32.4%) but is still significantly lower than in 2020. The gap between white and BME staff for this indicator is getting wider and is now 7.5%.

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

The % of staff who believe that the Trust provides equal opportunities for career progression and promotion **reduced** by 8% from the previous year compared to a decrease of 2% from white members of staff.

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.*

16.6 % of ethnically diverse staff have felt discriminated by their managers/leaders and the rates have **decreased** by 2.1% from the previous year (18.7%). We have to be mindful though that this figure is still 10.5% more than for white counterparts.

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

There is one member of the board who is from an ethnically diverse background. The **overall % difference** between the organisation's Board voting membership & its overall workforce by ethnicity is -4%.

Next steps

Not all the narrative around our ethnically diverse staff is captured within the WRES framework and data. The number of respondents to the 2022 Staff Survey accounts for just one third of the 2022 BME group. Our next steps will be to continue developing the opportunities for our staff to share their views around civility, career progression and development and for us to record and monitor concerns and progress on a more consistent basis. Notwithstanding we will continue to focus on the following as well:

- Increase Communication and Engagement about the WRES to all staff
- Encourage more staff to fill in the staff survey and declare their ethnicity status
- More visible campaigns around dignity and respect across departments and teams
- Include the WRES indicators into the Workforce Business Partners dashboard so as to increase its visibility
- Recommend the development of a panel to investigate reported incidents of bullying and harassment

Achieving inclusion and equity remains central to our mission to deliver outstanding care, support staff development, and reduce health inequalities.

Annex A

WRES Indicators	2019/20	2020/21	2021/22	2022/23
<p>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</p> <p>See Annex B for detailed breakdown for 2021/22</p>	<p>White: 3365 BME: 364 Unknown: 170</p> <p>Total staff: 3903</p> <p>Overall BME%: 9.33</p>	<p>White: 3474 BME: 380 Unknown: 196</p> <p>Total staff: 4052</p> <p>Overall BME %: 9.38</p>	<p>White: 3486 BME: 564 Unknown: 199</p> <p>Total staff: 4249</p> <p>Overall BME %: 13.27</p>	<p>White: 3564 BME: 679 Unknown: 186</p> <p>Total staff: 4429</p> <p>Overall BME %: 15.33</p>
<p>Indicator 2 Relative likelihood of being appointed from shortlisting across all posts <i>Relative likelihood of White staff being appointed from shortlisting compared to BME staff</i></p>	<p>White: 216 (25.06%) BME: 18 (11.18%)</p> <p>Difference: 14%</p> <p>Likelihood ratio: 2.24</p>	<p>White: 382 (53%) BME: 83 (47%)</p> <p>Difference: 6%</p> <p>Likelihood ratio: 1.12</p>	<p>White: 1324 (69%) BME: 427 (68%)</p> <p>Difference: 1%</p> <p>Likelihood ratio: 1.01</p>	<p>White: 1122(44%) BME: 263 (29%)</p> <p>Difference: 15%</p> <p>Likelihood ratio: 1.51</p>
<p>Indicator 3 The relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation <i>Relative likelihood of BME staff entering the formal disciplinary process compared to White staff</i></p>	<p>White: 26 (0.77%) BME: 0 (0.00%)</p> <p>Difference: 0%</p> <p>Likelihood ratio: 0.00</p>	<p>White: 19 (0.55%) BME: 3 (0.79%)</p> <p>Difference: 0.24%</p> <p>Likelihood ratio: 1.44</p>	<p>White: 17 (1%) BME: 3 (1%)</p> <p>Difference: 0%</p> <p>Likelihood ratio: 1</p>	<p>White: 17 (0.4%) BME: 6(0.8%)</p> <p>Difference: 0%</p> <p>Likelihood ratio: 0</p>
<p>Indicator 4 Relative likelihood of staff accessing non-mandatory training and CPD <i>Relative likelihood of White staff accessing non-mandatory training & CPD compared to BME staff</i></p>	<p>White: 188 (5.59%) BME: 33 (9.07%)</p> <p>Likelihood ratio: 0.62</p>	<p>White: 379 (10.91%) BME: 46 (12.11%)</p> <p>Likelihood ratio: 0.90</p>	<p>White: 1573 (57%) BME: 316 (60%)</p> <p>Likelihood ratio: 0.95</p>	<p>White: 2779 (77%) BME: 503 (74%)</p> <p>Difference: 3%</p> <p>Likelihood ratio: 1.05</p>

Indicator 5 % of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	White: 24.3% BME: 25.3% Difference: 1.0%	White: 21.4% BME: 27.5% Difference: 6.1%	White: 24.5% BME: 34% Difference: 9.5%	White: 25% BME: 29.8% Difference: 4.8%
Indicator 6 % of staff experiencing harassment, bullying or abuse from staff in the last 12 months	White: 23.0% BME: 36.8% Difference: 13.8%	White: 26.2% BME: 40.4% Difference: 14.2%	White: 26.0% BME: 29.1% Difference: 3.1%	White: 24.9% BME: 32.4% Difference: 7.5%
Indicator 7 % of staff believing that the Trust provides equal opportunities for career progression and promotion	White: 91.8% BME: 84.3% Difference: 7.5%	White: 90.5% BME: 67.2% Difference: 23.3%	White: 62.6% BME: 55% Difference: 7.6%	White: 60.7% BME: 47% Difference: 13.7%
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: 4.7% BME: 18.6% Difference: 13.9%	White: 6.6% BME: 20.0% Difference: 13.4%	White: 5.6% BME: 18.7% Difference: 13.1%	White: 6.1% BME: 16.6% Difference: 10.5%
Indicator 9 % difference between the organisation's Board voting membership & its overall workforce	White: 90.9% Difference: 5.4% BME: 9.1% Difference: - 1.0%	White: 86.7% Difference: 0.9% BME: 13.3% Difference: 4.0%	White: 93% Difference: 13% BME: 7% Difference: -8%	White: 91% Difference: 10% BME: 8.3% Difference: - 4.2%

Annex B Workforce Metrics – Indicator 1

2022-23 Workforce data

Row cells which turn white when filled. Auto-calculated. Blue cells are for notes.		Snapshot of data as at 31st MARCH 2023						
		White staff		BME staff		Ethnicity Unknown		Overall
	Measure	# White	% White	# BME	% BME	# Unknown	% Unknown/Null	Total
1a) Non Clinical Staff								
Under Band 1	Headcount	0	0.0%	0	0.0%	0	0.0%	0
Bands 1	Headcount	14	87.5%	2	12.5%	0	0.0%	16
Bands 2	Headcount	1027	88.5%	104	9.0%	30	2.6%	1161
Bands 3	Headcount	471	92.2%	24	4.7%	16	3.1%	511
Bands 4	Headcount	199	76.8%	50	19.3%	10	3.9%	259
Bands 5	Headcount	91	90.1%	8	7.9%	2	2.0%	101
Bands 6	Headcount	50	92.6%	3	5.6%	1	1.9%	54
Bands 7	Headcount	46	86.8%	4	7.5%	3	5.7%	53
Bands 8a	Headcount	36	92.3%	1	2.6%	2	5.1%	39
Bands 8b	Headcount	20	87.0%	0	0.0%	3	13.0%	23
Bands 8c	Headcount	6	75.0%	0	0.0%	2	25.0%	8
Bands 8d	Headcount	6	85.7%	1	14.3%	0	0.0%	7
Bands 9	Headcount	3	100.0%	0	0.0%	0	0.0%	3
VSM	Headcount	0	0.0%	0	0.0%	0	0.0%	0
Other, Please specify in notes.	Headcount	12	80.0%	2	13.3%	1	6.7%	15
Cluster 1: AfC Bands <1 to 4	Auto-Calculated	1711	87.9%	180	9.2%	56	2.9%	1947
Cluster 2: AfC bands 5 to 7	Auto-Calculated	187	89.9%	15	7.2%	6	2.9%	208
Cluster 3: AfC bands 8a and 8b	Auto-Calculated	56	90.3%	1	1.6%	5	8.1%	62
Cluster 4: AfC bands 8c to VSM	Auto-Calculated	15	83.3%	1	5.6%	2	11.1%	18
Total Non-Clinical	Auto-Calculated	1981	88.0%	199	8.8%	70	3.1%	2250
1b) Clinical Staff								
Under Band 1	Headcount	0	0.00%	0	0.00%	0	0.00%	0
Bands 1	Headcount	0	0.00%	0	0.00%	0	0.00%	0
Bands 2	Headcount	0	0.00%	0	0.00%	0	0.00%	0
Bands 3	Headcount	1	100.00%	0	0.00%	0	0.00%	1
Bands 4	Headcount	11	100.00%	0	0.00%	0	0.00%	11
Bands 5	Headcount	388	61.30%	197	31.12%	48	7.58%	633
Bands 6	Headcount	458	87.07%	55	10.46%	13	2.47%	526
Bands 7	Headcount	290	91.77%	16	5.06%	10	3.16%	316
Bands 8a	Headcount	67	90.54%	3	4.05%	4	5.41%	74
Bands 8b	Headcount	18	100.00%	0	0.00%	0	0.00%	18
Bands 8c	Headcount	4	100.00%	0	0.00%	0	0.00%	4
Bands 8d	Headcount	4	100.00%	0	0.00%	0	0.00%	4
Bands 9	Headcount	0	0.00%	0	0.00%	0	0.00%	0
VSM	Headcount	0	0.00%	0	0.00%	0	0.00%	0
Other, Please specify in notes.	Headcount	0	0.0%	0	0.0%	0	0.0%	0
Cluster 1: AfC Bands <1 to 4	Auto-Calculated	12	100.0%	0	0.0%	0	0.0%	12
Cluster 2: AfC bands 5 to 7	Auto-Calculated	1136	77.0%	268	18.2%	71	4.8%	1475
Cluster 3: AfC bands 8a and 8b	Auto-Calculated	85	92.4%	3	3.3%	4	4.3%	92
Cluster 4: AfC bands 8c to VSM	Auto-Calculated	8	100.0%	0	0.0%	0	0.0%	8
Total Clinical	Auto-Calculated	1241	78.2%	271	17.1%	75	4.7%	1587
Medical & Dental Staff, Consultants	Headcount	122	62.56%	47	24.10%	26	13.33%	195
Medical & Dental Staff, Non-Consultants career grade	Headcount	51	51.00%	40	40.00%	9	9.00%	100
Medical & Dental Staff, Medical and dental trainee grades	Headcount	184	54.93%	124	37.01%	27	8.06%	335
Total Medical and Dental	Auto-Calculated	357	56.67%	211	33.49%	62	9.84%	630
Number of staff in workforce	Auto-Calculated	3579	80.12%	681	15.25%	207	4.63%	4467

Annex C – WRES Action Plan 2023-24

Our starting point for getting inclusion right will be to initially focus on staff as this will support getting it right for patients. Throughout 2022-23 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. These actions have been incorporated into the EDI Action Plan which supports the implementation of our EDI strategy.

Objective 1: Recruitment & Retention: To eliminate the gap between White and BME staff who are appointed following shortlisting. (WRES indicator 2)

Programme	Measure	Timescale
Create Equality Diversity Representatives within the recruitment process	Improvement in ratio of BME staff being appointed after shortlisting process.	March 2024
Develop Employability webinars around interviewing skills		September 2023
Roll out of anti-bias training around interviewing and shortlisting		January 2024

Objective 2: Bullying & Harassment: To eliminate the gap between BME and non-BME staff re: experience of bullying and harassment. (WRES indicators 5, 6 &8)

Programme	Measure	Timescale
Pilot project to create panel to investigate reported incidents of bullying and harassment	Reduction in reports of racially motivated bullying or harassment	March 2024
A poster/communications campaign backed by skill sessions suitable for all staff to help challenge inappropriate behaviour through speaking up and reporting routes.	Evidence of staff modelling respectful behaviour and calling out inappropriate behaviour	January 2024

Objective 3: Staff believing that the Trust provides equal opportunities for career progression and promotion. (WRES Indicator 7)

Programme	Measure	Timescale
Positive action is taken to identify and promote opportunities for career progression targeted at for ethnically diverse staff with a view to diversifying senior level representation. Extend the accelerated career progression for internationally educated nurses to all ethnically diverse staff.	Increase in ethnically diverse staff at senior bandings and consultant levels	March 2024
Develop Cultural Ambassadors Programme	Systematic review of recruitment processes to make them more inclusive.	March 2024

Objective 4: Increase representation in the higher AFC bandings for ethnically diverse staff (WRES Indicator 1)

Programme	Measure	Timescale
Initiate programme for Band 5 ethnically diverse staff to shadow Band 6 colleagues as part of leadership development.	More ethnically diverse staff applying for Band 6 vacancies	March 2024

Objective 5: More diverse representation at Board Level (both Executive and non-Executive (WRES Indicator 9)

Programme	Measure	Timescale
To implement a Trust Shadow Board targeting under-represented groups to provide development and more diversity to Trust decision-making	Shadow Board in place and making an impact on decision-making	March 2024
Board members to have an EDI-related workstream/activity and or sponsor an EDI-related activity	Increase in the level of board discussions around Board members' EDI outputs	March 2024

Measures of Success

We will evaluate our progress on the WRES action plan and Equality Diversity and Inclusion as a whole, 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 plan 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, ESR data, EDS 2022, 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*)