

# **Workforce Race Equality Standard Report 2023-24**

<b>Report to</b>	PC CiC	
<b>Date of Meeting</b>	23rd September 2024	
<b>Report Title</b>	Workforce Race Equality Standard (WRES) Report 2024	
<b>Prepared By</b>	Jan Wagner, EDIB Lead & Julie Barber, Head of OD	
<b>Accountable Executive</b>	Nicola Plumb	
<b>Previously Considered By</b>	Emma Hallett, Deputy CPO	
<b>Action Required</b>	<b>Approval</b>	
	<b>Assurance</b>	
	<b>Information</b>	

<b>Alignment to Strategic Objectives</b>	Does this paper contribute to our strategic objectives	
<b>Care</b>	Yes	
<b>Colleagues</b>	Yes	
<b>Communities</b>	Yes	
<b>Sustainability</b>	Yes	
<b>Implications</b>	Describe the implications of this paper for the areas below	
<b>Board Assurance Framework</b>	Demonstrates 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.	
<b>Financial</b>	Non-compliance with the PSED would create risks for the organisation in terms of reputation and potential fines.	
<b>Statutory &amp; Regulatory</b>	<p>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.</p> <p>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.</p>	
<b>Equality, Diversity &amp; Inclusion</b>	The WRES Report 2024 signals our intention to truly value our diverse range of 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.	
<b>Co-production &amp; Partnership</b>	Championing Equality, Diversity and Inclusion is a key ambition of the Trust's Social Value pledge. Supports delivery of equitable services that are informed by engagement and involvement.	

## Executive Summary

The Workforce Race Equality Standard (WRES) is mandated by the NHS Standard Contract and applies to all NHS Trusts and Foundation Trusts. The data and narrative will be published on our public website, along with our action plan, in line with regulatory requirements.

The WRES is a data-based standard and uses a series of nine indicators (measures) as a strategic framework for NHS Trusts to address racial inequality. The measures aim to improve the representation and experiences of BME staff across all levels in the NHS, with a key focus on improving representation at senior levels.

The nine indicators encompass workforce data (Indicators 1-4), Staff Survey data (Indicators 5-8) and Board representation (Indicator 9).

**Annex A** of attached report provides detail of the WRES indicators and our progress, **Annex B** shows detailed workforce data submitted to the national WRES team via their database and **Annex C** is the Action Plan. The WRES actions and associated timescales have also been included in the overarching Inclusion & Belonging Strategy Action Plan.

Overall, we have seen improvements in FIVE indicators (1, 4, 5, 6 and 7), declines in THREE (2, 3 and 8), with the final indicator (9) having incomplete data due to the introduction of joint roles across the federation of Dorset County Hospital & Dorset Healthcare, resulting in incomplete ESR information.

Action is already underway to target areas of concern with narrative provided against Indicators in **Annex A** and further details provided in the Action Plan at **Annex C**.

PC CiC is recommended to note and approve the Workforce Race Equality Standard Report 2024.

## Recommendation

The PC CiC Committee is requested to:

- Receive the report for **information**
- **Approve** Workforce Race Equality Standard (WRES) Report 2024

## Introduction

This report provides an analysis of our annual performance against the Workforce Race Equality Standard (WRES) metrics for 2023-24. The data, along with our action plan, will be publicly available on our website in compliance with regulatory requirements.

The WRES was established by the NHS Equality and Diversity Council (EDC) as a strategic framework for NHS Trusts to address racial equality. Its introduction followed Roger Kline's influential 2014 report, *'The Snowy White Peaks of the NHS'*, which highlighted the connection between high-quality patient care and a workforce that mirrors the diversity of the local community.

Dorset's Black and Minority Ethnic (BME) population remains at approximately 5%, yet BME staff at Dorset County Hospital Foundation Trust make up 18.7% of the workforce, a rise of 3.7% from last year. This figure is likely to continue to grow in the coming years due to increased international recruitment to fill critical roles.

Launched on 1 April 2015, the WRES aims to improve the representation and experience of BME staff across all levels of NHS organisations, with a focus on scrutinising and improving BME representation at senior levels. Within the WRES framework, White staff are defined as those identifying as White British, White Irish, or White Other (Ethnic codes A, B, and C), while BME staff include all other ethnic categories, excluding 'not stated'.

The WRES is comprised of nine indicators, encompassing workforce data (Indicators 1-4), Staff Survey data (Indicators 5-8), and Board representation (Indicator 9):

1. Percentage of BME staff.
2. Relative likelihood of White candidates compared to BME candidates being appointed from shortlisting across all posts.
3. Relative likelihood of BME staff compared to White staff entering the formal disciplinary process.
4. Relative likelihood of White staff compared to BME staff accessing non-mandatory training and CPD.
5. Percentage of staff experiencing harassment, bullying, or abuse from patients, relatives, or the public in the last 12 months.
6. Percentage of staff experiencing harassment, bullying, or abuse from colleagues 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 from a manager, team leader, or other colleagues.
9. BME board membership.

The data for Dorset County Hospital's 2023-24 WRES submission is based on staff with recorded ethnicity in the Trust's Electronic Staff Records (ESR), with ethnicity data available for 96% of our workforce.

- **Indicator 1** is drawn from ESR data as of 31 March 2024.
- **Indicators 2-3** are based on HR records from 1 April 2023 to 31 March 2024.
- **Indicator 4** reflects ESR data from 1 April 2023 to 31 March 2024.
- **Indicators 5-8** are derived from the national NHS Staff Survey conducted between early October and early December 2023, with results published on 9 March 2024.
- **Indicator 9** is based on ESR data as of 31 March 2024.

The average response rate for BME staff on survey indicators (5-8) was 22%, representing 209 respondents. This is 5.3% **below** the national average of 27.3%.

As part of the NHS standard contract, compliance with WRES is mandatory, ensuring accountability in our efforts to improve racial equality. Non-compliance poses significant risks, not only to the Trust's reputation but, more importantly, to the wellbeing of our workforce.

## Overview of changes since 2023/24 data

Fostering an inclusive culture at Dorset County Hospital (DCH) has been a central objective within our People Plan and has renewed focus with the launch of a joint Inclusion & Belonging Strategy, outlining collaborative approaches to improving staff experience across DCH and Dorset Healthcare (DHC), with whom we have a federated alliance. Over the past year, our initiatives to enhance inclusivity have gained significant momentum. We have expanded training on conscious inclusion and inclusive leadership, which have been delivered collaboratively across all NHS Trusts in Dorset, ensuring that these essential skills are widely accessible.

The Overseas Staff Network continues to thrive, now supporting over 400 members across various levels, providing vital assistance to international staff. Meanwhile, the Ethnic Diversity Network has recently elected a new chair and is in the process of relaunching to better support our diverse workforce.

Amidst the current nationwide protests, the CEO has publicly reaffirmed the Trust's commitment to supporting all staff, underscoring our dedication to creating a safe and supportive environment.

Overall, the organisation has seen improvements in five of the WRES indicators, with further progress required in three areas (including more accurate data for Indicator 9). Detailed data can be found in **Annexes A and B**, and our Action Plan is shown at **Annex C**.

### 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*

The number of ethnically diverse staff has risen significantly from 679 in 2022/23 to 905 by the end of March 2024, representing a 3.41% **increase**. This growth reflects ongoing efforts to recruit and retain a more diverse workforce, enhancing the representation of BME staff across all levels. To build on this progress, targeted mentorship and development programmes will support the career advancement of BME staff, particularly at senior levels.

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

The disparity in appointment rates following shortlisting has **widened** substantially, with White staff now 5.57 times more likely to be appointed than BME staff, compared to a ratio of 1.51 in the previous year. This significant **decline** highlights an urgent need to address bias in recruitment processes and ensure equitable opportunities for all candidates. We will prioritise the implementation of diverse recruitment panels and anti-bias training for hiring managers to reduce this gap.

**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)*

The likelihood of BME staff entering the formal disciplinary process compared to their White counterparts has **increased** from a nil ratio last year, with a current ratio of 1.2, indicating that disparities remain. To reduce this gap, we will review disciplinary procedures to identify potential biases and provide additional training on fair and consistent application of these processes. Two new workshops for managers are planned for Autumn 2024, one focusing on early action to prevent situations declining, and one focused on fair application of formal processes.

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

The likelihood ratio has **reduced** from 1.05 to 0.81, indicating that BME staff now have better access to non-mandatory training and CPD opportunities. This positive shift demonstrates progress towards more equitable professional development. To ensure there are no disparities across the workforce, we will work to maintain

the visibility of available CPD opportunities and encourage proactive participation among BME staff through targeted outreach and support.

**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 experiencing harassment, bullying, or abuse has **decreased** by 7.8% to 22%, narrowing the gap between White and BME staff to 4%. This improvement suggests that efforts to create a safer work environment are having a positive impact. However, continued focus on anti-bullying campaigns, support services, and clear reporting mechanisms is essential to further reduce these negative experiences and support affected staff.

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

The percentage of staff experiencing harassment, bullying, or abuse from colleagues has **decreased** by 6.6%, dropping from 32.4% to 25.8%, which is the lowest rate recorded in the last five years. The gap between White and BME staff for this indicator has also narrowed to 3.2%, showing reduced disparity. This positive trend indicates progress towards a more respectful workplace environment. However, to continue this momentum, we will work to enhance support systems, such as mediation services and conflict resolution training, and ensure that all staff feel empowered to report incidents without fear of retaliation.

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

The percentage of BME staff who believe that the Trust provides equal opportunities for career progression and promotion has **increased significantly** by 12.3% from the previous year to 59.3%, while the belief among White staff decreased by 2.7% to 58.1%. This improvement for our BME staff reflects positive developments in inclusivity efforts. To build on this success, we will work to expand mentorship programmes and career development initiatives tailored to BME staff, ensuring sustained progress and bridging any remaining perception gaps. Whilst the disparity gap is at an all-time low of 1.2%, there is more work to do across the whole workforce to improve career progression and promotion opportunities.

**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.*

18% of ethnically diverse staff reported experiencing discrimination from managers, team leaders, or colleagues, an **increase** of 1.4% from the previous year. The disparity rate remains similar to last year, with white counterparts reporting 10.2% less experiences of discrimination. This highlights ongoing challenges in fostering an inclusive environment for BME staff. Addressing this requires targeted training for managers on bias, better support mechanisms for reporting discrimination, and clear accountability measures to ensure discriminatory behaviours are effectively addressed.

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

This year, it was not possible to provide reliable data for this indicator due to the introduction of new joint roles, which affected access to the necessary ESR data for DHC Board members. This limitation underscores the need for robust data management and accessibility strategies. Moving forward, it is essential to establish clear protocols for data collection and access, particularly during periods of organisational change, to ensure transparency and continued progress in monitoring Board diversity.

The data submitted to the national WRES team is shown in Annex B.

## **Next steps**

Whilst the WRES framework provides valuable insights, it does not fully capture the experiences of our ethnically diverse staff. The 2023 Staff Survey respondents represent only a portion of our BME workforce, highlighting the need for broader engagement and more consistent data collection. Moving forward, our focus

will be on enhancing opportunities for staff to voice their experiences, particularly in areas such as civility, career progression, and professional development. We aim to record, monitor, and address concerns more comprehensively to foster a truly inclusive environment. Our key areas of focus will include:

- **Enhance Communication and Engagement on WRES:** We will increase communication efforts around the WRES, ensuring that all staff understand its importance and how it impacts our commitment to equity. This will include regular updates, targeted communications, and staff forums to discuss progress and challenges.
- **Encourage Participation in Staff Surveys:** To gain a more accurate picture of our workforce, we will actively encourage more staff to participate in the staff survey and declare their ethnicity. We will implement targeted outreach and awareness campaigns to improve response rates and ensure all voices are heard.
- **Establish a Panel to Address Bullying and Harassment:** We will recommend the development of a dedicated panel to investigate reported incidents of bullying and harassment. This panel will work closely with staff networks to provide an impartial and transparent approach to managing concerns, reinforcing our commitment to a safe and respectful workplace.
- **Expand Development and Mentorship Opportunities:** In line with our strategic goals, we will enhance mentorship and career development programmes specifically for BME staff, ensuring equitable access to opportunities that support professional growth and leadership progression.



Annex A

WRES Indicators	2020/21	2021/22	2022/23	2023/24
<p><b>Indicator 1</b> Percentage of staff in each of the AfC Bands 1-9 or Medical &amp; Dental subgroups and VSM (including Executive Board members) compared with the % of staff in the overall workforce</p> <p><b>See Annex B for detailed breakdown for 2023/24</b></p>	<p>White: 3474 BME: 380 Unknown: 196</p> <p>Total staff: 4052</p> <p><b>Overall BME %: 9.38</b></p>	<p>White: 3486 BME: 564 Unknown: 199</p> <p>Total staff: 4249</p> <p><b>Overall BME %: 13.27</b></p>	<p>White: 3564 BME: 679 Unknown: 186</p> <p>Total staff: 4429</p> <p><b>Overall BME %: 15.33</b></p>	<p>White: 3693 BME: 905 Unknown: 231</p> <p>Total staff: 4829</p> <p><b>Overall BME %: 18.74</b></p>
<p><b>Indicator 2</b> 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: 382 (53%) BME: 83 (47%)</p> <p><b>Difference: 6%</b></p> <p><b>Likelihood ratio: 1.12</b></p>	<p>White: 1324 (69%) BME: 427 (68%)</p> <p><b>Difference: 1%</b></p> <p><b>Likelihood ratio: 1.01</b></p>	<p>White: 1122 (44%) BME: 263 (29%)</p> <p><b>Difference: 15%</b></p> <p><b>Likelihood ratio: 1.51</b></p>	<p>White: 928 (25%) BME: 384 (4%)</p> <p><b>Difference: 21%</b></p> <p><b>Likelihood ratio: 5.57</b></p>
<p><b>Indicator 3</b> 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: 19 (0.55%) BME: 3 (0.79%)</p> <p><b>Difference: 0.24%</b></p> <p><b>Likelihood ratio: 1.44</b></p>	<p>White: 17 (1%) BME: 3 (1%)</p> <p><b>Difference: 0%</b></p> <p><b>Likelihood ratio: 1</b></p>	<p>White: 17 (0.4%) BME: 6 (0.8%)</p> <p><b>Difference: 0%</b></p> <p><b>Likelihood ratio: 0</b></p>	<p>White: 17 (0.46%) BME: 5 (0.55%)</p> <p><b>Difference: 0.09%</b></p> <p><b>Likelihood ratio: 1.2</b></p>
<p><b>Indicator 4</b> Relative likelihood of staff accessing non-mandatory training and CPD <i>Relative likelihood of White staff accessing non-mandatory training &amp; CPD compared to BME staff</i></p>	<p>White: 379 (10.91%) BME: 46 (12.11%)</p> <p><b>Likelihood ratio: 0.90</b></p>	<p>White: 1573 (57%) BME: 316 (60%)</p> <p><b>Likelihood ratio: 0.95</b></p>	<p>White: 2779 (77%) BME: 503 (74%)</p> <p><b>Difference: 3%</b></p> <p><b>Likelihood ratio: 1.05</b></p>	<p>White: 2156 (58.38%) BME: 651 (71.93%)</p> <p><b>Difference: 13.55%</b></p> <p><b>Likelihood ratio: 0.81</b></p>



<b>Indicator 5</b> % of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	White: 21.4% BME: 27.5%  <b>Difference: 6.1%</b>	White: 24.5% BME: 34%  <b>Difference: 9.5%</b>	White: 25% BME: 29.8%  <b>Difference: 4.8%</b>	White: 18% BME: 22%  <b>Difference: 4%</b>
<b>Indicator 6</b> % of staff experiencing harassment, bullying or abuse from staff in the last 12 months	White: 26.2% BME: 40.4%  <b>Difference: 14.2%</b>	White: 26.0% BME: 29.1%  <b>Difference: 3.1%</b>	White: 24.9% BME: 32.4%  <b>Difference: 7.5%</b>	White: 22.6% BME: 25.8%  <b>Difference: 3.2%</b>
<b>Indicator 7</b> % of staff believing that the Trust provides equal opportunities for career progression and promotion	White: 90.5% BME: 67.2%  <b>Difference: 23.3%</b>	White: 62.6% BME: 55%  <b>Difference: 7.6%</b>	White: 60.7% BME: 47%  <b>Difference: 13.7%</b>	White: 58.1% BME: 59.3%  <b>Difference: 1.2%</b>
<b>Indicator 8</b> In the last 12 months have you personally experienced discrimination at work from any of the following? Manager/Team Leader or other colleagues	White: 6.6% BME: 20.0%  <b>Difference: 13.4%</b>	White: 5.6% BME: 18.7%  <b>Difference: 13.1%</b>	White: 6.1% BME: 16.6%  <b>Difference: 10.5%</b>	White: 7.8% BME: 18%  <b>Difference: 10.2%</b>
<b>Indicator 9</b> % <b>difference</b> between the organisation's Board voting membership & its <b>overall workforce</b>	White: 86.7% <b>Difference: 0.9%</b> BME: 13.3% <b>Difference: 4.0%</b>	White: 93% <b>Difference: 13%</b> BME: 7% <b>Difference: -8%</b>	White: 91% <b>Difference: 10%</b> BME: 8.3% <b>Difference: -4.2%</b>	White: 71.43% <b>Difference: -5%</b> BME: 7.14% <b>Difference: -12%</b>

## Annex B Workforce Metrics – Indicator 1

2023-24 Workforce data

		Snapshot of data as at 31st MARCH 2024						
		White staff		BME staff		Ethnicity Unknown or Null		Overall
Measure		# White	% White	# BME	% BME	# Unknown/Null	% Unknown/Null	Total
<b>1a) Non Clinical Staff</b>								
Under Band 1	Headcount	0	0.0%	0	0.0%	0	0.0%	0
Bands 1	Headcount	10	83.3%	2	16.7%	0	0.0%	12
Bands 2	Headcount	316	82.3%	53	13.8%	15	3.9%	384
Bands 3	Headcount	195	92.0%	8	3.8%	9	4.2%	212
Bands 4	Headcount	131	92.9%	6	4.3%	4	2.8%	141
Bands 5	Headcount	85	85.9%	11	11.1%	3	3.0%	99
Bands 6	Headcount	56	82.4%	10	14.7%	2	2.9%	68
Bands 7	Headcount	56	94.3%	1	1.7%	2	3.4%	59
Bands 8a	Headcount	47	90.4%	3	5.8%	2	3.8%	52
Bands 8b	Headcount	23	95.8%	0	0.0%	1	4.2%	24
Bands 8c	Headcount	11	91.7%	0	0.0%	1	8.3%	12
Bands 8d	Headcount	1	50.0%	1	50.0%	0	0.0%	2
Bands 9	Headcount	8	100.0%	0	0.0%	0	0.0%	8
VSM	Headcount	4	50.0%	0	0.0%	4	50.0%	8
Cluster 1: AfC Bands <1 to 4	Auto-Calculated	652	87.0%	69	9.2%	28	3.7%	749
Cluster 2: AfC bands 5 to 7	Auto-Calculated	197	87.2%	22	9.7%	7	3.1%	226
Cluster 3: AfC bands 8a and 8b	Auto-Calculated	70	92.1%	3	3.9%	3	3.9%	76
Cluster 4: AfC bands 8c to VSM	Auto-Calculated	24	80.0%	1	3.3%	5	16.7%	30
Total Non-Clinical	Auto-Calculated	943	87.2%	95	8.8%	43	4.0%	1081
<b>1b) Clinical Staff</b>								
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	491	81.83%	93	15.50%	16	2.67%	600
Bands 3	Headcount	503	88.40%	53	9.31%	13	2.28%	569
Bands 4	Headcount	115	61.83%	66	35.48%	5	2.69%	186
Bands 5	Headcount	353	52.61%	264	39.34%	54	8.05%	671
Bands 6	Headcount	484	83.74%	77	13.32%	17	2.94%	578
Bands 7	Headcount	316	92.40%	17	4.97%	9	2.63%	342
Bands 8a	Headcount	72	90.00%	2	2.50%	6	7.50%	80
Bands 8b	Headcount	21	100.00%	0	0.00%	0	0.00%	21
Bands 8c	Headcount	8	100.00%	0	0.00%	0	0.00%	8
Bands 8d	Headcount	2	100.00%	0	0.00%	0	0.00%	2
Bands 9	Headcount	2	100.00%	0	0.00%	0	0.00%	2
VSM	Headcount	1	100.00%	0	0.00%	0	0.00%	1
Cluster 1: AfC Bands <1 to 4	Auto-Calculated	1109	81.8%	212	15.6%	34	2.5%	1355
Cluster 2: AfC bands 5 to 7	Auto-Calculated	1153	72.5%	358	22.5%	80	5.0%	1591
Cluster 3: AfC bands 8a and 8b	Auto-Calculated	93	92.1%	2	2.0%	6	5.9%	101
Cluster 4: AfC bands 8c to VSM	Auto-Calculated	13	100.0%	0	0.0%	0	0.0%	13
Total Clinical	Auto-Calculated	2368	77.4%	572	18.7%	120	3.9%	3060
Medical & Dental Staff, Consultants	Headcount	124	62.00%	51	25.50%	25	12.50%	200
of which Senior Medical Managers	Headcount	1	33.33%	0	0.00%	2	66.67%	3
Medical & Dental Staff, Non-Consultants career grade	Headcount	59	40.63%	74	51.03%	12	8.28%	145
Medical & Dental Staff, Medical and dental trainee grades	Headcount	197	57.77%	113	33.14%	31	9.09%	341
Medical & Dental Staff, Other	Headcount	2	100.00%	0	0.00%	0	0.00%	2
Total Medical and Dental	Auto-Calculated	382	55.52%	238	34.59%	68	9.88%	688
Number of staff in workforce	Auto-Calculated	3693	76.48%	905	18.74%	231	4.78%	4829

## **Annex C – WRES Action Plan 2024-25**

Our focus remains on enhancing inclusion for all staff, recognising that a diverse and equitable workforce is fundamental to delivering outstanding care to our patients. By prioritising the experiences and development of our ethnically diverse staff, we aim to create a work environment where all individuals feel valued, respected, and empowered to reach their full potential. This commitment not only strengthens our organisational culture but also directly impacts the quality of care we provide, as a diverse workforce brings a wide range of perspectives, skills, and ideas.

The following key actions have been directly derived from the Dorset County Hospital (DCH) Inclusion & Belonging Action Plan. Timescales for each action are included in this plan. Each action aligns with specific WRES indicators, targeting the areas where disparities have been identified. By focusing on these targeted interventions, we aim to reduce inequalities, foster a culture of fairness, and ensure that all staff have equal opportunities to thrive within the Trust.

### **Objective 1: Recruitment & Retention**

**Aim:** To eliminate the gap between White and BME staff being appointed following shortlisting (WRES Indicator 2).

- **Redesign and Implement Recruitment and Selection Training**  
Enhance training for recruiting managers to include knowledge of unconscious bias, reasonable adjustments, and gender topics, ensuring an inclusive approach in recruitment.

### **Objective 2: Bullying & Harassment**

**Aim:** To reduce the disparity in experiences of bullying, harassment, and discrimination between BME and non-BME staff (WRES Indicators 5, 6 & 8).

- **Zero Tolerance Approach to Bullying, Harassment, and Discrimination**  
Implement a measurable zero-tolerance approach to reduce incidents, supported by leadership commitment and enhanced reporting systems.
- **Develop and Implement Staff-on-Staff Reporting Systems**  
Work with the Freedom to Speak Up Guardian (FTSUG) to establish a reliable reporting system, ensuring transparent handling of bullying and harassment cases.

### **Objective 3: Career Progression and Promotion**

**Aim:** To ensure BME staff believe the Trust provides equal opportunities for career progression and promotion (WRES Indicator 7).

- **Embed Career Conversations in Appraisals**  
Embed structured career conversations in the appraisal process to promote development opportunities tailored to BME staff.

### **Objective 4: Inclusive Resourcing and Talent Development**

**Aim:** Increase representation of BME staff in higher AfC bandings (WRES Indicator 1).

- **Improve Diverse Panel Compositions and Interview Processes**  
Collaborate with staff networks to enhance interview panel diversity and refine questions, ensuring equitable assessment processes.

These actions are directly aligned with the DCH Inclusion & Belonging Action Plan and the WRES indicators, focusing on addressing disparities and promoting an inclusive culture.

## Measures of Success

We will assess our progress on the WRES action plan and our broader Equality, Diversity, and Inclusion (EDI) efforts by measuring against realistic and achievable targets. This approach will allow us to continuously learn, develop, and refine our strategies over time. By cross-referencing our actions with relevant data and documents, we will ensure that all areas are progressed in a measurable way. A dedicated dashboard of inclusion metrics will be established to provide ongoing monitoring and evaluation of our progress.

### Success will be evidenced by the following outcomes, as measured by our key tools:

- **Visible Commitment to EDI from Leadership:** Board members and leaders at all levels will consistently demonstrate their commitment to equality, diversity, and inclusion, reflecting these values in their actions and decisions.
- **Integration of EDI in Decision-Making:** Board and Committee papers will routinely identify equality-related impacts and outline how these are mitigated and managed, ensuring EDI considerations are embedded in all strategic decisions.
- **Safe and Respectful Workplace:** Staff will report feeling safe from abuse, harassment, bullying, and physical violence while at work. This will be monitored through data sources including the Staff Opinion Survey (SOS), Quarterly Staff Surveys, Electronic Staff Records (ESR), the Equality Delivery System (EDS 2022), WRES, and WDES.
- **Perceptions of Fair Career Opportunities:** Staff will increasingly believe that the Trust provides equal opportunities for career progression and promotion, as evidenced by improved ratios in shortlist-to-hire data.
- **Positive Workplace and Patient Experience:** Staff will recommend the Trust as a great place to work and receive care, reflecting a positive and inclusive workplace culture as measured through the SOS and Quarterly Staff Surveys.
- **Increased Diversity in Leadership:** There will be a marked increase in the diversity of senior management and leadership structures, with improvements noted at Bands 8a and above, tracked through a clear trajectory of progress in workforce demographics.
- **Enhanced Patient Satisfaction:** People using Trust services will consistently report positive experiences, as captured through the Friends and Family Test (FFT) and other patient feedback mechanisms.