

Dorset HealthCare

Workplace Race Equality Standard

First published: 01 July 2015



The Workforce Race Equality Standard (WRES) indicators

Dorset HealthCare 1 April 2014 – 31 March 2015 (Published July 2015)

Name of provider organisation

Dorset HealthCare University NHS Foundation Trust

Name and title of Board lead for the Workforce Race Equality Standard

Colin Hague, HR Director

Name and contact details of lead manager compiling this report

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Names of commissioners this report has been sent to

Dorset Clinic Commissioning Group

Name and contact details of co-ordinating commissioner this report has been sent to

Kath Florey-Saunders, Head of Review Design and Delivery, Dorset CCG

Unique URL link on which this report will be found (to be added after submission)

<http://www.dorsethealthcare.nhs.uk/trust/equality-and-diversity/>

This report has been signed off by on behalf of the Board on (insert name and date)

Colin Hague, HR Director 1 July 2015

1. Background Narrative

a. Any issues of completeness of data

All the information has been provided through our Electronic Service Records (ESR) for Staff, the 2014-15 Staff Survey results and the HR data on disciplinaries.

b. Any matters relating to reliability of comparisons with previous years

As this is the first year that the WRES has been used in this format there are no comparisons to be made with previous years. April 2016 will be the first time any comparison can be made.

2. Total Numbers of Staff

a. Employed within this organisation at the date of the report

The total number of staff employed within Dorset HealthCare as at 31 March 2015 is 6401

b. Proportion of BME staff employed within this organisation at the date of the report

The proportion of BME staff employed in Dorset HealthCare is 9.23% 591 Staff

	Indicator	Data for reporting Year	Data for Previous Years	Narrative – the implications of the data and any additional background explanatory narrative	Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective
Workforce indicators					
For each of these four workforce indicators, the Standard compares the metrics for White and BME staff.					
1	Percentage of BME staff in Bands 8-9, VSM (including executive Board members and senior medical staff) compared with the percentage of BME staff in the overall workforce	Visible BME Staff VSM 4.71%		Overall Work Force 4.66% Dorset HealthCare BME Workforce profile is 9.23% and using the criteria set by the WRES the Visible BME Population is 4.94%	
2	Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts.	1.61% - 1		Relative likelihood of White staff being appointed from shortlisting compared to BME staff (0.209/0.13)	Included in the HR Workforce Strategy and the Recruitment and Retention plan

3	<p>Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation</p> <p>Note. This indicator will be based on data from a two year rolling average of the current year and the previous year.</p>	1.59% - 1		<p>Data used is calendar year average of 2013 and 2014. Mechanism in place for financial year reporting.</p>	<p>Linked to EDS2, Objective 3.4 Included in the HR Workforce Strategy</p>
4	<p>Relative likelihood of BME staff accessing non mandatory training and CPD as compared to White staff</p>	0.91- 1		<p>Relative likelihood of White staff accessing non-mandatory training & CPD compared to BME staff (0.76/0.84)</p>	

National NHS Staff Survey findings					
For each of these four staff survey indicators, the Standard compares the metrics for the responses for White and BME staff for each survey question					
		White	Visible BME		
5	KF 18. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	26%	35%	<p>Key area of focus that needs to be responded to.</p> <p>Work has already begun with the Security Advisory Group who has a project looking into Patient on staff episodes reported internally. Further work will be carried done to look closer at the BME make up of Staff for future reporting and action planning.</p>	<p>From the vision and purpose, Dorset HealthCare follows a set of principles that might be considered unwritten rules or norms of our organisation. This includes Being Responsible and accountable for our actions and Being Kind to Each Other.</p> <p>Linked to EDS2, Objective 3.4 Included in the HR Workforce Strategy</p>
6	KF 19. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	17%	25%	<p>Key area of focus that needs to be responded to.</p> <p>We are keen to understand where the Trust sits in line with National Benchmarking</p>	<p>From the vision and purpose, Dorset HealthCare follows a set of principles that might be considered unwritten rules or norms of our organisation. This includes Being Responsible and accountable for our actions and Being Kind to Each Other.</p> <p>Linked to EDS2, Objective 3.4 Included in the HR Workforce Strategy</p>
7	KF 27. Percentage believing that trust provides equal opportunities for career	92%	89%	<p>This area will be monitored annually to ensure there is no increase in the gap between Staff Groups and to increase staff confidence and perception that the Trust does provide equal opportunities for career</p>	

	progression or promotion			progression or promotion.	
8	Q23. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues	7%	28%	Results for individual questions are not split demographically. 5% of all staff answered yes to this question. Figures provided are for “KF28. % experiencing discrimination at work in last 12 months” This is an area of concern and specific actions will be developed to better understand this and put steps in place to monitor and reduce this gap in experience.	
Boards. Does the Board meet the requirement on Board membership in 9					
9	Boards are expected to be broadly representative of the population they serve.	11.76		This figure includes the Trust Non Executives Dorset HealthCare BME Workforce profile is 9.23% and using the criteria set by the WRES the Workforce profile for Visible BME Population is 4.94%	

Report on the WRES indicators, continued

6. Are there any other factors or data which should be taken into consideration in assessing progress? Please bear in mind any such information, action taken and planned may be subject to scrutiny by the Co-ordinating Commissioner or by regulators when inspecting against the “well led domain.”

Any additional factors or data have been added to the table in the comments.

Information on the Trust workforce data sets for April 2014 – March 2015 are available on the Trust intranet and internet as part of the Public Sector Equality Duty.

7. If the organisation has a more detailed Plan agreed by its Board for addressing these and related issues you are asked to attach it or provide a link to it. Such a plan would normally elaborate on the steps summarised in section 5 above setting out the next steps with milestones for expected progress against the metrics. It may also identify the links with other work streams agreed at Board level such as EDS2.

A more detailed plan will be developed over the next year and linked to our Equality and Human Right Policy, EDS2 Objectives and Trust Workforce Strategy. The Plan will include the following:

- Process of Engagement for BME Staff including supporting the re-launch of the BME Staff Network as a focus group.
- Through the engagement process with BME Staff, try to understand their experiences to identify ‘what this means’. Look at supporting mechanisms, training and available options.
- Look at what these figures say about the Trust by national benchmarking against similar NHS Trusts.
- These results will be presented to the Trust Equality and Diversity Steering groups for comments and actions.
- Reflect the findings of the WRES in the annual Equality and Diversity Board report for comments and actions.

Draft WRES Action Plan - December 2015

Action	Outcome	Due By	Progress Review	Lead
Adoption of the WRES Action Plan	To ensure that there is a consistent approach to working towards compliance for April 2016 and that the Trust is aware of this Action Plan and the requirement for further reporting.	January 2016	Draft plan to be agreed by the Equality and Diversity Steering Group and then sent to the Trust Board for confirmation. Once adopted the WRES Action Plan will be made public and shared on the Trust Internet and Intranet.	Equality and Diversity Manager
Inclusion of the WRES Action Plan in the Trust Equality and Inclusion Implementation Scheme	Ensure the WRES is part of the Strategic Equality Objectives for the Trust	January 2016	Strategic Equality Objectives to be discussed at the Trust Board in January 2016.	HR Director Equality and Diversity Manager
Make an assessment of the Trust position in terms of the WRES by benchmarking the results published by NHS England	To look for 'Best Practice' and share methods of approaching similar issues.	February 2016	The NHS England initial benchmarking report is about to be published. Additional Actions may follow.	HR Director Equality and Diversity Manager
Further develop 'Unconscious Bias' training and information for Line Managers and recruitment staff.	Continue to monitor the Trust Workforce Data to observe any disproportionality in BME Staff representation in the recruitment and retention process.	April 2016	Additional awareness has been incorporated into Staff Recruitment and Interviewing Training. Monitor the evaluation of this training to ensure it meets the expectations of staff and develop further	Equality and Diversity Manager Learning and Development Team

Action	Outcome	Due By	Progress Review	Lead
			supporting tools as required.	
Organise Staff engagement conversations and analysis with BME staff that includes discussion about secondment, Continuous Professional Development opportunities	To work towards increasing the level of satisfaction across this indicator BME Staff also feel supported by the Trust to take positive steps for career progression and remove any barriers perceived or otherwise.	June 2016	BME Staff feel supported by the Trust to take positive steps for career progression and remove any barriers perceived or otherwise. By the analysis of the Staff Survey results and feedback from engagement events	HR Director Governing body Equality and Diversity Manager
To promote recruitment links for any future NEDs positions to diverse organisations and links	Share recruitment information through recognised diverse organisations and recruitment agencies	On Going	To sustain the BME representation at Board Level	Board Recruitment Process Lead HR Services Equality and Diversity Manager
Ensure that local vacancies link are periodically forwarded to diverse partners	BME organisations are more aware of local vacancies and may encourage more applications from these communities	On Going	To increase the BME representation at Senior Management Levels in the Trust	HR Services Equality and Diversity Manager

Action	Outcome	Due By	Progress Review	Lead
<p>To conduct a survey with the visible BME staff specifically on the 5,6,and 7 indicators of the WRES</p> <p>5 KF 18. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months</p> <p>6 KF 19. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months</p> <p>7 KF 27. Percentage believing that trust provides equal opportunities for career progression or promotion White BME White BME</p>	<p>Enable better understanding around areas to improve</p>	<p>April 2016</p>	<p>Close monitoring of the Visible BME Staff Survey results 2015 and looking to make year on year improvements</p>	<p>HR Director</p> <p>Organisational Development Lead</p> <p>Equality and Diversity Manager</p>
<p>Retention interview of BME staff at same post or level for three years to evaluate reasons why they have not progressed and appraisal paperwork to include progression</p>	<p>This will help identify possible gaps in career progressions.</p>	<p>On Going</p>	<p>This will need to be built in to the Appraisal Process Guidance for managers and supporting information for all Staff</p>	<p>Learning and Development</p> <p>Locality Managers</p> <p>Services Managers</p>

Action	Outcome	Due By	Progress Review	Lead
Collation of the WRES data	Second year assessment	April 2016	Compare results to 2015	Equality and Diversity Manager
Publication of WRES report	To meet the NHS England requirements	April 2016	Set further objectives based on the comparison.	HR Director Equality and Diversity Manager