

# **NHS Workforce Race Equality Standard (WRES)**

**Annual Report 2021** 

University Hospitals Dorset NHS Trust



## **CONTENTS**

- 1. Introduction
- 2. Executive Summary
- 3. Voice of our Networks
- 4. Conclusions and next steps
- 5. WRES metrics and action plan

# **Appendices**

A: Legacy WRES data

B: Infographic

C: Freedom to Speak Up data

- BAME (Black, Asian and minority ethnic) BME (Black Minority ethnic) (these terms are interchangeable within the reports and data collection for WRES)
- EDIG: equality, diversity and inclusion Group
- WOFC: Workforce and strategy committee
- HR: Human Resources
- OD: Organisational Development
- FTSU: Freedom to Speak Up (Guardian)
- ICS: Integrated Care System

## 1 Introduction

This report is the first report and action plan for University Hospitals Dorset NHS Foundation Trust (UHD), following the integration of Poole Hospital and Royal Bournemouth & Christchurch Hospitals (RBCH) in October 2020.

The formation of the Dorset Integrated Care System brings significant benefits and resources to our workforce in terms of aligned actions and programmes to address inequalities and create positive employee life cycles and lived experience working within the Dorset NHS system.

This report and the data submission will be reviewed and ratified by the Equality, Diversity and Inclusion Group (EDIG). EDIG services to provide assurance that the Trust has an effective framework within which it overseas the implementation of the national Standards, which includes WDES.

EDIG is Co-Chaired by an Executive Director and a Non-Executive Director, who hold Inequalities in their portfolio and the committee reports to the Workforce Strategy Committee and to the Board.

Legacy data and overall themes/results from 2019 have been included for reference. There are some anomalies with data figures due to the different ways of data collection in the previous organisations. These processes have now been aligned and unified to provide assurance of accuracy in the reporting for UHD for future reports.

The MWRES (Medical Workforce Race Equality Standard) report published in July 2021 highlights the disparities and inequalities for our internationally educated Doctors and clinicians. There are specific actions for medical workforce leads to undertake before the next period of data reporting and this will need to be reviewed through EDIG.

# 2 Executive summary

UHD aspires to embed an inclusive culture where diversity is valued and championed at all levels of the organisation. Through our trust objectives, values and Equality, Diversity and Inclusion Strategy we aim to promote and deliver equality of opportunity and dignity and respect for all our patients, service users, their families' carers and our people. We aim to eliminate discrimination & harassment and reduce health inequalities. Research shows that organisations that have diverse leadership are more successful and innovative. Staff who feel valued are more likely to be engaged with their work, and diversity at senior levels increases productivity and efficiency in the workplace.

UHD has over 9500 staff serving a population base of 395,330. [The diversity Census; 2011 ONS] 84.8% are White British, 11.6% BME where English is not the first language for 6.1%.

We now eagerly await the opportunity to review our workforce data against the local demographic from the 2020 Census Data.

In partnership with our staff networks, staff and patient representatives and our leaders we will continue to monitor our data alongside the lived experiences of all our staff. Our Staff Network groups have been instrumental in providing increased feedback to inform the Trust of the need for change to reduce potential organisational barriers. We want to move beyond compliance and create an inclusive organisation where individuals are treated fairly as part of our cultural change journey and create a sense of belonging. We want to ensure that every member of staff feels properly valued and engaged in the development of our new organisation.

Notable success can be demonstrated through our staff networks;

- The British Empire Medal was awarded to Matron Minnie Klepacz. Minnie was invited to number 10 Downing Street, in recognition of her contribution to healthcare and giving her an opportunity to discuss directly with the Prime Minister the impact of the Covid pandemic on healthcare workers.
- Deepa Pappu is the UHD representative on the British Indian Nurses Association [BINA] that was founded in 2020. BINA has lead representatives across several UK regions. BINA aims to support newly arrived nurses in the UK by helping nurses of Indian origin to "thrive" in the NHS. From advising nurses on how to stay warm in the British weather to helping them choose a new school for their children. BINA could help support Indian nurses establish themselves in their new jobs and hopefully stay within UHD and the NHS.
- European network leads, Christos Christoforidis and Lumi Georgescu, worked in partnership with our HR team on the EU Settlement Scheme in providing support and assistance with the application process. They were also invited to present on a national webinar with the Cavendish Coalition, sharing their good practice and learning with other NHS organisations.

## 3 Voice of our Networks

#### **EU Network**

The European network has campaigned tirelessly for our ethnicity to be recognised within the Workplace Race Equality Standard reporting and action plans. We are very proud of the work we have done to lead this and are able to demonstrate in our organisation the lived experience of our European colleagues. We presented to the Cavendish Coalition in March 2021 our work in this area and many other NHS trusts were interested in this approach. The NHS Health and Race Observatory leaders have recognised the need to widen the data and reporting for all ethnic groups and we will continue to monitor this through our equality, diversity and inclusion group (EDIG).

We have built supportive working relationships with external organisations (Dorset Race Equality Council, Citizens Advice Bureau and the Cavendish Coalition) and internal HR teams to ensure our European colleagues had the best support available to enable them to process their Settled Status applications. The network has supported colleagues to be heard, be included in the work to support this staff group and acted as "Cultural Interpreters" for communication messages to ensure they are understood.

We are pleased to see recognition in this report of the white minority ethnic data and will continue to work in partnership with the Trust to ensure all ethnic groups are included in the positive actions to improve the employee experience, equal opportunities and the voice of this staff group is heard, understood and included.

A big thank you to Lumi Georgescu in starting this network and acknowledgement of their commitment to continually raising the awareness of the issues our European colleagues face in our workplace. The network will continue to work with all staff network leads and the EDI group and be the voice of our European people.

#### **BAME Network**

Our BAME network has gone from strength to strength this year. Following the Trust merger last year we have increased the network presence and visibility across both major hospitals sites at Poole and Bournemouth.

We are very proud of the work we have done to raise the voices of our colleagues from an ethnic background, encouraged them to speak up and be confident to seek opportunities and career development throughout the organisation.

We have also provided an ongoing programme of pastoral support to our International Nurses, many of whom arrived during the height of the pandemic and needed to isolate in our residences. We reached out with a warm welcome and an induction session to orientate them in the support available in the organisation and are valued in our workforce.

We have been active members of the programmes in the trust to address the inequalities and less positive experience of our BAME workforce and continue to work with our members to support them in developing their confidence and skills to progress their careers:

- Reverse Mentoring programme
- Beyond Difference leadership programme
- Professional Nurse Advocate Programme
- Culture Champions
- Allies workshops
- We March! Event celebrating the network and activity
- Celebrating International Nurses Day

Our external networking and connections has brought many benefits to the organisation and our members. We take great pride in representing on behalf of our colleagues from UHD at The Filipino Nursing Association and Indian Nurses Association, as well as a keynote speaker for the HSJ and regional NHS networks and a visit to Downing Street to meet the Prime Minister.

The award of a British Empire Medal to Minnie Klepacz is a fantastic achievement and we are very proud of this acknowledgement of the leadership Minnie has brought to the network. Judith and Monica at Poole have developed their profiles and roles as co-leads and widened the reach of the network to all areas in the trust.

Our work in encouraging our members to speak up and be confident is evident in the increased reporting to the Freedom to Speak Up team and in the staff survey results on behaviours. We know this continues to be a problem and we will work with the organisation to raise awareness and highlight areas of concern.

The network will continue to be the voice of our ethnically diverse workforce and represent their views at the EDI group.











## 4 Conclusion

This is the first data set for UHD as a merged organisation, our key findings include:

- There is an apparent fall of BAME progression through the higher pay bands.(indicate 1)
- The relative likelihood of BAME staff entering a formal disciplinary process is comparable with the national picture, (1.17:1). (indicator 2)
- UHD's relative likelihood of white staff accessing non-mandatory training and CPD compared to BAME staff is also good (1.11:1) and slightly better than the national picture (1.14:1), which is at its lowest point since 2016. (indicator 4)
- UHD's overall stagnation in the rates of bullying, harassment and abuse of BAME staff – in some areas is more prevalent and again, not dissimilar to the national picture. (indicators 5,6,8)
- It is evident the importance and value of our staff networks, supporting the
  organisation to better understand the experience of its workforce from ethnically
  diverse backgrounds and bringing expert advice and guidance to our
  interventions and programmes to address the inequalities identified within the
  WRES report.
- The Freedom to Speak Up Guardian has been in place since 2017 and grown into a team with FTSU Ambassadors (FTSUA)
- Our workforce from a BAME background are using the FTSU team to speak up
- The main theme for staff coming to the FTSU team is attitudes and behaviours and since April 2021 the proportion of our BAME staff is higher at 81%. (appendix C)
- The FTSU team and staff networks have an established and embedded working relationship.

# **Next Steps**

With the above in mind in the next reporting period UHD will be consolidating work plans through the action plans and strategy programme through the Equality, Diversity and Inclusion group.

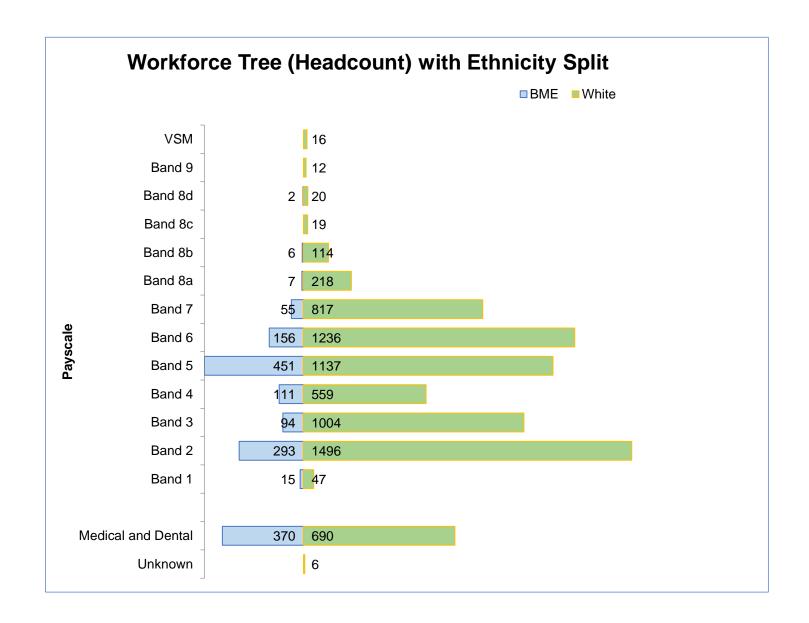
Data driven decision making

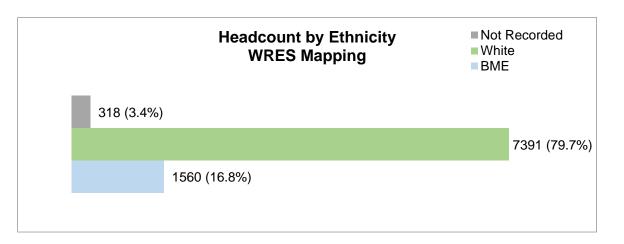
Continued work to support raising the profile of the staff networks and their leads in the organisation. Developing partnership working and raising awareness and understanding of the lived experience of our ethnically diverse workforce.

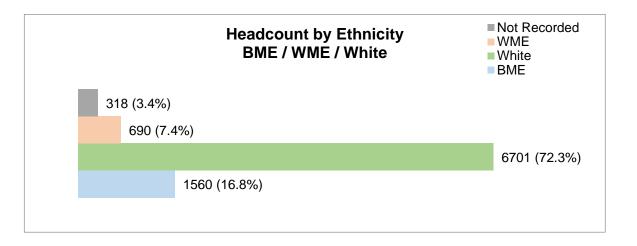
The FTSUA team continuing to raise awareness of the themes and trends they are hearing and escalating them to the appropriate level.

Reviewing the Medical Workforce Equality Standard (MWRES) report and monitoring compliance with the required actions before the next data reporting period.

**WRES 1,** UHD's shows presents a rapid fall off of BAME staff progression through higher pay bands and to greater seniority within the organisation





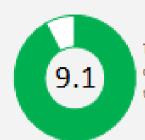


WRES indicator	Metrics/Narrative	Action	Timescale	Progress Review/Reporting
Indicator 2 Likelihood of being appointed from shortlisting across all posts	UHD's relative likelihood of white staff being appointed from shortlisting compared to BME staff is <b>1.26:1.</b> This has improved against the previous reported position of the legacy trusts and the national position (1.61:1),	Values based recruitment	March 2022	EDIG Workforce Strategy Committee
Indicator 3 Staff entering formal disciplinary process	UHD's relative likelihood of BAME staff entering formal disciplinary processes is 1.17:1 (National benchmark 1.16:1) This has deteriorated slightly following organisational merger and the restart of processes after the initial lockdown, while still tracking the national benchmark of 1.16:1.	Civility Toolkit/Dignity at work policy updated and published.  Adoption of a just and learning culture, using a restorative justice, civility and respectful approach.  Reverse Mentoring programme  Wellbeing conversations  Coaching conversations  Freedom to Speak Up support for mediated discussions  Engaging through the BAME staff network for more diverse representation in investigation team.	March 2022	EDIG Workforce Strategy Committee FTSU reporting index
Indicator 4. Staff accessing non-mandatory training and CPD	UHD's relative likelihood of white staff accessing non-mandatory training and CPD compared to BAME staff has deteriorated (1.11:1) and slightly better than the national picture (1.14:1), which is at its lowest point since 2016	Beyond Difference Leadership programme for BAME staff, in partnership with Dorset ICS. 9 Places for 2020, evaluation and development for further cohorts in 2021 with additional spaces.  Appraisal process and documentation updated, reflection and review stages to review career pathway and self-development needed to achieve career goals  Coaching and wellbeing conversations, linked to career development and progression.	December 2021 evaluation of programme	EDIG Workforce Strategy Committee
Indicator 5 Percentage of staff experiencing harassment, bullying of abuse from patients, relatives or the public in last 12 months.	UHDs overall stagnation in the rates of bullying, harassment and abuse of RAME staff – in some areas is more prevalent and again, not dissimilar to the national picture  BAME: 27% White: 25%	Continue to raise awareness of the FTSU Guardians, how to speak up and support available for all staff to report incidents.  Regular reporting through assurance committees and highlighting themes and trends and hotspots in the organisation  Civility/Dignity at Work policy and toolkit updated  Hate Crime Charter is in place, organisation is an active member of Prejudice Free Dorset with access to resources and support for all staff to report incidents safely.	March 2022	EDIG Workforce Strategy Committee

Indicator 6. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	UHD is showing an overall improvement against previous years data from the legacy trusts and is in line with the national picture  BAME: 29% White: 22%	Civility/Dignity at Work policy and toolkit updated. Progression of process and policies to support a just and learning culture  Second Reverse mentoring programme due to start October 2021  Staff networks included in partnership working, providing expert by experience advice and guidance.	March 2022	EDIG Workforce Strategy Committee FTSU
Indicator 7. Percentage believing that trust provides equal opportunities for career progression or promotion.	UHD is showing a static position for this indicator with no improvement in the last three years data from the legacy trust. It is slightly better than	Wellbeing Conversations FTSU and staff network support for mediated discussions  Positive action development programme: Beyond Difference. In partnership with Dorset ICS. Launches Sept 2021, further cohorts to develop on evaluation.	December 2021 evaluation of programme	EDIG Workforce Strategy Committee
	the national picture for BAME staff.  BAME: 78% White: 90%	Introduction of a system of constructive and critical challenge to ensure fairness during interviews. Including values based shortlisting, diverse interview panels, presence of an equality representative (staff networks), values based interview questions and specific equality and inclusion questions for band 8A and above.  Values based shortlisting and interview approach	Autumn 2021	
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	UHDs overall stagnation in the rates of bullying, harassment and abuse of BAME staff – in some areas is more prevalent and again, not dissimilar to the national picture  BAME: 17% White: 6%	Second cohort of Reverse Mentoring programme to commence October 2021. Actively promoted through staff networks, encourage under- represented groups to participate as Mentors with supported training and coaching.  Continuing collaboration with BAME staff network and our Freedom to Speak Up Guardian/Ambassadors  Unconscious Bias workshops Inclusive modules on all leadership programmes Reverse Mentoring programme Wellbeing conversations Coaching conversations FTSU support for mediated discussions, raising awareness	March 2022	EDIG Workforce Strategy Committee
Indicator 9 Percentage difference between the organisations' board voting membership and its overall workforce.	UHDs Board continues to show a deficit position in relation to visible diversity at Board and Senor Manager levels compared to the workforce. This is above the national picture and is relative to the over-representation of BAME workforce (17%) in comparison with our local population (11.6%)  -13.7%	Action plan aligned to Model Employer goals, increase BAME representation at Board/VSM level to reflect workforce diversity by 2025 (appendix b)  Regular reporting against key metrics in the context of the broader performance frameworks	June 2025	EDIG Workforce Strategy Committee

WRES indicator	2020		2021	
	Poole Hospital	Royal Bournemouth & Christchurch Hospitals	University Hospitals Dorset	National Data
Indicator 2: relatively likelihood of staff being appointed from shortlisting across all posts	1.66	1.78	1.26	1.61
Indicator 3. relatively likelihood of staff entering the formal disciplinary process as measured by entry into a formal disciplinary investigation	0.88	1.18	1.17	1.16
Indicator 4. relatively likelihood of staff accessing non-mandatory training and CPD	1.00	0.93	1.11	1.14
Indicator 5. % of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	BAME: 33% White: 29%	BAME: 26% White: 24%	BAME: 27% White: 25%	BAME 29% White 27%
Indicator 6. % of staff experiencing harassment, bullying or abuse from staff in the last 12 months	BAME: 28.8% White: 24%	BAME: 22% White: 19%	BAME: 29% White: 22%	BAME 29% White 24%
Indicator 7. % percentage believing that trust provides equal opportunities for career progression or promotion	BAME: 77% White: 89%	BAME: 78% White: 90%	BAME: 78% White: 90%	BAME: 71% White: 87%
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	BAME: 19% White: 6%	BAME: 15% White: 5%	BAME: 17% White: 6%	BAME: 15% White: 6%
Indicator 9. % difference between the organisations Board voting membership and its overall workforce (note: new Board in place 1/10/20 for UHD)	-12.7%	-9.8%	-13.7%	10%





This overall theme scores from one to ten—and is all about fair career progression, experience of discrimination and adjustments that support people, to do a good job. The purpose of this document is to highlight the BAME employee experience as reported in the survey.

Indicator 5: Indicator 6: Indicator 7: Indicator 8: Discrimination: Bullying, Harassment Bullying, Harassment Equal opportunities: Believing Trust provides equal Staff experiencing discrimination or Abuse or Abuse from their manager / team From staff in the last opport unities for career From patient, relatives leader or other coll eagues progression or promotion or public in last 12 months 12 months BAME BAME BAME BAME 27% 29% 78% 17% White White White White

Score has IMPROVED since last year (2019)

25%

2% difference

previous results

2019

30%

Score is WORSE since last year (2019)

22%

7% difference

previous results

90%
12 % difference

Our score is about the SAME as last year (2019)

previous results

2019

80%

17%

White

5%

12% difference

Score is
WORSE
since last year
(2019)

previous results

14%

2019

Response rate for NHS Staff Survey 2020: 36%

We are caring one team distening to understand open and honest always improving inclusive



### Freedom To Speak Up Data

This data has been prepared for a report to EDIG in September 2021.

### Case Referrals – the headlines

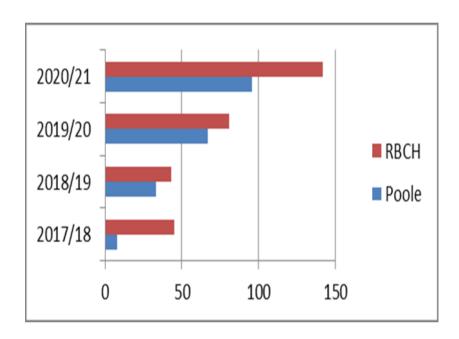
A range of data is collected by the FTSUG. Referrals come from a number of routes including team presentations, trust communications, website, signposting from other departments such as OH and HR, word of mouth, LERNs, the UHD app and recommendation.

Graph 3 illustrates the year on year increase of people using the FTSU service cumulating with an increase of over 60% last year from the previous year. This validates our observations that this route is becoming an established route to escalate concerns regarding patient safety and our working environment.

This trend is also increasing in the number of referrals to the FTSU team from our staff with a BAME background. Graph 4 illustrates a year on year increase of referrals coming to the team peaking to 20% of referrals from our BAME staff this year. Our most recent data shows that our BAME staff make up 16.8% of UHD staff (1580 people) and 11.6% for Bournemouth Christchurch Poole, Council (2011 census). This data suggests therefore that we are making good progress to reaching and hearing the issues from this staff group.

The number of referrals from BAME staff at RBH is more than Poole.

**GRAPH 3**: Total Number of referrals made to the FTSU team.



GRAPH 4: No of referrals to FTSU from staff from BAME background.

