Workforce Race Equality Standard Report

2024-25

1.0 Introduction

This report provides an analysis of our annual performance against the Workforce Race Equality Standard (WRES) metrics for **2024-25**. 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 **21.65%** of the workforce, a rise of **2.91%** 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 **2024-25** WRES submission is based on staff with recorded ethnicity in the Trust's Electronic Staff Records (ESR), with ethnicity data available for **98%** of our workforce.

- **Indicator 1** is drawn from ESR data as of **31 March 2025**.
- **Indicator 2** is drawn from TRAC data as of **31 March 2025**
- **Indicator 3** is based on HR records from **1 April 2024 to 31 March 2025**.
- **Indicator 4** reflects ESR data from **1 April 2024 to 31 March 2025**.
- **Indicators 5-8** are derived from the national NHS Staff Survey conducted between early October and end November 2024, with results published in **March 2025**.
- **Indicator 9** is based on ESR data as of **31 March 2025**.

The average response rate for BME staff on survey indicators (5–8) was **20.8%**, representing **188 respondents**. This is **4.5% below** the national average of **25.3%**.

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.

2.0 Overview of changes since 2023/24 data

Over the past year, Dorset County Hospital (DCH) has deepened its commitment to creating an inclusive workplace, guided by our joint Inclusion and Belonging Strategy with Dorset Healthcare (DHC). This approach enables us to align priorities across the federated alliance while tailoring actions to the needs of our own workforce.

Investment in capability building has remained a priority. Conscious inclusion and inclusive leadership programmes have been delivered collaboratively across all NHS Trusts in Dorset, ensuring that leaders and managers at every level have access to the tools needed to foster equitable and respectful teams.

Staff networks continue to play a vital role in creating belonging. The Overseas Staff Network now provides peer support to over 400 members, helping colleagues settle into new roles and communities. The Ethnic Diversity Network is relaunching under new leadership, with a renewed focus on advocacy and visibility.

This year's data tells a more complex story. The proportion of BME staff in our workforce has grown to its highest level to date, reflecting successful recruitment and retention. However, several experience indicators – particularly recruitment outcomes, reports of harassment, and senior representation – continue to show disparities. These results underline the importance of coupling diversity growth with systemic changes that improve equity of experience and opportunity.

Closing these gaps will be a core focus for 2025/26. Our action plan prioritises fair recruitment practices, stronger anti-bullying measures, leadership accountability for inclusion, and more robust pathways for BME staff to progress into senior roles.

3.0 Summary of Results

The data submitted to the national WRES team is included in Annex A.

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 proportion of ethnically diverse staff at Dorset County Hospital has grown from 905 in 2023/24 to 1,033 in March 2025 – an **increase** of 3.91 percentage points, bringing overall representation to 21.65 %. This continues a consistent four-year upward trend and reflects sustained recruitment from a broad range of backgrounds, particularly through international recruitment into critical roles.

This progress strengthens the diversity profile of our workforce, but the data also shows that representation remains heavily concentrated in certain staff groups and lower pay bands. BME presence at senior levels is still limited, meaning that the benefits of diversity are not yet fully realised in all decision-making spaces.

The challenge now is to convert representation into equity of experience and opportunity. This requires targeted mentoring, clear and transparent promotion processes, leadership development pathways, and active sponsorship to support BME colleagues into senior and strategic roles.

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

The recruitment data shows a continuing disparity between White and BME applicants. In 2024/25, the likelihood of White applicants being appointed from shortlisting was 3.06 times higher than for BME applicants. While this represents an **improvement** compared to last year's figure, the difference remains significant, with appointment rates of 33.7% for White applicants compared to 11% for BME applicants.

This persistent gap highlights the need to strengthen inclusive recruitment practices, particularly in shortlisting and final appointment decisions. Work is underway through the Inclusive Recruitment project to ensure greater fairness and consistency in how candidates are assessed and selected.

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)*

BME staff are now 1.38 times more likely than White staff to enter the formal disciplinary process, compared with no measurable difference in the previous year. While the overall numbers involved remain small, the **proportional impact is significant**, and the data shows that disparities in the experience of formal procedures persist.

This shift underlines the need to examine our processes in detail. We will carry out a full review of disciplinary cases over the past two years to identify any patterns of bias or inconsistency, working in partnership with staff networks and drawing on feedback from managers involved in these processes.

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

The likelihood ratio for accessing non-mandatory training and CPD has **increased** from 0.81 in the previous year to 0.93, indicating that BME staff now take up these opportunities at a slightly higher rate than their White colleagues. This represents a positive shift and suggests that recent measures to improve awareness and accessibility of professional development are beginning to deliver results.

To maintain and strengthen this progress, we will continue to ensure that CPD opportunities are well-publicised, easy to apply for, and open to all staff on an equitable basis. This will include targeted promotion through staff networks, proactive encouragement from managers during appraisals, and the use of simple, transparent application processes. Regular monitoring will help us to identify any emerging gaps and address them promptly.

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

The proportion of BME staff reporting harassment, bullying, or abuse from patients, relatives, or the public has **risen** from 22% in the previous year to 28%, **increasing the gap** with White staff to 9.2 %. This change reverses last year's improvement and shows that existing measures have not yet delivered consistent or sustained reductions in such incidents.

Addressing this requires a renewed and visible commitment. We will strengthen anti-bullying and anti-abuse campaigns aimed at both staff and the public, improve the accessibility and visibility of reporting mechanisms, and ensure timely, tailored support for anyone affected. In addition, we will review incident data more frequently to identify emerging patterns and take prompt action, working closely with frontline teams to implement practical prevention measures.

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

Reports of harassment, bullying, or abuse from colleagues among BME staff have **increased** slightly, from 25.8% to 26.4%, **widening the gap** with White staff to 5.2%. While the overall rate has not shifted significantly, the persistence of this disparity indicates that more needs to be done to embed a consistently respectful and inclusive workplace culture.

We will continue to roll out inclusive leadership training, so that managers have the skills and confidence to address issues promptly and fairly. We will also improve communication about reporting routes and reinforce assurances that all concerns will be handled sensitively, confidentially, and without risk of retaliation. This approach aims to build trust that unacceptable behaviour will be challenged and resolved effectively.

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

The proportion of BME staff who believe the Trust provides equal opportunities for career progression and promotion has decreased from 59.3 % to 56.6 %. White staff show a similar decline, from 58.1 % to 56.2 %,

resulting in a **disparity gap of just 0.4 %** – the smallest recorded to date. While this closer alignment may suggest more consistent perceptions across groups, the overall drop in confidence for both will be monitored.

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.*

16.0 % of BME staff reported experiencing discrimination from managers, team leaders, or colleagues – a **reduction** from 18.0 % last year. The disparity gap **also reduced** to 9.4%. While this improvement is welcome, it shows that discriminatory experiences continue to affect a significant proportion of our ethnically diverse workforce.

Closing this gap will require both stronger prevention and clearer accountability. We will reinforce bias awareness and inclusive leadership training for all managers, ensure that reporting routes are straightforward, accessible, and trusted, and act promptly and visibly when concerns are raised. Our aim is to build a culture in which discriminatory behaviour is consistently identified, challenged, and addressed, so that all staff can work in an environment of fairness and respect.

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

The national team has advised that we are only permitted to report on Board members who are directly employed by us. As a result, joint roles and Board members employed via Dorset HealthCare are excluded, which limits the completeness of the data. A complete overview of this element will be provided in the joint annual EDIB Report.

4.0 Conclusion and Actions

This year's WRES results present a mixed picture. While the proportion of ethnically diverse staff has continued to rise for the fourth consecutive year, disparities between BME and White colleagues remain in several indicators. While harassment from both patients and colleagues has increased, the recruitment gap following shortlisting has narrowed compared to last year, though it remains significant.

These findings reinforce that representation alone is not enough. We must take more targeted and sustained action to remove structural barriers, embed fair and transparent processes across all people practices, and create a working environment in which all staff feel safe, respected, and supported to develop.

The following actions set out focused, measurable steps, rooted in the latest data, to address the most pressing challenges. It aligns directly with the WRES indicators, our joint Inclusion and Belonging Strategy, and the priorities in the Trust People Plan. Progress will be tracked against clear metrics and reviewed regularly to ensure that improvements are not only initiated but embedded for the long term.

Action 1 – **Recruitment and Selection**

Aim: Eliminate the post-shortlisting appointment gap between White and BME candidates (WRES Indicator 2) and ensure fairness at every recruitment stage.

Key Actions:

- Full review of end-to-end recruitment – job descriptions, essential criteria, advertising channels, and interview formats – to identify and remove structural barriers.
- Mandatory inclusive recruitment training for all recruiting managers, covering bias mitigation, reasonable adjustments, and cultural competence.
- Diverse recruitment panels as standard for all Band 7+ posts and high-volume recruitment, with panel diversity recorded in ESR.
- Live recruitment monitoring dashboard – monthly tracking of shortlisting and appointment rates by ethnicity, reported to the Workforce Committee and staff networks.
- Post-interview candidate feedback loop to identify recurring barriers and improve applicant experience.

Timeframe: These actions are already in the Inclusion and Belonging Strategy Action Plan with the aim to implement all by early 2026.

Action 2 – **Bullying, Harassment and Discrimination**

Aim: Reduce disparity in experiences of harassment, bullying, or discrimination from both patients/public (WRES 5) and staff (WRES 6 & 8).

Key Actions:

- Trust-wide zero tolerance campaign, visible to staff, patients, and visitors, with clear behavioural expectations and senior leadership endorsement.
- Streamlined reporting system with improved accessibility, confidentiality, and follow-up for reporters.
- Quarterly trend analysis of incidents by protected characteristic to enable early, targeted interventions.

Timeframe: These actions are already in the Inclusion and Belonging Strategy Action Plan with the aim to implement all by early 2026.

Action 3 – **Career Progression and Professional Development**

Aim: Increase BME staff confidence in career progression opportunities (WRES 7) and ensure equitable access to CPD (WRES 4).

Key Actions:

- Structured career conversations embedded in annual appraisals, with prompts to explore aspirations, barriers, and targeted support.
- Mentoring and sponsorship programmes for BME staff, including senior leader shadowing and Board observation opportunities.
- Clear promotion criteria for every band, with application guidance and examples of successful progression pathways.

Timeframe: These actions will be added to the Inclusion and Belonging Strategy Action Plan and will be completed by the end of March 2026.

Annex A

WRES Indicator	2021/22	2022/23	2023/24	2024/25
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 2023/24**	White: 3486 BME: 564 Unknown: 199 Total staff: 4249 **Overall BME %: 13.27**	White: 3564 BME: 679 Unknown: 186 Total staff: 4429 **Overall BME %: 15.33**	White: 3693 BME: 905 Unknown: 231 Total staff: 4829 **Overall BME %: 18.74**	White: 3664 BME: 1033 Unknown: 72 Total staff: 4769 **Overall BME %: 21.65**
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: 1324 (69%) BME: 427 (68%) **Difference: 1%** ***Likelihood ratio: 1.01***	White: 1122 (44%) BME: 263 (29%) **Difference: 15%** ***Likelihood ratio: 1.51***	White: 928 (25%) BME: 384 (4%) **Difference: 21%** ***Likelihood ratio: 5.57***	White: 1325/446 (33.7%) BME: 1119/123 (11%) **Difference: 22.7%** ***Likelihood ratio: 3.06***
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: 17 (1%) BME: 3 (1%) **Difference: 0%** ***Likelihood ratio: 1***	White: 17 0.4%) BME: 6(0.8%) **Difference: 0%** ***Likelihood ratio: 0***	White: 17 (0.46%) BME: 5 (0.55%) **Difference: 0.09%** ***Likelihood ratio: 1.2***	White: 8 (0.22%) BME: 3 (0.30%) **Difference: 0.08%** ***Likelihood ratio: 1.38***
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***	White: 1573 (57%) BME: 316 (60%) ***Likelihood ratio: 0.95***	White: 2779 (77%) BME: 503 (74%) **Difference: 3%** ***Likelihood ratio: 1.05***	White: 2156 (58.38%) BME: 651 (71.93%) **Difference: 13.55%** ***Likelihood ratio: 0.81***	White: 2167 (59.14%) BME: 693 (67.06%) **Difference: 7.92%** ***Likelihood ratio: 0.93***

Indicator 5 % of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	White: 24.5% BME: 34% **Difference: 9.5%**	White: 25% BME: 29.8% **Difference: 4.8%**	White: 18% BME: 22% **Difference: 4%**	White: 18.8% BME: 28% **Difference: 9.2%**
Indicator 6 % of staff experiencing harassment, bullying or abuse from staff in the last 12 months	White: 26.0% BME: 29.1% **Difference: 3.1%**	White: 24.9% BME: 32.4% **Difference: 7.5%**	White: 22.6% BME: 25.8% **Difference: 3.2%**	White: 21.2% BME: 26.4% **Difference: 5.2%**
Indicator 7 % of staff believing that the Trust provides equal opportunities for career progression and promotion	White: 62.6% BME: 55% **Difference: 7.6%**	White: 60.7% BME: 47% **Difference: 13.7%**	White: 58.1% BME: 59.3% **Difference: 1.2%**	White: 56.2% BME: 56.6% **Difference: 0.4%**
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: 5.6% BME: 18.7% **Difference: 13.1%**	White: 6.1% BME: 16.6% **Difference: 10.5%**	White: 7.8% BME: 18% **Difference: 10.2%**	White: 6.6% BME: 16% **Difference: 9.4%**
Indicator 9 % **difference** between the organisation's Board voting membership & its **overall workforce**	White: 93% **Difference: 13%** BME: 7% **Difference: -8%**	White: 91% **Difference: 10%** BME: 8.3% **Difference: -4.2%**	White: 71.43% **Difference: -5%** BME: 7.14% **Difference: -12%**	White: 92.9% **Difference: -7.0%** BME: 7.10% **Difference: -14.9%**