

Response ID ANON-DH32-FNFD-F

Submitted to **Workforce Race Equality Standard (WRES) reporting template - 2017**
Submitted on **2020-10-30 16:27:14**

Introduction

1 Name of organisation

Name of organisation:

Derbyshire Healthcare NHS Foundation Trust

2 Date of report

Month/Year:

October 2020

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

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

Jaki Lowe, Director of People & Inclusion

4 Name and contact details of lead manager compiling this report

Name and contact details of lead manager compiling this report:

Clare Meredith

Equality, Diversity & Inclusion Advisor

clare.meredith3@nhs.net

5 Names of commissioners this report has been sent to

Complete as applicable::

Derby & Derbyshire Clinical Commissioning Group

Workforce Race Equality Standard reporting template

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

Complete as applicable.:

Phil Sugden

NHS Derby and Derbyshire Clinical Commissioning Group

philip.sugden1@nhs.net

7 Unique URL link on which this report and associated Action Plan will be found

Unique URL link on which this Report and associated Action Plan will be found:

<https://www.derbyshirehealthcareft.nhs.uk/about-us/equality-and-diversity>

8 This report has been signed off by on behalf of the board on

Name::

People and Culture Committee

Date::

22 September 2020

Background narrative

9 Any issues of completeness of data

Any issues of completeness of data:

92 colleagues have not declared their ethnicity.

10 Any matters relating to reliability of comparisons with previous years

Any matters relating to reliability of comparisons with previous years:

For the 2019/20 WRES submission, the Trust has refined the way it reports WRES Indicator 4 (Relative likelihood of staff accessing non-mandatory training and CPD) following engagement with our BME Staff Network. In previous years, the figures have included all funded and non-funded courses registered on ESR and

also included access to East Midlands Leadership Academy (EMLA) programmes. This year, the figures only include funded courses and the EMLA programmes are no longer available for Trust staff.

Self reporting

11 Total number of staff employed within this organisation at the date of the report:

Total number of staff employed within this organisation at the date of the report:

2672

12 Proportion of BME staff employed within this organisation at the date of the report?

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

13.8% (369)

13 The proportion of total staff who have self reporting their ethnicity?

The proportion of total staff who have self-reported their ethnicity:

96.6% (2580)

14 Have any steps been taken in the last reporting period to improve the level of self reporting by ethnicity?

Have any steps been taken in the last reporting period to improve the level of self-reporting by ethnicity:

- Inserted a new 'My Equality & Diversity' portal on the ESR homepage, to enable all staff to easily and quickly update their protected characteristics
- Designed a user guide to show staff how to update characteristics on ESR.
- Inserted a message onto payslips to remind colleagues to self-report their characteristics on ESR
- Updated the Appraisal form to remind managers to discuss self-reporting characteristics on ESR during their appraisal interviews
- All of the Staff Networks are promoted to new starters at the corporate induction programmes, and they are encouraged to share or self-report their equality and diversity information on ESR.

15 Are any steps planned during the current reporting period to improve the level of self reporting by ethnicity?

Are any steps planned during the current reporting period to improve the level of self reporting by ethnicity:

- A campaign through the Communications team to encourage staff to update their characteristics.
- A refresh of the campaigns introduced last year to ensure that staff understand why the Trust needs to collect this information.

Workforce data

16 What period does the organisation's workforce data refer to?

What period does the organisation's workforce data refer to?:

1 April 2019 to 31 March 2020

Workforce Race Equality Indicators

17 Percentage of staff in each salary range of £10k compared with the percentage of staff in the overall workforce. Very Senior Managers (VSM) salaries generally begin at £100k (including executive Board members). Organisations should undertake this calculation separately for non-clinical and for clinical staff.

Data for reporting year:

Non-Clinical Bands 1-9

White: 21.63%

BME: 3.25%

Unknown: 0.71%

Non-Clinical VSM

White: 0.19%

BME: 0.04%

Unknown: 0.00%

Clinical Bands 1-9

White: 58.79%

BME: 8.16%

Unknown: 2.28%

Clinical VSM (excluding medical & dental):

White: 0.00%

BME: 0.00%

Unknown: 0.00%

Medical & Dental Staff:

White: 2.13%

BME: 2.36%

Unknown: 0.45%

Data for previous year:

Non-Clinical Bands 1-9:

White: 21.85%

BME: 3.05%

Unknown: 0.70%

Non-Clinical VSM:

White: 0.23%

BME: 0.04%

Unknown: 0.00%

Clinical Bands 1-9:

White: 58.78%

BME: 7.54%

Unknown: 2.90%

Clinical VSM (excluding medical & dental):

White: 0.04%

BME: 0.00%

Unknown: 0.00%

Medical & Dental Staff:

White: 1.93%

BME: 2.36%

Unknown: 0.58%

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:

In 2019, the Trust introduced an inclusion target of 15% BME representation in each of the AfC paybands across the Trust by 2028.

Further actions planned include those set out to improve our recruitment processes (Question 18) and access to training opportunities (Question 20).

18 Relative likelihood of staff being appointed from shortlisting across all posts.

Data for reporting year:

2.02

Data for previous year:

2.86

The implications of the data and any additional background explanatory narrative:

In 2019/20, white staff are 2.02 times more likely to be appointed from shortlisting across all posts than BME staff. The likelihood has reduced from 2.86 times more likely in the 2018/19 submission.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:

The Recruitment Action Steering Group was established in September 2019 at the BME Network's Annual Conference to achieve greater diversity and improve workforce equality at all levels of the organisation. The Chair of the group is a member of our BME Staff Network and is supported by the Deputy Chief Executive in the role. The actions identified include:

- 1) Disruption of the interview panel with inclusion advocates
- 2) Non-traditional interview process to meet diverse needs
- 3) Adapting external and internal advertisement of posts to reach out to the local community
- 4) Introduction of Recruitment Inclusion Guardians to sit on interview panels of Band 7 and above.

19 Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. This indicator will be based on data from a two year rolling average of the current year and the previous year.

Data for reporting year:

1.43

Data for previous year:

2.45

The implications of the data and any additional background explanatory narrative:

In the 2019/20 submission, BME staff are 1.43 times more likely to enter the formal disciplinary process compared to white staff, which represents a decrease

from 2.45 times more likely in 2018/19.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:

The Director of People and Inclusion personally oversees every case that involves a staff member who falls under any of the 9 protected characteristics. The Trust continues to observe the extra check point introduced by the Chief Executive to consult with Directors or himself before taking formal action against a BME employee.

The BME Staff Network commissioned the Employee Relations Team to undertake a deep dive into disciplinary processes and grievance reporting which noted a reduction in BME cases being taken through formal processes. The commissioning manager now has to list evidence why they have decided to escalate the case, as a conscious nudge towards identifying unconscious bias in decision-making.

Task group work to look at the disciplinary process involving BME colleagues to investigate the differential outcomes of disproportionate disciplinary action against BME staff has now taken place and shows a decrease in such cases. Implementation of a 'Person-Centred Culture' ('Just Culture') work at DHCFT continues to be implemented.

20 Relative likelihood of staff accessing non-mandatory training and CPD.

Data for reporting year:

1.13

Data for previous year:

0.97

The implications of the data and any additional background explanatory narrative:

For 2019/20, white staff are 1.13 times more likely to access non-mandatory training and CPD compared to BME staff. This figure has increased from 0.97 in the 2018/19 submission.

It should be noted that the Trust has refined the way that it reports this figure in the 2019/20 submission following engagement with our BME Staff Network. This year, the figure only includes funded non-mandatory training. Last year, all funded and non-funded courses were reported on the WRES.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:

The Training Needs Analysis process has been streamlined since the 2018/19 WRES submission, with a new electronic application that allows the People Development team to track applications activity, including the protected characteristics of applicants.

Masterclasses are planned to support people to progress in the organisation, to include support with job applications and interview skills, alongside career coaching in appraisals.

Promotion of development opportunities: managers and leaders need to know what is available, to include shadowing and secondments to support staff to learn about and gain access to other services.

Workforce Race Equality Indicators

21 KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.

White:

23.7%

BME:

33.1%

White:

27.8%

BME:

26.8%

The implications of the data and any additional background explanatory narrative:

The data shows that there has been an increase in the rates of harassment, bullying or abuse of BME colleagues by patients, relatives or members of the public, while the rates against white colleagues has decreased.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:

- 1) Work is to be undertaken to identify the themes and hotspots across the Trust through triangulation of data from sources including WRES, WDES, Gender Pay Gap, Staff Survey and Freedom to Speak Up Guardian.
- 2) Implementation of a 'Just and Learning Culture' in the Trust to bring about an inclusive culture that focuses on a remediation approach rather than administering blame when things go wrong.
- 3) Review leadership development offer to ensure inclusion and compassionate leadership is central to our development offer.
- 4) 'It's not okay' campaign has been launched as part of the Trust's celebrations of Black History Month in October 2020 to confirm the Trust's zero tolerance approach to any form of harassment, discrimination or violence against its staff, visitors, carers and also towards any individuals.

22 KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.

White:
20.3%

BME:
22.8%

White:
19.3%

BME:
32.6%

The implications of the data and any additional background explanatory narrative:

The data shows that the rates of harassment, bullying or abuse towards BME colleagues from staff has increased by 10% since last year, while the rates against white staff has decreased slightly.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:

Detailed in Question 21 (Indicator 5).

23 KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.

White:
87.8%

BME:
71.0%

White:
86.1%

BME:
64.4%

The implications of the data and any additional background explanatory narrative:

The data shows that the number of BME and white colleagues believing that the Trust provides equal opportunities for career progression or promotion has increased since last year.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:

Detailed in Question 20 (Indicator 4)

24 Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues.

White:
5.4%

BME:
11.3%

White:
5.4%

BME:
16.4%

The implications of the data and any additional background explanatory narrative:

The data shows that percentage of BME colleagues who have personally experienced discrimination at work from managers, team leaders or other colleagues has decreased since last year, but still remains higher than that of white colleagues.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:

Detailed in Question 21 (Indicator 5)

Workforce Race Equality Indicators

25 Percentage difference between the organisations' Board voting membership and its overall workforce.

White:
Board voting membership: 83.3%
Overall workforce: 82.7%
Difference: -0.6%

BME:

Board voting membership: 16.7%

Overall workforce: 13.8%

Difference: +2.9%

White:

Board voting membership: 90.9%

Overall workforce: 82.8%

Difference: +8.1%

BME:

Board voting membership: 9.1%

Overall workforce: 13.0%

Difference: -3.9%

The implications of the data and any additional background explanatory narrative:

The number of BME voting Board members has increased since the 2018/19 WRES submission. This year, the Board voting membership is more representative of our Trust as a whole (16.7% of our voting Board membership are BME compared to 13.8% of our overall workforce).

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:

As detailed in Question 17 (Indicator 1), Question 18 (Indicator 2) and Question 20 (Indicator 4).

26 Are there any other factors or data which should be taken into consideration in assessing progress?**Are there any other factors or data which should be taken into consideration in assessing progress?:**

Over the COVID-19 pandemic, our Trust has developed a BME Risk Assessment in partnership with the BME Network Steering Group to support staff to keep and feel safe at work.

The BME Network is thriving in its role holding the Trust and senior leaders to account on movement towards racial equality and is growing in numbers every week.

The Trust has now overseen two successful cohorts of Reverse Mentoring with BME mentors from our BME Network, with a third planned to include further protected characteristics.

27 Organisations should produce a detailed WRES action plan, agreed by its board. It is good practice for this action plan to be published on the organisation's website, alongside their WRES data. Such a plan would elaborate on the actions summarised in this report, setting out the next steps with milestones for expected progress against the WRES indicators. It may also identify the links with other workstreams agreed at board level, such as EDS2. You are asked to provide a link to your WRES action plan in the space below.

Organisations should produce a detailed WRES Action Plan, agreed by its Board. Such a Plan would normally elaborate on the actions summarised in section 5, setting out the next steps with milestones for expected progress against the WRES indicators. It may also identify the links with other work streams agreed at Board level, such as EDS2. You are asked to attach the WRES Action Plan or provide a link to it.:

<https://www.derbyshirehealthcareft.nhs.uk/about-us/equality-and-diversity>