Equality, Diversity and Inclusion

Annual Report 2019

(Public Sector Equality Duty)

RACE AT WORK CHARTER

BDA BSL Charter

disability confident
EMPLOYER

DYING TO WORK

ARMED FORCES COVENANT

EMPLOYER RECOGNITION SCHEME

BRONZE AWARD

Making a positive difference

Contents

Introduction

Our Equality, Diversity and Inclusion mission is to be 'positively inclusive'.

Our Trust is committed to ensuring equality, diversity, inclusion and human rights are central to the way we deliver healthcare services to our service-users and how we support our staff.

This means we all play our part:
- To be a caring and progressive organisation that promotes equality, values and celebrates diversity and has created an inclusive and compassionate environment for receiving care and as a place to work;
- To ensure that our staff provide inclusive services that are equally good to all service users, which meet their needs and are delivered with kindness, dignity and respect;
- To ensure that all our team members are engaged, valued and treated equally with kindness, dignity and respect.

We are proud to have pioneered the Reverse Mentoring for Equality, Diversity and Inclusion programme at DHCFT. For further information, see Section 1.6 and the Case Study of the first cohort on our website under 'Reverse Mentoring for Equality, Diversity and Inclusion' tab.

The Public Sector Equality Duty Report 2019 will be updated to reflect developments.

Introduction from our Deputy Chief Executive and Executive Lead for Equality, Diversity and Inclusion:

"Inclusion is at the heart of Derbyshire Healthcare; it is fundamental in why we are here and how we go about doing what we do. We are keen to build further on the successes of the excellent initiatives and EDI work that we are doing.

I look back proudly on what we have achieved during 2019/20 and look forward to us achieving our ambitions and aims for 2020/21, and beyond, to ensure that we continue to create the work and care environment where everybody is confident to be themselves."

Highlights of the year

Faith Tours for colleagues to visit the Hindu Temple, Mosque, Church and Gurdwara in Derby on 29th April, 22nd July and 14th October 2019:

Improving Services for Black and Minority Ethnic (BME) People through Reverse Commissioning meetings:

Reverse Mentoring for Equality, Diversity and Inclusion with a Celebration event to mark the conclusion of the first cohort on 4th February 2019:

DHCFT's Chief Executive shared his experience of the Reverse Mentoring programme at the Chairs and Chief Executives' meeting of NHS Providers on 6th December 2018:

BME Network Annual Conference on 25th September 2019 exploring the effects of 'unconscious bias in everyday decision-making':

The Deputy Chief Executive and Director of Finance has shared DHCFT's equality activity with the Healthcare Financial Management Association (HFMA), including leading a workshop with two members of our BME Staff Network and Reverse Mentors at the HFMA Conference on 4th July 2019 on the Reverse Mentoring programme at the Trust:

Working collaboratively as a system – Joined Up Care Derbyshire on 27th November 2019. We welcomed the Equality Lead of NHS England and Improvement to the meeting to discuss how we work collaboratively as as system to improve the health and wellbeing of our local population:

DHCFT's Annual Christmas Decorations Competition 2019:

Inclusion Tree at Bayheath House in Chesterfield

Christmas Traditions decorations at the Mental Health Act Office in Derby

Christmas traditions in Australia:

In Australia, 25th December falls during the summer holiday, so many of the country's Christmas festivities take place outdoors. The most popular event of the Christmas season is called Carols by Candlelight. People come together at night to light candles and sing Christmas carols outside. The stars shining above add to the sights and sounds of this wonderful outdoor concert.

Diversity Tree at Audrey House at Kingsway Hospital

Public Sector Equality Duty (PSED)

The public sector equality duty is made up of a general equality duty supported by specific duties. The general equality duty is set out in section 149 of the Equality Act 2010.

The **general equality duty** sets out that the public functions must have due regard to the need to:

1. Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
2. Advance equality of opportunity between people who share a protected characteristic and those who do not.
3. Foster good relations between people who share a protected characteristic and those who do not.

The **specific duties** require the Trust to:

- Publish information to demonstrate compliance with the general equality duty. This information must include information relating to people who share a protected characteristic who are the Trust's employees or are people affected by the Trust's policies and practices.
- Prepare and publish one or more equality objectives to achieve any of the aims of the general equality duty.

In the NHS Standard Contract, the Trust is required to publish information on the Equality Delivery System 2 (EDS2), the Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES).

1.1 Equality Strategy and Objectives

We want to attract, recruit and retain a wide range of staff from all sections of society to work in a positive, inclusive and nurturing environment. We also want to deliver, with dignity and respect, inclusive and accessible services that meet our patients' individual needs. Understanding our diverse patients and communities helps us to focus on inequalities and ensures that our services are targeted, used and effective.

Equality fits within the overall Trust Strategy to become a 'great place to work' and to 'deliver great care'. The building blocks reflect our work focused on inclusion for all of the protected characteristics.

Please see this link for the Board Equality, Diversity and Inclusion Action Plan 2017-2019.

DHCFT's Inclusion Strategy 2020 can be found below:

Inclusion Strategy 2020

Inclusion at the heart of Derbyshire Healthcare

Inclusion at the heart of Derbyshire Healthcare

OUR VISION

To make a positive difference in people's lives by improving health and wellbeing –

We cannot do this if we don't know the whole person and don't take time to know what's important to them!

OUR VALUES

➢ **People first** – We focus on our colleagues, in the knowledge that a well-supported, engaged and empowered workforce results in good patient care
➢ **Respect** – We respect and value the diversity of our patients, colleagues and partners and support a respectful and inclusive environment
➢ **Honesty** – We are open and transparent in all we do
➢ **Do your best** – We work closely with our partners to achieve the best possible outcomes for people.

OUR STRATEGIC OBJECTIVES

1. **Great care** - Delivering compassionate, person-centred, innovative and safe care where Choice, empowerment and shared decision-making is the norm
2. **Great place to work** - Attracting colleagues to work with us who we develop, retain and support by excellent management and leadership in an empowered, compassionate and inclusive culture that actively embraces diversity
3. **Best use of money** - Making financially wise decisions.

BEING 'YOU' IN TEAM DERBYSHIRE HEALTHCARE

Everyone in Team Derbyshire Healthcare should be **confident to be themselves** and work in a welcoming and supportive team that **celebrates difference and diversity**.

"What matters to you, matters to us"

You can **get on with being you,** focusing on co-creating both a **great place to work** and to **receive care.**

"Together we can"

Examples of some recent celebrations and inclusive actions:

- ✓ **Annual Members Meeting** 2019 – recognising and celebrating the progress of our inclusion networks
- ✓ **Reverse Mentoring Steering Group** - for progressing the next stages of our Reverse Mentoring programme – scaling up to three times the original size in the second cohort.
- ✓ Our biggest yet **BME Conference** - brought together BME and non-BME colleagues to co-produce actions to address our Workforce Race Equality Standard action areas
- ✓ Our **LGBT+ network** represented us at all Derby and Derbyshire Prides and have issued hundreds of rainbow lanyards throughout our workforce
- ✓ Growth to **four inclusion networks** (BME, LGBT+, Disability and Wellness and Armed Forces).

Active inclusion means don't merely treat everyone the same: Treat everyone as individuals.

"*There is nothing so unfair as the equal treatment of unequal people*" Aristotle.

In 2020 we will:

✓ Progress our **Recruitment Action Steering Group** and introduce **recruitment inclusion guardians** – WHY- to create disruptive change in our recruitment practices in order to increase representation across our workforce

✓ Grow our **Reverse Commissioning project** – WHY - to better understand how to provide services to communities that are underrepresented

✓ Have more **inclusion conversations** – WHY – for us all to be part of the change to make a positive difference

✓ Grow our **inclusion networks** – WHY - to help us to support each other better

✓ Establish a **Gender steering group** – WHY – to understand gender issues and close our gender pay gap

✓ Continue to scale up our **Reverse mentor programme** and evaluate its impact – WHY – to create a change movement through individual journeys and organisational change - to make a positive difference to our workforce, our Trust and our communities in Derbyshire

✓ Celebrate more through **inclusion events** – WHY - to celebrate achievements, to say thank you and to inform and challenge us to deliver even greater success

✓ Support and empower our **WRES expert and frontline representatives** – WHY – to help us deliver change by using the very best expert knowledge to help us continually improve and achieve our goals.

✓ Review our **Board Committees' inclusion objective to**: "… *actively consider the equality impact and evidence relating to all items of Committee business as part of the Committee's contribution to equality, diversity and inclusion."* - WHY – to continue to consider inclusion in the everyday business to keep driving improvements in staff and patient experience

INCLUSION IS EVERYBODY'S BUSINESS: What can <u>you</u> do today?

➢ Watch our 'what inclusion means to me' **video** and talk about it in your team

➢ Talk to your manager and teammates to think through how **you can actively champion inclusion in your team - to improve your local staff and patient experience.**

➢ We need to know more **inclusion information about those who use our services** – we need you all to ask **actively inclusive** questions to people in your services and don't forget to record it on our electronic patient record systems! It could make the biggest difference in the world to your person-centred relationship with those who use our services

➢ We need to know more about you! – Log into Electronic Staff Record (ESR) and **update your personal information**, making sure to include your protected characteristics. If we don't know about our all workforce we can't properly understand where we are or where we get to and we won't achieve all we can. We need your help

➢ Why not **check out our networks and inclusion activities** – don't forget you get protected time to attend!

➢ **Spread the word** to your friends and communities to come and join Derbyshire Healthcare

➢ Let us know what you think and continue to **share your tips and examples of active inclusion and challenge us if we aren't getting it right.**

Remember: Active inclusion is all about being person-centred in your leadership and in your practice every day.

Be yourself and empower those around you to be their whole self too.

Summary of learning and actions from 2019/20:

Based on the past year, there have been several areas where the equality agenda will be focusing efforts to develop and improve upon, including:

- Reverse Mentoring for Equality, Diversity and Inclusion: The success of the first cohort means the launch of the second at the end of 2019 and a third to be launched in 2020. There will be a greater focus on the evaluation of the programme to understand the impact on our staff and services. More details on the programme can be found on page 23.
- Workforce Race Equality Standard (WRES): The WRES Improvement Action Plan was co-produced with our BME Staff Network and will be improved upon throughout the year to ensure that the actions are effective and impactful to address the gaps in workplace experience between BME and white colleagues. The BME Network is monitoring progress and will hold the Trust to account. More details and the link to the Action Plan can be found on page 35.
- Workforce Disability Equality Standard (WDES): The WDES Improvement Action Plan was co-produced with our Disability & Wellness Network and is updated to improve the experience of staff living with disabilities and long term conditions in the Trust. A particular focus is on highlighting the importance of declaring protected characteristics in the Trust. More details on the WDES and the link to the Action Plan can be found on page 40.
- Equality Delivery System (EDS2): Based on the feedback from the stakeholder grading events held in February 2020, the Kedleston Unit will be taking on actions to improve the experiences of staff and patients at the unit, and will produce a 'You said, we did' report to demonstrate their progress to stakeholders over the coming year.
- Staff Networks: The Trust will continue to support the Networks to develop and thrive as a voice and champion for staff with protected characteristics. The Staff Networks have a great impact on the culture of the organisation and in creating an open and honest environment to drive improvement in the Trust.

1.2 Patient Equality Data

Characteristic	Patient profile	Patient Experience (Friends and Family Test)	PALS/Complaints	Membership
Age		X	X	X
Disability	X		X	X
Gender Reassignment				

Marriage and civil partnership	X			
Pregnancy and maternity				
Race	X	X	X	X
Religion and Belief	X		X	X
Sex	X	X	X	X
Sexual Orientation	X		X	X
Economic disadvantage			X	

Patient Experience Data for the Friends and Family Test and Complaints/Concerns can be found in Appendix 2.

Demographics – Patients versus Population
October 2019

The following tables compare available demographic information relating to patients currently open to the Trust (DHCFT) with the same information relating to the populations of Derby and Derbyshire combined.

1. Ethnicity

Ethnicity	DHCFT Patients	Derbyshire Population	Variance
Asian or Asian British	2.7%	3.4%	-0.7%
Black or Black British	1.3%	1.0%	0.4%
Mixed	1.7%	0.9%	0.8%
Other ethnic group	0.9%	0.4%	0.4%
White	93.4%	94.3%	-1.0%

2. Gender

Gender	DHCFT Patients	Derbyshire Population	Variance
Female	56.9%	51.1%	5.8%
Male	43.%	48.9%	-5.9%
Indeterminate	0.06%	0%	0.06%

3. Marital status

	DHCFT Patients	Derbyshire Population	Variance
Divorced/Partnership Dissolved	7.4%	9.7%	-2.3%

Married/Civil Partner	31.4%	49.3%	-17.9%
Separated	3.1%	2.5%	0.6%
Single	50.5%	31%	19.5%
Widowed/Surviving Civil Partner	7.7%	7.6%	0.1%

4. Religion

	DHCFT Patients	Derbyshire Population	Variance
Buddhist	0.3%	0.3%	0.1%
Christian	51.4%	65.5%	-14.1%
Hindu	0.3%	0.4%	-0.1%
Jewish	0.1%	0.1%	0.0%
Muslim	1.8%	2.2%	-0.4%
No religion	43.7%	30.0%	13.8%
Other religion	1.4%	0.4%	1.0%
Sikh	1.0%	1.2%	-0.2%

5. Disability

	October 2017		
	DHCFT Patients	Derbyshire Population (Census 2011)	Variance
Long term health problem or disability	25.2%	20.0%	5.2%

6. Sexual identity

	DHCFT Patients	East Midlands	Variance
Bisexual	2.2%	0.30%	1.9%
Gay or lesbian	2.6%	0.80%	1.8%
Heterosexual	89.6%	93.80%	-4.2%
Not stated	4.1%	1.20%	2.9%
Other	1.3%	0.20%	1.1%
Person asked but does not know	0.2%	3.70%	-3.5%

NB population sexual identity data is only available at East Midlands level.

Conclusion

Analysis of the available data would indicate that there are no evident barriers to accessing services as the patient demographic is broadly in line with that of the local population. However, the Improving Services for BME People through Reverse Commissioning Project is an initiative designed to better engage with our local BME communities to identify ethnic health inequalities in the Trust's provision of services. The project endeavours to close these gaps by influencing the commissioning of

services to make a difference to the lives and outcomes for BME people (more details on page 24).

1.3 Workforce Equality Data

Please see Appendix 1 for full data analysis of our workforce demographics or visit the Workforce Demographic Report 2019 on our website.

The equality and diversity training figures for Quarter 3:

Month	C Equality, Diversity and Human Rights - Level 1 (3 yearly) All Staff
Jun-19	80.04%
Jul-19	81.31%
Aug-19	82.38%

1.4 Translation and Interpretation Data

Face to Face Interpretation

Total amount spent:

2018-19: £43,240.44
2019: £24,083.94

Languages Used below	Number of bookings 2018-19	Apr 19 – Sep 19
Albanian	79	49
Amharic	1	2
Arabic (Classical/North African)	13	12
Arabic (Modern Standard)	87	59
Bengali	9	7
Bosnian	18	31
British Sign	179	83
Cantonese	1	0
Croatian	16	2
Czech	35	14
Dari (Afghan)		1
Dari (Iranian)	15	0
Farsi	28	14
Filipino		1
French	7	8
Greek		2

Gujarati	7	3
Hindi	5	6
Hungarian	1	0
Italian	38	5
Kurdish (Bahdini)	6	0
Kurdish (Sorani)	21	41
Latvian	4	10
Lithuanian	7	1
Mandarin	5	12
Mirpuri	29	14
Nepalese	1	0
Oromo (Central)		2
Pashto (Afghanistan)	5	19
Polish	138	93
Portuguese	4	0
Potowari (Pahari)		1
Punjabi, Eastern (India)	173	129
Punjabi, Western (Pakistan)	46	30
Roma	3	1
Romanian		7
Russian	12	22
Serbian	1	0
Sign Supported English	1	0
Slovak	177	145
Slovene	1	0
Spanish		3
Swahili	4	1
Tamil	4	6
Thai		1
Tigrinya	15	5
Turkish	3	2
Ukrainian	1	0
Urdu	192	95
Vietnamese	4	1
Zaghawa	2	0

Top ten languages used for face to face interpretation
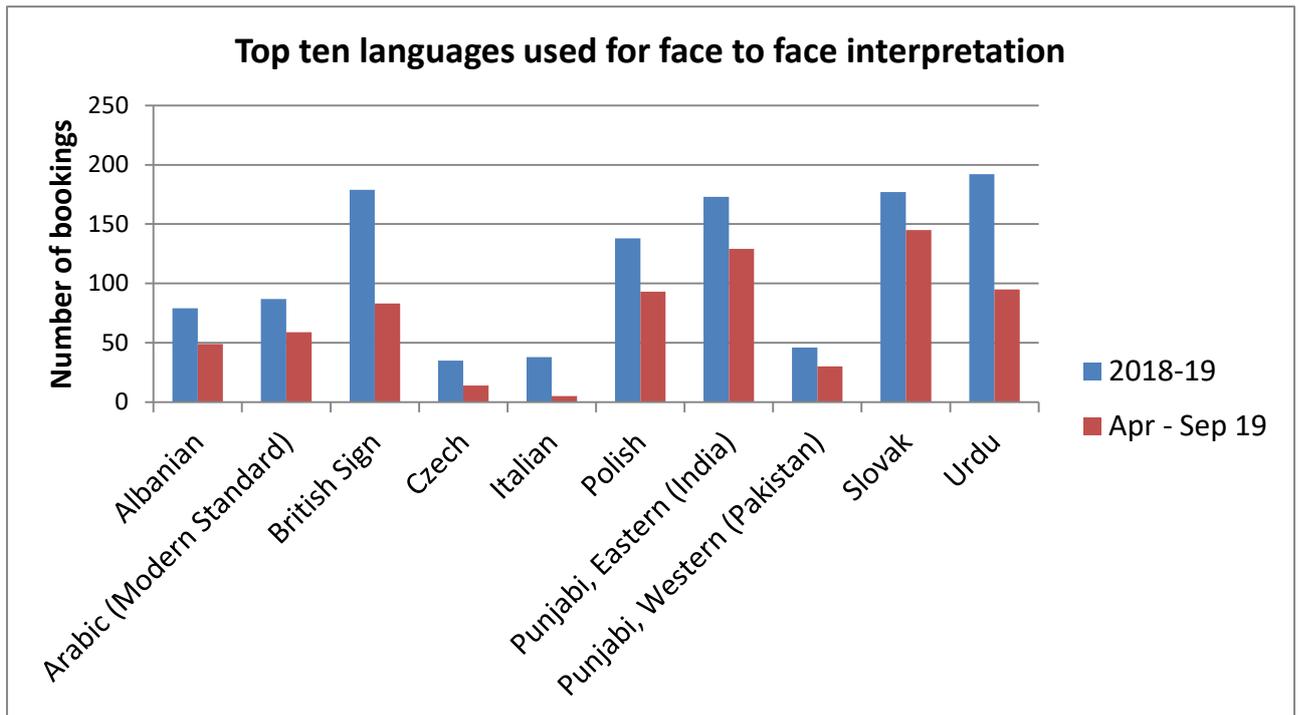
Telephone interpretation

Total amount spent:

2018-19: £197.62
2019: £0

Languages Used below	Number of bookings 2018-19	Apr 19 – Sep 19
Kurdish (Sorani)	2	0
Operator	1	0
Polish	4	0
Portuguese	1	0
Punjabi	2	0
Slovak	1	0
Vietnamese	1	0

Document translation

Total amount spent:

2018-19: £3,217.67
2019: £2,224.47

2018-19: 78 Requests

2019: 37 Requests

Languages Used 2018-19	Languages Used Apr 19 – Sep 19
Arabic Modern Standard > English (UK)	English (UK) > Albanian
English (UK) > Albanian	English (UK) > Bosnian (Bosnia)
English (UK) > Amharic	English (UK) > Croatian (Croatia)
English (UK) > Arabic Modern Standard	English (UK) > Czech (Czech Republic)
English (UK) > Cantonese (spoken)	English (UK) > Farsi
English (UK) > Czech (Czech Republic)	English (UK) > Kurdish (Sorani)
English (UK) > Hindi (India)	English (UK) > Lithuanian (Lithuania)
English (UK) > Japanese (Japan)	English (UK) > Polish (Poland)
English (UK) > Polish (Poland)	English (UK) > Punjabi (India)
English (UK) > Punjabi (India)	English (UK) > Punjabi (Pakistan)
English (UK) > Russian (Russia)	English (UK) > Slovak (Slovakia)
English (UK) > Slovak (Slovakia)	English (UK) > Urdu
English (UK) > Urdu	Polish (Poland) > English (UK)
German (Germany) > English (UK)	English (UK) > Albanian
Polish (Poland) > English (UK)	English (UK) > Bosnian (Bosnia)

Face to face interpretation

	2018-19	Apr 19 – Sep 19
Average bookings per month	117	157
Average length of time of booking (mins)	49	47
Average fulfilment rate	94%	93%
Average cost spent per month	£3,603	£4,013
Total spend	£43,240.44	£24,083.94

1.5 Equality Forum

The Equality Forum supports and provides assurance to both the People and Culture and Quality Committees. It ensures that effective and co-ordinated action is taken across Derbyshire Healthcare NHS Foundation Trust (DHCFT) to reduce disadvantage, discrimination and inequalities of opportunity, and promote diversity and inclusion in terms of the people it serves, its workforce, the partners it works with and the services it delivers.

It is chaired by our Deputy Chief Executive and Executive Director of Finance. It meets on a quarterly basis and reports twice a year to the Board.

The Forum is a formal sub group of the People and Culture and Quality Committees. It determines DHCFT's equalities priorities, monitors performance and manages progress made towards key equalities objectives and targets. It oversees the

implementation of the DHCFT Equalities Framework and Action Plan and ensures the organisation's compliance with the NHS Equality Delivery System (EDS) and equalities legislation. The work of the group adheres to DHCFT's vision and values. A number of subgroups form part of the Forum, including the four Staff Networks.

1.6 Reverse Mentoring for Equality, Diversity and Inclusion Programme

Reverse Mentoring is when an employee in a senior position is mentored by somebody in a more junior position than themselves. The programme at Derbyshire Healthcare involves the Reverse Mentor having a protected characteristic that the mentee does not. The purpose of the programme is to promote awareness of equality, influence meaningful understanding and lived experience of our staff from different groups and improve the workplace experience of our staff and the services provided to our Trust's patients.


Research shows that having an inclusive workforce improves outcomes for service users. In order to ensure patients receive high quality care, staff at every level in the organisation need to be cared for by creating an environment where everyone is treated with respect and the talents and contributions of each employee are valued.

Inclusion is a fundamental part of the Trust's strategic objectives: to deliver great care, to be a great place to work and to make best use of money. By implementing the Reverse Mentoring programme, the Trust is committing to improving the workplace experience for our staff, therefore allowing them to better care for the Trust's patients.

The first cohort has completed the programme with great success and the second cohort has begun to meet their mentors/mentees, overseen by the Reverse Mentoring Steering Group. The Steering Group have started planning to launch a third cohort in 2020, expanding to include mentors living with a disability or long term condition; from a BME background, members of the LGBT+ community and members of the Armed Forces community to mentor leaders in the Trust.
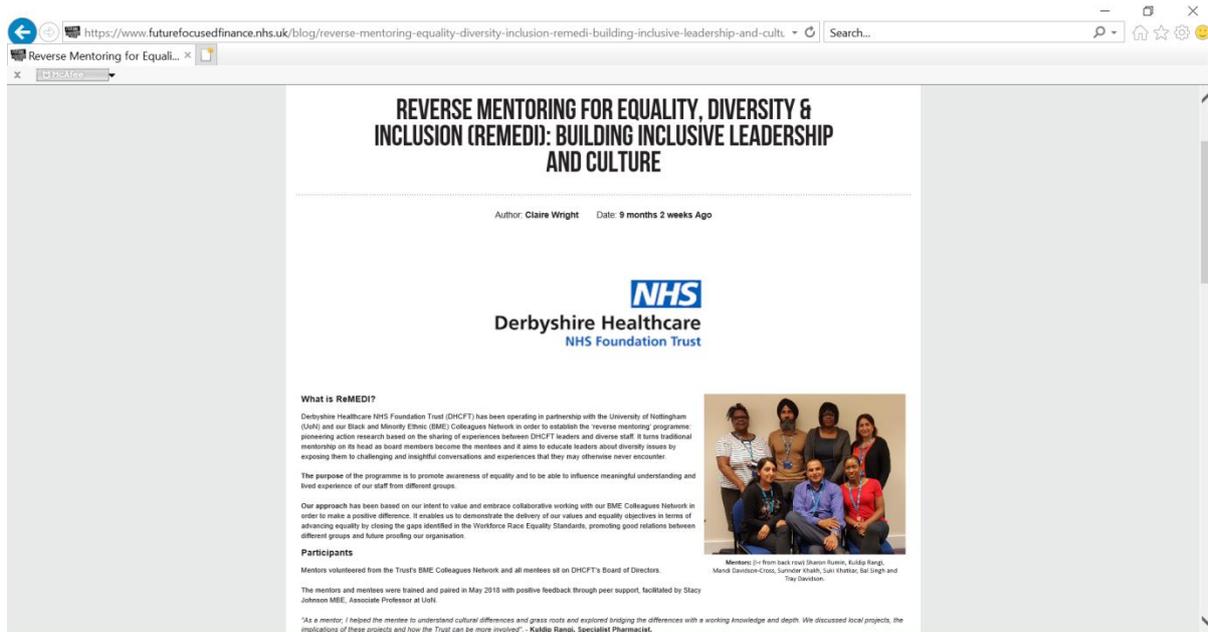
For more information on the first cohort, see the [Case Study](#) on our website (screenshot above).

1.7 Improving Services for BME People through Reverse Commissioning

The Reverse Commissioning Project is an initiative designed to better engage with our local BME community. Through collaborative working with BME stakeholders and the local Clinical Commissioning groups, the project endeavours to understand the experience of BME people in our services and influence the commissioning of services to make a difference to the lives and outcomes of BME people. It uses existing data and evidence to identify the needs of the community, and empowers them to engage with the Trust.

The Chair of the group is a volunteer from the community and the group meets bi-monthly, reporting quarterly to the Equality Forum.

1.8 Staff Networks

The Networks give a platform for colleagues in the Trust to voice their opinions on matters in the Trust that directly or indirectly impact their workplace experience.

Each Network has its own work programme and reports to the Equality Forum on a quarterly basis.

Each Network also has an Executive Sponsor: a member of the Executive team, who actively champions the protected characteristic, attends Network meetings and supports the Networks with their respective work programmes.

The Trust has four active Networks, outlined in the table below:

Network	Chairs	Executive Sponsor
Black and Minority Ethnicity (BME) Staff Network	Chair: Sharon Rumin Vice-Chair: Bal Singh	Ifti Majid, Chief Executive
Disability & Wellness Staff Network	Chair: Sharon Rumin Vice-Chair: Amy Williams	Amanda Rawlings, Director of People and Organisational Effectiveness
Lesbian, Gay, Bisexual and Transgender + (LGBT+) Staff Network	Chair: Emma Frudd Vice-Chair: Carol Fordham	Claire Wright, Deputy Chief Executive and Director of Finance
Armed Forces Network	Co-Chair: Alex Wright Co-Chair (Service User): Thomas Shine	Gareth Harry, Director of Business Improvement and Transformation

The Annual Members' Meeting on 11th September 2019 was themed around Equality and Diversity, and each Staff Network had their own stand to showcase their work and achievements. A representative from each Staff Network was also invited to speak and update the members of their achievements over the year and plans for the year ahead.

i.   BME Staff Network

The BME Network meets monthly and reports quarterly to the Equality Forum. The Network also works in partnership with the Trust and the Equality, Diversity and

Inclusion Service on the WRES, being responsible for the development of the Action Plan and keeping the Board accountable for the progress.

See part 2.2 of this report for more detail on this year's WRES data and action plan.

BME Annual Conference

The BME Network organises and carries out an annual BME Conference each year, open to all staff in the Trust. The 2019 BME Annual Conference took place on 25th September in the Conference Room at Kingsway Hospital, attended by roughly 130 members of the Trust.

The theme for the Conference was 'Unconscious Bias in Everyday Decision-Making' with an interactive session by an external facilitator, David Shosanya. The day also included an update on the first cohort of the Reverse Mentoring for Diversity and Inclusion programme and the launch of the second cohort of BME Mentors mentoring leaders and managers in Bands 8a and above.

The Chief Executive, Ifti Majid, encouraged senior leaders and managers to attend in order to experience the morning session by David Shosanya and scrutinise the data from the WRES, which was displayed on boards for attendees to engage with throughout the day. A series of workshops were facilitated in the afternoon by the Deputy Chief Executive and Head of People Resourcing, the Head of People Development, and the Head of Employee Relations to gain insight and input from attendees around the best ways to close the gaps exposed by the data.

For the full Conference report, please see the 2019 Conference Report on our website.

ii.   Disability & Wellness Staff Network

The Disability & Wellness Staff Network meets bimonthly and reports quarterly to the Equality Forum.

The Network was launched in November 2018 and has been growing the membership since. They have developed a Terms of Reference.

Part of the Network's role is to work in partnership with the Trust to hold the Board to account for progress made on the Workforce Disability Equality Standard (WDES), rolled out to all NHS Trusts for the first time this year.

For information on the WDES, please see Section 2.3 of this report or the WDES Data and Improvement Action Plan on our website.

iii.   LGBT+ Staff Network

The LGBT+ Staff Network was launched in May 2018 at the Trust LGBT+ Conference. The Network meets bimonthly and reports quarterly to the Equality Forum.

The Chairs of the Network attended and ran workshops at the LGBT 'Reaching Out' Conference at Derby University on 12th June 2019, running a workshop on 'Mental Health and Wellbeing'.

At the Annual Members' Meeting on 11th September, Leanne Walker, an Expert by Experience for CAMHS (Child and Adolescent Mental Health Services), delivered a spoken word piece about her journey: 'Boyfriend, Engagement, House & a Wedding Dress'. We are really proud to support Leanne.

The Network has provided support and signposting for colleagues, including developing Trans FAQs. They have implemented rainbow lanyards to show the Trust is supportive of LGBT+ staff and service users, and provided training for Board members, opening discussions on the needs of LGBT+ staff and service users. The LGBT+ Network has also represented the Trust in Pride events at Belper, Derby and Chesterfield in 2019, promoting the Trust as an inclusive place to work.

iv.   Armed Forces Network

The Armed Forces Network was established in June 2019, and holds meetings bimonthly. The Chairs were appointed in September 2019, co-chaired by a DHCFT member of staff and a service-user.

The Network has established a purpose and aim for the Network and delivered a successful publicity campaign from 11th-15th November 2019 to share and promote the Trust's responsibilities for the Armed Forces Covenant. The Trust was awarded the Defence Employer Recognition Scheme Bronze Award in April 2019 in recognition of our commitment and support to the Armed Forces community.

The Network has already managed to deliver improvements, as the Trust now offers three weeks' paid leave for reservists to attend military duties, in addition to their usual annual leave entitlement. NHS Jobs and TRAC now identify any job applications received from members of the armed forces community; this allows the Trust to support the armed forces by guaranteeing an interview for any applicants who meet the essential criteria for the role.

Co-Chairs: Thomas Shine (a service-user who previously served in the Forces) and Alex Wright (a Psychological Wellbeing Practitioner in IAPT)

1.9 Equality & Human Rights Week: 13-17 May 2019

On 16th and 17th May 2019, the Equality, Diversity and Inclusion Service participated in EDI Week with a stand in the Ashbourne Centre at Kingsway Hospital and at Coleman Street Health Centre to promote the benefits of joining the Trust's Staff Networks and the importance of declaring protected characteristics on ESR.

The LGBT+ Network marked International Day against Homophobia, Biphobia and Transphobia (IDAHOBIT) on 17th May with a stand in the Ashbourne Centre and raised awareness of the importance of the day among the Trust's managers at a leadership training session.

2.1 Equality Delivery System 2 (EDS2)

The EDS2 helps the Trust to meet and respond to the Public Sector Equality Duty as set out in the Equality Act 2010. Giving 'due regard' is a legal duty – it means proactively and consciously engaging and considering the impact of our decisions – which helps to improve outcomes for diverse groups. It will assist to meet the general duty to eliminate discrimination, harassment and victimisation; advance equality of opportunity; and foster good relations.

All four of the EDS2 goals and their associated outcomes are outlined below:

The goals and outcomes of *EDS2*

Goal	Number	Description of outcome
Better health outcomes	1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local communities
	1.2	Individual people's health needs are assessed and met in appropriate and effective ways
	1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed
	1.4	When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse
	1.5	Screening, vaccination and other health promotion services reach and benefit all local communities
Improved patient access and experience	2.1	People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds
	2.2	People are informed and supported to be as involved as they wish to be in decisions about their care
	2.3	People report positive experiences of the NHS
	2.4	People's complaints about services are handled respectfully and efficiently

The goals and outcomes of *EDS2* (continued)

Goal	Number	Description of outcome
A representative and supported workforce	3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels
	3.2	The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations
	3.3	Training and development opportunities are taken up and positively evaluated by all staff
	3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source
	3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives
	3.6	Staff report positive experiences of their membership of the workforce
Inclusive leadership	4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations
	4.2	Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed
	4.3	Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination

In order to grade the service against the EDS2 goals, the following grading system is used:

How well do people from protected groups fare in comparison with people overall?	
Excelling (purple)	Evidence shows that the majority of people in <u>all 9 protected groups</u> fare well
Achieving (green)	Evidence shows that the majority of people in <u>6-8 protected groups</u> fare well
Developing (amber)	Evidence shows that the majority of people in <u>3-5 protected groups</u> fare well
Undeveloped (red)	Evidence shows that the majority of people in only <u>2 or less protected groups</u> fare well

The Trust has carried out its annual EDS2 rating for the Trust's workforce (to fulfil Goal 3) and is also focusing on the Kedleston Unit, the low secure male mental health service, to fulfil all four Goals, and Goal 4 with regards to demonstrating inclusive leadership via independent audit of Board Papers for equality related risks, carried out by EQUAL members over January 2020.

The Equality, Diversity and Inclusion Service carried out a self-assessment of the Trust's workforce in partnership with People Services. The grading of the self-assessment took place with the Heads of People Services on 21st June 2019, and the Executive Leadership Team on 14th October for scrutiny and to add additional content prior to validation by stakeholders (staff).

Please see the below table for the grading:

Goal 1: Better health outcomes (Healthy living & results for all nine protected characteristics (PCs))	Grading	
1.1 Services are commissioned, procured, designed and delivered to meet the health needs of the local communities.		
1.2 Individual people's health needs are assessed and met in appropriate and effective ways.		
1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed.		
1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse.		
1.5 Screening, vaccination and other health promotion services reach and benefit all local communities.		
Goal 2: Improved patient access and experience (Nine PCs getting, using and experiencing our services)		
2.1 People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds.		
2.2 People are informed and supported to be as involved as they wish to be in decisions about their care.		
2.3 People report positive experiences of the NHS.		
2.4 People's complaints about services are handled respectfully and efficiently.		
Goal 3: A representative and supported workforce (The Trust is a good and fair employer for all nine PCs)	Workforce grading	Kedleston Unit

		grading
3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels.	Green	Green
3.2 The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations.	Amber	Green
3.3 Training and development opportunities are taken up and positively evaluated by all staff.	Green	Amber
3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source.	Green	Amber
3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people leas their lives.	Amber	Green
3.6 Staff report positive experiences of their membership of the workforce.	Amber	* Red
Goal 4: Inclusive leadership and governance (Leaders responding and engaging with the needs of diverse communities)	Workforce grading	Kedleston Unit grading
4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations.	Amber	Amber
4.2 Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed.	**	Amber
4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination.	Amber	Amber

* The red rating reflects a period of time at the Kedleston Unit where staff were speaking up with regards to issues that concerned them and they felt that they were not being heard and felt unsupported. The Area Service Manager, Unions and Peoples Services met with the staff to hear their concerns, from this an action plan was implemented to ensure that issues raised were addressed. The team had further support from the Freedom to Speak Up Guardian. This ensured that that staff had the right support in place to air their concerns in a safe environment

** EQUAL stakeholder service user group graded one paper on 29th January 2020. The group agreed next steps will include a paper to Equality Forum on 25th March with recommendations on the accountable officer's presence at the grading and a quarterly engagement meeting to ensure stakeholder engagement is embedded.

Phase 2: The Kedleston Unit's self-assessment has been completed by the General Manager of Forensic Services, Area Service Manager for Forensic Services, Senior Nurse and the Clinical Lead for the Kedleston Unit on 27th November 2019. The stakeholder grading took place on 5th February 2020 and will be sent electronically to stakeholders that were not able to attend. A 'You said, we did' report will be

produced by the Kedleston Unit following analysis of the grading and the stakeholders' recommendations for the service.

EDS2 Implementation Plan:

Action	Subject Lead with EDI Team support	Position February 2020
Stage 1 : Preparing for self-assessment		
EDS2 training and planning Meeting with senior team	EDI Team General Manager (TH) Senior Nurse (RM)	Completed 18 June 2019
Process map pathway onto EDS2 Goals/outcomes to aid deep dive via protected characteristics	EDI Team General Manager (TH) Senior Nurse (RM)	Completed 16 August 2019
Kedleston Unit Self-assessment and EDS2 Template/dashboard Quality assurance by EDI Team	Senior Nurse (RM) General Manager (TH)	Completed 27th November 2019
Share at Equality Forum	Senior Nurse (RM) and General Manager (TH)	Presented at Equality Forum on 11/12/19
Share at Trust Management Team Meeting	General Manager (TH)	To be tabled
Stage 2: Grading by stakeholders		
Identify stakeholders and plan Stakeholder grading event	Stakeholder grading event to take place on 5th February 2020	5th Feb 2020: Training Room 1 from 9.00-17.00. Grading report also to be shared electronically with stakeholders.
Stage 3: EDS2 Grading		
EDS2 Dashboard and 'You, said, we did' Report Share with Commissioners	Senior Nurse (RM) and General Manager (TH)	Due Quarter 1-2 of 2020 after stakeholder grading and recommendations have been completed and analysed.
EDS2 Dashboard and 'You, said, we did' Report – annual update	Senior Nurse (RM) and General Manager (TH)	2020/21

2.2 Workforce Race Equality Standard (WRES)

All NHS organisations are required to demonstrate how they are addressing race equality issues using the nine indicators in the WRES. The move follows reports highlighting disparities in the number of people from a BME background in senior leadership positions across the NHS, as well as higher rates of bullying and harassment of BME colleagues by patients and staff, and lower levels of job satisfaction among BME employees.

Please see the below link for more information on the WRES (the front page is provided below):

- WRES Report and Improvement Action Plan 2018-19

Workforce Race Equality Standard
REPORTING TEMPLATE (Revised 2016)

Template for completion

Name of organisation	Date of report: month/year	
Derbyshire Healthcare NHS Foundation Trust	August	2019

Name and title of Board lead for the Workforce Race Equality Standard
Ifti Majid - Chief Executive

Name and contact details of lead manager compiling this report
Harinder Dhaliwal - Head of Equality, Diversity and Inclusion

Names of commissioners this report has been sent to (complete as applicable)
NHS Derby & Derbyshire Clinical Commissioning Group

Name and contact details of co-ordinating commissioner this report has been sent to (complete as applicable)
Phil Sugden, NHS Derby & Derbyshire Clinical Commissioning Group: philip.sugden1@nhs.net

Unique URL link on which this Report and associated Action Plan will be found
https://www.derbyshirehealthcareft.nhs.uk/about-us/equality-and-diversity

This report has been signed off by on behalf of the Board on (insert name and date)
Ifti Majid, Chief Executive, Board Meeting 3rd September 2019

Publications Gateway Reference Number: 05067

The Improvement Action Plan is a live document that will be updated in partnership with the BME Staff Network following the BME Conference on 25th September 2019, and regularly updated to demonstrate progress against the identified actions.

One of the key actions was to establish a Recruitment Action Steering Group, chaired by a member of the BME Network and sponsored by the Deputy Chief Executive and Director of Finance. The Group reports directly to the Executive Leadership Team (ELT) to monitor progress. Among numerous plans to disrupt the

recruitment process to improve access to employment opportunities and progression for BME applicants is to train 'Inclusion Guardians', members of the Trust's Staff Networks who act as ambassadors for creating a positive organisational culture and promoting a fair and inclusive working environment. As of 5th March 2020, 17 Inclusion Guardians have taken part in the Recruitment and Selection training to sit on interview panels.

The WRES Team sent a letter to the Chief Executives of NHS organisations setting out targets as a 'Model Employer' to achieve greater BME representation in senior leadership positions by 2028. The Trust is using this document and the methodology provided to address the aspirational target, which is in line with the Trust's own targets developed in September 2019, outlined below.

The Trust introduced an aspirational target of 15% BME representation at all levels, which was spearheaded by the Chief Executive and BME Executive Sponsor and signed off by the Board on 3rd September 2019. The below graph shows the current BME representation across the AfC bands compared to the Trust target, showing that there is work to be done to improve BME representation in the senior levels:
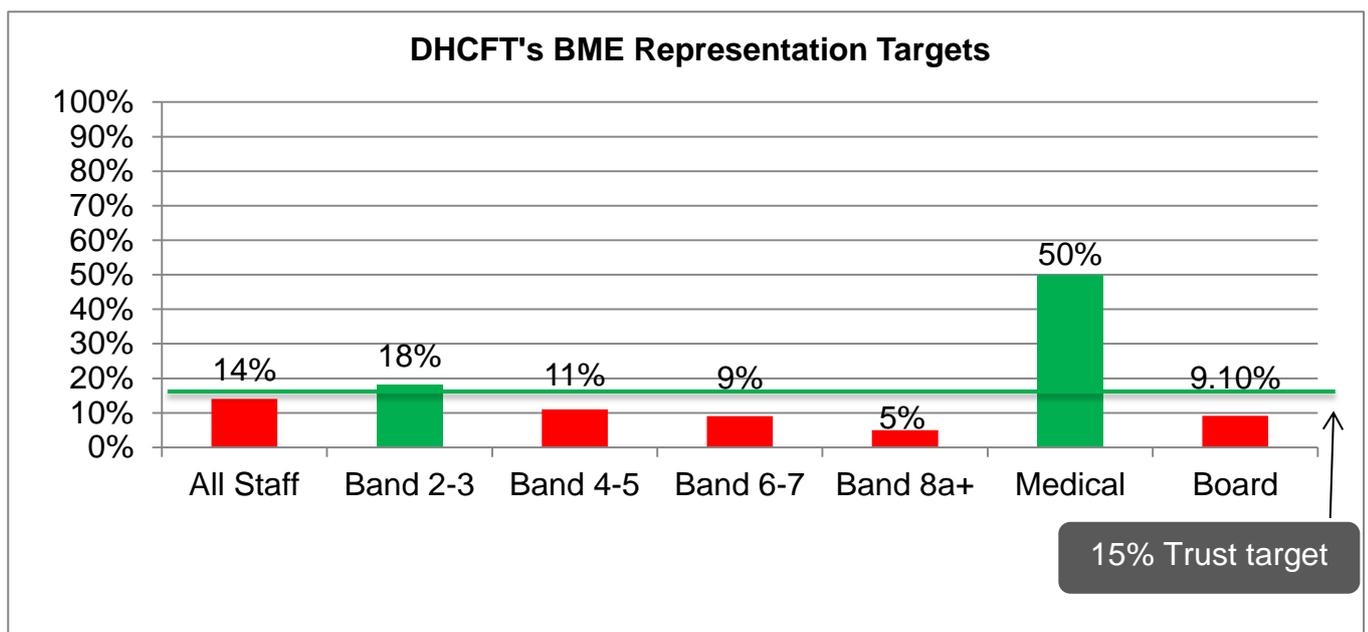
Benchmarking:
The tables below show DHCFT's 2018-19 position against other Trusts in the region. The benchmarking data below shows that DHCFT is performing worse than the benchmarked organisations in 4 out of the 8 indicators below.

The WRES Improvement Action Plan produced at the BME Network Annual Conference on 25th September 2019 was produced to address the below indicators in order to improve the Trust's performance.

WRES Indicator 2: Relative likelihood of white staff being appointed from shortlisting compared to BME staff

Trust Type	Organisation	2019
Mental Health	DERBYSHIRE HEALTHCARE NHS FT	2.86
Acute	UNIVERSITY HOSPITALS OF DERBY AND BURTON NHS FT	1.37
Community	DERBYSHIRE COMMUNITY HEALTH SERVICES NHS FT	2.45
Mental Health	NOTTINGHAMSHIRE HEALTHCARE NHS FT	1.88

WRES Indicator 3: Relative likelihood of BME staff entering formal disciplinary process compared to white staff

Trust Type	Organisation	2019
Mental Health	DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST	2.45
Acute	UNIVERSITY HOSPITALS OF DERBY AND BURTON NHS FT	1.23
Community	DERBYSHIRE COMMUNITY HEALTH SERVICES NHS FOUNDATION TRUST	0.00
Mental Health	NOTTINGHAMSHIRE HEALTHCARE NHS FOUNDATION TRUST	1.13

WRES Indicator 4: Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff

Trust Type	Organisation	2019
Mental Health	DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST	0.97
Acute	UNIVERSITY HOSPITALS OF DERBY AND BURTON NHS FT	0.93
Community	DERBYSHIRE COMMUNITY HEALTH SERVICES NHS FOUNDATION TRUST	0.99
Mental Health	NOTTINGHAMSHIRE HEALTHCARE NHS FOUNDATION TRUST	0.96

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

Trust Type	Organisation	Staff Survey 2018 (released Feb 2019)	
		White	BME
Mental Health	DERBYSHIRE HEALTHCARE NHS FT	27.8%	26.8%
Acute	UNIVERSITY HOSPITALS OF DERBY AND BURTON NHS FT	27%	25%

| Community | DERBYSHIRE COMMUNITY HEALTH SERVICES NHS FT | 21.6% | 21.8% |
| Mental Health | NOTTINGHAMSHIRE HEALTHCARE NHS FT | 26% | 37% |

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

| | | Staff Survey 2018 (released Feb 2019) | |
Trust Type	Organisation	White	BME
Mental Health	DERBYSHIRE HEALTHCARE NHS FT	19.3%	32.6%
Acute	UNIVERSITY HOSPITALS OF DERBY AND BURTON NHS FT	24%	30%
Community	DERBYSHIRE COMMUNITY HEALTH SERVICES NHS FT	18.1%	21.1%
Mental Health	NOTTINGHAMSHIRE HEALTHCARE NHS FT	23%	30%

WRES Indicator 7: Percentage of staff believing the Trust provides equal opportunities for career progression or promotion

| | | Staff Survey 2018 (released Feb 2019) | |
Trust Type	Organisation	White	BME
Mental Health	DERBYSHIRE HEALTHCARE NHS FT	86.1%	64.4%
Acute	UNIVERSITY HOSPITALS OF DERBY AND BURTON NHS FT	88%	71%
Community	DERBYSHIRE COMMUNITY HEALTH SERVICES NHS FT	89.2%	80%
Mental Health	NOTTINGHAMSHIRE HEALTHCARE NHS FT	85%	65%

WRES Indicator 8: Percentage of staff who have personally experienced discrimination at work from their manager/team leader/other colleagues

| | | Staff Survey 2018 (released Feb 2019) | |
Trust Type	Organisation	White	BME
Mental Health	DERBYSHIRE HEALTHCARE NHS FT	5.4%	16.4%
Acute	UNIVERSITY HOSPITALS OF DERBY AND BURTON NHS FT	6%	16%
Community	DERBYSHIRE COMMUNITY HEALTH SERVICES NHS FT	4.5%	8.4%
Mental Health	NOTTINGHAMSHIRE HEALTHCARE NHS FT	6%	17%

WRES Indicator 9: Percentage difference between the organisations' Board voting membership and its overall workforce

Trust Type	Organisation	% Difference
Mental Health	DERBYSHIRE HEALTHCARE NHS FT	-3.9%
Acute	UNIVERSITY HOSPITALS OF DERBY AND BURTON NHS FT	Unknown
Community	DERBYSHIRE COMMUNITY HEALTH SERVICES NHS FT	9.6%
Mental Health	NOTTINGHAMSHIRE HEALTHCARE NHS FT	-5.7%

2.3 Workforce Disability Equality Standard (WDES)

The WDES is a set of ten specific measures that enables NHS organisations to compare the experiences of Disabled and non-disabled staff in the workplace. NHS organisations use the data to develop a local Action Plan and demonstrate progress against the indicators of disability equality.
The WDES Improvement Action Plan was developed in partnership with the Trust's Disability & Wellness Network over a series of drop-in sessions designed to explain the data and come up with meaningful actions to make a large impact.

Please see below links for more information:
- WDES Report 2018-19
- WDES Improvement Action Plan 2018-19

Benchmarking data:
The tables below show DHCFT's 2018-19 position against other Trusts in the region. Other Trusts' data has been collected from their respective websites and from the NHS Staff Survey Results website.

WDES Indicator 2: Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts.

Trust Type	Region	Organisation	2019
Mental Health	Midlands & East	DERBYSHIRE HEALTHCARE NHS FT	2.88
Acute	Midlands & East	UNIVERSITY HOSPITALS OF DERBY AND BURTON NHS FT	1.29
Community	Midlands & East	DERBYSHIRE COMMUNITY HEALTH SERVICES NHS FT	0.97
Mental Health	Midlands & East	NOTTINGHAMSHIRE HEALTHCARE NHS FT	0.86

WDES Indicator 3: Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.

Trust Type	Region	Organisation	2019
Mental Health	Midlands & East	DERBYSHIRE HEALTHCARE NHS FT	0
Acute	Midlands & East	UNIVERSITY HOSPITALS OF DERBY AND BURTON NHS FT	1.15
Community	Midlands & East	DERBYSHIRE COMMUNITY HEALTH SERVICES NHS FT	0.00
Mental Health	Midlands & East	NOTTINGHAMSHIRE HEALTHCARE NHS FT	1.86

WDES Indicator 4:
    a) Percentage of disabled staff compared to non-disabled staff experiencing harassment, bullying and abuse from:
    i)   Patients/service users, their relatives or other members of the public

Trust Type	Organisation	Staff Survey 2018 (released Feb 2019)	
		Disabled	Non-disabled
Mental Health	DERBYSHIRE HEALTHCARE NHS FT	33.8%	26.0%
Acute	UNIVERSITY HOSPITALS OF DERBY AND BURTON NHS FT	32%	24.9%
Community	DERBYSHIRE COMMUNITY HEALTH SERVICES NHS FT	28.7%	19.7%
Mental Health	NOTTINGHAMSHIRE HEALTHCARE NHS FT	29%	26%

    ii)   Managers

Trust Type	Organisation	Staff Survey 2018 (released Feb 2019)	
		Disabled	Non-disabled
Mental Health	DERBYSHIRE HEALTHCARE NHS FT	14.0%	8.8%
Acute	UNIVERSITY HOSPITALS OF DERBY AND BURTON NHS FT	19.1%	8.9%
Community	DERBYSHIRE COMMUNITY HEALTH SERVICES NHS FT	14.0%	6.1%
Mental Health	NOTTINGHAMSHIRE HEALTHCARE NHS FT	17%	10%

    iii)   Other colleagues

Trust Type	Organisation	Staff Survey 2018 (released Feb 2019)	
		Disabled	Non-disabled

Mental Health	DERBYSHIRE HEALTHCARE NHS FT	17%	14.5%
Acute	UNIVERSITY HOSPITALS OF DERBY AND BURTON NHS FT	30.4%	18.6%
Community	DERBYSHIRE COMMUNITY HEALTH SERVICES NHS FT	23.9%	11.7%
Mental Health	NOTTINGHAMSHIRE HEALTHCARE NHS FT	23%	15%

b) Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.

Trust Type	Organisation	Staff Survey 2018 (released Feb 2019)	
		Disabled	Non-disabled
Mental Health	DERBYSHIRE HEALTHCARE NHS FT	55.0%	53.2%
Acute	UNIVERSITY HOSPITALS OF DERBY AND BURTON NHS FT	44.3%	45.0%
Community	DERBYSHIRE COMMUNITY HEALTH SERVICES NHS FT	54.3%	52.1%
Mental Health	NOTTINGHAMSHIRE HEALTHCARE NHS FT	53%	56%

WDES Indicator 5: Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.

Trust Type	Organisation	Staff Survey 2018 (released Feb 2019)	
		Disabled	Non-disabled
Mental Health	DERBYSHIRE HEALTHCARE NHS FT	78.5%	85.2%
Acute	UNIVERSITY HOSPITALS OF DERBY AND BURTON NHS FT	78.2%	88.1%
Community	DERBYSHIRE COMMUNITY HEALTH SERVICES NHS FT	83.4%	90.4%
Mental Health	NOTTINGHAMSHIRE HEALTHCARE NHS FT	81%	85%

WDES Indicator 6: Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.

Trust Type	Organisation	Staff Survey 2018 (released Feb 2019)	
		Disabled	Non-disabled

Mental Health	DERBYSHIRE HEALTHCARE NHS FT	20.4%	14.6%
Acute	UNIVERSITY HOSPITALS OF DERBY AND BURTON NHS FT	23.7%	14.4%
Community	DERBYSHIRE COMMUNITY HEALTH SERVICES NHS FT	34.4%	19.4%
Mental Health	NOTTINGHAMSHIRE HEALTHCARE NHS FT	27%	21%

WDES Indicator 7: Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.

Trust Type	Organisation	Staff Survey 2018 (released Feb 2019)	
		Disabled	Non-disabled
Mental Health	DERBYSHIRE HEALTHCARE NHS FT	37.2%	48.9%
Acute	UNIVERSITY HOSPITALS OF DERBY AND BURTON NHS FT	43.7%	54.7%
Community	DERBYSHIRE COMMUNITY HEALTH SERVICES NHS FT	48.3%	53.5%
Mental Health	NOTTINGHAMSHIRE HEALTHCARE NHS FT	40%	46%

WDES Indicator 8: Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.

Trust Type	Organisation	Staff Survey 2018 (released Feb 2019)
		Disabled
Mental Health	DERBYSHIRE HEALTHCARE NHS FT	83.3%
Acute	UNIVERSITY HOSPITALS OF DERBY AND BURTON NHS FT	69.9%
Community	DERBYSHIRE COMMUNITY HEALTH SERVICES NHS FT	79.3%
Mental Health	NOTTINGHAMSHIRE HEALTHCARE NHS FT	79%

WDES Indicator 10: Percentage difference between our Trust's Board voting membership and overall workforce:

Trust Type	Organisation	2019
		% Difference
Mental Health	DERBYSHIRE HEALTHCARE NHS FT	-4.00%
Acute	UNIVERSITY HOSPITALS OF DERBY AND BURTON NHS FT	Unknown

| Community | DERBYSHIRE COMMUNITY HEALTH SERVICES NHS FT | -4.00% |
| Mental Health | NOTTINGHAMSHIRE HEALTHCARE NHS FT | -9.00% |

2.4 Gender Pay Gap (GPG)

Since the Equality Act 2010 (Specific Duties) Regulations 2011 came into force on 10th September 2011, there has been a duty for public bodies with 150 or more employees to publish information on the diversity of their workforce. The government made gender pay gap reporting mandatory by amending the SDR so that all public sector employers with more than 250 employees have to measure and publish their gender pay gaps.

Please see the below link for DHCFT's 2019 Gender Pay Gap Report.
- Gender Pay Gap Report 2019. The data is extracted as at 31st March 2018.
- The Gender Pay Gap Report 2020 will be available to view on the website from 31st March 2020.

In order to address the Gender Pay Gap in our Trust, a Gender Steering Group has been set up with the priority of creating a Gender Pay Gap Action Plan.

Latest benchmarking data available:

	31st March 2018 Pay Gap %		31st March 2019 Pay Gap %	
	Average	Median	Average	Median
Derbyshire Healthcare NHS FT	18.73%	13.52%	18.26%	11.53%
Lincolnshire Partnership NHS FT	20.0%	20.1%	*	*
Leicester Partnership NHS FT	15.4%	6.3%	*	*
Nottinghamshire Healthcare NHS FT	8.7%	-3.4%	*	*
Northamptonshire NHS FT	20.1%	6.4%	*	*

* Data unavailable until 31st March 2020

Appendix 1: Workforce Equality Data and Analysis 2019

The below graphs show the demographic of DHCFT's workforce broken down by protected characteristic: Age, Disability, Race/Ethnicity, Gender, Religion or Belief, Sexual Orientation and Marital Status. The Trust does not hold data on Gender Reassignment or Pregnancy and Maternity.

To provide the most effective services for our patients and service users, we need to recruit, grow and engage with people from diverse backgrounds. Having a fuller picture of our staff profile also highlights areas of underrepresentation and to ensure that all groups' needs are taken into account in the Trust's decision-making.

Monitoring of our workforce's protected characteristics is also used in the Trust's annual Staff Survey. It is a measure of our Trust's culture as it allows us to better understand the lived experience of our staff and identify issues, so that we can take steps to ensure people feel safe to be themselves and they are able to raise concerns.

(FTE = Full-time Equivalent)

1. Workforce Profile – By Staff Group (as at 31st March 2019)

| Staff Group	Headcount	FTE	Workforce %
Add Prof Scientific and Technic	215	185.74	8.31%
Additional Clinical Services	433	384.66	16.74%
Administrative and Clerical	507	435.14	19.61%
Allied Health Professionals	169	135.73	6.54%
Estates and Ancillary	162	123.95	6.26%
Medical and Dental	127	111.67	4.91%
Nursing and Midwifery Registered	971	869.18	37.55%
Students	2	2.00	0.08%
Total	**2586**	**2248.07**	**100.00%**

Commentary

Derbyshire Healthcare NHS FT (DHCFT) employed 2,586 members of staff (as at 31st March 2019), equating to a Full Time Equivalent (FTE) of 2248.07.
The Nursing & Midwifery staff group accounted for 37.55% of the Trust Headcount.
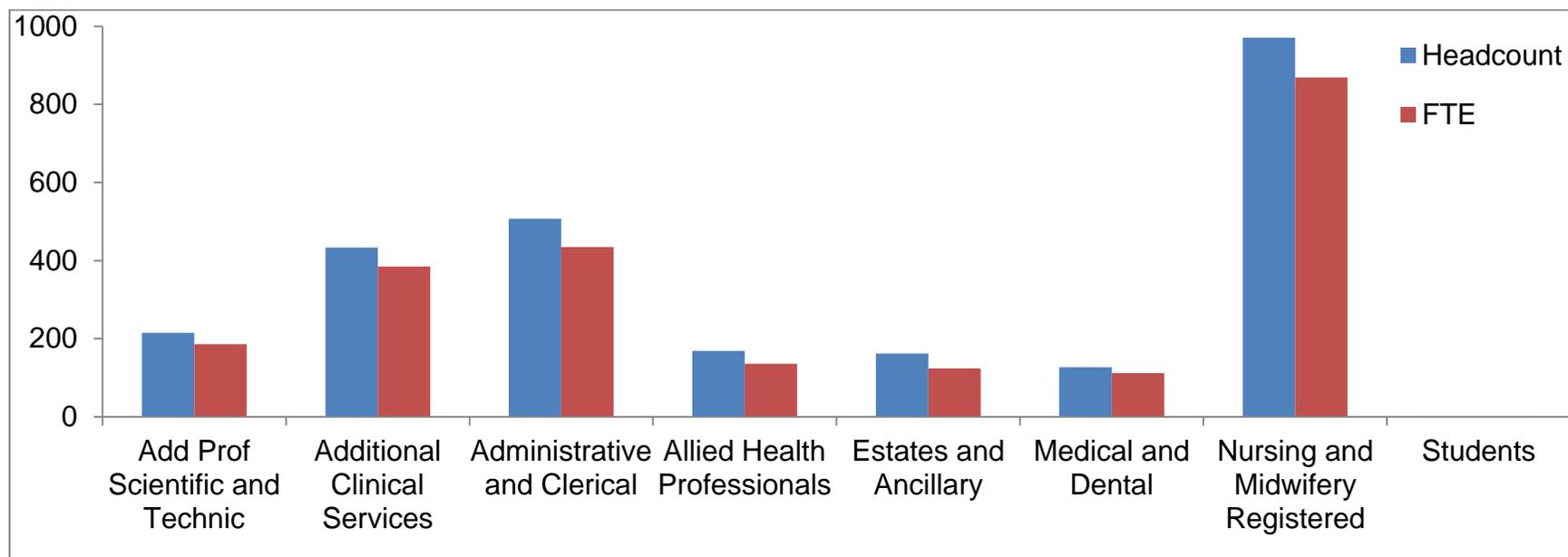
2. Workforce Profile – By Age (as at 31st March 2019)

| Age Group	< 20	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 +	Total
Headcount	1	71	218	263	305	343	373	443	320	180	69	**2586**
FTE	1.00	69.03	205.65	224.59	257.40	296.46	333.59	401.06	269.64	139.64	50.03	**2248.07**
Percentage	**0.04%**	**2.75%**	**8.43%**	**10.17%**	**11.79%**	**13.26%**	**14.42%**	**17.13%**	**12.37%**	**6.96%**	**2.67%**	**100.00%**
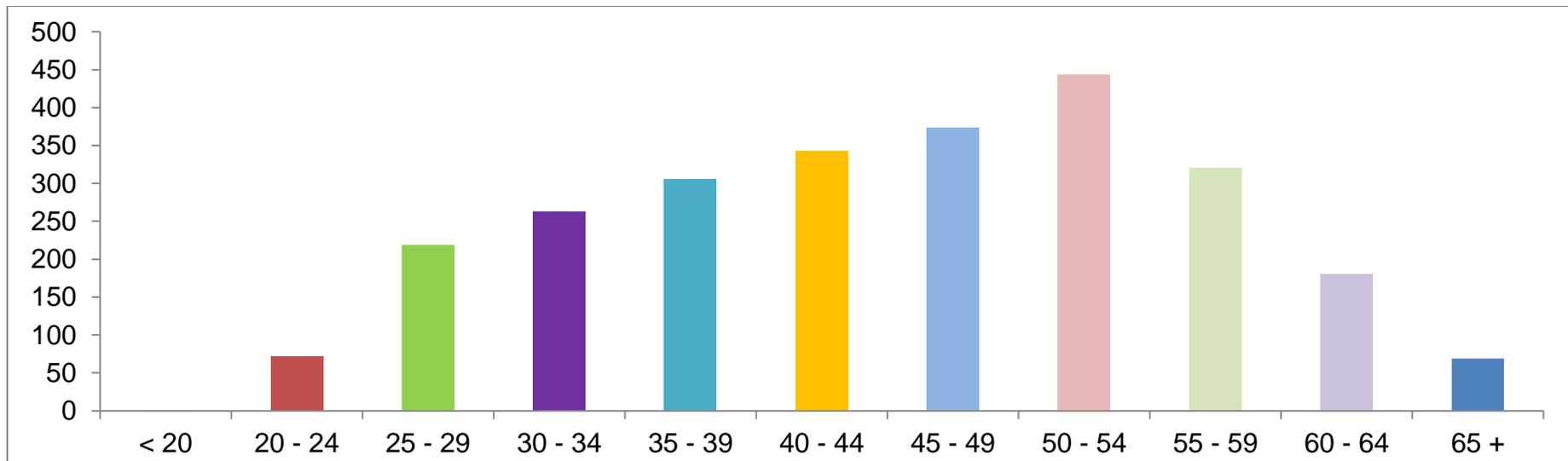
Commentary

The 50-54 age group accounts for 17.13% of the Trust head count equating to 443 employees. A total of 1,012 employees, 39.13% of the Trust head count, is aged 50 or over which shows an aging workforce within the Trust. The Trust employs only 1 member of staff who is aged under 20. In total there are just 72 employees (2.78%) within the Trust who are aged under 25.

This data informs our understanding of our Trust's age demographic to enable us to plan to ensure the future of the workforce. This includes aiding recruitment and retention initiatives to appeal to all members of the community, as well as making sure that the Trust can support the physical and mental wellbeing of our staff of all ages. Due to the Trust's aging workforce, we are doing some work around apprenticeships to appeal to school and university leavers, as well as older members of the local community.

11% of the local population of Derbyshire, including Derby City, are aged 16-24, while less than 3% of DHCFT's workforce is the same age.

3. Workforce Profile – By Disability (as at 31st March 2019)

| Data	Yes	No	Not Declared	Prefer not to Answer	Total
Headcount	115	1662	808	1	**2586**
FTE	98.60	1458.49	689.99	1.00	**2248.07**
Percentage	**4.45%**	**64.27%**	**31.25%**	**0.04%**	**100.00%**
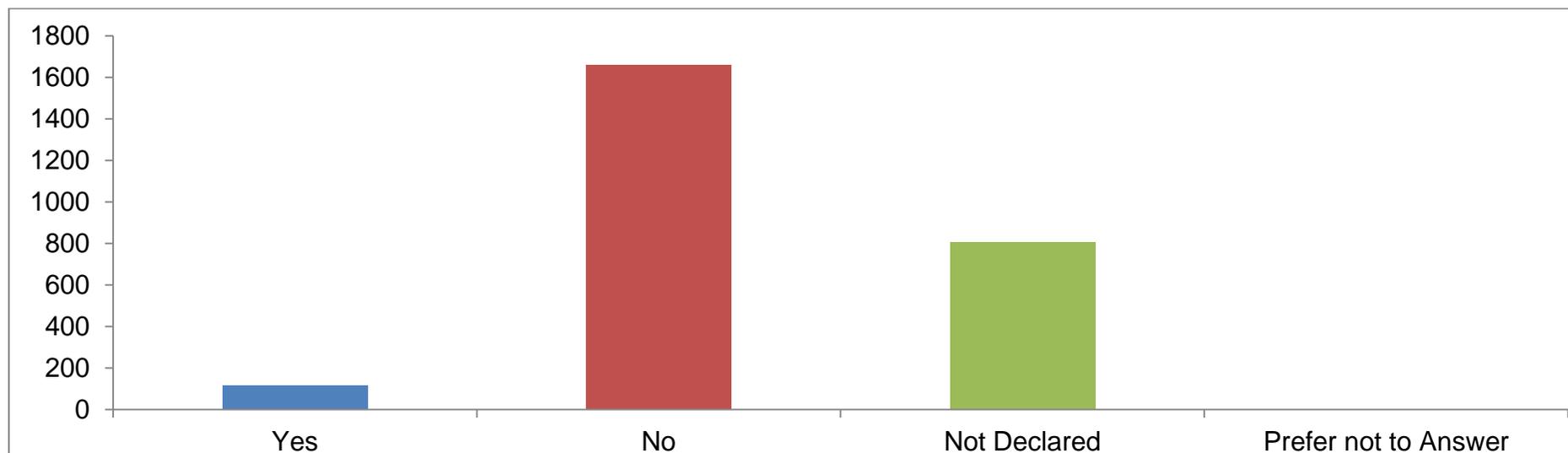
Commentary

A total of 809 employees, 31.28% of the Trust have not declared their disability status. 4.45% of staff within DHCFT have declared some form of disability (115 staff).

Understanding the disability status of our workforce is vital to make sure that we can be informed in our decision-making; we are in a better position to make arrangements for all of our staff if we have a good understanding of their needs in order to support them to be and feel the best they can at work.

The 2011 Census shows that 20% of the population of Derbyshire and Derby City's day-to-day activities are limited by their health. Currently, a large proportion of staff have not declared their disability status, and the Trust is working to raise awareness of this in partnership with our Disability & Wellness Staff Network through initiatives informed by the Workforce Disability Equality Standard (WDES) and as a Disability Confident Employer.

4. Workforce Profile – By Race/Ethnicity (as at 31st March 2019)

Data	Asian	Black	Mixed	Not Stated/Undefined	Other	White	Total
Headcount	165	116	42	108	13	2142	2586
FTE	148.12	106.12	38.25	92.51	11.01	1852.06	2248.07
Percentage	**6.38%**	**4.49%**	**1.62%**	**4.18%**	**0.50%**	**82.83%**	**100.00%**
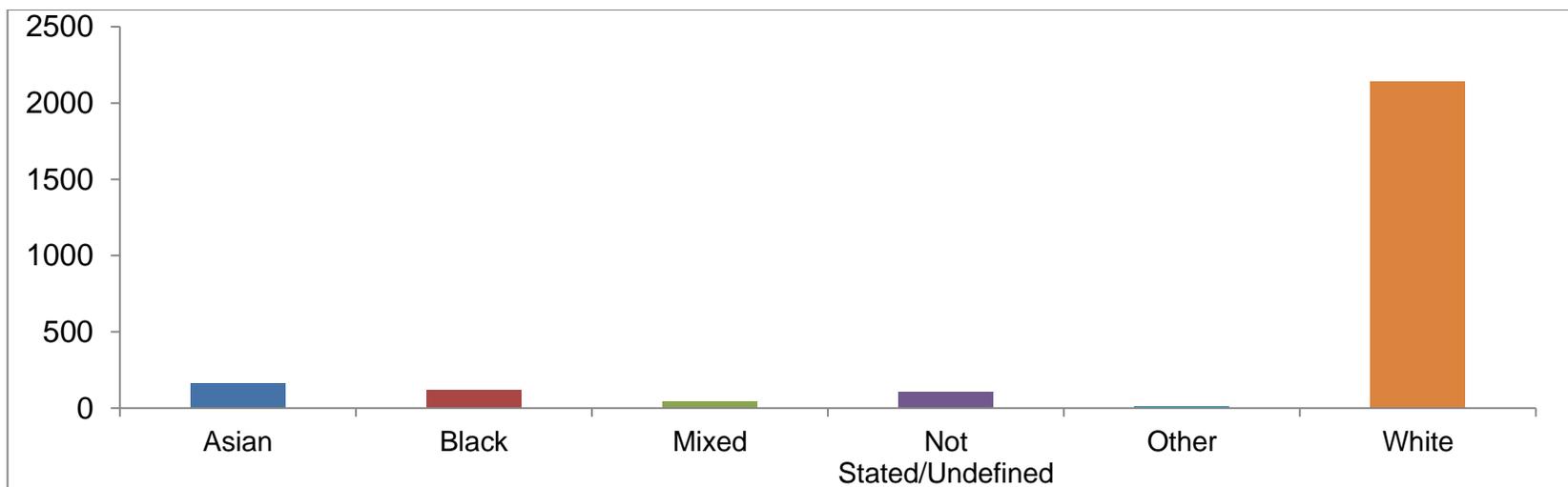
Commentary

DHCFT has a varied ethnic mix of staff across five broad categories (these are broken down further on the next page) and a Not Stated/Undefined group 108 staff or 4.18% of the Trust. This group is made up of staff who have not declared or do not wish to disclose their ethnicity. White ethnicities (2,142) account for over 82% of the Trust.

The Trust gathers this data to ensure that we are supporting all members of our workforce. It helps us to ensure that our workforce reflects the diversity of our local community in order to better meet the needs of our patients and service users, as well as demonstrate that we are a fair and inclusive employer. A comparison of our workforce data against the profile of Derby City and Derbyshire County can be found on page 45. This data also contributes to the Workforce Race Equality Standard (WRES), which identifies inequalities in the workplace experience between white staff and BME staff, and allows us to take steps to close those gaps. Several initiatives have been set up following the publication of the Trust's WRES in September 2019, further details can be found on page 35.

Ethnic Origin	Headcount	FTE	%
White - British	2030	1753.96	78.38%
White - Irish	27	22.49	1.04%

|			
White - Any other White background	40	35.19	1.54%
White Northern Irish	2	1.67	0.08%
White Unspecified	36	32.67	1.39%
White English	3	2.64	0.12%
White Other European	4	3.45	0.15%
Mixed - White & Black Caribbean	17	14.91	0.66%
Mixed - White & Black African	4	3.60	0.15%
Mixed - White & Asian	11	10.55	0.42%
Mixed - Any other mixed background	10	9.20	0.39%
Asian British	1	1.00	0.04%
Asian Tamil	1	1.00	0.04%
Asian or Asian British - Indian	112	100.11	4.32%
Asian or Asian British - Pakistani	35	32.45	1.35%
Asian or Asian British - Bangladeshi	3	2.37	0.12%
Asian or Asian British - Any other Asian background	10	8.95	0.39%
Asian Punjabi	3	2.24	0.12%
Black British	2	1.40	0.08%
Black or Black British - Caribbean	48	43.33	1.85%
Black or Black British - African	56	51.65	2.16%
Black or Black British - Any other Black background	8	7.68	0.31%
Black Nigerian	2	2.07	0.08%
Chinese	2	1.80	0.08%
Any Other Ethnic Group	10	8.21	0.39%
Not Stated	108	92.51	4.17%

Commentary

White - British has, by far, the greatest number of staff 2,030 (78.38%). 112 staff are from another White background, collectively staff from a White background account for 82.83% as previously mentioned.

The next largest background is Asian with 165 employees, 112 employees from this group come from the subgroup 'Asian or Asian British - Indian' (67.88% of the Asian grouping).
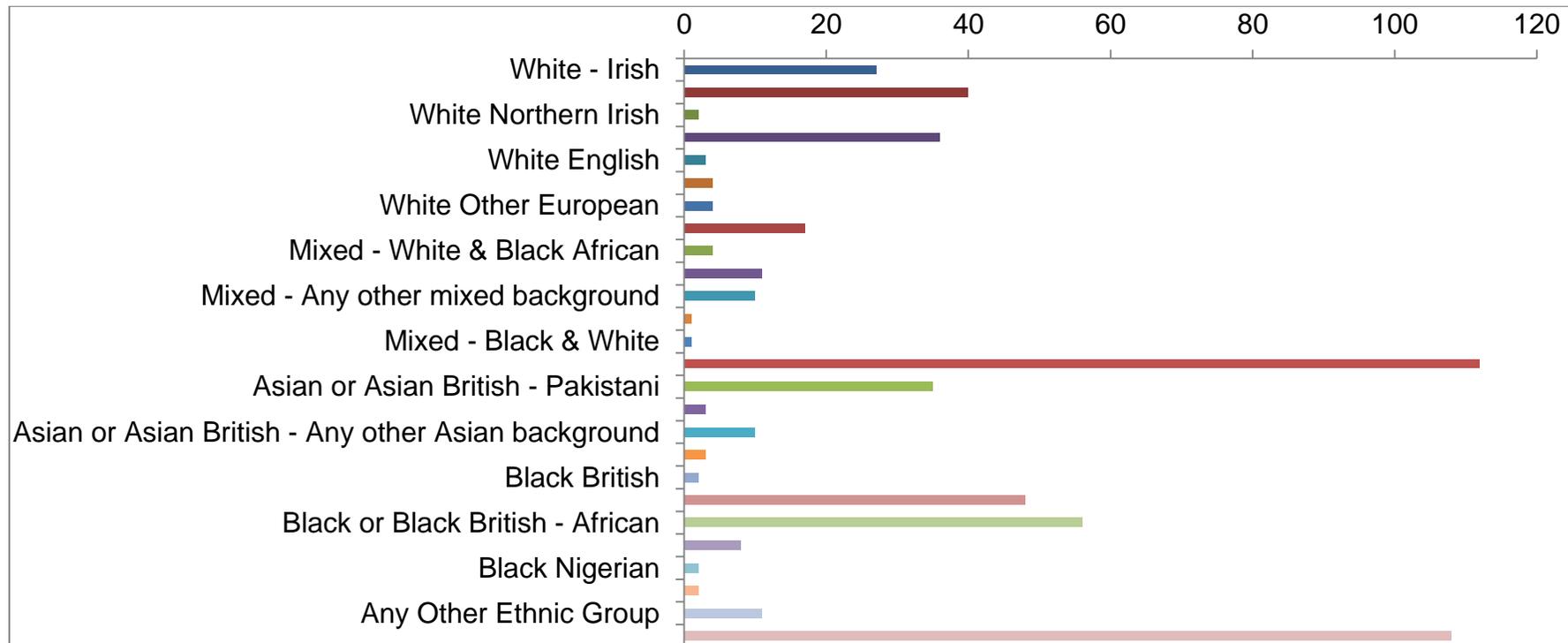
* Due to the high number of White British employees in our organisation, 'White British' have been excluded from the above chart to show the proportion of other ethnicities in our organisation more clearly.

Ethnicity	DHCFT	Derby City	Derby County	Derbyshire Population	Variance (Derbyshire Healthcare vs Derbyshire)
Asian or Asian British	6.38%	12.50%	1.14%	3.92%	2.46%
Black or Black British	4.49%	2.94%	0.36%	0.99%	3.50%
Mixed	1.62%	2.91%	0.92%	1.41%	0.21%
Other ethnic group	0.50%	1.35%	0.12%	0.42%	0.08%
White	82.83%	80.30%	97.45%	93.26%	-10.43%
Not stated	4.18%	0.00%	0.00%	0.00%	4.18%
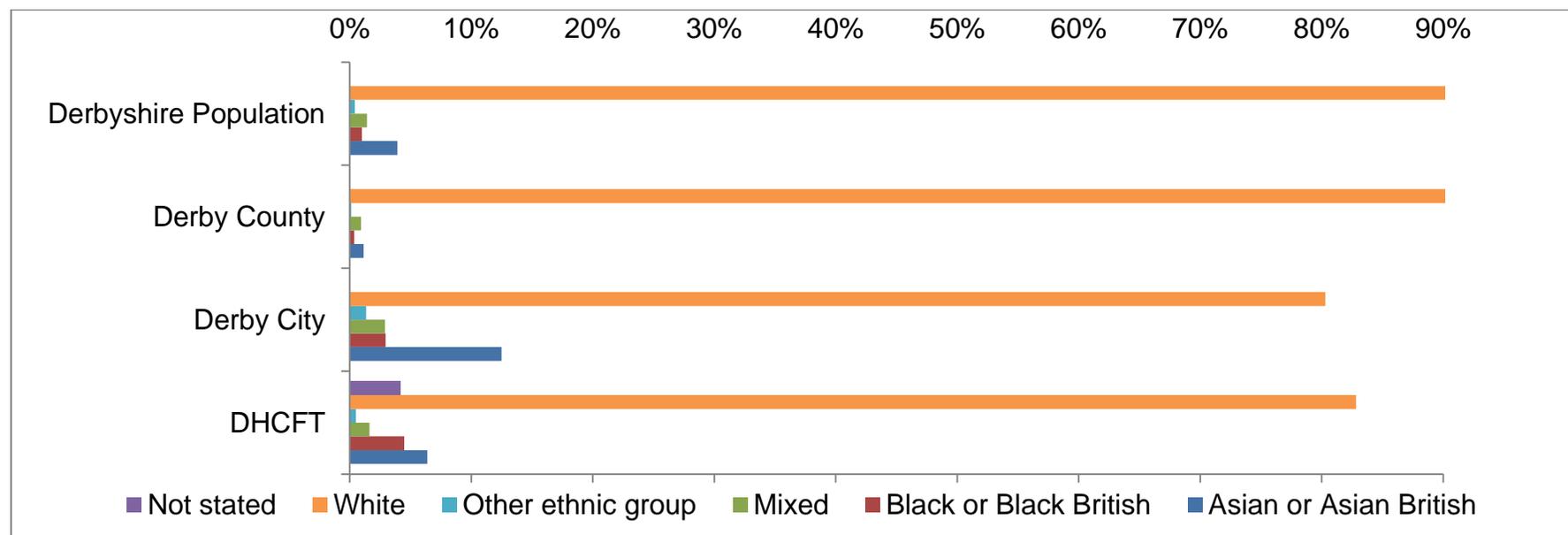
Commentary

The data table and graph above compares Derbyshire Healthcare NHS FT workforce profile against the population of Derbyshire (population source: Office of National Statistics) (2011). In the 2011 Census the Derbyshire County population was 1,018,400 which consisted of 769,700 living within Derbyshire and 248,700 within Derby City.

5. Workforce Profile – By Gender (as at 31st March 2019)

Gender	Headcount	FTE	%
Female	2068	1764.94	**79.97%**
Male	518	483.14	**20.03%**
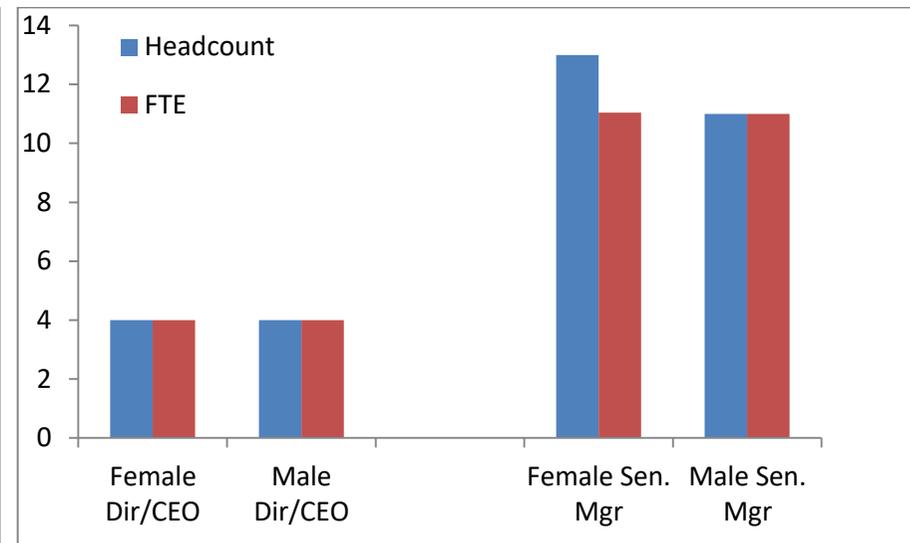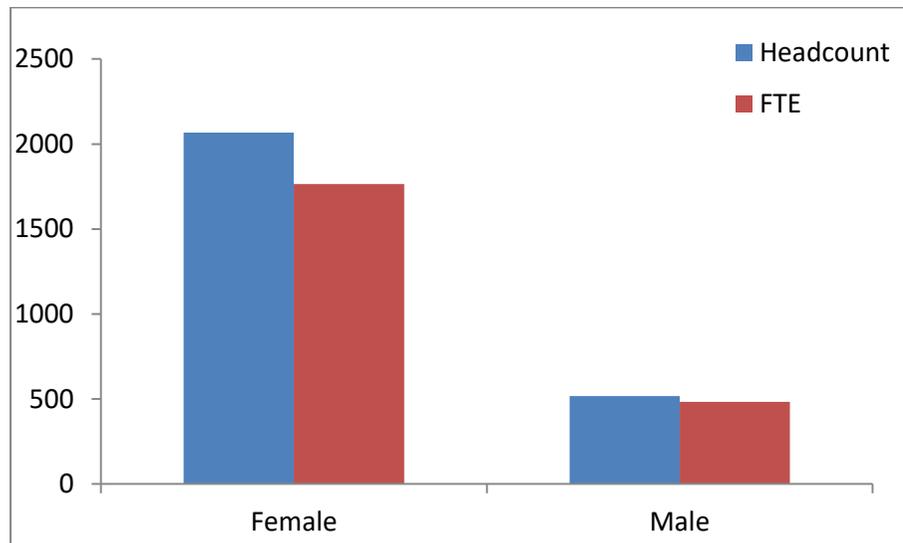
Gender Breakdown	Headcount	FTE	%
Female Director/CEO	4	4.00	**50.00%**
Male Director/CEO	4	4.00	**50.00%**
Female Senior Manager Band 8c & Above	13	11.04	**54.17%**
Male Senior Manager Band 8c & Above	11	11.00	**45.83%**
Female Employee Other	2051	1749.90	**80.31%**
Male Employee Other	503	468.14	**19.69%**

Commentary

The majority of employees are female 2,068 (79.97%) but looking at Senior Managers (band 8c & above) the female/male divide is much closer at 54.17% and 45.83%; closer still at Director level 50% and 50%. Male employees are over represented in senior positions compared to female employees.

The gender demographic of the senior leadership and Board broadly reflects that of the UK's general population. However there are a larger proportion of women in the wider workforce and in the lower AfC bands in general. This data allows the Trust to look at ways of increasing the appeal of the healthcare profession to male employees at all levels to reflect the general population, as well as contributing to our understanding of the Gender Pay Gap in our organisation (more details on page 43).

6. Workforce Profile – By Religion or Belief (as at 31st March 2019)

6. Workforce Profile – By Religion or Belief (as at 31st March 2019)

Religious Belief	Atheism	Buddhism	Christianity	Hinduism	Islam	Jainism	Judaism	Sikhism	Other	I do not wish to disclose my religion/belief	Total

Headcount	305	10	964	26	38	1	4	41	237	960	**2586**
FTE	270.97	8.92	835.26	24.86	34.19	1.00	3.40	36.04	211.06	822.38	**2248.07**
Percentage	**11.79%**	**0.39%**	**37.28%**	**1.01%**	**1.47%**	**0.04%**	**0.15%**	**1.59%**	**9.16%**	**37.12%**	**100.00%**
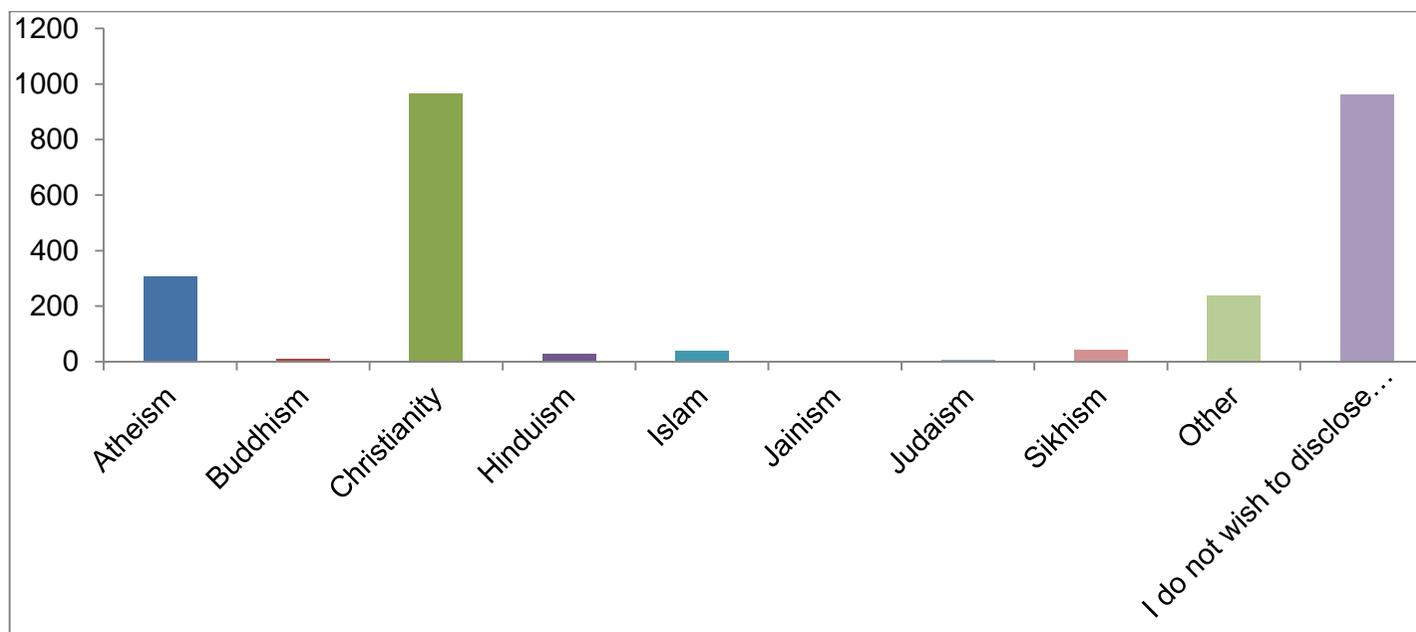
Commentary

Christianity is the chosen religion or belief of 964 employees, 37.28% of the Trust. A total of 960 employees (37.12%) have no religious belief stored on ESR. Of all the protected characteristics, Religion or Belief has the highest non-disclosure rate, followed by Sexual Orientation at 32.48% and Disability at 31.25%.

Understanding that our employees have a variety of religions means we can cater for their spiritual needs. The Chaplaincy and Spirituality Service at DHCFT is available to all patients, relatives and staff, whatever your faith or beliefs and if you do not practice a religion. The chaplains have links to many faith communities and can find an appropriate representative to cater for all needs.

The religions and beliefs of DHCFT staff are broadly in line with the local population, although there is a high proportion of undisclosed staff (37.12%).

7. **Workforce Profile – By Sexual Orientation (as at 31st March 2019)**

| Sexual Orientation	Bisexual	Heterosexual or Straight	Gay or Lesbian	I do not wish to disclose my sexual orientation	Total
Headcount	12	1693	41	840	**2586**
FTE	11.07	1478.73	36.83	721.46	**2248.07**
Percentage	**0.46%**	**65.47%**	**1.59%**	**32.48%**	**100.00%**

Commentary

65.47% of employees within the Trust have stated their sexual orientation is Heterosexual or Straight. 32.48% have not declared their sexual orientation and only 2.05% have declared their sexual orientation as Bisexual, Gay or Lesbian.

Information on the workforce's sexual orientation is gathered to ensure that we are creating a culture where people feel safe to be themselves at work. We have a LGBT+ Staff Network where LGBT+ colleagues and allies meet bi-monthly (more details on page 27). Understanding the lived experience of our LGBT+ staff also helps us to cater for our patients and service users' needs. The Staff Network has recently worked on a set of Trans FAQs to aid staff to support Trans patients/service users and make them feel safe and included, helping the Trust to provide a positive and inclusive environment to receive care.

8. Workforce Profile – By Marital Status (as at 31st March 2019)

Marital	Married	Divorced	Single	Legally	Civil	Widowed	Undisclosed	Total

Status				Separated	Partnership			
Headcount	1340	199	843	27	21	24	132	**2586**
FTE	1129.53	175.40	764.66	24.69	19.27	21.02	113.50	**2248.07**
Percentage	**51.82%**	**7.70%**	**32.60%**	**1.04%**	**0.81%**	**0.93%**	**5.10%**	**100.00%**
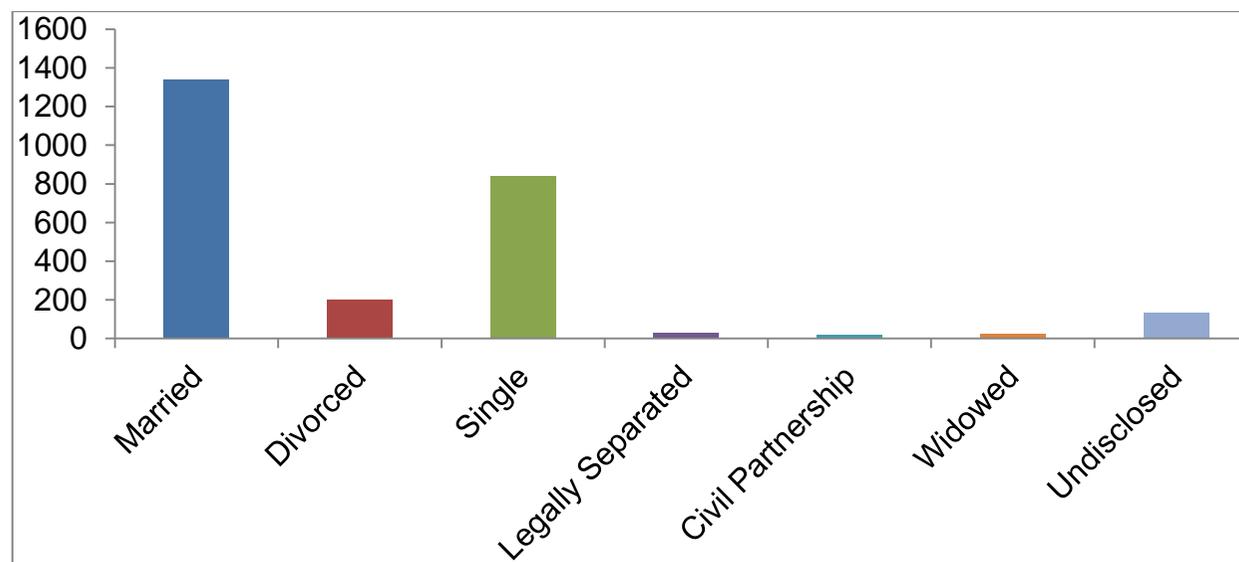
Commentary

Over half (51.82%, 1,340) of the Trust employees are married. The group with the next highest number of employees is Single. Only 132 employees have not declared their Marital Status 5.10%.

The Trust is committed to improving declaration rates by promoting the importance of colleagues declaring their protected characteristics. Colleagues should feel safe to do so in order for the Trust to be a more responsive employer and cater to the needs of all of our employees.

The marital status of our employees is in line with that of the local population, with 31.0% of Derbyshire and Derby City declared as 'Single' and 49.1% as 'Married'. Proportionately, there are more staff in a civil partnership at the DHCFT compared to 0.2% of the local population.

Appendix 2: Patient Equality Data and Analysis 2019

The data below refers to the period 1st April 2018 to 31st March 2019. The data was extracted on 12th November 2019.

The data in the graphs below is an important part of understanding the experience of our patients when receiving care from our services. Separating the data into protected characteristics allows us to see where some groups may fare better than others.

The Friends and Family Test results are a barometer of the trust that our patients and service users have in our ability to provide effective and safe care, as they are based on their likelihood to recommend the service they have received to their families and friends.

The concerns and complaints data is also important as it allows us to understand the issues that people have encountered while receiving care or when coming into contact with our services, and splitting the data into protected characteristics helps us to see if particular groups are more affected than others.

1. Age Profile of Friends and Family Test results
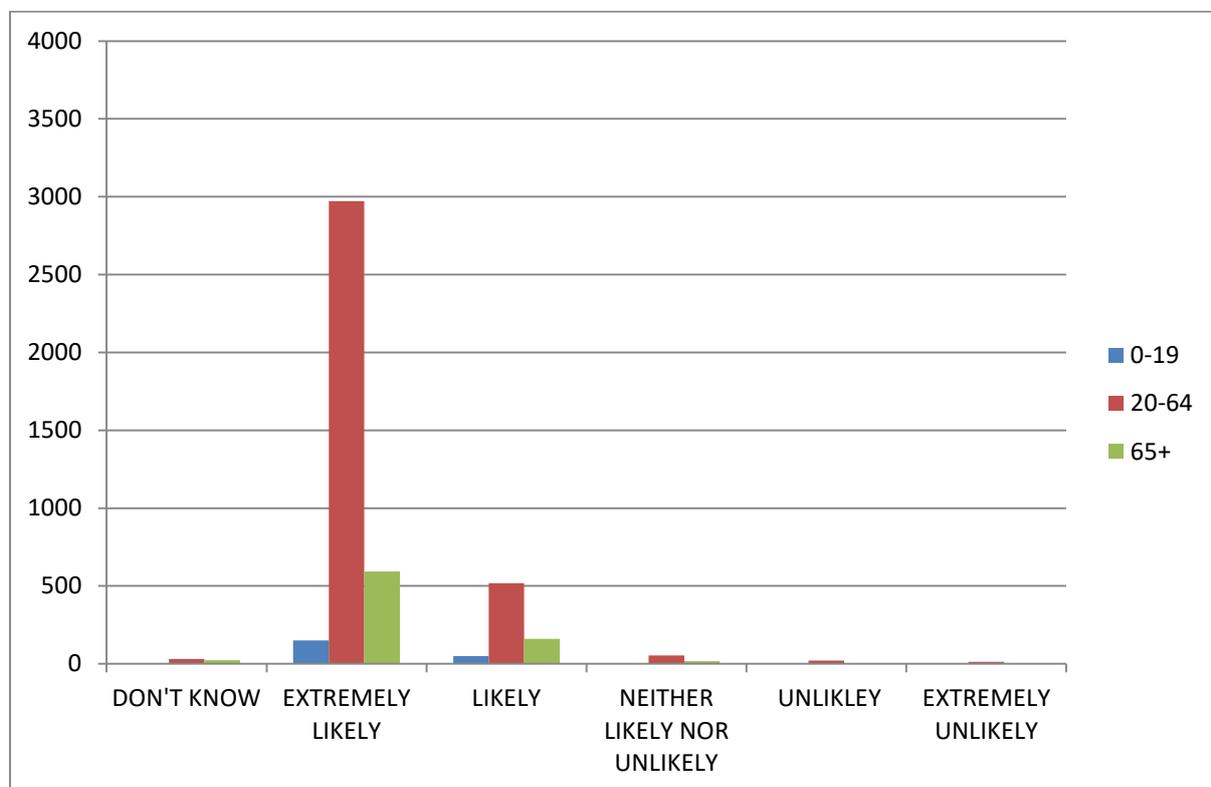
2. Age Profile of Patients/Service Users involved in concerns/complaints
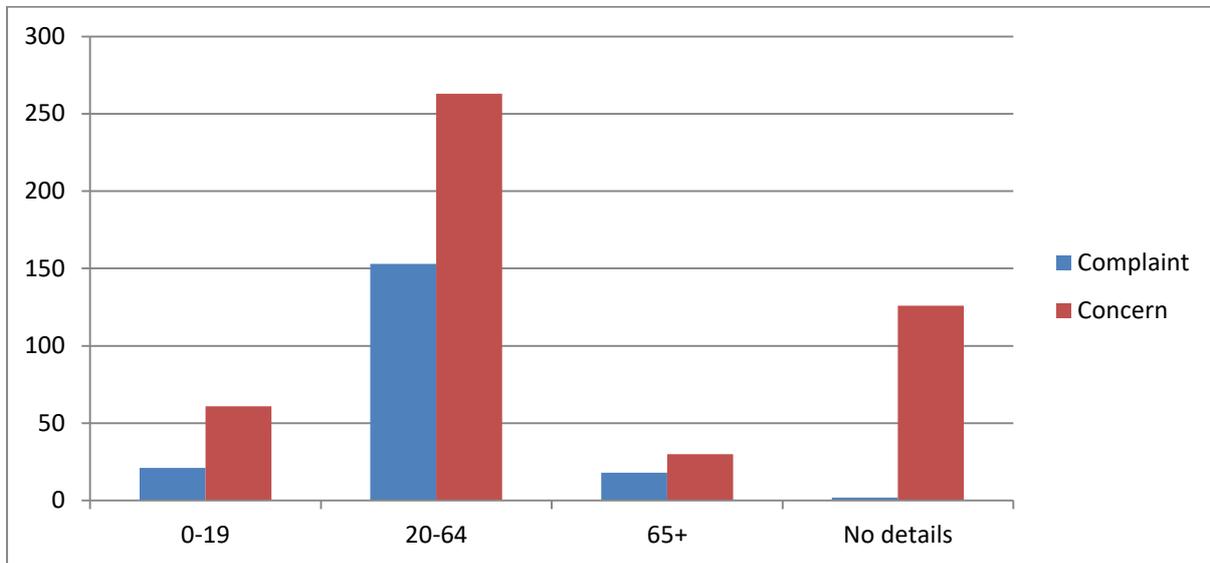
## 3. Gender Profile of Friends and Family Test results
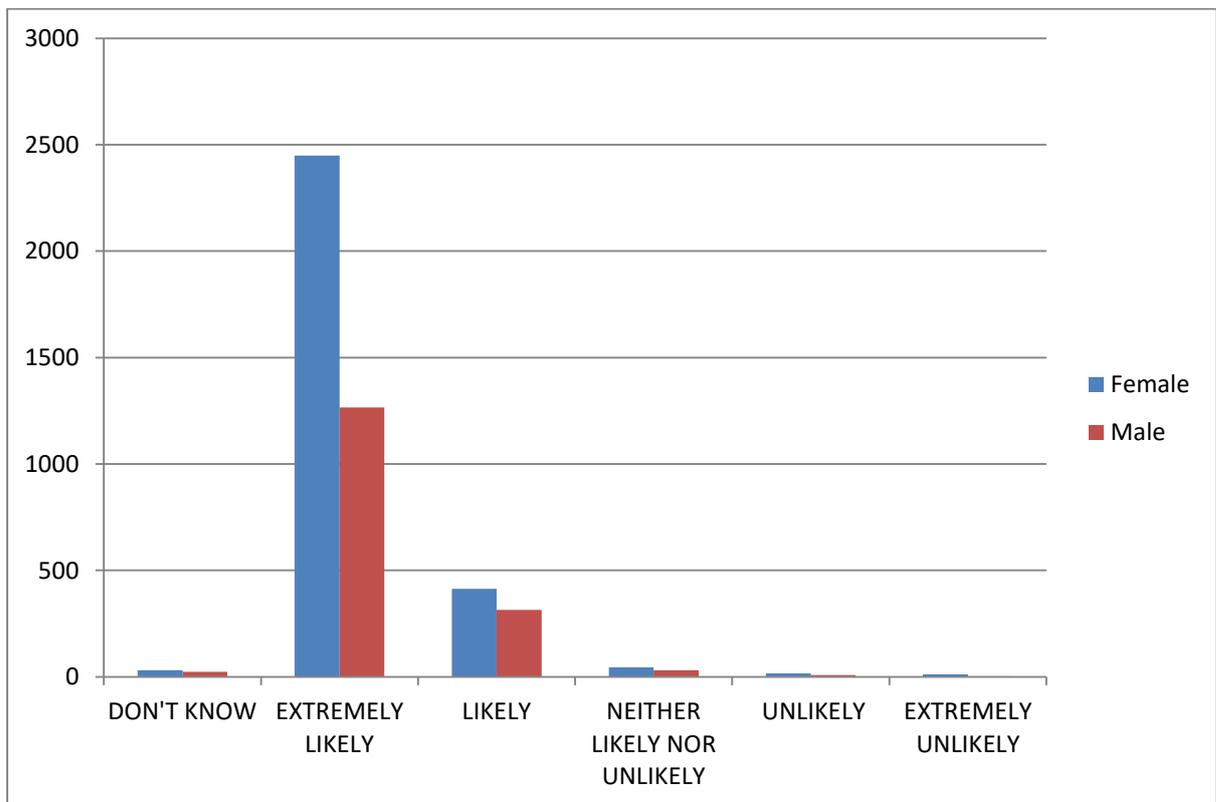
## 4. Gender Profile of Patients/Service Users involved in concerns or complaints
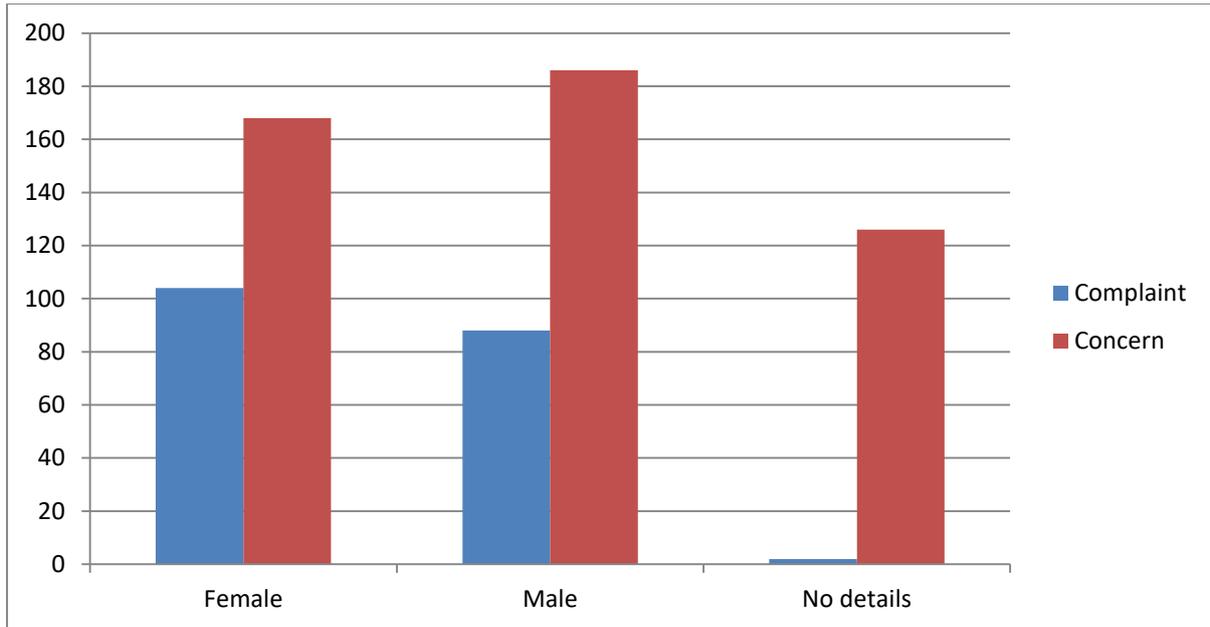
## 5. Ethnicity Profile of Friends and Family Test results
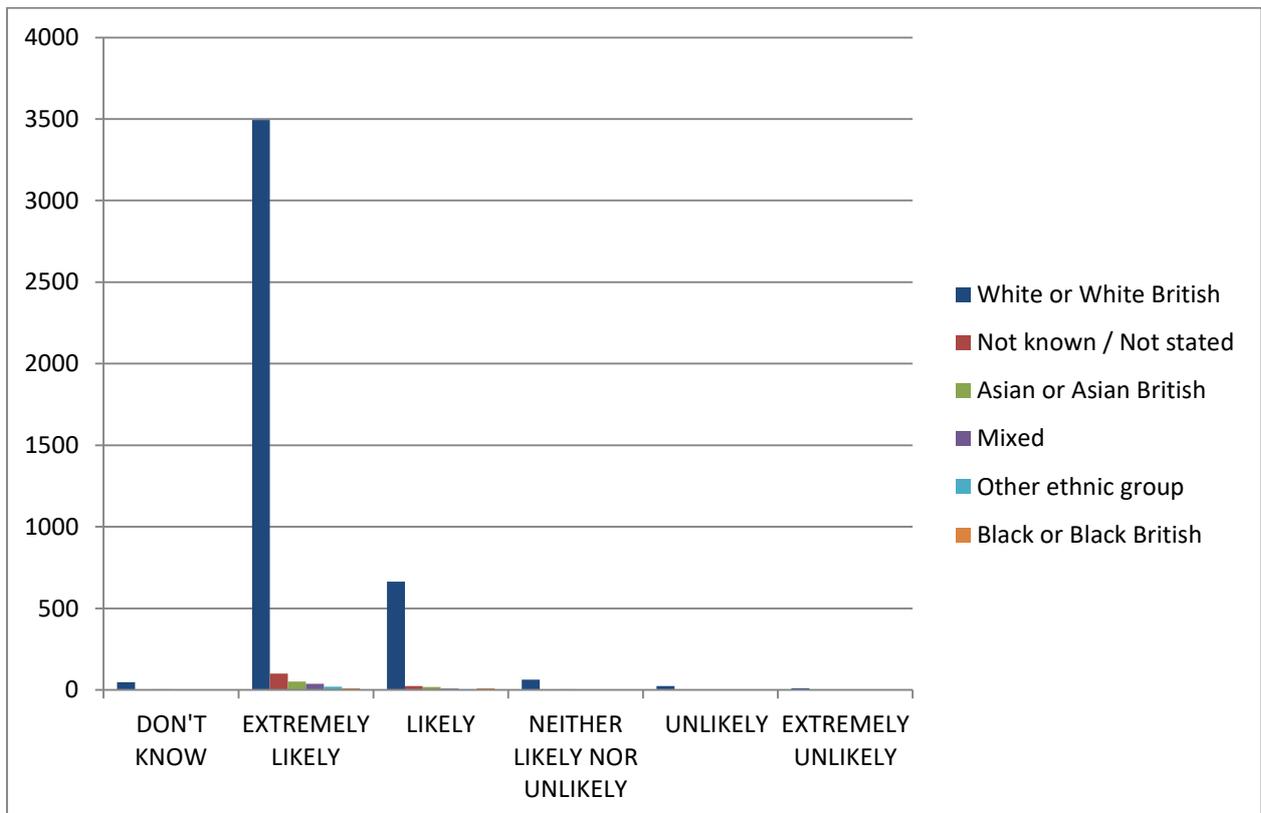
6. Ethnicity Profile of Patients/Service Users involved in concerns or complaints
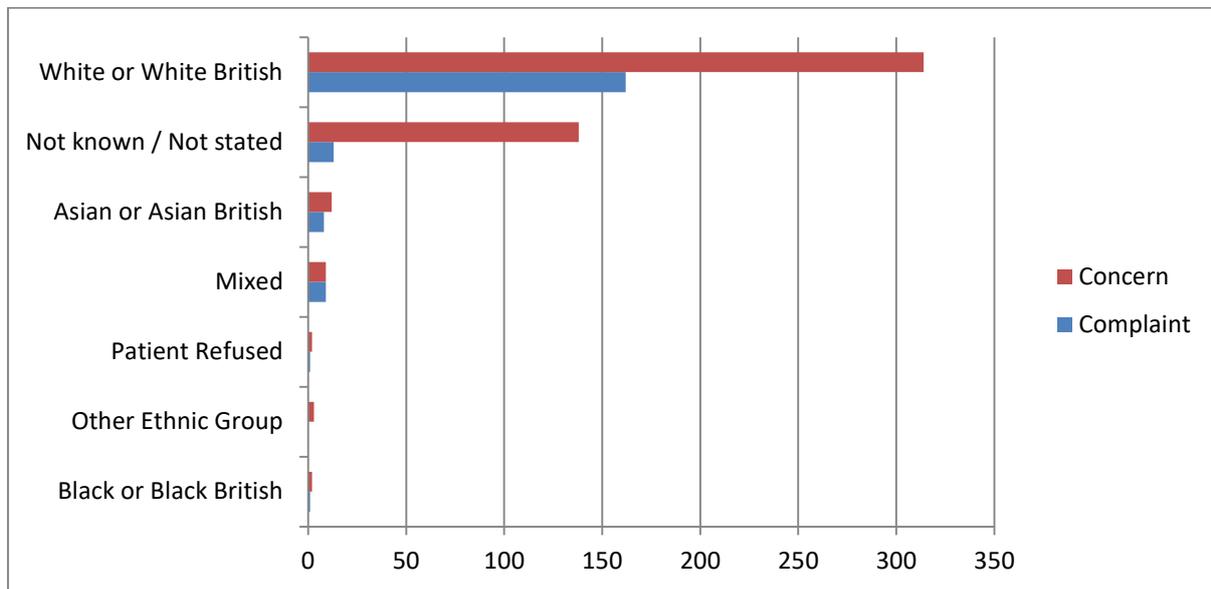

7. Disability Profile of Patients/Service Users involved in Concerns or Complaints

Bar chart showing disability profile with Concern (red) and Complaint (blue) categories:
- No disability
- No details
- BEHAVIOUR AND EMOTIONAL
- OTHER
- LEARNING DISABILIY (DEMENTIA)
- MOBILITY AND GROSS MOTOR
- HEARING
- PROGRESSIVE (LT) CONDITIONS
- Physical disability
- SELF CARE AND CONTINENCE; HEARING
- SIGHT; SPEECH
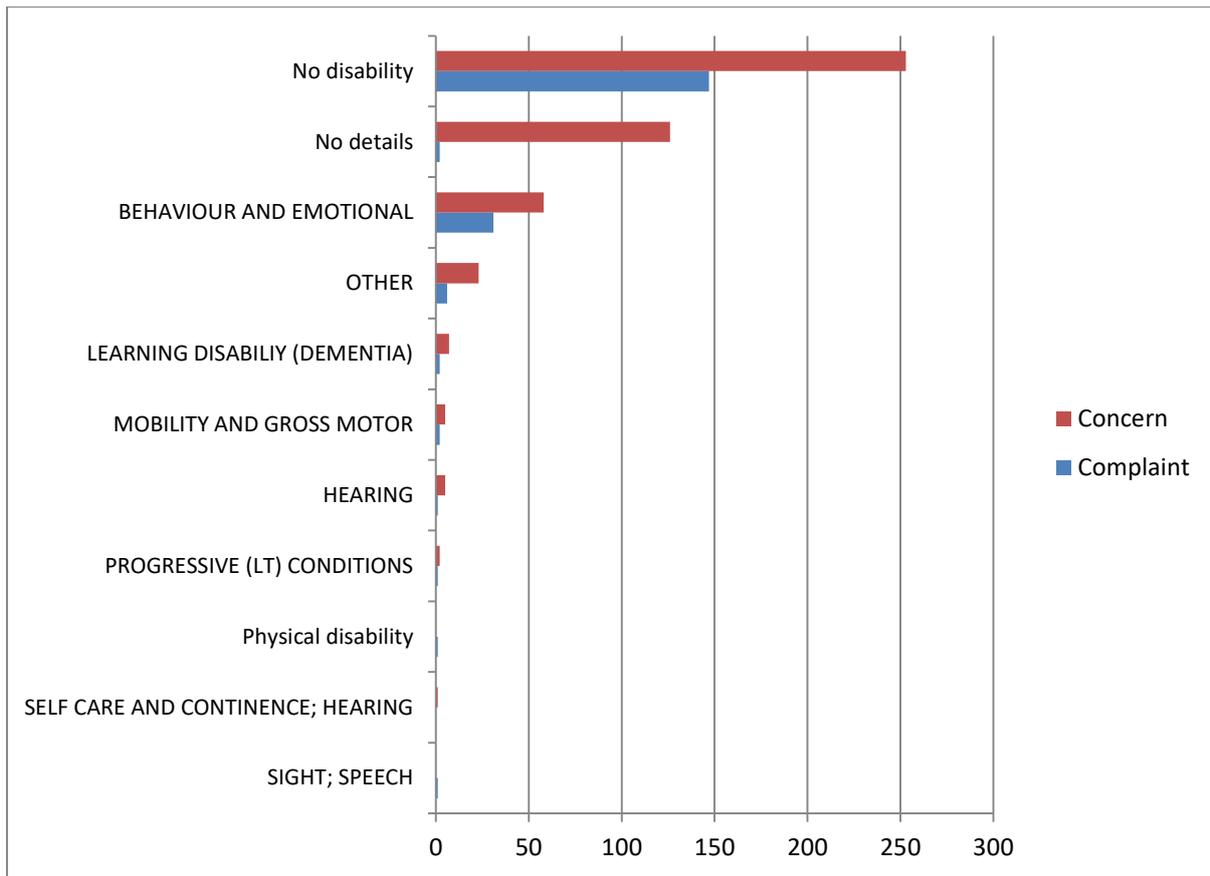
8. Religion or Belief Profile of Patients/Service Users involved in concerns or complaints

Bar chart showing religion or belief profile with Concern (red) and Complaint (blue) categories:
- Not known / Not stated
- Not Religious
- Christian
- Church Of England
- Atheist
- Not Given Patient Refused
- Buddhist
- Roman Catholic
- Non conformist
- Sikh
- Islam
- Declines to Disclose
- Methodist
- Pagan
- Agnostic
- Pentecostalist
- Spiritualist
- Baha'i
- Baptist
- Jehovah's Witness
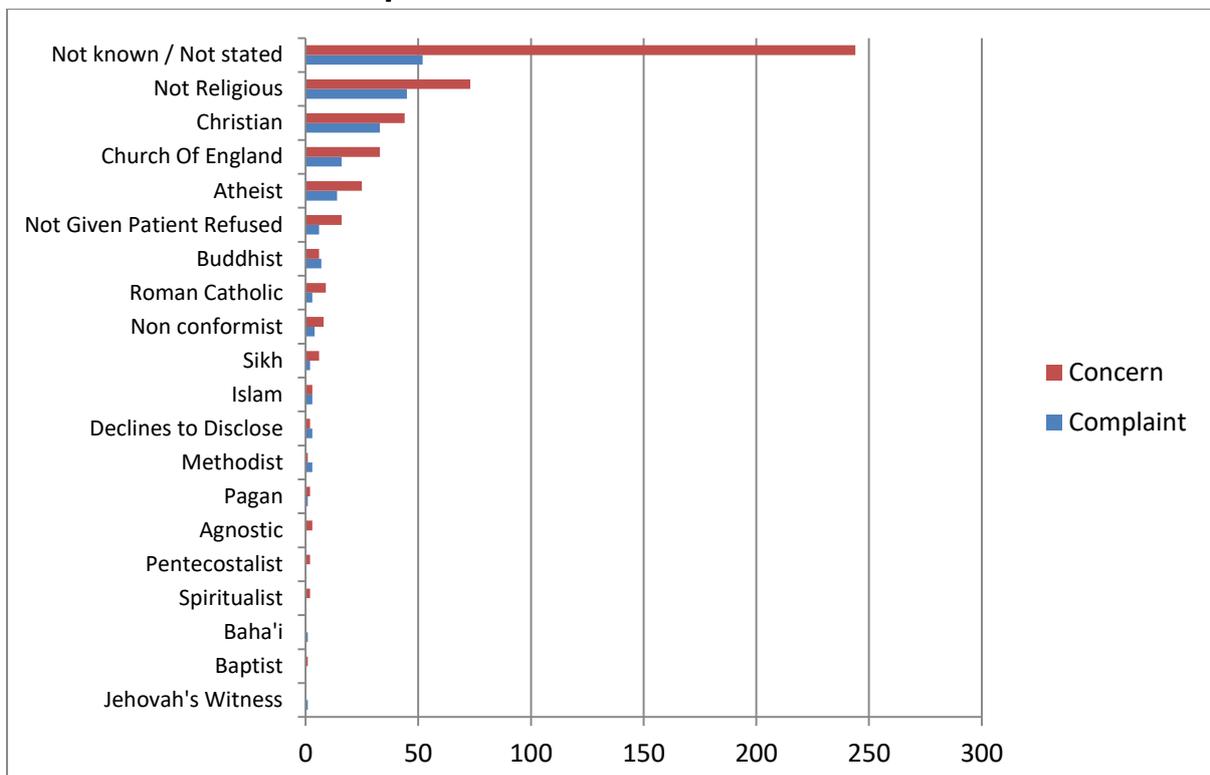
9. Sexual Orientation Profile of Patients/Service Users involved in concerns or complaints
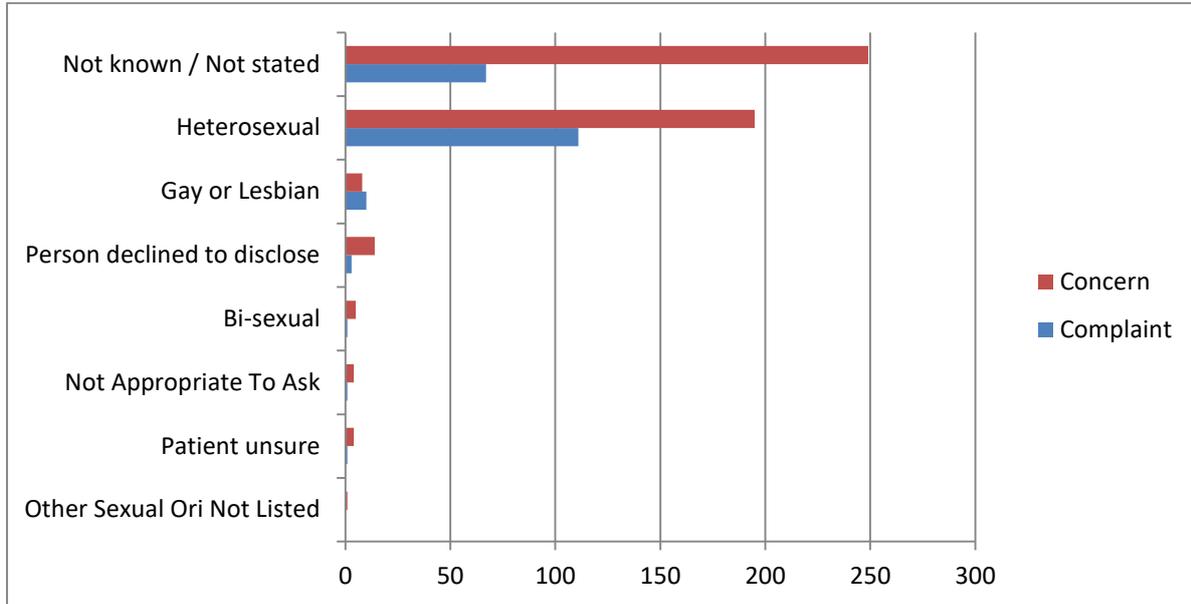
## 10. Economic disadvantage Profile of Patients/Service Users involved in concerns or complaints
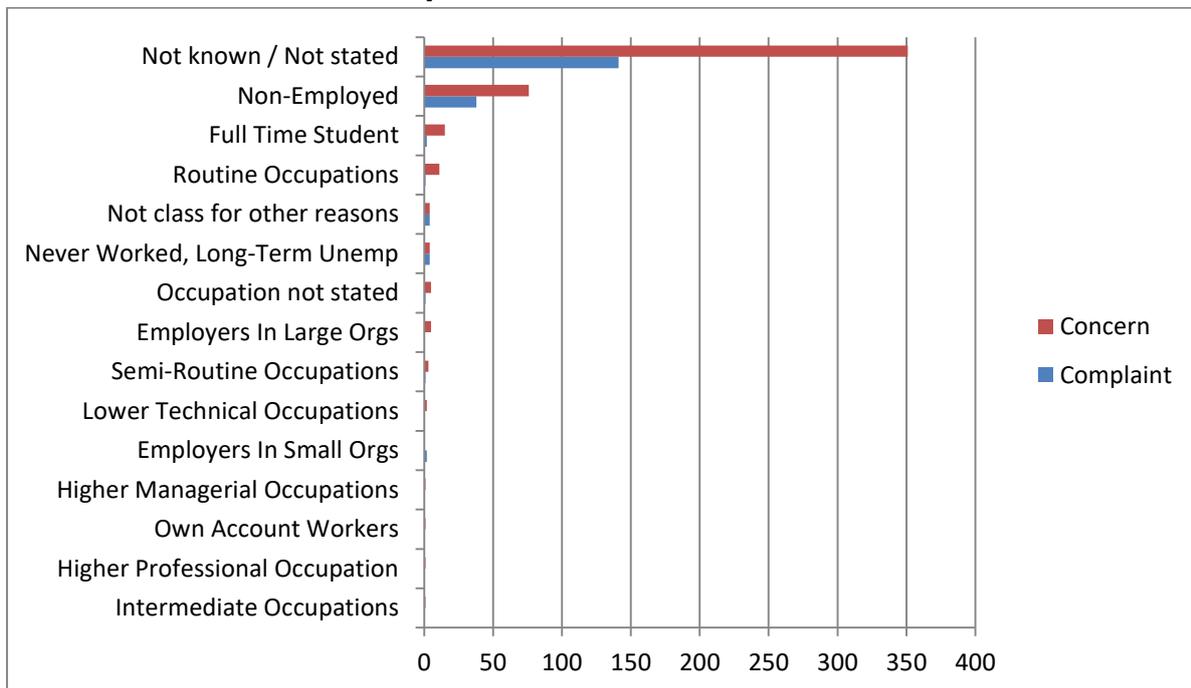
Appendix 3: Membership Data as at 5 December 2019

Our public membership is very important to the Trust. It allows us to have regular dialogue with our local communities, including people who use our services and their families and friends, local residents and people who have an interest in the services we provide. Through these conversations and relationships we can work together to improve the local NHS services we provide across Derbyshire and to ensure the Trust is responsive to the needs of our local communities.

Breaking down the membership into protected characteristics is important to ensure that every community is represented and has a voice. The membership team frequently engage with the local community, for example, they attended Pride events with our Trust's LGBT+ Staff Network at Belper, Derby and Chesterfield in 2019 to appeal to members of the LGBT+ community to become public members of DHCFT.

Currently the Trust has 6,140 public members who have chosen to join the Trust as a member.

Age:

Analysis of Current Membership report — Acorn selections by: Group (mid)

Tabs: Table | Age Charts | Gender Charts | Ethnicity Charts | Acorn Socio-Econom... | Wellbeing Acorn Typ... | Digital Profile Charts | ONS/Mor
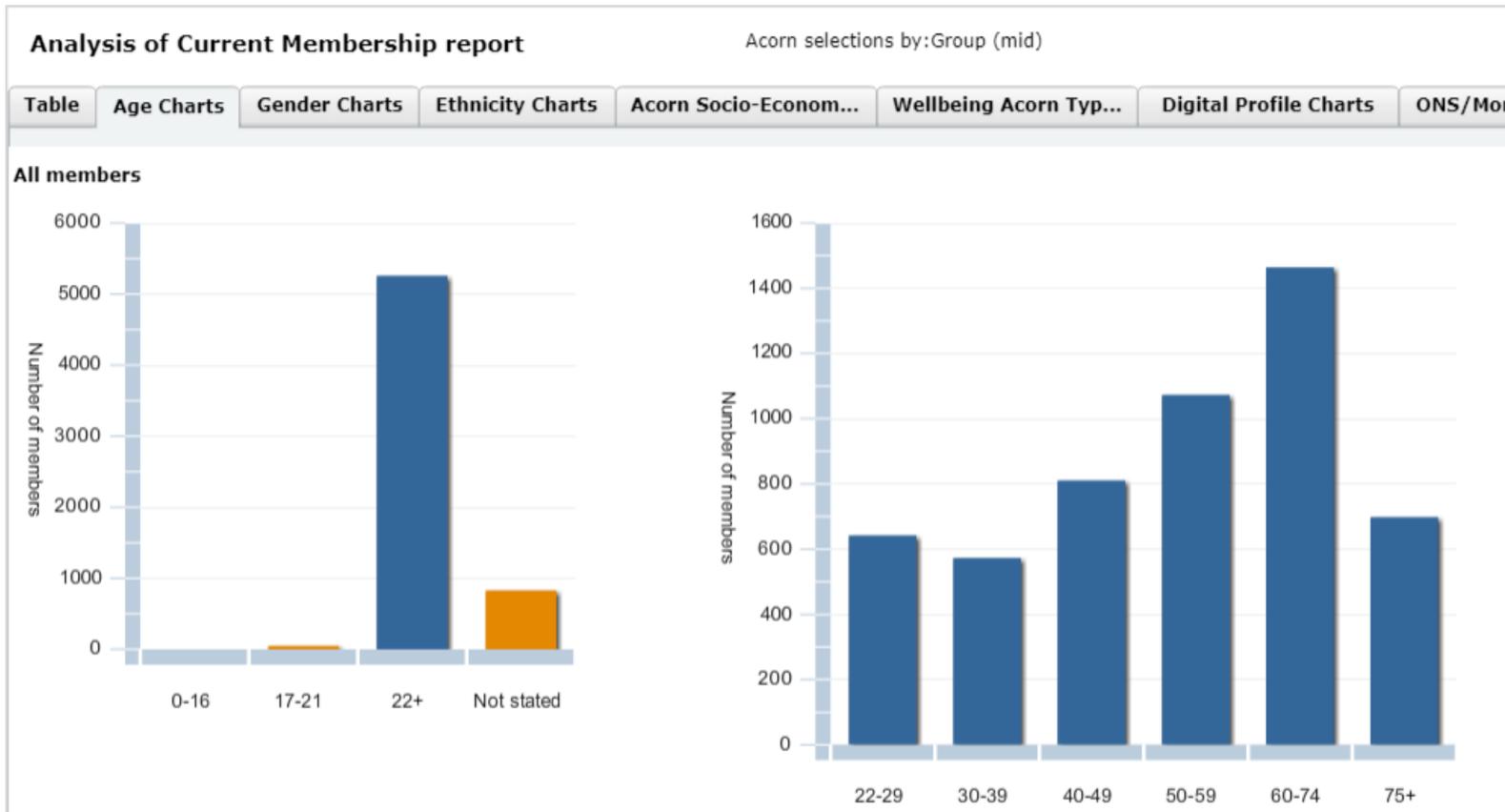
All members

Total membership	**6140**
Age	**6140**
0-16	2
17-21	48
22+	5260
Not stated	830
Age 22+	**5260**
22-29	641
30-39	573
40-49	811
50-59	1073
60-74	1464
75+	698

Disability:
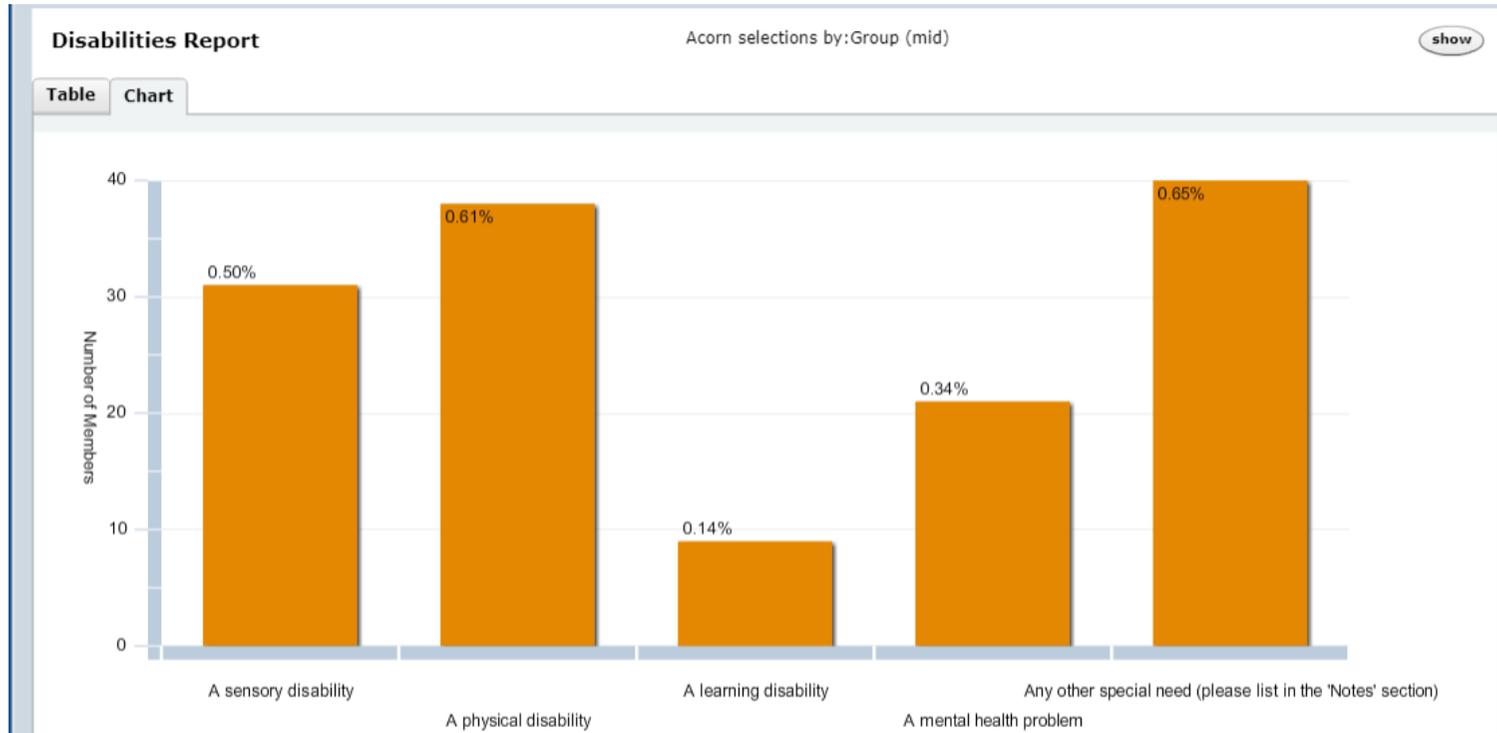
Disabilities Report Acorn selections by:Group (mid) show

Table | Chart

Disabilities	Number of Members	Percentage of Members
Total	**139**	**100.00%**
A sensory disability	31	0.50%
A physical disability	38	0.61%
A learning disability	9	0.14%
A mental health problem	21	0.34%
Any other special need (please list in the 'Notes' section)	40	0.65%

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Gender re-assignment:

The Trust does not collect data on gender re-assignment from its membership.

Gender:

Analysis of Current Membership report   Acorn selections by:Group (mid)   (show)

| Table | Age Charts | **Gender Charts** | Ethnicity Charts | Acorn Socio-Econom... | Wellbeing Acorn Typ... | Digital Profile Charts | ONS/Monitor Classif... |

All members
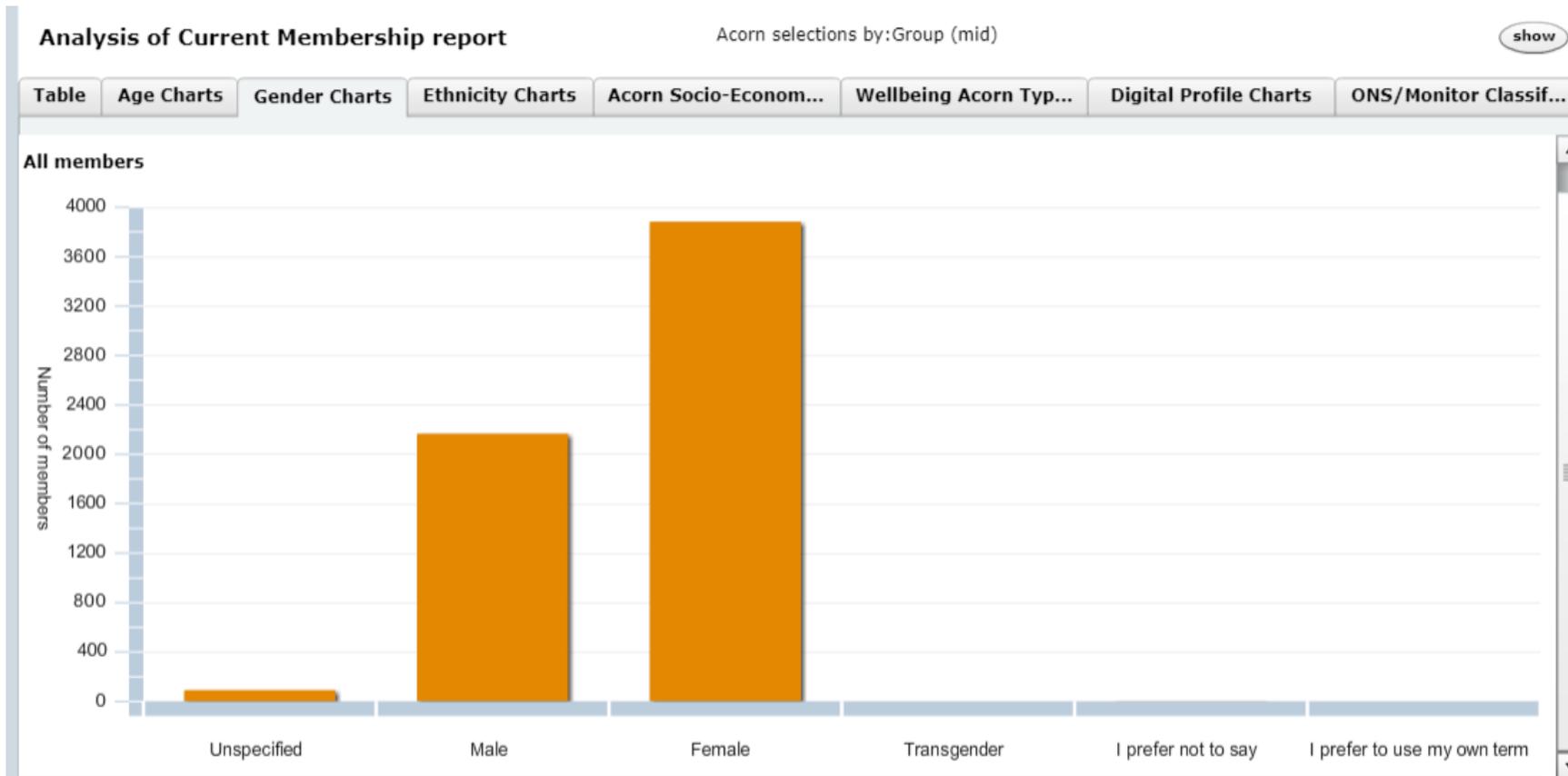
NB. The Trust reviewed and updated the data it collects for gender – and since the beginning of January 2019 now includes: transgender and 'I prefer to use my own term'

Marriage and civil partnership:
Data on this protected characteristic is not collected for membership.

Pregnancy and maternity:
Data on this protected characteristic is not collected for membership.

Race:

NHS
Derbyshire Healthcare
NHS Foundation Trust

Full Ethnic Type Breakdown Chart

All members
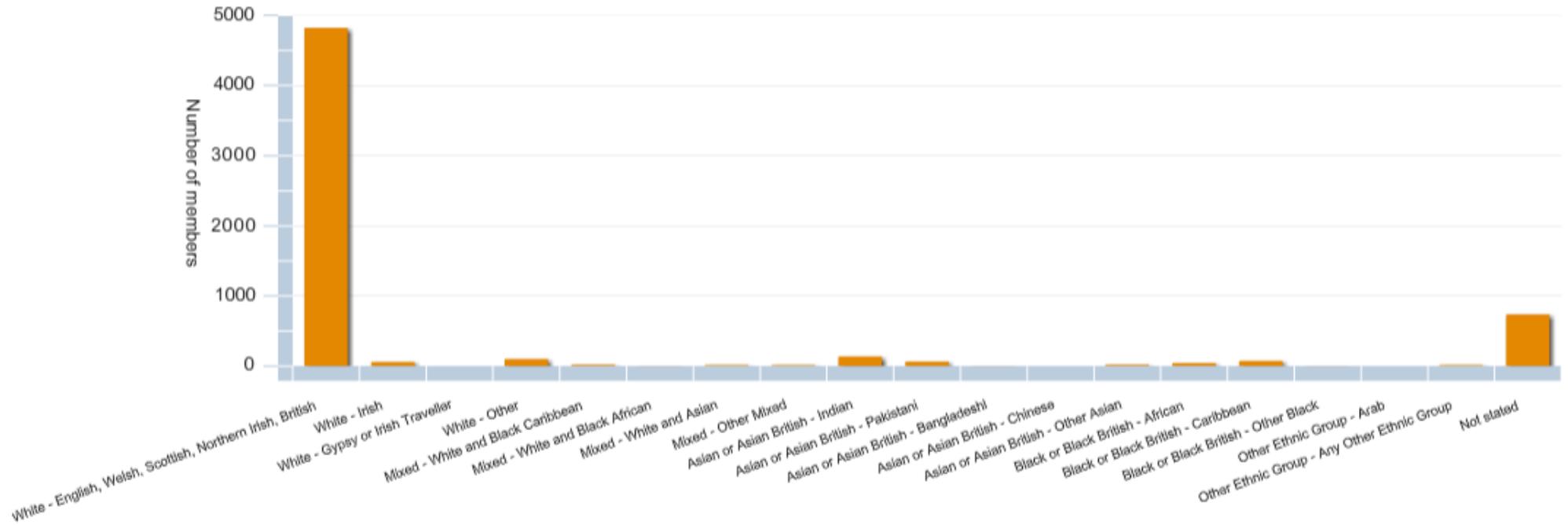
Total membership	**6140**
Ethnicity	**6140**
White - English, Welsh, Scottish, Northern Irish, British	4820
White - Irish	57
White - Gypsy or Irish Traveller	0
White - Other	98
Mixed - White and Black Caribbean	23
Mixed - White and Black African	7
Mixed - White and Asian	14
Mixed - Other Mixed	14
Asian or Asian British - Indian	137
Asian or Asian British - Pakistani	66
Asian or Asian British - Bangladeshi	5
Asian or Asian British - Chinese	2
Asian or Asian British - Other Asian	22

Black or Black British - African	45
Black or Black British - Caribbean	74
Black or Black British - Other Black	6
Other Ethnic Group - Arab	0
Other Ethnic Group - Any Other Ethnic Group	14
Not stated	736

Religion and belief:

Faith Report   show

Table   Chart
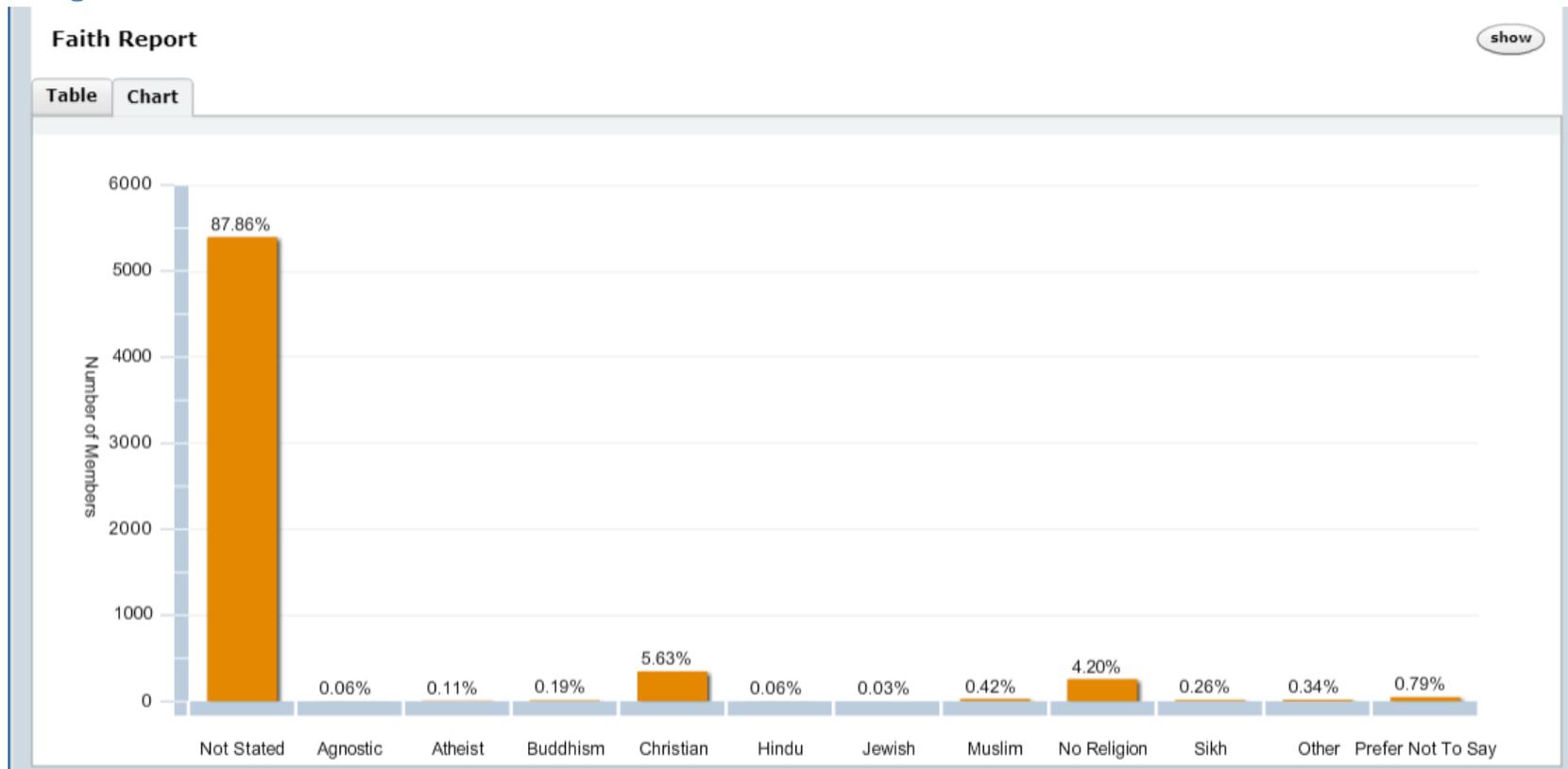
NB. The Trust reviewed and updated the data it collects for faith – and since the beginning of January 2019 now includes: 'agnostic', 'atheist' and 'pagan'

Sexual orientation:

Sexual Orientation Report   (show)

| Table | **Chart** |

Bar chart — Number of Members by sexual orientation:

- Not Stated: 87.70%
- Bisexual: 0.58%
- Heterosexual: 9.23%
- Homosexual: 0.63%
- Transgender: 0.01%
- Bi man: 0.01%
- Bi woman: 0.04%
- Gay man: 0.03%
- Gay woman/lesbian: 0.04%
- Straight: 0.87%
- Prefer Not To Say: 0.74%
- I prefer to use my own term: 0.04%
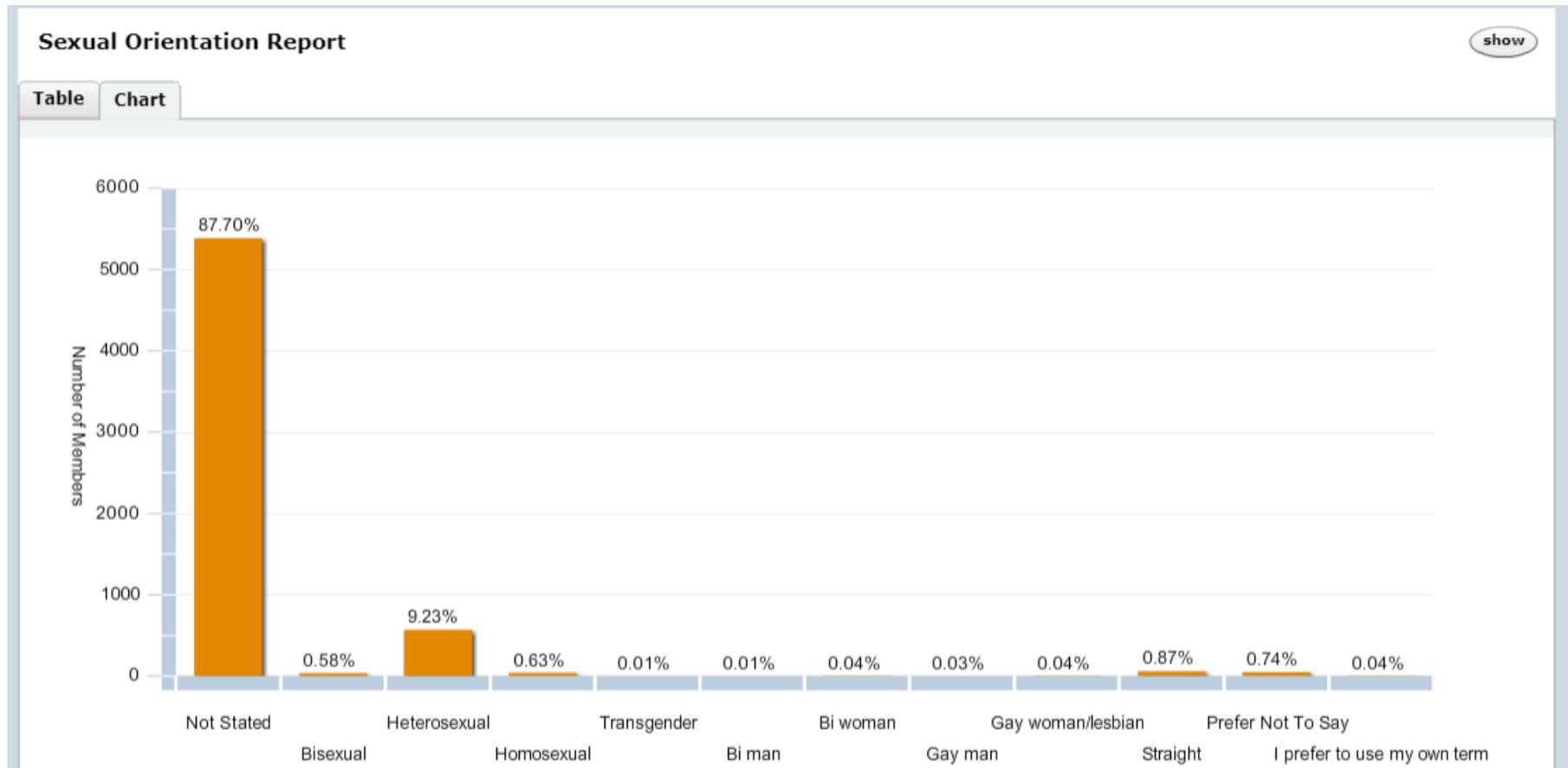
NB. Prior to January 2019, the Trust collected the following data on sexual orientation: heterosexual, homosexual, bisexual, prefer not to say. The Trust reviewed and updated the data it collects on its membership form and since the beginning of January 2019

collects data on bi man, bi woman, gay man, gay woman/lesbian, straight, I prefer to use my own term, and I prefer not to say. This could explain the high percentage of members who have not stated their sexual orientation.