

# **Equality, Diversity, and Inclusion**

Public Sector Equality Duty  
2021-22

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## Introduction

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 staff.

This means we all play our part:

- To be a caring and progressive organisation that promotes equality, and values while celebrating diversity and creating 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.

You can watch our Inclusion video [here](#) to hear our Team Derbyshire Healthcare colleagues describe what inclusion means to them.

### Terminology

Throughout this report, we use the term “black and minority ethnic”, expressed as the acronym BME, to refer to those members of the NHS workforce who are not white. This is largely driven by the data collection process. As set out in the WRES technical guidance, the definitions of “black and minority ethnic” and “white” used in the WRES have followed the national reporting requirements of ethnic category in the NHS data model and dictionary and are as used in NHS Digital data.

*At the time of publication of this guidance, these definitions were based upon the 2001 ONS Census categories for ethnicity.*

## What is the Public Sector Equality Duty?

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 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 Disability Equality Standard (WDES)

## EQUALITY & INCLUSION ACTIVITY

Examples of equality and inclusion activity in our services during the COVID-19 pandemic

### Celebrating Autism Awareness Week

Trevor Wright, the co-chair of the Trust's EQUAL Autism group has shared inspiring poems and a film (see image) to raise awareness for #AutismAwarenessWeek.

These have been created by a group of people with lived experience and Autism from Derbyshire and across the East Midlands.

This was through a project called "Beyond the Spectrum". Beyond the Spectrum took place between December 2020 and February 2021, with 32 online creative writing workshops, led by eight lead and shadow writers – the majority of whom are themselves autistic.

Participants of all ages enjoyed taking part and almost all of them have chosen to continue writing. They have produced [anthologies of their work](#) and [the film they created is available to view on YouTube](#).



### Trust supplied Autism bags to support service users

During Autism Awareness Week, the Trust supplied Autism bags to support service users.

These bags included a range of items to support people who are on the autism spectrum, including distraction or fidget toys and a sunflower lanyard.

Trust volunteer and EQUAL forum member Noel O'Sullivan is pictured with some of the bags that are ready to be sent out.



## EQUALITY & INCLUSION ACTIVITY

Examples of equality and inclusion activity in our services during the COVID-19 pandemic

Derbyshire Healthcare NHS Foundation Trust worked throughout the pandemic with its BAME colleagues in a range of different ways to ensure that all colleagues feel confident about getting vaccinated.

Our approach reflects our overall '**people first**' ethos and is focused on helping colleagues to have the information and support they need, not simply on driving up numbers.

In partnership with our **BME Staff Network**, we have provided colleagues with a range of information upon which they can make an informed decision about receiving their COVID vaccine, as well as signposting to further resources to share with colleagues, friends and family.

We have arranged several **virtual drop-in sessions** in collaboration with our BME Staff Network where BAME colleagues can ask the questions that are important to them and their families. These sessions are attended by members of the Trust's executive team (such as the Chief Executive and Director of People and Inclusion) as well as nursing, pharmacy, HR and public health staff, and they have been scheduled to take place at different times of the day and night, in recognition of colleagues' different shift patterns.

All BAME colleagues are encouraged to attend, as are Trust colleagues who have BAME relatives or household members.

We have also promoted a range of **national discussions** and **learning** events about the vaccine, with a particular focus on information prepared by BAME communities for BAME communities. This information is captured in a specially-created section of our Trust intranet.



## EQUALITY & INCLUSION ACTIVITY

Examples of equality and inclusion activity in our services during the COVID-19 pandemic

### **Inclusion Workshops**

In 2021, the Trust held a number of Inclusion Workshops for various teams in order to embed inclusion, diversity and equality into the everyday practices of individuals, teams and across the whole trust. The first workshop was held for the Estates team which focused on the following:

- Describing Equality, Diversity & Inclusion
- Understanding the current climate
- Reflecting on privilege
- Understanding the types of discrimination and harassment
- Considering the impact of our language
- Making a commitment or agreeing an action

### **People Services Inclusion Training**

In March 2021, the Trust commissioned an Inclusion Training Programme for the People Services team that aimed at providing support to HR colleagues to foster inclusion, and embed the 'It's not ok' campaign. The training focused on the following:

- Understanding the role and responsibilities of HR in championing inclusion in the trust
- Understanding inclusive language and how and when to use it
- Dealing with discriminatory behaviour and upholding policy
- How to support managers in taking appropriate steps to tackle any discriminatory behaviour
- Discussing scenarios the HR team are facing and facilitate discussions on how to address these



## Representative decision-making

### ***Recruitment Inclusion Guardians***

In February 2020, the Trust launched the Recruitment Inclusion Guardians (RIGs) initiative. Volunteers from our Staff Networks were trained by the People Resourcing team to take part in all recruitment processes of Band 6 and above. The training included gaining the confidence to challenge decision-making on the panel, in order to reduce bias from advertising to appointment. This initiative continued into 2021, and we have now increased our trained RIGs pool to **fifty eight** members of staff, who routinely take part in recruitment processes. We included the **WRES Expert** and an **Inclusion Guardian** in the selection process of the **Chief Executive ICB's** roles.

This initiative was established by the BME Staff Network at their BME Annual Conference in 2019.

### ***Cultural Intelligence Programme (CQ)***

In 2021 the Trust commissioned the delivery of the Cultural Intelligence programme CQ. CQ is a globally recognised way of assessing and improving effectiveness for culturally diverse situations. Leading organisations in business, education, government and healthcare across the world are adopting CQ as a key component for supporting leaders in addressing issues around diversity and inclusion as part of their personnel development. The **Board members** undertook the CQ Programme in **September 2021**.

The **Senior Leadership Team** undertook the programme in **September and October 2021**. The programme is planned to continue in **2022 for the rest of our leadership team, and will be rolled-out across the Trust**.

### ***Inclusion Guardians***

In 2022, the Trust is planning to resume the plans to introduce **Inclusion Guardians to each division** within the Trust. Taking the learning from the work done to create Recruitment Inclusion Guardians, we are working to create a talent proposition to bring inclusive decision making to people embedded within divisions of the organisation.

A Project Group made up of representatives from operational and corporate services, People Services and Staff Networks has been established to develop the role and embed support for the post holders.



## PROUD TO BE: Black History Month

October was Black History Month, and the BME Network created a range of events and suggestions for how colleagues could get involved and build awareness of past and current experience of black British, Caribbean and African communities.

Black History Month aims to celebrate the culture, history, and achievements of black communities and promote knowledge of black history, culture, and heritage.

Celebrating Black History Month has raised awareness and the importance of equality and equity for our staff, patients, carers and communities.



### Activities included:

- o Show racism the red card by wearing red on Friday 22 October
- o Throughout the month of October our BME Staff Network invited teams to take part in a competition to celebrate Black History Month by creating a COVID friendly wall display within their team/work environment
- o Colleagues were also invited to take part in creating a team poem to signify how 'Proud To Be' their team is about being part of BHM. Service user/patient participation is also actively encouraged.
- o The BME Network invited guest speaker, David Shosanya, to talk about Allyship, and Guest speaker Professor Cecile Wright from Black Lives Matter Derby Manifesto talks about Black Lives Matter (BLM)

To view the full programme [Click Here](#)

## LGBT+ History Month - Body, Mind, Spirit

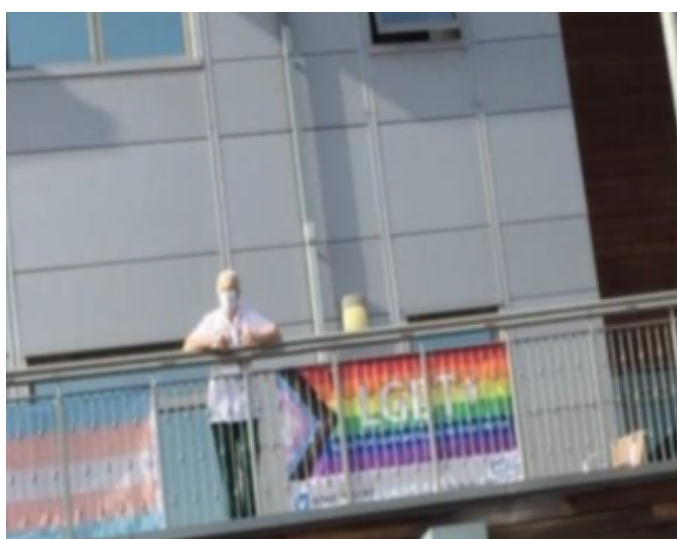
The theme this year is: “Body, Mind, Spirit”. Throughout the month of February we shared information of online events, information, and stories about those who have been at the forefront of the LGBT+ journey and who are raising awareness of the history of our LGBT+ community as we look forward to an inclusive and diverse future together.

We have also shared an interactive Uncovering Hidden Histories wallchart, where you can find out more about the law, people, symbols, and themes that are represented in pictures on the wallchart. <http://voicesandvisibility.org.uk/>



## Trans Day of Visibility

The Trust marked Trans Day of Visibility. At the Ashbourne Centre, Kingsway, the vice Chair of the LGBT+ network, Carol Fordham, is pictured with the Trans flag and the new LGBT+ banner in celebration of TDOV.



**“Yesterday, Wednesday 31 March, marked Trans Day of Visibility (TDOV). As a Trust it is important that we mark this day and look at where we have come from and where we need to get to, to ensure transgender and non-binary colleagues and patients feel safe, supported and not discriminated against.”**  
**Trust colleague and LGBT+ Network Chair, Leanne Walker**



## EQUALITY STRATEGY AND OBJECTIVES

### Inclusion at the heart of Derbyshire Healthcare

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.

Our people are at the centre of everything we do, reflected in the Trust's strategic building blocks:



### Strategy Action Plan Update:

We continued to focus on our objectives below, which were outlined in our Inclusion Strategy 2020:

## OBJECTIVE

## UPDATE

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.

We have trained fifty eight Recruitment Inclusion Guardians to date who continue to support inclusion in all recruitment processes at Band 6 and above. The training programme continued throughout COVID-19. We included the WRES Expert and an Inclusion Guardian in the selection process of the Chief Executive ICB's role

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

The programme was paused due to COVID-19. However, the Vaccine Inequalities work by the Trust during the pandemic will form a significant part of the preparation work for relaunching the programme in 2022.

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

- Introduction of Lived Experience in IMT
- Introduction of an EDI Delivery Group
- Review of people governance committees to ensure a representative voice (People and Culture Committee, Executive Leadership Team). Introduction of Delivery Groups chaired by the Director of People and Inclusion - Culture and Leadership Group, ED&I Group, Training and Education, Workforce design, planning and resourcing group). Representatives from the staff networks and committees join the Delivery Groups to encourage co-creation, inclusive decision making and accountability for delivery.
- Included BME Network in the system level work
- Started to build a connection between EDI and the Staff Story that goes to the Board

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

- Networks continued throughout last year
- Providing Network Chairs and Vice-Chairs with protected time
- Recruiting an administrative support role for the networks
- Providing networks' Chairs with support and development programmes to increase the networks impact and support growth of the networks' activities
- Strengthened the role of the Executive Sponsor and Introduced a Senior Leader Sponsor Role
- Introduced networks discussions at Divisional level

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

The second cohort of Reverse Mentors concluded the programme in 2020 and the third cohort will be launched in 2022.

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

- Black History Month
- LGBT+ History Month
- Trans Day of Visibility
- International Women’s Day

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.

- Workforce Race Equality Forum
- Appointment of a Race Lead who will lead the work on the Medical WRES, and the implementation of the WRES Action plan
- Developing a Quarterly WRES Dashboard

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

- We reviewed the Strategic Building Blocks
- Identified priority actions to support the delivery of the strategy
- Ran facilitated Board discussions on Inclusion
- Committed to the Cultural Intelligence Programme (CQ) and ran a Master Class and Coaching sessions at Board Level
- Committed to the ILDBO Programme

**“In spite of the challenges and the impact of the pandemic, we continue to strive to do better for all our colleagues and staff. We have listened and are committed to eliminating discriminatory practices, ensuring equity of access to opportunities and a culture of inclusion for all our employees and stakeholders.”**

*Ashiedu Joel, Non-Executive Director*

## STAFF NETWORKS

Derbyshire Healthcare has a number of Staff Networks to offer colleagues a safe place to receive support, advice and encouragement about work-related issues and provide an open forum to exchange views, experiences and raise concerns. The Networks aim to improve working lives and promote diversity within the Trust.

All colleagues at Derbyshire Healthcare are welcome to join the Networks, and both members and allies get protected time to attend Network meetings.

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 seven Networks

- Armed Forces Network
- Black and Minority Ethnic (BME) Network
- Disability and Wellness Network
- Women Network
- Lesbian, Gay, Bisexual and Transgender (LGBT+) Network
- Multi-Faith Forum
- Christian Network (*sub-group of Multi-Faith Forum*)

## Armed Forces Network

The Armed Forces Network chaired by Alex Wright, a Psychological Wellbeing Practitioner in the Trust's IAPT services. A new Chair is being sought for the new term in 2022.

Key highlights:

- The network continued to provide support to its members throughout the challenging COVID-19 period
- They worked throughout last year on “SERVES Training” that aims at raising clinicians’ awareness about veterans’ mental health – The aim is to start this programme in 2022 and roll-it out across the Trust
- Marked significant events
- Administered drop-in lunch days
- Established and maintained strong links with Op COURAGE
- Worked on the process of making Derbyshire Healthcare NHS Foundation Trust “a Veteran Friendly Trust”
- Maintained strong links with NOVA Project

## Multi-Faith Forum

The Chaplaincy team set up the Multi-Faith Forum in 2020, and it is Chaired by Andrew Hope, the Trust's Chaplain.

The thinking behind the creation of the forum is to find ways we can better support one another, as we work together. If we feel more connected and experience compassion in our relationships, it really does help to put a spring in our step, it lifts morale and we look forward to coming to work in the morning.

The forum has **22** members now, and continues to work on engagement and impact.

The Multi Faith Forum continues to develop to support staff of all faiths and beliefs and act as the governance group for existing and developing sub networks such as Christian Network. The group reports into the Trust EDI meeting.

## Christian Network (subgroup of the Multi Faith Forum)

The network is Chaired by Tracy Shaw and has **50 members**. It continued to provide support to members throughout the year and during the challenging times of the pandemic.

It marked significant dates and celebrations throughout the year through communication via the Trust Weekly Connect and various Social Media Platforms.

The Christian Network continues to:

- develop with weekly Wednesday meetings (8.30-9.00)
- hold a monthly lunch time meeting and a WhatsApp group. It is an excellent support forum for members.

*The December 2021 lunch time meeting was joined by Christian networks from UHDB and DCHS trusts for the Christmas reflection*

Christian Network  
Christmas Reflection  
20<sup>th</sup> December 2021





## BME Network

The BME Network is a support structure and a listening ear for the members who meet regularly, feeding into several groups and raising concerns to the Trust management team to seek resolutions and holding the Trust to account.

The Network is Chaired by Sharon Rumin, Deep Sirur is the Network's Vice-Chair, and Ifti Majid is the Executive Sponsor for the group.

*"By being open transparent and honest respecting differences and cultures is the only way anything will change, working hand in hand, in a partnership where we can unite and come together, reminding ourselves that listening can be painful and hurtful. However, finding solutions and embedding best practice and working in a collaborative with allied makes it possible to embed changes."*

***Sharon Rumin, Chair of the BME Staff Network***

## Key highlights:

- The network continued to its mission to drive positive changes within the workplace for the BME Community, by having and supporting difficult conversations and working in a collaborative way
- The network is working on succession planning within the network, and Talent management as many BME colleagues are still finding progression a challenge
- Since the establishment of the Recruitment Inclusion Guardian initiative in 2020, which was established by the BME Staff Network at their BME Annual Conference in 2019, the Trust has seen a shift in more BME colleagues coming into the Trust externally and internally on their own merits. Furthermore; some of our key colleagues are occupying prime positions which has boosted the confidence within the Network.

- Reverse Mentoring for Equality, Diversity and Inclusion: Cohorts 1 and 2 launched, Cohort 3 is planned to be launched in 2022.
- Workforce Race Equality Standard (WRES) monitoring and action planning
- Black History Month celebrations.

*"I would like to take this opportunity to thank all our Recruitment Inclusion Guardians for their hard work and dedication to this vital role you have played. Allyship is crucial by challenging the process and being a critical friend to advocate for Equality Diversity and Inclusion for all those within the 9 protected characteristics and disadvantage groups, by embedding a diverse and inclusive workplace."*

**Sharon Rumin, Chair of the BME Staff Network**

*This has been a challenging two years in the life of NHS Colleagues and colleagues in Derbyshire Healthcare NHS FT, uncertainty, fear, worry and lots of work pressures.*

*Our networks have played such a vital role during this period in terms of providing a safe space for support but also the massive contribution to improving the health and wellbeing of colleagues, creating an opportunity to support speaking up when things aren't working and shining a light on discrimination.*

*As CEO and Exec Sponsor for our BME Network I have seen how our network colleagues have shown incredible commitment, tenacity and bravery in supporting our Trust's desire to continuously improve our inclusive culture.*

**Ifti Majid, Chief Executive & Executive Sponsor to the BME Network**

## LGBT+ Network

The LGBT+ (Lesbian, Gay, Bisexual, Transgender +) Network is for all staff, students and allies wishing to support the needs of LGBT+ staff within Derbyshire Healthcare NHS Foundation Trust.

The Network serves to support the Trust in meeting the commitment it has made in providing a safe and inclusive environment for both LGBT+ staff and patients where everyone can feel confident to be themselves.

The network is Chaired by Leanne Walker, with Carol Fordham and Madeleine Roche as Vice-Chairs.



## Key Highlights

- We listened to our Peer Network on how to launch the lanyards to ensure meaning wasn't lost and then coordinated the whole production of a video. This included what we wanted the video to convey /how it came across, posting out lanyards, filming clips, countless versions, at least 24 hours worth of editing and then sharing Trust-wide
- We explored the outdated NHS systems including exploring the issues with local NHS Trusts, ultimately leading to an piece of work on inclusive gender and sexuality options.
- We set up a peer whatsapp space which currently has 20 members from all over the Trust. We provide informal support to each other and a space to feel connected /take issues too.
- We set up a whole other branch to our network with our Peer Network, with a separate mailing list and meetings every other month. We have seen new people in our peer spaces that previously haven't been involved in networks. We have had feedback that people feel able to be completely open in the space, they feel supported by peers and that it's so great to connect with other LGBT+ colleagues.
- We celebrated key dates by raising our flags and banners, making a fun pride video, putting out information through Comms /Twitter as well as writing and designing infographics.

## Disability and Wellness Network

The Disability and Wellness Network has continued with peer support meetings throughout the pandemic, offering regular slots for colleagues to engage with each other and exchange advice. It meets monthly, with April Saunders as the Chair and Jaki Lowe as the Sponsor for the Network.

### Key Highlights

- Promoting the importance of person-centred and compassionate leadership.
- Interviews of colleagues with disabilities and/or long term conditions to encourage staff to reach out for support from the Trust.
- Workforce Disability Equality Standard (WDES) monitoring and action planning.
- Promoting and celebrating key events throughout the year
- Actively promoting the importance, and value of declaring disability and long-term conditions
- Re-introducing the "**Reasonable Adjustment Passport**" across the Trust and resuming awareness training for managers.
- Liaise with People Services on rolling-out a Training Programme about Dyslexia across the Trust

# REVERSE MENTORING FOR EQUALITY, DIVERSITY AND INCLUSION

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 be a great place to work and to create an inclusive and vibrant culture for all.

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.

Following the success of the first cohort of the Reverse Mentoring programme, a second cohort was launched in **November 2019** with **sixteen pairs of mentors** from a BME background and mentees in the senior leadership.

The programme was paused at the beginning of the COVID-19 pandemic, and plans are afoot to relaunch the programme in 2022 for the third cohort.



Cohort 2 participants meet each other for the first time in November 2019, and have met virtually over the COVID-19 pandemic



## WORKFORCE RACE EQUALITY STANDARD 2020/21

Our annual Workforce Race Equality Standard (WRES) report for 2020-21 can be found on our website [here](#).

The data shows that we have seen positive changes in a number of indicators:

- The likelihood of recruitment from shortlisting for BAME colleagues has improved (**indicator 2**).
- The likelihood of entering formal disciplinary processes for BAME colleagues has deteriorated (**indicator 3**). Overall the Trust has introduced a number of measures to address the differential outcomes of disproportionate disciplinary action against BAME staff. These include:
  1. *The adoption of a **people first** culture, the Director of People and Inclusion personally overseeing every case that involves a staff member who falls under any of the 9 protected characteristics.*
  2. *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 BAME employee and the commissioning manager listing evidence as to why they have decided to escalate the case, as a conscious nudge towards identifying unconscious bias in decision-making.*

These measures have led to an **overall reduction** in disciplinary cases in the trust. From **April 2021** until the current time there have been **no disciplinary cases involving BAME staff**.

- The percentage of BAME staff experiencing harassment, bullying or abuse from staff has increased by 4.7% (**Indicator 6**), which is an unacceptable level. In response to this increase the Trust:
  1. *Refreshed induction to focus on the impact of language, behaviour, bullying and harassment, and the difference between banter and harassment.*
  2. *Introduced written process for all to understand the reporting process for bullying, harassment and abuse of staff against staff to be added to the It's Not Okay' campaign on Focus.*



## WORKFORCE DISABILITY EQUALITY STANDARD 2020/21

Our annual Workforce Disability Equality Standard (WDES) report for 2020-21 can be found on our website [here](#).

The WDES data shows a positive improvement in a number of indicators:

- The difference in likelihood of non-disabled staff being appointed following shortlisting compared to that of disabled staff narrowed from 1.4 times more likely in 2019/20 to 1 times more likely in 2020/21.
- For the second consecutive year, disabled staff are 0.0 times more likely to enter the formal capability process.

While there has been an improvement in the percentage of staff experiencing harassment, bullying or abuse from patients, relatives, the public and managers, it is still at an unacceptable level.

To address this, we launched the “**It’s Not Okay**” campaign in October 2020 to reduce all incidents of discriminatory behaviour towards staff and are committed to actively addressing these issues. This campaign continues to be promoted throughout the year across the Trust. Moreover; a Statement on hate crime was sent out to all Trust staff.

This is the **third year** of the WDES implementation and the data shows that there is considerable work to be done to address the variations in experience, workforce representation, progression and development for staff with disabilities and long term conditions, as well as; addressing the considerable gap in the number of staff that have declared their disability and/or long term condition.





## GENDER PAY GAP REPORT 2020/21

Our annual Gender Pay Gap (GPG) report for 2020 can be found on our website [here](#).

We proudly continue our work on practising and developing various initiatives to promote gender equality and embed it into our Trust's DNA. These include:

- Continuing with agile working practices initiated during COVID-19.
- Relaunching the Trust's Gender Network to understand the female staff experience and identify ways to support, develop, retain and engage female staff. This would include a review of the Trust's action plan.
- Celebrating notable dates that align to gender equality, for example, International Women's Day, National Day for Carers and developing internal communications to help raising awareness and understanding around gender equality and positive action. Reviewing learning development programmes to ensure they are inclusive and support positive action.
- Continuing to use Recruitment Inclusion Guardians for all vacancies at Band 6 and above to support and promote greater representation.
- Reviewing of recruitment practices and consideration of target setting and disruptive processes.
- Reviewing policies for inclusivity and encouraging shared parental leave.
- Coaching and mentoring for employee Network Chairs to support positive change and impact of their agenda.
- Creating spaces for dialogue on issues affecting women, for example, speakers talking about lived experience e.g. the menopause, and the impact it can have.

# APPENDIX 1

## PATIENT EQUALITY DATA

### Patient Demographics (IAPT, PARIS, SystemOne) as of 31 March 2021

The following tables show the available demographic information relating to patients open to the Trust as at March 2021, and is only intended as a general guide. The reporting categories between our electronic patient record systems (PARIS, SystemOne and IAPT), are different and when grouped, may not capture all of the information on our patients' demographics accurately at this high level.

<b>Disabled</b>		<b>%</b>
No		94.01
Yes		5.99
<b>Gender</b>		<b>%</b>
Female		52.3
Indeterminate		0.02
Male		47.67
Not Known		0
Not Specified		0.01

## APPENDIX 1

## PATIENT EQUALITY DATA

Religion	%
Baha'i	0.00
Blank	74.65
Buddhist	0.11
Christian	11.60
Declines to Disclose	0.57
Hindu	0.24
Invalid	0.12
Jain	0.00
Jewish	0.02
Muslim	2.87
None	5.62
None - Atheist	0.35
Not Stated	0.01
Other	0.92
Pagan	0.11
Sikh	0.68
Unknown	2.13
Zoroastrian	0.00
Ethnicity	%
Asian or Asian British - Any other Asian background	1.88
Asian or Asian British - Bangladeshi	0.25
Asian or Asian British - Indian	3.71
Asian or Asian British - Pakistani	7.37
Black or Black British - African	1.62
Black or Black British - Any other Black background	0.53
Black or Black British - Caribbean	0.48
Mixed - Any other mixed background	1.33
Mixed - White and Asian	1.09
Mixed - White and Black African	0.68
Mixed - White and Black Caribbean	1.85
Not Known	3.86
Not stated	2.55
Other Ethnic Groups - Any other ethnic group	16.58
Other Ethnic Groups - Chinese	0.3
White - Any other White background	5.11
White - British	50.62
White - Irish	0.2

## APPENDIX 1

## PATIENT EQUALITY DATA

MaritalStatus	%
Divorced/Partnership Dissolved	1.06
Divorced/Person whose Civil Partnership has been dissolved	0.02
Invalid	48.53
Married/Civil Partner	7.89
Not Applicable	0.01
Not disclosed	5.7
Not Known	0.35
Separated	0.55
Single	34.88
Widowed/Surviving	1.01
Widowed/Surviving Civil Partner	0
SexualOrientation	%
Bisexual	0.19
Bi-Sexual	0.19
Female homosexual	0
Gay Or Lesbian	0.25
Heterosexual	6.6
Heterosexual Or Straight	7.73
Homosexual	0.04
Homosexuality (& [lesbianism])	0
Homosexuality NOS	0
Lesbian or gay	0.07
Not Appropriate To Ask	0.25
Not Stated (declined)	0.38
Other	0.03
Other Sexual Ori Not Listed	0.01
Patient unsure	0.02
Person Asked And Does Not Know	0.12
Person declined to disclose	0.08
Sexual orientation not given - patient refused	0.07
Sexual orientation unknown	0.04
Unknown	83.92

# APPENDIX 1

## PATIENT EQUALITY DATA

### Interpretation and translations data

Below is a list of the translation and interpretation services used from 1 April 2020 to 31 March 2021 across the Trust's services.

### Face to Face Interpretation

**Total amount spent: 2020 -21 = £41,025**

Derby Healthcare NHS Foundation Trust: £33,121

Derby Healthcare FT – CCG Childrens: £7,904

**1,057 requests in the period FY 2020-21**

Derby Healthcare NHS Foundation Trust: 780

Derby Healthcare FT – CCG Childrens: 277

Face to face interpretation	2020-21
Average bookings per month	88
Average length of time of booking (mins)	40
Average fulfilment rate	94.20%
Average cost spent per month	£3,755
Total spend	£45,067

## APPENDIX 1

## PATIENT EQUALITY DATA

## Interpretation and translations data

Language	Jobs
Slovak	336
British Sign	192
Urdu	123
Polish	71
Punjabi, Eastern (India)	64
Kurdish (Sorani)	44
Romanian	30
Mirpuri	24
Arabic (Modern Standard)	22
Punjabi, Western (Pakistan)	16
Czech	13
Hungarian	12
Lithuanian	12
Farsi	11
Mandarin	10
Albanian	9
Turkish	9
Arabic (Classical/North African)	6
Somali	6
Latvian	5
Bengali	4
Sign Supported English	4
Kurdish (Kurmanji)	4
Russian	3
Spanish	3

# APPENDIX 1

## PATIENT EQUALITY DATA

### Interpretation and translations data

Language	Jobs
Bosnian	2
Bulgarian	2
Filipino	2
French	2
Hindi	2
Sylheti	2
Vietnamese	2
Croatian	1
Deafblind (BSL Hands on/hand-under-hand)	1
Greek	1
Indonesian	1
Italian	1
Pashto (Pakistan)	1
Portuguese	1
Thai	1
Twi	1
Yoruba	1
<b>Total</b>	<b>1,507</b>

# APPENDIX 1

## PATIENT EQUALITY DATA

### Interpretation and translations data

Telephone interpretation – Derby Healthcare NHS Foundation Trust use a different supplier to CAPITA TI for telephone interpreting.

Total amount spent: 2020-21 = £0 with CTI.

Languages Used below	Number of bookings
	2019-20 = 0

### Document translation

**Total amount spent: 2020-21 = £4,042**

Derby Healthcare NHS Foundation Trust: £4,042

Derby Healthcare FT – CCG Childrens: £0

**71 Requests in the period FY 2020-21**

Derby Healthcare NHS Foundation Trust: 71

Derby Healthcare FT – CCG Childrens: 0



# APPENDIX 1

## PATIENT EQUALITY DATA

### Interpretation and translations data

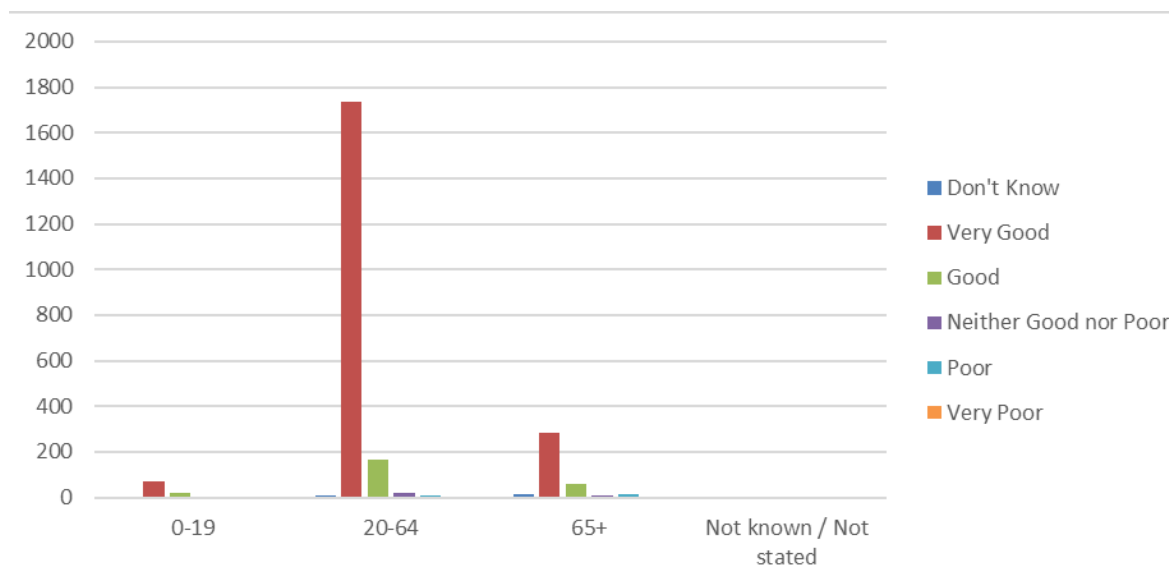
Language	Requests
Slovak (Slovakia)	21
Polish (Poland)	17
Urdu	4
French (France)	3
Kurdish (Sorani)	3
Romanian (Romania)	3
Swahili	3
Arabic Modern Standard	2
Latvian (Latvia)	2
Punjabi (India)	2
Russian (Russia)	2
Chinese (Simplified)	1
Czech (Czech Republic)	1
Hindi (India)	1
Lithuanian (Lithuania)	1
Portuguese (Angola)	1
Tamil	1
Thai (Thailand)	1
Tigrinya	1
English (UK) (from German)	1

## APPENDIX 1

## PATIENT EQUALITY DATA

## Patient Experience

## 1. Age Profile of Friends and Family Test results

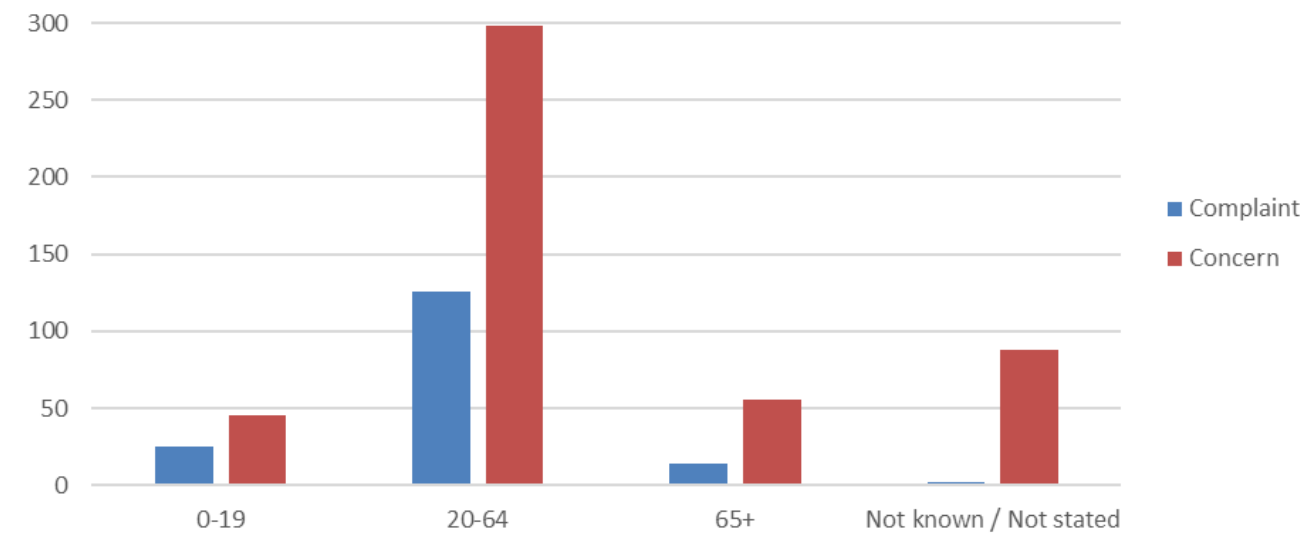


# APPENDIX 1

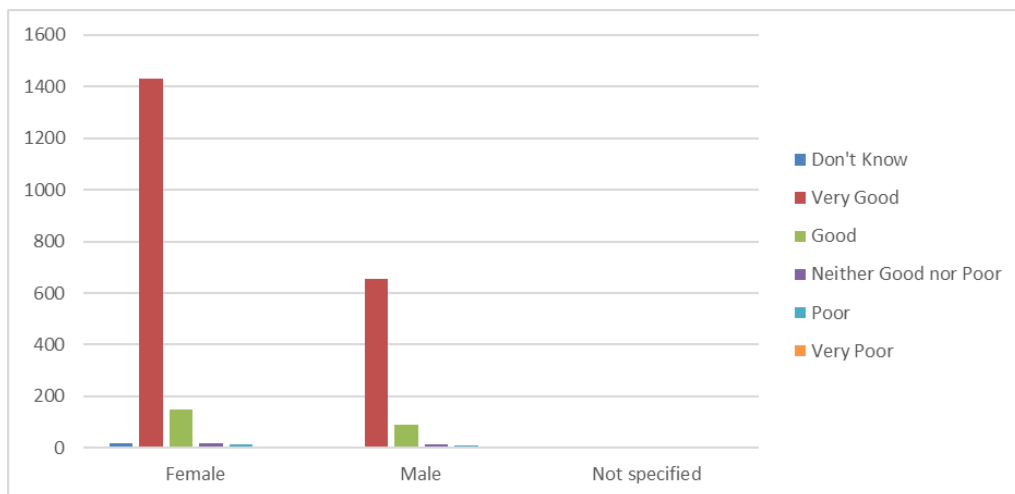
## PATIENT EQUALITY DATA

### Patient Experience

#### 2. Age Profile of Patients/Service Users involved in concerns/complaints



#### 3. Gender Profile of Friends and Family Test results

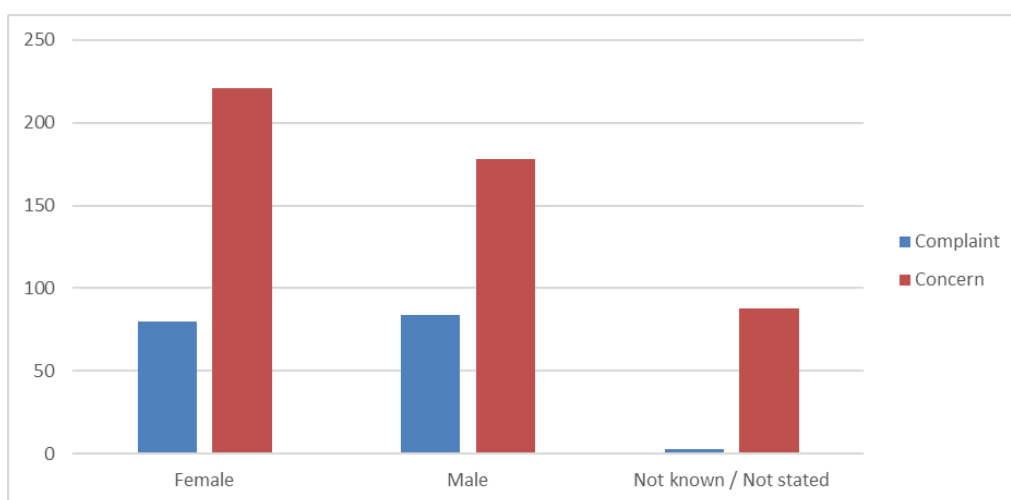


# APPENDIX 1

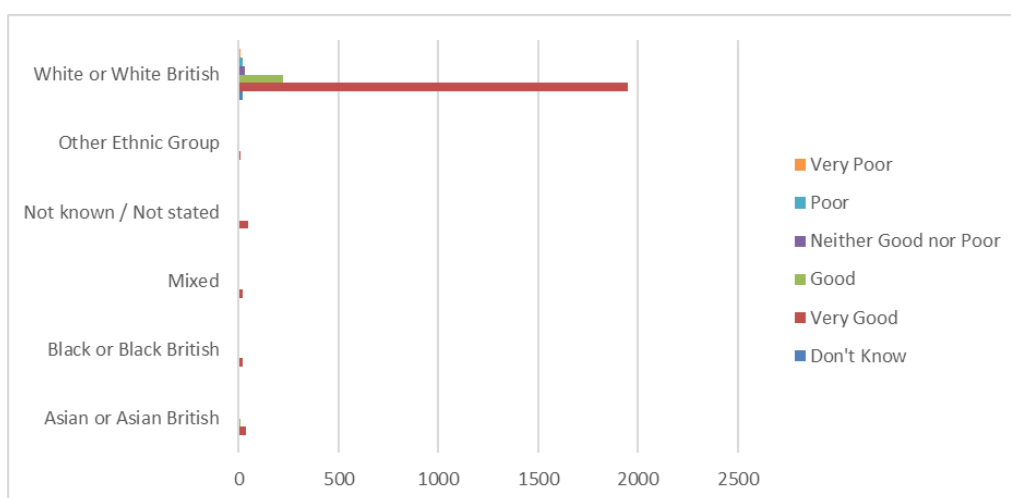
## PATIENT EQUALITY DATA

### Patient Experience

#### 4. Gender Profile of Patients/Service Users involved in concerns or complaints



#### 5. Ethnicity Profile of Friends and Family Test results

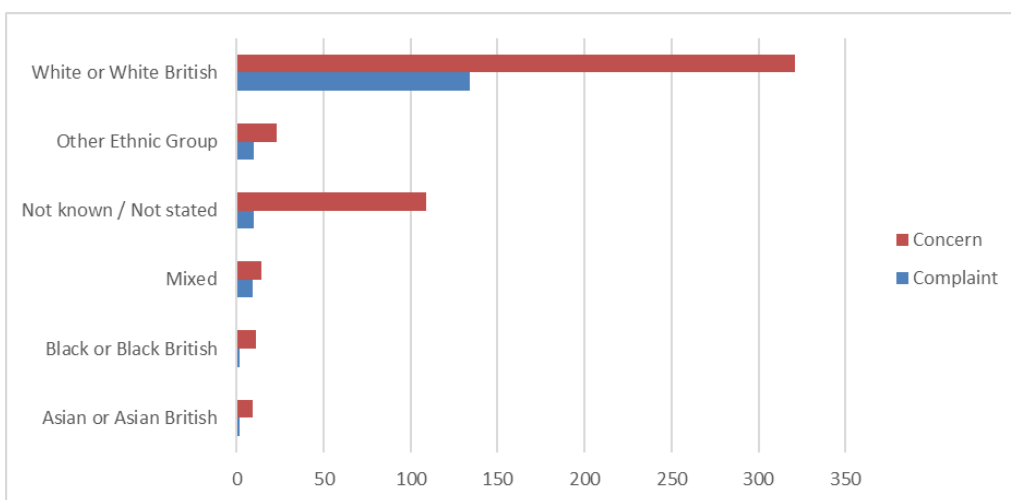


# APPENDIX 1

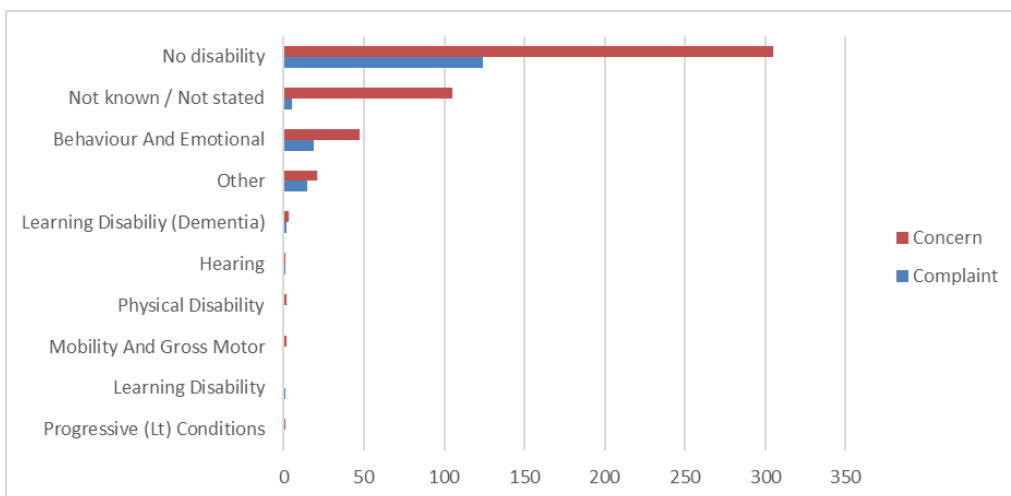
## PATIENT EQUALITY DATA

### Patient Experience

#### 6. Ethnicity Profile of Patients/Service Users involved in concerns or complaints



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

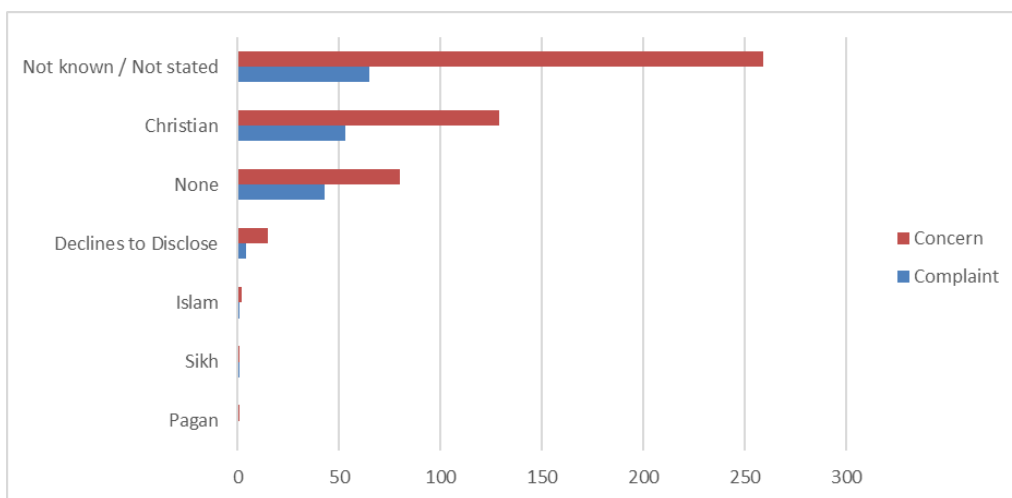


# APPENDIX 1

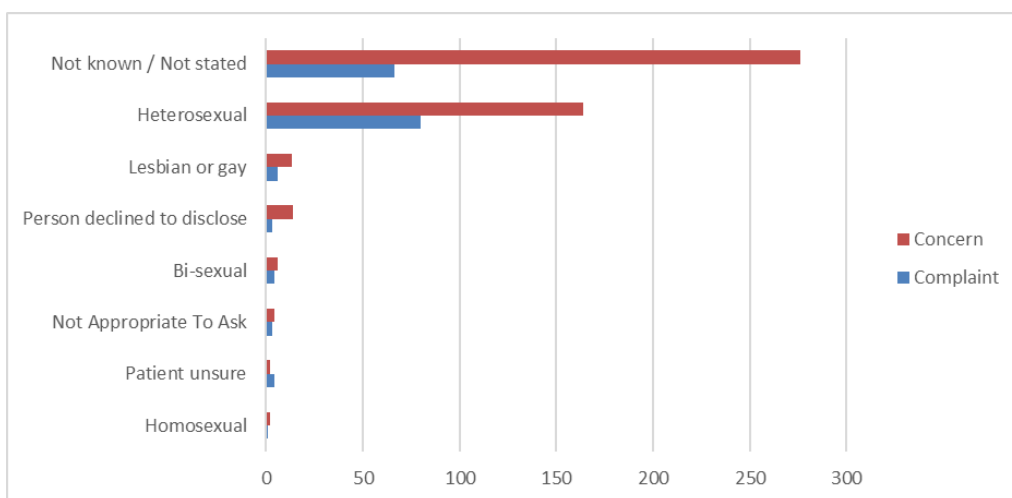
## PATIENT EQUALITY DATA

### Patient Experience

#### 8. Religion or Belief Profile of Patients/Service Users involved in concerns or complaints



#### 9. Sexual Orientation Profile of Patients/Service Users involved in concerns or complaints

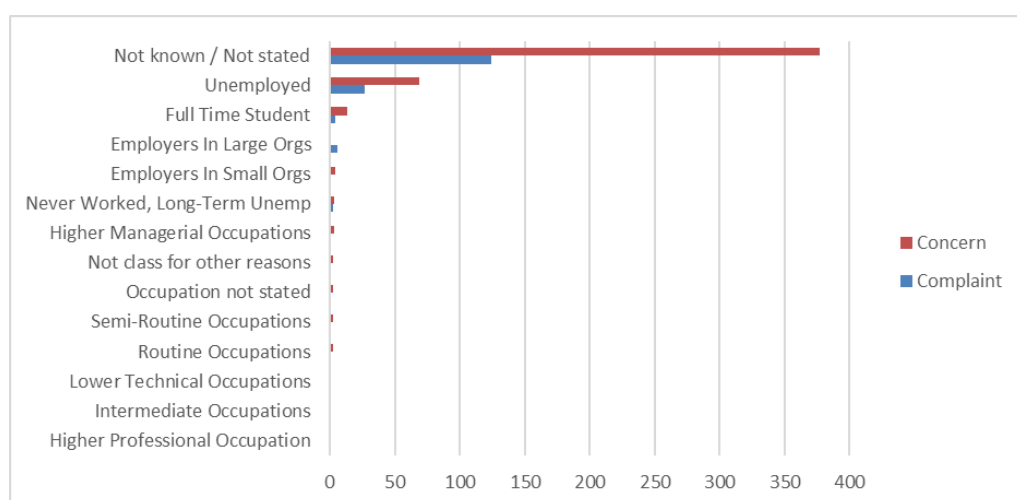


# APPENDIX 1

## PATIENT EQUALITY DATA

### Patient Experience

#### 10. Economic disadvantage Profile of Patients/Service Users involved in concerns or complaints



## APPENDIX 2

## WORKFORCE EQUALITY DATA

## Workforce demographics

Our workforce demographic data compared with the local population of Derbyshire and Derby City can be found below.

The categories have been presented in order of proportion of DHCFT staff with the characteristic.

Age	DHCFT Staff	Derbyshire Population (including Derby City)
<20	0.00%	29.40% (0-24 years)
20-24	3.36%	
25-29	8.91%	52.90% (25-64 years)
30-34	9.45%	
35-49	11.91%	
40-44	12.74%	
45-49	14.88%	
50-54	15.96%	
55-59	13.13%	17.70%
60-64	7.05%	
65+	2.61%	
Grand Total	100%	100%

Disability	DHCFT Staff	Derbyshire Population (including Derby City)
No	69.66%	Data not collected
Not Declared	25.01%	Data not collected
Yes	5.33%	20%
Grand Total	100%	100%

Gender	DHCFT Staff	Derbyshire Population (including Derby City)
Female	79.28%	51.10%
Male	20.72%	48.90%
Grand Total	100%	100%

Ethnicity	DHCFT Staff	Derbyshire Population (including Derby City)
White	81.47%	93.3%
Asian	7.58%	3.9%
Black	5.26%	1.0%
Not Stated/Undefined	3.04%	0.0%
Mixed	2.00%	1.4%
Other	0.64%	0.4%
Grand Total	100%	100%



## APPENDIX 2

## WORKFORCE EQUALITY DATA

Marital Status	DHCFT Staff	Derbyshire Population (including Derby City)
Married	50.05%	49.10%
Single	33.31%	31.00%
Divorced	8.01%	9.70%
Undisclosed	5.01%	0.00%
Legally Separated	1.40%	2.50%
Civil Partnership	1.22%	0.20%
Widowed	1.00%	7.60%
Grand Total	100%	100%

Religion or Belief	DHCFT Staff	Derbyshire Population (including Derby City)
Christianity	39.71%	61.00%
I do not wish to disclose my religion/belief	29.12%	7.00%
Atheism	14.99%	27.90%
Other	9.91%	0.40%
Sikhism	2.08%	1.10%
Islam	1.86%	2.10%
Hinduism	1.29%	0.40%
Buddhism	0.72%	0.20%
Judaism	0.25%	0.00%
Jainism	0.07%	0.00%
Grand Total	100%	100%

Sexual Orientation	DHCFT Staff	Derbyshire Population (including Derby City)
Heterosexual or Straight	72.52%	93.80%
I do not wish to disclose my sexual orientation	24.26%	1.20%
Gay or Lesbian	2.08%	0.80%
Bisexual	1.00%	0.30%
Undecided	0.11%	3.70%
Other	0.04%	0.20%
Grand Total	100%	100%

**Equality and Human Rights training data**

The equality, diversity and human rights training compliance figures for 2020-2021 are below:

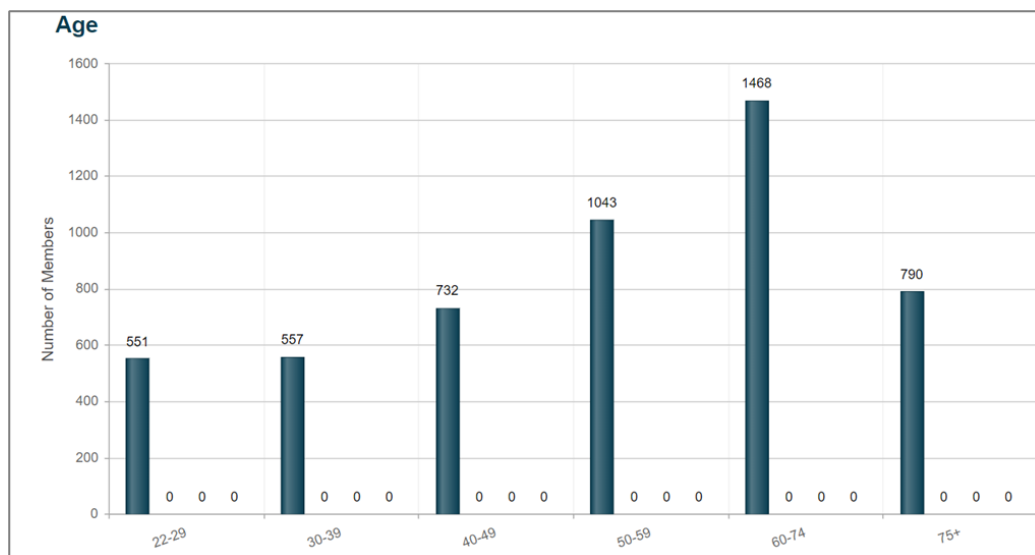
NHS[CSTF]Equality, Diversity and Human Rights - 3 Years]	YTD Average (Jan-Mar-21)	Annual Average
Meets Requirement	2354.00	2316.75
Does Not Meet Requirement	320.33	326.42
Total	2674.33	2643.17
%	88.02%	87.65%

# APPENDIX 3

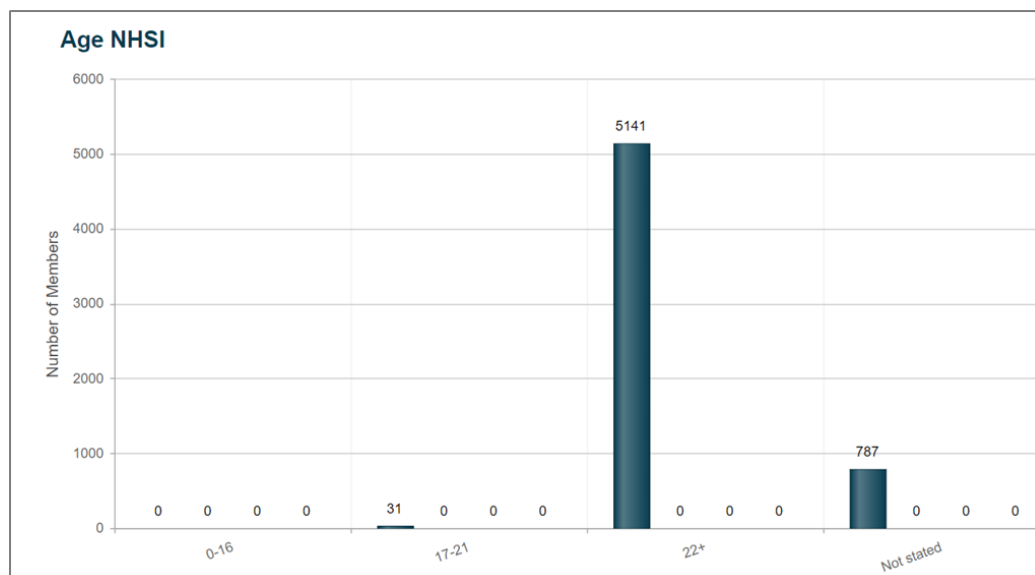
## MEMBERSHIP DATA

### Membership demographics

Currently the Trust has **5959 public members** who have chosen to join the Trust as a member. The data below is as at 31 March 2021.



Note we have 31 members who are aged between 17 and 21 – see graph below:



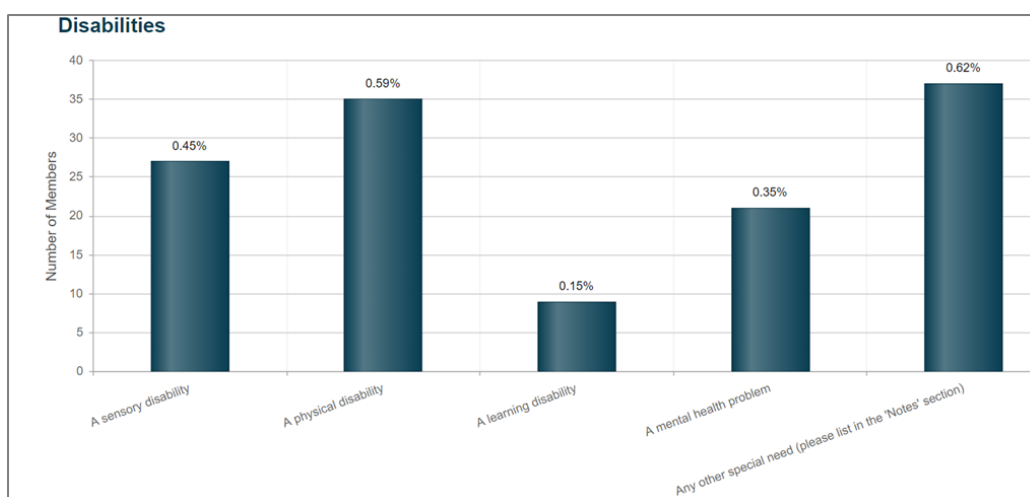
## APPENDIX 3

## MEMBERSHIP DATA

	<b>Total</b>
<b>Age</b>	<b>5,959</b>
0-16	0
17-21	31
22+	5,141
Not stated	787
<b>Age 22+</b>	<b>5,141</b>
22-29	551
30-39	557
40-49	732
50-59	1,043
60-74	1,468
75+	790

Note: anyone over the age of 16 years is welcome to become a member of the Trust.

## Disability



## APPENDIX 3

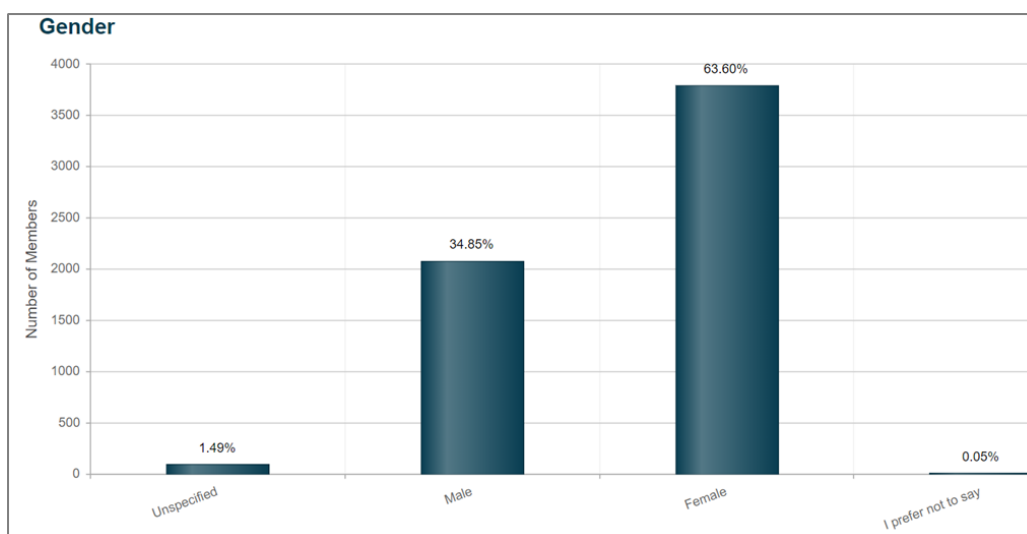
## MEMBERSHIP DATA

Disabilities	Number of Members	Percentage of Members
A sensory disability	27	0.45
A physical disability	35	0.59
A learning disability	9	0.15
A mental health problem	21	0.35
Any other special need	37	0.62

## Gender re-assignment

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

## Gender



Gender	Number of Members	Percentage of Members
Unspecified	89	1.49
Male	2,077	34.85
Female	3,790	63.6
Transgender	0	0
I prefer to use my own term	0	0
I prefer not to say	3	0.05

**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’.

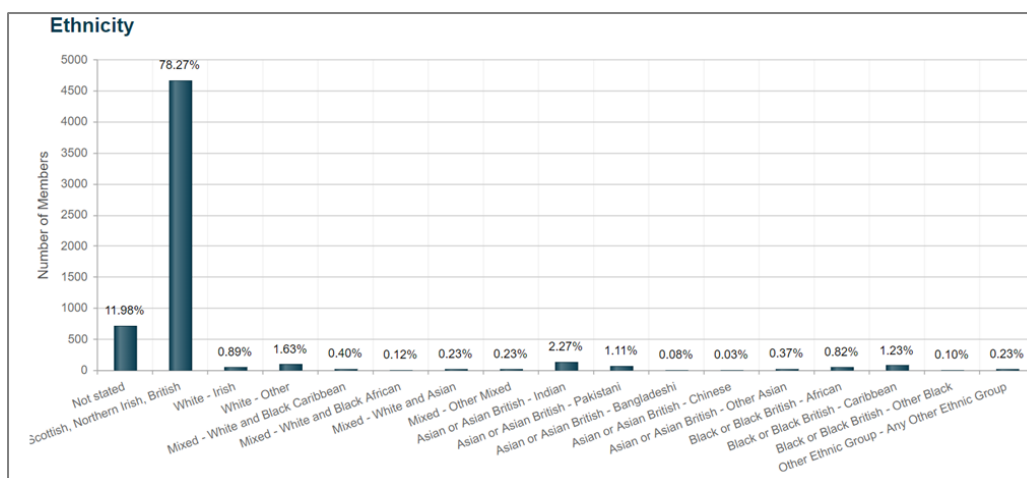
**Marriage and civil partnership:** Data on this protected characteristic is not collected for membership.

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

## APPENDIX 3

## MEMBERSHIP DATA

## Race

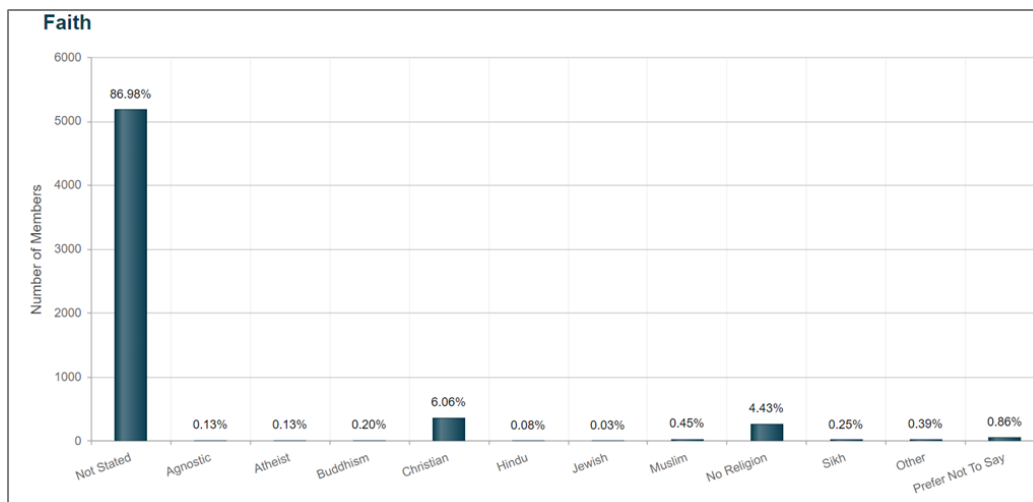


Ethnicity	Number of Members	Percentage of Members
Not stated	714	11.98
White - English, Welsh, Scottish, Northern Irish, British	4,664	78.27
White - Irish	53	0.89
White - Gypsy or Irish Traveller	0	0
White - Other	97	1.63
Mixed - White and Black Caribbean	24	0.4
Mixed - White and Black African	7	0.12
Mixed - White and Asian	14	0.23
Mixed - Other Mixed	14	0.23
Asian or Asian British - Indian	135	2.27
Asian or Asian British - Pakistani	66	1.11
Asian or Asian British - Bangladeshi	5	0.08
Asian or Asian British - Chinese	2	0.03
Asian or Asian British - Other Asian	22	0.37
Black or Black British - African	49	0.82
Black or Black British - Caribbean	73	1.23
Black or Black British - Other Black	6	0.1
Other Ethnic Group - Arab		
Other Ethnic Group - Any Other Ethnic Group	14	0.23

# APPENDIX 3

## MEMBERSHIP DATA

### Religion and belief



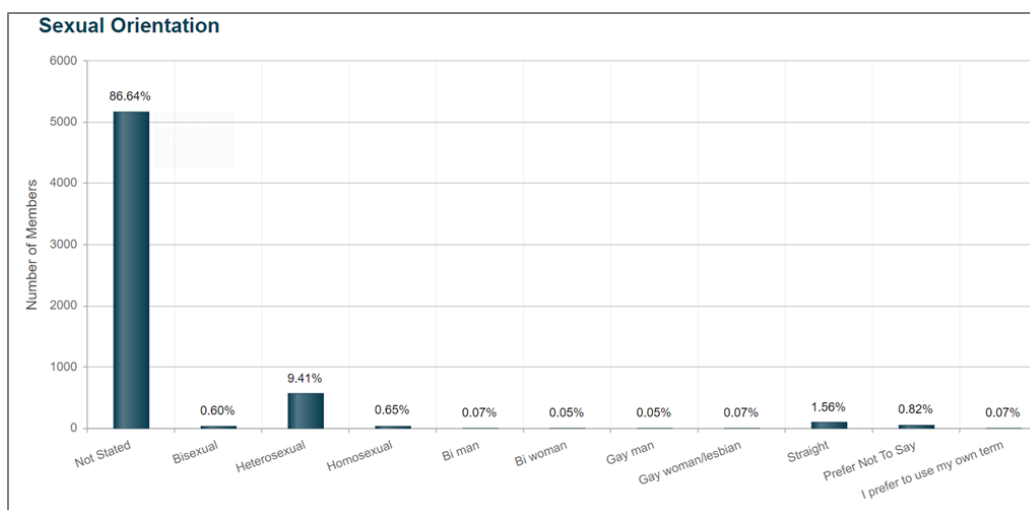
Faith	Number of Members	Percentage of Members
Not Stated	5,183	86.98
Agnostic	8	0.13
Atheist	8	0.13
Buddhism	12	0.2
Christian	361	6.06
Hindu	5	0.08
Jewish	2	0.03
Muslim	27	0.45
No Religion	264	4.43
Pagan	0	0
Sikh	15	0.25
Other	23	0.39
Prefer Not To Say	51	0.86

**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’.

## APPENDIX 3

## MEMBERSHIP DATA

## Sexual orientation



Sexual Orientation	Number of Members	Percentage of Members
Not Stated	5,163	86.64
Bisexual	36	0.6
Heterosexual	561	9.41
Homosexual	39	0.65
Bi man	4	0.07
Bi woman	3	0.05
Gay man	3	0.05
Gay woman/lesbian	4	0.07
Straight	93	1.56
Prefer Not To Say	49	0.82
I prefer to use my own term	4	0.07

**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.