Workforce Race Equality Standard

REPORTING TEMPLATE (Revised 2016)

Template for completion

Name of organisation

Derbyshire Healthcare NHS Foundation Trust

Date of report: month/year

July 2017

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

Ifti Majid, Acting Chief Executive

Name and contact details of lead manager compiling this report

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Names of commissioners this report has been sent to (complete as applicable)

Hardwick CCG

Name and contact details of co-ordinating commissioner this report has been sent to (complete as applicable)

David Gardner, Assistant Director of Procurement & Commissioning - David.Gardner@hardwickccg.nhs.uk

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

http://www.derbyshirehealthcareft.nhs.uk/standards/equality-diversity/

This report has been signed off by on behalf of the Board on (insert name and date)

Ifti Majid, Acting Chief Executive - 27/7/2017

Publications Gateway Reference Number: 05067

Report on the WRES indicators

1. Background narrative

a. Any issues of completeness of data

Responses for indicators 5-8 are based on the 2016 staff Survey results.

b. Any matters relating to reliability of comparisons with previous years

Improved data quality in ESR means that 2016 data onwards is the most accurate and better reflects the workforce.

2. Total numbers of staff

a. Employed within this organisation at the date of the report

2389

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

294

3. Self reporting

a. The proportion of total staff who have self–reported their ethnicity

94.89%

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

ESR Self Service was launched in October 2014 and continues to give staff the ability to view their own ethnicity and update their own protected characteristics.

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

ESR Self Service will be promoted to staff during the year.

4. Workforce data

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

31 March 2016 and 31 March 2017

5. Workforce Race Equality Indicators

Please note that only high level summary points should be provided in the text boxes below – the detail should be contained in accompanying WRES Action Plans.

	Indicator	Data for reporting year	Data for previous year	Narrative – the implications of the data and any additional background explanatory narrative	Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective
	For each of these four workforce indicators, compare the data for White and BME staff				
1	Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce. Organisations should undertake this calculation separately for non-clinical and for clinical staff.	Clinical staff: White 59.06% & BME 9.54% Non-Clinical staff: White 23.52% & BME 2.76% 5.11% not stated.	Clinical staff: White 55.78% / BME 7.15%. Non Clinical staff: White 22.81% / BME 2.75%. Medical staff/not stated: 11.51%	The data indicates an increase for both White and BME staff groups. Cinical staff increase : White 3.29% and BME 2.39 % Non-Clinical slight increase White 0.71% and BME 0.01%	The Trust has established a Recruitment & Retention Group (positive action group which reports to People & Culture Committee) to support the delivery of the Workforce Plan to address potential under-representation and positive action. The group will pro-actively look at how to establish a growing BME talent pipeline to widen the talent pool for senior posts. The Staff
2	Relative likelihood of staff being appointed from shortlisting across all posts.	Relative likelihood of white staff being appointed from shortlisting compared to BME staff 1.47 greater	Relative likelihood of white staff being appointed from shortlisting compared to BME staff 1.63 greater	The data indicates an decrease in the likelihood of White candidates being appointed of compared to BME.	As Indicator 1. BME network -Closer alignment of Network activity to WRES objectives. To explore potential barriers and bias across the employment pathway e.g. help analyse where the increase in appointments and other opportunities is taking place and why (parity, barriers and bias). • Wider options include introducing good practice requirements for interview panels to be balanced
3	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. This indicator will be based on data from a two year rolling average of the current year and the previous year.	Relative likelihood of BME staff entering formal disciplinary process compared to White staff 1.60	Relative likelihood of BME staff entering formal disciplinary process compared to White staff 1.17	The data indicates an increase 0.43 in the likelihood of BME colleagues entering a formal disciplinary process compared to White staff.	Driving culture change -Executive team working with the BME Staff Network to understand the lived experiences of BME people in the workforce. Reverse Mentoring for equality, diversity and inclusion action research in partnership with University of Nottingham. Executives mentored by BME staff to facilitate understanding of the lived experience potential
4	Relative likelihood of staff accessing non-mandatory training and CPD.	Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff 0.97	Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff 0.85	The data indicates a fall in the likelihood of White colleagues accessing non-mandatory training and CPD compared to BME.	As indicator 1 The BME Network annual conference 17/18 will focus on enable BME staff to understand how the system works.

Report on the WRES indicators, continued

	Indicator	Data for reporting year	Data for previous year	Narrative – the implications of the data and any additional background explanatory narrative	Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective
	National NHS Staff Survey indicators (or equivalent) For each of the four staff survey indicators, compare the outcomes of the responses for White and BME staff.				
5	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	White 26.93% BME 29.21%	White 32.42% BME 40.91%		Acting CEO champions BME Staff Network and Director of People & Organisational Effectiveness has met with network to hear at first hand, their experiences of the work place and will continue to engage and involve staff in identifying the
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White 22.21% BME 21.35%	White 22.53% BME 18.18%		As indicator 5.
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White 75.43% BME 73.21%	White 83.57% BME 80.00%		As indicator 5.
8	Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues	White 6.35% BME 10.23%	White 6.85% BME 13.64%		As indicator 5.
	Board representation indicator For this indicator, compare the difference for White and BME staff.				
9	Percentage difference between the organisations' Board voting membership and its overall workforce.	4%	3.8%	The Trust has 12.3% overall workforce by BME and BME Voting 8.3% Board Members - percentage difference is 4% Trust overall BME worfkorce 12.3% and Total Board BME Members 7.7% - percentage	Further exploration of the Trust's data across staff working in the city and county, to provide greater insight into proportionality and (deep dive via Equality Forum and People Culture Committee) • Executive lead for WRES agreed Director of

Note 1. All provider organisations to whom the NHS Standard Contract applies are required to conduct the NHS Staff Survey. Those organisations that do not undertake the NHS Staff Survey are recommended to do so, or to undertake an equivalent.

Note 2. Please refer to the WRES Technical Guidance for clarification on the precise means for implementing each indicator.

6. Are there any other factors or data which should be taken into consideration in assessing progress?

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

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