

WORKFORCE RACE EQUALITY STANDARD (WRES) & ACTION PLAN 2018
Printer Friendly Version

1 Name of organisation

Derbyshire Healthcare NHS Foundation Trust

2 Date of report

August 2018

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

Ifti Majid, Chief Executive

4 Name and contact details of lead manager compiling this report

Harinder Dhaliwal, Head of Equality, Diversity and Inclusion

5 Names of commissioners this report has been sent to

David Gardner, Assistant Director of Procurement & Commissioning -

David.Gardner@hardwickccg.nhs.uk

Workforce Race Equality Standard reporting template

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

David Gardner, Assistant Director of Procurement & Commissioning -

David.Gardner@hardwickccg.nhs.uk

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

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

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

Name:

Ifti Majid, Chief Executive,

Board of Directors on the 4th September 2018

Background narrative

9 Any issues of completeness of data

121 (4.85% of workforce has not stated ethnicity)

10 Any matters relating to reliability of comparisons with previous years - nil

11 Total numbers of staff employed within this organisation at the date of the report: 2494

12 Proportion of BME staff employed within this organisation at the date of the report? 314 (12.59%)

13 The proportion of total staff who have self-reporting their ethnicity? 12.59%

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

All Ethnic origin data is provided by the employee or applicant. Staff who have been recruited into the organisation through TRAC will have provided their equalities data online which will then filter through into ESR. For any staff that are recruited without using NHS Jobs, often Doctors, starter paperwork is populated in conjunction with the Medical Staffing Team which is then populated in ESR when they start or paper copies of data validation forms are sent out to them to complete. We have also, every so often, asked current staff members to check and update their information if necessary

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

ESR Self-Service continues to be promoted to staff to encourage completion. Ethnicity self-reporting promoted via BME Colleague Network.

Workforce data

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

01 April 2017 - 31 March 2018

Workforce Race Equality Indicators

Indicator 1: Percentage of staff in each salary range of £10k compared with the percentage of staff in the overall workforce. Very Senior Managers (VSM) salaries generally begin at £100k (including executive Board members). Organisations should undertake this calculation separately for non-clinical and for clinical staff.

Data for reporting year 17/18:

- Clinical staff (excluding medical): White 56.06% & BME 7.14%
- Non-Clinical Staff: White 23.42%, BME 3.25%
- Not stated 4.85%

Data for previous year 16/17:

- Clinical staff: White 56.34% & BME 6.99%
- Non-Clinical staff: White 23.52% & BME 2.76%
- 5.11% not stated

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:

The data indicates a decrease for White staff group: Clinical staff 0.28% and non-clinical 0.1%. An increase for BME staff group - Clinical 0.15% and Non-clinical 0.49%. Implications for succession planning and identification of BME talent pipeline. Detailed breakdown for the different Agenda for Change bandings data

Shows under representation of BME talent, particularly in the senior leadership pool. Board Equality Action Plan priority to drive cultural change and demonstrate senior leadership commitment and productive drive in achieving improvements for BME staff treatment experience and progression. Executive team working with BME Colleague Network to understand potential barriers and close the gaps to ensure fair recruitment and progression. Annual EDS2 grading by staff and BME Conference incorporate honest conversations, sharing triangulated data to understand evidence and proportionate interventions to drive improvements. Aligned to Trust People Strategy, Workforce Development Plan and Leadership Strategy to ensure BME talent identified and growing BME pool and pipeline. This year's theme Recruitment & Progression will be progressed through a number of work streams and interventions supported by the BME Colleague Network.

Indicator 2: Relative likelihood of staff being appointed from shortlisting across all posts.

- Data for reporting year 17/18:Relative likelihood of White staff being appointed from shortlisting compared to BME staff 1.57 greater
- Data for previous year 16/17:Relative likelihood of white staff being appointed from shortlisting compared to BME staff 1.47 greater

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

A figure above "1" would indicate that White candidates are more likely than BME candidates to be appointed from shortlisting. The data indicates an increase 0.1

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

Board Equality Action Plan priority to drive cultural change and demonstrate senior leadership commitment and productive drive in achieving improvements for BME staff treatment experience and progression. Executive team working with BME Colleague Network to understand potential barriers and close the gaps to ensure fair recruitment and progression. The Board Equality Action Plan includes a top high level equality objective to increase BME workforce representation. WRES action plan 'Helping BME people to succeed' has been developed Annual EDS2 grading by staff and BME Conference (May 2018) incorporated honest conversations, sharing triangulated data to understand evidence and proportionate interventions to drive improvements. Aligned to Trust People Strategy, Workforce Development Plan and Leadership Strategy to ensure BME talent identified and growing BME pool and pipeline. This year's theme Recruitment & Progression will be progressed through a number of work streams and interventions supported by the BME Colleague Network.

Work stream 1: BME Recruitment Project group and plan developed and sponsored by Chief Executive/BME champion. Progress will be monitored by the BME Colleague Network and Equality Forum through regular reporting by the Head of People Resourcing (project officer) leading this work stream. Interview panels for senior posts -will have a designated Inclusion Guardian on the panel – someone whose sole role is to ensure we support people from all protected characteristics

have the best opportunity at being successful and that processes are followed.

Indicator 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.

- **Data for reporting year 17/18:** Relative likelihood of BME staff entering formal disciplinary process compared to White staff is 3.03 greater
- **Data for previous year 16/17:** Relative likelihood of BME staff entering formal disciplinary process compared to White staff is 1.60 greater

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

A figure above “1” would indicate that BME staff members are more likely than white staff to enter the formal disciplinary process. This data indicates increase of 1.43% from previous year in the likelihood of BME staff entering formal disciplinary process compared to White staff.

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

To ensure proportionality for all disciplinary processes and outcomes. The Director of People Services and Organisational Effectiveness and one other Director will seek assurance that all potential disciplinary cases are conducted in accordance with the Trusts disciplinary policy at all times without bias or discrimination.

Indicator 4: Relative likelihood of staff accessing non-mandatory training and CPD.

- **Data for reporting year 17/18:** Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff 1.53 greater
- **Data for previous year 16/17:** Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff 0.97

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

This data indicates an increase 1.43 in the likelihood of White staff accessing non-mandatory training and CPD compared to BME staff. The BME Colleague Network is sponsored by CEO/BME Champion and will continue to be supported and strengthened in terms of impact of actions (using feedback, data and feedback to drive improvements) and development opportunities to flourish and succeed. Continue to ensure BME staff feel valued, supported and engaged in the work of Trust and have an impact. Continue to promote and track training opportunities at BME Network and positive action interventions. The BME Network have

commissioned Work stream 2: BME Progression and development lead by the Head of Workforce to look at barriers to progression and opportunities for exposure and development to enable BME people to progress. Reverse mentoring programme is in place and action research is running concurrently with University of Nottingham. ReMEDI is a learning opportunity which enables senior leaders to gain insight from colleagues who are junior than themselves into what it is like to work within our organisation. It supports the development of inclusive leadership, cultural competence, capability, inclusive culture and environment. We wanted to make a difference and have a positive impact on culture and behaviours through understanding/learning from the lived experience of our BME colleagues, reduce potential systematic and individual barriers and biases. BME mentors have also benefitted from improved visibility, knowledge of the organisation and enhanced their mentoring skills.

Indicator 5: KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.

- Date for reporting year 17/18: White: 25% and BME: 27%
- Data for previous year 16/17: White: 27% BME: 29%

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

A 2% decrease for both White staff and BME staff experiencing bullying, harassment or abuse from patients, relatives or public has occurred since the previous year. However, BME staff experience still remains higher than White staff experience (2% higher).

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

A multi-disciplinary Zero Tolerance Harassment & Bullying Work stream lead by Director of People & organisational Effectiveness in partnership with BME Colleague Network Chairs, staff side, staff governors. Action plan developed using triangulated data and expertise of group to drive improvement.

Indicator 6: KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.

- Date for reporting year 17/18 White: 22% BME: 28%
- Data for previous year 16/17 White: 22% BME: 21%

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

Data for White staff experiencing bullying, harassment or abuse from staff has remained same as previous year, whereas BME staff have reported a 7% increase since last year and report 6% higher than white staff.

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

As above Indicator 5 : K25

Reaffirm at regular intervals the Trust position statement on zero tolerance issued by the CEO. Inclusive leadership Team Leaders learning event 2/11/2018 leaders and BME Network working together to address the inequalities identified by BME Network & WRES action plan. Use opportunities including NHS Diversity and Human Rights week, Black history month, inclusion week, refugee week, multi-faith experiential learning tours, hate crime and Pride to promote Trust stance on abuse

Indicator 6: KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.

- Date for reporting year 17/18: White: 80% BME: 56%
- Data for previous year 16/17 : White: 75% BME: 73%

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

A 5% increase reported by White staff believing the trust provides equal career opportunities since previous year, however a 17% decrease from BME staff with the overall difference that 24% of BME staff believe this less than White staff.

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

BME Colleague Network supported by CEO/BME Champion and senior leadership, strengthened and impact to make a difference. Executive team working with BME Colleague Network to understand potential barriers and close the gaps to ensure fair recruitment and progression. Annual EDS2 and BME Conference incorporate honest conversations, triangulated data to understand evidence and proportionate interventions to drive improvements. Aligned to Trust People Strategy, Workforce Development Plan and Leadership Strategy to ensure BME talent identified and growing BME pool and pipeline. This year's theme Recruitment & Progression will be progressed through a number of work streams and interventions supported by the BME Colleague Network. Reverse Mentoring for Equality, Diversity & Inclusion is a learning opportunity which enables senior leaders to gain insight from colleagues who are junior than themselves into what it is like to work within our organisation. It supports the development of inclusive leadership, cultural competence, capability, inclusive culture and environment. BME mentors have also benefitted from improved visibility, knowledge of the organisation and enhanced their mentoring skills.

Indicator 7: 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.

- Date for reporting year 17/18: White: 6% BME: 14%
- Data for previous year 16/17 : White: 6% BME: 10%

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

Data for White staff experiencing discrimination from management or colleagues has remained same as previous year, whereas BME staff have reported a 4% increase since last year and report 8% higher than white staff.

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

A multi-disciplinary Zero Tolerance Harassment & Bullying Work stream lead by Director of People & organisational Effectiveness in partnership with BME Colleague Network, staff side, staff governors. Action plan developed using triangulated data and expertise of group to drive improvement.

To better understand the issues confronted by our BME staff which will inform the one-day manager training and underpin our WRES action plan.

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

- Date for reporting year 17/18: White: 8.3% BME: -3.5%
- Data for previous year 16/17 : White: 9.1% BME: -4%

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

This data indicates the percentage of BME Voting Board Members is 9.1% compared with the Trust 12.6% , which is difference of - 4.3

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

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

Board Equality Action Plan priority to drive cultural change and demonstrate senior leadership commitment and productive drive in achieving improvements for BME staff treatment experience and aspirations. Executive team working with BME Colleague Network to understand potential barriers and close the gaps to ensure fair recruitment and progression. Annual EDS2 and BME Conference incorporate honest conversations, sharing triangulated data to understand evidence and proportionate interventions to drive improvements. WRES action plan is aligned to Trust People Strategy, Workforce Development Plan and Leadership Strategy to ensure BME talent identified and growing BME pool and pipeline. This year's theme Recruitment & Progression will be progressed through a number of work streams and interventions supported by the BME Colleague Network.

Organisations should produce a detailed WRES action plan, agreed by its board. It is good practice for this action plan to be published on the organisation's website, alongside their WRES data. Such a plan would

elaborate on the actions summarised in this report, setting out the next steps with milestones for expected progress against the WRES indicators. It may also identify the links with other work-streams agreed at board level, such as EDS2.

The WRES action plan which has been developed in partnership with the BME Colleague network is integrated within this reporting template and BME Conference 2018 report can be located on the Trust external website via the Equality & Diversity page .This WRES action plan is owned by the CEO/BME Champion on behalf of the Board of Directors. <http://www.derbyshirehealthcareft.nhs.uk/standards/equality-diversity/wres/>



BME Colleague Network AGM and Conference Report

Theme: Recruitment & Progression
Positively Inclusive: Helping BME Colleagues to Succeed
#DHCFTBMENTWORK

23rd May 2018, Kingsway Hospital, Derby



Produced by
Samantha Peppin - Equality, Diversity & Inclusion Advisor
Harinder Chahalwani - Head of Equality, Diversity & Inclusion
Equality, Diversity & Inclusion Team



Approved by Board of Directors 4/9/18

Appendix 3

Table 2: DHCFT BME Action Plan 2018

Objective	Action	By whom (accountable lead)	Target date
Recruitment Fill the gaps of under representation of BME staff at middle and senior management positions, ensuring BME staff are equally represented across all bands.	To understand what may be happening for each band boundary, talent pool and succession planning, DHCFT needs to: a) Conduct Task and Finish Groups b) Review recruitment process to enable BME staff to achieve positions in the higher AfC bands.	Nicola Myronko - Head of People Resourcing, Executive Sponsors and People & Culture Committee.	A draft project plan for deep dive and methodology to be presented at BME Network 26 th September, 2018 Proposal completed and shared at the Team Derbyshire Leaders session on 2 nd November 2018
Progression & Development Ensure BME staff is equally supported through progression and development to middle and senior management positions.	DCHFT needs to understand the workforce training and development data for BME staff compared to their white counterparts, the root cause and the actions required to address under representation of BME staff in top end of the AfC bands.	Christine Wint (workforce development) & Rebecca Oakley (leadership lead) supported by the heads of the People Services teams and BME Network Membership.	A draft project plan for deep dive and methodology to be presented at BME Network 26 th September, 2018 Proposal completed and shared at Team Derbyshire Leaders session on 2 nd November 2018
Bullying and Harassment a) The trust to have a zero tolerance policy of bullying	a) Provide a clear and concise expectations statement delivered across the organisation to	a) Amanda Rawlings - The Director of People Services and Organisational	Present at BME Network 26 th September, 2018 a) 12-18 month to roll out the

<p>and harassment of BME staff.</p> <p>b) Well-functioning teams across the organisations.</p>	<p>staff, patients and members of the public. Amnesty and Training.</p> <p>b) Ensure DCHFT has support systems in place, including mediation and buddy systems, work with leaders to build on organisational development.</p>	<p>Effectiveness, Board, BME Network and Individual Accountability.</p> <p>b) Executive team to lead and filter through organisation, working with the BME Network.</p>	<p>programme.</p>
<p>Inclusive & Compassionate Team Derbyshire Leadership</p> <p>a) DHCFT Senior leaders to become allies and inclusive role models</p> <p>b) Facilitate Multi-faith experience and tour</p>	<p>a) BME Network to meet with senior leaders and share stories and experiences. Conduct tours around the organisation for promotional purposes.</p> <p>b) Target all staff and half of senior leaders by third quarter.</p>	<p>a) Rasheed Ogunlaru (Life and Business Coach), Harinder Dhaliwal - Head of Equality, Diversity & Inclusion and Amanda Rawlings - The Director of People Services and Organisational Effectiveness.</p> <p>b) Chaplaincy Team & Head of ED & I.</p>	<p>2nd November, 2018</p> <p>Launch programme Multifaith tours and booking details from 10th September 2018</p>