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 2018

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)

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

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

Ifti Majid, Chief Executive, Board Meeting 4th September, 2018

Publications Gateway Reference Number: 05067

Report on the WRES indicators

1. Background narrative

a. Any issues of completeness of data

121 (4.85% of staff across the Trust) have not disclosed ethnicity.

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

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

2. Total numbers of staff

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

2494

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

314 (12.59% identified as BME)

3. Self reporting

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

12.59%

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

ESR Self Service continues to give staff the ability to view their own ethnicity and update their own protected characteristics.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

c. 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

4. Workforce data

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

01 April 2017 - 31 March 2018

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 (exc medical): White 56.06% BME 7.14% Non-Clinical Staff: White 23.42% BME 3.25% Not stated 4.85%	Clinical staff: White 56.34% & BME 6.99% Non-Clinical staff: White 23.52% & BME 2.76% 5.11% not stated.	The data indicates a decrease 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 AfC data shows under representation of BME talent, particularly in senior leadership pool	Board Equality Action Plan priority to drive cultural change and demonstrate senior leadership commitment and prodfuctive drive in achieving improvements for BME staff treatement experience and aspriations. Executive ve team working with BME Colleague Network to understand potential barriers and close the gaps to ensure fair recruitment and progression..
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 1.57 greater	Relative likelihood of white staff being appointed from shortlisting compared to BME staff 1.47 greater	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	As above .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
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 3.03 greater	Relative likelihood of BME staff entering formal disciplinary process compared to White staff 1.60	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 .	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.
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 1.53 greater	Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff 0.97	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 Colleauge Network is sponored by CEO/BME Champion and will continue to be supported and strengthened in terms of impact of actions (using data and feedback to drvie improvments) and development opporutnties to flourish and succeed. Continue to ensure BME staff feel valued, supported iand engaged in the work of Trust and have an impact

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 25% BME 27%	White 27% BME 29%	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	Workstream 3 : Zero Tolerance Harassment & Bullying Work stream lead lead by Director of People & organisational Effecvtiveness in partnship with BME Colleauge Netwrok, staff side and staff governors. Understanding, triangulating
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White 22% BME 28%	White 22% BME 21%	Data for White staff experiencing bullying, harassment or abuse from staff has remained same as previous year, where as BME staff have reported a 7% increase since last year and report 6% higher than white staff.	As above 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
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White 80% BME 56%	White 75% BME 73%	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	As above. BME Colleague Network supported by leadership, strenghened and impact to make a difference. Reverse Mentoring for Equality, Diversity & Inclusion is a learning opportunity which enables senior leaders to gain insight from
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% BME 14%	White 6% BME 10%	Data for White staff experiencing discrimination from management or colleagues has remained same as previous year, where as BME staff have reported a 4% increase since last year and report 8% higher than white staff.	As above To better understand the issues confronted by our BME staff which will inform the one-day manager training and underpin our WRES action plan.
	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.	White 9.1% BME -4.3%		This data indicates the percentage of BME Voting Board Members is 9.1% compared with the Trust 12.6%	

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.

Click to lock all form fields and prevent future editing