

Workforce Race Equality Standard (WRES) reporting template – 2017/18

Introduction

1. Name of organisation

Chesterfield Royal Hospital NHS Foundation Trust

2. Date of report

Month/Year

08/2018

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

Mrs Zoe Lintin, Director of Workforce and Organisational Development

4. Name and contact details of lead manager compiling this report

Miss Jennifer Smith

Deputy Director of Workforce and Organisational Development

Chesterfield Royal Hospital NHS Foundation Trust

Tel: 01246 512618

Email: jennifer.smith27@nhs.net

5. Names of commissioners this report has been sent to

Complete as applicable:

Julie Caunt, Commissioning Manager, North Derbyshire Clinical Commissioning Group

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

Complete as applicable.

Julie Caunt

Commissioning Manager

North Derbyshire Clinical Commissioning Group

CCG Headquarters

Nightingale Close

Off Newbold Road

Chesterfield

S41 7PF

Tel: 01246 514000

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

<http://www.chesterfieldroyal.nhs.uk/about/equality-scheme/equality-duty>

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

Name: Mrs Zoe Lintin

Date:

9. Any issues of completeness of data

None

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

None

11. Total number of staff employed within this organisation at the date of the report:

4130

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

6%

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

98%

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

We have improved Board level self-reporting and we now are more diligent in relation to self-reporting at the recruitment stage for all employees.

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

To include more information, within our communications, the reasons why self-reporting is important. A review of our communication in relation to this will start with the 2018 Staff Survey completion.

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

As at 31 March 2018

For each of these workforce indicators, compare the data for White and BME staff.

17. 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

Salary Range	Clinical		Non-Clinical	
	White %	BME %	White %	BME %
£15k - £25k	26.4%	1.1%	26.4%	0.5%
£26k - £35k	23.4%	1.6%	1.8%	0.0%
£36k - £45k	5.3%	0.5%	0.7%	0.0%
£46k - £55k	1.2%	0.5%	0.4%	0.0%
£56k - £65k	0.3%	0.1%	0.3%	0.0%
£66k - £75k	0.2%	0.1%	0.2%	0.0%
£76k - £85k	0.7%	0.6%	0.1%	0.0%
£86k - £95k	1.4%	0.7%	0.0%	0.0%
£96k - £100k	0.8%	0.3%	0.0%	0.0%
£100k+	0.4%	0.1%	0.1%	0.0%

%s are calculated against a total workforce of 4130

Please note that this is not inclusive of our employees who choose to not state their ethnicity or return incomplete forms

Data for previous year

Salary Range	Clinical		Non-Clinical	
	White %	BME %	White %	BME %
£15k - £25k	26.0%	1.0%	27.0%	0.3%
£26k - £35k	25.0%	2.0%	2.0%	0.0%
£36k - £45k	6.0%	0.5%	0.7%	0.0%
£46k - £55k	0.8%	0.3%	0.4%	0.0%
£56k - £65k	0.3%	0.1%	0.3%	0.0%
£66k - £75k	0.2%	0.1%	0.2%	0.0%
£76k - £85k	1.5%	0.9%	0.1%	0.0%
£86k - £95k	0.5%	0.5%	0.0%	0.0%
£96k - £100k	0.9%	0.3%	0.0%	0.0%
£100k+	0.3%	0.05%	1.0%	0.0%

%s are calculated against a total workforce of 3922

Please note that this is not inclusive of our employees who choose to not state their ethnicity or return incomplete forms

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

We can see from our 2018 WRES that senior level, non-clinical positions have low BME representation and this has been the case on an on-going basis. To support in 2019, we plan to review our selection processes at leadership level and continue with our inclusive employer brand approach. We also plan to increase engagement with community groups and introduce reverse BME mentoring within our equality objectives for 2019. We have received offers of support, through the NHS Employers Diversity Partners Programmes, from other Trusts who have reverse mentoring in place already.

18. Relative likelihood of staff being appointed from shortlisting across all posts.

Data for reporting year

2.30 times more likely for White candidates to be appointed from shortlisting compared to BME.

Data for previous year

1.28 times more likely for White candidates to be appointed from shortlisting compared to BME.

The implications of the data and any additional background explanatory narrative

From reviewing the WRES data, we can see that our shortlisting to appointment for BME candidates compared to non-BME has significantly declined, however, we can also see that the number of BME candidates shortlisted has significantly increased from 2017. From this, we have concluded that our focus area needs to be in relation to our selection processes in particular.

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

There is still development required in achieving the continuous improvement in this area.

Plans over the last 12 months have included:

- Raising awareness of unconscious bias across the organisation and how this may impact on the recruitment process
- Leadership Development through the introduction of 'Leading the Chesterfield Way' and associated development sessions which include a core element of equality and diversity.
- Board development session using a facilitator recommended by the NHS Employers Partners Programme
- Development of inclusive employer brand

Future plans include:

- A pilot on BME representation at selection processes from January 2019 and to include an equality impact assessment on our selection processes within our January 2019 equality objectives. To seek support for this through the NHS Partners Programme.

- To widen the Board development session to consider a similar event, on a larger scale (Trust Leadership Assembly) as part of our 2019 strategy and equality objectives
- To review our leadership development offer 'SkillsLab' as part of our 2019 strategy and equality objectives
- To implement a reverse mentoring pilot as part of our 2019 strategy and equality objectives

19. 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

BME staff are 0.0 times more likely to enter the formal disciplinary process compared to White staff.

Data for previous year

BME staff are 0.79 times more likely to enter the formal disciplinary process compared to White staff.

The implications of the data and any additional background explanatory narrative

This has improved from 2017 and is due to both the promotion and development of our equality agenda and the close monitoring of our employee relations cases.

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

- We have reviewed both the employee relations cases we have received together with an overall review of our approach to employee relations. This has included a cultural development that situations do not always need to be addressed immediately through formal processes and these can be addressed, with a similar outcome, through an informal/learning approach.

20. Relative likelihood of staff accessing non-mandatory training and CPD.

Data for reporting year

No data available

Data for previous year

White staff are 1.22 times more likely to access non-mandatory training than BME staff.

The implications of the data and any additional background explanatory narrative

This information is held on a platform by another Trust in the region who have been unable to supply us with the 2018 information.

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

We have agreed an approach through our Strategic Workforce, Education and Training Group to introduce our own platform for the future which means that this information will be supplied by Chesterfield and will be available in 2019.

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.

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

Data for reporting year:

White

29.18%

BME

37.17%

Data for previous year:

White

24.32%

BME

24.19%

The implications of the data and any additional background explanatory narrative

This has declined since 2016 in relation to the comparison between White and BME staff.

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

The Trust's Health and Wellbeing Committee have been overseeing our response to this decline. This has included the set-up of a sub-committee who have specifically reviewed the data received in relation to incidents reported and agreed an action plan to improve and develop of which progress is reported into the Health and Wellbeing Committee. The sub-committee includes representatives from Security, Education, our Medicine and Emergency Care Division, Dementia Lead, Workforce and Communications

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

Data for reporting year:

White

20.38%

BME

21.05%

Data for previous year:

White

21.13%

BME

17.74%

The implications of the data and any additional background explanatory narrative

This has declined by 3% since 2017 in relation to the comparison of experience between White and BME staff.

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

We have been using the Listening into Action (LiA) brand and approach to run a series of workshops called 'Be Yourself' which have taken place between June and September 2018. The decision to run these sessions was made following unsuccessful attempts to gain interest in employee equality network groups and a recommendation from the Equality Lead at NHS Employers that other Trusts have had success through using LiA. The focus of these sessions has been as follows:

- Our current equality objectives fulfil our statutory obligations, however, are they acceptable to you?
- What do you think?
- What have we missed and what would you like to change?
- What could we do better?

To support the sessions, we agreed the subjects for discussion would centre around recruitment, behaviours, development and accessibility with the aim of producing a set of 'cultural objectives' which have been purely driven by our employees.

The sessions to date have had low attendance numbers, however, useful discussions have taken place amongst the smaller groups as follows:

- Selling the Trust more as an inclusive employer – particularly through job advertisements and LiA
- Status and hierarchy – moving away from describing people in 'band' terminology which encourages status and reduces open and honest communication

- Recognition received through job role and different behaviours received based on uniform and perception of individual
- Support for leaders making 'judgement' decisions at recruitment
- To increase employee confidence for open and honest communication at appraisals
- Training received during induction period

We plan to review these sessions and use them to enhance our Equality Objectives for 2019 by the inclusion of employee input.

23. KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.

Data for reporting year:

White

89.23%

BME

79.17%

Data for previous year:

White

87.02%

BME

78.05%

The implications of the data and any additional background explanatory narrative

This has improved since 2017 and our Staff Survey results were in the top 20% nationally.

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

This has been supported through the promotion and development of our equality agenda and through our leadership development. We also ensure that our processes comply with the Equality Act 2010 and that we are open and transparent in how we deal with career progression and promotion.

24. 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.

Data for reporting year:

White

5.03%

BME

8.11%

Data for previous year:

White

5.26%

BME

12.70%

The implications of the data and any additional background explanatory narrative

This has improved since 2017 in relation to the comparison of experience between White and BME staff.

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

-The introduction of Leading the Chesterfield Way framework which articulates the standards expected from our Leaders. We have been embedding this across the Trust and demonstrating how it can be used on a day to day basis.

-The development of our call to action pledge and associated action plan.

- The promotion of our Freedom the Speak up Guardian

- The communication of our Be Yourself sessions as mentioned in section 22

Board representation indicator For this indicator, compare the difference for White and BME staff.

25. Percentage difference between the organisations' Board voting membership and its overall workforce.
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Data for reporting year:

White

8%

BME

-6.2%

Data for previous year:

White

-20.8%

BME

-6.5%

The implications of the data and any additional background explanatory narrative

This has remained the same since 2017

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

There has been no change from our 2017 WRES in relation to Board level BME representation. This is included within the Trust's overall objectives and is an area we must consider as a Trust during future recruitment events and through the promotion of our Trust as an inclusive employer. Support has been received from the East Midlands Leadership Academy and through the Board development session in April 2018. Attention has been paid to encouraging a diversity of applications for Board member recruitment in the last year, through our adverts and the recruitment search consultancy.

As part of our future strategic aims, we also need to consider the need to strengthen our BME representation at senior leadership level outside of our medical positions as this has also remained broadly the same since 2017

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

As part of the NHS Employers Partners programme, we have also been given the opportunity to participate in a Board level benchmarking survey prior to this being rolled out to the wider NHS. The results of this will be shared at the next NHS Partner's event in September. We can then use these results to support our future vision and the equality objectives for 2019.

27. 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 workstreams agreed at board level, such as EDS2. You are asked to provide a link to your WRES action plan in the space below.

Our Equality Objectives are inclusive of WRES and EDS2. These objectives will be reviewed in January 2019 taking into account any updated data from 2018 WRES and any additional priorities agreed generally to attract, develop and retain a diverse workforce.

These objectives form the basis for our E&D actions throughout the year and in 2019 we also aim to articulate 'what does good look like?' more clearly and we will seek support from the NHS Partners Programme to support this, and through the Trust's People Committee where regular Equality, Diversity and Inclusion updates are provided.