

Response ID ANON-DH32-FNMS-5

Submitted to **Workforce Race Equality Standard (WRES) reporting template - 2017**
Submitted on **2017-10-17 11:13:26**

Introduction

1 Name of organisation

Name of organisation:

Chesterfield Royal Hospital NHS Foundation Trust

2 Date of report

Month/Year:

08/2017

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

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

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

Workforce Race Equality Standard reporting template

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

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::

27.09.2017

Background narrative

9 Any issues of completeness of data

Any issues of completeness of data:

None

10 Any matters relating to reliability of comparisons with previous years

Any matters relating to reliability of comparisons with previous years:

Training data was not available in 2015/16 submission - This is now available and has been supplied in 2016/17 template

Self reporting

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

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

3922

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

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

6.5%

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

The proportion of total staff who have self-reported their ethnicity:

98.7%

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

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

We are now able to report ethnicity for training purposes

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

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

Plans to improve ethnicity collation and reporting at recruitment stage - for example, following up with the individual where there is no completion of ethnicity data

Workforce data

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

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

As at 31 March 2017

Workforce Race Equality Indicators

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:

Clinical Non-Clinical

Salary Range White % BME % White% BME%

£15k - £25k 26% 1% 27% 0.3%

£26k - £35k 25% 2% 2% 0%

£36k - £45k 6% 0.5% 0.7% 0%

£46k - £55k 0.8% 0.3% 0.3% 0%

£56k - £65k 0.3% 0.1% 0.2% 0%

£66k - £75k 0.2% 0.1% 0.2% 0%

£76k - £85k 1.5% 0.9% 0.05% 0%

£86k - £95k 0.5% 0.5% 0% 0%

£96k - £100k 0.9% 0.3% 0% 0%

£100k+ 0.3% 0.05% 0.1% 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

Data for previous year:

Note. HR Director in 2016 not on CRH payroll as employed by another NHS Trust and seconded to CRH

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:

To develop a banding report linked to protected characteristics, inclusive of ethnicity, is incorporated within our 2017 Equality Objectives which are published on our website.

This report is planned to be published in January 2018.

We can see from our 2017 WRES that senior level, non-clinical positions have low BME representation and we will be reviewing this in relation to internal and external factors which may impact on the recruitment and development of our BME workforce. Our shortlisting to appointment BME comparisons have improved from 2016 to 2017.

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

Data for reporting year:

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

Data for previous year:

1.85 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:

This has improved from 2016. These improvements have been supported through the development of our training sessions which include unconscious bias and specifically how this may impact on decision making during the recruitment process. Our raised agenda of equality, diversity and inclusion has also resulted in discussions taking place during recruitment which may not have been thought of previously.

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 areas.

This links to our EDS2/WRES and overall equality objectives where our 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
- Regular E&D workshops for learning and reflection
- Leadership support through a set of agreed leadership expectations and behaviours
- Matron development programme which includes an E&D module
- E&D e-learning programme
- E&D objectives as a core section of our People Strategy Priorities for 2017/18
- The introduction of a robust governance structure for E&D which reports through to the Trust's Board.

Future plans include the development of attracting diverse candidates prior to the application stage through reaching out to schools and relevant community groups and the implementation of an internal BME network group.

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

Data for previous year:

BME staff are 2.08 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 2016. The areas where we have seen improvements have been reached through the development of our equality, diversity and inclusion agenda. We have held sessions with our leaders to raise awareness of where aspects such as unconscious bias may impact on day to day behaviours and decision making. These sessions have been well received with evaluations from employees advising that it has made them think in a different way and challenge perceptions and views. It is also encouraging to see that, through the promotion of our E&D agenda, we have seen more BME employees completing their Staff Survey in 2016 compared to 2015.

Our CQC assessment in February 2017 also reported that the employees they met with, which included BME representation, had not experienced any discrimination (personal or within career development opportunities).

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

Our WRES outcome for BME employees entering the formal disciplinary process compared to non-BME employees has improved, however, still shows a difference between the two groups.

Along with achievement of the objectives mentioned above, which relate to the development of our E&D agenda, we have reviewed our employee relations casework and continue to monitor this closely.

The development of our BME network group will also provide support for further improvement.

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

Data for reporting year:

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

Data for previous year:

White staff are 1.05 times more likely to access non-mandatory training than BME staff.

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

This information was not available to us last year, however, from review this year we can see that this is an area we need to explore further and improve.

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

We have improved the reporting process of training information linked to ethnicity which was part of our 2017 objectives.

Now we have access to this information, we need to include as an objective for improvement within our Equality objectives for 2018.

Workforce Race Equality Indicators

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

White:

24.32%

BME:

24.19%

White:

25.34%

BME:

34.58%

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

This has improved 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:

This improvement has been supported through the development of our E&D agenda, specifically in relation to the patient aspects.

This information will support us to develop our 2018 Equality Objectives.

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

White:

21.13%

BME:

17.74%

White:

19.47

BME:

24.30%

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

This has improved since 2016 in relation to the comparison of experience between White and BME staff.

BME employees personally experiencing discrimination from other employees in the last 12 months has improved from the 2015 results, however, there are still developments required within this area given that 18% of our BME staff report experiencing discrimination.

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

In terms of the areas where there are indicators for concern, we have analysed our employee relations casework, in line with our 2017 Equality Objectives, in regard to incidents of reporting bullying from our BME employees.

Over the past 2 years, we have had no cases of bullying reported from any of our BME employees although it is recognised that this is not reflected within our Staff Survey results.

We have a new Dignity at Work policy which focuses on informal resolution as a key stage prior to the formal process and in 2016, we trained a group of internal

mediators also trained to support this aspect. This aimed to encourage more individuals to come forward if they felt they had experienced bullying/harassment without the worry of directly entering a formal process.

As we are not clear what this discrimination relates to specifically, it is also expected that our objective of developing a BME network group will support the gaining of qualitative data and personal experience. We have attempted to set up a BME network group previously and have not gained interest, we are therefore seeking support from the NHS E&D Partners Programme in September to ask other organisations how they have achieved success with their BME network groups.

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

White:

87.02%

BME:

78.05%

White:

90.48%

BME:

77.14%

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

This has slightly improved since 2016 and again will have been supported through the development of our E&D agenda.

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

This again aims to be supported through the development of a BME network group and our overall actions around the E&D agenda (including workshops, unconscious bias etc) have already supported a slight improvement.

The 2018 Equality objectives will specifically assess the non-mandatory training figures now we have these available which will also support the development of this particular element.

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.

White:

5.28%

BME:

12.70%

White:

3.93%

BME:

12.96%

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

This has remained constant for our BME workforce and the difference between BME and White staff experiences has also remained similar.

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

The development of our E&D agenda has aimed to support the improvement of these figures as mentioned above.

Our Leadership expectations and behaviours work will specifically support further development together with the continuation of E&D sessions for leaders within the organisation.

In November 2016, we appointed a Freedom to Speak up Guardian and we are in the process of signing up to the 'Call to Action' pledge with the Staff Partnership Forum.

As mentioned above, our new approach to promoting informal resolution and the development of a BME network groups also plans support improvements in this areas.

We are additionally aiming to significantly increase the response rate to our 2017 Staff Survey, which will also support us with gaining more relevant information, to all the Staff Survey areas included within the WRES, when the results are shared in March 2018.

Workforce Race Equality Indicators

25 Percentage difference between the organisations' Board voting membership and its overall workforce.

White:

-23.6%

BME:

-6.0%

White:

-20.8%

BME:

-6.5%

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

This has remained the same since 2016 with a slight increase in our BME workforce below Board level.

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

This has been included within our 2017 Equality Objectives and the Trust commits to having an awareness of this when working on future Board level recruitment campaigns.

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

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

Discussions have additionally taken place with the East Midlands Leadership Academy in relation to providing us with support for the attraction of diverse candidates for Board level positions.

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.

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.:

Our Equality Objectives are inclusive of WRES and ESD2. These objectives will be reviewed in January 2018 taking into account any updated data from 2017 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.