WORKFORCE EQUALITY REPORT
2017 – 2018

For Derby Teaching Hospitals NHS Foundation Trust
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1. **Introduction**

This report sets out the workforce diversity profile in relation to legacy Derby Teaching Hospitals NHS Foundation Trust during the 2017 – 2018 and provides a summary of the progress made during that time in raising awareness amongst staff about inclusion, diversity and equality.

Key priorities for 2018 - 2022 are also listed, as identified from the Inclusion Framework priorities (Appendix 1).

In July 2018, Derby Teaching Hospitals NHS Foundation Trust joined with Burton Hospitals NHS Foundation Trust, and a group of five hospitals became a single entity. The equality activities undertaken in 2017 – 2018 and the equality priorities remain important going forward, as the inclusion agenda is embedded across all the five sites.

The Inclusion Committee, with representation of staff from across the new enlarged organisation will review the achievements and challenges from both the legacy organisations in order to shape refreshed objectives and relevant goals for 2018 – 2019 and beyond.

This report provides assurance to the Trust Board that the organisation is compliant with its responsibilities under the Equality Act 2010 and in particular the Public Sector duty, the Equality Delivery System 2 (EDS2) and the Workforce Race Equality Standards (WRES).

2. **Executive Summary**

Listed below are some key achievements made during the reporting period:

- The Trust Inclusion Committee was established with revised Terms of Reference, governance reporting and membership.
- The Trust Inclusion Framework was finalised at the end of 2017 with three key priority areas identified as:
  - Leadership, Learning and Education of staff
  - Recruitment and Retention
  - Staff Engagement and Experience (voices are heard so that barriers are understood)

  An equality sub-group has been established for each priority area, to deliver on the organisation’s Developing Our People Inclusion Objectives. Each groups’ actions are detailed in the Inclusion Framework Action Plan (Appendix 1).
- Progress has been made over the past 2 years in reducing the relative likelihood of white staff being appointed following shortlisting compared to BME staff. In relation to this, the proportion of BME staff employed within this organisation as at 31 March 2018 had increased to 19.04%. An increase for a second consecutive year.
• There was improved engagement with staff through the National Staff Survey in 2017, enabling another avenue for colleagues to voice their needs and views.

• Mandatory training compliance data on Equality, Diversity and Dignity at Work training was 98% as at 31 March 2018.

• The revised Equality, Diversity and Dignity at Work eLearning was developed and launched in April 2018 for both E-induction and refresher mandatory training.

• Dementia awareness and Autism training packages are in place for all staff.

• The Trust has developed a 2018 ‘Cultural Calendar’ which has informed discussions on events and gestures to recognise faiths and cultures. Continuing across 2018, events will be planned with a view to growing and establishing new Trust traditions that recognise and showcase staff from a wide range of faiths and cultures, raising awareness of inclusion and normalising conversations on inclusion.

Whilst the data illustrates that progress has been made and we know from the WRES data and Staff Survey that the Trust faces some key challenges, work will continue into 2018 – 2019.

3. **Performance in 2017 - 2018**

3.1 **Inclusion Committee and Equality Sub-groups**

• The Trust Inclusion Committee was established in 2017 with revised Terms of Reference, governance reporting and membership. From this the Trust Inclusion Framework was drafted and shared in August. The detail of the Framework emerged and was finalised at the October Inclusion Committee, through an organisational development themed workshop. Members identified priorities, outcomes, roles and responsibilities and three key priority areas:

  o Leadership, Learning and Education of staff
  o Recruitment and Retention
  o Staff Engagement and Experience (voices are heard so that barriers are understood)

The identified outcomes are:

  o Embed patient experience in each priority
  o Develop an inclusive culture at all levels of the Trust for patients and staff
  o Support good leadership and increase inclusion and diversity representation in leadership
  o Staff retention

• An equality sub-group has been established for each priority area, to deliver on the organisation’s Developing Our People Inclusion Objectives.

• The revised Equality, Diversity and Dignity at Work training package is available via E-learning for both E-induction and refresher mandatory training and it is also available for staff to access via face to face sessions.
- Dementia and Autism training is in place and Deaf Awareness training package is evolving as new material becomes available.

- Inclusive Leadership training was developed to form part of the leadership programme to enable leaders to explore their own bias and their impact on changing culture.

- In 2018 Inclusive Leadership training was delivered as part of the leadership programme to promote a culture of Inclusion and to raise awareness of unconscious bias.

- The Trust has developed a ‘Cultural Calendar’ to be published on the intranet, to increase staff awareness of events and gestures to recognise faiths and cultures in new ways.

- Through the Inclusion Committee and with the support of the chaplain and other key partners across the Trust, events and gestures will be planned across this year with a view to growing and establishing new Trust traditions that recognise and showcase staff from a wide range of faiths and cultures, raising awareness of inclusion issues within the wider workforce and normalising conversations on inclusion.

- In June 2018 there was an increased awareness around Ramadan with additional information on the intranet, decorations and celebrations on some wards in recognition of Eid, evening/night workers who may have been breaking their fast on site were supported by the Trust providing light snacks and beverages.

### 3.2 Workforce Equality Data reporting

The Workforce Equality Data (Appendices 2 - 8) provides the data in relation to legacy Derby Teaching Hospitals staff diversity profile for 2017- 2018.

The workforce information is obtained from Electronic Staff Records (ESR), Our Learning Hub, the Trac Recruitment system and employee relations casework records. This year, the WRES data capture sheet was used as a template to capture workforce information by each of the protected characteristics, where possible.

The summary workforce information is based on a headcount of 8652 and the training reporting is based on 7979 staff attendances for 2017 and 8466 staff attendances for 2018. Some key observations are noted below:

**Disability**

People with a declared disability continue to be employed across all bands in the Trust, with the exception of Band 8B, Band 9 and VSM.
There is a reduction in the percentage number of staff with a declared disability experiencing discrimination at work from managers or colleagues.

**Gender**

There is an increase in the number of females believing that trust provides equal opportunities for career progression or promotion which may indicate an increase in access to opportunities to progress, which links in to Trust objectives.

**Age**

Staff who in the 45 – 49 age range are most likely to access non-mandatory training and Continuous Professional Development, and staff in this age group are also the most likely to enter the formal disciplinary process. Work to further understand this age group data is required.

**Ethnicity**

Of the staff who completed the Staff Survey, the data shows that:

1) Of the BME staff, those most likely to enter the formal disciplinary process are from the following ethnic groups:
   - Black, Black British – Caribbean
   - Black, Black British – African

2) Between 30% - 39% of staff from the following 3 ethnic groups indicated they had experienced harassment, bullying or abuse from patients, relatives or the public:
   - Asian or Asian British - Any other Asian background
   - Black or Black British – African
   - Any other Ethnic Group

**Religion/belief**

The data evidences that there was an increase in the number of staff accessing non-mandatory training from all religions and beliefs.

**Sexual orientation**

The percentage of applicants choosing not to disclose their sexual orientation has significantly increased from 33% to 54% since last year. Work planned relating to re-establishing staff forum is expected to produce improvements in this area.

**Transgender**

The relative likelihood of non-transgender staff being appointed from shortlisting compared to transgender staff has decreased significantly compared to 2017. The data indicates a fair and inclusive approach to recruitment selection.
3.3 WRES submission data for 2017 and 2018 (Appendix 9)

Workforce Race Equality Standard at March 2018 highlighted the following key points:

- There has been an increase in the number of BME staff represented across clinical and non-clinical Band 8A posts.
- There has been a further reduction this year in the likelihood of White staff being appointed from shortlisting compared to BME staff. (From 1.72 to 1.63 to 1.32). The number of BME staff employed in the organisation has increased in 2018 to 19.04%.
- There has been a percentage increase to 77.5%, from 75.5%, of BME staff believing that the trust provides equal opportunities to progress.
- There has been a reduction from 27.5% to 26.5% in the number of BME staff experiencing harassment, bullying or abuse from the public in last 12 months.

3.4 Gender Pay Gap data for 2017 and 2018 (Appendix 10)

- The 2018 data shows the pay gaps for average hourly rate and average bonus is relatively similar to last year.
- The pay gap for the median bonus pay is 98%, a significant difference compared to 2017. This is due to the fact there were more Long Service Award payments made to females in 2017, which of the 130 payments made, means the median calculation is based on a Long Service Award. Whereas last year, there were slightly less Long Service Awards, so the median was based on a Clinical Excellence Awards.
- The 2018 data shows there is a slight change in proportion of females and males in the upper quartile – the percentage of females has increased and the male percentage has decreased.

4 Priorities for 2018 - 2019

A number of equality activities were undertaken in 2017 – 2018 and new initiatives were commenced, both of which remain important going forward into 2018, as the inclusion agenda is embedded.

The Inclusion Committee, with representation of staff from across the Trust will review the achievements and challenges from both the legacy organisations in order to shape refreshed objectives and relevant goals for 2018 – 2019.

In the meantime, the existing priorities are:
**Recruitment:**

Development of a suite of reports to include demographics of applicants and conversion rates at critical points and review reports quarterly at Inclusion Committee

Raise awareness of unconscious bias for recruiting managers;

Establish recruitment inclusion champions to attend selection panels for band 8c and above and to target pooled recruitment events for lower band posts;

Providing options for a possible guaranteed interview scheme and a proposal for ‘positive action’ including BME applicant guaranteed interview scheme and for development posts to be developed and widely consulted upon

Advertisement wording developed to encourage applications for posts from underrepresented groups

Develop candidate feedback mechanism on recruitment process

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**Learning and Development:**

Management skills portal on intranet including revised training and guidance notes

Review management skills training

Review leadership programmes accessed (internal and external) with reference to inclusion criteria. Opportunities for Board Development in respect of Inclusion to be explored.

Inclusive mentoring scheme to consider improving access for underrepresented groups and then launch inclusive mentoring approach.

Mandatory Inclusion training for all staff to be reviewed and revised inclusion training for all staff to be rolled out across the Trust.

Review feedback on training through Education and Training Strategy Group and Inclusion Committee.

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**Staff Engagement and Experience:**

**Diversity Forums:**

- Review of workforce and service user demographic to establish priority forums (race, religion, sexual orientation etc.) and benchmarking of diversity forums in other large (NHS and non-NHS organisations).

- Development and approval of diversity forums and associated reporting by Inclusion Committee. Launch of diversity forums

- Initial report from diversity forums to Inclusion Committee

Development of cultural calendar and inclusion events and launch of cultural calendar. Review of cultural calendar and staff feedback at inclusion committee

Seek consent of staff who have previously provided staff stories to publish more widely and incorporate staff stories (as agreed) into inclusion communications. Consider the use of staff stories at leadership events and staff conferences where there is an inclusion
Annual report of employee relations cases to be produced for 2017/18, including demographic breakdown. Inclusion ambassadors role within employee relations work to be developed.

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<tr>
<th>Develop actions arising from WRES and Gender Pay Gap Reporting</th>
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<tr>
<td>A task and finish group will develop plans and provide updates:</td>
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<tr>
<td>• Bonus Pay – undertake detailed equality analysis of applicants for and success of applications in respect of Clinical Excellence Awards</td>
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<td>• Carry out a detailed analysis to identify where differences in pay are occurring.</td>
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<td>• Differential in pay quartiles – work with Recruitment Equality Sub-group to establish Inclusion Champions on senior appointment selection panels.</td>
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<th>Development of network of Inclusion Champions to support staff voice</th>
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<th>Development of an inclusion strategy based on findings from the workforce equality report</th>
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<th>Continue to improve outcomes in national staff survey</th>
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