

Annual Equality and Diversity Report
March 2010 – April 2011



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1. INTRODUCTION

The NHS constitution, published in January 2009 and agreed by parliament, sets out a number of commitments and pledges to its staff. There are six commitments. These are regarded as enforceable and legal rights. Commitment 4 of the NHS Constitution identifies; Staff **will** be treated fairly equally and free from discrimination.

In line with the specific duties of the Equality Act, the Trust has a statutory responsibility to publish annually, the results of the equality monitoring of staff in post, applicants for jobs, promotion and training, as well as the outcomes of employee relations activities. This includes grievances, disciplinaries and harassment. Whilst meeting our statutory duties, the Trust has developed this annual report to also highlight its engagement work over the last twelve months, and also record and monitor a broader range of equality and diversity metrics, with an aim to improve the overall representation of the workforce, in line with other statutory equality duties under a number of key legislation set out below:

Equality Act 2010 (from October 2010)

Human Rights Act 1998

Race, Gender and Disability duties (public sector duties until April 2011)

The new Equality Act aims to simplify the law by bringing together all nine pieces of anti discrimination legislation. It replaces the following:

- Equal pay Act 1970
- Sex Discrimination Act 1975
- Race Relations Act 1976
- Disability Discrimination Act 1995
- Employment Equality (Religion or Belief) Regulations 2003
- Employment Equality (Sexual Orientation) Regulations 2003
- Employment Equality (Age) Regulations 2006

The above legislation places certain general duties on public bodies to:

- To actively promote equality of opportunity
- To eliminate unlawful discrimination
- To foster good relations between others.
- To demonstrate a consistent process which shows consultation has taken place with diverse groups.
- To monitor and review equality schemes, and publish annually an equality report

This report provides an updated review of equality monitoring data covering the period **1st April 2010 to 31st March 2011**. It allows both analysis of information each year in comparison to the local population, and to identify overarching trends relating to equality and diversity of the workforce. This report is the annual full year report.

The following workforce data was extracted from the Trust Electronic Staff Records (ESR) System for the period 1st April 2010 and 31st March 2011. The data relates directly to employed staff. This excludes those who work with us but are not paid by us, such as



students, or those working with us on honorary contracts.

2 DEMOGRAPHY

Key points:

- Approximately 226,300 people live in Barnsley. The population of Barnsley is projected to increase by 14.2% between 2010 and 2030, close to the national projected increase of 15.3%. Currently 18.8% of the population are under 16 and 19.9% of the population are of pensionable age.
- In 2009, it was estimated there were approximately 37,700 people aged 65+, making up 16.7% of the total population. Of this number, 43.8% were male and 56.2% were female.
- In Barnsley the population aged 65 and over has increased as a proportion of the total population, from 16.3% in 2002 to 16.7% in 2009, which is the same change as the England average. There is a wide variation in the projections for the different age groups.
- The largest increase is projected for the population of retirement age (65+), with a 54.2% projected increase in Barnsley by 2030, higher than the national average of 50.7%. The increase in the 75+ population is higher at 70.3%, higher than the national average of 66.0%.
- The population projections of children aged under 10 years is due to rise. 4.1% of the population are from a diverse group of non-“White British” backgrounds. The Black and Minority Ethnic (BME) population in Barnsley has a younger age profile than the Barnsley average.
- There are approximately 1,350 migrants currently living in Barnsley
- Majority of households within Barnsley fall into the Hard-Pressed Category.
- There are 26,100 carers in Barnsley, with over 25% providing over 50 hours of care a week due to physical disabilities and mental health issues.

2.1 Population

5



Additional data on Population can be found here:

<http://www.lasos.org.uk/Viewpage.aspx?C=basket&BasketID=154>

Understanding the demography and population is an important aspect of forward planning in any organisation. The changes in the population size and structure in Barnsley, as highlighted in this section will clearly have an effect on key local services. The additional information provides the evidence which should be used to inform future planning and commissioning of services.

3 SUMMARY OF PERFORMANCE FOR YEAR- 2010 - 2011

There have been a number of key equality legislation changes for the Trust to consider as a public organisation. The Department of health has also produced a number of key papers, which make reference to equality and diversity, and key outcome requirements. The Trust has continued to embed new initiatives and improve partnership engagement throughout the last twelve months. This work is uploaded on the Trust WebPages and highlighted below: <http://www.barnsleyhospital.nhs.uk/about/equality-and-diversity/>

Single Equality Scheme

The Trust's 3 year Single Equality scheme is reported on through the Trust Non Clinical Governance arrangements. As a public document, the Single equality Scheme is regularly updated and made available on the Trust equality WebPages. The Single Equality scheme will be undergoing a migration process to the new NHS equality delivery system in October 2011. The system is known as the EDS. Next years annual equality report will be in a position to report on its equality outcomes. - <http://www.barnsleyhospital.nhs.uk/about/equality-and-diversity/>

NHS Employers Membership.

The Trust was an Equality and Diversity partner over the last 12 month period, and was awarded a certificate of completion. The Trust was required to undergo and evidence, a number of organisational equality competencies and assessments. The benefit of this work and national award has been to raise the profile of the Trust, and be viewed as a local exemplar of good practice in the field of equality.

Equality and Diversity Steering Group

The Equality and Diversity Steering Group over the last twelve months was chaired by the Trust's Chairman. This is a strong indicator, of the Trust's commitment to the Equality and Diversity agenda, and also demonstrating strategic leadership from the top, a requirement by the Department of Health Equality Guidance framework. From July 2011 Director of HR will take over the role of Chair of this group. The Chairman will still be a full member of the group and attend future meetings.

Employee relations

Our staff representatives have continued to recognise and support the equality agenda. Staff representatives are members of the staff Equality and Diversity Steering Group, and have participated in, and championed the Trusts equality work over the last twelve months.

Staff networks

The Trust was represented at the launch of the new NHS BME network group. This group



supports black and ethnic minority staff in the workplace, *'providing an effective voice for BME staff, BME patients and BME service users , to ensure the NHS delivers on its statutory duties'*. The group has a summary of action which is available on the Trust WebPages. In 2011 the Trust will be appointing an official BME representative. This role will involve representing the Trust at regional level and working on the BME action plan of work on behalf of the Trust. <http://www.barnsleyhospital.nhs.uk/about/equality-and-diversity/>

Operational Back to Floor

A new cultural training initiative in the Day Surgery and Endoscopy unit was piloted and financially supported by the Trust. This new training awareness was initiated by staff that identified a need for further cultural awareness training to help further enhance their skills. This work involved key local community partners, who designed and delivered a series of bespoke cultural training. Training evaluations have been very positive. A report from the training provider was presented to the Trust Equality Steering group, and is available via the Trust Equality WebPages further staff monitoring of the training outcomes and action plans from the staff who undertook this training, is monitored and reported on by the Matron of that Department.

Outpatients

A number of diversity awareness raising events in the Outpatient Department were promoted over the last twelve months. A number of examples of equality promotion in this area were International women's day, Nurses Day, celebration of Mary Seacole, Deaf Awareness week, and Black History month.

Women and Children's Department

This Department has developed a patient experience Group. The group's membership has a diverse range of patients. The group discusses various experiences, and considers how the Trust is able to constructively improve patient experiences. The outcomes and any subsequent actions from this group are reported on through the Matron's quarterly report. Another initiative in this area has been the Gypsy Traveller community. This group, have been invited on a number of occasions to speak to staff on their cultural beliefs and how this has an impact from their own cultural and health perspective.

Equality Impact Assessments

The Trust now has established an Equality Impact Assessment policy. A series of Master Classes have been designed and delivered by the Trust Equality and Diversity Advisor which supports the new policy. Over the last twelve months, 10 Equality Impact Assessment workshops have been provided, with an attendance of approximately 100 staff. These staff are now able to effectively undertake an Equality Impact Assessment in their Department. Ongoing coaching is provided as an additional support mechanism by the Equality and Diversity Advisor. All Equality Impact Assessments are shared with the Assessors Department and uploaded onto the Trust WebPages. All new policies presented to the Executive team and the Board include an Equality Impact Assessment which has been undertaken by the author of the policy.

Equality and Diversity Training

This year, Equality and Diversity Training has been delivered to over 40% of the Trusts workforce. This is an improvement on last years training percentage at this point (21%).



Training is made available via the Trusts e-learning system, or by direct delivery at Trust and team level as appropriate, by the Equality and Diversity Advisor. This ensures the Trust is mindful of staff in respect of access to learning, and reflects the Equality Act requirements.

Civic Engagement

Last year the Trust held its first Diversity day lead by Trust Consultant Doctor Gupta. The event was opened by the Chairman and Interim Chief Executive, and was attended by a broad range of colleagues from the NHS, local authorities, local communities and other private sectors. Feedback from the event has been encouraging with enquiries for the Trust to provide another event on a different equality theme for 2011- 2012. There have been a number of local partnership engagement events over the last year in which the Trust has participated. This has demonstrated the Trusts civic engagement with the local community, and developed some meaningful outcomes in helping Trust staff understand why there are some health inequalities in the local community and improve working relationships with diverse colleagues. The Barnsley Lesbian, Gay and Bisexual Transgender Group held their AGM in April. The AGM thanked and acknowledged the contributions made by the Trust both financially and operationally. Trust clinical staff has had involvement in the PRIDE event and are members of the local LGB&T community. This helps staff understand issues experienced by gay Trust staff and also acts as a support mechanism and forum for sharing best practice at work. The group has produced their annual 'PRIDE' report. A copy of which can be found on the Trust WebPages [Equality, Diversity and Human Rights | Barnsley Hospital NHS Foundation Trust | \(www.barnsleyhospital.nhs.uk\)](http://www.barnsleyhospital.nhs.uk)

The Trust has been involved in the strategic planning and involvement of community events with its local partners over the last twelve months. The below matrix highlights some of the partnership work over the last twelve months:



Community Engagement Events

Event	<u>Community partners</u>
Deaf Awareness event	Barnsley Council,
Barnsley Lesbian, Gay and Transgender PRIDE	Metrodome
Domestic violence training.	Barnsley Council, South Yorkshire Police.
Hate Crime awareness training	South Yorkshire Police, South Yorkshire Fire and rescue service
Black and minority Ethnic health event	NHS Barnsley, Barnsley college, BMBC

Community Partnerships

The following list highlights equality partnerships and memberships the Trust has developed over twelve months.

Group	Trust Membership
Lesbian Gay Bisexual and Transgender Group (LGB&T)	Yes
Ethnic Minority ladies strategic group (BBEMI)	Yes
Local Equality and Diversity lead group (BEDLOG)	Yes
Multi Agency Planning Project (MAP)	Yes
.	Yes
Barnsley Council Safe Guarding team	Yes
Barnsley Disability Group	Yes
NHS Employers	Yes (12 month membership)
NHS BME Network	Yes

Disability

The Trust has invested in DISABLEDGO. This is an online access guide which has assessed all areas of the Trust for disabled access. The company then uploads the information onto the Trust's external website. This on line access guide enables any potential user of our service the opportunity to plan their visit in advance, and ensure there is appropriate disabled access to the area they are going to visit. This site is continually changed as the Trust undergoes any building changes. The Disability agenda is also represented by a Disability representative, who sits on the Trusts Equality and Diversity Steering Group. The site can be accessed on the Trust WebPages



Staff Survey

The outcome of the recent staff survey undertaken by Quality Health, demonstrated a significant improvement in the area of equality and diversity training over the last few years. In 2010 the Trust had trained 54% of its staff in Equality and Diversity. This was comparatively higher than the regional average at 45%.

Staff Data Validation and Collection

A data validation exercise was undertaken in January 2011 which had a good response rate of 76%. This enabled the Trust to collect missing workforce data and also to ensure the data held currently is up to date. This has enabled reports provided to improve, particularly in relation to Sexual Orientation, Religious Belief and Disability.

4 WORKFORCE PROFILE

The following table highlights the headcount and percentage of staff in each staff group employed by the Trust.

The largest staff group in the Trust is Nursing and Midwifery Registered at 32.42%, followed by Additional Clinical Services at 23.01% and Administrative and Clerical at 22.10%.

Staff Group	Headcount Total	Percent of Total Population
Add Prof Scientific and Technical	102	3.44%
Additional Clinical Services	682	23.01%
Administrative and Clerical	655	22.10%
Allied Health Professionals	126	4.25%
Estates and Ancillary	91	3.07%
Healthcare Scientists	96	3.24%
Medical and Dental	237	8.00%
Nursing and Midwifery Registered	961	32.42%
Students	14	0.47%
Grand Total	2964	100.00%

Appendix 1 gives examples of staff contained within each staff group.

4a. ETHNICITY

ETHNIC ORIGIN

Comparison between ethnic origins of BHNFT employees currently in post as at 31 March 2011 and Barnsley mid 2007 population estimate (latest available data).

	White - British	White - Other	Mixed	Asian and Asian British	Black and Black British	Other Ethnic
% BHNFT Employees	92.25	1.48	0.51	3.00	1.35	0.61

Barnsley's mid 2007 population estimate tells us:

- 96% of Barnsley residents are white British.
- 4% of Barnsley residents are of other ethnic groups.

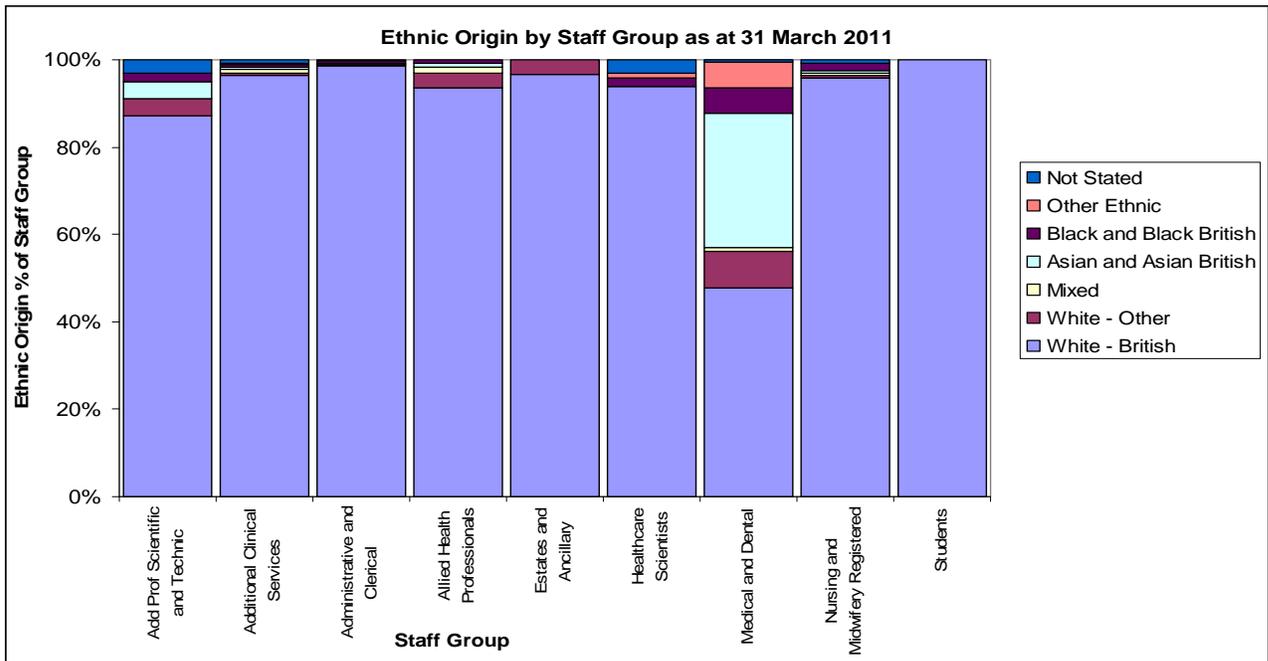
Barnsley Hospital NHS Foundation Trust has a predominantly female workforce. At 31 March 2011, 82% of the workforce was female. The distribution of gender among staff groups is shown on the following chart.

The above table compares the ethnic composition of BHNFT employees with the ethnic composition of Barnsley district, taken from the mid 2007 population estimate for Barnsley.

As a percentage of the total headcount of employed staff, black and ethnic minority staff constitutes 6.95%. This compares with a local population where the percentage of black and ethnic minority residents is 4. %.

The percentage of black and ethnic minority staff has increased.

This could be in part due to the recent data validation exercise, which improved the Trusts data capture from last year.

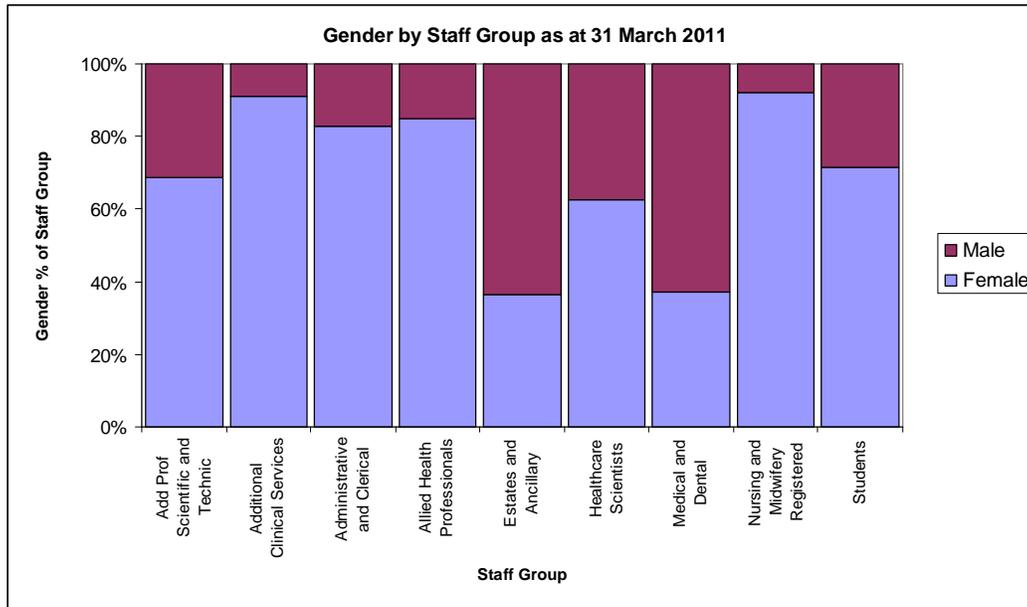


The chart above compares the number of staff in each staff group by ethnic origin.

It is clear that with staff groups the percentage of black and ethnic minority staff varies

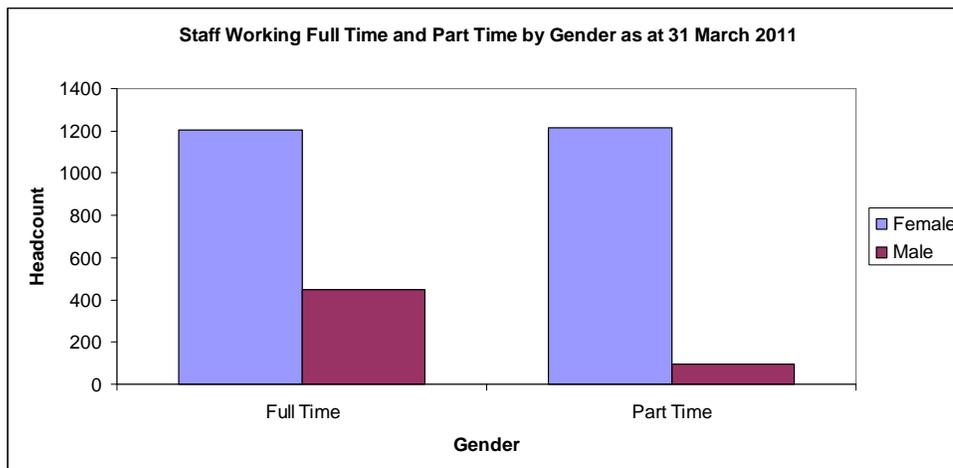
greatly. The medical and dental staff group is the most diverse. The staff group of students is made up of white staff only however it is important to note that there are only 14 people in the staff group

5. GENDER



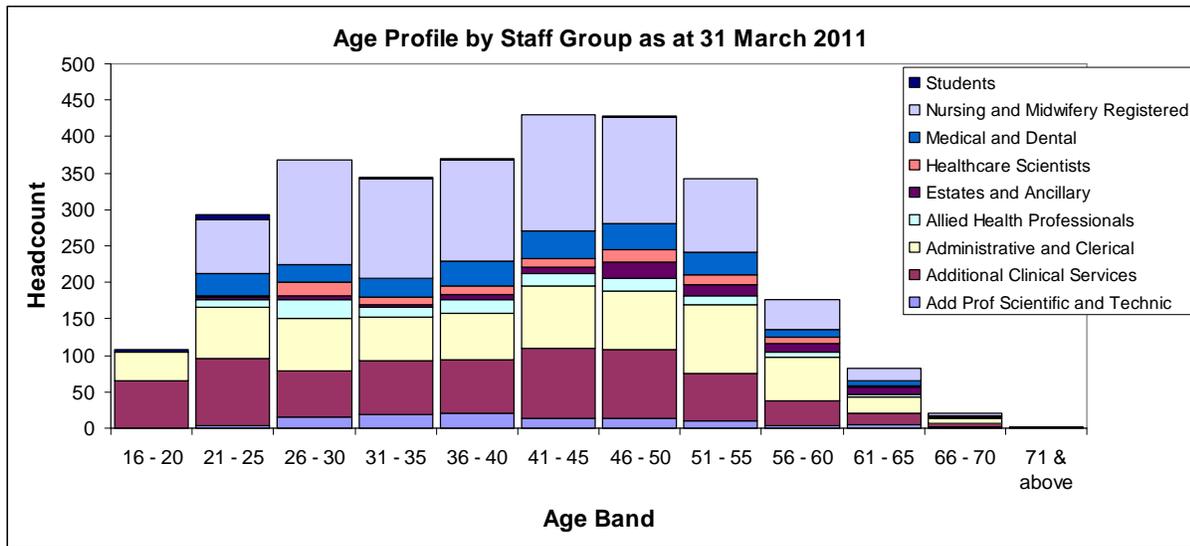
Barnsley Hospital NHS Foundation Trust has a predominantly female workforce. At 31 March 2011, 82% of the workforce was female. The distribution of gender among staff groups is shown on the following chart.

6. WORKING PATTERNS



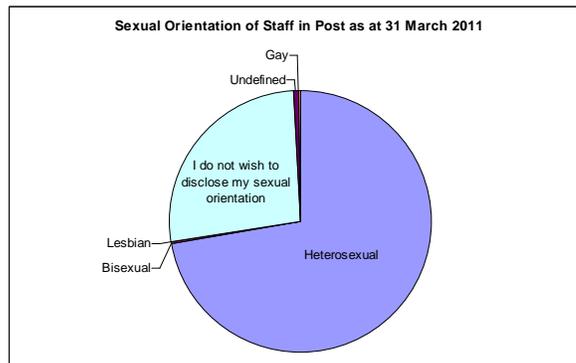
A larger proportion of female staff work part time than males. The Trust Board approved revised family friendly policies in December 2010 and continues to support our improving working lives policy framework, including paternity leave and flexible working. Being able to manage an effective work life balance continues to compare favourably against other Trusts in our annual staff survey, which showed that work life balance requests have been supported in the area of Flexi time 9% more than other Trusts.

7. AGE

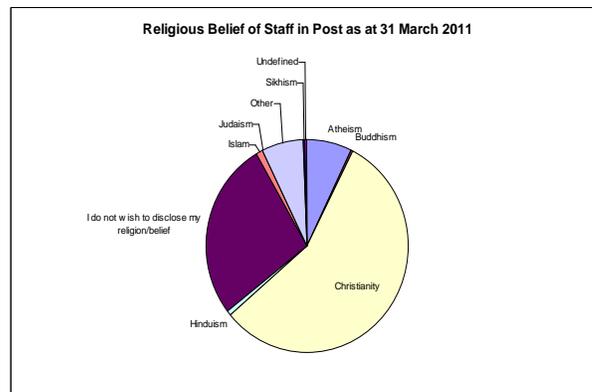


Overall, the Trust achieves a relatively balanced age profile across the workforce, with a slight bias to the 41 – 50 age bands. More detailed analysis is carried out at team level across the Trust, for succession planning purposes.

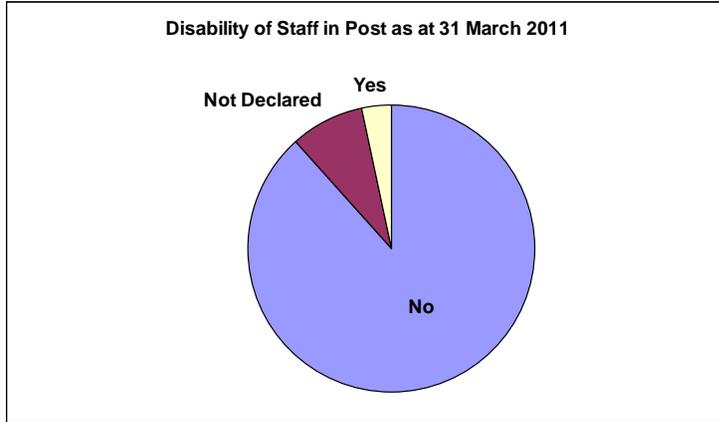
7a SEXUAL ORIENTATION



7b RELIGIOUS BELIEF



7c DISABILITY

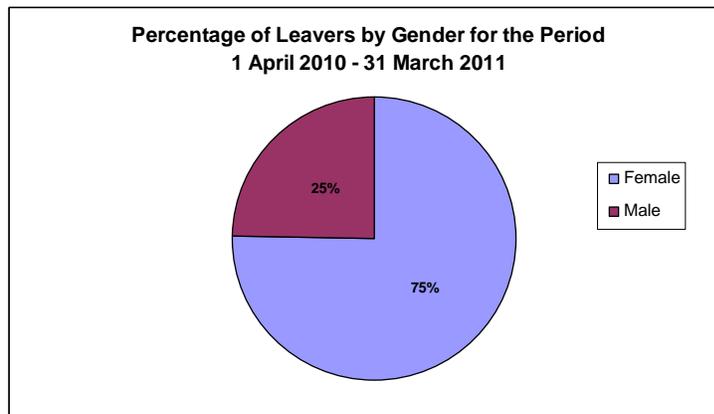


Following the recent data validation exercise accuracy of this data has improved significantly. We now have minimal staff reported as undefined. This category last year was 19%. This is the same for religious belief and disability, The Trust can now use this information to support policy decision making, and help inform the content of equality training awareness under section 149 of the Equality Act 2010. As a public body, the Trust is required to demonstrate what equality consultation and mechanisms are in place, to mitigate equality discrimination of Trust staff. The Trust now has a robust and systematic process in place across the Trust. This is the Equality Impact Assessment process. More detail is outlined on page 7.

8. TURNOVER

8a Gender

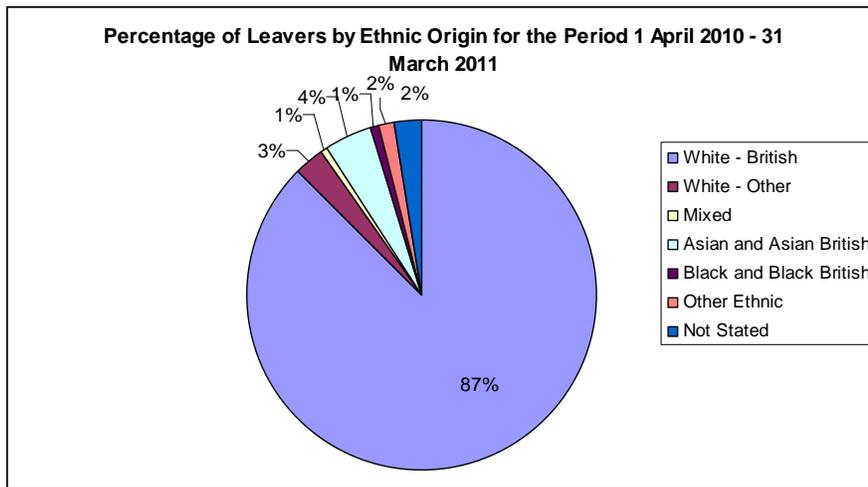
The pie chart shows the percentage split by gender of leavers during the full financial year 1 April 2010 to 31 March 2011.



When compared with previous years the percentage of males leaving is marginally lower. 26% last year and 25% this year. This is only slightly out of line with the Trusts male female ratio of 82% female and 18% male.

8b Ethnic Origin

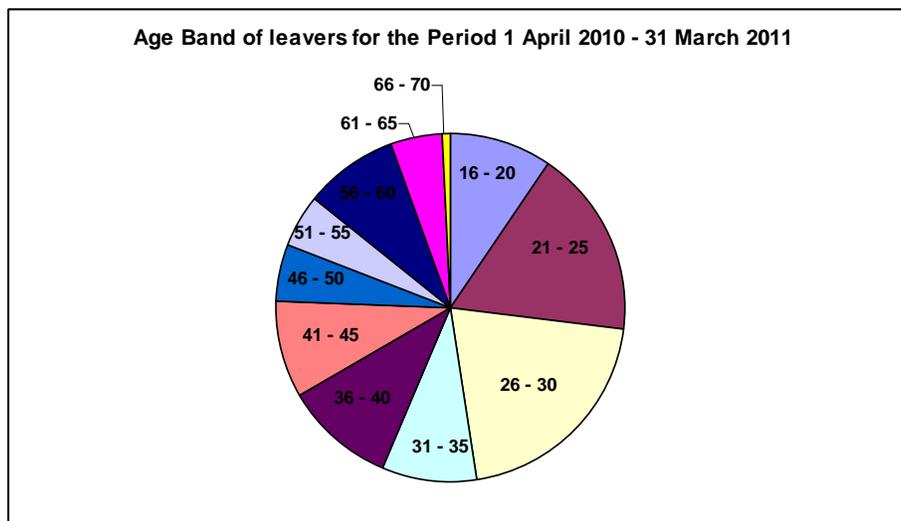
The pie chart shows the percentage split by Ethnic Origin of leavers during the full financial year 1 April 2010 to 31 March 2011.



The percentage of black and ethnic minority leavers is out of line with ethnic groups within the Trust. A more detailed review of exit strategy patterns is required. The Trust has introduced a new exit questionnaire available on the Trust HR website. The most recent data analysis in this area was on staff leaving the Trust generally. A deeper analysis into the reasons why minority groups are leaving the Trust is required, and can be reported on in the next annual report.

8c Age

The pie chart shows the percentage split by age band of leavers during the full financial year 1 April 2010 to 31 March 2011.



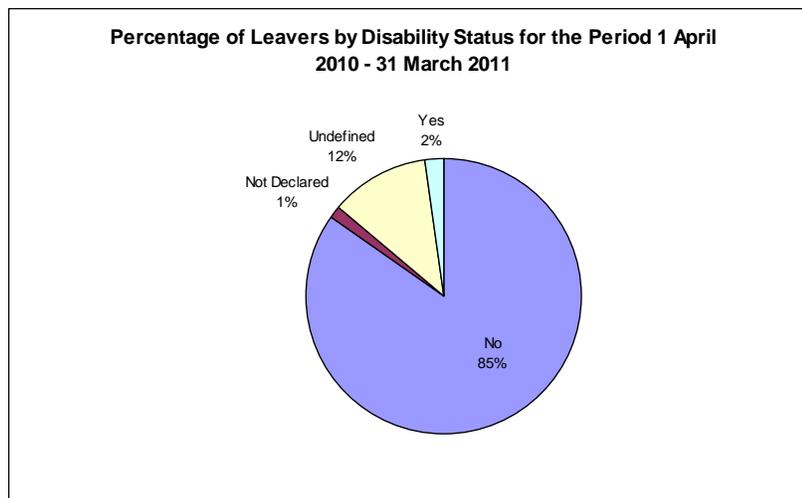
There are a high proportion of leavers that are in the younger age bands. This is a concern as 20% of the workforce could retire in the next 5-10 years and the

younger staff coming through is important for succession planning.

8d Disability

The pie chart shows the percentage split by disability of leavers during the full financial year 1 April 2010 to 31 March 2011.

Although we have now collected the information for Sexual Orientation and Religious belief it will not be until the next full years report that this will becoming meaningful.



9. PROMOTIONS

Ethnic Origin	Headcount of Staff Promoted
White	46
Other Ethnic Group	2

Gender	Headcount of Staff Promoted
Female	40
Male	8

The above tables show the number of staff recorded as having been promoted during the period 1 April 2010 – 31 March 2011 by Ethnic Origin and Gender.

Although we have an overrepresentation of BME staff compared to the local population, there are still some concerns around promotion of minority Groups to any band/grade. There are a number of national NHS initiatives which the Trust has signed up to in support of BME leadership. Such examples are INOV8 an SHA initiative and the NHS Breakthrough programme, The Trust has to date one staff member who has been successful on the Breakthrough programme. Such programmes focus on mentoring and coaching of BME staff to equip such staff with skills to prepare them for higher grades. Further analyses would be useful in identifying BME leaders of tomorrow, and readdress

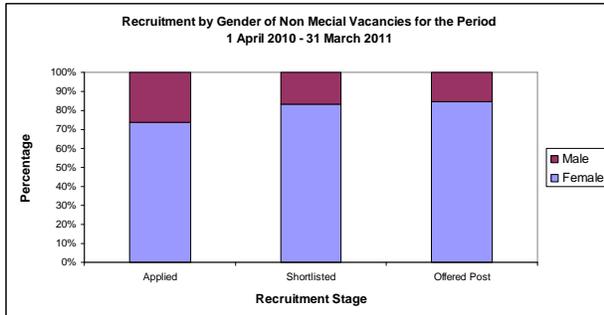
any disproportionate imbalances. This will form a future work stream for the Equality and Diversity Steering Group.

10. RECRUITMENT

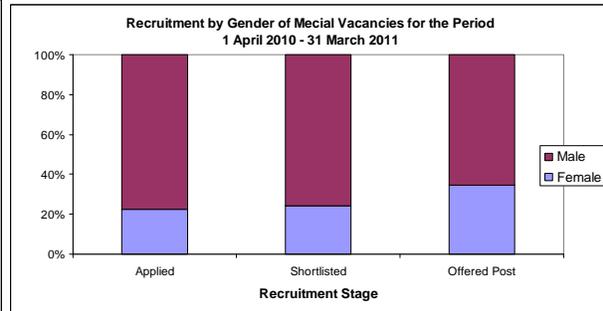
10a Gender

The following chart show the percentage of applicants, by Gender for the period of 1 April 2010 – 31 March 2011 these are split by non medical posts and the medical posts.

Non Medical Vacant Posts



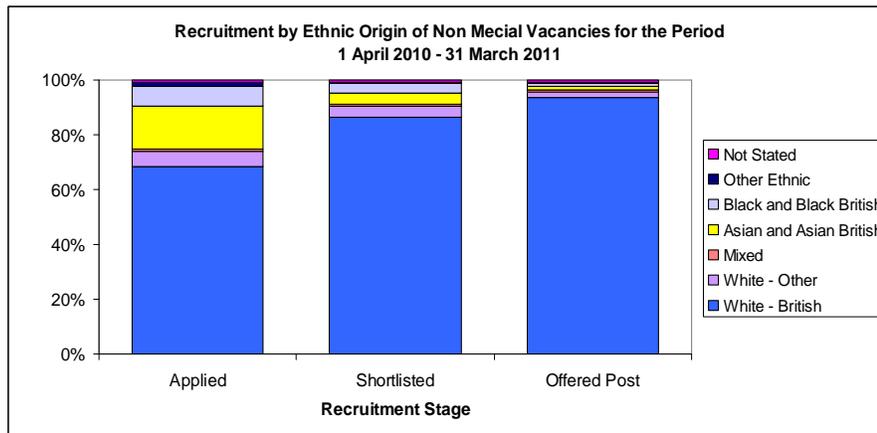
Medical Vacant Posts



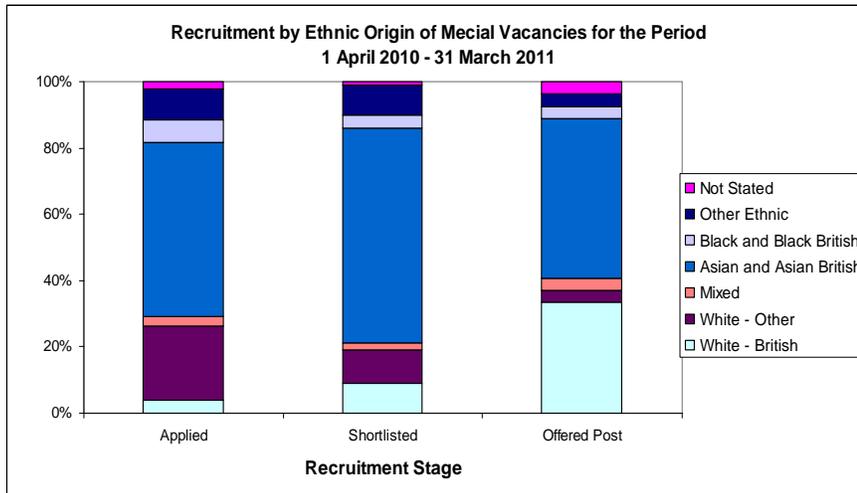
It is clear that a larger proportion of females apply for the non medical vacancies than medical vacancies

10b Ethnic Origin

Non Medical Vacant Posts



Medical Vacant Posts

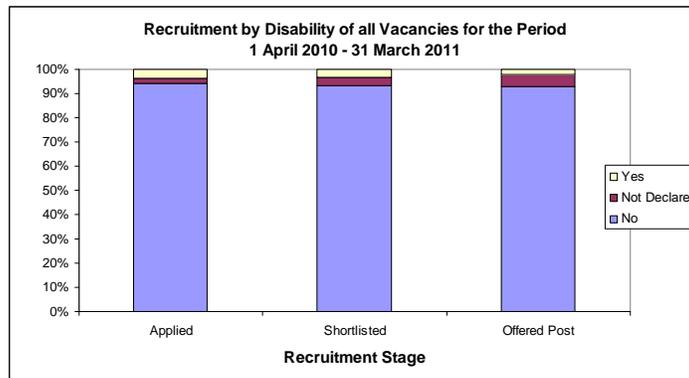


The above chart shows the headcount of applications received by Ethnic Origin for the period of 1 April 2010 – 31 March 2011 split by non medical and medical posts.

The patterns of selection through the recruitment process require further investigations.

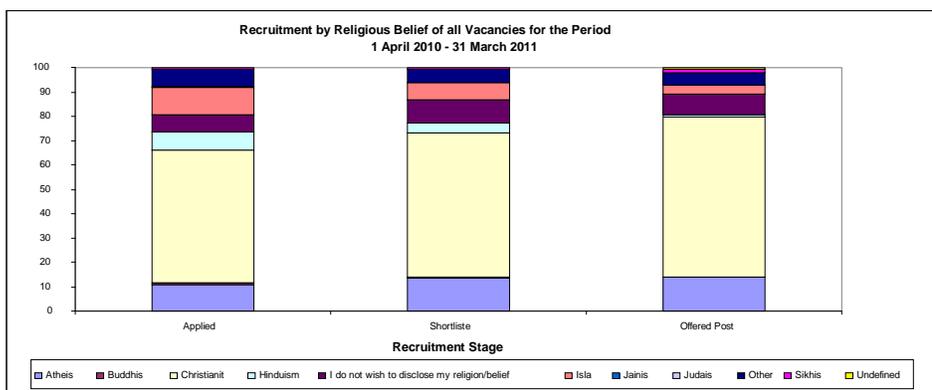
10c Disability – Recruitment

The following chart shows the percentage of applications received by Disability for the period of 1 April 2010 – 31 March 2011.



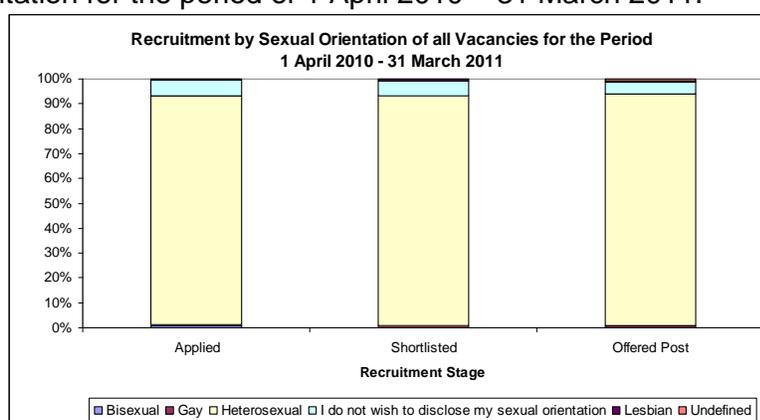
10d Religious Beliefs

The following chart shows the percentage of applications received, by Religious Belief for the period of 1 April 2010 – 31 March 2011.



10e Sexual Orientation

The following chart shows the number of applications received by Sexual Orientation for the period of 1 April 2010 – 31 March 2011.



11. EMPLOYEE RELATIONS - Gender and Ethnic Origin

	<i>Total for Year 2010-2011</i>			
	<i>Male</i>	<i>Female</i>	<i>White - British</i>	<i>All other Ethnic categories</i>
Disciplinary	3	22	25	0
Grievance	3	11	13	1
Harassment	1	6	7	0

This data highlights the gender and ethnic origin split of staff who have undergone the disciplinary process. The data is proportionate to the current workforce percentage split for male and female.

Appendix 2

Staff Groups

All staff who work in the NHS belong to a staff group depending on their occupation - this detail is defined within ESR and will be used throughout this report, examples of the roles within each staff group as follows:

Additional Professional Scientific & Technical	Chaplain, Clinical Psychologist, Pharmacist, Practitioner, Technician
Additional Clinical Services	Dental Surgery Assistant, Health Care Support Worker, Healthcare Assistant, Phlebotomist, Play Therapist, Technical Instructor, Technician,
Administrative & Clerical	Accountant, Analyst, Chair, Chief Executive, Childcare Co-ordinator, Clerical Worker, Manager, Medical Secretary, Non Executive Director, Officer, Personal Assistant, Receptionist, Secretary, Senior Manager
Allied Health Professionals	Dietician, Multi Therapist, Occupational Therapist, Physiotherapist, Radiographer, Speech & Language Therapist
Estates and Ancillary	Assistant, Building craftsperson, Cook, Driver, Electrician, Engineer, Gardener/Grounds person, Maintenance Craftsperson, Painter/Decorator, Plumber, Porter, Supervisor
Healthcare Scientists	Clinical Scientists, Biomedical Scientists.
Medical & Dental	All Medical & Dental staff
Nursing & Midwifery Registered	Community Nurse, Community Practitioner, Enrolled Nurse, Midwife, Modern Matron, Nurse Manager, Sister/Charge Nurse, Specialist Nurse Practitioner, Student Nurse – Adult Branch

Appendix 3

Future work streams

Work stream	Action	Lead/s	Timescale
BME representative	Formalise Trust BME Representative	Equality and Diversity Steering Group	August 2011
Exit strategy	Further analysis of workforce leaving the Trust	E&D Advisor	May 2012
Diversity event	Trust second Diversity event progress from 2010	Equality and Diversity Steering Group	December 2011
BME Leadership	Identify and develop Trust BME leaders of tomorrow.	Equality and Diversity Steering Group	May 2012
Sexual orientation	Full data analysis of workforce from Lesbian, Gay and Bisexual minority group. To be contained in 2012 Equality and Diversity annual report.	E&D Advisor	May 2012
Religion	Full data analysis of diverse religious workforce to be contained in 2012 Equality and Diversity annual report.	E&D Advisor	May 2012
Disciplinary	Provision of data analysis for disabled workforce	E&D Advisor	May 2012
Recruitment	Further analysis of recruitment patterns to determine statistical significance of data	E& D Advisor	June 2011





NHS Employers Membership Award- Equality and Diversity

