Workforce Race Equality Standard

REPORTING TEMPLATE (Revised 2016)

Template for completion

Name of organisation

Barnsley NHS Foundation Trust

Date of report: month/year

September 2016

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

Chief Nurse Heather McNair

Name and contact details of lead manager compiling this report

Sharon Stott Workforce Planning and Information Manager

Names of commissioners this report has been sent to (complete as applicable)

Barnsley CCG

Name and contact details of co-ordinating commissioner this report has been sent to (complete as applicable)

Elaine Barnes

Unique URL link on which this Report and associated Action Plan will be found

http://www.barnsleyhospital.nhs.uk/equalitydiversity/workforce-race-equality-wres/

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

Diane Wake 6th October 2016

Publications Gateway Reference Number: 05067

Report on the WRES indicators

1. Background narrative

a. Any issues of completeness of data

Data is relatively complete, however there were some issues regarding the recording of applicants. It could be that the applicant figures do not reflect all who applied. Furthermore, when considering BME staff, the figures have not taken into account those who do not wish to state their ethnicity. In 2013, 600 staff took part in the staff survey. In 2014,1200 staff took part in the staff survey. In 2015,1279 staff took part in the staff survey. The amount of staff respondents could have a significant impact on the outcome data. However regional analysis of required staff data and key national findings also need to be taken into account of the findings.

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

This is the second year of reporting under the WRES data requirements. From 2009 the Trusts annual Equality & Diversity reports have been presented and approved by the Board. These reports have included workforce data and in particular, data against ethnicity,banding, grievances and recruitment. All annual Equality and Diversity reports have been published and made available on the Trust website. Further reports can be made available on request.

2. Total numbers of staff

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

3333

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

6.3%

3. Self reporting

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

99.4%

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

Those who chose not to self report their ethnicity during this period are under 1%.

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

Employee Self Service Limited Access is available to all employees and we encourage staff to log on and check and update their details.

4. Workforce data

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

Workforce data as at 31 March 2016 and staff survey is from 2015.

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.	6.00% BME staff in Bands 1-9 etc., compared to 6.30% BME staff in the overall workforce.	6.98% BME staff in Bands 1-9 etc., compared to 6.79% BME staff in the overall workforce.	The percentage of BME staff in Bands 1-9 and VSM is slightly lower than the overall workforce, with a difference of 0.30%.	To develop a pipeline to enable BME staff to access skills which will enable them to compete for appointments at senior and very senior positions. Actions incorporated into Equality and Diversity Strategy 2016-18
2	Relative likelihood of staff being appointed from shortlisting across all posts.	There was a 3% likelihood of BME staff being appointed from shortlisting, as opposed to 8% White staff.	There was a 5% likelihood of BME staff being appointed from shortlisting, as opposed to 19% White staff.	The likelihood of BME staff being appointed is almost half that of White staff. The ratio used for calculations was the number appointed out of shortlisted for both white and BME staff.	Promote job applications include applications from local BME communities in a meaningful way. Actions incorporated into Equality and Diversity Strategy 2016-18
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.	There was a 0.06% likelihood of BME staff entering a formal disciplinary process, compared to 0.90% of White	There was a 0.83% likelihood of BME staff entering a formal disciplinary process, compared to 0.65% of White	Although BME staff are less likely to enter a formal disciplinary process, the difference is negligible. Figures for both are under 1%.	Regular data monitoring and analysis to be maintained and reported through Governance. Actions incorporated into Equality and Diversity Strategy 2016-18
4	Relative likelihood of staff accessing non-mandatory training and CPD.	23.22% of BME staff accessed non-mandatory training,compared to 75.54% White staff.	19.69% of BME staff accessed non-mandatory training,compared to 67.79% White staff.	There has been am improvement in the number of BME staff accessing non-mandatory training and CPD	Regular monitoring and Governance reporting of access to non -mandatory training and CPD/ Actions incorporated into Equality and Diversity Strategy 2016-18

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 23% BME 27%	White 26% BME 31%	The outcomes show a reduction of staff experiencing harassment, bullying or abuse for White and BME staff has reduced in the past 12 months	Launch of BME Staff Support Network to provide a forum to raise concerns and address issues. Actions incorporated into Equality and Diversity Strategy 2016-18
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White 23% BME 27%	White 24% BME 35%	The outcomes show a reduction of staff experiencing harassment, bullying or abuse for White and BME staff has reduced in the past 12 months	Launch Trust-wide equality event/BME Staff Support Network and continue to raise awareness of Trust Policies and alternative resolution processes Actions incorporated into Equality and Diversity Strategy 2016-18
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White 89% BME 71%	White 88% BME 68%	The figure for BME staff is significantly lower than for White staff though is an improvement from previous year.	To develop an action plan to encourage and enable career development for BME staff groups. Actions incorporated into Equality and Diversity Strategy 2016-18
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 21%	White 6% BME 21%	The data for BME staff is around 3 times higher than for White staff as per previous year.	To continue to roll out programmes of management training for Trust managers and ensure Equality and Diversity issues are addressed therein. Actions incorporated into Equality and Diversity Strategy 2016-18
	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.	4.9% of the General population are from non white background.	4.9% of the General population are from non white background.	Currently, no Board Members are BME staff. 4.9% of the Barnsley population are BME	Engagement with local BME community groups to identify and encourage participation in the work of the Trust and to facilitate the development of BME Trust staff internally. Actions incorporated into Equality and Diversity Strategy 2016-18

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?

In 2013 600 staff took part in the staff survey.
In 2014 this rose to 1200 staff.
In 2015 this rose again to 1279.

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.

http://www.barnsleyhospital.nhs.uk/equalitydiversity/workforce-race-equality-wres/

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