

**Annual Equality and Diversity Report**  
April 2011 – March 2012



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<b>Kurdish Sorani</b>	خزمه تگوزاری وه رگێرانی خۆرای ئامادهیه گه ر پێویستت به یارمه تی هه یه ده رباره ی ئەم زانیاریه. <b>تکایه زهنگ بده به : پالس 01226 432430</b> ئیمه یل:
<b>Farsi</b>	یک سرویس رایگان مترجمی در صورت نیاز شما برای کمک به شما درمورد اطلاعات وجود دارد. <b>لطفا زنگ بزنیید به: پالز 01226432430</b> ایمیل:
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## 1. INTRODUCTION

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, disciplinary 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 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 range of key legislation set out below:

Equality Act 2010  
Human Rights Act 1998

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.

These duties apply to the new nine protected characteristics:

Race  
Religion or Faith  
Age  
Gender reassignment  
Sexual Orientation  
Disability  
Sex  
Sexual orientation  
Marriage Civil partnership

This report provides an updated review of equality monitoring data covering the period **1<sup>st</sup> April 2011 to 31<sup>st</sup> March 2012**. 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 1<sup>st</sup> April 2011 and 31<sup>st</sup> March 2012. The data relates directly

to employed staff. This excludes those who work with us but are not paid by us, such as volunteers, students, or those working with us on honorary contracts.

## 2. DEMOGRAPHY of Barnsley

### Key Diversity Points:

- Approximately 227,600 people live in Barnsley - a slight increase from mid term data 2009. 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.<sup>1</sup>
- Life expectancy is improving but the gap between Barnsley and the rest of the country is not narrowing
- Cancer is the major cause of premature death
- Major causes of chronic ill health include
  - Stroke
  - High blood pressure
  - Diabetes
  - Dementia
  - Chronic obstructive airway diseases
- The high number of people receiving disability and other benefits means that a large number of the people will continue to rely on the health and social care provision in the area
- The largest increase is projected for the population of 65+ in Barnsley, rising to 54.2% by 2030, higher than the national average of 50.7% for 65+. The increase in the 75+ population is higher in Barnsley at 70.3%, higher than the national average of 66.0%.
- The 2010 mid term-based population projections taken from The Office of National Statistics (ONS), of children aged under 10 years project a steady increase year on year.<sup>2</sup>
- The Office of National Statistics (ONS) mid term data for 2010 advise us 4.8% of the population in Barnsley 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.
- The Department of health data for 2011 shows 480 people are registered deaf or hearing impaired in Barnsley.
- Civil partnership trends for 2005- 2011<sup>3</sup> highlight an increase in civil partnerships compared to nearby towns in the last three years. Mid term population data for

<sup>1</sup> Performance and partnerships Division, Barnsley Council 2012

<sup>2</sup> Office of National statistics (ONS)

<sup>3</sup> Performance and partnerships Division, Barnsley Council 2012



2010 also note that largely more female than males have undertaken a Civil Partnership in Barnsley (46 women to 21 men) There has been a slight decrease in the last year however; this is not to be viewed as trend.

## 2.1 Population

Additional data on Barnsley local 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- 2011 - 2012

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 new look WebPages and highlighted below: <http://www.barnsleyhospital.nhs.uk/equalitydiversity/>

### **Single Equality Scheme migration - Equality Delivery System (EDS)**

The Trust's 3 year Single Equality scheme has now migrated to the new NHS Equality Delivery system (EDS). This new system was presented to the Executive Team by the Strategic Equality lead and Trust Equality and Diversity Advisor in 2012 and was approved by the Board to implement from April 2012. The EDS will be reported through existing governance structures in the same way as the Single Equality Scheme. A key requirement of our new Public Sector Duties (PSED) requires organisations to report and publish their organisational equality objectives and activities in any form and not traditionally through an annual report. All equality evidence must be underpinned by the requirements of the Equality Act, as outlined in the Report's introduction at Section 1. The Trust participated along with other partners at an EDS launch event in January 2012, opened by the Chairman.

The organisation has complied with this information and has detailed the Trust engagement work over the last twelve months along with its equality objectives 2012. This information can be found via the Trust's Equality and Diversity website using the below link:

<http://www.barnsleyhospital.nhs.uk/equalitydiversity/evidence/public-sector-equality-duties/> A copy of the Trusts organisational equality objectives for 2012 is contained at Appendix 1

### **NHS Employers Membership.**

The Trust, has continued to actively engage with NHS Employers in a number of ways over the last 12 month period. NHS Employers played a key role in the strategic implementation of the EDS in Jan 2012 with their key lead Professor Carol Baxter



supporting the Trust's Diversity Champions initiative. This work also has direct links with the NHS Employers Personal Fair and Diverse campaign to which the Trust has made commitment . Such commitments support our Public Sector Requirements under the Equality Act 2010 and also reflects the four key EDS objectives<sup>4</sup>

### **Equality and Diversity Steering Group**

The Equality and Diversity Steering Group is chaired by the Director of Human Resources and Organisational Development .This group oversees the Trust's progress towards achieving the goals of the Equality Delivery System (EDS) and the Trust's Equality Objectives.

### **Employee relations**

The Trade Unions recognised by the Trust, have played a key role in supporting the equality agenda. Local Union representatives are members of the Equality and Diversity Steering Group and have continued to champion the work of the Trust over the last twelve months by taking part in joint initiatives such as an Equality stand which was held in the staff restaurant. GMB and Unison have provided financial support with prizes in the form of gift vouchers towards the Trust staff equality quiz. The Equality and Diversity Advisor attended a 3 day Unison Conference for BME members. A full conference report is available through the Branch Unison Secretary.

### **Staff networks**

Black staff continue to represent the Trust through various diversity events, specifically the Strategic Health Authority's leadership programme (INOV8), aimed at creating a more effective, diverse leadership that is well equipped to realise and respond to opportunities and challenges of today's NHS. This group have adopted the term 'Different Leaders'. The project is chaired and supported by the Chief Executive of Sheffield Childrens Hospital. Its membership is diverse from across the health economy which consists of BME staff, Chief Executives' and Directors. Highlights of work from INOV8 to-date have been a recent regional event named 'Care to Engage'. The event contained various workshops and was facilitated by members of the INOV8 Strategic Group which included representation of the Trust via the Equality and Diversity Advisor. Outcomes from this work have led to the development of a broader strategic business plan in recognition of diverse leaders which will fit into the new Local Education and Training Board plan. Further Trust national activities can be found on the Trust website <http://www.barnsleyhospital.nhs.uk/equalitydiversity/diversity-champions/>

### **Outpatients**

A number of diversity awareness raising events in the Outpatient Department were promoted over the last twelve months led by Matron Jane Smith. Some of these were International women's day, Nurses Day, Deaf Awareness week, LGB&T History month, and Cancer awareness HIV awareness. This department have also engaged beyond the department and in the community with membership to the Women and Children's Forum, where in partnership with NHS Barnsley the department provided a presentation on breast awareness to the Forum. The evaluation from this presentation was well received. A number of 'working lunch events have been developed in Outpatients Department as a part of essence of care Focus Group. Issues around substance misuse and mental health were the topic of the day. Below highlights work in the Outpatient Dept. over the last twelve month period.

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<sup>4</sup> EDS objectives Appendix 2



# Outpatients Health Promotion 2011

May 2011 Epilepsy Awareness Month



May 2011 National Family Week & Weight Wise



May 2011 Stroke Awareness & Deaf Awareness

## Women and Children's Department

This Department has developed its own Patient Experience Group. The group's membership has a diverse range of patients. The group discusses various patient experiences, and considers how the Trust can best improve experiences of a patient. 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 with staff sharing their cultural beliefs and how such beliefs could have an impact from their own cultural and health perspective. Updates are provided through Matrons quarterly reports.



Refugee week. 2011





## **Equality Impact Assessments**

The Trust now has approximately 100 staff who are trained Equality Impact Assessors. Ongoing coaching is provided as an additional support mechanism from the Trusts Equality and Diversity Advisor. All Equality Impact Assessments are shared with the Assessors Department. Good practice is now embedded in the Trust, whereby all new policies presented to the Board include evidence that an Equality Impact Assessment has been undertaken by the author of the policy and has demonstrated that due regard for equality and eliminate unlawful discrimination has been considered in the formulation or review of a policy.

## **Equality and Diversity Training**

This year, Equality and Diversity Training has continued to improve its training figures from 25% in 2010, 40% in 2011, to 88% to date in 2012. Training is made available via the Trusts e-learning system, or by direct delivery through the new staff Induction programme. Delivery of flexible options of access to training demonstrates due regard and consideration for the diversity of our staff who may have a disability and are not therefore able to access our E-Learning programme.



## **Civic Engagement**

Last year the Trust hosted a number of Civic Diversity events in partnership with our civic partners in Barnsley. These events were held on site and co facilitated by Sgt Janet Pursley from South Yorkshire Police on Hate Crime. Lee Gale helped support the Trust on raising awareness of Gender Identity issues from a patient experience perspective. Both diversity events reflected patient experiences, and staff inclusion. Both events were well attended, with outcomes being the development of a generic Hate Crime reporting system and ongoing mentoring from South Yorkshire Police. The Trust has developed a new protocol as a result of work with Lee Gale Gender Identity Specialist. Both Diversity events were championed by the Director of Human Resources and Organisational Development.

Barnsley's local Lesbian, Gay and Bisexual Transgender Group (LGB&T) held the launch of their new 'Rainbow Tick' initiative and was hosted at the local Civic by a key note speaker from the national LGB body Stonewall. The Rainbow Tick is clear indicator that an organisation or business has achieved a number of equality objectives around LGB&T issues, health patient wellbeing and the workforce, which in turn on completion recognises the organisation is a Gay Friendly organisation or business. The organisation is awarded a rainbow tick to display in their building for staff and service users to see assuring them they are accessing a Gay friendly environment. The Trust is in the process of agreeing a Service Level Agreement of work between the Forum and with a view to achieving a Rainbow tick as a Gay friendly environment. Expected completion of this agreement will be March 2013 <http://www.barnsleylgbtforum.org.uk>

## **Membership Engagement**

"The pilot series of three community events for membership engagement has now been completed and was a great success overall. Two of the events were co-hosted with community groups – one with the Women & Children's Forum of the Barnsley Black & Ethnic Minority Initiative (BBEMI) and one with Barnsley College – and one was run independently at the Darfield Road Working Men's Club. (Extract from Chairman's report)

The information gathered from the events reflects just some of the diverse backgrounds, interests and needs of our wide ranging customer base – we cannot adopt a "one size fits all" approach to healthcare services.

The collated views and comments from attendees have been shared with the management, via the Chief Executive, and will be considered as part of the Trust's future engagement planning.



## **Trust Diversity Champions**

Diversity Champions are Trust staff who are self-nominated with a real passion and commitment to the Equality and Diversity agenda. The staff come from all areas of the Trust. To-date the Trust have 22 Diversity Champions. The Diversity Champions receive training using Action learning sets, reflection in Action and new developmental sessions, facilitated by the Trust Equality and Diversity Advisor. More recently the Diversity Champions have undergone Hate Crime Training provided in partnership with South Yorkshire Police also Gender Identity awareness training. Both were key areas for development identified during Diversity Champion training workshops. This initiative was launched and is supported by the Trust's senior Equality and Diversity leader, the Director of Human Resources and Organisational Development. Diversity Training and equality workshops form an ongoing part of development, and are held on a quarterly basis.

The Diversity Champions meet 4 times a year as a forum. The role of the Diversity Champion is to keep their ward, office, department, informed of any recent developments relating to current Equality and Diversity matters via their own team meetings and team briefs. As well as providing information to their fellow team members, the Diversity Champions also identify areas of good practice and areas for improvement to share with other Diversity Champions as part of peer support. The Diversity Champions make suggestions with their managers as to appropriate service improvement for their respective areas and share good practice amongst other Diversity Champions.

This work is supported with the development and maintenance of an internal intranet Equality webpage. This hosts diverse and current training resources, reports, presentations and web links. The Equality and Diversity Advisor is also a resource and on hand to provide any further strategic leadership and direction or operational Equality or Diversity guidance if required.

Progress and outcomes from the Diversity Champions' Forum are fed back to the Equality and Diversity Steering group and forms a regular agenda item. This initiative not only supports staff and patients but assures the Trust against the new NHS Equality Delivery System (EDS). A key outcome from this group has been the development of a Gender Identity Guidance booklet. This was identified as a knowledge gap at a Diversity Champion meeting. One has been developed in consultation with the local LGB&T Forum, and presented by the Trust Equality and Diversity Advisor at a local event hosted by the Yorkshire and Humber Strategic Health Authority in Sheffield. Attendees included many clinical staff, mental health practitioners and Equality and Diversity Practitioners from the region and was over subscribed. Evaluations from this event noted it had been successful in its aims, to raise awareness and diversity challenges in service delivery within a healthcare setting.



The Trust has continued to be involved in the strategic planning and involvement of community events with some local partners over the last twelve month period. The below matrix highlights some of the key partnership work developed over the last twelve months. A more detailed mapping of our community links has been developed and is available internally via our communications Department.

## **Community Engagement Events**

<b>Event</b>	<b>Community Partners</b>
Deaf Awareness event	Barnsley Council
Barnsley Lesbian, Gay and Transgender AGM and launch of 'Rainbow Tick'	Metrodome
Domestic violence training	Barnsley Council, South Yorkshire Police.
Hate Crime awareness training	South Yorkshire Police, South Yorkshire Fire and rescue service
Equality Delivery System (EDS)	NHS Barnsley, BMBC, SWYPT

## **Community Partnerships**

The following list highlights how the Trust is engaged as a member of local Groups.

<b>Community Group</b>	<b>Trust Membership</b>
Lesbian Gay Bisexual and Transgender Group (LGB&T)	Yes
Deaf Engagement Access Partnership (DEAP)	Yes
Women and Children's Forum	Yes
Multi Agency Planning Project (MAP)	Yes
Barnsley Access Select(Disability)	Yes
Barnsley Council Safe Guarding team	Yes
INOV8 Diverse leaders(SHA BME)	Yes
NHS Employers- Personal Fair and Diverse initiative.	Yes
ME Barnsley	Yes
National BME Network	Yes



## **Disability**

Deaf Engagement Access Project is a multi agency initiative. It is aimed primarily at service providers as it is noted at 2011 approximately 480 people registered in Barnsley as being deaf or deafened. Deaf people may not be able to access services and therefore the groups function is to work in a multi agency strategic way to ensure equality of access and patient experience. A highlight of work from the group has been the development of a information document aimed at Deaf people in Barnsley. This document was consulted on through the Trust Patient Experience Group and Audiology Department, and contained detailed advice and information about PALS. This document is available on the Trust Website and also through PALS department. 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 <http://www.barnsleyhospital.nhs.uk/about/equality-and-diversity/>

The Trust has invested in DISABLEDGO. This is an online disability access guide which assesses all areas of the Trust for disabled access and egress. The information is uploaded onto the Trust's external website. It enables any user of our service the opportunity to plan their visit in advance, and ensure there is appropriate disabled access to the area they visiting in the hospital. As the hospital undergoes changes this information will help serve as a key link in ensuring the experience of the patient or visitor is as smooth and stress free as possible, and will link in the developing Wayfinder Project.

## **+ME Charity organisation**

+ME is a confidential support and advice service which supports people living with HIV in our Borough. The Trust actively works closely with this group on a number of initiatives and has Trust staff who are regular volunteers to the group. +ME will form part of the Trust Diversity Champion Initiative throughout 2012 and beyond, to help raise awareness and unconscious bias against people who are categorised with under this protected characteristic.

## **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 this year has seen a dramatic increase in training with 88% of Trust staff trained in Equality and Diversity. This exceeds the regional training figures for Equality Diversity which currently stands at 48%



#### 4. WORKFORCE PROFILE

The following table highlights the headcount and percentage of staff employed by the Trust. The categories used, are as defined in the Electronic Staff Record (ESR).

<b>Ethnic Origin</b>	<b>Staff</b>	<b>%</b>
White	2765	92%
White - Other	45	1%
Mixed	22	1%
Asian and Asian British	93	3%
Black and Black British	39	1%
Other Ethnic	19	1%
Not Stated	25	1%
<b>Gender</b>		
Male	541	18%
Female	2467	82%
<b>Age</b>		
16 - 20	107	4%
21-30	666	22%
31-40	716	24%
41-50	854	28%
51-60	564	19%
61+	101	3%
<b>Sexual Orientation</b>		
Heterosexual	2321	77%
Bisexual	Less than 5	0%
Lesbian	7	0.23%
I do not wish to disclose my sexual orientation	662	22%
Undefined	Less than 5	0%
Gay	13	0.43%
<b>Religion or Belief</b>		
Atheism	240	8%
Buddhism	7	0.23%
Christianity	1776	59%
Hinduism	25	1%
I do not wish to disclose my religion/belief	674	22%
Islam	47	2%
Judaism	Less than 5	0%
Other	232	8%
Sikhism	Less than 5	0%
Undefined	Less than 5	0%
<b>Disability</b>		
Yes	100	3%
No	2711	90%
Not Stated/Unknown	197	7%

## 5. ETHNICITY

### ETHNIC ORIGIN

Comparison between ethnic origins of BHNFT employees currently in post as at 31 March 2012 and Barnsley mid term population estimate 2010.

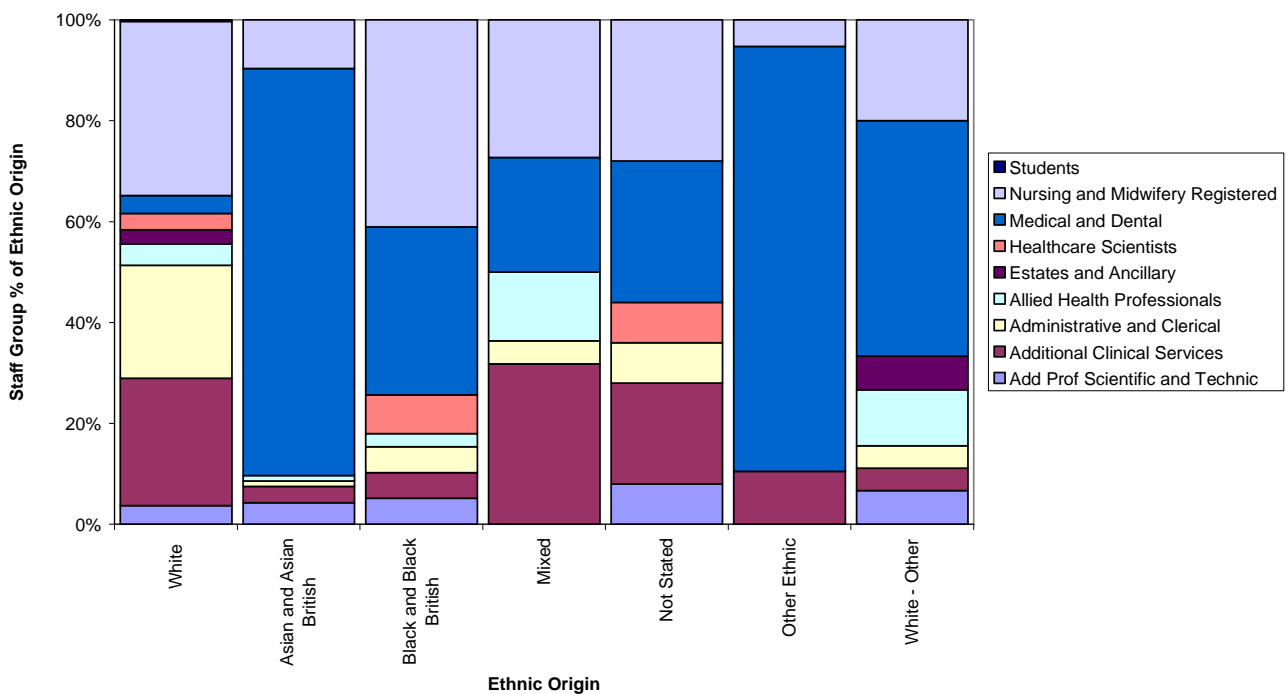
	White - British	White - Other	Mixed	Asian and Asian British	Black and Black British	Other Ethnic
<b>% BHNFT Employees</b>	<b>92%</b>	<b>1%</b>	<b>1%</b>	<b>3%</b>	<b>1%</b>	<b>1%</b>

Barnsley's mid term population data<sup>5</sup> for 2010 tell us:

- 95.2% of Barnsley residents are white British.
- 4.8% of Barnsley residents are of other ethnic groups.

As a percentage of the total headcount of employed staff, black and ethnic minority staff constitutes 6%. This compares with a local population where the percentage of black and ethnic minority residents is 4.8%.

Ethnic Origin by Staff Group as at 31 March 2012



Appendix 3 gives examples of staff contained within each staff group.

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

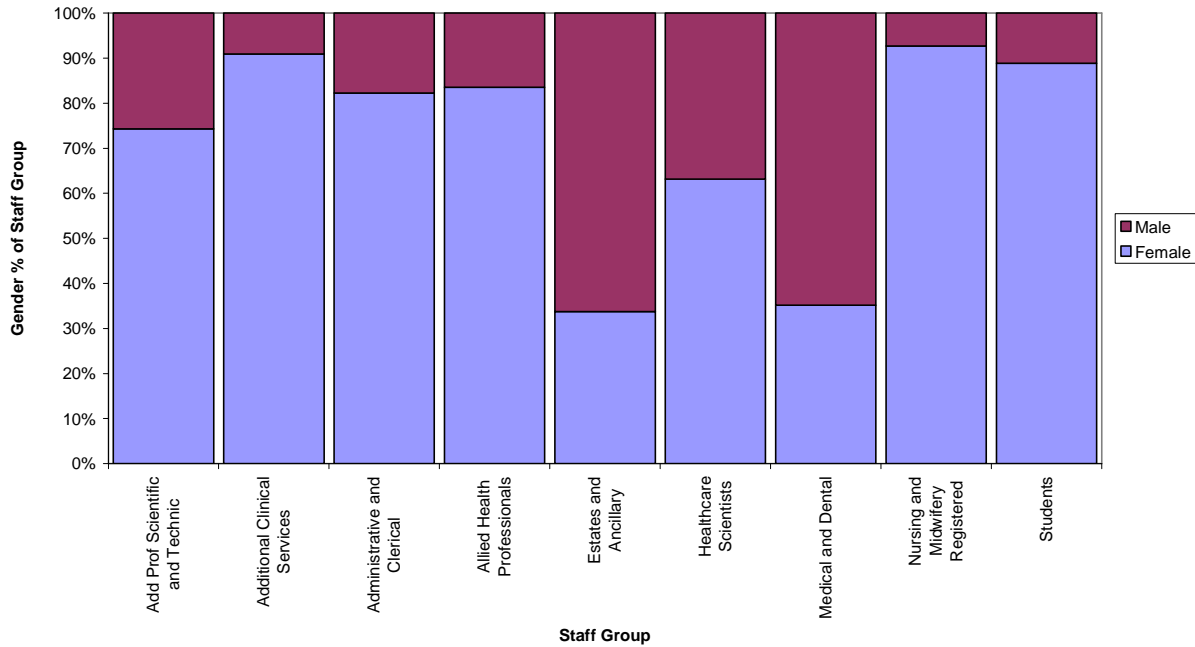
It is clear that with staff groups the percentage of black and ethnic minority staff varies greatly. The medical and dental staff group is the most diverse. The staff group of students is made up

<sup>5</sup> Performance and partnerships Division, Barnsley Council 2012

of white staff only however it is important to note that there are a very small number of staff within this staff group who are undergoing Nurse Training.

## 6. GENDER

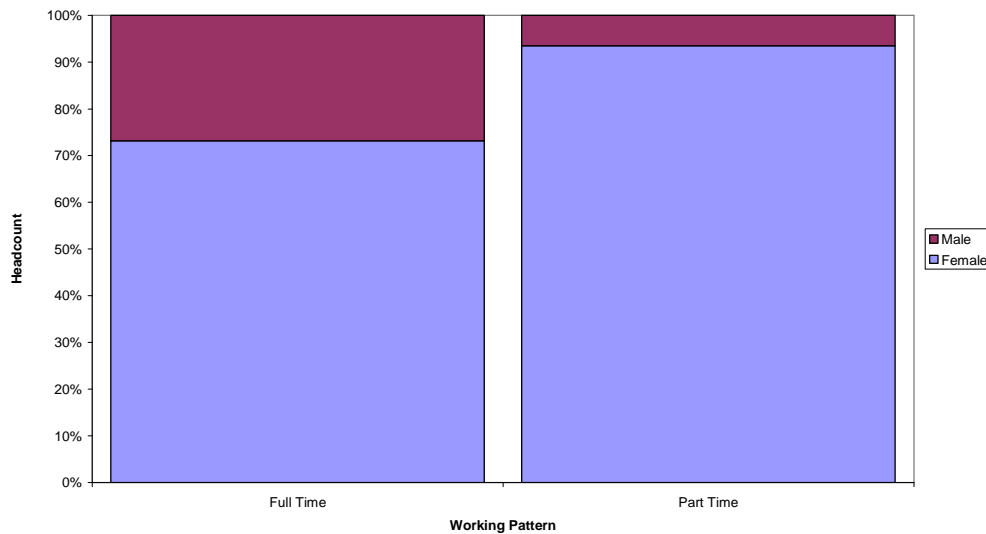
Gender by Staff Group as at 31 March 2012



Barnsley Hospital NHS Foundation Trust has a predominantly female workforce. At 31 March 2012 82% of the workforce was female. The distribution of gender among staff groups is shown on the above chart.

## 7. WORKING PATTERNS

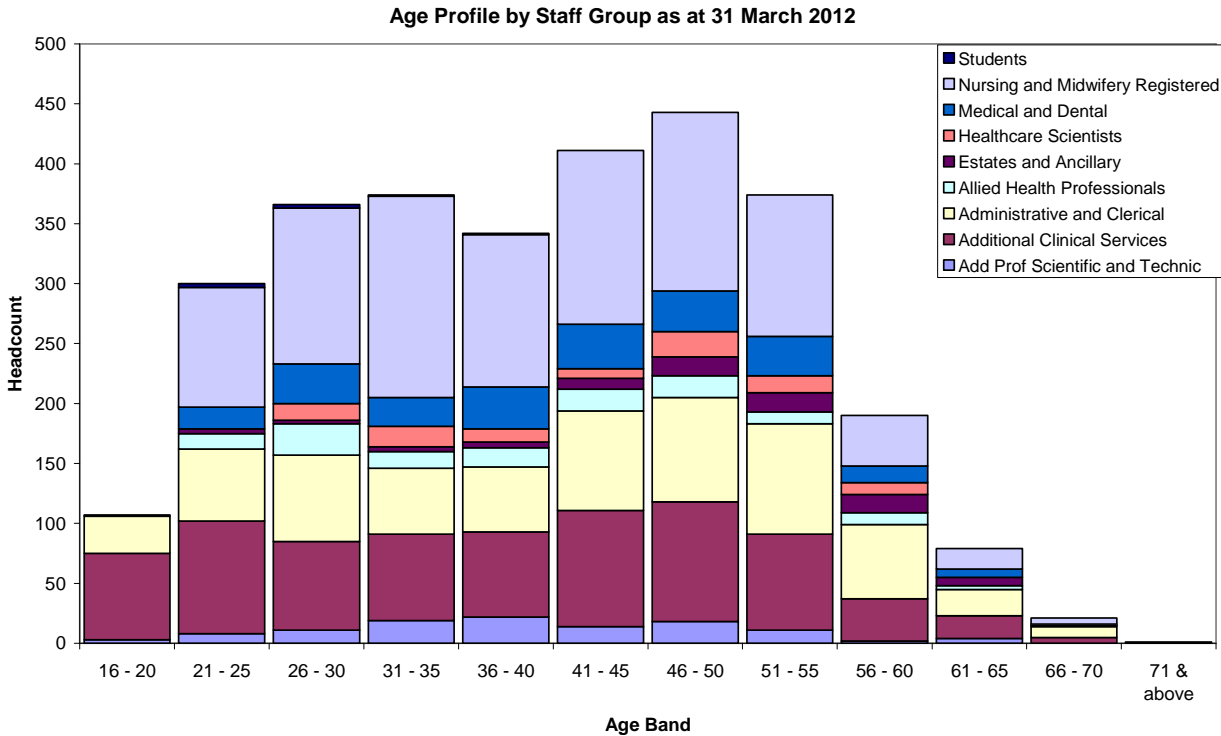
Gender Split of Full Time and Part Time Staff as at 31 March 2012





A larger proportion of female staff work part time than males. The Trust Board have approved the 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.

**8. AGE**



The workforce profile in section 4 highlights that 19% of staff are aged between 51-60 and 3% over 60, and therefore could potentially retire in the next 5-10 years. Further work on succession planning is necessary in light of this data.

**9. SEXUAL ORIENTATION**

The workforce profile in section 4 highlights a number of staff employed by the Trust who identify themselves as being Gay/Lesbian. However this data also highlights after a recent data cleansing exercise that we still have 22% of staff who do not wish to disclose their sexual orientation and therefore this data is an approximation.

**10. RELIGION or BELIEF**

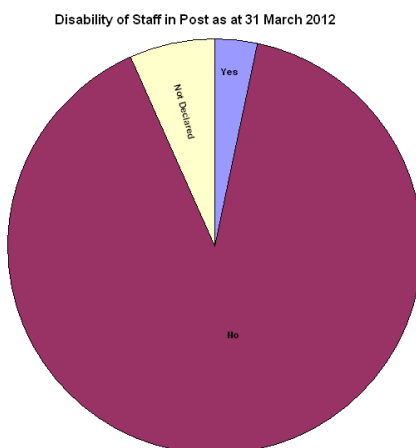
The workforce profile in section 4 for religion or belief highlights over 20% of Trust staff do not wish to disclose their religion or belief, and 8% identified an 'other faith' box, therefore this data is an approximation.

**11. DISABILITY**

After our recent data cleaning exercise our workforce data indicates 100 staff identified themselves as having a disability. The Trust still has a large percentage of staff who have stated either way. Across the region data around sexual orientation, religion and disability



are key workforce data issues and therefore lack of comprehensive data in the Trust is not unique.



Following the January 2011 data validation exercise, accuracy of this data has improved significantly. This is the same for religious belief and sexual orientation. The Trust's ESR Projects Team is consistently in the top ten performing Trusts for its data quality in the Y&H Region. The next data quality report is due in mid May 2012 and will provide us with the latest position nationally and specifically for data collection within the Equality & Diversity data fields.

The Trust utilises this information to support policy decision making, and help inform the content of equality training awareness and equality consultation under section 149 of the Equality Act 2010.

A review of the Trust's equality and diversity data quality performance over the last three years highlights:

- sexual orientation and religious belief information was 100% undefined in 2007
- In 2009 70% of this information was 'undefined'.
- In 2010 20% of this information was 'undefined'.
- In 2012 0.03% of this information was 'undefined'.

The two links below highlight and benchmark the performance of the Trust's ESR department against other Trusts. This link provides award details

<http://www.barnsleyhospital.nhs.uk/news/barnsley-hospital-awarded-for-improving-staff-experience-and-patient-care/>

or page 11 here

<http://www.hpma.org.uk/sites/hpma.org.uk/files/HPMAawards2011compendiumLR.pdf>



## 12. LEAVERS

### 12.1 Ethnic Origin

The table shows the percentage split by Ethnic Origin of leavers during the period 1 April 2011 to 31 March 2012.

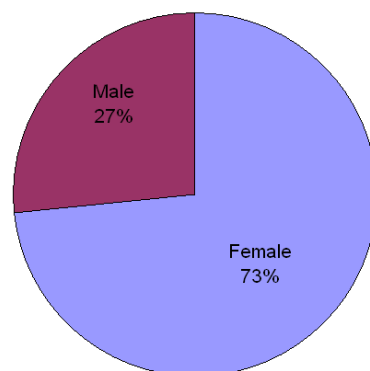
Ethnic Origin	Headcount	%
White	399	86%
White - Other	9	2%
Mixed	2	0%
Asian and Asian British	27	6%
Black and Black British	14	3%
Other Ethnic	7	2%
Not Stated	4	1%

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 was reported by the Director of Human Resources & Organisational Development as a subsequent immediate action following on from last years Annual report. This review found that a high incidence of BME leavers were of medical staff on fixed term rotational training contracts, and therefore this accounted for the higher turnover in this staff group. Continued monitoring of exit information will provide richer data for future analysis in next years report. Work is underway to improve the level of reporting of exit information.

### Gender

The pie chart shows the percentage split by gender of leavers during the period 1 April 2011 to 31 March 2012.

Percentage of Leavers by Gender for the Period  
1 April 2011 - 31 March 2012

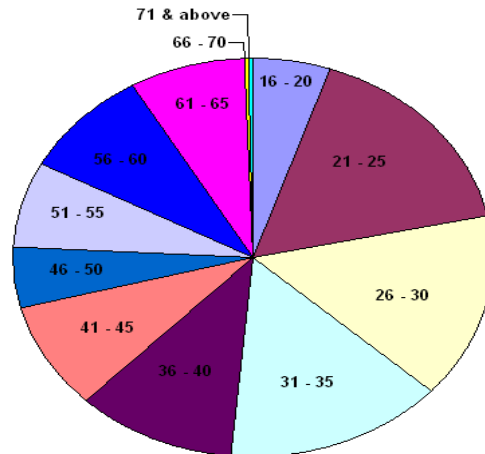


When compared with previous years the percentage of males leaving is marginally higher. 25% last year and 27% this year. This is only slightly out of line with the Trusts male female ratio of 82% female and 18% male.

### 12.2 Age

The pie chart shows the percentage split by age band of leavers during the period 1 April 2011 to 31 March 2012.

**Percentage of Leavers by Age Band for the Period  
1 April 2011 - 31 March 2012**

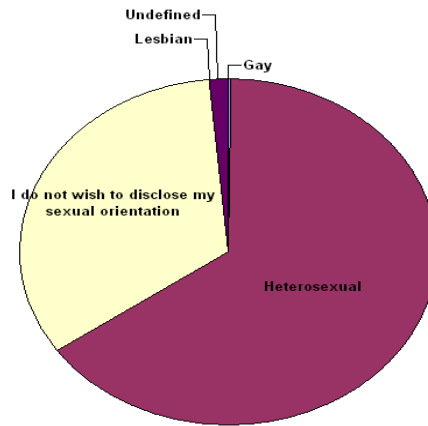


There are a high proportion of leavers that are in the younger age bands. This is a potential cause for concern if it results in gaps in key skills developed to replace those of retiring employees.

**12.3 Sexual Orientation**

The pie chart shows the percentage split by sexual orientation of leavers during the period 1 April 2011 to 31 March 2012. This is reflective of the Trust profile.

**Percentage of Leavers by Sexual Orientation for the Period  
1 April 2011 - 31 March 2012**

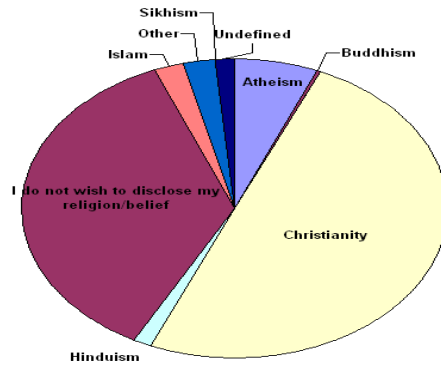


**12.4 Religion or Belief**

The pie chart shows the percentage split by religious belief of leavers during the period 1 April 2011 to 31 March 2012. This is reflective of the Trust profile.



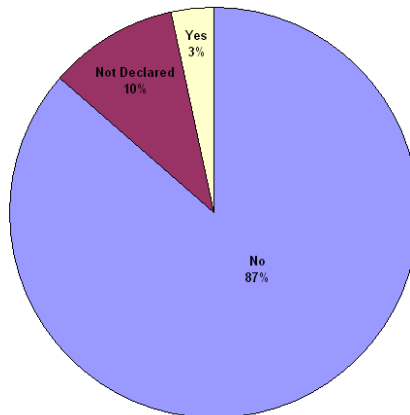
**Percentage of Leavers by Religious Belief for the Period  
1 April 2011 - 31 March 2012**



### 12.5 Disability

The pie chart shows the percentage split by disability of leavers during the period 1 April 2011 to 31 March 2012.

**Percentage of Leavers by Disability for the Period  
1 April 2011 - 31 March 2012**



The data above showing disability, religion or belief and sexual orientation does not highlight any significant areas of concern.

### 13. PROMOTIONS

Ethnic Origin	Headcount of Staff Promoted	
	2010 - 2011	2011 - 2012
White	46	93
Other Ethnic Group	2	1

Gender	Headcount of Staff Promoted	
	2010 - 2011	2011 - 2012
Female	40	84
Male	8	10



The above tables show the number of staff recorded as having been promoted during the period 1 April 2011 – 31 March 2012 by Ethnic Origin and Gender. It is important to note that none of the promotions recorded are within the medical and dental staff group, which may account for the low numbers of Other Ethnic staff being promoted as the medical and dental staff group has the highest ratio of Other Ethnic staff.

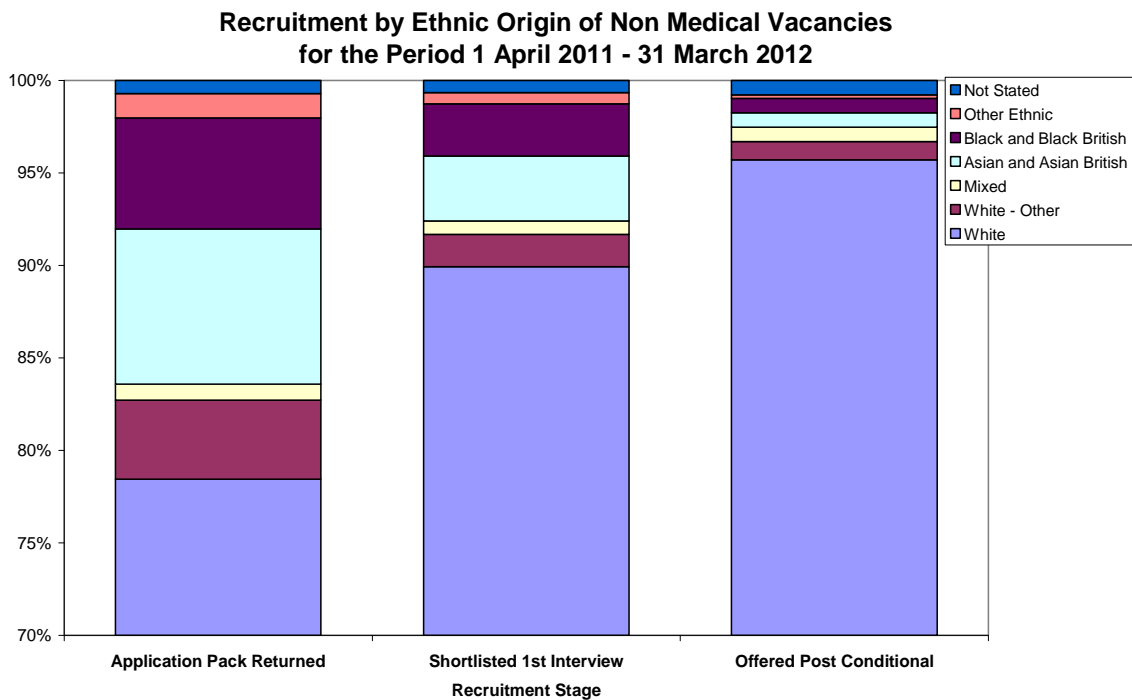
Although we have an overrepresentation of BME staff compared to the local population, there are still some concerns around promotion of minority groups to any band/grade. There are a number of national NHS initiatives which the Trust has signed up to in support of BME leadership. Such examples are INOV8-an SHA initiative, and the NHS Breakthrough programme. Further analyses of which BME staff are undertaking development programmes and which staff are identified as possible leaders of tomorrow should be actioned as the data highlighted is disproportionate and imbalanced. This concern needs to be addressed as a key work stream and reported and monitored to reflect our inclusive equality objective under the Equality Delivery System (EDS).

## 14. RECRUITMENT

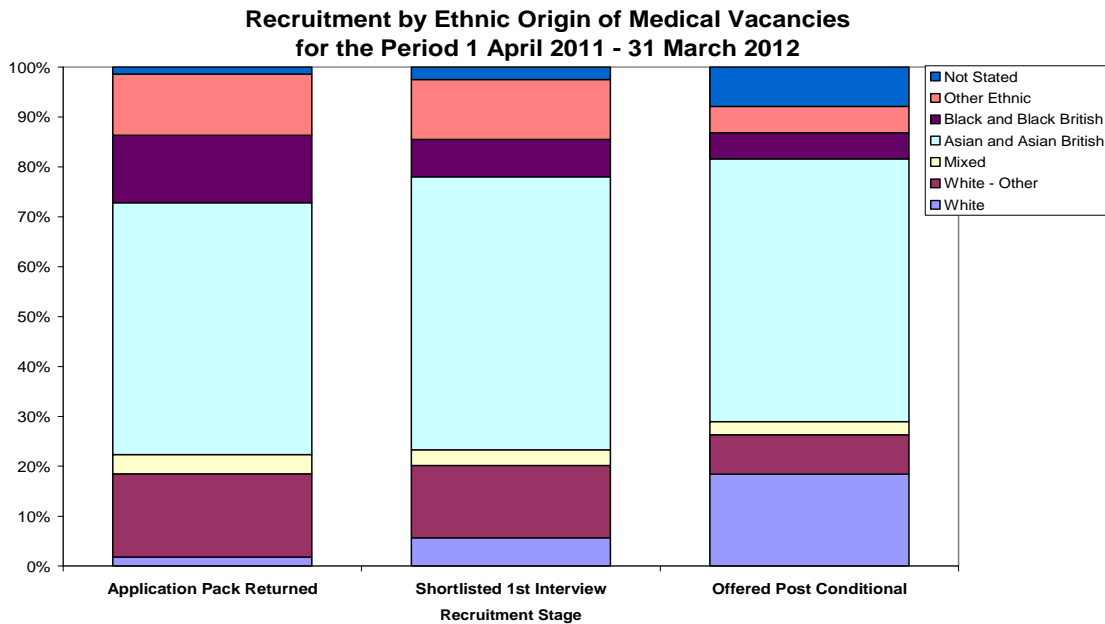
### 14.1 Ethnic Origin

The charts below show the headcount of applications received by Ethnic Origin for the period of 1 April 2011 – 31 March 2012 split by non medical and medical posts.

#### Non Medical Vacant Posts



## Medical Vacant Posts



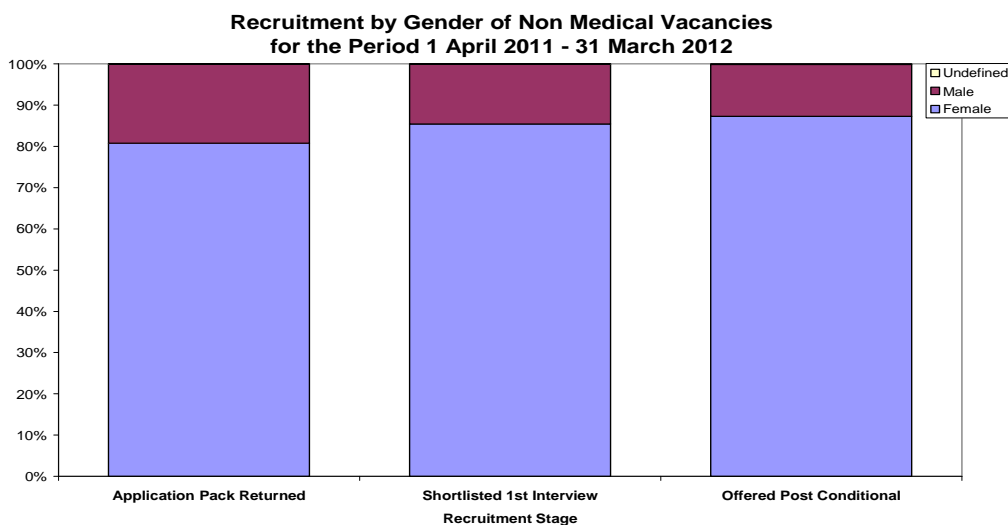
The above analysis highlights that applications from minority ethnic groups are proportionately successful at application and short listing stage but not at appointment.

All managers who now sit on interview panels are required to be up-to-date with Equality and Diversity Training. A list of such staff is also held centrally. Analysis of reasons for interview de- selection is required to help identify any possible patterns and trends to inform what subsequent actions are required as future work streams.

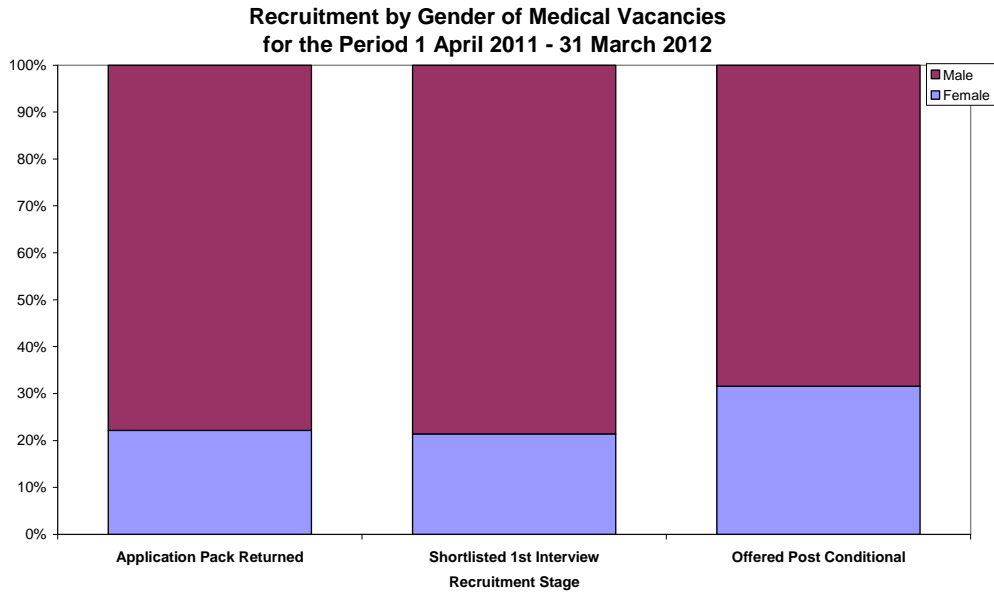
### 14.2 Gender

The following charts show the percentage of applicants, by Gender for the period of 1 April 2011 – 31 March 2012, split by non medical posts and the medical posts.

#### Non Medical Vacant Posts



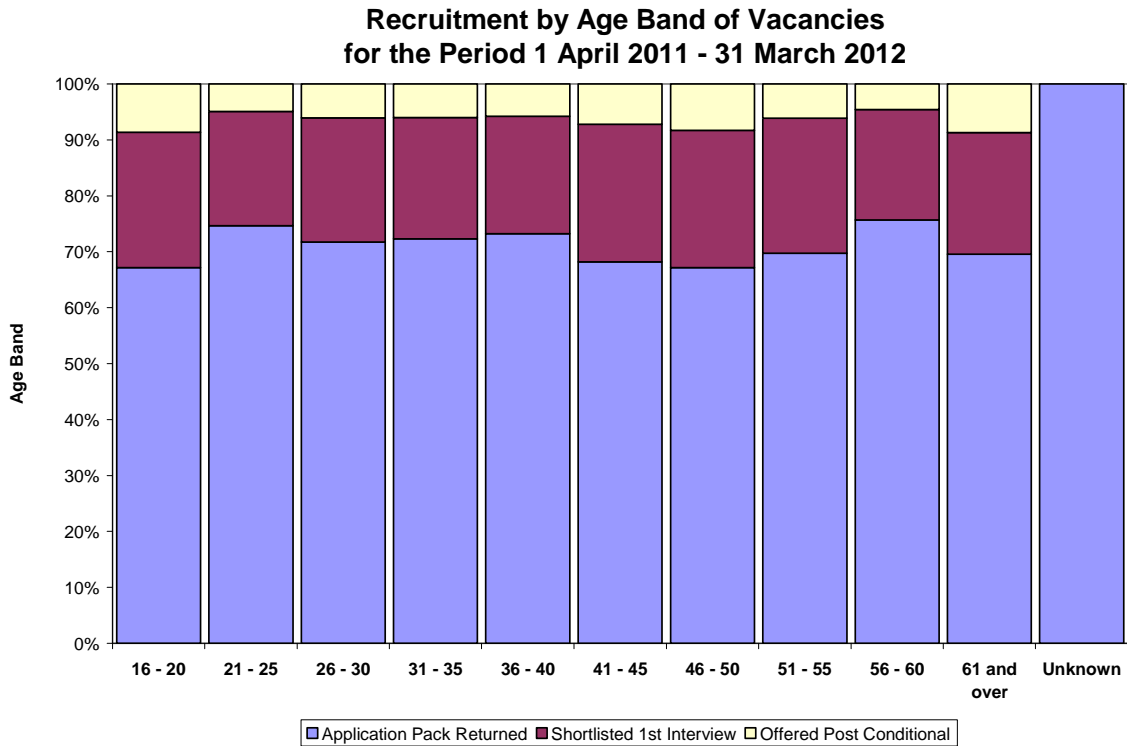
## Medical Vacant Posts



Gender profile of applicants reflects the Trust Gender Profile.

### 14.3 Age

The following chart shows the number of applications received by Age Band for the period of 1 April 2011 – 31 March 2012.





#### 14.4 Sexual Orientation, Religious Belief and Disability

The following table shows the number and percentage of applications received by Sexual Orientation, Religious Belief and Disability for the period of 1 April 2011 – 31 March 2012.

	Headcount			%		
	Application Pack Returned	Shortlisted 1st Interview	Offered Post Conditional	Application Pack Returned	Shortlisted 1st Interview	Offered Post Conditional
<b>Sexual Orientation</b>						
Bisexual	37	5	Less than 5	0.6%	0.3%	0.2%
Gay	62	20	Less than 5	1.0%	1.0%	0.5%
Heterosexual	5904	1816	498	92.2%	92.0%	91.2%
I do not wish to disclose my sexual orientation	389	127	43	6.1%	6.4%	7.9%
Lesbian	13	5	Less than 5	0.2%	0.3%	0.2%
<b>Religious Belief</b>						
Atheism	707	250	61	11.0%	12.7%	11.2%
Buddhism	57	12	Less than 5	0.9%	0.6%	0.2%
Christianity	3648	1178	363	57.0%	59.7%	66.5%
Hinduism	196	35	7	3.1%	1.8%	1.3%
I do not wish to disclose my religion/belief	493	170	44	7.7%	8.6%	8.1%
Islam	617	121	15	9.6%	6.1%	2.7%
Jainism	Less than 5	Less than 5		0.0%	0.1%	
Judaism	9	Less than 5		0.1%	0.1%	
Other	655	199	55	10.2%	10.1%	10.1%
Sikhism	22	6		0.3%	0.3%	
<b>Disabled</b>						
No	6136	1884	512	95.8%	95.5%	93.8%
Not Declared	58	32	19	0.9%	1.6%	3.5%
Yes	211	56	13	3.3%	2.8%	2.4%

For the above four categories, age, sexual orientation, religion or belief, disability, the data shows some adverse impact on the religious belief minority groups during the recruitment process. The Buddhism and Hinduism recruitment data is disproportionate and requires further tracking.

#### 15. EMPLOYEE RELATIONS - Gender and Ethnic Origin

	<b>Total for Year 2011-2012</b>			
	<b>Male</b>	<b>Female</b>	<b>White -British</b>	<b>All other Ethnic categories</b>
<b>Disciplinary</b>	6	26	30	2
<b>Grievance</b>	9	14	22	1
<b>Harassment</b>	4	5	9	0

There is a high incidence of grievances and harassment claims from males compared to females. This requires further analysis to identify any patterns of adverse equality issues.



Appendix 1

Organisational equality objectives 2012- 2013

Equality Objective	Supported by EDS outcome	Summary of outcome with key milestones for year 1	Senior Lead	Rating Red <i>Underdeveloped.</i> Amber - <i>Developing</i> Green - <i>Achieving</i> Purple - <i>Excelling</i>	Milestones Deadline
2 Improved patient access and experience	2.1 Health needs for communities	Translation services  1. Complaints- provision of disaggregated equality data and evidenced through Non Clinical Governance and Risk structures.  2. Trust able to analyse usage of PALS service and demonstrate how this informs business planning of services, any gaps in service delivery.  Any proposed remedies evidenced as SMART work streams and uploaded in EDS Folder (Share Point)	Chief Nurse		December 2012



<p>4 Inclusive leadership at all levels.</p>	<p>4.3 The organisation uses the NHS equality &amp; diversity competency framework to recruit, develop and support strategic leaders to advance equality outcomes.</p>	<ul style="list-style-type: none"> <li>○ Board and senior leaders are able to evidence equality is built into their business planning processes and good relations with other groups in the community are fostered.</li> </ul> <p>Suggested evidence (Equality Board Development, prioritised Divisional EqIA Schedules)</p> <ul style="list-style-type: none"> <li>○ Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination.</li> </ul> <p>Suggested evidence (appraisals)</p>	<p>Director of HR&amp;OD</p>		<p>December 2012</p>
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Annex A

Equality Delivery System - Goals and Outcomes

Goal	Narrative	Outcome
1. Better health outcomes for all	The NHS should achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results	1.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities
		1.2 Individual patients' health needs are assessed, and resulting services provided, in appropriate and effective ways
		1.3 Changes across services for individual patients are discussed with them, and transitions are made smoothly
		1.4 The safety of patients is prioritised and assured. In particular, patients are free from abuse, harassment, bullying, violence from other patients and staff, with redress being open and fair to all
		1.5 Public health, vaccination and screening programmes reach and benefit all local communities and groups
2. Improved patient access and experience	The NHS should improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience	2.1 Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds
		2.2 Patients are informed and supported to be as involved as they wish to be in their diagnoses and decisions about their care, and to exercise choice about treatments and places of treatment
		2.3 Patients and carers report positive experiences of their treatment and care outcomes and of being listened to and respected and of how their privacy and dignity is prioritised
		2.4 Patients' and carers' complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently
3. Empowered, engaged and well-supported staff	The NHS should increase the diversity and quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to patients' and communities' needs	3.1 Recruitment and selection processes are fair, inclusive and transparent so that the workforce becomes as diverse as it can be within all occupations and grades
		3.2 Levels of pay and related terms and conditions are fairly determined for all posts, with staff doing equal work and work rated as of equal value being entitled to equal pay
		3.3 Through support, training, personal development and performance appraisal, staff are confident and competent to do their work, so that services are commissioned or provided appropriately
		3.4 Staff are free from abuse, harassment, bullying, violence from both patients and their relatives and colleagues, with redress being open and fair to all
		3.5 Flexible working options are made available to all staff, consistent with the needs of the service, and the way that people lead their lives. (Flexible working may be a reasonable adjustment for disabled members of staff or carers.)
		3.6 The workforce is supported to remain healthy, with a focus on addressing major health and lifestyle issues that affect individual staff and the wider population
4. Inclusive leadership at all levels	NHS organisations should ensure that equality is everyone's business, and everyone is expected to take an active part, supported by the work of specialist equality leaders and champions	4.1 Boards and senior leaders conduct and plan their business so that equality is advanced, and good relations fostered, within their organisations and beyond
		4.2 Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination
		4.3 The organisation uses the "Competency Framework for Equality and Diversity Leadership" to recruit, develop and support strategic leaders to advance equality outcomes



## **Staff Groups**

## **Appendix 3**

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:

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



## Appendix 4 Trust Equality Action Plan 2011- 2012

Work stream	Action	Lead/s	Timescale	Status Update
BME representative	Formalise Trust BME Representative	Equality and Diversity Steering Group	August 2011	Completed
Exit strategy	Further analysis of workforce leaving the Trust	E&D Advisor	May 2012	Carried forward to 2012/13
Diversity event	Trust second Diversity event progress from 2010	Equality and Diversity Steering Group	December 2011	Completed
BME Leadership	Identify and develop Trust BME leaders of tomorrow.	Equality and Diversity Steering Group	May 2012	Completed
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	Completed See Workforce Profile
Religion	Full data analysis of diverse religious workforce to be contained in 2012 Equality and Diversity annual report.	E&D Advisor	May 2012	Completed See Workforce Profile
Disciplinary	Provision of data analysis for disabled workforce	E&D Advisor	May 2012	Carried forward to 2012/13
Recruitment	Further analysis of recruitment patterns to determine statistical significance of data	E& D Advisor	June 2011	Completed



Work stream	Action	Lead/s	Timescale
Exit Strategy	Further analysis of workforce leaving the Trust.	E&D Advisor	November 2012
BME Leadership and Promotion	Develop improvements in BME promotion prospects in light of the ethnicity data concerns around promotion, as highlighted in the report. Link to the development of the Trust's talent management strategy.	Equality and Diversity Steering Group and Assistant Director of HR (Learning and Development)	December 2012
Recruitment	Further analysis of reasons for de-selection at interview to identify possible patterns and trends in response to the BME and Religious belief data concerns highlighted in the report.	E& D Advisor	September 2012
Age	Investigate turnover rates in 16 - 30 age bands and their impact on skills retention.	E&D Advisor SHRM - Corporate	December 2012
Grievances and Harassment	Further analysis of the cases reported in order to identify any patterns in response to the gender data concerns highlighted in the report.	E&D Advisor	September 2012
Sexual Orientation, Religion or Belief, Disability Data Quality	Ongoing workforce data cleansing exercise.	ESR Team	December 2012
Disciplinary	Provision of data analysis for Disabled Workforce	E&D Advisor	September 2012
Equality Delivery System (EDS)	Ensure new Equality Delivery System (EDS)	Director of Human	July 2012



	is embedded into existing governance structures.	Resources and Organisational Development. Director of Quality and Performance	
Equality Delivery System (EDS)	Maintain and develop key community links with new and emerging community groups in Barnsley.	E & D Advisor	Ongoing
Equality Delivery System (EDS)	Ensure Trust Equality objectives for 2012 are achieved. (See appendix 1)	Director of Human Resources and Organisational Development E&D Advisor	April 2013

