Workforce Race Equality Standard

REPORTING TEMPLATE (Revised 2016)

Template for completion

Name of organisation	Date of report: month/year	
Barnsley Hospital NHS Foundation Trust	July	2018

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

Director of Nursing and Quality 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)

Colin Brotherston-Barnett

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)

Emma Lavery 26th July 2018

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 when considering BME staff, the figures have not taken into account those who do not wish to state their ethnicity (0.59% of the workforce). 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. In 2016, 1477 staff took part in the staff survey. In 2017, 1315 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 in the findings.

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

The same approach to data collection and analysis has been undertaken each year and therefore there are no matters relating to the reliability of comparisons with previous years.

2. Total numbers of staff

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

3212

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

7.3%

3. Self reporting

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

99.41%

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. As a Trust, on a regular basis we send out Communications through our internal Communications department, our Local Buzz and on the intranet encouraging users to log on and check their details.

4. Workforce data

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

Workforce data as at 31 March 2018 and staff survey from 2017. Workforce numbers include Fixed Term and Permanent Members of staff including NED's. We have excluded Bank staff. And counted Primary Assignment only.

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.	See separate WRES Indicator 1 document	See separate WRES Indicator 1 document	The data shows that the majority of BME staff are in clinical posts (6.64%) compared to non-clinical posts (0.50%) with 1 BME staff in apprenticeship posts and 0 in non-clinical senior manager posts.	Links to EDS2 evidence outcome 3.1
2	Relative likelihood of staff being appointed from shortlisting across all posts.	There was a 0.13 (1 in 6 chance) likelihood of BME staff being appointed from shortlisting, as opposed to 0.29 (1 in 4 chance)	There was a 0.15 likelihood of BME staff being appointed from shortlisting, as opposed to 0.26 White staff.	The gap has slightly widened compared to last year. There is a difference in the likelihood of white staff being appointed from shortlisting over BME staff. This has worsened for BME staff and improved for White staff	Links to EDS2 evidence outcome 3.1
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 have been no BME staff entering the formal disciplinary process in the last 2 years.	There have been no BME staff entering the formal disciplinary process in the last 2 years.	No impact on BME staff in last 2 years.	Continue to monitor and report on an annual basis through internal governance structure.
4	Relative likelihood of staff accessing non-mandatory training and CPD.	97% of BME have accessed non-mandatory training compared to 95% of White staff.	84% of BME have accessed non-mandatory training compared to 91% of White staff.	Has improved for white (by 4%) and BME staff to a greater extent (by 23%). 7.3% of our employees are BME. 6.6% of our Clinical staff are BME.	Links to EDS2 evidence outcome 3.3

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 26% BME 22%	White 26% BME 25%	Has remained he same for white staff and improved for BME staff by 3%.	Links to EDS2 evidence outcome 3.4 and 3.6.
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White 23% BME 15%	White 23% BME 42%	Has significantly improved for BME staff by 27%. Has stayed the same for white staff.	Links to EDS2 evidence outcome 3.4 and 3.6.
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White 84% BME 84%	White 85% BME 68%	has worsened for white by 1% and improved for BME staff by 16%	Links to EDS2 evidence outcome 3.1.
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 5%	White 5% BME 26%	has worsened for white staff by 1% and improved for BME staff by 21%. Also to be noted is the increase in BME respondents to the latest staff survey 61 in 2017 compared to 49 in 2016.	Links to EDS2 evidence outcome 3.4 and 3.6. We have offered a number of well attended staff engagement events.
	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.	No BME representation on the organisations Board voting membership	No BME representation on the organisations Board voting membership	The Board membership should be broadly representative of the local population it serves. Only 2.1% of the Barnsley population are from a BME background (2011 census).	

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?

Only 2.1% of the Barnsley population are from a BME background (2011 census). Barnsley Hospital Workforce BME representation of 7.3% is more than proportionate to the local population.

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.

WRES Action Plan link provided.

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