Workforce Race Equality Standard

REPORTING TEMPLATE (Revised 2016)

Template for completion

Name of organisation

Barnsley Hospital NHS Foundation Trust

Date of report: month/year

September 2020

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

Director of Workforce Steve Ned

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)

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

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

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 (1.8% of the workforce).

2019,2237 staff took part in the staff survey of which 126(5.61% of responses) were BME.
2018,1480 staff took part in the staff survey of which 83 (5.61% of responses) were BME.
2017,1315 staff took part in the staff survey of which 75 (5.70% of responses) were BME.
2016,1477 staff took part in the staff survey of which 59 (3.99% of responses) were BME.
2015,1279 staff took part in the staff survey of which 49 (3.83% of responses) were BME.
2014,1200 staff took part in the staff survey of which 63 (5.25% of responses) were BME

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

Change in approach to data collection by moving from Discoverer reporting to Business Intelligence Reporting within ESR which took effect from June 2016 this has resulted in more accurate validated data recording and analysis and therefore comparison of data can only be relied upon from 2016 onwards.

2. Total numbers of staff

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

3852 (excludes bank staff)

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

8.3% equates to 321 staff (Local Barnsley population 2.1%)

3. Self reporting

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

99.22%

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

Those who choose 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 2020 and staff survey from 2019. Workforce numbers include Fixed Term and Permanent Members of staff including Non Executive Directors. 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 (7.79%) compared to non-clinical posts (0.57%).	Links to EDS2 evidence outcome 3.1 Adverts for higher level posts such as associate NED have explicitly mentioned BAME applicants but have failed to attract sufficient applicants for the posts. Will continue to seek to attract BAME applicants
2	Relative likelihood of staff being appointed from shortlisting across all posts.	Relative likelihood of white staff being appointed from shortlisting compared to BME is 1.96 times greater	Relative likelihood of white staff being appointed from shortlisting compared to BME is 2.47 times greater.	The gap has slightly narrowed 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 marginally.	Links to EDS2 evidence outcome 3.1 We have previously undertaken analysis of recruitment process and will undertake another exercise to look for ways in which we can improve.
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 has been one disciplinary case for BME over the last 2 years and 30 cases for White.There was a	There have been no BME staff entering the formal disciplinary process in the last 2 years.	Although BME staff are less likely to enter a formal disciplinary process, the difference is negligible. Figures for both are under 1%	Continue to monitor and report on an annual basis through internal governance structure. Focus is on resolve informally. Mediation if suitable is encouraged and supported. Will continue to promote mediation, FTSU role and support managers to resolve conflict and having psychological savvy conversations.
4	Relative likelihood of staff accessing non-mandatory training and CPD.	99% of BME have accessed non-mandatory training compared to 98% of White staff.	91% of BME have accessed non-mandatory training compared to 93% of White staff.	Has increased for both White (by 5%) and BME staff to a greater extent (by 8%). 8.3% of our employees are BME of which 7.79% of our Clinical staff are BME. Medical Education have a bespoke system for recording Non-mandatory training and CPD and this information does not feed across into ESR.	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 29%	White 23% BME 21%	Has increased for both for white staff by 3% and BME by 8%.	Links to EDS2 evidence outcome 3.4. Putting posters up in staff areas on anti bullying,, Creating a positive workforce Culture steering group set up. Participation in the WRES Experts Programme and Diversity Inclusion Partners
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White 22% BME 28%	White 21% BME 31%	Has improved for BME staff by 3%. Has slightly decreased for white staff by 1%.	Links to EDS2 evidence outcome 3.4. Has remained fairly constant for white staff but for BME has shown significant fluctuation from year to year and warrants further engagement to understand why.
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White 90% BME 78%	White 86% BME 73%	Has improved for white by 4% and increased for BME staff by 5%. Has remained fairly constant for white staff but for BME has shown significant fluctuation from year to year and warrants deeper engagement to understand why.	Links to EDS2 evidence outcome 3.1. Mary Secal/aspiring talent, mentoring &coaching, updating passport to management to include conversation skills. OD strategy being drafted.
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 4% BME 16%	White 6% BME 13%	Has decreased for white staff and worsened for BME staff by 3%. Also to be noted is the increase in BME respondents to the latest staff survey 83 in 2018, compared to 126 in 2019.	Links to EDS2 evidence outcome 3.4 and 3.6. We have offered a number of staff engagement events but recognise that this needs to be strengthened to encourage wider participation. Encourage informal mediation. Survey Monkey to
	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 organisation's Board voting membership	No BME representation on the organisation's 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). BAME Post holder shared with Rotherham Trust. Director of	Recruitment proposal to create Associate NED position to attract applicants who live or work within BME communities or groups

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 8.3% 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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