



REPORT TO THE BOARD OF DIRECTORS - Public		REF:	BoD: 23/10/05		
SUBJECT:	WORKFORCE, RACE & EQUALITY STANDARD ANNUAL REPORT AND ACTION PLAN 2023				
DATE:	5 October 2023				
PURPOSE:		<i>Tick as applicable</i>		<i>Tick as applicable</i>	
	<i>For decision/approval</i>	✓		<i>Assurance</i>	✓
	<i>For review</i>			<i>Governance</i>	✓
	<i>For information</i>			<i>Strategy</i>	
PREPARED BY:	Emma Lavery, Deputy Director of People Pauline Garnett, Head of Inclusion & Wellbeing Sharon Hargreaves, Workforce Planning and Information Manager				
SPONSORED BY:	Steven Ned, Director of People				
PRESENTED BY:	Steven Ned, Director of People				
STRATEGIC CONTEXT					
<p>This report supports the strategic aims of the Trust Strategic Goal (2022-2027)</p> <p>Best for People</p> <p>We will make our Trust the best place to work by:</p> <ul style="list-style-type: none"> • Ensuring a caring, supportive, fair and equitable culture for all • Creating an organisational climate that supports Equality, Diversity and Inclusion • Supporting our staff's health and wellbeing <p>And the Strategy's People Plan 2022-2027 which sets out the Trust's actions on staff wellbeing, recruitment, retention, inclusion, employee voice & engagement, leadership and culture.</p>					

EXECUTIVE SUMMARY

The main purpose of the Workforce Race Equality Standard (WRES) is:

- To assess the Trust performance against the nine WRES indicators
- To close the gaps in workplace experience between White and Black and Ethnic Minority (BME) staff and produce action plans
- To improve BME representation at the Board level of the organisation

This report provides a summary of the Trust's Workforce Race Equality Standard (WRES) results for the period of April 2022– March 2023 and compares performance for the previous year reporting period. It outlines the Trust's WRES data submitted in May 2023 to the WRES Data team as part of the NHSE/I data collection framework.

The key findings from the WRES 2022/23 metrics data are as follows:

- **Workforce representation** – There has been an increase in BME representation in the overall workforce (from 10% in 2022 to 12% in 2023). Of which, there are 7.8% BME staff in AfC bands and 60% BME staff in medical and dental grades. Highlights since the last reporting period in 2022 include an increase in AfC band 3 from 20 to 30 people, AfC band 5 from 107 to 186 people, AfC band 6 from 19 to 31 people and AfC band 8c from 0 to 2 people in 2023. The number of BME medical & dental consultant colleagues has increased from 87 in 2022 to 92 in 2023, and BME medical & dental trainees have increased from 76 to 83.
- **Board representation** – The Board members are proportionately represented on the board and in the workforce. There is an improved picture of +3.0% amongst voting members. This equates to 11 White board members and 2 BME members. For executive members this shows +4.3% represented on the board (5 White and 1 BME board member). The overall board membership shows an over-representation +12.6% of BME membership on the board in 2023 (15 White and 5 BME members).
- **Relative likelihood of appointment from shortlisting** – One of the areas of greatest challenge is the finding that white applicants are twice as likely (2.03 times more likely) to be appointed from shortlisting across all posts compared to BME applicants (a negative increase from white applicants being 1.68 times more likely in 2022).
- **Equal opportunities for career progression** - Also, 50% of BME staff believe the Trust provides equal opportunities for career progression and promotion, compared to 68% of white staff (a gap that has widened from 13% to 18% since last year, when the percentage was 51% BME compared to 64% white staff).
- **Access to non-mandatory training/CPD** - Furthermore, white colleagues are 1.25 times more likely to access non-mandatory training/CPD compared to BME colleagues. A negative increase from white colleagues being 1.13 times more likely in 2022.

- **Harassment, bullying, abuse and discrimination from managers and other colleagues** - Although bullying, harassment, abuse and discrimination by managers and other colleagues is decreasing for BME staff, there remains a gap when comparing to the experiences of white staff. BME staff experiencing harassment, bullying or abuse from other colleagues has slightly decreased each year from 29% in 2022, to 28% in 2021, to 27% in 2022. Equally for white staff it has decreased from 19% in 2022 and 2021 to 18% in 2022, which is a 9% gap. The percentage of BME colleagues personally experiencing discrimination from managers, team leader, other colleagues has decreased from 17% in 2021 to 14% in 2022. Similarly, for white staff it has decreased from 6% in 2021 to 4% in 2022, a gap of 10%.
- **Harassment, bullying or abuse from patients, relatives or the public** - BME staff experiencing harassment, bullying or abuse from patients, relatives, or the public has reduced by 3% from 29% in 2021 to 26% in 2022. However, there has been an increase in the experiences of white staff by 4%, from 22% in 2021 to 26% in 2022.
- **Entering disciplinary process** - No BME staff have entered a formal disciplinary process in 2022.

Actions to be undertaken over the next 12 months to improve the Trust's performance against the standard are illustrated in the report and listed in the WRES 2023/24 action plan.

Priority areas:

Indicator 1 – AfC workforce representation. The increase in the race disparity ratio (RDR) for AfC clinical staff is due to the international recruitment to band 5. The ratio will be used to measure whether career progression takes place at a fair rate for this cohort of staff. It is pleasing to see BME colleagues in band 6 roles has increased from 19 in 2022 to 31 in 2023, which will reflect some of the international nurses who have been promoted.

Indicator 2 – Further progress on: Relative likelihood of BME staff being appointed from shortlisting
 Indicator 4 – Further progress on: BME colleagues' access to non-mandatory training and CPD
 Indicator 7 – Equal opportunities to career progression.

RECOMMENDATION

It is requested that the Board of Directors ratify the WRES Annual Report and Action Plan 2023 and agree that the report will be published on the Trust's website by the reporting deadline of 31st October 2023.

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Appendix 1 – WRES summary table and benchmarking data

Appendix 2 - Data breakdown of BME staff representation compared to white staff by all AfC bands for clinical and non-clinical staff, and by all medical and dental grades.

Appendix 2 – Workforce Race Equality Standard (WRES) Action Plan 2023 - 2024

WORKFORCE RACE EQUALITY STANDARD ANNUAL REPORT AND ACTION PLAN 2023

1. BACKGROUND

The Workforce Race Equality Standard (WRES) was introduced in April 2015 to ensure employees from ethnic minority backgrounds have equal access to career opportunities and receive fair treatment in the workplace. This has been included within the contractual requirements set out in the NHS standard contract and the NHS Planning Guidance.

The Care Quality Commission (CQC) reviews WRES as part of its inspections of the 'well-led' domain. Work has evolved to strengthen the 'well-led' inspection framework to give greater weight to organisational progress in tackling workforce race inequality through robust implementation of the WRES, and in promoting diversity more generally.

The term Black and Minority Ethnic (BME) is used by the WRES Team as this remains the term used by the team since the inception of the WRES. Race terminology has been extensively debated and we await further guidance on the recommended terminology to be used going forward.

Workforce race equality, and equality in general, is a challenge that requires organisations to go beyond behavioral change as a result of compliance and regulation. Board level commitment and leadership within NHS organisations are critical in transforming the culture of organisations in relation to this agenda.

The Trust is required to commit to the principles of WRES and have 'due regard' to using WRES to improve workplace experiences and representation at all levels for BME staff and for the patients it serves. To demonstrate this commitment, there is a statutory requirement for the Trust to:

- Submit data annually on compliance with WRES nine workforce metrics.
- Identify and implement actions to address identified gaps
- Publish action plans.

The WRES data collection was brought forward from July / August 2023 window to closing 31 May 2023 to allow more time between data collection, analysis and the development and completion of WRES action plans. NHS England requires that WRES action plans are ratified by the Trust Board and published by 31 October 2023.

NHS England WRES team will publish a national report based on the national picture around the nine metrics, enabling benchmarking with comparators.

The WRES is relevant to race which is one of the characteristics protected by the Equality Act 2010. This report and related actions support the Public Sector Equality Duty (PSED) element one, which is to prevent discrimination. It also supports the proactive elements of the duty to advance equality of opportunity and foster good relations.

2. THE WRES INDICATORS

WRES is made up of nine indicators. Four of the indicators focus on workforce data (indicators 1 – 4). Four are based on data from the national NHS Staff Survey questions (indicators 5 – 8), in relation to harassment, bullying, abuse, discrimination and career progression opportunities. One indicator focuses upon BME representation on boards.

The WRES highlights any differences between the experience and treatment of white staff and BME staff in the NHS with a view to organisations closing those gaps through the development and implementation of action plans focused upon continuous improvement over time.

3. INTRODUCTION

The report covers our WRES data submitted in May 2023, based on the 2022 Staff Survey results and staff information obtained on ESR as at 31st March 2023.

The key findings and metrics are outlined below:

- **Workforce Representation** - overall, BME workforce at the Trust has seen an increasing representation (12.4%, increase of 2.3%) mostly in Band 5s largely due to the recruits of international nurses.
- **Relative likelihood of white candidates being appointed from shortlisting compared to BME candidates** - unfortunately the gap is widening and this has negatively increased from 1.68 times to 2.03 times more likely.
- **Relative likelihood of BME staff entering the formal disciplinary has improved** – encouragingly the figures are reduced to 0.00% and 0.22% (8) white staff.
- **Relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff** – data has negatively increased indicating that white staff are 1.25 times more likely to access training compared to BME staff.
- **BME staff experiencing harassment, bullying or abuse from patients, relatives, or the public in last 12 months** – the data illustrates a reduction of 3% from 29% to 26% for BME staff, and an increase of 4% for white staff from the previous year.
- **BME staff experiencing harassment, bullying or abuse from other staff in last 12 months** – has decreased slightly from 28% to 27% although very similar to the previous year and equally a reduction of 1% for white staff 19% to 18%.
- **BME staff believing that the Trust provides equal opportunities for career progression to promotion** - a slight deterioration is evident for BME staff, 50% in contrast to 64% of white staff.

- **BME staff reporting discrimination from Manager, Team leader, Staff/Colleagues** – has decreased from 17% to 14% but remains significantly higher for BME staff in contrast to white staff (4%).
- **Board representation** – BME representation has increased from -4.9% to +12.6% for the overall board and in the workforce, voting membership from -10.8% to +3.0%. For executive members this shows +4.3% represented on the board from the previous year data -0.8%

We know that engaging with staff in a meaningful and sustained way is important in helping to make continuous improvements on the workforce equality and diversity agenda. Amongst other benefits, this engagement provides the organisation with the opportunity to make sure that staff feel valued, respected and achieve a sense of inclusion and belonging.

Meaningful involvement and an engagement approach have been adopted in the Trust. The WRES data has been analysed and the action plan has been developed in partnership with the RACE Equality staff network and the Diverse & Inclusive Culture Subgroup to improve the experiences of BME staff. Feedback and experiences shared have informed the analysis and action plan and will play a key part when implementing, monitoring and evaluating the action.

WRES METRICS 2022 /2023

Workforce indicators and description


For each of these four workforce indicators, compare the data for White and BME staff

1. **Workforce Representation – Overall BME Staff** 536 (12.4%)  (positive increase) from 10.1%


AfC Pay band at which BME under-representation first occurs	Non-clinical	Band 4 - Band 5 +	Proportional Proportional
	Clinical	Band 4 - Band 5 +	Proportional Band 6
Race disparity ratios	Non-clinical	Lower: middle	0.38
		Middle: upper	1.19
	Clinical	Lower: upper	0.45
		Lower: middle	2.92
		Middle: upper	0.75
		Lower: upper	2.19

2.


2. **Relative likelihood of White applicants being appointed from shortlisting across all posts compared to BME applicants**

2.03 times more likely for White staff to be appointed  (negative increase) (Previous year 1.68)

3. **Relative likelihood of BME staff entering formal disciplinary processes compared to white staff**


0.00 BME staff entered formal disciplinary compared to 0.22 White staff  (positive decrease)

4. **Relative likelihood of White staff accessing non-mandatory training/CPD compared to BME staff**

1.25 times more likely for White staff to access training compared to BME staff  (negative increase)


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. **Percentage of staff experiencing bullying, harassment & abuse from patients/relatives/public in last 12 months**

BME 25.7%  (positive decrease)


White 25.9%

6. **Percentage of staff experiencing bullying, harassment & abuse from staff in last 12 months**

BME 26.8%  (positive decrease)

White 18.1%

7. **Percentage believing the Trust provides equal opportunities for career progression and promotion**

BME 49.7%  (negative decrease)

White 67.6%

8. In the last 12 months personally experiencing discrimination from manager/team leader/other colleagues	BME 14.4% ↓ (positive decrease) White 4.2%
Board representation indicator: Compare the difference for White and BME staff	
9. Board Representation - Percentage difference between Board voting membership and overall workforce	Overall 12.6% Board Voting members +3.0% Executive members +4.3%

1 WRES METRICS

Metric 1 - Percentage of BME staff compared with the percentage of white staff in the overall workforce

	2018	2019	2020	2021	2022	2023
White	92.3%	91.4%	90.9%	90.6%	88.0%	85.3%
BME	7.1%	7.2%	8.4%	8.4%	10.1%	↑ 12.4%
Not known	0.6%	1.4%	0.8%	1.0%	1.9%	↑ 2.3%

Ethnicity of our overall workforce by headcount

	2018	2019	2020	2021	2022	2023
White	2961	3372	3501	3623	3656	3691
BME	229	265	322	337	420	↑ 536
Not known	18	53	29	41	77	↑ 99
Grand total	3208	3690	3852	4001	4153	4326

The percentage of the workforce identified as Black or Minority Ethnic has increased from 10.1% (420) in 2022 to 12.4% (536) in 2023, an increase of 2.3%. This is largely due to the international recruitment which will continue throughout the year and will lead to a further increase. International recruitment has been an important part of the workforce supply strategy in line with the NHS Long Term Plan.

There continues to be a level of non-disclosure, representing 2.3% (99) of the overall workforce and this has increased from 1.9% (77) the previous year. The majority of 'not known' are our international nurses, who were not recruited using Barnsley's NHS Jobs and directly hired straight onto ESR. NHS Professionals facilitated the recruitment. Normally when individuals apply for the job through NHS Jobs this would be recorded on their application but as the recruitment process was not undertaken in the traditional way, equality data is missing. The Workforce Information Team will raise awareness and encourage colleagues to update their personal information within ESR, including their equal opportunities data.

A further breakdown of BME staff representation compared to white staff by all AfC bands for clinical and non-clinical staff, and by all medical and dental grades is shown at appendix 1.

The NHS Model Employer Disparity Ratio

The disparity ratio has been developed by the national WRES team and compares the progression of white staff with the progression of BME staff through the organisation for Agenda for Change bands. If the race disparity ratio is greater than "1.0" this means that progression favors white staff, whilst if the race disparity ratio is below "1.0", this means that progression favors BME staff.

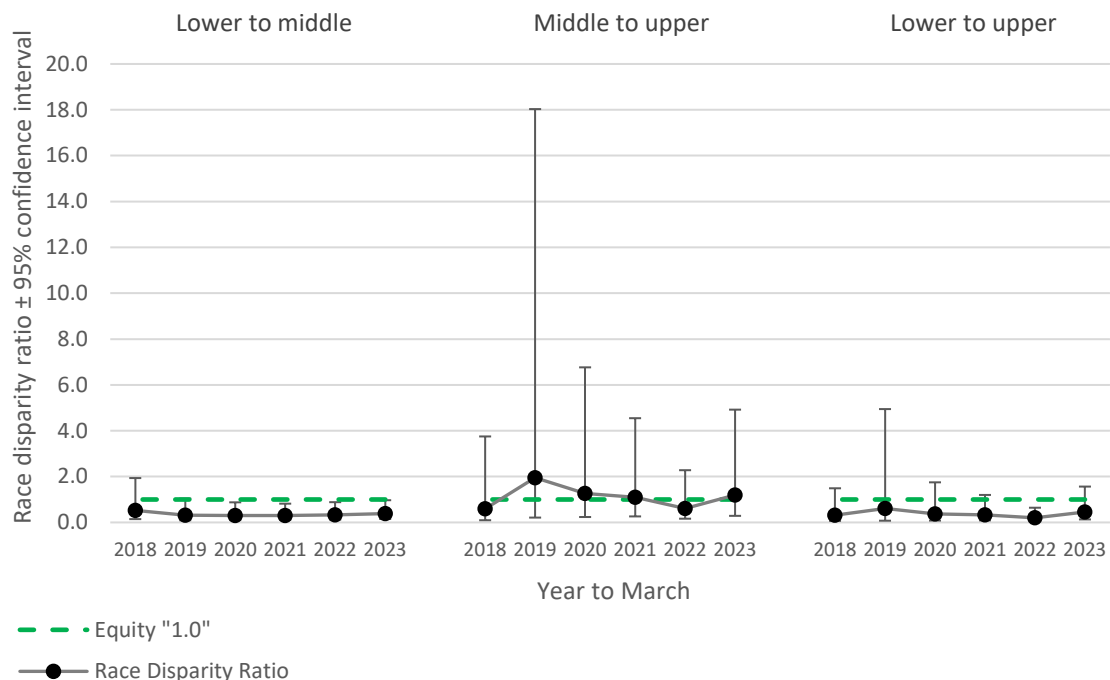
Lower to middle – band 5 and under

Middle to upper – bands 6 and 7

Lower to Upper - bands 8a and above

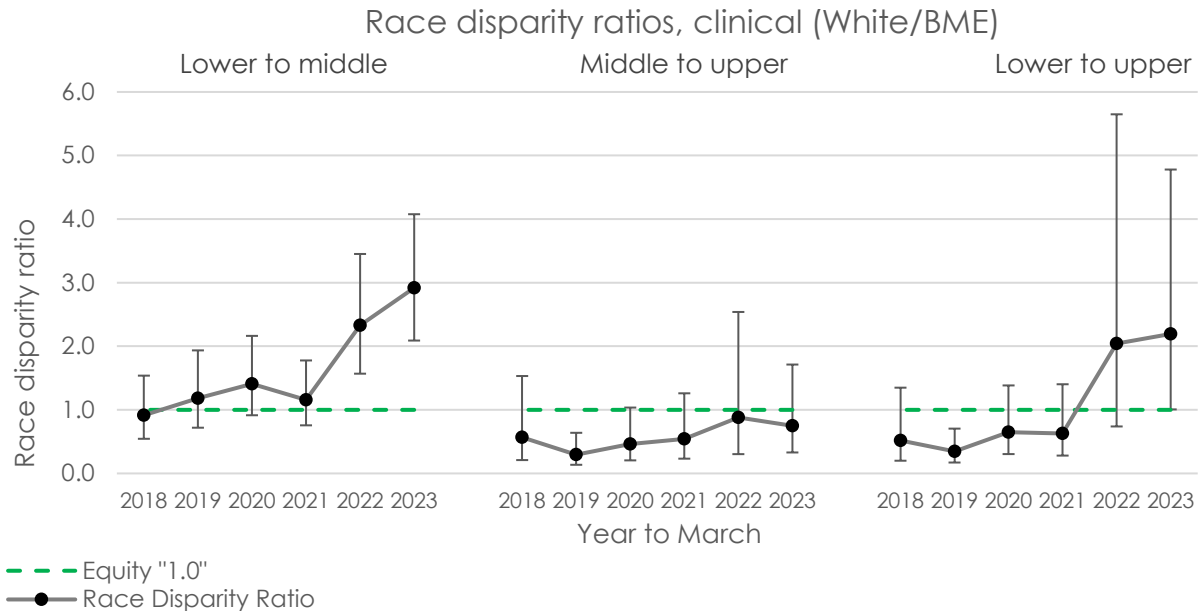
		2018	2019	2020	2021	2022	2023
Non-clinical	Lower to middle	0.53	0.31	0.30	0.30	0.33	↑ 0.38
	Middle to upper	0.60	1.95	1.26	1.09	0.61	↑ 1.19
	Lower to upper	0.32	0.61	0.38	0.33	0.20	↑ 0.45
Clinical	Lower to middle	0.92	1.18	1.41	1.16	2.33	↑ 2.92
	Middle to upper	0.57	0.29	0.46	0.54	0.88	↑ 0.75
	Lower to upper	0.52	0.35	0.65	0.63	2.04	↑ 2.19

Race disparity ratios, non-clinical (White/BME)



March 2023:

- **Lower to middle:** 0.38; lower than 1.0" or equity to a medium degree.
- **Middle to upper:** 1.19; not significantly different from "1.0" or equity.
- **Lower to upper:** 0.45; not significantly different from "1.0" or equity.



At March 2023:

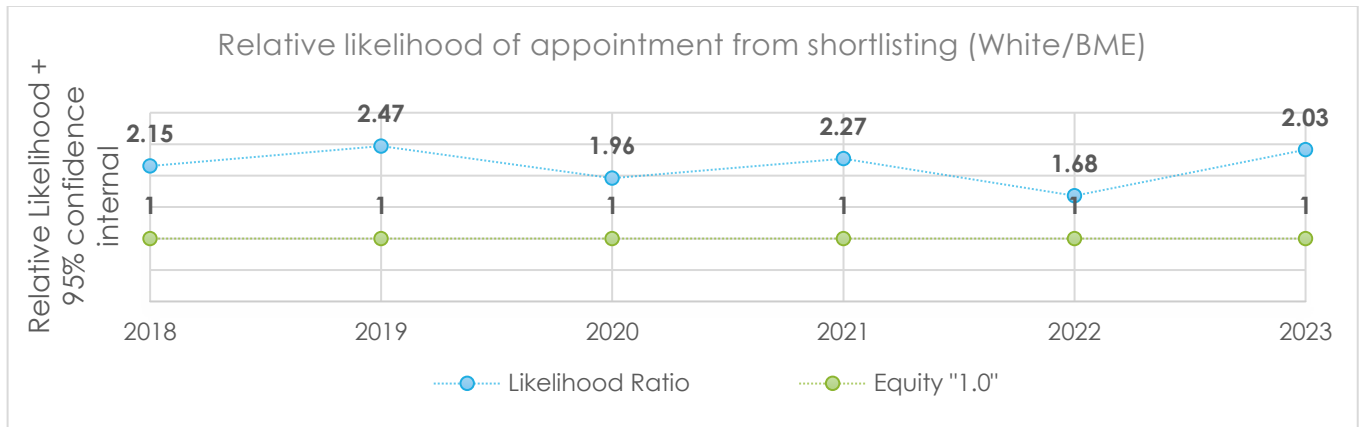
- **Lower to middle:** 2.92; higher than "1.0" or equity to a medium degree.
- **Middle to upper:** 0.75; not significantly different from "1.0" or equity.
- **Lower to upper:** 2.19; higher than "1.0" or equity to a small degree.

The lower to middle race disparity ratio (RDR) in the clinical category is higher and has shifted upwards from 2.33 to 2.92 due to the significant international recruitment, which has resulted in a large number of BME nurses joining the Trust at Band 5.

The RDR is useful in providing an understanding of the ethnicity profile of the workforce. It enables a much deeper knowledge than the indicators can convey. A key area of focus is within our nursing workforce, where there is a significantly bigger race disparity ratio as a result of the ongoing international recruitment. As the Trust's internationally educated nurses are now settling into their roles the focus is shifting from induction to supporting career progression at a fair rate for these staff.

Work to improve the Trust's race disparity ratio is multifaceted, and includes changes to recruitment and promotion practises, educating staff and recruiting managers, raising awareness of career pathways and ensuring access to career development for BME Staff.

Metric 2 - Relative likelihood of being appointed from shortlisting

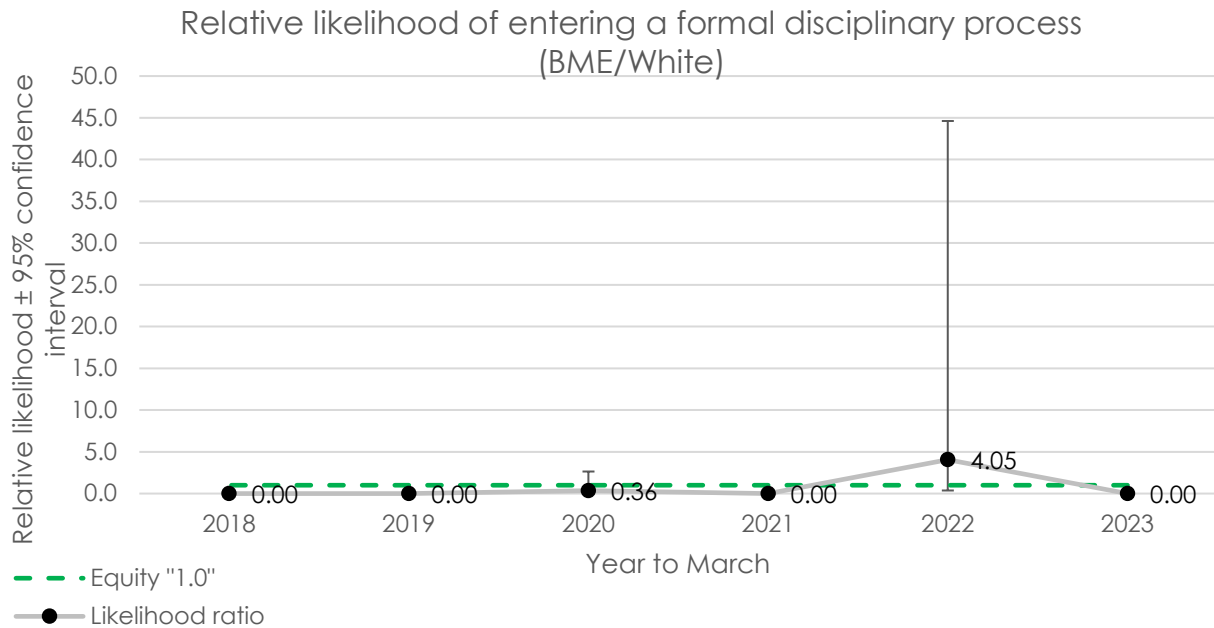


A figure below 1.0 indicates that BME candidates are more likely than white staff to be appointed from shortlisting. The likelihood ratio has worsened from 1.68 last year to 2.03. The chart above illustrates that BME candidates are still disadvantaged and less likely to be appointed, compared to white candidates who are 2.03 times more likely to be shortlisted. This remains an area for improvement.

Actions taken and interventions planned

- Passport to management Diversity & Inclusion training has been refreshed and updated and ongoing training is delivered.
- Recruitment guidance has been updated to introduce a mandatory EDI values-based question in all applications and at recruitment and selection interviews
- The HR Recruitment Manager, Head of Inclusion and Inclusion & Wellbeing Lead have collaborated and will be advertising job vacancies with key contacts including within the community and voluntary sector

Metric 3 – Relative likelihood of BME staff entering the formal disciplinary process compared to white staff (Obtained by entry into a formal disciplinary investigation)

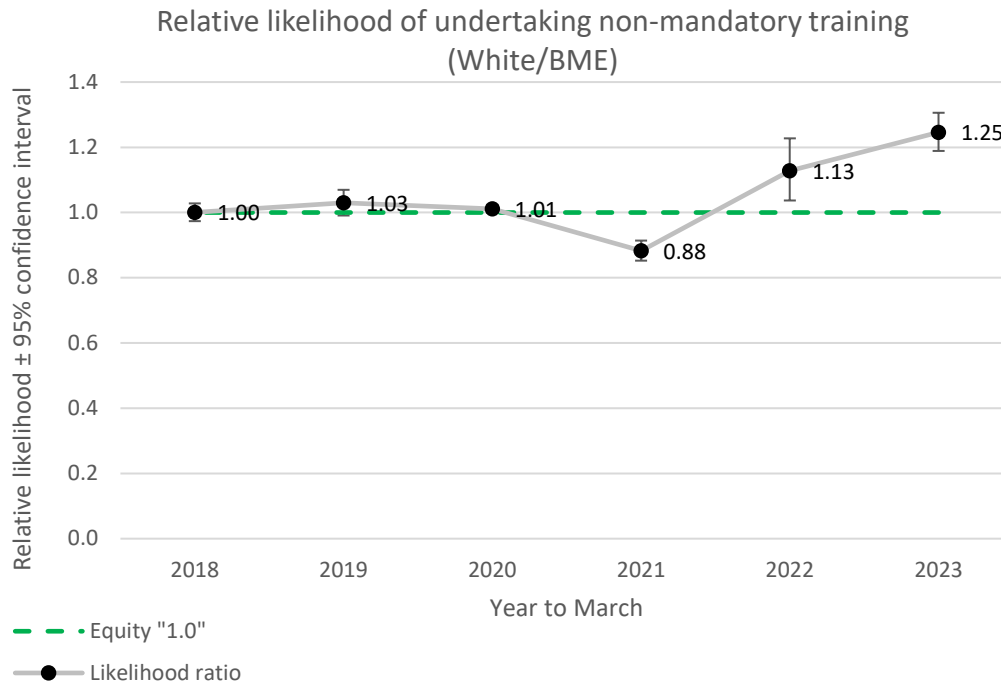


There is a favourable position for BME staff of 0.00% entering the formal disciplinary process within the past 12 months compared to white staff, 0.22% . Specifically, 0 out of 536 BME staff entered formal disciplinary proceedings compared to 8 out of 3691 white staff. This demonstrates that BME staff are less likely to enter a formal disciplinary process compared to white staff.

Actions taken and planned

- The number of BME disciplinaries will continue to be monitored to ensure processes are followed and support provided. The intention is that potential disciplinary cases are dealt with at an early stage, with a view to resolving problems as quickly and fairly as possible.
- Managing performance, grievance and disciplinary training is delivered and ongoing training will continue, as part of the passport to management course and takes into consideration factors that may affect an employee’s performance.

Metric 4 - Likelihood of white staff Accessing Non-Mandatory Training and CPD compared to BME staff



There is a slight deterioration in the likelihood of BME staff accessing non-mandatory training or CPD.

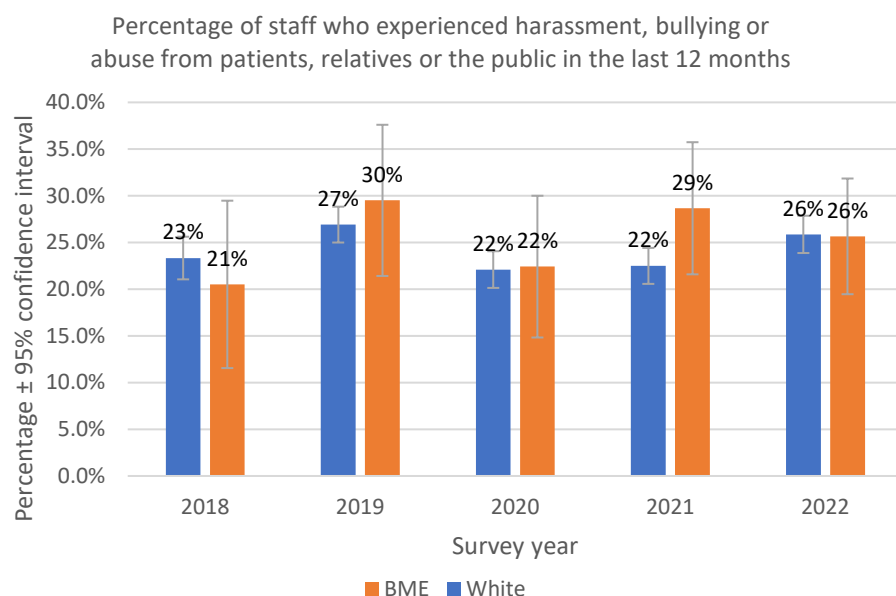
The likelihood ratio is 1.25; higher than "1.0" or equity to a degree. Specifically, 3535 out of 3691 white staff undertook non-mandatory training (95.8% of the white workforce) compared to 412 out of 536 BME staff (76.9% of the BME workforce). The value indicates that white staff were 1.25 times more likely to undertake non-mandatory training compared to BME staff.

Actions taken and interventions planned

- The Diverse & Inclusive Culture Subgroup has discussed and recommended strategies such as ensuring that training opportunities and professional development offers are disseminated to the staff network members and to identify any barriers encountered.
- Targeted offers of national and regional training programmes, resources have been circulated to staff network members
- Engagement with the international educated nurses and other BAME colleagues have taken place, to promote the reciprocal mentoring programme
- Inclusive Culture Partnership Programme (reciprocal mentoring) has been completed and the second cohort has commenced in September 2023 and key learning will be shared and support provided for learning partners

- The Learning & Organisational Development manager has attended the staff network meeting to promote the range of offers available and the range of offers will be reinforced periodically to staff network members

Metric 5 - Percentage of Staff Experiencing Harassment, Bullying or Abuse from Patients, Relatives, or the Public in Last 12 months (Obtained from NHS Staff Survey)



The figure has seen a positive decrease in 2022 for BME staff from 29% in 2021 to 26% in 2022 and this is below the national average of 31%. However, white staff have seen an increase from 22% in 2021 to 26% in 2022. A similar proportion of BME and white staff have experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months. In fact, the data might be higher if incidence are consistently reported.

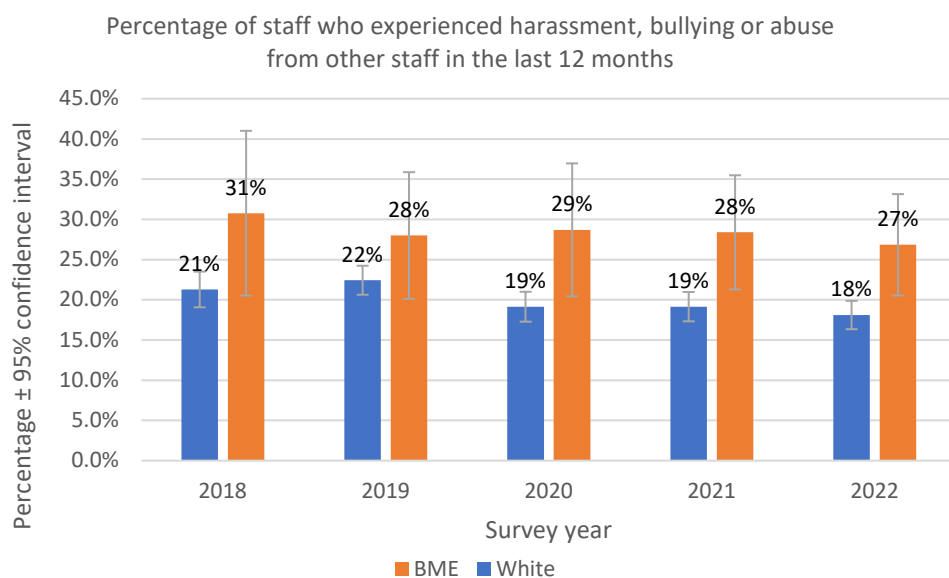
Actions taken and interventions planned

Concerted efforts are being made in the following ways below and further interventions are planned.

- The Violence & Aggression Management Group and Communications team have looked at a number of prevention and reduction interventions. Raising awareness campaign is being undertaken. Staff to be continuously encouraged to report incidents and ensure this is embedded across the Trust. Posters are displayed in Emergency department and plans are in place for additional posters to be displayed across the Trust. Body cameras usage are worn in some departments.
- New hashtag NoPlaceForHatelnBarnsley is adopted across the Trust with partnership of Barnsley Council.

- Black history month – a survey was conducted to capture staff experiences on Racism and discrimination. Some staff did not report their experiences and were unaware of the reporting procedure. Few reported to managers and the inclusion & wellbeing team
- Courageous conversation training is available for all staff and promoted at the staff network meeting and further promotion will be undertaken to staff network members
- International Educated Nurses support – a series of events and interventions have been undertaken such as training sessions, ward visits, one to one, focus groups, surveys and arranging a guest speaker to provide advice. The Hate Incident Coordinator has provided information and advice in reporting hate incidents and how to access resources. Another session will be arranged for the new international colleagues.

Metric 6 - Percentage of Staff Experiencing Harassment, Bullying or Abuse from other Staff in last 12 months (Obtained from NHS Staff Survey)



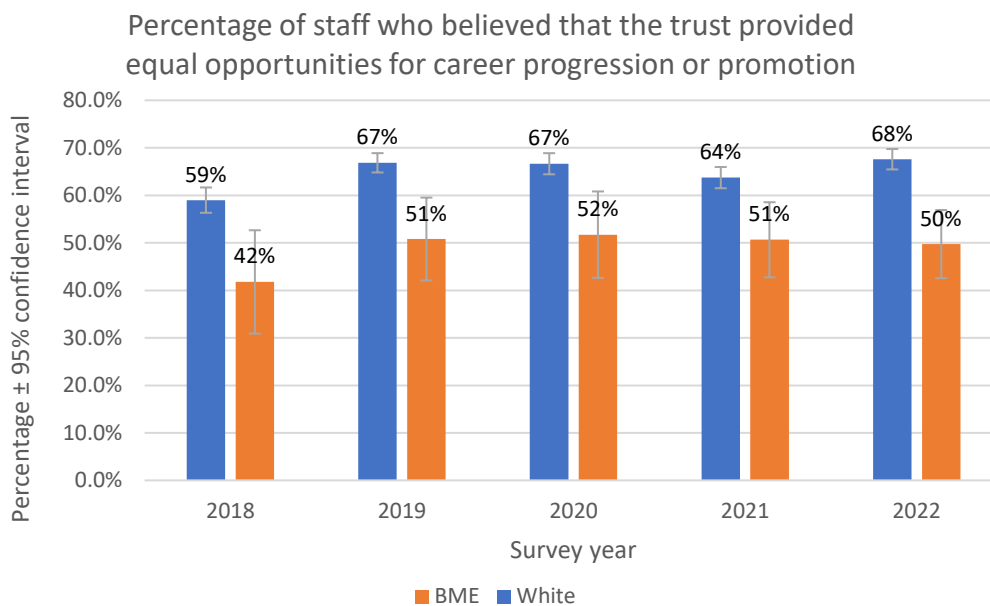
The dataset for BME staff, has seen a reduction from 28% to 27% and white staff from 19% to 18%. There is a 9% gap for BME staff compared to white colleagues. Although disparities between the experiences of BME and white staff persist, it is encouraging that it is consistently dropping for the past 3 years and is at its lowest level. There is still work to be undertaken as BME staff experiences are uniformly worse than white colleagues

Actions taken and interventions planned

- Staff network is available to offer safe space and support

- Internal and External Mediation support is available. Additional internal mediators have been trained and refresher training has been provided
- Freedom to Speak Up Guardian (FTSUG) has collaborated with the staff network and will continue to form close links
- An increase in the number of Inclusion & Wellbeing champions have been recruited and trained. Bi-monthly meetings are in place to provide ongoing support to the champions Further work to be undertaken to relaunch and actively embed the champions across the Trust.
- Staff counsellor / Vivup EAP is available to provide support
- Inclusion & Wellbeing Roadshows were held to raise awareness and signpost the broad range of health & wellbeing offers
- Chaplaincy support is available and weekly drop in sessions are available
- Health & wellbeing conversations toolkit in development to equip and support managers with having ongoing meaningful conversations
- Proud at work conference taken place in September 2023 to promote the Trust values and foster a compassionate and inclusive culture

Metric 7 - Percentage of People believing that Trust provides equal opportunities for Career Progression to Promotion (Obtained from NHS Staff Survey)



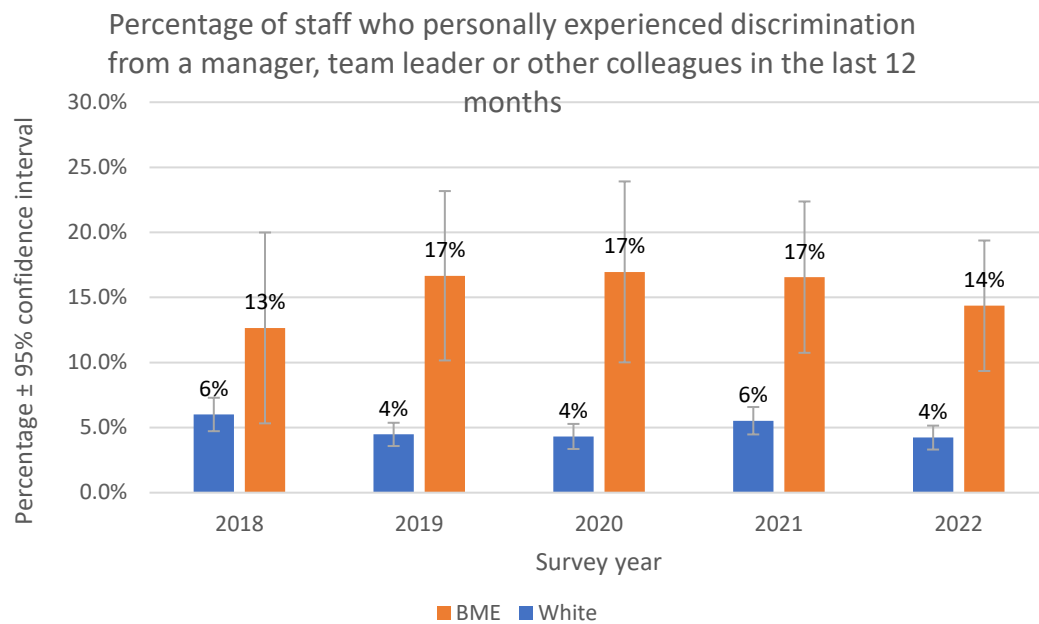
There is a slight decline in the number of BME staff who believes the Trust provides equal opportunities for career progression to promotion, 50% in 2022. White staff have had an increase to 68% in 2022. This is in contrast to the previous reporting year 51% of BME staff and 64% of white staff believing that the Trust provides equal opportunities for career progression or promotion. This pattern has been evident since 2018 in a lower percentage of BME staff than white staff who felt that their Trust provides equal opportunities for career progression.

Action taken and interventions planned

The Diversity & Inclusion sub-group has identified recommendations to support staff with career progression:

- The Trust to consider longer-term career development needs of international nurses at Band 5 to ensure retention and further development of this group which has significantly increased in recent years. Some success stories in IENs achieving career progression.
- Liaise with Associate Director of Professions to discuss IENs' professional development
- Learning and organisational development offers have been promoted to the staff network members including coaching and mentoring. Staff are encouraged to access the professional development support available and there will be a continued focus on increasing awareness.
- The second cohort of the Inclusive Culture Partnership Programme (reciprocal mentoring) is being launched and commencing in September 2023. Key learnings will be shared
- The Trust's Talent Management Programme has been expanded to include bands 2 – 4 as part of the Arising, Aspiring and Ascending development programmes.

Metric 8 – Percentage of staff who personally experienced discrimination at work from a manager, team leader or other colleague (Obtained from NHS Staff Survey)



The percentage of staff who personally experienced discrimination from other staff in the last 12 months has decreased from the previous year 17% to 14% for BME staff in 2022. Again, this is significantly higher for BME staff in contrast to white staff (4%) where there is a slight decrease for white staff from the previous year (6%).

Action taken and interventions planned

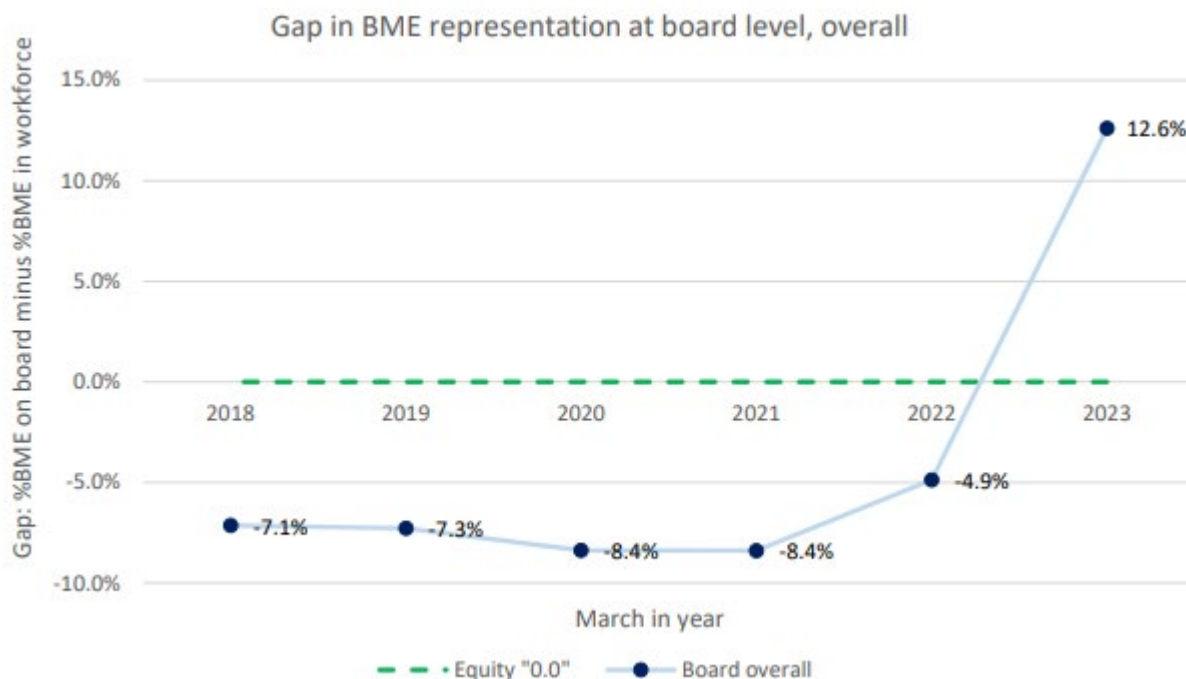
A range of ongoing training programmes are available:

Passport to Management Diversity and Inclusion training has been refreshed and updated for managers

Courageous Conversations for Managers

Compassionate leadership and focus on inclusivity

Metric 9 – Percentage Difference between the Organisations Board Voting Membership and its Overall Workforce



Overall Board Representation - The difference between BME representation on the board and in the workforce is +12.6%. This reflects the board membership of 15 White and 5 BME members. Overall there is an overrepresentation of BME members on the board.

Voting Board membership – The difference between BME representation on the board and in the workforce is +3.0 amongst voting members. This equates to 11 White board members and 2 BME members. BME members are proportionately represented on the board.

Executive Board membership – The difference between BME representation on the board and in the workforce is +4.3% amongst executive members. This consist of 5 White board members 1 BME member. BME member is proportionately represented on the board.

Action taken and interventions planned

- A proactive effort has been taken to improve both the initial search, and recruitment and selection processes to increase the field of appropriately diverse candidates. As a result, overrepresentation can be seen in the overall board membership.
- The Trust has also implemented an Associate Non-Executive Director (NED) programme to provide learning opportunities for individuals that may not necessarily be ready for a NED position, with a view to bringing wider diversity to the Board in the future
- The Trust Chair is participating in the NHS Employers diversity in health and care partnership programme, a 12 months programme that commenced in September 2023 to

develop more EDI insight, create an inclusive workplace culture and increase strategic awareness for the board on EDI within the Trust's business and at the national level. The Chair will be attending the workshops, along with the Head of Inclusion & Wellbeing and a Staff network Chair/Deputy Chair/representative.

- Some of the Board members have joined the newly established EDI Leadership Group consisting of board level members across the ICS to learn from each other and provide visible leadership commitment in advancing the EDI agenda
- EDI training has been delivered to the Council of Governors to increase their knowledge, awareness, creating an inclusive culture and how to embed EDI practices in their role
- Regular meetings are taking place with the Trust Chair and the Head of Inclusion & Wellbeing and separate meetings with the Chair and the staff networks members

5. Conclusion

There have been some improvements over the last 12 months but there is still further work required to be undertaken in order to improve BME experiences, to make the Trust the best place to work and create an organisational climate that supports Equality, Diversity and Inclusion.

The data shows improvements in the following areas:

- Increased BME workforce representation particularly at Band 5 largely due to the recruitment of international nurses and also notably seen in BME medical trainee grades. An increase in the numbers are also seen in other staff groups
- Reduction in BME colleagues experiencing discrimination, harassment, bullying and abuse (however in comparison to white staff the gap is widening).
- Increased in voting members and overall Board representation
- No formal disciplinary cases involving BME staff.

Priority areas for future focus:

- White staff are 2.03 times more likely to be appointed from shortlisting than BME staff.
- White staff are 1.25 times more likely to access non-mandatory training/CPD compared to BME staff.
- BME staff believing that the Trust provides equal opportunities for career progression to promotion, BME staff, 50% in contrast to 64% of white staff.

There are a broad range of interventions planned to foster a just and restorative culture and create a compassionate and inclusive leadership. We will continue working closely with the Staff network and Diverse & Inclusive Culture Subgroup and actively seek the collaboration, inclusion and voice of our BME staff to develop plans and improvement. The aim is to develop and implement a range of activities to engage and listen to staff and make transformational changes. We would like to thank the Race Equality Staff Network and the Diverse & Inclusive Culture Subgroup for their commitment in promoting an inclusive culture.

The action plan highlights the steps to be taken to address the priority areas and reduce the identified gaps for the next 12 months.

6. Recommendation

It is requested that the Board of Directors ratify the WRES Annual Report and Action Plan 2023 and agree that the report will be published on the Trust's website by the reporting deadline of 31st October 2023.

Appendix 1

Barnsley Hospital NHS Foundation Trust
North East and Yorkshire

Summary for the 2022/23 reporting year

RFF

Trust type: Acute with or without Community

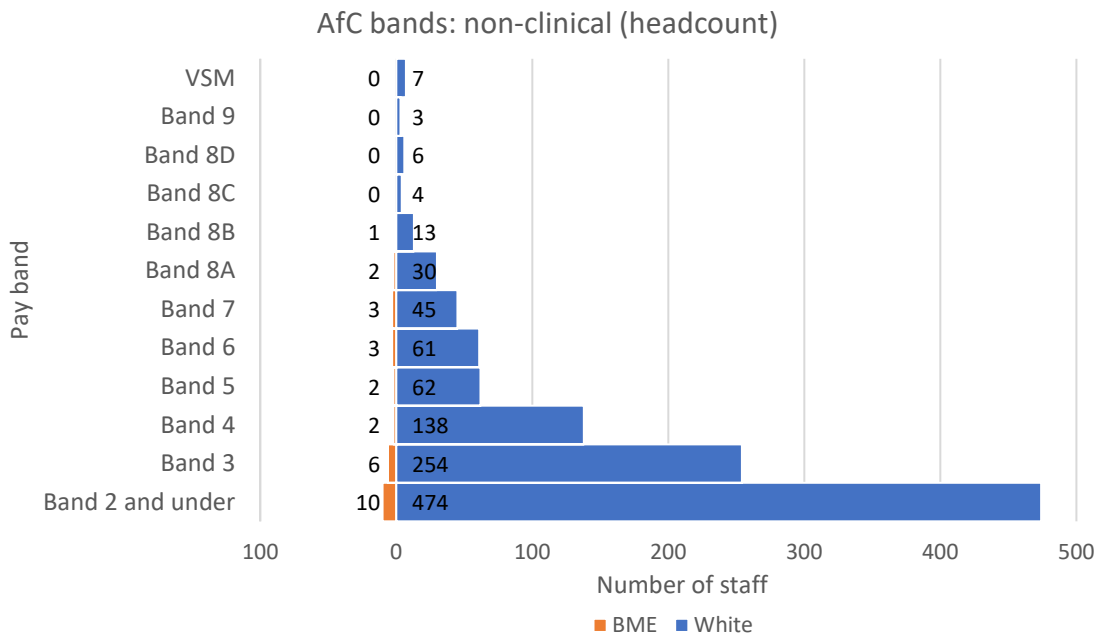
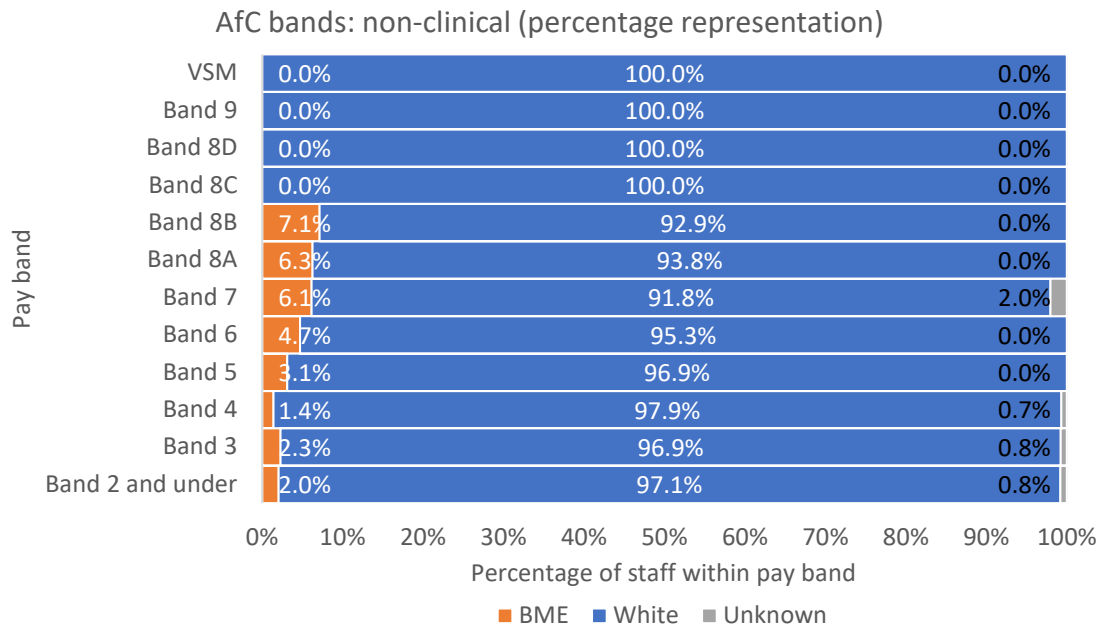
Indicator number and description			Trust	North East and Yorkshire	Acute	National	Percentile rank*
Indicator 1: BME representation in the workforce by pay band							
BME representation in the workforce overall			12.4%	15.8%	28.9%	26.4%	
Pay band at which BME under-representation first occurs	Non-clinical	Band 4 -	Proportional	Band 3	Band 3	Band 3	
		Band 5 +	Proportional	Band 8A	Band 8A	Band 8A	
	Clinical	Band 4 -	Proportional	Band 3	Band 3	Band 3	
		Band 5 +	Band 6	Band 6	Band 6	Band 6	
	Medical		Consultant	Consultant	Consultant	Consultant	
	Race disparity ratios	Non-clinical	Lower:middle	0.38	1.09	0.92	0.90
Middle:upper			1.19	1.44	1.40	1.36	17%
Lower:upper			0.45	1.57	1.29	1.23	67%
Clinical		Lower:middle	2.92	2.58	1.91	1.83	83%
		Middle:upper	0.75	1.20	1.56	1.39	30%
		Lower:upper	2.19	3.11	2.97	2.55	21%
Indicator 2: likelihood of appointment from shortlisting							
likelihood ratio White / BME			2.03	2.01	1.58	1.59	81%
Indicator 3: likelihood of entering formal disciplinary proceedings							
likelihood ratio BME / White			0.00	0.94	1.02	1.03	
Indicator 4: likelihood of undertaking non-mandatory training							
likelihood ratio White / BME			1.25	1.03	1.15	1.12	99%
Indicator 5: harassment, bullying or abuse from patients, relatives or the public in last 12 months							
BME			25.7%	28.7%	30.6%	30.4%	23%
White			25.9%	25.3%	26.8%	26.8%	48%
Indicator 6: harassment, bullying or abuse from staff in last 12 months							
BME			26.8%	27.1%	28.5%	27.7%	51%
White			18.1%	19.8%	23.1%	22.0%	24%
Indicator 7: belief that the trust provides equal opportunities for career progression or promotion							
BME			49.7%	47.5%	46.3%	46.4%	29%
White			67.6%	61.6%	58.9%	59.1%	7%
Indicator 8: discrimination from a manager/team leader or other colleagues in last 12 months							
BME			14.4%	16.6%	17.0%	16.6%	31%
White			4.2%	5.6%	6.7%	6.7%	8%
Indicator 9: BME representation on the board minus BME representation in the workforce							
Overall			+12.6%	-4.9%	-14.8%	-10.8%	60%
Voting members			+3.0%	-4.4%	-16.1%	-11.2%	11%
Executive members			+4.3%	-8.3%	-19.6%	-15.6%	12%

* ranks the Trust from 0% (best in the country) to 100% (worst in the country) on each indicator.

Appendix 2

Data breakdown of BME staff representation compared to white staff by all AfC bands for clinical and non-clinical staff, and by all medical and dental grades.

Split of BME and White Non- Clinical staff on Agenda for Change (Afc) Paybands



BME staff are represented at 2.6% in all non-clinical AfC roles.

At Band 4 and under (e.g., administrative and technical support roles, estates officer):

- BME representation is 2.0%
- BME staff are proportionately represented by pay band

At Band 5 and over (graduate and management level roles):

- BME representation is 4.5%,
- BME staff are proportionately represented by pay band

Metric one is split into Clinical and Non- Clinical, the table below shows the breakdown of staff in the clinical and non-clinical groups for period 1 April 2022 to 31 March 2023. Percentages are based on the numbers of staff in that group and show the percentage of White and BME in each Band.

Grade	Non-Clinical				Clinical			
	White		BME		White		BME	
Band 2	464	10.72%	9	0.20%	278	6.42%	12	0.27%
Band 3	254	5.87%	6	0.13%	581	13.43%	24	0.55%
Band 4	138	3.19%	2	0.04%	101	2.33%	2	0.04%
Band 5	62	1.43%	2	0.04%	519	11.99%	184	4.25%
Band 6	61	1.10%	3	0.06%	557	12.87%	28	0.64%
Band 7	45	1.04%	3	0.06%	296	6.84%	16	0.36%
Band 8a	30	0.69%	2	0.04%	72	1.66%	4	0.09%
Band 8b	13	0.30%	1	0.02%	19	0.43%	1	0.02%
Band 8c	4	0.09%	0	0.00%	1	0.02%	2	0.04%
Band 8d	6	0.13%	0	0.00%	6	0.13%	0	0.00%
Band 9	3	0.06%	0	0.00%	2	0.04%	0	0.00%

Split of BME and White Clinical staff on AfC pay bands

BME staff are represented at 9.8% in all clinical AfC roles.

At Band 4 and under (e.g. clinical support workers and healthcare assistants):

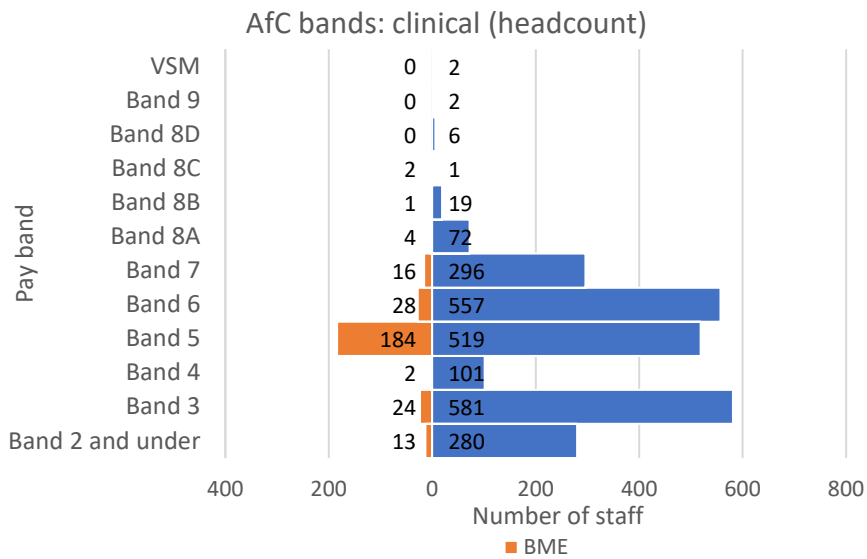
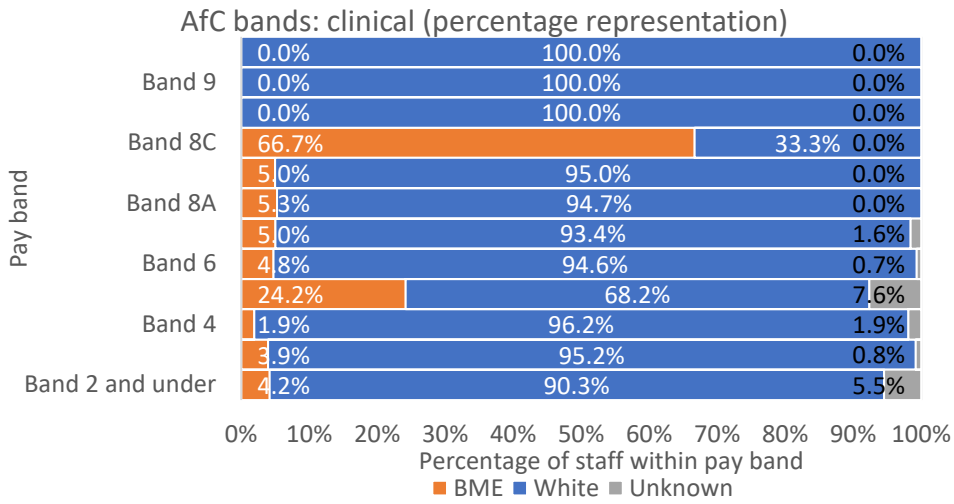
BME representation is 3.8%

BME staff are proportionately represented by pay band.

At Band 5 and over (e.g., clinical roles requiring professional registration including nurses):

BME representation is 13.2%

BME staff are underrepresented at Band 6 and above 5.0%.



The table below shows the change in the numbers of BME people in the Trust from 2018 – 2023 based on the AfC pay clusters identified in WRES: A Model Employer.

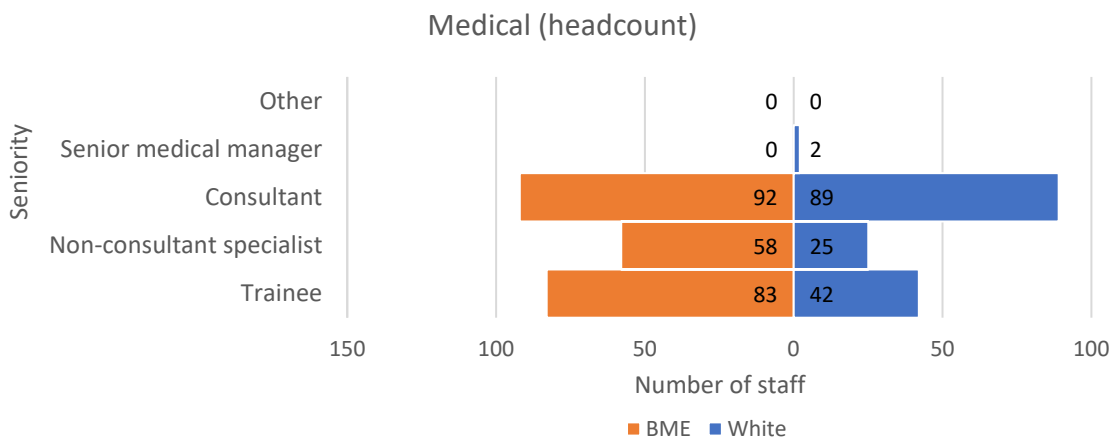
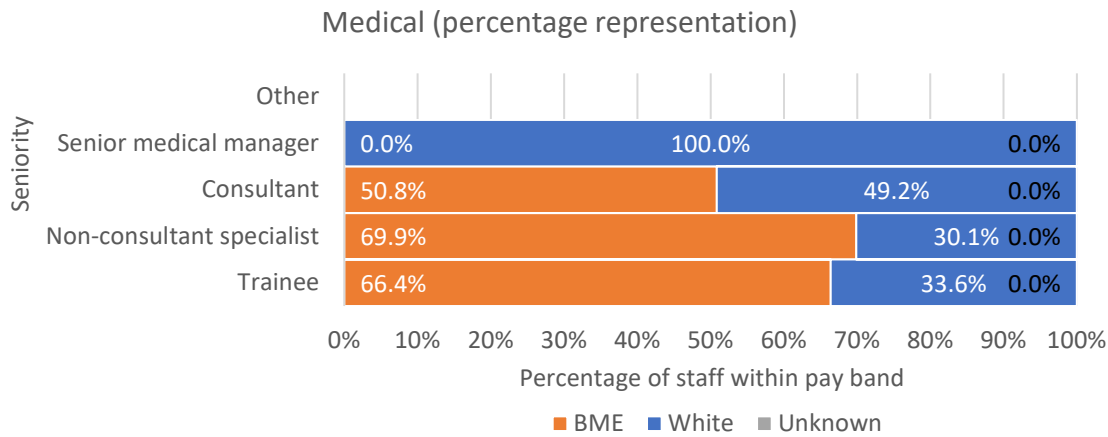
In 2023, BME representation is 7.8% across all AfC bands. Overall, there has been an increase in the number of BME staff, whereas for Band 4 there is a slight decrease. Bands 7 and 8b remain unchanged. There are no BME staff in Bands 8d and 9. Notably for Band 5 there is a significant increase from 107 in 2022 to 186 in 2023 primarily due to the recruitment of international nurses. Encouragingly there is an increase in BME for Band 6 from 19 to 31 and this will reflect some of the international nurses who have been promoted.

Agenda for change	2018			2019			2020			2021			2022			2023			
	White	BME	Unknown	White	BME	Unknown	White	BME	Unknown	White	BME	Unknown	White	BME	Unknown	White	BME	Unknown	
Under band 1	31	1	0	25	0	0	25	1	0	16	1	0	14	1	0	12	↑	2	0
band 1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	→	0	0
band 2	595	5	0	679	10	2	661	13	1	702	13	1	685	17	2	742	↑	21	21
band 3	456	5	7	444	4	4	512	10	4	529	10	14	563	20	17	835	↑	30	7
band 4	183	3	0	197	1	0	210	3	1	224	3	2	228	5	3	239	↓	4	3
Cluster 1 total	1265	14	7	1345	15	6	1408	27	6	1471	27	17	1490	43	22	1828	↑	57	31
band 5	650	38	7	683	49	6	661	62	8	675	56	10	636	107	41	581	↑	186	58
band 6	495	18	4	509	19	4	538	24	4	576	25	3	577	19	5	619	↑	31	4
band 7	271	8	1	283	8	1	309	11	5	315	13	3	330	19	7	341	→	19	6
Cluster 2 total	1416	64	12	1475	76	11	1508	97	17	1566	94	16	1543	145	53	1540	↑	236	68
band 8a	88	6	2	98	9	0	100	7	0	101	7	0	93	5	0	102	↑	6	0
band 8b	15	1	0	19	2	0	23	2	0	27	3	0	25	2	0	32	→	2	0
Cluster 3 total	103	7	2	117	11	0	123	9	0	128	10	0	118	7	0	116	↑	8	0
band 8c	1	0	0	1	0	0	1	0	0	1	0	0	6	0	0	5	↑	2	0
band 8d	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	12	→	0	0

band 9	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	5	→	0	0
Cluster 4 total	2	0	0	2	0	0	2	0	0	2	0	0	8	0	0	22	↑	2	0

Medical and Dental	2018			2019			2020			2021			2022			2023		
	White	BME	Unknown	White	BME	Unknown	White	BME	Unknown	White	BME	Unknown	White	BME	Unknown	White	BME	Unknown
Medical & Dental Consultants	77	73	0	77	73	0	90	79	0	95	84	0	93	87	0	91	92	0
Medical & Dental Non- consultants career grade	19	41	1	19	41	2	50	88	2	27	61	0	27	52	0	25	58	0
Medical & Dental trainee grades	58	46	2	58	46	1	33	16	4	49	53	0	52	76	0	42	83	0

In Medical and Dental, in 2023, BME representation is 59.6% across all medical and dental grades.



Medical & Dental

There has been an increase in the BME colleagues in all medical and dental grades.

BME Medical & Dental Consultants – there is a continued increase in the number of consultants, 87 increased to 92 in 2023, compared to a slight decrease from 93 to 91 white colleagues

BME Medical & Dental Non-consultant career grades - has increased from 52 to 58, whereas there has been a slight decrease from 27 To 25 white colleagues in 2023. .

BME Medical & Dental trainee grades – have increased from 76 to 83 in 2023, compared to a decrease from 52 to 42 white colleagues.

Appendix 3 - Workforce Race Equality Standard (WRES) Action Plan 2023 - 2024

WRES Indicators	How this will be achieved	What expected outcome will be	What evidence will support this	Who will lead this	Where reported/ monitored e.g. Committee/ Group	Timescale	Update	RAG rating
1.1 & 2 Workforce Representation and Staff recruitment from shortlisting	Collaborate with recruitment team and actively promote jobs' opportunities in partnership with communities and different organisations	Improvement in likelihood of BME staff being appointed from shortlisting	2023 WRES data results and mid-point data	Inclusion & Wellbeing Lead / Recruitment manager	PEG	1 October 2023 – 31 August 2024		
1.2 & 2.2 Workforce Representation and Staff recruitment from shortlisting	Promote targeted opportunities	Improvement in likelihood of BME staff being appointed from shortlisting	WRES Data results	Head of Inclusion & wellbeing/ Inclusion & Wellbeing Lead	PEG	1 September 2023 – 31 August 2024		
1.3 & 2.3 Workforce Representation and Staff recruitment from shortlisting	Continue to deliver the Passport to management including unconscious bias and inclusive recruitment practices	Improvement in likelihood of BME staff being appointed from shortlisting	WRES Data results	Head of inclusion & wellbeing/ Inclusion & Wellbeing Lead	PEG	1 September 2023 – 31 August 2024		
3.Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.	Continue to monitor disciplinary figures	no reports of disciplinaries	WRES Data results	HRBP	PEG	1 September 2023 – 31 August 2024		

4. Relative likelihood of BME staff undertaking non-mandatory training or CPD	Targeted promoting resources for development / training programmes / skills and competencies, coaching/mentoring shadowing and collaborate with the staff network to identify any issues with accessing training	Improvement in accessing non-mandatory training	WRES Data results	Head of Inclusion & Wellbeing / I & W Lead	PEG	1 September 2023 – 31 August 2024		
5. Staff experiencing harassment, bullying or abuse (HBA) from patients, relatives or public	Respect Campaign to encourage a focus on respectful behaviours Posters to be displayed across the Trust	Reduction in harassment, bullying or abuse from patients, relatives or public	WRES data – reduction in number of staff experiencing harassment, bullying or abuse	Communications Lead	PEG Violence & Aggression Management Group	31 December 2023		
5.1 Staff experiencing harassment, bullying or abuse from staff	Encourage staff to speak up and report harassment, bullying or abuse Collaboration with Race Equality staff network, Champions, Freedom to Speak up, Health & Wellbeing	Staff to have the confidence to report or challenge in a non-threatening way harassment. Bullying or abuse BAME staff to have an addition vehicle to have a voice	Less staff experiencing harassment, bullying or abuse	Head of I&WB / I&WB lead Freedom to Speak up Guardian Champions (Inclusion & Wellbeing & FTSU)	Violence & Aggression Management Group	1 September 2023 – 31 August 2024		
5.2 Staff experiencing harassment, bullying or abuse from	Regular reporting through Violence and Aggression Management Group	Reduce incidence of HBA	Less staff experiencing harassment,	I & W Lead, Freedom to Speak Up	PEG	1 September 2023 – 31 August 2024		

patients, relatives or public	highlighting any themes, trends and hotspots		bullying or abuse	Head of Inclusion & Wellbeing				
5.3 Staff experiencing harassment, bullying or abuse from patients, relatives or public	Provide support (counselling, debrief, wellbeing conversation) and allow safe place for voice to be heard	Support the wellbeing of staff	Less staff experiencing harassment, bullying or abuse	Head of Occupational Health Head of I&W	PEG	1 September 2023 – 31 August 2024		
5.4 Staff experiencing harassment, bullying or abuse from patients, relatives or public	Less staff experiencing harassment, bullying or abuse	Encourage a focus on an informal resolution framework	Less staff experiencing harassment, bullying or abuse	Head of I&WB 'Creating a Positive Culture' Steering Group	PEG Health & Safety Group	1 September 2023 – 31 August 2024		
6.1 Staff experiencing harassment, bullying or abuse from staff	Provide support (counselling, debrief, wellbeing conversations) and allow safe place for voice to be heard	Support the wellbeing of staff Debrief Policy / Health & Wellbeing conversations toolkit in development will assist managers in having conversations and providing support	Less staff experiencing harassment, bullying or abuse	Head of Occupational Health Head of I&WB	PEG	1 September 2023 – 31 August 2024		
6.2 Staff experiencing harassment, bullying or abuse from staff	Create and Promote a compassionate culture	Encourage a focus on respectful behaviours	Less staff experiencing harassment, bullying or abuse	Head of I & WB L &OD Manager	PEG	1 September 2023 – 31 August 2024		
7. 1 Believe equal opportunities for career progression or promotion	Ensure mentorship and development plans are in place for aspirant	Improvement on WRES indicators	Improvement in Staff accessing mentoring / coaching, career development	Head of I&WB/Head of Leadership &	PEG	1 September 2023 – 31 August 2024		

	<p>BME nurses and midwives.</p> <p>Scope for Growth Career conversations Framework to be developed as part of the developing OD & Culture Strategy</p> <p>Health & Wellbeing Conversations Toolkit to be introduced</p>		<p>conversations are provided and plans are in place for professional development</p>	<p>Organisational Development</p> <p>Head of I&W</p>		<p>31 December 2023</p>		
<p>7.2 Believe equal opportunities for career progression or promotion</p>	<p>Targeted promoting resources for development / training programmes / skills and competencies, coaching/mentoring shadowing</p> <p>Increase awareness and understanding of Coaching/mentoring support</p>	<p>Improvement on WRES indicators</p>	<p>Improved opportunities for career progression / promotion</p>	<p>Head of I&WB / I&W Lead, L&OD Manager</p>	<p>PEG</p>	<p>1 September 2023 – 31 August 2024</p>		
<p>7. 2 Believe equal opportunities for career progression or promotion</p>	<p>More promotion of BME people within the trust, publish success stories</p>	<p>People will see other people in promotions who look like them</p>	<p>More BME people included in marketing and promotions</p>	<p>Head of I&WB Communications Lead</p>	<p>PEG</p>	<p>1 September 2023 – 31 August 2024</p>	<p>To Increase diversity in images across the Trust and liaise with Comms lead to provide images</p>	

7.3 Believe equal opportunities for career progression or promotion	Consider longer-term career development needs of International nurses at Band 5 to ensure retention and further development	Improvement in WRES indicators and retention of staff	International nurses retained and career progression	Associate Director of Professions	PEG	1 September 2023 – 31 August 2024		
7.4 Believe equal opportunities for career progression or promotion	Delivery of the Reciprocal mentoring programme – second cohort commenced in September 2023. Identify and share key learning as necessary for the Trust	Create transformational changes Improved opportunity for professional development and career progression	Improved opportunity for professional development and career progression	Head of I&W	PEG	1 September 2023 – 31 August 2024		
8. Staff experiencing discrimination at work from Manager/team leader or other colleagues	FTSU Guardian support H&WB champions incorporating the FTSU Champion and Diversity champions role Continue to collaborate with staff network	Reduction in number of BME staff experiencing discrimination at work and managers/team leaders awareness of what discrimination looks like	Sense check with FTSU Guardian and Champions	Head of I&WB FTSU Guardian	PEG	1 September 2023 – 31 August 2024		

8. Staff experiencing discrimination at work from Manager/team leader or other colleagues	Inclusion & Wellbeing Champions	Reduction in number of BME staff experiencing discrimination at work and managers/team Promote programme and create respectful behaviours and just culture	WRES Data WRES Data	EDI Lead for HWB Head of I&WB L&OD Manager I/W	PEG	1 September 2023 – 31 August 2024		
Board representation	Board are proportionately represented of the workforce (voting members and executive members proportionate and overall board membership is overrepresented)	Continue to ensure board representation is reflective of the overall workforce	WRES Data	Head of I &WB	Nominations Committee Council of Governors	1 September 2023 – 31 August 2024	Liaise with Chair and	

KEY RAG Rating



Complete



On track for delivery



Behind plan and action needed to bring back on target