

## Workforce Race Equality Standard 2022

### Introduction

The WRES (Workforce Race Equality Standard (WRES) is a national annual reporting scheme, which TRFT is required to comply with. It uses defined indicators to measure the experience of BME (Black and Minority Ethnic) staff against white staff, drawing on data from ESR, NHS Jobs and the National Staff Survey. ESR and NHS Jobs data is for the period 1 April 2021 to 31 March 2022, with snapshot data as at 31 March 2022. Staff Survey data is from the 2021 Staff Survey. The report includes comparisons with the previous year's data.

Trusts are required by the NHS Standard Contract to use this data to develop action plans aimed at decreasing the gap in experience between these two groups, in line with their obligations under the Public Sector Equality Duty.

For the purposes of WRES, BME is defined as non-white (the category does not include staff from white minority groups).

Within this report the acronym BME is used because it is the one used within the WRES technical guidance. There is an ongoing rich and vibrant conversation within and outside the NHS as to the best term to use to describe racially minoritised/global majority people as a group, alongside an acknowledgement that different ethnic groups within this wider group experience different treatment and outcomes.

Further data on the Trust's workforce, local population and patients is available in [our annual equality and diversity report](#). At the 2011 census, 91.9% of the Rotherham population was White British, and a further 1.68% belonged to other white ethnic groups. 2021 census figures are expected to show an increase in the diversity of the Rotherham population.

The [National WRES report](#) contains analysis of WRES data across provider Trusts in England. Nationally approximately 1.4 million people work in the NHS, of which 22.4% (309,532) are from a BME background. In summary, recognising we are comparing different time periods, the local BME population is approximately 8% BME; the BME population of the NHS as a whole is 22.4% and the Trust has a BME workforce of 12.7%. Whilst this appears a favourable position when compared to the local population, this figure hides some disparities in the make-up of the workforce which we will attempt to address through this action plan.

It is clear from the WRES report that the Trust has much work to do to address the inequality of experience reported by BAME staff when compared to white colleagues. Whilst we appear to do well when comparing ourselves against the local BAME population (in terms of representation), this is impacted by the high numbers of Medical and Dental staff from the BAME community and the increase in numbers of nursing staff recently recruited from overseas.

It is also clear that we have to address some of the stark indicators within this report, for example the experience of BAME staff experiencing bullying and harassment compared to white colleagues, we also need to address the disparity in relation to career progression.

This action plan sets out our approach to addressing these issues but we are clear that improving the experience and representation of BME staff is a complex, multi-year programme, requiring the support of all leaders within the organisation and the wider communities we serve.

Action plan draft until approved by Board

## The WRES Indicators

These are the nine indicators that the Trust is required to report against:

1. Percentage of staff in each of the AfC bands 1 - 9 or medical and dental subgroups and VSM (including executive board members) compared with the percentage of staff in the overall workforce.
2. Relative likelihood of white staff being appointed from shortlisting compared to that of BME staff being appointed from shortlisting across all posts
3. Relative likelihood of BME staff entering the formal disciplinary process, compared to that of white staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation
4. Relative likelihood of white staff accessing non mandatory training and CPD as compared to BME staff
5. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
6. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
7. Percentage believing that trust provides equal opportunities for career progression or promotion
8. In the last 12 months have you personally experienced discrimination at work from any of the following? Manager/ team leader or other colleagues
9. Percentage difference between the organisations' board membership and its overall workforce disaggregated: by voting membership and executive membership of the board

- 1) Percentage of staff in each of the AfC bands 1 - 9 or medical and dental subgroups and VSM (including executive board members) compared with the percentage of staff in the overall workforce.

**Percentages of staff in each pay band who are BME**

Clinical / Non Clinical	Band / VSM / NED / Medical and Dental	of which Snr Med Mgr	2021		2022	
			Total Staff	%BME	Total	%BME
1a) Non Clinical Staff	Under Band 1		3	0.0%	9	11.1%
	Bands 1		9	22.2%	7	28.6%
	Bands 2		493	4.3%	471	4.2%
	Bands 3		251	2.8%	255	2.4%
	Bands 4		139	2.9%	140	3.6%
	Bands 5		93	6.5%	93	8.6%
	Bands 6		82	2.4%	81	2.5%
	Bands 7		54	1.9%	59	6.8%
	Bands 8a		42	2.4%	54	0.0%
	Bands 8b		14	7.1%	15	6.7%
	Bands 8c		10	0.0%	8	0.0%
	Bands 8d		8	0.0%	6	0.0%
	Bands 9		6	0.0%	7	0.0%
	VSM		12	16.7%	12	25.0%
	<b>Non-clin total</b>		<b>1216</b>	<b>3.9%</b>	<b>1217</b>	<b>4.3%</b>
1b) Clinical Staff	Under Band 1		8	0.0%	7	14.3%
	Bands 2		606	4.5%	599	5.3%
	Bands 3		365	7.4%	351	6.0%
	Bands 4		164	3.0%	180	5.0%
	Bands 5		775	13.9%	770	25.6%
	Bands 6		764	6.0%	795	8.1%
	Bands 7		357	4.8%	377	4.0%
	Bands 8a		161	6.8%	185	5.4%
	Bands 8b		25	16.0%	34	20.6%
	Bands 8c		13	0.0%	12	8.3%
	Bands 8d		8	12.5%	9	11.1%
	Bands 9		1	0.0%	1	0.0%
	<b>Clin non-med total</b>		<b>3247</b>	<b>7.6%</b>	<b>3320</b>	<b>10.8%</b>
	M&D - Consultants		163	55.8%	172	57.6%
	M&D - trainee grades		130	43.1%	134	60.4%
	M&D - Non-Consultant career grade		101	37.6%	110	37.3%
	Other (e.g. Bank or Agency)		4	0.0%	4	0.0%
	VSM		1	0.0%	2	0.0%

		M&D Senior Manager	1	0.0%	1	0.0%
<b>Grand Total</b>			<b>4863</b>	<b>9.8%</b>	<b>4960</b>	<b>12.7%</b>

## Numbers of BME and white staff in each pay band

Clin / Non Clin	Band / VSM / NED / M&D	Snr Med Mgr	2021				2022			
			White	BME	Not State d	Total	White	BM E	Not State d	Tota l
1a) Non Clinical	Under Band 1		3			3	8	1		9
	Bands 1		7	2		9	5	2		7
	Bands 2		467	21	5	493	446	20	5	471
	Bands 3		242	7	2	251	249	6		255
	Bands 4		133	4	2	139	134	5	1	140
	Bands 5		87	6		93	84	8	1	93
	Bands 6		79	2	1	82	78	2	1	81
	Bands 7		52	1	1	54	54	4	1	59
	Bands 8a		41	1		42	54			54
	Bands 8b		13	1		14	14	1		15
	Bands 8c		9		1	10	7		1	8
	Bands 8d		8			8	6			6
	Bands 9		6			6	7			7
	VSM		10	2		12	9	3		12
	Non-clin total		<b>1157</b>	<b>47</b>	<b>12</b>	<b>1216</b>	<b>1155</b>	<b>52</b>	<b>10</b>	<b>1217</b>
1b) Clinical	Under Band 1		8			8	6	1		7
	Bands 2		577	27	2	606	565	32	2	599
	Bands 3		335	27	3	365	326	21	4	351
	Bands 4		159	5		164	171	9		180
	Bands 5		660	108	7	775	566	197	7	770
	Bands 6		713	46	5	764	726	64	5	795
	Bands 7		337	17	3	357	359	15	3	377
	Bands 8a		149	11	1	161	174	10	1	185
	Bands 8b		21	4		25	26	7	1	34
	Bands 8c		13			13	11	1		12
	Bands 8d		7	1		8	8	1		9
	Bands 9		1			1	1			1
	Clin non-med total		<b>2980</b>	<b>246</b>	<b>21</b>	<b>3247</b>	<b>2939</b>	<b>358</b>	<b>23</b>	<b>3320</b>
	M&D Consultants		65	91	7	163	66	99	7	172
	M&D trainee grades		62	56	12	130	46	81	7	134
	M&D Non-Consultants career grade		55	38	8	101	59	41	10	110
	Other (e.g. Bank or Agency)		4			4	4			4

	VSM		1			1	2			2
		M&D Snr mgr	1			1	1			1
<b>Grand Total</b>			<b>4325</b>	<b>478</b>	<b>60</b>	<b>4863</b>	<b>4272</b>	<b>631</b>	<b>57</b>	<b>4960</b>

Over the last year, the overall number of BME staff employed by the Trust has increased significantly, and BME staff now constitute 12.7% of the Trust's workforce. This increase has occurred mostly within clinical roles, with the composition of the non-clinical workforce remaining fairly static. The Trust's non-clinical workforce continues to be less diverse than the local population served by the Trust. As an example, the BME non-clinical workforce in Bands 2, 3 and 4 equates to 31 staff. If this figure were to be representative of the local population then the number of BME staff in this group would be 70. The action plan will identify specific actions to address this issue, particularly given our ambitions as an Anchor Institution.

Within the Trust's Agenda for Change (AfC) workforce, there are only 10 BME staff at Band 8B and above (although this has increased from 6 the previous year).

During 2020/21, 26.3% of new starters at TRFT were BME, compared to 20.4% the previous year. In both years, this figure was significantly increased due to international recruitment of nurses, with relatively small numbers of BME new starters across other staff groups (other than Medical and Dental).

### Ethnicity by staff group

	2022				
Staff Group	White	BME	Not Stated	Total	%BME
<b>Add Prof Scientific and Technic</b>	110	28	4	142	19.7%
<b>Additional Clinical Services</b>	955	76	5	1036	7.3%
<b>Administrative and Clerical</b>	961	37	5	1003	3.7%
<b>Allied Health Professionals</b>	402	50	4	456	11.0%
<b>Estates and Ancillary</b>	315	16	6	337	4.7%
<b>Healthcare Scientists</b>	96	15	2	113	13.3%
<b>Medical and Dental</b>	175	221	24	420	52.6%
<b>Nursing and Midwifery Registered</b>	1254	188	7	1449	13.0%
<b>Students</b>	4			4	0.0%
<b>Grand Total</b>	<b>4272</b>	<b>631</b>	<b>57</b>	<b>4960</b>	<b>12.7%</b>

Levels of ethnic diversity within the Trust's workforce vary significantly between staff groups. The Trust's Nursing and Midwifery workforce has become significantly more diverse, primarily as a result of international recruitment over the last couple of years.

Over half of the Trust's medical and dental workforce is BME. Whilst there has been some specific international recruitment within this staff group, a large proportion of

the overall UK medical workforce are BME, and many are UK graduates. Additionally, the medical and dental workforce is a highly mobile one, both nationally and internationally, and changes to the immigration rules since Brexit have made it more straightforward for non-EU candidates to apply for clinical roles within the NHS (this has also impacted within the Allied Health Professional workforce).

It is clear from the data that there is a lack of BME representation within our administrative and clerical workforce and our estates and facilities teams. Working with schools, further and higher education institutes will be a key action for us this year in trying to address under-representation in these areas. We will also work with local communities to target recruitment activity to improve representation.



## Ethnicity by Division

Division	White	BME	Not Stated	Total	%BME
<b>Clinical Support Services</b>	547	72	9	628	11.5%
<b>Community Services</b>	747	46	4	797	5.8%
<b>Corporate Operations</b>	521	38	8	567	6.7%
<b>Corporate Services</b>	296	49	7	352	13.9%
<b>Emergency Care</b>	178	14	7	199	7.0%
<b>Family Health</b>	707	75	6	788	9.5%
<b>Medicine</b>	484	159	9	652	24.4%
<b>Surgery</b>	792	178	7	977	18.2%
<b>Grand Total</b>	<b>4272</b>	<b>631</b>	<b>57</b>	<b>4960</b>	<b>12.7%</b>

Levels of ethnic diversity within the Trust's workforce vary significantly between divisions, with the greatest proportions of BME staff working within the divisions of medicine and surgery. The only division with less ethnic diversity than there is within the local population of Rotherham is the Community Services division. Our HR Business partner for Community Services will work with the management team to understand the underlying reasons for this under-representation and develop actions to address this.

## Race Disparity Ratio

The disparity ratio is a reflection of staff progression in terms of representation through the pay bands, comparing BME with white staff. Lower bands refer to band 5 and below, middle bands 6 and 7, higher bands 8a and above. A ratio of 1 reflects parity of progression, and values higher than '1' reflect inequality, with a disadvantage for BME staff.

The race disparity ratio at the Trust as at 31<sup>st</sup> March 2022 for all staff excluding Medical and Dental was as follows:

- Lower to middle – 1.69
- Middle to upper – 1.08
- Lower to upper – 1.82

This is in line with or slightly better than the North East and Yorkshire average for 2021, although the Trust figures have increased slightly over the last year. This is not unexpected, given the increase in numbers of BME staff, including many new entrants to the NHS.

The race disparity ratio within the Trust varies significantly between staff groups, and is particularly high within the nursing and midwifery workforce, partly due to the impact of recent international recruitment (which has all been to Band 5 positions). This will require careful monitoring over the next few years to ensure that internationally educated nurses are being supported to progress their careers. A key

action for us this year will be to continue to develop the ‘Stay and Thrive’ programme aimed at supporting our internationally educated nurses, particularly in respect of career progression. We are also utilising findings from our Reciprocal Mentorship scheme to identify actions that will have an impact in this area.

2) Relative likelihood of white staff being appointed from shortlisting compared to that of BME staff being appointed from shortlisting across all posts

The relative likelihood of white staff being appointed from shortlisting compared to that of BME staff being shortlisted from shortlisting in 2021/22 was 0.65 (in 2020/21 it was 0.77). This means that, once shortlisted, BME candidates were more likely to be appointed than white candidates.

However, other data analysis undertaken around recruitment within the Trust has highlighted that BME candidates are less likely to be shortlisted (see table below). International recruitment, which follows a slightly different process to the Trust’s standard recruitment process has also continued to impact on this metric. Further data on the Trust’s workforce, local population and patients is available in our annual equality and diversity report.

Ethnic Origin	% Rotherham Population	% Applicants	% Shortlisted	% Appointed	% Leavers	% Workforce	% Casework	% Volunteers	% Board
Asian/Asian British: Bangladeshi	0.04%	0.67%	0.47%	0.49%	0.14%	0.21%	1.06%	1.10%	
Asian/Asian British: Chinese	0.23%	0.29%	0.21%	0.73%	0.42%	0.23%			
Asian/Asian British: Indian	0.37%	6.32%	3.00%	11.23%	1.98%	4.23%	4.26%	1.10%	
Asian/Asian British: Other Asian	0.73%	1.89%	0.91%	1.34%	0.42%	1.04%	1.06%		7.14%
Asian/Asian British: Pakistani	2.96%	7.02%	4.98%	6.23%	2.40%	2.61%	4.26%	3.30%	
Black/African/Caribbean/Black British: African	0.65%	10.53%	4.00%	2.56%	1.69%	1.54%			
Black/African/Caribbean/Black British: Caribbean	0.11%	0.33%	0.32%	0.12%		0.19%			
Black/African/Caribbean/Black British: Other Black	0.06%	0.36%	0.11%	0.12%	0.28%	0.13%			
Mixed/multiple ethnic groups: Other Mixed	0.23%	0.77%	0.55%	0.98%	0.42%	0.40%			
Mixed/multiple ethnic groups: White and Asian	0.34%	0.42%	0.51%	1.10%	1.13%	0.40%			
Mixed/multiple ethnic groups: White and Black African	0.12%	1.93%	0.70%	0.24%		0.21%			7.14%
Mixed/multiple ethnic groups: White and Black Caribbean	0.31%	0.41%	0.53%	0.49%	0.42%	0.31%			
Not Disclosed		1.41%	1.00%	2.69%	1.27%	1.25%	1.06%	30.77%	
Other ethnic group: Any other ethnic group	0.28%	4.59%	1.81%	1.71%	3.25%	0.81%			
White: English/Welsh/Scottish/Northern Irish/British	91.90%	59.51%	77.69%	67.40%	81.78%	84.45%	86.17%	59.34%	78.57%
White: Gypsy/Irish Traveller	0.05%								
White: Irish	0.30%	0.14%	0.26%	0.37%	0.85%	0.38%	1.06%	3.30%	7.14%
White: Other White	1.33%	3.41%	2.96%	2.20%	3.53%	1.63%	1.06%	1.10%	
<b>Grand Total</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>

A new NHS Jobs system, which uses very different shortlisting processes has recently gone live. The impact of this will be monitored.

1) Relative likelihood of BME staff entering the formal disciplinary process, compared to that of white staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation

During 2021-22, 21 staff within the Trust entered a formal disciplinary process. 19 of these staff were white, and the remaining 2 were BME, so the relative likelihood of BME staff entering the formal disciplinary process compared to that of white staff was 0.73 (it was 0.65 in 2020-21). This means that BME staff were less likely than white staff to enter the formal disciplinary process. The number of disciplinary processes within the Trust during 2021-22 continued to decrease in comparison to previous years – this is likely to have been partially attributable to the impact of the Covid-19 pandemic, although the Trust's revised Disciplinary Policy, which places significant emphasis on informal resolution of issues, may also have impacted. The lower likelihood of BME staff entering formal disciplinary processes is partially attributable to the significant numbers of BME staff within the Medical and Dental workforce: Medical and Dental staff are subject to a separate, nationally agreed, disciplinary process, and numbers of disciplinary processes amongst Medical and Dental staff are extremely low.

2) Relative likelihood of white staff accessing non mandatory training and CPD as compared to BME staff

During 2021/22, training enrolments recorded in ESR recovered significantly following the low of the previous year. During 2021/22, the relative likelihood of white staff accessing non-mandatory training and CPD as compared to BME staff was 1.0, indicating that both groups were equally likely to access non-mandatory training and CPD.

3) Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

In the 2021 staff survey, 26.4% of BME staff reported that they had experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months, compared to 23.4% of white staff. This metric has improved slightly for white staff and declined slightly for BME staff.

The Trust regularly runs social media campaigns around respecting its staff, using a video featuring the Chief Executive, and explicitly referring to all of the protected characteristics. There are also a number of ways for staff (and patients and visitors) to report harassment and discrimination, including an anonymous reporting option. The Trust has recently become a Community Reporting Centre for hate crime and hate incidents, working in partnership with South Yorkshire Police.

4) Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

22.7% of BME staff responding to the 2021 staff survey said that they had experienced harassment, bullying or abuse from staff in the last 12 months, compared to 17.4% of white staff. Whilst there is still a disparity in experience between BME staff and white staff, this metric has improved significantly for both groups over the last 3 years.

In addition to the measures mentioned in relation to metric 5, the Trust launched a behavioural framework in 2021, aimed at supporting improved behaviour and civility across the Trust. The framework has now been incorporated into appraisals, has been publicised via lunchtime lectures, team brief etc and sessions are available to support teams in exploring the framework and developing and embedding behavioural charters within their own teams. These sessions include a focus on the differential experience of BME and other minoritized staff. This is an ongoing, long-term project.

5) Percentage believing that trust provides equal opportunities for career progression or promotion

In the 2021 staff survey, 44.6% of BME staff said that they believed the Trust provided equal opportunities for career progression, compared to 61% of white staff. Whilst this metric has remained stable for white staff, it has declined back to 2019 levels for BME staff, following a significant improvement in 2020, which has not been sustained.

This is an area where limited work has taken place previously, however work has now commenced as part of the Stay and Thrive project within nursing and also as a project linked to the Reciprocal Mentoring Programme to start to address this. This is an area where continued focus is required.

6) In the last 12 months have you personally experienced discrimination at work from any of the following? Manager/ team leader or other colleagues

In the 2021 staff survey, 19% of BME staff reported experiencing bullying and harassment at work from managers, team leaders or other colleagues, compared to 4.9% of white staff. The Trust's performance in this area is significantly worse than in the 2020 staff survey.

Of the internationally recruited staff who responded to this staff survey question, 31.7% reported experiencing bullying and harassment at work from managers, team leaders or other colleagues, compared to 5.8% of staff who were not recruited internationally.

14.8% of staff (including 26.7% of doctors in training) within the Medical and Dental workforce who responded to the staff survey reported experiencing bullying and harassment at work from managers, team leaders or other colleagues. This was significantly higher than within other staff groups.

This is an area in which a lot of work is taking place, as detailed above. Additionally, preceptorship for all nursing staff (including internationally educated nurses) and healthcare support workers includes a session in which harassment, bullying and discrimination is discussed and reporting and support mechanisms are highlighted. Similar sessions have also been held with Foundation doctors.

7) Percentage difference between the organisations' board membership and its overall workforce disaggregated: by voting membership and executive membership of the board

12.7% of the Trust's overall workforce is BME (this is a significant increase since 2020/21 when the figure was 9.8%). 21.43% of the Board is BME and 16.7% of the Executive members of the Board are BME. It should be noted that WRES data only includes staff on the Trust's payroll, and TRFT shares two Executive Board members with Barnsley Hospitals NHS FT – the Interim Chief Executive and the Director of Workforce. Of these two, the director of Workforce is on TRFT's payroll, so is included in TRFT's WRES data, whilst the Interim Chief Executive (substantive from 1 September 2022) is on Barnsley's payroll, and so is not included in TRFT's WRES data. 25% of the Trust's Non-Executive Directors are BME.

**Progress against 2021-22 WRES Action Plan**

Action	Progress
<p>Improve equality monitoring data at recruitment by ensuring data is captured at application stage for all applicants, regardless of application route</p>	<p>Importance of collecting this data reinforced with all recruitment teams</p> <p>Issue flagged around the interface between HEE's Trainee Information System (TIS) and ESR – this has now been raised at a senior level within HEE</p> <p>Regular audits being undertaken to identify gaps in data, which are then highlighted to the relevant recruitment teams for resolution.</p> <p>There has been a small improvement in levels of completeness of ethnicity data since last year. Currently, just over 1% of staff records have no recorded ethnicity.</p>

<p>Utilise the Trust's role as an anchor organisation to increase recruitment from our local area</p>	<p>The Trust is part of the Rotherham Place Workforce Enabling Group (WEG) and participated in a Rotherham Place Careers and Recruitment event in June 2022. The Trust will also be attending the Rotherham Show in September 2022, alongside Place partners. Through the WEG, the Trust is continuing to explore other options to support recruitment from the local area.</p> <p>The Trust has also held a very successful on-site Healthcare Support Worker recruitment day, with further ones planned.</p>
<p>Utilise information from recent internal analysis of recruitment and from national work around high impact recruitment actions as an evidence base to improve the inclusivity of our recruitment processes</p>	<p>New recruitment and retention steering group commenced in April, which is taking forward this work.</p> <p>Pilot work around interview panels commenced in Surgery, linked to Divisional EDI promise.</p>
<p>Continue with Divisional EDI programme</p>	<p>Covid restrictions and operational pressures have made this significantly more difficult.</p> <p>Full programme run with Medicine, leadership programme run with Surgery and CYPS.</p> <p>More people now contacting EDI team proactively for advice, support and bespoke training.</p>
<p>Embed behavioural framework</p>	<p>Utilised a mixture of Communications, posters, focussed sessions, lunchtime lectures, input into preceptorship and F1 teaching, blogs etc.</p> <p>Supported teams to develop their own behavioural charters, linking strongly to wellbeing and patient safety.</p> <p>Behavioural Charter sessions run with significant numbers of teams, supporting teams to develop their own charters.</p> <p>Behavioural framework embedded into non-medical appraisal.</p>
<p>Analyse equality monitoring data re apprenticeships, training opportunities, uptake of career conversations etc. to inform targeting of opportunities</p>	<p>Following delays due to covid pressures, this work has started, and efforts are being made to outreach to underrepresented groups, however more work is required in this area.</p>

<p>Embed inclusion into all leadership and management training</p>	<p>Following delays due to continuing covid pressures, the Trust's management skills programme is currently being redeveloped, and will include significant focus on inclusion, which will also be a key theme of the Trust's new medical leadership programme.</p>
<p>Formally commence reciprocal mentoring for inclusion programme. Educational element of programme will include psychological safety and the creation of psychologically safe spaces, power dynamics, privilege and oppression and health inequalities.</p>	<p>This has happened.</p>
<p>Participation in ICS Stepping Up programme for Band 5 and 6 BAME nurses</p>	<p>This programme has not happened; however, the Trust has supported a number of BAME nurses to access other similar programmes. We are currently supporting 5 Internationally Educated Nurses (IEN) to do the PNA programme (everyone who has submitted EOI has been put forward to do the course) We had 16 IEN attend the recent Welcome to SY event, hosted by the ICB, which has had good feedback about options to build a career here We have also promoted the Florence Nightingale leadership programme for IEN</p>
<p>Continue to publicise call it out, work it out, Freedom to Speak Up etc. with colleagues, including targeting international nursing recruits</p>	<p>These are all included in behavioural charter sessions, and in the session that the EDI team deliver as part of nursing preceptorship and HCSW induction.</p>
<p>Work with operational and HR colleagues to ensure that where discrimination is reported, it is addressed</p>	<p>There has been significant work over the last year to ensure that reports of discrimination are handled appropriately. This has involved Questioning, challenging, providing training, supporting victims, working closely with Tony Bennett and HR colleagues. Ensuring it's clear for HR cases within case management screening forms that discrimination isn't an "informal" issue.</p>
<p>Nursing and PGME Teams will work together to review and enhance support</p>	<p>The Trust has joined the Stay and Thrive project for internationally educated nurses, this is ongoing and so far has included listening events and putting into</p>

available to staff recruited from overseas	place changes based on the feedback received. As a result of this work, visual guides to career progression options within nursing are currently being produced.
Supporting improvements in diversity of nursing leadership	Several BAME nursing and midwifery staff have been supported to attend development programmes.

## **Conclusions**

BME representation within the Trust's clinical workforce continues to increase, including small improvements at a leadership level. However, it should be noted that this increase has been significantly supported by international recruitment, rather than recruitment from the Trust's local BME populations and many of the Trust's international recruits come from communities that have not historically been heavily represented within the population of Rotherham and the local area. Local BME populations, in particularly the local Asian/Asian British: Pakistani community remain significantly underrepresented within the Trust's workforce. Within the Trust's non-clinical workforce, progress on BME representation is fairly static. This highlights a need to build on current efforts to support the career progression of BME staff, and continue to develop our efforts to recruit from our local community and ensure our recruitment process is inclusive.

This year has seen a mixed picture with regard to the experience of BME staff during their employment with the Trust, and analysis of some of this data has highlighted particularly poor experiences amongst medical and dental and internationally recruited staff, alongside a continuing gap in workplace experience between white and BME staff. This highlights the need to continue existing efforts to improve workplace experience and reduce discrimination, bullying, harassment and incivility within the Trust.

There has been significant progress on many areas within last year's WRES action plan, although delivery in some areas of the action plan has been affected by ongoing covid-related pressures.

## **Key issues to address**

Our work to continue to address the information we get from the WRES will continue in 2022/23. Whilst there have been positive developments over the years there continue to be areas where we as a Trust need to perform better. We will continue to benchmark our performance but will not take comfort from favourable benchmarking data and will strive to be a welcoming and inclusive organisation where each individual can thrive and help us deliver high quality care to our patients. Of importance this year will be the following key actions:

- We will look to address the under-representation of BME staff within key staff groups and areas. Specifically, we will look to improve the number of BME, non-clinical staff working in Bands 2, 3 and 4. We will work with partners in



the local community to highlight the recruitment opportunities in these groups and develop supporting information to improve application rates from BME groups.

- We will undertake a specific piece of work to track career progression of BME colleagues. In particular, we will focus (through our 'Stay and Thrive' work) on the development and progression of internationally educated nurses.
- We will undertake more detailed research with BME colleagues to understand their experience of Bullying and Harassment and develop further actions to see sustained improvement in this area.

## Appendix 1

### 2022-2023 WRES Action Plan

<b>WRES Metric</b>	<b>Link to other EDI metrics?</b>	<b>What will we do?</b>	<b>How will we do it?</b>	<b>Lead officer(s)</b>	<b>By when?</b>	<b>Why are we doing this?</b>
1,6,9	WDES	Complete Reciprocal Mentoring For Inclusion Programme cohort 1 and plan cohort 2	Completing current programme and using learning from it to inform design of cohort 2	Head of EDI, RMFIP participants	Cohort 2 to launch Q1 2023-24	To support the embedding of inclusion throughout our organisation and the development of diverse leaders
6, 8	MWRES	Embed new national standards for International Medical Graduate induction	Conducting gap analysis against standards and then working to embed	Head of Medical Workforce	End of Q4 2022-23	To ensure that international medical graduates receive an appropriate and comprehensive induction to UK practice, improving career prospects and reducing the risk of GMC referrals.
6, 8	MWRES	Ensure behavioural framework, inclusion and cultural competence are all covered in medical leadership programme	By including appropriate sessions in the programme	Business Manager to Medical Director	End of Q4 2022-23	To promote a culture of inclusion within our medical workforce.

6, 7, 8		Continue Stay and Thrive programme and apply for the NHS pastoral care quality award for international nurses and midwives.	Continuing to engage with internationally educated nurses via listening events and workshops, and using what they tell us to improve our practice	Deputy Chief Nurse	Ongoing throughout duration of action plan (application to be submitted by end of Q4 2022-23)	To ensure we are providing high-quality support to our internationally educated nurses
3	WDES	Develop new staff handbook and ward/department handbook template	Working with stakeholders to ensure relevant and accessible electronic document	Communications Manager, Head of EDI	End of Q4 2022-23	To support staff, and especially neurodivergent staff who may find new workplaces more difficult, to settle into new roles
1, 2	WDES, Gender Pay Gap	Ensure there are specific questions around EDI for interviews for all posts	By developing a question bank and including this in interview packs sent to recruiting managers	Head of EDI, Recruitment Manager, Medical Recruitment Manager	End of Q3 2022-23	To ensure that we are appointing managers and staff who are inclusive

6, 8	WDES	Continue to work with divisions to embed behavioural framework and relevant training	Through behavioural charter sessions and working with divisional leadership teams to meet the learning needs of their areas	Head of EDI, Divisional Leadership Teams	Ongoing throughout period of action plan	To ensure that we create and sustain an inclusive culture throughout the Trust
8	WDES, Gender Pay Gap	Launch All About Me staff passport and associated training	Finalising and launching “All About Me” and associated training	Head of EDI	End of Q3 2022-23	To support staff in communicating their needs to their manager, and to support managers in responding to those needs holistically
7		Recruit to Chair and leadership roles within BAME staff network and review and strengthen staff network input into Trust governance	Recruitment via an expression of interest process, highlighting the facility time that is now available for these roles. Review of which people-focussed governance groups staff	Head of EDI (recruitment) Director of Workforce (governance)	End of Q3 2022-23	To support BAME staff having input into decisions that affect their working lives

			networks could contribute to			
	WDES	Communicate WRES and WDES action plans to senior leaders within the Trust, ensuring that they are aware of their own responsibilities in delivering and further cascading the plans	Via Senior Leaders' Meeting and Team Brief	Chief Executive	End of October 2022	To support delivery of this action plan.
All WRES indicators	WDES	Increase the representation of BME staff within AfC Bands 2,3& 4 making progress towards a representative figure in line with the local community	Undertake work with local schools and communities to increase applicants and new starters from the BME community	Head of EDI, Divisional Leadership Teams	End of Q4 2022-23	To work towards a representative workforce