**The Rotherham NHS Foundation Trust**

# Interim Equality and Diversity Report

## 31 December 2022

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# 1. Introduction

## 1.1 The Equality Act 2010

The key current legislation governing equality is the Equality Act 2010. The general aims of this act are:

- to eliminate unlawful discrimination, harassment, victimisation and other prohibited conduct,
- to advance the equality of opportunity between people who share a protected characteristic, and those who do not,
- to foster good relations between people who share a protected characteristic and those who do not.

## 1.2 The Public Sector Equality Duty

There are additional requirements for public authorities which are referred to as The Public Sector Equality Duty (PSED). This means that The Rotherham NHS Foundation Trust (TRFT) is required to publish information to demonstrate our compliance with this duty on an annual basis.

This information should be published in a manner that is accessible to the public, either in a separate document or within another published document. The regulations also state that the information a public authority publishes in compliance with the PSED must include, in particular, information relating to persons who share a relevant protected characteristic who are employees and other people affected by its policies and practices.

The Regulations include a second specific duty, requiring the preparation and publication of equality objectives that are specific and measurable. Equality objectives must be published at intervals not greater than four years with an annual review.

## 1.3 Protected Characteristics

The protected characteristics covered by the Equality Act 2010 are:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership (but only in respect of eliminating unlawful discrimination)
- Pregnancy and maternity
- Race (this includes ethnic or national origins, colour or nationality)
- Religion or belief (this includes lack of belief)
- Sex
- Sexual orientation

## 1.4 Interim Report

This has been produced as an interim report, to ensure that there is no gap in reporting despite a change in reporting schedule.  A further report will be published in relation to the period 1 April 2022 to 31 March 2023, and will be published after 31 March 2023 and prior to 31 March 2024, with annual reports in future years continuing to follow a similar schedule.  This change in reporting period will align the Trust with other Trusts within the Integrated Care System and will also align reporting schedules for a number of Equality, Diversity and Inclusion reports within the Trust.

The 2022-23 report will include 2021 census data and agreed new equality objectives for 2023-2027.

## 2. Policies and Practice

In accordance with the Equality Act 2010, the Trust measures all of its policies, strategies and service development for compliance and good practice through the use of Equality Impact Assessments, in line with the Trust's Equality Impact Assessment Policy. The Trust also has an Equality Diversity and Inclusion Policy, which was revised in 2022.

The Trust's Equality, Diversity and Inclusion (EDI) Steering Group meets six-weekly, and includes representatives from every division within the Trust, as well as staff network representatives, medical and dental representatives and colleagues from relevant corporate services.  The group is chaired by the Deputy Director of Workforce.  The group discusses and monitors workstreams around EDI affecting both staff (including potential staff) and patients.  Operationally, the group reports into the Trust's Operational Workforce Group and for assurance purposes, the group provides regular updates to the Trust's People Committee, which is a committee of the Board of Directors and is chaired by a non-executive director.

The Trust is required to participate in a number of national data collections relating to equality, diversity and inclusion, including the Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) and Gender Pay Gap (GPG).  The results of these and any associated action plans are reported to the Trust's Board of Directors.

For the majority of protected characteristics, a percentage of staff will be reported as "Not Disclosed".  This may be because individuals have chosen not to share this information with the Trust as their employer, or they may not have been asked for it at the point of recruitment (where staff members have been employed for many years, or where the appointment process has not been conducted through NHS Jobs).  Since the migration to the latest version to NHS Jobs, we have also seen an increase in the number of candidates not answering some or all of the diversity monitoring questions on the job application form.  This has significantly impacted on the quality of our data around EDI in recruitment.

Casework data presented throughout the report includes formal disciplinary, individual grievance, bullying and harassment and capability cases relating to non-medical staff only.  Sickness, collective grievance and restructure cases, as well as any informal casework are not recorded in a way which would facilitate reporting.

## 3. Key highlights in 2022

During 2022, the Trust has undertaken a huge amount of work to improve the experiences of both staff and patients with protected characteristics and other identified barriers to access to healthcare or employment, with a particular focus on race, disability, sexual orientation and gender identity (trans status). Some key highlights are:

- The Trust has signed up to John's campaign, demonstrating our commitment to allow carers of patients with dementia to visit 24/7.  We've also extended our visiting hours across all our wards for all visitors to 11am-8pm, and removed protected mealtimes, allowing family and friends to support their loved ones at mealtimes.
- We've introduced eyes, ears and teeth bags to keep patients' glasses, hearing aids and dentures safe whilst they are with us, helping us to support communication and nutrition and hydration.
- We've introduced communication boxes on all wards, containing a wide variety of aids to support staff in communicating with patients with a variety of communication needs.

- We've worked with a local user-led organisation to provide additional training on autism and learning disabilities to many of our staff.
- We've introduced paid protected time for the leaders of all of our staff networks, supporting our networks to grow and develop.
- We have been running the first cohort of our reciprocal mentoring programme, pairing Board members with LGBT+, BAME and Disabled staff as partners in progress.
- During 2022, our supported internship programme for young people aged 16-25 with autism and/or learning disabilities got fully underway, working with a local specialist college.  4 interns joined us during 2022, two of whom have now secured substantive, paid employment with us.
- We have introduced free car parking for Disabled staff and visitors who are blue badge holders.

# 4. Rotherham Population Profile

Rotherham is one of four metropolitan districts which together make up South Yorkshire. The population of the area covered by Rotherham Metropolitan Borough was recorded at 257,280 in the 2011 Census and estimated to have risen to 264,671 by 2018 (ONS).  The comments below and census data elsewhere in this report are primarily based on statistics detailed in the 2011 Census report unless otherwise stated, as whilst preliminary data from the 2021 census has been published, full data is not yet available.

## 4.1 Population trends
The population of Rotherham increased by 3.7% (9,100) between the 2001 and 2011 census. This represents a reversal on the trend from 1991-2001, when the population fell by 2.7% and the ONS estimates that Rotherham's population has continued to rise since the 2011 census.

## 4.2 Gender profile
According to the 2011 Census, the population of Rotherham comprises 131,033 females (50.9%) and 126,247 males (49.1%) which mirrors the national average.

## 4.3 Gender and age profile
In most age brackets, the mix between males and females is relatively even. Although males do slightly outnumber females in the younger age brackets, females outnumber males in the older age brackets. The only very significant difference in gender balance is in the age ranges exceeding 75, where women start to significantly outnumber men, which is reflective of the greater life expectancy of women.

The mean age of the Rotherham population, as at the 2011 census, was 40.2 and the median was 41.

## 4.5 Ethnicity profile
According to the 2011 census, the population of Rotherham is 91.9% White British, significantly higher in comparison to the figure across England which is 79.8%. The largest ethnic minority group is of Pakistani origin: 7609 or 3% of the population.

# Graph - Percentage of Black and Minority Ethnic (BME) groups in Rotherham and England



Graph showing percentage of BME groups comparing Rotherham, England, and Yorkshire and The Humber across ethnic categories:

- Other ethnic group: Any other ethnic group
- Other ethnic group: Arab
- Black/African/Caribbean/Black British: Other Black
- Black/African/Caribbean/Black British: Caribbean
- Black/African/Caribbean/Black British: African
- Asian/Asian British: Other Asian
- Asian/Asian British: Chinese
- Asian/Asian British: Bangladeshi
- Asian/Asian British: Pakistani
- Asian/Asian British: Indian
- Mixed/multiple ethnic groups: Other Mixed
- Mixed/multiple ethnic groups: White and Asian
- Mixed/multiple ethnic groups: White and Black African
- Mixed/multiple ethnic groups: White and Black Caribbean
- White: Other White
- White: Gypsy or Irish Traveller
- White: Irish

Horizontal axis: 0.00%, 1.00%, 2.00%, 3.00%, 4.00%, 5.00%

Legend: Rotherham, England, Yorkshire and The Humber

Table - Population figures of all ethnic groups in Rotherham and England

| Ethnic Group | Number | % | Number | % | Number | % |
|---|---|---|---|---|---|---|
| | Yorkshire and The Humber | | England | | Rotherham | |
| White: English/Welsh/Scottish/Northern Irish/British | 4,531,137 | 85.80% | 42,279,236 | 79.80% | 236,438 | 91.90% |
| White: Irish | 26,410 | 0.50% | 517,001 | 1.00% | 776 | 0.30% |
| White: Gypsy or Irish Traveller | 4,378 | 0.10% | 54,895 | 0.10% | 126 | 0.00% |
| White: Other White | 130,031 | 2.50% | 2,430,010 | 4.60% | 3,418 | 1.30% |
| Mixed/multiple ethnic groups: White and Black Caribbean | 33,241 | 0.60% | 415,616 | 0.80% | 787 | 0.30% |
| Mixed/multiple ethnic groups: White and Black African | 9,321 | 0.20% | 161,550 | 0.30% | 301 | 0.10% |
| Mixed/multiple ethnic groups: White and Asian | 26,008 | 0.50% | 332,708 | 0.60% | 865 | 0.30% |
| Mixed/multiple ethnic groups: Other Mixed | 15,988 | 0.30% | 283,005 | 0.50% | 598 | 0.20% |
| Asian/Asian British: Indian | 69,252 | 1.30% | 1,395,702 | 2.60% | 961 | 0.40% |
| Asian/Asian British: Pakistani | 225,892 | 4.30% | 1,112,282 | 2.10% | 7,609 | 3.00% |
| Asian/Asian British: Bangladeshi | 22,424 | 0.40% | 436,514 | 0.80% | 109 | 0.00% |
| Asian/Asian British: Chinese | 28,435 | 0.50% | 379,503 | 0.70% | 592 | 0.20% |
| Asian/Asian British: Other Asian | 39,961 | 0.80% | 819,402 | 1.50% | 1,280 | 0.50% |
| Black/African/Caribbean/Black British: African | 46,033 | 0.90% | 977,741 | 1.80% | 1,672 | 0.60% |
| Black/African/Caribbean/Black British: Caribbean | 23,420 | 0.40% | 591,016 | 1.10% | 283 | 0.10% |
| Black/African/Caribbean/Black British: Other Black | 10,892 | 0.20% | 277,857 | 0.50% | 157 | 0.10% |
| Other ethnic group: Arab | 21,340 | 0.40% | 220,985 | 0.40% | 581 | 0.20% |
| Other ethnic group: Any other ethnic group | 19,570 | 0.40% | 327,433 | 0.60% | 727 | 0.30% |

According to data from the 2011 Census, almost 95% of Rotherham's population were born in the UK, significantly higher than the national average of just over 86%, and just below 2% of Rotherham households have no residents that speak English as their main language.

## 4.6 Religion profile

The overwhelming majority of the population of Rotherham identify as Christian (66.5%), no religion (22.5%) or chose not to state their religion (6.6%) in the 2011 Census. The largest minority religious group in Rotherham were Muslim (3.7%), with other religions comprising just under 0.7% of the population.

## 4.7 Sexual orientation and gender identity profile

There are no definitive statistics on the number of people in Rotherham who are Lesbian, Gay, Bisexual or Transgender (LGBT) and this information was not collected via the Census prior to 2021. ONS experimental survey data from 2017 suggests that 93.2% of the UK population define themselves as heterosexual/straight, 2% as lesbian, gay or bisexual. 0.6% as "other", with the remaining 4.1% declining to provide a response.  The numbers of people in the UK identifying with sexual orientations other than heterosexual has increased over recent years.  The ONS experimental data covers only sexual orientation, and not gender identity.

Prior to 2021 census data being available, the Government Equalities Office tentatively estimated that there are between 200,000 and 500,000 people in the UK who are trans (between approximately 0.3% and 0.7% of the UK population).

## 4.8 Disability profile

The 2011 Census revealed that 56,318 people in Rotherham (21.9% of the population) considered themselves to have a long-term illness or impairment that limited their ability to carry out day to day activities. This was higher than the national average, but lower than the 2001 figure.

## 4.9 Marital status profile

The majority of the population of Rotherham reported themselves as either married (49.7%) or single (30.5%), similar to the national trend.

# 5. Trust Patients and Service Users Profile

## 5.1 Outpatients in 2021 by age, gender and ethnicity

### 5.1.1. Number of patients
Table – number of outpatients

| Ethnic Group | Total | Male | Female | Unknown Gender | Under 60 | 60 to 84 | 85 or Over |
|---|---|---|---|---|---|---|---|
| Black or Black British - African | 379 | 134 | 245 | 0 | 365 | 13 | 1 |
| Asian or Asian British - Any other Asian background | 398 | 186 | 212 | 0 | 363 | 33 | 2 |
| Black or Black British - Any other Black background | 108 | 48 | 60 | 0 | 94 | 13 | 1 |
| Other ethnic groups - Any other ethnic group | 1471 | 705 | 766 | 0 | 1252 | 199 | 20 |
| Mixed - Any other Mixed background | 314 | 138 | 176 | 0 | 304 | 10 | 0 |
| White - Any other White background | 1098 | 345 | 752 | 1 | 964 | 105 | 29 |
| Asian or Asian British - Bangladeshi | 19 | 3 | 16 | 0 | 18 | 1 | 0 |
| White - British | 67757 | 28762 | 38994 | 1 | 39657 | 24891 | 3209 |
| Black or Black British - Caribbean | 44 | 18 | 26 | 0 | 39 | 5 | 0 |
| Other ethnic groups - Chinese | 88 | 35 | 53 | 0 | 74 | 13 | 1 |
| Asian or Asian British - Indian | 291 | 94 | 197 | 0 | 234 | 52 | 5 |
| White - Irish | 136 | 62 | 74 | 0 | 61 | 62 | 13 |
| Not Known | 298 | 120 | 177 | 1 | 254 | 41 | 2 |
| Not stated | 11691 | 5873 | 5818 | 0 | 6982 | 4010 | 699 |
| Asian or Asian British - Pakistani | 2266 | 872 | 1394 | 0 | 1941 | 289 | 36 |
| Mixed - White and Asian | 161 | 83 | 78 | 0 | 151 | 10 | 0 |
| Mixed - White and Black African | 42 | 14 | 28 | 0 | 40 | 2 | 0 |
| Mixed - White and Black Caribbean | 60 | 19 | 41 | 0 | 54 | 6 | 0 |
| **Totals** | **86621** | **37511** | **49107** | **3** | **52847** | **29755** | **4018** |

## 5.1.2 Number of attendances

### Table – number of outpatient attendances

| Ethnic Group | Total | Male | Female | Unknown Gender | Under 60 | 60 to 84 | 85 or Over |
|---|---|---|---|---|---|---|---|
| Black or Black British - African | 1181 | 306 | 875 | 0 | 1140 | 39 | 2 |
| Asian or Asian British - Any other Asian background | 1156 | 491 | 665 | 0 | 1049 | 91 | 16 |
| Black or Black British - Any other Black background | 292 | 123 | 169 | 0 | 233 | 53 | 6 |
| Other ethnic groups - Any other ethnic group | 3847 | 1776 | 2071 | 0 | 3188 | 591 | 68 |
| Mixed - Any other Mixed background | 901 | 271 | 630 | 0 | 881 | 20 | 0 |
| White - Any other White background | 3612 | 836 | 2773 | 3 | 3223 | 322 | 67 |
| Asian or Asian British - Bangladeshi | 119 | 13 | 106 | 0 | 101 | 18 | 0 |
| White - British | 208688 | 82203 | 126483 | 2 | 113811 | 82761 | 12116 |
| Black or Black British - Caribbean | 98 | 33 | 65 | 0 | 88 | 10 | 0 |
| Other ethnic groups - Chinese | 237 | 64 | 173 | 0 | 197 | 39 | 1 |
| Asian or Asian British - Indian | 915 | 238 | 677 | 0 | 747 | 159 | 9 |
| White - Irish | 470 | 228 | 242 | 0 | 128 | 293 | 49 |
| Not Known | 337 | 135 | 200 | 2 | 283 | 50 | 2 |
| Not stated | 32703 | 16166 | 16537 | 0 | 17096 | 13099 | 2508 |
| Asian or Asian British - Pakistani | 7002 | 2209 | 4793 | 0 | 5968 | 851 | 183 |
| Mixed - White and Asian | 461 | 185 | 276 | 0 | 443 | 18 | 0 |
| Mixed - White and Black African | 117 | 24 | 93 | 0 | 111 | 6 | 0 |
| Mixed - White and Black Caribbean | 185 | 54 | 131 | 0 | 157 | 28 | 0 |
| **Totals** | **262321** | **105355** | **156959** | **7** | **148844** | **98448** | **15027** |

In 2022, the Trust carried out 17,362 fewer outpatient appointments than in 2021, when there was a huge increase in appointments due to the initial phase of Covid recovery. The Trust saw 3,544 more individual patients as outpatients in 2022 than in 2021, suggesting a significant improvement in the ratio of new appointments to follow ups.

The Trust sees significantly more female than male outpatients, which is to be expected, given that females have, on average, a longer life expectancy than males, and that healthcare needs increase with age and that maternity patients are almost exclusively female.

There has been a slight improvement in the number of patients whose ethnicity is recorded as "not known" or "not stated".

Despite the overall reduction in outpatient appointments compared to 2021, there was an increase in appointments for many ethnic minority groups, including the Asian or Asian British – Pakistani ethnic group.  This may suggest improvements in access to healthcare for this group.

The number of appointments on average per patient increases with age, as would be expected.  Overall, the average number of outpatient appointments per person who had an outpatient appointment in 2022 was 3.03 (a reduction on the previous year).

## 5.2 Inpatients in 2022 by protected characteristics

### 5.2.1 Number of patients

Table – number of inpatients

| Ethnic Group | Total | Male | Female | Unknown Gender | Under 60 | 60 to 84 | 85 or Over | Unknown Gender |
|---|---|---|---|---|---|---|---|---|
| Black or Black British - African | 204 | 59 | 145 | 0 | 194 | 10 | 0 | 0 |
| Asian or Asian British - Any other Asian background | 191 | 80 | 111 | 0 | 176 | 12 | 3 | 0 |
| Black or Black British - Any other Black background | 72 | 29 | 43 | 0 | 67 | 5 | 0 | 0 |
| Other ethnic groups - Any other ethnic group | 756 | 374 | 382 | 0 | 658 | 88 | 10 | 0 |
| Mixed - Any other Mixed background | 244 | 96 | 148 | 0 | 239 | 5 | 0 | 0 |
| White - Any other White background | 700 | 221 | 479 | 0 | 583 | 84 | 33 | 0 |
| Asian or Asian British - Bangladeshi | 15 | 3 | 12 | 0 | 14 | 1 | 0 | 0 |
| White - British | 31869 | 13471 | 18397 | 1 | 18213 | 11457 | 2199 | 0 |
| Black or Black British - Caribbean | 21 | 10 | 11 | 0 | 16 | 4 | 1 | 0 |
| Other ethnic groups - Chinese | 41 | 11 | 30 | 0 | 33 | 7 | 1 | 0 |
| Asian or Asian British - Indian | 137 | 39 | 98 | 0 | 113 | 20 | 4 | 0 |
| White - Irish | 77 | 34 | 43 | 0 | 31 | 38 | 8 | 0 |
| Not Known | 4 | 2 | 1 | 1 | 2 | 0 | 1 | 1 |
| Not stated | 6471 | 3143 | 3328 | 0 | 3162 | 2523 | 786 | 0 |
| Asian or Asian British - Pakistani | 1120 | 414 | 706 | 0 | 954 | 138 | 28 | 0 |
| Mixed - White and Asian | 81 | 35 | 46 | 0 | 78 | 3 | 0 | 0 |
| Mixed - White and Black African | 23 | 7 | 16 | 0 | 22 | 1 | 0 | 0 |
| Mixed - White and Black Caribbean | 29 | 8 | 21 | 0 | 26 | 2 | 1 | 0 |
| Totals | 42055 | 18036 | 24017 | 2 | 24581 | 14398 | 3075 | 1 |

## 5.2.2 Number of admissions

Table – number of inpatient admissions

| Ethnic Group | Total | Male | Female | Unknown Gender | Under 60 | 60 to 84 | 85 or Over | Unknown Gender |
|---|---|---|---|---|---|---|---|---|
| Black or Black British - African | 263 | 73 | 190 | 0 | 250 | 13 | 0 | 0 |
| Asian or Asian British - Any other Asian background | 287 | 140 | 147 | 0 | 263 | 20 | 4 | 0 |
| Black or Black British - Any other Black background | 117 | 60 | 57 | 0 | 84 | 33 | 0 | 0 |
| Other ethnic groups - Any other ethnic group | 1160 | 544 | 616 | 0 | 990 | 142 | 28 | 0 |
| Mixed - Any other Mixed background | 335 | 136 | 199 | 0 | 325 | 10 | 0 | 0 |
| White - Any other White background | 1132 | 318 | 814 | 0 | 930 | 161 | 41 | 0 |
| Asian or Asian British - Bangladeshi | 22 | 7 | 15 | 0 | 20 | 2 | 0 | 0 |
| White - British | 52671 | 22030 | 30640 | 1 | 27578 | 21151 | 3942 | 0 |
| Black or Black British - Caribbean | 32 | 17 | 15 | 0 | 20 | 11 | 1 | 0 |
| Other ethnic groups - Chinese | 52 | 14 | 38 | 0 | 38 | 13 | 1 | 0 |
| Asian or Asian British - Indian | 194 | 52 | 142 | 0 | 159 | 31 | 4 | 0 |
| White - Irish | 172 | 84 | 88 | 0 | 45 | 110 | 17 | 0 |
| Not Known | 5 | 2 | 1 | 2 | 2 | 0 | 1 | 2 |
| Not stated | 11728 | 5648 | 6080 | 0 | 5248 | 5117 | 1363 | 0 |
| Asian or Asian British - Pakistani | 1644 | 610 | 1034 | 0 | 1413 | 191 | 40 | 0 |
| Mixed - White and Asian | 97 | 40 | 57 | 0 | 94 | 3 | 0 | 0 |
| Mixed - White and Black African | 29 | 7 | 22 | 0 | 28 | 1 | 0 | 0 |
| Mixed - White and Black Caribbean | 42 | 10 | 32 | 0 | 39 | 2 | 1 | 0 |
| **Totals** | **69982** | **29792** | **40187** | **3** | **37526** | **27011** | **5443** | **2** |

The Trust sees significantly more female than male inpatients, which is to be expected, given that females have, on average, a longer life expectancy than males, and that healthcare needs increase with age and that maternity patients are almost exclusively female.

During 2022, the Trust treated 774 more inpatients than during 2021, across 1605 more inpatient stays.

# 6. Trust Membership Profile

As a Foundation Trust, TRFT has members.  Data within this section is on public members, although the Trust does also have members who are staff.  Foundation Trust members play an important role within the life and governance of the Trust, and are involved in electing new

Governors, are able to stand for election as Governors and given opportunities to feed back about proposed service developments.  People over 16 are eligible to become members.

## 6.1 Trust Public Members

As at 31st December 2021, the Trust had 10,493 public members.  There has been very limited active promotion of Trust membership over recent years, however plans are in place to increase this activity in 2023.  As part of this, the Trust will be seeking to reach out to groups who are currently underrepresented within Trust membership and improve the collection of demographic data from new members.

### 6.1.1 Age Profile

A relatively large proportion of the Trust's public members have not declared their age.  Of those who have, a significant majority are above the median age of the local population (which is 41).  Although anyone over 16 is eligible to become a Foundation Trust member, none of the Trust's public members have declared their age as being below 22, and very few are under 30.  The Trust may wish to focus on recruiting younger members, in order to ensure that its membership is reflective of the population it serves, and may need to consider its member recruitment methods accordingly.

Table – Age profile of Trust Membership

| Age | Number |
|---|---|
| Not stated | 1,156 |
| 22-29 | 105 |
| 30-39 | 1,276 |
| 40-49 | 1,265 |
| 50-59 | 1,786 |
| 60-74 | 2,649 |
| 75+ | 2,256 |

### 6.1.2 Gender profile

Men are slightly underrepresented within the Trust's current public membership, compared to the local population.

Table – Gender Profile of Trust Membership

| Gender | Number |
|---|---|
| Unspecified | 3 |
| Male | 4,084 |
| Female | 6,406 |

### 6.1.3 Ethnicity Profile

A significant majority of the Trust's members have not declared their ethnicity.  Of those who have

declared their ethnicity, 90.7% are White British, English, Scottish, Welsh or Northern Irish, which is similar to the local population profile, although the proportion of members who have not declared their ethnicity makes it very difficult to draw any reliable conclusions from this data.

# 7. Workforce, Recruitment, volunteers and Employee Relations profile

This section of the report compares the protected characteristics of the Trust Workforce with those of the population of Rotherham.  Workforce data is also broken down further detailing the protected characteristics of fixed term and permanent staff, Board members and Volunteers, recruitment activity and employee relations caseload.  Where Rotherham is stated, this relates to the population of Rotherham: data has been extracted from the 2011 Census.

## 7.1 Trust employees and volunteers

At 31st December 2022 the Trust employed 4841 people on permanent or fixed term contracts (excluding bank and locum contracts).  This was 45 more staff than in 2021. 4587 staff as at 31st December 2022 were permanent employees.

## 7.1.1 Age profile

Within the Trust, younger (16-30) and older (56+) workers have a much higher relative likelihood of leaving the Trust than those in other age groups.  The relative likelihood of older workers leaving would be expected to be high, due to retirements (the age at which staff can claim their pensions varies, but can be as low as 55), whilst junior doctors (who often have to change employer due to the structure of their postgraduate training) are very often under 30.

Older workers (aged 46+) are overrepresented in casework figures.

The age profile of the organisation's Board is significantly older than both the workforce and the local population.

Table – age profile of Trust workforce

| Age | % Rotherham Population | % Applicants | % Shortlisted | % Appointed | % Leavers | % Workforce | % Casework | % Board |
|---|---|---|---|---|---|---|---|---|
| 16 - 20 | 1.13% | 1.16% | 0.91% | 3.38% | 1.11% | 0.62% | | |
| 21 - 25 | 5.72% | 8.25% | 7.39% | 16.07% | 10.15% | 6.01% | 3.09% | |
| 26 - 30 | 9.43% | 11.69% | 8.73% | 17.81% | 14.98% | 11.59% | 6.19% | |
| 31 - 35 | 11.26% | 10.62% | 9.65% | 15.83% | 15.47% | 13.01% | 9.28% | |
| 36 - 40 | 10.51% | 7.95% | 8.00% | 13.39% | 10.27% | 13.14% | 11.34% | |
| 41 - 45 | 10.51% | 4.72% | 5.92% | 6.40% | 7.05% | 11.49% | 9.28% | 6.67% |
| 46 - 50 | 11.93% | 3.72% | 5.27% | 6.87% | 5.32% | 10.91% | 13.40% | 6.67% |
| 51 - 55 | 16.02% | 3.20% | 4.71% | 7.57% | 9.41% | 13.24% | 16.49% | 20.00% |
| 56 - 60 | 15.06% | 2.11% | 2.91% | 7.45% | 13.00% | 11.69% | 14.43% | 33.33% |
| 61 - 65 | 6.72% | 0.71% | 0.86% | 4.07% | 9.65% | 6.59% | 11.34% | 20.00% |
| 66 - 70 | 1.13% | 0.10% | 0.15% | 1.16% | 3.22% | 1.22% | 2.06% | |
| 71 & above | 0.58% | 0.02% | 0.00% | | 0.37% | 0.50% | 3.09% | 13.33% |
| Not Disclosed | | 45.74% | 45.49% | | | | | |
| Grand Total | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |

7.1.2 Gender profile

Female staff make up 82.7% of the workforce and 17.3% are male.  However, in common with the national picture, male staff are relatively more likely to be in senior management or medical positions (including Board-level positions).  This is further explored within the Trust's Gender Pay Gap report.

Although the gender diversity of the Board is not reflective of the overall workforce, female representation at Board level has improved from 28.57% to 53.33% since 2020.

Interestingly, there is a significantly greater gender balance within the Trust's volunteers than within the workforce, and this has improved over the last year.

In previous years, turnover levels for male staff have been proportionately higher than for female staff, however in 2022 turnover levels between the two groups were roughly equal.

Men applying for job roles within the Trust are proportionately slightly less likely than women to be shortlisted.  From analysis of recruitment processes carried out during 2021, this seems to be at least partially attributable to the types of roles generally being applied for: for example, the majority of applications to qualified nursing roles at band 5 are female, and for most of these roles almost all (if not all) qualified candidates are shortlisted, whereas for more senior and/or corporate roles, there is often a greater degree of competition.

Table – gender profile of Trust workforce

| Gender | % Rotherham Population | % Applications | % Shortlisted | % Appointed | % Leavers | % Workforce | % Casework | % Volunteers | % Board |
|---|---|---|---|---|---|---|---|---|---|
| Female | 50.93% | 71.93% | 81.87% | 79.28% | 83.29% | 82.69% | 80.41% | 56.72% | 53.33% |
| Male | 49.07% | 25.31% | 17.90% | 20.72% | 16.71% | 17.31% | 19.59% | 43.28% | 46.67% |
| Not Disclosed | | 2.76% | 0.23% | | | | | | |
| Grand Total | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |

7.1.3 Sexual Orientation profile

12.89% of the Trust workforce have not disclosed their sexual orientation.  Declaration rates have been increasing steadily for several years.

At present, 2.05% of Trust employees identify as Lesbian, Gay or Bisexual, which represents an ongoing increase.  Following on from 3 years in which Lesbian, Gay and Bisexual staff were overrepresented in casework figures, in 2022, they were proportionately represented.

For the fist time, there is also Gay or Lesbian representation within the Trust's volunteer workforce.

The Trust continues to have no Board members who have declared that they are Lesbian, Gay or Bisexual.

Table – sexual orientation profile of Trust workforce

| Sexual Orientation | % Applicants | % Shortlisted | % Appointed | % Leavers | % Workforce | % Casework | % Volunteers | % Board |
|---|---|---|---|---|---|---|---|---|
| Bisexual | 1.63% | 1.59% | 1.40% | 0.99% | 0.60% | 1.03% | | |
| Gay or Lesbian | 1.82% | 2.28% | 2.21% | 1.61% | 1.45% | 1.03% | 1.49% | |
| Heterosexual or Straight | 90.92% | 93.32% | 89.17% | 83.42% | 84.88% | 78.35% | 89.55% | 73.33% |
| Not Disclosed | 5.21% | 2.48% | 6.87% | 13.61% | 12.89% | 19.59% | 8.96% | 26.67% |
| Other sexual orientation not listed | 0.24% | 0.18% | 0.23% | 0.25% | 0.10% | | | |
| Undecided | 0.17% | 0.15% | 0.12% | 0.12% | 0.08% | | | |
| Grand Total | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |

7.1.4 Religion profile

18.03% of Trust employees have not disclosed their religion. Declaration rates have been steadily increasing for several years.
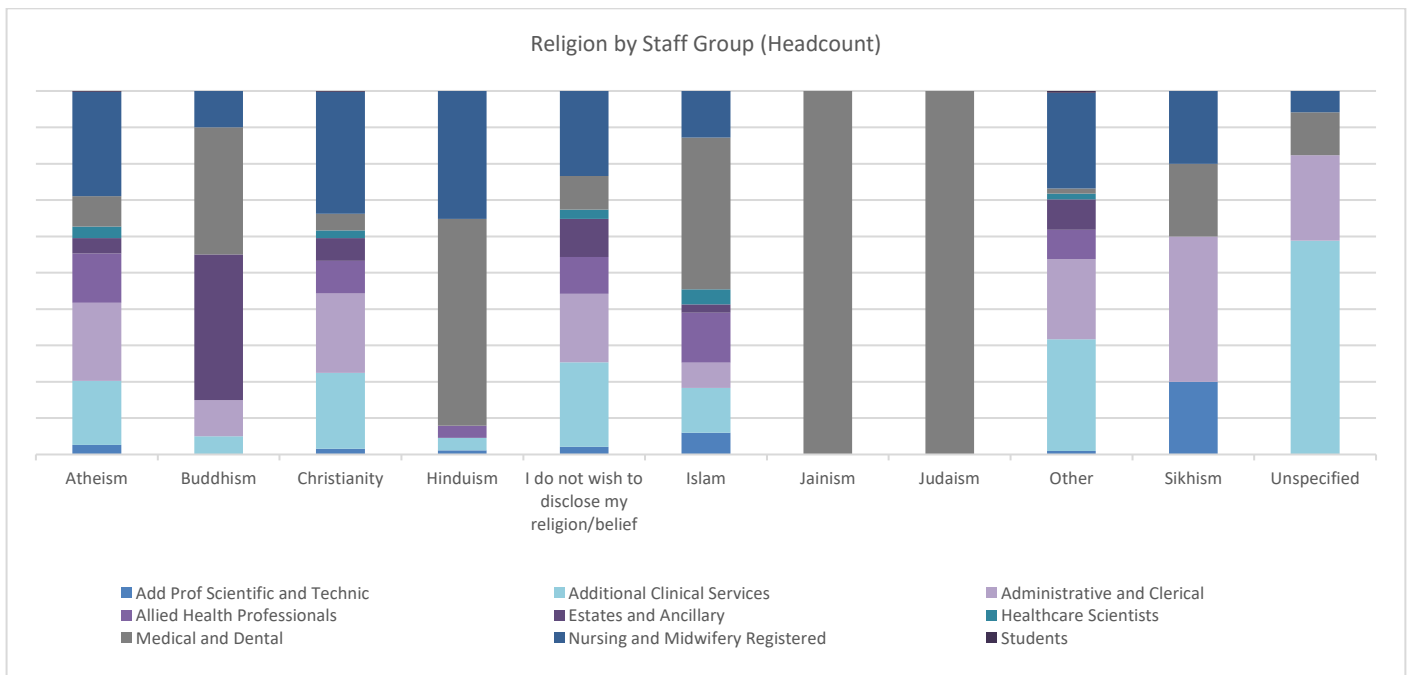
In line with national trends, the proportion of the Trust's workforce who identify as Atheist is gradually increasing, whilst the proportion who identify as Christian is gradually decreasing. 2022 is the first year in which less than 50% of the Trust workforce has identified as Christian.

Care should be taken in interpreting these figures due to the very small numbers involved, however Muslim and Sikh staff appear to be disproportionately represented within formal HR casework figures for 2022. Muslim applicants also seem to be less likely to progress through the Trust's recruitment process. This was also observable in 2021.

Table – religion profile of Trust workforce

| Religious Belief | % Rotherham Population | % Applicants | % Shortlisted | % Appointed | % Leavers | % Workforce | % Casework | % Volunteers | % Board |
|---|---|---|---|---|---|---|---|---|---|
| Atheism | | 19.68% | 27.24% | 23.63% | 17.70% | 16.30% | 18.56% | | 13.33% |
| Buddhism | 0.20% | 0.88% | 0.63% | 0.58% | | 0.41% | 1.03% | | |
| Christianity | 66.50% | 43.50% | 45.85% | 40.63% | 42.45% | 49.87% | 42.27% | 56.72% | 33.33% |
| Hinduism | 0.20% | 4.20% | 1.65% | 2.68% | 1.61% | 1.82% | | 4.48% | |
| Islam | 3.70% | 13.95% | 8.00% | 8.03% | 6.68% | 4.50% | 7.22% | 2.99% | |
| Jainism | | 0.02% | 0.03% | | 0.12% | 0.02% | | | 6.67% |
| Judaism | | 0.08% | 0.10% | | 0.12% | 0.02% | | | |
| Not Disclosed | 6.60% | 10.14% | 8.10% | 17.23% | 20.67% | 18.03% | 19.59% | 34.33% | 40.00% |
| Other | 22.70% | 7.38% | 8.33% | 7.22% | 10.27% | 8.92% | 9.28% | 1.49% | 6.67% |
| Sikhism | 0.10% | 0.18% | 0.08% | | 0.37% | 0.10% | 2.06% | | |
| Grand Total | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |

Graph – religion by staff group



Religion by Staff Group (Headcount)

Legend:
- Add Prof Scientific and Technic
- Additional Clinical Services
- Administrative and Clerical
- Allied Health Professionals
- Estates and Ancillary
- Healthcare Scientists
- Medical and Dental
- Nursing and Midwifery Registered
- Students

X-axis categories: Atheism, Buddhism, Christianity, Hinduism, I do not wish to disclose my religion/belief, Islam, Jainism, Judaism, Other, Sikhism, Unspecified

## 7.1.5 Ethnicity profile

1.05% of Trust employees have not disclosed their ethnicity.  This has shown a gradual improvement over recent years.

Significant analysis of the ethnicity data held by the Trust is carried out as part of the annual WRES report.

The data below shows that the Trust's workforce is slightly more ethnically diverse that the local population was at the 2011 census, with 15.89% of staff stating ethnicities other than White English/Welsh/Scottish/Northern Irish/British. Early data from the 2021 census shows that the proportion of the Rotherham population who are White English/Scottish/Northern Irish/British has reduced from 91.9% to 88.3% over a ten-year period.

13.87% of the Trust's staff are BME (Black or Minority Ethnic), i.e. non-White (this is the definition the Trust is required to use for most national reporting, including WRES).

In line with local and national trends, the Trust's workforce is gradually becoming more ethnically diverse, although levels of diversity vary significantly between staff groups.  The Trust Board is more ethnically diverse than either the overall workforce or the local population.

There is limited ethnic diversity amongst the Trust's volunteer workforce.

# Table – ethnicity profile of Trust workforce

| Ethnic Origin | % Rotherham Population | % Applicants | % Shortlisted | % Appointed | % Leavers | % Workforce | % Casework | % Volunteers | % Board |
|---|---|---|---|---|---|---|---|---|---|
| Asian/Asian British: Bangladeshi | 0.04% | 0.67% | 0.38% | 0.35% | 0.37% | 0.21% |  |  |  |
| Asian/Asian British: Chinese | 0.23% | 0.21% | 0.23% | 0.35% | 0.37% | 0.23% |  |  |  |
| Asian/Asian British: Indian | 0.37% | 8.97% | 4.51% | 6.98% | 2.97% | 4.98% | 5.15% | 1.49% |  |
| Asian/Asian British: Other Asian | 0.73% | 1.97% | 1.24% | 1.16% | 1.49% | 1.01% | 2.06% |  | 6.67% |
| Asian/Asian British: Pakistani | 2.96% | 7.87% | 5.01% | 4.31% | 4.83% | 2.64% | 6.19% | 1.49% | 13.33% |
| Black/African/Caribbean/Black British: African | 0.65% | 12.10% | 4.78% | 4.42% | 2.72% | 1.86% | 1.03% | 2.99% |  |
| Black/African/Caribbean/Black British: Caribbean | 0.11% | 0.27% | 0.23% | 0.58% | 0.25% | 0.25% |  |  |  |
| Black/African/Caribbean/Black British: Other Black | 0.06% | 0.34% | 0.20% | 0.35% | 0.12% | 0.17% |  |  |  |
| Mixed/multiple ethnic groups: Other Mixed | 0.23% | 0.68% | 0.63% | 0.35% |  | 0.48% |  | 2.99% |  |
| Mixed/multiple ethnic groups: White and Asian | 0.34% | 0.46% | 0.51% | 0.47% | 0.25% | 0.45% |  |  |  |
| Mixed/multiple ethnic groups: White and Black African | 0.12% | 1.27% | 0.53% | 0.47% | 0.37% | 0.23% |  |  | 6.67% |
| Mixed/multiple ethnic groups: White and Black Caribbean | 0.31% | 0.43% | 0.71% | 0.58% | 0.12% | 0.39% |  |  |  |
| Not Disclosed |  | 3.81% | 0.96% | 2.10% | 1.11% | 1.05% |  |  |  |
| Other ethnic group: Any other ethnic group | 0.28% | 3.51% | 1.67% | 1.98% | 1.24% | 0.97% | 2.06% |  |  |
| White: English/Welsh/Scottish/Northern Irish/British | 91.90% | 54.53% | 76.28% | 73.34% | 82.05% | 83.06% | 82.47% | 88.06% | 73.33% |
| White: Gypsy/Irish Traveller | 0.05% |  |  |  | 0.50% |  |  |  |  |
| White: Irish | 0.30% | 0.19% | 0.30% | 0.47% | 1.24% | 0.31% |  |  |  |
| White: Other White | 1.33% | 2.72% | 1.82% | 1.75% |  | 1.71% | 1.03% | 2.99% |  |
| Grand Total | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |

## 7.1.6 Disability profile

4.73% of the Trust's workforce has disclosed a disability.  8.70% of the workforce have not disclosed whether or not they are disabled.  Whilst disclosure rates have steadily improved over recent years, staff survey data suggests that there is significant under-disclosure of disability within the Trust's workforce, which mirrors the national picture.  Further analysis regarding workforce disability data is included in the Trust's WDES report.

# Table – disability profile of Trust workforce

| Disabled | % Rotherham Population | % Applicants | % Shortlisted | % Appointed | % Leavers | % Workforce | % Casework | % Board |
|---|---|---|---|---|---|---|---|---|
| No | 78.01% | 91.06% | 91.29% | 88.36% | 84.03% | 85.87% | 79.38% | 60.00% |
| Not Disclosed |  | 3.51% | 1.01% | 7.10% | 10.27% | 8.70% | 14.43% | 33.33% |
| Prefer Not To Answer |  | 0.97% | 1.47% | 0.23% | 1.36% | 0.70% |  | 6.67% |
| Yes | 21.99% | 4.46% | 6.23% | 4.31% | 4.33% | 4.73% | 6.19% |  |
| Grand Total | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |

## 7.1.7 Marital Status profile

The proportion of Trust employees whose marital status is married has increased by approximately 0.7 percentage points in the last year.  This is the first slight increase after a number of successive years of decrease.

Table – marital status profile of Trust workforce

| Marital Status | % Rotherham Population | % Applicants | % Shortlisted | % Appointed | % Workforce | % Casework | % Board |
|---|---|---|---|---|---|---|---|
| Civil Partnership | 0.10% | 3.05% | 3.77% | 3.26% | 1.55% | | |
| Divorced | 9.60% | 3.61% | 5.09% | 5.36% | 7.00% | 8.25% | 6.67% |
| Legally Separated | 2.30% | 0.63% | 0.78% | 0.81% | 0.72% | | |
| Married | 49.70% | 39.75% | 41.44% | 43.19% | 53.67% | 56.70% | 40.00% |
| Not Disclosed | | 4.75% | 2.66% | 2.68% | 3.14% | 1.03% | 26.67% |
| Single | 30.50% | 47.75% | 45.65% | 43.66% | 32.95% | 34.02% | 20.00% |
| Widowed | 7.70% | 0.46% | 0.61% | 1.05% | 0.97% | | 6.67% |
| **Grand Total** | **100.00%** | **100.00%** | **100.00%** | **100.00%** | **100.00%** | **100.00%** | **100.00%** |

## 7.2 Workforce Town of Residence, Staff Group and Pay Band profile

The following data shows a breakdown of the Trust Workforce by Town of residence, Staff Group and Pay Band.  Where Rotherham is stated this relates to employee town of residence data extracted from the Trust's Electronic Staff Record system (ESR).

## 7.2.1 Town of Residence

In the last year, the proportion of the Trust's workforce that live within Rotherham has increased by approximately 1.5 percentage points, whilst the proportion of newly appointed staff who live within Rotherham has increased by over 7 percentage points.  Employing people from our local communities is one of the most important things that the Trust can do in its role as an anchor institution, as providing access to employment and increasing the proportion of the Trust's budget that is spent in the local economy both have significant potential to contribute to reducing health inequalities.

The proportion of the Board that live in Rotherham has also increased significantly.

Table – town of residence of Trust workforce

| Town | % Appointed | % Leavers | % Workforce | % Casework | % Board |
|---|---|---|---|---|---|
| Outside Rotherham | 48.89% | 55.32% | 46.64% | 39.18% | 80.00% |
| Rotherham | 51.11% | 44.68% | 53.36% | 60.82% | 20.00% |
| Not Disclosed | | | | | |
| **Grand Total** | **100.00%** | **100.00%** | **100.00%** | **100.00%** | **100.00%** |

## 7.2.2 Staff Group

**29.19% of staff are in the Nursing and Midwifery staff group followed by 21.01% in Additional Clinical Services.**

These proportions are relatively stable since last year.

Staff within the Additional Clinical Services staff group are significantly overrepresented within formal casework figures.  This is an ongoing trend, although there has been a slight improvement in the last year.

Turnover levels for Medical and Dental staff are proportionately significantly higher than for other staff groups.  This is linked to the way in which medical training rotations are structured.

Table – Trust workforce by staff group

| Staff Group | % Appointed | % Leavers | % Workforce | % Casework | % Board |
|---|---|---|---|---|---|
| Add Prof Scientific & Technic | 2.56% | 2.23% | 1.98% | 4.12% | |
| Additional Clinical Services | 33.41% | 24.01% | 21.01% | 39.18% | |
| Administrative & Clerical | 18.86% | 21.29% | 20.14% | 16.49% | 86.67% |
| Allied Health Professionals | 7.92% | 6.93% | 9.87% | 3.09% | |
| Estates & Ancillary | 5.59% | 5.94% | 6.69% | 8.25% | |
| Healthcare Scientists | 1.75% | 1.98% | 2.35% | | |
| Medical & Dental | 13.85% | 13.12% | 8.57% | 5.15% | 6.67% |
| Nursing & Midwifery | 15.83% | 24.50% | 29.19% | 23.71% | 6.67% |
| Students | 0.23% | | 0.19% | | |
| **Grand Total** | **100.00%** | **100.00%** | **100.00%** | **100.00%** | **100.00%** |

## 7.2.3 Pay Band

The Trust's pay band profile has remained relatively static over the last year. Numbers of staff at Band 1 (which is closed to new entrants) continue to decline as existing staff leave. The 0.12% of newly appointed staff at Band 1 represents one individual who has flexibly retired. Due to NHS pension rules this involves termination of employment and rehiring as a new starter.

The proportion of staff at Band 4 is steadily increasing, as numbers of Nurse Associates and Assistant Practitioners increase.

Table – Trust Workforce by Pay Band

| Pay Band | % Appointed | % Leavers | % Workforce | % Casework | % Board |
|---|---|---|---|---|---|
| Band 1 | 0.12% | 0.62% | 0.06% | | |
| Band 2 | 30.38% | 26.24% | 21.63% | 36.08% | |
| Band 3 | 13.39% | 9.90% | 11.77% | 11.34% | |
| Band 4 | 6.75% | 5.32% | 7.23% | 10.31% | |
| Band 5 | 16.88% | 19.80% | 17.23% | 15.46% | |
| Band 6 | 9.31% | 12.50% | 17.79% | 6.19% | |
| Band 7 | 4.19% | 5.94% | 8.57% | 6.19% | |
| Band 8A | 2.44% | 2.72% | 5.04% | 5.15% | |
| Band 8B | 0.70% | 1.49% | 0.85% | 3.09% | |
| Band 8C | 0.12% | 0.25% | 0.41% | | |
| Band 8D | 0.23% | | 0.35% | 1.03% | |
| Band 9 | 0.12% | | 0.17% | | |
| Medical & Dental | 13.85% | 13.12% | 8.57% | 5.15% | 6.67% |
| Other Non A4C | 1.51% | 2.10% | 0.33% | | 93.33% |
| **Grand Total** | **100.00%** | **100.00%** | **100.00%** | **100.00%** | **100.00%** |

# Appendix 1

Equality objectives, 2020-23

1      We will ensure that our patients are communicated with in a manner that is appropriate to their specific needs.  We will identify how patients prefer us to communicate with them from the earliest point of contact.  Our objective will be to ensure that every time we communicate with them, that we used their preferred format.  We will continue to engage with patient and community groups to improve our communication with patients.

- During 2020, we will develop new criteria for the information we include on our public website and use this to carry out a review of our website content to ensure that information on the website is relevant and accessible

- During 2021-22, we will carry out engagement with patient and community groups, to better understand the communication needs and preferences of our communities and explore how individual needs can be reflected in patient records

- During the period of the objective, we will carry out a review of our translation and interpretation services

2      We will work to reduce inequalities experienced by staff from a Black Asian and Minority Ethnic (BAME) background so as to improve the engagement and experience of BAME staff within the workplace.  We will continue with community engagement to encourage individuals from a BAME background to consider a career with the Trust.

- We will continue to support the development of our BAME staff network

- We will continue to participate in the national WRES data collection, and utilise the data collected to develop effective action plans

- During 2020-21, we will launch a campaign encouraging patients and staff to challenge and report instances of discriminatory language and behaviour within our services

- During 2020-21, we will work with our Place Partners to hold a recruitment and careers event, targeting our advertising to our local BAME community

3      We will equip line managers at all levels to lead inclusively and to proactively manage inclusion and diversity within their teams so that staff work in an equal, diverse and inclusive environment regardless of their background.

- During the period of this objective, we will develop and implement relevant training packages for managers to support them to lead inclusively

- During 2021-22, we will work with NHS Employers as a Diversity and Inclusion Partner to further build the capability of our line managers in this area

4    We will work to improve the collection and quality of equality monitoring data, and our analysis and use of it to improve outcomes for staff and patients with protected characteristics.

- We will continue to participate in the national WRES, WDES and GPG data collections, and to publish an annual PSED report

- We will continue to work to improve our collection of staff data by encouraging full utilisation of the MyESR App

- During 2021-2022, we will review our collection and use of patient data, with a view to improving this

5    We will work with local community groups, patients, carers, the rest of the local public sector and the third sector to improve access to our services and the quality of service that we provide to individuals with protected characteristics.

- During 2020-21, our Patient and Public Engagement and Inclusion Lead will work with our services to support them to engage with relevant groups

6    We will review our EIA process to ensure that it supports improvements in policy, practice and services.

- During 2021-22, a full review of the Trust's EIA process will be carried out

# NHS Equality Delivery System (EDS)

| | | | | | |
|---|---|---|---|---|---|
| **EDS Lead** | Emily Wraw | | **At what level has this been completed?** | | |
| | | | | | ***List organisations** |
| **EDS engagement date(s)** | June 2022 – January 2023 | | **Individual organisation** | YES | |
| | | | **Partnership* (two or more organisations)** | Scoring has been done on a partnership basis, working with Barnsley Hospitals NHS FT, Doncaster and Bassetlaw Hospitals NHS FT and Rotherham, Doncaster and South Humber NHS FT | |
| | | | **Integrated Care System-wide*** | | |

| | | | |
|---|---|---|---|
| **Date completed** | 14/02/2023 | **Month and year published** | |
| | | | |
| **Date authorised** | | **Revision date** | |
| | | | |

| Completed actions from previous year | |
|---|---|
| **Action/activity** | **Related equality objectives** |
| As this is a new equality delivery system, in its first year, this section is not applicable | |
| | |
| | |
| | |
| | |
| | |

# EDS Rating and Score Card

Please refer to the Rating and Score Card supporting guidance document before you start to score. The Rating and Score Card supporting guidance document has a full explanation of the new rating procedure, and can assist you and those you are engaging with to ensure rating is done correctly

Score each outcome. Add the scores of all outcomes together. This will provide you with your overall score, or your EDS Organisation Rating. Ratings in accordance to scores are below

| | |
|---|---|
| **Undeveloped activity** – **organisations score out of 0** for each outcome | Those who score **under 8,** adding all outcome scores in all domains, are rated **Undeveloped** |
| **Developing activity** – **organisations score out of 1** for each outcome | Those who score **between 8 and 21,** adding all outcome scores in all domains, are rated **Developing** |
| **Achieving activity** – **organisations score out of 2** for each outcome | Those who score **between 22 and 32,** adding all outcome scores in all domains, are rated **Achieving** |
| **Excelling activity** – **organisations score out of 3** for each outcome | Those who score **33,** adding all outcome scores in all domains, are rated **Excelling** |

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# Domain 1: Commissioned or provided services

Maternity

| Domain | Outcome | Evidence | Rating | Owner (Dept/Lead) |
|---|---|---|---|---|
| Domain 1: Commissioned or provided services | 1A: Patients (service users) have required levels of access to the service | Children not allowed to attend scan appointments – potential for DNAs due to childcare difficulties (most likely to affect groups already at risk of health inequalities, especially inclusion health groups).<br>The Trust works with AccessAble who produce and publish access guides to all services on the main hospital site – positive impact re disability. | 1 | Head of Midwifery |
| | 1B: Individual patients (service users) health needs are met | All patients have personalised care plans, which detail their needs, and staff are focussed on meeting them – this has a particularly positive impact re race, religion, disability, sexual orientation and gender identity.<br>Recent maternity voices survey re antenatal and postnatal depression found approx. 1/3 of service users were not asked about their mental health at every appointment – potential negative impact re disability. | 2 | Head of Midwifery |

| | | No never events reported during the period reviewed<br>Service rated as "good" in all domains by CQC.<br>Service participates in the maternity CNST incentive scheme, which is focussed on safety. | 2 | Head of Midwifery |
| | | | | Endoscopy |
| **Domain** | **Outcome** | **Evidence** | **Rating** | **Owner (Dept/Lead)** |
| *Domain 1: Commissioned or provided services* | 1A: Patients (service users) have required levels of access to the service | There have recently been improvements to signage within the unit to improve accessibility – positive impact re disability. 12/29 Datix incidents in endoscopy during the period reviewed related to interpreter services – negative impact re race. | 1 | Service Manager, Endoscopy |
| | 1B: Individual patients (service users) health needs are met | Large number of issues re interpreter services risks individual patients' health needs not being met. | 0 | Service Manager, Endoscopy |
| | 1C: When patients (service users) use the service, they are free from harm | JAG report identifies insufficient audit activity to provide assurance on safety. No never events reported during the period reviewed. | 0 | Service Manager, Endoscopy |
| | 1D: Patients (service users) report positive experiences of the service | JAG report identifies higher than expected proportion of patients reporting pain from procedures. | 0 | Service Manager, Endoscopy |
| **Domain 1: Commissioned or provided services overall rating** | | | 1 | |
| **Domain** | **Outcome** | **Evidence** | **Rating** | **Owner (Dept/Lead)** |

# Domain 2: Workforce health and well-being

| Domain | Outcome | Evidence | Rating | Owner (Dept/Lead) |
|---|---|---|---|---|
| Domain 2: Workforce health and well-being | 2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions | Stop smoking support is available to Trust staff, and smoking cessation provides an evidence-based intervention for the management of asthma and COPD.<br>The Trust regularly runs a 12-week healthy eating, healthy mind, healthy body programme that includes dietician input.  This programme runs both in person and via teams to increase access.<br>All staff have access to a 24-hour telephone helpline (employee assistance programme) and onsite psychological wellbeing support.<br>The Trust has approximately 50 wellbeing champions, who are able to signpost staff to support internally and externally.<br>Access data for the Trust's internal wellbeing offers suggests that Disabled staff are proportionately more likely to access these services (based on numbers of Disabled staff recoded in ESR), as are LGB staff.  Men and BAME staff are underrepresented in access data. | 2 | Head of Engagement and Wellbeing |

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| | | | | |
|---|---|---|---|---|
| | 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source | In the 2021 staff survey, 85% of respondents said they had not experienced physical violence from patients or members of the public in the last 12 months.  99.2% had not experienced physical violence from managers and 98.4% had not experienced it from colleagues.  Over 50% of staff who said they had experienced violence said it had been reported.<br>75.9% of respondents said they had not received harassment, bullying or abuse from patients and the public during the previous 12 months, 91.9% had not received it from managers and 85% had not received it from colleagues.  Just over 40% of staff who had received harassment, bullying or abuse stated that it had been reported.<br>BAME, Disabled and LGB staff tended to report significantly worse experiences on these questions. | 1 | Security Manager |
| | 2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source | The Trust has a lead Freedom to Speak Up Guardian, and a number of additional champions, who staff can access.  Support is also available from the Trust's EDI team via Call it out work it out, and from the staff networks.  Independent support is also provided by the Vivup EAP and onsite psychological support. | 2 | Head of Engagement and Wellbeing |

| | 2D: Staff recommend the organisation as a place to work and receive treatment | In the 2021 staff survey, 54% of respondents said that they would recommend the organisation as a place to work (strongly agreed and agree) and 51% said they would recommend it as a place to receive treatment.  BAME and LGB staff were slightly more likely than others to recommend the organisation as a place to work, whilst Disabled staff were slightly less likely. BAME, LGB and Disabled staff were all slightly less likely than other staff to recommend the organisation as a place to receive treatment. | 1 | Director of Workforce |
|---|---|---|---|---|
| **Domain 2: Workforce health and well-being overall rating** | | | 6 | |

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# Domain 3: Inclusive leadership

| Domain | Outcome | Evidence | Rating | Owner (Dept/Lead) |
|---|---|---|---|---|
| Domain 3: Inclusive leadership | 3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities | A number of Board members are engaged in the Trust's Reciprocal Mentoring for Inclusion programme, which is focused on equality and has already led to changes to how the organisation works, such as the inclusion of EDI questions in job interviews. The Trust has a Board- level task and finish group focussed on health inequalities, which has progressed programmes of work, including taking a health inequalities-informed approach to reducing DNAs by exploring and seeking to address the reasons for DNAs in the most deprived deciles of the local population. Executive colleagues often demonstrate their commitment to equality and understanding of health inequalities via staff communications and team brief, as well as involvement in external programmes and events, such as the One NHS Finance programme, and in their support for relevant business cases for spending. | 2 | Chief Executive |
| | 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed | This is done routinely in all papers around equality and health inequalities.<br>For other papers, there is no routine assessment of this within papers, however potential impacts and risks are often discussed at meetings and in the minutes. | 1 | Director of Corporate Affairs |

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|---|---|---|---|---|
| | 3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients | The Trust's WRES and WDES action plans and equality objectives are approved by the Board, who regularly monitor progress against them. Board members have equality related objectives. Progress against specific workstreams is regularly monitored via the Trust's EDI Steering Group, Patient Experience Group, Operational Workforce group and the relevant board committees, as well as by staff networks, who have strong links into the Trust's governance structure via the EDI steering group and the executive director of workforce, who is the staff networks sponsor.<br>At present, individual divisions have regular performance reviews with executives, however these do not include a specific focus on equality and health inequalities. | 2 | Chief Executive |
| **Domain 3: Inclusive leadership overall rating** | | | 5 | |

| Third-party involvement in Domain 3 rating and review | |
|---|---|
| **Trade Union Rep(s):** | **Independent Evaluator(s)/Peer Reviewer(s):** |