



The Rotherham
NHS Foundation Trust

Workforce Race Equality Standard (WRES) annual report 2023



1. Introduction

The Workforce Race Equality Standard (WRES) is an annual mandated national reporting scheme first introduced in 2016. It uses defined indicators to measure the experience of black and minority ethnic (BME) staff against white staff, drawing on data from Electronic Staff Record (ESR), NHS Jobs and the National Staff Survey. ESR and NHS Jobs data is for the period 1 April 2022 to 31 March 2023, with snapshot data as of 31 March 2023. Staff Survey data is from the 2022 Staff Survey.

Trusts are required by the NHS Standard Contract to use this data to develop action plans aimed at reducing the gap in experience between these two groups, in line with their obligations under the Public Sector Equality Duty. For the purposes of WRES, the BME category does not include staff from white minority groups.

The report covers the statistical measures as per the WRES indicators with relevant commentary and as such is relatively dry in nature. It is important to remember that the numbers contained in the report represent real people and their experiences. Where performance has improved, there is often still a disparity between the workplace experience of BME and white staff and TRFT is committed to making significant progress in this area to ensure the Trust can provide the best possible care for patients.

2. The WRES indicators

1. Percentage of staff in each of the Agenda for Change (AfC) bands 1 - 9 or medical and dental subgroups and Very Senior Managers (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.

3. Actions and progress made since WRES report 2022

Action	Progress
Launch and embed the All About Me passport	The Trust launched its All About Me staff passport. This has been designed to support holistic discussions between members of staff and their manager around individual needs, including cultural and religious needs. This launch has been supported by training, and the passport is referenced in the Trust's appraisal template and has been highlighted to managers as part of retention masterclasses.
Complete Reciprocal Mentoring for Inclusion Programme - cohort 1 (and assess feasibility of a further cohort)	Cohort one was completed. The programme was designed and delivered in-house; predominately aimed at Board / Executive colleagues partnering with less senior colleagues with protected characteristics. Feedback was very positive from colleagues. The key learning points from the programme were presented and discussed with the Trust's Senior Leaders at their meeting in July 2023. Early discussion is now underway with Place partners regarding the viability of a multi – organisational approach for the next cohort.
Ensure there are specific questions around EDI for interviews for all posts	An EDI question bank was developed and is now included in all interview packs and sent to recruiting managers. Some divisions (e.g. Surgery) have explored values based recruitment. It is now mandatory for there to be an equality diversity and inclusion question as part of all job interviews at the Trust.
Continue to work with divisions to embed behavioural framework and relevant training	This important work is a key leadership responsibility across the Trust. The behavioural framework is now embedded into the Trust's appraisal process. The People team work with divisional leadership teams to meet the learning needs of the divisions and provide

Action	Progress
	<p>advice to ensure that behaviours are in line with the framework.</p> <p>Specific behavioural charter sessions have taken place and race equality is included in regular training sessions for nursing staff including community district nurses.</p> <p>A number of services and teams have also accessed cultural awareness training from the equality, diversity, and inclusion (EDI) team e.g. Family Health division.</p>
<p>Improve induction and support to our internationally educated staff</p>	<p>Up to 31 March 2023 the Trust had successfully recruited 150 Internationally Educated Nurses (IEN) as part of an ICB approach. The Education and Development team have worked hard to support IENs to pass their OSCE test of competence exam (clinical and communication skills), with a 100% pass rate.</p> <p>Significant improvements have been made to induction materials and processes to better support nursing and allied health professionals (AHPs). A new 'what to know about working at TRFT and living in Rotherham' guide has been produced and is shared before new IEN colleagues arrive. 10 nursing and AHP managers have completed a course on cultural competence for managers of internationally educated staff as part of a national pilot. Work is currently underway to embed learning from other professions and national guidance into induction of International Medical Graduates.</p> <p>Nine IENs have been promoted from their original staff nurse post into a variety of more senior roles in the Trust, with 4 colleagues becoming trained Professional Nurse Advocates further supporting IENs to stay and thrive in Rotherham</p>
<p>A new medical leadership programme launched which includes specific EDI modules</p>	<p>A presentation and discussion with new doctors (appointed in last 2 years) around the Trust's behavioural framework and around race equality and anti-racism is included in the Trust's new medical leadership programme, which recently launched at the start of 2023/24 across each division.</p>
<p>Strengthen the BAME Staff Network</p>	<p>Following the establishment of backfill funding arrangements, a chair and vice chair have been recruited for the BAME staff network and are working to grow and develop the network. There has been an</p>

Action	Progress
	increased Executive commitment to working with and attending staff networks, and all three of the Trust's staff networks are represented on the EDI Steering Group and heavily engaged in work to improve policies and processes. Divisions have promoted the networks locally e.g. Surgery promoting the network calendars.
Communicate WRES and WDES action plans to senior leaders within the Trust, ensuring that they are aware of their own responsibilities	WRES and WDES data sets, reports and action plans have been communicated throughout the EDI steering group, and progress updates have been provided regularly to various governance meetings at the Trust e.g., presentation to Senior Leaders Meeting delivered in Q1 2023.
Increase the representation of BME staff within AfC bands 2,3 and 4 towards representativeness of the local population	<p>Progress has been made at Band 4 with limited or no progress at Bands 2 and 3. More focussed work is required in both clinical and non-clinical areas.</p> <p>Non clinical (2021; 2022; 2023) = Band 2 (4.3%; 4.3%, 4.3%), Band 3 (2.8%, 2.4%, 2.8%), Band 4 (2.9%, 3.6%, 5.4%)</p> <p>Clinical (2021; 2022; 2023) = Band 2 (4.5%, 5.7%, 6.1%), Band 3 (7.0%, 6.0%, 6.4%), Band 4 (3.0%, 5.0%, 5.8%)</p>

4. WRES assessment against the national indicators

Metric 1: The composition of our workforce

TRFT employed 5021 staff as at 31 March 2023. Of these, 14.2% (715 people) are BME, 4255 are white, and 51 do not have an ethnicity recorded on ESR. There has been an increase of approximately 1.5 percentage points in the proportion of our workforce who are BME over the last year. Much of this is attributable to planned international recruitment activity. The ethnic diversity of our workforce varies significantly between different departments and staff groups.

(a) Our non-clinical workforce

Band / VSM / NED / Medical and Dental Breakdown	White	BME	Not Stated/ Blank	Total	% BME 2023	2022	2021
Under Band 1	4			4	0.0%		
Bands 1	2	1		3	33.3%		
Bands 2	438	20	3	461	4.3%		
Bands 3	248	7		255	2.8%		
Bands 4	140	8	1	149	5.4%		
Bands 5	84	7	1	92	7.6%		
Bands 6	79	4		83	4.8%		
Bands 7	54	2	1	57	3.5%		
Bands 8a	51			51	0.0%		
Bands 8b	14	1		15	6.7%		
Bands 8c	9		1	10	0.0%		
Bands 8d	8			8	0.0%		
Bands 9	7			7	0.0%		
VSM	9	4		13	30.8%		
Totals	1147	54	7	1208	4.5%	4.3%	3.9%

Our non-clinical workforce primarily consists of corporate staff (e.g., Finance, IT, HR), administrative staff and estates and facilities staff. As shown in the table above, there is limited ethnic diversity with a particular lack of BME staff at senior levels (other than VSM or Board level).

(b) Our clinical workforce (excluding medical and dental)

	White	BME	Not Stated/ Blank	Total	% BME	2022	2021
Under Band 1	3	1		4	25.0%		
Bands 2	577	38	4	619	6.1%		
Bands 3	320	22	1	343	6.4%		
Bands 4	195	12		207	5.8%		
Bands 5	508	228	9	745	30.6%		
Bands 6	728	83	8	819	10.1%		
Bands 7	357	21	2	380	5.5%		
Bands 8a	189	13	3	205	6.3%		
Bands 8b	22	6		28	21.4%		
Bands 8c	13	2		15	13.3%		
Bands 8d	8	1		9	11.1%		
Bands 9	1			1	0.0%		
Other	3			3	0.0%		
VSM	1			1	0.0%		
Totals	2925	427	22	3379	12.6%	10.8%	7.6%

Our clinical workforce includes nurses and midwives, healthcare support workers, allied health professionals (e.g., physiotherapists, occupational therapists, podiatrists, dietitians, operating department practitioners, orthoptists, osteopaths, physios, radiographers), healthcare scientists and pharmacists. It is the largest part of the workforce, and there is far greater ethnic diversity within our clinical workforce than within our non-clinical workforce. Our clinical workforce is most ethnically diverse at Band 5. Whilst there is good ethnic diversity at and above Band 8B (where there are very few staff overall), BME staff are still under-represented at Bands 6-8a, both in comparison to the clinical workforce and the Trust's overall workforce, however this picture has shown some improvement over the last year. BME staff continue to be underrepresented in bands 2-4.

(c) Our Medical and Dental workforce

	White	BME	Not Stated/ Blank	Total	% BME 2023	2022	2021
Medical & Dental Staff, Consultants	73	99	7	179	55.3%		
Medical & Dental Staff, Medical and dental trainee grades	50	87	5	142	61.3%		
Medical & Dental Staff, Non-Consultants career grade	59	48	8	115	41.7%		
Medical & Dental Senior Manager	1			1	0.0%		
Totals	183	234	20	437	53.6%	52.4%	46.3%

(d) Ethnicity by staff group

Staff Group	%BME 2023	2022
Add Prof Scientific and Technic	22.1%	19.7%
Additional Clinical Services	7.3%	7.3%
Administrative and Clerical	3.8%	3.7%
Allied Health Professionals	16.3%	11.0%
Estates and Ancillary	4.8%	4.7%
Healthcare Scientists	12.3%	13.3%
Medical and Dental	53.2%	52.4%
Nursing and Midwifery Registered	15.7%	13.0%
Grand Total	14.2%	12.7%

There is a lack of ethnic diversity amongst our administrative and clerical and estates and ancillary staff. There has been a 5-percentage point increase in the proportion of allied health professional staff recorded as BME since last year. This has been driven by a mixture of planned international recruitment and international candidates applying independently.

The Trust's Nursing and Midwifery workforce has become significantly more diverse, primarily because of planned 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.

Metric 2: appointment from shortlisting

The relative likelihood of white staff being appointed from shortlisting compared to that of BME staff being appointed from shortlisting in 2022/23 was 1.33. This is significantly higher than the figure reported in previous years. This change is likely to be attributable to improvements to reporting facilitated by the new NHS Jobs system. Whilst there is now a greater degree of confidence in this data, it is not directly comparable with data reported in previous years.

This data shows that a white person shortlisted for a post is 1.33 times more likely to be appointed than a BME person shortlisted for the same post. This result is statistically significant, as it is outside the expected range of 0.8-1.2, which would indicate equity.

Metric 3: entry into disciplinary processes

In 2022-23, BME staff were 0.79 times as likely as white staff to enter the formal disciplinary process. This is slightly outside the expected range of 0.8-1.2, however not significantly so, and indicates that BME staff continue to be proportionately slightly less likely to enter the disciplinary process than white staff. Only 17 staff entered the Trust's formal disciplinary process during 2022-23 – this number has been falling for several years as greater emphasis is placed on Restorative Just and Learning Culture and informal resolution of issues.

Metric 4: staff accessing non-mandatory training and CPD

During 2022/23, the relative likelihood of white staff accessing non-mandatory training and CPD as compared to BME staff was 0.94. This is within the expected range of 0.8-1.2, indicating that both groups were roughly equally likely to access non-mandatory training and CPD.

Metric 5: percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in last 12 months

In the 2022 staff survey, 28.6% 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 24% of white staff. This metric has deteriorated slightly compared to last year, and the national benchmark median has also deteriorated slightly. The Trust continues to perform better than the benchmark median.

Metric 6: percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

23.6% of BME staff responding to the 2022 staff survey said that they had experienced harassment, bullying or abuse from staff in the last 12 months,

compared to 16.9% of white staff. This metric has deteriorated slightly for BME staff. The Trust continues to perform better than the benchmark median.

Metric 7: percentage believing that trust provides equal opportunities for career progression or promotion

In the 2022 staff survey, 53.8% of BME staff said that they believed the Trust provided equal opportunities for career progression, compared to 62.8% of white staff. This metric has improved by over 9 percentage points for BME staff, and the Trust is significantly outperforming the benchmark median.

Metric 8: 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 2022 staff survey, 14.7% of BME staff reported experiencing discrimination at work from managers, team leaders or other colleagues, compared to 3.8% of white staff. This metric has improved for BME staff from 2021, and the Trust is performing better than the benchmark median.

Metric 9: percentage difference between the organisations' board membership and its overall workforce disaggregated: by voting membership and executive membership of the Board.

14.24% of the Trust's overall workforce is BME. As of 31 March 2023, 21.1% of the Board was BME, 28.6% of voting Board members were BME and 9.1% of Executive Board members were BME. It should be noted that WRES data only includes staff on the Trust's payroll, and as of 31 March 2023, TRFT shared two Executive Board members with Barnsley Hospitals NHS FT – the Chief Executive and the Director of Workforce. Of these two, the director of Workforce was on TRFT's payroll, so is included in TRFT's WRES data, whilst the Chief Executive is on Barnsley's payroll, and so is not included in TRFT's WRES data. As of 31st March 2023, 37.45% of the Trust's Non-Executive Directors were BME.

5. Conclusion

BME representation within the Trust's workforce continues to increase, with most progress being made in clinical areas. This increase has been significantly supported by international recruitment and more work is required to address the underrepresentation of the BME population within the Trust's workforce, with a particular focus on diverse local recruitment.

This year has seen some improvements with regard to the experience of BME staff during their employment with the Trust. Whilst the Trust is now performing better than the benchmark median on WRES metrics relating to staff experience, there are

still significant opportunities for further improvement. These improvements are essential to deliver on the Trust's ambition for 'Us' – 'we will be proud to be colleagues in an inclusive, diverse and welcoming organisation that is simply a great place to work'. Only by achieving that ambition will we be able to provide the best possible care for patients.

6. Next steps

Accompanying this report is the first version of the Trust's intersectional action plan for 23/24 and 24/25 encompassing the WRES and the Workforce Disability Equality Standard (WDES) actions. Engagement on this took place during Q2 of 2023/24 with a number of stakeholder groups and all of the staff networks contributing to the final action plan which will be available on the Trust website following Board sign off. A further report will be published in 2024/25 setting out progress against this action plan.