NHS

The Rotherham
NHS Foundation Trust

Workforce Race Equality Standard (WRES) annual report 2024

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 2023 to 31 March 2024, with snapshot data as of 31 March 2024. Staff Survey data is from the 2023 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 2023

A number of the actions have been implemented however some progress against last year's actions has been impacted by the gap following the departure of the previous Head of EDI in 2023 and the appointment of the new Head of OD and Inclusion who started in April 2024.

Action	Progress
Ensure that each staff network has an assigned Executive sponsor, and that supporting and advocating on behalf of the network forms part of the Executive's role	An executive sponsor has been assigned to each staff network, and one has been assigned the task of launching a new Women's network
Divisions to support and promote attendance to colleagues. To work with Staff Network chairs to improve active membership and discuss divisional contribution regularly at divisional SLT meetings	The CEO and Director of People have attended staff network meetings as have the Medical senior leadership team. The Deputy Director of People has encouraged Senior Leaders to promote the networks and encourage attendance. Ongoing promotion takes place through communications and the new HR newsletter for line managers. The new Head of OD and Inclusion is considering options to help re-launch the networks.
Work with EDI group to conduct end-to-end of analysis of candidate journey and organisational policy and practice throughout attraction and recruitment via an inclusion lens and use findings to improve recruitment (Agenda for Change and VSM)	EDI question banks for all bands has been created and is available on the staff intranet. The EDI team have been assisting senior role interviews by taking part in the stakeholder panels. 4 Restore nurses have been placed within the trust following an event for Refugees. The recruitment team is working with the Workforce Lead for Rotherham Council to bring in job candidates. The end to end analysis of recruitment has not yet taken place and this will form part of the upcoming EDI plan.
Work with services to increase the promotion of jobs with local communities at all levels including apprenticeship provision	A new Head of People Services has been recruited and is developing an improving recruitment programme, of which this will be part. The Trusts Apprentices Manager has linked expressions of interest for apprenticeship programmes to the new Study Leave process which provides improved oversight. Attendance at careers fairs has taken place, although this ad hoc. The Trust has signed up to Skills Street which will see a permanent Health and Care presence developing the brand to local school children and students from next year.

Action	Progress
Develop and standardise induction of International Medical Graduates	A handbook to support international colleagues has been developed and the plan is to develop this further in the future as well as create a toolkit and provide further support to IMGs.
Apply for the National Pastoral Care Quality Award. Showcase a Cultural Celebration event - a chance to network, dance, sing and eat together. All IENs who have progressed their career at TRFT will be recognised with a certificate of their achievement.	The Trust received the Pastoral Care Quality award. The second Cultural celebration day took place in October 2024 and as well as been a great showcase of the heritage and diversity of our people saw celebrations of diversity across many teams throughout the day. Certificates were handed out to Internationally Educated Nurses in recognition of their hard work.
Discrimination to be a standing agenda item for violence and aggression group	This is now in place and improved approaches to tackling violence and aggression are in place including greater use of body worn cameras, stronger warnings and letters to patients that abuse staff.
Develop approach to reverse/mutual mentoring based on completion of cohort 1	Reciprocal mentoring was not continued past the initial pilot however the People team is exploring options for this with the SY ICB as part of the new EDI plan.
EDI team to continue to develop and deliver training, working with divisions and corporate areas to focus on areas and subjects where need is greatest based on WRES and WDES data and insight	Training continues to take place where requested, or if a need is identified. Training takes place around behaviours and values and cultural awareness training is delivered with teams as requested.
Embed a learning culture around people management, ensuring that lessons are learned and embedded from external and internal cases and reviews - e.g. Michelle Cox ET case	The People Team reviews the 'top 5'casework cases, and a new manager newsletter is in place to update on changes to policies or practices. Team brief and team time outs allow for more dedicated learning and development.

Action	Progress
Board of Directors to consider recommendations from new NHSE Equality Diversity and Inclusion plan and recommendations from National NHS Disabled Directors' Network. Refresh and develop this action plan in Q1 2024/25	This will be used to inform a new EDI action plan. Some of these recommendations are currently being worked on, such as the High Impact Actions.
Ensure that all Non Executive Directors and the CEO have EDI objectives that are specific, measurable, achievable, relevant, and timebound (SMART) and are assessed against these as part of their annual appraisal process	The Chair and Chief Executive have taken this forward respectively this year with support from the Director of People and objectives are being included in mid-year reviews in Q3.

Ensure that all Executive Team members and Divisional leadership teams have EDI objectives that are specific, measurable, achievable, relevant, and timebound (SMART) and are assessed against these as part of their annual appraisal process	All Executive Directors have been given two objectives:
	
	   o To understand and take steps to improve the experience of work for everyone in your service(s), especially people with protected characteristics where there is a negative gap (inclusion). Measure 2023 staff survey and 2024 staff survey Diversity and Equality and Inclusion sub themes.
	   o To improve the diversity of your service/key service areas so that they are representative of the population of Rotherham (diversity). Measure year start and year end team demographics, especially diversity of senior leadership roles 8a+
	
	Additionally, Executive members have either been given an objective to align and sponsor one of the staff networks, or sponsor one of the staff survey 'We said, We did' work streams.

Work with EDI team to develop and deliver divisional/directorate EDI commitments, taking into account WRES, WDES, staff survey and other	Head of OD and Inclusion is developing an EDI information pack for each Exec Team member, providing a base-starting point to measure objectives against. Executive team will be offered 1:1 session with Head of ODWI to discuss specific issues relating to their area and consider

Action	Progress
relevant data on the refreshed action plan	how to operationalise commitments for their care group/corporate area.

4. WRES assessment against the national indicators

Metric 1: The composition of our workforce

TRFT employed 5143 staff as at the 31 March 2024. Of these, 15.7% (808 people) are BME, 83.2% (4278 people) are white, and 1.1% 57 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. 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 2024	%BME 2023	%BME 2022
Bands 2	433	26	5	464	5.6%		
Bands 3	252	9	2	263	3.4%		
Bands 4	135	8	1	144	5.6%		
Bands 5	87	8	0	95	8.4%		
Bands 6	80	4	0	84	4.8%		
Bands 7	54	5	1	60	8.3%		
Bands 8a	47	1	0	48	2.1%		
Bands 8b	16	1	0	17	5.9%		
Bands 8c	10	0	1	11	0.0%		
Bands 8d	8	0	0	8	0.0%		
Bands 9	7	0	0	7	0.0%		
VSM/Board	9	3	0	12	25.0%		
Totals	1138	65	10	1213	5.4%	4.5%	4.3%

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/ Board level).

(b) Our clinical workforce (excluding Medical and Dental)

	White	BME	Not Stated/ Blank	Total	% BME	2023	2022
Bands 2	604	70	1	675	9.90%		
Bands 3	333	18	2	353	5.10%		
Bands 4	196	10	0	206	4.85%		
Bands 5	494	251	10	755	33.25%		
Bands 6	744	100	8	852	11.74%		
Bands 7	370	17	5	392	4.34%		
Bands 8a	174	18	3	195	9.23%		
Bands 8b	22	5	0	27	18.52%		
Bands 8c	14	2	0	16	12.50%		
Bands 8d	7	0	0	7	0.0%		
Bands 9	1	2	0	3	66.67%		
VSM	2	0	0	2	0.0%		
Totals	**2961**	**493**	**29**	**3483**	**14.2%**	**12.6%**	**10.8%**

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 section 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 2024	2023	2022
Medical & Dental Staff, Consultants	77	104	5	186	55.91%		
Medical & Dental Staff, Non-Consultant career grade	52	47	8	107	43.93%		
Medical & Dental Staff, Medical and dental trainee grades	47	99	5	151	65.56%		
Medical & Dental Staff, Other	3	0	0	3	0.0%		
Totals	**179**	**250**	**18**	**447**	**55.93%**	**53.6%**	**52.4%**

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 2023/24 was 1.53, and in 2022/2023 it was 1.33.

This data shows that a white person shortlisted for a post is 1.53 times more likely to be appointed than a BME person shortlisted for the same post. This result is outside the expected range of 0.8-1.2.

Metric 3: entry into disciplinary processes

In 2023/24, BME staff were 0.69 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. 26 staff entered the Trust's formal disciplinary process during 2023-24 – this number has increased in 2022/23 17 members of staff entered the Trust's formal disciplinary process.

Metric 4: staff accessing non-mandatory training and CPD

During 2023/24, the relative likelihood of white staff accessing non-mandatory training and CPD as compared to BME staff was 0.91. 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 2023 staff survey, 33.7% 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 22.9% of white staff. This metric has deteriorated compared to last year (28.6% in 2022), and the national benchmark median has improved by 3.5% (27.3% 2023). The Trusts performance has decreased than the benchmark median, a negative of 6.4%.

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

23.4% 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 improved 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, 49.3% of BME staff said that they believed the Trust provided equal opportunities for career progression, compared to 64.5% of white staff. This metric has deteriorated slightly, and the Trust is performing slightly under 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 2023 staff survey, 12.8% of BME staff reported experiencing discrimination at work from managers, team leaders or other colleagues, compared to 4.1% of white staff. This metric has continued to improve for BME staff from 2022, 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

15.7% of the Trust's overall workforce is BME. As of 31 March 2024, 15.8% of the Board was BME, 21.4% of voting Board members were BME and 0% of Executive Board members were BME. It should be noted that WRES data only includes staff on the Trust's payroll, and as of 31st March 2024, TRFT shared one Executive Board member with Barnsley Hospitals NHS FT – the Chief Executive, the Chief Executive is on Barnsley's payroll, and so is not included in TRFT's WRES data. As of 31st March 2024, 23.0% 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 improvements for metric 8 but there has been a deterioration in metric 5 and the Trust is now under the median benchmark. However, the Trust is performing better than the benchmark median on WRES metrics 6 and 8 relating to staff experience and 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

The new Trust EDI plan 2024-2027 contains actions to address WRES indicators and an annual review of progress will be reported each year.