

WRES Report

**Workforce Race Equality Standard
Financial Year: 2022-23**

Date: July 2023

The RUH, where you matter



Introduction to WRES

Workforce Race Equality Standard (WRES) uses data to highlight the experiences of the workforce based on race against 9 key indicators. It requirement for NHS commissioners and NHS healthcare providers including independent organisations, through the [NHS standard contract](#). As an NHS provider, we are expected to show progress against a number of indicators of workforce equality. In the 2022 NHS WRES Report, Dr Navina Evans commented:

“Evidence increasingly suggests an association between staff experience and patient outcomes, meaning there is not just a moral case for improving the experience of our colleagues from minority communities and backgrounds – it also benefits patients, productivity and performance. For example, the percentage of staff believing that their trust provides equal opportunities for career progression or promotion (WRES indicator 7) is a predictor of higher levels of patient satisfaction.”

Within the RUH our data has shown that we have made great progress with our representation across the organisation and at Board level. Now, 20% of the people we work with are from a Black and Minority Ethnic background. This is great not just for us, but for the people we care for and the people in our community, as we know this representation enables us to continue to strive for the highest quality of care.

However, whilst we have seen progress in representation there is much more we can do. Over the next 12 – 24 months we will be focussing our actions on equal career progression, in particular for our colleagues working clinically in band 5 – 6 roles. As well as bringing in initiatives to reduce the percentage of staff who experience harassment, bullying or abuse from any source whilst at work.

At the RUH we are committed to creating the conditions to perform at our best, celebrating our diversity and passion to make a difference and within this report we outline the tangible actions we plan to take to achieve this.



Cara Charles-Barks
Chief Executive



Alfredo Thompson
Director of People
and Culture

A note on language:

Throughout this report, we have followed the national WRES team for consistency and used Black and Minority Ethnic (BME). However as an organisation we are in the process of reviewing the language we use to highlight inequity between groups.

The RUH, where you matter

RUH indicator trends 2017 – 2023

WRES Indicator			RUH Results: Financial Year						Trend	
			16/17	17/18	18/19	19/20	20/21	21/22		22/23
1	Percentage of black and minority ethnic (BME) staff		10%	10%	11%	13%	14%	16%	20%	
2	Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME applicants		1.88	1.4	1.73	1.93	1.91	1.5	1.5	
3	Relative likelihood of BME staff entering the formal disciplinary process compared to white staff		2.89	1.44	1.94	1.64	1.1	1.1	1.74	
4	Relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff		0.89	0.86	0.99	0.81	0.83	0.4	0.53	
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	BME	27%	28%	29%	29%	28%	31%	38%	
		White	28%	28%	25%	26%	25%	28%	27%	
6	Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	BME	27%	31%	29%	29%	29%	31%	34%	
		White	23%	24%	25%	25%	22%	24%	23%	
7	Percentage of staff believing that trust provides equal opportunities for career progression or promotion	BME	68%	56%	67%	68%	74%	41%	51%	
		White	90%	88%	88%	88%	89%	57%	59%	
8	Percentage of staff personally experiencing discrimination at work from a manager/team leader or other colleagues	BME	17%	20%	14%	14%	17%	19%	19%	
		White	6%	6%	6%	6%	5%	6%	6%	
9	Percentage difference between the organisations' Board voting membership and its overall workforce		-10%	-10%	-11%	-6%	0.70%	4%	4%	

Our improvements and 2023/24 focus

2022/23 improvement

Indicator 1: Percentage of BME staff in the organisation

Improvement: The percentage of black and minority ethnic staff has doubled since 2017. Our increased representation includes welcoming new colleagues with international careers. This provides the people we care for with a rich diversity of experience helping us to provide the highest quality of care.

Indicator 9: Board representation

Improvement: The board is the most representative of the workforce with a change from -10% in 2017 to 4% in 2023. Increased representation at board level signifies the RUH's commitment to ensuring a wide range of voices, experiences and communities are heard and part of the decision making processes for the hospital.

Priority focus and objectives

Indicator 5,6 & 8: The percentage of staff experiencing harassment, bullying or abuse from patients/relatives, staff and managers over the last 12 months.

Objective: 15% decrease in percentage of BME staff experiencing bullying, harassment or abuse from patients, staff and managers by March 2025.

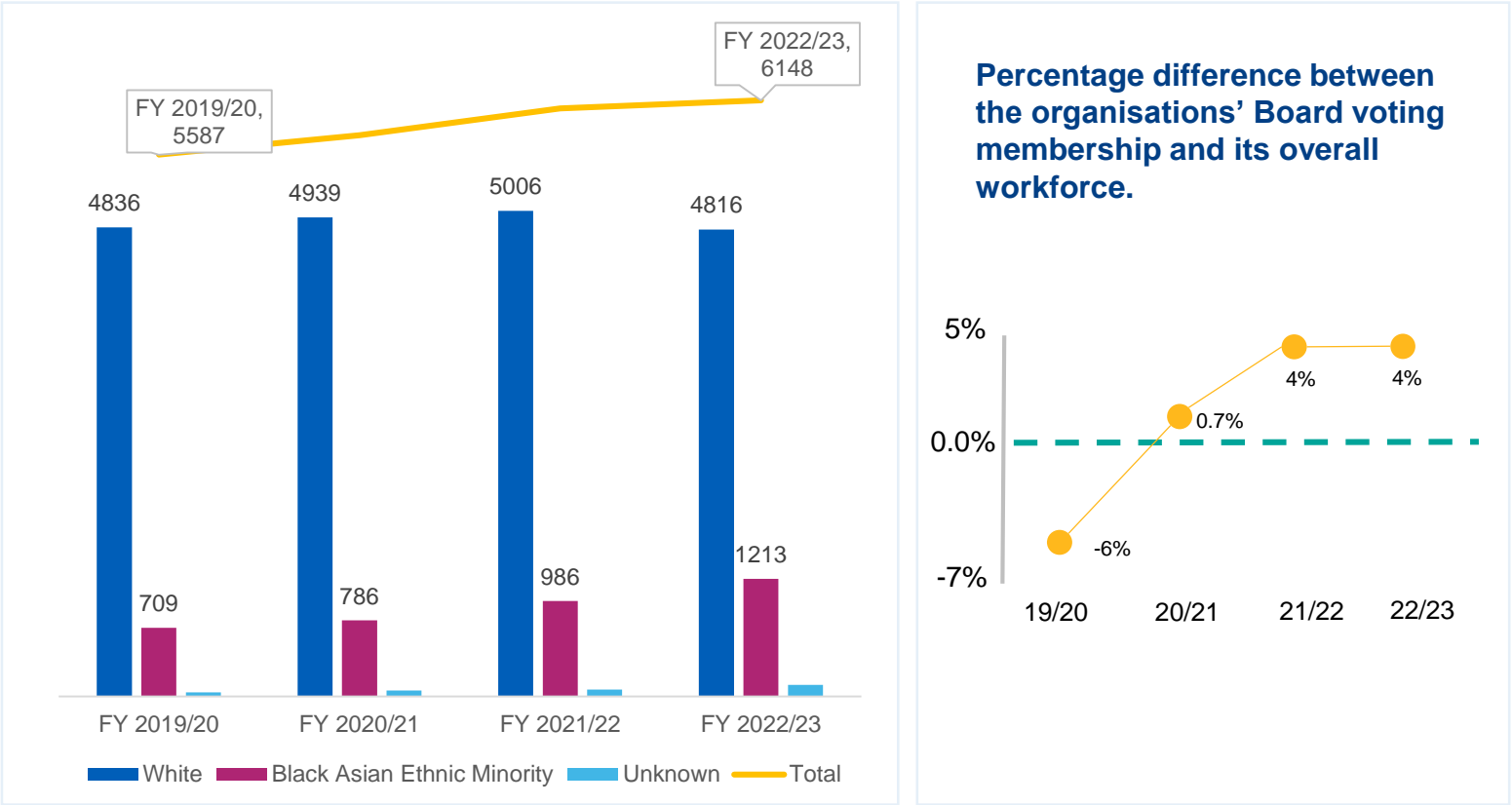
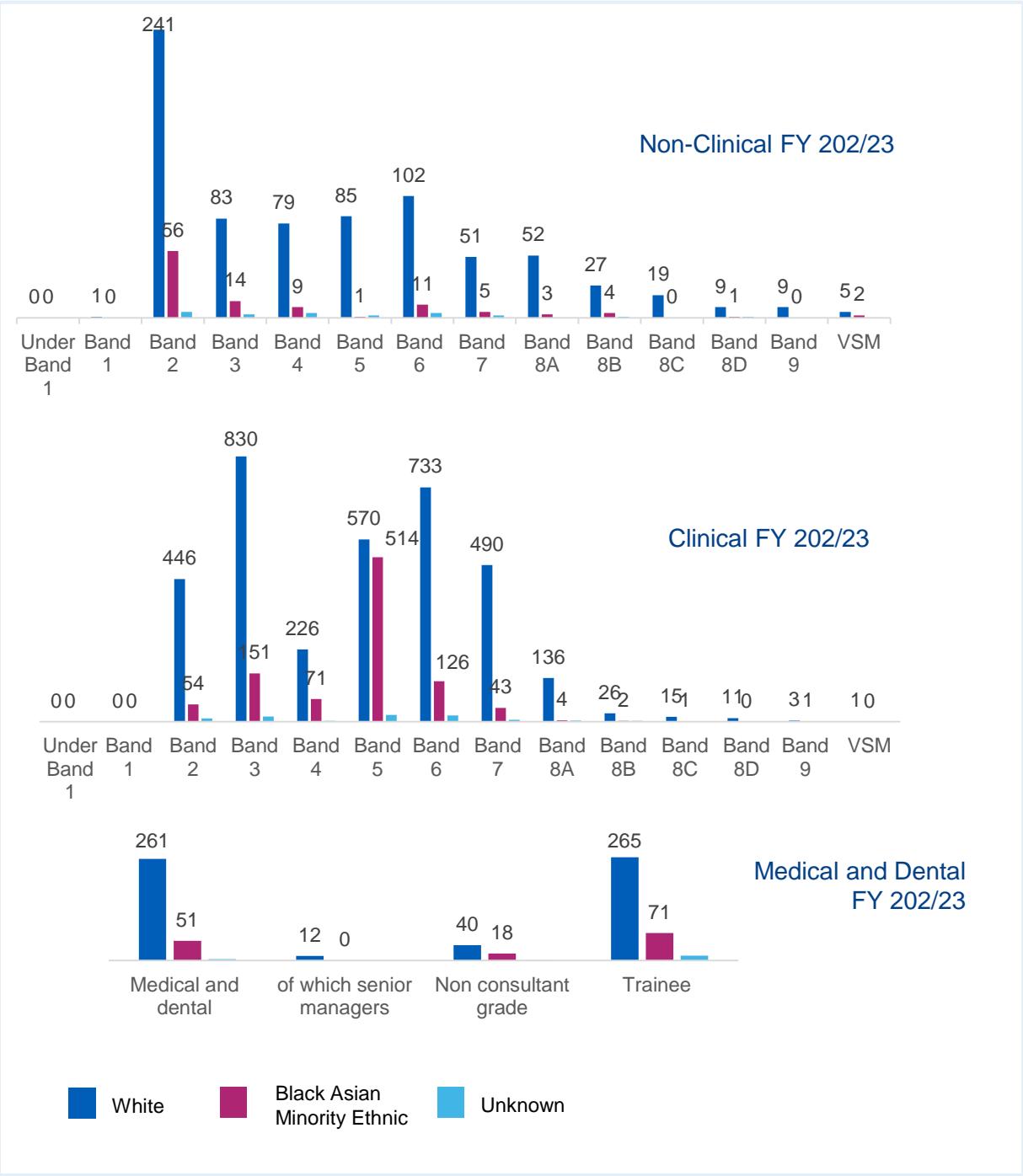
Indicator 1 & 7: Representation of BME staff across all bands and percentage of staff believing the Trust provides equal career progression

Objective1: Increase BME representation in clinical roles at bands 6 – 8a by October 2024

Objective 2: Increase percentage of staff believing the Trust provides equal career progression to 60% by October 2024

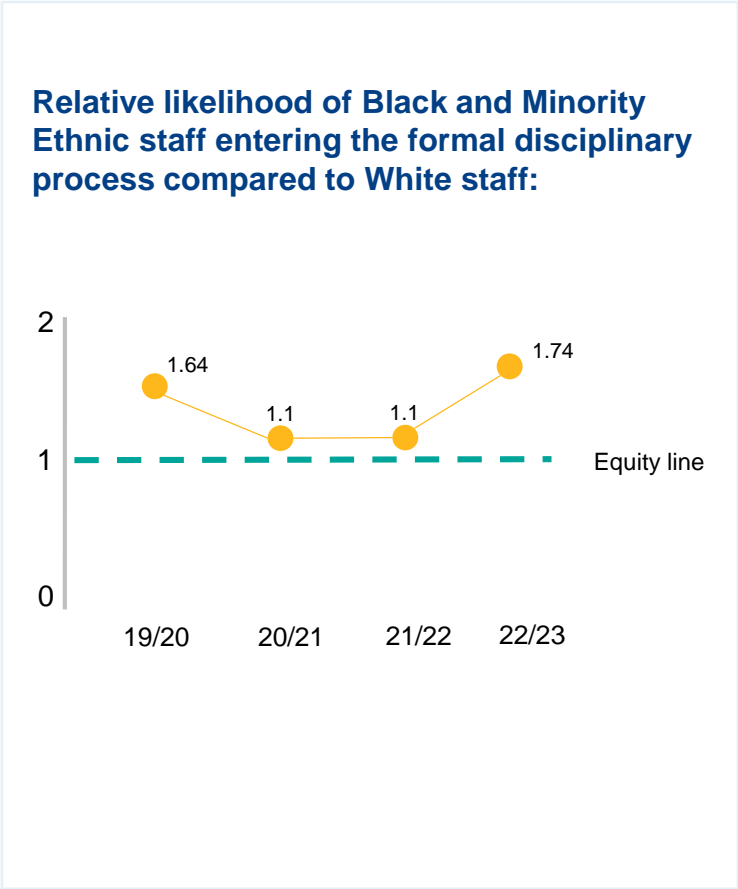
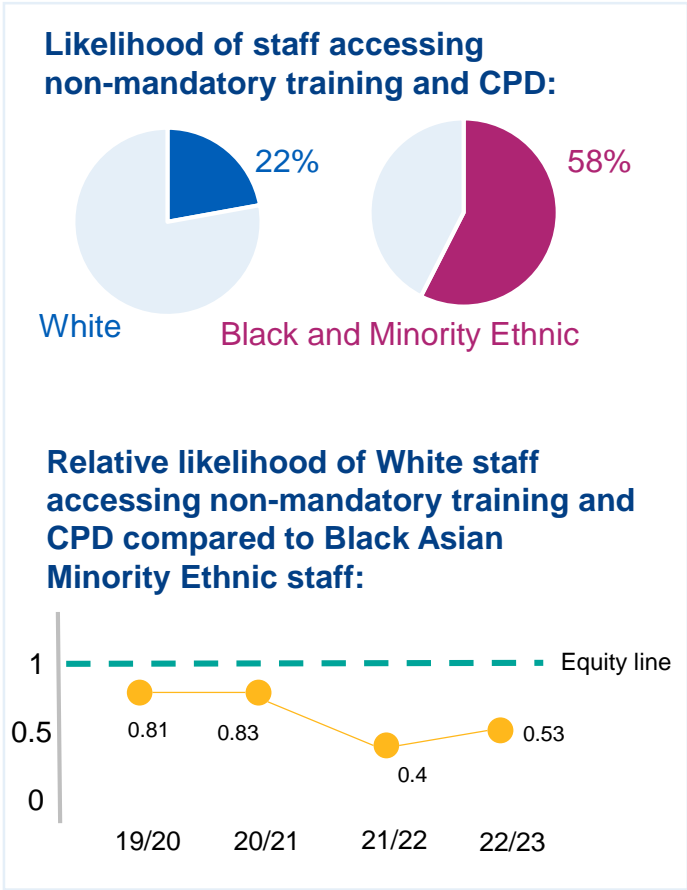
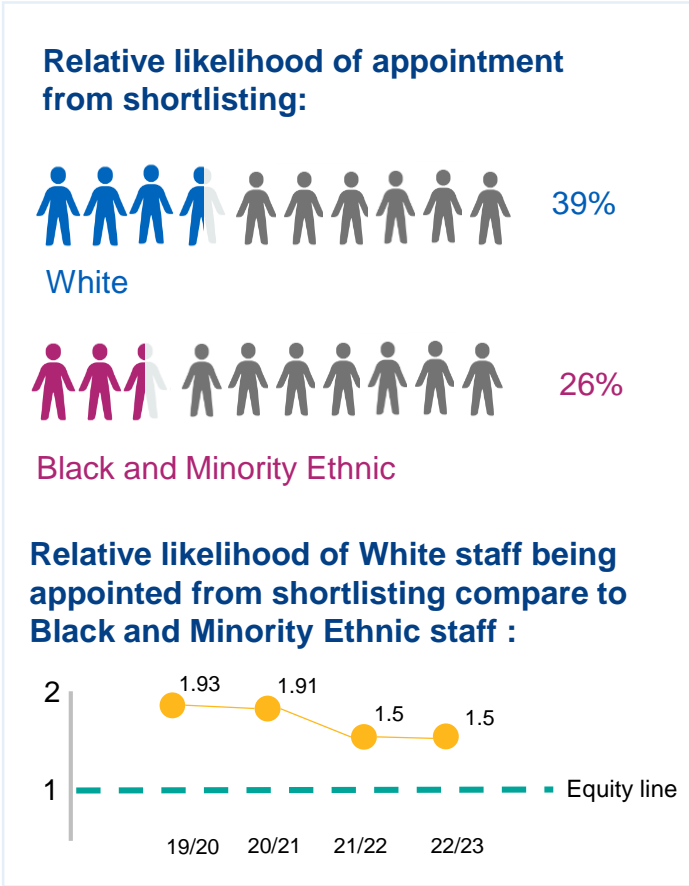


Understanding the impact of our processes



There has been a year on year increase in the percentage of Black and Minority Ethnic within the RUH. This year showing a rise to 20% of the total workforce. The greatest representation is in clinical roles. Non-clinical roles have much less representation overall and the majority of representation in the lower bands (1-4). The steady increase in representation clinically over the last 4 years has been supported by recruitment of internationally educated nurses. However, the data indicates that there is a disproportionate representation of Black and Minority Ethnic staff at band 5 that drastically drops. Whilst there is an almost 50/50 split in representation at band 5, this drops significantly at band 6, with white staff within the roles rising from 52% at band 5 to 83% at band 6. International recruitment will have had an impact, but we would have expected to see the career progression of those nurses recruited 3 years ago increasing the representation at band 6 and we have not. This is why we have taken an action to review our recruitment processes and bring in positive action programmes to support the development and representation of our Black and Minority Ethnic staff into Middle/ Upper bandings and leadership roles.

Understanding the impact of our processes



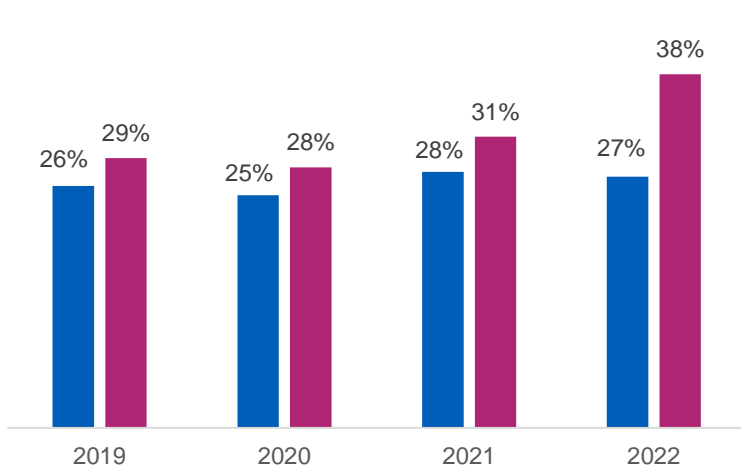
The relatively likelihood of white applicants being appointed from shortlisting compared to Black and Minority Ethnic applicants has stayed the same in 2023 compared to 2022. For every 20 white applicants shortlisted, 8 will be appointed, whereas for every 20 Black and Minority Ethnic applicants shortlisted, only 5 will be shortlisted. This indicates that there is a real need to challenge the support, guidance and processes that we use to recruit across the organisation. In particular to look at how this indicator links with the lack of representation present at band 6 and above clinically and from band 3 and above in non-clinical roles. It is also important that we consider the impact of bias within our recruitment processes and as a result have developed actions to fully review and implement de-biasing techniques within our recruitment approach. The likelihood of staff accessing non-mandatory training and CPD is greater fro those in Black and Minority Ethnic staff than white staff. For this we have to review what types of courses, and if there is a greater uptake, why are we not seeing that reflect in career progression across the organisation

There has been a sharp increase in the relative likelihood of Black and Minority Ethnic staff entering the formal disciplinary process compared to white staff. The figures overall are relatively low within the organisation and so have an impact on the results. However there is a need for greater understanding of informal and formal processes and how we as an organisation measure and monitor the application of our processes. The HR team will be looking at how we ensure equity and fairness within our processes to prevent our Black and Minority Ethnic staff entering processes disproportionately.

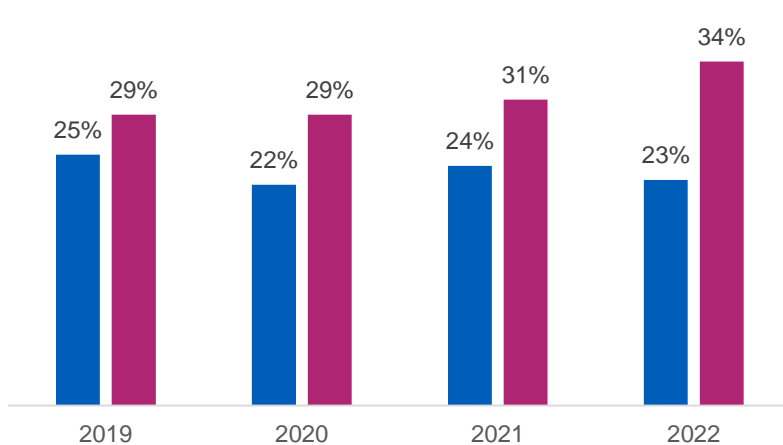
Understanding the experience of our staff

■ White ■ Black and Minority Ethnic

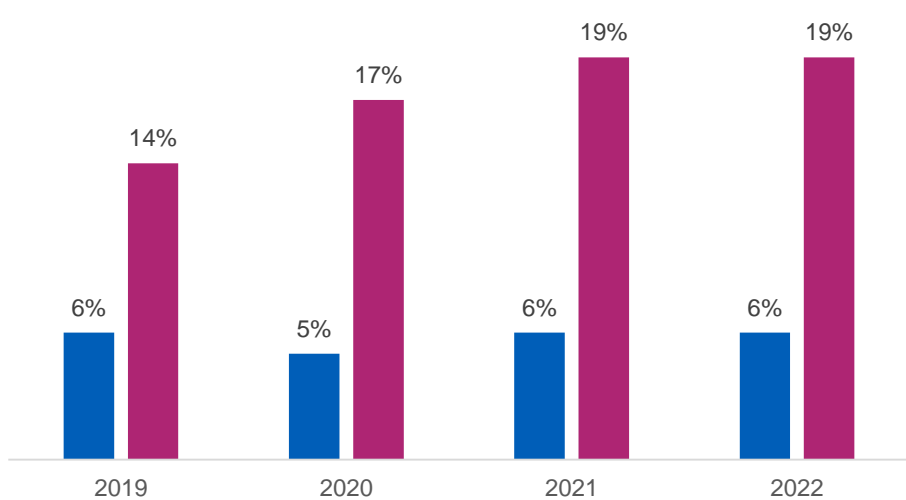
% of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months:



% of staff who experienced harassment, bullying or abuse from other staff in the last 12 months:



% of staff who personally experienced discrimination at work from a manager, team leader or other colleagues:

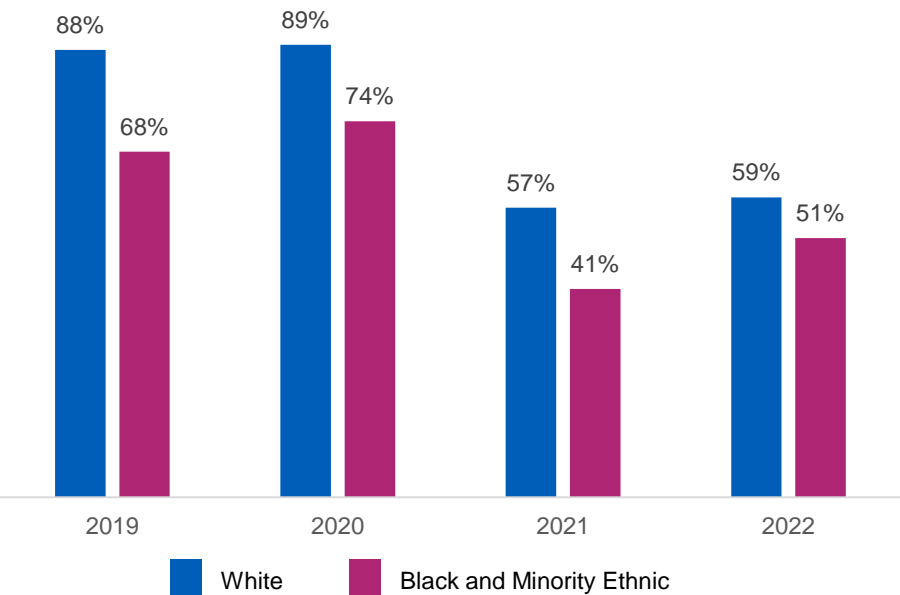


This data is taken from the NHS Staff Survey in 2022. The experiences for staff has remained consistent with around a quarter of staff experiencing bullying, harassment or abuse from patients and other staff. However over the last 2 years there has been a steep rise in experience for Black and Minority Ethnic staff that is greater than for white staff. We have seen the difference in experience grow from 4% in 2019 to 10% in 2022. This correlates with the 7% increase in overall representation of Black and Minority Ethnic staff within the organisation and indicates that as an organisations, whilst we have increased our diversity we have not yet managed to create a truly inclusive environment.

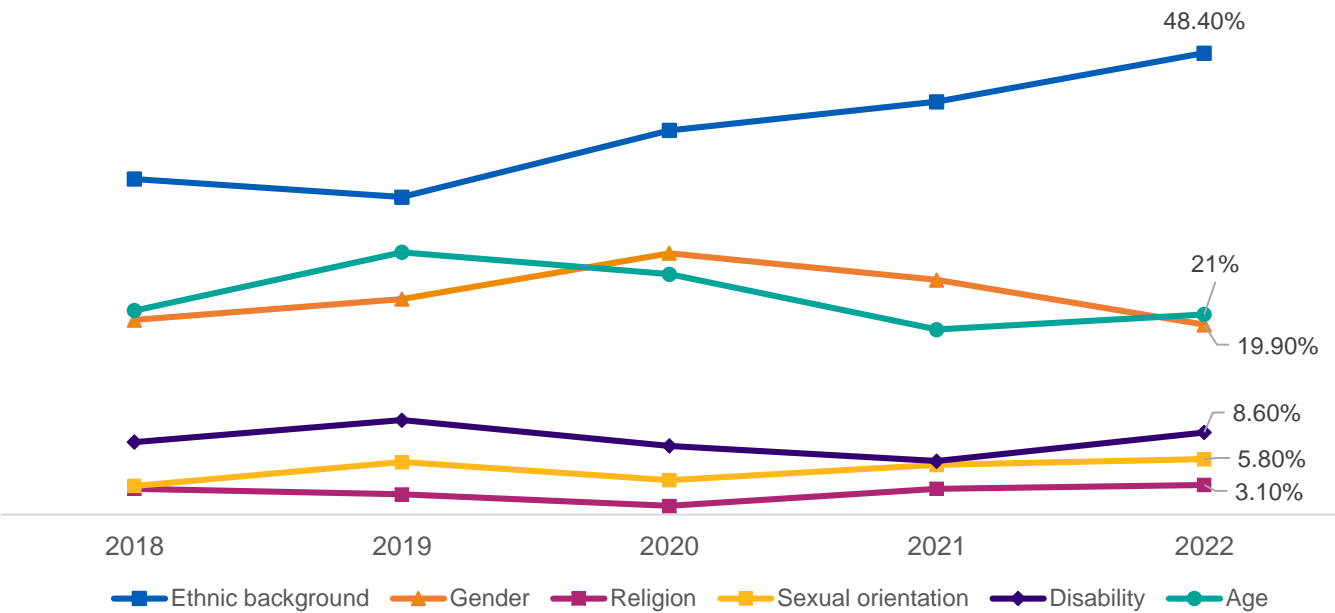
This is further evidenced in the relationship between teams and line managers, with a third more Black and Minority Staff experiencing discrimination at work from team members or a manager than their white colleagues and as a result we have made the experience of discrimination a break-through objective for the organisation over the next 12 months. Putting it as a priority area of focus for all divisions to be improved and reported on through our performance review meetings.

Understanding the experience of our staff

% of staff who believed that the trust provided equal opportunities for career progression or promotion:




The grounds on which staff identified their experience of discrimination was based on at the RUH:






From the NHS Staff Survey we can see that overall there has been a decline in how colleagues feel about the provision of equal opportunities to career progression. There has been a positive 10% increase for Black and Minority Ethnic staff. This may be as a result of the positive action programmes already provided that are beginning to create and overall increase in the feeling of equal opportunities. The overall drop will be considered within the full review of recruitment processes, with the aim to increase the overall percentage, whilst remaining the relative equity in experience.


The discrimination graph particularly highlights a distinct difference between the grounds on which staff feel their experience of discrimination was. In particular 48% was on the grounds of ethnicity and steeply rising year on year, where others such as gender have seen a decline or have remained similar year on year such as sexual orientation and religion. This is why as an organisation we have prioritised discrimination in the workplace within our RUH strategy and are starting with challenging racism within the RUH and working towards becoming an Anti-racist organisation.


Action Plan

 = 2023/24 priority areas of work

Indicator requirements	Action to address	Led by / Sponsored by	Delivered by
 1: Increased representation across clinical roles in band 6-8a.	<ul style="list-style-type: none"> • All divisions with driver measures to improve representation at higher bands. • Positive Action Development Programme for 22 staff band 5 – 6 across clinical roles, focussed in areas where there is high BME representation within lower bands and low representation in higher band roles. Launch date September 2023 	Lead: Head of EDI & HR Business Partners Sponsors: Divisional Directors	<ul style="list-style-type: none"> • September 2023 • March 2024
	<ul style="list-style-type: none"> • Full review of end to end recruitment process to highlight opportunities to remove bias. • Run a pilot approach of adjusted process in FaSS and Medicine. Take learning from BSW Inclusive Recruitment Project and apply to processes. • Improved Inclusive Recruitment e-Learning for all hiring managers. 	Lead: Recruitment lead, Head of EDI Sponsor: Associate Director for Talent Acquisition	<ul style="list-style-type: none"> • November 2023 • January 2024 • September 2023
	<ul style="list-style-type: none"> • Bespoke HR training to help HRBPs understand bias within HR process • Review of approach to formal and informal processes and adjust accordingly • Develop a dashboard to indicate discrepancy in real time across informal and formal processes and identify any areas where there is greater likelihood of discrimination 	Lead: HR Business Partners Sponsor: Associate Director for Partnering and Programmes	<ul style="list-style-type: none"> • October 2023 • January 2024 • March 2024
	<ul style="list-style-type: none"> • Full review of CPD uptake and A3 to understand the differentiation in completion of non mandatory CPD 	Lead: Head of Learning and Development Sponsor: Associate Director for Capability	<ul style="list-style-type: none"> • January 2024
 5: Reduction of staff experiencing harassment and bullying from public	<ul style="list-style-type: none"> • Introduction of Dignity at Work (red card) policy for patients and visitors • Deliver resources and training to all staff on identifying and challenging discrimination from patients 	Lead: Security Manager and Head of EDI Sponsor: Chief Nurse	<ul style="list-style-type: none"> • December 2023 • March 2024
 6: Reduction in staff experiencing harassment and bullying from staff	<ul style="list-style-type: none"> • Build resources and training to all staff on identifying, challenging and reporting abuse into induction, preceptorship and all development programmes within the RUH • Introduce a new reporting system to make reporting of experiences of harassment and bullying from staff easier • Re-develop bullying and harassment policy to change approach to racism raised within the organisation and embed early prevention across all areas with active allyship. 	Lead: Head of EDI Sponsor: Deputy Director for People and Culture	<ul style="list-style-type: none"> • January 2024 • March 2024 • December 2023

Action Plan

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	7: Increased belief in equitable access to career progression	<ul style="list-style-type: none">Indicator 7 will be used as a measure to monitor the success of actions in indicator 1.Easy access career development pathways and guides for potential career steps to be created as part of RUH retention improvement programme	Lead: HR change manager Sponsor: Associate Director for Capability	<ul style="list-style-type: none">March 2024
	8: Significant decrease in BME staff experiencing discrimination compared to white staff from managers	<ul style="list-style-type: none">New reporting system to allow for reporting of line manager discrimination outside of direct management (see action for indicator 6)Diversity indicators developed in ward accreditation process and within speciality and division score cards to hold leaders to account on the experience of their teamsFocussed training developed and delivered for key areas where experiences are highest	Lead: Head of EDI Sponsor: Associate Director for Culture	<ul style="list-style-type: none">March 2024October 2024February 2023
	9: Sustained representation at board level	<ul style="list-style-type: none">Board development sessions to embed the importance of role modelling and sustained representation at senior levels across the organisation	Lead: Head of EDI Sponsor: Director for People and Culture / CEO	<ul style="list-style-type: none">October 2023



Royal United Hospitals Bath
NHS Foundation Trust

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