

<b>Report to:</b>	<b>Public Board of Directors</b>	<b>Agenda item:</b>	<b>18</b>
<b>Date of Meeting:</b>	<b>6 September 2023</b>		

<b>Title of Report:</b>	<b>WRES and WDES Annual Report 2023</b>
<b>Status:</b>	<b>For Information</b>
<b>Board Sponsor:</b>	<b>Alfredo Thompson Director for People and Culture</b>
<b>Author:</b>	<b>Emma Baker-Gaunt, Head of Equality, Diversity and Inclusion</b>
<b>Appendices</b>	<b>Appendix 1: WRES Report Appendix 2: WDES Report</b>

<b>1.</b>	<b>Executive Summary of the Report</b>
<p>This paper outlines performance against the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) with action plans for the year from August 2023</p> <p><b>WRES</b></p> <p>Throughout the WRES report, we have followed the national WRES team for consistency and used Black and Minority Ethnic (BME). We are in the process of reviewing the language we use to highlight inequity between staff.</p> <p>The WRES comprises nine standards against which we are required to assess performance:</p> <ul style="list-style-type: none"> <li>• Four standards cover the comparison of White and Black and Minority Ethnic staff metrics held within the Electronic Staff Record (ESR).</li> <li>• Four standards cover the comparison of white and Black, Asian and minority ethnic staff responses within the annual NHS staff survey results for 2022.</li> <li>• One standard covers an assessment of whether our Board ethnicity is representative of the Trust's whole workforce.</li> </ul> <p>Within the RUH our data has shown that we have made 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. Whilst we have seen progress in representation the data highlights that within agenda for change clinical roles, there is a disparity between representations from band 5 – 6 roles, and very low representation at more senior roles band 8a and above, indicating the presence of a barrier to career progression.</p> <p>This year's data also highlights that reducing bullying and harassment is a priority area for the RUH to focus over the next 12 months. The data speaks to a culture of bullying with at least a quarter of staff experiencing bullying and harassment from another member of staff and indicates a much more challenging and hostile experience for Black and Minority Ethnic staff where the experience of harassment, bullying or abuse from patients or other staff has increased significantly, increasing year on year and is now 10% greater than their white peers. When it comes to bullying and harassment from their manager or team leaders the results are more than 3 times higher for our Black and Minority Ethnic staff (19% compared to 6%).</p>	
<p>Author: Emma Baker-Gaunt, Head of EDI Document Approved by: Alfredo Thompson, Director for People and Culture Agenda Item: 18</p>	
<p>Date: 31 July 2023 Version: Page 1 of 4</p>	

In our 2022 WRES report, we highlighted the “spiral of positivity” in best performing trusts out lined by Professors Michael West and Jeremy Dawson, where “the greater the proportion of staff from a black Asian or minority ethnic background who report experiencing discrimination at work in the previous 12 months, the lower the levels of patient satisfaction. The experience of black Asian and Minority ethnic staff is a very good barometer of the climate of respect and care for all within NHS trusts”.

Addressing the disparity in difference for our staff has a substantial impact for the people we care for, the people we work with and the people in the community and is vital to creating an environment where everyone matters.

## **WDES**

Throughout this report, we have followed the national WDES team and used capital ‘D’ when referring to Disabled staff. This is a conscious decision, made to emphasise that barriers continue to exist for people with long-term conditions.

The WDES comprises ten metrics against which the Trust is required to assess its performance:

- Three standards cover the comparison of Disabled and non-disabled staff metrics held within the Electronic Staff Record (ESR)
- Five standards cover the comparison of staff with and staff without disabilities responses within the annual NHS staff survey results for 2019
- One standard looks at the staff engagement score for staff with and without disabilities.
- One standard covers an assessment of whether our Board is representative of the overall staff within the RUH.

From the data we can see that overall, we have good engagement with our Disabled staff, as well as good representation at board level. We have relative equity in both appointment from shortlisting and feeling there is equal opportunities for career progression. Three quarters of disabled staff have adequate adjustments to enable them to do their work. However, there are 25% that are not getting the tools and support they need, and it may be that this impacts on our Disabled staff feeling less valued (36% compared to 46%) and a greater pressure to come to work compared to their non-disabled colleagues (28% compared to 17%).

Disabled staff are also more likely to experience bullying, harassment and abuse in the workplace from all sources. Whilst positive progress has been made in the reducing the experience of bullying and harassment from line managers and team members last year (down from 21% to 14%), there has been an increase this year, and it is still nearly double the percentage of disabled staff are experiencing bullying and harassment compared to non-disabled staff. To address this, we have made the percentage of staff experiencing discrimination at work a breakthrough objective for the organisation. This makes it a key focus for all areas of the organisation to reduce and improve staff experience, reporting progress regularly to the executive teams via our performance review meetings.

The main caveat for the results in this year's report is the stark difference in the percentage of staff declaring a disability on ESR compared to the percentage of staff declaring a long-term illness or condition via the staff survey. It is very likely that the 4% representation is not accurate, as we have over 21% declaring a long-term condition via the staff survey. This may be an indicator that as an organisation we have not yet created a disability inclusive environment. The Advisory, Conciliation and Arbitration Service (ACAS) have identified the common reasons someone may not tell an employer that they are disabled or might have a disability are that they do not realise their condition is a disability, they may not think of themselves as disabled, they may be worried about how their employer might react or they may not want anyone to know.

This lack of declaration has a big impact on how we review and interpret the data about the experience our Disabled staff are having. As a result, the next 12 months we will collaborate with our Disabled staff to better understand how to encourage staff to share their disability with us, so that we can improve the overall experience for all Disabled staff and ensure we are consistently providing a fair, equitable and supportive environment, where everyone's work is valued.

## **2. Recommendations (Note, Discuss)**

Public

## **3. Legal / Regulatory Implications**

Statutory obligation under the Equality Act 2010 to publish information to demonstrate compliance with the public sector equality duty (PSED) at least annually and is further required to publish the results of the annual WRES and WDES data collection and subsequent action plans.

It is a legal obligation to that our policies and practices should not discriminate on the grounds of:

- Age
- Gender reassignment
- Being married or in a civil partnership
- Being pregnant or on maternity leave
- Disability
- Race including colour, nationality, ethnic or national origin
- Religion or belief
- Sex
- Sexual orientation

Our data shows that we have practices in situ which could lead to discrimination on the grounds of race. We have a legal duty to act on these.

## **4. Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc)**

Strategic priority 2 on the BAF.

## **5. Resources Implications (Financial / staffing)**

Alongside the opportunity cost of people's time to support initiatives to deliver positive action and WRES and WDES actions, the People Directorate has improved the resources available through a new post reporting to the Head of EDI and through a secondment to the team. Likewise, non-pay resources have been made available to support more EDI training.

Further resource implications will be assessed during the 2024/25 planning round and EDI work to address the WRES and WDES actions will link across to the RUH Transformation Programme, led by the Chief Medical Officer.

## **6. Equality and Diversity**

The Equality, Diversity, and Inclusion (EDI) agenda for the RUH workforce is a key element of the RUH People Plan (Programme Four).

The reports propose actions suggest positive action to support the organisation to reduce the inequalities detailed in the WRES and WDES.

## **7. References to previous reports/Next steps**

- Fusion leads - complete
- Diversity and Inclusion Steering Group -complete
- People Committee
- Public Board in September 2023

## **8. Freedom of Information**

Private for discussion with the People Committee. Public documentation will be submitted to Board in September 2023

## **9. Sustainability**

The RUH workforce has significant potential to have a positive impact on the RUH approach to environmental sustainability, including its commitment to achieve net zero carbon status by 2030; this is particularly an issue for the overall RUH People Plan, including Programme Four (EDI).

## **10. Digital**

The People Plan aligns to the RUH Digital Strategy; every opportunity will be used to improve use of digital solutions throughout the eleven People Plan Programmes.

# 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.

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# 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

**Celebration:** 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

**Celebration:** 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

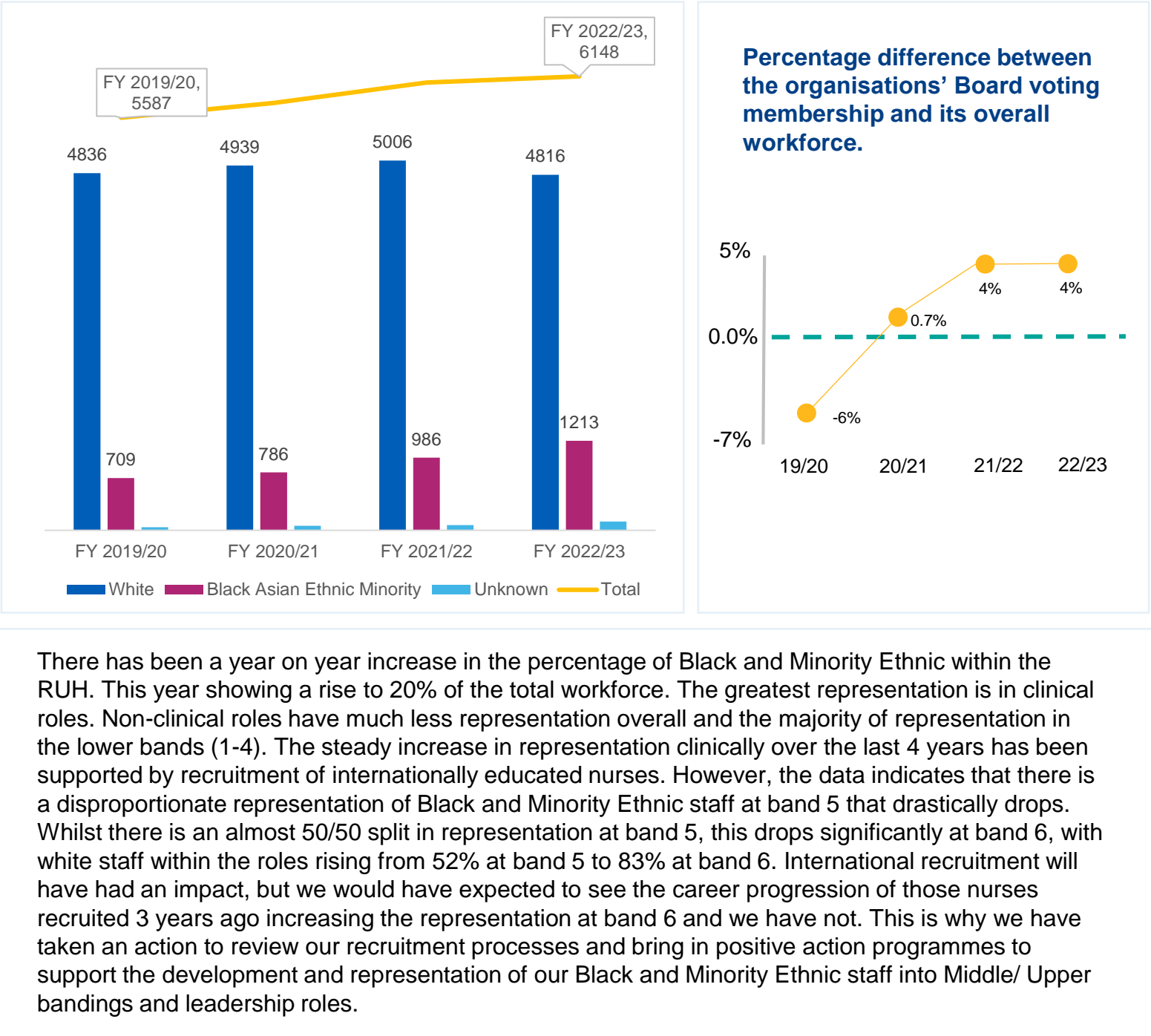
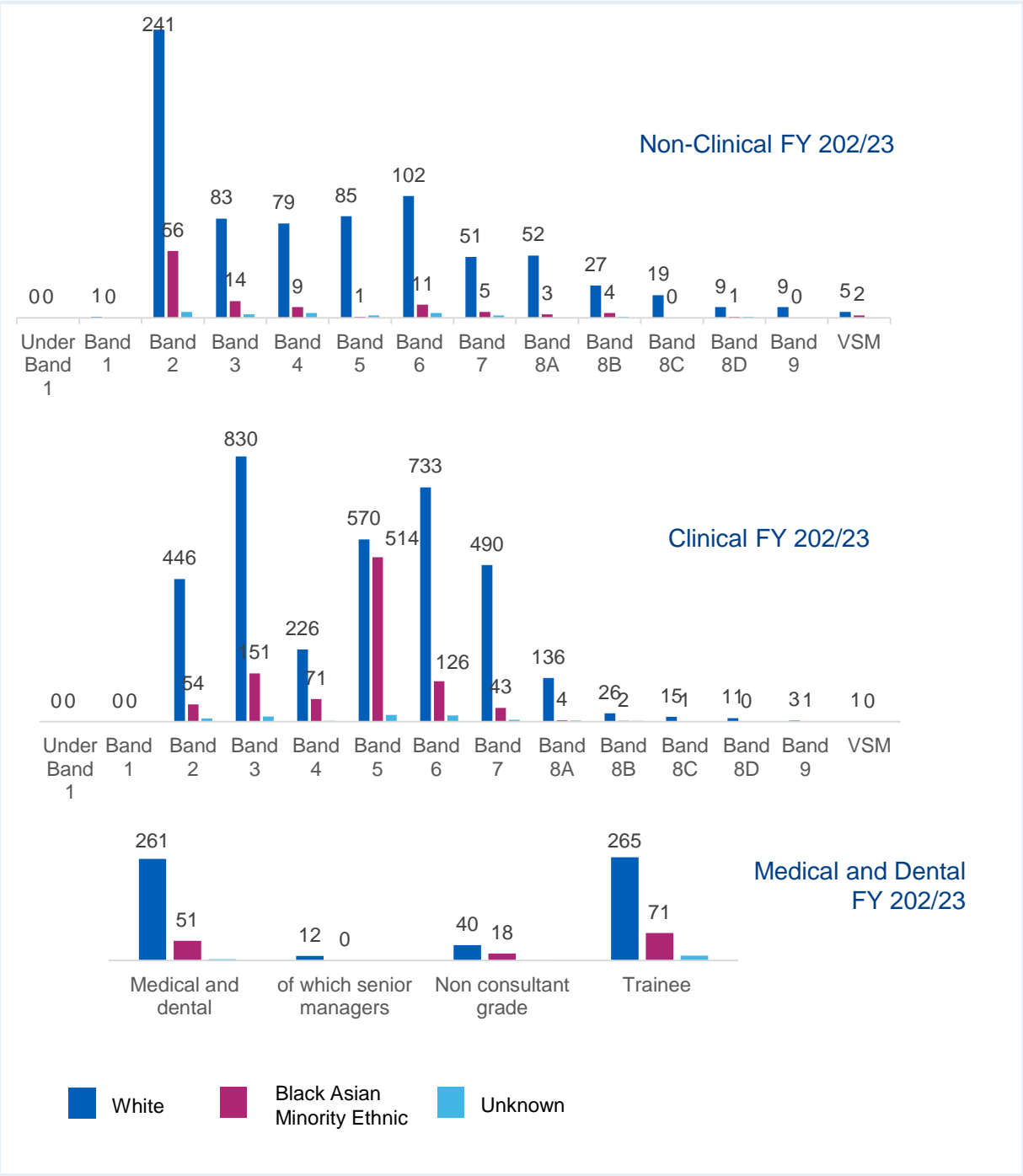
**Objective1:** Increase BME representation in clinical roles at bands 6 – 8a by October 2024

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

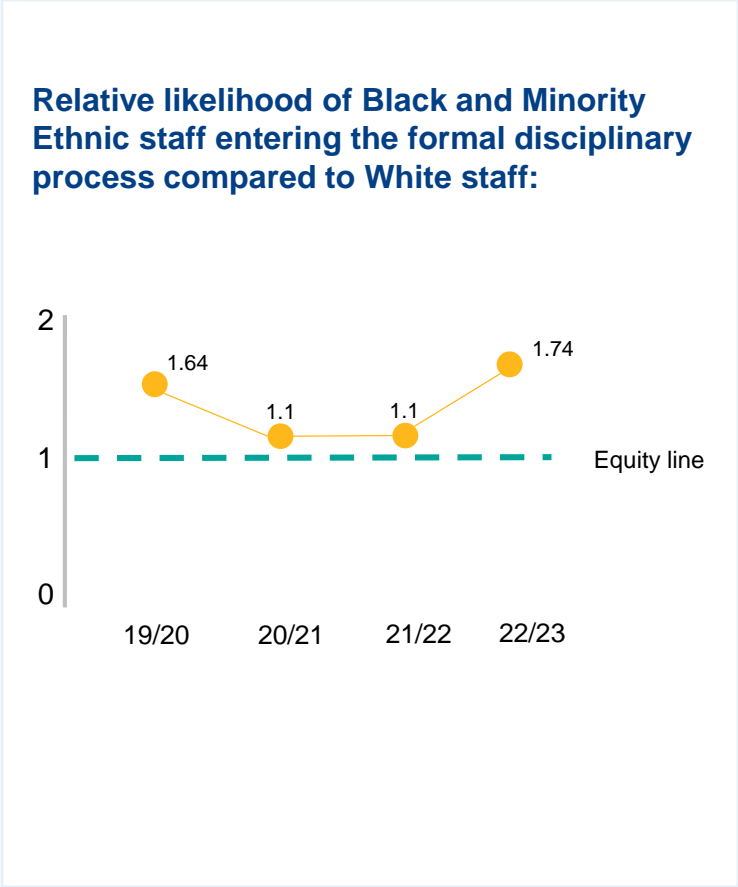
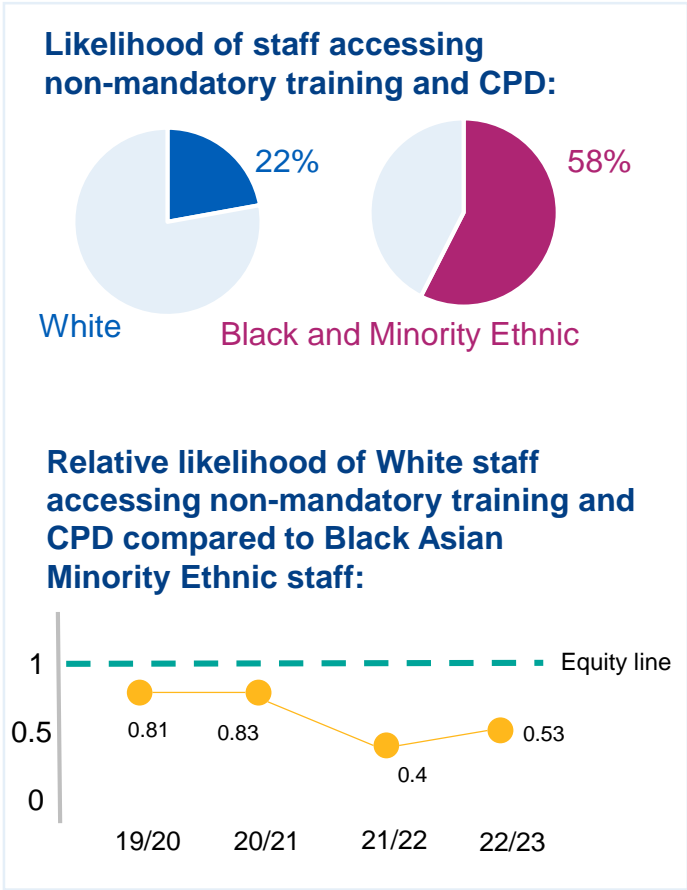




# Understanding the impact of our processes



# Understanding the impact of our processes



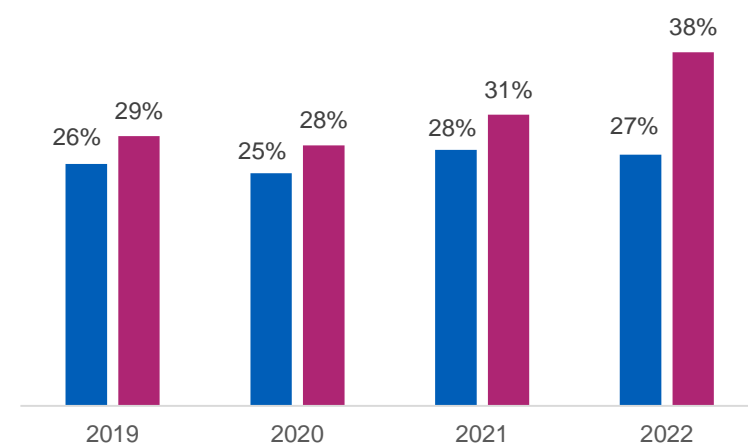
The relatively likelihood of white applicants being appointed from shortlisting compared to Black and Minority Ethnic applicants has stayed the same in 2023 compared to 2022. For every 20 white applicants shortlisted, 8 will be appointed, whereas for every 20 Black and Minority Ethnic applicants shortlisted, 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.

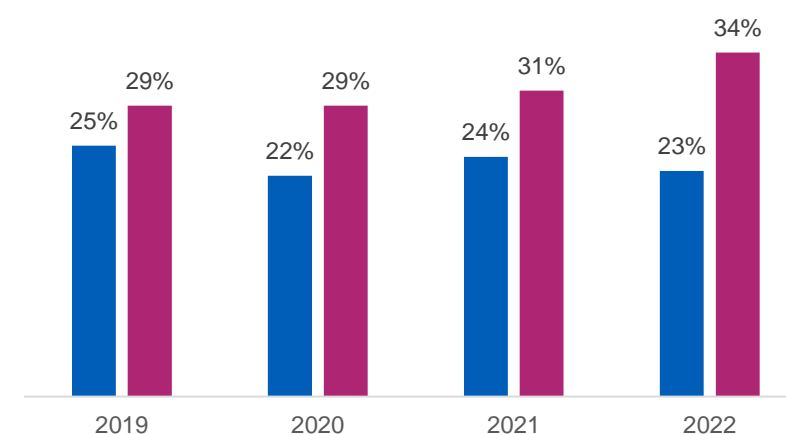
# Understanding the experience of our staff

■ White ■ Black and Minority Ethnic

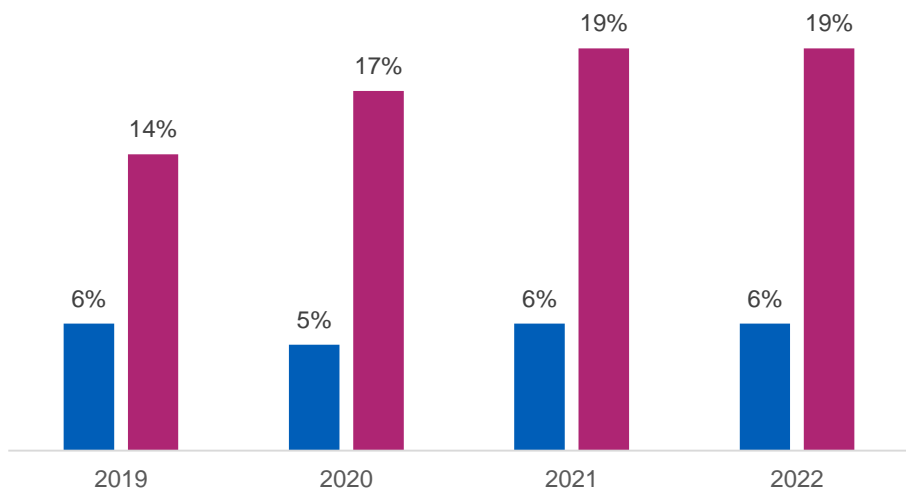
% of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months:



% 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:

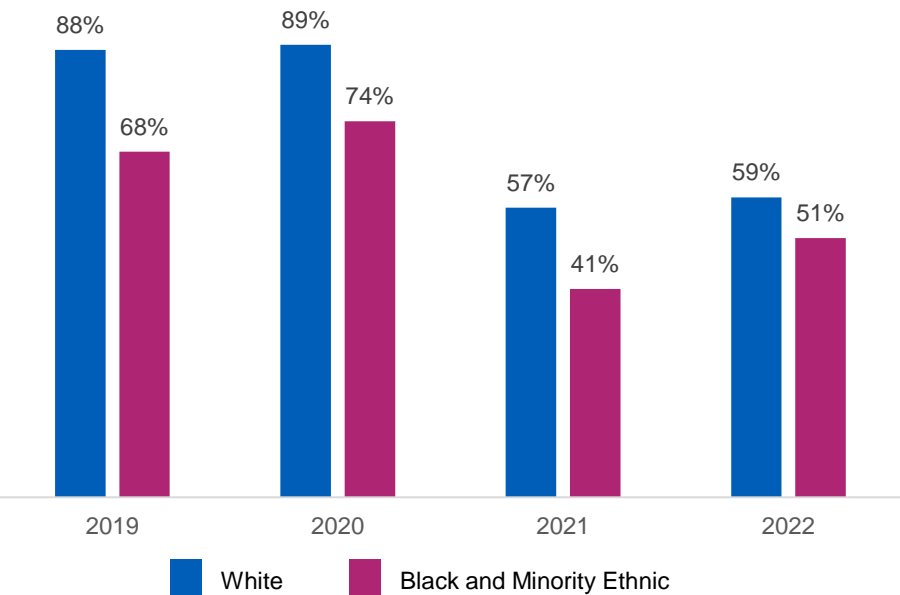


This data is taken from the NHS Staff Survey in 2022. The experiences for staff has remained consistent with around a quarter of staff experiencing bullying, harassment or abuse from patients and other staff. However over the last 2 years there has been a steep rise in experience for Black and Minority 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.

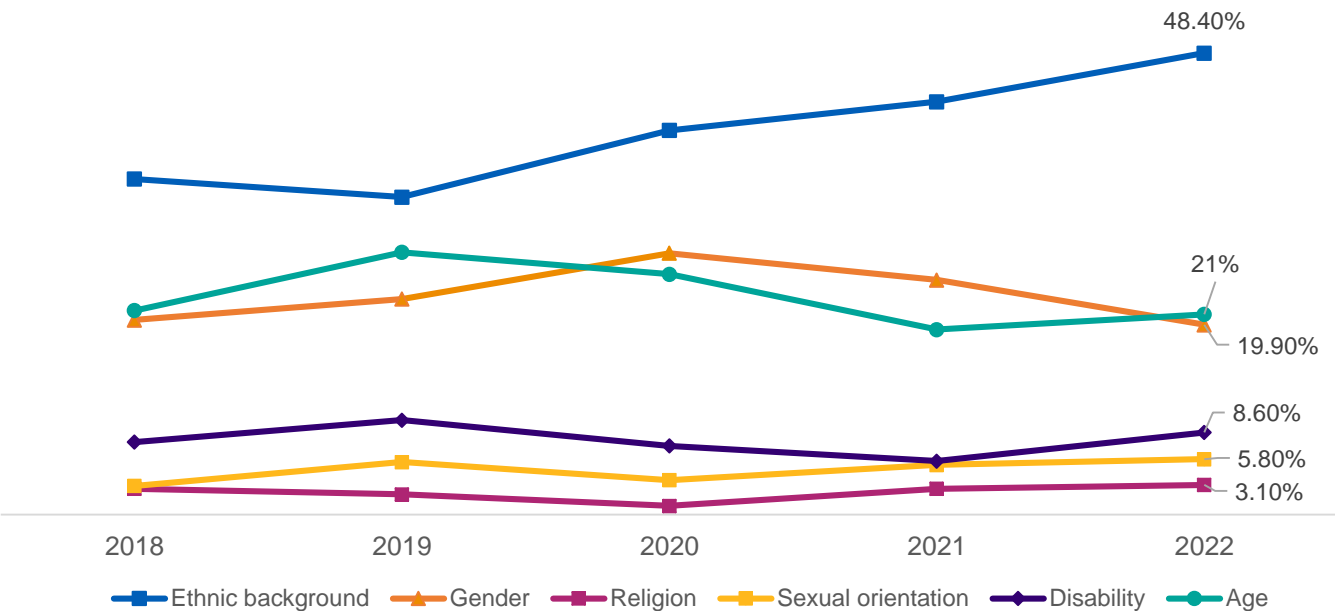
This is further evidenced in the relationship between teams and line managers, with a third more Black and Minority Staff experiencing discrimination at work from team members or a manager than their white colleagues and as a result we have made the experience of discrimination a break-through objective 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"> <li>• All divisions with driver measures to improve representation at higher bands.</li> <li>• 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</li> </ul>	Lead: Head of EDI &HR Business Partners Sponsors: Divisional Directors	<ul style="list-style-type: none"> <li>• September 2023</li> <li>• March 2024</li> </ul>
	<ul style="list-style-type: none"> <li>• Full review of end to end recruitment process to highlight opportunities to remove bias.</li> <li>• Run a pilot approach of adjusted process in FaSS and Medicine. Take learning from BSW Inclusive Recruitment Project and apply to processes.</li> <li>• Improved Inclusive Recruitment e-Learning for all hiring managers.</li> </ul>	Lead: Recruitment lead, Head of EDI Sponsor: Associate Director for Talent Acquisition	<ul style="list-style-type: none"> <li>• November 2023</li> <li>• January 2024</li> <li>• September 2023</li> </ul>
	<ul style="list-style-type: none"> <li>• Bespoke HR training to help HRBPs understand bias within HR process</li> <li>• Review of approach to formal and informal processes and adjust accordingly</li> <li>• 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</li> </ul>	Lead: HR Business Partners Sponsor: Associate Director for Partnering and Programmes	<ul style="list-style-type: none"> <li>• October 2023</li> <li>• January 2024</li> <li>• March 2024</li> </ul>
	<ul style="list-style-type: none"> <li>• Full review of CPD uptake and A3 to understand the differentiation in completion of non mandatory CPD</li> </ul>	Lead: Head of Learning and Development Sponsor: Associate Director for Capability	<ul style="list-style-type: none"> <li>• January 2024</li> </ul>
 5: Reduction of staff experiencing harassment and bullying from public	<ul style="list-style-type: none"> <li>• Introduction of Dignity at Work (red card) policy for patients and visitors</li> <li>• Deliver resources and training to all staff on identifying and challenging discrimination from patients</li> </ul>	Lead: Security Manager and Head of EDI Sponsor: Chief Nurse	<ul style="list-style-type: none"> <li>• December 2023</li> <li>• March 2024</li> </ul>
 6: Reduction in staff experiencing harassment and bullying from staff	<ul style="list-style-type: none"> <li>• Build resources and training to all staff on identifying, challenging and reporting abuse into induction, preceptorship and all development programmes within the RUH</li> <li>• Introduce a new reporting system to make reporting of experiences of harassment and bullying from staff easier</li> <li>• 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.</li> </ul>	Lead: Head of EDI Sponsor: Deputy Director for People and Culture	<ul style="list-style-type: none"> <li>• January 2024</li> <li>• March 2024</li> <li>• December 2023</li> </ul>



# Action Plan

 = 2023/24 priority areas of work

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



**Royal United Hospitals Bath**  
NHS Foundation Trust

**The RUH, where you matter**

# WDES Report

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

Date: July 2023

**The RUH, where you matter**



# Introduction to WDES

The Workforce Disability Equality Standard (WDES) is a set of ten specific measures (metrics) which enables NHS organisations to compare the workplace and career experiences of disabled and non-disabled staff. 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 metrics of workforce equality. In the 2021 NHS WDES Report, Professor Em Wilkinson-Brice highlighted:

“The fundamental principles set out in the People Promise provide the grounds for an inclusive environment for all our staff, in which the voices of Disabled staff are heard and listened to, in which Disabled staff feel recognised and valued, and will be supported to achieve their full potential.”

This year’s WDES results highlight that we have sustained and improved equity in appointment from shortlisting for Disabled and non-disabled candidates, giving us confidence in our processes for recruitment. Our efforts to ensure our Board represents our staff has also seen a positive improvement with a greater representation on the voting board than within our wider organisation. We have also seen year on year our staff engagement between non-disabled and disabled colleagues has stayed the same. All of this shows that our efforts to ensure the voice of Disabled staff is working.

However, there is still so much we need to do. In particular to ensure staff feel valued, recognised and can come to work free from discrimination. Our focus over the next 12 months will include increasing the percentage of Disabled staff who feel that their work is valued, addressing the discrimination Disabled staff face from staff and managers compared to their non-disabled colleagues, and challenging leaders to think about reasonable adjustments with flexible work so that no Disabled member of staff feels pressured to come to work when they are not well enough.

We have also identified that there is a key risk with our WDES data. Whilst our staff survey declaration of a long term condition indicates that 21% of staff have a long-term health condition or illness, our ESR data informs us only 4% of staff have a disability. In addition over 16% of staff are logged as ‘unknown’, with no progress made in the last 2 years. Over the next 12 months we want to understand what stops our colleagues from sharing their disability and raising the profile of the benefits, so that we can make sure our actions and initiatives are truly meeting the needs of the people we work with.

**The RUH, where you matter**



**Cara Charles-Barks**  
Chief Executive



**Alfredo Thompson**  
Director of People  
and Culture

## A note on language:

Throughout this report, we have followed the national WDES team and used capital ‘D’ when referring to Disabled staff. This is a conscious decision, made to emphasise that barriers continue to exist for people with long-term conditions.



# RUH indicator trends 2019 – 2023



Royal United Hospitals Bath  
NHS Foundation Trust

WDES Metric			RUH Results: Financial Year					Trend
			18/19	19/20	20/21	21/22	22/23	
1	Percentage of disability declaration	Disabled	3%	4%	4%	4%	4%	
		Non-disabled	72%	75%	77%	80%	80%	
		Unknown	24%	21%	19%	16%	16%	
2	Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts		NA	1.52	1.60	1.27	0.97	
3	Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.		0.00	0.00	0.00	0.00	0.00	
4a	i: Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from patients	Disabled	31%	34%	29%	33%	35%	
		Non-disabled	26%	24%	24%	27%	27%	
	ii: from managers	Disabled	21%	18%	16%	14%	16%	
		Non-disabled	12%	11%	10%	11%	9%	
	iii. From other colleagues	Disabled	26%	32%	24%	25%	27%	
		Non-disabled	18%	17%	17%	18%	18%	
4b	Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.	Disabled	38%	45%	37%	46%	44%	
		Non-disabled	41%	46%	40%	40%	42%	
5	Percentage of Disabled staff compared to non-disabled staff believing that their organisation provides equal opportunities for career progression or promotion.	Disabled	49%	48%	52%	52%	54%	
		Non-disabled	57%	58%	59%	56%	59%	
6	Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	Disabled	33%	31%	31%	25%	28%	
		Non-disabled	19%	20%	20%	22%	17%	
7	Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.	Disabled	37%	28%	43%	38%	36%	
		Non-disabled	48%	50%	51%	45%	46%	
8	Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work		NA	NA	NA	NA	75%	
9a	The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation	Disabled	6.70	6.70	6.90	6.70	6.70	
		Non-disabled	7.10	7.10	7.20	7.10	7.00	
10	Percentage difference between the organisation's Board voting membership and its organisation's overall workforce		17%	21%	16%	13%	-4%	

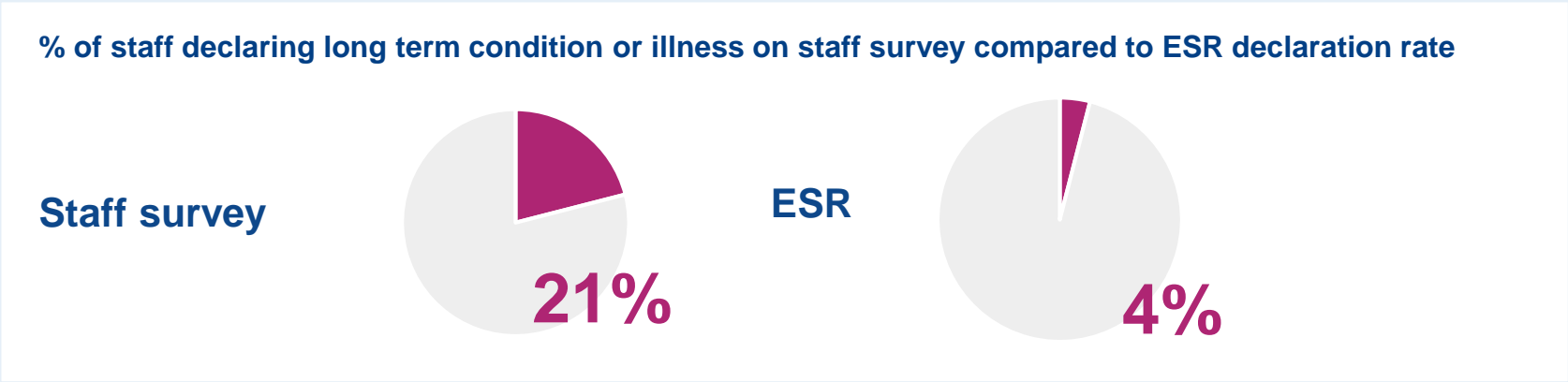


# WDES overview

From the data we can see that overall we have good engagement with our Disabled staff, as well as good representation at board level. We have relative equity in both appointment from shortlisting and feeling there is equal opportunities for career progression. Three quarters of disabled staff have adequate adjustments to enable them to do their work. However, this also shows us there are 25% that are not getting the tools and support they need, and it may be that this impacts on our Disabled staff feeling less valued (36% compared to 46%) and a greater pressure to come to work compared to their non-disabled colleagues (28% compared to 17%) .

Disabled staff are also more likely to experience bullying, harassment and abuse in the workplace from all sources. Whilst positive progress has been made in the reducing the experience of bullying and harassment from line managers and team members last year (down from 21% to 14%) , there has been an increase this year, and it is still nearly double the percentage of disabled staff are experiencing bullying and harassment compared to non disabled staff. To address this we have made the percentage of staff experiencing discrimination at work a break through objective for the organisation. This makes it a key focus for all areas of the organisation to reduce and improve staff experience, reporting progress regularly to the executive teams via our performance review meetings.

The main caveat for the results in this years report is the stark difference in the percentage of staff declaring a disability on ESR compared to the percentage of staff declaring a long term illness or condition via the staff survey. It is very likely that the 4% representation is not accurate, as we have over 21% declaring a long term condition via the staff survey. This may be an indicator that as an organisation we have not yet created a disability inclusive environment. The Advisory, Conciliation and Arbitration Service ([ACAS](#)) have identified the common reasons someone may not tell an employer that they are disabled or might have a disability are that they do not realise their condition is a disability, they may not think of themselves as disabled, they may be worried about how their employer might react or they may not want anyone to know. This lack of declaration has a big impact on how we review and interpret the data about the experience our Disabled staff are having. As a result, the next 12 months we will collaborate with our Disabled staff to better understand how encourage staff to share their disability with us, so that we can improve the overall experience for all Disabled staff and ensure we are consistently providing a fair, equitable and supportive environment, where everyone’s work is valued.



# Our improvements and 2023/24 focus

## 2022/23 improvement

**Metric 2:** Relative likelihood of appointment from shortlisting

**Celebration:** Progressive movement toward equity (1.0) between Disabled and non-disabled colleagues. Dropping from 1.6 in 20/21 to 0.97 in 22/23.

**Actions:** Share learning of what has worked well and apply some the processes and benefits to other areas where there is still inequity in shortlisting and appointment.

## Priority focus and objectives

**Metric 1:** Percentage of disability declaration

**Objective 1:** Increase disability declaration by at least 5% by March 2024

**Objective 2:** Decrease percentage of unknown staff by at least 5% by March 2024

**Metric 4a ii&iii:** experience of bullying, harassment or abuse from managers or other colleagues

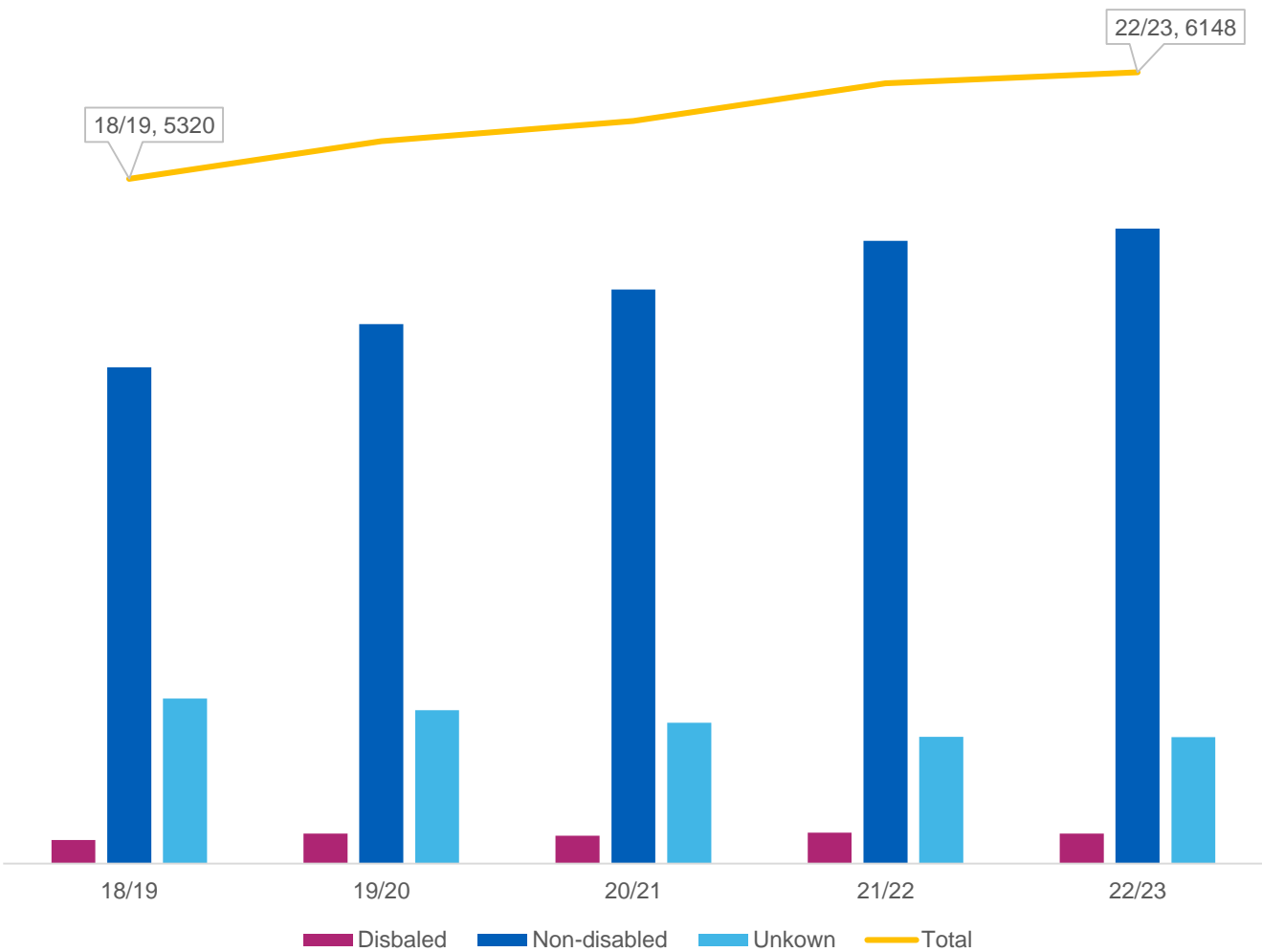
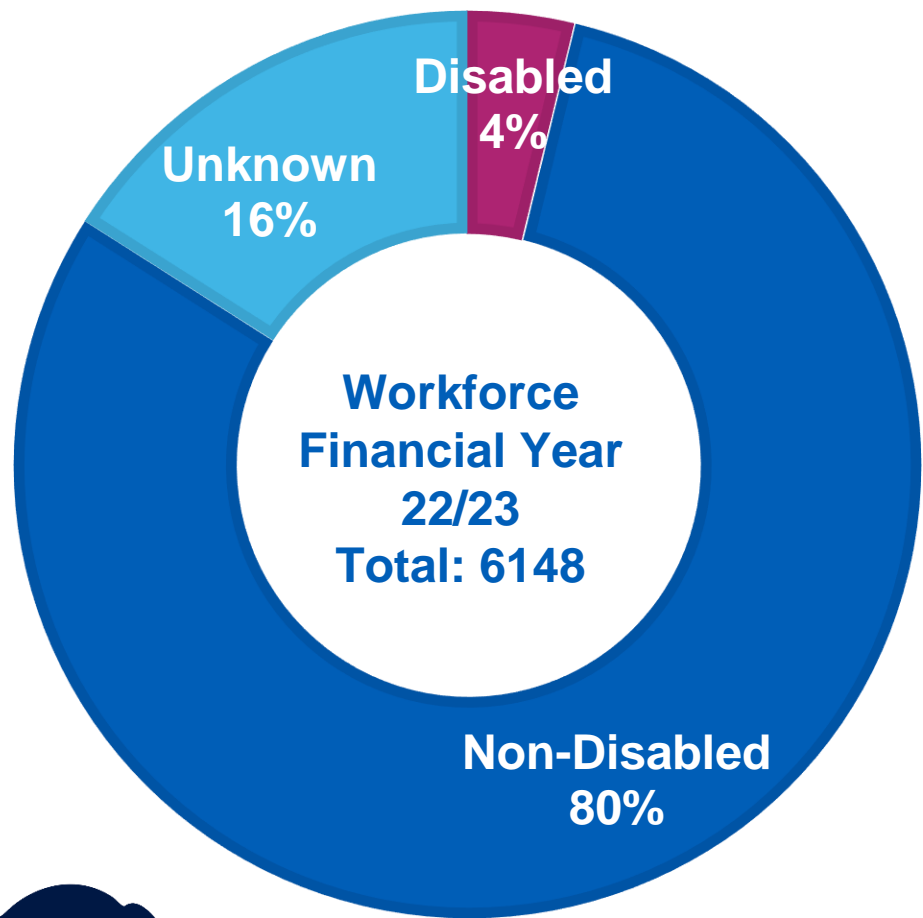
**Objective:** Half the percentage difference of Disabled staff experiencing bullying, harassment or abuse compare to non-disabled staff by October 2024

**Metric 6:** Percentage of Disabled staff that have felt pressure from their manager to come to work, despite not feeling well enough

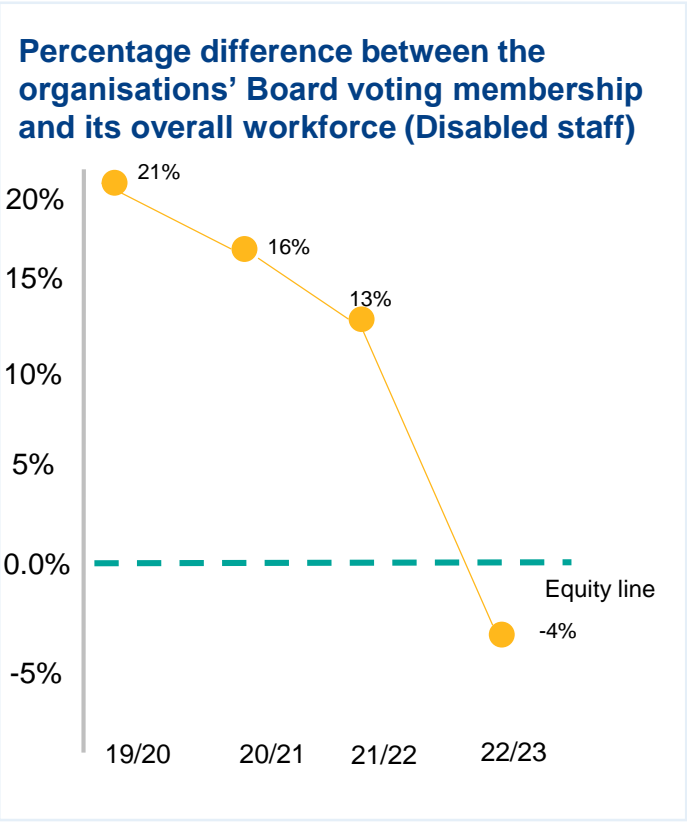
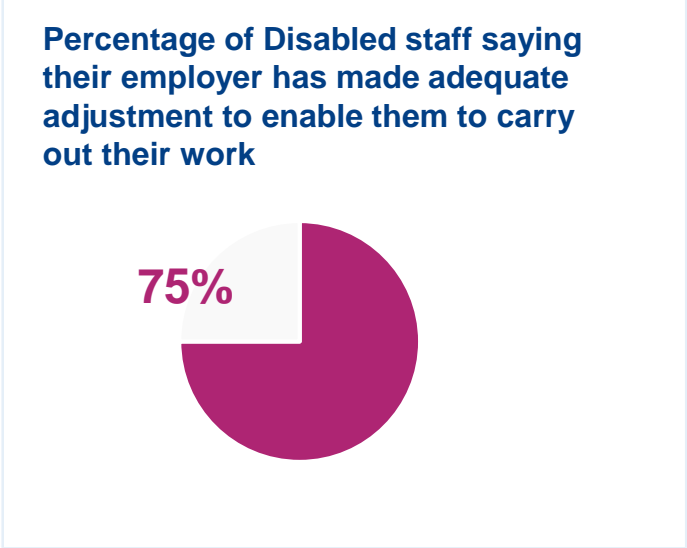
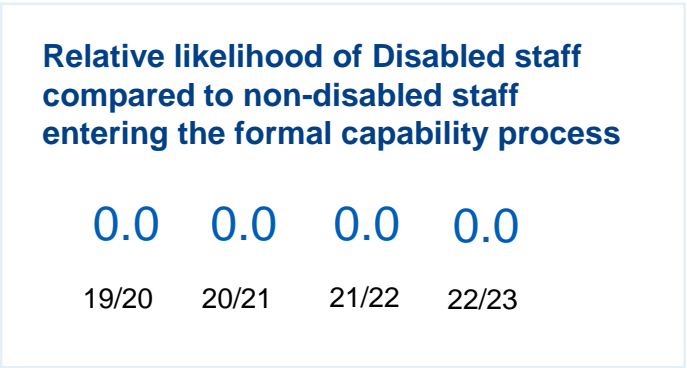
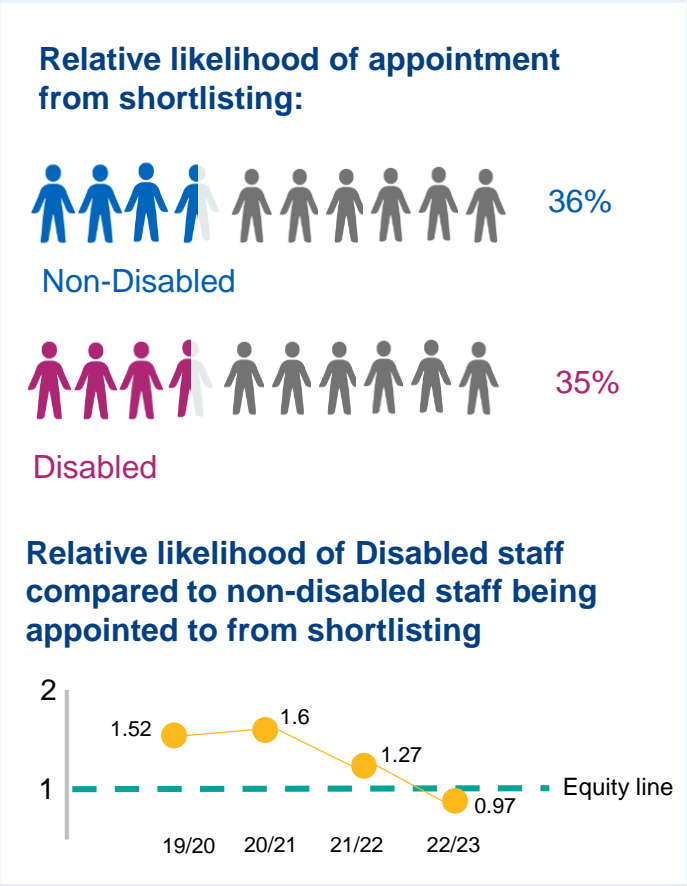
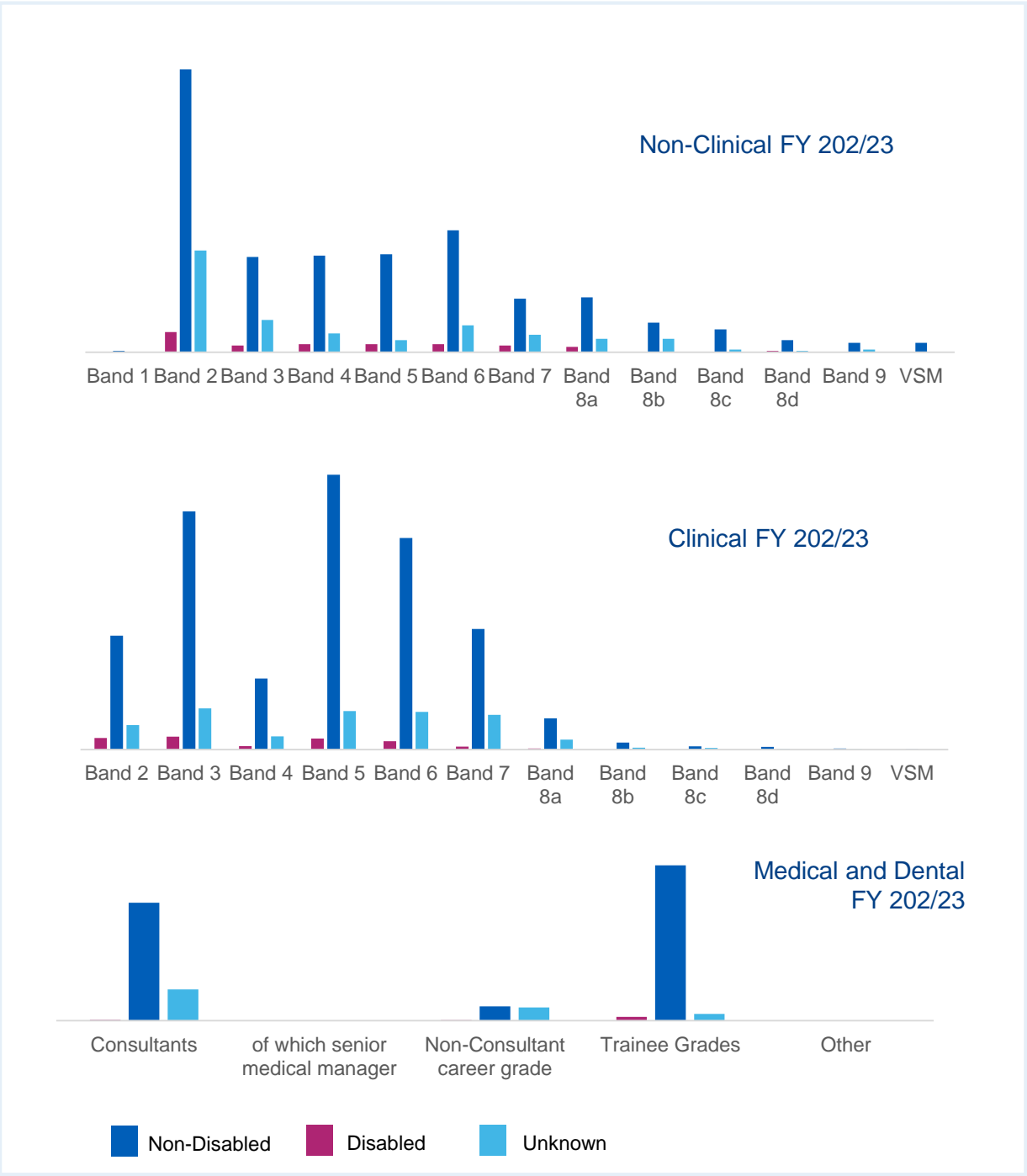
**Objective:** 10% reduction in the percentage of staff who feel pressured to come to work by October 2024



# Our Workforce Disability Equality Data



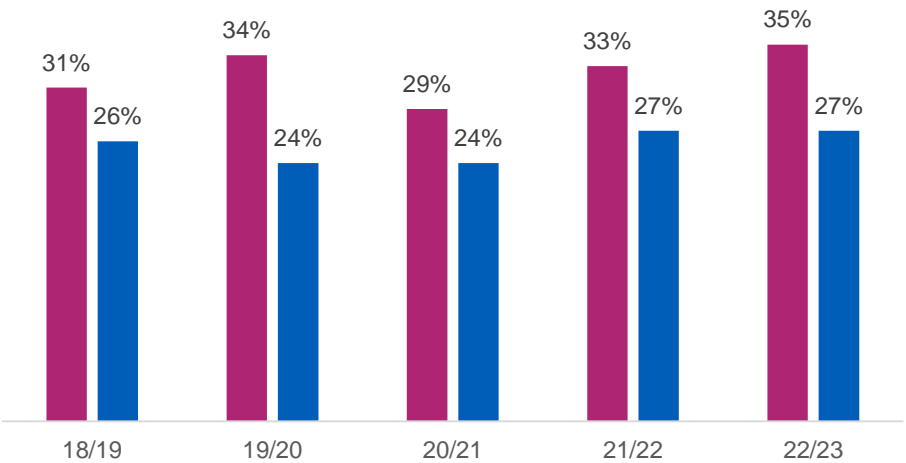
# Understanding the impact of our processes



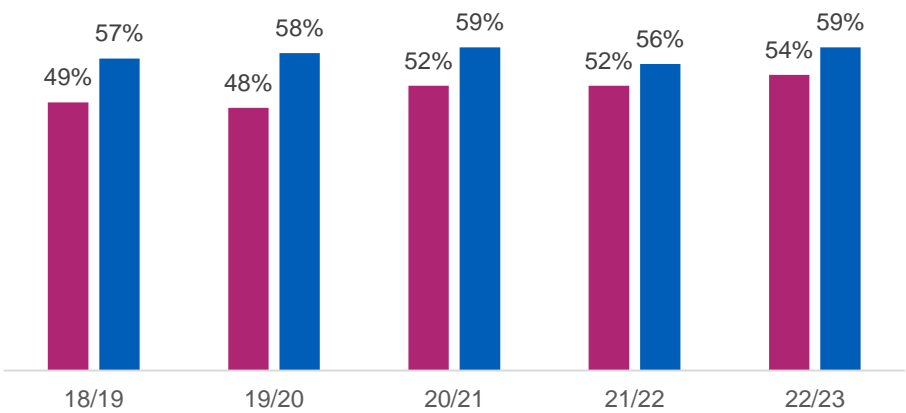
# Understanding the experience of our staff

Disabled Non-disabled

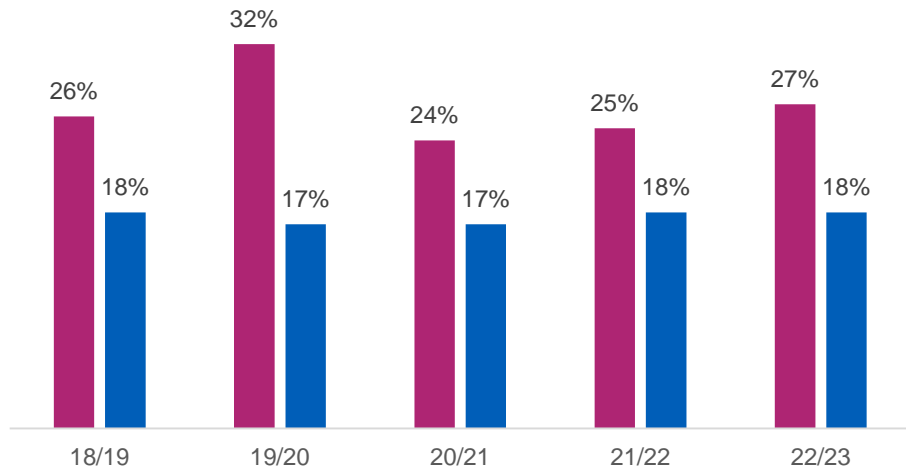
% of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months:



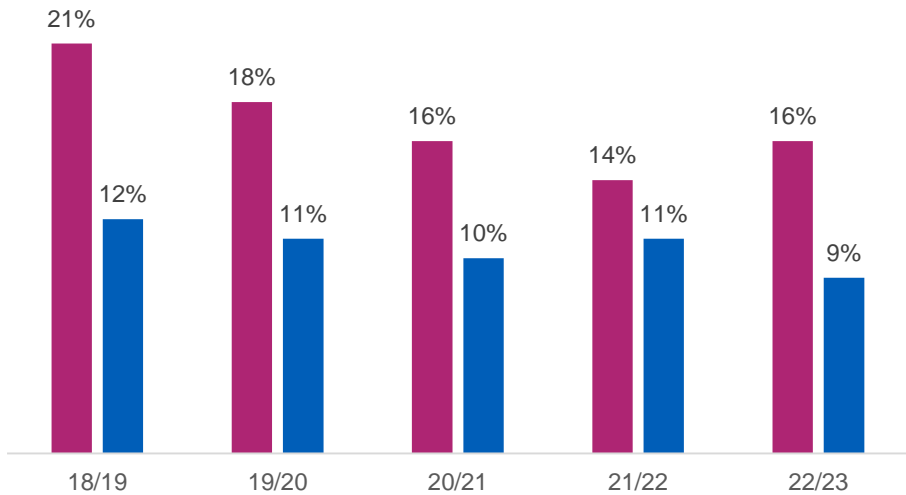
% of staff who believed that the trust provided equal opportunities for career progression or promotion:



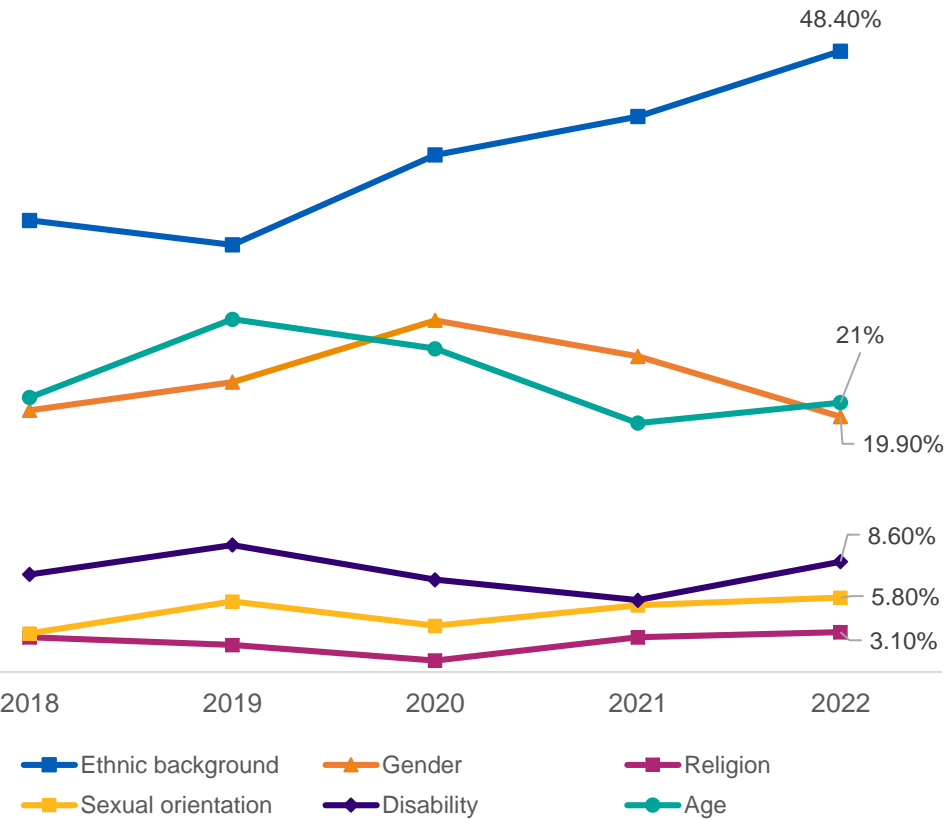
% of staff who experienced harassment, bullying or abuse from other staff in the last 12 months:



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



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



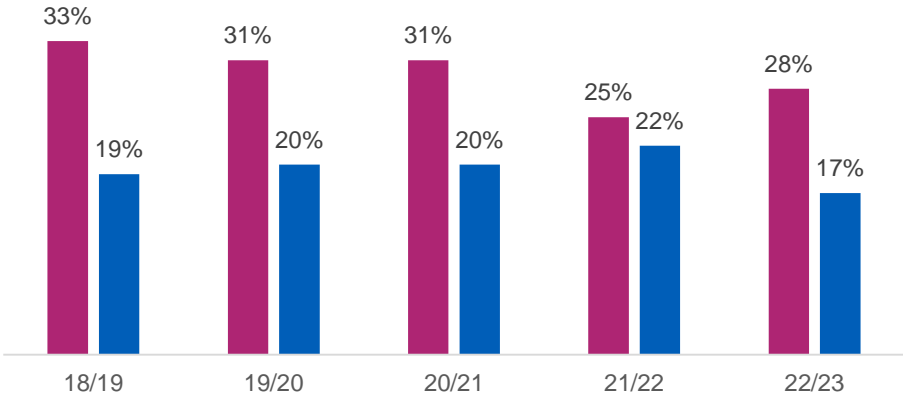


# Understanding the experience of our staff

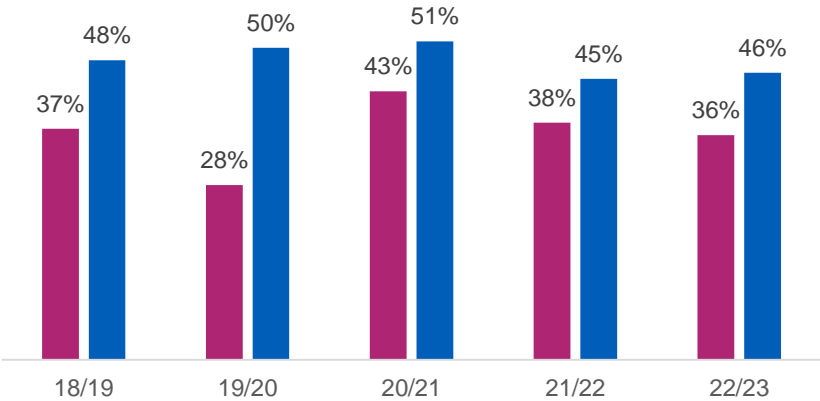


■ Disabled    ■ Non-disabled

% of disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough:



% of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.



The RUH, where you matter


# Action Plan



= 2023/24 priority areas of work

Metric requirements		Action to address	Led by / Sponsored by	Delivered by
	Metric 1: Increase disability declaration by at least 5% by March 2024 Decrease percentage of unknown staff by at least 5% by March 2024	<ul style="list-style-type: none"> <li>Re-launch Equal Abilities Network to promote engagement and uptake of campaigns developed by and for Disabled people we work with</li> <li>Disability sharing campaign designed to increase awareness of support, reasonable adjustment and help aid declaration of disability.</li> <li>Review how ESR data is captured and what routes may already exist for updating declaration of disability or long term health condition.</li> </ul>	Lead: Head of EDI Sponsor: Associate Director for Culture	March 2024
	Metric 2: Sustained approach to ensure equity of appointment is maintained	<ul style="list-style-type: none"> <li>Review parts of process that are working and apply to other recruitment processes.</li> <li>Review what needs to be continued to ensure ongoing equity achieved</li> </ul>	Lead: Recruitment Lead Sponsor: Associate Director for Talent Acquisition	July 2024
	Metric 3: Understand why the metric has remained at 0.0 year on year	<ul style="list-style-type: none"> <li>Review data capture approach and how metric is measured, adjust and change to ensure accuracy of data if necessary</li> </ul>	Lead: HR Business Partners Sponsor: Associate Director for Programmes and Partnering	May 2024
	Metric 4a (i,ii,iii): Half the percentage difference of Disabled staff experiencing bullying, harassment or abuse compare to non-disabled staff by October 2024	<ul style="list-style-type: none"> <li>Build resources and training to all staff on identifying, challenging and reporting abuse into induction, preceptorship and all development programmes within the RUH</li> <li>Introduce a new reporting system to make reporting of experiences of harassment and bullying from staff easier</li> <li>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.</li> <li>Diversity indicators developed in ward accreditation process and within speciality and division score cards to hold leaders to account on the experience of their teams</li> <li>Focussed training developed and delivered for key areas where experiences are highest</li> </ul>	Lead: Head of EDI Sponsor: Associate Director for Culture / Deputy Director for People and Culture	October 2024
	Metric 5: Increase awareness of career opportunities within the organisation	<ul style="list-style-type: none"> <li>Develop collaboration between learning and development / organisational development team and Equal Abilities Network to develop a project that highlights career development opportunities for Disabled staff.</li> </ul>	Lead: Head of L&D / Head of EDI Sponsor: Associate Director for Capability	October 2024
	Metric 6: 10% reduction in the percentage of staff who feel pressured to come to work by October 2024	<ul style="list-style-type: none"> <li>Review of reasonable adjustment guidance for managers</li> <li>Review flexible working and supporting attendance policy to ensure equitable and inclusive approach to supporting Disabled staff</li> </ul>	Lead: HR Business Partners (support from Head of EDI) Sponsor: Deputy Director for People and Culture Associate Director for Programmes and Partnering	May 2024

# Action Plan

 = 2023/24 priority areas of work

Metric requirements		Action to address	Led by / Sponsored by	Delivered by
	Metric 7: Increase percentage of staff who feel the organisation values their work	<ul style="list-style-type: none"><li>Collaborate with communications and HR transformation to ensure Disabile staffs experiences are included within retention work stream, as well as reward and recognition work streams</li></ul>	Lead: HR change manager Sponsor: Associate Director for Capability	October 2024
	Metric 8: Continue to increase adequate adjustment(s) enabling staff to carry out their jobs	<ul style="list-style-type: none"><li>Review reasonable adjustment processes to improve user experience</li><li>Develop guidance and signposting for managers to raise awareness and build in provision from on boarding and through appraisal processes.</li></ul>	Lead: HR change manager / Head of EDI Sponsor: Associate Director for Capability / AD for Culture	May 2024
	Metric 9b: Improve activities and provision of engagement opportunities for Disable staff	<ul style="list-style-type: none"><li>Re-launch Equal Abilities Network</li><li>Develop communication plan for key Disability events throughout the year</li><li>Increase engagement in the NHS Staff Survey, actively encouraging Disabled staff</li></ul>	Lead: Head of EDI Sponsor: Associate Director for Culture	October 2023
	Metric 10: continue to promote representation across the board.	<ul style="list-style-type: none"><li>Continue board development sessions focussed on EDI and key issues across all key governance locations</li></ul>	Lead: Head of EDI Sponsor: Director for People and Culture	January 2024



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