



Royal United Hospitals Bath
NHS Foundation Trust

Equity and Inclusion

Annual Report

2024-25



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Our frameworks

The Equality Act 2010 and Public Sector Equality Duty (PSED)

The Equality Act 2010 outlines the nine personal [characteristics that are protected by law](#). It highlights behaviour that is unlawful and sets out our role as a public sector organisation. The aim of the act is to help Britain become a fairer society, improve public services, and help business perform well.

Section 149 (1) of the Equality Act (2010) imposes a duty on ‘public authorities’ and other bodies when exercising public functions to have due regard for the need to:

- ◆ Eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited by or under the Act.
- ◆ Advance equality of opportunity between persons who share a relevant Protected Characteristic and persons who do not share it.
- ◆ Foster good relations between persons who share a relevant Protected Characteristic and persons who do not share it.

Public Sector Equality Duty (PSED) compliance

In addition to these duties as a public sector body we are required to:

- ◇ Publish information annually to show our compliance with the Equality Duty
- ◇ Set and publish equality objectives, at least every four years
- ◇ Publish information to show that we have consciously thought about the three aims of the Equality Duty (listed above) as part of the process of decision making.

Our frameworks

NHS Equality, Diversity and Inclusion Improvement Plan

In June 2023 NHS England released 6 High Impact Actions to improve inclusion in the NHS, that sit alongside the wider NHS People Plan. The plan states:









Ensuring our staff work in an environment where they feel they belong, can safely raise concerns, ask questions and admit mistakes is essential for staff morale – which, in turn, leads to improved patient care and outcomes (West, 2021).

This can only be done by treating people equitably and without discrimination.

An inclusive culture improves retention, supporting us to grow our workforce, deliver the improvements to services set out in our Long Term Plan, and reduce the costs of filling staffing gaps

There are [six high impact actions](#) for NHS Trusts and Integrated Care Boards to implement to address the prejudice and discrimination – direct and indirect – that exists through behaviour, policies, practices and cultures against certain groups and individuals across the NHS workforce. These actions have been included in our Equality Diversity and Inclusion Action Plan and progress updated in this report.

<p>Measurable objectives on EDI for Chairs Chief Executives and Board members.</p> <p>Success metric</p> <p>1a. Annual Chair/CEO appraisals on EDI objectives via Board Assurance Framework (BAF).</p> 	<p>Overhaul recruitment processes and embed talent management processes.</p> <p>Success metric</p> <p>2a. Relative likelihood of staff being appointed from shortlisting across all posts</p> <p>2b. NSS Q on access to career progression and training and development opportunities</p> <p>2c. Improvement in race and disability representation leading to parity</p> <p>2d. Improvement in representation senior leadership (Band 8C upwards) leading to parity</p> <p>2e. Diversity in shortlisted candidates</p> <p>2f. NETS Combined Indicator Score metric on quality of training</p> 	<p>Eliminate total pay gaps with respect to race, disability and gender.</p> <p>Success metric</p> <p>3a. Improvement in gender, race, and disability pay gap</p> 
<p>Address Health Inequalities within their workforce.</p> <p>Success metric</p> <p>4a. NSS Q on organisation action on health and wellbeing concerns</p> <p>4b. National Education & Training Survey (NETS) Combined Indicator Score metric on quality of training</p> <p>4c. To be developed in Year 2</p> 	<p>Comprehensive Induction and onboarding programme for International recruited staff.</p> <p>Success metric</p> <p>5a. NSS Q on belonging for IR staff</p> <p>5b. NSS Q on bullying, harassment from team/line manager for IR staff</p> <p>5c. NETS Combined Indicator Score metric on quality of training IR staff</p> 	<p>Eliminate conditions and environment in which bullying, harassment and physical harassment occurs.</p> <p>Success metric</p> <p>6a. Improvement in staff survey results on bullying / harassment from line managers/teams (ALL Staff)</p> <p>6b. Improvement in staff survey results on discrimination from line managers/teams (ALL Staff)</p> <p>6c. NETS Bullying & Harassment score metric (NHS professional groups)</p> 

Our equality goals

In line with our frameworks and in collaboration with our staff across the RUH, we are currently focussed on three main goals:



To create safe, inclusive, diverse teams and working environments in which people feel they belong, are valued, and can thrive.



To promote and design-in diversity at all levels, advocating the benefits of this both internally and to our wider community.



To reduce occurrences of discrimination, prejudice, abuse, and harassment based on difference across all organisational teams, structures, and systems.

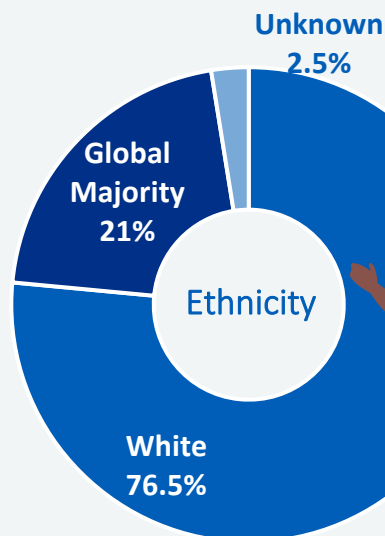
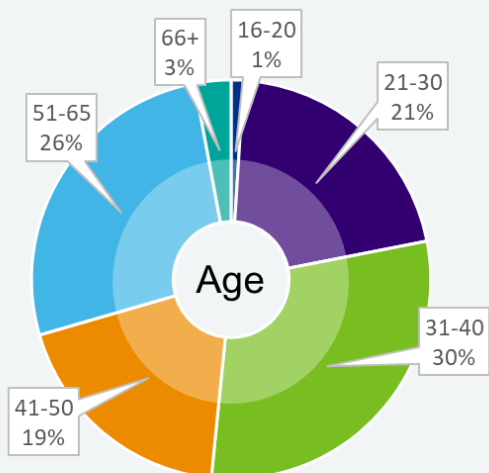


The people we work with

8,190*

members of staff

We work with people from every age group, spanning multiple generations from 16 – 66+.



22%



of us live and work with a long term health condition or disability

6 religions are most commonly observed at the RUH



Buddhism



Hinduism



Islam



Christianity



Judaism



Sikhism



74% of us identify as female

1 in 20 are part of the LGBTQ+ Community



*figure includes temporary and permanent staff (all groups also included in age and ethnicity graphs).

The **people** we work with



Over **1,600** of us work from home (sometime, often or all the time)



1 in 4 of us work **part time** (up to 29 hours)



2 in 5 of us have responsibility for **caring for children.**









Almost **30%** of us looks after others with a **long term condition outside of work**

Our workforce figures taken from our NHS Staff Survey and workforce data as a snapshot in March 2024 (appendix 1.1).

Our Networks

We have six staff networks currently running at the RUH. They are employee-led, safe spaces designed to help lead change. They create the opportunity for staff to feedback to the organisation as a collective voice.

Our Networks continue to support the organisation in delivering against the High Impact Actions of the NHS England EDI Improvement Plan and each have pillars of work that align to our overall vision: The RUH, where you matter.

High Impact Actions (HIAs) from the NHS Equality, Diversity, and Inclusion Improvement Plan					
Measureable EDI objectives for Chairs, Chief Executives and Board members 	Overhaul recruitment processes and embed talent management processes 	Eliminate total pay gaps with respect to race, disability and gender 	Address Health Inequalities within their workforce 	Comprehensive induction and onboarding programme for International recruited staff 	Eliminate conditions and environment in which bullying, harassment and physical harassment occurs 
Network support to achieve HIAs					
Each network has an Executive sponsor and many have Non-Executive support	Networks can provide recruitment and talent management suggestions for specific protected characteristics	Networks can use lived experience to provide essential feedback on pay gap reporting	Networks can raise awareness and provide suggestions to address HIAs using their lived experience	Staff networks are promoted at all induction sessions with sign up links provided	Members and allies can raise concerns, highlight themes, seek support, and take collective action

Network Pillars of Work 2024-2025

- Armed Forces Network** (supporting veterans, members of the armed forces and their families)
 Pillars: Raising awareness, driving improvement and allyship and education.
- Enable Network** (supporting Disabled and neurodiverse staff and those with long-term health conditions)
 Pillars: Network growth and engagement, increasing Electronic Staff Record declaration and site accessibility projects.

- **LGBTQ+ Network** (supporting staff who are part of the Lesbian, Gay, Bisexual, Transgender and Queer+ Community).

Pillars: Network growth and engagement, health inequalities awareness and allyship and education.

- **Men's Network**

Pillars: Network growth and engagement, establishing the men's walking group, promoting intersectional awareness.

- **Race, Ethnicity and Cultural Heritage Network (REACH)**

Pillars: Network growth and engagement, developing a REACH mentoring programme, allyship and education.

- **Women's Network**

Pillars: Network growth and engagement, connecting and celebrating women.

Network Highlights 2023/24



You can read more about our Networks and follow their progress [on our website.](#)



Achievements this year

Over the last 12 months, alongside a range of objectives, we have been working on strengthening and building our staff networks, developing our EDI strategy, and working with colleagues across the Trust to understand how we can become a truly anti-racist organisation.

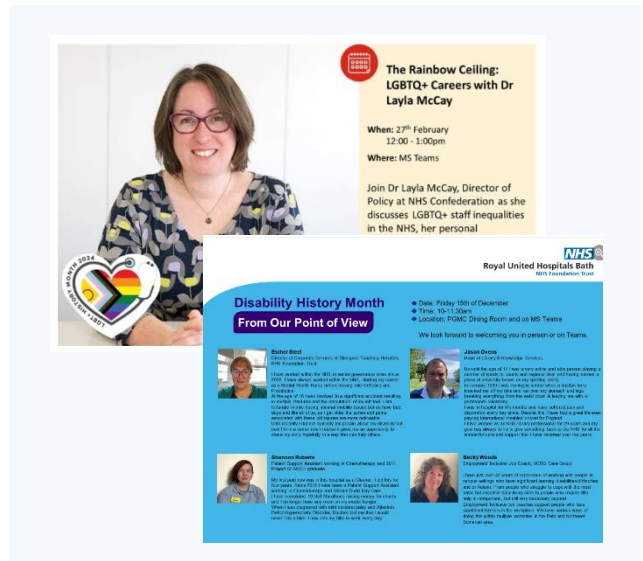
Through our initiatives and collaborations we have:

- Seen a positive increase in the number of staff reporting when they experience bullying or harassment at work, and an overall reduction in the percentage of staff experiencing bullying and harassment from any source.
- Increased the percentage of Global Majority staff who believe the Trust provides equal career progression, closing the gap compared to white staff to just 3%.
- Reduced the number of staff who feel that they are pressured to come to work when they have a disability or long-term health condition or are feeling unwell.
- Re-launched and redesigned our staff networks with all six meeting regularly and working in partnership with colleagues across the trust to improve the working experiences of their peers.
- Delivered our first race equity commitments, with our Executive and Non-Executive Board, leading us to become an anti-racist organisation and working with staff to turn those commitments into actions.
- Started to engage in meaningful conversations across the trust about what an inclusive organisation looks and feels like, whilst launching our Inclusion Champions programme.

Achievements this year



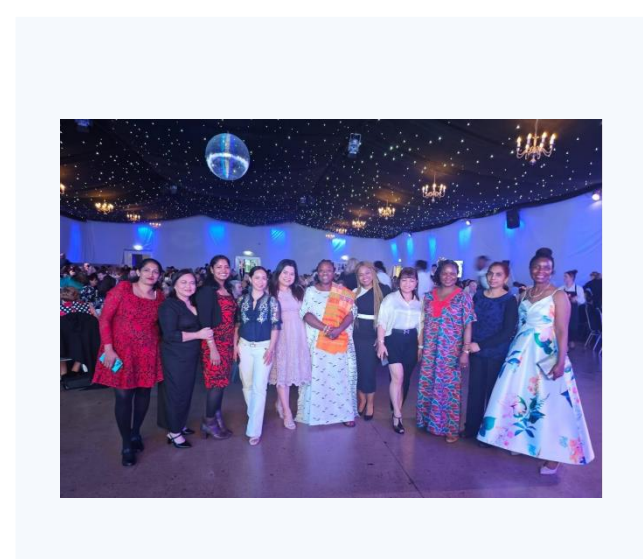
Launch of the RUH’s Race Equity: Anti-racism statement and toolkits to support allyship, conversations about race and team inclusion.



A wide range of engaging events held across the organisation from speakers such as Dr Layla McCay on the rainbow glass ceiling to the Disability History Month Panel held by staff.



Re-launching the RUH’s Inclusion Champions, bringing colleagues from across the organisation to share best practice, listen to concerns and actively role model allyship.



Our first positive action programme to support Global Majority staff and improve career progression in clinical roles across the RUH, with 20 graduates completing the course.

Monitoring our progress

Workforce Equality Standards – Race

Every year we comply with the Workforce Race Equality Standard (WRES) submission to NHS England. This measures our performance against 9 indicators, some of which relate to workforce statistics, and others which are derived from the annual NHS staff survey results.

Overview

In the last 12 months there has been improvements across the key areas of focus from our 2023 WRES report.

Representation of Global Majority staff in clinical roles has improved. Band 6 has increased by 23% (132 – 162), at Band 7 representation has increased by 30% (43 - 56), and Band 8a by 75% (4 - 7).

The percentage of Global Majority staff believing the Trust provides equal career progression increased by 5% to 56%, with White staff at 59%, closing the gap on inequity of experience in progression.

We saw an overall reduction of experiences of abuse and harassment by at least 4%. Most notably, there was an 11% decrease in the number of Global Majority staff reporting that they had experienced violence or abuse from patients, visitors, or relatives.

These are positive steps made to improve the overall experience of our Global Majority staff and address inequity of experience at work. The data highlights that we still have more work to do and, in line with the launch of our Anti-Racist statement in March 2024, we remain committed to addressing these challenges.

Areas of focus

Indicator 2: Relative likelihood of staff being appointed from shortlisting across all posts.

Our data indicated that White applicants are 1.95 times more likely to be appointed from shortlisting compared to Global Majority.

In 2024/25 we will focus on understanding where this is happening. Looking at our recruitment processes, we will work to understand where the difference of likelihood is occurring and address it.

Indicator 5,6 & 8: Staff experience of harassment, bullying or abuse.

There is still a significant difference in the experiences of harassment, abuse or bullying for Global Majority staff compared to White staff.

In 2024/25 we will continue our progress so far to further reduce this and address the difference in experience.



Find the full data sets and actions in appendix 1.4 & 2.0

Monitoring our progress

Workforce Equality Standards – Disability

Following the same approach as the WRES review, every year we also comply with the Workforce Disability Standard (WDES). Sending our performance to NHS England. For WDES we are measured against 10 indicators relating to workforce statistics, as well as workforce experience taken from the annual NHS staff survey results.

Overview

In 2023 we committed to halving the percentage difference of Disabled staff experiencing bullying, harassment or abuse compared to non-disabled staff by October 2025.

In 2024 we have made great progress reducing the percentage difference by half (8% to 5% from patients, 7% to 4% from managers) and are on track to reduce it even further by October 2025.

We also set an intention of a 10% reduction in the percentage of Disabled staff are reporting feeling pressured to come to work even when feeling unwell. We made some positive movement in this area, seeing a 5% overall reduction.

Disabled staff are reporting when they experience abuse or bullying at work more (50% up from 42%) and are more satisfied with the extent to which the organisation values their work compared to 2023. 79% of Disabled staff felt that they had the reasonable adjustments they needed.

With positive steps made in several of our objectives set in 2023, over the next 12 months we plan to continue to support and make changes in collaboration with our disabled staff.

Areas of focus

Metric 1: Declaration rate

4% of the workforce have declared a disability through the NHS electronic staff record (ESR) in 2024. This has not changed over the last three years, however 22% of staff who completed the staff survey identified that they had a disability or long-term health condition.

Whilst this is in line with national figures, we will continue to prioritise creating a working environment where staff feel comfortable and want to share their Disability with us. We will be working with our Enable Network to help increase the percentage of staff that share their status with us.

Metric 5 & 7: Career development and feeling valued.

Disabled staff feel the RUH values their work and provides opportunities for career development less than their non-disabled peers (54.5% vs 60% and 39.8% vs 49%).

We will work with our Enable Network to celebrate the work and contribution of colleagues across the RUH. Create resources that support managers to recognise skills and promote career opportunities, as well as reviewing recruitment processes to ensure they are free from bias.



Find the full data sets and actions in appendix 1.5 & 2.0

Monitoring our progress

Pay Gaps – Gender

As an organisation employing more than 250 staff, the RUH is required to publish information on its gender pay audit (Equality Act 2010). The data presented here form a snapshot as of 31 March 2024. Full data sets in appendix 1.2.

Key points:

- Our overall median pay gap between genders has decreased compared to 2023 and previous year. The gap between male and female staff continues to remain close to equal (-0.20%).
- Our largest median pay gap is between male and female staff working in medical and dental roles, where we continue to see a slight widening of the gap despite initiatives.
- Supporting medical and dental workforce teams to identify, understand and address the pay gap, and implementing national guidance on the recognised pay gap within the medical profession continues to be a priority focus for us into 2024/25.



Male Median Pay Gap (all staff): £18.56

Agenda for Change Staff: £16.04
Medical and Dental Staff: £50.23



Female Median Pay Gap (all staff): £18.60

Agenda for Change Staff: £18.10
Medical and Dental Staff: £34.52

Median Pay Gap (all staff): -0.20%

Agenda for Change staff: -12.84% Medical and Dental Staff: 31.28%

Male Mean Pay Gap (all staff): £24.61

Agenda for Change Staff: £18.73
Medical and Dental Staff: £41.17

Female Mean Pay Gap (all staff): £20.60

Agenda for Change Staff: £18.01
Medical and Dental Staff: £47.74

Mean Pay Gap (all staff): 16.27%

Agenda for Change staff: -4.00% Medical and Dental Staff: 13.27%

Monitoring our progress

Pay Gaps – Ethnicity

In line with the NHS High Impact Actions and our Public Sector Equality Duty under the Equality Act 2010, we are now also reviewing our Ethnicity pay gap on an annual basis. The data presented here form a snapshot as of 31 March 2024. Full data sets in appendix 1.3.

Key points:

- Our overall median pay gap between global majority and white staff is near equity (-5.15%) but slightly in favour of Global Majority Staff.
- This slight difference in median pay gap is due to the distribution of staff across the Agenda for Change banding, with Global Majority staff mostly represented within our middle quartiles and more white staff represented at the lower and upper quartiles.
- It is our medical and dental staff that see the greatest difference in pay gap, favouring white staff (21.70%) with an almost £10 per hour difference. This is the first year we have looked at our ethnicity pay gap, we will be using the next 12 months to understand what is driving the pay gap in medical and dental staff, alongside the ongoing work to reduce the gender pay gap for the same workforce group.
- We will use this opportunity to also consider intersectionality and how the two pay gaps may cause specific differences for our female, Global Majority staff within the Medical and Dental workforce.



Global Majority Median Pay Gap (all staff): £19.10

Agenda for Change Staff: £18.61
Medical and Dental Staff: £35.77



White Median Pay Gap (all staff): £18.16

Agenda for Change Staff: £17.68
Medical and Dental Staff: £45.68

Median Pay Gap (all staff): -5.15%

Agenda for Change staff: -5.21% Medical and Dental Staff: 21.70%

Global Majority Mean Pay Gap (all staff): £20.71

Agenda for Change Staff: £18.55
Medical and Dental Staff: £40.36

White Mean Pay Gap (all staff): £21.90

Agenda for Change Staff: £18.59
Medical and Dental Staff: £45.31

Mean Pay Gap (all staff): -1.19%

Agenda for Change staff: 0.17% Medical and Dental Staff: 10.93%

Monitoring our progress

Equality Delivery System

The [Equality Delivery System](#) is designed to help NHS organisations improve the service they provide and provide better working environments, free of discrimination, while meeting the Equality Act 2010. The EDS was developed by the NHS and is part of our NHS Contract.

Domain 2: Workforce health and well-being

Domain 2: Outcome	EDS Score
2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	Developing
2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	Developing with some elements of achieving
2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	Achieving with some elements of Excelling
2D: Staff recommend the organisation as a place to work and receive treatment	Achieving

Domain 3: Inclusive leadership

Domain 3: Outcome	EDS Score
3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	Achieving (with some elements of Excelling)
3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	Developing
3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	Developing (with some elements of Achieving)

Overall score: Developing

The full analysis for each Domain and evidence pack can be read in [appendix 2.1](#).

Monitoring our progress

NHS High Impact Actions for the NHS EDI Improvement Plan.

1

Measurable EDI objectives for Chairs, Chief Executives and Board members

All Executive's now have measurable EDI objectives embedded within their appraisals and reflect on their impact as part of the appraisal process. EDI effectiveness is also embedded into the Board Self Assessment Tool.

2

Overhaul recruitment processes and embed talent management processes

In Summer 24 we are launching Independent Advisors who will be trained to help review and co-create new approaches to recruitment to remove bias from processes. WRES and WDES show improvement in representation and views on career progression.

3

Eliminate total pay gaps with respect to race, disability and gender

This year we have started to measure our Ethnicity pay gap (p13) and continue to work closely with colleagues on our Gender Pay Gap (p12). In 2025 we intend to work with our data team and Enable Network to start reviewing the Disability Pay Gap.

4

Address health inequalities within the workforce

We continue to monitor the support provided to staff through our annual Equality Delivery System review and have developed actions to support staff with specific health conditions. Reviewed Employee Assistance Programme (EAP) now more responsive to demographic factors in health and wellbeing provision.

5

Comprehensive induction and onboarding programme for International recruited staff

Retention rate of our international recruit is at 94%. Cohort feedback shows that staff are highly satisfied with the support given especially on managing anxiety around OSCE examination and on helping them map out their career.

6

Eliminate conditions and environment in which bullying, harassment and physical harassment occurs

Reducing discrimination and improving the reporting of incidents of bullying and harassment have been made a breakthrough objective for the organisation for the second year.

Read the full progress update for each success measure in appendix 2.2.

Looking to the year ahead

Our action plan for the next 12-18 months focusses on continuing the positive progress made so far. These actions align with our three main goals. You can read the full action plan in appendix 2.0.



Create safe, inclusive, diverse teams and working environments in which people feel they belong, are valued, and can thrive.

This year we will focus on ensuring there is an Inclusion Champion in every ward and team across the RUH and growing our staff networks. We will be working to ensure allyship is more than just words, with colleagues taking an active role in leading change in their teams to create truly inclusive environments.

This includes a specific piece of work in collaboration with our networks to provide more resources, information and guidance for managers and teams to understand how to support colleagues with a disability or long-term health condition.



Design-in inclusive practices at all levels, advocating the benefits of this both internally and to our wider community.

We will be using the next 12 -18 months to develop Independent Advisors, trained to support the review and de-biasing of our people processes.

First leading on a recruitment project to understand the current state of our processes at each stage and work in collaboration with teams to highlight opportunities for more inclusive methods. This will be replicated for our other people processes, including our use of a just and learning culture.

We will continue to support an intersectional review and action plan of our ethnic and gender pay gaps in our Medical and Dental teams.



Reduce occurrences of discrimination, prejudice, abuse, and harassment based on difference across the organisation.

With the launch of a new online reporting system for unacceptable behaviour across the Trust. We will be working in collaboration with the People Hub and Divisional People Partners to embed and promote reporting experiences of abuse and harassment when they happen, so we can act and provide more tailored support at the time of need. We will be using the new insights from the reporting system to move us to a more proactive, data led approach to culture change within different areas across the organisation.

Everyone Matters



Diversity is a fact. It is about each of us and the variety of unique experiences, qualities, and characteristics we all possess.

Working Together



Inclusion is an act, and together we strive for Equity. We work to promote fairness in our procedures and processes, remove barriers and create a culture that embraces, respects and values difference.

Making a Difference



Belonging is the outcome, where every person feels part of the team.





Royal United Hospitals Bath
NHS Foundation Trust

Appendix 2.0: Equality, Diversity, and Inclusion Action plan 2024/25

EDI Action Plan 2024/25

All actions outline below have been developed working in collaboration with our Staff Networks. We will continue to work in collaboration with our equalities union representatives, and staff governors to deliver on these actions. The connected to column identifies which mandatory reporting programme the activities are linked to.

Action	Connected to	EDI Goal	Role Owner
1. Continue to recruit and embed Inclusion Champions across the RUH. Working to develop role models of active allyship through training, meetings, and annual development sessions for Inclusion Champions.	WRES indicators 5,6 and 8. WDES metric 4, 9a & 9b EDS domain 2B & 2D RUH Race Equity: Anti-racist statement commitment 2 & 4. NHS High Impact Action 6 (EDI improvement plan)	<ul style="list-style-type: none"> • Create safe, inclusive, diverse teams and working environments in which people feel they belong, are valued, and can thrive. • Reduce occurrences of discrimination, prejudice, abuse, and harassment based on difference across all organisational teams, structures, and systems. 	Head of Equality, Diversity, and Inclusion. SRO: Associate Director for People & Culture Change
2: Continue to develop the role of the Executive sponsors for Staff Networks and engagement sessions for senior leaders.	WDES 9b EDS domain 3 NHS High Impact Action 1 (EDI improvement plan)	<ul style="list-style-type: none"> • Create safe, inclusive, diverse teams and working environments in which people feel they belong, are valued, and can thrive. 	Equality, Diversity, and Inclusion Facilitator SRO: Associate Director for People & Culture Change
3: Lead an organisation wide engagement strategy to increase the number of staff engaging with staff networks by 20% in 2025.	WRES indicators 5,6, 7 & 8 WDES metric 5, 7 & 9 EDS domain 2c	<ul style="list-style-type: none"> • Create safe, inclusive, diverse teams and working environments in which people feel they belong, are valued, and can thrive. • Reduce occurrences of discrimination, prejudice, abuse, and harassment based on difference 	Equality, Diversity, and Inclusion Facilitator SRO: Associate Director for People & Culture Change

		across all organisational teams, structures, and systems.	
<p>4. Develop a team of 20 Independent Advisors across the Trust to lead a 'people processes' programme of review.</p> <p>Review to start with recruitment process from start to end. Employee Relations processes to be the second phase after 6-8 months. Recruitment to begin July 2024 and training to begin October 2024.</p>	<p>RUH Race Equity: Anti-racist statement commitment 1, 2 & 3 WRES indicator 2, 3 & 7 WDES metric 2, 3 & 5 NHS High Impact Action 2 (EDI improvement plan) EDS domain 2D NHS Sexual Safety Charter</p>	<ul style="list-style-type: none"> Design-in inclusive practices at all levels, advocating the benefits of this both internally and to our wider community. 	<p>Head of Equality, Diversity, and Inclusion.</p> <p>SRO: Associate Director for Capacity and Temporary Staffing</p>
<p>5. Continue to deliver the positive action programme Routes to Success. Cohort 2 to begin in September 2024 with an ongoing sustainability plan for the programme developed by November 2024. This includes embedding the programme as business as usual for the Nursing Workforce offering.</p>	<p>WRES indicator 1, 2, 4 & 7 RUH Race Equity: Anti-racist statement commitment 1, 2 & 3</p>	<ul style="list-style-type: none"> Design-in inclusive practices at all levels, advocating the benefits of this both internally and to our wider community. Reduce occurrences of discrimination, prejudice, abuse, and harassment based on difference across all organisational teams, structures, and systems. 	<p>Head of Equality, Diversity, and Inclusion.</p> <p>SRO: Associate Director for People & Culture Change</p>
<p>6. Work in collaboration with talent colleagues and REACH Network to promote and support informal and formal mentoring offers.</p>	<p>WRES indicator 7 RUH Race Equity: Anti-racist statement commitment 1 & 3</p>	<ul style="list-style-type: none"> Design-in inclusive practices at all levels, advocating the benefits of this both internally and to our wider community. 	<p>Equality, Diversity, and Inclusion Facilitator</p> <p>SRO: Associate Director for People & Culture Change</p>
<p>7a. Launch new reporting system summer 2024 'Report and Support' and work in collaboration with Divisional People Partners and the People Hub to promote the platform.</p> <p>7b. Work with Divisional People Partners and Culture Team to deliver tailored and specific</p>	<p>NHS High Impact Action 6 (EDI improvement plan) EDS Domain 2B, 2C & 2D WRES indicators 5,6 & 8 WDES metric 4 (a-d) NHS Sexual Safety Charter</p>	<ul style="list-style-type: none"> Create safe, inclusive, diverse teams and working environments in which people feel they belong, are valued, and can thrive. Reduce occurrences of discrimination, prejudice, abuse, and harassment based on difference 	<p>Head of Equality, Diversity, and Inclusion.</p> <p>SRO: Associate Director for People & Culture Change</p>

messaging around the use of Report and Support and Dignity at Work policies based on outcomes from NHS Staff Survey results.	RUH Race Equity: Anti-racist statement commitment 2	across all organisational teams, structures, and systems.	
8. Work in collaboration with the People Hub to develop best practice skills and approaches to handling cases of bullying, harassment and abuse reported through the new system.	NHS High Impact Action 6 (EDI improvement plan) EDS Domain 2B, 2C & 2D WRES indicators 5,6 & 8 WDES metric 3 & 4 (a-d) RUH Race Equity: Anti-racist statement commitment 2 NHS Sexual Safety Charter	<ul style="list-style-type: none"> Design-in inclusive practices at all levels, advocating the benefits of this both internally and to our wider community. Reduce occurrences of discrimination, prejudice, abuse, and harassment based on difference across all organisational teams, structures, and systems. 	Head of Equality, Diversity, and Inclusion. SRO: Associate Director for People & Culture Change
9. Deliver a communication plan to improve the representation of Disabled and neurodiverse staff and those with a long-term health condition in day to day communications and campaigns.	WDES metric 1, 7 & 9a-b EDS domain 2D	<ul style="list-style-type: none"> Create safe, inclusive, diverse teams and working environments in which people feel they belong, are valued, and can thrive. Design-in inclusive practices at all levels, advocating the benefits of this both internally and to our wider community. 	Head of Equality, Diversity, and Inclusion / Equality, Diversity, and Inclusion Facilitator SRO: Associate Director for People & Culture Change
10. Develop a resource hub with information on allyship for disabled and neurodiverse staff, as well as easy access information on services and support available for those who need it.	WDES metric 1, 6, 4 (b), 7 & 8 EDS domain 2D NHS High Impact Action 4 (EDI improvement plan)	<ul style="list-style-type: none"> Create safe, inclusive, diverse teams and working environments in which people feel they belong, are valued, and can thrive. Design-in inclusive practices at all levels, advocating the benefits of this both internally and to our wider community. 	Equality, Diversity, and Inclusion Facilitator SRO: Associate Director for People & Culture Change
11. Increase links with local community groups to improve sign posting and connectivity for all staff networks, as well as wider system support to develop	WDES 7 & 9a-b. EDS domain 2A & 2B	<ul style="list-style-type: none"> Create safe, inclusive, diverse teams and working environments in which people feel they belong, are valued, and can thrive. 	Head of Equality, Diversity, and Inclusion / Equality, Diversity, and Inclusion Facilitator

opportunities for external and joint education and awareness events.		<ul style="list-style-type: none"> Design-in inclusive practices at all levels, advocating the benefits of this both internally and to our wider community. 	SRO: Associate Director for People & Culture Change
12. Lead a project to review the accessibility and inclusivity of the RUH site and how we compare against Disability Confident Frameworks.	WDES 1, 8 & 6 NHS LGBTQ+ Rainbow Accreditation Actions EDS domain 2A & 2D	<ul style="list-style-type: none"> Create safe, inclusive, diverse teams and working environments in which people feel they belong, are valued, and can thrive. Design-in inclusive practices at all levels, advocating the benefits of this both internally and to our wider community. 	Head of Equality, Diversity, and Inclusion SRO: Associate Director for People & Culture Change
13. Support a programme of work to understand and address gender and ethnicity pay gap challenges within Medical and Dental workforce. Delivering all national actions as outlined in the NHS EDI Action Plan.	NHS High Impact Action 3 (EDI improvement plan) WRES indicator 1	<ul style="list-style-type: none"> Design-in inclusive practices at all levels, advocating the benefits of this both internally and to our wider community. Reduce occurrences of discrimination, prejudice, abuse, and harassment based on difference across all organisational teams, structures, and systems. 	Medical Workforce Partner with support from Head of EDI SRO: Deputy Chief Medical Officer with support from Associate Director for People & Culture Change
14. Develop a plan of action in line with NHS England's national approach to the LGBTQ+ Rainbow badge scheme. To include reviewing the next accreditation cycle and any outstanding actions to help develop equity in experience for staff and patients.	NHS High Impact Action 6 (EDI improvement plan) NHS LGBTQ+ Rainbow Accreditation Actions	<ul style="list-style-type: none"> Create safe, inclusive, diverse teams and working environments in which people feel they belong, are valued, and can thrive. Reduce occurrences of discrimination, prejudice, abuse, and harassment based on difference across all organisational teams, structures, and systems. 	Head of Equality, Diversity, and Inclusion. SRO: Associate Director for People & Culture Change
15. Work in collaboration with Deputy Chief Nurse, strategic improvement teams and Trust governance teams to develop a	EDS Domain 3 (a-c)	<ul style="list-style-type: none"> Design-in inclusive practices at all levels, advocating the benefits of this both internally and to our wider community. 	Head of Equality, Diversity, and Inclusion.

standardised approach to Equality Impact Assessments and their application across trust wide decision-making processes. To include creation of guidance for staff and development of key staff members to support skill growth in all areas.			SRO: Deputy Chief Nursing Officer
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Royal United Hospitals Bath
NHS Foundation Trust

Appendix 2.1: Equality Delivery System – detailed overview Equality, Diversity, and Inclusion Annual Report 2024/25

NHS Equality Delivery System (EDS)

EDS Organisation Rating (overall rating): **Developing: overall score of 12.**

- Those who score **under 8**, adding all outcome scores in all domains, are rated **Undeveloped**
- Those who score **between 8 and 21**, adding all outcome scores in all domains, are rated **Developing**.
- Those who score **between 22 and 32**, adding all outcome scores in all domains, are rated **Achieving**
- Those who score **33**, adding all outcome scores in all domains, are rated **Excelling**

Domain 1: Commissioned or provided services.

Domain 2: Workforce health and well-being

Domain 3: Inclusive Leadership

Domain 1: Commissioned or provided services.

Assessed as a system, the following report is a collaborative piece of work by the Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board. This year's report reviewed the services of Patient Liaison services and Learning Disability services.

1A: Patients (service users) have required levels of access to the service.

Assessed as Developing

For Domain 1 submission, an assessment of BSW maternity services was undertaken. Data and evidence were provided from the three acute hospitals with maternity services: Great Western Hospitals Swindon (GWH), Salisbury Foundation (SFT) Trust, and Royal United Hospitals Bath (RUH). The scoring activity was undertaken through the identified leads from maternity services, EDI leads, the LMNS maternity lead and two members of the maternity voices' partnership, with Director of Midwifery and Chief Nursing Officer oversight.

It is evident that the services have made efforts to improve access such as developing films in widely spoken languages with information on access and the available services. All maternity services offer personalised care based on a 'what matters to me' approach that enables choice and control for women and birthing people. SFT provides a triage service for access to services and a 6 day a week breast feeding service for enhanced flexibility and access for all service users.

RUH have evaluated birth outcome data according to ethnicity and indices of multiple deprivation. Access to maternity services was defined as a maternity booking by 12 weeks gestation. Women of white ethnicity were most likely to have accessed maternity services by 12 weeks (mean 93.4%, n4402) in companion to Black women (80.9%, n 55). The reason for this finding is of yet unclear. The evaluation also found that 293 women reported not understanding English at their initial booking appointment.

In GWH, the same access to services based on booking by 12 weeks gestation also found that white women were proportionally more likely to have accessed services by 12 weeks in comparison to women of ethnic backgrounds. In response, work is under way working with the maternity voice partnership seeking ways to enhance access for women and with a focus on asylum seekers or refugees.

Work is also in progress on improving access for people with communication barriers, those whose first language is not English and with additional communication needs such as the deaf community and learning disabilities. All the maternity services have an inequalities group exploring access with new initiatives being implemented such as consistent use of google translate, app development and overcoming access due to digital inequalities.

Further evidence such as consistently capturing demographic data across BSW would provide more detailed insight into access for people with protected characteristics. Additional work is also required to gain a detailed understanding and full implementation of the in-scope actions to address the identified access variations with consistent evidence from across all BSW maternity services illustrating improved access for service users with protected characteristics.

1B: Individual patients (service users) health needs are met.

Assessed as Developing

There are standard operating procedures in place that enable individual assessments such as the inclusion of mental health, domestic abuse, and identification of need for translation or communication support at the point of access for maternity services. Translation services are available at routine appointments, although out of hours these are less consistent.

A series of inclusive films, made in conjunction with maternity voice partnership and service users, have been made available outlining individualised care and the BSW maternity services. In Swindon, the maternity voice representation regularly meet with asylum seekers and refugees and findings are fed back to the maternity services and the wider BSW system. This work has ensured an agreed pathway of care based on individual need that supports access and care.

BSW focus groups have also been held exploring perinatal pelvic health that has identified service user themes that have directly informed the development of the services. There is a breast-feeding initiative launched in October 2022 called the 'Milk Project' aimed at increasing breastfeeding rates for a known area of lowest initiation rates. GWH have worked with families with LGBTQIA+ parents to enable sensitive and individualised care. In addition, there is a continuity of care team based in an area of known deprivation with higher proportion of women identifying as an ethnic minority focused on providing a personalised care pathway.

To increase from developing there is a need to gain outcome measures from the newly implemented services and initiatives.

1C: When patients (service users) use the service they are free from harm.

Assessed as Developing

The BSW LMNS and maternity services have developed an equity and equality plan which was based on an Equity Needs Analysis and Community Asset mapping. The action plan again highlights that some of the data collection is in initial stages for understanding inequalities and the impact of current interventions on outcomes.

National figures are available for the relative risk of still birth for Black and Black British women (1.54%) and for Asian and Asian British women the risk is 0.69%. Early findings indicate that the risk in Bath and Northeast Somerset, Swindon and Wiltshire are lower for Black and Black British women comparable to national figures for Asian and Asian British women. Although, data/numbers at this point are small so not statistically significant.

The Equity and Equality action plan has specific actions to upskill maternity staff with training on anti-racism and bias which is being made compulsory and commissioned by the ICB.

All the maternity services have a robust risk reporting system where all staff can raise clinical and operational risks. The score was assessed as developing due to the improvements still to be made specifically for women with protected characteristics.

Further improvement could be made through consistent service user engagement in service design and consistent data and impact measures.

1D: Patients (service users) report positive experiences of the service

Assessed as Achieving

Feedback from the friends and family test is consistently positive of BSW maternity services however, the data is largely from service users from white backgrounds. The maternity services are actively exploring and initiating new methods to increase the diversity of participation in the friends and family test. In 2022, RUH undertook an assessment to be accredited as part of the NHS Rainbow scheme that raises awareness and commitment to reduce inequalities for LGBT + communities. The scheme encompassed maternity services and the responses received the maximum score available for the maternity/perinatal questions.

Improvements can be made by understanding the experiences from women with protected characteristics through the Friends and Family test and increasing accessible communication tools.

Domain 2: Workforce health and well-being

Domain 2 and 3 are reviewed at NHS Trust level, with each organisation within BSW reviewing it's own workforce and senior leadership. The evidence and staff engagement packs are embedded and give oversight of how the scoring has been decided.

Royal United Hospital Trust: Domain 2: Workforce health and well-being overall rating: score 7 (increased by 3 from 2022).

Evidence packs:



EDS Evidence Pack
Domain 2 2023-24.p



EDS Domain 2 Peer
Scoring 24.pdf

2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions

Developing (Score: 1)

The RUH has a wide range of offers to support staff to manage their physical and mental health. The Occupational Health team offer a 12-week smoking cessation, face-face programme to all staff (2A.1). The RUH has multiple resources on the staff intranet (2A.2) both internally developed and signposting to external charity sector resources, alongside NHS England and wider NHS provisions. This includes guidance for Health and Wellbeing conversations, Managing Stress, Work-life balance and daily staff wellbeing podcasts. It also includes financial wellbeing and support for traumatic events and counselling. The Health and Wellbeing team also developed a stress or burnout MOT service for staff to refer to. Alongside this an offer is provided to those who are less likely to access the intranet via a dedicated on site staff Support Trolley (2A.5).

Staff are supported with Health & Wellbeing Conversations (NHS People Plan 2020) at least annually with line manager. Our teams provide NHS 40-74 Health Checks on site for eligible staff residing in Bath & North East Somerset Local Authority (2A.5). Staff also have access in-house to face to face and online exercise classes provided by the physio team, and access to the swimming pool and squash courts, green spaces and active travel support. In 2023 a new provision of an on site gym for more general access has started and all staff now have access to the You Matter platform that provides at home guidance on exercise, nutrition, money and mental health. All staff can access it at any time. (2A.4)

In 2022, for Disability History month links to NHS and externally provided events were shared, targeted at the health and wellbeing of staff with a disability or long-term health condition (2A.3). Health and Wellbeing Leads also provide tailored health checks for colleagues across the Trust. Whilst there is activity ongoing and materials are provided, we do not yet look at the health of staff monitored by protected characteristics and are yet to use sickness and absence data to support staff self-management of long-term conditions.

2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source

Developing with some elements of achieving (Score: 2.5)

Our [2022/23 WRES & WDES data](#) both indicate that our staff from ethnic minorities and those with a disability report higher experiences of abuse, harassment, bullying and physical violence than our white and non-disabled staff. This has been consistently higher for our staff from ethnic minorities over the last 5 years and disproportionately affects women specifically from ethnic minorities.

Our 2022 NHS Staff Survey broken down by protected characteristics shows us that the experience violence and aggression is different depending on the group (2B.6-9). The greatest difference and the groups most impacted are those with a disability, identify as part of the Global Majority or are Gay, Lesbian or Bisexual.

In 2022 Chief Executive Cara Charles Barks made a statement supporting LGBTQ+ staff and patients, highlighting our commitment to a zero-tolerance stance to homophobia and discrimination (2B.1). Following the 2022/23 EDS report the RUH developed a Dignity at Work policy aimed specifically at increasing reporting when staff experience violence and harassment, as well as reducing the experiences of violence and aggression from patients and visitors by introducing this policy with a 'red card' approach. This has been piloted in 10 wards across the Trust and is to be rolled out across the Trust in 2024 (2B.2). In ongoing work within this policy pilot, staff have been encouraged and supported to report patients who physically or verbally abuse them in Virtual Staff Briefs led by the Executive Team (2B.4). New information and intranet pages that outline what hate crime is and how to report, as well as contact details for national and local groups that can support any staff who experiences violence, harassment or abuse at work (2B.3 & 2B.5).

Training around allyship, inclusion and inequity has been included with key group such as ward sister leadership training in summer 2023, new induction processes from June 2023 and as part of a nationally recognised preceptorship programme. This includes encouraging staff to support each other, act and raise concerns when any form of abuse, harassment or bullying is witnessed (2B.6).

As we continue to improve the experiences the Trust recognises that there is a need to increase support and reporting by people of protected characteristics when they experience bullying, harassment, or aggression from other colleagues. This is a priority action for 2024. The Trust has procured a new reporting system that also provides more information and support to those impacted and will include a campaign around encouraging staff to report staff-on-staff issues.

2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source

Achieving with some elements of Excelling (Score: 2.5)

The RUH has several independent support mechanisms embedded to support staff who are suffering.

The RUH provides Freedom to Speak Up information in multiple places (2C.4, 2C.6). The service supported 43 cases in 22/23 financial year. The FTSU policy is embedded across all areas and available to all staff and there are 14 FTSU champions across the Trust that can be contacted at any time. The FTSU guardian reports to people committee and looks at key themes, including trends from employees speaking up based on protected characteristics. In 2022 the FTSU service was a finalist for the HSJ Awards (2C.7). The service is first highlighted at induction so that all new starters are aware and know how to speak up (2C.5).

As an organisation Unions have a visible presence and support staff across a wide range of activities (2C.1, 2C.2). Staff can access and join unions at any time, stewards are promoted on the staff intranet and there are a number of ways that employees can get involved with the unions.

The Employee Assistance Programme is an independent offering, alongside TRiM and Professional Nurse Advocates and Midwifery (2C.9, 2C.10). Whilst TRiM is an informal offering; EAP collects data on those who access the service and reviews based on protected characteristics. In the 2022 the demographic of clients has been 84% Female, 9% from a Global Majority, 8% disabled and 7% from the Global Majority.

Whilst there are multiple avenues for staff to access independent support and, in 2024 the focus is on embedding support through the Staff Networks.

Currently there are five Staff Networks for staff:

Race Ethnicity and Cultural Heritage Network (REACH)

Enable Network for disabled and neurodivergent staff

LGBTQ+ Network

Women's Network

Men's Network

Armed Forces Network

These networks have delivered a range of events and awareness raising activities (2C.9). In 2023, all the Networks have re-launched, now with Executive Director and Non-Executive Director sponsorship. All five Networks are developing their annual objectives and report into the Diversity and Inclusion Steering Group – where they talk about themes, progress and activities within the network. All five have funding provided for financial year 2024/25 and are focussing on growing their membership and embedding their provision across the Trust.

The Trust ensures that evidence from people's experiences is heard and used to inform decision making and change. Many governance spaces have a staff or patient experience shared at the start of the meeting this includes the Board, People Committee and Diversity Inclusion Steering Group (2C.10)

There is further work to do, to ensure that we are excelling in our activities. This includes the Networks being involved in the development of policies and processes. Bringing in Culture Ambassadors to ensure there is appropriate support during Employee Relation issues and greater quality real time monitoring of violence, harassment, and abuse. These are included within the EDS action plan and our People Plan for 2024/25.

2D: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source

Achieving (Score: 2)

The 2022/23 staff survey results to Q32c (would recommend the organisation as a place to work) has been broken down by ethnicity, sexuality, religion, disability and gender. Whilst our overall score (2D.1) as a recommended place to work is 62.7%, the results show that staff least likely to recommend the RUH as a place to work include our colleagues from mixed heritage (White and Black Caribbean [50%]; White and Asian [50%] and any other mixed ethnic background [43.8%]); Gay or Lesbian colleagues [58%] and; Buddhist staff [53.8%]. Our male identifying staff are much more likely to recommend the RUH as a place to work [67%] compared to our female identifying staff [62%]. Staff with a disability or long-term health condition are less likely to recommend the organisation as a place to work [59%] than their non-disabled colleagues [64%]. (2D.2)

The data also showed that a high proportion of responses for sexuality, gender and religion selected 'prefer not to say'; for all three this group also had the lowest percentage of recommendation for the RUH as a place to work [51%, 36%, 50% respectively]. (2D.2)

From our 2022 WRES report (21/22 data) we also know that the percentage of staff who believed that the trust provided equal opportunity for career progression or promotion was significantly lower for staff from ethnic minorities [73.9%] than for White staff [88.8%] which would have an impact on whether or not staff recommend the RUH as an organisation to work in.

Equally our WDES data (2021/22) shows that disabled staff are less engaged than non-disabled staff and a lower percentage believe the organisation values their work [37.6% compared to 44.8%].

For the provision of care as recommended by employees within the organisation, NHS Staff Survey Data 2022 shows us that 68% of employees would be happy with the standard of care provided (2D.1). However when broken down by protected characteristics the group that would be least happy with the standard of care are colleagues who selected "prefer not to say" under gender identity and sexual orientations [35.8%, 51%]. This results is also low for colleagues who responded yes to having a long-term health condition or disability, only 59% reported to be happy with the standard of care (2D.3).

The RUH's staff survey completion rate in 2022 was 53% of the organisation. For 2023 this increased to 60%, with all staff from protected characteristics proportionally represented within the results. The most recent data is waiting to be shared with the organisation and will inform our future EDS reports. Recognising that there are disparities for different groups in how they experience the RUH and their resulting recommendation of the organisation as a place to work; this measure has been made a breakthrough objective for the organisation. To be measured quarterly by the executive team and to be delivered against across the organisation. An A3 process identified some of the root causes for this include not feeling valued and the high proportion of violence, aggression, bullying and harassment experienced within the organisation. As well as getting the basics right and bureaucracy and short-term focus. These

have informed the 23/24 action plans for the organisation as we recognise there is more work to do compared to the current offering. Current 2023/24 actions for increasing the recommendation of the RUH as a place to work link directly to the actions outlined for 2B in the EDS report.

Domain 3: Inclusive leadership

Domain 2 and 3 are reviewed at NHS Trust level, with each organisation within BSW reviewing it's own workforce and senior leadership. The evidence and staff engagement packs are embedded and give oversight of how the scoring has been decided.

Royal United Hospital Trust: Domain 3: Inclusive Leadership overall rating: score 5 (increased by 2 from 2022).

Evidence packs:



EDS Evidence Pack
Domain 3 2023-24.p

3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities

Achieving with some elements of Excelling (score 2.5)

The RUH has made a commitment to Equality, Diversity, and Inclusion. Currently equality and some health inequalities are discussed at board meetings (3A.1) and reported as part of papers submitted to boards (3A.2). There is engagement and interested in equalities across the RUH at a senior level. The Diversity and Inclusion Steering Group is Chaired by the Chief People Officer and the Vice Chair role taken on by the RUH Chief Medical Officer (3A.3). This group meets every 6 weeks to discuss projects, progress, and major barriers.

Executives and senior leaders are engaged with social holidays, taking part in events, sharing activities externally (3A.5) and providing messaging across the organisation in multimedia formats (3A.4). Senior leaders are also involved in local community events, including the Chief People Officer representing the RUH at the Bath Ethnic Minority Senior Citizen Association's Windrush 75th Anniversary event (3A.9).

Board Members and Senior leaders meet regularly with the Staff Networks and each Network has an Executive sponsor. The Networks also present and report to the Governor People Working Group meetings, with each Network presenting at a separate meeting (3A.13), this is in addition to the reporting and attendance of Network Chair's at the Diversity and Inclusion Steering Group as evidenced in Domain 2. The Governor People Working Group also receives reports annually on the Workforce Race Equality Standards and Workforce Disability Equality Standards and monitors progress year on year (3A.14)

Health Inequalities has seen a significant improvement in its importance within the RUH. With a new Health Inequalities lead recruited in 2023. Board accountability for Health Inequalities has also improved, with regular reports authored by the Chief Medical Officer and shared at the Quality Governance Committee (3A.11) as well as presentations around Health Inequalities delivered twice in 2023 to the Governor's Quality Working Group (3A.12). In 2022 it was identified that Board development would be beneficial around Race Equity and EDI within the organisation. Board Development Sessions were delivered in June and October of 2023 (3A.10)

3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed

Developing (score 1)

All report templates have a space to report the EDI impact of the report, however these are inconsistently completed (3B.1). Evidence in 3A has indicated that equalities and some health inequalities are discussed in some board and committee meetings but not all. EIA are completed for some projects (3B.2) and policies, however they are currently not consistently applied as part of the sign off process. A 'five whys' process looked at what prevents people from completing EIAs. Finding that there was lack of understanding in the purpose and no emphasis on completion, which meant it is not considered an essential component of policy and project sign off.

3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients

Developing with some levels of Achieving (score 1.5)

Board members and senior leader use our Strategic processes, including A3 strategic problem solving to understand EDI issues (3C.1) within the organisation. This feeds directly into governance through Performance Review Meetings for each division and corporate department (3C.2). Director's chair and monitor progress against WRES, WDES, EDS and Gender Pay Gap (3C.3).

Each Division within the Trust has a performance review meeting, this is one of the monitoring tools used to assess progress on Health Inequalities and how areas are assessing areas of focus. It is also used to update Executives on key EDI metrics within each division (3C.4). More work can be done to increase the oversight of EIAs, our compliance with Accessible Information Standards and end of employment exit interviews.

EDS Organisation Rating (overall rating): **Developing: overall score of 12.**

- Those who score **under 8**, adding all outcome scores in all domains, are rated **Undeveloped**
- Those who score **between 8 and 21**, adding all outcome scores in all domains, are rated **Developing**.
- Those who score **between 22 and 32**, adding all outcome scores in all domains, are rated **Achieving**
- Those who score **33**, adding all outcome scores in all domains, are rated **Excelling**