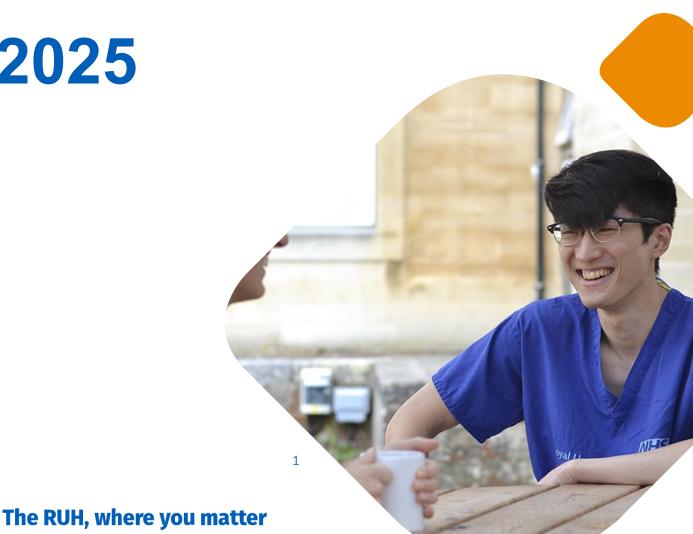


## **Equity and Inclusion**

**Annual Report** 

2025



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

The Equality Act 2010 outlines the nine personal <u>characteristics that are protected by law</u>. 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.

#### Measurable objectives on EDI for Chairs Chief Executives and Board members.

#### Success metric

**1a.** Annual Chair/CEO appraisals on EDI objectives via Board Assurance Framework (BAF).

#### Overhaul recruitment processes and embed

#### Success metric

**2a.** Relative likelihood of staff being appointed from shortlisting across all posts

**2b.** NSS Q on access to career progression and training and development opportunities

2c. Improvement in race and disability representation leading to parity

**2d.** Improvement in representation senior leadership (Band 8C upwards) leading to parity

2e. Diversity in shortlisted candidates

**2f.** NETS Combined Indicator Score metric on quality of training

#### Comprehensive Induction and onboarding programme for International recruited staff.

#### Success metric

5a. NSS Q on belonging for IR staff

**5b.** NSS Q on bullying, harassment from team/line manager for IR staff

5c. NETS Combined Indicator Score metric on quality of training IR staff

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

#### Success metric

3a. Improvement in gender, race, and disability pay gap



#### **Address Health Inequalities** within their workforce

#### Success metric

4a. NSS Q on organisation action on health and

**4b**. National Education & Training Survey (NETS) Combined Indicator Score metric on quality of training

4c. To be developed in Year 2

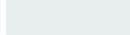


#### Eliminate conditions and environment in which bullying, harassment and physical harassment occurs.

**6a.** Improvement in staff survey results on bullying / harassment from line managers/teams (ALL Staff)

**6b.** Improvement in staff survey results on discrimination from line managers/teams (ALL Staff)

**6c.** NETS Bullying & Harassment score metric (NHS professional groups)





## Our equality goals

In line with our frameworks and in collaboration with our staff across the RUH, we are focussing 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.



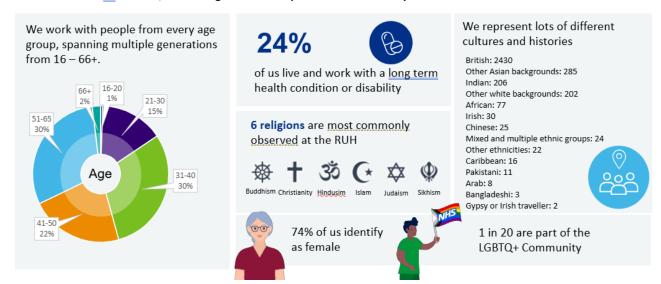
To reduce occurrences of discrimination, prejudice, abuse, and harassment based on difference across all organisational teams, structures, and systems.



## The

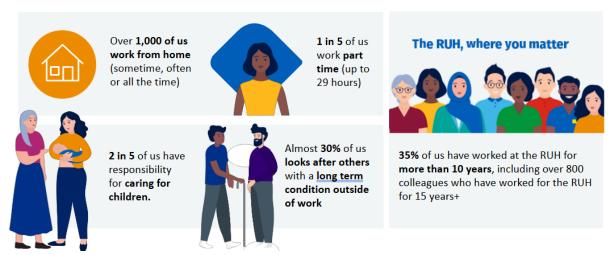
## we work with

The staff survey not only helps us learn what really matters to you, it also helps us learn more about the people we work with. So of the 3,406 colleagues who completed the staff survey what did we learn?



#### The people we work with

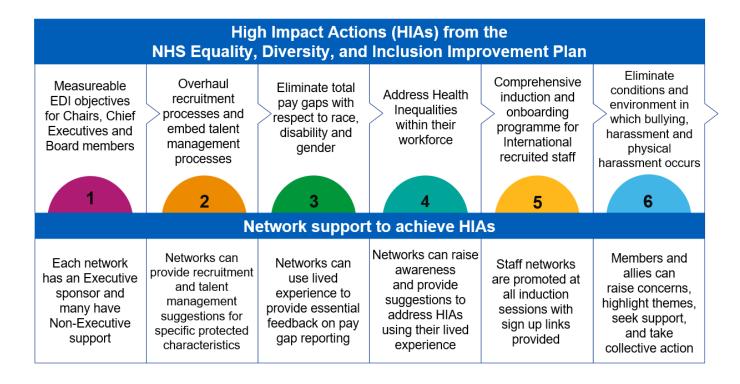
The staff survey not only helps us learn what really matters to you, it also helps us learn more about the people we work with. So of the 3,647 colleagues who completed the staff survey what did we learn?



### **Our Networks**

We have six staff networks at the RUH. They are employee-led, active spaces designed to help lead change. They create the opportunities for colleagues to share experiences, inform improvement programmes and support the development of a safe and inclusive culture.

Our networks continue to support the organisation in delivering against the High Impact Actions of the NHS England EDI Improvement Plan.



#### **RUH Staff Networks: 2024/25**

- Armed Forces Network (a Resource Network for veterans, members of the armed forces and their families)
- **Enable Network** (a highly active space supporting disabled and neurodiverse colleagues, and those with long-term health conditions)
- **LGBTQ+ Network** (supporting staff who are part of the Lesbian, Gay, Bisexual, Transgender and Queer+ Community).
- Women's and Men's Networks (seeking to create meaningful engagement spaces for women and men to discuss issues related to their experiences at work)

• Race, Ethnicity and Cultural Heritage (REACH) Network (Working to engage, empower and improve working experiences for colleagues from the full spectrum of diverse backgrounds, cultures, beliefs and religions)

We also have three specialist support groups focusing on neurodiversity, menstrual health and menopause.



You can read more about our Networks and follow their progress on our website.



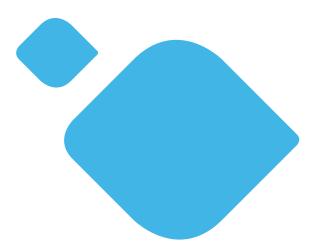
## **Achievements this year**

Over the last 12 months, alongside a range of objectives, we have been working on strengthening and building on our progress in 2023/24. Having implemented a range of EDI programmes, our focus this year has been on consolidating and embedding this work, so that it can make a deep, meaningful and lasting positive impact for colleagues and teams.

#### Through our initiatives and collaborations we have:

- Re-designed our approach to staff networks to respond to the need to engage meaningfully amid increasing operational pressures and a changing social context.
- Continued to take positive action: the second cohort of our extremely popular programme Routes to Success got underway with 21 colleagues from the Global Majority and their sponsors.
- Continued to embed and promote our anti-racism programme at local and regional events, including the South West HR Directors Forum, local business shows and BSW Hospitals Group Boards.
- Continued to grow and strengthen our Inclusion Champions network, aiming to grow to one in every RUH team by 2027.
- Introduced intersectional inclusion weeks, bringing together staff networks with colleagues from across the Trust (and neighbouring organisations) with events, development activities and opportunities to engage with what really matters to colleagues.
- Launched our Working with Cancer Policy, which is starting to provide improved experiences for colleagues with cancer. This forms a platform to further our support around other long-term health conditions.
- Launched and started to embed our Violence Prevention and Reduction Programme, which helps to create safe and inclusive working environments for our staff.

- Reworked our reasonable adjustments process (and policy) to remove barriers and delays for individuals and their managers.
- Internally commissioned a targeted accessibility audit, to help us understand where we need to improve our estate to support staff accessibility.
- Designed and launched our EDI Newsletter, which has attracted diverse contributions from across the organisation.



## **Achievements this year**



Embedding the RUH's Anti-racism statement and toolkits to support allyship, conversations about race and team inclusion.



We launched our brand-new EDI newsletter in Spring. Each issue tells stories from across the Trust about EDI projects teams have rolled out, team celebrations and community events.



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.



The second cohort of our highly esteemed positive action programme ("Routes to Success") supporting Global Majority colleagues to develop their clinical careers at the RUH

### **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**

Our 2024 WRES report tells us that we need to continue to step-up our efforts to support Global Majority colleagues, whose experience remains less positive than white colleagues.

The percentage of Global Majority staff believing the Trust provides equal career progression continues to fluctuate each year (currently at 52%) but remains above the acute Trust benchmarking average.

Global Majority colleagues continue to report that they experience more bullying, harassment and abuse from members of the public and from colleagues than white colleagues.

There is a continuing trend downwards in Global Majority colleagues experiencing discrimination from managers, and harassment, abuse and bullying from staff. This may be an early indication that our educational and strategic interventions are having a positive impact. However, we remain above the median in both measures (managers and staff).

#### **Areas of Focus**

- Further embedding, promotion and education around our Violence Prevention and Reduction (VPR) Programme, especially in relation to intersectional nuances, and greater team-based ownership.
- More targeted focus on development and setting up for success during a time of very low staff turnover (therefore reduced internal progression opportunities)
- More focus on closing the experiential gap between white and Global Majority colleagues.

This year there are unique opportunities to align EDI workstreams with those of others in BSW Hospitals Group. This will help us to understand regional variations in experience, and to design group-level interventions impacting local services.

#### **Workforce Equality Standards – Disability**

Following the same approach as the WRES review, every year we also comply with the Workforce Disability Equality Standard (WDES). 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**

We continue to see a steadily improving picture in the results related to colleagues with disability and long-term conditions (LTCs), although there are some areas in need of more focused attention.

Percentage of colleagues with long-term conditions experiencing harassment, bullying or abuse from managers and from colleagues continues to fall, and remains below the benchmarking group average.

Having experienced harassment, bullying or abuse at work, more colleagues with a long-term condition reported it than colleagues without, and this is 12% higher than it was in 2020. This may suggest that our efforts to improve psychological safety with better reporting mechanisms is having a positive impact. Reporting has also improved for colleagues without a disability or long-term condition.

More colleagues with a disability or longterm condition report feeling pressure to come to work when not well than those without, but this continues to fall, and is now about 4 percentage points better than the acute hospital benchmarking average.

#### Areas of focus

Progress around these metrics is largely positive, but slow. Work is needed to embed the interventions we have implemented so they become increasingly alive and meaningful in colleagues' day-to-day experiences.

#### This includes:

- Developing targeted and evidencebased approaches to career progression and development for colleagues with disabilities and longterm conditions
- Demonstrating through organisational story-telling how barriers are being actively removed in response to increased reporting of incidents
- Designing significantly greater intelligence into our colleague wellbeing and recognition offer, building on the launch of our flexible working and managing attendance policies.
- Communicating more robustly our reviewed processes for staff getting quick, 'friction-free' access to workplace adjustments.

### 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 2025.

#### **Key points:**

- For AfC staff, both the median pay gap (£2.31) and the mean pay gap (87p) are in favour of females and have widened in the past year. The distribution of males and females across staff groups and AFC Bands continues to be a key factor in this.
- For Medical & Dental staff, both the median and mean gaps have widened in favour of males in monetary terms. However, as the increase in the gap is not as great as the increase in the male mean, the mean percentage gap has slightly reduced. Time in grade and Clinical Excellence Awards remain key factors.



Male Median Pay (all staff): £19.49

Agenda for Change Staff: £16.93 Medical and Dental Staff: £52.10

Female Median Pay (all staff): £20.10

Agenda for Change Staff: £19.24 Medical and Dental Staff: £36.27

Median Pay Gap (all staff): -3.12%

Agenda for Change staff: -13.62% Medical and Dental Staff: 30.38%

Male Mean Pay (all staff): £25.39

Agenda for Change Staff: £19.07 Medical and Dental Staff: £49.70 Female Mean Pay (all staff): £21.72

Agenda for Change Staff: £19.94 Medical and Dental Staff: £41.86

Mean Pay Gap (all staff): 14.45%

Agenda for Change staff: -4.55% Medical and Dental Staff: 15.78%

### Pay Gaps – Ethnicity

In line with the NHS High Impact Actions and our Public Sector Equality Duty under the Equality Act 2010, we also review our ethnicity pay gap on an annual basis. The data presented here form a snapshot as of 31 March 2025.

#### **Key points:**

- Our overall median pay gap between Global Majority and white staff has reduced to 44p in favour of Global Majority colleagues, whereas the overall mean pay gap is £1.49 in favour of White staff.
- The difference between these 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.
- We have an ethnicity pay gap within our medical and dental workforce, which has widened slightly (to £10.20 median and £4.74 mean).
   Analysis is being undertaken to establish recruitment, retention and progression strategies to level this up, whilst also recognising that progress here has been slower in 2024/25 due to reduced recruitment activity.
- Work will begin over 2025/26 and into 2026/27 to understand the factors influencing medical and dental ethnicity pay gaps across the BSW Hospitals Group.



Global Majority Median Pay (all staff): £20.26

Agenda for Change Staff: £19.80 Medical and Dental Staff: £35.99

Median Pay Gap (all staff): -2.30%

Agenda for Change staff: -6.13% Medical and Dental Staff: 22.07%

White Median Pay (all staff): £19.82

Agenda for Change Staff: £18.66 Medical and Dental Staff: £46.19

Global Majority Mean Pay (all staff): £21.61

Agenda for Change Staff: £19.57 Medical and Dental Staff: £42.03

White Mean Pay (all staff): £23.10

Agenda for Change Staff: £19.83 Medical and Dental Staff: £46.77

Mean Pay Gap (all staff): 6.43%

Agenda for Change staff: 1.29% Medical and Dental Staff: 10.14%

## 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

We have trained a team of Independent Inclusion Advisors (RCN Cultural Ambassadors) to help review and co-create new approaches to recruitment to remove bias from processes. A Group talent management plan, aiming to design-out barriers to inclusive progression will form part of the 2026/27 People Plan

3

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

We have started to address pay gaps by increasing our focus on inclusive recruitment, positive action, and a range of reviewed policies and procedures aiming to design-out blockers to progression. More nuanced data analysis is still required to understand more clearly the experiences of colleagues with protected characteristics.

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

Our support package for internationally recruited colleagues has been extremely successful and lead to high retention rates. With this recruitment avenue no longer active, our focus is on supporting internationally recruited colleagues to thrive and progress their careers with

6

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

Reducing discrimination and improving the reporting of incidents remains key to the RUH People Plan. We have increased reporting safety by adopting Report+Support, working more closely with Freedom to Speak Up and developing our People Hub to provide equitable support and guidance towards resolution.

## 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 core EDI goals:



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

We will continue to build our network of Inclusion Champions, aiming to have one in every ward and team across the RUH. This helps 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. We will develop our approach to EDI engagement and network membership by creating an intersectional programme of activity.

Having focussed on reducing discrimination for the last two years, our 2025/26 programme of activity will embed the work undertaken to improve experiences for those with disability or long-term health conditions, and colleagues from the Global Majority.



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

We will be using our local people data to understand more accurately what and where the true blockers to inclusion are, and establishing targeted interventions to remove them

Working with the other care organisations in BSW Hospitals Group, we will be establishing a design centre of excellence for inclusive practice. Drawing strongly on data analysis, coproduction, current research and best practice guidance, we will develop new processes for attraction, recruitment, retention and progression, which are sensitive to the widest possible range of needs and preferences.



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

We have seen improvements in this area, but we need to stay focused on building psychologically safe forums for sharing experiences, understanding the cause of negative experience and taking impactful action to address concerns.

Proactively, this will involve increased delivery of our newly-launch leadership and change management programmes (which are oriented around ethical, compassionate and inclusive practice), building the strength and confidence of our inclusion champions, and engaging our staff networks with our inclusion data to coproduce meaningful actions that make a genuine difference.





#### **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.





Equality, Diversity, and Inclusion Action plan 2025/26



#### **EDI Action Plan: 2024/25-2026**

The below table provides a progress update to our 2024/25 EDI action plan, which will continue into 2026. In 2026/27 there will be a BSW Hospitals Group People Plan, which will enable one strategic programme of inclusion practice for all three care organisations. This will improve impact through better alignment, whilst retaining a local focus based on local data.

EDI Action Plan 2024/25				
Executive Lead: Chief People Officer (BSW Hospitals Group) Programme SRO: Associate Director for People – Culture Change (RUH)				
Action	Progress and/or new activity 2025/26	Project Coordination Lead		
1.Contintue to recruit and embed Inclusion Champions across the RUH. Working to develop role models of active allyship through training, meetings, and annual development	Network of inclusion champions continues to grow (150% since 2024), with a steady stream of new sign-ups. Aim is to have one in each RUH team by the end of 2026/27.	Equality, Diversity and Inclusion (EDI) Facilitator		
sessions for Inclusion Champions.	Focus for 2025/26 is to ensure continued engagement with staff networks, EDI team and internal inclusion agenda.			
2: Continue to develop the role of the Executive sponsors for Staff Networks and engagement sessions for senior leaders.	Networks continue to have executive and non-executive sponsors.  Network members have increased by around 35% over the last twelve months.	EDI Facilitator		
	2025/26 focus is on improving capacity and release for network chairs, and greater alignment with strategic inclusion programmes (including our new intersectional / topical inclusion weeks)			
3: Lead an organisation wide engagement strategy to increase the number of staff engaging with staff networks by 20% in 2025.	We have seen a 35% increase in network membership and 150% increase in the number of inclusion champions.	EDI Facilitator		

4. Develop a team of 20 Independent Advisors across the Trust to lead a 'people processes' programme of review.  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.	Ongoing work is to coproduce a BSW Hospitals Group approach to the networks, and to ensure activity is aimed at making tangible change, as well as providing representation.  We have trained and supported our first cohort (currently preparing for the second). Advisors will support recruitment panels for those with protected characteristics applying for Band 7 and above roles.  The work with Employee Relations has been paused due to capacity, but is planned to commence once the BSW Group People Function develops its central hub.	Head of EDI / Head of Resourcing
5. Continue to deliver the positive action programme <i>Routes to Success</i> . 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.	Programme continues to run with growing energy and success. Twenty- one more colleagues have undertaken the programme, all with sponsors.  2026: Measure impact, increase development offer for sponsors and scale-up to provide the opportunity to Global Majority colleagues across BSW Hospitals Group.	Head of EDI
6. Work in collaboration with talent colleagues and REACH Network to promote and support informal and formal mentoring offers.	Deferred to 2026/27	Head of EDI / Head of Leadership and Change Management
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.	System launched and being used, enabling rapid intervention to support those having adverse experiences. Also enables thematic data analysis to improve the quality of the people service offered to colleagues.	Head of People Hub / Head of EDI / EDI Facilitator
7b. Work with Divisional People Partners and Culture Team to deliver tailored and specific messaging around the use of Report and Support and Dignity at Work policies based on outcomes from NHS Staff Survey results.	2026: Review efficacy and return-on-investment in relation to Staff Survey results and our demographic data.  People Hub and Divisional People Partners respond to concerns raised, (as through other reporting systems), and use data to influence policy / process development.	

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.	Collaborative working has been increasing since initial sessions around the use of Report+Support.  Action complete with work ongoing.	Head of EDI / Head of People Hub / DPPs
9. Deliver a communication plan to improve the representation of Disabled and neurodiverse staff and those with a long-term health conditions in day-to-day communications and campaigns.	Initial work has commenced, and is now part of a larger communication style, tone and accessibility review.  2025/26: Forms part of strategic design work for the new communications function that will serve BSW Hospitals Group.	Head of EDI / Communications Officer
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.	We have established a Neurodiversity Support Group (an off-shoot of our Enable Network), which is working to collate a resource hub in collaboration with specialists and experts by experience from across the organisation and beyond (e.g. internal Learning Disabilities service and Employment Inclusion).	EDI Facilitator / Neurodiversity Support Group Chair
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 opportunities for external and joint education and awareness events.	Individual networks have been establishing links with local organisations and partnerships, as well as larger national bodies (such as RCN).  Our seasonal inclusion agenda draws on external and local expertise (e.g. from local mental health organisations).	Head of Equality, Diversity, and Inclusion / Equality, Diversity, and Inclusion Facilitator
		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.	A site accessibility audit has commenced using internal, specialist expertise in collaboration with our Enable Network. Results will be used to inform future decisions about the development and maintenance of our estate to remove barriers to inclusion.	Head of Equality, Diversity, and Inclusion
	Results expected: January 2026	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.	Analysis of pay differentials within Medical and Dental has been undertaken, and we are now using this to inform how we resource those professional groups.  Progress in this area is likely to remain steady since turnover in those roles is slow.	Medical Workforce Partner with support from Head of EDI  SRO: Deputy Chief Medical Officer with support from Associate Director
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.	Our LGBTQ+ Network have been taking the lead with distributing the Rainbow badges and sign-posting colleagues to further educational resources, as well as encouraging colleagues to pledge their allyship and allegiance.  Full plan of action is in progress, pending National guidance on the continuation of the scheme.	for People & Culture Change 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 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.	Work in progress: Standard EQIA templates and processes have been created and are in the process of being refined and piloted.	Head of Equality, Diversity, and Inclusion.  SRO: Deputy Chief Nursing Officer