

Agenda Item 02.iv

Report to:	Trust Board of Directors	Date: 01 May 2025
Report from:	Oonagh Monkhouse, Director of Workforce and OD	
Principal Objective/Strategy and Title:	2024 Staff Survey Results Workforce Race Equality Results Workforce Disability Equality Results Q4 24/25 Pulse Survey Results	
Board Assurance Framework Entries:	Staff Engagement Retention	
Regulatory Requirement:	Well Led	
Equality Considerations:	This report supports the requirements laid out in the Equality Act 2010 and the Public Sector Equality Duty.	
Key Risks:	<ul style="list-style-type: none"> • Staff retention • Staff engagement • Patient experience • Quality and Safety of services provided 	
For:	Information and noting	

1. Purpose/Background/Summary

1.1 The purpose of this paper is to provide an overview of the results from the following surveys, their key themes and how we will use these results to inform our work programmes:

- 2024 Staff Survey Results
- 2024 Workforce Race Equality Results
- 2024 Workforce Disability Equality Results
- Q4 24/25 Pulse Survey Results

1.2 Appendix 1 provides a summary of the key areas of the results from the Staff Survey. The full reports are included in the reference pack.

2. 2024 Staff Survey Results

2.1 The 2024 survey was undertaken October 2024 to December 2024. We had a response rate of 58% which is an improvement from 2023 (56%) and is above the average for our peer group (57%) and the national response rate (50%). Our results are benchmarked against our peer group of 13 acute specialist hospitals.

2.2 The survey questions are organised against nine themes. Our scores improved to a small degree in all nine themes and this builds on the improvement we saw in 2023. In approximately 7% of questions our scores were significantly better than 2023. In 92% of questions there was no significant change (ie they will have increased or decreased but this may be normal variation). In one question there was a significant reduction.

2.3 Our recommender scores as a place to work and as a place to be treated improved to 71% and 9% respectively. The average scores for these questions for our peer group was 73% and 89% respectively and nationally 61% and 64% respectively.

2.4 Appendix 1 provides an overview of the results.

2.5 As in previous years there is wide variation in the results across both Divisions/Directorates and Staff Groups. The results in STA are the most negative across all the Divisions/Directorates and within STA the areas of Critical Care and Theatres are the least positive. Thoracic areas have the most positive of the clinical departments. In relation to staff groups we saw an improvement in the overall results in the Registered Nurse group and Estates and Facilities and Medical staff groups were the least positive.

2.6 We have been sharing the survey results with staff and with managers, staff and staff side colleagues through our normal communication channels and in specific briefings. They will also be shared and discussed with Staff Networks. We will also discuss the results at the second Inclusive Leadership event on 1 April 2025. Last year the Chief Executive and Director of Workforce conducted a number of online sessions to present and discuss the results with staff in online sessions. These were well attended and received positive feedback. We are planning to run similar sessions in early April.

3. Workforce Race Equality Standard (WRES) Results

3.1 The WRES requires NHS trusts to self-assess against nine indicators of workplace experience and opportunity. Four indicators relate specifically to workforce data, four are based on data from the national NHS staff survey questions, and one considers BME representation on boards.

Workforce Indicators – Compare the data for white and BME staff	
1	Percentage of staff in each of the AFC Bands 1-9 compared with the percentage of staff in the overall workforce disaggregated, if appropriate, by: <ul style="list-style-type: none"> Non-clinical staff Clinical staff
2	Relative likelihood of staff being appointed from shortlisting across all posts
3	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation
4	Relative likelihood of staff accessing non-mandatory training and CPD
Staff survey indicators – Compare the outcomes of the responses for white and BMS staff	
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months
6	Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months
7	Percentage believing that the Trust provides equal opportunities for career progression or promotion
8	In the last 12 months have you personally experienced discrimination at work from a manager, team leader or other colleagues
Board representation indicator – Compare the difference for white and BME staff	
9	Percentage difference between the organisations' board membership and its overall workforce disaggregated: <ul style="list-style-type: none"> By voting membership of the Board By executive membership of the Board

3.2 The 2024 WRES results on indicators 5 -8 are set out in the Appendix 2. We will not receive the full 2024 WRES report until later in the year.

3.3 Looking at all the questions in the survey the responses from staff from a Black, Asian and Minority ethnic background improved from the 2023 responses in 48% of the questions, in 39% there was no significant change (3% either way), and in 13% there was a deterioration.

3.4 The responses to the four questions that form the WRES indicators 5-8 indicate a mixed picture:

- Indicator 5 is the percentage of staff experiencing harassment, bullying and abuse from patients and the public and whilst there was a reduction in the percentage of white staff reporting experiencing this behaviour, the lowest level reported in five years, there was an increase in the percentage of ethnic minority staff reporting this behaviour.
- Indicator 6 is the percentage of staff experiencing harassment, bullying and abuse from other staff. The reported level decreased from last year for both white and ethnic minority staff, albeit by only a very small degree for ethnic minority staff, to the lowest reported levels in the last five years. However we remain significantly higher than our peer group average.
- Indicator 7 is the percentage of staff who believe that the Trust provides equality of opportunity for career progression or promotion. The percentage of ethnic minority staff responding positively has steadily improved over the last five years and we are now better than the peer average. There does however remain a 7% difference between the response from white staff and ethnic minority staff.
- Indicator 8 is the percentage of staff reporting experiencing discrimination from their manager and/or other staff. The level being reported by ethnic minority staff reduced from last year and to the lowest level reported in the last five years. However the level reported remains significantly higher than in our peer group.

3.5 We are required to develop an action plan to reduce the inequalities on the grounds of ethnicity indicated within the WRES indicators. The 25/26 action plan is presented to the Committee for approval as a separate agenda item.

4. Workforce Disability Equality Standard (WDES)

4.1 WDES is a set of ten specific measures (metrics) which enables NHS organisations to compare the workplace and career experiences of disabled and non-disabled staff. It is a mandated evidence-based standard that aims to help improve the experiences of Disabled staff in the NHS. It is mandated by the NHS Standard Contract. NHS and Foundation trusts are required to publish a WDES annual report, which should contain:

- A report that sets out the organisation's data for each metric.
- A WDES action plan, which should set out how they will address the differences highlighted by the metrics data in the forthcoming 12 months.
- A narrative on what progress has been made in delivering the objectives detailed in their WDES action plan.

4.2 The WDES metrics are as follows:

1	Percentage of staff in AfC pay-bands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce.
2	Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts
3	Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure
4 Staff Survey	Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from: i) Patients/Service users, their relatives or other members of the public ii) Managers iii) Other colleagues

	Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it
5 Staff Survey	Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.
6 Staff Survey	Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.
7 Staff Survey	Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.
8 Staff Survey	Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.
9 Staff Survey	The staff engagement score for Disabled staff, compared to non-disabled staff. Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (Yes) or (No)
10	Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated: • By voting membership of the Board. • By Executive membership of the Board.

4.3 Indicators 4-9 are measured through the staff survey and the results for these indicators can be found in Appendix 2. As with the responses to the WRES

- Indicator 4 is made up of a number of questions about staff experience of bullying, harassment and abuse and whether, if staff did experience this behaviour they reported it. The percentage of staff with a disability reporting experiencing bullying from managers reduced significantly from 2023, is at the lowest reported level for five years and below the average for our peer group. There was also a good improvement from last year in the percentage of staff with a disability reporting their experience. However we did see an increase in the percentage of staff with a disability reporting experiencing this behaviour from colleagues; this is the second year in a row that this has increased and we are above the average for our peer group. There was also an increase in the reported experience of harassment, bullying and abuse from patients and the public. Our reported levels are now average for our peer group.
- Indicator 5 measures the percentage of disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion. There was a small reduction in the percentage of staff with a disability responding positively to this however we remain better than the peer average.
- Indicator 6 measures the percentage of disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties. There was a significant improvement in the response to this question and we now have a lower level of reported pressure than our peer group.
- Indicator 7 measures the percentage of disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work. There was a reduction in the reported level of satisfaction of staff with a disability to the lowest level in five years and is now just below the average for our peer group.
- Indicator 8 measures the percentage of disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work. We saw a significant improvement in the response of staff with a disability to this question and we remain above the average for our peer group.

- Indicator 9 measures the staff engagement score for disabled staff, compared to non-disabled staff. The reported level of staff engagement improved from last year and is the highest in the last four years. It is above the average for our peer group.

4.4 We are required to develop an action plan to reduce the inequalities on the grounds of disability indicated within the WDES indicators. The 25/26 action plan is presented to the Committee for approval as a separate agenda item.

5. Quarter 4 Pulse Survey Results

5.1 Prior to the hospital move in 2018 we started undertaking a monthly anonymous pulse survey via Survey Monkey to gather feedback on the issues concerning staff regarding the move and some key questions about their experience of work. Following the move we adapted it to a quarterly survey and, whilst maintaining a set of core questions that seek to track staff experience of work and levels of engagement we have also focused on specific issues that are pertinent in that quarter.

5.2 The latest survey was undertaken in February 2025. We had 196 staff respond to the survey. In addition to the usual core questions we sought feedback on staffs knowledge and understanding of the role of the RPH Charity.

5.3 An overview of the responses to the core questions asked is in the Appendix 3. The responses were generally less positive in this quarter than in previous ones.

5.4 We collect free text information which is helpful in understanding the drivers for the responses given by staff. The key themes in the free text comments are:

- Lots of positive comments about culture, standards of care, expertise, team working
- Areas of concern raised were:
 - Staffing levels/over-work
 - Not feeling listened to
 - Lack of progression
 - Bullying culture
 - Poor management practices
 - Wellbeing support not able to be accessed by clinical staff

6. The Board is asked to:

- Note and discuss the information contained in the report.