

Agenda Item 2.iii

Report to:	Trust Board	Date: 6 April 2023
Report from:	Oonagh Monkhouse, Director of Workforce and OD	
Principal Objective/ Strategy and Title:	2022 Staff Survey Results 2022 Bank Worker Survey Results Workforce Race Equality Results Workforce Disability Equality 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:

- 2022 Staff Survey Results
- Workforce Race Equality Results
- Workforce Disability Equality Results

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

2. 2022 Staff Survey Results

2.1 The 2022 survey was undertaken October 2022 to December 2022. We had a response rate of 61% which is a reduction from 2021 (70%) but good in comparison to our peer group (52%) and the national response rate (46%). Our results are benchmarked against our peer group of 13 acute specialist hospitals.

2.2 The survey questions are organised against nine themes. We are below the average for our peer group in all of the nine themes and were the worst performing in seven of the nine themes. In terms of the national benchmark our results were better in three of the themes, at the national average for four and below for two.

2.3 When considering our results it is important to consider the continuing impact of the Covid-19 pandemic on staff during 22/23. The difference in the impact of the Covid-19 pandemic on our staff compared to our peer group was illustrated in the benchmark report with 37.5% of our staff reporting working on a Covid-19 specific area in the last 12 months and 15.7% reporting being redeployed due

to Covid-19. This compares to 23.9% and 7.1% respectively for our peer group and more in line with the experience of staff in the acute peer group at 37% and 11.3% respectively.

2.4 Our recommender scores as a place to work and as a place to be treated reduced to 60.6% and 85.7% respectively. The average scores for these questions for our peer group was 68.6% and 86.5% respectively and nationally 57.4% and 62.9% respectively.

2.5 The report in the Appendix includes benchmarking information with our system partners.

2.6 Three key themes are identifiable in our survey results:

- I. High levels of exhaustion and burnout. This is seen across the NHS, but particularly here at RPH compared to our specialist Trust peers, possibly because the pandemic (being a respiratory virus) continued to have a much bigger impact on us in terms of staff redeployment.
- II. Impact of staffing gaps. The high vacancy rates throughout 22/23 have had and continue to have a large impact on how people are experiencing work both in terms of feeling overworked but also that they are not able to provide the level of care/service they want to.
- III. Bullying and discrimination. The continuing high levels of staff reporting bullying and discrimination, from colleagues and line managers is particularly concerning. The results indicate a decrease in kindness, understanding and politeness, which is disheartening to see.

2.7 We know that our inpatient positive experience is 99% and outpatients 97%, we receive a huge number of patient compliments and positive comments each week, but the experience of work that staff are feeding back in this survey is extremely concerning.

2.8 The reduction in staff confidence in raising concerns regarding clinical practice and general concerns has been identified as an area where we need to gather more information on what is driving this change. There have been no issues apparent through our clinical governance processes. The Chief Nurse, the Clinical Governance leads and the Director of Workforce have met to discuss how we do this. We are looking to run some staff focus groups in areas where there was a significant reduction in the responses to the questions linked to the theme "I Have a Voice" and also in areas where there was a more positive response as it is important to consider what is driving the different experiences.

2.9 We have been sharing the survey results with Divisions/Directorates and with staff through our normal communication channels. They are also being shared and discussed with Staff Networks. They will inform the work of the Compassionate and Collective Leadership Programme and the Resourcing and Retention Improvement Programme.

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 2022 WRES results on indicators 5 -8 are set out in the Appendix. The 2022 report from the national WRES team on all of the WRES indicators is included in the reference pack. This is a complicated report as the analysis for indicators 1-4 and 9 are based on workforce data as at March 2022 however the analysis of indicators 5-8 is based on our 2021 Staff Survey responses so there is a considerable lag time in this analysis. This is due to the timing of the data collection process. They are in the process of changing this to make the report more timely.
- 3.3 The analysis in the WRES report includes the disparity ratio which is a reflection of staff distribution in terms of representation through the AfC pay bands, comparing staff from a BME background with white staff. Lower bands refer to band 5 and below, middle bands 6 and 7, higher bands 8a and above. A ratio of 1 reflects parity of progression, and values higher than '1' reflect inequality, with a disadvantage for BME staff. Our 2022 report indicates that we saw an improvement in the disparity ratio ie career progression for non-clinical staff but the ratio for clinical staff has not improved and for movement between the middle to upper grades we are in the bottom 6% of organisations nationally and for movement between the lower to upper we are in the bottom 13% of organisations.
- 3.4 For indicators 2-4 our WRES report indicates no concerns at inequality in the outcomes for white staff and staff from a BAME background with regards the recruitment process from shortlisting to interview, disciplinary action and access to non-mandatory training.
- 3.5 The 2022 national overview of the WRES trends has been published and can be accessed via this link: [NHS England » NHS Workforce Race Equality Standard \(WRES\) 2022 data analysis report for NHS trusts](#)
- 3.6 Our 2022 staff survey results for the WRES questions show that there was a deterioration in the experience reported by colleagues from a BAME background against indicators 5-8. Our peer group also saw an increase in reported levels of harassment, bullying and abuse by patients being experienced by BAME staff. However in all of the indicators our results are the worst for our peer group both for white staff and staff from a BAME background.

3.7 We do not yet have access to the national 2022 WRES data. However, in the staff survey questions related to bullying/harassment and discrimination our results in 2022 are worse than the national average on all of the questions with the exception of staff experiencing harassment/abuse from patients where we are below the national average.

3.8 Clearly this is one of most concerning aspects of the results of the staff survey and how we address the racism, discrimination and bullying within our organisation will continue to be a priority for 23/24. We are required to develop a WRES action plan which we do in conjunction with our BAME Network. This action plan is reviewed by the NHSE WRES team. They have awarded our plan a score of 3.00. The scoring is as per the CQC 4 point award system (0 = 'inadequate', 1 = 'requires improvement', 2 = 'good', and 3 = 'outstanding'). They are assessing how our plan aligns with our trust-specific WRES data. In particular they found that there was an excellent range of monitored interventions and direction and vision from leadership. This provides a level of assurance regarding the areas and actions we are focusing on in this plan. The latest version of the WRES action plan is included in the reference pack for information.

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: <ul style="list-style-type: none"> • By voting membership of the Board. • By Executive membership of the Board.

4.3 I am pleased to report that we saw an improvement in the scores from staff with a long-term condition or illness in all but one of the 9 staff survey WDES questions. The one area where there was not an improvement was the percentage of staff who said that if they had experienced harassment, bullying or abuse from a colleague they had reported it. In this question there was no change in the response from 2021.

4.4 As with the WRES we are required to develop an action plan and publish it on the Trust website. A copy of the 22/23 WDES action plan is in the reference pack for information. There is not the same national team providing analysis of Trust's individual WDES results and action plans. We will be reviewing our action plan and developing our 23/24 plan in conjunction with the Disability and Difference and Working Carers Network.

5. The Committee is asked to:

- Note and discuss the information contained in the report.