Oxford University Hospitals
NHS Foundation Trust

Cover Sheet

Public Trust Board Meeting: Wednesday 08 September 2021

TB2021.69

Title:	**Combined Equality Standards Report 2021**

Status:	**For Discussion**
History:	**Equality, Diversity, and Inclusion Steering Group August 2021**
	Trust Management Executive August 2021

Board Lead:	**Chief People Officer**
Author:	**Tommy Snipe, Equality Diversity and Inclusion Manager**
Confidential:	**No**
Key Purpose:	**Strategy, Assurance**

Executive Summary

1. The purpose of this report is to:
   - Report on the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) metrics as required by the NHS Standard Contract;
   - Report on the Trust's gender pay gap as required by Gender Pay Gap (GPG) Reporting Legislation;
   - Summarise action taken since the publication of the last WRES, WDES, and GPG Reports in September 2020;
   - Provide analysis on the WRES, WDES, and GPG metrics, including potential reasons for any disparities;
   - Provide recommendations for further action.
2. The report summarises some of the action undertaken to progress on WRES, WDES and GPG (further information on these is found in **Appendix 4**). These include:
   - Supporting the health and wellbeing of our staff.
   - Improving Board diversity through targeted recruitment campaigns.
   - Developing our Staff Networks and enabling them to make meaningful change to progress against the metrics.
3. Key findings from the report include:
   - There are variations in the metrics when looking at them broken down by Division, highlighting that local barriers must be identified and mitigated against;
   - Whilst reporting of bullying and harassment is relatively higher for Black, Asian and Minority Ethnic (BAME)[1] and disabled staff, issues being raised are not always being adequately addressed.
   - Specific analysis and interventions are required for the Medical and Dental Workforce.
4. This report has made a number of recommendations to support the Trust in the short-term, these are listed below. Further detail is provided in **Appendix 5**.
   - Develop systems to enable regular reporting of EDI Data (including WRES/WDES/GPG metrics) by Division.

[11] The Trust notes the current discussion around the usefulness of the term BAME, however has decided to use it within this report following discussion with BAME staff in the Trust and to enable ease of understanding and consistency with previous Trust reports.

- Work with Staff Survey Provider to receive further protected characteristic breakdown of responses.
- Design and develop signposting processes for Staff Networks, in partnership with HR and other support services, enabling the escalating and addressing of concerns relating to bullying, harassment, and discrimination.
- Utilise Trust leadership and management training to build capacity and self-awareness in relation to bullying, harassment, and discrimination across all leaders in the organisation.
- Increase the competence of the Senior Workforce and Culture and Leadership Teams to tackle discrimination and embed those approaches within their work, their teams, and the Trust.
- Provide wellbeing support for Staff Network Leads.
- Review the Disability Passport Procedure.
- Ensure managers are aware of their duty to undertake reasonable adjustments and create escalation processes for when this is not happening.
- Consider options to enable consistent purchase of reasonable adjustments- including the possibility of a central cost code
- Conduct data analysis (incl. MWRES) of Medical and Dental workforce to identify disparities and develop a targeted action plan for this group
- Consider the EDI recommendations from the National Future of NHS HR & OD programme and determine implementation plan.

Recommendations

5. The Trust Board is asked to:
   - Note the metrics for WRES, WDES, and GPG.
   - Review the recommended actions in **Appendix 5**.
   - Consider any further actions that should be undertaken.

Contents

Combined Equality Standards Report 2021

1. Purpose

1.1. The purpose of this report is to:

1.1.1. Report on the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) metrics as required by the NHS Standard Contract;

1.1.2. Report on the Trust's gender pay gap as required by Gender Pay Gap (GPG) Reporting Legislation;

1.1.3. Summarise action taken since the publication of the last WRES, WDES, and GPG Reports in September 2020;

1.1.4. Provide analysis on the WRES, WDES, and GPG metrics, including potential reasons for any disparities;

1.1.5. Provide recommendations for further action.

2. Background

2.1. The Trust has a number of statutory and mandatory reporting requirements relating to equality, diversity and inclusion. These include:

2.1.1. the Workforce Race Equality Standard (WRES);

2.1.2. the Workforce Disability Equality Standard (WDES); and

2.1.3. the Gender Pay Gap (GPG) Reporting.

2.2. For each of these, the Trust is required to publish against a set of metrics. WRES and WDES metrics are required to be submitted to NHS England and Improvement by 31st August 2021, and GPG metrics are required to be submitted to the Government Equalities Office by 31st March 2022.

2.3. For WRES and WDES, Trusts are then required to analyse these metrics and undertaken consultation with affected staff in order to develop actions plans to address any disparities noted in these metrics. For 2021, the publication date for WRES and WDES action plans is 31st October 2021. There is no statutory requirement for a GPG action plan, however the Trust chooses to identify actions as part of its commitment to reducing the gap.

2.4. This report details the data the Trust is required to report for each of the metrics, and provides analysis and recommendations for action.

2.5. A summary of all metrics, definitions of those metrics and the data sources used are given in the following Appendices:

2.5.1. WRES – **Appendix 1**;

2.5.2. WDES – **Appendix 2**;

2.5.3. GPG – **Appendix 3**.

2.6. Data for these metrics is accurate as of 31st March 2021 as required by the national guidance.

3. Action Taken Since 2020

3.1. This section summarises action that has been undertaken since the publication of the last Combined Equality Standards (WRES, WDES, and GPG) Report in September 2020. Further information about each of these activities can be found in **Appendix 4**.

3.2. It should be noted that the Covid-19 pandemic has required the Trust to be flexible and responsive in the actions undertaken, therefore there has been additional unplanned activity, and some planned activity has been modified/not completed.

3.3. *Supporting Health and Wellbeing* – a suite of activity has been undertaken to support the health and wellbeing of staff, particularly that of BAME staff. This included the appointing of a BAME Health and Wellbeing Lead to provide dedicated resource to addressing these issues.

3.4. *Staff Networks* – There has been continued development of Staff Networks supporting them to identify and deliver on their priorities.

3.5. *Staff Story* – The story of a BAME member of staff was shared at Trust Board to highlight issues concerning racism, bullying, and harassment.

3.6. *Events and Communications* – A range of events and communication campaigns were undertaken throughout the year to celebrate diversity and increase awareness of different issues.

3.7. *Non-Executive Director Recruitment* – A recruitment campaign focussing on improving diversity was undertaken for the most recent round of Non-Executive Director recruitment. This resulted in increased racial diversity at Board level.

3.8. *EDI Peer Review* – A tool was developed to understand what EDI looks like at service level. The EDI Peer Review will be launched in late 2021 and will support reflection and improvement on EDI.

3.9. *EDI Objective Refresh* – The Trust has undertaken a range of engagement activity in preparation for refreshing the Trust's EDI Objectives; which will take into consideration the wider national EDI recommendations.

3.10. *Clinical Excellence Awards* – The Trust took action to reduce the bonus pay gap with a focus on Clinical Excellence Awards. Further work is planned to support this going forward.

3.11. *Restorative Just Culture* – The Trust has started work to embed a Restorative Just Culture. This aims to move away from a 'blame' culture and will support improvement against metrics relating to employee relations.

3.12. *Timewise* – The Trust is partnering with Timewise, a flexible working consultancy, to maximise the benefits that flexible working can bring. This work will particularly support improvement against WDES and GPG.

3.13. *Bullying and Abuse from Patients and the Public* – The Trust reviewed policies relating to managing conflict with patients and the public. A further communication campaign is planned to embed this.

3.14. *Leadership Behaviours Framework* – Work has commenced to develop a Leadership Behaviours Framework that will support leaders at all levels in the Trust to understand the behaviours expected of them.

4. Key Findings for 2021

4.1. This section presents some of the key findings in relation to the 2021 WRES, WDES and GPG metrics and the experiences of BAME staff, disabled staff, and women in the Trust.

4.2. These key findings have been identified using through multiple means:

4.2.1. Analysis of the WRES, WDES, and GPG metrics;

4.2.2. Analysis of other Trust data sources;

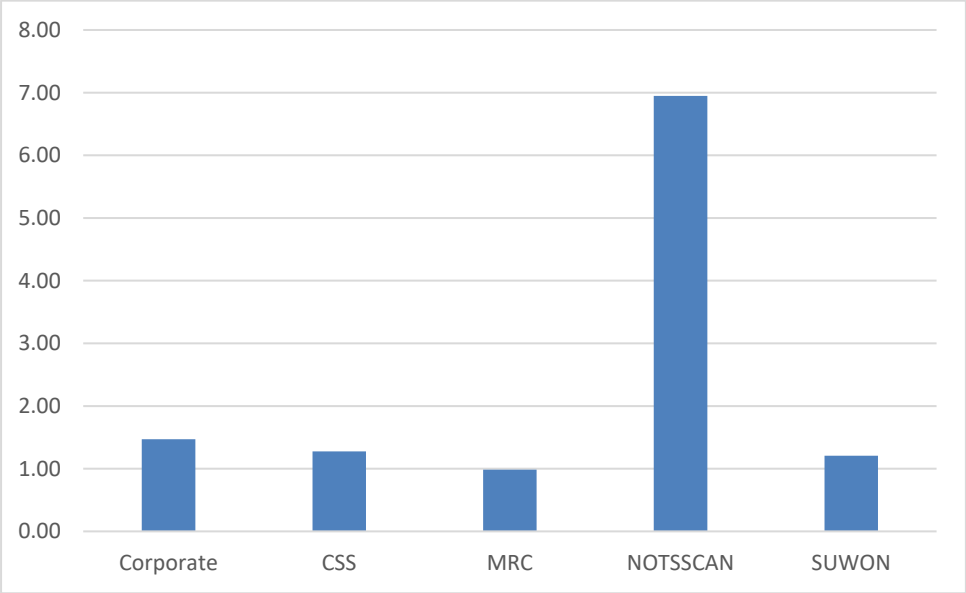
4.2.3. Consultation with staff, including feedback received from the Staff Networks, from managers, as well as relevant information collected as part of the engagement activity for the EDI Objective Refresh.

4.3. Findings identified in previous interactions of WRES, WDES and GPG reports, where the situation is unchanged and mitigating actions identified, have not been repeated in this report.

Analysis by Division

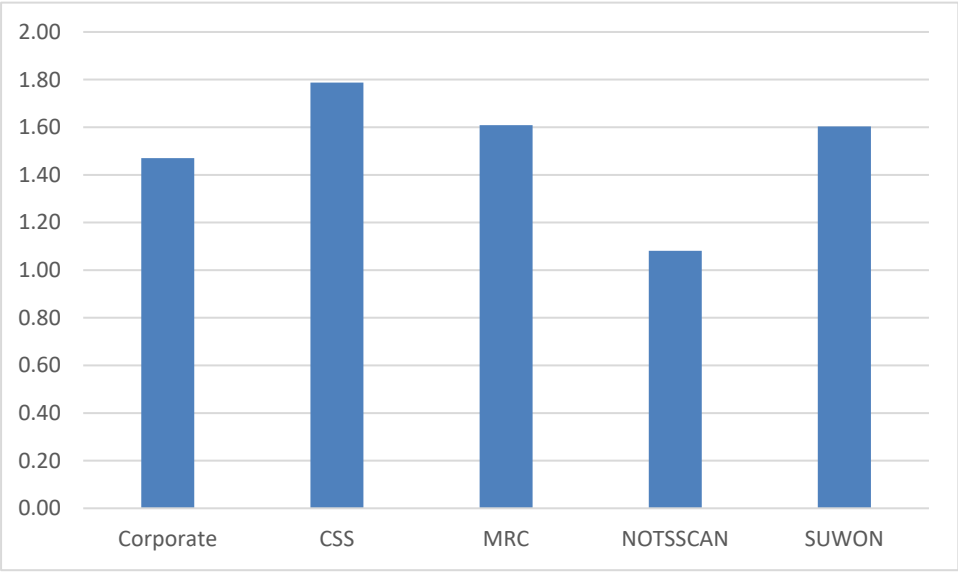
4.4. Analysis of metrics by Division highlights several differences between Divisions. One example of this is with WDES Metric 2 (Figure 1 below).

Figure 1: Relative likelihood of Disabled staff compared to Non-Disabled staff being appointed from shortlisting split by Division.



4.5. When looking by Division, NOTSSCAN has a significant disparity with non-disabled applicants to the Division being 6.95 times more likely to be appointed from shortlisting than disabled applicants. However, when looking at WRES metric 2 (Figure 2 below) NOTSSCAN shows an almost equal likelihood of BAME and White applicants being appointed from shortlisting.

Figure 2: Relative likelihood of BAME staff compared to White staff being appointed from shortlisting split by Division.



4.6. With these differences in metrics, there will be differing priorities for Divisions for improvement on WRES, WDES, and GPG. Currently, much of the improvement activity is developed and delivered Trust-wide and, whilst this

will support improvement across the whole Trust, this risks disparities not being fully understood and local priorities not being addressed.

4.7. This approach is already being considered for the implementation of the EDI Objective Refresh, where Divisions will be asked to develop local responses to progressing the Objectives and report against them on a regular basis. To support this, the Trust should consider the local support and resource required to enable local action.

4.8. Additionally, at this time, metrics derived from the staff survey cannot be reported by Division. To enable effective action to be taken by Division the Trust should explore how this might be achieved with the staff survey provider.

Reporting Bullying Harassment and Discrimination

4.9. WDES Metric 4 shows that disabled staff are more likely to report issues of bullying than non-disabled staff. Looking at the staff survey results, the same can be said of BAME staff when compared with White staff. This has historically been the case in the Trust, but this year there was an increase in reporting for both whereas there was a decrease for others within the Trust.

4.10. Part of the increase in reporting is down to the growth of the Staff Networks. Feedback from BAME and disabled staff shows that many of them feel safer going to the Networks as they are removed from management. They have expressed that they do not feel this is not the case for HR explaining that that lack confidence in the ability of HR to deal with cases and support them. Whilst this is not true for all staff, the Trust should work to manage these perceptions and develop the capability of HR in this regard.

4.11. Whilst the increased reporting is positive, the Staff Networks are not currently equipped to deal with these issues and therefore no action can be taken; this risks both issues escalating as well as staff losing faith in the Trust's ability to handle issues. Additionally, there are risks for Network leads who are being exposed to emotionally distressing experiences.

4.12. The Trust should identify processes for Networks to work in partnership with HR and other supports services to ensure that issues are appropriately escalated and addressed. This will involve identifying the range of support that Networks can signpost staff to. These processes should also consider the support given to Network leads to ensure they are adequately resourced and their wellbeing needs are met. Current Trust workstreams on Freedom to Speak Up and Restorative Just Culture should also be used to support this.

Reasonable Adjustments

4.13. WDES Metric 8 shows a significant rise in the proportion of disabled staff receiving adequate adjustments to carry out their work. In previous

years there has been little change year-on-year however this year has seen an increase from 74.3% to 81.5%. Consultation with disabled staff indicates that a major factor in this improvement has been the change in ways of working due to Covid-19. The increased use of technology to support working and of flexible working has enabled more staff to work in ways that suit them, resulting in improvement on this metric.

4.14. Despite this rise in the proportion of staff saying they have had the required adjustments, there is still inconsistency across the Trust with some staff still unable to access adjustments. Feedback from staff and managers would indicate that this is down to two factors; manager capability to offer support, and financial barriers.

4.15. For the former issue, the Trust has a Disability Passport Procedure that was introduced in 2019. This procedure aims to facilitate discussions between managers and disabled staff to ensure appropriate support and reasonable adjustments are put in place. It would be beneficial to review this procedure in line with the increased wellbeing support that is now available, exploring how this could be linked in with the Wellbeing Check-ins or whether the Wellbeing Leads could support implementation.

4.16. Regarding financial barriers, there have been examples given where staff have not been able to access adjustments due to the cost associated with them and managers deeming them unreasonable in relation to the directorate/service budget. When determining whether a cost is reasonable, the Equality Act 2010 views the financial situation of the Trust as a whole and not of individual departments, therefore the Trust is at risk of failing to make reasonable adjustments because of this. To mitigate against this, one approach would be to create a central cost code for reasonable adjustments; thereby removing the need to adjustments to come from individual departmental budgets and the inconsistency that has arisen from that. Berkshire Healthcare recently adopted this approach, with early feedback indicating that is has been successful. The Trust should consider this potential approach and how it may be implemented.

4.17. The Trust should also ensure that managers are fully aware of their obligations in relation to the Equality Act 2010 and making reasonable adjustments, providing clear routes for escalation where these obligations are not being met.

Medical and Dental Workforce

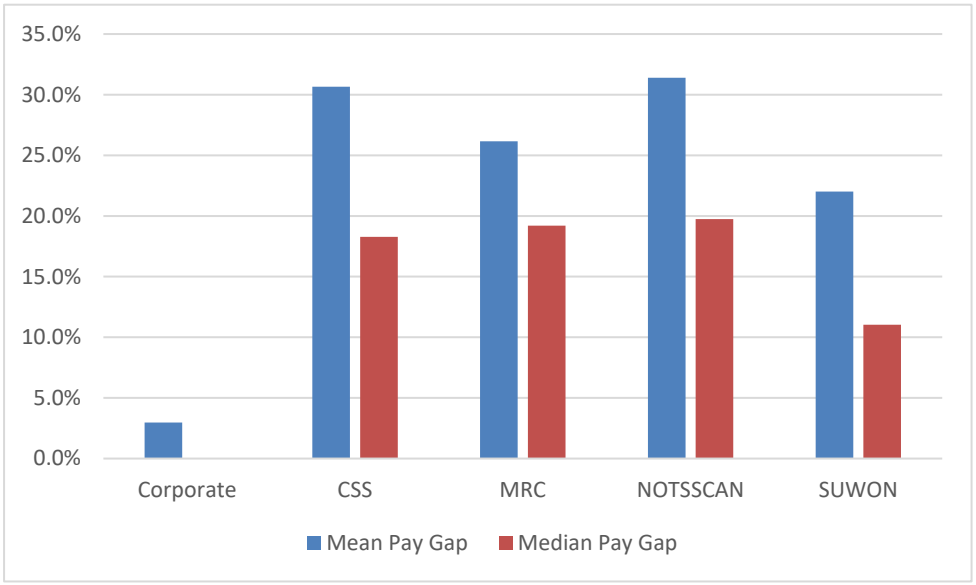
4.18. Both discussion with staff, and analysis of the metrics identifies the Medical and Dental workforce as an area requiring specific and tailored action. This need has been recognised nationally by NHS England with the introduction of the Medical Workforce Race Equality Standard (MWRES), a

development of the WRES that focusses on the Medical and Dental workforce.

4.19. The first national MWRES report was published in July 2021[2]. It identifies several disparities including underrepresentation within consultant roles and overrepresented in other medical grades; this can also be seen internally from Trust figures for WRES Metric 1. To support internal improvement, the Trust should seek to undertake its own collation of MWRES metrics, developing an action plan to address any disparities.

4.20. Specific issues for the Medical and Medical and Dental workforce are not restricted to race with tailored approaches also being required to address the GPG. The Trust is already undertaking work to address the impact on the bonus pay gap (see Para 3.26), however this group also has an impact on the ordinary pay gap.

Figure 3: Ordinary Gender Pay Gap by Division.



4.21. When viewing the ordinary pay gap by Division (see Figure 3), the pay gap is comparatively non-existent in Corporate when compared with the clinical Divisions. A key driver of this is the lack of medical and dental staff within Corporate. Medical and Dental staff are not on Agenda for Change (AfC) pay scales like most other Trust staff, and their pay is comparatively higher meaning they have a significant impact on the Trust's GPG. Therefore, the Trust should also seek to explore pay gaps within this cohort and undertake action as appropriate; some actions to address pay gaps within this cohort is already planned as part of the Trust's approach to Clinical Excellence Awards (see **Appendix 4**).

[2] Medical Workforce Race Equality Standard (July 2021), NHS England.

5. Conclusion and Next Steps

5.1. Despite the difficulties faced by the Trust in the last year, there has been a significant improvement in performance on a number of metrics, including the number of disabled staff receiving reasonable adjustments, and the bonus pay gap. The Trust should make efforts to promote those improvements

5.2. There are still areas for improvement, however planned Trust-wide workstreams, such as Growing Stronger Together, Restorative Just Culture, and the EDI Objective Refresh provide huge potential for improvements on WRES, WDES and GPG and appropriate engagement should be undertaken in the design and development of these programmes to maximise those opportunities.

5.3. Below is a summary of the recommendations made in this paper; further detail is given in **Appendix 5**. Should these recommendations be approved, they will be developed further and added to the Trust's EDI Action Plan.

5.3.1. Develop systems to enable regular reporting of EDI Data (including WRES/WDES/GPG metrics) by Division.

5.3.2. Work with Staff Survey Provider to receive further protected characteristic breakdown of responses.

5.3.3. Design and develop signposting processes for Staff Networks, in partnership with HR and other support services, enabling the escalating and addressing of concerns relating to bullying, harassment, and discrimination.

5.3.4. Utilise Trust leadership and management training to build capacity and self-awareness in relation to bullying, harassment, and discrimination across all leaders in the organisation.

5.3.5. Increase the competence of the Senior Workforce and Culture and Leadership Teams to tackle discrimination and embed those approaches within their work, their teams, and the Trust.

5.3.6. Provide wellbeing support for Staff Network Leads.

5.3.7. Review the Disability Passport Procedure.

5.3.8. Ensure managers are aware of their duty to undertake reasonable adjustments and create escalation processes for when this is not happening.

5.3.9. Consider options to enable consistent purchase of reasonable adjustments- including the possibility of a central cost code

5.3.10. Conduct data analysis (incl. MWRES) of Medical and Dental workforce to identify disparities and develop a targeted action plan for this group

5.3.11. Consider the EDI recommendations from the National Future of NHS HR & OD programme and determine implementation plan.

6. Recommendations

6.1. The Trust Board is asked to:

- Note the metrics for WRES, WDES, and GPG.
- Review the recommended actions in **Appendix 5**.
- Consider any further actions that should be undertaken.

7. Appendix 1: Workforce Race Equality Standard Metrics

Definitions and Data Sources for WRES Metrics

	Metric	Data Source
1	Percentage of staff in each of the AfC Bands 1-9 or Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce disaggregated by: • Non-Clinical staff • Clinical staff - of which - Non-Medical staff - Medical and Dental staff *Note*: Definitions for these categories are based on Electronic Staff Record occupation codes with the exception of Medical and Dental staff, which are based upon grade codes.	ESR
2	Relative likelihood of staff being appointed from shortlisting across all posts *Note*: This refers to both external and internal posts	TRAC
3	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation *Note*: This indicator has previously based on data from a two year rolling average of the current year and the previous year. This is now calculated using only data from the current year.	ER Case Tracker
4	Relative likelihood of staff accessing non-mandatory training and CPD	ELMS
5	Percentage of BAME staff compared to white staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	NHS Staff Survey Q13
6	Percentage of BAME staff compared to white staff experiencing harassment, bullying or abuse from staff in last 12 months	NHS Staff Survey Q13
7	Percentage BAME staff compared to white staff believing that trust provides equal opportunities for career progression or promotion	NHS Staff Survey Q14
8	Percentage of BAME staff compared to white staff who have personally experienced discrimination at work from a manager/team leader or other colleague in the last 12 months	NHS Staff Survey Q15
9	Percentage difference between the organisations' Board membership and its overall workforce disaggregated: • By voting membership of the Board • By executive membership of the Board *Note*: this is an amended version of the previous definition of Indicator 9	ESR

Metric 1. Percentage of BAME staff in each of the Agenda for Change (AfC) Bands 1-9 or Medical and Dental Subgroups and Very Senior Management (VSM) compared with the percentage of staff in the overall workforce

	2020	2021	Difference	2021 BAME Headcount
Non-Clinical	**16.18%**	**16.98%**	**0.80%**	**245**
Under Band 1	21.74%	0.00%	-21.74%	0
Band 1	10.00%	0.00%	-10.00%	0
Band 2	17.97%	12.59%	-5.38%	17
Band 3	17.21%	18.12%	0.91%	27
Band 4	17.13%	21.89%	4.76%	37
Band 5	18.03%	22.36%	4.33%	55
Band 6	15.08%	19.46%	4.38%	50
Band 7	13.62%	14.45%	0.83%	25
Band 8a	11.38%	11.57%	0.19%	14
Band 8b	8.70%	10.45%	1.75%	7
Band 8c	5.00%	8.33%	3.33%	<5
Band 8d	4.76%	12.00%	7.24%	<5
Band 9	8.33%	13.64%	5.31%	<5
VSM	11.54%	13.04%	1.50%	<5
Clinical	**23.48%**	**25.46%**	**1.98%**	**2673**
Under Band 1	12.50%	20.00%	7.50%	<5
Band 1	0.00%	0.00%	0.00%	0
Band 2	28.97%	29.48%	0.51%	347
Band 3	22.71%	28.74%	6.03%	476
Band 4	22.19%	19.29%	-2.90%	218
Band 5	32.38%	37.06%	4.68%	835
Band 6	22.95%	23.26%	0.31%	552
Band 7	12.61%	14.48%	1.87%	195
Band 8a	10.74%	10.56%	-0.18%	36
Band 8b	4.50%	4.84%	0.34%	6
Band 8c	5.77%	3.77%	-2.00%	<5
Band 8d	0.00%	12.50%	12.50%	<5
Band 9	0.00%	0.00%	0.00%	0
VSM	66.67%	33.33%	-33.34%	<5
Medical and Dental	**28.86%**	**31.26%**	**2.40%**	**717**
Consultants	23.31%	23.82%	0.51%	238
Non-Consultant Career Grade	30.77%	31.34%	0.57%	21

Trainee Grade	33.39%	37.30%	3.91%	458
Trust Total	**22.60%**	**25.54%**	**2.94%**	**3635**

7.1. Overall, there has been a 2.94% increase in the proportion of BAME staff within the Trust. In terms of headcount, there are 583 more BAME staff working in the Trust when compared to the previous year.

7.2. As with last year, there has been an increase across all staff groups, although that increase is more pronounced in the Clinical and Medical and Dental groups where there is also a higher overall proportion of BAME staff; these groups will have a larger impact on the overall Trust figures.

7.3. When looking at Non-Clinical roles, there has been a significant increase in the proportion of BAME staff in senior positions with some senior bands with Bands 8D and above becoming more representative of the Non-Clinical staff group as a whole. The same is not true for Clinical roles however where there is a very high concentration of BAME staff within Bands 2 to 6 and representation above that not seeing the same improvements as with Non-Clinical staff.

7.4. In Medical and Dental roles, there has been little change in the proportion of BAME staff, although a larger change is noted amongst Trainee Grade staff.

Metric 2. Relative Likelihood of staff being appointed from shortlisting across all posts.

	2020	2021	Difference
Relative Likelihood	1.55	1.55	0

7.5. White applicants are 1.55 times more likely to be appointed from shortlisting when compared to BAME applicants; there has been no change from the previous year.

7.6. When looking at the overall numbers shortlisted, a far higher proportion of candidates chose not to disclose their ethnicity as this year; 10.2% undisclosed as opposed to 5.9% undisclosed from last year.

Metric 3. Relative Likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.

	2020	2021	Difference
Relative Likelihood	1.23	0.79	-0.44

7.7. There was a significant decrease in this metric with an apparent shift from BAME staff being disproportionately negatively impacted to being positively impacted.

7.8. It was noted that there were significantly less cases overall this submission as compared with last year's submission – but it is unknown if this had any impact on the metric.

7.9. It should be noted that the calculation for this metric has changed slightly from the previous year looking at only one year of data rather than a 2-year rolling average. This impacts comparisons that can be made.

Metric 4. Relative likelihood of staff accessing non-mandatory training and CPD.

	2020	2021	Difference
Relative Likelihood	1.03	0.93	-0.10

7.10. There has been a slight change in this metric, although the figure does still show that BAME and White are almost equally as likely to access non-mandatory training and CPD.

7.11. It should be noted that the Trust changed learning management system in April 2021 and there have been some identified issues with data migration. This may impact the reporting of this metric.

Metric 5. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.

	2020	2021	Difference
White	25.80%	25.80%	0.00%
BAME	26.40%	24.70%	-1.70%

There has been no change in White staff reporting bullying or harassment from patients and the public, although there has been a decrease in the numbers of BAME staff experiencing this. This is the opposite of what was observed the previous year.

Metric 6. Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months.

	2020	2021	Difference
White	26.80%	25.30%	-1.50%
BAME	28.80%	28.10%	-0.70%

7.12. This metric shows a slight reduction in staff experiencing bullying, harassment, or abuse from other staff for both White and BAME staff. This reduction is greater for White staff, who also are also less likely to experience it when compared to BAME staff.

Metric 7. Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion.

	2020	2021	Difference
White	88.30%	88.90%	0.60%
BAME	75.90%	78.80%	2.90%

7.13. The percentage of both BAME and White staff believing that the Trust provides equal opportunities for career progression or promotion has increased, with a greater increase for BAME staff. BAME staff are less likely than White staff to believe this though.

Metric 8. Percentage of staff personally experienced discrimination at work from a manager, team leader or other colleague in the last 12 months.

	2020	2021	Difference
White	6.80%	5.90%	-0.90%
BAME	15.10%	16.00%	0.90%

7.14. There has been a slight decrease in the percentage of White staff who have experienced discrimination at work I the last 12 months. The opposite is true for BAME staff, who are also 2.7 times more like to experience discrimination than their White colleagues.

Metric 9. Percentage difference between the organisation's Board voting membership and its overall workforce.

7.15. 17.65% of the Board's voting members are BAME, an increase of 5.15% from last year. There is a 7.89% difference between the proportion of the Board who are BAME and the proportion of the workforce that are BAME, with the Board being under representative of the workforce.

7.16. It should be noted however, that the reference date for these metrics fell before recent Non-Executive Director appointments which will positively influence this metric.

8. Appendix 2: Workforce Disability Equality Standard Metrics

Definitions and Data Sources for WDES Metrics

	Metric	Data Source
1	Percentage of staff in AfC paybands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce. Cluster 1: AfC Band 1, 2, 3 and 4 Cluster 2: AfC Band 5, 6 and 7 Cluster 3: AfC Band 8a and 8b Cluster 4: AfC Band 8c, 8d, 9 and VSM (including Executive Board members) Cluster 5: Medical and Dental staff, Consultants Cluster 6: Medical and Dental staff, Non-consultant career grade Cluster 7: Medical and Dental staff, Medical and dental trainee grades *Note*: Definitions for these categories are based on Electronic Staff Record occupation codes with the exception of medical and dental staff, which are based upon grade codes	ESR
2	Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts. *Note*: This refers to both external and internal posts.	TRAC
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. *Note*: This Metric will be based on data from a two-year rolling average of the current year and the previous year.	ER Case Tracker
4	a) 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 b) 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.	NHS Staff Survey Q13
5	Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.	NHS Staff Survey Q14
6	Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	NHS Staff Survey Q11
7	Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work	NHS Staff Survey Q5
8	Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.	NHS Staff Survey Q28b
9	a) The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation. b) Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (Yes) or (No)	NHS Staff Survey
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.	ESR

Metric 1. Percentage of Disabled staff in each AfC Band cluster 1-4, 5-7, 8a-8b and 8c-VSM (including executive Board members) and Medical and Dental subgroups compared with the percentage of staff in the overall workforce.

	2020	2021	Difference	2021 Disabled Staff Headcount
Non-Clinical	**3.82%**	**4.04%**	**0.22%**	**58**
AfC 1-4	4.25%	4.36%	0.11%	20
AfC 5-7	3.55%	4.42%	0.87%	30
AfC 8a & 8b	1.56%	2.66%	1.10%	5
AfC 8c - VSM	2.70%	2.73%	0.03%	<5
Clinical	**3.26%**	**3.84%**	**0.58%**	**403**
AfC 1-4	3.25%	4.12%	0.87%	164
AfC 5-7	3.37%	3.83%	0.46%	229
AfC 8a & 8b	2.20%	1.94%	-0.26%	9
AfC 8c - VSM	1.43%	1.35%	-0.08%	<5
Medical and Dental	**0.50%**	**1.26%**	**0.76%**	**29**
Consultants	0.84%	0.70%	-0.14%	7
Non-Consultant Career Grade	0.00%	0.00%	0.00%	0
Trainee Grade	0.26%	1.79%	1.53%	22
Trust Total	**2.95%**	**3.44%**	**0.49%**	**490**

8.1. Overall, there has been a slight increase in the proportion of disabled staff, according to this metric.

8.2. Like WRES Metric 1, there has been an increased representation of disabled staff in more senior Non-Clinical roles, with the converse true for Clinical roles. There is, however, a higher proportion of disabled staff in Non-Clinical roles when compared with Clinical or Medical and Dental roles.

8.3. When viewing by staff group, the largest increase in is Medical and Dental roles, however, disabled staff are still significantly underrepresented there in comparison to other staff groups.

8.4. Disclosure rates for disability are still an issue that will impact the robustness of this metric, and other metrics taken from ESR. The disclosure rate has improved this year with 15.26% of staff not having disclosed as compared with 18.50% last year. However non-disclosure of 15.26% is still high and, seeing as approximately 15% of respondents in the NHS Staff Survey disclose a disability, it can be assumed that a large proportion of this undisclosed group would be disabled.

Metric 2. Relative Likelihood of staff being appointed from shortlisting across all posts.

	2020	2021	Difference
Relative Likelihood	1.13	1.43	0.30

8.5. Non-disabled applicants are 1.43 times more likely to be appointed from shortlisting when compared with disabled applicants. The Trust performed worse on this metric when compared with the previous year.

Metric 3. Relative likelihood of entering the formal capability procedure

	2020	2021	Difference
Relative Likelihood	2.80	2.24	-0.56

8.6. There has been an improvement in this metric with disabled staff 2.24 times more likely to enter the formal capability procedure than non-disabled staff; a reduction from 2.80 times more likely reported the previous year. It should be noted, however, there are only a small number of total capability cases (33) which means small changes can have a large impact on this metric.

Metric 4. Percentage of staff experiencing harassment, bullying or abuse from patients and the public, managers, and other colleagues in the last 12 months, and percentage of staff who reported this.

	2020		2021		Difference (Non-Disabled)	Difference (Disabled)
	Non-Disabled	Disabled	Non-Disabled	Disabled		
a) i. Patients	24.40%	33.20%	24.20%	31.50%	-0.20%	-1.70%
a) ii. Managers	11.00%	18.00%	10.20%	17.00%	-0.80%	-1.00%
a) iii. Colleagues	21.10%	30.90%	19.60%	30.40%	-1.50%	-0.50%
b) Reported	45.20%	46.80%	42.40%	48.00%	-2.80%	1.20%

8.7. Where compared with last year, there was a slight decrease in the experience of bullying and harassment from all sources for both disabled and non-disabled staff. Disabled staff, however, are more likely than non-disabled staff to experience bullying and harassment from all sources.

8.8. There was an increase in the proportion of disabled staff who reported these incidents whilst a decrease for non-disabled staff in reporting.

Metric 5. Percentage of staff believing that Trust provides equal opportunities for career progression or promotion.

	2020	2021	Difference
Non-Disabled	87.10%	87.90%	0.80%
Disabled	77.70%	77.80%	0.10%

8.9. There has been a marginal increase in disabled staff believing that the Trust provides equal opportunities for career progression with there being a slightly larger increase for non-disabled staff.

8.10. Non-disabled staff remain more likely to believe this than disabled staff.

Metric 6. Percentage of staff who say they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.

	2020	2021	Difference
Non-Disabled	17.50%	18.30%	0.80%
Disabled	29.00%	26.80%	-2.20%

8.11. There has been a decrease in the proportion of disabled staff feeling they have felt pressure from their manager to come into work. This has slightly closed the gap between them and non-disabled staff – although disabled staff are still more likely to experience this.

Metric 7. Percentage of staff satisfied with the extent to which the organisation values their work.

	2020	2021	Difference
Non-Disabled	50.00%	51.90%	1.90%
Disabled	37.20%	40.80%	3.60%

8.12. A greater proportion of non-disabled staff feel satisfied with the extent to which the organisation values their work than disabled staff. There has been a positive increase from last year for all staff, however it is greater for non-disabled staff.

Metric 8. Percentage of disabled staff that feels their employer made adequate adjustments to enable them to carry out their work.

	2020	2021	Difference
Response	74.30%	81.50%	7.20%

8.13. There has been a significant increase in the percentage of disabled staff feeling that their employer has made adequate adjustments to enable them to carry out their work.

8.14. When looking previous figures for this, it has historically stayed at around 75%. Therefore this significant increase is particularly noteworthy.

Metric 9. Staff Engagement Scores for Disabled and Non-Disabled Staff compared to the organisations' Average.

	2020	2021	Difference
Non-Disabled	7.2	7.3	0.1
Disabled	6.7	6.8	0.1

8.15. There has been a slight increase in engagement sore for both disabled and non-disabled staff. The score for non-disabled staff remains higher though.

Metric 10. Percentage difference between the organisations' and Board voting membership and its overall workforce.

8.16. 12.5% of voting Board members have a disclosed disability; this is an increase from 0% reported last year. Compared with the overall workforce there is a difference of 9.06% with the Board over-representative of the workforce. The aforementioned issues relating to disclosure should be noted however before determining whether or not the Board is truly over-representative.

9. Appendix 3: Gender Pay Gap Metrics

Definitions and Data Sources for GPG Metrics

9.1. Under the Gender Pay Gap Reporting Legislation, organisations are required to publish the following figures:

9.1.1. Gender Pay Gap (mean and median averages);

9.1.2. Gender Bonus Gap (mean and median averages);

9.1.3. Proportion of men and women receiving bonuses;

9.1.4. Proportion of men and women in each quartile of the organisation's pay structure.

9.2. These figures have been compiled using a report created by IBM that utilises data kept on ESR.

9.2.1. Bonus pay includes:

9.2.2. Clinical Excellence Awards;

9.2.3. Discretionary Points for non-training grade doctors e.g. staff grades and associate specialists;

9.2.4. Payments made under Trust incentive schemes (including the Winter Incentive Scheme);

9.2.5. Bonus payments;

9.2.6. Distinction awards.

9.3. Pay gaps are reported as the relative percentage difference between men's and women's earnings. A positive percentage difference indicates men are paid higher and a negative percentage difference indicates women are paid higher. All percentages are given to 1 decimal place, as required upon submission to the Government Equalities Office.

Metric 1. Mean and median gender pay gap for ordinary pay.

	Mean Hourly Rate			Median Hourly Rate		
	2020	2021	Difference	2020	2021	Difference
Men	£23.65	£24.50	£0.85	£18.65	£19.38	£0.73
Women	£17.70	£18.37	£0.67	£15.55	£16.04	£0.49
Difference	£5.95	£6.13	£0.18	£3.10	£3.34	£0.24
Pay Gap %	**25.15%**	**25.02%**	-0.13%	**16.60%**	**17.22%**	0.62%

9.4. There has been a slight decrease in the mean pay gap and a slight increase in the median pay gap. When looking at both the mean and

median hourly rate, whilst there have been increases for both men and women, men saw a greater increase.

Metric 2. Mean and median gender pay gap for bonus pay

	Mean Bonus Pay			Median Bonus Pay		
	2020	2021	Difference	2020	2021	Difference
Men	£8,310.94	£6,872.31	-£1,438.63	£3,092.00	£1,235.67	-£1,856.33
Women	£3,010.94	£3,928.96	£918.02	£660.00	£1,235.67	£575.67
Difference	£5,300.00	£2,943.36	-£2,356.64	£2,432.00	£0.00	-£2,432.00
Pay Gap %	**63.77%**	**42.83%**	-20.94%	**78.65%**	**0.00%**	-78.65%

9.5. There has been a massive decrease in the Trust's bonus pay gap, with the median bonus pay gap being reduced to 0%; there are two drivers for this.

9.5.1. The primary driver relates to the Clinical Excellence Awards (CEAs). Historically, CEAs have contributed significantly to the Trust's bonus pay gap, with high value awards and a process that has historically favoured men. This process was delivered differently this year due to the pandemic. Rather than a competitive process, the funding was allocated evenly across all those who were eligible; the impact of this can be easily seen in the median bonus pay which is equal to the value of the CEA payments. The mean pay gap will not have closed completely due to the impact of previously existing CEAs that are still being paid.

9.5.2. The other driver is the lack of winter incentive payments within the data. In previous years, the Trust had offered incentive payments to nursing staff to support shortages over the winter period. The same happened this year, however payment was were arranged via NHS Professionals rather than the Trust and therefore it is not reflected in Trust data. As these were lower value payments, in comparison to CEAs, and were also received disproportionately by women, this resulted in an increased bonus pay gap.

9.6. It should be noted that, once a competitive process resumes for CEAs, this gap will likely increase again.

Metric 3. Proportion of men and women receiving bonuses

	2020	2021	Difference
Men	12.55%	13.60%	1.05%
	436	464	28

Women	7.91%	3.67%	-4.24%
	810	390	-420

9.7. There has been a slight increase in men receiving bonus payments and a significant decrease in women receiving them, when compared to last year. Again, this is down to the lack of winter incentive scheme for this year, as well as the changes in allocation of CEA funding.

Metric 4: Proportion of men and women in each quartile of the Trust's pay structure (Q1=low, Q4=high). Headcounts given in italics.

Quartile	2020		2021		Difference in proportion of women
	Women	Men	Women	Men	
1	77.26%	22.74%	77.82%	22.18%	0.56%
	2415	*711*	*2505*	*714*	*90*
2	80.47%	19.53%	80.33%	19.67%	-0.14%
	2518	*611*	*2818*	*690*	*300*
3	80.86%	19.14%	81.71%	18.29%	0.85%
	2530	*599*	*2671*	*598*	*141*
4	61.54%	38.46%	61.92%	38.08%	0.38%
	1925	*1203*	*2143*	*1318*	*218*

9.8. There has been a slight increase in the proportion of women in the upper quartiles of the Trust's pay structure although, when compared to the rest of the organisation, the proportion of women in the top quartile is still significantly lower. This reduced representation in higher paid roles is a key driver to the Trust's ordinary pay gap.

10. Appendix 4: Action Taken Since 2020 – Further Information

Supporting Health and Wellbeing

10.1. Following the successful application to the Charities Together Fund with Oxford Hospitals Charity, the Trust received funding for, and recruited to, the BAME Health and Wellbeing Lead post.

10.2. This postholder started in January 2021 and in post they achieved the following:

10.2.1. Collated data from both internal and external data points to better understand issues faced by BAME staff in relation to health and wellbeing, with a view to creating a dashboard.

10.2.2. Supported Trust vaccination efforts, developing and supporting initiatives to increase vaccination rates amongst BAME staff.

10.2.3. Supported the Trust's Wellbeing Leads, enabling them to better support the wellbeing of BAME staff.

10.2.4. Worked with HR and managers to ensure risk assessments were undertaken for all staff and that managers were considerate of the needs of BAME staff.

10.3. Unfortunately, the post is currently vacant, with the postholder having left the Trust in May 2021. Following their departure, plans are in place to recruit a replacement although there will be some changes to enable the postholder to have maximum impact, including having the postholder report directly to the Chief People Officer.

10.4. In addition to the BAME Health and Wellbeing Lead, the Trust has launched its *Growing Stronger Together - Rest, Reflect, Recover* Programme. The purpose of this programme is to look after the wellbeing of our people and teams and enable our recovery following the COVID-19 pandemic and transition into a 'new normal'. There are five overarching priorities within this programme which are:

10.4.1. Meet the immediate need for rest and recovery. This includes our 'leading with care' series of support to our teams through wellbeing check-ins and our leaders own self-care.

10.4.2. Build the culture of learning, compassion and inclusion.

10.4.3. Facilitate post traumatic growth through the delivery of a Recovery, Readjustment and Reintegration (R3P) workshop for teams by our Psychological Medicine and Occupational Health teams.

10.4.4. Support sustainable service recovery and workforce planning.

10.4.5. Build working lives that have more flexibility and autonomy.

10.5. This programme includes engagement with our diverse staff to ensure that the priorities meet their needs and will support in addressing the inequalities experienced in relation to wellbeing that were highlighted in last year's report.

Staff Networks

10.6. A significant amount of work has been undertaken to support the Staff Networks to develop and deliver on their priorities. In particular, the Trust has relaunched the Disability and Accessibility Network and the Women's Network, both of which are now meeting regularly and identifying priorities to take forward.

10.7. Priorities for the Networks include:

10.7.1. Development of a Menstrual Health Policy to provide clear consistent support across the Trust.

10.7.2. Extension of Disability and Accessibility Network to include carers.

10.7.3. Creation of a Resource Hub to enable disabled staff, managers, and carers to find and access support information easily.

10.7.4. Recognition and celebration of a broader range of cultural and religious festivals and awareness events to broaden the cultural awareness of staff.

10.7.5. Engagement of allies, supporting them to understand what good allyship looks like and how they can support Network priorities.

10.7.6. Collaboration between Networks to develop EDI improvements in an intersectional way.

10.8. A Staff Network Leads Forum has now been set-up to support the ongoing development of those running the Networks.

10.9. Work is still to be undertaken on establishing resource requirements for the Networks, but in terms of funding and time, but that activity is planned to take place in Autumn 2021.

Staff Story

10.10. The BAME Network presented the story of a Network member at a Public Board meeting in July 2021[3]. The story described their perceived experiences of racism, bullying, and harassment experience by the staff member, with an aim of highlighting these issues across the organisation. In the meeting, the Trust Board identified several actions including:

[3] Staff Story (July 2021), Oxford University Hospitals NHS Foundation Trust.

10.10.1. Coproducing systems for raising concerns with the BAME Staff Network.

10.10.2. Training managers and leaders to be aware of racism and discrimination and to be able to support staff with these issues.

10.10.3. Ensuring appropriate support is given to the individual involved in the story.

10.11. Following the story, the BAME Network held a reflection session to enable staff to discuss the story and the impact of racism and discrimination in the workplace.

10.12. There has also been interest at an Integrated Care System (ICS) level, with the Trust being asked to share learnings on developing and responding to staff stories to support other Trusts within the system to do so.

Events and Communication Campaigns

10.13. Several events and communications campaigns have been held in the past year, recognising calendar dates relating to inclusion. These included:

10.13.1. Black History Month

10.13.2. International Day of Awareness for People with Disabilities

10.13.3. International Womens' Day

10.13.4. South Asian Heritage Month

10.13.5. Religious festivals such as Diwali and Eid al-Adha

10.14. For all these events, they have been either run by the relevant Network, or used as an opportunity to promote that Network.

10.15. Going forward, the Networks have collaborated with the Communications Team to create an events calendar. They will also be looking at utilising storytelling and sharing experiences of staff to support communications on these calendar dates.

Non-Executive Director Recruitment

10.16. Activity was undertaken to increase the diversity of applicants to vacant Non-Executive Director (NED) roles. As part of this the Trust produced a recruitment video featuring the Trust Chair, Non-Executive Directors, Chief People Officer and Chief Medical Officer to encourage applicants from diverse backgrounds – particularly from BAME backgrounds.

10.17. This led to increased diversity in the applicant pool for that round of NED recruitment, and ultimately resulted in two NED appointments from BAME backgrounds. There was national interest in the video from NHSE&I also.

EDI Peer Review

10.18. An EDI Peer Review Tool has been developed and piloted. The tool will develop our understanding of what EDI looks like at a service level; enabling improvements to be made and the sharing of good practice. The tool is aligned with the Equality Delivery System (EDS2) as well as the CQC domains and so will support improvement against the WRES, WDES and GPG.

10.19. The Assurance Team is incorporating the EDI Peer Review into the overarching peer review programme. It will launch with two services per division being reviewed for the initial rollout. Outcomes of the reviews will be used to support the EDI Objective Refresh.

EDI Objective Refresh

10.20. The Trust is currently in the process of refreshing its EDI Objectives. This work had been originally planned to take place in late 2020/early 2021, however it was delayed due to the pressures created by the pandemic.

10.21. A suite of engagement activity has been undertaken to understand from our people, our patients, and our populations what the Trust should be aiming for and prioritising for EDI. These will take into account both national and ICS EDI recommendations.

10.22. The final objectives and delivery plan will facilitate improvements against WRES, WDES, and GPG.

Clinical Excellence Awards

10.23. As noted in last year's report, the planned 2020 Clinical Excellence Awards (CEAs) did not take place as usual with NHS Employers proposing that Trusts distribute funding equally amongst those eligible rather than following a competitive process. To mitigate any impact this may have had on the bonus pay gap, the Trust explored several options and modelled the impact they would have.

10.24. Following this work, the Trust made the decision to provide the same sum to all eligible (including those who are part-time). The impact of this can be seen in this year's bonus pay gap figures where there has been a significant reduction in both the mean pay gap and a closing of the median pay gap.

10.25. Whilst the Trust has seen a large improvement here, when competitive processes recommence, the Trust may see the pay gap increase once more. A Task and Finish Group has been set up to consider the approach to the competitive CEA process going forward. One of the actions the group will support will be to take a positive action approach to women applying for National CEAs.

Restorative Just Culture

10.26. The Trust has started implementation of Restorative Just Culture (RJC). RJC aims to create a shift from a blame to a learning culture, creating an environment of psychological safety where issues can be raised without fear of escalation or blame.

10.27. Over time, RJC should have a positive impact on metrics relating to employee relations (WRES 3 and WDES 3) with potential further benefits on issues such as bullying and harassment. Existing work to make improvements on these metrics, such as Cultural Ambassadors, are being incorporated into the RJC programme.

Timewise

10.28. To build upon the benefits of flexible working brought about because of Covid-19, as noted in last years' Combined Equality Standards Report, the Trust has started to work with Timewise, a flexible working consultancy. A flexibility audit is currently being undertaken with Timewise and, following this, recommendations for further action will developed and taken forward.

Bullying and Abuse from Patients and the Public

10.29. Last year's Combined Equality Standards report highlighted a lack of improvement on metrics relating to bullying and abuse experienced from patients and the public (WRES 5 and WDES 4). The report highlighted the knowledge of how to manage these issues was not consistent across the Trust. This year, there has been a slight decrease for both BAME and Disabled Staff in experiencing this

10.30. Since last year's report was published, the Trust reviewed its policies and procedures relating to the management of violence, aggression, and abuse from patients and the public. These were communicated locally through the Health and Safety Committee and via the OUH Bulletin. A wider internal communications campaign is also being planned to support further understanding of this.

10.31. Additionally, this issue has been identified as one of the ICS EDI priorities and the Trust is actively participating in this work.

Leadership Behaviours Framework

10.32. Work has commenced to develop a Leadership Behaviours Framework for the Trust. This framework, aligned to the Trust Values, will set clear expectations for leaders at all levels on the behaviours that are expected from them. It will also improve the ability for the Trust to hold leaders accountable for their behaviours. It is anticipated that this work will help to address the root causes behind metrics relating to bullying and harassment through reducing unwanted behaviours.

11. Appendix 5: Recommended Actions Summary

11.1. The below table summarises the high-level actions that this report recommends the Trust takes in response to the analysis and key findings. Following this, further work to develop and deliver on these actions will be undertaken.

Action	Lead	Suggested Timeline
Develop systems to enable regular reporting of EDI Data (including WRES/WDES/GPG metrics) by Division.	Director of Workforce	March 2022
Work with Staff Survey Provider to receive further protected characteristic breakdown of responses.	Head of Engagement, Inclusion, and Experience	February 2022
Design and develop signposting processes for Staff Networks, in partnership with HR and other support services, enabling the escalating and addressing of concerns relating to bullying, harassment, and discrimination.	Director of Workforce	March 2022
Utilise Trust leadership and management training to build capacity and self-awareness in relation to bullying, harassment, and discrimination across all leaders in the organisation.	Chief People Officer and Director of Culture and Leadership	March 2022
Increase the competence of the Senior Workforce and Culture and Leadership Teams to tackle discrimination and embed those approaches within their work, their teams, and the Trust.	Chief People Officer	July 2022
Provide wellbeing support for Staff Network Leads.	Head of Wellbeing	December 2021
Review the Disability Passport Procedure.	EDI Manager	April 2022
Ensure managers are aware of their duty to undertake reasonable adjustments and create escalation processes for when this is not happening.	Director of Workforce and HR Business Partners	March 2022

Consider options to enable consistent purchase of reasonable adjustments- including the possibility of a central cost code	Director of Finance	March 2022
Conduct data analysis (incl. MWRES) of Medical and Dental workforce to identify disparities and develop a targeted action plan for this group	Director of Medical Workforce	July 2022
Consider the EDI recommendations from the National Future of NHS HR & OD programme and determine implementation plan.	EDI Manager	Jan 2022