Oxford University Hospitals
NHS Foundation Trust

Cover Sheet

Trust Board: Wednesday 13 September 2023

TB2023.84

Title:	**Combined Equality Standards Report (WRES/WDES/GPG) 2023**

Status:	**For Discussion**
History:	**Equality, Diversity, and Inclusion Steering Group 14-08-23** **People and Communications Committee 14-08-23** **Trust Management Executive 31-08-23**

Board Lead:	**Chief People Officer**
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Confidential:	**No**
Key Purpose:	Strategy, Assurance

Executive Summary

1. At OUH we are committed to making improvements on equality, diversity, and inclusion (EDI) for our people. In support of this, we conduct an annual review against the Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES), and Gender Pay Gap (GPG). This report details and analyses this year's metrics and provides an update on the Trust EDI Action Plan to address any inequity within the metrics.
2. Analysis on the WRES, WDES, and GPG metrics shows that, in some areas, we have made consistent and sustained progress:
    - We have seen bullying and harassment experienced by all staff from their colleagues reduce steadily over the past 5 years.
    - Our bonus gender pay gap has reduced, reflecting the approaches that have been taken to address this, such as more equitable distribution of Clinical Excellence Award (CEA) funding.
    - Analysis from the National WDES team highlights us as the 8th best performing Trust on Board disability representation.
3. Our analysis has identified where further attention is required. This includes:
    - The increasing inequity in progression of Black and minority ethnic (BME) clinical staff. This is largely driven by successes made in international recruitment programmes however, this currently outpaces progression within the Trust.
    - This year we have seen a 3.2% increase in the proportion of BME staff experiencing bullying, harassment, or abuse from patients, relatives, and the public. This comes despite seeing year-on-year improvements in previous years and is counter to this trend.
    - We have also seen an increase in the relative likelihood of White candidates being appointed from shortlisting over BME candidates over the past 2 years.
    - The gap in staff survey engagement scores between disabled and non-disabled staff has increased this year despite being consistent across previous reporting years.
    - There has been little movement in the percentage of women in the highest paid quartile of the Trust, staying between 61.1% and 62.8% over the last 7 years. The overall percentage of women in the Trust is 73.6%.
4. We have undertaken a range of actions that are expected to have a positive impact on the metrics. It should be recognised that sustained improvement on these metrics will take time to embed.
5. Actions that have progressed or been completed in the last year are as follows:

- We have asked all our people to identify an EDI objective as part of their appraisal process, encouraging individual responsibility and accountability for EDI. This includes our Chief Officers and Divisional Directors, and their individual EDI objectives are based on the Trust's overall EDI objectives to ensure we are tackling priority areas.
- We have rolled out phase one of Kindness into Action, equipping our people with tools that enable a culture of civility, respect, and belonging.
- We have conducted a review of our Values Based Interviewing (VBI) process, ensuring that people are not disadvantaged, particularly in relation to cultural difference or neurodiversity.
- We developed a signposting resource to make clear the support that staff can access when they have concerns.

6. We will now build on this and accelerate our progress moving forward. As such, this report recommends a refreshed approach to the WRES, WDES, and GPG actions, which will now be incorporated into an overarching EDI Action Plan.
7. This approach will enable us to deliver on EDI more holistically, ensuring there is a collective focus on the actions we will take, making effective use of resource, and having clear responsibility and accountability for delivery.
8. Key priorities that will be delivered as part of this action plan in the coming year, include:
    - Implementing Trust-wide and local EDI Dashboards to enable local ownership and improvement of WRES, WDES, and GPG.
    - Delivering the phase two roll-out of Kindness into Action.
    - Transform the way we do reasonable adjustments - by developing tools and securing a reasonable adjustments budget and process (central or local) that ensures that our disabled staff and those with long-term conditions can thrive in the workplace.
    - Implementing recommendations of the 'Mend the Gap' review to support progression of women into senior medical and dental roles.
    - Delivering inclusive recruitment training to remove barriers to progression.
    - Implementing the recommendations from the Cultural Connectedness review for international recruits and teams that receive them.
    - Bullying and harassment reduction programme supported by a communications and engagement campaign.
9. The full Workforce EDI Action Plan can be found in **Appendix 5**.

Recommendations

10. The Trust Board is asked to:

- Note the WRES, WDES, and GPG metrics.
- Discuss and agree the Workforce EDI Action Plan (**Appendix 5**) and commit to supporting delivery of the plan.

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Combined Equality Standards Report (WRES/WDES/GPG) 2023

A note on language. When discussing ethnicity, we use the term Black and minority ethnic (BME) to be consistent with the terminology used by NHS England in the WRES and the NHS EDI Workforce Improvement Plan. This is with the exception of our Staff Network focussing on race equality who refer to themselves as the Black, Asian, and minority ethnic (BAME) Network.

1. Purpose

1.1. The purpose of this report is to:

- Report, and provide analysis on, the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) metrics as required by the NHS Standard Contract.
- Report, and provide analysis on, the Trust's gender pay gap as required by the Gender Pay Gap (GPG) Reporting Legislation.
- Provide an update on progress against the Trust action plan to reduce disparities within the WRES, WDES, and GPG metrics.
- To make recommendations for a refreshed action plan that will support our aspirations to remove barriers and address inequality.

2. Background

2.1. The Trust is required to report against the WRES and WDES annually as part of the NHS Standard Contract. Annual reporting on the GPG is required by the Gender Pay Gap Reporting Legislation.

2.2. For WRES and WDES, the Trust is required to report metrics which are potential indicators of workforce inequality. These metrics were submitted to NHS England by the deadline of 31st May 2023. The Trust is required to analyse these metrics and identify actions to mitigate disparities. This report and action plan is required to be published by 31st October 2023.

2.3. As of 2023, NHS organisations are also required to report against the Medical Workforce Race Equality Standard (MWRES) and submit WRES data specifically for bank and agency staff. The Trust has complied with the MWRES submission, however as the Trust makes use of NHS Professionals (NHSP) rather than have its own staff bank, the Trust is not required to submit against the latter requirement.

2.4. GPG metrics are required to be submitted to the Government Equalities Office by 31st March 2024. 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.

2.5. This report details the data the Trust is required to provide for each of the metrics, and shares analysis and an update on the Trust's action plan.

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

- WRES – **Appendix 1**
- WDES – **Appendix 2**
- GPG – **Appendix 3**

2.7. Data for these metrics is accurate as of 31st March 2023 as required by the national guidance.

3. Analysis

3.1. This section presents some of the key findings in relation to the 2023 WRES, WDES and GPG metrics and the experiences of Black, Asian, and minority ethnic staff, disabled staff, and women in the Trust.

3.2. These key findings have been identified using multiple means:

- Analysis of the WRES, WDES, and GPG metrics
- Analysis of other Trust data sources
- Analysis of past Trust WRES data provided by NHS England
- Feedback from Staff Networks.

Workforce Race Equality Standard

Key Finding 1: There is increasing inequity in progression of Black, and minority ethnic Staff, particularly in clinical roles.

3.3. Analysis on last year's WRES metrics from the National WRES Team shows we are in the 94th percentile of Trusts when it comes to relative progression of clinical Black, and minority ethnic (BME) staff from lower to upper AfC bands (from Bands 2-5 to Bands 8a-VSM).

3.4. Progression for clinical BME staff is a priority for improvement on the WRES.

3.5. This is driven by the success of our international nursing recruitment programme. This has led to an increase of BME staff at Band 5; the proportion of BME clinical staff at this band has increased to 55.1% in 2023 from 32.4% in 2020. However, the rate at which BME staff have

joined the Trust outpaces the rate at which they progress through the organisation leading to an increasing race disparity ratio.

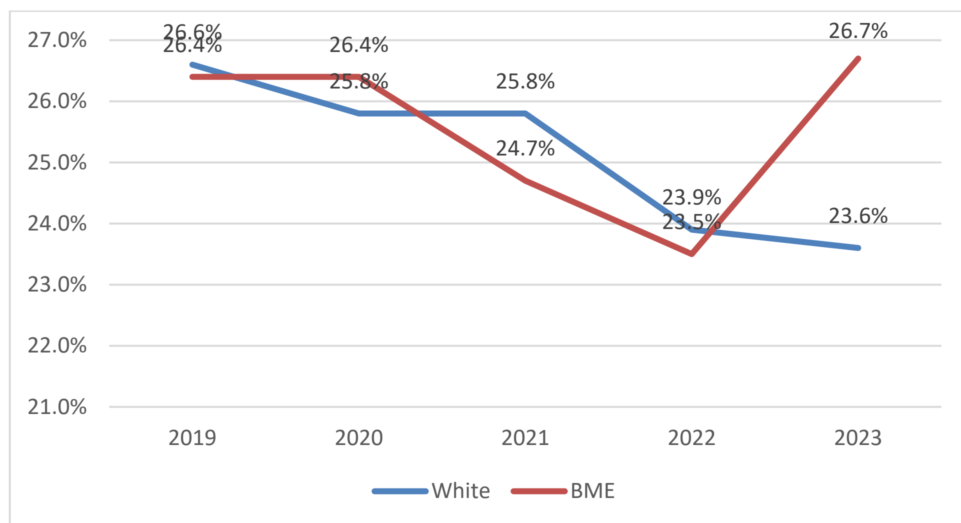
3.6. Progression is affected by a range of factors including differences in cultural expectations, as well as biases within our recruitment processes. We will be considering all these factors as we move forward.

3.7. There are some good examples of local initiatives that have been taking place to support progression. For example, it was identified that internationally recruited staff (who are predominantly BME) were less likely to undertake the Level 7 Postgraduate Certificate in Critical Care: a pre-requisite for progression in critical care roles. It was identified that the academic element of the certificate was the main barrier for this group, and therefore the Trust has recently developed and validated a Level 6 qualification that covers the same practical skills but has a reduced academic assessment element. The first cohort of this qualification is currently underway, and it is hoped that they will achieve the certificate, and therefore progression is more accessible to internationally recruited staff.

Key Finding 2: Bullying, Harassment, and Abuse from Patients and Relatives has increased for BME staff.

3.8. The proportion of staff who say they have experienced bullying, harassment, and abuse from patients and the public in the last 12 months, has been trending downwards for both BME and White staff from 2019 to 2022, with that decrease happening more quickly for BME staff. However, whilst that trend continued for White staff in 2023, BME staff saw a sharp increase up to the highest it has been in the past 5 years.

Graph 1: Percentage of BME and White staff experiencing harassment, bullying or abuse from patients, relatives or the public from 2019 to 2023.



3.9. It is believed that working conditions due to the pandemic were contributing factors with a decrease in patients coming into the hospital, as well as BME staff more likely to be removed from direct patient care due to covid risk, decreasing the overall likelihood of incidents occurring. We also launched the 'No Excuses' campaign in early 2022 to reduce violence and aggression towards our people.

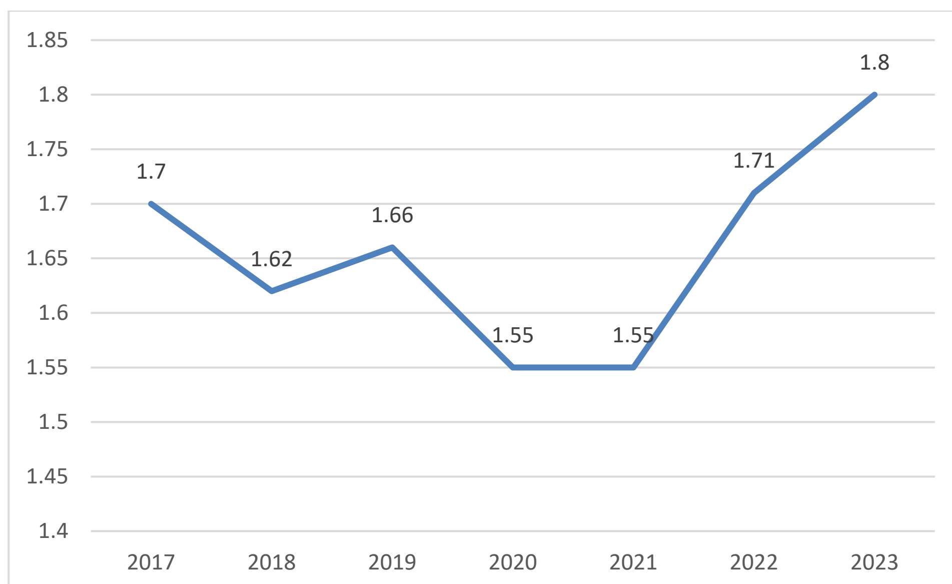
3.10. The in-year increase for BME staff could be due to increasing opportunity for these behaviours to take place with services returning to normal post-pandemic.

3.11. To address this, the 'No Excuses' working group will be collaborating with the BAME Network to launch a communications campaign that highlights the impacts of abuse towards our staff with targeted messages relating to race discrimination and its impact.

Key Finding 3: Relative likelihood of White candidates being appointed to roles compared to BME candidates has increased.

3.12. WRES metric 2 shows that white candidates are 1.8 times more likely to be appointed from shortlisting than BME candidates. Despite overall trending towards a relative likelihood of 1 from 2017 to 2021, in the past two years we have seen an increase; resulting in the highest value we have reported since WRES reporting began.

Graph 2: Relative likelihood that White candidates are appointed from shortlisting compared to BME candidates from 2017 to 2023



3.13. This increase is a concern, especially when taken with the prior finding of difficulties in progression for BME staff.

3.14. When exploring this further, it was identified that the Trust's international nursing recruitment programme may be influencing the metric. During the 2020 and 2021 reporting years, there was significant focus on international recruitment. Due to these nurses being predominantly from BME backgrounds, this had the impact of decreasing the relative likelihood. However, recruitment rates dropped at the end of 2021, correlating with an increase in the metric. Taking this into account, it may be that the increase should be seen as a return to the baseline relative likelihood and that the Trust has in fact not changed state.

3.15. We do not see the same trend in the respective WDES metric, wherein the relative likelihood has mostly been within the target range (0.85-1.15) over the past 4 years. It should be noted however, that there is a high proportion of applicants who have not disclosed their disability status, particularly amongst those who have been appointed (18.6%) and therefore this may impact the accuracy of this metric.

3.16. The Trust is also developing inclusive recruitment training based on "No More Tick Boxes" and "If Your Face Fits"[1] to increase the knowledge and competency of recruiting managers on this topic.

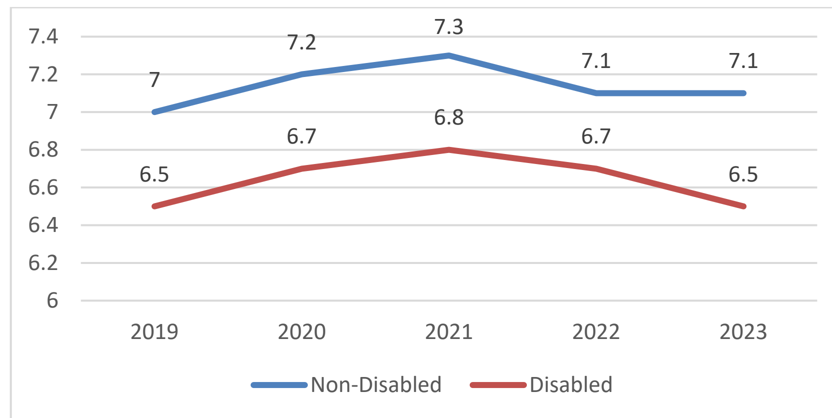
Workforce Disability Equality Standard

Key Finding 4: The gap between engagement scores for disabled and non-disabled staff is increasing.

3.17. Analysis of WDES metric 9 identifies potential concerns around the engagement of disabled staff in the Trust. Whilst there has been a gap in the engagement score for disabled staff and non-disabled staff since WDES reporting began, the magnitude of this gap has stayed largely the same. However, this year, we have seen the engagement score for non-disabled staff stay steady whilst it decreased for disabled staff.

[1] https://www.england.nhs.uk/east-of-england/nhs-east-of-england-equality-diversity-and-inclusion/publications-and-practical-resources/

Graph 3: Staff Survey Engagement Scores by Disability Status from 2019 to 2023



3.18. Even across the other staff survey metrics, many of them show a widening gap between the experience of disabled and non-disabled staff. Additionally, when looking across all staff survey questions, disabled staff scored at least 3% lower than the Trust overall on 84 out of 97 questions. Taken together, it demonstrates a need to take targeted interventions to improve the experience of disabled staff.

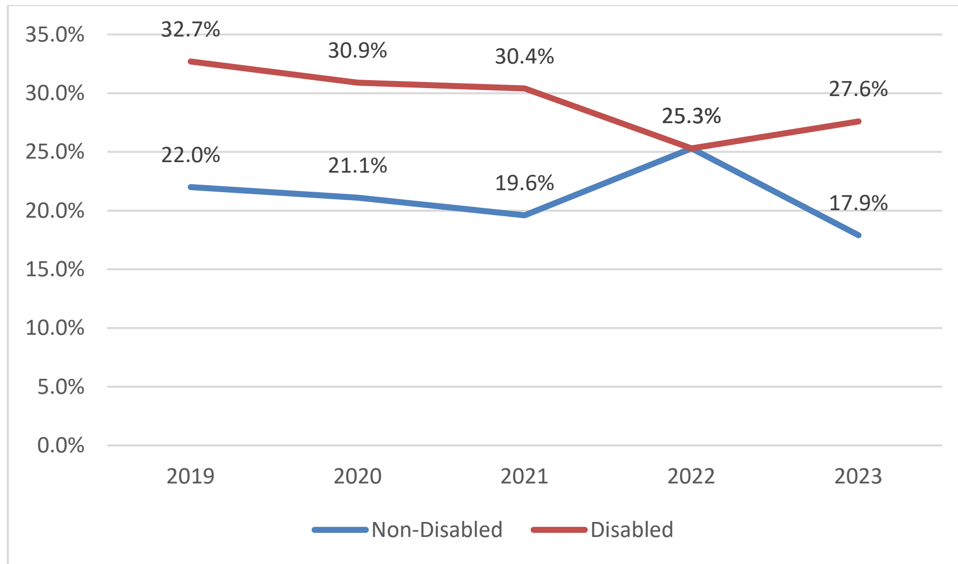
3.19. Engagement with the Disability and Accessibility Network identifies that the current priority is ensuring adequate reasonable adjustments are made and improving the awareness and understanding of disability across the workforce. Actions are already being taken to address this with a working group set up to transform the way we deliver on reasonable adjustments, which will include development of processes and tools to ensure our people get the adjustments they need, and our managers are supported to do that.

3.20. Further engagement with the Disability and Accessibility Network, and disabled staff more widely, will be undertaken to support improvement across the WDES metrics.

Key Finding 5: There has been sustained and consistent improvement on bullying and harassment experienced from colleagues for all staff.

3.21. WDES Metric 4aiii, shows that bullying and harassment experienced by all staff from their colleagues is trending downwards over time. There is a positive reduction of 5.1 percentage points for disabled staff from 2019 to 2023 and 4.1 percentage points for non-disabled staff in the same period. This trend has been consistent each year, except for 2022 where there is variation of an unknown cause, however the trend seen in previous years continues in 2023.

Graph 4: Percentage of Disabled and Non-Disabled staff who said they experienced bullying, harassment, or abuse from colleagues in the staff survey from 2019 to 2023.



3.22. Similar positive patterns are also seen in WDES metric 4aii, concerning bullying and harassment experienced by managers, as well as WRES metric 6 on bullying and harassment experienced by other staff. However, for both these metrics there has been a slight increase in experience for all staff this year, although this is still a reduction over time.

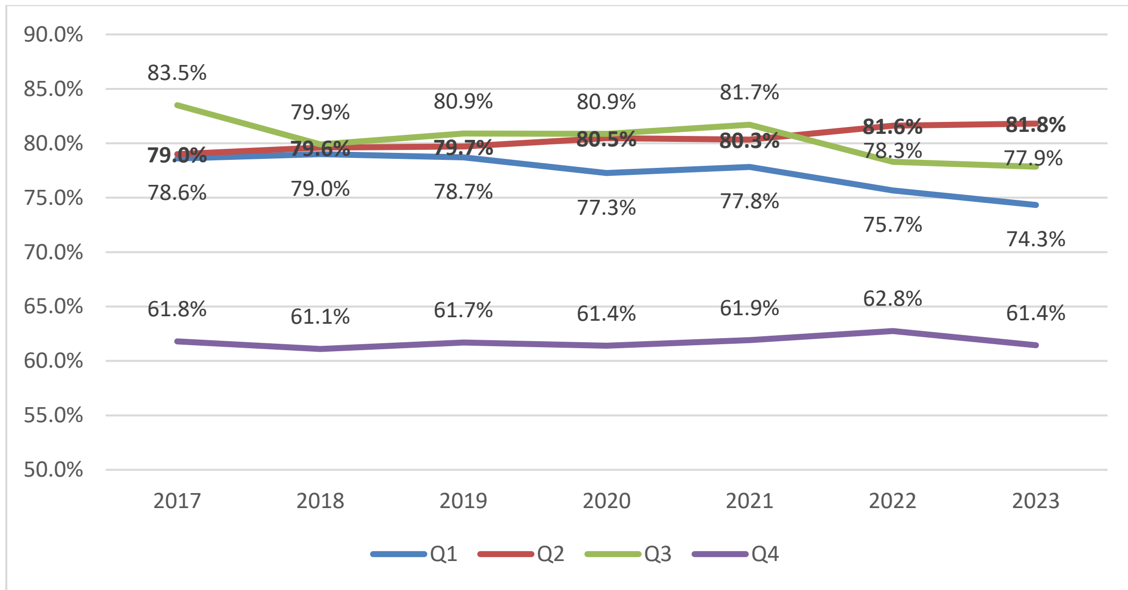
3.23. This demonstrates that work on addressing bullying and harassment, such as refreshing the Respect and Dignity at Work Procedure and Kindness into Action, is having a positive impact for all staff. However, we are still seeing inequity for disabled and BME staff and therefore should continue to undertake programmes to reduce this gap.

Gender Pay Gap

Key Finding 6: There has been little change in the proportion of women in the highest paid quartile of the Trust.

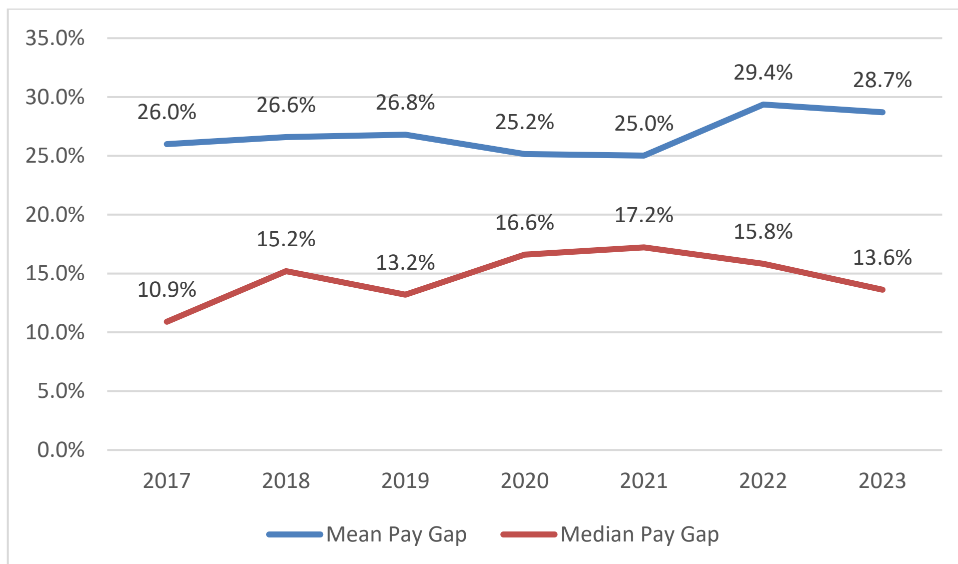
3.24. Looking at the proportion of women within each quartile of the Trust's pay structure, the proportion in the highest paid quartile is significantly lower than the proportion within other quartiles. Additionally, the proportion of women in this quartile has remained relatively stable, with a range between 61.1% and 62.8% in the last 7 years.

Graph 5: Proportion of Women in each pay quartile of the Trust's pay structure from 2017 to 2023 (Q1=low – Q4=high).



3.25. This lack of improvement is a contributing factor to the slow change on the Trust's gender pay gap, where there has been relatively little variation in the mean gap over the past 7 years; with a range from 25.0% to 29.4% (see Graph 8, below). Although, it has improved slightly this year in comparison to last year.

Graph 6: Trust Mean and Median Pay Gaps from 2017 to 2023.



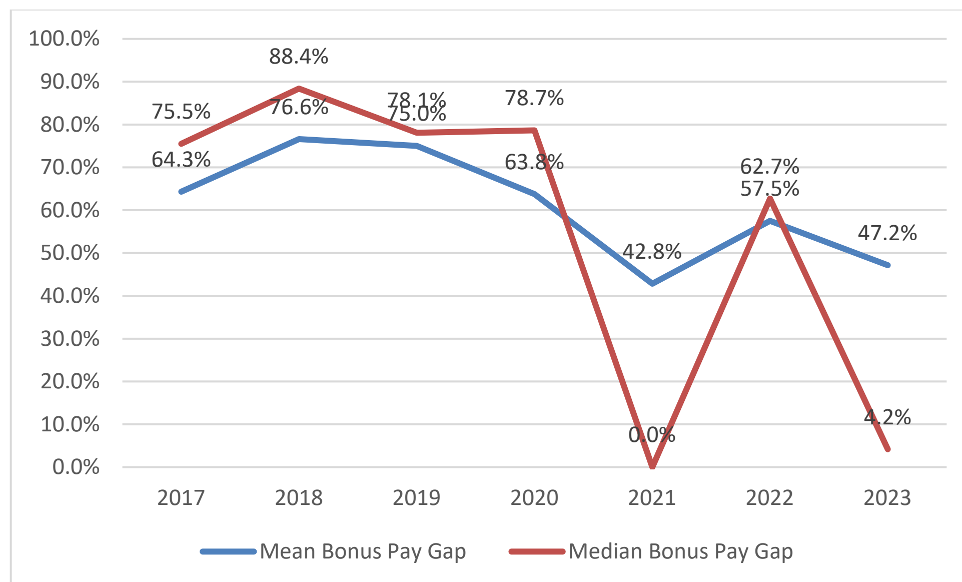
3.26. The make-up of the top paid quartile is medical and dental roles at 47.6% and therefore a focus on this staff group will have the greatest impact.

3.27. To enable improvement for this staff group, the Trust will be implementing recommendations where appropriate from the Mend the Gap Independent Review of Pay Gaps in Medicine.[2] As part of this review, deeper analysis into the pay gap will be conducted to identify hotspot areas and shape specific interventions. This activity is also aligned to the NHS EDI Workforce Improvement Plan.

Key Finding 7: We have made progress on closing the bonus gender pay gap.

3.28. Since the start of the GPG reporting requirements, the Trust has seen an overall reduction in the mean bonus pay gap falling from a peak of 76.6% in 2018 to 47.2% this year.

Graph 7: Trust mean and median bonus gender pay gap from 2017 to 2023.



3.29. The median bonus pay gap is a less reliable metric for determining trends due to large swings that are seen dependent on whether bonus payments (winter incentives, onwards payments, etc) are made to nursing staff. However, the reduced gap can still be seen even when considering years where bonus payments have been made (62.7% in 2022 compared to 75.5% in 2017).

3.30. Drivers for this are:

- Changes in the way that Clinical Excellence Awards (CEAs) were allocated following onset of the Covid-19 pandemic. For example, we decided to make no distinction between full-time staff and those

[2] Independent review into gender pay gaps in medicine in England - GOV.UK (www.gov.uk)

working less than full time (LTFT), providing the same amount to all eligible staff.

- The impact of historical bias in CEAs diminishing over time. A 2020 study of the Trust's local CEA data by the Government Equalities Office Behavioural Insights Team found that there was little to no inequity in the way local CEAs were allocated and that differences were the result of historic inequity which would reduce over time.[3]

3.31. Despite this, attention is required to ensure this trend continues. A working group has been set-up, working collaboratively with key stakeholders such as the Women's Network, to take this forward.

4. Review of Action Plan Progress

4.1. We have made progress against many of the actions set in our 2022 Combined Equality Standards Report. A summary is given below:

- We have developed a draft EDI Dashboard that will enable tracking of key EDI metrics by Trust Board. The data can also be disaggregated to Divisional and Directorate level to support local improvement.
- We have rolled out phase one of Kindness into Action, equipping our people with tools that enable a culture of civility, respect, and belonging.
- We have asked all our people to identify an EDI objective as part of their appraisal process, encouraging individual responsibility and accountability for EDI.
- We have developed a signposting document for employee relations (ER) processes to support understanding of those processes and highlight the support that can be accessed. The Staff Networks are being supported to use this document to effectively signpost members when needed.
- We have drafted a business case for protected time for Staff Networks which is currently going through the Trust governance processes. Once approved, this will enable Network Leads to have dedicated time within working hours to advance Network priorities and contribute to the shaping of our initiatives, processes, and policies.
- We have conducted a review of our VBI process, ensuring that people are not disadvantaged, particularly in relation to cultural difference or neurodiversity.

[3] ouh.nhs.uk/about/trust-board/2020/september/documents/TB2020.75-equality-standards-report.pdf

4.2. To accelerate progress, the actions have been reviewed to ensure they will deliver the required impact. The review considered which actions we needed to stop or pause, which needed to continue or be enhanced, and whether there were any new actions which should be included. A summary of this review is given in **Appendix 4**.

4.3. The reviewed actions form the Trust's Workforce EDI Action Plan. This covers all workforce-based EDI activity in the Trust and aligns that activity to internal and external drivers on EDI, including the recently published NHS EDI Improvement Plan[4]. It will be monitored regularly by the EDI Steering Group and the People and Communications Committee.

4.4. Key priorities in the plan that will be delivered over the next year include:

- Implementing the EDI Dashboard across Divisions and Directorates to empower local leaders to deliver improvement on EDI.
- Rolling out phase two of Kindness into Action, focussing on condensing and redesigning the workshops, as well as developing our pool of ambassadors.
- Increasing support for our internationally recruited staff and the teams that they will be joining.
- Transforming the way we deliver reasonable adjustments for staff through creating a reasonable adjustments policy, revising the disability passport tool, and securing budget for procuring equipment and services for reasonable adjustments.
- Implementing recommendations of the 'Mend the Gap' review to support progression of women into senior medical and dental roles.
- Delivering inclusive recruitment training to remove barriers to progression, incorporating the findings of the 'No More Tick Boxes' and "If Your Face Fits" reports.

4.5. The full action plan can be found in **Appendix 5**.

5. Conclusion

5.1. This report shows that whilst we have made sustained, consistent progress against some metrics, progress against many of the metrics has been slow. This is to be expected, as progress will require organisational culture change which will take time to embed.

5.2. There are many opportunities to accelerate change, including the refresh of the Trust's EDI Objectives, delivery of the Trust's People Plan, and

[4] https://www.england.nhs.uk/long-read/nhs-equality-diversity-and-inclusion-improvement-plan/

publication of the NHS EDI Workforce Improvement Plan. Alignment of these through the new Trust EDI Action Plan will focus resources on actions that will have greater impact and more effectively distribute responsibility and accountability for EDI across the organisation.

5.3. The new action plan will enable greater oversight and accountability on EDI activity which can be monitored by the EDI Steering Group and reported through Trust governance more regularly. Through this, we anticipate greater sustainable long-term change on the WRES, WDES, and GPG metrics.

6. Recommendations

6.1. The Trust Board is asked to:

- Note the WRES, WDES, and GPG metrics.
- Discuss and agree the Workforce EDI Action Plan (**Appendix 5**) and commit to supporting delivery of the plan

List of Appendices

- Appendix 1: Workforce Race Equality Standard Metrics
- Appendix 2: Workforce Disability Equality Standard Metrics
- Appendix 3: Gender Pay Gap Metrics
- Appendix 4: Review Against 2022 Combined Equality Standards Report Actions
- Appendix 5: EDI Action Plan

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 been 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 *Note:* This indicator previously discounted neutral responses when determining the percentage; this has changed for this year. Results for previous years have been amended using the new calculation to enable comparison.	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
MWRES Metrics		
1b	The number of staff eligible for, who applied for, and who were awarded a Clinical Excellence Award, disaggregated by ethnicity (based on the financial year)	ESR
2	Consultant recruitment disaggregated by ethnicity (based on the financial year)	TRAC

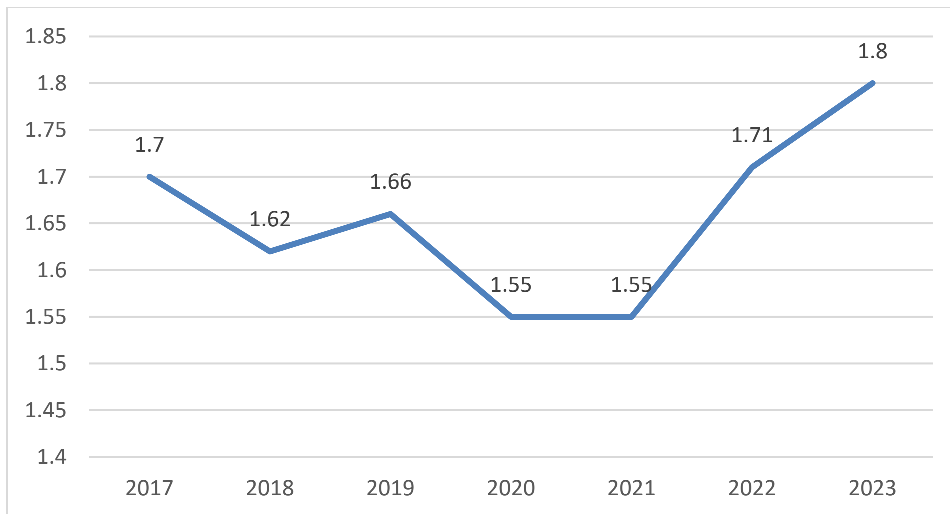
Metric 1. Percentage of BAME staff in each of the Agenda for Change (AfC) Bands 1-9 or Medical and Dental Subgroups and Very Senior Management (VSM) compared with the percentage of staff in the overall workforce.

	2020	2021	2022	2023	Difference
Non-Clinical	**16.2%**	**16.8%**	**17.8%**	**19.2%**	**1.4%**
Under Band 1	21.7%	19.0%	0.0%	0.0%	0.0%
Band 1	10.0%	0.0%	0.0%	20.0%	20.0%
Band 2	18.0%	18.3%	20.2%	21.4%	1.1%
Band 3	17.2%	18.5%	21.6%	25.5%	3.8%
Band 4	17.1%	17.2%	17.6%	18.7%	1.1%
Band 5	18.0%	17.3%	18.3%	20.4%	2.1%
Band 6	15.1%	17.9%	17.8%	17.8%	0.0%
Band 7	13.6%	13.1%	10.5%	12.7%	2.3%
Band 8a	11.4%	10.9%	13.2%	10.9%	-2.4%
Band 8b	8.7%	10.1%	11.3%	12.9%	1.7%
Band 8c	5.0%	8.3%	11.8%	7.4%	-4.4%
Band 8d	4.8%	12.0%	8.8%	9.7%	0.9%
Band 9	8.3%	13.6%	18.2%	19.2%	1.0%
VSM	11.5%	12.5%	19.2%	20.0%	0.8%
Clinical	**23.5%**	**27.3%**	**31.7%**	**34.0%**	**2.2%**
Under Band 1	12.5%	0.0%	16.7%	0.0%	-16.7%
Band 1	0.0%	0.0%	0.0%	0.0%	0.0%
Band 2	29.0%	31.6%	37.6%	44.2%	6.6%
Band 3	22.7%	33.9%	32.4%	29.4%	-3.0%
Band 4	22.2%	23.8%	26.3%	26.4%	0.1%
Band 5	32.4%	39.6%	50.7%	55.1%	4.3%
Band 6	23.0%	23.6%	27.2%	30.0%	2.8%
Band 7	12.6%	14.7%	14.8%	15.8%	1.0%
Band 8a	10.7%	10.8%	11.7%	12.4%	0.7%
Band 8b	4.5%	4.9%	6.7%	10.2%	3.6%
Band 8c	5.8%	3.8%	5.3%	4.8%	-0.5%
Band 8d	0.0%	11.1%	10.0%	22.2%	12.2%
Band 9	0.0%	0.0%	0.0%	0.0%	0.0%
VSM	66.7%	50.0%	50.0%	50.0%	0.0%
Medical and Dental	**28.9%**	**31.3%**	**29.9%**	**32.7%**	**2.7%**
Consultants	23.3%	23.8%	25.2%	25.2%	0.0%
Non-Consultant Career Grade	30.8%	31.3%	28.6%	42.3%	13.7%
Trainee Grade	33.4%	37.3%	33.9%	35.7%	1.7%
Trust Total	**22.6%**	**25.5%**	**28.3%**	**30.5%**	**2.2%**

7.1. This year continues the trend of an increasing proportion of BME staff within the workforce, rising 2.2 percentage points (ppts) from last year to 30.5%.

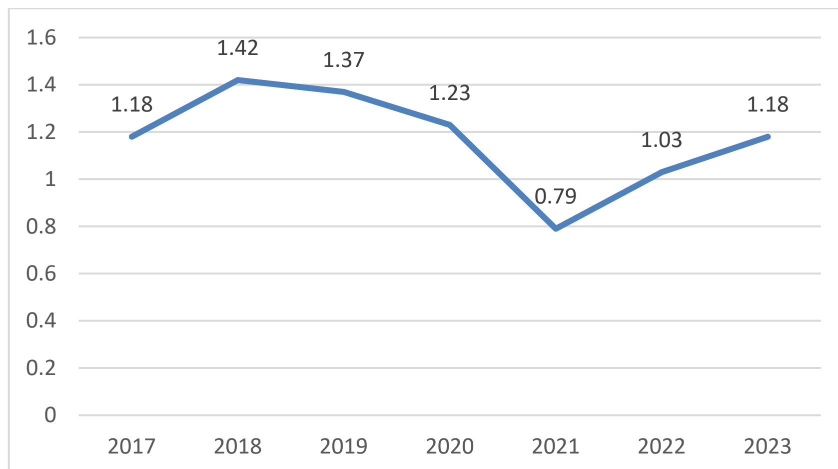
7.2. A large increase can be seen amongst non-consultant career grade, however this is due to a difference in the way that grade was calculated for this year with NHS England specifying pay bands to be included within it that were not previously included.

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



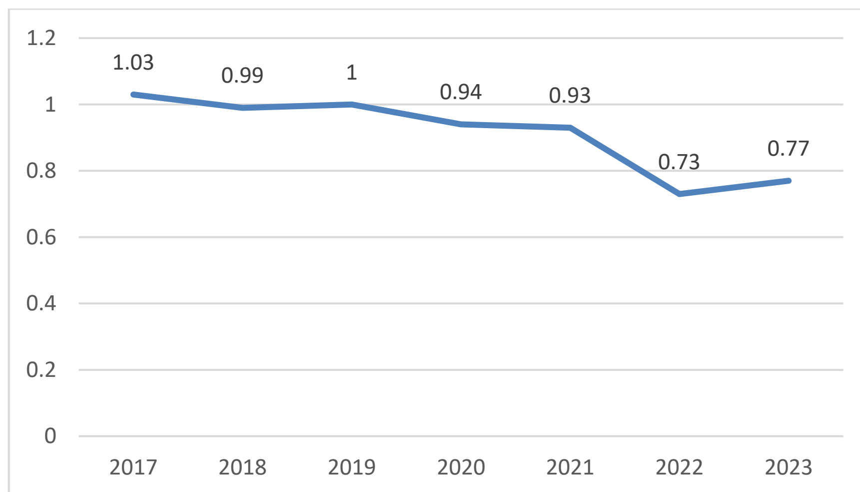
7.3. White candidates are 1.80 times more likely to be shortlisted compared to BME candidates, rising from 1.71 times from last year. This is discussed further in the main body of the paper.

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



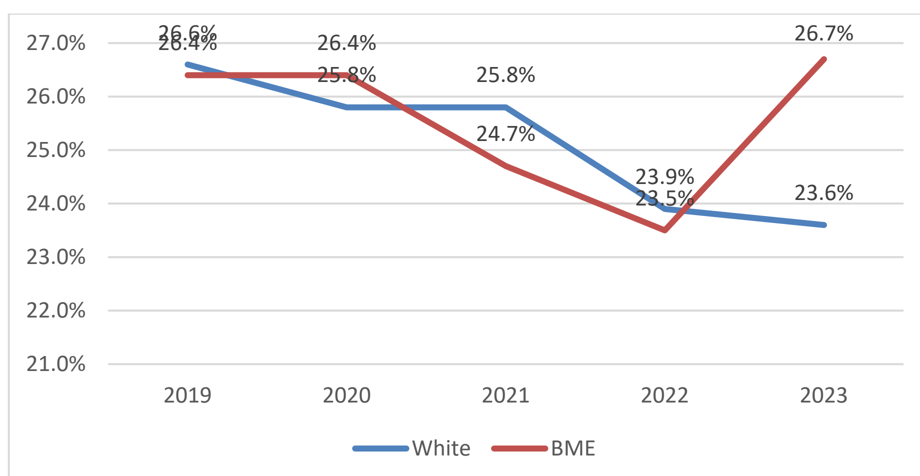
7.4. The metric shows that, over the past year, BME staff were 1.18 times more likely to enter a formal disciplinary process as compared with White Staff. This is just outside of the target range of 0.85-1.15, however there are only a small number of disciplinary cases that form this metric therefore making it subject to significant variation. We will continue to review this metric for potential increases.

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



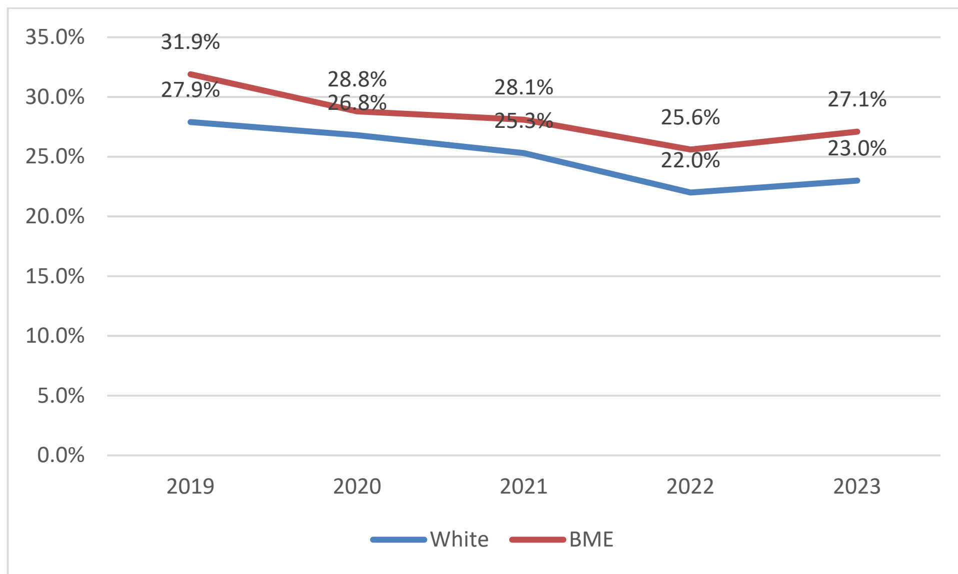
7.5. This metric shows that BME staff are more likely to undertake non-mandatory CPD and training than White staff. However, this metric only considers access to courses via My Learning Hub, the Trust's Learning Management System. As a result, many development opportunities that staff access are not included in this metric.

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



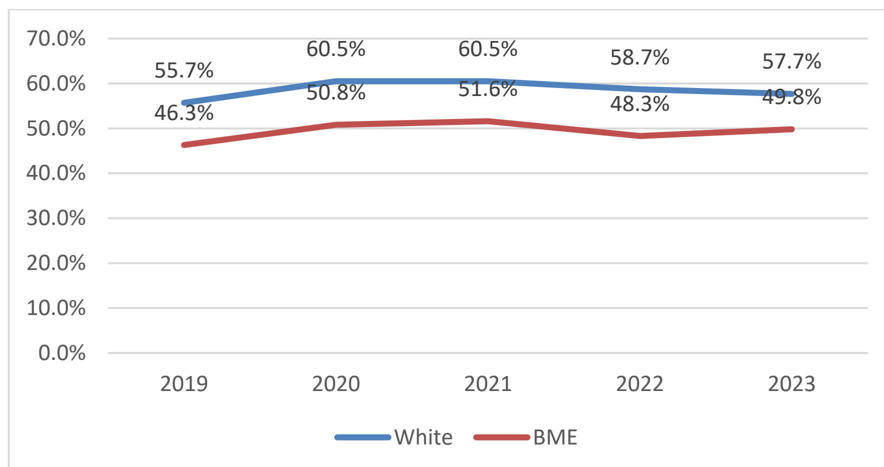
7.6. This metric shows a spike in the proportion of BME staff experiencing bullying, harassment, or abuse from patients, relatives, or the public rising from 23.5% to 26.7% over the last year. This metric is discussed in further detail in the main body of the report.

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



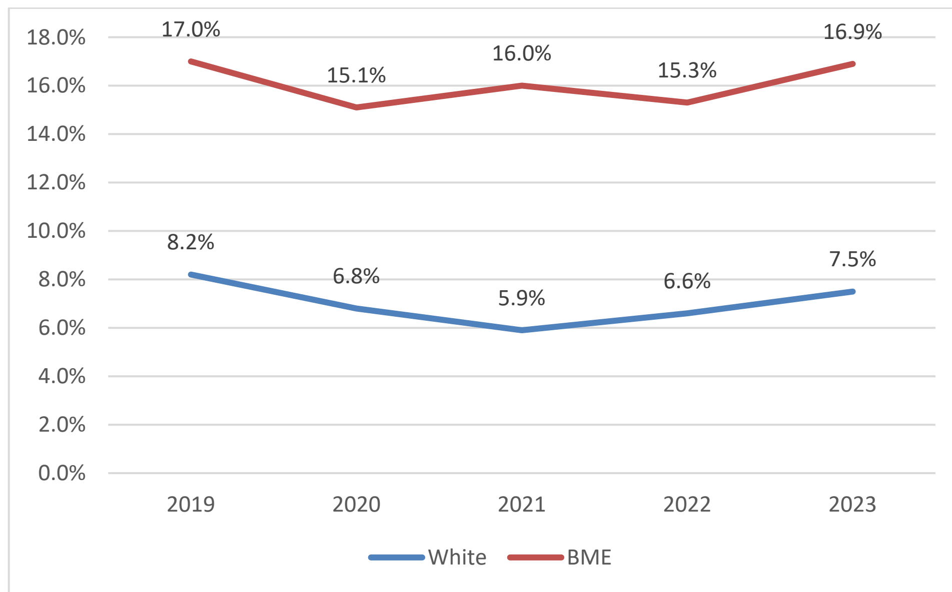
7.7. There has been a slight increase for both BME and White staff experiencing bullying and harassment from other staff in the last 12 months. For BME staff it rose by 1.5ppts to 27.1% and it rose by 1.0ppts to 23.0% for White staff. BME staff continue to experience bullying and harassment to a greater extent than white staff, however, there has been a downwards trend for all staff in experiencing it since 2019.

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



7.8. There has been a reduction in the gap between BME and White staff believing the Trust provides equal opportunities for career progression and promotion with an increase of 3.5ppts to 49.8% for BME staff and a decrease of 1.0ppts to 57.7% for White staff.

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



7.9. There has been an increase in experiences of discrimination for both White (0.9ppts to 7.5%) and BME (1.6ppts to 16.9%) staff this year. BME staff remain significantly more likely to experience discrimination.

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

	2020	2021	2022	2023
Board Voting Membership %BME	12.5%	17.7%	22.2%	21.1%
Difference from Overall Workforce	-10.1ppts	-7.9ppts	-6.1ppts	-9.4ppts

7.10. There has been a slight reduction in the percentage of Board voting membership who are BME, dropping to 21.1% from 22.2%; this, alongside an increase in the proportion BME staff overall, has resulted in an increased gap in the proportion of BME staff at Board and in the overall workforce. It should be noted that there are some temporary circumstances in the composition of the Board that will have impacted this.

MWRES 1b – The number of staff eligible for, who applied for, and who were awarded a Clinical Excellence Award (CEA), disaggregated by ethnicity in FY2022/23

	White	Black	Asian	Other	Not Known
Eligible	761	10	201	54	174
Applied	485	7	114	34	54
Awarded	458	6	104	33	47
Percentage Applied for Eligible	63.7%	70.0%	56.7%	63.0%	31.0%
Percentage Awarded from Applied	94.4%	85.7%	91.2%	97.1%	87.0%
Percentage Awarded from Eligible	60.2%	60.0%	51.7%	61.1%	27.0%

7.11. The metric shows a potential barrier for those where ethnicity is not known in applying for CEA; there is a reduction in those being awarded CEAs for this group also. There is also a potential barrier for Asian staff applying, although to a lesser extent than for those whose ethnicity is not known.

7.12. There is a potential barrier for Black staff in being awarded CEAs once they apply for them, however this concerns very low numbers overall, so it is unlikely to be a statistically significant difference. Consideration should be given to the very low proportion of Black staff who are eligible in comparison to other staff; the Trust-wide proportion of Black staff is 4.8% but proportion of staff eligible for CEAs who are Black is 0.8%.

MWRES 2 –Consultant recruitment disaggregated by ethnicity in FY2022/23

	White	Black	Asian	Other	Not Known
Applicants	64	5	44	29	2
Shortlisted	37	1	19	9	2
Appointed	21	0	8	7	0
Percentage Shortlisted from Application	57.8%	20.0%	43.2%	31.0%	100.0%
Percentage Appointed from Shortlisting	56.8%	0.0%	42.1%	77.8%	0.0%
Percentage Appointed from Application	32.8%	0.0%	18.2%	24.1%	0.0%

7.13. This metric shows that White applicants are more likely to be successful at most stages of the recruitment process. The exception is "Other" who are most likely to be appointed from the shortlisting stage; although it should be noted that this concerns a small number of individuals (9 total) and therefore subject to large variations.

7.14. There is a high proportion of applicants who are Asian in comparison to the Trust overall (30.6% compared to 21%). The proportion of Black applicants is lower than the Trust overall at 3.5% compared to 4.8%. They are least likely to be successful at all stages, however there are very low numbers (only 5 total) thereby impacting reliability of data.

8. Appendix 2: Workforce Disability Equality Standard Metrics

Definitions and Data Sources for WDES Metrics

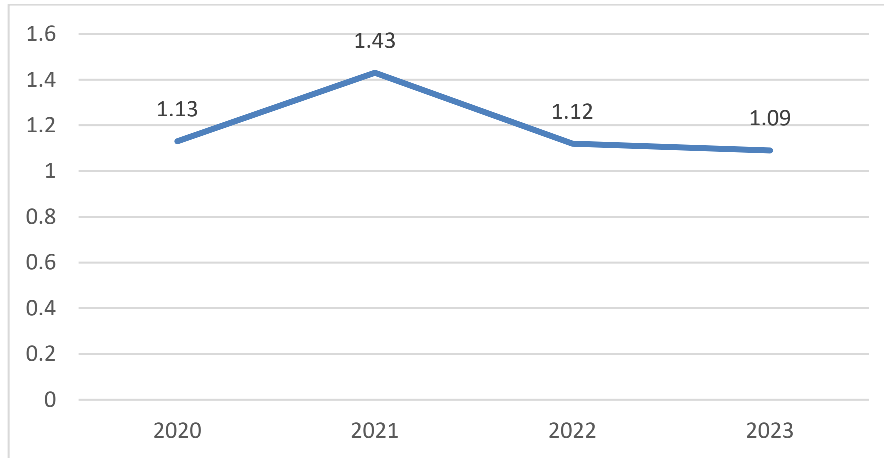
	Metric	Data Source
1	Percentage of staff in AfC paybands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce. Cluster 1: AfC Band 1, 2, 3 and 4 Cluster 2: AfC Band 5, 6 and 7 Cluster 3: AfC Band 8a 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	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. *Note:* This indicator previously discounted neutral responses when determining the percentage; this has changed for this year. Results for previous years have been amended using the new calculation to enable comparison.	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	2022	2023	Difference
Non-Clinical	**3.82%**	**4.04%**	**4.26%**	**5.00%**	**0.73%**
AfC 1-4	4.25%	4.36%	4.46%	5.43%	0.96%
AfC 5-7	3.55%	4.42%	4.06%	4.58%	0.52%
AfC 8a & 8b	1.56%	2.66%	4.35%	4.48%	0.14%
AfC 8c - VSM	2.70%	2.73%	2.99%	3.17%	0.19%
Clinical	**3.26%**	**3.84%**	**3.76%**	**4.23%**	**0.47%**
AfC 1-4	3.25%	4.12%	3.88%	4.70%	0.82%
AfC 5-7	3.37%	3.83%	3.88%	4.13%	0.25%
AfC 8a & 8b	2.20%	1.94%	2.09%	3.75%	1.66%
AfC 8c - VSM	1.43%	1.35%	1.27%	2.33%	1.06%
Medical and Dental	**0.50%**	**1.26%**	**1.24%**	**2.04%**	**0.80%**
Consultants	0.84%	0.70%	0.68%	0.60%	-0.09%
Non-Consultant Career Grade	0.00%	0.00%	1.35%	1.87%	0.52%
Trainee Grade	0.26%	1.79%	1.69%	3.48%	1.80%
Trust Total	**2.95%**	**3.44%**	**3.46%**	**4.05%**	**0.59%**

8.1. There has been an increase in the proportion of disabled staff within the Trust, rising from 3.46% in 2022 to 4.05% this year. It is expected that this percentage is a significant underestimation of the proportion of disabled staff in the Trust, with 19% of staff survey respondents saying they are disabled and 17.7% of the population identifying as disabled in the 2021 census. Additionally, 17.68% of staff have not disclosed their disability status.

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



8.2. Non-disabled candidates are 1.09 times more likely to be appointed from shortlisting compared to disabled candidates. This is within the target area of 0.85 to 1.15.

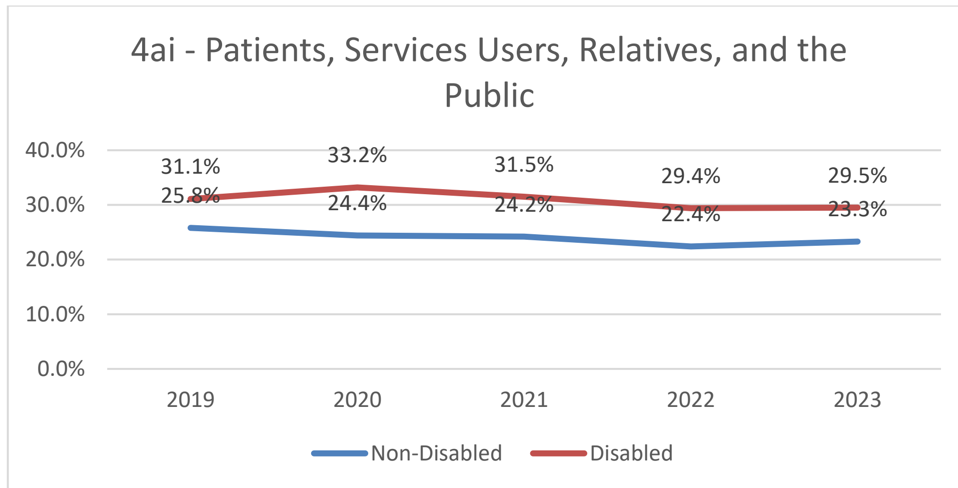
8.3. The proportion of candidates who are disabled and were shortlisted and appointed is 6.7% and 5.4% respectively. This is significantly lower than the proportion of disabled people in the UK (17.7%) and so it is not clear whether this metric is a true reflection.

Metric 3. Relative likelihood of entering the formal capability procedure

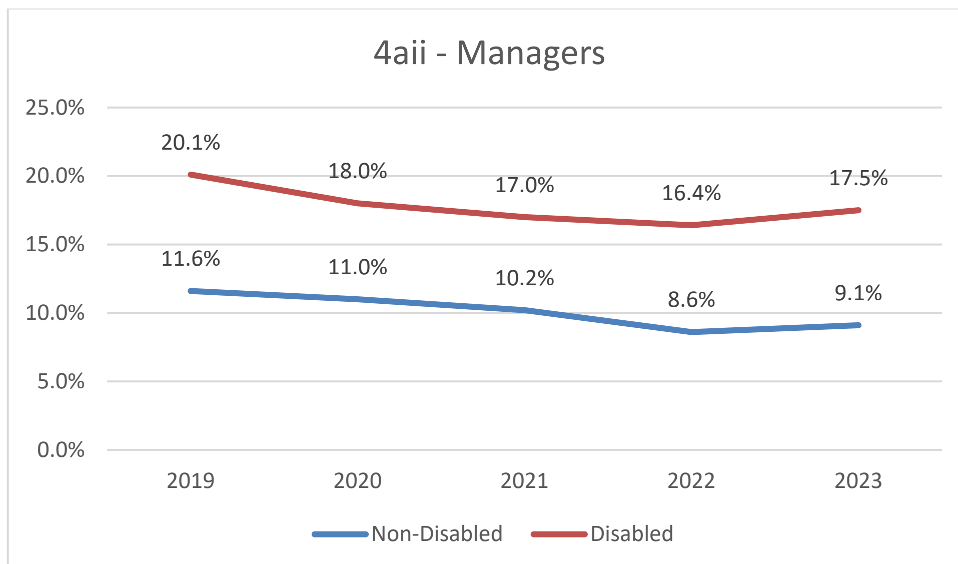
	2020	2021	2022	2023	Difference
Relative Likelihood	2.80	2.24	1.15	-	N/A

8.4. This metric was not able to be calculated for this reporting year due to there only being one formal capability case.

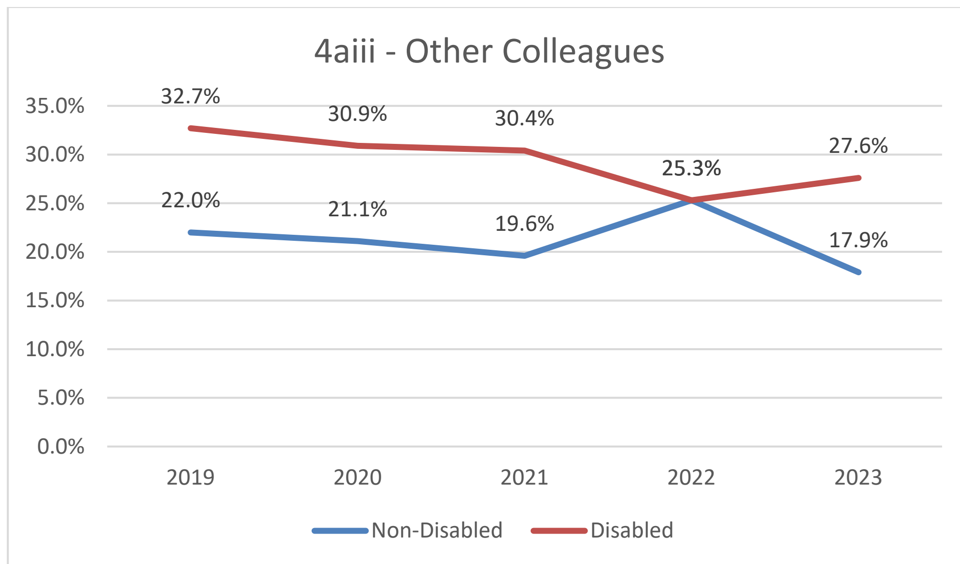
Metric 4. Percentage of staff experiencing harassment, bullying or abuse from patients and the public, managers, and other colleagues in the last 12 months, and percentage of staff who reported this.



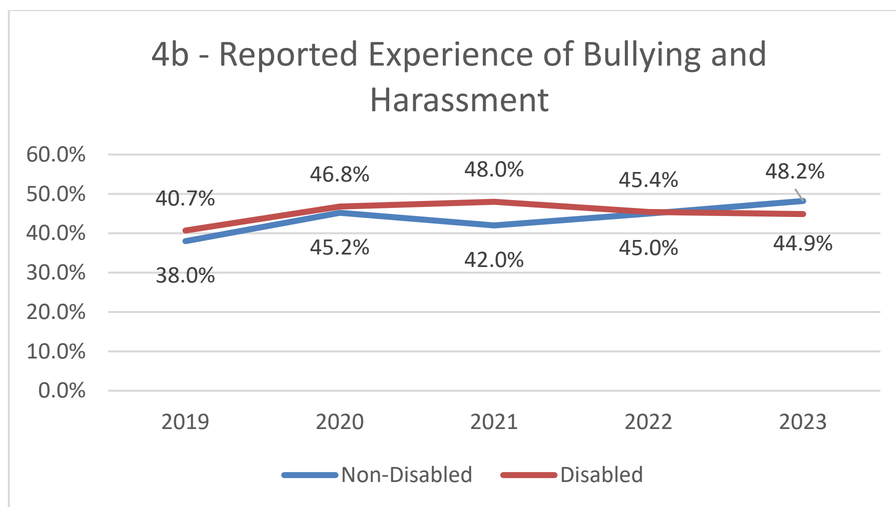
8.5. There has been a very slight increase in the percentage of disabled staff experiencing bullying and harassment from patients and the public since last year rising to 29.5% from 29.4%. Non-disabled staff also saw an increase from 22.4% to 23.3%.



8.6. There has been an increase in the percentage of disabled staff experiencing bullying and harassment from managers from 16.4% to 17.5%. Non-disabled staff also saw an increase from 8.6% to 9.1%. Disabled staff are consistently more likely to experience bullying and harassment from managers than non-disabled staff.

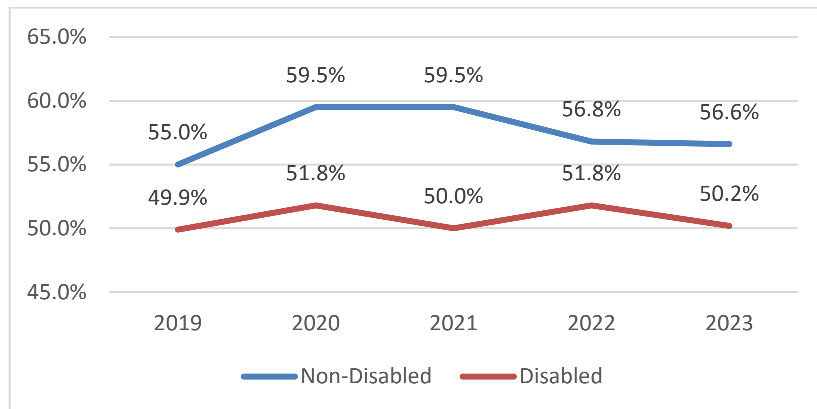


8.7. This year saw a 2.6ppt increase (to 27.6%) for disabled staff and a 7.4ppt decrease (to 17.9%) for non-disabled staff. Looking at the trends from other years, the 2022 data is an outlier, although the reasons for this are not fully understood.



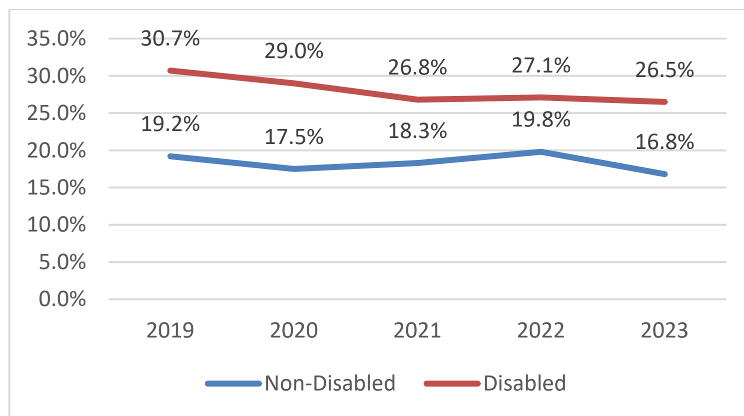
8.8. There is not a large gap between disabled and non-disabled staff on this metric however, this year, there has been a slight decrease in the percentage of disabled staff reporting bullying and harassment from 45.4% to 44.9%. Non-disabled staff saw an increase from 45.0% to 48.2%.

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



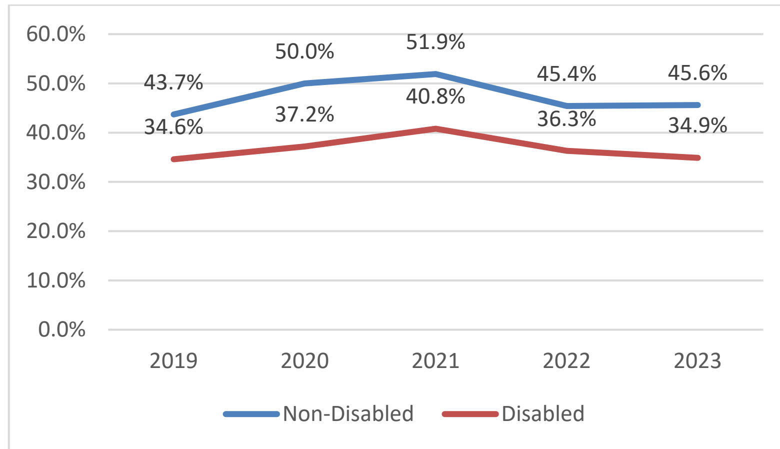
8.9. The proportion of staff believing that the Trust provides equal opportunities for career progression or promotion has dropped by 0.2ppts (to 56.6%) for non-disabled staff, and 1.6ppts (to 50.2%) for disabled staff. Disabled staff are consistently less likely to believe that the Trust provides equal opportunities compared with non-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.



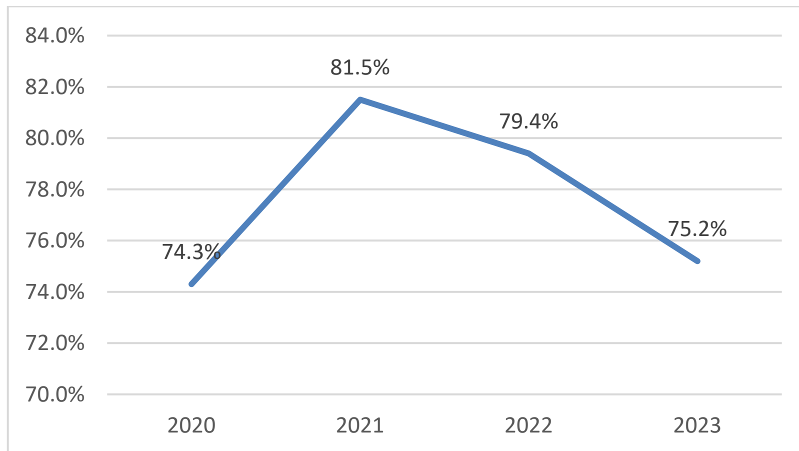
8.10. There has been a decrease in the percentage of staff who felt pressure from their manager to come in despite not feeling well enough. This has dropped from 27.1% to 26.5% for disabled staff and from 19.8% to 16.8% for non-disabled staff.

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



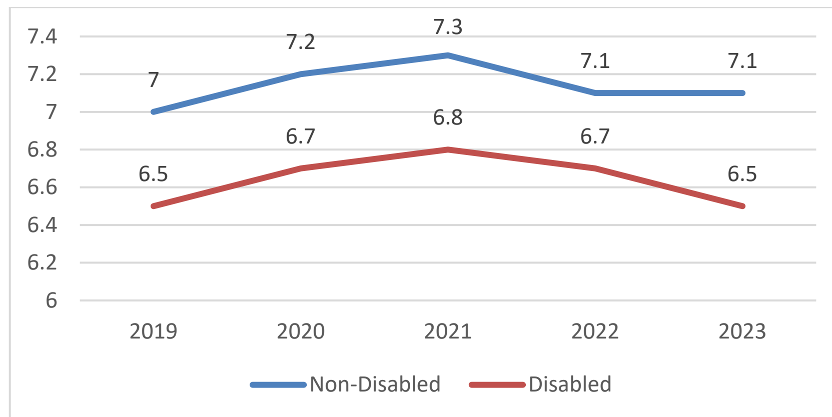
8.11. There has been a decrease in the percentage of disabled staff who feel the organisation values their work of 1.4ppts (to 34.9%). Meanwhile, non-disabled staff saw an increase of 0.2ppts to 45.6%. Disabled staff are consistently less likely to feel satisfied with the extent the organisation values their work compared to non-disabled staff.

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



8.12. There has been a decrease in the percentage of disabled staff who felt the organisation has provided adequate adjustments by 4.2ppts, dropping to 75.2%. This new value is in line with the percentages seen prior to the changes to ways of working in the Covid-19 pandemic.

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



8.13. The engagement score for non-disabled staff has remained at 7.1, whilst the score for disabled staff dropped from 6.7 to 6.5. This metric is discussed more in the main body of the paper.

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

	2020	2021	2022	2023
Board Voting Membership % Disabled	0.00%	12.50%	11.11%	21.05%
Difference from Overall Workforce	-2.95ppts	9.06ppts	7.65ppts	17ppts

8.14. The proportion of the Board who is disabled has significantly increased in the last year, however this is down to an improvement in disclosure rate at this level. There is a large gap between disability representation at Board level compared with the overall workforce, suggesting Board is over-representative; however, it is known that the proportion of the workforce who are disabled is likely underreported. When compared to the proportion of disabled staff completing the staff survey the gap is only 2ppts meaning the Board is likely 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:

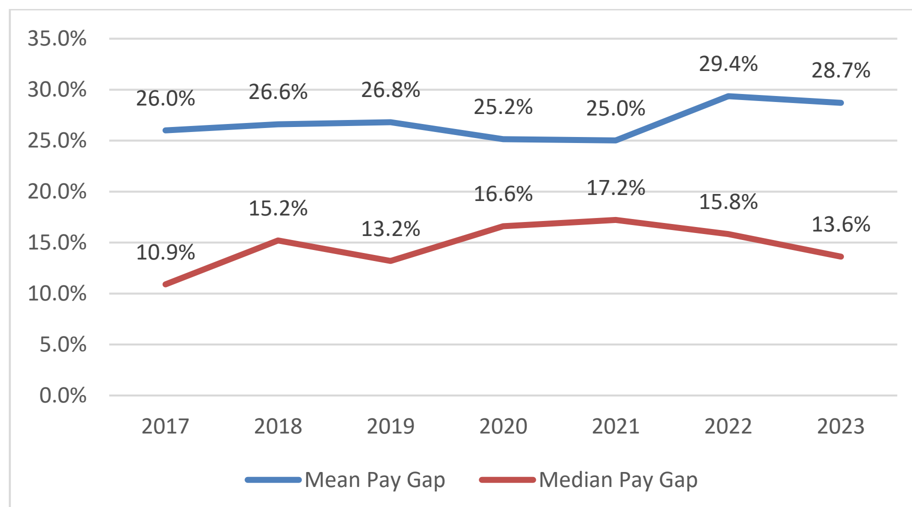
- Gender Pay Gap (mean and median averages);
- Gender Bonus Gap (mean and median averages);
- Proportion of men and women receiving bonuses;
- Proportion of men and women in each quartile of the organisation's pay structure.

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

- Clinical Excellence Awards;
- Discretionary Points for non-training grade doctors e.g. staff grades and associate specialists;
- Payments made under Trust incentive schemes (including the Winter Incentive Scheme);
- Bonus payments;
- Distinction awards.

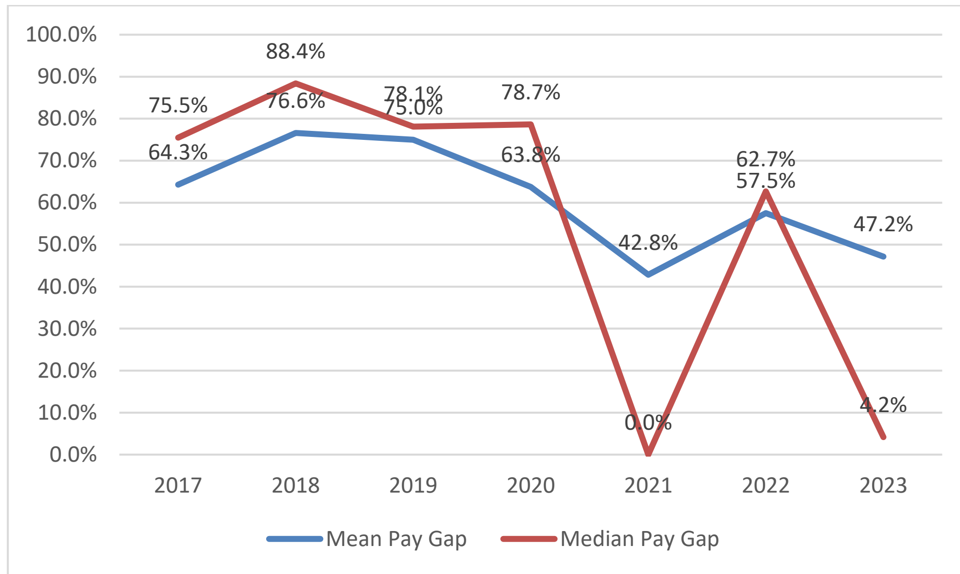
9.3. Pay gaps are reported as the relative percentage difference between men's and women's earnings. A positive percentage difference indicates men are paid higher and a negative percentage difference indicates women are paid higher.

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



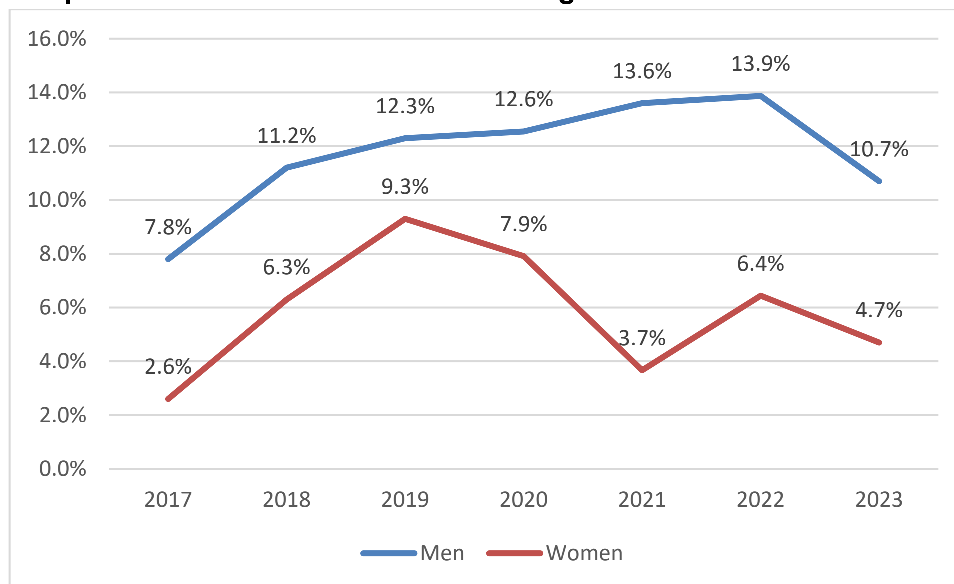
9.4. The mean and median gender pay gap for ordinary pay both dropped compared to previous years by 0.7ppts (to 28.7%) and 2.2ppts (to 13.6%) respectively. This is discussed further in the main body of the paper.

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



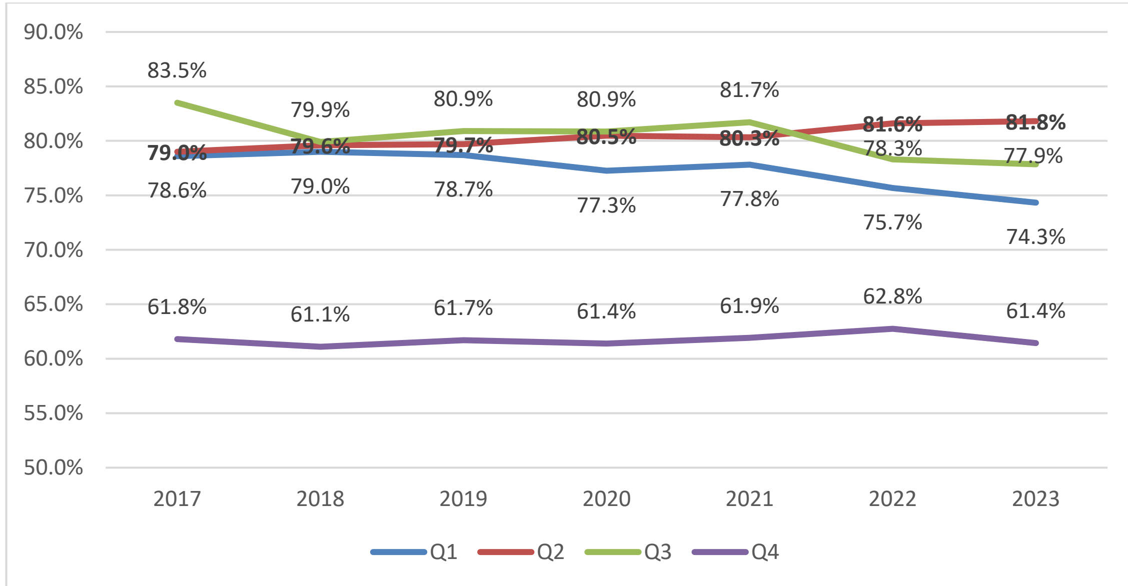
9.5. The mean and median gender pay gap for bonus pay both dropped compared to previous years by 10.3ppts (to 42.7%) and 58.5ppts (to 4.2%) respectively. This is discussed further in the main body of the paper.

Metric 3. Proportion of men and women receiving bonuses



9.6. The proportion of staff receiving bonuses has dropped for both men and women this year. For men it dropped from 13.9% to 10.7% and for women it dropped by a lesser extent, 6.4% to 4.7%.

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



9.7. The proportion of women in each quartile of the Trust's pay structure has decreased in all quartiles except for quartile 2 where there is a slight increase by 0.2ppts to 81.8%. This metric is discussed further in the main body of the paper.

10. Appendix 4: Review Against 2022 Combined Equality Standards Report Actions

10.1. The table below summarises a review against the actions from last year's Combined Equality Standards Report. The review notes whether actions will be carried forward into the Trust EDI Action Plan (Appendix 5) and provides an explanation where an action has been dropped or modified.

Action	Status
Track progress against WRES Metric 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) as part of the People Plan.	Complete. Incorporated as part of EDI Dashboard.
Consider positive action approaches to support progression of Black, Asian, and minority ethnic staff, disabled staff, and women into senior positions aligned to talent management and succession planning.	The EDI Dashboard will now be used to identify areas and groups to prioritise to further implement this action.
Explore presenteeism across all staff as part of the People Plan Health and Wellbeing work and specifically include input from the Disability and Accessibility Network to understand the particular needs of disabled staff in this area	Decision to prioritise work on reasonable adjustments as it is believed that, should it be addressed effectively, it will be an enabler of further progress on addressing presenteeism.
Develop systems to enable regular reporting of EDI Data (including WRES/WDES/GPG metrics) by Division	EDI Dashboard will enable this.
Improve protected characteristic disclosure rates. To include data capture on working carers.	Launch a campaign for disclosure once we are seeing the positive impacts of Kindness into Action programme, to strengthen a culture of inclusion and sense of belonging where people feel safe to disclose.
Work with Staff Survey Provider to receive further protected characteristic breakdown of responses	Complete. Breakdown of staff survey results by protected characteristics will be incorporated into the EDI Dashboard.
Conduct data analysis (incl. MWRES) of Medical and Dental workforce to identify disparities and develop a targeted action plan for this group	In progress. Now business as usual.
Collaborate with the Women's Network to co-create solutions that address the gender bonus pay gap, particularly in relation to CEAs.	In progress. A working group has been set up in anticipation of the recommencing of competitive CEA processes to design and implement solutions for FY23/24.
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.	Complete. A signposting document has been developed and published; the document provides clarity to employee relations processes. Work is underway to make this document more accessible for staff through an interactive version
Roll-out Kindness into Action training and review impact on reducing bullying, harassment, and discrimination	Complete. Further action on phase two rollout included in EDI Action Plan.

Develop and roll out Inclusive Recruitment Training	In progress. See EDI Action Plan.
Review Values Based Interviewing process to ensure those with protected characteristics are not disproportionately impacted, address capacity issues in delivery of VBI, and maximise potential of VBI to enable diversity and inclusion.	Complete. Outcomes are currently being implemented and will become business as usual.
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.	In progress. Two thirds of the SLT have completed the training the next stage is to embed the approaches in their teams.
Undertake HPMA 5 Step Challenge	Decision not to pursue action as the activity would be a duplication of work we will be undertaking elsewhere through implementation of the EDI Dashboard and approaches to staff survey feedback.
Design and deliver interventions to support the integration and experience of internationally recruited/educated staff	In progress. The Trust has a clear onboarding programme for internationally educated staff. Other actions have been identified and included in EDI Action Plan.
Review the Disability Passport Procedure.	In progress. See EDI Action plan.
Ensure managers are aware of their duty to undertake reasonable adjustments and create escalation processes for when this is not happening	In progress. See EDI Action Plan.
Consider options to enable consistent purchase of reasonable adjustments, including the possibility of a central cost code	In progress. See EDI Action Plan.
Ensure all teams and leaders have measurable objectives on EDI	Complete. Further action identified to build upon this for FY2024/25.
Provide protected time to Staff Network Leads	In progress. See EDI Action Plan.

11. Appendix 5: EDI Action Plan

11.1. The below table provides an overview of all Trust-wide actions that are being undertaken to improve workforce EDI.

11.2. Actions have been grouped by the relevant Trust EDI Objective[5]. Whilst grouped by objective, it should be noted that many actions will support delivery against multiple objectives.

11.3. For each action, we have also identified alignment to our external EDI requirements, including:

- NHS EDI Workforce Improvement Plan High Impact Actions (HIAs)
- WRES/WDES/GPG Metrics
- Equality Delivery System (EDS) Outcomes[6]

11.4. Actions have been RAG rated. **Green** indicates an action that is on track with no issues (or not due to have started), **amber** indicates there are potential challenges that may delay progress, and **red** indicates significant challenges or blocks.

EDI Objective 1: Provide our people with the knowledge and resources to enable them to integrate EDI into our daily work.

Action	Intended Outcomes	Alignment to External Requirements	Accountable / Responsible	Success Measures	End Date	Progress (RAG Rated)
Implement the EDI Dashboard to empower local leaders to drive improvement on the engagement and progression of our diverse people.	Understand the EDI issues within Divisions and develop targeted actions. Improved EDI metrics	- WRES 1-9 - WDES 1-10 - GPG - EDS 2A – 2D, 3C - HIA 1-6	Divisional Directors Corporate Directors	Local improvements measured by EDI Dashboard	September 2023	Dashboard complete and ready for use

[5] Equality, Diversity, and Inclusion Objectives 2022 - 2026 (ouh.nhs.uk)
[6] NHS England » Equality Delivery System 2022

Agree protected time for staff network chairs and leads to encourage further take up of the role and development of their networks' annual priorities.	Staff Network Leads have adequate protected time to be able to develop their networks and deliver improvements on EDI.	- WRES 1 - 9 - WDES 1 - 10 - GPG - EDS 2C – 2D - HIA 1 – 6	Director of CL&OD	Progress against Staff Networks Maturity Framework	Approval by September 2023 Evaluate success April 2024	Business case developed and going through Trust governance processes.
Conduct a deep dive on staff survey results for internationally recruited staff to enhance their engagement and experience at OUH.	Able to understand the experience of internationally recruited staff, identifying gaps and developing actions to address them.	- WRES 1-9 - EDS 2A-2D - HIA 5	Director of Nursing Workforce Director of Medical Workforce	Staff survey results for internationally recruited staff.	Review conducted by June 2024	Staff Survey data for internationally recruited staff has been collated from 2022 data, action plan to be developed.

EDI Objective 2: Ensure EDI is at the heart of our processes and decision-making.

Action	Intended Outcomes	Alignment to External Requirements	Accountable / Responsible	Success Measures	End Date	Progress (RAG Rated)
Refresh the Trust's approach to equality impact assessment to enable us to factor EDI and health equalities impacts into our decision-making.	All Trust policies and major decisions robustly consider and document equality impacts. Clear and timely approach to approval of EIAs. Staff understand their responsibilities with EIA and can undertake them.	- WRES 2, 3 - WDES 2, 3 - GPG - EDS 3A-3C - HIA 1	Chief Finance Officer Chief Assurance Officer Director of CL&OD	Grading on EDS 3A-3C	March 2025	Not started – start scoping in November 2023.
Implement relevant actions from the 'Mend the Gap' Report e.g., in relation to CEAs, flexible working	To have a clear action plan to address pay gaps, particularly across medical and dental staff.	- GPG - MWRES - HIA 3	Chief Medical Officer Director of Medical Workforce EDI Manager	Year on year reduction in gender pay gap and trend towards proportionate representation of women in the top paid quartile.	December 2023 To include updated actions in March 2024 EDI Annual Report.	Not Started – Will commence in Sep 2023.
Develop inclusive recruitment training to embed the findings of 'No More	Recruiting managers have the skills and knowledge to be able to recruit inclusively. All	- WRES 2, 7 - WDES 2, 5 - GPG - HIA 2	Director of Workforce Asst. Director Resourcing	Improvement on relative likelihood for appointment from shortlisting by	July 2024	Initial work completed.

Boxes' and "If Your Face Fits" into our recruitment processes and practices.	candidates have a fair and equitable recruitment experience.			protected characteristic.		
Transform the way we do reasonable adjustments - by developing tools and securing a reasonable adjustments budget and process that ensures that our disabled staff and those with long term conditions (LTC) can thrive in the workplace.	Staff understand their responsibilities in relation to reasonable adjustments. Disabled staff have access to the reasonable adjustments they need. There is a consistent, clear process for procuring equipment and services for reasonable adjustments that results in adjustments being made in a timely manner.	- WDES 6, 7, 8 - EDS 2A - HIA 4	Director of Workforce Director of Finance Head of Occupational Health	Improvement on WDES 6 & 8. Equity between disabled and non-disabled staff on WDES 6. Review on spend on reasonable adjustments (from 2024 onward).	February 2024	Work is underway alongside Finance to agree a budget process. A survey has been designed and circulated to managers to understand the current state to inform the proposal for the future.

EDI Objective 3: Develop a culture where everyone feels they belong.

Action	Intended Outcomes	Alignment to External Requirements	Accountable / Responsible	Success Measures	End Date	Progress (RAG Rated)
Refresh the Disability Passport Tool to enable meaningful conversations on reasonable adjustments.	Managers and disabled staff can have meaningful conversations about reasonable adjustments that are regularly reviewed to ensure appropriate adjustments are in place.	- WDES 6, 7, 8 - EDS 2A - HIA 4	Director of CL&OD EDI Manager	Improvement on WDES 6 & 8. Equity between disabled and non-disabled staff on WDES 6. # Passports completed.	December 2023	Engagement has been undertaken to understand what the new tool should include. Potential for slight delays due to the complexity of aligning this with the new policy refresh and securing funding for reasonable adjustments.
Embed Menopause Health and Wellbeing Policy	Staff experiencing menopausal symptoms can access the support they need in the workplace.	- WDES 6 - GPG - EDS 2A - HIA 3 – 4	Director of Workforce Head of Occupational Health	Improvement in scores for health and wellbeing staff survey questions.	Review implementation by March 2024	Complete - Policy published in March 2023.

Targeted interventions to develop, and support progression of, internationally recruited staff	Barriers to progression of internationally educated staff are understood and effective interventions are designed to address these.	- WRES 1-9 - EDS 2A-2D - HIA 5	Director of Nursing Education Director of Medical Education Director of Workforce Director of CL&OD	Improvement in race disparity ratio for clinical AfC staff	1-2 initial interventions designed by December 2023	Working group led by the Director of Nursing Education currently being established to take this forward.
Roll-out phase two of Kindness Into Action, to support a culture of civility and respect.	To create teams where people feel safe to speak up. To launch and practice new approaches to building trust, wellbeing, belonging, equality and inclusion in our teams. To respectfully resolve bullying and other poor behaviours. To become a safer place to work and to be cared for.	- WRES 5, 6, 8 - WDES 4 - EDS 2B – 2C - HIA 6	Divisional Directors Corporate Directors Director of CL&OD Head of Leadership and Talent	Improvement on staff survey questions on bullying and harassment, and advocacy. We also monitor and report workforce KPIs as part of our People Plan and monthly IPR reporting, including sickness, turnover, disciplinary cases.	December 2024	The target was set for 1800 leaders and managers to have completed the two online sessions by end of 2024. 60 workshops have been delivered by A Kind Life over the past 6 months. As of July 2023, 795 have attended session A and 583 have attended session B. 554 managers have attended both sessions A and B. 794 staff have accessed the e-learning, 386 of whom have completed all 5 modules. Revised workshops delivered internally and to be launched in Sept 2023
Build on 'No Excuses' campaign to share impact of violence and aggression on BME staff through staff stories.	Reduction in experience of violence and aggression, particularly for BME staff.	- WRES 5 - WDES 4 - EDS 2B – 2C - HIA 6	Chief Nursing Officer Director of Communications & Engagement	Reduction in proportion of BME staff experiencing B&H from patients and public – staff survey	March 2024	Phase two of the communication campaign featuring staff stories launched in June 2023.
Bullying and harassment reduction programme supported by a communications and	Reduction in experiences of bullying and harassment.	- WRES 5 - WDES 4 - EDS 2B – 2C - HIA 6	Director of CL&OD Director of Communication and Engagement	Reduction in proportion of staff experiencing B&H from colleagues and managers – staff survey	First phase of campaign to be delivered by December 2023	Campaign currently in design phase.

engagement campaign.			Director of Workforce			
Implement the recommendations from the Cultural Connectedness review for internationally educated staff and teams that receive them.	Internationally educated staff feel included and like they belong. Teams receiving internationally educated staff are supported to welcome them.	- WRES 1-9 - EDS 2A-2D - HIA 5	Director of CL&OD Divisional Heads of Nursing	Improvements on staff survey scores for internationally educated staff.	Review to be completed by October 2023.	Review is currently underway.

EDI Objective 6: Establish OUH as a leader on EDI.

Action	Intended Outcomes	Alignment to External Requirements	Accountable / Responsible	Success Measures	End Date	Progress (RAG Rated)
Develop an OUH Anchor Charter	The Trust is seen as an inclusive employer of choice. The Trust links with partner organisations to support widening participation programmes within the Trust.	- WRES 2 - WDES 2 - GPG - EDS - HIA 4	Chief Digital and Partnerships Officer Director of Strategy and Partnerships	Uptake of widening participation programmes. Improvement on WRES/WDES 2.	March 2024	Anchor Organisation roundtable event scheduled for September 2023 to support development of charter.