<table>
<thead>
<tr>
<th>Title</th>
<th>Equality, Diversity, and Inclusion Annual Report 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Status</td>
<td>For consideration</td>
</tr>
</tbody>
</table>
| History | Equality, Diversity, and Inclusion Annual Report 2018  
          Workforce Race Equality Standard Report 2019  
          Workforce Disability Equality Standard Report 2019  
          Gender Pay Gap Report 2019 |
| Board Lead(s) | Jane Nicholson, Interim Chief People Officer |
| Key purpose | Strategy | Assurance | Policy | Performance |
Executive Summary

1. The purpose of this report is to:
   - demonstrate compliance with the Public Sector Equality Duty;
   - provide an update on progress against the Trust’s Equality, Diversity, and Inclusion Action Plan;
   - highlight areas of concern relating to advancing equality, diversity, and inclusion within the Trust and provide an overview of the diversity of the workforce; and
   - detail priorities for the upcoming year.

2. The Trust has 5 Equality, Diversity and Inclusion (EDI) Objectives for 2016-2020. These objectives are as follows:
   - to ensure that Equality and Diversity improvements align with, and are informed by, the Trust’s Quality Priorities (patient experience, patient safety, and clinical effectiveness);
   - to improve patient access and experience for individuals and communities who are currently underrepresented (through patient involvement and engagement opportunities);
   - to improve workforce diversity and ensure equality at all levels;
   - to reduce bullying, harassment, abuse, and victimisation within the Trust workforce; and
   - to ensure that Trust leaders and managers have the right skills to support their staff to work in a fair, diverse, and inclusive environment.

3. The Trust has undertaken a number of actions to improve EDI within the Trust, that focus on improving patient experience and workplace culture, as well as ensuring compliance requirements are met. Some actions include:
   - the launch of rainbow lanyards and badges to support LGBT+ staff and patients;
   - the roll-out of inclusive recruitment training to support our managers, to remove barriers for different groups at recruitment; and
   - holding events to celebrate Black History Month and Eid.

4. There are areas of work that require further attention to ensure the Trust meets the needs of its diverse workforce and patient population. These include:
   - delivery of the Accessible Information Standard, to meet patient communication needs;
   - talent management and succession planning, to strengthen the diversity of our workforce across the whole Trust; and
   - improving the data we hold with regard to EDI.

5. Key activities for the upcoming year have been identified, the priority being the development of a new EDI Strategy which aligns with the new Trust strategy.

6. Recommendations
   The Board is asked to:
• note the contents of this report;
• support the development of an Equality, Diversity, and Inclusion Strategy; and
• commit to making further progress on the Trust's Equality, Diversity, and Inclusion Action Plan.
1. Purpose

1.1. The purpose of this paper is to:

1.1.1. demonstrate compliance with the Public Sector Equality Duty;

1.1.2. provide an update on progress against the Trust’s Equality, Diversity, and Inclusion (EDI) Action Plan, and an overview of the diversity of the workforce.

1.1.3. highlight focus areas relating to advancing equality, diversity and inclusion within the Trust; and

1.1.4. detail priorities for the upcoming year.

1.2. This paper covers both patient and workforce equality, diversity and inclusion.

1.3. An up-to-date copy of the Trust’s EDI Action Plan is provided in Appendix 1.

1.4. A breakdown of the Trust’s workforce by protected characteristic can be found in Appendix 2.

2. Background

2.1. Equality, Diversity and Inclusion (EDI) is the responsibility of everyone within the Trust. The Trust has an EDI function which serves to support others with their responsibility to embed EDI into their day-to-day work, by providing expertise and guidance.

2.2. The Trust has a statutory obligation under the Equality Act 2010 to protect the equality, diversity, and inclusion of its staff and patients. As part of the Equality Act 2010, the Trust must abide by the Public Sector Equality Duty (PSED).

2.3. The Equality Act requires public sector bodies to publish relevant information to demonstrate their compliance with the PSED. The Annual Report forms part of this information, but Trust reports on the Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES), and Gender Pay Gap (GPG) also contribute to this requirement.

2.4. In July 2016, the Trust Board approved the Equality, Diversity and Inclusion Objectives for 2016 to 2020. These objectives are:

2.4.1. to ensure that EDI improvements align with, and are informed by, the Trust’s Quality Priorities (patient experience, patient safety, and clinical effectiveness);

2.4.2. to improve patient access and experience for individuals and communities who are currently underrepresented (through patient involvement and engagement opportunities);

2.4.3. to improve workforce diversity and ensure equality at all levels;

2.4.4. to reduce bullying, harassment, abuse, and victimisation within the Trust workforce; and

2.4.5. to ensure that Trust leaders and managers have the right skills to support their staff to work in a fair, diverse, and inclusive environment.
2.5. The Trust has an EDI Action Plan which details actions that are planned or being undertaken to make progress against the Trust’s EDI Objectives. The EDI Action Plan is a live document, and is continually updated. The EDI Steering Group, which ensures effective governance of the EDI Programme, oversees this action plan.

2.6. The Chief People Officer is the Trust Board member with responsibility for equality and diversity for the workforce across the Trust. The Chief Nursing Officer is the Trust Board member with responsibility for equality and diversity for patients across the Trust.

3. Section A: Key Achievements from July 2018 to October 2019

This section details activities that have been undertaken to advance EDI within the Trust. These activities are covered under three themes; Patient Experience, Creating Culture, and Compliance and Reporting.

**Patient Experience**

*Patient Experience Delivery Plan*

3.1. The Patient Experience Delivery Plan was initiated by the Chief Nursing Officer in Autumn 2018. The objective of the plan is to improve patient experience, and it identifies 10 focus areas to drive improvement.

3.2. Work has been undertaken to ensure that the needs of the Trust’s diverse patient population are appropriately considered and addressed, as part of the delivery plan. This work includes ensuring that interventions are equality impact assessed, and that any consultation undertaken is representative of the patient population.

*Rainbow Lanyards and Badges*

3.3. The Trust implemented Rainbow Badges and Lanyards in order to promote visible support for LGBT+ staff and patients. The project was supported by the Oxford Hospitals Charity. The project aims to help LGBT+ people feel safe to discuss aspects of their sexual or gender identity; this is especially important to people accessing healthcare, as they may already be feeling vulnerable.

3.4. The initial launch was held on National Coming Out Day in October 2019. 1000 badges and 1000 lanyards were distributed to staff at each of the four hospital sites. Staff also received a leaflet explaining the project and giving information about practical actions that can be taken to support LGBT+ people.

3.5. The project was highly successful, with the initial stock of badges and lanyards running out on the launch day. There was also a very strong positive reaction on social media images and videos taken of the launch. As a result, further purchase and rollout of badges and lanyards is planned.

*Equality Impact Assessment of Clinical Policies*

3.6. The Trust’s Equality Impact Assessment Procedure was adopted by the Clinical Policy Group, helping to improve the experience of all patients.

3.7. This also ensures that Clinical Policies demonstrate compliance with PSED.

**Creating Culture**
Events

3.8. The Trust recognised, and took part in, a number of events relating to EDI in order to raise awareness of the issues different groups might face, and to celebrate cultural events. These events were:

3.8.1. the Embracing Equality, Diversity and Inclusion Conference: The Trust held its inaugural conference to engage staff with EDI, and get feedback from them. The conference featured talks by Wendy Irwin (Head of Equality and Diversity at the RCN) and Dr Hannah Barham-Brown (a disability advocate). Feedback was used to develop the Trust’s approach to WRES, WDES and GPG.

3.8.2. Oxford Pride: In June 2019, the Trust took part in Oxford Pride for the first time. A stall was held at Pride with support from Sobell House. Staff from across the Trust also took part in the Parade. This was followed up with an article in ‘My Fabulous Staff’ about the event.

3.8.3. Black History Month: An event was held for Black History Month, with a talk about Mary Seacole by the Chair of the Mary Seacole Trust. The event also featured a black history quiz.

3.8.4. LGBT+ History Month: The Trust conducted a communications campaign for LGBT+ History Month. Factsheets about LGBT+ people and their contributions to sports, the arts, and healthcare were circulated to Trust staff over the month.

3.8.5. an Eid Party: The Trust continued to hold its annual Eid Party; celebrating diversity within the Trust and educating staff, patients, and the public about Islam.

3.8.6. National Carers Week: The Trust held a Lunch and Learn Session for staff which explored what it meant to be an unpaid carer, and what support was available for them. An intranet page on ‘Support for Carers’ was set-up for staff following this event.

3.8.7. International Disability Awareness Day: Stalls were held within the JR featuring local support groups for disabled people such as Restore and Headway. The stalls engaged with staff, patients, and the public to spread awareness of different conditions and impairments, as provide information about the support available to them.

3.8.8. International Women’s Day: An event was held in March 2019 featuring a confidence building workshop, as well as a talk from Shamin Durrani, who spoke on her experiences of leadership in a male-dominated field.

3.9. All of these events had a high level of engagement and received good feedback from participants. Oxford Pride, in particular, enabled the Trust to engage with the public and a lot of positive feedback was received.

Staff Networks

3.10. The Trust has four staff networks that exist to support staff, and they work to advance equality, and influence positive culture change within the Trust.

These networks are:

3.10.1. the LGBT+ Staff Network;

3.10.2. the BME Network;
3.10.3. the Disabled Staff Network; and
3.10.4. the Women’s Network.

3.11. Challenges were identified which affect the ability of the networks’ support staff to influence change, primarily because of staff lacking the capacity and support to undertake work with the networks.

3.12. To develop and strengthen these networks, the EDI Steering Group approved a recommendation to adopt the Shared Governance Model used as part of the Magnet Programme. This would provide a clear framework for the running of the networks, as well as provide improved support and development for those who move the networks forward.

3.13. The LGBT+ Staff Network has relaunched with its new Shared Governance Council, and the other networks will be following suit in the near future.

3.14. In addition to the above four networks, a Young Apprentice’s Network was launched in October 2019. This network is led by current and former apprentices within the Trust, and aims to provide a stronger voice for young apprentices within the Trust.

Cultural Ambassadors

3.15. To address the disproportionate number of black and minority ethnic (BME) staff entering the formal disciplinary process, the Trust decided to pilot the Cultural Ambassadors Scheme.

3.16. The Cultural Ambassadors Scheme is an initiative developed by the Royal College of Nursing (RCN). Staff volunteers are trained up as observers to HR processes, to improve cultural awareness during these processes, as well as feedback on any potential bias (conscious or unconscious) within these processes.

3.17. The scheme has shown success within other organisations, not only positively impacting the WRES metric on disciplinary actions, but also on bullying, harassment, and discrimination. It is expected that similar positive impacted will be seen within the Trust.

3.18. The Trust has recruited 10 members of BME staff as Cultural Ambassadors, who successfully undertook the training in early August 2019.

3.19. Before formally undertaking the role, the Cultural Ambassadors are receiving further support from the RCN and the Trust, to ensure they are confident and capable. The Trust will formally launch the scheme in November.

3.20. Provisions are also being made in the Trust’s Disciplinary Procedure to enable the Cultural Ambassadors to have a role in this process.

3.21. In response to feedback from the early stages of the pilot, it is planned that future recruitment for Cultural Ambassadors will be focused on ensuring that a diversity of skillsets and job roles is achieved. This will help the scheme to be delivered more effectively.

Employment for All - Inclusive Recruitment Training

3.22. In June 2018, the Trust was picked as one of 20 Trusts to pilot the Apprenticeships for All Programme. The programme, designed by NHS Employers and Health
Education England, is an inclusive recruitment training programme which aims to develop the recruitment practice of managers, as well as to highlight the potential of disabled people as an untapped resource. This could assist with recruitment and retention concerns, and have a positive impact on the care we deliver to our patients.

3.23. The day-long training sessions were launched in September 2018, and have been running on a monthly basis, with over 100 managers training so far.

3.24. Feedback from the training has been positive, with attendees commenting that it has changed their perceptions of disabled people and raised awareness of the support they can access. Good practice and positive stories around supporting disabled staff have also been highlighted during the delivery of the training, and work is planned to create case studies that can be more widely shared across the Trust.

3.25. As part of the pilot, the Trust has also been supporting other organisations in the region to deliver the training. A Train the Trainer Session was held in July 2019, with 9 organisations in attendance; including Oxford Health, South Central Ambulance Service, and Berkshire Health.

3.26. Due to the success of the pilot, the Trust is continuing to offer this training to its managers.

*Easy Read Job Applications*

3.27. The Trust has agreed to be involved in a pilot for easy read job applications. The purpose of this is to increase accessibility of the recruitment process for applicants with learning disabilities.

3.28. The pilot is being coordinated by the Learning Disability Employment Programme Team in NHS England, and the Trust is part of the steering group for the pilot, helping to design and evaluate its success.

3.29. The pilot will run for three months starting in November 2019.

*Supported Traineeships*

3.30. The Trust has received funding from Health Education England to deliver a supported traineeship programme in partnership with Mencap.

3.31. The programme aims to provide 10-week work placements within the Trust for disabled people, primarily those with learning disabilities. It aims to give trainees experience within the workplace and develop skills and confidence, with the hope of transitioning trainees into paid employment. Mencap will provide support to teams hosting trainees.

3.32. The first cohort of trainees is expected to start in early 2020, with a total of 10-15 trainees undertaking placements within the Trust over the course of the year.

*Disability Passport Procedure*
3.33. Following the findings of the WDES 2018 report that the support provided by managers to disabled staff was inconsistent, the disability passport procedure was created.

3.34. The procedure provides a framework for line managers and disabled staff to have conversations around their support needs, helping to ensure that reasonable adjustments are made and that disabled staff feel valued and respected as part of that process.

3.35. This procedure was ratified and launched in April 2019. The RCN and Disabled Staff Network supported the procedure launch by holding drop-in sessions for staff on the procedure. A line manager’s toolkit training is also available, which covers aspects of disability awareness, as well as how to use the procedure.

3.36. The procedure has received positive feedback from the unions and from staff who have used it, with work planned to further promote it.

Pay Gaps in Clinical Excellence Awards

3.37. Gender Pay Gap (GPG) reports have identified that Clinical Excellence Awards (CEAs) were the major contributor to the Trust's bonus pay gap. CEAs are monetary awards given to recognise consultants for work that is above and beyond their day-to-day roles. Men are disproportionately recognised in the CEAs, resulting in a pay gap.

3.38. To better understand the reasons behind this, the Trust has commenced work with the Behavioural Insights Team (BIT) to analyse the Trust's data with regard to CEAs. BIT are an independent body, commissioned by the Government Equalities Office to analyse the gender pay gap across the country.

3.39. The analysis is due to be completed in Autumn 2019, where BIT will discuss with the Trust factors leading to the pay gap in CEAs, and will then work with the Trust to develop interventions to reduce the pay gap.

3.40. Following feedback, the Trust, in conjunction with the British Medical Association (BMA), will be providing three application training sessions prior to the 2019 CEA round; this training will be actively promoted to the female Consultant workforce.

Coaching and Mentoring

3.41. In response to finding that different staff groups faced barriers in accessing development on an informal basis, the Trust launched a coaching and mentoring register. Having a formal scheme should provide all staff access to coaching and mentoring opportunities, removing the disproportionate disadvantage reported by BME staff and other groups.

3.42. The Trust is planning to develop this register further, by procuring training for staff on coaching; funding has been secured from the Oxford Hospitals Charity to deliver this.

3.43. The diversity of staff taking on this opportunity will be captured to ensure that it is having the desired impact in terms of providing development and progression for all staff.

Compliance and Reporting

Statutory Reporting
3.44. Changes were made to the reporting cycle this year to enable more effective reporting on WRES, WDES and GPG. This involved bringing their reporting dates in line with each other, allowing for a more effective approach to addressing all three, as there is significant overlap in issues explored by the reports. These reports were seen by Trust Board in September 2019.

3.45. These papers were completed as planned and are published on the Trust’s internet site.

3.46. All three reports made recommendations to mitigate the disparities identified within them. These recommendations were accepted by the Trust Board in September 2019 and incorporated into the Trust EDI Action Plan.

3.47. In addition, the Annual Report was moved from July to November to enable it to capture any developments from the WRES, WDES and GPG reports. As a result, this report covers a 16 month period rather than a 12 month period; future reports will revert back to a 12 month period.

Equality Monitoring

3.48. A number of actions were taken to encourage staff to disclose their protected characteristics on ESR after the 2018 WDES report highlighted the poor disclosure rate of disability. These included:

3.48.1. developing a payslip attachment for the January 2019 payslips detailing the benefits of disclosing and the use of self-service ESR to disclose;

3.48.2. developing posters to be put in staff areas detailing the same;

3.48.3. putting a section in the classroom session of the EDI Statutory and Mandatory training on equality monitoring.

4. Section B: Focus Areas

Diversity at Senior Positions

4.1. Appendix 2 demonstrates that, for all protected characteristics, the diversity of the organisation decreases as seniority increases. This was noted in both the WRES and GPG 2019 reports.

4.2. The WRES report discussed the need to develop the Trust’s succession planning and talent management processes, to support BME staff in progressing within the organisation. This should consider all protected characteristics in order to remove barriers to progression, and improve the representation of diverse groups in all levels of the Trust.

4.3. The Trust has recently invested in a new talent management role that will help to develop this work.

Accessible Information Standard (AIS)
4.4. The AIS is the mandatory requirement for NHS organisations to identify and meet the communication needs of patients, especially those with complex communication needs due to disability.

4.5. In order to demonstrate compliance, a technical solution has been developed in the Electronic Patient Record (EPR), to enable the recording and flagging of patient communication needs. This solution is ready to be implemented, and a communications plan is being developed to make staff aware of the changes. A date has not yet been agreed for the solution to go live in EPR, although it is expected to be live by March 2020 at the latest.

4.6. Following the implementation of the technical solution, training and support is to be provided to staff to ensure they can effectively meet communication needs. Resource for this has not yet been identified. The Patient Experience Team does not currently have the capacity to deliver on this, and ways to meet this need are being explored.

Respect and Dignity at Work

4.7. As noted in the WRES 2019 report, very little work has been done to advance this work stream due to a review of the workforce team roles and responsibilities. The report recommended the establishment of a Respect and Dignity at Work working group, to develop and implement a strategy to improve on this. This recommendation was accepted by the Trust Board in September 2019, and is now in the EDI Action Plan.

Data on EDI

4.8. Challenges with regard to EDI data collection within the Trust prevent effective reporting, and action to prevent inequality and promote equality.

4.9. For workforce data, one of the key issues is non-disclosure of protected characteristics. Appendix 2 shows a high rate of non-disclosure for many of the protected characteristics, especially disability, sexual orientation, and religion/belief. This creates difficulty in interpreting where issues lay, preventing effective work to advance equality for these groups. The WDES reports have made note of this and suggest actions to address this.

4.10. Patient data relating to EDI also presents concern as, whilst there is a wealth of information available and work is being undertaken to support our diverse patient population, there is currently no systematic data collection taking place. This presents a risk in terms of identifying and addressing the needs of patients with protected characteristics, but also in meeting mandatory reporting requirements such as the Equality Delivery System (EDS2).

5. Section C: Key Activities for November 2019 to November 2020

5.1. The EDI Action Plan in Appendix 1 shows a number of actions that will be undertaken during this time period. Priority actions are discussed further in this section.

Trust EDI Strategy
5.2. One of the key priorities within the EDI Programme is to develop a new strategy that demonstrates what the Trust aims to achieve with regard to EDI, and is aligned with the new overall Trust strategy.

5.3. This will tie into the need to refresh the Trust's EDI Objectives under the PSED as well as the requirement to undertake the Equality Delivery System (EDS2) process. Both need to be undertaken every four years and, as such, the strategy will be a four year strategy.

5.4. The strategy development will involve engagement with staff and patients and will seek to align itself with the overall Trust strategy, exploring how equality, diversity, and inclusion can be achieved for our staff and our patients.

5.5. The new strategy and objectives are planned to be presented to Board in November 2020 as part of the EDI Annual Report 2020.

Improving Data Quality

5.6. Improving the data quality through increasing disclosure, and developing methods of systematic collection and reporting of data, is essential to ensuring that the strategy is effective and that the Trust can track progress accurately.

Inclusive Recruitment Processes

5.7. Further work is planned to improve the recruitment process, with actions to both increase accessibility, and reduce the impact unconscious bias can have on the process.

5.8. These actions include:

5.8.1. creating a register of support aids for use at interview, enabling recruiting managers to locate equipment needed for reasonable adjustments more easily;

5.8.2. piloting a scoring matrix for use in technical interviews to increase consistency of scoring;

5.8.3. creating a guide for applicants to the Trust to support them in application writing;

5.8.4. making changes to how the shortlisting process is undertaken so that shortlisting is always against relevant parts of the person specification.

Patient Inclusion Forum

5.9. Another area of work will be the development of a Patient Inclusion Forum, a diverse group made up of patients and the public, which will provide feedback on issues of inclusion and accessibility in relation to Trust services. This feedback will help form part of work streams such as the Patient Experience Delivery Plan.

5.10. This forum will also include representatives from local organisations and community groups that cover different protected characteristic groups.

5.11. Through this group the Trust will achieve continued engagement with patients and the public on EDI, addressing concerns that previous engagement has been tokenistic or a one-off.

Board Visibility
5.12. Work is planned to increase Board visibility in terms of EDI. This will include the identification of Board Champions for each of the Staff Networks. The Champions will act as a voice for those Networks at Board and provide a route for Networks to escalate any issues or concerns if required.

6. **Recommendations**

6.1. The Board is asked to:

6.1.1. note the contents of this report;

6.1.2. support the development of an Equality, Diversity and Inclusion Strategy;

6.1.3. commit to make further progress on the Trust’s Equality, Diversity, and Inclusion Action Plan.

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**Jane Nicholson**  
**Interim Chief People Officer**

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Paper prepared by:  
Tommy Snipe  
Equality, Diversity, and Inclusion Manager

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October 2019
Appendix 1: Equality, Diversity and Inclusion Action Plan

This action plan provides an overview of current actions planned to advance EDI, and includes recommendations made as part of WRES, WDES, and GPG reporting, as well as those made by the EDI Steering Group.

Note, this action plan does not include actions which have been completed.

<table>
<thead>
<tr>
<th>Action</th>
<th>Relationship to Standard</th>
<th>Lead</th>
<th>Due</th>
<th>Success Measure</th>
<th>RAG</th>
<th>Notes</th>
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<tbody>
<tr>
<td>Objective 1: To ensure that the Trust is compliant with legal requirements for the Equality Delivery System 2 and the Accessible Information Standards linked with service improvements programmes to support the patient experience.</td>
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<tr>
<td>Implement the Accessible Information Standard</td>
<td>AIS</td>
<td>Patient Experience Team (PET) and EPR Team</td>
<td>January 2019</td>
<td>AIS implemented. Monitor number of patients with complex communication support needs recorded on EPR and actions taken to support.</td>
<td></td>
<td>Technical solution identified, but resource still being identified for full implementation.</td>
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<td>Objective 2: To improve patient access and experience for individuals and communities who are currently under-represented through increased patient and public engagement focusing on the service improvement programmes to address issues identified from the national patient surveys and complaints received by the Trust.</td>
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<td>Report against NICE QS167 – Promoting Health and Preventing Mortality in BME Communities</td>
<td>NICE QS167</td>
<td>EDI Manager</td>
<td>December 2019</td>
<td>Report submitted and actions planned to ensure compliance with standard.</td>
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<td>Implement Sexual Orientation Monitoring in ED</td>
<td>Sexual Orientation Monitoring Standard</td>
<td>ED and EDI Manager</td>
<td>July 2020</td>
<td>Process to monitor sexual orientation implemented. Following implementation data is reviewed and improvements to LGBT+ patient experience are made.</td>
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<td>Engage with staff to develop a systematic approach of recording examples of service improvements made to ensure that needs of patients with protected characteristics are addressed including: Age, Disability for Learning, Pregnancy &amp; Maternity, Sex, Sexual Orientation, Belief and Religion, Gender Re-assignment, Race, Marriage and Civil Partnership.</td>
<td>EDS2 1.2; 1.3; 1.4</td>
<td>EDI Manager and PET</td>
<td>June 2019</td>
<td>Log of at evidence put in place by divisions within a service improvement programme to improve the experience of people with protected characteristics for 2018-2019.</td>
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<td>Ensure the Patient Experience Delivery Plan adequately meets the needs of the Trust’s diverse patient population</td>
<td>EDS2: 1.3.1.4; 1.5 EDS2: 2.1; 2.2; 2.3, 2.4</td>
<td>EDI Manager and PET</td>
<td>Ongoing (until Jan 2021)</td>
<td>Demographics of those engaged in the plan to be measured. Monitor impact of improvement projects as measured by the national survey programmes including: in-patient survey September 2018-2019; ED 2018-2019; Maternity April 2019-2020; Children November 2018-2019</td>
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<td>Develop a Patient/Public Inclusion Forum</td>
<td>EDS2: 2.2; 2.3.</td>
<td>EDI Manager and PET</td>
<td>December 2019</td>
<td>Forum set up with diverse representation. Forum providing feedback on Trust services, leading to improvements in those services. Forum feels like their contribution is valued.</td>
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<td>Work with Patient Informatics to identify what available data is being captured within existing systems to inform service improvements.</td>
<td>EDS2 2.1; 2.2.</td>
<td>EDI Manager</td>
<td>ongoing</td>
<td>Improved data quality and use for improvements. Method for doing this not yet identified</td>
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<td>Work with the Complaints Team to identify number of patients by protected characteristics with complaints that were investigated, dealt with, lessons learnt and actions put in place to improve.</td>
<td>EDS 2.4</td>
<td>EDI Manager</td>
<td>ongoing</td>
<td>Increased data quality of learning from complaints and using feedback to improve the patient experience. Method for doing this not yet identified</td>
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<td>Move from paper survey to SMS texting starting in Maternity services to increase feedback rate. Rate of FFT feedback in maternity services is 4% compared with the national target which is 20%.</td>
<td>EDS2 1.1; 2.2.</td>
<td>EDI Manager and PET</td>
<td>December 2019</td>
<td>SMS FFT implemented across the Trust.</td>
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<td>Develop a trans inclusion policy</td>
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<td>EDI Manager</td>
<td>December 2019</td>
<td>Policy Implemented. Impact on trans patients to be measured through survey feedback and consultation with local trans groups.</td>
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<td>Objective 3: To improve workforce diversity and ensure equality at all levels.</td>
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<td><strong>Explore use of AccessAble to conduct an accessibility audit of Trust sites.</strong></td>
<td><strong>Decision made about use of services. Accessibility audit conducted. Further action identified.</strong></td>
<td><strong>Meeting with AccessAble and Capital Team set up for November 2019.</strong></td>
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<td><strong>Undertake a study on pay gaps within Clinical Excellence Awards.</strong></td>
<td><strong>Gender Pay Gap; EDS2 3.2.</strong></td>
<td><strong>EDI Manager.</strong></td>
<td><strong>December 2019.</strong></td>
<td><strong>Study undertaken with actions identified as a result.</strong></td>
<td></td>
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<tr>
<td><strong>Deliver the Apprenticeships for All Inclusive Recruitment Training Programme</strong></td>
<td><strong>EDS2 3.1; WRES 1 &amp; 2; WDES 1 &amp; 2.</strong></td>
<td><strong>EDI Manager.</strong></td>
<td><strong>Ongoing.</strong></td>
<td><strong>Relative likelihood of appointment from shortlisting between protected characteristic groups. Feedback from managers who attend training and number who attend training.</strong></td>
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<tr>
<td><strong>Produce a feedback questionnaire for applicants to the Trust to fill out to enable the Trust to continuously improve recruitment practice.</strong></td>
<td><strong>WRES 1 &amp; 2; EDS2 3.1.</strong></td>
<td><strong>Recruitment Manager.</strong></td>
<td><strong>August 2019.</strong></td>
<td><strong>Impact will be measured on the basis of feedback received and also changes to the process made as a result of feedback.</strong></td>
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<tr>
<td><strong>Develop Shared Governance Councils for each Staff Network.</strong></td>
<td><strong>EDS2 3.6.</strong></td>
<td><strong>EDI Manager.</strong></td>
<td><strong>September 2019.</strong></td>
<td><strong>Each Staff Network has a Shared Governance Council with a minimum 5 members. Each Staff Network has an identified Chair who will represent them at the EDI Steering Group.</strong></td>
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<tr>
<td>Support the staff networks to further develop and increase membership</td>
<td>EDS2 3.6</td>
<td>EDI Manager</td>
<td>Ongoing</td>
<td>Membership numbers of staff networks and attendance at their events.</td>
<td>Not all staff networks set up using Shared Governance approach. But this is underway.</td>
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<tr>
<td>Support the staff networks in completing their priorities</td>
<td>EDS2 3.6</td>
<td>EDI Manager</td>
<td>Ongoing</td>
<td>Individual priorities will have own ways to measure impact.</td>
<td></td>
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<tr>
<td>Conduct a campaign to improve staff disclosure of protected characteristics, including exploring further ways to increase disclosure.</td>
<td>EDS2 3.6, WRES 1, WDES 1</td>
<td>EDI Manager and Workforce Information Team</td>
<td>Ongoing</td>
<td>Level of disclosure of protected characteristics on ESR; aiming to get above 90%.</td>
<td></td>
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<tr>
<td>Introduce a formal shadowing scheme.</td>
<td>WRES 7</td>
<td>Head of Resourcing</td>
<td>January 2020</td>
<td>Uptake of the shadowing scheme by protected characteristic. Feedback from those utilising the shadowing with follow-up Improvement on WRES metric 7.</td>
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<tr>
<td>Review the Coaching and Mentoring Programme for BME Staff</td>
<td>WRES 4 &amp; 7</td>
<td>EDI Manager</td>
<td>Ongoing</td>
<td>Uptake of the shadowing scheme by protected characteristic. Feedback from those utilising the mentoring with regular follow-up Improvement on WRES metric 7.</td>
<td>Current lack of coaches and mentors within the Trust however training is being commissioned to increase this.</td>
<td></td>
</tr>
<tr>
<td>Create a scoring matrix for recruiters to use at interview</td>
<td>Gender Pay Gap</td>
<td>Head of Resourcing</td>
<td>August 2019</td>
<td>Matrix to be piloted and evaluated before implementation. Improvement to be seen in relative likelihood of diverse groups being successful at interview.</td>
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<tr>
<td>Run awareness events on specific disabilities and long-term health conditions</td>
<td>WDES 4</td>
<td>Disabled Staff Network and EDI Manager</td>
<td>Ongoing</td>
<td>Engagement with events to be measured (event dependent). Long-term reduction of gap between disabled and non-disabled staff experiencing bullying and harassment.</td>
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<tr>
<td>Investigate methods to improve accessibility of eLMS and eLearning as part of procurement of new Learning Management System and to enable capture of external development opportunities.</td>
<td>WDES 5</td>
<td>EDI Manager and Head of OD &amp; LD</td>
<td>January 2020</td>
<td>Disabled staff able to record access needs on eLMS and able to access eLearning; undetermined as to whether the Trust can capture uptake yet. Able to see impact on WRES metric 4; if disparities noted over time then action to be taken.</td>
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<tr>
<td>Utilise exit and stay interviews to gain feedback on BME staff experience and use the information to develop the WRES action plan.</td>
<td>WRES 1</td>
<td>Head of Resourcing</td>
<td>Ongoing</td>
<td>Review to be undertaken on feedback on regular basis as part of WRES reporting and feed into development of action plan.</td>
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<tr>
<td>Analyse and compare the retention rates between BME and white staff.</td>
<td>WRES 1</td>
<td>EDI Manager, Workforce Information Team</td>
<td>July 2019</td>
<td>Analysis undertaken and actions potentially created as a result. Actions will have impact measured on an individual basis.</td>
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<tr>
<td>Hold regular forums for BME staff to give feedback and discuss BME staff experience</td>
<td>All WRES metrics</td>
<td>BME Staff Network</td>
<td>Ongoing</td>
<td>Attendance at meetings to be measured. Feedback gathered from those attending. BME Staff Network Shared Governance Council is still being set up – this action will be undertaken once that is complete.</td>
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<tr>
<td>Introduce the Cultural Ambassadors Programme;</td>
<td>WRES 2 &amp; 3</td>
<td>EDI Manager</td>
<td>August 2019</td>
<td>Improvements on WRES metric 3. Feedback to be sought from those involved in cases where Cultural Ambassadors Present.</td>
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<tr>
<td>Provide English lessons for staff</td>
<td>WRES 5, 6, 7 &amp; 8</td>
<td>Head of OD and LD</td>
<td>Ongoing</td>
<td>Feedback to be gathered from those accessing course. Numbers of those utilising course to be measured. Improvement on WRES metric 7. Not yet delivered due to resource issues. The role is soon to be filled.</td>
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<tr>
<td>Review Talent Management and Succession Planning to ensure BME talent is identified and supported</td>
<td>WRES 1, 7 &amp; 9</td>
<td>EDI Manager, Head of Resourcing and OD Team</td>
<td>August 2020</td>
<td>Review undertaken. Actions identified where BME staff are not adequately represented.</td>
<td></td>
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<tr>
<td>Action</td>
<td>Responsible</td>
<td>Month</td>
<td>Details</td>
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<tr>
<td>Produce guidance for applicants to the Trust</td>
<td>WRES 2</td>
<td>December 2019</td>
<td>Guidance produced. Measure access to guidance.</td>
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<tr>
<td>Explore options to address criteria that cannot be evaluated at shortlisting</td>
<td>WRES 2 &amp; 7</td>
<td>March 2020</td>
<td>Action undertaken to improve shortlisting. Impact on relative likelihood of different groups being shortlisted will be measured.</td>
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<tr>
<td>Introduce regular checks of shortlisting processes</td>
<td>WRES 2 &amp; 7</td>
<td>August 2020</td>
<td>Process to conduct regular checks introduced.</td>
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<tr>
<td>Explore ways to address presenteeism amongst disabled staff</td>
<td>WDES 6</td>
<td>August 2020</td>
<td>Recommendations to be made as part of next WDES Report</td>
<td></td>
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<tr>
<td>Explore possibilities to promote flexible working at job advert</td>
<td>GPG</td>
<td>August 2020</td>
<td>Measure uptake of flexible working opportunities.</td>
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<tr>
<td>Promote shared parental leave</td>
<td>GPG</td>
<td>October 2019 and ongoing</td>
<td>Measure uptake of shared parental leave as opposed to maternity.</td>
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<tr>
<td>Explore support that could be provided to staff returning from parental leave</td>
<td>GPG</td>
<td>August 2020</td>
<td>Measure staff feedback of those returning from Parental Leave. Measure changes in retention following return.</td>
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</tbody>
</table>

**Objective 4:** To reduce bullying, harassment, abuse and victimisation within the Trust Workforce.
Identify a Dignity and Respect Lead and re-establish the Respect and Dignity at Work working group to develop a strategy to address bullying, harassment and discrimination

<table>
<thead>
<tr>
<th>Objective 5: To ensure that Trust leaders and managers have the right skills to support their staff to work in a fair, diverse and inclusive environment.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify a Dignity and Respect Lead and re-establish the Respect and Dignity at Work working group to develop a strategy to address bullying, harassment and discrimination</td>
</tr>
<tr>
<td>Recruit further Respect and Dignity Ambassadors</td>
</tr>
<tr>
<td>Review and improve data quality relating to protected characteristics for both staff and patients</td>
</tr>
<tr>
<td>Task Description</td>
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</tr>
<tr>
<td>Create and circulate a range of stories and case studies of staff relating to diversity. This is to include reasonable adjustments, career progression and flexible working.</td>
</tr>
<tr>
<td>Pilot a reverse mentoring programme</td>
</tr>
<tr>
<td>Review ‘Disability Passports’</td>
</tr>
<tr>
<td>Conduct a mapping exercise of overseas qualifications, matching them to recognised equivalents and communicate this to recruiting managers.</td>
</tr>
</tbody>
</table>

Issues identified in finding relevant information. Was discussed at last EDI Steering Group to find a solution.
<table>
<thead>
<tr>
<th>Activity</th>
<th>Responsible Party</th>
<th>Timeline</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Embed Equality, Diversity and Inclusion into the delivery of the NHSI</td>
<td>Interim Chief People</td>
<td>July 2019</td>
<td>Potential improvement on WRES metrics 5, 6 &amp; 8</td>
</tr>
<tr>
<td>Culture and Leadership Programme</td>
<td>Officer</td>
<td></td>
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<tr>
<td>Evaluate implementation of Values Based Appraisals for BME staff</td>
<td>Head of OD and L&amp;D</td>
<td>July 2019</td>
<td>Feedback from BME staff sought on implementation.</td>
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<td>Relative appraisal rates for BME and white staff to be equal.</td>
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<td>Improvement of WRES metric 7.</td>
</tr>
<tr>
<td>Create a quarterly EDI New Bulletin</td>
<td>EDI Manager</td>
<td>November 2019</td>
<td>Engagement with the newsletter to be measured.</td>
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<td></td>
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<td>Impact of newsletter on attendance on EDI events and training.</td>
</tr>
<tr>
<td>Review the Recruitment and Selection Procedure with regard to shortlisting</td>
<td>Head of Resourcing</td>
<td>June 2020</td>
<td>Procedure updated. Processes in place to support changes.</td>
</tr>
<tr>
<td>Introduce a Disability Leave policy</td>
<td>Interim Chief People</td>
<td>August 2020</td>
<td>Policy introduced.</td>
</tr>
<tr>
<td>Accelerate the rollout for training on Disability Passports</td>
<td>WDES 8</td>
<td>EDI Manager</td>
<td>Ongoing</td>
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<tr>
<td>Identify Board-level Champions to act as sponsors for the staff networks</td>
<td>WDES 7 &amp; 9</td>
<td>Trust Board</td>
<td>March 2020</td>
</tr>
<tr>
<td>Develop a Trust EDI Strategy and refresh the Trust’s EDI Objectives</td>
<td></td>
<td>Interim Chief People Officer and Chief Nursing Officer</td>
<td>November 2020</td>
</tr>
</tbody>
</table>
Appendix 2: Workforce Equality, Diversity and Inclusion Data

Appendix 2 contains a breakdown of the Trust Workforce by protected characteristic, disaggregated by pay band, staff group, and division.

Data is not available for the following protected characteristics: gender reassignment, marriage or civil partnership, pregnancy and maternity.

Data provided was accessed from ESR in October 2019.

Gender – Overall

![Gender Pie Chart]

The proportion of women within the Trust is much higher than the proportion of men. This is in line with what can be seen across the NHS as a whole.

Gender – Pay Band

![Gender by Pay Band Bar Chart]
The proportion of women in the Trust generally decreases as seniority increases. A significant decrease can be seen, especially in Band 8a and higher as well as in the medical pay bands. This was explored further in the Trust’s GPG reporting.

Gender – Staff Group

![Gender by Staff Group](image)

Women are underrepresented within the Medical and Dental, and Estates and Ancillary, staff groups and overrepresented within Nursing and Midwifery and Allied Health Professionals, when compared with overall representation within the Trust.

Gender – Division

![Gender by Division](image)
Corporate and Estates have less representation of women in comparison with the rest of the Trust.

**Next Steps**
The primary focus is to improve the proportion of women within more senior roles in the Trust, helping to address the Trust’s gender pay gap.

A number of actions have been identified to address this, including promotion of flexible working for all staff, and appropriate use of succession planning.
Race – Overall

When compared to data from the 2011 census, the Trust has a similar proportion of BME staff to the Oxford City population, both at 22%. However this is much higher than the proportion of BME people in Oxfordshire at 9.15%.

There is also still a significant number of staff where their race is unknown or not disclosed.

Race – Pay Band

As noted in the WRES reports, the proportion of BME staff tends to decrease as pay band increases. There is a very high proportion of BME staff within the medical pay band and
also a higher proportion at Band 5. The WRES reports note that BME staff feel there is a barrier to progression, especially for Band 5 nurses who are BME.

**Race – Staff Group**

![Race by Staff Group](image)

Larger proportions of BME staff can be found in Additional Clinical Services, and Medical and Dental, staff groups. They are most poorly represented within the Allied Health Professionals staff group.

**Race – Division**

![Race by Division](image)

Across the four main clinical divisions, representation of BME staff is relatively consistent; although there is a large proportion of BME staff in MRC. There is a much lower representation within Corporate.
Next Steps

Actions to address talent management and progression have already been identified. Attention will be paid to BME representation in non-clinical roles.
Disability – Overall

There are 2.8% with a disclosed disability on ESR with 18.03% of staff whose disability status is currently unknown. It is known that this is a significant underreporting; with the staff survey often showing a much greater proportion of disabled staff (around 15% of completed surveys).

Due to this, it is difficult to provide effective commentary on the data relating to disability.

Disability – Pay Band

Disability by Pay Band
With the available data, there seems to be some pay bands where there is very little representation of disabled staff, such as in Bands 8d and 9, although these refer to small groups of staff.

More significant would be the reduced proportion of disabled staff within the medical pay band which may indicate a barrier for disabled people.

**Disability – Staff Group**

![Disability by Staff Group](image)

On the basis of the data available, there does not seem to be any differential representation of disabled staff by staff group.

However, there is a large rate of non-disclosure within Estates and Ancillary, and Medical and Dental, staff groups, with a lower proportion of disabled staff. There may be cultural issues going on within these areas that impacts disclosure rates which should be explored.

**Disability - Division**
On the basis of the data available, there does not seem to be any differential representation of disabled staff by division.

**Next Steps**

Work is planned to improve disclosure rates of disability, this would enable more effective interpretation of Trust data.
1.9% of staff disclose that they identify as lesbian, gay or bisexual. This is slightly lower than the national figure at 2%; although it is noted that this is likely an underestimation.

As with disability, it is difficult to provide effective commentary on the data with such a large proportion of staff who have not disclosed.

It should be noted that the current categories captured on ESR do not reflect the best practice set out in the Sexual Orientation Monitoring Standard, produced by the LGBT+ Foundation and NHS England. The Trust should consider the possibility of implementing this standard.

**Sexual Orientation – Pay Band**

![Sexual Orientation by Pay Band](image)
On the basis of the data available, there seems to be a complete lack of representation in Bands 8c, 8d and VSM, although these are not large groups of staff.

There seems to be significant representation at Bands 1 and 9, although again these represent a small number of staff, so a small number of people have a large impact on the overall percentages.

**Sexual Orientation – Staff Group**

![Sexual Orientation by Staff Group](image)

On the basis of the data available, there does not seem to be a significant difference between staff groups around representation of LGBTQ+ people.

As with disability, there does seem to be slightly higher rates of non-disclosure in Estates and Ancillary, and Medical and Dental, staff groups. As this is seen both in disability and sexual orientation, they should be explored further to unearth potential barriers to disclosure.
Sexual Orientation – Division

With the data available, there seems to be little difference in the proportion of LGB staff within different divisions.

Next Steps
Work is planned to improve disclosure rates of sexual orientation; this would enable more effective interpretation of Trust data.

The Trust will also explore how sexual orientation is recorded in ESR and how to align it with best practice set out in the Sexual Orientation Monitoring Standard.
Age – Overall

There is nothing notable about the overall age breakdown.

Age – Pay Band

It can be generally seen that, as the pay band increases, so does the average age. This is to be expected since, generally, with increased age comes increased experience, and therefore better potential for working at a higher band.
Band 1 does not follow this trend, however, Band 1 consists of a very small number of staff who have chosen not to be moved from the band after it was removed as part of changes to the Agenda for Change terms and conditions. It is, therefore, not representative.

There is a large proportion of staff less than 25 years old within the Ad Hoc band, since this is where many young apprentices are recorded.

**Age – Staff Group**

Age distribution by staff group shows that Estates and Ancillary, and Admin and Clerical, have a higher average age. This should be considered in workforce planning for these staff groups, especially as there is a high proportion of staff within Estates and Ancillary who are approaching retirement age.

**Age – Division**
The Corporate division has a slightly older population when compared with other divisions, which reflects what was seen in the staff group breakdown, especially with Estates.

Across the Trust, there is a large proportion of staff approaching retirement age, and whilst some of these staff may choose to stay in the workplace upon reaching that age, divisions should consider how they will ensure continuity of service.

**Next Steps**
Consideration will be given to the age of the workforce in workforce planning, especially to ensure continuity of service in areas where a high proportion of staff are approaching retirement.
Religion or Belief – Overall

Christianity is the largest group within the Trust at 45% which is below both the Oxford (48%) and Oxfordshire (60%) percentages from the 2011 census. There is also a lower percentage of staff with no religion (14% as opposed to 33%) and Muslim staff (3% as opposed to 6.8%) compared with the local population. This is likely due to the very high proportion which is unknown. This high non-disclosure rate may make it difficult to draw accurate conclusions from the data.

Interestingly, there is a much higher percentage of Hindu staff within the Trust compared with Oxford (3% as opposed to 1.3%). This may partly be due to efforts to recruit from India.

Religion or Belief – Pay Band
It can be seen that the diversity of religion or belief decreases as pay bands increase. The greatest diversity can be seen within the medical pay band. This may be linked with the higher proportion of BME staff in this group.

Religion or Belief – Staff Group

Breakdown by staff group again shows greater diversity or religion or belief within the Medical and Dental Staff group.

Religion or Belief - Division
There is little difference in the diversity of religion or belief when comparing divisions.

**Next Steps**

Work is planned to improve disclosure rates of religion or belief, this would enable more effective interpretation of Trust data.

The Trust will explore how it can highlight and celebrate the diversity of religions, beliefs and cultures within the Trust. Celebrations were recently held for Eid, and it is planned that the Trust will do similar for other religious festivals.