Oxford University Hospitals
NHS Foundation Trust

Cover Sheet

Public Trust Board Meeting: Wednesday 28 September 2022

TB2022.072

Title:	**Combined Equality Standards Report 2022**

Status:	**For Discussion**
History:	**Equality, Diversity, and Inclusion Steering Group August 2022, Trust Management Executive**

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

Executive Summary

1. The purpose of this report is to:
    - Update on the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) metrics as required by the NHS Standard Contract;
    - Update on the Trust's gender pay gap as required by Gender Pay Gap (GPG) Reporting Legislation;
    - Summarise action taken since the publication of the last WRES, WDES, and GPG Reports in September 2021;
    - Provide analysis on the WRES, WDES, and GPG metrics, including potential reasons for any disparities;
    - Provide recommendations for further action.
2. The report summarises some of the action undertaken to progress on WRES, WDES and GPG (a table of progress against recommended actions from last year's report can be found in **Appendix 4**). These include:
    - Embedding EDI into leadership development activity, such as in the Clinical Directors Programme and Senior Leadership Development Programme to enhance leadership capability to work on EDI.
    - Reviewing the routes for staff to escalate employee relations concerns, making clear the role of Staff Networks in these issues, with plans to communicate this widely in Autumn 2022.
    - Providing support to Staff Network Leads with access to supervision to support their wellbeing.
    - Having the Directors of Culture and Leadership and Workforce attend the HealthCare People Management Association (HPMA) HR & OD Anti Racist Leadership programme, equipping them with the skills and knowledge to embed principles of anti-racism and EDI into the People and Communications directorate.
    - Participating in a pilot of Empowerment Passports to support the Trust's review of its Disability Passport Procedure.
3. Key findings from the report include:
    - There is a growing proportion of Black, Asian, and minority ethnic staff within the Trust, however this growth is concentrated within AfC Bands 2-6 creating a widening gap between the overall proportion of Black, Asian, and minority ethnic staff within the Trust and those within Bands 8a and above.
    - Presenteeism continues to be an issue within the Trust that particularly impacts disabled staff. Disabled staff are working higher levels of unpaid additional

hours and also lower levels of paid additional hours than non-disabled staff which risks growing inequality between the two.

- Support for working carers has been identified as a gap in the Trust's current wellbeing provision. This will have an impact across the WRES and GPG due to higher proportions of women and Black, Asian, and minority ethnic people acting as working carers as well as on the WDES as there are similarities in experience and requirements for disabled staff and working carers.

4. Moving forward, improvements against the WRES, WDES and GPG will be delivered as part of the Trust's People Plan and EDI Objectives; a summary of activities that will support this is given in **Appendix 5**. This report has made recommendations as to actions that should be taken in addition to delivery against the above. These are listed below, and further detail is provided in **Appendix 6**.

   - 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.
   - 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.
   - 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.
   - Include data capture on working carers into planned work on improving EDI data and protected characteristic disclosure rates.
   - Collaborate with the Women's Network to co-create solutions that address the gender bonus pay gap, particularly in relation to CEAs.

Recommendations

5. The Trust Board is asked to:

   - Note the metrics for WRES, WDES, and GPG.
   - Review the recommended actions in **Appendix 6**.

Contents

Combined Equality Standards Report 2022

1. Purpose

1.1. The purpose of this report is to:

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

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

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

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

1.1.5. Provide recommendations for further action.

2. Background

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

2.1.1. the Workforce Race Equality Standard (WRES);

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

2.1.3. the Gender Pay Gap (GPG) Reporting.

2.2. For each of these, the Trust is required to publish against a set of metrics. WRES and WDES metrics are required to be submitted to NHS England and Improvement by 31st August 2022, and GPG metrics are required to be submitted to the Government Equalities Office by 31st March 2023.

2.3. For WRES and WDES, Trusts are then required to analyse these metrics and undertaken consultation with affected staff in order to develop actions plans to address any disparities noted in these metrics. For 2021, the publication date for WRES and WDES action plans is 31st October 2022. There is no statutory requirement for a GPG action plan, however the Trust chooses to identify actions as part of its commitment to reducing the gap.

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

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

2.5.1. WRES – **Appendix 1**;

2.5.2. WDES – **Appendix 2**;

2.5.3. GPG – **Appendix 3**.

2.6. Data for these metrics is accurate as of 31st March 2022 as required by the national guidance.

3. Action Taken Since 2021

3.1. This section highlights action that has been undertaken since the publication of the last Combined Equality Standards (WRES, WDES, and GPG) Report in September 2021.

3.2. A table summarising the progress against recommended actions made in last year's report can be found in **Appendix 4**. Actions undertaken include:

3.2.1. Embedding EDI into leadership development activity, such as in the Clinical Directors Programme and Senior Leadership Development Programme to enhance leadership capability to work on EDI.

3.2.2. Reviewing the routes for staff to escalate employee relations concerns, making clear the role of Staff Networks in these issues, with plans to communicate this widely in Autumn 2022.

3.2.3. Providing support to Staff Network Leads with access to supervision to support their wellbeing.

3.2.4. Having the Directors of Culture and Leadership and Workforce attend the HealthCare People Management Association (HPMA) HR & OD Anti Racist Leadership programme, equipping them with the skills and knowledge to embed principles of anti-racism and EDI into the People and Communications directorate.

3.2.5. Participating in a pilot of Empowerment Passports to support the Trust's review of its Disability Passport Procedure.

3.3. In addition to progressing the actions identified in last year's report, several other activities have been undertaken that will support improvement against the WRES, WDES, and GPG:

3.3.1. People Plan 2022-25[1] – The Trust approved a new People Plan in July 2022 that sets out our People vision: "Together we make OUH a great place to work where we all feel we belong". The People Plan embeds EDI throughout with specific activities

[1] https://www.ouh.nhs.uk/about/trust-board/2022/july/documents/TB2022.054-people-plan-2022-25.pdf

designed to improve equality as well as KPIs mapped to some of the WRES and WDES metrics.

3.3.2. EDI Objectives 2022-26 – Refreshed EDI Objectives have been drafted for the Trust and due for approval in September 2022. The refreshed objectives place great focus on developing Trust capability for progressing EDI and ensuring that all staff understand their responsibilities for it. This will enable delivery of our People Plan priorities.

3.3.3. Menopause Policy – The Women's Network have been leading on the development of a menopause policy that will make clear the support that those experiencing menopausal symptoms can receive from the Trust and help raise awareness of the barriers that these people may face in the workplace.

3.3.4. Black, Asian and minority ethnic Health and Wellbeing Programme – A series of events and interventions has been developed that focus on topics relating to the health and wellbeing of Black, Asian, and minority ethnic staff. Events undertaken so far include those on allyship, long Covid, raising concerns, and psychological safety in the workplace. Further events are currently under development for the rest of 2022.

3.3.5. Our Engagement Promise – In response to the Staff Survey, the Trust has launched 'Our Engagement Promise', stating its commitment to building a culture that actively seeks the collaboration and inclusion of all its people. This involves a programme of learning interventions running from June to November 2022 that demonstrate and build understanding of behaviours the Trust is looking to promote, and to show the Trust is listening and delivering solutions based on staff feedback. The learning interventions will support improvement on several metrics; particularly those in relation to bullying and harassment. It is also hoped that this will enable greater engagement from staff who are normally underrepresented allowing the Trust to better understand their experience and take appropriate action.

3.3.6. Inclusive Recruitment – The Trust participated in a pilot of inclusive recruitment training run by the Buckinghamshire, Oxfordshire, and Berkshire West (BOB) Integrated Care System (ICS). Following that, the Trust is in the process of designing its own inclusive recruitment training offering that incorporates aspects of the pilot whilst making it specific to the Trust's recruitment process. This is aimed at improving the whole recruitment journey rather than a part of it and will be aligned with

the national overhauling recruitment initiative as well as the 'no more tick boxes' work. This is aiming to be delivered by the end of 2022.

3.3.7. Prevention and Reduction of Violence and Aggression – In January 2022, the Trust launched its 'No Excuses' campaign which aims to reduce the levels of violence and aggression experienced by staff from patients and members of the public. This has involved trialling the use of body-worn camera in some services.

3.3.8. Clinical Excellence Awards (CEAs) – The Trust has a Task and Finish Group that has been set-up to consider approaches to competitive CEAs processes going forward that mitigate the gender pay gap for bonus pay. As can be seen from GPG Metric 2, this is an area which requires significant improvement, therefore, it is recommended that this Task and Finish Group collaborate with the Women's Network to co-create solutions that address the gender bonus pay gap and accelerate progress.

3.3.9. Timewise – The Trust has commissioned Timewise to support the organisation with an improved approach to flexible working. Timewise are a recognised provider of support in this area and have worked with the NHS at a national level as well as many NHS providers to implement best practice approaches. The work includes a diagnostic and workshops with a range of managers.

4. Key Findings for 2022

4.1. This section presents some of the key findings in relation to the 2022 WRES, WDES and GPG metrics and the experiences of Black, Asian, and minority ethnic staff, disabled staff, and women in the Trust.

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

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

4.2.2. Analysis of other Trust data sources;

4.2.3. Analysis of past Trust WRES data provided by NHS England;

4.2.4. Feedback from Staff Networks.

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

Progression of Black, Asian, and minority ethnic Staff and Model Employer Aspirational Goals

4.4. WRES Metric 1 (see **Appendix 1**) shows that the Trust has had a consistent increase in the proportion of Black, Asian, and minority ethnic staff every year for the past 5 years, with a key driver being the Trust's international recruitment programme. The increasing proportion of Black, Asian, and minority ethnic staff has had the effect of widening the gap between the proportion of Black, Asian, and minority ethnic staff in senior positions (Band 8a and above) and in the Trust overall. This is best seen through the Model Employer Aspirational Goals[2].

4.5. These aspirational goals were set by NHS England in January 2019, aiming for representation of Black, Asian, and minority ethnic staff within Bands 8a and above to be equal to the proportion of Black, Asian, and minority ethnic staff overall by 2028. Using the 2018 WRES data, Trusts were provided with an indicative roadmap of how to achieve these goals.

Table 1. Trust Progress Against Model Employer Aspirational Goals. Including updated goals based on current data

AfC Band	Current Black, Asian, and minority ethnic Headcount	Original (2018 data) Goal	Updated (2022 data) Goal	Gap from Original	Gap from Updated
8a	58	64	135	6	77
8b	17	27	58	10	41
8c	9	14	31	5	22
8d	4	4	12	0	8
9	4	2	9	-2	5
VSM	6	7	8	1	2

4.6. Table 1 (above) shows the Trust's progress against both the original aspirational goals set using the Trust's 2018 WRES data, as well as updated goals using the current Trust's data. Against the original goals, the Trust has made particularly good progress year on year and is on track to achieve them.

4.7. There is further work to do however, in light of the increased proportion of Black, Asian, and minority ethnic staff, which now means that the gap to achieve proportionate representation in senior posts has grown considerably. This gap is also being exacerbated by the increasing number of senior posts at these bands; with 50 additional posts this year as compared with last year.

[2] https://www.england.nhs.uk/wp-content/uploads/2019/01/wres-leadership-strategy.pdf

4.8. Whilst there has been growth in the representation of Black, Asian, and minority ethnic staff in senior roles, this growth has not kept pace with the increasing proportion of Black, Asian, and minority ethnic staff across the Trust as a whole and should be an area of focus for the Trust. In fact, analysis done on progression of Black, Asian, and minority ethnic staff by NHS England puts the Trust in the 91st percentile of all Trusts for progression of clinical staff from Bands 6 and 7 to Bands 8a and above; this shows the Trust is performing poorly in comparison and that there is a significant need for improvement.

4.9. As part of the Trust's People Plan there are specific activities under the strategic themes of "More People Working Differently" and "Making OUH a great place to work" that will support improvement on this. This includes:

4.9.1. Improving recruitment processes and upskilling managers to enable them to recruit inclusively.

4.9.2. Developing everyone's talent through career pathways, career conversations, and succession planning.

4.9.3. Ensuring our people have development plans that are personalised to them.

4.10. Whilst these activities should lead to improvement, specific focus should be given to Black, Asian, and minority ethnic staff in the delivery of these to ensure that their needs are adequately met. The Trust should also include the updated goals as one of the KPIs of the new People Plan ensuring regular oversight of them as well as setting a clear expectation for delivery against them.

4.11. It should be noted that issues of progression are not limited to Black, Asian, and minority ethnic staff. From WDES Metric 1 and GPG Metric 4, the proportion of disabled staff and women also reduces in senior levels of the Trust. Therefore, as part of this year's report, it is also recommended that the Trust considers positive action approaches that may accelerate improvements for Black, Asian, and minority ethnic staff, disabled staff, and women. These would be linked to talent management and succession planning approaches and may include giving people practical experience in roles at more senior level e.g., secondment, shadowing, and or acting up.

Presenteeism

4.12. WDES 6 has shown little improvement over the past few years in the percentage of staff who have felt pressure from their manager to come into work despite not feeling well enough. This lack of improvement is seen across both disabled and non-disabled staff, with a higher percentage of disabled staff saying they have felt this pressure than non-disabled staff.

4.13. This has been discussed in previous WDES reports[3] where a high level of presenteeism was identified amongst disabled staff who feared taking sickness absence because of how their capability may be viewed and concerns around potential discrimination.

Table 2. Percentage of staff who have felt pressure from their manager to come to work when not feeling well enough by staff group.

	Add Prof Scientific and Technic	Additional Clinical Services	Administrative and Clerical	Allied Health Professionals	Estates and Ancillary	Healthcare Scientists	Medical and Dental	Nursing and Midwifery Registered
Disabled	31.37%	25.66%	21.99%	33.33%	21.74%	33.96%	35.00%	28.73%
Non-Disabled	22.46%	19.21%	19.38%	20.94%	17.65%	20.33%	22.48%	18.99%

4.14. The above table looks at the metric by staff group. It can be seen that the medical and dental staff have the worst scores, following by healthcare scientists and allied health professionals. It is also apparent that disabled staff have worse scores on this metric regardless of staff group.

Table 3. Percentage of staff who, in the last 3 months, have come to work when not feeling well enough to perform duties by staff group.

	Add Prof Scientific and Technic	Additional Clinical Services	Administrative and Clerical	Allied Health Professionals	Estates and Ancillary	Healthcare Scientists	Medical and Dental	Nursing and Midwifery Registered
Disabled	78.46%	67.86%	67.50%	62.37%	80.65%	62.35%	49.59%	71.06%
Non-Disabled	45.42%	50.73%	43.41%	45.80%	48.65%	40.20%	34.17%	48.85%

4.15. Interestingly, despite disabled medical and dental staff reporting the highest percentage of those who have felt pressure to come in they also have the lowest percentage of staff who reported they did come in, in comparison to other disabled staff. See Table 3 above.

4.16. In addition to coming into work when not feeling well enough, this presenteeism also appears for disabled staff in other ways. When looking at the percentage of staff who have work additional unpaid hours, this is higher for disabled staff at 62.44% compared with non-disabled staff at 58.11%. Speaking with members of the Disability and Accessibility Network identifies

[3] https://www.ouh.nhs.uk/about/equality/documents/wdes-2019.pdf

some similar factors around wanting to prove their value and capability to the organisation.

4.17. Again, looking at these questions by staff group highlights some areas where there are large gaps between the experiences of disabled and non-disabled staff, such as in nursing and midwifery where it is 75.9% of disabled staff and 61.99% of non-disabled staff working additional unpaid hours. Medical and dental staff also have a very high proportion of staff working additional unpaid hours: 90.91% of disabled staff and 85.87% of non-disabled staff. This identifies a need to focus on specific staff groups when addressing this form of presenteeism.

4.18. When looking at the percentage of staff working additional paid hours, there is a gap between disabled and non-disabled staff, however it is the inverse of when looking at additional unpaid hours. 33.13% of disabled staff work additional paid hours compared with 40.46% of non-disabled staff. This is concerning, especially when viewed with the percentages of staff working additional unpaid hours, as this may have the effect of entrenching inequality between disabled and non-disabled staff; especially when we consider that cost of living for disabled people is generally higher[4].

4.19. This is a complex issue which requires further engagement and analysis to better understand root causes and implement mitigating actions. It is recommended that presenteeism across all staff is explored further as part of the People Plan Health and Wellbeing work and that this specifically includes input from the Staff Disability Network to understand the particular needs of disabled staff in this area.

Support for Working Carers

4.20. From engagement with staff, it was identified that there was a current gap in the provision of support for working carers. A working carer has caring responsibilities that impact on their working lives. These workers are responsible for the care and support of relatives or friends who are older, disabled, seriously ill (physically or mentally) and unable to care for themselves. The NHS has identified that approximately 1 in 3 of its staff are working carers meaning that this gap in support provision exists for a potentially large proportion of the Trust.

4.21. Providing appropriate support for working carers will have a positive impact across the WRES, WDES, and GPG as those who undertake unpaid caring responsibilities are disproportionately from Black, Asian, and minority ethnic communities and women. Improving accessibility for carers will also improve the experience for disabled staff.

[4] https://www.scope.org.uk/campaigns/extra-costs/disability-price-tag/

4.22. To gain an understanding of the barriers working carers face, the Disability and Accessibility Network hosted listening events for working carers to share their experiences in June 2022. Key findings from those events were:

4.22.1. Staff were largely unaware of the range of support that was available.

4.22.2. It was felt that working carers were poorly misunderstood across the Trust and some felt they faced mistreatment or a lack of support as a result.

4.22.3. Staff often taken annual leave in order to meet their caring responsibilities. Therefore, it is felt that they have little opportunity for rest or respite which can lead to issues impacting their wellbeing.

4.22.4. Presenteeism was identified as an issue with staff expressing concerns around their capability being questioned or feeling like they are letting their colleagues down if they take time out to deliver care. This is very similar to the experiences disabled staff have on presenteeism.

4.22.5. The Trust's Remote Working and Flexible Working procedures include provisions to support caring responsibilities, however there are concerns from some staff that this is not the case. It is important that we continue to communicate our policies clearly and to ensure that managers are applying them fairly and consistently.

4.22.6. Some staff had unpaid caring responsibilities for family members who also worked for the Trust which created unique issues in relation to accessing support – such as with access to parking permits.

4.22.7. For some staff, it was felt that their caring responsibilities were a barrier to progression and development as they were reliant on being able to work flexibly and were concerned that more senior roles may not offer that.

4.22.8. It was noted that attendance from those working in patient facing roles was low in the listening events. There was a concern that they would be at most risk of burnout due to delivering care both at home and in the workplace. It was recognised that there was a need to engage with this group further.

4.23. Some work is already planned by the Disability and Accessibility Network who are working with the Wellbeing Team to raise awareness of the support available for working carers and enable better signposting to that

support. This includes creating a bank of resources that can be accessed by staff on support for working carers as well as disseminating information via the Wellbeing Champions.

4.24. It is recommended that further actions are undertaken to capture data on the working carers in our workforce so that barriers can be better identified, and targeted action taken. The Electronic Staff Record (ESR) allows for staff to flag if they are working carers, and this should be utilised to do this. This activity can be conducted as part of already planned activity on improving protected characteristic disclosure rates and more effectively utilising Trust EDI data.

5. Conclusion and Next Steps

5.1. Over the past year, the Trust has seen improvements, such as on bullying and harassment, but also some declining performance, such as on career development and progression. Whilst it is disappointing that there are areas in which improvements have not been made, the Trust has set a solid foundation for future improvements with work that has been undertaken in the past year in developing its People Plan and EDI Objectives.

5.2. Both the People Plan and the EDI Objectives have been designed in a way that will support improvement against the WRES, WDES, and GPG; a summary of this is provided in **Appendix 5**. Therefore, moving forward, the Trust's approach to these standards will be incorporated into delivery against the People Plan and EDI Objectives rather than a standalone workstream.

5.3. However, this report has identified some areas where specific considerations will need to be given in delivery of the People Plan and EDI Objectives, as well as a small number of activities that are not yet covered.

5.4. Recommendations have been made to address these below, with further detail given in **Appendix 6**. Should they be approved, these actions will be incorporated into delivery against the People Plan and EDI Objectives.

5.4.1. 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.

5.4.2. 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.

5.4.3. 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.

5.4.4. Include data capture on working carers into planned work on improving EDI data and protected characteristic disclosure rates.

5.4.5. Collaborate with the Women's Network to co-create solutions that address the gender bonus pay gap, particularly in relation to CEAs.

6. Recommendations

6.1. The Trust Board is asked to:

- Note the metrics for WRES, WDES, and GPG.
- Review and agree recommended actions in **Appendix 6**.

7. Appendix 1: Workforce Race Equality Standard Metrics

Definitions and Data Sources for WRES Metrics

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

Metric 1. Percentage of Black, Asian, and minority ethnic 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	Difference	2022 Black, Asian, and minority ethnic Headcount
Non-Clinical	**16.18%**	**16.78%**	**17.77%**	**0.99%**	**566**
Under Band 1	21.74%	19.05%	0.00%	-19.05%	0
Band 1	10.00%	0.00%	0.00%	0.00%	0
Band 2	17.97%	18.35%	20.23%	1.89%	69
Band 3	17.21%	18.50%	21.64%	3.14%	145
Band 4	17.13%	17.16%	17.55%	0.40%	142
Band 5	18.03%	17.34%	18.28%	0.94%	81
Band 6	15.08%	17.93%	17.80%	-0.13%	60
Band 7	13.62%	13.08%	10.46%	-2.62%	25
Band 8a	11.38%	10.94%	13.24%	2.30%	18
Band 8b	8.70%	10.14%	11.27%	1.12%	8
Band 8c	5.00%	8.33%	11.76%	3.43%	6
Band 8d	4.76%	12.00%	8.82%	-3.18%	3
Band 9	8.33%	13.64%	18.18%	4.55%	4
VSM	11.54%	12.50%	19.23%	6.73%	5
Clinical	**23.48%**	**27.32%**	**31.72%**	**4.40%**	**2800**
Under Band 1	12.50%	0.00%	16.67%	16.67%	1
Band 1	0.00%	0.00%	0.00%	0.00%	0
Band 2	28.97%	31.64%	37.61%	5.97%	331
Band 3	22.71%	33.91%	32.42%	-1.49%	344
Band 4	22.19%	23.81%	26.29%	2.48%	117
Band 5	32.38%	39.56%	50.72%	11.16%	1121
Band 6	22.95%	23.60%	27.16%	3.56%	635
Band 7	12.61%	14.73%	14.80%	0.07%	197
Band 8a	10.74%	10.78%	11.73%	0.95%	40
Band 8b	4.50%	4.92%	6.67%	1.75%	9
Band 8c	5.77%	3.77%	5.26%	1.49%	3
Band 8d	0.00%	11.11%	10.00%	-1.11%	1
Band 9	0.00%	0.00%	0.00%	0.00%	0
VSM	66.67%	50.00%	50.00%	0.00%	1
Medical and Dental	**28.86%**	**31.26%**	**29.93%**	**-1.32%**	**663**
Consultants	23.31%	23.82%	25.23%	1.41%	245
Non-Consultant Career Grade	30.77%	31.34%	28.57%	-2.77%	20

Trainee Grade	33.39%	37.30%	33.90%	-3.40%	398
Trust Total	**22.60%**	25.54%	**28.32%**	**2.78%**	**4029**

7.1. Since 2018, the overall proportion of Black, Asian, and minority ethnic staff within the Trust has consistently increased by 2-3 percentage points every year; this is the result of an increased number of Black, Asian, and minority ethnic staff rather than a decrease in the number of White staff. This is demonstrated in the table below.

Proportion of Black, Asian, and minority ethnic Staff in OUH from 2018 – 2022

2018	2019	2020	2021	2022
17.59%	20.69%	22.60%	25.54%	28.32%

7.2. When looking at the breakdown by AfC band, very large increases can be seen in clinical bands 2, 4, and 5; band 5 being the largest increasing by 13.66 percentage points to 50.72%. This is the only banding where proportion of Black, Asian, and minority ethnic staff exceeds the proportion of white staff.

7.3. For bands 2 and 4, the increases are largely down to a significant reduction in the numbers of White staff at these levels; in band 2 there were 283 less white staff and in band 4 there were 536 less white staff, as compared with last year.

7.4. However, for band 5, whilst there was a drop in White staff (281 less) there was also an increase in Black, Asian, and minority ethnic staff with 286 more Black, Asian, and minority ethnic staff as compared with last year. The leading driver behind this is the Trust's international recruitment programme which saw 350 nursing staff join the Trust during the reporting year.

7.5. In Medical and Dental roles, there has been a decrease in the overall proportion of Black, Asian, and minority ethnic staff, with a reduction in the proportion of Black, Asian, and minority ethnic trainee grade staff being the primary contributor to this. The proportion of Black, Asian, and minority ethnic staff at this level still remains higher than the overall Trust. Conversely, the proportion of Black, Asian, and minority ethnic staff in consultant roles has increased.

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

	2020	2021	2022	Difference
Relative Likelihood	1.55	1.55	1.71	0.16

7.6. White applicants are 1.71 times more likely to be appointed from shortlisting when compared to Black, Asian, and minority ethnic applicants; there has been a decline on this metric as compared with the previous year.

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

	2020	2021	2022	Difference
Relative Likelihood	1.23	0.63	1.03	0.4

7.7. There has been a large change in this metric with Black, Asian, and minority ethnic staff now 1.03 times more likely to enter a formal disciplinary process as compared with White staff; this is close to parity. It should be noted that this metric is calculated from comparatively small numbers (34 cases total) meaning that the metric is susceptible to large variations which would account for the large changes seen.

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

	2020	2021	2022	Difference
Relative Likelihood	1.03	1.08	0.73	0.35

7.8. This metric shows a shift with Black, Asian, and minority ethnic staff now more likely to access non-mandatory training and CPD.

7.9. There has been a change in how this metric was calculated for this year with the introduction of the new Learning Management System (LMS), and there are challenges in identifying which courses are mandatory especially as this varies by role. To determine whether training is mandatory or not, this metric was pulled looking at the numbers of staff who self-enrolled onto courses; this removes any courses which are assigned to staff. However, it should be noted that this is an estimate as there may be some courses which are mandatory where individuals self-enrolled and it also does not take into account any training opportunities not logged via the LMS. Further consideration will be given as to how this can be more accurately calculated moving forward.

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

	2020	2021	2022	Difference
White	25.80%	25.80%	23.90%	-1.90%
Black, Asian, and minority ethnic	26.40%	24.70%	23.50%	-1.20%

7.10. There has been a decrease for both Black, Asian, and minority ethnic and White staff experiencing bullying, harassment, or abuse from patients and the public; with both groups experiencing it to a similar extent. Work that has started on the 'No Excuses' campaign will hopefully reduce this further moving forward.

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

	2020	2021	2022	Difference
White	26.80%	25.30%	22.00%	-3.30%
Black, Asian, and minority ethnic	28.80%	28.10%	25.60%	-2.50%

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

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

	2020	2021	2022	Difference
White	60.50%	60.50%	58.70%	-1.80%
Black, Asian, and minority ethnic	50.80%	51.60%	48.30%	-3.30%

7.12. The percentage of both Black, Asian, and minority ethnic and White staff believing that the Trust provides equal opportunities for career progression or promotion has decreased, with a greater decrease for Black, Asian, and minority ethnic staff. The gap between Black, Asian, and minority ethnic and White staff has grown on this metric.

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

	2020	2021	2022	Difference
White	6.80%	5.90%	6.60%	0.70%
Black, Asian, and minority ethnic	15.10%	16.00%	15.30%	-0.70%

7.13. There has been little change in the percentage of both Black, Asian, and minority ethnic and White staff who have experienced discrimination at work in the last 12 months. Black, Asian, and minority ethnic staff remain significantly more likely to experience discrimination at work.

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

	2020	2021	2022	Difference
Board Voting Membership % Black, Asian, and minority ethnic	12.50%	17.65%	22.20%	4.55%
Difference from Overall Workforce	-10.10%	-7.89%	-6.12%	1.86%

7.14. There has been an increase in the percentage of Board voting members who are Black, Asian, and minority ethnic, rising to 22.2%. The difference between the Board voting membership and the proportion of Black, Asian, and minority ethnic staff in the overall workforce has decreased again for this year.

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 change 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	Difference	2022 Disabled Staff Headcount
Non-Clinical	**3.82%**	**4.04%**	**4.26%**	**0.22%**	**137**
AfC 1-4	4.25%	4.36%	4.46%	0.10%	82
AfC 5-7	3.55%	4.42%	4.06%	-0.36%	42
AfC 8a & 8b	1.56%	2.66%	4.35%	1.69%	9
AfC 8c - VSM	2.70%	2.73%	2.99%	0.26%	<5
Clinical	**3.26%**	**3.84%**	**3.76%**	**-0.08%**	**333**
AfC 1-4	3.25%	4.12%	3.88%	-0.24%	93
AfC 5-7	3.37%	3.83%	3.88%	0.04%	229
AfC 8a & 8b	2.20%	1.94%	2.09%	0.15%	10
AfC 8c - VSM	1.43%	1.35%	1.27%	-0.09%	<5
Medical and Dental	**0.50%**	**1.26%**	**1.24%**	**-0.02%**	**29**
Consultants	0.84%	0.70%	0.68%	-0.02%	7
Non-Consultant Career Grade	0.00%	0.00%	1.35%	1.35%	<5
Trainee Grade	0.26%	1.79%	1.69%	-0.10%	21
Trust Total	**2.95%**	**3.44%**	**3.46%**	**0.02%**	**499**

8.1. Overall, the proportion of disabled staff in the Trust has largely remained the same. There continues to be a larger proportion of disabled staff in the non-clinical group with a much lower proportion in the medical and dental group.

8.2. There has been an increase in the non-disclosure rate for this year with 16.65% of staff not disclosing as compared with 15.26% of staff last year. This high non-disclosure rate impacts the robustness of WDES metrics pulled from ESR, particularly when it is known that approximately 15% of NHS Staff Survey respondents disclose a disability. Tackling this high rate of non-disclosure will be addressed as part of the Year 1 activity under the Trust's incoming EDI Objectives.

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

	2020	2021	2022	Difference
Relative Likelihood	1.13	1.43	1.12	-0.31

8.3. Non-disabled staff are 1.12 times more likely to be appointed from shortlisting when compared with disabled staff; this is an improvement on the previous year.

Metric 3. Relative likelihood of entering the formal capability procedure

	2020	2021	2022	Difference
Relative Likelihood	2.80	2.24	3.30	1.06

8.4. There has been a decline in performance on this metric with disabled staff now 3.30 times more likely to enter a formal capability process than non-disabled staff; up from 2.24 times. Whilst there is a decline, it should be noted that there were only 9 cases under the managing work performance procedure in the past 2 years making this metric subject to large variations. Additionally, the poor disclosure of disability (discussed in WDES Metric 1) has an impact on the reporting of this metric.

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

	2020		2021		2022		Difference (Non-Disabled)	Difference (Disabled)
	Non-Disabled	Disabled	Non-Disabled	Disabled	Non-Disabled	Disabled		
a) i. Patients	24.40%	33.20%	24.20%	31.50%	22.40%	29.40%	-1.80%	-2.10%
a) ii. Managers	11.00%	18.00%	10.20%	17.00%	8.60%	16.40%	-1.60%	-0.60%
a) iii. Colleagues	21.10%	30.90%	19.60%	30.40%	25.30%	25.30%	5.70%	-5.10%
b) Reported	45.20%	46.80%	42.40%	48.00%	45.00%	45.40%	2.60%	-2.60%

8.5. There have been slight reductions for all staff on bullying and harassment experienced from patients and managers.

8.6. On bullying and harassment experience from colleagues, there has been a comparatively large increase for non-disabled staff with an improvement of a similar magnitude for disabled staff. As a result there is now parity between them on this metric; however, the Trust is still aiming to reduce this for everyone.

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

	2020	2021	2022	Difference
Non-Disabled	N/A	59.50%	56.80%	-2.70%
Disabled	N/A	50.00%	51.80%	1.80%

8.7. Comparison to 2020 is not available due to a difference in the way it was calculated.

8.8. There has been an increase in the percentage of disabled staff believing the Trust provides equal opportunities for career progression or promotion and a decrease for non-disabled staff believing this.

8.9. Non-disabled staff are more likely to believe this than disabled staff, although the gap between the two has closed by 4.5 percentage points.

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

	2020	2021	2022	Difference
Non-Disabled	17.50%	18.30%	19.80%	1.50%
Disabled	29.00%	26.80%	27.10%	0.30%

8.10. There has been an increase for both disabled and non-disabled staff saying they have felt pressure from their manager to come into work despite not feeling well enough; this increase is greater for non-disabled staff. Disabled staff still experience this to a greater degree, although the gap between the two is decreasing.

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

	2020	2021	2022	Difference
Non-Disabled	50.00%	51.90%	45.40%	-6.50%
Disabled	37.20%	40.80%	36.30%	-4.50%

8.11. There has been a decline in the percentage of all staff satisfied with the extent to which the Trust values their work with the that decline being greater for non-disabled staff.

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

	2020	2021	2022	Difference
Response	74.30%	81.50%	79.40%	-2.10%

8.12. There has been a decrease in the percentage of disabled staff feeling that the Trust made adequate adjustments to enable them to carry out their work.

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

	2020	2021	2022	Difference
Non-Disabled	7.2	7.3	7.1	-0.2
Disabled	6.7	6.8	6.7	-0.1

8.13. Engagement scores have decreased slightly for both disabled and non-disabled staff.

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

	2020	2021	2022	Difference
Board Voting Membership % Disabled	0.00%	12.50%	11.11%	-1.39%
Difference from Overall Workforce	-2.95%	9.06%	7.65%	-1.41%

8.14. There has been a slight decrease in the percentage of the Board voting membership who are disabled. From this metric it would seem that the Board is over-representative of disabled staff within the overall Trust; however, this still cannot be determined due to aforementioned issues of disclosure.

9. Appendix 3: Gender Pay Gap Metrics

Definitions and Data Sources for GPG Metrics

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

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

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

9.1.3. Proportion of men and women receiving bonuses;

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

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

9.2.1. Bonus pay includes:

9.2.2. Clinical Excellence Awards;

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

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

9.2.5. Bonus payments;

9.2.6. Distinction awards.

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

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

	Mean Hourly Rate				Median Hourly Rate			
	2020	2021	2022	Difference	2020	2021	2022	Difference
Men	£23.65	£24.50	£24.90	£0.40	£18.65	£19.38	£17.48	-£1.90
Women	£17.70	£18.37	£17.59	-£0.78	£15.55	£16.04	£14.71	-£1.33
Difference	£5.95	£6.13	£7.31	£1.18	£3.10	£3.34	£2.77	-£0.57
Pay Gap %	**25.15%**	**25.02%**	**29.36%**	**4.34%**	**16.6%**	**17.22%**	**15.83%**	**-1.39%**

9.4. There has been an increase in the mean pay gap, resulting in the largest mean pay gap reporting by the Trust since gender pay gap reporting started in 2017; the previous largest mean pay gap was in 2019 at 26.8%. A driver of this can be seen in metric 4 where there has been a

comparatively large decrease in the proportion of women in the upper-middle earning quartile of the Trust

9.5. The median pay gap, on the other hand, has decreased slightly with a decrease in the median hourly rate for both men and women.

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

	Mean Bonus Pay				Median Bonus Pay			
	2020	2021	2022	Difference	2020	2021	2022	Difference
Men	£8,310.94	£6,872.31	£8,161.27	£1,288.96	£3,092.00	£1,235.67	£3,941.00	£2,705.33
Women	£3,010.94	£3,928.96	£3,467.73	-£461.23	£660.00	£1,235.67	£1,470.00	£234.33
Difference	£5,300.00	£2,943.36	£4,693.54	£1,750.18	£2,432.00	£0.00	£2,471.00	£2,471.00
Pay Gap %	**63.77%**	**42.83%**	**57.51%**	**14.68%**	**78.65%**	**0.00%**	**62.70%**	**62.70%**

9.6. There has been an increase in both the mean and median bonus pay gap. For the median gap, this was heavily affected by “onwards payments” which were paid to nursing staff of which 44 were men and 370 were women. The value of these payments was £1470 which became the median value for women due to the large number of women receiving them. The median value for men comes from Clinical Excellence Awards (CEAs) which are greater in value creating the median pay gap.

Metric 3. Proportion of men and women receiving bonuses

	2020	2021	2022	Difference
Men	12.55%	13.60%	13.87%	0.27%
	436	*464*	*501*	*37*
Women	7.91%	3.67%	6.44%	2.77%
	810	*390*	*694*	*304*

9.7. There has been an increase in the proportion of women receiving bonuses, largely due to the onwards payments given to Band 5 clinical staff.

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

Quartile	2020		2021		2022		Difference in proportion of women
	Women	Men	Women	Men	Women	Men	
1	77.26%	22.74%	77.82%	22.18%	75.67%	24.33%	-2.15%
	2415	*711*	*2505*	*714*	*2550*	*820*	*45*

2	80.47% *2518*	19.53% *611*	80.33% *2818*	19.67% *690*	81.61% *2755*	18.39% *621*	1.28% *-63*
3	80.86% *2530*	19.14% *599*	81.71% *2671*	18.29% *598*	78.30% *2645*	21.70% *733*	-3.41% *-26*
4	61.54% *1925*	38.46% *1203*	61.92% *2143*	38.08% *1318*	62.75% *2121*	37.25% *1259*	0.83% *-22*

9.8. There has been a slight increase in the proportion of women in the top quartile of the Trust's pay structure, however this is not due to an increase in the number of women, rather a decrease in the number of men. There was a comparatively large decrease in the proportion of women in the upper-middle quartile; this will have contributed to the increased mean pay gap seen in metric 1.

9.9. The proportion of men continues to be greatest in both the top and bottom quartiles of the organisations pay structure.

10. Appendix 4: Progress Against 2021 Combined Equality Standards Report Actions.

10.1. The table below summarises progress against the actions made in the 2021 Combined Equality Standards Report.

Action	Summary of Progress
Develop systems to enable regular reporting of EDI Data (including WRES/WDES/GPG metrics) by Division.	A dashboard is in development that will enable divisions to receive regular reports on EDI related metrics broken down by protected characteristic. The first build is expected to be completed by end of August 2022.
Work with Staff Survey Provider to receive further protected characteristic breakdown of responses.	Further breakdowns were received from the 2021 staff survey, enabling analysis of the staff survey by protected characteristic, as well as division and staff group. Key findings from that analysis are included in this report to help inform the recommended actions.
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.	Work has been undertaken by the Employee Relations Team to develop clear signposting and escalation routes for staff with any employee relations process including bullying, harassment, and discrimination. The role of Staff Networks has been considered as part of this with clear expectations to be set around what they can provide to protect Network Leads from burnout. These routes are due to be agreed and communicated across the Trust in Autumn 2022.
Utilise Trust leadership and management training to build capacity and self-awareness in relation to bullying, harassment, and discrimination across all leaders in the organisation.	Multiple activities have been undertaken to meet this action: • The Trust's Values Based Conversations training has been refreshed and rolled out equipping attendees with tools to have quality conversations that reflect the Trust values and embed a culture of learning and respect. There have been 271 attendees since its relaunch. • EDI has been embedded within both the Clinical Directors Programme (2021/22) and the Senior Leadership Development Programme (2022/23). This has included developing understanding of EDI as well as of how to conduct equality impact assessments to meet the needs of diverse communities. • The Trust's recruitment training is in the process of being refreshed, with a strong focus on inclusion to prevent discriminatory practice within recruitment processes. This is due to be launched by end March 2023 • The Trust is working with the BOB ICS to roll out Civility and Respect - Kindness into Action to its leaders between September-November 2022 This will support staff to understand how they can amplify kinder behaviours in the workplace and work to prevent incivility and other behaviours that may lead to bullying, harassment, and discrimination.

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.	The Directors of Workforce and Culture and Leadership have both been attending the HPMA HR & OD Anti Racist Leadership Programme to develop the skills, knowledge, competencies, behaviours, and confidence to lead a culture change programme to fully embed EDI across the People and Communications Directorate. As an extension of this, they are both leading the undertaking of the HPMA 5 Step Challenge. This challenge sets out steps to improve HR & OD functions to make them more inclusive and embed EDI into their everyday practice. This will commence in Autumn 2022.
Provide wellbeing support for Staff Network Leads.	The Black, Asian, and minority ethnic Network Leads have been receiving support from the Trust's psychological medicine service with monthly supervision sessions. This has provided a space for Network Leads to discuss issues impacting their wellbeing and explore ways in which they manage them. We are exploring how this support can be expanded across the other Networks.
Review the Disability Passport Procedure.	The Trust has been given the opportunity to participate in a pilot of 'empowerment passports' being run by Buckinghamshire Healthcare NHS Trust. Participation in this pilot will be used to inform the development of the Trust's Disability Passport Procedure. It is anticipated that this will be completed by the end of 2022.
Ensure managers are aware of their duty to undertake reasonable adjustments and create escalation processes for when this is not happening.	Further communications will be undertaken as part of the launch of the revised Disability Passport Procedure.
Consider options to enable consistent purchase of reasonable adjustments- including the possibility of a central cost code	A working group has been set up with Culture and Leadership, Workforce, Occupational Health, Finance, and Procurement to develop potential options and determine how they can be resourced and implemented.
Conduct data analysis (incl. MWRES) of Medical and Dental workforce to identify disparities and develop a targeted action plan for this group	This analysis has not yet been undertaken. The development of the aforementioned EDI dashboard will enable this to take place moving forward.
Consider the EDI recommendations from the National Future of NHS HR & OD programme and determine implementation plan.	The recommendations from this national programme have been reviewed and inform both the Trust's People Plan and EDI Objectives.

11. Appendix 5: Alignment between OUH People Plan and EDI Objectives against WRES, WDES, and GPG Metrics

11.1. The below table summarises how activities planned for delivery against the Trust's People Plan and EDI Objectives will enable improvement against the WRES, WDES, and GPG metrics. Alignment between People Plan and EDI Objective activities is also shown.

11.2. To avoid duplication, metrics have been grouped by theme and also included a section where activities should result in improvement across all metrics.

Theme and Metrics	People Plan Activity	EDI Objective Activity
All Metrics	• Targeted initiative to address the discrimination and inequities we know about from our data, e.g., in relation to race and disability • Ensure all teams and leaders have measurable objectives on Equality, Diversity & Inclusion (EDI) • Provide training and ongoing support to our managers for the role they do • Deliver compassionate, collective, inclusive leadership programmes and team development • Provide high quality workforce information that enables decisions to be made about how to resource our services	• Strengthen our EDI data, improving disclosure rates and use it more effectively • Develop capability of, and support for, managers • Embed EDI into Leadership Development • Deliver an allyship programme. • Expand rollout of the EDI Peer Review • Review our equality impact assessment processes
Recruitment WRES 1, 2, 9 WDES 1, 2, 10 GPG 1, 4	• Embed our values in all our processes, e.g. recruitment • Provide training and ongoing support to our managers for the role they do • Develop and support our managers and teams to plan their workforce and to work in the most efficient way • Understand how best to grow and attract the talent we need in all staff groups • Improve recruitment processes to get people in post as quickly as possible • Deliver the best candidate experience and welcome/induction to OneTeamOneOUH	• De-bias processes • Become an inclusive employer of choice.
Career Development and Progression WRES 1, 2, 4, 7, 9 WDES 1, 2, 5, 10 GPG 1, 4	• Develop everyone's talent through career pathways, career conversations and succession planning • Support diverse careers and across all staff groups, including research • Ensure our people have development plans (PDPs) that are personalised to them • Support team development opportunities and objective setting that everyone contributes to at all levels • Understand how best to grow and attract the talent we need in all staff groups	• Develop an approach to talent management that addresses under-representation and lack of diversity in senior positions.

Bullying, Harassment, and Discrimination WRES 5, 6, 8 WDES 4	• Implement initiatives to tackle violence and aggression towards staff • Enable people to have open conversations and resolve difficulties at an early stage • Implement the NHS Civility & Respect Framework • Enable our people to feel safe to speak up when standards fall short • Deliver compassionate, collective, inclusive leadership programmes and team development inc. Civility & Respect – Kindness into Action programme.	• Expand on work to prevent and reduce violence and aggression from patients and the public towards staff.
Health and Wellbeing WDES 6, 8	• Identify and implement initiatives to meet basic physical needs in the workplace where these are not met, e.g., relation to hydration, nutrition and facilities • Continue to expand our offer to meet psychological needs through wellbeing check-ins, safety to speak up, Leading with Care, and post-pandemic trauma recovery • Ensure our leaders and managers have the knowledge and resources to support and signpost people to wellbeing support • Introduce initiatives to support working lives with flexibility and autonomy	
HR Processes WRES 3 WDES 3	• Embed our values in all our processes, e.g., recruitment • Provide training and ongoing support to our managers for the role they do	• De-bias processes
Reward, Recognition and Engagement WDES 7, 9 GPG 2, 3	• Support equal value and recognition for everyone for their role in patient care, 'no more nons', e.g., non-clinical ! • Offer a best in class NHS benefits package for our people • Support our people with the practical challenges that they face e.g. Cost of Living • Focus on rewarding and recognising everyone	• Develop and resource our Staff Networks • Promote good EDI practice

12. Appendix 6: Recommended Actions Summary

12.1. The below table summarises the high-level actions that this report recommends the Trust takes in response to the analysis and key findings from the 2022 data, including their alignment to People Plan Strategic Themes. Following this, further work to develop and deliver on these actions will be undertaken.

12.2. It should be noted that, whilst workforce leads are identified for each of the actions, delivery will require input from leaders and managers across corporate and Divisional services and we will define specific responsibilities as appropriate.

Action	Lead	Alignment to People Plan	Suggested Timeline
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.	Director of Culture & Leadership	Health, Wellbeing and Belonging for all our People More People Working Differently	By March 2023
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.	Joint Directors of Workforce/ Director of Culture & Leadership	Health, Wellbeing and Belonging for all our People Making OUH a great place to work	By May 2023
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	Director of Culture and Leadership	Health, Wellbeing and Belonging for all our People	By May 2023
Include data capture on working carers into planned work on improving EDI data and protected characteristic disclosure rates.	Associate Director of Workforce Informatics	Health, Wellbeing and Belonging for all our People More People Working Differently	By December 2022
Collaborate with the Women's Network to co-create solutions that address the gender bonus pay gap, particularly in relation to CEAs.	Associate Director of Pay, Policy, and Reward	Health, Wellbeing and Belonging for all our People Making OUH a great place to work	By May 2023