Oxford University Hospitals
NHS Foundation Trust

Cover Sheet

Public Trust Board Meeting: Wednesday 11 September 2024

TB2024.77

Title:	**Combined Equality Standards Report (WRES/WDES/GPG) 2024**

Status:	**For Decision**
History:	**People and Communications Committee, 12th August 2024** **Equality, Diversity, and Inclusion Steering Group, 12th August 2024** **Trust Management Executive, 29th August 2024**

Board Lead:	**Chief People Officer**
Author:	**Tommy Snipe, Equality, Diversity, and Inclusion Manager** **Kate Jessel, Director of Culture, Leadership, and Organisational Development**
Confidential:	**No**
Key Purpose:	Strategy, Assurance

Executive Summary

- At OUH we are committed to making improvements on equality, diversity, and inclusion (EDI) for our people. In support of this, we conduct an annual review against the Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES), and Gender Pay Gap (GPG) and are proactively delivering against the High Impact Actions (HIAs) of the NHS EDI Workforce Improvement Plan. This report summarises key findings against the WRES, WDES, and GPG metrics, as aligned to the HIAs, and recommends priority areas to enable further improvement.
- Against each of the HIAs, the following findings were made:
    - On HIA1, Chief Officers have identified EDI objectives on which they are held individually and collectively accountable. This will soon be extended to Non-Executive Directors (NEDs).
    - On HIA2, there are barriers to progression for Black and Minority Ethnic (BME) staff with the proportion of BME staff dropping significantly above Band 6 and White candidates being 1.77 times more likely to be appointed from shortlisting compared to BME candidates. Disability disclosure rate is poor 4.26% on ESR compared to 20.18% in the staff survey; this impacts the accuracy of WDES-related metrics.
    - On HIA3, we see that we have had a drop in the gender pay gap, with the median gap dropping to the lowest level since before pay gap reporting commenced (9.0%). There is a need to focus on medical and dental staff to drive further improvement on pay gaps.
    - On HIA4, there is improvement, but progress is slow; HIA4.1 has improved by 3.2% since 2020. Engagement with disabled staff highlights effective reasonable adjustments as a foundation for accelerating improvement.
    - On HIA5, internationally-recruited staff have better scores than domestically-recruited staff on metrics relating to career development and learning; for example “there are opportunities for me to develop my career in this organisation” (18.3% higher). However, they have lower scores on questions relating to their integration, such as “enjoy working with colleagues in team” (8.0% below).
    - On HIA6, there has been improvement for BME and Disabled staff across the majority of bullying and harassment related metrics. However, there are still large gaps between the experience of BME and Disabled staff and White and Non-Disabled staff across all metrics.

- Analysis of the metrics and a review of the current progress and planned activity (see **Appendix 1**) has led to the identification of four areas that the Trust should prioritise to support further improvement.
    - **Recruitment and Progression (HIA2)** – The Trust should build on the implementation of inclusive recruitment training to fully embed the learning and implement targeted interventions that support progression
    - **Pay Gaps in Medical and Dental Staff (HIA3)** – The Trust should focus on supporting progression for women into senior medical and dental roles through implementation of the Mend the Gap recommendations. This includes the introduction of a 'Comply or Explain' accountability measure requiring justifications for recruitment decisions.
    - **Reasonable Adjustments (HIA4)** – The Trust should use the introduction of the new Reasonable Adjustments Policy as an opportunity to undertake transformational approaches that change mindsets when it comes to making reasonable adjustments and talking about disability through creation of tools, resources, and training for managers.
    - **Bullying and Harassment (HIA6)** – The Trust should continue to deliver on the Eradication of Bullying and Harassment campaign. Notably, the senior leader development on EDI provides an opportunity to develop greater accountability and responsibility to create inclusive cultures.

Recommendations

1. The Trust Board is asked to:
    - Note the progress made against the HIAs, and
    - Note the WRES, WDES, and GPG metrics in the accompanying data pack, and
    - Commit to the recommended priorities for improvement.

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Combined Equality Standards Report (WRES/WDES/GPG) 2024

A note on language. When discussing ethnicity, we use the term Black and minority ethnic (BME) to be consistent with the terminology used by NHS England in the WRES and the NHS EDI Workforce Improvement Plan.

1. Purpose

1.1. The purpose of this report is to:

- Report, and provide analysis on, the success measures of the High Impact Actions (HIAs) within the NHS England Workforce Equality, Diversity, and Inclusion (EDI) Improvement Plan1. This includes the Workforce Race Equality Standard (WRES) Workforce Disability Equality Standard (WDES), and Gender Pay Gaps (GPG) metrics.
- Provide an update on progress against the HIAs and planned action to support further improvement.
- Make recommendations for further action as required.

2. Background

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

2.2. In July 2023, the NHS England Workforce EDI Improvement Plan was published which set out 6 HIAs that NHS organisations are expected to deliver on. WRES, WDES, and GPG metrics are aligned to the HIAs.

2.3. For WRES and WDES, the Trust is required to report metrics which are potential indicators of workforce inequality. These metrics were submitted to NHS England by the deadline of 31st May 2024. The Trust is required to analyse these metrics and identify actions to mitigate disparities. This report and action plan is required to be published by 31st October 2024.

2.4. GPG metrics are required to be submitted to the Government Equalities Office by 31st March 2025. 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.

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

2.5. This report provides an analysis of the metrics aligned to each HIA and provides recommendations to support further progress as well as improvement against the WRES, WDES, and GPG metrics.

2.6. A summary of the WRES, WDES, and GPG metrics, as aligned to the HIAs, can be found in the accompanying Combined Equality Standards Report Data Pack.

3. Key Findings from HIA Success Measures

3.1. This section presents some of the key findings in relation to the success measures against each HIA. This includes the 2024 WRES, WDES and GPG metrics.

3.2. This section references metrics from the accompanying Combined Equality Standards Report Data Pack. A reference code has been given to each individual metric in the format HIAX.X.

High Impact Action 1: Chief executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable.

3.3. There is no data related to this metric, however, since 2023 all Chief Officers have identified individual EDI objectives against which they have been held individually and collectively accountable. This will soon be extended to all Non-Executive Directors.

High Impact Action 2: Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.

3.4. HIA2.1 shows that BME staff remain underrepresented in more senior roles within the organisation, with quite large drops in representation after Band 6. The nature of this issue is more acute across Clinical roles highlighting potential barriers to progression for BME staff.

3.5. The large decreases in the proportion of BME staff in Clinical Band 5 and Non-Consultant Career Grade are noteworthy due to the large numbers of BME staff within those bands (HIA2.1). Increases in proportions of BME staff within the Bands directly above these could indicate some success in supporting their progression, however this would not fully explain the decreases.

3.6. There has been an improvement for all measured staff groups in the percentage who believe the Trust provides equal opportunities for progression (HIA2.5 & HIA2.9). This improvement is significant for BME staff and closes the gap, compared to white staff, to 2.6%.

3.7. The relative likelihood of BME candidates being appointed from shortlisting (HIA2.2) has remained high at 1.77, showing White candidates are significantly more likely to be successful at interview stage. The corresponding figure on disability (HIA2.8) is within the acceptable range at 0.96.

3.8. HIA2.6 demonstrates a need to focus on consultant recruitment. The relative proportion of Black, Asian, and Other candidates being shortlisted is lower than that of White candidates. Additionally, when compared with last year, the relative proportion of Asian and Other candidates (compared to White candidates) who have been appointed out of those shortlisted has decreased.

3.9. Whilst we have reported an increase in the proportion of disabled staff to 4.26% (HIA2.7), the metric still shows an issue with underreporting of disability when compared to disclosure in the staff survey (20.18%). This underreporting has an impact on many disability-related metrics.

High Impact Action 3: Develop and implement an improvement plan to eliminate pay gaps.

3.10. HIA3.1 shows an improvement in both the mean and median ordinary pay gap this year, with the median pay gap falling to the lowest it has been since the Trust started GPG reporting at 9.0%. A contributing factor to this is the increase in the proportion of women within the upper two quartiles of the Trust's pay structure (HIA3.4). However, the proportion of women in the highest quartile is still significantly lower than it is in other quartiles with a difference greater than 10%.

3.11. The median bonus pay gap (HIA3.2) has risen by 83.4% this year. Whilst this is high, it is expected that the bonus pay gap will no longer be a concern for the Trust moving forward due to the phasing out of Clinical Excellence Awards and Onwards Payments.

3.12. Whilst the mean ordinary ethnicity pay gap (HIA3.5) has worsened slightly by 0.3% this year, it is 14.4% lower than the mean ordinary gender pay gap (HIA3.1). The lower ethnicity pay gap, compared to gender pay gap, is likely reflective of the demographic of the medical and dental workforce. This highlights the need to focus on medical and dental staff to drive improvements on pay gaps.

3.13. The ordinary disability pay gaps (HIA3.7) are much larger than the gender and ethnicity pay gaps and saw large increases compared to last year; this could indicate a need to support progression for disabled staff. It may be impacted by the underreporting of disability on ESR; this will have to be addressed to fully understand the issue.

High Impact Action 4: Develop and implement an improvement plan to address health inequalities within the workforce.

3.14. We have seen in-year improvements in both WDES metrics under this HIA (HIA4.1 & HIA4.2), although none of these improvements are significant. Looking at data over time for HIA4.1 shows a trend in improvement for disabled staff feeling pressure from their manager to come into work when not feeling well enough, however this does only result in an overall reduction of 3.2% from 2020 to 2024.

High Impact Action 5: Implement a comprehensive induction, onboarding and development programme for internationally-recruited staff.

3.15. Internationally recruited staff have significantly better scores than domestically recruited staff on most of the metrics. The greatest differences are seen on questions about learning and development, including “There are opportunities for me to develop my career in this organisation” (HIA5.6: 18.3% higher) and “able to access the right learning and development opportunities when I need to” (HIA5.9: 15.9% higher).

3.16. However, we see significantly worse scores on three metrics; “enjoy working with colleagues in team” (HIA5.3: 8.0% below), “organisation offers me challenging work” (HIA5.5: 9.7% below), and “not experience harassment, bullying, or abuse from other colleagues” (HIA5.11: 6.1% below). This highlights a need to support inclusion and belonging of our internationally recruited staff.

High Impact Action 6: Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.

3.17. There is improvement for BME and Disabled staff against all HIA6 metrics except for the percentage of disabled staff experiencing harassment from other colleagues which remained the same.

3.18. Two improvements are significant. The percentage of BME staff experiencing discrimination in the last year (HIA6.4) dropped by 3.5% to 13.4%; although this is greater than the 7.6% of white staff who experienced discrimination. The percentage of disabled staff who reported their last experience of bullying and harassment (HIA6.9) rose by 3.1% to 48.0%.

3.19. For other metrics on bullying and harassment, there were minor improvements for BME and disabled staff. However, there are still gaps when compared to white and non-disabled staff, respectively, across all metrics.

3.20. The relative likelihood of BME staff entering a formal disciplinary process (HIA6.1) has improved to 0.89 and is now back within the acceptable range (0.85-1.15). Conversely, HIA6.5 shows a large relative likelihood of disabled staff entering the formal capability process at 5.83. But, it should be recognised that this figure is heavily impacted by the low number of capability cases (8 total), and the underreporting of disability in ESR.

4. Progress Against the HIAs

4.1. The Trust has undertaken a range of activity to progress against the HIAs. Examples include:

- Creation of an EDI Dashboard that tracks progress against the HIA success metrics.
- Development of Inclusive Recruitment Training.
- Undertaking a gap analysis against the Mend the Gap recommendations.
- Provision of a comprehensive wellbeing offering including outdoor gym equipment, the staff support service, and implementation of wellbeing conversations for all our people.
- Creation of materials and resources to support the onboarding of internationally recruited staff.
- Commenced a comprehensive campaign on the Eradication of Bullying and Harassment.

4.2. The Trust also has planned further actions that will support further progress.

4.3. **See Appendix 1 for a full summary of progress and planned actions against the HIAs.**

5. Recommended Priorities Against the HIAs

5.1. Analysis of the metrics and a review of the progress made against the HIAs identifies four areas that the Trust should prioritise to support further improvement. The four priority areas are detailed below and, where required, include recommendations for further action in addition to those currently planned (*see Appendix 1*).

5.2. **Recruitment and Progression (HIA2**) – Whilst the Trust has made improvements on the proportion of staff who believes it provides equal opportunities for career progression, there remains a gap. This, taken with the stalled improvement on recruitment metrics, demonstrates a need to prioritise this moving forward. The Trust has started with an inclusive

recruitment training to be launched in Autumn 2024, however this will need to be supported with additional interventions to embed the learning and ensure recruiting managers take accountability for their decisions. More importantly, there is a need to develop targeted interventions to address issues of progression for BME clinical staff and consider how to embed equality into Trust talent management and succession planning.

5.3. **Pay Gaps in Medical and Dental Staff (HIA3)** – There has been in-year improvements on the gender pay gap and the Trust should seek to build upon that further; especially with the commencement of disability and ethnicity pay gap reporting. It is known that medical and dental staff have the most significant impact on pay gaps within the Trust and focus must be put here to make sustainable improvements. Specific recommendations for activity to advance this include implementation of a 'comply or explain' requirement to embed accountability into recruitment processes. This would require recruiting managers to provide a justification for their hiring decisions, particularly where a female or BME candidate has not been appointed. It also includes commencement of a talent development programme featuring mentoring circles, sponsorship activity, and highlighting of external role models to support underrepresented staff into senior medical roles. Work on this priority area should also consider ethnicity to address gaps shown in consultant recruitment.

5.4. **Reasonable Adjustments (HIA4)** – Engagement with disabled staff identifies making reasonable adjustments as foundational to them thriving within the organisation and further progress against the WDES metrics will not be possible without this. We need to ensure delivery does not focus on transactional aspects (i.e. policy and process). An approach that changes the mindset and encourages effective dialogue between managers and disabled staff is required. Accountability for non-compliance is also needed to ensure that this happens. It is hoped that this approach would also support disabled staff to feel safer to disclose their status on ESR enabling more accurate WDES reporting moving forward.

5.5. **Bullying and Harassment (HIA6)** – The Trust has undertaken a wealth of activity against HIA6, particularly through the eradication of bullying and harassment campaign. This activity is starting to be seen in the improvements on bullying and harassment-related metrics and therefore continuing this campaign should be a priority with the planned activity (*see Appendix 1*) helping to embed the required changes. In particular, the senior leadership development on EDI will help to develop accountability and motivation for the creation of inclusive cultures. One additional area of focus would be to support metrics in HIA5; the Trust should seek to addressing some of the concerns in the data for internationally-recruited

staff through implementing the findings of the Cultural Connectedness review.

6. Conclusion

6.1. Analysis shows that across many of the metrics the Trust is seeing improvement. However, there is scope for accelerating that improvement.

6.2. Four priority areas have been identified which will enable progress against the NHS EDI Workforce Improvement Plan and improve on the WRES, WDES, and GPG metrics. These areas build upon progress that has already been made and also work to address areas in which the Trust is underperforming. Proposed recommendations build upon work that is already planned to maximise resource and capacity.

7. Recommendations

7.1. The Trust Board is asked to:

- Note the progress made against the HIAs, and
- Note the WRES, WDES, and GPG metrics in the accompanying data pack, and
- Commit to the recommended priorities for improvement.

8. Appendix 1: Progress against the High Impact Actions

8.1. The below table provides an overview of the current state, and planned activity, against each of the High Impact Actions (HIAs) of the NHS EDI Workforce Improvement Plan.

High Impact Action	Progress Status	Planned Activity
HIA1: Chief executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable.	• All Execs have identified individual objectives aligned to the Trust EDI Objectives. • Commenced a schedule of Staff Network presentations to Board to facilitate understanding of lived experience. • Developed EDI Dashboard to enable effective reporting against HIA success metrics. Updates provided quarterly in Integrated Performance Reporting. Data also reported through Combined Equality Standards and Equality Delivery System reporting.	• Identify EDI Objectives for NEDs. • Delivery of an inclusive leadership programme that will develop EDI as a core leadership capability for Execs, NEDs, Governors, and Directors. Planned delivery starting Autumn 2024.

HIA2: Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.	• Refreshed Disability Confident Level 2 status for a further three years.
	• Developed inclusive recruitment training, due to go live Summer 2024.
	• Built upon our widening participation activity as part of our Anchor Organisation Strategy:
	  ○ Collaborated with the Department for Work and Pensions and Activate Learning to offer inclusive apprenticeship opportunities.
	  ○ Signed up to the Oxfordshire Inclusive Economy Partnership Pledges to support those further from the labour market into employment.
		• Identify Internationally Educated Nurses to enrol on the leadership development programme.
		• All recruiting managers will be required to undertake the inclusive recruitment training within 8 months.
		• Develop an NHS Ambassadors Programme to address barriers to apprenticeship uptake.

HIA3: Develop and implement an improvement plan to eliminate pay gaps.	• Undertaken gap analysis against the Mend the Gap Review and identified priority recommendations for implementation. • Refreshed Flexible Working Policy and developed an action plan to ensure approach to flexible working is embedded in our advertising.	• Deliver identified initiatives from the Mend the Gap analysis that will have the most impact: ○ Undertake targeted interventions to support improvement in recruitment processes.

		○ Evaluate the quality of appraisal conversations for medical and dental staff to enable career development and planning. ○ Consider development of a talent management and training programme for women in senior roles. • Undertake historical trend analysis of ethnicity and disability pay gaps to support further action.
HIA4: Develop and implement an improvement plan to address health inequalities within the workforce.	• Developed a process for wellbeing conversations which are tracked and logged via My Learning Hub. • Implemented staff support service, providing psychological medicine support to our people. • Installed wellbeing equipment on Trust sites including outdoor gyms and sleep pods. • Conducted a range of health awareness campaigns via our Here for Health service, including smoking cessation and blook pressure. • Introduced a Menopause Health and Wellbeing Policy	• Implement refreshed Reasonable Adjustments Policy alongside campaign to create a greater sense of belonging for disabled staff. This is a People Plan priority for FY24/25. • Determine whether we can fast track our people who have health issues within OUH and the ICS.
HIA5: Implement a comprehensive induction, onboarding and development programme for internationally-recruited staff.	• A welcome information pack has been developed which is sent to new staff prior to travelling and a hard copy presented at the initial welcome meeting which is then discussed further with the new recruits. Information on pay is included in the email sent prior to the IEN travelling to the UK. • A dedicated pastoral lead has been appointed from support IENs from arrival through their first year. • International Medical Graduate (IMG) induction booklet has been produced. • A pilot has been run for a half-day IMG induction. This was delivered by a team of IMGs who used their lived experience to support the cohort. • Developed an IMG signposting site on Sharepoint. • Quarterly IMG induction afternoons. Face-to-face sessions to support IMGs who have joined within the last year.	• Undertake an audit using the Partial Care Quality Award and identify gaps or enhancements to the IEN induction, including strengthening our V&B. • Review of existing Divisional local inductions and taking best practice from each to develop and roll out a gold standard local induction pack and guidance for all Divisions to adopt. • Roll of Buddying system for all new internationally recruited staff in N&M and AHPs • Set up an Internationally Educated Colleague Forum to be supported by the Chief Nursing Officer • Develop IMG induction with a ‘Welcome to the UK’ video and other videos on modules of interest. • Collaborate with others in the region to develop a Regional IMG induction and IMG Lead Network. • Continue IEC Forum and identify further activity as a result of feedback gathered.

	• Set up Internationally Educated Colleague (IEC) forum which will continue to take place monthly. The forum provides a space for the Trust to listen to IECs and enable them to influence change.	
HIA6: Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.	• Dedicated eradication of bullying and harassment campaign has been established with the following workstreams of work: ○ **Refresh and roll out of Kindness into Action** (KiA). As of June 24 **744** managers and leaders have completed Leading with Kindness. **1,035** staff have completed Kindness into Action course for all staff. Target 1,800 by Dec 2024. ○ **Targeted support for services,** these have been identified and engaging with 3 priority areas across Corporate and Clinical Divisions where targeted support will be provided to support cultures aligned to our V&Bs. ○ **Mediation Service** – paused to review funding ○ **Action against NHS EDI Improvement Plan on B&H cases for protected characteristics.** An internet site has been developed to support staff in how to raise a concern. Regular reporting to the board continues with analysis to inform further action. ○ **Staff comms and engagement strategy** signed off at P&C Committee in June. ○ **Senior Development for EDI** – a provider procured, and final design sign off end of July ○ **External platform for speaking up,** provider **procured** and due to launch in speak up month October 2024 ○ **Sexual Safety Charter** has been embedded in our Respect and Dignity at Work Procedure. This includes the training of Domestic Abuse Champions and appointment of an Independent Domestic Violence Advocate. Roll out of Sexual Safety workshops to support staff and managers	• Continued delivery of the eradication of bullying and harassment programme by: ○ **Kindness into Action** trajectories and targeted communications to areas with low take is taking place to support our culture of better conversations. Including trust wide engagement campaign on embedding the conversation models of ABC, BUILD and RECOVER into part of daily interactions and meet our target if 1,800 leaders. ○ **Targeted support for our services** – DHOW will partner with the leaders of the identified services and produce a people plan based on the data and time to talk feedback from staff. These plans will be delivered with the support where appropriate by subject matter experts in partnership with leaders of the services. ○ **Action against NHS EDI Improvement Plan on B&H cases for protected characteristics** aims to have set up a cycle of regular audits and analysis of both informal and formal cases, broken down by protected characteristics, combined with the establishment of a new framework for deep dives across a range of stakeholders to inform and communicate lessons learnt and drive improvement actions. ○ **Senior Development for EDI** will be delivered in throughout Autunm 2024 to Spring 2025 and will have a call for all delegates to create individual actions and commitment in breaking down inequalities and fostering inclusive cultures within their diversions and corporate areas. ○ **Sexual Safety Charter** to become fully embedded and socialised component of our

	(105 attendees), including sessions within the leadership development programme (120 attendees)	commitment to the standards and behaviours that are expected of all staff, with comprehensive tools and support easily accessible for staff, including incorporated into our onboarding and leadership programmes.

Combined Equality Standards Report 2024- Data Pack

This data pack includes the success measures against each of the High Impact Actions (HIAs) of the NHS England Workforce Equality, Diversity, and Inclusion (EDI) Improvement Plan.

This includes Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES), and Gender Pay Gap (GPG) metrics aligned to each of the HIAs.

Where data items are part of reporting against WRES, WDES, or GPG, this has been identified in the title of the data item.

Data within this pack uses a snapshot date of 31st March 2024.

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High Impact Action 1: Chief executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable.

There are no success measures for this HIA.

High Impact Action 2: Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.

*HIA2.1: **WRES 1** - Percentage of BME staff in each of the AfC Bands 1-9 or Medical and Dental subgroups and VSM.*

	2020	2021	2022	2023	2024	Difference
Non-Clinical	**16.2%**	**16.8%**	**17.8%**	**19.2%**	**21.2%**	**2.0%**
Under Band 1	21.7%	19.0%	0.0%	0.0%	0.0%	0.0%
Band 1	10.0%	0.0%	0.0%	20.0%	0.0%	-20.0%
Band 2	18.0%	18.3%	20.2%	21.4%	19.9%	-1.5%
Band 3	17.2%	18.5%	21.6%	25.5%	27.3%	1.8%
Band 4	17.1%	17.2%	17.6%	18.7%	22.1%	3.4%
Band 5	18.0%	17.3%	18.3%	20.4%	23.7%	3.3%
Band 6	15.1%	17.9%	17.8%	17.8%	20.1%	2.3%
Band 7	13.6%	13.1%	10.5%	12.7%	13.5%	0.8%
Band 8a	11.4%	10.9%	13.2%	10.9%	10.4%	-0.5%
Band 8b	8.7%	10.1%	11.3%	12.9%	12.2%	-0.7%
Band 8c	5.0%	8.3%	11.8%	7.4%	10.0%	2.6%
Band 8d	4.8%	12.0%	8.8%	9.7%	13.5%	3.8%
Band 9	8.3%	13.6%	18.2%	19.2%	13.4%	-5.8%
VSM	11.5%	12.5%	19.2%	20.0%	25.0%	5.0%
Clinical	**23.5%**	**27.3%**	**31.7%**	**34.0%**	**33.0%**	**-1.0%**
Under Band 1	12.5%	0.0%	16.7%	0.0%	0.0%	0.0%
Band 1	0.0%	0.0%	0.0%	0.0%	50.0%	50.0%
Band 2	29.0%	31.6%	37.6%	44.2%	44.0%	-0.3%
Band 3	22.7%	33.9%	32.4%	29.4%	31.6%	2.2%
Band 4	22.2%	23.8%	26.3%	26.4%	23.7%	-2.7%
Band 5	32.4%	39.6%	50.7%	55.1%	47.1%	-7.9%
Band 6	23.0%	23.6%	27.2%	30.0%	33.6%	3.6%
Band 7	12.6%	14.7%	14.8%	15.8%	16.7%	0.9%
Band 8a	10.7%	10.8%	11.7%	12.4%	13.2%	0.7%
Band 8b	4.5%	4.9%	6.7%	10.2%	8.5%	-1.7%
Band 8c	5.8%	3.8%	5.3%	4.8%	6.1%	1.3%
Band 8d	0.0%	11.1%	10.0%	22.2%	14.3%	-7.9%
Band 9	0.0%	0.0%	0.0%	0.0%	9.1%	9.1%
VSM	66.7%	50.0%	50.0%	50.0%	50.0%	0.0%
Medical and Dental	**28.9%**	**31.3%**	**29.9%**	**32.7%**	**30.9%**	**-1.8%**
Consultants	23.3%	23.8%	25.2%	25.2%	27.0%	1.8%
Non-Consultant Career Grade	30.8%	31.3%	28.6%	42.3%	33.3%	-9.0%
Trainee Grade	33.4%	37.3%	33.9%	35.7%	32.5%	-3.1%
Trust Total	**22.6%**	**25.5%**	**28.3%**	**30.5%**	**29.9%**	**-0.6%**

*HIA2.2: **WRES 2** - Relative likelihood of BME staff being appointed from shortlisting.*

	2020	2021	2022	2023	2024	Difference
Relative Likelihood	1.55	1.55	1.71	1.80	1.77*	-0.03

*The 2024 metric also includes data on international recruitment which is not held on TRAC and is therefore not directly comparable with previous years.

*HIA2.3: **WRES 4** - Relative likelihood of BME staff accessing non-mandatory training and CPD.*

	2020	2021	2022	2023	2024	Difference
Relative Likelihood	0.94	0.93	0.73	0.77	0.99	0.22

*HIA2.5: **WRES 7** - Percentage BME staff compared to white staff believing that trust provides equal opportunities for career progression or promotion.*

	2020	2021	2022	2023	2024	Difference
White	60.5%	60.5%	58.7%	57.7%	58.0%	0.3%
BME	50.8%	51.6%	48.3%	49.8%	55.4%	5.6%

*HIA2.6: **MWRES 2 –** Consultant recruitment aggregated by ethnicity.*

	2023					2024				
	White	Black	Asian	Other	Not known	White	Black	Asian	Other	Not known
Number of applicants	64	5	44	29	2	84	5	48	31	6
Number shortlisted	37	1	19	9	2	50	1	21	13	6
Number appointed	21	0	8	7	0	15	0	3	3	2

*HIA2.7: **WDES 1** - Percentage of Disabled staff in AfC paybands or medical and dental subgroups and very senior managers.*

	2020	2021	2022	2023	2024	Difference
Non-Clinical	**3.82%**	**4.04%**	**4.26%**	**5.00%**	**6.00%**	**1.00%**
AfC 1-4	4.25%	4.36%	4.46%	5.43%	6.50%	1.07%
AfC 5-7	3.55%	4.42%	4.06%	4.58%	5.20%	0.62%
AfC 8a & 8b	1.56%	2.66%	4.35%	4.48%	5.90%	1.42%
AfC 8c - VSM	2.70%	2.73%	2.99%	3.17%	4.30%	1.13%
Clinical	**3.26%**	**3.84%**	**3.76%**	**4.23%**	**4.30%**	**0.07%**
AfC 1-4	3.25%	4.12%	3.88%	4.70%	3.80%	-0.90%
AfC 5-7	3.37%	3.83%	3.88%	4.13%	4.60%	0.47%

AfC 8a & 8b	2.20%	1.94%	2.09%	3.75%	3.10%	-0.65%
AfC 8c - VSM	1.43%	1.35%	1.27%	2.33%	2.30%	-0.03%
Medical and Dental	**0.50%**	**1.26%**	**1.24%**	**2.04%**	**1.63%**	**-0.41%**
Consultants	0.84%	0.70%	0.68%	0.60%	1.22%	0.62%
Non-Consultant Career Grade	0.00%	0.00%	1.35%	1.87%	1.28%	-0.59%
Trainee Grade	0.26%	1.79%	1.69%	3.48%	1.99%	-1.49%
Trust Total	**2.95%**	**3.44%**	**3.46%**	**4.05%**	**4.26%**	**0.21%**

*HIA2.8: **WDES 2** - Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts.*

	2020	2021	2022	2023	2024	Difference
Relative Likelihood	1.13	1.43	1.12	1.09	0.96	-0.13

*HIA2.9: **WDES 5** - Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.*

	2020	2021	2022	2023	2024	Difference
Non-Disabled	59.5%	59.5%	56.8%	56.6%	58.4%	1.8%
Disabled	51.8%	50.0%	51.8%	50.2%	51.6%	1.4%

*HIA2.10: **WRES 9** - Percentage difference between the organisation's Board voting membership and its overall workforce.*

	2020	2021	2022	2023	2024	Difference
Board Voting Membership %BME	12.5%	17.7%	22.2%	21.1%	21.1%	-0.1%
Difference from Overall Workforce	-10.1%	-7.9%	-6.1%	-9.4%	-8.8%	0.6%

*HIA2.11: **WDES 10** - Percentage difference between the organisation's Board voting membership and its overall workforce.*

	2020	2021	2022	2023	2024	Difference
Board Voting Membership % Disabled	0.0%	12.5%	11.1%	21.1%	21.1%	0.0%
Difference from Overall Workforce	-3.0%	9.1%	7.7%	17.0%	17.0%	0.0%

High Impact Action 3: Develop and implement an improvement plan to eliminate pay gaps.

HIA3.1: ***Gender Pay Gap*** *– Ordinary Pay Gap*

Ordinary	2020	2021	2022	2023	2024	Difference
Mean Pay Gap	25.2%	25.0%	29.4%	28.7%	25.5%	-3.2%
Median Pay Gap	16.6%	17.2%	15.8%	13.6%	9.0%	-4.6%

HIA3.2: ***Gender Pay Gap*** *– Bonus Pay Gap*

Bonus	2020	2021	2022	2023	2024	Difference
Mean Bonus Pay Gap	63.8%	42.8%	57.5%	47.2%	51.9%	4.7%
Median Bonus Pay Gap	78.7%	0.0%	62.7%	4.2%	87.6%	83.4%

HIA3.3: ***Gender Pay Gap*** *– Percentage of men and women receiving bonuses.*

Bonus	2020	2021	2022	2023	2024	Difference
Men	12.6%	13.6%	13.9%	10.7%	4.0%	-6.7%
Women	7.9%	3.7%	6.4%	4.7%	1.4%	-3.3%

HIA3.4: ***Gender Pay Gap*** *– Percentage of women within each quartile of the Trust's pay structure.*

	2020	2021	2022	2023	2024	Difference
Q1	77.3%	77.8%	75.7%	74.3%	73.8%	-0.5%
Q2	80.5%	80.3%	81.6%	81.8%	78.6%	-3.2%
Q3	80.9%	81.7%	78.3%	77.9%	79.6%	1.8%
Q4	61.4%	61.9%	62.8%	61.4%	63.1%	1.7%

*Q1 is low and Q4 is high.

HIA3.5: ***Ethnicity Pay Gap*** *– Ordinary Pay Gap*

Ordinary	2023	2024	Difference
Mean Pay Gap	10.8%	11.1%	0.3%
Median Pay Gap	17.2%	11.0%	-6.2%

HIA3.6: ***Ethnicity Pay Gap*** *– Bonus Pay Gap*

Ordinary	2023	2024	Difference
Mean Pay Gap	37.6%	29.9%	-7.7%
Median Pay Gap	67.7%	87.5%	19.8%

HIA3.7: ***Disability Pay Gap*** *– Ordinary Pay Gap*

Ordinary	2023	2024	Difference
Mean Pay Gap	17.7%	31.3%	13.6%
Median Pay Gap	11.9%	16.6%	4.7%

HIA3.8: ***Disability Pay Gap*** *– Bonus Pay Gap*

Ordinary	2023	2024	Difference

Mean Pay Gap	66.3%	48.3%	-18.0%
Median Pay Gap	84.0%	38.8%	-45.2%

*HIA3.9: **MWRES 1b** - The number of staff eligible for, who applied for, and who were awarded a Clinical Excellence Award, disaggregated by ethnicity*

	2021/22					2022/23				
	White	Black	Asian	Other	Not known	White	Black	Asian	Other	Not known
Number of staff eligible to apply for Clinical Excellence Awards	761	10	201	54	174	828	10	189	85	185
Number of staff who applied for Clinical Excellence Awards	485	7	114	34	54	535	10	128	40	69
Number of staff awarded Clinical Excellence Awards	458	6	104	33	47	503	9	113	38	59

High Impact Action 4: Develop and implement an improvement plan to address health inequalities within the workforce.

*HIA4.1: **WDES 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.*

	2020	2021	2022	2023	2024	Difference
Non-Disabled	17.5%	18.3%	19.8%	16.8%	16.5%	-0.3%
Disabled	29.0%	26.8%	27.1%	26.5%	25.8%	-0.7%

*HIA4.2: **WDES 8** - Percentage of Disabled staff saying that their employer has made reasonable adjustment(s) to enable them to carry out their work.*

	2020	2021	2022	2023	2024	Difference
Response	74.3%	81.5%	79.4%	75.2%	77.7%	2.5%

High Impact Action 5: Implement a comprehensive induction, onboarding and development programme for internationally-recruited staff

HIA5.1: Percentage of staff saying that team members have a set of shared objectives.

	2023	2024	Difference
International	77.8%	79.1%	1.3%
Domestic	72.1%	73.5%	1.4%

HIA5.2: Percentage of staff saying that team members understand each other's roles.

	2023	2024	Difference
International	74.0%	73.4%	-0.6%

Domestic	71.3%	70.8%	-0.5%

HIA5.3: Percentage of staff saying that they enjoy working with colleagues in their team.

	2023	2024	Difference
International	79.0%	73.7%	-5.3%
Domestic	82.4%	81.7%	-0.7%

HIA5.4: Percentage of staff saying that feel the organisation respects individual differences.

	2023	2024	Difference
International	75.4%	75.5%	0.1%
Domestic	69.7%	71.0%	1.3%

HIA5.5: Percentage of staff saying that they feel the organisation offers them challenging work.

	2023	2024	Difference
International	67.2%	64.1%	-3.1%
Domestic	73.0%	73.8%	0.8%

HIA5.6: Percentage of staff saying that there are opportunities to develop their career in the organisation.

	2023	2024	Difference
International	71.7%	72.5%	0.8%
Domestic	55.7%	54.2%	-1.5%

HIA5.7: Percentage of staff saying that they have opportunities to improve their knowledge and skills.

	2023	2024	Difference
International	81.2%	81.8%	0.6%
Domestic	70.2%	69.9%	-0.3%

HIA5.8: Percentage of staff saying that they feel supported to develop their potential.

	2023	2024	Difference
International	67.1%	68.6%	1.5%
Domestic	53.8%	54.4%	0.6%

HIA5.9: Percentage of staff saying that they are able to access the right learning and development when they need to.

	2023	2024	Difference
International	70.2%	72.9%	2.7%
Domestic	55.8%	57.0%	1.2%

HIA5.10: Percentage of staff saying that they have not experience harassment, bullying, or abuse from managers in the last 12 months.

	2023	2024	Difference
International	91.1%	90.6%	-0.5%
Domestic	89.7%	89.2%	-0.5%

HIA5.11: Percentage of staff saying that they have not experience harassment, bullying, or abuse from other colleagues in the last 12 months.

	2023	2024	Difference
International	75.3%	75.0%	-0.3%
Domestic	82.2%	81.1%	-1.1%

HIA5.12: Percentage of staff saying that they reported their last experience of harassment, bullying, or abuse.

	2023	2024	Difference
International	49.3%	55.3%	6.0%
Domestic	44.7%	46.0%	1.3%

High Impact Action 6: Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.

*HIA6.1: **WRES 3** - Relative likelihood of BME staff entering the formal disciplinary process compared to White staff.*

	2020	2021	2022	2023	2024	Difference
Relative Likelihood	1.23	0.79	1.03	1.18	0.89	-0.29

*HIA6.2: **WRES 5** - Percentage of BME staff compared to white staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months*

	2020	2021	2022	2023	2024	Difference
White	25.8%	25.8%	23.9%	23.6%	22.4%	-1.2%
BME	26.4%	24.7%	23.5%	26.7%	25.8%	-0.9%

*HIA6.3: **WRES 6** - Percentage of BME staff compared to white staff experiencing harassment, bullying or abuse from staff in last 12 months*

	2020	2021	2022	2023	2024	Difference
White	26.8%	25.3%	22.0%	23.0%	22.9%	-0.1%
BME	28.8%	28.1%	25.6%	27.1%	26.0%	-1.1%

*HIA6.4: **WRES 8** - Percentage of BME 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*

	2020	2021	2022	2023	2024	Difference
White	6.8%	5.9%	6.6%	7.5%	7.6%	0.1%

BME	15.1%	16.0%	15.3%	16.9%	13.4%	-3.5%

*HIA6.5: **WDES 3** - Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process*

	2020	2021	2022	2023	2024	Difference
Relative Likelihood	2.80	2.24	1.15	-	5.83	N/A

*No disabled staff were involved in formal capability processes in the 2023 reporting year and therefore no figure is given.

*HIA6.6: **WDES 4ai** - Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public*

	2020	2021	2022	2023	2024	Difference
Non-Disabled	24.4%	24.2%	22.4%	23.3%	22.3%	-1.0%
Disabled	33.2%	31.5%	29.4%	29.5%	28.3%	-1.2%

*HIA6.7: **WDES 4aii** - Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from managers*

	2020	2021	2022	2023	2024	Difference
Non-Disabled	11.0%	10.2%	8.6%	9.1%	9.1%	0.0%
Disabled	18.0%	17.0%	16.4%	17.5%	15.8%	-1.7%

*HIA6.8: **WDES 4aiii** - Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from other colleagues*

	2020	2021	2022	2023	2024	Difference
Non-Disabled	21.1%	19.6%	25.3%	17.9%	18.4%	0.5%
Disabled	30.9%	30.4%	25.3%	27.6%	27.6%	0.0%

*HIA6.9: **WDES 4b** - 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*

	2020	2021	2022	2023	2024	Difference
Non-Disabled	45.2%	42.0%	45.0%	48.2%	50.4%	2.2%
Disabled	46.8%	48.0%	45.4%	44.9%	48.0%	3.1%

Metrics not aligned to a HIA

*7.1: **WDES7** - Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.*

	2020	2021	2022	2023	2024	Difference
Non-Disabled	50.0%	51.9%	45.4%	45.6%	50.1%	4.5%
Disabled	37.2%	40.8%	36.3%	34.9%	36.6%	1.7%

*7.2: **WDES9** - The staff engagement score for Disabled staff, compared to non-disabled staff*

	2020	2021	2022	2023	2024	Difference
Non-Disabled	7.2	7.3	7.1	7.1	7.2	0.1
Disabled	6.7	6.8	6.7	6.5	6.6	0.1