



Oxleas Equality Report

2019 - 2020

For more information about this report or any of the information contained in it, or to request the report in an alternative format, please contact Karen Edmunds, Head of Equality and Human Rights karedmunds@nhs.net

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Part 1. Meeting legal and mandatory Equality duties

Public Sector Equality Duty (PSED)

The Public Sector Equality Duty (PSED) outlines the legal requirements for Public Sector Bodies, with over 150 employees. The PSED comprises two elements, known as the General and Specific duties; these are:

General duty

Eliminate unlawful discrimination, harassment and victimisation, and other conduct prohibited by the Act.

- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

Specific duty

- Publish information to demonstrate compliance with the general duty by 31 January each year.
- Prepare and publish equality objectives by 6 April 2012, and then every four years.

In the following sections of this report, we outline how we have shown our commitment to equality and human rights in Oxleas, as well as meeting the requirements of the PSED.

Gender pay gap





Gender pay reporting is different to equal pay which deals with pay difference between men and women who carry out the same jobs, similar jobs or work of equal value. The gender pay gap shows the difference in the average pay between all men and women in the workforce. If the pay gap is higher, it can indicate that there may be issues to deal with, and the various calculations may help to identify what those issues are. Oxleas is committed to promoting equality and inclusion. Our current gender split within the overall workforce is 78.2% female and 21.8% male. We promote a range of options to support flexible working solutions for all our staff.

The NHS terms and conditions of service handbook contains the national agreements on pay and conditions of service for NHS staff, other than very senior managers and medical staff. Job evaluation enables posts to be matched to national job profiles; or allows trusts to evaluate jobs locally and determine in which Agenda for Change pay band a post should sit.

The only pay elements we have that fall under the “bonus” pay criteria are Clinical Excellence Awards that are only applicable to medical consultants in accordance with the Medical and Dental Consultant contract. The Clinical Excellence Awards recognise and reward those consultants who contribute most towards the delivery of safe and high quality care to patients; and to the continuous improvement of the NHS. There is a rigorous application and decision process to determine the award, if any, for any consultant applicant.

Progress since 2018-19

The data for the year ending 31 March 2020 shows that the average pay difference has reduced slightly, and the average and median bonus difference has reduced significantly.

	2017-18	2018-19	2019-20	Trend
Average pay difference	13.51%	13.73%	13.07%	
Median pay difference	9.29%	10.54%	12.28%	
Average bonus difference	44.40%	49.40%	35.44%	
Median bonus difference	32.32%	66.67%	9.24%	

**the data shows the percentage by which women are paid less than men.*

The bonus is the Clinical Excellence Award that 76 staff who are doctors are eligible to apply for.

Results – March 2020

The figures in this section are for the average over the year. When looking at the position for the month of March there is a further improvement, particularly in the median hourly rate.

Gender pay gap as a mean (average)

	Male	Female	% difference
Mean Hourly rate	£21.22	£18.44	13.06%

Gender pay gap as a median (half-way point comparing the full salary range)

	Male	Female	% difference
Median Hourly rate	£18.54	£16.98	8.44%

Proportion of males and females ordered from lowest to highest pay, when divided into four groups

	Male	Female
Lower	16.26%	83.74%
Lower mid	21.23%	78.77%
Upper mid	19.35%	80.65%
Upper	28.29%	71.71%

Bonus (Medical clinical excellence award) gender pay gap as a mean (average)

	Male	Female	% difference
Mean bonus payment	£8783.28	£5670.42	35.44%

Bonus (Medical clinical excellence award) gender pay gap as a median (mid-point amount)

	Male	Female	% difference
Median bonus payment	£5278.03	£4790.43	9.24%

Proportion of male and female medical staff receiving a Clinical Excellence Award

	Male	Female
Proportion of eligible medical staff receiving a bonus	37%	33%

Summary of results and next steps

It is encouraging to note that there is an improvement on the overall difference when calculated on the mean (average). This is indicative of a continued positive direction of travel with regards to representation of women in senior roles within Oxleas. When the medical workforce is excluded, the pay differential for women changes from 13.07% on average to 7.16%. We are conscious that work must continue to improve this further.

Although we are conscious of the continued disparity in relation to Clinical Excellence Award payments that apply only to the smaller medical consultant workforce, we are very encouraged by the improvement in this area as well. The medical consultant workforce that is eligible to apply for the clinical excellence awards in any year only accounts for 70% of the consultant workforce and 1.8% of the total workforce. These small numbers can result in the pay differential appearing starker.

Our Board remains committed to creating inclusive environments where our staff are truly representative of our population at all levels, and in all professions.

Equality Delivery System 2: Structure and Process

The Equality Delivery System 2 (EDS2) provides a framework for the organisation to address equality and diversity as a service provider and employer. We aim to make Equality and Inclusion part of every day business. This includes ensuring that we engage and involve service users, patients and their families and our staff.

- Local and Trustwide **Patient Experience Groups** examine patient satisfaction surveys and the outcome of complaints with an equality perspective
- Services undertake **Equality Impact Assessments** on service changes
- Directorates develop their local **Equality Action Plans**

The Equality and Human Rights Governance Group (E&HRG) provides an overarching governance structure for equality and human rights within the Trust. The group meets quarterly, is chaired by the Director for Strategy and People and is a subgroup of the Workforce Committee which sits under the Board. Membership includes the Director of Nursing; Staff Network Chairs; representatives from each directorate, and a Non-Executive Director.

The E&HR group's objectives allow for the oversight of compliance to the EDS by:

- Monitoring and reviewing workforce data and evidence from the staff survey
- Overseeing the delivery of action plans related to the EDS, WRES, WDES and Equality Objectives
- Reviewing local Directorate Equality Plans
- Monitoring and reviewing specific projects as agreed by the Governance group

The Trust's **Patient Experience Group** focuses on patient / service user satisfaction. In 2020/21 this will be expanded to include monitoring how services meet the access needs of patients / service users, promote cultural understanding and improve inclusion. The **Accessible Information Standard Steering Group** is a sub-group of the Trust PEG.

The trust's [EDS 2 report](#) published in March 2020 provides a detailed assessment of how Oxleas is doing in terms of the 4 Goals and 18 outcomes.

Equality and Human Rights Strategy Framework: Oxleas Equality Objectives 2020-2025

Removing barriers to people using our services

- Embedding the Accessible Information Standard (AIS) in all patient / service user contact
- Providing an excellent Interpreting and Translation service for community languages and other communication needs
- Carry out Equality Analysis on all service changes to identify opportunities to reduce health inequalities
- Using every opportunity to promote inclusion, whether that is in the physical environment (estate), the way services are delivered, or the way services are promoted
- Engage with our communities to ensure we hear the voices of those who are seldom heard
- Monitoring whether our service users / patients reflect the diversity of the communities we serve

Delivering person centred care and support

- Recognising and understanding the whole person (individual) to provide person centred care
- Embracing new technologies and systems to support people to be fully involved in decision about their care and treatment
- Ensuring that all staff have an understanding of equality, diversity and inclusion
- Upholding people's human rights
- Involving service users, carers and their wider support network in service development, using co-design principles

Making Oxleas a great place to work

- Putting diversity and inclusion at the heart of everything we do
- Supporting a voice for staff with protected characteristics (staff networks)
- Promoting understanding between staff with diverse cultures, religions, sexual orientation and lived experience
- Providing learning and development opportunities linked to equality and human rights
- Ensuring that Reasonable Adjustments are provided so that job applicants and staff with disabilities and lived experience are able to fulfil their potential
- Supporting career development for staff who have traditionally experienced barriers, in particular BAME staff, disabled staff, LGBT+ staff and staff with lived experience

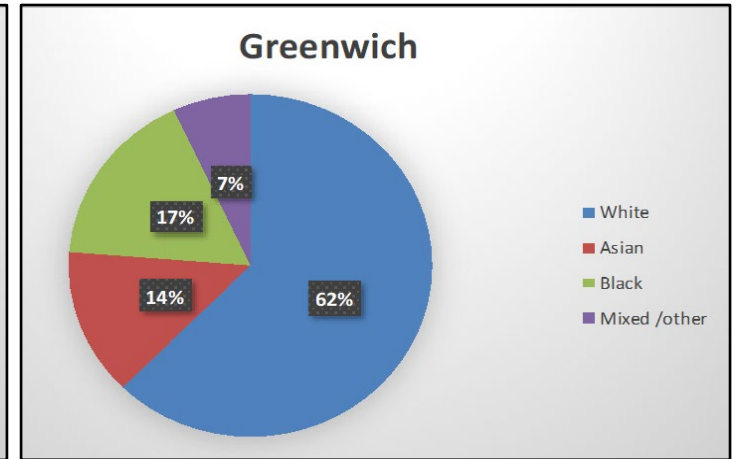
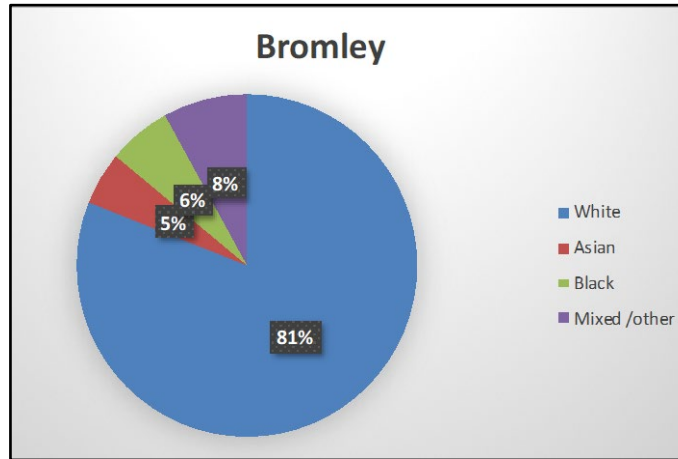
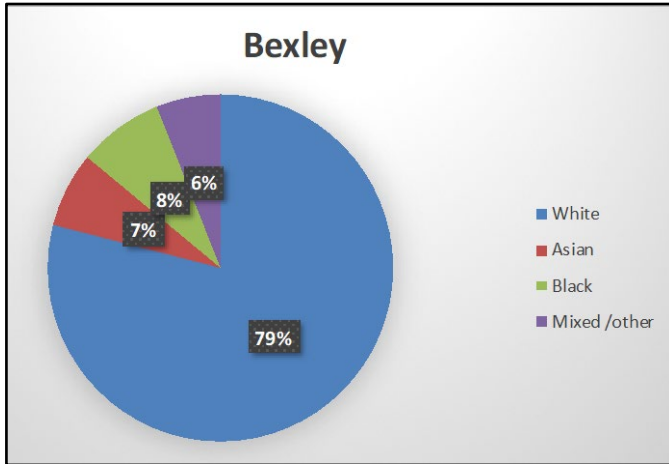
Improving our culture

- Dignity and fairness for all (equality through formal processes, positive use of language)
- Visible role models who have protected characteristics
- All staff lead by example, modelling behaviours that are respectful and promote inclusion
- Enabling Oxleas to be a place where staff can bring their whole self to work
- Living our values so that service users have the best possible experience

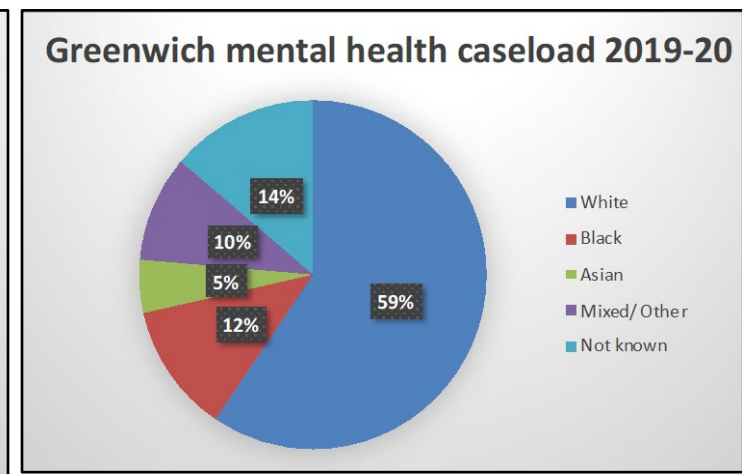
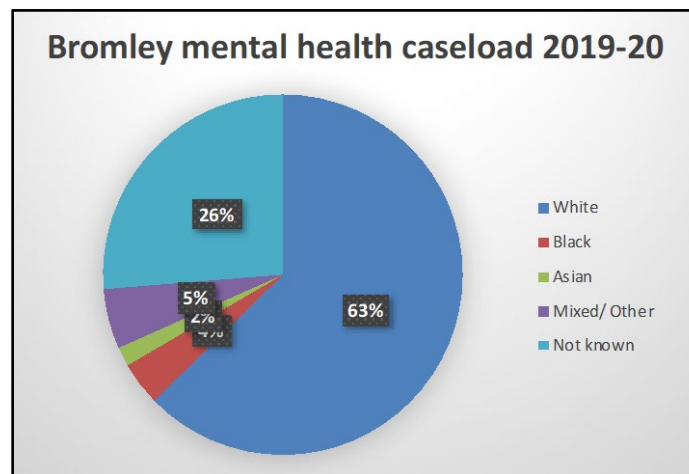
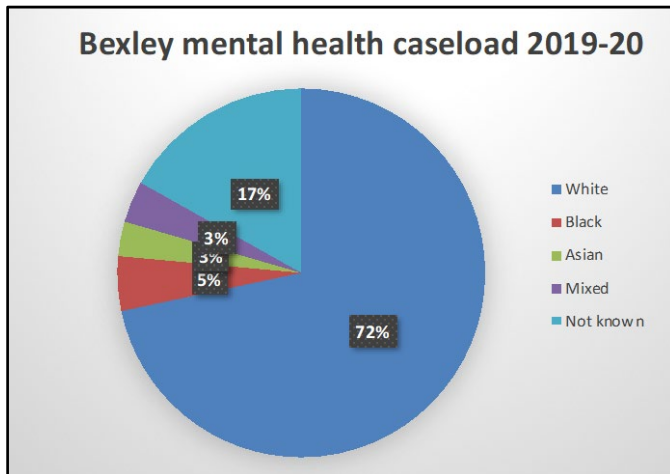
Part 2 Service User Report

At the end of our patient feedback questionnaires, we ask patients to provide some optional demographic information, so that we can use this to understand who is using our services as well as how different groups experience our services. It's important that the diversity of the communities we serve is reflected in the people that use our services. We ask for gender, age, ethnicity, disability and sexual orientation. The information below focuses on ethnicity. Data from the Borough Annual Survey 2018 shows the local population across Bexley, Bromley and Greenwich is diverse, but varies in each borough:

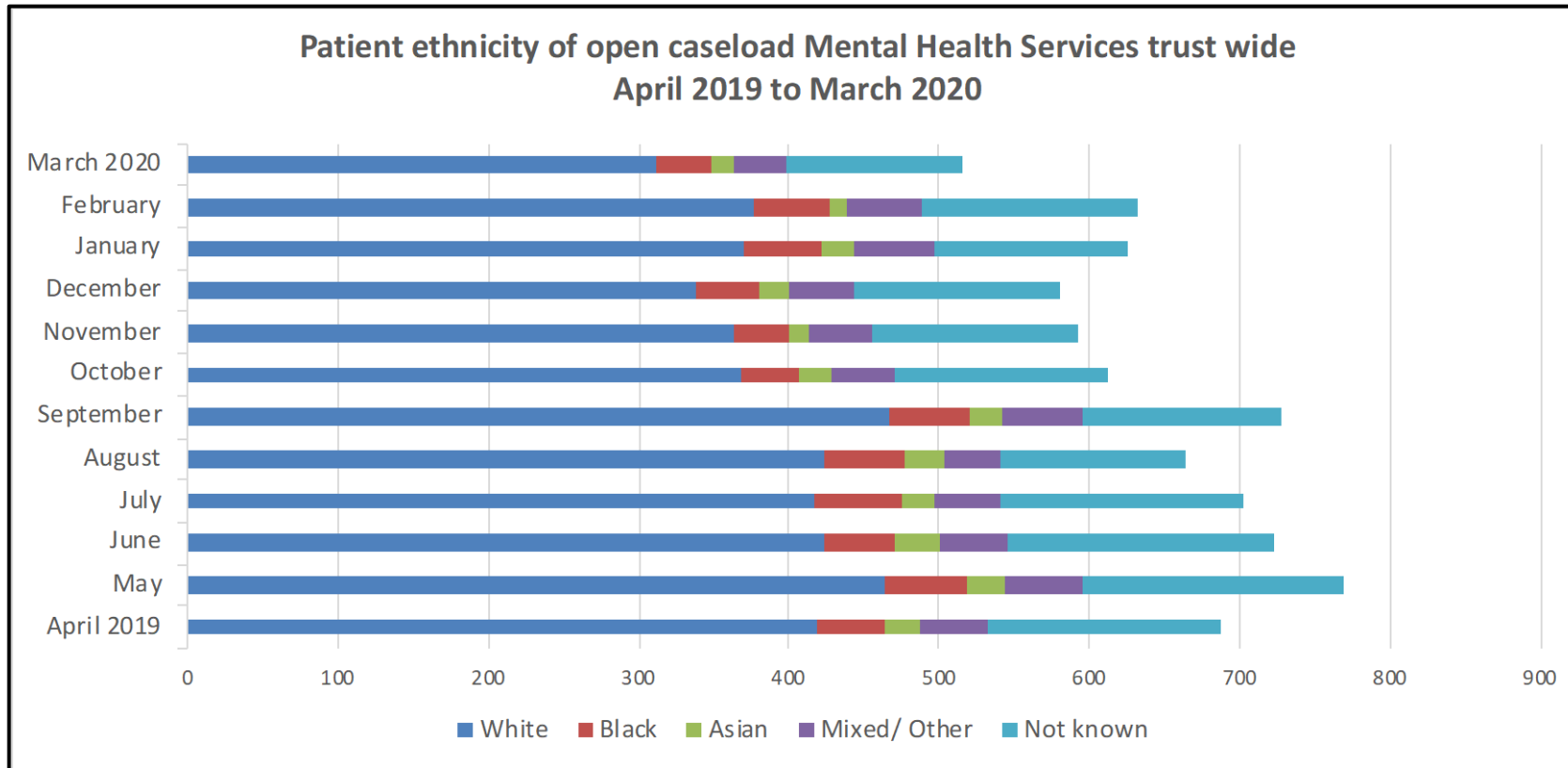
Population:



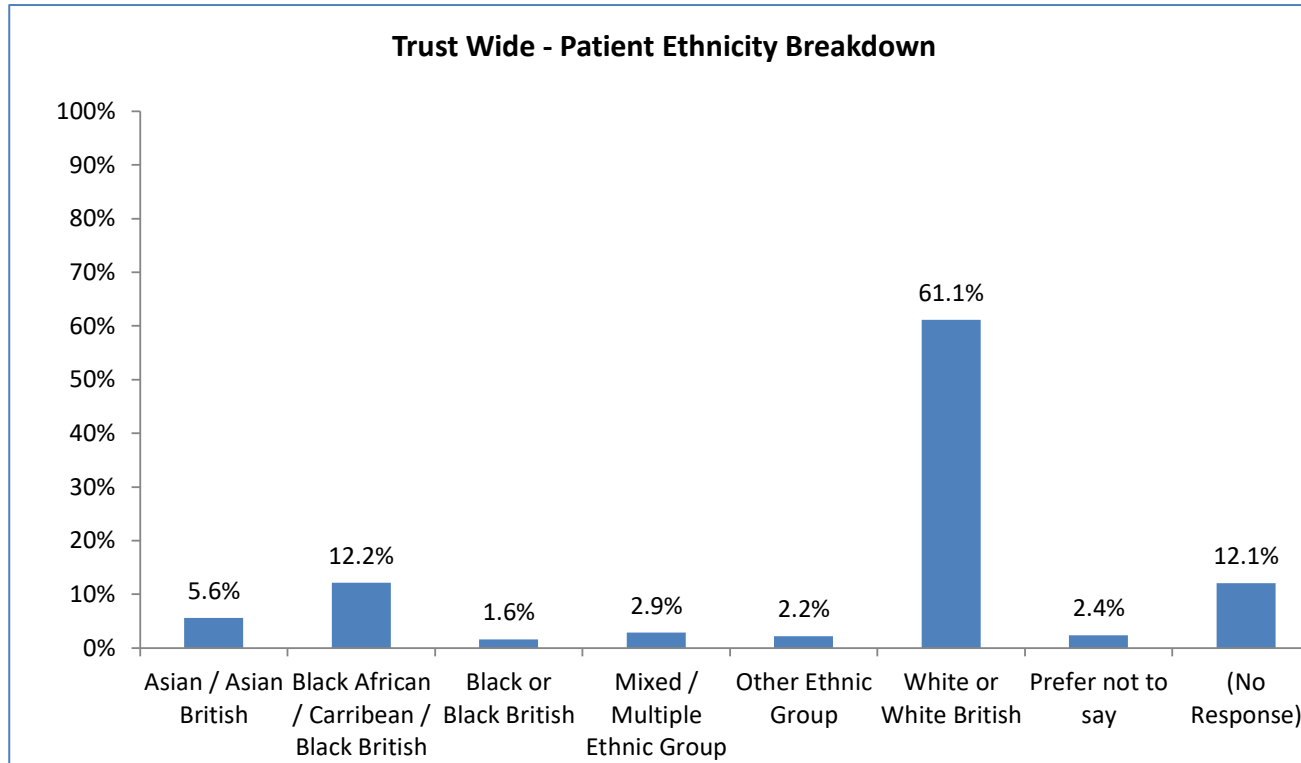
Mental health services caseload by ethnicity:



We don't have data on the ethnicity of a significant portion of our open caseload, therefore it's not possible to say whether our patient caseload fully reflects the local population. We will be undertaking further work to improve collection of this data, and to explain to patients why we ask this.

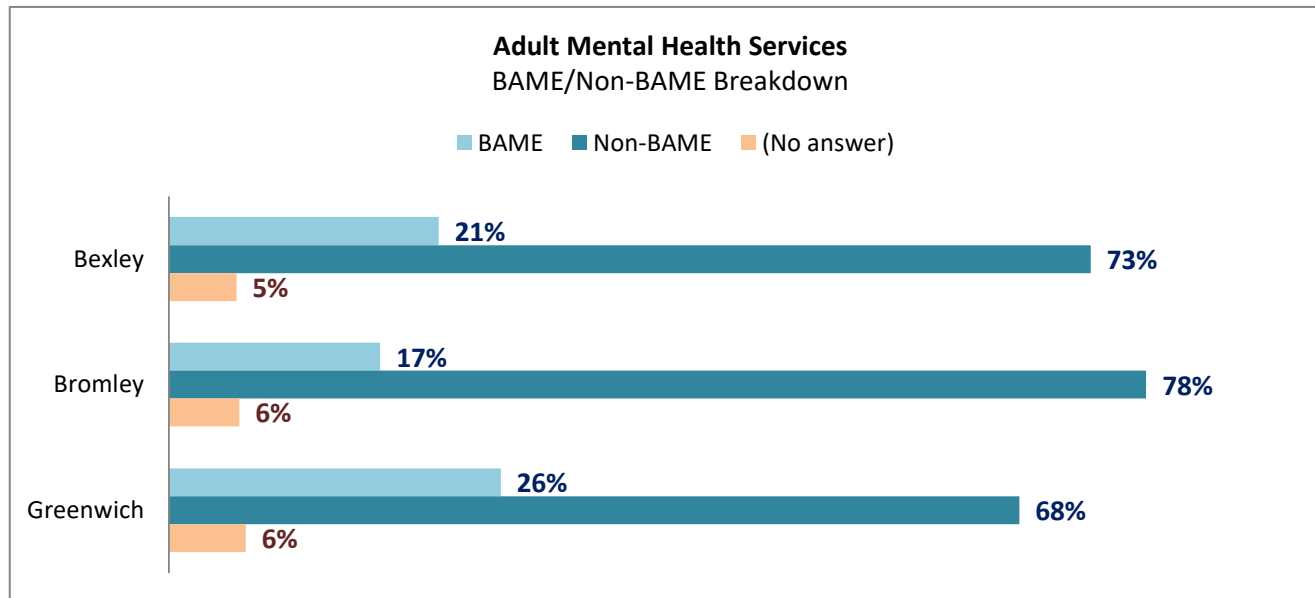
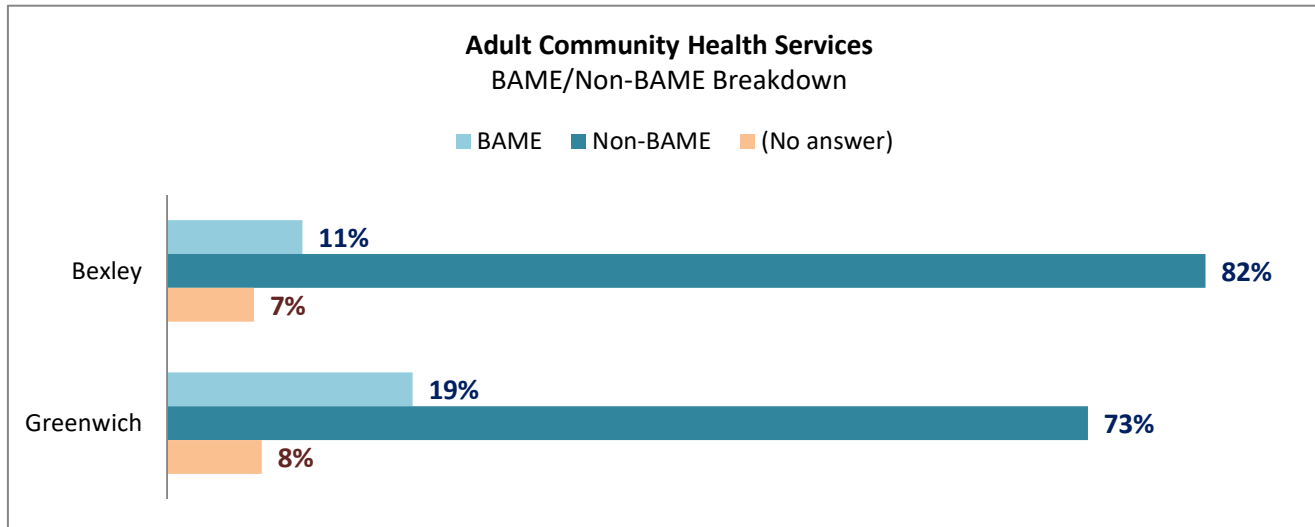


The Trust-wide **patient experience** responses by ethnicity are shown in the graph below, with a significant percentage (14.5%) not stating their ethnicity:



Trust Wide - Patient Experience Ethnicity Breakdown	
Asian / Asian British	1533
Black African / Caribbean / Black British	3312
Black or Black British	444
Mixed / Multiple Ethnic Group	778
Other Ethnic Group	592
White or White British	16656
Prefer not to say	641
(No Response)	3284
Totals:	27240

The ethnicity of patients / service users giving feedback on the use of video / telephone appointments is set out in the graphs below. The level of feedback varies across boroughs, but appears to show that proportionately less feedback is gained from Black, Asian and minority ethnic (BAME) patients / service users in Bexley and Greenwich Adult Community Services and in Bromley and Greenwich Mental Health Services:

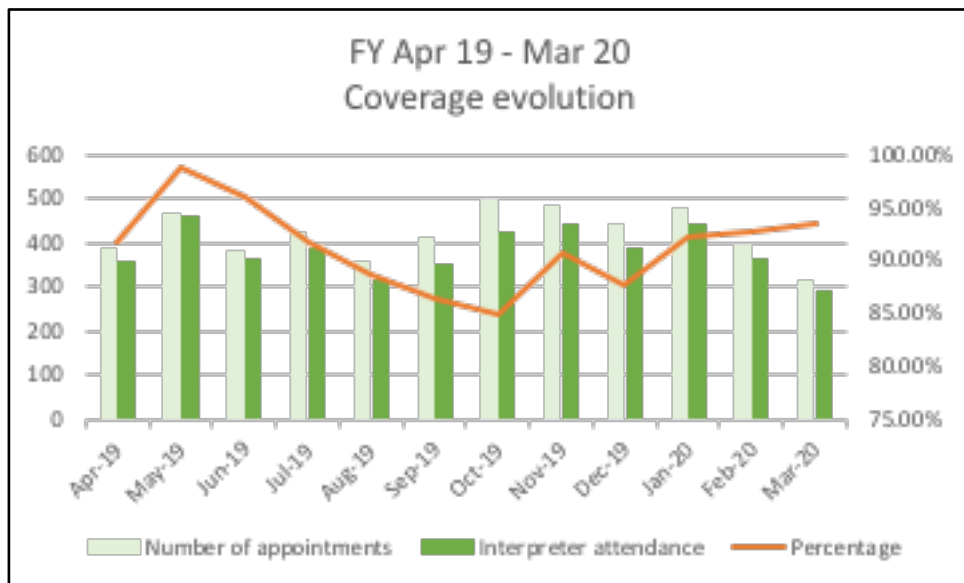


Interpreting, Translation and Communication

The trust's language interpreting and translation service is provided by Language Connect, an interpreting and translation company. Data and reports analysing use, cost and quality are monitored by the Head of Equality and Human Rights. Regular quarterly meetings take place with Language Connect, to discuss and monitor the service and ensure a high quality of service delivery.

Information about how to access community language interpreters and British Sign Language (BSL) interpreters, translation, video and telephone interpreting is available to all staff through the intranet.

Overview of full year April 2019 – March 2020: Interpreters' attendance – *spoken & BSL* and top languages



Top 15 Languages for telephone interpreting
Romanian
Arabic
Tamil
Russian
Portuguese
Mandarin
Turkish
Cantonese
Kurdish Sorani
Spanish
Bulgarian
Albanian
Vietnamese
Nepalese
Hindi

The Accessible Information Standard (AIS)

The Accessible Information Standard is mandatory for health and social care providers and sets out expectations on the accessibility of information and the support for disabled people and their family or carers using NHS and social care services. The Accessible Information Standard has 5 key elements:

1. Identification of needs: a consistent approach to the identification of information and communication needs of patients, service users, carers and parents, where they relate to a disability, impairment or sensory loss.

2. Recording of needs:

- Consistent and routine recording of patients', service users', carers' and parents' information and communication needs, where they relate to a disability, impairment or sensory loss, as part of patient / service user records and clinical management / patient administration systems;
- Recording of needs in such a way that they are 'highly visible'

3. Flagging of needs: use of electronic flags or alerts, or paper-based equivalents, to indicate that an individual has a recorded communication and information need, and prompt staff to take appropriate action and / or trigger auto-generation of information in an accessible format / other actions such that those needs can be met.

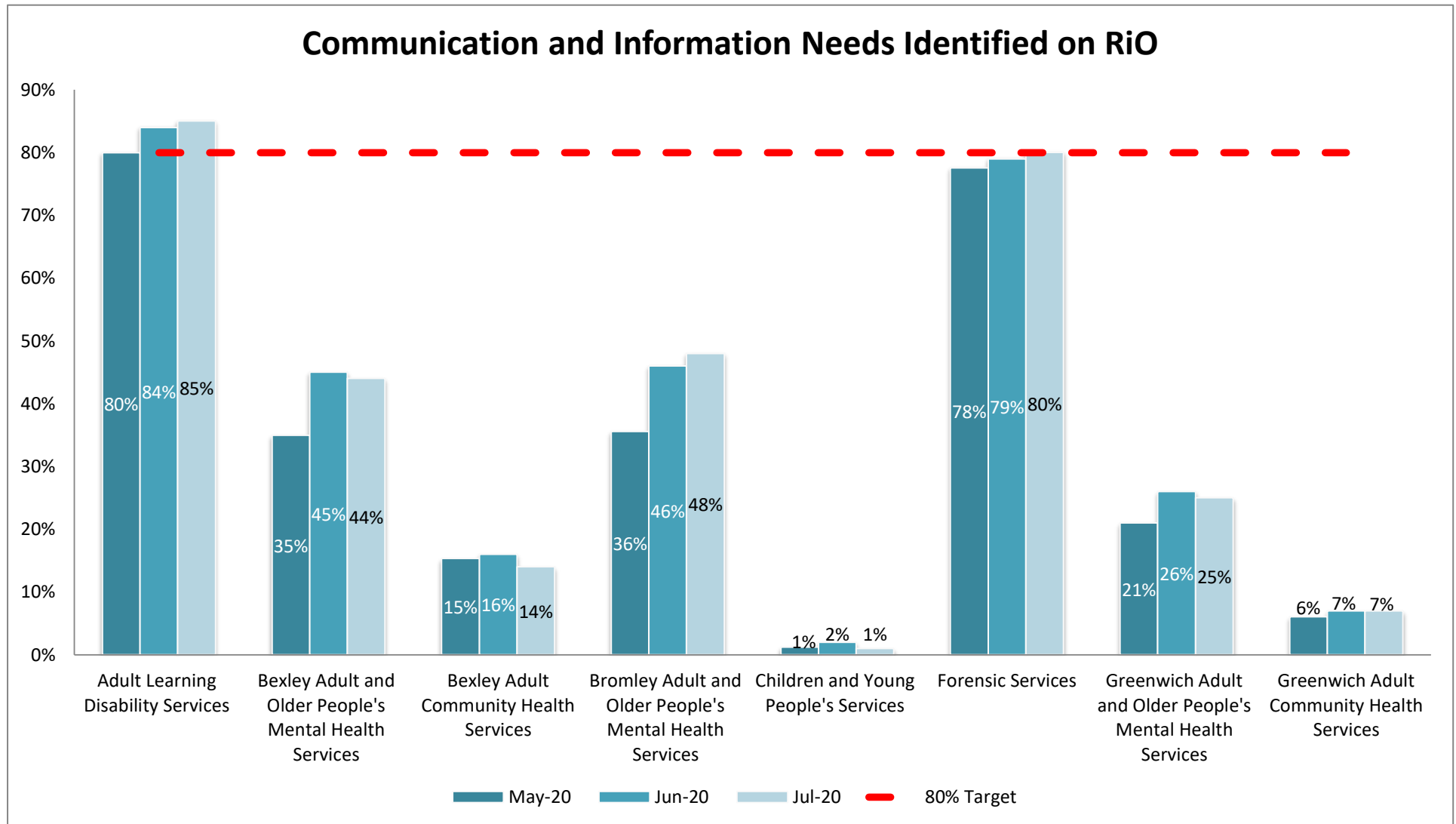
4. Sharing of needs: inclusion of recorded data about individuals' information and / or communication support needs as part of existing data-sharing processes, and as a routine part of referral, discharge and handover processes.

5. Meeting of needs: taking steps to ensure that the individual receives information in an accessible format and any communication support which they need.

We have an AIS Steering Group with representatives from across the trust. The group aims to ensure that staff know about the requirements outlined in the AIS, review our systems to make it easier to record disability and reasonable adjustments, and to review progress.

We monitor compliance with AIS on an on-going basis. The table below shows how we are doing overall.

The graph below shows how services are recording people’s communication and information needs on RiO – the main electronic patient record system at Oxleas. We aren’t required to record this for patients under 16 years of age, although for older children we would do this, as well as for parents / guardians with communication needs. Our Prison services don’t use RiO and so they record communication needs differently. Since March 2020 if a patient has communication needs related to a disability, our staff are required to not only log that they have a need, but also the nature of the need.



Part 3. Workforce Report

The data in this report provides an annual overview of the workforce, with comparison against previous data. The data is discussed at the Equality and Human Rights Governance Group, in particular with reference to the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES).

The 2019/20 Workforce Equality report covers workforce activity over the period 1 April 2019 until 31 March 2020. As the workforce demographics change throughout the year as staff begin and end their employment with Oxleas, this workforce dataset is drawn from a snapshot of the workforce on 31 March 2020.

The workforce report is divided by protected characteristics, one for each section of the report. A brief summary is provided for each section.

There are two areas not covered in detail in the report: pregnancy and maternity; and transgender.

In relation to trans staff, the Electronic Staff Record (ESR) does not have a field covering transgender. However, we are aware there are a small number of trans staff in the organisation. The LGBT+ network provides informal routes for staff to raise concerns, and for any staff with concerns, the trust has the Guardian Service. We also have two policies related to supporting trans staff and trans service users / patients and these are covered in the face to face Equality and Diversity training.

i) Ethnicity

The following table shows ethnicity across the workforce. As of March 2020, 41% of our staff were Black, Asian or minority ethnic. This compares to 41% in 2018/19 and 38.5% in 2017/18.

	March 2020	March 2020	2018	2018	2016
Ethnic Origin	Staff Numbers	%	Staff Numbers	%	%
A White - British	1920	46.34%	1910	52.7%	54.0%
B White - Irish	71	1.71%	65	1.8%	2.2%
C White - Any other White background	233	5.62%	192	5.3%	5.3%
D Mixed - White & Black Caribbean	22	0.53%	26	0.7%	0.8%
E Mixed - White & Black African	25	0.60%	25	0.7%	0.5%
F Mixed - White & Asian	24	0.58%	13	0.4%	0.3%
G Mixed - Any other mixed background	48	1.16%	41	1.1%	1.1%
H Asian or Asian British - Indian	177	4.27%	124	3.4%	3.7%
J Asian or Asian British - Pakistani	31	0.75%	21	0.6%	0.5%
K Asian or Asian British - Bangladeshi	26	0.63%	15	0.4%	0.2%
L Asian or Asian British - Any other Asian background	99	2.39%	93	2.6%	2.7%
M Black or Black British - Caribbean	211	5.09%	128	3.5%	3.1%
N Black or Black British - African	922	22.25%	768	21.2%	17.7%
P Black or Black British - Any other Black background	95	2.29%	39	1.1%	1.4%
R Chinese	26	0.63%	34	0.9%	1.1%
S Any Other Ethnic Group	68	1.64%	29	0.8%	2.0%
Z Not Stated	145	3.5%	102	2.8%	3.4%
Total	4143	100%	3494	100.0%	100%

ii) Gender and working pattern

The table below shows the number and percentage of full-time and part time staff across the Trust, also showing the number of female and male staff in each category. In March 2020 90% of part time staff were women, compared to 91% of the staff in 2018 and 92% of staff in 2016.

The overall trends within the workforce are largely unchanged. The proportion of women within the workforce remains at 80%.

	2020		2018		2016	
	Female	Male	Female	Male	Female	Male
Proportion of the workforce by gender	78.2%	21.8%				
Full time	2053	772	1813	633	1851	623
Part time	1187	131	1140	110	1123	91
Proportion of part-time working by gender	90.1%	9.9%	91.2%	8.8%	92.5%	7.5%
Proportion of part time working overall	31.81%		33.8%		32.9%	

ii) Disability

The table below shows the number of disabled staff in the workforce. Since 2016, there has been a small year of year increase in the numbers of staff who are declaring a disability.

Disabled	2020	2018	2016
No	3056	2464	2255
Not Declared	877	1084	1310
Prefer Not To Answer	0	3	0
Yes	200	145	123
Grand Total	4133	3696	5704
% disabled	4.8%	3.9%	2.2%

iv) Age

The table below shows the distribution of age across the Trust. The numbers of staff under 25 and over 66 has been declining in recent years. There are no significant trends in relation to the age demographic, other than over 50% of our workforce being aged over 46, which has been the case for a number of years both at Oxleas and nationally.

Age Range	2020		Age Range	2018		2016	
25 and under	177	4.27%	24 and under	81	2.2%	94	2.5%
26-35	818	19.74%	25-34	673	18.2%	688	18.7%
36-45	1089	26.28%	35-44	935	25.3%	948	25.7%
46-55	1253	30.24%	45-54	1189	32.2%	1191	32.3%
56-65	748	18.05%	55-64	723	19.6%	666	18.1%
66+	58	1.40%	65+	95	2.6%	101	2.7%
Grand Total	4143		Grand Total	3696		3688	

v) Religion/belief

The following table shows the distribution of religious belief across the Trust. The data shows that the highest proportion of staff are Christian, and this has been consistent over time. Over a quarter of the workforce continue to prefer not to disclose their religious beliefs.

Religious Belief	2020		2018		2016	
Atheism	462	11.5%	380	10.3%	319	8.7%
Buddhism	34	0.83%	32	0.9%	35	0.9%
Christianity	2056	49.63%	1768	47.8%	1654	44.9%
Hinduism	92	2.22%	70	1.9%	71	1.9%
Islam	145	3.5%	107	2.9%	79	2.1%
Jainism	<10		<10		<10	
Judaism	<10		<10		<10	
Sikhism	55	1.33%	37	1.0%	31	0.8%
Other	301	7.27%	289	7.8%	285	7.7%
Undefined	489	11.80%	620	16.8%	928	25.2%
I do not wish to disclose my religion/belief	501	12.09%	389	10.5%	283	7.7%
Grand total	4,143		3,696		3,685	

vi) Sexual Orientation

The following table shows sexual orientation by number and percentage. The table shows an improving trend with more staff choosing to disclose their sexual orientation. Census data indicates that around 6% of the population are gay, lesbian or bi-sexual, with the percentage being higher in younger people. It's likely this is under-reported, especially in older people.

Sexual Orientation	2020		2018		2016	
Bisexual	32	0.77%	20	0.5%	12	0.3%
Gay or Lesbian	61	1.47%	44	1.2%	49	1.4%
Heterosexual	3292	79.46%	2727	73.8%	2529	68.6%
Undefined	421	10.16%	624	16.9%	936	25.4%
I do not wish to disclose my sexual orientation	328	7.92%	281	7.6%	162	4.4%
Other / undecided	9	0.21%				
Grand Total	4143		3696		3688	

Part 4. Staff Networks

The Equality and Human Rights Governance Group supports and works closely with the staff networks. The networks provide a safe and supportive way for staff to raise issues of concern and to help support and drive the equalities agenda within the organisation.

We have a Black, Asian and Minority Ethnic (BAMEx) Staff Network, a Lesbian, Gay, Bisexual, Trans + (LGBT+) Staff Network; a Lived Experience Network (for staff members with lived experience of mental health issues) and a Disability Network for staff with a disability or long-term health condition.

A summary of their work over the last year is set out below.

BME / BAMEx Staff Network Achievements 2019-2020 – Chair, Juliana Frederick-James

- The Network acts as a consultative body to the Trust especially in relation to the Workforce Race Equality Standard (WRES) and continues to hold the Trust to account for delivering on the WRES action plan.
- The Network has consistently raised awareness of BAME staff being subject to Violence and Abuse from patients, carers and members of the public. Work continues (with the support of Network Executive members) across the organisation to address this through the “It’s Not OK” campaign.
- Network Executive Members are involved in the Just Culture programme aimed at recording all conversations being had with staff, especially where staff actions could potentially result in disciplinary action. The Just culture decision making tool aims to encourage transparency in the decision making process with regards to which issues are progressed to formal disciplinary action. Work continues
- As part of the Network focus on bullying and harassment, Network executive members became active members of the Trust Tackling B&H Working Group which has been looking at alternative methods of addressing conflict between colleagues; and developing a behavioural framework to address all forms of maltreatment and incivility
- Oxleas BME Staff Network successfully hosted the First SLP BME conference entitled: “Different Places, Same Journey” for 80 delegates at the Marriott Hotel in June 2019. We were joined by colleagues from SLAM and SWSTG BAME Staff Networks; and the event was opened by the Oxleas CEO, Matthew Trainer. Speakers on the day included: Jennifer Izekor: Director of Cultural Intelligence; Dame Elizabeth Anionwu who spoke about her achievements in life and the NHS (she went on to receive a Pride of Britain award later in the year); Janet Henry, a former Oxleas staff member on her journey to success; and Lyndon Wissart author of “The Inspired Diabetic” who was tweeted by the Network at the event and subsequently received an invitation by Channel 5 News (which he appeared on later that evening!!!)
- Oxleas BME staff Network held another successful Black History Month Event with an Asian twist plus our Annual General Meeting in October 2019. A new executive committee and Chair were voted in and the staff network instigated a name change to: the BAMEx (Black, Asian, Minority Ethnic) to reflect greater inclusivity and to align with our sister organisations in the South London Partnership; and the “X” announcing our associate membership as our Xtras – open to any and all staff members who support our work.
- The BAMEx Staff Network continues to play an integral part in the Oxleas NHS Foundation Trust response to Covid 19 and the disproportionate impact upon Black, Asian and Minority Ethnic staff members.

Disability – Chair, Craig Hill

The network launched in December 2019, having previously been an action group made up of non-disabled representatives and a few disabled staff. Whilst the membership is still small, we've achieved a lot in a short time, including:

- Input to the review of the trust's Reasonable Adjustments policy
- Elected a Chair and Executive
- Welcomed our Executive Champion – Jane Wells, the Director of Nursing
- Input to Oxleas 'Our Next Step', with a focus group on the experiences of disabled staff
- Input to the trust's Health and Wellbeing Passport (that was subsequently launched in July 2020)
- During the COVID-19 pandemic we moved to virtual meetings, which has improved attendance
- We've linked in with staff that have had to shield and a number have joined the network

Lesbian, Gay, Bisexual, Trans + - Chair, Tobias Hill

The LGBT+ Network has grown its membership and activities during the year, with the highlights being Pride in June 2019 and our LGBT+ Awareness Event and Celebration for LGBT+ History month in February 2020. Pride was supported by colleagues across the trust and a video of this is on our public website [add link].

The LGBT+ History Month event in February was attended by over 80 colleagues with guest speakers including Tara Hewitt [add job title] who talked about issues for trans people and [add name] from Metro Charity who talked about the support they offer for younger people. The V'Ox choir helped with the celebrations.

We launched the NHS Rainbow Badge scheme at the event and will continue to promote this to colleagues across the trust. The badge is a sign that the person wearing it understands LGBT+ issues and is willing to offer support / sign-posting, something particularly valuable for service users to see.

I've had the privilege to be chair of the network since July 2018, and have been supported by Sarah Stillwell who was Vice Chair until January 2020, and now by Dean Grave-Hicks as Vice Chair. We now have over 150 members and our Executive champion is Oxleas' Chief Operating Officer, Iain Dimond.

Lived Experience – Chair, Amy Wattingham

- We re-launched the Network in January 2020 and then appointed the Chair and 2 vice chairs and Executive team.
- Launch of Volunteers LEN Weekly Zoom sessions - been attended by all members since launched in April. LEN Chair open letter to Staff sent out Mental Health week. Overwhelming positive response from staff, LEN need to look at ways to move forward with normalising mental health in the trust, giving positive messages and de-stigmatising mental health
- We have offered weekly support to LEN Network members via WebEx since March and the COVID19 Pandemic
- LEN attended Network WebEx and BAME WebEx meetings to support staff on going since April.
- LEN volunteers Art group started
- LEN Wellbeing WebEx with Director for Strategy and People talking about the Wellbeing pack in April that was co-produced by LEN members.
- LEN Network membership – up 147% from Jan-March 2020. 69 members currently.

Part 5: WRES and WDES

Workforce Race Equality Standard (WRES)

The WRES was introduced in April 2015 following increasing concerns about the lack of BME staff representation at senior levels of the NHS. In London in 2014, whilst BME communities made up 45% of the population and BME staff make up 41% of the NHS, only 2.5% of Chairs/CEOs and 8% of Board members were from BME backgrounds. Whilst this has improved slightly in the past few years, under representation of BME people at more senior levels remains an issue.

The WRES is mandated through the NHS contract and is led by the WRES team at NHS England. It requires all NHS trusts to publish data on a series of metrics from the workforce and the trust's results in the National staff survey, including data on BME staff on the Board, Continuing Professional and Personal Development (CPPD), disciplinarys and equal opportunities for career progression. The data for Oxleas is available on the trust's website: <http://oxleas.nhs.uk/equality-and-diversity/workforce-race-equality-standard-wres/>

The Equality and Human Rights Governance Group will consider the results of WRES data collected at the end of March 2020 and will publish the data and action plan on the Trust website in early November 2020.

Workforce Disability Equality Standard (WDES)

The WDES was introduced in 2018 and like the WRES it requires all NHS trusts to publish results on a series of metrics based on data from the workforce and the trust's results in the National NHS staff survey. The data compares the experience of disabled and non-disabled staff.

The data for Oxleas is available on the trust's website: <http://oxleas.nhs.uk/equality-and-diversity/workforce-disability-equality-standard/>

The Equality and Human Rights Governance Group will consider the results of WDES data collected at the end of March 2020 and will publish the data and action plan on the Trust website in early November 2020.

Learning and Development

Our Equality and Human Rights training is mandatory for all staff, to be completed every three years. The training is offered via an e-learning programme; with an alternative face to face equality and human rights course. This is offered at least 4 times per year as a reasonable adjustment for disabled staff, or for staff where e-learning is difficult to access. Our compliance rates have consistently been above 90% over the last four years. The mandatory e-learning and face to face alternatives cover the Equality Act, the Human Rights Act, and learning on each of the protected characteristics.

Part 6: Building A Fairer Oxleas

The disproportionate impact of COVID-19 on Black, Asian and minority ethnic communities, disabled people and older people has shone a light on the enduring health inequalities experienced by many people with protected characteristics. As the pandemic continues there is growing evidence that there has been an increase in abuse and domestic violence that means that women and LGBT+ people in particular have been affected by the restrictions of lockdown and social isolation. Carers of disabled children and adults have seen services restricted and thus support reduced.

Our workforce is not immune to the impact of COVID-19 and as an employer we have a duty to protect the physical and mental wellbeing of our employees. It became apparent early on the BAME NHS staff were affected by COVID-19 in higher numbers, particularly men, those aged 50+ and those with underlying health conditions. On a practical level we undertook individual risk assessments of all staff. A number of staff had to be redeployed and we also had staff who had to shield. 41% of Oxleas workforce are BAME. COVID-19 and then the events in the USA that included the death of George Floyd and the Black Lives Matter protests highlighted the impact of discrimination and racism on the lives of BAME people.

At Oxleas we believe that no member of staff should be treated unfairly due to their ethnicity, disability, age, gender identity or sexual orientation. However, words and policies are not enough when racism and other discrimination is deep rooted into systems and processes and individual behaviours. The experiences of our BAME staff and staff with other protected characteristics during COVID-19 meant that many people spoke out for the first time about the impact of racism and discrimination. It was clear that action was needed and so Building A Fairer Oxleas was born.

We recruited over 40 BAME staff volunteers to be part of an action group chaired by our Deputy Chief Executive. The focus was on listening to our staff, identifying the key areas for change and agreeing a set of actions focused on two areas where our staff felt change is needed. These areas are:

- Fairer recruitment and career progression
- Improved cultural competence and understanding

We now have an action plan in place and work has begun. Whilst this work is focused on the experience of our staff, we know that improving staff experience will also improve patient experience. We want to make Oxleas a great place to work and an outstanding place to receive care. Our journey has begun and we will be reporting on progress as part of next year's Equality Annual Report.