Oxleas Equality Report

2017 - 18

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Part 1. Meeting the Public Sector Equality Duty (PSED) and Reporting the Gender Pay Gap

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 have shown our commitment to equality and human rights in Oxleas, as well as meeting the requirements of the PSED.

Gender Pay Gap
In addition to the Public Sector Equality Duty, NHS Trusts have a duty to publish their Gender Pay Gap. We reported on the Trust's gender pay gap and include our findings and subsequent actions within this report.

Gender pay gap report

Background

In March 2018, all public sector organisations were required to submit data on the pay difference between men and women. The gender pay gap shows the difference in the average pay between all men and women in the workforce, including bank workers. It is important to note here that the gender pay gap is separate to equal pay (i.e., whether men and women who undertake the same or similar jobs are paid the same).

Our data indicated that women had earned 14.36% lower than men (calculated on the mean) and 12.57% lower than men (calculated on the median). The ideal position would be for a differential of 0%.

Our data showed a far more notable discrepancy in relation to clinical excellence awards payable to medical consultants that for the purposes of gender pay gap reporting were treated as "bonus".   On average, female consultants had received 59% lower through clinical excellence awards as compared to male consultants.

Analysis

Impact of Part-time working

It is known that there is a large proportion of the workforce, particularly female workforce, that works part-time. Data was reviewed to assess whether the pay differential would be reduced if it was theorised that all staff worked full time, thus negating the effects of part-time working. Table 1 indicates that adjusting for part-time working only resulted in a small adjustment to the gender pay gap, now at 13.6%.

Table 1: Gender pay gap - Mean (adjusted for full time working)

	Male	Female	% difference
Mean Average Salary	£35739.17	£30862.06	13.6%

This calculation was carried out purely on basic salary, as it was safe to assume that all other pay elements would be automatically adjusted.

The Trust demographic information indicates that women constitute 80% of the workforce. This proportion remains roughly representative in all bands except for Bands 8c and higher. It is notable that the level of part-time working amongst the female workforce is significantly higher than the male workforce and reflective of the female workforce typically taking on caring responsibilities in the home. Table 2 reviews this in relation to the senior bands.

Table 2: Part-time working in Bands 8c - 9

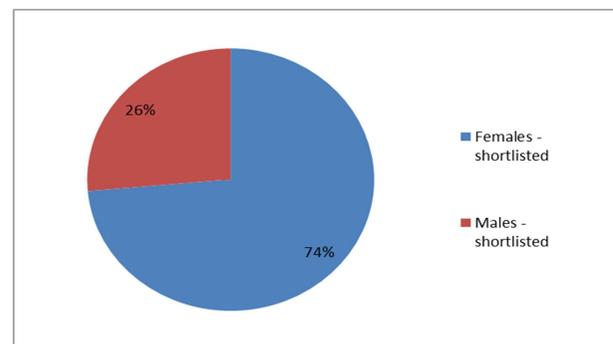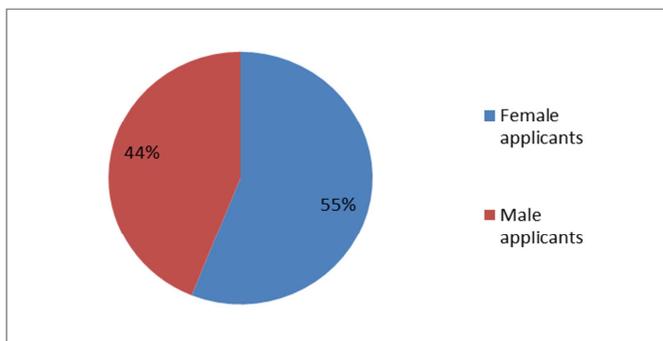|	Male	Female
Full Time	87.88%	57.41%
Part Time	12.12%	42.49%

Impact of fewer women in higher bands

Further to Table 2, the data was also reviewed to consider whether the pay differential in Table 1 was limited to particular bands, particularly higher bands. Table 3 below indicates that women were earning less than men in only 4 groups – Bands 6, 8c, and the two medical groups consultant and non-consultant career grade roles. In all other bands, basic salaries of female staff on average were higher than male staff.

It is important to note that the small medical workforce has a disproportionate impact on the gender pay gap. **If the medical workforce is excluded, there is a positive pay differential with the female workforce being paid 1.1% higher than males**.

Recruitment

All posts that were advertised at Bands 8c and 8d in the period April 2017 – March 2018 were reviewed. Interestingly, though there were fewer female applicants (44%, compared to 55% male), 74% of shortlisted applicants were female and 75% of appointments were female.
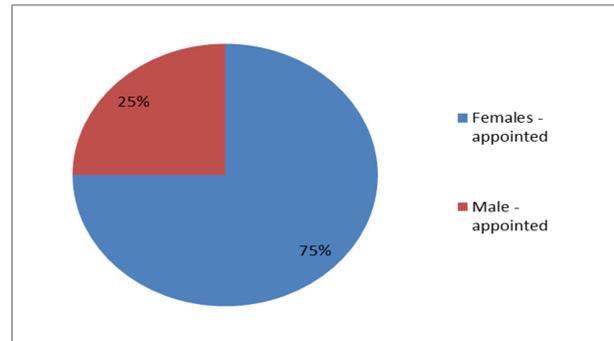
Clinical Excellence Awards

The concern in relation to the gender pay gap in Clinical Excellence Awards (CEAs) was discussed at the awards meeting on 29 May 2018 in the context of the 2017 CEA programme. The attendees included three female consultants who had applied for the awards. It was disappointing that despite specially encouraging female consultants to apply, the uptake in relation to the awards has been low. Although 14 awards can be awarded, only 11 consultants have applied, of which only 4 are female. It is expected therefore that the pay gap in relation to CEAs will remain for the year 2018/19.

It was noted that the principle of the CEA is to recognise contribution "over and above" the standard expected of their role. The view of the group was that this can mean that female consultants (including those who work full time) choose not to undertake additional roles that require additional commitments that can compromise work and home life balance.

Guys and St Thomas' had been identified as good practice in relation to CEAs. Data at GSTT was reviewed. The gender pay gap in relation to CEAs indicated that female consultants received bonus payments that were 0.96% higher. However, it should be noted that GSTT only reported on CEAs at Level 9 and above. The numbers within the trust receiving awards at this level is too small to make any deductions.

Recommendations
- It is recommended that agile working opportunities should be considered as they become available. These are likely to be able to offer staff the flexibility in relation to balancing personal commitments whilst undertaking full time roles.
- There will be continued support for the consultant body in submitting applications. This will take place sufficiently in advance of the next round of awards and will be diarised shortly.
- Oxleas should continue our commitment to ensuring that our services and employment practices are fair, accessible and appropriate for the communities we serve and the diverse workforce we employ.

Equality Delivery System: Structure and Process

The Equality Delivery System (EDS) provides a framework for the organisation to address equality and diversity as a service provider and employer. The organisation has a limited equality team which has resulted in elements identified in the EDS becoming core business of the Trust. Issues related to equality and diversity in service delivery are addressed through the corporate reporting structures and then ratified at Trust Board Level.

- Local and Trustwide **Patient Safety Groups** promote in-depth analysis of incidents and learning from these, ensuring equality issues are examined
- Local and Trustwide **Clinical Effectiveness Groups** include an examination of how people from different communities access Oxleas services as well as patient outcome measures
- Local and Trustwide **Patient Experience Groups** examine patient satisfaction surveys and the outcome of complaints with an equality perspective

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 of Workforce and Quality Improvement 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 service user data reports
- Monitoring and reviewing workforce data and evidence from the staff survey
- Reviewing and overseeing the BME mentoring scheme, disciplinary data, staff networks
- Overseeing the delivery of action plans related to the EDS, WRES and Equality Objectives
- Reviewing local Directorate plans
- Monitoring and reviewing specific projects as agreed by the Governance group

Equality Objectives

The Equality and Human Rights Governance Group have developed the following action plan aimed at addressing the equality objectives for the forthcoming year.

Equality Objective	Proposed Action	Completion Date
Gender Pay Gap	• Upload gender pay gap report on the government equalities page and publish results on the Oxleas NHS Foundation Trust internet website • Establish a small working party to examine the Gender Pay Report and produce an action plan to address potential issues	30 March 2018 31 July 2018
Workforce Race Equality Standard	Publish and review data against all 9 metrics Establish new action plan Promote successes on the Ox	31 July 2018
Violence and Abuse Against Staff by Patients / Carers / members of the public	Guidance on managing patients has been agreed by all clinical leads • Series of meetings to be organised with directorate leads • Publicity campaign to highlight zero tolerance	31 July 2018
Bullying & Harassment	• Review of bullying and harassment policy • Consultation with B&H advisors regarding proposals • Series of events across the Trust addressing bullying and harassment experienced by staff • Creation of a hotline to allow staff to raise "staff on staff" issues anonymously to be staffed by the Speak Up Guardians and volunteers from the B&H advisor pool • Further training of B&H advisors to become informal resolution champions	31 March 2018 30 July 2018 30 September 2018 30 November 2018 30 November 2018
Workforce Disability Equality Standard	• Establish working party of DAG to address move to becoming a staff network • Questionnaire to help identify staff with disability and those willing to participate in a staff network group	31 July 2018 30 September 2018

Part 2 Service User Report

Protected Characteristics of all Patients on the 1ˢᵗ April of the relevant year

2017	Marital Patients (Age 16 or over)	Pregnant Patients (Age 13 or over)	Religion/ Belief	Disability	Gender	Sexual Orientation	Age	Ethnic Origin	Gender Re-Assignment	Pregnancy/ Maternity	Civil Partnership/ Marriage
Total	61152	49216	11955	2624	94805	5287	94805	94805	211	7583	4782
Percentage			13%	3%	100%	9%	100%	100%	0.22%	15%	8%
2018	Marital Patients (Age 16 or over)	Pregnant Patients (Age 13 or over)	Religion/ Belief	Disability	Gender	Sexual Orientation	Age	Ethnic Origin	Gender Re-Assignment	Pregnancy/ Maternity	Civil Partnership/ Marriage
Total	69233	56349	12245	2368	104378	5415	104378	104378	224	7623	4852
Percentage			12%	2%	100%	8%	100%	100%	0.21%	14%	7%

Key	
   	Characteristic calculated against all patients
   	Characteristic calculated against patients 16 years old and over
   	Characteristic calculated against patients 13 years old and over

The total number of service users in 2017 was 94805, which increased in 2018 to 104,378. The table shows that we have robust systems in place for collecting information on ethnic origin, age and gender. We are focussing improvements on recording disability. Religion and belief, pregnancy and maternity and civil partnership/marriage have seen a reduction (although not in real terms), and we will continue to work with teams and clinicians to improve our data in these areas. Pregnancy and Maternity provides us with significant challenges in collating the data, as we record pregnancy/maternity through separate assessment systems; or through progress notes. For gender reassignment, there are specific legal requirements on data confidentiality, and we have been looking at these with a view to ensuring that we can provide the best services to trans people whilst ensuring that we work within the requirements of the law.

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. We ask for gender, age, ethnicity, disability and sexual orientation.

Service Delivery: Challenging Stigma and Encouraging Inclusion

Below is a snapshot of some of the projects operating within Oxleas designed to address service users and carers needs across various equality strands.

Oxleas Perinatal Service

Oxleas currently provides the Bromley Perinatal Mental Health team, which is a small service that provides timely access to care and treatment for women with severe mental illness during pregnancy and throughout the perinatal period. It provides specialist support to avoid relapse and reduce admission in women at high risk of mental illness during the perinatal period including those with a previous post-partum psychosis, bipolar affective disorder, schizo-affective disorder, other psychoses as well as serious depressive illness.

It also provides assessment, care and follow up for women discharged from the specialist mother and baby unit. It includes direct work with mothers or joint working arrangements with other colleagues. Oxleas proposes to expand this service and is hoping to be able to provide this service in all of our boroughs. If we are successful, we will include an update in the next annual report.

Oxleas Volunteering Services

"To ensure that the Volunteering service is professional, organised, with a consistency of process around governance and is efficient in order to provide the Volunteers with an opportunity where they feel valued, are able to access it easily and have a meaningful experience which is mutually beneficial to the Volunteer and the Trust". Oxleas is really proud to be supporting nearly 300 volunteers (both members of the public and service users). Currently there are 20 different Volunteering projects running across the Trust. These represent the wide variety of roles available for our Volunteers and range from 'meeters and greeters' to service user researchers.

Our projects are varied and are for everyone including members of the public or individuals/carers accessing mental health services, ex-service users etc., over the age of 16 and believe that it can provide a fantastic opportunity for someone who wants to get experience of a chosen career pathway. Volunteering has always played a key role in the service delivery and development of the Trust for many years and the impact that volunteers have on our service users, their families and our staff is invaluable. A few of the schemes are detailed below

Lived Experience Practitioner (LXP) Programme

The LXP programme is often defined as a 'Peer Support Programme' in other organisations. Peers support occurs when someone who has lived experience of a condition such as mental health issues, provides assistance to patients/service users experiencing mental health difficulties. The Oxleas LXP project commenced in 2012 as a knowledge transfer partnership between Oxleas NHS Foundation Trust and Canterbury Christ Church University. The overall aim of the project was to redesign employment processes to ensure the sustainable employment of individuals with lived experience of mental health issues as peer support workers to improve service delivery. Working as peers, these practitioners can inspire hope and demonstrate the possibility of recovery, contributing as integral and valued members of multi-disciplinary teams. They provide formalised peer support and practical assistance to people who are receiving Oxleas services.

A structured 12 week training programme has been devised in conjunction with a trainee mentoring programme to provide a robust preparation for the schemed to ensure the LXP will be" job-ready". The introduction of LXPs into the trust is supported by transparent processes and good corporate governance. There is a monthly steering group meeting for the project, which is co-chaired by the Greenwich Service Director and Bromley Associate Director of Mental Health Services.

As of March 2018 we have 12 Lived experience practitioners in post across the Trust, and this includes a Band 5 full time Lead LXP. The next cohort is being planned to begin in April 2018 and it is envisaged that more LXP roles will become available on in-patient wards in a bid to improve the patient experience of ward environments.

The Can you understand it? Team

Oxleas' learning disability editorial group, the 'Can you understand it?' team was set up in 2009 and currently has 7 members representing Bexley, Bromley and Greenwich. They meet once a month and are supported by Oxleas' staff. They use an easy read checklist to review information produced by the trust and make recommendations to ensure the information is suitable for people with learning disabilities (Equality Act 2010). They have also been involved in various projects which include reviewing the accessibility of Queen Elizabeth Hospital in terms of signage, hosting events to showcase their work and videos promoting the 'hospital passport' and the 'black book' which is a easy read health record book.

Social Inclusion Work

An event was held at Charlton House to showcase the work of Social Care Staff within Oxleas in December 2017. Teams represented at the event included Social Workers; Approved Mental Health Practitioners; the social inclusion team; community development workers; and the STRIDES Employment Team. There was a wide range of social inclusion work displayed and discussed such as practical support to service users regarding applying for and maintaining benefits; escorting patients home before discharge from in-patient wards; statutory duties under the Mental Health Act and Best Interest work; providing social and activity based groups designed to facilitate a smooth transition back into the community from hospital admission; employment advice and job application and retentions support; running carer information / support groups. This work is vital to ensure that Oxleas patients receive holistic and comprehensive support from the organisation.

Greenwich BME Mental Health Community Development Workers

There are dedicated Community Development Workers (CDWs) in Greenwich, who are employed to work specifically with local BME communities on mental health issues. The CDW Service has its origins in the Delivering Race Equality in Mental Health Government Programme 2005-2010 but remains a service committed:

- ***to improve the experience of using mental health services for BME community members***
  This is currently addressed through the co-facilitation of the OJI Drop-in which provides a regular safe space or Black African and Black Caribbean service users in Greenwich. The team have organised a BME carers information programme designed to improve carers knowledge and understanding about mental health services and ultimately to create self-help support groups for the carers who participate in the programme.

- ***to help local community groups to provide better support to people from their communities experiencing mental health difficulties***
  This is achieved by providing mental health first aid and mental health awareness courses to local BME community organisations. This, in turn, will help staff in community organisations recognize when people are becoming unwell as well as how to access mental health services when needed

- ***to work towards tackling stigma and discrimination***
  The team have an outreach programme aimed at encouraging different community groups to talk about mental health issues in their particular settings and has succeeded in facilitating this with local south Asian women and Nepalese community groups

Oxleas Trans Work

Oxleas NHS Foundation Trust is currently drafting a trans policy aimed at addressing the needs of staff and service users from this particular protected characteristic. The policy will be assessed by many of our stakeholder partners including Stonewall. In the meantime, this is an issue which is mandated under law ie The Equality Act 2010 clearly sets out that "Anyone who intends to, is transitioning or living permanently in a gender different to that assigned to them at birth is protected by the law". Therefore, the legal requirement for statutory services is to accommodate trans patients based on their preferred/expressed gender. The Equality Act (2010) has removed the requirement for medical supervision to take place as part of the "gender reassignment" process. So, someone who simply changes the gender role in which they live, without ever going to see a doctor, is equally protected.

Oxleas complies with this requirement in our in-patient settings whilst assessing and managing risk for patients who identify as trans, as we do for all our service users. Oxleas ensures that all staff are supported in delivering the requirements under the law through:
1. the completion of mandatory equality and human rights training (e-learning and face-to-face) which outlines responsibilities/legal duties
2. the commissioning of bespoke training aimed at providing staff with the tools to better support trans people in mental health and social care settings
3. Access to advice from an equalities expert (Head of Equality and Human Rights) to discuss any specific concerns

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 and service representatives. 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 language and BSL interpreters, translation and telephone interpreting is available to all staff through the intranet.

A range of intranet resources is available to support communication for service users with learning disabilities, and key Mental Health Act information is available in 28 different languages. The trust continues to translate documents where required; where relevant, these are made available for use across the trust. The trust website includes audio clips and transcripts of videos.

The trust has a dedicated post looking at accessible information. Easy read letters are available to all staff using computer software available via the trust's desktop icons. Advice, support and intranet information are all available to staff across the trust. Recently training in producing easy read information and the use of relevant software (Boardmaker) has been provided to all Adult Learning Disability teams, which is now being extended to mental health teams. Part of the job role is to facilitate The Can you understand it? team who play an important role in reviewing and approving easy read information produced by Oxleas staff.

Accessible Information and the Accessible Information Standard (AIS)

The Accessible Information Standard sets out expectations on the accessibility of information and the support for disabled people using NHS 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;
- Use of defined clinical terminology, set out in four subsets, to record such needs, where Read v2, CTV3 or SNOMED CT®codes are used in electronic systems;
- Use of specified English definitions indicating needs, where systems are not compatible with any of the three clinical terminologies or where paper based systems / records are used;
- Recording of needs in such a way that they are 'highly visible'.

3. **Flagging of needs:** establishment and use of electronic flags or alerts, or paper-based equivalents, to indicate that an individual has a recorded information and / or communication 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 are working to implement the AIS across our services, and have set up a working group with representatives from across the trust. The working 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. An audit of Trust compliance with AIS was conducted in August 2017 and showed very low completion rates across the Trust. Activities undertaken to improve awareness included:

(a) The development of a presentation to be delivered to clinical effectiveness groups and various teams across the organisation
(b) A short film available on the intranet (the Ox) that is easily accessible to all staff
(c) An AIS quiz and prize to further improve awareness
(d) A further audit to be conducted towards the end of 2018 to see how this activity has impacted compliance

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.

The 2017/18 Workforce Equality report covers workforce activity over the period 1 April 2017 until 31 March 2018. 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 2018.

In order to ensure the anonymity of the data, any staff count under 10 in the last two years has been labelled '<10'. Some datasets use percentages to show the relative distribution across the workforce, rather than using numbers.

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. A scan of disciplinaries, grievances and bullying and harassment cases did not show any concerns about the way that staff who are pregnant, or returning from maternity leave are treated. We continue to review disciplinary, bullying and harassment and grievance cases in detail and continue to review these for any groups that appear frequently.

In relation to trans staff, 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 a group of bullying and harassment advisers who are available across the trust to signpost and give advice. As mentioned above, existing data reviews could also pick up if there were cases of bullying and harassment, disciplinary or grievances involving trans staff. Ongoing annual scrutiny of disciplinary, grievance, and bullying and harassment cases has not shown concerns about the way that trans staff or pregnant staff members are treated.

i)   Ethnic Origin

The following table shows Ethnic Origin across the workforce as a comparison between 2016 and 2018. There has been an increase in the proportion of the BME workforce in this period, matched by a corresponding decline in the white workforce. The workforce is increasingly becoming diverse.

Ethnic Origin	2018 Staff Numbers	2018 %	2016 %
A White - British	1910	52.7%	54.0%
B White - Irish	65	1.8%	2.2%
C White - Any other White background	192	5.3%	5.3%
D Mixed - White & Black Caribbean	26	0.7%	0.8%
E Mixed - White & Black African	25	0.7%	0.5%
F Mixed - White & Asian	13	0.4%	0.3%
G Mixed - Any other mixed background	41	1.1%	1.1%
H Asian or Asian British - Indian	124	3.4%	3.7%
J Asian or Asian British - Pakistani	21	0.6%	0.5%
K Asian or Asian British - Bangladeshi	15	0.4%	0.2%
L Asian or Asian British - Any other Asian background	93	2.6%	2.7%
M Black or Black British - Caribbean	128	3.5%	3.1%
N Black or Black British - African	768	21.2%	17.7%
P Black or Black British - Any other Black background	39	1.1%	1.4%
R Chinese	34	0.9%	1.1%
S Any Other Ethnic Group	29	0.8%	2.0%
Z Not Stated	102	2.8%	3.4%
Total		100.0%	100%

ii) Employee Category (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, and the shift within the workforce since 2016.

In 2018, women comprised 91% of the staff who work part time, which was a slight decline in comparison to 2016. More men are availing of flexible working options. The overall trends within the workforce are largely unchanged. The proportion of women within the workforce remains at 80%.

	2018		2016	
	Female	**Male**	**Female**	**Male**
Full time	1813	633	1851	623
Part time	1140	110	1123	91
Proportion of part-time working by gender	**91.2%**	**8.8%**	**92.5%**	**7.5%**
Proportion of part time working in the overall workforce		**33.8%**		**32.9%**

ii) Disability

The table below shows the number of disabled staff in the workforce. Since 2016, there has been a slight increase in the numbers of staff who are declaring a disability. The Disability Action Group will be working towards improving reporting in this area.

Disabled	**2018**	**2016**
No	2464	2255
Not Declared	1084	1310
Prefer Not To Answer	3	0
Yes	145	123
Grand Total	**3696**	**5704**
% disabled	**3.9%**	**2.2%**

iv)   Age

The table below shows the distribution of age across the Trust. The numbers of staff below 24 has bene declining in recent years. There are no significant trends in relation to the age demographic. Concerns regarding an ageing workforce will be considered through the retention group.

Age Range	2018		2016	
24 and under	81	2.2%	94	2.5%
25-34	673	18.2%	688	18.7%
35-44	935	25.3%	948	25.7%
45-54	1189	32.2%	1191	32.3%
55-64	723	19.6%	666	18.1%
65+	95	2.6%	101	2.7%
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	2018		2016	
Atheism	380	10.3%	319	8.7%
Buddhism	32	0.9%	35	0.9%
Christianity	1768	47.8%	1654	44.9%
Hinduism	70	1.9%	71	1.9%
Islam	107	2.9%	79	2.1%
Jainism	<10		<10	
Judaism	<10		<10	
Sikhism	37	1.0%	31	0.8%
Other	289	7.8%	285	7.7%

Undefined	620	16.8%	928	25.2%
I do not wish to disclose my religion/belief	389	10.5%	283	7.7%
Grand Total	**3696**		**3685**	

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.

Sexual Orientation	2018		2016	
Bisexual	20	0.5%	12	0.3%
Gay	26	0.7%	28	0.8%
Heterosexual	2727	73.8%	2529	68.6%
Lesbian	18	0.5%	21	0.6%
Undefined	624	16.9%	936	25.4%
I do not wish to disclose my sexual orientation	281	7.6%	162	4.4%
Grand Total	**3696**		**3688**	

Part 4. Equality and Human Rights Governance Group

Support of Staff Networks

The Equality and Human Rights Governance Group supports and works closely with the existing staff networks. The group is aware the networks provide an avenue for staff to raise issues of concern; and to help support and drive the equalities agenda within the organisation.

We have a Black and Minority Ethnic Staff Network, Lesbian, Gay, Bisexual, Trans + Staff Network; Lived Experience Network (for staff members with lived experience of mental health issues). In addition, we have a Disability Action Group which is not yet a staff network but is a forum comprised of staff members with disabilities, Human Resources representatives, staff-side representatives, and health and safety representatives working together to make improvements for staff with disabilities.

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. Roger Kline's research 'The Snowy White Peaks of the NHS' highlighted that in London, whilst BME communities make up 45% of the population and BME staff make up 41% of the NHS only 2.5% of Chairs/CEOs and 8% of Trust Board members are from BME backgrounds.

The WRES is mandated through the NHS contract and is led by the WRES team in 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), disciplinaries 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 E&HR Governance Group will consider the results of WRES data collected at the end of March 2018 and will update the action plan to be uploaded to the Trust website in October 2018.

Violence and Aggression Against Staff Workstream

The E&HR Governance Group will undertake a project to highlight the issue of violence and aggression experienced by staff with a view to creating a zero tolerance environment for this type of behaviour.   This project has been generated by the results of the Oxleas staff survey results which showed a marked increase in reports of violence, aggression and abuse from patients and service users towards staff. Work will include speaking to staff at focus groups to assess the extent and prevalence as experienced by staff and they will help suggest ways of addressing the issues and how best to support them. This work will be undertaken throughout 2018 and will be reviewed in the next annual report.

Bullying and Harassment, Grievance and Disciplinary Cases

Disciplinary, grievances and bullying and harassment cases are reviewed annually and in detail by protected characteristic. Disciplinary cases are scrutinised by the Head of Operations and Staff Engagement, a member of the BME Network Executive and the Head of Equality and Human Rights. The data also is collated into a series of charts and a report, which are used to inform 'deep dive' analysis. The anonymised analysis is presented to the Equality and Human Rights Governance Group, the Staff Partnership Forum and the Board. Data relating to the Workforce Race Equality Standard (WRES) is published on the trust's website.

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.

Various equality e-learning training packages are available to compliment mandatory training aimed at improving staff awareness of issues faced by people from various communities. This includes LGBT training designed to improve sexual orientation monitoring; female genital mutilation awareness training ; and we were able to provide 2 face to face training sessions around gender identity: "Delivering Better Care to Trans People"

Our management development training is being offered to all managers and includes a session on unconscious bias.