

Cover Sheet

Trust Board Meeting in Public: Wednesday 10 September 2025

TB2025.78

Title: Combined Equality Standards Report 2025 (incl. WRES/WDES/GPG/EDS)

Status: For Decision
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TME Thursday 14 August
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Board Lead: Chief People Officer
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Confidential: No
Key Purpose: Strategy / Assurance

Executive Summary

1. 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. We also maintain compliance with the Equality Delivery System (EDS). 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.
2. Against each of the HIAs, the following findings were made:
3. One HIA1, all Chief Officers now have identified individual EDI objectives to which they will be held individually and collectively accountable.
 - On HIA2, there has been progress made on progression for BME staff in clinical roles with increases in BME representation in Bands 8a - 8c. Also, data indicates near equity at interview stage for BME and disabled applicants. However, more work is required, as perception of equality opportunities for career progression and promotion has decreased for all staff.
 - On HIA3, there has been a small decrease in the mean gender pay gap, but a small increase in the median gap and the proportion of women in the highest paid quartile has decreased. Intersectional pay gap analysis also shows the compounding effect of sex and race inequity with BME women having the largest pay gaps. All data shows a need to support progression of BME staff and women, particularly in medical and dental roles.
 - On HIA4, there has been improvement over time on percentage of staff feeling pressure from their manager to come into work despite not feeling well enough, although a gap still exists for disabled staff. Additionally, the percentage of disabled staff who said they came in despite not feeling well enough is significantly higher than for non-disabled staff. This demonstrates a need to address presenteeism for disabled staff.
 - On HIA5, there has been a decrease in internationally educated colleagues (IECs) scores relating to learning, development, and progression, representing potential issues there. Scores relating to feeling of belonging also remain lower for IECs compared to domestically educated colleagues.
 - On HIA6, there have been minor improvements across many of the metrics relating to bullying and harassment. There was an increase of BME staff who said they experienced discrimination from managers and/or colleagues demonstrating a need to focus on addressing racial discrimination moving forwards.

4. Our EDS submission was graded by independent stakeholder panels who scored 8 outcomes as 'Achieving' and 3 outcomes as 'Developing'.
5. Analysis of the metrics and a review of the current progress and planned activity (see Appendix 1) has led to the identification of five areas that the Trust should prioritise to support further improvement:
 - Data (Enabling Activity) – The Trust should undertake a campaign to address non-disclosure of protected characteristic data and create a culture where people feel safe to disclose. The Trust should also triangulate data concerning recruitment and access to development opportunities beyond the WRES and WDES metrics to identify further areas for improvement.
 - Talent Management and Career Progression (HIA2 & HIA3) – The Trust should build on People Plan commitments around career pathways to support progression for women, IECs, and BME staff. This should include consideration of positive action approaches like ring-fenced spaces on the Trust's Leadership Development Programme.
 - Presenteeism (HIA4) – The Trust should ensure the needs of disabled staff are met in People Plan commitments to develop a wellbeing programme that reduces sickness absence and presenteeism. Consideration should be given to enabling disabled staff to feel safe to take sick leave, perhaps through use of reasonable adjustments.
 - Integration of IECs (HIA5) – The Trust should explore ways to support integration of IECs within their local teams and consider approaches, such as Cultural Competency training, that develop the capability of teams to work cross-culturally.
 - Discrimination (HIA6) – The Trust should focus on racial discrimination in upcoming phases of the Eradication of Bullying and Harassment Programme and should engage with BME staff to co-create solutions. This could include using specific examples concerning racial discrimination in implementation of the planned Active Bystander Training.

Recommendations

6. 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
 - Note the EDS Gradings in Appendix 2, and
 - Commit to the recommended priorities for improvement.

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Combined Equality Standards Report 2025 (incl. WRES/WDES/GPG/EDS)

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:
 - 1.1.1. 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 Plan](#).
 - 1.1.2. Demonstrate compliance with the Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES), Gender Pay Gap Reporting Requirements (GPG), and Equality Delivery System (EDS).
 - 1.1.3. Provide an update on progress against the HIAs and planned action to support further improvement.
 - 1.1.4. Make recommendations for further action as required.

2. Background

- 2.1. The Trust is required to report against the WRES, WDES, and EDS 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. WRES and WDES Metrics were submitted to NHS England by the deadline of 31st May 2025. The Trust is required to analyse this metrics and produce a report and action plan by 31st October 2025.
- 2.4. The Trust EDS report was due to be published by 28th February 2025. To support streamlining of EDI activity, the Trust decided to incorporate EDS reporting alongside other EDI reporting requirements.
- 2.5. GPG metrics are required to be submitted to the Government Equalities Office by 31st March 2026. There is no statutory requirement for a GPG action plan, however the Trust chooses to identify actions as part of its commitment to reducing the gap.
- 2.6. 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 2025 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 individual and collectively accountable. We are awaiting the agreement of the 2025 NED EDI Objectives; this will be the first time they have been implemented.

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

- 3.4. Last year's report noted the representation of BME staff in clinical roles was significantly less in Band 7 and above compared to Band 6 and below (HIA2.1). This lack of representation still exists, however there has been some increases in representation in Bands 8a (+2.3%), 8b (+3.0%), and 8c (+2.9%). This demonstrates some positive movement in increasing senior BME representation. Additionally, the relative likelihoods of appointment from shortlisting for BME and Disabled staff (HIA2.2 and HIA2.7) are within the acceptable ranges at 1.01 and 0.95 respectively, indicating the interview processes are not a barrier for these staff groups.
- 3.5. Despite this progress, HIA2.5 and HIA2.8 show a decrease in all staff believing the Trust provides equal opportunities for career progression and promotion, with this decrease being larger for both BME and Disabled staff. Scores for these metrics are also consistently poorer for BME and Disabled staff compared to their counterparts. Feedback gained through Growing Stronger Together sessions held with our Staff Networks,

indicates access to development opportunities and perceptions of inequities in recruitment processes are contributors to these scores.

- 3.6. Whilst HIA2.3 shows for the past two years there is nearly equity in the proportion of BME and white staff accessing non-mandatory training, this metric only captures data from My Learning Hub and therefore does not include development opportunities that are not logged on that system, for example, courses managed by clinical and medical education teams, apprenticeships, and other courses delivered by external providers. Triangulation of this data may help the Trust to determine whether access to development opportunities are leading to the decreases in HIA2.5 and HIA2.8.
- 3.7. Disability non-disclosure remains an issue with 17.95% of staff having not disclosed which impacts the accuracy of metrics using ESR data. Work on improving the disclosure rate will continue, focussing on ensuring people feel safe to disclose and that they understand the importance of disclosing.

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

- 3.8. There has been a small reduction in the mean gender pay gap of 1.3% but a small increase in the median gender pay gap of 1.9% (HIA3.1). Reductions in the mean pay gap came despite decreases in the proportion of women in the two higher paid quartiles of the Trust (HIA3.4); although this is a key contributor in the worsening of the median pay gap. The reduction in mean pay gap is instead largely explained by a reduction in the proportion of women in the lowest paid quartile.
- 3.9. Analysis of gender pay gap by Division (HIA3.11) shows how the pay gap is largely led by the clinical and medical & dental workforce with Corporate having a mean pay gap of 0.5%. NOTSSAN has the largest mean and median pay gaps at 29.1% and 24.6% respectively, whereas SUWON's pay gaps are heavily in favour of women with a mean at -35.1% and median at -11.4%. This significant variation identifies a need to focus on local approaches to address pay gaps.
- 3.10. There has been a significant reduction in the mean and median bonus gender pay gaps of 40.6% and 87.6% respectively (HIA3.2). This reduction was expected as no onwards payments have been made in the financial year. This reduction in bonus pay gap can also be seen across ethnicity pay gaps (HIA3.7) and disability pay gaps (HIA3.10).
- 3.11. HIA3.6 shows that both the mean and median ethnicity pay gap has increased, by 4.2% and 10.7% respectively. When broken down by ethnic grouping shows that Black staff have a significantly higher pay gap than other ethnic grouping at 31.1% mean and 27.8% median (HIA3.7). This

adds to the concerns relating to progression of BME staff outlined in findings under HIA2 and demonstrates that approaches to addressing that must account for differences between ethnic groups with specific focus needed on supporting Black staff.

- 3.12. Intersectional pay gap analysis on sex and ethnicity (HIA3.8) has been included for the first time this year. The data shows the compounding impact of sex and racial inequity with BME women having the largest mean and median pay gaps of all groups; for example, the mean pay gap is 13.7% higher than it for BME men and 10.5% higher than it is for White Women. This demonstrates a need to ensure interventions consider intersectionality in their development.
- 3.13. Ethnicity pay gaps by Division (HIA3.11) again show a lower pay gap in Corporate compared to most Clinical Divisions, however to a much lesser extent with a mean gap of 12.5% and a median gap of 7.4%. This demonstrates that barriers to progression for BME staff are less restricted to the clinical and medical & dental workforce. MRC has the highest ethnicity pay gap with a mean of 23.6% and a median of 23.7%.

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

- 3.14. There are improvements in the percentage of staff who said they felt pressure from their manager to come into work when not feeling well enough (HIA4.1) for both disabled (2.2% decrease) and non-disabled staff (2.9% decrease). This is a positive although scores are still worse for disabled staff at 23.6% compared to 13.6% for non-disabled staff.
- 3.15. Whilst not WDES metrics themselves, other health and wellbeing questions from the staff survey identify further concerns relating to presenteeism for disabled staff. Notably, the percentage of staff who came into work despite not feeling well enough is significantly higher for disabled staff (70.4%) than it is for non-disabled staff (47.2%). This score has also seen a decline for all staff over the past year increasing by 0.4% for disabled staff and 3.3% for non-disabled staff.

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

- 3.16. Scores for internationally educated colleagues (IECs) are higher than those of domestic colleagues on questions relating to learning and development (HIA5.5-5.9). This has been the case in the previous three years.
- 3.17. However, this year there has been a significant decline on many of these scores, notably the percentage of staff saying there are opportunities to develop their career (HIA5.6) dropped by 6.6% to 65.9% and the

percentage of staff saying they feel supported to develop their potential (HIA5.8) dropped by 6.0% to 62.6%. Scores for domestic colleagues improved over the same period by 2.8% and 3.6% respectively. Whilst scores remain higher for IECs, the magnitude of the drop indicates a potential concern around learning and development for IECs.

- 3.18. IECs have lower scores than domestic colleagues on questions relating to a feeling of belonging. They score 10.2% lower on the percentage of staff that enjoy working with colleagues in their team (HIA5.3) and 2.3% lower on the percentage of staff feeling the organisation respects individual differences (HIA5.4). Both questions have also seen an in-year decline in scores for both questions by 2.2% and 6.2% respectively. This indicates further support may be required to enable IECs to integrate within the Trust and their teams.

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

- 3.19. Since last year, there has been minor improvements on most metrics relating to bullying, harassment and discrimination (HIA6.2-6.4 & HIA6.6-6.9), with exception of:
- 3.19.1. Percentage of BME staff who experienced discrimination from a manager or colleague (HIA6.4) rose by 2.3%.
 - 3.19.2. Percentage of Disabled staff who experienced bullying or harassment from managers (HIA6.7) rose by 0.2%.
 - 3.19.3. Percentage of non-disabled staff who said they reported their last experience of bullying and harassment (HIA6.9) dropped by 1.6%.
- 3.20. The overall improvements, whilst not significant (greater than 3% difference) are part of a trend over time in reduction of bullying and harassment for staff which can be seen in the data. However, there are still gaps in the experience of BME and Disabled staff compared to white and non-disabled staff across all metrics.

4. Progress Against the HIAs

- 4.1. The Trust has undertaken a range of activity to progress against the HIAs. Examples include:
- 4.1.1. Identifying individual EDI objectives for our Non-Executive Directors for 2025 (HIA1).
 - 4.1.2. Implementation of Inclusive Recruitment Training with a requirement all recruitment panels include one trained member (HIA2).

- 4.1.3. Implementation of a comply or explain accountability measure in consultant recruitment (HIA3). The impact of this is currently being evaluated.
 - 4.1.4. Undertaking a gap analysis against the Sexual Safety Assurance Framework and developing a programme of activity to progress this (HIA6).
 - 4.1.5. Delivered the Better People Leaders programme to develop EDI capability of senior leaders (HIA1).
 - 4.1.6. Progressed development and implementation of the Reasonable Adjustments policy and associated tools (HIA4).
 - 4.1.7. Development of the IEC forum to provide a space to support IECs and for IECs to provide feedback to the Trust (HIA5).
 - 4.1.8. Continued delivery of the Trust's Eradication of Bullying and Harassment Programme; including the launch of the Work in Confidence reporting platform (HIA6).
- 4.2. For a full summary of progress made against the HIAs and planned further activity, see **Appendix 1**.

5. Equality Delivery System

- 5.1. The services selected for assessment under Domain One were Pharmacy, Neurosciences, and Renal, Transplant & Urology. Evidence was collated for these services against outcomes within Domain One, and for the whole Trust against outcomes within Domains Two and Three.
- 5.2. Stakeholder panels were convened for each of the domains who reviewed the evidence and scored each outcome independently. The scores were then collated to provide outcome gradings. The Trust scored "Achieving" on 8 outcomes and "Developing" on 3 outcomes.
- 5.3. A summary of the gradings achieved and panel feedback can be found in **Appendix 2**.
- 5.4. The Trust agrees with the grades provided except for the following:
 - 5.4.1. Outcome 2A – The Trust believes this should be "Developing" rather than "Achieving". Whilst the Trust has a comprehensive support offer in relation to mental health, the Trust recognises that support for other conditions named within the outcomes is not to the same extent.
 - 5.4.2. Outcomes 2B and 2C – The Trust believes these should be "Achieving" rather than "Developing". The staff survey has shown a trend in reductions of bullying and harassment over time and the

Trust has a dedicated improvement programme that is led by the Chief Executive Officer. It was felt that the depth of the programme and the outcomes produced were not adequately reflected in the scoring.

6. Recommended Priorities

- 6.1. Following analysis of the metrics and review of the progress made against the HIAs, five priorities have been identified that will facilitate further improvement. These priorities are detailed below and, where required, include recommendations for further action in addition to those currently planned (See **Appendix 1**).
- 6.2. **Developing our Data (Enabling Activity)** – A consistent communications campaign involving Trust leadership should be undertaken to demonstrate the importance of disclosing protected characteristics and create safety for people to disclose. The Trust should also seek to look at data beyond what is required from mandated reporting. This should include exploring data relating to recruitment processes beyond interview stage, as well as triangulating data from other sources in relation to access to non-mandatory training to enable further progress on increasing representation at senior levels.
- 6.3. **Talent Management and Career Progression (HIA2 & HIA3)** - The Trust has a People Plan commitment on “career progression and development pathways”. Expansion of the Leadership Development Programme would provide an opportunity for this, especially if the target audience was increased to target those at Band 6 who are looking to move into higher-banded roles. Ringfenced places on the programme should be utilised as a positive action approach to accelerate improvement.
- 6.4. **Presenteeism (HIA4)** – In addition to the focus on enabling rapid access to NHS services to address health inequalities in the workforce, The Trust should consider approaches to prevent presenteeism amongst disabled staff. This will involve building on the People Plan commitment to “deliver a wellbeing programme to reduce staff sickness, burnout, and presenteeism”, ensuring the focus is given to the needs of disabled staff in the development of this programme.
- 6.5. **Integration of IECs (HIA5)** – The Trust should build upon the work it is doing with IECs to enable them to feel like they belong. Most of the activity so far has focussed on supporting IECs themselves; we need to also develop the services where IECs work to ensure they are equipped to support their integration.

- 6.6. **Discrimination (HIA6)** – The in-year rise in discrimination faced by BME staff demonstrates a need to specific focus on this as part of the Trust’s Eradication of Bullying and Harassment campaign. The planned implementation of Active Bystander training provides a great opportunity to equip people with the skills to challenge discrimination should they witness it. Examples of racial discrimination will be embedded in the workshops to help staff recognise it. The Trust should also consider how BME staff, and other protected characteristic groups, can be involved as part of the co-creation of action plans to ensure they meet the needs of those staff.

7. Conclusion

- 7.1. Analysis across the metrics shows improvement in some areas, such as bullying and harassment and pay gaps, however there are still gaps in experience between staff with different protected characteristics.
- 7.2. Five priority areas have been identified to facilitate progress, four of these are aligned to HIAs and one is an enabling priority. Where applicable, these priorities also link in with the Trust’s People Plan to build upon that work and maximise resource and capacity.

8. Recommendations

- 8.1. 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
 - Note the EDS Gradings in Appendix 2, and
 - Commit to the recommended priorities for improvement.

9. Appendix 1: Progress against the High Impact Actions

9.1. 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. Activity that will enable progress against the HIAs and supports the EDI agenda has also been included.

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.	<ul style="list-style-type: none"> Chief Officers have identified individual EDI Objectives since 2023. Better People Leaders Programme delivered to increase core EDI capability of senior leaders. 	<ul style="list-style-type: none"> Agreement of 2025 EDI Objectives, including for Non-Executive Directors. Communication of Board EDI Objectives. Cascade learning from Better People Leaders Programme and incorporate key lessons into existing leadership training.
HIA2: Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.	<ul style="list-style-type: none"> Launched inclusive recruitment training with a requirement that all recruitment panels must have someone who has undergone the training. Developed material on Career Pathways, with a dedicated intranet site outlining career pathways for different groups and signposting to suitable development opportunities. Leadership development Promoted apprenticeship uptake. 	<ul style="list-style-type: none"> Enhance the inclusive recruitment training programme. Reduce shortlisting criteria and standardise the process. Embed Career Pathways work and support managers through creating a central repository of training opportunities for their specialty.
HIA3: Develop and implement an improvement plan to eliminate pay gaps.	<ul style="list-style-type: none"> Implemented a 'comply or explain' intervention in consultant recruitment to embed accountability for decision-making and mitigate bias. 	<ul style="list-style-type: none"> Embed pay gap reporting into Divisional EDI Dashboard to create local accountability and responsibility for improving pay gaps. Evaluate impact of the 'comply or explain' intervention. Establish a working group that will maintain consistent oversight on pay gaps with the Trust and accelerate further action to improve them.

<p>HIA4: Develop and implement an improvement plan to address health inequalities within the workforce.</p>	<ul style="list-style-type: none"> • Progressed implementation of Reasonable Adjustments Policy. • Reviewed success of Menopause Health and Wellbeing Policy. • Increased provision of breastfeeding and expressing spaces. 	<ul style="list-style-type: none"> • Embed the new Reasonable Adjustments Policy • Implement Rapid Access to NHS Services for staff.
<p>HIA5: Implement a comprehensive induction, onboarding and development programme for internationally recruited staff.</p>	<ul style="list-style-type: none"> • Re-introduced the overall Trust induction for all staff. • Updated Welcome Pack for IECs to contain a greater range of support information and ensure welcome packs for nursing and medical colleagues are aligned. • Developed the IEC forum and delivered a range of presentations focussing on topics such as career development. 	<ul style="list-style-type: none"> • Deliver the 'Stay and Thrive' programme to support the retention of IECs. • Deliver pilot of Cultural Competency Training.
<p>HIA6: Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.</p>	<ul style="list-style-type: none"> • Refreshed the Eradication of Bullying and Harassment strategy following outcomes of an internal audit to strengthen the programme. • Progressed delivery of the dedicated Eradication of Bullying and Harassment campaign which includes: <ul style="list-style-type: none"> • Conducting a gap analysis against the Sexual Safety Assurance Framework and developing a plan to address gaps. • Rolled out Level 1 sexual safety training. • Rollout of Phase 2 of the 'No Excuses' campaign focussing of sexual safety. • Delivery of Respectful Resolutions and Leading with Kindness training to staff. • Created, consulted, an implemented the Respect and Dignity at Work (including sexual safety) Procedure. 	<ul style="list-style-type: none"> • Procure, deliver, and embed Active Bystander Training. • Deliver on priorities against the Sexual Safety Assurance Framework including, rollout of level 2 and 3 Sexual Safety training and developing central oversight of sexual safety cases. • Continue the 'No Excuses' campaign with a focus on equal opportunities. • Work on co-created action plans for areas that need support the most. • Promote the WiC platform and the role of the FTSU team.
<p>Enabling Activity</p>	<ul style="list-style-type: none"> • Commissioned an audit to review EDI maturity and developed actions based on the outcomes of that audit. • Supported Divisions in the development of their Divisional EDI Action Plans to enable local ownership and improvement of EDI. • Supported development of Staff Networks and delivered workshops on Network governance. 	<ul style="list-style-type: none"> • Create a structured development plan for Staff Networks to enable advancement on the Staff Networks Maturity Framework. • Review of Equality Impact Assessment Procedure.

	<ul style="list-style-type: none">• Implemented processes to ensure protected characteristic data is pulled from TRAC into ESR.	
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10. Appendix 2: Summary of Evidence and Rating Against EDS Outcomes

Understanding EDS Ratings

- 10.1. During the grading process, graders score each outcome 0, 1, 2, or 3. These scores provide an outcome rating. To determine the overall Trust rating, outcome scores are totalled together.
- 10.2. The table below summarises the ratings, with a description of the rating and the corresponding scores required for those ratings for each outcome as well as the Trust overall.

Rating	Description	Outcome Score	Overall Score
Underdeveloped	No or little activity taking place	0	Less than 8
Developing	Minimal/basic activity taking place	1	Between 8 and 21
Achieving	Required level of activity taking place	2	Between 22 and 32
Excelling	Activity exceeds requirements	3	33

- 10.3. Further details of the evidence required to achieve ratings for each outcome can be found in the [EDS Ratings and Scorecard Guidance 2022](#).

Oxford University Hospital NHS Foundation Trust EDS Ratings 2024-25

10.4. The table below summarises the evidence presented, the rating achieved, and feedback received against each of the EDS Outcomes. For the rating, a breakdown of scores is also given to provide further context.

EDS Outcomes		Evidence Presented	Ratings	Feedback
Domain 1: Commissioned or Provided Services				
1A	Patients (service users) have the required levels of access to the service.	<ul style="list-style-type: none"> Access to language: Language Line, Face to face interpreters & Written patient information. British Sign Language introductory course offered in Renal, Transplant and Urology. Care in communities: Community Neurology Nursing Team hosts Remote Epilepsy Clinic in Brackley: Easier access to the Neurophysiology reception. Remote follow-up for neuromodulation patients. Facilitating safe surgery for patients who have religious beliefs that forbid blood transfusion in Renal, Transplant and Urology. Flexible provisions: Pharmacy service embedded within inpatient pathway and providing trailed information and approach to meet patient and family needs such as Hospital@Home Pharmacy team provides @home pharmacy care. 	<p>Achieving</p> <p>0 – 0% 1 – 30% 2 – 45% 3 – 25%</p>	<ul style="list-style-type: none"> Strong demonstration of supporting disability inclusion practices Despite the volume of work, there is a clear improvement plan. Strong demonstration of supporting a culture that recognises language needs. Considered and informed approaches to the safe provision of services for certain protected groups.
1B	Individual patient's (service users) health needs are met.	<ul style="list-style-type: none"> Educational videos for cancer patients produced with Thames Valley Cancer Alliance. These videos were produced to address the lack of capacity for oral education clinics and a way to educate cancer patients on several other aspects, including access to medications and the impact of medications. 	<p>Achieving</p> <p>0 – 0% 1 – 15% 2 – 68% 3 – 18%</p>	<ul style="list-style-type: none"> Strong demonstration of supporting disability inclusion practices. Strong demonstration of supporting a culture that recognises varied language needs. The value of allies and volunteers such as Daleys (a Youth Worker) are underestimated and their role within the trust could be understood better.

		<ul style="list-style-type: none"> • Visual information leaflet for children explaining their neurophysiology test. • Improved hearing support for patients with NF2. • Access to Halal meals and supporting Ramadan fasting. • Patient therapy dog visits to the ward • Language accessibility: Language Line, Face-to-face interpreters & Written patient information. British Sign Language introductory course offered in Renal, Transplant and Urology • Access to multi-faith Chaplaincy service for patients • Young Adults programme – Daley – Transplant Games Improving accessibility & engagement from young people. • Patient with Learning Disability: adjusted scheduling, liaison with Learning Disability Nurses, simplified patient education. 		<ul style="list-style-type: none"> • Used diverse approaches to gather impacts such as patient stories through the storytelling method. • Despite the volume of work, there is a clear improvement plan.
<p>1C</p>	<p>When patients (service users) use the service, they are free from harm.</p>	<ul style="list-style-type: none"> • Looking at how we appropriately use formulas in calculating drug doses in transgender patients to avoid errors. • Reduction in noise levels on the ward. • Monitor and reporting of mixed sex breaches on NICU. • Ensuring patients feel safe using our service by encouraging staff to wear pronoun badges on lanyards. • Quality Improvement work ongoing to embed pharmacists in pre-op assessment. 	<p>Achieving</p> <p>0 – 0% 1 – 20% 2 – 63% 3 – 17%</p>	<ul style="list-style-type: none"> • Strong demonstration of supporting gender and sexual identity inclusion. • Despite the volume of work, there is a clear plan for improvement.

1D	Patients (service users) report positive experiences of the service.	<p>Evidence provided from data collected through various channels such as:</p> <ul style="list-style-type: none"> • Health Watch Oxfordshire • Care Feedback from patients, family and service users. • Daisy Awards • Regular monitoring mechanisms and checks. 	<p>Achieving</p> <p>0 – 5% 1 – 30% 2 – 35% 3 – 30%</p>	<ul style="list-style-type: none"> • More evidence around how +/- feedback is handled and reported on. • Seek feedback actively for underserved groups.
Domain 2: Workforce Health and Wellbeing				
2A	When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions.	<ul style="list-style-type: none"> • Trust People Plan and EDI Objectives. • Staff Survey Data. • Details of how sickness absence is monitored through monthly reporting and how data is used to support improvements. • Information on the Trust’s wellbeing offering to support management of conditions in the workplace including Occupational Health, Here for Health, and the Staff Support Service. • Information on initiatives and policies to provide healthy work-life balance, and providing opportunities to exercise, including the Flexible and Agile Working Policies and outdoor gym equipment. • Examples of initiatives to improve health literacy, including health and wellbeing roadshows and health assessment kiosks. 	<p>Achieving <i>(Trust Grade: Developing)</i></p> <p>0 – 0% 1 – 0% 2 – 100% 3 – 0%</p>	<ul style="list-style-type: none"> • Many sources of information provided highlight how many teams are delivering a wealth of health and well-being support. • The staff support systems seem to be reaching people across the divide. • Key policies such as the Menopause Policy are inclusive of minority groups. • Graders noted that more could be done to increase the uptake of services and raise awareness. • Evidence on how the Trust is managing COVID and related health challenges should be included in the evidence packs was suggested by graders.
2B	When at work, staff are free from abuse, harassment, bullying	<ul style="list-style-type: none"> • Trust People Plan and EDI Objectives. • Staff Survey Data. 	<p>Developing</p>	<ul style="list-style-type: none"> • Many policies are new or updated, so it is early to say how effective these are. Nonetheless, it would be helpful

	and physical violence from any source.	<ul style="list-style-type: none"> • Policies on Respect and Dignity at Work and Managing Violence and Aggression Against Staff. • Information on the Eradication of Bullying and Harassment campaign; including Kindness into Action and No Excuses. • Details of support available to those who experience B&H. • Staff stories on B&H that have been presented to Board. 	<p>(Trust Grade: Achieving)</p> <p>0 – 0% 1 – 60% 2 – 40% 3 – 0%</p>	<p>to better understand how these will be evaluated.</p> <ul style="list-style-type: none"> • Respect and Dignity at Work policy focuses on resolving issues together which in some cases is very appropriate. • The grader's feedback saying that it will be helpful to have more balance in the policy around situations where feelings of fear and intimidation make reporting of bullying and harassment challenging.
2C	Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source.	<ul style="list-style-type: none"> • Trust People Plan and EDI Objectives. • Staff Survey Data. • Freedom to Speak Up Strategy and Policy. • Details on Staff Networks and how they are resourced. • Trust Equality Impact Assessment Procedure. • Examples of how B&H is monitored and reported through Employee Relations Case Updates and WRES/WDES Reporting. 	<p>Developing</p> <p>(Trust Grade: Achieving)</p> <p>0 – 0% 1 – 60% 2 – 40% 3 – 0%</p>	<ul style="list-style-type: none"> • The outreach and promotion work of Freedom To Speak Up Guardians is encouraging with staff networks offering support, however, there is still some significant work to do on sexual safety and staff feeling able to report difficult experiences. In particular, the graders felt the Trust could do more to address the fear of reporting.
2D	Staff recommend the organisation as a place to work and receive treatment.	<ul style="list-style-type: none"> • Trust People Plan and EDI Objectives • Staff Survey Data. • Details of how sickness absence is monitored through monthly reporting and how data is used to support improvements. • Details on how exit interviews are used to support improvements. • Examples of using experiences of staff with protected characteristics to inform action including WRES/WDES/GPG reporting. 	<p>Achieving</p> <p>0 – 0% 1 – 17% 2 – 67% 3 – 17%</p>	<ul style="list-style-type: none"> • The EDI objectives align with local and national policies, such as the NHS People Plan, reflecting the needs of our patients and our people. • Encouraging to see Divisions react to the staff survey results and take measured actions. • The regular 'Time to Talk' sessions make staff feel heard, ensuring that the Trust is cooperating with staff towards possible changes.

		<ul style="list-style-type: none"> • Examples of working with partner organisations to improve staff experience, including Kindness into Action. 		<ul style="list-style-type: none"> • Some graders noted that it would help to see how the Trust uses sickness and absence data to retain staff. • The staff retention plan and data from end-of-employment-exit interviews could be used to make further improvements. This will strengthen the culture of acting on feedback from staff, in turn, it will help the staff feel heard. • It was well evidenced that the Trust collates and compares the experiences of BAME and Disabled Staff as part of reporting to the Trust board, supporting actions at a local level. • Working with other organisations across the counties shows a collaborative approach to support staff.
<p>Domain 3: Inclusive Leadership</p>				
<p>3A</p>	<p>Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities.</p>	<ul style="list-style-type: none"> • Trust Strategy, People Plan, and EDI Objectives. • Details of EDI Steering Group. • Details of Health Inequalities Steering Group. • Examples of senior leadership engagement with EDI & HI, including engagement with International Women’s Day, Black History Month, Oxford Pride and communications on various holidays and awareness days. 	<p>Achieving</p> <p>0 – 0% 1 – 33% 2 – 33% 3 – 33%</p>	<ul style="list-style-type: none"> • There is clear consideration of equality and health inequalities at the Board level and this filters into decision-making, including EDI objectives. • The Trust also has a good feedback loop with the Staff Networks to enable input from people in the Trust with different experiences. • Great support from Board sponsors was provided to land the AccessAble project. This was a collaboration between Staff Networks and the board sponsor along with the Patient

				<p>Experience Team. The procured service will be a huge benefit for health inequalities, noted some graders.</p> <ul style="list-style-type: none"> An area of improvement is having multiple representations for each Staff Network.
3B	<p>Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed.</p>	<ul style="list-style-type: none"> Review of Board papers including specific papers on EDI & HI as well as excerpts from Integrated Performance reports that discuss EDI & HI. Quality Impact Assessment (QIA) Tool. Equality Impact Assessment (EIA) Tool. 	<p>Developing</p> <p>0 – 0% 1 – 67% 2 – 33% 3 – 0%</p>	<ul style="list-style-type: none"> Although the Board/Committee papers do seem to include references to equality on specific review, it is not simple to demonstrate this at a glance. Graders noted that this could be improved by virtue of a tick box, or a proforma, similar to that used in policies for an equality impact assessment.
3C	<p>Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients.</p>	<ul style="list-style-type: none"> Trust Strategy, People Plan, and EDI Objectives. Combined Equality Standards Reporting (WRES/WDES/GPG). EDS Reporting. Chief Officer EDI Objectives. EDI and Health Inequalities Dashboard. Divisional EDI Actions. PLACE Reporting. AIS Reporting. Examples of working with system partners to identify and action priorities including Kindness into Action. Menopause Health and Wellbeing Policy. 	<p>Achieving</p> <p>0 – 0% 1 – 33% 2 – 67% 3 – 33%</p>	<ul style="list-style-type: none"> Resource and investment in raising the culture of inclusion can be seen but unclear from the evidence on the impact of this on the metrics. More information on changes observed in the information packs will help graders. It was felt that great progress was shown on this outcome, particularly with the Menopause Policy and its implementation. One grader noted that the PLACE reports give very mixed feedback with some disappointing results but encouraging to read the improvement plan for this.

				<ul style="list-style-type: none">• Training for the Reasonable Adjustments flag is very welcome.
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Combined Equality Standards Report

2025- 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 2025.

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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.

	2021	2022	2023	2024	2025	Difference
Non-Clinical	16.8%	17.8%	19.2%	21.2%	23.2%	2.0%
Under Band 1	19.0%	0.0%	0.0%	0.0%	15.4%	15.4%
Band 1	0.0%	0.0%	20.0%	0.0%	0.0%	0.0%
Band 2	18.3%	20.2%	21.4%	19.9%	22.8%	2.9%
Band 3	18.5%	21.6%	25.5%	27.3%	30.5%	3.2%
Band 4	17.2%	17.6%	18.7%	22.1%	25.9%	3.8%
Band 5	17.3%	18.3%	20.4%	23.7%	25.0%	1.3%
Band 6	17.9%	17.8%	17.8%	20.1%	19.2%	-0.9%
Band 7	13.1%	10.5%	12.7%	13.5%	17.0%	3.5%
Band 8a	10.9%	13.2%	10.9%	10.4%	11.8%	1.4%
Band 8b	10.1%	11.3%	12.9%	12.2%	7.1%	-5.1%
Band 8c	8.3%	11.8%	7.4%	10.0%	14.0%	4.0%
Band 8d	12.0%	8.8%	9.7%	13.5%	16.7%	3.2%
Band 9	13.6%	18.2%	19.2%	13.4%	13.3%	-0.1%
VSM	12.5%	19.2%	20.0%	25.0%	19.2%	-5.8%
Clinical	27.3%	31.7%	34.0%	33.0%	37.1%	4.1%
Under Band 1	0.0%	16.7%	0.0%	0.0%	40.0%	40.0%
Band 1	0.0%	0.0%	0.0%	50.0%	0.0%	-50.0%
Band 2	31.6%	37.6%	44.2%	44.0%	56.4%	12.4%
Band 3	33.9%	32.4%	29.4%	31.6%	38.9%	7.3%
Band 4	23.8%	26.3%	26.4%	23.7%	29.8%	6.1%
Band 5	39.6%	50.7%	55.1%	47.1%	50.1%	2.9%
Band 6	23.6%	27.2%	30.0%	33.6%	37.1%	3.5%
Band 7	14.7%	14.8%	15.8%	16.7%	17.7%	1.0%
Band 8a	10.8%	11.7%	12.4%	13.2%	15.5%	2.3%
Band 8b	4.9%	6.7%	10.2%	8.5%	11.5%	3.0%
Band 8c	3.8%	5.3%	4.8%	6.1%	9.0%	2.9%
Band 8d	11.1%	10.0%	22.2%	14.3%	11.1%	-3.2%
Band 9	0.0%	0.0%	0.0%	9.1%	9.1%	0.0%
VSM	50.0%	50.0%	50.0%	50.0%	50.0%	0.0%
Medical and Dental	31.3%	29.9%	32.7%	30.9%	33.5%	2.6%
Consultants	23.8%	25.2%	25.2%	27.0%	29.3%	2.3%
Non-Consultant Career Grade	31.3%	28.6%	42.3%	33.3%	32.5%	-0.9%
Trainee Grade	37.3%	33.9%	35.7%	32.5%	36.9%	4.4%
Trust Total	25.5%	28.3%	30.5%	29.9%	33.7%	3.7%

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

	2021	2022	2023	2024	2025	Difference
Relative Likelihood	1.55	1.71	1.80	1.77	1.01	-0.76

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

	2021	2022	2023	2024	2025	Difference
Relative Likelihood	0.93	0.73	0.77	0.99	0.96	-0.03

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

	2021	2022	2023	2024	2025	Difference
White	60.5%	58.7%	57.7%	58.0%	56.3%	-1.7%
BME	51.6%	48.3%	49.8%	55.4%	51.5%	-3.9%

HIA2.6: WDES 1 - Percentage of Disabled staff in AfC paybands or medical and dental subgroups and very senior managers.

	2021	2022	2023	2024	2025	Difference
Non-Clinical	4.0%	4.3%	5.0%	6.0%	6.7%	0.7%
AfC 1-4	4.4%	4.5%	5.4%	6.5%	7.4%	0.9%
AfC 5-7	4.4%	4.1%	4.6%	5.2%	5.8%	0.6%
AfC 8a & 8b	2.7%	4.3%	4.5%	5.9%	5.9%	0.0%
AfC 8c - VSM	2.7%	3.0%	3.2%	4.3%	4.8%	0.5%
Clinical	3.8%	3.8%	4.2%	4.3%	4.7%	0.4%
AfC 1-4	4.1%	3.9%	4.7%	3.8%	4.6%	0.8%
AfC 5-7	3.8%	3.9%	4.1%	4.6%	5.0%	0.4%
AfC 8a & 8b	1.9%	2.1%	3.7%	3.1%	3.1%	0.0%
AfC 8c - VSM	1.4%	1.3%	2.3%	2.3%	1.1%	-1.2%
Medical and Dental	1.3%	1.2%	2.0%	1.6%	1.9%	0.3%
Consultants	0.7%	0.7%	0.6%	1.2%	1.5%	0.2%
Non-Consultant Career Grade	0.0%	1.4%	1.9%	1.3%	6.9%	5.6%
Trainee Grade	1.8%	1.7%	3.5%	2.0%	2.0%	0.0%
Trust Total	3.4%	3.5%	4.0%	4.3%	4.7%	0.5%

HIA2.7: WDES 2 - Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts.

	2021	2022	2023	2024	2025	Difference
Relative Likelihood	1.43	1.12	1.09	0.96	0.95	-0.01

HIA2.8: WDES 5 - Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.

	2021	2022	2023	2024	2025	Difference
Non-Disabled	59.5%	56.8%	56.6%	58.4%	56.0%	-2.4%
Disabled	50.0%	51.8%	50.2%	51.6%	48.2%	-3.4%

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

	2021	2022	2023	2024	2025	Difference
Board Voting Membership %BME	17.7%	22.2%	21.1%	21.1%	21.1%	0.0%
Difference from Overall Workforce	-7.9%	-6.1%	-9.4%	-8.8%	-12.6%	-3.8%

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

	2021	2022	2023	2024	2025	Difference
Board Voting Membership % Disabled	12.5%	11.1%	21.1%	21.1%	15.8%	-5.3%
Difference from Overall Workforce	9.1%	7.7%	17.0%	17.0%	11.1%	-5.9%

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

HIA3.1: Gender Pay Gap – Ordinary Pay Gap

	2021	2022	2023	2024	2025	Difference
Mean Pay Gap	25.0%	29.4%	28.7%	25.5%	24.2%	-1.3%
Median Pay Gap	17.2%	15.8%	13.6%	9.0%	10.9%	1.9%

HIA3.2: Gender Pay Gap – Bonus Pay Gap

	2021	2022	2023	2024	2025	Difference
Mean Bonus Pay Gap	42.8%	57.5%	47.2%	51.9%	11.3%	-40.6%
Median Bonus Pay Gap	0.0%	62.7%	4.2%	87.6%	-0.2%	-87.8%

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

	2021	2022	2023	2024	2025	Difference
Men	13.6%	13.9%	10.7%	4.0%	2.8%	-1.2%
Women	3.7%	6.4%	4.7%	1.4%	0.6%	-0.8%

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

	2021	2022	2023	2024	2025	Difference
Q1	77.8%	75.7%	74.3%	73.8%	70.9%	-2.9%
Q2	80.3%	81.6%	81.8%	78.6%	81.9%	3.3%
Q3	81.7%	78.3%	77.9%	79.6%	77.0%	-2.6%
Q4	61.9%	62.8%	61.4%	63.1%	61.4%	-1.7%

*Q1 is low and Q4 is high.

HIA3.5: Ethnicity Pay Gap – Ordinary Pay Gap

	2023	2024	2025	Difference
Mean Pay Gap	10.8%	11.1%	15.3%	4.2%
Median Pay Gap	17.2%	11.0%	21.7%	10.7%

HIA3.6: Ethnicity Pay Gap – Bonus Pay Gap

	2023	2024	2025	Difference
Mean Pay Gap	37.6%	29.9%	-29.5%	-59.4%
Median Pay Gap	67.7%	87.5%	19.4%	-68.1%

HIA3.7: Ethnicity Pay Gap – 2025 Ordinary Pay Gap Disaggregated; comparator “White British”

Ethnicity	White British	White Other	Black	Asian	Mixed	Other	Unknown
Mean Pay Gap	0.0%	1.6%	31.1%	14.8%	11.2%	-6.2%	13.4%
Median Pay Gap	0.0%	0.3%	27.8%	21.3%	22.4%	1.2%	18.6%

HIA 3.8: Intersectional Pay Gap – 2025 Sex & Ethnicity Intersectional Pay Gap; comparator “White Men”

	White Men	White Women	BME Men	BME Women
Mean Pay Gap	0.0%	27.3%	24.1%	37.8%
Median Pay Gap	0.0%	18.3%	31.8%	32.8%

HIA3.9: Disability Pay Gap – Ordinary Pay Gap

	2023	2024	2025	Difference
Mean Pay Gap	17.7%	31.3%	15.5%	-15.8%
Median Pay Gap	11.9%	16.6%	12.5%	-4.1%

HIA3.10: Disability Pay Gap – Bonus Pay Gap

	2023	2024	2025	Difference
Mean Pay Gap	66.3%	48.3%	33.8%	-14.5%
Median Pay Gap	84.0%	38.8%	15.8%	-23.0%

HIA3.11: Divisional Pay Gap Breakdown – 2025 Ordinary Gender and Ethnicity Pay Gaps

	Mean Gender Pay Gap	Median Gender Pay Gap	Mean Ethnicity Pay Gap	Median Ethnicity Pay Gap
Corporate	0.5%	-5.3%	12.5%	7.4%
CSS	20.3%	13.3%	16.1%	20.9%
MRC	21.7%	8.9%	23.6%	23.7%
NOTSSCAN	29.1%	24.6%	9.5%	18.4%
SUWON	-35.1%	-11.4%	14.1%	14.9%

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.

	2021	2022	2023	2024	2025	Difference
Non-Disabled	18.3%	19.8%	16.8%	16.5%	13.6%	-2.9%
Disabled	26.8%	27.1%	26.5%	25.8%	23.6%	-2.2%

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.

	2021	2022	2023	2024	2025	Difference
Response	81.5%	79.4%	75.2%	77.7%	75.5%	-2.2%

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	2025	Difference
International	77.8%	79.1%	78.7%	-0.4%
Domestic	72.1%	73.5%	77.2%	3.7%

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

	2023	2024	2025	Difference
International	74.0%	73.4%	69.9%	-3.5%
Domestic	71.3%	70.8%	72.7%	1.9%

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

	2023	2024	2025	Difference
International	79.0%	73.7%	71.5%	-2.2%
Domestic	82.4%	81.7%	81.7%	0.0%

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

	2023	2024	2025	Difference
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International	75.4%	75.5%	69.3%	-6.2%
Domestic	69.7%	71.0%	71.6%	0.6%

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

	2023	2024	2025	Difference
International	67.2%	64.1%	63.6%	-0.5%
Domestic	73.0%	73.8%	72.0%	-1.8%

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

	2023	2024	2025	Difference
International	71.7%	72.5%	65.9%	-6.6%
Domestic	55.7%	54.2%	57.0%	2.8%

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

	2023	2024	2025	Difference
International	81.2%	81.8%	78.3%	-3.5%
Domestic	70.2%	69.9%	73.1%	3.2%

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

	2023	2024	2025	Difference
International	67.1%	68.6%	62.6%	-6.0%
Domestic	53.8%	54.4%	58.0%	3.6%

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

	2023	2024	2025	Difference
International	70.2%	72.9%	69.1%	-3.8%
Domestic	55.8%	57.0%	60.3%	3.3%

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

	2023	2024	2025	Difference
International	91.1%	90.6%	90.5%	-0.1%
Domestic	89.7%	89.2%	90.5%	1.3%

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

	2023	2024	2025	Difference
International	75.3%	75.0%	77.9%	2.9%
Domestic	82.2%	81.1%	82.6%	1.5%

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

	2023	2024	2025	Difference
International	49.3%	55.3%	55.1%	-0.2%
Domestic	44.7%	46.0%	49.2%	3.2%

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.

	2021	2022	2023	2024	2025	Difference
Relative Likelihood	0.79	1.03	1.18	0.89	1.17	0.28

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

	2021	2022	2023	2024	2025	Difference
White	25.8%	23.9%	23.6%	21.7%	20.8%	-0.8%
BME	24.7%	23.5%	26.7%	25.0%	24.5%	-0.4%

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

	2021	2022	2023	2024	2025	Difference
White	25.3%	22.0%	23.0%	22.4%	21.5%	-0.9%
BME	28.1%	25.6%	27.1%	24.8%	23.4%	-1.4%

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

	2021	2022	2023	2024	2025	Difference
White	5.9%	6.6%	7.5%	7.6%	7.3%	-0.4%
BME	16.0%	15.3%	16.9%	13.4%	15.7%	2.3%

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

	2021	2022	2023	2024	2025	Difference
Relative Likelihood	2.24	1.15	-*	5.83	0.00	-5.83

*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

	2021	2022	2023	2024	2025	Difference
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Non-Disabled	24.2%	22.4%	23.3%	21.4%	21.1%	-0.3%
Disabled	31.5%	29.4%	29.5%	27.7%	26.3%	-1.4%

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

	2021	2022	2023	2024	2025	Difference
Non-Disabled	10.2%	8.6%	9.1%	8.5%	8.3%	-0.3%
Disabled	17.0%	16.4%	17.5%	15.3%	15.5%	0.2%

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

	2021	2022	2023	2024	2025	Difference
Non-Disabled	19.6%	25.3%	17.9%	17.6%	16.6%	-1.0%
Disabled	30.4%	25.3%	27.6%	27.4%	24.8%	-2.7%

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

	2021	2022	2023	2024	2024	Difference
Non-Disabled	42.0%	45.0%	48.2%	50.4%	48.8%	-1.6%
Disabled	48.0%	45.4%	44.9%	48.8%	53.7%	4.9%

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.

	2021	2022	2023	2024	2025	Difference
Non-Disabled	51.9%	45.4%	45.6%	50.1%	46.8%	-3.3%
Disabled	40.8%	36.3%	34.9%	36.6%	36.2%	-0.4%

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

	2021	2022	2023	2024	2025	Difference
Non-Disabled	7.3	7.1	7.1	7.2	7.1	-0.1
Disabled	6.8	6.7	6.5	6.6	6.5	-0.1