Equality Objectives 2012 – 2016

Aim: Eliminate discrimination, harassment and victimization and any other conduct that is prohibited under the Act

Equality Delivery System (EDS)\(^1\) Goal: Improved patient access and experience

The issue

The Trust has listened to the views of patients and the public through specific meetings in the community and regular patient feedback. (Source: Have Your Say event in September 2011; patient feedback forms; in and out patient surveys; EDS Grading Panel discussions March 2012.)

- Patients would like more information about their visit or stay in hospital
- More information is needed in easy read and simple English formats
- Patients want more time to ask and staff need to give more time to listen
- All delays or planned changes need prompt communication to all those involved

Equality objective (No 1)

To provide more accessible communication to patients who have specific communication needs. The following areas will be the main focus under this objective:

a. Increase the use of the interpreting services for language, including sign language, by 2015
b. The most frequently used patient information documents to be in ‘easy read’ format, by 2016

Outcome measures

- To have easy read versions of at least 15 of the most frequently used patient information documents by 2016, providing improved access for people with learning disabilities and others to Trust documentation as required.
- Analysis of interpreting usage data by specialty to ensure usage across the Trust.
- Feedback from patients and interpreting service providers is collected and is positive that assistance was provided when required.

Means of measurement

- Inpatient survey and patient feedback.
- Feedback from “My Life My Choice” self advocacy organization for people with a learning disability.

\(^1\)Equality Delivery System (EDS) has been developed nationally within the NHS to support compliance with the Equality Act 2010, measure performance and promote equality and diversity.
disability.

- Feedback from the Oxford Deaf Centre and patients who are deaf or hearing impaired.
- Feedback from Oxfordshire Unlimited – a self advocacy group for people with a physical and sensory impairment.

<table>
<thead>
<tr>
<th>Timescale</th>
</tr>
</thead>
<tbody>
<tr>
<td>- At least 4 new easy read documents are produced annually.</td>
</tr>
<tr>
<td>- Annual analysis of all interpreting services provided, including BSL video conferencing.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mainstreaming and responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Media office produce easy read versions of documents, which are checked by people with a learning disability.</td>
</tr>
<tr>
<td>- Each Division will need to assess documentation to plan easy read production in line with Trust guidance for patient information.</td>
</tr>
<tr>
<td>- Medical, nursing and all staff with direct patient contact will be reminded to ensure different means and formats of communication are considered and used to meet the needs of each patient.</td>
</tr>
<tr>
<td>- Review references to information provision in informed consent and safeguarding initiatives; to ensure that these act as a prompt for considering the appropriateness of the information format for the patient.</td>
</tr>
<tr>
<td>- Objective to be included within the communication and engagement strategy and monitored within the Patient Information Group and Equality Steering Group.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Transparent reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Inclusion in Annual Equality Progress Reports</td>
</tr>
<tr>
<td>- Objectives progress reported in Trust annual reports</td>
</tr>
<tr>
<td>- Inclusion of equality objectives in the Quality Report</td>
</tr>
</tbody>
</table>
Aim: Foster good relations
EDS Goal: Improved patient access and experience

The issue

- The need to listen to public views, learn, improve services and patient experiences and to give feedback on actions taken is on-going.
- Most patients wish to be totally involved in decisions about their care.
- Desire for feedback by the public so they know their views are taken into account when planning and delivering services.

Equality Objective (No 2)

To improve the patient experience, year on year, for patients across all 9 protected characteristics (under the Equality Act 2010) and additional marginalized groups, through feedback obtained from patients and outreach activities.

Outcome measure

- Evidence of improvement actions taken, to be available within plans and robust equality analyses.
- Bi-monthly outreach community visits; the feedback would be used to identify further action and outcomes to improve access and services for those patient groups. The outreach would also be an opportunity to feedback on improvement actions and outcomes.

Timescale

- Minimum of quarterly listening events throughout the four years

Mainstreaming and responsibility

- Robust Equality Analysis, that includes involvement/patient feedback, is attached to each Division and corporate new policy or business plan and is available at a corporate level.
- Feedback obtained informs a wide range of Trust initiatives and activities.

Transparent reporting

- Outcomes reported within the Trust Annual Report
- Annual Equality Progress Report and Equality Steering Group notes
### Aim: Eliminate discrimination and foster good relations

EDS Goal: Empowered engaged and well supported staff

### The issue

Feedback from listening events and patient feedback, indicate that greater staff awareness is required of different individual needs E.g. disability awareness.  
Sources: In and out patient surveys, feedback forms; mystery shopping; NHS Have Your Say event September 2011.

### Equality objective (No 3)

**To increase awareness of equality and diversity across the Trust by:**

a. reviewing and improving the equality and diversity training in 2012, ensuring staff competence is assessed  
  b. ensuring that at least 90% of staff have completed equality and diversity training by 2013

### Outcome measures

- Minimum of 33% of staff each year are trained or completed competence assessments.  
- Demographic profile and totals of staff that have accessed equality and diversity training each year are monitored by workforce committee.  
- Annual Equality Delivery System grading and periodic reviews are completed with people who have a learning disability.  
- PALS and Complaints information monitored for equality issues raised and reported to Equality Steering Group.

### Timescale

- Annual targets and progress: Minimum of 33% of staff each year are trained/ complete workbooks.  
- All new staff receive the training within 3 months of commencement of employment with the Trust.

### Mainstreaming and responsibility

- Learning and Development department to oversee that relevant equality and diversity issues are included in all training courses.  
- Evaluation and competencies of equality and diversity training completed.  
- Awareness monitored, by Equality and Diversity Manager, through the robustness of the equality analysis completed for policies and plans  
- PALS and complaints monitoring for equality issues.
Transparent reporting

- Quarterly progress figures by Division reported to Equality Steering Group.
- Annual demographic profile analyzed within the equality annual report and Quality Report.
### Aim:
Eliminate discrimination, harassment and victimization and any other conduct that is prohibited under the Act.

**EDS Goal:** Empowered, engaged and well supported staff.

### The issue
- Low formal recording of bullying and harassment, 16% of those staff completing the staff survey (2011) anonymously reporting that they have experienced bullying or harassment from other staff within the last 12 months.
- EDS workforce Grading Panel raised this as an issue.

### Equality objective (No 4)
To reduce, year on year, the amount of bullying, harassment or abuse at work, experienced by staff from other staff (as reported in the staff survey).

### Outcome measure
- Number of staff reporting they have experienced bullying or harassment in staff survey is reduced by at least 3% by 2016. (Just under 1% decrease per annum)
- Re-launch the Harassment Support Colleague initiative and monitor its use
- Number of staff completing Bullying and Harassment awareness training
- At least two staff support networks established.

### Timescale
- Year on year decrease in staff reporting that they have experienced bullying and harassment in annual staff surveys.

### Mainstreaming and responsibility
- Informal mechanisms for staff to get mutual support and report anonymously will be established, through the recruitment of additional Harassment Support Colleagues across the Divisions and outside HR within 2012-2013.
- Divisions to monitor reports of staff reporting bullying or harassment, including where possible a demographic profile.
- Managers are trained and supported to motivate their staff to work in culturally competent ways within a work environment free from discrimination, bullying and harassment.
- Managers address individual issues appropriately as they arise.

### Transparent reporting
- Annual reporting of the Staff Survey, including questions on bullying and harassment
- Reporting through Divisional Boards
- Reporting and monitoring through Workforce Committee
Aim: Advance equality of opportunity between people who share a relevant protected characteristic and people who do not share that characteristic

EDS Goal: Better health outcomes for all

The issue

Ability to analyze workforce and patient demographic information by specialty, to detect inequality of access for patients and inequality of opportunity for staff, compromised by incomplete data capture of protected characteristics.

Equality objective (No 5)

To improve the capture and analysis of workforce and patient information by protected characteristic, by 2013.

a. 95% of patients records to include age, sex and race
b. 95% of staff records to include data on disability, religion and sexual orientation. (Note, data on age, sex and race is already over 95%. Race data is currently being sought to ensure accuracy of the data held)

Outcome measure

- 95% of staff records will have age, sex, disability, race, religion and sexual orientation or declined, recorded by the end of 2012/3.
- 95% of patients will have age, sex and race recorded by March 2013.
- As soon as electronic records are able to capture the required fields – a new measure can be agreed.
- By the end of 2013, annual progress report to be provided by each Division with analysis of demographic data and progress against these objectives, highlighting areas of good practice and recommendations as appropriate.
- Electronic staff and patient record systems to be able to capture data for all protected characteristics by March 2016, or in-line with national developments.

Timescale

See above

Mainstream and responsibility

- Quarterly reporting for patient data by Divisions within the Equality Steering Group.
- Divisional responsibility for patient data for recording, collating and reporting progress.
- All employees are responsible for providing and updating their staff data, through HR.

Transparent reporting

- Reporting through Divisional Boards for both patient and staff data
- Reporting and monitoring of data through Workforce Committee, Equality Steering Group
Aim: **Eliminate discrimination and foster good relations**

EDS Goal: Empowered engaged and well supported staff

### The issue

Funding for research (NIHR) from 2015 will be dependent on the University’s achievement of the Athena Swan Silver Award. This will impact directly on the University and the Trust’s research particularly in relation to the Bio-medical Research Centre (BRC).

### Equality objective (No 6)

**To support the University of Oxford Medical Sciences Division in achieving the Athena Swan Silver Award, by 2015. This award recognizes good employment practice for women working in science in higher education and research.**

### Outcome Measure

- The University of Oxford gains Silver Athena Swan Silver Award.

### Timescale

- By 2015

### Mainstream and responsibility

- To be defined for Trust during 2012-2013.

### Transparent reporting

- Reporting to the Equality Steering Group, Personnel Committee, Workforce Committee and the Trust Board on an annual basis.

and Clinical Governance Committee

- Statistical data and analysis to be published externally on the OUH internet