### Title

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<th>Equality, Diversity and Inclusion Progress Report</th>
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### Status

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### History

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<th>Further to receipt of the Equality, Diversity and Inclusion, Annual Report 2015/16 in July 2016</th>
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### Board Lead(s)

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<th>Board Lead(s)</th>
<th>Mark Power, Director for Organisational Development and Workforce</th>
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### Key purpose

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<th>Strategy</th>
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## Executive Summary

1. The provisions of the Equality Act 2010 place upon the Trust certain statutory obligations associated with issues of equality, diversity and inclusion relating to staff and patients. Additional responsibilities are bestowed by the public sector equality duty (PSED). In July 2016 the Board received the Annual Equality, Diversity and Inclusion Report, which demonstrated how the Trust is meeting these obligations and responsibilities.

2. The Board also approved five principal objectives for the period 2016-2020, the development of which was informed by direct staff and public involvement in the Equality Delivery System (EDS) assessment process. These objectives aim to go beyond basic compliance with the legislative framework governing equality, diversity and inclusion, by being fully aligned with the Trust’s core values, improving organisational culture, and enhancing the staff and patient experience.

3. The report summarises the key actions being taken in support of these objectives and the progress made since their endorsement.

4. The Board is asked to receive and note the progress report.
Equality, Diversity and Inclusion Progress Report

1. Purpose

1.1 The purpose of this paper is to update the Board on the progress being made in meeting the organisation’s equality, diversity and inclusion objectives for 2016-2020. This update follows the Board’s receipt of the Annual Equality, Diversity and Inclusion Report in July 2016.

2. Background

2.1 Under the provisions of the Equality Act 2010 (the Act) the Trust has statutory obligations associated with issues of equality, diversity and inclusion relating to staff and patients. Furthermore, the public sector equality duty (PSED) requires that public sector bodies have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation and any other conduct that is prohibited by the Act;
- advance equality of opportunity between people who share a protected characteristic and those who do not; and
- foster good relations between people who share a protected characteristic and those who do not.

2.2 Protected characteristics include: age; disability; gender; gender reassignment; pregnancy and maternity; race; religion or belief, and sexual orientation. The duty to have due regard to the need to eliminate unlawful discrimination also covers marriage and civil partnerships. The Act requires public sector bodies to publish relevant information to demonstrate their compliance with the PSED. NHS organisations are required to prepare and publish specific and measurable equality objectives at least every four years.

2.3 The Director of Organisational Development and Workforce has Board-level responsibility for equality, diversity and inclusion within the Trust’s workforce. The Chief Nurse has similar responsibility for the Trust’s patients and service users. In July 2016, following endorsement by the Trust Management Executive, the Board approved the Trust’s equality, diversity and inclusion objectives for 2016-2020. These objectives were determined by direct staff and public involvement via the Equality Delivery System (EDS) assessment process undertaken in 2016. The main purpose of the EDS is to assist NHS organisations in benchmarking performance and providing assurance on how they comply with the requirements of the PSED.

2.4 The provisions of the EDS support the themes associated with the NHS Outcomes Framework, the NHS Constitution, and the Care Quality Commission’s key inspection questions. The EDS framework is also consistent with the achievement of compliance with the NHS Workforce Race Equality Standard (WRES), which establish workforce indicators and associated metrics against which NHS organisations must collect and analyse data.
3. Summary of Progress

3.1 A summary of the actions being taken and progress made in meeting the five principal equality, diversity and inclusion objectives is provided in the following section:

**Objective 1**

Ensure that equality and diversity improvements align with, and are informed by, the Trust’s Quality Priorities (patient experience, patient safety and clinical effectiveness)

**Dedicated Resource**

3.2 Two roles have been recruited to, which are dedicated to promoting and supporting the achievement of the Trust’s equality, diversity and inclusion objectives, namely:

- Equality, Diversity and Inclusion Officer - a full-time resource leading on workforce dimensions.
- Equality and Diversity Manager (Patient Experience) - a part-time resource leading on patient dimensions.

These roles are providing greater focus and momentum in pursuing key improvement initiatives and supporting the Trust in achieving and exceeding its legislative obligations and requirements.

**Patient Experience**

3.3 The Patient Experience Team is closely involved in a range of projects aligned with the Trust’s Quality Priorities. These include end of life care, dementia care and sepsis awareness.

3.4 Work is being undertaken with the Chaplaincy Service to identify and establish a larger prayer space at the John Radcliffe Hospital site. This will especially benefit Muslim staff and patients who currently have little space in which to conduct collective prayer and for whom current washing facilities are insufficient.

**Objective 2**

Improve access and experience for individuals and communities who are currently underrepresented (through patient involvement and engagement opportunities)

**Patient and Public Involvement Strategy**

3.5 Significant progress has been made in implementing the six high level objectives associated with the Patient and Public Involvement (PPI) Strategy.
Implementation is being managed via the establishment of a new Patient Experience Steering Group and improved Patient Experience website.

**Seldom Heard Groups**

3.6 The Patient Experience Team is expanding its contacts with ‘seldom heard groups’ in order to share knowledge and best practice, and to help engage with communities typically underrepresented within the Trust. Improved engagement with such groups will inform the development of services which more effectively meet individuals’ health needs.

**Accessible Information Standard and Service Condition 13**

3.7 With effect from July 2016, all organisations providing NHS care or adult social care became legally required to abide by the provisions of the Accessible Information Standard (AIS). The Standard aims to ensure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand, with support, such that they can communicate effectively with provider organisations. Local compliance required that all relevant staff were made aware of the AIS provisions, and a patient story film featuring autism highlighted the importance of adapting communication styles with patients and their families.

3.8 Work is being undertaken to meet the requirements of Service Condition 13 (SC13) of the NHS Standard Contract, which refers to ‘equity of access, equality and non-discrimination’. Principal actions include:

- development of a carers charter and strategy, which are being co-produced with carers and a range of partners (Oxfordshire Clinical Commissioning Group; Oxford Health NHS Foundation Trust; Carers Oxfordshire; Healthwatch) and aims to raise the profile of carers and provide a reference guide for staff;

- establishment of a ‘carers’ surgery’ at the John Radcliffe Hospital (to support and signpost carers);

- provision of dementia reminiscence equipment, and the recruitment of two Dementia Activity Co-ordinators to help embed the positive application of a range of activities for people with dementia;

- development of a guide for patient participation groups (PPGs) aimed at supporting current and new groups, and the creation of a Maternity and Women’s PPG in support of seldom heard communities;

- review and recommissioning of interpreting services;

- review of access to advocacy services;

- production of monthly patient stories for consideration by the Quality Committee and Trust Board - these aim to highlight the experiences of patients and carers from the nine protected categories;
• continued engagement with young people - a Children and Young People's (CYP) Governor is completing their ‘extended project qualification’ by considering to what extent young people’s voices can influence the NHS. The CYP Governors presented to the Council of Governors on the work of the Trust’s Young People's Executive (YiPpEe).

3.9 Reporting on the AIS and SC13 requirements has been agreed through the Equality, Diversity and Inclusion Group, and by the Oxfordshire Clinical Commissioning Group. This includes providing a quarterly update to the Patient Safety and Clinical Risk Committee, and the submission of an AIS implementation report in March 2017.

NHS England Leading Together Programme

3.10 The Patient Experience Team, senior representatives of the Oxford Eye Hospital (OEH) and a range of lay partners, including Healthwatch and the GP Locality Forums, have joined NHS England’s Leading Together Programme, in order to make improvements to the OEH. The Programme, which has included the implementation of a dedicated patient panel, has been initiated in response to patient feedback that demonstrated a level of dissatisfaction with OEH services.

Inter-Cultural Events

3.11 In order to assist in more effectively engaging with a variety of communities, the Trust has promoted and hosted a number of inter-cultural events. These have included an Eid party, organised by the Muslim Chaplain and open to all staff, a celebration of Filipino Independence day, and a Chaplaincy open afternoon, which encouraged patients, visitors and staff to find out more about the work of the Chaplaincy Service and spiritual support provided within the Trust.

Sexual Orientation Monitoring Standard

3.12 The Trust is now a pilot site for the Sexual Orientation Monitoring Standard (SOM), which will be introduced nationally in April 2017. This new Standard provides a consistent way of monitoring the sexual orientation of patients, and the Patient Experience Team is determining how it can be implemented within the Electronic Patient Record.

Objective 3

Improve workforce diversity and equality at all levels

Staff Induction

3.13 Awareness-raising of equality, diversity and inclusion within the workplace should begin as soon as an individual is recruited to the Trust. The information and guidance provided as part of the corporate induction programme has been revised and improved to include awareness of unconscious bias, and the importance of equality monitoring to help improve overall data quality and presentation. Work is
also being undertaken to update the equality and diversity intranet domain to ensure it provides comprehensive and accessible information for staff.

**Recruitment Practices**

3.14 The Workforce Directorate strives to ensure that the Trust’s recruitment practices are fair, transparent, and consistently applied at all levels. The Equality, Diversity and Inclusion Officer is undertaking analysis to determine whether new applicants or existing members of staff with protected characteristics are less likely to be appointed to particular roles following successful shortlisting. This analysis follows the introduction of a feedback template to explain to unsuccessful candidates why they were not appointed.

3.15 The Race Equality Action Group has developed and implemented interview skills workshops for nursing staff. The principal purpose of these workshops is to assist in mitigating issues associated with career progression identified amongst Black, Asian and Minority Ethnic (BAME) nursing staff. Feedback from early participants has been positive and workshops will be facilitated on a regular basis.

**Workforce Disability Equality Standard**

3.16 NHS England has supported a recommendation by the NHS Equality and Diversity Council to mandate the implementation of a Workforce Disability Equality Standard (WDES) via the NHS Standard Contract in England from April 2018, with a preparatory year from 2017-18. This decision was informed by research conducted by Disability Rights UK and NHS Employers (‘Different Choices, Different Voices’), which found that disabled people had poorer experiences of working in the NHS than non-disabled colleagues. Engagement on the proposed Standard has begun, alongside an extensive programme of communications and engagement to raise the profile of this initiative, coupled with ‘Making Disability an Asset’ and to outline what support will be provided to organisations to deliver the change with disabled staff.

3.17 OUH is a designated pilot site for the implementation of the WDES, and therefore is informing the establishment of key metrics and reporting mechanisms before the national implementation in April 2018. In preparation for the implementation of the WDES and the SOM (see section 3.13, above), the quality of the Trust’s HR records is being audited against the nine protected characteristics, and preparations are being made for the introduction of a ‘self-service’ tool that will enable employees to register and update information associated with equality monitoring.

**Lesbian, Gay, Bisexual and Transgender Support**

3.18 The Equality, Diversity and Inclusion Officer is establishing a Lesbian, Gay, Bisexual and Transgender (LGBT) staff network. This will aim to provide support and advice for Trust employees, and to raise awareness of LGBT issues relating to staff, patients and service users.
Objective 4

Reduce bullying, harassment, abuse and victimisation within the Trust’s workforce

3.19 The Trust has a no tolerance approach to bullying, harassment, abuse and victimisation against staff, and will always take appropriate action when such activity is witnessed or reported. The preliminary results of the 2016 NHS Staff Survey indicate that 11% of staff experienced physical violence from patients, relatives or other members of the public in the last year, whilst 25% experienced harassment, bullying or abuse on at least one occasion by these same groups. One in eight members of staff (12%) reported that they had experienced harassment, bullying or abuse from their manager on at least one occasion and 18% reported similar treatment by colleagues. Survey feedback also suggests that only half of all such incidents are formally reported.

3.20 Whilst these statistics do not make OUH an ‘outlier’ nationally, further reducing incidents of mistreatment in the workplace will be a principal focus in 2017/18. Key actions currently being undertaken include the following:

- implementation of a Bullying and Harassment Working Group, which is designing and applying a bullying and harassment audit, which will inform the application of further improvement interventions, and a revision of the existing Bullying and Harassment Policy;
- provision of further training for the established network of bullying and harassment support colleagues;
- provision of further awareness training for all staff; and
- development of guidance for staff who experience harassment, bullying or abuse by patients or visitors, to be published in early 2017.

Objective 5

Ensure that Trust leaders and managers have the appropriate skills to support and promote a diverse and inclusive environment

3.21 The principal work being undertaken in support of this last objective is the development and implementation of a comprehensive Equality Impact Assessment Procedure. The aim of the Procedure is to ensure that Trust leaders and managers are aware of the importance of conducting such assessments when undertaking particular activity (such as changing working practices, or redesigning existing organisational structures) or developing/revising policies and procedures that impact on staff. The Procedure will promote consistency of application and improve the quality of impact assessments, such that the requirements of the PSED are met.

3.22 Training in unconscious bias and how to mitigate it will be implemented in February 2017. This training is intended principally to support staff occupying middle and senior management and leadership positions.
4. **Summary**

3.23 The obligations placed upon the organisation by the legislative framework, and other public sector requirements and particular NHS Standards associated with equality, diversity and inclusion are entirely consistent with the Trust’s core values. An appropriate equality, diversity and inclusion governance and resource structure has been established and, through recent staff and public involvement in the EDS assessment process, five principal objectives are being pursued. At the heart of these objectives is a resolve to further influence organisational culture by promoting a workplace which respects and values diversity, recognises and meets the needs of staff and patients who have protected characteristics, and promotes an environment in which bullying, intimidating or violent behaviour has no place.

3.24 This report aims to summarise the key actions being taken in support of these objectives and the progress made since their endorsement by the Trust Board in July 2016. Demonstrable progress is being achieved in all areas and the Trust is influencing national policy by its contribution as a designated pilot site for the early implementation of the new Sexual Orientation Monitoring, and Workforce Disability Equality Standards. Whilst the work associated with the wider equality, diversity and inclusion ‘agenda’ is significant, the recent appointment of a full-time Officer within the Workforce Directorate is proving highly beneficial and will ensure that momentum is maintained.

4. **Recommendation**

4.1 The Trust Board is asked to receive and note this update report.

Mr Mark Power
Director of OD and Workforce

January 2017