

NAME OF ORGANISATION: Oxford University Hospitals NHS Trust

Please complete the template below using recent evidence from E&D reviews that has supported organisational objectives setting and key priorities.

1 Inclusive leadership at all levels: Your organisation should ensure that equality, diversity and inclusion is everyone's business, and everyone is expected to take an active part, supported by the work of specialist PFD leaders and champions

Outline with **examples** the current strengths / weaknesses / opportunities / threats related to equality, diversity and inclusion for your organisation as you seek to have inclusive leadership at all levels. **Statements here - no more than 500 words for this section**

Strengths

- Board lead staff engagement initiative with new Trust values and behaviours; this incorporates promoting compassionate excellence, valuing difference and creating supportive teams.
- Training - Board and Senior Managers have agreed that Equality and Diversity training is included within the Trust statutory and mandatory training. 2012 -2013 target of 95 % of all staff to be trained in basic level equality and diversity awareness.
- 68.6% of all staff trained and passed level 1 competency assessment on 19th February 2013.
- Leadership level training being developed for the year 2013-2014, to include equality & diversity and bullying & harassment training.
- Harassment Support Colleagues initiative was re-launched February 2013 with 21 staff newly trained with line manager approval. 32 are currently part way through their training.
- The Personal, Fair and Diverse initiative was publicised in Trust wide communication in 2012 and continues to be publicised within the weekly equality and diversity classroom training sessions.
- 30 deaf awareness sessions have been organised by Managers across the Trust in the year 2012-2013.
- Board endorsed EDS and equality objectives. The Equality Steering Group is chaired by the Chief Nurse with Senior Managers as members.
- Equality and diversity activity is beginning to be routinely incorporated into Trust systems e.g. – policy writing process and template for equality analysis; committees not to approve new/revised policies or business plans without seeing the equality analysis.
- Work to strengthen appraisal processes is on-going.
- Reference to equality considerations are within the Quality Account and Quality Strategy.

Weaknesses

- Lack of evidence of Trust wide buy-in of valuing diversity and including equality considerations in all we do.
- Multi-faith quiet /prayer space still required on 2 of the four sites –in addition to current Chapel space.
- The demographic profile of the senior management group (Band 8a and above, excluding medical staff) across the Trust, is not representative of the diversity of the workforce as a whole and is currently being analysed.
- Board and Senior Managers leadership training in equality and diversity yet to be undertaken; currently investigating possibilities with the

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Leadership Academy.

Opportunities

- Working with NHS Employers would create a new opportunity to learn from others to achieve spread across organisation. To be a Partner would also give Senior Managers the opportunity to participate in a national forum and network that promotes good practice.
- To participate in the NHS Employers benchmarking activity would be a significant opportunity to assess progress.
- Improve quality of equality analysis carried out by Managers creating policies, plans and guidance.
- Ensuring all the Trust systems and processes include equality and diversity.

Threats [Challenges]

- Lack of real buy in and translation into meaningful action.
- Resistance to change behaviours by some people.
- Working in close partnership with the University of Oxford and third party providers e.g. G4S and Carillion, means that any initiatives which are introduced just within the Trust may not be fully appreciated by staff and patients who come into contact with staff from other organisations.

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2 Empowered, engaged and well-supported staff: Your organisation should Increase the diversity and quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to patients' and communities' needs in partnership with staff side organisations.

Outline with **examples** the current strengths / weaknesses / opportunities / threats related to equality, diversity and inclusion for your organisation as you seek to empower, engage and support staff. **Statements here - no more than 500 words for this section**

Strengths

- Value based interviewing piloted following work with NSPCC.
- Listening into Action initiative launched in 2012.
- Trust Values and Behaviours developed with extensive engagement and communicated in 2012.
- Diverse workforce if include medical workforce.
- Nearly 4000 staff responded to staff survey (available to all staff). Data collected for all 9 protected characteristics.
- Equality Delivery System being used and is resulting in changes.
- Workforce EDS action group to monitor progress established- staff side are members.
- Disability Symbol awarded.
- Regular communication through a number of different Trust media, to promote awareness of issues for staff and patients from particular protected groups linked to festivals and events.
- Staff survey 2012: Analysis will be available when results published.
- Staff side fully involved in policy consultations.
- New Bullying and Harassment policy written. 21 Harassment Support Colleagues trained and currently available for confidential support to colleagues. 32 more staff partially completed the process. (Previously launched in 2005 but numbers of Support Colleagues had dwindled). Regular support meetings planned.

Weaknesses

- Lack of diversity for non-medical workforce in bands 8a+..monitored by BME Network
- Follow up needed on how to integrate and change behaviours either by individuals or within teams.
- Communications may not be read or taken on board.
- Bullying and harassment is an issue in some areas.
- Complacency and failure to appropriately reflect and recognise discriminatory behaviour and complete incident form.

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Opportunities

- Some staff have come forward and volunteered to be Equality Champions: this Network needs training and the role developing.
- Percentage of BME employees overall can help to change culture.
- Promoting a personal, fair and diverse NHS fits in well with the drive to imbed Trust values and a set of behaviours.
- 2012 staff survey results and analysis will give opportunity to monitor staff satisfaction.
- Talk by Access to Work given to a small group of staff; further activity planned.
- Value based interviewing to be monitored.
- Robust analysis of flexible working practices and take up by protected characteristic is planned.
- New post for staff health promotion currently being recruited.
- Benchmarking exercise would assist opportunity to assess progress and learn from others.
- The opportunity to be accepted on the NHS Employers Partner Programme would give an impetus for organisation “spread”.

Threats [Challenges]

- Challenge of integrating OUH culture and behaviour standards of staff from other organisations working within the Trust locations.
- Focus on Foundation Trust application; which does not have a strong equality and diversity focus, but should be included within good governance.
- Isolated initiatives are seen as piecemeal and may not have long term cultural impact.
- Inappropriate behaviour from a few staff can be reflected through the rest of the organisation.
- Review of flexible working policy currently in progress. Fear that opportunities and choice for flexible working may diminish in current climate.
- Home- counties complacency needs to be challenged. 2011 census data reflects diverse urban communities in Oxfordshire.

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3 Better health outcomes for all: Your organisation should achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results

Outline with **examples** the current strengths / weaknesses / opportunities / threats related to equality, diversity and inclusion for your organisation as you seek better health outcomes for all. **Statements here - no more than 500 words for this section**

Strengths

- Procurement and contract monitoring of the Oxfordshire NHS and Social Care Interpreting Consortium is known as an example of good practice. (Staff training - Goal 1)
- Interpreter usage reports.
- Provision of British Sign Language services by an organisation for people who are deaf or hard of hearing
- Provision of face to face interpreting by organisation linked to a voluntary sector collaborative.
- Local self- advocacy organisation currently creating a training DVD of the needs of people with a learning disability. This will include sections by the Chief Executive and Chief Nurse.
- 30 deaf awareness sessions have been held across the Trust – given by a trainer who is deaf.
- Echo- Minitch machines available in the equipment library for patients who are hard of hearing.
- Use of yellow stickers on patient notes and yellow bed signs with the patient's permission, to identify individual patient needs.
- In house production of easy read information.
- New Learning Disability Liaison Nurse in post with progress on identifying people with a learning disability and their individual needs.
- Screening programmes have their own outreach work into the community E.G Genito- Urinary Medicine links to local prisons and Bowel Screening staff attended local community event for people from East Timor. Mammography clinic have a separate clinic time to offer longer appointments for those with complex needs including people with a learning disability.

Weaknesses

- Time taken to achieve improvement following patient feedback e.g. physical access improvements.
- Quiet/prayer rooms on each site needed in addition to Chapels.
- Carers' awareness initiatives need to be re-activated.
- Reliant on all individual clinicians and front line staff to practice awareness of different needs and ask – to ensure reasonable adjustments are made.
- Automatic offer of different versions of patient information is not guaranteed. (Easy read, audio and regular).
- Collecting and reporting PALS and complaints data on equality and diversity issues needs improving.
- Greater availability of easy read and audio versions of patient information is required.

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<p>Opportunities</p> <ul style="list-style-type: none">• New electronic DATIX system being used to monitor PALS and Complaints issues.• Working as an NHS Employers Partner may help give a higher profile for equality and diversity.• Recent EDS workshop to assess progress this last year with public members attending, has enabled clear actions to be developed/developing from each Division, encouraging wider ownership.• Patient and carer specific needs to be explicitly included in Trust policies and plans as prompted by the equality analysis tool.• Equality analysis for all business plans is required: improved analysis can lead to more robust equality and diversity considerations.• Progress for people with a learning disability needs to be replicated for all people with a disability or individual specific need.
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<p>Threats [Challenges]</p> <ul style="list-style-type: none">• Current procurement systems weight equality and diversity considerations lower than financial considerations. Interpreting contract costs currently being reviewed.• People continue to see equality and diversity considerations as an “add on”, rather than a core part of all patient and workforce care.
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4 Improving patient access and experience: Your organisation should improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience

Outline with **examples** the current strengths / weaknesses / opportunities / threats related to equality, diversity and inclusion for your organisation as you seek to improve patient access and experience. **Statements here - no more than 500 words for this section**

- Strengths**
- On- going public involvement and patient feedback fully inform equality objectives and activities to improve access e.g. electronic doors fitted x 2 and accessible toilets require improvements.
 - Robust language interpreting service available.
 - Yellow bed signs developed following consultation and involvement with local voluntary organisations for people who are deaf and visually impaired, to raise awareness of specific needs at the bedside.
 - Regular liaison with local Carers Advocacy organisation to raise awareness of the need for full involvement of the next of kin/ or carer.
 - Equality and Diversity OUH news articles on a regular basis to raise awareness of different needs E.g. LGBT month; black history display; bullying and harassment reduction activity, carers awareness.
 - Easy read patient information is beginning to be developed: PALS; Complaints; Leaving Hospital; Patient Feedback leaflets have all been checked by local advocacy organisation and are on the website.
 - Regular liaison with community organisations for on-going public involvement and listening to feedback E.g. with Oxfordshire Unlimited a local self- advocacy group for people with sensory and physical impairment.
 - Equality analysis systems have recently been reviewed to strengthen and ensure no policy or business plan is approved without more robust analysis.
 - In previous years the Quality Account has identified “improved communication” as a need following patient feedback.
 - Health promotion displays at each main entrance.
 - Equality and diversity training includes section on meeting specific patient needs. (See 1)
 - Talk by Autism Oxford x 2...more activity planned in order to raise awareness of the range of specific needs.
 - Demographic detail of patients is collected by but more analysis needed.
 - Variety of sources to collect patient feedback available and feedback reviewed for equality and diversity issues raised, in addition to PALS and Complaints feedback.
 - All discriminatory actions to be reported as an incident on the electronic reporting system.

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Weaknesses

- Length of time it takes to achieve real adjustments to improve physical access. (E.g. accessible toilet adaptation).
- More progress is needed to raise profile of carers and their needs.
- Greater access to easy read and audio patient information is required.
- Clearer identification of patient specific needs across the healthcare system when patient moves between primary and secondary care is needed.
- Equity audits of patient pathways are needed, using patient demographic detail to be carried out more frequently.

Opportunities

- DATIX electronic system to report and monitor PALS and Complaints by protected characteristic should be far more robust in 2013-2014.
- Electronic patient records should assist initial identification of specific needs on the records system.
- Electronic patient records should enable more extensive analysis of patient experiences by protected characteristic.
- Review of Complaints Service has resulted in reorganisation and robust systems to be in place to ensure all complaints are responded to in an individually appropriate way, including individual face to face discussions for the complainant with appropriate staff.

Threats [Challenges]

- Equality and diversity considerations for every individual patient to be automatic and imbedded in patient care.
- Time needed for robust equity audit analysis of patient pathways has to compete with other pressures.

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5 Demonstration of Commitment to the Partners Programme: Your organisation will be able to demonstrate a strong commitment to the NHS Employers Equality, Diversity and Inclusion Partners Programme *Statements here - no more than 300 words for this section.*

The Chief Executive Sir Jonathan Michael as author of “Healthcare For All” 2008 has progressed the Trust activity to better serve the needs of people who have a learning disability. This work is in addition to the progress to promote general and specific awareness of the needs of people requiring reasonable adjustments in their care. It would be very timely and a wonderful opportunity for the Trust to become an NHS Employers Partner.

Trust commitment:

5.1

Attendance at meetings.

The Trust has two identified Equality and Diversity Leads – one within the Nursing Directorate (0.8 WTE) and one in Human Resources (0.5) who can attend the meetings with Board Members or Senior Managers as appropriate. There is real commitment to include equality and diversity considerations to improve the patient experience and working lives, with various initiatives already commenced.

The Chief Nurse has Board responsibility for Equality and Diversity.

Case Studies.

The two case studies will be welcomed to assist the Trust communicate and imbed the increasing activity and awareness that is happening within the Trust. All the above listed activity is to improve patient and workforce experiences for all people from all protected characteristics, whilst being open and honest about the limitations and challenges that are faced.

Benchmarking

NHSE sponsored benchmarking activities and development will be welcomed to help the Trust assess progress and gaps using a tested framework in addition to the EDS.

NHSE Equality and Human Rights week.

Last year the Oxfordshire BME Network (bmenetwork@ouh.nhs.uk) was launched during the week with a lunch, which was appreciated by all with a range of NHS staff attending.

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2013 Equality and Human Rights week activity has yet to be planned – there are some discussions proposing a lunch time seminar.

All development opportunities are welcomed.

5.2 Personal Fair and Diverse Campaign.

Whilst the Trust has not signed up as an organisation yet (this can be proposed), the initiative is mentioned weekly in the classroom equality and diversity training sessions and individuals have signed up.

The Trust would very much welcome an opportunity to work with NHS Employers and other Trusts to contribute to discussions and developments to improve and imbed equality and diversity considerations across the NHS. The opportunity to build on and improve and progress activity internally would also be very welcome.