Oxford University Hospitals NHS

NHS Foundation Trust

Trust Board Meeting in Public: Wednesday 13 July 2016

TB2016.72

Title	Equality, Diversity and Inclusion, Annual Report 2015/16

Status	For note and comment
History	The Trust Board receives Equality, Diversity and Inclusion Annual reports
	A proposal for the Trust's approach to Equality Delivery System 2 (EDS2), was presented to the Trust Management Executive in December 2015
	The Equality, Diversity and Inclusion, Annual Report 2015/16 was presented for comment to the Trust Management Executive on 23 June 2016

Executive Leads	Ken Hutchinson, Interim Director of Organisational Development and Workforce
	Catherine Stoddart, Chief Nurse
Key purpose	**Strategy**	**Assurance**	Policy	Performance

EXECUTIVE SUMMARY

1.	The purpose of this report is to: • Provide assurance to the Trust Board that OUH is compliant with its responsibilities under the Equality Act 2010 and, in particular, the public sector equality duty (PSED), the Equality and Diversity System 2 (EDS2) and the Workforce Race Equality Standard (WRES). • Seek approval for the WRES action plan which is a requirement of the WRES guidelines released in April 2016. • Seek approval for the OUH Draft Equality, Diversity and Inclusion objectives for 2016-2020, as agreed by the Equality, Diversity and Inclusion Steering Group. • Seek approval for the EDS2 Equality, Diversity and Inclusion Action Plan for 2016/17. Once finalised the annual report will be published on the Trust website.

2.	Progress against the Trust's 2012 equality, diversity and inclusion objectives includes the following:
	
	 • Achieving all of the Trust's equality, diversity and inclusion priorities for 2015/16 which are as follows:
	
	    o review and refresh the Trust's equality and diversity objectives, using EDS2 public grading panels;
	
	    o implement the WRES;
	
	    o apply for Reaccreditation for NHS Employers Partners Programme;
	
	    o establish an Equality, Diversity and Inclusion Executive Steering Group, chaired by an Executive Director, in order to increase assurance with respect to equality, diversity and inclusion governance.
	
	 • Further progress on the Trust's 2012 Equality and Diversity objectives.
	
	 • Draft Equality, Diversity and Inclusion objectives for 2016-2020 agreed by the Equality, Diversity and Inclusion Steering Group.

3.	**11. Recommendations** 11.1 The Trust Board is asked to: ▪ note and approve the contents of this report; ▪ agree to publish this report, via the Trust website, as the Trust's formal annual report on equality, diversity and inclusion, and thereby comply with the provisions of the Equality Act 2010 and the Public Sector Equality Duty and the EDS2 requirements; ▪ approve the Trust's Equality and Diversity and Inclusion objectives for 2016-2020;

- agree to publish the WRES action plan on the Trust website to comply with current NHS England guidelines;

- note that EDS2 activity and compliance with the new WRES (mandatory from April 2015), are now reportable to the Trust's lead commissioner, Oxfordshire Clinical Commissioning Group.

Equality, Diversity and Inclusion, **Annual Report 2015/16**

1.   **Purpose**

1.1   The purpose of this report is to:

- Provide assurance to the Trust Board that OUH is meeting its legal requirements under the Equality Act 2010, including publishing information to demonstrate compliance with the public sector equality duty;

- Update the Board on the implementation of the new mandatory requirements for reporting on both the Equality Delivery System 2 (EDS2) and the Workforce Race Equality Standard (WRES) (i.e. Equality, Diversity and Inclusion Priority One 2015-16 **paragraph 7.1)**;

- Report progress made by the Trust on achieving its Equality, Diversity and Inclusion priorities for 2015/16;

- Summarise progress made by the Trust on achieving its Objectives, 2012-2016 (published in April 2012);

- Seek approval for the Trust's new Equality, Diversity and Inclusion Objectives, 2016-2020;

- Seek approval for the EDS2 Equality, Diversity and Inclusion Action Plan for 2016/17

- Seek approval for the WRES action plan.

1.2   Information presented within this report has been collated from a number of sources, including:

- The Trust's published Equality and Diversity Objectives

- Organisational Development and Workforce Reports

- Patient Experience reports

- NHS Staff Survey local outcomes

- EDS2 public and workforce panel grading

2.   **Equality, Diversity and Inclusion Explained**

2.1   Within the context of the NHS, and within the Trust, the terms 'equality', 'diversity' and 'inclusion' are used as follows:

- **Equality** is concerned with creating a fairer society where everyone can participate and has the same opportunity to fulfil their potential.

- **Diversity** refers to recognising, valuing and embracing people's different backgrounds, knowledge, skills and experiences and encouraging and using these differences to create a productive and effective workforce.

- **Inclusion** refers to the complete acceptance and integration of all patients, carers and employees regardless of background

3.   The Legislative Framework

3.1   The Trust has statutory obligations under the Equality Act 2010 concerning the equality, diversity and inclusion of its staff and patients. The Act also requires that trusts publish relevant information to demonstrate compliance with the public sector equality duty (PSED). Therefore, this report summarises the Trust's performance with respect to recognising and supporting staff, patients and carers who share characteristics protected under the Equality Act 2010 and details a number of key activities which aim to promote continuous improvements.

3.2   The characteristics which are recognised as being "protected" under the Equality Act 2010 are: 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.

3.3   One of the Care Quality Commission's (CQC) principles is to promote equality, diversity and human rights as set out in Regulation 10: Dignity and Respect. From April 2015 this is embedded in the Key Lines of Inquiry across all five domains: safe, effective, caring, response and well-led. The Trust will be assessed explicitly on its performance in delivering services in relation to the Equality Act 2010; evidence inspected by CQC will include the Trust's EDS2 performance.

3.4.   **Appendix 1** sets out the key areas of legislation which underpin equality, diversity and inclusion activity.

4.   Governance

4.1   The Director of Organisational Development and Workforce is the Trust Board member with responsibility for equality and diversity for workforce across the Trust. The Chief Nurse is Trust Board member with responsibility for equality and diversity for patients across the Trust.

4.2   The Equality, Diversity and Inclusion Steering Group reports to the Quality Committee and is chaired by the Director of Workforce and Organisational Development, the Deputy Chair is the Chief Nurse.

5.   Links with Trust Values and Strategic Objectives

5.1   The delivery of the Trust's core values of Excellence, Compassion, Respect, Delivery, Learning and Improvement requires the promotion of equality, diversity and inclusion across the range of the Trust's activities and relationships with patients, public, staff and other partner organisations.

5.2   The Trust has three Quality Goals: Patient Safety, Patient Experience and Clinical Effectiveness and Outcomes, and within the *Refreshed Quality Strategy, Jan 2015*, it has this explicit priority for patient experience:

"We will improve the experience for patients across all nine protected characteristics (under the Equality Act 2010) and additional marginalised groups through feedback obtained from patients and outreach activities".

6.   Equality profiles of patients and staff

6.1   **Appendix 2** details the current patient and workforce profile analysed against the nine protected characteristics from the Trust's Electronic Patient Record (EPR) for December 2015 for both inpatients and outpatients. The current staff profile data as at March 2016 data is drawn from the Electronic Staff Record (ESR).

7.   OUH Equality and Diversity Priorities 2012-16, Year 4 (2015/6)

7.1   These priorities link to the Trust's four year Equality and Diversity Objectives, 2012-2016 as set out in Section 9. In 2015 the Trust set out four priorities to achieve during 2015/16. The achievement against these priorities is set out below.

PRIORITY ONE: Review and refresh the Trust's equality and diversity objectives, using the Equality Delivery System (EDS2) public grading panels.

Launched in 2011, the Equality Delivery System (EDS) was refreshed in 2013 and is now referred to as EDS2. The main purpose of EDS2 is to support NHS providers in benchmarking performance and providing assurance on how they comply with the legal requirements of the PSED (Public Sector Equality Duty). EDS2 outcomes support the themes of, and deliver on, the *NHS Outcomes Framework*, the *NHS Constitution*, and the Care Quality Commission's key inspection questions set out in "*Raising standards, putting people first - Our strategy for 2013 to 2016*". Compliance with EDS2 is included in the 2015/16 Standard NHS Contract.

The Trust is required to prepare and publish specific and measurable equality objectives at least every four years.

EDS2 Local Application and Grading Panels 25 Feb 2016

The methodology for the collection and presentation of the evidence against each outcome was outlined in a paper presented to Trust Management Executive (TME) in December 2015. The Equality, Diversity and Inclusion Board leads were required to provide sign-off on the evidence collected before it was presented to the grading panels.

The Equality, Diversity and Inclusion Steering Group undertook a self-assessment exercise in January 2016 and graded the Trust's performance in relation to all the evidence for all 18 outcomes. Two EDS2 grading panels, one for patient outcomes and one for workforce outcomes, then met on 25 February 2016 to grade the Trust on its performance. A second grading panel for patient outcomes met on 5 May 2016 to reassess two of the nine outcomes. Panel members provided a grading for each outcome.

The patient panel was chaired by the Chief Nurse and attended by 40 members of the public, patients, and Foundation Trust members and Governors. The workforce panel was chaired by the Director of Organisational Development and Workforce and attended by 20 members of the staff and Foundation Trust members and Governors. The Oxfordshire Clinical Commissioning Group's Lead for Equality and Diversity attended both panels and was satisfied that the Trust was open and transparent about both the content of the evidence and the way in which it has been shared.

Public and Workforce Grading Outcomes

A summary of the grading is provided below. **Appendix 3** has full details and the rationale behind the grading of each outcome.

Patient experience	**EDS2 Goals 1 & 2** 2 outcomes **Green**: *Achieving* 7 outcomes **Amber**: *Developing*
Workforce	**EDS2 Goals 3 & 4** 1 outcome **Purple**: Excelling 3 outcomes **Green:** *Achieving* 4 outcomes **Amber:** *Developing* 1 outcome **Red**: *Under-developed*

The **RED** outcome was for **Goal 4**

- "4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination."

The Trust was awarded this grading as the panel felt that although the Trust made some provision for Equality, Diversity and Inclusion training for all staff, further provision of training and support was required for managers, particularly around Bullying and Harassment and Unconcious Bias. A number of measures have been taken to address this, including the introduction of a managers toolkit training module focusing on bullying, harassment and Equality Impact Assessment training. The 2016/17 action plan, which can be found in the appendices details further initiatives planned for the coming year to further support managers in this area.

To capitalise on the learning from EDS2 the Trust needs to:

- **significantly improve its data capture and analysis for 12/18 EDS2 outcomes to** clearly demonstrate how these relate to improved performance against the nine protected characteristics in the Equality Act 2010;
- deliver equality and diversity training to the staff and public involved in the panels prior to the evidence being shared;
- achieve its objectives for 2016-2020 (draft objectives for approval are outlined in section 9).

PRIORITY TWO: Implement the NHS Workforce Race Equality Standard (WRES)

Progress and action taken on the WRES

The WRES establishes Workforce Indicators and associated metrics against which NHS organisations must collect and analyse data. This analysis must then inform appropriate action and intervention to address any shortcomings between the relative treatment and experience of White, Black and Minority Ethnic (BME) staff. The Trust is required to publish details of its performance against these metrics and an associated action plan on a yearly basis.

In 2015, the Trust successfully implemented the requirements of the WRES, the results of which have been published on the Trust website.

Race Equality Action Group (REAG)

To support the implementation of WRES, in August 2015, a Race Equality Action Group (REAG), Chaired by the Vice-Chair of the Oxford NHS BME Network was established to support and champion the Trust's Workforce Race Equality Action plan. One of the stated aims of the REAG is to understand and improve the working lives of BME staff across the Trust and, to this end, the group has undertaken a range of consultation and engagement activities including a "Listening in to Action" event for BME staff across the Trust. This well attended event involved a presentation of the WRES data for 2015, helped to contextualise the experiences of BME and allowed the group to build on the action plan developed for the WRES submission.

The WRES submission is due on 1 July 2016 and will allow the Trust to update on the good work which has been undertaken to date and plans for the future. The WRES metrics for the financial year 2015/16 and an action plan for the financial year 2016/17 are detailed in **Appendix 4.**

EDS2 and WRES

The provisions of EDS2 and the WRES are complementary, but distinct. The indicators associated with the WRES, and the progress made in ensuring compliance with them will assist with the achievement of EDS2 requirements.

PRIORITY THREE: Apply for Reaccreditation for NHS Employers Partners Programme

In 2015, the Trust was accepted as part of this programme and over the past year has benefitted from advice, guidance and support from NHS Employers in meeting the requirements of the Equality Act 2010 and the Public Sector Equality Duty, and from networking with colleagues from other NHS trusts to understand and implement equality, diversity and inclusion best practice.

The Trust submitted an application to renew its accreditation as part of this programme in December 2015 and was one of 21 NHS organisations to be awarded Partner status for 2016/17 as part of the NHS Employers Partners programme.

PRIORITY FOUR: Establish an Equality, Diversity and Inclusion Executive Steering Group

In 2015 the Trust established an Equality and Diversity Steering Group. This Group supports the Trust in its aim of ensuring its workforce is aligned to the organisations' values, and is therefore committed to reducing inequalities for both patients and staff. Chaired by the Director of Workforce and Organisational Development and with Chief Nurse as Deputy Chair, reporting to the Quality Committee, the Steering Group provides assurance and governance relating to the Trust's equality, diversity and inclusion activity. The work of the Group is concerned with embedding the consideration of equality, diversity and inclusion in the day to day life of the Trust and across the spectrum of its activities.

8.   Summary of Progress against Equality, Diversity and Inclusion Objectives 2012-2016

8.1   In addition to delivering the four annual priorites **(see section 7)** for equality, diversity and inclusion, the Trust's five Equality, Diversity and Inclusion Objectives (previously referred to as Equality and Diversity Objectives) were established in April 2012 and ran for four years. Year on year progress against these objectives were reported in previous annual reports. See the Trust's public website for 2014/15: http://www.ouh.nhs.uk/about/equality/documents/equality-and-diversity-annual-report-14-15.pdf

8.2 This section will focus on the highlights achieved in the Trust for 2015/16.

OBJECTIVE ONE: Provide more accessible communication to patients who have specific communication needs with a focus on language services and patient information leaflets

The following has been achieved:

- There is a new interpreting and translation provider and 200 languages are available. The staff intranet has been updated to provide more comprehensive information. During 2015 patients required interpretation for 47 languages and the most frequently requested languages were Polish and Arabic. During 2015 over 850 calls were processed for interpreting. These services are being well used and signposted by staff.

- There is now in-house production of easy read information within patient experience for key strategies and public consultations, e.g. the Patient Involvement Strategy and Consultation, 2015 and the Quality Conversation 2016 agenda.

- Accessible Information Standard from NHS England is being implemented across the Trust. OUH will continue to work in line with this standard, by streamlining the processes to make information available to patients with different needs (e.g. Braille, Large Print, Easy Read).

OBJECTIVE TWO: Improve the patient experience, year on year, for patients across all nine protected characteristics (under the Equality Act 2010) and additional marginalised groups, through feedback obtained from patients and outreach activities

The following has been achieved:

- *John's Campaign* has been adopted to ensure that carers of people with dementia have unrestricted access to their loved ones.

- Co-production of the Trust's Privacy and Dignity Policy with a range of partners in 2015 Carers Oxfordshire, Carers Voice, Oxfordshire MIND, Oxfordshire Unlimited, My Life My Choice, Oxfordshire Family Carers Network was very successful. A similar model is now being used for the development of the Trust's Carers Policy, key stakeholders are disability and carer advocacy groups such as Carers Oxfordshire.

- A Children's Patient Experience Lead was appointed in September 2015 to gather the views of children and young people, ensuring that they have a voice and are able to feedback on the care they receive. Patient participation events designed to gain their views include national Takeover Day in November 2015 and the relaunch of the Trust's Young People's Executive, known as YiPpEe. A Trust-wide Children's Rights Group meets six times a year to ensure children's rights are fully understood and acted on throughout the Trust, based on feedback received from patients and YiPpEe.

- YiPpEe is the children and young people patient panel. The 30 current members are aged from 11 to 17 years. It was developed by the Children's Rights Forum to ensure that children and young people continue to have a voice in developing the services provided by the Trust. The recruitment is ongoing. Membership includes male and female representatives from Buckinghamshire and countywide, from BME communities, with hearing and visual impairment. Additionally, two members of YiPpEe are now elected members on the Trust's Council of Governors.

OBJECTIVE THREE: Increase awareness of equality and diversity across the Trust

The following has been achieved:

- All Trust policies and procedures are assessed, prior to implementation, by means of an Equality Analysis, to ensure equality issues are considered. Whilst there is no legal obligation under the Equality Act 2010 to complete this process, it has been adapted by the Trust as an aid to assist managers in considering potential equality implications at an early stage and to consider corrective action.

- In March 2016, the Trust ran a training session on Equality Analysis. This session which was open to all staff involved in developing Trust policies and procedures and provided managers with practical guidance on the consideration of equality implications at an early stage.

- The Statutory and Mandatory Equality, Diversity and Inclusion Induction Training course for staff has been reviewed and refreshed and the sessions continue to be offered on a monthly basis across the four main hospital sites.

- The E-Learning Management System shows that 84% of all staff to date have received statutory and mandatory training in Equality and Diversity; which provides an overview of the issues that staff need to be aware of when considering the impact that their interactions have on the patient experience and also the experience of colleagues. The Trust compliance rate for this module was 84% across the period, against a local target of 90%.

- In June 2015, following a review of the Trust's employment practices; Jobcentre Plus confirmed the award of the 'two-ticks' disability symbol employer status for a further 12 months. This recognises commitment to good practice in employing disabled people. The Trust continues to use this respected endorsement in all recruitment literature.

- The Trust actively participates in regional and local equality and diversity networks, which provide the organisation with advice, support and guidance on equality matters. The South Regional Equality and Diversity Leads Network provides a forum at which ideas, plans, policies and strategies can be shared

and implemented. Differing approaches to the Equality Delivery System across the Network are considered.

- The Workforce Equality and Diversity Policy has been updated in line with the three yearly review policy review process. The Policy has been renamed Workforce Equality, Diversity and Inclusion Policy to reflect increased emphasis on acceptance and integration of all employees and now includes reference to the Trust Equality, Diversity and Inclusion Steering Group, which provides a strategic approach, leadership and expertise for both patients and staff.

- The Trust Board received 12 Patient Stories during 2015/16, one each month; they actively represent the experiences of patients with protected characteristics for age, disability, gender, pregnancy and maternity and race. The learning was cascaded to staff across the Trust involved in the patient's care and changes in practice were implemented.

- The Trust has supported the development of more than 16 patient partnership groups (PPGs) who are now being supported by the patient experience team. They are being invited to take an increasingly active role in developing Trust objectives for quality, equality and diversity. The Chief Nurse spoke to a gathering of the Trust's PPGs in November 2015 which included people with disabilities, elderly people, carers and representatives from a range of community groups and reinforced the Trust's commitment to hearing patients' voices and working together to develop and improve their experience of services.

- The Trust's Quality Conversation in April 2016 was attended by 42 members of the public including PPG members, Foundation Trust members and Governors, representing people from across many of the characteristics: age, gender, disability, race, religion and belief. The Quality Conversation audience are keen for the Trust to hear a much stronger patient voice both in the development of the priorities and in the review of the progress against them as the year progresses. To this end, the Trust has committed to increasing the number of inclusive Quality Conversations from one per year to three.

- A Patient and Public Involvement Strategy, 2016-2019 Seldom Heard Project was developed in 2015/16, and was consulted on and endorsed by the Trust Board. The Strategy has clear objectives and action plans to target seldom heard groups and those people with the nine protected characteristics, in the co-design and co-production of the Trust's services.

OBJECTIVE FOUR: Reduce the amount of bullying, harassment or abuse at work experienced by staff from other staff (as reported in the annual Staff Survey)

The following has been achieved:

- Trust staff continue to utilise the 32 trained Bullying and Harassment Support Colleagues, who are available to support staff through any instances of bullying which they may experience. Details of the Bullying and Harassment Support scheme and contact details for the Support Colleagues is available through the Trust intranet site.

- All Trust staff members are required to undertake statutory and mandatory training on Equality and Diversity both as part of their induction to the Trust and on a three yearly basis thereafter. This training includes a module on

Addressing Bullying and Harassment, which provides an overview of the types of behaviour that the Trust considers inappropriate and provides clear guidance to staff on how to address bullying and harassment should they observe or experience it.

▪ The Trust has introduced and actively promoted a suite of training specifically for line managers which includes a module on 'Addressing Bullying and Harassment'. This course provides detailed learning on the application of the Trust Addressing Bullying and Harassment Procedure, practical tools for dealing with inappropriate behaviour and an outline of the Trust reporting mechanisms. In 2015, 64 staff completed this course allowing them to more fully support staff who feel they are being bullied or harassed.

OBJECTIVE FIVE: Improve the capture and analysis of workforce and patient information by protected characteristic

The following has been achieved:

Workforce data

The Trust's data on the numbers of staff with one or more characteristics protected by the Equality Act 2010 is drawn from the Electronic Staff Record System (ESR). Analysis of this data reveals that there are often large proportions of staff that choose not to disclose whether they have a protected characteristic. In order to address this issue, in January 2016 the Trust introduced a 'self-service' system which allows employees to update personal data including information on protected characteristics, however, the EDS2 data gathering process has identified that further work is required in this area. In addition, the Trust plans to contact all employees in the summer of 2016 encouraging them to update their personal records explaining the reason why it is important that the Trust has this data.

Patient data

The Trusts' patient information comes from the EPR (see **Appendix 2**).

The Trust is also collecting information about patient experience for a majority of the protected characteristics through national and local surveys. The main surveys used by the Trust are below. More work needs to be done to understand the experiences of, and actively engage with, patients who have protected characteristic for sexual orientation, gender reassignment and marriage and civil partnership.

The Friends and Family Test (FFT) is a national, anonymous and voluntarily survey, completed by patients. Information is fed back to the wards, clinical divisions and the Trust Board in the Quality Report. It reaches 4/9 protected characteristics: age (including children), maternity and pregnancy, gender and disability. It has been adapted to include children and maternity and pregnancy so 6/9 protected characteristics are represented.

FFT for Children was launched nationally in 2015. Initially the response rate in the Trust was low. Response rates significantly improved to between 5-10% in the first quarter, by using iPads and *Fabio the Frog* supported by ward staff. Feedback is also gained through PICKER surveys in Children's and Neonatal Services.

FFT for Maternity and Pregnancy has an additional question to ask if the woman feels she was treated with respect by staff. Of 1000 returns to the Trust, the response has been overwhelmingly 'yes'.

The Response rate to the three year National Maternity Survey is 52%, which is a good response rate. No other survey method except postal achieves response rates this high. In 2013, there was a 56% response rate for the Trust and 46% nationally.

The Annual NHS National Inpatient Survey has a good rate of return (51% in 2014) and provides ward-level analysis. The survey asks patients about 6/9 characteristics (gender, age, disability, ethnic group, religion, and sexual orientation). However, the numbers of those who respond in BME groups are low so the Trust has requested details of the comments received from those in minority groups to possibly help understand why.

9.   The Trust's EDS2 Equality, Diversity and Inclusion Objectives, 2016-2020

9.1   One of the main outcomes of the EDS2 assessment and grading process is to allow the Trust to assess its performance against the 18 equality outcomes and to highlight areas of priority which can then form the basis of the Trust's equality objectives for the next four years.

9.2   In line with other trusts, the Equality, Diversity and Inclusion leads for Workforce and Patient Experience and the Equality, Diversity and Inclusion Steering Group are proposing that the objectives for 2016-2020 are directly aligned with EDS2 four Goals and 18 Outcomes, but tailored through specific priorities to meet the Trust's own needs.

9.3   The following proposed objectives for 2016-2020 were endorsed by the Equality and Diversity Steering Group in May 2016 and approved by TME. Once approved by the Trust Board, they will be published on the Trust's public website:

1. To ensure that Equality and Diversity improvements align with, and are informed by, the Trust's Quality Priorities (patient experience, patient safety and clinical effectiveness).

2. To improve patient access and experience for individuals and communities who are currently underrepresented (through patient involvement and engagement opportunities).

3. To improve workforce diversity and ensure equality at all levels.

4. To reduce bullying, harassment, abuse and victimisation within the Trust workforce.

5. To ensure that Trust leaders and managers have the right skills to support their staff to work in a fair, diverse and inclusive environment.

Annual Equality, Diversity and Inclusion Action Plan 2016/17

9.4   The Trust's four year EDS2 Equality, Diversity and Inclusion Action Plan, for year one 2016/7 is provided at **Appendix 5.** The Plan will be updated annually and shows the EDS2 outcomes, goals and their linkage with the Trust's four year objectives. Progress will be reported anually to the Trust Board via the Equality, Diversity and Inclusion Annual Report and throughout the year to the Equality, Diversity and Inclusion Steering Group.

9.5   This action planning and monitoring will provide evidence of improvement for EDS2 in 2020 whilst demonstrating appropriate governance for EDS2 in the Trust.

10.   Conclusion

10.1   This report highlights the progress made in improving the experience of staff and patients with characteristics protected by the Equality Act 2010. Whilst progress is encouraging and is having a positive benefit, there is more work to be completed in order to further identify health inequalities for patients and inequalities for staff, and to embed and 'mainstream' equality, diversity and inclusion within the Trust's core activities.

10.2   The wide involvement in EDS2 of Trust managers and staff is key to ensuring that there is increased awareness of equality and diversity for patients and staff across the Trust and ensuring that it is embedded in practice.

10.3   The Equality and Diversity objectives identified through the EDS2 grading panels for the next four year period will provide a programme of work for 2016/17 and beyond. These objectives will be overseen by the Equality, Diversity and Inclusion Executive Steering Group.

Lead Author

Lynn Lane, Interim Deputy Director of Workforce and Organisational Development

Main Contributors

Shanine Cain, HR Consultant (Corporate Services) and Workforce Equality and Diversity Lead
Caroline Heason, Head of Patient Experience
Rachel Taylor, Public Engagement Manager and Patient Equality and Diversity Lead
Angeli Vaid, Project Manager (Interim) Patient Experience and Public Engagement Team

July 2016

Appendices

1. Legislative framework
2. Staff equality data and Patient equality data
3. EDS2 grading and outcomes
4. WRES action Plan

Appendix 1

Legislative Framework

The following key areas of legislation underpin the Trust's equality, diversity and inclusion activity.

Equality Act 2010

The Trust is required by law to comply with the provisions of the Equality Act 2010 (the Act), with respect to:

▪ eliminating unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act;

▪ advancing equality of opportunity between people who share a protected characteristic and people who do not share it;

▪ fostering good relations between people who share a protected characteristic and people who do not share it.

Public Sector Equality Duty and Protected Characteristics

The Public Sector Equality Duty (PSED) consists of a General Equality Duty, which is set out in Section 149 of the Equality Act 2010 and Specific Duties which are imposed by secondary legislation (the Equality Act gives ministers the power to impose specific duties on public bodies to enable them to perform the Equality Duty more effectively).

General Duty
The General Duty came into effect in April 2011. This Duty requires employers to 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.
▪ Foster good relations between people who share a protected characteristic and those who do not.

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 General Duty requires organisations to consider how they can positively contribute to the advancement of equality and good relations. Furthermore, it requires equality considerations to be reflected into the design of policies and the delivery of services, including internal policies, and for these issues to be kept under review.

Specific Duties
The Specific Duties came into force in September 2011, with the aim of assisting public bodies to more effectively comply with the requirements of the General Duty. The Specific Duties require public bodies to be transparent about how they are responding to the Equality Duty, specifically by publishing relevant, proportionate information showing compliance with the Duty, and establishing equality objectives. The Government believes that public bodies should be accountable to their service users. Publishing information about decision-making and the equality data which underpins those decisions serves to facilitate informed public

scrutiny and provide the public with the information they need to challenge public bodies and hold them to account for their equality performance.

The Specific Duties require public bodies to:

- publish equality information on an annual basis;
- publish equality objectives at least every four years;
- ensure the objectives are specific and measurable, and set out how progress towards the objectives will be assessed;
- publish the objectives in a reasonably accessible format, either as an individual document or as part of another report.

The NHS Constitution

- 2.5 The provisions of the 2013 NHS Constitution establish the principles and values of the NHS in England. In particular, it sets out rights to which patients, public and staff are entitled, and pledges which the NHS is committed to achieve, together with responsibilities, which the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively. The Secretary of State for Health, all NHS bodies, private and voluntary sector providers supplying NHS services, and local authorities in the exercise of their public health functions are required by law to take account of this Constitution in their decisions and actions.

- 2.6 The constitution makes it clear that patients, public and staff *"... have the right not to be unlawfully discriminated against in the provision of NHS services including on grounds of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status"* (www.england.nhs.uk/2013/03/26/nhs-constitution/).

Appendix 2

Staff equality profile March 2016

- Race - 74% of staff are white, 19% are from BME groups and 7% did not disclose
- Gender- 24% of staff are male and 76% are female.
- Disability - 2% disclosed a disability
- Religion and belief – 46% are Christian, 11% belong to non-Christian religions and faiths, 31% undisclosed, 12% had no religion.
- Sexual orientation - 70% are heterosexual, 29% undisclosed and 2% are Lesbian, Gay or Bisexual

Source: NHS National Staff Survey 2015

Protected Characteristic	Group	Staff Profile (Mar 16)	
		Heads	%
Race	White British	7412	59%
	White (other groups)	1843	15%
	BME groups	2428	19%
	Undisclosed	875	7%
Disability	Yes	251	2%
Religion	Christian	5772	46%
	No religion or belief	1474	12%
	All other religions/beliefs	1430	11%
	Undisclosed	3882	31%
Sexual Orientation	Heterosexual	8732	70%
	LGB (All other groups)	189	2%
	Undisclosed	3637	29%
Sex (gender)	Male	3025	24%
	Female	9533	76%

Patient equality profile

Source: the electronic patient records system (EPR) 31 December 2015

- Race - around 72% are White British, around 12% are from a range of minority ethnic groups and around 16% - a significant minority is not stated on the EPR.
- Religion and belief – 35% of patients are Christian and declare as Church of England around 65% of patients were represented by 24 other faiths and beliefs.
- Gender – around 54% of patients are women and 46% are men
- Age – the highest attendance as inpatients and outpatients is from 25-55 age group, for inpatients the second highest attendance is from 70-84 year olds.

Protected Characteristic	Group	%
Ethnicity	**Outpatients**	71.3%
	White British	
	Other ethnic group i.e. one of the 15 different ethnic groups	12.19%
	Not stated	16.41
	Inpatients	
	White British	72.88%
	Other ethnic group i.e. one of 15 different ethnic groups	11.28%
	Not stated	15.84%
Gender	**Outpatients**	
	female	55.88%
	male	44.12%
	Inpatients	
	female	53.35%
	male	46.65%
Age	**Outpatients**	
	age group has the highest attendance	25-55 years
	age with second highest attendance	55-69 years
	Inpatients	
	age group with the highest attendance	25-55 years
	age with second highest attendance	70-84 years
Religion	**Outpatients** Church of England	33%
	24 other faiths and beliefs were represented	67%
	Inpatients	
	Church of England	36%
	24 other faiths and beliefs represented	64%

Staff Equality and Diversity Statutory Mandatory Training figures for the last year

Source: E-Learning Management System

Equality & Diversity compliance May 2014-15	Numerator	Denominator
May 14	85.5%	100
June 14	85.1%	100
July 14	83.2%	100
August 14	85.1%	100
September 14	85.8%	100
October 14	86.8%	100
November 14	86.5%	100
December 14	86.9%	100
January 15	87.3%	100
February 15	87.5%	100
March 15	88.1%	100
April 15	88.4%	100
May 15	88.1%	100

Appendix 3   **EDS2 Goals and Outcomes**

EDS2 Grading criteria
Excelling if evidence shows that the majority of people in all nine protected groups fare well.
Achieving if evidence shows that the majority of people in six to eight protected groups fare well
Developing if evidence shows that the majority of people in three to five protected groups fare well
Undeveloped if evidence shows that the majority of people in only two or less protected groups fare well

Goal	Outcome	Public Grading Panel Assessment
1. Better health outcomes	1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities	🟧
	1.2 Individual people's health needs are assessed and met in appropriate and effective ways	🟩
	1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	🟧
	1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	🟩
	1.5 Screening, vaccination and other health promotion services reach and benefit all local communities	🟧
2. Improved patient access and experience	2.1 People, carers and communities can readily access the Trust's services and should not be denied access on unreasonable grounds	🟧
	2.2 People are informed and supported to be as involved as they wish to be in decisions about their care	🟧
	2.3 People report positive experiences of the NHS	🟧
	2.4 People's complaints about services are handled respectfully and efficiently	🟧
3. A representative and supported workforce	3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	🟧
	3.2 The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations	🟧
	3.3 Training and development opportunities are taken up and positively evaluated by all staff	🟩

Goal	Outcome	Public Grading Panel Assessment
	3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source	
	3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	
	3.6 Staff report positive experiences of their membership of the workforce	
4. Inclusive leadership	4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	
	4.2 Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed	
	4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	

Appendix 4

Workforce Race Equality Standard (WRES): Summary of metrics and action plan 2015/16
NB: The format of document is based on the WRES reporting template produced by NHS England.

	WRES Indicator	Oxford University Hospitals Metrics					Recommended actions	Timescale	Responsible for action
1.	Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive board members) compared with the percentage of staff in the overall workforce.	**Clinical by AFC Band**	**White**	**Unknown**	**BME**	**Grand Total**	To develop and introduce a feedback template which recruiting managers must complete for each candidate at the end of the recruitment process. This document will require managers to clearly document the reasons why candidates were unsuccessful.	Template launched in July 2016	Head of Recruitment and Retention
		Band 1	100%	0%	0%	100%			
		Band 2	63%	8%	29%	100%			
		Band 3	81%	5%	15%	100%			
		Band 4	79%	3%	18%	100%			
		Band 5	70%	5%	25%	100%			
		Band 6	76%	5%	19%	100%			
		Band 7	84%	4%	12%	100%			
		Band 8a	87%	5%	8%	100%		September 2016	Head of Recruitment and Retention
		Band 8b	95%	2%	2%	100%	Investigate having an Equality and Diversity representative at all interviews at band 8a or above to ensure transparency and fairness of the senior level appointments process.		
		Band 8c	82%	8%	11%	100%			
		Band 8d	88%	13%	0%	100%			
		Band 9	100%	0%	0%	100%			
		VSM	33%	33%	33%	100%			
		Grand Total	**74%**	**5%**	**20%**	**100%**		June-August 2016	Workforce Equality and Diversity Lead and Race Equality Action Group
		Non-Clinical by AFC Band	**White**	**Unknown**	**BME**	**Grand Total**			
		Band 1	79%	9%	12%	100%	Undertake further detailed data analysis to identify any specific directorates, departments, job roles and pay bands where BME staff are poorly represented at senior level. Work with senior managers to develop action plans to identify the underlying reasons and		
		Band 2	78%	7%	15%	100%			
		Band 3	82%	6%	12%	100%			
		Band 4	82%	6%	12%	100%			
		Band 5	80%	5%	14%	100%			
		Band 6	77%	10%	13%	100%			
		Band 7	82%	8%	10%	100%			
		Band 8a	79%	13%	8%	100%			
		Band 8b	83%	8%	8%	100%			
		Band 8c	93%	7%	0%	100%			

	Band 8d		88%	6%	6%	100%	potential solutions.
	Band 9		100%	0%	0%	100%	
	VSM		86%	9%	5%	100%	
	Grand Total		**81%**	**7%**	**12%**	**100%**	

2.	Relative likelihood of staff being appointed from shortlisting across all posts.	White staff 1.73 times more likely to be appointed from shortlisting than BME staff. {table below}	To review recruitment training provided to recruiting managers and consider the introduction of unconscious bias as a component of the training. Carry out further data analysis to establish whether there are particular directorates, departments, job roles and pay bands where BME staff are more or less likely to be appointed from shortlisting. Use this information as the basis for further action planning. Introduce a recruitment questionnaire to feedback on the Trust's recruitment processes. This questionnaire should include ask applicants to indicate whether they have one or more of the nine protected characteristics so that Trust can understand whether certain groups have a less positive recruitment experience than others. Action can then be taken to address this.	August 2016 June 2016 July 2016	Head of Recruitment and Retention Workforce Equality and Diversity Lead Head of Recruitment and Retention

	Shortlisted Staff	Staff Appointed	Total
White	10,169	1,931	19%
BME	4,620	507	11%

3.	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. This indicator will be based on data from a two year rolling average of the current year and the previous year.	BME staff 0.1 times more likely to enter a formal disciplinary process. i.e. 1% of white staff were involved in a formal disciplinary process in one year. 0.9% of BME staff were involved in a formal disciplinary process in one year.	To continue to promote and encourage managers to undertake managers toolkit training on disciplinary and grievance procedures as part of their learning and development. To review the content of the Trusts Managers Toolkit training on the disciplinary process to include reference to equality and diversity considerations. To improve the quality of disciplinary data held by the Trust by purchasing and enforcing the use of an Employee Relations case Tracker which would allow for more reliable data. To undertake more in-depth analysis of the disciplinary data to identify any issues and trends by department/directorate, by profession and by band. To publicise the disciplinary policy and procedure further to ensure staff are aware of the expectations of them in terms of conduct and that they understand the potential consequences of failure to comply.	Ongoing throughout the year August 2016 June 2016 September 2016 Ongoing throughout the year September 2016	Divisional HR Business Partners Head of Learning and Development Deputy Director of Workforce and Organisational Development Workforce E&D Lead and HR Business Partners HR Business Partners/Consultants Head of Recruitment and Retention

		To review induction and training given to staff to ensure that staff who trained overseas are given sufficient training and information about NHS and UK culture and behavioural expectations.		
4.	Relative likelihood of staff accessing non-mandatory training and CPD.	White staff are 16% more likely to access CPD and non-mandatory training than BME staff.	Identify ways in which the Trust can increase participation by BME staff in the available programmes designed to create a level playing field for BME staff and to give those with the talent and potential to move into senior leadership roles the tools to do so.	June 2016	Head of Learning and Development and Race Equality Action Group
5.	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.	Reporting year: Previous Year: White 24% White 28% BME 24% BME 32%	A refreshed communications campaign to all service users and visitors to the Trust regarding the Trust's zero tolerance approach to bullying, harassment, abuse and violence. Ensure that mechanisms for reporting inappropriate behaviour towards staff are publicised to all staff and ensure that these statistics, broken down by protected characteristic are regularly reported to the Equality, Diversity and Inclusion Steering Group.	June-September 2016 June-September 2016	Workforce Bullying and Harassment Lead Workforce Bullying and Harassment Lead
6.	Percentage of staff	Reporting year: Previous Year: White 23% White 22%	In areas where bullying is identified as an issue,	Ongoing	Workforce Bullying and Harassment

For item 4, the table reads:

	Average Staff	CPD / non-mandatory training	Total
White	8,991	3,850	43%
BME	2,357	872	37%

	experiencing harassment, bullying or abuse from staff in the last 12 months.	BME 20%	BME 24%	continue to implement a programme of anti-bullying training, which sets out the Trust's expectations regarding acceptable behaviours and incorporates an element of assertiveness and/or resilience training to give staff some tools and to help them feel more confident in addressing or reporting behaviours which make them uncomfortable.

Continue to actively market the Addressing Bullying and Harassment training course, which provides managers with a clear understanding of the Trust procedure and how to address bullying and harassment within their teams. | Ongoing | Lead and HR Business Partners

Workforce Bullying and Harassment Lead and HR Business Partners |
| 7. | Percentage believing that the Trust provides equal opportunities for career progression or promotion. | Reporting year:
White 92%
BME   76% | Previous Year:
White   86%
BME   52% | Run a listening in to Action event with BME staff specifically focusing on career development to understand staff perceptions around fairness and equal opportunities in career progression and promotion. | July 2016 | Workforce Equality and Diversity Lead and Race Equality Action Group |
| 8. | In the last 12 months have you personally experienced discrimination at work from any of the | Reporting year
White 7%
BME 13% | Previous Year:
White   6%
 BME   17% | Run a Listening in to Action event with BME staff to gather more detailed information on the types and sources of discrimination experienced by staff. This data should be included in a | September 2016 | OD team and Race Equality Action Group |

			report to the Equality, Diversity and Inclusion Steering Group and appropriate actions agreed to address discriminatory practices and behaviour and improve the experiences of staff in the workplace.		
following b) Manager/team leader or other colleagues.					
9.	Percentage difference between the organisations Board voting membership and its overall workforce	Given no Trust Board members are BME, this is 19% (i.e. the BME Trust figure.)	Ensure when external recruitment agencies or head-hunters are used to source candidates for Executive Director and/or senior management roles that contracts include requirements relating to Equality and Diversity which go beyond the statutory minimum. Require agencies to source candidates in a way which encourages applications from as diverse a pool of talent as possible and which demonstrates the Trusts to equality, diversity and inclusion.	Ongoing	Deputy Director of Workforce and Organisational Development
				Ongoing	Deputy Director of Workforce and Organisational Development
			Ensure that the process for appointment of Nonexecutive Directors encourages diverse applicants and that those involved in the selection process have received appropriate training in Equality, Diversity and Inclusion.		

Appendix 5

OUH Equality Delivery System (EDS2)

Equality Objectives and Equality, Diversity and Inclusion Action Plan 2016-2017

The 2016-2020 objectives will be agreed by the Trust Board on 13 July 2016. They are designed to ensure the Trust meets its statutory mandatory requirements of the Equality Delivery System (EDS2).

This annual action plan will ensure implementation of the objectives. It is reported to the Trust Board via the Equality and Diversity Annual Report. A six month progress report will be reported to the Trust's Equality, Diversity and Inclusion Steering Group. in September each year.

The OUH objectives and action plan are informed by the grading outcomes from the EDS2 Grading Panels in Feb and May 2016 as outlined below, as well as key projects from a range of services across the Trust which specially aim to improve patient health outcomes and staff experience. Future annual action plans will be informed by EDS2 annual reviews.

- **Any EDS2 outcomes which were initially or finally graded RED by the EDS2 workforce and Public panels in Feb and May 2016:** 1.4 and 2.3. were initially graded **RED** by the public panel in February 2016 and then re-graded at **AMBER** 4.1. and 4.3 were graded **RED** by internal and workforce panel grading through lack of evidence.

- **Any EDS2 outcomes which were borderline AMBER/GREEN by the EDS2 workforce and Public panels in Feb and May 2015:** 2.4 graded **AMBER** by the public panel in February 2016, but the panel would like to have graded **GREEN**; but needed more evidence to do so.

- **Any EDS2 outcomes graded AMBER due to lack of data or other concerns:** 3.2 graded **AMBER** by the workforce panel EDS2 panel there was a high level of concern by grading panel about the paucity of data 3.4. graded **AMBER** by the workforce panel the data showed that whilst the % of staff reporting bullying from staff had decreased in 2014-2015, the response rate had also decreased and staff 9 characteristics fared less well.

OUH Equality and Diversity Objectives 2016-2020

EDS2 GOAL	OUH FT *Proposed* Equality and Diversity Objectives 2016-2020
1. Better health outcomes	To ensure that Equality and Diversity improvements align with and are informed by the Trust's Quality Priorities (patient experience, patient safety and clinical effectiveness)
2. Improved patient access and experience	To improve patient access and experience for individuals and communities who are currently underrepresented, through patient involvement and engagement opportunities
3. A representative and supported workforce	To improve workforce diversity and ensure equality at all levels To eliminate bullying, harassment, abuse and victimisation within the Trust workforce
4. Inclusive Leadership	To ensure that Trust leaders and managers have the right skills to support their staff to work in a fair, diverse and inclusive environment.

High Level Action Plan 2016-2017

EDS2 Goal 1. Better health outcomes for all				
OUH Equality and Diversity Priority 1 **To ensure that Equality and Diversity improvements align with and are informed by the trust's Quality Priorities (patient experience, patient safety and clinical effectiveness)**				
EDS2 Outcomes	**Actions**	**Timescales**	**Success measures**	**Lead**
1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities	A member of the Patient Experience team to join the Clincial Policy Group to ensure compliance on Equality Impact Assessments	Completed by June 2016	Attends meetings and advises on compliance	Patient Experience Manager

	Audit of the impact of PPG's involvement in commissioning, procurement design and delivery of services	Completed by 31 March 2017	Report with recommendations to Equality and Diversity Steering Group	Patient Experience Team
	Identify a larger and more flexible space for prayer and worship on the JR site	Completed by 31 March 2017	Potential sites identified	Lead Interim Chaplain
1.2 Individual people's health needs are assessed and met in appropriate and effective ways	Produce and disseminate to staff Guidance on care of Muslim patients	Completed by 31 March 2017	Guidance for staff on care of Muslim patients is produced is available to staff on website and promoted via HR workforce	Lead Interim Chaplain
	Increase engagement with LGBT and transgender community groups to ensure health needs are met	Completed by 31 March 2017	Establish relationships with key groups in Oxfordshire representing LGBT and transgender interests	Patient Experience Team
	Benchmark OUHFT practice in caring for LGBT patients and improving their experience' against national best practice	Completed by March 2017	Report to E&D Steering Group and Quality Committee	Patient Experience Manager
1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	Ensure the needs of people with protected characteristics are taken into account in transition work across the Trust, including: • Transition from children's to adult services – draft policy • End of Life Care	Ongoing	Teams involved are able to share their progress through the usual reporting procedures	Patient Experience Team

	• Discharge from services to home			
1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	Monitor, report and action - patient safety for those patients with protected characteristics	31 March 2017	Highlight report annually presented to the Equality and Diversity Steering Group– NB patient safety is monitored and reported and actioned daily through a range of systems	Head of Clinical Governance
1.5 Screening, vaccination and other health promotion services reach and benefit all local communities	All trust screening services work with external learning disabilities agencies to share information and to identify how many patients with learning disabilities accessed screening programmes over a screening year, Produce easy read invitation and result letters and patient information leaflets in easy read format	Ongoing 31 March 2017	Information sharing protcols, agreed Number of patients with learning disabilities who accessed the screening programmes, reported in Annual Screening Report to Joint Head of Services Working Group. Invitations and result letters templates and patient information leaflets in easy read formats are available for use by screening programmes.	Programme Manager, Oxfordshire Diabetic Eye Screening Programme) & Young Person and Adult Screening Lead

EDS2 Goal 2: Improved patient access and experience				
OUH Equality and Diversity Priority 2 **To improve patient access and experience for individuals and communities who are currently underrepresented, through patient involvement and engagement opportunities**				
EDS2 Outcomes	**Actions**	**Timescales**	**Success measure**	**Lead**
2.1 People, carers and communities can readily access the Trust's services and should not be denied access on unreasonable grounds	Improve the patient experience in the Oxford Eye Hospital through coproduction with patient groups, Healthwatch Oxfordshire and staff. Develop improved information with and for children and young people who use the Trust's services, about their visit to the hospital (includes booklet, website, film) Implement the NHS England Accessible Information Standard (AIS).	31 March 2017 31 March 2017 1 September 2016	Improved services reported by patients Draft booklet created by YiPpEe and circulated for comment - Flags added to EPR for patients with specific needs for information in other formats. - Online information clarified.for staff and patients - Streamlined procedures in place for getting information in other formats	Patient Experience Team Co-Chairs of YiPpEe Patient Information Officer
2.2 People are informed and supported to be as involved as they wish to be in decisions about their care	Coproduce Carers Policy with Oxfordshire partners, carers and voluntary organisations Review advocacy services for Trust patients	Completed by 31 March 2017 Completed by 31 March 2017	Policy published on Trust's website Report to Patient Experience Steering Group (being formed) and	Patient Experience Team Patient Experience Team

	Continue to build public Foundation Trust membership base to reflect the people the Trust services	On going	E&D Steering Group Membership composition reported to Council of Governor's by the Membership Committee	Council of Governor's
2.3 People report positive experiences of the Trust's services	Identify and define the characteristics of a 'positive experience' of the trust's services with patients and public	Completed by 31 March 2017	An agreed set of positive experience	Patient Experience Manager
	Improve Trust's website to show how patients and public can report positive experiences esp. those who have limited communication	Completed by 31 March 2017	Website clearly signposts patient's to reporting experiences	Patient Experience Manager
	Build up a programme of inter-cultural events sponsored by the Chaplaincy Team which engages all the range of faith advisors	On going	A range of events are held which are attended by patients and staff and the community.	Lead Interim Chaplain
2.4 People's complaints about services are handled respectfully and efficiently	Benchmark practice with other comparable trusts on providing complaints/concerns information in languages other than English and make recommendations for OUH.	By end March 2017.	Report on progress to E&D Steering Group by 31 March 2017	PALS and complaints manager
	In collaboration with Oxford Brookes, explore the experience of black and minority ethnic patients and carers who have or would like to make a complaint.	Completion by September 2018	Recommendations on complaints/raising a concern in different languages made to Head of Patient Experience by 31 March 2017	Patient Experience Manager

EDS2 Goal 3. A representative and supported workforce

OUH Equality and Diversity Priority 3i and 3ii

3.i. To improve workforce diversity and ensure equality at all levels

3.ii To eliminate bullying, harassment, abuse and victimisation within the Trust workforce

EDS2 Outcomes	Actions	Timescales	Evidence	Lead
3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels (This outcome links to WRES indicator 5. 1)	To develop and introduce a feedback template which recruiting managers must complete for each candidate at the end of the recruitment process. This document will require managers to clearly document the reasons why candidates were unsuccessful.	July 2016	Template is launched across the Trust in July 2016	Head of Recruitment and Retention
	Investigate having an Equality and Diversity representative at all interviews at band 8a or above to ensure transparency and fairness of the senior level appointments process.	June - August 2016	Recommendation is made to the EDI Steering Group in August 2016	Head of Recruitment and Retention
	Undertake further data analysis to establish whether there are particular directorates, departments, job roles and pay bands where staff with protected characteristics are more or less likely to be appointed from shortlisting. Use this information as the basis for further action planning.	June – August 2016	Report is presented to EDI Steering Group	Workforce EDI Lead
	Senior Managers to incorporate action plans within their own action plans. These may include: Recruitment Training for Managers.	November 2016	Actions are identified and piloted	Senior Managers

	Review the process and procedure used for executive and senior management appointments	August 2016	Report presented to the Equality, Diversity and Inclusion Steering Group.	Deputy Director of Workforce and OD
	Ensure when external recruitment agencies or head-hunters are used to source candidates for Executive Director and/or senior management roles that agencies to source candidates in a way which encourages applications from as diverse a pool of talent as possible and which demonstrates the Trusts to equality, diversity and inclusion.	Ongoing	Regular review of executive search contracts	Deputy Director of Workforce and Organisational development
3.2 The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations	Establish a working group to review the quality of workforce data relating to the nine protected characteristics	August -October 2016	Report submitted to the EDI Steering Group in October 2016	Workforce E&D Lead
	In preparation for upcoming gender pay gap reporting requirements, implement regular equal pay audits , including analysis by nine protected characteristics	Commenced from July 2016	Quarterly reporting to EDI steering group and Workforce Committee	HR records and payroll manager
3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source	Commission an independent audit of bullying, harassment and violence across the organisation to supplement the results of the annual staff survey.	August - October 2016	Report presented to the Equality, Diversity and Inclusion Steering Group	Deputy/ Director of Workforce and OD
	Implement the recommendations from the report	October 2016 onwards	Divisional action plans reported to Workforce Committee and EDI Steering Group.	HR business partners
	Bullying and Harassment Support Colleague scheme to be re-launched.	July 2016	Expand and widen the bullying and harassment	Workforce EDI Lead

			support colleague scheme to increase the numbers of support colleagues available to staff.	

EDS2 Goal 4. Inclusive leadership

OUH Equality and Diversity Priority 4.

To ensure that Trust leaders and managers have the right skills to support their staff to work in a fair, diverse and inclusive environment.

EDS2 Outcomes	Actions	Timescales	Evidence	Lead
4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	Equality, Diversity and Inclusion training for board members and senior leaders will be development introduced. Board members and senior leaders to demonstrate commitment to equality, diversity and inclusion by participating in relevant national and local networks and events. Expand and widen the pool of Personal. Fair, champions at every level in the Trust.	September 2016 onwards Quarterly reporting to EDI Steering Group October 2016	All Board members have been offered training. Best practice is reported back to immediate teams and to the EDI steering group 5 staff from each division to be trained to become a Personal, Fair Diverse Champion.	Equality and Diversity Leads for Workforce and Patient Experience Deputy Director of Workforce and Organisational Development Workforce EDI Lead and HR Business Partners

4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	Develop and implement a module within the Managers Toolkit Programme on Equality, Diversity and Inclusion.	Jan 2017	Toolkit developed and launched.	Equality and Diversity Leads for Workforce and the Leadership Development Manager