

Workforce Committee Paper - November 2012
 WFC2012

Title	Equality and Diversity
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Status	Paper for information and feedback
History	Equality, diversity and human rights considerations are core to the implementation of the Trust values: To provide excellent care with compassion and respect, by putting patients at the heart of what we do and recognizing different needs and encouraging a spirit of support, respect and team work. The Trust's Equality Objectives were published in April 2012. The Equality Delivery System panel grading was undertaken in March 2012 resulting amber (developing) and red (undeveloped) grades. This paper is a six monthly update on progress.

Board Lead(s)	Elaine Strachan-Hall & Sue Donaldson			
Key purpose	Strategy	Assurance	Policy	Performance

Summary -Workforce

1	<p>Progress against each of the Equality Objectives relating to workforce employment is detailed in the document and are summarised as follows:-</p> <ul style="list-style-type: none">• Bullying and Harassment - on- going• Workforce Data - achieved• Equality and Diversity Training - improving but more staff required to complete competencies (End September 44% out of a target of 55%)• Athena Swan - on-going
2	<p>It is the intention to improve the Trust's performance in equality and diversity using the Equality Delivery System. Progress to date and the expectation for grading in 2013 is highlighted in the document. In future years there may be more external interest in the Trust Equality Delivery System performance. The expectation for 2013 is that the workforce and leadership related EDS Outcomes will be either green ("achieving") or amber ("developing"). Whilst data quantity and quality has improved over the last year, the resulting analysis of this data will determine the grading, as will the availability of evidence particularly in relation to leadership Outcomes (4.1 & 4.2).</p>
3	<p>A number of other activities and initiatives are on-going with the aim of raising awareness and fostering good relations between protected groups. These include:-</p> <ul style="list-style-type: none">• Staff networks• Re-written Equality and Diversity Policy• Awareness communications for staff

Summary - Patient Experience

1	<p>Progress against each of the Equality Objectives work programme relating directly to patients is detailed in the document and are summarised as follows:-</p> <ul style="list-style-type: none">• Accessible Communications - increasing with progress according to plan.• Patient Experience and Engagement - progress as planned, feedback leading to changes.• Patient Data - on-going but some slippage due to system changes and developments.
2	<p>The Equality Delivery System (EDS) framework is being used to work towards compliance with the Equality Act 2012. The expectation for 2013 is that the patient specific outcomes will be graded amber (“developing”); the expectation for 2016 is that outcomes will be graded green (“achieving”) and some areas possibly purple (excelling).</p>
3	<p>Improvements in patient data quantity and quality are key to demonstrating improvements in performance for the patient focussed goals in the EDS. EPR (Electronic Patient Records) is being rolled out across the Trust and currently has the capacity to record 4 out of 9 protected characteristics.</p>

Introduction

1. The Equality Delivery System (EDS) has been developed within the NHS to enable Trusts to meet the public sector duties under the Equality Act 2010. In March 2012 the first EDS Grading Panel met to evaluate the Trust's performance in equality and diversity. The patient related EDS Outcomes 1.1-2.4 were graded amber ("developing"), with the exception of one outcome which was graded red ("undeveloped"). The workforce related EDS Outcomes 3.1-4.3 were graded a mixture of amber ("developing") and red ("undeveloped"). See Annex A.
2. Currently 96% of NHS Trusts nationally are using the EDS. To date there has been no formal comparison between Trusts regarding the use of EDS and the respective grades. However, a "performance management tool" is being developed on a national basis and the Trust can expect more interest in its grading in future years. Commissioning Boards are also being asked to take equality and diversity seriously in their engagement with organisations/Trusts. The Strategic Health Authority (SHA) has taken an interest in specific areas of the EDS grading and the Trust completes a specific template/return in this regard.
3. The Trust's Equality Objectives were developed in response to an equality and diversity engagement event in September 2011 and feedback from the EDS Grading Panel in March 2012. The Equality Objectives were published in April 2012 (see Annex B) following Board approval. The Trust's Equality Objectives and performance against these is monitored by the Equality and Human Rights Commission (EHRC), through evidence published on the Trust's website.

Trust Equality Objectives

Bullying & Harassment

4. Equality Objective:-

To reduce, year on year, the amount of bullying, harassment or abuse at work, experienced by staff from other staff (as reported in the staff survey).

5. This objective was the result of feedback from the Equality Delivery System Panel. Note, 16% of staff indicated in the 2011 Staff Survey that they had been bullied or harassed by a manager or colleague in the preceding 12 months. Further details regarding current initiatives can be found in an additional Workforce Committee paper (6th November 2012).
6. Some of the initiatives being undertaken are in the early stages of development and only when the Staff Survey 2012 results are known, in the early part of 2013, will it be known whether there has been any significant impact to date.

Data

7. Equality Objective:-

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

- *95% of staff records to include data on disability, religion and sexual orientation. (Note, data on age, sex and race is already over 95%. Race data is currently being sought to ensure accuracy of the data held).*
 - *95% of patients records to include age, sex and race*
8. The Equality and Diversity monitoring exercise in 2012 has greatly improved the reliability of diversity data held in ESR (Personnel/Payroll system). Annex C shows a breakdown of the staff demographics as at September 2012. The most significant increase in data, due to the monitoring exercise, was for disabled staff, where previously this has been reported as 0.5% and it is now 3%.
 9. As at September 2012, this Equality Objective for staff records is being achieved with 98.7% of disability, religion and sexual orientation data being recorded. Note, where a member of staff has ticked "prefer not to say", this is considered as a positive response when calculating data as being recorded.
 10. There is a risk of not being able to produce the required patient information within the timescales, as new electronic systems are being implemented across the Trust. Equality, diversity and discrimination fields are still required within DATIX and additional protected characteristics within EPR. Within ORBIT the field to record race is no longer included.

Equality and Diversity training

11. Equality Objective:-

To increase awareness of equality and diversity across the Trust by

- *reviewing and improving the equality and diversity training in 2012, ensuring staff competence is assessed*
 - *ensuring that at least 90% of staff have completed equality and diversity training by 2013 (Note:- Statutory and Mandatory Training objective is 95%)*
12. The Statutory and Mandatory Equality and Diversity training material was reviewed in 2012, this included the production of revised training presentation, a workbook (available on line) and an on-line competency assessment. Training events are available for new staff and for staff who prefer or need the direct input of a trainer.
 13. Training/competence in basic equality and diversity is monitored using LMS (Learning and Development system). As at the end of September, the percentage recorded as competent in equality and diversity was 44%. The requirement for everyone to have completed their Statutory and Mandatory training continues to be highlighted and various staff communications are expected, with the aim of improving the number of staff completing competency assessments.
 14. Further more detailed/advanced training in equality and diversity will be developed and is planned to be available before April 2013. This training would be available for line managers and members of staff who should to be aware of the potential for discrimination when reviewing Trust policies, processes and practices.

Athena Swan

15. Equality Objective:-

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

16. The Trust continues to offer support to the University of Oxford's Medical Sciences Division with respect to Athena Swan. Progress is monitored at Partnership meetings and the University's Athena Swan Steering Group meetings. At six monthly intervals the opportunity exists for Departments to make applications for Athena Swan Awards. To date none of the Departments within Medical Sciences Division have made an application. Medical Sciences Division has recently made an appointment to a dedicated role to progress Athena Swan within the Division.

Accessible Communications for patients

17. Equality Objective:-

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

- *Increase the use of the interpreting services for language, including sign language, by 2015*
- *The most frequently used patient information documents to be in 'easy read' format, by 2016*

18. The use of interpreting services has been promoted within training sessions. The combined Trust spend on these services (including British Sign Language) was £80,627.87 for the year 2011-2012. The most frequently requested languages are Polish, Portuguese, Urdu and Mandarin.

19. Twenty eight deaf awareness training sessions have been delivered so far across the Trust since June 2012.

20. Raising awareness of the need to provide alternative formats for written documentation continues within the training sessions. Key documents such as the patient hospital booklets, PALS leaflet, feedback form and Complaints leaflet are being produced in 'easy read' format and will be available on the Trust website.

Patient Experience and Engagement

21. Equality Objective:-

To improve the patient experience, year on year, for patients across all 9 protected characteristics (under the Equality Act 2010) and additional marginalized¹ groups, through feedback obtained from patients and outreach activities.

Outcomes of involvement include:-

¹ Marginalized groups are those people whose voices are not routinely heard within health service developments in Oxfordshire.

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22. Liaison between the Christian Chaplaincy service and members of other faiths to enable a rapid response following the death of Jewish and Muslim patients.
23. Funding has been obtained for a multi-faith room at the Cancer Centre. Both a Chapel and Multi Faith Room are required on each site for use by patients, visitors and staff.
24. Community involvement and feedback activity continues according to plan. Individual issues are referred to PALS, wider systems issues are raised with appropriate departments, e.g. signage to accessible toilet on level 2 of the John Radcliffe Hospital has been altered, the deaf awareness sessions have been funded and alert bed signs have been ordered.

Equality Delivery System (EDS)

25. The Equality Delivery System Panel last graded the Trust's performance in Equality and Diversity in March 2012, with goals and outcomes graded red and orange (undeveloped and developing). The lack of data for goals and outcomes was taken into account during the grading process. It is anticipated that the significant improvement in data quality and quantity both in ESR and the Staff Survey 2012 will result in improved evidence for the grading review in 2013. There have also been changes and improvements in policies, processes, staff engagement and training which should have a positive impact on the Trust's equality and diversity performance. Further details of progress against the EDS Action Plan 2012-13 can be found in Annex D.
26. The table in Annex E shows the grading as at March 2012, the Targets for 2013 and 2016 and the current prediction for 2013. In summary the expectation is that the Trust will continue to be "developing" in most areas and "achieving" in some areas where established and robust processes are in place. "Achieving" requires that evidence demonstrates good performance in the particular EDS Outcome for 6-8 of the nine protected characteristics (e.g. age, disability, race, religion/belief, sex/gender, sexual orientation, gender re-assignment, pregnancy/maternity and marital status).
27. Data and reports are downloaded from a number of different systems to provide the majority of evidence. Improved grading for the patient focussed goals will partly depend on effective rollout of the DATIX and EPR systems (see objective above).
28. Systems used to provide workforce evidence include:-
 - 28.1 **Electronic Staff Record (ESR)**. All staff were asked to provide or update their diversity details. This has resulted in a significant improvement in the quantity and reliability of diversity data held in the system. The only protected characteristic not recorded in ESR is gender re-assignment. This would require a change on a national basis, which is currently not planned.
 - 28.2 **NHS Jobs** records six of the nine protected characteristics. The system is not used to its full potential and further training in the use of NHS Jobs is awaiting a significant update in the system expected in late 2012.

- 28.3 The **Staff Survey** in 2012 will enable the statistical reporting for all 9 protected characteristics. The statistical data will not be available until February 2013. Where data is not available in other sources, the 'local questions' section in the Staff Survey enables some additional data capture.
- 28.4 The comparison data in most cases will come from the National Census 2011. It is expected that equality and diversity statistics from the Census will be published in November 2012. This will enable the Trust to identify whether its staff/patient profile is representative of the population for Oxfordshire and the UK.

EDS Performance/Grading Risks

29. None of the systems being used provide standard reports which are fit for purpose as evidence for EDS. Ad hoc reports are therefore produced and analysed in preparation for the EDS Panel reviews and is resource intensive. To date, relatively few interim data reports and analysis, in line with EDS, have been undertaken. Activities to improve equality and diversity performance will often result in measureable improvement over a number of years, rather than a period of months. It has therefore been deemed more worthwhile to undertake activities to improve performance rather than repeatedly report on performance. It is therefore a potential risk as to whether the current activities will result in improvements against 2013 target. Additional areas of particular concern are as follows:-

- The need to increase the demographic fields in EPR , so the collection of the following detail from patients is included, to provide more robust information for equality analysis: disability, sexual orientation, marriage or civil partnerships.
- Equality, diversity and discrimination fields within Datix, for improved monitoring of incidents, complaints and PALS issues raised.
- The Trust carries a risk of complaints, tribunals and litigation until the entire workforce are trained and competent (introductory level) in equality and diversity issues.
- Robust equality analysis needs to increase across different functions, policies and plans.
- Outcome 3.1 (Recruitment) – the changes resulting from the updated NHS Jobs system and associated training have been delayed to December. The overall impact on the Outcome is relatively small and the grading will depend on the availability of other data.
- Outcome 3.6 (Health and Well-being) – the vast majority of data for this Outcome will come from new local questions in the 2012 Staff Survey. There have been no other indicators historically regarding equality and diversity in this area.
- Outcome 4.1 (Senior Leadership) – evidence for this Outcome should be qualitative as well as quantitative. Evidence will be sought from a number of sources including Committee Reports and Business Plans. Last year there was a lack of

available evidence and it is not currently visible as to whether there has been a significant change in this regard. Local questions have been asked in the Staff Survey to address some of the potential lack of data.

- Outcome 4.2 (Middle and Line Management) - last year there was a lack of available evidence and it is not currently visible as to whether there has been a significant change in this regard. Local questions have been asked in the Staff Survey to address some of the potential lack of data.

SHA Monitoring of EDS

30. South Central Strategic Health Authority has taken an interest in the Trust's performance with respect to EDS. This is part of an increasing national interest which is likely to become more formalised in future. The latest SHA return/form can be found in Annex F.

Other Activities

31. The Oxfordshire NHS Black and Minority Ethnic (BME) Network is now established within the Trust following a launch event earlier in 2012. A confidential Lesbian, Gay, Bisexual and Transgender (LGBT) e-mail address has been established to support staff. Both the BME Network and the LGBT e-mail address are consulted on Trust workforce policies and procedures. A Disability Network has been proposed and is in the early stages of development.
32. The new Workforce Equality and Diversity Policy has been approved and communications have gone out in this regard.
33. The Equality and Diversity Leads continue to raise awareness of particular equality and diversity events, activities and issues through staff communications including e-mail communications, the Team Brief and OUH News. It is the intention to be able to provide a full page in OUH News for equality and diversity; December's edition will focus on disability, December being Disability History Month.

Conclusion

34. There have been a number of activities undertaken since the EDS panel assessment and publishing of the Equality Objectives in 2012. This includes the improvement of data quality and quantity enabling better reporting; training in equality and diversity; communications to raise awareness and activities to address specific issues identified at the Trust e.g. bullying and harassment.
35. It is anticipated that these activities will result in better performance in equality and diversity at the Trust.

Recommendations

36. Promote the use of Equality Analysis by Senior and Divisional Management both when developing policies but also in reviewing business plans and service provision, in order to minimize the potential to discriminate.
37. Ensure training and competence in Equality and Diversity is promoted both through completion of the Statutory and Mandatory competency assessment and additional training for staff and line managers (available from April 2013).
38. Support the development of a network of Equality Champions (volunteer staff) from all areas of the Trust to promote equality and diversity in their areas.
39. Note the direct link between the Trust's 'Values into Action' work and Trust Behaviours, with the need to embrace and value equality and diversity.

Jan Cottle, Equality and Diversity Manager

Vicki Parsons, HR Manager (Workforce Strategy and E&D Lead)

November 2012

Goal	Outcome	Grade			
1. Better health outcomes for all	1.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities		Yellow		
	1.2 Patients' health needs are assessed, and resulting services provided, in appropriate and effective ways		Yellow		
	1.3 Changes across services are informed by engagement of patients and local communities, and transitions made smoothly	Red			
	1.4 The safety of patients is prioritised and assured. In particular, patients are free from abuse, harassment, bullying, violence from other patients and staff, with redress being open and fair to all		Yellow		
	1.5 Public health, vaccination and screening programmes reach and benefit all local communities and groups		Yellow		
2. Improved patient access and experience	2.1 Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds		Yellow		
	2.2 Patients are informed and supported so be as involved as they wish to be in their diagnoses and decisions about their care, and to exercise choice about treatments and places of treatment		Yellow		
	2.3 Patients and carers report positive experiences of their treatment and care outcomes and of being listened to and respected and of how their privacy and dignity is prioritised		Yellow		
	2.4 Patients' and carers' complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently		Yellow		
3. Empowered, engaged and well-supported staff	3.1 Recruitment and selection processes are fair, inclusive and transparent so that the workforce becomes as diverse as it can be within all occupations and grades		Yellow		
	3.2 Levels of pay and related terms and conditions are fairly determined for all posts, with staff doing equal work and work rated as of equal value being entitled to equal pay		Yellow		
	3.3 Through support, training, personal development and performance appraisal, staff are confident and competent to do their work, so that services are commissioned or provided appropriately	Red			
	3.4 Staff are free from abuse, harassment, bullying, violence from both patients and their relatives and colleagues, with redress being open and fair to all	Red			
	3.5 Flexible working options are made available to all staff, consistent with the needs of the service, and the way that people lead their lives (Flexible working may be a reasonable adjustment for disabled staff or carers.)		Yellow		
	3.6 The workforce is supported to remain healthy, with a focus on addressing major health and lifestyle issues that affect individual staff and the wider population	Red			
4. Inclusive leadership at all levels	4.1 Boards and senior leaders conduct and plan their business so that equality is advanced, and good relations fostered, within their organisations and beyond		Yellow		
	4.2 Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination	Red			
	4.3 The organisation uses the "Competency Framework for Equality and Diversity Leadership" to recruit, develop and support strategic leaders to advance equality outcomes	Red			

ANNEX B

EQUALITY OBJECTIVES 2012

1. To provide more accessible communication to patients who have specific communication needs. The following areas will be the main focus under this objective.
 - a. Increase the use of the interpreting services for language, including sign language, by 2015
 - b. The most frequently used patient information documents to be in 'easy read' format, by 2016
2. To improve the patient experience, year on year, for patients across all 9 protected characteristics (under the Equality Act 2010) and additional marginalized² groups, through feedback obtained from patients and outreach activities.
3. To increase awareness of equality and diversity across the Trust by
 - a. reviewing and improving the equality and diversity training in 2012, ensuring staff competence is assessed
 - b. ensuring that at least 90% of staff have completed equality and diversity training by 2013
4. To reduce, year on year, the amount of bullying, harassment or abuse at work, experienced by staff from other staff (as reported in the staff survey).
5. To improve the capture and analysis of workforce and patient information by protected characteristic, by 2013.
 - a. 95% of patients records to include age, sex and race.
 - b. 95% of staff records to include data on disability, religion and sexual orientation. (Note, data on age, sex and race is already over 95%. Race data is currently being sought to ensure accuracy of the data held).
6. To support the University of Oxford Medical Sciences Division in achieving the Athena Swan Silver Award, by 2015. This award recognizes good employment practice for women working in science in higher education and research.

² Marginalized groups are those people whose voices are not routinely heard within health service developments in Oxfordshire.

ANNEX C: Staff and Patient Diversity Demographics, September 2012

Staff Demographics

Sex (gender)	Number	%	Marriage or Civil Partnership	Number	%	Race	Number	%
Female	8,300	77%	Married	4,727	44%	White - British	7,088	65%
Male	2,533	23%	Single	3,223	30%	Do not wish to disclose	824	8%
TOTAL	10,833	100%	Do not wish to disclose	2,170	20%	White Other	676	6%
			Divorced	490	5%	Asian or Asian British - Indian	588	5%
Religion or Belief	Number	%	Widowed	92	1%	Asian or Asian British - Any other Asian background	435	4%
Do not wish to disclose	4,759	44%	Legally Separated	87	1%	Other Ethnic Group - Any Other	391	4%
Christianity	4,332	40%	Civil Partnership	44	0.4%	Black or Black British - African	255	2%
Atheism	851	8%	TOTAL	10,833	100%	White - Irish	137	1%
Other	493	5%			Asian or Asian British - Pakistani	94	1%	
Hinduism	151	1%	Age	Number	%	Other Ethnic Group - Chinese	84	1%
Islam	147	1%	16-19	41	0.4%	Black or Black British - Caribbean	74	1%
Sikhism	37	0.3%	20-24	691	6%	Mixed or Mixed British - Any other mixed background	52	0.5%
Buddhism	36	0.3%	25-29	1,418	13%	Mixed or Mixed British - White & Asian	37	0.3%
Judaism	19	0.2%	30-34	1,525	14%	Mixed or Mixed British - White & Black Caribbean	29	0.3%
Jainism	8	0.1%	35-39	1,620	15%	Asian or Asian British - Bangladeshi	28	0.3%
TOTAL	10,833	100%	40-44	1,494	14%	Black or Black British - Any other Black background	26	0.2%
			45-49	1,363	13%	Mixed or Mixed British - White & Black African	15	0.1%
Disability	Number	%	50-54	1,241	11%	TOTAL	10,833	100%
No	6,725	62%	55-59	805	7%			
Do not wish to disclose	3,830	35%	60-64	457	4%	Race	Number	%
Yes	278	3%	65+	178	2%	White (British, Irish & Other)	7,901	73%
TOTAL	10,833	100%	TOTAL	10,833	100%	Asian or Asian British	1,145	11%
						Do not wish to disclose	824	8%
Maternity	Number	%				Other Ethnic Group	475	4%
Maternity & Adoption	315	3%				Black or Black British	355	3%
TOTAL	10,833	100%				Mixed	133	1%
						TOTAL	10,833	100%
Sexual Orientation	Number	%						
Heterosexual	5,939	55%				Race	Number	%
Do not wish to disclose	4,724	44%				White - British	7,088	65%
Bisexual	89	1%				Black and Minority Ethnic - inc. Irish & White Other	2,921	27%
Gay	58	1%				Do not wish to disclose	824	8%
Lesbian	23	0.2%				TOTAL	10,833	100%
TOTAL	10,833	100%						

Note: The same race data is reformatted in 3 different tables (see above)

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Patient Demographics

The 2011 Census reports for Oxfordshire are expected in November this year. It is expected that the racial diversity of the population of Oxfordshire has increased significantly in the last ten years; in which case the overall percentage of black and minority ethnic patients attending out- patient departments is potentially lower than the general population.

BME= people with black and minority ethnic heritage. The categorization changed for the 2011 census.

Outpatient visits 2011-2012. John Radcliffe, Horton and Churchill Hospitals.

April 2011- March 2012 Outpatients Total: 673,327	
White British	77%
White Irish	0.7%
BME	10.6%
Not stated	11.7%

Female Out patients 2011-2012 Totals: 380,996		Male Out patients 2011-2012 Totals: 292,280	
White British	75.68%	White British	78.7%
White Irish	0.63%	White Irish	0.7%
BME	11.29%	BME	9.9%
Not stated	12.4%	Not stated	10.7%

John Radcliffe, Horton and Churchill Hospitals 2011-2012

Total In patients 210,189		Total In patients: 210,189	
0<25	17.7%	Male	49%
25< 55	30.9%	Female	51%
55 <70	22%		
70<85	23.7%		
85+	5.6%		

Total in patients 210,189	
White British	79.6%
White Irish	0.7%
BME	12.3%
Not stated	7.4%

NOC Inpatient admissions by Race.2011-2012 Total: 9323	
White British	80.2%
BME	7.6%
Not stated	12.2%

NOC Inpatient Admissions by sex 2011-2012	
5021	53.9%
4302	46.1%
9323	100%

ANNEX D: WORKFORCE EDS ACTION PLAN 2012-13 SUMMARY

Ref.	AREA TO ADDRESS	ACTION	LEAD	DATE	PROGRESS
1	E&D data to be available and analysis possible, at each stage of the recruitment and selection process (application, shortlisting, offer, appointment)	On the next version launch of NHSJobs ensure each stage of the recruitment and selection process is updated	NS	Jan-13	14/6 Functionality in NHS Jobs will be easier, once launched, all team will be trained so applications can be tracked against the 6 protected characteristics through shortlisting, conditional offer and appointment.
2	More protected characteristics to be recorded on NHSJobs	Campaign with NHSJobs software provider to make improvements and include all protected characteristics in the E&D monitoring pages	NS	On-going	14/6 NHS Jobs confirm only collecting 6pcs. They are liaising with DoH and EHRC on this.
3	All posts to go through NHSJobs	All posts to go through NHSJobs to enable monitoring	NS	Jan-13	Very few posts do not go through NHSJobs e.g. Senior Managers
4	Changes to recruitment and selection policy (including Equality Analysis) and current practice/data to be discussed with staff side when appropriate	Data and analysis to be taken to Workforce E&D group and Equality Steering Group when available for information and discussion	NS	Dec-12	
5	Recruitment complaint process to be more visible	Recruitment complaint process to be more visible to those who may wish to make a complaint and a log of complaints to be monitored	NS	Dec-12	
6	Demonstrate equal pay for work of equal value across all groups	Equal pay audits to quality assure practice and outcomes.	VP	TBD	
7	Equal pay for work of equal value	Removal or R&R premium and COLS	KC	TBD	Consultation with staff side through JNSCC.
8	Equal pay for work of equal value	Harmonise 'on call' arrangements	KC	TBD	National agreement not made, each Trust to develop their own.
9	Robust job evaluation process	Review the job evaluation process including the constitution of the panels	JD	Complete	Job banding policy has been revised, consulted with staff side and approved in July 2012. Training for new panel members in October 2012.
10	Equality Analysis/EIA	Equality Analysis to be undertaken for all new and revised policies, procedures and processes	All	On-going	Equality Analysis undertaken for all new and revised workforce policies and procedures
11	Dealing with possible unfairness and quality assure practice and outcomes	Individual appeals and or grievances in relation to terms and conditions to be monitored	LT	TBD	No data available in this level of detail in HR currently. Process to be considered to monitor and record these
12	Improve data held in ESR on Equality and Diversity	Complete the E&D monitoring data input and improve the data entered by the ESR team	GA	Complete	General report on Trust demographics has been completed. Further analysis is now possible.
13	Appraisal data to be available in a system which records E&D data	Appraisal data to be entered onto ESR	VS	TBD	Progressing in ESR

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14	Personal development recorded in a system which can report against the protected characteristics	Training and development activities to be recorded and reported in a system linked to ESR (E&D data held)	IM	TBD	Only Stat and Mand training currently recorded. Other systems may exist by not linked to E&D data
15	Training and development reports to be available against protected characteristic	Reports to be produced by protected characteristic regarding S&M training, other training and development to identify potential issues	IM	Nov-12	Report requested for E&D training by protected characteristic to see if it can be done for Stat and Mand training (September)
16	All staff are competent to plan, procure or deliver services that are personal, fair or diverse to meet the needs of all communities	Equality Analysis (EIA) to be included in all policy documents; Training in E&D to include Equality Analysis	ESG	TBD	Equality Analysis form in place and embedded in policies. Revised training includes discussion on institutional discrimination and the importance of using the Equality Analysis
17	All staff are competent to plan, procure or deliver services that are personal, fair or diverse to meet the needs of all communities	Competence assessment to be completed for all staff regarding E&D. Percentage of staff having completed E&D training to be available	IM	TBD	Currently 49% have completed the E&D competency assessment successfully. More communications and another push required on all Stat and Mand training
18	Changes to learning and development policy and current practice/data to be discussed with staff side when appropriate	Initiatives, changes in policy, data and analysis to be taken to Workforce E&D group and Equality Steering Group when available for information and discussion	IM	TBD	Appraisal and induction to be reviewed. L&D arm in the Workforce Strategy and Action Plan
19	Dealing with possible unfairness and quality assure practice and outcomes	Review data on at least an annual basis or during any change. Individual grievances regarding unfairness regarding training, appraisals, personal development to be monitored	IM	TBD	No complaints received within L&D. Level of details is not available as it would happen with line manager. Exit interviews may in future provide more information when electronic.
20	Equality Analysis/EIA	Equality Analysis to be undertaken for learning and development strategies, policies and processes	IM	TBD	Work in progress
21	More protected characteristics recorded	Request that the staff survey includes all 9 protected characteristics (currently includes 6)	KT/VP	Complete	2012 Staff Survey includes all protected characteristics (due to improved core survey and local questions)
22	Review of B&H data and develop actions to address (include management, staff side and interested groups)	Project team convened to review B&H at the Trust	VP	July - December 2012	Project team set up and has regular meetings to develop and progress initiatives. Communication/ awareness campaign started
23	Cultural change	Values into behaviours, communicate and embed within the Trust	KT/VP	on-going	Values agreed. Behaviours are in development, when agreed more to be done regarding communication and the link with inappropriate bullying behaviours
24	Review of B&H policy and processes	Project team to undertake the review	VP	Dec-12	Policy being revised.

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25	Support for staff who suffer bullying and harassment	More support built into policy; relaunch the HSC initiative	VP	Dec-12	Over 100 staff have expressed an interest and 49 of these have progressed to the next stage. Training will be in December/January with a full launch in January 2013
26	Quality assure practice	Produce reports from ESR regarding B&H cases against pcs	VP	Oct-12	Insufficient numbers of formal B&H cases for statistical analysis. 2012 Staff Survey will provide more data.
27	Compare different protected groups and the extent of use of flexible working options	Report from ESR on the different PCs and the different flexible working options recorded in ESR e.g. Part time working	VP	Dec-12	
28	Compare different protected groups and the extent of use of flexible working options	Report using data from the staff survey 2012	VP	Mar-13	Flexible working question was removed from core staff survey in 2012. Question has been put in Local questions section of staff survey
29	Changes to flexible working policy and current practice/data to be discussed with staff side when appropriate	Data and analysis to be taken to Workforce E&D group and Equality Steering Group when available for information and discussion	LT	Dec-12	Currently in development
30	Unfairness and discrimination in the flexible working policy and process	Appeals regarding flexible working to be monitored	LT	Dec-12	No visibility of these currently. Process for monitoring and recording to be determined.
31	Recording of protected characteristics in the OH system	Campaign for more pcs to be added and/or establish links between ESR and current system to enable reporting	PP	On-going	Records are not fully computerised and OH and HR are looking at links to ESR and how these can be put into place to pick up Diversity staff data for reporting. <i>(The lack of data being addressed through the 2012 by staff survey)</i>
32	Monitoring OH events/interventions to demonstrate these are reaching all and in some cases particular protected groups for whom the event may be beneficial	Identify a means of recording event information in a format that can be reported and collect and store E&D information (or link to ESR)	PP	TBD	OH to identify a suitable means of recording of data on events/interventions. <i>(The lack of data being addressed through the 2012 staff survey)</i>
33	Staff side involvement in Health and Well-being	Initiatives, changes in policy, data and analysis to be taken to Workforce E&D group and Equality Steering Group when available for information and discussion	PP	Complete	Health and Well-being Strategy Group meetings includes staff side representatives as does the H&S Committee which meets quarterly
34	Improving the health and lifestyles of staff from protected groups	Identify examples of specific events/initiatives aimed to promote healthy lifestyles for staff from particular protected groups	PP	On-going	Various health promotions have been offered during the year including smoking cessation groups, health check, menopause sessions open to all staff to attend

ANNEX E: EDS Grading Targets and Prediction 2013

Goal	Outcome	Actual 2012	Predict -ed 2013	Target 2013	Target 2016
1. Better health outcomes for all	1.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities				
	1.2 Patients' health needs are assessed, and resulting services provided, in appropriate and effective ways				
	1.3 Changes across services are informed by engagement of patients and local communities, and transitions made smoothly				
	1.4 The safety of patients is prioritised and assured. In particular, patients are free from abuse, harassment, bullying, violence from other patients and staff, with redress being open and fair to all				
	1.5 Public health, vaccination and screening programmes reach and benefit all local communities and groups				
2. Improved patient access and experience	2.1 Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds				
	2.2 Patients are informed and supported so be as involved as they wish to be in their diagnoses and decisions about their care, and to exercise choice about treatments and places of treatment				
	2.3 Patients and carers report positive experiences of their treatment and care outcomes and of being listened to and respected and of how their privacy and dignity is prioritised				
	2.4 Patients' and carers' complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently				
3. Empowered, engaged and well-supported staff	3.1 Recruitment and selection processes are fair, inclusive and transparent so that the workforce becomes as diverse as it can be within all occupations and grades				
	3.2 Levels of pay and related terms and conditions are fairly determined for all posts, with staff doing equal work and work rated as of equal value being entitled to equal pay				
	3.3 Through support, training, personal development and performance appraisal, staff are confident and competent to do their work, so that services are commissioned or provided appropriately				
	3.4 Staff are free from abuse, harassment, bullying, violence from both patients and their relatives and colleagues, with redress being open and fair to all				
	3.5 Flexible working options are made available to all staff, consistent with the needs of the service, and the way that people lead their lives (Flexible working may be a reasonable adjustment for disabled staff or carers.)				
	3.6 The workforce is supported to remain healthy, with a focus on addressing major health and lifestyle issues that affect individual staff and the wider population				
4. Inclusive leadership at all levels	4.1 Boards and senior leaders conduct and plan their business so that equality is advanced, and good relations fostered, within their organisations and beyond				
	4.2 Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination				
	4.3 The organisation uses the "Competency Framework for Equality and Diversity Leadership" to recruit, develop and support strategic leaders to advance equality outcomes				

Equality and Diversity Assurance Checklist

Responsibility for completing the Assurance Checklist

Schedule 19 of the Equality Act 2010 lists the “responsible bodies” that must show compliance with the Equality Act 2010. This includes PCTs, NHS providers including NHS foundation trusts, and NHS commissioners. Completion of this template will enable these organisations to disclose their progress in meeting the **Public Sector Equality Duty** and also the **Equality Delivery System**. NHS Organisations not using the EDS also need to disclose their progress in meeting the Public Sector Equality Duty and therefore will find it useful to complete this checklist.

Embedding Equality into Procurement Strategy

Whenever one of a NHS organisation’s functions is carried out by an external supplier, the NHS organisation will remain responsible for meeting the Equality Duty. Therefore we have asked you to show how you are embedding equality considerations into your strategy on procurement.

Some healthcare providers that are not a part of the NHS, but which may work to contracts issued by NHS commissioners, may have to demonstrate compliance with the Equality Act 2010 and at the time of writing some Social Enterprises are using the EDS to demonstrate their progress. These providers will, therefore, find it useful to complete this checklist.

How information will be used

Further to an equality audit that was developed by the South West Social Partnership Forum earlier in 2012 which provided a snapshot of the preparedness of NHS organisations to meet the requirements of the Public Sector Duty, this checklist is being used to enable all NHS Organisations across the South of England to evidence how they are meeting the Public Sector Duty and their commitment to equality standards such as the EDS. The information captured on this checklist can not only feed and inform further DH audits but also serve as the South of England legacy for the emerging new NHS organisations.

Completing the checklist:

The checklist is a self-assessment with a RAG rating to show progression.



Completed



In Progress



Not started / Insufficient Progress

Completion of the checklist should be relatively straightforward. Please note the Evidence /Comments box is an opportunity to highlight the key evidence {quantitative or qualitative} that has helped inform your decision about your organisation's progression. Although this checklist is a summary of your progress when completing this document **please don't leave the Evidence/Comments box blank**. In the case of missing evidence please comment on the plans in place to collect it or comment on any further information you may need to fill an information gap. Not only is evidence that reflects the equality performance of NHS organisations central to the EDS, but also having due regard to the aims of the general equality duty means that a public authority has to have an adequate evidence base for their decision-making.

For any further information regarding completion of this checklist please contact:

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Equality and Diversity Assurance Checklist

Name of Organisation: Oxford University Hospitals NHS Trust	Equality/EDS Lead Officer: Jan Cottle Equality and Diversity Manager Vicki Parsons Human Resource Manager Nominated Executive Lead: Elaine Strachan-Hall. Chief Nurse.
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Date of Rating: 03/09/2012	RAG: {Please Colourfill}	Comments/Summary of reasons for Overall Rating:
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1. Publication

Publication	RAG	Evidence/Comments
Published EDS Grading		http://www.ouh.nhs.uk/about/equality/default.aspx EDS Grading is published on the website on link above.
Published other PSED evidence		Information and demographic detail is published on the website. More robust analysis of demographic detail is currently part of the work programme. 2010-2011 – Workforce and patient demographic detail is published. 2011-2012 Patient demographic detail is published with more analysis planned. Website link as above.
Published Equality Objectives		Easy read and more detailed version of objectives published on the Trust website. Link as above.

2. Engagement/Involvement

Engagement/Involvement	RAG for EDS process up to April 2012	RAG 2012-2013	Evidence/Comments
Voluntary/Community Sector			The NHS in Oxfordshire and the local Council for Voluntary Action (OCVA) shared in the organisation of a listening event for various voluntary sector groups and individuals from most of the protected characteristics. This event is mentioned as a prize winner in the NHS Good Engagement Conference Report. The results directly informed the grading process and the new equality objectives for this Trust. The easy read report is on the website. (DH EDS money funded)
Local Authorities			Mostly through the PCT to the local authorities.
LINKs/Healthwatch			LINKs participated in grading in March 2012..
Health and Wellbeing Boards	For PCT		In Oxfordshire provider Trusts are not included in Health and Well Being Board membership.
Staff/Trade Unions			Regular liaison with UNISON, with a member on the Equality and Diversity Steering Group.
Patients and Carers			Patient feedback, PALS and Complaints information is analysed for issues raised relevant to minimizing any potential to discriminate.
GPs/Commissioning Groups	For PCT		The PCT is developing EDS awareness with GPs.
Any other groups			Since April 2011; regular contact with people who have a disability and a local self-advocacy organisation for people with a learning disability. Plus a local carers organisation. BME Network event held with community members present.

3. Governance

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Governance	RAG as at August 2012	Evidence/Comments
E&D Lead in post		Post-holder commenced March 2012. With another person identified within Human Resources to lead on workforce issues.
Executive Lead appointed		Chief Nurse has Board responsibility for Equality and Diversity
Dedicated resources/Budget for E&D		Post holders identified – time resource. No separate identified budget. Estates have a budget for improving physical access/adapting physical environment.
Performance analysed and EDS grades agreed by Stakeholders	March 2012	Completed with Board approval in March 2012.
Evidence assembled for EDS grading by Stakeholders		Outcome of grading process published on website www.ouh.nhs.uk
Mechanism for Equality Analysis/ Equality Impact Assessment in use		Equality Analysis tool in place but process of analysis still needs improvement across the Trust. Policies are required to have a completed equality analysis prior to approval.
Equality Training and Awareness campaigns for staff		Staff training on-going. Regular awareness raising emails created E.g. festivals and events to promote the valuing of diversity.
Plans made for continued delivery of E&D Agenda in the new NHS Structure	Within an acute Trust	Structure currently in place. Annual work programme being progressed.
Support for staff who share a protected characteristic		Email addresses and activities for BME Network and email support for LGBT staff. Planning for support for people working with a disability.
Confirmation that Trust Board is appraised of E&D systems, assurance and progress against objectives.		Board paper March 2012: EDS and equality objectives approved. Equality Steering Group meets quarterly with responsibility to monitor progress. Board Governance Assurance paper planned for October 2012. Framework Annual work programme in use.
Equality Objectives embedded in Annual and Business Plans with regular reports to Board		Trust equality and diversity activity and equality analysis included in Business plan, Trust values and Quality Account.

		On- going work to extend ownership and improve
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4. Procurement

Procurement	RAG	Evidence/Comments
Procurement strategy in place that outlines equality priorities and responsibilities		Approved 2012
Equality Analysis undertaken {or planned} with consultation with suppliers, staff and end-users.		
Tenders published online and with widespread advertising of opportunities taking place to encourage a broad spectrum of applicants.		https://procure.bravosolution.co.uk/web/login.shtml
Basic equality and diversity training provided to procurement staff		11% of Finance and Procurement workforce currently have completed their competency for equality and diversity.

Any Other Comments?

07/09/2012: This checklist has not as yet been approved by the Clinical Governance or Workforce Committees.