

Trust Board Meeting in Public: Wednesday 12 July 2017

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<b>Title</b>	Equality, Diversity and Inclusion Annual Report 2016/17
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<b>Status</b>	For information
<b>History</b>	Equality, Diversity and Inclusion Annual Report 2015/16 Equality, Diversity and Inclusion Progress Report January 2017

<b>Board Lead(s)</b>	Susan Young, Interim Director of Workforce			
<b>Key purpose</b>	Strategy	<b>Assurance</b>	Policy	Performance

## Executive Summary

### 1. The purpose of this report is:

- To provide an update on the progress made against the Trust's Equality and Diversity Objectives, agreed in July 2016.
- To demonstrate actions that will be taken to advance these objectives for 2017/18.
- To provide assurance to the Trust Board that the Trust is compliant with its responsibilities under the Equality Act 2010 and, in particular the Public Sector Equality Duty (PSED), the Equality Delivery System 2 (EDS2) and the Workforce Race Equality Standard (WRES).

### 2. Progress has been made against all of the Trust's Equality, Diversity and Inclusion (EDI) Objectives 2016-2020. These are as follows:

- 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).
- To improve patient access and experience for individuals and communities who are currently under represented (through patient involvement and engagement opportunities).
- To improve workforce diversity and ensure equality at all levels.
- To reduce bullying, harassment, abuse and victimisation within the Trust workforce.
- To ensure that Trust's leaders and managers have the right skills to support their staff to work in a fair, diverse and inclusive environment.

### 3. Recommendations

The Trust Board is asked to:

- Note and approve the contents of this report.
- Publish this report within the public domain via the Trust's website.

## Equality, Diversity and Inclusion Annual Report

### 1. Purpose

- 1.1. Provide assurance to the Trust Board, that the Trust is meeting its legal requirements under the Equality Act 2010.
- 1.2. Report the progress made by the Trust on the actions outlined in the Workforce Race Equality Standard (WRES) action plan.
- 1.3. Report the progress made by the Trust on Equality, Diversity and Inclusion (EDI) objectives for 2016-2020.
- 1.4. Summarise the work planned going forward for year 2017/18.

### 2. Background

- 2.1. The Trust has statutory obligations under the Equality Act 2010 protecting the equality, diversity and inclusion of its staff and patients. Under the public sector equality duty (PSED) public sector bodies are required to demonstrate due regard to the need to:
  - 2.1.1. Eliminate unlawful discrimination, harassment and victimisation and any other conduct that is prohibited by the Act.
  - 2.1.2. Advance equality of opportunity between people who share a protected characteristic and those who do not.
  - 2.1.3. Foster good relations between people who share a protected characteristic and those who do not.
- 2.2. The Equality Act requires public sector bodies to publish relevant information to demonstrate their compliance with the PSED.
- 2.3. In July 2016 the Trust Board approved the EDI Objectives for 2016 to 2020, the action plan for 2016/17 and the Workforce Race Equality Standards Action plan (WRES) for 2016/17 which are published on the Trust's internet site.
- 2.4. The Interim Director of Workforce is the Trust Board member with responsibility for equality and diversity for the workforce across the Trust. The Chief Nurse is the Trust Board member with responsibility for equality and diversity for patients across the Trust. This paper has already been reviewed and approved by the Trust's Equality, Diversity and Inclusion Steering Group. The group is currently chaired by the Deputy Director of Organisational Development and Workforce and a Non-Executive Director also attends the group.
- 2.5. The Trust's progress with regard to EDI is also scrutinised externally through both staff and public panels as part of the EDS2 grading process. This is at a minimum of every four years but the Equality and Diversity Steering Group recommends that the panels are undertaken bi-annually in order to ensure regular scrutiny and

improvement. The Trust's last EDS2 grading panel was held in 2016 and it is anticipated that the Trust's next panel will be held in 2018.

### **3. Summary of Progress against the Equality, Diversity and Inclusion Objectives 2016-2020**

3.1. The EDS2 Equality, Diversity and Inclusion Objectives for 2016-2020 were endorsed by the Equality and Diversity Steering Group in May 2016, approved by TME and received final approval by the Trust Board in July 2016. To ensure the Trust delivers against the Trust's objectives, the Trust Board also approved a 2016/17 high level action plan. This section outlines the progress achieved to date:

#### **OBJECTIVE ONE: 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)**

##### **Patient Experience**

3.2. The Trust has undertaken the following to support patients with a variety of religious and cultural needs:

3.2.1. Increased the number of volunteer chaplains from minority and non-Christian religions or belief systems to provide support to patients from diverse backgrounds.

3.2.2. A proposal has been submitted for a new, fit-for-purpose, multi-faith chaplaincy, to be established at the John Radcliffe Hospital site.

3.2.3. A Standard Operating Procedure has been developed, and is currently under consultation on how the Trust manages the rapid release of deceased patients' bodies to meet religious and cultural needs.

3.3. There are extensive overnight facilities for parents of children who are spending long periods of time in hospital.

3.4. The Interpreting & Translation Service has been reviewed to provide a service with increased flexibility and responsiveness. In addition, new three-way telephones are being introduced to improve the service and Skype for Business will be piloted in 2017.

3.5. Patient stories have been heard and insights gained from a diverse range of people from different backgrounds and with a range of conditions including: young and elderly people, carers, people from black and minority ethnic groups and those with long term physical and learning disabilities. These are used as a learning tool for staff.

## Patient Safety

- 3.6. The Trust has undertaken the following to support patients with dementia, their carers, and their families:
- 3.6.1. The Dementia education programme for staff has been revised and the number of staff receiving each tier of training is monitored.
  - 3.6.2. The monthly Dementia information café has provided support and information for over 70 members of the public, patients and staff.
  - 3.6.3. People with dementia who have been given ‘finger food’ boxes as a pilot with the standard main meal. The Dementia Steering Group plans to implement this more widely working collaboratively with the Trust’s catering suppliers.
  - 3.6.4. Activity Coordinators have been appointed across three wards at the John Radcliffe Hospital to help embed the use of a range of activities to support people with Dementia and other cognitive impairments.
  - 3.6.5. The Trust has increased access for carers of people with dementia in the hospital, through the endorsement of John’s Campaign<sup>1</sup>.
- 3.7. The Rose clinic continues to support women who have been victims of Female Genital Mutilation (FGM).
- 3.8. There is an increased drive to support victims of domestic abuse with the Trust’s “Think Family Approach”.

## Clinical Effectiveness

- 3.9. A new Transition from Children’s to Adult’s Services Policy has been developed, consulted on and ratified by the Clinical Policy Group.
- 3.10. Work is underway with Oxford Health NHS Foundation Trust, the Trust’s Safeguarding and Learning Disability team to deliver Acute Liaison Services for people with complex physical health needs, and Profound and Multiple Learning Disabilities (PMLD).
- 3.11. In March 2017, Autism Oxford provided training to 30 members of staff on how to support people with autism and their carers. Feedback was very positive and staff felt more confident in their knowledge and abilities after the session.
- 3.12. The Trust has been collaborating with public health colleagues and local partners to undertake a gap analysis identifying health and wellbeing inequalities across the

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<sup>1</sup> John’s Campaign promotes the collaboration of carers and staff in supporting people with dementia; <http://johnscampaign.org.uk/>

Oxfordshire County. This is an emerging area of work relating to protected characteristics as referred to in the Equality Act 2010.

- 3.13. Trends in the equality information from the Datix reports are being explored in order to investigate incidents related to patients with protected characteristics and inform service improvements.
- 3.14. Bespoke training sessions have been given to staff who are developing policies on how best to undertake Equality Impact Assessments.

**OBJECTIVE TWO: To improve patient access and experience for individuals and communities who are currently under represented (through patient involvement and engagement opportunities)**

- 3.15. Ten lay partners with the Trust received training to learn how to increase their impact in health and social care developments. This was delivered by the Academic Health Sciences Network (AHSN). Further training will be held in July 2017 for people new to patient and public involvement.

**Accessible Information Standard (AIS)**

- 3.16. A Trust-wide Accessible Information Standard Implementation Group has been established in order to ensure the standard is effectively rolled-out. As part of this a detailed programme of work has been developed to inform improvements to addressing the information and communication support needs of patients with a disability, impairment and sensory loss. Current work includes hearing from patients about their experience through focus groups and a survey to inform improvements. The Trust is benchmarking its work plan with other Trusts in complex organisations.

**Support for Carers**

- 3.17. Over 300 carers via drop-in 'surgeries' and other events were supported during the period through the partnership with Carers Oxfordshire.
- 3.18. A Carers Identification' survey was completed by 134 staff, across the 6 divisions which has helped inform training and improvements to the service. Over 70% of respondents said that they had received no formal or informal training to support or identify carers in their role; over 50% said they would not know where to direct a carer who needed support and nearly 30% of respondents said they would class themselves as a carer. When the revised carers policy is launched later this year, there will be an awareness raising campaign which include both advice for staff on how to support carers in hospital as well as information about support services in the community which are available to all carers including staff who are carers.

**Public Partnership Groups (PPGs)**

- 3.19. A programme of work supporting the Trust's 16 Public Partnership Groups is underway in order to build capacity and increase representation within these groups.

- 3.20. The Maternity Voices Public Partnership Group (PPG) was established in 2016 and has developed a strategy for involvement which has undergone internal and external consultation.
- 3.21. A Public Partnership Group (PPG) meeting was held in December 2016 during which representatives from the groups discussed support and how to share learning, impact and best practice. Each PPG provided a summary of the work they had achieved over the past year which they shared with the Chief Nurse. Members covered a range of demographics and included those of different ages, genders and with disabilities.

**OBJECTIVE THREE: To improve workforce diversity and ensure equality at all levels.**

**Workforce Race Equality Standard**

- 3.22. The 2017 Workforce Race Equality Standard (WRES) submission is due 1<sup>st</sup> August 2017. Going forward, the Trust will focus on two or three areas of improvement for the year and root cause analysis will be conducted to ensure the actions taken will have the greatest impact.
- 3.23. The Race Equality Action Group has been progressing actions as a result of last year's WRES submission. Currently the group are:
- 3.23.1. Held a Listening into Action event (June 2017) to discuss the views of Black and Minority Ethnic (BME) staff concerning career development and progression,
  - 3.23.2. Developing a plan of events for Black History Month (October 2017) to engage staff with issues that BME staff may face,
  - 3.23.3. Running interview skills workshops for primarily BME staff in order to help address gaps in progression. Three sessions have been run so far and these will be continuing. The group is also exploring the development of further training and development opportunities for BME staff.
- 3.24. In response to the 2016 EU referendum, the Trust immediately outlined its support for EU and International Staff and this will remain a focus for 2017/18 as events unfold and new information is available, the Trust is committed to supporting both patients, carers and staff from EU and International Backgrounds.

**Workforce Disability Equality Standard**

- 3.25. The Trust is a pilot site for the Workforce Disability Equality Standard (WDES) before it becomes mandatory in April 2018. In preparation for this, the Trust will be using the draft metrics to establish a baseline within the Trust and create an action plan for disability equality – as the Trust does for WRES.

## Pay Gap Reporting

- 3.26. In April 2017 gender pay gap reporting became a statutory requirement, with a report due by March 2018. This will be completed as per the requirements set by the Government Equality Office. This report will then be published on the Trust's website and any actions incorporated into the Trust's Equality, Diversity and Inclusion Action Plan.
- 3.27. In addition to requirements, the Trust worked with Professor Carol Woodhams, of Exeter University, to conduct analysis of pay gaps across the organisation reviewing the potential impact of all measurable protected characteristics across divisions, departments and pay bands. This Trust will continue to work with Professor Woodhams to review our data.

## LGBT+ Inclusion

- 3.28. Work has started on increasing messaging around LGBT+ (Lesbian, Gay, Bisexual, Transgender, and other sexual or gender minorities) inclusion within the Trust. In February 2017, LGBT+ History Month, a poster campaign was created highlighting the contributions of LGBT+ people to healthcare. This work is to build momentum towards the creation of an LGBT+ Equality Staff Network which will aim to provide support and advice for Trust employees, and to raise awareness of LGBT+ issues relating to staff, patients, and service users.

## **OBJECTIVE FOUR: To reduce bullying, harassment, abuse and victimisation within the Trust Workforce**

- 3.29. Addressing bullying and harassment is one of the Trust's priorities following on from the results of the 2016 staff survey and work on this area is proactively endorsed by Dame Fiona, the Trust Chairman.

## Procedure for Addressing Bullying and Harassment

- 3.30. The Trust Bullying and Harassment Procedure has been overhauled in response to feedback from across the Trust and has been renamed the 'Respect and Dignity at Work (Preventing Harassment and Bullying) Procedure' to bring focus onto positive behaviours the Trust would like to promote. The new procedure will also improve monitoring of both formal and informal cases allowing for better data on how issues are related to protected characteristics, thereby increasing the Trust's capacity to take a proactive approach with such issues.

## Values into Action Conference

- 3.31. A Values into Action Conference is planned for July 19th with a focus on Bullying and Harassment. The Conference is aimed at Trust leaders to obtain organisational commitment to continued cultural change in the area of bullying and harassment. The key objectives of the conference are to share context, relevance, strategies and participation in leading the cultural change required to address some of these challenges through the embedding of the Trust's Values in the behaviours needed to eradicate bullying and harassment.



## **Bullying and Harassment Training**

3.32. The Line Managers Toolkit Training on Bullying and Harassment has been updated and the length of the training has been increased from 1 hour to 1.5 hour. The increased time allows for great focus upon bullying behaviours and enabling managers to identify potential issues before they are able to deteriorate. There have also been briefing sessions given to teams across the Trust on behaviours that constitute bullying and harassment and also how these behaviours differ from the Trust's people and performance management procedures.

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

## **Dedicated Resource**

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

3.33.1. Equality, Diversity and Inclusion Officer

3.33.2. Equality and Diversity Manager (Patient Experience).

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

## **Equality Impact Assessments**

3.35. New guidelines for how the Trust conducts equality impact assessments (EIAs) have been produced in order to better enable the trust to meet the Public Sector Equality Duty. These guidelines contain a new template to help ensure that new policies, services or functions not only do not negatively impact any people with protected characteristics but also take a proactive approach in making a positive impact for these people. The guidelines also encourage further evidence collection and consultation.

3.36. The new process now requires sign off by one of the Trust's EDI leads to ensure that they have been conducted in a consistent manner and that all assessments are of adequate quality. Training will be provided on how to conduct equality impact assessments to ensure that all staff needing to conduct one have the skills to do so.

## **Employers Network for Equality & Inclusion (ENEI) E-Quality Benchmarking Scheme**

3.37. The Trust has taken part in the ENEI E-Quality Benchmarking Scheme. The scheme is an online questionnaire that assesses the performance of the Trust with regard to EDI and ranks it against other organisations. The Trust entered its submission at the end of April 2017 and a report was received June 2017.

3.38. The report shows that the Trust was ranked 22<sup>nd</sup> out of 44 comparable organisations with a score of 49/100 overall. One area which the Trust performed particularly well

on, was 'External Relations' including, including policies for encouraging diversity in supply chains.

- 3.39. The report is currently being analysed to identify areas for improvement; actions will be taken from this report and included within the EDI action plan 2017/18.

## Training

- 3.40. A new training provision has been produced, called "Understanding Unconscious Bias", to help enable staff to recognise and identify any biases they or others may have and then take action to mitigate them. Currently the training is set up to run once every two months; however more sessions will be scheduled due to high demand.
- 3.41. In addition to this new provision, the Trust's Statutory and Mandatory training on EDI has been refreshed to bring in greater awareness of health inequalities, the importance of equality monitoring and further reference to the benefits of good EDI practice.

## Sharing Best Practice and Improving Networks

- 3.42. The Trust has been building networks with other Trusts in order to share best practice and collaborate to achieve better outcomes with regard to Equality, Diversity and Inclusion. Part of this includes regular meetings with Equality Leads at local Trusts (South Central Ambulance Service, Oxford Health NHS Foundation Trust, Oxfordshire Clinical Commissioning Group and Buckinghamshire Healthcare NHS Trust). There are also visits being arranged to Shelford Group Trusts and Trusts that were part of the NHS Employers Diversity Partners Programme 2016/17 in order to benchmark.
- 3.43. To increase the Trust's networking opportunities, the Trust has joined the NHS Employers Diversity Partners Alumni Programme.

## 4. Equality, Diversity and Inclusion Action Plan July 2017 to June 2018

- 4.1. Following on from the progress made over the past year a high-level action plan has been created for the forthcoming year detailing key actions and campaigns that will be undertaken across the Trust. The Action Plan is provided in **Appendix 1**.
- 4.2. The Action Plan is a live document and will be updated throughout the year with further actions as progress is made to ensure momentum going forward, and to allow the Trust to keep up-to-date with changes in legislation, statutory requirements and best practice.
- 4.3. Progress against the Action Plan will be reported every 6 months to the Trust Board via an Update Paper in January each year and the Equality, Diversity and Inclusion Annual Report in July 2017. Progress against the Action Plan will also be reported to the Trust's Equality, Diversity and Inclusion Steering Group every 2 months.

4.4. The Action Plan is aligned with the Trust's Equality, Diversity and Inclusion Objectives and with EDS2. A full list of EDS2 Goals and Outcomes can be found in **Appendix 2**.

## 5. Summary

5.1. The obligations placed upon the organisation by the legislative framework, other public sector requirements and in particular NHS Standards associated with equality, diversity and inclusion are entirely consistent with the Trust's core values. An appropriate equality, diversity and inclusion governance and resource structure has been established, and through recent staff and public involvement, in the EDS2 assessment process, five principal objectives are being pursued. At the heart of these objectives is a resolve to further influence organisational culture by promoting a workplace which respects and values diversity, recognises and meets the needs of staff and patients who have protected characteristics, and promotes an environment in which bullying, intimidating or violent behaviour has no place.

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

5.3. The report also details the key actions that will be taken over the year ahead, July 2017 to June 2018. These actions stem from the Trust's EDI Objectives 2016-2020, and represent current and emerging work streams from across the Trust. The EDI Action Plan also incorporates key actions to meet the Trust's other statutory and mandatory requirements.

## 6. Recommendation

6.1. The Trust Board is asked to receive and note this annual report.

Susan Young  
Interim Director of Workforce

### Main Contributors

Tommy Snipe, Workforce Equality, Diversity and Inclusion Lead  
Surendra Shroff, Patient Equality, Diversity and Inclusion Lead  
Rachel Taylor, Public Engagement Manager  
Liz Wright, Deputy Chief Nurse

**July 2017**

### Appendix 1: Equality, Diversity and Inclusion Action Plan July 2017 to June 2018

The following is a high-level action plan detailing key actions, campaigns and work that will be undertaken across the Trust over 2017/18. The Trust EDI Action plan is a live document and will be continuously updated during the year. For actions with a relationship to EDS2 please see **Appendix 2** for further information.

Action	Relationship to Standard	Lead	Due	Success Measure
<b>Objective 1:</b> 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).				
Map relevant policies to the Trust's Quality Priorities and establish a rolling programme of Equality Impact Assessment (EIA)	EDS2 1.1	Patient EDI Lead	September 2017	All of the Trust's relevant policies have an EIA and are aligned with Quality Priority improvements
Establish the online equalities information repository and build a credible evidence base	EDS2 1.2 & 1.3 AIS	Patient Experience Team	June 2018 with a minimum of three case studies	Increased access to and availability of relevant equality data
Produce the Accessible Information Standard (AIS) gap analysis report and implementation plan	EDS2 1.4, 1.5 & 2.1 AIS	Patient EDI Lead	July 2017	Areas for improvement in relation to the AIS identified
Roll-out and ensure effective compliance with the AIS across each of the hospital sites in pilot areas	AIS	Deputy Chief Nurse	March 2018	AIS implemented in full across the hospital sites in pilot areas
Evaluate pilot and inform improvements to implement the AIS	EDS2 1.5	Patient EDI Lead	June 2018	AIS roll-out completed with toolkit in place

Review current provision and inform improvements to services for patients with mental health conditions and those with learning disabilities to reduce health inequalities	EDS2 1.4	Head of Safeguarding	Review completed and action plan produced – March 2018	Action plan to reduce health inequalities for patients with mental health conditions and with learning disabilities in place
Establish a baseline and monitor patient safety for patients with protected characteristics	EDS2 1.5 & 2.1	Clinical Governance lead	December 2017 with annually reporting to Clinical Governance	Improved patient safety record for patients with protected characteristics
Map Trust screening services to health inequality profiles for different patient groups and produce clear baselines to improve the level of service take-up	EDS2 2.1	Information Team	June 2018.	Increase in the level of service take-up of health screening services by different patient groups
<b>Objective 2: To improve patient access and experience for individuals and communities who are currently underrepresented (through patient involvement and engagement opportunities).</b>				
Undertake access survey across Trust hospitals involving different patient groups	EDS2 2.3	Interpreting and Clinical Patient Information Officer	December 2017	Increased access to patient information and communication support services
Evaluate and roll-out the Oxford Eye Hospital Co-production project to improve patient experience	EDS2 2.2	Public Engagement Manager	June 2018	Improved patient experience
Evaluate implementation of the Carers Policy and address key issues arising from the review of Patient Advocacy Services	EDS2 1.1 & 2.1	Patient Experience Project Manager	June 2018	Increased engagement with carers from BME backgrounds
Review Trust Foundation Membership and ensure it reflects people the Trust serves	EDS2 2.3	Foundation Trust Governor and Membership Manager	September 2017 with an action plan in place to improve membership composition over the plan period	A locally reflective Trust membership base

Establish a rolling programme of inter-cultural events sponsored by the Chaplaincy Team which engages all the range of faith advisors, staff and patient groups	-	Lead chaplain	From October 2017	Increase in the level of cultural awareness among staff and patients
Refresh annually the EDS2 evidence on and organize biannually the EDS2 Grading Panel	EDS2	Patient EDI Lead	September 2017 & June 2018	Increased engagement and level of patient and public scrutiny
Build on 'Positive Experiences' work undertaken and publish an evaluation outcomes account of Trust services and its impact on different patient groups	EDS2 2.4	Public Engagement Manager	June 2018	Good practice evidence base
Introduce equality monitoring across the complaints service	EDS2 2.4	Head of Complaints	December 2017 with quarterly reports	Increased effectiveness of complaints monitoring
Review progress on the black and minority ethnic patients and carers complaints project undertaken in collaboration with Oxford Brookes	EDS2 2.4	Patient EDI Lead	September 2017.	Improved access to the complaints service
<b>Objective 3: To improve workforce diversity and ensure equality at all levels.</b>				
Improve disclosure rate on workforce equality monitoring data	-	Workforce Information Team and Workforce EDI Lead	May 2018	At least 90% response rate for all measured protected characteristics
Conduct Root Cause Analysis on WRES Metrics	WRES	Workforce EDI Lead	August 2017	Actions are created for 2017/18 to address at least two priority areas in WRES. Actions are added to Trust EDI Action Plan
Conduct Root Cause Analysis on WDES Metrics	WDES	Workforce EDI Lead	August 2017	Actions are created for 2017/18 to address at least two priority areas in WDES. Actions are added to Trust EDI Action Plan

Set up a staff LGBT+ Staff Network	-	Workforce EDI Lead	October 2017	Network set up with established Chair(s) and Terms of Reference
Set up a staff Women's Staff Network	-	Head of Corporate Services	October 2017	Network set up with established Chair(s) and Terms of Reference
Set up a staff Disabled Staff Network	-	Workforce EDI Lead	October 2017	Network set up with established Chair(s) and Terms of Reference
Produce Gender Pay Gap Report to meet statutory requirements	Pay Gap Reporting	Workforce Information Team	March 2018	Report produced and place in the public domain via the Trust's website
Review Pay Gap Study and conduct deeper research	Pay Gap Reporting	Workforce EDI Lead	July 2017	Potential improvements identified and action plan created
<b>Objective 4: To reduce bullying, harassment, abuse and victimisation within the Trust Workforce.</b>				
Recruit new Respect and Dignity Ambassadors	EDS2 3.4	Bullying and Harassment Lead	December 2017	At least 30 Respect and Dignity Ambassadors recruited and trained
<b>Objective 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.</b>				
Identify Board Champions for Protected Characteristics	EDS2 4.1	Workforce EDI Lead and Exec Board	March 2018	Have Board Champions identified for at least 5 of the protected characteristics; covering Race, Sex, Sexual Orientation, and Disability
Introduce guidelines on religious leave	EDS2 3.5	Workforce EDI Lead	September 2017	Guidelines are created and communicated to staff

Create a brand for Equality, Diversity and Inclusion within the Trust – Personal, Fair and Diverse Campaign	-	Workforce EDI Lead & Patient EDI Lead	May 2018	Brand produced and all Trust EDI work brought in with that brand
Develop and deliver training on Equality Impact Assessments	EDS2 4.2	Workforce EDI Lead	Training developed August 2017 and delivered continuously therein	Also, at least one member of HR from each division trained up to sign-off EIAs
Review feedback from ENEI E-Quality Benchmarking	ENEI E-Quality	Workforce EDI Lead	July 2017	Reviewed and action plan created



## Appendix 2: EDS2 Goals and Outcomes

Goal	Outcome
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
	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