

Trust Board Meeting in Public: Wednesday 11 July 2018

TB2018.66

<b>Title</b>	<b>Equality, Diversity and Inclusion Annual Report 2017/18</b>
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<b>Status</b>	For information
<b>History</b>	Equality, Diversity and Inclusion Annual Report 2016/17 Equality, Diversity and Inclusion Progress Report January 2018

<b>Board Lead(s)</b>	John Drew, Director of Improvement and Culture Sam Foster, Chief Nurse			
<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 Equality and Diversity Objectives, agreed July 2016.
- To demonstrate the priority areas of work that will be undertaken over 2018/19.
- To provide assurance to Trust Management Executive that the Trust is compliant with its responsibilities under the Equality Act 2010 and, in particular the Public Sector Equality Duty (PSED), the Accessible Information Standard (AIS) and the Workforce Race Equality Standard (WRES).

### 2. Progress has been made against all of the Trust's Equality, Diversity and Inclusion Objectives 2016-2020. These objectives 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 individual and communities who are currently underrepresented (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 leaders and managers have the right skills to support their staff to work in a fair, diverse and inclusive environment.

#### Progress made includes:

- The continued implementation of the Accessible Information Standard.
- The submission of the 2017 Workforce Race Equality Standard Report and creation of associated action plan.
- A refresh of the Equality Delivery System 2 for Patient Experience.
- Set-up of staff networks.

### 3. Priorities from July 2018 to June 2019 have been decided upon. These include:

- Improving data quality relating to protected characteristics for both staff and patients.
- Communication and promotion of the new visual identity for EDI.
- Further development of staff networks.

### 4. **Recommendations**

The Trust Board is asked to:

- Note and approve the contents of this report.
- Support further progress on the Trust's Equality, Diversity and Inclusion Action Plan

## Equality, Diversity and Inclusion Progress Report

### 1. Purpose

- 1.1. Provide assurance to the Equality, Diversity and Inclusion Steering Group that the Trust is meeting its legal requirements under the Equality Act 2010.
- 1.2. Report the progress made by the Trust on Equality, Diversity and Inclusion objectives for 2016-2020.
- 1.3. Summarise the work planned going forward for July 2018 to June 2019.

### 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. The public sector equality duty (PSED) is the requirement that public sector bodies have 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 Equality, Diversity and Inclusion Objectives for 2016 to 2020.
- 2.4. The Trust's EDI Action Plan 2017/18 was approved by Trust Board in July 2017 and the Workforce Race Equality Standard (WRES) action plan was approved in November 2017. Both are available on the Trust's external site.
- 2.5. The Director of Culture and Improvement 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.
- 2.6. It was agreed at the July 2016 Trust Board that a progress update on the Equality, Diversity and Inclusion Action Plan would be seen at six-monthly intervals.

### 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 Trust Board in July 2016. A high-level action plan was produced and approved alongside the objectives and was refreshed for 2017/18. The renewed action plan was approved by Trust Board in July 2017 to make further progress against these objectives. This section outlines the progress achieved since July 2017:

**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. There have been improvements in quality of the provision of face to face, telephone interpreting and community language support for patients who are deaf or hard of hearing, patients from black and minority ethnic communities particularly those who do not speak English sufficiently to discuss and understand their care, and patients from new migrant communities. Over the period 2017/18, the Interpreting & Translation Services provided appropriate communication support to patients through a total of 3,200 interpreting and translation sessions.
- 3.3. Work was undertaken to revise the review of face to face interpreters to ensure appropriateness, update the policy for interpreting and translation including service standards to highlight the ethical issues involved with family translation in clinical situations i.e. domestic abuse.
- 3.4. The Trust has continued provision of Browse Aloud on the Trust's external website, to assist users with dyslexia, learning disability, visual impairment. Over 142,000 people between June 2016 and May 2018 have accessed this facility.
- 3.5. Work was undertaken to increase accessibility at the Oxford Eye Hospital, including:
  - 3.5.1. Introduction of Floor signposting at the Oxford Eye Hospital
  - 3.5.2. Introduction of yellow badges for staff to aid those with eyesight problems.
  - 3.5.3. Additional volunteer support provided through the Eye Hospital and Oxfordshire Association for the Blind to assist patients attending outpatient clinics.
- 3.6. Work was undertaken to carry out a health equity audit to assess whether different groups access eye screening services in an equitable way.
- 3.7. Provision of private rooms in the specialist surgery wards for treatment and recovery of transgender patients.
- 3.8. Development of guidance to assist staff in how to correctly manage the needs of transgender patients. Example: these patients are given appointments with time blanked out on either side to afford them extra privacy in clinic.
- 3.9. Work was undertaken to establish a team of mental health champions within the service.
- 3.10. Work was undertaken jointly by the local chaplain and renal services to help support patients with difficult decisions regarding dialysis.
- 3.11. Development of a pathway guide to assist with cancer management of patient who are pregnant.
- 3.12. Commencement of the Children's Diabetes education programme on different topics, including sport and exams.
- 3.13. Establishment of the 'Think Father' working group.
- 3.14. Introduction of psycho-social services as part of Cancer and Palliative Care provision

- 3.15. Seamless care provision for patients with dementia involving social services, primary care, community hospitals and Age UK, Dementia Action Alliance, Alzheimer's Society and others.
- 3.16. Allocation of patients to observable quiet areas on wards to reduce sensory stimulation, and using ambulatory assessment areas rather than the emergency departments, where appropriate.
- 3.17. Use of coloured curtains and bed covers to help patients recognise their surroundings.
- 3.18. Change to open visiting on Neonatal units based on parent and staff feedback. Wider consultation held on open visiting across the Trust involving FT members and staff.
- 3.19. Outreach palliative care services for supporting those who are homeless offered through O'Hanlan House and Luther Street surgery.
- 3.20. Work was undertaken to support patients from the LGBT+ community to access cancer and end of life care support.
- 3.21. Provision of Sexual health clinics in the local community to support patients and visits to the local prison to support prisoners and their families.

### **Patient Safety**

- 3.22. Steps taken to record incidents using Datix whereby patient's care has been affected for example monitoring of incidents involving patients with learning disabilities, etc.
- 3.23. Work was undertaken to implement Multi Agency Neglect Strategy focusing on the needs of vulnerable patient groups with protected characteristics.
- 3.24. Work was undertaken by the Safeguarding Team to identify vulnerable patient groups, i.e. under consensual age, looked after children etc.
- 3.25. Provision of safeguarding training to staff.
- 3.26. Development of a new special enhanced observation guideline to assist staff in making risk assessment and decisions related to enhanced observations in clinical areas in order to maintain patient and staff safety.
- 3.27. Implementation of the structured judgement reviews (SJR) in relation to patients with learning disabilities to assess any care quality concerns.
- 3.28. Measures taken to improve the safe provision of care for patients lacking in mental capacity according to the Mental Capacity Act (MCA) 2005.
- 3.29. Increased use of registered mental health nurses and piloting a Trust initiative of specialising competencies for non-registered staff.
- 3.30. Effective use of the Self-harm proforma.
- 3.31. Provision of training for staff across Sexual Health within genitourinary (GUM) medicine and contraception to improve awareness of diverse needs of people with protected characteristics.
- 3.32. Services for women who have been victims of Female Genital Mutilation through the Rose clinic.
- 3.33. Introduction of on-admission cognitive screening, diagnosis, and documentation for patients over the age of 70 years old to identify dementia and cognitive impairment.

**Clinical Effectiveness**

- 3.34. Introduction of electronic recording of DNACPR (Do Not Attempt Cardio Pulmonary Resuscitation) to ensure effective monitoring of patients from protected characteristics.
- 3.35. Triaging patient groups on operating lists e.g. depending on age, co-morbidities, and individual needs.
- 3.36. Services offered by ICU Follow up team to support patient transition to ward based care and beyond discharge –including provision of psychological support as well as physical.
- 3.37. Individualised care plans and hospital passports used for patients with complex needs.
- 3.38. Work undertaken to monitor and review hydration and nutrition using the MUST tool to ensure quality and accuracy of assessments for vulnerable patient groups particularly patients with dementia.
- 3.39. Services provided by the Inflammatory Bowel Disease (IBD) transition clinic to support young people transitioning from paediatrics services.

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

- 3.40. Development of a new Changing Places facility in collaboration with service users at the JR with a view to future work to be undertaken in the Oxford Centre for Enablement (OCE) to meet the needs of persons with complex disabilities and their carers.
- 3.41. Work was undertaken to further develop and implement the Accessible Information Standard (AIS). This included:
  - 3.41.1. Introduction of the 'Meeting Patient Information & Communication Support Needs' pilot across ENT & ED to implement the AIS;
  - 3.41.2. The establishment of an AIS Public Partnership Group;
  - 3.41.3. The development of an AIS toolkit and work book;
  - 3.41.4. The embedding AIS requirements across the 'Digitised Nursing Care Record' pilot at the NOC and the OUH Patient Portal.
- 3.42. Work was undertaken to organise the Patient Services Equality Delivery System (EDS2) Public Grading Panel event in June 2018 to be held biannually.
- 3.43. Support provided to the Trust's 16 Patient Public Partnership groups to build capacity, guidance and increase representation within these groups.
- 3.44. Work was undertaken to identify and agree future patient services equality and Trust Quality priorities.
- 3.45. Work was undertaken to carry out an annual review and refresh the Trust's Patient and Public Involvement Strategy which was submitted to the Trust Board in January 2018.

**OBJECTIVE THREE: To improve workforce diversity and ensure equality at all levels.****Workforce Race Equality Standard**

- 3.46. The Trust submitted the required data for the Workforce Race Equality Standard (WRES) 2017 submission by the August 1<sup>st</sup> deadline.
- 3.47. Following this a report and action plan was produced and approved by Trust Board in November 2017. Production of the report involved consultation with BME staff as well as other key stakeholders helping to ensure engagement with them throughout the process and that the recommendations made as a result were fit-for-purpose.
- 3.48. The report and action plan primarily focussed on the areas of recruitment and career development to allow for greater focus and increase capacity to create positive change.
- 3.49. Since the publication of the report, the following actions to support the WRES have been taken:
- 3.49.1. The Trust's Secondment procedure has been updated to include Acting Up and introduced mechanisms for monitoring this ensuring that these development opportunities are applied fairly;
  - 3.49.2. Recruitment training has been produced with a pilot having run in May 2018. This training is going to be rolled out across the Trust from August 2019;
  - 3.49.3. Development of guidance for managers on how to give feedback to applicants in the recruitment process;
  - 3.49.4. Issues surrounding bullying and harassment are being addressed with a new procedure for dealing with issues being produced. The new procedure includes strengthened monitoring procedures allowing the Trust to better understand where incidences are happening due to a protected characteristic. Further detail on this is found under Objective Four in the report;
  - 3.49.5. Consideration has been given to how to increase the diversity of the Trust Board, with instructions given to the Trust's external recruitment agency to develop their search criteria. This has resulted in an increase of racial diversity amongst the pool of applicants for the most recent non-executive director post.

**Disabled Staff Experience**

- 3.50. With the forthcoming introduction of the Workforce Disability Equality Standard (WDES) in Summer 2019, work has been underway to establish a baseline in terms of disabled staff experience within the Trust.
- 3.51. This work included a Listening into Action event on the topic of Support Disability in the Workplace, held on May 2<sup>nd</sup> 2018. The event was attended by 34 members of staff and provided a space for attendees to discuss their experiences of disability in the workplace and what the Trust can do to improve disabled staff experience. The event was well-received and attendees gave a large amount of feedback for analysis.
- 3.52. The event also had two external speakers: Sally Ward from PurpleSpace giving a talk on the power of staff networks and Holly Chadd who runs the Peer Support Service for the RCN who talked about disabled staff experience within the NHS.

- 3.53. In addition to this event, individual interviews have been set-up with disabled staff members to talk through their experiences in more detail and gain further qualitative feedback.
- 3.54. This work will culminate in a report on Disabled Staff Experience which will analyse the feedback received from staff and Trust data on our disabled staff, as well as provide recommendations for action to improve Disabled Staff Experience.

### **Disability Confident**

- 3.55. The Trust renewed its commitment to the Disability Confident Scheme in September 2017 and achieved 'Disability Confident Employer' status. Achieving this level reflects the work that has gone in to improving our recruitment processes to ensure that disabled applicants are not unfairly treated throughout the process.
- 3.56. The Trust is now aiming to achieve 'Disability Confident Leader' status which will allow the Trust to be recognised for how it works to support its disabled staff, potentially enabling the Trust to reach a larger talent pool. Work towards achieving this will be considered as part of the current work around disabled staff experience and with the implementation of the WDES in 2019.

### **Apprenticeships for All**

- 3.57. In June 2018, OUH was selected as one of 20 Trusts to pilot the Apprenticeships for All training programme. The programme consists of a training package that will enable us to develop our managers to recruit more diversely and support people with disabilities into apprenticeships within the NHS.
- 3.58. The programme will run from July 2018 to June 2019 and through that period over 200 Trust managers are expected to be trained on how to improve their recruitment practice with regard to diversity and supporting disabled applicants.
- 3.59. This programme aligns well with the work on disabled staff experience and will better enable the Trust to advance with the WDES Standard and Disability Confident Scheme. In addition, it is hoped the training will have a further reach as many of the practices introduced in the training should have a positive on all applicants, not only disabled applicants.

### **Gender Pay Gap Reporting**

- 3.60. The Trust's first Gender Pay Gap report was produced and is now on the Trust's website. The pay gap figures were also submitted to the Government Equalities Office showing pay gaps in both regular and bonus pay in favour of men.
- 3.61. The report analysed the figures and Trust data and found that the gaps were driven primarily by two factors: the relatively high proportion of men in senior roles and the impact of Clinical Excellence Awards, which are also disproportionately awarded to male doctors.
- 3.62. Following the findings, an action plan has been developed and will be actioned throughout 2018/19. As part of developing the actions, the women's network had a discussion session about the gender pay gap and contributed to the action plan.

### **Staff Networks**

- 3.63. Highlighted in last year's Equality, Diversity and Inclusion Action Plan, work was undertaken to develop staff networks in order to empower staff, build capacity in the area of EDI, and give staff with protected characteristics more effective ways to feed into the Trust's EDI programme.



- 3.64. There are currently 3 active staff networks within the Trust. These are:
- 3.64.1. Race Equality Action Group
  - 3.64.2. LGBT+ Staff Network
  - 3.64.3. Women's Network
- 3.65. The Race Equality Action Group, originally set up in response to the introduction of the Workforce Race Equality Standard to aid its implementation, has recently renewed itself as a staff network supporting black and minority ethnic (BME) staff.
- 3.66. The LGBT+ Staff network was introduced in September 2017 and membership has slowly been increasing since. The Network has started off by running informal social gatherings in the form of monthly coffee hours and regular meet-ups outside of work. The mailing list set up for this group currently has 42 members of staff subscribed to it.
- 3.67. The Women's Network was launched on 8<sup>th</sup> March 2018 (International Women's Day) and holds monthly discussion groups to discuss issues that disproportionately impact women. The issues discussed so far include; the gender pay gap, flexible working, sexual harassment and menopause. Further discussion groups are planned monthly until the end of 2018. Feedback from these discussion groups has already been used to influence the Trust Equality, Diversity and Inclusion Strategy with actions being highlighted to address the Trust's gender pay gap at the first meeting.
- 3.68. A fourth network, the Disabled Staff Network, is currently being set-up and leads for this network have been highlighted. It aims to hold its first meeting in Summer 2018.

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

##### **Procedure Change**

- 3.69. The Trust Bullying and Harassment Procedure was reviewed in response to feedback from across the Trust including the Staff Survey 2016. As a result, the new Respect and Dignity at Work Procedure was launched in January 2018.
- 3.70. Key changes to the procedure include:
- 3.70.1. A change of name to Respect and Dignity at Work. This is to highlight the positive culture we are aiming towards within the Trust and also to help broaden the scope of the procedure by recognising that it's not only strongly bullying and harassing behaviours that can be dealt with using the procedure, but empowers staff to address any behaviour that falls out of line with the Trust values.
  - 3.70.2. Strengthened definitions of bullying and harassment behaviours, including cyberbullying and upwards bullying to enable better protections for staff
  - 3.70.3. A change to the formal stage of the procedure. Case Investigators under this procedure have to undergo training on bullying and harassment behaviours to enable them to conduct more effective investigations allowing for better outcomes of investigations.
  - 3.70.4. The ability for managers to instigate the formal stage of the procedure. This will allow for action to be taken in situations where staff do not feel able to raise the concerns themselves.

3.71. With the change in formal process to an investigation, the Trust's pool of case investigators were trained on bullying and harassment behaviours and how they manifest which will enable more effective investigations into concerns. This pool of investigators was also expanded with nine members of staff attending and NCAS Case Investigation Course and ten people attending an externally provided Employee Relations Case Investigator Course. The current list of people trained to conduct investigations has 61 people on it.

### Respect and Dignity Ambassadors

3.72. The new procedure also introduces the role of Respect and Dignity Ambassadors. These are staff volunteers who work to support staff facing issues of bullying and harassment, encouraging staff to raise concerns so they can be resolved, potentially before issues escalate.

3.73. The training programme for the Respect and Dignity Ambassadors includes specific sessions on protected characteristics to help them to better understand the issues that might take place on the basis of them and enable them to provide more effective support.

3.74. A recruitment cycle for Respect and Dignity Ambassadors was held through November 2017 with eight Ambassadors successfully recruited. Within the current eight Ambassadors, all five of the Trust sites are covered.

3.75. Following on from their success, it is planned that further cycles of recruitment are held to expand the Ambassadors capacity to support staff. The aim is to have at least 30 Ambassadors across the Trust.

### **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.**

#### Visual Identity

3.76. Last year's action plan identified the need for a brand to be created for Equality, Diversity and Inclusion within the Trust. This was to help increase engagement with EDI work and help to bring together various streams of work under one identity, enabling work undertaken to be more effective and have a broader reach.



3.77. With this in mind, a visual identity was created. This identity is about “embracing equality, diversity and inclusion” and demonstrates the Trust's approach to the equality and diversity agenda.

3.78. The visual identity was designed by OMI and the design considers, and is aligned with, the overall Trust branding.

3.79. The visual identity chosen was reviewed and endorsed by a variety of stakeholders including the Respect and Dignity Ambassadors, EDI Action Group, Race Equality Action Group and EDI Steering Group.

3.80. The new identity will be officially launched in August 2018 as part of a summary Equality, Diversity and Inclusion Annual Report created for the public. The visual identity will then be used on any piece of work and communications relating to EDI within the Trust and we will also use it during recruitment to demonstrate to prospective applicants the Trust's approach to EDI.

## Communications

- 3.81. There has been increased communications across the Trust regarding EDI to start improving engagement with staff and highlight events. Examples include:
- 3.81.1. In February communications went out to celebrate LGBT+ History Month and demonstrate Trust commitment to supporting its LGBT+ Staff;
  - 3.81.2. In March there were communications to celebrate International Women's Day and promote the newly formed Women's Network;
  - 3.81.3. In May, as part of NHS Employers Equality and Diversity Week, communications were circulated to demonstrate support for the Trust's International Staff as well as signpost staff, who may have been negatively impacted by Brexit and the Windrush Scandal, to support.
- 3.82. Communications were generally well received and all generated increased interest with the Trust's staff networks. This communications work is going to be developed over the next year and include more storytelling work, highlighting internal role models with protected characteristics, to improve engagement.

## Equality Impact Assessments

- 3.83. A new template was developed for equality impact assessments (EIAs) in May 2017 with new guidance for completing them in order to enable more consistent and better quality EIAs to take place. This introduced a sign-off process as a quality assurance step.
- 3.84. Training on how to conduct an EIA was produced and delivered to Trust policy holders. It is planned that this training is made available to deliver on demand to help upskill those managing services and HR colleagues.
- 3.85. As a result of the introduction of the new template and guidance, the quality for EIAs has improved, with the process enabling greater consideration for equality in the development of Trust policies and services. Some examples of improvements made as a result of EIAs being undertaken include: training on protected characteristics for Respect and Dignity Ambassadors, improved monitoring of HR processes by protected characteristic, and development of recruitment practices to reduce potential unconscious bias.

## Equality, Diversity and Inclusion Action Group

- 3.86. An Equality, Diversity and Inclusion Action Group has been created to deliver the actions relating to workforce. The group includes representation from across the Workforce Directorate, including recruitment, organisational development, and learning and development. The Group also has representation across the divisions. This will enable work to be successfully communicated and consistently implemented across the Trust.
- 3.87. The key objectives of the group are to:
- 3.87.1. progress the Trust's Equality, Diversity and Inclusion Action Plan;
  - 3.87.2. implement EDI activity as commissioned by the EDI Steering Group;
  - 3.87.3. engage Trust staff with EDI activity;
  - 3.87.4. evaluate and review effectiveness of EDI activity on a regular basis;
  - 3.87.5. routinely report EDI activity to the EDI Steering Group.

- 3.88. The Group meets on a monthly basis and reports into the EDI steering Group.
- 3.89. Since its introduction, the group has helped to deliver some of the actions under WRES and is currently starting to work on improving staff disclosure of protected characteristics.

### **Partnerships and networking**

- 3.90. Relationships have been built with other Trusts in order to share best practice and collaborate to solve complex problems relating to Equality, Diversity and Inclusion. As part of this network building, the Trust is part of the Thames Valley and Wessex Leadership Academy's Inclusion Network.
- 3.91. There have also been efforts to learn from other Trust's in developing approaches to EDI work. The Workforce EDI Lead and Head of Resourcing visited University Hospitals of Morecambe Bay NHS Foundation Trust in November 2017 to gain insight into how they operate their staff networks. It was shown that their staff networks have been able to massively increase their capacity to advance the EDI Agenda and as a result they have been able to achieve a large amount in a short period of time; work that has been recognised by many other organisations such as the Employers Network for Equality and Inclusion (ENEI). Learnings from how they approach and support staff networks will be used by the Trust to effectively develop their own networks and they have given us access to their networks' Terms of Reference and programmes of activity to support the development of our networks.

## **4. Equality, Diversity and Inclusion Priorities for July 2018 to June 2019**

- 4.1. Looking ahead for the forthcoming year, a number of priorities have been identified in order to further embed Equality, Diversity and Inclusion into the Trust.
- 4.2. In terms of Patient Experience the following priorities have been identified:
- 4.2.1. Improve access across the Trust's physical facilities, information and appropriate communication support for patients with disabilities;
  - 4.2.2. Complete the 'Meeting Patient Information & Communication Support Needs' pilot across ENT & ED and ensure effective roll-out of the NHS Accessible Standard (AIS) across the Trust;
  - 4.2.3. Establish the Accessible Information Standard (AIS Public Partnership Group);
  - 4.2.4. Review the support and treatment for patients with mental health conditions and those with cognitive impairments to improve support and treatment for people with mental health needs;
  - 4.2.5. Improve equality monitoring and effective use of business intelligence data across protected characteristics through better use of patient informatics data.
- 4.3. In terms of Staff Experience, as well as the statutory annual reporting and actions that come with them, these priorities include:
- 4.3.1. Improving rates of disclosure of protected characteristics;
  - 4.3.2. Development of a Respect and Dignity at work Strategy;
  - 4.3.3. Development of communications and engagement with EDI;
  - 4.3.4. Implementation of Workforce Disability Equality Standard;

4.3.5. Further development of staff networks.

4.4. In addition, individual staff networks have also identified priorities for themselves, these are as follows:

4.4.1. Race Equality Action Group:

- Develop a programme of activities and communications to celebrate Black History Month.

4.4.2. Women's Network:

- Continue to hold monthly discussion meetings which feed into Trust's EDI Action Plan;
- Hold a series of events with influential women speakers;
- Hold an event to celebrate International Women's Day.

4.4.3. LGBT+ Staff Network:

- Develop a programme of activities and communications for LGBT+ History Month;
- Engage with local Pride events;
- Produce guidance on how managers can support LGBT+ staff.

4.5. These priorities have been incorporated into the Trust's Equality, Diversity and Inclusion Action plan for July 2018 – July 2019. This action plan can be found in **Appendix 1**.

4.6. 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.

## **5. Recommendation**

5.1. Trust Board is asked to:

5.1.1. Note and approve the contents of this report;

5.1.2. Support further progress on the Trust's Equality, Diversity and Inclusion Action Plan.

**John Drew, Director of Improvement and Culture**

**Sam Foster, Chief Nurse**

Report prepared by:

Tommy Snipe, Workforce Equality, Diversity and Inclusion Lead

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### 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 2018/19. 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).				
Establish the Accessible Information Standard Public Partnership Group	EDS2 1.2	Patient EDI Lead	June 2019	Group set up with clear Terms of Reference established
Complete the "Meeting Patient Information & Communication Support Needs" pilot	EDS2 1.2	Patient EDI Lead	June 2019	Pilot completed and evaluated. Learnings to be used to direct future work
<b>Objective 2:</b> To improve patient access and experience for individuals and communities who are currently underrepresented (through patient involvement and engagement opportunities).				
Review the support needs of patients with mental health conditions and communication support needs	EDS2 2.3	Patient EDI Lead	June 2019	Support needs reviewed and actions to address needs created as a result
Review and improve access across the Trust sites	EDS2 2.1	Patient EDI Lead	June 2019	All sites reviewed and actions to improve access created

Action	Relationship to Standard	Lead	Due	Success Measure
<b>Objective 3:</b> To improve workforce diversity and ensure equality at all levels.				
Implement the actions following the Gender Pay Gap Report March 2018 and follow up with next Gender Pay Gap Report and Action Plan	Gender Pay Gap; EDS2 3.2	Workforce EDI Lead	March 2019	Please see the Gender Pay Gap Report March 2018
Implement the actions following the Workforce Race Equality Standard (WRES) Report November 2017 and follow up with next WRES Report and Action Plan	WRES	Workforce EDI Lead	September 2018	Please see the WRES Report November 2017
Produce a report on disabled staff experience with an associated action plan	WDES	Workforce EDI Lead	December 2018	Report and action plan produced
Participate in the Apprenticeships for All Programme	EDS2 3.1	Workforce EDI Lead	June 2019	200 managers trained across the Trust as mandated by NHS England. To result in a reduction of relative likelihood of protected characteristics groups being successful at interview.
Support the staff networks to further develop and increase membership	EDS2 3.6	Workforce EDI Lead	June 2019	Membership for all networks increased with clear network leads
Support the staff networks in completing their priorities for the year	EDS2 3.6	Workforce EDI Lead	June 2019	Staff Network priorities are delivered
Conduct a campaign to improve staff disclosure of protected characteristics	EDS2 3.6	Workforce EDI Lead and Workforce Information Team	December 2018	Disclosure above 90% for all protected characteristics

Action	Relationship to Standard	Lead	Due	Success Measure
<b>Objective 4:</b> To reduce bullying, harassment, abuse and victimisation within the Trust Workforce.				
Recruit further Respect and Dignity Ambassadors	EDS2 3.4	Workforce EDI Lead	June 2019	Over 30 Ambassadors recruited by June 2019
Develop a Respect and Dignity at Work Strategy	EDS2 3.4	Director of Workforce	June 2019	Strategy created
<b>Objective 5:</b> To ensure that Trust leaders and managers have the right skills to support their staff to work in a fair, diverse and inclusive environment.				
Review and improve data quality relating to protected characteristics for both staff and patients	EDS2 4.2	Workforce EDI Lead and Patient EDI Lead	Review by January 2019	Review of data quality conducted and improvements identified with some implemented
Launch new visual identity and develop communications for Equality, Diversity and Inclusion	EDS2 4.1	Workforce EDI Lead and Patient EDI Lead	Identity launch by September 2018	Identity launched and visible on appropriate Trust communications; at least 3 stories of staff relating to EDI produced and circulated.
Roll-out the Equality Impact Assessment Training	EDS2 4.3	Workforce EDI Lead	December 2018	All policy holders and HR colleagues trained.



## 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