

Cover Sheet

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Title: Equality Delivery System 2022-23 Report

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Board Lead: Chief People Officer

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Confidential: No

Key Purpose: Assurance

Executive Summary

1. In August 2022, NHS England and Improvement published the latest version of the Equality Delivery System (EDS), this is a tool that requires NHS organisations to collate evidence against several outcomes relating to equality, diversity, and inclusion (EDI) and health inequalities. The evidence is then required to be graded by a range of key stakeholders.
2. It was agreed by the EDI Steering Group to consider the first reporting year against the new system as a pilot. This was to enable us to try out the new tool and learn from the process, whilst meeting the compliance requirements.
3. The Trust received an overall rating of Developing. When looking at ratings against individual outcomes, 7 were rated as Developing, and 4 were rated as Achieving. A summary of ratings and feedback against each outcome can be found in Appendix 2.

Key findings were as follows:

4. The way the Trust collects and uses EDI data provides great scope for improvement. Currently, service specific EDI data is limited, however there is work underway to support delivery against the EDI Objectives and Health Inequalities Programme that will address this through providing services with meaningful EDI and health inequalities data and supporting them to use that data to drive improvement.
5. The consideration of equality impacts in Trust decision-making is limited with many papers viewed at senior committees not identifying equality-related issues. This has already been identified in development of the Trust's EDI Objectives with a priority on refreshing the Trust's approach to equality impact assessment that will address this.
6. Whilst there is scope for improvement in EDS performance, the issues identified were not unknown to the Trust. Many of those issues already have actions that are planned or already underway to address them. It is therefore believed that the Trust is in a strong position to improve on EDS performance in future reporting cycles.

Recommendations

7. The Trust Board is asked to:
 - Note the contents of the Equality Delivery System 2022-23 Report.

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Equality Delivery System 2022-23 Report

1. Purpose

1.1. The purpose of this paper is to:

1.1.1. Summarise the process undertaken to deliver on the Equality Delivery System (EDS) for this reporting year.

1.1.2. Report on the EDS Ratings that have been achieved.

1.1.3. Outline actions that will be taken to improve on EDS Ratings.

2. Background

2.1. The EDS is an outcomes framework designed to support NHS organisations to gather effective data, and drive improvement, on equality, diversity, and inclusion (EDI). It forms part of the NHS Standard Contract and requires NHS organisations to collate evidence against a range of outcomes and present that evidence to a panel of key stakeholders for grading. The Trust last undertook this exercise in 2018.

2.2. In August 2022, NHS England published a new version of EDS, EDS2022. With the new version, NHS organisations are required to undertake an EDS evidence collation and grading exercise on an annual basis (previously every four years), reporting by 28th February each year. For the first reporting year, the deadline was pushed to 31st March 2023.

2.3. In September 2022, the EDI Steering Group agreed that, for the first reporting cycle, the Trust would take a pragmatic approach to piloting the refreshed tool. This would enable the Trust to learn about the new process and develop its ongoing implementation, whilst avoiding overcommitment of resource to an unfamiliar tool at a time of significant service pressures. NHS England supported taking a simplified approach for the first year of implementation.

3. Process Undertaken

3.1. The EDI Steering Group set up an EDS Working Group to be oversee implementation. This working group consists of representatives from Culture and Leadership, Patient Experience, Strategy and Partnerships, Performance, and Assurance. The Group reports to both the EDI Steering Group and Health Inequalities Steering Group.

Determination of Domain 1 Services

- 3.2. Under Domain 1, organisations are required to select 2-3 each year to focus the review on. Domains 2 and 3 are Trust-wide reviews.
- 3.3. To determine services to be reviewed under Domain 1, consideration was given to services who are performing well on EDI, as well as those relevant to the Core20Plus5 approach to tackling health inequalities. The choice of services was approved by the Health Inequalities Steering Group.
- 3.4. On the basis of 3.3, Renal and Here for Health were the two services chosen.

Evidence Packs

- 3.5. A separate evidence pack was compiled for each Domain. Compilation of evidence packs largely utilised already existing data and reports, with creation of new data being avoided where possible. Where required, service leads were contacted to provide specific input on their service.
- 3.6. For some datasets, further analysis was undertaken with a summary of that analysis provided in the evidence pack. Visual aids such as graphs were also produced to support interpretation of the data. The original datasets were also made available for graders so they could conduct their own analysis.
- 3.7. A summary of the evidence collated against each outcome is provided in Appendix 2.

Grading

- 3.8. Potential graders were identified using the list of required stakeholders detailed in the [EDS Technical Guidance](#). All required stakeholders were included in the grading process; further information is provided in Appendix 1.
- 3.9. Two graders briefing events were held on Monday 16th January and Thursday 19th January 2022. Whilst not all graders could attend these, they were recorded with the recording sent to those who were unavailable.
- 3.10. The grading process was undertaken using Microsoft Forms, wherein participants were asked to review the evidence packs and then complete the form at their own pace. This took place between 23rd January 2022 and 2nd February 2022.
- 3.11. For the grading, the participants were asked to provide a score of 0, 1, 2, or 3 against each outcome, using the [EDS Ratings and Scorecard Guidance 2022](#) to support them.
- 3.12. For Domain 1, IT was a barrier to completion of the grading process. The Patient Experience team will need to give this consideration for next year.

4. Ratings

- 4.1. Overall, the Trust was given a rating of Developing. To determine the overall rating, scores provided by graders were averaged for each outcome (rounding to the nearest whole number). The average scores across each outcome were then totalled, with the total score being given the corresponding grade as per the EDS2022 Scorecard and Ratings Guidance.
- 4.2. Information on how to interpret the ratings, the score for each individual outcome, as well as a summary of feedback given can be found in Appendix 2.

5. Key Findings and Actions

- 5.1. This section includes a summary of key findings from analysis of the grading outputs.
- 5.2. Where applicable, each of these findings also identifies action to address them. A full EDS Action plan can be found in Appendix 3.

EDI Data

- 5.3. The area in which the Trust has the greatest scope for improvement is on the collection of EDI data, and use of that data to drive action on EDI. There were many outcomes where feedback indicated higher scores were prevented because of a lack of data, for example in Outcome 2A there was not sufficient evidence of staff with different protected characteristics being able to access aspects of the Trust's wellbeing offer. This was also reflected in the feedback against the Domain 1 Outcomes where lack of evidence of how EDI data was used to improve access and experience limited scores.
- 5.4. This has already been identified as a priority within the Trust's EDI Objectives and action is currently being undertaken to develop an EDI dashboard that can be used by leaders across the Trust to drive local improvement. Additionally, as part of delivery against the People Plan, EDI is being considered for all priorities and support is being given to identify the data they should be collecting for that.

Equality Impact Assessment

- 5.5. Findings from Domain 1 and Domain 3 identify that use of equality impact assessment across the Trust is inconsistent. From Domain 1, services do not routinely consider the equality impacts of their Standard Operating Procedures (SOPs). Domain 3, shows that equality impacts are not considered for all decisions being made at Board level meaning the rating for Outcome 3B was limited to developing.

- 5.6. There is already an identified priority under the EDI Objectives to refresh and develop the Trust's approach to equality impact assessment, to commence in Spring 2023.

Protected Time for Network Leads

- 5.7. A higher score for Outcome 2C was not able to be given due to the lack of protected time for Staff Network Leads. A business case has been drafted to provide this with the EDI Steering Group backing the case in October 2022.

Staff Experience

- 5.8. Evidence on Outcome 2D highlighted differences in staff experience by protected characteristic, as well as identified that staff were more likely to recommend the Trust as a place to receive treatment than they were as a place to work.
- 5.9. In the development of the Trust's People Plan, there was extensive engagement on the topic of staff experience and that is reflected in the plans second strategic theme "making OUH a great place to work". This includes a range of activity such as developing the Trust's reward and recognition offering, facilitating personal and career development, and enabling our people to contribute to quality improvement.

6. Conclusion

- 6.1. Whilst the Trust's overall rating was Developing, there were many outcomes where the Trust was perceived to be as achieving, with some individual graders even scoring the Trust full marks for some outcomes. Additionally, even though outcomes in Domain 1 were all rated as Developing, had the Here for Health Service been rated in isolation, it would have been rated Achieving for Outcomes 1A and 1B. Grading for each outcome, as well as a summary of feedback, can be found in Appendix 2.
- 6.2. Nearly all the actions that have been identified to facilitate EDS performance were already planned by the Trust as part of other programmes of work. This EDS process therefore helps to reinforce current Trust plans and it is believed that the Trust is in a strong position to improve EDS performance in upcoming years. Identified actions are summarised in Appendix 3.
- 6.3. The EDS Working Group will be conducting an evaluation of the first EDS cycle, with outputs of that evaluation to be presented to the EDI Steering Group and to inform ongoing EDS implementation.

7. Recommendations

7.1. The Trust Board is asked to:

- Note the contents of the Equality Delivery System 2022-23 Report.

8. Appendix 1 – Participants in EDS Grading

8.1. Below outlines the participants in the grading against each domain and demonstrates that all required stakeholders were represented. There were some participants in the grading who acted as representative for 2 stakeholder groups.

8.2. For Domain 1 there were 17 planned participants. Unfortunately, only five of the participants were able to submit responses by the deadline, due to technical issues:

8.2.1. 2 of these were Public Governors

8.2.2. 2 of these were Service Users

8.3. For Domain 2 there were 10 participants:

8.3.1. 3 of these were representatives of Staff Networks

8.3.2. 3 of these were representatives of Trade Unions

8.3.3. 1 was a representative of the Chaplaincy service

8.3.4. 1 was a Freedom to Speak Up Guardian

8.3.5. 1 was a Trust Wellbeing Champion

8.3.6. 1 was a Staff Governor

8.4. For Domain 3 there were 5 participants:

8.4.1. 2 of these were representatives of Staff Networks

8.4.2. 3 of these were representatives of Trade Unions

8.4.3. 2 of these were independent peer evaluators from our Integrated Care System (Oxford Health NHS Foundation Trust and Wokingham Borough Council).

9. Appendix 2 – Summary of Evidence and Rating Against EDS Outcomes

Understanding Ratings

9.1. During the grading process, graders score each outcome 0, 1, 2, or 3. These scores provide an outcome rating. To determine the overall Trust rating, outcome scores are totalled together.

9.2. The table below summarises the ratings, with a description of the rating and the corresponding scores required for those ratings for each outcome as well as the Trust overall.

Rating	Description	Outcome Score	Overall Trust Score
Underdeveloped	No or little activity taking place	0	Less than 8
Developing	Minimal/basic activity taking place	1	Between 8 and 21
Achieving	Required level of activity taking place	2	Between 22 and 32
Excelling	Activity exceeds requirements	3	33

9.3. Further details of the evidence required to achieve ratings for each outcome can be found in the [EDS Ratings and Scorecard Guidance 2022](#).

Trust Ratings

9.4. The table below summarises the evidence presented, the rating achieved, and feedback received against each of the EDS Outcomes. For the rating, a breakdown of scores is also given to provide further context. For Domain 1, Renal and Here for Health (H4H) were scored separately, these have been provided.

EDS Outcome	Evidence Presented	Rating	Feedback
Domain 1: Commissioned or Provided Services			
1A: Patients (service users) have required levels of access to the service	<ul style="list-style-type: none"> • Patient survey • EDI Objectives • Patient Experience and Engagement Plan • Incident Lists 	Developing Activity Renal	<ul style="list-style-type: none"> • Whilst evidence showed good intentions of the Renal service, with efforts to make information accessible, there was limited data in relation to protected characteristics and health inequalities

	<ul style="list-style-type: none"> • Patient Feedback Survey • Shared Decision-Making Baseline results • Inclusivity Statement • Interpreting and Translation information 	<p>(0 – 40%, 1 – 20%, 2 – 40%, 3 – 0%)</p> <p>H4H (0 – 0%, 1 – 60%, 2 – 20%, 3 – 20%)</p>	<p>which limited the score. More evidence was given in relation to protected characteristics by H4H, however it was still felt that more should have been provided. The comment below exemplifies the above:</p> <p><i>‘I felt that overall, the service given to the ‘general public’ was good by both teams. However, it would be better, for the Trust, if a greater emphasis was placed on gaining information about service users with protected characteristics. This would give a clearer picture as to whether the required goals have been met’</i></p>
<p>1B: Individual patients (service users) health needs are met</p>	<ul style="list-style-type: none"> • Patient survey • EDI Objectives • Patient Experience and Engagement Plan • Incident Lists • Patient Feedback Survey • Shared Decision-Making Baseline results • Inclusivity Statement • Interpreting and Translation information 	<p>Developing Activity</p> <p>Renal (0 – 40%, 1 – 20%, 2 – 40%, 3 – 0%)</p> <p>H4H (0 – 0%, 1 – 40%, 2 – 40%, 3 – 20%)</p>	<ul style="list-style-type: none"> • There was evidence that individual patient needs were met in various ways and this was supported by MDT meetings to discuss and plan for those needs. • There was evidence from the H4H service of outreach work targeted to specific communities to support identifying needs. • There was limited data in relation to those with protected characteristics which limited higher scores. • It was felt that greater use of service user feedback methods, giving a clearer idea of patients understanding of the service they received would be beneficial.
<p>1C: When patients (service users) use the service, they are free from harm</p>	<ul style="list-style-type: none"> • Patient survey • EDI Objectives • Patient Experience and Engagement Plan • Incident Lists • Patient Feedback Survey • Shared Decision-Making Baseline results • Inclusivity Statement • Interpreting and Translation information 	<p>Developing Activity</p> <p>Renal (0 – 40%, 1 – 20%, 2 – 40%, 3 – 0%)</p>	<ul style="list-style-type: none"> • There was evidence that policies were in place to support patient safety. See below quote: <p><i>‘Trust strategies in place to support open and honest culture and sharing learning from incidents. Evidence shows that the team act on patient feedback and are responsive to patients’ needs in terms of the information provided by the service’</i></p>

		H4H (0 – 20%, 1 – 40%, 2 – 40%, 3 – 0%)	<ul style="list-style-type: none"> There was evidence of initiatives in place to support safety, however it was felt that these could be expanded and that more evidence could be provided on their impact.
1D: Patients (service users) report positive experiences of the service	<ul style="list-style-type: none"> Patient survey EDI Objectives Patient Experience and Engagement Plan Incident Lists Patient Feedback Survey Shared Decision-Making Baseline results Inclusivity Statement Interpreting and Translation information 	<p>Developing Activity</p> <p>Renal (0 – 40%, 1 – 20%, 2 – 40%, 3 – 0%)</p> <p>H4H (0 – 20%, 1 – 40%, 2 – 40%, 3 – 0%)</p>	<ul style="list-style-type: none"> Whilst evidence showed positive feedback, scoring was limited by lack of evidence relating to those with protected characteristics: <i>‘The supplied evidence showed good intentions from the health team. There was a shortage of information as to how the service users with protected characteristics reported their feeling about the service received by themselves. However, the feedback reports, generally, gave positive results. Perhaps, the implementation of the use of feedback methods, giving a clearer idea of patients understanding of the service they received would be beneficial’</i>
Domain 2: Workforce Health and Wellbeing			
2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	<ul style="list-style-type: none"> Staff demographics Trust People Plan Trust EDI Objectives Trust WRES/WDES/GPG Reporting Sickness absence reporting from Integrated Performance Reports Information on the Trust Wellbeing Offer. Information on the Occupational Health Service. Information on the Psychological Medicine service Information on the activity of the BAME Health and Wellbeing Lead. Information on the Here for Health Service 	<p>Developing Activity</p> <p>(0 – 20%, 1 – 40%, 2 – 20%, 3 – 20%)</p>	<ul style="list-style-type: none"> Evidence showed a range of wellbeing support available, with the Trust providing support as well as signposting to externally available support. However, data on access to that support was limited, including data split by protected characteristic. Evidence from the staff survey suggests that access to, and experience of, the Trust wellbeing offer is not equitable, although it should be noted that the data used will not reflect activity undertaken through 2022 to improve this. Data on staff with the specific named conditions was limited to only data from the Here for Health service, preventing a higher score.

	<ul style="list-style-type: none"> • 2021 Staff Survey – health and wellbeing questions split by protected characteristic. • Information on the Disability Passport Procedure • Information on the Trust approach to flexible working 		<ul style="list-style-type: none"> • There was clear evidence of reporting on sickness absence with actions for improvement, however data on sickness absence by protected characteristic was limited.
2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	<ul style="list-style-type: none"> • Staff demographics • Trust People Plan • Trust EDI Objectives • Trust WRES/WDES/GPG Reporting • Policies on bullying, harassment, and abuse. • Information on the “No Excuses” Campaign. • A breakdown of incidents relating to violence and aggression reporting via Ulysess in 2022, split by protected characteristic. • 2021 Staff Survey – bullying, harassment and physical violence questions split by protected characteristic. 	<p>Achieving Activity</p> <p>(0 – 10%, 1 – 30%, 2 – 50%, 3 – 10%)</p>	<ul style="list-style-type: none"> • There was evidence of the Trust taking a zero-tolerance approach to bullying, harassment, and abuse with clear policies in place. • There was strong evidence of actively implementing approaches to reduce bullying, harassment, and abuse from patients and the public with the No Excuses campaign. There was less evidence on reducing/preventing bullying and harassment between staff. • It was felt there was not enough evidence of using people’s experiences to inform action – particularly in relation to people with protected characteristics. This prevented a higher score.
2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	<ul style="list-style-type: none"> • Staff demographics • Trust People Plan • Trust EDI Objectives • Trust WRES/WDES/GPG Reporting • Information on Freedom to Speak Up • Information on employee relations policies, including equality impact assessment of those policies. • Information on Staff Networks 	<p>Achieving Activity</p> <p>(0 – 0%, 1 – 30%, 2 – 70%, 3 – 0%)</p>	<ul style="list-style-type: none"> • There is evidence of a range of different support staff could access which was independent from line management, however evidence of how they are accessed by staff was limited. • It was noted that Network Leads do not have protected time which limits their ability to support staff and prevented a higher score. • Mixed feedback on whether staff networks were appropriately engaged in the development of policies and processes relating to bullying and harassment.
2D: Staff recommend the organisation as a place to work and receive treatment	<ul style="list-style-type: none"> • Staff demographics • Trust People Plan • Trust EDI Objectives • Trust WRES/WDES/GPG Reporting • 2021 Staff Survey –engagement and experience questions split by protected characteristic. 	<p>Developing Activity</p> <p>(0 – 10%, 1 – 50%, 2 – 40%, 3 – 0%)</p>	<ul style="list-style-type: none"> • The results from the staff survey on recommends the organisation as a place to work did not consistently score high enough across all protected characteristic groups to achieve a higher score – 70% is required for ‘achieving activity’, the Trust had 64% overall. It did,

	<ul style="list-style-type: none"> Trust leavers from 2022, split by protected characteristic. Information on exit and stay interviews. 		<p>however, meet the 70% threshold on recommended as a place to receive treatment.</p> <ul style="list-style-type: none"> There was evidence of exit and stay interviews taking place, however it was not clear how outputs of these interviews were used to drive improvement. It was generally felt that the Trust collated and compared the experience of staff from different protected characteristic groups, however it was felt by some that the Trust could do more (for example, doing reporting beyond ethnicity, disability, and gender, and by reviewing exit interview data and leavers by protected characteristic).
Domain 3: Inclusive Leadership			
<p>3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities</p>	<ul style="list-style-type: none"> Trust Strategy 2022-2025 Trust EDI Objectives Trust People Plan Details on EDI Steering Group Details on Health Inequalities Steering Group Review of discussion relating to EDI and Health Inequalities at Board Meetings Information on Staff Networks Details of Board member engagement with EDI and Health Inequalities, including comms produced and events attended. 	<p>Achieving Activity</p> <p>(0 – 0%, 1 – 40%, 2 – 40%, 3 – 20%)</p>	<ul style="list-style-type: none"> EDI and Health Inequalities do seem to be discussed although not as standing agenda items. Additionally, discussion does not always consider full breadth of protected characteristics. There is evidence demonstrating understanding and commitment of senior leaders on EDI as well as engagement on cultural events – this could be strengthened with evidence of them supporting the planning of these events. Evidence on line manager commitment to EDI was not as strong as that for senior leaders. However, evidence does suggest a programme of work is underway to mobilise leaders and managers on EDI. Evidence that all Staff Networks have a senior sponsor, although not fully clear what support is provided to them.
<p>3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts</p>	<ul style="list-style-type: none"> Review of a random sample of papers from meetings of Trust Board in Public and Integrating Assurance Committee in 2022 	<p>Developing Activity</p>	<ul style="list-style-type: none"> Limited to a score of 1 because a high proportion of papers did not mention equality or health inequalities. Many of those that did, only partially

<p>and risks and how they will be mitigated and managed</p>		<p>(0 – 0%, 1 – 100%, 2 – 0%, 3 – 0%)</p>	<p>discussed them focussing on a limited number of protected characteristics.</p> <ul style="list-style-type: none"> • All policy documents that were reviewed did have a full equality impact assessment, although discussion of health inequalities in these assessments was still limited. • There was some evidence of actions being identified to mitigate and manage risks. • Evidence of risk assessments for Black, Asian, and Minority Ethnic staff being completed.
<p>3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients</p>	<ul style="list-style-type: none"> • Trust Strategy 2022-2025 • Trust EDI Objectives • Trust People Plan • Details on EDI Steering Group • Details on Health Inequalities Steering Group • WRES/WDES/GPG Reporting • AIS Reporting • PLACE Reporting • Information on exit and stay interviews • Information on menopause policy • EDS Reporting 	<p>Achieving Activity</p> <p>(0 – 0%, 1 – 60%, 2 – 0%, 3 – 40%)</p>	<ul style="list-style-type: none"> • Clearly seen how EDI and Health Inequalities are embedded within Trust Strategy (People Plan, EDI Objectives), with clear alignment to national strategy. • Year-on-year improvements across all WRES/WDES/GPG metrics was not seen, which limited scoring, although it was felt that the reporting and associated planning activity on WRES, WDES, and GPG was robust and detailed. • Evidence of internal socialisation of EDI metrics prior to reporting to board. • Reporting on AIS and PCREF (Mental Health) was felt to be limited.

10. Appendix 3 – EDS Action Plan

The table below summarises actions that will be taken as a result of completing this EDS process. For each action, the table details which EDS outcome the action will support improvement against, as well as how the action aligns to existing Trust programmes of work.

Action	EDS Outcome(s) Supported	Alignment with Existing Work	Lead	Completion Timescales
Review EDS 2022 (1A – 1D) process and approach with feedback from volunteer graders. Plan EDS 2023 conversation and presentation by two teams. To include one Trust wide service – Interpreting and Translation service and a clinical service unit (CSU)	1 A - D	<ul style="list-style-type: none"> • Patient Experience and Engagement delivery plan • PEMQ Governors sub-Committee • Health Inequalities Group 	Head of Patient services	30 th Nov 2023
Develop the standards for data collection and reporting requirements for Trust EDI relating to patients* and workforce** to enable an accurate service status and to drive improvement. *1A: Patients have required levels of access to the service, 1B: Individual patients health needs are met, 1C: When patients use the service, they are free from, 1D: Patients positive experiences of the service harm ** 2 A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	1 A – D 2A	<ul style="list-style-type: none"> • EDI Objectives – Objective 1, Provide our people with the knowledge and resources to enable them to integrate EDI into our daily work • Health Inequalities Work Programme • Patient Experience and Engagement delivery plan 	Head of Patient Services / Asst Director Workforce, Workforce Informatics	31 st March 2024
Review and Refresh approach to equality impact assessments for Trust clinical and nonclinical policies, standard operating procedures (SOPS) and Quality Improvement projects, ensuring that equality impacts are considered within Trust decision-making.	1 A-D 3B	<ul style="list-style-type: none"> • EDI Objectives – Objective 2, Ensure EDI is at the Heart of Processes and Decision Making 	EDI Manager	31 st March 2024
Refresh approach to equality impact assessment, ensuring that equality impacts are considered within Trust decision-making.	3B	<ul style="list-style-type: none"> • EDI Objectives – Objective 2, Ensure EDI is at the Heart of Processes and Decision Making 	EDI Manager	31 st March 2023 – 31 st Dec 2023

<p>Implement protected time for Staff Network Leads</p>	<p>2C</p>	<ul style="list-style-type: none"> • EDI Objectives – Objective 1, Provide our people with the knowledge and resources to enable them to integrate EDI into our daily work • 	<p>Chief People Officer/Chief Officers</p>	<p>30th June 2023</p>
<p>Deliver on People Plan commitments within the strategic theme “Making OUH a Great Place to Work”</p>	<p>2D</p>	<ul style="list-style-type: none"> • People Plan – Strategic Theme 2, Making OUH A Great Place to Work 	<p>Chief People Officer</p>	<p>See 'OUH People Plan'</p>