Oxford University Hospitals
NHS Foundation Trust

Cover Sheet

Public Trust Board Meeting: Wednesday 28 September 2022

TB2022.073

Title:	**Equality, Diversity, and Inclusion Objectives 2022 - 2026**

Status:	**For Decision**
History:	**Trust Management Executive, Equality, Diversity, and Inclusion Steering Group**

Board Lead:	**Chief People Officer, Chief Nursing Officer, Chief Medical Officer**
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Confidential:	**No**
Key Purpose:	**Strategy, Assurance**

Executive Summary

1. This paper aims to:
    - Outline the Trust's Equality, Diversity, and Inclusion (EDI) Objectives for 2022-2026.
    - Demonstrate compliance with the Public Sector Equality Duty (PSED).
2. Under PSED, the Trust is required to review its EDI Objectives every four years. The Trust last reviewed its Objectives in 2016 with the review initially planned for 2020, however the Covid-19 pandemic resulted in this being pushed back both to meet operational priorities at the time but also to enable the Trust to adequately respond to rapidly changing developments in the EDI space that were accelerated because of the pandemic.
3. To derive the objectives, a range of activity was undertaken including:
    - A review of the Trust's evidence base in relation to EDI, including consideration of other EDI reporting requirements like the Workforce Race Equality Standard.
    - A review of local and national policy and strategic drivers to ensure that our EDI Objectives were aligned and positioned us to respond to future developments.
    - Engagement with key stakeholders, involving EDI visioning workshops with our people and patients and structured conversations with system partners.
4. As a result of the above activity, six EDI Objectives have been produced. These are:
    - Objective 1. Provide our people with the knowledge and resources to enable them to integrate EDI into our daily work
    - Objective 2: Ensure EDI is at the heart of our processes and decision-making
    - Objective 3: Develop a culture where everyone feels they belong
    - Objective 4: Improve patient experience, particularly for those from deprived and seldom heard communities
    - Objective 5: Develop Trust capability and data to identify and tackle health inequalities
    - Objective 6: Establish OUH as a leader on EDI
5. This paper describes expected outcomes for these objectives and areas we will focus on to deliver those outcomes. This is summarised in **Appendix 4**.

Recommendations

6. The Trust Board is asked to review and approve the EDI Objectives 2022-26.

Contents

Equality, Diversity, and Inclusion Objectives 2022 - 2026

1. Purpose

1.1. This paper aims to:

1.1.1. Outline the Trust's Equality, Diversity, and Inclusion (EDI) Objectives for 2022-2026.

1.1.2. Demonstrate compliance with the Public Sector Equality Duty (PSED).

2. Background and Context

2.1. In July 2016 our Trust set five EDI Objectives; these were to:

2.1.1. to ensure that EDI improvements align with, and are informed by, the Trust's Quality Priorities (patient experience, patient safety, and clinical effectiveness);

2.1.2. to improve patient access and experience for individuals and communities who are currently underrepresented (through patient involvement and engagement opportunities);

2.1.3. to improve workforce diversity and ensure equality at all levels;

2.1.4. to reduce bullying, harassment, abuse, and victimisation within the Trust workforce; and

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

2.2. Since publication of these objectives, we have undertaken a range of activities to progress against them. These activities have been discussed in annual reporting on EDI[1] and a summary of key activities is provided in **Appendix 1**.

2.3. As well as being required to do so under the Public Sector Equality Duty (PSED), there are many factors that make it timely to review the EDI Objectives. The Covid-19 pandemic has had a significant impact on the NHS and has highlighted a range of health and workplace inequalities. This has resulted in an increased focus on EDI with several changes happening at a national level. Even within our Trust, the requirement to respond to these inequalities has highlighted gaps in knowledge and understanding of EDI as well as issues within our processes and services. By refreshing the EDI

[1] Previous Trust reports on EDI can be found on our website: https://www.ouh.nhs.uk/about/equality/plans.aspx

Objectives, we can position ourselves to respond to, and deliver against, this area of growing need.

3. Developing our EDI Objectives

3.1. To develop the EDI Objectives, several approaches were taken to ensure that they:

3.1.1. are evidence-based, being informed by data such as that from staff and patient surveys, as well as from analysis conducted on workforce and patient demographic data.

3.1.2. align with best practice, focussing on interventions and activity where evidence shows they will have the greatest benefit and learning from other organisations who are leading the way.

3.1.3. align with local and national policy, such as the NHS People Plan and other local and national policy drivers.

3.1.4. consider existing and planned activity within the Trust, such as the OUH People Plan, seeking to build on that rather than generate wholly new activity.

3.1.5. reflect of the needs of our people, our patients and our populations.

3.2. Internal Trust data sources and review processes were considered, including:

3.2.1. Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES), and Gender Pay Gap (GPG) reporting, on which we report annually in the Combined Equality Standards Report 2021.[2]

3.2.2. EDI Peer Review – an assurance and service improvement tool developed by our Trust that aims to understand how EDI is being delivered at a service level. The tool is aligned to EDS2. Six services were reviewed over December 2021.

3.2.3. EDS2 Reporting – We undertook an EDS2 evidence collation exercise against each of the 18 outcomes in December 2021. Evidence was collated from a range of sources including the staff as patient surveys and demographic data. We had planned to undertake the grading component of EDS2 in January 2022, however these plans were postponed due to operating pressures exacerbated by Covid-19; we are currently exploring options for the grading to take place later in the year. A review of the evidence, however, was able to be undertaken.

[2] https://www.ouh.nhs.uk/about/trust-board/2021/september/documents/TB2021.69-combined-equality-standards-report.pdf

3.3. A summary of key findings from the EDS2 and EDI Peer Review exercises can be found in **Appendix 2**.

3.4. Specific engagement activity was undertaken to gather input from a range of stakeholders and ensure that the objectives met the needs of those stakeholders. These included:

3.4.1. EDI Visioning Workshops – A series of engagement workshops were held with our people and patients over the Summer of 2021, engaging approximately 130 people in total. This included holding specific sessions with each of our five Staff Networks. These workshops sought to understand what 'good' looked like in relation to EDI and what the priorities are of our people and patients.

3.4.2. Structured Conversations – These were held with system partners, including EDI Leads from other Trusts and the University of Oxford Medical School, Union representatives, and the local Academic Health Science Network. They were undertaken on a 1-2-1 basis to explore stakeholder expectations of OUH in relation to EDI and understand where opportunities exist to work collaboratively.

3.5. A summary of the key themes from these engagement activities can be found in **Appendix 3**.

3.6. Development of the objectives also considered a range of strategic drivers to ensure that they aligned with national and regional policy and trends and are positioned to have the greatest positive benefit. Key strategic drivers considered include:

3.6.1. OUH Strategy 2020-2025[3] – The OUH Strategy outlines three strategic objectives covering Our People, Our Patients and Our Populations, as well as five strategic themes to support those objectives. The Trust strategy is reinforced by the Trust Values. Each of the refreshed EDI objectives is aligned to at least one of the three Trust strategic objectives.

3.6.2. Buckinghamshire, Oxfordshire, and Berkshire West (BOB) Integrated Care System (ICS) EDI Strategy – This strategy outlines six workstreams that will be the focus for workforce EDI across the region. These workstreams are: inclusive recruitment, equitable talent management, wellbeing at work, safer workplaces for all, voice and engagement, and health inequalities at the workplace.

3.6.3. Patient Experience Improvement Framework[4] – This is an NHSE&I Framework which supports trusts to improve their patient experience processes. It enables teams to carry out organisational diagnostic to

[3] OUH Strategy 2020-2025
[4] https://www.england.nhs.uk/publication/patient-experience-improvement-framework/

establish how far patient experience is embedded in its leadership, culture and operational processes and follow a quality improvement methodology to embrace continual learning and adapting to local needs.

3.6.4. The Future of HR and OD in the NHS[5] - This report builds on the NHS People Plan and Promise. It identifies a strategic theme of "ensuring inclusion and belonging for all" with several actions it expects to be delivered across the NHS. These actions are reflected in our refreshed EDI Objectives.

3.6.5. OUH People Plan 2022-2025[6] - The Trust approved a new People Plan in July 2022 that sets out our People vision: "Together we make OUH a great place to work where we all feel we belong". The strategic themes that drive the plan are "Health, Wellbeing and Belonging for all our people", "Making OUH a Great Plan to Work", and "More People Working Differently". The People Plan embeds EDI throughout with specific activities designed to improve equality as well as KPIs mapped to some of the WRES and WDES metrics. The EDI Objectives were developed alongside this plan to ensure alignment.

4. EDI Objectives

4.1. As a result of the above activity, six objectives have been identified:

- Objective 1. Provide our people with the knowledge and resources to enable them to integrate EDI into our daily work
- Objective 2: Ensure EDI is at the heart of our processes and decision-making
- Objective 3: Develop a culture where everyone feels they belong
- Objective 4: Improve patient experience, particularly for those from deprived and seldom heard communities
- Objective 5: Develop Trust capability and data to identify and tackle health inequalities
- Objective 6: Establish OUH as a leader on EDI

4.2. For each of these objectives, we have identified what aspect of our Trust strategy it supports, what outcomes we expect to see, and some high-level activities we will undertake to achieve these outcomes. These are summarised in a table in **Appendix 4** including an approximate timeline for delivery.

[5] https://www.england.nhs.uk/wp-content/uploads/2021/11/B0659_The-future-of-NHS-human-resources-and-organisational-development-report_22112021.pdf
[6] https://www.ouh.nhs.uk/about/trust-board/2022/july/documents/TB2022.054-people-plan-2022-25.pdf

4.3. Whilst primary outcomes have been detailed here, progress against these objectives should also support a range of secondary outcomes such as improvements on WRES, WDES, and GPG indicators. The objectives should also not be seen in isolation, as progress against one objective will likely support progress against the others; this is especially true for Objective 1.

4.4. The high-level activity detailed in this report provides only an initial outline of the approach to meeting these objectives and it is expected that further activity will be identified as progress is made. Upon approval of these objectives, a full programme delivery plan will be produced.

Objective 1. Provide our people with the knowledge and resources to enable them to integrate EDI into our daily work

4.5. We know that our people are key to delivering on EDI. This objective focusses on enabling all of our people take responsibility for EDI, as well as equipping them with the skills, knowledge and resource to be able to do so. EDI is often seen as an additional problem to address. However, we want to work with our people so that they can embed EDI into their work and understand that an EDI focus can lead to solutions rather than problems. This objective acts as an enabler for the others, therefore much of the activity in year one will focus on this objective. This objective supports Our People and Our Patients

4.6. Outcomes we expect to see are:

4.6.1. We have improved disclosure rates on protected characteristics for both our people and patients

4.6.2. We are able to provide meaningful EDI data to Divisions and Directorates to enable improvements.

4.6.3. All individuals and teams, including Board members, have measurable objectives on EDI that are aligned with the Trust EDI Objectives.

4.6.4. All our people understand their responsibility for working on EDI, feel confident meeting that responsibility, and have the skills and knowledge to do so.

4.7. To achieve these outcomes, we will work on the following:

4.7.1. *EDI Data* – We will strengthen the EDI data for both our people and patients, improving disclosure rates and using it to effectively identify gaps and evaluate progress. Part of this work will explore how we empower staff to discuss EDI and protected characteristics with patients to enable us to gather and use that data. We will also change how we report on that data, providing quarterly reports to divisions and directorates to enable them to deliver change locally and monitor progress.

4.7.2. Management Training and Support – We will develop a suite of training and support for managers to ensure they have the skills and knowledge to allow managers and their teams to shine. This will support will have EDI embedded throughout it, enabling managers to understand how EDI can be practically applied through various management processes and practices.

4.7.3. *Leadership Development* – To increase Trust-wide capability on EDI, we will implement core leadership development programme based around the commitments of Leading Self, Leading Others, and Leading OUH. This programme will support leaders to develop their understanding of EDI and their role in delivering upon it.

4.7.4. *Support our Staff Networks* – We believe our Staff Networks are crucial to developing Trust capability on EDI, helping to inform our approaches to EDI and ensure the needs of various staff groups are considered. We are committed to providing the resource and support required for our Staff Networks to flourish and drive positive change. We will also work with the Staff Networks to highlight and share the lived experiences of our people, engaging with and educating others within the Trust.

4.7.5. *Allyship* – We will develop a network of allies who will act as champions for the EDI agenda, engaging, motivating, and supporting their colleagues to drive change. The allies will act as conduits for Trust-wide initiatives, supporting their implementation at a local level.

4.7.6. *EDI Peer Review* – As part of the EDI Peer Review process, services are expected to reflect on the findings, identifying areas where they can improve and determining an EDI priority for the service. We will expand the EDI Peer Review going forward, embedding as part of our regular peer review cycle, helping services to identify and deliver local improvements as well as supporting us to measure our progress on the EDI Objectives.

Objective 2. Ensure that our processes and decision-making have EDI at the heart of them

4.8. We want to ensure that we all take responsibility for consciously considering EDI in all our processes and practices so that we can prevent discriminatory practices and maximise positive impact. This objective supports Our People and Our Patients.

4.9. Outcomes we expect to see are:

4.9.1. All proposals that come to Board and Trust Management Executive (TME) consider their equality impact.

4.9.2. All our people have fair and equitable access to development opportunities and recruitment processes

4.9.3. A reduction in the gap between the proportion of those with protected characteristics across the Trust and those in more senior roles.

4.9.4. Our people are not disproportionately impacted by employee relations processes on the basis of protected characteristic.

4.10. To achieve these outcomes, we will work on the following

4.10.1. *Equality Impact Assessments* – We will review our equality impact assessment processes and develop the capability of our people to ensure they can follow these processes. This review will consider how the equality impact is considered for policies and processes, as well as in service design and delivery, so that assessments can be used to inform decision-making at all levels.

4.10.2. *De-bias processes* – In the past year, we have developed organisational capability around HR processes and started to review some of these processes embedding Just Culture[7] principles into them. We will continue this comprehensive review across all of our HR processes to ensure that our people have fair and equitable outcomes from them and that there is no scope for bias within them. One of the early focusses will be on our recruitment process, which will be reviewed in line with the NHS No More Tick Boxes report[8].

4.10.3. *Talent Management* - We will develop a talent management plan and strategy to ensure that it addresses under-representation and lack of diversity in senior positions of the Trust. This will include supporting the development of everyone's talent through career pathways, career conversations, and succession planning, and ensuring all our people have development plans that are personalised to them.

Objective 3. Develop a culture where everyone feels they belong

4.11. We want a culture where everyone feels that they belong; that they can bring their whole selves to work regardless of their background or identity and that they will not face repercussions for doing so. We want our people to feel able to give feedback and feel confident that any concerns they have are acted upon appropriately. This objective supports our people and is aligned to our Trust strategic theme of OneTeamOneOUH.

4.12. Outcomes we expect to see are:

4.12.1. Our people understand the expectations we have on how they bring themselves to work and can meet those expectations.

[7] https://www.england.nhs.uk/patient-safety/a-just-culture-guide/
[8] NHSE-Recruitment-Research-Document-FINAL-2.2.pdf (england.nhs.uk)

4.12.2. Our people experience a reduction in bullying, harassment, and violence from all sources.

4.12.3. A reduction in formal employee relations processes with concerns being effectively dealt with informally before escalating to a formal process.

4.12.4. Increased staff engagement and retention.

4.13. To achieve these outcomes, we will work on the following:

4.13.1. *Trust People Plan 2022* – 'Health, Wellbeing and Belonging for all our People' is a strategic theme within our new Trust People Plan. Launched July 2022. As part of this plan we will do the following:

- Identify and implement initiatives to meet basic physical needs in the workplace where these are not met, e.g., relation to hydration, nutrition and facilities
- Implement initiatives to tackle violence and aggression towards staff
- Continue to expand our offer to meet psychological needs through wellbeing check-ins, safety to speak up, Leading with Care, and post-pandemic trauma recovery
- Ensure our leaders and managers have the knowledge and resources to support and signpost people to wellbeing support
- Enable people to have open conversations and resolve difficulties at an early stage
- Introduce initiatives to support working lives with flexibility and autonomy
- Implement the NHS Civility & Respect Framework
- Targeted initiative to address the discrimination and inequities we know about from our data, e.g., in relation to race and disability
- Ensure all teams and leaders have measurable objectives on Equality, Diversity & Inclusion (EDI)
- Support equal value and recognition for everyone for their role in patient care, 'no more nons', e.g., non-clinical !

4.13.2. *Prevention and Reduction of Violence and Aggression* – We will undertake a programme of work to protect our people from violence and aggression from patients and the public. Work has started on this with the "No Excuses" communications campaign which features staff stories that expose the impact of abuse, as well as trialling and implementing initiatives such as the use of body-worn cameras. We will continue to

expand on this with this also being reflected within the Trust's Quality Priorities for 2022/23.

Objective 4. Improve patient access and experience, particularly for those from deprived and seldom heard communities.

4.14. We want to ensure that all our patients can access our services when they need them and that, when they do, their individual needs are accounted for as a core part of their care planning. We aim to start with those who face the greatest barriers in accessing our care, reducing differentials in experience between different groups. This objective supports Our patients and is aligned to our Trust strategic theme of Digital by Default

4.15. Outcomes we expect to see are:

4.15.1. Feedback we receive is representative of our patients and our populations.

4.15.2. We understand the needs of patients from seldom heard communities, enabling us to take appropriate action.

4.15.3. Patients from deprived and seldom heard communities feel able to engage with the us and can meaningfully influence what we do.

4.15.4. Communication needs are not a barrier to accessing patient care or having a good experience of it, with needs being identified and met appropriately.

4.15.5. Barriers to patient access are identified and removed.

4.16. To achieve these outcomes, we will work on the following:

4.16.1. *Patient Voice* - We will develop patient voice within the Trust with a focus on hearing the voices of the most deprived communities and seldom heard groups. We will ensure that patient feedback methods are accessible to all our patients and that the feedback is representative of the diverse communities we serve. Planned activities include weekly visits to community hubs and clinical areas to hear the views of patients and the public, increasing the accessibility of feedback methods such as the Friends and Family Test through providing different language options, and collaborating with the most deprived communities to identify further action.

4.16.2. *Patient Participation* – We will create a Patient Experience Steering Group, facilitating greater patient involvement in our work. We will ensure that the membership of this group reflects the diversity of the population we service. We will encourage wider engagement and participation by running an active 'you said and we did' campaign to show how we have used feedback. This will be publicised via Trust website and social media streams. Consideration will also be given as to

how we renumerate patients for their time as it is recognised that reliance on volunteering can exclude several groups.

4.16.3. *Patient Communication Needs* – We will support access by ensuring that we are able to effectively identify and meet a variety of patient communication needs. We have made progress on implementing the Accessible Information Standard[9] and will continue that progress throughout 2022. Additionally, we are currently running an interpreting and translation quality improvement project engaging and working with community and faith groups to help ensure patient language needs are always met.

4.16.4. *Digital Inclusion* – As part of the Trust's "Digital by Default" strategic theme, we will ensure that digital advancements do not unintentionally exclude patients and that we explore ways in which digital advancements can improve access.

4.16.5. *Site Accessibility* – We will explore ways to increase physical access on our sites, and develop processes to regularly review accessibility.

Objective 5. Develop Trust capability and data to identify and tackle health inequalities.

4.17. Reducing health inequalities has been set out as a clear national priority for the NHS as part of post-pandemic recovery. This includes using data and analytics to redesign care pathways and measure outcomes, focusing on improving access and equity for underserved communities. Integrated Care Systems are asked to take a lead role in this agenda, taking forwards the Core20PLUS5[10] approach to reduce health inequalities at system level.

4.18. We are setting up a new programme of work to drive forwards progress on tackling health inequalities, overseen by the Chief Medical Officer. This will seek to draw together all the strands of this work across the Trust and drive forwards key actions to tackle inequalities in access, outcomes and experience.

4.19. Outcomes we expect to see are:

4.19.1. We have developed our understanding of the populations we service and the inequalities that impact those populations across elective recovery and Core20Plus5 priorities

[9] https://www.england.nhs.uk/ourwork/accessibleinfo/
[10] NHS England » Core20PLUS5 – An approach to reducing health inequalities

4.19.2. We understand the impact of health inequalities on priority areas such as elective waiting lists.

4.19.3. We have developed targeted action plans around key national priorities.

4.19.4. We have a plan for delivering Population Health Management as part of BOB ICS.

4.20. To achieve these outcomes, we will work on the following:

4.20.1. *Analysis of Elective Waiting Lists, Clinical Outcomes, Patient Experience, and Population Health Information* – We are analysing our elective waiting lists to identify and respond to statistically significant differences in indicators used to define health inequalities. This work will initially incorporate measuring how long our patients are waiting for treatment on elective waiting lists and whether there are differences in waiting times unrelated to clinical need, in patients' ethnicity, age, or deprivation (measured by postcode). Our analytical programme will also be developed further to measure health inequalities using indicators for clinical outcomes and patient experience and we will be partnering with Oxford University to strengthen our analytical methods. Additionally, we will consider the application of a Clinical Priority Tool to implement a prospective approach to scheduling that incorporates health inequalities.

4.20.2. *Targeted action plans around key national priorities* – We will take targeted action on the 5 key areas that form part of Core20Plus5 – Maternity, Severe Mental Illness, Chronic Respiratory Disease; Early Cancer Diagnoses and Hypertension – working with clinical services and system partners to reduce these areas of inequality.

4.20.3. *Population Health Management* – As part of the Digital Strategy work, we are developing a plan for delivering Population Health Management as part of the BOB ICS.

4.20.4. *System Partnership* – We are working with public health experts within Oxfordshire County Council and with GPs in Primary Care Networks, to join up initiatives and avoid duplication locally. Reducing health inequalities and ensuring equity of access and outcomes will also be a theme within our work on Provider Collaboratives at Oxfordshire, BOB and Thames Valley level.

Objective 6. Establish OUH as a leader on EDI

4.21. As an anchor organisation with strong links to other organisations locally and nationally, we have an opportunity to influence and lead on the EDI agenda. We want to be seen as a leader in this space and be shown to

be in line with the best when benchmarking against our peers. This aspirational objective seeks to utilise our position to develop great EDI practice and have a positive impact that reaches beyond our Trust. This objective supports Our Populations.

4.22. Outcomes we expect to see are:

4.22.1. Our people are recognised for their good practice on EDI which is shared across the Trust.

4.22.2. We positively influence EDI practice beyond our Trust, supporting improvements both locally and nationally.

4.22.3. We are recognised as an inclusive employer and care provider that attracts and retains a diverse range of talent and delivers excellent care for our diverse patients.

4.23. To achieve these outcomes, we will focus on the following:

4.23.1. *Promote Good Practice* – The EDI Peer Review has highlighted that we have great EDI practice across the Trust, but this practice is not always shared or promoted. We will work to share this and positive stories relating to EDI to engage others on the EDI agenda and show ourselves as an inclusive employer and service provider. We will explore how EDI achievements can be recognised through Trust recognition programmes and share case studies of stories with Board. We will also seek to learn from the good practice of others from within the NHS and beyond.

4.23.2. *Systems working on EDI* – We will collaborate with system partners on shared issues to identify joint solutions. We will share resources with our partners, such as the EDI peer review, to support system-wide improvement on EDI.

4.23.3. *Research* – We will utilise our position as a leading teaching hospital with connections to two universities to drive forward research on inequalities as well as develop and pilot methods for addressing those inequalities.

4.23.4. B*ecome an Inclusive Employer of Choice* – We will aim to demonstrate and celebrate our progress against EDI by working towards known industry best practice standards for EDI, such as Disability Confident Level 3, as well as nominating ourselves for appropriate EDI-focussed awards.

5. Conclusion

5.1. This paper has outlined six EDI Objectives for us to progress against until 2026, in doing so meeting the requirements of PSED. These objectives were

derived from a review of the Trust's evidence base, current local and national policy and strategy, as well as engagement activity with our people and our patients. It is believed that these objectives will position us to meet the increasing challenges in the EDI space and support deliver against our overall strategy.

5.2. Some initial activity that will enable the Trust to progress against the objectives have also been identified. This is summarised in **Appendix 4** alongside expected outcomes, the tools we will use to measure progress and an approximate timeline for delivery.

5.3. It is expected that these Objectives will evolve over time with further actions and priorities being developed as work is undertaken to progress them. The EDI Steering Group will review the objectives annually to ensure they remain up-to-date and to enable the Trust to stay atop of changes in legislation and best practice as well as national, regional, and local trends.

5.4. The EDI Steering Group will also have oversight of progress against the Objectives, with a progress report being provided to Board annually.

5.5. Following approval, a communications campaign will take place to promote our refreshed objectives both internally and externally. A full programme delivery plan will also be produced, specifying timelines and measurables, to ensure effective delivery against these objectives.

6. Recommendations

6.1. The Trust Board is asked to:

- Review and approve the EDI Objectives 2022-2026.

4 Appendix 1. Summary of key activity against OUH EDI Objectives 2016-2020.

4.17 The below table summaries key activity undertaken to progress the Trust's EDI Objectives for 2016-2020. Further information can be found in the Trust's Equality Reports[11].

Objective	Activities
To ensure that EDI improvements align with, and are informed by, the Trust's Quality Priorities (patient experience, patient safety, and clinical effectiveness);	• Key Improvements- work to improve patient data- and use of this data to effectively work with patients, different communities to seek feedback and improvements from them. • Development and improvement of the FFT data and use of this to inform divisional improvements, trend data and further analysis. Look at ways in which this can be made more accessible- conversation with provider around languages and other communication needs. • Number of QI projects- Interpreting and translation, FFT and children's FFT, all in place to improve the service offered to patients and make better use of the data. • To continue to show patients and those within the communities that were are listening and that their feedback is being actioned. YOU said we DID, Twitter account, increased visibility of the team out in the hospital.
To improve patient access and experience for individuals and communities who are currently underrepresented (through patient involvement and engagement opportunities);	• Printed survey posters for national surveys in additional languages based on those requested by the teams displayed around hospital • Increased focus on Interpreting and translation, training for staff to ensure they are providing this for patients. Training now can be booked on my learning hub. • Working with communities to understand what they need from the service and how things can be improved. • Increased work with charities that are working to the same agenda on projects with shared involvements. For example, Maternity voices partnership for Maternity survey publication.
To improve workforce diversity and ensure equality at all levels;	• Implemented WRES, WDES, and GPG reporting, producing annual reports and action plans. • Undertook positive action in recruitment for disabled people including piloting easy read job applications and delivering supported traineeships. • Made improvements to recruitment process to mitigate potential bias, including adding requirements for minimum number of shortlisters and standardising structure for job descriptions. • Undertook action to improve Board diversity. • Embedded Values Based approaches including interviews and appraisals.
To reduce bullying, harassment, abuse, and victimisation within the Trust workforce.	• Reviewed and strengthened the Trust's Bullying and Harassment Procedure. • Refreshed Trust support on bullying and harassment, including introduction of Respect and Dignity Ambassadors.

[11] https://www.ouh.nhs.uk/about/equality/plans.aspx

	• Increased training available on bullying and harassment for managers and investigators. • Held a Leadership Conference on the topic in 2017. • Implemented Freedom to Speak Up.
To ensure that Trust leaders and managers have the right skills to support their staff to work in a fair, diverse, and inclusive environment.	• Provided dedicated resource to work on EDI. • Invested in building a Culture and Leadership Service. • Implemented an improved process for the equality impact assessment of policies and procedures. • Developed and delivered training on EDI, both as a standalone training as well as embedded into other training offers. This included training on unconscious bias, inclusive recruitment, and leadership. • Created and our Staff Networks to facilitate the voices of staff from different protected characteristic groups and support improvement on EDI. • Implemented Disability Passports to support implementation of reasonable adjustments in the workplace. • Achieved Disability Confident Level 2 • Increased Trust-wide communications on EDI promoting various EDI related events and increasing Board visibility on the topic.

5 Appendix 2. Key Findings from EDS2 Evidence and EDI Peer Review

5.17 As part of compliance against EDS2, evidence was collated against each of the 18 EDS2 Outcomes. The EDI Peer Review was used to support evidence gathering by identifying how the EDS2 outcomes were being met at a service level. This involved reviewers visiting the service area to make observations and ask questions of patients, staff, and managers. A summary of key findings from these two exercises are listed here.

Not all Trust systems are positioned to enable capture and reporting of EDI data, limiting ability to identify barriers and evaluate progress

5.18 In collating evidence against the outcomes, there was difficulty in getting the range of information to enable us to conclude how we are performing against some of those outcomes. This is particularly true for patient EDI data where we experienced issues in pulling demographic data for patients, and were unable to provide protected characteristic data for some outcomes, for example we were unable to get any form of protected characteristic data in relation to complaints.

5.19 Additionally, across both workforce and patient datasets, gender reassignment is rarely captured making it difficult to identify barriers for the trans community. Unfortunately, the Trust is limited in what we can do to resolve this as those changes would be required to be implemented on a national scale. It is understood that NHSE&I are working on a Unified Protected Characteristic Information Standard that, once implemented, will mitigate this issue, however no timescale has been given for this.

The Trust's EDI education and development offering is limited

5.20 During the peer review, we discussed the Trust's education offering on EDI. On the EDI Core Skills training, staff gave mixed responses as to its effectiveness with some staff commenting that it felt like a tickbox exercise with little benefit. Other staff however felt that it did meet expectations in that it covered the basic knowledge required.

5.21 When exploring EDI development beyond the Core Skills, staff said they had undertaken no development in relation to EDI in the past 2 years and were unsure of what was available.

5.22 These findings may also be reflected in how staff interviewed discussed topics of EDI. Staff seemed to lack confidence when talking on the topic and were often not able to clearly verbalise how EDI impacts their approach to their work. Despite this, through the examples they gave, it was clear that many staff understood the key principles in terms of treating people as individuals and recognising the value that different peoples experience can bring.

Our people are not fully aware of the Trust's approach to EDI or the governance surrounding it

5.23 During the peer review, no member of staff we spoke to were able to name the Board Leads for EDI or the EDI Objectives, and very few had knowledge of the Trust's EDI Steering Group. This demonstrated a shortcoming on how we communicate our approach to EDI and as well as how we ensure that all of our services are delivering on EDI.

EDI isn't explicitly routinely considered in decision-making and planning

5.24 As an extension of the previous finding, it was also found that EDI was not fully embedded within all our decision-making processes and in the design of our services.

5.25 None of the services we spoke to during the peer review had said they had conducted an equality impact assessment of their service. Additionally, very little evidence could be provided to meet the EDS2 outcome "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". Whilst there was evidence that some equality impacts had been considered, this was not done in a systematic way leaving opportunity for some impacts to be missed.

Tools used to support patient access were not always understood or utilised effectively.

5.26 As part of the peer review, it was identified that staff were not always aware of tools like hospital passports of hearing loops. Observations made as part of the reviews also found that many areas did not have clear, visible information on access needs that could support patients; in some cases, this included a lack of information on accessible toilet facilities.

5.27 In speaking with staff, it was also identified that there were times where support was not always utilised effectively. This primarily related to use of our interpreting and translation services where some staff mentioned getting friends and family members to translate rather than use the service. Albeit, staff clarified that this was strictly for informal non-clinical conversations, however this is still counter to our policy on the matter.

There are not clear mechanisms to share and recognise good practice on EDI.

5.28 During the peer review, several examples were given of good practice in relation to EDI. This included examples from both staff and patients of how our people went above and beyond to meet individual patient needs; some of which were quite complex requiring significant flexibility.

5.29 One example that stood out across the reviews was of how staff were supported by the service when faced with discriminatory behaviour from a patient. Staff described several steps that were taken to minimise the harm they experienced from the patient as well as to ensure they had access to appropriate support.

5.30 In discussion with staff about these examples, and on reflection with those conducting the reviews, it was felt that being able to recognise and promote these examples as what good looks like in terms of EDI would increase confidence of staff to work on EDI. As discussed in some of the previous findings, staff didn't necessarily have a full understanding of EDI, even if they were delivering on it, so being able to recognise it when it is happening could serve to mitigate that.

Patient Feedback isn't fully representative of the population we serve

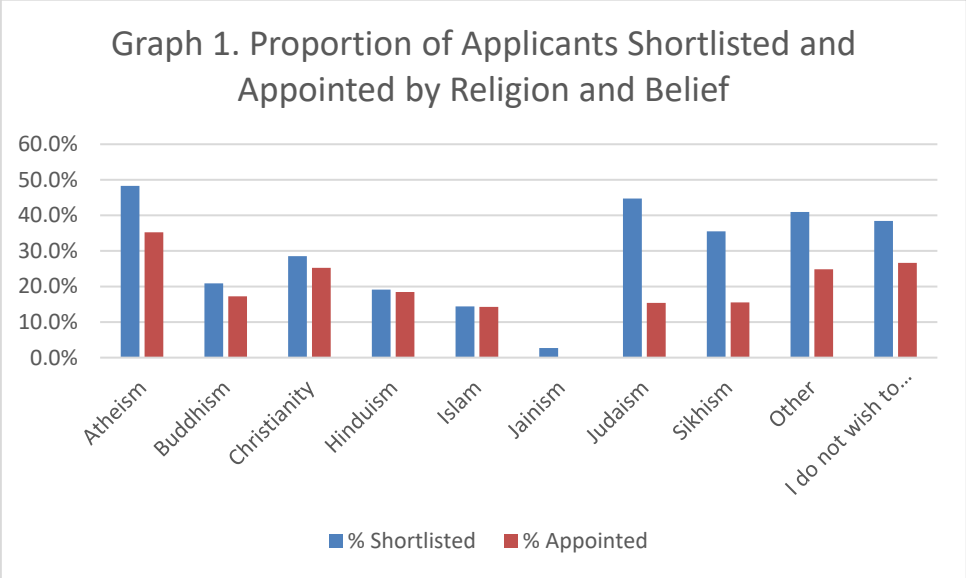
5.31 Reviewing demographics of respondents to various patient feedback tools, we can see that there are some communities which are less represented within feedback.

5.32 One recent example can be seen with the 2020 Adult Inpatient Survey. Looking at the ethnicity of those completing the survey, 93% respondents were white – higher than the 77.7% white in Oxford and 90% white in Oxfordshire (as per the 2011 census). This shows an underrepresentation of BAME communities in providing feedback. This lack of representation was also seen on the basis of religion and belief where there was a higher proportion of Christians than the local population, at 68% compared with 48% for Oxford and 60.2% for Oxfordshire and we saw a significant underrepresentation of Muslims in the responses with 1% of respondents being Muslim when compared with 6.8% for Oxford and 2.4% for Oxfordshire.

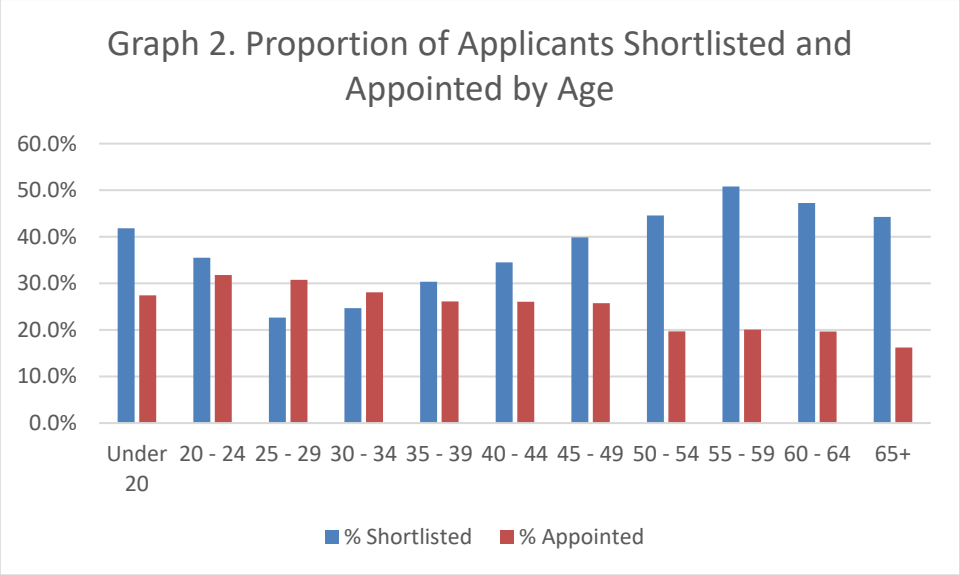
5.33 This came up as a finding in the peer review as well with some managers expressing that, whilst they would give all patients the survey, they had little control over who did or did not complete them. Staff also expressed some difficulties in providing certain formats for feedback, such as paper, due to changes forced by the pandemic.

There are potential barriers in recruitment across a range of protected characteristics

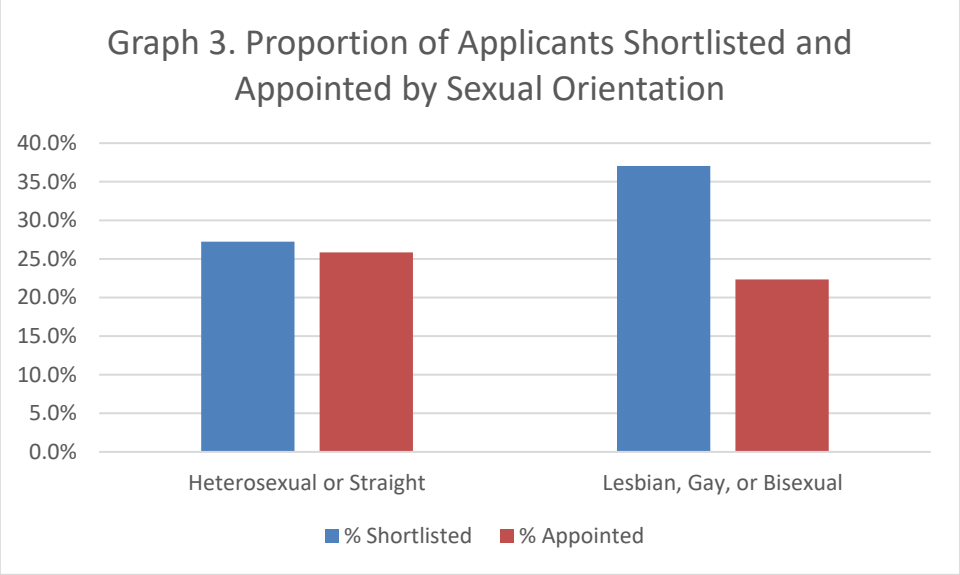
5.34 Our WRES and WDES findings already show that people are impacted in the recruitment process on the basis of ethnicity and disability, however further analysis of the evidence collected for the EDS2 process shows that this impact is also visible across other protected characteristics.



5.35 Graph 1 demonstrates that applications with religions/beliefs that are more dominant in the UK (i.e. Atheism and Christianity) are more likely to be successful in shortlisting and interview than applicants who are Buddhist, Hindu, or Muslim. Sikhism is an outlier with a relatively high number of Sikh applicants being shortlisted, although they remain less likely to be appointed in comparison to Atheists and Christians. Both Jainism and Judaism have much smaller numbers of applicants than other religions (77 and 36 respectively) or beliefs and so conclusions drawn from this data should be treated with caution.



5.36 Differential outcomes can also be seen on the basis of age. Graph 2 shows that older applicants are generally more likely to be shortlisted than younger applicants with a peak for applicants between 54-59 years of age. The inverse is true when it comes to success at interview with the relative likelihood of being appointed decreasing as applicant age increases.



5.37 Graph 3 also shows differences on the basis of sexual orientation with lesbian, gay, and bisexual applicants being more likely to be shortlisted, however less likely to be successful at interview. These figures should be viewed with caution however, as there is a high proportion of non-disclosure on this characteristic with 23.7% of those appointed not disclosing their sexual orientation.

6 Appendix 3: Key Themes from EDI Engagement Activity

6.17 *Accountability* - One key theme was that EDI is everyone's responsibility but there is currently no clear accountability to ensure that is happening. It was felt that there should be clear lines of accountability throughout the Trust with teams and services having EDI priorities that they must report progress against. It was also discussed that EDI should be considered within the appraisal process. Participants felt there should be clearer governance on EDI to enable accountability.

6.18 *Capability* - The capability of staff to work on EDI was a frequent topic of discussion. This was particularly true of manager capability; the Trust needs to ensure that managers are competent at having discussions relating to EDI and putting appropriate support in place for staff. Education and training on EDI was also discussed under this theme, with people raising that the EDI core skills training felt like a tick box exercise and did little to support staff to work in culturally competent ways.

6.19 *Data* - Staff spoke of wanting to work on EDI but not having the data to understand where the barriers are or evaluate the impact of what they're doing. It was felt that lack of data was a barrier to driving improvement on EDI. System partners also expressed a desire for organisations to share relevant data between them to help build a wider picture of shared issues.

6.20 *Recruitment* - Recruitment was raised as a recurrent theme throughout the sessions covering a variety of angles including widening participation initiatives (such as job carving and supported traineeships) as well as reviewing and improving Trust recruitment processes in line with known good practice. Staff also spoke of issues with the Values Based Interviews process with some staff expressing concerns that it was disadvantaging certain groups through questions that might be differently understood because of cultural background or neurodiversity, thereby potentially limiting success in VBI for some individuals.

6.21 *Career Progression and Promotion* - Staff wanted to see clear processes for progression and promotion that were equitably applied across the Trust. They spoke of different divisions and staff groups having inequitable access to opportunities and a feeling that these opportunities were not always awarded based on merit. System partners also expressed an expectation that career progression and promotion would be a focus for EDI moving forward, with all of them having specific objectives in relation to it.

6.22 *Culture* - The Trust culture was raised many times with concerns raised about the Trust having a culture that focusses on banding, limiting the voice of those in lower bands. It also has an impact on speaking up.

6.23 *Allyship* - Allyship was brought up as a theme in both the engagement workshops as well as the conversations with system partners. It was felt that

developing effective allyship would be a route to better delivering on EDI and promoting individual responsibility for EDI. It was believed that by developing staff as allies, they can engage others on the EDI agenda in an organic grassroots way that would work in conjunction with top-down Trust-wide approaches that might otherwise fail to work for all staff.

6.24 *Patient Access* - Patient access was raised frequently by both staff and patients who expressed the need for the Trust to continually work to remove barriers for different patient groups. Several access issues were raised including car parking, physical site access, and interpreting and translation. One notable issue related to digital infrastructure with concerns that the Trust may exclude people if appropriate consideration was not given.

6.25 *Health Inequalities* - Many participants spoke of increased awareness of health inequalities due to the pandemic and the need for the Trust to effectively respond to them. Participants felt that there needed to be an initial focus on identify the target population to reduce inequalities for and also recognised a need to work collaboratively across the system in order to effectively address them.

6.26 *Staff and Patient Voice* - Ensuring that we listen to both staff and patients to enable those most impacted lead the way came up frequently. The staff networks were seen as a great way to promote staff voices and participants also highlighted the staff story that went to Board in the Summer as being good practice; helping to raise awareness of issues faced by different staff groups. It was felt that the Trust could do more of this. With patient voice, there were concerns that some parts of the community were not being listened to and that further efforts should be made to engage them; this included discussion around possible remuneration for patients as lack of remuneration is felt to be a barrier for some.

6.27 *Sharing Positive Work* - Many attendees felt that quite often the focus is on the problems rather than things we have done well on EDI. It was felt that this creates barriers to improvement as it can disengage people from EDI and also prevents people from understanding what good looks like and celebrating what and when we do well. The Trust should put the spotlight on good practice and share it to enable others to learn from it and motivate people to be involved.

6.28 *Collaboration* - Collaboration and partnership working was brought up by all system partners as being important to them. It was discussed that there are many issues that require a consistent system-wide response to be effective (such as prevention of violence and aggression). It was felt that collaborating on such issues would not only lead to better outcomes overall, it would also be a more efficient use of resource which was often felt to be limited when it came to EDI.

7 Appendix 4. EDI Objectives Summary Table

7.17 The table below shows the EDI Objectives, summarising against each one the focus areas, the intended outcomes, tools that will be used to measure progress, and an expectation of when work will be delivered on these areas.

7.18 This table acts as a high-level summary and a full delivery plan against the objectives, detailing specific timescales, measurables, and responsible officers will be developed following Board approval.

7.19 Measurement tools that link directly to People Plan KPIs are denoted with an asterisk (*).

Focus Area	Outcomes	Measurement Tools	Approximate Timeline
Objective 1. Provide our people with the knowledge and resources to enable them to integrate EDI into our daily work			
EDI Data	• Improved disclosure rates on protected characteristics for both people and patients • Provision of EDI data to Divisions and Directorates to enable improvement	• Disclosure rates on electronic staff and patient records (ESR & EPR).	2022-2023
Manager Training and Support	• All our people understand their responsibility for working on EDI, feel confident meeting that responsibility, and have the skills and knowledge to do so	• WRES2: Recruitment: Relative likelihood of white staff to Black, Asian and Ethnic Minority staff* • WDES2: Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts*	2022-2023
Leadership Development	• All our people understand their responsibility for working on EDI, feel confident meeting that responsibility, and have the skills and knowledge to do so. • Every Executive Director, Division and Directorate to have identified at least one EDI priority, aligned with our Trust EDI Objectives.	• Bespoke engagement activity • Peer Review • Values Based Appraisals	2023-2024
Staff Networks	• All our people understand their responsibility for working on EDI, feel confident meeting that responsibility, and have the skills and knowledge to do so.	• Network membership • Staff Networks Maturity Framework	2022-2026
Allyship	• All our people understand their responsibility for working on EDI, feel confident meeting that responsibility, and have the skills and knowledge to do so.	• Number of allies • EDI Peer Review	2023-2026

EDI Peer Review	• All teams to have identified at least 1 EDI priority	• Outputs of Peer Review	2022-2026
Objective 2. Ensure EDI is at the heart of our processes and decision-making			
Equality Impact Assessments	• All proposals that come to Board and other senior decision-making committees consider their equality impact	• EIA audit	2023
De-bias Processes	• All our people have fair and equitable access to development opportunities and recruitment processes • A reduction in the gap between the proportion of those with protected characteristics across the Trust and those in more senior roles • Our people are not disproportionately impacted by employee relations processes on the basis of protected characteristic	• Staff demographics • WRES/WDES/GPG • Recruitment data • Employee relations cases • WRES2: Recruitment: Relative likelihood of white staff to Black, Asian and Ethnic Minority staff* • WDES2: Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts* • Reduction in recruitment time to hire (TtH)*	2022-2024
Talent Management	• All our people have fair and equitable access to development opportunities and recruitment processes • A reduction in the gap between the proportion of those with protected characteristics across the Trust and those in more senior roles	• Staff demographics • WRES/WDES/GPG	2023 – 2025
Objective 3. Develop a culture where everyone feels they belong			

People Plan 2022	• Our people understand the expectations we have on how they bring themselves to work and can meet those expectations • Reduction in bullying, harassment, abuse, and discriminatory behaviour from colleagues and managers • A reduction in formal employee relations processes with concerns being effectively dealt with informally before escalating to a formal process. • Increased staff engagement and retention	• Staff survey • Employee relations cases • EDI Peer Review • Bespoke engagement activity • Staff Survey: Relationships at work are strained* • Staff Survey: Recommend my organisation as a great place to work* • Staff Survey: I feel safe to speak up about anything that concerns me in this organisation* • Staff Survey: I have experienced harassment, bullying or abuse at work from other colleagues* • Staff Survey: My organisation takes positive action on health and wellbeing*	2022-2025
Prevention and Reduction of Violence and Aggression	• Reduction in bullying, harassment, abuse, and discriminatory behaviour from patients and the public • All staff feel able to report issues of violence and aggression.	• Staff survey • Incident reporting • EDI Peer Review	2022-2023
Objective 4. Improve patient access and experience, particularly for those from deprived and seldom heard communities.			
Patient Voice	• Feedback we receive is representative of our patients and our populations. • We understand the needs of patients from seldom heard communities, enabling us to take appropriate action.	• Patient Feedback Surveys • Complaints	2022-2023
Patient Participation	• Patients from deprived and seldom heard communities feel able to engage with the us and can meaningfully influence what we do.	• Demographics of patient participation • Outputs of patient participation	2023-2025
Patient Communication Needs	• Communication needs are not a barrier to accessing patient care or having a good experience of it, with needs being identified and met appropriately.	• AIS Reporting • Interpreting and translation data • Complaints • EDI Peer Review	2022-2023
Digital Inclusion	• Barriers to patient access are identified and removed.	• Complaints • Incident Reporting • Bespoke engagement activity	TBC

Site Accessibility	• Barriers to patient access are identified and removed.	• PLACE Assessments • EDI Peer Review • Complaints	TBC
Objective 5. Develop Trust capability and data to identify and tackle health inequalities			
Analysis of Elective Waiting Lists, Clinical Outcomes, Patient Experience, and Population Health Information	• Understanding of the impact of health inequalities on waiting lists • Action plan to address these with focus on access and outcomes	• Identification of statistically significant differences in waiting times and outcomes	2022-2023
Targeted Action Plans Around Key National Priorities	• Development of a work programme with clear objectives and deliverables, both within the Trust and with system partners	• Work programme developed	2022-2023
Population Health Management	• A Delivery Plan for delivering Population Health Management with partners	• Delivery plan developed	2022-2023
System Partnership	• A Delivery Plan for delivering Population Health Management with partners • Development of a work programme with clear objectives and deliverables, both within the Trust and with system partners	• Delivery plan and work programme developed; including how the Trust will work with system partners	2022-2023
Objective 6. Establish OUH as a leader on EDI			
Promote Good Practice	• Our people are recognised for their good practice on EDI which is shared across the Trust.	• Recognition Awards • EDI Peer Review	2023-2026
Systems Working on EDI	• We positively influence EDI practice beyond our Trust, supporting improvements both locally and nationally.	• Participation in system-wide work/projects.	2022-2026
Research	• We positively influence EDI practice beyond our Trust, supporting improvements both locally and nationally.	• Research undertaken	2024-2026
Become an Inclusive Employer of Choice	• We are recognised as an inclusive employer and care provider that attracts and retains a diverse range of talent and delivers excellent care for our diverse patients.	• Achievement of EDI related awards and standards. • Recruitment and Retention Data • Patient Surveys	2024-2026