

Oxford Health NHS Foundation Trust Equality Objectives for 2013/14

**1. Introduction**

 Oxford Health NHS Foundation Trust is committed to equality of opportunity for all people and to eliminating unlawful discrimination, harassment and victimisation. We recognise and value the diversity of the communities we serve, and that of our workforce. We believe that fairness and inclusion are central to the provision of caring, safe and excellent health services.

 This report sets out:

* The legal requirements around equality and diversity
* The framework we are using to progress our equalities work, namely the NHS Equality Delivery System
* Proposed actions (our equality objectives) for the coming 2013/14 business year.

**2. Legal context**

**2.1** The Public Sector Equality Duty

The Public Sector Equality Duty (Section 149 of the Equality Act 2010**[[1]](#footnote-1)**) is made up of a general equality duty, which is supported by specific duties.

The general equality duty states that public authorities must, in the exercise of their functions, have due regard to the need to:

* Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act;
* Advance equality of opportunity between people who share a protected characteristic and those who do not;
* Foster good relations between people who share a protected characteristic and those who do not.

 These are the three aims of the general equality duty. To comply with the general duty, a public authority needs to have due regard to these aims, in relation to the following 9 protected characteristics:

* Age
* Disability
* Gender reassignment (transgender)
* Marriage and civil partnership
* Pregnancy and maternity
* Race
* Religion or belief
* Sex (gender)
* Sexual orientation

Further details can be found in [Appendix One](#Appendix_One)

Health bodies are covered by the general equality duty in relation to all their functions.

**2.2** In addition the Trust must comply with the specific duties of the Public Sector Equality Duty as set out in the Equality Act 2010 (Specific Duties) Regulations 2011[[2]](#footnote-2):

* To publish equalities information to demonstrate its compliance with the general equality duty at least annually (from 31 January 2012 onwards);
* To prepare and publish one or more equality objectives that it needs to achieve in order to further any of the aims of the general equality duty. This must be done at least every four years (from April 2012 onwards).

See [Appendix Two](#Appendix_Two) for more details. The Trust works to the guidance available on the Equality and Human Rights Commission [website](http://www.equalityhumanrights.com/advice-and-guidance/public-sector-equality-duty/guidance-on-the-equality-duty/#Guidance_for_England_and_non_devolved_bodies_in_Scotland_and_Wales_).

3. The framework for our equalities work

**3.1** The NHS Equality Delivery System[[3]](#footnote-3)

## The NHS Equality Delivery System (or EDS) is designed to help NHS organisations to deliver better outcomes for patients and communities, and better working lives for staff. The EDS is a framework to review performance on equality and diversity, and to identify future priorities and actions. It is designed to be used in partnership with patients, the public, staff and staff-side organisations, and offers local and national reporting and accountability mechanisms.

At the heart of the EDS is a set of 18 outcomes grouped into four goals (Appendix Three). These outcomes focus on the issues of most concern to patients, carers, communities, NHS staff and Boards.

The four EDS goals are:

* Better health outcomes for all
* Improved patient access and experience
* Empowered, engaged and included staff
* Inclusive leadership at all levels.

In 2011 Oxford Health NHS Foundation Trust decided to adopt the NHS Equality Delivery System as the framework to deliver progress on our equality, diversity and inclusion work.

The NHS Equality Delivery System outcomes align with the principles of the NHS Constitution[[4]](#footnote-4) and the Care Quality Commission Essential Standards[[5]](#footnote-5), thus helping us meet these commitments.

**3.2 How we used the NHS Equality Delivery System**

During the winter of 2011/12 Oxford Health NHS Foundation Trust gathered and considered a [range of information](http://www.oxfordhealth.nhs.uk/resources/2010/12/Equality-and-Diversity-Report-2012-Final.pdf) related to its performance on equalities, and this informed a self-assessment using the NHS Equality Delivery System. This in turn gave the Trust a set of grades for each EDS outcome.

An action plan was developed aimed at improving our performance and grades during 2012/13, and this was approved by the Trust Board in March 2012. The Integrated Governance Committee has monitored this action plan as a standing item to ensure progress.

More information about the Trust’s EDS grades, and the agreed actions, can be found on the Trust [website](http://www.oxfordhealth.nhs.uk/resources/2010/12/Equality-Delivery-System-Goals-and-Actions1.pdf).

**3.3** **Review of the NHS Equality Delivery System**

The Department of Health and NHS England are currently reviewing the EDS, and it seems likely that a simplified approach will result. This will be known as *EDS 2.0*.

In essence it is proposed that the EDS:

* Is simplified with respect to both the outcomes and grading
* Is made more responsive to local needs and circumstances
* Can flex to address different outcomes over time as issues arise or change
* Is widened to embrace health inequalities.

The Trust will adjust its approach to using the EDS in line with the outcome of this review.

**4. Proposed equality objectives for 2013/14**

The list of equality objectives below have been considered by the Trust Executive Team on the 6 August 2013. They are now presented to the Trust Board for final approval. If approved, the equality objectives will then be published on the Trust internet site.

**4.1 How we identified potential equality objectives**

The process of identifying equality objectives involved consideration of:

* Progress made during 2012/13 and the need to complete any outstanding actions
* Analysis of population demographics, health needs and inequalities
* Patient and service user views and feedback
* Analysis of equalities information about patients and our workforce from our data systems and how well it covers the 9 protected characteristics
* Case work undertaken in response to Serious Incident Requiring Investigation and Root Cause Analysis reports
* Our vision, values and strategic objectives
* Our current reporting processes

A partnership approach was taken with key managers across the organisation to refine the final list of actions, and ensure they were owned by each part of the Trust, with clear lines of responsibility and reporting.

During 2012/13 our action plan focussed on improving equalities data collection. This remains an important area for action because the Trust is some way from achieving a similar level of data quality across the available protected characteristics in our different patient electronic record systems.

Given this, a baseline assessment was completed with the aim of:

* Identifying which protected characteristics can be collected using each electronic record system, and
* Establishing the level of data quality for each of the available characteristics across the record systems

This work meant we could develop a set of specific and measurable objectives targeted at improving data quality and data collection across patient, patient experience and employee information gathering systems (see equality objectives 1 to 5).

For 2013/14 it is also proposed that we take action to improve the use of equalities information to inform policy, service remodelling and business decision making so that we achieve improved outcomes for all patients and staff.

Improving the use of equalities information is critical if the organisation is to demonstrate ‘due regard’ to the general equality duty. These objectives have the added benefit of supporting the mainstreaming of equality and diversity across the Trust.

There are 4 objectives targeted at this area of equality and diversity work (see equality objective 6, 7, 8 and 9).

A further 4 equality objectives were developed that have a more direct impact on outcomes (see objectives 10 to 13). These actions should lead to improvements in service quality and health outcomes for patients, service users and carers, or improve the health and wellbeing of employees.

The proposed equality objectives for 2013/14 are set out below:

| Agreed Equality Objective and Outcome | Rationale | Risk | Mitigation | Lead | Target completion date |
| --- | --- | --- | --- | --- | --- |
| **Objectives to improve equalities data collection and quality**  |
| 1. Improve data quality for protected characteristics of *disability*, *race*, and *religion or belief* from baseline across existing 5 patient information systems. **See below**

**Outcome:** Data quality for protected characteristics of *disability*, *race* and *religion or belief* is improved from baseline across all existing patient information systems. | * Provides quantitative measure of progress against meeting Public Sector Equality Duty requirements
* Supports achievement of Trust and Health & Social Care Information Centre patient information data capture and quality targets
* Improved data capture of protected characteristics enhances Trust’s ability to analyse patterns of service use and patient need in a way that demonstrates due regard to Public Sector Equality Duty
 | * For a range of reasons the existing levels of data quality for disability, religion or belief, and to some extent ethnicity are low. These multiple barriers need to be overcome if progress is to be made.
* Improving data quality supports Trust efforts to improve patient outcomes and achieve our business objectives, but does not deliver better outcomes without analysis and better use of findings in business decision making
 | * We now have baseline information mapped for each of the existing 5 patient information systems used across Trust, and targets have been negotiated with responsible managers
* Equality objectives 6, 7, 8 and 9 support use of equalities data as part of business plans/ Trust priorities
 | **See below** | 31st March 2014 |
| 1a. In MH RiO (Children and Families) to achieve 85% of electronic patient records having complete and valid entry for *Ethnicity* across all teams in the Division*.* **Trust baseline: 84%** (May 2013), with some teams above 85% and others significantly below**External baseline:** Health and Social Care Information Centre (HSCIC) monitors SUS Data Quality for Outpatients, and Oxford Health NHS FT in April 2013 had 83.5% valid entry for ethnic category compared to 93.9% valid entry nationally.HSCIC monitors SUS Data Quality for Admitted Patient Care, and Oxford Health NHS FT in April 2013 had 72.7% valid entry for ethnic category compared to 98.1% valid entry nationally. | Vicki Bull, Performance Manager, Children & Families | 31st March 2014 |
| 1b. In MH RiO (Adults and Older Adults, and Specialised Services) to achieve 90% of electronic patient records having complete and valid entry for *ethnicity.***Trust baseline: 84%** (May 2013) | Claire Page, Mental Health Divisional Performance LeadClaire Reader Business Development & Support Services Manager, Specialised Services | 31st March 2014 |
| 1c. In MH RiO (Children & Families, Adult & Older Adult, Specialised Services) to achieve 30% of electronic patient records having complete and valid entry for *Religion or Belief*. **Trust baseline: 19.3%** (May 2013)Note: RiO does not allow staff to record ‘patient refused’ for religion or belief | Claire Page, Mental Health Divisional Performance LeadVicki Bull, Performance Manager, Children & FamiliesClaire Reader, Business Development and Support Services Manager, Specialised Services | 31st March 2014 |
| 1d. In MH RiO to achieve transfer of 58 old records (open referrals) to new *disability* form by 30 September 2013 | Claire Page, Mental Health Divisional Performance LeadVicki Bull, Performance Manager, Children & FamiliesClaire Reader, Business Development and Support Services Manager, Specialised Services | 30th September 2013 |
| 1e. For MH RiO (Children & Families, Adult & Older Adult, Specialised Services) achieve month on month increase in use of new *disability assessment* form by clinicians. **Trust baseline: 3 new disability assessments completed** (6 August 2013) | Claire Page, Mental Health Divisional Performance LeadVicki Bull, Performance Manager, Children & FamiliesClaire Reader, Business Development and Support Services Manager, Specialised Services | 31st March 2014 |
| 1f. In CHO RiO 10% of electronic patient records will have a complete and valid entry for *Religion or Belief* – (CHO RiO: Adult and Older Adult only, not Children and Families)**Trust baseline: 0.8%** (May 2013) | Sarah LeePerformance Development Manager, Community Services | 31st March 2014 |
| 1g. For CHO RiO (Health Visiting) to achieve a month on month increase in collection of ethnic category for new mother and baby referrals | Vicki Bull, Performance Manager, Children & Families | 31st March 2014 |
| 1h. In CHO RiO 60% of electronic patient records will have complete and valid entry for *Ethnicity*. **Trust baseline: 50%** (May 2013) **External baseline:** Health and Social Care Information Centre (HSCIC) monitors Secondary Uses Service (SUS) Data Quality for Outpatients, and Oxford Health NHS FT in April 2013 had 83.5% valid entry for ethnic category compared to 93.9% valid entry nationally.HSCIC monitors SUS Data Quality for Admitted Patient Care, and Oxford Health NHS FT in April 2013 had 72.7% valid entry for ethnic category compared to 98.1% valid entry nationally. | Sarah LeePerformance Development Manager, Community Services | 31st March 2014 |
| 1i. In PC-MIS (Talking Space) to achieve 85% of electronic patient records having complete and valid entry for *Disability* *and* *Physical Restriction* fields. **Trust baseline: 70%** (April 2013) | Rachel Fryer Psychological Services Pathway Manager | 31st March 2014 |
| 1j. In PC-MIS (Healthy Minds) to achieve 50% of electronic patient records have complete and valid entry for *Disability and Physical Restriction* field. **Trust baseline: 41%** (April 2013) | Rachel Fryer Psychological Services Pathway Manager | 31st March 2014 |
| 1k. For System 1 (Minor Injuries) to start collecting data for one protected characteristic (agreed *Ethnicity*). **Trust baseline:** That *Ethnicity Category*, *Marital Status*, *Religious or Other Belief*, *Sexual Orientation*, *Disability*, and *Language* all available fields in System 1, but not currently used (May 2013).**External baseline:** Health and Social Care Information Centre monitors SUS Data Quality for Accident and Emergency, and Oxford Health NHS FT for April 2013 had 38.2% valid entry for ethnic category compared to 91.5% valid entry nationally | Angela O’Neill, Modern Matron/ Clinical Development Lead, Urgent Care Service | Month on month improvement up to 31st March 2014 |
| 1l. In Call Confirm (Reablement Service) to achieve 90% of electronic patient records have complete and valid entry for ethnic category**Trust baseline: 80.61%** (all clients starting with Reablement Service between 01/04/13 and 30/07/13) | Andrew Collis, Senior ETMS Administrator, Oxfordshire Reablement Service | 31st March 2014 |
| 1m. In Call Confirm (Crisis Response Service) to achieve 23% of electronic patient records have complete and valid entry for ethnic category**Trust baseline: 12.74%** (all clients starting with Crisis Response Service between 01/04/13 and 30/07/13) | Andrew Collis, Senior ETMS Administrator, Oxfordshire Reablement Service | 31st March 2014 |
| 1. Ensure that procurement of next generation Electronic Health Record (EHR) system delivers the ability for clinicians and managers to capture, easily access, and report on information about all 9 protected characteristics so that the new EHR can support improved health outcomes for all patients and carers.

**Outcome:** Next Generation Electronic Health Record can capture and support reporting on all 9 protected characteristics. | * As the Trust is in process of procuring a replacement Electronic Health Record system, we have an opportunity to build in compliance with the Public Sector Equality Duty
* The next generation Electronic Health Record has potential to improve the ability of clinicians, managers and the Trust to demonstrate ‘due regard’ to the Equality Act as legally required
 | * Opportunities to maximise benefits for diverse patients and carers are missed
* Equality and Diversity Officer does not have capacity to attend every project group meeting
 | * Next Generation EHR Project Requirements document includes equality and diversity so potential provider companies are clear about our expectations
* Equality and Diversity Officer is a member of all project groups/ Oxford Health Clinical and Managerial Advisory Group (OHCMAG) so has sight of all outputs, but will not attend all meetings. This should enable Equality Officer to provide expert advice and oversight within capacity.
 | Rafael Sorribas, Health Informatics Development Manager | October 2015 |
| 1. From January 2014, all participants in an agreed selection of patient experience surveys completed across Divisions will be asked to complete anonymous equalities monitoring forms.

**Outcome:** Trust will be able to disaggregate patient experiences by at least some protected characteristics. | * Built into Trust wide Patient Experience Strategy April 2013 to March 2016
* Gives Oxford Health the ability to complete analysis of patient experience survey results by protected characteristic
* Analysis of data would enable Divisions to identify whether particular protected groups are over or under represented in surveys and if there are experience themes for certain groups.
* Data gathered can be part of equalities information published each January to comply with the specific Public Sector Equality Duty
* Data gathered helps to demonstrate progress against Equality Delivery System Goal 2
 | * Patients/service users may not complete equalities monitoring/ ‘about you’ forms
* Additional ‘about you’ questions may reduce the response rate of patient experience surveys
* Patients/service users still have the option to select ‘prefer not to say’ so gaps in data collection
 | * Staff to be supported to understand importance and rationale for equalities monitoring, so can confidently and clearly communicate this to patients, service users and carers
* Implementation could be incremental so initially could just ask a limited number of ‘about you’ questions (i.e. age, gender, ethnicity and disability) rather than about all 9 protected characteristics
 | Caroline Birch, Deputy Director of Nursing and Jane Kershaw, Patient Experience Lead | January 2014 |
| 1. Complete an employee information revalidation exercise during June and July 2013 with aim of reducing the number of ‘undefined’ fields for protected characteristics of *disability*, *religion or belief*, and *sexual orientation* in the Electronic Staff Record system.

Improvement will be measured against 31 December 2012 baseline: *Disability* = 48.4% *Religion or Belief* = 30.8%*Sexual Orientation* = 32.3%**Outcome:** Human Resources will have a more reliable data set to enhance decision making and policy review. | * As identified in our workforce data analysis (December 2012), for the protected characteristics of disability, religion or belief, and sexual orientation there are between 30% and 50% blank fields. The revalidation exercise will hopefully close these gaps
* Improved data quality will facilitate better equality analysis of policies and business decisions, and enhance work to improve working lives and the health and wellbeing of staff
* Learning and Organisational Development can use improved quality of staff data to better analyse patterns of access to training for different groups of staff
 | * Staff may not tell us some or all of their protected characteristics due to concerns about anonymity, or because they do not understand reasons/ benefits of collecting this information
* Staff still have the option not to disclose this personal information
 | * Leading up to and during implementation of revalidation exercise, we must clearly communicate the reasons and benefits of collecting information about the protected characteristics of staff, as well as how we will protect anonymity
 | Alison Dean, Head of Human Resources Systems and Payroll | 31st December 2013 |
| 1. Develop a set of equalities metrics covering Human Resources and Learning and Organisational Development, for inclusion on annual basis in Human Resources Performance Report

(Propose equalities edition of performance report each February, with data generated each December, and analysis in January - so can be published as part of equalities information to comply with specific Public Sector Duty by 31 January each year)**Outcome:** Human Resources will have a year-on-year comparable data set to enhance decision making and policy review, and demonstrate progress over time. | * Builds on work completed during 2012/13
* There are examples of good practice available that we can tweak to our requirements, thus saving time and resources
 | * Time and resource needed to identify metrics, gather data, analysis of results, prepare for publication
* Without revalidation exercise to improve data quality around protected characteristics held in Electronic Staff Records, ability to analyse data and make reliable conclusions will be limited
 | * To carry out revalidation exercise during June and July 2013 – See objective 4 above
* Equality and Diversity Officer will support and advise
 | Jayne Halford, Deputy Director of Human Resources | 31st December 2013 |
| **Equality objectives to improve use of equalities information when making decisions** |
| 1. To complete equality analysis/ impact assessments of service remodeling projects

**Outcome:** Service remodeling projects comply with Public Sector Equality Duty, and there is evidence to demonstrate consideration of ‘due regard’ and action taken were negative impact identified for one or more of the protected characteristics | * Equality analysis is an effective way to improve outcomes for protected characteristic groups and demonstrate due regard to general equality duty
* Completed equality analyses can be published as part of a range of equalities information to meet the specific Public Sector Equality Duty
* Provides Trust Board with robust assurance on equality and diversity
* Provides evidence to support grading in relation to Equality Delivery System Goals 1 and 2
* Trust managers have mechanism to ‘learn by doing’ and that supports co-production of solutions
 | * If process of equality analysis too cumbersome it may slow project delivery
* Staff time to complete equality analysis
 | * To develop efficient equality analysis tool in partnership with service remodeling team
* Will take some time to complete, but reduces risk of reputation damage or claim against Trust for discrimination, where implications of planned service changes do not consider fairness and inclusion
* Equality and Diversity Officer can support and advise
 | Nick Birtley, Equality and Diversity OfficerSharon Fennell, Associate Director of Operations | 22nd October 2013 |
| 1. Oxford Health to develop an equalities information ‘filing cabinet’ on the Trust intranet site

**Outcome:** Managers and staff have a known place to access relevant equalities information and resources  | * Builds on work completed during 2012/13 to bring together up to date equalities information
* Organisation focused information would be readily available to managers when completing equality analysis of decisions and policies
* Provides evidence in support of grading Trust against Equality Delivery System Goals 1, 2, 3 and 4
* There is already some information/ resources on Trust intranet, but it is out of date or widely dispersed
 | * Oxford Health managers may need support or training to be able to interpret or use equalities information
 | * Equality and Diversity Officer can provide support if needed
 | Nick Birtley, Equality and Diversity Officer and Wendy Samways, Communications Manager | 30 November 2013 |
| 1. PALS and Complaints Team to complete an equality analysis of the service to identify and prioritise new set of actions for 2013/14

**Outcome:** Strengths and weaknesses of Complaints and PALS Team in relation to equality and diversity identified and actions agreed around improvements. | * Builds on equality actions completed during 2012/13
* Trust will have improved evidence of compliance with Public Sector Equality Duty in relation to PALS and Complaints
* Delivery of actions will by end of 2013/14 bring Equality Delivery System grade for outcome 2.4 from ‘amber’ to ‘green’
 | * Time and resource needed to complete
* Contingent on completion of action from 2012/13 around improving equalities monitoring
 | * Equality and Diversity Officer will provide advice and support
 | Claire Price, Complaints and PALS Manager | 30th September 2013 |
| 1. From April 2013 onwards, analyse the *Friends and Family Test* results by the available protected characteristics of *age* and *disability* to identify themes in responses

**Outcome:** Trust will be able to disaggregate *Friends and Family Test* results by *age* and *disability* and identify positive or negative differences between these patient groups, and take action as required. | * Provides evidence to move Trust ‘amber’ grade to ‘green’ for Equality Delivery System Outcome 2.3: Patients and carers report positive experiences of their treatment and care outcomes
* Supports and enhances implementation of nationally required patient experience initiative
* Embeds use of equalities information in current mainstream business area
* Develops skills and methods that will be needed when equalities monitoring commences of patient experience surveys from January 2014
 | * Takes time to complete additional analysis
 | * We have to comply with Public Sector Equality Duty so must invest time in improving collection and use of equalities information
* Equality and Diversity Officer will support and advise Patient Experience Lead
 | Jane Kershaw, Patient Experience Lead | Data for April to June will be analysed in July 2013. Following quarters data will be analysed in October 2013, January 2014, and April 2014  |
| **Equality objectives to improve patient experience, health outcomes and staff health and wellbeing** |
| 1. Identify a manager to be Equality and Diversity Lead for each Division, who will sit on new Trust Equality and Diversity Steering Group

**Outcome:** Equality and Diversity Steering Group established with Terms of Reference, linkage to Trust governance framework, and participation of all Divisions | * Equality and diversity is every staff member’s responsibility
* Trust needs to strengthen capability to deliver improvements in equalities performance
* Having lead in each Division improves visibility of equalities agenda across Trust
* Divisional Lead can support gathering of equalities information each year (required for Equality Delivery System grading, and to meet specific duty of Public Sector Equality Duty)
 | * Without engagement across Divisions improvements against Equality Delivery System Goals and Outcomes will not be achieved or sustained
* Buy in and performance currently patchy with isolated pockets of good practice
* A lone Equality and Diversity Officer does not have capacity to deliver the level of improvement needed, leaving the Trust vulnerable to reputation damage from litigation, grievances and complaints
 | * A well-attended and supported Equality and Diversity Steering Group to drive the agenda
* Member of Executive Team or Non-Executive Director to be chairperson
 | Nick Birtley, Equality and Diversity Officer | Work with Divisional Directors to identify lead for each Division by 22nd October 2013Set date, book venue draft Terms of Reference, and hold first meeting by 31 December 2013 |
| 1. Deliver 8 Deaf Awareness sessions to key teams during 2013/14.

**Outcome:** Staff who have attended the awareness session, better understand the issues and barriers faced by Deaf people when accessing health services, and can better respond to individual needs | * Helps maintain and/or improve Trust performance against Equality Delivery System Goal 2: Improved patient access and experience
* Recent complaint highlights access issues for Deaf people
* Training provider can deliver bespoke sessions for each team
* Strengthens partnership with voluntary sector provider
 | * Staff time away from service delivery to attend training
 | * Former Primary Care Trust for Oxfordshire has paid for training so free to Oxford Health
 | Nick Birtley, Equality and Diversity Officer | All 8 sessions to have been arranged by 22nd October 2013, and to have taken place by 31st March 2014 |
| 1. Develop and implement a policy for providing health services to transgender people in partnership with inpatient mental health and community hospital staff, together with transgender people

**Outcome:** A policy with guidance is in place, that has been developed in partnership with patients and staff | * Have been two complaints during 2012/13 from transgender patients which highlight a need to policy and guidance for ward staff
 | * Without this policy Trust staff may discriminate (unintentionally) against transgender patients, thus damaging the reputation of the Trust, or risking claims for compensation
 | * To write a policy based on staff and patient engagement, and best available evidence and good practice
 | Nick Birtley, Equality and Diversity Officer | 22 October 2013 |
| **Equality objective to improve staff experience and health and wellbeing** |
| 1. Deliver the actions set out in the Staff Health and Wellbeing Action Plan

**Outcome:** Staff health and wellbeing will improve from baseline of key indicators in Staff Survey 2012 results | * Delivery of strategy action plan will move Trust grade for Equality Delivery System Outcome 3.6 from ‘amber’ to ‘green’ by end of 2013/14
* Builds on detailed analysis and staff engagement completed by the Trust Staff Wellbeing and Culture Group undertaken as part of developing the strategy and plan
 | * Still need to develop and agree metrics to measure improvements
 | * Propose small working group to develop metrics
 | Staff Wellbeing and Culture Group | 31 March 2014 |

**5. Reviewing progress**

Progress against the proposed new equality objectives for 2013/14 will continue to be reported to, and monitored by, the Integrated Governance Committee on a quarterly basis. What we have achieved at the end of March 2014 will be made public as part of the Annual Report in summer 2014.

**Appendix One**

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| The Public Sector Equality Duty 2010 (protected characteristics) |
| Age | By being of a particular age/ within a range of ages. |
| Disability | A physical or mental impairment which has a substantial and long-term adverse effect on day to day activities. This includes people with mental health problems, learning disabilities and long-term or serious illnesses such as heart disease, cancer or HIV/ AIDS. |
| Gender (sex) | Being a woman or a man. |
| Gender reassignment (transgender) | A person has the protected characteristic of gender reassignment if the person is proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning their sex by changing physiological or other attributes of sex. |
| Pregnancy and maternity | If a woman is treated unfavourably because of her pregnancy, pregnancy related illness or related to maternity leave. |
| Race | People who have or share characteristics of colour, nationality, or ethnic or national origin can be described as belonging to a particular racial group. |
| Religion or belief or lack of belief | The full diversity of religious and belief affiliations in the United Kingdom. |
| Sexual orientation | A person’s sexual preference towards people of the same sex, opposite sex or both. |
| Marriage and Civil Partnership | This is relevant in relation to employment and vocational training only, and in relation to eliminating discrimination, harassment and victimisation only. |

Appendix Two

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| --- |
| Equality Act 2010 Section 149 General Duty |
| General Equality Duty | Due Regard |
| Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010 | Conduct prohibited by the Act. To comply with the general duty, a public authority needs to have due regard to all three of the aims. |
| Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it | The Equality Act explains that the aim of advancing equality of opportunity involves, in particular, having due regard to the need to:* Remove or minimise disadvantages suffered by people due to their protected characteristics.
* Take steps to meet the needs of people with certain protected characteristics where these are different from the needs of other people.
* Encourage people with certain protected characteristics to participate in public life or in other activities where their participation is disproportionately low

Meeting different needs includes (among other things) taking steps to take account of disabled people’s disabilities – for example making reasonable adjustments. |
| Foster good relations between persons who share a relevant protected characteristic and persons who do not share it | Fostering good relations is described as tackling prejudice and promoting understanding between people from different groups. |
| Note: Organisations that are not public authorities are also required to have due regard to the needs listed above whenever they carry out public functions. This could include, for example, a private company or voluntary organisation with a contract to provide certain public servicesThis means that if Oxford Health commissions or sub-contracts a service, it will need to assure that the organisation they intend to commission can comply with the general equality duty. |
| Specific Equality DutiesCreated by secondary legislation – The Equality Act 2010 (Specific Duties) Regulations 2011 |
| Publication of equalities informationEach public authority is required to publish equalities information to demonstrate its compliance with the general equality duty. This needs to be no later than 31 January 2012, and at least annually after that, from the first date of publication. This information must include, in particular, information relating to people who share a protected characteristic who are:* Its employees
* People affected by its policies and practices.

Public authorities with fewer than 150 employees are exempt from the requirement to publish information on their employees. |
| Publication of equality objectivesEach listed public authority must prepare and publish one or more equality objectives that it thinks it needs to achieve to further any of the aims of the general equality duty. This must be done no later than 6 April 2012 and at least every four years after that. The objectives must be specific and measurable.Both the equality information and the equality objectives must be published in a manner that is accessible to the public. They can be published as a separate document, or within another document such as an annual report or a business plan. |

Appendix Three

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

1. HMSO, [The Equality Act 2010](http://www.legislation.gov.uk/ukpga/2010/15/pdfs/ukpga_20100015_en.pdf) [↑](#footnote-ref-1)
2. HMSO, [Equality Act 2010 (Specific Duties) Regulations 2011](http://www.legislation.gov.uk/uksi/2011/2260/contents/made) [↑](#footnote-ref-2)
3. Department of Health, [The Equality Delivery System for the NHS](http://www.eastmidlands.nhs.uk/about-us/inclusion/eds/) (2011) [↑](#footnote-ref-3)
4. Department of Health, [NHS Constitution (2012 edition)](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132961) [↑](#footnote-ref-4)
5. Care Quality Commission, [Essential Standards of Quality and Safety](http://www.cqc.org.uk/content/essential-standards-quality-and-safety) (2010) [↑](#footnote-ref-5)