

Trust Board Paper W

To:	Trust Board				
From:	Kate Bradley , Director of Human Resources				
Date:	25 July 2013				
CQC regulation:	1. Respecting and involving people who use services				
Title:	Equality Annual Report 2012/13				
Author/Responsible Director: Kate Bradley Director of Human Resources					
<p>Purpose of the Report: To provide a copy of the Equalities Annual Report for 2012/13 (Appendix 1) which sets out key achievements in relation to the equality objectives we set ourselves for 2012/13 under the auspices of the NHS Equality Delivery System (EDS). The paper also provides an update on the work programme for 2013/14.</p>					
<p>The Report is provided to the Board for:</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 50%;">Decision√</td> <td style="width: 50%;">Discussion√</td> </tr> <tr> <td>Assurance√</td> <td>Endorsement√</td> </tr> </table>		Decision√	Discussion√	Assurance√	Endorsement√
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Assurance√	Endorsement√				
<p>Summary / Key Points: The Governance arrangements for equality have been recently reviewed and it was agreed that a combined equality service and workforce update report would be provided for the Trust Board biannually in July and December.</p> <p>We had an ambitious equality programme for 2012/13 which included objectives to take forward each of the four domains of the EDS;</p> <ul style="list-style-type: none"> • Better health outcomes for all • Improved patient access and experience • Empowered, engaged and included staff • Inclusive leadership at all levels <p>The annual report sets out some of the key achievements for 2012/13 in these areas.</p> <p>UHL continues to declare legal compliance with the Public Sector Equality Duty and has a range of activities and processes to evidence our position. In addition we are meeting all of our external requirements via the Quality Schedule and the Learning Disability Self-Assessment Framework.</p> <p>Attached as appendix 2 is the work programme for 2013/14. Progress with the actions outlined in this plan will be provided to the December Trust Board.</p>					
<p>Recommendations: The Trust Board is asked to receive and comment on the Equalities Annual Report 2012/13, confirm support for publishing the report for circulation across UHL and to comment on the work programme for 2013/14.</p>					

Previously considered at another corporate UHL Committee? No	
Board Assurance Framework:	Performance KPIs year to date: Quality Schedule Public Sector Duty
Resource Implications (e.g. Financial, HR): N/A	
Assurance Implications: The equality programme is assessed for compliance with the Public Sector Duty annually. There is an equality indicator as part of the quality schedule requiring biannual reports.	
Patient and Public Involvement (PPI) Implications: Engagement is integral to the delivery of the equality objectives. Our Equality Advisory Panel provides external scrutiny.	
Stakeholder Engagement Implications: As above	
Equality Impact: The Paper describes the equality approach for UHL and details our progress against our equality work programme which has been endorsed by our Equality Advisory Group.	
Information exempt from Disclosure: None	
Requirement for further review? Update scheduled for December 2013.	

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MEETING: TRUST BOARD REPORT

DATE: 25 July 2013

REPORT BY: KATE BRADLEY, DIRECTOR OF HUMAN RESOURCES

SUBJECT: EQUALITY UPDATE

1. INTRODUCTION

1.1 The Equality Team previously provided biannual equality reports to the Governance Risk Management and the Workforce and Organisational Development Committees. The governance arrangements for equality have been recently reviewed and it was agreed that a combined equality service and workforce update report would be provided for the Trust Board biannually in July and December.

2. LEGAL AND EXTERNAL REPORTING REQUIREMENTS

2.1 To meet the requirements of the Equality Public Sector Duty the Trust needs to:-

- Eliminate unlawful discrimination, harassment and victimisation
- Advance equality of opportunity between different groups
- Foster good relations between different groups

2.2 UHL has to publish each year, an equality dashboard that demonstrates our compliance with the duty. The dashboard needs to include the annual workforce monitoring report and patient access data. There is some organisational freedom in terms of the type of patient service reporting undertaken as it is a new requirement and not specified by the Department of Health. That said, recommended good practice suggests that we analyse, report and publish some of our key performance data at least annually by gender, age, and ethnicity to check both access and treatment equity. Work is on-going to produce the dashboard.

3. EXTERNAL MONITORING

3.1 The Equality and Human Rights Commission are responsible for assessing legal compliance by appraising the information each Trust publishes. Sanctions can be applied if the information is either absent or deemed incomplete. In addition to this, we provide a twice yearly report for the Quality Schedule as we have a specific equality indicator which requires us to have an annual programme of work using the Equality Delivery System framework. We use the Board biannual reports for this purpose. This year, as part of the contract monitoring process, we have been asked to provide evidence of our equality activity and again have agreed that the twice yearly board update reports will be sufficient for this purpose.

4. KEY ACHIEVEMENTS FOR 2012/13

4.1 UHL uses the Equality Delivery System (EDS) as its framework for planning activities. This was developed in the East Midlands and has been adopted by most NHS Trusts although it is currently being reviewed nationally. We are required to deliver one or more objectives for each of the four broad domains below which we can self select based on what our data tells us:-

- Better Health Outcomes for All
- Improved Access and Experience
- Empowered, engaged and well supported staff
- Inclusive leadership at all levels

4.2 Part of the EDS process requires an external assessment of our position to either validate or refute the self assessed position. This is likely to be a function of Health Watch going forward. In anticipation of this development for 2014/15, we have reviewed the terms of reference of the UHL external Equality Advisory Group and extended their responsibilities to include a formal assessment of our progress.

4.3 We had an ambitious equality programme for 2012/13 and good progress has been made. Clearly many of the actions are more medium to long-term and so in some cases we have continued the action in our 2013/14 work programme review. Highlights for 2012/13 included:-

- Positive feedback from the newly established Disability Advisory Service
- Receipt of an Innovation award from the East Midlands Equality Network for Leicester Works
- Increase in the number of patients with a learning disability seen by our Acute Liaison Nurse Service
- Increased usage of our interpreting and translation service
- Positive patient interpreting service (foreign language only) evaluation
- Improvement in the staff survey in relation to an increase in the numbers of people receiving equality training. In 2011 39% of staff who had responded had received equality training compared to 59% in 2012. This represents a 20% increase.
- Production of the learning disability calendar to raise staff awareness
- Positive attendee feedback from the conference on the health needs of people with a disability

5. WORKFORCE MONITORING REPORT

5.1 We are required as part of the Public Sector Equality Duty to annually collect, analyse and publish our workforce data by:-

- Our overall workforce profile
- Pay differences
- Recruitment
- Number of staff leaving Staff leaving
- Number of disciplinary and grievance cases
- Access to training

5.2 The data is analysed by gender, age, ethnicity religion and belief, sexual orientation and disability, however, in areas of disability, sexual orientation and religion/belief there remain high levels of 'unknown' status making it difficult to draw any meaningful conclusions.

Key Headlines from the 2012/13 report were:-

- Overall the report showed no significant areas of disproportionate impact on any particular group of staff. There is no national formal benchmarking process in place, however a regional equality network exists and we have agreed that one of our first tasks will be to compare our workforce data
- Our workforce profile remains unchanged from 2011 and is broadly representative on gender, ethnicity and age. However we need to ensure that with further workforce reductions planned, adequate due regard analysis occurs with the submission of each plan to ensure that no one group of staff is adversely affected
- Representation for women and BME staff at a senior level remains our biggest challenge (8a and above)

5.3 Representation

This is a difficult issue to address and we are in a similar position to the national one. The current Board profile is being reviewed as changes are occurring and appropriate actions feature in the workforce programme for 2013/14.

6. **WORK PROGRAMME FOR 2013/14**

6.1 Attached is the work programme for 2013/14 which sets out key actions for this period. Progress against these actions is provided.

7.0 **SUMMARY**

7.1 UHL continues to declare legal compliance with the Public Sector Equality Duty and has a range of activities and processes to evidence our position. In addition we are meeting all of our external requirements via the Quality Schedule and the Learning Disability Self Assessment Framework.

7.2 A key challenge continues to be embedding the principles of equality in every day thinking and practice at all levels.

8.0 **RECOMMENDATIONS**

8.1 The Trust Board is asked to receive comment on the Equalities Annual Report 2012/13, confirm support for publishing the report for circulation across UHL and to comment on the work programme for 2013/14.

Caring at its best



Equality

Annual Report 2012-2013



Meet the Team

The Team provide advice and support to ensure the equality work programmes are delivered. We manage the interpreting and translation service, Learning Disability Acute Liaison Service, Disability Advisory service, the anti-bullying and Harassment service and Leicester Works Project and also brief the Trust Board on equality legislation and government initiatives.

Kate Bradley - Director of Human Resources is the Trusts Executive Director for Equality

Deb Baker - Equality Manager

Contact: Deb.baker@uhl-tr.nhs.uk
or 0116 258 4382

Nicola Trainer - Assistant Equality Manager

Contact: Nicola.trainer@uhl-tr.nhs.uk
or 0116 250 2959

Shaheen Mulla - Equality Advisor

Contact: Shaheen.mulla@uhl-tr.nhs.uk
or 0116 258 4382

Clare Blakemore - Divisional HR Lead,
Acute Care Division

Clare's responsibility for the Equality Agenda ceased in April, the team would like to thank her for all her hard work and support.

Smita Ganatra - HR Project Manager will now have responsibility for Equality

Contact: smita.ganatra@uhl-tr.nhs.uk
or 0116 258 6723

Katrina Dickens - Learning Disability
Acute Liaison Lead Nurse Practitioner

Contact: Katrina.Dickens@uhl-tr.nhs.uk
or 0116 258 4382

Louise Hammond and Lindsey Heald - Learning
Disability (LD) Acute Liaison Nurses (ALNs)

Contact: Louise.Hammond@uhl-tr.nhs.uk
or on 0116 250 2435

Lindsey is currently on maternity leave after giving birth to a beautiful baby boy earlier this year.

Katrina Dickens **Shaheen Mulla** **Louise Hammond** **Nicola Trainer** **Deb Baker** **Clare Blakemore**



The Team

Equality Delivery System

The Equality Act 2010 gives the UK a single Act of Parliament, requiring equal treatment in access to employment as well as private and public services, regardless of age, disability, gender reassignment, marriage or civil partnership, maternity or pregnancy, race, religion or belief, sex and sexual orientation.

The Equality Act aims to simplify the law by bringing together several pieces of anti-discrimination legislation with an aim to:

- eliminate unlawful discrimination, harassment and victimisation
- advance equality of opportunity between different groups
- foster good relations between different groups

We use the Equality Delivery system (EDS), an equality framework developed by the Department of Health 2011 to ensure that our hospitals do the best we can for patients, visitors, carers and staff.



The four broad aspirations for equality are as follows:

- 1) Better health outcomes for all
- 2) Improved patient access and experience
- 3) Empowered, engaged and included staff
- 4) Inclusive leadership at all levels

Progress against the equality work programme is self assessed internally via the Trust Board and externally by our **Equality Advisory Group** which comprises of key representatives of all groups who may be affected by potential inequality. Members are drawn from a variety of local community organisations several of which have worked with UHL as a critical friend for many years. The group meets with the Equality team approximately six times a year but is also consulted with and able to provide feedback throughout the year by email.

In partnership we have reached the agreement that this year UHL will be rating ourselves as progressing, recognising that there is still work to do.



1 Better health outcomes for all

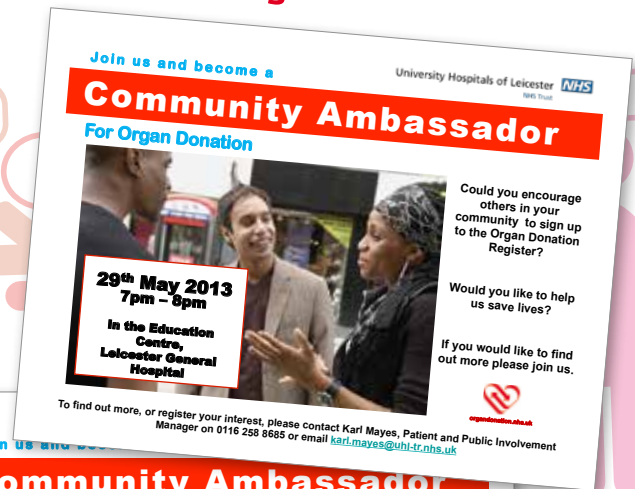


Organ Donation Community Ambassadors

0300 123 23 23
organdonation.nhs.uk

It has been well recognised nationally that the number of Organ donors from Black Minority Ethnic (BME) communities are less than ideal. In November 2012 the Trust held its first recruitment event for Community Ambassadors. Community Ambassadors are volunteers from our diverse local communities who provide accurate and up to date information on Organ Donation to other members of their community. Their role aims to raise awareness of organ donation and to encourage people to sign up to the national organ donor register. As such, they act as a resource for local communities and provide a link to the clinical lead for organ donation within the Trust. Community Ambassadors receive training and support from the Trust to carry out their role.

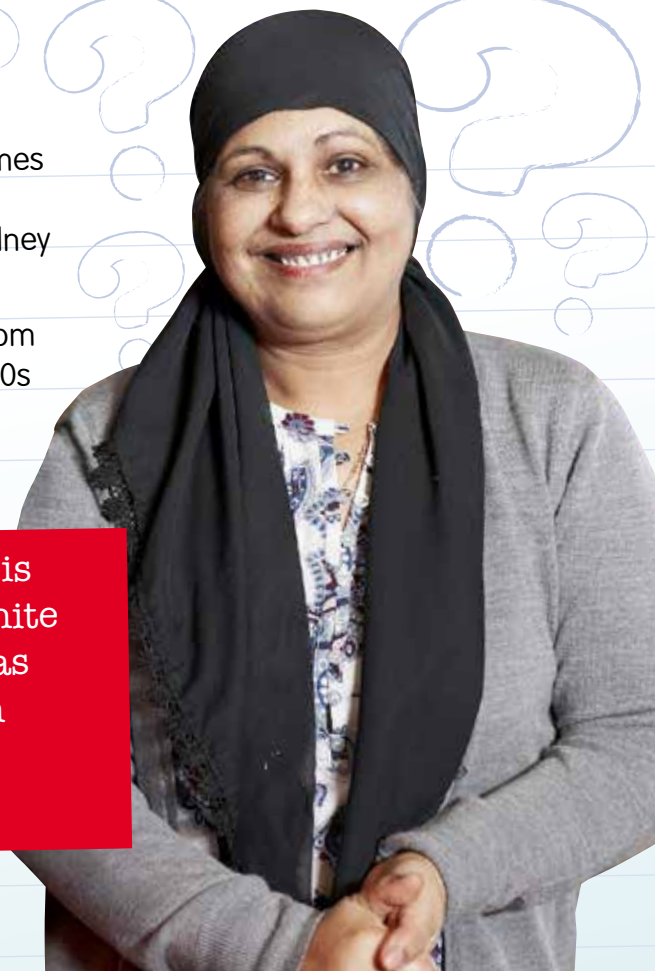
Ten Community Ambassadors have now received training.



Did you know?

- You are more likely to need a transplant than become a donor.
- There are currently around 7,300 people waiting for a transplant, with the number expected to rise steeply in the next decade.
- Black people are three times as likely as the general population to develop kidney failure.
- Some organs donated from people in their 70s and 80s can be transplanted successfully.

The need for organs in the Asian community is three to four times higher than that of the white community. This is because conditions such as diabetes and heart disease - that can result in organ failure - occur more often in the Asian population.



1 Better health outcomes for all



Hate Crime project

We are working with the Police, Leicestershire Partnership Trust and the Ambulance Service to see how we can improve the health service response to victims of hate crime. We held a community event in March this year where people attended and shared some of their difficult experiences with us. One attendee had written a poem to illustrate how he felt.

Having listened to peoples experiences we plan to develop a leaflet signposting hate crime

victims to support services and we are developing and implementing a training programme for staff to raise their awareness.



Left in need

By Kristian Russell

Left with more than a bruised ego,
pride stripped inside broken
outside. Outside will repair with
care scars will be left, but it's
the scars inside, emptiness filled
with fear, trust lost
in the one's they say care.

Where do I turn with resources
dwindling, support structures
collapsing I need to talk, I need
to be heard, I need to be healed
inside as well as outside.

Our legal obligation / Due regard

Legally all NHS organisations must ensure the need to:

- Foster good relations
- The need to eliminate discrimination, harassment victimisation and any other conduct that is prohibited by or under the Equality Act.
- Advance equality of opportunity
- Due Regard and involvement is one of the means by which we assess and evidence as to whether we meet the duties or not. Put simply due regard must therefore apply to all that we do i.e. be considered

when we are reviewing or changing a policy, service or function. In practical terms if we are changing a service in any way we need to know that everyone who needs to use it can do so. For instance if we were changing our patient booking system for patients so they had to book on-line. We would need to consider how a patient who couldn't access or use a computer would book their appointments and provide an alternative means of doing so for them.

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST
Due Regard and involvement assessment

Division:
Date:

1.	Describe the service/ policy change	
2.	What are the aims of the service/ policy change including expected outcomes	
3.	Is there a possibility that one or more of the groups listed below will be less or more favourably affected by the change if so describe the likely effect:	Yes/No
	• Race/ethnicity	
	• Sex	
	• Religion or belief	
	• Gender Reassignment	
	• Sexual orientation including lesbian, gay and transsexual people	
	• Age	
	• Marriage and Civil Partnership	
	• Disability - learning disabilities, physical disability, sensory impairment and mental health problems	

Assessment completed by: _____

Signed: _____

If you require further advice please contact Deb Baker, Equality Manager on 0116 2584382 or K

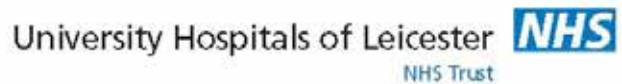
2 Improved patient access and experience

Equality Calendar 2013 focuses on Learning Disability.

The "Working for Wellness" national programme funded a variety of initiatives across the country promoting job opportunities and to raise awareness of the issues people with mental health and learning disabilities often face.

A small amount of the funding gained by UHL has been used to promote a greater understanding of

the needs of people with a learning disability by producing a 2013 calendar focussing on this topic. This gives us an opportunity to maintain the focus throughout the coming year. There is a range of helpful information in the calendar around the services available for people within and outside of the Trust.



The Equality Team presents:

The 2013 Learning Disability Calendar



"Attitude is a little thing that makes a big difference."

Winston Churchill

Patient Experience Story – the positive outcomes for patients using the ALN service.

"Elsie is a patient that has a diagnosis of severe learning disabilities, with no verbal communication skills but can use some sign language and non-verbal methods; in addition, she also exhibits behavioural / interactional challenges. Elsie can for example experience anxiety related episodes in new environments and can be non-compliant if she is expected to wait for long periods of time. Currently Elsie lives within a supported living home, with external support from family members.

Elsie had started to experience an increase in falls and deterioration in her walking abilities. Prior to this, she was independent in her mobility and accessed community services with staff support. The deterioration has required closer observation of Elsie to maintain her safety and further investigation is needed to determine if there is any underlying cause. Through joint working, and the involvement of the Trusts liaison nurses for Learning disability reasonable adjustments including how staff can best communicate/ interact with Elsie and the availability

of accessible information has enabled Elsie to undertake an E.C.G, ECHO and CT scan. In addition home visits are undertaken by the Hospital consultant to observe Elsie within her home environment. Whilst Elsie is still undertaking investigations in her plan of care, the coordinated liaisons and consultations between a range of professionals within primary and secondary services, family and carers aims to ensure the journey has been positive for Elsie and will continue to be".*



*Names and images have been changed to maintain patients confidentiality

2 Improved patient access and experience

An interview with the Learning Disability Acute Liaison Nurses

What is an average day like?

Firstly each day is never the same! The needs of the patients are very different depending on the needs of the patients with learning disabilities who come into hospital.

Who do you see?

We see any patients who come into our hospital who have a learning disability. We have a system that lets us know someone is in.

We visit most patients during their stay often daily if the patient requires it. We also do a lot of liaising with community services, families and carers, GP'S and our own staff both before during and after an individuals visit to the hospital.

How do you support individuals?

The types of things we do to support people are:

- Attending appointments with patients
- Talking to patients, families and carers about any concerns
- Adjusting a service to suit the patients needs
- Helping staff understand the patients needs.
- Providing information in a way that is easy to understand



We see any patients who come into our hospital who have a learning disability. We have a system that lets us know someone is in.



2 Improved patient access and experience

Patient metrics

As part of our commitment to embedding equality in all that we do we are now analysing and reporting some of our key performance data by ethnicity, gender and age. The initial indicators that we have chosen are: referral to treatment (RTT), ED waits and patient experience.

The year's data revealed some small differences but the good news is that there is no indication at this stage that for age, gender and ethnicity access and or outcomes

for the areas measured is significantly different.

The data headlines are:

- We are meeting the non-admitted and admitted target for all groups. However this was only just achieved in our younger and older patient groups for those from a BME background.

- The data suggest that a greater number of patients over 65yrs are waiting over 4 hours in ED. Previous investigation of this demonstrated that the longer waits were due to patients in that age group being more likely to have multiple pathologies that require a longer assessment period. The only area where the four hour target has been consistently met is for patients aged 17yrs or younger.



Patient experience

Overall, did you feel you were treated with dignity and respect whilst you were on this ward?

In all specified age groups, both genders and those from a White, Asian or Black background patients have positively rated this question. Responses however from those with a mixed background or from 'other' ethnic groups were not consistent.

Overall, how would you rate the care you received on this ward?

Averaged over the year we are failing this target in nearly all areas except for those that are 17yrs or younger. The ratings were worse in those identified as Black or Black British and those aged 85yrs or older.

If negative trends are detected appropriate actions will be taken by the individual services to resolve identified issues.

We will also be extending the data we analyse to other performance areas over the coming year.



Workforce Equality and Diversity Programme of Work April 2013- 2014

1. Better Outcomes for All

Actions	Success Measures	Lead	April 2013	Target date 2013	Progress July	RAG
Ensure that the Due Regard analysis is undertaken for all projects	That as services are developed there is no negative impact on any particular group Evidence that each development has been due regard assessed.	Equality and Project Leads	Project leads have been trained and the diabetes project, moving some patients from hospital to GP practices has a completed the due regard analysis	December 2013	Summary to be included in the December Board report	A
Produce a UHL equality strategy once the national strategy is launched	Equality Strategy	Equality Lead	Awaiting publication of the national strategy	October 2013	No action	R
Better embed equality within everyday practice	More examples of service improvements divisionally led	Equality Lead	Undertake a divisional equality audit Report at least annually on performance data by age, gender and ethnicity to ensure access and treatment equity for all protected groups	August 2013 September 2013	Audit tool developed Informatics team have agreed the principle	R
Participate in the research looking at the health outcomes for patients with a learning disability in partnership with De Montfort University and LPT		Equality Team	Steering group has been established and the outline proposal has been drafted	TBC	Steering group has been established	R
Attain full compliance with the new commissioner and provider Self Assessment Framework (SAF)	Full compliance	Equality Lead	UHL is part of a multi agency steering group that monitors and validates each organisation quarterly progress reports	November 2013	National guidance on the completion of the SAF has now been received	A

2. Improved Access and Experience

Actions	Success Measures	Lead	April 2013	Target date	July 2013	
Further improve access and efficiency of the interpreting and translation service by increasing the number of telephone sessions	A reduced annual service cost Maintenance of current levels of service or an increase	Equality Team & Procurement	The majority of the activity is currently face to face. We book on average 400 sessions per month	September 2013 to pilot telephone interpreting in the first department	Discussions regarding the most appropriate telephones are being held	A
Implement a hate crime care pathway in ED to better support patients accessing emergency care	That victims of hate crime are signposted to appropriate services external to UHL	Equality Team, LPT and EMAS Leicestershire Police	New objective (March 2013), The numbers of reported hate crime incidents locally are increasing. At a community event at LPT participants asked for an improved response from Health. LPT, EMAS and UHL are working together to improve staff awareness and signposting to appropriate support services	Community event held in March 2013 Finance secured from LPT to develop a staff e learning training package	Progress reported back to stakeholders Training outlines being developed	A
Ensure that the Acute Liaison Nurse Service continues to provide support to patients with a learning disability to ensure equity of access and treatment	Declared compliance with the LD Self-Assessment Framework	Equality Team	Biannual audits to be Completed A review of LD complaints to be undertaken	November 2013 September 2013	Annual report on the ALNS completed	A
Develop clinical guidance for the care of a bariatric patient & complex needs patients as a result of several complaints having been received	Improvement of the hospital experience for this patient group	Equality Team	(new objective February 2013)	Steering group established and meets monthly. Paper to be presented to the to the Nursing Executive Team	Work streams identified September 2013	A
Work in partnership with other agencies to identify the local mental health priorities for Leicestershire and Rutland	Recommendations inform the development of the Joint Strategic Needs Assessment (JSNA) for mental health care provision	Equality Team	(new objective March 2013)	Initial UHL data included in the draft report compiled by the Public Health local lead Challenging areas for UHL are: -Inconsistency with crisis resolution response times for GP's and ED	Report due October 2013	A A

3. Empowered, engaged and well supported staff

Actions	Success Measures	Lead	April 2013	Target date	Progress July 2013	Rag
Evaluate the Disability Advisory Service established in 2012	Staff receive the appropriate advice	Equality Team Equality Team	The service was established in September 2012. 12 calls have been received and a range of advice given. An advisory group has been established	September 2013 December 2013	A process for providing reasonable adjustments for post registration nursing maths test has been implemented. This was as a result of an issue having been raised with the service.	A
Produce an annual workforce report as part of our compliance with the public sector duty	Workforce report and action plan	Equality Team	Overall our workforce profile remains unchanged from 2011 despite a reduction in overall staff numbers	December 2013	3 actions have been identified that need further work and are covered in Section 4. Inclusive leadership at All levels	A
Assess data on grievances and disciplinaries in relation to BME and other Equality & Diversity issues to understand reasons and proportionality etc	Information available on issues, themes and proportions by E&D area	HR Lead for grievance and disciplinary monitoring	The current system doesn't easily collect this data	December 2013	This has since been addressed and the data will be available for the next report	A
Provide accessible Equality and Diversity training for all staff	Increase the number of people receiving ED training reported via the national staff survey	Equality and Training	A 2 hour manager power learning session has been developed in addition to e learning and induction	Ongoing	The first session was delivered in May 2013	G
E-learning and induction programmes to be reviewed and updated	Improved training uptake	Equality Lead	The e learning programme has been updated Provide the cultural competency session to the HR senior team Induction programme to be updated	May 2013 Date TBC August 2013	Date TBC	A
Develop 'top tips' for the faith and non faith provision of care for patients	Improve staff knowledge	Equality team and member of the equality Advisory Group and PPI	Action plan agreed	October 2013 October 2013	Community engagement events to be planned during the summer months	A

		lead and Chaplaincy				
Improve the food provision or Muslim staff as a result of it being raised by the Equality Advisory Group	Provide a halal option for staff	Interserve and Equality Team	There is currently no hot or cold / sandwich halal option provided in our staff restaurants	January 2014	Discussion with Interserve and staff members has taken place	A

4. Inclusive leadership at all levels

Actions	Success Measures	Lead	April 2013	Progress July 2013	Target date	Rag
Maintain the Leicester Works programme	Secure permanent employment for LW students	Leicester Works Coordinator	7 LW students have secured employment for a cohort of 25 since the programme has been running	An end of year report will be available in August 2013 when this year's cohort has completed their year with us	August 2013	A
Evidence fair access to career progression within the Trust	To increase representation of BME staff at a senior level band 7 and above	HR Recruitment Lead	Band 6 questionnaire distributed to 500 staff. 150 returned. To act on any findings once the report is completed. The main findings are: -no direct discrimination was identified - there was a perceived lack of promotional opportunities -some individuals stated that jobs were already 'earmarked' for someone -no wish to progress	The report to be discussed at the July HR meeting. Any agreed actions to be incorporated into this year's action plan	March 2014	G
Action areas highlighted in the 2012 workforce report		Recruitment Lead	The 2012 workforce monitoring report identified the following areas warranting further work and are: -Over the age of 40 you fair well from application to short listing, this position is reversed at appointment -There is a higher than average number of males and	March 2014 November 2013	Meeting to discuss required actions taken place	R

			individuals from a BME background are employed on fixed term contracts			
Complete a further electronic staff record (ESR) validation exercise to reduce areas of undefined status especially in the areas of disability, sexual orientation and religious belief. In addition as part of the Board Governance review the members of the board are required to update their equality monitoring information	Increased declaration for disability and sexual orientation	HR Workforce Lead	The current information is incomplete and needs to be updated as Workforce and Trust Board representation of protected groups under the Equality Act can't be accurately measured	Date to be agreed	Date to be agreed	R