Trust Board paper L

To:	**Trust Board**
From:	**Kate Bradley, Director of Human Resources**
Date:	**28 August 2014**
CQC regulation: 1&16	**Respecting and involving people who use services** **Assessing and monitoring the quality of service provision**

Title:	**Equality Update report**

Author/Responsible Director:
Kate Bradley, Director of Human Resources
Deb Baker, Service Equality Manager

Purpose of the Report:
This is the first of the biannual 2014 Equality update reports for the Trust Board. The report was discussed at the Executive Quality Board on 6 August 2014 before presentation to Trust Board today.

This report will:

(a) Provide an update on the revised governance and reporting arrangements for Equality.

(b) Present the 2013 Equality annual report that demonstrates compliance with the Public Sector Equality Duty which is to:

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

Please note due to the limitations of file size the attached Equality Annual Report at Appendix 1 is best suitable for web viewing in terms of the graphics quality. A printable version of the report containing higher resolution images will be used for any printed document that is sent out from the Trust. There will be some copies available at the Trust Board.

The Report is provided to the Board for:

Decision		Discussion√	
Assurance√		Endorsement√	

Recommendations:

- The Board is asked to note and discuss the content;
- Support further internal analysis being undertaken of the two critical incidents that have occurred;
- Conduct a Learning Disability Patient Outcome Review and;
- Agree the 2014/2015 Equality Programme of Work at Appendix 2

Previously considered at another corporate UHL Committee? **Yes** Executive Quality Board August 6th 2014	
Board Assurance Framework: **Risk** Principal risks 1 and 14	**Performance KPIs year to date:** Quality Schedule for Equality PE6.
Assurance Implications: The equality programme is assessed for compliance with the Public Sector Duty annually via our web site.	
Patient and Public Involvement (PPI) Implications: Equality and Patient and Public involvement is now aligned. The Due Regard proforma has been changed to now incorporate Patient Experience and Patient Involvement.	
Stakeholder Engagement Implications: The Equality Advisory Group is an active partner in monitoring delivery of the annual Equality Work Programme.	
Information exempt from Disclosure: None.	
Requirement for further review? • A Learning Disability report to be presented to the Executive Quality Board in September 2014. • A Workforce Equality Update report to be presented to the Executive Workforce Board (EWB) in December 2014. • The second of the biannual equality updates will be presented to the Trust Board in December 2014.	

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: **TRUST BOARD**

DATE: **28 August 2014**

REPORT BY: **Deb Baker, Service Equality Manager**
Kate Bradley, Director of Human Resources

SUBJECT: **EQUALITY UPDATE**

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1. INTRODUCTION

This is the first of the biannual 2014 Equality update reports for the Trust Board. The report was discussed at the Executive Quality Board on 6 August 2014 before presentation to the Trust Board.

2. PURPOSE

2.1 This report will:

2.1.1 Provide an update on the revised governance and reporting arrangements for Equality.

2.1.2 Present the 2013 Equality annual report that demonstrates compliance with the Public Sector Equality Duty which is to:

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

2.1.3 Outline the Equality priorities for this year.

3. EQUALITY COMPLIANCE 2013 - 2014

3.1 UHL is required to publish on the web site by the 31st January each year an equality dashboard that demonstrates our compliance with the Public Sector Duty. The current dashboard includes the annual workforce monitoring report and more recently patient access and experience data.

3.2 The reported position is based upon delivery of the annual equality action plan for 2013 - 2014. The monitoring arrangements for this are through the Patient Involvement, Patient Experience, Equality Assurance Committee (PIPEEAC), The Executive Quality Board (EQB) and Trust Board. The Equality Advisory Panel also has an invaluable role in terms of providing some independent scrutiny of our plans.

4. QUALITY SCHEDULE

4.1 The Quality Schedule requires us to demonstrate compliance with the Equality Act 2010 and the Equality Delivery System (EDS) implementation demonstrated through the:

- Production of a biannual progress report to include detailed workforce information across the 9 protected characteristics and

- Service specific KPI data analysis by protected characteristics (age, gender, ethnicity) as a minimum and working towards increasing the number of protected groups that can be reported on by January 2015 to identify specific areas where targeted improvements need to be achieved.

4.2 The information should include how many staff and patients are declaring their protected characteristics.

4.3 Patient data collection by protected characteristic remains a challenge as there is no national mandate to do so despite it being recognised as best practice. Most organisations routinely collect age, gender and ethnicity as we do. UHL has agreed to expand our data collection to include disability and work has commenced to initiate this. We plan to pilot this first before rolling out across the Trust if successful. The more contentious issue for us will be to expand further and monitor sexual orientation.

5. STRATEGIC DIRECTION

5.1 The general direction of travel for Equality last year was to ensure ownership at Clinical Management Group level. There has been early success with the implementation of the Patient Experience, Patient Involvement and Equality assurance template.

5.2 The 'ownership' theme will continue for this year as the CMG five year plans are developed in line with the Better Care Together (BCT) programme. With so many different partners involved it is essential that the agreed approach for equality is consistent, robust but straightforward and is applied early on in the service development cycle.

5.3 The principles of alignment need also to apply to any internal strategies that we have or are developing such as the recently published Age Strategy to avoid any duplication.

5.4 The Equality lead recently attended an LLR Better Care Together Equality Workshop to determine the:

- Proposed Leicester, Leicestershire and Rutland approach to Equality and Diversity in respect of Due Regard/Equality Impact Assessments;
- Supporting documentation and
- Proposed support arrangements for the delivery of the approach.

5.5 The recommendations from the workshop to be agreed by the BCT Partnership Board were that:

- Senior Responsible Officers (SROs) for each work stream would be responsible for ensuring that all business cases have a Due Regard/ Impact Assessment completed;
- Equality Leads within each organisation to provide support to managers drafting impact assessment for business case(s);
- Equality Leads to become a (virtual) reference group, and source for best practice and

- Equality leads to be members of a review panel chaired by a member of the Partnership Board to provide assurance of Equality and Diversity impact on decisions proposed and subsequently made.

6. THE EQUALITY ANNUAL REPORT 2013-2014

6.1 The full annual report is attached at appendix 1 and details the various work streams that have been undertaken by the Equality Team in addition to the day to day operational management of the service. Particular areas of additional focus have been:

- End of life care for people with learning disabilities;
- Learning from the experience of patients with a learning disability;
- Improved engagement with the Lesbian Gay, Bisexual and Transgender community;
- Embedding equality within CMG's;
- Further development of training resources;
- Interpreting and translation service monitoring;
- Representation of the workforce and
- Patient data collection.

6.2 Our equality ambitions based upon the Equality Delivery Framework are to improve health outcomes, patient access and experience for all of our patients, visitors, carers and staff. In essence we need to ensure that in all of our service provision:

- Our processes and procedures are non- discriminatory;
- We identify areas for change and
- We make sure that equality is at the heart of all that we do.

6.3 Our spotlight for this year has been to further embed equality within the CMG structures. In order to achieve this we have successfully aligned Equality with Patient Experience and Patient and Public Involvement with an identified Lead within each of the Clinical Management Groups. Whist this model is in its infancy we are already seeing improved engagement and less duplication by aligning the agendas. Feedback from the CMG Leads has also been positive.

6.4 PIPEEAC meets bi-monthly and submits a quarterly assurance report to Executive Quality Board. The equality elements of the assurance template that CMG's are required to evidence are:

- The completion of Due Regard analysis on any service development/change;
- That communication needs are identified and addressed to ensure access to services is equitable and
- That patient journeys/pathways are flexible enough to accommodate the needs of all of our patients.

7. PROGRESS WITHIN THE CMGs

7.1 From an equality point of view overall the RAG rating has improved from the baseline measurement assessed in March 2014. It is anticipated that this will continue to improve through focussed work with the PIPEE Leads.

7.1.1 Due Regard

There is evidence that due regard is being considered and in some instances formally documented, however some inconsistency remains which is due in part to:

- Local service development plans not having been finalised;
- The experience / confidence of staff completing them;
- The PIPEE CMG lead is not necessarily fully informed of all of the forthcoming changes and
- The principle of impact assessment or Due Regard isn't as well embedded within the service improvement/development cycle as other concepts such as Risk Assessment are.

7.1.2 Communication Needs

Similarly on an individual patient basis communication requirements and the need for reasonable adjustments are being assessed and actioned, however this is yet to be firmly embedded and in some areas is less well organised.

8. SPECIFIC EQUALITY MANAGED SERVICES

8.1 Interpreting Service

- Within the past six months 4055 bookings have been made within the Trust with a total cost of £216,265.
- The top five language requests are for Gujarati (30%); Polish (11%); Punjabi (11%); Slovak (6%); Bengali (4%) and
- Of the requests made 92% were for face to face interpreting sessions and 8% via Telephone.

In order to assist the CMGs to proactively manage their interpreter usage they now receive a three monthly breakdown of usage for their areas. Alongside this we have been working closely with Maternity, Physiotherapy and the Quality Mark wards looking at their particular needs, assisting them to work smarter with the resources available whilst maintaining the quality of care for patients.

The current contract is being retendered with a new contract commencing April 2015.

8.2 Translation

A total number of 59 translations requests were made to the Equality team during the past six month period made up of a mixture of patient letters, patient information and patient feedback. A total of £1597 was spent on new translations but many requests for patient information can be provided from those already held. This element of the service however remains fragmented as there are few single points of access for patient information within CMGs.

8.3 The Acute Liaison Nurse Service (ALNS)

The ALNS provide additional specialised support for patients with Learning Disabilities. The team have seen 574 people an increase of 165 more than last year. The main admitting diagnoses are:

- Respiratory (chest/breathing) which includes aspiration pneumonia; asthma; pneumonia; chest infections;
- Epilepsy;
- Urine/kidney infections;
- Cellulitis (infection of the skin and the tissue under the skin);
- Fractures and hip replacements;
- Ophthalmology (Eye) Appointments;
- Diarrhoea;
- E.C.G; CT Scans; MRI Scans;
- Catheter changes – planned and not Planned and
- Sickness and vomiting.

The service specific method of feedback for this group of patients is via the patient diaries. Diaries are given to every patient/carer on discharge. Very few are returned. From those that are, the diary feedback is positive however, general improvement themes are:

- The provision of better information of ward routines, treatment plans, tests procedures and discharge plans;
- Notifying the ALNS that a patient with a learning disability is in hospital;
- UHL staff using information brought in by the patient (grab sheet and traffic light assessment) to aid assessment and treatment plans;
- Better access to specialised equipment.

There have been several formal complaints received from carers of patients with learning disabilities. The Equality Lead is alerted when a complaint is received from any patient where their protected group appears as a feature of the complaint. Whilst this has been really useful in helping to inform the development of the LD service a more formal monitoring arrangement of complaints for this group is required to ensure any trends are identified, fed back and addressed.

The themes raised via this route are:

- Perceived/actual delays in accessing diagnostics whilst an inpatient;
- A lack of planning in terms of the additional considerations that are required for a patient with a learning disability i.e. the need for a general anaethstetic for a routine procedure such as CAT scan;
- A lack of awareness/ understanding of health staff of the particular needs of people with a learning disability.

In addition two patients with Downs Syndrome have been the subjects of a serious incident investigation one of which is just commencing. The inquest date is scheduled for December 2014. The Equality Lead will undertake an analysis of the complaints and the two incidents and include any findings in a specific report scheduled for presentation at EQB in September. A review of all admissions for this patient group for the last twelve months will be completed in conjunction with the Audit and Effectiveness Team

8.4 **Learning Disability (LD) – Strategic Direction**

LD has been identified as a specific work stream of the Better Care Together programme. UHL already contribute to the joint Health and Social Care LLR Self Assessment Framework that was last submitted to NHS England by the Local Authorities in December 2013. This is the replacement framework for 6 Lives which again UHL actively contributed too. A high level national report is available and locally NHS England is commissioning a piece of work looking at the Regional response. What this will look like and exact timeframes are yet to be announced. This will inevitably generate further work as the current assessment framework (if it continues) will need to be adapted to take account of the five year strategic plan for LD Services. A more detailed report on the current position and the implications for UHL going forward will be submitted to the September 2014 EQB and included in the December Trust Board update.

9. THE EQUALITY PROGRAMME FOR 2014 - 2015

9.1 The Equality programme of work attached is at Appendix 2; the priorities are summarised below and are to:

- Successfully re tender the interpreting and translation service;
- Undertake a communication campaign specifically around the needs of deaf and hard of hearing patients;
- Undertake key patient pathway reviews within the CMG's to inform future service development plans;
- Improve the reporting of patient feedback by protected group;
- Expand Patient data collection by additional protected groups;
- Agree the Better Care Together LLR Due Regard process;
- Agree the strategic direction for the LD service as part of the Better Care Together Programme and
- To develop a robust approach to address under representation at senior levels.

10. FUTURE DIRECTION

10.1 We anticipate increased scrutiny as a result of the NHS Equality and Diversity Council's recent announcement (31st July 2014):-

''that more action was required to ensure that employees from black and ethnic minority (BME) backgrounds have equal access to career opportunities and fair treatment in the workplace. Recent reports have highlighted disparities in the number of BME people in senior leadership positions across the NHS, as well as lower levels of wellbeing amongst the BME population''.

10.2 There is likely to be a new robust set of workforce indicators to address the low levels of BME Board representation across the NHS. The EDS may also become mandatory for all health organisations. We already use the framework to help define and support our Equalities Work Programme.

11. SUMMARY

11.1 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.

11.2 There is no doubt that the principles of equality are well understood by many staff in the Trust, although there is still some way to go before a consistent standard across all services is achieved. The newly established PIPEEAC is already improving the interface for the equality agenda at CMG level both operationally and strategically.

11.3 Early involvement of Equality in the BCT programme and the inclusion of LD as a separate work stream are welcomed and should aid the embedding process both corporately and within the CMG's.

12. RECOMMENDATIONS

12.1 The Board is asked to note and discuss the content;

12.2 Support further internal analysis being undertaken of the two critical incidents that have occurred;

12.3 Conduct a Learning Disability Patient Outcome Review and;

12.4 Agree the 2014/2015 Equality Programme of Work at Appendix 2.

University Hospitals of Leicester NHS

NHS Trust

Caring at its best

Equality

Annual Report 2013-2014

Introduction

Welcome to the 2014 Equality Annual report.

The refreshed Equality Delivery System 2 (EDS) was relaunched in November 2013. The EDS is a toolkit and framework for assessing how NHS organisations including UHL are performing with regard to equality, diversity and human rights; how we can improve; and gives a focus to how we get to where we want to be.

Like all hospitals we have an annual equality plan that details our activities for the year. The purpose of which is to ensure that:

- Our processes and procedures are non-discriminatory
- We identify areas for change
- We make sure that equality is at the heart of all that we do

Our focus for this year has been to better embed equality in all our activity. In order to achieve this we have aligned Equality with Patient Experience and Patient and Public Involvement with an identified lead within the Clinical Management Groups.

UHL continues to declare legal compliance with the Public Sector Equality Duty and has a range of activities to evidence our position. Highlights include the hosting of a conference for staff on health issues for people who are Gay, Lesbian, Bisexual and Transgender; increased usage of the interpreting service; improved access for patients with a learning disability to our specialist nursing service; the development of an e-learning hate crime training package for staff working in emergency areas. We have also seen continued success of the Leicester Works programme, an increase in equality education available for staff and the development of guidelines to support staff with disabilities whilst at work.

We would also like to thank the Equality Advisory Panel for their continued commitment to equality within UHL.

The population we serve

The demographic make-up of Leicester, Leicestershire and Rutland (LLR) is diverse and ever changing.

The 2011 census estimated the regions population at just over one million people showing a 17% increase since the last census. It is important that the Trust understands the characteristics of the population to ensure that its services are equipped to meet those it serves.

What did the census tell us about our Leicester, Leicestershire and Rutland population?

32% are under 24yrs and **15.7%** are over 65yrs

51% are women and **49%** men

25% are from a Black Minority Ethnic (BME) background

16.5% have a disability which limits their day to day activities.

10.4% act as unpaid carers

49% of over 16yr olds are married or in a civil partnership

52% are Christian and **26%** have no religion

12% do not speak English

**Patients sexual orientation was omitted from the census.

Our patient data tells us that on average;

33% of patients are over 65 years

55% of our patients are female

23% of our patients are from a BME background

60% of our patients are Christian and 11% have no religion. Other faiths which many of our patients follow include Hindu, Muslim, Sikh and Jewish.

Over the coming twelve months we will be looking at how we can better capture patient information around other 'protected characteristics' such as disability and sexual orientation.

The census information gives us more detail about who our potential service users and communities are. More detailed engagement with service users from across all the counties diverse communities will also help to establish what their needs are. By monitoring our service users, it allows us to see if we are reaching all the people that may require services. We are also able to assess how effective our services are, and how satisfied or otherwise the different communities are with them. All of this information helps to inform and improve our provision.

1 Better outcomes for all

Better health day

The better health day brings services users, professional staff from health and social care and carers together to discuss how people think health and social care services are doing in relation to caring for peoples needs who have a learning disability. The events are always well attended.

The ideas that are generated are drawn on to a poster. These ideas are then worked on by people involved with the services. On the whole most attendees had received a good service from UHL. There were some comments on waiting time and staff attitude not always being as positive as they would have liked. We are going to use some of the patient stories we have in next years training.

Better Health day ideas posters

Hate crime figures

Hate crime incidents are reported in Leicester every year and sadly the numbers are rising.

Many victims access health services at this time and have ongoing health issues as a result of the event. Darren Goddard, hate crime officer with Leicestershire Police, said: "We know that some victims of hate crimes prefer to speak to a healthcare professional first, rather than the police.

"Therefore, it's important that our healthcare colleagues have awareness and understanding of hate crimes and the impact they can have."

Last year we committed to developing an e-learning programme aimed at raising awareness amongst staff in emergency areas of the hospital as well as ambulance staff who are often the first on the scene. This is a collaborative piece of work with Leicestershire police, EMAS and LPT.

7 years ago Sylvia Lancaster received the devastating news that her daughter had been murdered. Sophie simply dressed differently and as a result she and her boyfriend were beaten up. Sophie died of the injuries she sustained in the attack. Sylvia, Sophie's mum has campaigned ever since to raise awareness of hate crime and she kindly contributed to our e-learning package for which we are very grateful.

The programme is completed and will be launched imminently so watch this space.

Sophie's wristband

End of life care for those with a learning disability

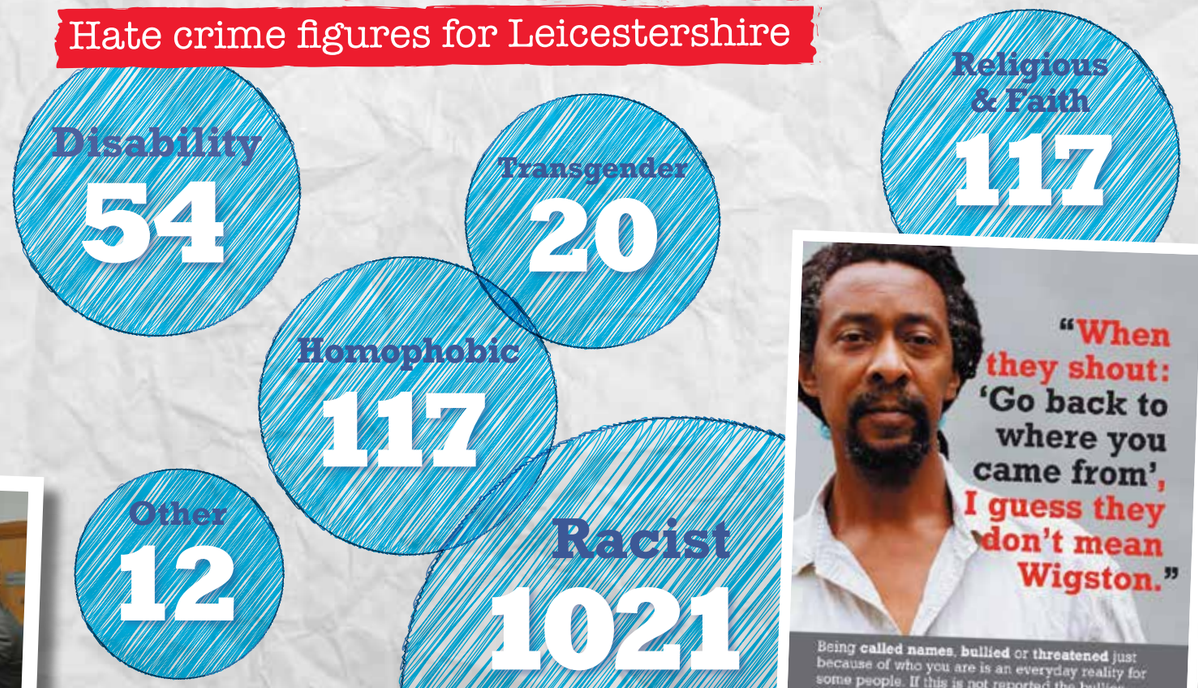
An end of life conference for people with a learning disability was held in 2012, which was well attended by staff and service users.

Following on from this the primary and acute care liaison team have continued to work together to look at supporting people with a learning disability to be able to make informed choices about their wishes at end of life.

There is on going work by the team to raise awareness and encourage the use of a pain assessment tool known as DISDAT. The tool identifies pain/discomfort in patients who are unable to communicate their pain.

Along with the Palliative Care Team they are continuing to support and promote the use of "Advance Care Plans" as well as patients own documentation which include their wishes and views. In support of the discussions and ideas highlighted in this years national conference a local group focusing on Palliative Care for People with Learning Disabilities has now been developed to implement some of the national initiatives locally.

Hate crime figures for Leicestershire



More information around hate crime in Leicester, Leicestershire and Rutland can be found on the Stamp it Out website **www.stamp-it-out.co.uk**

2 Improved patient access and experience

Embedding Equality

The Clinical Management Groups (CMG) Review

Mainstreaming equality remains one of our main challenges. Each clinical area has responsibility for providing fair, accessible and individualised care to all of their patients. This year we met with all key managers to review equality work and to discuss how embedded equality principles were in everyday practice.

There were three lines of enquiry that the interviews were based around which were to:

1. Understand how CMG services operate for all of our patients.

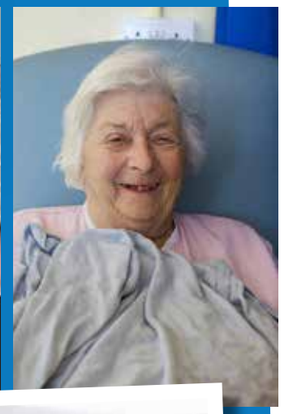
Across all CMG's there was genuine commitment to the principles of fairness and equality of access for patients, carers and visitors. Understanding what this looked like in terms of patient outcomes was less well understood. An example being that patient feedback is generally assessed across the whole patient population. Rarely is there information that looks at satisfaction between groups, making targeted improvement difficult.

2. Demonstrate how the CMG's 'reasonably adjust' their services to accommodate the needs of everyone.

The aim of 'reasonable adjustment' is to ensure that every effort is made to reasonably accommodate the differing needs of patients. On a case by case basis it appears this is done well, with good evidence that the Learning Disability liaison nurses are well utilised across the Trust. For other protected groups it is often less well organised. 'Due Regard' assessments are often only used for larger scale changes rather than as a routine element of care pathway development. This can result in some patients needs being overlooked. The test of any care pathway is "if we get it right for the most vulnerable of our patient groups we are likely to get it right for everyone".

3. Explain how equality and inclusion issues are addressed within the CMG's.

There is clearly an ambition to 'get things right for patients' however equality issues tended to be addressed when they arose. There were some examples where services had adapted to take account of a particular patient group.



For instance Musculo-skeletal had developed 'learning cards' for the patients who had fractured their hips and had dementia or had English as their second language enabling the patients to participate in their treatment plan. Maternity run a specialised clinic for pregnant women who have undergone genital mutilation.

The good news is that there was no evidence to suggest that access is directly denied on unreasonable grounds for any protected group. That said we do have some issues of consistency in relation to how far a service may or may not go to make the patient journey smoother for our more vulnerable/complex patients. Factors such as bed pressures, staffing levels and attitude all contribute to how well services meet the differing and or additional needs of patients.

We have developed an access checklist for use when planning; designing or renewing services. This will be available on INsite soon so look out for it.

Patient Experience

Patient metrics

Over the last year we have extended the number of areas of the Trust's key performance data we are monitoring, by age, sex and ethnicity to check both access and treatment equity. The data continues to show that there are only minimal differences in measured outcomes for ethnicity and sex. There are some differences noted within the age profiles of patients which will require further investigation.

- As demonstrated last year in the emergency department data, the older you are the less likely you are to meet the 4hour waiting target. 96% of those aged below 17yrs whilst only 36% of those aged 85 yrs or older did so.
- When looking at our in patient referral to treatment times, those from the younger and older age profiles are slightly more likely to experience a delay in accessing services. For outpatient services however all age group's access services equally.
- Re-admission rates demonstrate that if you are over 65 yrs you are twice as likely to come back into hospital within 30 days compared with those less than 65yrs.

2 Improved patient access and experience

Patient survey questions

Patient surveys provide feedback on the quality of the care patients receive, giving the Trust a better understanding of their needs and enabling improvements.

In order to ensure we are getting it right for all groups we have analyzed some key questions from our Patient surveys and the new national Family and Friends test by age ethnicity and sex.

The questions we looked at

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

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

3) Over all were you treated in a way that respects cultural and religious preferences?

The good news is that we have seen improved scores across all three questions with the set target or above being achieved in nearly all groups. The exceptions were in question 2 where those who's ethnicity was recorded as white or 'other' and for those aged over 85 years fell below set targets. We continue to work with the patient experience team to understand why this is and how we can address it going forward.

The friends and family test

The Friends and Family Test asks "How likely are you to recommend our (service) to friends and family if they needed similar care or treatment?"

Our results from in-patients shows that targets are being met except again those whose ethnicity was recorded as white or 'other' fell below set targets. This clearly demonstrates a parallel from the patient survey results. As this is the first analysis of this question we will need to continue to monitor to see if this is seen in further results as it continues to be rolled out to all areas in the Trust over the next year.

To try to ensure that we gain feedback from a representative sample of our community many of our patient surveys have now been translated into the three most common foreign languages spoken by patients coming to our Trust - Gujarati, Punjabi and Polish.

Feedback from Patients with Learning Disabilities

In the past year the service had contact with 500 patients with a Learning disability, which is an increase on the previous year.

We need to make sure that this patient group and their families have an opportunity to feedback their experiences. This information is obtained by the patient and/or their carers filling in a patient's diary during their stay. Generally feedback is good.

"Learning Disability Acute Liaison Nurse came before the appointment and brought papers... All nursing staff read and used their hospital information"

"I liked the paper flower made by the doctor for me at Leicester"

"We are appreciative of the support you have given to them on both occasions they were at the LRI"

"I thanked the hospital staff for the help they gave to me when I arrived in the hospital because I was feeling very bad but they gave me all the help I needed to recover from my illness"

"We were very grateful to have the Learning Disability Acute Liaison Nurse involved"

"All nursing staff read and used their hospital information very well and had regular contact with the home staff team. The whole ward was very good in every way to them"

"During their stay in hospital the ward staff were very helpful; liaising with the home to provide them with person centred individualised care. Regular updates from the ward helped us to prepare for their return and each person had a friendly and helpful attitude"

Less positive feedback includes issues around:

- Communication between disciplines leading to delays in treatment
- Lack of awareness of staff of caring for someone with a disability
- Over reliance on home carers when in hospital

Top tips towards getting it right

All patients with a learning disability should have the Emergency Grabsheet, the Hospital Information Booklet and the pain assessment tool when they come into hospital. This will help the hospital staff understand the patient's individual needs.

Inform the Learning Disability Acute Liaison Nurse of the patient's admission on extension 4382.

Orientate the patient to the ward and explain the ward's routine to reduce any anxieties.

Ensure mental capacity assessments are undertaken and results documented.

If the patient does not have capacity, hospital staff should involve family or carers whilst the patient is in hospital when decisions need to be made.

Being Lesbian, Gay, Bisexual or Transgender

Why is sexual orientation important when in hospital?

Whilst in many ways society has become far more open to people regardless of their sexual orientation issues still persist. Lesbian, Gay, Bisexual and Transgender (LGBT) people can experience discrimination and harassment because of perception and prejudice.

Some Health Facts

- National research suggests that this particular harassment may lead to poor mental health.
- Around half of lesbians (47%), four in 10 gay men (42%) and a quarter (24%) of bisexual women and men reported that they had suffered stress in their lifetime as a result of prejudice and discrimination linked to their sexual orientation.
- 9% of gay men and 14% of bisexual men in the survey reported a mental health condition as did 16% of lesbians and a substantial 26% of bisexual women.
- Substance Misuse - LGBT people are more likely to be affected by substance misuse, and lead unhealthy lifestyles.

What people at Pride told us... Top tips for providing care to LGB&T Patients

UHL Partnered with Leicestershire Partnership Trust and attended the Leicestershire Pride event and invited people to comment on their health experiences. Thankfully many had had very positive experiences some less so.

- Lack of confidence about disclosure to health professionals
- Too much focus on mental health and not treating the physical problems;
- "People not referring to my reassigned gender"
- "Good experience in hospital"
- "Need to treat partners of LGB&T patients the same as you would 'heterosexual' partners"

We also asked what key things would make their experiences more positive...

- Respect the individual for who they are
- Don't pre-judge
- Listen
- Provide effective LGBT training and development for health professional to improve awareness
- Treat same sex partners with equal respect.

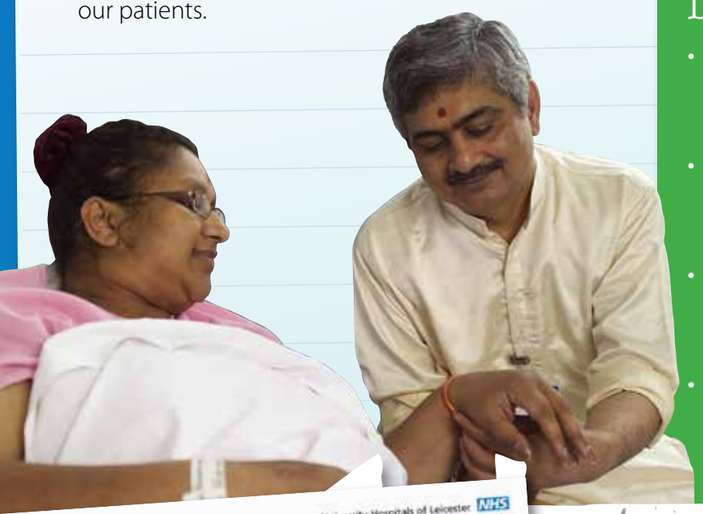
2 Improved patient access and experience

Religion and Belief

Chaplaincy forms an integral part of the holistic care provided by Leicester's hospitals.

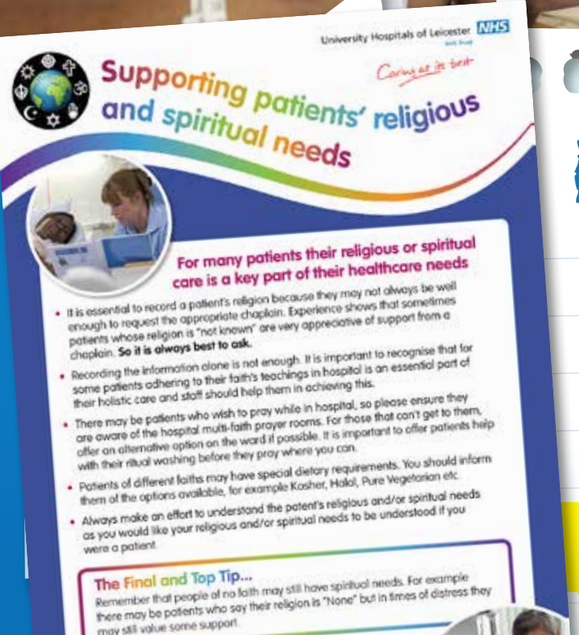
As part of the wider hospital team Chaplains draw upon their training and experience to offer religious, spiritual and pastoral support to patients, visitors and staff members of all faiths or no faith.

We know from feedback in the patient survey that the average score received for the question 'Overall, Did you feel you were treated in a way that respects cultural and religious preferences' is 95. This suggests that we are getting it right for a high proportion of our patients.



Did you know?

- The chaplaincy team includes Bahai, Buddhist, Christian, Hindu, Humanist, Jewish, Muslim and Sikh members.
- Chaplains and Chaplaincy volunteers made 14,500 visits to inpatients through the past year.
- Regular Christian, Hindu and Muslim prayers are organised on each site for patients, staff and visitors.
- Approx 250 calls for religious/spiritual support or advice were made out of hours in the last year.


University Hospitals of Leicester NHS

Caring at its best

Supporting patients' religious and spiritual needs

For many patients their religious or spiritual care is a key part of their healthcare needs

- It is essential to record a patient's religion because they may not always be well enough to request the appropriate chaplain. Experience shows that sometimes patients whose religion is "not known" are very appreciative of support from a chaplain. **So it is always best to ask.**
- Recording the information alone is not enough. It is important to recognise that for some patients adhering to their faith's teachings in hospital is an essential part of their holistic care and staff should help them in achieving this.
- There may be patients who wish to pray while in hospital, so please ensure they are aware of the hospital multi-faith prayer rooms. For those that can't get to them, offer an alternative option on the ward if possible. It is important to offer patients help with their ritual washing before they pray where you can.
- Patients of different faiths may have special dietary requirements. You should inform them of the options available, for example Kosher, Halal, Pure Vegetarian etc.
- Always make an effort to understand the patient's religious and/or spiritual needs as you would like your religious and/or spiritual needs to be understood if you were a patient.

The Final and Top Tip...

Remember that people of no faith may still have spiritual needs. For example there may be patients who say their religion is "None" but in times of distress they may still value some support.

Why did we decide to do Top Tips?

At the Trust Annual Public meeting and through discussions with patients while in hospital the Equality team provided the opportunity for patients to say what was important to them with regards to Faith whilst in hospital'. From replies we are developing an information poster summarizing the key finding to be used as an easy guide for staff.

Look out for copies of the poster coming to your ward soon!!

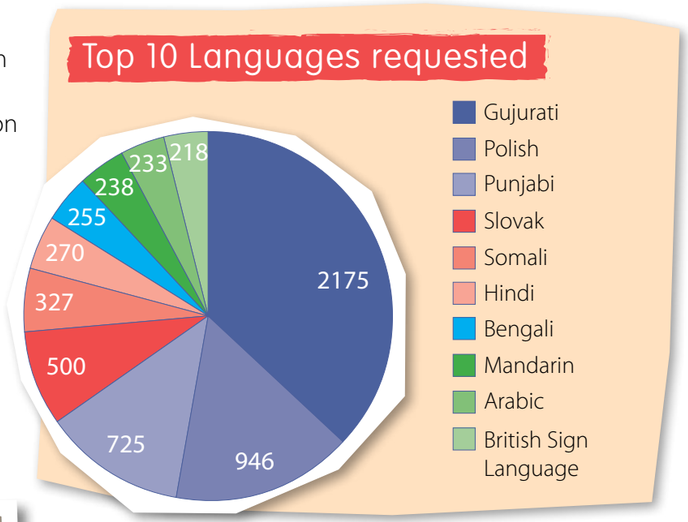
Interpreting and Translation

Ensuring good communication between healthcare staff and those we care for is essential if we are to maintain patient safety and increase levels of patient satisfaction.

At all times patients and those who care for them should be involved in discussions and decisions about their healthcare, and to be given information to enable them to do this.

In order to achieve this some of our patients will need an interpreter or translation of information into a format they can understand. The Trust has been working with Pearl Linguistics for several years to provide these services for our patients.

In the past year we have seen a 14% increase in the use of interpreters demonstrating that staff understand the need for independent communication support for patients.



This years top ten language requests shows a change to the previous year with Polish now becoming the second most requested language; Bengali and Arabic now fall within in the top 10 and Russian and Kurdish now falling just outside.

In addition to the top ten languages a further 1621 requests comprising 48 other languages were also made. This demonstrates the multi-cultural society Leicester is well known for.

In the last year there were over 100 requests to the Equality Team for information in an alternate format including large print, foreign language and easy read. We now hold a large amount of alternate formatted literature so these can often be provided to the patient or service users immediately.

One of our goals is to increase the use of telephones for foreign language interpreting this will help ensure good communication in urgent situations and for short conversations. Many areas have been benefiting from the use of new portable dual handsets phones. The distinctive phones will allow conversations between two individuals and the interpreter or in a larger setting using the loud speaker facility to allow a group discussion.

For staff needing more information about accessing interpreting services for patients go to http://insite.xuhl-tr.nhs.uk/homepage/corporate/equality-and-diversity/accessing-interpreters

3 Empowered, engaged and included staff

Workforce Report

Each year in order to comply with the public sector equality duty and make sure we are a fair and diverse organisation we produce a workforce monitoring report.

The report provides an overview analysis of the Equality protected characteristics against our workforce composition, looking at who is starting in and who is leaving the Trust, application of disciplinary procedures and access to training and development.

Headlines

The overall number of staff working at the Trust remained stable. We did see some changes within our staff groups with an increase in front line staff while some support staff transferred to outside providers. Despite these changes our overall profile remains unchanged.

What was new in this years report?

- A higher than expected representation of staff involved in the disciplinary process who either have declared a disability, identify as LGB or are aged 41-50 yrs.
- A reduction in the 'unknown' status in areas of disability, sexual orientation and religion and belief.
- The continued challenge of representation at senior level.
- That our representation across the protected characteristics is good compared to other Trusts similar to ours.

How have we progressed with last years top five priorities?

✓ **To establish benchmarks with similar acute Trusts so we can consider our performance in line with others and where possible work jointly to resolve issues.**

An initial benchmarking of workforce data was carried out. The results indicate that our declaration rates are greater than neighbouring Trusts and our overall representation is favourable.

✓ **To understand why a higher proportion of males and individuals from a BME background are employed on fixed term contracts.**

Looking at a sample of posts both fixed term and permanent has indicated that although a higher percentage of individuals from a BME background apply for fixed term posts, at the point of shortlisting there is no difference.

We now need to complete further analysis on those appointed into positions and look at a sample of posts to verify the reason for the fixed term contract.

✓ **To develop guidance for staff on 'reasonable adjustment'.**

The guidance was developed and is now available to staff and managers on our internal website.

✓ **To audit Band 6 staff to identify any perceived / real blocks to career progression for BME staff.**

The findings suggest that there is no indication of direct discrimination evident between men and women, ethnic groups or differing age groups which are acting as barriers to career progression.

✓ **To ensure equality data is consistently embedded in all data recording across the Trust, with clear explanation and reassurance given on how the data will be utilised.**

The data in this year's report demonstrates improvements in some reporting areas.
Next year we will review all data recording activity to identify where we are unable to generate accurate equality reports.

Top Priorities for the Coming Year...

- To conduct some further analysis of staff appointed into Band 7 positions.
- To review our data recording activity to identify where we are unable to generate accurate equality reports.
- Establish an agreed data set for benchmarking with East Midlands colleagues.
- To understand why there is a higher representation of disabled and LGB staff involved in disciplinaries.

A copy of the full 2013 report can be found at:
http://www.leicestershospitals.nhs.uk/aboutus/equality-and-diversity/reports-and-data

Staff Disability Advisory Service

In September 2012 the Disability Advisory Service was established. Its aim is to provide an additional support service for disabled staff and managers, providing confidential advice and support around working or supporting team members with a disability.

Individuals can contact the service and receive support via email, telephone or meet with an advisor.

What are you contacting the service about?

- Accessing appropriate supportive equipment
- Alteration to working hours
- Changes to working areas
- Parking issues
- Absence related to disability

Key theme in calls and what we have done

Reasonable adjustments

This has lead to the service developing "a guide to making reasonable adjustments". It is hoped this will encourage a pro-active attitude to making reasonable adjustments where needed and ensure a standardised approach throughout the Trust.

Learning differences

To support staff that may benefit from some guidance around managing their learning differences, ten key members of staff have recently attended 'Hidden Disability Training' with dyslexia action. The training will enable them to assist staff identify potential strategies that will aid them to utilise their strengths and if required make reasonable adjustments in the workplace.

"Thank you so much for all this information, you have given me the most reassurance from everyone I have spoken to. Thank you so much."
Deputy Sister

"Thank you for your time & help today, it's very much appreciated."
Support worker

For more information about the service visit
http://insite.xuhl-tr.nhs.uk/homepage/corporate/equality-and-diversity/disability-advice

3 Empowered, engaged and included staff

Update on Leicester Works

We work jointly with Remploy and Leicester College to provide a "getting ready for work programme" for young people who have a learning disability.

This is the fourth year of the programme with fourteen students to date having secured permanent employment in and outside of the Trust. This is an average of over 3 students per cohort of ten or 35% against a national employment average for people with a learning disability of 7%.

Joseph a student on the Leicester Works programme is working within the Volunteer Service meeting and greeting visitors, assisting with the library and helping the buggy drivers.

Alison Reynolds the Volunteer Services Manager said that it had been a pleasure having Joseph, seeing him develop and build his confidence. She also added that he had become a popular and well liked member of the Volunteer Team.

If you would be interested in supporting a student in the future on a three month work placement please contact: Shaheen.mulla@uhl-tr.nhs.uk or ext 4382. We would love to hear from you.

When asked about what was different about coming to work and going to college, Joseph says:

"I have to make sure I get up early so I am not late to work"

"I need to wear special clothes"

"I have made lots of new friends"

"I speak to lots of different people"

When asked what he liked least he responded:

"I love everything"

Employment Average for People with a Learning Disability

Equality & Diversity Training compliance

Equality Training

The Equality team provides training in a variety of ways. This year we have again seen the number of staff receiving Equality and Diversity training increase by another 40% with 6520 staff receiving training in the last twelve months. This means 75% of staff working for the Trust are up to date with their Equality and Diversity training which is above the national average of 60% seen in similar Trusts.

New E-Learning Programme

This year the equality team have developed a new streamlined e-learning programme to ensure that our Equality and Diversity training remains current and relevant to our staff. As well as providing key information around how we should apply the principles of Equality, the module gives staff the opportunity to test out their knowledge and reflect on what they have learned by relating it to their own experiences.

Learning Disability Training

In the last year 1100 staff viewed **'Freddie's Story'** a training film about people with learning disabilities for everyone working in healthcare. The film addresses many different aspects of the hospital environment based on real experiences with a focus on improving communication and inspiring everyone to respect and value people with a learning disability.

"It was a rewarding course; it helped to refresh my existing knowledge and also gave me new information."
HCA - Orthopaedics

"I found the course very interesting. I liked the mix between theory and practice. I found the practical sessions very beneficial."
HCA - Medicine

Specialist Training for our Healthcare Assistants

This year the Acute Learning Disability Nurses along with the Development Lead for Planned Care developed an in-house training programme called "Health Care Assistants – Extended Skills to Manage Potential Workplace Challenges".

The training focused on increasing awareness of aspects of care that affect patients with learning disabilities and patients with dementia. We know in many circumstances these groups still experience unsatisfactory care, and face unacceptable inequalities.

The three training days were delivered by the team alongside some of the Trusts specialist nurses including Patient Experience Sister, Nurse for Adult Safeguarding and the Alcohol Liaison Service.

The programme was specifically aimed at Health Care Assistants because they are at the front line of delivering patient care. So far fifty seven Health Care Assistants have attended the training, their feedback about the programme was positive and also highlighted the potential and enthusiasm that exists within the HCAs that work for the Trust.

3 Empowered, engaged and included staff

Lesbian, Gay, Bisexual and Transgender

At this year's Equality conference held in July the focus was around the experiences and specific health needs affecting the Lesbian, Gay, Bisexual and Transgender (LGBT) community.

The presentations were delivered by a mix of speakers covering national and local initiatives, LGBT Health Research, local support services available from the Leicester LGBT centre and very personal stories from individuals who were willing to share their experiences. The common aim for all was to ensure we get it right for both our patients and our colleagues.

50 members of staff from across the organisation attended the event with all the evaluations stating that the day was informative and had enhanced their knowledge & awareness of issues that maybe experienced by this group.

Responses

Examples of responses to:
"What information individuals found valuable?"

- Not a single or irrelevant speaker **brilliant.** Information on Transgender awareness to cascade to colleagues.
- As a doctor I learnt the do's and don'ts with LGBT patients.
- How often someone "out" would have to keep "coming out".
- Every presentation had valuable and interesting topics and personal stories.

Comments

Final comments from some of the attendees…

- I am glad I attended this conference. I have learnt so much and will do my utmost to be the champion expected of me.
- **Excellent day.** I was gripped! UHL should be very proud of their involvement and commitment.
- The variety of speakers was excellent. Signposting to services. Challenging assumption. Increase visual images in all areas of practice / patients. How to engage within ward / clinical area.
- Another great conference by the equality team well done. Great speakers, covering lots of different topics. Jacob was great.
- Superb conference with good balance of content – patient / staff and theory and real life experiences.

4 Inclusive leadership at all levels

Representation at Senior Level

Previous workforce reports had highlighted decreased representation of female and black, minority and ethnic (BME) staff in senior positions in the Trust.

In order to explore this further a sample of Band 6 staff were approached to share their opinions and experiences. The aim was to investigate their career aspirations and discover if there were any perceived barriers unique to particular groups that were preventing career progression.

One hundred and thirty one staff working in a variety of Band 6 job rolls responded to the questionnaire.

The findings suggest that there is no indication of direct discrimination evident between men and women, ethnic groups or differing age groups which are acting as barriers to career progression.

Key Findings

- More men than women and more BME staff than white want to progress to a higher band.
- For all genders, ethnicity and age groups lack of promotional opportunities is the most significant reason for lack of career progression.
- The reasons given by those that do not wish to progress differ dependent on gender, ethnicity and age.
- A higher number of men and white staff had previously applied for a senior position, with the majority being within the Trust.
- The number of those that had previously applied increases with age.
- The main reason as to why individuals felt they were not given the senior post was due to other candidates on the day.
- The majority of respondents wanted further training in all areas of leadership and management including some who did not wish to progress to a higher grade.

Contacting the Team

Please do contact the team if you would like to discuss anything within the report or any other Equality issue or ideas you may have.

We always love to hear from people.

Deb Baker
Equality Manager
deb.baker@uhl-tr.nhs.uk
or 0116 258 4382

Nicola Trainer
Assistant Equality Manager
nicola.trainer@uhl-tr.nhs.uk
or 0116 250 2959

Shaheen Mulla
Equality Advisor
Shaheen.mulla@uhl-tr.nhs.uk
or 0116 258 4382

Katrina Dickens
Learning Disability Acute Liaison Lead Nurse
Katrina.dickens@uhl-tr.nhs.uk
or 0116 258 4382

Louise Hammond
Learning disability Acute Liaison Nurse
Louise.hammond@uhl-tr.nhs.uk
or 0116 250 2435

Or you can send us a message to:
equality@uhl-tr.nhs.uk

Further information around equality can be found at the following webpages:

External: www.leicestershospitals.nhs.uk/aboutus/equality-and-diversity
Internal: insite.xuhl-tr.nhs.uk/homepage/corporate/equality-and-diversity

Appendix 2

Equality Action Plan – 2014-2015

Please note
Each CMG has a Patient Involvement, Patient Experience and Equality Lead responsible for leading on the joint work streams identified within this work programme are referred to as the CMG Leads.

University Hospitals of Leicester NHS
NHS Trust
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EDS OUTCOME	ACTION	LEAD	BY WHEN	PROGRESS- July 2014	RAG
1.Better health outcomes for all Services are commissioned, procured, designed and delivered to meet the health needs of local communities.	Embed equality processes within the CMG's to ensure newly designed / refurbished services incorporate the needs of all patients	CMG Leads	Quarterly	An assurance template has been developed for the CMG leads that will be responsible for completing and reporting Due Regard analysis on each service /care pathway development. This will be reported quarterly to the Executive Quality Board via the newly established joint assurance committee for Patient Involvement, Patient Experience and Equality (PIPEEAC).	4
	Output **All new developments will have a completed Due Regard proforma.**	CMG Leads	July, October, March 2015	The due regard proforma has been updated to include patient experience and will support the development of the CMG 5 year plans This will be reported in the Quarterly Executive Quality Board report.	

	Implement the PIPEEC work programme **Output** **Demonstrable progress for CMG'S against the standards developed.**	HL,KM,DB	Monitored monthly	Work plan developed.	4
Individual people's health needs are assessed and met in appropriate and effective ways.	Successfully re tender the Interpreting and translation contract by March 2015 **Output** **A new interpreting and translation contract**	Procurement & Equality	March 2015	Currently developing the service specification	4
	To focus upon communication of people with specific needs i.e. deaf and hard of hearing, non English speaking and patients with learning needs as a work stream for the CMG Leads. Activities to include: - Implementing the hearing loss tool (recently developed by the RCN) - Increase telephone interpreting usage to maximise efficiency and access to the service - Regular awareness raising via the use of the promo boxes, leaflets etc - Develop and implement the 'Coming into Hospital' easy read information for patients with learning disabilities and	CMG and Equality Team	March 2015	This is a new piece of work driven by feedback from patients in the previous year. The communication campaign will be launched in April 2014. Quarterly interpreting reports are provided for each CMG.	4
				A joint proposal between LPT, UHL and the City CCG has been submitted to the Innovation fund to improve the first contact response form Heath services for BSL users.	5

	their families **Output** **-Implementation of the RCN toolkit** **-Easy read material for patients coming in to hospital who have a learning disability** **- an increase in telephone interpreting usage for the 8 Quality Mark wards**				
Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	To review the current end of life pathway for LD patients to ensure equity of access to services, information and ensure alignment with the generic pathway **Output** **Case review of an LD patient at end of life to identify any learning**	Acute Liaison Nurse Team	July 2014	This is a collaborative piece of work with UHL and Primary Care to ensure adequate end of life provision is available and delivered in a timely way for patients with learning disabilities	4
	The CMG's to review their key care pathways to ensure adequate reasonable adjustments are made to accommodate the needs of patients in the protected characteristic groups **Output** **Evidence from the CMG's that reasonable adjustments are been made to the standard key pathways**	CMG leads	August 2014	Meetings will be held quarterly with the CMG PIPEE leads to progress this	4
2. Improved access and experience People, carers and communities can readily access hospital, community health or primary care	**Quality Schedule indicator.* To identify specific areas where targeted improvements need to be made as a result of the data collected on protected groups	Equality Lead and Informatics	April 2014 (1/4ly reports to Commissioners)	Currently collect patient data on ethnicity, age and gender. No patient metrics are reported on at present. An action plan will be developed detailing the 'how' this will be achieved once feasibility has been identified by	4

services and should not be denied access on unreasonable grounds				informatics (End of March 2014) Changes forwarded to Informatics lead for Outpatients data collection	
People are informed and supported to be as involved as they wish to be in decisions about their care	Review the current (written) translation arrangements and agree with CMG's a standardised approach to managing requests **Output** **A more consistent process for written translation**	ED PIPEE and Leads	September 2014	There is some inconsistency across the Trust as to how patients access written information about their care	1
	To implement phase 2 of the hate crime project **Output** **Completed DVD**	Equality Lead and ED staff	June 2014	The e learning training for emergency department staff is in the final stages of its development	4
	To conduct a bi annual audit of the number of documented Mental Capacity Assessments for patients with Learning disability as part of the Consent process **Output** **Identified practice gaps**	Acute liasion Nurse Service	March& Oct 2014	Previous audits have identified incomplete documentation. Audit results to be reported to the Consent Committee	4
3. A representative and supported workforce					
Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	Our workforce report identified several areas that warrant further investigation: Undertake a further detailed review of recruitment data to understand why BME staff are disproportionately represented at senior levels	Equality Team & HR Recruitment Lead	July 2014	This has been carried over from the previous action plan due to a change in personnel	1

	Output **Completed analysis and recommendations to be included in this years annual report**				
	To investigate further the representation of LGB and disabled staff within the disciplinary process **Output** **Completed analysis and recommendations to be included in this years annual report**	Equality Team & HR Recruitment Lead	July 2014	The numbers within the overall figures remain small. A case review will be undertaken to identify whether the issue is related to the protected group the individual identifies with	1
	Maintain the Leicester Works programme and secure permanent positions for as many students as possible **Output** **Job outcomes for some students**	Equality team, Leicester college and Remploy	March 2015	Numbers of placements available continues to rise. Interserve is now offering placements which have increased the range available to the students. The 2014 recruitment process commences in April 2014 for commencement in September	4
The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations	Monitoring the new pay and progression reward strategy to ensure no adverse impact on any particular group **Output** **The provision of evidence to ensure process equity**	HR Workforce Lead	December 2014	A full Due regard analysis has been undertaken. The number of staff receiving and not receiving pay awards will be monitored by protected group and reported annually in the workforce report	5

Training and development opportunities are taken up and positively evaluated by all staff	To improve the processes for managing and supporting staff with dyslexia and dyscalculia by developing clear guidelines. To improve access to mandatory training for staff unable to complete by e-learning. **Output** **An established process for improving the level of support for staff with Dyslexia** **Raised staff awareness of how to manage and support staff with dyslexia** **Establishment of a clear pathway for staff with a disability to undertake mandatory training.** **A revised Statutory and Mandatory Training policy**	Nurse Education, Equality and Training Teams	March 2014	This work has been delayed until the training has been completed. Several relevant members of staff are undertaking dyslexia screening in March 2014 to enable earlier intervention. Subject leads to provide training in a different way. To be agreed at the TED Group in July 2014.	3
When at work, staff are free from abuse, harassment, bullying and violence from any source	To implement the recommendations from the last anti bullying report produced in January 2014 To devise and deliver a 'managing difficult working relationships' training session for HR staff and Managers **Output** **Provide earlier intervention to**	HR and Equality Lead	June 2014	Meeting arranged with Amica. Outline programme agreed. To deliver 3 sessions per year for 1-2 hours.	4

	reduce the number of formal Dignity @Work cases				
	Revise the Dignity @Work policy **Output** **Revised policy that aligns to Trust Values**	HR and Equality Lead	October 2014		4
	Revise the spreadsheet to enable the recording of informal interventions **Output** **Improved reporting data**	HR and Equality Lead	April 2014	Completed	5
	To promote the anti bullying service within the well being induction slide and staff handbook **Output** **Improved understanding of expected behaviours**	Well being and Equality Lead	April 2014	Completed	5
Flexible working options are available to all staff consistent with the needs of the service and the way people led their lives	To conduct a 'deep dive' into the use of flexible working options for Medical staff. To include analysis of working hours by protected characteristic within this years workforce report. **Output** **To ensure that flexible working policies are accessed by staff from all groups to remove any potential barriers to career progression**	Equality Team & Workforce	August 2014		1

Staff report positive experiences of their membership of the workforce	To analyse the national Friends and Family test for staff by all protected characteristics. To undertake a staff survey with an Equality focus analysed by all protected characteristics. **Output** **To ensure all areas of staff concern relating to staff belonging to the Protected groups are adequately understood and addressed.**	LIA Lead	Quarterly	The first assessment will be carried out in May 2014.	4
	Adopt best practice data collection and analysis through benchmarking with East Midlands colleagues **Output** **To assess our position in relation to others and adopt and share best practice**	Regional Equality Leads.	Annually		4
	To develop a women's informal network at UHL looking at for example: -career progression -access to flexible working -representation in awards -personal safety -using social media -adopt the Athena Swann model **Output** **To positively promote and celebrate Women in the workforce** **Encourage Women who want to progress in their careers**	Equality Team, Director of HR &Kath Higgins	May 2014	Several interested individuals identified this as and area they would like to see developed further. Medical Womens forum to be established and led by Kath Higgins. Suggested areas of interest to be included in this years workforce analysis.	4

	Ensure fair representation of women in all areas of the Trust				
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	To further embed equality into the core activities of the Trust review he equality impact of all Board papers monthly and recommend appropriate action if a potential negative impact is identified **Output** **Less reliance on corporate equality compliance**	Equality Lead	Monthly	To review the equality impact of all Board papers monthly and recommend appropriate action if a potential negative impact Equality impact is recorded.	1

Both numerical and colour keys are to be used in the RAG rating. If target dates are changed this must be shown using ~~strikethrough~~ so that the original date is still visible.

RAG Status Key:	***5***	***Complete***	***4***	***On Track***	***3***	***Some Delay – expected to be completed as planned***	***2***	***Significant Delay – unlikely to be completed as planned***	***1***	***Not yet commenced***