

# Equality Update Report

Author: Deb Baker Sponsor: Louise Tibbert Date: Thursday August 6<sup>th</sup> 2015

Trust Board paper L

## Executive Summary

### Context

This is the first of the biannual equality reports that need to be presented to the Trust Board having been previously ratified at the Executive Quality Board. This is the means by which we demonstrate our compliance with the Public Sector Equality Duty and Quality Schedule.

The purpose of the report is to summarise our progress with:

- The Equality Delivery System (EDS) Action Plan.
- The Quality Schedule (PE4).
- The new CQUIN for the Learning Disability Service.
- The recently implemented Workforce Race Equality Standard (WRES)

In addition, the 2014-2015 Trust's Equality Annual Report is attached for information. On the 1<sup>st</sup> April this year the new NHS Workforce Race Equality Standard was introduced. Most of the required monitoring is already in place and is reported annually via the Workforce Annual Equality Report. There are, however, some additional areas from the National NHS Staff Opinion Survey that now need to be monitored. Our WRES self-assessment is described in the report. Whilst there are some differences in terms of staff experience in relation to career progression it further validates what we already know and have actions in place to address them.

### Questions

1. Do the Trust Board feel sufficiently assured that adequate progress is being made against all the equality metrics for the Quality Schedule, CQUIN, Public Sector Equality Duty and WRES.
2. Does the Trust Board support the request that the extension of the data collection elements of the Quality Schedule are delayed until the Electronic Patient Record is implemented in 2016.
3. Is the Board happy with the WRES self-assessment and suggested actions to support its implementation?

## **Conclusion**

There is a comprehensive Equality Action Plan (attached at Appendix 1) to address identified gaps for staff and for patients. Good progress is being made with the exception of being able to fully comply with the data collection elements of the Quality Schedule. To enable full compliance some investment is required. This issue was discussed at the Executive Quality Board and the view was that any short term investment is difficult to justify when the issue will be fully resolved when the Electronic Patient record is implemented in 2016. This timescale will be discussed with the Commissioners.

The WRES is a new measure for this year that to a degree duplicates existing reporting requirements for the Public Sector Equality Duty (PSED). We are able to supply all of the information requested and have actions in place to address the deficits or gaps identified through self-assessment.

## **Input Sought**

We would welcome the Trust Boards input in terms of agreeing the content of the report and to support the recommendations.

## For Reference

Edit as appropriate:

1. The following **objectives** were considered when preparing this report:

Safe, high quality, patient centred healthcare	[Yes
Effective, integrated emergency care	/Not applicable]
Consistently meeting national access standards	Not applicable
Integrated care in partnership with others	[Yes]
Enhanced delivery in research, innovation & ed'	Not applicable]
A caring, professional, engaged workforce	[Yes
Clinically sustainable services with excellent facilities	NA
Financially sustainable NHS organisation	Not applicable
Enabled by excellent IM&T	Not applicable

2. This matter relates to the following **governance** initiatives:

Organisational Risk Register	No
Board Assurance Framework	[Yes

3. Related **Patient and Public Involvement** actions taken, or to be taken:

Engagement activity is integral to the equality action plan.

4. Results of any **Equality Impact Assessment**, relating to this matter:

Positive

5. Scheduled date for the <b>next paper</b> on this topic:	March 2016
Executive Summaries should not exceed <b>1 page</b> .	does not comply]

6. Papers should not exceed <b>7 pages</b> .	My paper does comply
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**REPORT TO:** Trust Board

**DATE:** 6<sup>th</sup> August 2015

**REPORT BY:** Deb Baker, Service Equality Manager

**REPORT FROM:** Louise Tibbert, Director of Workforce and Organisational Development

**SUBJECT:** Equality Assurance and Update report

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## 1. INTRODUCTION

This is the first of the biannual 2015 Equality update reports for the Trust Board which describes our progress against:

- The Equality Delivery System.
- The Quality Schedule PE4.
- The CQUIN for the Learning Disability Service.
- The newly implemented Workforce Race Equality Standard (WRES).

In addition, attached for information is the 2014-2015 Equality Annual Report.

## 2. THE EQUALITY DELIVERY SYSTEM (EDS)

**2.1** We produce an annual equality action plan using the EDS framework, the updated mid-year plan is at Appendix 1. There have been several different sources from which the actions have been generated i.e. Quality Schedule, CQUIN, Trust Board Thinking Day (February 2015) etc. For clarity the source is indicated on the equality plan. We are making progress in all four domains, which are:

- Better health outcomes for all.
- Improved access and experience.
- A fair and representative workforce at all levels of the Trust.
- Inclusive leadership.

**2.2** Particular areas worthy of note from the Equality Action Plan are that:

- Due regard assessments are being completed more routinely.
- The interpreting and translation contract has been successfully renewed and UHL is now part of a national interpreting framework.
- An on line system is being considered to improve the speed of access to British Sign Language (BSL) in the Emergency Department.
- Due to the success of the visual awareness training delivered last year additional deaf awareness training is being scheduled for 2015.
- Focused community engagement workshops with seldom heard communities are being undertaken.
- The baseline data of our leadership community confirms an under representation for disability, sexual orientation, and Black and Minority Ethnic

(BME) staff.

- The development of the Non-Executive Apprenticeship Programme that aims to improve Protected Group representation at Board level is underway.
- The Acute Liaison Nurse Service continues to see increasing numbers of patients.
- There is evidence that reasonable adjustments are more routinely made to accommodate specific needs of patients.

## 2.3 A New Development for Deaf Patients 2015-2016

2.3.1 Earlier this year Hearing Services and Equality worked together as part of a Listening into Action initiative to improve care for patients who are hard of hearing. Through recent patient consultation and staff feedback we know that the booking of British Sign Language (BSL) Interpreters can be problematic in terms of our responsiveness. Two key reasons for this are:

- The quantity and availability of suitably qualified BSL interpreters locally.
- Staff can be reluctant to acknowledge the need to book an interpreter because of cost.

2.3.2 We have identified an on-line communication solution to help us better support BSL users, which will enable us to bridge the gap in communication until, if required, a face to face BSL interpreter is available. Further discussions need to be undertaken with Information Technology (IT) colleagues to ensure that the technical specification can be delivered via our existing IT systems. A task and finish project group with IT representation has been established.

2.3.3 Potential cost based on 1200mins (20 hours) is shown below, however, the rate of take up is not currently known. The summary of The Sign Video Quote is:

- Initial Set up Cost => £1250
- Variable usage charge £2.50 to £4.00
- Recurring Annual User Licence => £750 pa
- 1200 minutes per year @ £2.50 per minute => £3000 pa (£2.50 to be charged in Year1)
- (unused minutes will be carried over)
- **Annual Cost based on 1200 mins = £1250 + £750 + £3000 => £5000**

The initial set up cost will only apply to year one, on-going costs per year will be the annual user licence fee (£750) and usage charge. It is important to note that a reduction in overall BSL spends is unlikely as a result of this and it should be viewed as quality enhancing rather than as a cost saving initiative.

## 2.4 Workforce Domains

2.4.1 The main area of focus for this year is to improve Black and Minority Ethnic representation at senior levels in the Trust. Following the Equality Trust Board Thinking Day the Chairman has suggested that a taskforce is established, led by The Chief Executive and incoming Director of Human Resources Workforce and Organisational Development to specifically focus /lead on the improving

representation actions detailed in the Equality Action Plan and report back to Trust Board in six months' time.

A variety of interventions have been identified and included in the plan which will be progressed with further actions by this Group:

- A review of the current recruitment process for senior appointments to include the make up of panels and assurance from 'Head Hunting' companies that they search from a diverse pool of candidates.
- The development of a system to enable us to track access to internal training programmes. This will allow us to better support through the talent management process, our identified leaders of the future and
- A Non-Executive Director apprenticeship programme
- The delivery of Unconscious Bias training to the Trust Board and Leadership Community.

We previously proposed that the Unconscious Bias Training would be developed and delivered in-house. The East Midlands Leadership Academy has announced that they are providing this training free of charge. It therefore seems sensible for our leaders to access this training and discussions are taking place to complete this by March 2016

### **3. PROGRESS AGAINST THE QUALITY SCHEDULE (QS)**

**3.1** The Quality Schedule requires us to demonstrate compliance with the Equality Act 2010 using the Equality Delivery System framework (EDS), which is measured and rated through the:

- Production of a biannual progress report to include detailed workforce information across the 9 protected characteristics.
- 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 2015 to identify specific areas where targeted improvements need to be achieved. The information should include how many staff and patients are declaring their protected characteristics.

#### **3.1.1 Biannual Progress Reports**

UHL is compliant with this part of the schedule. The Workforce elements of the EDS are reported via the Executive Workforce Board as well as Trust Board biannually. Our annual Workforce Report, which was reviewed by the Trust Board in January 2015, is published on the UHL web site with an associated annual Equality Action Plan.

#### **3.1.2 Key Performance Data Analysis**

**3.1.3** In order to achieve the second element of the Quality Schedule, we are required to analyse key performance data by as many protected groups as we can. As part of

this analysis, we are required to extend our out/inpatient data collection to include disability. We currently collect age, gender and ethnicity which are standard for most organisations. The reason for doing this is so that we can measure any difference in terms of performance against our key targets for patients belonging to a protected group e.g. wait times, cancelled operations and Emergency Department targets. As a Trust we need to be assured that no one group waits longer or experiences poorer access than another for an unjustifiable reason.

- 3.1.4 Patient data collection remains a challenge as there is currently no national mandate to change the data set, despite it being recognised as best practice. UHL has agreed to expand our data collection to include disability with a view to further expansion going forward to include sexual orientation.
- 3.1.5 From March 2015 we piloted disability data collection in Orthopaedic Outpatients. This is proving more complex than first envisaged. To date completion rates have been low because old demographic questionnaires were being sent out, so not many patients have been providing the information. This particular issue has now been resolved. As yet no management reports have been generated because of this. Once the first report is available we will look at extending to other areas in the Trust.
- 3.1.6 In terms of inpatients we have agreed that the full range of Protected Characteristics have been included within the Electronic Patient Record (EPR) development, which is welcome news. However, in the meantime it is highly likely that any changes to the existing system will require financial and human resource, which is difficult to justify in light of the relatively short timescale for implementation of EPR. It was agreed at The Executive Quality Board that this is raised and discussed with the Commissioners with a view to removing this element from the Quality Schedule and reinstate when EPR is in place. We would continue to collect disability data in Outpatients.
- 3.1.7 It is worth noting that we now collect disability status on some of our patient feedback which enables us to identify any differences in terms of what matters to patients. These are reported quarterly via the Patient Experience Triangulation Paper. The last report showed a slight difference in the weighting of the top three concerns for disabled and BME patients which included nursing care rather than communication. A sample of complaints was reviewed but they didn't reveal any particular trends. Some further work will be undertaken in partnership with the Patient Experience Team in the Autumn.

## **5 CQUIN**

- 5.1 We have been successful in securing a CQUIN for the Learning Disability Nursing Service. The expected outcome is to improve the care experience and health outcomes of inpatients with learning disabilities by:
- Implementing a reasonable adjustment recording system /data base.
  - Purchasing activity items for use as distraction for patients.
  - Increasing the numbers of easy read patient information leaflets for the most common hospital procedures.
  - Reducing the number of Do Not Attends (DNA's) for elective admission or outpatient appointment. The DNA rate for this patient group is slightly higher than for other patients.

**5.2** A specific action plan is in place and work has commenced in all areas.

## **6. PROGRESS WITHIN THE CLINICAL MANAGEMENT GROUPS (CMGs)**

**6.1** Overall progress is good against the set standards which are:

- The completion of Due Regard Analysis for any new developments.
- The application of reasonable adjustments for vulnerable patients.
- Use of the Interpreting Service.

**6.2** The quality of the Patient Involvement, Patient Experience and Equality (PIPEE) Experience assurance reports from CMGs illustrates increased engagement and understanding of the programme requirements. We are currently reviewing the assurance template.

**6.3** We have this year had several successes in terms of improving the patient journey for patients with a severe learning disability. For example, significant reasonable adjustments were made to the day case surgical pathway to accommodate a young man with severe Autism. The end result of the multi-disciplinary team working together across boundaries, listening and involving the parents, careful planning and applying a very flexible care approach has completely changed the perception of a family who have previously only had negative hospital experiences both here and elsewhere.

## **7. THE WORKFORCE RACE EQUALITY STANDARD (WRES)**

**7.1** In April this year the WRES was introduced to address the low levels of BME Board representation following the publication of Roger Kline's report entitled the "Snowy White Peaks of the NHS". A table showing our position against the metrics is at Appendix 2. The majority of the information required is already reported in our Annual Workforce Report and identified actions monitored via the Equality Action Plan. NHS England requires the assessed position and associated action plan once agreed by the Trust Board.

### **7.1.1 Additional WRES Requirements**

The new requirements of the WRES are that the National Staff Opinion Survey questions linked to career progression are analysed and reported by ethnicity. Like us other Trusts have opted to include other Protected Groups that data is available and reportable from. Actions resulting from the analysis have been included in the annual Equality Action Plan. The summary of our assessed position is that:

- White Staff are more successful at being recruited from shortlisting however, the data demonstrated significantly less difference in all groups from short listing to appointment in comparison to previous year's data.
- BME, Disabled staff and those over 40 years are slightly over represented in Disciplinary and Grievance cases.
- No differences were found in appraisal rates between groups.
- More BME than White staff felt that their development needs had been

identified and met.

- Significant differences were seen in BME, Disabled and Gay staffs perception of fairness relation to career progression and experience of discrimination.
- The Board is under represented in terms of Ethnicity, Women and Disability (based upon 2014's Personal Data declarations).

All actions are identified on the Equality Action Plan with progress being made in all areas.

## **8. SUMMARY**

- 8.1** 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 our external requirements with the exception of extending our patient data collection to include disability for the Quality Schedule.

## **9. RECOMMENDATIONS**

- 9.1** The Trust Board is asked to note the content of the Equality Annual Report.
- 9.2** Make comment on the content of the Equality Assurance and Update Report.
- 9.3** Review the WRES assessment submission.

## University Hospitals of Leicester NHS Trust

## Patient Equality programme for 2015- 2016

Equality Delivery System Objective	Action	Lead	By When	Progress Update- June 2015	RAG status*
<b>Better health outcomes for all</b> Services are commissioned, procured, designed and delivered to meet the health needs of local communities.	Ensure all new developments have a completed Due regard assessment.	CMG Patient Involvement Experience and Equality Leads (PIPEE)	Ongoing	The process is embedded within the Trust and at a CMG level. Due regards completed to date: -ED -The transfer of vascular services to Glenfield -The Annual operating plan	4
	To monitor the performance of the new interpreting and translation contract.	Equality Team	¼ ly Contract meetings	Monthly management reports are produced by the provider which are discussed at the quarterly performance management meetings led by Procurement. BSL interpreting requests have increased this month which may cause a supply problem. These were discussed at the May contract meeting. No action required at this stage. Some problems with bookings have occurred in April and May since Pearl has applied the new rates. These are now resolved.	4

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Equality Delivery System Objective	Action	Lead	By When	Progress Update- June 2015	RAG statuses*
	To improve access to interpreters for British Sign within our emergency settings.	The Equality Team	October 2015	Early discussions have taken place with a company who supply on line interpreting. Further discussion and Trust Board agreement required to run the pilot. Specification being developed by procurement.  UHL are part of a newly established deaf forum and are working in partnership with the City CCG and Leicester Partnership Trust to improve service access and delivery.	4
	Update the Interpreting guidelines to ensure that all patients requiring the service have access.	CMG Leads	August 2015	The review has commenced. Draft 1 of the guidelines is completed . Guidelines to be submitted to the Policy and Guidelines Committee in August 2015 after a period of consultation.	4
	To ensure that the Trust meets it's Public Sector Equality Duty.  (Quality Schedule )	Equality Manager	January 31 <sup>st</sup> 2016	UHL uses the Equality Delivery System EDS system to ensure compliance. The programme of work for this year is agreed and is progressing.	4

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Equality Delivery System Objective	Action	Lead	By When	Progress Update- June 2015	RAG status*
	Extend patient disability data collection across the Trust and report quarterly <ul style="list-style-type: none"> <li>• Referral to treatment</li> <li>• ED waiting times</li> <li>• Outpatients</li> </ul> (Quality Schedule )	Equality Team and Informatics	September 2015	Currently piloting in Orthopaedics. To roll out in all OPD by July 2015. Discussion due to take place with the Assistant Chief Nurse regarding inpatient and ED monitoring. Progress to be reported to QPRG quarterly. Capture rates currently in Orthopaedics not high. Staff need more training on the importance of capturing the information. Referred to the team leader. The Assistant Director of Nursing is looking at how we can capture inpatient data as an interim solution before the electronic patient record (EPR) is introduced in 2016. Requested that the data collection element of the Quality Schedule is deferred until EPR is introduced.	4

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Equality Delivery System Objective	Action	Lead	By When	Progress Update- June 2015	RAG statuses*
	To undertake a series of engagement events in partnership with the City CCG and Leicestershire Partnership trust. The aim of the events is to a) Assure that our equality work programmes are meeting community need.  b) To validate our EDS grading assessments.	Equality Manager	June 2015	Planning is underway and several events are confirmed. Several events have been hosted. First event was on May 8 <sup>th</sup> at Leicester Centre for Integrated Living (LCIL). A series of other community were held through May, June & July.  The following issues have been raised so far. - Better access to BSL interpreters in emergency care - Staff needing more Mental Health awareness. - Waiting times from referral to treatment. A feedback report from the events will be available at the end of August 2015. The reception from Communities has been positive. There have been no claims that a patient's background negatively impacts their experience because of it.	4
	Equality Annual Report to be published.	Equality Team	August 2015	To present to TB in August 2015 and Executive Workforce Board in September.	4

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Equality Delivery System Objective	Action	Lead	By When	Progress Update- June 2015	RAG statuses*
	To deliver 4 sessions of deaf awareness training for bands 1-4 from JIF monies.	Equality Team	September – March 2016	Bid requested still awaiting confirmation. Funds yet to be made available. Still awaiting confirmation.	1
	Acute Liaison Nurses to implement the new carer assessment with all patients seen by the service.	Acute Liaison Nurses service	June 2015	ALN's signposting patient carers to the Carer Assessment.	5
	To appoint a band 4 0.5 WTE to assist the ALNS to improve the care experience and health outcomes of inpatients with learning disabilities by implementing: -a reasonable adjustment screening /recording tool - purchasing and using activity items - improving access to 'easy read' information for the most common hospital procedures - reducing the number of Do Not Attend (DNA) for elective admission or out-patient appointment. -Purchasing arrange of activity items for patients (CQUIN)	Equality Manager	August 2015	Funding for the post has been agreed. Following discussion a band 3 admin post 18 ¾ hours to undertake general admin duties will be recruited via the bank for 3 months to enable another team member to undertake the CQUIN project.  Project action plan is developed Action plan implemented. Q1 report due in July 2015.	4
<b>To ensure a fair and representative workforce at all levels of the Trust</b>	<ul style="list-style-type: none"> <li>To include unconscious bias slides within the Recruitment and Selection and Corporate Equality programme.</li> </ul> TB Thinking Day action	Equality and Recruitment	July 2015	Agreement secured to add in the slides once the programme is developed.	4

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Equality Delivery System Objective	Action	Lead	By When	Progress Update- June 2015	RAG status*
	<ul style="list-style-type: none"> <li>To review the current recruitment process for Senior appointments to include the make up of panels</li> <li>Assurance from Head hunting companies that they search from a diverse pool of candidates.</li> </ul> <p>TB Thinking Day action</p>	Recruitment Lead	May 2015 review to commence	Recruitment Services have agreed to campaign to recruit more Consultant panel members from BME backgrounds.	4
	<ul style="list-style-type: none"> <li>To implement the national Workforce Equality Standard (WRES)</li> <li>Self assessment</li> </ul> <p>WRES action</p>	Equality Lead	<p>April 2015</p> <p>August 2015</p>	<p>Meeting held to continue with existing WRES actions identified in the action plan. Report to be included within the end of year workforce report December 2015.</p> <p>Baseline position presented to EQB July 7<sup>th</sup>. To forward the self assessment to NHS England.</p>	5
	<ul style="list-style-type: none"> <li>To undertake an annual review of the Disciplinary and Grievance access to ensure that where a group is disproportionately represented the process has been applied fairly.</li> </ul> <p>Equality Duty ED</p>	<p>Equality Lead</p> <p>Equality Lead</p>	<p>May 2015</p> <p>December 2015</p>	<p>Completed. No cases were inappropriately pursued. The majority resulted in no formal action having been taken.</p> <p>To develop an informal resolution pathway.</p>	5

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Equality Delivery System Objective	Action	Lead	By When	Progress Update- June 2015	RAG status*
	<ul style="list-style-type: none"> <li>To ensure that there is no adverse equality impact following the implementation of the Pay Progression Policy.</li> </ul>	Human Resources Policy Lead	July 2015	An initial Due Regard analysis has been completed that recommends ongoing monitoring by protected group to ensure equitable application. To commence April 2016 no further action required for this year.	5

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Equality Delivery System Objective	Action	Lead	By When	Progress Update- June 2015	RAG status*
	<ul style="list-style-type: none"> <li>To ensure training and development opportunities are accessed fairly across the Trust.</li> </ul> <p>WRES action</p>	Learning and organisational Development Team	December 2015	<p>To identify current gaps in training monitoring.</p> <p>External courses are monitored to implement monitoring by band and protected group for internal courses. June 2015.</p> <p>We are expanding the portfolio of internal and external leadership development interventions – targeting protected groups.</p> <p>The recently delivered coaching and mentoring courses were accessed by the right (representative) numbers of BME staff</p> <p>Talent management – to strengthen our approach and involve senior leaders in shaping Talent Management across the Trust. The current profile will be identified by the end of July.</p> <p>This work is ongoing and progress will be reported in the December Executive Workforce Board report.</p>	4

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Equality Delivery System Objective	Action	Lead	By When	Progress Update- June 2015	RAG status*
	<ul style="list-style-type: none"> <li>To ensure UHL graduate scheme encourages under represented groups</li> </ul> <p>TB Thinking Day action</p>	Workforce Development Lead	June 2015	<p>Positive statement included in advertising and promotion</p> <p>Apply the Due Regard process to ensure equity.</p> <p>Formal monitoring of take up to be implemented.</p>	4
	<ul style="list-style-type: none"> <li>To analyse, report and action the results of the Friends and Family test by all of the protected groups.</li> <li>Staff from Protected Groups report positive experiences of their membership of the workforce.</li> </ul> <p>WRES action</p>	Equality and Listening into Action Lead	June 2015	<p>The baseline position shows that there are some differences in the views between groups around career progression and discrimination within the Trust.</p> <p>Actions already identified and form part of this year's equality plan.</p>	5
	<ul style="list-style-type: none"> <li>To ensure that the next National Staff Survey is reported by protected group to ensure the level of satisfaction is broadly similar across all Protected Groups. Results to be included in the annual Equality Monitoring report.</li> </ul> <p>WRES action</p>	Workforce Development Manager	November 2015	To discuss with survey provider at commissioning stage.	1

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Equality Delivery System Objective	Action	Lead	By When	Progress Update- June 2015	RAG statuses*
	<ul style="list-style-type: none"> <li>Report the findings of the UHL Equality Survey conducted in November 2014.</li> </ul> ED action	Equality Lead	June 2015	Findings presented to recommendations to the Executive Workforce Board June 2015. Actions have already been included in the Equality Action plan for this year.	5
	<ul style="list-style-type: none"> <li>To increase by 10% the employee equality information held across all of the protected characteristics of by undertaking a revalidation of all employee personal details.</li> </ul> ED action	Payroll Team	September 2015	Revalidation with robust communication/messaging to commence in July 2015. Date agreed as September 2015	4
	<ul style="list-style-type: none"> <li>Reapply for the Mental Health Pledge, Public Health Responsibility Deal.</li> </ul> ED action	Occupational Health Lead	April 2015	Application completed and awarded.	5
<b>Inclusive leadership -</b> To increase the representation within the leadership community and Trust Board	<ul style="list-style-type: none"> <li>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.</li> </ul> ED action	Trust Board	Ongoing	All equality impacts are recorded on the Board paper cover sheet. Any adverse impacts are documented and discussed.	5

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

<b>RAG Status Key:</b>	<b>5</b>	<b>Complete</b>	<b>4</b>	<b>On Track</b>	<b>3</b>	<b>Some Delay – expected to be completed as planned</b>	<b>2</b>	<b>Significant Delay – unlikely to be completed as planned</b>	<b>1</b>	<b>Not yet commenced</b>
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Equality Delivery System Objective	Action	Lead	By When	Progress Update- June 2015	RAG status*
	<ul style="list-style-type: none"> <li>Line managers support their staff to work in culturally competent ways within a work environment free from discrimination.</li> </ul> <p>WRES action</p>	Clinical Management Patient Experience and Equality Leads	April 2015	A new training programme has been developed entitled "nipping it in the bud" following the pilot in March some further amendments have been made.	5
	<ul style="list-style-type: none"> <li>To analyse the workforce data of the Leadership community as a baseline for deciding what a representative leadership community looks like.</li> </ul> <p>TB Thinking Day action</p>	Equality team and workforce analyst	April 2015 July 2015	Information requested. Baseline data shows under representation for disability, sexual orientation, and BME staff. Figures to be included in the August Trust Board report along with the suggested actions. As agreed at the Board Thinking Day held in Feb 2015.	5
	<ul style="list-style-type: none"> <li>Further discuss possible annual targets once desired position established.</li> </ul> <p>TB Thinking Day action</p>	Executive Team with support from the Equality Lead	September 2015	To be agreed at the Workforce Equality task and finish Group.	1

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<b>RAG Status Key:</b>	<b>5</b>	<b>Complete</b>	<b>4</b>	<b>On Track</b>	<b>3</b>	<b>Some Delay – expected to be completed as planned</b>	<b>2</b>	<b>Significant Delay – unlikely to be completed as planned</b>	<b>1</b>	<b>Not yet commenced</b>
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Equality Delivery System Objective	Action	Lead	By When	Progress Update- June 2015	RAG status*
	<ul style="list-style-type: none"> <li>To develop and implement a Non Executive Director apprenticeship programme.</li> </ul> <p>TB Thinking Day action</p>	Director of Communications and External Relations and a Non Executive Director.	July 2015 for the development of the programme.	<p>Contact has been made with Nottingham Health care Trust where a similar initiative was trialled. They provided us with some advice.</p> <p>A further meeting is scheduled for July where a suggested format will be discussed.</p>	4
	<ul style="list-style-type: none"> <li>To develop and deliver Unconscious Bias training to the Trust Board and 100 of the Leadership Community.</li> </ul> <p>TB Thinking Day action</p>	Learning and Organisational Development and Equality Team	June 2015 Delivery of the training to commence in September – March 2016	<p>Clinical Librarian sourcing base material.</p> <p>The Leadership Academy has already developed this training which is provided free of charge. The intention will therefore be to mandate attendance at this for 100 of our leaders by March 2016.</p>	4
	<ul style="list-style-type: none"> <li>To implement a more robust mentoring system taking particular account of our female and BME talent pipeline.</li> </ul> <p>TB Thinking Day action</p>	Learning and Organisational Development Team	September 2015	<p>A mentoring task and finish group has been established.</p> <p>The 2<sup>nd</sup> cohort of participants have attended the Senior Mentorship course using the Egan Model. An internal directory of mentors will be developed.</p>	4

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<b>RAG Status Key:</b>	<b>5</b>	<b>Complete</b>	<b>4</b>	<b>On Track</b>	<b>3</b>	<b>Some Delay – expected to be completed as planned</b>	<b>2</b>	<b>Significant Delay – unlikely to be completed as planned</b>	<b>1</b>	<b>Not yet commenced</b>
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Equality Delivery System Objective	Action	Lead	By When	Progress Update- June 2015	RAG status*
	<ul style="list-style-type: none"> <li>Ensure our workforce related policies and procedures continue to promote equality and diversity.</li> </ul> ED action	Equality Team	Ongoing	The Equality Manager reviews all Policies as part of attendance at the Policy and Guidelines Committee.	5
	<ul style="list-style-type: none"> <li>Aim to increase the number of job outcomes for our Leicester Works Students by 10%.</li> </ul> ED action	Equality Team	September 2015	A new cohort of 10 students started at UHL in September 2014.  The programme is running well. A student from last year who has secured permanent work in UHL was awarded learner of the year in May 2015.	4
	<ul style="list-style-type: none"> <li>To ensure that proactive planning is in place for areas where there is an ageing workforce.</li> </ul> ED action	Equality Team/CMG and workforce HR Lead	September 2015	A task and finish group to be established.	1

#### Reporting Committees/ boards

Update Reports will be provided to:

- The Executive Quality Board
- Trust Board in July and December 2015
- The Safeguarding Committee
- The Executive Workforce Committee
- PIPPEAC
- An additional report will need to go to TB once the baseline representation data is available for them to agree possible targets possibly May.

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<b>RAG Status Key:</b>	<b>5</b>	<b>Complete</b>	<b>4</b>	<b>On Track</b>	<b>3</b>	<b>Some Delay – expected to be completed as planned</b>	<b>2</b>	<b>Significant Delay – unlikely to be completed as planned</b>	<b>1</b>	<b>Not yet commenced</b>
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### Workforce Race Equality Standard March 2015.

Workforce Metric	UHLs Current Position (March 2015)
<p>The data in the following three metrics is collated from the Electronic staff records as presented in our 2014 Workforce Report.</p>	
<p>1. Percentage of BME staff in Bands 8-9 compared with the percentage of BME staff in the overall workforce.</p>	<p>Percentages taken from the 2014 workforce report :</p> <ul style="list-style-type: none"> <li>• Disabled: overall workforce - 1.7%; bands 8&amp;9 - 1.5%</li> <li>• Female: overall workforce 80%; bands 8&amp;9 - 70%</li> <li>• BME: overall workforce - 32%; bands 8&amp;9 - 9%</li> <li>• LGB: overall workforce 1.25%; bands 8&amp;9 – 1.6%</li> <li>• Non-Christian religion: overall workforce 17.7%; bands 8&amp;9 – 7%</li> <li>• Age (&gt;40yrs): overall workforce 53%; bands 8&amp;9 – 79%</li> </ul>
<p>2. Relative likelihood of BME staff being recruited from short listing compared to that of white staff being recruited from short listing across all posts.</p>	<p>Information taken from the 2014 Workforce EQUALITY Report</p> <ul style="list-style-type: none"> <li>• Non-disabled staff are more successful than disabled staff. (This was a new finding this year)</li> <li>• Male staff are more successful than female staff</li> <li>• White staff are more successful, however, the data demonstrated significantly less difference in all groups from short listing to appointment in comparison to previous year's data.</li> <li>• Staff aged less than 40 yrs are more successful than those aged over 40yrs</li> <li>• There is no difference in short listing to appointment due to sexual orientation.</li> <li>• Staff who follow a Christian or Islamic religion are more successful</li> </ul>
<p>3. Relative likelihood of BME staff entering the formal disciplinary process, compared to that of white staff entering the formal disciplinary process, as measured by entry</p>	<p>Percentages of staff recorded within the disciplinary process regardless of outcome from the 2014 Workforce EQUALITY Report demonstrate:</p> <p>More Disabled staff, BME staff and those aged above 40 yrs have been involved in a recorded disciplinary process than would be expected in relation to overall workforce figures.</p>

<p>into a formal disciplinary investigation.</p>	<ul style="list-style-type: none"> <li>• Disabled: overall workforce - 1.7%; Involved in disciplinary process – 3.9%*</li> <li>• Male: overall workforce – 20%; involved in disciplinary process – 27%</li> <li>• BME: overall workforce - 32%; Involved in disciplinary process – 36%</li> <li>• Aged over 40yrs: workforce -53%; Involved in disciplinary process – 65%</li> <li>• LGB: overall workforce 1.25%; Involved in disciplinary process – 1.2%*</li> </ul> <p>* It should be noted that of staff involved in the disciplinary process in the recording of disability, sexual orientation and Religion or belief 45-47% of data is unknown.</p>
<p>The remaining data collection is completed from the Trust results arising from the 2014 National staff survey. The survey was completed by 3744 staff, the Equality group representation of this is:</p> <ul style="list-style-type: none"> <li>▪ <b>Disability:</b> Non-disabled – 81% Disabled 18% missing data – 1%</li> <li>▪ <b>Sex:</b> Female – 81% Male – 19%</li> <li>▪ <b>Race:</b> BME – 20%; White – 76%; missing data – 4%</li> <li>▪ <b>Age:</b> &lt;40yrs 30%; &gt;40yrs 69%; missing data – 1%</li> <li>▪ <b>Sexual Orientation:</b> Heterosexual 89%, LGB 2%; Prefer not to say – 7%; Missing data 2%</li> <li>▪ <b>Religion or Belief:</b> Christian – 55%; Non-Christian religion – 13%; no religion 26%; prefer not to say 26%, missing data – 1%</li> </ul> <p>The analysis of the staff survey data is presented as percentages that are calculated using the actual number of individuals within each characteristic group separately (i.e. male only, female only; white only; non-disabled only etc). For example in the findings for the initial question below:</p> <ul style="list-style-type: none"> <li>▪ From the 18% of disabled staff surveyed 90% of them had received an appraisal.</li> <li>▪ From the 81% of non-disabled staff surveyed 93% of them had received an appraisal.</li> </ul> <p>By working the percentages out based only on the numbers within each group first, allows a comparison between groups but removes the unequal number bias.</p>	
<p>4. In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review? If so</p>	<p>Percentages from the 2014 staff survey demonstrated:</p> <ul style="list-style-type: none"> <li>• Less disabled staff (90%) than non-disabled staff (93%) had received an appraisal (3% difference)</li> <li>• Less LGB staff (86%) than Heterosexual staff (93%) had received an appraisal (7% difference)</li> <li>• No or minimal percentage differences seen in other groups.</li> </ul>

<p>Were any training, learning or development needs identified?</p> <p>Did your manager support you to receive this training learning and development?</p>	<ul style="list-style-type: none"> <li>• Less Disabled staff (59%) needs were identified than non-disabled staff (68%) (9% difference)</li> <li>• Less staff aged over 40yrs (62%) needs were identified than those aged under 40 yrs (77%) (15% difference)</li> <li>• Less staff from a white background (65%) needs were identified than BME staff (75%) (10% difference)</li> <li>• Much smaller percentage differences were seen in other groups with the highest identification seen in male (70%), non Christian (70%) and LGB (70%) staff.</li> <li>•</li> <li>• Less support was received by disabled staff (74%) than non-disabled staff (79%) (5% difference)</li> <li>• Less support was received by male staff (74%) than female staff (79%) (5% difference)</li> <li>• Much smaller percentage differences were seen in all other groups.</li> </ul>
<p>5. Percentage believing that the Trust provides equal opportunities for career progression or promotion.</p>	<p>Percentages from the 2014 staff survey demonstrated:</p> <ul style="list-style-type: none"> <li>• Less disabled staff (82%) believed there were equal opportunities than non-disabled staff (88%)(6% difference)</li> <li>• Less male staff (79%) believed there were equal opportunities than female staff (88%) (9% difference)</li> <li>• Significantly less BME staff (71%) believed there were equal opportunities than white staff (91%) (20% difference)</li> <li>• Significantly less staff with a non-Christian religion (75%) believed there were equal opportunities than staff who were Christian (89%) (14% difference)</li> <li>• Less LGB staff (78%) believed there were equal opportunities than Heterosexual staff (87%) (9% difference)</li> </ul>
<p>6. In the last 12 months have you personally experienced discrimination at work from any of the following? Manager/team leader or other colleagues</p>	<p>Percentages from the 2014 staff survey demonstrated:</p> <ul style="list-style-type: none"> <li>• Double the percentage of disabled (14%) than non-disabled staff (7%) personally experience discrimination (7% difference)</li> <li>• More BME staff (12%) than white staff (7%) personally experience discrimination (5% difference)</li> <li>• More staff with a non-Christian religion (12%) than a Christian religion (8%) personally experience discrimination (4% difference)</li> </ul>

	<ul style="list-style-type: none"> <li>• Double the percentage of LGB staff (16%) than Heterosexual staff (8%) personally experience discrimination (8% difference)</li> <li>• A smaller percentage difference was seen within the sex and age protected group.</li> </ul>
<p>7.Does the Board meet the requirement on Board membership (Boards are expected to be broadly representative of the population they serve).</p>	<p>The Board members details were last validated in June 2014. The Board is under represented in terms of Ethnicity, Women and Disability.</p>