EQUALITY PROGRESS REPORT

Author: Deb Baker Equality Manager Sponsor: Louise Tibbert Director of Workforce and Organisational Development Trust Board paper I

Executive Summary

Context

This paper outlines the Trust's compliance with the Public Sector Equality Duty (PSED) which requires the Trust to do the following, in relation to workforce::-

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

Subject to endorsement from the Executive Workforce Board this paper will be presented at Trust Board on 7 January 2016 prior to the web site publication of this year's workforce report. The report is a combined Service Delivery and Workforce update. This paper details our annual workforce data report **(Appendix 1**) our progress against our equality objectives and defines areas of focus required for next year.

Questions

Does the Board agree with the analysis presented and does the Board agree the web site publication of the workforce data presented?

Does the Board consider that the programme of work gives sufficient assurance of compliance with the Public Sector Equality Duty?

Conclusion

The 2014 - 2015 workforce report shows little in the way of change from 2013-14 data. A particular area of concern remains with the proportionate lack of senior representation in some of the protected groups most notably race. The recommendations from the Diversity Task and Finish group if adopted for 2016-7 should positively impact on what has been a fairly static position in terms of leadership representation in UHL for the last ten years five years.

Other workforce diversity objectives for 2016-17 should be:

- Further analysis of the apparently less successful progress of those from a BME background through the recruitment process, with the identification and implementation of actions to address this.

- analysis of the proportionately smaller uptake of certain training opportunities by those from a BME background, with the identification and implementation of actions to address this.

Progress against the Equality and Diversity Scheme 2 (EDS) service delivery elements has been steady with some notable achievements made for patients who have a learning disability via the CQUIN. Although has been a delay in the start of the British Sign Language (BSL) on line pilot, there is confidence that this initiative will be a successful addition to the interpreting service.

Input Sought

The Board is asked to:

- Comment on the report, including on Appendix 1, the Workforce Equality and Diversity Monitoring report, which it is proposed to use as the basis of data published on the Trust's public website next year.

- Agree the report and its key proposals.

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	Yes
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	Yes
Financially sustainable NHS organisation	Not applicable
Enabled by excellent IM&T	Yes

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

Organisational Risk Register	Not applicable
Board Assurance Framework	Yes

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

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

5. Scheduled date for the **next paper** on this topic: July 2016

6. Executive Summaries should not exceed **1page**. The Executive Summary does comply

7. Papers should not exceed **7 pages.** My paper does not comply

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: **Trust Board**

DATE: **7 January 2016**

REPORT BY: **Deb Baker Equality and Diversity Manager**

SUBJECT: **EQUALITY PROGRESS REPORT**

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1. Introduction

This paper outlines the Trust's compliance with the Public Sector Equality Duty (PSED) in line with requirements for the Trust to:

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

Race/ethnicity, Sex, Religion or belief, Gender Reassignment, Sexual orientation including lesbian, gay and transsexual people, Age, Marriage and Civil Partnership, Disability - learning disabilities, physical disability, sensory impairment and mental health problems

2. The Purpose of the paper

This paper details:

- This year's Equality Workforce Monitoring Report.
- Progress against the 2014 -2015 Equality Delivery System (EDS2, all domains).
- Areas of additional focus for 2016 -2017.

The report is a combined Service Delivery and Workforce update.

3. The workforce profile for 2014- 2015

3.1 Key highlights

In line with our requirements under the Public Sector Equality Duty, workforce data has been analysed against the nine equality protected characteristics. The data has been taken from the Electronic Staff Register (ESR) in March 2015. The full report and analysis is at Appendix 1 (the 'Workforce Report 2014-15'). Key points to note are:

- The total headcount of staff has increased by 6.9% this year to 12,645.

- The overall workforce profile remains largely unchanged from last year. In order to provide an improved description to the changing ethnicity of our workforce and to report in-line with the new Workforce Race Equality Standard (WRES) the ethnicity classifications have been redefined offering added definition within BME groups This change does mean that this year direct comparisons to previous year's data cannot be made in some instances, but will not affect comparisons year on year moving forward.

- Within the protected characteristic groups of Disability, Religion and Sexual Orientation there is a continued increase in the proportion of staff completed equal opportunities data.

Table 1. Comparison of the workforce profile 2015/2014

		March 2015	March 2014	Difference
Disability	Yes	2.1%	1.7%	↑ 0.4%
	No	68%	63%	↑ 5%
Sex	Male	21%	20%	↑ 1%
	Female	79%	80%	↓ 1%
Ethnicity	White -UK	66.3%	68%	Redefined
	BME Total	28.9%	32%	Redefined
Age Band	<=30yrs	21%	20%	↑ 1%
	31-40yrs	26%	27%	↓ 1%
	41-50yrs	27%	28%	↓ 1%
	51-60yrs	22%	22%	No Change
	>60yrs	4.4%	3.8%	↑ 0.6%
Religion	Atheism	8%	7%	↑ 1%
	Christianity	42%	41%	↑ 1%
	Hinduism	6.8%	6.1%	↑ 0.7%
	Islam	5.1%	4.6%	↑ 0.5%
	Sikhism	1.8%	1.6%	↑ 0.2%
	Other	5.8%	5.2%	↑ 0.6%
Sexual Orientation	LGB	1.4%*	1.3%	↑ 0.1%
	Heterosexual	66%	61%	↑ 5%

3.2 Data Headlines

- This year has seen significant differences in trends through the recruitment process for White British and BME applicants not noted in previous years. Initial interrogation indicates that this may be due to changes in how the data is being collated but a detailed investigation of the data collection and collation processes is definitely required. This year at short listing 46% of applicants were White British and 52% BME, at appointment 63% of applicants are white British and 33% BME. Job sampling will be undertaken as part of the 2016-2017 equality work programme

- As a workforce trend, female staff continue to progress proportionately more successfully through the recruitment process compared to the proportion of female applicants, in comparison with male staff. An exception to this is within the Medical Consultant recruitment process. There has been a 14% increase in the number of Consultants on the previous year, but the overall Female Consultant representation has decreased on the previous year.

- Year on year there continues to be proportionately poorer representation of all protected groups at senior levels.

- There is little change in the overall profile of staff leaving the Trust. There appears to be an overrepresentation of staff leaving who are male, BME, who follow an Islamic or Hindu religion and those aged less than 30 years. For all of these groups

the majority are leaving due to ‘End of fixed term contract’ which includes training schemes and rotational posts.

- The number of disciplinary and grievance cases investigated this year has significantly reduced from 2013-4. Consistent with last year there is increased representation amongst male staff, and those from older age, whilst BME staff have fallen to be consistent with workforce representation.

- The data collection methods of reporting of training data have improved the consistency of collection against Equality characteristics. However, the current recording profile does not include any training completed on-line or that which is completed outside of the Trust e.g. DeMontfort University. This reduces the reliability of the conclusions that can be drawn from it.

- From the training data that exists, there is an under representation of BME staff accessing leadership/management courses or short taught day courses provided internally. There has been however a significant increase in the percentage of female staff attending leadership courses.

3.3 The National Staff Opinion Survey

A broad selection of questions from the 2014 staff survey were analysed to identify any differences within the groups of ethnicity, disability, sexual orientation and sex. These included appraisal, feelings about work, job satisfaction, patient care and health and wellbeing. The headlines were that:

- Staff from a Black, Minority and Ethnic (BME) background are generally more positive in their responses than staff from a White background. The exception to this was around BME staffs perception in regard to career progression and promotion which was more significant negative than white staff.

- Staff with a disability are less positive than non-disabled in all areas analysed. The most significant differences were seen in the increased percentage of disabled staff coming to work despite not feeling well enough to perform their duties and those feeling unwell due to work related stress.

- Staff that identify themselves as Lesbian, Gay or Bi-sexual (LGB) are generally less positive than those who identify themselves as Heterosexual. It was noted that double the percentage of staff identifying as BME, disabled or LGB have personally experienced discrimination at work from a manager / team leader or other colleagues compared with those who do not identify themselves in these ways.

- Only 55% of staff with a disability felt their employer made adequate adjustments to enable them to carry out their work.

3.4 Monitoring report summary findings

The total head count of staff has increased by 7% but with minimal changes in the overall equality profile across the organisation. There has been a continued slow improvement in declarations from staff monitoring data but it is anticipated that further improvement will follow the recent Electronic Staff Record (ESR) update.

As with previous years there are slightly different anomalies between groups in different areas, as well as repeated trends. The key continuing trends that should be further explored in 2016-7, with identified actions and implementation of these are:

1. The proportionately lower representation of staff with protected characteristics at a senior level in the Trust.

2. The proportionately poorer representation of staff with protected characteristics at each stage through the recruitment process overall for all staff groups (except some medical staff groups).

3. The differences between groups with protected characteristics compared with others in terms of the uptake of training.

The causative factors are often complex, detailed investigation and engaging with staff will help to understand how improvements can be made.

4.0 The Equality Delivery System update

There are four domains within the Equality Delivery System (EDS) covering service delivery and two for Workforce. Progress against each for the year 2014-5 is described below along with the updated action plan at **Appendix 2.**

4.1 Domain 1- Better Health Outcomes for all.

The Trust was successful in securing CQUIN funding for the Learning Disability Nursing Service this year. The aim is to improve the care experience and health outcomes of inpatients with a learning disability by:

- Implementing a reasonable adjustment recording system /data base.

- Purchasing activity items for use as distraction for patients. Particularly those who exhibit challenging behaviours.

- 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.

4.1.1 Activity equipment

Work has progressed well. All the equipment has now been purchased and has been successfully used by several patients.

4.1.2 Easy Read

We have developed seven UHL specific easy read leaflets. These are in addition to those that we already had which have been developed nationally by statutory agencies.

4.1.3 Reasonable Adjustment Tool

The Acute Liaison Nurses have contact with five hundred and fifty patients per year of whom approximately 15% require some type of reasonable adjustment, such as additional carer support. These are recorded in the patient notes and on a risk assessment tool that is used on admission. We manually record each reasonable adjustment whilst the development of the data base is finalised. The database is planned to be operational by February 2016. In addition to this the Clinical Management Groups report any significant adjustment they make to their care pathways via the Patient Involvement, Patient Experience and Equality Assurance Committee (PIPEEAC).

4.1.4 Do not Attend (DNA)

It was identified from the original data that the DNA rate for patients with a learning disability was 8.4%. This was slightly higher than the 7.22% seen in the general patient population. One hundred and forty six patients were recorded as a DNA. A sample of twenty five patients, carers (family and care home managers) have been contacted to explore the reasons for the DNA.

The three reasons given for not attending were that the patient was:

- Not aware of the appointment
- The Patient was ill or not prepared on the day
- Already an inpatient on the date of appointment

All patients contacted subsequently accessed an appointment/ treatment since the recorded DNA.

4.1.5 Complaints Analysis for Disabled Patients

In 2014 the Patient Experience team begun to collect and report some patient feedback by disability, ethnicity, age and gender enabling the reporting of any differences in satisfaction rates against the general population. The last two reports showed that there was a small difference in the types of complaints received from disabled people. Overall the numbers of complaints from this group of patients remain quite small. The identified difference prompted a fuller review to be undertaken to assess the detail of the complaints.

One hundred and seventeen complaints from June 2014 – October 2015were reviewed. Of these fifty nine complainants were identified as having either a physical, mental (including dementia) or learning disability. The complaints covered 36 different departments and were grouped into 20 subject matters the most frequent being communication, Medical and Nursing care. The three case studies at **Appendix 3** describe the patient experience in more detail.

In all three of these cases the patients had very different disabilities but there are some common themes highlighted:

- Each required an advocate to highlight difficulties as they were not able to communicate effectively themselves.
- Protocols have been applied or decisions made that have not addressed the complex needs of the individuals.
- Once cases were reviewed on an individual basis by appropriate senior staff a different course of action was / would have been applied.
- The patients were not cared for in the most beneficial environment for them.
- If individual needs had been addressed sooner it may have resulted in a shorter hospital stay.

It is proposed that in the future:

- Findings be discussed with PIPEEAC leads to be shared within CMG's as part of their quality review discussions
- CMGs monitor and review their complaints on an annual basis.
- A similar review is conducted of patients from a BME background.

6.2 Domain 2 - Improved Access and Experience

People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds.

6.2.1 Disability Patient Data Collection

The collection of data on disability has commenced in one area of outpatients in the Trust in response to the Commissioners inclusion of this as one of our KPI's for this year. Disability is not currently one of the national mandatory fields, this makes it quite difficult to implement as staff tend to focus on the 'must dos' rather than 'should dos'. This problem will be resolved when the Electronic Patient Record (EPR) is fully implemented. The difficulties have been fed back to the Commissioners who are expecting a fuller response in February 2016, but they do appreciate the pragmatic problems. It is planned to continue to roll out disability data collection across the Trust accepting that only a % of disabled patients' information will be recorded. Whilst not ideal it will be a better position than at present.

6.2.2 Interpreting Services

UHL have been working with Pearl Linguistics as a master vendor since 2011, providing a single point of access for all Interpreting and Translation needs of the Trust.

Since 2011 there has been a 64% increase in the requests for interpreters, with the Trust now booking an average of 925 sessions per month. Despite a rise in the different languages requested over the last four years, the top five languages requested have remained unchanged and still account for 65% of all bookings.

The Table below indicates the changes seen:

Table 1.

	Bookings April 2011-March 2012	Bookings April 2014-March 2015	% Change
All languages	6108	9920	+63%
Gujarati	1565	3008	+92%
Polish	556	941	+69%
Punjabi	672	913	+36%
Slovak	419	632	+51%
Somali	364	327	-10%

This would suggest that the core communities within the region remain unchanged. The increases seen are thought to be due to a combination of improved staff awareness of available services, the ease of arranging interpreters and increased need from the community for communication support.

This year despite the continued projected increase of bookings it is projected that we will see a saving due to the renegotiation of rates and encouragement of smarter usage by CMG's.

Table 2. Projected savings

	April 2011-March 2012	April 2014-March 2015	Projected April 2015-March 2016
Interpreter Bookings	6108	9920	11,295
Cost	£294,048	£475,229	£379,905
Projected saving			**£95,324**

6.2.3 Static Hearing Loops

An audit of our static hearing loops in place at all patient facing areas in the Trust has been undertaken. This followed several concerns raised by a frequent patient of the Trust when accessing services who often found them not to be working or broken. The report recommends a complete overhaul of the current appliance replacements for many will be required. The cost is likely to be is c£70k and Estates are unable because of existing commitments fund in this financial year. Estates have agreed to include the work in next year's maintenance plan.

6.2.4 British Sign Language Project

The online British Sign Language (BSL) project is progressing, initial meetings and communication with the deaf community has been completed. The computer hardware and key technical requirements of the application have been met. The pilot in the Emergency Department is scheduled for January 2016; however this may need to be

delayed until February because of winter pressures and unprecedented high activity levels.

6.2.4 Accessible Information Standard (AIS)

NHS England has introduced the Accessible Information Standard (AIS) with effect from April 2016.The aim is to ensure that people who have a disability, impairment or sensory loss get information that they can access and any communication support that they need. All organisations that provide NHS or adult social care must follow the accessible information standard by law, and they must do this in full by 31 July 2016. A Patient Information Task and Finish Group has been established and the AIS will form part of the groups work programme. It is unlikely that the Trust will be fully compliant by July 2016 as the standard necessitates a full overhaul of current systems and processes. Some of this cannot be fully addressed until the advent of the Electronic Patient Record (EPR). However, a fully worked up plan will be available by the end of January 2016 may suffice as evidence towards compliance at this stage. The monitoring arrangements have yet to be clarified but it will most likely form part of the Quality Schedule for next year.

6.3 Domain 3 - A Representative and Supported Workforce at all Levels of the Trust

Progress against this domain has been slow as referenced in the introduction. In addition to the EDS the 2015/16 NHS Standard Contract includes a new Workforce Race Equality Standard (WRES) that requires NHS providers to address the challenge to ensure Black and Minority Ethnic (BME) staff are treated fairly and their talents valued and developed. The Care Quality Commission will also consider the Workforce Race Equality Standard in their assessments of how “well-led” NHS providers are from April 2016.

The baseline position was submitted in July of this year to NHS England who will publish a full benchmarked report in March 2016. Once received any required actions not picked up by the Equality Work Programme for 2016 will need to be added.

6.3.1 Diversity Workforce Task and Finish Group.

A Diversity Task and Finish Diversity group was established in August this year at the request of the Chairman to specifically address the low levels of BME representation at senior levels in the Trust. A full report of the findings and recommendations will be presented to Trust Board in February 2016.

6.3.2 Unconscious Bias Training

The Trust has committed to providing one hundred of our leadership community with Unconscious Bias training. The training is planned for February and March 2016.

6.3.3 The Leicester Works Program

We are into our fourth year of the program aimed at supporting young people with learning disabilities into work. The program continues to be a great success with job outcomes realised for some students.

6.4 Domain 4 – Inclusive leadership

6.4.1 The Non- Executive Apprenticeship Program

Early discussions have taken place with the Non - Executives who have agreed the principle. The scheme essentially offers potential Non – Executives the opportunity to observe others in the post and further develop their skill set in readiness for a future post. It is hoped that this would impact on the diversity of future applicants.

In Conclusion

The 2014 - 2015 workforce report shows little in the way of change. Particular areas of concern lie with the lack of senior representation in some of the protected groups most notably race. The recommendations from the Diversity Task and Finish group if adopted will hopefully positively impact on what has been a fairly static position in terms of leadership representation in UHL for the last five years.

Progress against the EDS service delivery elements has been steady with some notable achievements made for patients who have a learning disability via the CQUIN. Although there has been a delay in the start of the BSL on- line pilot there is confidence that this initiative will be a good addition to our interpreting service and having a service user on the steering group has been invaluable in securing wider support from the deaf community.

Areas of particular focus for next year will be the:

- Accessible Information standard.
- Senior representation.
- The Non- Executive Apprenticeship programme.

Recommendations

The Trust Board is asked to:

1. Comment on the report, including on Appendix 1, the Workforce Equality and Diversity Monitoring report, which it is proposed to use as the basis of data published on the Trust's public website next year.

2. Agree the report and its key proposals.

Appendix 1

Workforce Equality and Diversity

Monitoring Report 2014-2015

University Hospitals of Leicester NHS
NHS Trust

Caring at its best

Glossary of terms

AHP – Allied Health Professionals

BME- Black, Minority Ethnic (within this report this includes Asian; Black; mixed; other; white-other.)

Disciplinary Processes – within this report this represents any case that was investigated and includes outcomes that were formal, informal, found to have insufficient evidence, no case to answer, or the staff member resigned pending outcome.

EMLA- East Midlands Leadership Academy

ESR – Electronic staff register

LGB – Lesbian, Gay, Bi-sexual

Local – this includes any members of staff across various job roles not on an agenda for change pay scale.

LLR – Leicester, Leicestershire and Rutland

Other medical and dental – any medical and dental staff not in a consultant role.

QFC – Qualification Framework certificate

Undefined– This represents data where we staff have not completed equal opportunities data

Undisclosed – This represents data where staffhave actively chosen not to declare status.

Unknown - includes both staff that do-not wish to declare and those who have an undefined status.

WRES – Workforce Race Equality Standard

1. Introduction

The Workforce monitoring report has been presented to the Trust Board as to comply with the Legal Duty that requires publication of the data against the nine protected characteristics that are:

Disability	Sex	Race
Age	Sexual Orientation	Religion or Belief
Marriage and Civil Partnerships	Pregnancy and Maternity	Gender Reassignment

Staff data is collected an reported on disability, age, race, religion and belief, sex, and sexual orientation, maternity and paternity leave and marital status.

In line with the requirements under the Public Sector Equality Duty the data has been reported by:

Workforce Profile	Pay	Recruitment and selection
Staff leaving	Disciplinary and Grievance	Staff training.

1.1 Staff Survey

In addition to the Public Sector Duty this year's report also includes analysis from the staff attitude survey. The purpose of collecting and analysing this data is to allow the identification of any differences between groups in terms of satisfaction and engagement and to put suitable actions in place to tackle and prevent issues that may disengage certain groups of the workforce. The Care Quality Commission also uses the results from the surveys to monitor on-going compliance with essential standards of quality and safety.

2. Report Summary

2.1 Profile of our Workforce- General Headlines

The data has been taken from the Electronic Staff Register in March 2015

- The total headcount of staff has increased by 6.9% this year to 12,645.
- The overall workforce profile remains largely unchanged from last year.
- Within the protected characteristic groups of Disability, Religion and Sexual Orientation we continue to see a decrease in our undefined status, with the corresponding increase in declarations accounting for the increase percentages noted in these groups.
- The unknown status within these characteristics of around 30% is significantly more than seen within other characteristics.

2.2 Data Reporting Changes

In order to provide an improved description to the changing ethnicity of our workforce the ethnicity classifications used for the report have been redefined offering added definition. This includes white-other, mixed and undisclosed becoming distinct categories. This change does mean that direct comparisons to previous year's data cannot be made in some instances e.g. 'other' but will provide a clearer picture moving forward.

2.3 Data Headlines

The current BME representation of 28.9% is favourable against the 2011 census data, demonstrating its8% higher than the population served in Leicester, Leicestershire and Rutland.

The overall age profile reflects a normal distribution curve but there with slight increases in the younger and older age group in comparison to last year.

Minimal percentage changes in sex representation with the exception of Additional Professionals and Technical which has seen a 2.5% increase in female representation. These types of job roles include pharmacists, operating department practioners and dental technicians.

Table 1. Comparison of workforce Profile 2015/2014

		March 2015	March 2014	Difference
Disability	Yes	2.1%*	1.7%	0.4%
	No	68%	63%	5%
	Undisclosed	4%	4%	No change
	Undefined	27%	31%	4%
*2.1% represents 268 staff members				
Sex	Male	21%	20%	1%
	Female	79%	80%	1%

Ethnicity	White -UK	66.3%	68%	Redefined*
	White - Other	2.1%		
	Asian	18.9%	18.3%	↑ 0.6%
	Mixed	1.4%	-	Redefined
	Black	4.4%	4.4%	No change
	Other	2.1%	9%	Redefined
	Undisclosed	4.9%	-	Redefined
	BME Total	28.9%	32%	Redefined

Age Band	<=30yrs	21%	20%	↑ 1%
	31-40yrs	26%	27%	↓ 1%
	41-50yrs	27%	28%	↓ 1%
	51-60yrs	22%	22%	No Change
	>60yrs	4.4%	3.8%	↑ 0.6%

Religion	Atheism	8%	7%	↑ 1%
	Christianity	42%	41%	↑ 1%
	Hinduism	6.8%	6.1%	↑ 0.7%
	Islam	5.1%	4.6%	↑ 0.5%
	Sikhism	1.8%	1.6%	↑ 0.2%
	Other	5.8%	5.2%	↑ 0.6%
	Undisclosed	11.3%	11.5%	↓ 0.2%
	Undefined	19%	24%	↓ 5%

Sexual Orientation	LGB	1.4%*	1.3%	↑ 0.1%
	Heterosexual	66%	61%	↑ 5%
	Undisclosed	11.7%	12%	↓ 0.3%
	Undefined	20%	25%	↓ 5%

*1.4% represents 171 staff members

3.0 Summary of Headlines for each protected characteristic.

3.1 Disability

- Within the workforce 268 staff members have declared they have a disability which is an increase of 39 on last year. This equates to 1 in every 47 members of staff which is significantly less than would be expected given recent census reports that nearly 1 in 5 people of working age in Great Britain have a disability, long-term health problem or impairment.
- There continues to be disabled staff represented within all of the staff groups. Proportionally to staff group the highest percentage is seen in Estates and Ancillary (3.72%) and lowest in Additional Professionals and Technical (0.97%).
- Under representation at senior level remains apparent with no representation at bands 8C-9 and a 3% decrease this year in band 8a-8b. The uptake of leadership training courses is also less in disabled staff (0.04%) when compared to non-disabled staff (0.1%) in bands 5-9.

- Of appointments made to the Trust 3% were to staff declaring a disability. The trends at recruitment are consistent with that seen in previous years with disabled staff fairing worse than non-disabled staff as they pass through the process.

- Of staff leaving the Trust 2.7% had declared a disability which is a slight increase on the previous year. The majority of these staff (60%) left as a voluntary resignation.

3.2 Sex

- The overall workforce male-female ratio of staff is 21% -79% respectively, but with variations amongst staff groups. Female representation is greatest within Nursing and Midwifery (92%) with male representation greatest amongst Medical and Dental (60%). The only group demonstrating any significant percentage change is Professional Scientific and Technical with a 2.6% increase in female staff

- As in previous years the data demonstrates an overall trend of increasing male representation as a proportion as the pay band increases.

- There has been a 14% increase in Consultants on the previous year but due to the gender distribution the overall Female consultant representation has now decreased. As a workforce trend female staff continue to do better through the recruitment process than male staff.

- Of staff leaving the Trust 32% were male which represents a 2% decrease on last year but remains above what would be expected based on representation. Further analysis indicates similar trends as those seen in previous years, with more female staff leaving following retirement or voluntary resignation whereas more men leave following the end of fixed term contracts.

- An over representation of male staff (32%) are involved in disciplinary processes. This is particularly evident when investigation results in an informal outcome. Although numbers are very small 86% of the grievance cases are brought by women.

- This year has seen a 17% increase in female staff undertaking Leadership courses. Based on workforce percentages less male staff are accessing training than would be expected.

3.3 Ethnicity

- White-British make up 66% of the workforce with the overall BME being 29%. Analysis of the BME profile shows 66% are Asian; 15% Black; 5% Mixed; 7% Other and 7% White-other. Within staff groups BME representation highest within Medical and Dental Staff (50%) lowest within AHP's 20%.

- The overall trend, as in previous years, demonstrates in Bands 1-9 an overall trend of decreasing BME representation as a proportion as the pay band increases. Under representation is not evident however within our medical staff with 37% of Consultants being BME and 58% of our 'other medical' staff being BME.

- This year the recruitment trends, more significantly than previously seen, demonstrate that BME staff, in all profiles, do worse through the recruitment process than White British staff. Initial exploration indicates that this may be due to changes in how data is being collated but a detailed investigation of processes is required.

- Of staff leaving the Trust 37% are BME staff indicating an over representation in terms of workforce proportion. Further analysis demonstrates differences between BME and White-British in terms of reasons for leaving for example 46% BME compared with 18% White British left due to the end of fixed term contracts (which include training posts). Of those leaving due to retirement 4% BME compared with 20% White British.

- The overall disciplinary outcomes are broadly in line with workforce representation with 60% involving White staff and 31% BME. The overall BME percentage has reduced this year but this does however coincide with an increase in unknown status. A higher percentage of BME staff outcomes are likely to result in a formal rather than informal outcome but remains within the overall workforce representations. Of the 7 grievance cases 4 were white and 3 BME.

- The training data demonstrates less BME staff are attending leadership / short courses but more BME staff are undertaking QFC's and enrolling on Apprenticeships than would be expected from overall workforce representation.

3.4 Age

- There are only small percentage changes from last year in the age profile of the workforce with the majority of the workforce aged between 30-50yrs. Within staff groups there are variations,73% our Estates and Ancillary staff are aged 41 years or above (50% being over 50) in contrast to this 63% of our AHP and 60% of our medical and dental staff are under 40 yrs.

- Variation is also seen across pay bands for example within other medical 84% are <=40years conversely at Band 9 80% are =>41years. The increase in older staff in senior positions is to be expected as often goes hand in hand with experience.

- Recruitment is seen in all age groups but with percentage decreases in applications as age increases. The data trends indicate that there is only a small percentage variation between short listing and appointment in all groups.

- There is minimal change this year in the age patterns staff leaving the Trust, with data suggesting that some of the leaving patterns are age specific.

- Within the disciplinary process the age ranges which include 41-60yrs are over represented when there is an informal/ informal outcome in comparison with overall workforce representation. The age range of staff who brought grievance cases this was 35-56yrs, however numbers are too small to analyse further with any meaning.

- Age data within currently reported training is unavailable in some areas. Where it is available there is no evidence of discrimination based on age.

3.5 Sexual Orientation

- Within the workforce 171staff members identify as LGB which is an increase of 23 on last year.
- There continues to be staff identifying as LBT represented within all of our staff groups. Proportionally to staff group the highest percentage is seen in Estates and Ancillary (2.07%) and lowest in Medical (0.69%).
- Under representation at senior level remains apparent with no representation at band 9.
- Evidence of increasing representation is seen in band 1-4 and local. As noted at previous years there is no evidence of discrimination throughout the recruitment process.
- There has been a slight percentage increase of staff identifying as LGB leaving the Trust but it remains consistent with workforce representation.

3.6 Religion and Belief

- There continues to be a range of religion or beliefs seen across the workforce and within each staff group, with Christianity remaining the most recorded religion.
- Those that are Atheists and Christians or fall within 'other' fair better through the recruitment process than other recorded religions.
- Of staff leaving the Trust those of an Islamic or Hindu religion are significantly over represented as proportionally of the total workforce, data suggests this is due to the end of fixed term contacts as part of a training rotation. This is likely to be a reflection of our medical staff in training.
- The combination of the number of religion and beliefs practiced, percentage of unknown recorded and the reduced numbers of disciplinary and grievance cases this year makes it more difficult to extrapolate trends with any meaning.

4.0 Data Headlines

- This year has seen significant differences in trends through the recruitment process for White British and BME applicants with the later fairing significantly

worse. Initial exploration indicates that this may be due to changes in how data is being collated but a detailed investigation of processes is required.

- As a workforce trend female staff continue to do better through the recruitment process than male staff. An exception to this is within Consultants. There has been a 14% increase in Consultants on the previous year but due to the gender distribution the overall Female consultant representation has now decreased.

- Year on year we continue to see the challenge of representation at senior level in all protected groups.

- There is little change in the profile of staff leaving the Trust. We see an overrepresentation of staff that are male, BME, of an Islamic or Hindu religion and those aged last than 30 years, for all of these groups the majority are leaving due to 'End of fixed term contract' which includes training schemes and rotational posts.

- The number of disciplinary and grievance cases investigated this year has significantly reduced. Consistent with last year there is increased representation amongst male staff, and those from older age, whilst BME staff have fallen to be consistent with workforce representation.

- Our reporting of training data although improving does not include any training completed on-line or that which is completed outside of the Trust e.g. DeMontford University. This reduces the certainty of the conclusions we can draw from it.

- From the data we do have we can see that there is an under representation of BME staff accessing leadership/management courses or short taught day courses provided internally. There has been however a significant increase in female staff attending Leadership courses.

5.0 National Staff survey

A broad selection of questions from the 2014 staff survey were analysed to identify any differences with the groups of Ethnicity, Disability, Sexual Orientation and Sex. These included appraisal, feelings about work, job satisfaction, patient care and health and wellbeing.

The findings suggest:

- Staff from a Black, Minority and Ethnic (BME) background are generally more positive that staff from a white background. The exception to this was a significant difference around BME staffs perception in regard to career progression and promotion.

- Staff with a disability are less positive than non-disabled in all areas analysed. The most significant differences were seen in the increased percentage of disabled staff coming to work despite not feeling well enough to perform their duties and those feeling unwell due to work related stress.

- Staff that identify themselves as Lesbian, Gay and Bi-sexual (LGB) are generally less positive than those who identify as heterosexual. A notable difference was that despite there being minimal difference in staff personally experiencing harassment, bullying or abuse at work from managers / team leaders or other colleagues it is significantly less likely to be reported by staff identifying as LGB. A similar finding was also noted between sexes with a significant increased percentage of male not reporting in comparison with female staff.

- It was noted that double the percentage of staff identifying as BME, disabled or LGB have personally experienced discrimination at work from a manager / team leader or other colleagues.

- Only 55% of staff with a disability felt their employer made adequate adjustments to enable them to carry their work. Within the other staff groups lower percentages of BME, LGB and male staff reported that adequate adjustments had been made.

6.0 Conclusion

The total head count of staff has increased by 7% but with minimal changes in the equality profile across the organisation. We have continued to see a slow improvement in declarations from staff monitoring data but it is hoped this will be accelerated following the recent ESR update.

As with previous years there are different interesting anomalies between groups in different areas, however there are also key areas that occur year on year. This includes the challenge of representation at senior level, differences between groups in outcomes during the recruitment process and the uptake and recording of training. It is suggested that these are prioritised as the focus of additional work next year.

The true pattern of causes underlying differences between groups is often rich and complex, detailed investigation and interrogation of available data and engaging with staff both within focus groups and larger surveys will help to understand how improvements can be made.

Appendix 1

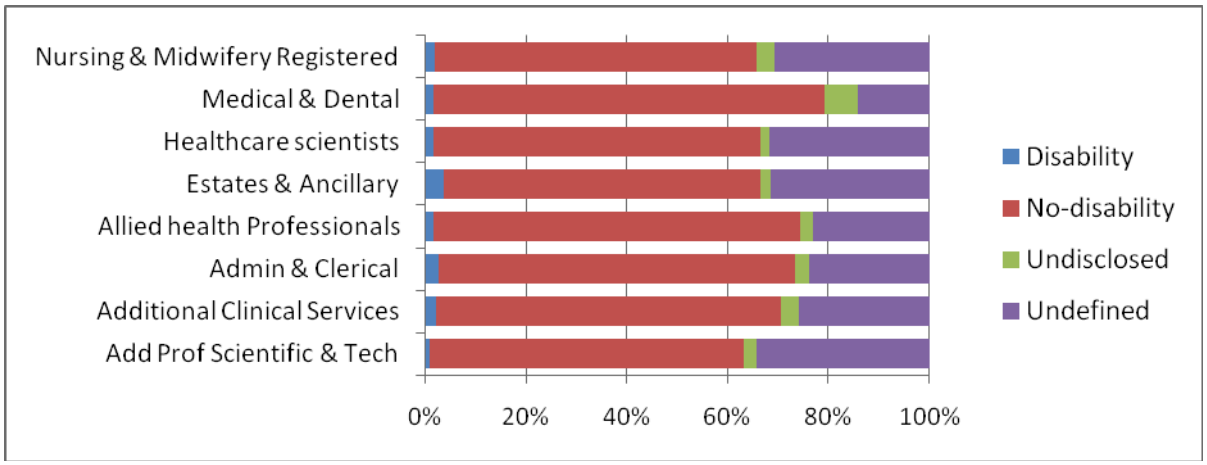
Section 1 – Disability

The Family Resources Survey for 2012/13 reports that 16% (6.1 million) of adults of working age are Disabled but that half of these are unemployed. This would suggest that around 8% of the working population have a disability. The negative employment gap between Disabled people and non-disabled people of around 30% has been static for many years.

1.1 Disability profile of staff in post at UHL

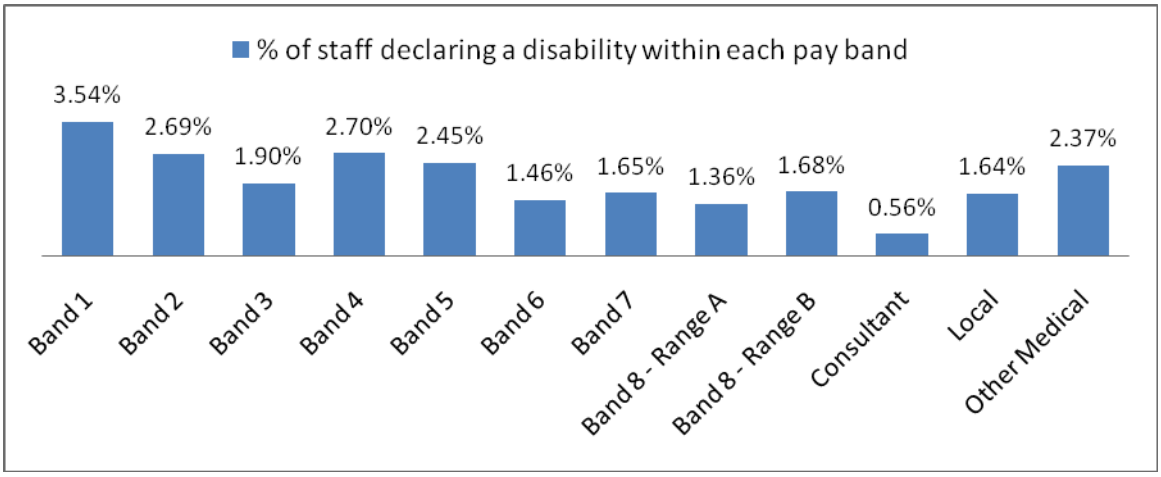
Within the total workforce 2.1% (268) of staff have declared a disability this represents a 0.4% increase on the previous reporting year. We continue to see an improved declaration rate within this characteristic with 70% of staffs' disability status known.

1.1.1 Disabled staff by staff group.



The data demonstrates that there is staff declaring a disability within each staff group. All staff groups; with the exception of Additional Prof Scientific and Technical; have seen an increase in the number of staff declaring a disability this year. The highest representation is seen in Estates and Ancillary (3.72%) and the lowest in Additional Prof Scientific and Technical (0.97%), however the varying percentages in each staff group of unknown status reduces our ability to draw firm conclusions.

1.2 Disability and Pay



This year's data demonstrates:

- An increase in representation in bands 1-4; bands 5-7, Consultant and other medical.
- A decrease in Bands 8A-8B and Local
- There remains no representation in Band 8C-9

1.3 Disability Profile at Recruitment

Of all staff appointed 3.27% (45 staff members) declared a disability.

The trend in recruitment of staff declaring a disability demonstrated that:

- They do better from application to shortlist.
- They fair worse from shortlist to appointment. This trend is similar to that seen in last year's data.

1.4 Disability of Staff Leaving

The data shows that of staff that left the Trust 2.7% (50 staff members) defined themselves as having a disability. This represents an increase on the previous year of 0.8%. 60% of staff declaring a disability left due to a Voluntary resignation which compares with 53% of non-disabled staff.

1.5 Disciplinary and Grievance Cases

1.5.1 Disciplinary data by Disability

A total number of 103disciplinary investigations were carried out only 2 of which involved staff declaring a disability. The disability status of 46% of cases is unknown therefore no inferences can be drawn from this data.

1.5.2 Grievance data by Disability

A total of 7 cases were investigated this year therefore numbers are too small to analyse further with any meaning.

1.6 Disability and Access to Training

Courses	Disability					
	Yes		No		Unknown	
Leadership EMLA & UHL	5	1.2%	395	96%	11	2.7%
Short Courses	24	3%	695	86%	85	11%
QCF's	1	2.4%	38	90%	3	7%
Apprentices	1	1.7%	59	98.3%	0	-

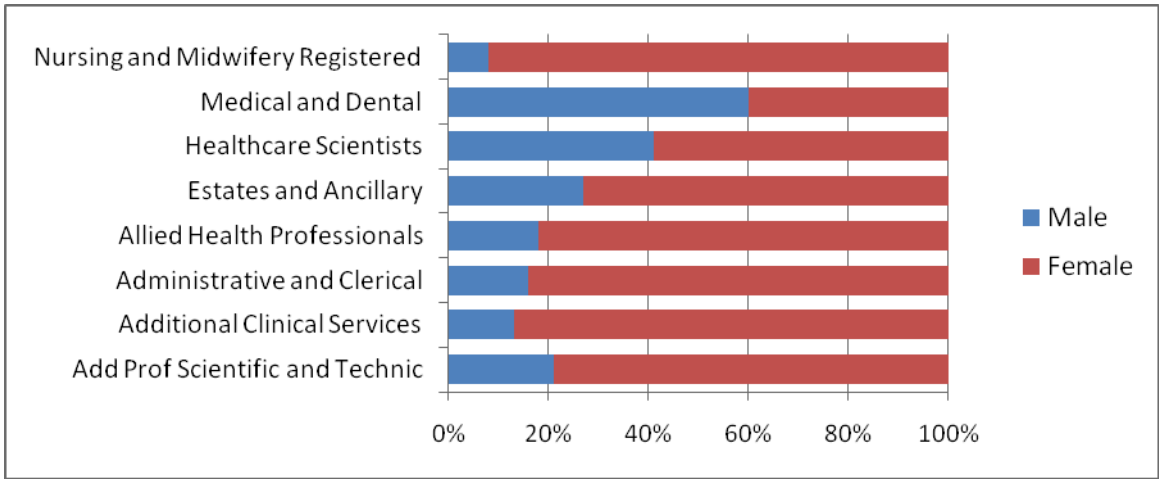
1.47% of in bands 6-9 have declared a disability suggesting that they are underrepresented the uptake of leadership courses.

Section 2 – Sex

2.1 Sex profile of staff in post.

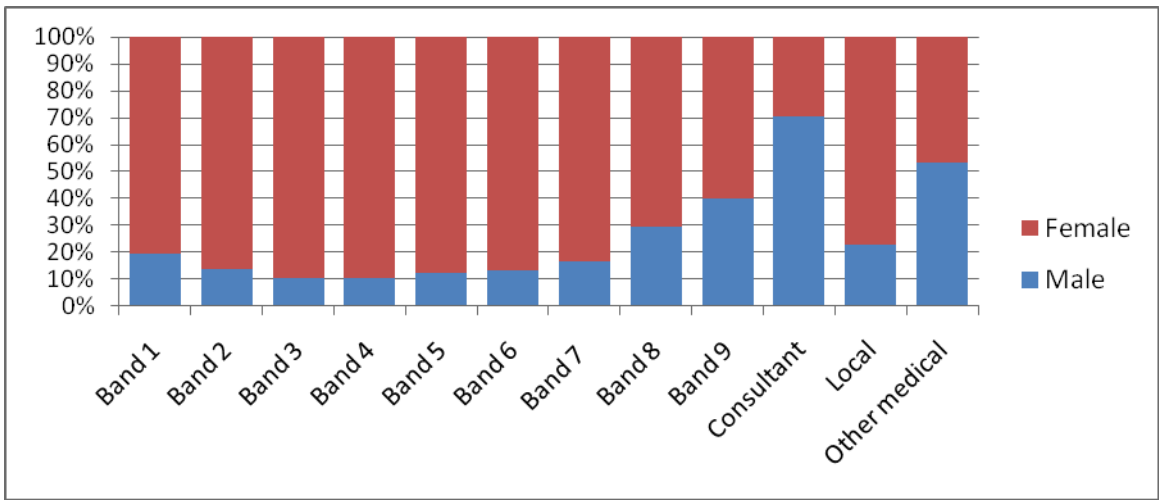
There has been 1% change in the male-female ratio of staff (21% -79% respectively) in the workforce in comparison to last year.

2.1.1 Sex as a Proportion of Staff Group



All staff groups % of male-female staff have seen minimal percentage change when compared to last year's data. The exception of Prof scientific and Technical which has again this year seen a 2.6% increase in female staff. Medical and dental and healthcare scientists demonstrate the most equally representative of staff groups.

2.2 Sex Profile and Pay

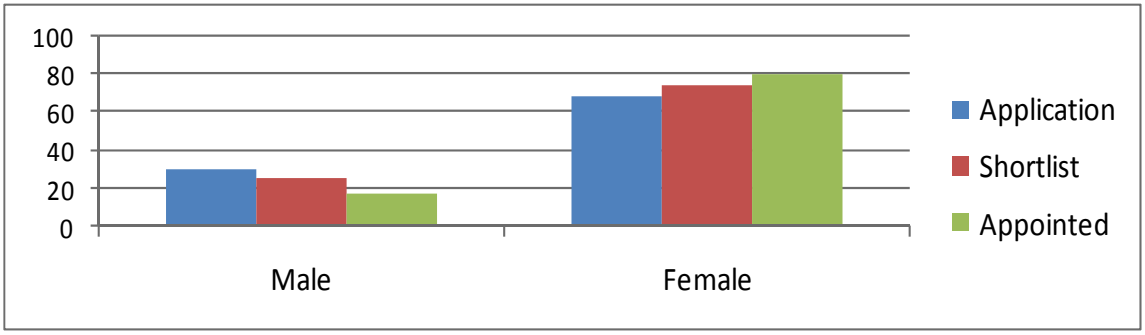


As in previous years the data demonstrates an overall trend of increasing male representation as a proportion as the pay band increases.

When compared to last year's percentage data there is:

- A further increase of 1% in male representation in bands 1-4
- No change in representation in Bands 5-9 or other medical
- A decrease in female consultants of 0.76%.
- An increase of 2.2% of female staff in Local.

2.3 Sex Profile at Recruitment



The trend in the data demonstrates that female staff do better through the recruitment process than male staff.

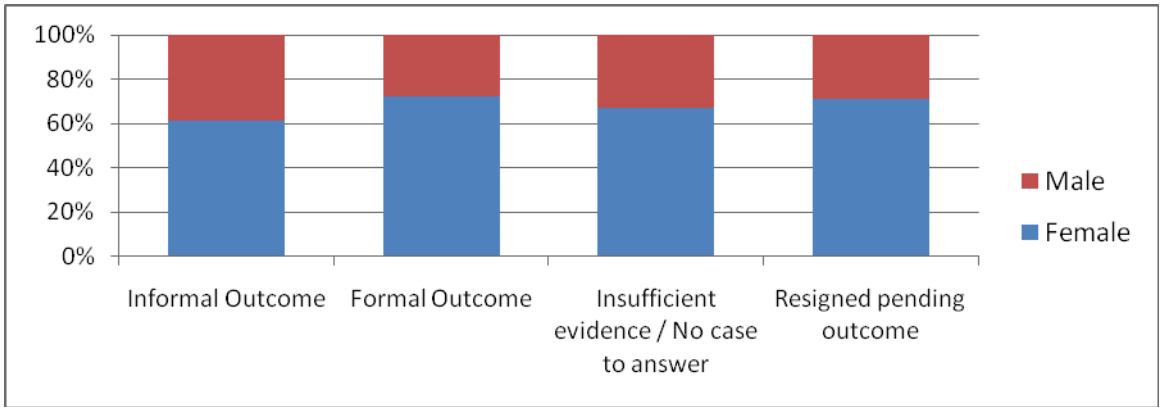
2.4 Sex of Staff Leaving

The data shows that of staff that left the Trust 68% was female and 32%was male. Although this represents a 2% decrease in male staff leaving the Trust it remains above what would be expected based on representation. Further analysis of reasons indicates similar trends as those seen in previous years, with more female staff leaving following retirement or voluntary resignation whereas more men leave following the end of fixed term contracts.

2.5Sex Profile and Disciplinary and Grievance

2.5.1 Disciplinary data by sex.

Of the 103 disciplinary processes complete 68% involved female staff and 32% involved male staff. This indicates that, based on representation, more male staff that expected are involved in a disciplinary process. On further breakdown of the datathis is particularly evident when investigation results in an informal outcome or when it is found that there is insufficient evidence /no case to answer although numbers in the later are small.



2.5.2 Grievance Outcome Data by sex

86% of the grievance cases are brought by women, however as the total number of cases was only 7 and therefore numbers are too small to analyse further with any meaning.

2.6 Sex Profile and Access to Training

Courses	Sex					
	Male		Female		Unknown	
Leadership EMLA & UHL	65	16%	336	82%	10	2%
Short Courses	104	13%	695	86%	5	0.6%
QCF's	6	14%	36	86%	0	-
Apprentices	7	12%	53	88%	0	-

There is a significant difference this year in the number of Leadership courses completed with a 17% increase in uptake amongst female staff.
Less male staff have undertaken training in all recorded areas than would be expected from workforce representation.

Section 3 – Race

3.1 Race profile of staff in post.

Within this year's report we have realigned our categories that make up our BME profile also separating out our unknown profile which had previously been included in 'other'. Due to this we are unable to make direct comparisons with last year's data however it will provide more detailed data moving forward.

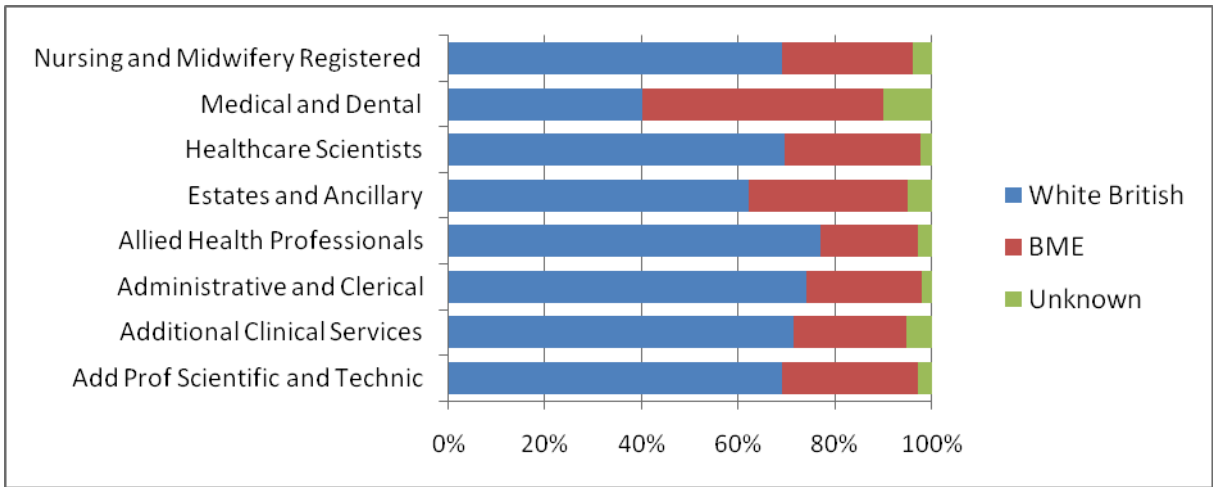
The comparison of our workforce population with the latest census data for our region suggests that we have a higher BME representation than that of the population we serve.

	UHL Workforce profile	Census 2011 LLR* profile
White	66%	78%
BME	29%	21%
Unknown	5%	1%

* Leicester, Leicestershire and Rutland

Analysis of our workforce BME profile shows 66% are Asian; 15% Black; 5% Mixed; 7% Other and 7% White-other.

3.1.1 Race Profileas a proportion of staff group.

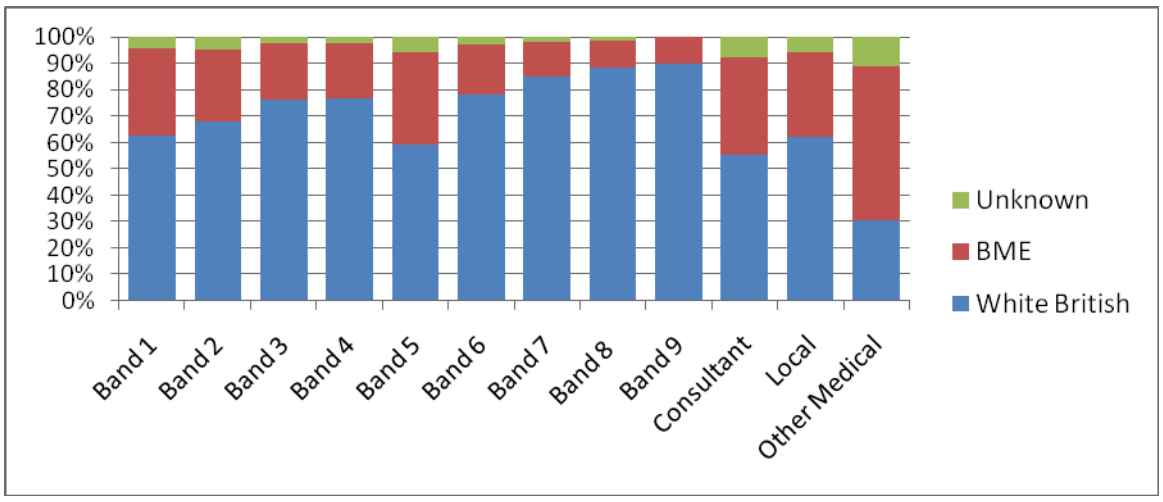


The data indicates that within most staff groups the majority of staff are White British (range 62-77%). The exception to this is seen in Medical and Dental where 50% are BME and 40% are white British.

Further analysis of the data within each of the BME profiles indicates that:

- there is representation in all staff groups with the exception of 'Other' in Allied Health Professionals and White-other in Add Prof Scientific and Tech.
- within the Asian profile the greatest representation is in Medical and Dental and Estates and Ancillary
- within the Black profile the greatest representation is in Nursing and midwifery.
- within the mixed, other and white- other profiles the greatest representation is seen in Medical and Dental

3.2 Race and Pay

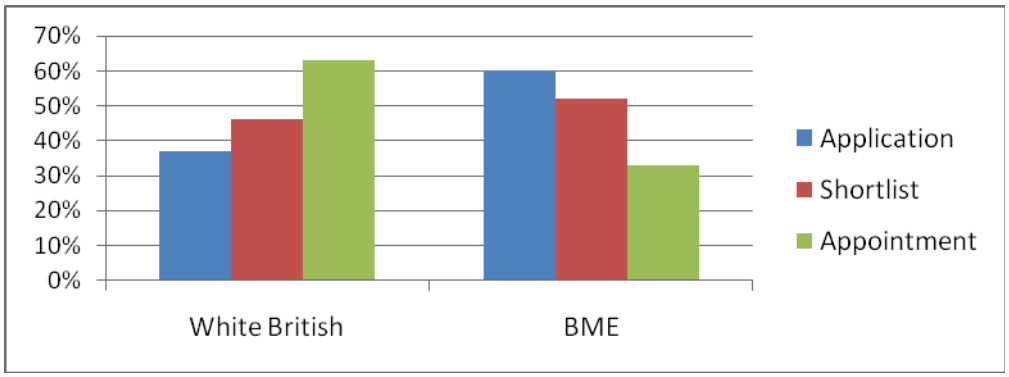


The data indicates that there is BME representation in all pay bandsbut with an overall trend of the majority of staff being White British,with increasing proportions as pay band increases.

We see a different profile within our medical staff with 37% of Consultants being BME and 58% of our other medical staff being BME.

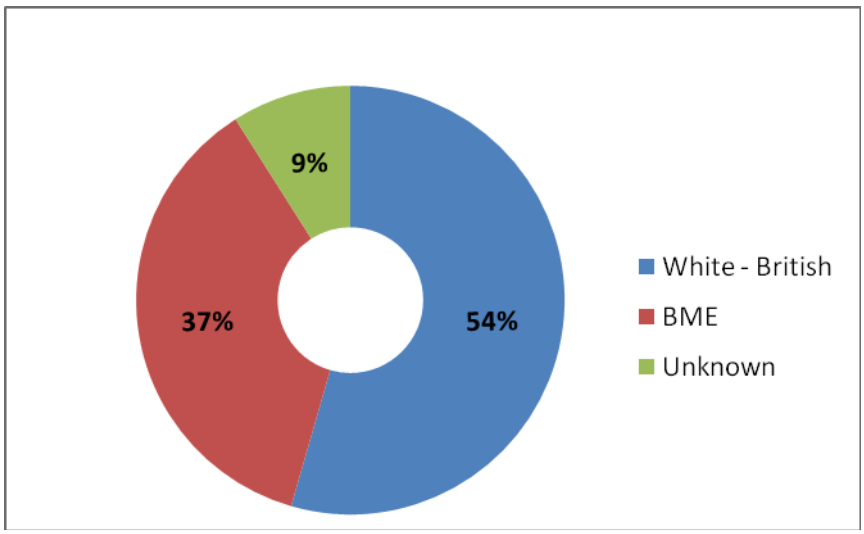
3.3 Race Profile at Recruitment

White British compared with total BME



The data clearly demonstrates that BME staff do worse through the recruitment process than White British staff. On further analysis of the data this trend is reflected in all BME profiles. This year the difference is more significant than previously seen initial exploration indicates that this may be due to changes in how data is being collated but requires a detailed investigation of processes to begin to understand why we may be seeing these trends.

3.4 Race of Staff Leaving the Trust



The data demonstrates that BME staff are overrepresented and White British staff under-represented in terms of workforce proportion. The increase in representation is seen in all of the BME profiles.

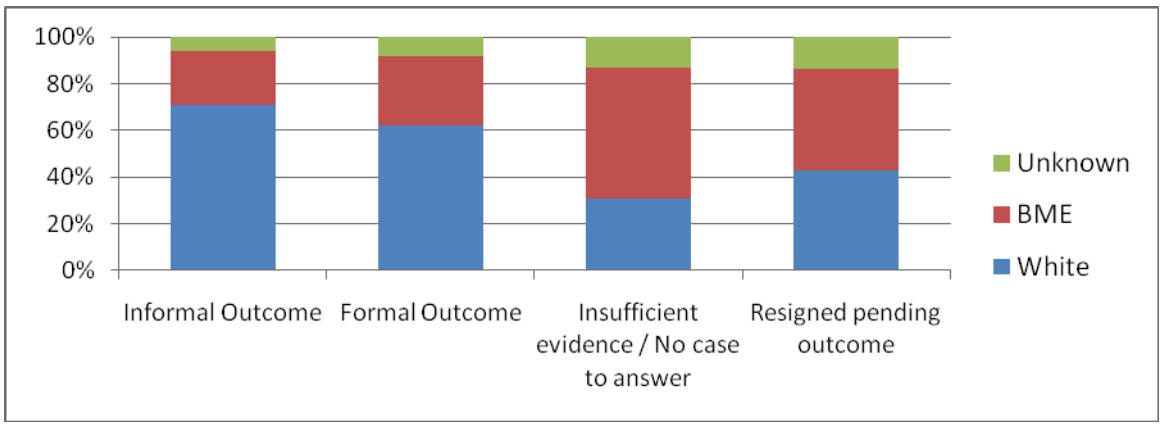
Further analysis of the data does indicate some differences in the reasons for leaving.

- Of those leaving due to end of fixed term contracts (which include training posts)46% BME compared with 18% White British.
- Of those leaving due to retirement 4% BME compared with20% White British.
- Of those leaving due to voluntary resignation 47% BME compared with 55% White British.

3.5Disciplinary and Grievance by Race

3.5.1 Disciplinary Outcome Data

Of the 103 disciplinary processes complete 60% involved white staff and 31% BME staff the remaining cases race is unknown. This suggests overall disciplinary outcomes are broadly in line with workforce representation. The overall BME percentage has reduced this year but this coincides with an increase in unknown status.



A higher percentage of BME staff outcomes are likely to result in a formal rather than informal outcome but remains within the overall workforce representations.
The percentages where there was insufficient evidence /no case to answer from a BME background remains proportionately high, however this is based on very small numbers.

3.5.2Grievance cases by race

Of the 7 grievance cases 4 were white and 3 BME however numbers are too small to analyse further with any meaning.

3.5.3 Ethnicity and Access to Training

Courses	**Ethnicity**					
	White		BME		Unknown	
Leadership (EMLA)	286	70%	71	17%	54	13%
Short Courses	549	68%	160	20%	95	12%
QCF	24	57%	16	38%	2	5%
Apprentices	40	67%	20	33%	0	-

As proportionally representative of the workforce the data indicates that:

- less BME staff are attending leadership or short courses.
- more BME staff are undertaking QFC's and enrolling on Apprenticeships.

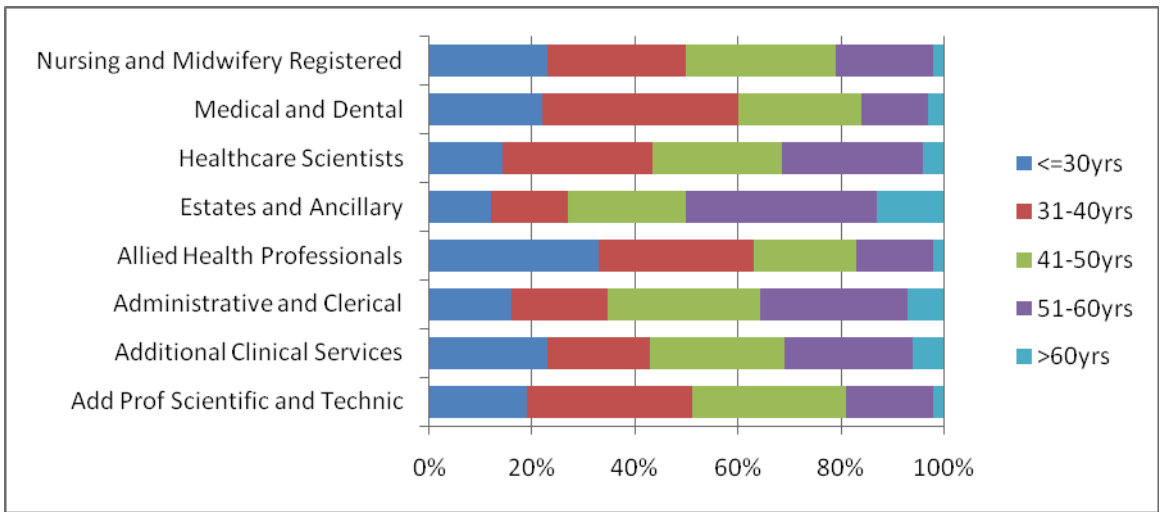
Section 4 – Age

4.1 Age Profile of Staff in Post.

A normal distribution curvecontinues to be evident in the age profile of the workforce,with only small percentage changes from last year.
These includes a:

- 1.4% increase in staff <=30 years of age
- 2% decrease in staff aged 31-60 years
- 0.6% increase in staff > 60yrs

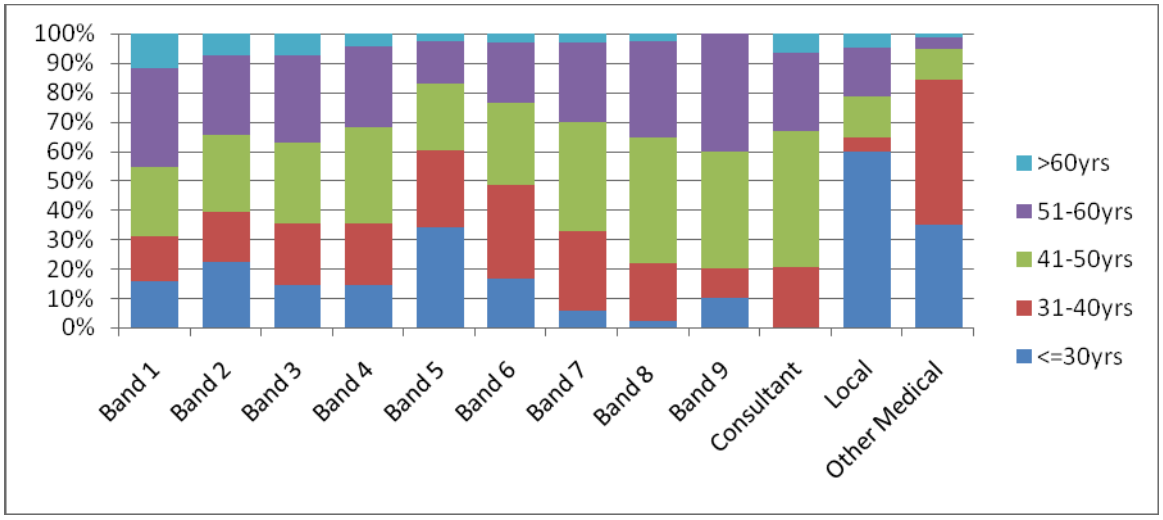
4.1.1 Age Profile of Staff Groups.



The data highlights that:

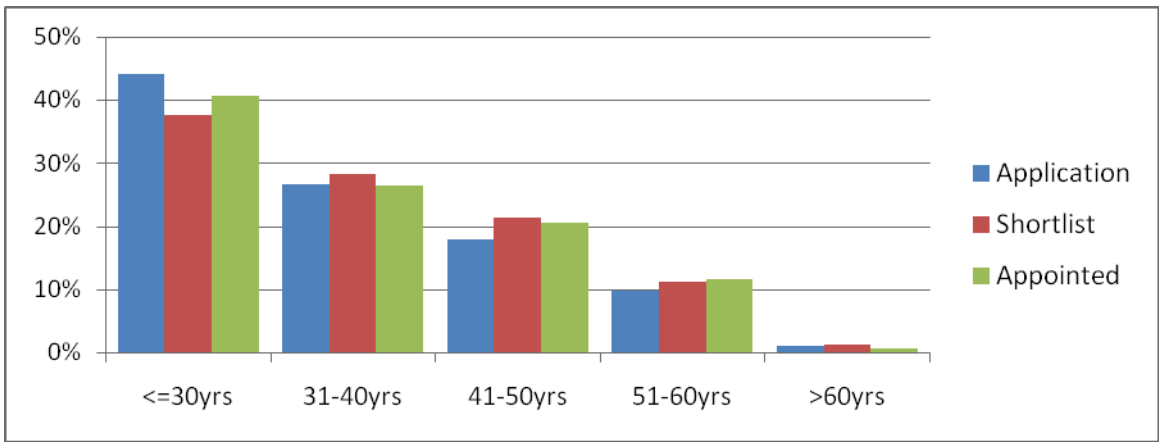
- 50% of staff within Estates and Ancillary is over 50 years old.
- 63% of Allied health professionals and 60% of Medical & Dental staff are less than 40 years old.

4.2 Age and Pay



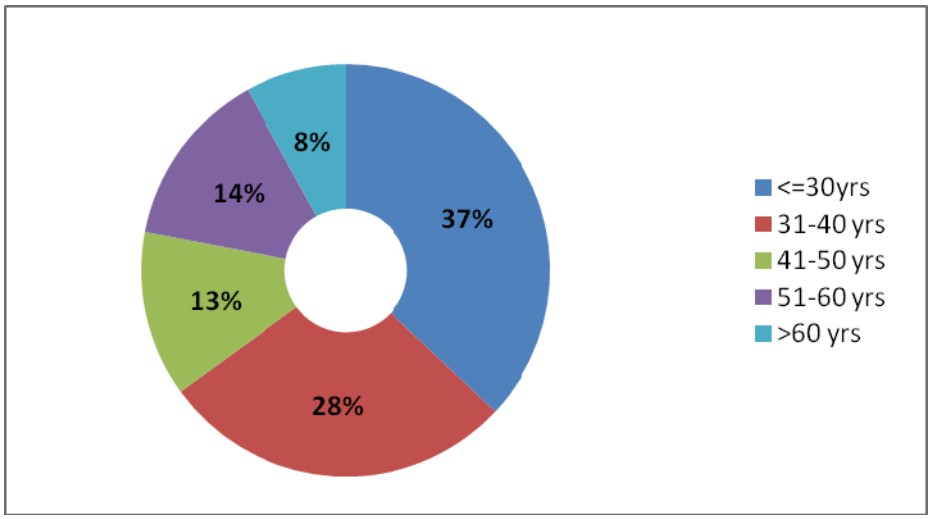
The data demonstrates a variety of age range across pay groups with the expected increase in older staff in senior positions. This year's data however does demonstrate an increase of younger staff in Band 9.Within other medical 84% are <=40years conversely at Band 9 80% are =>41years.

4.3 Age Profile at Recruitment



The data indicates that we continue to recruit across all age groups but with percentage decreases in applications submitted as age increases.
The data trends indicate that those aged 51-60yrs are most successful through the application process. In all age groups however there is only a small percentage variation between shortlisting and appointment.

4.4 Age of staff leaving



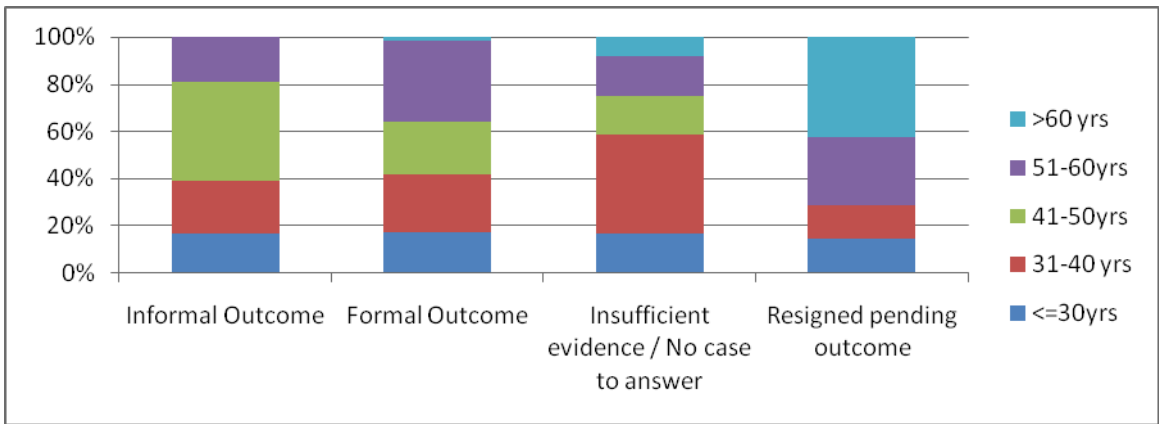
There has been minimal change in the percentage per age group of staff leaving the Trust.
Some of the leaving patterns are age specific for example:

- 44% of those aged <=40 years leave due to end of a fixed term contracts (which include training posts)compared with 6% of those aged >40yrs.
- 36% of those aged =>50yrs leave due to retirement with no-one <50yrs retiring.

4.5Disciplinary and Grievance

4.5.1 Disciplinary data by Age group.

Disciplinary category outcomes by age.



The data demonstrates that:

- 41-50yrs over represented when there is an informal outcome
- 51-60yrs over represented when there is an formal outcome
- 31-40yrs over represented when insufficient evidence / no case to answer but numbers in these categories are very small.

4.5.2 Grievance data by age group.

The age range of staff that brought grievance cases this year was 35-56yrs, however as the total number of cases was only 7 numbers are too small to analyse further with any meaning.

4.6 Age and Access to Training

Training	**Age groups**									
	<29yrs		30-39yrs		40-49yrs		50-59yrs		>60yrs	
QCF learners	13	31%	8	19%	16	38%	5	12%	0	-
Apprentices	44	73%	8	13%	4	7%	4	7%	0	
Leadership (EMLA)	Age data recorded differently data demonstrated: <20yrs = 5; 21-44yrs =68 ; 44-64yrs=111 >65yrs =1 unknown 55									
Leadership (UHL)	*Age is not recorded									
Short Courses	*Age is not recorded									

Some areas of training do not currently record age. Apprenticeships are predominantly but not exclusively undertaken by those <29yrs.

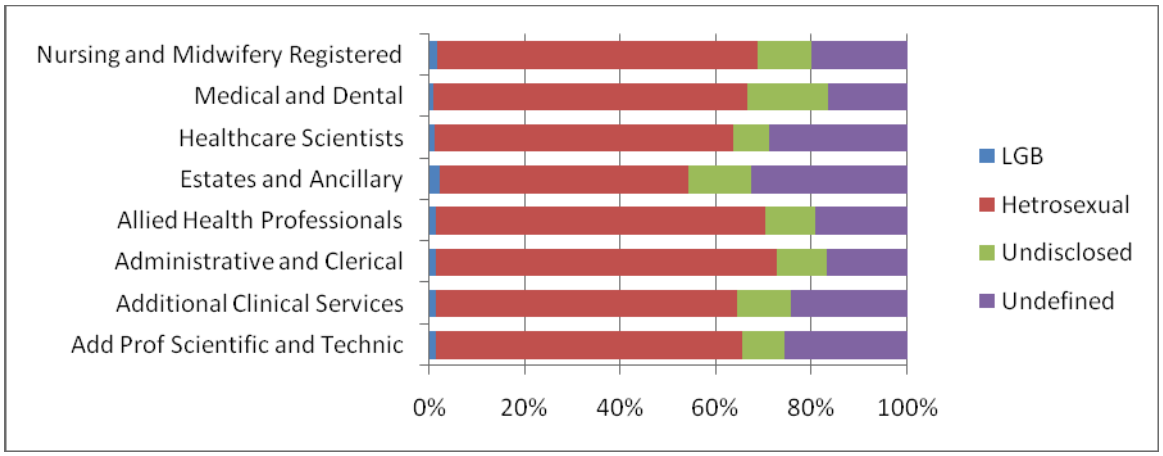
Section 5 – Sexual Orientation

In a 2010 national integrated household survey conducted by the Office of National Statistics, 94% of those questioned identified themselves as heterosexual, 1% identified as Gay or Lesbian, 0.5% as Bisexual and the remaining 0.5% as other. This would suggest that individuals who identify nationally as LGB is 1.5%.

5.1 Sexual Orientation Profile of Staff in Post.

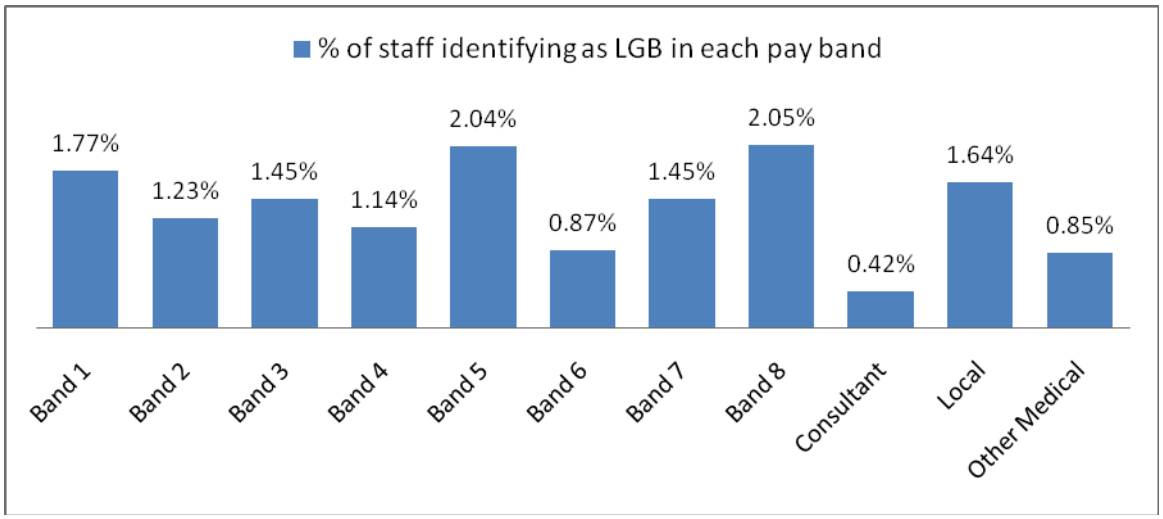
Within the total workforce 1.4% (171) of staff identify as LGB this is consistent with the previous reporting year. We continue to see an improved declaration rate within this characteristic with 67.4% of staffs' sexual orientation status known.

5.1.1LGBprofile in staff groups.



The data demonstrates that there is staff identifying as LGBT within each staff group. The highest percentage is within Estates and Ancillary staff group (2.07%) and the lowest within Medical and dental(0.69%).

5.2 Sexual Orientation and Pay



Consistent with last year's data there are staff identifying as LGB in all pay bands with the exception of Band 8C and 9.
The largest changes are evident in Bands 1-4 where there has been a 1.42% increase and in local with an increase of 1.32%.

5.3 Sexual Orientation Profile at Recruitment

Of all staff appointed 2.76% (38 staff members) identify as LGB. The trends continue to indicate that for those that have declared their sexual orientation are equally successful through the recruitment process.

5.4 Sexual Orientation of staff leaving

There has been a slight percentage increase of staff identifying as LGB leaving the Trust 1.35% (25 staff members) but as with previous year's data it remains consistent with overall workforce representation.

5.5Disciplinary and Grievance

5.5.1 Disciplinary Data by Sexual Orientation.

A total number of 103disciplinary investigations were carried out, only 2 of which involved staff who identified as LGB. The sexual orientation status of 39% of cases is unknown therefore no inferences can be drawn from this data.

5.5.2 Grievances

A total of 7 cases were investigated this year therefore numbers are too small to analyse further with any meaning.

5.6 Sexual Orientation and Access to Training

Training	**Sexual Orientation**					
	LGB		Heterosexual		Unknown	
Leadership (EMLA)& (UHL)	4	1%	277	67%	130	32%
Day Courses	6	0.7%	543	68%	254	32%
QCF's	*not recorded					
Apprentices	1	1.7%	41	68%	18	30%

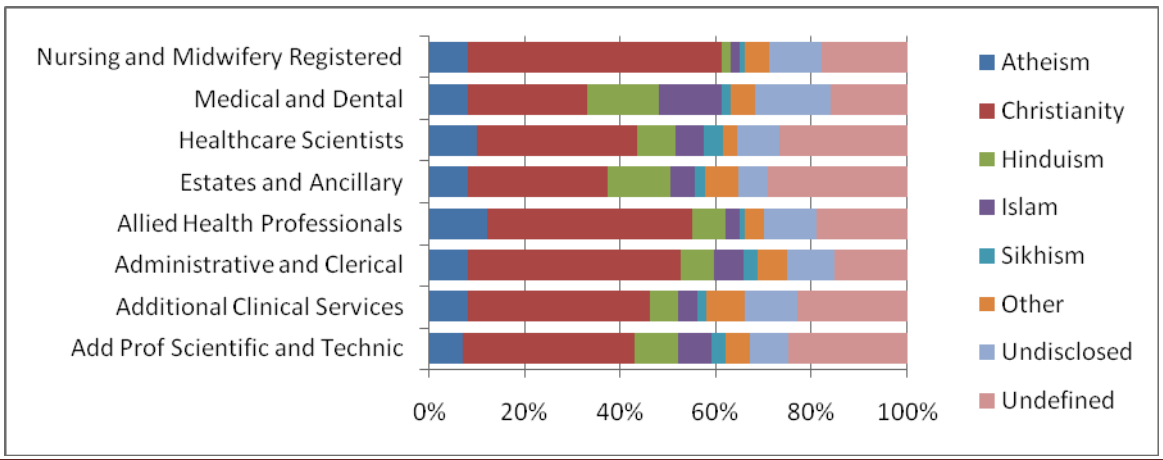
Section 6 – Religion or Belief

The Equality Act states it is unlawful to discriminate against workers because of their religion or belief or against a person for not holding a particular (or any) religious or philosophical belief.

6.1 Religion or Belief Profile of Staff in Post.

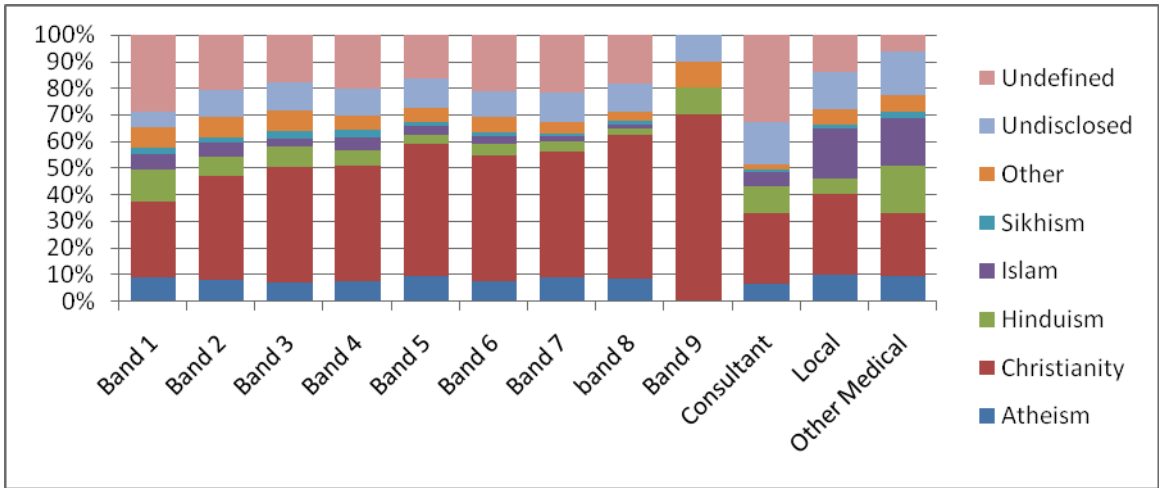
There is a broad range of beliefs amongst staff, with an increase in all defined groups this year. This corresponds with the data showing the percentage of individuals with undefined status continuing to reduce.

6.1.1 Religion or Belief profile of staff groups.



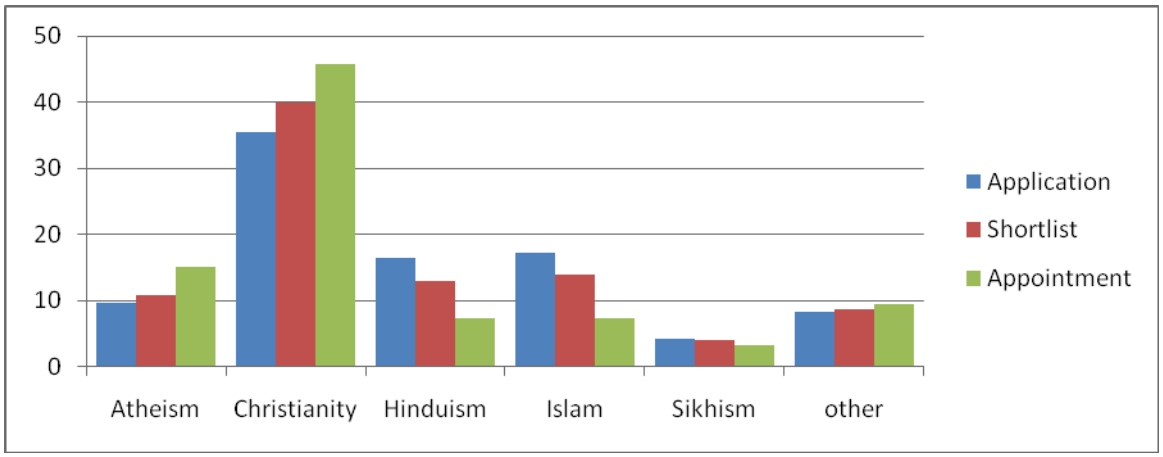
The data demonstrates that a range of religion or beliefs are seen within each staff group. Christianity remains the most recorded religion and is particularly dominant amongst nurses and midwives (53%) but less so amongst medical and dental staff (25%).

6.2 Religion or Belief and pay



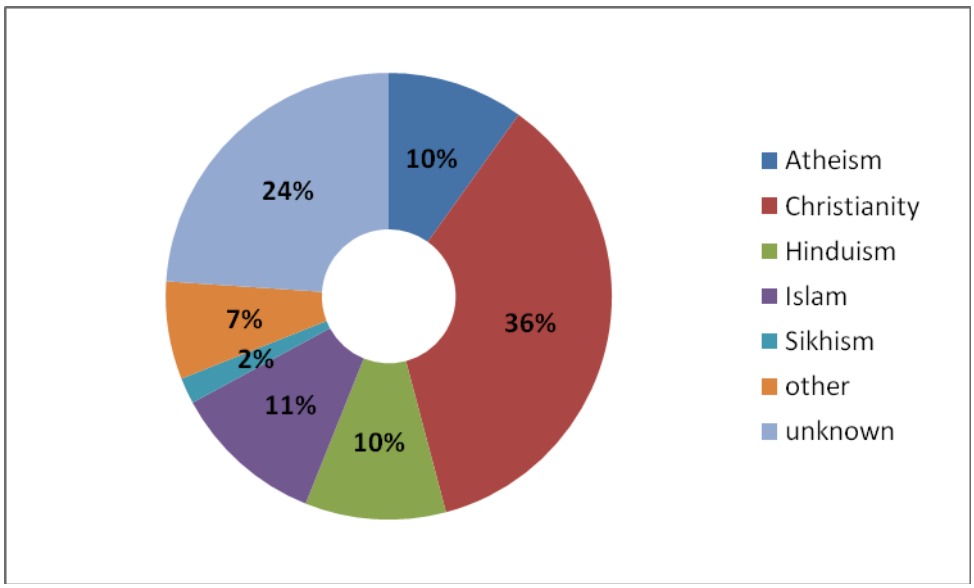
As with previous years data the general trend demonstrates that Christianity becomes more dominant as pay bands increase, especially in bands 8&9.

6.3 Religion or Belief Profile at Recruitment



Those that are Atheists and Christians or fall within 'other' fair better through the recruitment process that other recorded religions. The decreasing trend from shortlisting to appointment is particularly significant for staff who's religion is Islamic or Hindu

6.4 Religion or belief of staff leaving



The data indicates thatfor staff who's religion is Islamic or Hindu are significantly over represented as proportionally of the total workforce. Further analysis of the data suggests this is due to the number of staff leaving due to the end of fixed term contacts as part of a training rotation.

6.5Disciplinary and Grievance

The larger number of categories when dealing with only 103 overall cases for disciplinary and 7 cases for grievance does make it more difficult to extrapolate trends. In addition to this the religion or belief of 42% are unknown**.** Therefore numbers are too small to analyse further with any meaning.

6.6 Religion or Belief and Access to Training

Religion or Belief	**Training**			
	Leadership (ELMA) & (UHL)		Day Courses	
Atheism	21	5.1%	71	8.9%
Christianity	210	51%	336	42%
Hinduism	19	4.6%	34	4.3%
Islam	14	3.4%	14	1.8%
Sikhism	2	0.4%	11	1.4%
Other	10	2.4%	44	5.5%
Unknown	135	32.8%	290	36.2%

*****This data is not currently collected for apprentices or staff undertaking QFC's.

The data suggests that staff of a Christian religion are over represented in the uptake of Leadership courses, this however maybe a reflection of representation at senior level.

The following three sections are additions under the Equality act (2010) and minimal data is currently collected. A decision needs to be made as to what data we need to collect in the future.

Section 7 – Marriage and Civil Partnership

7.1 Marital status of staff in post.

	March 2015	March 2014
Civil Partnership	0.4%	0.4%
Divorced	5.1%	5.4%
Legally Separated	1.1%	1.2%
Married	56%	57%
Single	32.7%	31.3%
Widowed	0.7%	0.7%
Unknown	3.6%	4%

Section 8 – Pregnancy & Maternity

8.1 Maternity Leave of Staff in Post.

	Number of staff	Total of days taken
Maternity leave	669	113,036
Paternity leave	66	914
Adoption leave (Female)	10	1848
Adoption leave (Male)	2	333

This year more staff took maternity and adoption leave with less staff taking paternity leave.

Section 9 – Gender Reassignment.

Data is recorded in this area but not reported due to low numbers with the possibility of breach of confidentiality.

University Hospitals of Leicester NHS Trust
Equality and Diversity Action Plan for 2015- 2016

Appendix 2

Equality Delivery System Objective	Action	Lead	By When	Progress Update- December 2015	RAG status*
Better health outcomes for all 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 Regard Assessments completed to date: -Emergency Department build -The transfer of vascular services to Glenfield -The Annual operating plan - All new and revised policies.	**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 is discussed at the quarterly performance management meetings led by Procurement. Several complaints have been received from interpreters working for Pearl regarding late payment. We have informed the company that we will direct all concerns to their finance department.	**4**

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Equality Delivery System Objective	Action	Lead	By When	Progress Update- December 2015	RAG status*
	To improve access to interpreters for British Sign within our emergency settings.	The Equality Team	~~October 2015~~ February 2016	Early discussions have taken place with a company who supply on line interpreting. A project group with services user involvement has been established and equipment demonstrated. The pilot has been delayed due to capacity issues in ED.	**3**
	Update the Interpreting guidelines to ensure that all patients requiring the service have access.	CMG Leads	December 2015	Interpreting policy has been completed.	**5**
	To ensure that the Trust meets it's Public Sector Equality Duty.	Equality Manager	January 31st 2016 March 2016	UHL uses the Equality Delivery System EDS system to ensure compliance. The programme of work for this year is agreed and is progressing. To be reported to Trust Board in January 2016. A series of engagement events have been undertaken in partnership with the City CCG, EMAS and Leicestershire Partnership Trust. The feedback will form part of the end of year EDS grading report due in March 2016.	**4**

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Equality Delivery System Objective	Action	Lead	By When	Progress Update- December 2015	RAG status*
	Extend patient disability data collection across the Trust and report quarterly • Referral to treatment • ED waiting times • Outpatients	Equality Team and Informatics	September 2015 March 2016	Currently piloting in Orthopaedics. To roll out in all OPD by July 2015. Capture rates currently in Orthopaedics not high. Staff need more training on the importance of capturing the information. Disability is not currently one of the national mandatory fields which makes it quite difficult to implement as staff tend to focus on the must rather than should do's. This problem will be resolved when the Electronic Patient Record (EPR) is fully implemented. Our difficulties have been fed back to the Commissioners who are expecting a fuller response in February 2016. Our plan is to continue to roll out disability data collection across the Trust accepting that only a % of our disabled patients will be recorded	**3**

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Equality Delivery System Objective	Action	Lead	By When	Progress Update- December 2015	RAG status*
	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 self-assessments.	Equality Manager	May 2016	Events are completed. A feedback report and 2015 grading assessment will be reported in the May Trust Board update report.	**4**
	Equality Annual Report to be published.	Equality Team	August 2015	Complete.	**5**
	To deliver 4 sessions of deaf awareness training for bands 1-4 from JIF monies.	Equality Team	September – March 2016	No funding available to deliver from external trainers. Rescheduled for 2016- 2017 to be delivered by the Equality Team.	**2**
	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**

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Equality Delivery System Objective	Action	Lead	By When	Progress Update- December 2015	RAG status*
	To deliver the CQUIN in full 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	March 2016	CQUIN progress is good. Some delay with the implementation of the data base but it should be delivered by the end of March 2016.	**4**
To ensure a fair and representative workforce at all levels of the Trust	• To include unconscious bias slides within the Recruitment and Selection and Corporate Equality programme.	Equality and Recruitment	March 2016	Agreement secured to add in the slides once the programme is developed.	**4**
	• To review the current recruitment process for senior appointments to include the make up of panels • Assurance from head hunting companies that they search from a diverse pool of candidates.	Recruitment Lead	Review to commence In January	Recruitment Services have agreed to campaign to recruit more Consultant panel members from BME backgrounds.	**4**

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Equality Delivery System Objective	Action	Lead	By When	Progress Update- December 2015	RAG status*
	• To implement the national Workforce Equality Standard (WRES)	Equality Lead	April 2015	Meeting held to continue with existing WRES actions identified in the action plan. Equality lead attended a workshop in November. A baseline benchmarking report will be available from NHS England in March 2016. Any additional actions will need to be included in next year's equality action plan.	5
	• To undertake an annual review of the Disciplinary and Grievance process to ensure that where a group is disproportionately represented the process has been applied fairly.	Equality Lead Equality Lead	May 2015 December 2015	Completed. No cases were inappropriately pursued. The majority resulted in no formal action having been taken. An informal resolution pathway has been included in the revised Dignity at Work Policy.	5
	• To ensure that there is no adverse equality impact following the implementation of the Pay Progression Policy.	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- December 2015	RAG status*
	• To establish a Task and Finish Diversity Group specifically focused on under representation of BME staff in senior positions. • To produce a report with recommendations by February 2016.	Director of Workforce and Organisational	February 2016	This has been accepted as a wave 6 LIA project. 3 staff engagement events have been held. A final report with recommendations has been drafted for the group.	**4**

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Equality Delivery System Objective	Action	Lead	By When	Progress Update- December 2015	RAG status*
	• To ensure training and development opportunities are accessed fairly across the Trust.	Learning and organisational Development Team	December 2015	To identify current gaps in training monitoring. External courses are monitored to implement monitoring by band and protected group for internal courses. June 2015. We are expanding the portfolio of internal and external leadership development interventions – targeting protected groups. The recently delivered coaching an mentoring courses were accessed by the right (representative) numbers of BME staff 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. This work is ongoing and progress will be reported in the December Executive Workforce Board report.	4

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Equality Delivery System Objective	Action	Lead	By When	Progress Update- December 2015	RAG status*
	• To ensure UHL graduate scheme encourages under represented groups	Workforce Development Lead	June 2015	Positive statement included in advertising and promotion Apply the Due Regard process to ensure equity. Formal monitoring of take up to be implemented.	4
	• To analyse, report and action the results of the Friends and Family test by all of the protected groups. • Staff from Protected Groups report positive experiences of their membership of the workforce.	Equality and Listening into Action Lead	June 2015	The baseline position shows that there are some differences in the views between groups around career progression and discrimination within the Trust. Actions already identified and form part of this year's equality plan.	5
	• Report the findings of the UHL Equality Survey conducted in November 2014.	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
	• 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.	Payroll Team	September 2015	Revalidation with robust communication/messaging to commence in July 2015. Date agreed as September 2015	4

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Equality Delivery System Objective	Action	Lead	By When	Progress Update- December 2015	RAG status*
	• Reapply for the Mental Health Pledge, Public Health Responsibility Deal.	Occupational Health Lead	April 2015	Application completed and awarded.	5
Inclusive leadership - To increase the representation within the leadership community and Trust Board	• 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.	Trust Board	Ongoing	All equality impacts are recorded on the Board paper cover sheet. Any adverse impacts are documented and discussed.	5
	• Line managers support their staff to work in culturally competent ways within a work environment free from discrimination.	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
	• To analyse the workforce data of the Leadership community as a baseline for deciding what a representative leadership community looks like.	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

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Equality Delivery System Objective	Action	Lead	By When	Progress Update- December 2015	RAG status*
	• Further discuss possible annual targets once desired position established.	Executive Team with support from the Equality Lead	September 2015	To be agreed at the Workforce Equality task and finish Group.	**1**
	• To develop and implement a Non Executive Director apprenticeship programme.	Director of Communications and External Relations and a Non Executive Director.	July 2015 for the development of the programme.	Contact has been made with Nottingham Health care Trust where a similar initiative was trialled. They provided us with some advice. A further meeting is scheduled for July where a suggested format will be discussed. This will form part of the equality group work plan.	**4**

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Equality Delivery System Objective	Action	Lead	By When	Progress Update- December 2015	RAG status*
	• To develop and deliver Unconscious Bias training to the Trust Board and 100 of the Leadership Community.	Learning and Organisational Development and Equality Team	June 2015 Delivery of the training to commence in September – March 2016	Clinical Librarian sourcing base material. 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. The first course is scheduled for January 2016	4
	• To implement a more robust mentoring system taking particular account of our female and BME talent pipeline.	Learning and Organisational Development Team	September 2015	A mentoring task and finish group has been established. The 2nd cohort of participants have attended the Senior Mentorship course using the Egan Model. An internal directory of mentors will be developed.	4
	• Ensure our workforce related policies and procedures continue to promote equality and diversity.	Equality Team	Ongoing	The Equality Manager reviews all Policies as part of attendance at the Policy and Guidelines Committee.	5

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Equality Delivery System Objective	Action	Lead	By When	Progress Update- December 2015	RAG status*
	• Aim to increase the number of job outcomes for our Leicester Works Students by 10%.	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**
	• To ensure that proactive planning is in place for areas where there is an ageing workforce.	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.
- Patient Involvement, Patient Experience, Equality Assurance Committee.

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Appendix 3

Disabled Patients Complaints Analysis

Case study 1

The patient has a deteriorating disability and they are now unable to freely move or communicate. As part of their care management they required a regular blood transfusion. No planned process was in place which resulted in the patient requiring regular emergency admission for what was in essence a planned procedure. The stay on average was three days. The complaint was received from a family member/ carer who raised concern as to the disruption and distress this caused the patient. Following a review of the case by a haematology consultant a care plan has been established with community support from the patients GP that will see the patient establish a routine whereby they are now transfused regularly as a day case before the symptoms are present.

Case Study 2

The complaint was received from a family member / carer. The patient is an elderly, paraplegic patient who was assessed as fit for discharge in the morning. The patient was transferred to the day ward where additional beds had been opened for patients who were ready for discharge. However, there were no hoisting facilities on the day ward which made it difficult to provide the care that this patient needed. Following the complaint and subsequent review it is acknowledged that the patient was clearly not an appropriate patient to move to the day ward.

Case study 3

The complaint received from a family member / carer. The patient has a learning disability and a history of frequent epileptic seizure for which they are under the care of a Consultant at UHL. The carers fed back that they felt that they were not listened to around what was ‘normal’ in terms of seizures for the patient and that the patients care was managed by non-neurological specialist on general wards rather than by the Consultant that knew the patient well. The subsequent review of the case by the patient’s own Consultant emphasised the need for a) specialist advice and b) if a patient is known to a Consultant that an opinion is sought from that doctor.

Some action has been taken and the number of neurology beds on Ward 24 has been increased and the aim that all patients with known neurological problems are transferred to the neurological ward within 24 hours of admission. This will mean the patients are under the care of the Neurology team and this will ensure they receive the most appropriate treatment.