

Equality & Diversity Strategy 2015-2019

Executive Summary

1. Under the terms of the Equality Act 2010, East Lancashire Hospitals NHS Trust, as a public authority, is expected to pay due regard to the following aims in the conduct of its business:
 - a) *Eliminate discrimination, harassment and victimisation and other conduct prohibited by the Act;*
 - b) *Advance equality of opportunity between people who share a relevant protected characteristic and others; and*
 - c) *Foster good relations between people who share a relevant protected characteristic and others.*
2. The nine protected characteristics defined in the Equality Act are:
 - Age,
 - Disability
 - Gender Reassignment
 - Sexual Orientation
 - Pregnancy and Maternity
 - Race, Religion or Belief
 - Sex (male & female)
3. For the specific duty this means the Trust must:
 - Publish information to demonstrate compliance with the General Duty
 - Publish data on the workforce
 - Publish data on those affected by ELHT policies & procedures
 - Publish one or more equality objectives covering a 4 year period.
4. In direct response to the legal obligations under the Equality Act 2010, the NHS Equality Delivery System and the Workforce Race Equality Standard has been designed by NHS England as a performance management framework for all NHS organisations including East Lancashire Hospitals NHS Trust. More information can be found by following the links below;
 - NHS Equality Delivery System (EDS) performance management framework <http://www.england.nhs.uk/wp-content/uploads/2013/11/eds-nov131.pdf>).
 - NHS Workforce Race Equality Standard (See also appendix 1) <http://www.england.nhs.uk/wp-content/uploads/2014/12/wres-standard-041214.pdf>

5. Equality Delivery System 2 also applies to people from other disadvantaged groups, including people who fall into “Inclusion Health” groups, who experience difficulties in accessing, and benefitting from, the NHS. “Inclusion Health” was defined in a Social Care Task Force and Department of Health publication of 2010. These other disadvantaged groups typically include but are not restricted to:
 - People who are homeless
 - People who live in poverty
 - People who are long-term unemployed
 - People in stigmatised occupations (such as women and men involved in prostitution)
 - People who misuse drugs
 - People with limited family or social networks
 - People who are geographically isolated
6. To advance the above proposals and to ensure that the Trust meets its legal obligation under the Equality Act 2010, this Equality and Diversity Strategy has been developed which incorporates both the NHS Equality Delivery System and the new NHS Workforce Race Equality Standard.

Equality and Diversity Strategy

Definitions

7. We define ‘equality’ in our context as challenging discrimination, removing barriers faced by people from different protected groups (age, Disability, gender reassignment, sexual orientation, pregnancy and maternity, race, religion or belief, sex (male & female) and creating a fairer society where everyone can participate and has the same opportunities to fulfil their potential.
8. We define ‘diversity’ as recognising, respecting and valuing the differences that everyone has, as well as leveraging the opportunities that different people bring to the work that we do.
9. ‘Fairness’ for us means conforming with rules and standards, making judgements that are free from bias, discrimination and dishonesty and being just to everyone

Introduction

10. The Trust is committed to the delivery of “Safe Personal Effective” services for everyone in our catchment area. Diversity matters to all of us in the Trust if we are to understand our patients/service users, develop evidence-based policies that take their different needs into account and deliver high-quality and appropriate services to everyone who needs them, in an increasingly personalised way. We will only succeed if we value our people, invest in their development and create an inclusive culture. To do this effectively, we need a workforce with the very best possible mix of existing and future talent.
11. Over the last 2 years in direct response to legal obligations under the Equality Act 2010, East Lancashire Hospitals NHS Trust has chosen to implement the Department of Health Equality Delivery System (EDS) for the NHS, designed by NHS England as a main framework for performance management and progress on Equality and Diversity.
12. Performance on the Equality Delivery System (EDS) is assessed by the quality of stakeholder involvement and their essential participation and involvement in grading the Trusts performance and evidence of progress against 4 goals linked to 18 outcomes
The four goals are;
- i. Better health outcomes for all
 - ii. Improved patient access and experience
 - iii. Empowered, engaged and inclusive staff
 - iv. Inclusive Leadership
13. The grading measure is based on the annual grading of Trust performance using an expanded traffic light or “RAG” + (red, amber, green and purple) rating system.

Red	Undeveloped
Amber	Developing
Green	Achieving
Purple	Excelling

14. In December 2013 the Trust was assessed and graded on the Equality Delivery System. (See www.elht.nhs.uk for grading). The main purpose of the Equality Delivery System grading event was, to support East Lancashire Hospitals NHS Trust to drive improvements, strengthen the accountability of services to those using them, and bring about workplaces free from discrimination.

Key objectives, desired outcomes and timeframes

15. An Equality Implementation Plan has been developed (see appendix 1), setting out the equality outcomes the strategy aims to achieve, the organisational behaviours and processes required to achieve them, and the actions we need to carry out to make this happen. These outcomes and actions are set within the main themes of the Equality Delivery System Framework and the Workforce Race Equality Standard for the NHS, to enable us to continue assessing ourselves against national best practice. Many of the objectives require immediate start dates and on-going development.

Our Framework for Governance

16. The following governance structure will oversee the delivery of this strategy and our work to improve diversity and equality performance.

17. This includes:

- Corporate level governance through;
 - The Patient Experience Group (made up of multi-disciplinary staff from across divisions) will monitor progress against the Service Delivery elements of the strategy;
 - The Human Resources Divisional Management Board will monitor progress against the delivery of the Workforce/Employment aspects of the strategy.

- External Governance through;
 - The Commissioning Support Unit will monitor our performance on equality and diversity via the Lancashire Equality Delivery Partnership meetings.
 - Local stakeholders including patients, carers, members of community groups, other members of the public, representatives of voluntary and community organisations, NHS staff and representatives of staff-side organisations, will assess and grade the Trust on their performance of the NHS Equality Delivery System.

Delivery of the strategy

18. *In the short term we will*

- Communicate the strategy, coordinate delivery across divisions and teams, and provide expertise. Each division and team within East Lancashire Hospitals will be responsible for delivery of activities and outcomes within their business area.

- A programme of equality and diversity Learning and Education to change staff attitudes and behaviours so that the principles of equality and human rights are embedded into our ways of working to ensure that the values of fairness, respect, equality, dignity and autonomy are properly considered within the organisation and influence decision-making at all levels; We know that high-quality, challenging training that focuses on values, attitudes and behaviours and on the practicalities of including equality and diversity within business and individual work plans is likely to be most effective. This sort of training also provides an opportunity for people from different work areas to come together, and includes situations and behaviours that relate directly to people's personal experiences.
- Systematic undertaking of Equality Impact Analysis (EIAs) on all policies, functions and service changes.
- Put in place a framework for measuring behaviour and culture by early 2016. This will include quantitative measures such as staff survey results, availability and take-up of flexible working opportunities, provision of reasonable adjustments, sickness absence levels, provision and take-up of diversity training, outcomes of performance management systems, outcomes of benchmarking schemes. It will also include qualitative measures such as feedback from unions and focus groups.
- Changing behaviour to create a Trust-wide inclusive culture, confident in its own diversity.
- Strong leadership – down to first line management level and clear, transparent accountability for delivering diversity. Leading from the front on equality and diversity at all levels of management continues to be vital. This means leadership across all aspects of diversity: race, gender, gender identity, disability, age, religion or belief, sexual orientation, people who work part-time and alternative working patterns, people with different educational and social backgrounds, and people with caring responsibilities. Showing leadership in this area includes promoting and using the equality impact analysis process to mainstream equality and diversity into every aspect of business; practicing equality and valuing diversity when making decisions about recruitment, development and promotion; role modelling inclusive behaviours with confidence; creating an inclusive working environment for diverse teams of people; and creating opportunities to engage with people from different backgrounds. People in leadership and management roles also have a particular responsibility to tackle discrimination and harassment, to identify unacceptable behaviour and to challenge it.
- Talent management systems that enable everyone to realise their potential, and

accelerates the rate at which we bring in and bring on people from different backgrounds. Resulting in a diverse workforce at all levels; measured against workforce targets to reach over the next few years.

- We will collect, analyse equality and diversity data on the people involved in our activities deepening our understanding of issues and barriers faced by people in different groups and taking actions to address these.
- Oversight and coordination of action plans through forums and other mechanisms, ensuring that equality and diversity are integrated in corporate and local business planning.
- Individuals at all levels will be held to account for their actions through the annual appraisal/performance review processes.
- At all levels our work will be informed by consultation and engagement with communities and our staff.
- Improve our scores on the staff survey key indicators to top 20% of all acute Trusts including
 - KF 18 Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
 - KF 19 Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
 - KF 27 Percentage believing that trust provides equal opportunities for career progression or promotion
 - Q 23 In the last 12 months have you personally experienced discrimination at work from any of the following?
 - b) Manager/team leader or other colleagues

19. *In the medium term we will,*

- Review the effectiveness of departmental plans to mainstream equality and diversity by mid-2017. For our existing workforce, this means using our employment equality data and gathering more qualitative evidence. In this way we can understand and address barriers to promotion for different groups and identify the most effective actions to take. We need to review the different routes into and up through the Trust, and we need to continue to use positive action to encourage and train people in under-represented groups. We have a Diverse Leadership Scheme, for talented people in under-represented groups with potential to reach Senior roles. We will also consider the less formal methods of development that can affect people's chances of

promotion, such as the provision of opportunities for temporary promotion or leadership of high-profile projects involving significant contact with senior leaders.

For recruitment, talent management means ensuring that we are engaging in the most effective outreach activity. We need to ensure that our recruitment panels reflect the diversity of the candidate field as far as possible. It is equally important that these panels understand how to remove any unconscious bias from their decisions, and that our recruitment processes themselves are designed to promote equality of opportunity for a diverse candidate field.

- Review progress on behaviour and culture change using the agreed NHS equality delivery system framework by early 2018.
- Identify and communicate good practice and areas for further action by early 2018.

20. *In the longer term we will,*

- Review the effectiveness of our action on behaviour and culture against the agreed equality delivery system framework and publish our findings, highlighting successes and identifying any continuing issues, by mid-2019.
- Continue to review the effectiveness of divisional/departmental plans to mainstream equality and diversity via the equality delivery system framework by end 2019.

21. *We will know we have succeeded when:*

- Patients from all protected characteristics (age, ethnicity, sexuality gender, disability, religion/belief) receive high quality and appropriate care which are Safe, Personal and Effective.
- Patients from all protected characteristics (age, ethnicity, sexuality gender, disability, religion/belief) report positive experiences of the Trust.
- We have seen real progress against the quantitative and qualitative measures for assessing behaviour and culture.
- East Lancashire Hospitals NHS Trust is recognised as being the employer of choice for people from a wide range of different backgrounds. Our equality employment data shows that we attract, develop and promote people from all protected characteristics age, gender, race, religion/belief, sexuality, and disability and is reflective of our local population or our internal talent pool as appropriate.
- The changes in our behaviours and culture translate into a more representative Trust at all levels, with sustainable diverse talent pipelines for the future.
- No one (patients, staff or public) experiences discrimination or harassment and

everyone is treated with dignity and respect.

- We can show that equality and diversity are taken into account in every aspect of our business through the equality delivery system and equality impact analysis we publish.

Risks

22. The Equalities and Human Rights Commission (EHRC) have the legal facility to take action against public authorities who do not meet their duties and responsibilities under equalities legislation and indeed they have done so previously in relation to the NHS. There is a reputational risk if the organisation does not fulfil its duties, as well as a compromise on business grounds and a risk of discrepancy with our stated values.

23. Our current delivery framework provides the Trust Board the assurance that we meet the present legal requirements and the Care Quality Commission Standards.

Conclusion

24. This strategy describes our commitment to the issues of equality and diversity and outlines our aims for the coming years. By implementing the proposed strategy the Trust is taking direct action to identify and respond to gaps, barriers and access issues that affect staff, patients and the wider community and especially those groups that are most under-represented or face difficulties in accessing the Trust's information, services and opportunities.

Nazir Makda

Equality and Diversity Manager

March 2015

Appendix 1 - Equality and Diversity Implementation Plan

EDS Goal 1: Better health outcomes for all				
Objective	Action	Responsibility/ Timescales	Current EDS Grade 2014	Target Grade for 2017
1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities	<ul style="list-style-type: none"> Review the data we collect on patients and look at the ways in which this informs our service planning, resulting in equity of outcomes for all and take positive action for all protected groups (age, ethnicity, sexuality gender, disability, religion/belief) where necessary. Improve data completeness on PAS against the protected characteristics (age 100%, ethnicity 100%, gender 100%, disability 50%, religion/belief 50%, and sexuality 50%) routinely collected by the Trust. Engagement with local communities to review how we engage with our patients and service users across all protected groups (age, ethnicity, sexuality gender, disability, religion/belief) to identify any gaps in our services and ways to fill them. We will then ensure that our engagement efforts for 2015/16 are representative of the local population, patients groups and that we feedback to our commissioners. 	<p>Ongoing Equality & Diversity Manager</p> <p>Ongoing All Divisions</p> <p>August 2015 Equality & Diversity Manager</p>	A = Amber = Developing	G = Green = Achieving
1.2 Individual people's health needs are assessed and met in appropriate and effective ways	<ul style="list-style-type: none"> Refresh and simplify the equality analysis process. Systematic undertaking of Equality Impact Analysis (EIAs) on all policies, functions and service changes. Conduct equality analysis on 10 high priority areas and on all new policies. Assessment of patients needs from all protected groups (age, ethnicity, sexuality gender, disability, religion/belief) are completed on admission Patient privacy and dignity is maintained by the use of curtains, screens and appropriate clothing and bedding. Permission is obtained before entering any private areas. i.e. curtains, bathrooms, cubicles Staff know the people they are caring for and supporting, including their preferences and personal histories Patients are called by their preferred name and this is documented 	<p>December 2015 Equality and Diversity Manager, Project Leads, Policy Editors, PALS, Governance</p> <p>On admission and assessment All clinical areas</p>	A = Amber = Developing	G = Green = Achieving

	<ul style="list-style-type: none"> • People say they are treated with kindness and compassion in their day to day care • Peoples needs in respect of age, disability, gender, race, religion or belief, sexual orientation and gender reassignment are understood by the staff that support them and are met in a caring way • Staff are aware of how to access support for patients spiritual needs • Implement Baseline assessment of cultural issues i.e. choice of food, communication, gender specific care, family involvement, death, etc. • Analyse patient satisfaction surveys from protected groups (age, ethnicity, sexuality gender, disability, religion/belief with findings acted on. • Leading on a project to design and implement a Health and Well Being Passport, for use in the community setting and when coming in and out of hospital. The passport is for use for people who may not be able to effectively communicate their needs, wishes or decisions when being cared for by people who are unfamiliar to them • Disseminate and embed the Transgender Guide for NHS Acute Hospital Trusts 	<p>Annually E&D Manager, All Service Leads Governance Facilitator Matrons</p> <p>Aug 2014 & Ongoing Complex Care Management / Dementia Lead</p> <p>August 2015 E&D Manager, All wards and departments</p>		
1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well informed	<ul style="list-style-type: none"> • Improve communication between services so that the transfer of patients (age, ethnicity, sexuality gender, disability, religion/belief) is smooth with everyone well informed. • Peoples needs, wishes and choices are recognised, respected and shared when the move between services • Dignity and modesty is maintained for those patients being moved between care settings • Develop relationship with primary care to ensure that relevant information about a patient's disability status/support needs, information / communication needs, etc. are provided upon referrals to the Trust. 	<p>April 2015 & Ongoing Matrons Equality & Diversity Manager Ward Managers Discharge Team All clinical areas</p> <p>July 2015 Commissioning Support Unit, CCG's Equality & Diversity Manager</p>	A = Amber = Developing	G = Green = Achieving

<p>1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse</p>	<ul style="list-style-type: none"> • To prevent patients from protected groups (age, ethnicity, sexuality gender, disability, religion/belief) dying prematurely. • To carry out periodic reviews of Patient Led Assessments of the Care Environment (PLACE). Including disabled access in the Trust, reasonable adjustments i.e. rehabilitation facilities and equipment's such as beds with lowered curbs, standards procedures for evacuating wards with disabled patients in wheelchairs and various methods of communications, etc. • To review all Trust signage which takes account of the needs of all equality groups i.e. people with sensory impairments, learning disabilities, dementia, elderly people, ethnic minority communities, etc. • Encourage staff from protected groups (age, ethnicity, sexuality gender, disability, religion/belief) to report incidence/risks on DATIX / whistle blowing without fear of reprisals • Relevant staff are up to date with Safeguarding Training: <ul style="list-style-type: none"> Safeguarding Vulnerable Adults Mental Capacity Act, Deprivation of Liberty Safeguards and Consent Safeguarding Children mandatory training Prevent • Staff is aware of how to access specialist mental health advice and support. i.e. Mental Health Liaison Team, Crisis Team, Safeguarding Team or Independent Domestic Violence Advisors / Advocates (IDVA), etc • All nursing risk assessments are done and up to date: <ol style="list-style-type: none"> a. Waterlow b. Falls c. Manual handling d. Bed rails risk assessment (if applicable) e. Nutrition f. Infection prevention 	<p>Ongoing Refer to Keogh Action Plan</p> <p>Aug 2015 Estates & Facilities (Trust wide) All Wards & Depts.</p> <p>April 2015 Estates & Facilities Equality & Diversity Manager</p> <p>Ongoing Equality & Diversity Manager, All Line managers</p> <p>Annually Safeguarding Team Learning & Development</p> <p>Ongoing All clinical staff</p>	<p>A = Amber = Developing</p>	<p>G = Green = Achieving</p>
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<p>1.5 Screening, vaccination and other health promotion services reach and benefit all local communities</p>	<ul style="list-style-type: none"> • Increase the number of staff with annual Flu vaccination to the national target of (75%) so that our patients are safe and protected. • Through engagement activities increase uptake of breast screening services to the national target of 70% for Black Minority Ethnic groups in the East Lancashire Area. • Develop processes for managing eye screening <i>Did Not Attend</i> within different ethnicity groups, focusing on the need to reduce the high <i>Did Not Attend</i> rate. • Develop an information DVD for eye screening in community languages to be broadcast at all community practices. • Undertake a baseline assessment of eye screening access and coverage for vulnerable and deprived groups. 	<p>Annually Occupational Health Team</p> <p>July 2015 Equality & Diversity Manager Breast Screening Services</p> <p>September 2015 Diabetic Eye Screening Programme Manager Equality & Diversity Manager</p>	<p>A = Amber = Developing</p>	<p>G = Green = Achieving</p>
<p>EDS Goal 2: Improved patient access and experience</p>				
Objective	Action	Responsibility/ Timescales	Current EDS Grade 2014	Target grade for 2017
<p>2.1 People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds</p>	<ul style="list-style-type: none"> • Review interpretation & translation services via an audit and survey to ensure these are accessible in order for staff to deliver safe, personal, effective services without communication barriers. • Review the availability, distribution and suitability of information about PALS for protected groups (age, ethnicity, sexuality gender, disability, religion/belief). • Undertake the “Pilot” project and conduct a live test of the Draft NHS accessible Information standard and report back the findings of the pilot to NHS England 	<p>May 2014 E&D Manager</p> <p>Aug 2015 PALS, Equality & Diversity Manager</p> <p>Mar 2015 Equality & Diversity Manager, pilot sites</p>	<p>A = Amber = Developing</p>	<p>G = Green = Achieving</p>

	<ul style="list-style-type: none"> • Implement the NHS Accessible Information Standard • Review and revise website content to ensure its fit for all protected groups (age, ethnicity, sexuality gender, disability, religion/belief). • Equality analysis of Inpatient & Outpatient & A&E survey's breakdown feedback by protected groups (age, ethnicity, sexuality gender, disability, religion/belief) • Staff provide assistance that is appropriate to the needs and requests of their patients • Patients relatives and friends are able to visit without undue restrictions' 	<p>From April 2016 All Areas with support from Equality & Diversity Manager</p> <p>September 2015 Communications Dept.</p> <p>December 2015 Informatics Team E&D Manager</p> <p>Ongoing All clinical areas</p>		
<p>2.2 People are informed and supported to be as involved as they wish to be in decisions about their care</p>	<ul style="list-style-type: none"> • Treatments and strategies for care are explained to the Patient from all protected groups (age, ethnicity, sexuality gender, disability, religion/belief) and regularly updated • Develop information in a variety of formats relating to death whilst in hospital including the need for post mortems, release of body, sign off from doctor, coroner, etc. so that communities are aware of the legal aspects and their rights. • Patients from all protected groups (age, ethnicity, sexuality gender, disability, religion/belief) is regularly updated and involved re: care plans and treatment • Support patients and carers from all protected groups (age, ethnicity, sexuality gender, disability, religion/belief) with information relating to their diagnosis and treatment options, supporting them to make informed decisions about their care. • The body of a person who has died is cared for in a culturally sensitive and dignified manner 	<p>Ongoing & reviewed periodically Ward Managers/ Matrons</p> <p>Dec 2014 E&D Manager Mortuary Manager Clinical Lead/s</p> <p>Ongoing & reviewed periodically Ward Managers/ Matrons/ All Clinical areas</p>	<p>G = Green = Achieving</p>	<p>G = Green = Achieving</p>

	<ul style="list-style-type: none"> • Patients and carers from all protected groups (age, ethnicity, sexuality gender, disability, religion/belief) <ul style="list-style-type: none"> ○ Are aware of, and are supported to have access to advocacy services that are able to speak on their behalf ○ Are involved as partners in their own care as much as they are able ○ Are supported by staff to be involved in planning and making decisions about their care, treatment and support ○ Are given the information and explanations they need at a time they need it and staff communicate effectively ○ People and those that matter to them are encouraged to make their views known and that these are respected ○ Staff actively, seek, listen to and act on people's views and decisions 			
2.3 People report positive experiences of the NHS	<ul style="list-style-type: none"> • Improve management of expectations between patients and hospital through increased use of story-telling sessions, patient testimony and “you said / we did” feedback loops, plainer language communication in all documents and assessments. • Collect data Soft intelligence: friends and family, Meridian audit and patient survey results evident or feedback from patients from all protected groups (age, ethnicity, sexuality gender, disability, religion/belief) who report positive experience whilst being treated by ELHT. • Deliver customer care training particularly in all the “hot spot” areas so that people report positive experience of the NHS. • Evaluate the impact of customer care training within “hot spot” areas • Work with external agencies to promote and gather Patient Experience 	<p>Sep 2015 Equality & Diversity Manager Communications Dept. Health Watch</p> <p>Nov 2015 PALS, Equality & Diversity Manager</p> <p>Sep 2015 Equality & Diversity Manager, Work Based Learning Lead</p> <p>Ongoing Equality & Diversity</p>	G = Green = Achieving	G = Green = Achieving

	<p>from all protected groups (age, ethnicity, sexuality gender, disability, religion/belief) e.g.</p> <ul style="list-style-type: none"> • CCG • Healthwatch- Lancs and BwD • Age UK • Carer's Link • Alzheimers Society • East Lancs Deaf Society 	<p>Manager, Patient Experience Team Engagement Team</p>		
<p>2.4 People's complaints about services are handled respectfully and efficiently</p>	<ul style="list-style-type: none"> • Peoples concerns and complaints are encouraged, explored and responded to in good time. • Concerns and complaints are used as an opportunity for learning or improvement • Information on how to contact PALS is prominently displayed in alternative formats • Analyse complaints across all protected characteristics (age, ethnicity, sexuality gender, disability, religion/belief). Respond to complaints from protected characteristics (age, ethnicity, sexuality gender, disability, religion/belief) in a timely manner • To provide an annual complaints report on protected characteristics (age, ethnicity, sexuality gender, disability, religion/belief) • To develop more flexibility in the complaints system and processes and from the outset of care to help handle complaints from patients from protected characteristics groups (age, ethnicity, sexuality gender, disability, religion/belief) in the most appropriate way to meet the needs of the patient. This could involve the use of an interpreter's service. • Patients from all protected characteristics (age, ethnicity, sexuality gender, disability, religion/belief) are offered information about ELHT feedback, PALS and complaints routes into ELHT, how to escalate concerns and timeframes for responses. 	<p>Ongoing All clinical areas</p> <p>Ongoing E&D Manager, PALS, Clinical Governance, All Areas</p> <p>August 2015 PALS, Clinical Governance, all services, Equality and Diversity Manager</p> <p>May 2016 Divisions, Tell ELLIE, Lynne Barton, Communications Dept. PALS</p>	<p>G = Green = Achieving</p>	<p>P = Purple = Excelling</p>

	<ul style="list-style-type: none"> Promotion through website and Tell ELLIE about how patients can raise concerns and complain about any aspects of ELHT care. 			
EDS Goal 3: A representative and supported workforce				
Objective	Action	Responsibility Timescales	Current EDS Grade 2014	Target Grade for 2017
3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	<ul style="list-style-type: none"> Implement the NHS Workforce Race Equality Standard KPI's <p>Targets:</p> <ul style="list-style-type: none"> Increase BME staff by 2% from 16% to 18% Increase Disability staff by 2% from 3% to 5% Improve data collection for all equality groups BME 100%, Disability 30%, Sexuality 30%, Faith 30%, Gender 100%, Age 100% <ul style="list-style-type: none"> Conduct an Equality Impact Analysis of the whole recruitment process, from advertising to appointments. Conduct a review of our employment equality data at departmental level to understand barriers to promotion and recruitment for different groups Utilise and promote positive action initiatives to increase under-represented groups in the workforce including; <ul style="list-style-type: none"> Recruitment campaigns specifically targeting under-represented groups Use of the "Tie Breaker" initiative in the Equality Act 2010 Audit of recruitment & selection practices i.e. interviews, shortlisting, appointment decisions, etc. Attract minority ethnic nurses to the profession by <ul style="list-style-type: none"> Undertaking research to understand the dynamics of the local population to be able to more effectively engage and explain that there were options for Black Minority Ethnic community to progress in the nursing profession Targeted recruitment campaigns within Black Minority Ethnic communities 	<p>From Dec 2015 Head of Employment Services, Equality & Diversity Manager, All Areas Workforce Information Team HR Business Partners</p> <p>Quarterly Head of Employment Services, Equality & Diversity Manager HR Business Partners</p> <p>June 2015 Equality & Diversity Manager, Head of Employment Services HR Business Partners</p> <p>From March 2015 onwards All Line Managers Employment Services E&D Manager HR Business Partners</p>	G = Green = Achieving	

	<ul style="list-style-type: none"> ○ Sponsor existing staff that aspire to becoming nurses on nurse training programme and widening access for Black Minority Ethnic staff to assistant practitioner/advanced practitioner levels. • Improve scores on staff survey KF27 (Percentage believing that trust provides equal opportunities for career progression or promotion) to top 20% of all acute Trusts. • Develop a system mechanism to monitor acting up /promotions by all protected characteristics age, gender, sexuality, race, religion/belief and disability. • Ensure all acting up/promotion opportunities are widely advertised. • Talent management systems that enable everyone to realise their potential, and accelerates the rate at which we bring in and bring on people from different backgrounds. Resulting in a diverse workforce at all levels; measured against workforce targets to reach over the next few years. 	<p>From Dec 2016 then Annually Equality & Diversity Manager, Head of Employment Services All Line managers HR Business Partners</p> <p>Aug 2016 Equality & Diversity Manager, Head of Employment Services All Line managers HR Business Partners</p>		
<p>3.2 The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations.</p>	<ul style="list-style-type: none"> • Grading of posts to be consistent and reviewed should the requirements of any new posts or job change. Job grading changes to have a clear rationale and for the job description to be submitted to a panel of staff that are trained job evaluators who objectively determine the grade of a post according to nationally set criteria. All jobs assessed by the job evaluation panels are checked for consistency in partnership with staff side representatives. 	<p>Nov 2016 Staff Side & Employee Relations Team</p>	<p>G = Green = Achieving</p>	<p>G = Green = Achieving</p>
<p>3.3 Training and development opportunities are taken up and positively evaluated by all staff</p>	<ul style="list-style-type: none"> • Improve Staff Survey Scores for KF 26 (percentage of staff receiving equality and diversity training) to top 20% of all acute Trusts. 	<p>November 2015 & Annually E&D Manager</p>	<p>G = Green = Achieving</p>	<p>G = Green = Achieving</p>

	<ul style="list-style-type: none"> • Training and development opportunities monitored using the equality questionnaire to assess if applications are received from all staff groups including age, gender, sexuality, race, religion/belief and disability to identify and address areas of inequality. • Hold staff survey focus groups to better understand experience of staff from protected characteristics age, gender, sexuality, race, religion/belief and disability and how we can improve this. • A programme of equality and diversity Learning and Education to change staff attitudes and behaviours so that the principles of equality and human rights are embedded into our ways of working to ensure that the values of fairness, respect, equality, dignity and autonomy are properly considered within the organisation and influence decision-making at all levels • Improve access to training opportunities and application for training easier for lower bands staff • Develop Union Learning Reps 	<p>April 2015 then Quarterly E&D Manager, Learning and Development Team</p> <p>Ongoing Equality & Diversity Manager</p> <p>Dec 2015 Learning & OD Team</p>		
<p>3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source</p>	<ul style="list-style-type: none"> • Improve the staff survey scores on the following indicators; <ul style="list-style-type: none"> ○ KF 18. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months ○ KF 19. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months ○ Q 23. In the last 12 months have you personally experienced discrimination at work from any of the following? <ul style="list-style-type: none"> b) Manager/team leader or other colleagues • To achieve a 5% reduction in staff bullying and harassment figures in the national staff survey. <p>by</p> <ul style="list-style-type: none"> • Publicising the Fair Treatment Champions, mediation, first assist initiatives so that issues can be resolved informally • Training staff and managers in bullying & harassment 	<p>November 2015 & Annually Fair Treatment Champions Communications Team All Line managers Employee Relations Team HR Business Partners</p> <p>Ongoing & Quarterly Reviews Equality and Diversity Manager, Employee Relations Manager, All Line Managers HR Business Partners</p>	<p>G = Green = Achieving</p>	<p>P = Purple = Excelling</p>

	<ul style="list-style-type: none"> • Produce and display Zero Tolerance marketing campaign notices saying 'No to bullying, harassment and violence between staff and staff and between patients and staff'. • Improve the time taken from investigating bullying to resulting disciplinary action. • Staff to keep patients informed of delays, cancellations, etc. to alleviate their frustration thus reducing aggression from patients/public • Explore the development of a Customer Liaison Service 			
3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	<ul style="list-style-type: none"> • Develop a system to monitor flexible working options by protected groups age, gender, sexuality, race, religion/belief and disability • Analyse reasons for refusal of flexible working requests and report themes to the HR Divisional Management Board. 	Oct 2015 then annually Equality and Diversity Manager, Employee Relations Manager HR Business Partners	A = Amber = Developing	G = Green = Achieving
3.6 Staff report positive experiences of their membership of the workforce	<ul style="list-style-type: none"> • Through staff engagement, staff survey and the staff friends and family test encourage feedback from protected groups age, gender, sexuality, race, religion/belief and disability about their experience of working in ELHT • Analyse grievance, disciplinary and sickness absence rates for equality groups age, gender, sexuality, race, religion/belief and disability compared to all staff • Analyse exit interview and assess the experiences of staff from protected groups age, gender, sexuality, race, religion/belief and disability leaving the trust • Review the responses from protected groups age, gender, sexuality, race, religion/belief and disability in the staff survey and then hold focus groups to explore further the findings from the staff survey about the experiences of staff. 	Quarterly Equality and Diversity Manager, Quarterly Employee relations September 2015 Employment Services Annually Equality and Diversity Manager Learning & Development Team	A = Amber = Developing	G = Green = Achieving

	<ul style="list-style-type: none"> Develop initiatives that will support staff retention, improve morale, reduce turnover. 	July 2015 Engagement Team		
EDS Goal 4: Inclusive leadership				
Objective	Action	Responsibility Timescales	Current EDS Grade 2014	Target Grade for 2017
4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	<ul style="list-style-type: none"> Senior Leaders are involved in the “Back to the floor events” where a Senior Manager goes onto the shop floor to undertake various duties. This will enable leaders to understand the culture of the Trust and ensure equality and diversity is promoted within the Trust. Senior Leaders to involve and engage with community groups via public meetings and engagement events so that people from protected groups age, gender, sexuality, race, religion/belief and disability can have a say in how services are developed. Senior Managers to engage with staff from protected group’s age, gender, sexuality, race, religion/belief and disability via mentoring & shadowing events so that they can understand the issues facing them at work. All leaders and managers including diversity in their performance objectives/appraisal, either as a stand-alone objective via the KSF Core Dimension 6 or mainstreamed into business objectives. 	Ongoing Director of Human Resources and Organisational Development From July 2016 Trust Board Members Ongoing All Senior Managers Annually All leaders and managers	A = Amber = Developing	G = Green = Achieving
4.2 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	<ul style="list-style-type: none"> All levels of leaders to promote and use the equality impact analysis process to mainstream equality and diversity into every aspect of business; practicing equality and valuing diversity when making decisions about developing new services or service redesign, recruitment, development and promotion; role modelling inclusive behaviours with confidence; creating an inclusive working environment for diverse teams of people; and creating opportunities to engage with people from different backgrounds. People in leadership and management roles also have a particular responsibility to tackle 	Sep 2016 All levels of leaders down to first line management level	A = Amber = Developing	G = Green = Achieving

	<p>discrimination and harassment, to identify unacceptable behaviour and to challenge it.</p> <ul style="list-style-type: none"> All Board Front sheets to include minimum default Equality Analysis (EA) question 	<p>Ongoing All Policy Editors, Senior Managers, Project Leads</p>		
<p>4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination</p>	<ul style="list-style-type: none"> A programme of equality and diversity Learning and Education to change staff attitudes and behaviours so that the principles of equality and human rights are embedded into our ways of working to ensure that the values of fairness, respect, equality, dignity and autonomy are properly considered within the organisation and influence decision-making at all levels. All middle managers and other line managers to put in place a framework for changing behaviour to create a Trust-wide inclusive culture, confident in its own diversity. This should include quantitative measures such as recruitment, promotion, rewards, staff survey results, availability and take-up of flexible working opportunities, provision of reasonable adjustments, sickness absence levels, provision and take-up of diversity training, outcomes of performance management systems, outcomes of benchmarking schemes. Leading from the front on equality and diversity at all levels of management. This means leadership across all aspects of diversity: race, gender, gender identity, disability, age, religion or belief, sexual orientation, people who work part-time and alternative working patterns, people with different educational and social backgrounds, and people with caring responsibilities. Showing leadership in this area includes promoting and using the equality impact analysis process to mainstream equality and diversity into every aspect of business; practicing equality and valuing diversity when making decisions about recruitment, development and promotion; role modelling inclusive behaviours with confidence; creating an inclusive working environment for diverse teams of people, creating opportunities to engage with people from different backgrounds, tackle discrimination and harassment and to identify unacceptable behaviour and to challenge it. 	<p>Ongoing Equality & Diversity Manager</p> <p>Jan 2017 Middle managers and other line managers Employee Relations Team, Employment Services HR Business Partners</p>	<p>A = Amber = Developing</p>	<p>G = Green = Achieving</p>