

## Equality Objectives 2012 - 2016

Objective 1: To improve the collection, analysis and use of equality data and monitoring for protected groups				
Number	EDS Outcome	Actions	Measures	Timescale
SD1 (Service Delivery)	2.1	Improve data quality and data completeness on the Patient Administration System (PAS) in respect of: <ul style="list-style-type: none"> <li>• ethnicity</li> <li>• religion &amp; belief</li> </ul>	95% of active patient records with a valid code	March 2013 (Ethnicity)  September 2013 (Religion)
SD2	2.1	Review options for monitoring of patients using PAS across all the protected characteristics	Report on review and recommendations to Equality and Diversity (E & D) Group  Recommendations implemented and patient data collected for all the protected groups (as detailed in the report)	October 2012  April 2014
SD3	2.1	Disaggregate performance indicators by protected characteristic and report to E & D Group on a quarterly basis  Analyse different outcomes by protected group and set SMART objectives	Reporting schedule developed as part of E & D performance framework (including performance and assurance reporting)  4 performance indicators broken down by available protected groups and reported at trust wide and speciality level	June 2012  Start July 2012 and ongoing

**Objective 1: To improve the collection, analysis and use of equality data and monitoring for protected groups**

<b>Number</b>	<b>EDS Outcome</b>	<b>Actions</b>	<b>Measures</b>	<b>Timescale</b>
SD4	2.4	Analyse access to complaints service by protected characteristic and identify any different outcomes	Complete and report on Equality Analysis of Complaints service (including policy & process)	July 2012
SD5	2.4	Implement a new equality monitoring system for complaints, which captures data across all the protected characteristics	New equality monitoring system implemented  Complaints data broken down by all protected groups and reported to E & D Group on a quarterly basis (subject to completion rates)	December 2012  Commence reporting of equality data for complaints across all the protected groups by April 2013
SD6	2.4	Introduce a customer satisfaction survey for complaints, which captures data across all the protected characteristics	Customer satisfaction survey for complaints implemented  Results from the survey broken down by protected group and reported to E & D Group (subject to completion rates)	December 2012  Commence reporting of equality data in respect of satisfaction by April 2013
SD7	2.2, 2.3	Introduce a customer satisfaction survey for the interpreting service, which captures data across all the protected characteristics	Customer satisfaction survey for interpreting service implemented  Results from the survey broken down by protected group and reported to E & D Group (subject to completion rates)	September 2012

**Objective 1: To improve the collection, analysis and use of equality data and monitoring for protected groups**

<b>Number</b>	<b>EDS Outcome</b>	<b>Actions</b>	<b>Measures</b>	<b>Timescale</b>
SD8	2.4	Review approaches to equalities data collection for PALS and electronic patient postings	Report on review and recommendations to E & D Group  Implement recommendations from review and commence reporting in April 2013	December 2012
SD9	2.3	Review options to increase sample size for the national inpatient and outpatient surveys	Sample size for national inpatient and outpatient surveys increased by at least 50%	June 2012
SD10	2.3	Integrate local surveys and introduce a standardised equality monitoring tool across core internal survey activity	New standardised equality monitoring tool developed  Local survey data broken down by protected group	June 2012  September 2012
SD11		Disaggregate national and core local patient survey results by protected characteristic.  Analyse different outcomes by protected group and set SMART objectives	Reporting schedule developed as part of E & D performance framework (including performance and assurance reporting)  Patient surveys broken down by protected group and reported to E & D Group	June 2012 (schedule developed)  April 2013
SD12	1.4	Review potential equality monitoring data sets for patient incidents (e.g. abuse, bullying, harassment & violence by patients and staff)	Report on review and recommendations to E & D Group  Subject to the findings of the review above - patient incident data broken down by protected group	September 2012  Start reporting equality data for incidents by April 2013

**Objective 1: To improve the collection, analysis and use of equality data and monitoring for protected groups**

<b>Number</b>	<b>EDS Outcome</b>	<b>Actions</b>	<b>Measures</b>	<b>Timescale</b>
SD13	2.1	Review equality monitoring data for patient menus	Report on review and recommendations to E & D Group  Data for patient menus broken down by protected group	September 2012  Start reporting equality data for patient menus in April 13
WF1 (Work-force)	3.1, 3.2	Reduce level of “undefined status” in relation to disability, sexual orientation and religion to better monitor promotions and seniority of disabled staff and pay	April 2013 – Dis. 50% SO 75% Rel. 75% April 2014 – Dis. 35% SO 60% Rel. 60% April 2015 – Dis. 20% SO 40% Rel. 40% April 2016 – Dis. 5% SO 25% Rel. 25%	By Oct 2012 and annually thereafter
WF9	3.4	Establish mechanism for effectively capturing reasons for leaving	Reasons for leaving captured on ESR	By April 2013
WF10	3.5	Investigate methods of capturing data on protected characteristics within the flexible working applications process	Guidance and processes documentation developed.	By March 2013
WF11	3.6	Monitor health improvements by protected characteristic through sick absence statistics over time	Sick absence reported to E&D group by protected characteristic	By December 2012 and annually thereafter

**Objective 2. To support the development of leadership at all levels within the 'NHS' economy in Leeds in a way that values and promotes equality, diversity and inclusion**

<b>Number</b>	<b>EDS Outcome</b>	<b>Actions</b>	<b>Measures</b>	<b>Timescale</b>
WF2	3.1, 3.2	Actively seek to address BME and female under-representation at senior levels through the Leeds-wide Innov8 charter and the LTHT Leadership Development Programme	Sign up to Innov8 charter  Monitor access to the LTHT Leadership Development Programme	By Oct 2012 and annually thereafter  By March 2013 and annually thereafter
WF3	3.3	Ensure that appraisals are recorded on ESR and disaggregated data is reported annually	Appraisals recorded on ESR  Year on year reduction in differential perception of appraisal and development opportunities by protected groups as measured by the staff survey	By October 2012 and annually thereafter  By April 2013 and annually thereafter
WF12	4.1	E&D training for the senior team and board	Training completed and recorded on ESR	By April 2012
WF5	4.2	Increase uptake of mandatory E&D training	April 2013 - 75% April 2014 - 85% April 2015 - 95%	See target dates
WF13	4.2	Review content of E&D training for managers	New content integrated into the LTHT leadership development programme	By April 2013
WF14	4.3	Pilot E&D competency framework for E&D specialist roles	Competency framework piloted	By September 2012
WF15	4.3	E&D competency framework to be integrated into LTHT leadership development programme	Evidence that the E&D competency framework is incorporated into the LTHT leadership development programme	By May 2012

**Objective 3: To ensure ongoing involvement and engagement of protected groups and 'local interests' including patients, carers, staff, third sector, CCGs and LA**

<b>Number</b>	<b>EDS Outcome</b>	<b>Actions</b>	<b>Measures</b>	<b>Timescale</b>
SD14	1.3	Complete the involvement mapping exercise (including protected groups and develop an involvement plan to address any gaps)	Report on mapping and recommendations to E & D Group  Development of database  Development of respective strategies (Communications, Membership & Involvement)	July 2012  July 2012  July 2012
SD15	1.3	Ensure patient and community groups are involved in major service changes	Collate evidence of involvement with protected groups through MfS Quality process  Approval of Involvement Strategy (inc Principles of Involvement) and development of Implementation Plan	July 2012   June 2012
SD16		Review the profile of FT Membership, identifying any gaps across protected characteristics and make recommendations to meet gaps	Report on review and recommendations to E & D Group	July 2012
SD17		Review the profile of LTHT Volunteers and make recommendations to encourage and develop a diverse volunteering community	Report on review and recommendations to E & D Group	July 2012
SD18		Review EDS progress against targets set in LTHT Long Term Quality Plan	2012/13 - 9 Dev 2013/14 - 2 Ach, 7 Dev 2014/15 - 4 Ach, 5 Dev 2015/16 - 7 Ach, 2 Dev	See measures

**Objective 3: To ensure ongoing involvement and engagement of protected groups and 'local interests' including patients, carers, staff, third sector, CCGs and LA**

WF4	3.4	Improve completion rate of Dignity at Work Training	April 2013 - 75% April 2014 - 85% April 2015 - 95%	See target dates
WF5	3.4	Implement the communications plan for the new Dignity at Work Policy	Dignity at Work Policy communicated and reinforced  Year on year reduction in staff experiencing bullying and harassment by staff (staff survey)	By March 2013  By April 2013 and annually thereafter
WF6	3.4	Establish diversity reference group(s)	Diversity reference group(s) established	By March 2013
WF7	3.4	Produce additional guidance on disciplinary procedures for HR and line managers	Guidance produced and circulated  Year on year reduction in grievance cases being raised on the grounds of discrimination	By June 2012  By April 2013 and annually thereafter
WF8	3.4	Feed back on action taken in respect of bullying and harassment by staff, patients and public	Feedback mechanism established	By December 2012 and quarterly thereafter

**Objective 4: To improve access to NHS services for protected groups**

<b>Number</b>	<b>EDS Outcome</b>	<b>Actions</b>	<b>Measures</b>	<b>Timescale</b>
SD19	2.1	Improve access to patient menus for visually impaired patients	Increase in patient satisfaction for blind and partially sighted patients	September 2012
SD20	2.1, 2.2	Improve access to key health information - priority area of appointment letters	Availability of health information in a variety of different mediums  Increase in patient satisfaction measured through patient feedback activity	September 2013
SD21	2.1, 2.2	Introduce a standard strap line on all Trust documents stating how to obtain information in different formats	Increase in patient satisfaction measured through patient feedback activity	September 2012
SD22	2.1, 2.2	Provide key documents and leaflets in an easy read format	Increase in patient satisfaction measured through patient feedback activity	September 2012
SD23	2.1	Following initial review in Public Sector Equality Report (PSED):  “analyse why more people over the age of 65 are waiting longer than 4 hours in the emergency department”	Report on review and recommendations to E & D Group  Implement and set SMART objectives on basis of review	September 2012  December 2012
SD24	2.1	Following initial review in Public Sector Equality Report (PSED):  “analyse why emergency readmission rates are higher for people over the age of 65”	Report on review and recommendations to E & D Group  Implement and set SMART objectives on basis of review	September 2012  December 2012



**Objective 4: To improve access to NHS services for protected groups**

<b>Number</b>	<b>EDS Outcome</b>	<b>Actions</b>	<b>Measures</b>	<b>Timescale</b>
SD25	2.1	Following initial review in Public Sector Equality Report (PSED):  “analyse why more young people under 18 are waiting longer than 18 weeks from referral to treatment”	Report on review and recommendations to E & D Group  Implement and set SMART objectives on basis of review	September 2012  December 2012
SD26	2.1	Following initial review in Public Sector Equality Report (PSED):  “analyse why emergency department attendance is higher for BME groups, men and people over 65”	Report on review and recommendations to E & D Group  Implement and set SMART objectives on basis of review	September 2012  December 2012
SD27	2.1	Following initial review in Public Sector Equality Report (PSED):  “analyse why DNA rates are higher for BME people, particularly those from Pakistani, Indian and Black African backgrounds”	Report on review and recommendations to E & D Group  Implement and set SMART objectives on basis of review	September 2012  December 2012
SD28	1.3	Embed equality analysis into Managing for Success (MfS) infrastructure (governance documentation & assurance processes) for service change & improvements	Equality analysis carried out on 100% of MfS service changes	From July 2012

**Objective 4: To improve access to NHS services for protected groups**

<b>Number</b>	<b>EDS Outcome</b>	<b>Actions</b>	<b>Measures</b>	<b>Timescale</b>
SD29	1.3	Establish a 4 year rolling programme of Equality Analysis	Present rolling programme to E & D Group with: <ul style="list-style-type: none"> <li>• EA Process &amp; Tools</li> <li>• Implementation Plan</li> <li>• Training Plan</li> </ul>	June 2012
SD30	2.1	Establish a 2 year rolling programme of access audits for Trust buildings	Present rolling programme to E & D Group with clear implementation and communications plan	July 2012
SD31	2.1, 2.2	Review interpreting service and develop action plan based on recommendations	Report on review and recommendations to E & D Group  Implement actions from review	July 2012  TBC following review
SD32		Monitor external suppliers performance on equality requirements	All new contracts awarded by LTHT are monitored on equality performance	September 2012