

The following table shows the progress that we are making against the actions that we put in place to meet our Equality Objectives 2012-2016. This progress has been given a red, amber or green rating.

RED This action has not been started or is significantly behind the timescale

AMBER This action has been started and is taking place within the timescale

GREEN This action has been completed

Objective 1: To improve the collection, analysis and use of equality data and monitoring for protected groups					
Number	Actions	Measures	Timescale	Progress	RAG
SD1 (Service Delivery)	Improve data quality and data completeness on the Patient Administration System (PAS) in respect of: <ul style="list-style-type: none"> ethnicity religion & belief 	95% of active patient records with a valid code	March 2013 (Ethnicity) September 2013 (Religion)	Data quality is managed through the Information Quality Group (IQG). A review of patient documentation has found areas where data collection can be improved. IQG will amend forms and manage training and communications.	AMBER
SD2	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	A report on the options for monitoring the protected characteristics not currently collected on PAS will be prepared for the E & D Group in October 2012. Options for data collection and reporting are currently being considered with the NHS Information Standards Board, NHS Information	AMBER

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				<p>Centre, LTHT PAS supplier and peer Trusts.</p> <p>The Transforming Outpatients Project will address data collection for the protected characteristics. Reporting requirements will be incorporated into systems requirements for evaluation of future PAS replacement.</p>	
SD3	<p>Disaggregate performance indicators by protected characteristic and report to E & D Group on a quarterly basis</p> <p>Analyse different outcomes by protected group and set SMART objectives</p>	<p>Reporting schedule developed as part of E & D performance framework (including performance and assurance reporting)</p> <p>4 performance indicators broken down by available protected groups and reported at trust wide and speciality level</p>	<p>June 2012 Revised date: April 2013</p> <p>Start April 2013 and ongoing</p>	<p>The reporting requirement has been added to the Informatics work programme. The timescale has been revised for July 2013.</p> <p>The reporting schedule and performance indicators will be available from April 2013.</p>	AMBER
SD4	<p>Analyse access to complaints service by protected characteristic and identify any different outcomes</p>	<p>Complete and report on Equality Analysis of Complaints service (including policy & process)</p>	<p>July 2012 Revised date: April 2013</p>	<p>This will be completed by April 2013.</p>	AMBER

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Number	Actions	Measures	Timescale	Progress	RAG
SD5	Implement a new equality monitoring system for complaints, which captures data across all the protected characteristics	<p>New equality monitoring system implemented</p> <p>Complaints data broken down by all protected groups and reported to E & D Group on a quarterly basis (subject to completion rates)</p>	<p>December 2012</p> <p>Commence reporting of equality data for complaints across all the protected groups by April 2013</p>	Scoping undertaken around best practice and initial meeting with Complaints Managers across the 4 Trusts held. On track to implement new system by December 2012.	AMBER
SD6	Introduce a customer satisfaction survey for complaints, which captures data across all the protected characteristics	<p>Customer satisfaction survey for complaints implemented</p> <p>Results from the survey broken down by protected group and reported to E & D Group (subject to completion rates)</p>	<p>December 2012</p> <p>Commence reporting of equality data in respect of satisfaction by April 2013</p>	On track to be implemented by the end of December 2012.	AMBER
SD7	Introduce a customer satisfaction survey for the interpreting service, which captures data across all the protected characteristics	<p>Customer satisfaction survey for interpreting service implemented</p> <p>Results from the survey broken down by protected group and reported to E & D</p>	<p>September 2012 Revised date: March 2013</p> <p>Revised date: March 2013</p>	<p>Service review is now complete.</p> <p>The customer satisfaction survey will be implemented by March 2013.</p>	AMBER

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Number	Actions	Measures	Timescale	Progress	RAG
		Group (subject to completion rates)			
SD8	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 Revised date: April 2013	Review will be completed April 2013.	AMBER
SD9	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	Achieved.	GREEN
SD10	Integrate local surveys and introduce a standardised equality monitoring tool across internal survey activity	New standardised equality monitoring tool developed Local survey data broken down by protected group	June 2012 September 2012	Achieved. Achieved.	GREEN
SD11	Disaggregate local and national patient survey results by protected characteristic and report to E & D group on a quarterly basis	Reporting schedule developed as part of E & D performance framework (including performance and assurance reporting)	June 2012 (schedule developed) Revised date: December 2012	This will not be achieved by the revised date.	RED

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Number	Actions	Measures	Timescale	Progress	RAG
	Analyse different outcomes by protected group and set SMART objectives	Patient surveys broken down by protected group and reported to E & D Group	April 2013		
SD12	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	Report with recommendations delivered to E & D group in November 2012.	GREEN
SD13	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	Trust is in negotiation with the software company to see how we can update the program to capture the appropriate data. The completion date has been missed.	RED
WF1 (Work-force)	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%	By Oct 2012 and annually thereafter	As a first step, HR will use the same ‘pop-up’ technology as the AVA system uses to refresh personal details. This will approach will initially reach those staff who log into a PC. This will be active by December	AMBER

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Number	Actions	Measures	Timescale	Progress	RAG
		April 2016 – Dis 5%, SO 25% Rel. 25%		2012. This will be followed up with the traditional paper-based requests, focussing on those areas where the electronic approach had less impact.	
WF9	Establish mechanism for effectively capturing reasons for leaving	Reasons for leaving captured on ESR	By April 2013	Exit Interview procedure and questionnaire drafted. On course to meet timescale of April 2013.	AMBER
WF10	Investigate methods of capturing data on protected characteristics within the flexible working applications process	Guidance and processes documentation developed.	By March 2013	Flexible working procedure to be developed based on a review of current arrangements supporting flexible working. Data capture and monitoring will form part of this review. Working to timescale.	AMBER
WF11	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	This will be included in the Annual Workforce Equality review.	AMBER

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

Number	Actions	Measures	Timescale	Progress	RAG
WF2	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	Achieved Delay owing to funding issues	AMBER
WF3	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	Achieved	GREEN
WF12	E&D training for the senior team and board	Training completed and recorded on ESR	By April 2012	Training delivered to the Board and SMT on 8 March 2012.	GREEN
WF5	Increase uptake of mandatory E&D training	April 2013 - 75% April 2014 – 85% April 2015 – 95%	See target dates	Current statistics suggest that 75% uptake will be achieved by April 2013	AMBER

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Number	Actions	Measures	Timescale	Progress	RAG
WF13	Review content of E&D training for managers	New content integrated into the LTHT leadership development programme	By April 2013	Not progressed due to post holder leaving. Scheduled to be undertaken later in the year linked to work on realignment of services	RED
WF14	Pilot E&D competency framework for E&D specialist roles	Competency framework piloted	By September 2012	This work was started by Head of HR (Equality and Diversity) and will be continued when a new employee is recruited into post	RED
WF15	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	The essence of the E & D competency framework is reflected in the Trust's leadership fundamentals. This requires further consideration.	AMBER

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

Number	Actions	Measures	Timescale	Progress	RAG
SD14	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 Revised date: December 2012 July 2012 Revised date: December 2012 July 2012 Revised date: December 2012	The revised date will not be met owing to resource issues	RED
SD15	Ensure patient and community groups are involved in major service changes	Collate evidence of involvement with protected groups through MfS Quality process Feedback from patient & community groups and citywide advisory panel Approval of Involvement Strategy (inc Principles of Involvement) and development of Implementation Plan	July 2012 Revised date: December 2012 June 2012 Revised date: December 2012	The revised date will not be met owing to resource issues	RED
SD16	Review the profile of FT Membership, identifying any gaps across protected	Report on review and recommendations to E & D Group	July 2012	Review and recommendations reported to E & D group in November 2012.	GREEN

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	characteristics and make recommendations to meet gaps				
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 Revised date: April 2013	Volunteering database currently being updated. All 800 + volunteers have been asked to complete an equality monitoring form.	AMBER
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	Please see measures	On track	AMBER
WF4	Improve completion rate of Dignity at Work Training	April 2013 - 75% April 2014 - 85% April 2015 - 95%	See target dates	On track to meet completion rate of 75% by April 2013	AMBER
WF5	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	Awareness of the Dignity at Work policy took place through various networks. An email was circulated by the communications team to all users and was reported in Talkback. There were briefing sessions on each site in May and June 2012 - 78 people attended the sessions. Team has offered to deliver directorate briefings.	GREEN
WF6	Establish diversity reference group(s)	Diversity reference group(s) established	By March 2013	Action not progressed due to vacancy	RED

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

WF7	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	Guidance issued A revised guidance document will be published when this document is agreed with staff (expected Jan 2013) as part of the review of the Conduct and Discipline policy	GREEN
WF8	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	This action has not been progressed. Agreed at E&D meeting to revisit this action, as unclear	RED

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

Number	Actions	Measures	Timescale	Progress	RAG
SD19	Improve access to patient menus for visually impaired patients	Increase in patient satisfaction for blind and partially sighted patients	September 2012	Requested IT to research simple tablets that use an App to allow patients to listen to menus.	RED
SD20	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	Patient access to health information is a key work stream for the Transforming Outpatients Project. This will include the priority area of appointment letters for protected groups.	AMBER
SD21	Introduce a standard strapline on all Trust documents stating how to obtain information in different formats	Increase in patient satisfaction measured through patient feedback activity	September 2012	Communications team currently working on this.	RED
SD22	Provide key documents and leaflets in an easy read format	Increase in patient satisfaction measured through patient feedback activity	September 2012	Outstanding bid with the PCT for additional resources to fund a project to deliver this objective along with a range of other improvements in corporate and patient information. Delivery in the short term is dependant on this additional resource.	RED
SD23	Following initial review in Public Sector Equality Report (PSED):	Report on review and recommendations to E & D Group	September 2012	Report produced and recommendations made.	AMBER

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

Number	Actions	Measures	Timescale	Progress	RAG
	“analyse why more people over the age of 65 are waiting longer than 4 hours in the emergency department”	Implement and set SMART objectives on basis of review	December 2012 Revised date: April 2013		
SD24	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 Revised date: April 2013	Report produced and recommendations made.	AMBER
SD25	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 Revised date: April 2013 December 2012 Revised date: April 2013	Report and recommendations will be delivered to E & D group in April 2013	AMBER
SD26	Following initial review in Public Sector Equality Report (PSED): “analyse why emergency department attendance is higher for BME groups, men	Report on review and recommendations to E & D Group Implement and set SMART objectives on basis of review	September 2012 December 2012 Revised date: April 2013	Report produced and recommendations made.	AMBER

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

Number	Actions	Measures	Timescale	Progress	RAG
	and people over 65”				
SD27	<p>Following initial review in Public Sector Equality Report (PSED):</p> <p>“analyse why DNA rates are higher for BME people, particularly those from Pakistani, Indian and Black African backgrounds”</p>	<p>Report on review and recommendations to E & D Group</p> <p>Implement and set SMART objectives on basis of review</p>	<p>September 2012 Completion dates unknown</p> <p>December 2012 Completion dates unknown</p>	<p>Large-scale research being carried out on DNA rates in partnership with Sheffield Teaching Hospitals Trust and Sheffield Hallam University. Focus groups for specific BME groups will be set up in Leeds early 2013. It is anticipated that a proposal for the full research will be submitted mid-year 2013.</p>	AMBER
SD28	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	EA toolkit has been revised in conjunction with the MfS team. It has been embedded into the MfS architecture.	GREEN
SD29	Integrate equality analysis into the Trust infrastructure	<p>Present the following to E & D Group:</p> <ul style="list-style-type: none"> • EA Process & Tools • Implementation Plan • Training Plan • Rolling programme of EA’s for next 3 years • Monitoring plan 	<p>June 2012</p> <p>April 2013</p> <p>April 2013</p> <p>June 2013</p> <p>June 2013</p>	Achieved	AMBER
SD30	Establish a 2 year rolling programme of access audits for Trust buildings	Present rolling programme to E & D Group with clear implementation and	July 2012	No feedback available at this time.	

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

Number	Actions	Measures	Timescale	Progress	RAG
		communications plan			
SD31	Review interpreting service and develop action plan based on recommendations	Report on review and recommendations to E & D Group Develop action plan Implement actions from review	July 2012 Revised date: December 2012 April 2013 TBC following agreement of action plan	Review complete	AMBER
SD32	Monitor external suppliers performance on equality requirements	All new contracts awarded by LTHT are monitored on equality performance	September 2012	Achieved	GREEN