NHS Equality Delivery System (EDS)
Organisational assessment for Leeds Teaching Hospitals Trust – January 2013

Grading:	Excelling		Achieving		Developing		Undeveloped	

Goal	Outcome	Evidence / Actions	2011	2012
1. Better health outcomes for all	**1.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities**	Lead responsibility for commissioning clinical services in Leeds currently sits with NHS Leeds. The Trust works with NHS Leeds to ensure that the people of Leeds have access to the health services they need. **Outpatient and Inpatient activity is monitored by religion, age, ethnicity and gender.** Improving data quality and completeness, and monitoring against all protected characteristics is included in objectives SD1 and SD2. **Ethnicity and Pregnancy/ Maternity:** The Haamla service was established in response to research carried out in 1992 which showed that minority ethnic women in Leeds were not always able to access health care that supported their personal needs. The service, based in the obstetric department of St. James's hospital, is a unique service that provides maternity support to women from black and minority ethnic communities, including refugees and asylum seekers. Interpreters accompany the midwives at every appointment where English is not spoken. The maternity needs of women Travellers and Roma women have been assessed in partnership with voluntary organisations in Leeds. This has resulted in two new care pathways being implemented within the service. Gypsy, Roma and Traveller families are involved in identifying their specific individualised requirements during their maternity care.	Developing	Developing ↑↑↑

Goal	Outcome	Evidence / Actions	2011	2012
1. Better health outcomes for all	1.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities (Cont.)	**Disability and Pregnancy/ Maternity:** Maternity services have developed a robust and sensitive pathway for women with HIV in pregnancy. Because of the complex medical and social needs of women with HIV, networks have also been established with local agencies like Sahara – an organisation which offers safe supported accommodation, Women's Health Matters – an independent voluntary organisation run by women for women, and Skyline - a charity that works predominantly with African communities to increase knowledge and awareness of HIV and provides information to groups. Women's Health Matters has recently helped the maternity service to assess its provision for women with physical disabilities. **Religion/Belief:** The Trust provides prayer and worship facilities at all of its sites. The chaplaincy team provides a comprehensive service of religious, spiritual and pastoral care to patients and staff. The Trust employs Christian, Jewish and Muslim chaplains and has contacts and honorary appointments for a range of additional faiths including Sikhism, Buddhism and Hinduism. The shape of religious and spiritual care within the Trust is informed by inpatient and local population data, including the Picker inpatient survey. **Ethnicity:** A multicultural menu is available to patients to meet a range of different cultural and religious needs. We currently offer a kosher menu, a multicultural menu and an African Caribbean menu. The multicultural menu is available in Urdu, Punjabi, Bengali & Arabic. A recent patient complaint has led to a review of the food available for Jewish patients during Passover.	Developing	Developing ↑↑↑

Goal	Outcome	Evidence / Actions	2011	2012
1. Better health outcomes for all	**1.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities (Cont.)**	**All protected characteristics:** The Trust's pre qualification questionnaire has been updated to include all the relevant legislative changes brought in by the Equality Act 2010. A new guide for suppliers on equality and diversity has been developed. In line with Equality Objective SD23, all new contracts awarded by LTHT are monitored on equality performance	Developing	Developing ↑↑↑
1. Better health outcomes for all	**1.2 Individual patients' health needs are assessed, and resulting services provided, in appropriate and effective ways**	**All protected characteristics:** This year the emphasis has been on building the data infrastructure to ensure that performance indicators are disaggregated by protected characteristic (SD3 and SD13) and improving patient feedback mechanisms (SD9, SD10 and SD14). **Pregnancy and Maternity/ Disability/Ethnicity:** See evidence against 1.1 for maternity services care pathways for specific protected groups. **Disability**: A hospital passport has been developed and is being used at the Trust to assist people with learning disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital. The next step is a z card for acute admissions. A 'flag' is available on our Patient Administrative System for patients with a learning disability to enable reasonable adjustments to be made and track care pathways. Bedside symbols depicting an 'ear' and an 'eye' have been implemented by the Trust for patients who are deaf or hearing impaired and/or blind or visually impaired.	Developing	Developing

Goal	Outcome	Evidence / Actions	2011	2012
1. Better health outcomes for all	**1.2 Individual patients' health needs are assessed, and resulting services provided, in appropriate and effective ways (Cont.)**	**Religion/Belief:** The Trust provides prayer and worship facilities at all of its sites. The chaplaincy team provides a comprehensive service of religious, spiritual and pastoral care to patients	Developing	Developing
1. Better health outcomes for all	**1.3 Changes across services for individual patients are discussed with them, and transitions are made smoothly**	**Disability:** The Trust continues to work and engage with four Advisory Groups - Blind & Partially Sighted, Deaf & Hard of Hearing, Carers and Learning Disabilities Groups. The Groups are scheduled to meet on a quarterly basis with members of the Patient Experience Team and respective service representatives in attendance. Due to resources issues the latter two groups have not met during this review period. This has been highlighted within the PSED report for renewed action. **Disability and Pregnancy and Maternity:** In addition to our groups who work corporately across the Trust, we have a number of Patient Panels who work with particular specialities and services for example Kidney Patients Association, Dermatology Patient Panel and Maternity Liaison Committee. **All protected characteristics:** Equality Analysis is a tool to help the Trust think about the effects of its decisions on different groups of people. In line with equality objective SD28, an equality analysis process is in place which incorporates public and patient involvement in major service changes (the Managing for Success programme). Ensuring that relevant groups are involved in changes that affect them is contained in objective SD15.	Developing	Developing

Goal	Outcome	Evidence / Actions	2011	2012
1. Better health outcomes for all	**1.4 The safety of patients is prioritised and assured. In particular, patients are free from abuse, harassment, bullying, violence from other patients and staff, with redress being open and fair to all**	**All protected characteristics:** The Trust is a partner in the Leeds Safeguarding Adults partnership and there is a multi-agency policy and associated procedures for all participating agencies. A copy of the policy and procedures can be found at: http://www.leedssafeguardingadults.org.uk/professionals.html **Ethnicity, disability, gender, sexual orientation and religion / belief:** All incidents in LTHT are currently reported through the Trust electronic incident reporting system. This system collects data on ethnicity, disability, gender, sexual orientation and religion / belief. These fields are voluntary, and are not always completed. There are no fields for pregnancy / maternity status or gender identity. The Trust is in the process of introducing a new web based incident reporting system. This system asks gender for all incidents involving a person as a mandatory field, and will also request ethnicity on all incidents involving a person. Incidents reported as inappropriate behaviour will also have a mandatory field to ask if the incident involved abuse on age, disability, ethnicity, gender, religion, sexual orientation or transgender. This is a multi-select field, which enables incidents involving abuse on more than one issue to be recorded. Outcomes will be reported to the E&D group from April 2013 (SD12).	Developing	Developing
1. Better health outcomes for all	**1.5 Public health, vaccination and screening programmes reach and benefit all local communities and groups**	Public health, vaccination and screening programmes are run by primary care services. No assessment has therefore been made for this outcome.		

Goal	Outcome	Evidence / Actions	2011	2012
2. Improved patient access and experience	**2.1 Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds**	**Gender, age, religion and belief and ethnicity:** The Trust currently routinely collects, and can therefore report information on four of the protected characteristics on the main patient administration systems covering inpatient, outpatient and emergency activity. These are gender, age, religion and belief and ethnicity. **Age:** Access data shows that relative to the size of the local population, patients over 65 are significantly more likely to attend hospital as an outpatient or be admitted as an inpatient compared to the other age bands. The age group that accesses the emergency department the most relative to the size of the local population is the over 65's, which accounted for 17% of attendances between October 2011 and September 2012, a drop of 2% from last year. Most assessments indicate that this higher level of use is appropriate and is the result of more injury and illness among this population group. Reviews into anomalies relating to age identified in the last report were conducted during the review period (SD23-SD26) **Gender:** The gender profile is the same as last year and indicates that men are more likely to attend emergency services compared to women and less likely to be admitted as an inpatient or attend the hospital as an outpatient. These findings reflect national trends.	Developing	Developing ↑↑↑

Goal	Outcome	Evidence / Actions	2011	2012
2. Improved patient access and experience	**2.1 Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds (Cont.)**	**Ethnicity:** The patient activity data across these protected groups indicates that people can readily access our services. Emergency attendances are higher relative to the local population for those people from Asian/Asian British backgrounds, Black/Black British backgrounds and Other ethnic groups. For a fuller explanation, please see section 3 of our public sector equality duty report. Reviews into anomalies relating to ethnicity identified in the last report were conducted during the review period (SD26 and SD27) **Ethnicity/Pregnancy and Maternity:** Patient access data shows significantly higher numbers of women from BME populations accessing maternity services relative to the local population. Women from Pakistani and African backgrounds are overrepresented in accessing this service compared with the local population. White ethnic groups are proportionally underrepresented within the service with the exception of any other White background, which also shows proportionally higher access numbers. **Religion:** In line with the results from last year, the majority of patients accessing the Trust declared themselves as either Christian (including Church of England, Catholic, Protestant and all other Christian denomination) or as having no religion. A significant minority of patients accessing services declared themselves as Muslim with a slightly higher proportion of Muslim patients accessing the emergency department compared to Inpatient and Outpatient populations.	Developing	Developing ↑↑↑

Goal	Outcome	Evidence / Actions	2011	2012
2. Improved patient access and experience	**2.1 Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds (Cont.)**	**Disability**: During 2011/12, various initiatives to improve the physical access to our buildings have completed or started including: Review and implementation of signage at Seacroft Hospital Complete review of parking at Seacroft Hospital Two new lifts installed in Gledhow Wing Disabled/adult changing facilities reviewed at SJUH and LGI Project to simplify ward numbering now complete. Direction finder information machines now installed to main entrances at LGI and SJUH.	Developing	Developing ↑↑↑
2. Improved patient access and experience	**2.2 Patients are informed and supported to be as involved as they wish to be in their diagnoses and decisions about their care, and to exercise choice about treatments and places of treatment**	**Ethnicity and Disability:** Leeds Language Link (LLL) is the Trust's interpreting service, which provides face-to-face interpreting services for all non- English speaking patients and their families. LLL has around 180 experienced interpreters on hand to provide interpretation in over 70 languages. The Trust can also provide BSL interpreters and deaf blind communicator guides. A review of the service has taken place (SD31) and a customer satisfaction survey is planned (SD7). **Disability:** The Trust has a Patient Information policy in place which sets that information should be made available in alternative formats, in particular for people with visual impairment, and people with learning disabilities. A strapline will be added to all Trust documentation to signpost this facility (SD21).The Trust is also exploring the possibility of providing key documents and leaflets in an easy read format (SD22). 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 (SD20). Improved access to patient menus for visually impaired patients is also planned (SD19).	Developing	Developing ↑↑↑

Goal	Outcome	Evidence / Actions	2011	2012
2. Improved patient access and experience	**2.2 Patients are informed and supported to be as involved as they wish to be in their diagnoses and decisions about their care, and to exercise choice about treatments and places of treatment (cont.)**	**Age, gender, disability, ethnicity, sexual orientation and religion:** The Trust has previously reported on four protected characteristics within the national surveys. This has been expanded to include sexual orientation and religion. Results from the 2012 inpatient survey are not yet available. However, analysis has been completed in relation to patients attending A&E, paediatric inpatients and outpatients. **Pregnancy/Maternity:** The Trust has analysed output from its maternity services survey by six protected characteristics. **All protected characteristics:** Recommendations for future action have been included in the Public Sector Equality report for consideration for inclusion within Equality Objectives. Further findings are available within the summary of section 6 of the report.	Developing	Developing ↑↑↑
2. Improved patient access and experience	**2.3 Patients and carers report positive experiences of their treatment and care outcomes and of being listened to and respected and of how their privacy and dignity is prioritised**	**Age, gender, disability, ethnicity, sexual orientation and religion:** Respondents to the Trust local 17 question survey and to national surveys are asked to provide details against these protected characteristics. When compared with the 2011 results, 2012 CQUIN results showed improved levels of involvement in care and improved scores in relation to privacy. The 17 question survey asks patients the extent to which they were treated with dignity and respect, how they rate their care overall and whether they would recommend the hospital to family and friends. **Age:** Patients in age bands over 50 reported the highest rate of *always* being treated with dignity and respect. Children and patients in age bands over 50 reported the highest rate of satisfaction with overall care. Children and patients in age bands over 50 were the most likely to *definitely* recommend the hospital to friends and family.	Developing	Developing ↑↑↑

Goal	Outcome	Evidence / Actions	2011	2012
2. Improved patient access and experience	2.3 Patients and carers report positive experiences of their treatment and care outcomes and of being listened to and respected and of how their privacy and dignity is prioritised (cont.)	**Gender:** When compared with male patients, female patients provided less favourable scores in the A&E survey overall and particularly in relation to information provided, and consideration given to their family circumstances on leaving. Girls provided less favourable scores overall in the paediatric outpatient survey and fewer girls reported that they were fully involved in decisions relating to their care, and their parents were less likely to be given somewhere private to talk to doctors and nurses in the paediatric inpatient survey. The PSED report recommends that consideration be given to addressing these issues within the equality objectives. **Disability:** Scores in relation to dignity and respect, overall standard of care and likelihood of recommending the hospital were broadly comparable between disabled and non-disabled patients **Ethnicity:** Scores in relation to dignity and respect, overall standard of care and likelihood of recommending the hospital were more favourable from BME patients than from White/White British respondents. 62% of BME patients rated their care as excellent. This compares with 60% of white respondents. BME patients reporting that they had not been treated with dignity and respect reduced from 9% in 2011 to 2% in 2012. The recommendation rates from BME patients improved from those recorded in the 2011 inpatient survey. Definite recommendations rose from 77% to 83%, probable recommendations rose from 5% to 14%. Asian/Asian British patients provided less favourable responses to whether they had been treated with dignity and respect than other BME groups and white patients.	Developing	Developing ↑↑↑

Goal	Outcome	Evidence / Actions	2011	2012
2. Improved patient access and experience	**2.3 Patients and carers report positive experiences of their treatment and care outcomes and of being listened to and respected and of how their privacy and dignity is prioritised (cont.)**	**Sexual Orientation:** LGB patients reported higher perceptions of being treated with dignity and respect than heterosexual patients. All LGB respondents rated their care as good or better. All LGB respondents would definitely or probably recommend the hospital to their friends and family. **Religion:** Buddhists, Sikhs and Jewish patients reported the highest level of overall satisfaction with their care. They were also most likely to recommend the hospital to their friends and family. Muslims were the least likely to rate their care as good or better, with 8% rating their care as poor. They were also the least likely to recommend the hospital to their friends and family.	Developing	Developing ↑↑↑
2. Improved patient access and experience	**2.4 Patients' and carers' complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently**	The Trust has a target held within its Long Term Quality Plan to ensure that complaints are thoroughly investigated and managed to the patient's satisfaction with one response 89% of the time. The Trust is currently achieving an 85.3% success rate against this measure. **Gender, age and ethnicity:** During the current reporting period the Trust received 1240 formal complaints. The profile of the patients whom the care related to was broken down by gender, age and ethnicity and the results analysed in the PSED report. This indicated that BME patients, male patients, and patients at the oldest and youngest ends of the spectrum generated fewer complaints than would be anticipated given their proportion within the patient population overall.	Undev.	Developing

Goal	Outcome	Evidence / Actions	2011	2012
2. Improved patient access and experience	**2.4 Patients' and carers' complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently**	**All nine protected characteristics:** Where one of the primary subjects of a complaint specifically relates to discrimination, this complaint is also sent to the E&D manager for consideration and intervention if required. Such complaints are analysed annually by each of the nine protected groups. During this review period, there were no allegations of discrimination relating to sexual orientation, civil partnerships, pregnancy/maternity or transgender issues. Equality objectives are in place to extend the equality monitoring of complaints (SD5), to establish a customer satisfaction survey in relation to the complaints service (SD6) and to review the monitoring arrangements for the PALS service (SD8).	Undev.	Developing
3. Empowered, engaged and well-supported staff	**3.1 Recruitment and selection processes are fair, inclusive and transparent so that the workforce becomes as diverse as it can be within all occupations and grades**	**Age, gender, religion, sexual orientation, disability and ethnicity:** The Trust's recruitment policy and guidance, and recruitment training, refer to the need to comply with the Equality Act throughout. Selection data is disaggregated by age, gender, religion, sexual orientation, disability and ethnic group and is monitored at the application, interview and appointment stages of the process. Outcomes from this monitoring demonstrate considerable diversity in the range of applicants, with applications from BME candidates, religious minority groups and all age groups being well-represented when compared with the local population. The figures indicate an improvement in the rate of applications from disabled candidates from 2.6% in 2010 to 3.3% in 2012. In order to develop this area of practice further, and in line with our commitment to be "Positive about Disabled People", the Trust operates a guaranteed interview scheme for disabled candidates that meet the essential requirements of the advertised role. Conversion rates from application to interview for disabled staff show that this scheme is operating well.	Achieving	Achieving

Goal	Outcome	Evidence / Actions	2011	2012
3. Empowered, engaged and well-supported staff	**3.1 Recruitment and selection processes are fair, inclusive and transparent so that the workforce becomes as diverse as it can be within all occupations and grades**	The Trust also runs an employability programme in partnership with Leeds City Council. The programme targets local people who are long-term unemployed or on disability allowances, and provides pre-employment training for them within a healthcare setting. It works with disability employment advisors from Jobcentre Plus to identify suitable candidates, as well as holding open days. 41 people were employed by the Trust last year through this method, 27% of whom were from BME groups. 2.4% were from disabled entrants. **Age, gender, religion, sexual orientation, disability and ethnicity:** Statistics on staff in post by pay grade and promotions are also disaggregated to the same extent. Outcomes data suggests BME staff are under-represented within senior grades. However, the situation has improved from that reported in 2011 when 61.7% of BME staff were employed in junior grades (bands 1-4). This percentage reduced to 54.3% in 2012. Women are under-represented within senior medical grades. Promotions are broadly in line with the gender mix of staff overall. Staff survey results indicate confidence in equity in this area. BME staff had lower satisfaction rates with the equity of career progression opportunities than their white counterparts. This is a targeted area for action in the Trust's equality objectives (WF2) Work is underway to ensure greater diversity amongst the unpaid volunteer workforce (SD17).	Achieving	Achieving

Goal	Outcome	Evidence / Actions	2011	2012
3. Empowered, engaged and well-supported staff	3.2 Levels of pay and related terms and conditions are fairly determined for all posts, with staff doing equal work and work rated as of equal value being entitled to equal pay	**Age, gender, religion, sexual orientation, disability and ethnicity:** All Trust staff except directors, doctors and a very small number of senior managers, are paid according to a national set of pay or conditions for the NHS – Agenda for Change. Within this system, each role is assessed against 16 key criteria, eg communications, patient care, finance etc, by a panel of managers and staff side representatives. In this way, equal pay for equal work is assured across very different role designs. Actual pay rates are disaggregated by age, gender and ethnicity for all staff, including medical staff. NHS Employers guidance states that Trusts should act if pay rates for different groups are wider than 5%. The Trust's pay gap is within these parameters, so no action is currently planned. Work is being undertaken to improve data quality in relation to disability, sexual orientation and religion in order to monitor pay rates for these protected groups in future years and this forms part of the Trust's equality objectives (WF1).	Achieving	Achieving
3. Empowered, engaged and well-supported staff	3.3 Through support, training, personal development and performance appraisal, staff are confident and competent to do their work, so that services are commissioned or provided appropriately	**Ethnicity, age, religion, sexual orientation, gender and disability:** The Trust's staff development policy entitles all staff to training and development to ensure that they are competent and competent to do their work. Staff are appraised annually and individual development plans are agreed as part of that process. Training and appraisal rates are disaggregated by ethnicity, age, religion, sexual orientation, gender and disability. Satisfaction with appraisals, training and development planning are also measured as part of the staff survey. These results are currently reported by age, gender, ethnicity and disability. It was requested that the staff survey results published April 2012 should be disaggregated by sexual orientation and religion for the first time.	Developing	Achieving

Goal	Outcome	Evidence / Actions	2011	2012
3. Empowered, engaged and well-supported staff	3.3 Through support, training, personal development and performance appraisal, staff are confident and competent to do their work, so that services are commissioned or provided appropriately (Cont.)	However, responses were too low to enable analysis to take place. The same request has been made of the results due to be published April 2013. Staff survey and actual staff records relating to training and appraisal conflict eg training records for disabled staff appear proportionate to the staff in post percentages, but disabled staff are less satisfied with their access to training than those staff who are not disabled. Appraisals have been recorded on ESR for the first time this year (objective WF3), allowing appraisals data to be disaggregated. 86% of disabled staff received an appraisal in the reporting period, as compared to 77% of non-disabled staff. Staff survey results, training records and appraisal rates all indicate poorer outcomes for BME staff, particularly Asian/ Asian British staff. A staff engagement event held Feb 2012 indicated that staff perceived this was due to poor management training and information. These issues are being addressed within the Trust's equality objectives WF 12, WF13, and WF15.	Developing	Achieving
3. Empowered, engaged and well-supported staff	3.4 Staff are free from abuse, harassment, bullying, violence from both patients and their relatives and colleagues, with redress being open and fair to all	**All protected characteristics:** The Trust has reviewed and implemented new policies, processes and training to safeguard its staff during this reporting period (WF4 and WF5). This training is mandatory for all staff and current completion rate is 61% - up from less than 40% last year. Codes of conduct for staff and patients, and systems of redress for staff subjected to offensive or discriminatory behaviour are clearly outlined within these policies. Recommendations for disaggregating incident data on such behaviour towards staff are being reviewed at the time of writing (SD12).	Developing	Developing

Goal	Outcome	Evidence / Actions	2011	2012
3. Empowered, engaged and well-supported staff	**3.4 Staff are free from abuse, harassment, bullying, violence from both patients and their relatives and colleagues, with redress being open and fair to all (Cont.)**	In addition to support from line managers, HR colleagues and staff side representatives, staff have access to dignity of work advisors who advise on processes and signpost additional sources of support such as counselling. Breaches of the Dignity at Work policy by colleagues are reported through the grievance procedure. Where allegations are made against specific individuals, their conduct is investigated through the disciplinary process. Additional guidance has been produced for HR and has been included in draft Conduct and Discipline Procedures (WF7). A new mechanism for reporting back to staff on action taken to tackling negative behaviours is included in equality objective WF8. Staff diversity reference groups are also planned (WF6). **Ethnicity, Gender and Disability:** Outcomes data suggests that a disproportionately high percentage of BME and male staff raised grievances last year. Staff survey results that indicated that women and disabled staff had suffered higher levels of bullying and harassment than their colleagues. BME staff also reported a higher level of discrimination than their white colleagues and these results are being monitored in the April 2013 survey to ascertain whether the new Dignity at Work policy and training improve this position. The Trust is also improving its data collection and monitoring of reasons for leaving (WF9)	Developing	Developing

Goal	Outcome	Evidence / Actions	2011	2012
3. Empowered, engaged and well-supported staff	**3.5 Flexible working options are made available to all staff, consistent with the needs of the service, and the way that people lead their lives. (Flexible working may be a reasonable adjustment for disabled members of staff or carers.)**	**All protected characteristics:** The Trust's flexible working policies allows all staff to request flexible working options which are then evaluated against the needs of the service and accommodated where possible. Whilst open to everyone, the policy states specific circumstances in which there is a legal duty to consider flexible working ie for reasons of maternity, disability, caring responsibilities. It is also offered as an option for staff approaching retirement. The absence management policy refers to changes in working patterns as an example of a reasonable adjustment for disabled staff. Where flexible working options are not agreed, staff have redress through the grievance process. No grievances of this kind were raised last year. An equality objective (WF10) has been included to investigate methods of capturing data on protected characteristics within the flexible working applications process.	Developing	Developing
3. Empowered, engaged and well-supported staff	**3.6 The workforce is supported to remain healthy, with a focus on addressing major health and lifestyle issues that affect individual staff and the wider population**	**All protected characteristics:** The trust has a Health and Well-Being Committee which leads and monitors work relating to health promotion (eg staff gym, weight loss programmes, advice on diet, alcohol and smoking), health hazards (including health and safety risks and stress reduction) and occupational health services (eg individual consultations and referrals and workplace assessments for adjustments). All of these services are available for all staff. No disaggregated data is available currently available. The Trust has an equality objective (WF11) to monitor health improvements by protected characteristic through sick absence statistics.	Developing	Developing

Goal	Outcome	Evidence / Actions	2011	2012
4. Inclusive leadership at all levels	**4.1 Boards and senior leaders conduct and plan their business so that equality is advanced, and good relations fostered, within their organisations and beyond**	**All protected characteristics:** The senior management team have established an E&D group, chaired by the Chief Nurse and Director of HR. This reports to the Trust Board through the Patient Experience Sub-Committee and the Workforce Committee which meet quarterly.The SMT and Board undertook an Equality and Diversity development session during this review period. The Trust has an established equality analysis process in place for policy development. This process documentation has now been incorporated into the main service change programme – Managing for Success (SD28). A rolling programme of equality analyses (SD29) and building access (SD30) are included within the Trust's equality objectives. The Trust reviews progress against EDS targets set in the Long Term Quality Plan and is on track to reach this year's target. The Trust is seeking Foundation Trust status and is actively seeking to ensure that the membership of the Trust is representative of the local population. A recent targeted communications campaign to attract more male members was successful in addressing a previously identified gap (SD16).	Developing	Achieving

Goal	Outcome	Evidence / Actions	2011	2012
4. Inclusive leadership at all levels	**4.2 Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination**	**All protected characteristics:** Equality and diversity training is mandatory for all staff and covers both employment and service delivery considerations. Every job description explicitly states the requirement to take the individual needs of patients and staff into account and conform to equalities legislation and policy. E&D training is available in a variety of forms –e-learning, face-to-face presentations and individual coaching. The trust has recently put mechanisms into place to monitor the uptake of mandatory training. Current rates for E&D training are approximately 61%, having risen from 38% in 2011. Continued emphasis is being placed on achievement of 95% compliance rates with mandatory training elements by April 2015 (WF5). The Trust is on target to meet its objective of 75% completion rate by April 2013. Training for managers is also being reviewed (WF13).	Developing	Developing ↑↑↑
4. Inclusive leadership at all levels	**4.3 The organisation uses the "Competency Framework for Equality and Diversity Leadership" to recruit, develop and support strategic leaders to advance equality outcomes**	**All protected characteristics:** The framework has been issued to managers who line-manage E&D specialists and the job description for the Head of HR role (E&D) was evaluated against it (WF14). That role and that of the E&D manager responsible for service delivery are currently vacant and the roles are being reviewed. The framework is also being incorporated into the LTHT leadership development programme (WF15).	Undev.	Undev.

Key

Excelling	There is evidence for all of the protected groups (all 9 protected groups)
Achieving	There is evidence for most of the protected groups (6 - 8 protected groups)
Developing	There is evidence for some of the protected groups (3 -5 protected groups)
Undeveloped	There is evidence for few or none of the protected groups (0 - 2 protected groups)

The nine protected characteristics/groups are gender, gender reassignment, race, disability, age, faith, sexual orientation, pregnancy and maternity, marriage and civil partnership

Upward arrows are used to denote that sufficient progress within a grading has been achieved during the review period to enable achievement of the next level up within the next 12 – 24 months.

2012 EDS Summary

Service Delivery Outcomes – Note that these results are in line with the 2012 Long Term Quality Plan target.

Excelling	Achieving	Developing	Undeveloped
0 (0)	0 (0)	9 (8)	0 (1)

2011 totals are shown in brackets

Workforce Outcomes

Excelling	Achieving	Developing	Undeveloped
0 (0)	4 (2)	4 (6)	1 (1)

2011 totals are shown in brackets