HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

EQUALITY OBJECTIVES 2016-22

Equality Objective One	**To improve our evidence base for patient equality of access to services**	**EDS2 Goal(s)**
The Trust will review the way in which we collect, analyse and use equality data for our patients and service users. We will use this data to ensure our service planning results in equity of access for all and take positive action for relevant protected groups where necessary.		Goal 1

Goal 2 |

Context:
The Trust collects demographic data on its patients and service users relating to their age, gender, ethnic group, partnership status and religion or belief and uses this data to monitor access to services by protected characteristic. However the Trust does not collect information on sexual orientation or gender reassignment and does not currently report on disability. There are also significant gaps in the data that is collected and recorded, for example: ethnicity is not recorded for 14% of patients, partnership status is not recorded for 16.47% and religion or belief is not recorded for 38.8% of patients. It is therefore difficult for the Trust to be assured that it is meeting the needs and providing equality of access to services for all protected groups.

Actions:
- Communication and engagement with patients and service users regarding the need to ensure that up to date information is provided to the Trust.
- Raising staff awareness of the need to ensure that patient demographic information is updated on first contact with the Trust, and periodically throughout the patient pathway.
- Explore opportunities for patients/service users to update their demographic details via the self-service kiosks
- Review opportunities for increased equality monitoring (eg complaints/PALs, Datix, incident reporting)
- Utilisation of ONS statistical data
- Utilisation of data within the local JSNAs and health profiles
- Use of equality data within NHS patient surveys
- Quarterly monitoring of patient equality data
- Monitoring usage of BSL and language interpretation services
- Working in partnership with commissioners and other health and social care providers to develop integrated care pathways and to deliver an increasing number of services closer to the communities we serve.

Expected Outcomes:
- Accurate data is available on the protected characteristics of patients and service users.
- The Trust has a robust source of information available to inform operational planning and service delivery.
- Trust is able to provide assurance to commissioners and regulatory bodies that patients and service users have equality of access to services.
- Trust is compliant with the Public Sector Equality Duty and Equality Act 2010.

Measures:
- Year on year percentage increase in the number of patients/service users for whom the Trust holds data by protected characteristic.
- Improvement in the capture and recording of protected characteristic data on Datix

Equality Objective Two	To make information more accessible, to better meet the needs of people who have a disability, impairment or sensory loss.

The Trust will work to achieve compliance with the Accessible Information Standard (AIS).	Goal 1
	Goal 2

Context:

The Accessible Information Standard (SCCI1605 Accessible Information) was published by NHS England on 3 July 2015 under Section 250 of the Health and Social Care Act 2012. It was developed in response to the fact that, despite the existence of legislation and guidance (eg Equality Act 2010, Care Act 2014, NHS Constitution, Nursing and Midwifery Professional Standards of Practice and Behaviour), in reality many service users continue to receive information from health and social care organisations in formats which they are unable to understand and do not receive the support they need to communicate.

The aim of the Standard is to make sure that people who have a disability, impairment or sensory loss receive information that they can access and understand, and any communication support that they need.

The standard requires that organisations:

- Ask people if they have any information or communication needs, and find out how to meet their needs.
- Record those needs clearly and in a set way.
- Highlight or 'flag' the person's file or notes so it is clear that they have information or communication needs and how those needs should be met.
- Share information about people's information and communication needs with other providers of NHS and adult social care, when they have consent or permission to do so.
- Take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it.

All organisations that provide NHS or adult social care are required to follow the Standard.

The Trust has established a Project Team to oversee the planning and implementation of actions to secure compliance with the Standard.

Actions:

- Work with CSC, the suppliers of Lorenzo, to establish a method by which a patient's (or their carer's) information and communication support needs can be recorded and flagged on the electronic patient record.
- Work with software suppliers to ensure that other Trust systems have the capability of recording and flagging information and communication support needs (eg Radiology Information System)
- Development of a communications and engagement plan for patients, carers, service users and staff.
- Development of a staff training package.
- Work with partner agencies to ensure that information and communication support needs of users are shared.
- Consult with patients/service users with information and communication support needs to identify specific measures which can be taken to address these needs. Consultation will include established disability groups eg: Hull and East Riding Institute for the Blind (HERIB) and Hull and East Yorkshire Institute for the Deaf and Hard of Hearing (Hull Deaf Centre).
- Development of a range of resources, including access to British Sign Language

interpreters, information in different formats eg audio, email, large font, braille, easy read.
- Explore opportunities for shared learning, internally and with other organisations.
- Explore use of technology to assist in supporting information and communication needs.
- Develop a mechanism for receiving feedback from patients and service users to show that their information and communication support needs have/have not been met.

Expected Outcomes:
- The Trust has robust and effective mechanisms in place to ensure compliance with the Accessible Information Standard.
- Patients with a disability, impairment or sensory loss receive information that they can access and understand, and any communication support that they need.

Measures:
- Trust compliance with the conformance criteria specified within the Accessible Information Standard Specification (3rd July 2015).
- Number of PALs issues/complaints raised by patients/service users whose information/communication support needs have not been met.
- Year on year improvement in the Trust's performance in national patient surveys in relation to communication with professionals.

Equality Objective Three	To build an inclusive environment for all staff	
The Trust will continue to work with staff to develop an open culture where people feel engaged, valued, empowered and proud to work for the Trust.	Goal 3	Goal 4

Context:
The CQC inspection in February 2014 reported that the Trust had a bullying culture. Independent support from ACAS was commissioned in 2014 to understand the nature of the problem. A key focus of the work has been about changing the culture of the Trust, beginning with the development, in conjunction with staff, of a new set of values – Care, Honesty and Accountability. Subsequent work has included a Behaviours Charter, Professionalism and Culture Transformation (PaCT) workshops and leadership development.

Actions:
- Delivery of the 'Sustain and Improve Professional Behaviours' Workstream within the PaCT Action Plan
- Development of a new People Strategy
- Trust-level implementation of the local Health and Care System's Nursing and Midwifery Strategy
- Promotion of equality and diversity throughout the organisation, embedding these principles within our values and behaviours
- Reviewing workforce data, including equal pay audits, access to training and development opportunities, recruitment, disciplinary, grievance and incident reports.
- Reviewing and acting on feedback from CQC inspections.
- Reviewing and acting on feedback from local and national staff surveys
- Reviewing and acting on feedback from issues raised through the Staff Advice Liaison Service (SALS)
- Feedback from patient/service user PALs issues, complaints, FFT results, patient surveys and HealthWatch Reports

Expected Outcomes:
- The Trust will be compliant with the Staff Pledges within the NHS Constitution relating to:
  - Providing a positive working environment for staff and promoting supportive, open cultures that help staff to do their job to the best of their ability.
  - Providing staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential.
  - Providing staff with support and opportunities to maintain their health, well-being and safety.
  - Engaging staff in decisions that affect them and the services they provide, individually, through representative organisations and through local partnership working arrangements. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families.
  - Encouraging and supporting all staff in raising concerns at the earliest reasonable opportunity about safety, malpractice or wrongdoing at work, responding to and, where necessary, investigating the concerns raised and acting consistently with the Employment Rights Act 1996.
- Staff report a positive experience of working for the organisation.

Measures:
- **NHS Staff Survey Key Finding No 7** – Year on year improvement in the percentage of staff able to contribute to improvements at work, with a view to achieving a score of 'average for acute Trusts' by April 2018 and being in the 'better than average for acute

Trusts' by April 2010. (Baseline 2015 = 68%, below (worse than) average)

- **NHS Staff Survey Key Finding No 10** – Year on year improvement in the percentage of staff receiving support from their immediate managers, with a view to achieving a score of 'above (better than) average by April 2018 and 'highest (best) 20%' of acute Trusts by April 2020. (Baseline 2015 = 3.70, average for acute Trusts)
- **NHS Staff Survey Key Finding No 21** – Year on year improvement in the percentage of staff believing the Trust provides equal opportunities for career progression or promotion, with a view to achieving a score of average by April 2018 and better than average for acute Trusts' by April 2020 (baseline: 2015 = 85%, worse than average)
- **NHS Staff Survey Key Finding No 26** – Year on year improvement in the percentage of staff experiencing harassment, bullying and abuse from staff in the last 12 months, with a view to achieving a score of 'average for acute Trusts' by April 2018 and being in the 'better than average for acute Trusts' by April 2020. (Baseline 2015 = 38%, worst 20% of acute Trusts)
- **CQC Well-led domain** – Trust achieves and maintains an overall rating of 'good' or higher for this domain (baseline: 2015 = requires improvement)

Equality Objective Four	To demonstrate progress against indicators within the NHS Workforce Race Equality Standard (WRES)

The Trust will review the way in which we collect, analyse and use equality data in relation to our staff. We will use this data to ensure that staff from Black Minority Ethnic (BME) backgrounds have equality of opportunity in career progression and access to training.	Goal 3 Goal 4

Context:

The NHS Workforce Race Equality Standard (WRES) was introduced in 2015 in response to research that showed that people in the NHS from Black Minority Ethnic (BME) backgrounds were less likely to be appointed to a post once shortlisted, were less likely to be selected for training and development programmes, more likely to experience harassment, bullying and abuse, and more likely to be disciplined and dismissed. BME staff are also significantly under-represented in senior management positions and at board level.

The WRES requires NHS organisations to demonstrate progress against a number of indicators of workforce race equality. The WRES will highlight any differences between the experience and treatment of white staff and BME staff and provide a platform to take necessary remedial action on the cause of ethnic disparity.

From April 2016 the Care Quality Commission will consider the WRES in their assessments of how 'well-led' NHS providers are.

The WRES features as part of the NHS Standard Contract for 2016/17.

The Trust's initial WRES baseline assessment in 2015 identified a need to improve the quality of the data the Trust holds on its staff (the ethnicity of 2% of the workforce was unknown) and to seek to engage more positively with the BME workforce.

Actions:
- Utilisation of the newly upgraded Electronic Staff Record (ESR) system to encourage staff to update their personal details, including ethnicity.
- Linking of the Trust's training and development database (HEY247) to the ESR to enable the Trust to capture data by ethnicity
- Positive engagement of BME staff across the organisation
- Ensuring equality of access to training and development opportunities
- Monitoring of ratios of white to BME staff in recruitment and selection, including pay banding, appraisal and personal development reviews, involvement in grievance and disciplinary proceedings.
- Monitoring and acting on responses by ethnicity from NHS national staff survey
- Promotion of diversity events across the organisation
- Review of equality and diversity training programme within the Trust
- Embedding equality and diversity at every level of the organisation

Expected Outcomes:
- Staff report a positive experience of working for the organisation.
- Trust is compliant with the NHS Workforce Race Equality Standard

Measures:
- WRES indicators (baseline = 2015):
  - To increase the proportion of BME staff in Bands 8-9, VSM (including executive Board members and senior medical staff) by 2% per annum over the next 4 years.
  - To increase the relative likelihood of BME staff being appointed from shortlisting so

that BME candidates are just as likely as White candidates to be appointed from shortlisting by April 2020.

- o To ensure that the relative likelihood of BME staff entering the formal disciplinary process is not disproportionate to that of White staff by April 2020.
- o To ensure that the relative likelihood of BME staff accessing non-mandatory training and CPD is not disproportionate to that of White staff by April 2018.
- o NHS Staff Survey Key Findings based on responses for White and BME staff:
    - KF25 – Reduction in the percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months with a view to achieving 'the lowest (best) 20% of acute Trusts' score by April 2018 (baseline: 25%, below (better than) average)
    - KF26 – Reduction in the percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months, with a view to achieving a score of 'average' by April 2018 and 'better than average for acute Trusts' by April 2020 (baseline: 2015 = 85%, highest (worst) 20%)
    - KF21 – Increase in the percentage of staff believing that the Trust provides equal opportunities for career progression or promotion, with a view to achieving a score of 'average' by April 2018 and 'better than average' by April 2020 (baseline: 85%, below (worse than) average).
    - Q17b – Reduction in the percentage of staff who, in the last 12 months, have personally experienced discrimination at work from their manager/team leader or other colleagues, with a view to achieving better than average for acute Trusts for both White and BME staff.
- o Does the Board meet the requirement on Board membership? (ie: Boards are expected to be broadly representative of the population they serve)