

## Equality Objectives April 6<sup>th</sup> 2013-2017

The following equality and diversity objectives have been developed from feedback resulting from engagement with patients/service users, patient representatives, carers and staff who share, or represent those with, a protected characteristic and other local interests. Specific feedback has been gathered in line with a process called the “Equality Delivery System (EDS)”. Feedback from ongoing engagement throughout the year, results from the EDS and information that we have to publish as part of meeting our Public Sector Equality Duty (PSED) have all helped to inform the development of these objectives. For more information please review our range of equality and diversity pages.

Equality objectives, can be short, medium or long term with the latter expected to be over a maximum of a four year period. The objectives are aggregated into the Trust’s corporate objectives and therefore form part of the Trust Board reporting cycle.

Following the launch of the EDS nationally, 4 new objectives were developed in 2012, with one objective having two parts, i.e. objective 5. Of these original objectives, 2 were completed and part 1 of objective 5 within the designated timescales. Two were ongoing with timelines extending into our current year 2014 i.e giving a two year completion period. In 2013 after our second cycle of the EDS and more engagement and feedback, a further three objectives were developed.

### **What we have achieved so far?**

Completion of objectives in 2013 resulted in our production of a video in “British Sign Language” which is placed on our public website for those who are deaf or those who have a hearing impairment to provide signed explanation of how to make a complaint enabling better access to our process and offering help and support in making a complaint. The video also provides information about our Patient Advice and Liaison Service (PALS), which signposts, welcomes feedback and deals with concerns. Raising awareness and enabling better access to these services were our key aims. The website went live in December 2012 and we worked in partnership with a representative from Action for Hearing Loss, now part of Bucks Sensory Services who was originally involved in the feedback about this as an area of improvement.

This year, we have achieved objectives set to implement robust equality monitoring onto our Patient Experience Trackers (PET). This is positive progress and very helpful as it enables the Trust to look at real time patient experience across each protected characteristics for the first time. We now have two complete months of data and collection will be ongoing. We hope to include the first full year of data and analysis in our public sector equality next year. This is a very positive step to help us better understand the experience of particular groups such as older patients, those with disability, lesbian, gay, bisexual and transgender etc. For more information and regular reports resulting from our PETs please [refer to our new patient feedback pages](#).

Some of our objectives are staff led, resulting from staff feedback as part of the EDS, in 2012 we were tasked with improving how we could demonstrate equitable and fair application of reasonable adjustments made as a result of successful application by staff of the flexible working policy. This applies for all staff. We successfully changed our reporting processes and this information fully published on our website as part of our public sector equality information.

This year we are able to show achievement of our appraisal objective (see below) with uptake of staff appraisal moving from 55% to a much improved 77%. Furthermore, this area was also identified as a corporate priority in 2013 and in addition to improving uptake, our appraisal policy has been reviewed with improvements and changes to process, training and systems, all placing a greater emphasis on the quality of appraisal, with the aim of delivering a meaningful experience for staff.

In response to objective 4 below, since 2012, our workforce data does show small year on year increase in the numbers of BME staff represented in bands 7 and above. However, a more detailed breakdown below provides more information. Whilst numbers are small the increase is consistent and could be showing a steady positive trend. [Reviewing our workforce data published as part of our PSED information will also provide helpful context.](#)

The following table represents all current equality objectives with an update on progress to date. Please see below, numerical listings do not indicate order of importance.

Heading	EDS goals and outcomes that objectives relate to	By When	Measure	2014 Progress Update published by April 6 <sup>th</sup>
<b>Objective 1</b>	<b>EDS Goal 1</b> Improved patient access and experience <b>EDS Outcome 2.3</b>			
	To improve equality monitoring of feedback for patient / carer experience for all protected characteristics. <i>(In line with the EDS outcome this should include the reporting of positive experience of treatment and outcome, privacy, dignity, respect and being listened to).</i>	April 2014	Patient experience trackers (PET) can demonstrate.  Evidence of implementation of equality monitoring recently implemented	<b>Achieved</b> <b>Within timescale</b>  Robust equality monitoring implemented onto Patient Experience Trackers (PET)  Pilot undertaken Full final implementation as of 31 <sup>st</sup> December

			<p>in our clinical audit and effectiveness surveys, relating to patient / carer satisfaction or experience.</p>	<p>2013 resulting in two full months of data currently available for January and February. Information too limited to draw on trends but already showing positive potential for example in January 2% of patients who used the trackers, responded they were LGBT.</p> <p>For the first time, the Trust is able to look at patient experience across the protected characteristic groups. This is a positive progress.</p> <p>More detailed information and analysis is available via the PSED information section under patient experience and also via our patient feedback web pages.</p> <p>As the data grows there will be an increased understanding and ability to identify trends across patients who share a protected characteristic group.</p> <p>N.B Not all patients access trackers and they have the choice to complete questions asked including the equality monitoring.</p>
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Heading	EDS goals and outcomes that objectives relate to	By When	Measure	2014 Progress Update published by April 6 <sup>th</sup>
Objective 2	<p><b>EDS Goal 1</b> Improved patient access and experience <b>EDS Outcome 1.2</b></p>			
	<p>To review access to and ease of use of key diagnostic facilities in our outpatient services for patients with a physical or sensory impairment</p>	<p>July 2014</p>	<p>Evidence of review Key actions identified Action plan in place.</p>	<p><b>Within timescale – ongoing</b> Work on this objective has been delayed to align with a significant piece of work which is being undertaken to look at improving the out patient experience as part of the elective care we provide. Work is planned to commence in May which will involve patient representatives who have a disability or impairment. Results will then feed into the larger project work to inform joint action planning. Some actions could require longer term planning e.g estates work, but the objective which is to carry out the review of access should be concluded and reported on by the timescale set out as July this year.</p>

Heading	EDS goals and outcomes that objectives relate to	By When	Measure	2014 Progress Update published by April 6 <sup>th</sup>
<b>Objective 3</b>	<b>EDS Goal 3</b> Empowered, engaged and well supported staff <b>EDS outcomes 3.3</b>			
	Demonstrate an improvement in staff uptake, perception and experience of the quality of appraisal.	May 2014	EDS Staff survey 2014	<p><b>Achieved - improvement of staff uptake Within timescale</b></p> <p><b>Part achieved – quality Ongoing work towards improving quality. This objective also became a key corporate priority for the Trust in 2013.</b></p> <p><b>Improvement of staff uptake</b> Our internal monitoring for all staff shows a good improvement from:  55% in March 2013 to 77% in January 2014.</p> <p>This is supported by the external national staff survey recently published in 2014 for 2013. This survey reflects a response sample on average of around 500 staff annually. The most recent results show an improvement from:  67% in 2012 to 83% in 2013 84% is the national average for all NHS acute Trusts for this year.</p> <p><b>Quality of Appraisals.</b> Over the past year the Trust has reviewed it's appraisal policy, training and systems and</p>

				<p>process to enhance the quality of future appraisals and the staff experience. However, these are only very recently launched so there is no data or information internally yet available to demonstrate whether changes have resulted in a perceived improvement on quality.</p> <p>The national staff survey published 2014 for 2013 showed that, of the sample of staff who responded, only a slight improvement was seen prior to the changes being made.</p> <p>29% in 2012 to 32% in 2013</p> <p>38% is the national average for all NHS acute Trusts for this year      The above highlights this as a national issue across acute NHS Trusts.</p> <p>This objective whilst not entirely met will be moved to ongoing monitoring through the results of future national staff surveys for which the results are published in the public domain.</p> <p>Reports on our ongoing performance in this area are also made available to the public through our regular Trust board reports and regular monitoring is maintained as part of our HR function.</p>
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	Brought forward			
<b>Objective 4</b>	<b>EDS Goals 3</b> Empowered, engaged and well supported staff <b>EDS outcomes 3.1,</b>			
	To work with BME staff groups and the BME network to identify and provide support required, to assist career progression to senior bandings.	April 2014	Data showing increased number of BME staff represented in bands 7 and above. March 31 <sup>st</sup> 2012 data as benchmark	<p><b>Achieved - Slight increase in numbers over past two years</b> <b>Within timescale</b></p> <p><a href="#">More information available here.</a></p> <p>Whilst this objective looks to be complete by the increased numbers and the information attached, numbers are small and more ongoing monitoring and staff engagement work will be needed.</p> <p>It will therefore be moved to be part of our future PSED equality information annual publication.</p> <p>This is not just a local issue, representation of BME staff in bands 7 and above in the NHS is a national matter and continues to require focus.</p>
<b>Objective 5</b>	<b>EDS Goal 1</b> Better health outcomes for all <b>EDS outcomes 1.1, 1.2, 2.1, 2.4,</b>			

	<p>Second part of the original goal</p> <p>To improve the patient experience of the patients and access to services via early identification for staff in waiting areas and when sending out patient letters.</p>	<p>June 2013                  Linked to whole system upgrade                  So revised timeline</p>	<p><b>Part achieved – System for early identification of patients with sensory impairments and other disabilities that affect patient experience in waiting areas.</b></p> <p>This objective was developed because patients who suffer with a hearing or visual impairment sometimes find it difficult to know if they have been called / invited via screens into the consulting room from the busy waiting areas so feedback told us they would like our systems to be able to have an easy way of flagging to the clinician that they had such an impairment so could take pro active action to avoid patients being missed or delayed or that letters need to be sent in large print etc.</p> <p>As part of an overall system upgrade this was added as part of system development. The Trust has implemented a new electronic noting system which has been in place since the beginning of 2014. The system allows an electronic alert to be noted for patients such as those with a disability or visually impaired etc. Approximately a quarter of patients being seen within outpatients on a weekly basis now have electronic noting. Therefore we are on target with the equality objective 5 to achieve by mid year.</p>
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