

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION
TRUST**

**EQUALITY DELIVERY SYSTEM 2 (EDS2) PROGRESS REPORT
APRIL 2017**

1. Background to Equality Delivery System (EDS) and EDS2

The Equality Delivery System (EDS) was rolled out to the NHS in July 2011 and formally launched in November 2011. The EDS is a generic toolkit and framework for assessing how NHS organisations are performing with regard to equality, diversity and human rights; how they can improve; and how they get to where they want to be.

EDS was implemented by the vast majority of NHS organisations across England. The design and implementation of the EDS was independently evaluated in November 2012. Based on this evaluation EDS was refreshed. The refreshed EDS, known as “EDS2” has now been published. It includes a core set of outcomes and a more streamlined grading system; and it encourages organisations to use it flexibly and to embrace key local health inequalities.

2. Structure of EDS2

At the heart of EDS2 are 18 outcomes, against which NHS organisations assess and grade themselves. They are grouped under four goals:

- Better health outcomes;
- Improved patient access and experience;
- A representative and supported workforce;
- Inclusive leadership.

These outcomes relate to issues that matter to people who use, and work in, the NHS.

3. Protected Characteristics

EDS2 should be applied to people whose characteristics are protected by the Equality Act 2010. The nine characteristics are as follows:

- Age
- Disability
- Gender re-assignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race including nationality and ethnic origin
- Religion or belief
- Sex
- Sexual orientation

4. Additional Disadvantaged Groups

EDS2 can also be applied to people from other disadvantaged groups, including people who fall into “Inclusion Health” groups, who experience difficulties in accessing, and benefitting from, the NHS. “Inclusion Health” was defined in a Social Care Task Force and Department of Health publication of 2010. These other disadvantaged groups typically include but are not restricted to:

- People who are homeless;
- People who live in poverty;
- People who are long-term unemployed;
- People in stigmatised occupations (such as sex workers);
- People who misuse drugs;
- People with limited family or social networks;
- People who are geographically isolated.

5. Engagement with local stakeholders

Engagement with local stakeholders is central to the success of EDS2. Stakeholders are individuals, groups and organisations that have an interest in the activities of the Trust. Engagement refers to the process of getting local stakeholders involved in important decisions about the planning, developing, commissioning, management and delivery of health services. In relation to staff, engagement is about involving staff in planning, developing and managing their working environments and activities where the aim is to improve their working lives.

A list of some of the stakeholders with whom the Trust engages with is as follows:

- Sense;
- Guide Dogs;
- Action for Blind People;
- BITA (Birmingham Industrial Therapy Association) Pathways;
- Midland Mencap;
- Thrive Together Birmingham;
- Birmingham City Council;
- Clinical Commissioning Groups (CCGs);
- Sustainability Transformation Plan working groups
- Other local trusts;
- Health Education England;
- Bournville Village Trust;
- University of Birmingham and other further education institutes;
- The Conservation Volunteers;
- The Woodland Trust;
- The National Trust;
- Public Health England;
- Age Concern Birmingham;

- The Trussell Trust;
- Birmingham LGBT;
- Royal Centre for Defence Medicine;
- Local Councillors;
- Autism West Midlands;
- Birmingham Settlement;
- Foodcycle Birmingham;
- The Prince's Trust;
- Stonewall;
- The Urban Orchard;
- The Heineken Foundation;
- Communicate2U
- British Institute for Learning Disability BILD
- Rape and Sexual Violence Project (RSVP)
- Trident Reach Housing
- Loudmouth Theatre in Education
- Kikit Pathways to Recovery
- Terence Higgins Trust
- Women Acting in Today's Society (WAITS)
- Anawim
- Aquarius Birmingham
- The Big Issue
- Freedom from Torture
- Nu Skillz Training
- Polish Expat Association
- Solihull Integrated Addiction Services (SIAS)
- You+ health services
- Services for Education

6. Assessing and Grading Performance

Assessing and grading performance against the objectives should be done by the organisation's stakeholders. NHS England guidance states that 'most organisations prefer to self-assess themselves before inviting stakeholders to comment, which is fine as long as stakeholders have a genuine chance to express their views and these views are then taken fully into account'¹.

There are 4 grades available under EDS2:

Red Under developed or lack of evidence
 Amber Developing
 Green Achieving
 Purple Excelling

¹ A refreshed Equality Delivery System for the NHS – EDS2 Making Sure That Everyone Counts November 2013

- Undeveloped is if there is no evidence one way or another for any protected group of how people fare or the majority of people in only two or less protected groups fare well;
- Developing if evidence shows that the majority of people in three to five protected groups fare well;
- Achieving if evidence shows that the majority of people in six to eight protected groups fare well;
- Excelling if evidence shows that the majority of people in all nine protected groups fare well.

7. EDS2 Outcomes and Actions Plan

The following table shows University Hospitals Birmingham NHS Foundation Trust's EDS2 Outcomes and Action Plan.

Goal	Number	Description of Outcome	Evidence In Place	RAG Rating	Future Actions
Better Health Outcomes	1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local communities	<ul style="list-style-type: none"> The Sage and Thyme communication skills workshops recommenced from March and remain open to all to attend. An additional Saturday morning workshop is being provided specifically for members of the Young Person's Council who are unable to attend the regular workshops due to school/college or work commitments. UHB now have patient representatives on Trust groups. Umbrella work with over 50 different community organisations delivering services throughout priority community groups across Birmingham and Solihull. This includes working with BME, homeless, substance misuse, mental health and survivors of sexual and domestic violence communities. Meeting arranged with Volunteer Coordinator from Crisis to investigate their clients accessing volunteering opportunities at QEHB Learning and sharing document has been introduced to share transferable learning from patient feedback and complaints to ensure lessons are learned trust-wide. 	Green Achieving	<ul style="list-style-type: none"> Patient and Public Involvement guidelines are being drawn up for staff to refer to when making changes to services. Please see update at http://www.uhb.nhs.uk/equality-and-diversity.htm Further information on the Chaplaincy team can be found in our Annual Equality report and at the following link http://www.uhb.nhs.uk/equality-and-diversity.htm UHB is currently in discussion with Places of Welcome, in order to have the Trust named as a Place of Welcome, to offer welcome to those from disadvantaged, isolated groups. http://www.placesofwelcome.org/about/ Working with colleagues to demonstrate healthy model of an Inclusive workforce.

Goal	Number	Description of Outcome	Evidence In Place	RAG Rating	Future Actions
	1.2	Individual people's health needs are assessed and met in appropriate and effective ways	<ul style="list-style-type: none"> • Umbrella has set up an interactive website where individuals can locate services, find out which services are most appropriate for their needs, book appointments and order self-sampling sexual health testing kits. UHB took over Sexual Health services (Umbrella) in August 2015 and during the first year there were 285,908 hits from 168,554 users on the Umbrella website, with 1,031,530 page views. Also during this period, 24,500 self-sampling kits were requested. • The named nurse for Learning Disability is updating training to include the use of Shareville, Birmingham City University's interactive learning initiative. http://shareville.bcu.ac.uk/index.php • Action for Blind People: to date, 16 Living with Sight Loss courses have been run at the QE overall. 12 of them were six day courses and 4 were a four day course. • Approximately, 169 adults with sight loss have attended the courses. In addition, on each course we have had between two or three carers attending. 	Green Achieving	<ul style="list-style-type: none"> • The Umbrella online booking is currently being updated, which will allow service users to choose where they want to attend and cancel appointments. • Provisional Living with Sight Loss courses being arranged for November, February and May. • Development of a rolling programme of mindfulness sessions as part of the Trust's Wellbeing agenda to support staff. Two Buddhist members of the Chaplaincy team have been employed to deliver these sessions. A pilot is planned for the Autumn 2016 and this service will be quality controlled and evaluated on an ongoing basis. • Investigating with Speech and Language team (SALT) to develop a volunteer role to support patients with Augmented communication needs.

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			<p>UHB supports the courses by ensuring they are on site and accessible to service users.</p> <p>https://actionforblindpeople.org.uk/support-and-information-page/support/living-with-sight-loss/</p> <ul style="list-style-type: none"> • UHB are currently working with Action for Blind People, supporting unemployed blind and partially sighted people to find job opportunities within the Trust. Short term placements will be funded by Royal National Institute of Blind People's Extending the Reach project. • Over the course of the last year, the QE multi-faith chaplaincy has extended its teaching programme amongst nursing, medical and therapy staff. This teaching has developed to better reflect the diversity within the city of Birmingham; particularly in relation to an understanding of spirituality and spiritual need in a health care context, dignity, end of life care and bereavement and care of the carer. • Use of the Chaplaincy Database to record referrals and Chaplaincy activity which ensures more efficient working and more effective care for patients and staff 		

Goal	Number	Description of Outcome	Evidence In Place	RAG Rating	Future Actions
			<ul style="list-style-type: none"> As part of the Carers agenda, staff are encouraged to identify Carers when the patient is admitted, or accessing services so they can be offered support and encouraged to be partners on their relatives care. 		
	1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	<p>In August 2015 the Improving Care for Teenagers and Young Adults Steering Group was established reporting to Care Quality Group chaired by the Executive Chief Nurse.</p> <ul style="list-style-type: none"> The shared vision of the group is to ensure that young people (16- 24 year olds) receive developmentally appropriate care and have access to relevant psychological and social support and services Aims of the group To introduce and share good practice related to young people (16 to 24 year olds) across the trust To increase awareness of the needs of young people (16 to 24 year olds) within specialties, clinical areas and non-clinical area <p>To establish an effective Young Person's Council</p>	Green Achieving	<p>http://www.uhb.nhs.uk/equality-and-diversity.htm</p> <p>Young Persons' Council are going to be developing surveys and feedback mechanisms for young people in hospital. They are also going to be developing web pages for young people, particularly focusing on transition from children's services.</p>

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			<ul style="list-style-type: none"> <li data-bbox="862 312 1386 432">• To standardise processes and procedures to support the transition of young people from external organisations <li data-bbox="862 469 1386 647">• The group has agreed on trust wide quality initiatives with a focus on engaging with speciality champions, and the wider external community as well as utilising Young Person’s Council to conduct patient experience surveys. <li data-bbox="862 684 1386 804">• Specialty leads have been identified across the Trust and an electronic survey is under development to review services. <li data-bbox="862 841 1386 960">• Transition from children to adult services for young people using health or social care services - NICE guidance NG43 <li data-bbox="862 997 1386 1272">• A baseline review of transition services at UHB is being led by Dr Helena Gleeson (Consultant Endocrinologist), in conjunction with speciality medical and nursing leads. A series of meetings with individual teams to assess compliance and to identify issues have taken place with a series of common themes being raised. <li data-bbox="862 1276 1386 1329">• The ongoing work streams required to address these issues will be channelled 		

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			<p>through the Improving care for Teenagers and Young Adults steering group with trust wide policies and procedures currently being developed.</p> <ul style="list-style-type: none"> • We are working collaboratively with Birmingham Children’s Hospital with regard to patients who are transferring from children’s to adult services. We are conscious that change from children’s to adult services can be extremely challenging for a young person. In order to smooth this transfer we invite the young person and their family into the hospital prior to any appointments or emergency admissions, ensuring that a Hospital Passport is completed. The Passport ensures that the young person’s individual needs are noted and that staff who meet them for the first time offer appropriate support by making reasonable adjustments if needed. • The Trust has a Strategic Working Party for the Development of Transitional and Young Adult Care at UHB ‘Improving Care for Teenagers and Young Adults Steering Group’ Introduction of a teenage and young adult volunteer befriending service called Saturday Social were volunteers from our Young Persons Council visit patients on Saturday 		

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			mornings to chat, undertake surveys, offer comfort pack whilst they are in hospital.		
	1.4	When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	<ul style="list-style-type: none"> • Learning and Development have robust training sessions in place covering Safeguarding adults and children into Corporate Trust Induction and support ongoing training requirements. Safeguarding training also forms part of the bespoke apprenticeship induction programme. • Robust mandatory training sessions on Safeguarding adults and children for all patient facing staff. • Patient leaflets on Safeguarding and responsibilities are available in all clinical areas. • All volunteers who have been with the Trust for longer than 3 years have had a repeat DBS undertaken as recommended in the Lampard Report (Savile Inquiry) 	Green Achieving	<ul style="list-style-type: none"> • Improving information for families for those patients who lack mental capacity. The current information is available on all wards and on the Trust's intranet. • Improving information for patients on domestic abuse, human trafficking and female genital mutilation. The current information is available on the Trust's intranet.
	1.5	Screening, vaccination and other health promotion services reach and benefit all local communities	<ul style="list-style-type: none"> • Umbrella commission sexual health services to be delivered through clinical settings, primary care settings and within the communities. This includes commissioning 97 pharmacies and 92 GP practices across Birmingham, as 	Amber Developing	<ul style="list-style-type: none"> • Cardiac rehabilitation will move out into the green spaces this year. • We will be working with The Conservation Volunteers in a two centre study to look at

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			<p>well as 8 clinic locations across Birmingham and Solihull.</p> <ul style="list-style-type: none"> • A further pharmacy procurement round has been completed and from 1 April 2017 there will be 133 pharmacies delivering Umbrella services across Birmingham. • Umbrella has developed an extranet for all of its partners. This is a password protected website where there will be a wealth of information about Umbrella for all those who are part of the network. This will include a calendar of training and events, useful materials, and directories to encourage collaborate working and improved referrals within the system. • Voluntary Services Manager trained to administer influenza vaccination to volunteers. Service to be expanded 2017/18 • Volunteers are able to access physiotherapy services and staff support services. • Green space work continues 		<p>improving outcomes for patients with chronic respiratory disease by using green prescribing</p> <ul style="list-style-type: none"> • We will work with the Urban Orchards project to further expand the orchards at UHB to make fresh fruit available to local people.
Improved patient access and experience	2.1	People, carers and communities can readily access hospital, community health or primary care services and	New temporary beds are in place with support from QEHB Charity. These beds will enable more relatives to stay overnight with their loved one.	Green Achieving	<ul style="list-style-type: none"> •L&D have introduced British Sign Language (BSL) introductory courses to enable patients who use BSL to have a positive experience and also for staff in promoting

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		should not be denied access on unreasonable grounds	<ul style="list-style-type: none"> • A Changing Place is being planned and funding sought to convert the existing accessible toilets behind WH Smith's in the Atrium. Plans are available. This work is being carried out in consultation with carers. • Guide Dogs: UHB have a rest area for guide dogs for blind or visually-impaired patients whilst they have an appointment. UHB volunteers have been trained to be sighted guiders so they can welcome blind or visually-impaired service users correctly and be able to assist them in navigating around the hospital. UHB have supported Guide Dogs in launching 'My Guide' aiming to help people with sight loss get out of their homes, reducing the isolation that many people with sight loss experience. • QEHB Voluntary Services is one of four organisations in Birmingham awarded a Guide Dogs Excellence Award for providing ongoing training to volunteers to support patients with sight loss and impairment. • Providing additional volunteers to support patients in the Ophthalmology Clinics at QEHB 		<p>patient care.</p> <ul style="list-style-type: none"> •L&D provide Guided/Sighted training for staff who may have patients that are blind and have a guide dog. This teaches staff how to engage with the dog and empowering the staff to seek reasonable adjustments for these patients. <p>Further information films are being produced in partnership with Communicate2U (drama group), local schools, Coventry University and Ambulatory Care using song and dance to address the concerns of people with learning disability about coming to the hospital for surgery and other procedures.</p>

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			<ul style="list-style-type: none"> • QEHB has signed up to John's Campaign for the right of people with dementia to be supported by their carers in hospital. http://johnscampaign.org.uk/#/ . • Work around supporting carers is in progress, there is particular focus on identifying who is a carer when patients are admitted or access a service for the first time. The Carers principles have been updated and a leaflet produced to inform Carers of the support they can receive as well as initiate a conversation around how much support they wish to give their relative during their hospital stay. • Sixty guest beds have now been provided using charitable funds. This means that all wards have access to one or more guest beds to meet their requirements. • Visiting times have been reviewed with a more flexible approach to visiting from April 2017 with hours expanded to 11am to 8pm. This will make it easier for a number of groups of visitors to visit at a time that suits them best. It also enables them to be partners in care where appropriate and to offer support at mealtimes for example which is 		

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			known to enhance nutritional intake for some patients.		
	2.2	People are informed and supported to be as involved as they wish to be in decisions about their care	<ul style="list-style-type: none"> • New communication boxes have been issued to Outpatients • The Learning and Development department deliver communication skills training to staff so that they can communicate better to patients, staff, colleagues and other visitors to the Trust. The team also provide upon request bespoke training courses to teams, which may be the result of patient feedback, incident etc. • The communication toolbox enables staff in wards to communicate with a diverse range of patients. • Feedback from patients who have had difficulty in accessing services due to communication issues has been used to drive improvements and enhance training for staff (see attached patient story). • Further detailed feedback is being sought from patients known to experience difficulty in communicating e.g. Audiology, Ophthalmology. 	Amber developing	<ul style="list-style-type: none"> • Charity funding requested to increase the numbers of communication boxes and Pictorial Communication Books available. • To continue to develop coaching and training support to staff, in order to enable them to confidently support and empower patients to be involved in their care. • To gradually embed the inclusion strategy within the revised training programmes • In accordance with the Accessible Information Standard, high level scoping and action plans have been put in place.
	2.3	People report positive experiences of the NHS	<ul style="list-style-type: none"> • L&D working with HR colleagues assisted with the promotion of “Black 	Green	

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			<p>History Month” with a member of the L and D team responsible for a display which received very positive feedback.</p> <ul style="list-style-type: none"> • Guide Dogs: UHB have a rest area for guide dogs for blind or visually-impaired patients whilst they have an appointment. UHB volunteers have been trained to be sighted guiders so they can welcome blind or visually-impaired service users correctly and be able to assist them in navigating around the hospital. UHB have supported Guide Dogs in launching ‘My Guide’ aiming to help people with sight loss get out of their homes, reducing the isolation that many people with sight loss experience. • QEHB Voluntary Services is one of four organisations in Birmingham awarded a Guide Dogs Excellence Award for providing ongoing training to volunteers to support patients with sight loss and impairment. • Providing additional volunteers to support patients in the Ophthalmology Clinics at QEHB • QEHB has signed up to John’s Campaign for the right of people with dementia to be supported by their carers in hospital. <p>http://johnscampaign.org.uk/#/</p>	<p>Achieving</p>	<ul style="list-style-type: none"> • Task and finish group established to meet the accessible information standard • Task and finish group established to pilot dining companions at mealtimes. • Task and finish group established to look at introducing a therapeutic dog visiting scheme. • Funding requested for next phase of Rio crockery to be introduced 2017. • Task and Finish Group to be relaunched with renewed focus on supporting feedback from these groups, feedback already being received to be collated and reviewed as a whole to drive improvements /identify areas of good practice. • Increase the number of patient stories/feedback from vulnerable/hard to reach groups of patients. • The feasibility of introducing patient support volunteers is being scoped – these

Goal	Number	Description of Outcome	Evidence In Place	RAG Rating	Future Actions
			<ul style="list-style-type: none"> • Increased training provision around communication skills, including an information portal, and a menu of training opportunities for staff of all levels. • Increased help for patients at mealtimes with the introduction of dining companions (Dietetics, Speech and Language Therapists and volunteers) and the red tray/jug system, which signals that patients need support when eating or drinking. • We have installed from review with Dieticians and SALT (Speech and Language Therapy), new menus reflecting a range of different ethnic food for patient meals. The review was set up from feedback from the Asian community from the chaplaincy. The review involved members of the public and a nominated supplier was rewarded from this collaboration. The menus have been in place since March 2015 and Catering have received no negative feedback since. The menu also improved the choice for Vegetarian Asian / Kosher / Afro Caribbean / Halal meat meals. • Dementia care Rio crockery which dementia patients have been more comfortable using due to their 		<p>volunteers would have enhanced training and would focus on supporting vulnerable patients e.g. in the Emergency Department. An appropriate scenario would include a frail elderly patient unaccompanied in the department. The volunteer could sit with and engage with the patient whilst they are waiting for the next stage of assessment/treatment, or whilst they are waiting for family to arrive.</p>

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			<p>familiarity with drinking from crockery rather than plastic cups, has improved the amount of fluid dementia patients drink in a day and has been installed on ten wards W1, W2, Bournville, Harborne, 410, 513, 514, 516, 517 and 518.</p> <ul style="list-style-type: none"> • Launch of a task and finish group scoping the best ways to obtain feedback from harder to reach groups e.g. those with cognitive impairment, children, patients with other language or communication barriers. • Introduction of volunteers to the OPAL team in CDU to collect and record information from patients with dementia and including family and friends. This will help to identify the patients likes, dislikes and help staff to provide patient centred care • Volunteers are knitting 'Twiddlemuffs' for patients with dementia. These give the patients something to fiddle with, helps reduce anxiety, destruction of property and also by using different wools, fabrics and decoration provides a sensory stimulation. Also helps keep hands warm in patients with poor circulation. • A survey has been implemented to 		

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			<p>obtain the views of patients who have gone through the Safeguarding process.</p> <ul style="list-style-type: none"> • Feedback has been obtained through patients stories from a patient being treated for the effects of substance misuse, the carer of a Learning Disability patient, and one experiencing difficulties with communicating pre, during and after cochlear implant surgery. • Governors and Patient Carer Council members visit wards and departments as part of Adopt a ward/department visits (PCC) and Governor drop ins to Outpatients (Governors) • Patient surveys collect demographic data. • Providing additional volunteers to patient experience team to collect patient experience surveys and Friends and Family tests. • A priority alert system is in place regarding patients who are regular attenders and who have complex needs. Electronic alerts are generated upon admission which enables support to be provided by senior staff to staff, the patient and their carers. 		

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			<ul style="list-style-type: none"> <li data-bbox="862 312 1386 1075">• Food and Clothes Bank - In partnership with The Trussell Trust and the hospital's Faith and Community Centre, the Trust is operating a food collection point to which members of staff, patients or visitors can donate food items to help those in real need. As a result of this partnership, staff will be able to use this resource by giving vouchers to patients who are in need of support. This may come in the form of a Trussell Trust referral voucher, which can be redeemed at a food bank for a three day supply of food, or out-of-hours, staff will be able to supply an emergency food box for those in need. The Trussell Trust food banks are about more than food. People who are referred to them are also offered practical and emotional support by sign posting other agencies, whether that is financial advice or counselling services or in some cases help with clothing. http://www.uhb.nhs.uk/food-and-clothing-bank.htm <li data-bbox="862 1114 1386 1321">• The Food bank collaboration expanded in October 2015 to include clothing donations. This enables staff to draw down a clothing parcel in addition to a food parcel for any patient assessed to be in need. We expanded and enhanced the collection points to 		

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			<p>provide three points across the trust for staff and visitors to donate.</p> <ul style="list-style-type: none"> • Increasing the number of volunteers to help with the collection of donations at to manage the clothing store, ensuring kept tidy, sizes labelled etc so that staff needing to access for patients can find what they need • Since the start of the Food and Clothes Bank, UHB staff have donated 777.1kg of food, the equivalent of 1689 meals, and 1800kg of clothes. • Feedback from patients has been fed into the consultation associated with the development and procurement of a new Transport provider to provide non-emergency transport. 		
	2.4	People's complaints about services are handled respectfully and efficiently	<ul style="list-style-type: none"> • Single point of access number for concerns/complaints introduced. • Complaint from a hearing impaired patient about the Trust's hearing induction hearing loops led to collaborative work between the broader Patient Experience team, Outpatients management, the Practice Development team and Facilities which involved audits of equipment in place, staff awareness and understanding 	Green Achieving	<ul style="list-style-type: none"> • Patient relations process mapping being undertaken to identify any improvements that can be made.

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			<p>including and plans to improve this.</p> <ul style="list-style-type: none"> • Annual survey in place to gain feedback from those who have used the complaints service to further improve the service. • Meetings are arranged to meet face to face where it is considered that this would be the best outcome for the person making the complaint. • Quality assurance checklist introduced as part of the complaints process. • Timeliness key performance indicator and flowchart in place with performance reported to performance review meetings and at Care Quality Group. 		
<p>Empowered, engaged and well-supported staff</p>	<p>3.1</p>	<p>Fair NHS recruitment and selection processes lead to a more representative workforce at all levels</p>	<ul style="list-style-type: none"> • Staff have their age, gender, marital status, sexual orientation, religion or belief, race and nationality recorded at the point of recruitment (through the monitoring form on the NHS Jobs website) and this information is updated on a regular basis from an annual data update and cleansing exercise. • All disabled applicants who meet the essential criteria detailed in the person specification are guaranteed an interview. 	<p>Amber Developing</p>	

Goal	Number	Description of Outcome	Evidence In Place	RAG Rating	Future Actions
			<ul style="list-style-type: none"> • L&D continue to run an Apprenticeship Programmes which offers a diverse range of options for young people. This is just one way the team is helping to introduce new blood into the trust. Since the scheme was implemented here UHB have had 550 apprentices and in 2017 expects to achieve a further 73 against a target of 71. • L&D run a “Work Experience Programme” so that young people can experience what it’s like to work in the NHS. This is also linked to a schools programme and so far 393 young people have taken part. <p><u>The Learning Hub</u></p> <ul style="list-style-type: none"> • Youth promise Plus: From June 16 onwards the focus for the Learning Hub has been the delivery of the Youth Promise Plus Initiative. This is a ESF funded B ’ham and Solihull wide contract which UHB is the lead partner within the Healthcare Consortium. The aim of the project is to engage with 15-29 year olds who are NEET and considered to have multiple disadvantages. Within this Financial year we have delivered the following courses: 		<ul style="list-style-type: none"> • The YPP project will continue until July 2018. • We will be applying for funding via the DWP “Dynamic Purchasing System” in the first quarter of the year. Funding will be allocated to those providers who demonstrate that they can help with the most “Significant disadvantaged clients”.

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			<ul style="list-style-type: none"> • Prince’s Trust “Get Into Hospitals” 7 courses • Innovate 8 courses • Apprenticeship PET 3 courses • Building Health 1 course • Functional Skills 1 course • Rise 1 course <p>This has resulted in 261 young people starting on one of the above programmes.</p> <ul style="list-style-type: none"> • Intervention Workers: We are working in partnership with Trident Reach to second and IW to UHB who will support young patients via part of the “Project for the teenage and young people group”. Trident Reach are current advertising this role and it is hoped the successful applicant will be in place by March. <ul style="list-style-type: none"> • Total Job out puts for 2016/2017: To date the learning Hub has supported 120 into evidenced employment with a further 30 conditional offers. <ul style="list-style-type: none"> • New Engagements: The learning Hub has been invited to several meetings chaired by Head of 		

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			<p>Inclusion, Engagement and Wellbeing to discuss whether the courses offered meet the needs of specified disc=advantaged groups these include:</p> <ul style="list-style-type: none"> • B’ham Social services - Based on evaluation from previous RISE intakes we are working with BCC to see how we can streamline the programme to make it more accessible for care leavers and to look at how we can integrate with other groups to create a vertical tutoring environment • UHB Senior Assertive Sexual Health Outreach Practitioner – We attended a meeting to discuss how we can start to work with “Sex Workers” and support them into employment within the NHS. The Learning Hub were referred 2 ladies and both were offered spaces on our Building Health Programme. Unfortunately one of the ladies dropped off the programme as she feel she could commit however the second lady completed the programme and has since been given a conditional offer for a Nursing Asst post at UHB. • Crisis – Following a meeting with the Employment Worker at Crisis we delivered an “Employers Career 		

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			<p>Workshop” for 6 of their clients in November. The session included some careers advice on the many support and entry level roles within the NHS, information on applications and a tours around the hospital. Feedback from the Employment Worker was positive and we have agreed to host further workshops in the future.</p> <ul style="list-style-type: none"> • QEHB is working in partnership with a local school, Harborne Academy, to pilot a volunteer enrichment programme with year 12 and 13 students in 2016/17. The students will attend for 2 hours per week on a Wednesday afternoon and initially will be placed with the Dignity Team and as part of the Welcoming Team. They have had to undergo the NHS recruitment process. The initial cohort of students are undertaking a Health and Social Care A' Level, but after evaluation if the pilot goes forward, the opportunity will be opened to other year 12 and 13 students undertaking different courses. One of the aims of the programme is to give young people the opportunity to volunteer in the current Health Care Environment and to start to future proof our work force for those not going on to further education. 		

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	3.2	The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations	<ul style="list-style-type: none"> The Trust assesses senior manager and director salaries on an annual basis to ensure there are no gender pay gaps. The Trust utilises Agenda for Change job evaluation which has been legally found to underpin equal pay for work of equal value principles. 	Green Achieving	
	3.3	Training and development opportunities are taken up and positively evaluated by all staff	<ul style="list-style-type: none"> UHB is working to ensure that its HR processes and policies are fair and transparent by design and application. L&D support these initiatives by ensuring the training interventions it designs and delivers supports the inclusive aspirations of the Trust. In 2017 inclusion will be added to the Human Resources Managers course 'Recruitment and Selection'. Statistical data relating to appraisals and mandatory training is recorded and reported to the CCG on a monthly basis. Current trust wide performance for Mandatory Training which incorporates appraisals is currently over 90%. <p>1724 staff have attended some form of E and D/Inclusion training in 2016. In addition to this information is available for staff to access via the internal</p>	Green Achieving	<ul style="list-style-type: none"> Inclusion to be formally included in Trust Corporate Induction and Mandatory Training events, this session will be reviewed utilising the voting pads. L&D will further reinforce our association with Stonewall in the training/documents etc that are delivered. L&D will deliver short inclusion sessions, exploring unconscious bias in recruitment (this will form part of the recruitment and selection training). L&D will include Inclusion session in the Apprenticeship programme (new apprentices joining UHB)

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			<p>intranet site. In addition all staff receive an annual leaflet with regards to equality and diversity/inclusion.</p> <ul style="list-style-type: none"> • L&D deliver E&D session (monthly) which now includes elements of Inclusion. The E&D sessions aims for learners are to appreciate the difference between Equality, Diversity, Human Rights and legalisation (Equality Act 2010), recognise discrimination and oppression and how that operates in society on personal, cultural and structural levels, see how by incorporating UHB Trust Values and vision and the legal framework that this protects groups from discrimination • Staff survey 2016: the quality of non-mandatory training, learning or development is in the best 20% for acute trusts. 		<ul style="list-style-type: none"> • L&D will continue working in partnership with NHS Elect the team and have also produced an inclusion DVD which will form part of many of the training programmes. This DVD explores how patients, staff and other users of the NHS can experience unconscious bias and micro messages when using NHS service. • Autism awareness sessions were introduced for staff to attend in January 2017. • Learning and Development (L&D) have developed a half day inclusion programme planned to be delivered regularly during 2017 – commencing from February 2017 • L&D will continue the delivery of Inclusion to new senior managers during their induction and other training programmes • L&D will continue to be active members of HEE WM inclusion network group and strategy

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					<p>group (an inclusion event across the region is being planned for the Spring of 2017). The Trust Lead for inclusion is also a member of this group.</p> <ul style="list-style-type: none"> To continue to monitor course attendance and evaluation feedback to ensure that all training delivered is fit for purpose and is inclusive to all staff.
	3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source	<ul style="list-style-type: none"> Staff survey results show 14% of staff report that they have experienced physical violence from patients, relatives or the public in the last 12 months; This is 1% lower than the average for acute trusts. 	Green Achieving	<ul style="list-style-type: none"> Action points to improve response rates should be considered as a result of the Trusts last staff survey, encouraging staff to update protected characteristic data held on ESR. A full staff survey report will be presented to Chief Executives team Brief and action plans presented to the Chief Operating Officer
	3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	<ul style="list-style-type: none"> Work life balance policy - any employee can request flexible working arrangements; however, all requests will be subject to the need to deliver high quality service to patients. 17% of staff who took part in the Staff Survey reported working part-time. 	Green Achieving	<ul style="list-style-type: none">
	3.6	Staff report positive experiences of their	<ul style="list-style-type: none"> Staff survey results from 2016 put the Trust in the top 20% of acute Trusts in 	Amber Developing	<ul style="list-style-type: none"> Policy supporting trans patients

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		membership of the workforce	<p>terms of staff recommendation as a place to work or receive treatment.</p> <ul style="list-style-type: none"> • UHB are currently working with Stonewall as part of the Diversity Champions programme so the Trust can be placed on the Stonewall Equality Index and work towards improving the working environment of LGBT staff. In the Index for 2017 UHB were ranked 339 out of 439. • Voluntary Services are increasingly engaging with volunteers, using a make every contact count approach. Each time a volunteer is met or seen, the team enquire how they are getting on in their role and if they have any issues. This is recorded and any issues are followed up on. New volunteers are also contacted within six weeks of commencing their volunteer placement by a volunteer to see how they are getting on and if they need any extra support. This has improved retention and turnover of volunteers, with fewer leaving their roles.+ 		and staff is being finalised and should be approved in April 17.
Inclusive leadership at all levels	4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their	<ul style="list-style-type: none"> • Inclusion (previously Equality and Diversity) forms an integral part of all of the Trust induction programmes and recruitment and selection practice. Inclusion training sessions are 	Amber Developing	

Goal	Number	Description of Outcome	Evidence In Place	RAG Rating	Future Actions
		organisations	advertised via the internal Trust Education website and in addition bespoke training courses are provided by the team.		
	4.2	Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed	•	Amber Developing	
	4.3	Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	•	Green Achieving	•