1. Purpose of Report (Including link to objectives)

The Trust has a statutory obligation under the Equality Act 2010 to publish equality objectives. This report enables the Trust to fulfil this obligation, detailing the four equality objectives that have been identified by the Equality and Diversity Committee for 2013/14.

2. Summary of Key Issues for Discussion

The Equality Delivery System (EDS) requires NHS organisations to assess their equality performance against 18 outcomes grouped under the following 4 goals:

- Better health outcomes for all;
- Improved patient access and experience;
- Empowered, engaged and inclusive staff;
- Inclusive leadership.

As a result of the grading exercise undertaken in January 2013, the Equality and Diversity Committee has identified four key equality objectives for 2013/14:

(1) Further develop meaningful engagement with staff, service users, carers and the local community to improve and align Trust services to meet the needs of the local population.

(2) Develop culturally competent and empowered staff, aware that it is the responsibility of every person to act in ways that support equality and diversity.

(3) Ensure that the revised Leadership and Management Development Strategy addresses leadership at all levels, with a clear focus on equality.

(4) Build on progress made to date; ensuring equality data is collected and used for the provision of services across all activities.

A number of supporting action plans have also been developed by the Equality and

Appendices:
1: Equality Objectives 2013/14
2: Equality Delivery Scheme – Grading Assessment
3: Equality Objectives 2013/14 Action Plan
4: Age Discrimination Action Plan
5: Equality Analysis Audit Action Plan
6: Equality Monitoring Report Action Plan
Diversity Committee to address various work streams in support of the public sector duties within the Equality Act 2010:

- Age Discrimination - raising awareness action plan;
- Equality Analysis audit - action plan;
- Equalities Monitoring - action plan.

A full review of progress against these four objectives and supporting action plans within a new Equality and Diversity Strategy which is being prepared will take place at the next “Showcasing Equality” event in January 2014.

3. **Recommendations (Note, Approve, Discuss etc)**

   Trust Board is asked to:
   - note and approve the four equality objectives identified as part of the EDS process;
   - support their inclusion, plus other supporting action plans, within an Equality and Diversity Strategy;
   - be assured that progress against these objectives and underpinning action plans will be reviewed annually, as part of the “Showcasing Equality” programme each January.

4. **Care Quality Commission Regulations (which apply)**

   Outcomes 12,13 and 14

5. **Legal / Regulatory Implications / NHS Constitution (NHSLA / ALE etc)**

   NHSLA standards 1, 2, 3,5,

6. **Risk (Threats or opportunities link to risk on register etc)**

   The Trust must ensure that it meets the requirements of the statutory public sector equality duty (Equality Act 2010) and the statutory duty to consult and involve patients and empower, engage and include staff (NHS Act 2006) by showing evidence of achievements.

7. **NHS Constitution**

   - To provide a comprehensive service to all, irrespective of gender, race, disability, age, sexual orientation, religion or belief;
   - Fulfilling the duty to each individual that we serve by respecting their human rights;
   - Promoting equality through our services giving due regard to groups or sections of society where improvements in health or life expectancy are not keeping pace with the rest of the population.

8. **Resources Implications (Financial / staffing)**

   Whilst EDS is free at point of use, there will be on-going financial implications in terms of:
   - Developing and implementing engagement work, agreeing objectives and
performance;

- Participating in regional clusters of NHS Trusts for good practice and peer support.

9. **Equality and Diversity**

Ensuring legal compliance may save money by avoiding costly discrimination cases, there

10. **Communication**

A communication plan will be included as part of the development of an Equality and Diversity Strategy, in place of the Single Equality Scheme, to be signed off by the Equality & Diversity Committee in July 2012.

11. **References to previous reports**

Equality and Diversity Monitoring Report – 8 August 2012

12. **Freedom of Information**

Public.
Appendix 1

Equality Objectives 2012/13

1. Introduction

1.1 The Trust has a statutory obligation under the Equality Act 2010 to publish equality objectives. This report enables the Trust to fulfil this obligation, detailing the four equality objectives that have been identified by the Equality and Diversity Committee for 2013/14.

1.2 The report also highlights a number of work streams that have been developed by the Equality and Diversity Committee, to raise awareness and support delivery of our Public Sector Equality Duty.

2. Background

2.1 The Equality Act 2010 introduced the Public Sector Equality Duty which came into force on the 5 April 2010. This Duty applies to all public authorities and brings together previous gender, race and disability duties and extends the protection from discrimination on the basis of nine ‘protected characteristics’ comprising age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation and marriage or civil partnership.

2.2 The Public Sector Equality Duty encourages us to engage with the diverse communities affected by our activities to ensure that policies and services are appropriate and accessible to all and meet the different needs of the communities and people we serve.

2.3 Equality considerations must therefore be reflected in the design of all policies and the delivery of all services. In short, the Trust must have due regard of the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010;
- advance equality of opportunity between people who share a protected characteristic and those who do not;
- foster good relations between people who share a protected characteristic and those who do not (this includes tackling prejudice and promoting understanding).

2.4 Having due regard means that we must take account of these three aims as part of our decision making processes; in how we act as an employer, how we develop, evaluate and review policy, how we design, deliver and evaluate services, and how we commission and buy services from others.
2.5 It also requires the Trust to consider the need to:

- remove or minimise disadvantages suffered by people due to their protected characteristics;
- meet the needs of people with protected characteristics;
- encourage people with protected characteristics to participate in public life or in other activities where participation is low.

2.6 Complying with the general duty may mean that we treat some people differently than others; this will be to ensure we meet their needs as far as this is allowed in discrimination law. It also explicitly recognises that disabled people’s needs are different from those of non-disabled people. This may mean making reasonable adjustments for them or providing services in a different way to make sure they achieve the same outcomes from our services.

2.7 The general duty is also underpinned by a number of specific duties which include the need for us to:

- set specific, measurable equality objectives;
- analyse the effect of our policies and practices on equality and consider how they further the equality aims; and
- publish sufficient information to demonstrate we have complied with the general equality duty on an annual basis.

2.8 Many of the standards set out by the Care Quality Commission (CQC) are focused around equality, diversity and human rights, and the work undertaken to develop equality objectives through the EDS process will help us to continue to achieve these.

3. Key Issues

3.1 The purpose of the EDS is to drive up equality performance and embed equality into mainstream NHS business, so achieving demonstrable compliance with both the general and public sector duties within the Equality Act 2010.

3.2 Central to the EDS are its objectives and outcomes; NHS organisations are required to assess their equality performance against 18 outcomes grouped under the following 4 objectives:

- Better health outcomes for all
- Improved patient access and experience
- Empowered, engaged and inclusive staff
- Inclusive leadership
3.3 The Trust formally reviewed its evidence against the goals within the EDS in January 2013. These events enabled the Trust to demonstrate very effectively what work is currently being undertaken in relation to equality and diversity (Appendix 2).

3.4 Based on the grading of our EDS evidence, the Equality and Diversity Committee has identified four key equality objectives for the forthcoming year:

(1) Further develop meaningful engagement with staff, service users, carers and the local community to improve and align Trust services to meet the needs of the local population;

(2) Develop culturally competent and empowered staff, aware that it is the responsibility of every person to act in ways that support equality and diversity.

(3) Ensure that the revised Leadership and Management Development Strategy addresses leadership at all levels, with a clear focus on equality;

(4) Build on progress made to date; ensuring equality data is collected and used for the provision of services across all activities.

Detailed action plans are in place to support the delivery of these equality objectives (Appendix 3).

3.5 Whilst the provisions prohibiting age discrimination within employment have been in place since 2011, since 1st October 2012 it is now illegal to discriminate, victimise or harass a person on the grounds of age when providing, commissioning and planning services.

If a member of the public aged 18 or over believes that they have been treated less favourably because of age, they will be able to take organisations or individuals to court and may be awarded compensation. A case could be taken against health organisations (such as hospitals or commissioning bodies), individual clinicians (e.g. consultants, GPs or other health professionals) or others working in the health sector (such as managers).

However, positive use of age in an continue and the Act does not prevent differential treatment on the basis of age where this is objectively justified, and when it is right and beneficial to do so.

An action plan has been developed by the Equality and Diversity Committee to raise awareness regarding this new piece of legislation (Appendix 4), but for further information go to: Ban on Age Discrimination in the NHS.pdf
3.6 The Trust has a duty to analyse the effects of its policies and practices on equality across all nine protected characteristics. This equality analysis helps identify whether polices and practice are having any unintended consequences for some groups, ensures that they are fully effective for all target groups, identifies any practical steps to tackle negative effects or discrimination, and has the potential to promote equality and foster good relations between different groups.

A recent audit undertaken by Price Waterhouse Cooper identified three medium risks within this process, for which specific actions have been agreed by the Equality and Diversity Committee (Appendix 5).

3.7 The Trust has a statutory obligation under the Equality Act 2010 to publish information to demonstrate compliance with the general Equality Duty annually, including information relating to employees and others affected by policies and practices who share a protected characteristic. For further information go to: Equality Monitoring Report 2012.pdf

In response to the issues raised within this report, an action plan has been developed by the Equality and Diversity Committee (Appendix 6).

4. Conclusion

4.1 These equality objectives and the supporting action plans to address the Trust’s public sector equality duty will now be incorporated within an Equality and Diversity Strategy, with a full review of progress at our next “Showcasing Equality” event in January 2014.

5. Recommendations

5.1 Trust Board is asked to:

- note and approve the four equality objectives identified as part of the EDS process;
- support their inclusion plus additional action plans within an Equality and Diversity Strategy;
- be assured that progress against these objectives and underpinning action plans will be reviewed annually, as part of the “Showcasing Equality” programme each January.
Appendix 2

The NHS Equality Delivery System (EDS) – Grading Assessment

The Trust, with the support of staff members and service users, has graded itself by considering the goal, narrative and outcomes in accordance with the internal grading criteria of the EDS. This self-assessment has been supported by external users.

Grading Criteria:
- Excellent: evidence covers all 9 protected characteristics
- Achieving: evidence covers all 6-8 protected characteristics
- Developing: evidence covers all 3-5 protected characteristics
- Underdeveloped: evidence covers 2 or less protected characteristics
- Not Applicable

Protected groups are: Age; Disability; Gender Reassignment; Race; Religion or Belief; Sex; Sexual Orientation; Pregnancy & Maternity; Marriage & Civil partnership

1. Better Health Outcomes:

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities.</td>
<td></td>
</tr>
<tr>
<td>1.2 Individual patients health needs are assessed and resulting services provided in appropriate and effective ways.</td>
<td>achieving</td>
</tr>
<tr>
<td>1.3 Changes across services for individual patients are discussed with them and transitions are made smoothly.</td>
<td>achieving</td>
</tr>
<tr>
<td>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.</td>
<td>achieving</td>
</tr>
<tr>
<td>1.5 Public health, vaccination and screening programmes reach and benefit all local communities and groups</td>
<td></td>
</tr>
</tbody>
</table>

2. Improved patient access and experience.

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 Patients, carers and communities can readily access services and should not be denied access on unreasonable grounds.</td>
<td>achieving</td>
</tr>
<tr>
<td>2.2 Patients are informed and supported to be as involved as they wish in their diagnosis and decisions about their care and to exercise choice about treatments and places of treatment.</td>
<td>developing</td>
</tr>
<tr>
<td>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.</td>
<td>developing</td>
</tr>
<tr>
<td>2.4 Patients and carers complaints about services and subsequent claims for redress should be handled respectfully and efficiently.</td>
<td>achieving</td>
</tr>
</tbody>
</table>

3. Empowered, engaged and well supported staff.

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>achieving</td>
</tr>
<tr>
<td>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</td>
<td>achieving</td>
</tr>
</tbody>
</table>
entitled to equal pay.

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.

3.4 Staff are free from abuse, harassment, bullying and violence from patients or relatives and their colleagues, with redress being open and fair to all.

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).

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.

4. Inclusive leadership at all levels.

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>developing</td>
</tr>
<tr>
<td>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.</td>
<td>developing</td>
</tr>
<tr>
<td>4.3 The organisation uses the ‘Competency Framework for Equality and Diversity Leadership’ to recruit, develop and support strategic leaders to advance equality outcomes.</td>
<td>under developed</td>
</tr>
</tbody>
</table>
# Equality Objectives 2013/14 Action Plan

## Objective 1 - Data collection and usage:

*Build on progress made to date; ensuring equality data is collected and used for the provision of services across all activities.*

<table>
<thead>
<tr>
<th>Actions</th>
<th>Who</th>
<th>When</th>
<th>Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capturing data for all 9 protected characteristics on:</td>
<td>SLM HOPE</td>
<td>Dec 13</td>
<td>Trust will be able to provide data for all 9 protected characteristics.</td>
</tr>
<tr>
<td>- Access to services;</td>
<td>DDHR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Patient experience levels and complaints;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Workforce.</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

## Objective 2 - Engagement with staff and local interest groups

*Further develop meaningful engagement with staff, service users, carers and the local community to improve and align Trust services to meet the needs of the local population.*

<table>
<thead>
<tr>
<th>Actions</th>
<th>Who</th>
<th>When</th>
<th>Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>For service users, carers and the local community:</td>
<td>SLM HOPE</td>
<td>Dec 13</td>
<td>Successful relationships built with interest groups from all 9 protected characteristics; number of Equality Impact Assessments that include confirmation of interest groups involvement; register of interest group relationships established and positive feedback received.</td>
</tr>
<tr>
<td>- Identifying key interest groups to engage with;</td>
<td>DDHR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Interest Groups and service users to be involved in service change planning and resourcing decisions, where appropriate;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Raise profile of the importance of Equality information with service users, confidentiality, use and benefits of providing relevant, personal information.</td>
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</tbody>
</table>

For Employees:

- Raising profile, visibility and awareness across the

<table>
<thead>
<tr>
<th>Who</th>
<th>When</th>
<th>Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>SLM DDHR</td>
<td>Dec 13</td>
<td>Training information, Staff Survey, Service User and Employee data quality.</td>
</tr>
</tbody>
</table>
Trust regarding equality and diversity;
- Regular communication about equality related matters using communication;
- channels such as the Equality and Diversity Committee, Patient Experience Group;
- Raise profile of the importance of Equality monitoring information.

**Objective 3 - Culturally competent and empowered staff**

*Develop culturally competent and empowered staff, aware that it is the responsibility of every person to act in ways that support equality and diversity.*

<table>
<thead>
<tr>
<th>Actions:</th>
<th>Who</th>
<th>When</th>
<th>Measure</th>
</tr>
</thead>
</table>
| (KSF1) Act in ways that support equality and value diversity: | SLM HOPE DDHR ADLD | Dec 13 | Positive indications:  
- patients/public/partners, colleagues and staff feel fairly treated;  
- people feel confident in speaking up if they feel there is bias in a system or process of if they feel they have witnessed bias, prejudice or intolerance;  
- staff understand what diversity is and why it is important. |
| (KSF2) Support equality and value diversity: | | | Warning signs:  
- high level of staff and patient or wider public complaints about unfair treatment, bias or discrimination;  
- policies and procedures only exist in writing with little application in day to day activity;  
- bias in the application of processes affecting equality of outcome. |
| (KSF3) Promote equality and value diversity: | | | }
- actively acts as a role model in own behaviour and fosters a non-discriminatory culture;
- promotes equality and diversity in own area and ensures policies are adhered to;
- manages people and applies internal processes in a fair and equal way.

(KSF4) Develop a culture that promotes equality and values diversity:
- actively promotes equality and diversity
- monitors and evaluates the extent to which legislation and policies are applied
- monitors and act on complaints around equality and diversity
- actively challenges unacceptable behaviour and discrimination
- supports people who need assistance in exercising their rights.

Objective 4 - Demonstrate leadership in Equality and Diversity

Ensure that the revised Leadership and Management Development Strategy addresses leadership at all levels, with a clear focus on equality

<table>
<thead>
<tr>
<th>Actions:</th>
<th>Who</th>
<th>When</th>
<th>Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop leadership:</td>
<td>ADLD</td>
<td>Dec 13</td>
<td>Leadership and Development Strategy revised and re-launched, with a clear focus on equality.</td>
</tr>
<tr>
<td>• that is inclusive and reflective of the communities we serve and the workforce we lead;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• puts innovation at the heart of the way the Trust operates;</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
which listens and engages staff in decisions that affect them and the services they provide;

continuously develops best practice.
# Age Discrimination Action Plan

<table>
<thead>
<tr>
<th>Actions:</th>
<th>Who</th>
<th>When</th>
<th>Progress</th>
<th>RAG</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Integrate “age” case studies information into existing Equality &amp; Diversity training.</td>
<td>ADL&amp;D</td>
<td>Apr 13</td>
<td>Progress update next Equality &amp; Diversity Committee meeting (May 13)</td>
<td>amber</td>
</tr>
<tr>
<td>2. Submit paper to Management Board on Age Discrimination regulations.</td>
<td>DDHR</td>
<td>Mar 13</td>
<td>Complete</td>
<td>green</td>
</tr>
<tr>
<td>3. Equality Objectives 2013/14</td>
<td>DDHR</td>
<td>Mar 13</td>
<td>Complete</td>
<td>green</td>
</tr>
<tr>
<td>4. Conduct analysis of Meridian data to identify potential age discrimination risks.</td>
<td>HOPE</td>
<td>Aug 13</td>
<td>Progress update next Equality &amp; Diversity Committee meeting (May 13)</td>
<td>amber</td>
</tr>
<tr>
<td>5. Apprenticeships – promote with suite of info</td>
<td>ADL&amp;D</td>
<td>Apr 13</td>
<td>Incorporate proposal within the draft 2013/14 workforce plan, to be reviewed by Strategic Workforce Committee (Apr 13)</td>
<td>amber</td>
</tr>
<tr>
<td>6. Bevan Britten briefing on age discrimination update.</td>
<td>DDHR</td>
<td>Jan 13</td>
<td>Deferred due to operational commitments. Revised session to be arranged in new financial year</td>
<td>red</td>
</tr>
<tr>
<td>7. Patient Story to Trust Board addressing &quot;age&quot;</td>
<td>HOPE</td>
<td>Dec 12</td>
<td>Complete</td>
<td>green</td>
</tr>
<tr>
<td>8. Patient and Carer Strategy 2012/15</td>
<td>HOPE</td>
<td>Nov 12</td>
<td>Complete</td>
<td>green</td>
</tr>
<tr>
<td>9. Equality Delivery System audit</td>
<td>DDHR</td>
<td>Sep 13</td>
<td>Complete</td>
<td>green</td>
</tr>
</tbody>
</table>

**KEY:**
- ADLD: Associate Director of Learning & Development
- DDHR: Deputy Director of HR
- HOPE: Head of Patient Experience
- SLM: Service Line Management Groups
# Appendix 5

## Equality Analysis Audit Action Plan

### 1. Depth of equality analysis performed by service – control design

**Risk:** Equality issues for services are not addressed appropriately on a regular and consistent basis.

<table>
<thead>
<tr>
<th>Medium Risk</th>
<th><strong>Agreed action:</strong> The Trust will refresh the Equality Impact Assessment Policy and re-launch it to clarify when an equality impact assessment is required, and how much detail is needed to support it.</th>
<th><strong>Responsible person / title:</strong> Head of HR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Target date:</strong> 30 September 2013</td>
<td></td>
</tr>
</tbody>
</table>

### 2. Training provided to staff on EDS and equality analysis – control design

**Risk:** Staff do not understand the requirements of an EIA and potential equality issues in relation to service developments are not appropriately assessed.

<table>
<thead>
<tr>
<th>Medium Risk</th>
<th><strong>Agreed action:</strong> The Equality Impact Assessment Policy and re-launched and the current provision of training will be considered in undertaking this revision.</th>
<th><strong>Responsible person / title:</strong> Head of HR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Target date:</strong> 30 September 2013</td>
<td></td>
</tr>
</tbody>
</table>

### 3. Equality related action plans are not appropriately monitored – operating effectiveness

**Risk:** Identified actions in relation to equality issues are not appropriately addressed.

<table>
<thead>
<tr>
<th>Medium Risk</th>
<th><strong>Agreed action:</strong> The Equality Impact Assessment Policy will be refreshed and re-launched to ensure that action plans are documented to address any weaknesses identified in the EIA and these should be specific; indicating the level of actions to be taken, the timescales in which the actions should be performed and the individual responsible for ensuring the actions are performed. Divisional managers are ultimately responsible regarding how actions are taken forward as part of the equality impact assessment process in their respective areas, and this responsibility will be reflected in the revised policy.</th>
<th><strong>Responsible person / title:</strong> Head of HR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Target date:</strong> 30 September 2013</td>
<td></td>
</tr>
</tbody>
</table>
### Equality Monitoring Report Action Plan

<table>
<thead>
<tr>
<th>Actions:</th>
<th>Who</th>
<th>When</th>
<th>Progress</th>
<th>RAG</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. To increase diversity of employment (reduce discrimination process) of female consultants, male nurses, BME staff and young people through recruitment advertising, 6th form colleges, Recruitment &amp; Selection training</td>
<td>DDHRD</td>
<td>Apr 13</td>
<td>Recruitment Manager appointed Feb 13. Recruitment Plan to underpin 2013/14 Workforce Plan Workforce Plan to be signed off at Strategic Workforce Committee Apr 13</td>
<td>amber</td>
</tr>
<tr>
<td>2. Raise awareness of the importance of collecting statistics concrete examples of positive actions and remove “undefined” category from forms/templates.</td>
<td>HOPE SLM DDHR</td>
<td></td>
<td>Issue to be addressed as 2013/14 quality objective, with inclusion of revised statistics within draft Equality and Diversity Strategy as part of annual monitoring of equalities information.</td>
<td>amber</td>
</tr>
<tr>
<td>3. Promote BME career development</td>
<td>ADLD</td>
<td>Jan 13</td>
<td>Survey of BME staff undertaken. Report for further action scheduled for next Equality &amp; Diversity Committee (May 13)</td>
<td>amber</td>
</tr>
<tr>
<td>4. Celebrate all religions</td>
<td>HOPE</td>
<td></td>
<td>Proposal to refurbish Chapel to enable it to become a multi faith room for consideration at next Equality &amp; Diversity Committee (May 13)</td>
<td>amber</td>
</tr>
<tr>
<td>5. Promote flexible retirement options</td>
<td>DDHR</td>
<td>Apr 13</td>
<td>To be implemented following assessment of hot spot areas within the 2013/14 Workforce Plan</td>
<td>amber</td>
</tr>
<tr>
<td>6. Investigate bullying and harassment of younger employees.</td>
<td>DDHR</td>
<td>Jun 13</td>
<td>Bullying and Harassment Policy and associated workforce statistics to be reviewed at TCNC Policy Group in May 2013</td>
<td>amber</td>
</tr>
</tbody>
</table>

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