

# Equality and Inclusion Annual Report



## Accessibility Statement

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## Message from the Chair and Chief Executive

We are immensely proud to work for University Hospitals of Leicester where patients and their families, staff and stakeholders feel valued and are at the heart of our work. We are one of the largest Trusts in the country and committed to provide 'caring at its best'.

Our Trust consists of dedicated staff who come from a range of diverse backgrounds. They help in our continued efforts to be the best in providing inclusive services and promoting the equality agenda, reducing inequality within the wider health economy. Our strong equality ethos is embedded within all our day to day work and we strive to address any barriers to access services and improve our hospitals for everyone. This puts excellent clinical performance and patient experience at the centre of our work.

We are personally committed to driving the equality agenda within the Trust. This is at the centre of the Trust's work with transforming services to ensure that our most vulnerable patients and their families are involved in decisions about their care and changes to services that affect them.

We would like to thank all the patients, their families, carers and staff that help to make the Trust welcoming and inclusive. The work of all staff contribute to the difference we make to patients and our wider communities.

Our newly formed Equality and Diversity Board is instrumental in driving our equality agenda with particular focus during 2018/19 on ensuring our workforce are at the forefront of inclusive work practices and that our Trust is a happy and vibrant place to work.

Whilst we as a Trust recognise that we are required to meet legal duties under legislation, we are focused on creating a hospital trust that celebrates differences are reflected in everything we do.

As we enter into 2020, we acknowledge that there is significant work to be accomplished to further embed equality and improve our services to our local communities and beyond. The Equality and Diversity Board will strive to drive this forward.

We are proud of the achievements made in the last year to improve our Trust and take pleasure in sharing these in this report.



**Chair of UHL Board**



**John Adler - Chief Executive of UHL**

## Executive Summary

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Our Trust is proud of its work to promote and embed the equality agenda across all of its work with patients, their families, staff and stakeholders. The Trust continues to build in its excellent reputation for promoting the equality agenda and providing a high standard of care for its patients.

2018/19 has been a year of change and challenge for the Trust as we work in collaboration with partner organisations as part of "Better Care Together" to transform care. This will significantly shape how services are delivered in the future and we will continue to involve our communities to better understand all their needs and hear their views. In partnership, we aim to reduce health inequalities and meet the needs of a growing and ageing population with increasing health needs.

The trust's commitment to the equality agenda is evidenced in the improvements made during 2018/19 and work following the recommendations from the CQC inspection in January 2018. This has led to improvements in governance processes, policies, procedures and support for patients, their families and staff. During 2018/19 the Trust has met the equality requirements contained within equality and related legislation. This also includes mandated requirements from NHS England. This work has led to the following improvements:

- Improvements to give greater scrutiny within governance structures with the establishment of an Equality and Diversity Board
- Improved support for Black, Asian and Minority Ethnic staff (BAME)
- Improved information on equality and inclusion for staff working system wide, across Leicester, Leicestershire and Rutland
- Improved support through NHS Employers Equality and Diversity Partners Programme
- Targeted leadership development
- Improved recruitment and selection practices
- Improvements for consistent implementation of the mandated NHS Accessible Information Standard
- Improvements for meeting communication needs of patients through translation services and patient information provided by the Trust
- Bespoke Equality and Diversity Interventions

Our equality objectives are aligned to the Equality Delivery System devised by NHS England and are embedded throughout the Trust in the way we work with patients, their families, staff and stakeholders. Our performance aligned to the Equality Delivery System shows positive progress.

Our purpose to provide 'Caring at its best' will continue to guide our work into 2019/20 and ensure that equality is embedded in our work.



# Our Values

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## We treat people how we would like to be treated:



- We listen to our patients and to our colleagues, we always treat them with dignity and we respect their views and opinions
- We are always polite, honest and friendly
- We are here to help and we make sure that our patients and colleagues feel valued

## We do what we say we are going to do:



- When we talk to patients and their relatives we are clear about what is happening
- When we talk to colleagues we are clear about what is expected
- We make the time to care
- If we cannot do something, we will explain why

## We focus on what matters most:



- We talk to patients, the public and colleagues about what matters most to them and we do not assume that we know best
- We do not put off making difficult decisions if they are the right decisions
- We use money and resources responsibly

## We are one team and we are best when we work together:



- We are professional at all times
- We set common goals and we take responsibility for our part in achieving them
- We give clear feedback and make sure that we communicate with one another effectively

## We are passionate and creative in our work:



- We encourage and value other people's ideas
- We seek inventive solutions to problems
- We recognise people's achievements and celebrate success

One team **shared values**

# INTRODUCTION

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Our Trust is one of the largest in the country and the busiest, serving over 1 million residents across Leicester, Leicestershire and Rutland. We serve a diverse community and we are committed to providing the highest standards of care for our patients and their families. Our services are provided by the General, Glenfield and Royal Infirmary Hospitals and includes a dedicated Children's Hospital.

**1M**

Our patients are at the heart of all we do and we believe that 'Caring at its Best' is not just about the treatments and services we provide, but about giving our patients the best possible experience. That is why we are proud to be part of the NHS and we are proud to be Leicester's Hospitals.

**16,011**

We strive to ensure our 16,011 staff are supported by an inclusive work environment where their skills and talents are valued. Our specialist services include cardio-respiratory diseases, cancer and renal disorders which serves patients across the UK. Our work with partner organisations continues to make us at the forefront of research which makes us proud of our international reputation for cancer treatments, genetic medicines and heart treatments.



The NHS is currently undergoing significant change and challenges. Our Trust is at the centre of ensuring that our services meet the needs of our population and are improving the care of our patients and their families. Our aim to improve care is at the heart of our equality objectives and shape everything we do whilst ensuring that no one is left behind. Partnership work through the Better Care Together Programme is leading transformation work to improve health services and reduce health inequalities. We are focused on transforming services in order to meet the changing needs of our growing and ageing population.

Following our CQC inspection and recommendations in January 2018, we have made significant progress, of which equality work now has greater governance and oversight through the establishment of an Equality and Diversity Board. This report provides information about the work we do which promotes equality and demonstrates our achievements for 2018/19.





# Equality Legislation and Our Duties

The Equality Act 2010 combines over 116 separate pieces of legislation into one single act. Combined, the Act provides the legal framework to protect the rights of individuals and advance equality of opportunity for all. The Act simplifies, strengthens and harmonises the previous legislation to provide discrimination law which protects individuals from unfair treatment and promotes a fair and more equal society. The Equality Act protects people from unfavourable treatment and this refers particularly to people from the following categories known as 'protected characteristics'. Further information on the protected groups is provided in appendix A.



In addition to the protected groups, we also recognise that there are additional groups that experience health inequalities and face disadvantage in society. Our work in the Trust aims to meet all the needs of people that use our services and we strive to understand the different needs within our diverse community.



## Public Sector Equality Duty 2011

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**Section 149 of the Equality Act 2010 requires us to demonstrate compliance with the Public Sector Equality Duty (PSED) which places a statutory duty to address:**

1. Eliminating unlawful discrimination, harassment and any other conduct prohibited by the Equality Act
2. Advance equality of opportunity between people who share a protected characteristic and people who do not share it
3. Foster good relations between people who share a protected characteristic and people who do not share it

**Our Trust also has a specific duty under the PSED to complete the following actions:**

- Publish information to demonstrate their compliance with the Equality Duties, at least annually
- Set equality objectives, at least every 4 years



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## Human Rights Act 1998

The Human Rights Act 1998 came into effect in the United Kingdom in October 2000. Our Trust must ensure that all our work safeguards vulnerable people and do not put people's lives at risk or expose them to inhumane or degrading treatment.

## Health and Social Care Act

The Health and Social Care Act 2012 states that health services must in the exercise of their functions, have regard to:

- Reduce inequalities between patients with respect to their ability to access health services
  - Reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services
  - Promote the involvement of patients and their carers in decisions about the provision of health services to them
  - Enable patients to make choices with respect to aspects of health services provided to them
- 

## Modern Day Slavery

All public authorities are required to co-operate with the Police Commissioner under the Modern-Day Slavery Act 2015. This means that police and health care services, together with voluntary organisations, are legally required to work together to support people who have experienced slavery. We have a zero tolerance for modern slavery and breaches of human rights and ensure this protection is built into the processes and business practices that we, our partners and providers use.

Our Trust have published a statement on our website and an action plan to ensure that all our suppliers are compliant and that contract monitoring provides assurance to prevent modern slavery.





# GOVERNANCE

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During 2018/19 we strengthened our governance arrangements. This included establishing the Equality and Diversity Board which is chaired by the Chief Executive.

We are working hard to improve our culture and leadership. As part of our aim to 'Becoming the Best' we carried out a comprehensive review of our culture and leadership in 2018/19. This work is ongoing but has identified that improvements in workplace culture are needed.

All decision making in terms of service design, policy reviews and transformation work is approved by the Trust's Governance processes. We carry out Equality Impact Assessments to identify potential impacts on protected groups and mitigate impacts against these. The Equality Impact work helps us to meet our equality duties.

# Equality and Inclusion Overview - Our Achievements

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## Equality Objectives

We use the Equality Delivery System 2 (EDS) framework. EDS is recommended as best practice from NHS England.

The 4 broad areas addressed in the EDS framework are to improve:

1. Health outcomes
2. Patient access and experience
3. Senior representation within the Trust
4. Staff engagement

Our website contains full details of our equality action plan.

The following groups provide ongoing assurance and monitoring for assessing progress:

- Equality and Diversity Board
- Executive People and Culture Board
- Executive Quality and Performance Board
- Equality Advisory Group (EAG)

Since The Trust was inspected by the Care Quality Commission (CQC) in January 2018 we have made significant improvements with the establishment of a Equality and Diversity Board. The Equality and Diversity Board has refreshed the equality and diversity strategic action plan.

## Mandated equality requirements

During 2018/19 we met our requirements for:

- Workforce Race Equality Standard (WRES)
- Accessible Information Standard (AIS)

During 2018/19 we worked to prepare for the implementation of:

- The Workforce Disability Equality Standard (WDES)
- Learning Disability Standard (LDS)





## **Equality Delivery System (EDS)**

The EDS2 framework is a key performance tool used to measure Equality and Inclusion work of the Trust.

The EDS contains 18 indicators grouped into four goals:

**Better  
health  
outcomes**

**Improve  
patient  
access and  
experience**

**A  
representative  
and supported  
workforce**

**Inclusive  
leadership**




# Equality Performance

Goals		Grading
<b>Better Health Outcomes</b>		
1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local communities	<i>Developing</i>
1.2	Individual people's health needs are assessed and met in appropriate and effective ways	<i>Developing</i>
1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	<i>Developing</i>
1.4	When people use NHS Services their safety is prioritised, and they are free from mistakes, mistreatment and abuse	<i>Under-developed</i>
<b>Improved patient access and experience</b>		
2.1	People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	<i>Developing</i>
2.2	People are informed and supported to be as involved as they wish to be in decisions about their care	<i>Under-developed</i>
2.3	People report positive experiences of the NHS	<i>Developing</i>
2.4	People's complaints about services are handled respectfully and efficiently	<i>Developing</i>
<b>A representative and supportive workforce</b>		
3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	<i>Achieving</i>
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	<i>Achieving</i>
3.3	Training and development opportunities are taken up and positively evaluated by all staff	<i>Achieving</i>
3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source	<i>Developing</i>
3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	<i>Achieving</i>
<b>Inclusive leadership</b>		
4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisation	<i>Achieving</i>
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	<i>Achieving</i>
4.3	Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	<i>Developing</i>


Since 2016, work has been underway to improve the EDS2 actions as part of the Trust's commitment to equality, diversity and inclusion.

## EDS Actions during 2018/2019

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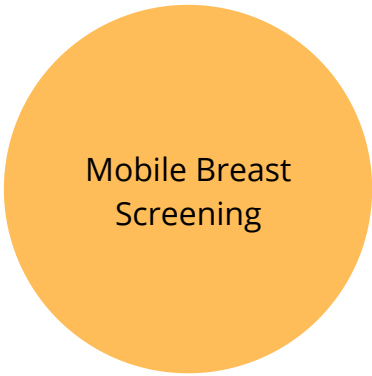
Improving  
translation  
services




Family,  
Carers and  
Friends  
Charter



Know Me Better  
profiles for  
patients with  
Learning  
Disabilities




Mobile Breast  
Screening



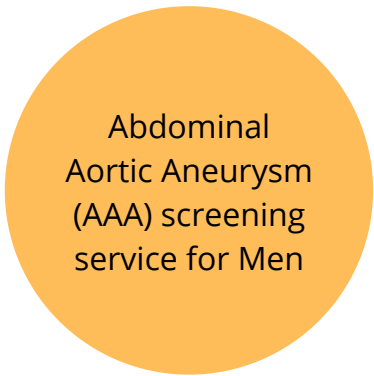
Dignity  
gowns




New Carer  
assessment and  
learning  
disabilities flag  
across all  
pathways




Accessible  
Information  
Standard  
implemented




Abdominal  
Aortic Aneurysm  
(AAA) screening  
service for Men




Learning  
Disability  
steering group



Chaplaincy  
services



Veteran Aware  
accreditation



Dementia  
Friendly

# **Workforce and Equality**

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Under the Equality Act 2010, we have a duty to report annual equality information about our workforce.

The Equality Delivery System (EDS2) provides a framework for ensuring Trusts place equality at the heart of good work practice. As a Trust we have robust action plans in place to implement programmes of work in order to achieve the following:

- Fair recruitment and selection processes in place to reduce discrimination
- Training and development opportunities for our workforce
- An inclusive work environment where people are free from abuse, harassment, bullying and violence
- Working arrangements which include flexible working consistent to meeting the needs of the service and helping staff to achieve work-life balance
- Staff have positive experiences of the workplace and are supported by managers to work in culturally competent ways

Alongside a range of policies and processes, the Trust carry out additional reporting through:

Workforce Race Equality Standard (WRES)

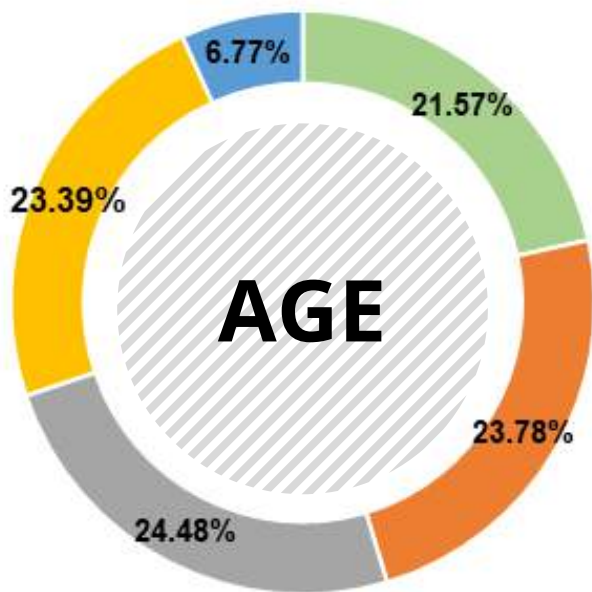
Gender Pay Gap (GPG)

Workforce Disability Equality Standard (WDES) planned for mandated reporting in 2019

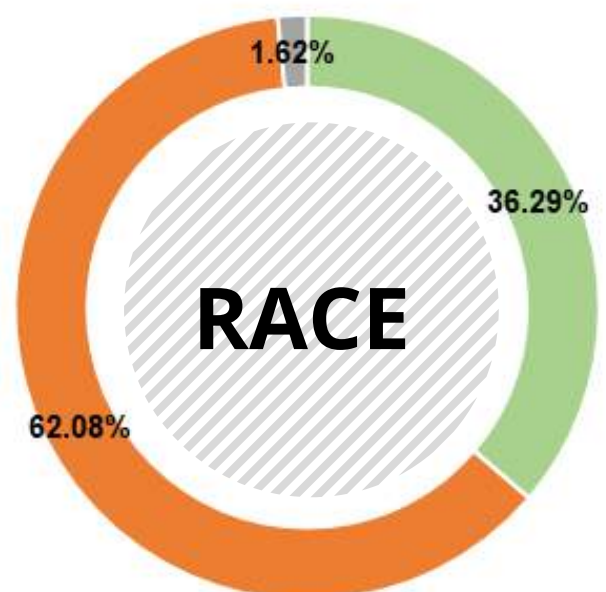


## Our Workforce

Here is a summary of our workforce composition data for 2018/19 for key protected groups:

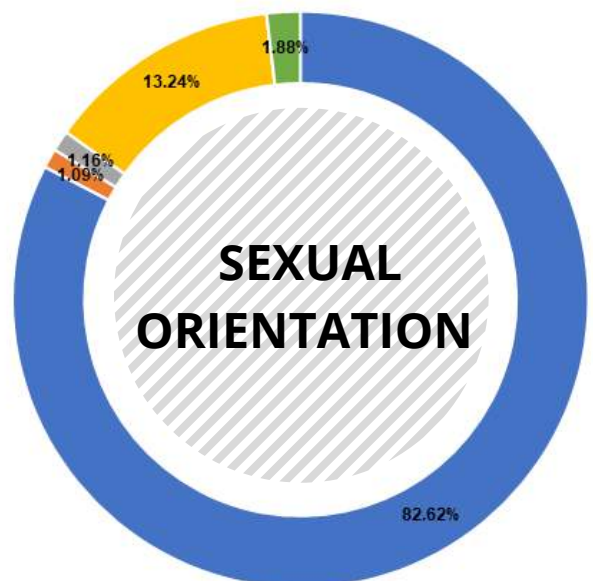
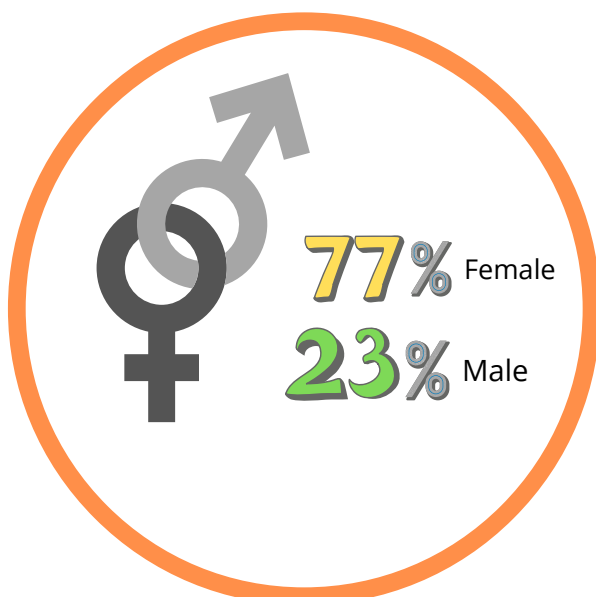


■ <=30 ■ 31-40 ■ 41-50 ■ 51-60 ■ 60+



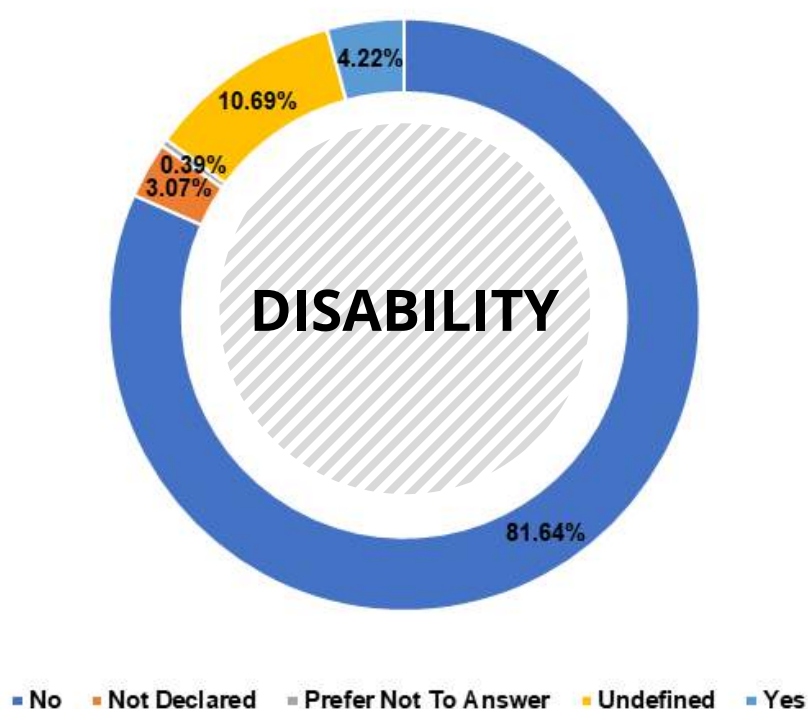
■ BAME ■ White British ■ Undisclosed

## GENDER

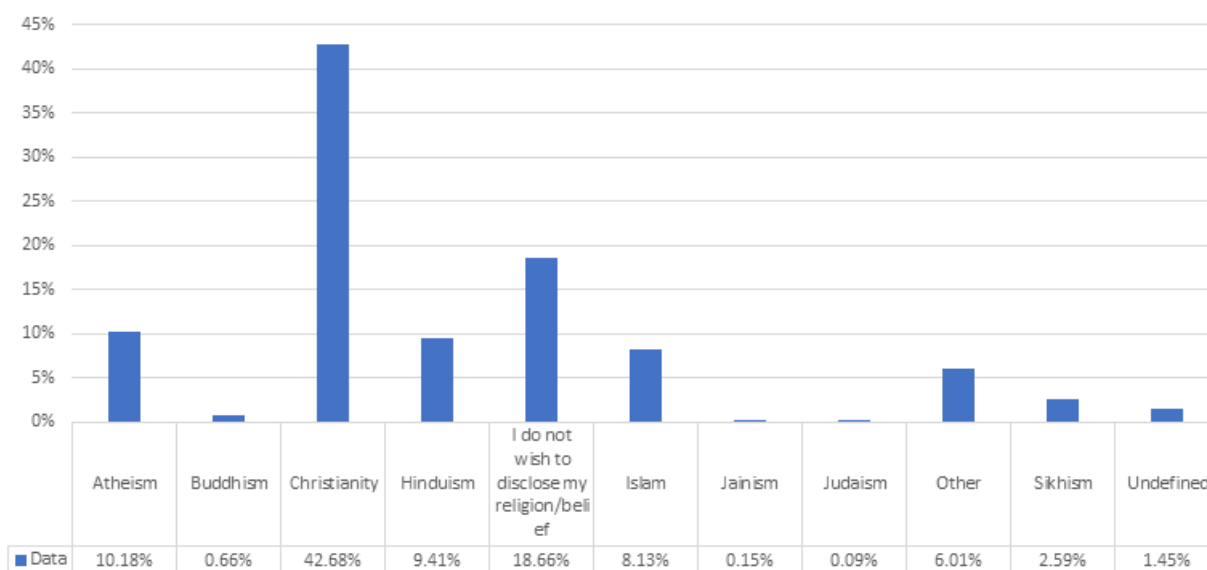


■ Heterosexual ■ Gay or Lesbian ■ Bisexual ■ Not stated ■ Undecided ■ Undefined





## RELIGION



## Staff by Profession

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**27.3%**

Registered  
Nursing and  
Midwifery



**13.5%**

Medical and  
Dental



**30.2%**

Administration  
and Estates



**17.8%**

Healthcare  
Assistants and  
other support  
staff



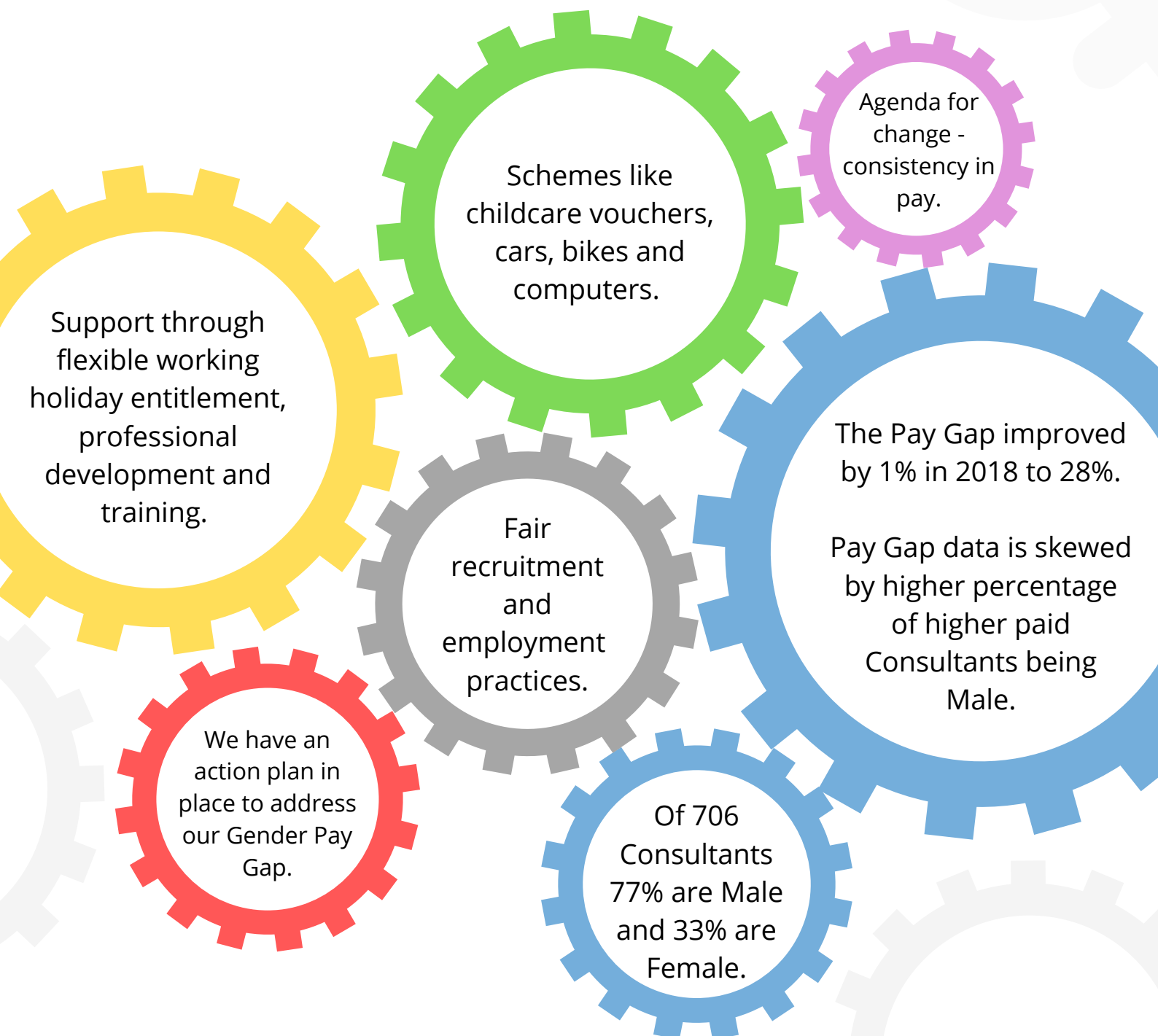
**11.2%**

Scientific,  
Therapeutic and  
Technical

# Gender Pay Gap Reporting

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We publish our Gender Pay Gap information annually on our website. Here are the highlights:



For full report see:

<https://www.leicestershospitals.nhs.uk/aboutus/performance/publications-and-reports/gender-pay-gap/>

# **Pay Gap Actions - What are we doing?**



Encouraging  
Board applicants  
from women –  
target of 50/50 by  
2020

Encouraging and  
supporting women to  
become Consultants  
and senior managers

Ensuring that  
recruitment panels  
are sex balanced  
where possible

Utilise the  
apprenticeship  
levy to enable  
development  
activity

Development of  
health and well being  
strategies which  
recognise challenges  
faced by women in  
the workplace

Develop a  
clear equality,  
inclusivity and  
diversity  
strategy

Graduate  
Management  
Training scheme to  
promote sex  
balance

Improving  
support by  
flexible working  
arrangements

Talent management  
strategies to promote  
development through  
secondments, work  
shadowing and  
mentorship

# Workforce Race Equality Standard - WRES

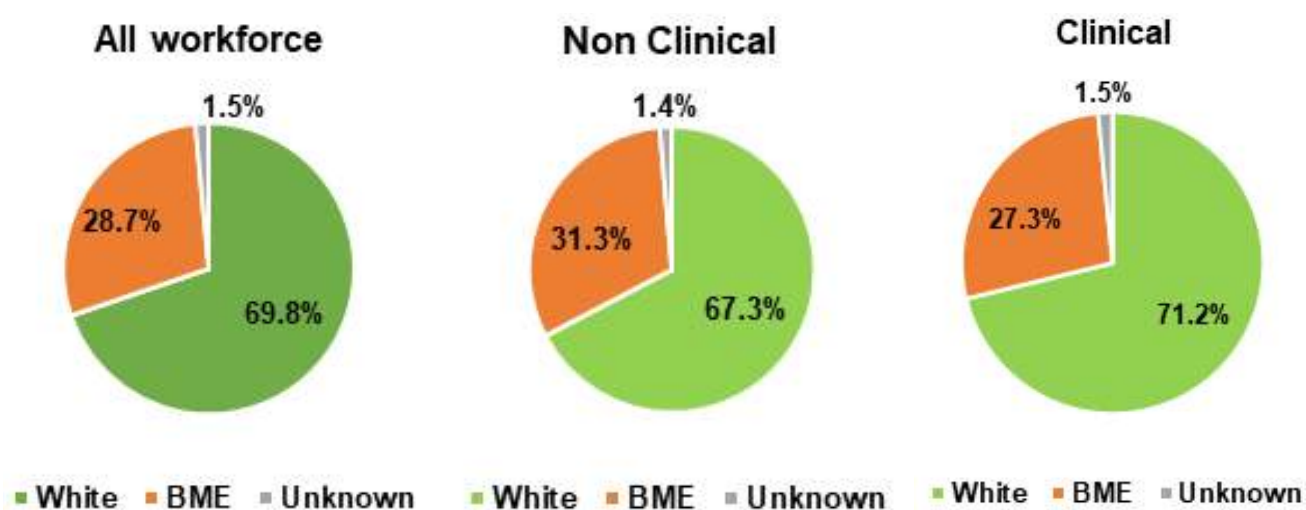
Since 2015, we have completed and submitted our annual WRES submissions to NHS England and have shared these plans with our Clinical Commissioning Group. We also publish the data on our website.

WRES reporting helps to identify any disparities in experience and outcomes for NHS employees and people applying for jobs within the NHS. Following our WRES submissions we have developed action plans to help improve the experiences of our staff from black and minority ethnic backgrounds.

## Summary of data from WRES indicators:

### Metric 1 clinical and non clinical staff 2018

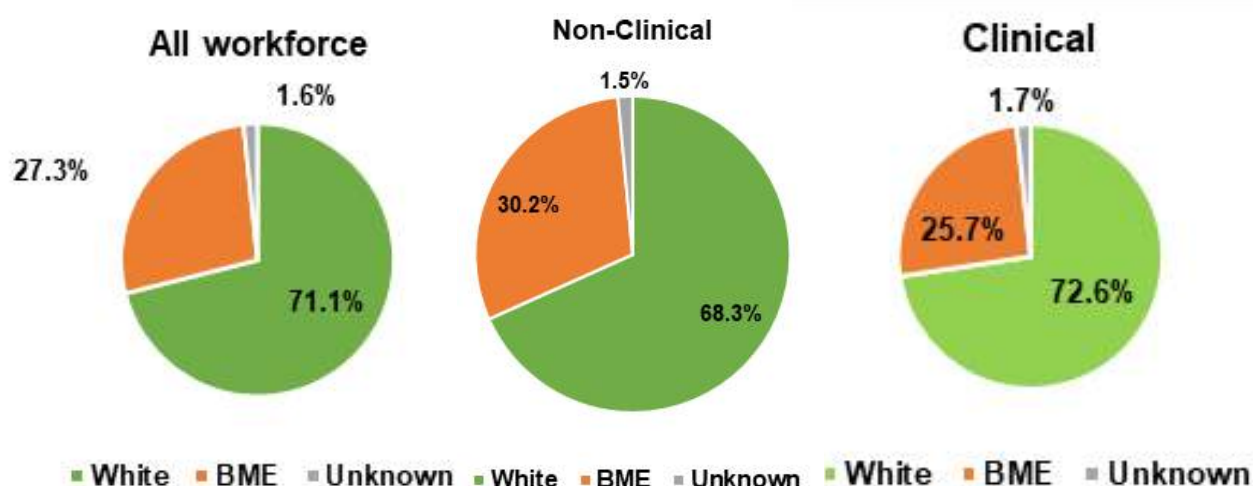
	<i>White</i>	<i>BME</i>	<i>Unknown</i>
<i>Non Clinical</i>	67.3%	31.3%	1.4%
<i>Clinical</i>	71.2%	27.3%	1.5%
<i>All workforce</i>	69.8%	28.7%	1.5%



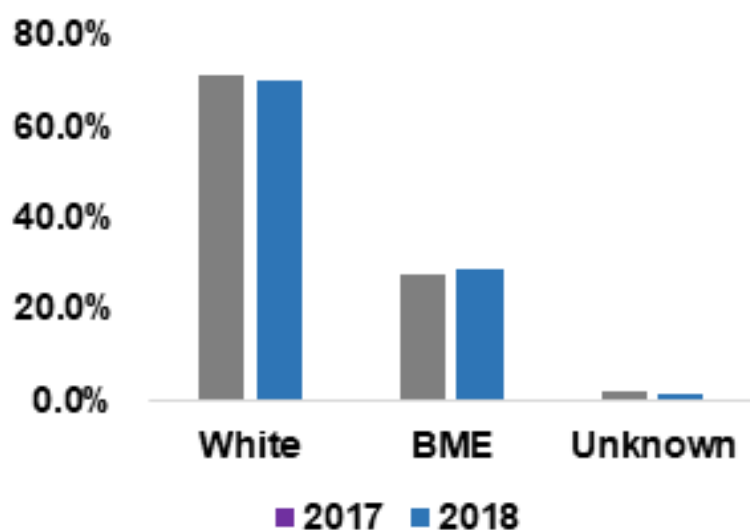


## Metric 1 clinical and non clinical staff 2017

	White	BME	Unknown
Non Clinical	68.3%	30.2%	1.5%
Clinical	72.6%	25.7%	1.7%
All workforce	71.1%	27.3%	1.6%



## Comparison of workforce 2017 and 2018



Comparison data shows that there is a slight improvement for BME representation in 2018 – an increase by **1.4%** from 2017.

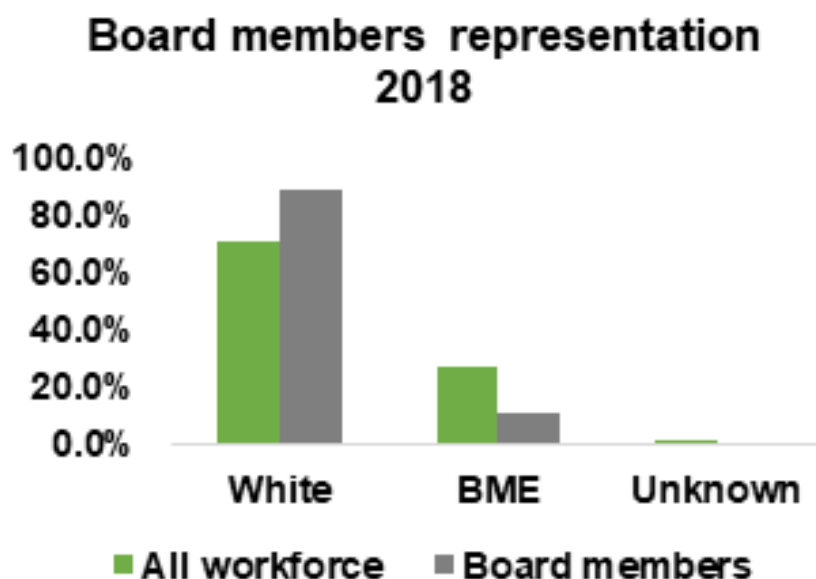
## Comparison 2017-2018 - workforce

	White	BME	Unknown
2017	71.1%	27.3%	1.6%
2018	69.80%	28.7%	1.50%

## Executive Board

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### Metric 9- Board Ethnicity compared to overall workforce:



	<i>White</i>	<i>BME</i>	<i>Unknown</i>
<i>All workforce</i>	71.1%	27.3%	1.6%
<i>Board members</i>	88.9%	11.1%	0.0%

Representation of board members from BME backgrounds is lower than the whole workforce. Board membership has remained relatively static from the previous year.

# Summary WRES data

Year	Percentage of BAME in staff workforce	Likelihood of BAME staff appointment compared to white staff	Likelihood of BAME staff entering formal disciplinary compared to white staff	Likelihood of BAME staff accessing non-mandatory training	KF: 25% of BAME staff experiencing bullying or abuse from patients in the past 12 months	KF: 26% BAME staff experiencing bullying, or abuse, from staff in the past 12 months	KF: 21% Staff believe equal opportunities are provided for career progression or promotion	Q17% of BAME staff experiencing discrimination at work from manager or team leader	Trust Board Membership
2016/17	Workforce: 30% Leaders: 12%	2.2	38% more likely	19% more likely	White: 22% BAME: 21%	White: 23.05% BAME: 24.18%	White: 86% BAME: 76%	White: 5.3% BAME: 10.23%	White: 86% BAME: 14%
2017/18	Workforce: 32% Leaders: 15.15%	1.8	27% more likely	28.2% more likely	White: 26.94% BAME: 21.05%	White: 25.62% BAME: 25.35%	White: 86.32% BAME: 71.14%	White: 7.0% BAME: 11.9%	White: 86% BAME: 14%
2018/19	Workforce: 33.8% Leaders: 16.02%	1.8	1.18% more likely	1.18% more likely	White: 27% BAME: 22.6%	White: 28.1% BAME: 28.7%	White: 86% BAME: 67%	White: 7.5% BAME: 15.1%	White: 86% BAME: 14%

## WRES 2018/19 - workforce analysis:

Since initiation of the WRES in 2015, the Trust has seen a 4.02 increase in the Percentage of BAME Leaders in the workforce and will continue with initiatives to increase this with focus on expanding balanced recruitment panels and targeted leadership development. We monitor progress against improvement actions at monthly Performance Review Meetings held between our Clinical Management Group Senior Leadership Teams and our Executive Team.

In order to strengthen our approach to the WRES we have participated in the WRES Quality Improvement Project and have shared our learning and progress at national WRES BAME Masterclasses. We are also participating in the NHS Employers Employment Programme to influence the WRES agenda nationally and to enable the exchange of best practice and access to resources.

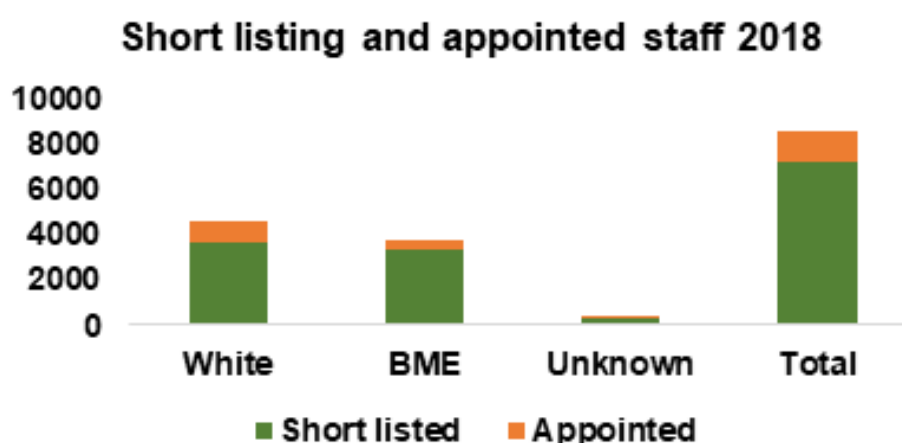
During 2018/19 there has been positive movement in the number of BME staff working in the Trust and we have continued to see an increase in our overall BAME workforce with 33% of our workforce from a BAME background in 2018-19. There are also demonstrable improvements in the number of BME Leaders at Band 8 a and above, up by 0.77% since the Trust started reporting on the Workforce Race Equality Standard Metrics.

In relation to the number of BME staff accessing non mandatory training and CPD the 0.76 figure represents a positive upward trend since 2017 as anything below a figure of 1.00 is a significant improvement.

# Recruitment Data and analysis

## Metric 2 – Relative likelihood of BME staff being appointed from shortlist 2018:

	White	BME	Unknown	Total
Short listed	3676	3265	258	7199
Appointed	870	482	14	1366
% Appointed	24%	15%	5%	



## Recruitment processes

We use fairer recruitment practices as recommended by NHS Employers. In 2017 we started using a recruitment process called TRAC. TRAC enables people to apply for jobs and be shortlisted whilst keeping all personal and identifiable information anonymous to the recruiters. Scoring of applicants is matched to the job description. Where a person discloses a disability, recruiting managers are required to guarantee an interview where all essential criteria is met. Our 2018 data shows that applicants from BME backgrounds are less likely to be appointed compared to white applicants.

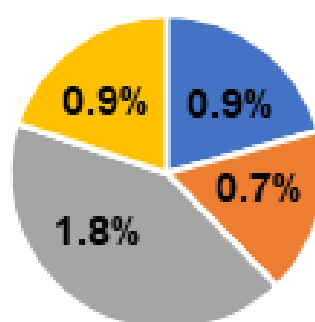


# Disciplinary and Grievances

## Metric 3 – Likelihood of BME staff entering disciplinary process:

	White	BME	Unknown	Total
Overall workforce	10147	4878	272	15297
Disciplinary	91	36	5	132
%	0.9%	0.7%	1.8%	0.9%

### Percentage of staff entering into disciplinary process



■ White ■ BME ■ Unknown ■ Total

The relative likelihood of BME staff entering disciplinary for 2018/19 is 1.18. Anything below 1.00 is a positive trend. Data shows that there is no significant difference between white and BME staff.



## Staff Experience

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**Metric 5 – Staff experiencing harassment, bullying or abuse from patients in the last 12 months:**

	<i>White</i>	<i>BME</i>
<i>2017</i>	21.98%	20.88%
<i>2018</i>	26.94%	21.65%

**Metric 6 – Staff experiencing harassment, bullying or abuse from staff in the last 12 months:**

	<i>White</i>	<i>BME</i>
<i>2017</i>	23.05%	24.18%
<i>2018</i>	25.62%	25.35%

The data for staff experiencing harassment from patients shows variation between 2017 and 2018 with BME staff having lower rates of harassment compared to staff from white backgrounds. In terms of harassment from other staff, there is no significant variation in experiences between staff from white and BME backgrounds.



## Workforce Disability Equality Standard (DWES)

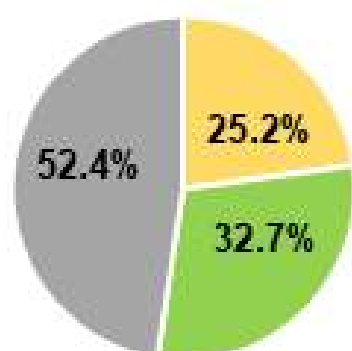
Overall data for staff shows that 4.22% of staff disclose they have a disability.

Population data from the 2010 census indicates that in England 8.3% of people disclose a disability or long term condition that affects daily life.

	<i>Applicants</i>	<i>Shortlisted</i>	<i>Interviewed</i>	<i>Appointed</i>
<i>Disability</i>	1341	439	246	62
<i>No disability</i>	21746	7589	4493	1471
<i>Unknown</i>	527	228	164	86
<i>Total</i>	23614	8256	4903	1619

	<i>Applicants</i>	<i>%</i>
<i>Disability</i>	1341	5.7%
<i>No disability</i>	21746	92.1%
<i>Unknown</i>	527	2.2%
<i>Total</i>	23614	100.0%

### Likelihood of Appointment from interviews:



■ Disability ■ No disability ■ Unknown

Representation of applicants from people with a disability is lower than the England rate.

Applicants with a disability are less likely than non disabled applicants to be appointed.

# **HOW WE SUPPORT OUR WORKFORCE**



## **BAME Network**

During 2018/19 we aimed to improve the representation of Black, Asian and Minority Ethnic (BAME) staff and address staff experiencing discrimination and adverse experiences. The network has led on the following work to improve experiences of staff from BAME backgrounds:

- BAME leadership development
- Balanced recruitment panels starting at band 8b and above
- Unconscious bias training
- Reverse mentoring scheme
- Overseeing the WRES improvement plan
- Cultural Ambassadors

## **Recognising Disability**

In order to improve support to staff with a disability, we have a Workplace Disability Advisory Service. This confidential service offers informal advice and support to both managers and individuals with a disability.

## Freedom to Speak Up 2018/2019

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A national recommendation from NHS Improvement has resulted in us developing 'speak up' arrangements. Our Freedom to Speak up work is aimed at developing a more open and supportive culture that encourages staff to speak up about any issues of patient care, quality or safety.

We appointed our Freedom to Speak Up Guardian in February 2017

Governance arrangements in place to provide assurance from the Board and National Guardian's Office

Widely promoted throughout the Trust through drop in sessions, visits to wards, team meetings and staff survey work

Staff concerns reported via internal telephone / on line reporting tool

Offers impartial and confidential advice

Specific tool developed for Junior Doctors to raise concerns such as lack of staffing, IT issues, equipment, communication, training, environment, quality and safety of care

Impacts on patient safety, culture and behaviours

Reporting concerns in 2018/19:

**93** Freedom to Speak Up Guardian  
**39** by telephone  
**100** by Junior Doctor tool

No repercussions for staff to speak up

Overall Freedom to Speak Up reporting has increased from the previous year by 21%. Reporting by Junior Doctors has decreased slightly from the previous year



### **Resulting actions from Freedom to Speak Up:**

- New and replacement of old equipment
- Staffing issues escalated and resolved through Operational Command
- Allocation of a Safety Doctor to support the move of patients into non specialised wards
- Termination of a problematic IT system
- Post on call rest rooms made available to Junior Doctors

### **Planned improvements for 2019/20:**

- Visibility and promotion
- Shadow work to see first hand the pressures and challenges faced by staff
- Participation of Trust's Becoming the Best strategy linked to NHSi Culture and Leadership Programme
- Supporting Schwartz Rounds

## **Promoting a workplace free from bullying and harassment**

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Our Anti Bullying and Harassment Adviser Service is available to all staff. This service is confidential. Staff are encouraged to contact the adviser with any concerns - either if an incident is witnessed or they are personally affected.

We have set up an Anti Bullying Stakeholder Group to promote a culture where bullying and harassment is not acceptable. Work of the group involves reviewing reported activity across the Trust and includes:

- Looking at other partner organisations for good practice
- Monitoring work around incidents - anonymised
- Reviewing sickness absence procedures
- Review of sickness letters – to promote wellbeing of staff
- Review of sickness levels relating to bullying/ harassment
- National NHS Staff survey
- Awareness building across managers and staff
- Training

# VOLUNTEERS

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## Volunteering with our Trust

We have been awarded the "Investing in Volunteers" mark of excellence for Volunteer Services.

Volunteers help in many different ways within our hospitals. There are roles in wards, clinics and in public areas. Some volunteers are specialised in dementia – our "Forget ME not" volunteers support meal and tea rounds, arts and craft activities and music activities.

Our volunteers come from a diverse range of backgrounds. All help to directly support patients and their families. A big part of any volunteer role is talking and listening to patients. We recruit volunteers aged 17 or above and do not require volunteers to have any specific skills, training or experience. We provide support to our volunteers and provide full training.

We have 832 volunteers and their contribution to the Trust is invaluable.

THANK  
YOU



# Accessible Information Standard (AIS)

The aim of the NHS Accessible Information Standard is to make sure that people who have a disability, impairment or sensory loss, receive information that they can access and understand. This standard is in all of the NHS Standard Contracts and is monitored. Since the standard was released in 2016, we have been working to implement the AIS. This is also an action within the Equality and Diversity Strategy Action plan for 2018/19.

## How we are working towards the AIS:



The implementation of AIS requires us to record patients communication preferences in order to meet their needs.

In addition to the Accessible Information Standard, we provide interpretation services to ensure that the needs of patients with language needs are met.

Information is provided in a range of formats for people visiting the Trust. These include:

- Easy Read materials
- Larger font
- Audio
- Braille
- British Sign Language interpretation services (BSL)

We have a comprehensive website which the public can access for information. We are committed to providing a website with information that is accessible to the widest possible audience, regardless of technology, disability and capability. We are continuously working to increase the accessibility and usability of our website and in doing so adhere to many of the standards and guidelines.

## **Interpreting and Translation Services**

Our Trust serves a large and diverse population. JSNA data sets show that 55% of our residents are from a BME background and 28.3% are of South Asian Heritage.

In order to meet communication needs of patients accessing services within the Trust we provide interpreting and translation services. This provides patients and staff with access to qualified interpreters in response to identified needs. We provide information for patients in the form of bedside placement leaflets that are available in English, Gujarati, Punjabi and Polish. Other languages are available on request.

We have an Interpretation and Translation Policy to guide staff on procedures. Our policy recognises that our diverse workforce may enable staff with experience and knowledge within a clinical setting to be used to interpret – this is where the situation is exceptional and where a qualified interpreter can not be quickly obtained.

Our policy notes that staff are discouraged from using friends or family members for interpreting where detailed information exchange is involved between health care professionals and patients.





## Website Information

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Our website is our main platform for patients and families seeking information about us. It contains an extensive range of information from what to expect when visiting the hospital. We aim to make our website as accessible as possible through adhering to Web Accessibility Initiative as part of the World Wide Web Consortium (W3W) Standards.

Our website pages include an equality page which contains our equality reporting for the Trust. In advancing equality our website also includes:

- Browsealoud technology
- Visual information and clear browsing
- Video inserts about the Trust with audio and subtitles
- Information about how to travel to the hospital by public transport, car or ambulance, community transport scheme
- Information about Patient Transport Services for patients who can not use public transport
- Information supporting carers
- Information on telephone numbers to contact the hospitals
- Information on how to give feedback
- Information about our work including information on volunteering, our partner organisations and support for bereavement services



# PATIENT EXPERIENCES

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## Family, Carers and Friends Charter

There are an estimated 100,000 people across Leicester, Leicestershire and Rutland that provide some form of unpaid care.

During 2018/19 we have carried out extensive engagement work with carer groups to renew our charter for carers. The name of the charter reflects the feedback received. Our Charter provides a range of useful information on how we help meet the needs of carers.

While they are in hospital, if you wish to stay, we will:

- **Welcome** you to the hospital outside the normal visiting hours
- **Understand** that you know the patient better than us
- **Keep** you informed about what is happening
- **Involve** you in decisions and care (with the patient's permission)
- **Include** you in ward rounds
- **Support** the patient while you take a break
- **Talk** to you about support available in hospital and in the community

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Only one person by the bedside will be allowed outside of the visiting hours unless agreed with the nurse in charge.

Our website provides a range of information for visitors to the hospital.



# University Hospitals of Leicester NHS Trust Equality and Inclusion

## Dementia Friendly

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Across Leicester, Leicestershire and Rutland there are 13,372 people living with dementia and this is predicted to rise. There are currently 800 new cases a year including 70 younger people with dementia.

We recognise that early diagnosis, care of carers, integrated care pathway, collaboration between health and social care are issues important in the care of people with dementia. To provide the best care for people with dementia we are a dementia friendly hospital and have a dementia strategy.



- We provide an information page and booklet for patients and families on dementia care
- We carry out Dementia screening for patients over the age of 75 admitted to hospital to check for signs of dementia
- We support people with early diagnosis for the patient and their carer and family
- We complete a "Know Me Better" patient summary information to share non medical information such as spiritual / cultural needs / music and personal needs
- We have tailored Care Plans ensuring care is individualised
- We provide extra support with eating/drinking/finger foods - mealtime volunteers
- We work in partnership with third sector organisations including The Alzheimer's Society and Age UK
- We involve carers by labelling clothing, checking hearing aids
- We promote our Family, Carer and Friends Charter
- We endorse our "Forget ME not" scheme
- We promote and support our Dementia champions network of 1600 staff
- 90% of staff have received dementia awareness training. Admiral Nursing Service introduced

## Dignity gowns

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We are carrying out a new pilot at our Leicester General and Glenfield Hospital sites. The pilot gives patients the choice to have 'dignity gown' rather than the standard hospital gown, which does not cover all of the body and can be too revealing for some patients.

Zubeda Gangat, a member of our Equality Advisory Group (EAG) representing the Federation of Muslim Organisations and a member of staff brought the matter to one of the Trust's EAG meetings.

Zubeda explains: "Some patients may be reluctant to attend Radiology appointments due to the revealing nature of hospital gowns. The dignity gown is designed to preserve the modesty of patients whose culture or religion may require them to do so."

Karamjit Singh, Chairman for Leicester's Hospitals, said: "This is another example of how our Trust tries to be receptive and responsive to the needs of our local community. The needs of patients should always be at the forefront of our thinking and actions."

## Veterans Aware

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During the year we joined the Veteran Covenant Hospital Alliance and became Veteran Aware.

The aim is to drive improvements in NHS care for those who serve or have served in the UK Armed Forces and their families, in line with the Armed Forces Covenant. The alliance has been formed to reduce disadvantages to members of the Armed Forces past and present, by giving appropriate priority for any service-related condition. This access is subject to clinical need and veterans are not given priority of referral or treatment ahead of individuals who are in greater clinical need.

Armed Forces regulars, reservists, veterans or service family members attending a clinic at UHL are encouraged to advise the receptionist on arrival of their service connection. This is in order to signpost patients towards any additional services provided to the Armed Forces community by charities or service organisations.



# Transgender Policy for Patients

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We recognise that coming to hospital can be a daunting and worrying time for patients and this may be especially experienced for patients that are transgender.

In order to give patients that identify as trans or non-binary, we have developed guidance for staff. This practice guidance aims to reduce discrimination.

## Chaplaincy Service

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Our chaplains offer support to patients, relatives and staff across all the hospitals within the Trust. This includes pastoral, spiritual and religious care.

The team includes Christian, Hindu, Jewish, Muslim, Sikh and non religious chaplains. We are also supported by volunteers from various faiths and beliefs. The Leicester team was the first NHS Trust to employ a non-religious Chaplain. This means that patients can ask to speak to someone of their own religious or belief outlook (including those who are non-religious), although of course all the chaplains are very happy to support any patient or family member regardless of their outlook.

Each hospital has a Chapel and Prayer Room (with washing facilities). They provide a quiet place for private prayer, meditation and contemplation and are open to everyone. For some patients it is important to practice their faith while in hospital; and the chaplains are here to help. There is a weekly Christian communion service on Sundays at Glenfield and monthly at Leicester General Hospital and Leicester Royal Infirmary. Muslim Friday Prayers and Hindu Prayers are led each week on all three sites. You can also ask us for prayer at your bedside.

Our chaplains are also involved in the Trust Equality and Diversity work, with the Head of Chaplaincy chairing the Equality Advisory Group, which is made up of community representatives of organisations supporting those with protected characteristics and vulnerable groups.



## **Patient Information Liaison Service (PILS)**

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Complaints, concerns, requests for information and compliments from patients and their family are all managed by the Patient Information Liaison Service (PILS) which is part of our Corporate Patient Safety Team.

The PILS team try to resolve any problems arising and follow our Complaints Policy. The PILS service acts as a single point of contact for members of the public who wish to raise complaints, concerns, compliments or have a request for information. The service is responsible for coordinating the process and managing the responses once the investigations and updates are received from relevant services or individuals. Someone acting on behalf of another person may make a complaint where that person is unable to make the complaint themselves, or has asked the person to make the complaint on their behalf for example where that person:

- Has died
- Is a child (an individual who has not attained the age of 18)
- Has physical or mental incapacity (within the meaning of the Mental Capacity Act 2005)
- Has given consent to a third party acting on their behalf which may include advocacy
- Has delegated authority to act on their behalf, for example in the form of a registered Power of Attorney which must cover health affairs
- Is an MP, acting on behalf of and by instruction from a constituent

Complaints and concerns can be raised with any employee of the Trust or via the Patient Information and Liaison Service This may be done in a variety of ways including:

- Verbally, either face to face or via the telephone
- In writing, either in a letter, e-mail or via the UHL NHS Trust website contact forms

Specific needs of individuals must be acknowledged and discussed so that complainants get the best they can at a meeting. Issues to consider when arranging meetings may include:

- Language
- Hearing
- Physical disability
- Mental disability

## Patient Feedback 2018/2019

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2018/19 has been a year of positive progress with positive feedback from patients and families. We have been nationally recognised and the Trust was a finalist in the Patient Experience Network National Awards (PENNA).

Feedback from our patients and families supports our overall strategic quality priorities and governance arrangements are in place through the Trust's Patient Involvement, Patient Experience Assurance Committee. This meeting is chaired by the Chief Nurse.

We have a range of methods in which we encourage feedback from patients and families. We promote these widely within the Trust and they include:

- Friends and Family Test
- Message to Matron
- Verbal Complaints
- Patient Stories
- GP Concerns
- NHS Choices
- Health Watch
- Patient and Information Liaison Service



Patient Feedback forms are available in the top three languages in Leicester, Leicestershire and Rutland. These are Gujarati, Punjabi and Polish. They are available in paper forms as well as on electronic devices.

For people who have learning disabilities, visual impairments, literacy problems or language barriers, there are easy read surveys, which use pictures of faces ranging from very happy to very sad, to illustrate their experience while being cared for in Leicester's Hospitals.

## Message to Matron

During 2018/19 we received a total of 41,890. 90% of these were positive and 10% negative. The themes of comments were:

1. Thank you
2. Exemplary Care
3. Kind, caring and compassionate staff
4. Service in Outpatient clinic
5. Nurse / Midwife staff attitude
6. Positive team work



## Suggestions for Improvements (Sfi)

All the feedback received is analysed and reviewed. There were 6034 suggestions for improvements from patients and families. During the year, the Sfi rate varied between 0.61% to 0.70%. Main themes for improvement included:



1. Waiting times – in clinic and for an appointment
2. Medical Care
3. Staff attitudes – Consultant medical staff
4. Delays and cancellation
5. Waiting times – in ward / department

## Friends and Family Test (FFT)

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The Friends and Family Test is a nationally recognised set of questions. The main questions focus on whether people would recommend the care they received to their family and friends if they needed similar care.

The test is mandated and regularly reported to NHS England.

**144,000 FFT forms received**

**114,000 forms contained free text comments**

**109,000 forms containing positive comments**

**2,000 forms containing negative comments**

**3,000 forms containing neutral comments**

Looking back over 2018-19, overall **96.9%** of inpatients would recommend Leicester's Hospitals to family and friends if they required similar care or treatment.

Our Trust is above the national average for satisfaction for Inpatients, Outpatients and the Emergency Department.

Our Trust is below the national average for satisfaction for Maternity Services.

Responses are analysed in terms of ethnicity and age. This work highlights that patients from BME backgrounds have a lower response rate compared to white backgrounds. In terms of age groups, there is no significant variation in responses matched to hospital admissions.

We publish information on our website -

<https://www.leicestershospitals.nhs.uk/aboutus/performance/quality-of-care-in-our-wards/>



# Patient and Public Involvement



## Listening to our communities

### Community Conversations event: African Caribbean Centre

On Tuesday 18th September, our Chief Executive, Medical Director and other Board members participated in an event to seek the views of people from Leicester's African Caribbean communities on their experience of hospital services.

The conversations raised:

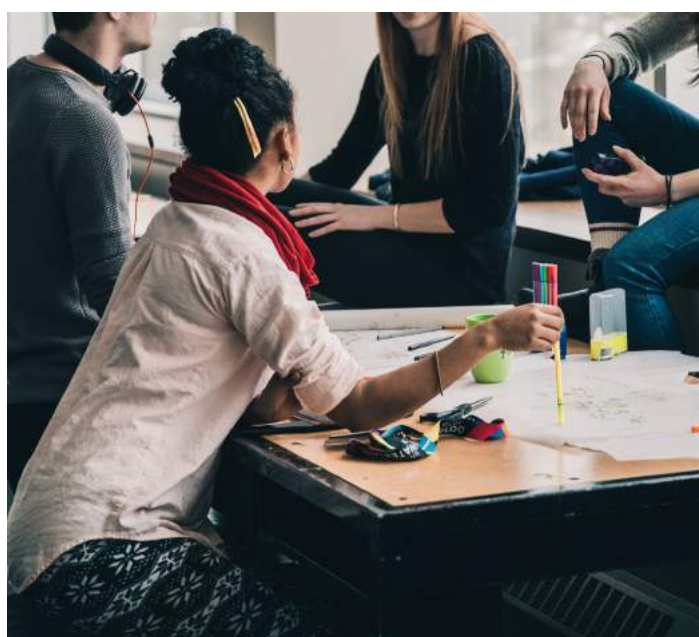
- the need to improve communication between hospital and primary care staff
- better lifestyle management for people with Diabetes
- raising awareness within the community of common health conditions

Following the event, nurses from our Breast Care Centre will participate in a health event at the African Caribbean Centre later in 2019 to promote breast cancer awareness.

Community engagement work is at the heart of our Trust's work to understand the needs of our communities and involve people in decisions about services in the future. This work is coordinated and supported by our Patient and Public Involvement (PPI) team.

Our Trust has embedded better engagement through Listening Into Action (LiA). Throughout 2018/19, thematic LiA teams have carried out listening events to hear the experiences of patients and their families.

We have carried out significant public involvement work as part of the Better Care Together proposals. Across Leicester, Leicestershire and Rutland we invited the public to a series of open engagement events to share the plans for the hospitals and maternity services in Leicester. This also provided an opportunity for people to become involved in other work underway to ensure high quality care for patients – including improvements to the healthcare that patients receive at home and in the local community.



# Listening to our communities

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## Leicester Deaf Action Group

We attended the Leicester Deaf Action Group on the 21st February with Leicester City CCG to present the proposals for the Better Care Together work programme.

The group wanted assurance that any changes to services and accommodation would be 'deaf-friendly'. The group provided insight and guidance to ensure that best practice is used to help deaf people access services.



## Shama Women's Centre

We attended the Shama Women's Centre annual Open Day on 28th February. The Shama Women's Centre is a local charitable organisation that supports and empowers women, largely from South Asian Communities, to become socially, educationally and economically active. This includes access to education, employability skills and confidence building.

During the day we promoted cervical screening - to encourage uptake to the Trust's cervical screening drop-in clinics. This was a successful partnership and encouraged a number of women attending a cervical screening. This was also an important educational opportunity for women to understand the importance of the screening test and to provide much needed reassurance and guidance regarding the practical elements of the test and HPV.



## Listening to our communities

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### **Leicester's Marvellous Medicine Talk: Prostate Cancer, 28th February 2019.**

Our Patient and Public Involvement team organise and deliver monthly evening public health talks at the Clinical Education Centre at Leicester General Hospital.

Our February talk was on the subject of prostate cancer lead by Urology Surgeon, Mr John Beatty with support from Dr Ross Warner and Dr Christopher Berridge.

Approximately, 50 members of the public attended the talk aimed to promote the importance of recognising the symptoms of prostate cancer among African Caribbean men, who have a higher incidence of this condition.

### **Community Conversations event with Leicester's Somali Community 9th September 2019.**

Our Trust Board were invited to an event which sought the views of people from our local Somali community on their experience of hospital services. The event was attended by over 50 people. A number of key themes emerged from the event including:

- Improving language and communication about changes within the Trust
- Cultural appropriateness of our hospital menus
- How our chaplaincy service might better meet the needs of the community. The PPI team are sharing the issues with relevant members of staff and are now exploring a follow up event with the community

## Looking ahead to 2019/2020

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As we look ahead to 2019/20 we remain focused on improving our equality performance.

For patients and their families this specifically will centre on:

- Making our Trust a welcoming and inclusive environment, to deliver the highest standards of care
- Improving patient experience to reduce 'Did Not Attend' appointments in outpatient services
- Improving the care patients receive and becoming more responsive to their needs – exemplified by plans to introduce dignity gowns to other areas in the Trust
- Monitoring our Interpreting services to ensure that qualified interpreters are available to meet patients' needs for both patients with hearing impairments and language needs where English is not a first language
- Embedding our Family, Carers and Friends Charter
- Implementing processes to support patients with Learning Disabilities through Acute Liaison Nurses
- Ensuring we embed the Accessible Information Standard within all teams
- Improving screening services in relation to both men ( Abdominal Aortic Aneurysm AAA) and women (Breast screening)

For our staff this specifically will centre on:

- Making our Trust a great place to work where everyone feels valued
- Improving recruitment and selection through forming a Recruitment and Selection group
- Continued drive to eliminate incidents of harassment and bullying
- Using the Equality and Diversity Board to drive improvements in the experiences of staff across all of the protected groups
- Advancing work around the Workforce Disability Equality Standard and the Differently Able Voice Network
- Work to address the Gender Pay Gap
- Promoting staff development and support through mentoring, coaching and master classes
- Improving support for staff from LGBT backgrounds with the establishment of a network group



## Conclusion

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The evidence shared in this annual report demonstrates that we continue to make good progress towards our equality responsibilities. Our equality strategy is based on the Equality Delivery System framework and this provides a clear vision for our equality performance moving forward.

We are proud of the work we have achieved – especially in our community involvement work in engaging different communities. We continue to make a difference by raising awareness and improving health outcomes. The development of our new Family, Carers and Friends Charter is helping to improve the information and support provided to wider family and friends. Our Volunteering scheme is award winning and provides the hospital with a wealth of expertise and support to our staff and patients. We are proud of the work in achieving Veteran Aware accreditation and Dementia Friendly status. This is making a real difference in improving the support and care of our most vulnerable patients and families.

Whilst we receive excellent and positive feedback from our patients and their families, we strive to do better and improve patient experiences for everyone. This includes enabling everyone with the opportunity to give feedback via different methods of communication. Much work has taken place to improve our commitment to the Accessible Information Standard and providing interpreting and translation services to people who do not speak English as a first language.

We are proud of the day to day contribution our workforce make to ensuring that our hospitals are welcoming and treat all patients and their families with care, dignity and respect. Coming into hospital can be worrying and we recognise not only the health and care needs of patients but also their spiritual, religious and cultural needs too.

We have implemented processes to help recruit and support staff from BME backgrounds. We are committed to improving our gender pay gap and ensuring that our Trust is a great place to work – free from harassment and bullying. We recognise that within our large organisation, there are challenges to ensure that no one gets left behind in terms of involving communities, staff and partner organisations with transformation changes.

We are committed to making continuous improvements to the way we shape our workforce culture and strive to delivering health care services to our most vulnerable. We are actively advancing equality as we move forward as a NHS System Leader within the Better Care Together programme.





## **Appendix A - Protected characteristics**

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### **Age:**

This refers to a person belonging to a particular age (e.g. 50-year-old) or range of ages (e.g. 18 to 30 year old). Age includes treating someone less favourably for reasons relating to their age (whether young or old).

### **Disability:**

A person has a disability if s/he has a physical, mental impairment, Learning Disability or sensory impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. Disability includes sensory impairments such as sight and hearing. Also includes mental impairments such as Asperger's syndrome, autism, dyslexia and mental illness. Within the act there is no requirement that the mental illness has to be clinically recognised. The focus of the act is the impairment rather than the cause.

Certain medical conditions are protected under disability. These include Cancer, HIV and Multiple Sclerosis. People with genetic conditions, would be protected under disability if the effect of the condition has a substantial and long term adverse effect. People with a past disability which falls into the definition remain protected.

### **Gender Reassignment:**

This refers to a person proposing to undergo, is undergoing (or part of process) for the purpose of reassigning the person's sex by changing physiological or other attributes of sex. The term of transgender falls under this protected group.

### **Marriage and Civil Partnership:**

Protection is for people that are legally married or in a legal civil partnership. It only recognises people in formally recognised unions and therefore does not include people that are not married, cohabiting couples, widows, divorcees and fiancées. Protection of this group does not extend to service provision.

### **Race:**

Race includes colour, nationality, and or ethnic or national origins. Nationality is determined by citizenship.

**Religion and belief:**

The Equality Act does not define religion or belief explicitly. It includes the main world religions such as Christianity, Islam, Judaism, Hinduism, Sikhism, Humanism, Secularism and Paganism. The act protects any religion, religious or philosophical belief and a lack of religion / belief.

**Sex:**

A man or a woman, but also includes men and women as groups. Treating a man or woman or men and women less favourably for reasons relating to their sex. People describing themselves as non-binary are not currently recognised within the act.

**Sexual Orientation:**

A person's sexual attraction towards their own sex, the opposite sex or more than one sex. This includes people who are Lesbian, Gay, Bisexual or Heterosexual.

**Pregnancy and Maternity:**

The act protects women that are discriminated due to their pregnancy or maternity – which includes breastfeeding. This protection may relate to current or previous pregnancy. Protection extends after the birth after 26 weeks from the date of the birth.