Equality Update Report

Trust Board

Author: Deb Baker Sponsor: Louise Tibbert

December 8th 2016

Executive Summary

Context

The purpose of this report is to update the board on progress against the Equality Action Plan which was last reviewed by the Board in August 2016.

The purpose of the report is to summarise our progress with:

- The Equality Delivery System (EDS) Action Plan that incorporates the Quality schedule, The Diversity Task and Finish Group and the Workforce Race Equality Standard (WRES) requirements.

Progress has been made in all areas. Work is underway in progressing the recently added work strand associated with closing the gap in the work place experience of BME and White staff using Improvement Science Methodology as part of a national study (NHSE).

Questions:

1.Is the Trust Board happy with the level of progress to date?

Conclusion

UHL continues to declare legal compliance with the Public Sector Equality Duty as demonstrated in this report and has a range of activities and processes to evidence our position.

As part of the Leicester Leicestershire and Rutland Sustainability and Transformation Plan (STP), work is underway in addressing the gaps identified and set out within the triple aims of the STP. During early 2017 partners across health and social care will explore collaboration opportunities working towards developing a joint LLR wide Equality Action Plan.

It is recognised that the Trust Board Thinking Day in January (12 January 2017) will include a session on the Equality Programme with external representation from Roger Kline, National Equality Lead. During this session it will be valuable for the Trust Board to review our planned Equality Programme against best practice based on recent evidence.

Input Sought

The Trust Board is asked to comment on progress made and continue to support the Equality Programme.

For Reference
Edit as appropriate:

1. The following objectives were considered when preparing this report:

Safe, high quality, patient centred healthcare	[Yes]
Effective, integrated emergency care	[Not applicable]
Consistently meeting national access standards	[Not applicable]
Integrated care in partnership with others	[Yes]
Enhanced delivery in research, innovation & ed'	[Not applicable]
A caring, professional, engaged workforce	[Yes]
Clinically sustainable services with excellent facilities	[Not applicable]
Financially sustainable NHS organisation	[Not applicable]
Enabled by excellent IM&T	[Not applicable]

2. This matter relates to the following governance initiatives:

Organisational Risk Register	[No]
Board Assurance Framework	[Yes]

3. Related Patient and Public Involvement actions taken, or to be taken:
   Engagement activity is integral to the equality action plan.

4. Results of any Equality Impact Assessment, relating to this matter:
   Positive

5. Scheduled date for the next paper on this topic: December 2016
   Executive Summaries should not exceed 1page. [My paper does comply]

6. Papers should not exceed 7 pages. [My paper does comply]

REPORT TO: **Trust Board**

FROM : **Louise Tibbert, Director of Workforce and Organisational Development, Deb Baker Equality and Diversity Manager**

DATE: **8 December 2016**

SUBJECT: **Equality Report Update Report - December 2016**

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1. Introduction

University Hospitals of Leicester uses the Equality Delivery System (EDS) as its equality delivery framework. The four domains are :

- Better Health Outcomes
- Improved Patient Access and Experience
- A representative and Supportive Workforce
- Inclusive Leadership

There is an agreed Equality Action Plan which incorporates all elements of the EDS (patient and workforce activity), the Workforce Race Equality Standard (WRES) and the recommendations from the Diversity Task and Finish Group as shown in **Appendix1.**

2. The Purpose of this Report

This report is the mid - year progress report to Trust Board. In addition this report provides evidence of compliance for the Clinical Commissioning Group (CCG) of our performance against the equality requirements of the 2016-2017 Quality Schedule and WRES.

The annual Equality Workforce Report will be presented to Trust Board in February 2017 following initial review by the Executive Workforce Board in January 2017.

3. Workforce Equality Update

In March this year the Diversity Task and Finish group report was presented and agreed by the Trust Board. In terms of the recommendations five themes were identified as detailed below which formed the basis of the 2016 Equality and Diversity Action Plan:-

- Strengthen local accountability by developing CMG diversity metrics.
- Better align diversity with the Trust's 5 year plan.
- To implement Positive Action Interventions (as part of the Trust's Recruitment and Retention Strategy).
- Strengthen partnership working across the system around the Diversity Agenda
- Develop some targeted talent management strategies for under - represented groups.

3.1 Key highlights

3.2 Strengthen Accountability

In April of this year the first BME leadership data was reported by Clinical Management Group (CMG) – this level of breakdown was not provided previously. From the data, key thresholds were developed and in August this year it was reported that all CMG's were RAG rated as red in terms of BME representation within the leadership strata (band 8a and above) . The threshold is set at 28% which equates to BME representation in the general workforce and reflective of the local community.

The second stage of the process was to consider high impact interventions that would positively impact the position based on best practice. Subsequently we have agreed to pilot interventions, as set out below, in Renal Respiratory Cardiac and Vascular (RRCV) to measure the impact prior to Trust wide rollout:

- Review / better representation on recruitment and selection panels
- Identifying talented individuals within the CMG and creating a strong medium term talent pipeline
- Reverse mentoring
- Staff engagement (focussing on the 2 WRES indicators) which are the experience of discrimination and access to training opportunities.
- Unconscious Bias training.

Yvonne Coghill the Director for WRES implementation at NHS England has approached the Trust to work with the Institute of Health Improvement (IHI) and its fellows to use the Quality Improvement Methodology (QIM) to close the gaps in the work place experience of BME and White staff. NHSE would like to study the role of improvement science methodology in assisting the rollout of WRES across the NHS with initial testing restricted to Barts, Royal Free, Sheffield, Leicester and the East London Foundation Trust.

Jay Banerjee, UHL Quality Improvement Lead, will provide QIM expertise in progressing this work. The first stage of the process is to gather RRCV CMG baseline data on the following:-

- BME / White Break down band 8 and above
- Recruitment numbers band 8 and above for 2015/2016
- complaints data
- FFT
- Staff Survey
- Patient experience survey
- Psychological safety data
- Junior doctor's gripe tools data
- Datix issues
- Near misses data

The aim is to collate the data, agree the timeline and sequence of the interventions and implement in January 2017. It is recognised that to improve representation to 28% at senior levels within the Trust will take a number of years and forms part of our five year strategy.

3.3 To implement Positive Action Interventions (as part of the Trust's Recruitment and Retention Strategy)

The Recruitment Lead has confirmed that Positive Action is applied in situations where two candidates score the same and preference is given to the candidate from an under represented group.

3.4 Develop Targeted Talent Management Strategies for Under - Represented Groups.

The Assistant Chief Nurse for Education who is hosting a world style café event for Band 5 and 6 Nurses to identify their development needs going forward. They are aiming to secure 28% participation from BME nursing staff on the development programmes that will be subsequently created. The East Midlands Academy hosted a BME Leadership perspectives event in November 2016. The event was well attended by a number of UHL Staff. Feedback from the event is positive and colleagues that attended are keen to pursue future opportunities that will follow (agreed during the event to reflect participant feedback).

The Deputy Medical Director is exploring how the Athena Swann principles may be applied within the Trust in terms of addressing under representation of female Medical Consultants in some specialties. Currently 40.64% of the medical workforce is female with 30.5 % at Consultant level.

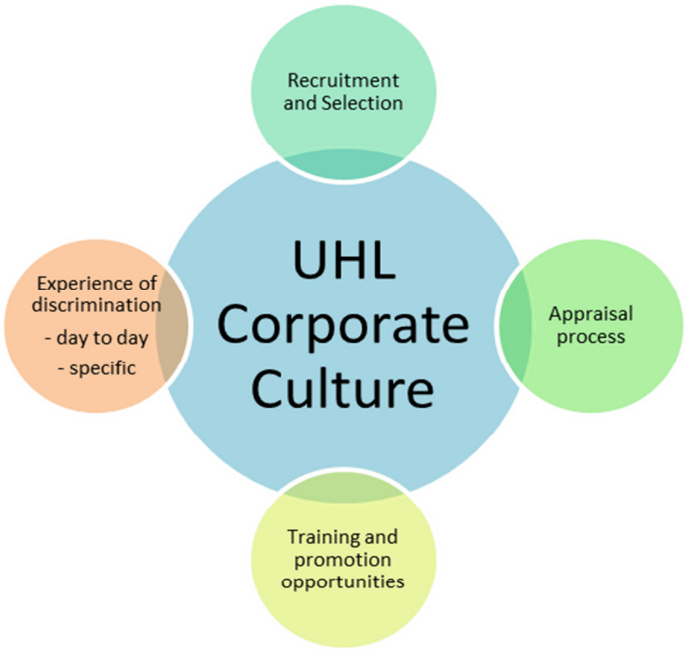
3.5 Reverse mentoring Scheme

The former CEO of General Electric®, Jack Welch, is credited with inventing the concept of reverse mentoring. Usually, a mentor is expected to be more senior and more experienced than his or her mentee. However, reverse mentoring recognises that there are skills that can be shared between mentor and the mentee that are based on the mentor's personal experience. The focus for the relationship initially will be around career

progression. Four volunteer mentors have been identified and have undergone some awareness training to ensure that they feel confident in the role.

Four Executive Leads (including Board representation) have agreed to act as "mentees" for our BME mentors. These are; Andrew Furlong Medical Director, Julie Smith Chief Nurse and Louise Tibbert Director of Workforce and Organisational Development and Suzanne Khalid CMG Director. This high profile engagement by the senior team adds credibility to this approach and endorses the commitment the Trust want to make to promote career progression for BME staff. Leicestershire Partnership Trust is interested in adopting the model.

Our mentors have been recruited for the programme and attended a development session on November the 14th 2016. The proposed start is January 2nd. The conversations will be focussed around the five themes depicted below. These themes have been selected because both research and feedback from the LIA staff events last year suggests that these may be areas of activity that may impact upon BME representation.



3.6 Leadership Development

It has been agreed that the recruitment target for BME participants on leadership programme (internal / external) will be 28%. Given that the BME leadership figure is 11% and predominantly participants on available programme need to be band 7 or above this target is aspirational. CMG's will be asked to ensure that when nominating their team's for available programmes, where possible consider under representative groups.

The Trust is a member of the East Midlands Leadership Academy and attendance on programmes by underrepresented groups is reported and monitored at quarterly intervals. The 2016-17Utilisation Report received from EMLA highlights BME representation on leadership programmes ranges from 10-26% (specific to quarter 1 and 2) suggesting further improvement required.

3.7 The Workforce Disability Equality Standards (WDES)

NHS England has developed the second Workforce Equality Standard, the DES which is for disabled employees and is due for implementation by April 2017. The indicators and the reporting requirements mirror the requirements of the Workforce Race Equality Standard (WRES). The report submission to NHS England that informs the benchmarked analysis is due in April 2018. The first year will enable the Trust to assess their baseline position and implement required remedial actions prior to the assessment in 2018.

4.0 Patient Access and Health Outcome Activity

4.1 Interpreter Access for Deaf Patients

We know from previous engagement with the deaf community that access to BSL across the health sector remains inconsistent. A recent information event was held with 65 deaf members of the public. The event was jointly hosted by the City CCG, UHL, LPT, Healthwatch, the Police Service and East Midlands Ambulance Service. Attendance at the event was good and feedback very positive. That said the event further reinforced previous findings regarding the differing standards in terms of access to BSL in the public sector.

Specific feedback from the community for UHL confirmed that BSL provision is variable across the CMG's, the reasons for the variation is generally:

- UHL staff not planning well enough in advance that an interpreter is required or
- Interpreter availability because of short notice requests. This is particularly an issue in Emergency Care.
- Interpreter failing to attend the appointment
- Staff acting as gatekeepers by deciding for themselves that ''interpreters are too costly'' and therefore simply don't book one.

The Equality Lead is working with Procurement our Contractor and our local BSL suppliers to build a more timely and responsive system.

The CCG has included in the Quality Schedule for this year the requirement that UHL signs up to the British Sign Language Charter which essentially is a set of principles that demonstrates the organisations commitment to deaf people: The 5 principles are:

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- Ensure better access to information and service
- Promote learning and teaching of BSL
- Support Deaf children and families
- Ensuring staff can communicate effectively in BSL

- Consult with local Deaf community regularly.

These are very much in line with our current approach. Leicestershire Partnership Trust and the Leicester City Clinical Commissioning Group have signed the pledge. Signing the charter does require the Trust to host a 'signing ceremony' where members of the deaf community, representatives from the British Deaf Association and some of the Executive Team come together to pledge their support. The plan would be to do this at the January 2017 '' Equality thinking day.''

4.2 The Accessible Information Standard

NHS England has introduced the Accessible Information Standard (AIS) in all organisations that provide NHS or adult social care. Work is progressing and an IT solution is now available in Outpatients that will enable staff to record patient's information requirements. The IT system is also ready to go in inpatients however, we need to identify how the data will be collected and inputted, the delays are due to the upgrading of Nerve Centre. There is still some work to do in terms of the system being able to automatically generate information in the patients required format. This appears to be the position that most Trusts are in currently.

4.3 Disability Patient Data collection

Since May 2016 The Trust has collected disability status from patients. In May the data recording rate was 4.4%. This has risen to 15.6% as of November 2016. There is clearly some way to go but the data is showing a month by month increase. The purpose of doing this is to quantify any differences in the levels of access to our services. We plan to report in January 2017 our Do Not Attend (DNA) rate and referral to treatment rates by Gender, Disability and Ethnicity.

4.4 Learning Disability Patient Mortality Review

Since 2016 the Trust undertakes an annual mortality review of patients who have a learning disability (LD) and die whilst in UHL. In 2014 twenty six patients who were on the Learning Disabilities Register died whilst in UHL. The figure for March 2015 – March 2016 is 15 deaths. The broad findings are that care was delivered appropriately. A more detailed report will be presented to the UHL Mortality Review Committee in January 2017.Chest infections and particularly aspiration pneumonia was the most common cause of death for both years.

In addition to our own audit we are participating in a Leicestershire wide learning disability mortality review led by Bristol University in partnership with NHS England. It is a national pilot that requires health and social care to review and report all deaths of people with LD (community and hospital deaths). The information will be collated and a report produced in order that common themes can be identified and learning shared across the health and social care sectors.

5.0 Conclusion

UHL continues to declare legal compliance with the Public Sector Equality Duty as demonstrated in this report and has a range of activities and processes to evidence our position.

Recommendation

The Trust Board is asked to comment on progress made and continue to support the Equality Programme.