

## Equality Delivery System grading process, CQUIN end of year position and Accessible Information Standard update report

Executive Quality Board

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### Executive Summary

#### Context

The Equality Delivery System (EDS) was launched by NHS England in 2012 and adopted by University Hospitals of Leicester NHS Trust that year. The framework was introduced as a means by which health organisations can measure Equality and Diversity performance and demonstrate compliance with the Public Sector Equality Duty. Every four years Trusts are required to grade their position against the outcome indicators covered within four domains which, are Better Health Outcomes , Improved Patient Experience, A Representative and Supported Workforce and Inclusive leadership. Once agreed by the Executive Quality Board this report will be presented to the Leicester City Commissioning Group.

The purpose of this report is to present the:

- EDS graded position and priorities for 2016-2017
- End of year position for the learning Disability CQUIN
- Update for implementation of the Accessible Information Standard

#### Questions

1. Does the Executive Quality Board feel that the EDS assessment is an accurate and fair reflection of our position?
2. Does the Board agree that the CQUIN has been delivered in full?
3. Is the Board happy with the implementation plan for the Accessible information Standard?

#### 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. Progress against the EDS service delivery elements has been steady with some notable achievements made for patients who have a learning disability via the CQUIN.

#### InputSought

We would like the Executive Quality Board to agree the content of the report.

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	NA
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: July 2016

Executive Summaries should not exceed **1page**. does comply]

6.Papers should not exceed **7 pages**.

My paper does not comply

**REPORT TO:** Executive Quality Board

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

**DATE:** May 19<sup>TH</sup> 2016

**SUBJECT:** Equality Delivery System grading report 2012- 2016, the CQUIN end of year position and the Accessible Information Standard update.

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## 1 INTRODUCTION

The Equality Delivery System (EDS) was launched by NHS England in 2012 and adopted by University Hospitals of Leicester NHS Trust that year. The framework was introduced as a means by which health organisations can measure Equality and Diversity performance and demonstrate compliance with the Public Sector Equality Duty. EDS uses four main domains that cover workforce and patient services and are as follows:

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

All of the above headings have a sub set of measurable outcomes. A full grading review is expected every four years and the assessment must include patient feedback. In addition UHL was given a CQUIN in 2015-2016 to improve learning disability services in the Trust. The Accessible Information Standard is due for full implementation by July 31<sup>st</sup> 2016 and an update is included within this report.

## 2. THE PURPOSE OF THE REPORT

This report will present the:

- EDS grading results at **Appendix 1**
- End of year position for delivering the Learning Disability CQUIN
- Report on progress on the implementation of the Accessible Information Standard due for full implementation by July 31<sup>st</sup> 2016.

### 3. THE EDS GRADING PROCESS

#### 3.1 EDS Outcomes

The assessment comprises 17 outcomes two relate to patient care delivery and two relate to the workforce and are as follows: The list below also details UHL's assessed grading. More detail is at Appendix1. The areas marked as undeveloped are because there is a lack of data to evidence the position one way or another.

- Services are commissioned, procured, designed and delivered to meet the health needs of local communities. **Developing**
- Individual peoples health needs are assessed and met in appropriate and effective way. **Developing**
- Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed. **Developing**
- When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse. **Undeveloped**
- People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds. **Developing**
- People are informed and supported to be as involved as they wish to be in decisions about their care. **Undeveloped**
- People report positive experiences of the NHS. **Developing**
- People's complaints about services are handled respectfully and efficiently. **Developing**
- When at work, staff are free from abuse, harassment, bullying and violence from any source. **Developing**
- Flexible working options are made available to all staff, consistent with the needs of the service, and the way that people lead their lives. **Achieving**
- Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations. **Achieving**
- 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. **Achieving**
- Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination.

## Developing

- Fair NHS recruitment and selection processes lead to a more representative workforce at all levels. **Developing**
- 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 obligation. **Achieving**
- Training and development opportunities are taken up and positively evaluated by all staff. **Achieving**

### 3.2 Grading Criteria

The EDS grading process differs from similar types of organisational assessments in that the grading is based upon 3 elements which are:

- What our patients and the data tells us?
- What our organisational evidence is?
- How well do patients from protected groups fare compared with people overall.  
There are five EDS grades which are :

**Undeveloped** - there is no evidence to say how any protected group fares or

**Undeveloped** - that the majority of people in only two or less protected groups fare well.

**Developing** - If the evidence shows the majority of people in three to five protected groups fare well.

**Achieving** - if evidence shows that the majority of people in six to eight protected groups fare well.

**Excelling** - if evidence shows that the majority of people in all nine protected groups fare well.

### 3.3 Community Engagement Events

The Equality Leads from the City CCG, UHL, Leicestershire Partnership Trust and East Midlands Ambulance Service worked in partnership supported by Healthwatch to develop a single service user /patient engagement approach.

A series of events with a range of different patient groups listed below:

- Disabled people

- Gypsy and traveller community
- Somali community
- Polish community
- Leicestershire Aids Support Service
- Learning disabilities (Speaking Up for Health)
- The Lesbian, Gay, Bisexual and Transgender Centre (LGB&T)
- African Caribbean community

### 3.4 General Feedback

Attendance was variable and overall the events were well received. There was a mixture of positive and negative experiences across the Health Sector with the analysis showing that people from protected characteristics are experiencing some barriers to accessing health care. The full assessment is at **Appendix 1**. For the purposes of this report only the feedback for UHL has been included as part of the grading process.

### 3.5 Summary Grading Position

UHL's baseline assessment was completed in 2012 and showed most areas to be undeveloped as was the case nationally. Since the advent of the EDS progress against equality plans has been consistently reported biannually to Trust Board.

This is the first time the Trust has undertaken the grading exercise since the baseline assessment in 2012. Of the 17 provider outcomes:

**2 have been graded as Undeveloped because of a lack of data**

**9 have been graded as Developing**

**6 have been graded as Achieving**

The Equality Advisory Group will serve as our external validation group and the assessment will be agreed at the May 11<sup>th</sup> 2016 meeting. Areas that are undeveloped or developing will be included in the 2016 - 2020 work plan. Summary actions are detailed below.

### 3.6 Priorities for 2016- 2017

- To improve patient data collection and reporting
- Improve access to British Sign Language (BSL ) for deaf patients
- Sign up the BSL Charter
- Undertake a complaints review for BME and disabled patients
- Develop equality indicators for use within the Clinical Management Groups (CMG's)
- Develop CMG and overall workforce targets to address under representation in the workforce
- Implement the Accessible Information Standard

## **4.0 CQUIN – End of year position**

The CQUIN for 2015-2016 was designed to improve/ enhance the care of patients who have a learning disability using the following measures:

### **4.1 Q4 Measures**

#### **4.1.1 Provide a report detailing the number of patients and the number using the activity equipment and report on the patient experience feedback from patients and staff utilising this equipment.**

The purchase of the equipment has been completed. A range of items were Purchased and are available on all hospital sites. The types of equipment include:

- Sensory equipment
- Tactile toys
- Musical instruments
- Colouring books
- DVD and CD players with discs.

The most commonly used items to date have been the colouring books, DVDs and CD players. Where possible, feedback from the patients has been informally received with no negative comments given. There have been several occasions where the use of the equipment has prevented escalation of anxiety related behaviour.

A question on the usage and benefits of the equipment will be included in the patient diary that goes to every patient on their discharge from hospital.

#### **4.1.2 Audit the use of the Learning Disability reasonable adjustment risk assessment (this is the patient records data base) and report on the number of patients requiring assessment by the LD team and details of interventions implemented as a result of their assessment.**

The number of reasonable adjustments is manually recorded at present as there was a delay in the implementation of the database which was launched in February 2016. The Acute Liaison Nurse (ALN) team during this time period (November – March 2016) have seen on average 20 – 30 patients per week. Of these 30 % of patients required reasonable adjustments such as:

- Carers visiting out of hours which includes night stays for carers (generally at their request)
- First and last appointment slots
- Use of empty rooms to wait
- Screened procedure room to hide equipment
- Use of activity equipment.
- Adapting procedures to accommodate physical needs of the patients

- Practitioners singing
- Use of music

#### **4.3 Complete an audit of the use of 'Easy Read' patient information usage for patients with LD and seek feedback from patients and carers on the leaflets.**

There is a reformed patient carer group who will have responsibility for agreeing the leaflets going forward including the first 7 that have been previously reported. A full list of available easy read leaflets and sample is at **Appendix 2**.

#### **4.4 Do not Attend (DNA) Review**

We had identified from the original data that the DNA rate for patients with a learning disability was slightly higher at 8.4% as opposed to 7.22% in the general patient population. One hundred and forty six patients were recorded as a DNA. We have contacted a sample of patients' carers (family and care home managers).

The three reasons given for not attending were that the patient was:

- Not aware of the appointment
- The Patient was ill or not prepared on the day
- Already an inpatient on date of appointment

All patients contacted subsequently accessed an appointment / treatment since the recorded DNA. The % DNA rate for LD patients this year is 1% higher than the general population, the same difference as last year. There is no evidence to suggest given the reasons for the DNA's that patients are either treated differently or are left untreated. The plan going forward is to report DNA rates as part of our annual Acute Liaison Service Report.

#### **4.5 Summary**

Progress has been made in all areas although some of the timescales had to be extended. That said all elements have been completed other than the leaflet audit and the Trust will continue to monitor these elements and results will be included in the Acute Liaison Nurse Service Annual Report.

### **5.0 ACCESSIBLE INFORMATION STANDARD**

NHS England has introduced the Accessible Information Standard, which aims to ensure that people who have a disability, impairment or sensory loss get information that they can access and any communication support that they need. All organisations that provide NHS or adult social care must follow the accessible information standard by law, and they must do **this in full by 31 July 2016**.

#### **5.1 Issues for Consideration.**



**5.2 Ask:** identify / find out if an individual has any communication / information needs relating to a disability or sensory loss and if so what they are.

- The Patient Administration System (PAS) has been updated to enable the flagging of patient need. An extensive education programme will need to be implemented to encourage staff to use and act on the information recorded on PAS.

**5.3 Record:** record those needs in a clear, unambiguous and standardised way in electronic and /or paper based record / administrative systems / documents.

- The communication requirements of patients are not routinely /consistently recorded.
- The standard of recording patients information needs is variable in terms of the "how" and the "what".
- All outpatient appointment letters are available in large print or braille. Ophthalmology appointment letters are produced in large print on a regular basis. For the whole Trust, once a patient has been flagged as requiring either large print or braille formats, any outpatient appointment letters in any specialty will be automatically produced in the required format.

This option has been developed as part of an out-sourced letter-printing project, but the current scope is just outpatient letters. In order to extend this to all patient letters a specific project would need to be established and would take 12 months to fully roll it out.

The current printed letter output for inpatient letters, clinical summaries from clinic, discharge letters, imaging and other support department appointments etc. relies on staff knowing what individual patient requirements are. Meeting those requirements then requires a manual process.

#### **5.4 Alert / flag / highlight**

- There is no dedicated post within Communications to oversee the production and subsequent management of Patient Information.
- There isn't a robust IT system that manages all elements of the Patient Information/ communication pathway as yet.
- There isn't a centralised storage or archiving system.

A Patient Information Group has been set up as a sub-group of the Consent Committee to look at patient information and to develop a standard approach to its production and to produce a central electronic archive where information can be kept up to date and be available to patients and staff.

**5.5 Share:** include information about individuals' information / communication needs as part of existing data sharing processes (and in line with existing information governance frameworks).

- There is no data sharing system in place i.e. Primary Care to hospital. (EPR will hopefully address this), however, we will need to consider a short term solution.

**5.6 Act:** take steps to ensure that individuals receive information which they can access and understand, and receive communication support if they need it.

- There is an Interpreting and Translation service in place which includes the provision of British Sign Language and translation into Easy Read, Braille and large print.
- Texting and emailing are not consistently available for patients across the Trust.

### **5.7. Reporting and Governance**

The AIS will become a mandatory requirement of the Clinical Commissioning Group contract and will be monitored internally by the Consent Committee and externally via the Clinical Quality Review Group. NHS England has yet to announce any additional monitoring proposals.

### **5.8. Next Steps**

The attached action plan at **Appendix 3** details the required actions for full implementation of the standard. In summary the Task and Finish group need to identify:

- The level of compliance currently.
- The gaps and the actions needed to address them.
- Who is responsible for each element?
- The communication plan.

### **5.9 Summary**

The report has outlined some of the challenges UHL and other Trusts are experiencing due in the main to a lack of full automated and centralised systems.

That said we do have some systems in place that work well and can accommodate patients individual needs. Full compliance is expected by July 31<sup>st</sup> and UHL may need to adopt a manual system for some of the services via the inpatients medical notes if we are to meet the standard in the time frame.

## **6.0 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. Progress against the EDS service delivery elements has been steady with some notable achievements made for patients who have a learning disability via the CQUIN.

### **Recommendation**

The Executive Quality Board is asked to agree the content of the report before submission to the Clinical Quality Performance Group on May 19<sup>th</sup> 2016.

**Appendix 1**

**Equality Delivery System grading and associated evidence for University  
Hospitals of Leicester NHS Trust – March 2016**

## **Goal 1: Better Health Outcomes**

### **1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities**

**Grading: Developing as specific services are available for 3-5 protected groups.**

#### **Trust Examples**

UHL Procurement service endeavour to utilise national frameworks wherever possible to ensure that contracts meet the National standards of the industry. Whilst the contract is National most of the workers are local and reflect the diversity of our local communities as demonstrated in the UHL annual Equality Workforce Monitoring report.

Due Regard is applied to all new policy and service developments and reported by the Clinical Management Groups (CMG's) on a quarterly basis via the Patient Experience, Patient Involvement , Equality Assurance Committee (PIPEEAC). The application of Due Regard is being applied more automatically and consistently for large scale developments and reconfiguration across all areas. That said the Trust needs to ensure that smaller developments are also assessed to make sure equal access to all services is maintained.

### **1.2 Individual people's health needs are assessed and met in appropriate and effective ways**

**Grading: Developing as specific services are available for 3-5 protected groups.**

#### **Trust Examples of Good practice**

##### ***Staff Training***

UHL's compliance with equality mandatory training is 95% with a range of additional equality training provided for staff. This year in partnership with VISTA , a local charity supporting people with a visual impairment delivered four staff awareness sessions to frontline staff. The sessions were well evaluated.

##### ***Interpreting and translation Service***

The Trust has a 24/7 Interpreting Service with on average 400 bookings made per month at a cost of 475k in 2014 -2015. Since 2011 there has been a 64% increase in the requests for interpreters, with the Trust now booking an average of 925 sessions per month. Despite a rise in the different languages requested over the last four years, the top five languages requested have remained unchanged and still account for 65% of all bookings.

##### **Acute Liaison Nurse Service**

UHL has a specialist nurse service to support patients in hospital who have a learning disability. The aim of the service is to improve patient experience and health outcomes for people with learning disabilities by supporting continuous improvement in UHL care

pathways. In addition the specialist team support people with learning disabilities and family carers to ensure that they are involved as far as they want to be in their or their loved ones care. The service supports over 550 patients per year.

### ***Older People's care***

In 2013 the Trust signed up to eight wards undertaking the National Quality Mark standard. The Quality Mark for Elder Friendly Hospital Wards is a subscription based improvement programme developed by Royal College of Psychiatrists' Centre for Quality Improvement (CCQI). The Quality Mark supports hospital wards to identify the standard and quality of care being delivered to older, frail patients and highlights a dedication to continually improve dignity and care for patients aged 65 years and over.

Six wards achieved the National Quality Mark Standard – the largest number in any one Trust. Part of the Frail Older Peoples Strategy was that patients felt many of the fundamental were missing for older people on the wards. In March 2015 feedback was gathered from older people from the many different routes and at an engagement event. Key outcomes in response to the feedback from patients included the following:

- The Metro newspaper is now available at the Leicester Royal Infirmary
- Activity boxes have been supplied for all the older people's wards and patients with a learning disability for use as distraction and to relieve boredom.
- Snack foods are being trialled on the older people's wards and again if successful will be rolled out to other areas.
- The ED supported clinical staff to ensure drinks round occur and snacks are available. They also purchased some lap trays to help patients have a drink and snack while lying in a trolley.
- In September 2014, funding was approved from Leicester Hospitals Charity Funds to expand the Meaningful Activity Service to become a team of 8.6 WTE facilitators and a Meaningful Activity Team Leader.
- Following a review of high volume ward areas where patients with dementia are admitted to, the service has increased their support to ten wards.
- Also more recently the services had launched an outreach service and also buddy wards so more patients can benefit from this service.

The Pain Services Team in consultation with key geriatricians adapted a 'Pain Aid' tool for people with dementia. All wards at the LRI and most at GH have the pain aid tool in place to help staff detect pain for patients who cannot verbally express this. A similar tool exists for patients with a learning disability.

### **Ethnicity**

A multi - cultural menu choice is available for patients with specific religious requirements. An online pictorial Communication Aid is also available for staff to down load from the Intranet. This was developed by UHL some years ago and is translated into 15 languages.

### **Engagement event feedback**

Some of the participants felt that UHL did not consistently meet their health needs and described a variance in the standard of care received. The reasons cited were poor staff attitude, lack of understanding, language barriers and cultural barriers.

The Trust is aware that the deaf community are unhappy with the level and on occasions the timeliness of the service provided for British Sign Language. The Equality Lead raised this with the Interpreting and translation provider and discuss the option of adopting the service model that exists in Derby which appears to work very well. UHL have also agreed to sign up to the BSL Charter in 2016. UHL is a member of the Deaf Forum and the group are keen to work in partnership with UHL to deliver the required change.

“we don’t mean to be aggressive but people sometimes expect us to be and treat us differently. If we are upset we sometimes shout. If this happens we are then labelled as having a mental health problem.” **African Caribbean community.**

### **1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed.**

**Grading: Developing – Evidence applies to 3- 5 protected groups**

#### ***Better Care Together***

The Better care together programme along with UHL’s annual plan may be one mechanism whereby closer working between organisations results in smoother transitions between services. There is a specific Learning Disability work stream entitled Transforming Care. UHL is represented on the Steering Group.

#### ***Patient Profiles***

Over the last 12 months, the ‘Patient Profile’ was reviewed by staff groups, patients and carers of people with dementia. A new ‘Know Me Better’ Patient Profile was launched in January 2015 across all adult inpatient areas and has received positive feedback from patient families and staff. There is also one in place for patients with a learning disability. Feedback from carers and staffs suggests that the use of the profile can hugely improve a patients experience of care in UHL.

### **1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse**

**Grading: Undeveloped as there is little in the way of patient safety data by Protected Group that can identify any disparities between groups.**

### **Trust Examples**

### ***The Trusts Commitment to Safety***

The delivery of safe, high quality patient centred care remains the Trust's top strategic objective for 2016 /2017.

### ***Complaints***

Patient feedback is analysed by gender, ethnicity, age and disability and reported biannually to the Executive Quality Board. The Trust is aware that patient feedback from certain communities groups is less than expected. This is particularly evident in terms of the number of complaints received from patients from a BME background.

The analysis undertaken by gender, age, disability and ethnicity has shown that the top 3 areas of complaint which are communication, medical and nursing care are consistent with the general population.

### ***Learning Disability Mortality Review***

In 2015 a mortality review was undertaken as a result of the mortality rate having been identified as slightly higher for patients with a learning disability. The report referenced the fact that our records for 2014 - 2015 showed that 16 patients with a learning disability had died giving a 3.4% mortality rate compared to UHL's overall rate of 1.3%.

This was deemed to be worthy of some further analysis to ensure that the appropriate care pathway was followed, treatment was timely, appropriate and delivered to the same standard as we provide to our patients without a learning disability. Whilst we know that the reasons for lower life expectancy for people with a learning disability are many and varied we need to be assured that deaths for this group of patients in our care are unavoidable. All cases reviewed were managed appropriately and a review is conducted annually.

### ***Hate Crime***

There has been some positive work around the development of a Hate Crime e learning package which is being rolled out by Leicestershire Partnership Trust, East Midland Ambulance Service and UHL to raise awareness of hate crime and how health staff can support victims and their families. The module will be aimed at Emergency Department staff and is due to go live In May 2016.

### ***Older People's Champions***

Within the Trust we have an active Older People's Champion's network who are staff from a range of backgrounds and specialties who have volunteered to undertake training to enable them to support older people better within the clinical setting to promote excellence in practise and a responsive individualised service.

The network also supports key developments in Leicester's Hospitals Strategic Direction in providing better services for frail older people. The network has been in place now for 8 years. 119 staff volunteered and became Older Peoples Champions – total 1,675

A Dementia Champion is a voluntary role where staff attend a bespoke workshop based on local and national patient feedback to help staff develop a deeper understanding of the

experiences of people living with dementia and how our care services could impact on their well-being. The Dementia Champion Network aims; to support a change in cultural attitudes and practices across the Trust; to develop a more empowered workforce prepared to stand up for the interest of people with dementia. 137 staff volunteered and became a dementia champion bringing the total to 317

### **Reasonable Adjustment**

The Learning Disability Nursing Service has developed a service data base to enable the recording of numbers and types of reasonable adjustments made for patients with a learning disability. This includes relatives being able to stay with loved ones should they need/ want to. Three Z beds have been purchased for this year to facilitate carer overnight stays.

### **Engagement Events feedback**

The feedback suggests that there is some concern in general people from protected characteristics do not always feel safe when receiving health services.

“When we receive letters from the doctor or hospital, we are not able to read them. We have our grandchildren to read them but they do not always give us all the information we need or they say it’s nothing to worry about and it gets ignored. If we had a call instead of letters it would be beneficial” **Gypsy and Traveller community.**

## **Goal 2: Improved Patient Access and Experience**

### **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**

**Grading: Developing – The Trust has made some progress in terms of improving access more work is needed to ensure equitable access for all across all services.**

### **Trust Examples**

#### ***The Acute Liaison Nurse Service***

Through the Learning Disability CQUIN 2015-2016 the Trust has:

- Purchased some activity equipment for patients with a learning disability
- Reviewed the ‘Do Not Attends’ as the numbers for patients with a learning disability are slightly higher than the general population. No access issues were identified through the review.
- Developed a patient administration system for the service to improve the community to hospital transition.
- Developed an Easy Read information library.



### ***Hearing Loops***

In terms of accessibility, a problem regarding our static hearing loops was identified by a patient who regularly uses our hospitals. Despite several new installations four years ago many are now not working. We have undertaken an audit to find out the extent of the problem. Plans are now in place to rectify the issue and a replacement programme was undertaken in April 2016.

### ***The Accessible information Standard***

The NHS England Information Standard is now in place and requires the Trust to identify, record and deliver accessible information to patients who require it. A Task and Finish implementation group has been established. Progress will be externally monitored by The Leicester Clinical Commissioning Group.

## **2.2 People are informed and supported to be as involved as they wish to be in decisions about their care**

<b>Grading: Undeveloped as more evidence is required.</b>
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### **Engagement Events Feedback**

The feedback from the engagement events highlights the need to provide better information to patients in a timely and responsive way in formats/media they can easily access. The mandatory NHS Access to Information Standards will assist in this for people with disabilities. New guidance is also being produced for interpretation and translation services.

“I always ask for information about my care in Easy Read. It isn’t always available but when it is, it’s really useful” Service user with learning disabilities
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“There are language barriers that restrict access to all health services” Disabled community
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## **2.3 People report positive experiences of the NHS**

<b>Grading: Developing as there are a range of patient feedback options to address the differing needs of patients.</b>
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### **Trust Examples**

Since 2014, The Patient Experience Team analyse and report some patient feedback by age, ethnicity, disability and gender. As a result of this analysis the Equality Team reviewed 117 complaints received from disabled patients over a 12 month period (January 2014 - 2015). Of these 59 complainants were identified as having either a physical, mental (including dementia) or learning disability. The complaints covered 36 different departments and were grouped into 20 subject matters the most frequent being concerns over communication, Medical and Nursing care. The case study below highlights some of the issues faced.

The patient has a deteriorating disability and they are now unable to freely move or communicate. As part of their care management they required a regular blood transfusion. No planned process was in place which resulted in the patient requiring regular emergency admission for what was in essence a planned procedure. The stay on average was three days.

The complaint was received from a family member/ carer who raised concern as to the disruption and distress this caused the patient. Following a review of the case by a Haematology Consultant a care plan has been established with community support from the patients GP that will see the patient establish a routine whereby, they are now transfused regularly as a day case before the symptoms are present.

The Equality Team will continue these reviews on an annual basis and will also include a review of complaints from Black and Minority Ethnic (BME) patients and carers in 2016-2017.

### **Patient Feedback**

There are a range of patient feedback methods for patients to use. This included the use of volunteers for patients who are unable to complete the feedback forms unaided.

### **Engagement Events Feedback**

There was a mix of positive and negative hospital experiences. The most frequently raised concern was from the deaf community who were dissatisfied with the level of access to British Sign Language interpreters when attending hospital.

## **2.4 People's complaints about services are handled respectfully and efficiently**

**Grading: developing - evidence shows that the majority of people in 3-5 protected groups fare well.**

### **Trust Examples**

There are a range of different methods used to ensure equitable access to the complaints system. There is a translated paper form on wards for Polish, Gujarati and Punjabi languages (our 3 most commonly spoken languages). They are then translated and included as part of our survey reports.

In August 2015 easy read versions of all surveys were implemented – this is a simplified version of the Friends and Family Test and one reason for its implementation is to provide a way of giving feedback for people with low levels of English understanding.

The evidence demonstrates that not all communities have equal access to the complaints process or feel a lack of confidence in using it. This is evident in the data around the low numbers of complaints from minority communities. This will need to be a priority area for 2016- 2017.

## Engagement events feedback

Participants reported that the complaints system was often difficult to navigate. There is evidence that patients from protected characteristics do have positive experiences of health care when health care staff have the right attitude and approach towards patients with additional needs. More work is required in terms of the issues raised above.

“My partner spoke to the ward superior and made a complaint about the doctor’s level of English and how they were having a discussion about me in their own language. The doctors came and apologised immediately. We were happy the complaint was dealt with there and then and there was no paper work to fill out” **LGBT community**

“Trust is a big thing for the African Caribbean community, if a person complains; they feel it will affect the services they receive” **African Caribbean community**

## Goal 3: A Representative and Supported Workforce

### 3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels

**Grading: Achieving - evidence is collected on all nine protected characteristics**

#### Trust Evidence

There are robust policies and procedures in place to support the recruitment and Selection process that are in line with the equality Act 2010. In addition the Trust operates a “blind recruitment process”. The Trust monitors the workforce by protected characteristic and has a 29% BME Representation. This reduces to 11% in more senior roles. The declared numbers of Lesbian, Gay Bisexual and Disabled staff remain lower than expected but is in line with the national picture.

In the general workforce the gender balance favours females at 80%. The Workforce Monitoring report for 2014-2015 showed that BME candidates fair less well in the recruitment process in terms of the number of applicants number shortlisted and then appointed. A Diversity workforce task and finish group was established in August 2015 and produced a comprehensive report and associated action plan which was presented and agreed by the Board in March 2016. As part of this work we ran several focus groups aimed at BME Staff.

The staff events identified a number of barriers some of which may apply to all employees, although this cannot be assumed. No-one who attended the events or who was interviewed had been subjected to any direct discrimination in terms of securing a more senior role. However, there was a strong sense that more subtle but impactful unconscious biases did exist but for the individuals experiencing them they were often difficult to recognise.

The Trust has also commissioned 5 sessions of Unconscious Boas training for senior leaders in the organisation including a bespoke session for the Trust Board which was delivered in April 7<sup>th</sup> 2016.

### **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 obligation**

**Grading: Achieving- evidence shows that the majority of people in 6-8 of the protected groups fare well.**

#### **Trust Evidence**

All jobs are evaluated against the Agenda for Change framework. UHL is undertaking a gender quality audit in 2016-2017.

### **3.3 Training and development opportunities are taken up and positively evaluated by all staff**

**Grading: Achieving evidence shows that the majority of people in 6-8 of the protected groups fare well.**

#### **Trust Evidence**

This is reported in our annual Workforce Monitoring report and shows slight differences across the workforce in terms of access to training. The 2015 National staff survey showed UHL to be high

#### **Staff engagement**

Feedback from the Diversity focus group suggested that the barriers were organisational rather than discriminatory and included;

- Lack of time,
- Heavy workloads,
- Lack of clear career pathways in some areas, particularly in non - clinical roles
- Insufficient attention or nurturing of individuals who have ambition and or talent.

What was less clear was whether these things apply to all staff or just those from a BME background.

### **3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source**

**Grading: Developing evidence shows that the majority of people in 3-5 protected groups fare well.**

#### **Trust Evidence**

The Trust has anti-harassment and bullying procedures in place as well as an Anti- Bullying confidential support service and Steering Group. A report is provided annually to the Executive Workforce Board. The 2015 Staff Survey results show that 3% more staff than the national average have experienced bullying and harassment from patients with 15% of staff reporting discrimination against a 10% national average score. That said the UHL anti-bullying monitoring reports do not suggest that any one group is disproportionately represented in the figures.

### **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.**

<b>Grading: Achieving- Evidence is collected on all nine protected groups.</b>
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UHL has a Flexible Working Policy that staff is able to access on request. The latest National Staff survey results (2015) show that UHL report higher levels of satisfaction for flexible working than the national average.

#### **Goal 4: Inclusive leadership**

### **4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations**

<b>Grading: Achieving – Evidence is collected on all nine protected groups.</b>
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The Trust Board dedicated time in February 2015, as part of a 'Leading Diversity' Trust Board Thinking Day, to discuss the issues highlighted by the "Snowy White Peaks" Report (Roger Kline 2014) and the requirements of the new Workforce Race Equality Standard (WRES) and a programme of work for 2015/16 was agreed by the Board.

Subsequently, in August 2015 the Trust Chairman, on behalf of the Trust Board, instigated a Diversity Task and Finish Group to develop some tangible and measurable recommendations to address the lack of Black and Minority Ethnic (BME) staff representation in senior positions within the Trust.

The Scope of the Diversity Task and Finish Group was as follows:-

- Specifically focus on race equality and leadership at UHL
- Consider information about the Trust's past and current experience in terms of recruitment, promotion and retention to senior managerial, clinical and nursing roles
- Consider access to training, mentoring and development opportunities
- Consider best practice from a number of sectors within and outside the NHS
- Present proposals and milestones to Trust Board by February 2016.

#### **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**

**Grading: Achieving - Evidence is collected on all nine protected groups.**

##### **Trust Evidence**

The front sheet attached to all Board and Committee papers includes a specific section "results of any **Equality Impact Assessment**, relating to this matter: "Due Regard forms part of all major service development proposal submissions.

#### **4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination**

**Grading: Developing**

##### **Trust Evidence**

Equality and Diversity training is mandatory for all staff. Five sessions of Unconscious Bias training which includes a specific session for Trust Board have been commissioned. These will be delivered in-house in the future as part of the suite of management training currently offered.

## **Appendix 2**

### **List of All Easy Read Leaflets Available on UHL Staff Website**

<b>List of External Easy Read Leaflets Available for Patients</b>	
<b>Number</b>	<b>Leaflet Name</b>
1	Consent - Giving Your Consent
2	Finding out you Have Cancer
3	Having a Colonoscopy
4	Signs of Cancer
5	What is Cancer
6	Having and Endoscopy
7	Having Examinations and Blood Tests
8	Stay Healthy - Exercise

9	Stay Healthy - Drink Less Alcohol
10	Stay Healthy - Be Safe in the Sun
11	Stay Healthy - Eat a Healthy Diet
12	Stay Healthy - Have Safe Sex
13	Stay Healthy - Stop Smoking
14	Be Clear on Lung Cancer
15	Mental Capacity Act
16	Be Clear on Ovarian Cancer
17	People who can Help When you Have Cancer - Diagnosis and Treatment
18	Finding Out About Your Prostate (Prostate Cancer)
19	Prostate Cancer - Symptoms, Screening and Staying Healthy
20	Radiotherapy - Diagnosis and Treatment
21	Having Surgery - Diagnosis and Treatment
22	Same Sex Accommodation
23	Scans and X-Rays
24	Screening for Cancer
25	Side Effects from Radiotherapy
26	Side Effects from Chemotherapy
27	Starting Treatment for Cancer
28	Your Social Life and Cancer
29	Getting Your Test Results - Cancer
30	Testicular Cancer and Self Checking
31	Having an Ultrasound

<b>List of UHL Easy Read Leaflets Available for Patients</b>	
<b>Number</b>	<b>Leaflet Name</b>
1	Attending the Emergency Department
2	Having a Dental Anaesthetic
3	Having a Cataract Operation
4	Hospital Blood Test
5	Having an Ultrasound
6	Complaints
7	Looking after your prostate
8	Pre-Assessment
9	Dementia
10	The Hospital Buggy Service
11	Hand Hygiene


# Having a Dental General Anaesthetic

Department Name  
Information for Patients



An Easy-Read Leaflet



University Hospitals of Leicester   
NHS trust

*Caring at its best*



## Appendix 3

**University Hospitals of Leicester NHS Trust  
Accessible Information Standard (AIS) Action plan March – July 2016**

Standard	Action	Lead	By When	Progress Update March 2016	RAG status*
<b>Ask</b> Identify / find out if an individual has any communication / information needs relating to a disability or sensory loss and if so what they are.	To identify what is currently in place in terms of <b>how and when</b> we identify a patients information needs.	Task and Finish Group	February 2016	There is no uniform system /documentation in place for capturing information needs at present however if a patient requests information in a particular format this can be accommodated via the Equality Team on visit by visit basis.	4
	To agree/ identify the most appropriate method of asking about the patients information needs.	Task and Finish Group	March 2016	On admission has been agreed as the most appropriate point.	5
	Identify the types of information patients are likely to want in alternative formats.	Equality Lead	March 2016	Appointment letters Change of appointment letter Discharge letters Patient Information leaflets Summary of care (outpatients)	5

Standard	Action	Lead	By When	Progress Update March 2016	RAG status*
	<p>To ensure that all staff are aware of their responsibilities in terms of asking and recording patient information needs.</p> <ul style="list-style-type: none"> <li>• Promote the standard prior to the process being agreed.</li> <li>• 2<sup>nd</sup> wave once the process has been agreed.</li> </ul>	AIS Task and Finish Group	<p>May 2016</p> <p>June 2016</p>	<p>AIS discussed at the Nursing Executive Team in February 2016.</p> <p>Staff briefing drafted to go out May 2016</p> <p>To include a slide on the CEO written briefing</p>	4
	To develop and promote a simple process for staff to follow.	AIS Task and Finish Group	End of May		1
<p><b>Record:</b> record those needs in a clear, unambiguous and standardised way in electronic and / or paper based record / administrative systems / documents.</p>	Develop a reliable recording system.	AIS Task and Finish Group	July 31 <sup>st</sup> 2016	The Electronic Patient Record when introduced will be able to do automatically flag a patient's needs. However in the short term we need to introduce a manual alert system in the patient's medical notes. To identify the Medical notes lead to assist.	4

Standard	Action	Lead	By When	Progress Update March 2016	RAG status*
<b>Alert / flag / highlight</b>	Agree the type of manual alert to be used.	AIS Task and Finish Group	May 2016		<b>1</b>
<b>Share:</b> include information about individuals' information / communication needs as part of existing data sharing processes (and in line with existing information governance frameworks).	To develop an automatic system that ensures the patient receives all information in the correct format without needing to request it.	AIS Task and Finish Group	July 2016		<b>1</b>

Standard	Action	Lead	By When	Progress Update March 2016	RAG status*
<p><b>Act:</b> take steps to ensure that individuals receive information which they can access and understand, and receive communication support if they need it.</p>				<p>All outpatient appointment letters are available in large print or braille. Ophthalmology appointment letters are produced in large print on a regular basis on request.</p> <p>Easy Read information is given to patients who have a learning disability via the Acute Liaison Nurse Service.</p> <p>There is the facility to translate any patient information into Braille, Easy Read,</p> <p>This requirement will be added on to the electronic handover template due to go live in April.</p> <p>Texting and emailing is available but not uniformly across the Trust.</p> <p>There is an Interpreting and Translation service in place which includes the provision of British Sign Language and translation into Easy Read, Braille and large print.</p>	4