University Hospitals of Leicester NHS Trust
Equality Delivery System 2 Outcomes and Action Plan 2017-2019

EDS2 Goal	EDS2 Outcome	Areas for development since 2016	Progress update and positive outcomes for patients as at July 2019	RAG Status as at July 2019
EDS Goal 1				
Better Health Outcomes	1.1. Services are commissioned, procured, designed and delivered to meet the health needs of local communities	 Update the Interpreting guidelines to ensure that all patients requiring the service have access. To monitor the performance of the new foreign language interpreting and translation contract. 	The new Interpreting and Translations policy was implemented in June 2018 and replaces previous Interpreting and Translation Guidance. It reflects recent changes in the provision of interpreting and translation services following the appointment of a new Provider in Feb 2018, clarification of requirements under the Accessible Information Standard and recommendations by the CQC in its 2018 inspection that the Trust should not use family members to interpret as this is contrary to best practice.	5
			We monitor the performance of the new provider through monthly management information and regular meetings.	
Better Health Outcomes	1.2 Individual people's health needs are assessed and met in appropriate and effective ways	Acute Liaison Nurses to implement the new carer assessment with all patients seen by the service	 The Acute Liaison Nurses (ALN) currently alert the ward / service via Nerve centre to implement the following tools for patients with learning disabilities: The know me better profiles UHL carers charter DisDAt (disability distress assessment tool) pain tool Communication plans Positive behaviour plans 	5
			The Acute Liaison Nurses also ensure they provide their specialist LD knowledge to support implement these tools with all patients seen by the service.	

Better Health Outcomes	1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well- informed	To deliver the CQUIN in full to improve the care experience and health outcomes of inpatients with learning disabilities by implementing: - a reasonable adjustment screening /recording tool - purchasing and using activity items - improving access to 'easy read' information for the most common hospital procedures - reducing the number of Do Not Attend (DNA) for elective admission or out-patient appointment. -Purchasing arrange of activity items for patients (CQUIN)	UHL currently flag an alert for learning disabilities when patients are admitted via Nerve centre. The Acute Liaison Nurses (ALN) ensure that this flag is correct by verifying for accuracy with LDRMT (Leaning Disabilities Referral Management Team). This flag goes across all pathways at UHL. There is ongoing work to add alerts around reasonable adjustments on Nerve centre for all learning disability patients identified. Currently the team input specific advice as needed. The ALN team have activity equipment that is lent out to ward areas for LD patients identified. The ALN team have adapted the most frequently used leaflets to Easy Read – the team can be contacted directly by patients / carers to request specific leaflets (how to get help – the team's phone number is on all the leaflets). The team are continually working on reducing DNAs using their specialist knowledge when they are flagged to the team. In addition the ALN review TCI "to come in" dates for procedures and the outpatients monthly lists for patients that are flagged as LD. Since late 2018 the Trust also has a LD Steering Group which oversees the provision for people with learning disabilities.	5
Better Health Outcomes	1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	To improve access to interpreters for British Sign within our emergency settings.	The local deaf community fed back that they did not always get access to BSL through our previous provider especially in an Emergency so wanted the Trust to use local providers. We have now procured local organisations Action Deafness and	4

			iNet to provide BSL interpreting. Patients are able to self-refer as well as staff booking interpreters. Both services also provide out of hours and emergency support. To improve things further for the deaf community an area that is being explored is BSL Video relay provision.	
Better Health Outcomes	1.5 Screening, vaccination and other health promotion services reach and benefit all local communities	 To improve access to breast screening for local communities To improve access to sickle cell and thalassaemia for local communities To improve access to Abdominal Aortic Aneurysm Screening for local communities 	The breast screening programme has been extended to other age groups to include people aged 47-49 and 71-73. The mobile screening vans visit thirteen different sites throughout the county to enable people from all areas of Leicestershire access to the service. Breast screening leaflets are available in 18 languages. On the 21 st of June a members of the Breast Screening team and an Advanced Nurse Practitioner attended the local Shama Women's centre to talk about breast awareness and the screening programme. The screening team and an Advanced Nurse Practitioner also attended the Leicester Charity AGM and the Trust AGM/Public meeting to offer advice and information on breast awareness. To continue to raise the profile of the Trust's Breast Service a walk called the Butterfly Walk was organised where over 200 walkers attended. For the second year running an Advanced Nurse Practitioner has also recently visited South Charnwood School to talk to year 8 children about nursing as a career and the importance of self-examination. The Leicester, Leicestershire & Rutland Abdominal Aortic Aneurysm (AAA) Screening service holds clinics and over one hundred GP practices throughout the	5

			locality to provide ease of access to all men eligible for screening. Promotional activities take place each year to increase awareness of the programme and encourage uptake. The service is also promoted within community services so that health care professionals are aware of the programme and which patients are eligible for it. An annual information event is held for patients with the condition.	
EDS2 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	To improve access to interpreters for British Sign within our emergency settings.	On the 12th January 2017 The Trust Board signed up to the British Sign Language (BSL) Charter. The charter is an ideal vehicle to bring about the change that is needed and by committing to the 5 pledges of the charter which are ; •Ensure better access to information and services; •Promote learning and teaching of BSL; •Support Deaf children and families; •Ensuring staff can communicate effectively in BSL; and •Consult with local Deaf community regularly. As part of the Outpatient transformation work the Trust has been looking at findings ways for patients coming to the trust to be improved.	4

			The Trust has Implemented a two way text system which will not only help improve things for deaf patients but also others. An IT solution is available in Outpatients that enables staff to identify and record patient's information requirements. For ED and inpatients the AIS related patient alerts are planned to be implemented in August 2019 following a planned upgrade in July. There is still some work to do in terms of the system being able to automatically generate information in the patients required format after a need has been identified and recorded on the system. A tool called Browsealoud has been implemented on the Trust website and intranet to allow translation to audio, large print, alternative languages and enables download of audio files for later listening.	
Improved patient access and experience	2.2 People are informed and supported to be as involved as they wish to be in decisions about their care	Since 2014, The Patient Experience Team analyses and reports on patient feedback by age, ethnicity, disability and gender. If there are any complaints that have an inequality element the Equality Team will get involved to review the case and offer input.	In 2018 the UHL Carers Charter was reviewed following extensive engagement, with community carer's organisations, patients, staff and the public. The revised charter now called the Family, Carers and Friends Charter, was developed and launched in April 2019. This charter takes into consideration the fact that many family members with a caring responsibility do not wish to be labelled as a carer but should be involved in care and discharge planning with the patient's permission. Also they should be welcomed into the ward environment.	5

our outpatient services remains at the heart of the Trust's Outpatient Transformation
Programme. The Trust has a monthly held Quality and Patient Experience group.
Through the work of this group a poster has been developed called <i>Outpatient</i> <i>Expectations - What you, the patient, can</i> <i>expect from us.</i>
The group now receives reports on complaints concerns and incidents for action
The Trust introduced a 2 way text reminder service for many outpatients areas in December 2018. This has had many benefits
 Improved access for deaf patients DNA rates have fallen from 8.64% to 6.81% There have been 978 fewer DNA's for the clinics using the 2 way text
reminder system and 558 more slots booked Jan - April. This has led to the overall figure of 882 patients seen in clinic between January and April that would not
have been seen if performance remained the same as the previous year.
Reduction in the %of vacant clinic appointment slots from 6.3% last May to 5.7% this year - 276 fewer slots went un-booked meaning more appointments were offered to
patients.Patients can now let us know if they

			are unable to attend their appointment or no longer wish to have an appointment meaning that these appointment slots can be offered to others and we can plan better with patients so their appointment is arranged at their convenience. Where patients do not have a mobile phone a secure message can be left on a land line using IVM improving access for many patients.	
Improved patient access and experience	2.3 People report positive experiences of the NHS	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 community groups is less than expected. This is particularly evident in terms of the number of complaints received from patients from a BME background.	To ensure that patients have the opportunity to give feedback on their experience of care, if English is not their first language, the Patient Feedback forms are available in the top three languages in Leicester, Leicestershire and Rutland. These are Gujarati, Punjabi and Polish. These forms are in paper form in the ward areas; in outpatients the electronic devices for collecting feedback give the option to complete the form in these languages. For people who have learning disabilities, visual impairment, 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. 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. Some areas of the trust have used our Patient Partners to act as mystery shoppers and report back on their experiences.	5

Improved patient access and experience EDS2 Goal 3	2.4 People's complaints about services are handled respectfully and efficiently	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, Guajarati 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.	Patients are able to feedback on their experiences of the hospital via a range of methods which include the Friends and Family Test and PILS (Patient Information and Liaison Service). Patients can contact the PILS team via a free phone number, email, through the website by completing an online form, by writing in, or by visiting the PILS team in person. Patients can also raise complaints verbally via the department where the issue took place. A new PILS leaflet is being developed which will include other methods to feedback and PILS offer the NHS complaints advocacy to give patients support when making complaints. A text system is also being explored to improve access for deaf patients. Some members of the local community also expressed concerns about lack of dignity of the standard gowns being used Radiology and so through the help and support of the community, Dignity Gowns are also being piloted in the Radiology Department at two of our hospital sites. The gowns provide more coverage than the standard gowns. If the pilot is successful, they will be rolled out further.	4
A representative and supported workforce	3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	To include unconscious bias slides within the Recruitment and Selection and Corporate Equality programme. To develop and deliver Unconscious Bias training to the Trust Board and 100 of the Leadership Community To review the current recruitment process for	A recruitment and selection group has been established to work through the recruitment and Selection aspects of the integrated equality action plan. This group have agreed to start with the JD and PS for senior nursing roles (band 7 and above). This review is currently underway. Draft job	4

senior appointments to include the makeup of	descriptions and person specifications are	
panels	to be developed in plain English that	
	provide an accurate reflection of essential	
Assurance from head hunting companies that	and desirable skills to ensure applications	
they search from a diverse pool of	from a wider set of individuals for Band 7	
candidates.	and above posts, with a staged approach,	
	focussing initially on core nursing JD's and	
To ensure UHL graduate scheme	Spec's	
encourages underrepresented groups		
	The trust produce a CMG/Corporate	
	Directorate workforce dashboard that	
	provides monthly data on workforce and	
	recruitment	
	The Trust Equality and Diversity board have	
	received analysis of BAME representation	
	across CMGs and by occupation. The	
	analysis paper presented to the Equality	
	and Diversity Board has led to the	
	establishment of a Trust wide leadership	
	target of 21.4% by 2023.	
	Approach agreed by E&D Board subject to	
	practical application i.e. Enough BAME staff	
	at the appropriate level to sit on panels. The	
	data for advertising / recruitment to 8b's	
	and above after Jan 18 to end Nov 18,	
	indicates that there were 18 posts	
	advertised during this period. The aim will	
	be to have 40 BAME staff R&S trained and	
	available to sit on panels	
	The Trust now ensures that any	
	specifications for using Agencies for Very	
	Senior Manager posts will include a	
	requirement to ensure that they have	
	undertaken E&D/Unconscious bias training	
	and that there is a proactive approach to	
	and that there is a proactive approach to	

attracting and targeting BAME applicants. Progress now includes automatic expectation that recruitment agency will be required to show that they have sought diverse applications.	
The Trust promote job and career opportunities to ethnically diverse (BAME) populations in culturally appropriate settings such as schools, FE colleges, universities, community venues, festivals and events.	
UHL also supports the Leicestershire Education Business Company (LEBC) in arranging ad-hoc career presentations to schools and colleges. Schools and colleges with high intake of BAME students will be targeted in the future and further work on delivering recruitment drives to BAME communities will be done subject to resources.	
The Trust delivers a Graduate training programme with a particular focus on attracting BAME candidates for 2019 cohort. Concerted efforts were made to attract diverse graduates onto the programme and a result the programme has seen an increase in BAME students.	
Since 2010 UHL has been working with Leicester College to arrange work placements for people with learning disabilities. The programme has been very successful with many students going on to secure paid employment either at the Trust or elsewhere.	
Reverse mentoring programme launched.	

			Training has been delivered to 21 Reverse mentors across LLR. Mentees are being trained (14 mentees on scheme so far) Unconscious bias now integrated into recruitment and selection training. The Trust is currently reviewing how this training can be moved to E-Learning.	
A representative and supported workforce	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	Report the findings of the UHL Equality Survey conducted in November 2014.	The Trust continues to monitor the application of Pay Progression Policy to ensure any increments not awarded are based on specified criteria and that there is a fair application of Pay Policy for all protected characteristic groups. UHL workforce is subject to the national NHS AFC pay and grading system which has been equality impact assessed by national bodies. A Gender pay gap report has been produced and there are actions in place	4
A representative and supported workforce	3.3 Training and development opportunities are taken up and positively evaluated by all staff	To ensure training and development opportunities are accessed fairly across the Trust.	 which are being monitored by the Equality and Diversity Board Reverse mentoring programme launched. Training has been delivered to 21 Reverse mentors across LLR. Mentees have been trained and mentors / mentees paired up. Funding was secured for a career coaching programme which was launched and 	4
			invitations to apply circulated at the Leadership Conference in 2018 and on INsite. Two cohorts of career coaches have been trained and it now ties into the high potential scheme. The trust has secured HEE funding to help support a local Stepping Up programme for underrepresented groups. Expected	

			delivery of this is September 2019. EMLA are trying to negotiate an earlier start to the programme.	
			Funding has also been used to run system wide Unconscious Bias and Professional Behaviours masterclasses.	
			UHL's work experience and apprentices come from a very diverse base. Apprentices are included in the Trust's establishment data. An analysis of work experience placements by protected characteristic will need to be carried out in order to get a baseline of intake. Further work is required to open up more opportunities to a wider range of work experience applicants across the Trust.	
			The LLR Attraction Recruitment and Retention group have work experience on their agenda. There is £15k to support non- pay budget work. At present the number of WE placements UHL has is unknown. It is a 2019 (whole year) focus among other priorities.	
			In addition to this, a national apprentice diversity champion post is being explored. This will bring greater capacity and focus for this work.	
A representative and supported workforce	3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source	To analyse, report and action the results of the Friends and Family test by all of the protected groups. Staff from Protected Groups report positive experiences of their membership of the workforce. To ensure that the next National Staff Survey	The trust continues to monitor outcomes from the staff survey and has established a comprehensive anti-bullying policy and procedure. The trust has also established an anti-bullying stakeholder group whose role is to; Assist the Trust in tackling the issue of bullying and harassment.	5

		is reported by protected group to ensure the level of satisfaction is broadly similar across all Protected Groups. Results to be included in the annual Equality Monitoring report.	Act in an advisory and monitoring capacity. Provide assurance to the Trust and six monthly reports. To support the short listing / interview / selection process for potential Anti-bullying and Harassment Advisers. To produce and deliver an annual action plan	
A representative and supported workforce	3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	Ensure our workforce related policies and procedures continue to promote equality and diversity.	A review of the Flexible Working Policy took place in April 2019 to ensure it can be used to market flexible working and benefits to engage staff in working for UHL. The trust also undertook a review of meeting structures & processes that follow rigid timetables to ensure no detrimental impact to females in the senior workforce. The Recruitment team ensure that marketing flexible options / benefits and successfully applied flexible working practices to make these more widely known and accessible. Monitoring of flexible working practices are in place for the trust. The Health and Well Being Strategy is being refreshed currently to align to the Trust's People Strategy.	4
A representative and supported workforce	3.6 Staff report positive experiences of their membership of the workforce	 Staff from Protected Groups report positive experiences of their membership of the workforce. 	The trust continues to monitor outcomes from the staff survey and has established an Anti-Bullying Stakeholder Group with cross representation from across the organisation. A Freedom To Speak Up guardian is in place and they produce regular reports on any areas of concern, The Trust has two staff networks in place.	4

			representation of staff from the BAME community and UHL Differently Able Voice which has representation of staff with disabilities. The BAME Voice network which was established in May 2018 has been heavily involved in developing the actions for the WRES. An extremely successful BAME staff conference was held in March 2019. It was an interactive event with workshops and panel discussions where staff were able to ask questions and feedback their experiences to senior leaders of the Trust. The Differently Able Voice Network was established in March 2019 and the will be involved in helping to plan actions for the new WDES. There are also plans to establish a staff LGBT network.	
EDS2 Goal 4 Inclusive Leadership at all levels	4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond	To analyse the workforce data of the Leadership community as a baseline for deciding what a representative leadership community looks like.	The UHL Chief Executive currently chairs the Equality and Diversity board. Learning needs assessments of Executive Directors have identified that Trust Board members are keen to support the establishment of board level equality leads/champions. Plans are being developed to run a further Equality and Diversity Trust Board development session to identify sponsors/champions. A future session is being planned by the Director of People and Organisational Development (date to be confirmed)	4
Inclusive Leadership at all levels	4.2 Papers that come before the Board and other major Committees identify equality-	Ensure all new developments have a completed Due Regard assessment.	The trust has developed a revised Equality Impact Assessment Process and this is being discussed at the Equality and	4

	related impacts including risks and say how these risks are to be managed.		Diversity Board on the 18 th July. All current business cases are expected to complete an EIA as part of the business case process and these are held by the business case owner. Any new business cases will be requested to complete the new EIA tool (once it is approved). All CIP schemes are currently assessed for equality impact and will move to using the new EIA tool (once it is approved).	
Inclusive Leadership at all levels	4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination.	A training programme has been developed entitled "nipping it in the bud" following the pilot in March some further amendments have been made.	The Trust implemented the WRES in 2015 and good progress is being made. Actions from the WRES have been incorporated into the Equality and Diversity integrated action plan and is being monitored by the E&D Board.	4

RAG Status Key: 5	Complete 4	On Track	3	Some Delay – expected to be completed as planned	2	Significant Delay – unlikely to be completed as planned	1	Not yet commenced
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