

Caring at its best



Equality

Annual Report 2012-2013



Meet the Team

The Team provide advice and support to ensure the equality work programmes are delivered. We manage the interpreting and translation service, Learning Disability Acute Liaison Service, Disability Advisory service, the anti-bullying and Harassment service and Leicester Works Project and also brief the Trust Board on equality legislation and government initiatives.

Kate Bradley - Director of Human Resources is the Trusts Executive Director for Equality

Deb Baker - Equality Manager

Contact: Deb.baker@uhl-tr.nhs.uk
or 0116 258 4382

Nicola Trainer - Assistant Equality Manager

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or 0116 250 2959

Shaheen Mulla - Equality Advisor

Contact: Shaheen.mulla@uhl-tr.nhs.uk
or 0116 258 4382

Clare Blakemore - Divisional HR Lead, Acute Care Division

Clare's responsibility for the Equality Agenda ceased in April, the team would like to thank her for all her hard work and support.

Smita Ganatra - HR Project Manager will now have responsibility for Equality

Contact: smita.ganatra@uhl-tr.nhs.uk
or 0116 258 6723

Katrina Dickens - Learning Disability Acute Liaison Lead Nurse Practitioner

Contact: Katrina.Dickens@uhl-tr.nhs.uk
or 0116 258 4382

Louise Hammond and Lindsey Heald - Learning Disability (LD) Acute Liaison Nurses (ALNs)

Contact: Louise.Hammond@uhl-tr.nhs.uk
or on 0116 250 2435

Lindsey is currently on maternity leave after giving birth to a beautiful baby boy earlier this year.

Katrina Dickens **Shaheen Mulla** **Louise Hammond** **Nicola Trainer** **Deb Baker** **Clare Blakemore**



The Team

Equality Delivery System

The Equality Act 2010 gives the UK a single Act of Parliament, requiring equal treatment in access to employment as well as private and public services, regardless of age, disability, gender reassignment, marriage or civil partnership, maternity or pregnancy, race, religion or belief, sex and sexual orientation.

The Equality Act aims to simplify the law by bringing together several pieces of anti-discrimination legislation with an aim to:

- eliminate unlawful discrimination, harassment and victimisation
- advance equality of opportunity between different groups
- foster good relations between different groups

We use the Equality Delivery system (EDS), an equality framework developed by the Department of Health 2011 to ensure that our hospitals do the best we can for patients, visitors, carers and staff.



The four broad aspirations for equality are as follows:

- 1) Better health outcomes for all
- 2) Improved patient access and experience
- 3) Empowered, engaged and included staff
- 4) Inclusive leadership at all levels

Progress against the equality work programme is self assessed internally via the Trust Board and externally by our **Equality Advisory Group** which comprises of key representatives of all groups who may be affected by potential inequality. Members are drawn from a variety of local community organisations several of which have worked with UHL as a critical friend for many years. The group meets with the Equality team approximately six times a year but is also consulted with and able to provide feedback throughout the year by email.

In partnership we have reached the agreement that this year UHL will be rating ourselves as progressing, recognising that there is still work to do.



1 Better health outcomes for all

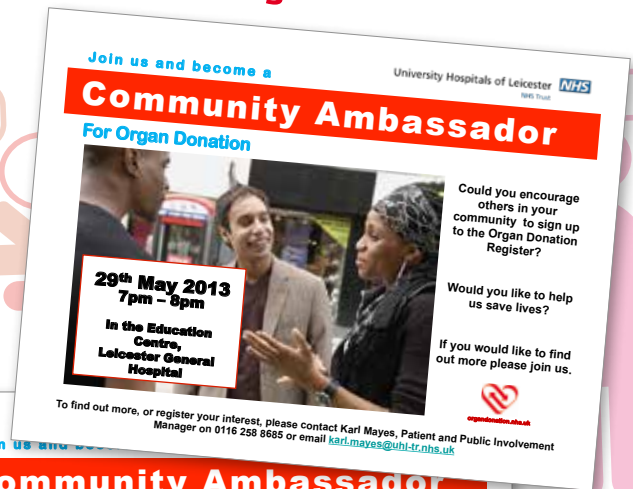


Organ Donation Community Ambassadors

0300 123 23 23
organdonation.nhs.uk

It has been well recognised nationally that the number of Organ donors from Black Minority Ethnic (BME) communities are less than ideal. In November 2012 the Trust held its first recruitment event for Community Ambassadors. Community Ambassadors are volunteers from our diverse local communities who provide accurate and up to date information on Organ Donation to other members of their community. Their role aims to raise awareness of organ donation and to encourage people to sign up to the national organ donor register. As such, they act as a resource for local communities and provide a link to the clinical lead for organ donation within the Trust. Community Ambassadors receive training and support from the Trust to carry out their role.

Ten Community Ambassadors have now received training.



Did you know?

- You are more likely to need a transplant than become a donor.
- There are currently around 7,300 people waiting for a transplant, with the number expected to rise steeply in the next decade.
- Black people are three times as likely as the general population to develop kidney failure.
- Some organs donated from people in their 70s and 80s can be transplanted successfully.

The need for organs in the Asian community is three to four times higher than that of the white community. This is because conditions such as diabetes and heart disease - that can result in organ failure - occur more often in the Asian population.



1 Better health outcomes for all



Hate Crime project

We are working with the Police, Leicestershire Partnership Trust and the Ambulance Service to see how we can improve the health service response to victims of hate crime. We held a community event in March this year where people attended and shared some of their difficult experiences with us. One attendee had written a poem to illustrate how he felt.

Having listened to peoples experiences we plan to develop a leaflet signposting hate crime

victims to support services and we are developing and implementing a training programme for staff to raise their awareness.



Left in need

By Kristian Russell

Left with more than a bruised ego,
pride stripped inside broken
outside. Outside will repair with
care scars will be left, but it's
the scars inside, emptiness filled
with fear, trust lost
in the one's they say care.

Where do I turn with resources
dwindling, support structures
collapsing I need to talk, I need
to be heard, I need to be healed
inside as well as outside.

Our legal obligation / Due regard

Legally all NHS organisations must ensure the need to:

- Foster good relations
- The need to eliminate discrimination, harassment victimisation and any other conduct that is prohibited by or under the Equality Act.
- Advance equality of opportunity
- Due Regard and involvement is one of the means by which we assess and evidence as to whether we meet the duties or not. Put simply due regard must therefore apply to all that we do i.e. be considered

when we are reviewing or changing a policy, service or function. In practical terms if we are changing a service in any way we need to know that everyone who needs to use it can do so. For instance if we were changing our patient booking system for patients so they had to book on-line. We would need to consider how a patient who couldn't access or use a computer would book their appointments and provide an alternative means of doing so for them.

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST
Due Regard and involvement assessment

Division:
Date:

1.	Describe the service/ policy change	
2.	What are the aims of the service/ policy change including expected outcomes	
3.	Is there a possibility that one or more of the groups listed below will be less or more favourably affected by the change if so describe the likely effect:	Yes/No
	• Race/ethnicity	
	• Sex	
	• Religion or belief	
	• Gender Reassignment	
	• Sexual orientation including lesbian, gay and transsexual people	
	• Age	
	• Marriage and Civil Partnership	
	• Disability - learning disabilities, physical disability, sensory impairment and mental health problems	

Assessment completed by: _____ 1

Signed: _____

If you require further advice please contact Deb Baker, Equality Manager on 0116 2584382 or K _____ 2

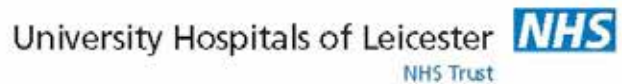
2 Improved patient access and experience

Equality Calendar 2013 focuses on Learning Disability.

The "Working for Wellness" national programme funded a variety of initiatives across the country promoting job opportunities and to raise awareness of the issues people with mental health and learning disabilities often face.

A small amount of the funding gained by UHL has been used to promote a greater understanding of

the needs of people with a learning disability by producing a 2013 calendar focussing on this topic. This gives us an opportunity to maintain the focus throughout the coming year. There is a range of helpful information in the calendar around the services available for people within and outside of the Trust.



The Equality Team presents:

The 2013 Learning Disability Calendar

"Attitude is a little thing that makes a big difference."

Winston Churchill

Patient Experience Story – the positive outcomes for patients using the ALN service.

"Elsie is a patient that has a diagnosis of severe learning disabilities, with no verbal communication skills but can use some sign language and non-verbal methods; in addition, she also exhibits behavioural / interactional challenges. Elsie can for example experience anxiety related episodes in new environments and can be non-compliant if she is expected to wait for long periods of time. Currently Elsie lives within a supported living home, with external support from family members.

Elsie had started to experience an increase in falls and deterioration in her walking abilities. Prior to this, she was independent in her mobility and accessed community services with staff support. The deterioration has required closer observation of Elsie to maintain her safety and further investigation is needed to determine if there is any underlying cause. Through joint working, and the involvement of the Trusts liaison nurses for Learning disability reasonable adjustments including how staff can best communicate/ interact with Elsie and the availability

of accessible information has enabled Elsie to undertake an E.C.G, ECHO and CT scan. In addition home visits are undertaken by the Hospital consultant to observe Elsie within her home environment. Whilst Elsie is still undertaking investigations in her plan of care, the coordinated liaisons and consultations between a range of professionals within primary and secondary services, family and carers aims to ensure the journey has been positive for Elsie and will continue to be".*

*Names and images have been changed to maintain patients confidentiality



2 Improved patient access and experience

An interview with the Learning Disability Acute Liaison Nurses

What is an average day like?

Firstly each day is never the same! The needs of the patients are very different depending on the needs of the patients with learning disabilities who come into hospital.

Who do you see?

We see any patients who come into our hospital who have a learning disability. We have a system that lets us know someone is in.

We visit most patients during their stay often daily if the patient requires it. We also do a lot of liaising with community services, families and carers, GP'S and our own staff both before during and after an individuals visit to the hospital.

How do you support individuals?

The types of things we do to support people are:

- Attending appointments with patients
- Talking to patients, families and carers about any concerns
- Adjusting a service to suit the patients needs
- Helping staff understand the patients needs.
- Providing information in a way that is easy to understand



We see any patients who come into our hospital who have a learning disability. We have a system that lets us know someone is in.



2 Improved patient access and experience

Patient metrics

As part of our commitment to embedding equality in all that we do we are now analysing and reporting some of our key performance data by ethnicity, gender and age. The initial indicators that we have chosen are: referral to treatment (RTT), ED waits and patient experience.

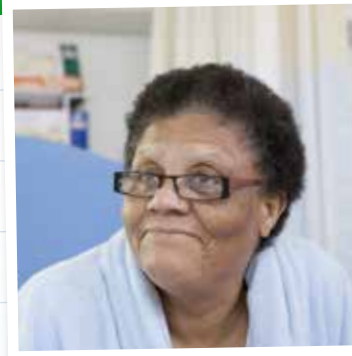
The year's data revealed some small differences but the good news is that there is no indication at this stage that for age, gender and ethnicity access and or outcomes

for the areas measured is significantly different.

The data headlines are:

- We are meeting the non-admitted and admitted target for all groups. However this was only just achieved in our younger and older patient groups for those from a BME background.

- The data suggest that a greater number of patients over 65yrs are waiting over 4 hours in ED. Previous investigation of this demonstrated that the longer waits were due to patients in that age group being more likely to have multiple pathologies that require a longer assessment period. The only area where the four hour target has been consistently met is for patients aged 17yrs or younger.



Patient experience

Overall, did you feel you were treated with dignity and respect whilst you were on this ward?

In all specified age groups, both genders and those from a White, Asian or Black background patients have positively rated this question. Responses however from those with a mixed background or from 'other' ethnic groups were not consistent.

Overall, how would you rate the care you received on this ward?

Averaged over the year we are failing this target in nearly all areas except for those that are 17yrs or younger. The ratings were worse in those identified as Black or Black British and those aged 85yrs or older.



If negative trends are detected appropriate actions will be taken by the individual services to resolve identified issues.

We will also be extending the data we analyse to other performance areas over the coming year.

