



Equality

Annual Report 2014-2015

Introduction and welcome



“The moment a little boy is concerned with which is a jay and which is a sparrow, he can no longer see the birds or hear them sing”. Eric Berne

Welcome to the 2014-2015 Equality Annual Report which highlights some of last year’s projects and achievements.

As well as being the “right thing to do” University Hospitals of Leicester NHS Trust (UHL) also has a legal obligation like all public authorities to comply with the Public Sector Equality Duty.

Our equality objectives are designed to help support us achieve our strategic aims as well as meeting our legal requirements. Our equality ambition for this year has been to:

- Ensure our processes and procedures are non discriminatory for all of our patients and staff
- To make sure that equality remains at the heart of all that we do

It has been another successful year for the team but they have not achieved these things alone. The general direction for Equality last year was to ensure continued involvement with the Clinical Management Group leads through the **Patient Involvement, Patient Experience and Equality**

Assurance Committee (PIPEEAC) and as a result there has been an increase in:

- The number of equality assessments on new service developments
- The use of interpreters
- The numbers of pathways that have been looked at to make sure that they are flexible to accommodate the needs of all of our patients
- Partnership working both internally and externally
- The number of staff who have received equality training
- The number of staff from Black and Minority backgrounds employed at band 7



Karanjeet Singh



Louise Hammond

Contacting the Team

If you wish to get more involved with Equality or have any issue that you would like to discuss please contact the team who will be more than happy to support you: equality@uhl-tr.nhs.uk

Or you can contact us individually:

Deb Baker: Equality Manager
deb.baker@uhl-tr.nhs.uk or 0116 258 4382

Nicola Trainer: Assistant Equality Manager
nicola.trainer@uhl-tr.nhs.uk or 0116 250 2959

Shaheen Mulla: Equality Advisor
Shaheen.mulla@uhl-tr.nhs.uk or 0116 258 4382

Katrina Dickens: Learning Disability Acute Liaison Lead Nurse
Katrina.dickens@uhl-tr.nhs.uk or 0116 258 4382

Louise Hammond: Learning disability Acute Liaison Nurse
Louise.hammond@uhl-tr.nhs.uk or 0116 250 2435

Further information around equality can be found at the following webpages:

External www.leicestershospitals.nhs.uk/aboutus/equality-and-diversity

Internal insite.xuhl-tr.nhs.uk/homepage/corporate/equality-and-diversity

Who is using our services?

The University Hospitals of Leicester NHS Trust (UHL) is one of the largest and busiest NHS teaching Trusts in the country.

We offer services across our three hospital sites as well as many community settings. Our services are staffed by around 11,000 people serving around one million people across Leicester, Leicestershire and Rutland, and a further two to three million people from the rest of the UK who come to us for the specialist services we provide.



How do the patients we see reflect the Region’s population as a whole?

2011 Census data	UHL patient data (2014-2015)
75% are from a white British background and 25% from a Black or Minority Ethnic (BME) background	74% are from a white British background and 24% from a Black or Minority Ethnic (BME) background
49% are men and 51% are women	46% are men and 54% are women
32% are aged less than 25 years; 52% are aged between 25 and 64 years and 16% are over 65 years	16% are aged less than 18 years; 51% are aged between 18 and 64 years and 33% are over 65 years

The data shows that broadly services are reaching the population we serve.

The reason we are seeing more women is likely to be due to our busy maternity unit. Similarly the increase in older people is likely to be due to the natural progression of increasing and more complex health needs as we age.

This year we have seen the number of patients attending the hospital increase to over one and a quarter million.

When analysing the use of services by age, sex and ethnicity we see:

- a higher percentage of patients aged under 17yrs, patients from a Black Minority Ethnic (BME) background and male patients use A&E services rather than inpatient or outpatient services
- a higher percentage of patients from a white background and those aged over 65yrs use our inpatient services rather than A&E and outpatient services

- 17%** are seen within our accident and emergency
- 65%** are seen within our outpatients department
- 18%** are seen within our inpatients services



Equality Delivery System 2 (EDS 2)

How do patients think we are doing?

The EDS requires patients input into assessing how Trusts are doing against their action plans. Rather than all of the local organisations asking the same groups of patients the same questions we have established a health care grading group to run a range of workshops.

This group is comprised of the equality leads from the City Clinical Commissioning Group (CCG), Leicestershire Partnership Trust (LPT) East Midlands Ambulance Service (EMAS), UHL and Healthwatch Leicester. The aim of the workshops is for healthcare services to get views from Leicester's patients on how accessible health care services are. We are specifically asking for views from those patients who may not be well represented in general patient feedback forums so are rarely heard. These may be patients who are

disabled, from different ethnic communities and religious backgrounds or gay.

We will be asking workshop attendees to rate how well they think the health partners are doing to try to improve access and equality for patients.

The team will then put a report together on what patients told us and what we need to do and will be circulated in August this year via Insite.



What has the Equality Advisory Group been involved in?

Headlines from the first event at the Leicester Centre for integrated living were:



Better and more timely access to British Sign Language Interpreters for Deaf patients

More awareness from staff of the specific needs of particular patient groups

This is the format we used:

For example

- Do you get good healthcare?
- Does it work well for you?

Please tick 1 box:

- Yes
- No
- Sometimes

- Please tell us how well we are doing with this (tick 1 box):

We are doing:

- Very well
- Well
- OK but we need to do more
- Badly



UHL has an Equality Advisory Group that is made up of local members of our communities and Chaired by our Head of Chaplaincy Reverend Mark Burleigh.

We meet 6 times per year to primarily discuss the equality action plan. Members also raise issues from the various organisations that they represent.

The Group also provide advice and support on particular topics that the Equality Team are involved in and is invaluable in offering a lay person's perspective.

The group has signed off documents such as the Dyslexia Guidance, The Access Checklist and Equality Staff Survey.

Other broader topics are discussed and include:

- Our facilities for carers who stay overnight on the ward - as a result three 'Z' beds have been purchased
- The female prayer room at the LRI- the new multi faith chapel at the LRI has improved space and washing facilities for Women
- Halal food provision in the restaurant
- Outpatient letters being of variable standard in terms of accessibility (font size, quality of the print, amount of information and clarity)

The Advisory Group play an invaluable role in applying some external scrutiny to our work. We are extremely proud that the group has been running for over 10 years now. So the Team would like to pass on their heartfelt thanks to our members for their loyal support and a job very well done.



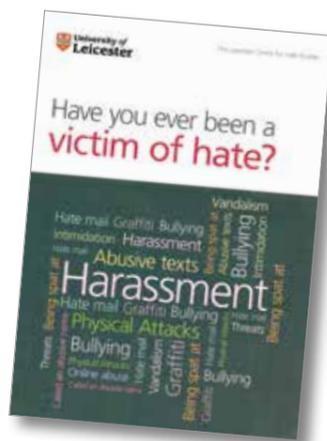
Rev. Mark Burleigh

Hate crime

Following a series of community & partner stakeholder consultations across Leicestershire, Leicestershire Partnership NHS Trust (LPT) equalities service identified the following equality objective:

‘Supporting local systems to address hate crime & foster good relations in recognition of the health care impacts related to equality groups & individuals.’

Recognising that healthcare is perhaps the most likely place that someone who has experienced a physical hate crime will go suggests that NHS health services should be more involved than we currently are. We have been working with a range of partners including EMAS (East Midlands Ambulance Service), our CGG (Clinical Commissioning Groups) for Safeguarding, voluntary and third sector providers & Leicestershire Police to engage & work alongside local communities affected by hate crime to develop a co-design approach to addressing hate crime from a health service perspective.



Learning Disability Acute Liaison Nurse Service

The principle aim of the service which has been available since 2009 is to improve the service for people in hospital who have a learning disability.

The team saw 574 people last year, an increase of 165 on the previous year's cases.

We have a specific Learning Disability Service User and Carer Group that meets every three months.

We also have a representative from Learning Disability Services at Leicestershire Partnership Trust on our Equality Advisory Panel.

What Patients and Carers have told us they would like:

- The provision of better information of ward routines, treatment plans, tests, procedures and discharge plans
- Notifying the service that a patient with a learning disability is in hospital
- UHL staff using information brought in by the patient (grab sheet and traffic light assessment) to aid assessment and treatment plans
- Better access to specialised equipment
- Provision to enable family carers to stay with the patient in hospital

The team has been doing some excellent work in partnership with community services on end of life care.

The addition of the service has made a tremendous difference to the care that patients with a learning disability receive particularly those patients with very complex needs. Generally staff have a much better understanding of the concept of reasonable adjustment and its practical application. That said we still have work to do to ensure that we continue to meet the needs of this patient group to make sure they are not forgotten.



“I’m a Gypsy, not a tramp or thief.”

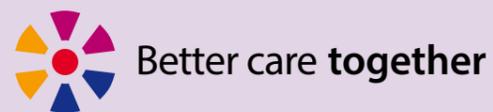
Being called names, bullied or threatened just because of who you are is an everyday reality for some people. If this is not reported the bullies, bigots and thugs will continue to get away with it.

To find out about what you can do, visit www.stamp-it-out.co.uk

TOGETHER WE CAN STAMP IT OUT!

Current work streams are:

- Hate Crime and Healthcare E-Learning module-ready for launch (available to healthcare staff across LPT, UHL, EMAS and three CCG's). It features a victim of hate crime going through the healthcare system including the Emergency Department at UHL
- Patient / Victim Care Pathway-in progress
- Hate Crime promotional animation, developed by patients affected by the issue



Future work is looking at how we link with the Better Care Together agenda, future health professionals - embedding hate crime awareness in to learning for future practice.

The DVD will be available for staff in August 2015.

Patient Experience by Protected Groups

This year we have continued to monitor some of the Trust key performance data by age, sex and gender to check equity of access to and outcomes of treatment.

It is reassuring to see that there continues to be no indication this year that overall trends for age, gender and ethnicity for the areas measured is significantly different.

We also seek to ensure our services are developed in response to patient's feedback and therefore all suggestions for improvement are amalgamated allowing overall themes to be identified.

Within the last year the audit team have begun to analyse our Patient Friends and Family Test and our complaints by Disability, Ethnicity, Age, and Gender. This process allows all of our clinical teams to ensure that identified themes and any differences in levels of satisfaction of different patient groups are reflected in their overall improvement plans and are considered in any redesign of services.

What has the additional analysis shown?

The top ten themes across each of the demographic groups are broadly the same. However there is a small variation in terms of the emphasis for particular elements of the patient experience.

Top themes:

- Waiting times
- Medical care
- Communication
- Environment
- Nursing Care
- Staff Attitude
- Hotel Services (catering)
- Cancellations
- Discharge
- Administration
- Car Parking
- Information

Our findings...

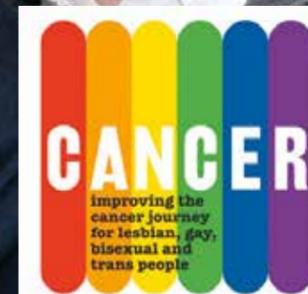
- Facilities Management services i.e. catering concern women and patients over 65 less than others
- Medical care was more of a concern for disabled people, people from Black and Minority Ethnic (BME) groups and under 18's
- Greater importance was placed upon staff attitude by BME and disabled people

We will now continue to analyse, monitor, report and action our feedback in this way



'I think you learn, as a gay couple. About who approves of you and who doesn't and it may not necessarily be a spoken disapproval, it can be non-verbal and most of our communication is non-verbal. So you pick up very quickly that you are deemed not to be approved of, for want of a better term. And we picked that up straight way'

Lesbian, Gay, Bisexual (LGB) experience of cancer services - a small study



UHL is working in partnership with Professor Julie Fish a specialist in LGB research. This particular piece of qualitative research was based on a small sample of LGB patients using cancer services in the East Midlands including Leicester.

The UK National Cancer Patient Experience Survey (2011/12, 2013) reported that LGB people generally had less positive experiences in secondary care services mainly relating to the respect and dignity with which they were treated.

(Julie Fish, Professor in Social Work and Health Inequalities, Director Mary Seacole Research Centre, De Montfort University, Leicester. Funded by Hope Against Cancer).

The main findings from Julie's initial study were:

- Disclosure of sexual orientation occurred for most of the participants at some point on the patient journey. The quality of the "coming out" conversation with the health professional varied in quality
- Those in same sex relationships were not always positively received by health professionals

- It would appear that despite a diagnosis of cancer being a negative and often frightening and challenging life event, there is the potential for patients to experience beneficial effects. These beneficial effects are experienced both on an individual level and within partnerships and relationships with other people



Professor Fish is seeking to follow up this work in hospital settings in the East Midlands region and in Manchester. It is hoped that the project will produce resources to support staff and patients.

Interpreting and Translation

'Keep up the good service',
'Very happy with service received.'

Communication is central in all we do in our everyday lives. Its importance is heightened when individuals are visiting our hospitals, as a health care team we rely on effective communication to reassure our patients and to help deliver safe, coordinated and effective care.



The use of professional interpreters or translators minimises these barriers. These include spoken language interpreters, sign language interpreters; Deaf-blind interpreters or providing information in an alternate format including Braille, large print, foreign language and easy read.

The continued increase in use of these services demonstrates an understanding amongst staff of the benefits of their use in achieving a positive clinical outcome.

The Team also responded to 80 requests for information in an alternate format. Many of these we were able to provide immediately from those we currently hold.

The contract for our interpreting services was also reviewed this year. As part of this process a staff service evaluation was undertaken.

In the past year we have seen:

17%
increase in the use of face to face interpreters

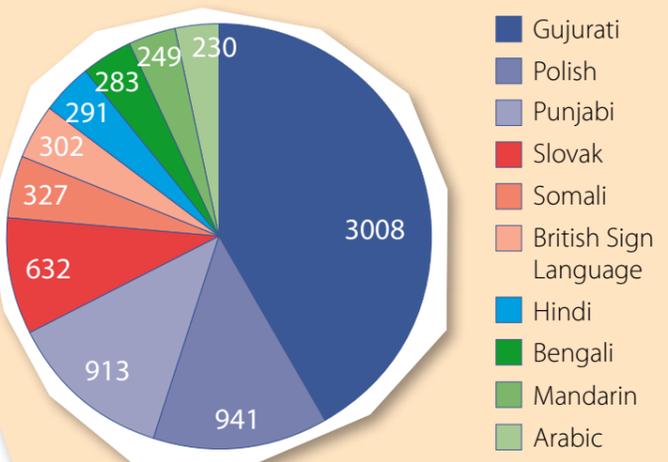
22%
increase in patients not attending appointments when interpreters are booked

14%
increase in the use of Telephone interpreters

Interpreters used most frequently in our **Womens services**

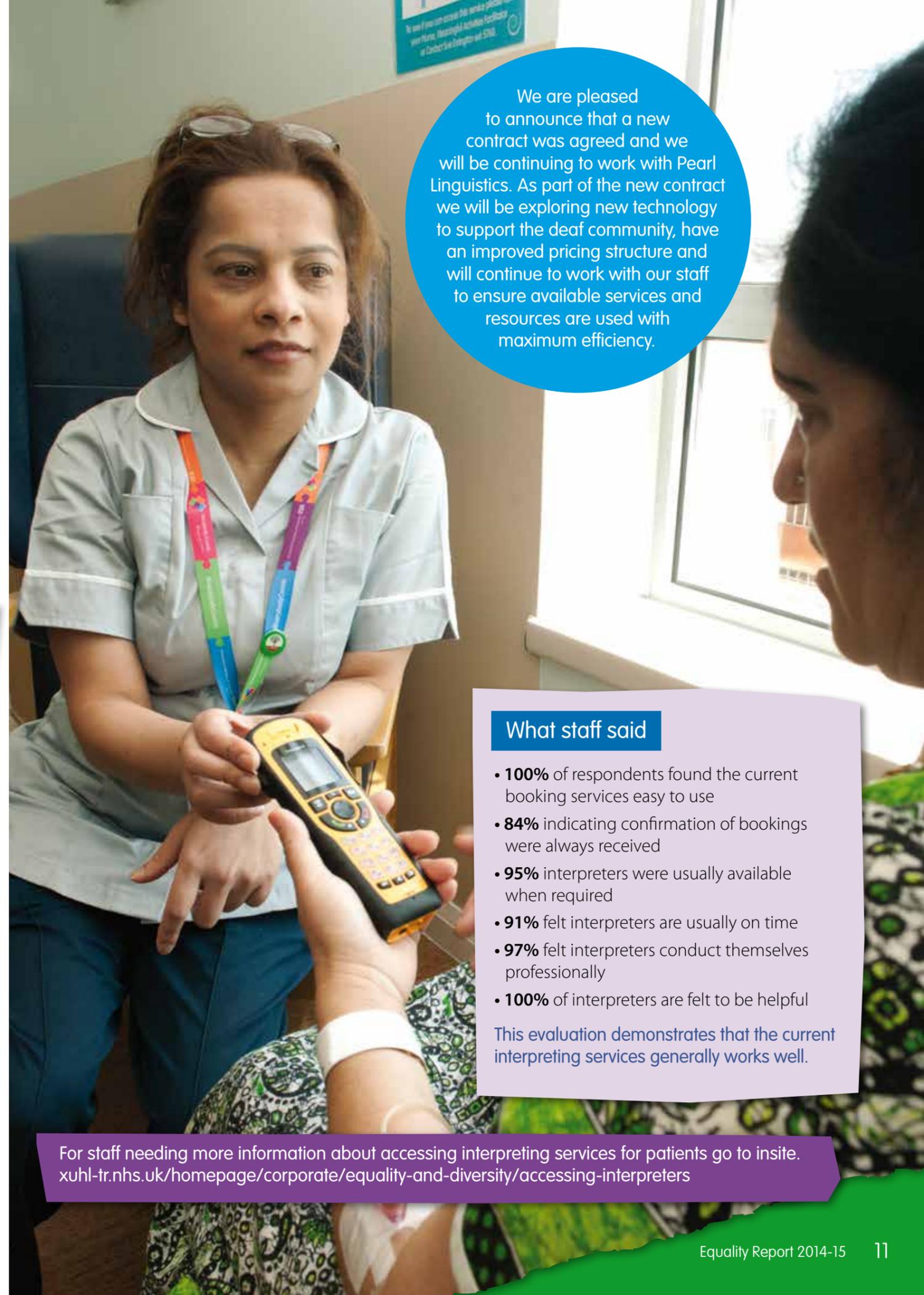
92%
of booking use Face to face interpreters

Top 10 languages by number of requests



Over the last twelve months our top 10 languages remain unchanged and represent 72% of all requests made. The remaining 28% of requests which total 2,744 covered a further 50 languages and dialects demonstrating the wide variety of support required.

We are pleased to announce that a new contract was agreed and we will be continuing to work with Pearl Linguistics. As part of the new contract we will be exploring new technology to support the deaf community, have an improved pricing structure and will continue to work with our staff to ensure available services and resources are used with maximum efficiency.



What staff said

- **100%** of respondents found the current booking services easy to use
- **84%** indicating confirmation of bookings were always received
- **95%** interpreters were usually available when required
- **91%** felt interpreters are usually on time
- **97%** felt interpreters conduct themselves professionally
- **100%** of interpreters are felt to be helpful

This evaluation demonstrates that the current interpreting services generally works well.

For staff needing more information about accessing interpreting services for patients go to insite.xuhl-tr.nhs.uk/homepage/corporate/equality-and-diversity/accessing-interpreters

Improved Multi-faith Facilities



The multi-faith prayer rooms at LRI have recently been enlarged and refurbished.

The work included the creation of a new interim chapel as part of the suite of multi-faith prayer rooms. These greatly improved facilities allow easy 24 hour access for patients, staff and visitors. The three prayer rooms are now large enough to accommodate Muslim Friday prayers for men and women with appropriate separate washing facilities. The prayer room also has 3 dedicated shrines for Hindu and Sikh worshippers.



Paul Fitzgerald

A member's perspective

I was asked to become a member of PIPPEAC as a direct result of my membership on the Trust's Equality Advisory Group as the representative for the Lesbian Gay, Bisexual and Transgender community.

Patient Involvement, Patient Experience and Equality Assurance Committee (PIPEEAC)

It was a natural transition to ensure the Equality aspect was always included in decision making and action plans.

I have been a member of the Equality Advisory Group for just over a year and have played an active role in terms of being a "critical friend" to the Trust as well as offering my support to Deb Baker the Equality Manager at UHL. I am aware of how much effort and emphasis is placed on Equality and Inclusion as a key priority for UHL. This is never an easy task. Equality is a never ending journey and not a destination reached by ticking a box or applying lip service to Equality, Diversity, Inclusion, or Human Rights. It needs to be driven and implemented in to all policies procedures and practice. This is why it was important

to have a place around the table when PIPEEAC was developed.

Ensuring that the "Patient" is kept at the forefront of decision making forms a large part of the work PIPEEAC undertakes. The team works across all aspects of the patient journey, working together to ensure any problems encountered are acknowledged and dealt with appropriately. It remains a huge undertaking to work across large and complex organisations like the NHS. The PIPEEAC team work collaboratively thus enabling UHL to continue to offer the very best health care to all patients at every level of their individual journey. I feel it is a privilege to work with these outstanding individuals, who strive to make a real difference to and for patients.

"Be a hearing aid"

1 in 6 people have a hearing loss that's more than 10 million people in the UK and the number is expected to rise to 14.5 million by 2031.*

Not everyone with a hearing loss wears hearing aids or is aware that they may benefit from wearing one. For those that do, it doesn't mean they can always hear clearly as hearing aids do have their limitations

The Hearing Services led a Listening into Action project; which the Equality Team were actively involved with; looking at improving care for patients with hearing loss.

Some consultation was undertaken to better understand what the issues were:



The Mission Statement of the project was:
To raise awareness of hearing impaired in-patients, their unique communication needs, and; for those that use them, the value and care needed of their hearing aids - particularly by ward staff.

Patients with hearing loss said:

"They had difficulty understanding staff"

"They didn't hear what staff always said to them"

"Not involved during decision making processes as did not always fully understand what was being discussed"

Staff said:

"They found it difficult to communicate with patients with hearing loss"

"Hearing aids got lost on the wards"

"If hearing aids didn't work they didn't always know what to do"

Outcomes of the project:

- "Be a hearing Aid" a quick list of "Top Tips" on communicating with patients with hearing loss
- Flowchart Guidance has been developed to support patients whilst in hospital
- Stickers for patients notes with details on whether or not they wear hearing aids, the best way to communicate (verbal, written, lip reading) etc
- Boxes for storing hearing aids safely for patients



Next Steps:

- Road shows to further engage with staff
- Deaf Awareness training for frontline staff
- Recruitment of Hearing Loss Champions

In addition to the project the Equality Team have developed an online toolkit for staff around deaf awareness and good practice. It can be accessed via the link <http://insite.xuhl-tr.nhs.uk/homepage/corporate/equality-and-diversity/equality-act--protected-characteristics/disability/hearing-loss-and-deaf-awareness>

* Source: Action on Hearing Loss

Equality Workforce Monitoring Report 2013-2014

In line with our requirements under the Public Sector Equality Duty and to ensure we are a fair and diverse organisation that reflects the society we serve we have collected, analysed and published our workforce data in a workforce monitoring report.

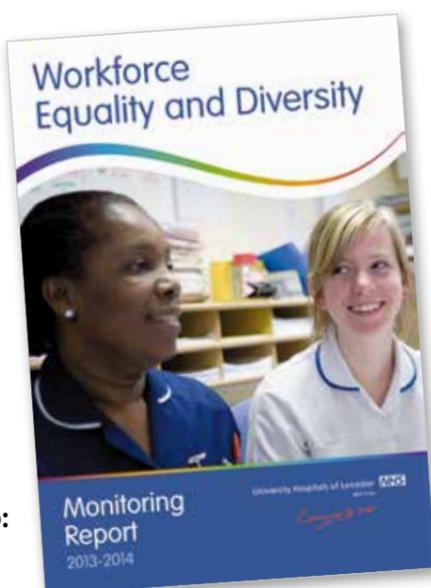
The total staff head count remains comparatively stable with minimal changes in the equality profile across the organisation. We have continued to see an improvement in the quality of staff data, resulting in an increase in the number of areas we can report on.

Currently we collect and report staff data on disability, age, race, religion and belief, sex, and sexual orientation looking at the areas of:

- Overall workforce profile
- Pay
- Recruitment
- Staff leaving
- Working patterns
- Sickness
- Disciplinary and Grievance
- Training

As with all Equality monitoring this then allows us to:

- Identify possible inequalities
- Investigate their underlying causes
- Act to remove any unfairness or disadvantage



A copy of the full report can be found at:
www.leicestershospitals.nhs.uk/aboutus/equality-and-diversity/reports-and-data



Where did we see changes in the last twelve months?

- ✓ An increase of declarations within disability, sexual orientation and religion and belief, however; we still have some way to go in comparison to gender, age and ethnicity.
- ✓ The challenge of representation at senior level is ongoing but we are seeing evidence of promotion/ appointment of staff from BME background, female staff and staff identifying as LGB into more senior roles.
- ✓ As we continue to recruit across the Trust into a variety of job roles there is now significantly less difference in all groups between the percentage of applicants shortlisted and those then appointed.
- ✓ There has however been a percentage reduction in the appointment of staff with a disability and those who are Atheist, which has not previously been seen, despite application levels remaining consistent.
- ✓ Working patterns of staff is a new area of reporting. We know 51% of our workforce work less than full time hours and the data shows that this opportunity is accessed by all groups.
- ✓ The groups of staff involved in a disciplinary process have changed this year with only staff declaring a disability continuing to be over represented. This has highlighted that trends will change year on year and it is only by consistently monitoring over several years that accurate trends will emerge.

The true pattern of causes underlying differences between groups is often rich and complex without a simple solution, so more detailed analysis is required.

Some of the areas we looked at last year included:

BME staff appointed into band 7 positions

We looked at the longer term trends (2007-2013) in BME appointment through bands 5 – 7 from within our largest staff group; nursing and midwifery. The results clearly demonstrated a more defined percentage change with an increase in BME representation at all bands. This reassures us that by taking a more long term view, the progression of BME staff through the bands is evident albeit slower than we would like.

Access to flexible working at Consultant level

The analysis showed that 21% of consultants are working less than full time of these the male / female split was equal. A fairly even sex split was also seen amongst consultants working full time. The largest proportions of consultants (57%) are working more than full time (37.5 hours) and of these 80% are male. The reasons for this are generally because of additional roles to their clinical commitments.

Identify where we are unable to generate accurate equality reports

Our reporting of training data although improving requires more work which will be undertaken this year.

Highlights of our Anti-Bullying Work

The Anti-bullying and Harassment Adviser Service has supported more than 200 members of staff since it was launched as a pilot in two Directorates in August 2008, and then Trust wide in March 2009.

It began as a telephone support service and has since developed to also offer face to face and on line support.

We know that not all staff that are bullied, harassed or victimised access our support service and so to encompass issues faced by these individuals we set up an online monitoring system in December 2008 to give staff the opportunity to inform us about the behaviour they have experienced confidentially and anonymously.

Since then more than 180 members of staff have completed a form.

Even though bullying is an issue, the positive news is that we haven't seen any trends with any particular equality groups.

We provide bi-annual reports to Human Resources and the Clinical Management Boards, Executive Workforce Board, and Staff side. We also provide information around the themes and numbers quarterly to the Care Quality Commission as part of our Whistle Blowing reporting.

Our stakeholder members continue to support us in our work to try to eliminate bullying from the Trust.

Some of last year's action plan highlights include:

- ✓ Review of the dignity at work process and recommendations made
- ✓ Development of a training programme called "Nip it in the Bud" to support managers in discussions with staff when a bullying and harassment allegation has been made
- ✓ Provide further emotional resilience workshops for staff



Make a Stand
EVERYONE DESERVES RESPECT & DIGNITY



Leicester Works

We are in our fifth year of Leicester Works, a programme that supports people with learning disabilities into work. Four cohorts have completed the programme since UHL came on board in 2010 and to date 17 students have successfully gained employment at UHL or elsewhere.

One of last year's success stories is that of Josiah Stanworth-Rahm. He completed placements in the Accommodation Team and Discharge Lounge and has since gone onto gain employment as a Health Care Assistant in the Discharge Lounge at Glenfield. He also won the 'Outstanding Learner' award at the UHL Learners' Awards Evening recently.



(From left to right – students Joseph Baker, Andrew Brown, Josiah Stanworth-Rahm, Daniel Williams, Katie Wills and Chief Exec John Adler)

Outstanding Josiah Stanworth-Rahm

It's a great thing to be a part of



James (on right with glasses) job coaching student Richard Stevens in the LRI Linen Room

James Stringer joined the Leicester Works programme as a job coach in 2013. He is employed by Remploi and supports the students at UHL on their placements and in the class room. Here he tells us about his role and why he enjoys it.

My main role is to match a student with a placement and then support them in learning the role until they can carry it out independently.

This usually starts with travel training; showing a student

how to get from their house to the workplace and back. I go into the placement with the student and help them to learn the role; I teach them specific tasks and work with them to carry out their role as the other employees do. It has been a great experience. It's a lot more hands on than the previous work I have done and I had to overcome many challenges that I did not expect to face

in my career, but the variety of jobs and people that I work with keeps things interesting. The role is really rewarding when you see the students develop. The progress that many of the students make is really remarkable, both in their work skills and employability, but also in their social skills, independence and confidence.



Charlotte Green was on Leicester Works in 2011. She did really well and went onto secure paid employment at UHL as a Housekeeper in The Emergency Department. We recently caught up with her to find out how things were going.



Charlotte in the stockroom at LRI



Questions for Charlotte...

1. You were in the second cohort of Leicester Works / Project Search, what was it like being part of the programme?

It was amazing being part of the course. I gained so many skills and loads of confidence.

2. You applied for paid employment while on the course and were successful at gaining the role in the Emergency Department as a Housekeeper, how did it feel when you got the job?

I felt really happy that I managed to get a job in ED - it was a great achievement for me.

3. What has been the biggest challenge of the role? Why and how did you overcome it?

The biggest challenge is keeping up with all of the paper work and stock we have to order because my role includes ordering the equipment for the department, making sure I order the right quantities of items and that they come on time and I keep track of it if they don't come on the right dates. Then I have to find out how long the items are going to take to get to us. The paper work is the biggest challenge because it is always changing and I have to make sure that the print room removes all the old copies and replaces it with the new ones. Also I have to order paper work on-line and I have to work out how much we want of something per packet and that is really hard because I struggle with maths.

The way I overcome it is by keeping track of it and not panicking when some things go wrong.

4. What do you do in a typical day at work?

My typical day at work:

- Do breakfast
- Fill up Resus
- Order paper work
- Do tea rounds 3 times a day or more
- Fill up majors
- Order stock
- Fill up the store cupboard
- Go to different wards if we run out of anything
- Make sure paediatrics, minors, EDU, Resus, and majors have everything they need
- And basically just make sure everything's all stocked up

5. Can you tell me the first thing you bought with your wages?

The things I bought with my first wage were a handbag and some hair extensions.

6. What is the one piece of advice you would like to give someone who may be thinking of joining the programme?

I think it would be a great thing to join this course because it really helps you build your confidence and skills to get a job in the future and you gain so much experience.

7. What is your goal or wish for the future?

My goal is to become a Health Care Assistant.



Staff Friends and Family Test

From April 2014, NHS England introduced the Staff Friends and Family Test (FFT) in all NHS Trusts in England. The aim being that all staff should have the opportunity and confidence to feedback their views and that these are heard and then acted upon by their organisation.



The test was completed giving staff anonymity but with a monitoring form used to collect equality and diversity data. Staff responses were analysed and recorded as either positive or negative and each of the protected characteristics individually analysed looking for any significant differences.

Question 1:

How likely are you to recommend UHL to friends and family?

The responses to this question demonstrated that there was no significant difference between genders, age groups, ethnic groups or those with or without a disability.

Significant difference was seen within sexual orientation where staff identifying as heterosexual gave more positive scores than those identifying as Lesbian, Gay or Bisexual.



Question 2:

How likely are you to recommend UHL as a place to work?

The responses to this question demonstrated that there was no significant difference noted between genders, age groups or those with or without a disability.

Significant difference was seen within two characteristics:

- Staff from a BME background gave more positive scores than those identifying as white British.
- Staff identifying as heterosexual gave more positive scores than those identifying as LGB.



Staff Disability Advisory Service

The Disability Advisory Service was established to provide an additional support service for disabled staff and managers, providing confidential advice and support around working or supporting team members with a disability. Individuals can contact the service and receive support via email, telephone or meet with an advisor.

Although all of the contacts to the service have a unique element it does inform us of where further support or guidance may be required.



What are staff telling us about and what have we done?

- **Accessing appropriate supportive equipment**
In order to further support staff and managers more detailed information around Access to Work Grants and how to access them has been included in the updated Disability Policy and on our INsite pages.
- **Difficulties associated with learning differences**
In order for staff and managers to understand how to identify a possible learning difference and what support is available a set of guidance has been developed. Included is a flow chart to allow easy understanding of each step of the process. Alongside this a resource page has developed with additional information.
- **Car parking provision for staff with a disability**
This issue has been discussed with the Car Parking Team and a clear process agreed. Staff will be able to contact the Equality Team if they feel the recommendations made on their behalf are not being met.

• Absence related to disability

The sickness, absence and wellbeing policy is currently being reviewed. Issues highlighted by disabled staff have been raised for consideration in this process.

• Accessibility of e-learning

With the increased focus on staff completing mandatory training the difficulties some staff have with the e-learning provision has become evident particularly for those with sensory disabilities and some learning differences. Some short term provisions have been put in place but the need for some formal guidance on what reasonable adjustments are available needs to be established. The Disability Advisory Group and the Training Team are working towards achieving this.

This year it has become evident that we see an increase in contacts to the service when advertised on internal communications we will therefore continue to promote at every opportunity.

This is the first year of the Staff Family and Friends Test.

The initial findings will be reported to the Executive Workforce Board in June this will be monitored throughout the year to highlight where further investigation and actions need to be taken.

For more information about the service: visit insite.xuhl-tr.nhs.uk/homepage/corporate/equality-and-diversity/disability-advice or email: disability.advisor@uhl-tr.nhs.uk or telephone 0116 250 2959

Equality Survey Highlights

The National Attitude and Opinion Staff Survey continues to indicate that some staff at UHL feel discriminated at work by a manager, team leader or colleague. The last results for 2013 revealed that of those that felt discriminated, a significant percentage felt it was because of their ethnic background. The percentage for UHL was also higher than the national Acute Trust average.

The Trust wanted to unpick this and find out what the issues are and specifically for staff who belong to a protected equality group.

We wanted to gain further insight into this to find out what "equality" related issues or discrimination staff face.

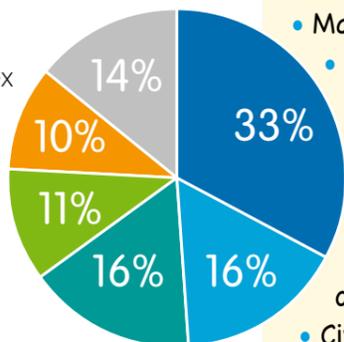


We did an online survey using the tool Survey Monkey, which around one tenth of our workforce (1159 staff) completed. This is what staff told us:

- 85% said they thought UHL was a fair organisation, but
- 13% said they thought they had been treated differently because they belonged to a protected Equality Group, of which:

Perceived discrimination causes:

- 33% ethnicity / race
- Around 16% gender / sex
- Around 16% age
- 11% religion / belief
- Around 10% pregnancy / maternity
- Belonging to the other protected groups



Our results correlate to what staff said in the National Staff Survey.



The themes that came through:

- "Face doesn't fit"
- Less opportunities to progress because "not white" or "non-English"
- Treated differently because of age "too old" or "too young"
- Male staff unable to get flexible working hours
- Female staff treated differently to male staff
- Staff with a religion get special treatment
- Pregnancy not supported
- Lack of understanding from staff around disability
- Feeling pressurised to "come out"
- Staff not comfortable with sexual orientation outside of "heterosexuality"
- Civil partnership not taken seriously



Going forward we are going to establish a UHL staff equality focus group to look at the issues that have been raised.

Equality Training

The Equality team provides training with a combination of face to face sessions, e-learning and information videos.

We are very pleased to report that we have exceeded the Trust's target for training compliance with 98% of staff having received Equality Training. This represents a 63% increase in staff having completed their Equality training in the last two years.



Sensory Awareness Training

The team have also facilitated some specialist training for our band 1-4 staff with the aim of increasing awareness of the needs of people with a visual or dual sensory impairment to improve the patient experience. Four training days have been run with over 130 front line staff from University Hospitals of Leicester and Leicestershire Partnership Trust attending.

The training was delivered by Vista, our local charity who provides services and support to blind and partially sighted people within our region. The day's training was a mixture of presentations, experiential learning such as learning sighted guiding techniques and practical advice around how to adapt communication. Also included, which had a big impact on attendees were individuals with sensory impairments who came along to share their personal stories and experiences providing a real understanding of what day to day life is like as well as concerns they have when coming to the hospital. The training days have been very well evaluated with all attendees left feeling that their awareness of Sensory Impairment had increased.

What attendees said about the training and what they had learnt

- Fantastic course very good at putting you in someone else's shoes... Understanding the individuality of visual impairment
- First training seminar I've not nearly fallen asleep in, lots of laughs and interesting information
- Smallest changes in practice can make a very big impact on the patient experience
- Useful practical activities

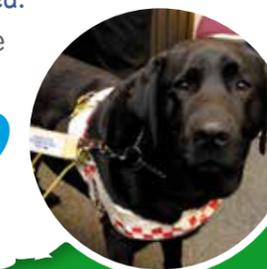


"We have seen real engagement in the training from participants on the training. We are really keen to give others the opportunity so that every person living with a sensory impairment can feel confident that when they have to go to hospital, whether it be planned or in an emergency situation, they will receive the appropriate individualised care and support that they deserve. Sue Allen Sensory Impairment Trainer"

"Vista are delighted to have been given the opportunity to work in partnership with UHL / LPT to deliver sensory awareness training to hospital staff. All of the staff have got involved and engaged fully in the training and have said how they will take their learning back to the workplace so the patient journey can be improved. Stephen Payne Community Services Manager"



Due to the success of the training we are planning to run more sessions in 2015 so look out on INsite for details.



Advancing Women in Medicine project

In January 2014 Dr Higgins approached the Human Resource Director and Equality Team to discuss how as a Trust we could improve representation of Women in medicine.



Data collected from our Electronic staff record (ESR) system showed that, in comparison to National 2013 data females are under-represented in a number of key specialities within UHL.

The headlines were:

- UHL 660 consultants: **194 female (29.4%)**; 466 male (70.6%)
- National data (all consultant groups) - **32.82% female**
- Within UHL - **5 services (of those with >1 consultant) have no female consultants**

An equality survey was also undertaken by Dr Higgins and 102 (15%) UHL male and female hospital Consultants responded. Four questions were asked which were:

- At UHL do male and female Consultants have equality of opportunity?
- In what ways does UHL (or individuals within UHL) currently support women in medicine to fulfil their potential at work?
- What are the main challenges faced by women in medicine in UHL in order to fulfil their potential at work?
- What actions need to be delivered and by who to address the challenges you have identified and realise a vision where all women doctors in UHL are able to realise their potential at work

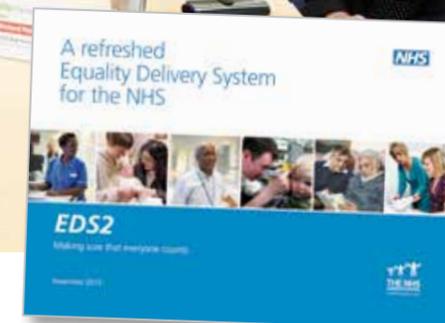
Findings

There was a general feeling across the Trust that more could be done to improve career progression for Women in Medicine. A paper was taken to the Trust Executive team in April 2015 where it was agreed that a Trust wide working group will be set up.



Trust working group will look at:

- Patterns of work
- Access to flexible working policies
- Work Life balance
- The development of a network to support women in Medicine
- Ensuring talent recognition and sponsorship occurs equally for men and women
- Agreeing a strategy and action plan to ensure women in medicine is able to overcome perceived barriers and advance within the organisation with equal opportunity to male colleagues
- Continue to support the Women in Medicine forum



Senior Representation: How the Trust Board responded to the challenge

New research reported in the Roger Kline report entitled the "Snowy White Peaks of the NHS" found that the absence of Black and Minority Ethnic (BME) NHS staff from the leadership of the NHS is "serious, systemic and has shown no sign of improving in recent years".

The seemingly slow progress has culminated in a pledge from NHS England to implement two measures to improve equality within the workforce across the NHS, which would start in April 2015.

The first is a workforce race equality standard that would, for the first time, require organisations to demonstrate progress against a number of indicators of workforce equality, including a specific indicator to address the low levels of BME Board representation. In addition it is proposed that this may form part of the NHS 2015-2016 contract. The second measure is to make the use of the EDS mandatory. The regulators – The Care Quality Commission, Trust Development Agency and Monitor – will also consider using the standard to help assess whether organisations are "well led".

A session was held in February with the Trust Board to look specifically at the continued challenge of low representation at senior levels for Black and Minority Ethnic staff in our work force and how as an organisation we could more successfully address it.

There was much discussion and the following actions were suggested and agreed by our Trust Board

- ✓ To develop and deliver unconscious bias training to 100 of our leaders by the end of March 2016
- ✓ To review the current recruitment process for Senior appointments to include the make up of panels
- ✓ Assurance from Head Hunting companies that they search from a diverse pool of candidates
- ✓ To ensure local graduate schemes encourages under represented groups
- ✓ To analyse the workforce data of the Leadership community as a baseline for deciding what a representative leadership community looks like
- ✓ To develop and implement a Non Executive Director apprenticeship programme



If you are interested in finding out more about the forum or the work streams referred to please contact kath.higgins@uhl-tr.nhs.uk

To come...

The year ahead

We have a detailed action plan for this year and some of the key actions are to:



✓ Improve communication support for deaf patients



✓ Increase the number of easy read leaflets for patients with a learning disability

✓ Continue to extend our patient data collection



✓ Act upon the recommendations from this year's patient engagement events

✓ Continue to strive for greater representation at senior levels in the Trust

