University Hospitals of Leicester NHS
NHS Trust

Cover report to the Trust Board meeting to be held on 7 November 2019

Trust Board paper G

Report Title:	**People, Process and Performance Committee – Chair's Report** (formal Minutes will be presented to the next Trust Board meeting)
Author:	Helen Stokes – Corporate and Committee Services Manager

Reporting Committee:	**People, Process and Performance Committee (PPPC)**
Chaired by:	Andrew Johnson – PPPC Chair and Non-Executive Director
Lead Executive Director(s):	Rebecca Brown – Chief Operating Officer Hazel Wyton – Director of People and Organisational Development (OD)
Date of last meeting:	24 October 2019

Summary of key public matters considered by the Committee and any related decisions made:

This report provides a summary of the following key public issues considered at the People, Process and Performance Committee on 24 October 2019:-

- **Equality, Diversity and Inclusion approach and annual report 2018/19** – reflecting the Public Sector Equality Duty, PPPC considered the draft UHL Equality, Diversity and Inclusion annual report for 2018/19. UHL had significantly brought forward the preparation of this report to reflect the progress made (led by the Equality and Diversity Board chaired by the Trust's Chief Executive). The Equality and Diversity Board was also refreshing UHL's approach to equality, diversity and inclusion, ensuring that it aligned appropriately to the Trust's Becoming the Best quality improvement strategy. Having focused initially on race, the Equality and Diversity Board had now expanded the scope to include differently abled issues and LGBTQ issues. Non-Executive Directors commented on the need to sustain the initial positive developments as the scope expanded. Non-Executive Directors welcomed the Trust's commitment to equality and diversity as evidenced by the senior level involvement, and voiced their full support for the Trust's initiatives with armed forces veterans. The Director of People and OD outlined how the Trust was working both with local communities and its own staff to bring initiatives to the fore, giving the example of a 'dignity gown' project put forward by a local community Muslim group (exploring a radiology service pilot using a quality improvement approach). Non-Executive Directors welcomed this example and noted the need for there to be clear routes for community groups to feed in such ideas to the Trust. Discussion also took place on UHL's 'reverse mentoring' programme, Executive Directors commented positively on the learning gained from their involvement. UHL's new Head of Equality and Diversity will start in post in November 2019.

  PPPC took assurance from the report, welcoming its professionalism, the approach outlined, and supporting its forward-looking nature. PPPC recommended the 2018/19 Equality, Diversity and Inclusion annual report for approval by the Trust Board, subject to the inclusion of more detail demonstrating UHL's good progress against the WRES indicators.
  Subject to the further work outlined above, the UHL 2018/19 Equality Diversity and Inclusion annual report is recommended for Trust Board approval and the amended version is appended to this summary.

- **Junior Doctors Guardian of Safe Working quarterly update (1 June 2019 – 31 August 2019)** - the report advised that 108 exception reports had been recorded in that quarterly period, which was an increase on the previous quarter. Future reports would also include information on UHL's responses to the issues raised. In addition to having a dedicated Guardian of Safe Working at UHL, the Medical Director confirmed that he also met with junior doctors each rotation and offered an open house session to raise any issues in real time. The reports enabled the Trust to focus on any potential hotspot areas, and would also be used in validating numbers as part of the roll-out of e-rostering.
  PPPC recommended the Junior Doctors Guardian of Safe Working quarterly update for Trust Board approval, as appended to this summary.

- **Becoming the Best – Quality Improvement (QI), culture and leadership update** – progress was now being made on the design phase of Becoming the Best, building on the findings from the initial diagnostic phase and

addressing development areas. UHL's 10 themes had also been reviewed against the NHSI best practice interventions, and shared with staff. The Chief Executive emphasised the need for appropriate Trust Board thinking day discussion time on the outputs of the design stage programme. The Head of Quality Improvement then updated PPPC on quality improvement progress, noting UHL's continuing partnership work with AQuA to develop the Trust's QI capability (including the analysis of feedback from the initial September 2019 staff taster sessions and a further 'fundamentals' staff training day in December 2019), and outlining progress in recruiting to the internal UHL QI team. Closing the gap between understanding and practice was key, as was the tracking of progress and outputs, which was welcomed by PPPC. Members recognised the very significant training task involved, noting the intention to provide fundamentals training to approximately 8000 staff by 2023. In response to Non-Executive Director queries, it was confirmed that issues re: QI and Improvement Agent progress/use were discussed with each CMG at the monthly performance review meetings – there was also now a waiting list of staff wishing to become Improvement Agents. Non-Executive Directors also noted the key need to capture the lessons from QI projects such as the Safe and Timely Discharge programme, thus providing learning assurance as well as process assurance – Executive Directors agreed to consider how best to do that, noting plans to use a 'live QI' platform to capture and share learning. The PPPC Non-Executive Director Chairman sought (and received) assurance that a 'plan-do-check-act' cycle was being appropriately used. Information from the NHS Chief People Officer re: capturing cultural learning was also available. PPPC also discussed aligning a suggested visit to UHL by the NHS Chief People Officer to an appropriate Board/leadership event. PPPC took assurance that (i) the Becoming the Best programme was on track; (ii) QI capability was continuing to be built; (iii) QI principles were being applied to projects, and (iv) tracking of progress and outputs was in place.

- **National changes and development approach** – the report updated PPPC on the national structure to support the NHS June 2019 Interim People Plan, including Leadership and Lifelong Learning Teams. The Director of People and OD confirmed that UHL was closely involved in discussions re: the proposed NHS Leadership Compact and future core offer. Non-Executive Directors commented that lifelong learning was not only about promotion but could also focus on widening experiences and movement within a role, and PPPC queried the scope to look at recognising people who were 'expert technicians' in their specific role. The Chief Nurse outlined the internal leadership and clinical skills prospectus being developed for nursing and midwifery staff, aiming to continuously re-energise that role. Other UHL development opportunities were also being launched via the senior staff nurse programme.

- **LLR system workforce chapter update** – the report updated PPPC on the workforce chapter developed by the system-wide LWAB group as part of the 'Our System 5-Year Plan in LLR' in response to the NHS Long Term Plan. An NHSI/E review of the chapter had requested more detail on how to deliver the plan and address any gaps – the workforce chapter would now be refreshed in line with those comments. The new joint LLR CCGs' Chief Executive Officer was the Executive Sponsor for the chapter, which was welcomed. In discussion, PPPC suggested augmenting the information on AHPs, and noted the need to ensure appropriate alignment with the Primary Care Networks to provide a cross-system wide approach and avoid competing for the same workforce. PPPC requested an update on the workforce chapter in April 2020.

- **Urgent and Emergency Care Performance Report (month 6), including bed modelling and bridge report** – September 2019 had been a very challenging month, with a continued rise in both attendances (up by 7.4%) and admissions (up by 7.2%), creating a capacity gap greater than the 2019/20 agreed plan. Ambulance attendances had also risen. Performance against the 4-hour indicator was 71.4% for UHL (80.1% for LLR). UHL continued to work extremely closely with EMAS to minimise the impact on ambulance handovers. Bed capacity remained a key constraining factor for the Trust, and the report outlined the mitigating actions including the early opening of 14 additional beds at the LRI (which was improving the position). The Chief Operating Officer advised PPPC that although the 2019/20 bed modelling plan had been considered to be robust, unprecedented demand levels in quarters 1 and 2 had led to a rebasing of that plan and an increase in the capacity gap. Although recognising that demand reduction was challenging, LLR system-wide demand mitigation continued to be required in addition to the UHL capacity actions outlined in the report. The Chief Operating Officer also recognised that the capacity actions planned would have a financial impact. Good national feedback had been received on the LLR system-wide urgent and emergency care action plan, confirming that the focus was on appropriate actions. ECIST (a clinically-led national NHS team) was currently working at the Glenfield Hospital CDU (outputs to be reported to a future PPPC). UHL had also taken action to enhance mental health support and to ensure that staff felt appropriately supported by the Trust (recognising the activity pressures) – this was particularly welcomed by PPPC.

  In response to Non-Executive Director queries, the Chief Operating Officer outlined the positive support actions taken by primary care partners, including participation in MAAD events and initiatives to reduce unnecessary ED admissions from nursing homes. PPPC welcomed the focus on mental health issues, noting the need for

continued strengthening of partnership working with LPT (work was also underway to identify and support frequent-presenting patients with mental health needs). Although recognising that UHL's position was good nationally, Non-Executive Directors nonetheless considered that the number of superstranded patients was too high and needed to reduce. It was noted however that a detailed review by the Trust of its superstranded patients had confirmed that rising acuity levels were contributing to the number of such patients. PPPC sought assurance that quality and safety issues were appropriately considered when opening additional capacity – in response, the Chief Nurse noted her assurance that safe care was being provided, and emphasised that the additional capacity would not have been opened if it had not been safe to do so. She also confirmed that nursing KPIs had not been adversely affected. Noting the potential impact also on patient experience, PPPC welcomed work underway within UHL to review the outlying policy.

In conclusion, although PPPC could not currently be assured that the Trust had the ability to meet its urgent and emergency care targets, members were assured that an appropriate action plan was in place. PPPC welcomed the expansion of bed capacity, the safety assessments undertaken, and the progress being made on supporting staff and on mental health issues.

- **Review of 2019/20 Board Assurance Framework (BAF) principal risks 4 & 5** – PPPC reviewed BAF principal risks 4 (failure to deliver the quality strategy to plan) and 5 (failure to recruit, develop and retain a workforce of sufficient quantity and skills), rated at 12 and 20 respectively for September 2019. The score for principal risk 4 was expected to reduce as central QI staff were recruited (which was underway). With regard to principal risk 5, PPPC received assurance that UHL was performing strongly on medical revalidation, while the actions on appraisal were being strengthened to reflect national processes and drivers. PPPC commented on the need to appropriately reflect the earlier discussion re: primary care network recruitment alignment in the entries for this principal risk. PPPC also discussed the potential of Physician's Associates. PPPC took assurance from the reports on BAF principal risks 4 and 5.

Items for Information

The following reports were noted:-

- **Workforce and Organisational Development data set (month 6)** – the PPPC Non-Executive Director Chair requested that substantive discussion take place on this report at a future meeting, and
- **Executive Performance Board action notes from 24.9.19.**

Joint PPPC and QOC session

- **Cancer Performance monthly report/recovery 2018/19** - in August 2019 the Trust had achieved 3 standards against the 8 national targets and 4 standards against its own trajectory. Although gynaecology performance had improved, the 62-day standard remained the most challenging area for the Trust (August 2019 performance 72.4%). Breast, gynae and skin were all achieving the 62-day standard (as requested by NHSI) and further improvements in those areas were planned to provide headroom for some of the other more challenged tumour sites. Breast performance recovery in particular was recognised as having been a significant achievement. The Trust had largely maintained its position on cancer standards attainment despite increased referrals, with the exception however of the 31-day first treatments standard where performance had worsened considerably due to increased cancellations as a result of bed availability. In response to queries from the QOC Patient Partners, the Director of Operational Improvement outlined the very robust (and clinically based) process in place to review any decision to cancel a cancer patient, confirming that "target" considerations did not play a part. In considering the cancer performance and action plan, members noted that QI-based actions were being introduced to strengthen the urology position, as well as additional project and admin support in that area. Although this was expected to improve urology performance the Trust did not anticipate achieving the 85% target in urology. Learning was being taken as appropriate from other peer ranked Trusts achieving the cancer standards.The PPPC Non-Executive Director Chair queried which standards currently showing red for UHL might be achieved in September 2019. Actions to address late referrals were gaining some traction, with further joint pathway discussions planned for the new year. The report also advised members that the 104-day clinical harm review for quarter 1 of 2019/20 had demonstrated no clinical harms. Although not fully assured re: cancer performance, PPPC/QOC considered that the Trust was focusing on the appropriate areas and actions.

- **Quality and Performance report month 6** – the Chief Operating Officer, Chief Nurse and Medical Director reported on the operational and quality performance indicators for September 2019, noting the continued embedding of the Statistical Process Control (SPC) chart approach. The Chief Nurse advised that she was reviewing the content of the report in terms of her specific portfolio, and she noted positive performance re: hospital acquired pressure ulcers and falls. Further work was in hand through the Trust's PIPEAC group to explore the maternity FFT results and related deep dive. The Medical Director noted sustained good performance on VTE

(linked to the e-meds roll-out), and advised that the September 2019 dip in TIA performance was a normal cause variation and as such was not currently of specific concern. Although rated as red against its own internal bench-marking, at 3.8% year to date UHL's sickness rate was good nationally. With regard to outpatient transformation, the red indicator re: turnaround of outpatient clinic letters remained a focus for UHL, although the position had improved since July 2019. Noting that the future inclusion of the dementia assessment indicator was being reviewed as part of the ongoing refinement of the dashboard, Non-Executive Directors suggested including primary care in discussion on that particular indicator. The PPPC Non-Executive Director Chair considered that the report offered encouragement on performance, although not full assurance.

- **CMG performance review data** – the report summarised the outputs from the August 2019 performance review meetings (PRMs) with CMGs. The Chief Operating Officer noted the additional corporate UHL support being offered to 2 specific CMGs, and clarified that finance issues were discussed in detail with CMGs at a separate meeting. CMGs were also now using the PRM approach with their own specialties, and PPPC/QOC noted the positive working of the PRM process. It was also noted that the ratings stated in the PRMs were the CMGs' own self-assessments (reviewed by the Executive Team).

- **Review of 2019/20 BAF principal risk 1** - PPPC/QOC reviewed BAF principal risk 1 (failure to deliver key performance standards for emergency, planned and cancer care), rated at 20 for September 2019. The Trust Chairman queried the level of Executive Team confidence that this rating would not worsen as winter approached – in response, the Chief Executive and Chief Operating Officer advised that the key driver was bed capacity, and demonstrated that the modelling did not indicate a worsened position over winter due to the plans already in place for that period.

Matters requiring Trust Board consideration and/or approval:

Recommendations for approval:-

1. Equality, Diversity and Inclusion annual report 2018/19;
2. Junior Doctors Guardian of Safe Working quarterly update.

Items highlighted to the Trust Board for information:

1. Urgent and emergency care performance – month 6.

Matters referred to other Committees:

None

Date of Next Meeting:	28 November 2019

UHL Equality, Diversity and Inclusion Approach and Annual Report

Author: Sabrina Richards, Shaheen Mulla and Bina Kotecha **Sponsor:** Hazel Wyton/John Adler

Purpose of report:

This paper is for:	Description	Select (X)
Decision	To formally receive a report and approve its recommendations OR a particular course of action	X
Discussion	To discuss, in depth, a report noting its implications without formally approving a recommendation or action	
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with treatment plan	
Noting	For noting without the need for discussion	

Previous consideration:

Meeting	Date	Please clarify the purpose of the paper to that meeting using the categories above
CMG Board (specify which CMG)	21/10/19	UHL Equality, Diversity and Inclusion Board
Executive Board	29/10/19	To be discussed at the next Executive People and Culture Board
Trust Board Committee		
Trust Board		

Executive Summary

Context

We are committed to reducing health inequalities, eliminating discrimination, promoting equality and valuing diversity including Human Rights.

The annual Equality, Diversity and Inclusion (EDI) Report 2018 – 2019, sets out the our response to meeting the Public Sector Equality Duty. This report provides details of the work of the Trust to ensure that Patients are treated fairly and equitably in service provision and also provides information on workforce equality and diversity. The report summarises key achievements the Trust has made over the course of the year, along with key areas of focus for the next year. The intention is to publish this document (new presentation format) early i.e. due for publication by the end of March 2020.

Work has also been completed in refreshing the Trust's EDI approach, ensuring alignment to Becoming the Best.

This work has been led by the Trust's EDI Board, chaired by the Chief Executive.

Questions

1. Does the 2018-2019 EDI annual report provide a sufficient overview of how the Trust is meeting the requirements of the Public Sector Equality Duty?
2. . Does the Equality Approach document accurately reflect the direction of travel for the Trust in relation to EDI?

Conclusion

1. Does the 2018-2019 EDI annual report provide a sufficient overview of how the Trust is meeting the requirements of the Public Sector Equality Duty?

As an authorised public sector organisation, the Trust is required by the Equality Act 2010 to work in ways to ensure equality, diversity and inclusion is embedded into all its functions.

The annual Equality, Diversity and Inclusion Report, sets out how the Trust has continued to demonstrate 'due regard' to the Public Sector Equality Duty's three aims; and how it provides assurance in relation to having "due regard" for the Equality Act's Protected Characteristics.

Having "due regard" involves giving advanced consideration of any potential equality, inclusion and discrimination issues, prior to making any policy / commissioning decisions; and improving relationships. Due regard must be considered in a way that is proportionate to the issue at hand. This is a valuable requirement that is seen as an integral and important part of the mechanisms for ensuring the fulfilment of the aims of anti-discrimination legislation set out in the Equality Act 2010.

This report will provide an overview of the evidence for meeting the specific equality duty, which requires all public sector organisations to publish their equality information annually. This report sets out:

- The Trust's commitment to equality, diversity and inclusion;
- The legal duties for equality and inclusion;
- Progress against the NHS Mandated Standards and objectives to help deliver on the Public Sector Equality Duty

2. Does the Equality Approach document accurately reflect the direction of travel for the Trust in relation to EDI?

Proposed approach attached and aligned to Becoming the Best as agreed with the Trust's EDI Board.

Input Sought

PPPC is asked to comment on the new format/content of our EDI Annual Report (2018-19) and our proposed EDI approach aligned to Becoming the Best.

For Reference:

This report relates to the following UHL quality and supporting priorities:

1. Quality priorities

Safe, surgery and procedures	[Yes]
Safely and timely discharge	[Yes]
Improved Cancer pathways	[Yes]
Streamlined emergency care	[Yes]
Better care pathways	[Yes]
Ward accreditation	[Yes]

2. Supporting priorities:

People strategy implementation	[Yes]
Estate investment and reconfiguration	[Yes]
e-Hospital	[Yes]
More embedded research	[Yes]
Better corporate services	[Yes]
Quality strategy development	[Yes]

3. Equality Impact Assessment and Patient and Public Involvement considerations:

- What was the outcome of your Equality Impact Assessment (EIA)?
- Briefly describe the Patient and Public Involvement (PPI) activities undertaken in relation to this report, or confirm that none were required?
- How did the outcome of the EIA influence your Patient and Public Involvement ?
- If an EIA was not carried out, what was the rationale for this decision?

  Not applicable - the Equality and Diversity annual report provides evidence of how the Trust is taking account of due regard

4. Risk and Assurance

Risk Reference:

Does this paper reference a risk event?	Select (X)	Risk Description:
Strategic: Does this link to a ***Principal Risk*** on the BAF?	x	Becoming the Best - Delivering caring at its best to every patient, every time
Organisational: Does this link to an ***Operational/Corporate Risk*** on Datix Register		
New Risk identified in paper: What ***type*** and ***description***?		
None		

5. Scheduled date for the **next paper** on this topic: January 2020
6. Executive Summaries should not exceed **5 sides** [Reports attached]

NHS
University Hospitals of Leicester
NHS Trust

Equality and Inclusion Annual Report

2018-19

Accessibility Statement

If you would like this information in another language or format such as EasyRead or Braille, please telephone the number below or email equality@uhl-tr.nhs.uk

0116 250 2959

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।

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Message from the Chair and Chief Executive

We are immensely proud to work for University Hospitals of Leicester where patients and their families, staff and stakeholders feel valued and are at the heart of our work. We are one of the largest Trusts in the country and committed to provide 'caring at its best'.

Chair of UHL Board

Our Trust consists of dedicated staff who come from a range of diverse backgrounds. They help in our continued efforts to be the best in providing inclusive services and promoting the equality agenda, reducing inequality within the wider health economy. Our strong equality ethos is embedded within all our day to day work and we strive to address any barriers to access services and improve our hospitals for everyone. This puts excellent clinical performance and patient experience at the centre of our work.

We are personally committed to driving the equality agenda within the Trust. This is at the centre of the Trust's work with transforming services to ensure that our most vulnerable patients and their families are involved in decisions about their care and changes to services that affect them.

John Adler - Chief Executive of UHL

We would like to thank all the patients, their families, carers and staff that help to make the Trust welcoming and inclusive. The work of all staff contribute to the difference we make to patients and our wider communities.

Our newly formed Equality and Diversity Board is instrumental in driving our equality agenda with particular focus during 2018/19 on ensuring our workforce are at the forefront of inclusive work practices and that our Trust is a happy and vibrant place to work.

Whilst we as a Trust recognise that we are required to meet legal duties under legislation, we are focused on creating a hospital trust that celebrates differences are reflected in everything we do.

As we enter into 2020, we acknowledge that there is significant work to be accomplished to further embed equality and improve our services to our local communities and beyond. The Equality and Diversity Board will strive to drive this forward.

We are proud of the achievements made in the last year to improve our Trust and take pleasure in sharing these in this report.

Executive Summary

Our Trust is proud of its work to promote and embed the equality agenda across all of its work with patients, their families, staff and stakeholders. The Trust continues to build in its excellent reputation for promoting the equality agenda and providing a high standard of care for its patients.

2018/19 has been a year of change and challenge for the Trust as we work in collaboration with partner organisations as part of "Better Care Together" to transform care. This will significantly shape how services are delivered in the future and we will continue to involve our communities to better understand all their needs and hear their views. In partnership, we aim to reduce health inequalities and meet the needs of a growing and ageing population with increasing health needs.

The trust's commitment to the equality agenda is evidenced in the improvements made during 2018/19 and work following the recommendations from the CQC inspection in January 2018. This has led to improvements in governance processes, policies, procedures and support for patients, their families and staff. During 2018/19 the Trust has met the equality requirements contained within equality and related legislation. This also includes mandated requirements from NHS England. This work has led to the following improvements:

- Improvements to give greater scrutiny within governance structures with the establishment of an Equality and Diversity Board
- Improved support for Black, Asian and Minority Ethnic staff (BAME)
- Improved information on equality and inclusion for staff working system wide, across Leicester, Leicestershire and Rutland
- Improved support through NHS Employers Equality and Diversity Partners Programme
- Targeted leadership development
- Improved recruitment and selection practices
- Improvements for consistent implementation of the mandated NHS Accessible Information Standard
- Improvements for meeting communication needs of patients through translation services and patient information provided by the Trust
- Bespoke Equality and Diversity Interventions

Our equality objectives are aligned to the Equality Delivery System devised by NHS England and are embedded throughout the Trust in the way we work with patients, their families, staff and stakeholders. Our performance aligned to the Equality Delivery System shows positive progress.

Our purpose to provide ‘Caring at its best’ will continue to guide our work into 2019/20 and ensure that equality is embedded in our work.

Our Values

We treat people how we would like to be treated:

- We listen to our patients and to our colleagues, we always treat them with dignity and we respect their views and opinions
- We are always polite, honest and friendly
- We are here to help and we make sure that our patients and colleagues feel valued

We do what we say we are going to do:

- When we talk to patients and their relatives we are clear about what is happening
- When we talk to colleagues we are clear about what is expected
- We make the time to care
- If we cannot do something, we will explain why

We focus on what matters most:

- We talk to patients, the public and colleagues about what matters most to them and we do not assume that we know best
- We do not put off making difficult decisions if they are the right decisions
- We use money and resources responsibly

We are one team and we are best when we work together:

- We are professional at all times
- We set common goals and we take responsibility for our part in achieving them
- We give clear feedback and make sure that we communicate with one another effectively

We are passionate and creative in our work:

- We encourage and value other people's ideas
- We seek inventive solutions to problems
- We recognise people's achievements and celebrate success

One team **shared values**

INTRODUCTION

Our Trust is one of the largest in the country and the busiest, serving over 1 million residents across Leicester, Leicestershire and Rutland. We serve a diverse community and we are committed to providing the highest standards of care for our patients and their families. Our services are provided by the General, Glenfield and Royal Infirmary Hospitals and includes a dedicated Children's Hospital.

1M

Our patients are at the heart of all we do and we believe that 'Caring at its Best' is not just about the treatments and services we provide, but about giving our patients the best possible experience. That is why we are proud to be part of the NHS and we are proud to be Leicester's Hospitals.

16,011

We strive to ensure our 16,011 staff are supported by an inclusive work environment where their skills and talents are valued. Our specialist services include cardio-respiratory diseases, cancer and renal disorders which serves patients across the UK. Our work with partner organisations continues to make us at the forefront of research which makes us proud of our international reputation for cancer treatments, genetic medicines and heart treatments.

The NHS is currently undergoing significant change and challenges. Our Trust is at the centre of ensuring that our services meet the needs of our population and are improving the care of our patients and their families. Our aim to improve care is at the heart of our equality objectives and shape everything we do whilst ensuring that no one is left behind. Partnership work through the Better Care Together Programme is leading transformation work to improve health services and reduce health inequalities. We are focused on transforming services in order to meet the changing needs of our growing and ageing population.

Following our CQC inspection and recommendations in January 2018, we have made significant progress, of which equality work now has greater governance and oversight through the establishment of an Equality and Diversity Board. This report provides information about the work we do which promotes equality and demonstrates our achievements for 2018/19.

Equality Legislation and Our Duties

The Equality Act 2010 combines over 116 separate pieces of legislation into one single act. Combined, the Act provides the legal framework to protect the rights of individuals and advance equality of opportunity for all. The Act simplifies, strengthens and harmonises the previous legislation to provide discrimination law which protects individuals from unfair treatment and promotes a fair and more equal society. The Equality Act protects people from unfavourable treatment and this refers particularly to people from the following categories know as 'protected characteristics'. Further information on the protected groups is provided in appendix A.


Disability


Sex


Race

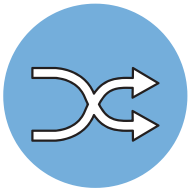

Age


Sexual Orientation


Religion or Belief


Marriage and Civil Partnership


Pregnancy and Maternity


Gender Reassignment

In addition to the protected groups, we also recognise that there are additional groups that experience health inequalities and face disadvantage in society. Our work in the Trust aims to meet all the needs of people that use our services and we strive to understand the different needs within our diverse community.


Carers


Rural communities


Veterans / Army families


Asylum Seekers / Refugees / Migrants


Deprivation / Homeless

Public Sector Equality Duty 2011

Section 149 of the Equality Act 2010 requires us to demonstrate compliance with the Public Sector Equality Duty (PSED) which places a statutory duty to address:

1. Eliminating unlawful discrimination, harassment and any other conduct prohibited by the Equality Act

2. Advance equality of opportunity between people who share a protected characteristic and people who do not share it

3. Foster good relations between people who share a protected characteristic and people who do not share it

Our Trust also has a specific duty under the PSED to complete the following actions:

- Publish information to demonstrate their compliance with the Equality Duties, at least annually

- Set equality objectives, at least every 4 years

Human Rights Act 1998

The Human Rights Act 1998 came into effect in the United Kingdom in October 2000. Our Trust must ensure that all our work safeguards vulnerable people and do not put people's lives at risk or expose them to inhumane or degrading treatment.

Health and Social Care Act

The Health and Social Care Act 2012 states that health services must in the exercise of their functions, have regard to:

- Reduce inequalities between patients with respect to their ability to access health services
- Reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services
- Promote the involvement of patients and their carers in decisions about the provision of health services to them
- Enable patients to make choices with respect to aspects of health services provided to them

Modern Day Slavery

All public authorities are required to co-operate with the Police Commissioner under the Modern-Day Slavery Act 2015. This means that police and health care services, together with voluntary organisations, are legally required to work together to support people who have experienced slavery. We have a zero tolerance for modern slavery and breaches of human rights and ensure this protection is built into the processes and business practices that we, our partners and providers use.

Our Trust have published a statement on our website and an action plan to ensure that all our suppliers are compliant and that contract monitoring provides assurance to prevent modern slavery.

GOVERNANCE

During 2018/19 we strengthened our governance arrangements. This included establishing the Equality and Diversity Board which is chaired by the Chief Executive.

We are working hard to improve our culture and leadership. As part of our aim to 'Becoming the Best' we carried out a comprehensive review of our culture and leadership in 2018/19. This work is ongoing but has identified that improvements in workplace culture are needed.

All decision making in terms of service design, policy reviews and transformation work is approved by the Trust's Governance processes. We carry out Equality Impact Assessments to identify potential impacts on protected groups and mitigate impacts against these. The Equality Impact work helps us to meet our equality duties.

Equality and Inclusion Overview - Our Achievements

Equality Objectives

We use the Equality Delivery System 2 (EDS) framework. EDS is recommended as best practice from NHS England.

The 4 broad areas addressed in the EDS framework are to improve:

1. Health outcomes
2. Patient access and experience
3. Senior representation within the Trust
4. Staff engagement

Our website contains full details of our equality action plan.

The following groups provide ongoing assurance and monitoring for assessing progress:

- Equality and Diversity Board
- Executive People and Culture Board
- Executive Quality and Performance Board
- Equality Advisory Group (EAG)

Since The Trust was inspected by the Care Quality Commission (CQC) in January 2018 we have made significant improvements with the establishment of a Equality and Diversity Board. The Equality and Diversity Board has refreshed the equality and diversity strategic action plan.

Mandated equality requirements

During 2018/19 we met our requirements for:

- Workforce Race Equality Standard (WRES)
- Accessible Information Standard (AIS)

During 2018/19 we worked to prepare for the implementation of:

- The Workforce Disability Equality Standard (WDES)
- Learning Disability Standard (LDS)

Equality Delivery System (EDS)

The EDS2 framework is a key performance tool used to measure Equality and Inclusion work of the Trust.

The EDS contains 18 indicators grouped into four goals:

Better health outcomes

Improve patient access and experience

A representative and supported workforce

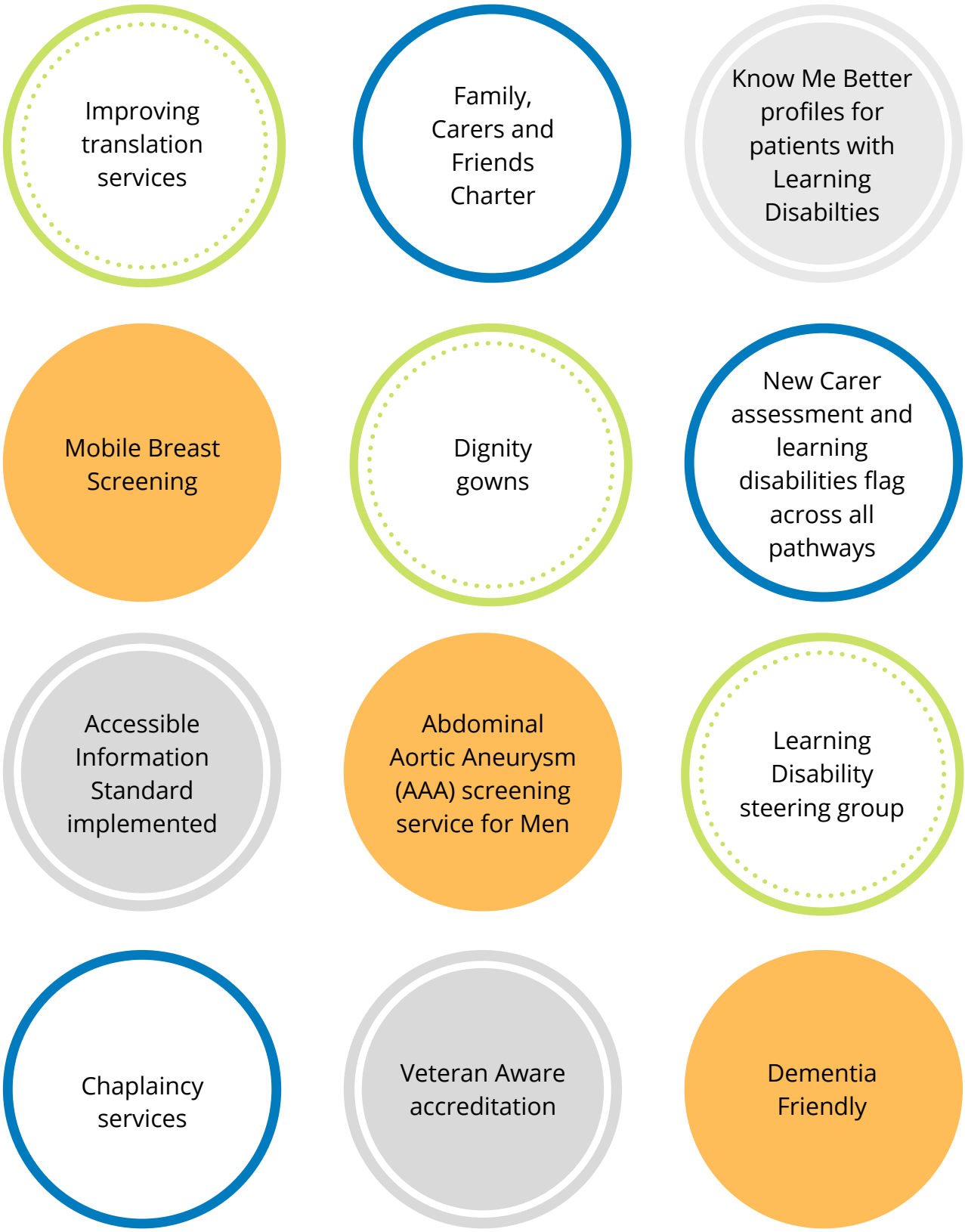
Inclusive leadership

Equality Performance

Goals		Grading
Better Health Outcomes		
1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local communities	*Developing*
1.2	Individual people's health needs are assessed and met in appropriate and effective ways	*Developing*
1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	*Developing*
1.4	When people use NHS Services their safety is prioritised, and they are free from mistakes, mistreatment and abuse	*Under-developed*
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	*Developing*
2.2	People are informed and supported to be as involved as they wish to be in decisions about their care	*Under-developed*
2.3	People report positive experiences of the NHS	*Developing*
2.4	People's complaints about services are handled respectfully and efficiently	*Developing*
A representative and supportive workforce		
3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	*Achieving*
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	*Achieving*
3.3	Training and development opportunities are taken up and positively evaluated by all staff	*Achieving*
3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source	*Developing*
3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	*Achieving*
Inclusive leadership		
4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisation	*Achieving*
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	*Achieving*
4.3	Middle managers are other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	*Developing*

Since 2016, work has been underway to improve the EDS2 actions as part of the Trust's commitment to equality, diversity and inclusion.

EDS Actions during 2018/2019



Workforce and Equality

Under the Equality Act 2010, we have a duty to report annual equality information about our workforce.

The Equality Delivery System (EDS2) provides a framework for ensuring Trusts place equality at the heart of good work practice. As a Trust we have robust action plans in place to implement programmes of work in order to achieve the following:

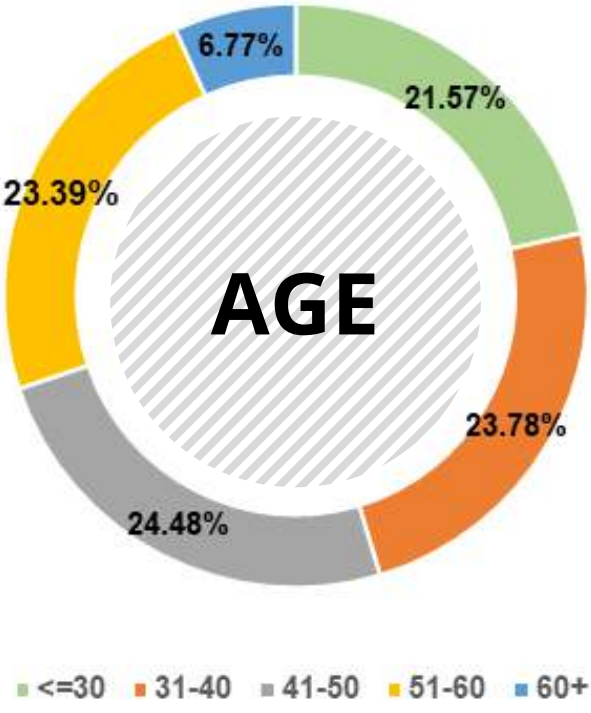
- Fair recruitment and selection processes in place to reduce discrimination
- Training and development opportunities for our workforce
- An inclusive work environment where people are free from abuse, harassment, bullying and violence
- Working arrangements which include flexible working consistent to meeting the needs of the service and helping staff to achieve work-life balance
- Staff have positive experiences of the workplace and are supported by managers to work in culturally competent ways

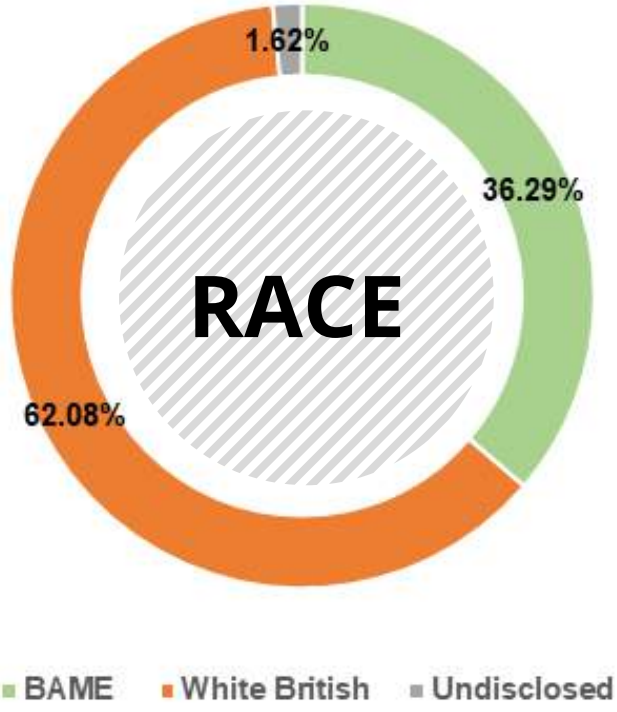
Alongside a range of policies and processes, the Trust carry out additional reporting through:

Workforce Race Equality Standard (WRES)
Gender Pay Gap (GPG)
Workforce Disability Equality Standard (WDES) planned for mandated reporting in 2019

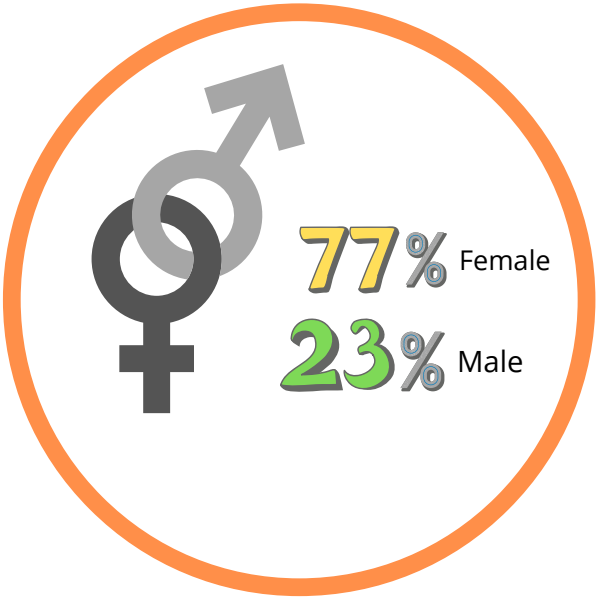
Our Workforce

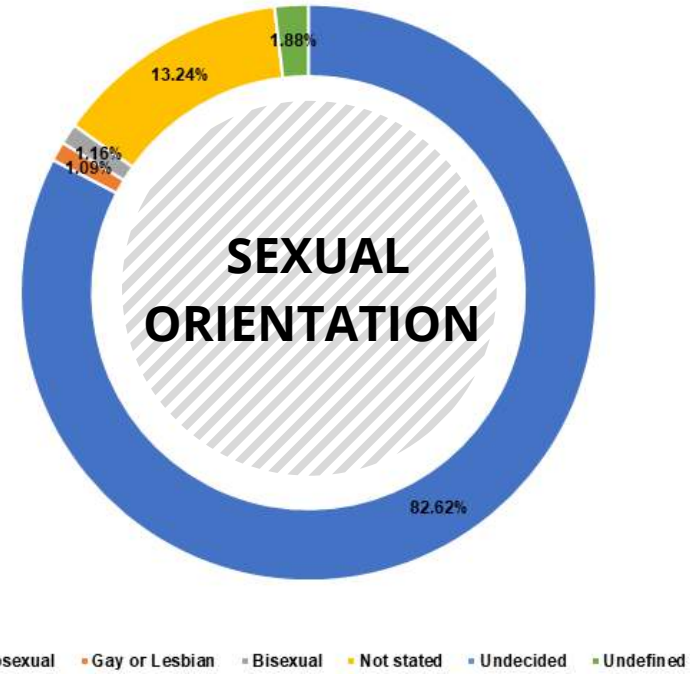
Here is a summary of our workforce composition data for 2018/19 for key protected groups:

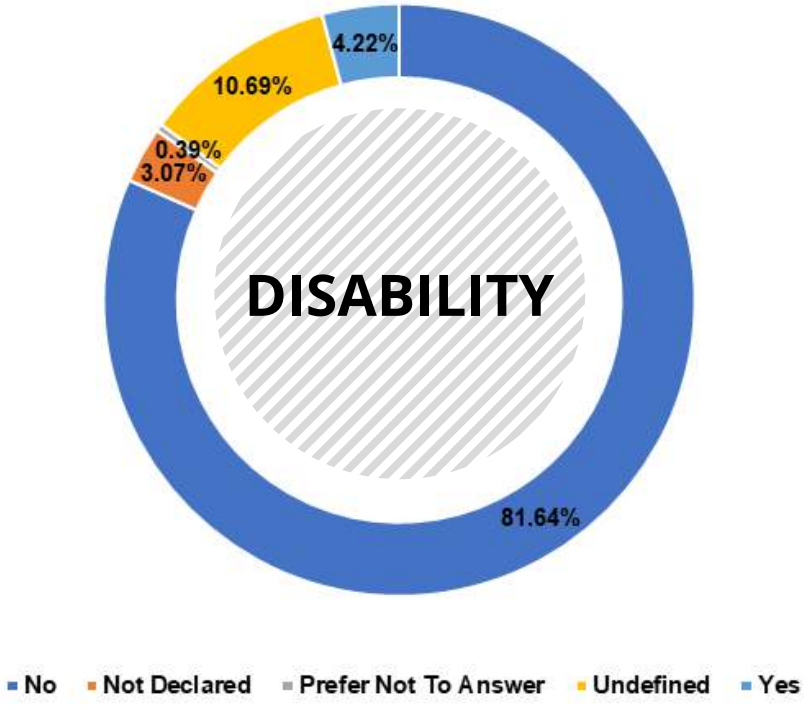




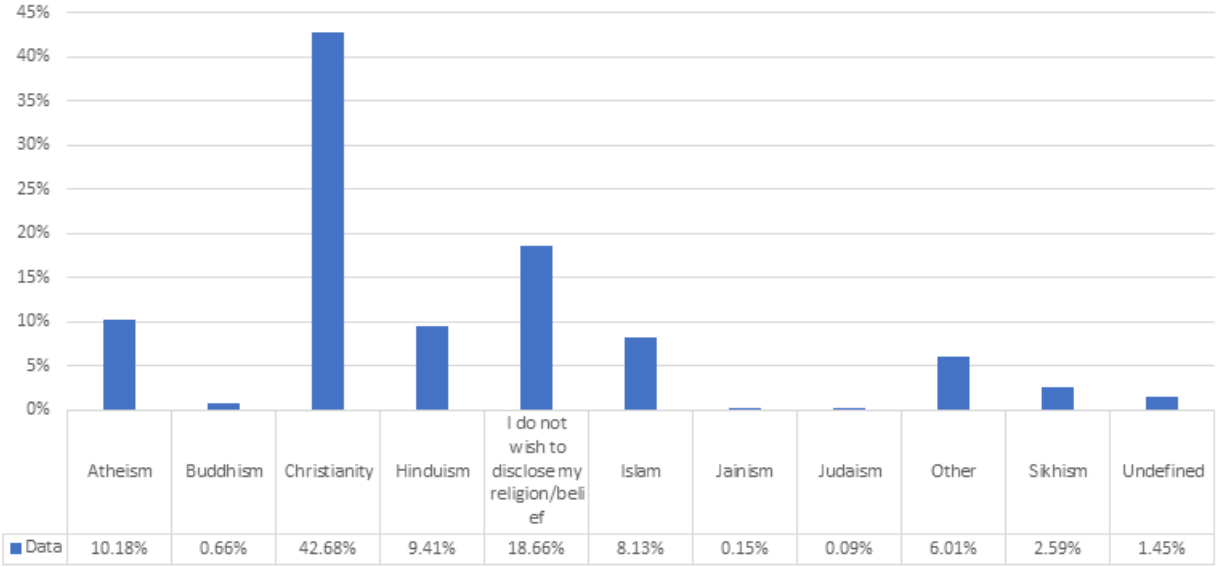
GENDER



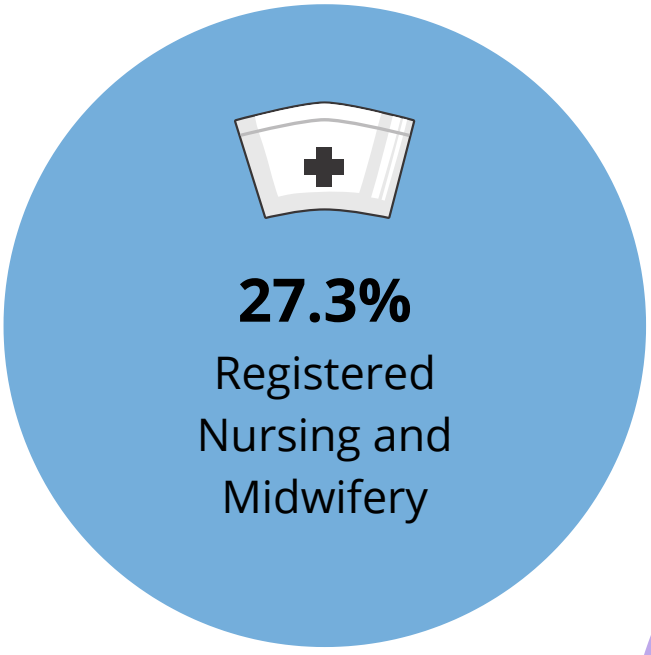


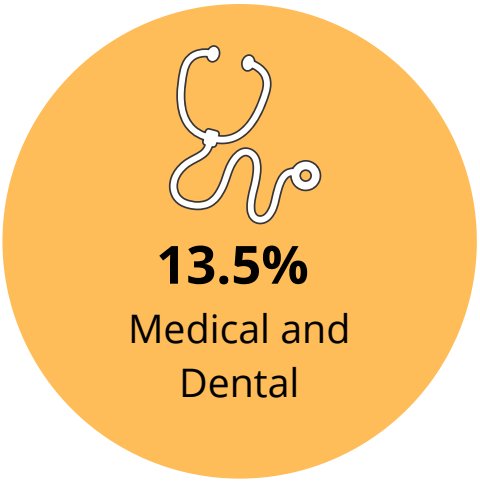

4.22%
10.69%
0.39%
3.07%
DISABILITY
81.64%
No
Not Declared
Prefer Not To Answer
Undefined
Yes

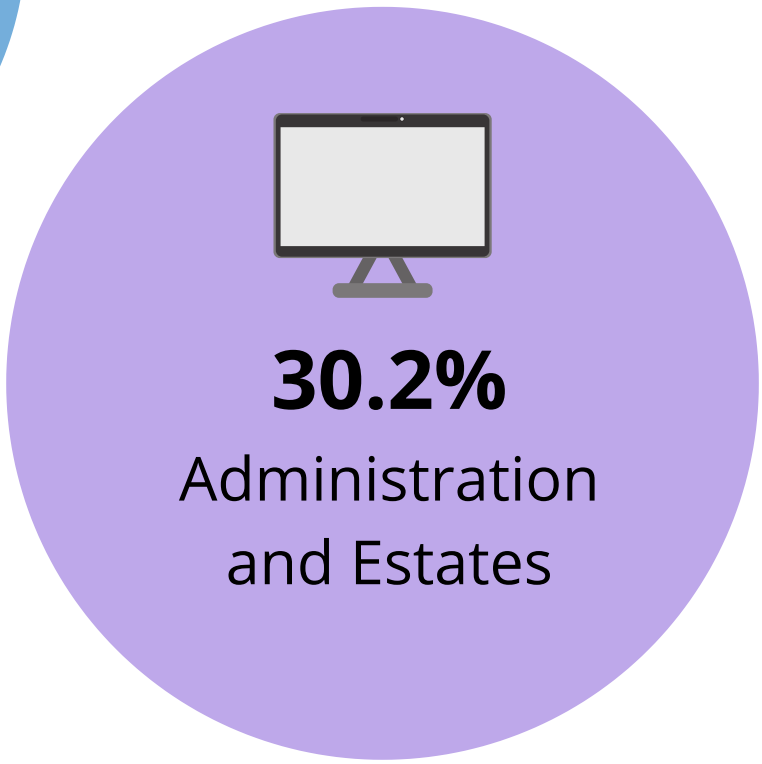
RELIGION

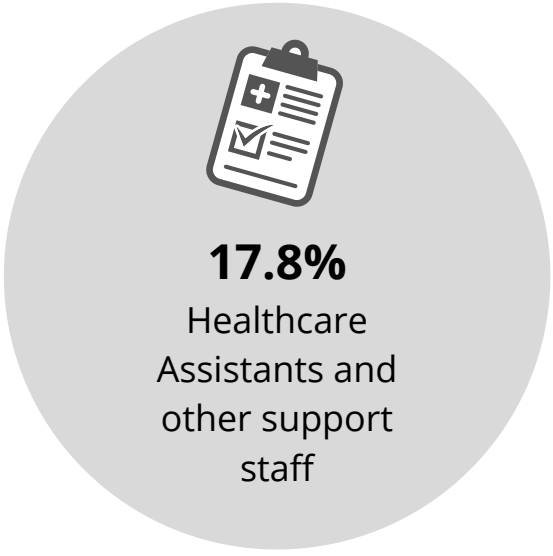

45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
Atheism
Buddhism
Christianity
Hinduism
I do not wish to disclose my religion/belief
Islam
Jainism
Judaism
Other
Sikhism
Undefined
Data
10.18%
0.66%
42.68%
9.41%
18.66%
8.13%
0.15%
0.09%
6.01%
2.59%
1.45%

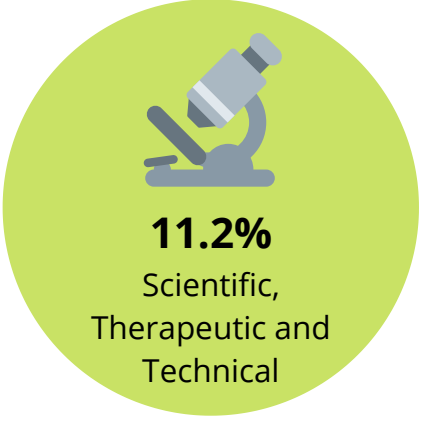
Staff by Profession











Gender Pay Gap Reporting

We publish our Gender Pay Gap information annually on our website. Here are the highlights:

Schemes like childcare vouchers, cars, bikes and computers.

Agenda for change - consistency in pay.

Support through flexible working holiday entitlement, professional development and training.

The Pay Gap improved by 1% in 2018 to 28%.

Pay Gap data is skewed by higher percentage of higher paid Consultants being Male.

Fair recruitment and employment practices.

We have an action plan in place to address our Gender Pay Gap.

Of 706 Consultants 77% are Male and 33% are Female.

For full report see:
https://www.leicestershospitals.nhs.uk/aboutus/performance/publications-and-reports/gender-pay-gap/

Pay Gap Actions - What are we doing?

Workforce Race Equality Standard - WRES

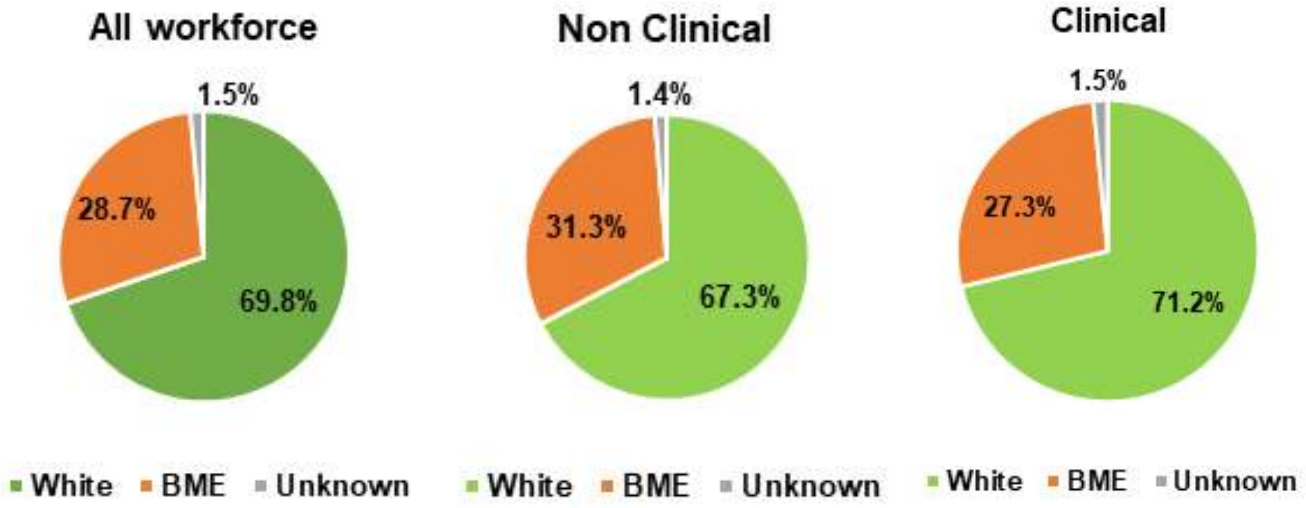
Since 2015, we have completed and submitted our annual WRES submissions to NHS England and have shared these plans with our Clinical Commissioning Group. We also publish the data on our website.

WRES reporting helps to identify any disparities in experience and outcomes for NHS employees and people applying for jobs within the NHS. Following our WRES submissions we have developed action plans to help improve the experiences of our staff from black and minority ethnic backgrounds.

Summary of data from WRES indicators:

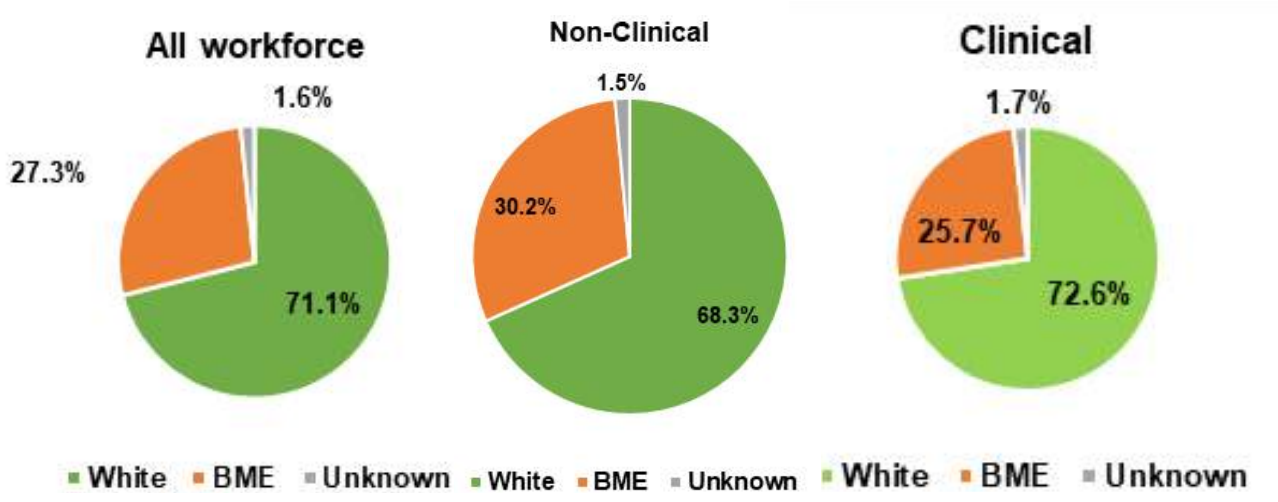
Metric 1 clinical and non clinical staff 2018

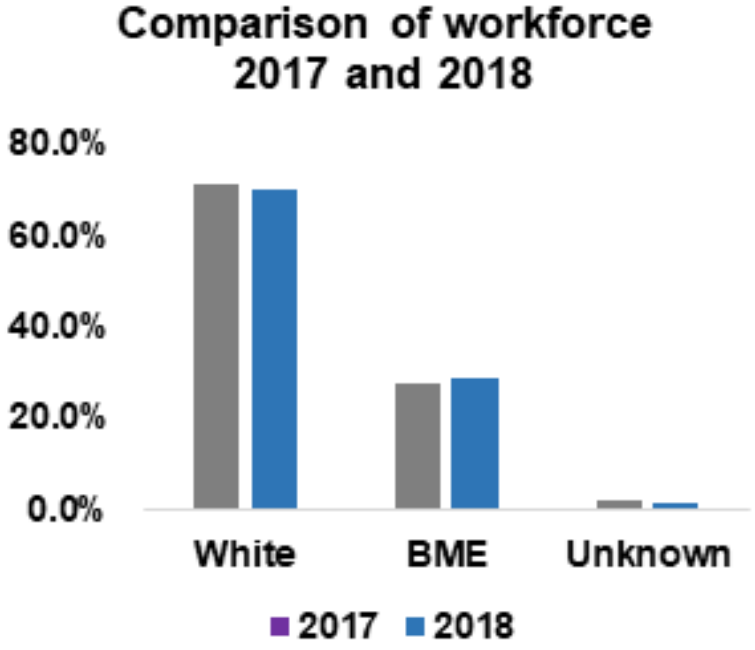
	White	*BME*	*Unknown*
Non Clinical	67.3%	31.3%	1.4%
Clinical	71.2%	27.3%	1.5%
All workforce	69.8%	28.7%	1.5%



Metric 1 clinical and non clinical staff 2017

	White	BME	Unknown
Non Clinical	68.3%	30.2%	1.5%
Clinical	72.6%	25.7%	1.7%
All workforce	71.1%	27.3%	1.6%





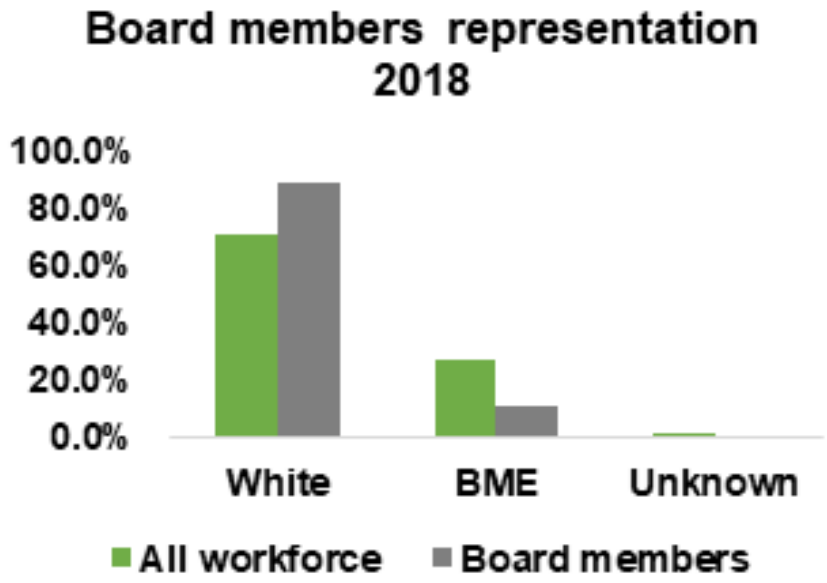
Comparison data shows that there is a slight improvement for BME representation in 2018 – an increase by **1.4%** from 2017.

Comparison 2017-2018 - workforce

	White	BME	Unknown
2017	71.1%	27.3%	1.6%
2018	69.80%	28.7%	1.50%

Executive Board

Metric 9- Board Ethnicity compared to overall workforce:



	White	*BME*	*Unknown*
All workforce	71.1%	27.3%	1.6%
Board members	88.9%	11.1%	0.0%

Representation of board members from BME backgrounds is lower than the whole workforce. Board membership has remained relatively static from the previous year.

Summary WRES data

Year	Percentage of BAME in staff workforce	Likelihood of BAME staff appointment compared to white staff	Likelihood of BAME staff entering formal disciplinary compared to white staff	Likelihood of BAME staff accessing non-mandatory training	KF: 25% of BAME staff experiencing bulling or abuse from patients in the past 12 months	KF: 26% BAME staff experiencing bullying, or abuse, from staff in the past 12 months	KF: 21% Staff believe equal opportunities are provided for career progression or promotion	Q17% of BAME staff experiencing discrimination at work from manager or team leader	Trust Board Membership
2016/17	Workforce: 30% Leaders: 12%	2.2	38% more likely	19% more likely	White: 22% BAME: 21%	White: 23.05% BAME: 24.18%	White: 86% BAME: 76%	White: 5.3% BAME: 10.23%	White: 86% BAME: 14%
2017/18	Workforce: 32% Leaders: 15.15%	1.8	27% more likely	28.2% more likely	White: 26.94% BAME: 21.05%	White: 25.62% BAME: 25.35%	White: 86.32% BAME: 71.14%	White: 7.0% BAME: 11.9%	White: 86% BAME: 14%
2018/19	Workforce: 33.8% Leaders: 16.02%	1.8	1.18% more likely	1.18% more likely	White: 27% BAME: 22.6%	White: 28.1% BAME: 28.7%	White: 86% BAME: 67%	White: 7.5% BAME: 15.1%	White: 86% BAME: 14%

WRES 2018/19 - workforce analysis:
Since initiation of the WRES in 2015, the Trust has seen a 4.02 increase in the Percentage of BAME Leaders in the workforce and will continue with initiatives to increase this with focus on expanding balanced recruitment panels and targeted leadership development. We monitor progress against improvement actions at monthly Performance Review Meetings held between our Clinical Management Group Senior Leadership Teams and our Executive Team.

In order to strengthen our approach to the WRES we have participated in the WRES Quality Improvement Project and have shared our learning and progress at national WRES BAME Masterclasses. We are also participating in the NHS Employers Employment Programme to influence the WRES agenda nationally and to enable the exchange of best practice and access to resources.

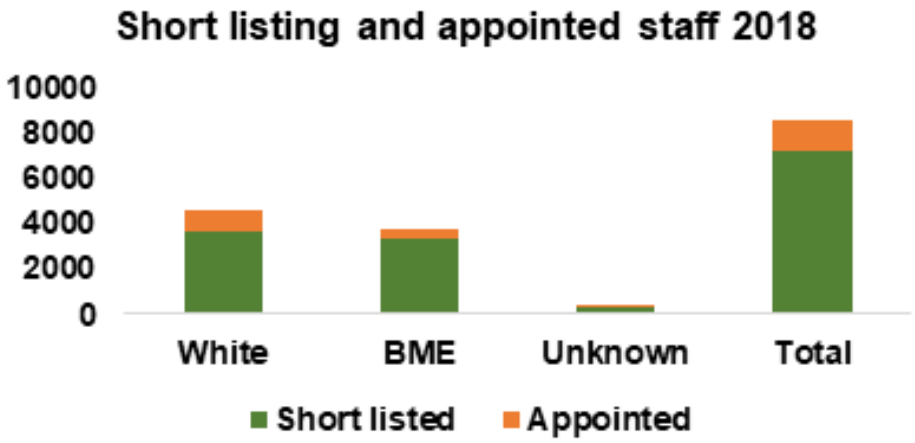
During 2018/19 there has been positive movement in the number of BME staff working in the Trust and we have continued to see an increase in our overall BAME workforce with 33% of our workforce from a BAME background in 2018-19. There are also demonstrable improvements in the number of BME Leaders at Band 8 a and above, up by 0.77% since the Trust started reporting on the Workforce Race Equality Standard Metrics.

In relation to the number of BME staff accessing non mandatory training and CPD the 0.76 figure represents a positive upward trend since 2017 as anything below a figure of 1.00 is a significant improvement.

Recruitment Data and analysis

Metric 2 – Relative likelihood of BME staff being appointed from shortlist 2018:

	White	BME	Unknown	Total
Short listed	3676	3265	258	7199
Appointed	870	482	14	1366
% Appointed	24%	15%	5%	



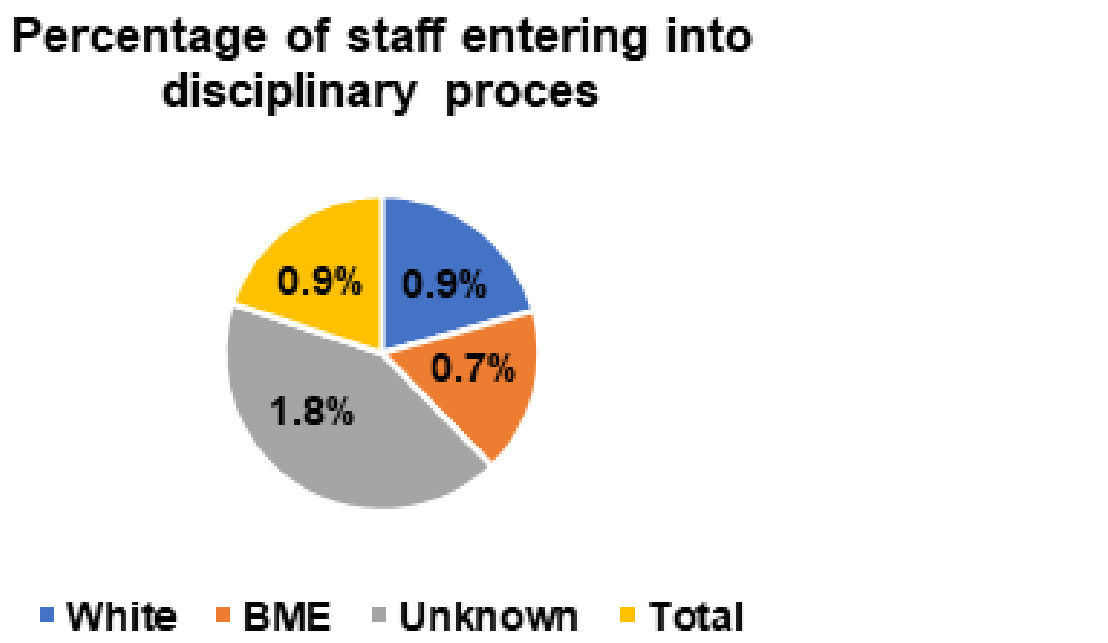
Recruitment processes

We use fairer recruitment practices as recommended by NHS Employers. In 2017 we started using a recruitment process called TRAC. TRAC enables people to apply for jobs and be shortlisted whilst keeping all personal and identifiable information anonymous to the recruiters. Scoring of applicants is matched to the job description. Where a person discloses a disability, recruiting managers are required to guarantee an interview where all essential criteria is met. Our 2018 data shows that applicants from BME backgrounds are less likely to be appointed compared to white applicants.

Disciplinary and Grievances

Metric 3 – Likelihood of BME staff entering disciplinary process:

	White	BME	Unknown	Total
Overall workforce	10147	4878	272	15297
Disciplinary	91	36	5	132
%	0.9%	0.7%	1.8%	0.9%



The relative likelihood of BME staff entering disciplinary for 2018/19 is 1.18. Anything below 1.00 is a positive trend. Data shows that there is no significant difference between white and BME staff.

Staff Experience

Metric 5 – Staff experiencing harassment, bullying or abuse from patients in the last 12 months:

	White	BME
2017	21.98%	20.88%
2018	26.94%	21.65%

Metric 6 – Staff experiencing harassment, bullying or abuse from staff in the last 12 months:

	White	BME
2017	23.05%	24.18%
2018	25.62%	25.35%

The data for staff experiencing harassment from patients shows variation between 2017 and 2018 with BME staff having lower rates of harassment compared to staff from white backgrounds. In terms of harassment from other staff, there is no significant variation in experiences between staff from white and BME backgrounds.

Workforce Disability Equality Standard (DWES)

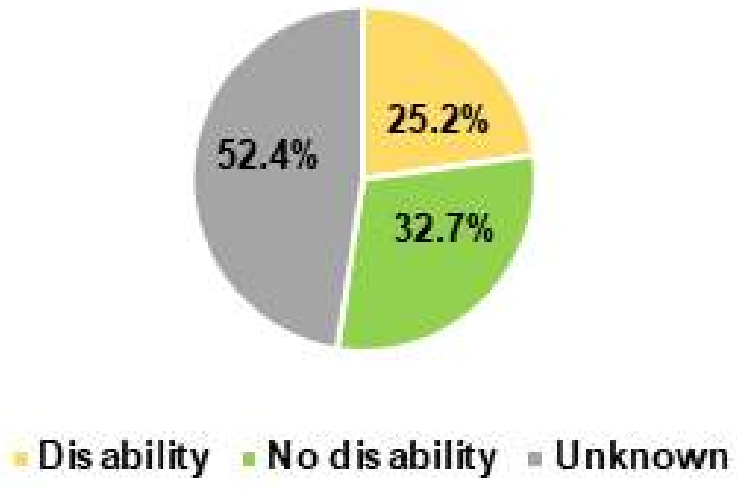
Overall data for staff shows that 4.22% of staff disclose they have a disability.

Population data from the 2010 census indicates that in England 8.3% of people disclose a disability or long term condition that affects daily life.

	Applicants	Shortlisted	Interviewed	Appointed
Disability	1341	439	246	62
No disability	21746	7589	4493	1471
Unknown	527	228	164	86
Total	23614	8256	4903	1619

	Applicants	%
Disability	1341	5.7%
No disability	21746	92.1%
Unknown	527	2.2%
Total	23614	100.0%

Likelihood of Appointment from interviews:



Representation of applicants from people with a disability is lower than the England rate.

Applicants with a disability are less likely than non disabled applicants to be appointed.

HOW WE SUPPORT OUR WORKFORCE

BAME Network

During 2018/19 we aimed to improve the representation of Black, Asian and Minority Ethnic (BAME) staff and address staff experiencing discrimination and adverse experiences. The network has led on the following work to improve experiences of staff from BAME backgrounds:

- BAME leadership development
- Balanced recruitment panels starting at band 8b and above
- Unconscious bias training
- Reverse mentoring scheme
- Overseeing the WRES improvement plan
- Cultural Ambassadors

Recognising Disability

In order to improve support to staff with a disability, we have a Workplace Disability Advisory Service. This confidential service offers informal advice and support to both managers and individuals with a disability.

Freedom to Speak Up 2018/2019

A national recommendation from NHS Improvement has resulted in us developing 'speak up' arrangements. Our Freedom to Speak up work is aimed at developing a more open and supportive culture that encourages staff to speak up about any issues of patient care, quality or safety.

We appointed our Freedom to Speak Up Guardian in February 2017

Governance arrangements in place to provide assurance from the Board and National Guardian's Office

Widely promoted throughout the Trust through drop in sessions, visits to wards, team meetings and staff survey work

Staff concerns reported via internal telephone / on line reporting tool

Offers impartial and confidential advice

Specific tool developed for Junior Doctors to raise concerns such as lack of staffing, IT issues, equipment, communication, training, environment, quality and safety of care

Impacts on patient safety, culture and behaviours

Reporting concerns in 2018/19:

93 Freedom to Speak Up Guardian
39 by telephone
100 by Junior Doctor tool

Overall Freedom to Speak Up reporting has increased from the previous year by 21%. Reporting by Junior Doctors has decreased slightly from the previous year

No repercussions for staff to speak up

Resulting actions from Freedom to Speak Up:

- New and replacement of old equipment
- Staffing issues escalated and resolved through Operational Command
- Allocation of a Safety Doctor to support the move of patients into non specialised wards
- Termination of a problematic IT system
- Post on call rest rooms made available to Junior Doctors

Planned improvements for 2019/20:

- Visibility and promotion
- Shadow work to see first hand the pressures and challenges faced by staff
- Participation of Trust's Becoming the Best strategy linked to NHSi Culture and Leadership Programme
- Supporting Schwartz Rounds

Promoting a workplace free from bullying and harassment

Our Anti Bullying and Harassment Adviser Service is available to all staff. This service is confidential. Staff are encouraged to contact the adviser with any concerns - either if an incident is witnessed or they are personally affected.

We have set up an Anti Bullying Stakeholder Group to promote a culture where bullying and harassment is not acceptable. Work of the group involves reviewing reported activity across the Trust and includes:

- Looking at other partner organisations for good practice
- Monitoring work around incidents - anonymised
- Reviewing sickness absence procedures
- Review of sickness letters – to promote wellbeing of staff
- Review of sickness levels relating to bullying/ harassment
- National NHS Staff survey
- Awareness building across managers and staff
- Training

VOLUNTEERS

Volunteering with our Trust

We have been awarded the "Investing in Volunteers" mark of excellence for Volunteer Services.

Volunteers help in many different ways within our hospitals. There are roles in wards, clinics and in public areas. Some volunteers are specialised in dementia – our "Forget ME not" volunteers support meal and tea rounds, arts and craft activities and music activities.

Our volunteers come from a diverse range of backgrounds. All help to directly support patients and their families. A big part of any volunteer role is talking and listening to patients. We recruit volunteers aged 17 or above and do not require volunteers to have any specific skills, training or experience. We provide support to our volunteers and provide full training.

We have 832 volunteers and their contribution to the Trust is invaluable.

Accessible Information Standard (AIS)

The aim of the NHS Accessible Information Standard is to make sure that people who have a disability, impairment or sensory loss, receive information that they can access and understand. This standard is in all of the NHS Standard Contracts and is monitored. Since the standard was released in 2016, we have been working to implement the AIS. This is also an action within the Equality and Diversity Strategy Action plan for 2018/19.

How we are working towards the AIS:

The implementation of AIS requires us to record patients communication preferences in order to meet their needs.

In addition to the Accessible Information Standard, we provide interpretation services to ensure that the needs of patients with language needs are met.

Information is provided in a range of formats for people visiting the Trust. These include:

- Easy Read materials
- Larger font
- Audio
- Braille
- British Sign Language interpretation services (BSL)

We have a comprehensive website which the public can access for information. We are committed to providing a website with information that is accessible to the widest possible audience, regardless of technology, disability and capability. We are continuously working to increase the accessibility and usability of our website and in doing so adhere to many of the standards and guidelines.

Interpreting and Translation Services

Our Trust serves a large and diverse population. JSNA data sets show that 55% of our residents are from a BME background and 28.3% are of South Asian Heritage.

In order to meet communication needs of patients accessing services within the Trust we provide interpreting and translation services. This provides patients and staff with access to qualified interpreters in response to identified needs. We provide information for patients in the form of bedside placement leaflets that are available in English, Gujarati, Pubjabi and Polish. Other languages are available on request.

We have an Interpretation and Translation Policy to guide staff on procedures. Our policy recognises that our diverse workforce may enable staff with experience and knowledge within a clinical setting to be used to interpret – this is where the situation is exceptional and where a qualified interpreter can not be quickly obtained.

Our policy notes that staff are discouraged from using friends or family members for interpreting where detailed information exchange is involved between health care professionals and patients.

Website Information

Our website is our main platform for patients and families seeking information about us. It contains an extensive range of information from what to expect when visiting the hospital. We aim to make our website as accessible as possible through adhering to Web Accessibility Initiative as part of the World Wide Web Consortium (W3W) Standards.

Our website pages include an equality page which contains our equality reporting for the Trust. In advancing equality our website also includes:

- Browsealoud technology
- Visual information and clear browsing
- Video inserts about the Trust with audio and subtitles
- Information about how to travel to the hospital by public transport, car or ambulance, community transport scheme
- Information about Patient Transport Services for patients who can not use public transport
- Information supporting carers
- Information on telephone numbers to contact the hospitals
- Information on how to give feedback
- Information about our work including information on volunteering, our partner organisations and support for bereavement services

PATIENT EXPERIENCES

Family, Carers and Friends Charter

There are an estimated 100,000 people across Leicester, Leicestershire and Rutland that provide some form of unpaid care.

During 2018/19 we have carried out extensive engagement work with carer groups to renew our charter for carers. The name of the charter reflects the feedback received. Our Charter provides a range of useful information on how we help meet the needs of carers.

Our website provides a range of information for visitors to the hospital.

Dementia Friendly

Across Leicester, Leicestershire and Rutland there are 13,372 people living with dementia and this is predicted to rise. There are currently 800 new cases a year including 70 younger people with dementia.

We recognise that early diagnosis, care of carers, integrated care pathway, collaboration between health and social care are issues important in the care of people with dementia. To provide the best care for people with dementia we are a dementia friendly hospital and have a dementia strategy.

- We provide an information page and booklet for patients and families on dementia care
- We carry out Dementia screening for patients over the age of 75 admitted to hospital to check for signs of dementia
- We support people with early diagnosis for the patient and their carer and family
- We complete a "Know Me Better" patient summary information to share non medical information such as spiritual / cultural needs / music and personal needs
- We have tailored Care Plans ensuring care is individualised
- We provide extra support with eating/drinking/finger foods - mealtime volunteers
- We work in partnership with third sector organisations including The Alzheimer's Society and Age UK
- We involve carers by labelling clothing, checking hearing aids
- We promote our Family, Carer and Friends Charter
- We endorse our "Forget ME not" scheme
- We promote and support our Dementia champions network of 1600 staff
- 90% of staff have recieved dementia awareness training. Admiral Nursing Service introduced

Dignity gowns

We are carrying out a new pilot at our Leicester General and Glenfield Hospital sites. The pilot gives patients the choice to have 'dignity gown' rather than the standard hospital gown, which does not cover all of the body and can be too revealing for some patients.

Zubeda Gangat, a member of our Equality Advisory Group (EAG) representing the Federation of Muslim Organisations and a member of staff brought the matter to one of the Trust's EAG meetings.

Zubeda explains: "Some patients may be reluctant to attend Radiology appointments due to the revealing nature of hospital gowns. The dignity gown is designed to preserve the modesty of patients whose culture or religion may require them to do so."

Karamjit Singh, Chairman for Leicester's Hospitals, said: "This is another example of how our Trust tries to be receptive and responsive to the needs of our local community. The needs of patients should always be at the forefront of our thinking and actions."

Veterans Aware

During the year we joined the Veteran Covenant Hospital Alliance and became Veteran Aware.

The aim is to drive improvements in NHS care for those who serve or have served in the UK Armed Forces and their families, in line with the Armed Forces Covenant. The alliance has been formed to reduce disadvantages to members of the Armed Forces past and present, by giving appropriate priority for any service-related condition. This access is subject to clinical need and veterans are not given priority of referral or treatment ahead of individuals who are in greater clinical need.

Armed Forces regulars, reservists, veterans or service family members attending a clinic at UHL are encouraged to advise the receptionist on arrival of their service connection. This is in order to signpost patients towards any additional services provided to the Armed Forces community by charities or service organisations.

Transgender Policy for Patients

We recognise that coming to hospital can be a daunting and worrying time for patients and this may be especially experienced for patients that are transgender.

In order to give patients that identify as trans or non-binary, we have developed guidance for staff. This practice guidance aims to reduce discrimination.

Chaplaincy Service

Our chaplains offer support to patients, relatives and staff across all the hospitals within the Trust. This includes pastoral, spiritual and religious care.

The team includes Christian, Hindu, Jewish, Muslim, Sikh and non religious chaplains. We are also supported by volunteers from various faiths and beliefs. The Leicester team was the first NHS Trust to employ a non-religious Chaplain. This means that patients can ask to speak to someone of their own religious or belief outlook (including those who are non-religious), although of course all the chaplains are very happy to support any patient or family member regardless of their outlook.

Each hospital has a Chapel and Prayer Room (with washing facilities). They provide a quiet place for private prayer, meditation and contemplation and are open to everyone. For some patients it is important to practice their faith while in hospital; and the chaplains are here to help. There is a weekly Christian communion service on Sundays at Glenfield and monthly at Leicester General Hospital and Leicester Royal Infirmary. Muslim Friday Prayers and Hindu Prayers are led each week on all three sites. You can also ask us for prayer at your bedside.

Our chaplains are also involved in the Trust Equality and Diversity work, with the Head of Chaplaincy chairing the Equality Advisory Group, which is made up of community representatives of organisations supporting those with protected characteristics and vulnerable groups.

Patient Information Liaison Service (PILS)

Complaints, concerns, requests for information and compliments from patients and their family are all managed by the Patient Information Liaison Service (PILS) which is part of our Corporate Patient Safety Team.

The PILS team try to resolve any problems arising and follow our Complaints Policy. The PILS service acts as a single point of contact for members of the public who wish to raise complaints, concerns, compliments or have a request for information. The service is responsible for coordinating the process and managing the responses once the investigations and updates are received from relevant services or individuals. Someone acting on behalf of another person may make a complaint where that person is unable to make the complaint themselves, or has asked the person to make the complaint on their behalf for example where that person:

- Has died
- Is a child (an individual who has not attained the age of 18)
- Has physical or mental incapacity (within the meaning of the Mental Capacity Act 2005)
- Has given consent to a third party acting on their behalf which may include advocacy
- Has delegated authority to act on their behalf, for example in the form of a registered Power of Attorney which must cover health affairs
- Is an MP, acting on behalf of and by instruction from a constituent

Complaints and concerns can be raised with any employee of the Trust or via the Patient Information and Liaison Service This may be done in a variety of ways including:

- Verbally, either face to face or via the telephone
- In writing, either in a letter, e-mail or via the UHL NHS Trust website contact forms

Specific needs of individuals must be acknowledged and discussed so that complainants get the best they can at a meeting. Issues to consider when arranging meetings may include:

- Language
- Hearing
- Physical disability
- Mental disability

Patient Feedback 2018/2019

2018/19 has been a year of positive progress with positive feedback from patients and families. We have been nationally recognised and the Trust was a finalist in the Patient Experience Network National Awards (PENNA).

Feedback from our patients and families supports our overall strategic quality priorities and governance arrangements are in place through the Trust's Patient Involvement, Patient Experience Assurance Committee. This meeting is chaired by the Chief Nurse.

We have a range of methods in which we encourage feedback from patients and families. We promote these widely within the Trust and they include:

- Friends and Family Test
- Message to Matron
- Verbal Complaints
- Patient Stories
- GP Concerns
- NHS Choices
- Health Watch
- Patient and Information Liaison Service

Patient Feedback forms are available in the top three languages in Leicester, Leicestershire and Rutland. These are Gujarati, Punjabi and Polish. They are available in paper forms as well as on electronic devices.

For people who have learning disabilities, visual impairments, 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.

Message to Matron

During 2018/19 we received a total of 41,890. 90% of these were positive and 10% negative. The themes of comments were:

1. Thank you

2. Exemplary Care

3. Kind, caring and compassionate staff

4. Service in Outpatient clinic

5. Nurse / Midwife staff attitude

6. Positive team work

Suggestions for Improvements (SfI)

All the feedback received is analysed and reviewed. There were 6034 suggestions for improvements from patients and families. During the year, the SfI rate varied between 0.61% to 0.70%. Main themes for improvement included:

1. Waiting times – in clinic and for an appointment

2. Medical Care

3. Staff attitudes – Consultant medical staff

4. Delays and cancellation

5. Waiting times – in ward / department

Friends and Family Test (FFT)

The Friends and Family Test is a nationally recognised set of questions. The main questions focus on whether people would recommend the care they received to their family and friends if they needed similar care.

The test is mandated and regularly reported to NHS England.

144,000 FFT forms received

114,000 forms contained free text comments

109,000 forms containing positive comments

2,000 forms containing negative comments

3,000 forming containing neutral comments

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.

Our Trust is above the national average for satisfaction for Inpatients, Outpatients and the Emergency Department.

Our Trust is below the national average for satisfaction for Maternity Services.

Responses are analysed in terms of ethnicity and age. This work highlights that patients from BME backgrounds have a lower response rate compared to white backgrounds. In terms of age groups, there is no significant variation in responses matched to hospital admissions.

We publish information on our website - https://www.leicestershospitals.nhs.uk/aboutus/performance/quality-of-care-in-our-wards/

Patient and Public Involvement

Listening to our communities

Community Conversations event: African Caribbean Centre

On Tuesday 18th September, our Chief Executive, Medical Director and other Board members participated in an event to seek the views of people from Leicester's African Caribbean communities on their experience of hospital services.

The conversations raised:

- the need to improve communication between hospital and primary care staff
- better lifestyle management for people with Diabetes
- raising awareness within the community of common health conditions

Following the event, nurses from our Breast Care Centre will participate in a health event at the African Caribbean Centre later in 2019 to promote breast cancer awareness.

Community engagement work is at the heart of our Trust's work to understand the needs of our communities and involve people in decisions about services in the future. This work is coordinated and supported by our Patient and Public Involvement (PPI) team.

Our Trust has embedded better engagement through Listening Into Action (LiA). Throughout 2018/19, thematic LiA teams have carried out listening events to hear the experiences of patients and their families.

We have carried out significant public involvement work as part of the Better Care Together proposals. Across Leicester, Leicestershire and Rutland we invited the public to a series of open engagement events to share the plans for the hospitals and maternity services in Leicester. This also provided an opportunity for people to become involved in other work underway to ensure high quality care for patients – including improvements to the healthcare that patients receive at home and in the local community.

Listening to our communities

Leicester Deaf Action Group

We attended the Leicester Deaf Action Group on the 21st February with Leicester City CCG to present the proposals for the Better Care Together work programme.

The group wanted assurance that any changes to services and accommodation would be 'deaf-friendly'. The group provided insight and guidance to ensure that best practice is used to help deaf people access services.

Shama Women's Centre

We attended the Shama Women's Centre annual Open Day on 28th February. The Shama Women's Centre is a local charitable organisation that supports and empowers women, largely from South Asian Communities, to become socially, educationally and economically active. This includes access to education, employability skills and confidence building.

During the day we promoted cervical screening - to encourage uptake to the Trust's cervical screening drop-in clinics. This was a successful partnership and encouraged a number of women attending a cervical screening. This was also an important educational opportunity for women to understand the importance of the screening test and to provide much needed reassurance and guidance regarding the practical elements of the test and HPV.

Listening to our communities

Leicester's Marvellous Medicine Talk: Prostate Cancer, 28th February 2019.

Our Patient and Public Involvement team organise and deliver monthly evening public health talks at the Clinical Education Centre at Leicester General Hospital.

Our February talk was on the subject of prostate cancer lead by Urology Surgeon, Mr John Beatty with support from Dr Ross Warner and Dr Christopher Berridge.

Approximately, 50 members of the public attended the talk aimed to promote the importance of recognising the symptoms of prostate cancer among African Caribbean men, who have a higher incidence of this condition.

Community Conversations event with Leicester's Somali Community 9th September 2019.

Our Trust Board were invited to an event which sought the views of people from our local Somali community on their experience of hospital services. The event was attended by over 50 people. A number of key themes emerged from the event including:

- Improving language and communication about changes within the Trust
- Cultural appropriateness of our hospital menus
- How our chaplaincy service might better meet the needs of the community. The PPI team are sharing the issues with relevant members of staff and are now exploring a follow up event with the community

Looking ahead to 2019/2020

As we look ahead to 2019/20 we remain focused on improving our equality performance.

For patients and their families this specifically will centre on:

- Making our Trust a welcoming and inclusive environment, to deliver the highest standards of care
- Improving patient experience to reduce 'Did Not Attend' appointments in outpatient services
- Improving the care patients receive and becoming more responsive to their needs – exampled by plans to introduce dignity gowns to other areas in the Trust
- Monitoring our Interpreting services to ensure that qualified interpreters are available to meet patients' needs for both patients with hearing impairments and language needs where English is not a first language
- Embedding our Family, Carers and Friends Charter
- Implementing processes to support patients with Learning Disabilities through Acute Liaison Nurses
- Ensuring we embed the Accessible Information Standard within all teams
- Improving screening services in relation to both men (Abdominal Aortic Aneurysm AAA) and women (Breast screening)

For our staff this specifically will centre on:

- Making our Trust a great place to work where everyone feels valued
- Improving recruitment and selection through forming a Recruitment and Selection group
- Continued drive to eliminate incidents of harassment and bullying
- Using the Equality and Diversity Board to drive improvements in the experiences of staff across all of the protected groups
- Advancing work around the Workforce Disability Equality Standard and the Differently Able Voice Network
- Work to address the Gender Pay Gap
- Promoting staff development and support through mentoring, coaching and master classes
- Improving support for staff from LGBT backgrounds with the establishment of a network group

Conclusion

The evidence shared in this annual report demonstrates that we continue to make good progress towards our equality responsibilities. Our equality strategy is based on the Equality Delivery System framework and this provides a clear vision for our equality performance moving forward.

We are proud of the work we have achieved – especially in our community involvement work in engaging different communities. We continue to make a difference by raising awareness and improving health outcomes. The development of our new Family, Carers and Friends Charter is helping to improve the information and support provided to wider family and friends. Our Volunteering scheme is award winning and provides the hospital with a wealth of expertise and support to our staff and patients. We are proud of the work in achieving Veteran Aware accreditation and Dementia Friendly status. This is making a real difference in improving the support and care of our most vulnerable patients and families.

Whilst we receive excellent and positive feedback from our patients and their families, we strive to do better and improve patient experiences for everyone. This includes enabling everyone with the opportunity to give feedback via different methods of communication. Much work has taken place to improve our commitment to the Accessible Information Standard and providing interpreting and translation services to people who do not speak English as a first language.

We are proud of the day to day contribution our workforce make to ensuring that our hospitals are welcoming and treat all patients and their families with care, dignity and respect. Coming into hospital can be worrying and we recognise not only the health and care needs of patients but also their spiritual, religious and cultural needs too.

We have implemented processes to help recruit and support staff from BME backgrounds. We are committed to improving our gender pay gap and ensuring that our Trust is a great place to work – free from harassment and bullying. We recognise that within our large organisation, there are challenges to ensure that no one gets left behind in terms of involving communities, staff and partner organisations with transformation changes.

We are committed to making continuous improvements to the way we shape our workforce culture and strive to delivering health care services to our most vulnerable. We are actively advancing equality as we move forward as a NHS System Leader within the Better Care Together programme.

Appendix A - Protected characteristics

Age:

This refers to a person belonging to a particular age (e.g. 50-year-old) or range of ages (e.g. 18 to 30 year old). Age includes treating someone less favourably for reasons relating to their age (whether young or old).

Disability:

A person has a disability if s/he has a physical, mental impairment, Learning Disability or sensory impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. Disability includes sensory impairments such as sight and hearing. Also includes mental impairments such as Asperger's syndrome, autism, dyslexia and mental illness. Within the act there is no requirement that the mental illness has to be clinically recognised. The focus of the act is the impairment rather than the cause.

Certain medical conditions are protected under disability. These include Cancer, HIV and Multiple Sclerosis. People with genetic conditions, would be protected under disability if the effect of the condition has a substantial and long term adverse effect. People with a past disability which falls into the definition remain protected.

Gender Reassignment:

This refers to a person proposing to undergo, is undergoing (or part of process) for the purpose of reassigning the person's sex by changing physiological or other attributes of sex. The term of transgender falls under this protected group.

Marriage and Civil Partnership:

Protection is for people that are legally married or in a legal civil partnership. It only recognises people in formally recognised unions and therefore does not include people that are not married, cohabiting couples, widows, divorcees and fiancées. Protection of this group does not extend to service provision.

Race:

Race includes colour, nationality, and or ethnic or national origins. Nationality is determined by citizenship.

Religion and belief:

The Equality Act does not define religion or belief explicitly. It includes the main world religions such as Christianity, Islam, Judaism, Hinduism, Sikhism, Humanism, Secularism and Paganism. The act protects any religion, religious or philosophical belief and a lack of religion / belief.

Sex:

A man or a woman, but also includes men and women as groups. Treating a man or woman or men and women less favourably for reasons relating to their sex. People describing themselves as non-binary are not currently recognised within the act.

Sexual Orientation:

A person's sexual attraction towards their own sex, the opposite sex or more than one sex. This includes people who are Lesbian, Gay, Bisexual or Heterosexual.

Pregnancy and Maternity:

The act protects women that are discriminated due to their pregnancy or maternity – which includes breastfeeding. This protection may relate to current or previous pregnancy. Protection extends after the birth after 26 weeks from the date of the birth.

NHS
University Hospitals of Leicester
NHS Trust

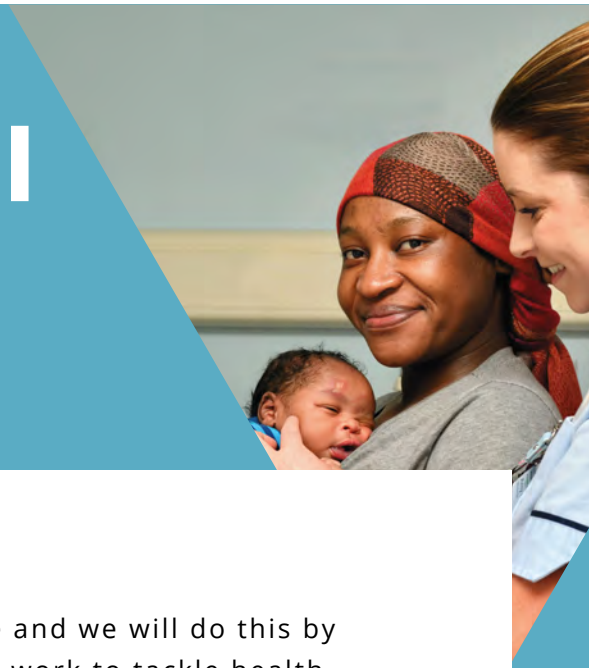
University Hospitals of Leicester

Our approach to Equality, Diversity and Inclusion.

October 2019

Inclusion for all

Our strategic approach to embedding equality, diversity and inclusion at University Hospitals of Leicester



Foreword

We are committed to providing outstanding patient care and we will do this by involving our patients, partners and stakeholders in our work to tackle health inequalities in Leicester, Leicestershire and Rutland (LLR).

We are committed to making sure everyone, whether staff or patient and regardless of background or need, can contribute to the inclusive culture we aim to create as part of University of Hospital's Leicester Quality Strategy: **Becoming the Best.**

This document sets out our commitment to meet the Public Sector Equality Duty and more importantly how we our meeting our duties effectively for the benefit of our patients and staff.

The Public Sector Equality Duty covers protected characteristics as defined by the Equality Act 2010.These are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. The Duty requires public bodies to publish one or more objectives and report annually on progress against these objectives.

The general aims of the Public Sector Equality Duty are to:

- Eliminate unlawful discrimination
- Advance equality of opportunity
- Foster good relations when exercising our functions

This is a dynamic document that will be continuously reviewed in alignment with our quality strategy: **Becoming the Best.**

Karamjit Singh - Chairman, University Hospitals of Leicester

John Adler - Chief Executive of University Hospitals of Leicester

Introduction

University Hospitals Leicester (UHL) recognises the importance of ensuring our services are fair and equitable to all and that our staff are representative of the communities we serve.

Everyone who visits our hospitals or community sites, or who encounter any of our services, should experience excellent care and support that considers their individual needs. We will review the accessibility and quality of our services through regular engagement with our diverse, local communities.

The people who work for us should expect to work in an inclusive environment where they feel valued for the work that they do and are supported to achieve their potential irrespective of their race, sex, disability, sexual orientation, gender reassignment, marriage and civil partnership status, age, religion or belief, and pregnancy and maternity.

Equality, Diversity and Inclusion Objectives

Involvement and engagement at all levels across the Trust is key to ensuring the successful implementation of our approach to equality, diversity and inclusion.

The overall objectives of this document are:

- To make our Trust a welcoming and inclusive environment, to deliver the highest standards of care
- To ensure our services and information are fully accessible to all patients and specific to their needs in line with the Accessible Information Standard
- To make our Trust a great place to work where everyone feels valued

- To drive improvements in the experiences of staff and patients irrespective of their sexual orientation, sex, race, religion or belief, age, pregnancy and maternity, gender reassignment, marriage and civil partnership status, and disability
- To address the gender pay gap and promote gender equality within the working environment

Strategic Approach

Patients

We want to provide a first class and outstanding service to all our patients irrespective of their background. We will do this by using the Equality Delivery System2 framework to assess how we are providing services that are equitable and accessible for all. We will also ensure that everything we do is fully aligned to University Hospitals of Leicester Quality Strategy: **Becoming the Best.**

Staff

We want to ensure our people experience a workplace culture free from discrimination, bullying, harassment or abuse from other staff and patients. We will ensure this happens through the implementation of our culture and leadership approach, the outcomes of which will be monitored and reported on at Trust Board and Equality and Diversity Board.

Carers

We recognise the important value of carers, irrespective of their background and we will ensure that there is continued support for carers in their contribution to excellent standards of care for patients. Our Carer's Charter will be reviewed and monitored periodically to ensure that the contribution of carers is valued and recognised across our Trust.

Volunteers

Volunteers at University Hospitals of Leicester are invaluable in supporting us to provide excellent care for our patients. We will continue to ensure that our volunteers are supported, treated with dignity and respect and kept well informed about other opportunities to support our Trust.

Responsibilities

The Executive Team

Our executive team have the responsibility to ensure that leaders promote equality, diversity and inclusion and embody the values of the Trust in their day to day work.

Line Managers

People and service managers have a responsibility to role model inclusive and compassionate behaviours. They should also ensure their teams understand and adopt the Trust's values when interacting with patients or working with others.

All employees

In working for the Trust, we all have a responsibility to uphold the Trust values and demonstrate appropriate and inclusive behaviours in our day to day interactions with colleagues and patients.

UHL Equality and Diversity Board

The Equality and Diversity Board have overall responsibility for the monitoring of initiatives linked to equality, diversity and inclusion at University Hospitals of Leicester.

The Equality and Diversity Board will ensure;

- Monitoring of equality, diversity and inclusion training uptake for employees and managers
- Compliance with the Equality Act 2010 and Public Sector Equality Duty 2011
- Implementation and monitoring of plans for Equality Delivery System2 (EDS2), the Workforce Race Equality Standard (WRES), the Workforce Disability Equality Standard (WDES) and the Gender Pay Gap
- Performance against the Equality and Diversity Integrated Strategic Action Plan

As such, this board acts as the co-ordinating body for the development, monitoring and communication of equality, diversity and inclusion programmes within UHL.

Regular update reports to the Executive People and Culture Board, and People Process and Performance Committee will come from this group.

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The ReMEDI Project

Reverse Mentoring for Equality, Diversity and Inclusion

Training and Preparation

UHL organised and hosted the first training session welcoming reverse mentor colleagues from Leicester Partnership Trusts, Leicester CCG and Leicester County Council. A total of 21 mentees from across the organisations attended the training with a further training session at an event hosted by Leicester City Council. The training covered the purpose of reverse mentoring, the ReMEDI Framework and the models which guide the one to one relationships. We collected data on mentors' hopes and motivations for participating from which three themes emerged. Staff were motivated by a wish to help develop the cultural competence of the leaders, to help the organisation to respond to BME staff issues and see BME staff as assets, and to advance their progress in the organisation. Two main anxieties emerged. Fear that leaders would not authentically engage in the process and that little change would result. Small numbers of participants expressed concern that they might be victimised for challenging leaders on race issues but this was not a dominating concern.

Pairing and Relationships

UHL is the only organisation in the consortium which had an equal number of mentors and mentees. Matching was done iteratively and was done by Shaheen Mulla, Bina Kotecha (internal) and Stacy Johnson (external). Eleven pairs started their journey in June the highest number of pairs in the LLR consortium. The mentees included board members (5), VSMs (4) and Non Executive Directors (2). Mentors came from bands 4 to 7 and included clinical and non-clinical staff. We have had attrition of two pairs due to one person leaving the organisation and one episode of long term sickness. Those affected will be allocated to cohort 2.

Peer Support Sessions

So far, 2 peer support session have been run. A range of practical and logistical issues have been covered. Most frequently though, the peer support sessions have focussed on exploring how to challenge mentees more effectively and have involved sharing of exercises, activities and resources that mentors have found effective in increasing the insight of their mentees.

Reflective Practice Sessions

Reflective practice sessions are planned for 17th October where progress so far will be explored. Mentors and mentees will be just about halfway through their six month relationship. In the reflective practice sessions, reverse mentors and mentees will reflect on what they have experienced so far, the insights they have gained. They will be supported and challenged to explore the implications of these personally, in their roles and collectively. A second reflective practice session and celebration event is planned for the end of the relationship, tentatively January 2020.

Evaluation plan

An evaluation plan has been agreed which involves an online questionnaire at the end of the relationships which all participants will be invited to complete. A smaller sample of mentors and mentees will be asked to participate in in-depth one to one interviews. The

evaluation will focus on i.) mentor and mentee experiences of reverse mentoring ii) the insights and learning mentors and mentees have gained iii) actions mentees/leaders have engaged and their intentions to act and iv) lessons for future cohorts and the format of future reverse mentoring programmes at UHL.

Train the Trainers

We have tentatively scheduled the Train the Trainer program, which will make the UHL and the LLR consortium self-sufficient at designing (adapting) planning, implementing and evaluating its own reverse mentoring schemes for Spring 2020 (March).

Junior Doctors Contract Guardian of Safe Working Report

Author: Jonathon Greiff, Guardian of Safe Working, Consultant Anaesthetist, Joanne Tyler-Fantom, Deputy Director of Human Resources and Vidya Patel, Medical Human Resources Manager

Sponsor: Hazel Wyton, Director of People and Organisational Development

Paper H

Purpose of report:

This paper is for:	Description	Select (X)
Decision	To formally receive a report and approve its recommendations OR a particular course of action	
Discussion	To discuss, in depth, a report noting its implications without formally approving a recommendation or action	
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with treatment plan	X
Noting	For noting without the need for discussion	X

Previous consideration:

Meeting	Date	Please clarify the purpose of the paper to that meeting using the categories above
CMG Board (specify which CMG)		
Executive Board		
Trust Board Committee		
Trust Board		

Executive Summary

Context

The 2016 Junior Doctors Contract has now been fully implemented at UHL and in line with the requirements of the 2016 Contract; this report provides a quarterly update on Exception Reporting activity at the Trust. Arrangements are in place to manage the implementation of the 2019 Junior Doctors Contract changes.

Questions

1. How many Exception Reports have been received at UHL in the last quarter and how are Exception Reports being managed?
2. How many junior doctor vacancies exist at the Trust?

Conclusion

1. From 1st June to 31st August 2019, 108 exceptions reports have been recorded, which is an increase from the previous quarter. The Exception Reporting procedure was initially implemented in December 2016.
2. As at August 2019 there are 61 vacancies on junior medical staff rotas. Active recruitment is on-going to fill any remaining gaps. Locum backfill is arranged where required.

Input Sought

We would welcome the Executive Board to note the progress being made and provide feedback if required.

For Reference** (edit as appropriate)**:

This report relates to the following UHL quality and supporting priorities:

1. Quality priorities

Safe, surgery and procedures	[Yes /No /**Not applicable**]
Safely and timely discharge	[Yes /No /**Not applicable**]
Improved Cancer pathways	[Yes /No /**Not applicable**]
Streamlined emergency care	[Yes /No /**Not applicable**]
Better care pathways	[Yes /No /**Not applicable**]
Ward accreditation	[Yes /No /**Not applicable]**

2. Supporting priorities:

People strategy implementation	[Yes /No /**Not applicable**]
Estate investment and reconfiguration	[Yes /No /**Not applicable**]
e-Hospital	[Yes /No /**Not applicable]**
More embedded research	[Yes /No /**Not applicable**]
Better corporate services	[Yes /No /**Not applicable**]
Quality strategy development	[Yes /No /**Not applicable**]

3. Equality Impact Assessment and Patient and Public Involvement considerations:

- What was the outcome of your Equality Impact Assessment (EIA)? N/A

- Briefly describe the Patient and Public Involvement (PPI) activities undertaken in relation to this report, or confirm that none were required N/A

- How did the outcome of the EIA influence your Patient and Public Involvement ? N/A

- If an EIA was not carried out, what was the rationale for this decision? N/A

4. Risk and Assurance

Risk Reference: N/A

Does this paper reference a risk event?	**Select (X)**	**Risk Description:**
Strategic: Does this link to a ***Principal Risk*** on the BAF?	No	N/A
Organisational: Does this link to an ***Operational/Corporate Risk*** on Datix Register	No	N/A
New Risk identified in paper: What ***type*** and ***description***?	N/A	N/A
None		

5. Scheduled date for the **next paper** on this topic: January 2020
6. Executive Summaries should not exceed **5 sides** [My paper does comply]

1. Introduction

1.1 In line with the requirements of the 2016 Junior Doctors Contract, the Guardian of Safe Working (GSW) will provide a quarterly report to the Trust Board (April, July, October, and January) with the following information:

- Management of Exception Reporting
- Work pattern penalties
- Data on junior doctor rota gaps
- Details of unresolved serious issues which have been escalated by the GSW

1.2 These reports shall also be provided to the Local Negotiating Committee and the Trust Junior Doctors Forum for review and oversight management.

2. Review of the Junior Doctors Contract

2.1 The current 2016 Junior Doctors Contract was introduced in England without the BMAs agreement in 2016. During negotiations the BMA and NHS Employers agreed a review of the of the 2016 contract efficacy. Following recent negotiations between NHS Employers, the BMA and the Department of Health and Social Care (DHSC), a framework agreement has now received ministerial clearance which would see investment over a four-year period in the contract for doctors in training.

2.2 A BMA referendum returned a positive result to implement the change which was announced on 26th June 2019. The 2019 changes to the Junior Doctors contract was introduced from August 2019, to be phased in over a period of 14 months.

2.3 A Task and Finish Group, Chaired by Daniel Barnes, Deputy Medical Director will oversee the implementation of the revised 2019 contract changes at UHL. Expertise, project management and on-going additional administrative support will be provided by the Medical Human Recourses.

3. Management of Exception Reporting

3.1 In line with the Trust procedure for Exception Reporting, doctors that have transitioned to the 2016 contract will raise Exception Reports on work pattern or educational problems using a web based package.

3.2 At UHL all junior doctors (including Trust Grade Doctors) are encouraged to raise exception reports if there are concerns with their work patterns and/or education, therefore this report includes exceptions raised by junior doctors in training and Trust Grade Doctors.

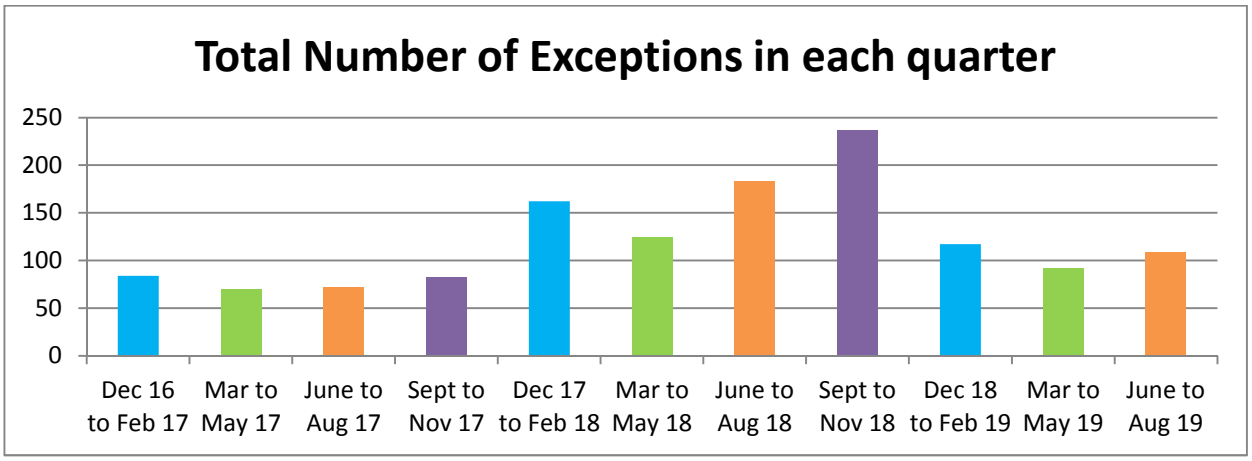
4. Reporting on the Number of Exceptions

4.1 The method of recording exceptions changed in February 2019 following requests from the Guardians nationally. Previously, doctors were able to record a number of breaches under

the same exception, however from February 2019, the software package has been changed and each breach is now recorded as a separate exception.

4.2 The number of exceptions logged in each quarter from December 2016 (when exception reporting commenced) to date has been manually re-calculated, this will allow for comparable data for future reports. Graph 1 presents the hours and work pattern exceptions recorded to date.

Graph 1 Number of exceptions



4.3 There were fewer exceptions reports recorded during the period December 2016 to November 2017, as the majority of the junior doctors transferred to the 2016 Junior Doctors' contract in August 2017.

4.4 The highest peak in exception reports was during the period September to November 2018; this was due a significant increase in the number of exceptions recorded in one specialty. This was investigated by the Guardian of Safe Working and action taken to resolve the issues raised.

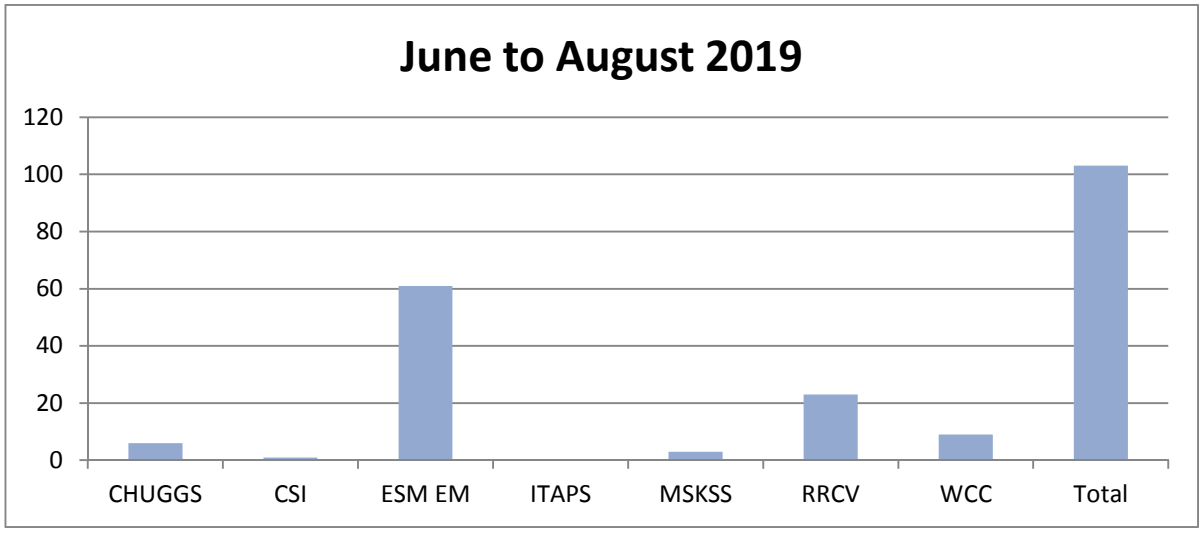
4.5 Due to the lower number of exceptions being reported for the period December 2018 to August 2019, further awareness has been raised at the August 2019 changeover to encourage junior doctors to raise exception reports. Awareness was raised by the Guardian speaking at the Trust Inductions, revised presentations, and distribution of a leaflet and email on exception reporting to all junior doctors.

5. Number of Exceptions Recorded in this Quarter

5.1 From 1st June to 31st August 2019, a total of 108 Exception Reports have been recorded, of which 5 were Education exceptions.

5.2 Graph 2 provides an overview of the number of Work Pattern exceptions received by CMG in the last quarter.

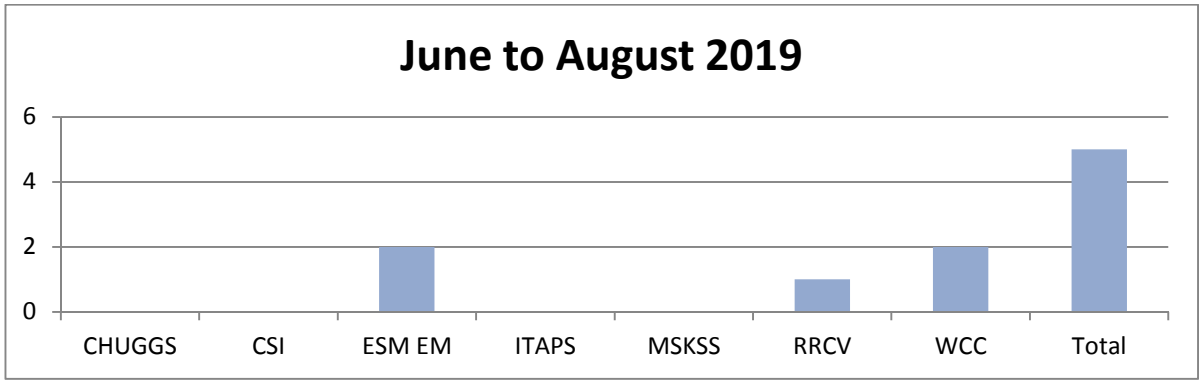
Graph 2 Work Pattern Exception Reports



5.3 There is an increase in the number of exceptions reported in ESMEM in this quarter. In August, a higher number of exception reports were received from doctors working on one ward in Medicine. In addition to allocating time back for extra hours worked a meeting was held between the junior doctors, Workforce Manager and the Lead Consultant to discuss the issues. In order to manage the workload on the ward, the aim is to staff the ward with a minimum of three (when possible four) core level doctors. This will be monitored via exception reporting.

5.4 Graph 3 provides an overview of the number of Education exceptions received by CMG in the last quarter.

Graph 3 Education Exception Reports

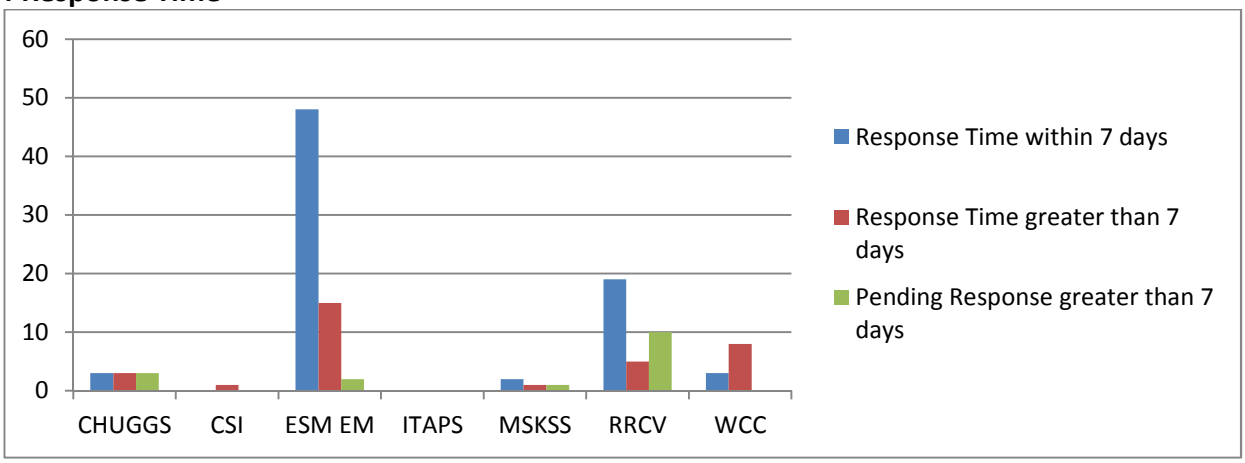


6. Outcome of the Exception Reports in this Quarter

6.1 For the majority of the Exception Reports time off in lieu (TOIL) is allocated. In the last quarter out of the 103 work related exceptions received, TOIL has been allocated for 58 exceptions. 6 doctors will receive additional payment for extra hours worked. Further information has been requested from 19 doctors and 8 exceptions required no further action. There are 14 exceptions still open and require a response. Action to provide responses is being sought through CMG's.

6.2 Junior Doctors are required to raise Exception Reports with 14 days (7 days if payment is being requested) of the issue occurring. The Trust has 7 days to provide a response. Delays in responses are being pursued with CMG's, a process to review and ensure more timely responses will be undertaken. The response time for exceptions in the last quarter is detailed in the graph 3 below:

Graph 4 Response Time



6.3 There has been a notable improvement in the time taken to provide a response to exception reports raised, in comparison to previous periods.

7. Work Schedule Changes

7.1 There have no work schedule changes in the last quarter as a result of Exception Reporting.

8. Junior Medical Staff Vacancies

8.1 Both trainee and trust grade vacancies are provided as they work on joint rotas, therefore any vacancies at this level will have an impact on trainee doctors. The number of junior medical staff vacancies currently is provided in table below:

CMG	Establish-ment	FY1	FY2	CT1/2	TG F2/ CT1/2	ST3+	TG ST3+	Total	Percentage Vacancy
CHUGGS	**133**	0	0	0	3	0	1	**4**	**3.00%**
CSI	**63**	0	0	0	0	6	0	**6**	**9.52%**
ESM EM	**287**	0	2	2	4	7	0	**15**	**5.22%**
ITAPS	**84**	0	0	0	0	0	0	**0**	**0.00%**
MSKSS	**129**	0	0	0	6	1	10	**17**	**13.17%**
RRCV	**153**	0	2	1	4	4	3	**14**	**8.13%**
WCC	**172**	0	0	1	0	3	1	**5**	**2.90%**
Total	**1024**	0	4	4	17	21	15	**61**	**5.95%**

8.2 During this period there are a total of 61 vacancies which equates to 5.95% of the total junior medical staff establishment, which is comparable to previous reports.

8.3 Recruitment is being actively managed where gaps exist, to look to fill substantively fill posts and where possible avoid premium pay.

9. Conclusion

9.1 Exception reports are being reviewed and changes being implemented as required, including enhancing Trust processes such as response time.

9.2 The next Guardian of Safe Working report will be provided in January 2020.

9.3 Further significant changes to the contract provisions have been published. Implementation of the changes are being managed via a Task and Finish group chaired by a Deputy Medical Director.

10. Recommendations

10.1 The Executive Board members are requested to note the information provided in this report and are requested to provide feedback on the paper as considered appropriate.