



# Accessibility Statement

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# Contents

02	Executive Summary
03	Introduction
09	Where are we now?
11	Pillar One: Patients
12	Pillar Two: Workforce
19	Pillar Three: Inclusive Culture
20	Revised EDI Strategic Plan 5 Years with priorities
30	Communication and Engagement
31	Evaluation of impact
32	Conclusion
33	Acronym list
34	Contact us

# **Executive Summary**

Welcome to the University Hospitals of Leicester NHS Trust Equality, Diversity and Inclusion Strategic Plan for 2020-2025. Our Trust is dedicated to promoting and embedding the equality agenda in every aspect of the work we do; for our patients and their families, staff and stakeholders. We are committed to driving positive changes that make our Trust an excellent place to work, and enable us to provide a high standard of care for all our patients.



This year, we have seen significant changes and challenges affecting our Trust, which have highlighted the need and importance of our commitment to equality. The publication of the NHS Long Term Plan in December 2019 and the disproportionate impacts of COVID-19 on particular groups have highlighted the need to address health inequalities at local, regional and national levels.

Our work with developing this Strategic Plan acknowledges that COVID-19 has had a significant impact on our patients and staff. The long term impact will be felt by many and may take years for services to return to pre COVID levels. The need to address health inequalities is now a national priority of the NHS Long Term Plan and post COVID recovery plans. We acknowledge that the impacts of this will be carried into the future and this will require strong and effective partnerships as part of the Leicester, Leicestershire and Rutland (LLR) system, also known as Better Care Together.

The disproportionate impacts of COVID on BAME communities, together with the prominence of the Black Lives Matter Movement have raised race equality issues to the forefront - we will take action that is needed to tackle the injustice of discrimination faced by our BAME patients, staff and the communities we serve.

This review will set out our strategic plan for improving equality, diversity and inclusion across the Trust and LLR system. It will align to the principles set out within our legal duties, NHS Long Term Plan, NHS People Plan and the Workforce Race Equality Standard (WRES) Model Employer Strategy which addresses racial inequalities and discrimination within the NHS, including leadership diversity.

Work carried out as part of this review has involved undertaking an rigorous evaluation of our equality performance to date. Review work has involved carrying out in-depth analysis of equality related data, patient feedback and themes. Review work was informed by workshops with staff from different teams within the Trust, all of which have helped to inform our revised equality objectives for the next 5 years.

Our ambition is that we improve equality, diversity and inclusion across our Trust and we will lead the way and influence wider changes in the NHS at both local, regional and national level. We are focused on providing an inclusive workplace that is free from discrimination and provides the best environment for our workforce to thrive as well as an excellent setting for our patients to be cared for.

# Introduction

### Our Equality, Diversity and Inclusion (EDI) Vision

Our Trust is committed to developing an inclusive culture which facilitates the provision of outstanding care to all of our patients regardless of their social background, and to attract and develop diverse talent. Our vision is directed by the following:

- Our evidence-base for EDI shows differential outcomes and experiences for patients and our workforce from different backgrounds
- EDI is a transformational agenda which requires cultural change to address differential outcomes





### Our refreshed approach to EDI

We have reviewed our current approach to EDI and have decided to refresh our plan. The drivers for this came from three areas:

- Strategic
- Legal and regulatory
- Moral

#### The Three Pillars

The aims of our revised EDI strategy can be catagorised into three different pillars, which have informed the focus of our EDI objectives:







### **Patient Outcomes and Experience**

We included work within the workshops to focus on:

- **Patient Outcomes and Experience**
- Reducing health inequalities
- Collaborating with key stakeholders across the LLR system

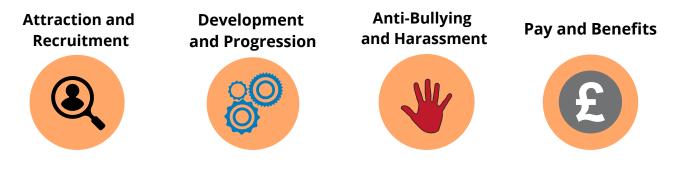


With the aim to help identify a set of EDI patient priorities



#### **Workforce related outcomes**

In order to refresh our EDI plan we invited a range of stakeholders across UHL to attend a series of workshops. Our workshop themes based around workforce were:





This Strategic Plan has been developed using a range of information, feedback and evidence relating to our EDI work. Much of this evidence is set out in our case for change, which should be read in conjunction with this plan.

This document outlines the journey of how we reached our EDI Strategic Plan. It sets out the drivers for change, the direction and mechanisms of our review work and our revised EDI priorities moving forward.



### **New information impacting our Trust**

#### The impact of COVID-19

During 2020, all NHS organisations, including our Trust have responded to the pandemic. This has impacted our communities, patients and staff in every aspect of our lives.

The pandemic has impacted the way we deliver services, with a nationally directed response. It has shone a light on existing health inequalities and there is now a national directive to tackling inequalities and addressing discrimination. We have considered this as part of this review work in order to improve the experiences of all our patients and staff including those facing disproportionate outcomes, especially BAME staff.



A report by Public Health England on the impact of COVID-19 sets out the following key recommendations:

Accelerate efforts to target culturally competent health promotion and disease prevention programmes for non-communicable diseases promoting healthy weight, physical activity, smoking cessation, mental wellbeing and effective management of chronic conditions

Support community
engagement using
participatory research to
understand the variety of
determinants of COVID-19
in BAME communities, and
to develop programmes to
reduce risk and improve
health outcomes

Mandate the collection and monitoring of ethnicity data and ensure data is readily available to local health and care partners to help mitigate the impact of COVID-19 on BAME communities

Ensure that COVID-19 recovery strategies actively reduce inequalities caused by the wider determinants of health to create long term sustainable change

Improve services for BAME communities including access, experiences and outcomes of commissioned services at all levels including health impact assessments, good representation of black and minority ethnic communities among staff at all levels and sustained workforce development and employment practices

Fund, develop and implement culturally competent COVID-19 education and prevention campaigns, working with local BAME and faith communities Accelerate the development of culturally competent occupational risk assessment tools that can be used in a variety of settings to reduce the risk of employees' exposure to and acquisition of COVID-19, especially for key workers

#### The NHS People Plan

The NHS People Plan provides national, regional and local actions for 2020/21 to support the NHS workforce. Published in July 2020, the plan focuses on equality and tackling inequalities throughout. Following its release, additional guidance to support the implementation of the People Plan has been published by NHS England and Improvement titled 'Implementing Phase 3 of the NHS response to the COVID-19 pandemic' (published August 2020).

The plan acknowledges the challenges that we have faced as a result of COVID-19 and provides a shared purpose in order to drive change moving forward. It particularly focuses on the existing inequalities that impact upon BAME communities and staff that have been highlighted during the pandemic.

As part of the plan, NHS organisations are expected to create a compassionate and inclusive culture in the workforce. As a Trust, this has reinforced our commitment to creating an inclusive culture which is set out in pillar three of our EDI strategy.

#### The key themes from the NHS People Plan

## Looking after our people



Belonging in the NHS



New ways of working and delivering care



Growing for the future





Actions we must all take to keep our people safe, healthy and well – both physically and psychologically



Highlighting the support and action needed to create an organisational culture where everyone feels they belong



Effective use of the full range of our people's skills and experience to deliver the best possible patient care



Build on renewed interest in NHS careers, to expand and develop our workforce, as well as taking steps to retain colleagues for longer

Our UHL People Plan has been aligned to national, regional and system level people priorities.

### Our key considerations for equality review work

Considerations for our ongoing and future equality and inclusion work are summarised below:

The implementation Phase 3 recovery of **Supporting staff** of Equality and services following through policies and **Inclusion Strategies COVID-19 planning** procedures Governance WRES, WDES and The development of arrangements for **GPG** delivery **System and UHL** driving equality **People Plan** planning performance **Equality Delivery** Feedback from **Impact of global** System (EDS) 2 and **Staff Networks** equality **Accessible Information** movements Standard (AIS)



# Where are we now?

Our previous EDI reporting highlights that our Trust can demonstrate a high level of compliance to our equality duties. The EDI objectives developed within this Strategic Plan aims to further improve and demonstrate our commitment to the equality agenda. We are proud of the recent achievements we have made as a Trust, as summarised below:

#### Pre COVID EDI acheivements:

- Equality and Diversity Board established which is led by our Trust CEO
- UHL BAME Voice Network with over 200 staff members
- UHL Differently Abled Voice Network with over 25 staff members
- UHL Leicester Asian Nurses Network with over 45 staff members
- BAME Leadership targets met for Bands 8a and 8b
- Development of Patient and Staff Trans and Non Binary policies in partnership with the Trans community
- Dignity gowns pilot implemented as a result of patient feedback from Muslim community
- Changes to recruitment process which the Trust mandates balanced recruitment panels for posts Band 8b and above
- Bias training delivered to 132 staff and Professional Behaviour Master Classes delivered to 142 staff
- Implementation of Reverse Mentoring Scheme targeted at UHL Senior Leadership Team with 21 mentees and 21 reverse mentors recruited
- Anti-Bullying and Harassment plus Disability Advisory Service established
- Prince's Trust and Learning Disability Employment Programme in operation with 46 participants
- UHL completed National NHS Employers Partners EDI Programme year 1 and 2
- UHL delivered BAME Master Classes in partnership with the WRES NHS England team and participated in WRES Quality Improvement Project and NHSE publication
- UHL hosted its first BAME conference with 141 participants
- Launch of Cultural Ambassadors programme with 11 Ambassadors across UHL
- EDI training for UHL Improvement Agents with 65 participants

# Where are we now? Continued...

#### **During COVID EDI achievements:**

- UHL held five Listening Events led by our Trust CEO to provide reassurance, inspire and motivate workforce. Events provided opportunity for UHL to hear, understand and address concerns
- Occupational Health Service playing a central role in designing risk reduction framework for both Trust and Nationally
- Leicester is a front runner of national research activity in COVID impacts on BAME communities and other community groups at risk of poorer health outcomes
- UHL has good survival rates in relation to patients admitted with Coronavirus with one of the best survival rates nationally
- UHL introduced GRIPE tool for junior doctors to report racial discrimination, harassment and victimisation
- Support package developed for leaders and line managers to enable compassionate and inclusive conversations during one to one meetings to support risk assessments and health and wellbeing
- LLR System EDI Taskforce established with regular system wide communication during COVID
- LLR System started work to develop an Inclusive Decision Making Framework
- LLR Academy established which is clinically led with strong focus on EDI
- Strong partnerships in place with regional and national EDI teams influencing the direction of travel



## Pillar One: Patients

1

Outstanding health outcomes and experiences for all our patients regardless of their social background

## **About our patients**

Between April 2019 and March 2020 there were 260,730 patients accessing hospital services at the Trust. For our review work, we have looked at the backgrounds of our patients. We have compared to local demographic data available through JSNA and Office of National Statistics (ONS). This data highlights that our patients come from diverse backgrounds.

Summary information on some of the protected characteristics of our patients are listed below. We are aware that patients come from a range of different backgrounds and circumstances including carers, veterans, rural communities, asylum seekers and refugees.

#### **Ethnic Background**

69.39% of patients were White British and 22.24% of patients were BAME.

### Age

- 26,111 of patients were aged under 15
- 138,660 of patients were aged between 16-64
- 91,364 of patients were aged 65+

#### **Learning Disability**

989 of patients during 2019/2020 had a learning disability.

#### Sex

- 44.30% of patients were male
- 55.70% of patients were female



## Pillar Two: Workforce



### A diverse, talented, and high performing workforce

The review has looked at workforce information in relation to Race, Disability, Gender and Sexual Orientation. For our review work, we have looked at the backgrounds of our staff. We have compared to local demographic data available through JSNA and Office of National Statistics (ONS).



## Race

### The current situation

Across the Trust, **35.43%** of the workforce are Black, Asian and Minority Ethnic (BAME) Leadership Roles **16.64%** are BAME

80.60% are White

Compared to the overall workforce,
BAME representation is generally lower in Leadership roles

There is generally a higher representation of BAME staff in the Medical workforce

Overall ethnicity across different staff groups shows variation. BAME staff have the highest representation (across all Bands) within Additional Professional Scientific and Technical group and Estates and Ancillary

There is generally a higher proportion of BAME staff in lower Agenda for Change bands, compared to the LLR local population

Self reporting ethnicity is generally high with **1.52%** of the workforce unknown

BAME staff more likely to report negative experiences at work

For our review work, full disaggregated staff data has been analysed - see Case for change.

### Leadership diversity

During the review of our EDI Strategic Plan, updated data was available through the WRES submission for 2020.

Below is a breakdown of current BAME staff by Band 8 and above. The table shows the Trust's BAME staff targets over a 10 year trajectory until 2028 for Bands 8a to VSM.

These targets are part of the national agenda to improve BAME representation at Leadership roles within the NHS and are aligned to the NHS People Plan and Model Employer Strategy devised by the WRES implementation team.

BAME workforce is underrepresented at Bands 8 and above

There is variation in BAME representation across staff groups for consultants and leadership bands

There are no BAME staff at Very Senior Management level

	Current BAME representation			BAME Target								
Band	Oct- 2019	2019 Target	Oct- 2020	2020	2021	2022	2023	2024	2025	2026	2027	2028
Band 8 - Range A	73	63	88	71	78	85	93	100	107	115	122	130
Band 8 - Range B	20	19	24	21	24	27	30	32	35	38	40	43
Band 8 - Range C	4	5	4	6	8	9	11	12	14	15	17	19
Band 8 - Range D	2	4	2	5	5	6	6	7	7	8	8	9
Band 9	2	2	1	3	3	3	3	4	4	4	5	5
VSM	0	0	0	1	1	1	2	2	2	3	3	3
Total	101	93	119	107	119	131	145	157	169	183	195	209

Source: UHL Workforce Data September 2020 - Note - Board members have been excluded from this data analysis.

2019 Targets met overall but just under target for Bands 8c and 8d

2020 Targets met overall but just under target for Bands 8c, 8d, 9, and VSM Work needs to be done to improve BAME representation at leadership level

For our review work, full disaggregated staff data has been analysed - see Case for change.

### **BAME Staff experiences**

Analysis of data from the NHS Staff Survey 2019 by ethnicity shows:

Staff from BAME backgrounds experience lower rates of harassment from patients and the public compared to White staff

Data is based on the 2019 annual staff survey which had an overall response rate of 35.4%

The rate of harassment for all ethnicities has fallen significantly since 2018 but is higher for BAME staff compared to White staff

BAME staff experiencing discrimination from their managers / colleagues is significantly higher than white staff. This has fallen slightly since 2018 but remains a concern to the Trust



For our review work, data relating to NHS Staff Survey is include with the Case for change.

## **Disability**

### The current situation

Across the Trust, **4.3%** (698 people) have declared they a disability

### Leadership Roles

Very low number of staff in leadership roles declare they have a disability

The Trust
completes annual
Workforce Disability
Equality Standard
(WDES) which
contributes to
national reporting

There is some variation across staff bands for disability but caution should be taken with the interpretation of this data due to some bands having relatively low numbers of staff

There is slight variation across different staff groups.
Caution should be taken with the interpretation of % calculations due to relatively small numbers within certain staff groups

Further data analysis would be helpful in determining if there is a link between % of staff not disclosing disability status and Band

There is slight variation across average hourly pay rates with staff with disabilities paid less than non disabled staff for all grades.

More work is needed to understand this

Source: UHL Workforce Data 2019

For our review work, full disaggregated staff data has been analysed - see Case for change.

## Staff with Disabilities - experiences

Analysis of data from the NHS Staff Survey 2019 by disability shows:

Staff with disabilities experience higher rates of harassment from staff, patients, relatives and the public compared to non disabled staff

Data is based on the 2019 annual staff survey which had an overall response rate of 35.4%

Disabled staff experiencing discrimination from staff and from their managers is significantly higher than for staff with no disability

The rates of reporting harassment incidents have decreased for all staff in 2019 from the previous year. Disabled staff are reporting slightly less incidents of harassment and abuse than non disabled staff

Further insight is needed to understand this as overall, we know that disabled staff are more likely to experience harassment, bullying or abuse.



For our review work, data relating to NHS Staff Survey is include with the Case for change.

## Gender

## The current situation

Across the Trust. **77.2%** of the workforce are women and 22.8% are men

> Data highlights significant low representation for women across VSM and Medical Consultant roles

Source: UHL Workforce Data 2019

Very Senior Management (VSM) roles have higher representation from men

#### Leadership Roles

There is low representation for women in VSM and Consultant roles

> From a total of 11 band 9 posts, 9 are held by women

Analysis of data show there are a higher proportion of women who work part time within the Trust

There is some variation across different leadership roles. Further work is needed to provide greater understanding for this variation

Nursing and Midwifery, Admin and Clerical and Additional Clinical Services staff groups are predominantly women

**Estates and Ancillary** and Medical and Dental have an over representation of men when compared to the overall workforce

Board Members, 4 are women and 6 are men

### **Gender Pay Gap Information**

From a total of 10

Gender Pay Gap data from 2019/20 show the mean (average) pay gap difference between hourly earnings for men and women is 28%

Bonus payments data shows there is a **26%** bonus pay gap between men and women, with men more likely to receive the bonus



Full information on gender pay gap data see case for change.

## **Sexual Orientation**

### The current situation

Across the Trust,
2.2% of the
workforce have
disclosed that they
are LGB

Further insight work is needed to understand workforce experiences

There are relatively high rates of staff who do not disclose their sexual orientation - **12.5%** 

Caution should be taken with this data however the data doesn't show a link between sexual orientation and grade

Source: UHL Workforce Data 2019

Due to the low number of Lesbian, Gay and Bisexual (LGB) staff disclosing their sexual orientation, it is difficult to ascertain if there is low representation in the upper quartile bands of the workforce.

For our review work, full disaggregated staff data has been analysed - see Case for change.



# Pillar Three: Inclusive culture



An inclusive, accessible and civil culture

### Our work environment

Here are examples of how we promote inclusion and meets the needs of our patients and staff across the Trust:



Chaplaincy services



Engagement work with patients, carers and local community stakeholders



**Disability Access** 



**Volunteers** 



Human Resource policies and recruitment



Access and reasonable adjustments



Military Veterans Covenant



Equality assurance schemes



Mental Health and Wellbeing Support



Freedom to Speak Up Champions



Staff Side and patient partners



Patient policies and procedures



# Revised EDI Strategic Plan - 5 Years



Outstanding health outcomes and experiences for all of our patients regardless of their background

## **Objectives**

1

Improve access to our services for patients with diverse needs

2

Ensure that patients from diverse backgrounds receive a safe, high quality service actions are aligned to the Equality Delivery System (EDS)

All objectives and

To reduce health inequalities



## Pillar One Priorities 2020-2021

Objective: Improve access to our services for patients	Outcome measures	Timeframes	Accountable Area
<ul> <li>to our services for patients with diverse needs</li> <li>To facilitate access to services for patients with communication needs including patients with a learning disability or a sensory impairment</li> </ul>	<ul> <li>Patients, carers and communities can readily access hospital, services</li> <li>To reduce the number of DNAs (EDS goal 2.1)</li> </ul>	Review annually	EDI Team
To facilitate access for patients whose first language is not English	People report positive experiences of the NHS (EDS goal 2.3)	Review annually	EDI Team and Clinical Management Groups
To continue to improve digital access to services for patients	<ul> <li>Patients, carers and communities can readily access hospital, services (EDS goal 2.1)</li> </ul>	Review annually	EDI Team and Clinical Management Groups and Operations
To ensure people who identify as Trans can access gender specific screenings e.g. cervical and prostate screening	• Service uptake for Screening services by gender identity. % of complaints received by trans patients (EDS goals 1.5 and 2.1)	Review annually	EDI Team and Clinical Management Groups and Operations
Continue to improve access to clinical services for patients with disabilities	<ul> <li>People report positive experiences of the NHS (EDS goal 2.3)</li> </ul>	Review annually	Clinical Management Groups

## Pillar One Priorities 2020-2021 continued

Objective: Ensure that patients from diverse	Outcome measures	Timeframes	Accountable Area
<ul> <li>backgrounds receive a safe, high quality service</li> <li>Providing information to patients, carers and staff on the Trust's Chaplaincy services including information on different religions</li> </ul>	<ul> <li>People report positive experiences of the NHS (EDS goal 2.3)</li> </ul>	Review annually	Chaplaincy Service
<ul> <li>Ensuring that patients with a learning disability and/or sensory impairments, are involved in decisions about their care</li> </ul>	People report     positive experiences     of the NHS (EDS     goal 2.3)	Review annually	EDI Team and Clinical Management Groups and Operations

Objective: To reduce health	Outcome measures	Timeframes	Accountable Area
<ul> <li>inequalities</li> <li>To improve understanding of equality and inequality issues through effective analysing and reporting of patient and staff outcomes and experiences:         <ul> <li>Triangulation reporting</li> <li>Regular reporting of equality strategy key performance indicators (KPI)</li> </ul> </li> </ul>	To have robust evidence base for EDI in place (EDS goals 4.1, 4.2)	Review annually	People Services and Strategy



## A diverse, talented, and high performing workforce

## **Objectives**

1

Diversification of the UHL Leadership Community

2

Attract and retain a diverse and talented workforce

All objectives and actions are aligned to the Trust's People Plan, Equality Delivery System (EDS), Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES), and Gender Pay Gap (GPG)



## Pillar Two Priorities 2020-2021

Objective: Diversification of the UHL Leadership Community  To improve the representation of ethnic minorities in Bands 8a - VSM using positive action measures	Outcome measures	Timeframes	Accountable Area
	<ul> <li>% increase in BAME representation at each band between 8a to VSM in line with our aspirational targets (EDS goals 3.1 and 4.1)</li> </ul>	Review annually	People Services
<ul> <li>To improve the representation of for people with disabilities in Bands 8a - VSM using positive action measures</li> </ul>	<ul> <li>% increase in         Disability         representation at         each band between         8a to VSM (EDS         goals 3.1 and 4.1)</li> </ul>	Review annually	People Services
To improve the representation of women in VSM and to improve the number of Board members that are women to achieve greater gender parity	% increase in Women representation in Leadership roles (EDS goals 3.1 and 4.1)	Review annually	People Services and Clincal Leaders

## Pillar Two Priorities 2020-2021 continued

Objective: Attract and retain a diverse and talented	Outcome measures	Timeframes	Accountable Area
To encourage staff to disclose/update their sexual orientation and disability monitoring data through ESR	% increase in disclosures of disability and LGBT. To reduce non disclosure of sexual orientation by 12.5% to 6% by 2025. To reduce non-disclosure from 14% to 7% for Disability by 2025 (EDS goal 4.2)	Review annually	People Services and Staff Networks
<ul> <li>To improve understanding of equality and inequality issues through effective analysing and reporting of staff outcomes and experiences:         <ul> <li>Triangulation reporting</li> <li>Regular reporting of equality strategy key performance indicators (KPI)</li> </ul> </li> </ul>	To have robust evidence base for EDI in place (EDS goal 4.2)	Review annually	People Services and Strategy
<ul> <li>Address gender pay gaps through the establishment of gender equality working group</li> </ul>	<ul> <li>Decrease the gender pay gap</li> <li>Also see previous priorities on women representation (EDS goal 3.2)</li> </ul>	Review annually	People Services
<ul> <li>To design and implement the high potential scheme pilot to identify and develop diverse talent</li> </ul>	<ul> <li>Increased diverse workforce (EDS goal 3.3)</li> </ul>	Review annually	People Services
<ul> <li>To implement a local Stepping Up programme to encourage the progression of BAME staff in Bands 5 to 7</li> </ul>	<ul> <li>Improved representation of BAME staff in bands 6 to 8 to show progression (EDS goal 3.3)</li> </ul>	Review annually	People Services
To promote participation in the Ready Now programme to encourage progression of BAME staff in Bands 8a and above	<ul> <li>Improved representation of BAME staff in bands 8b and above to show progression (EDS goal 3.3)</li> </ul>	Review annually	People Services



### An inclusive, accessible and civil culture

## **Objectives**

2

To develop an accessible environment and open culture

All objectives and actions are aligned to the Trust's People Plan, Equality Delivery System (EDS), Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES), and Gender Pay Gap (GPG)

1

Foster a climate of civility which reflects our Trust's values

3

Embedding inclusivity into our decision making processes



## Pillar Three Priorities 2020-2021

Objective: Foster a climate	Outcome measures	Timeframes	Accountable Area
of civility which reflects our Trust's values  • To ensure that each member of staff has an EDI objective within their appraisal	• 100% of appraisals to include an EDI objective (EDS goal 3.3)	December 2021	Peoples Services / Line managers
Develop and launch an Active Bystander Programme	Measured by NHS     Staff Survey     outcome data for     B&H, Exit interview     data, Grievances     and Patient     complaints (EDS     goal 3.4)	December 2020	Active Bystander Programme Group

## Pillar Three Priorities 2020-2021 continued

Objective: To develop an	Outcome measures	Timeframes	Accountable Area
<ul> <li>accessible environment and open culture</li> <li>Develop an EDI communication plan to drive improvement and highlight successes</li> </ul>	<ul> <li>EDI         Communication         plan developed and         approved at EDI         Board (EDS goal         4.1)</li> </ul>	April 2021	EDI Team
<ul> <li>To develop a staff network framework and plan which sets out the scope and remit of our diversity networks to reflect LGBT+ and Gender</li> </ul>	Staff network plan submission and approval by EDI Board (EDS goal 3.6)	January 2021	EDI Team and Network Chairs
To hold annual planning     workshop for staff networks	<ul> <li>Top 3 annual priorities agreed with network chairs (EDS goals 3.6 and 4.1)</li> </ul>	February 2021	EDI Team and Network Chairs
Ensure that the Accessible     Information Standard (AIS) is     implemented and embedded     into service design and delivery	Measured by patient feedback     FFF and complaints (EDS goals 1.1, 1.2, 2.1 and 2.4)	Review annually	EDI Team and Clinical Management Groups and Operations
To attract and develop volunteers from diverse communities and backgrounds	To monitor the diversity of our volunteers     (EDS goal 4.3)	Review annually	Head of Volunteering
<ul> <li>To ensure that EDI training is embedded into the volunteer induction process</li> </ul>	<ul> <li>EDI content included in volunteer induction (EDS goal 4.3)</li> </ul>	Review annually	Head of Volunteering

## Pillar Three Priorities 2020-2021 continued

Objective: Embedding inclusivity into our decision	Outcome measures	Timeframes	Accountable Area
To develop Senior Equality Champions programme	<ul> <li>Measure progress through the visibility of senior inclusive Leadership behaviours and NHS Staff Survey (EDS goal 4.1)</li> </ul>	April 2021	People Services
<ul> <li>Incorporate our approach to reverse mentoring within the Senior Equality Champions programme and assign a reverse mentor to each Senior Equality Champion</li> </ul>	100% uptake by senior champions (EDS goal 4.1)	April 2021	EDI and Staff Networks
To review our Leadership and management development offer to ensure EDI is integral	EDI embedded into Leadership and management Development programmes (EDS goal 3.3)	July 2021	Peoples Services
To embed our Inclusive Decision     Making Framework	EDI embedded throughout all our decision making and governance processes (EDS goals 1.1 and 2.1)	December 2022	Head of EDI Team

# Communication and Engagement

# Our performance and governance of EDI will use the following mechanisms:

- EDI Workshops
- Engagement with staff networks, DAV and BAME Voice
- 1-1 conversations with stakeholders from across the Trust and the LLR system
- Working in partnership with the EDI Communications Team to:
  - Identify key EDI messages to intersect with the Becoming the Best narrative and the appropriate channels and audiences
- EDI Communications will have an educative dimension to support Learning and Development interventions
- Inclusive leadership round tables led by Chairman, CEO, Chief People Officer and Organisation Development
- Will support the change process by highlighting impact case studies and short/medium term achievements to maintain momentum in to the long-term



# **Evaluation of Impact**

### Performance and Governance

# Our performance and governance of EDI will use the following mechanisms:

- An impact and evaluation framework will be developed to allow us to measure progress and performance using Quality Improvement (QI) methodology
- Progress reports will be developed which detail the ongoing activity to deliver our objectives and aspirational targets which sit under each of the three pillars for EDI
- Trust Board/People, Process and Performance Committee (PPPC) / Executive People and Culture Board (EPCB)
- Quarterly reports to the Clinical Quality Review Group (CQRG)
- Annual reviews of performance will take place to highlight progress against KPIs for EDI Board/PPPC/EPCB/Trust Board
- Review work will use a range of evidenced based project management tools
- Mandated reporting for WRES, WDES, GPG and EDS



# **Conclusion**

The review of our Equality, Diversity and Inclusion Strategic Plan has aimed to involve staff working across the Trust as well as including the experiences of patients.

During the review period, we have witnessed significant changes in public awareness towards equality and inequality issues due to COVID 19 impacts and the Black Lives Matter movement.

The work we have carried out as part of the review has enabled us as a Trust, to evaluate our equality performance in detail and reflect on actions needed to improve for the future. We have identified key areas where we need to do better for our staff and patients including:

#### **Staff**

- Improving representation of under represented groups in senior leadership roles (BAME, women, sexual orientation, disability)
- Reducing the gender pay gap
- Supporting staff from different backgrounds to form networks of support (BAME, LGBT, female doctors)
- Promoting inclusive work environments where all staff feel valued an are free from harassment, bullying and discrimination
- Embedding EDI into senior leadership and managers

#### **Patients**

- Improving accessibility for patients with disabilities and meeting language needs
- Increasing accessibility of services for trans patients
- Ensuring all patients have a positive experience of their care
- Reducing health inequalities
- Ensuring there is governance for decision making

The review work recognises the importance of making our services accessible as possible as we plan for phase 3 COVID recovery of services. Engagement with our patients and stakeholders will help to ensure we understand the barriers patients and carers face. This includes digital exclusion as more digital services are put in place and where reasonable adjustments are required for people with a disability.

As a Trust, it will be everyone's responsibility to promote equality issues and for the Board to drive this Strategic Plan forward. We pledge to monitor and review our equality performance regularly in order that we drive improvements and make progress.

We know that implementation of the Strategic Plan will not be easy and this Strategic Plan is not isolated from other changes that are happening across the NHS and for the LLR system. We acknowledge that the plan may need to be flexible for its duration, to take account and give regard to changes to national equality mandated requirements.



# Acronym list

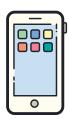
- AIS Accessible Information Standard
- BAME Black, Asian and Minority Ethnic
- B&H Bullying and Harassment
- CCGs Clinical Commissioning Groups
- CEO Chief Executive Officer
- CPD Continuing Professional Development
- CQRG Clinical Quality Review Group
- CEA Clinical Excellence Award
- DAV Differently Able Voice
- DNA Did not attend
- EDS Equality Delivery System
- EDI Equality Diversity and Inclusion
- EIA Equality Impact Assessment
- EPCB Executive People Culture Board
- ESR Electronic Staff Record
- FFT Friends and Family Test
- GP General Practitioner
- HELM Health Education Learning Management
- HR- Human Resources
- IMD Index of multiple deprivation
- JSNA Joint Strategic Needs Assessment
- KPI's Key Performance Indicators
- LGB Lesbian, Gay, and Bisexual
- LGBT Lesbian, Gay, Bisexual and Transgender
- LLR Leicester, Leicestershire and Rutland
- NHSE NHS England
- OD Organisational Development
- ONS Office of National Statistics
- PPPC Peoples Process and Performance Committee
- PSED Public Sector Equality Duty
- QI Quality Improvement
- RCN Royal College of Nursing
- SMART Specific, Measurable, Achievable, Realistic and Timely
- SOM Sexual Orientation Monitoring
- UHL University Hospitals of Leicester NHS Trust
- VSM Very Senior Grades
- WDES Workforce Disability Equality Standard
- WRES Workforce Race Equality Standard

## Contact us

If you have any questions around Equality, Diversity and Inclusion, please get in touch with us:



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