Leicestershire Partnership NHS
NHS Trust

# Equality Delivery System

## Outcomes, Objectives and Ratings

January 2012

## Do you need help understanding this report?

Paper copies of this report can be made available, and in an alternative format such as large print, Braille, an alternative language or audio version. Please contact the integrated Equality and Human Rights Service using any of the following options:

**By post**
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4 Smith Way
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**Phone** 0116 295 7667
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### HINDI

इसी प्रलेख पर हम एक अन्य प्रारूप जैसे विस्तृत प्रिंट ब्राइली प्रपएर चएन्तयाम्नाय भाषा या श्रवण माध्यम में समाचार दे सकते हैं।उपरोक्त किसी एक विकल्प को इस्तमाल करके समानता विभिन्नता और मानव हक मण्डली को कृपया सम्पर्क करें

### ARABIC

نستطيع تقديم المعلومات المذكورة فى هذه الوثيقة بنماذج و أشكال مختلفة فيمكن أن تقدم بطريقة بريل أو فى شكل طباعى آخر بحجم أكبر أو بلغة أخرى بديلة و يمكن حتى تقديمها كنسخة ملف صوتى مسجل .
فى حالة وجود أى استفسارات يرجى الاتصال بجمعية المساواة بين الشعوب المختلفة والمحافظة على حقوق الانسان عن طريق وسائل الاتصال المذكورة أعلاه
.

### URDU

ہم اس دستاویز میں معلومات کو دوسری شکل میں بھی جیسے بڑے پرنٹ' بریل' کسی اور متبادل زبان یا آڈیوشکل میں بھی فراہم کرسکتے ہیں۔ براہ کرم' ایکوالیٹی' ڈائیورسٹی اینڈ ہیومن رائٹس ٹیم (مساوات' تکثیریت اور انسانی حقوق ٹیم) سے ربط مندرجہ بالا طریقوں میں سے کسی بھی ذریعے سے پیدا کیجئے۔

### POLISH

Informacje w tym dokumencie możemy udostępnić w innym formacie takim jak duża czcionka, alfabet Braille’a, inny język czy wersja audio. Prosimy o kontakt z Zespołem ds. Równości, Różnorodności i Praw Człowieka przy pomocy jednej z powyższych możliwości.

### SOMALI

Waxaan ku siin karnaa faahfaahintan iyadoo far waaweyn ah, iyadoo qoraalka dadka indhoolaha ah, iyadoo luuqad kale ah ama iyadoo duuban oo aad dhageysan karto. Fadlan la soo xiriir Equality, Diversity and Human Right Team adigoo isticmaalaya mid ka mid ah arinta aan kor ku soo qornay.

### CHINESE

我們可以在本檔中以另外格式如大號字體，盲文，某一替代語言文字或音頻版本提供此資訊。請選用上述任何選項，與平等，多樣性和人權小組聯繫。

### PUNJABI

ਅਸੀਂ ਕਿਸੇ ਹੋਰ ਰੂਪ, ਜਿਵੇਂ ਵੱਡੇ ਪ੍ਰਿੰਟ, ਬ੍ਰੇਲ, ਕਿਸੇ ਵਿਕਲਪਕ ਭਾਸ਼ਾ ਜਾਂ ਔਡਿਓ ਸੰਸਕਰਨ, 'ਚ ਇਸ ਦਸਤਾਵੇਜ਼ 'ਚ ਮੌਜੂਦ ਜਾਣਕਾਰੀ ਪੇਸ਼ ਕਰ ਸਕਦੇ ਹਾਂ। ਕਿਰਪਾ ਕਰਕੇ ਉੱਪਰ ਦਿੱਤੇ ਗਏ ਕਿਸੇ ਵਿਕਲਪ ਦੀ ਵਰਤੋਂ ਕਰਦੇ ਹੋਏ ਸਮਾਨਤਾ, ਵਿਵਿਧਤਾ ਅਤੇ ਮਾਨਵ ਅਧਿਕਾਰ ਦਲ ਨਾਲ ਸੰਪਰਕ ਕਰੋ।

### GUJARATI

આ દસ્તાવેજ ની માહિતી ને અમે બીજી રચના-શૈલી માં ઉપલબ્ધ કરાવી શકીએ  છીએ , જેમ કે મોટું મુદ્રણ, બ્રેઇલ, વૈકલ્પિક ભાષા અથવા શ્રાવ્ય (ધ્વનિ) સંસ્કરણ. કૃપયા **ઉપર ના કોઈ પણ વિકલ્પો** નો ઉપયોગ કરી સમાનતા, વિવિધતા અને માનવ અધિકાર દળ નો સંપર્ક કરો.

### BENGALI

এই ডকুমেন্টে আমরা তথ্যটি অন্য ফরম্যাটে দিতে পারি যেমন বড় প্রিন্ট, ব্রেইল, একটি বিকল্প ভাষায় অথবা অডিও ভারশানে। অনুগ্রহ করে ইকোয়ালিটি (সমকক্ষ), ডাইভারসিটি (বৈচিত্র) এবং হিউম্যান রাইটস্ (মানবাধিকার) দলের সঙ্গে যোগাযোগ করুন **উপরোক্ত অপশনগুলির** যে কোনো একটি ব্যবহার করে।

## An introduction to the Equality Delivery System

### Real people, real improvement

The EDS is about real people making real improvements, that can be sustained over time. It focuses on the things that matter the most for patients, communities and staff. It emphasises genuine engagement, transparency and the effective use of evidence. The EDS is not about occasional consultation, it is not a paper-chase and it is not self-assessment.

The EDS applies to both current and planned NHS commissioning organisations, including GP-led Clinical Commissioning Groups, and to NHS providers including NHS Foundation Trusts. By using the EDS, these organisations will be able to meet the requirements of the Equality Act. Providers will be better placed to meet the registration requirements of the Care Quality Commission (CQC).

### How does the EDS work?

During 2011-12, in full engagement with local interests, NHS organisations develop four-year Equality Objectives and priorities, based on a grading of their equality performance against a set of EDS goals and outcomes. The outcomes are grouped under four goals:

1. Better health outcomes for all
2. Improved patient access and experience
3. Workforce – the NHS as a fair employer
4. Inclusive leadership at all levels.

The EDS proposes that local interests such as patient champions, Local Involvement Networks (LINk), Healthwatch, Staff Side representatives, will grade an NHS body’s annual performance on equality in partnership with NHS bodies. This will not be self assessment and where there are disagreements, it is proposed that the view of the local interests prevails, rather than that of the NHS body. The grading outcome will be published. For NHS providers, agreement has been reached with the Care Quality Commission so that where concerns are raised about an NHS providers’ performance on those goals which relate to improved patient outcomes, improved patient safety and access and experience will be referred to the CQC who would consider any breaches in line with a provider’s registration requirements.

Based on transparency and evidence, NHS organisations and local interests should agree one of four grades for each outcome. Where organisations and local interests cannot agree on particular grades, the view of local interests must prevail.

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| Excellent | ★ |
| Achieving | 🟢 |
| Developing | 🟡 |
| Undeveloped | 🔴 |

Excellent – as well as great performance, organisations must fully engage with local interests, take part in peer reviews and demonstrate innovation.

Undeveloped – performance is very poor, or assessments lack evidence, or organisations are not engaged with local interests.

Based on the grading, Annual Improvement Plans will show how the most immediate priorities are to be tackled, by whom and when. Each year, organisations and local interests will assess progress and carry out a fresh grading exercise. In this way, the EDS will foster continuous improvements.

The remainder of this document explains how our organisation has pursued these outcome and objectives, and reports of the EDS grade achieved so far, together with the reasons for that rating.

**Leicestershire Partnership NHS Trust**
**Head Office, Lakeside House, 4 Smith Way, Enderby, Leicester LE19 1SS.**
**Website:** www.leicspart.nhs.uk

## EDS Outcome 1.1 (EDS Objective 1 – Better health outcomes for all)

## “Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities”

| **Name:**<br>**Leicestershire Partnership NHS Trust** | **Lead contact:**<br>**Sab Bhaumik**<br>**Medical Director** |
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One of the main goals for the Trust is to meet service user and carer expectations through delivery of care to highest possible standards. In order to achieve this the Board has a number of mainstream systems to enable patients to communicate their views; all Board meetings are held in public, the use of patient surveys, patient involvement groups and with a standing item of ‘Patient Voice'.

In 2010 the Trust began its Executive Patient Assurance Programme the aim of which was to provide opportunities for people who have recently used the Trust’s services to provide feedback and comments on quality and improvement in person to executive directors. In 2010- July 2011 32 people were randomly selected to take part in the programme. Because of the nature of the meetings and small numbers involved people were not asked to complete equality monitoring information, however in the 2010 meetings (which comprised 75% of the total people involved) 24% were from a Black and minority ethnic heritage and 44% were female. Overall feedback was very positive. Since August 2011 the Executive Patient Assurance Programme includes monthly visits to frontline services by Board members the results of which are reported on and followed up. Through the Patient Voice programme a patient attends every Board meeting in person to talk to the Board about their experiences of treatment with the aim being to ensure that these patients are broadly representative including of protected groups, and the Board considers a monthly Patient Voice report.

The Trust has recently gained national recognition, and award, for the innovative work it has done supporting the assessment and treatment of patients with diabetes and mental health. This is of particular note for the large Asian communities we serve, where diabetes is one of the most striking health inequalities suffered.

The Trust community engagement work is comprehensive in working with groups, patients and members of the public across the protected groups with a strong Community Engagement strategy with further capacity to reach out to seldom heard groups including recent migrants. This work allows information directly from the community to be considered in the delivery of the Trust’s services through mainstream reporting to the Divisions.

<table>
<tr><td colspan="2">The organisation has a membership of 16,000. Data for most of the protected characteristics is collected through the initial application form and a subsequent follow-up form, which is sent to members. Analysis of member representation based on Age, Gender, Ethnicity and Social Economic Group is reported to the Foundation Trust Programme Board, a sub-group of Trust Board. The low response rate from the follow-up form limits analysis of further protected characteristics but the Membership team continue to work with Integrated Equality Service to improve this. As of November 2011, the organisation’s public membership is generally representative of the local community but under-represented by males by 10.6% and those from a white ethnic group (British, Irish, any other white background) by 5.4%. The Trust has built a response to this under-representation into its mainstream plans for membership.<br>Working closely with its commissioners, the Trust shapes the contracts of its commissioners to ensure that services are commissioned, designed and procured to meet the health needs of the local communities, promoting well-being and work to reduce health inequalities. The Business Development team has considered how the Trust should respond if they feel a tender or proposal request does not sufficiently address the need of all communities and how they would influence the commissioners to amends the tender. All service contracts are also reviewed regularly involving commissioners to ensure services are kept current for the needs of the local communities.</td></tr>
<tr><td>**EDS grade:**</td><td>**ACHIEVING**</td></tr>
<tr><td>**Reasons for rating:**</td><td>**Outcome:** Using evidence from the organisation's consultations and contract-shaping, the organisation can demonstrate that services are designed, procured and delivered to meet the needs of most protected groups.<br><br>**Engagement:** Comprehensive community and membership engagement across most protected groups is in place, with plans to continue reaching out to seldom heard groups.<br><br>**Mainstream processes:** Through the processes of shaping contracts with its commissioners the organisation aims to meet this outcome<br><br>**Progression plans:** Plans for progression are in place to improve the processes and available information across all protected groups.<br><br>**Disadvantaged groups:** Key disadvantaged groups such as recent migrants and people of socio-economic deprivation are taken into consideration in the above processes.</td></tr>
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| | **The organisation, with evidence and engagement processes covering most protected groups, is able to demonstrate that its services are designed, procured and delivered to meet the needs of most protected groups, and aiming to reduce health inequalities. Plans for progression are in place. For these reasons, the organisation should be graded as ‘developing’.** |

## EDS Outcome 1.2 (EDS Objective 1 – Better health outcomes for all)

## “Patients’ health needs are assessed, and resulting services provided, in appropriate and effective ways”

| **Name:**<br>**Leicestershire Partnership NHS Trust** | **Lead contact:**<br>**Sab Bhaumik**<br>**Medical Director** |
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The Trust takes the assessment of patients' health needs seriously and as such has inclusive policies and assessment practices designed to find out about the patients' health needs as well as discovering how their daily activities are affected. The active involvement of the patient, in every step of their care, is encouraged; explanations and information on treatment outcomes are readily available. The Trust has robust arrangements for interpreting services to enable those patients with communication restrictions, whether through disability or different language, to be involved in decision making. Responsibility for this is mainstreamed within the Divisions and use and quality are centrally monitored. The Trust has also developed a single point of access system for mental health and for community services, in order to improve the patient experience of initial assessment and direction to appropriate care services. Single point of access can benefit the most vulnerable by making care pathways easier to access and clearer.

The Trust’s Communication Team lead on consultations with different groups on service design, changes and improvements and this includes consultations with the 16,000 members. The Trust membership is monitored by some protected groups (age, gender, ethnicity and social economic group), this information is reported to the Foundation Trust Programme Board, a sub-group of Trust Board . This data is collected from the initial application form and a follow-up form, collecting information on a further four protected characteristics (religion/belief, sexual orientation, gender reassignment, disability). At present the low response rate from the follow-up form limits analysis of these protected characteristics – however, the membership team continue to work with Integrated Equality Service on this. As of November 2011, the organisation’s public membership is generally representative of the local community but under-represented by males by 10.6% and those from a white ethnic group (British, Irish, any other white background) by 5.4% - mainstream membership plans have considered this under-representation. This is augmented by a strong Community Engagement strategy and function that aims to reach the seldom heard groups. This work currently engages with groups serving the transgender, LGB, BME, disability (eg: aphasia, D/deaf communities), recent migrants, older people and younger BME people communities. This work aims to be led by the communities needs and not to impose a “top-down” agenda – it is one way that the Trust can “hear” about health needs and which services need to be delivered, where and how. The

<table>
<tr><td colspan="2">Community Engagement function operates as a link into the mainstream business – for Divisions to engage directly with the groups and people served.<br>The Trust has recently gained national recognition, and award, for the innovative work it has done supporting the assessment and treatment of patients with diabetes and mental health. This is of particular note for the large Asian communities we serve, where diabetes is one of the most striking health inequalities suffered.<br>The Integrated Equality Service is tasked with reviewing some care pathways to ensure that services are provided in appropriate and effective ways to all communities. To date, we have reviewed the Improving Access to Psychological Therapies (IAPT) service and shown that the access and experience for different ethnic groups is remarkably equitable and outperforms any other IAPT case study. The under-representation of older people who are referred to the service by GPs is being addressed by the Commissioners and the Open Mind and Equality Services are action planning how to take work forward for LGBT communities.</td></tr>
<tr><td><b>EDS grade:</b></td><td><b>DEVELOPING</b></td></tr>
<tr><td><b>Reasons for rating:</b></td><td><b>Outcome:</b> Through the best available evidence/data the organisation demonstrates that health-needs assessments and resulting services are delivered in appropriate ways for some protected groups.<br><br><b>Engagement:</b> The organisation engages with most protected groups regarding health-needs assessments and resulting service provision.<br>With focussed engagement continuing with some protected groups to further improve services.<br><br><b>Mainstream processes:</b> Reporting of these areas in already embedded in mainstream processes with further improvements being made.<br><br><b>Progression plans:</b> There are plans in place, with milestones, to continue the current level of work for this outcome and also to improve where appropriate. Refer in narrative to where this is<br><br><b>Disadvantaged groups:</b> Key disadvantaged groups such as recent migrants and people of socio-economic deprivation are taken into consideration in the above processes.<br><br><b>The organisation is able to demonstrate the processes for assessment of health-needs and the delivery of resulting services for most protected groups but has limited evidence on the outcome of this for protected groups. The organisation has begun further projects to improve these processes for protected groups where there is a perceived need through engagement with those groups. The organisation should therefore be</b></td></tr>
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| | **graded as 'developing'.** |

## EDS Outcome 1.3 (EDS Objective 1 – Better health outcomes for all)

## “Changes across services are informed by engagement of patients and local communities, and transitions made smoothly”

| **Name:**<br>**Leicestershire Partnership NHS Trust** | **Lead contact:**<br>**Sab Bhaumik**<br>**Medical Director** |
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Transition from one service to another is led by the patient’s care co-ordinator/clinical lead. A multi-disciplinary approach is taken involving the patient throughout; for example, the Care Programme Approach process is used within mental health services and shared appropriately with all involved in planning and delivering care. Transfer planning, where appropriate, is started as soon as possible on the individual’s care pathway and will include their preferences and needs through direct discussion. The service user is kept informed and involved at all stages of care, including transfers. Service users are routinely involved in agreeing their care plan, which they will also receive a copy of. These processes are supported by the robust policies in place with regard to Care Programme Approach (CPA) and Inpatient and Community Discharge and Admission. These processes are audited on a regular basis to ensure the policies are being followed appropriately. The results of these audits are presented to the Clinical Effectiveness Standards Group for review and ensure any remedial action has been taken.

Due to the nature of some of the services provided by Leicestershire Partnership, there are also specific transition arrangements in place between services such as transition care pathways for people with learning disabilities from children’s to adult services.

The Trust’s clinical information systems currently collect data on patients and some of their protected characteristics. There are plans in place to improve this data collection to more protected groups as part of a wider data improvement project across the Trust.

The Trust’s Communication Team lead on consultations with different groups on service design, changes and improvements and this includes consultations with the 16,000 members. The Trust membership is monitored by some protected groups (age, gender, ethnicity and social economic group), this information is reported to the Foundation Trust Programme Board, a sub-group of Trust Board. This data is collected from the initial application form and a follow-up form, collecting information on a further four protected characteristics (religion/belief, sexual orientation, gender reassignment, disability). At present the low response rate from the follow-up form limits analysis of these protected characteristics – however, the membership team continue to work with Integrated Equality Service on this. As of November 2011, the organisation’s public membership is generally representative of the local

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| community but under-represented by males by 10.6% and those from a white ethnic group (British, Irish, any other white background) by 5.4% - mainstream membership plans have considered this under-representation. This is augmented by a strong Community Engagement strategy and function that aims to reach the seldom heard groups. This work currently engages with groups serving the transgender, LGB, BME, disability (e.g. aphasia, D/deaf communities), recent migrants, older people and younger BME people communities. This work aims to be led by the community's needs and not to impose a “top-down” agenda – it is one way that the Trust can “hear” about health needs and which services need to be delivered, where and how. The Community Engagement function operates as a link into the mainstream business – for Divisions to engage directly with the groups and people served.<br>This is one method the Trust utilises to engage with patients and the wider communities, it also analyses patient surveys, both CQC and locally managed surveys, and patient involvement groups. | |
| **EDS grade:** | **DEVELOPING** |
| **Reasons for rating:** | **Outcome:** From the evidence available the organisation can demonstrate that service changes are discussed with patients from some protected groups with the majority reporting satisfactory service changes and transitions.<br>**Engagement:** The Trust has a comprehensive engagement strategy across most protected groups, and actively working to engage with seldom heard groups.<br>**Mainstream processes:** There are processes in place which review and report on the transition arrangements on a regular basis<br>**Progression plans:** Plans to continue improvements with the engagement strategy and to further develop engagement relationships with seldom heard groups.<br>**Disadvantaged groups:** Key disadvantaged groups such as recent migrants and people of socio-economic deprivation are taken into consideration in the above processes.<br>**The organisation has evidence and engagement processes in place to meet this EDS outcome. It can demonstrate that service change discussions with patients from protected groups take place and changes are made as smoothly as possible. Information only covers some of the protected groups and plans to improve need to be developed. The organisation should be graded as ‘developing’.** |

## EDS Outcome 1.4 (EDS Objective 1 – Better health outcomes for all)

### “The safety of patients is prioritised and assured. In particular, patients are free from abuse, harassment, bullying, violence from other patients and staff, with redress being open and fair to all”

| **Name:**<br>**Leicestershire Partnership NHS Trust** | **Lead contact:**<br>**Jackie Ardley**<br>**Director of Quality and Innovation** |
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The safety of its patients is a priority for the Trust with all safety incidents now being reported through a more robust electronic system, embedding root cause analysis into the investigations.
The Trust also has a comprehensive Privacy and Dignity policy which has been through the Equality Impact Assessment process before being implemented. The policy provides clear guidance for staff to support and listen to any concerns from patients in order to find a beneficial solution quickly. The Trust's Safeguarding Adults policy outlines a robust process of supporting a patient's safety as well as outlining the staff training requirements and the organisation's governance arrangements in order that lessons can be learnt from any incident.
The organisation also has a comprehensive customer services team which includes PALS (patient advice and liaison service), patient experiences and complaints, who can also be contacted for any concerns a patient may have especially if they feel uncomfortable approaching a member of staff who is providing their care. Information on the protected characteristics of patients is collected by the customer service teams, however it is not currently analysed. This is being addressed by The Head of Patient Experience and Partnership and the newly appointed Patient Services and Involvement Manager, supported by the Integrated Equality Service. This includes a plan for reporting to Board on the experiences of people from different protected characteristics. Improvement plans are being made for the future with the Board approving a new format for reporting of feedback from patients, carers and communities so that information from complaints, PALS and patient experience will be brought together into one Customer Care quarterly report to the Board including a Customer Insight section which will allow views from particular communities, services or protected characteristics to be drawn out. The Responding to Customer Insight section of the report will provide the Board with assurance that the insight from customers is being heard and acted upon consistently across the Trust, enabling the Trust to publicly demonstrate delivery of the pledge in the NHS Constitution that “the NHS commits to ensure that the organisation learns lessons from complaints and uses these to improve NHS services”.
The Trust’s Communication Team lead on consultations with different groups on the services the organisation provides including aspects of dignity and respect and the 16,000 members are also involved in this work. This is augmented by a strong Community

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| Engagement strategy and function that aims to reach the seldom heard groups. This work currently engages with groups serving the transgender, LGB, BME, disability (eg: aphasia, D/deaf communities), recent migrants, older people and younger BME people communities. This work aims to be led by the communities needs and not to impose a “top-down” agenda – it is one way that the Trust can “hear” about health needs and where services are working and where changes may need to be implemented. The Community Engagement function operates as a link into the mainstream business – for Divisions to engage directly with the groups and people served. | |
| **EDS grade:** | **DEVELOPING** |
| **Reasons for rating:** | **Outcome:** The Trust prioritises patient safety and now has a more robust system in place to track and investigate incidents. There are comprehensive policies in place to support patients being free from abuse, harassment and bullying with redress being clearly explained.<br>**Engagement:** The organisation has a strong engagement strategy, involving people from most protected groups and continually reaching out to seldom heard groups.<br>**Mainstream processes:** There are mainstream processes in place which report on complaints and patient safety issues regularly to the Board and in the Trust’s annual Quality Accounts.<br>**Progression plans:** There are plans in place to develop the customer service team’s reporting structure to enable it to be more informative of protected groups and effective for the organisation as a whole.<br>**Disadvantaged groups:** Key disadvantaged groups such as recent migrants and people of socio-economic deprivation are taken into consideration in the above processes.<br>**The trust has engagement processes in place and is meeting the EDS outcome for most protected and key disadvantaged groups. In addition, Quality Accounts reporting aims to meet this outcome, and progression plans are firmly in place. Patient safety is also monitored through the trust’s contractual agreements with its commissioning organisation. For these reasons, the trust should be graded as being an ‘developing’ NHS organisation.** |

## EDS Outcome 1.5 (EDS Objective 1 – Better health outcomes for all)

## “Public health, vaccination and screening programmes reach and benefit all local communities and groups”

| **Name:**<br>**Leicestershire Partnership NHS Trust** | **Lead contact:**<br>**Sab Bhaumik**<br>**Medical Director** |
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The Trust, through its contracts with commissioners, taking into account the information from the local JSNAs and public health reports, provides public health, vaccination and screening programmes to benefit the local communities.
There are a number of current programmes running to address a number of specific health inequalities in the local communities that Leicestershire Partnership serves, including:

- **Exercise referral** – part of a national programme to challenge levels of obesity, this project is targeted at people whose health condition would benefit from an increase in their activity levels. It offers tailored gym sessions delivered by a fully qualified instructor at a local leisure centre, gentle exercise sessions held in local community venues and local ‘walking for health’ walking groups across Leicestershire and Rutland.
- **‘We all move together Rutland’** – designed to respond to the Valuing People white paper which identified people with a learning disability require more help with diets and advice on getting enough exercise, it also identifies the need to inform carers about healthy ways of living.
- **DHAL (Diet, Health, Activity in Leicester)** – this is targeting a local need for tailored interventions for the South Asian diet in Leicester. This project provides support, information and guidance to anyone with a South Asian diet, with a BMI of 25 or over and who has co-morbidities. There is a 10-week course which is based on community development principles of discussing time/date/ venue of courses with potential participants to ensure cultural and religious needs are catered for.
- **Be Clear on Cancer** – This project utilises local volunteers to pass on the messages around early signs and symptoms of breast, bowel and lung cancer. Volunteers are trained and supported to deliver a health message in non-judgmental or threatening manner. The focus of the work is to discuss signs and symptoms not lifestyle choices, and so removing any sense of blame or stigma.
- **Keeping you at Heart** – By using a lifestyle questionnaire to advise people of their risk of CVD, interventions they can take to reduce their risk and if they are at risk, direct them to their GP for a health check. This work was initially designed to link

people to GP health checks, however has grown into using a more collaborative approach to linking people to other lifestyle initiatives to reduce risk.

- **Chlamydia Screening** – a specific programme aimed at young people aged 15-24years, is non-clinical, the patient initiates screening, there is no call/recall and is confidential. The screening is available in a large variety of settings including, GP practice, community settings, pharmacies, voluntary sectors settings. There are also screening kits available from the programme’s website or by text, this was introduced to give young people the confidence of the service’s confidential nature.
- **Choices (Contraceptive and Sexual Health Service for under 25s)** – this service is provided to challenge the high rates of teenage pregnancy and sexually transmitted infections of young people in Leicester. The service is available to all young people under the age of 25 requiring general health and sexual and reproductive health services in a number of community and health settings to encourage young people to take more of an interest in their sexual health.

Each of these projects has been designed to challenge identified health inequalities from National and local information.

Engagement with the majority of patient groups is well-developed with regular involvement work on-going. Engagement with communities from protected groups on topics including health needs is supported by both the Health Development team and the Integrated Equality Service and the community engagement strategy covering protected groups.

As part of mainstream processes, current contractual agreements are reviewed and discussed with commissioners on a regular basis to ensure that services are being provided to meet the needs of and benefit the local communities.

There are further detailed plans for continuing this work over the next year as the Community Health Development team develops.

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| **EDS grade:** | **DEVELOPING** |
| **Reasons for rating:** | **Outcome:** The organisation provides a number of public health, screening programmes targeted at the needs of the local community.<br>**Engagement:** Community group engagement is strong with the health development team taking the lead<br>**Mainstream processes:** The mainstream contractual processes for delivering these projects are key to meeting this outcome.<br>**Progression plans:** Plans are in place to continue and expand on the current level of work undertaken in this area.<br>**Disadvantaged groups:** Key disadvantaged groups such as recent migrants and people of socio-economic |

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| | deprivation are taken into consideration in the above processes.<br>**Despite delivering a number of targeted projects aimed at specific health inequalities for the local communities, information on the current effectiveness of these initiatives is not clear across a number of protected groups. Without evidence to show a more detailed picture of the services the organisation should be graded as ‘developing’.** |

## EDS Outcome 2.1 (EDS Objective 2 – Improved patient access and experience)

## “Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds”

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| **Name:**<br>**Leicestershire Partnership NHS Trust** | **Lead contact:**<br>**John Short**<br>**Chief Executive** |

A comprehensive interpreting and translation service is in place ensuring that people with disabilities and BME groups are able to access services.
The organisation’s information systems are not currently set up to collect information across all protected characteristics therefore there are some protected groups where there is a lack of available evidence to compare against the whole. There are plans in place, with clear milestones, to improve the information obtained from patients so that it covers all protected groups including key disadvantaged groups.

The Trust’s Communication Team lead on consultations with different groups on services the organisation provides including aspects of dignity and respect. This includes consultations with the 16,000 members who are increasingly involved in carrying out service audits. The Trust membership is monitored by some protected groups (age, gender, ethnicity and social economic group), this information is reported to the Foundation Trust Programme Board, a sub-group of Trust Board. This data is collected from the initial application form and a follow-up form, collecting information on a further four protected characteristics (religion/belief, sexual orientation, gender reassignment, disability). At present the low response rate from the follow-up form limits analysis of these protected characteristics – however, the membership team continue to work with Integrated Equality Service on this. As of November 2011, the organisation’s public membership is generally representative of the local community but under-represented by males by 10.6% and those from a white ethnic group (British, Irish, any other white background) by 5.4% - mainstream membership plans have considered this under-representation.
In 2010 the Trust began its Executive Patient Assurance Programme the aim of which was to provide opportunities for people who have recently used the Trust’s services to provide feedback and comments on quality and improvement in person to executive directors. In 2010- July 2011 32 people were randomly selected to take part in the programme. Because of the nature of the meetings and small numbers involved people were not asked to complete equality monitoring information, however in the 2010 meetings (which comprised 75% of the total people involved) 24% were from a Black and minority ethnic heritage and 44% were

female. Overall feedback was very positive. Since August 2011 the Executive Patient Assurance Programme includes monthly visits to frontline services by Board members the results of which are reported on and followed up. Through the Patient Voice programme a patient attends every Board meeting in person to talk to the Board about their experiences of treatment with the aim being to ensure that these patients are broadly representative including of protected groups, and the Board considers a monthly Patient Voice report.

Equality information on patient complaints is currently collected but not analysed so currently the experience of protected groups in relation to complaints is not reported. The Board has however approved a new format to improve the reporting of feedback from patients, carers and communities so that information from complaints, PALS and patient experience is brought together into one Customer Care quarterly report to the Board. The new report's Customer Insight section will enable customer insight to be segmented allowing views from particular communities, services or protected characteristics to be drawn out.

In 2010-2011 two complaints were lodged about access to premises in Adult Mental Health Services. In Quarter 1 of 2011 one complaint, and 14 PALS enquiries, about access were lodged in LCR Community Health Services – these low numbers make disaggregation for different protected characteristics challenging.

The organisation analyses and reports on the Board the CQC Community Mental Health Services and Inpatient Surveys, for which information about age, gender, ethnicity and mental health is collected. In the 2011 CQC Inpatient Survey, service users were asked if they ever wanted talking therapy during their stay in hospital, and if they had had talking therapy in hospital. There was a gap of 25% between these two figures. This is in line with the national average (26%). It represents a significant improvement on the Trust's 2010 figure of 42%.

The Integrated Equality Service is tasked with reviewing some care pathways to ensure that services are provided in appropriate and effective ways to all communities. To date, we have reviewed the Improving Access to Psychological Therapies (IAPT) service and shown that the access and experience for different ethnic groups is remarkably equitable and above the levels found elsewhere. The under-representation of older people who are referred to the service by GPs is being addressed by the Commissioners and the Open Mind and Equality Services are action planning how to take work forward for LGBT communities.

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| **EDS grade:** | **DEVELOPING** |

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| **Reasons for rating:** | **Outcome:** Some evidence is available to demonstrate that patients, carers and communities from protected groups can access services, and firm plans are in place to improve evidence and data and progress to the next grade.<br>**Engagement:** The organisation's engagement with patients, carers and communities including people from most protected groups is strong. An engagement strategy is in place outlining the way forward to strengthen these links eg strengthen engagement with LGBT groups.<br>**Mainstream processes:** The Board analyses patient and carer feedback through a quarterly Customer Care report, patient surveys, the Executive Patient Assurance Programme and through Patient Voice.<br>**Progression plans:** Plans are in place to progress to the next grade, with milestones.<br>**Disadvantaged groups:** Key disadvantaged groups are taken into account in plans to progress to the next grade i.e. data collection and analysis and development of self referral re talking therapies in the community.<br>**The organisation is already making use of some data, has strong engagement with patients, carers and communities in place including with some protected groups and has a comprehensive interpretation and translation service. It has plans in place to improve its collection and use of data about protected groups and to improve access to services to talking therapies in the community for BME people and disadvantaged groups. For these reasons, the organisation is graded as 'developing'.** |

## EDS Outcome 2.2 (EDS Objective 2 – Improved patient access and experience)

## "Patients are informed and supported to be involved in decisions about their care, and to exercise choice about type and place of treatment"

| **Name:**<br>**Leicestershire Partnership NHS Trust** | **Lead contact:**<br>**Jackie Ardley**<br>**Director of Quality and Innovation** |
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Leicestershire Partnership Trust has a number of sites across the County area. The Trust believes that all patients are involved in the decisions about care and are fully supported to ask questions. The organisation works to a comprehensive consent policy which clearly states the Trust's commitment to equality for all service users. Ensuring that all service users have access to, and support from, all necessary provisions to ensure their ability to understand and participate fully in the consent process is maximised. The Trust has local arrangements with interpreting services to enable those patients who require assistance communicating with staff, either due to disability or a language barrier, so that they can also be fully involved in the decisions about their care.

The organisation's information systems are not currently set up to collect information across all protected characteristics therefore there are some protected groups where there is a lack of available evidence to compare against the whole. Of the information available, the Trust can demonstrate that the provision of information to patients from some protected groups is on the same level as the information and support given to all patients in general.

There are plans in place, with clear milestones, to improve the information obtained from patients so that it covers all protected groups including key disadvantaged groups.

The organisation's engagement with people from most protected groups is strong with a Community Engagement strategy in place outlining the way forward to strengthen these links eg strengthen engagement with LGBT groups, reporting to the Quality Assurance Committee via its subgroup.

The Trust membership of 16,000 is monitored by some protected groups (age, gender, ethnicity and social economic group), this information is reported to the Foundation Trust Programme Board, a sub-group of Trust Board. This data is collected from the initial application form and a follow-up form, collecting information on a further four protected characteristics (religion/belief, sexual orientation, gender reassignment, disability). At present the low response rate from the follow-up form limits analysis of these protected characteristics – however, the membership team continue to work with Integrated Equality Service on this. As of November 2011, the organisation's public membership is generally representative of the local community but under-represented by males by 10.6% and those from a white ethnic group (British, Irish, any other white background) by 5.4% - mainstream membership plans have considered this under-representation.

In 2010 the Trust began its Executive Patient Assurance Programme the aim of which was to provide opportunities for people who have recently used the Trust's services to provide feedback and comments on quality and improvement in person to executive directors. In 2010- July 2011 32 people were randomly selected to take part in the programme. Because of the nature of the meetings and small numbers involved people were not asked to complete equality monitoring information, however in the 2010 meetings (which comprised 75% of the total people involved) 24% were from a Black and minority ethnic heritage and 44% were female. Overall feedback was very positive with areas in which assurance was received including full involvement in care planning, full involvement in treatment plan, and discussion and involvement in understanding information on medication. One carer involved in the Programme complained about being insufficiently involved in decision making and subsequently received a letter from a Board member following this up. Since August 2011 the Executive Patient Assurance Programme includes monthly visits to frontline services by Board members the results of which are reported on and followed up.

Through the Patient Voice programme a patient attends every Board meeting in person to talk to the Board about their experiences of treatment and the Board considers a monthly Patient Voice report. The Board has approved plans with milestones in place to improve the reporting of feedback from patients, carers and communities so that information from complaints, PALS and patient experience will be brought together into one customer services quarterly report to the Board which will include analysis and reporting by most protected characteristics.

The latest Good Thinking Service Evaluation included the results of a patient evaluation questionnaire about talking therapies based on a large user sample size of 102 all of whom had completed treatment, the results were reported to the Board and confirmed that those surveyed felt that they had been given relevant and sufficient information about the service.

The CQC Community Mental Health and Inpatient Surveys are analysed and reported on to the Board. Information is collected on age, gender, ethnicity and mental health. The 2011 CQC Community Mental Health Survey results showed that the Trust scored lower than the national average in response to the questions on care plans. The Community Mental Health Team's Senior Management Team is adopting the Recovery Star Model as a tool for discussing Care Plans and desired outcomes and it is expected that this will provide some clarity and confidence for users of the service. The 2011 Inpatient Survey results showed that the Trust scored above the national average in response to the question about whether patients definitely felt involved as much as

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| they wanted to be in decisions about care and treatment (38%). | |
| **EDS grade:** | **DEVELOPING** |
| **Reasons for rating:** | **Outcome:** The organisation, using best available data and evidence, demonstrates that support to patients from some protected groups to be involved in care decisions and treatment choices is as good as that for patients as a whole<br>**Engagement:** The organisation has strong engagement activities with patients from protected groups about care decisions and treatment choices.<br>**Mainstream processes:** This issue is central to the Executive Patient Assurance Programme and is also covered in patient surveys analysed and reported on to the Board.<br>**Progression plans:** There are plans in place, with milestones, to further improve the organisation's performance in this area.<br>**Disadvantaged groups:** Key disadvantaged groups are not explicitly taken into account in the above processes.<br>**The organisation is meeting the EDS outcome for some protected groups, and in its processes. Progression plans are in place.**<br>**For these reasons, the organisation should be viewed as 'developing'.** |

## EDS Outcome 2.3 (EDS Objective 2 – Improved patient access and experience)

## “Patients and carers report positive experiences of their treatment and care outcomes and of being listened to and respected and of how their dignity and privacy is prioritised”

| **Name:**<br>**Leicestershire Partnership NHS Trust** | **Lead contact:**<br>**Jackie Ardley**<br>**Director of Quality and Innovation**<br>**Richard Chester**<br>**Head of Patient Experience and Partnerships** |
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The organisation’s information systems are not currently set up to collect information across all protected characteristics therefore there are some protected groups where there is a lack of available evidence to compare against the whole. There are plans in place, with clear milestones, to improve the information obtained from patients so that it covers more protected groups including key disadvantaged groups.

The Trust’s Communication Team lead on consultations with different groups on the services the organisation provides including aspects of dignity and respect and the 16,000 members are also involved in this work. This is augmented by a strong Community Engagement strategy and function that aims to reach the seldom heard groups. This work currently engages with groups serving the transgender, LGB, BME, disability (eg: aphasia, D/deaf communities), recent migrants, older people and younger BME people communities. This work aims to be led by the communities needs and not to impose a “top-down” agenda – it is one way that the Trust can “hear” about health needs and where services are working and where changes may need to be implemented. The Community Engagement function operates as a link into the mainstream business – for Divisions to engage directly with the groups and people served.
The Trust membership is monitored by some protected groups (age, gender, ethnicity and social economic group), this information is reported to the Foundation Trust Programme Board, a sub-group of Trust Board. This data is collected from the initial application form and a follow-up form, collecting information on a further four protected characteristics (religion/belief, sexual orientation, gender reassignment, disability). At present the low response rate from the follow-up form limits analysis of these protected characteristics – however, the membership team continue to work with Integrated Equality Service on this. As of November 2011, the organisation’s public membership is generally representative of the local community but under-represented by males by 10.6% and those from a white ethnic group (British, Irish, any other white background) by 5.4% - mainstream

membership plans have considered this under-representation. The organisation also has a comprehensive customer services team which includes PALS (patient advice and liaison service), patient experiences and complaints, who can also be contacted for any concerns a patient may have especially if they feel uncomfortable approaching a member of staff who is providing their care. Information on the protected characteristics of patients is collected by the customer service teams, however it is not currently analysed for any trends
The Board has approved a new format to improve the reporting of feedback from patients, carers and communities so that information from complaints, PALS and patient experience is brought together into one Customer Care quarterly report to the Board. At present this information is collected for some protected groups but the planned new report's Customer Insight section will enable customer insight to be segmented allowing views from particular communities, services or protected characteristics to be drawn out.

In 2010-2011 two complaints were lodged in relation to privacy and dignity in Adult Mental Health Services and one in Specialist Mental Health Services.

In 2010 the Trust began its Executive Patient Assurance Programme the aim of which was to provide opportunities for people who have recently used the Trust's services to provide feedback and comments on quality and improvement in person to executive directors. In 2010- July 2011 32 people were randomly selected to take part in the programme. Because of the nature of the meetings and small numbers involved people were not asked to complete equality monitoring information, however in the 2010 meetings (which covered 75% of the people involved in the programme) 24% were from a Black and minority ethnic heritage and 44% were female. Overall feedback was very positive with areas in which assurance was received including patients treated with respect and dignity and patients feeling listened to and cared for.

From August 2011 the Executive Patient Assurance Programme began a programme of monthly visits began whereby all Executive Directors accompanied where possible by NEDs would visit all inpatient sites within LPT, extended to all clinical areas from November 2011, to assure themselves of the quality of services and to hear first hand the experience of patients and carers. Directors complete a report on each visit which is sent to the Head of Patient Experience and Partnerships. From December 2011 each monthly Board report includes themes identified from the visit and responses to any questions raised by Board members. The forthcoming Customer Care quarterly report will provide detailed progress and tracking on action taken in response. Patient Voice is also heard at Board level through a person who uses LPT services attending each Board meeting to comment on their experience of services and ask questions of the Board. The Trust strives to ensure that the patients who attend Board sessions are broadly representative of their service users and carers, including protected groups. There is a monthly Patient Voice report submitted to the Board.

The latest Good Thinking Service Evaluation included the results of a patient evaluation questionnaire about talking therapies based on a large user sample size of 102 all of whom had completed treatment, the results were reported to the Board and confirmed that those surveyed felt that staff had treated them with respect and dignity and that they had been listened to by staff.

The CQC Community Mental Health and Inpatient Surveys are analysed and reported on to the Board. Information is collected on age, gender, ethnicity and mental health. In relation to the Community Mental Health Services Survey 2011 the Trust is broadly in line with the national average in respect to the questions about whether the patient feels listened to carefully (78% say yes definitely) and has been treated with respect and dignity (85%). In relation to the Inpatient Survey 2011 the Trust scored higher than the national average in response to questions about staff attitude, including questions about whether the patient is always treated with respect and dignity by the psychiatrist (73%), the nurses listened carefully (51%) and always treated with respect and dignity by the nurses (63%).

The Trust's Quality Schedule (Mental Health and Learning Disability) includes a Commissioning for Quality and Innovation (CQUIN) for patient experience, which requires bi-annual local satisfaction surveys to be conducted with patients and carers, with accompanying action plans.

The Trust has been implementing a series of real time patient experience monitoring programmes in relation to community nursing services and specialist palliative care services, which includes monitoring privacy and dignity. Patients and carers are involved in the survey from its inception both in terms of the design of the questions and the evaluation of the results. Discussions are currently underway to pilot extending the approach to other services, the evaluation of the pilot will be considered within the work plan for the Patient Experience and Safety Committee.

In 2011 a suite of wall mounted kiosks and hand held tablet PCs were installed at Children and Adolescent Mental Health Services sites across the Trust to enable service users, parents and carers to complete anonymously Experience of Services questionnaires giving their views of LPT's services. It is hoped that these clear and simple e-surveys will encourage young people to complete questionnaires and make the process more user friendly for them.

The highest proportion of complaints which the Trust receives relate to staff attitude, action is being taken in respect of this. To support this, the Trust has commenced work to improve the experience of those who use services through the roll out of the Patient Experience Improvement Programme. This works intensively on social movement through one on one listening exercises and through values interaction. Where this has been taken forward in other Trusts there has been a positive impact on the perceptions of staff attitude.

In October 2011 a core team was established with representation from service users and carers and staff from each service, supported by a specialist in the patient experience improvement area. Part of the remit was to ensure the planning and development process was as inclusive as possible and to ensure due regard to equality is considered. A series of listening events are being held with staff to listen to the experience of patients on a one to one basis, experience from pilots having demonstrated that these were a powerful tool for engaging staff in understanding the impact of poor attitude and behaviour on the experience and sometimes recovery of a service user. A series of graffiti boards are being placed in staff areas so that staff can think about how they would like to be supported in improving patient experience and satisfaction. Feedback from both elements are used to inform ‘values into action’ sessions followed by cascade training to deliver the promises agreed, while on-going evaluation of improvement tools are designed and co-created by both staff and service users and carers. This focused programme aims to drive a step-change in the quality of the experience people have in using and delivering Trust services and to embed continuous improvement. The programme involves working initially with the Learning Disabilities and Children and Adolescent Mental Health Services Business Units, using proven practice from elsewhere and external expertise to transfer skills, experience and knowhow, before applying learning to other Business Units.

Since 2011 the Trust has operated an Involvement Centre which holds sessions and information and support clinics, the Involvement Centre Operational Group comprises service users and carer representatives.

Inpatient Adult Mental Health Wards hold a monthly ward forum which provides patients with the opportunity to feedback and discuss their experience, issues raised are minuted and reported to the Acute Care Action Group as part of the service improvement process. A review is currently underway, led by service users and supported by staff, to ensure the opportunity these forums present in improving the experience of patients is being properly exploited.

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| **EDS grade:** | **DEVELOPING** |

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| **Reasons for rating:** | **Outcome:** Using good data and evidence, and innovative techniques, the organisation demonstrates that patients and carers from some protected groups report positive experiences that are on par to those reported by patients and carers as a whole.<br>**Engagement:** The organisation has strong engagement with patients, carers and communities about their experiences of the organisation. Engagement with most protected groups is strong with plans to develop further.<br>**Mainstream processes:** Listening to the experience of patients is integral to the work of the Board through the Executive Patient Assurance Programme and Patient Voice, and improving the experience of patients is being taken forward by the major programme the Patient Experience Improvement Programme, which is being piloted in services for children and young people and people with learning disabilities.<br>**Progression plans:** Firm plans are in place to progress to the next grade, with milestones.<br>**Disadvantaged groups:** Disadvantaged groups are taken into account in plans to improve data and evidence.<br>**The organisation has firm processes of engagement with some protected groups and uses good data and evidence and innovative techniques to track patient experience. A mainstream process is in place to tackle this EDS outcome and improve evidence and data and reporting on the experience of protected groups to the Board and move to the next grade. The organisation is graded as ‘developing’.** |

## EDS Outcome 2.4 (EDS Objective 2 – Improved patient access and experience)

## “Patients’ and carers’ complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently”

| **Name:**<br>**Leicestershire Partnership NHS Trust** | **Lead contact:**<br>**Jackie Ardley**<br>**Director of Quality and Innovation** |
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In Quarter 1 2011/12 1,525 compliments were received and 91 formal complaints. The number of complaints received is in line with figures for previous quarters. The Trust has clear targets set regarding the efficiency of complaints handling to which staff work. Of the 91 complaints received in Quarter 1 2011/12, 12 did not meet the agreed timescale. 8 complaints were upheld and 19 partially upheld. Two Mental Health for Older Persons Independent Reviews commenced in this quarter and 1 Learning Disability Independent Review was still under investigation by the Parliamentary Health Service Independent Ombudsman. All other complaints were resolved locally within the Trust.

Currently the Trust operates three different data systems for complaints from the three predecessor organisations, it is planned that by the end of March 2012 this will be moved to one single system. A single Customer Services team is being created in response to the House of Commons Health Select Committee Report in June 2011 which found that one single point of access for the entire local resolution of a complaint is valuable and recommended integration of complaints and advice teams.

The Executive lead for complaints, the Chief Nurse/Director of Quality and Innovation, receives copies of all complaints received by the Trust. Complaints and compliments are reported through the Integrated Quality Performance Report to the Trust Board each month. In addition a quarterly report is sent to the Patient Safety and Experience Group. If there is any requirement for escalation the complaint is escalated to the Quality Assurance Committee and then the Board.

Information on some protected characteristics re complaints is currently collected but not analysed. Complaints policy is to be reviewed by the end of March 2012 which will include working with the Integrated Equalities Service to improve the collection and analysis of information about protected characteristics.
The Board has approved a new format for reporting of feedback from patients, carers and communities so that information from complaints, PALS and patient experience will be brought together into one Customer Care quarterly report to the Board including

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| a Customer Insight section which will allow views from particular communities, services or protected characteristics to be drawn out. The Responding to Customer Insight section of the report will provide the Board with assurance that the insight from customers is being heard and acted upon consistently across the Trust, enabling the Trust to publicly demonstrate delivery of the pledge in the NHS Constitution that “the NHS commits to ensure that the organisation learns lessons from complaints and uses these to improve NHS services”.<br>Results of the CQC 2011 Inpatient Survey showed the Trust scored below the national average (33% to 39%) in response to the question of whether patients were made aware of how to make a complaint if they had one. Results for the question ‘did not feel unfairly treated’ were at the national average (61%). Information is collected for this survey on age, gender, ethnicity and mental health.<br>The Trust membership is monitored by some protected groups (age, gender, ethnicity and social economic group), this information is reported to the Foundation Trust Programme Board, a sub-group of Trust Board. This data is collected from the initial application form and a follow-up form, collecting information on a further four protected characteristics (religion/belief, sexual orientation, gender reassignment, disability). At present the low response rate from the follow-up form limits analysis of these protected characteristics – however, the membership team continue to work with Integrated Equality Service on this. As of November 2011, the organisation’s public membership is generally representative of the local community but under-represented by males by 10.6% and those from a white ethnic group (British, Irish, any other white background) by 5.4% - mainstream membership plans have considered this under-representation. This is augmented by a strong Community Engagement strategy and function that aims to reach the seldom heard groups. This work currently engages with groups serving the transgender, LGB, BME, disability (eg: aphasia, D/deaf communities), recent migrants, older people and younger BME people communities. This work aims to be led by the communities needs and not to impose a “top-down” agenda – it is one way that the Trust can “hear” about health needs and which services need to be delivered, where and how. The Community Engagement function operates as a link into the mainstream business – for Divisions to engage directly with the groups and people served. | |
| **EDS grade:** | **DEVELOPING.** |

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| **Reasons for rating:** | **Outcome:** The organisation collects information on some protected characteristics for complaints but does not currently analyse them so cannot demonstrate that complaints from patients and carers from protected groups are handled with just as much respect and efficiency as those for patients as a whole, however there are plans in place to improve the analysis and reporting to the Board of complaints including the experience of protected characteristics.<br>**Engagement:** The organisation has strong engagement with people from most protected groups with plans in place to continue to improve.<br>**Mainstream processes:** Complaints are reported to the Board with an Executive Board lead overseeing all complaints, and plans in place to improve reporting to the Board about complaints including the experience of protected characteristics and delivery of the complaints pledge in the NHS Constitution.<br>**Progression plans:** Plans are in place to progress to the next grade, with milestones.<br>**Disadvantaged groups:** Key disadvantaged groups are not taken into account in the above processes.<br>**Mainstream processes to tackle this outcome are cited and firm plans are in place to improve the collection, analysis and reporting of the experience of protected groups. The organisation is graded as 'developing'.** |

## EDS Outcome 3.1 (EDS Objective 3 – Empowered, engaged and well-supported staff)

## “Recruitment and selection processes are fair, inclusive and transparent so that the workforce becomes as diverse as it can be within all occupations and grades”

| **Name:**<br>**Leicestershire Partnership NHS Trust** | **Lead contact:**<br>**Alan Duffell**<br>**Director of Human Resources & Organisational Development** |
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The Trust uses the recruitment and selection processes through NHS Jobs, whereby applicant demographic information is separated from the application and an annoymised application goes through to the short-listing stage. Anonymity falls out of the process at the interview stage.
NHS Jobs captures most protected group data from the applicant. As this process is only used for the application and short-listing sections of recruitment, upon appointment there is an increase in the number of staff showing an ‘undefined’ for some protected characteristics. (Leicestershire Partnership Trust has set up its Electronic Staff Record (ESR) so that individual staff are responsible for keeping their own information up-to-date on the system.) The increased number of ‘undefined’ at appointment stage makes it difficult to compare shortlisted and appointed data for disability, ethnicity, religion and belief and sexual orientation. Comparisons between application, shortlisting and appointment data for age and gender shows that a lower percentage of men are shortlisted but then a higher percentage of those shortlisted are appointed. A similar pattern is seen for applicants under 40: however, they are appointed in line with the application rate.

The Trust’s current recruitment and selection policy underwent consultation with staff-side organisations and was subject to an Equality Impact Assessment (EIA). There are plans in place to review this policy by April 2012 to ensure relevance to the whole organisation post-merger.

Key equality metrics including workforce composition will be published annually with senior managers receiving monthly reports on workforce composition which show profiles for both the Trust and divisions for some protected characteristics and one disadvantaged group.

The Integrated Equality Service (IES) has undertaken on behalf of the Trust a baseline assessment of the workforce and the

Board/senior management. The make up of the workforce has been compared to the local population of working age, and the make up of the Board and clinical and senior managers compared to the workforce and to the local population of working age, for most protected characteristics (sex, age, marital status, ethnicity, religion and belief, disability, maternity and sexual orientation). The IES has previously consulted on workforce representation being an equality objective for LPT and this received very limited support amongst the public and so has not been adopted as an IES priority – it may inform the work of the incoming Director of Organisational Development in future months. A number of areas of under or over representation of protected groups were found. Women are over-represented among clinical (82.4%) and senior (61.6%) managers and members of staff in other positions (84.7%) when compared to the population but under-represented on the Board (30.8%) (compared to population and to workforce) and in senior management when compared to the workforce. Younger and older people, single people, and some ethnic groups were under-represented at all levels. White British people (77.3% of working age population) are over-represented among clinical (84.1%) and senior (87.7%) managers. Births or adoptions reported among female members of the Board and clinical and senior managers is low compared to females in the working age population and in the workforce (although age is relevant here, 92% of the Board being concentrated in the 40-59 year old age group).

Workforce information on religion or belief, sexual orientation and disability has been collated and analysed but the high proportion of not declared or ‘undefined’ make it difficult to report meaningfully on this data. The IES has an Equality Objective to improve the quality of equality data within the Trust and will be working toward this in the coming months.

Equality and diversity and due regard training has been delivered by the Integrated Equalities Service to Human Resources, including a section relating to recruitment and selection, which is cascaded down by HR. HR provide specific training around equality and fairness in recruitment and selection. They also support all interviews where a reasonable adjustment or Two Ticks apply.

The organisation has staff networks from some protected groups with whom it engages regularly.

The organisation is about to pilot an inclusion mentoring programme starting from early 2012. This is the third strand of a wider inclusion programme IncLeaD a programme implemented from January 2010. The IncLeaD programme is a whole systems approach to the improvement of leadership developmental pathways for inclusion and diversity. IES will be piloting a leadership development programme for creating leaders of the future, specifically an inclusion mentoring programme tailored to mentees who are covered by all the protected characteristics. The aim is to develop equality competences with the mentors in the programme and mentee-led professional career development for the mentees.

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| **EDS grade:** | **DEVELOPING** |
| **Reasons for rating:** | **Outcome:** The organisation has collected and analysed workforce, recruitment and Staff Survey data for most protected characteristics, though data is not robust on all of these. It has delivered equality and diversity and due regard training on recruitment and selection. Data show that a representative leadership, senior management and workforce have yet to be achieved.<br>**Engagement:** The organisation engages with staff networks representing some protected groups.<br>**Mainstream processes:** Key equality metrics including workforce composition are reported monthly to senior managers and published annually.<br>**Progression plans:** The organisation has plans in place with clear milestones to progress to the next grade ie its mentoring scheme for staff covering the protected groups and the due regard review of the recruitment and selection policy.<br>**Disadvantaged groups:** The staff networks include a carers' group which is a potentially disadvantaged group in the workforce.<br>**The organisation has collected and analysed data for most protected characteristics though still has areas where data quality needs to be improved. Data results show a representative leadership, senior management and workforce are not yet achieved. Plans are in development to progress to the next grade. The organisation is graded as 'developing'.** |

## EDS Outcome 3.2 (EDS Objective 3 – Empowered, engaged and well-supported staff)

## “3.2 Levels of pay and related terms and conditions are fairly determined for all posts, with staff doing equal work and work rated as of equal value being entitled to equal pay”

| **Name:**<br>**Leicestershire Partnership NHS Trust** | **Lead contact:**<br>**Alan Duffell**<br>**Director of Human Resources & Organisational Development** |
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The organisation utilises the NHS Agenda for Change pay structure and terms and conditions of employment for staff. All job roles under Agenda for Change have gone through a process of internal evaluation, including consultation with staff-side organisations, and external benchmarking.
The Trust has recently undergone a merger and senior level restructure which has included a transparent management of change process. This was implemented and included harmonising pay structures between the organisations, staff-side organisations and staff network groups, covering some protected characteristics (ethnicity, disability and LGBT) and also carers (a key disadvantaged group) were involved. An equality analysis of this has been reported for Tier 1 and is in hand for Tier 2, within a mainstreamed process – no fairness issues have been found to date regarding pay.

Information on pay bands is available for most of the protected groups. Senior managers receive monthly reports showing this broken down for some protected characteristics. Although a pay audit has not been undertaken, an analysis of the pay bands has been undertaken. This reflects the distribution in roles reported under 3.1, including that higher percentages of men are found as the band increases and a higher percentage of those in pay bands 8 and above are white British than in the rest of the workforce. This reflects the composition of the workforce and, as reported under 3.1, this was not a priority for the public and has not been adopted as an equality objective. It is planned to bring this to the attention of the incoming Director of OD who may incorporate it into action planning.

The organisation currently has 4 functioning staff network groups, BME, carers, LBGT, disability, with a further work currently underway scoping the need for a inter-faith network group. These provide a route for “soft intelligence” regarding fairness – to date, no issues regarding pay have been raised.

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| The organisation is about to pilot an inclusion mentoring programme starting from early 2012. This is the third strand of a wider inclusion programme Inclead a programme implemented from January 2010. The IncLeaD programme is a whole systems approach to the improvement of leadership developmental pathways for inclusion and diversity. IES will be piloting a leadership development programme for creating leaders of the future, specifically an inclusion mentoring programme tailored to mentees who are covered by all the protected characteristics. The aim is to develop equality competences with the mentors in the programme and mentee-led professional career development for the mentees. | |
| **EDS grade:** | **DEVELOPING** |
| **Reasons for rating:** | **Outcome:** The organisation has collected and analysed pay band data for some protected characteristics, though data is not robust on all protected characteristics and a pay gap audit has not been undertaken. The analysis suggests that pay band distribution is in line with workforce distribution.<br>**Engagement:** The organisation engages with staff networks representing some protected groups. It also has strong engagement with staff-side representatives.<br>**Mainstream processes:** Monthly reports are received by senior managers on the banding profile for some protected characteristic groups.<br>**Progression plans:** The organisation has plans in place with clear milestones to progress to the next grade ie its mentoring scheme for staff covering the protected groups, continuing equality monitoring of the restructuring process.<br>**Disadvantaged groups:** The staff networks include a carers' group which is a potentially disadvantaged group in the workforce. Banding for part time workers is incorporated in the mainstream reports.<br>**The organisation has collected and analysed data for some protected characteristics though there are still has areas where data quality needs to be improved and a formal pay audit has not been undertaken recently. Data show that bandings appear to be in line with the workforce composition and both formal and informal mechanisms have not raised issues regarding pay. Plans are in development to progress to the next grade. The organisation is graded as 'developing'.** |

## EDS Outcome 3.3 (EDS Objective 3 – Empowered, engaged and well-supported staff)

## “Through support, training, personal development and performance appraisal, staff are confident and competent to do their work, so that services are commissioned or provided appropriately”

| **Name:**<br>**Leicestershire Partnership NHS Trust** | **Lead contact:**<br>**Alan Duffell**<br>**Director of Human Resources & Organisational Development** |
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Through one of its key goals, the Trust recognises the importance of supporting the workforce through training, personal development and performance appraisal – partly because it recognises the link to patient care. There are comprehensive policies in place, which have gone through the equality impact assessment process with input from staff-side organisations and staff networks.

The Trust’s staff induction and mandatory training programme, covers health and safety, conflict resolution, confidentiality and record keeping, fire awareness, fraud and equalities training. Monitoring of attendees on training and development sessions is carried out across most protected groups and including attendees work pattern (whether full or part-time). The organisation has a learning academy department which organises and delivers training and development course across the organisation, which include;

- Skills for Life
- Apprenticeships
- Dyslexia support
- Autism support

The Academy also provides development programmes such as the ILM level 2 award in Team Leading whilst the equality function has supported with specific training on, for example, due regard, the Equality Act and Race Equality and Cultural Competence.

In 2010, the Trust conducted an in-house staff survey which was disaggregated and analysed by most protected characteristics (gender, sexual orientation, age, ethnicity, disability and religion or belief). Some of the questions asked in the survey are relevant to this outcome including whether LPT Staff have regular appraisals and personal development plans (PDPs) reviewed on at least an annual basis. Analysis for most of the protected characteristics showed there was no variation in whether staff had been appraised with personal development plans in the last 12 months. There were also no variations in the results to these questions

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| relating to role or job setting within protected groups (although there was between different occupations and between divisions).<br>The Trust is just completing an independent equality training review that directly addresses staff competencies in serving the whole community. Plans are in place to implement the outcome over the next year. | |
| **EDS grade:** | **DEVELOPING** |
| **Reasons for rating:** | **Outcome:** The Trust has disaggregated data that shows its strong emphasis on all staff receiving PDRs is being applied to all staff fairly. Its disaggregated data also indicates that role and job setting is equally evaluated across the different protected groups.<br>**Engagement:** The organisation engages with staff networks representing some protected groups. It also has strong engagement with staff-side representatives on all issues including training and PDRs.<br>**Mainstream processes:** Training and appraisals are requirements for all staff and are monitored within the business units through mainstreamed reports received by senior managers each month.<br>**Progression plans:** The organisation has plans in place with clear milestones to progress to the next grade ie: the implementation of the training plan.<br>**Disadvantaged groups:** The staff networks include a carers' group which is a potentially disadvantaged group in the workforce.<br>**The organisation has evidence that its staff appraisal and support mechanisms lead to equal evaluations of the jobs and roles across the protected groups and these are supported by rigorous and mainstreamed processes. However, providing an explicit link to patient care is, as yet, difficult to evidence in mainstreamed reporting. Plans are in development to progress to the next grade. The organisation is graded as 'developing'.** |

## EDS Outcome 3.4 (EDS Objective 3 – Empowered, engaged and well-supported staff)

## “Staff are free from abuse, harassment, bullying, violence from both patients and their relatives and colleagues, with redress being open to all”

| **Name:**<br>**Leicestershire Partnership NHS Trust** | **Lead contact:**<br>**Alan Duffell**<br>**Director of Human Resources & Organisational Development** |
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The organisation has robust policies to support staff being free from abuse, harassment, bullying and violence. These were reviewed with the staff-side groups, which were also involved in and signed off the EIAs for these policies. These policies outline procedures that aim to prevent and respond to all incidents of bullying and harassment. They are explicit that all protected characteristics are covered and all staff are made aware of them within Induction. They are supported by specific Bullying and Harassment training that can be delivered to specific services or across services and there are plans for more of this training to be made available in the coming year.

The policy encourages staff to report bullying or harassment via team leaders or managers, but has alternative routes if this is not suitable (eg: to more senior managers). Staff are also encouraged to use the Staff Networks to report any concerns about bullying and harassment – and this can be anonymously.

Figures on harassment/bullying cases are reviewed annually as part of the annual equality report broken down by some protected groups. However, the small numbers reported preclude publication or analysis (beyond ‘screening’). Plans are in place to improve the data that supports this work and so extend the reporting to more protected groups.

A 2010 in-house staff survey was disaggregated and analysed by most protected characteristics (gender, sexual orientation, age, ethnicity, disability and religion or belief). Questions asked included a number of questions relevant to this outcome. Analysis of the results by protected characteristics showed that the percentage of staff experiencing physical violence from staff over the last 12 months showed no significant variation among protected groups. Disabled staff reported a higher level of bullying from staff than non-disabled staff and this was reported to the lead for responding to the survey and to the lead for staff safety: the CEO made a series of statements about its unacceptability within the Trust.

When both violence and harassment/bullying or abuse from service users and/or relatives were examined, some Black and minority ethnic groups were more likely to experience these and some groups were less likely to experience them. There as an indication that lesbian, gay, bisexual and other sexual minority staff may experience these more – although the small numbers of staff in these groups made this impossible to evaluate. The biggest variation is between roles and where people work and it is thought that the variation between ethnic groups may depend on these. It is planned to examine the 2011 survey (data not yet received) for support or refutation of this. The Trust implemented an action plan around violence and harassment from patients and relatives and achieved some strong successes.

It is important to note that perceptions of effective action from the employer towards violence and harassment showed no significant variation among protected groups. Analysis of the 2009 and 2010 NHS Staff Opinion Surveys showed that prioritisation in the organisation's action planning had delivered an improvement in the 2010 Survey in relation to the question relating to perceptions of effective action from the employer towards violence and harassment.

The Integrated Equality Service is reviewing some case studies of work delivered elsewhere on bullying and harassment with a view to implementing a programme of work around this including posters, advisors, "business cards", leaflets, champions etc.

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| **EDS grade:** | **DEVELOPING** |
| **Reasons for rating:** | **Outcome:** The Trust can demonstrate, using the best available evidence, that there are no differences across the protected groups in believing the Trust takes effective action or in suffering violence from staff. The variation in instances from patients is believed to depend on role and environment, rather than characteristic, although this will be monitored going forward<br>**Engagement:** The organisation engages with staff side organisations and with its Staff Networks on this<br>**Mainstream processes:** The action plans regarding this were within mainstream processes and committees<br>**Progression plans:** There are clear progression plans in terms of greater understanding, training and a campaign response<br>**Disadvantaged groups:** Key disadvantaged groups are taken in account in the above processes |

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| | **The organisation demonstrates that its policies and processes are trusted across the protected groups. It can show some successes and, with its future plans, has in place the foundations for an 'achieving' grade.** |

## Outcome 3.5 (EDS Objective 3 – Empowered, engaged and well-supported staff)

## “Flexible working options are made available to all staff consistent with the needs of patients, and the way people lead their lives”

| **Name:**<br>**Leicestershire Partnership NHS Trust** | **Lead contact:**<br>**Alan Duffell**<br>**Director of Human Resources & Organisational Development** |
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The Trust has a firm commitment to flexible working options which is supported by comprehensive policies which offer multiple flexible working options including, part-time and term-time working, short term reduction in hours, annualised hours, self-rostering, working from home, job sharing and flexible retirements and special leave entitlements.  This policy has recently been highlighted for many staff who are involved in relocation.

The flexible working policy was developed with input from staff-side organisations, who were also involved in the Equality Impact Assessment process before approval and implementation.

The organisation has a robust appeals process linked with any request for flexible working, with strict timelines for responses to any issues raised with flexible working decisions. This process also includes links with staff-side representatives, in order to facilitate understanding and a mutually agreeable solution without the need to resort to formal grievance procedures.

The 2010 Staff Survey has been disaggregated across most protected characteristics.  The question relevant to this outcome was that asked about whether staff were using flexible working options.  No differences were found except that Asian or Asian British were most likely to be using flexible working options, white British people were in the middle and Other ethnic groups least likely.  Again however it should be noted that there are also significant variations in relation to role and work setting.  Those with no patient contact (91%) are most likely to use flexible working options while those with patient contact are least likely (65%).  Those working in the corporate setting are most likely to use these options (95% - compared to 65-66% for inpatient, community and other settings).  Again, it is planned to support or refute the belief that the variation in the ethnic groups was due to the variation in role and setting.

| **EDS grade:** | **ACHIEVING** |
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| **Reasons for rating:** | **Outcome:** The Trust has a robust policy and procedure embedded into the organisation's culture on providing and supporting flexible working arrangements.<br>**Engagement:** Staff-side organisations were involved in the development and Equality Impact Assessment processes for this policy before approval and implementation.<br>**Mainstream processes:** All managers and staff are made aware of the flexible working options during induction and there is an appeals process clearly set out, leading to mainstream grievance procedures if required.<br>**Progression plans:** There are plans to review and update the current flexible working policies and to analyse the next survey when released<br>**Disadvantaged groups:** The staff networks involved in consultations included the carers' group, a key potentially disadvantaged group in the workforce.<br>**Flexible working options are seen as an important aspect of the organisation's work in supporting its staff in maintaining an effective work-life balance. The EDS outcome is met as flexible working is made available to all staff, with engagement and mainstream processes being firmly in place to achieve this outcome. Evidence from the Staff Survey has been disaggregated to examine potential variations among most protected characteristics. The organisation should be graded as achieving.** |

## EDS Outcome 3.6 (EDS Objective 3 –Empowered, engaged and well-supported staff)

## “The workforce is supported to remain healthy, with a focus on addressing major health and lifestyle issues that affect individual staff and the wider population”

| **Name:**<br>**Leicestershire Partnership NHS Trust** | **Lead contact:**<br>**Alan Duffell**<br>**Director of Human Resources & Organisational Development**<br>**Kathryn Burt**<br>**Head of Human Resources** |
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A key goal for Leicestershire Partnership is to develop staff to be the best they can be through development and support to achieve their full potential. The Trust has set up a Healthy Organisation Group (HOG) which will be using both strategic influence and leadership mechanisms to instigate a range of developments and initiatives designed to support and improve workforce health and well-being. The Group has two key aims:

- Improving the health and well-being of people working at Leicestershire Partnership
- Ensuring that the way we work is consistent with Trust values and that we create an environment where all people working for the Trust have opportunities to contribute to improving our services for the future.

The group will also integrate initiatives so that there is a programme of sustainable actions. It reports to the Workforce and OD Committee of the Board.

The Healthy Organisation Group works closely with staff-side organisations (and includes Staff Side representatives) and staff networks, taking their views and input into consideration in its actions and on-going work plan to support the workforce.

The development of the Live Well, Work Well website pages is one such example, with regular updates on the activities of the healthy organisation group.

These pages contain information on events and health initiatives, including information on the recent seasonal flu vaccination programme for staff.

There are regular Live Well Work Well updates in Trust newsletters, a recent staff event where people were invited to take up the offer of a health assessment where height, weight, BMI and blood pressure is recorded and lifestyle advice available.

From a recent staff survey the healthy organisation group has highlighted a number of areas where action plans will be focussing;

- Dignity at work

<table>
<tr><td colspan="2">• Health and well-being<br>• Work pressure<br>The Live Well Work Well group are currently running their own staff survey to help them ascertain what health help/advice staff would like to see available.<br><br>The analysis of the Staff Survey in 2010 by protected groups showed no variations for “feeling pressure to comet o work when feeling unwell” or “Impact on Health and Wellbeing” except to disabled staff. This was reported into the mainstream response to the survey and informed the development of HOG.</td></tr>
<tr><td><b>EDS grade:</b></td><td><b>DEVELOPING</b></td></tr>
<tr><td><b>Reasons for rating:</b></td><td><b>Outcome:</b> The Trust's main goal for this outcome has taken shape in the Healthy Organisation Group and the subsequent work that is following through Live Well, Work Well.<br><br><b>Engagement:</b> The healthy organisation group engages closely with the staff-side groups on their activities<br><br><b>Mainstream processes:</b> The healthy organisation group has developed mainstream reporting processes<br><br><b>Progression plans:</b> A work-plan for the Health Organisation Group is in place.<br><br><b>Disadvantaged groups:</b> The staff networks include a carers’ group which is a potentially disadvantaged group in the workforce.<br><br><b>The Trust can demonstrate that it is supporting its workforce to remain healthy, with plans in place to advance these initiatives to support the workforce. Engagement with staff-side and staff networks is good which enables the Trust to have a more accurate understanding of the health and well-being needs of the workforce. The organisation can be graded as 'developing'</b></td></tr>
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## EDS Outcome 4.1 (EDS Objective 4 – Inclusive leadership at all levels)

## “Boards and senior leaders conduct and plan their business so that equality is advanced, and good relations fostered, within their organisations”

| **Name:**<br>**Leicestershire Partnership NHS Trust** | **Lead contact:**<br>**David Chiddick (Board)**<br>**John Short (Senior Leaders)** |
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Until November 2011, The Trust had a Community, Rights and Inclusion Committee (CRIC) chaired by Professor Lord Patel of Bradford OBE.  It was a time-limited committee with the purpose of providing regular assurance to the Trust Board that the Trust is achieving its strategic objectives and fulfilling its statutory duties in respect of communities, rights and inclusion.

The CRIC work plan included:

- To increase service user involvement in Trust decision making
- Ensuring equality and human rights objectives are embedded across the organisation
- Increase engagement with ‘hard to reach’ or seldom heard communities
- Membership and representation

In this time of raising the profile of inclusion within the Trust, Professor Anthony Sheehan (the Chief Executive) was visible in his backing of the establishment of CRIC and a highly visible leader around inclusion. With CRIC now being embedded and mainstreamed across the governance structure of the Trust, the current Chief Executive, John Short, has shown continued support for inclusion work to go forward, including his recent attendance at the EDS Launch day, supporting improvements for performance data to more accurately capture information relating to protected characteristics and having regular updates with the Integrated Equalities Service (IES) Lead,
Key actions and discussions at recent Trust Board meetings included:

- Patient Voice - People who use our services – hearing their voice and improving their experiences (standing item) (Patient Voice)
- Learning Disability: Voice and Experiences
- Partnership working

- Patient survey

The Patient Voice sessions take place every month and are direct feedback to Board from patients and carers.  These have, to date, been selected to allow varied voices to be heard, for example, a gay male couple’s experience of health visiting as they became parents and a Black and minority ethnic couple talking about services and care pathways for their disabled child.  It is planned that this inclusiveness of the Patient Voice will be continued and made more formal, with support from the Integrated Equality Service.  Every Board member (both executives and non-executives) is also expected to do one Patient Experience visit per month to a service in order to hear patient and carers’ voices directly at the site of care.

The Board attended a development session on the Equality Act and the Equality Delivery System and is aware of its responsibilities for due regard.  As Board members are Chairs of the committees of the Board, this learning is being embedded within the governance structure of all activity.

The Trust Board have recently reactivated the Foundation Trust (FT) application which had previously been put on hold so that the merger of community, mental health and learning disability services could take place earlier in 2011. The organisation’s timetable for FT authorisation outlines the organisation to gain FT status within a year. The continuation of the FT application is another public commitment demonstrating the organisation's focus on valuing the diversity of the community it serves and advancing equality.  In particular, the Trust participated in the Communities of Interest pilot for its membership.
Equality is not seen as a separate issue by the Board and has therefore been built into all of its policies and procedures so that a culture of advancing equality and fostering good relations in all its actions is embedded.

The Trust led the IncLeaD (inclusive leadership) for the National Leadership Council which included a series of Board development sessions and series of master classes to support emerging leaders in becoming inclusive leaders.  As part of IncLeaD, It is about to undertake a mentoring for inclusion scheme, which will aim to increase knowledge for both mentors and mentees around inclusion.

The BME, LGBT, Carers and Disability staff networks have formal and informal feedback mechanisms in their Terms of Reference and in SLA s for organisations that facilitate these groups.  The aims are to supply the organisation with information it needs to learn from and to rapidly address any issues.  Items of concerned are raised in 1-1 meetings between the officer running the groups and a Tier 1 manager – for example concerns about the relocation was raised by staff networks and this was followed up by the Lead for the Integrated Equality Service and a Board Member with outcomes fed back to the groups.  These form part of a suite of staff engagement that informs the Workforce and Organisational Development Committee of the Board.

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| The organisation’s Workforce and Organisational Development Committee, chaired by a Non-Executive Director, has recently been created and its agenda will include a Equality and Diversity standing item for each monthly meeting. | |
| **EDS grade:** | **ACHIEVING** |
| **Reasons for rating:** | **Outcome:** The Board and senior leaders conduct and plan their business so that equality is advanced, good relations fostered, within the organisation and beyond<br>**Engagement:** The Board demonstrate the importance of engaging with patients and communities through various ways, including patient surveys and patient voice.<br>**Data and evidence:** Best available evidence covering most protected characteristics informs decision-making and service reviews.<br>**Mainstream processes:** The organisation has processes in place, covering most protected characteristics, to ensure that the Board and senior leaders conduct and plan their business to advance equality and foster good relations within the organisation.<br>**The organisation is able to demonstrate that it has data, engagement and mainstreaming processes in place that cover most protected groups and, in doing so, meet this EDS outcome. The organisation should be graded as ‘achieving’.** |

## EDS Outcome 4.2 (EDS Objective 4 – Inclusive leadership at all levels)

## “Middle managers and other line managers work in culturally competent ways to create a work environment free from discrimination; and support and motivate their staff to do the same

| **Name:**<br>**Leicestershire Partnership NHS Trust** | **Lead contact:**<br>**Alan Duffell**<br>**Director of Human Resources & Organisational Development** |
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Leicestershire Partnership recognises the benefits of a good working environment and one of its key goals aims is to develop a workforce rich in talent, diversity, skill and experience and to empower leaders at all levels to develop and deliver high quality services. As part of the on-going work to achieve this, the organisation’s Academy provides a number of development sessions available to all managers which includes;

- Management Behaviour Training – focusing on the management behaviours which will promote good working practices and motivate staff.
- ILM Level 2 in Team Leading – which devotes a module to diversity in the workplace and covers identifying negative behaviours, valuing diversity and motivating others to follow example
- Leadership for Change – specifically aimed at staff who lead and manage the front-line delivery of services and is designed to enable front-line leaders and managers to develop teams, team working and enable the integration of services.

Race Equality and Cultural Competency (RECC) training has also been provided specifically to clinicians. This course is now being developed for use across staff groups in the Trust. Mandatory training for managers includes equality and diversity training. Staff attendance at all training sessions is collected for most protected groups and individual working pattern (whether full or part-time).

The Trust’s Academy is currently undertaking a Due Regard (equality analysis) review of its functions particularly facilities, systems and processes, communications, delivery form and content, evaluation processes and data in order to maintain its effectiveness in providing relevant development opportunities for all staff and users of Academy services. Training on the Equality Act and on undertaking due regard to equalities in all processes is offered each month and both attendance and feedback, to date, has been good. A training needs analysis regarding equality and diversity is just about to complete, with a planned rollout in 2012. It is planned that part of this rollout will include “The Essentials of Equality and Human Rights for Managers” aimed at senior and middle managers to support their work.

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| Previously the staff survey results from 2010, analysed on the basis of most protected groups, were used as the basis for work against bullying and harassment, including statements by the CEO. There were clear messages for managers about the environment being free from such actions.<br>There are formal and informal feedback mechanisms in place for staff-side organisations and staff networks to input into the organisation, where appropriate information is supplied so the organisation can learn from and address any issues quickly. | |
| **EDS grade:** | **DEVELOPING** |
| **Reasons for rating:** | **Outcome:** The organisation demonstrates that it is supporting managers to work in culturally competent ways through the provision of training and development.<br>**Engagement:** The organisation has strong links with staff-side organisations and staff network groups to enable two-way discussions that will benefit the organisation and staff<br>**Mainstream processes:** The organisation has mainstreamed manager development opportunities to ensure they are available to all managers across the Trust.<br>**Progression Plans:** The Trust's Academy is currently undertaking a due regard review to ensure the training and development opportunities it offers are scrutinised, challenged and improved for the future. In addition, a specific E&D training programme will be launched in 2012.<br>**Disadvantaged groups:** Key disadvantaged groups are taken into consideration in the delivery of the development sessions and feedback from staff networks is welcomed, with one network group focused on carers, which could be seen as a disadvantaged group among staff.<br>**The EDS outcome is demonstrated for most protected groups. The Trust delivers, through mainstream mechanisms at its Academy, appropriate development opportunities to managers to enable them to promote a good working environment, free from discrimination and to motivate staff to value diversity. Future work developing the Academy's agenda through the due regard review will only improve what the organisation can offer. For these reasons, the organisation is graded as 'developing'.** |

## EDS Outcome 4.3 (EDS Objective 4 – Inclusive leadership at all levels)

## “The organisation uses the NHS Competency Framework for Equality and Diversity Leadership to recruit, develop and support strategic leaders to advance equality outcomes”

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| **Name:**<br>**Leicestershire Partnership NHS Trust** | **Lead contact:**<br>**Jackie Ardley**<br>**Director of Quality and Innovation**<br>**(Christina Marriott**<br>**Lead; Integrated Equality Service)** |

As part of its service level agreement the Integrated Equality Service (IES) will identify and support equality leaders and champions across the local health economy including working with the regional and national EDS teams to ensure the roll out of the NHS Competency Framework for Equality and Diversity Leadership in Leicester, Leicestershire & Rutland (LLR). The NHS Competency Framework for Equality and Diversity Leadership is being incorporated into the job description of the IES lead.
The IES lead has delivered an Equality and Diversity leadership development session to Trust Board.
Delivery of the IncLeaD (Leadership Inclusion and Development Programme) in 2011 across LLR brought together senior staff from across Leicestershire Partnership to highlight and understand the leadership challenges of the future and how competent equalities work can be supportive.
Associated initiatives, including mentoring are currently being developed by the IES to further support the organisations in supporting strategic leaders in advancing equality outcomes.
Future work to implement this framework further is to be scoped and developed now that the organisation’s merger and senior restructure is complete.

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| **EDS grade:** | **DEVELOPING** |

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| **Reasons for rating:** | **As part of the service level agreement, the IES has plans to support equality leaders and champions within LLR**<br>**Work has already been done on leadership development and plans are in place in other areas e.g. mentoring.**<br>**The organisation has incorporated the Competency Framework into the leadership of the IES and through service level agreement the IES will continue to address potential gaps in the equality and diversity leadership competency.**<br>**All management and leadership posts will be reviewed to ensure competency.**<br>**For these reasons the organisation should be graded as ‘developing’.** |