Leicestershire Partnership NHS Trust

NHS Equality Delivery System

Name of Organisation	Leicestershire Partnership NHS Trust (LPT)
Organisation Board Sponsor/Lead	Sarah Willis, Director of People
Name of Integrated Care System	Leicester, Leicestershire and Rutland (LLR)
EDS Lead	Haseeb Ahmad, Head of Equality, Diversity and Inclusion
EDS Cycle	2023/24
Dates of Stakeholder Engagement & Grading Workshops	**Domain 1**: 15 November - VW Services **Domain 1**: 16 November 2023 - TB Services **Domain 1**: 23 January 2024 - Maternity (Diabetes) Services **Domain 2**: 2 November 2023 - LPT **Domain 3**: 2 November 2023 - LPT
Date Ratified	…… 2024
Month and Year Published	June 2024

1. Overview

1.1 This report summarises Leicestershire Partnership NHS Trust (LPT)'s evidence, grading results and improvement actions on the three domains of the Equality Delivery System for the 2023/24 cycle.

2 NHS Equality Delivery System (EDS)

2.1 The EDS is an evidence-based equality performance improvement framework, with the latest iteration, EDS 2022, comprising 11 outcomes across 3 domains:

Domains	Outcomes
1. Commissioned or provided services	**1a**: Patients (service users) have required levels of access to the service **1b**: Individual patients (service user's) health needs are met **1c**: When patients (service users) use the service, they are free from harm **1d**: Patients (service users) report positive experiences of the service
2. Workforce health and wellbeing	**2a**: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions (response to Covid-19) **2b**: When at work, staff are free from abuse, harassment, bullying and physical violence from any source **2c**: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source (response to Covid-19) **2d**: Staff recommend the organisation as a place to work and receive treatment
3. Inclusive leadership	**3a**: Board members, system leaders (Band 9 & VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities **3b**: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed **3c**: Board members, system and senior leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients (response to Covid-19)

2.2 Further information about the EDS is accessible via **here**. The EDS Technical Guidance is accessible **here** and information on the scoring/rating criteria is accessible via **here**.

3 **Domain 1**

3.1 The focus of Domain 1 is patients as well as other people who access procured services. Domain 1 has four Outcomes and its scoring criteria and examples of the evidence that each of the Outcomes asks for is set out on in the EDS Technical Guidance.

3.2 In line with the EDS Technical Guidance, Domain 1 was applied to three clinical services at the LLR system level while Domains 2 and 3 were implemented at local organisational level in LPT.

3.2.1 Virtual Ward Services' Domain 1 Rating is 'Developing/Achieving' with a Domain 1 Score of 1.5. This borderline domain rating/score emanates from the fact that the number of stakeholders who scored/rated the evidence '1 - Developing' and '2 - Achieving' respectively are equally split. Of the stakeholders, including colleagues, who attended VW Services' grading workshop, 21 participated in grading the evidence, with 21 scoring/rating '1 - Developing' and 21 also scoring/rating '2 - Achieving'. A breakdown of the scores/ratings for the four Domain 1 Outcomes (1a-1d) is set out in Appendix 1.

3.2.2 Tuberculosis Services' Domain 1 Rating is 'Achieving', with a Domain 1 Score of 2. Of the stakeholders, including colleagues, who attended TB Services' grading workshop, 10 participated in grading the evidence. A breakdown of the scores/ratings for the four Domain 1 Outcomes (1a-1d) is set out in Appendix 2.

3.2.3 Maternity (Diabetes) Services' Domain 1 Rating is 'Developing', with a Domain 1 Score of 1. Of the stakeholders, including colleagues, who attended the Maternity (Diabetes) Services' grading workshop, 4 participated in grading the evidence presented. A breakdown of the scores/ratings for the four Domain 1 Outcomes (1a-1d) is set out in Appendix 3.

4 **Domain 2**

3.1 Domain 2 is implemented at local organisational level, with focus on staff's health and wellbeing. LPT's Domain 2 Rating is 'Achieving', with a Domain 2 score of 2. Of the colleagues who attended the joint grading workshop for Domains 2 and 3, 28 participated in grading the evidence presented on Domain 2. A breakdown of the scores/ratings for the four Domain 2 Outcomes (2a-2d) is set out in Appendix 4.

5 **Domain 3**

3.1 Domain 3 is also implemented at local organisational level, with leadership as its focus. LPT's Domain 3 Rating is 'Achieving', with a Domain 3 score of 2. Of the colleagues who attended the joint grading workshop for Domains 2 and 3, 19 participated in grading the evidence presented on Domain 3. A breakdown of the scores/ratings for the three Domain 3 Outcomes (3a-3c) is set out in Appendix 5.

6 **LPT's Overall EDS Organisational Rating**

6.1 LPT's Overall EDS Organisational Rating is '**Achieving**, with a Score of 2. This was determined by adding together the scores for the three Domains' 11 Outcomes, in line with the EDS Technical Guidance.

Appendix 1

Domain 1: Commissioned or Provided Services

Virtual Ward (WW) Services

VW Services is first of the three services within the LLR system that Domain 1 was applied to during the 2023/24 EDS cycle.

VW Services are jointly provided by both UHL and LPT, with the Frailty VW initially in partnership with Leicester City Adult Social Care (ASC) and a planned collaborative rollout with Leicestershire and Rutland Adult Social Care. VW Services commenced in December 2020 as part of the Covid-19 pandemic response when NHS England (NHSE) mandated that a VW is set up for Covid patients.

The Covid VW's success across LLR culminated in the mobilisation of a COPD VW in November 2021 before NHSE launched a VW Development Programme in 2022 and requested a funding plan for 40-50 VW beds per 100,000 people in the population, equivalent to 440-550 beds in LLR with a population of 1.1 million.

In July 2022, LLR embarked on a NHSE-approved mobilisation programme for 10 additional VWs for 40-50 beds per 100,000 of population to be rolled out by December 2023, coupled with LLR VW Development Programme's aim for 276 VW beds by 31 March 2024 totalling 12 VWs across different clinical pathways:

Nos.	Virtual Ward	Provider
1.	Ambulatory Jaundice	UHL
2.	Asthma	UHL
3.	Atrial Fibrillation	UHL
4.	Community	LPT
5.	Community Acquired Pneumonia	UHL
6.	Covid and Chronic Obstructive Pulmonary Disease (COPD)	UHL / LPT
7.	Diabetes	UHL
8.	Elective Colorectal Resection	UHL
9.	Frailty	UHL/LPT/ ASC
10.	Haematology	UHL
11.	Heart Failure	UHL / LPT
12.	Paediatrics (planned start for early 2024)	UHL

Virtual Ward (VW) Services' Evidence on Domain 1

Domain 1 Outcomes	Evidence	
1a: Patients (service users) have required levels of access to the service	**VW Services' Evidence against Outcome 1a is summarised below:**	
	• No cohort of patients is excluded automatically from admission to a VW and all are assessed for eligibility on their own individual circumstances. • Clinical teams will work with patients to address needs to allow access to as many people as possible. However, it is also patient choice to go on a VW. • All VWs are asked to complete an Equality Impact Assessment which needs to be signed off by the VW Clinical Reference Group before opening a VW. • Question sets are currently only in the English language but a new provider is willing to work with VW services on LLR's top 4 languages apart from English. • Patients without internet connection at home or smart phone may use a wifi-enabled device on the VW pathway. • Digital platforms are designed to be very user-friendly allowing those who are not proficient in modern technologies to be cared for on a VW pathway. • Observation monitoring equipment readings are bluetoothed into the digital platform to minimise user error. • All instructions and question sets are developed to suit a reading age of 9 and above. • Text on the digital platform can be changed to suit the patient visual requirements.	• Patients, carers/families are trained in the use of the equipment and device. They can also contact the VW team if they are having any problems when they get home. • Instruction videos on how to use the platform are available to patients. • A telephone helpline is available to patients with any technological issues. • Talkback is a screen reader software to support patients with visual impairment and will read out instructions or questions, for example, "please now take your blood pressure". • Voice Access: This is a voice control function to allow the patient to open apps, input data where needed and control certain elements of the devices through speech. • Google Assistant: Allows patients to call a helpline or clinical service through speech alone. This feature can also perform tasks such as read out the weather, read out push notifications, text messages, and open the patient app. • A translation service that offers over 150 different language options to enable clinical conversations. • Digital platform suppliers looking to develop question sets in top 4 LLR languages. • Electronic Prescribing Service is being developed for all VWs, this will save the patient having to come to the hospital to collect medications and allows them to pick up from their nominated local pharmacy.

Domain 1 Outcomes	Evidence

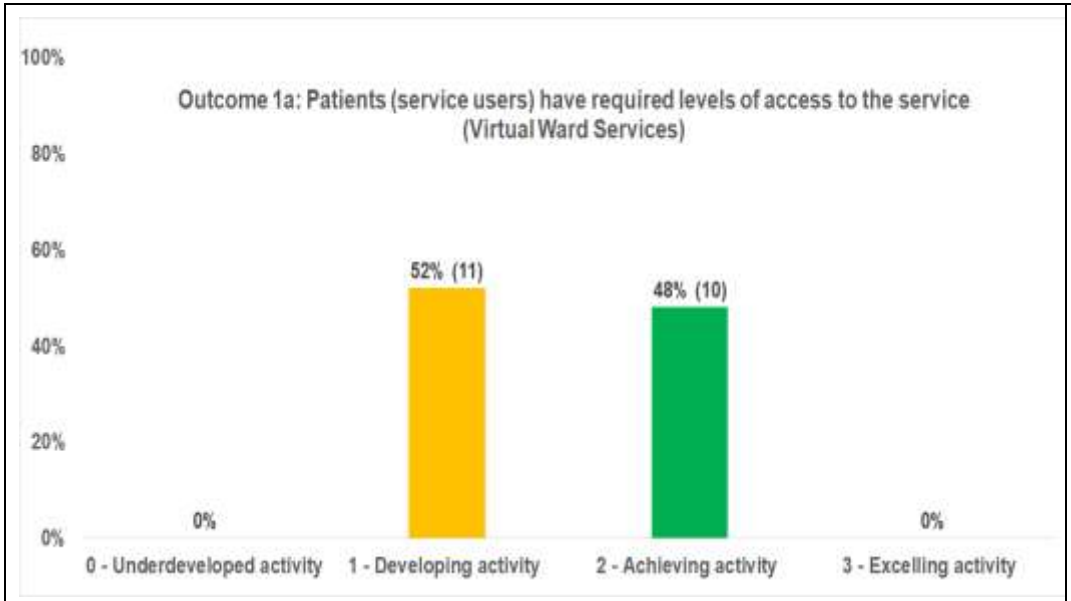
1b: Individual patients (service users) health needs are met	**VW Services' evidence against Outcome 1b is summarised below:**
	• Health questions and observation frequency tailored to patient need.
	• Health questions and observations RAG rated and ability to tailor parameters.
	• Daily MDT meetings to determine patient care and treatment needed each day by clinical team
	• Patients can have messages, video conference and telephone calls and face to face visits determined by clinical need and patient ability.
	• Patients informed of escalation routes if condition deteriorates in and out of service hours.
	• Digital platform question sets also have built in escalation messages.
	• Each VW service produces a Standard Operating Procedure. Elements relating to patients' health needs being met are:
	  • Service Description
	  • Scope of service
	  • Red Flag symptoms
	  • Clinician responsibilities
	  • Patient management and monitoring including alerts.
	  • Actions for non-concordance
	  • Out of hours process
	  • Weekend working arrangements
	  • Escalation and safety netting plan

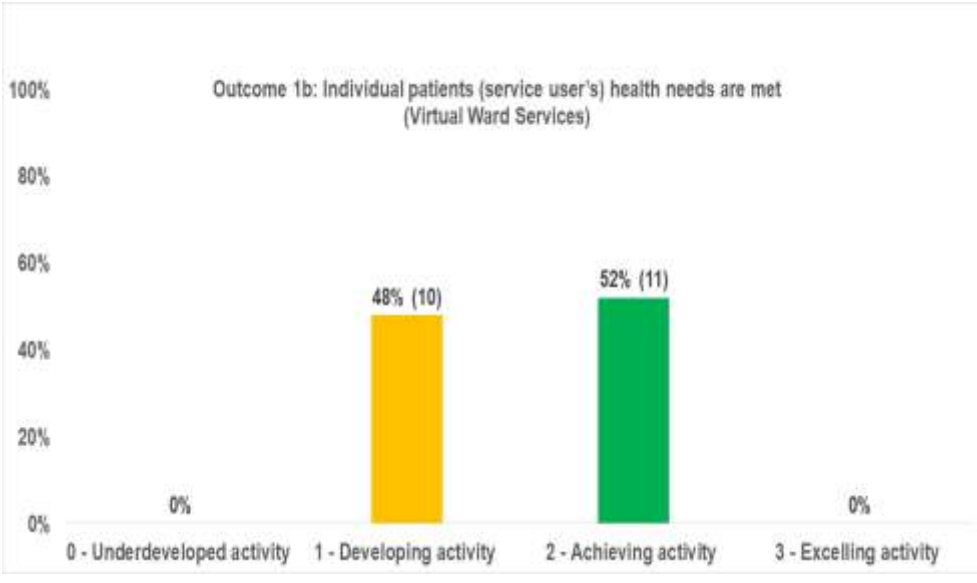
1c: When patients (service users) use the service, they are free from harm	**VW Services' evidence against Outcome 1c is summarised below:** • The LLR Virtual Ward Programme implemented a governance structure in June 2022 to ensure robust process were put into place to ensure clinical safety and financial accountability. • The Virtual Ward Clinical Reference Group (CRG) is made up of clinical professionals from stakeholder organisations. Their remit is to ensure robust clinical governance is in place for the VW Programme. • Clinical teams were asked to complete a Standard Operational Procedure (SOP), this must be signed off by the VW CRG before the VW opens. Any changes in the pathway must be reflected in the SOP and be re-signed off by VW CRG • Provider patient safety governance incidents and escalation routes applies using existing clinical governance framework and in development of the patient safety report for CRG as dealt with on ad hoc basis at the moment. • Digital platform question sets have escalation messages pop up informing the patient who they need to contact if any question or observation reading highlights outside of set safety parameters. • We are currently developing monitoring on patient readmissions to compare with UHL specialty readmissions. A reduction in readmissions reflects positively on patient outcomes. • VWs are currently set up on standard templates to record those metrics critical for overall reporting and in line with NHSE draft minimum data set. The LLR VW Programme aims to optimise all S1 templates for VWs according to clinical need to further capture patient outcome metrics.

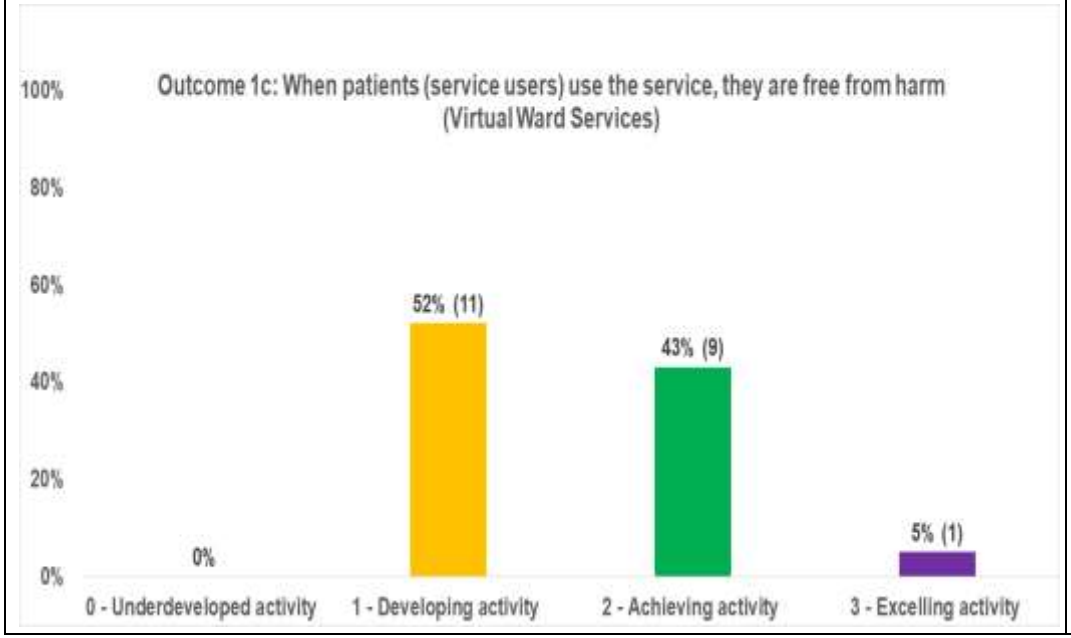
Domain 1 Outcomes	Evidence
1d: Patients (service users) report positive experiences of the service	**VW Services' evidence against Outcome 1d is summarised below:** • LLR VW programme collect patient feedback via a questionnaire on the digital platforms, Clinitouch, Dignio and Doccla. Virtual ward clinical teams felt they would like additional ways of getting patient feedback as the response rate is low. LLR have further developed the patient feedback questionnaire to be filled in via a hyperlink or QR code to access the questions and have a hard copy available to enable teams to go through the questionnaire with the patient face to face if needed. The variety of questionnaire formats has been developed to allow the best method for individual patient to feedback to the clinical teams. • Patient feedback is reported monthly, and we also monitor the number of responses per VW. • At each monthly Virtual Ward Development Group, a video of a patient describing their virtual ward experience is shown to the membership. • The VW CRG had a patient representative on the group for the first year, the patient then decided she would be better placed attending the Virtual Ward Development Group and now is in regular attendance at the monthly meetings. • AF (Atrial Fibrillation) VW held a patient engagement event in the summer of 2023 for patients who had been on the virtual ward and their carer's. The event was aimed at identifying areas the VW could improve.

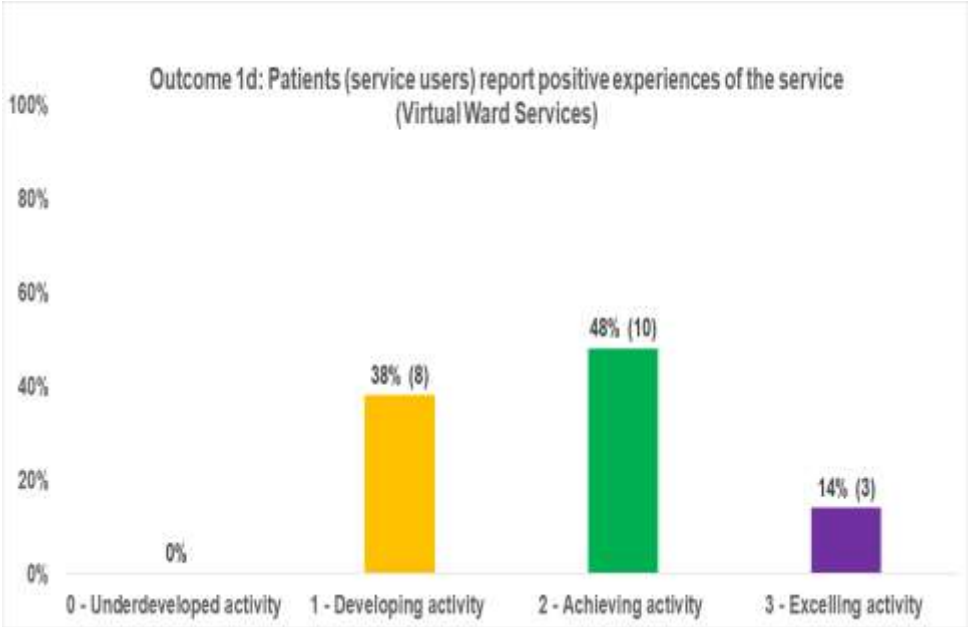
Improvement Actions - VW Services	When	Lead	Status
• The VW Programme is still in the early stages of development and is continually assessing areas for improvement in ensuring equality of access to as many of the LLR population as possible. • A procurement for a digital platform to meet LLRs needs will take place in the next couple of years, allowing us to choose the best solution for our population. • An Improvement Action Plan is to be developed taking on board the stakeholders' feedback. • There is a commitment to consider the stakeholders' rating, scores & feedback; deliver on improvement actions and embed these into the service's business plan to ensure progress is tracked year-on-year & regularly reported on via governance routes.	tbc	tbc	tbc

VW Services' Scores/Ratings against Domain 1 Outcomes' Criteria









VW Services' Domain 1 Overall Rating	Developing/Achieving

Appendix 2

Domain 1: Commissioned or Provided Services

Tuberculosis) (TB) Services

TB Services is third of the three services within the LLR system that Domain 1 was applied to during the 2023/24 EDS cycle.

The Specialist TB Nursing Service operates across LLR provides care to the population of the City and County and is responsible for:

- The investigation of suspected but unconfirmed TB.
- The clinical nursing management of all TB cases (active and latent) & for contact tracing and contact screening across LLR.
- All patients with TB who are transferred in from other areas; including patients diagnosed and commenced on treatment abroad or within other UK healthcare trusts outside Leicester.
- Referring clients and contacts to other areas for follow up and investigation.
- Delivery of the Selective Neonatal BCG Programme & Child New Entrant Screening.
- Assessment, processing and triage of all Rapid Referrals.
- Reducing hospital admissions and taking care of patients in the community by performing blood tests and taking sputum samples at home; acting as a first point of contact if problems occur with treatment
- Continually monitoring and reporting TB Notifications in order to detect potential incidents or outbreaks.
- Services are provided from dedicated TB clinics with nurse-led follow-up clinics and outreach services in patient's homes and other community settings.

Tuberculosis (TB) Services' Evidence on Domain 1

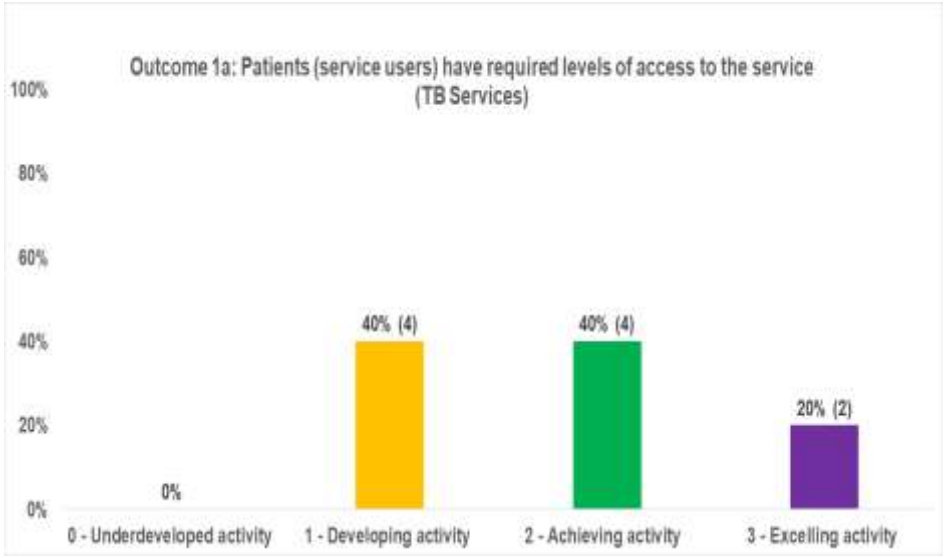
Domain 1 Outcomes	Evidence
1a: Patients (service users) have required levels of access to the service	**TB Services' Evidence against Outcome 1a is summarised below:** • Only 4 out of 233 people (1.7%) offered face to face appointments did not attend any appointments • Of 154 with language information, 37 (24.0%) used English as a first language • Of 157 people in whom interpreter requirement was documented, 63 (40.1%) had an interpreter • Rapid Access Service • Individual Case Management

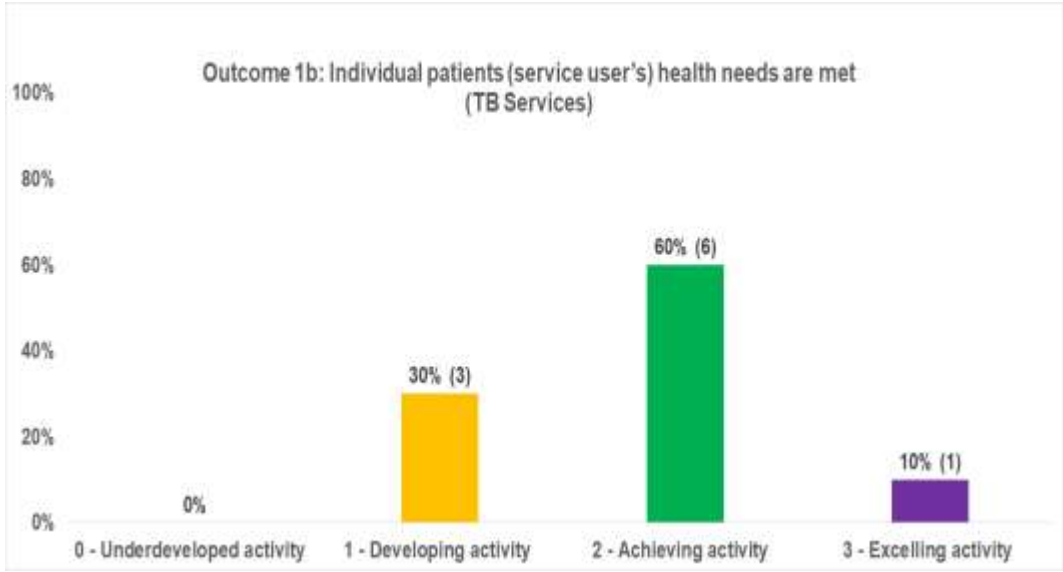
1b: Individual patients (service users) health needs are met	**TB Services' evidence against Outcome 1b is summarised below:**
	• Treatment Completion Rates
	• Enhanced Case Management
	• Nursing Standards Audit
	• Enhanced Case Management (ECM)
	  • ECM is provided for all cases to reduce the risk of disengagement with services.
	  • ECM is used for all cases and Standard Case Management follows the routine minimum level of intervention throughout treatment https://www.rcn.org.uk/-/media/Royal-College-Of-Nursing/Documents/Publications/2023/May/010-230.pdf
	• Nursing Standards Audit
	  • All patients to have an allocated named case manager (Specialist TB Nurse)
	  • All patients to be contacted by their case manager within 2 working days from receipt of the referral or discharge from hospital
	  • All patients to receive a home visit for full nursing assessment within 5 working days from receipt of the referral or discharge from hospital
	  • All treatment outcomes to be recorded locally for all cases
	  • Treatment completion
	  • LLR Standards are more specific and more sensitive than the national care standards to reflect our population

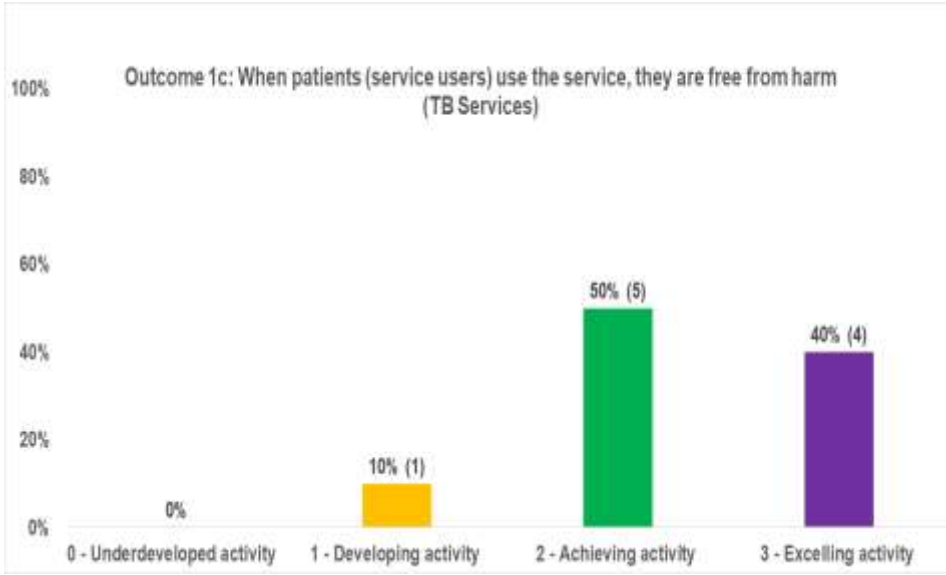
Domain 1 Outcomes	Evidence
1c: When patients (service users) use the service, they are free from harm	**TB Services' evidence against Outcome 1c is summarised below:** • Governance Framework • TB Action Plan for England (2021- 2026) UKHSA and NHSE • Tackling TB in Underserved Populations (UKHSA 2019) • A Case Management Tool for TB Prevention, Care and Control in the UK- RCN 2023 • The British Thoracic Society MDR-TB Clinical Advice Service • East Midlands Regional Network and East Midlands Regional Nurses Forum • UHL Tuberculosis Policy- Supported by LLR TB Network to align with NICE (NG33) • Monthly Cohort Review Meeting (UKHSA led) • LLR TB Network • LLR MDRTB Forum (monthly) - Case Study • Safe Discharge Planning - Case Study • Cultural and Religious Considerations • Mental Wellbeing • Existing Co- morbidities/ Conditions and Medication or substance misuse • Treatment Monitoring/ Adherence

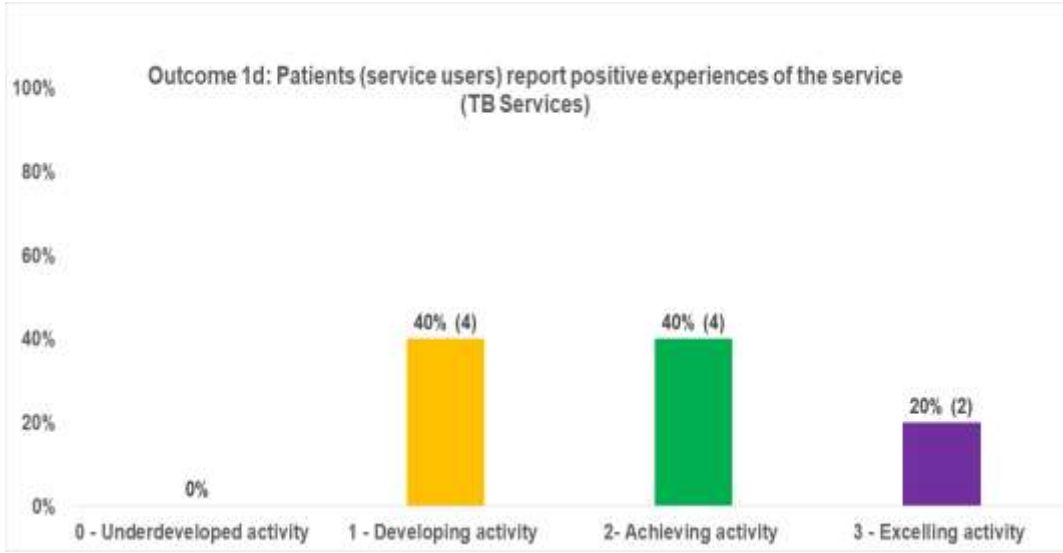
1d: Patients (service users) report positive experiences of the service	**TB Services' evidence against Outcome 1d is summarised below:**
	• Perceived Barriers
	• Trust Data Collection is not service specific
	• We have positive anecdotal feedback- not formally documented
	• End of Treatment Conversation
	• Patient Experience Events (Pre and Post Pandemic)
	• **Patient Experience Feedback Event - Sept 2022**
	  • The Premise of Patient Experience Events and Summary
	  • Planning
	  • What We Talked About
	  • Recurrent Themes
	  • Reporting and Moving Forward

TB Services' Scores/Ratings against Domain 1 Outcomes' Criteria









TB Services' Domain 1 Overall Rating	Achieving

Improvement Action Plan for Domain 1 - Tuberculosis Services

Improvement Actions	Outcomes	Action	When	Lead	Status
	1a	• tbc	tbc	tbc	tbc
		• tbc	tbc	tbc	tbc
		• tbc	tbc	tbc	tbc
		• tbc	tbc	tbc	tbc
	1b	• tbc	tbc	tbc	tbc
		• tbc	tbc	Tbc	tbc
	1c	• tbc	tbc	tbc	tbc
		• tbc	tbc	tbc	tbc
		• tbc	tbc	tbc	tbc
	1d	• tbc	tbc	tbc	tbc
		• tbc	tbc	tbc	tbc
		• tbc	tbc	tbc	tbc

Appendix 3

Domain 1: Commissioned or Provided Services

Maternity (Diabetes) Services

Maternity Services, in relation to diabetes, is the third of the three services within the LLR system that Domain 1 was applied to during the 2023/24 EDS cycle.

This service cares for 2 groups of women during pregnancy:
1. Women with pre-pregnancy diabetes (Type 1&2 diabetes)
2. Women who develop gestational diabetes during pregnancy

- Incidence of Type 2 and gestational diabetes is increasing nationally and this is reflected in the pregnant population in LLR.
- 10% of pregnant women will be attending diabetic antenatal service.
- Perinatal loss is 4-5 times higher in women with T1 and T2 diabetes than the background population.
- Type 1 diabetes: stillbirth occurs in 10·4 per 1000 livebirths and stillbirths, with neonatal death occurring in 7·4 per 1000 livebirths.
- Type 2 diabetes it is even higher - stillbirth occurs in 13·5 per 1000 livebirths and stillbirths, with neonatal death occurring in 11·2 per 1000 livebirths.

Maternity (Diabetes) Services' Evidence on Domain 1

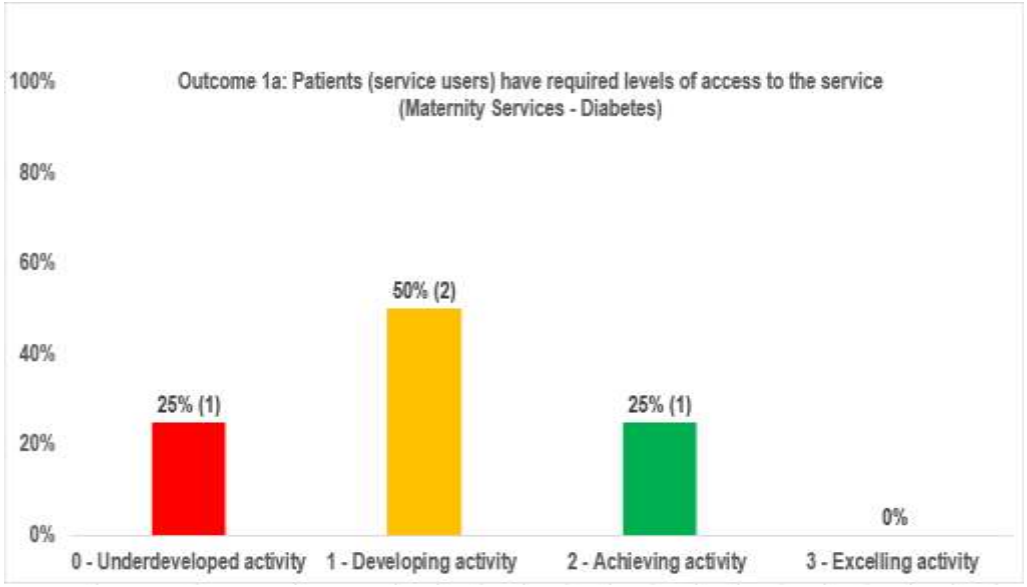
<table>
<tr><th>Domain 1 Outcomes</th><th>Evidence</th></tr>
<tr><td>1a: Patients (service users) have required levels of access to the service</td><td colspan="2">Maternity (Diabetes) Services' Evidence against Outcome 1a is summarised below:
• Aim is to see women in MDT antenatal clinic by 10 weeks' gestation:
• NPID data
• 2020-2022
• T1 UHL 65% England 79.5%
• T2 UHL 33.3% England 59.5%
• 2024
• T1 UHL 78%
• T2 UHL 42%
• Need for interpreter
• <10w 12% >10w 17%
• QIP "Getting in early" project
• Across primary and secondary care
• Early entry into MDT antenatal clinic
• Targeted approach in specific areas: postcodes
• Self-referral via new maternity website
• Increasing awareness amongst women with T2 diabetes
• Learning from other units
• Appointment of Professor of Diabetes in Pregnancy
• Increased pre-conception clinics
• Targeting of women with T2 diabetes through the T2Day project</td></tr>
<tr><td>1b: Individual patients (service users) health needs are met</td><td colspan="2">Maternity (Diabetes) Services' evidence against Outcome 1b's scoring/rating criteria is summarised below:
• 2023: 790 women with gestational diabetes (2013: 428)
• 53% of women had English as first language
• 42 languages spoken
• 122 women required an interpreter at pregnancy booking
• 67% Gujarati, Hindi, Punjabi, Urdu and Bengali
• Interpreters in clinic and for group education
• 2 regular interpreters, continuity with women
• Aim for interpreters to attend clinic, if not language line.
• Dietary education: expertise in wide variety of cultures
• Respectful of religious beliefs e.g., fasting during Ramadan
• Equal access to technology: GDM App
• Using SystmOne to communicate with primary care:
• Support repeat prescriptions
• Communicate diagnosis of GDM
• Importance of postnatal test at 13w and referral to diabetes prevention programme
• All women have clinic review at 36w
• Discuss importance of monitoring fetal movements
• Information sheets in 37 languages
• Discuss contact to maternity admissions unit
• Promote breastfeeding
• 50% of women with GDM will develop T2 diabetes within 5 years
• Diabetes prevention programme
• Delivery plan, discussion about labour, induction
• Access to technology for women with T1 and T2 diabetes
• Variable outside pregnancy
• Pregnancy is an opportunity to level up
• 100% of women with T1 diabetes CGM
• Demonstrated to reduce admissions to NICU
• Women with T2 diabetes using multiple daily injections of insulin offered CGM
• Women with T1 diabetes offered hybrid closed loop (22 women to date)</td></tr>
</table>

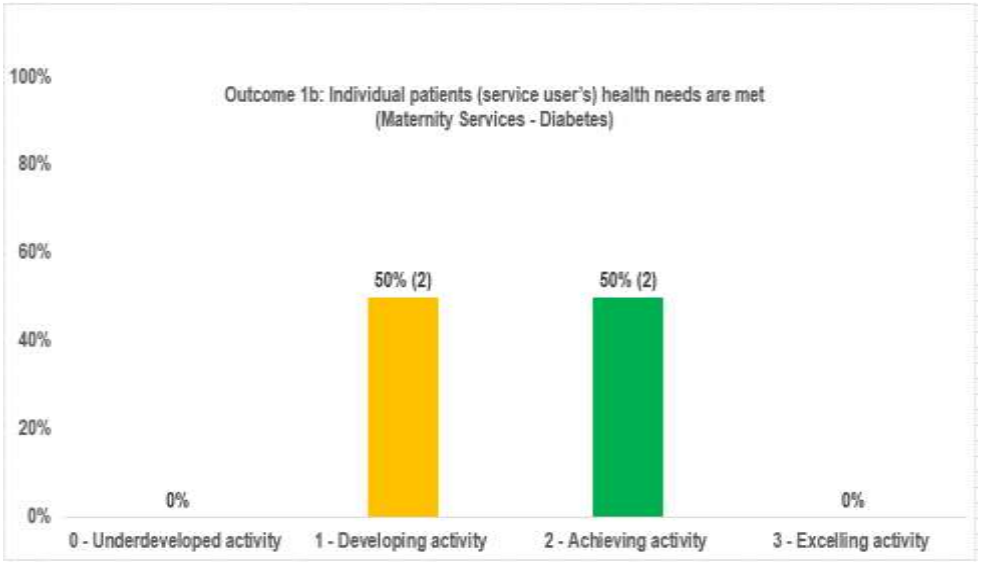
<table>
<tr><th>Domain 1 Outcomes</th><th>Evidence</th></tr>
<tr><td>1c: When patients (service users) use the service, they are free from harm</td><td>Maternity (Diabetes) Services' evidence against Outcome 1c is summarised below:
NICE: Diabetes in pregnancy
Saving Babies Lives version 3: fully implemented by March 2024
National Pregnancy in Diabetes Audit: annual submission
National Gestational Diabetes Mellitus Audit: starting this year
DATIX
Escalation, potential root cause analysis, acting on reports, education
Collaborative working between maternity and diabetes
M&M meetings
QIP: "Getting in early" Increase women with T2 diabetes seen in MDT antenatal clinic before 10w gestation
Ongoing study: babies admitted to neonatal unit
Support to wider maternity staff
Detailed UHL guidance
Flow chart to support decision making
Culture of open access to specialist team
Formal education session on annual mandatory training day</td></tr>
<tr><td>1d: Patients (service users) report positive experiences of the service</td><td>Maternity (Diabetes) Services' evidence against Outcome 1d's scoring/rating criteria 1d is summarised below:
A survey about patient experience of the Antenatal Clinic was conducted, it had 17 questions, 32 respondents were interviewed in October/ November 2023.
Patient data was collected from LRI (69%) and LGH (31%)
37% of respondents were pregnant with their 1st baby and 63% of respondents were pregnant with their 2nd or subsequent baby.
Only respondents with either Type 1 / Type 2 Diabetes were interviewed to support Saving Babies Lives V3 agenda.
47% of respondents had type 1 diabetes and 53% type 2 diabetes.
Good communication, positive, supportive and helpful team
<u>56% rated overall experience at the clinic as EXCELLENT, 41% either VERY GOOD or GOOD.</u>
91% of women had all their questions answered at the clinic with a further 9% stating their questions were answered to some extent
88% were given updates and information in a way they understood and further 12% stating they understood information given to some extent
100% of relevant respondents felt supported using diabetes technology/ were happy with information provided to them
Respondents were seen by a variety of hospital staff whilst pregnant with important phone numbers given to them.</td></tr>
</table>

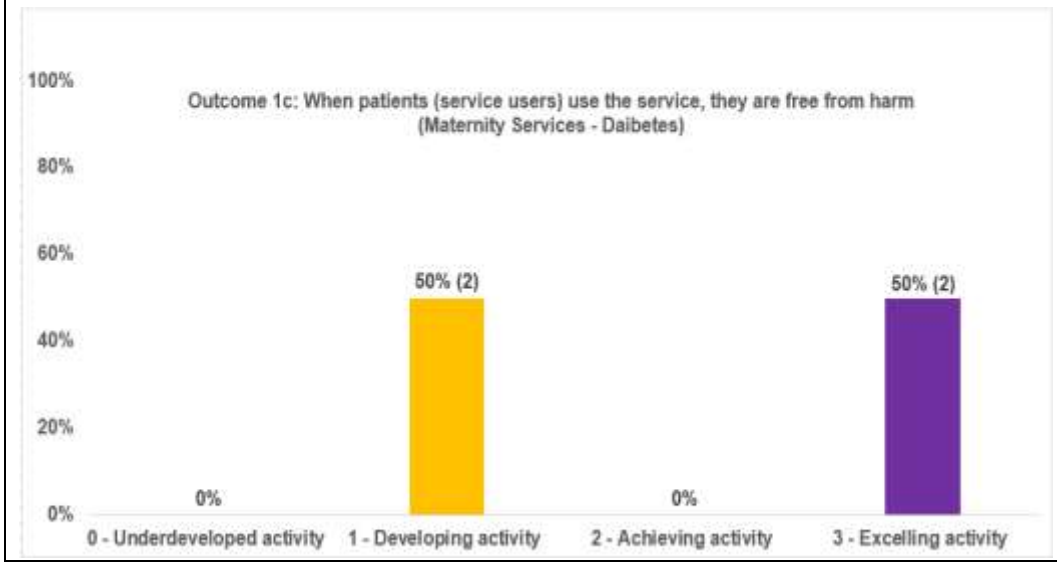
Improvement Action Plan for Domain 1 - Maternity (Diabetes) Services

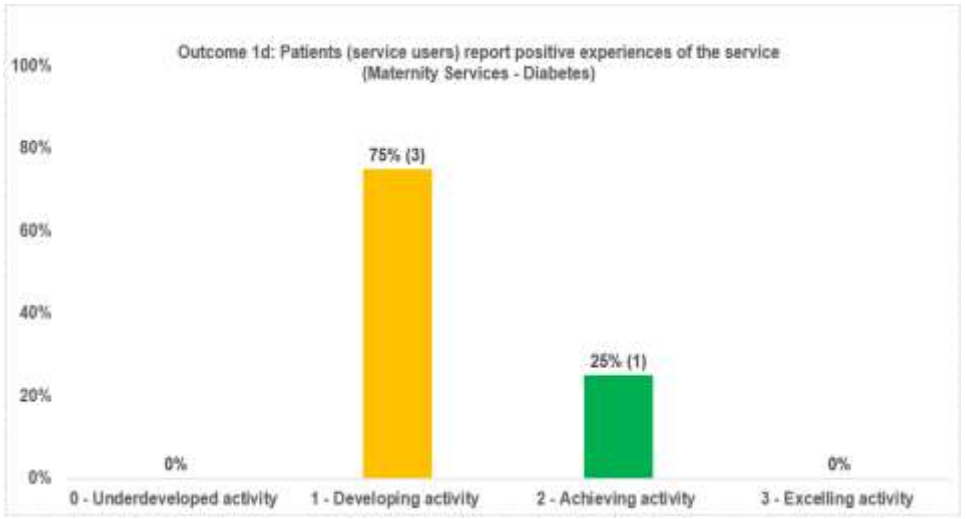
	Outcomes	Action	When	Lead	Status
Improvement Actions	1a	• 7% respondents mentioned that it would be great if more appointments were available in the morning and also other days of the week.	tbc	tbc	tbc
		• One respondent mentioned phone appointments should be improved as her doctor didn't know what Type Diabetes she had.	tbc	tbc	tbc
		• 7% respondents mentioned parking was difficult as Leicester Royal Infirmary.	tbc	tbc	tbc
		•	tbc	tbc	tbc
	1b	• One respondent felt pressured into having insulin pump as a form of treatment.	tbc		tbc
		• tbc	tbc		tbc
	1c	• 16% of respondents were waiting for over 1 hour for their appointment with a further 19% waiting between 31min and 1 hour. 39% would like to see reduced waiting times.	tbc	tbc	tbc
		• tbc	tbc	tbc	tbc
		• tbc	tbc	tbc	tbc
	1d	• tbc	tbc	tbc	tbc
		• tbc	tbc	tbc	tbc
		• tbc	tbc	tbc	tbc

Maternity (Diabetes) Services' Scores/Ratings against Domain 1 Outcomes' Criteria









Maternity (Diabetes) Services' Domain 1 Overall Rating	Developing

Domain 2: Workforce Health and Wellbeing

Domain 1 Outcomes	Evidence
2a: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions.	**LPT's Evidence against Outcome 2a's scoring/rating criteria is summarised below:** • Health & Wellbeing Roadshows across LPT sites give staff the chance to learn about various resources and support available. This includes support for financial wellbeing, mental health, physical health, and menopause. These were followed by an increase in access to the health and wellbeing pages on StaffNet, attendance at Wellbeing Wednesday sessions, and health and wellbeing events. • Weekly Wellbeing Wednesday sessions are available and allow staff to join virtually from wherever they are. These sessions target physical and mental health with yoga, pilates, Zumba, tai chi, and mindfulness, among other topics. • Menopause Awareness training for colleagues and leaders, and drop-in sessions, help to spread awareness of the physical and mental health impacts of the menopause, and the challenges this can present. • Disability Learning Sets have been established to support managers and staff with understanding and supporting different abilities. • System-wide learning and development offers are available: compassion fatigue, leadership circles, and healthy conversation skills. • Health & Wellbeing Champions promote wellbeing within their work areas to maximise the reach of our initiatives. • Every appraisal includes a review of health and wellbeing with an interactive grid to ensure everyone is able to access relevant materials. • Attendance Management Policy placing emphasis on health and wellbeing for all staff. • We are signed up to a national Mindful Employer Charter aimed at employers who are positive about mental health. The charter is part of the UK-wide Mindful Employer initiative which aims to increase awareness of mental health in the workplace. • Staff survey responses: 64.9% of staff said "my trust takes positive action on health and wellbeing". This is the same as our national comparators (64.9%) Positive response levels were consistent regardless of gender, ethnicity, sexual orientation, or holding a religious belief, although Disabled staff responded less positively (58.9% positive). • Monthly absence data and themes from OH and Amica are used by DMTs, managers, and the Health and Wellbeing team to guide targeted interventions. • Our Reasonable Adjustment Policy, Health Passport and Wellbeing Action Plan promote reasonable adjustments and ensure these are regularly reviewed, and maintained even if people move from one team to another. Health and wellbeing pack is available on StaffNet and includes guidance for shift workers, desk workers, and those who work from home. • Disability Learning Sets have been established to support managers and staff with understanding and supporting different abilities. • Staff Networks including Women's, Men's, Carers', Armed Forces, MAPLE, Neurodiversity, REACH, Spectrum, and Young Voices. • We have signed the Armed Forces Covenant and have due regard to the unique obligations of, and sacrifices made by, the Armed Forces community. This includes signposting to external support services, and also the support available from our Armed Forces staff network.

<table>
<tr><th>Domain 1 Outcomes</th><th>Evidence</th></tr>
<tr><td>2b: When at work, staff are free from abuse, harassment, bullying and physical violence from any source.</td><td>
LPT's Evidence against Outcome 2b's scoring/rating criteria is summarised below:

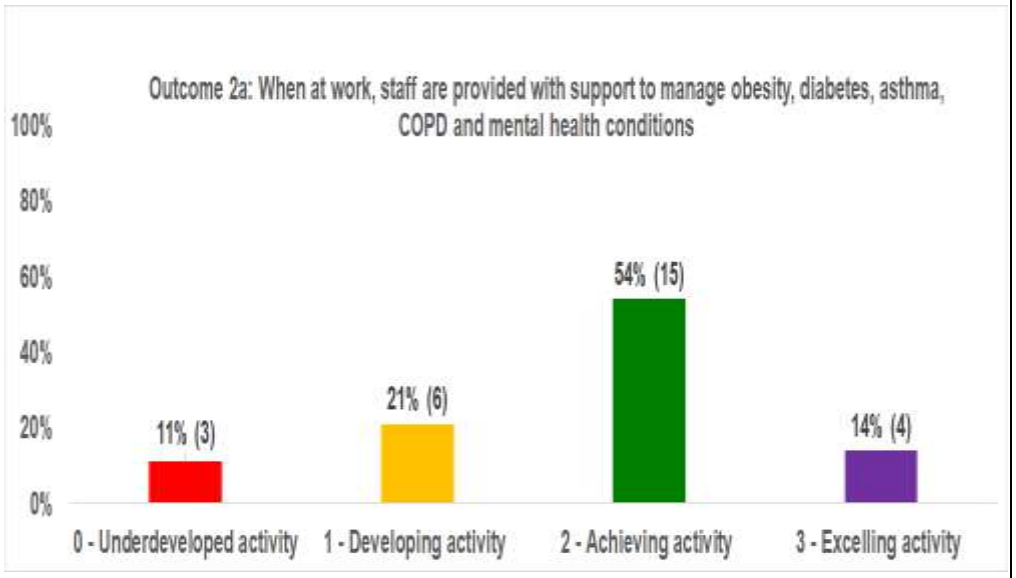
We have relaunched our Zero Tolerance campaign to provide team training and support documents for frontline staff. This raises awareness of the importance of reporting abuse, the process to follow, and the support available for those who experience it.
Active Bystander Programme (18 LPT staff have been trained) with more training being made available going forward.
CUBE Feedback model.
We have conducted listening events and used the Health & Wellbeing Roadshows to gather feedback from staff on Zero Tolerance and establish any reasons why they don't report abuse. We will use this feedback to make improvements to the process and promote a proactive, positive attitude towards Zero Tolerance among our managers. We have set up a Task & Finish Group.
Change Leaders working on 4 priority areas: career development, psychological safety, managing expectations, and prioritising health and wellbeing (Our Future Our Way)
Regular listening events to raise concerns that we do alongside FTSU guardians.
New Dispute Resolution Policy in place.
Schwartz Rounds
2022's Staff Survey results show:

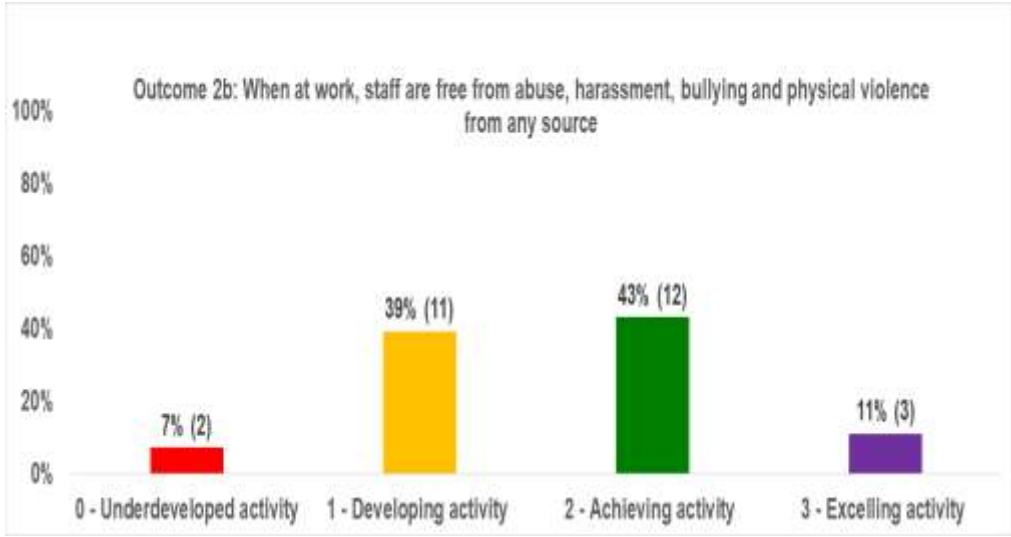
<table>
<tr><th>Question</th><th>Improvement?</th><th>National Comparators</th></tr>
<tr><td>Bullying, harassment or abuse from patients or the public</td><td>Yes
22.8% down to 21.4%
A reduction from 24.3% to 20.6% was seen from Black, Asian and minority ethnic staff in particular
LGB+ staff experienced bullying and harassment at higher rates than heterosexual staff (31.3% versus 20.2% from the public)</td><td>26.5% (LPT better)</td></tr>
<tr><td>Bullying, harassment or abuse from managers</td><td>Yes
9.4% down to 8.5%
In particular, the percentage of Disabled staff experiencing abuse/harassment/bullying from managers reduced from 16.2% to 14.7%.</td><td>8.6% (LPT similar)</td></tr>
<tr><td>Bullying, harassment or abuse from colleagues</td><td>Yes
15% down to 13.7%
Those with a religious belief were slightly more likely to experience bullying/harassment from colleagues (14.4% versus 11.6%)</td><td>14.9% (LPT better)</td></tr>
<tr><td>Physical violence from patients or the public</td><td>Yes
11.9% down to 10.7%
Men were slightly more likely to experience physical violence from the public than women (13.4% versus 10.2%).</td><td>13.4% (LPT better)</td></tr>
</table>
Table 3: Staff Survey Results
</td></tr>
</table>

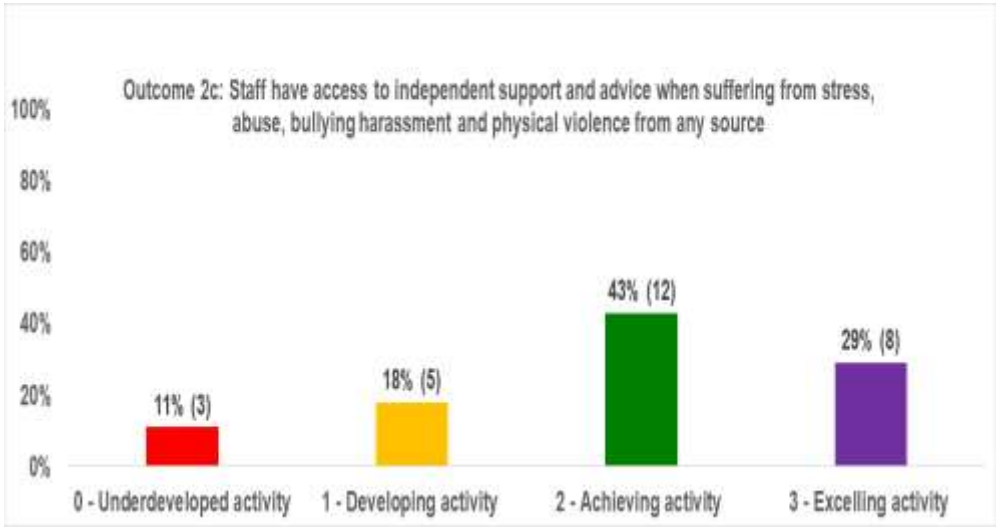
Domain 1 Outcomes	Evidence
2c: Staff have access to independent support and advice when suffering from stress, abuse, bullying, harassment and physical violence from any source.	**LPT's Evidence against Outcome 2c**'s scoring/rating criteria **is summarised below:** • Active Bystander Programme • 'Your Voice' (speaking up) Tool is in development. • Psychological support is signposted at Health & Wellbeing events and online: wellbeing apps available for NHS staff, mindfulness resources, suicide prevention, sleep awareness. • Internal and external support is promoted: Freedom to Speak Up, Occupational Health, Listening Ear, Amica, Our Frontline, Samaritans, Money Advice Service helpline, Bereavement support helpline from Hospice UK, LPT staff networks. • Post Incident Pathway for staff in development. • Stress risk assessment • Wellbeing wheel • Staff Networks (8 networks with a total of 534 members) • Staff-Slide • HR facilitate an Anti-bullying and Harassment line for staff (approximate 4 people have used this helpline in the past 6 months) • Leadership Academy Coaching • Leadership behaviours

2d: Staff recommend the organisation as a place to work and receive treatment	**LPTs' Evidence against Outcome 2d**'s scoring/rating criteria **1d is summarised below:**
	• Pulse checks (July 2023):
	  • 63.3% (57.1% in the previous way) of colleagues left positive responses when asked 'which one word describes how you feel today?'
	  • 65% of colleagues (+3% from April23) said they felt that the Trust is proactively supporting their health and wellbeing.
	• 2022's Staff Survey results show:
	  • 60.2% of staff would recommend the trust as a place to work (63.6% nationally)
	  • 62.1% of staff said they would be happy with the standard of care provided by the trust if a friend or relative needed treatment (64.9% nationally)
	  • Disabled staff are less likely to respond positively to these questions (50.7%, 55.1%)
	  • BAME staff are more likely to respond positively to these questions (64.9%, 65.7%)
	  • There doesn't appear to be any significant discrepancy in responses by sexual orientation or for those who hold a religious belief.
	• Further work has been started on Our Future Our Way to prioritise improvements in our staff survey results in the following areas: career development, psychological safety, managing expectations, and prioritising health and wellbeing.
	• WeBenefit scheme lists a multitude of staff benefits which can aid retention: Wagestream, weekly bank pay, discounts, relocation support, leisure benefits, salary sacrifice, flexible working options, etc.

LPT's Scores/Ratings against Domain 2 Outcomes' Criteria







LPT's Domain 2 Overall Rating	Achieving

Improvement Action Plan for Domain 2

	Outcomes	Action	When	Lead	Status
Improvement Actions	2a	• Consider proactive early intervention measures that prevent obesity, diabetes, asthma, COPD & mental health conditions, particularly in protected groups, communities/population groups and deprived areas across LLR where data/evidence show that these health conditions/diseases are highly prevalent.	Sep-24	Health and Well being Lead	Support for staff' to access early intervention measures that prevent obesity, diabetes, asthma, COPD & mental health conditions have been shared on staff intranet and shared with staff health and wellbeing advocates. Specialist support has been coordinated by NHS Talking Therapies and shared with staff inc. diabetes support, breathlessness and more.
		• Equip line managers with skills to support staff with Mental Health Conditions as well as disability leave and reasonable adjustments. Include support for staff returning to work after cancer treatment.	Sep-24	Head of EDI	In progress. Reasonable adjustment policy and approach under review. Managers receive training to provide them with the tools to support staff; this training is currently under review by the OD Team.
		• Clarify support for smokers with regards to smoking breaks.	Sep-24	Health and well Being Lead	LPT continues to work towards being a smoke-free organisation and refers staff to our in-house smoke-free team, inc. app support. More information can be found here: https://www.leicspart.nhs.uk/wp-content/uploads/2023/11/Working-Towards-Smoke-Free-Policy-updated-exp-Oct-2024-4.3.pdf

		• Provide staff break areas.	Sep-24	Health and well Being Lead	Staff areas are available across the Trust for staff to take breaks. Many staff rooms have been improved thanks to the Raising Health Charity. The Trust-wide culture change programme and site visits continues to support staff in accessing support, resources and funding to continue to improve patient and staff health and wellbeing.
		• Ensure information is cascaded to staff on resources available to them.	Sep-24	EDI/OD/Comms Teams	Resources available to staff are cascaded via staff net, notice boards and staff newsletters. In addition through both in-person and face-to-face events inc. HWB Roadshows and culture cafes.
	2b	• Managers to be supported to help staff more including education on Neurodiversity.	Mar-24	Haseeb Ahmad	Series of workshops delivered on Neurodiversity as part of the talent Management Programme. Learning built in to disability equality learning sets.
		• Support staff to be psychologically safe to report instances of abuse.	Aug-24	Haseeb Ahmad	Active Bystander Training delivered internally during April and May 2024. Feedback was very positive with more planned in the future. LPT's culture change programme has a number of workstreams to support staff in feeling psychologically safe.
	2c	• Managers to be supported to help staff more including education on Neurodiversity	Mar-24	Haseeb Ahmad	see above. ND training also delivered to line-managers. Further training/resources to be provided.

		• Support staff to be psychologically safe to report instances of abuse	Aug-24	Haseeb Ahmad	see above. ND training also delivered to line-managers. Further training/resources to be provided.
		• Keep staff informed throughout complaints process	tbc		tbc
		• Support staff to access impartial advice through unions	Sep-24	Health and well Being Lead	Staff-side contact details are shared with staff through online/F2F events, through networks of HWB advocates, through staff intranet, staff support networks and internal communications. The HWB Service attend regular meetings to increase staff awareness of the impartial support available.
	2d	• Keep staff informed of changes being made following their feedback (Feedback into Action)	Sep-24	Health and well Being Lead	Staff are kept informed through the Feedback into Action newsletters, culture cafes, and regular attendance of the Staff Engagement Lead at DMT.
		• Improve the Exit Interview process by offering an option for the leaver to choose who to give their feedback to	Sep-24	Health and well Being Lead	Leavers process (inc. Questionnaire) is shared via staff intranet, internally and with managers. HR provide specialist support to colleagues and managers and are available to carry out exit interviews.
		• Provider clearer guidance on Flexible Working - one service reports this option has been removed.	Sep-24	Health and well Being Lead	Flexible working is shared with staff across the Trust and Is clearly communicated by the Flexible Working Policy here: https://www.leicspart.nhs.uk/wp-content/uploads/2024/01/LPT-Flexible-Working-Policy-exp-Jan-2027-v2.pdf Applications are reviewed on a case-by-

					case basis against the needs of the service and are monitored and governed by both the SLT and HR function.
		• Increase awareness of staff support networks and other support available	Aug-24	EDI Team and Chairs of staff support networks	Staff support network budget will support this. EDI team and chairs of SSNs communicate their network meetings and information via HWB road shows, events and a number of communication channels. Networks are still growing.
		• Increase staff wellbeing offer to cater to different protected groups in which, for example, there is a high prevalence of some health conditions.	Sep-24	Health and well Being Lead	The HWB team link directly with the Staff Support Networks to better cater to the different protected groups, providing specialist knowledge and sharing resources.

Domain 3: Inclusive Leadership

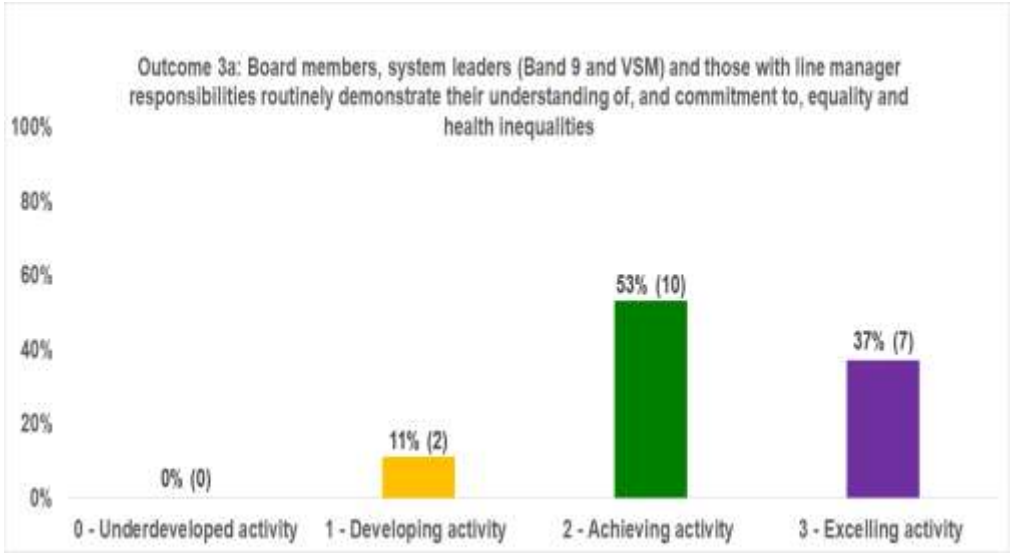
Domain 3 Outcomes	Evidence
3a: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities.	**LPT's Evidence against Outcome 3a's scoring/rating criteria is summarised below:** • Our Reverse Mentoring programme has consistently received very positive feedback. This gives leaders the chance to learn first-hand about disadvantages and barriers facing people with respect to inequalities. The aim is that this will inspire them to make positive changes in their own work areas. The programme also has benefits for the mentors, who are able to access coaching and support from senior leaders. • Our Race & Cultural Intelligence Learning Sets, and soon to be launched Disability Awareness Learning Sets, provide in-depth, interactive learning opportunities for all colleagues. Feedback on these sessions has been very positive, with attendees committing to taking their learning back into their teams. • All Staff Networks have active Executive sponsors who support the growth, development of and champion issues relevant to members. One example is Tanya Hibbert, the sponsor for Neurodiversity Network, recently set up a Task and Finish group to address Reasonable Adjustment procedure following examples from network meetings. • A cross section of LPT Leadership have taken part in the 360 cultural Competency assessment and will be receiving their reports and feedback during 2023. • All staff now have an equality and diversity related appraisal objective to set themselves each year, with guidance and examples provided. • Board members have each made a personal pledge towards developing LPT as an anti-racist organisation. • Our Together Against Racism strategy is being developed to ensure inclusive recruitment, inclusive talent management, and culture change embed anti-racism across LPT and our buddy trust, NHFT. • Reasonable Adjustments task and finish group established, following feedback from a SSN exec sponsor. This is led by 2x Directors. • The director of strategy has commissioned a Health Inequalities Report published in 2023 that has been shared among the Executive team to be considered for implementation. • A Health Inequalities Priority has been set within the quality account from 2023 overseen by the associate director of Allied Health Professionals • The Our Future Our Way culture Change Programme Discovery Phase has highlighted that senior leadership are committed to EDI, although there is work to be done among some middle manager/line-manager levels of the Trust. • Link to Our Future Our Way; Link to Together Against Racism

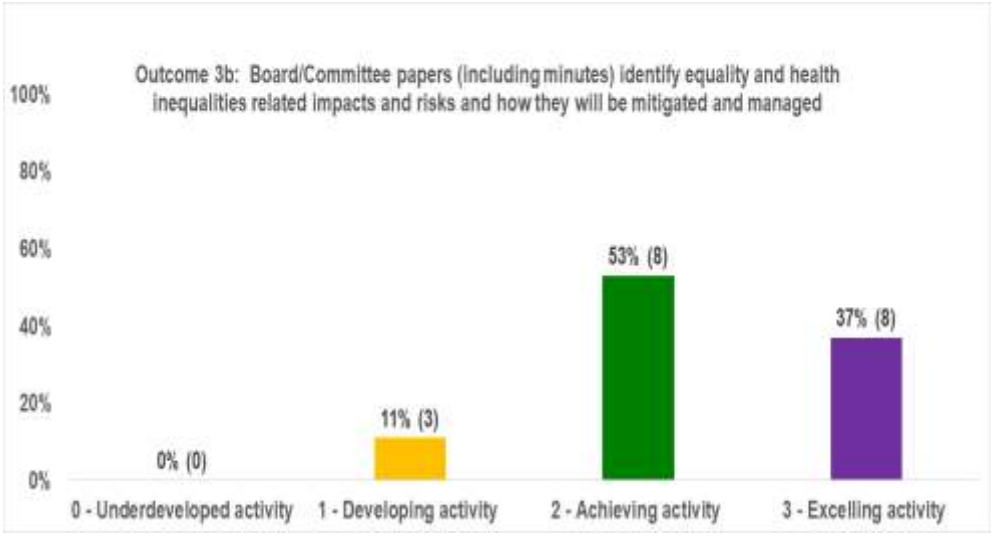
Domain 3 Outcomes	Evidence
3b:Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed.	**LPT's Evidence against Outcome 3b's scoring/rating criteria is summarised below:** • The Trust's Organisational Risk Register includes specific risk factors pertaining to EDI that are regularly reviewed and update and reported to Trust board. • •All committee terms of reference have a due regard to equality checklist to ensure inclusive decision-making. • A 6-monthly Health & Wellbeing Guardian report goes to Board, using the NHS England wellbeing model. The HWB Guardian role has 9 principles which are used to ensure we are doing everything we can as a Trust to support the HWB of our colleagues. • •Trust board minutes between January and May 2023 have been reviewed and there is evidence to show that workforce and health inequalities are regularly discussed, risks managed and where relevant mitigating actions established to eliminate disparities. • •Extract from March 2023 TB minutes where a Deaf member of staff shared his story: • "Max highlighted some areas he would like to see some improvements, he advised LPT staff should be offered the chance to learn about deaf awareness and basic BSL, availability of more apprenticeships to support deaf people into work and improving communication. He encouraged everyone to try some basic BSL. • The Chair thanked Max for sharing his story and suggestions, she noted that his ideas were good and would be explored. Chris Oakes (CO) asked Max, what one thing could people do to help the most, Max replied having deaf awareness training. In addition, FH noted that although LPT has an EDI programme, LPT is on a continuous improvement journey to achieve greater inclusivity." Max's story is accessible here

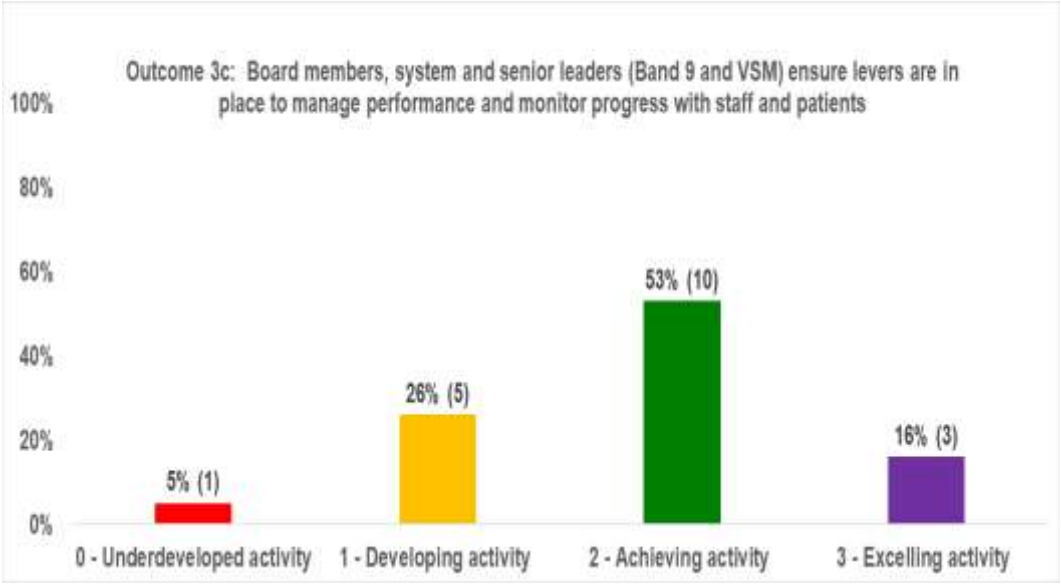
Domain 3 Outcomes	Evidence

3c: Board members, system and senior leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients.	**LPT's Evidence against Outcome 3c**'s scoring/rating criteria **is summarised below:**
	• The Trust has robust EDI governance to measure performance and track EDI progress.
	• Inclusive recruitment: we mandate diverse panels, and use service user stakeholder panels when required (e.g., People's Council representatives have sat on interview panels for senior roles)
	• We have recently relaunched our equality impact assessment process, the Inclusive Decision-Making Framework, which provides a toolkit and step-by-step template for EIAs to ensure genuine inclusive engagement for services, policies, and procedures.
	• The Trust has a Corporate EDI Workforce Group chaired by the HRD.
	• Key outcomes from this meeting have included: Staff Support Network guidance document including clarity on protected time; and WRES, WDES and Gender Pay Gap action planning.
	• The Trust has a Together Against Racism Joint Strategic Group that ensures implementation of key anti-racism priorities and measures.
	• All directorates have EDI Groups now that are responsible for measuring performance regarding both workforce and Patient Experience metrics.
	• Highlight reports are being produced and best practice shared across the Trust, including listening events, actions being taken to improve inclusive recruitment, and targeted support for staff experiencing bullying, harassment and abuse.
	• Representation at Band 8A and above (not including medics, July 2023):
	  • 76.6% women (compared to 81.6% woman overall)
	  • 16.9% BAME (compared to 27.2% BAME overall)
	  • 70.9% religious (compared to 80.1% religious overall)
	  • 5.0% LGB+ (compared to 4% LGB+ overall)
	  • 6.0% Disabled (compared to 8.3% Disabled overall)
	• Armed Forces roles can now be recorded on ESR: 13 people have recorded on ESR that they are members of the Armed Forces community (veterans, cadet volunteers, or family members)

LPT's Scores/Ratings against Domain 3 Outcomes' Criteria







LPT's Domain 3 Overall Rating	Achieving

Improvement Action Plan for Domain 3

	Outcomes	Action	When	Lead	Status
Improvement Actions	3a	• More support for staff networks would be great. Either funding or similar to how admin support is provided for Spectrum.	May-24	Haseeb Ahmad, Head of Equality, Diversity and Inclusion	Staff networks have been provided a budget each.
		• Additional support and resources for line managers.	Aug-24	EDI/OD/Comms Teams	A range of resources are available now on staff net, uLearn in terms of training and support for line-managers and other staff on a range of specialist advice including race, LGBTQ+, ND, Zero Tolerance, reasonable adjustments and more. In addition training and support are provided throughout the year via SLF and the leadership conferences.
		• Increase support of more diverse cultural events. The management team actively supports celebration of Halloween and Christmas, while Diwali and Eid are left to staff.	Dec-24	Executive Team	Execs are being booked for major celebrations and events to take a more proactive role.
	3b	• Share information on how the WRES and WDES are utilised.	Nov-24	Haseeb Ahmad	WRES and WDES metrics for 2024 have been shared widely. Action plans have been co-produced with staff following action planning workshops.
		• Health and Safety reports do not seem to monitor outcomes by the protected characteristics, and there is a need to share more audited data on these.	Nov-24	Head of health and safety	Hate incidents are reported via the Violence Reduction and Prevention Committee and the EDI Workforce Group
	3c	• Share more information on Bands 7 and above.	Jun-24	Haseeb Ahmad	This will be shared via the WRES and WDES metrics
		• Provide more accessible data at a local level.	Aug-24	Haseeb Ahmad	This will be done as part of the dissemination of WRES and WDES metrics