



Ref: FOI-043 -202425-HR-Banner

Royal Stoke University Hospital
Data, Security and Protection
Newcastle Road
Stoke-on-Trent
Staffordshire
ST4 6QG

Date: 16th April 2024

Email foi@uhnm.nhs.uk

Dear

I am writing to acknowledge receipt of your email dated 15th April 2024 requesting information under the Freedom of Information Act (2000) regarding banner

As of 1st November 2014 University Hospitals of North Midlands NHS Trust (UHNM) manages two hospital sites – Royal Stoke University Hospital, and County Hospital (Stafford). Therefore the response below is for the two sites combined from that date where appropriate.

Q1 How much the banner featuring 21 genders or sexualities in your Royal Stoke Hospital reception has cost in terms of material costs and man hours spent in its design and production?

A1 The banner cost £195.00 + VAT. It took limited UHNM time to design the banner as the brief was provided to the printing company who produced a proof for approval.

Q2 How will the banner help in reducing waiting times in A&E, outpatient appointments and elective surgeries?

A2 There was no intention that this would impact on waiting times however, the evidence base is clear that a happy, engaged and valued workforce are more productive.

Q3 How will the banner help in improving your CQC rating of 'Requires improvement'?

A3 See below:

This is part of a range of staff wellbeing, and EDI initiatives that will positively impact on the Trust's CQC rating.

The banner, and other EDI initiatives such as the Rainbow Badge scheme are part of our EDI Strategy, and is in response to the evidence that demonstrates that LGBTQ+ people have worse experiences of accessing and using healthcare (see the Stonewall Report: LGBT in Britain - Health Report (2018)) and also evidence from the national NHS Staff Survey that shows that NHS workers who identify as LGBTQ+ can have a worse experience of the workplace. The idea for the banner came from our LGBTQ+ Staff Network.

Equality and inclusion is at the heart of the NHS and the NHS Constitution states: 'the NHS provides a comprehensive service, available to all irrespective of sex, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status.

NHS trusts are assessed by the CQC and such initiatives will be viewed positively by the CQC as things that will engage the workforce and make them feel more valued and included. Equality, Diversity and Inclusion is assessed as part of this process, and are specifically assessed in the Responsive and Well-led domains. Highlighted in yellow are the areas where the Everyone is Welcome Here banner, as a visible sign of inclusion and equity, supports the CQC expectations:

Responsive:

Equity in access. The CQC expects providers, commissioners and system leaders live up to this quality statement: We make sure that everyone can access the care, support and treatment they need when they need it. What this quality statement means:

- People can access care, treatment and support when they need to and in a way that works for them, which promotes equality, removes barriers or delays and protects their rights.
 - People can expect their care, treatment and support to be accessible, timely and in line with best practice, quality standards and legal requirements, including those on equality and human rights. This includes making reasonable adjustments for disabled people, addressing communication barriers and having accessible premises.
 - People can access services when they need to, without physical or digital barriers, including out of normal hours and in an emergency. Physical premises and equipment are accessible. People are given support to overcome barriers to ensure equal access.
- Leaders and staff are alert to discrimination and inequality that could disadvantage different groups of people in accessing care, treatment and support, whether this is from wider society, within organisational processes and culture or from individuals.
- Providers use people's feedback and other evidence to actively seek to improve access for people more likely to experience barriers or delays in accessing their care.
- Services are designed to make them accessible and timely for people who are most likely to have difficulty accessing care. When there are barriers, they are removed.
- When services change, equity of access is considered.
- People have equal access to care, treatment and support because the provider complies with legal equality and human rights requirements, including avoiding discrimination, considering

the needs of people with different protected characteristics and making reasonable adjustments.

- The provider prioritises, allocates resources and opportunities as needed to tackle inequalities and achieve equity of access.

Equity in experiences and outcomes

The CQC expects providers, commissioners and system leaders live up to this quality statement: We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this. What this quality statement means:

- People's care, treatment and support promotes equality, removes barriers or delays and protects their rights.
 - People feel empowered by providers and staff to give their views and understand their rights, including their rights to equality and their human rights.
 - People feel that their experiences of discrimination and inequality are listened to and acted on to improve care.
 - Leaders and staff are alert to discrimination and inequality that could disadvantage different groups of people using their services, whether from wider society, organisational processes and culture or from individuals. They proactively seek out ways to address these barriers to improve people's experience, act on information about people's experiences and outcomes and allocate resources and opportunities to achieve equity.
 - The provider complies with legal equality and human rights requirements, including avoiding discrimination, having regard to the needs of people with different protected characteristics and making reasonable adjustments to support equity in experience and outcomes.

Well Led:

This assessment looks at whether there is an inclusive and positive culture of continuous learning and improvement. This is based on meeting the needs of people who use services and wider communities, and all leaders and staff share this. Leaders proactively support staff and collaborate with partners to deliver care that is safe, integrated, person-centred and sustainable, and to reduce inequalities.

The sub element of a Well Led Review for equality, diversity and inclusion of the workforce state: We value diversity in our workforce. We work towards an inclusive and fair culture by improving equality and equity for people who work for us. What this quality statement means:

- Leaders take action to continually review and improve the culture of the organisation in the context of equality, diversity and inclusion.
- Leaders take action to improve where there are any disparities in the experience of staff with protected equality characteristics, or those from excluded and marginalised groups. Any interventions are monitored to evaluate their impact.
- Leaders take steps to remove bias from practices to ensure equality of opportunity and experience for the workforce within their place of work, and throughout their employment. Checking accountability includes ongoing review of policies and procedures to tackle structural and institutional discrimination and bias to achieve a fair culture for all.
- Leaders take action to prevent and address bullying and harassment at all levels and for all staff, with a clear focus on those with protected characteristics under the Equality Act and those from excluded and marginalised groups.
- Leaders make reasonable adjustments to support disabled staff to carry out their roles well.
- Leaders take active steps to ensure staff and leaders are representative of the population of people using the service.

Leaders ensure there are effective and proactive ways to engage with and involve staff, with a focus on hearing the voices of staff with protected equality characteristics and those who are excluded or marginalised, or who may be least heard within their service. Staff feel empowered and are confident that their concerns and ideas result in positive change to shape services and create a more equitable and inclusive organisation.

*Please note that any individuals identified do not give consent for their personal data to be processed for the purposes of direct marketing.

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An anonymised copy of this request can be found on the Trust's disclosure log, please note that all requests can be found at the following link: <http://www.uhnm.nhs.uk/aboutus/Statutory-Policies-and-Procedures/Pages/Freedom-of-Information-Disclosure-Log.aspx>

This letter confirms the completion of this request. A log of this request and a copy of this letter will be held by the Trust.

If you have any queries related to the response provided please in the first instance contact my office.

Should you have a complaint about the response or the handling of your request, please also contact my office to request a review of this. If having exhausted the Trust's FOIA complaints process you are still not satisfied, you are entitled to approach the Information Commissioner's Office (ICO) and request an assessment of the manner in which the Trust has managed your request.

The Information Commissioner may be contacted at:

Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF or via www.ico.org.uk.

Yours,



Rachel Montinaro
Data Security and Protection Manager - Records