



Leicester, Leicestershire
and Rutland
Integrated Care Board

Belonging to Leicester, Leicestershire and Rutland (LLR)

LLR Inclusive Culture and Leadership Approach

Feb 25

A proud partner in the:



Leicester, Leicestershire
and Rutland
Health and Wellbeing Partnership

Case study: LLR Active Bystander Programme (ABP)

The LLR Active Bystander Programme (ABP), launched in October 2022, seeks to address the challenge where our Health & Care workforce either witness or experience harmful behaviours, such as bullying, harassment or discrimination, at work.

The ABP promotes inclusive behaviours & compassionate leadership.

The ABP approaches this challenge by supporting Health & Care colleagues to develop their confidence and skills to intervene and de-escalate harmful situations and promote learning when it is psychologically & physically safe to do so. Our champion programme, consists of 1.5 days of face to face workshops, followed by 3x monthly 90 minute virtual Action Learning Sets & monthly 'coffee catch-ups' to embed learning & enable behaviour change.

Active Bystanders are supported by internal sponsors, a community of practice, leadership coaching offer & health & wellbeing signposting.

Additional elements of the programme include:

- Board development
- Leadership development
- Awareness Raising
- Train the Trainer & PDSA cycles & Evaluation

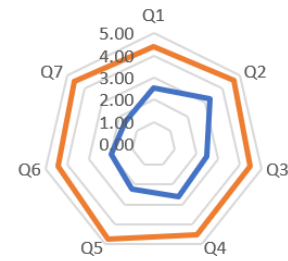
Contacts for further information:

Dr Fiona Kilpatrick, OD Specialist: Civility, Respect & Violence Prevention, Active Bystander Programme Lead, Fiona.kilpatrick1@nhs.net

Performance Change / Impact of the Active Bystander Programme October 2022 – January 2025

Knowledge Questionnaire Results

— Pre- Knowledge Average — Post- Knowledge Average



Increased Knowledge in core learning areas from 430 delegates surveyed

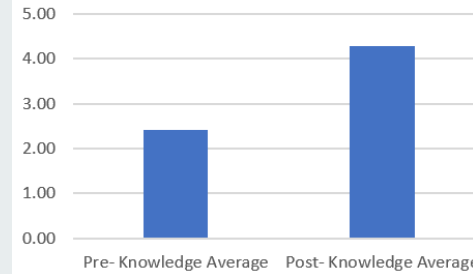
‘This has been a really good experience and I think this course should be available to all!’ – ABP Delegate & Champion

Results:

To date, 304 LLR Integrated Care System, and 123 Midlands, Health & Care colleagues have accessed the full ABP Champions Programme. Evaluation shows an increase in knowledge and an increase in self-reported confidence of Active Bystanders to intervene and promote a civil and respectful culture.

Demand & engagement with the programme continues to be high because the ABP supports the cultures required for effective patient safety, sexual safety, and creating an inclusive culture for QI and innovation to thrive. The ABP was awarded ‘Outstanding Corporate Achievement of the Year’ at the BAME Health & Care Awards in October 2023.

Question 8: I can tell others about the key aspects of the Active Bystander Role and feel confident to intervene and de-escalate a situation when it is physically and psychologically safe to do so



Increased self-reported confidence to intervene as an Active Bystander (430 delegates)



Enablers

- Pump prime funding awards in 2022 & 2023 from NHSE Civility & Respect, NHSE Regional ‘Be Well Midlands’, LLR ICB Project Launch funds to support Programme Lead and Project Officer roles to design, deliver & implement ABP.

Good Practices

- Engagement of Senior Leaders from across Health & Social Care organisations at the outset.
- Inclusion of wide cross-section of workforce to role model inclusive behaviours within workshops and Action Learning Sets for greater impact in own areas.

What did we learn?

- Design & Delivery of content initiated with key thought leaders (Prof Catherine Sanderson) provides evidence base.
- Quality Improvement approach from outset & focus on Evaluation for Improvement is key to success.
- Working to embed the ABP within existing organisational strategies for sustainability takes time & shared commitment to inclusion agenda. Harness existing networks e.g. Freedom to Speak Up, Professional Nurse Advocates, Domestic Abuse and Sexual Violence Leads.
- Alignment to regional & national strategies is key (see Regional ABP case study).
- Social movement for change & Community of Practice is created by Active Bystanders leading the way.

More Information:



[Active Bystander Website](#)

[Active Bystander Voices](#)

Case study: Regional Active Bystander Programme

Following the success of the LLR Active Bystander Programme, we developed a Regional programme of collaboration bringing Midlands systems together.

LLR ICB are working with 6 regional systems, NHSE Midlands and DHU Healthcare in anticipation of using a train the trainer approach to enable organisations to roll-out and deliver their own ABP locally

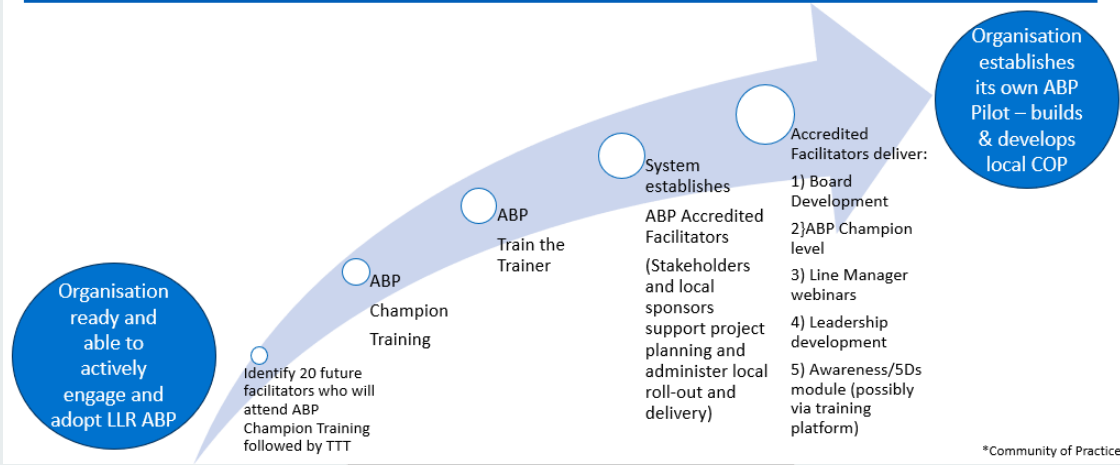
LLR ABP is an award-winning programme which was recognised for its system wide approach to deliver a comprehensive, proactive, culture change approach to address harmful behaviours and promote inclusion and compassion. Helping staff to understand the drivers of inappropriate behaviours and intervention strategies which role model our system and values and expectations.

The Midlands roll-out plan aims to share the learning and resources of the ABP to support Regional systems in their preparation, planning and successful adoption the ABP which will enable Regional systems to “do it one and do it well” whilst also addressing; WRES/WDES improvement action, EDI High impact actions (1 & 6), People Promise, long-term workforce plan, NHSE sexual safety charter, freedom to speak up agenda and the Patient Safety Incident Response Framework

Contacts for further information

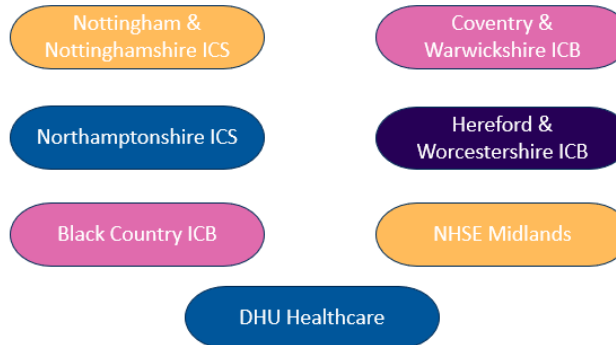
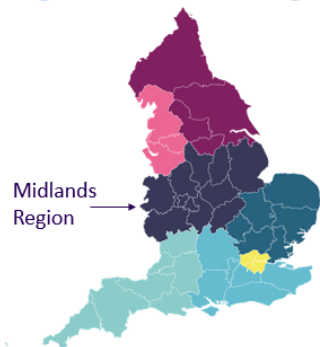
Louise Barnes, Regional Active Bystander Programme Lead, louise.barnes35@nhs.net

Midlands ABP



ABP Regional engagement

Integrated Care Boards in England



Early adopters with Local ABP champion training and Train the Trainer dates booked are: Nottingham, Hereford and Worcestershire, Coventry and Warwickshire and NHSE Midlands. Northampton have 44 trained ABP champions and are also keen to explore next steps

Enablers; ABP core team, ABP content (which is maintained, adaptable and can be delivered at various levels), Regionally based Senior Responsible Officers, sponsors, champions, future facilitators and board engagement

Good Practices; System engagement, commitment and intention to adopt. Financial support to endorse and embed

What did we learn?

Demand for this programme is high as it satisfies multiple regional & national priorities, however short-term strategy planning and funding uncertainty has impeded plans to proceed meaning that regional engagement is varied and has changed over time.

Northamptonshire have recorded the highest number of regionally trained colleagues across their system; here the energy and desire to adopt the ABP is especially strong. However, plans for train the trainer have been hindered by lack financial and senior support.

Meanwhile, Hereford & Worcestershire have senior system support and applied a risk- share model approach to costs, where each organisation has split the costs. They have a committed project lead and project plan in place and are on course to be the first system to adopt in 2025.

NHSE Midlands are also very keen to adopt and roll out the ABP as an organisation. Beyond LLR the team continue to work hard to influence different sectors and seek opportunities to generate income to ensure they are sustainable and self-funding.

Resource links

[Active Bystander Programme – LLR HWP \(leicesterleicestershireandrutlandhwp.uk\)](https://leicesterleicestershireandrutlandhwp.uk)

Case study: Reverse Mentoring for Inclusion

Challenge or situation

The Programme aims to deliver some of the inclusion, leadership and culture changes much needed across our health & social care system in Leicester, Leicestershire & Rutland. and its success is down to the amazing Reverse Mentors and Mentees on the Programme sharing their lived experiences of exclusion and/or discrimination with one another in a psychologically safe way.

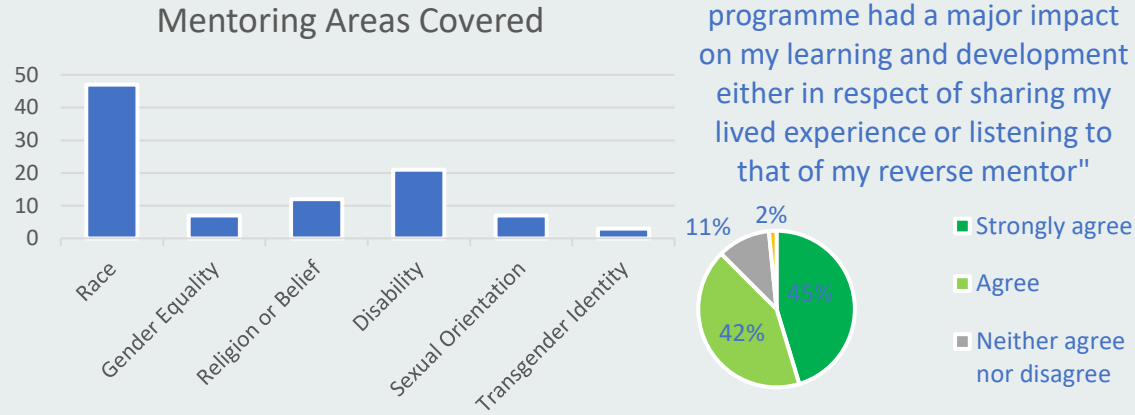
Approach

There was a tacit recognition that Very Senior Leadership needed to understand the lived experience of employees who have poorer outcomes and experience within the workforce evident from the WRES and WDES data. LLR approached Stacy Johnson from Nottingham University who developed a reverse mentoring framework. Stacy delivered the first system programme in 2018 followed by "Train the Trainer" training in 2019 and Haseeb Ahmad, Head of EDI (LPT and LLR Equality Projects), rolled out the next 3 cohorts to enable staff from protected characteristics backgrounds (ethnicity/race, disability and LGBT+) to reverse-mentor senior leaders around their lived experience.

Contacts for further information

Haseeb Ahmad, Head of EDI (LPT and LLR equality Projects), haseeb.ahmad4@nhs.net

Performance change / Impact visual here:



- "The thought that it would help my mentee and eventually contribute to better decision making and change for our communities was a huge motivating factor to continue. I think that it increased my confidence and helped me feel worthwhile."
- "The training and support was excellent. It gave me confidence to carry on. The resources provided and suggested were extremely useful and equipped me with information I needed."
- "Outstanding support, from training to ongoing support and updates."
- "The programme really allowed me to reflect on my leadership style and my knowledge expanded as a result of my mentors experiences, both personally and professionally."



Results

In 2024 LLR was shortlisted and won the highly commended award for its Reverse Mentoring for Inclusion Programme in the HPMA Mills& Reeves EDI category. The 6th cohort programme has had over 87 applications on 27th January 2025 (application deadline).

Enablers and good practices

Participants stated that they felt the programme worked particularly well when:

- ground rules and a framework were set for the meetings between reverse mentor and mentee to have a basis to start from.
- there was openness and honesty, and commitment from both parties.
- participants were committed to creating a safe space.
- meetings were pre-booked in advance.
- there was the chance to have a flexible approach

What did we learn?

Some guidance on questions / discussion starts to deepen the dialogue. To engage more senior managers as Reverse Mentees who do not proactively put themselves forward for programmes of this nature. It needs to be clear for Reverse Mentors and their managers that protected time is allowed from their role. Ensure future mentors are made aware that as part of imparting lived experience, they could experience emotional triggers and need to be prepared (and supported)

Resource links

<https://leicesterleicestershireandrutlandhwp.uk/staff-room/llr-academy/reverse-mentoring-for-inclusion/>

Case study: LLR Health Equalities Champions

Challenge or situation

One of the key purposes of an ICS is to tackle inequalities in outcomes, experience and access for the people we serve. Additionally, our pledges to local people over the next 5 years includes improving health equity. To achieve this, we need health equity to be everyone's business and to ensure that all services complete Equality Impact Assessments aligned to the LLR Inclusive Decision-Making Framework.

Approach

Funding of £20k was secured through the #Project Launch Fund. A small project team was formed and a round of presentations to various Design Groups and system forums took place to pitch the requirements and to recruit interested parties. The role requires people to;

- Take an interest and be prepared to ensure that improving health equity is at the heart of all service development work
- Promote the use of and completion of Equality Impact Assessments in your area of work
- Participate & engage in training, coaching and mentoring around health inequalities
- Be a leader in this area, regardless of banding

The programme was delivered (virtually) between March - July 2023

Contacts for further information

Steve McCue - Senior Strategic Development Manager, LLR ICB

steve.mccue@nhs.net

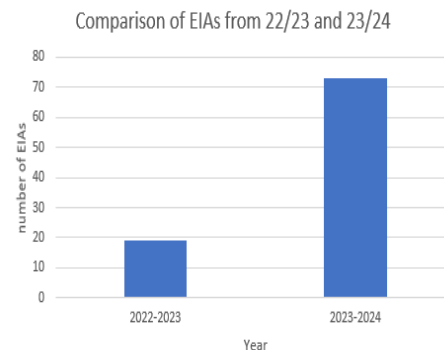


“I have learnt how to positively challenge others and now feel that I have the confidence to speak up in meetings and steering groups”

“The programme has helped me to build my confidence and belief that I can make a difference”

Results

- 36 Health Equalities Champions from across the LLR system completed the programme
- The completion of Equality Impact Assessments have increased when compared to the same period in the previous year
- Health Equalities Champions are applying the learning from the programme into their area of work by ensuring the most vulnerable people in society are at the forefront of our minds when developing services



Enablers and good practices

- A project team that had its sight set on the outcome led to a laser like focus on action towards our goal
- Engage an executive sponsor
- Understanding our strengths and weaknesses as a project team led to faster decision making – for example, engaging and commissioning an external professional facilitator to deliver the programme
- KPIs - Keep People Informed. Communication between the project team and those expressing an interest in becoming a Health Equalities Champion was essential
- Engage people from across the wider system
- Celebrate success, no matter how small

What did we learn?

- People across our system are hugely passionate about improving health equity for the people we serve
- You don't need to hold a senior position/role to make a difference. Improving health equity is all of our business regardless of grade or banding
- Tackling health equity isn't just a moral and ethical requirement. There is also an economic reason. The most expensive healthcare is inequitable healthcare

Resource links

LLR Health Equalities Strategic Framework Better Care for All
<https://leicesterleicestershireandrutland.icb.nhs.uk/wp-content/uploads/2023/03/HIF-BETTER-CARE-FOR-ALL-Final-03.02.22.pdf>

Case study: Cultural Competency

Challenge or situation

To increase the level of cultural competency across Leicester, Leicestershire and Rutland (LLR) and NHSE.

Approach

To work with an external provider to develop a 360 cultural competency feedback report and to identify colleagues from across LLR and NHSE to undertake the report. Alongside this to develop a group of cultural competency enablers to support facilitate the feedback report conversations. The programme was open to all system partners not just Health.

Contacts for further information

Bina Kotecha – Bina.kotecha1@nhs.net

Rachel Blunt – R.blunt3@nhs.net

Haseeb Ahmad – Haseeb.ahmad4@nhs.net

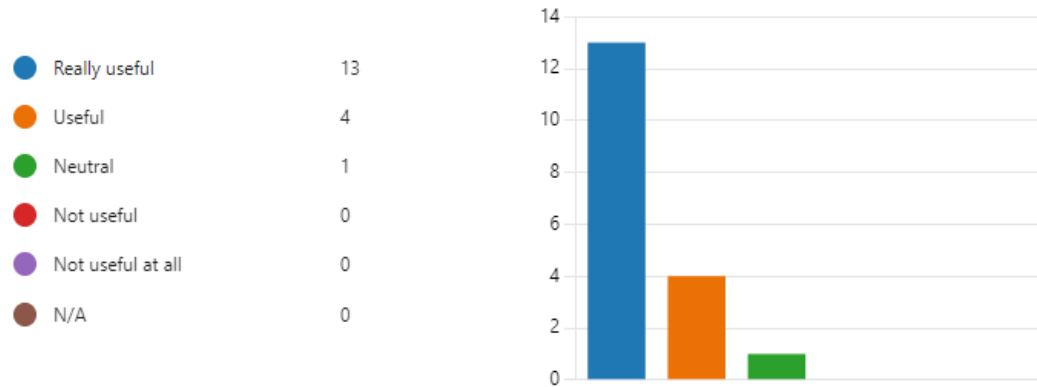
Rebecca Carlin – Rebecca.carlin5@nhs.net

Performance change / Impact visual here:

4. If you booked a feedback session, how useful was that in supporting your cultural competency journey?

[More Details](#)

[Insights](#)



“This was a real eye opener and the session to talk about my report was fantastic.”

Results

44 colleagues from across LLR and NHSE trained as Enablers

232 reports were generated

58 feedback sessions took place between June – December 2023

Community of practices established for Enablers and Participants and Enablers.

As of May 2024, the Cultural Competency Programme has been paused in it's current format recognising production of further reports have not been planned.

Enablers and good practices

- Project team needed to drive the programme of work forward.
- Utilised organisational sponsors to drive work internally.
- Make this as part of colleague's roles not seen as an add on.
- Community of practice to support embedding and continued learning

What did we learn?

- Its more than the report
- Developing colleagues to be more culturally competent supports colleagues' wider roles.
- Community of practice for enablers important as they started to feedback.
- Creating a bespoke feedback tool was hard and took longer than we anticipated.

Resource links

[CULTURAL COMPETENCY ENABLER PROGRAMME – LLR HWP \(leicesterleicestershireandrutlandhwp.u\)](#)

Case study: **Developing Diverse Leaders (DDL)**

Challenge or situation

Lack of visible diversity at more senior levels within the LLR System
 Develop future BAME leaders - increasing diversity leading to better outcomes for colleagues and the communities we serve.
 Opportunity and access to development and career progression for people across LLR
 Deliver against our promise for #moregooddays'
 A system of choice & belonging - attract, develop, retain the best.

Approach

DDL Cohort 1- 37 BAME Participants identified from across LLR: Nursing, Midwifery and AHP Profession (AFC Band 5-7). 36 Line Manager
 Awarded MIDAS Award (2024) for Inclusive Recruitment and Talent Management of Year Midlands (click [HERE](#) to find out more)

DDL cohort 2- launch event on the 11th July with representation from Nurses, Midwife's, AHPs and non-clinical participants from across LLR health and social care organisations. 28 participants started the programme in July 2024. Sustainable plan developed for future delivery of DDLs through a "Train the Trainer" model.

Development programme focused on leading inclusively & appreciatively with Action Learning Sets to embed learning. Underpinned by Executive Sponsors, Exec & Senior Leaders and OD Leads

Contacts for further information

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Jemini.thakarshi2@nhs.net hellenmakamure.llrpcl@nhs.net

Performance change / Impact visual here:



Cohort 2 Launch Event (July 2024), strong commitment from participants and their sponsors at the start of their programme journey.

Cohort 1:

100% of respondents reported increased levels in one or more of the following categories - (a) confidence to do current job, (b) confidence to apply for new opportunities (c) networking, and/ or (d) applying for new opportunities

72% reported a maintained or improved relationship/ ability to ask for career related conversations with their line manager.

BAME participants on the programme
 3 promoted shared - directly attributable to this
 2 participants have achieved lateral career directly attributable to this opportunity.

Enablers and good practices

Team needed to drive the programme of work forward.
 Utilised organisational sponsors to drive work internally.
 Make this as part of colleague's roles not seen as an add on.
 To continue the successful programme across the system by developing our own trainers.
 The launch of cohort 2 will facilitate the train the trainer package to ensure continuity.

What did we learn?

The programme works!
 The need for a series of programme across the career pathway
 The need to ensure line managers as part of this learning and often seem as 'gatekeepers'

Resource links

Participant feedback

<https://youtube.com/shorts/35DolyZlnqM?feature=share>

<https://youtube.com/shorts/9mdzJNhSygg?feature=share>

Case study: **Developing Diverse Senior Leaders: Talent Acceleration Programme**

Challenge or situation

To increase the number of Nurses, Midwives and AHPs from diverse ethnic backgrounds across the system to sub board level positions

Approach

New talent management programme developed and designed to support Band 8a and Band 8b NMAHPs from minority ethnic background

Will include stretch assignment to provide skills and experience at the senior level focusing on shifting from operational leadership to strategic leadership.

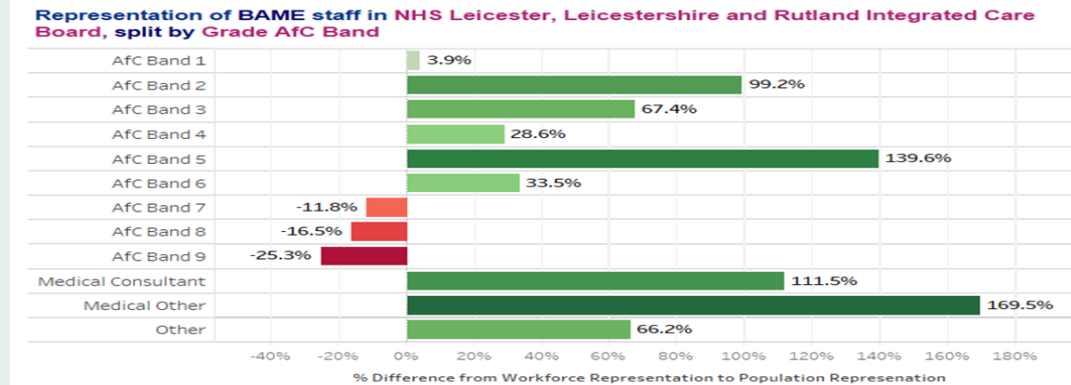
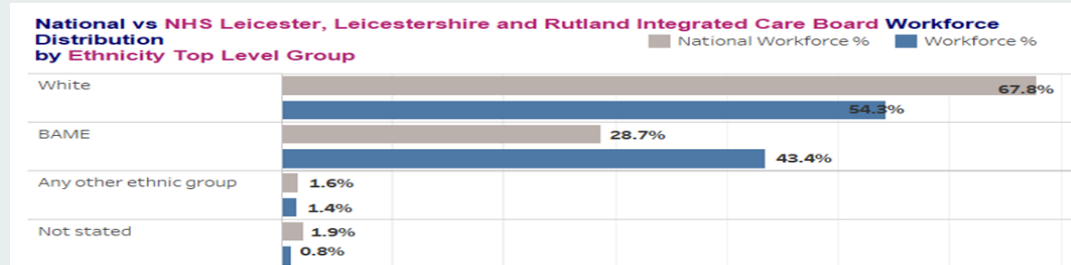
Available to up to 20 mentors and mentees across the ICS. Engagement with Executive Sponsors completed in January 2025. Launching May 2025

Contacts for further information

Bina.kotecha1@nhs.net

hellenmakamure.llrpcl@nhs.net

Performance change / Impact visual here:



Results

The intention on is that on completion, there will be progression to a more senior role or sub board level positions in 12 months. Targeting at least 50% of the cohort.

An understanding of available local talent for future roles.

Enablers and good practices

- Core design team consisting of ICS partners
- Programme reviewed by Sponsors and signed off.
- Meetings held with organisational Sponsors to support sign up onto the programme.
- Organisational Sponsors to look at available or future projects that can be used for stretch assignments to support participants (mentees)
- Participants will have paired coaching, group coaching and access to the System coaches and sponsors during the programme
- The core team will support delivery

What did we learn?

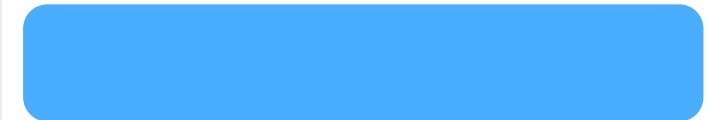
The need for robust programmes with practical exposure to strategic assignments

The need to ensure executive leaders are involved as mentors so they are aware of talent and support with stretching aspiring leaders

The need to have coaches from diverse ethnic backgrounds within the system that can be accessed.

The need to now commence populating a skills matrix – talent pipeline of staff from diverse ethnic backgrounds to support with progression to sub board positions.

Resource links



Case study: LLR Integrated Care System Induction Video

Challenge/Situation

To develop the LLR ICS Retention Plan, detailed analysis of the health and social care workforce was undertaken. One finding was that staff and volunteers had very limited understanding of what an integrated care system is, how it is relevant to their role and how it benefits those who draw on health and care services.

Improving awareness of the ICS and promoting health and social care as equal partners was identified as a key priority by the People and Culture Board.

Approach

The project was led by the ICS Retention Lead, but the development of the video was a truly collaborative process, with partners from across the health and care system involved throughout.

Engaged members of the ICS Retention Steering Group were invited to input into the script, animation and voiceover and feedback was gathered at regular intervals. The views of others partner representatives were also sought and incorporated before the final version of the video was launched on 1st February 2024.

Contacts for further information

Kirsty Whatmore, ICS Retention Lead
kirsty.whatmore1@nhs.net



‘Our staff and volunteers are at the heart of what we do. I hope that, by having a better understanding of their place within the ICS and the importance of their particular role, staff will also gain a deeper sense of belonging to a wider system and an appreciation of the value of their contribution.’ Alice McGee, Chief People Officer, LLR ICB

‘I think it is a great resource. I look forward to sharing it with the registered manager network.’ Skills for Care

‘The film is great and will really enhance understanding of the ‘system’ with our staff and volunteers’ LPT

‘It was important for us (Inspired to Care) to be involved in this piece of work as we felt that there is a lack of understanding about the (ICS) Integrated Care System. We wanted the adult social care sector to know that they are part of a bigger system, a system that not only do they support but they can get support from. And to show that the work they do makes a difference’. Inspired to Care (external social care)

Results:

- The video has been shared with system partners via internal comms teams and informal networks and now features on the Health and Wellbeing Partnership Webpages
- To date, only positive feedback has been received on the video.
- It has been watched 370 times in the 22 days since it was launched.

Enablers and good practices

- The collaborative approach taken in developing the video meant all perspectives were considered and partners felt valued and listened to.
- Equality, Diversity and Inclusion Leads from the two NHS Provider organisations were engaged from the start of the project, to ensure that the final product was inclusive and reflective of the local population.
- Representatives from the NHS, Skills for Care, the external care workforce (represented by Inspired to Care, EMCARE and the Homecare Alliance), LOROS, the voluntary sector and local authorities were all involved throughout the project.

What did we learn?

- There is a genuine desire across health and social care to collaborate and learn from each other, for the benefit of all.
- There is a real need to share the information in the video – even those involved in the development of the video agreed they had learnt something and better understood the ICS through the project.

Resource links

[About – LLR HWP
\(leicesterleicestershireandrutlandhwp.uk\)](https://leicesterleicestershireandrutlandhwp.uk)

The video can be watched at the above link.

Case study: LLR Buddying Framework

Challenge or situation

Quantitative and qualitative data from health and social care demonstrate the impact of ‘early leavers’ on both sectors. It is widely recognised that significant numbers leave roles with less than 6 months service, this is a particular issue in support worker / healthcare assistant roles and for those new to health or care.

The ICS Retention Plan identified improving induction experiences as a system priority.

Approach

LLR engaged with the National Messenger Review Implementation team to support their work to develop a national induction for health and social care. In 2023, two workshops to explore induction experiences took place, with invited experts from across health and social care and the Messenger review team.

The output from these collaborative workshops was an agreement to form a system-wide task and finish group to develop an LLR Buddying Framework, which could support organisations to implement and sustain supportive and inclusive buddying across the health and social care system.

The task and finish group include representatives from NHS Providers, the ICB, Inspired to Care, local authorities and LOROS.

Contacts for further information

Kirsty Whatmore, ICS Retention Lead
kirsty.whatmore1@nhs.net

Buddy

An LLR Buddy's Guide to Buddying

Careers in health and social care are incredibly rewarding, but they can also be challenging. People need the right support at the right time to learn, grow and flourish. Ensuring people get a helping hand when they need it means they are more likely to stay, more likely to do a great job and more likely to support others in the same way. LLR Buddies can help create a team culture where supporting others is the norm.

An LLR Buddy is a person with the right experience, values, and skills to offer information, informal support and kindness to a colleague who needs it. LLR Buddies support colleagues to learn about unfamiliar workplaces and practices.

Most commonly an LLR Buddy would support someone during an induction period as they join a new team, but their skills are transferable and can be used in a variety of scenarios to help people learn about other roles, teams, or organisations.

It's estimated that recruiting to a vacancy costs around 6 to 9 months of the salary offered, replacing staff who leave takes a lot of time and money. Even more importantly, staff leaving has a huge impact on the morale of the colleagues they leave behind, the people who draw on health and social care services, and the reputation of the organisation.

- Asking other staff to cover for a vacancy puts them under additional pressure and can lead to people feeling stressed, taken for granted and may ultimately cause them to decide to leave themselves!
- Health and social care services are negatively impacted by vacant posts as this inevitably leads to a lack of continuity in care given and regular use of unfamiliar agency or temporary staff.
- Bad news travels fast: if people receive a poor service or work for an organisation that they don't feel is treating them well, they talk about it! Creating a picture of the organisation as both a bad place to work and a poor place to receive care.

The first 90 days in a new job is very important; during this time people make up their minds about the manager, the job, the team, and the organisation. Treating people well from the start and ensuring they are supported with kindness during the induction period gives a much higher chance that they will stay and stay for the long term.

LLR Buddies are there to support and guide others by providing information, informal support, and kindness. They are a friendly, inclusive colleague who will answer questions, show someone around, introduce them, support them as they learn, help them become familiar with the workplace culture and be their advocate. An LLR Buddy can help make a positive induction experience, which means that the new person will settle in, become productive more quickly and is far more likely to stay for the long term.

The LLR Buddy's role

This guide and the LLR Buddy Profile describe how an LLR Buddy can support colleagues, but these aren't prescriptive, and can be amended to ensure that they reflect the role that you will be doing. For example, in some teams LLR Buddies might be asked to be involved in planning inductions but in others they may focus purely on providing informal support.

How can LLR Buddies make a difference?

Think back to your first day in a new job. Remember how it feels to be somewhere where you don't know anybody, don't know your way around and don't understand what's expected of you.

Add to that situation the pressure of wanting to make a good impression and it's no wonder that starting a new job and working with new teams and people creates anxiety, whatever the role, level of seniority or how much previous experience someone has.

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An LLR Buddy is 'a person with the right experience, values, and skills to offer information, informal support and kindness to a colleague who needs it'.

The task and finish group includes representatives from NHS Providers, the ICB, Inspired to Care, local authorities and LOROS.

Results

- LLR was given NHSE funding to support the project, which enabled us to work with Resource, a communications company, to develop eye-catching marketing material.
- LLR Buddies will become part of a system-wide community of practice through the LLR Academy, who will coordinate quarterly upskill sessions to support LLR Buddies. These sessions will focus on creating bite-sized learning opportunities on key topics such as psychological safety, cultural competency, health and wellbeing support, stay conversations and inclusive workplace culture.
- The materials will become a best practice example in the new national induction for health and social care.

All materials have been developed using a collaborative approach, with input from all task and finish group members.

Enablers and good practices

- A logic model was developed to describe the project, the story of change and the evaluation plans for the project.
- Teams from across health and social care have been identified to test the materials that have been developed, with time built into the project to make changes and analyse the impact, prior to wider role out later this year.
- The experiences of the pilot areas will be measured using qualitative and quantitative data collection methods, to allow us to demonstrate the 'so what' difference of the project.
- The project has been supported by Clare Teeney, Chief People Officer at UHL and SRO for the ICS Retention Programme of work.

What did we learn?

- There is a genuine desire across health and social care to collaborate and learn from each other, for the benefit of all.
- Creating positive induction experiences and a sense of belonging in staff is a priority for all system partners

Resource links

Still in development

Case study: LLR #MoreGoodDays – Inclusive and Compassionate Wellbeing Support

Challenge or situation

Following a mapping event held with the LLR Looking After Our People Workstream, promotion of non-pay benefits and bringing together key resources and information around health and wellbeing and cost of living was recognised as a need for our workforce.

Approach

Working with the ICS Retention Lead, the LLR Academy developed a 'Wellbeing Event-in-a-box' which was offered from March 2023 to colleagues working across the health and care system making signposting and support accessible to their workforce, particularly targeting hard to reach/under representative groups. Resources provided in wellbeing boxes enabled leads to run local roadshows sharing material and information on relevant health and wellbeing initiatives, particularly in relation to financial wellbeing amid the cost of living pressures. Each box, reaching x50 members of staff, provided staff with merchandise, useful resources and signposting to a central webpage held on the Integrated Care Partnership website where further wellbeing information is available.

Contacts for further information

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Performance change / Impact visual here:



Wellbeing Resources
in the Wellbeing Box

Signposting on
Webpage



"I found the resources really helpful, having them collated makes it easier to see what is out there. It is really helpful for the people that I work with and I will be using the site for reference in the future."

"I particularly like the self care checklist and the technique to alleviate anxiety 😊. I'm looking forward to sitting down with a cup of tea and reading the various articles."

Results

As there is an appetite for face-to-face wellbeing events we have also held:

LLR's first Winter Wellbeing Festival event (Nov 23) which saw approx. 90 delegates join us across the day. Report doc available.

LLR Women's Wellbeing Event (Jun 24) recognising Cervical Screening Awareness Week. which saw approx. 90 delegates join us across the day. Report pack available.

LLR Winter Wellbeing Festival event (Nov 24) was held as a larger event, seeing approx. 130 delegates join us across the day. Outcome summary available.

<https://twitter.com/LeadConnectCare/status/1728094386234278123>

Enablers and good practices

We received a lot of interest from wellbeing leads, champions, service managers etc wanting to be 'box leads' owning how they communicate the wellbeing box with their workforce, supporting staff access wellbeing resources. In total we had 90 box leads who collectively ordered 318 wellbeing boxes, indicating a potential reach of 15,700 colleagues receiving access to the curated materials provided in boxes. We encouraged box leads to personalise the box by adding offers bespoke in their areas. Staff had a chance to engage with colleagues, take away helpful leaflets/ booklets/ resources, and find more information via the bespoke webpage to support with their wellbeing. The variety in formats of accessing information allowed colleagues to receive support in a way best suited to them.

What did we learn?

We learnt there is an appetite for face-to-face wellbeing events. Themed comments from feedback of initial wellbeing box initiative shows:

- 30% of comments referenced that the resources/ roadshows were informative
- 11% of comments described the webpage and signposting available as helpful

Resource links

<https://leicesterleicestershireandrutlandhwp.uk/staff-room/>

A central webpage that is available to all health and social care staff and volunteers in LLR. This website area continues to be expanded, hosting a staff area to support all of our workforce across the system

Case study: Introduction to British Sign Language (BSL) in Healthcare Training

Challenge or situation

The Midlands has the second largest Deaf community, outside of London, and evidence shows that people who are Deaf and hard of hearing are among the most excluded/underserved communities, as they generally find it difficult to access opportunities / services due to the public's limited or non-existent British Sign Language (BSL) skills. Moreover, the BSL Act 2022 made BSL a legally recognised language of England, Wales and Scotland in its own right.

Approach

After successfully securing funding in 2022 through the LLR non-recurrent 'Innovation Fund' for projects that would improve access to services for citizens, a local provider affiliated with Leicester Deaf Centre was selected via a bid & tendering.... process to deliver BSL training that was promoted to staff systemwide across the LLR health & social care system partner organisations.

The training, which spans 2 hours weekly for 10 consecutive weeks and facilitated by a Deaf person, was delivered in cohorts of 20 colleagues, with cohort 1 taking place in Sept-Nov 2023 and cohort 2 in Jan-Mar 2024. Additional funds was secured for two more cohorts scheduled for September 2024 to March 2025.

Due to the limited funding, high demand and growing interest, colleagues in patient-facing clinical and non-clinical roles across the LLR system partner organisations were prioritised, with places allocated on a proportional basis.

Contacts for further information

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Performance change / Impact visual here:



"I've signed up to BSL (course) at university now. This training gave me the confidence to do this".

"we will definitely implement what we have learned into daily clinical practices".

Results

Some participants state that the BSL training has:

- given them a better understanding and made them more aware of the needs of people who are Deaf, use BSL and/or are hard of hearing as well as the need to have some basic sign language skills to communicate with them.
- heightened their awareness of the barriers and disadvantages that Deaf and hard-of-hearing people face accessing services and want to make improvements.
- made plans to enrol for the next level in BSL, are committed to recommending BSL training to other colleagues and ensure learning is embedded.
- There was high attendance at the recent Sign Language awareness-raising sessions facilitated by a colleague who is Deaf and a BSL user during Sign Language Week in March 2024, which has also generated more interest in and enquiries about the BSL training.

Enablers and good practices

- The BSL training is intended to give colleagues the basics of BSL and then spur them on to upskill to the next level.
- Participants are expected to embed the learning by personally putting it into practice and share the key learning within their teams.
- A Community of Shared Practice is being considered for the participants to get together periodically to share how they are putting their BSL skills to use within their teams, including in their interactions with colleagues, patients/service users, carers, families and members of the public.

What did we learn?

- The basic BSL training has whet the appetite of some colleagues across the LLR health and social care sector, who are keen to improve the Deaf community's access to, experience of and outcomes from services as well as in the workplace.
- More colleagues are now aware of reasonable adjustments that can be made for people who are Deaf and/or hard-of-hearing, including the Interpretation & Translation Services through where to book BSL interpreters, for example, as and when required.
- There is a need to continue to raise awareness of the [NHS Accessible Information Standard](#), including meeting the Standard to ensure compliance.

Resource links



Case study: **Inclusive Decision-Making Framework (IDMF)**

Challenge or situation

The reality is that inequalities exist and can be perpetuated through decisions.

The IDMF has been co-produced by LLR system partner organisations to provide a structured way to look at, consider and examine the impact that a proposed or existing policy, procedure, practice, programme, function, service offer, design or change, etc could have on different groups of people.

Approach

The aim of the IDMF co-production is to offer all system partners consistent documentation that would streamline and standardise Equality Impact Assessment (EIA) or Equality Analysis when reviewing any decision involving services and/or workforce. The IDMF comprises of:

- an [EIA or EA form/ template](#) helps to ensure all aspects of a proposal, policy, service change, etc have been covered, including clear aims & objectives, impact on protected characteristic groups & wider equality groups, health inequalities, inclusive & meaningful engagement, etc.
- a [companion guidance document](#) on the EIA or EA form/template and how to fully complete it.

Contacts for further information

LLR.Academy@nhs.net

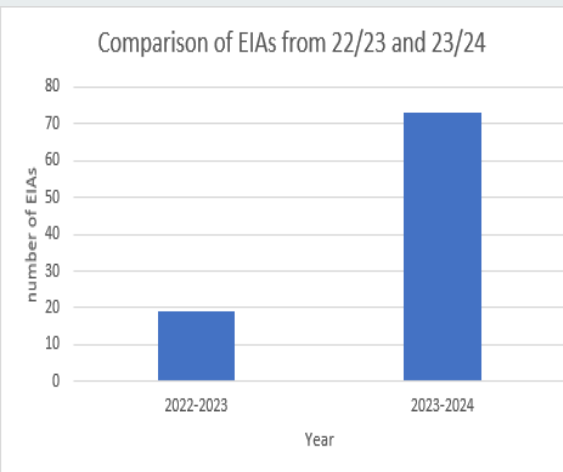
Performance change / Impact visual here:

Benefits of the Inclusive Decision-Making Framework

<p>1 Foster a culture of Inclusive Decision-Making across the LLR system</p>	<p>2 Provide a shared EDI resource across different partners</p>	<p>3 Provide practical steps to ensure that the needs of different communities and staff are considered in decisions and plans</p>
<p>4 Meet the challenges of delivering the NHS Long-Term Workforce Plan and NHS EDI High Impact Plan</p>	<p>5 Enable transformation, innovation in service delivery and workforce diversity</p>	<p>6 Meet our legal and mandated duties on equality, human rights and reducing health inequalities including demonstrating 'due regard' to the Public Sector Equality Duty</p>

Results

- Following comprehensive testing, the IDMF has been adopted by some system partner organisations and embedded into their governance structures.
- There is an uptick in the completion rates of EIA.
- Work is ongoing to increase the number of system partner organisations that adopt and embed the IDMF. For example, LOROS have recently incorporated the IDMF into their EDI Strategy.



Enablers and good practices

- Organisations are to continue undertaking their own initial screening for equality relevance ("Part A") and then utilise "Part B" of the IDMF toolkit as required.
- In addition to the Equality Analysis, the template fully incorporates the IDMF with a Health Equity Assessment Tool.
- Work is underway to ensure the IDMF is integral to the LLR approach to Continuous Quality Improvement.
- Our LLR Health Equity Champions (with LLR partner representatives) help to ensure that all services complete Equality Impact Assessment in a way that is aligned to the IDMF.
- Some informal learning sets have been facilitated to further embed the IDMF.

What did we learn?

- The IDMF contributes towards attaining one of the key purposes of the LLR system - to address inequities/inequalities in access, experience and outcomes for the local population being served, including for the workforce that delivers the wide-ranging health and social care services.
- There is a desire to collaborate with local health and social care system partners where possible, since we serve the same population and cover similar geographical footprints, which can minimise duplication.

Resource links

<https://leicesterleicestershireandrutlandhwp.uk/inclusive-decision-making-framework/>