

Equality, Diversity and Inclusion

Annual Report, 2016-2017



1. INTRODUCTION

The United Lincolnshire Hospitals NHS Trust provides a wide range of acute hospital services to the socially, ethnically and culturally diverse population of the historic county of Lincolnshire. Lincolnshire is the second largest county in England and although the three primary hospital sites are based in the main urban centres in the county, the Trust provides acute hospital services for the population of this large and rural county.

As a Trust we recognise and celebrate the fact that each of the patients we serve, and every member of staff who works for us, is a unique and valued individual with different needs and aspirations. In the last 12 months, the Trust has commenced an exciting new journey in relation to integrating and embedding equality, diversity and inclusion into all areas of Trust business. The newly established Equality, Diversity and Inclusion Forum, chaired by the Chief Executive, recently published a five-year vision (appendix 1), aligned to the organisation's 2021 Plan and clinical vision, to ensure equality, diversity and inclusion become a 'golden thread' through all aspects of the Trust's business.

The Trust is fully committed to compliance with the Equality Act 2010 and delivering the relevant actions as articulated in the Public Sector Equality Duty (2011), as defined within the Act. We are also keen to ensure that as active partners in the development and delivery of the Lincolnshire Sustainability and Transformation Plan (STP), equality, diversity and inclusion are integral to the county-wide plan, as well as firmly embedded with the Trust's specific elements of the plan.

*"As well as looking at how we improve the quality of care in the county, meet our NHS constitutional standards and close the gap in health and wellbeing in Lincolnshire, our plan demonstrates how we will bring the system back into financial balance by 2021."*¹

This annual report is intended to highlight our successes during the last twelve months, our performance in relation to our statutory, mandatory and regulatory requirements, and our commitment to continue the journey of improvement in relation to equality, diversity and inclusion for all patients, service users and staff in the future.

2. NATIONAL CONTEXT

The key areas of statutory, mandatory and regulatory obligations are set out below:

Statutory Obligations

The Equality Act 2010 and the Public Sector Equality Duty (PSED)

When the Equality Act 2010 came into force, previous anti-discrimination legislation was replaced by a single Act. The Act provides NHS organisations with a framework

¹ Lincolnshire STP website (24th March 2017)

and opportunities to work towards ensuring that all forms of discrimination are eliminated.

The Public Sector Equality Duty (PSED), which is an intrinsic part of the Equality Act (section 149), applies to public sector bodies, including the NHS, and others who undertake public functions, and requires these organisations to publish information to evidence compliance with the PSED. The information, which also includes equality objectives, must show that the organisation has due regard to the requirement to:

- Eliminate unlawful discrimination, harassment and victimisation;
- Advance equality of opportunity between people who share a protected characteristic and people who do not;
- Foster good relations between people who share a protected characteristic and people who do not share it

These are often referred to as the three main aims of the Public Sector Equality Duty (PSED) and apply to the following protected characteristics:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership (but only in regards to the first aim - eliminating discrimination and harassment)
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

The Trust's equality monitoring information in relation to the workforce is published in the 'About us' area under the Equality and Diversity section of the Trust website (www.ulh.nhs.uk). This information is included as Appendix 2.

Trust volunteers are valued members of our teams and play an important role in supporting and enhancing the patient services we provide. The Voluntary Services Team recruit, deploy and support the Trust's volunteers. Equality monitoring information relating to our volunteers is included as Appendix 2A.

Health and Social Care Act 2012

In relation to equality, diversity and inclusion the NHS "at the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population."²

In addition to the nine protected characteristics, noted above, other groups identified where there is a potential for discrimination and / or health inequalities, may include people living with / in:

² NHS Constitution for England, 2015

- Carer responsibilities
- Military service
- Homelessness
- Poverty
- Geographical isolation
- Long-term unemployment
- Stigmatised occupations (for example men and women involved in prostitution)
- Drug use
- Limited family or social network

The Health and Social Care Act 2012 introduced the first legal duties in relation to the promotion of health equalities and the mitigation and removal of health inequalities. The Trust works with the local Clinical Commissioning Groups (CCGs) and across the health and social care system to ensure avoidable health inequalities are identified and removed.

Mandatory Obligations

The Equality Delivery System 2 (EDS2)

“The main purpose of the EDS2 was, and remains, to help local NHS organisations, in discussion with local partners including local populations, review and improve their performance for people with characteristics protected by the Equality Act 2010. By using the EDS2, NHS organisations can also be helped to deliver on the Public Sector Equality Duty.”³

The EDS2 is a toolkit designed around four primary goals:

- Goal 1 – Better health outcomes
- Goal 2 – Improved patient access and experience
- Goal 3 - A representative and supported workforce
- Goal 4 – Inclusive leadership

Goals 1 and 2 are patient related and goals 3 and 4 are related to the workforce and leadership of the organisation. The goals are divided into eighteen outcomes. In essence, for each of the outcomes the organisation is undertaking an analysis of how people from the protected equality groups are faring, when compared with people overall.

In 2016 the Trust commenced a complete review of the EDS2 work. In close liaison with key clinical and professional groups, a detailed self-assessment was undertaken. In January 2017, the initial self-assessment was confirmed, challenged and peer reviewed by the CCG Equality Assurance Manager. The Trust is continuing with this extensive piece of work and developing actions and priorities to improve performance in key areas. It is envisaged that during 2017-2018 further internal and

³ NHS England, EDS2 website <https://www.england.nhs.uk/about/equality/equality-hub/eds/>

external stakeholders will support the Trust in completing stakeholder grading. Further, it is proposed that the Trust's new Equality, Diversity and Inclusion Strategy 2021 will be designed around the EDS2 goals.

The table on the following pages details how ULHT was peer graded in January 2017 in relation to the EDS2 goals and outcomes:

Goal	Narrative	Outcome	Grade
1. Better health outcomes	The NHS should achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of need and results.	1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities	Yellow
		1.2 Individual people's health needs are assessed and met in appropriate and effective ways	Yellow
		1.3 Transition from one service to another, for people on care pathways, are made smoothly with everyone well-informed	Yellow
		1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse.	Green
		1.5 Screening, vaccination and other health promotion services reach and benefit all local communities	Green
Goal	Narrative	Outcome	Grade
2. Improved patients access and experience	The NHS should improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience.	2.1 People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds.	Yellow
		2.2 People are informed and supported to be as involved as they wish to be in decisions about their care.	Yellow
		2.3 People report positive experiences of the NHS	Yellow
		2.4 People's complaints about services are handled respectfully and efficiently.	Red
Goal	Narrative	Outcome	Grade
			Yellow

3. A representative and supported workforce	The NHS should increase the diversity and quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to patient and community needs.	3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	Amber
		3.2 The NHS is committed to equal pay for work of equal value and expects employers to use pay audits to help fulfil their legal obligations	Amber
		3.3 Training and development opportunities are taken up positively and evaluated by all staff	Amber
		3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source.	Amber
		3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	Green
		3.6 Staff report positive experiences of their membership of the workforce	Red
Goal	Narrative	Outcome	Grade
4. Inclusive leadership	NHS organisations should ensure that equality is everyone's business, and everyone is expected to take an active part, supported by the work of specialist equality leads and champions.	4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	Amber
		4.2 Papers that come before the Board and other major committees identify equality-related impacts including risks, and say how these risks are to be managed	Amber
		4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	Amber

The grading system is:

- Red – Undeveloped (0 - 2 protected groups)
- Amber – Developing (3 – 5 protected groups)
- Green – Achieving (6 – 8 protected groups)
- Purple – Excelling (all 9 protected groups)

Workforce Race Equality Standard (WRES)

The Workforce Race Equality Standard is designed to help NHS organisations understand differences in the experience and treatment of BAME (Black, Asian and Minority Ethnic) staff and white staff. Built around nine indicators, the WRES provides a robust reporting framework and supports NHS organisations to close any gaps through the development and implementation of action plans for improvement.

The WRES is a mandatory requirement for the Trust and forms a part of the national NHS Standard Contract.

The Trust published WRES results in 2015 and 2016, and an action plan for improvement in 2016. These documents are available on the Trust website. (<https://www.ulh.nhs.uk/about/equality-diversity/nhs-workforce-race-equality-standard-wres/>)

The Trust has been able to evidence delivery of some of the actions included in the plan. However, not all agreed actions have been delivered upon and moving forward, the new BAME Staff Equality Network will play a crucial role in holding the organisation to account and for ensuring that the voice of BAME staff members is heard and acted upon to improve their experience.

Accessible Information Standard (AIS)

This information standard directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents, where those needs relate to a disability, impairment or sensory loss.

An initial assessment of the requirements to support full implementation of the AIS was undertaken by the Patient Experience Team, in liaison with the Information Technology, Information Governance and Choice and Access departments. A report was presented to the Executive Team in February 2016.

The AIS implementation project was assigned to the Equality, Engagement and Inclusion Project Manager in June 2016. In liaison with the Equality Assurance Manager at the CCG, it was agreed, that alongside the strategic work streams to ensure implementation, operational pilot projects in the clinical areas of Ophthalmology, Audiology and Learning Disability Services should be commenced. A pilot project steering group, including representatives from Lincolnshire Sensory Services, was established in July 2016 and implementation work was commenced.

A progress update and proposal to ensure full delivery and compliance in relation to the strategic and operational aspects of the AIS implementation will be brought to the Executive Team in the first quarter of 2017-2018.

Regulatory Obligations

Care Quality Commission (CQC)

From April 2016, evidence of the NHS commitment and delivery upon the equality, diversity and inclusion agenda, is an integral part of the CQC Inspection Framework (Well-led section).

In the Quality Report published in April 2017 the CQC inspectors acknowledged that at the time of their inspection (October 22016), the Trust Equality, Diversity and Inclusion Lead had recently taken up position and that the Trust had embarked on a new journey of commitment to improving equality, diversity and inclusion.

The CQC inspectors noted the Trust had commenced work with the Workforce Race Equality Standard (WRES), was hosting a multi-agency WRES event, had recently launched an equality forum and had published equality objectives for 2016-2017.

3. KEY EQUALITY ACTIONS IN THE TRUST IN 2016-2017

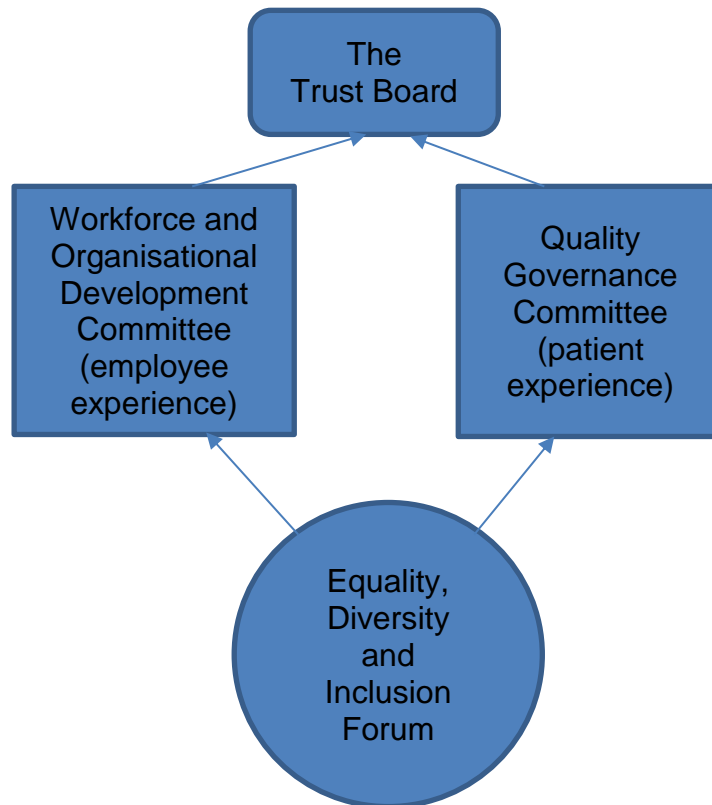
In February 2016 the Trust appointed an Equality, Diversity and Engagement Programme Manager to undertake a thoroughgoing review of all work relating to equality, diversity and inclusion in the Trust. Equality Objectives, as stipulated in the Public Sector Equality Duty, and associated action plan for equality, diversity and inclusion were developed in close liaison with the Clinical Commissioning Group Equality Assurance Manager and presented to the senior leadership of the Trust. The senior leadership of the organisation approved the Equality Objectives. In late September 2016, the substantive Equality, Diversity and Inclusion Lead for the Trust was appointed.

Equality Objective 1: Establishment of the Equality, Diversity and Inclusion Forum

The Equality, Diversity and Inclusion Forum, chaired by the Chief Executive, was established and launched in September 2016. The forum meets six times per annum to discuss and promote new ways of working, identify areas for improvement and share and monitor progress. The forum is fully embedded within the organisation's governance framework and provides assurance in relation to equality, diversity and inclusion to the Trust Board through the assurance committee structure. (Appendix 3 Equality, Diversity and Inclusion Forum Terms of Reference).

Since March 2017 Trust members / patient representatives have provided a welcome addition to the group. There is further scope for more Trust members / patient representatives to join the group and particular representation from the protected equality groups would be welcomed.

The governance arrangements for the Equality, Diversity and Inclusion Forum are as follows:



Equality Objective 2: Revision of the Trust's Equality Analysis documentation

A system of robust Equality Analysis is one of the primary methods through which the organisation can demonstrate and evidence due regard to the Equality Act 2010 and the Public Sector Equality Duty 2011.

The Trust's Equality Analysis documentation (Appendix 4) was revised and a new pack was approved by the Executive Team, piloted and implemented in the Trust. The pack comprises:

- Overview of Equality Analysis
- Equality Analysis Assessment Tool
- Full Equality Analysis document

Moving into the financial year 2017-2018, a system for electronically recording all Equality Analyses as part of a wider performance management dashboard is being explored.

Equality Objective 3: Development of an Equality Champion and Ally programme for staff

We have adopted a fully inclusive approach to equality, diversity and inclusion in the organisation. This means both people who identify with one or more of the protected equality characteristics and people who want to be actively supportive (ally) of the work are welcomed.

This particular equality objective will be aligned to, and promoted through, the staff equality focus groups / networks. In April 2017 focus groups will commence for the LGBT+ (Lesbian, gay, bisexual and trans) equality group, followed in May 2017 by a group for BAME (Black, Asian and Minority Ethnic) staff. It is planned for a MAPLE (Mental and Physical Lived Experience – disability) group to commence in the autumn of 2017, with other groups to follow as momentum is gained.

Equality Objective 4: Trust statement of commitment to equality, diversity and inclusion

In the autumn of 2017, the Trust published a statement of commitment on its website (www.ulh.nhs.uk).

This work has however, developed much further through the work the Equality, Diversity and Inclusion Forum has commenced in articulating the #ULHT_Equality 2021 vision (Appendix 1).

Equality Objective 5: The publication of an Equality, Diversity and Inclusion 2021 Strategy

Work has commenced on the production of an Equality, Diversity and Inclusion 2021 Strategy. Although initial plans were for a two-year strategy, it has recently been decided by the Equality, Diversity and Inclusion Forum to align the Equality, Diversity and Inclusion Strategy to the Trust's 2021 Plan and the Lincolnshire Sustainable Transformation Plan (STP).

The Equality, Diversity and Inclusion Strategy will be aligned to all the relevant key national and local drivers, and the EDS2 will provide the structure of the strategy. Consultation on the draft strategy will commence in July 2017.

Other note-worthy achievements in relation to Equality, Diversity and Inclusion in 2016-2017 are:

- ✓ Completion and submission of the 2016 Workforce Race Equality Standard (WRES)
- ✓ Publication of Workforce Equality Monitoring data on the Trust website
- ✓ Interpreters are available for all non-English speaking patients, service users and carers (including British Sign Language)
- ✓ Publication of Public Sector Equality Duty Gender Pay Audit information on the Trust website
- ✓ Complete revision of the Trust Equality website and ensuring the site is accessible in two mouse clicks
- ✓ Commencement of the Accessible Information Standard (AIS) implementation
- ✓ Hosting of a Race Equality Conference with NHS England WRES Team in Black History Month, October 2016

<p>“Excellent event” “I’ll champion race equality in my area of work” Race Equality Conference delegates, Oct 2016</p>
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- ✓ Active participation and sponsoring of a LGBT+ Conference in LGBT+ History Month, February 2017

“A very professionally presented day. Yet again Lincolnshire is leading the way, well done team for their fantastic organisation.” LGBT+ Conference delegate, Feb 2017

- ✓ Signing of the Armed Forces Covenant in March 2017



- ✓ Complete revision of the Trust's Equality, Diversity and Inclusion presentation on the general staff induction (launched April 2017, with revised Core Learning update to follow in the first quarter of 2017-2018)
- ✓ Expertise provided to national Chaplaincy / NHS England work stream on equality in Chaplaincy recruitment

4. KEY EQUALITY BASED IMPROVEMENTS FOR PATIENT SERVICES IN THE TRUST IN 2016-2017

The Trust's vision is for equality, diversity and inclusion to be a 'golden thread' running through, and central to, how we work together to provide high quality patient-centred care and services for all people living in Lincolnshire.

Listed below are some of the key improvements to patient services, referenced to the specific protected equality group/s:

- ✓ Complete renovation of neo-natal services commenced at Lincoln (pregnancy and maternity, gender)
- ✓ New modular unit for some of maternity services at Boston (pregnancy and maternity, gender)
- ✓ Opening of new Scampton Ward at Lincoln for frail older people, as an environment to specifically meet their care needs (age, disability)
- ✓ Ophthalmology Clinic 8 at Lincoln refurbished (disability, age)
- ✓ New TV screens alerting patients introduced at Lincoln (disability)
- ✓ New Ophthalmology unit and expanded service provision at Grantham (age, disability)
- ✓ Implementation of the Carer's Badge scheme (Carers)

“The medical team who is caring for my mum's needs explain things well and they are always on hand, if you need to ask questions.” Carer using badge scheme

- ✓ Commenced Fall Prevention Programme on Wards 3b & 6b at Boston, a collaboration with 20 NHS Trusts (age, disability)
- ✓ Spiritual boxes introduced for end of life care through Chaplaincy (religion and belief)
- ✓ Commencement of Lincolnshire NHS Provider Services-wide (ULHT, LPFT & LCHS) Interpretation and Translation Services tender process
- ✓ Dementia Practitioners introduced on Lincoln and Boston Hospital sites to provide support to patients, carers and clinical areas (age, disability)
- ✓ Review of Trust estate accessibility by Disabled Go, to be launched on their website in July 2017 (disability)

5. KEY EQUALITY BASED IMPROVEMENTS FOR STAFF IN THE TRUST 2016-2017

At the United Lincolnshire Hospitals NHS Trust, we firmly believe that a diverse and inclusive workforce not only facilitates more innovation, it also delivers and provides better health outcomes for patients.

Developing and supporting our people is a crucial element of the Trust's vision for equality, diversity and inclusion to be a 'golden thread' running through, and central to, how we work together to provide high quality patient-centred care and services for all people living in Lincolnshire. From a trust-wide and strategic perspective equality, diversity and inclusion are central to the Trust's new People Strategy.

Listed below are some of the key improvements for staff, referenced, where appropriate, to the specific protected equality group/s:

- ✓ New Equality, Diversity and Inclusion Staff Induction written and launched
- ✓ Equality, Diversity and Inclusion section of the staff intranet expanded
- ✓ Monthly Equality Matters staff newsletter commenced August 2016
- ✓ @ULHT_Equality Twitter account opened December 2016
- ✓ Trust implemented the new national NHS Voicing Your Concerns policy and appointed a Freedom to Speak Up Guardian
- ✓ Trust signed the national Armed Forces Covenant in March 2017
- ✓ Trust commenced migration process to new Disability Confident scheme (disability)
- ✓ Trust reconfirmed commitment to Mindful Employer scheme (disability)
- ✓ Trust hosted Lincolnshire Race Equality Conference in October 2016 (race)
- ✓ Trust active partner and sponsor for Lincolnshire LGBT+ (Lesbian, Gay, Bisexual and Trans) Conference in February 2017 (sexual orientation, gender reassignment)
- ✓ Engagement with LGBT+ Staff commenced and vision for LGBT+ Staff Equality Network developed (sexual orientation, gender reassignment)

- ✓ Engagement with BAME (Black, Asian and minority ethnic) staff commenced and vision for BAME Staff Equality Network developed (race)
- ✓ Commitment secured for Trust to be present at Lincoln PRIDE 2017 (sexual orientation, gender reassignment)

NHS Staff Survey 2016

In 2016 the Trust provided all staff members with the opportunity to participate in the nationally led NHS Staff Survey. We have been encouraged by the increase in the numbers of staff completing the staff survey (up from 33% in 2015, to 39% in 2016) and added to the increase sample size of the survey, we have a much greater quality of feedback from our staff in relation to their experience of being employed by the Trust.

It is encouraging that in many areas there is an improvement in the experience of our staff. However, in relation to some of the protected groups, the staff survey raises disparity of experience and these issues are being addressed by the Trust. These are in the areas of:

- Age
- Disability
- Race

In particular, the issues raised in relation to race are being addressed through the Workforce Race Equality Standard (WRES); and in relation to disability will be addressed through the new Workforce Disability Equality Standard (WDES) from 2018. Parallel to this and of particular significance will be the new staff equality networks, through which the voice of staff will be heard and acted upon.

In relation to the age related issues raised, work is commencing through the Human Resources Department and professional groups to start addressing the issues in a structured and robust manner.

6. PLANS FOR THE FUTURE

As the Trust looks to consolidating and developing the implementation of its equality, diversity and inclusion plans, the key areas of strategic focus have been agreed by the Equality, Diversity and Inclusion Forum:

Strategic Equality Objectives and Actions 2017-2018:

EDS2 Goal 1: Better Health Outcomes		
Equality Outcome	Method	2017-2018 Target
Meaningful Equality Analysis	Continued embedding of the new Equality Analysis documentation	Equality Analysis evidenced in: <ul style="list-style-type: none"> • Committee reporting to the Trust Board • Service provision (33%) • Procurement

Due regard to the Equality Act 2010 (PSED) in business planning	Clinical directorates / business units to be provided with local equality information for their service	Due regard to the Equality Act 2010 (PSED) evidenced in 33% of clinical directorate / business unit business plans for 2018-2019.
Equality monitoring of patient information improved.	Expand equality monitoring in the Medway system upgrade (autumn 2017)	Equality monitoring expanded to include as many of the protected characteristic groups as viable (may not include Gender Reassignment, as national direction still awaited).
Improved and enhanced county-wide approach to interpretation and translation services achieved.	A new NHS provider, county-wide interpretation and translation service, to include aspects of the Accessible Information Standard and innovation, to be tendered, commissioned and implemented.	New translation and interpretation services to be in place for patients and service users
EDS2 Goal 2: Improved Patient Access and Experience		
Equality Outcome	Method	2017-2018 Target
Meaningful engagement with people from the protected groups achieved	EDS2 stakeholder grading completed, in partnership with the Clinical Commissioning Group Equality Assurance Manager and other partners.	Engagement evidenced for representatives from at least 6 of the protected equality groups. Engagement with people from the LGBT+ community commenced and delivered upon at Lincoln PRIDE, September 2017.
New ULHT Equality_2021 Vision integrated into the wider organisational vision	Develop and commence an engagement strategy with service users and staff	Detail to be confirmed
People living with a disability have their information and communication requirements met	Develop and commence delivery of a strategic implementation plan for the Accessible Information Standard	Detail to be confirmed
The experience of patients and service users known and acted upon	Align patient experience data to the protected groups	Detail to be confirmed

EDS2 Goal 3: A representative and supported workforce		
Equality Outcome	Method	2017-2018 Target
Staff identifying with all protected groups experience equality of opportunity, with no barriers, in relation to all aspects of their employment with the Trust.	Develop a more structured approach to talent management and equality of opportunity, embedded with the People Strategy	Detail to be confirmed
Employment experience of BAME staff improved	Deliver a meaningful response and plan for the 2016/2017 WRES	Demonstrable improvement for BAME staff in the 2017 NHS Staff Survey and the WRES
Trust ready for the implementation of the WDES in 2018	Commence engagement with staff living with disability	First WDES data return ready for submission
Meaningful engagement with staff from protected groups	Launch three Staff Equality Networks: <ul style="list-style-type: none"> • BAME • LGBT+ • Disability 	BAME, LGBT+ and Disability Staff Equality Networks to: <ul style="list-style-type: none"> • Be represented on Equality Forum • Actively engaged in relation to workforce standards, where applicable
Equality, diversity and inclusion training requirements for staff are met	Undertake a training needs analysis of training requirements	Deliver new Equality, Diversity and Inclusion Induction and Core Learning
Flexible working arrangements strategy for the Trust articulated	Complete review and report of flexible working arrangements at ULHT, in the first instance for Nursing	Deliver a draft strategy in relation to flexible working for the nursing workforce
ULHT present at Lincoln PRIDE September 2017	ULHT to commit to having a stall at Lincoln PRIDE 2017	The new LGBT+ Staff Equality Network to lead, with support from the Communications' Team and Equality Forum, on the Trust's first presence at Lincoln PRIDE in 2017
Patient representatives included on interview panels	Include patient representatives on interview panels for clinical staff Band 7 and above.	Deliver of strategy for inclusion of patient representatives on all interview panels for clinical staff Band 7 and above.
EDS2 Goal 4: Inclusive Leadership		
Equality Outcome	Method	2017-2018 Target

Middle and senior managers are equipped and able to demonstrate cultural competence	Undertake training needs analysis and identify training resources and delivery options	Commence delivery of cultural competency training to 25% of middle and senior managers
Board level sponsorship for Staff Equality Networks	Identify and deploy Board sponsors for new Staff Equality Networks	Board sponsors identified, deployed and active for the three new Staff Equality Networks: <ul style="list-style-type: none"> • BAME • LGBT+ • Disability
Visible leader and ally role for protected equality groups	Visible Leaders and allies identified, equipped and supported for the protected equality groups	Visible leaders and allies identified, deployed and active, aligned to the three new Staff Equality Networks: <ul style="list-style-type: none"> • BAME • LGBT+ • Disability

7. Conclusion

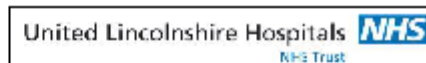
In relation to Equality, Diversity and Inclusion, 2016-2017 was a significant year in relation to the Trust putting the correct foundations in place and commencing a renewed journey of delivering high quality services and experience for patients, service users and staff.

It is encouraging that the Trust has received positive affirmation from its Commissioners that the initial plans and progress have set the organisation on the right path for continued compliance and improvement. It is also encouraging that the Trust has recently been selected for the prestigious NHS Employers Diversity and Inclusion Partners Programme 2017-2018. A total of 30 organisations from across the UK have been selected and will receive particular strategic development in the areas of equality, diversity and inclusion standards, capacity, delivery and evaluation.

With continued commitment we are confident that the United Lincolnshire Hospitals NHS Trust will deliver its plans and vision in relation to equality, diversity and inclusion.

Tim Couchman, Equality, Diversity and Inclusion Lead
June 2017

Appendix 1



Equality, Diversity and Inclusion at the United Lincolnshire Hospitals NHS Trust in 2021

Our vision is for equality, diversity and inclusion to be a 'golden thread' running through, and central to, how we work together to provide sustainable high quality patient-centred care for all people living in Lincolnshire.

From April 2017 the vision statements below are being used throughout our organisation and are intended to provide a focus and vision for the delivery and development of all our services.

Our patients and service users:

- 1) Have the confidence their individual needs and beliefs are taken seriously and they are treated with dignity and respect.
- 2) Know their individual life chances and well-being are enhanced by the Trust's commitment to equality, diversity and inclusion.
- 3) Are happy to choose to use and recommend the organisation.

Our staff:

- 1) Feel valued and fairly treated in an organisation that really cares.
- 2) Know the Trust as an organisation that people want to come and work for, stay with and thrive in, because of its commitment to equality, diversity and inclusion.
- 3) Are proud to work in an open and inclusive organisation.

Our communities:

- 1) Are assured the Trust engages with the diverse communities based on mutual interest and respect.
- 2) Are confident the Trust is active in tackling inequality, making services accessible, solving problems, delivering solutions and willing to learn.
- 3) The Trust is responsive to the challenges faced by people in relation to diverse needs and communicates appropriately.

Our organisation:

- 1) Lives its values consistently across all sites.
- 2) Demonstrates long-term, consistent commitment to equality, diversity and inclusion for the people of Lincolnshire.
- 3) Is a positive, innovative and 'can do' place to be.

Our commissioners:

- 1) Are assured that the Trust is the best in field.
- 2) Are confident equality, diversity and inclusion are at the heart of the delivery of the Sustainability and Transformation Plan and the Trust's 2021 Plan.
- 3) View the Trust positively as a commissioning partner, based on the evidence of our track record.

Our regulator:

- 1) Receives clear evidence of the Trust being well-led, safe, responsive and effective in relation to equality, diversity and inclusion.
- 2) Receives evidence of a fundamental and positive change in culture.
- 3) Is assured the Trust is the organisation of choice for service users and a 'beacon' exemplar Trust, based on our commitment to equality, diversity and inclusion.

Appendix 2



Workforce Equality Monitoring Data to 31st March 2017

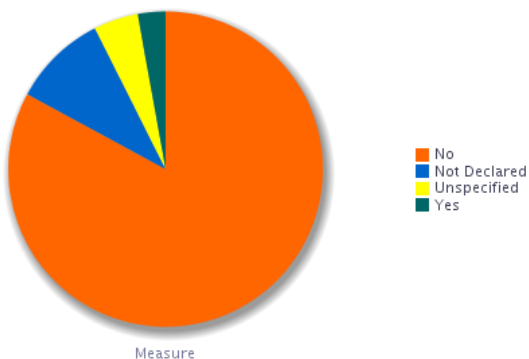
At the United Lincolnshire Hospitals NHS Trust we firmly believe that well supported staff provide better care for patients. In the Trust we monitor staff equality information, as required under the Public Sector Equality Duty, in an anonymised manner. This information helps us to understand the needs and requirements of our workforce, so that we can do our utmost to support their specific needs and make the reasonable adjustments required.

The workforce equality information is analysed by a number of the protected characteristics identified in the Equality Act 2010. The current Electronic Staff Record (ESR) system allows for data reporting on all the protected characteristics except Gender Reassignment. The ESR system is a national system and the Trust has raised with the software provider that future system upgrades need to provide the function to record Gender Reassignment status.

There is no requirement for the Trust to report on the protected characteristic Pregnancy and Maternity. However, the Trust is able to report on the number of people who have requested maternity / paternity leave.

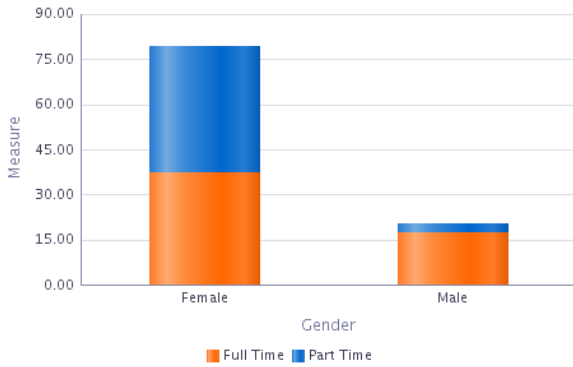
The data below is based on workforce equality monitoring information as at 31 March 2017.

Disability:



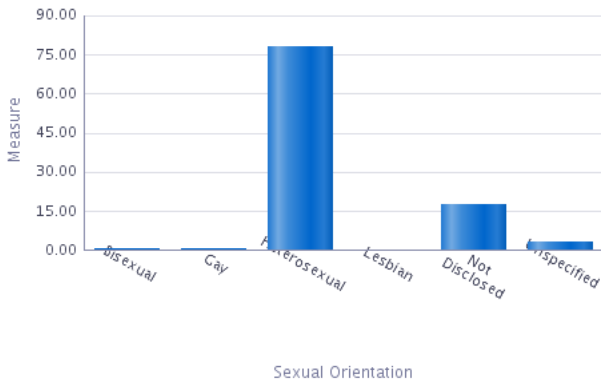
Disability Flag	%age
No	82.9
Not Declared	9.7
Unspecified	4.6
Yes	2.8
Grand Total	100.00

Sex (Gender):



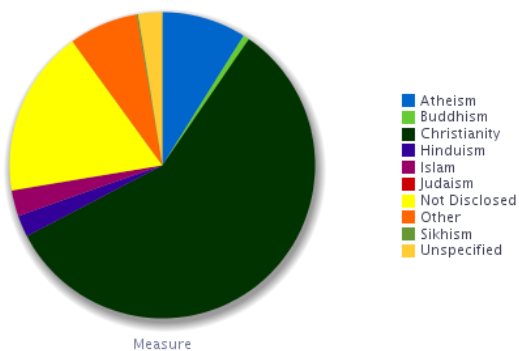
	%age	%age
	Female	Male
Part Time	42.30	3.00
Full Time	37.13	17.57
Grand Total	79.43	20.57

Sexual Orientation:



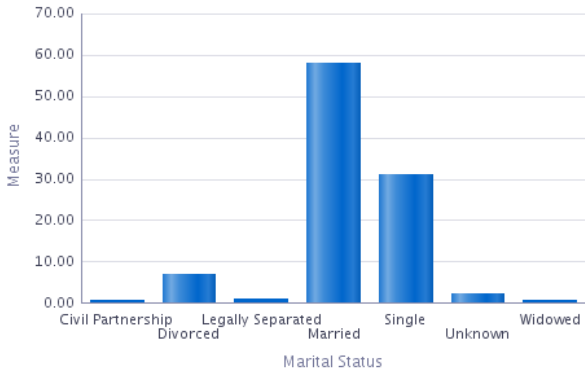
	%age
Bisexual	0.52
Gay	0.51
Heterosexual	78.06
Do not wish to disclose	17.39
Lesbian	0.31
Undefined	3.21
Grand Total	100.00

Religion and Belief:



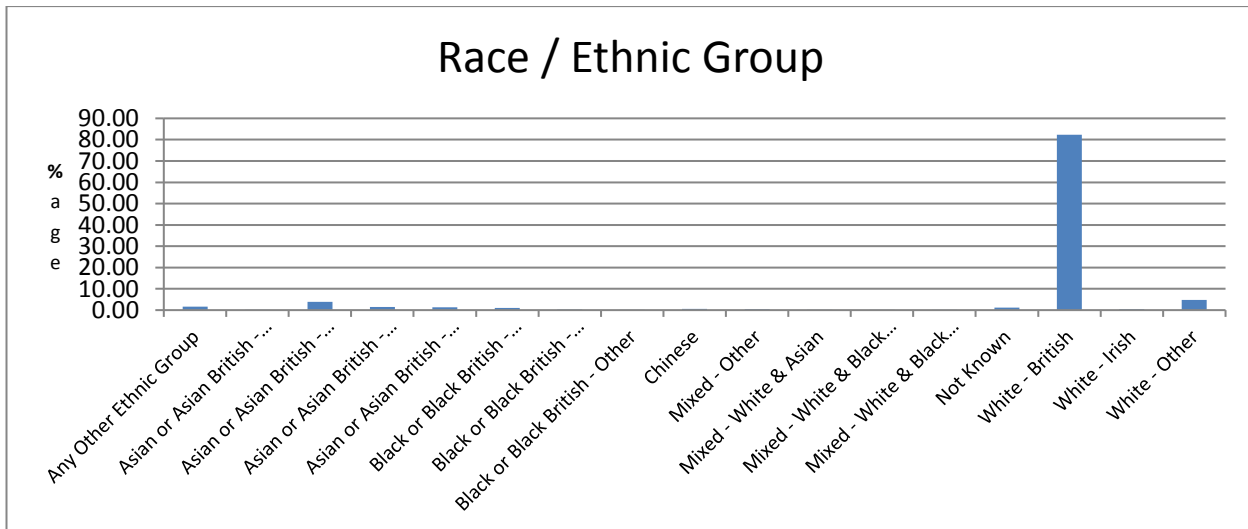
Religious Belief	%
Atheism	8.93
Buddhism	0.65
Christianity	57.76
Hinduism	2.30
Islam	2.70
Judaism	0.04
Not Disclosed	17.61
Other	7.31
Sikhism	0.16
Unspecified	2.54
Grand Total	100.00

Marriage and Civil Partnership:



	%age
Civil Partnership	0.54
Divorced	6.83
Legally Separated	0.94
Married	57.73
Single	31.04
Unknown	2.10
Widowed	0.82
Grand Total	100.00

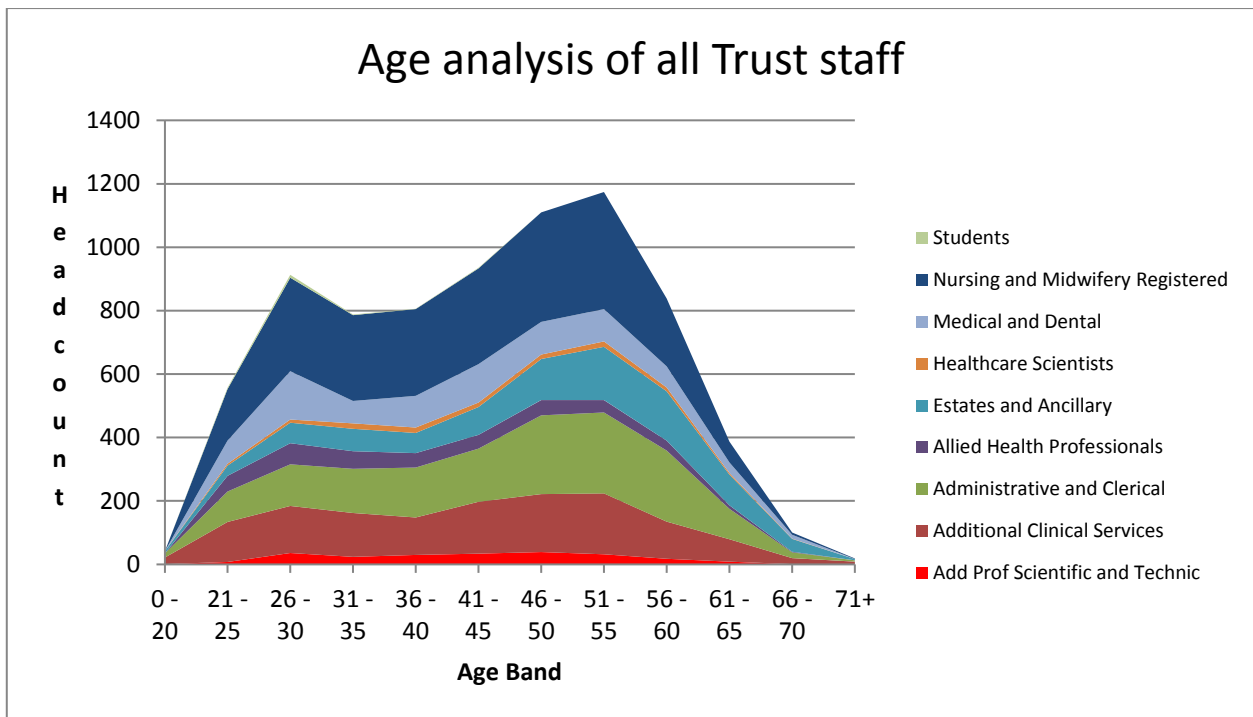
Race (Ethnicity):



Ethnicity	%
Any Other Ethnic Group	1.60
Asian or Asian British - Bangladeshi	0.08
Asian or Asian British - Indian	3.93
Asian or Asian British - Other	1.53
Asian or Asian British - Pakistani	1.28
Black or Black British - African	1.06
Black or Black British - Caribbean	0.23
Black or Black British - Other	0.13
Chinese	0.59
Mixed - Other	0.43
Mixed - White & Asian	0.14
Mixed - White & Black African	0.14
Mixed - White & Black Caribbean	0.17

Not Known	1.21
White - British	82.29
White - Irish	0.42
White - Other	4.77
Grand Total	100.00

Age profile by staff group (excludes Bank Staff):



Staff Group	Age Band												Total
	0-20	21-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66-70	71+	
Percentage of Workforce	0.55%	7.26%	11.90%	10.27%	10.51%	12.19%	14.47%	15.31%	10.92%	5.05%	1.32%	0.25%	100.00%

Initial analysis of the data, when cross-referenced with Staff Survey data, indicates that the non-disclosure rates are higher in the Trust's Electronic Staff Record system for the protected characteristics:

- Disability
- Religion and Belief
- Sexual Orientation

As the Trust continues to promote and develop its work around equality, diversity and inclusion, particular engagement with staff who identify with these protected characteristics is being planned and commenced.

Appendix 2A

Equality Monitoring Data for Trust Volunteers

Equality and Diversity information as at 18/05/17											
Gender			Race			Disability			Age		
Female	222	81%									
Male	51	19%	White: British	188	69%	No	151	55%	0-30	21	8%
			White: other	<11	1%	Yes	<11	1%	31-55	23	8%
Total	273	100%	BME: other	<11	0%	Unspecified	108	40%	56-65	53	19%
			Unpecified / declined	<11	0%	Not Declared	<11	4%	65+	146	53%
			Not given	78	30%						
			total	273	100%	total	273	100%			
									not recorded	30	11%
									total	273	100%

Appendix 3

Equality, Diversity and Inclusion Forum

Terms of Reference

1. Strategic Statement

The purpose of the Equality, Diversity and Inclusion Forum is to lead and drive the change required for quality improvement in the organisation meeting its statutory duties as set out in the Equality Act 2010 (particular reference is made to the Public Sector Equality Duty, both general and specific (Section 149)), as well as the current and emerging mandatory duties (e.g. Workforce Race Equality Standard (WRES), Equality Delivery System 2 (EDS2), Accessible Information Standard (AIS) etc.).

The Equality, Diversity and Inclusion Forum will provide positive and inspirational leadership to support the organisation in understanding the plethora of benefits of being fully inclusive.

2. Constitution

The Equality, Diversity and Inclusion Forum is established as a working forum of the Trust. The Equality, Diversity and Inclusion function of the Trust is hosted by the Human Resources and Organisational Development Directorate.

3. Relationships

The Equality, Diversity and Inclusion Forum will be the primary forum within ULHT for the overview of all Equality, Diversity and Inclusion processes and will be chaired by Jan Sobieraj, Chief Executive Officer. The Equality, Diversity and Inclusion Forum will provide assurance reports to the following Committees as requested:

- Workforce and Organisational Development Committee for all workforce equality matters.
- Quality Governance Committee for all patient and service user equality matters.

4. Membership

Chief Executive Officer (Chair)

Equality, Diversity and Inclusion Lead

Director of Human Resources and Organisational Development

Head of 2021 Change Programme

Head of Transformational Change and Engagement

One representative from each Business Unit / Clinical Directorate

Deputy Chief Nurse, Boston (incl. Patient Experience)

Deputy Chief Nurse, Grantham (incl. Safety)

Deputy Chief Nurse, Lincoln (incl. Training and Education)

Representative from the Medical Directorate

Representative from the Finance and Corporate Affairs Directorate

Representative from the Estates and Facilities Directorate
Representative from Quality Governance
Representative from Occupational Health
Member of the Safeguarding Team
Member of the Communications' Team
Representative from IT
Representatives from Staff-side
CCG Equality Lead
Representative from Healthwatch
Trust Members / Patient Representatives

5. Attendance

A quorum with a minimum of six members present at any meeting to consist of 1 Equality / Human Resources Lead, 1 clinical representative, 1 representative from business unit / clinical directorate and 1 non-clinical representative. Other members will be invited to attend and present as required by the agenda. Members will be required to attend at least 60% of the scheduled meetings in each year.

6. Administration

The Equality, Diversity and Inclusion Lead will ensure administration support is afforded to the forum.

VC will be arranged for each meeting

7. Frequency

The Equality, Diversity and Inclusion Forum will meet bi-monthly.

8. Authority

The Equality, Diversity and Inclusion Forum is authorised to investigate and forward any actions arising from its meetings and provide reports to the appropriate Committee of the Trust Board.

9. Core Duties

- To develop and provide the Trust with positive and inspirational leadership in relation to Equality, Diversity and Inclusion, ensuring the enabling role and function of Equality, Diversity and Inclusion is articulated in a clear and coherent fashion, with particular reference to the Trust's values.
- To develop and implement a robust system (fully integrated Equality Analysis) and reporting mechanism to provide the assurance, when requested, that the Trust is forwarding an improvement plan to achieve and evidence compliance with its statutory duties, as set out in the Equality Act 2010.
- To provide the assurance that the Trust's mandatory requirements in relation to WRES, AIS and EDS2 are being met, and ensuring improvement plans are actioned and evidenced in a timely manner.
- To provide the assurance that the Trust is well prepared to meet the challenge of future Equality Standards and CQC Inspection requirements relating to Equality, Diversity and Inclusion (including benchmarking against standards and partner organisations)
- To set, implement, monitor and evidence compliance of the Trust's annual Equality Objectives, and provide assurance thereof to the appropriate Committee of the Trust Board.

- To provide active and visible leadership and act as Equality, Diversity and Inclusion role models / champions / allies.
- To advise on, support the implementation of, and evaluate the effectiveness of the ULHT 2-year Equality, Diversity and Inclusion Strategy (to be launched April 2017).
- To present and discuss performance data regarding Equality, Diversity and Inclusion, providing guidance and solutions to clinical directorates and business units.
- Ensure processes are in place to ensure consistent internal and external reporting mechanisms for the reporting of Equality, Diversity and Inclusion data.
- To work in partnership and community-wide with county-wide, regional and national groups with recognised interest and experience with Equality, Diversity and Inclusion, thereby developing meaningful working relationships with representative groups, in particular with those identifying with the nine protected characteristics or aligned to the Trust's annually agreed and signed-off equality objectives.
- To ensure robust processes are in place to ensure that lessons identified from Equality, Diversity and Inclusion are shared across the organisation, i.e sharing good practice.
- To actively support existing and emerging Staff Networks and ensure these groups have robust systems in place to ensure their voice is heard and acted upon appropriately.
- Facilitate and advise upon the development of education material and appropriate communication support.

10. Review

The Terms of Reference were approved by the Executive Team in February 2017 and will be reviewed on an annual basis.

Tim Couchman
Equality, Diversity and Inclusion Lead

February 2017

EQUALITY ANALYSIS PACK

Equality Analysis – An Overview

The United Lincolnshire Hospitals NHS Trust is fully committed to caring for all patients, service users, their families and carers, and staff in a manner which embraces, respects, promotes and celebrates equality and cultural diversity.

The Equality Act 2010 requires specific provision is made to consider the impact of services and functions for people who identify with one or more of the nine protected characteristics, and for public sector bodies to take proactive steps to:

- eliminate unlawful discrimination, harassment and victimisation and any other conduct prohibited by the Act;
- advance equality of opportunity between people who share a protected characteristic and people who do not share it; and
- foster good relations between people who share a protected characteristic and people who do not share it.

These are referred to as the three aims of the General Equality Duty.

The nine protected characteristics are:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

As a public sector body the Trust has a statutory duty to ensure all aspects of Trust business and function are compliant with, and evidence due regard to, the Equality Act 2010.

There are further Specific Equality Duties with which the Trust must also comply. One of the specific duties requires that the Trust:

- Publish information to show their compliance with the Equality Duty, at least annually.

Together the General and Specific Equality Duties form the Public Sector Equality Duty with which the Trust, as an NHS Provider, must comply.

One of the main methods through which the Trust meets and evidences compliance with, and demonstrates due regard to, the Public Sector Equality Duty (PSED), is through the mechanism of an equality analysis.

An equality analysis initial assessment form should be fully completed at the earliest possible juncture or inception of a function or activity, and is the method by which any potential or actual impact on people of different groups is identified. The impact could be positive, neutral or negative. If the impact of the function is expected to be positive or neutral on people identifying with all the nine protected characteristics or other identified groups, and the evidence for the judgment is documented in the evidence box, then a full equality analysis is not required. If, however, the impact of the function or activity is expected to be negative on people identifying with one or more of the protected characteristics or other identified groups, then a full equality analysis must be completed.

When undertaken well, an equality analysis, whether through the equality analysis initial assessment form or the full equality analysis document, will not only ensure and evidence that appropriate due regard to the PSED has been given, it will also enable the Trust to celebrate, from an equality perspective, the many positive functions and activities the Trust undertakes.

Please note, equality analysis must be undertaken for all functions of the organisation, and not only in relation to policies. Equality analysis is not to be considered as a 'tick-box exercise' at the end of a given function or activity. Equality analysis should be commenced at the earliest juncture (please refer to the attached flow chart) and reviewed as appropriate to the function or activity.

Functions / activities of the Trust that require equality analysis include:

- ✓ Significant decision making (e.g. Board and committee papers)
- ✓ Service provision and delivery
- ✓ Service development, improvement or change
- ✓ Service cessation
- ✓ Projects and project initiation (including capital projects)
- ✓ Strategy, strategic development and business planning
- ✓ Systems and processes
- ✓ People management (Human Resources and Organisational Development)
- ✓ Procedures, including standing operating procedures
- ✓ Procurement, contracting and budgetary decisions

- ✓ Policies, protocols and guidelines
- ✓ Care pathways etc.

As the specific duty requires the Trust publishes evidence of compliance with the Public Sector Equality Duty, it is recommended that committees, business units, clinical directorates and all other groups with responsibility for the discharge of a specific function, ensure evidence of commencement, completion and monitoring of the equality analysis is recorded in minutes. It is also advisable that equality analysis status is included on the front sheet of important documents going to the Trust Board or committees.

Moreover, equality analysis is not simply an exercise in self-assessment. Where it is anticipated that a function may have impact on one or more of the protected characteristics, evidence of engagement is required. Examples of evidence which can be considered include:

- ✓ Analysis of demographic data (local, regional, national, hospital service)
- ✓ Staff demographic data
- ✓ Disability Access Audits
- ✓ Consultation / engagement with specific groups
- ✓ Output from anonymised surveys / feedback data etc.

For further information, please refer to the equality analysis and due regard flowchart, kindly provided by Karen Duncombe, Assurance Manager for Equalities and Inclusion, Optum CSS.

More detailed information on the Public Sector Equality Duty can be found on the website of the Equality and Human Rights' Commission: <https://www.equalityhumanrights.com/en/publication-download/essential-guide-public-sector-equality-duty>

Please remember, evidencing due regard to the Public Sector Equality Duty is not only a statutory requirement, more importantly it leads to better decisions and outcomes. Time invested in undertaking a thorough equality analysis, will support delivery of high quality services that are more appropriate for service users and staff, more cost effective and lead to improved patient, service user and staff outcomes.

Finally, please remember to save the completed and signed off equality analysis as a .pdf file before publishing and send all completed equality analysis forms by email to Tim Couchman, Equality, Diversity and Inclusion Lead tim.couchman@ulh.nhs.uk.



EQUALITY ANALYSIS INITIAL ASSESSMENT FORM

Title: of the function/activity to which the equality analysis initial assessment applies

Describe function/activity to which the equality analysis initial assessment applies:		
<input type="checkbox"/> Service delivery	<input type="checkbox"/> Service improvement	<input type="checkbox"/> Service change
<input type="checkbox"/> Policy	<input type="checkbox"/> Strategy	<input type="checkbox"/> Procedure/guidance
<input type="checkbox"/> Board paper	<input type="checkbox"/> Committee / forum paper	<input type="checkbox"/> Business case
<input type="checkbox"/> Other (please specify)		

Is this assessment for a new or existing function?	<input type="checkbox"/> New	<input type="checkbox"/> Existing
Name and designation of function / activity lead professional:		
Business unit / Clinical directorate:		

What are the intended outcomes of this function / activity? (Please include outline of function objectives and aims)
--

Who will be affected? Please describe in what manner they will be affected?		
Patients / Service users:	Staff:	Wider community

What impact is the function / activity expected to have on people identifying with any of the protected characteristics (below), as articulated in the Equality Act 2010? (Please tick as appropriate)
--

	Positive	Neutral	Negative	Please state the reason for your response and the evidence used in your assessment.
Disability				
Sex				
Race				
Age				
Gender reassignment				
Sexual orientation				
Religion or belief				
Pregnancy & maternity				
Marriage & civil partnership				
Carers				
Other groups identified (please specify)				

If the answer to the above question is a predicted negative impact for one or more of the protected characteristic groups, a full equality analysis must be completed. (The template is located on the intranet)

Name of person/s who carried out the equality analysis initial assessment:	
Date assessment completed:	
Name of function owner:	
Date assessment signed off by function owner:	
Proposed review date (please place in your diary)	

As we have a duty to publicise the results of all equality analyses, please forward a copy of this completed document to tim.couchman@ulh.nhs.uk – Thank you!



Full Equality Analysis Template

Please refer to the document 'Equality analysis – an overview'

Title: of the function to which this Equality Analysis applies

What are the intended outcomes of this work? Include outline of objectives and function aims
Who will be affected? e.g. staff, patients, service users etc

<p>Evidence The Government's commitment to transparency requires public bodies to be open about the information on which they base their decisions and the results. You must understand your responsibilities under the transparency agenda before completing this section of the assessment.</p> <p>What evidence have you considered? List the main sources of data, research and other sources of evidence (including full references) reviewed to determine impact on each equality group (protected characteristic). This can include national research, surveys, reports, research interviews, focus groups, pilot activity evaluations etc. If there are gaps in evidence, state what you will do to close them in the Action Plan on the last page of this template.</p>
<p>Disability Consider and detail (including the source of any evidence) on attitudinal, physical and social barriers.</p>
<p>Sex Consider and detail (including the source of any evidence) on men and women (potential to link to carers below).</p>
<p>Race Consider and detail (including the source of any evidence) on difference ethnic groups, nationalities, Roma gypsies, Irish travellers, language barriers.</p>
<p>Age Consider and detail (including the source of any evidence) across age ranges on old and younger people. This can include safeguarding, consent and child welfare.</p>
<p>Gender reassignment (including transgender) Consider and detail (including the source of any evidence) on transgender and transsexual people. This can include issues such as privacy of data and harassment.</p>

<p>Sexual orientation Consider and detail (including the source of any evidence) on heterosexual people as well as lesbian, gay and bi-sexual people.</p>
<p>Religion or belief Consider and detail (including the source of any evidence) on people with different religions, beliefs or no belief.</p>
<p>Pregnancy and maternity Consider and detail (including the source of any evidence) on working arrangements, part-time working, infant caring responsibilities.</p>
<p>Marriage and Civil Partnership Consider and detail (including the source of any evidence) on same sex people who are in a civil partnership, and heterosexual people and same sex people who are married.</p>
<p>Carers Consider and detail (including the source of any evidence) on part-time working, shift-patterns, general caring responsibilities.</p>
<p>Other identified groups Consider and detail and include the source of any evidence on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access.</p>

<p>Engagement and involvement</p>
<p>How have you engaged stakeholders in gathering evidence or testing the evidence available?</p>
<p>How have you engaged stakeholders in testing the function proposals?</p>
<p>For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:</p>

<p>Summary of Analysis Considering the evidence and engagement activity you listed above, please summarise the impact of your work. Consider whether the evidence shows potential for differential impact, if so state whether adverse or positive and for which groups. How you will mitigate any negative impacts. How you will include certain protected groups in services or expand their participation in public life.</p>
<p>Now consider and detail below how the proposals impact on elimination of discrimination, harassment and victimisation, advance the equality of opportunity and promote good relations between groups.</p>
<p>Eliminate discrimination, harassment and victimisation Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).</p>

Advance equality of opportunity Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).

Promote good relations between groups Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).

What is the overall impact? Consider whether there are different levels of access experienced, needs or experiences, whether there are barriers to engagement, are there regional variations and what is the combined impact?

Addressing the impact on equalities Please give an outline of what broad action you or any other bodies are taking to address any inequalities identified through the evidence.

Action planning for improvement Please give an outline of the key actions based on any gaps, challenges and opportunities you have identified. Actions to improve the policy/programmes need to be summarised (An action plan template is appended for specific action planning). Include here any general action to address specific equality issues and data gaps that need to be addressed through consultation or further research.

Please give an outline of your next steps based on the challenges and opportunities you have identified. Include here any or all of the following, based on your assessment

For the record

Name of persons who carried out this assessment:

Date assessment commenced:

Name of responsible Director/ General Manager:

Date assessment was signed:

EQUALITY ANALYSIS AND DUE REGARD FLOW DIAGRAM

© Karen Duncombe
Assurance Manager for Equalities
and Inclusion, Optum CSS

