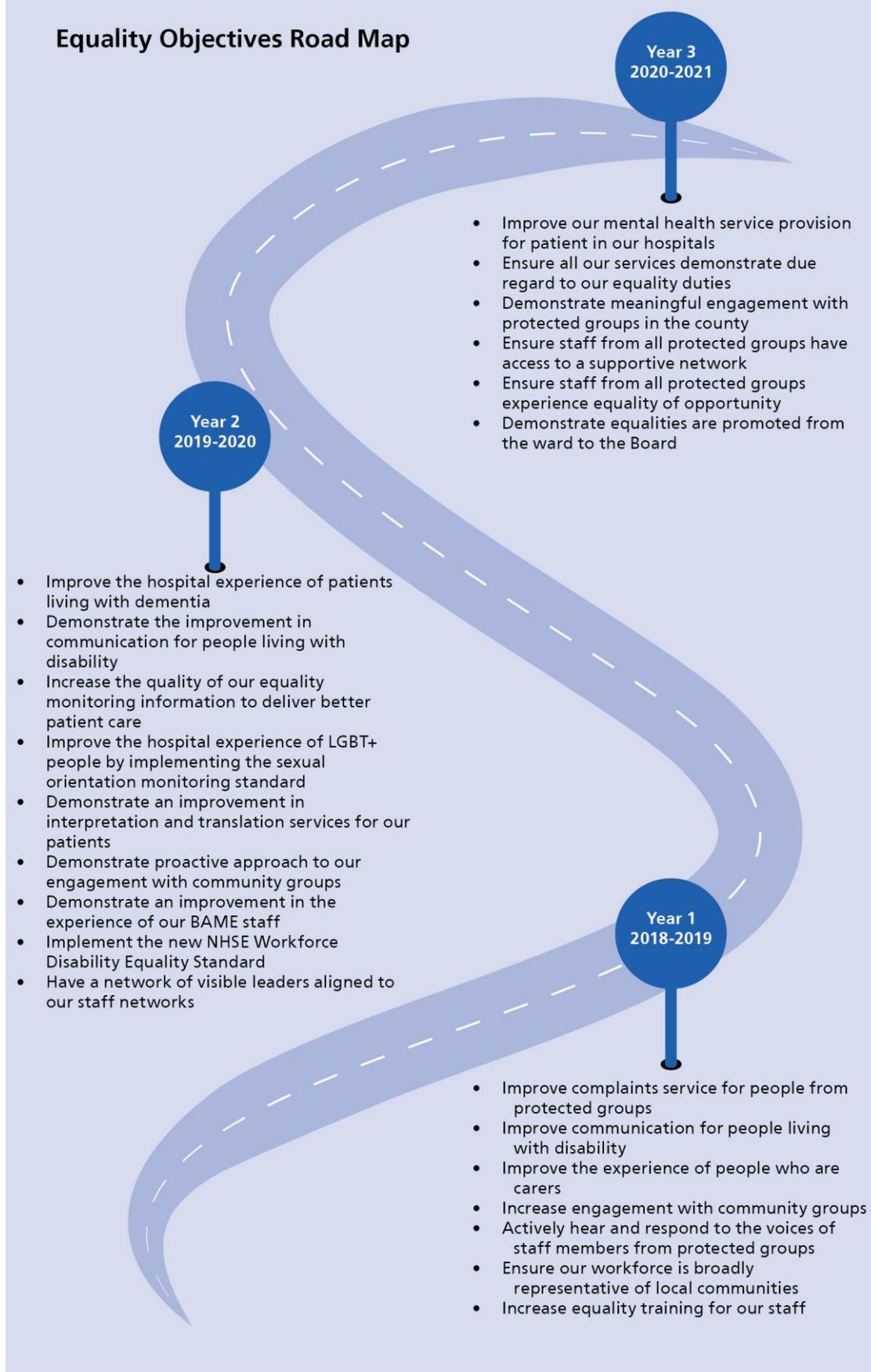


Our inclusion strategy

Our equality, diversity and inclusion strategy (including human rights)
2018 – 2021



Equality Objectives Road Map



Foreword

Our inclusion strategy 2018-2021, aligns and underpins United Lincolnshire Hospitals NHS Trust's 2021 vision to provider excellence in rural healthcare as well as its ambitions, outcomes and values to the wider inclusion and human rights agenda. It recognises the diverse people and communities we serve in Lincolnshire, as well as the tremendous wealth of diversity in our workforce.

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. In the strategy our primary equality objectives and associated outcomes have been articulated in relation to our patients and service users, our local communities, our staff and our Trust. By delivering the equality objectives, we will be able to evidence improvement in compliance and performance with our statutory and mandatory duties, but of equal importance, we will be able to evidence an improvement in the quality of care services for the people of Lincolnshire.

Jan Sobieraj, Chief Executive

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Purpose of the inclusion strategy

Here at the United Lincolnshire Hospitals NHS Trust (ULHT or the trust) we firmly believe that a meaningful commitment to equality, diversity and inclusion, including human rights, (we refer to this as the inclusion agenda) will lead to better outcomes and experience for our patients and service users. Equally we believe that organisations where the inclusion agenda is part of their core business perform better and are more innovative, which ultimately leads to an enhanced experience for all.

The purpose of the inclusion strategy is to set out the vision and equality objectives of the Trust in relation to the inclusion agenda from 2018-2021. In the strategy, we wish to demonstrate how we intend to ensure that the inclusion agenda is meaningfully embedded into the core business of the Trust, in relation to our patients and service users, the communities we serve and our staff.

This inclusion strategy has been developed with input, support and engagement with a wide range of stakeholders; be they patients and service users, partner organisations, patient and service user groups, voluntary sector organisations, professional bodies and our staff.

Inclusion strategy principles



The Trust's 2021 vision, ambitions, outcomes and values – excellence in rural healthcare

United Lincolnshire Hospitals NHS Trust is proud to be one of the country's largest rural Trusts in England. We offer a wide range of services which are part of a wider system of health and care across the county. The essence of our vision for our services is continuous improvement of our quality, safety and consistency of patient care which is financially sustainable, which meet the needs now and for the future.

Excellence in rural healthcare

Our 2021 vision

Excellence in rural healthcare

Striving for excellence

| Our 2021 ambitions | Our patients | Our services | Our staff |
|--------------------|--|---|---|
| Our outcomes | Providing consistently safe, responsive, high quality care | Providing efficient, effective and financially sustainable services | Providing services by staff who demonstrate our values and behaviours |

Delivering excellence

Our 2021 improvement programme

- Quality and safety improvement
- Clinical services development
- Productive hospital
- Workforce and organisation development
- Financial efficiency and estates

Patient centred ■ **Excellence** ■ **Respect** ■ **Compassion** ■ **Safety**

The inclusion strategy, and the associated vision, is designed to underpin, support and enable the wider strategies and vision of the Trust. It plays its part in the development and delivery of high quality health care services, delivered in a fair and equitable manner, for the people and communities of Lincolnshire.

The inclusion strategy is one of a suite of enabling strategies, designed to work together to support and enable the Trust to achieve the 2021 vision of excellence in rural healthcare. Other enabling strategies include: quality strategy, clinical strategy, finance strategy, people strategy, digital strategy, estates strategy, environmental strategy, research strategy, communications and engagement strategy and education strategy.

The importance of inclusion at United Lincolnshire Hospitals NHS Trust

Inclusion is very important to us at ULHT. Our Equality, Diversity and Inclusion Forum was established in September 2016 and is the primary group, comprising staff and services users, through which all aspects of the inclusion agenda are developed and monitored. The forum meets six times per annum to discuss and promote new ways of working, identify areas for improvement and provide assurance to the Trust Board in relation to the inclusion agenda.

From April 2018 the work of the forum will be split into two primary components; an Engagement Network and an Operational Group. These groups will have a symbiotic relationship and provide a robust mechanism to ensure the inclusion agenda is progressed in a structured and meaningful manner.

The groups are strategically aligned to and embedded within the Trust's governance framework. Through these governance arrangements the Trust Board is able to receive assurance that ULHT is discharging its statutory and mandatory duties in relation to the inclusion agenda and able to demonstrate due regard to the Public Sector Equality Duty (PSED) and promoting new and innovative ways to deliver the inclusion agenda in a meaningful manner:



Key groups

The Trust Board

The Trust Board comprises executive and non-executive directors and has the overall responsibility for all service delivery and Trust business. The Trust Board is accountable for operational performance and this includes the implementation of strategy and policy.

Members of the Trust Board provide active leadership in promoting the inclusion agenda. Both executive and non-executive directors actively support key areas of this work, for example as board sponsors for our staff equality networks.

Inclusion is located within the professional portfolio of the director of human resources and organisational development.

The quality governance committee

The quality governance committee provides assurance to the Trust Board in relation to clinical quality and patient safety, effectiveness and experience through a robust system of reporting and performance monitoring. The patient related aspects of the inclusion agenda are reported to, and monitored by, this committee.

The workforce and organisational development committee

The workforce and organisational development committee provides assurance to the Trust Board in relation to all aspects of workforce effectiveness, experience and development through a robust system of reporting and performance monitoring. The workforce related aspects of the inclusion agenda are reported to, and monitored by, this committee.

The equality, diversity and inclusion forum

The equality, diversity and inclusion forum is responsible for the coordination and strategic leadership of all aspects of the inclusion agenda. Membership of this group includes and welcomes representatives from the protected groups, both patients and service users and staff.

The equality, diversity and inclusion lead

The equality, diversity and inclusion lead is the officer accountable for setting the strategic direction for the Trust and providing professional advice and guidance in relation to the inclusion agenda.

Clinical directorates and business units

The clinical directorates and business units are responsible and accountable for the day-to-day delivery of the inclusion agenda in their areas.

Staff equality networks

The LGBT+ (Lesbian, Gay, Bisexual and Trans) staff equality network and the BAME (Black, Asian and Minority Ethnic) staff equality network provide an effective mechanism to ensure the voices of these groups are heard and to hold the Trust to account in relation to their areas of interest and expertise. The establishment of further staff equality networks is an equality objective contained in this strategy.

Our 2021 equality, diversity and inclusion vision and strategic aims

The 2021 equality, diversity and inclusion vision was developed by the equality, diversity and inclusion forum and launched in April 2017.

Strategically aligned to the trust's vision, values and aims, the Lincolnshire Sustainability and Transformation Partnership (STP) and United Lincolnshire Hospitals NHS Trust's 2021 programme. The vision articulates where we, as a Trust, want to be by 2021 in relation to the inclusion agenda.

The equality, diversity and inclusion 2021 vision

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 Trust and are intended to provide a focus and vision for the delivery and development of all our services.

Our 2021 equality, diversity and inclusion vision statements

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 Trust.

Our staff

1. Feel valued and fairly treated in a Trust that really cares.
2. Know the Trust as a Trust 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 Trust.

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

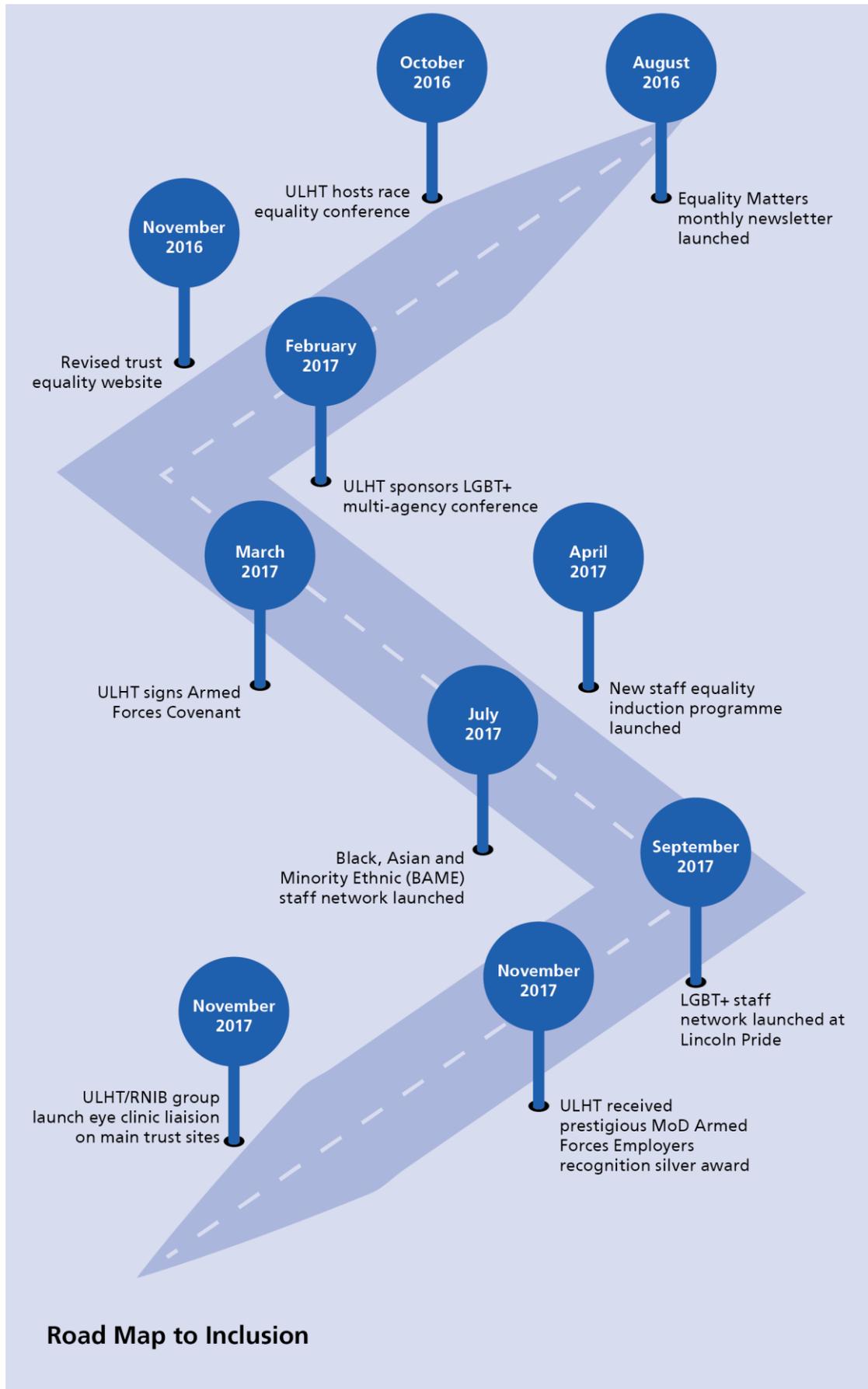
1. Are assured that the Trust is the best in field.
2. Are confident equality, diversity and inclusion are at the heart of the delivery of the Sustainability and Transformation Partnership and the Trust's 2021 programme.
3. View the Trust positively as a commissioning partner, based on the evidence of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

Our regulators

1. Receive clear evidence of the trust being well-led, safe, responsive and effective in relation to equality, diversity and inclusion.
2. Receive evidence of a fundamental and positive change in culture.
3. Are 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.

This document can be accessed on our Trust website:

<https://www.ulh.nhs.uk/about/equality-diversity/equality-diversity-inclusion-2021-vision/>



Looking back – our progress in 2016-2017

In 2016 the Trust embarked on a renewed journey in relation to improving the experience of the inclusion agenda for our patients, service users and staff. A detailed overview of the first year of the journey can be found in the equality, diversity and inclusion annual report 2016-2017.

The full annual report can be accessed on the Trust's website:

<https://www.ulh.nhs.uk/about/equality-diversity/equality-diversity-and-inclusion-annual-report/>

The Roadmap to Inclusion on the previous page provides a diagrammatic overview of some of the key achievements in relation to the inclusion agenda at the Trust since 2016.

The context of equality, diversity and inclusion

The following items are the key strategic resources and plans that have directly informed the development of the Trust's vision and strategy for the inclusion agenda.

The NHS Constitution

The NHS Constitution articulates that “seven key principles guide the NHS in all it does. They are underpinned by core NHS values which have been derived from extensive discussions with staff, patients and the public.*

**<https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england> (updated October 2015)*

Principle 1 of the NHS Constitution is of particular relevance to the ULHT inclusion strategy, for it asserts that inclusion is at the heart of NHS services:

Principle 1: The NHS provides a comprehensive service, available to all

It is available to all irrespective of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status. The service is designed to improve, prevent, diagnose and treat both physical and mental health problems with equal regard. It has a duty to each and every individual that it serves and must respect their human rights. 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.

The population we serve in Lincolnshire

As the primary provider of acute healthcare services in the county, it is crucial that United Lincolnshire Hospitals NHS Trust has a clear understanding of the population and communities it serves. This enables us to not only plan, develop and deliver healthcare services to the people and communities of Lincolnshire, it also helps us to identify and deal proactively with any potential health inequalities, as well as ensure that we develop and support a competent, skilled and representative workforce.

We are indebted to the Lincolnshire Research Observatory who provide us with a primary source of up-to-date demographic information (<http://www.research-lincs.org.uk/Population.aspx>). Further, we engage with other nationally recognised organisations for support with specialist data and information related to some of the protected equality groups.

An overview of some of the headline demographic data from the county can be found in Appendix 1.

As a key partner in the delivery and development of health and wellbeing services in Lincolnshire, we seek to proactively respond to issues highlighted in the Lincolnshire Joint Strategic Needs Assessment. Some of the equality objectives in this strategy are designed to support improvement for a number of the protected groups, as identified in the Lincolnshire Joint Strategic Needs Assessment. This document can be accessed by clicking on the following link: <http://www.research-lincs.org.uk/Joint-Strategic-Needs-Assessment.aspx>



Lincolnshire Sustainability and Transformation Partnership (STP)

The vision of the Lincolnshire STP is “to achieve really good health for the people of Lincolnshire with support from an excellent and accessible health and care service delivered within our financial allocation.*

**Lincolnshire Sustainability and Transformation Plan, page 7*

Lincolnshire’s plan is based on the five key themes:

- Clinical redesign
- Capacity optimisation
- Operational efficiency
- Workforce productivity and redesign
- Right care and commissioning priorities

ULHT has been an active stakeholder in the development of the STP. It is recognised, that the STP outlines the need for health and care services to be redesigned and delivered in a different manner from the current models. Services will be designed in a more integrated manner, with primary and community services playing an increasingly important role, as services are built around the needs of patients and service users.

Ensuring that the inclusion agenda underpins future health and care services will be crucial to enabling the NHS organisations to meet their statutory and mandatory obligations and ensuring the people of Lincolnshire receive fair and equitably delivered health and care services.

For further information about the Lincolnshire STP, please click on the link:

<http://lincolnshirehealthandcare.org/en/stp/>

United Lincolnshire Hospitals NHS Trust 2021 plan – Our medium term plan

As the primary provider of acute hospital services in the county, the Trust is one of the NHS organisations working on and leading the Lincolnshire STP.

Delivery of the Lincolnshire STP will mean significant change for the way in which ULHT provides clinical services and, indeed, the workforce required to deliver the acute care. In order to achieve the ambitions for acute hospital services, as outlined in the STP, the Trust has developed its own five-year strategy, the ULHT 2021 programme.

The 2021 plan is built around three primary ambitions:

Our services will:

- Be centres of excellence
- Be secure in Lincolnshire where possible
- Get things right first time, valuing the patient's time

Our patients will:

- Want to choose us for their care and be our advocates
- Shape how our services are run

Our staff will:

- Be proud to work at ULHT
- Always striving for excellence and continuous learning and improvement
- Challenging convention and improve care

To support and enable the delivery of the three ambitions, the 2021 plan comprises of five bespoke work streams:

- **Quality and safety improvement:** patient safety, safe staffing, reduced mortality, infection control
- **Redesign our clinical services:** Clinical strategy, clinical services and pathways
- **Productive hospital:** urgent care, elective work, theatres and outpatients
- **Workforce and organisational development:** recruitment, retention, education, training and skills; leadership development, appraisals, inclusion, values and behaviours
- **Productivity, efficiency and estates:** how we can work smarter, save money and improve care

To ensure the future ULHT services are designed and developed in a manner which demonstrates compliance with the Equality Act 2010 and show due regard to the Public Sector Equality Duty 2011, each of the five work streams are underpinned by equality analysis.

Understanding our equality, diversity and inclusion obligations

In the United Lincolnshire Hospitals NHS Trust 2021 programme the Trust articulates its clear ambition to strive for excellence in the services we provide for the people of Lincolnshire and to be a model employer to our staff. This can only happen when the Trust is assured that it is meeting the minimum requirements of the inclusion agenda. In the inclusion strategy, the Trust sets out strategic aims which are intended not only to provide assurance that the minimum standards are being attained, but will move the Trust towards being a model provider of acute services and employer of choice in relation to the inclusion agenda.

The Equality Act 2010 and the Public Sector Equality Duty

When the Equality Act 2010 came into statute, it brought together and replaced all previous equalities legislation. The Equality Act 2010 is the primary piece of legislation around equalities.

The Public Sector Equality Duty (PSED) forms part of the Equality Act 2010 (section 149) and is applicable to NHS, and other public sector, bodies. The PSED came into force in 2011.

The 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 inclusion and cultural diversity.

The Equality Act 2010 requires specific provision is made to consider the impact of services and activity 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 protected characteristics and other groups

The Equality Act 2010 brought together previous gender, race and disability duties and extended the protection from discrimination to nine protected characteristics.

Over and above the nine equality groups protected from discrimination under the Equality Act 2010, we also have a duty of care to all our service users and staff, who may be vulnerable to potential discrimination for a range of reasons.

| Protected characteristic groups | Other potentially disadvantaged groups, people living with / in |
|---------------------------------|--|
| Age | Carer responsibilities |
| Disability | Military service |
| Gender reassignment | Homelessness |
| Marriage and civil partnership | Poverty |
| Pregnancy and maternity | Geographical isolation |
| Race | Long-term unemployment |
| Religion or belief | Stigmatised occupations (for example men and women involved in prostitution) |
| Sex | Drug use |
| Sexual orientation | Limited family or social network |

The Trust has a duty to engage with the communities it serves and to work with NHS partner organisations to understand, mitigate and remove any potential discrimination and demonstrate its commitment to improving health equalities and removing health inequalities, as articulated in the Health and Social Care Act 2012.

One of the main methods through which the Trust demonstrates it is showing due regard to its statutory duties is through equality analysis.

Equality analysis

The Trust has a system of equality analysis in place for all service, function and activity of the Trust's business.

Where a service, function or activity identifies the potential for discrimination for any of the protected characteristics or other identified group, the equality analysis documentation supports the clinical or professional area in the mitigation and removal of the perceived discrimination.

Human Rights Act (1998)

Human rights are freedoms and rights that belong to all people, irrespective of any difference. It is recognised that human rights are fundamentally important to maintaining a fair and civilised society.

The Human Rights Act (1998) came into force in the United Kingdom in October 2000 with two primary aims:

- To bring most of the human rights contained in the European Convention on Human Rights into UK law.
- To bring about a new culture of respect for human rights in the UK.

**Human Rights in Healthcare, A framework for local action, 2nd Edition, October 2008, Department of Health, p. 21 ff*

We believe human rights are applicable and relevant to the provision of healthcare services and in relation to the employment of our staff.

As a Trust we are committed to:

- Upholding and safeguarding the human rights of our patients, service users and staff.
- Implementing the FRED A model of human rights in healthcare, when planning and developing services, and in the delivery of care.

The FRED A model of human rights in healthcare

The starting point for the human rights agenda is the importance of understanding that all human beings are born equal and that certain rights are intrinsic to being human.

A good way to understand human rights is to see them as a vehicle for making fairness, respect, equality, dignity and autonomy (FRED A) central to our lived experience as human beings.

The list below provides some examples of the application of the FRED A principles in healthcare

| | |
|-----------------|---|
| Fairness | Ensuring that there is a robust and fair process for dealing with concerns about the professional conduct or performance of a healthcare professional. |
| Respect | Respecting all diverse families, e.g. same sex couples with children and dignified and appropriate care for trans people. |
| Equality | Commitment to improving care provision for people from Black, Asian and Minority Ethnic groups (BAME). Ensuring people are not denied treatment on the basis of their age. |
| Dignity | Ensuring there are sufficient staff to promptly change wet or soiled bed linen to reduce the risk of people experiencing undignified treatment. |
| Autonomy | Ensuring people are involved in the decisions made about their treatment and care.* <i>Human Rights in Healthcare, A framework for local action, 2nd Edition, October 2008, Department of Health, p. 21 ff</i> |

Other mandatory equality duties

In support of the effective delivery of the equality duties of the Equality Act 2010 and the PSED, there are other mandatory requirements for the trust as an NHS organisation. These include:

- NHS Standard Contract (SC13 Equity of Access, Equality and Non-Discrimination) compliance of which is regulated and monitored by the Care Quality Commission (CQC) and local Clinical Commissioning Group.
- Equality Delivery System 2 (EDS2)
- Workforce Race Equality Standard (WRES)
- Workforce Disability Equality Standard (WDES), from 2018/2019
- Sexual Orientation Monitoring Standard (implementation date to be confirmed by NHS England)
- Accessible Information Standard (AIS)

Equality Delivery System 2 for the NHS (EDS2)

NHS England introduced EDS2 as a framework through which NHS organisations can ensure and measure their performance in relation to meeting the health needs of people of the protected characteristic groups.

The EDS2 framework is divided into to four primary, measurable goals

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

The goals are further divided into 18 specific and measurable outcomes. The EDS2 can be viewed online at:

<https://www.england.nhs.uk/about/equality/equality-hub/eds/>

Clinical and professional leads in the Trust are responsible and accountable for the delivery of the EDS2 goals and outcomes.

The process for delivery of the EDS2 commences with a self-assessment. This is followed by a peer review grading and then completed by stakeholder grading.

The grading system for each of the 18 outcomes appertains to the evidence the Trust can provide which assures that each of the protected groups fair positively in relation to the outcome. The more evidence that can be provided for each protected group, the higher the grading.

| 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) |

The Trust publishes its latest EDS2 grading as part of the equality, diversity and inclusion annual report (as contained in section 5).

Engagement with NHS Employers for subject matter expertise



United Lincolnshire Hospitals NHS Trust was privileged to have been selected to join the NHS Employers Equality and Diversity Partners Programme for 2017-2018. Inclusion in the prestigious programme provided the Trust with significant strategic input and support in relation to its ambitions in this area, as well as enabled the Trust's equality lead and members of the Trust Board to network, engage and share innovation in this area.

The NHS Employers Equality and Diversity Partners Programme 2017-2018 was crafted around four key strategic areas:

- Equality and diversity standards
- Equality and diversity capacity
- Equality and diversity delivery
- Equality and diversity evaluation

Our equality, diversity and inclusion strategy 2018-2021

As United Lincolnshire Hospitals NHS Trust continues its journey of improvement in relation to the equality agenda, the primary strategic aims have been aligned to four of the key themes from the Trust's equality, diversity and inclusion vision 2021:

- Our patients and service users
- Our local communities
- Our staff
- Our Trust

The Trust's equality, diversity and inclusion forum is developing and monitoring the performance metrics which underpin the delivery of the Trust's equality objectives. The equality objectives below will be reviewed and revised on a regular basis.

Equality objectives

For our patients and service users

Year 1 2018-2019

Objective 1

We will seek to improve the service we provide when people raise concerns and complaints. This will commence with a survey of the experience of people who have raised a concern or complaint.

Outcome 1

The outcome of this will be that a baseline of issues relating to concerns and complaints raised by people from protected groups will be established and will be better understood and their experience improved.

Objective 2

We will to improve our communication with people living with disability through implementation of the Accessible Information Standard.

Outcome 2

The outcome of this will be that people living with disability will receive communication relating to their health needs in the format they require.

Year 2 2019-2020

Objective 1

We will improve the experience of patients living with dementia by implementing a dementia bundle.

Outcome 1

The outcome of this will be that choice and independence of people living with dementia will be enhanced during their hospital stay at United Lincolnshire Hospitals NHS Trust.

Objective 2

We will demonstrate improvement in communication with people living with disability through full implementation of the Accessible Information Standard.

Outcome 2

The outcome of this will be that people living with disability will receive communication relating to their health needs in the format they require. This will be confirmed through active engagement with patients, service users and key stakeholders.

Objective 3

We will expand equality monitoring within our primary patient information systems to ensure as many of the protected characteristic groups as possible are included.

Outcome 3

The outcome of this will be that all patients will be able to inform the trust of their equality monitoring information and have the assurance that specific needs relating to the protected groups will be understood and addressed by the Trust.

Objective 4

We will improve the experience of Lesbian, Gay, Bisexual and Trans (LGBT+) patients and service users through the implementation of the Sexual Orientation Monitoring Standard.

Outcome 4

The outcome of this will be that the health needs of LGBT+ people will be known and provided for in a dignified and appropriate manner.

Years 3 and 4 2020-2022

Objective 1

We will improve our mental health service provision through our mental health transformation plan.

Outcome 1

The outcome of this will be that people with mental ill health will have their mental health needs met whilst receiving hospital care at United Lincolnshire Hospitals NHS Trust.

Objective 2

We will improve our patient services by ensuring a robust and comprehensive equality analysis underpins all service provision.

Outcome 2

The outcome of this will be evidence of service provision delivered with due regard to the protected groups, as defined in the Equality Act 2010.

For our local communities

Year 1 2018-2019

Objective 1

We will seek to understand and improve the experience of carers by undertaking a carer survey.

Outcome 1

The outcome of this will be that the Trust will be able to ensure the health needs of carers are understood and met in a structured manner.

Objective 2

We will seek to better understand the needs and experiences of protected groups within our communities through a structured approach to stakeholder engagement.

Outcome 2

The outcome of this will be that people from protected groups will have the assurance that their voices have been heard and informed the provision and development of healthcare services.

Year 2 2019-2020

Objective 1

We will improve the quality and consistency of the interpretation and translation services we provide by implementing a countywide approach to this service.

Outcome 1

The outcome of this will be that patients and service users who require interpretation and translation services, will have the assurance that these services will be provided in a more consistent manner across NHS provider organisations.

Objective 2

We will improve our engagement with people from protected groups within communities by actively engaging on their terms.

Outcome 2

The outcome of this will be that people from the protected groups will feel empowered to engage with the healthcare system and feel confident that their voices are heard.

Years 3 and 4 2020-2022

Objective 1

We will demonstrate meaningful engagement with all protected groups represented in Lincolnshire communities, as we seek to ensure our services meet the needs of the people we serve.

Outcome 1

The outcome of this will be that people from protected groups will have the assurance that their voices have been heard and informed the provision and development of healthcare services.

For our staff

Year 1 2018-2019

Objective 1

We will hear and act upon the voice of staff from protected groups by enabling and supporting staff equality networks.

Outcome 1

The outcome of this will be that staff have the confidence that their voices are heard in a structured but safe manner, and that they can actively influence improvement in their staff experience.

Objective 2

We will engage with our staff equality networks to develop plans to ensure our workforce is broadly representative of the communities we serve at all levels of the Trust.

Outcome 2

The outcome of this will be that barriers and inequalities in staff representation at all levels of the Trust will be identified and removed, leading to a more positive staff experience.

Year 2 2019-2020

Objective 1

We will improve the experience of our BAME (Black, Asian and Minority Ethnic) staff by engagement and implementing the actions resulting from the WRES (Workforce Race Equality Standard).

Outcome 1

The outcome of this will be staff feeling empowered to shape the improvement of their experience and see improvement in the NHS staff survey.

Objective 2

We will improve the experience of our staff living with disability by engagement and implementing the actions resulting from the WDES (Workforce Disability Equality Standard).

Outcome 2

The outcome of this will be that the Trust has informed information about the experience of our staff living with disability and will develop actions to improve the experience of these members of the workforce.

Years 3 and 4 2020-2022

Objective 1

We will ensure all protected groups have access to a supportive network.

Outcome 1

The outcome of this will be a range of active staff networks, determined and led by staff from protected, and other identified, groups and evidence of improvement in their experience in the workforce.

Objective 2

We will ensure staff identifying with all protected groups experience equality of opportunity, with no barriers, in relation to all aspects of their employment. We will achieve this by developing a structured approach to talent management and equality of opportunity in-line with the Trust's people strategy.

Outcome 2

The outcome of this will be that equality related barriers are identified and removed and that staff from all the protected groups will be able to evidence that they can thrive and develop at the Trust.

For our Trust

Year 1 2018-2019

Objective 1

We will improve the cultural competence of our staff by commencing the delivery of equality-related training.

Outcome 1

The outcome of this will be a culturally competent workforce able to demonstrate kindness, care and compassion from an equality perspective and leading to improved patient, service user and staff experience.

Year 2 2019-2020

Objective 1

We will have a network of visible leaders / champions / allies aligned to the staff equality networks.

Outcome 1

The outcome of this will be that all protected groups will know and understand that they are taken seriously and that staff from the protected

groups will be able to let their expertise and lived experience inform the policy and process of the Trust.

Years 3 and 4 2020-2022

Objective 1

From 'ward to the board' we will evidence due regard to the promotion of equalities and the reduction of health inequalities in our major decision making processes.

Outcome 1

The outcome of this will be an inclusive Trust with the ability to demonstrate its commitment to the equality agenda, compliance with its statutory and mandatory duties and an improvement in the experience of patients, service users and staff.

By implementing our equality objectives the trust will evidence improvement in compliance and performance within our Equality Delivery System 2 (EDS2) ratings.

Performance and delivery of the equality objectives will be articulated in an annual action plan and be monitored and measured by engagement with key stakeholders and through the governance arrangements for the inclusion agenda as set out in sections 3.2 and 3.3.

Appendix 1: Headline Lincolnshire population data

In the 2011 census the population of Lincolnshire was 713.653 (Source: ONS via Lincolnshire Research Observatory).

2015: Lincolnshire population estimated to be 736.700 (Source: ONS 2015 Mid Year Population Estimates/ GP Registrations April 2015 (NHS-HSCIC)). The rate of Lincolnshire's population growth has increased in recent years but latest figures show that it is below the national rate of growth.

| Protected equality characteristic | Lincolnshire population | Population projections and other information |
|-----------------------------------|---|--|
| Age | 0-15 years of age: 121.878 (17.08%) 16-64 years of age: 443.924 (62.20%) 65+ years of age: 147.851 (20.72%) The average age in Lincolnshire is 43 years. ONS Census 2011 | The ONS reports that between 2005 and 2015, the age demographic of Lincolnshire has changed as follows: 0-19 years of age from 23% to 22% 20-64 years of age from 57% to 58% 65+ years of age from 19% to 22% |
| Disability | 43 % rated their health as very good 36% rated their health as good 15.10% rated their health as fair 4.60% rated their health as bad 1.30% rated their health as very bad ONS Census 2011 | 20.40% stated their health affected their day-to-day activities. 8.70% of people aged 16-64 years (working age) stated their health affected their day-to-day activities ONS Census 2011 |
| Gender reassignment | It is telling that there is a lack of good quality statistical data | |

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| | <p>regarding trans people in the UK. Current estimates indicate that some 650,000 people are “likely to be gender incongruent to some degree”.</p> <p>Source: Transgender Equality First Report of Session 2015–16, House of Commons Women and Equalities Committee</p> | |
| Marriage and civil partnership | <p>27.80% stated they were single (having never been married or in a civil partnership)</p> <p>51.50% stated they were married</p> <p>0.20% stated they were in a same sex civil partnership</p> <p>2.40% stated they were separated</p> <p>8.10% stated they were widowed / surviving civil partner</p> <p>10.0% stated they were divorced / civil partnership dissolved</p> <p>ONS Census 2011</p> | <p>Marriage (Same Sex Couples) Act 2013, with the first same sex marriages taking place from March 2014.</p> |
| Pregnancy and maternity | <p>In 2015 there were 7,773 live births in Lincolnshire.</p> | <p>In 2015 there were 35 still births in Lincolnshire</p> |
| Race | <p>The largest population in the county is White: British/English/Scottish/Northern Irish/Welsh at 93.0%</p> <p>The largest minority group in the county is White: other at 4.0%</p> <p>The Black, Asian and minority</p> | <p>The potential impact of Brexit on EU nationals (White: other) living and working in Lincolnshire is currently unquantifiable and unknown.</p> |

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| | ethnic population in Lincolnshire is 2.4% ONS Census 2011 | |
| Religion and belief | ONS Census 2011: Buddhist – 0.20% Christian – 68.50% Hindu – 0.20% Jewish – 0.10% Muslim – 0.40% Sikh – 0.10% Other religion – 0.40% No religion – 23.10% Religion not stated – 7.10% | Lincolnshire’s data mirrors a national data trend which evidences a reduction in religious affiliation, but an increase in people stating no religion or the religion is not stated. |
| Sex | 51 % female 49 % male Source: LPFT | |
| Sexual orientation | The ONS stated that in 2015 1.7% of the UK population identified themselves as lesbian, gay or bisexual (LGB) | The ONS figures are challenged by a number of groups, with estimates ranging between 5 – 10 % (for example, Stonewall, Kinsey Report, and the Treasury (Civil Partnership Act). |
| Carers | 11.10% stated they were unpaid care providers. 2.9% reported this activity is more than 50 hours per week. ONS Census 2011 | |

If you require this information in another language, large print, audio (CD or tape) or braille, please email the patient information team at patient.information@ulh.nhs.uk

EQUALITY ANALYSIS

INITIAL ASSESSMENT FORM

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| Title: of the function/activity to which the equality analysis initial assessment applies: |
| Our inclusion strategy – Our equality, diversity and inclusion strategy (incl. human rights) 2018-2021 |

| |
|--|
| 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 checked="" 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 checked="" type="checkbox"/> New <input type="checkbox"/> Existing |
| Name and designation of function / activity lead professional: | Tim Couchman, Equality, Diversity and Inclusion Lead |
| Business unit / Clinical directorate: | Human Resources |

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| <p>What are the intended outcomes of this function / activity? (Please include outline of function objectives and aims):</p> <p>The purpose of the inclusion strategy is to set out the vision and equality objectives of the Trust in relation to the inclusion agenda from 2018-2021. In the strategy, we wish to demonstrate how we intend to ensure that the inclusion agenda is meaningfully embedded into the core business of the Trust, in relation to our patients and service users, the communities we serve and our staff.</p> <p>The inclusion strategy has been developed with input, support and engagement with a wide range of stakeholders; be they patients and service users, partner organisations, patient and service user groups, voluntary sector organisations, professional bodies and our staff.</p> |
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Delivery of the inclusion strategy will not only enable the Trust to deliver its Equality vision:

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.

Delivery will also enable the Trust to deliver services in line with the NHS Constitution, for example as articulated in principle 1:

1. The NHS provides a comprehensive service, available to all

It is available to all irrespective of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status. The service is designed to improve, prevent, diagnose and treat both physical and mental health problems with equal regard. It has a duty to each and every individual that it serves and must respect their human rights. 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.

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| https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england | | |
| Who will be affected? Please describe in what manner they will be affected? | | |
| Patients / Service users: | Staff: | Wider community |
| The inclusion strategy is comprehensive and contains specific equality objectives for our patients and service users. | The inclusion strategy is comprehensive and contains specific equality objectives for our staff. | The inclusion strategy is comprehensive and contains specific equality objectives for our local communities. |

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| 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 | X | | | <p>The inclusion strategy makes specific reference to an equality objective for improving communication for people living with disability, in the form of the implementation of the NHS Accessible Information Standard (AIS).</p> <p>Patient, service users and staff will have access to the inclusion strategy in alternative formats, upon request.</p> |

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| | | | | The Trust will implement the NHS England Workforce Disability Equality Standard (WDES) in 2019. |
| Sex | X | | | <p>The Trust provides equality of services to patients and service users irrespective of sex.</p> <p>Through the Gender Pay Gap reporting and resulting actions, the Trust is committed to demonstrating a reduction in its gender pay gap.</p> |
| Race | X | | | <p>Through the mechanism of the Equality Engagement Network the Trust will improve the experience of patients and service users from the wide range of backgrounds represented in the county.</p> <p>The Black, Asian and Minority Ethnic (BAME) Staff Equality Network will ensure the Trust can demonstrate improvements in the experience of staff from all backgrounds.</p> <p>The BAME network hold the Trust to account for the delivery of the Workforce Race Equality Standard</p> |

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| | | | | (WRES). |
| Age | X | | | <p>Through equality analysis of service provision, the Trust will ensure it can demonstrate engagement and service improvement across all age groups.</p> <p>Through engagement with the workforce the Trust will demonstrate improvement in the employment experience of all age groups.</p> |
| Gender reassignment | X | | | <p>Through the Equality Engagement Network the Trust will demonstrate meaningful engagement with trans people and this engagement will directly inform the LGBT+ Staff Network as the lead on the writing of a trans policy for patients and service users and a trans policy for staff.</p> |
| Sexual orientation | X | | | <p>The implementation of the new NHS England Sexual Orientation Monitoring Standard (SOMS) is one of the equality objectives for patients and service users. This standard will inform and lead to improvement of services for all patients.</p> |

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| | | | | <p>The Trust's LGBT+ Staff Equality Network will continue to provide LGBT+ staff members and their allies with a meaningful voice regarding LGBT+ issues in the work place.</p> |
| Religion or belief | X | | | <p>Through the mechanism of the Equality Engagement Network the Trust will ensure the voices of people from all faiths and none are heard and acted upon in a meaningful manner.</p> <p>The Trust will provide staff members with the opportunity to consider whether a Religion and Belief Staff Network is required to support staff in the workplace from all religion and belief backgrounds.</p> |
| Pregnancy & maternity | X | | | <p>Through the mechanism of the Equality Engagement Network the Trust will ensure the voices of people protected under this characteristic are heard and acted upon in a meaningful manner.</p> <p>The Trust will provide staff members with the opportunity to consider whether a</p> |

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| | | | | <p>pregnancy and maternity</p> <p>Staff Network is required to support staff in the workplace who are protected under this characteristic.</p> |
| Marriage & civil partnership | X | | | <p>Equality Engagement Network the Trust will ensure the voices of people protected under this characteristic are heard and acted upon in a meaningful manner.</p> <p>The Trust will provide staff members with the opportunity to consider whether a Staff Network is required to support staff in the workplace who are protected under this characteristic.</p> |
| | | | | |
| Carers | X | | | <p>Seeking to understand and improve the experience of carers is an equality objective in the strategy.</p> <p>The Trust will provide staff members with the opportunity to consider whether a Staff Network is required to support staff who are also carers.</p> |
| Other groups identified (please | | | | |

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| specify): Armed Forces | X | | | <p>The Trust's Armed Forces Network will support in the delivery of improved services for armed forces people and their families, and ensure they do not experience health inequalities.</p> <p>Further, the Armed Forces Network will support and improve the quality of experience for armed forces people in the workplace, whether they be reservists, veterans or military families.</p> |
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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)

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| Name of person/s who carried out the equality analysis initial assessment: | Tim Couchman |
| Date assessment completed: | 25 th April 2018 |
| Name of function owner: | Tim Couchman |
| Date assessment signed off by function owner: | 25 th April 2018 |
| Proposed review date (please place in your diary) | 25 th April 2020 |

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!