



## 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.

In 2017-2018 the Trust launched its strategic 2021 plan.

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

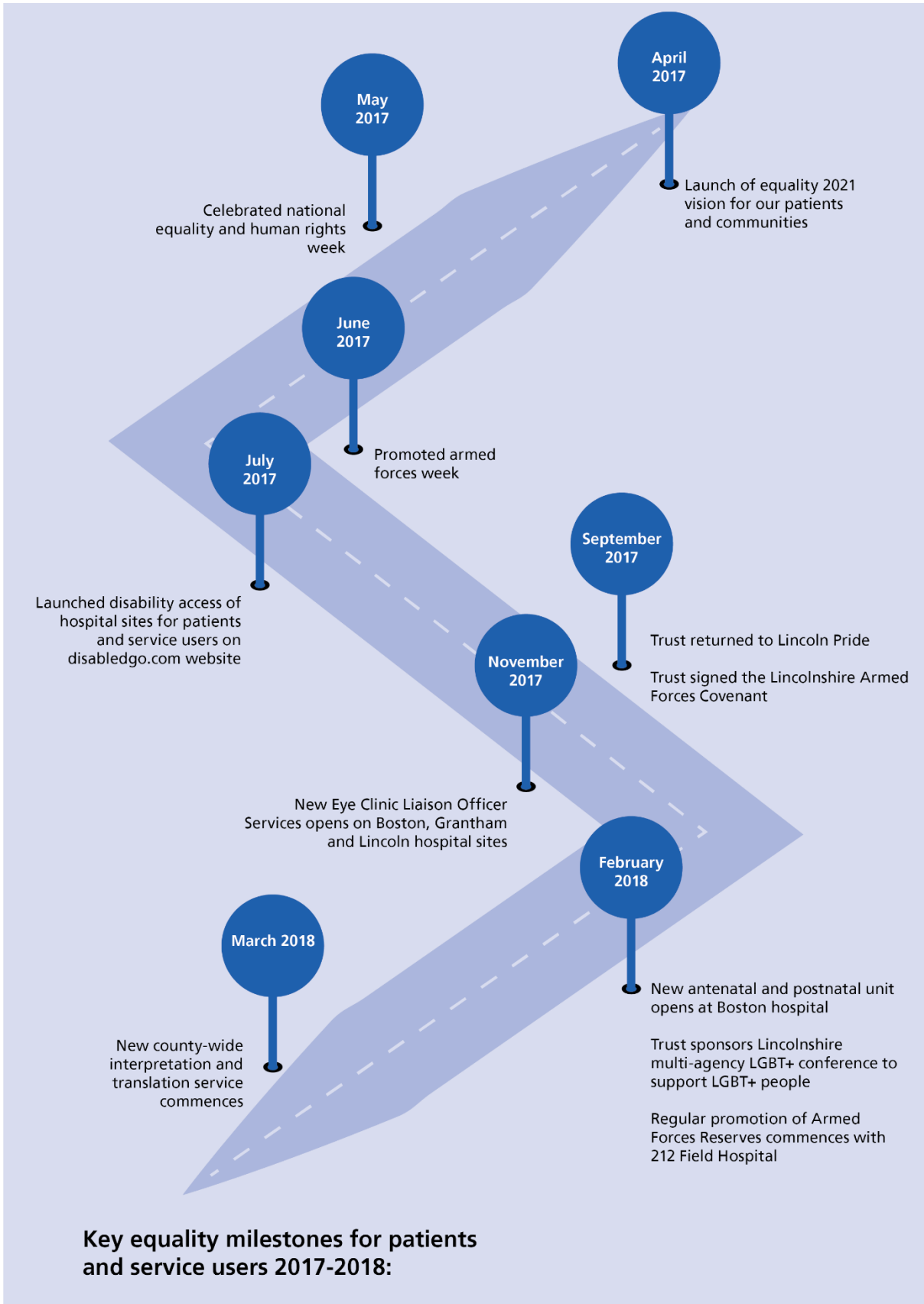
## Delivering excellence

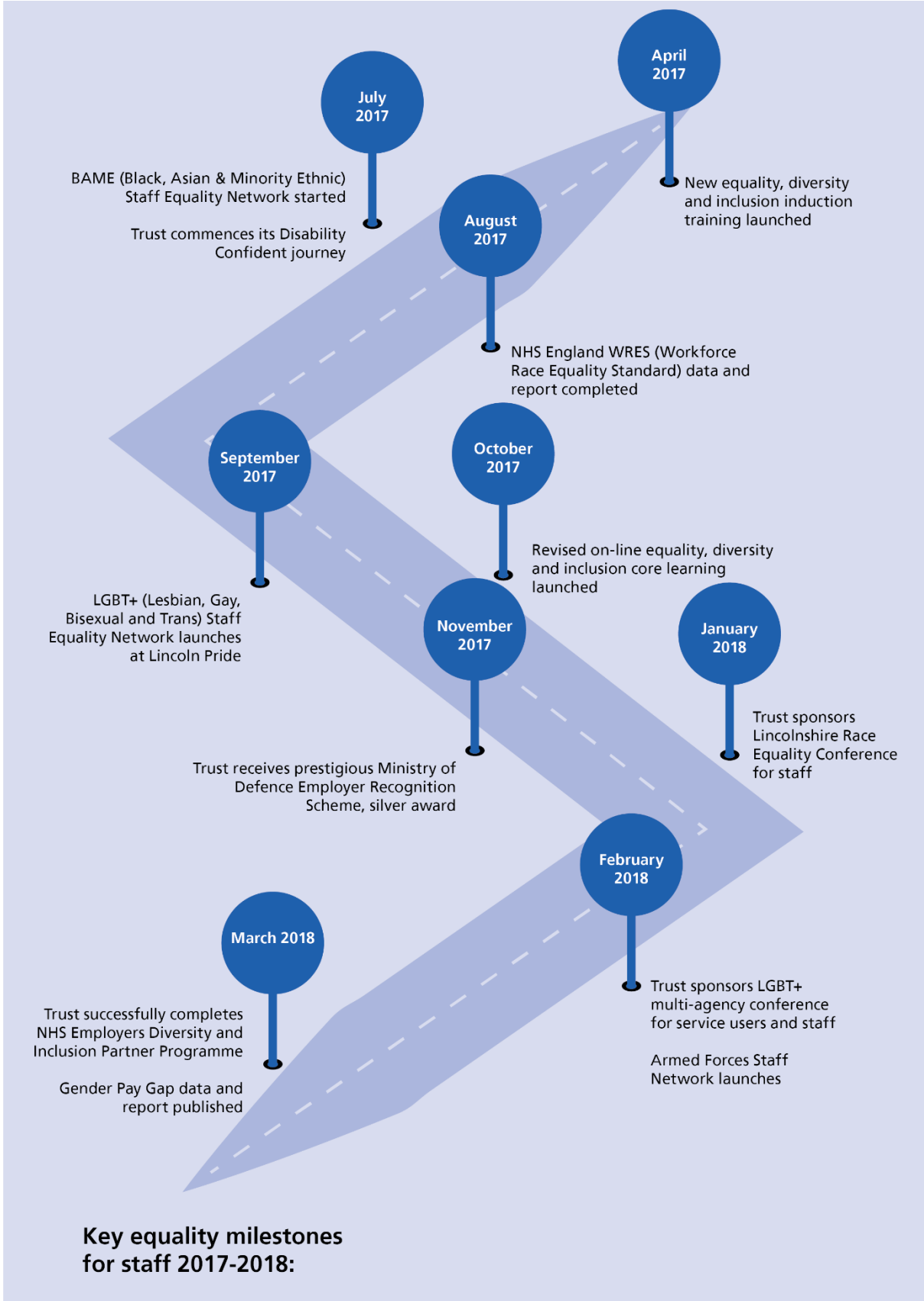
### Our 2021 improvement programme

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

Equality, diversity and inclusion underpin the Trust's 2021 Plan and all our equality, diversity and inclusion activity actively supports the 2021 Plan.

All the equality, diversity and inclusion activity in 2017-2018 has built upon the strong foundations that were laid in 2016-2017. The following road maps provide an overview of some of the key milestones and achievements in relation to equality, diversity and inclusion; first, for our patients and service users and second, for our staff:





In this annual report we 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. GOVERNANCE AND REGULATION OF EQUALITY, DIVERSITY AND INCLUSION (INCL. HUMAN RIGHTS) AT THE TRUST

The Trust has governance and regulatory frameworks and mechanisms in place to ensure that transparent assurances are provided in relation to the discharging of equality duties.

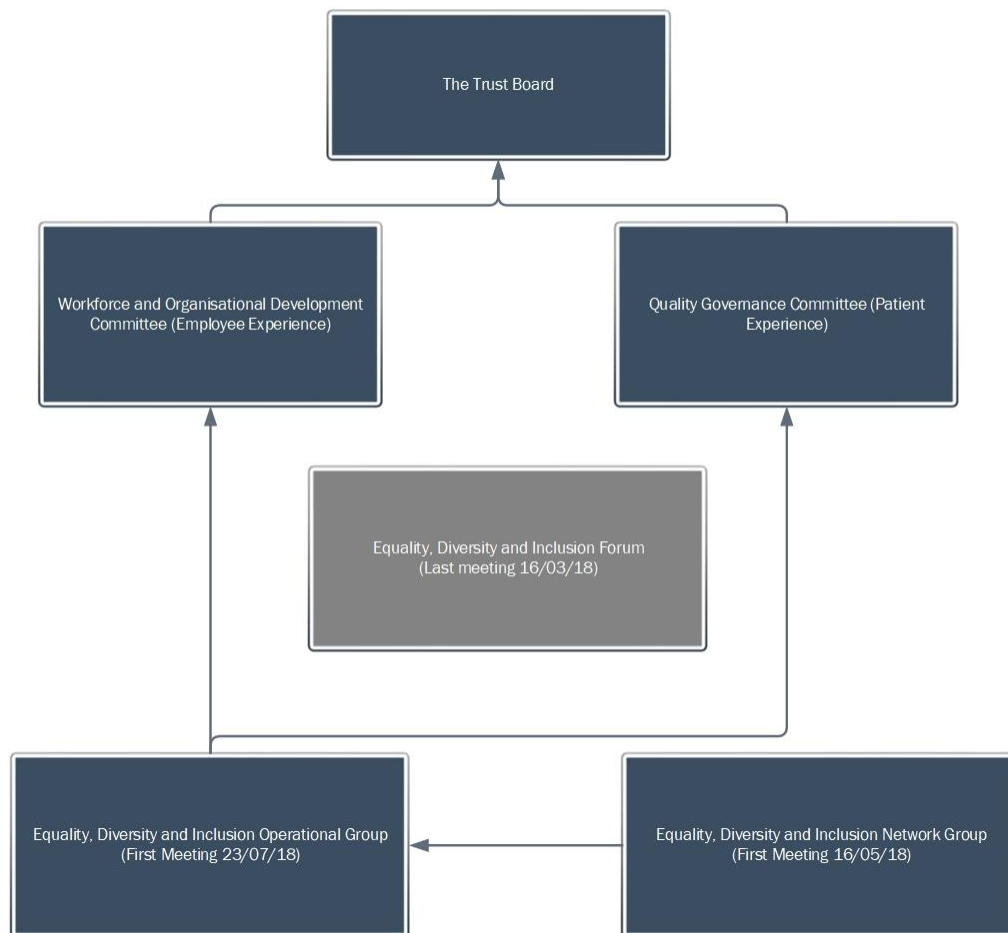
### 2.1 Equality, Diversity and Inclusion Forum

The Equality, Diversity and Inclusion Forum was established in 2016 and meets six times per annum. The forum is chaired by our Chief Executive and membership comprises of a range of professional colleagues from clinical and corporate services, Trust members and staff-side representatives.

The forum reports to the Trust Board via the assurance committee framework; the Quality Governance Committee in relation to equality matters relating to patients and service users, and via the Workforce and Organisational Development Committee in relation to equality matters relating to staff.

In the first quarter of 2018-2019, the form will comprise of two components: the Equality, Diversity and Inclusion Operational Group, and the Equality, Diversity and Inclusion Engagement Network.

The Engagement Network will focus primarily on the engagement with patients, service users and staff across the inclusion agenda and will report into the Operational Group. The Operational Group will lead and drive the change required in relation to the inclusion agenda in active support of the Trust's 2021 Excellence in Rural Healthcare vision. The governance arrangements for the Operational Group will be the same as for the equality, diversity and inclusion forum.



## 2.2 Assurance reporting to the NHS Clinical Commissioning Group (CCG)

The Trust has continued to nurture and develop the excellent working relationship with the NHS Lincolnshire East CCG and provides a quarterly assurance report to the commissioners.

Throughout 2017-2018, the Trust has been able to provide the CCG with sufficient assurance in relation to the delivery of its statutory and mandatory equality duties in all areas, with the exception of the NHS Equality Delivery System (EDS2). However, working in direct collaboration with the CCG, plans have been developed to deliver assurances regarding full delivery of the EDS2 as 2018-2019 commences.

## 2.3 Care Quality Commission (CQC)

In November 2017 the CQC, as the Trust's primary regulator, published revised key lines of enquiry (KLOEs) in which equality, diversity and inclusion are integral to all regulated domains in the CQC well-led inspection framework.

In the last quarter of 2017-2018 the Trust was inspected by the CQC and the results of the inspection will be published in the first quarter of 2018-2019.

### 3. STATUTORY DUTIES – EQUALITY ACT 2010 AND PUBLIC SECTOR EQUALITY DUTY (PSED)

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.

### 3.1 Publication of an equality, diversity and inclusion annual report

As part of the public sector equality duty the Trust publishes this annual report in relation to equality, diversity and inclusion. The equality, diversity and inclusion annual report includes a wide range of information, including some higher level patient (appendix one), staff demography (appendix two) and Trust volunteers (appendix three).

Once approved by the Trust Board the annual report is published on the Trust's website (<https://www.ulh.nhs.uk/about/equality-diversity/equality-diversity-and-inclusion-annual-report/>)

### 3.2 Publication of an Inclusion Strategy, including equality objectives

In 2017-2018 the equality, diversity and inclusion forum led on the production of 'our inclusion strategy'. A range of stakeholders, including patient and service user groups and staff groups, were given the opportunity to actively contribute to the strategy.

Setting and delivering equality objectives is a further statutory requirement on the Trust as a public sector organisation. Equality objectives for the duration of the inclusion strategy are contained within the strategy.

Our inclusion strategy will be published at the beginning of July 2018 and be available on the Trust's website (<https://www.ulh.nhs.uk/about/equality-diversity/equality-objectives/>)

### 3.3 Equality Analysis

Equality analysis is the mechanism through which the Trust is able to demonstrate 'due regard' to the Equality Act 2010 and the meeting of its equality duties in relation to all Trust business and activity. Equality analysis ensures that all protected characteristics and other groups at potential risk of health inequality are proactively considered in the Trust's services and business.

The Trust has a system of Equality Analysis in place and from 2017-2018 all significant papers and documents going to the Trust Board are underpinned by an equality analysis, through which the potential equality related impacts are identified, mitigated and removed.

In 2017-2018 the Trust's Equality, Diversity and Inclusion Lead supported the delivery of equality analyses as part of the Lincolnshire Sustainability and Transformation Partnerships to ensure the future delivery of NHS services in the county is able to evidence due regard to equality duties.

### 3.4 Gender Pay Gap Reporting

From March 2018 a new statutory requirement in relation to gender pay gap reporting was introduced. The Trust published its first gender pay gap report ahead of the national deadline. Information about the Trust's gender pay gap can be found on the government website at <https://gender-pay-gap.service.gov.uk/viewing/employer-%2cJsMFYg7WneN899EGpfEDYg!!/report-2017>

The associated report and proposed actions can be located on the Trust's website at <https://www.ulh.nhs.uk/about/equality-diversity/gender-pay-gap-reporting/>

### 3.5 Staff Equality Networks

The general duties of the Equality Act 2010 are to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Act.
- Advance equality of opportunity between people who share a characteristic and those who don't
- Foster good relations between people who share a characteristic and those who don't

It is recognised that staff equality networks are an excellent mechanism through which the general duties of the Act can be supported in relation staff from the protected groups and other groups at potential risk of inequality.

In 2017-2018 the Trust launched three staff equality networks; the LGBT+ (Lesbian, Gay, Bisexual and Trans) staff network, the BAME (Black, Asian and Minority Ethnic) staff network and the Armed Forces Network. It is planned that the MAPLE (Mental and Physical Lived Experience / disability) staff network will launch in early 2018-2019.

The launching of the staff networks has been a highlight of 2017-2018 and will feature in more detail later in this report.

## 4. MANDATORY DUTIES - NHS STANDARD CONTRACT

### 4.1 Implementation of the NHS Equality Delivery System (EDS2)

Implementation of EDS2 is mandated for all NHS organisations in the NHS Standard Contract.

“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.”<sup>1</sup>

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

The EDS2 is implemented in a three-staged process:

- Self-assessment
- Peer reviewed assessment
- Stakeholder reviewed assessment

In 2017-2018 the Trust completed the first two stages of the process and has developed, with support of the Lincolnshire East CCG, a mechanism to deliver the third stage and evidence full implementation of the EDS2.

This new approach to equality related engagement will launch at an event entitled ‘Hearing Lincolnshire’s Hidden Voices’ during NHS Equality week in May 2018. Although currently graded as insufficient by the Lincolnshire East CCG due to the incomplete nature of meaningful stakeholder engagement, we are confident that our new approach to equality related engagement will lead to compliance during 2018-2019.

The table on the following pages details how ULHT was recently peer graded in relation to the EDS2 goals and outcomes. It is encouraging to note some important areas of improvement in the last twelve months and further plans and actions in 2018-2019 will ensure the journey of improvement continues:

Goal	Narrative	Outcome	Grade
1. Better health outcomes	The NHS should achieve improvements	1.1 Services are commissioned, procured, designed and delivered to	

<sup>1</sup> NHS England, EDS2 website <https://www.england.nhs.uk/about/equality/equality-hub/eds/>

	in patient health, public health and patient safety for all, based on comprehensive evidence of need and results.	meet the health needs of local communities	
		1.2 Individual people's health needs are assessed and met in appropriate and effective ways	
		1.3 Transition from one service to another, for people on care pathways, are made smoothly with everyone well-informed	
		1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse.	
		1.5 Screening, vaccination and other health promotion services reach and benefit all local communities	
<b>Goal</b>	<b>Narrative</b>	<b>Outcome</b>	<b>Grade</b>
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.	
		2.2 People are informed and supported to be as involved as they wish to be in decisions about their care.	
		2.3 People report positive experiences of the NHS	
		2.4 People's complaints about services are handled respectfully and efficiently.	
<b>Goal</b>	<b>Narrative</b>	<b>Outcome</b>	<b>Grade</b>
3. A representative and supported workforce	The NHS should increase the diversity and quality of the working lives of the paid and	3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	
		3.2 The NHS is committed to equal pay for work of equal value and expects employers	

	non-paid workforce, supporting all staff to better respond to patient and community needs.	to use pay audits to help fulfil their legal obligations	
		3.3 Training and development opportunities are taken up positively and evaluated by all staff	
		3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source.	
		3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	
		3.6 Staff report positive experiences of their membership of the workforce	
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	
		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	
		4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	

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)

#### 4.2 Implementation of the NHS Workforce Race Equality Standard (WRES)

The WRES is designed to help NHS organisations understand and actively address differences in the experience between Black, Asian and Minority Ethnic (BAME) and white

staff. Built around nine indicators, the WRES provides a robust reporting framework and supports NHS organisations to address and close any gaps through the development and implementation of action plans for improvement.

Although the WRES was implemented in 2015, for the first time in 2017, through the establishment of the BAME Staff Equality Network, the voices of BAME members of staff have been heard and acted upon in relation to the Trust's commitment to the improving race equality. This is an exciting development and we look forward to building on this important work as we move forward with integrating the staff equality networks in a meaningful manner.

Further, the Trust's Equality, Diversity and Inclusion (ED & I) Lead has been privileged to be included on the first national NHS England WRES Expert programme. Supported by a Trust sponsor, Deputy Director of Human Resources and Organisational Development, the ED & I Lead will receive specialist training and become part of a national network of WRES Experts.

Information about the Trust's WRES work can be located on the Trust website:

<https://www.ulh.nhs.uk/about/equality-diversity/nhs-workforce-race-equality-standard-wres/>

Although the Trust has delivered on its agreed actions, with the establishment of the BAME Staff Equality Network, a more structured approach to assurance of the effective delivery of the actions will be planned in 2018-2019.

#### 4.3 Implementation of the NHS Accessible Information Standard (AIS)

The AIS came into force for all NHS organisations in July 2016. The Trust invested significant effort into piloting delivery of the AIS in the key clinical areas of Ophthalmology, Audiology and Learning Disability Services, and indeed the efforts delivered significant improvement in a number of areas, not least the establishment of the Eye Clinic Liaison Officer Service on all sites in the autumn of 2017. However, delivery of the crucial element of providing people, covered by the AIS, with outward facing communication in the format they require, in an automated manner, remained a challenge.

This matter was raised with the Trust's Executive Team in July 2017 and with their support, it has been possible to align the implementation of the AIS with another key Trust project (the new Hybrid Mail system). These important projects were approved by the organisation towards the end of 2017-2018 and the project implementation will commence in early 2018-2019.

This is an exciting development and will enable to Trust to meets its obligations in relation to the AIS in 2017-2018.

Parallel to this, the Trust lead the NHS Lincolnshire-wide approach to interpretation and translation services, which was implemented towards the end of 2017-2018. An important part of the new contract is the provision of interpretation and translation services in formats for people living with sensory impairment when they access hospital services. This service has been informed by engagement with people represented by Lincolnshire Sensory Services and their invaluable feedback and support will continue to inform and shape services moving forward.

#### 4.4 Provision of a system for delivery of interpretation and translation services

Further to point 4.3, alongside interpretation and translation services for people living with sensory impairment, the new Lincolnshire-wide approach to interpretation and translation services makes provision for those accessing our NHS services who require foreign language support.

With the announcement in early 2018 of the new NHS Lincolnshire-wide approach to interpretation and translation services, the NHS in the county, is not only able to provide a more consistent and joined up approach to people accessing our services, it is being delivered in a more effective and cost-efficient manner for the NHS in Lincolnshire.

### 5. THE NHS STAFF SURVEY 2017

In 2017 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, to 45% in 2017) 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.

#### Positive headline points:

- ✓ The percentage of staff experiencing discrimination at work in the last 12 months (KF20) at 11% remains below (better than) average (although there is still a 1% increase from 2016).
- ✓ The percentage of Black, Asian & Minority Ethnic staff experiencing harassment, bullying or abuse from patients, relatives of the public in the last 12 months (KF25) has reduced to 26% (28% in 2016).
- ✓ The NHS Staff Survey identifies clinical directorates that appear to perform well in relation to both equality and diversity indicators (KF20 & KF21), leading the way is Trust-wide Cardiology Services.
- ✓ In our local question asking whether staff identify with the same gender as given at birth the response rate of staff stating 'No' increased from 0% in 2016 to 1.4% in 2017. This would appear to highlight an increased confidence around LGBT+ issues in the Trust.

#### Negative headline points:

- The disparity in response rates between ESR (2.7%, a small decrease from 2.8% in 2016) and the NHS Staff Survey (20%, an increase from 16% in 2016) in relation to disability has increased.
- The Trust has unfortunately only been able to evidence limited progress in relation to the WRES indicators.
- The percentage of all staff believing that the organisation provides equal opportunities for career progression or promotion has decreased to 83% in 2017 from 87% in 2016 (the national average for acute trusts is 85%). As the score in 2015 was 89% this shows a continued decline and brings the Trust score below the national average for the first time.
- The percentage of white staff experiencing harassment, bullying or abuse from patients, relatives of the public in the last 12 months (KF25) has increased to 29% (27% in 2016).
- The percentage of BME staff responding to the question (Q17b) 'in the last 12 months have you personally experienced discrimination at work from manager / team leader or

other colleagues?’ has increased to 16% in 2017 (from 15% in 2016). This is higher than the incidence reported by white staff (7% in 2017).

- Disabled staff are the group reporting the least confidence in believing the organisation provides equal opportunities for career progression / promotion at 76% (80% in 2016), this is closely followed by BAME staff at 78% (no change from 2016).

As a Trust, we will continue to work with our staff groups, particularly through our staff networks as we seek to improve their experience of employment in the Trust.

## 6. THE ESTABLISHMENT OF STAFF EQUALITY NETWORKS AT ULHT IN 2017-2018

Staff equality networks are recognised as an important and effective mechanism for ensuring that staff members from protected groups, and other groups at potential risk of inequality, are enabled to develop a meaningful voice into the organisation, so that their experiences, concerns and aspirations can be heard.

In the NHS England document “Improving through inclusion – supporting staff networks for black and minority ethnic staff in the NHS”, it is noted: “All NHS organisations are encouraged to help introduce and support BME staff networks – alongside networks for other equality characteristics – as an important source of knowledge, support and experience. As this report suggests, such an approach can contribute towards the overall success of many organisations’ work in general, and specifically upon the equality, diversity and inclusion agenda.”

Following a number of staff engagement focus groups in early 2017-2018, three staff equality networks were launched in the Trust during the year, these are:

- ✓ BAME (Black, Asian and Minority Ethnic) staff network
- ✓ LGBT+ (Lesbian, Gay, Bisexual and Trans) staff network
- ✓ Armed Forces Network

All the staff networks at ULHT have terms of reference, elect / appoint to the roles of chair and vice-chair, develop visible leader roles and from the first quarter of 2018-2019 will have an executive Board sponsor. All our staff networks are fully inclusive in nature, meaning they welcome people who identify with the group they represent, as well as people who are supportive of the group and its work. Each of the networks has developed organically and are developing their own areas of work and focus. Already at this early juncture in their development, it is becoming evident that not only are the networks having a positive impact on our staff, they are also understanding the positive impact they are having on the experience of patients and service users.



## 6.1 BAME Staff Equality Network

The BAME staff equality network was the first network to launch in July 2017.



Members of the new BAME staff equality network, July 2017

Since the network launched in July 2017, the group has had an active voice into the Trust's WRES report and resulting action plan. Moreover, as the network has established itself, it has commenced work in supporting the Trust monitor and deliver its WRES action plan for improvement.

In November 2017, the BAME staff equality network members elected Professor Tanweer Ahmed as network Chair and Edwell Munyonga as vice-chair. Under the leadership of Tanweer and Edwell, the network can look back on an exciting year since its inception and a strong and important future.

The primary focus in 2017-2018 has been the establishment of the network, supporting the NHS Lincolnshire Race Equality Conference in January 2018 and supporting and monitoring the Trust's delivery of the WRES.

As the BAME staff equality network looks ahead to 2018-2019, it will further strengthen its role and position in the Trust, develop the visible leader roles and continue to promote the work of the network with BAME colleagues and staff who support the race equality agenda.

Professor Tanweer Ahmed, BAME staff network chair, said: "It has been a privilege to be involved in the work of the BAME staff equality network from its inception and an honour for me to be elected as the first network chair. I am proud that in our first year, the network has not only been able to establish itself at ULHT, but already been able to take an active role in supporting members and the Trust in developing and monitoring delivery of its WRES

actions for improvement. The membership of the network is growing slowly and has members from three main sites.

The race equality conference in January 2018 was a highlight for the group and an excellent opportunity for members of the network to hear excellent presentations from nationally recognised leaders from the NHS England WRES Team and the Power of Staff Networks group.

Unfortunately the WRES data, whether it be nationally or locally, informs us that the experience of employment in the NHS for BAME staff, across a range of indicators, is poorer than that of their white colleagues. As a network, we want to work with the Trust in identifying the blocks and problems in our systems and working together to ensure a fairer experience in the work place for all, irrespective of race or any other protected characteristic. As we look ahead to 2018-2019, we are delighted that Kevin Turner, Deputy Chief Executive is our new Executive Sponsor and we look forward to working closely with Kevin in developing a fairer place of work for all and supporting ULHT to be the best that it can, both for patients and our staff.”

## 6.2 LGBT+ Staff Equality Network



Similar to the BAME staff equality network, following a series of staff focus groups on all sites, the decision was made by our staff to establish a LGBT+ staff equality network. The genesis of the LGBT+ staff equality network was, however, very different from the BAME staff equality network, insofar as one of the members had the vision to lead the establishment of a closed Facebook group for staff called ULHT Staff LGBT+. With excellent support from the Communication’s Team and developed in the same fashion as the ULHT Together group, the ULHT Staff LGBT+ group was started in the summer of 2017. Within a couple of weeks, the group had in excess of 30 members and by the end of March 2018 the membership exceeded 70. The Facebook group is administered by members of the network, with colleagues based on all three main hospital sites and with a male and female representation in the administration team

Initial meetings of the LGBT+ staff equality network commenced over the summer and it was agreed that the official launch of the LGBT+ staff equality network would coincide with Lincoln Pride in September 2017.

The LGBT+ staff equality network led the Trust's return to Lincoln Pride and ULHT's return to this important local event was welcomed by the public, who were also given an opportunity to share their views on the Trust's services in the form of an interactive questionnaire. The full Lincoln Pride report can be found in appendix four.

Over the summer 2017 the LGBT+ staff equality network established its terms of reference and elected Ricardo Gamez-Heath as network chair and Ric Taylor as vice chair. The roles of Visible Leaders / Champions / Allies were designed and the first Visible Leaders self-identified and their roles promoted. The Visible Leader profiles of Elisabeth Britz and Joseph Pearson can be found as appendix five.

Ricardo Gamez-Heath, chair, and Ric Taylor, vice-chair, write:

"The LGBT+ Staff Equality Network was set up in June 2017, and had its official launch at Lincoln Pride in September of the same year. We are a proactive, inclusive network that consists of staff who either identify as LGBT+, or staff who are supportive of the LGBT+ agenda. Members of the group come from all backgrounds within the ULHT organisation from frontline staff to senior managers and executives. We have an ethos of acceptance and respect; we are all individuals who contribute something to a wider cause. We support all staff to promote inclusive related working practices, promote awareness of LGBT+ issues for patients and staff, and lead developments that support best practice in respect of LGBT+ issues for patients and staff. We also act as a support network for each other; offering friendships and networking both inside and outside of the work place. The Network has its own closed Facebook group, which currently has 72 members, and an internal mailing list. We meet at least 6 times a year via video-conferencing linked to the 3 main sites within ULHT: Lincoln, Boston, Grantham.

Since its inception, the Network has achieved so much. Our first big project was to get ULHT back to Pride. We had a successful and well-received presence at Lincoln Pride in September 2017 where we promoted ULHT as an employer, promoted staff well-being, engaged with Lincolnshire's LGBT+ people and their families/friends. Members of the network meet regularly for social events, which is proving to be very successful in providing friendship, support and unity. We have also started laying the groundwork for some bigger projects which we will be focusing on as a group:

- Providing leadership for the implementation of new Transgender Policies for staff, patients and trans children.
- Providing leadership and support in the implementation of new NHSE Sexual Orientation Monitoring Standards
- Promoted World aids day on December 1<sup>st</sup> 2017 and raised money for Positive health Lincolnshire. For 2018, we are collaborating with Positive Health, St Barnabas and other areas within the trust to promote World Aids Day across all 3 sites.
- Collaborating with LPFT to compile a "coming out at work" guide
- The chair has recently given a presentation to the Trusts Senior Leadership forum, which will be cascaded to all staff groups throughout the upcoming year.
- Getting involved with a trust-wide anti-bullying campaign
- Promoting the Network through the Rainbow Pin Badge initiative, Visible Leaders, Allies and Champions.

- Provided assistance to the Safeguarding team who made May 2018 LGBT+ support awareness.
- Planning attendance to Lincoln Pride 2018”

We look forward to the further developments of the LGBT+ staff equality network in the coming year.

### 6.3 Armed Forces Staff Network

Although not one of the protected characteristics of the Equality Act 2010, in accordance with the Health and Social Care Act 2012, we have a duty to ensure people from other groups in our communities who are potentially at risk of health inequality are supported in an appropriate manner. By virtue of their military service, it is recognised that people from the armed forces and their families are at potential risk of health inequality.

The RAF heritage of Lincolnshire is recognised and celebrated. As an employer, we are privileged to benefit from the expertise, leadership and experience of the reservists and veterans in our employ. Similarly we value the large number of military family members who choose to work for ULHT.

In March 2017 the Trust was honoured to sign the Armed Forces Covenant and in September 2017 we became co-signatory of the Lincolnshire Armed Forces Covenant and we are taking active steps to embed this work. Further, in November 2017 we were honoured to be re-awarded the Ministry of Defence Employer Recognition Scheme Silver Award.

Following engagement with our staff, it was agreed that an Armed Forces Network would be established to support our staff from the range of military backgrounds who are in our employ and also to support military people as they access out health care services.

Already at this early juncture, the new Armed Forces Network has supported the ED & I Lead in the delivery of the national Armed Forces CQUIN, thereby securing a financial benefit for the Trust.

Although the Armed Forces Network is in its infancy, the group has established its terms of reference and is seeking to appoint its first chair and vice-chair in the near future. Once in post, we look forward to these leaders, supported by an executive sponsor, progressing the important work of this network.



## 6.4 MAPLE (Mental and Physical Lived Experience – Disability) Staff Equality Network

It is recognised that staff living and working with disability are one of the groups least likely to self-disclose their disability status in voluntary equality monitoring information. Further, in our staff survey data, the experience of staff living with disability shows there are areas of their experience that the Trust needs to better understand and improve.

As well as being a Mindful Employer, in July 2017 the Trust commenced its Disability Confident journey. As an employer we recognise the great value, skills and expertise our disabled staff bring to our patients and the organisation. We are keen to ensure that the experience of our disabled staff is positive and supported.

The next staff equality network we are planning is the MAPLE staff equality network. Following focus groups around the Trust a number of staff living and working with disability have agreed that a MAPLE staff equality network would be a positive group to establish to support them and other disabled colleagues.

In early 2018—2019 we will enable the MAPLE staff equality network to be established.

## 7. Our Equality Objectives for 2018-2019 and beyond

The setting, monitoring and delivery of equality objectives form part of our Public Sector Equality Duty. Our equality objectives for 2018-2019 and 2019-2021 will be contained within our inclusion strategy, which will be published in July 2018.

The Equality, Diversity and Inclusion Forum led on the development of the equality objectives and are detailed below:

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.

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.

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.

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**

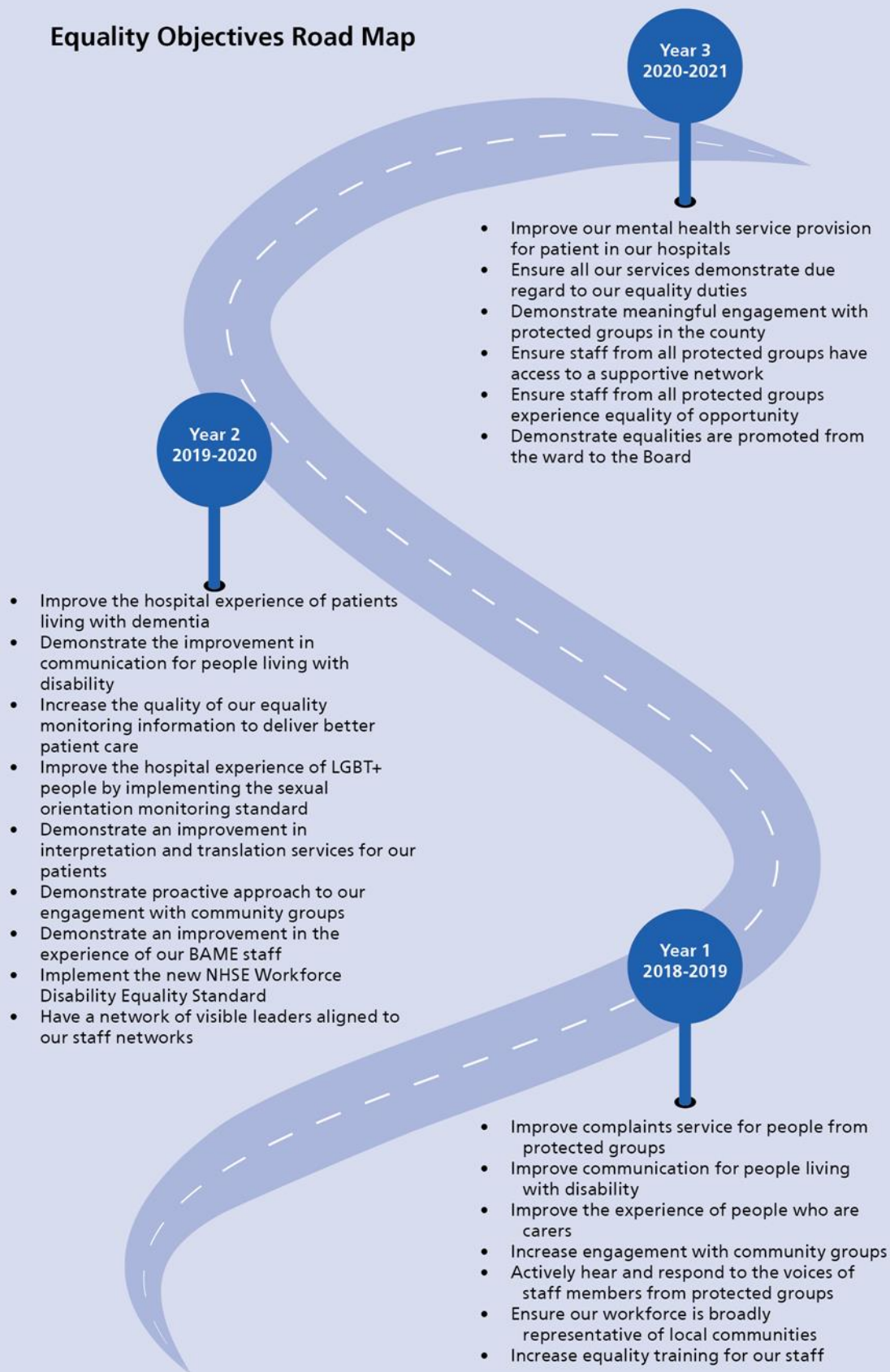
The outcome of this will be a culturally competent workforce able to demonstrate kindness, care and compassion from an equality perspective and leading to improved patient, service user and staff experience.

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 equality, diversity and inclusion agenda, as already highlighted in this annual report.

The equality objectives for 2018-2019 form the first objectives in a three year plan, as will be articulated in our inclusion strategy. An overview of our equality objectives from 2018-2021 can be seen in the road map infographic on the next page:

## Equality Objectives Road Map





## 8. Conclusion

Having established good foundations for the Trust's equality, diversity and inclusion work in 2016-2017, 2017-2018 has been a year of building on these firm foundations. It has been an exciting and productive year in relation to the development of this important work, as we seek to ensure all Trust business, whether for patients and service users, communities or for our staff, is not only aligned to the Trust's 2021 Plan, but also underpinned by a commitment to being a fully inclusive organisation.

It is encouraging that the Trust continues to receive positive affirmation from its commissioners that the plans and progress have set the organisation on the right path for continued compliance and improvement. It was encouraging that the Trust completed the prestigious NHS Employers Diversity and Inclusion Partners Programme 2017-2018. Further, as we move into 2018-2019, it is a privilege that the Trust has been accepted onto the first NHS England Workforce Race Equality Standard (WRES) Expert Programme. Engagement with this new programme not only confirms the Trust's commitment to improving race equality, but also gives the Trust access to expert training and support in this area

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

Tim Couchman, Equality, Diversity and Inclusion Lead  
June 2018



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

	<p>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>	
<b>Marriage and civil partnership</b>	<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>
<b>Pregnancy and maternity</b>	<p>In 2015 there were 7,773 live births in Lincolnshire.</p>	<p>In 2015 there were 35 still births in Lincolnshire</p>
<b>Race</b>	<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 ethnic population in Lincolnshire is 2.4%</p> <p>ONS Census 2011</p>	<p>The potential impact of Brexit on EU nationals (White: other) living and working in Lincolnshire is currently unquantifiable and unknown.</p>

<b>Religion and belief</b>	<p>ONS Census 2011:</p> <p>Buddhist – 0.20%</p> <p>Christian – 68.50%</p> <p>Hindu – 0.20%</p> <p>Jewish – 0.10%</p> <p>Muslim – 0.40%</p> <p>Sikh – 0.10%</p> <p>Other religion – 0.40%</p> <p>No religion – 23.10%</p> <p>Religion not stated – 7.10%</p>	<p>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.</p>
<b>Sex</b>	<p>51 % female</p> <p>49 % male</p> <p>Source: LPFT</p>	
<b>Sexual orientation</b>	<p>The ONS stated that in 2015 1.7% of the UK population identified themselves as lesbian, gay or bisexual (LGB)</p>	<p>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)).</p>
<b>Carers</b>	<p>11.10% stated they were unpaid care providers.</p> <p>2.9% reported this activity is more than 50 hours per week.</p> <p>ONS Census 2011</p>	

Appendix two:

## Workforce equality monitoring data to 31<sup>st</sup> March 2018

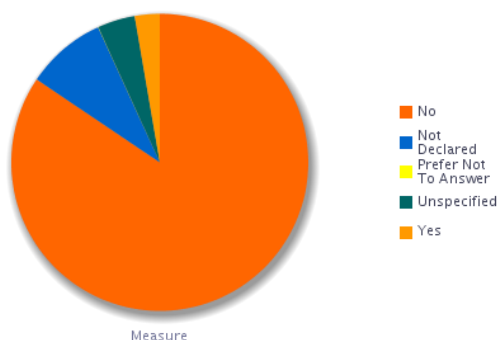
At the United Lincolnshire Hospitals NHS Trust we firmly believe that well supported staff provide better care for patients. In the Trust we monitor staff equality information, as required under the Public Sector Equality Duty, in an anonymised manner. This information helps us to understand the needs 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.

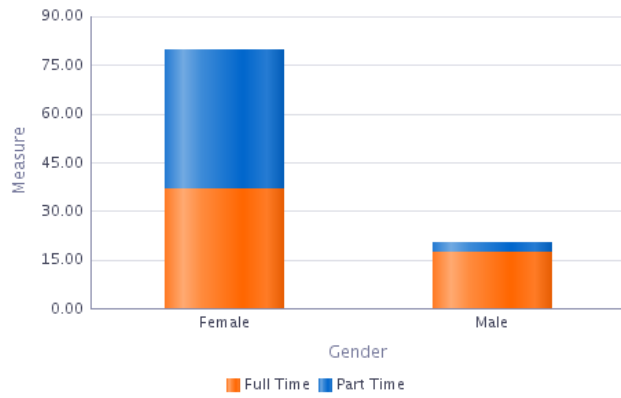
The data below is based on workforce equality monitoring information as at 31 March 2018.

### Disability:



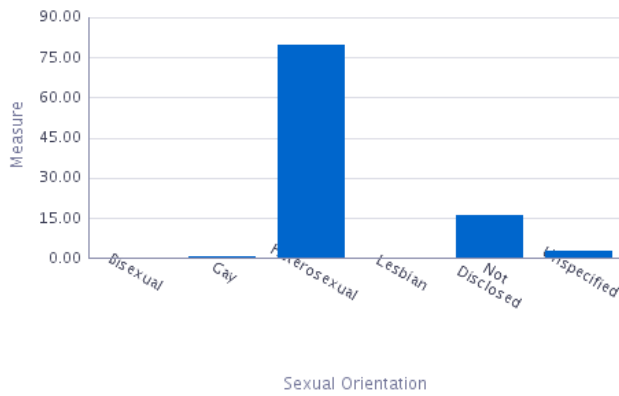
Disability Flag	%age
No	84.4
Not Declared	8.7
Prefer Not To Answer	0.0
Unspecified	4.1
Yes	2.7
<b>Grand Total</b>	<b>100.00</b>

### Gender:



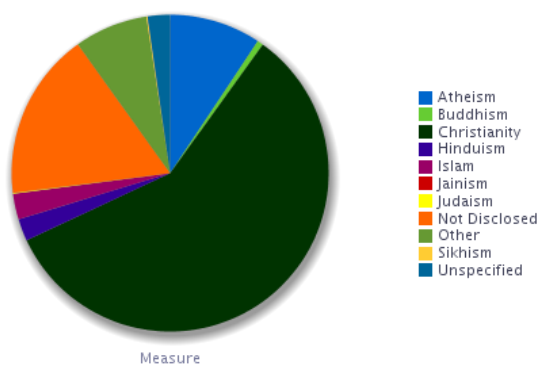
	%age	%age
	Female	Male
Part Time	42.64	3.27
Full Time	36.86	17.23
<b>Grand Total</b>	<b>79.50</b>	<b>20.50</b>

### Sexual Orientation:



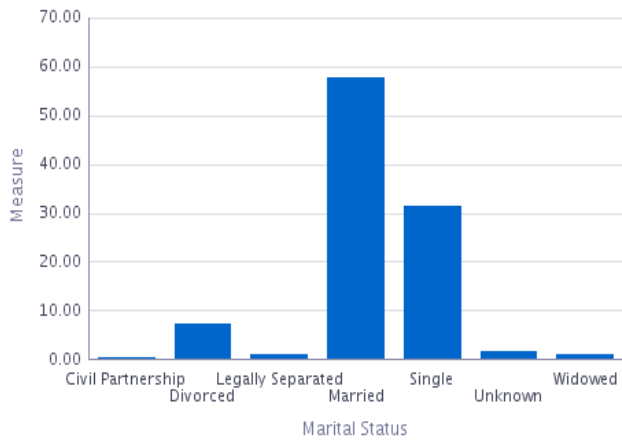
	%age
Bisexual	0.47
Gay	0.51
Heterosexual	79.70
Do not wish to disclose	16.15
Lesbian	0.32
Undefined	2.85
<b>Grand Total</b>	<b>100.00</b>

### Religion:



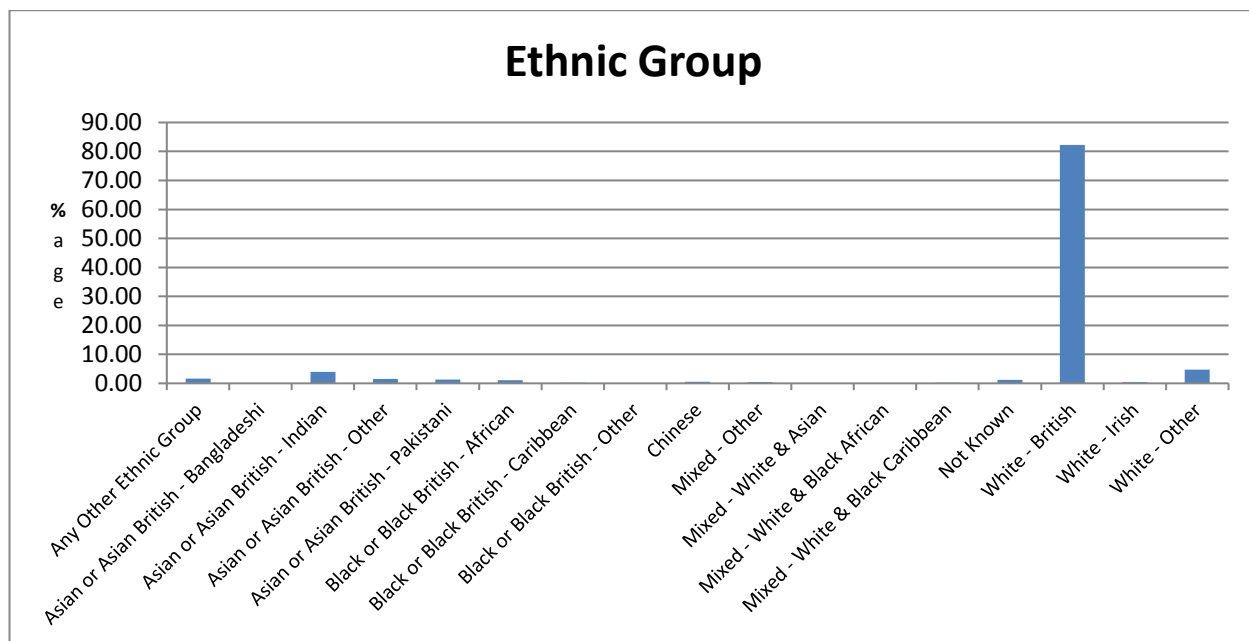
Religious Belief	%
Atheism	9.32
Buddhism	0.62
Christianity	58.09
Hinduism	2.25
Islam	2.62
Jainism	0.01
Judaism	0.08
Not Disclosed	17.11
Other	7.47
Sikhism	0.12
Unspecified	2.29
<b>Grand Total</b>	<b>100.00</b>

## Marital Status:



	%age
Civil Partnership	0.37
Divorced	7.21
Legally Separated	0.96
Married	57.58
Single	31.40
Unknown	1.58
Widowed	0.90
<b>Grand Total</b>	<b>100.00</b>

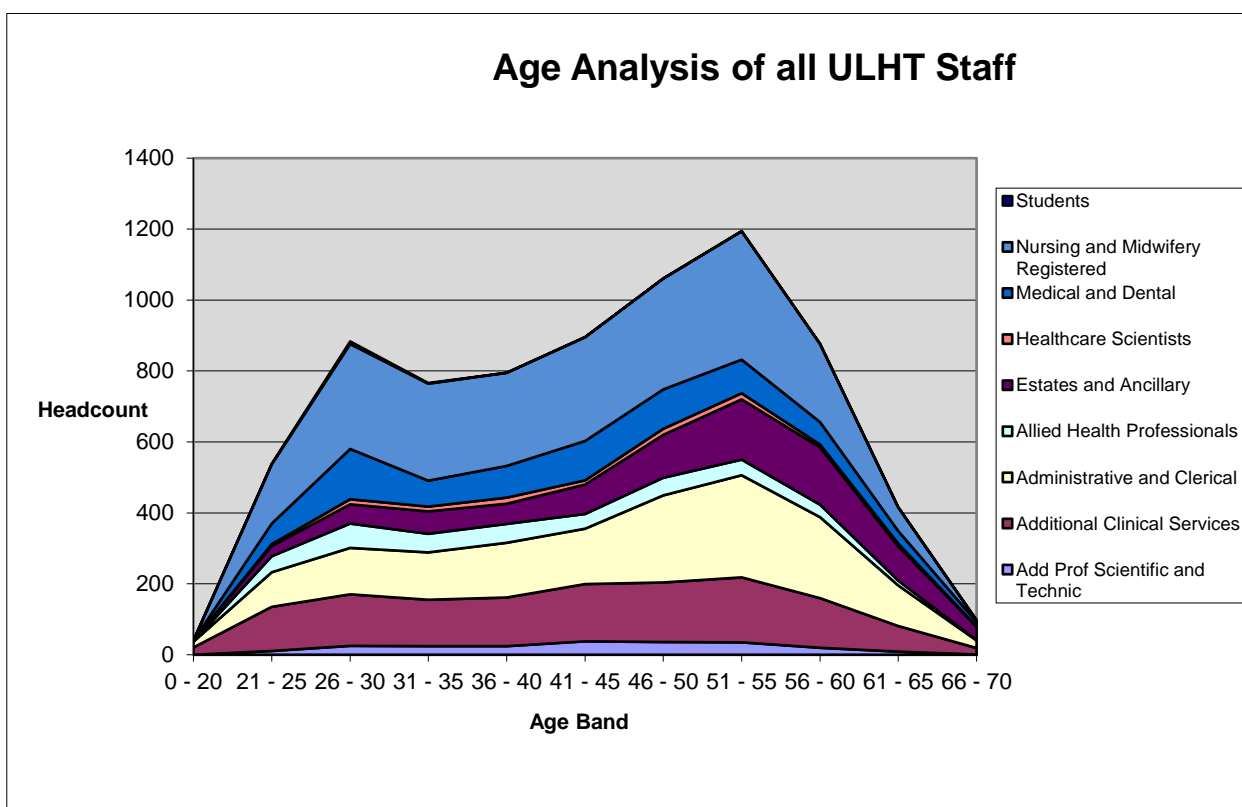
## Ethnicity:



Ethnicity	%
Any Other Ethnic Group	1.75
Asian or Asian British - Bangladeshi	0.09
Asian or Asian British - Indian	4.13
Asian or Asian British - Other	1.62
Asian or Asian British - Pakistani	1.17
Black or Black British - African	1.12
Black or Black British - Caribbean	0.21
Black or Black British - Other	0.18
Chinese	0.63

Mixed - Other	0.34
Mixed - White & Asian	0.20
Mixed - White & Black African	0.13
Mixed - White & Black Caribbean	0.21
Not Known	0.78
White - British	83.19
White - Irish	0.40
White - Other	3.84
<b>Grand Total</b>	<b>100.00</b>

### 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+	
<b>Total</b>	40	539	883	766	795	896	1061	1194	876	416	97	23	<b>7586</b>
<b>Percentage of Workforce</b>	0.53%	7.11%	11.64%	10.10%	10.48%	11.81%	13.99%	15.74%	11.55%	5.48%	1.28%	0.30%	<b>100.00%</b>

Initial analysis of the data, when cross-references with the NHS staff survey data, indicates that the non-disclosure rates for Disability, Religion and Belief, and Sexual Orientation remain high. Although this appears to also reflect a national trend, the Trust is confident that the work of the new staff LGBT+ and MAPLE equality networks will provide staff with a meaningful mechanism



through which issues relating to their employment can be raised and addressed in a safe and fair manner.

As the Trust continues on its journey of inclusion, one of the equality objectives identified in the new inclusion strategy, is for people of all equality groups to be given the opportunity to consider whether a staff equality network will be of potential benefit to them.

Further, in support of the Trust's equality monitoring in relation to our staff, the organisation also undertook an analysis of the staff demography in comparison to the local population data. This was undertaken utilising an on-line tool developed by NHS Employers and identified that in broad terms the Trust workforce is representative of the local population. However, in line with all NHS acute Trusts in England, it is recognised that the biggest area in which the organisation is not representative of the local population is in relation to the protected characteristic of 'sex' (gender). The Trust's workforce comprises 80% women and 20% men, whereas nationally and locally the population is broadly a 50:50 percent split. The Trust could consider whether positive action would be appropriate in promoting itself as an employer of choice to the male population of the county.

Appendix three:

Equality monitoring data for Trust volunteers to 31 March 2018

Gender			Ethnicity			Disability			Age		
Females	211	75%	White, British	214	80%	No	197	72%	0-30	16	6%
Males	69	25%	White, other	<11	1%	Yes	<11	4%	31-55	39	14%
			BME	<11	1%	Unspecified	65	24%	56-65	53	19%
			Not Given	51	18%				65 +	155	55%
									not recorded	17	6%
total	280	100%	total	280	100%	total	280	100%	Total	280	100%

## Appendix four:



### ULHT LGBT+ Staff Equality Network launches at Lincoln Pride

Lincoln Pride has established itself as the primary vehicle supporting the celebration and promotion of LGBT+ rights and agenda in Lincolnshire. Lincoln Pride in 2017 took place on the 23<sup>rd</sup> September and attracted many thousands of visitors throughout the day.

The newly formed ULHT LGBT+ Staff Equality Network, under the recently elected leadership of Ricardo Gamez-Heath, Network Chair, and Ric Taylor, Network Vice-Chair, facilitated and led the Trust's return to Lincoln Pride, after an absence of many years.

The Lincoln Pride Event comprised of two primary elements. A celebratory Pride Parade through Lincoln city, merging into the main Lincoln Pride event on the Brayford Waterfront. The ULHT LGBT+ Staff Equality Network took part in the Lincoln Pride Parade and had a stall at the main Pride event.

At the main Lincoln Pride event there were some 70 stall holders from a range of public, voluntary and private sector organisations. The ULHT LGBT+ Staff Equality Network Stall had a number of key aims for the day:

- ✓ Engagement with LGBT+ people about their experience of ULHT services, through a short questionnaire.
- ✓ Promotion of ULHT as an employer of choice, including current vacancies.
- ✓ Promotion of staff well-being through Occupational Health.
- ✓ Promotion of Trust membership.
- ✓ Promotion of the Trust's Staff Awards scheme.

The day was superbly documented through the photographic expertise of Rachel Ashton, A&E Lincoln, and also via Twitter using the #ProudULHT hashtag. A summary of this can be viewed via the attached link:

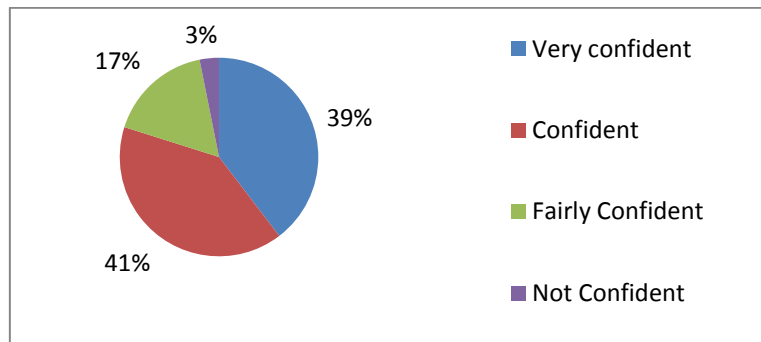
[https://storify.com/ULHT\\_News/proudulht](https://storify.com/ULHT_News/proudulht)

[Lincoln Pride 2017 Questionnaire:](#)

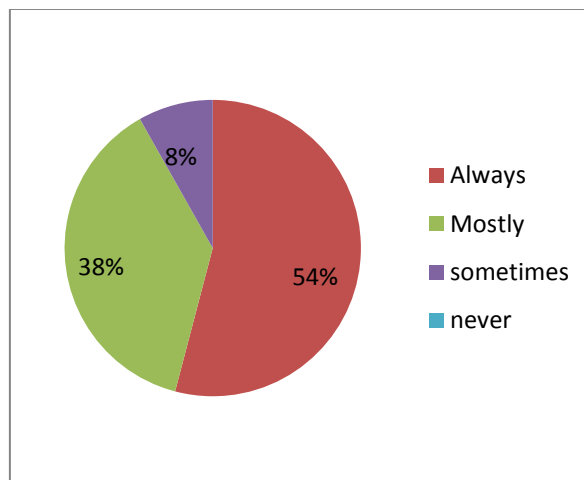
The ULHT Lincoln Pride questionnaire comprised of five questions, followed by the opportunity for people to leave free text comments. The questionnaire was offered in paper and electronic formats.

A total of 160 questionnaires (n=160) were completed (159 paper questionnaires and one electronic questionnaire). The analysis is as follows:

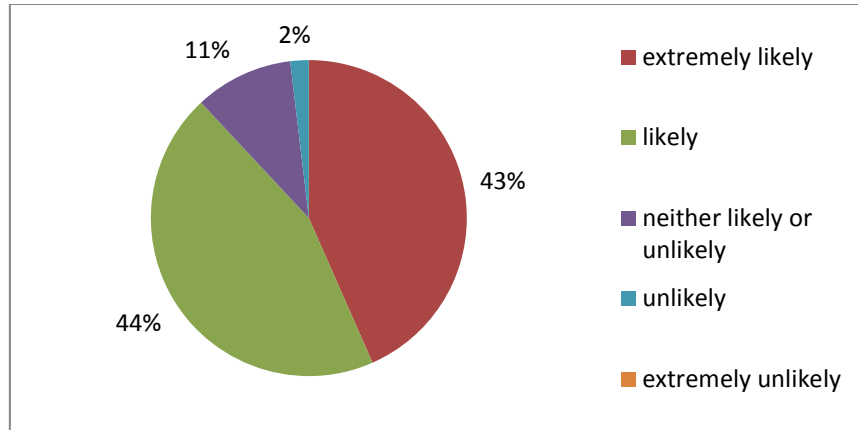
1. When accessing our services, how confident are you that your individual needs and beliefs are taken seriously?



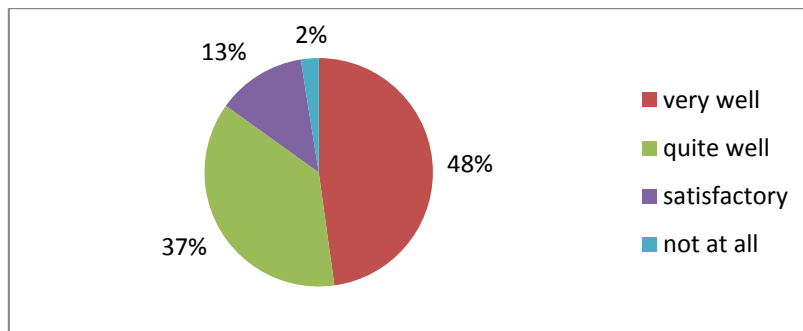
2. Do you feel that you are treated with dignity and respect when you visit the hospital?



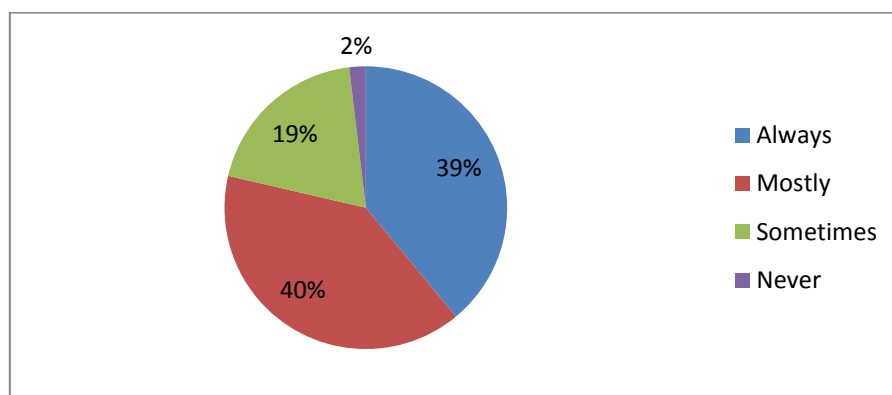
3. How likely are you to recommend our services to friends and family if they needed similar care or treatment? (NHS Family & Friends Test question)



4. How well do you feel we engage with the local LGBT+ people?



5. Do you feel that we are responsive to the needs and issues faced by the LGBT+ people?



The free text comments fell broadly into the areas of positive and negative. A relevant selection of comments is offered below:

Positive comments:

'Very best care I got when I had breast cancer – unit to this day very good.'  
'An improving picture, but could do more.'  
'Continue to be more visible at local events.'  
'I didn't know before this event that you guys did things like this. Well done guys.'  
'Lincoln A&E really fast when I broke my foot.'  
'Lincoln saved my life.'  
'ULHT helped me to be myself. Thank you!'  
'Really friendly staff.'  
'Confident, helpful, brilliant.'  
'The nurses were amazing.'  
'Making the LGBTQ+ community feel safe and welcome.'  
'Excellent service, great people, full of spirit and life.'  
'It's good to see that ULHT have moved forward. Positive action!'  
'We love ULHT!' Summer, aged 5

Negative comments:

'Not so good with patients with mental health.'  
'More inclusion of same sex parents on Nettleham Ward. 'Daddies' made a fuss of, but not my wife.'  
'The use of more inclusive language. Don't assume the person next to me is my mate, its actually my partner, ask me.'  
'Include Grantham hospital in your future plans – stop ignoring it. Local people need it. Re-open A&E 24/7.'  
'Listening and understanding the needs of the individual rather than making uneducated guesses based on stereotypes of the groups they identify with.'  
'Get a real understanding of issues raised by same sex couples.'



## Elisabeth Britz

# LGBT+ Visible Leader

**Job:** Senior Occupational Therapist – Medical Team Lincoln County Hospital

**About me:** I was born in London, in the sound of the Bow Bells, so technically that makes me a fully-fledged cockney (minus the pearly kings and queens costume and rhyming ‘apples and pears’ dialect). I have moved around my whole life so don’t really feel I have a strong connection with any particular part of the country although I am about to move to Lincoln and I’m really looking forward to that. My coming out story was rather convoluted. Whilst at University I met my first girlfriend who I stayed with for three years. During this time I was absolutely petrified that my parents would find out about my sexuality and in the end this got in the way of my relationship. As a result I attempted to reinvent myself by moving away, starting a new job, finding new friends and eventually meeting a man and getting married. We had three wonderful children. Eventually the marriage broke down and I found myself being drawn back into the gay world.

In 2001 I met my (now) wife, Sarah. When she moved in I realised I would have to tell my parents finally that I was gay. It wasn’t a pleasant experience and I remember lots of tears and recriminations but thankfully we were able to resolve things and I now have a wonderful and supportive relationship with my family.

I started working for ULHT in June 2017 after many years working in mental health. At first it felt a little like free falling without a parachute but have met some wonderful, friendly and supportive staff who have made me feel very welcome. I quickly became involved in the LGBT+ network, having been very active as an equality champion and Stonewall LGBT+ role model in my previous Trust. I am passionate about issues relating to equality, diversity and inclusion and believe it is the responsibility of everyone to ensure that staff, patients and carers are treated with respect and dignity. It is for this reason that I am happy to identify myself as an LGBT+ visible leader.

**Hobbies/ Interests:** When I’m not at work I can usually be found on my iPad. I am totally lost without it. I recently crushed it under my recliner chair and had to rush out the next day to buy a new one (sad I know). I also enjoy spending time with my family and our two dogs. I love socialising with friends and my greatest passion in life is shopping.

**If you were an animal, what would it be and why?:** I’d be a cat because they are self-sufficient when they need to be, resourceful, able to come and go as they please and can usually be found snuggled up somewhere warm and cosy.



## Joseph Pearson LGBT+ visible Leader

**Job:** Porter Supervisor / Team Leader Porters, Security & Switchboard at Pilgrim Hospital.

**About Me:** I'm originally from Birmingham but now somewhat settled in rural Lincolnshire. I first started the ordeal that is 'coming out' at about 21 after having come to terms with who I am at the age of 14. It's an ongoing tiresome process that must be forged on with for fear of regressing back into the dark and lonely closet. I believe I have (in part at least) section 28 of the Local Government Act 1986 to thank for the turmoil I suffered in my teenage years, I can't quite explain how desperately upset and alone I felt when I first realised I was gay. Since 'coming out' I've predominantly enjoyed acceptance throughout all spheres.

I joined United Lincolnshire Hospitals NHS Trust on 18 February 2008 as housekeeping assistant at Pilgrim; I lasted eighteen months before moving to the Post Graduate Medical Education Centre as their audio-visual technician which involved the setting up of doctors' teaching rooms and equipment including medical simulators. Ultimately I returned to facilities as porter supervisor around 2011 and recently enjoyed promotion on a part-time basis to team leader where, I hope, I empower the team to deliver first rate care. Outside of work I am a law student. I gained my LL.B in 2014, after trying to find suitable employment I decided to continue studying, as such I am now in the final year of a combined LL.M and legal practice course.

**Hobbies/Interests:** I enjoy working with oily filthy things which is just as well since I spent quite some time rebuilding my Mini's engine and gear box last winter and have a 1957 Fordson Major that is rather needy. I thoroughly enjoy technology and learning, at present I have three Raspberry Pi's running a variety of different pieces of software, some of which I've compiled myself. I made a New Years' Resolution in 2015 to learn Italian and am now deemed 28% fluent; thanks go to Duolingo and Rosetta Stone!

**If you were an animal, what would you be and why?** If I were an animal I would (apparently) be a fish. I took an internet quiz and this was the answer, it tallies as I'm an Aquarius. I suppose this question demonstrates my fear of not fitting in with society as I spent quite a while agonising and analysing what would be a good answer before realising that it's irrelevant to me and that I shouldn't get hung up on what others think (counselling works).

**Favourite Quote:** It very much depends on the context, for these purposes it's almost certainly Mahatma Gandhi's: 'Be the change you wish to see in the world'. I am frustrated by people who moan and gripe about matters but who lack the courage to try and bring about the change they so desire. Coupled with 'carpe diem' and 'nothing ventured, nothing gained' it shows that if people put their mind to it they can facilitate some sort of change.