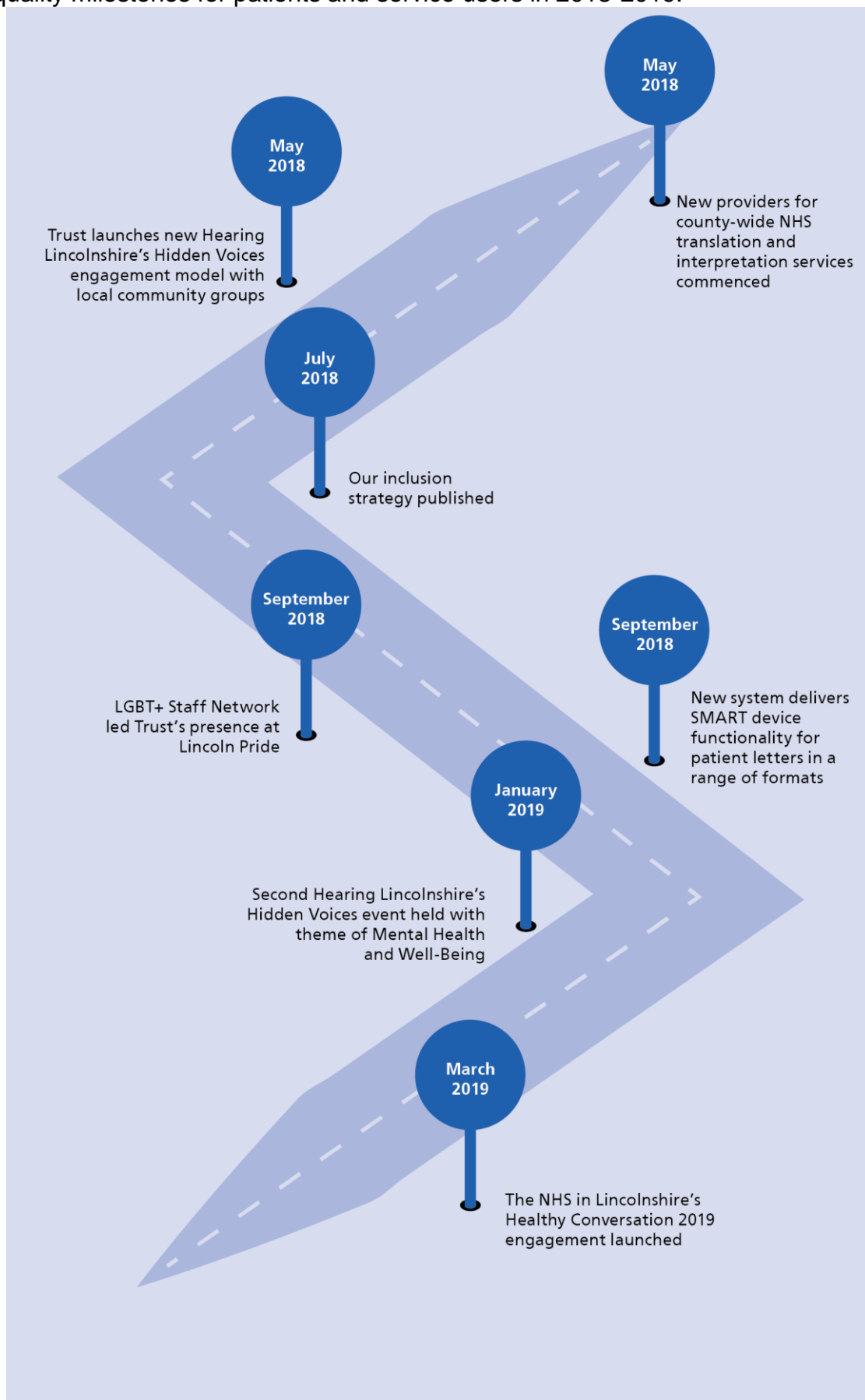
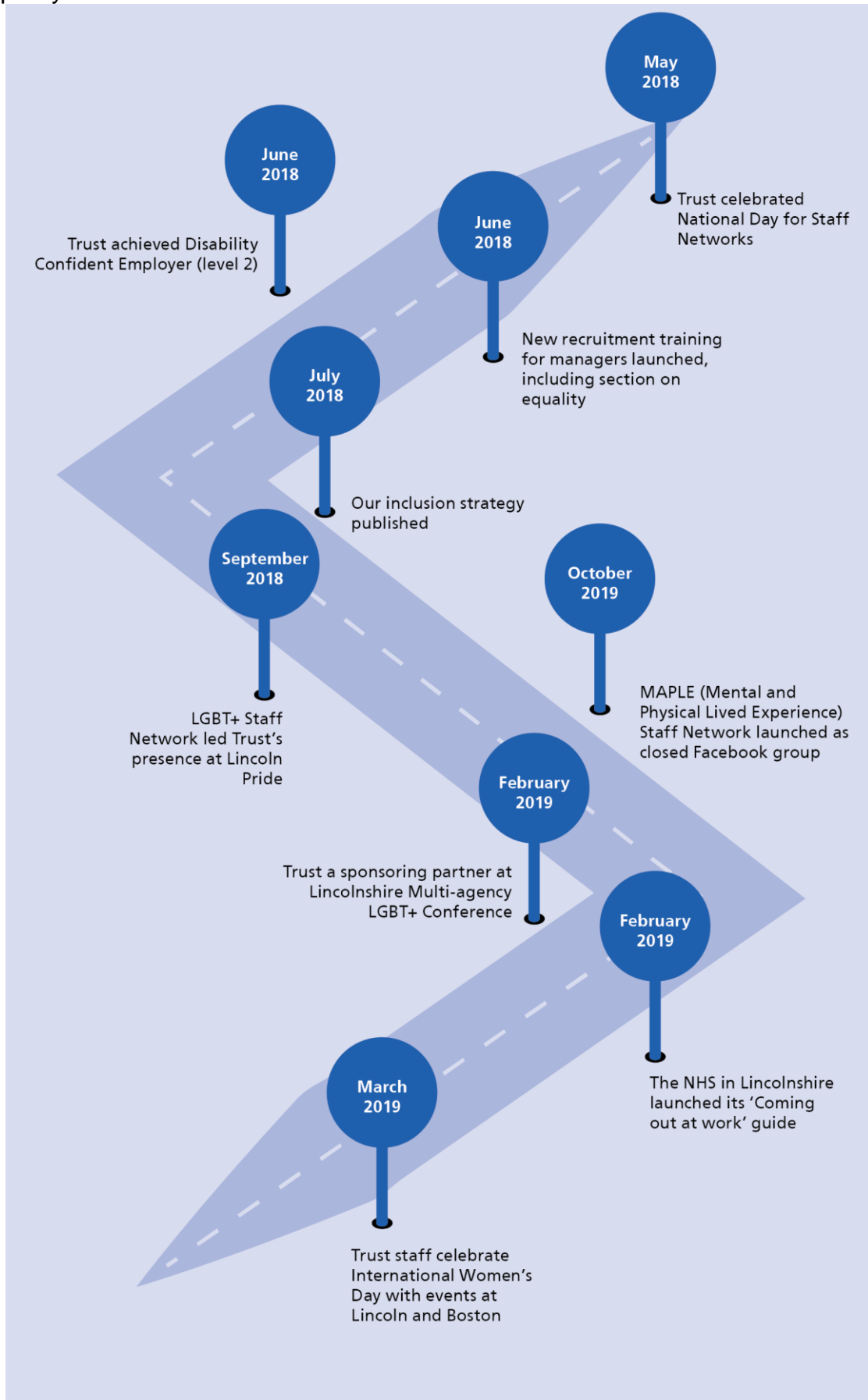


Key equality milestones for patients and service users in 2018-2019:



Key equality milestones for staff in 2018-2019:





‘Hearing Lincolnshire’s Hidden Voices’ equality engagement events – new in 2018-2019:

To read more about our new and exciting ‘Hearing Lincolnshire’s Hidden Voices’ equality engagement events, please visit our website: <https://www.ulh.nhs.uk/about/equality-diversity/hearing-lincolnshires-hidden-voices-equality-engagement-events/>

You said:	We did:
Introduce deaf awareness training for key staff.	Sourced deaf awareness training with Topp Language Solutions and scheduled for first groups of A&E staff in June 2019.
Improve interpretation services for sensory impairment.	Commissioned a new provider, Topp Language Solutions, from Spring 2018.
Empower hearing impaired patients by offering patient call system showing patient’s name on a screen, rather than only relying on names being called out.	Implemented new screens on Out-Patient Departments at Boston and Lincoln (Grantham to follow).
The waiting times between referral from GP to first appointment at the nearest Gender Dysphoria Clinic are too long.	Commenced engagement with local trans support groups and the Nottingham NHS Gender Dysphoria Clinic.
All hospital appointment letters should be available in large print.	Appointment letters available in fonts 16, 18 or 24 (from September 2018).
Only having screen alerts in Out-Patient Departments is challenging for sight-impaired people.	We have introduced sensory impairment alerts at the Out-Patient Department self-check-in booths and use verbal calls, as well as visual alerts to call patients.
Ashby Ward, Lincoln is very good for complex needs.	Passed this information on to the ward lead on Ashby Ward.



Delivery of our Equality Objectives 2018-2019:

Our Equality Objective:	What we did:
For our patients and service users:	
<p>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 concerns.</p>	<p>Unfortunately, the baseline information from an equality perspective was too small to be of meaningful significance. Therefore, in 2019-2020 we will provide people who make a complaint with the voluntary option to share whether they believe their complaint is related to one of the protected characteristics of the Equality Act 2010.</p>
<p>We will improve our communication with people living with a disability through implementation of the Accessible Information Standard.</p>	<p>In 2018-2019 we have delivered some significant improvements for our patients, these include:</p> <ul style="list-style-type: none"> ✓ Appointment letters available in font sizes 16, 18 and 24. ✓ Appointment letters available securely through SMS / SMART technology and linking to the patient's assistive technology. ✓ Continued improvement of service through the Eye Clinic Liaison Officer (ECLO) Service on all hospital sites. ✓ Introduction of a new interpretation provider for sensory impairment.
For our local communities:	
<p>We will seek to understand and improve the experience of carers by undertaking a carer survey.</p>	<p>Unfortunately, as the carer survey relies on volunteers to carry out the survey, we have struggled with capacity issues. We will continue this in 2019-2020.</p> <p>However, we have undertaken significant work to develop our support of carers:</p> <ul style="list-style-type: none"> ✓ An increase in the use of our Carers' Badge scheme.

	<ul style="list-style-type: none"> ✓ Carer information and support is a key part of our Ward Accreditation programme. ✓ Producing a Carer Information Pack is part of our FAB Champion role (currently have 63 FAB Champions in Trust). ✓ We have a close working relationship with Lincolnshire Carers First. ✓ Commitment to open a Carers Hub at Pilgrim Hospital, Boston achieved in 2018-2019.
<p>We will seek to better understand the needs and experiences of protected groups within our communities through a structured approach to stakeholder engagement.</p>	<p>In 2018-2019 we innovated, and launched, in partnership with NHS Lincolnshire East CCG the 'Hearing Lincolnshire's Hidden Voices' model of equality engagement.</p> <p>In our first two events we heard from local people represented by:</p> <ul style="list-style-type: none"> ✓ Trans community ✓ Deaf Community ✓ Sight loss charities ✓ Migrant community ✓ Carers First ✓ Alzheimer Society (Dementia) ✓ Headway (Brain injury) ✓ Autism Partnership ✓ Veterans Mental Health Services <p>(more detailed information about our events is contained in this annual report)</p>
<p>For our staff</p>	
<p>We will hear and act upon the voice of staff from protected groups by enabling and supporting staff equality networks.</p>	<p>In 2018-2019 members of the Trust's executive team commenced actively sponsoring staff networks.</p> <p>We continued to develop and support our existing staff networks:</p> <ul style="list-style-type: none"> ✓ LGBT+ (lesbian, gay, bisexual and trans)

	<ul style="list-style-type: none"> ✓ BAME (black, asian and minority ethnic) ✓ Armed Forces <p>In September 2018, our MAPLE (mental and physical lived experience – disability) staff network launched as a closed Facebook group. It is envisaged that meetings will commence in 2019-2020.</p> <p>Following successful events on International Women’s Day in March 2019, staff interest for a network for women commenced. These aspirations will be continued in 2019-2020.</p>
<p>We will engage with our staff networks to develop plans to ensure our workforce is broadly representative of the communities we serve at all levels of the Trust.</p>	<p>We undertook the NHS Employers ‘Measuring up: your community and your workforce’ data comparison. The results were presented to the LGBT+ and BAME Staff Networks for consideration.</p> <p>Both networks did not believe the report provided any cause for concern or further action. It was requested that the data comparison is undertaken annually, so that emerging trends can be identified.</p> <p>The NHS Employers workforce data comparison for 2018-2019 is included in this annual report.</p>
<p>For our Trust</p>	
<p>We will improve the cultural competence of our staff by commencing delivery of equality related training.</p>	<p>Since 2017 all staff commencing at the Trust undertake equality, diversity and inclusion (incl. human rights) training as part of their induction.</p> <p>Since 2017 all staff are required to undertake an equality, diversity and inclusion (incl. Human Rights) e-learning training package every three years. In 2018-2019 the completion rates for all staff (excluding doctors in training) was 94.64%. Compliance rates for doctors in training by hospital site were:</p>

- ✓ Boston – 95%
- ✓ Grantham – 100%
- ✓ Lincoln – 100%

In July 2018, the Trust launched a new training package for recruiting managers and this includes a bespoke session on equality, diversity and inclusion in recruitment.

A further and ongoing review of our training will continue in 2019-2020.

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.

The financial year 2018-2019 has been a time in which the Trust made significant progress in relation to demonstrating its commitment to improving equality, diversity and inclusion for our patients and service users, our communities and our staff.

Since 2017 the Trust has been implementing 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,	Providing efficient, effective and financially	Providing services by staff who demonstrate our

	responsive, high quality care	sustainable services	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

In the summer of 2018 we were pleased to publish 'Our Inclusion Strategy'. In this document we set out our strategic vision for all our work around the equality, diversity, inclusion and human rights agenda. Our inclusion strategy is aligned to the Trust's wider 2021 plan, and is indeed one of the suite of strategies which underpins and enables delivery of the 2021 Plan. A copy of our inclusion strategy can be located on the Trust's website: <https://www.ulh.nhs.uk/about/equality-diversity/equality-objectives/>

As part of the Public Sector Equality Duty 2011, we have developed a suite of equality objectives for the duration of 'Our Inclusion Strategy'. Our equality objectives are grouped around; (i) our patients and service users, (ii) our local communities, (iii) our staff and (iv) our Trust. Some of our equality objectives are 'stand-alone' and will be delivered within a financial year, but many of our equality objectives are designed to grow and develop throughout the course of our inclusion strategy. We are confident that delivery of our inclusion strategy and the equality objectives will enable us as a Trust to realise our vision 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. The detail of our vision for equality, diversity and inclusion can be located on the Trust's website: <https://www.ulh.nhs.uk/about/equality-diversity/equality-diversity-inclusion-2021-vision/>

In this annual report we highlight our successes and challenges during 2018-2019, 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 Operational Group and Equality, Diversity and Inclusion Engagement Network

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

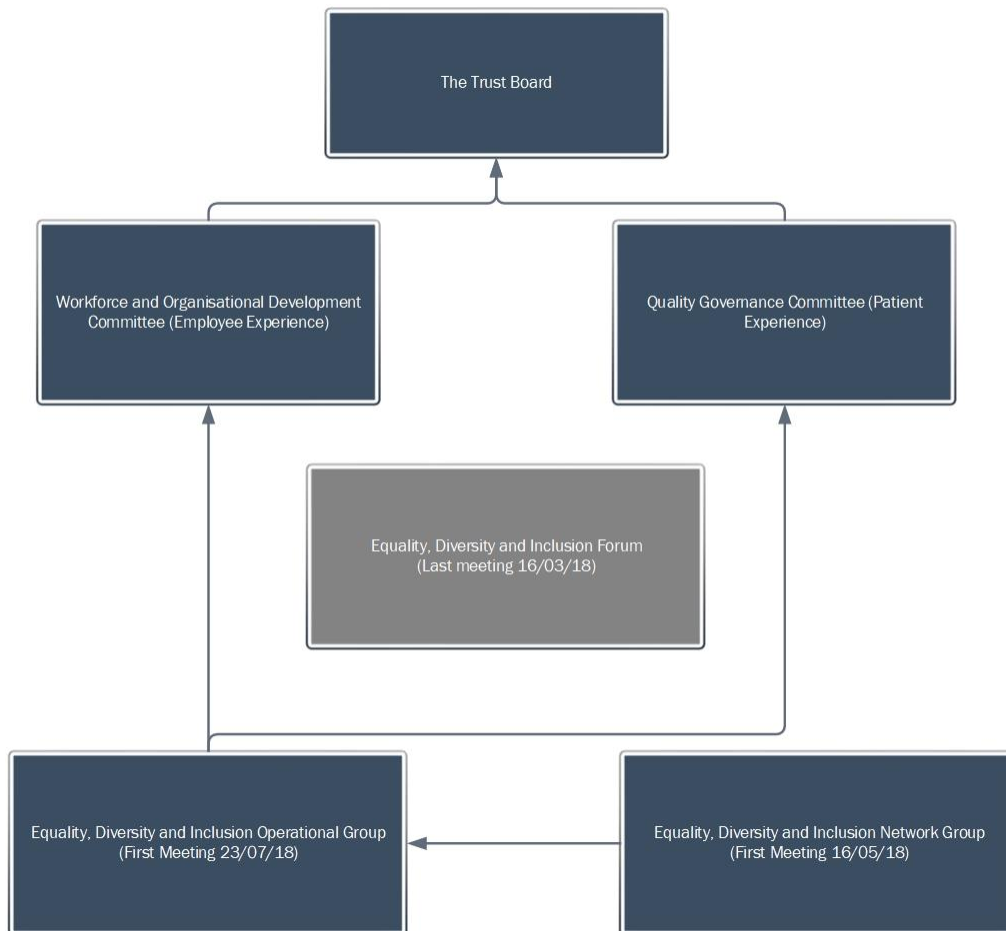
The forum reported to the Trust Board via the assurance committee framework; the Quality Governance Committee in relation to equality matters relating to patients and service users, and via the Workforce and Organisational Development Committee in relation to equality matters relating to staff.

Towards the end of 2017-2018, it was recognised by the members of the equality, diversity and inclusion forum, that the forum had realised its primary aim of delivering a structured and renewed focus around the equality, diversity and inclusion work. It was agreed that it was time for the group to separate its work into two workstreams.

From the first quarter of 2018-2019, the work has comprised of two components: the Equality, Diversity and Inclusion Operational Group, and the Equality, Diversity and Inclusion Engagement Network.

The Engagement Network focuses primarily on the engagement with patients, service users and staff across the inclusion agenda and reports into the Operational Group. Outwardly facing the Engagement Network has branded its activity under the banner of 'Hearing Lincolnshire's Hidden Voices' and more information about this exciting development will follow later in this report. The Operational Group leads and drives 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.

As we move into 2019-2020, with the launch of the new Trust Operating Model (TOM), the aforementioned structure for our work around equality, diversity and inclusion is agile and will be aligned to the TOM.



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 2018-2019, 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. We are pleased that the number of areas the Trust has been rated as 'achieving' in relation to our statutory and mandatory equality duties has steadily increased through the year and we have plans in place to ensure the small number of areas rated as 'developing' are able to demonstrate 'achieving' in a reasonable timeframe.

2.3 Care Quality Commission (CQC)

The latest CQC inspection report was published in July 2018. Overall the Trust was rated as 'Requires Improvement'.

During the inspection the Trust's performance in relation to equality, diversity and inclusion was also reviewed. The following statement is taken from the CQC report:

"There was evidence of significant amount of work undertaken by the Equality & Diversity lead since he commenced the role in 2016. The key challenge was to articulate the

outcomes, embed the actions and effectively engage with staff. It was not clear the degree to which the trust engaged with its BME Network (or similar forum) as a means of sustained and meaningful engagement to influence the trust to mainstream equalities. We saw a number of actions in progress

- Equality strategy was currently in draft and undergoing internal and external consultation.
- Development of a unified equalities action plan for patients and workforce.
- EDS2 grading consultations.
- Engaging executive directors with staff equality networks.
- The Trust was establishing good links with the local NHS economy to focus attention on equality matters.” (p. 20 of the full CQC report)

It is encouraging that the CQC inspectors were able to see evidence of the progress the Trust is making in relation to the equality, diversity and inclusion work. The need to continue on this journey of improvement is acknowledged by the Trust and the next stages of our work are focussed around evidencing meaningful engagement and ensuring the equality work is mainstreamed throughout the organisation.

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

When the Equality Act 2010 came into statute, it brought together and harmonised 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.

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 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 / population data (appendix one), staff / local population demography comparison (appendix two) and Trust volunteer data (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 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 our inclusion strategy are contained within the document.

Our inclusion strategy was published at the beginning of July 2018 and is 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 significant papers and documents going to the Trust Board should be supported by an equality analysis, through which the potential equality related impacts are identified, mitigated and removed.

To further support Trust staff in completing a high quality equality analysis, an equality analysis e-learning training package was produced in 2018-2019. Following a successful pilot of the new training, it is scheduled to be implemented from April 2019.

3.4 Gender Pay Gap Reporting

From March 2018 a new statutory requirement in relation to gender pay gap reporting was introduced. The Trust publishes information about the gender pay gap, which 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 to staff from the protected groups and other groups at potential risk of inequality.

Since 2017 the Trust has launched a number of staff networks and through 2018-2019, the networks have continued to be strengthened. Each of the staff networks is led by members of staff and has a network chair, vice-chair and terms of reference. A significant and positive development of our staff networks in 2018-2019, is that each staff network now has member of the Trust's executive team as a sponsor. Each executive sponsor supports and 'champions' the work of their respective network and their role is supported by an executive sponsor brief.

The Trust currently has three established staff networks:

- LGBT+ (Lesbian, gay, bisexual and transgender) staff network, with Paul Matthew as the executive sponsor.
- BAME (Black, Asian and Minority Ethnic) staff network, with Kevin Turner as the executive sponsor.
- Armed Forces Staff Network, with Dr Neill Hepburn as the executive sponsor.

In 2018-2019 the Trust commenced work to form a staff network to support disabled staff members. The network is called MAPLE (Mental and Physical Lived Experience) and Paul Boocock is the executive sponsor for this emerging group. The network launched initially as a closed Facebook group in the autumn on 2018 and we look to commencing meeting in 2019-2020.

On the 8th March 2019 the Trust held two successful events for staff on International Women's Day. These events gave impetus to the development of a staff network for women. These plans will be further developed by our staff in 2019-2020.

The Trust is immensely proud of our staff networks and is committed to support their work and further development in the future.

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.”¹

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

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

In 2018-2019 the Trust completed a full review of its EDS2 work and the full EDS2 report can be located on the Trust's website: <https://www.ulh.nhs.uk/about/equality-diversity/nhs-equality-delivery-system-eds2/>. In 2018-2019, it has been encouraging that the NHS Lincolnshire East Clinical Commissioning Group confirmed the Trust had improved from 'developing' to 'achieving' in its commitment and delivery of the EDS.

In 2018-2019 NHS England undertook a thoroughgoing review of the NHS EDS2 and the Trust's Equality, Diversity and Inclusion Lead has been actively involved in the wider engagement of the EDS. It is expected that NHS England will launch a revised and new version of the EDS in 2019-2020. The Trust is prepared and looks forward to implementing the new EDS.

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.

The WRES was implemented in 2015 and since 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 improving race equality. This has been 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.

In 2018 the Trust's Equality, Diversity and Inclusion (ED & I) Lead completed the first national NHS England WRES Expert programme. Supported by Kevin Turner, Deputy Chief Executive and BAME Staff Network executive sponsor, the ED & I Lead has received 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/>

The primary WRES actions for 2018-2019 have been in relation to recruitment data (WRES indicator 2) and discrimination as reported by staff through the national NHS Staff Survey (WRES Indicator).

WRES Indicator 2 (Recruitment):

The primary mechanism to support improvement action in relation to WRES Indicator 2 (Recruitment) has been the implementation of a new and more sophisticated HR recruitment system called TRAC. The TRAC system is now fully implemented and comes with enhanced WRES reporting functionality. As the Trust prepares to produce and submit its WRES report for 2018-2019, we will be able to draw upon more detailed data in relation to recruitment and be able to identify specific areas of concern where targeted action needs to be undertaken.

In order to further support our recruiting managers, new recruitment training was implemented in the summer 2018 and this includes a bespoke section about equality,

diversity and inclusion in recruitment. This training has been scheduled throughout 2019-2020 and as an act of positive action, BAME members of staff who are recruiting managers have been actively encouraged to undertake the training through the BAME Staff Network.

WRES Indicator 8 (Discrimination):

The WRES comprises nine indicators; indicators 1 – 4 are taken from the Trust's HR data systems; indicators 5 – 8 are taken straight from the national NHS Staff Survey and indicator 9 appertains to the Trust's senior leadership.

For the first time in 2018-2019 the BAME Staff Network requested that the Trust reviewed one of the NHS Staff Survey related indicators, indicator 8 (discrimination). It is recognised that achieving improvement in the NHS Staff Survey related indicators requires significant focus and commitment. It has been encouraging that members of the BAME Staff Network have not only risen to this challenge, but worked together to develop an insight questionnaire, which will not only enable the Trust to understand better the experience of BAME staff in relation to discrimination by managers, team leaders and colleagues, but in embracing BAME and white staff, will have significant impact for all staff. Further, this work is aligned to a larger project being undertaken by the organisational development team in relation to the culture of the Trust.

As the year 2018-2019 drew to a close, the insight questionnaire relating to discrimination was in draft format and will be implemented following final approval by the BAME Staff Network and senior leadership in the Trust.

It is encouraging that the BAME Staff Network continues to grow and develop its work in relation to the WRES, although it is recognised that there remains more work to do in 2019-2020 and beyond.

4.3 Implementation of the NHS Accessible Information Standard (AIS)

The AIS came into force for all NHS organisations in July 2016. In 2018-2019 the Trust has continued to make significant progress in relation to the full implementation of the AIS.

One of the main areas of work which actively supports the implementation of the AIS, has been the introduction of the ECLO (Eye Clinic Liaison Officer) Service on all Trust's sites. Although implemented in November 2017, in 2018-2019 the ECLO Service has its first full financial year of activity. The ECLO Service is hosted by the Trust and is a service delivered in partnership with the Royal National Institute of Blind People (RNIB), Lincoln and Lindsey Blind Society and NHS England.

In 2018-2019 the ECLO Service has supported and helped a significant number of people affected by sight impairment. The ECLO Service offers people affected by sight impairment and their relatives / carers practical and emotional support in coming to terms with sight impairment. The ECLO Service report 2018 – 2019 is included as a link below:



ECLO ULHT Annual
Report 18-19.pdf

A further significant development in the implementation to the AIS in the Trust, has been the introduction of a range of communication options for patients within our primary patient IT-systems. This means our patients are able to request their patient appointment and other communication in a range of Arial (sans serif) font sizes and other accessible formats.

Another significant development has been the introduction of the option for patients to receive their hospital correspondence to their SMART device through a secure SMS message. Once a patient accepts a message to their SMART device, the letter can be opened and / or emailed to the person's email address and make full use of the assistive technology on the person's own computer equipment. This also means, for example, that a person living with sight impairment can elect to have their correspondence in a font size suitable to their needs and moreover, the technology also has a Browsealoud function, which allows for the correspondence to be read to the person (this also includes a range of the top spoken languages in Lincolnshire).

As we move into 2019-2020, we will undertake a thoroughgoing review of all our work around the AIS to ensure we are delivering communication to our patients in formats which meet their needs.

Parallel to this, the new translation service for people with sensory impairment, provided by Topp Language Solutions (TLS), was implemented in 2018. Through engagement with people from the local deaf communities, the Trust has been delighted to hear how well received the new, structured and innovative service provided by TLS has been. In 2019-2020 we will continue to build on the successes of this new service to benefit and improve the experience of our patients and service users with hearing impairment.

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.

The new service provided by DA Languages was fully implemented by August 2018. As we move into 2019-2020 we will seek to undertake a satisfaction survey with our patients and service users to ensure the services provided meet with their approval.

4.5 Launch of the NHS England Workforce Disability Equality Standard (WDES)

In early 2019 NHS England launched the WDES. Similar to the WRES, the WDES comprises of a set of metrics against which NHS Trusts must report and following analysis of the local data, and in partnership with staff members, develop actions for improvement.

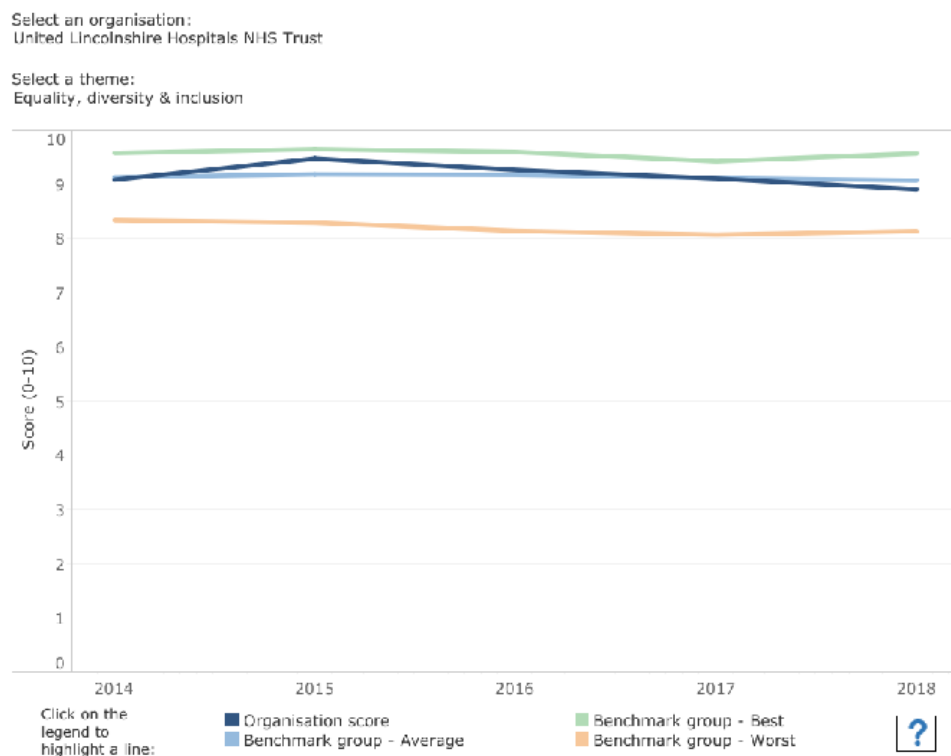
Although NHS England has designated the reporting in 2019 as a trial year for the implementation of the WDES, NHS organisations are expected to submit their first annual report and action plan to the 1st August 2019. The Trust will work on the collation and completion of its first WDES report and submit to NHS England in a timely fashion. Further, we look forward to working with our emerging MAPLE staff network to agree and deliver actions of improvement to support our disabled staff.

Further information about the WDES can be found on the NHS England WDES website: <https://www.england.nhs.uk/about/equality/equality-hub/wdes/>

5. THE NHS STAFF SURVEY 2018

In 2018 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, to 46% in 2018) this means we have an increasing quality of feedback from our staff in relation to their experience of being employed by the Trust.

It is with disappointment that we note that in general terms the overall rating for the theme equality and diversity in the national staff survey has again deteriorated and sadly fallen below the national average for Trusts we are benchmarked against. The infographic below illustrates this:



The overall theme of equality, diversity and inclusion in the NHS Staff Survey comprises of the ratings our staff provided in the four areas of experience of:

- Career progression and promotion.
- Discrimination from patients, service users or the public.
- Discrimination from managers, team leaders or colleagues.
- Adequate adjustments being made to support the employee undertake their role.

Each of the questions and feedback will be analysed in more detail and further action for improvement identified and undertaken.

Set in the bigger picture, in general terms, the Trust's Staff Survey responses have sadly deteriorated in 2018. Although it is positive that our overall results for equality and diversity remain significantly above the worst performing organisations in our benchmarked group, we are not satisfied that our overall results are deteriorating and indeed in 2018 we have fallen below the national average scores for equality and diversity.

As we enter 2019-2020, we will undertake further detailed analysis of the equality and diversity results from the national staff survey and engage with staff groups, through our staff networks, to understand why our staff are feeling less positive about the overall equality and diversity indicators and how we can work with our staff to improve their experience.

6. 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 are contained within our inclusion strategy (<https://www.ulh.nhs.uk/about/equality-diversity/equality-objectives/>).

The Equality, Diversity and Inclusion Operational Group leads on the monitoring of progress against all our equality objectives. The delivery of our equality objectives for 2018-2019 has already been documented at the beginning of this report.

Building on the last year's equality objectives, our equality objectives for 2019-2020 are as follows:

For our patients and service users

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.

For our local communities:

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.

For our staff

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.

For our Trust

Year 2 2019-2020

Objective 1

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

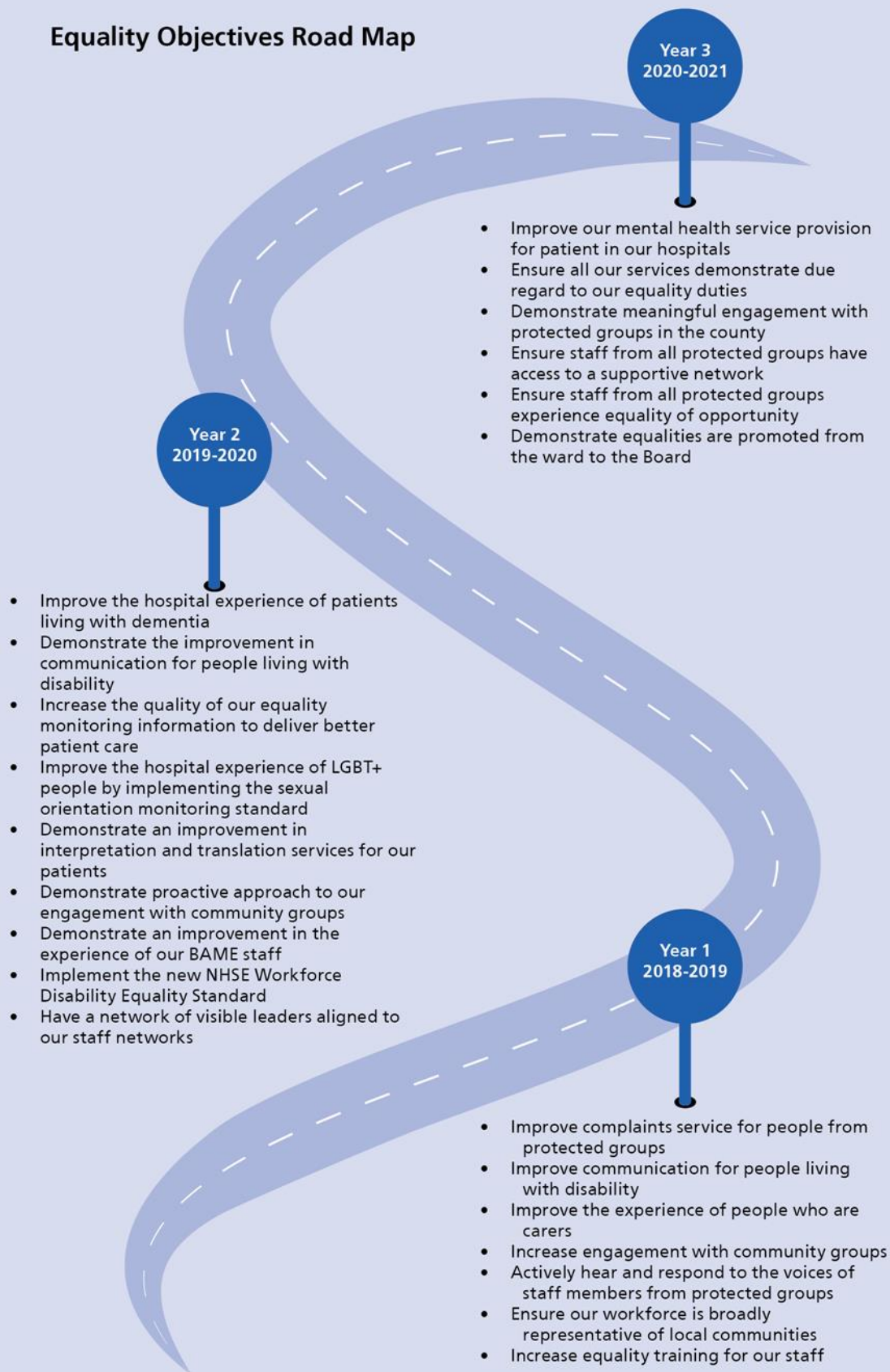
Outcome 1

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.

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 2019-2020 form the second phase of a suite of equality objectives in our three year 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



7. Conclusion

Having established good foundations for, and reinvigorated, the Trust's equality, diversity and inclusion work since 2016, 2018-2019 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.

Of all the many achievements in 2018-2019, the primary highlights of the year have been:

- Implementation of the 'Hearing Lincolnshire's Hidden Voices' model of equality engagement.
- The strengthening of our staff networks.

It is encouraging that the Trust continues to receive positive affirmation from its commissioners and regulator, that the plans and progress have set the organisation on the right path for continued compliance and improvement. It was encouraging that the Trust's ED&I Lead completed the first national NHS England WRES Expert programme and we look forward to further developing our work around race equality. Further, as we move into 2019-2020, it is a privilege that the Trust ED&I Lead has been requested to join the steering group for the national NHS Employers' Diversity and Inclusion Partner Programme. Engagement with this new programme not only confirms the Trust's commitment to improving equality, but also gives the Trust opportunity to share local expertise at a national level.

As 2019-2020 commences, the Trust's leadership's commitment that inclusion is a strategic priority for the year, gives confidence 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 2019

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	<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>
Disability	<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>
Gender reassignment	<p>It is telling that there is a lack of good quality statistical data</p>	

	<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 ethnic population in Lincolnshire is 2.4%</p>	<p>The potential impact of Brexit on EU nationals (White: other) living and working in Lincolnshire is currently unquantifiable and unknown.</p>

	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	

Appendix 2: NHS Employers Measuring up: your community and your workforce – comparative data report:

In late 2017, NHS Employers launched their Measuring up: your community and your workforce comparative data tool.

The tool is designed to support the Trust in ensuring it is developing a workforce that is representative of the local population, as fairly as possible. Drawing on regional population data from the most up-to-date sources (i.e. census and other surveys), the tool compares the Trust's workforce data with the local population demography. By undertaking an analysis of the data, then Trust can identify areas where gaps might exist and develop appropriate positive action to ensure a representative workforce is developed.

In the report below, the workforce data for the end of 2018-2019 is compared with local data. For the purposes of this report, the Trust has reviewed our data with the STP: Lincolnshire data. In general terms it is encouraging that broadly we can evidence a fairly representative workforce or have an understanding of the reasons our Trust data is in variance with the local population demography.

The following points are highlighted and noted:

- Age:** Whilst broadly representative, it is noted that in the age group <25 the Trust is under represented and is encouraged to think about its attraction strategy for the group. The reality that from age 45 and above, there is an over-representation in the workforce, when compared with the local population, makes positive action all the more important.
- Ethnicity:** The Trust is proud to attract employees from a range of ethnic backgrounds and thereby contribute to the cultural diversity of the county. We recognise our employee data for non-white ethnic backgrounds is higher than the local population and that many of these people are members of our clinical workforce. It is also encouraging that our white, other members of the workforce, is broadly representative of the local demography. Our BAME Staff Network reviews and advises the Trust in relation to this report and further positive action will ensue in 2019-2020.
- Gender:** Like most, if not all, NHS organisations, the Trust employs a majority female workforce (80%). Compared to the local population demography, this is by far the largest variance. As an act of positive action, the Trust is advised to consider promoting career opportunities to the local male population.
- Disability:** The comparative data for this protected characteristic is unhelpful. However, the not disclosed / unknown categories in the Trust data are high and through the implementation of the Workforce Disability Equality Standard (WDES) in 2019, we have an opportunity to improve the self-disclosure rates in our workforce.

Religion & Belief: Again, whilst broadly representative, the categories not disclosed / unknown and other remain high and positive action should be considered to improve this. Further, with nearly a quarter (23.07%) of people in the local population declaring themselves as identifying with 'Atheism' consideration for their support whilst in hospital, needs to be considered.

Sexual orientation: Nationally the data sources for sexual orientation show significant variance. It is hoped that with NHS England launching the Sexual Orientation Monitoring Equality Standard, that improvements in appropriate care for people can be developed and delivered.

The full report can be accessed below:



NHS Employers
Full-Report_31_03_2

Appendix three:

Equality monitoring data for Trust volunteers to 14 May 2019:

Gender			Ethnicity			Disability			Age		
Females	190	71%	British	119	46%	No	186	69%	0-20	<11	1%
Males	79	29%	English	88	34%	Yes	13	5%	21-25	11	4%
			Scottish	<11	2%	Unspecified	53	20%	26-30	<11	1%
			Welsh	<11	1%	Not Declared	17	6%	31-35	<11	1%
			British Asian	<11	0%				36-40	<11	1%
			British Bangladesh	0	0%				41-45	<11	1%
			Ashkenazi Europe	<11	0%				46-50	<11	3%
			French	<11	0%				51-55	<11	3%
			Pakistani	<11	0%				56-60	11	4%
			Irish Republic	<11	0%				61-65	32	12%
			Danish	<11	0%				66-70	63	23%
			Polish	<11	0%				71+	105	40%
			Asian	<11	0%				not recorded	14	5%
			Chinese	<11	0%						
			Indian	<11	1%						
			Latin America	0	0%						
			Sri Lanka	0	0%						
			South Africa	0	0%						
			Refused	<11	0%						
			Not Given	43	16%						
total	269	100%	total	269	100%	total	269	100%	total	236	100%

