United Lincolnshire Hospitals NHS Trust

Equality, Diversity and Inclusion Annual Report, 2020-2021 (incl. highlights from 2019-2020)

Approved by the Trust Board for publication on 3 August 2021

OUTSTANDING CARE *personally* DELIVERED

Opening statement regarding equality, diversity and inclusion reporting during the first year of the COVID-19 pandemic:

United Lincolnshire Hospitals NHS Trust, as a public sector body, is governed by the Equality Act 2010 and the Public Sector Equality Duty (section 149 of the Equality Act 2010) in relation to its equality duties. At the start of the COVID-19 pandemic, the Equality and Human Rights Commission, the regulatory body in England for equality, confirmed that due to the pandemic the specific reporting duties of the Public Sector Equality Duty would be suspended for the financial year 2020-2021.

It is important to note, however, that the general duties of the Public Sector Equality Duty remained in place throughout the pandemic, as the importance of paying due regard to the general duties throughout the pandemic was recognised. The general duties are:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

As the financial year 2021-2022 commenced, the specific duty reporting requirements were reinstated, and this annual report reflects this.

Although the Trust did not produce an equality, diversity and inclusion annual report for 2019-2020, we believe it is important that the great work undertaken in that year is not overlooked. To this end, we have included a highlight infographic of important milestones and achievements in the 2019-2020 financial year and this is included as appendix one at the end of this report.

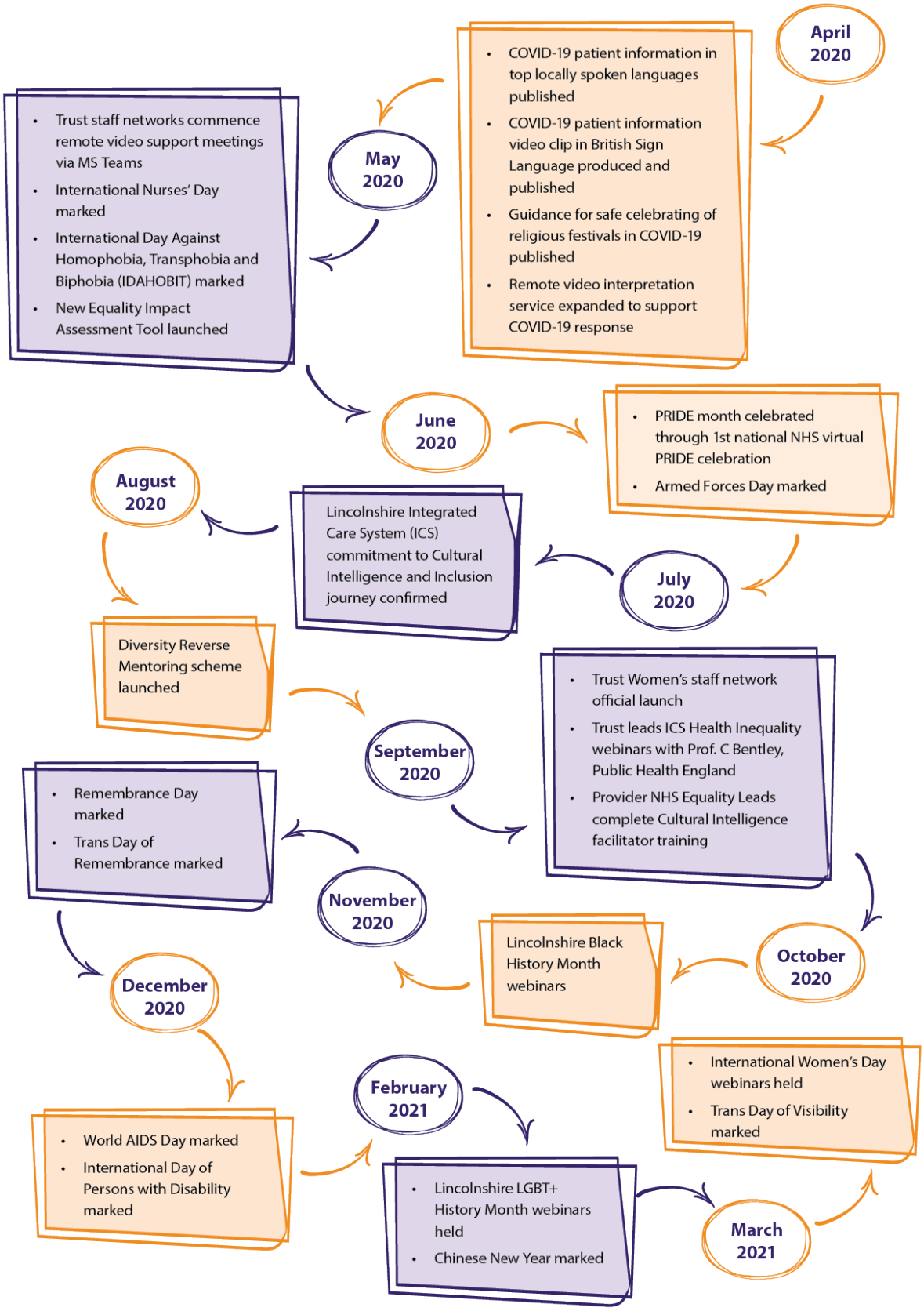
Through the experience of the pandemic, the Trust, in partnership with its health and social care partners delivered a range of important workstreams at pace to ensure patients, service users and staff were actively support. These were predominantly grouped around the following areas and the work formalised from September 2020:

- Delivering the NHS COVID vaccination programme and continuing to meet the needs of patients with COVID-19.
- Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services.

- Expanding primary care capacity to improve access, local health outcomes and address health inequalities.
- Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments (ED), improve timely admission to hospital for ED patients and reduce length of stay.
- Supporting the health and wellbeing of staff and taking action on recruitment and retention.
- Working collaboratively across systems to deliver on these priorities.

As we move into 2021-2022 the Trust, and the key stakeholder in the Integrated Care System, will continue to prioritise and delivery these key national priorities, with a clear focus on ensuring the equality and health inequalities highlighted by the pandemic are addressed in a structured and robust manner.

Key equality milestones for patients, service users and staff in 2020-2021:



Summary of key equality milestones for patients, service users and staff in 2020-2021:

April 2020:

- COVID-19 patient information in top locally spoken languages published
- COVID-19 patient information video clip in British Sign Language produced and published
- Guidance for safe celebrating of religious festivals in COVID-19 published
- Remote video interpretation service expanded to support COVID-19 response

May 2020:

- Trust staff networks commence remote video support meetings via MS Teams
- International Nurses' Day marked
- International Day Against Homophobia, Transphobia and Biphobia (IDAHOBIT) marked
- New Equality Impact Assessment Tool launched

June 2020:

- PRIDE month celebrated through 1st national NHS virtual PRIDE celebration
- Armed Forces Day marked

July 2020:

- Lincolnshire Integrated Care System (ICS) commitment to Cultural Intelligence and Inclusion journey confirmed

August 2020:

- Diversity Reverse Mentoring scheme launched

September 2020:

- Trust Women's staff network official launch
- Trust leads ICS Health Inequality webinars with Prof. C Bentley, Public Health England
- Provider NHS Equality Leads complete Cultural Intelligence facilitator training

October 2020:

- Lincolnshire Black History Month webinars

November 2020:

- Remembrance Day marked
- Trans Day of Remembrance marked

December 2020:

- Words AIDS Day marked
- International Day of Persons with Disability marked

February 2021:

- Lincolnshire LGBT+ History Month webinars held
- Chinese New Year marked

March 2021:

- International Women's Day webinars held
- Trans Day of Visibility marked

Initial responses to the COVID-19 pandemic 2020 from an equality perspective

The arrival of the COVID-19 pandemic in Lincolnshire in March 2020, required the NHS and other key stakeholders to respond quickly in order to care for and protect the local population, as the emerging impacts of the new virus became evident. Although responses to COVID-19 were fast moving and changing, the potential equality impacts started to become evident at an early juncture. Listed below, are some of the important equality related impacts identified and the actions the Trust and its partners took to protect and care for patients, service users and staff during these challenging times:

Our patients and service users

Issue identified:	In the initial stages of the pandemic, the need for high quality information about COVID-19 in languages spoken in Lincolnshire.
How we responded:	We sourced high quality information from Doctors of the World (www.doctorsoftheworld.org.uk) and published on the Trust website (https://www.ulh.nhs.uk/news/important-information-about-the-coronavirus-covid-19/). This information was also shared with our NHS system partners. Please note this information is now archived as current information is accessed via hyperlink to the NHS Lincolnshire website.
Issue identified:	In the initial stages of the pandemic, the need for high quality information about COVID-19 for people from the Deaf Community.
How we responded:	The Trust commissioned a video clip in British Sign Language (BSL) produced by Topp Language Solutions, our contracted provider of BSL interpretation services. The video clip was shared through our NHS and other healthcare partners and placed on our website (https://www.ulh.nhs.uk/news/important-information-about-the-coronavirus-covid-19/). Please note this information is now archived as current information is accessed via hyperlink to the NHS Lincolnshire website.

Issue identified:	In the initial stages of the pandemic, the need for high quality information about COVID-19 in Easy Read.
How we responded:	The Trust sourced information about COVID-19 in Easy Read and published on our website (Information-about-Coronavirus-ER-SS2.pdf (ulh.nhs.uk). Please note this information is now archived as current information is accessed via hyperlink to the NHS Lincolnshire website.
Issue identified:	After the initial stages of the pandemic, the NHS system in Lincolnshire identified the need for a system approach to sharing important COVID-19 information and resources, including information about the vaccination programme.
How we responded:	The Trust signposts to the NHS Lincolnshire website, via hyperlinks, on the Trust homepage:United Lincolnshire Hospitals NHS Trust (ulh.nhs.uk) and https://www.lincolnshire.nhs.uk/covid/COVID-19-Vaccination-Resources
Issue identified:	The need for a more rapid Equality Impact Assessment tool identified, to support the responses to the COVID-19 pandemic and to ensure equality impacts are identified and responded to appropriately.
How we responded:	The Lincolnshire Provider NHS Trust Equality, Diversity and Inclusion Leads drafted, tested and implemented a new Rapid Equality Impact Assessment Tool and associated resources:

Our staff

Issue identified:	Initial evidence indicated that people from Black, Asian and Minority Ethnic backgrounds are more vulnerable and at risk from COVID-19.
How we responded:	Trust Chief Executive wrote individual letters of support to all Black, Asian and Minority Ethnic staff members outlining the support available to all staff. Staff network meetings moved to online via MS Teams and meeting frequency was increased to support staff.

Issue identified:	Further research highlighted a range of factors, incl. race, ethnicity, comorbidities, age, sex, pregnancy etc., which increased likelihood of poorer outcomes related to COVID-19.
How we responded:	Trust requested all staff complete an individual risk assessment and agree adjustments to working arrangements, where required, with their line managers and / or Occupational Health. From November 2020 the individual risk assessment was revised to include the research based COVID-age tool.
Issue identified:	Local and national concerns regarding the availability of appropriate Personal Protective Equipment (PPE), particularly for frontline staff, raised in the media.
How we responded:	Trust provided reassurance to staff regarding the availability and stock levels of PPE via weekly updates in the Trust internal communications. Trust provided frontline staff with assurance that PPE was being utilised in line with Public Health England guidance. Trust required frontline staff to undertake PPE FIT testing. Staff networks offered as a forum for staff to raise and discuss concerns.
Issue identified:	Need for diversity of thought in important decision making in the COVID-19 gold command structure.
How we responded:	Confirmed that COVID-19 gold command structure included senior staff members from a diverse range of backgrounds. Further, BAME staff network chair and vice-chair invited to attend COVID-19 gold command meetings.
Issue identified:	COVID-19 vaccine roll-out to all eligible and vulnerable staff members.
How we responded:	From December 2020 COVID-19 vaccination programme for staff implemented in designated on-site vaccination hubs. By the end of March 2020 all vulnerable staff offered at least their first vaccine, with many staff also in receipt of the second vaccine. By 23rd May 2021, 98.1% of vulnerable / at risk staff had received their 1st dose of the vaccine and

	92.9% of vulnerable / at risk staff had received their 2nd dose of the vaccine.

Our organisation

Issue identified:	The COVID-19 pandemic shone a bright light on the importance of addressing issues relating to equality and health inequalities and the resulting increased work schedule for the equality, diversity and inclusion function in the Trust.
How we responded:	The Trust committed resources to enable the employment of administration and practitioner roles within the equality, diversity and inclusion function of the organisation.

Delivery of our Equality Objectives 2020-2021

The setting and delivery of equality objectives is one of the specific duties of the Public Sector Equality Duty (PSED). The Trust published a suite of equality objectives and these are embedded in 'Our Inclusion Strategy' (https://www.ulh.nhs.uk/about/equality-diversity/equality-objectives/).

Through the majority of 2019-2020 the Trust remained on target with the delivery of its equality objectives and significant progress has been made in all equality objectives identified. With reporting of PSED specific duty requirements being suspended in 2020-2021 and the primary focus of the Trust's worked being aligned to the response and management of the COVID-19 pandemic, the focus around equality objectives has been paused to ensure the more pressing areas of pandemic response received the appropriate attention.

During the pandemic responses throughout 2020-2021 attention to equality has been a 'golden thread'. As we enter 2021-2022, the Trust remains committed to delivery of its equality objectives in the current year, which is also the final year of 'Our Inclusion Strategy'. It is envisaged that 'Our Inclusion Strategy' will be refreshed and aligned to the Trust's Integrated Improvement Plan and new equality objectives will be identified and embedded within the new strategy.

Introduction

United Lincolnshire Hospitals NHS Trust (ULHT) is a rural acute NHS Trust, of over 8000 colleagues, serving Lincolnshire's 757,000 residents from 3 ULHT-run Acute Hospital sites, 4 Community-run Hospitals, and numerous GP-run facilities around the County.

Lincolnshire is the second largest county in the UK and is characterised by dispersed centres of population in large towns and the city of Lincoln, and otherwise largely rural communities. Transport networks are underdeveloped resulting in transport times of around 1 hour between the 3 Acute hospital sites.

In an average year, we treat more than 150,000 accident and emergency patients, over 600,000 outpatients and over 140,000 inpatients, and deliver over 5,000 babies.

We are the lead provider of elective care and urgent inpatient care for Lincolnshire Clinical Commissioning Group (formerly 4 Clinical Commissioning Groups), and an integral part in the forming of the Lincolnshire Integrated Care System, in line with national expectation. This changes how we build plans, and how we fund our services, and will ensure we work collaboratively to spend the Lincolnshire pound in the most effective way for our community.

As outlined earlier, the financial year 2020-2021 has been a time in which the Trust has had a major focus on the COVID-19 pandemic. Nevertheless, during this challenging time it has been important to build on the significant progress made in relation to demonstrating the Trust's commitment to improving equality, diversity and inclusion for our patients and service users, our communities and our staff.

The Trust has developed a revised vision which truly places patients at the heart of what we do. It is to deliver "Outstanding Care, Personally Delivered". Alongside this vision we have a set of values which are shown in the diagram below:

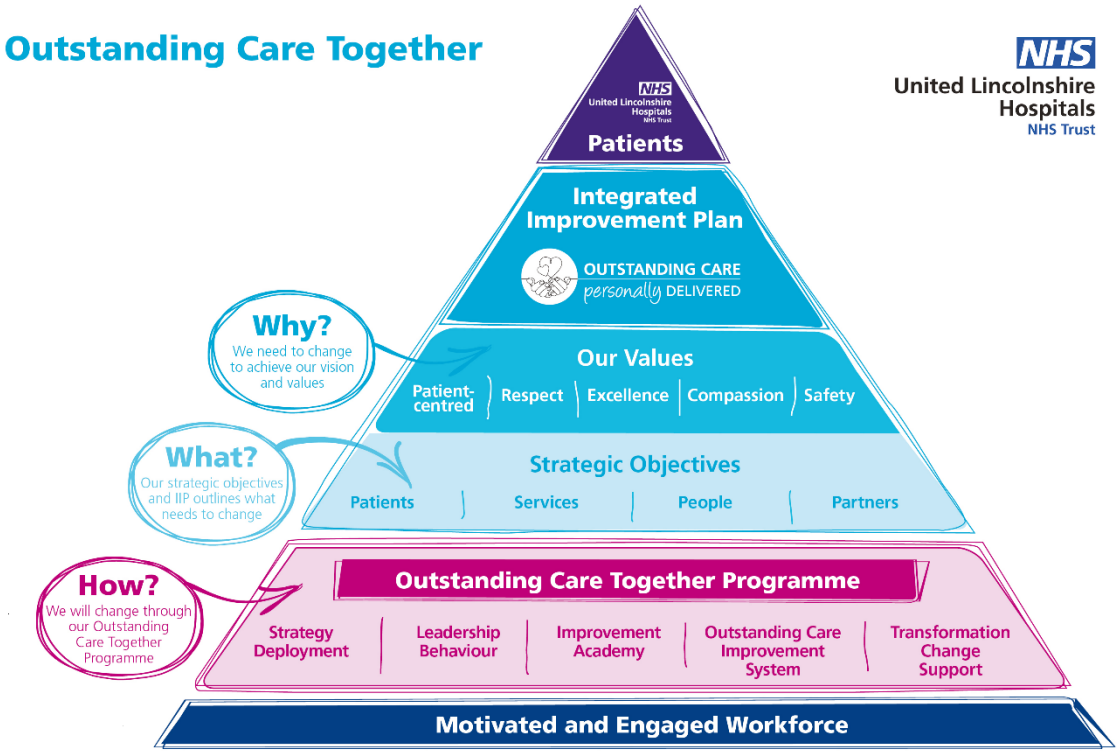
Equality, diversity and inclusion flows through all our values, but is particularly embodied within “respect”.

The Trust recognises that it needs to improve significantly if it is to achieve its vision and consistently deliver its values. It has defined what it wants to achieve in objectives for our Patients, People, Services and Partnerships, as follows:

- To deliver high quality, safe and responsive patient services, shaped by best practice and our communities
- To enable our people to lead, work differently and to feel valued, motivated and proud to work at ULHT
- To ensure that services are sustainable, supported by technology and delivered from an improved estate
- To implement new integrated models of care with our partners to improve Lincolnshire’s health and wellbeing

These drive the equality, diversity and inclusion agenda at the Trust.

The way in which we will deliver our vision and values through our Outstanding Care Together Framework is shown in the diagram below:



The key delivery tools are the Integrated Improvement Plan and the Outstanding Care Together Programme. The latter provides a set of tools that we will use to deliver change. The focus of our change programme is set out in the integrated improvement plan. As 2021-2022 starts, commence the second year of the integrated improvement plan.

Within it are a four strategic initiatives, which are multi-year programmes focused on the key issues for the Trust. They include a culture and leadership programme, through which we will seek to tackle the issues in terms of workforce engagement and morale, including the identified issues around bullying, harassment and discrimination.

There are also a significant number of major projects. These are the priorities for each financial year. In the 2020/21 integrated improvement plan there was a project focused specifically on equality, diversity and inclusion called “deliver year three objectives of our Inclusion Strategy”. This demonstrates the commitment of the Trust to equality, diversity and inclusion as a core part of our improvement plan. The impact of COVID has meant that many projects have rolled forward into the 2021/22. The project has been re-scoped and is called “address the concerns around equity of treatment and opportunity within United Lincolnshire Hospitals NHS Trust”

The “people” elements of the Trust’s integrated improvement plan link closely into the National NHS People Plan and our Lincolnshire System People Plan. The diagram below summarises the priorities within the Lincolnshire System Plan. The commitment to openness and inclusivity is made within the section on “belonging”.

In ‘Our Inclusion Strategy’ we set out our strategic vision for all our work around the equality, diversity, inclusion and human rights agenda. 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/

As we enter 2021-2022 we are in the final year of our Inclusion Strategy and work will be completed to refresh and renew our Inclusion Strategy, develop new equality objectives and review our wider inclusion vision in line with the Trust’s Integrated Improvement Plan.

In this annual report we highlight our inclusion related successes and challenges during 2020-2021, 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.

1. Governance and regulation of equality, diversity and inclusion (including human rights) at the Trust

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

1.1 Equality, Diversity and Inclusion Operational Group and Equality, Diversity and Inclusion Engagement Network

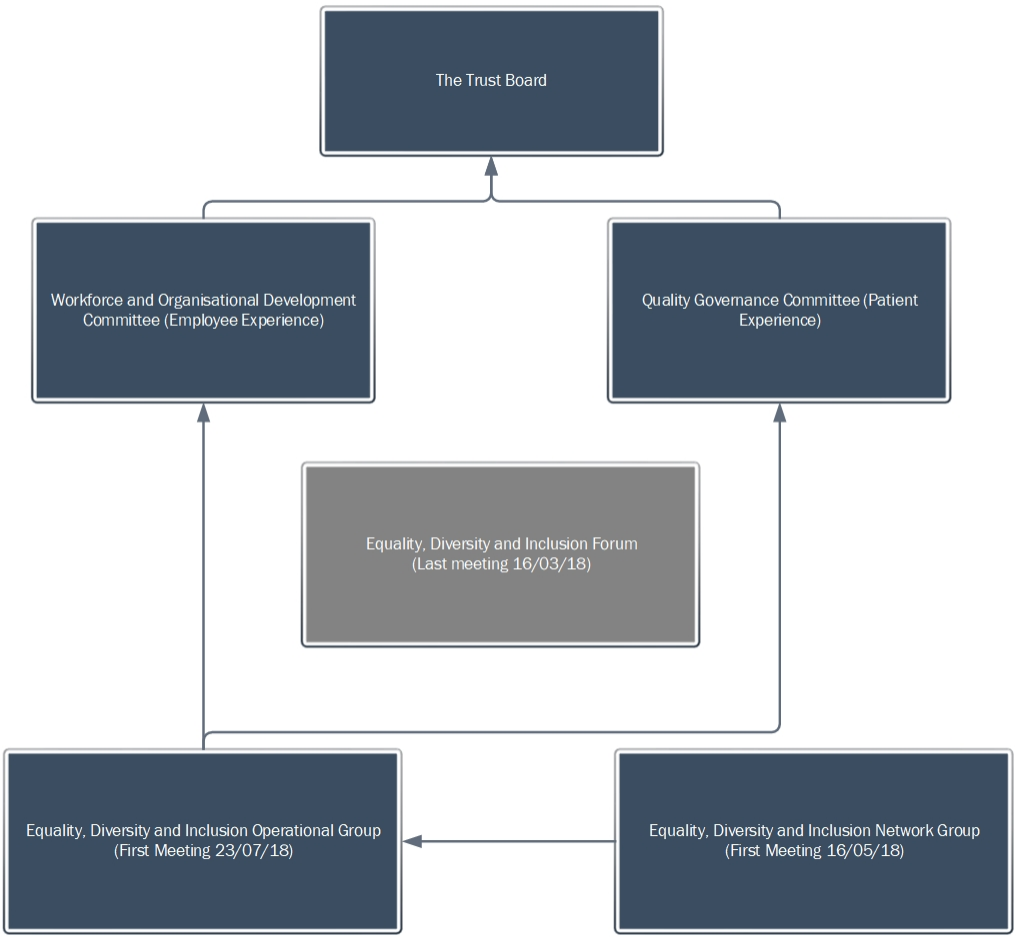
The Equality, Diversity and Inclusion Operational Group brings together key stakeholders in the Trust to ensure the equality, diversity and inclusion work is driven forward in a structured and coherent manner, in line with the Trust's integrated improvement plan. The Operational Group leads and drives the change required in relation to the inclusion agenda in active support of the Trust's Integrated Improvement Plan vision for 'outstanding care, personally delivered'.

Through the COVID-19 pandemic responses in 2020-2021 the group has paused physical meetings and as we enter 2021-2022 the Trust will review its meeting and governance arrangements for the important equality, diversity and inclusion work.

The Equality, Diversity and Inclusion 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'.

Through the COVID-19 pandemic responses in 2020-2021 the physical meetings of the engagement network were placed on hold. As we enter 2021-2022 the Trust is working with its Integrated Care System (ICS) partners to agree appropriate levels and methods of engagement with patient, service user, community and staff groups to ensure people's voices are heard and acted upon in a safe and appropriate manner.

As we move into 2021-2022, the current governance arrangements for equality, diversity and inclusion are shown in the infographic below. These arrangements will be reviewed in 2021-2022 to ensure they reflect the wider Trust and Integrated Care System governance arrangements.



1.2 Assurance reporting to the NHS Clinical Commissioning Group (CCG)

The Lincolnshire Clinical Commissioning Group was formed on 1 April 2020.

The Trust has continued to nurture and develop an excellent working relationship with the NHS Lincolnshire CCG. Through the COVID-19 pandemic response, the Lincolnshire CCG paused the assurance reporting requirements for the Trust, in line with the Equality and Human Rights Commission's suspending of PSED specific reporting duties.

The Trust looks forward to restarting the assurance reporting to the NHS Lincolnshire CCG in the 2021-2022 financial year.

1.3 Care Quality Commission (CQC)

The latest CQC inspection report was published in October 2019. Overall the Trust was rated as **'Requires Improvement'**.

During the inspection the Trust's performance in relation to equality, diversity and inclusion was reviewed, by clinical division. In summary the positive comments received in relation to equality, diversity and inclusion focussed on:

- Services promoting equality and diversity in their daily work.
- Leaders and staff actively engaging with equality groups.
- Services demonstrating an open culture.
- Services being inclusive and taking account of patients' individual needs and preferences.
- Services making reasonable adjustments.

In summary the negative comments received in relation to equality, diversity and inclusion focussed on:

- The trust should ensure the causes of workforce inequality are sufficiently addressed to ensure staff from a Black, Asian and minority ethnic background are supported through their career development.
- Some services were not fully inclusive and not taking into account the patients' individual needs.

The full CQC report can be accessed via a hyperlink in the bottom right hand corner of the Trust website homepage: https://www.ulh.nhs.uk/

Issues identified by the CQC in relation to clinical services are being addressed through the clinical divisional management teams. The issue relating to the workforce inequalities identified, particularly for staff members from Black, Asian and Minority Ethnic backgrounds being supported through their career development, is being addressed through the Trust's Talent Management Strategy and wider race equality work and is supported by engagement with our staff networks.

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.

2. 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 at risk of health inequality

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 risk of experiencing health inequality.

One area highlighted through the experience of the COVID-19 pandemic is the intersectionality in relation to the protected characteristics and other areas of potential health inequality. In essence, intersectionality acknowledges that no one human being is defined by only one protected characteristic, but that we are all defined by a range of characteristics and other factors, which together might place

the individual at an increased risk of discrimination and a poorer health outcome. So for example, an older person living with a number of disabilities, living in a situation of social isolation and deprivation is potentially at higher risk of discrimination and poorer health outcomes, than, for example, a younger non-disabled person living in a socially connected and more affluent situation.

Protected characteristic groups	**Other people groups at potential risk of health inequality**
Age	Carer responsibilities
Disability	Military service
Gender reassignment	Homelessness
Marriage and civil partnership	Poverty / deprivation
Pregnancy and maternity	Geographical / rural isolation
Race	Long-term unemployment
Religion or belief	Stigmatised occupations (for example men and women involved in prostitution)
Sex	Drug / alcohol 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 addressing and removing health inequalities, as articulated in the Health and Social Care Act 2012.

The experience of COVID-19 has highlighted again the importance of ensuring equality is delivered and health inequalities are addressed.

In September 2020 the Trust's Equality, Diversity and Inclusion Lead, together with the Equality, Diversity and Inclusion Leads from the other NHS Provider Trusts, launched Lincolnshire Integrated Care System seminars with Professor Chris Bentley from Public Health England, to look at a Place Based Approach to addressing health inequalities in Lincolnshire. This work was unfortunately paused to the second wave of COVID-19.

In early 2021 the Lincolnshire Integrated Care System appointed a system lead for health inequalities and a system board was established. The Director of People and

Organisational Development at United Lincolnshire Hospitals NHS Trust represents the organisation on this board and a programme of work is in the early stages of development. The Trust looks forward working with key stakeholders to address health inequalities under the leadership and direction of the Lincolnshire Integrated Care System Health Inequalities Board.

2.1 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 two), workforce equality monitoring data (appendix three) and Trust volunteer equality monitoring data (appendix four).

Although the Trust records equality monitoring data for patients and service users for most of the protected characteristics of the Equality Act 2010, the data is currently not in a format which would be appropriate or meaningful for publication. However, in 2020-2021 the Trust commenced work on establishing an equality dashboard for patient and service user equality monitoring data, which will enable our clinical divisions and directorates to review their service delivery in an intelligent manner and ensure our local population groups are accessing clinical services. A regular review of this data, will also enable clinical divisions and directorates to identify population groups which might not be accessing services as we would expect and ensure measures are taken to ensure potential health inequalities are addressed. Further, the equality dashboard will also assist clinical divisions and directorates in the planning of future service delivery. At the end of 2020-2021 the first draft of the dashboard was completed, with testing planned for early 2021-2022. Once tested and finalised the equality dashboard will be rolled out across all clinical divisions and directorates.

In early 2021-2022 work will commence on a workforce equality dashboard for clinical divisions and directorates, as well as all other corporate directorates in the Trust. The workforce equality dashboard will enable Trust divisions and directorates to review the equality monitoring information of their staff and ensure they are able to develop a fair and representative workforce.

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/)

2.2 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/)

The Trust is in the final year of 'Our Inclusion Strategy' and the strategy will be refreshed and aligned to the Trust's Integrated Improvement Plan in the current year.

2.3 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.

During 2019-2020 the Equality, Diversity and Inclusion Leads for the three Lincolnshire Provider NHS organisations commenced work on a potential unified equality analysis / equality impact assessment tool for the NHS Provider organisations in the county.

With the arrival of the pandemic, the need for a more rapid Equality Impact Assessment tool was identified, to support the responses to the COVID-19 pandemic and to ensure equality impacts are identified and responded to appropriately. The Lincolnshire Provider NHS Trust Equality, Diversity and Inclusion Leads drafted, tested and implemented a new Rapid Equality Impact Assessment Tool and associated resources.

As the feedback from staff using the new equality impact assessment tool in all three Trusts was thoroughly positive, towards the end of 2020-2021, the three Equality, Diversity and Inclusion Leads further developed the tool to include health inequalities and had started the process of adopting a new Equality and Health Inequalities Impact Assessment Tool in their respective organisations. Approval for this new impact assessment tool is expected in early 2021-2022.

2.4 Gender Pay Gap Reporting

From March 2018 a new statutory requirement in relation to gender pay gap reporting was introduced. Although Gender Pay Gap reporting was suspended due to the pandemic, the Trust had already posted its gender pay gap data and report in March 2020, both on the government and Trust websites. Although Gender Pay Gap reporting will be reinstated for 2021-2022 the submission deadline has been pushed back to early October 2021. The Trust will ensure its Gender Pay Gap reporting is completed and submitted in a timely manner.

The Trust publishes information about the gender pay gap, which can be found on the government website at United Lincolnshire Hospitals Nhs Trust gender pay gap data for 2019-20 reporting year - GOV.UK - GOV.UK (gender-pay-gap.service.gov.uk)

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/

2.5 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.

The Trust is extremely proud of its five staff networks. In 2019-2020 significant progress was made in the establishment of the Mental and Physical Lived Experience (MAPLE) and Women's staff networks. Although the experience of the COVID-19 pandemic has been a significant challenge to all working in the NHS, our staff networks have risen to the challenges in relation to the cessation of face-to-face meetings and actively embraced the MS Teams virtual meeting platform and effectively utilised the online platform as an important way to connect and support one another.

In spite of the pandemic both the MAPLE and Women's networks were officially launched in 2020-2021.

The Trust currently has five established staff networks:

- LGBT+ (Lesbian, gay, bisexual and transgender) staff network, with Paul Matthew, Director of Finance and Digital, as the executive sponsor.
- Black, Asian and Minority Ethnic staff network, with Mark Brassington, Deputy Chief Executive, as the executive sponsor.
- Armed Forces Staff Network, with Dr Neill Hepburn, Medical Director, as the executive sponsor.
- Mental and Physical Lived Experience (MAPLE) staff network, with Martin Rayson, Director of People and Organisational Development, as the executive sponsor.
- Women's staff network, with Dr Karen Dunderdale, Director of Nursing, as the executive sponsor.

Through the pandemic the importance of staff networks has been formally recognised at a national level and articulated in the NHS People Plan. The Trust has further strengthened its commitment to our staff networks, to ensure the voices of our staff network are further amplified and acted upon. For example, as 2020-2021 drew to a close, the Trust Executive Team were consulting on a fair and equitable remuneration for staff network chairs and vice-chairs. Further, in 2020-2021 the Trust Board strengthened its engagement with the staff networks. Both these initiatives will be formalised early in 2021-2022. Alongside this, during 2021-2022 the Trust will further engage with our workforce to ascertain whether any further staff

networks are required to support staff from other protected groups and / or groups requiring further support to ensure their voices are heard and acted upon.

Due to the pandemic staff network-led events like Lincoln PRIDE, Black History Month, LGBT+ History Month and International Women's Day celebrations were not possible in the usual face-to-face / day conference formats. However, starting with the LGBT+ staff network's participation in the national NHS LGBT+ Teams virtual PRIDE celebration in June 2020, the Lincolnshire Equality, Diversity and Inclusion Leads and members of the staff networks, rose to the challenge of hosting online webinars to celebrate these important events. Not only did the online webinar model enable us to attract a range of national, regional and local speakers in a very cost efficient manner, they also evaluated extremely well and enabled us to increase our reach of delegates when compared to face-to-face events of previous years.

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

3. Mandatory duties - NHS standard contract

3.1 Implementation of the NHS Equality Delivery System (EDS)

The NHS Equality Delivery System (currently EDS 2) is an integrated improvement tool to support NHS organisations develop and evidence a structured approach to equality improvement. NHS organisations are required to use the EDS and compliance with this is mandated in the NHS Standard Contract.

Since 2018 NHS England has been revising the EDS. The Equality, Diversity and Inclusion Leads from across Lincolnshire have been active participants in the EDS, version 3 engagement. The EDS, version 3, will be a much more streamlined, user friendly and focussed framework.

In early 2020 the Equality, Diversity and Inclusion Leads were asked by NHS England to join the pilot of the EDS, version 3, and to work on the new EDS as a Lincolnshire system. Work on this was commencing just as the COVID-19 pandemic arrived. The EDS, version 3, is currently being finalised and we look forward to picking this work up as a system very soon. In the present time, in order to really be able to produce an effective EDS version 3 system wide strategy and plan, which is looking likely to be published in the late summer 2021, by which time half of the year will have elapsed, the proposal is that for 2020/2021 the 3 provider Trusts will not

undertake an EDS and use the time to really focus on a robust system wide approach to the new EDS due and there will then be consistency and a system / ICS focus to the new EDS.

As the financial year 2020-2021 drew to a close, the Equality, Diversity and Inclusion Leads from the three NHS Provider Trusts in Lincolnshire were actively working on the new EDS, version 3, pilot, and the current EDS2 will not be refreshed. It is envisaged that the three Trusts will be able to publish their EDS, version 3 data in 2021-2022.

In May 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/.

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

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/

As already noted in this annual report, when the pandemic started, the Equality and Human Rights commission suspended all equality reporting duties for the financial year 2020-2021, this included WRES and WDES reporting. As the disproportionate

impact of COVID-19 on people from a range of equality and health inequality groups became evident, the NHS in England reinstated the requirement for WRES and WDES reporting for 2020-2021. The Trust completed and submitted its WRES and WDES to NHS England in a timely manner.

The WRES report covering the period 2019-2020 can be located on the Trust website via the link above. Some highlight points from the report are:

Indicator 1: The percentage of Black, Asian and Minority Ethnic staff employed by the Trust increased to 12.10% (from 11.56% in the previous year). This is significantly higher than the percentage of Black, Asian and Minority Ethnic people who reside in Lincolnshire.

Indicator 2: The gap in the relative likelihood of Black, Asian and Minority Ethnic people being appointed from shortlisting continued to close and was reported at 1.08 (down from 1.15 in the previous year).

Indicator 3: The gap in the relative likelihood of Black, Asian and Minority Ethnic staff entering the formal disciplinary process remained at around the same level and was reported at 1.26 (up very slightly from 1.25 in the previous year).

Indicator 4: The gap in the relative likelihood of Black, Asian and Minority Ethnic staff accessing non-mandatory training and continuing professional development remained the same at 1.27.

Indicator 5: Although the percentages of both Black, Asian and Minority Ethnic and white staff reporting experience of harassment, bullying or abuse from patients, relatives of the public in the last 12 months improved slightly, with both percentages being slightly over 29%. However, they remain unacceptably high and the Trust needs to address this as a matter of urgency and some of the specific actions taken are highlighted below.

Indicator 6: The percentage of Black, Asian and Minority Ethnic staff reporting experience of harassment, bullying or abuse from staff in the last 12 months increased to 37.90%. This is 7% higher than the reported experience of white staff and both figures are of concern and the Trust needs to address this as a matter of urgency and in a structured and robust manner.

Indicator 7: The percentage of Black Asian and Minority Ethnic staff believing that the Trust provides equal opportunities for career progression or promotion reduced to 69.30% (from 72.30% in the previous year). This is a lower percentage when compared to white staff at 84.10%. This matter has been highlighted by the CQC and the Trust is developing robust actions to ensure barriers in relation to career progression are removed and staff from Black, Asian and Minority Ethnic backgrounds are able to confidently report a more equitable experience.

Indicator 8: The percentage of Black, Asian and Minority Ethnic staff who reported a personal experience of discrimination at work from a manager, team leader or other colleague increased to 19.70% (from 19.10% the previous year). This is of concern to the Trust and significantly poorer experience than that reported for white staff at 6.80%. The Trust must develop robust plans to ensure discrimination at work is addressed.

Indicator 9: The percentage of Board members by ethnicity compared to the Black, Asian and Minority Ethnic workforce remained the same as in the previous year, with all Board members identifying as white. It is recommended that the Board reviews this issue and develops plans to redress this imbalance.

Whilst the WRES data evidences improvements in some areas, there are, unfortunately, other areas where the data is deteriorating.

As a direct result of the initial impact of COVID-19, the Trust's Black Asian and Minority Ethnic staff network developed a detailed action plan, based around the five pillars of the NHS COVID-19 recovery plan:

- Protection and safety
- Engagement
- Media and communication
- Decision making
- Recovery and redesign

A number of the actions delivered have been highlighted earlier in this annual report in the section addressing the Trust's initial response to the COVID-19 pandemic.

During 2020-2021 the Trust also embarked on a number of important strategic initiatives which should have a direct impact on improving the experience of Black,

Asian and Minority Ethnic staff and lead to an improvement in the WRES data. In outline these initiatives are:

- Start of the Cultural Intelligence and Inclusion journey as a Lincolnshire Integrated Care System (supporting improvement in indicators 5, 6, 7 and 8).
- Start of the Cultural Leadership programme in the Trust (supporting improvement in indicators 5, 6, 7 and 8).
- Including the WRES, Model Employer and Race Disparity Ratio in the Trust's Talent Management Strategy (supporting indicators 1, 4 and 9).
- Overhaul of Trust recruitment processes (supporting indicators 2 and 7).
- Review of the Trust's Disciplinary policies (supporting indicator 3).
- Review of the Trust's work to address the issues of bullying and harassment at work (supporting indicators 5, 6 and 8).

As these important initiatives continue in 2021-2022, they will all directly influence and inform improvements in the experience of Black, Asian and Minority Ethnic colleagues and will be included in an integrated WRES action plan. Further, the Trust is preparing to implement the new Medical WRES in 2021-2022 and it is expected that NHS England with include the Medical WRES in the NHS Standard Contract.

3.3 Implementation of the NHS England Workforce Disability Equality Standard (WDES)

In 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.

The Trust reports on the WDES annually and posts the WDES reports on its website at: https://www.ulh.nhs.uk/about/equality-diversity/nhs-workforce-disability-equality-standard-wdes/

Similar to the WRES, although reporting of the WDES was initially suspended when the pandemic started, reporting was reinstated by NHS England and the Trust completed and submitted its WDES report in a timely manner. The Trust identified six primary actions for improvement in relation to the WDES and progress was made in relation to each of the actions.

1. Undertake further meaningful steps to improve staff self-disclosure rates around disability.
2. Support the emerging MAPLE staff network and enable MS Teams meetings of the group to recommence from August 2020, until face-to-face meetings can be re-established.
3. Include members of the MAPLE network in the first cohort of Reverse Mentoring, to start with members of the Trust Board in September 2020.
4. Integrate the learning and key actions from the COVID-19 experience into action planning, grouped around the themes of 1) Safety and Protection; 2) Decision Making; 3) Engagement; 4) Media and Communications and 5) Redesign.
5. The WDES action plan will be developed with the support of the emerging MAPLE staff network and will be delivered and monitored within the Trust's Integrated Improvement Plan (Talent Management section).
6. Further develop the network of Freedom to Speak Up champions to embrace members of the MAPLE staff network.

The most significant action in 2020-2021 has been the formal establishment of the Mental and Physical Lived Experience (MAPLE) staff network and the appointment of a network chair, vice-chair and executive sponsor. The Trust looks forward to the MAPLE staff network developing its own plan of work in 2021-2022.

3.4 Implementation of the NHS Accessible Information Standard (AIS)

The AIS came into force for all NHS organisations in July 2016.

The NHS Provider organisations in Lincolnshire have a contract in place to ensure British Sign Language, and other sensory impairment translation services, are available to support patients and services access care services provided by the NHS. When the pandemic started in 2020, Topp Language Solutions, the contracted provider, supported the Trust and our patients and service users, by introducing a remote video platform, through which interpretation services could be delivered.

The Trust continued to make progress in relation to the full implementation of the AIS in 2019-2020, with the introduction of the option for patients and service users to utilise SMART technology assisted methods of communication. In 2020-2021 the

Trust invested further into remote video services as an option to support patients and service users in accessing some of their care services.

As we enter 2021-2022, we look forward to continued integration of the AIS in the Trust's IT systems to support patients and service users in accessing care services appropriate to their communication requirements.

3.5 Provision of a system for delivery of interpretation and translation services

Further to point 4.4, alongside interpretation and translation services for people living with sensory impairment, the Lincolnshire-wide approach to interpretation and translation services makes provision for those accessing our NHS services who require foreign language support. This part of the contract is provided by DA Languages.

Through the contracted provider, the Trust is able to offer interpretation and translation services in the following formats:

- Face-to-face interpretation and translation (paused for safety reasons during the pandemic)
- Telephone interpretation and translation
- Remote video interpretation and translation (expanded in response to the pandemic)
- Written

To protect our patients, service users, staff and interpreters, the Trust ceased face-to-face interpretation and translation services due to the pandemic. To compensate for this, the Trust worked with the contracted providers and expanded the use of remote video interpretation and translation services. As the 2020-2021 drew to a close, the Trust started to introduce processes, in line with other clinical services and in partnership with our Infection Prevention and Control Team, to start safely re-introducing a face-to-face interpretation and translation service, where clinical necessity required. The safe re-introduction of face-to-face interpretation and translation services will continue into 2021-2022 and will be directed by national guidelines and Trust policy.

In 2020-2021 the Trust continued to deliver healthcare services to the culturally diverse population of Lincolnshire. In 2020-2021 the primary languages into which communication was interpreted and translated were:

- Polish
- Lithuanian
- Russian
- Romanian
- Bulgarian
- Latvian
- Portuguese
- Bengali
- Cantonese

As well as a wide range of other international languages.

The fulfilment rates for services provided by DA Languages for 2020-2021 are listed in the table below:

Booking Type	**Fulfilment %**
Face-to-face Interpreting	91.35%
Telephone Interpreting	99.70%
Written Translation	100.00%
Video Remote Interpreting	100.00%

Although the fulfilment rate for face-to-face interpreting is slightly lower than expected, this needs to be understood in the context that through the majority of the pandemic response all but non-essential face-to-face interpreting was ceased and therefore the actual numbers of interpreting episodes are very low. The fulfilment rates for all the other interpretation and translation methods is above the contractual fulfilment rates.

Topp Language Solutions performed over and above their contractual obligations in relation to British Sign Language interpretation services provided for the Trust with a 98.98% fulfilment rate achieved.

3.6 Inclusion of equality monitoring in Trust internal incident reporting

The Trust has a system in place whereby complaints and PALS incidents can be reviewed to establish whether there are trends, from an equality perspective, which need to be addressed.

In July 2019 the Trust expanded its internal incident reporting system to include the option for the person reporting to declare whether a particular incident is believed to be equality related. This is for both patient and service user and staff related incidents. Where this has been recorded, a member of the Equality, Diversity and Inclusion Team is able to support the staff member who is investigating the incident. Further, the Equality, Diversity and Inclusion Team is able to pull higher level reports to ascertain whether there are any trends emerging which require further investigation and support at a divisional, clinical business unit or corporate directorate level.

In 2021-2022 this data will be included in the new Equality, Diversity and Inclusion dashboards for our divisional and corporate structures and enable them to deal with reported issues and trends in structured manner.

4 The NHS staff survey 2020

In 2020 the Trust provided all staff members with the opportunity to participate in the nationally led annual NHS Staff Survey. With a response rate of 51.3% (equates to 4039 completed surveys), we are encouraged to note a continued increase in the number of staff completing the staff survey (up from 33% in 2015, to 39% in 2016, to 45% in 2017, to 46% in 2018; to 50% in 2019). This means we have an increasing quality of feedback from our staff in relation to their experience of being employed by the Trust.

A review of the higher level data appertaining to the equality, diversity and inclusion metrics, indicates that the Trust has retained a score of 9.0 on a scale of 1-10. This score is 0.1 point below the national average and demonstrates no significant change. 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.

The equality and diversity theme of the national staff survey, needs to be understood in the context of a sadly deteriorated set of staff survey results in 2020.

As we enter 2021-2022, each of the questions and feedback will be analysed in more detail, shared with the relevant staff networks for consideration and further action for improvement identified and undertaken. This engagement will actively inform the actions each of our networks choose to focus on in their plans of work, as well as inform the higher level plans of action the Trust needs to deliver in the coming year. Further, the Trust has already committed to the commencement of the Cultural Intelligence and Inclusion journey with other stakeholders in the Lincolnshire Integrated Care System in 2021, as well as the commencement of the NHS Leadership Academy Cultural and Leadership programme in the Trust.

5 Our equality objectives for 2021-2022

The setting, monitoring and delivery of equality objectives form part of our Public Sector Equality Duty. Our equality objectives are contained within 'Our Inclusion Strategy' and as we enter 2021-2022, we are in the final year of the strategy. Our Inclusion Strategy and Equality Objectives are published on our website: https://www.ulh.nhs.uk/about/equality-diversity/equality-objectives/. In 2021-2022 we will refresh Our Inclusion Strategy to reflect the Trust's Integrated Improvement Plan and develop a new set of equality objectives. These will be developed in partnership with key stakeholder, consulted on and published ready for implementation at the beginning of April 2022.

In 2021-2022 we will aim to complete delivery of all our current equality objectives, as articulated in Our Inclusion Strategy. This will also include completing the equality objectives from the previous year, which were paused due to the pandemic.

Progress and assurance in relation to the delivery of our equality objectives will be provided to the Trust Board, through the mechanism of our committee structure.

Further assurance of delivery of our equality objectives will be provided to the Lincolnshire Clinical Commissioning Group as an integral part of our regular assurance reporting.

6 Conclusion

2020-2021 has been a particularly challenging year for the United Lincolnshire Hospitals NHS Trust and the wider NHS, as we have actively responded to the challenges of the COVID-19 pandemic. However, through this the Trust has sought to not only remain resolutely focussed on its equality duties, but also to continue to develop and deliver it important equality, diversity and inclusion work.

The future direction of the Trust has been eloquently articulated in the Integrated Improvement Plan, published in 2020-2021, and equality, diversity and inclusion are at the heart of this plan.

Of all the many achievements in 2020-2021, the primary highlights of the year have been:

- Significant equality, diversity and inclusion focused response to the COVID-19 pandemic for patients, service users, our communities and our staff.
- The strengthening of all our staff networks and the formal establishment of our MAPLE and Women's networks.
- Introduction of a new Equality Impact Assessment framework
- High levels of vaccination uptake from Black Asian and Minority Ethnic staff and other staff group at higher risk from COVID-19
- Significant strengthening of our equality, diversity and inclusion related working across the Lincolnshire System

It has been disappointing that our plans to commence our Cultural Intelligence (CQ) and Inclusion Journey as a Lincolnshire Integrated Care System, led by the NHS Provider organisation's Equality, Diversity and Inclusion Lead, was delayed due to the second wave of COVID-19. However, this important work is helping to address issues of discrimination and harassment is scheduled to commence in early 2021-2022.

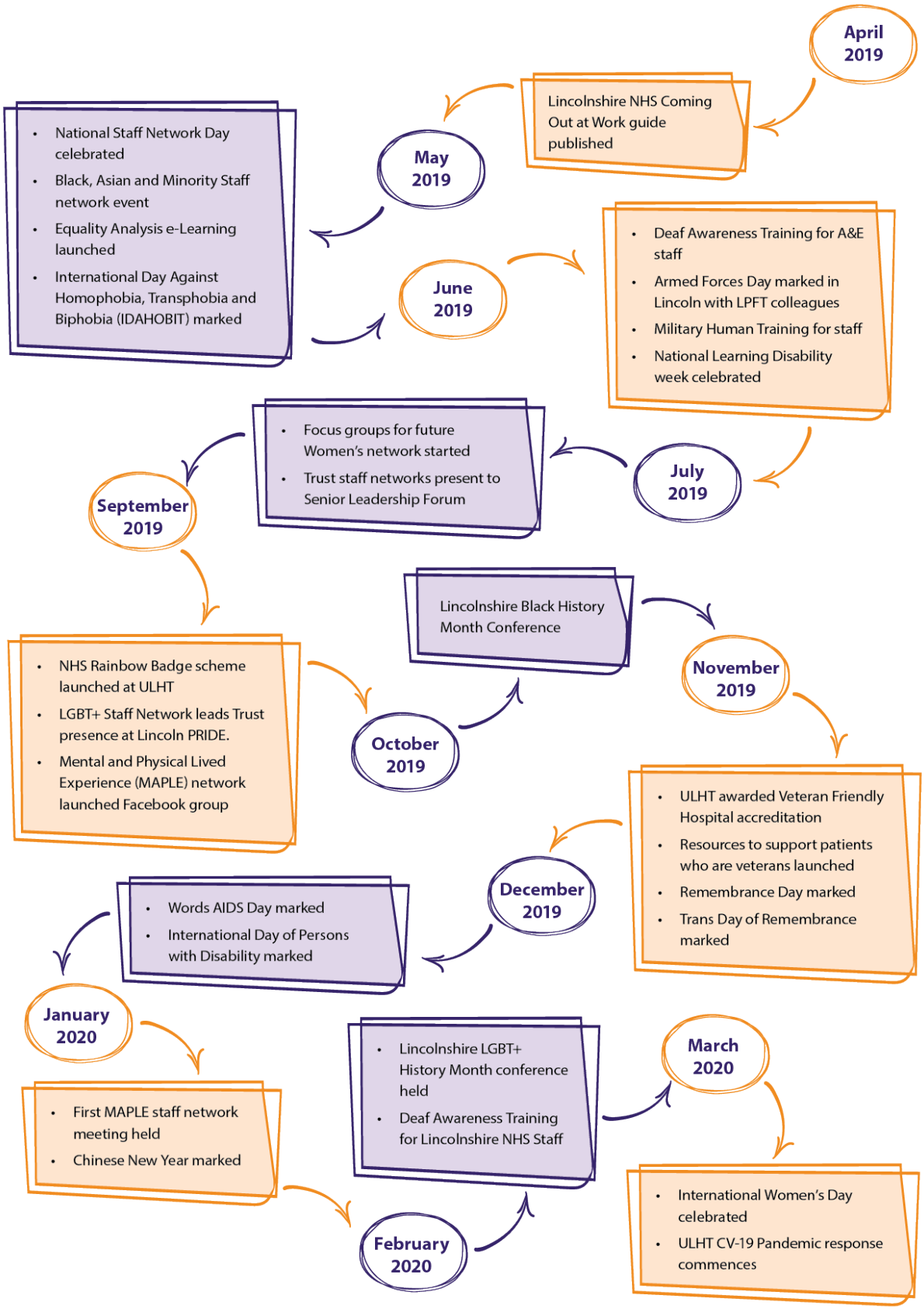
As 2021-2022 commences, the Trust's leadership's commitment to equality, diversity and inclusion across all its activity and function and best articulated in the Integrated Improvement Plan, provides assurance that this important work will continue to ensure the United Lincolnshire Hospitals NHS Trust and our key stakeholders in the

Lincolnshire Integrated Care System continue to grow as inclusive providers of services and as an inclusive employer.

Tim Couchman, Equality, Diversity and Inclusion Lead

June 2021

Appendix 1. Key equality milestones for patients, service users and staff in 2019-2020:



Summary of key equality milestones for patients, service users and staff in 2019-2020

April 2019

- Lincolnshire NHS Coming Out at Work guide published

May 2019

- National Staff Network Day celebrated
- Black, Asian and Minority Staff network event
- Equality Analysis e-Learning launched
- International Day Against Homophobia, Transphobia and Biphobia (IDAHOBIT) marked

June 2019

- Deaf Awareness Training for A&E staff
- Armed Forces Day marked in Lincoln with LPFT colleagues
- Military Human Training for staff
- National Learning Disability week celebrated

July 2019

- Focus groups for future Women's network started
- Trust staff networks present to Senior Leadership Forum

September 2019

- NHS Rainbow Badge scheme launched at ULHT
- LGBT+ Staff Network leads Trust presence at Lincoln PRIDE.
- Mental and Physical Lived Experience (MAPLE) network launched Facebook group
- October 2019
- Lincolnshire Black History Month Conference

November 2019

- ULHT awarded Veteran Friendly Hospital accreditation
- Resources to support patients who are veterans launched
- Remembrance Day marked
- Trans Day of Remembrance marked

December 2019

- Words AIDS Day marked
- International Day of Persons with Disability marked

January 2020

- First MAPLE staff network meeting held
- Chinese New Year marked

February 2020

- Lincolnshire LGBT+ History Month conference held
- Deaf Awareness Training for Lincolnshire NHS Staff

March 2020

- International Women's Day celebrated
- ULHT COVID-19 pandemic response commences

Appendix 2. Headline Lincolnshire population data

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

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

Protected equality characteristic	Lincolnshire population	Population projections and other information
Age	0-15 years of age: 121.878 (17.08%) 16-64 years of age: 443.924 (62.20%) 65+ years of age: 147.851 (20.72%)	The ONS reports that between 2005 and 2015, the age demographic of Lincolnshire has changed as follows: 0-19 years of age from 23% to 22% 20-64 years of age from 57% to 58%

	The average age in Lincolnshire is 43 years. ONS Census 2011	65+ years of age from 19% to 22%
Disability	43 % rated their health as very good 36% rated their health as good 15.10% rated their health as fair 4.60% rated their health as bad 1.30% rated their health as very bad ONS Census 2011	20.40% stated their health affected their day-to-day activities. 8.70% of people aged 16-64 years (working age) stated their health affected their day-to-day activities ONS Census 2011
Gender reassignment	It is telling that there is a lack of good quality statistical data regarding trans people in the UK. Current estimates indicate that some 650,000 people are "likely to be gender incongruent to some degree". Source: Transgender Equality First Report of Session 2015–16, House of Commons Women and Equalities Committee	
Marriage and civil partnership	27.80% stated they were single (having never been married of in a civil partnership) 51.50% stated they were married 0.20% stated they were in a same sex civil partnership 2.40% stated they were separated 8.10% stated they were widowed / surviving civil partner	Marriage (Same Sex Couples) Act 2013, with the first same sex marriages taking place from March 2014.

	10.0% stated they were divorced / civil partnership dissolved ONS Census 2011	
Pregnancy and maternity	In 2015 there were 7.773 live births in Lincolnshire.	In 2015 there were 35 still births in Lincolnshire
Race	The largest population in the county is White: British/English/Scottish/Northern Irish/Welsh at 93.0% The largest minority group in the county is White: other at 4.0% The Black, Asian and minority ethnic population in Lincolnshire is 2.4% ONS Census 2011	The potential impact of Brexit on EU nationals (White: other) living and working in Lincolnshire is currently unquantifiable and unknown.
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 3. Workforce equality monitoring data as at 31st March 2021

In the data report below, the workforce data of the Trust at the 31st March 2021 is presented.

The following observations are noted:

Age: The Trust acknowledges that in general terms it employs an ageing workforce. The Trust is developing plans and actions, particularly through the Lincolnshire Talent Academy, to attract younger people to work in the organisation.

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 Black, Asian and minority ethnic staff network reviews and advises the Trust in relation to this report and further positive action required to support a fair and positive employment experience for staff from all ethnic backgrounds.

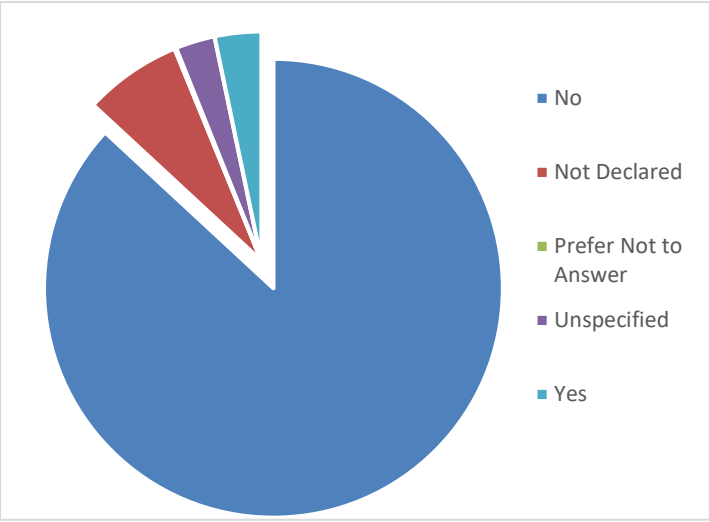
Gender: Like most, if not all, NHS organisations, the Trust employs a majority female workforce (approx. 79%). Compared to the local population demography, this is by far the largest variance. As an act of positive action, the Trust is advised to consider promoting career opportunities to the local male population.

Disability: The largest disparity in our workforce disability equality monitoring data remains the low percentage of staff who choose to share their disability status. With the launch of the Workforce Disability Equality Standard (WDES) in 2019 and the establishment of the Mental and Physical Lived Experience (MAPLE) staff network in the same year, the Trust has started to develop a positive and supportive narrative and actions to support our disabled staff.

In general terms, the Trust is advised to consider positive actions to encourage staff members to feel comfortable and confident to disclose their equality monitoring information for the categories where relatively high non-disclosure rates exist.

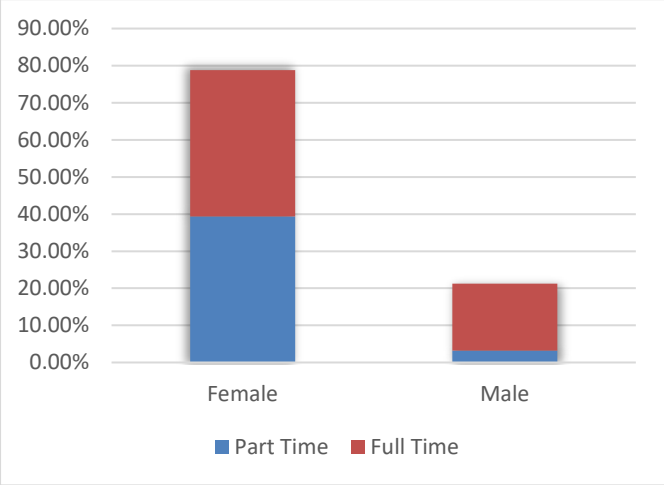
Disability:

Disability	Percentage
No	86.89%
Not Declared	6.92%
Prefer Not to Answer	0.12%
Unspecified	2.78%
Yes	3.29%
Total	100.00%



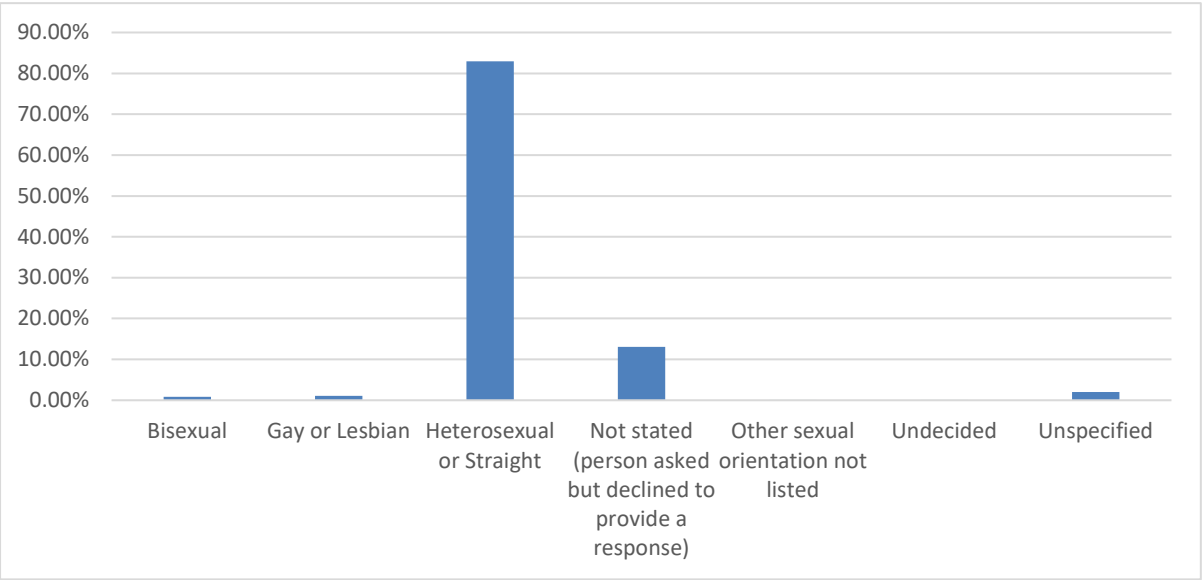
Gender:

Gender	Percentage Female	Percentage Male
Part Time	39.39%	3.20%
Full Time	39.40%	18.01%
Total	78.78%	21.22%



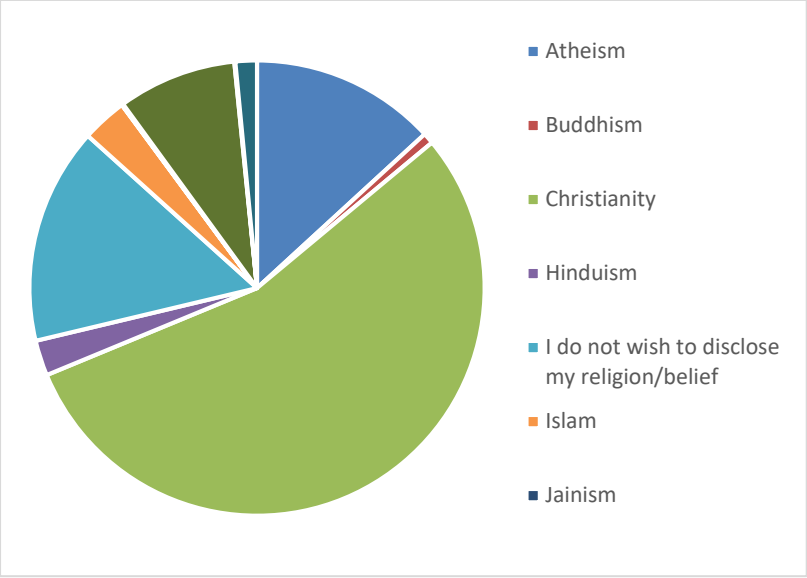
Sexual Orientation:

Sexual Orientation	Percentage
Bisexual	0.84%
Gay or Lesbian	1.06%
Heterosexual or Straight	82.91%
Not stated (person asked but declined to provide a response)	13.06%
Other sexual orientation not listed	0.07%
Undecided	0.07%
Unspecified	1.99%
Total	100.00%



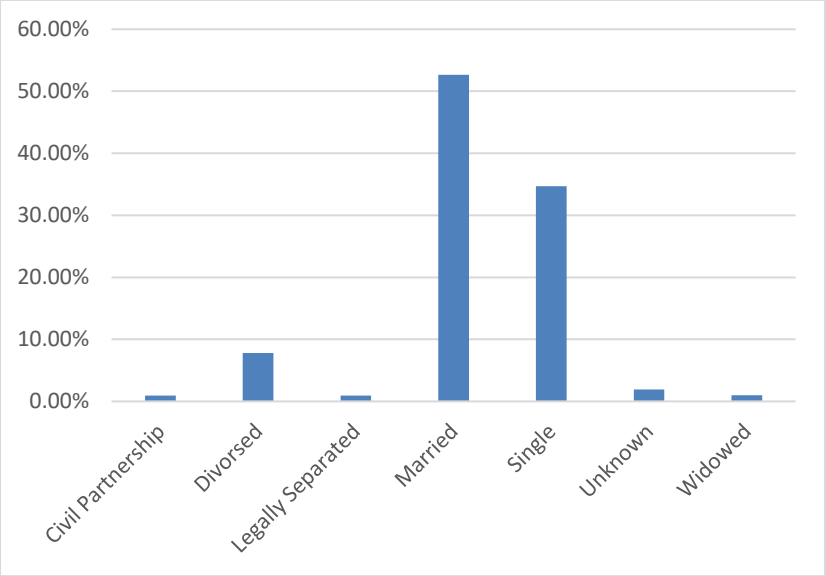
Religion:

Religious Belief	Percentage
Atheism	13.18%
Buddhism	0.78%
Christianity	54.80%
Hinduism	2.52%
I do not wish to disclose my religion/belief	15.39%
Islam	3.21%
Jainism	0.02%
Judaism	0.08%
Other	8.42%
Sikhism	0.07%
Unspecified	1.52%
Total	100.00%



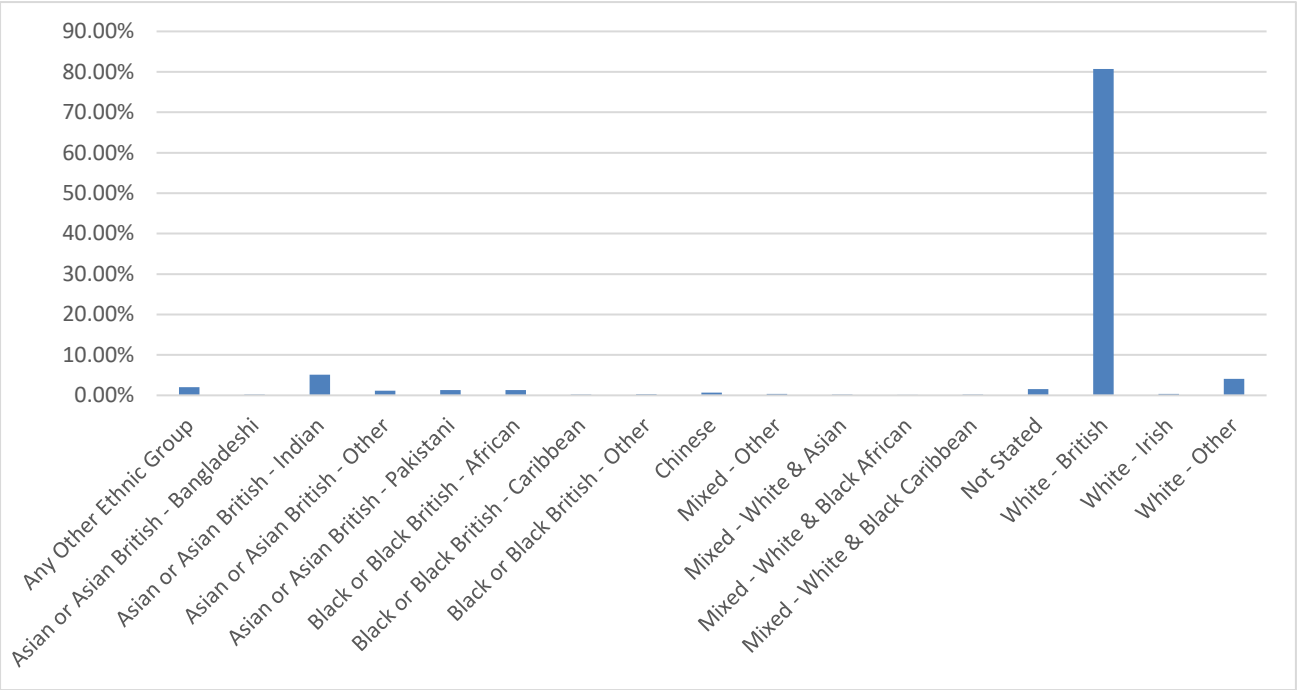
Marital Status:

Marital Status	Percentage
Civil Partnership	0.94%
Divorced	7.82%
Legally Separated	0.96%
Married	52.67%
Single	34.70%
Unknown	1.92%
Widowed	1.00%
Total	100.00%



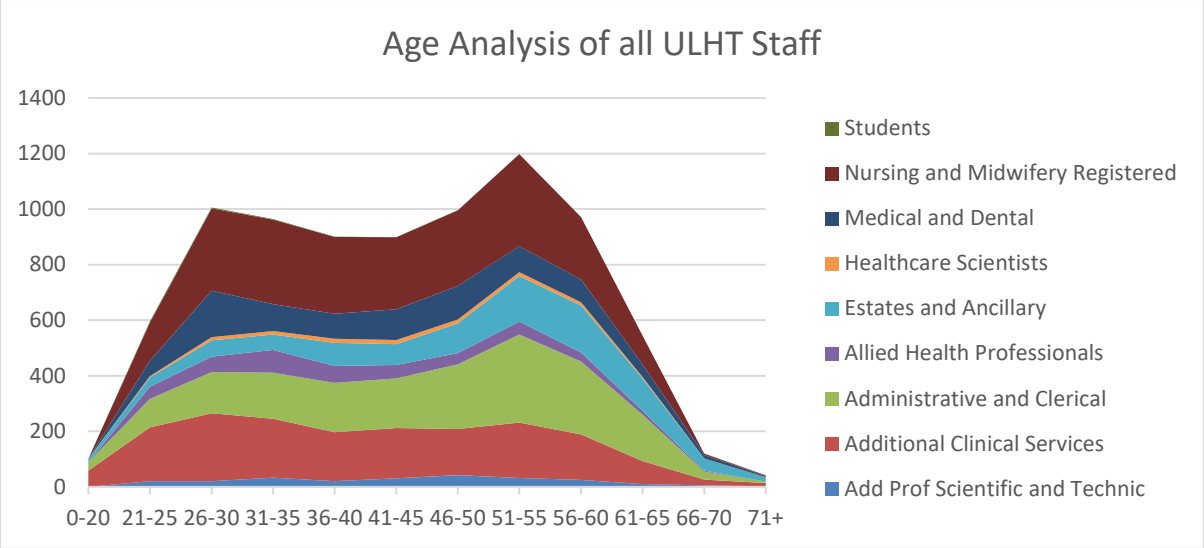
Ethnicity:

Ethnicity	Percentage
Any Other Ethnic Group	2.05%
Asian or Asian British - Bangladeshi	0.22%
Asian or Asian British - Indian	5.12%
Asian or Asian British - Other	1.15%
Asian or Asian British - Pakistani	1.34%
Black or Black British - African	1.33%
Black or Black British - Caribbean	0.22%
Black or Black British - Other	0.31%
Chinese	0.64%
Mixed - Other	0.34%
Mixed - White & Asian	0.23%
Mixed - White & Black African	0.16%
Mixed - White & Black Caribbean	0.22%
Not Stated	1.56%
White - British	80.74%
White - Irish	0.32%
White - Other	4.07%
Total	100.00%



Age Profile by Staff Group (Excludes Bank Staff):

Age Band	Total	Percentage of Workforce
0-20	101	1.21%
21-25	596	7.15%
26-30	1006	12.07%
31-35	964	11.56%
36-40	901	10.81%
41-45	899	10.78%
46-50	996	11.95%
51-55	1198	14.37%
56-60	971	11.65%
61-65	545	6.54%
66-70	120	1.44%
71+	41	0.49%
Total	8338	100.00%



Appendix 4. Equality monitoring data for Trust volunteers to 31 March 2021

Voluntary Services - Equality and Diversity information as at 31/03/21

Gender

Females	132	68%
Males	63	32%
Total	195	100%

Ethnicity

British	73	39%
English	78	42%
Scottish	<11	0%
Welsh	<11	0%
Mauritian	<11	0%
Hungarian	<11	0%
Irish Republic	<11	0%
Danish	<11	0%
Asian	<11	0%

Declined	<11	0%
Not Given	34	18%
Total	185	100%

Disability

No	132	70%
Yes	<11	0%
Unspecified	23	12%
Not Declared	32	17%
Total	187	100%

Age

0-20	<11	0%
21-25	<11	3%
26-30	0	0%
31-35	<11	0%
36-40	<11	2%
41-45	<11	0%
46-50	<11	2%
51-55	<11	5%
56-60	14	8%
61-65	25	14%
66-70	44	23%
71+	86	44%
not recorded	<11	0%
Total	169	100%

Appendix 5 Rapid Service or Workforce Change Equality Impact Assessment Tool

As this appendix is a document in its own right, it begins on the next page.

Rapid Service or Workforce Change Equality Impact Assessment Tool

This tool has been developed in response to the COVID-19 pandemic and the need for the NHS to respond by rapidly changing delivery of services or to the workforce by Silver / Gold commands whilst also maintaining our public sector equality duty under the Equality Act 2010 to show due regard for equality in decision making. Please complete all sections below. Instructions are in ***italics.*** Email for all correspondence: email to tim.couchman@ulh.nhs.uk

A. Rapid Service or Workforce Change Details	
1. Description of change	
2. Type of change	Stop / partial / start new / adjust existing *delete as appropriate*
3. Form completed by	*Names and roles*
4. Date decision discussed & agreed	*Date*
B. Equality Impact Assessment	
Complete the following to show equality impact assessment considerations of the decision making to ensure equity of access and to eliminate harm or discrimination for any of the Protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation ? Or other groups which can include, but not be limited to, people who are; carers, homeless, living in poverty, asylum seekers/refugees, in stigmatised occupations (e.g. sex workers), use substances, geographically isolated (e.g. rural) and surviving abuse	
1. How does this decision impact on protected or vulnerable groups? eg. their ability to access services and understand any changes?	
C. Risks and Mitigations	
1. What actions can be taken to reduce/mitigate any negative impacts? (If none please state so)	
2. What data/ information do you have to monitor the impact of the decision?	
D. Decision/Accountable Persons	
1. Agreement to proceed?	Yes / No *Delete as appropriate and add detail or rationale*
2. Any further actions required?	*Eg. risk to be added to COVID-19 Programme Risk Register ?*
3. Name & job title accountable decision makers	
4. Date of decision	

Purpose of a rapid EIA tool

- The NHS and ULHT still have a legal requirement under the Equality Act public sector equality duty during COVID-19 to pay ”due regard for equality” in decision making when making changes to services or workforce practices, to ensure access to services and workforce opportunities are equitable and to avoid harm and eliminate discrimination for each of the protected characteristics.
- In normal circumstances a full equality analysis is required when making changes to service provision or workplace practices. However, this is not practically possibly during this time of COVID-19 when decisions need to be made quickly by Gold and Silver commands as well as operational services.
- Lack of diversity in Gold and Silver commands and senior management structures means that there is lack of diversity of perspectives and voices which could inadvertently lead to inequity or possible harm.
- The purpose of a rapid Equality Analysis tool (above) is to consider key questions when making decisions, to identify risks and actions to mitigate.
- During COVID-19, a number of inequalities have been identified for each protected characteristic to consider, see guidance slides at appendix 1, and to assist with our local picture appendix 2 includes our live data set for consideration.
- Within the guidance toolkit there are also some examples of decisions this tool has been used on in other organisations and the impacts they have identified.