Lincolnshire Community Health Services NHS Trust

LCHS Equality Delivery System 2 – Action Plan 2018-2019

Purple (Excellent)	Green Delivering	Amber Developing	Red Under developed

EDS2 Goal 1 Better Health Outcomes	Action 2018-19	Lead	Due date	Progress/ Update Q4 2018
1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities	Review Equality Analysis guidance and form to ensure fit for purpose and User friendly. Raise awareness and understanding of how to conduct equality analysis	RH	Start review Q2 2018	The Trust does not commission services, however, the Trust designs services. Any new service or change of service will complete an equality analysis as well as consult with communities that use that service. All Trust policies have an equality analyses carried out to ensure that the policy is not discriminating against any of the protected characteristics. Equality and Diversity metrics and performance are reviewed by the Commissioners 6 monthly. This includes review of activities support the embedding of the Public Sector Equality Duty (PSED) and Workforce Race Equality Standard (WDES) compliance. Patient feedback is also considered through avenues such as Family & Friends Test, complaints, and accolades.
1.2 Individual people's health needs are assessed and met in appropriate and effective ways	Lesbian, Gay, Bisexual and Trans (LGBT) equality conferences were held February 2017 & 2018; the conferences included elements of how to meet equality health needs of different communities. This supports the Trust by giving knowledge to staff on how to support the LGBT community	RH	complete	2017 & 2018 conferences complete
			May 2018	The three Trusts have met and discussed holding the next multi-agency LGBT conference. This would be held in February 2019, during LGBT history month. Partner organisation from 2018 will be invited to get involved again and the previous venue will be contacted to ascertain availability. RH to find out if funding available from LCHS to support the event.
				LCHS to book a stall to attend Lincoln Pride in September 2018. Task and Finish group to meet in May 2018
	Implementation of Sexual Orientation Monitoring standard.	RH	Standard under development Nationally	The sexual orientation monitoring standard is presently underdevelopment nationally this is aimed at patient's who use services To review S1 data for disclosure rates. Present information at the next Equality & Human Rights May 2018.
	Accessible Information Standard (AIS) From 1st August 2016 onwards, all organisations that provide NHS care and / or publicly-funded adult social	RH	2017	The AIS has been Implemented through working with informatics team to add flagging system of accessible needs of patients on the Equality template on system one. When this is completed on the patient's first interaction this will continue to alert clinical staff that the patient has accessible information needs.

	care are legally required to follow the Accessible Information Standard. The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss		2018	To continue to raise awareness around AIS with staff. Clinical Governance Managers will raise the profile of the AIS at the at the Quality Governance Meetings in the Equality agenda item
				Equality Lead attended system one champions meetings April 18, and discussed with group raising awareness of AIS. RH to be put on attendance list for this meeting going forward
				To review data and report into E&D annual report 2018. Annual report to go to Trust Board in June 2018. Annual report in progress
	100 days diabetes challenge An innovative new pilot project aiming to reducing the number of referrals from the community to the hospital in Lincolnshire	JS & RH	current	Working with patient reps, Diabetes UK, Commissioners. Event planned for 21/4/18 – Living Well with Diabetes. Event held. 61 people attended with evaluation and feedback
			current	Next steps • Working group to review evaluation and suggestions • Appoint to Diabetes post to lead project forward • Plan a similar along the coast – Aug/Sept • Plan an event re: diet in the Autumn

	Reducing Isolation and loneliness in older adults. Marmot Review report – 'Fair Society, Healthy Lives is a report into health inequalities in England, published on 11 February 2010. It proposes an evidence based strategy to address the social determinants of health, the conditions in which people are born, grow, live, work and age and which can lead to health inequalities Anyone can experience social isolation and loneliness. While social isolation is more commonly considered in later life, it can occur at all stages of the life course. Particular individuals or groups may be more vulnerable than others, depending on factors like physical and mental health, level of education, employment status, wealth, income, ethnicity, gender and age or life-stage. There are links between health and social inequality and social isolation; many factors associated with social isolation are unequally distributed in society. There is a need to identify and contact hard-to-reach older people who are lonely; by empowering local health and community services to be aware of loneliness and its indicators and to be equipped with information about local loneliness services.	AK	current	First steps to engagement with the over 50's in Boston Salsa event aimed at the over 50's held in Boston during Patient Experience Week. Over 20 people attended giving feedback on the event and how this helped meeting other people. Requested another salsa event. Review evaluation of event and plan next steps To research good practice within LCHS already in place To meet with K Barr and J Scrafton, to discuss present activities with older adults.
1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well informed.	Continue with awareness around accessible information standard	RH	current	To put more information around the AIS and why it is needed onto Staff network FB page and again into weekly news

3

	100 day diabetes project. Consulting with local diabetic patients and communities for their thoughts on the diabetic care and its pathways in LCHS	RH		Working with patient reps, Diabetes UK, Commissioners. Event planned for 21/4/18 – Living Well with Diabetes. Event held. 61 people attended with evaluation and feedback
			current	Next steps • Working group to review evaluation and suggestions • Appoint to Diabetes post to lead project forward • Plan a similar along the coast – Aug/Sept • Plan an event re: diet in the Autumn
1.4 When people use NHS Services their safety is prioritised and they are free from mistakes, mistreatment and abuse	Re-tending interpretation and translation service in collaboration with ULHT & LPFT	RH ULHT LPFT E&D Lead s	May 2018	A company called DA languages won the tender for interpretation and translation provision of 24/7 telephone interpretation, face to face and translation of records. This information has now gone out through communications to make staff aware. British Sign Language (BSL) provider has been secured called Topp Languages Solutions. They offer a vast range of Services for Deaf, Deafblind and hard of hearing people in a variety of settings in the form of BSL translators, video remote interpretation, Deaf-blind Interpreter and lip-speakers.
	British Sign Language (BSL) tendered for an commissioned		May 1018	BSL interpretation service launched within LCHS. Will be provided by TOPP languages. How to use documents on staff website
1.5 Screening, vaccination and other health promotion services reach and benefit all local communities	Healthy Community Worker, working with TB team to engage local established migrant communities with awareness around TB and latent TB	AK & SS	current	The Healthy Community Working has facilitated from September 2017 – February 2018 – 133 referrals directed into the TB services. Ongoing health day visits to the food factories in the Boston and Spalding areas led by the Health Community Worker and TB team
	Sexual Health Services in Lincolnshire offer free and confidential services, including: •STI diagnosis •testing and treatment •Chlamydia testing •HIV counselling and testing •contact tracing •sexual health advice and information •all contraception methods •emergency contraception •pregnancy testing •termination counselling and referral •free condoms •online booking You can now book an appointment online	PM	current	To discuss with Sexual Health Lead outcomes of sexual health activities, and promotions

4

	The human papilloma virus (HPV) vaccine is being made available through GUM & HIV clinics to MSM (*Men who have Sex with Men)* who are up to and including 45 years of age. The vaccine will help to prevent HPV infection which can cause genital warts and HPV-associated cancers. It is especially important for those who are living with HIV, and those who have multiple sexual partners.	PM	current	Sexual Health and Public Health are presently reviewing the national documents for the HPV MSM guidance: 1.　　Leaflet 2.　　Poster 3.　　HPV-MSM card 4.　　Clinical and operational guidance
EDS2 Goal 2 **Better Improved patient access and experience**	**Decision/Action**	**Lead**	**Due date**	**Progress/ Update**
2.1 People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on reasonable grounds	Patient Led Assessments of the Care Environment (PLACE) Assessments In April 2013, the NHS introduced the PLACE assessment, which is the new system for assessing the quality of the patient environment. PLACE is based on a visual assessment. The assessments involve local people going into hospitals as part of a team to assess how the environment supports a patient's privacy and dignity, food, cleanliness and general building maintenance. It focuses entirely on the care environment but does not cover clinical care provision or how well staff are doing their job. The assessments will take place every year, and results will be reported publicly to help drive improvements in the care environment. The results will show how hospitals are performing nationally and locally. You can find our most recent	Estates team	current	PLACE assesses a number of non-clinical aspects of the healthcare premises identified as important by patients and the public, known as domains: –Cleanliness –Food and hydration –Privacy, dignity and wellbeing –Condition, appearance and maintenance –Dementia: how well the needs of patients with dementia are met –Disability: how well the needs of patients with a disability are met National Key Facts 2017 • 1,230 assessments were undertaken in 2017 compared to 1,291 in the previous reporting year. • At national level, average1 site PLACE scores have slightly improved since 2016 for all domains except Privacy, Dignity and Wellbeing. • The largest increases were seen for disability (up 3.7 percentage points), food and hydration, and dementia domains (both up 1.4 percentage points). For disability this may reflect an increased awareness of the elements important in this domain, which was introduced in 2016. • Overall, the highest national average domain score was for Cleanliness, at 98.4 per cent. Averages are means and are weighted for bed numbers. PLACE report sent to Trust Board and action plan in place

	report in the left hand menu			

People, carers and communities can readily access hospital, community health, a company called Disabled Go has been commissioned to review services to support access to patient's and carers. This will produce a detailed access document for patients to use when attending any of LCHS services and premises.	RH	2018	Disabled Go is a company which compiles access information for organisations giving independence and choice disabled people in accessing their local area and places to visit. What Disabled Go offer:- • visit and survey every venue on our website in person • use a survey method that over 800 groups of disabled people have fed into • have a national network of steering groups that guide our work and support the continuous development of our service • offer a standardised service with trained surveyors using a pan-disability survey template to ensure that all their guides are accurate, reliable and presented in a user-friendly format. Disabled Go will start review of services and buildings 30th April. Report to be sent to the PPSSEG to update on the progress in June 2018
Language and communication access audits	RH/AK	May 2018 start	Language and communication access audits started with the support of the Governance Assurance Managers. First audit completed at Peterborough MIIU. Report to be sent to the PPSSEG to update on the progress in June 2018
Government funding obtained and a Healthy community worker employed to work with local established migrant communities 2 year contract.	RH	current	Baseline data to be established on local communities. Links established with local food factories. Over 70% of their workforce are from Eastern Europe. Numerous Health events held promoting LCHS services and the TB service. Below data captured during the events to show the ethnic minority groups.

	Ethnic minority group	Percentage of catchment Population in Lincolnshire (if known)
First largest	Romanian	17.94%
Second largest	Polish	17.49%
Third largest	Lithuanian	10.99%
Fourth largest	Latvian	4.93%

Accessible information standard	RH	current	Flags set up on system one. Work continuing with service lines raising awareness on accessible information

2.2 People are informed and supported to be as involved as they wish to be in decisions about their care	FFT in place Patient experience work plan in place and reviewed by PPSSEG	RH HE	current	Patient experience reported through the PPSSEG meeting – Q&R monthly.
			Q2 2018	FFT Equality data collected – to review
2.3 People report positive experiences of the NHS	FFT in place Patient experience work plan in place and reviewed by PPSSEG	R Higgins	current	Data reviewed monthly in PPSSEG and Q&R
2.4 People's complaints about services are handled respectfully and efficiently	To review data of complaints against patient demographics profile/equality monitoring data	RH & complaints team	Q3 2018 current	In discussions with complaints team to collect patient demographics.

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EDS2 Goal 3 A representative and supported workforce	Decision/Action	Lead	Due date	Progress/ Update
3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	Spot check recruitment data to review ethnicity	RH & work force	complete	**Context: review of NHS Jobs Ethnicity data** A review of NHS Jobs data was undertaken for the last financial year for ethnicity numbers of applicants being shortlisted and appointed. This was completed to look at the relative likelihood of white and BME staff being appointed at LCHS.

Context table content:

NHS Jobs ethnicity data April 2017- end of March 2018					
	Total	White	White other	BME	undisclosed
Applicants	5,278	4,793	243	182	60
Shortlisted	2,269	1,950	89	209	21
Appointed	106	102	2	2	0
Demographics Population total in Lincolnshire		White %	BME %		
Ethnicity Census Data (2011)	Population of Lincolnshire :- 713,653	97.59%	2.41%.		
LCHS ESR demographics 2017		Total	%		
White		1885	95.49%		
BME		58	2.94%		

The demographics comparing Lincolnshire's population and electronic staff records (ESR) shows LCHS to be representative of the population we serve.

		Lead	Due date	Progress/ Update
		RH	June 2018	To link recruitment data into the WRES action plan. 2018 WRES template will be sent out to organisations in June 2018
	To achieve Level 2 of Disability Confident marker (Previously known as the two ticks symbol).	RH	Jan 2018	Level 2 Achieved. Symbol now include on patient website and in the recruitment adverts

Disability Confident organisations play a leading role in changing attitudes for the better. They're changing behaviour and cultures in their own businesses, networks and communities. The scheme helps employers: •draw from the widest possible pool of talent •secure high quality staff who are skilled, loyal and hard working •improve employee morale and commitment by demonstrating that you treat all employees fairly It also helps customers and other businesses identify those employers who are committed to equality in the workplace.	RH Staff Network	September 2019	Next step is to become a Disability Confident Leader. LCHS would gain recognition from: •disabled staff in your business •disabled people outside your business •other businesses •your customers •the wider community LCHS would also be acting as a champion for Disability Confident within the local and business communities. We would encourage and support other businesses in your supply chains and networks to become Disability Confident. In doing so, you will be showing disabled people that you are leading the way in getting every business to become Disability Confident. LCHS will have already successfully undertaken the Disability Confident Employer self-assessment. The next step to become a Disability Confident Leader is to subject your self-assessment to an independent validation. The process for validation involves the validators looking at each of the criteria and the evidence you provided in your Disability Confident Employer self-assessment and being assured that we:- •are delivering against all of the core actions •can provide evidence for each of the activities that you are offering to get the right people for your business and to keep and develop your people
Workforce Disability Equality Standard The NHS Equality and Diversity Council (EDC) has recommended that a Workforce Disability Equality Standard (WDES) should be mandated via the NHS Standard Contract in England from April 2018, with a preparatory year from 2017-18. NHS England has agreed to do so. The EDC has also agreed to support a programme of work to explain and support it. The EDC considered the report published by Middlesex and Bedfordshire Universities on the 'Experience of Disabled Staff in the NHS', alongside findings from research carried out by Disability Rights UK and NHS Employers 'Different Choices, Different Voices', which found that disabled people had poorer experiences of working in the NHS in England than non-	RH	Current	Timescales:- - WDES indicators out for consultation April 2018 – awaiting results. March 2018 Regional consultation events and online survey. - Autumn 2018 Publication of the WDES. - Autumn/Winter 2018 NHS trusts and foundation trusts review their data and reporting against the metrics. - June 2019 reporting sheet with prepopulated data sent to NHS trusts and foundation trusts. - August 2019 First WDES reports to be published in autumn 2019, based on data from the 2018/19 financial year. - April/May 2020 First National WDES annual report published by NHS England. WDES flagged in Induction and Mandatory around disclose of data on ESR. To develop a draft action plan on the draft indicators:- 1 Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce. Organisations should undertake this calculation separately for non-

	disabled colleagues. Consultation on the proposed Workforce Disability Equality Standard has begun, alongside an extensive programme of communications and engagement to raise the profile of this initiative and to outline what support will be provided to organisations to deliver the change with disabled staff.			clinical and for clinical staff. 2 Relative likelihood of staff being appointed from shortlisting across all posts. 3 Staff who have personally experienced harassment, bullying or abuse form their manager/team leader or colleagues in the last 12 months 4 Staff who have felt pressure from their line manager to come to work despite not feeling well enough to perform their duties 5 Percentage of people who do not feel the organisation acts fairly with regard to career progression regardless of ethnicity, gender, religion, sexual orientation, disability or age 6 Percentage of people dissatisfied with the extent to which the organisation values their work 7 Percentage of people who stated that at appraisal, training, learning or development needs were not identified 8 Percentage not supported by manager to receive learning & development identified in appraisal 9 Percentage of staff with a disability who said the organisation has not made adequate adjustment(s) to enable them to carry out their work 10 Percentage Difference between the organisations' Board voting membership and overall workforce
3.2 The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations	The NHS Job Evaluation scheme enables most NHS jobs to be matched to nationally evaluated profiles, based on information from job descriptions, person specifications and additional information.	AS	current	Job matching & Job evaluation in process. Job matching and job evaluation regular sessions are held.

3.3 Training and development opportunities are taken up and positively evaluated by all staff	Work with OD team to determine whether equality data can be collected for evaluation of the LCHS Way leadership programme	RH LM	Q2 2018	To work with the OD team to determine if this is possible.
3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	Analysis to be done around part-time working/flexible working	RH	Q3	To work with the workforce team to discuss if this is possible.
3.6 Staff report positive experiences of their membership of the workforce	Workforce Race Equality Standard There are nine metrics. Four of the metrics are specifically on workforce data and four of the metrics are based on data derived from the national NHS Staff Survey indicators. The latter will highlight any differences between the experience and treatment of White staff and BME staff in the NHS, with a view to closing the gaps highlighted by those metrics. The final metric requires provider organisations to ensure that their Boards are broadly representative of the communities they serve. Analyse WRES Staff survey findings	RH	Jan 2018	WRES Conference held. Key note speaker Yvonne Coghill, Marie Gabriel. Facilitated opening and closing comments: Trust Chair
			June 2018	Discuss with BME Staff Network and develop. The WRES includes questions from staff survey. The result of the staff survey this year show that • KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last months. For white staff this metric has improved and there has been a reduction in staff experiencing harassment, bullying or abuse from patients, relative or the public. For BME staff the suggestion from the staff survey would say there has been an increase. • KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months. Again the results show that for white staff this metric had reduced and for BME colleagues again there has been an increase. • KF21. Percentage believing that trust provides equal opportunities for career progression or promotion. Again it can be seen that there has been an improvement in the metric scored by white staff, but a decrease from BME staff. • Q 17 In the last 12 months have you personally experience discrimination at work from any of the following • Manager/team leader or other colleagues ◦ For this metric there was an increase for white staff in experiencing discrimination at work, but for the BME community this decreased.

	Discuss the possibility of developing a Transgender Support Policy for Staff and Service Users The aim of this policy would be to communicate LCHS's commitment to the promotion of equality. The policy seeks to ensure that the provision for transgender people is responsive to individual need; is prejudice free and challenges the discrimination individuals may experience. The policy will provide a framework for managers and clinical staff to support staff and service users who identify with a gender other than that assigned at birth.	AS & RH	Q2 2018	To work with the Staff Side representative, presently there is a section in the special leave policy supporting staff that are transitioning – there needs to be more detail. To discuss.
	Fab-o-meter – In order to measure and assess morale within the organisation, we have introduced the Fab-O-Meter, an anonymous, real-time measure of staff morale. Devised by the people behind the Academy of Fab NHS Stuff, the Fab-O-Meter is an opportunity to let us know how working at LCHS makes staff feel...	DM	current	Results are reviewed weekly and fed into PPSSEG and is then reported directly into WTEG
	LCHS recognise that the people who work for us are our greatest asset and when they feel supported and happy in work this positivity reaches those very people we are here for – patients. We are committed to creating a more diverse and inclusive organisation and ensuring that we harness the talents of all our staff fully. One of the ways we wish to support this is through the development of our LCHS specific staff networks that contribute to addressing and solving problems for all under-represented and disadvantaged groups and individuals within our organisation Present staff networks: • LGBT • BME • Disability and Carers	ALL	current	To support staff to be involved the staff networks as sometimes it is difficult to attend a face to face meeting we plan to trial a specific staff network page for all three staff networks. A pilot for other options for staff to access the staff networks is being trialled for the BME staff network to have a closed Facebook page. This is to give different access options to staff who want to be involved in the network as well as supporting more staff to get involved with the network. This idea has been formulated and discussed with the present attendees of the BME staff network following the success of LCHS Staff network page as well as talking to ULHT who have successfully launched a Facebook page for one of their staff networks. The pilot will run from the 1st June to end of August and evaluated with possible role out to the other staff networks.
	Gender Pay gap The national gender pay gap is the difference between women's and	RH	complete	Gender Pay Gap published on national website as well as LCHS's Website

	men's average weekly full-time base salary earnings, expressed as a percentage of men's earnings. It is a measure of women's overall position in the paid workforce and does not compare like roles			
	Health and wellbeing services available to staff	LC	current	Health and Well Being Service in Place. Dedicated lead LC. • Spring into Action Pedometer Challenge • Health and wellbeing Roadshows • Pilates classes in Lincoln • Sports, holistic full body and Indian head massage for employees • Menopause Workshops • Discounts for employees • Physio For You clinics • Health and wellbeing Champions
EDS2 Goal 4 **Inclusive Leadership**	**Decision/Action**	**Lead**	**Due date**	**Progress/ Update**
4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisation	Consider Board sponsorship of equality area/staff networks WDES & WRES	RH LSG	May 18	On discussion with LSG and the E&D Lead from LPFT at the actions LPFT have implemented. One of LPFT's initiatives have been board sponsorship of equality areas and staff networks. To discuss options with LSG
4.2 Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed.	Board front sheet now includes equality elements including risk	BW	Dec 17	In place
4.3 Middle managers and other line managers supported their staff to work in culturally competent ways within a work environment free from discrimination	We believe our staff networks offer a place for LCHS staff to come together, share experiences and facilitate learning and development. Networks assist in the shaping and delivery of organisational strategy and policy, working with us to improve staff experience on specific issues relating to each network	RH staff netw orks	current	Equality and diversity elements in mandatory and induction packages. Slide on Mandatory and Induction to promote staff networks Slide on Mandatory and induction to promote privacy, dignity and respect.
	Support staff to become Visible Leaders for the staff networks	RH & Staff netw orks	current	To pose questions on new pilot Facebook staff network page to get feedback and discussion of this idea