

# Lincolnshire Community Health Services Equality Strategy 2019-2022

Incorporating Equality Delivery System 2, Workforce Race Equality Standard, Workforce Disability Equality Standard, Accessible Information Standard, Sexual Orientation Monitoring Standard and the Gender Pay Gap.

## Foreword

As Chair of Lincolnshire Community Health Services NHS Trust (LCHS), I am delighted to introduce the trust's new Equality Strategy. It follows on from the 2016 – 2018 strategy, and identifies the trust's commitment to taking equality and diversity into account in everything we do, building on the many improvements LCHS has made, challenging us to be the best service provider and employer. The strategy has been designed in response to the requirements of the Equality Act 2010 and builds on the previous actions and objectives that were contained in our former Single Equality Scheme.

The equality strategy helps us ensure equality and human rights are taken into account when we are providing services to our patients and service users, employing people, developing policies, communicating, consulting or involving people in our work. It incorporates the NHS Equality Delivery System 2 (EDS2) and the Workforce Race Equality Standard (WRES) the Workforce Disability Equality Standard (WDES), the Accessible Information Standard and the Gender Pay Gap, all of which are important tools in demonstrating how LCHS turns our equality, diversity and inclusion ambitions into meaningful actions.

I am pleased that, in receiving our 'Outstanding' assessment from the CQC there was recognition of the work being done by the Equality and Diversity team. The highlights that contribute to this are:

- Employment of an Eastern European advocate to engage with our local established Eastern European Communities.
- Developing our learning through participating in and hosting a Workforce Race Equality Standard Conference.
- Being part of the Lesbian, Gay, Bisexual and Trans (LGBT) multi-organisational Conference as part of LGBT History Month.
- Providing opportunities for the local LGBT Community to engage with us at Lincoln Pride.
- Working with the local Deaf Community to understand their particular needs
- Recognising the health benefits of reducing isolation and loneliness in older adults and working with the community providing activities e.g. salsa classes.
- LCHS has been appointed as NHS Employers Equality and Diversity Partner for the third time.
- Providing Tuberculosis screening in local Eastern European Communities
- Being recognised as a 'Disability Confident employer'.
- Commissioned with AccessAble. Detailed accessibility guides have been compiled on all of LCHS's patient venues. These guides give detailed information about the environment to help inform people about the accessibility of a particular facility. A link to the website is on the LCHS website and an App can be downloaded to phones.

Having made great progress in the last 12 months the Trust recognises that there are still a number of areas where we face significant challenges and where we have much more to do. This includes improving collection of data and reviewing access to all services as we develop more telephone and digitally based services such as clinical assessment services, telehealth and smart phone applications for self-monitoring. Previously we have engaged with our local established migrant communities and we recruited an advocate from the migrant community. One of our next actions is to build on engagement with Lincolnshire's older population to ensure people are accessing the right services as well as giving them a voice to give feedback on their experiences using LCHS services.

The Trust Board is committed to further improving our equality, diversity and inclusion performance against the specific duties of the Equality Act 2010 including through our actions plans with the Equality Deliver System (EDS2), Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES).

We recognise as a Trust that we are able to meet the needs of patients better when we support our staff with the skills and resources they need and will continue in the 'LCHS Way' by focusing on education, learning from engaging with our diverse communities and innovating where possible to ensure access to services and quality outcomes for services continue to improve.

I want LCHS to continue to be an open and welcoming environment, engaging and being supportive across all the protected characteristics. The Equality Strategy challenges us to progress our ideas and ambitions into action. I look forward to Playing my part in taking this work forward.

Elaine Baylis QPM

Trust Chair

# 1. Background & Purpose

## 1.1 Purpose

Lincolnshire Community Health Services (LCHS) recognises the importance of ensuring its services are fair and equitable to all. At LCHS the diversity of our staff, service users, partners and any visitors to our services is celebrated. We expect everyone who visits any of our sites, comes into contact with any of our services or works at LCHS to be able to participate fully and achieve their full potential in a safe and supportive environment. We welcome all service users and members of staff inclusive of race, disability, sex, sexual orientation, gender reassignment, marriage and civil partnership, pregnancy and maternity, age, religion or belief.

This Equality strategy sets out the Trust's approach to equality, diversity and inclusion; both as a healthcare organisation providing services and as an employer. It explains and responds to the Trust's statutory duties to promote equality amongst groups of people who have specific protected characteristics, as defined by the Equality Act 2010. It supports the legal obligations we have in relation to the Equality Act 2010 and the Equality Duties 2011. We believe that Equality and Human Rights are fundamentally important to employment, business plans, service change, service delivery and provision, policies and practices.

## 1.2 Supporting the Trust's objectives

This Equality strategy is aligned with the wider needs of organisation and strategic direction already established. This strategy contributes towards the following strategies (see the next page):

# STRATEGIC AIMS

LEADING INTEGRATION AND INNOVATION

PROVIDING HIGH QUALITY, SAFE, PERSONALISED CARE

VALUE FOR MONEY AND FINANCIAL SUSTAINABILITY

BUILDING A PRODUCTIVE, QUALITY AND SUPPORTED WORKFORCE

STRENGTHENING OUR POSITIVE REPUTATION

# OBJECTIVES



Homefirst - with partners, lead the implementation of healthcare change and improvement across Lincolnshire



To deliver safe services

To deliver service improvement that stems from feedback from partners, patients and carers

To become a CQC-rated Outstanding Trust by 2019-20



Sustaining service viability while demonstrating the value of our services

Real time business intelligence demonstrating productivity and value for money

Deliver 2018/19 Financial Plan and control total



Right people, right skills, right place, right time

## LCHS Operational Plan 2018-20



Play leading role in the delivery of Lincolnshire STP

Building positive relationships with all stakeholders

**NHS**  
**Lincolnshire Community Health Services**  
NHS Trust

## 1.1 Equality Objectives 2019-2022

The Equality Act asks public sector organisations, including NHS organisations, to publish at least one Equality Objective. Lincolnshire Community Health Services will publish seven objectives which have originated from our knowledge of Lincolnshire demographics and engagement with local communities. The objectives are also inspired by the Equality Delivery System 2 (EDS2), Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES), Accessible Information Standard and the Sexual Orientation Monitoring Standard.

### **Equality Objective 1:**

To improve the capability of how people access LCHS services and address the legal obligations under the public sector Equality Duty and duties to reduce health inequalities introduced by the Health and Social Care Act 2012.

### **Equality Objective 2:**

To reduce language barriers experienced by individuals and specific groups of people who engage with the NHS with specific reference to identifying how to address issues in relation to health inequalities and patient safety

### **Equality objective 3:**

To improve disabled staff representation, treatment and experience in the NHS and their employment opportunities within the Trust.

### **Equality objective 4:-**

- a) Commit to making a difference by promoting supportive cultures where staff can flourish and problem behaviours such as bullying are tackled, developing a better understanding of the most effective interventions to tackle bullying.
- b) Raise awareness and understanding of the definition of bullying and harassment and increase the perception of support mechanisms.

### **Equality objective 5:**

To improve the recruitment, retention, progression, development and experience of different diverse communities and the people employed by LCHS to enable the organisation to become an inclusive employer of choice.

### **Equality objective 6:**

Board Members and senior leads routinely demonstrate their commitment to equality

### **Equality objective 7:**

To improve the experience of LGBT patients and improve LGBT staff representation.

- a) To support and facilitate appropriate monitoring of the implementation and take up of the SOM Standard within LCHS.

## **1.2 Audience for this strategy**

This strategy has been developed to clarify for all the Trust's stakeholders – patients, carers, staff, commissioners, providers, suppliers, local voluntary/community groups and members of the public – what they can expect from us in ensuring all people from the nine protected groups and other disadvantaged groups receive the health and care services they need.

## **1.3 Overall Aims**

The strategy builds on the achievements and challenges of the previous year and aims to support the access and inclusion of all into our services and workforce. The overall aim is to;

Ensuring that Diversity and Inclusion is embedded at every level of the organisation. All staff, visitors, patients and public will be aware of their responsibility and the part that they need to play in creating an inclusive environment and access. This will also include a responsibility of staff networks, visible leaders and allies to take collective responsibility for the leadership of their protected characteristic

Ensuring that Trust Board, Executive Management and senior leaders will have assurance that all efforts are being taken to ensure that our services and workforce are inclusive and accessible to all.

## 2. Where are we now

### 2.1 Understanding our obligations

There are a number of legal requirements and equality-based national guidelines which mandate and guide how the Trust provides services to members of diverse communities. The principal equality drivers include:

- Human Rights Act 1998
- Equality Act 2010
- Public Sector Equality Duty- section 149 Equality Act 2010
- The Marmot Review 2010
- Health and Social Care Act 2012
- Workforce Disability Equality Standard (WDES)
- Equality Delivery System 2 (EDS2)
- Workforce Race Equality Standard (WRES)
- Health, public health and social care outcomes frameworks
- CQC key inspection questions 2017
- The NHS Constitution – revised 2013
- The Care Act 2014
- The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017

Protected Characteristics	Other disadvantaged groups
<ul style="list-style-type: none"> <li>- Age</li> <li>- Disability</li> <li>- Gender re-assignment</li> <li>- Marriage and civil partnership</li> <li>- Pregnancy and maternity</li> <li>- Race including nationality and ethnic origin</li> <li>- Religion or belief</li> <li>- Sex</li> <li>- Sexual orientation</li> </ul>	<ul style="list-style-type: none"> <li>- Carers</li> <li>- People who are homeless</li> <li>- People who live in poverty</li> <li>- People who are long-term unemployed</li> <li>- People in stigmatised occupations (such as women and men involved in prostitution)</li> <li>- People who misuse drugs</li> <li>- People with limited family or social networks</li> <li>- People who are geographically isolated</li> <li>- People who are experiencing domestic abuse</li> <li>- people with dementia</li> <li>- people who learn differently (some people don't consider their Dyslexia to be a disability)</li> <li>- People with a criminal record</li> </ul>

We have a duty of care to our service users and staff to ensure equality is embedded into everything we do and make changes that improve the lives of those individuals in our care or employed with us.

## 2.2 Local evidence and insight

### Lincolnshire

From the census 2011 we know that the recorded population of Lincolnshire is 713,653 people within the county. Lincolnshire has a mix of urban and rural populations and is spread across 2,687 square miles and is made up of seven diverse districts. The population of Lincolnshire is increasing- from the 2014 mid-year estimates the population is estimated at 731,500.

#### Workforce, patient, membership and local population profiles

	<b>LCHS Workforce As at 31 March 2018</b>	<b>NHS Workforce</b>	<b>Patients (System-one)</b>	<b>Lincolnshire Census 2011</b>
<b>Age</b>	14% of our workforce are 30 or under 47% of our workforce are between 31-50 39% of our workforce are 51 and over	Under 25 = 6% 25 to 34 = 22% 35 to 44 = 25% 45 to 54 = 29% 55 to 64 = 16% 65+ = 2%	16-25 = 1% 26-35 = 2% 36-45 = 2% 46-55 = 6.43% 56-65 = 11.98% 66-75 = 24.17% 76-85 = 28.04% 86+ = 25.41%	0-14 = 16% 15-19 = 6% 20-29 = 11% 30-39 = 11% 40-49 = 15% 50-59 = 13 % 60+ = 28%
<b>Disability</b>	92.45% declared 'no' to having a disability 4.35% declared 'yes' to having a disability 3.24% not declared 1% unspecified	Not available	55.3% of our patients declared they did not have a disability 39.8% of our patients declared they had a disability 4.83% refused to give a reply	9.3% limited a lot day-to-day. 11% limited a little day-to-day.
<b>Gender Reassignment</b>	Not currently collected		Data collected but not currently reliable to report.	Not currently collected

<b>Marriage and Civil Partnership</b>	Not collected	Not available	Not collected	Married/ Civil partnership = 54% Single = 28%
<b>Pregnancy and maternity</b>	Not collected			
<b>Race</b> BME (Black and Minority Ethnic)	BME 3.13% White 96.87	White = 78% BME = 15% Not stated / Unknown = 4%	White =77.88% Other white background = 2.59% BME. = 4.68%	White = 97.5% BME = 2.4%
<b>Religion and Belief</b>	Christianity = 65.79% Atheism = 12% Do not want to disclose = 15% Other = 6%	Not available	Christianity = 66%. Religion was not given or patient refused to answer, = 19% No religion =10% 'other' religion. = 4%	Christian = 68.55% No religion = 23% Not recorded = 7%
<b>Sex</b>	Female = 90% Male = 10%	Female = 77% Male = 23%	Female = 53% Male = 47%	Female = 51% Male = 49%
<b>Sexual Orientation</b> LGB (Lesbian, Gay, Bisexual)	Heterosexual = 89% LGB = 1.16% Undefined/ undisclosed = 9.84%	Not available	Heterosexual = 96% refused = 3.1% gay men = 0.4% gay women = 0.3% bisexual = 0.2%	Not collected

### 2.3 Our Achievements To-Date 2016-2018

The Annual Equality Report provides the update on the progress made around the equality and human rights agenda for the Trust. It is a legal requirement within the Public Sector Equality Duty (PSED) of the Equality Act 2010. Please see the reports for full details. Put link to website

Some highlights include;

- 'Outstanding' CQC rating in 2018, with the Equality and Diversity Team receiving a special mention in the Well-Led report. The report states:
  - The trust employed a healthy community worker from the Eastern European community. They saw this as an integral part of the patient public involvement programme. The healthy community worker had done substantial amounts of work engaging with local communities particularly those from Eastern European communities.
  - The Urgent Care service had commissioned a non-English speaking 'secret shopper' who spoke in their native language, to test out whether staff were following protocols for non-English speaking patients and attended an event at a local factory to engage specifically with a population of workers who were non-English speaking in relation to access to urgent care services.
    - The board were viewed as accessible, approachable, visible and highly experienced, with transparent accountability at decision-making levels. Without exception all staff were complimentary of the Chief Executive, his visibility and accessibility and leadership of the trust.
    - Procurement of a new interpretation and translation service which includes telephone interpretation, document translation and face to face interpretation all available 24 hours a day, 7 days a week in a pan-Trust service across the three main providers Trust's in Lincolnshire.
    - Built working relationships with Lincolnshire's food factories where over 75% of their workforce are Eastern European
    - Raised awareness with local communities around LCHS Services including information on TB and Latent TB Service.
    - Held Engagement Events at local supermarkets promoting services and AccessAble.
    - LCHS has recently invested in an 'app' called AccessAble, which is designed to support people with disabilities and patients to access LCHS services. The 'app' supports people navigate around LCHS buildings by showing them where and how to access facilities. The 'app' has been released to all our staff devices so that they can support patient and carers, promote access and we will also use the reporting from AccessAble to help shape our PLACE scores.
    - Relationships established in the food factories in Lincolnshire through Health Events. In the food factories over 80% of their workforce are from Eastern Europe.
    - Equality objectives integrated into the LCHS service lines action plans.
    - Co-ordinator and sponsor of the Black, Asian, Minority Ethnic (BAME) multi-agency conference in 2018.
    - Co-ordinator and sponsor for Lesbian, Gay, Bisexual and Transgender (LGBT+) History month Multi-Agency Lincolnshire Conference-
      - February 2018 - 176 delegates attended from 36 different organisations.
      - February 2019 - 210 delegated attended from 50 organisations.
    - Continued implementation of staff network groups for Lesbian, Gay, Bisexual, Transgender (LGBT+) and Allies Staff Network, Black Minority Ethnic (BME) group and Disability and Carers Staff Network.

### 3. Where we want to be

To enable people to live well in their communities, the Trust's vision for equality is that we have a comprehensive understanding of the needs and expectations of all the people who use our all services, so we are able to ensure people from protected and disadvantaged groups can access, and benefit from, services to the same extent as people overall.

Priority	What do we know?	What will we do?	How will we achieve it?
<p><b>Public Sector Equality Duty (PSED) requirements</b> The Public sector equality duty (s.149 of the Equality Act 2010) details that public authorities are required, in carrying out their functions, to have due regard to the need to achieve the objectives to:</p>	<p><b>General Duty</b></p> <ul style="list-style-type: none"> <li>eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;</li> <li>advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;</li> <li>foster good relations between persons who share a relevant protected characteristic and persons who do not share it.</li> </ul>	<p>The Trust will continue to promote and review all areas of equality work covered within this strategy through the assurance processes.</p>	<ul style="list-style-type: none"> <li>Have an Equality Strategy in place</li> <li>Have an Equality Policy in place</li> <li>Collect equality monitoring information for patients and staff</li> <li>Have an Equality Analysis process in place</li> <li>Support Equality staff networks</li> <li>Engage with all local communities</li> </ul>
	<p><b>Specific Duty</b></p> <ul style="list-style-type: none"> <li>have equality objectives, at least every four years</li> <li>publish information to demonstrate compliance with the public sector equality duty.</li> </ul>	<p>The Trust will continue to analyse the data helping the identification of gaps in provision and ensuring implementation of appropriate actions and publish on the website.</p>	<ul style="list-style-type: none"> <li>Produce an Equality, Diversity and Inclusion annual report- produced for April to March period each year and details the equality activity for each period and the equality objectives for the following year, along with the published data required to meet the Public Sector Equality Duty (Equality Act 2010).</li> <li>Quarterly Equality reports will go to the Commissioners, Quality &amp; Risk Committee and Workforce and Transformation Executive Group to assure implementation of EDI action plans.</li> <li>Carry out equality analysis on key</li> </ul>

			decisions and policy development and review.
<b>NHS Standard Contract</b>	<b>Equality Delivery System 2 (EDS2)</b> EDS2 is a system for NHS organisations to help improve the services they provide for their local communities and provide better working environments free of discrimination, for NHS staff. EDS2 was mandated in the NHS standard contract from April 2015.	Each year progress will be assessed on the delivery of our objectives and formulating new improvements for the future. This will make sure that we are making continuous improvements. Progress will also be reviewed through our assurance processes	The Trust will continue to grade and set actions through a quarterly assurance process and will be monitored with the Equality & Human Rights Group, Quality & Risk Committee, Workforce and Transformation Executive Group and our Commissioners.  The Trust will transform EDS2 into EDS3 as the process are signed off nationally.
	<b>Workforce Race Equality Standard (WRES)</b> The WRES is a mandatory part of the 2018/19 NHS Standard Contract requiring all NHS providers to demonstrate progress against a number of indicators of workforce race equality.	The Trust is required to submit evidence on the WRES in August annually. This will also be submitted to the co-ordinating Commissioner outlining progress on implementing the standard. This will be completed by the Equality and Diversity Lead in conjunction with the main equality annual report that is produced.	<ul style="list-style-type: none"> <li>• Results collated and submitted to NHS England annually in August.</li> <li>• Action plan in place and being implemented.</li> <li>• Work collaboratively with the Workforce Team, Organisational Development Team and the BME Staff Network regarding the action plan.</li> </ul>
	<b>Workforce Disability Equality Standard (WDES)</b> The Workforce Disability Equality Standard (WDES) is mandated in the NHS Standard Contract for April 2019 (January 2018 edition) set out that NHS Trusts and Foundation Trusts to implement the WDES in the first year. The first year will be a 'soft' year regarding our regulatory	The Trust will be required from April 2019 to submit a specific WDES annual report to the Co-ordinating Commissioner outlining progress on implementing the standard. This will be completed by the Equality and Diversity Lead in conjunction with the main equality annual report that is produced.	<ul style="list-style-type: none"> <li>• Results collated and submitted to NHS England annually</li> <li>• Action plan in place and being implemented</li> <li>• Work collaboratively with the Workforce Team, Organisational Development Team and the BME Staff Network regarding the action plan.</li> </ul>

	bodies.	The publication date will more than likely be brought into line with the WRES publication date.	•
<p><b>Gender Pay Gap Reporting</b> All organisations with 250 or more employees are now required to publish various gender pay gap figures, to demonstrate how the gender pay gap between their male and female employees.</p>	<p>An employer must publish and submit to the National Government Office six calculations.</p> <p>The gender pay gap is different to equal pay. Equal pay relates to men and women receiving equal pay for equal value, not meeting this requirement has been unlawful in the UK for over 45 years. The gender pay gap is a measure of any disparity in pay between the average earnings of male and females.</p>	<p>The Trust will ensure that its Gender Pay Gap results are compiled and published in line with National Government Office's reporting requirements and that any identified actions to close any identified gaps take place.</p>	<ul style="list-style-type: none"> <li>• Results collated and submitted to National Government Office annually</li> <li>• GPG to be reported on by Workforce Development.</li> </ul>

### **Chief Executive, Chair and Board Members**

The Chief Executive and Chair have overall responsibility for leading and promoting the equality agenda. Furthermore, the Board will take responsibility for applying, co-ordinating and monitoring the activity. Members of the Board, collectively and individually are responsible for supporting this objective making sure the necessary arrangements are in place to eliminate any unlawful discrimination and to promote equality of opportunity and good relations when carrying out their work. The Board will receive on an annual basis the Equality Annual Report, EDS2 assessment, grades and action plan; and the WRES/ WDES results and action plan for assurance and approval.

### **Senior Management**

The Director of Nursing, Operations and AHP's with the support of other executive members will have the responsibility to apply, co-ordinate and monitor all aspects of employment and service delivery in relation to equality. Senior managers will promote and publicise their commitment to equality and role model inclusive leadership and behaviour.

### **Workforce & Transformation Executive Group and the Quality & Risk Committee**

The Equality activity within the Trust will be assured through papers going quarterly to these meetings. Workforce equality actions go to the WTEG and the patient equality actions go to the Quality & Risk Committee Both committees are a collective of senior managers in the Trust and are accountable to the Trust Board.

### **Staff Networks**

The networks are a platform for staff to voice their opinions and support the Trust to improve working practices and services. It is a resource that is invaluable in developing positive outcomes. Staff networks are important as they bring together those working within the organisation to help improve staff engagement within their organisation.

### **Equality and Diversity Lead**

The Equality and Diversity Lead will have responsibility for ensuring the Trust is compliant with its legal obligations and that this strategy is implemented. The Lead will also advise all parties on their roles and responsibilities with regards to equality and diversity.

### **Equality Champions**

Champions will work with the Equality & Diversity Lead to promote and signpost good equality and diversity practice.

### **Manager's Responsibility**

Managers and team leads will ensure that they and all members of staff in their team are aware of their responsibilities and obligations regarding equality and diversity. This will be managed in line with the Trusts 'LCHS WAY' values and behaviour framework. Managers will commit to promoting equality activities within their teams and releasing staff where able to attend events, staff network meetings, conferences etc.

**All Staff Responsibility**

Individuals in particular will ensure that they are aware of their responsibilities and obligations regarding the LCHS Way and equality and diversity.

**Service Delivery**

LCHS will endeavour to ensure that our services are non-discriminatory, enabling equality of access and provision and meet the requirements under the Equality Act 2010.

We will make every effort to prioritise our services and set them according to the health and social care needs of all diverse groups within the Lincolnshire community. We recognise the importance of seeking views from our community and work cohesively to identify and improve our services which work towards improving health inequalities.

If any access requirements are identified that prevent someone from accessing the services offered, this should be dealt with in the first instance at a local level and escalated to management if necessary. Working closely with the Equality Team.

**Workers, Stakeholders, students and volunteers**

Contractors, agency staff, partners and stakeholders and students on placement within the organisation providing services are required to adhere to the LCHS Way and equality principles of the Trust.

## **Appendix I - Glossary of Terms**

BAME = Black, Asian and Ethnic Minority/ BME = Black Minority Ethnic

CQC = Care Quality Commission

EA = Equality Analysis

E&D = Equality and Diversity

EDS2 = Equality Delivery System 2

HR = Human Resources

LPFT = Lincolnshire Partnership NHS Foundation Trust

LGBT + = Lesbian, Gay, Bisexual and Transgender + all identities

NHS = National Health Service

Protected Characteristics = the characteristics covered by the Equality Act 2010-

- Age
- Disability
- Gender re-assignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race including nationality and ethnic origin
- Religion or belief
- Sex
- Sexual orientation

PSED = Public Sector Equality Duty from the Equality Act 2010, WRES = Workforce Race Equality Standard.

WDES = Workforce Disability Equality Standard