



Equality & Diversity Annual Report 2015/16

This report can also be made available upon request in Braille, audio cassette, large print or in other languages.

Chinese

此份單張備有中文譯本,請垂詢索取

Kurdish Sorani

رەسەل تێرکەب رەبەتسەد شەڕۆک ینامزەب هەواریک و آلەب مەئ تێرناوتەد
ی راکاواد

Lithuanian

Paprašius, šį lankstinuką galima gauti ir lietuvių kalba.

Polish

Niniejszy dokument może być na życzenie dostępny w języku polskim.

Portuguese

Este folheto também pode estar disponível, sob pedido, em português.

Russian

Эту брошюру можно также получить по желанию на Русском языке.

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Statement from the Chief Executive

I am pleased to present the Equality & Diversity Annual Report for 2015-16 for Lincolnshire Community Health Services NHS Trust. This report takes into account our activities and outputs in relation to equality and diversity and of the legislative requirements of the Public Sector General Duty (Equality Act 2010). Our Board remains fully committed to ensuring that we meet and exceed our legal duties to promote equality and diversity of opportunity, to foster good relations between diverse communities that we serve and to eradicate discrimination at all levels. This report sets out what we have achieved in 2015/16 and our action plan for 2016/17.

LCHS delivers care close to home, providing community healthcare and healthy lifestyle services for the diverse people of Lincolnshire and we are one of the largest healthcare communities in the country. Over the past few years we have made substantial progress in embedding equality and diversity into our core business activities. We will continue to make progress by ensuring these values are mainstreamed through all aspects of our service provision, and in how we work in partnership with our employees and our local communities.

One of our key commitments is to work with our partners to reduce health inequalities and to improve the health of the population as a whole. If we are to achieve this, there needs to be a strong focus on promoting equality and diversity and in ensuring that we promote person centred care and a culture of support and inclusivity.

As this Annual Report identifies, there have been some notable successes, such as increasing our rating in the Stonewall Health and Workplace Equality Index and activities such as working with our Lesbian, Gay, Bisexual and Trans (LGBT) patient user group. We also appointed our first Link Worker who will work with the local Migrant Community. There are also a number of areas where we face significant challenges and we recognise that there is still much more to do. We do not underestimate the challenge we face in doing this, but we recognise the huge opportunity it offers for our patients, our staff and our local communities.

I look forward to the next 12 months' to see how far we progress on top of what we have already achieved.



Andrew Morgan, Chief Executive

June 2016

TRUST BOARD'S RESPONSIBILITIES

This report constitutes the Trust's equality and diversity annual report for 2015/16.

The report demonstrates how we have fulfilled our statutory obligations under the Equality Act 2010 to publish a range of monitoring information relating to patients and staff.

The Equality Act 2010 gives the NHS opportunities to work towards eliminating discrimination and reducing inequalities in care.

The NHS already has clear values and principles about equality and fairness, as set out in the NHS Constitution, and the law under the Equality Act 2010 reinforces many of these.

The report provides an update for the board on developments in the area of equality and diversity particularly in respect of the:

- a) Equality Act and the Public Sector Duties identified in the Act.
- b) Equality Delivery System (EDS2)
- c) Workforce Race Equality Standards (WRES)

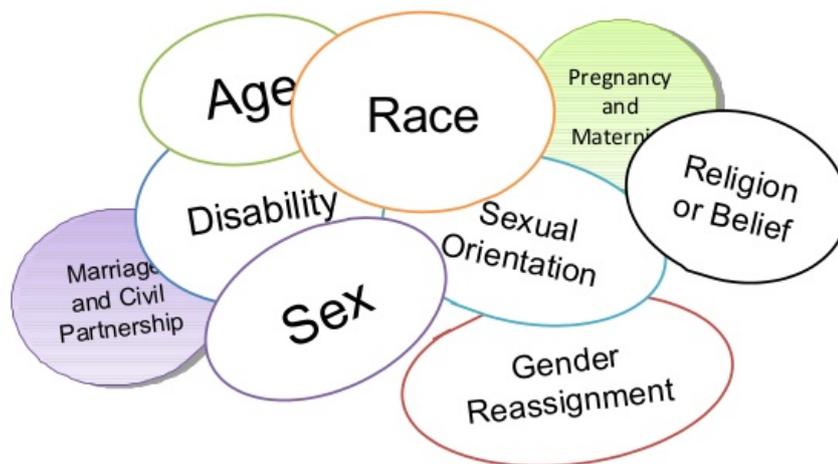
The report also goes on to illustrate Trust performance and progress within the field of equality and diversity and identifies our priorities and equality objectives for 2016/17.

EQUALITY ACT 2010

The Equality Act 2010 legally protects people from discrimination in the workplace and in wider society. It replaced previous anti-discrimination laws with a single Act, making the law easier to understand and strengthening protection in some situations. It sets out the different ways in which it's unlawful to treat someone.

The legal responsibility under the Equality Act 2010 includes the general and specific duties covering:

Nine 'Protected Characteristics'



There is a requirement to publish the information to demonstrate compliance with the duties through analysis of data under each protected characteristic as well as publishing at least one equality objective explaining how we are going to meet our obligations.

PUBLIC SECTOR DUTY

The general equality duty is set out in the Equality Act 2010 (the Act). In summary, those subject to the equality duty must, in the exercise of their functions, have due regard to the need to:

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

The specific duties in summary are a need to publish information:-

- Publish sufficient information to demonstrate its compliance with the general equality duty across its functions on a basis.
- This information must include, in particular: Information on the effect that its policies and practices have had on people who share a relevant protected characteristic, to demonstrate the extent to which it furthered the aims of the general equality duty for its employees and for others with an interest in the way it performs its functions.

Part 2 – Progress Report of the Equality & Diversity Priority Objectives 2015/16

This section is a review of the Trust's equality & diversity performance over the past year based on the priorities set within the Equality Delivery System (EDS2). The areas that were selected to be reported against were identified as the most important using the EDS2 template and linking to LCHS's Strategic objectives 2015/16.

E&D Priority Objectives 2015/16

Priority 1: EDS2 Goal 1 Better Health Outcomes

Strategic Objective:- Ensure the environment is appropriate, fit for purpose and meets and exceeds the needs and expectations of users

Priority 2: EDS2 Goal 2 Improve patient access and experience

Strategic Objective:- Listen to our users and their families, value their views and improve patient experience

Priority 3: EDS Goal 3 A representative and supported workforce

Strategic Objective:- Develop and lead a workforce proud to be part of LCHS

Priority 4: Inclusive Leadership

Strategic Objective: Develop and lead a workforce proud to be part of LCHS

Priority 1: EDS2 Goal 1 Better Health Outcomes Update

Why this is a priority

For Goal 1, Better Health Outcomes, LCHS should achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results

LCHS Progress:-

- a) The Countywide Community TB Service has been working with the local migrant and homeless community.

The main elements of the TB Team are to:

- Provide support for patients diagnosed with TB
- Contact screening service to assess the potential of transmission of TB
- New entrant screening for individuals identified as "at risk" of TB
- Support the investigation and diagnosis processes
- Provide a specialist resource for advice
- Offer training and raise awareness of the disease

The TB Team has been positively working with the migrant community around the New Entrant screening for individuals identified as 'at risk' of TB, holding drop in sessions at the local food factories in the Spalding area and for the homeless communities.

The TB has had success in identifying a vulnerable individual with TB, the TB team set into motion a series of practices that would overcome the challenges faced, to ensure the improvement in health of the patient and protection of public health. They listened to the patient (his immigrant status and his refusal to engage with other services), cared for the patient (100% adherence and successful treatment in sight), acted (in providing high quality, patient centred care) and improved his health and protected that of others.

- b) Improve the Lives of Carers (RCN Project).

The objective for this project was to improve data collection of who are the carers in both Adults and Young Carers. A pilot to identify 'who are carers, at Welton Health Centre and William Farr School was developed and one of the actions was the development of a leaflet by the School Nurses to use in the

School Assembly and a network for carers at Welton Health Centre which is now implemented. With regards to Adults a group was set up for Carers in the local community and is being run by a local volunteer in Welton. The project was then presented at the RCN Conference in June 2015.

Priority 2: EDS Goal 2 Improved patient Access and Experience Update

Why this is a priority

Organisations should improve accessibility and information, and deliver the right services that are targeted, useful, and useable and used in order to improve patient experience.

LCHS Progress:-

- a) A new provider for the Family & Friends Test (FFT) has been sourced and the Picker Institute is now providing the FFT for both patients and Staff. The equality monitoring has been updated to include with ethnicity the top 5 within Lincolnshire – Polish, Latvian, Russian, Lithuanian and Chinese.
- b) We now employ a Link Worker from the Polish Community who will be engaging and educating the local migrant community
Aims for this role:-
 - Increase ease of access to health services
 - Identify prohibiting factors
 - Building workforce to be more representative of our population in Lincolnshire.
- c) Work has been continued with the Lesbian, Gay, Bisexual and Trans (LGBT) Patient user group including collaborative work with a LGBT patient Survey and a stall at Lincoln Pride in September 2015.
- d) We are working with the BME Staff and leaders within LCH to energise and support development of an effective staff network.

Priority 3: EDS Goal 3 - A representative and supportive workforce

Why this is a priority

The NHS should increase the diversity and quality of the working lives of the paid and non-paid workforce, supporting all staff to better and responding to patients' and the communities' needs. Ensuring the workforce are representative, feel supported and confident to challenge inequalities and competent to deliver personal, fair services for our diverse population.

LCHS Progress:-

- a) The Single Equality Strategy incorporating the EDS2 action plan has been consulted on and approved by Trust Board.
- b) Staff Networks relaunched in collaboration with LPFT – Carers in the Workplace and Allies Staff Network Carers, Lesbian, Gay, Bi-sexual & Transgender (LGB & T) and Straight Allies Staff Network, MAPLE, Mental and Physical Health Lived Experience and Allies Staff Network.
- c) In February 2016 LCHS increased our ranking in the Workplace Equality index by 123 places. Our grading is now 196th out of 415 organisations across the private and public sector.
- d) LCHS became NHS Employers Equality & Diversity Partners in 2015/16. LCHS was fortunate to be accepted as there were 42 applications and only 25 places.
- e) The Workforce Race Equality Standard published on the NHS England Dashboard in July 2015. The Standard was reported and discussed at Trust Board.

WRES Actions

- Collection of equality monitoring data is now in place for staff attending non-mandatory training and entering the disciplinary process.
- To implement a deep dive into the equality monitoring on NHS Jobs2 data collection and analysis.
- To implement a deep dive to look at harassment or abuse from patients and discrimination at work.

Below is the Workforce Ethnic Breakdown for Lincolnshire Community Health Services in 2014/15 – Published in July 15. – The first chart does not show the White Workforce at 96.8% but shows the breakdown of the 3.2% of different ethnicities

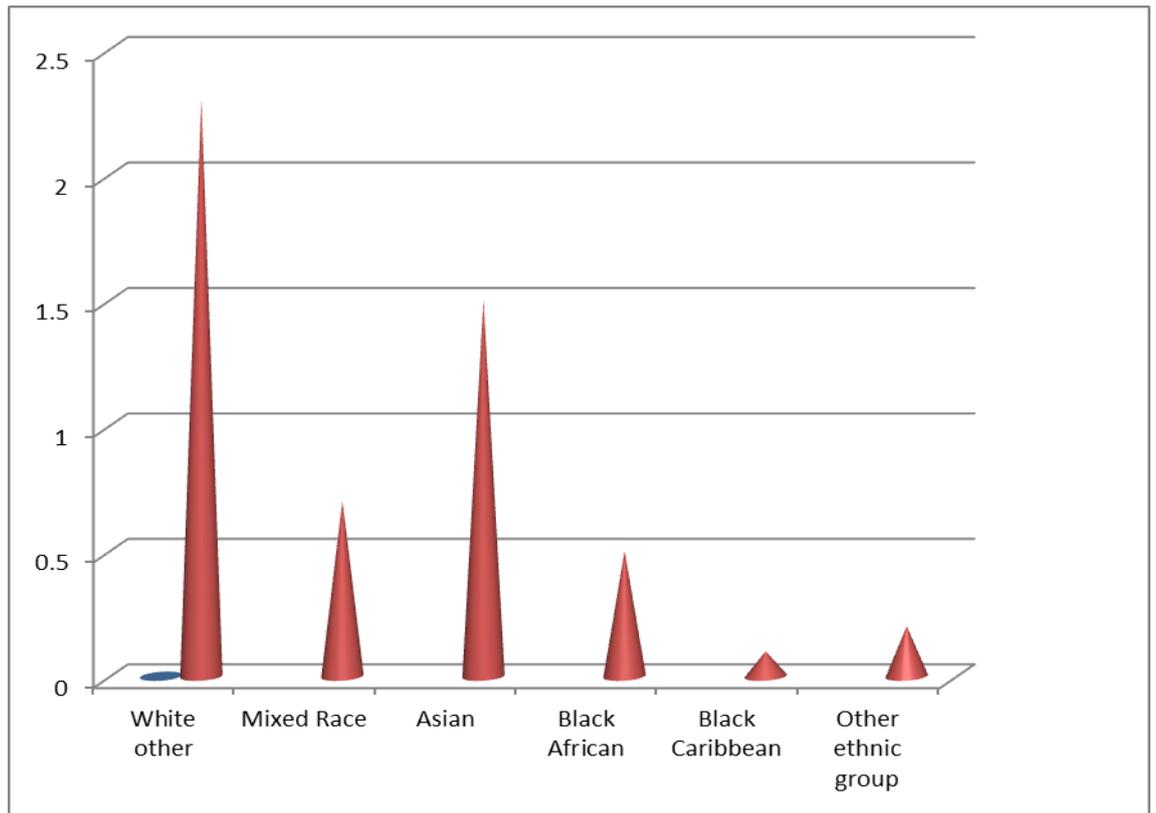
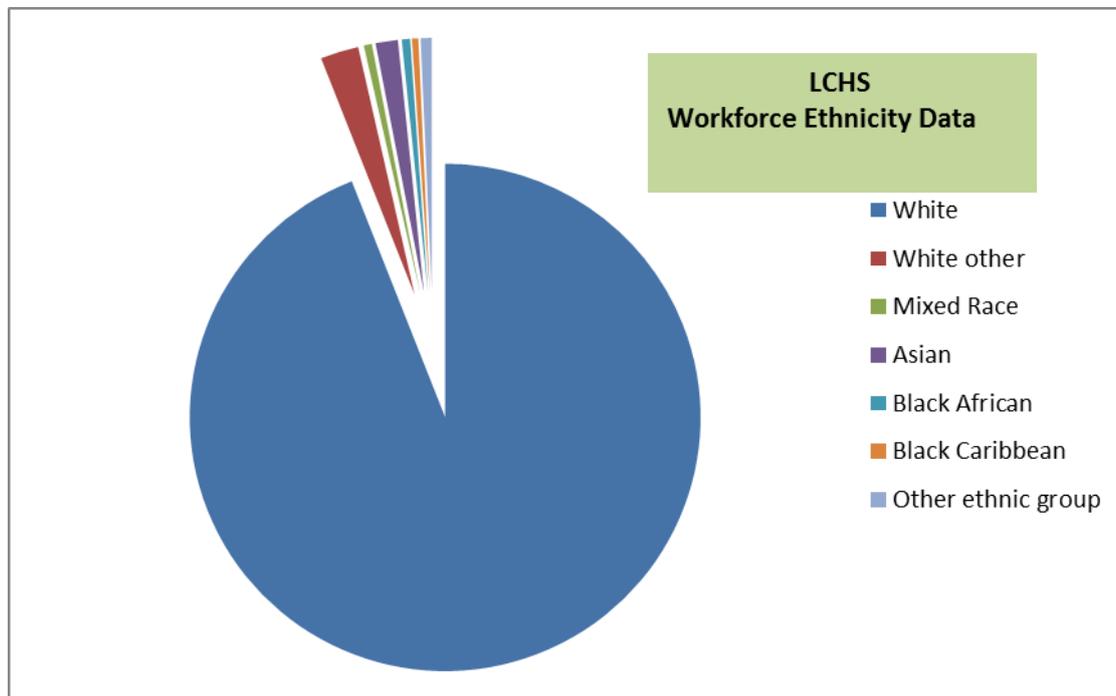
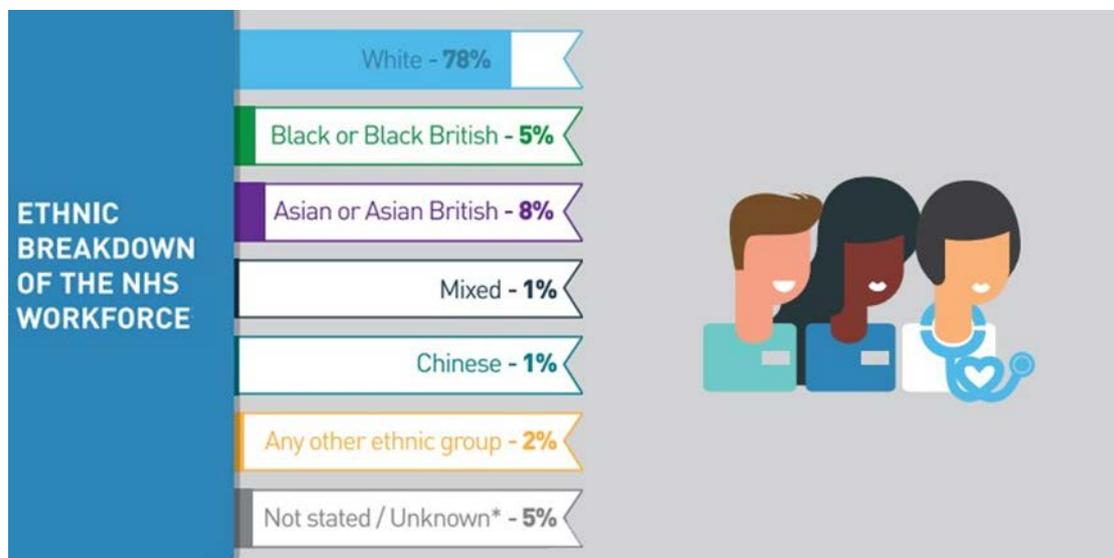


Chart showing all Workforce Ethnicity data including white 2014/15



Below is the NHS Employers Ethnic Breakdown of the whole of the NHS 14/15



Staff Survey (WRES Data 2014/15)

5. Workforce Race Equality Standard (WRES)

The scores presented below are the un-weighted question level score for question Q17b and un-weighted scores for Key Findings 25, 26, and 21, split between White and Black and Minority Ethnic (BME) staff, as required for the Workforce Race Equality Standard.

Note that for question 17b, the percentage featured is that of "Yes" responses to the question. Key Finding and question numbers have changed since 2014.

In order to preserve the anonymity of individual staff, a score is replaced with a dash if the staff group in question contributed fewer than 11 responses to that score.

			Your Trust in 2015	Average (median) for community trusts	Your Trust in 2014
KF25	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White	26%	26%	24%
		BME	7%	25%	43%
KF26	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White	23%	22%	21%
		BME	17%	24%	9%
KF21	Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	White	93%	91%	91%
		BME	73%	79%	-
Q17b	In the 12 last months have you personally experienced discrimination at work from manager/team leader or other colleagues?	White	5%	5%	5%
		BME	11%	12%	-

Priority 4: EDS2 Goal 4, Inclusive Leadership

Why this is a priority

Inclusive leadership is a priority to the organisation which needs effective leaders to support and manage staff in these times of strategic transformation and financial challenge. As an employer LCHS must make it a priority to ensure the leaders of today and tomorrow can build the trust, influence, collaboration and diversity needed for our staff to thrive and grow in a changing society

LCHS Progress:-

- a) Workforce Race Equality Standard (WRES) action plan developed.
- b) LCHS became members of the NHS Employers Equality & Diversity Partners 15/16
- c) Ongoing monitoring of the equality monitoring data from the recruitment and selection process
- d) Leadership and talent management were placed at the heart of our People Strategy 2015-2018, demonstrating a real commitment to the importance of great leadership in supporting better outcomes for our patients and creating an environment where LCHS could attract, spot, develop and deploy talent in a meaningful way.
- e) LCHS continues to deploy a 'blended' approach to its work on leadership. A flavour of activities in 2015 to-date have included:
- f) Bespoke development plan for Board and SLT for 2015/16.
- g) Utilisation of EMLA in 2015:
100% increase in the uptake of leadership activity since 2014
5th placed Trust across the EM of EMLA utilisation
Highest uptake for 'Emerging Leaders' programme across the EM
- h) Internal development offerings:
YPM, Your attendance matters, Self-awareness (MBTI), Coaching, 1:1 bespoke work with managers and/or teams, Staff Involvement in Transformation Programmes, 0-19 Staff Steering Group, Values Based Recruitment
- i) Leadership and Talent management now sit as standing agenda items on Workforce Strategy Group
- j) Recent senior recruitment – strong focus on Leadership competencies
- k) JDs re-written across Transformational Programmes to include more emphasis on Leadership/Management
- l) PPA being deployed more meaningfully in interviews – currently profiling Band 8 and Band 7 across all Transformation work creating consistency
- m) Plans to develop bespoke leadership/management interventions based on needs across all Transformation Programmes

- n) Offering development opportunities to leaders at all levels in Transformation and Service Improvement and Innovation

In terms of whether these interventions are having an impact. While the 2014 Staff Survey saw improvements in the effectiveness of Senior Management, early indications show that this is now cascading down through the 'immediate manager' cohort, with results showing improvements across many areas. Another measure of leadership effectiveness is often played out in staff engagement scores. Again, this looks like another area of improvement with one of the strongest indicators, 'look forward to going to work', improving by 4% from 2014; this despite an unprecedented level of change and financial challenge.

Talent Management

LCHS now deploys a blended approach to talent management; activities in 2015 have included:

- 12 apprentices joined LCHS in Sep 15; more recruitment planned for Jan 16 and beyond.
- LCHS is working with ULH on developing a system wide 'talent academy'
- Utilising members of the Clinical Senate to work across transformational programmes
- Transformation programmes (e.g. 0-19 Steering Group) actively sought talent to help develop the future model of care.
- Developing values based recruitment
- Using behavioural profiling to identify future leaders
- LCHS Project Managers working across 'system' issues
- Targeted selection for Transformation/Service Improvement development

In terms of are we starting to see results. From the National Staff Survey, we are 2% better than the average for Community Trusts for career progression. We have also seen internal staff secure key senior roles within LCHS and some of our staff are leading on Transformational work across the 'system' (e.g. CAS, Transitional Care et al).

Part 3 – Equality & Diversity Priority Objectives for Improvement 2016/17

This section states the Trust's Equality & Diversity Priority Objectives for 2016/17, linked into the Trust's Strategic Objectives.

Equality Objectives 2016/17
<p>Priority 1: Increase uptake of the Family & Friends Test Trust Objective 3: Strengthening our positive reputation</p>
<p>Priority 2: Improving access and experience for local communities through engagement Trust Objective 1: Provide high quality personalised care Trust Objective 3: Strengthening our positive reputation</p>
<p>Priority 3: Implementation of the Workforce Race Equality Standard (WRES) Trust Objective 3: Strengthening our positive reputation Trust Objective 4: Leading integration and innovation</p>
<p>Priority 4: Implementation of the Equality Delivery System (EDS2) Trust Objective 3: Strengthening our positive reputation Trust Objective 4: Leading integration and innovation</p>

Priority 1: Increase uptake of the Family & Friends Test (FFT)

Why is this a priority?

Maintaining and improving the quality of our services continues to be a key strategic priority for LCHS; we monitor this through the three domains of Clinical Effectiveness, Patient Safety and Patient Experience.

We note that this priority will be focused on all patients and carers who come through our services. We acknowledge the new provider the 'Picker Institute' has commenced which will support the delivery of this priority.

Board Sponsor – tbc

Implementation/Programme Lead – Quality Assurance Manager – Leading on Equality & Diversity and Patient Experience

How we will measure this?

A new FFT Provider has now commenced, the Picker Institute who will be providing us with a tool to collecting data for both patients and staff. The FFT results will be fed through on a monthly basis to the Quality Scrutiny Group – Quality & Risk – and to the Trust Board. Staff Experience will be monitored through Workforce & Transformation Governance Group quarterly.

Priority 2: Improving access and experience for local communities through engagement:-

Why is this priority?

Meaningful engagement is an important part of the work as an NHS organisation. It is not just an added extra, but it should make the job easier, fulfil legal duties (for individual and collective involvement) and empower and help improve the health of our local communities.

This priority will concentrate on:-

- a) Local ethnic communities
- b) Lesbian, Gay, Bisexual and Trans (LGBT)
- c) Disability

Board Sponsor – tbc

Implementation/Programme Lead – Quality Assurance Manager – Leading on Equality & Diversity and Patient Experience

How we will measure this?

We will measure this using a 2015 / 2016 FFT feedback and equality monitoring data and reports from the Link Worker which will be fed into the PPI Lead.

Priority 3: Workforce Race Equality Standard (WRES)

Why is this priority?

The WRES is a programme to identify and share best practice building on what Trusts are starting to do to improve recruitment, Board membership, and disciplinary action and bullying of BME staff. This is a priority for the organisations to build on last year's work.

The WRES requires **all NHS organisations** to demonstrate progress against a number of indicators of workforce equality, including a specific indicator to address the low levels of BME Board representation.

Board Sponsor – tbc

Implementation/Programme Lead – Quality Assurance Manager – Leading on Equality & Diversity and Patient Experience.

How we will measure this?

Implementation of the WRES is a requirement on both NHS commissioners and NHS provider organisations. From August 2016, the UNIFY 2 a system for sharing and reporting NHS and social care performance information will be used for the annual WRES return by NHS organisations. However, NHS providers and commissioning organisations should still publish their most recent WRES data

Priority 4: Implementation of the Equality Delivery System (EDS2)

Why this is a priority

Implementation of the EDS2 is included in the NHS standard contract and the Clinical Commissioning Group (CCG) Assurance framework. This is a priority again with the need to build on the good work already achieved.

Board Sponsor – tbc

Implementation/Programme Lead – Quality Assurance Manager – Leading on Equality & Diversity and Patient Experience.

How we will measure this?

This priority will be measured through the Action Plan quarterly at the Quality & Risk Committee Meeting and the Workforce and Transformation Board of Assurance Group.

Part 4 – Reasons to Celebrate

- The work that has been done and continuing from the Countywide Community TB Service has been working with the local migrant and the homeless community.
- The FFT has a new provider providing the FFT for both patients and Staff. The equality monitoring has been updated to include with ethnicity the top 5 within Lincolnshire – Polish, Latvian, Russian, Lithuanian and Chinese.
- We now employ a Link Worker from the Polish Community who will be engaging and educating the local migrant community
- Staff Networks relaunched in collaboration with LPFT.
- In February 2016 LCHS increased our ranking in the Workplace Equality index by 123 places. Our grading is now 196th out of 415 organisations across the private and public sector.
- LCHS became NHS Employers Equality & Diversity Partners in 2015/16. LCHS was fortunate to be accepted as there were 42 applications and only 25 places.
- 2014/15 LCHS's In BME workforce profile is 6.7% which is considerably higher than the population of Lincolnshire, in accordance to the 2011 census which is showed as 2.4%, but in line with the national figures with a higher white workforce than BME.
- Deployment of a successful 'blended' approach to its work on leadership and talent management – recognised through feedback from the Staff Survey.

Staff Survey WRES Questions:

- **KF25:- the percentage of staff experience harassment, bullying or abuse from patients, relatives of the public in the last 12 months in 2015** for BME Staff, there has been a decrease of 36% of staff stating a negative experience. In 2014, 43% of staff stated they had received a negative experience and it is now down to 7% in 2015 which is lower than average for community trusts.
- **KF21 Percentage of staff believing that the organisation provides equal opportunities to career progression or promotion,** For BME staff due in 2014 below 11 people completed the survey so no figure was given. However for 2015, 73% of LCHS's BME staff believe that organisation supports equal opportunities to career progression or promotion.

Key issues:-

- There is a significant difference between BME staff being appointed from shortlisting compared to white staff being appointed from shortlisting. (Data taken from NHS Jobs2).
- LCHS presently does not collect equality monitoring data for staff accessing non-mandatory training and staff entering the disciplinary process.
- Invigorating the engagement of the EDS Governance Group

Staff Survey WRES Questions

- **KF26 The percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months,** For BME Staff, there is an also an increase in 2015 with an 8% rise from 2014 in BME staff experiencing bullying, harassment from other staff. This is lower than the average for community trusts.
- **Staff Survey KF25 The percentage of staff experience harassment, bullying or abuse from patients, relatives of the public in the last 12 months** in 2015 for BME staff there has been an increase of 2% from 2014 of staff experiencing harassment, bullying or abuse from patients/relatives/public. This on a level with the average with other community trusts.
- **Q17b In the last 12 months have you personally experienced discrimination at work from manager/team leader or other colleague?** For BME staff there is no figure for 2014 due to the number being lower than 11. For 2015, 11% stated that they have had experienced discrimination at work from a manager/team leader or another colleague. This is 1% lower than the national average.

Recommendations:-

- Implement the Equality & Diversity Objectives for 2016/17.
- Continue the great work with Carers.
- Continue the great work with Leadership and Talent Management.
- Increase awareness of the 9 protected characteristics
- Review Staff Survey Results and put positive actions into the EDS2/WRES action plan.
- Review NHS Jobs equality data and complete a deep dive to understand what the data is showing.