

NLG(17)067

DATE OF MEETING	27 February 2018
REPORT FOR	Trust Board of Directors – Public
REPORT FROM	Jayne Adamson Director of People and Organisational Effectiveness
CONTACT OFFICER	Karl Portz Equality and Diversity Lead
SUBJECT	Equality and Diversity Strategy and Equality Objectives – Final Approval
BACKGROUND DOCUMENT (IF ANY)	N/A
PURPOSE OF THE PAPER:	For Decision
EXECUTIVE SUMMARY (PLEASE INCLUDE A BRIEF SUMMARY OF THE PAPER, KEY POINTS & ANY RISK ISSUES AND MITIGATING ACTIONS WHERE APPROPRIATE)	<p>As part of the Public Sector Equality General Duty (Equality Act 2010) all Public Sector organisation much:</p> <ul style="list-style-type: none"> • Eliminate discrimination, harassment and victimisation • Advance equality of opportunity amongst protected characteristics • Foster good relations between protected characteristics <p>An effective method to enable the achievement of this is to have an Equality and Diversity Strategy.</p> <p>In addition, as part of the Public Sector Equality Specific Duties Public Sector organisation must have a set of Equality Objective which last for 4 years.</p>

HAVE STAFF SIDE BEEN CONSULTED ON THE PROPOSALS?	YES
HAVE THE RELEVANT SERVICE USERS/CARERS BEEN CONSULTED ON THE PROPOSALS?	YES This strategy has been sent to the Workforce Sustainability and Transformation Committee, Quality and Safety Committee, Healthwatch, our lead commissioning CCGs and our Trust Governors for comments.
ARE THERE ANY FINANCIAL CONSEQUENCES ARISING FROM THE RECOMMENDATIONS?	NO
IF YES, HAVE THESE BEEN AGREED WITH THE RELEVANT BUDGET HOLDER AND DIRECTOR OF FINANCE, AND HAVE ANY FUNDING ISSUES BEEN RESOLVED?	NOT APPLICABLE
ARE THERE ANY LEGAL IMPLICATIONS ARISING FROM THIS PAPER THAT THE BOARD NEED TO BE MADE AWARE OF?	YES As the Trust must comply with the Public Sector Equality Duty.
WHERE RELEVANT, HAS PROPER CONSIDERATION BEEN GIVEN TO THE NHS CONSTITUTION IN ANY DECISIONS OR ACTIONS PROPOSED?	YES
WHERE RELEVANT, HAS PROPER CONSIDERATION BEEN GIVEN TO SUSTAINABILITY IMPLICATIONS (QUALITY & FINANCIAL) & CLIMATE CHANGE?	YES
THE PROPOSALS OR ARRANGEMNTS OUTLINED IN THIS PAPER SUPPORT THE ACHIEVEMENT OF THE TRUST OBJECTIVE(S)	YES
THE PROPOSAL OR ARRANGEMENTS OUTLINED IN THIS PAPER ENSURE COMPLIANCE WITH THE REGULATORY OR GOVERNANCE REQUIREMENTS LISTED	NOT APPLICABLE
THE PROPOSALS OR ARRAGEMENTS OUTLINED IN THIS PAPER TAKE ACCOUNT OF REQUIREMENTS IN RESPECT OF EQUALITY & DIVERSITY	YES An Equality Impact Assessment has been completed, actions for improvement have been recognised and these will be delivered through the strategy and our equality objectives.
ACTION REQUIRED BY THE BOARD	The Board is asked to approve the Equality and Diversity Strategy and Equality Objectives 2018 - 2022

Directorate of People and Organisational Effectiveness

EQUALITY AND DIVERSITY STRATEGY 2018-2022

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Executive Summary

Northern Lincolnshire and Goole NHS Foundation Trust is committed to promoting a pro-active and inclusive approach to equality which supports and encourages an inclusive culture which values diversity.

The Trust is committed to building a workforce which is valued and whose diversity reflects the community it serves, allowing the Trust to deliver the best possible healthcare service to the community. In doing so, the Trust will enable all staff to achieve their full potential in an environment characterised by dignity and mutual respect.

The Trust aims to design and provide services, implement policies and make decisions that meet the diverse needs of our patients and their carer's, the general population we serve and our workforce, ensuring that none are placed at a disadvantage.

We therefore strive to ensure that in both employment and service provision no individual is discriminated against or treated less favourably by reason of age, disability, gender, pregnancy or maternity, marital status or civil partnership, race, religion or belief, sexual orientation or transgender (Equality Act 2010).



Peter Reading

Dr Peter Reading
Chief Executive, Northern Lincolnshire and Goole NHS Foundation Trust



Anne Shaw

Anne Shaw
Chair, Northern Lincolnshire and Goole NHS Foundation Trust

1.0 Northern Lincolnshire and Goole NHS Foundation Trust – About Us

1.1 Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) serves a population in excess of 400,000 people across a catchment area covering North Lincolnshire, North East Lincolnshire, East Riding of Yorkshire and Lincolnshire.

1.2 The Trust runs three hospitals:

- ✚ Diana Princess of Wales in Grimsby
- ✚ Scunthorpe General Hospital
- ✚ Goole and District Hospital
- ✚ And provides a range of services in the communities of North East Lincolnshire, North Lincolnshire, East Riding of Yorkshire and Lincolnshire.

1.3 The Trust was established as a combined hospital and community Trust on 1st April 2001, and achieved Foundation Status on 1st May 2007. It was formed by the merger of North East Lincolnshire NHS Trust and Scunthorpe and Goole Hospitals NHS Trust and operates all NHS hospitals in Scunthorpe, Grimsby and Goole. In April 2011 it became a combined hospital and community services Trust for North Lincolnshire. As a result of this the name of the Trust, while illustrating the geographical spread of the organisation, was changed during 2013 to reflect that the Trust does not just operate hospitals in the region.



**Diana, Princess of
Wales Hospital**

**Scunthorpe General
Hospital**

**Goole and District
Hospital**

1.4 The Trust employs over 6,000 staff across all our sites, including nursing and midwifery staff, medical and dental staff, allied health professions, technicians and scientists, administration and facilities staff, and are always looking for a diverse range of skilled and caring people to join our organisation.

1.5 Our staff are supported by a thriving team of volunteers of over 500 people, including the League of Friends, hospital radio, and people who help on the wards and in clinics, to those who provide our 'meet and greet' service.

- 1.6 As an NHS Foundation Trust, we also benefit from a membership of more than 13,000 staff, patients and members of our community, who are able to help guide our future plans and priorities through a range of channels including our Council of Governors.
- 1.7 The communities that the Trust serves are very diverse population with a wide range of healthcare needs. See below for more details relating to the populations of North East Lincolnshire, North Lincolnshire, East Riding of Yorkshire and Lincolnshire:

<http://fingertipsreports.phe.org.uk/health-profiles/2017/e06000012.pdf>
<http://fingertipsreports.phe.org.uk/health-profiles/2017/e06000013.pdf>
<http://fingertipsreports.phe.org.uk/health-profiles/2017/e06000011.pdf>
<http://fingertipsreports.phe.org.uk/health-profiles/2017/e10000019.pdf>

2.0 The Trust Vision and Values

2.1 Our Vision



2.2 Our Values

Complementing our Vision are our Values statements we feel summarise who we are and what we stand for:



- ✚ We care about quality and patient safety, we care about positive experiences for patients, carers and staff and we care about doing the right thing, each time, every time.
- ✚ We respect the dignity and individuality of each person in our care, we respect the professionalism, diversity and skills of each person in our team and we respect the dedication and commitment of those delivering healthcare.
- ✚ We strive to deliver first-class services through listening, learning, and empowering, we aim to deliver forward thinking healthcare services that set us apart from the rest and we will deliver safe, compassionate services to exceed our patients' expectations.

2.3 Our Approach to Equality and Human Rights

The Trust is committed to ensuring that it carries out all its functions within the framework of the Human Rights Act 1998. The Act sets out the basic rights

and freedoms of everyone in the UK regardless of citizenship or immigration status. Anyone who is in the UK for any reason is protected by the Act.

The Human Rights Act 1998 (HRA) came into force in 2000. Everyone in the UK is protected under the Act. As a public body we must at all times act in a manner compatible with the rights protected in this Act and safeguard these for patients and staff in our care and employment.

The FREDA principles represent:

- ✚ Fair
- ✚ Respect
- ✚ Equality
- ✚ Dignity
- ✚ Autonomy

Consideration of Human Rights is also given in our Equality Impact Assessment process, to ensure that our policies, procedures and functions are compatible with the rights afforded by this Act.

2.4 NHS Constitution / Health and Social Care Act 2012

The Act builds on the core principles and values of the NHS – a comprehensive service that is available to all, based on need and free at the point of use.

3.0 Scope

3.1 The strategy is designed to address equality and diversity between people from all backgrounds. This should be an integral part of our recruitment processes, service redesign and tendering processes. This will include any organisations contracted by the Trust who must be able to demonstrate their commitment and practice to the equality agenda. Their values should not be in direct conflict with this strategy or our vision and values.

4.0 Definitions

4.1 Equality – is not about treating everyone the same; it is about ensuring that access to services and opportunities are available to all by taking into account people's differing needs and capabilities, and making appropriate adjustments to ensure equal opportunities for everyone.

4.2 Diversity – is the mosaic of people who bring a variety of backgrounds, styles, perspectives, values and beliefs as assets to the groups and organisations with whom they work and interact it's about recognising and valuing differences through inclusion and service provision, regardless of age, disability, sex, race, religious belief, sexual orientation, gender reassignment pregnancy/maternity or marriage/civil partnership.

4.3 Inclusion - is the complete acceptance and integration of all, regardless of their diversity or background this proactively leads to a sense of belonging, engagement, progression and full participation within the organisation.

5.0 Legal Responsibilities / Equality Act 2010

5.1 The Equality Act 2010 was introduced as an umbrella piece of legislation bringing together all previously separate equality legislation into a single Act.

5.2 The Equality Act 2010 provides protection for nine protected characteristics which are: age, sex, race, sexual orientation, religion & belief, disability, pregnancy and maternity, gender reassignment and marriage and civil partnership (Appendix 2).

5.3 The Act provides protection in relation to access to goods and services as well as employment. As a public sector organisation we also have both general and specific public sector duties. The general Public Sector Equality Duty, which forms part of the Equality Act 2010, requires us as an NHS public sector organisation, to have due regard to the need to:

- ✚ Eliminate discrimination, harassment and victimisation (Appendix 1).
- ✚ Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
- ✚ Forster good relations between persons who share a relevant protected characteristic and persons who do not share it.

5.4 The specific duties mean that the Trust must:

- ✚ Set meaningful and relevant equality objectives with a focus on “outcomes” as opposed to process. These should translate into core business planning process along with all other business objectives with regular performance monitoring
- ✚ Report on progress in achieving equality objectives
- ✚ Report on equality data in the workforce
- ✚ Demonstrate the impact on equality of policies and services using an equality impact assessment model which will include where necessary involvement and consultation with effected groups
- ✚ Take account of ‘Buying better outcomes: mainstreaming equality considerations in procurement’ www.equalityhumanrights

5.5 In order to demonstrate ‘due regard’ for the General Duties of the Equality Act 2010, the trust will complete an Equality Impact Assessment on all policies, projects, functions and services to understand the impact they may have on different equality groups.

6.0 Contractual Responsibilities

6.1 Workforce Race Equality Standard (WRES)

From the 1st April 2015, the WRES has been introduced by the NHS Equality and Diversity Council (EDC) for all NHS Trusts and Clinical Commissioning Groups. This was in response to 'The Snowy White Peaks' a report by Roger Kline which provided compelling evidence that barriers to progression, including poor data, are deeply rooted within the culture of the NHS.

6.2 The WRES is a mandatory requirement embedded within the NHS Contract to ensure effective collection, analysis and use of workforce data to address the under-representation of Black and Minority Ethnic (BME) staff across the NHS.

6.3 The WRES requires the Trust to demonstrate progress against 9 standard indicators specifically focused at race equality.

6.4 The 9 indicators cover:

- ✚ 4 workforce metrics – data provided showing comparison of the experience of Black and Ethnic Minority (BME) employees and white candidates.
- ✚ 4 NHS Staff Survey findings – Key Findings 18, 19, 23a and 27 all specifically focus on the experience of employees from an Equality and Diversity perspective.
- ✚ A Board that is broadly representative of the population they serve.

6.5 NHS Equality Delivery System 2 (EDS2)

The refreshed EDS2 system has arisen out of NHS England's commitment to an inclusive NHS that is fair and accessible to all.

6.6 EDS2 is a national equality toolkit designed for the NHS. The framework provides an overarching approach to enable the monitoring of equality and fairness across service delivery, workforce and leadership issues.

6.7 From April 2015 NHS providers will be expected to use EDS2 to help them improve their equality performance for patients, communities and staff, as well as helping them to meet the Public Sector Equality Duty.

6.8 The EDS2 has four goals which are:

1. Better health outcomes
2. Improved patient access and experience
3. A representative and supportive workforce
4. Inclusive leadership

6.9 The framework identifies desired outcomes for each of the above four goals; organisations are asked to self-assess and collect evidence against each of the outcomes to assess performance. Once the evidence is collected, this is then graded to rate performance against EDS2 requirements. Grading on EDS2 is categorised and colour coded as follows:

Grade	Colour Code
Excelling (E)	Purple

Achieving (A)	Green
Developing (D)	Developing
Underdeveloped (U)	Underdeveloped

- 6.10** EDS2 cannot be implemented without the involvement and engagement of key stakeholders. Our stakeholders are required to be representative of the views of people who share protected characteristics under the Equality Act 2010. These cover: age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, sexual orientation and religion or belief.
- 6.11 Accessible Information Standard**
From 1st August 2016 onwards, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard.
- 6.12** The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand and with support so they can communicate effectively with health and social care services
- 6.13** In implementing the Standard, applicable organisations are required to complete five distinct stages or steps leading to the achievement of five clear outcomes:
- ✚ Identification of needs
 - ✚ Recording of needs:
 - ✚ Flagging of needs:
 - ✚ Sharing of needs:
 - ✚ Meeting of needs
- 6.14** Additional standards will be developed and introduced during the course of this strategy which supports equality groups, such as the Workforce Disability Standard which will be introduced in April 2018.
- 7.0 Engagement (Workforce)**
- 7.1** A staff equality and diversity survey was conducted to help identify key areas where improvements are necessary. Over 100 responses were received using both electronic and paper based systems.
- 7.2** The survey covered inclusive values and culture, equality and diversity education, how to raise concerns and potential discrimination related to different protected characteristic including age, disability, gender, race, religion, sexual orientation and people who have caring responsibilities.
- 7.3** The data has been analysed and some key themes were identified. Some of the themes were positive and some identified challenges. In addition clearly further research and exploration is required. The findings show:

✚ Positive

- The majority of respondents feel there is an appetite to create a culture of valuing equality, diversity and Human Rights at NLaG.
- Most people would feel confident to disclose their equality monitoring information if asked to do so.

✚ Challenges

- Some concerns were raised generally that the needs of staff from diverse groups are not accommodated. Areas such as age, disability, gender and sexual orientation.
- Although equality and diversity training is mandatory a high number of respondents felt they haven't received an adequate level of training in this area.
- A high number of staff stated they are unaware how to raise equality and diversity complaints or concerns.

- ✚ Further research and exploration is required in relation to age, disability, gender, race, religion, sexual orientation and people with caring responsibilities. Early information suggests we are similar to the national trend which identifies that most minority groups have a poorer experience than that of the majority groups.

7.4 These findings have been used to inform the NLaG Equality Objectives for 2018 – 2022 (Section 9.0).

8.0 Community Engagement

8.1 It is recognised that a much wider engagement exercise is required to improve NLaG's understanding of the diverse communities that it serves. The Equality Delivery System 2 will be one of the main vehicles used to support this process and will look at quality of service, patient access and experience.

8.2 Internally NLaG will explore a variety of ways to improve our understanding of communities. Such as working more closely with our:

- ✚ PALS, complaints and patient experience teams,
- ✚ Quality Matrons and operational management teams,
- ✚ Foundation Trust Membership,
- ✚ Staff Networks,
- ✚ and Trade Unions.

8.3 Externally NLaG will work with our partner organisations to gain an improved understanding of our community needs and look to create a whole systems approach to addressing health inequalities in the areas we provide services too.

9.0 Equality Objectives (2018 – 2022)

9.1 Implement the NHS Equality Delivery System 2 (EDS) within NLaG.

A national tool designed for the NHS and supported by the NHS Chief Executive, Simon Stevens and the NHS Equality Council. This system provides an overarching approach to enable the monitoring of equality and fairness across service delivery, workforce and leadership issues for all equality groups (protected characteristics).

9.2 Collect, analyse, assess, record and act on patient data that recognises all relevant protected characteristics under the Equality Act 2010.

By ensuring that NLaG with an accurate patient baseline, we will be able to better inform the development, design and delivery of future service provision. In addition, this will enable NLaG to develop an alert and flagging system to ensure we support patients with specific requirements more effectively.

9.3 Ensure that all staff have the skills and knowledge to treat patients, carers and colleagues with dignity and respect.

To develop and deliver a blended approach to learning covering equality, diversity, dignity and respect, for all staff across NLaG. To support this, ensure that all policies, procedures, functions and services have a robust equality impact assessment completed.

9.4 Report and deliver against the Workforce Race Equality Standard and its Action Plan for improvement.

Ensure that we develop and enhance our approach to recruitment, selection and promotion to positively attract, retain and support the progression of diverse individuals within the workforce. This will be underpinned by the effective analysis of workforce data to recognise all relevant protected characteristics defined within the Act and to compare and assess this relative to regional and sub-regional population and census data.

9.5 Report and deliver against the Workforce Disability Equality Standard and its Action Plan for improvement.

Ensure that we develop and enhance our approach to recruitment, selection and promotion to positively attract, retain and support the progression of diverse individuals within the workforce. This will be underpinned by the effective analysis of workforce data to recognise all relevant protected characteristics defined within the Act and to compare and assess this relative to regional and sub-regional population and census data.

9.6 Develop and Grow Staff Equality Support Networks.

To facilitate the establishment and self-management of staff support networks for minority groups within workforce of the Trust and to provide opportunities for people who consider they are part of one of these groups to share, learn and contribute to improving the Trust. This will particularly seek the perspectives from currently underrepresented groups within the workforce of the Trust, including but not confined to: staff that consider they have a disability or long term condition, black & minority ethnic staff (BME) and lesbian, gay, bisexual and transgender staff (LGBT).

10. Monitoring

- 10.1 An Equality and Diversity action plan will be developed to support the delivery of these Equality Objectives. Progress against this plan will be monitored by the Trust's Equality and Diversity Lead and reported annually to the Workforce Sustainability and Transformation Committee, the Quality and Safety Committee and to our commissioners.
- 10.2 The Workforce Race Equality Standard, the Equality Delivery System 2 and additional standards as they are introduced during the course of this strategy will be reported as required to meet our contractual and legal responsibilities.

11. References

- ✚ Equality Act 2010 www.gov.uk/guidance/equality-act-2010-guidance
- ✚ Equality and Human Rights Commission
<https://www.equalityhumanrights.com/en/publication-download/buying-better-outcomes-mainstreaming-equality-considerations-procurement-guide>
- ✚ Human Rights in Healthcare Care Quality Commission
www.cqc.org.uk/sites/default/files/20150416_our_human_rights_approach.pdf
- ✚ NHS Equalities Office www.england.nhs.uk/about/equality/
- ✚ Public Health England www.gov.uk/government/organisations/public-health-england

Appendix 1 - Definitions of Discrimination (Equality Act)

1. **Direct Discrimination** – occurs when a person is treated less favourably than another on the grounds of a protected characteristic. **Example** – an employer does not interview a job applicant because of the applicant's ethnic background.

2. **Indirect Discrimination** – occurs when a rule, policy or way of doing things has a worse impact on someone with a protected characteristic than someone without one, when this cannot be objectively justified. **Example** – requiring all patients to call up to book an appointment. This could have a negative impact on patients with hearing or speech impairments if they are not given an alternative method of booking an appointment.

3. **Direct discrimination by association** – means treating someone less favourably than another person because they are associated with a person who has a protected characteristic. **Example** – an employer offers flexible working to all staff. Requests are supposed to be considered based on business need. A manager allows a man's request to work flexibly to train for a qualification but does not allow another man's request to work flexibly to care for his disabled child. If the manager's decision is because the child is disabled, this is likely to be direct disability discrimination because of the man's association with his child.

4. **Direct discrimination by perception** – means treating one person less favourably than someone else, because you incorrectly think they have a protected characteristic. **Example** – a bed and breakfast hotel owner falsely tells a man that there are no rooms available because the owner believes the man is gay. Even if the man is not gay, the owner is discriminating on grounds of perception.

5. **Victimisation** – means treating someone unfavourably because they have taken some form of action relating to the Equality Act, e.g. made a complaint, raised a grievance or supported somebody who is doing so. **Example** – a non-disabled worker gives evidence on behalf of a disabled colleague at an Employment Tribunal hearing where disability discrimination is claimed. If the non-disabled worker were subsequently refused a promotion because of that action, they would have suffered victimisation in contravention of the Act.

6. **Harassment** – unwanted behaviour related to a protected characteristic which has the purpose or effect of violating someone's dignity or which creates a hostile, degrading, humiliating or offensive environment. **Example** – a builder addresses abusive and hostile remarks to a customer because of her race after their business relationship has ended. This would be harassment.

7. **Discrimination arising from disability** – means treating a person with a disability unfavourably because of something connected with their disability when this cannot be objectively justified. **Example** – an employer dismisses a worker because she has had three months' sick leave. The employer is aware that the worker has multiple sclerosis and most of her sick leave is disability-related. The employer's decision to dismiss is not because of the worker's disability itself. However, the worker has been treated unfavourably because of something arising in consequence of her disability (namely, the need to take a period of disability-related sick leave).

Appendix 2 - Definitions of Protected Characteristics (Equality Act)

1. **Age** – Where this is referred to, it refers to a person belonging to a particular age (e.g. 32 year olds) or range of ages (e.g. 18 - 30 year olds).
2. **Sex** – A man or a woman.
3. **Disability** – A person has a disability if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.
4. **Gender Reassignment** – The process of transitioning from one gender to another. A person has the protected characteristic of gender reassignment if the person is proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attributes of sex. 'Non-binary gender people' are those who identify outside of the gender binary of male or female and may include terms such as; genderqueer, bi-gender, pangender, genderless, agender, neutrois, third gender and gender fluid people.
5. **Marriage and Civil Partnership** – In England and Wales marriage is no longer restricted to a union between a man and a woman but now includes a marriage between a same-sex couple. [1] This will also be true in Scotland when the relevant legislation is brought into force. [2] Civil partners must not be treated less favourably than married couples (except where permitted by the Equality Act).
6. **Pregnancy and Maternity** – Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.
7. **Race** – It refers to a group of people defined by their race, colour, nationality, ethnic or national origins.
8. **Religion and Belief** – Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.
9. **Sexual Orientation** – Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.

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