



NHS

**Lancashire Teaching
Hospitals**
NHS Foundation Trust



Equality and Inclusion Strategy

2019–2023

**Excellent
care** with
compassion

   @LancsHospitals



Welcome to Lancashire Teaching Hospitals

We want to build an inclusive organisation, where diversity is celebrated, and how we work, design and deliver services recognises individuality and promotes equality.

A diverse and vibrant workplace will attract the best staff to work here, and enable them to flourish and be the best they can be. Hospital services that are truly inclusive will improve experience for our patients and their families, and ultimately result in better health outcomes.

So from board to ward we are committed to improving inclusion and equality, so our strategy sets out our approach and a comprehensive range of actions that will drive improvement for patients, families and our staff.

Our commitment is genuine so our strategy goes beyond meeting the regulatory requirements – we are evolving our culture so that recognising and responding to individuality informs how we work and what we do, every minute of every day.

Our values

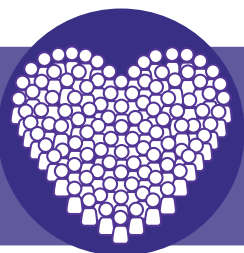
Our values define the culture we create. A culture is created by the behaviours, standards and norms we expect and we exhibit. The culture will be played out through the way we interact with others, through our experience and the stories we tell when describing our team or work. It is every staff member's responsibility to live the values and be guardians for

ensuring a positive and inclusive culture.

Our values were created by consulting with over 1,000 staff and patients who have described the behaviours that reflect those values. Our Living the Values series indicate what the values do and do not look like to provide a framework for staff and patients so

we are all clear on what to expect.

Our patients told us they wanted to see the values described differently for them so they could recognise what behaviours they expect to see when our teams are living the values. Our team values toolkits supports teams to undertake development in focusing on values driven behaviours.



Being Caring and Compassionate

Being caring and compassionate is at the heart of everything we do, we will understand what each person needs and strive to make a positive difference in whatever way we can.



Recognising Individuality

We appreciate differences, making staff and patients feel respected and valued.



Seeking to Involve

We will actively get involved and encourage others to contribute and share their ideas, information, knowledge and skills in order to provide a joined up service.



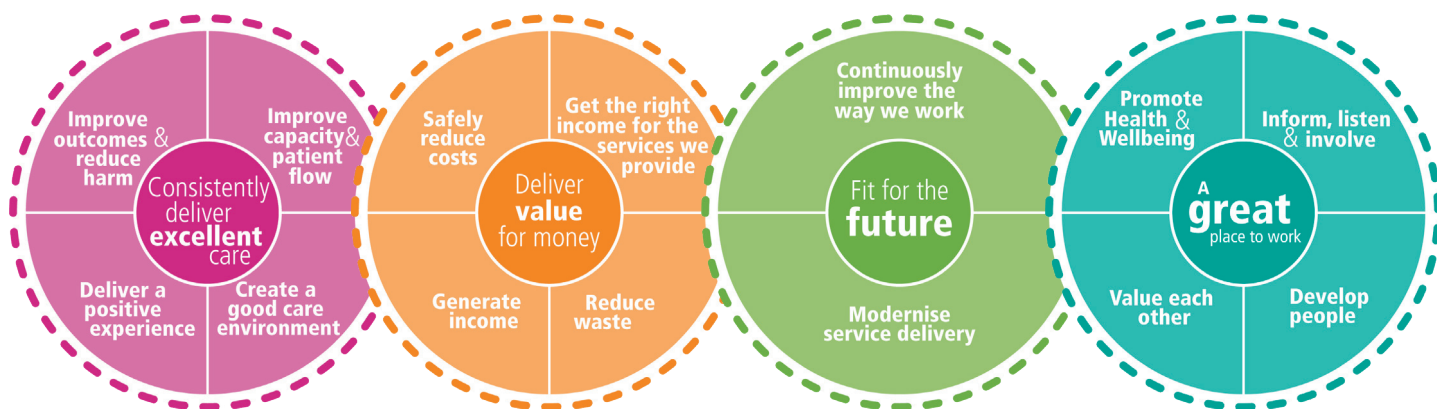
Building Team Spirit

We will work together as one team with shared goals doing what it takes to provide the best possible service.



Taking Personal Responsibility

We are each accountable for achieving improvements to obtain the highest standards of care in the most professional way, resulting in a service we can all be proud of.



Our local population

We provide a full range of general hospital services to 390,000 people in Preston, Chorley and South Ribble, and aim to deliver excellent care with compassion that meets the individual needs of every patient. According to the data from the Office for National Statistics, the population within our local demographic is:

due to expand over the next 15 years

likely to see a reduction in the number of residents under 64

likely to see an increase in the number of residents over 65

likely to see a rise by 229% in those over 90 by 2037

In terms of deprivation, Preston and Chorley both have a number of Lower Layer Super Output Areas (LSOA) (geographical areas defined by postcode) in the 10% most deprived. This leads to a number of health inequalities across the locality.

For the Lancashire 14-authority area, there is a higher percentage of people from a white ethnic background (90.9%) than is the average for England (87.5%) and the majority of these are "White British". Aside from these, the most significant ethnic group is "Asian or Asian British" who comprise 6.5% of the resident population, a proportion marginally above the national average. All other broad ethnic groups have a lesser representation in Lancashire than nationally.

Our wider population

We are the specialist services provider for Lancashire and South Cumbria, and we provide a range of specialist services including major trauma, vascular surgery, neurosurgery and neurology, oncology, plastics, renal and specialist mobility services to 1.5 million patients across the area.

Lancashire projections for population growth are an increase of 5% to a total of 1.539million.

Whilst Cumbria's population projections show that by 2035 the population will have grown by 5.7% to 526,000.

In Lancashire, 38% of the population are aged 50 or over (43% in Cumbria). This is a higher proportion than in England as a whole (35%). According to population projections from the Office for National Statistics (ONS), the population aged 50 and over in Lancashire will increase by 23% between 2012 and 2037. The population aged 75 and over will increase by 84% and there will be a 229% increase in those aged 90 or over.

At the time of the 2011 Census, the largest ethnic group in Lancashire was white (92%) with the remaining 8% being from black, asian and minority ethnic (BAME) groups. This compares to 14% in England and Wales.

The largest BME group in Lancashire is Asian/Asian British (6.1%), whilst the BAME group that saw the largest increase in Lancashire between 2001 and 2011 was the mixed/multiple ethnic group (71%). There was also a 69% increase in the Chinese ethnic group, a 55% increase in Black/Black British and a 43% increase in the Asian/Asian British group.

Our staff

As at September 2018, we employ over 7,900 staff across our sites who are committed to working together to deliver excellent care with compassion.

We have a diverse workforce, with 20% of our staff from backgrounds other than White British. This is an over representation of the ethnicity of the local population.

The age profile of our staff is well spread, with the majority of staff aged between 45 and 54 years.

We have a range of flexible working initiatives accessed by many of our staff, with 39% of the workforce working less than a full-time contract.



Sections

1. Introduction

2. Vision

3. Our legal duties

4. Our drivers

5. Our equality aims

6. Our equality objectives

7. Accountability and consultation

8. Monitoring and reviewing the strategy

9. Publishing information



1. Introduction

We recognise that some organisations are doing more than we are to promote equality, diversity and inclusion and our Workforce Race Equality Standard (WRES) data and our staff and patient survey results identify there are areas where we need to improve our performance. This strategy, therefore, sets out our commitment to equality and inclusion which supports our ambitions to 'consistently deliver excellent care' and to be 'a great place to work'.

Equality and inclusion matter to us because we know that every single person has the right to be treated with respect and dignity whether as a member of staff or a patient.

Equality, diversity and inclusion are at the heart of our Workforce and OD Strategy because we know that by creating a healthy, supportive and fair work environment it will enable us to harness the skills, talents and contributions of each individual, enabling them to perform at their peak, achieve their personal ambitions and enable us to provide excellent care with compassion.

The evidence shows that embracing diversity and inclusion is key to:

Our reputation - a good reputation attracts talent from all communities and gives assurance we value individuality

The ability to recruit and retain the best people for the job

Our productivity and performance - individuals perform better in organisations that value diversity and inclusion which means better care for our patients

'Equally outstanding: Equality and human rights-good practice resource' Care Quality Commission (CQC) 2017, recognises the strong link between providing high quality care and equality for staff. To achieve this we need to invest in creating fairness and building an inclusive culture that recognises and celebrates diversity. If staff are unable to give their best because they are unfairly treated, this will ultimately have a negative impact on the organisation and more importantly on the quality of care provided to patients (NHS England Improving through inclusion: Supporting staff networks for black and minority ethnic staff in the NHS. 2017).

This strategy supports our commitment to be a truly inclusive employer and service provider by creating a culture that supports our vision and values by celebrating inclusion and diversity and recognising and harnessing the value of our diverse staff and patient population.



2. Vision

We are a values-based organisation aspiring to excellence. We aim to promote equality and inclusion for both our staff and our patients, tackling all forms of discrimination and removing inequality in the provision of both health services and employment.

To do this, we will:

Challenge discrimination in both the provision of services and employment

Promote equality and inclusion for both patients and staff

Create an environment which recognises the contribution of all our staff and which is fair and supportive

Learn from what we do – both when we do well and when we can improve

To realise this vision, we are committed to consulting, engaging and involving those who wish to be involved in the development and delivery of our services.

Use 'people first' language, that does not define people firstly by their characteristic, is more inclusive.

3. Our legal duties

Discrimination in employment and service delivery is against the law. As an NHS foundation trust, we are bound by the public sector equality duty to eliminate discrimination and advance equality of opportunity.

The Equality Act 2010 imposes general and specific duties on all public bodies. The Duty replaced the three former public sector equality duties for disability, race and gender. It outlaws discrimination based on access to goods and services as well as employment on the basis of nine protected characteristics.

The general equality duty

When exercising its functions (for example, developing and implementing policies and services), we must give 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 characteristic and those who do not.

Foster good relations between people who share a protected characteristic and those who do not.

The Act explains that having due regard means that we must take account of these three aims as part of all our decision making processes both as a provider of healthcare and an employer. The Act requires us to:

Remove or minimise disadvantages suffered by people due to their protected characteristic;

Take steps to meet the needs of people from protected groups where these are different from the needs of other people.

Encourage people from protected groups to participate in public life or in other activities where participation is disproportionately low.

Complying with the general duty may involve treating some people more favourably than others as far as this is allowed in discrimination law. It also explicitly recognises that disabled people's needs are different from those of non-disabled people and this may mean making reasonable adjustments for them or treating them differently.

The specific public sector duty

As well as complying with the general duty, we must also comply with the following specific duties:

The Equality Act 2010 (Specific Duties) Regulations 2011 require relevant bodies, including NHS organisations, to:

Publish information to demonstrate compliance with the public sector equality duty at least annually.

Prepare and publish equality objectives at least every four years. All such objectives must be specific and measurable.

Analyse the effect of our policies and practices on equality

The information must be published in a manner that is accessible to the public, either in a separate document or within another published document.

Other Standards

In addition to meeting our legal duties, we are required to meet the standards set out by the Care Quality Commission (CQC). There are a range of standards determined by the CQC that are linked both directly and indirectly to equality, diversity and human rights. The delivery of our equality strategy will support us in ensuring that we continually meet these standards.

We have been using the NHS Equality Delivery System (EDS2) to support us to embed equality into all policies and practices whilst driving up performance and going beyond the legislation. The EDS provides a robust framework against which we can assess and grade performance against a range of nationally determined indicators grouped under four goals:

Better health outcomes for all

Improved patient access and experience

A representative and supported workforce

Inclusive leadership at all levels

The protected characteristics

There are nine protected characteristics in the legislation:

Disability – if a person is disabled they have a physical or mental impairment which has a substantial and long term adverse effect on their ability to carry out normal day to day activities.

Employers and service providers are expected to make reasonable adjustments for disabled people for things that put them at a substantial disadvantage because of their impairment. From an employment perspective this may mean making a specific adjustment based on an individual's needs but as a service provider, we need to plan ahead to consider what reasonable adjustments may be required for ensuring people with a range of impairments have access to our services.

Sex – the Equality Act protects both men and women. Sex equality means to be treated the same as others in society regardless of being a man or a woman. This includes such things as access to job opportunities, equal pay, access to services, career development.

Employers need to ensure that all employment policies and practices apply equally to all. As a healthcare provider it is also important to recognise that men and women have different healthcare needs.

Age – the equality act protects people of all ages.

Age equality is concerned with responding to differences between people that are linked to age and with avoiding preventable inequalities between people of different age groups. Different treatment because of age is not unlawful if it can be justified as a way of meeting a legitimate aim.

Race – under the equality act race includes colour, nationality and ethnic or national origins.

As a healthcare provider it is important to recognise that there is a lower uptake of some health services by people from black and minority ethnic communities and a higher incidence of some health conditions. This may not be linked to availability of services but rather to how accessible services are perceived to be to these communities.

Religion or belief – Religion includes any religion – including a lack of religion. A religion must have a clear structure and belief system.

Employees are protected if they do not follow a certain religion or have no religion at all. As a service provider it is important to recognise that religious and cultural views can influence attitudes to a range of health issues, including views on medicine, abortion, dying and pain relief.

Sexual orientation – LGBTQ+ are all protected under the Act.

Gender reassignment – protection is provided for someone who proposes to, starts or has completed a process to change his or her gender, ie, transsexual people.

Pregnancy and maternity – a woman is protected against discrimination on the grounds of pregnancy and maternity during the period of her pregnancy and any statutory maternity leave to which she is entitled. When considered in a working context, protection against discrimination is for 26 weeks after giving birth and includes treating a woman unfavourably because she is breastfeeding.

Marriage and civil partnership – protection is provided for employees who are married or in a civil partnership against discrimination. This is not about creating equality between marriage and civil partnership, but to ensure that someone is protected from discrimination at work (or in training for work) because they are married or in a civil partnership.



4. Our drivers

From 2014, eliminating discrimination in employment on the grounds of ethnicity has been a key priority for the NHS. The 2016 national Workplace Race Equality Standard report says 'we simply cannot afford the costs to staff and patient care that come from unfairness and discrimination'. The Workforce Disability Equality Standard (WDES) is a set of specific measures that will enable NHS organisations to compare the experiences of disabled and non-disabled staff and will be published in 2018.

Both the WRES and the WDES are vital tools which allow us to understand the experiences of our staff and enable us to develop local action plans to demonstrate progress against the indicators of inequality.

Our staff survey results also show disparities between the experiences of staff from black, asian and minority ethnic (BAME) backgrounds, in comparison to those of white staff. Our results from the 2017 staff survey data indicate we need to do more with regards to raising the profile of equality, diversity and inclusion. It was found that staff from minority groups have lower levels of engagement. It was also found that higher percentages of BAME staff groups and disabled staff

groups are more likely to experience discrimination at work from their colleagues or manager. Fewer BAME staff and staff with a disability report that the organisation acts fairly in relation to career progression opportunities than white colleagues.

As an organisation we believe equality is about creating a fair workplace where everyone has the opportunity to fulfil their potential. Diversity is about recognising and valuing difference in its broadest sense and inclusion is about an individual's experience within the workplace and the extent to which they feel valued and included (NHS Employers 2018). The actions proposed in this strategy will support us to create a workplace which values, respects and recognises the unique contributions each person makes.

We are also committed to improving access to services and improving the quality of services and the experiences of people using our services. We believe health care services should be built around the diverse, individual needs of patients and service users, rather than those individuals simply fitting into the services we offer.

5. Our equality aims

There are four broad aims within our equality and inclusion strategy. These are:

Equality in our services

Improving our patients' experience

Equality and Inclusion for our staff

Equality in our environment



6. Our equality objectives

Our equality objectives are key in helping us to make a real difference to the experiences of our staff and patients from protected groups.

1. Ensure patients are involved in the development of services for the future through the Our Health Our Care Programme

- Forums to engage with patients from all backgrounds will be in place and active.

This will be achieved through: using local communities to help us recruit to forums and creating forums where patients and representatives of our local community can provide their views and opinions.

2. Service redesign

- There will be no business case or changes to services proposed which impact on patients without the involvement of service users.
- There will be working groups used to design new ways of providing services.
- All service redesign proposals will include an Equality Impact Assessment.
- Service redesign will involve patients and representatives from the planning stages of programmes of work based on the requirements of delivery are.

- The Patient Experience Improvement Group will provide opportunities for consultation with the local community in relation to discreet projects and programmes of work, eg, changes to the issuing of patient appointment letters.
- The annual Our Health Day will provide opportunities for patients with learning disabilities, their carers and community groups to identify ways the organisation can improve services.

This will be achieved through: creating forums where patients and representatives of our local community can provide their views and opinions and building patient stories into meetings throughout the organisation to maintain focus on patients experience.

3. Introduce and maintain the NHS Accessible Information Standard in all areas and produce patient information that is reviewed by patients

- Information is provided in a consistent way in all areas throughout the hospital that is accessible for everyone.
- The NHS England Accessible Information Standard will be implemented and flag, record, monitor.

This will be achieved through: creating a patient reader group to develop information that is understandable.

4. Improve the experience of patients across all pathways for patients with mental health and learning disabilities

- The experiences of patients will be sought to develop guidelines and best practice for patients in these groups.
- Partner agencies will be engaged in developing guidelines.
- A changing places facility will be in place at the Royal Preston site.
- Consultation will take place annually with patients who have a learning disability to understand how we can improve services for this patient group.
- The NHS Framework for patients with learning disabilities will be implemented.

This will be achieved through: identifying specialist resources to lead this work; using national learning from reports such as 'treat as one' and 'Leder' to benchmark our services to improve the experience of patients in this group; working with partner organisations and patients to learn from their experiences.

5. Improve access to services for the deaf community

- The experiences of patients from the deafened community will be improved.
- Mystery shoppers will validate the improvements which have been made.
- The use of BSL interpreters/talktype will increase.
- A variety of alternative methods of communication will be explored in order to improve the experiences of d/deaf patients within services.
- Hearing loops will be available in all reception and public access areas.

This will be achieved through: talking to our local community partners and listening and acting on their suggestions for improvement, increasing access to interpreters, recruiting volunteers who can use sign language.

6. Improve the ability for the visually impaired to find their way around the hospital

- To have volunteer support available seven days per week to walk with patients who need assistance.
- There will be an advocate within ophthalmology outpatient services to provide advice and guidance in relation to patients living with visual impairments. This will focus on external support from other expert organisations, as well as internal services.

This will be achieved through: developing an assistance role for volunteers and creating an expert resource to support patients with a visual impairment.

7. Improve access to information in a patient's first language

- There is the ability to readily access information in different languages and formats.
- Options for a diverse and appropriate method of communication at all interactions within the clinical setting will be explored and where appropriate implemented. This will involve a variety of methods, including virtual, written, audio, face to face, as well as those whose first language is not English will be provided with interpreters for their first language and sign language.

This will be achieved through: increasing the availability of information in different languages.

8. Improve the individuality of care for patients with learning disabilities

- A new learning disability symbol will be launched.
- We will listen to patient stories from learning disability patients and families.
- Passports of care will be in use consistently for patients who need them.
- Identification on the flagging system in Quadramed will be improved to ensure we know what patients need prior to appointments.

This will be achieved through: working with patients with learning disabilities to design a way to tell our teams what your individual needs are so they can provide you with the support you need.

9. Ensure that our workforce and future workforce perceives us as an employer who takes positive action on health and wellbeing

- Improvement in staff survey results for question 9a, "Does your organisation take positive action on health and wellbeing?"
- Overall reduction in sickness absence rate to achieve our target for sickness absence of 4.2% in year 1, leading to a year on year reduction in levels of sickness absence with the aim to achieve a 3.5% sickness absence rate in year 3.

This will be achieved through: undertaking a full health needs assessment, creating a targeted health and wellbeing offer for staff from minority groups, expanding our network of health and wellbeing champions and team based wellbeing charters.

10. Ensure that our workforce is representative of all groups. We recognise that diversity adds value to the culture of the organisation and enables us to provide a better quality service for our patients and service users

- Increase in number of applications received in response to job adverts from members of minority groups.
- Reduced number of staff from minority groups leaving the organisation (measured by WRES and WDES).
- Increased number of staff from minority groups occupying senior positions (band 7 and above).

This will be achieved through: gaining external accreditation for our E,D&I programme of work, being a disability confident leader as an employer, undertaking targeted recruitment to encourage applications from minority groups and increasing the diversity of volunteers.

11. Develop a culture that supports our values and ensures that staff are not subjected to discrimination, harassment or bullying at work

- 20% decrease in staff disclosing 'do not wish to disclose' as status for disability.
- 10% decrease in 'do not wish to disclose' for other protected strands (except disability).
- Reduction in number of grievances raised by staff belonging to a minority group.
- Reduction in number of staff from minority groups leaving the organisation.

This will be achieved through: creating a 'Be Yourself' brand, including E,D&I in all leadership programmes, rolling out unconscious bias training, revising mandatory training and induction, training staff from minority groups to sit on panels for senior level recruitment and disciplinary hearings.

12. Develop staff engagement opportunities to provide equal access and enable all staff to have a voice

- Increase representation from minority groups in staff networks by 20%.
- Increased numbers of staff who disclose their status (gender, sexuality, religion) within staff survey.
- Increase engagement indicator results for motivation/involvement on the staff survey for individuals who disclose they have a disability.

This will be achieved through: setting up staff network groups, holding an annual Equality and Diversity Conference, celebrating positive role models and staff stories at Board.

13. Ensure that our workforce is supported and everyone has opportunities to reach their full potential

- Greater number of staff from minority groups accessing development opportunities (measured through WRES and WDES).
- Greater number of staff from minority groups occupying senior positions (Band 7 and above).
- Reduction in the gender pay gap.

This will be achieved through: Implementing a reverse mentoring scheme, developing talent management workshops for staff from minority groups, reviewing our workforce profile and undertaking impact assessments against our policies.

14. To increase the diversity of our volunteers through an outcome focused personalised and highly rewarding experience of volunteering in order to enrich our local communities and stakeholder groups.

- Increased number of volunteers with protected characteristics.
- Volunteer recruitment numbers continue to increase and meet targets for bespoke roles.
- Volunteer Supply and Demand targets (to be developed) % extent of demand met.

This will be achieved through: creating opportunities to attract volunteers from minority groups as well as individuals recovering from mental health issues, patients with a learning disability, refugees, gypsies, travellers and asylum seekers, developing career pathways for volunteers for those who may wish to work as a member of our staff and linking in with local community groups to develop customised opportunities and rewarding volunteer opportunities.

15. Ensure that our workforce is supported and everyone has opportunities to reach their full potential

- Greater number of staff from minority groups accessing development opportunities (measured through WRES and WDES).
- Greater number of staff from minority groups occupying senior positions (Band 7 and above).
- Reduction in the gender pay gap.

This will be achieved through: Implementing a reverse mentoring scheme, developing talent management workshops for staff from minority groups, reviewing our workforce profile and undertaking impact assessments against our policies.

16. Ensure that as our premises are refurbished or redeveloped, they are DDA compliant

- Environmental assessments of areas of the estate to ensure they meet the DDA and the needs of patients at the point of service and care, will take place.
- Wayfinder information will be available for those who need to access services.

This will be achieved through: including our patients in the re-design of our environment, talking to them and listening and acting on their suggestions and needs.

17. Ensure our patients and staff have access to food and drink which meets their cultural needs

- Patients and staff will be surveyed to understand their satisfactions with the provision of catering services and whether the provision meets their needs.
- A plan form improving the provision of food and drink to patients and staff will be in place and enacted.
- Assessment of vending services for payment methods and content of machines will take place to ensure they meet the equality needs of our patients and staff.

This will be achieved through: listening to our patients and staff and acting on their suggestions and needs.

18. Ensure all estates developments and schemes are subject to consultation as part of an Equality Impact Assessment

- New developments will be subject to Equality Impact Assessments by the providers/contractors of services. This will be included in any contracts or agreements.
- Where changes are made to existing services the facilities team will consider the likely or potential implications of service users from an equalities view.
- Contrast in colours, door frames, floor colourings will involve consultation with individuals.

This will be achieved through: creating forums where patients and representatives of our local community can provide their views and opinions in respect of estates development and schemes to ensure our estate meets the equalities needs of patients.

19. Ensure that there is funding available to support minor adjustments and aids for disabled staff

- Disabled staff will be supported via the purchase of equipment or minor environmental change, ensuring those who have additional needs are met.
- Access to Work support will be maximised for those staff who need to access additional support to carry out their role.

This will be achieved through: helping disabled staff to identify and access appropriate support to enable them to undertake their role.

20. Increase the availability of gender neutral toilets in non in-patient areas

- Signage should be considered as part of consultation with community/expert groups.
- Access to toilets suitable toilet facilities will be considered as a primary concern in all developments.
- Monitoring and audit of alarm systems will be in place.
- Contrast of colours in design of toilet areas will be taken into account.

This will be achieved through: listening to our patients and staff and acting on their suggestions and needs.

21. A changing places facilities will be in place on the Preston Hospital site

- This will be provided in an appropriate accessible area, not just for patients visiting outpatients, but also members of the public who require this provision who are in the locality.

This will be achieved through: ensuring funding for this development is built into our capital programme.

22. Ensure our board is representative of the population we serve

- We will undertake positive action to attract individuals from a range of diverse backgrounds to our Board.

This will be achieved through: engaging with local community groups to help us recruit, supporting Non-executive director talent programmes, actively promoting encouraging applications from BAME candidates.



7. Accountability and consultation

A key philosophy of the Equality and Inclusion Strategy is the desire to engage and consult with staff, patients and the public.

- The Operations Director will be responsible for the delivery of our equality objectives and consultation as this relates to how our services are delivered.
- The Nursing, Midwifery and AHP Director will be responsible for the delivery of our equality objectives and consultation as this relates to improving the patients' experience of our service.
- The Workforce and Education Director will be responsible for the delivery of our equality objectives and consultation as this relates to how improving staff experience from an employment perspective and in relation to employment policies, procedures and practices.
- The Divisional Director for Estates and Facilities will be responsible for the delivery of our equality objectives and consultation as this relates to our buildings and environment.

8. Monitoring and reviewing the strategy

The strategy will be reviewed twice a year by the Equality and Diversity Strategy Group with additions and changes made to the action plan as necessary.

An annual review of progress in delivering the strategy

will be presented to the Board of Directors.

The strategy will be valid for four years from the date of publication.

9. Publishing information

We recognise the requirement of the Equality Act 2010 to publish relevant data and information relating to our services and employment. All relevant

information is published in the Annual Report and Accounts which is a public document and available on www.lancsteachinghospitals.nhs.uk