

Item 3.4a



# Equality & Inclusion Strategy 2019 – 2021

# Our aim

**To promote inclusion and diversity for both staff and patients, tackling all forms of discrimination and removing inequality in the provision of both health services and employment.**

This strategy identifies our priorities and objectives and addresses the national requirements that are embedded in the Equality Act 2010 (Public Sector Equality Duty), Human Rights Act 1998, Workforce Race Equality Scheme (WRES) and from 2019 Workforce Disability Equality Scheme (WDES) and identifies how we will deliver improved outcomes, based on the Equality Delivery System (EDS2).

We aim to demonstrate that the inclusion agenda is meaningfully embedded into our core business.

## Why an equality & inclusion strategy?

**As an NHS organisation, we have both a legal and a moral duty to demonstrate fairness and equality to our patients, service users, their carers and families, and to our employees.**

This strategy explains and responds to the Trust's statutory duties to promote equality against all groups of people. It replaces and builds on our previous Equality and Inclusion Strategy 2015-2018.

The delivery of our Equality and Inclusion Strategy is underpinned by our Trust Values and Behaviours - PACT

- Patient and Family Centred
- Accountability
- Continuous Improvement
- Team Work





# Our key priorities

- **Improving our understanding**

We recognise that equality monitoring is central in understanding whether people from all backgrounds are being treated fairly.

- **Have a greater input into service design and transformation**

Undertaking equality impact assessments helps us to understand how our policies, practices and service provision affect different groups of people.

- **Improving patient and staff experience and accessibility**

We recognise that the key to measuring the success of our actions is to ensure that patients and staff have the opportunity to share their experience and feedback with us.

- **Developing more inclusive leadership**

We recognise that by training and educating our staff, we can develop more inclusive leaders to drive forward inclusion and diversity and support a fully inclusive culture and service provision.

- **Promoting partnership working**

We will continue to work effectively in partnership with other organisations to promote health and wellbeing and to tackle health inequalities within our catchment area.



# Our equality objectives

The Equality Act 2010 requires public sector organisations to publish equality objectives at least every four years and share its progress in achieving those objectives.

In determining our equality objectives for 2019, we reviewed local and national data, patient feedback, complaints analysis, staff survey results and aspects for service delivery that present a local challenge.

The following objectives were agreed by the E&I steering group:

EDS2 Goal	LHCH Equality Objective
<b>Goal 1:</b> Better Health Outcomes  <b>Goal 2:</b> Improved patient access and experience  <b>Goal 3:</b> A representative and supportive workforce  <b>Goal 4:</b> Inclusive leadership	<ul style="list-style-type: none"> <li>• Improve the patient experience by reviewing of our current translation and interpretation services to ensure they meet the local demand. This is a key area across the region and the trust are part of the local steering group</li> <li>• Work with HR and Training team to determine whether Equality data can be collected for evaluation of programmes across LHCH.</li> <li>• Embed equality and inclusion in mainstream business processes.</li> <li>• Improve information and data collected, in respect of protected characteristics.</li> <li>• The Trust will also be working with the region wide group across the STP footprint on a number of key projects</li> </ul>

These objectives have been agreed by the Equality and Inclusion Steering Group and Trust Board. Although these objectives only need to be revised at four yearly intervals in line with the legislation, the Trust's Equality Objectives will be reviewed annually.

The Equality and Inclusion Strategy is one of a suite of enabling strategies designed to work together to support and enable the Trust to achieve its overarching vision "to be the best - leading and delivering outstanding heart and chest care and research"

Our mission for LHCH is to provide excellent, compassionate and safe care for every patient, every day. This is underpinned by always putting our patients first, to value each person as an individual, and respect their diverse aspirations, beliefs and priorities.

At LHCH, we recognise that good inclusive practice is central to the provision of high quality health services that meet people's individual needs. The Trust is committed to fulfilling its General Duty under the Equality Act 2010 to promote equality and demonstrate that we have given due regard to the need to: Eliminate unlawful discrimination, harassment and victimisation.



# What is equality, diversity, inclusion and human rights?

- **Equality**

Equality is about fair treatment – making sure everyone is treated fairly and given the same life opportunities. It is not about treating everyone in the same way, to achieve the same outcomes. Different people have different needs. For example making reasonable adjustments for disabled people (providing correspondence in audio for visually impaired patients removes barriers to equality of opportunity and helps prevent discrimination). Equality recognises that people's needs may need to be met in different ways.

- **Diversity**

Diversity is about recognising difference. It recognises that everyone is an individual with their own background, experiences, styles, perceptions, values and beliefs and that we need to understand, value and respect these differences.

- **Inclusion**

Inclusion is a sense of belonging, of feeling respected and valued for who you are.

- **Human Rights**

Human rights are the basic rights all individuals have, regardless of who they are, where they live or what they do. Human rights represent all the things that are important to human beings, such as the ability to choose how to live their lives and being treated with dignity and respect.



# Our legal duties

There are a number of equality based national laws and guidelines which mandate and guide how NHS organisations should demonstrate equality. The principle equality drivers include:

Legislation	Requirement
The Human Rights Act 1998	The Human Rights Act is underpinned by the core values of Fairness, Respect, Equality, Dignity and Autonomy for all. All public bodies must comply with the convention rights.
The Equality Act 2010	Protection from discrimination on the basis of 9 protected characteristics (See Appendix 1) <ul style="list-style-type: none"> <li>• Age</li> <li>• Sex</li> <li>• Ethnicity</li> <li>• Religion or Belief</li> <li>• Disability</li> <li>• Sexual Orientation</li> <li>• Gender Re-assignment</li> <li>• Pregnancy &amp; Maternity</li> <li>• Marriage &amp; Civil Partnership</li> </ul>
General Equality Duty	To eliminate unlawful discrimination, harassment and victimisation. Advance equality of opportunity. Foster good relations.
Public Sector Equality Duty From 5 April 2010	To Publish relevant, proportionate information demonstrating compliance with the Equality Duty. To analyse effect of policies and practices on equality. Set specific, measurable Equality Objectives.
Accessible Information Standards	DCB1605 Accessible Information (formerly SCCI1605 Accessible Information) – the 'Accessible Information Standard' – directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents, where those needs relate to a disability, impairment or sensory loss.
Gender Recognition Act 2004	The GRA legislation provides a mechanism to allow trans people to obtain recognition for all legal purposes to their preferred gender role.
Workforce Race Equality Standard (WRES) From 1 April 2015	Must demonstrate through the nine point Workforce Race Equality Standard (WRES) metric how we are addressing race equality issues in a range of staffing areas. Must demonstrate progress against a number of indicators of workforce equality, including a specific indicator to address the low levels of BME Board Representation. This will be included in the Standard NHS Contract.
Workforce Disability Equality Scheme (WDES) From April 2019	The Workforce Disability Equality Standards (WDES) is a set of specific measures that will enable NHS Organisations to compare the experiences of disabled staff to non-disabled staff, this will then be used to develop any required actions
Over and above the nine equality groups, we do have a duty of care to all our service users and staff who may be vulnerable to potential discrimination for a range of reasons	<ul style="list-style-type: none"> <li>• Carer responsibility</li> <li>• Military service</li> <li>• Homelessness</li> <li>• Poverty</li> <li>• Geographical isolation</li> <li>• Long term unemployment</li> <li>• Stigmatised occupations e.g. prostitution</li> <li>• Drug use</li> <li>• Limited family and social networks</li> <li>• Offenders</li> </ul>

# Equality Delivery System (EDS2) Framework

**This Equality and Inclusion Strategy links to a number of local and national drivers but is based on the requirements of the NHS Equality Delivery System, which aims to be embed equality into all policies and practices whilst driving up performance and going beyond legislation.**

The Equality and Delivery System (EDS2) is a toolkit which has been designed to help NHS Organisations to meet the requirements of the Public Sector Equality Duty. The EDS2 toolkit supports NHS organisations to identify areas for improvement. From April 2015, EDS2 implementation by NHS provider organisations was made mandatory in the NHS standard contract. EDS2 implementation is openly referred to within the Clinical Commissioning Group (CCG) Assurance Framework and embedded within the Care Quality Committee (CQC) new inspection regime for hospitals.

EDS2 provides a robust framework against which we can assess and grade our performance against a range of nationally determined indicators grouped under the following four goals:

- Better health outcomes
- Improved patient access and experience
- A representative and supported workforce
- Inclusive leadership

Our progress in meeting these aims has been assessed and scored in discussion with local population and staff, including seeking views through peer review and Health Watch. EDS2 is a public commitment of how we plan to meet the needs and wishes of local people and our staff, and meet the duties placed on us by the Equality Act 2010. It also sets out how, Liverpool Heart and Chest Hospital recognises the differences between people, and how we aim to make sure that any form of discrimination is identified and addressed.

## Our equality delivery system scores and action plan

**Our Action Plan (Appendix 2) identifies a series of high level actions which are planned to assist in furthering our equality and inclusion achievements across the Trust.**

These actions relate to the workforce, service provision and the four EDS2 Goals: they are managed by the Trust's Equality and Inclusion Leads for patients and staff and monitored by the Trust's Equality and Inclusion Steering Group.

# Improving our understanding – equality monitoring

**The idea of collecting and analysing data for us is not about the law; it's about measuring our employment practices and service delivery to ensure we are the best we can be.**

LHCH recognises that equality monitoring is central in understanding whether people from all backgrounds are being treated fairly in terms of service delivery and employment practice. We need information about the characteristics of our service users and staff, if we are to understand people's needs and monitor whether or not we are meeting them and to ensure that everyone has equal access to services and opportunities.

Equality monitoring has been identified as a key priority area for improvement and we will be working closely with staff and service users over the next four years to improve the way that we ask for, collect and use information about our staff and service users. This will include explaining the reasons why we need to collect this data.

## Greater input into service design and transformation – equality analysis

**Undertaking Equality Impact Assessments (EIAs) helps us to understand how our policies, procedures and functions may affect different groups of people.**

We use EIAs to help us identify what we need to do better to meet people's needs. EIAs help us to think about how what we do may impact on all members of the community and provide us with an opportunity to consider how we can further promote inclusion and diversity in everything we do. We consider all 9 of the protected characteristics as well as carers and vulnerable groups who are socially and economically disadvantaged, such as asylum seekers and refugees.

LHCH approach to EIAs has been embedded within our policy development framework with all key policies requiring an assessment to be completed in order to be approved. Although EIAs have been integrated into much of the organisations decision making process, we will be focussing our efforts on ensuring that good quality assessments are undertaken on all service changes and business cases moving forward.



# Engagement and consultation

LHCH recognises that the key to measuring the success of our actions is to ensure that stakeholders, including service users, patients, carers, staff, Foundation Trust members and the public have opportunities to share their experience with us, and that we use these shared experiences to inform and improve the design of future services.

The Trust has a number of ways in which it regularly involves local people and staff in the development of services and the working environment for patients and local people. The Trust has a very active and engaged Council of Governors and this forum is used to consult on strategies and any significant service changes.

Whilst we recognise the importance of engaging with service users and staff when developing, delivering and designing services, we do recognise that this is an important area for continual improvement. We want our patient and public engagement activities to fully represent the diverse communities we serve and we are committed to ensuring that the way in which we communicate with people is fully inclusive and equitable. In line with Equality Delivery System, we will engage with all our stakeholders, involving them in assessing our progress towards achieving our equality objectives.

The Trust will provide staff members with access to both internal and regional Equality Network Groups such as LGBT, BAME, Women's Network etc

The Trust is launching its own Staff Carers Network in April 2019 to support staff with caring responsibilities and the group will be supporting the Trusts H&WB Open Day moving forward.



# Access to services

**LHCH is committed to improving access to our premises and services by removing physical and other barriers experienced by our staff and service users.**

We will ensure that equality impact assessments are undertaken on all modifications to premises and service redesigns. All the Trust's estates schemes are designed and constructed in accordance with Disability Legislation and the Building Regulations Part M standards. In addition wherever practicable designers consult with Equality and Inclusion leads within the trust which often encompasses patient groups and forums. The Trust is fully committed to ensuring that it promotes and influences inclusion and diversity issues through its procurement process.

Our Interpreter and Translation Services Policy ensures that all patients whose first language is not English and patients with disabilities, such as hearing and visual impairments, have access to quality health services regardless of the language they speak or any disability they may have. It also ensures that staff follow the correct procedures for obtaining interpreter and translation services.

## Developing more inclusive leadership

**High-level leadership on equality and inclusion issues is in place within the Trust as demonstrated within our EDS2 assessment.**

A regular update session takes place with Trust Board Members and, within this, agreements are reached regarding priorities around equality and inclusion and their roles in promoting these.

The Trust has a leadership strategy with equality and inclusion at its core. It also promotes a wide range of leadership courses and actively encourages staff from our BAME Network onto bespoke NHS Leadership Academy programmes.

Sustained activity is needed against the key action within the EDS action plan so as to enable managers to deal confidently with equality and inclusion issues and give their staff the confidence to get involved in Equality and Inclusion initiatives within the Trust. Master Classes are run within the Trust to raise the awareness of protected characteristic groups.

## Promoting partnership working

**The Trust is actively involved and hosts a number of Patient Forums. We are active members of the Regional Equality Network and support a number of the associated work streams.**



# Implementation of the strategy

The Trust Board has overall responsibility for the Equality and Inclusion and achievement of our EDS2 Objectives. The Director of Workforce and Service Improvement and Director of Nursing have responsibility for promoting equality and inclusion on behalf of the Trust.

Monitoring and review of this Strategy and action plan will be through the delivery and implementation of our E&I Action Plan with quarterly updates to the Trust's established Equality and Inclusion Steering Group.

Assurance will be provided against key milestones of the strategy and action plan to the People Committee bi- annually and an annual update to the Trust Board.

We are committed to ensuring that this Strategy is not seen as being separate, but is clearly linked with existing policies and business plans, so that it can successfully act as a lever for change and service improvement. The expectation is that all leaders and managers will be familiar with this strategy and ensure equality considerations are an integral part of the Trust's business including: Policy development; Service redesign and development; Service delivery; Staff recruitment and retention; Professional development and staff training; and Procurement and commissioning of any goods and services.

All staff will have a responsibility to eliminate discrimination in their day to day work and recognise and respect the diverse backgrounds and circumstances of patients and colleagues.

Existing groups and networks will be used as a source of advice and expertise in order to achieve annual priorities.

We will publish evidence and progress of how we have implemented the E&I Action Plan and delivered on our equality objectives.





# Measures and assurance

- Successful implementation of this strategy and delivery of our equality objectives will be measured as follows:
- Progressive development towards 'achieving' and 'excelling' in the Equality Delivery System (EDS2) annual assessment.
- Improved patient and staff experience as measured by annual patient and staff surveys.
- Evidence of equal access, experience and outcomes for all protected groups through better monitoring and use of data.
- Improved community engagement held in conjunction with wider public engagement events the Trust undertakes.
- Avoidance of costly litigation; employment tribunals and / or patients seeking legal redress for discrimination.
- Measures will be reflected in the Trust's key performance indicators and will be measured through Trust Board. This approach demonstrates LHCH commitment to equality and inclusion and enables issues to be escalated from the services to the Board. All measures will be included in the E&I Action Plan which underpins this strategy.

## Risks

The key risk in failing to deliver our equality objectives is the potential for legal challenge if LHCH failed to meet its duties under equality legislation or if knowingly or unknowingly allowed discrimination to occur. Non-compliance / failure to address national requirements could impact on our Care Quality Commission Scores.

Available in easy read

# Appendix A

## PROTECTED CHARACTERISTICS – EQUALITY ACT 2010

The protected characteristics covered by the Equality Act 2010 are as follows:

### **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).

### **Disability:**

A person has a disability if he/she 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.

### **Race/Ethnicity:**

This refers to a group of people defined by their race, colour and nationality (including citizenship), ethnic or national origins.

### **Gender:**

A man or a woman.

### **Sexual Orientation:**

Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.

### **Gender Reassignment:**

The process of transitioning from one gender to another.

### **Marriage and Civil Partnership:**

Marriage is defined as a 'union between a man and a woman'. Same-sex couples can have their relationship legally recognised as 'civil partnerships'. Civil partners must be treated the same as married couples on a wide range of legal matters.

### **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.

### **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.

# Appendix B

Outcome/Objective	Source	Grading	Current Position	Actions	Update/Progress	Lead	Timescale	Update	RAG	Closed
Services are commissioned, designed and procured to meet the health needs of local communities.	EDS	EDS: Achieving	The Trust does not commission services, however in the design Equality Analysis's are carried out to ensure the service meets the health needs of the local community. Equality and Diversity performance and metrics are subject to commissioner scrutiny on a quarterly basis including EDS2 performance, WRES compliance. Information on Equality Impact assessment has been established on Trust Intranet site as point of reference for consideration during Equality Analysis process. Equality analysis guidance and form reviewed to ensure still fit for purpose and user friendly and profile of conducting Equality Analysis raised.	Data analysis and work with services to understand who/ which communities they are serving and identify any gaps/actions.  NICE guidance regarding Promoting health and preventing premature mortality in black, Asian and other minority ethnic groups to be scrutinised  Review and evaluate the EIA process across the trust		JS	Apr-19			
Individual people's health needs are assessed and met in appropriate and effective ways	EDS	EDS: Achieving	Accessible Information Standard has been implemented  We have translation services with Beacon and language line – no complaints this year about service provision	Review of accessible information to be undertaken  Review of our Current translation and interpretation services to be undertaken to ensure they meet the local demand. This is a key area across the region and the trust are part of the local steering group			Apr-19			
People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds.	EDS	EDS: Achieving	Equality Lead has been involved in PLACE assessments to ensure access from protected characteristic groups perspective is considered.  24/7 interpretation and translation services (telephone, face to face and document translation) available in all areas (for review 2018/19). NHS England's Accessible Information Standard implemented. Review of PLACE Assessment results to take place to identify any equality related concerns and support to address.	Review of PLACE Assessment results to take place to identify any equality related concerns and support to address. (Q4)			Mar-19			
Recruitment and selection processes lead to a more representative workforce at all levels	EDS/WRES	EDS: Achieving	Inclusive Recruitment and Selection Policy  NHS Job and TRAC Systems embedded in standard processes Standard recruitment process includes anonymised demographic information Disability confident employer	Values based recruitment to be implemented throughout all recruitment activity  Consideration of BAME representative to attend interviews/recruitment open days  Expand advertising to reach BAME groups		SJ	Oct-20 Apr-19 Oct-20			
The organisation is committed to equal pay for equal values	EDS	EDS: Achieving	National AHC Job Evaluation implemented NHS T&C as a standard	Analysis of Pay Determination protocol Review of Gender Pay Gap reporting		SJ SJ	Apr-19 Apr-19			
Training and development opportunities are fair, taken up and positively evaluated by staff from all demographic groups	EDS/WRES Staff Survey	EDS: Developing	The L&O department registers attendance of staff at statutory and mandatory training and using information from the trust staff database (ESR). Non-mandatory training logged on OLM is analysed via protected characteristics collected on ESR. Target development for BAME staff e-learning programme available to all staff	Review of current training feedback processes, scope process for gathering demographic information for analysis Panel to be established to ensure fair and equitable training opportunities to all staff Statutory and mandatory training policy to be reviewed Identify training opportunities relevant to BAME groups Promote NHS Leadership Academy opportunities		RD	Feb 19? Apr 19 (subject to change) Apr 19 (subject to change) Jan 19 (subject to change) Jan 19 (subject to change)			
Staff are free from abuse,	EDS/WRES		Bullying and Harassment Policy updated and communicated widely  FTSU Guardian/Champions developed in consultation with BAME network	Scope opportunity for engagement/network events for other Protected Characteristic groups  Review of Corporate Induction E&I package			Feb-19 Dec-18			



# Appendix B

Harassment, bullying and violence from any source	Staff Survey	Developing	Safety Seven developed and communicated throughout the Trust CEO Pledge communicated throughout Trust BAME Network Groups arranged quarterly Disability Champions identified	Further promote Safety Seven Progress B&H training, liaising with OD team regarding raising the B&H profile	FR	Quarterly Mar-19
Staff report positive experiences of their membership of the workforce	EDS2	EDS: Developing	Positive staff survey results	Review of Flexible working options for staff to ensure opportunities for flexible working are fair and equitable for all staff	FR/KT/ EH/ME	Aug-19
			FFT	Co-ordination of themes from exit interviews to be undertaken	FR/KT	Aug-19
			Culture Survey	Co-ordination of themes from FTSU summit	EH/ME	Aug-19
			LIA Pulse Check	Review of current data collection and build upon any opportunities to action the results	VW	Aug-19
			BAME Group	Network groups to be established and seek further experiences to develop actions	FR/VL	Apr-19
Inclusive Leadership at all levels	EDS2	EDS: Developing	Big Conversations	Establish a staff Carers Network	FR	Apr-19
			Disability Network Launch	Undertake veterans covenant self assessment and assessment	J5	Apr-19
			Equality Analysis has been developed, presented at board and committee level. Tracking process has been developed for all Equality Impact Analysis to initially be reviewed by Equality Leads. EIA review process to be incorporated into QIA training	Revise Equality and Inclusion Strategy	JTW	Apr 19 ongoing
			Trigger process in place on business case, CIP template that has to be completed for any changes to take place The template for Board papers includes a section for Equality Analysis which acts as a trigger if this has not been completed before then.	Quality Impact Assessment training to be revised to include EIA processes Equality and Inclusion Policy to be reviewed	JTW/VW/FR	Mar-19
			Data hub has been set up on Intranet site for people to be able to access when completing Equality Analysis. All CIPs had a scrutiny meeting to see if any needed for EIA merged QIA and EIA process for all CIPs and new services EAI Strategy	Review use and quality of EIA/QIA submissions EIA to be undertaken for all policies	AN/FR	Jan-19
			BI annual EAI strategy updates to People Committee and QPFEC and quarterly updates to the commissioners		FR/ESG	Jan-19
					AN/FR	Apr-19
					FR/KT	Feb-19

## Glossary

E&I	Equality and Inclusion
BAME	black, Asian and minority ethnic
EIA	Equality Impact Assessment
ESR	Employee Staff Record
EDS2	Equality Delivery System
WRES	Workforce Race Equality
AFC	Agenda for Change
OLM	Organisational learning platform
NHS T&Cs	NHS terms and conditions
TRAC	Recruitment platform
FTSU	Freedom to Speak Up
PLACE	Patient led assessments of care
FFT	Family and Friends Test
CEO	Chief Executive Officer
LIA	Listening into Action
QIA	Quality Impact assessment
CIP	cost improvement programme
QPFEC	Quality Patient Family Experience Committee