Excellent care with compassion

NHS Lancashire Teaching Hospitals NHS Foundation Trust

Board of Directors Report

Equality, Diversity and Inclusion Strategy – Annual Report			
Report to:	Board	**Date:**	Date of meeting
Report of:	Chief People Officer	**Prepared by:**	L Graham
Part I	✓	**Part II**	

Purpose of Report							
For approval	☒	**For noting**	☐	**For discussion**	☐	**For information**	☐

Executive Summary:

The purpose of this report is to provide an annual update against the principles and aims of the Equality, Diversity and Inclusion (EDI) Strategy 2021 – 2024. This report forms part of our public sector duties as set out in the Public Sector Equality Duty and the Equality Act (2010).

This report details the actions which have been completed in the last 12 months against the five principles set out in this strategy for our communities, patients and colleagues. The report highlights achievements, some of which are the use of patient and colleague lived experience to help shape our colleague and patient experience agendas. The establishment of an effective EDI Strategy Group which helps shape Trust and Divisional level focus, driving forward the improvements that matter most to colleagues and patients. The incorporation of the EDI agenda into all aspects of our organisation and strategies has helped to accelerate delivery of this strategy.

The report outlines the measurable impact and present the current demographic information on our workforce and patients. It highlights our performance and current benchmarks reported in other mandated reports such as the Workforce Race Equality Standard, Workforce Disability Equality Standard, National Staff Survey and Gender Pay Gap, alongside other intervention level evaluation measures where applicable. It describes the future focus to ensure we continue to deliver the strategic aims, this includes increasing the quality of data we hold for patients and colleagues to ensure we have an accurate understanding of health inequalities, representation and experience in our organisation, continuing to deliver upon systemic actions which help to ensure EDI is embedded in all aspects of our work and to deliver a core programme of work with partners at Place aligned to the publication of CORE20PLUS5 for adults published in November 2021 and CORE20PLUS5 for children and young people published in November 2022.

It is recommended that:

I. The Board approve the report for external publication

Trust Strategic Aims and Ambitions supported by this Paper:

Aims		Ambitions	
To offer excellent health care and treatment to our local communities	☒	Consistently Deliver Excellent Care	☒
To provide a range of the highest standard of specialised services to patients in Lancashire and South Cumbria	☐	Great Place To Work	☒
To drive innovation through world-class education, teaching and research	☐	Deliver Value for Money	☐
		Fit For The Future	☐
Previous consideration			

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EQUALITY, DIVERSITY & INCLUSION STRATEGY – ANNUAL REPORT 2022

Being consciously inclusive in everything we do for colleagues and our communities

INTRODUCTION

The Equality Diversity and Inclusion (EDI) Strategy was launched 12 months ago and this is the first annual update highlighting the progress we have made against the five strategic aims underpinning our vision which is to be **"consciously inclusive in everything we do for colleagues and our communities"**. The five strategic aims are:

1. Demonstrating Collective Commitment to EDI.
2. Being Evidence Led and Transparent.
3. Recognising the Importance of Lived Experience
4. Being Representative of Our Community.
5. Bringing About Change Through Education and Development.

The ambition for this strategy was to be transformational, to take a systemic approach to delivering improvements. We wanted to go deeper than surface level actions, seeking to bring patient and colleague experience together, utilising and capitalising on the opportunity that the two are inextricably linked, finding new ways to understand our data and to reflect on the health equalities in our system and the disparities experienced by colleagues, taking decisive action to bring about change.

This year has been focussed on setting firm foundations, raising the profile of EDI across the organisation. This has been achieved through strengthening local action through the EDI Strategy Group where divisional leaders and corporate leads come together to plan the actions which need to be taken at all levels to create an inclusive care organisation and a diverse workplace.

Another essential cornerstone of this years delivery has been to further support our Inclusion Ambassador Forums, having a clear purpose, a sense of community, creating a place where colleagues can have a voice, make progress on what matters and shared their lived experience. The other core theme throughout this annual report delivered through the last 12 months is integration and alignment of EDI principles and priorities in all workstreams, it has been a deliberate part of our strategic approach, for EDI to be everyone's business and not a standalone strategy delivered only by 'EDI experts'.

In the last 12 months we have started to see improvements, such as some movement on our workforce equality standard reporting for race and disability, also for with regards to National Staff Survey results. However given the transformational efforts performance improvement and impact will need to be observed over a longer period of time.

The information in this report represents the action and progress undertaken in compliance with our public sector duties as set out in the Public Sector Equality Duty and the Equality Act (2010), which requires public bodes to have due regard for the need to eliminate unlawful discrimination, harassment and victimisation; to advance equality of opportunity; and to foster good relations between people who share a protected characteristic and those who do not.

Significant progress has been made, the report highlights many of our achievements, provides a breakdown of our data for patients and colleagues and sets out our future focus to continue to progress this vital agenda.

PRINCIPLE 1 – DEMONSTRATING COLLECTIVE COMMITMENT TO EDI

This principle seeks to hardwire EDI into all aspects of the way we provide care and go about our business in the organisation to ensure we are consciously inclusive. At a strategic level we made a pledge that every strategy published within the organisation from now on will contain a section on equality, diversity and inclusion in order to support an increased momentum and collective focus for improvement. As well as this we would ensure that adequate consultation and involvement taken place with minority groups through colleague Ambassador Forums and Patient Involvement Groups.

Since the launch of the EDI Strategy, the Allied Health Professionals (AHP) Workforce Strategy 2022-2025 has been published, this strategy contains explicit data pertaining to the minority group make up of our AHP workforce, it includes actions which are aligned to the EDI Strategy vision and core principles and the images used are representative of a range of protected characteristics.

FOR PATIENTS AND OUR COMMUNITIES

COLLECTIVELY TAKING ACTION TO BRING ABOUT IMPROVEMENTS FOR PATIENTS FROM MINORITY GROUPS

Through the EDI Strategy Group each of the Divisions are asked to nominate an EDI Lead whose responsibility is to attend the Strategy Group, to develop a joint EDI Annual Plan against the 5 Principles set out in the EDI Strategy and to ensure there is focus on EDI within the Division via the Divisional Board and in the Divisional Workforce Committee. A number of Divisions have included colleague or patient's stories which focus on their experience of care or work and learning we can take to bring about improvements.

We have the following departments and divisions represented at the EDI Strategy Group; Medicine, Surgery, Women and Children, Finance, IT, Education, Nursing Directorate, Estates and Facilities, Workforce and Organisational Development. We still need to secure commitment and attendance from DCS.

Medicine, Surgery, Education, Workforce and OD have finalised their Divisional and Departmental EDI Annual Action Plans. With Estates and Facilities, Women and Children, IT and Finance in the process of being finalised for submission to the EDI Strategy Group. Diagnostics and Clinical Services Division have more recently joined the EDI Strategy Group and will be supported to develop their localised plans.

In addition to the work being delivered through the EDI Strategy group, the lived experiences of patients with protected characteristics, more general patient and other stakeholder experiences are routinely used to focus improvement activity as part of each of the continuous improvement Big Rooms.

ENGAGING DIVERSE COMMUNITIES, PATIENTS, FAMILIES AND CARERS IN ALL NEW SERVICE DEVELOPMENTS

Across the Divisions we have set up and are utilising **patient and public involvement groups** to support the co-production of services. Examples include:

- The implementation of a personal stroke record booklet designed by the stroke association.
- The spiritual offer within the organisation has been expanded in the last year. This has led to a broader range of religious services to promote the organisations values of inclusion within the community. The introduction of a multifaith room at Preston has been welcomed and work is underway to duplicate this at Chorley.
- The maternity voices partnership, chaired by an independent chair provides a regular forum for families to share experiences and drive improvements in the experience of visiting.
- Utilising the FREDIE principles when implementing service developments as the principles help to focus the mind ensuring we always consider Fairness, Respect, Equality, Diversity, Inclusion and Engagement from a patient and community perspective
- Within Renal we have 'Patient Knows Best' this approach empowers patients to see their results and be involved in their care.
- Patient representatives in Renal are involved in current tender process and interviews for colleagues involved in their care.
- Renal are part of the Northwest Network which is seeking to recruit a Patient voice Manager for the Northwest. The networks are focused on collaboration between patients, Nephrology teams and local commissioning services. They promote positive working relationships, encourage innovation as well as quality improvement seeking to reduce variation and health inequalities within pathways of care.
- Children and family feedback has been used to shape the design of the extended Emergency Department children's area and will inform the safe space design in ED.
- The ability to engage with patients has been impaired as a result of the pandemic and a new appointment in the role of the Associate Director for patient experience and involvement will drive improvements in this area of the strategy in the next 12 months.

Patient initiated follow up (PIFU) has been rolled out in Neurology, Gastro, Cardiology and Respiratory. The purpose of PIFU is to provide patients and their carers the flexibility to arrange their follow-up appointments as and when they need them. Examples include:

- For patients with cardiac loop devices and pacemakers have access to Home Monitoring, enabling patients and their relatives to link in with the department if they have symptoms, then use PIFU to provide patients with flexibility to manage their appointments.
- Home monitoring for Lung Function (CPAP patients) has been implemented to prevent unnecessary visits, with PIFU then available to support booking follow up appointments.
- Using PIFU to support the delivery of Valve Clinics which are undertaken by a trained Echocardiographer, this enables timely reviews for patients with ongoing valve disease, valve repairs and replacement valves.

ENHANCING OUR SERVICES TO WORK AS ONE AROUND THE PATIENT

A number of service developments have been introduced to improve the experience of receiving care easier, to ensure we are joined up around our most vulnerable patients and the care we provide happens in the best environment for their needs. Some examples of actions delivered in the last 12 months include:

- Three population health fellows are now in place to work with the organisation to improve the offer to patients and families.
- The Emergency Department hold a monthly multidisciplinary mental health frequent attender meeting. Within the meeting patient's notes are reviewed, care bundles checked and any new presenting symptoms are discussed. If appropriate enhanced levels of support are provided to the patients.
- The creation of additional secure waiting space for paediatrics patients in Emergency departments.
- The development of purpose-built patient facilities and environment within the Neuro Rehabilitation Unit which includes dedicated disabled parking spaces, adapted toilets, ceiling tracking hoists, rehabilitation bay and rehabilitation kitchen (NRU).
- Frailty consultant in reach to emergency department. This is in place to try and ensure the shortest possible stay in an acute hospital setting.

FOR COLLEAGUES

To create a culture which is consciously inclusive and hardwire EDI firmly as part of our internal organisation priorities we have made progressed in following areas in the last 12 months, such as creating localised plans to support inclusion for our colleagues at Divisional levels, strengthening our Inclusion Ambassador Forums, demonstrating visible commitment to EDI and shaping a zero-tolerance approach. Further detail is provided below.

As part of every **Divisional People Plan** there are now dedicated divisional level EDI actions which will increase representation of colleagues with protected characteristics in our workforce, alongside actions which are focussed on proactively improve experience of work and seek to remove discrimination.

Within the Divisions through the development of the EDI plans, the Divisions have sought to embed organisation wide interventions and programmes of work to be more inclusive and bring about improvements in the experience of colleagues with protected characteristics. To illustrate the breadth of actions which have been undertaken in the Divisions aligned to this principle include:

- A number of divisions have begun to commence all Divisional meetings with a colleague or a patient's story, some of which have an EDI and focus.
- Including EDI as part of a cycle of business of key departmental and divisional meetings.
- Divisions have sought to demonstrate their support to agile and flexible working, describing examples of how they have implemented a range of reasonable adjustments put in place such as to support colleagues who are agile workers with long term conditions.
- Utilising the Carer's passport.

- Encouraging colleagues to complete the Rainbow Badge e learning package, participating in menopause advocate training and attending Inclusion Ambassador forums.

At an organisational level we have, undertaken a number of programmes of work to strengthen the visible commitment to EDI across the organisation and help to start to change the cultural narrative around diversity and inclusion through the following core actions:

INCLUSION AMBASSADOR FORUMS

The Inclusion Ambassador Forums have been established since 2019, we have 3 core groups which are Ethnicity, Living with Disability and LGBTQ+. In addition to the 3 forums, we have more recently established a Menopause Group and a Carers Group whilst these are related to protected characteristics, they are also aligned and supported by the health and wellbeing agenda.

The Inclusion Ambassador Forums are each chaired by a member of the group, with support from the Diversity and Inclusion Practitioner and with sponsorship from members of our Board and Executive Team.

Membership and attendance at the groups has been variable over the last 12 months, since we moved the chair role to being a member of the group from a member of the EDI team, some of the groups have taken a little time to find their new focus and pace. To support the refocusing and strengthening of the groups, we have co-created new terms of reference with each of the 3 core forums. The focus of the terms of reference is to support stronger psychological safety to enable colleagues with protected characteristics to raise concerns and receive support, create a sense of belonging, understand their experience of work and wellbeing needs. The next stage will to move to a cycle of business to help further structure the groups to enable them to have holistic, focussed conversations whilst still providing the space for emerging issues to be discussed.

In addition to the new terms of reference, we have strengthened governance and alignment to the EDI Strategy Group. With each Forum invited to attend the EDI Strategy Group on a regular cycle of business, to update the Strategy Group with themes, actions, progress and to seek support from the group to find resolution or take action. The Inclusion Ambassador Forums each receive a copy of the EDI Strategy Group minutes for transparency, understanding and ensuring forum members have the opportunity to share their lived experience, ideas or concerns about the matters being covered in the Strategy meeting.

To increase membership of the groups, we have increased publicity, with the introduction of a screen saver, publicising our new Diversity and Inclusion Practitioner coming into post, scheduling all the dates for the forums a year in advance and circulating. In addition to this the LGBTQ+ group distributed a survey asking colleagues who identify as LGBTQ+ to share

what they would want from a forum, the focus, the times of meetings and the barriers to attending.

RAISING AWARENESS AND LIVING OUR COMMITMENT TO CREATING AN INCLUSIVE WORKPLACE

To ensure EDI is a prominent part of our organisational narrative we have refreshed our **EDI calendar**. The focus of the calendar to identify which events or dates we are going to actively promote in year to create interest, boost understanding, to align the focus of teams to ensure a consistent approach to the events we are promoting (e.g., across catering, patient experience, health and wellbeing, library services, organisational development, communications and EDI) to create greater scale, spread and cascade.

A recent example of the new approach to raising awareness using the refreshed EDI calendar is with regards to Black History Month, running across the whole of October. To bring this into focus, we have shared national events being delivered via corporate communications, have a dedicated page on the intranet, Library and Knowledge Management Services promote aligned resources and a linked menus are being served across our restaurants, cafes and canteens.

Going forward we hope to create resource packs, posters and information to be deployed in all teams, ward and departments to encourage conversation, increased understanding and show appreciation of one another's differences.

We plan on an annual basis to refresh our EDI calendar, to ensure we represent all of our minority groups and have the chance to shine a spotlight on what matters. Whilst we have an annual calendar of what we need to corporately support, we still actively encourage teams and individuals to celebrate other events, such as Dyslexia Awareness, religious festivals, events relating to specific long-term conditions.

To raise our profile and celebrate diversity we continue to support **Preston Pride** which takes place in September every year. This provides us with a fantastic opportunity to invite our LGBTQ+ colleagues to support Pride, to demonstrate how we are committed to colleagues who belong to this minority group to feel accepted and encouraged to be their whole self at work. Equally it helps to indicate to our communities that we are a healthcare provider who is inclusive, wants to understand the needs of the LGBTQ+ community in how we deliver care and understand specific challenges or areas we can improve. Whilst simultaneously helping us to recruit new colleagues from the LGBTQ+ community to work for us, by setting out our commitment to inclusion and position in the community to influence awareness raising and reduction of discrimination.


FINANCE DEPARTMENT EQUALITY, DIVERSITY AND INCLUSION CHARTER

The Finance Department as part of their local annual EDI plan have created a EDI Charter, which sets out the teams commitment to be equal, diverse and inclusive. The charter consists of the steps they will take such as through recruitment practices, rolling out unconscious bias training, ensure colleagues are listened to, there is zero tolerance of harassment of bullying, how individual differences will be celebrated through the events the team recognise, through to encouraging learning and development, creating a team ethos which makes colleagues feel proud and valued.

COMMITING TO A ZERO TOLERANCE APPROACH

To support the creation of an **antidiscrimination and anti-racist organisation** we are progressing well with a zero-tolerance approach. Through this approach we intend to use our position within the community as a healthcare provider and as a larger employer to help influence wider community change by actively tackling discrimination and inequality faced by people with protected characteristics when receiving care or working for us.

To date a zero-tolerance statement has been created and consulted upon with the Patient Experience Group, members of the Reducing Incidents of Violence and Aggression Steering Group and the Inclusion forums. The statement once finalised will be linked to information sent to patients as well as being published via our intranet and internet, to ensure colleagues, patients and visitors understand our expectations. This will be accompanied by a poster campaign, animation and communications both internally and externally.

To support further increased awareness and understanding of each colleagues' responsibilities to support a zero tolerance approach, an online toolkit has been drafted which centres on how to be an active bystander, how to support colleagues who may have received bullying, harassment, abuse, violence or discrimination, seeking to effectively challenge negative behaviours or language in the moment and deescalate situations. The toolkit will be enriched by the delivery of a short bystander intervention masterclass, helping colleagues to develop the skills and awareness to challenge negative behaviours, language or culture which is not in line with our zero tolerance expectations.

OUR FUTURE FOCUS

- Include EDI measures within the STAR quality assurance process.
- Ensure all new estate developments incorporate a consciously inclusive approach i.e., always consulting with patient groups and ambassador forums to ensure design principles support patients and colleagues with disabilities to navigate around the site with ease and to ensure facilities have gender neutral toilets as standard.
- Ensure all job titles, communications, publications, patient facing leaflets and internal colleague information/policies is gender inclusive by changing references to gender specific roles to gender neutral terminology specifically using terms such as parent/guardian, you/their/them, people or individuals, siblings, humankind (not mankind), artificial/synthetic (not manmade).
- Use our position within the community as a healthcare provider and as a larger employer to help influence wider community change by actively tackling discrimination and inequality faced by people with protected characteristics when receiving care or working for us.
- Drive to increase the number of patients from diverse backgrounds responding to national patient surveys.
- Increase the diversity of feedback in national surveys to better reflect the experiences of the community demographic.
- Agree the approach to the measurement and analysis of the 9 protected characteristics as part of all Trust defined audits and clinical reviews, so experience, health outcomes and inequalities can be understood and improved.
- Implement and promote our zero tolerance and anti-discrimination approach both internally on our intranet and externally on our internet page.

PRINCIPLE 2 – BEING EVIDENCE LED AND TRANSPARENT

As outlined in the EDI Strategy, this principal centres around using evidence to help inform our focus enabling us to recognise where the experience of patients and colleagues with a protected characteristic is not where we would want, enabling us to create focussed actions to make right difference. Equally this principle set out the importance of using our data to help us reflect, understand and measure the impact we are having through the steps we are taking.

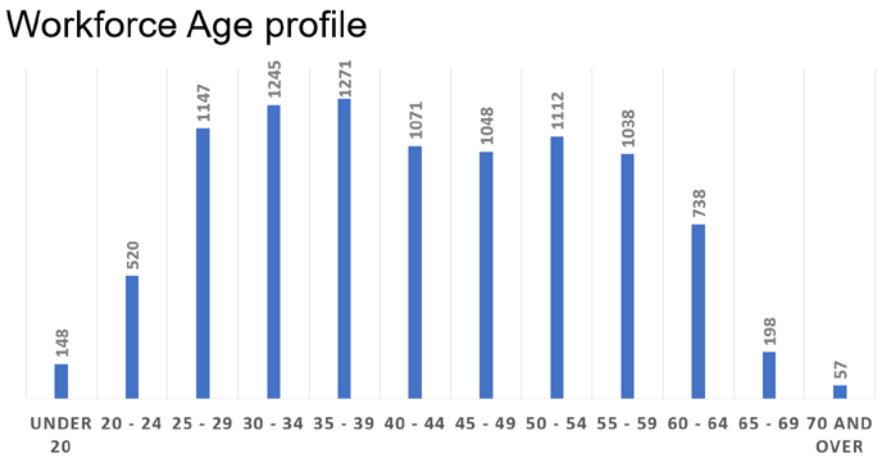
BEING TRANSPARENT WITH OUR WORKFORCE EDI DATA

To deliver against this principle this report was one of the first steps we planned to take. Having a **comprehensive annual report** which sets out what we have focussed on and delivered upon in the last 12 months, forms part of our Trust's public sector statutory duties under the Equality Act 2010 to report on performance and delivery against equality objectives annually alongside the breakdown of protected characteristics detailing the diversity of our workforce.

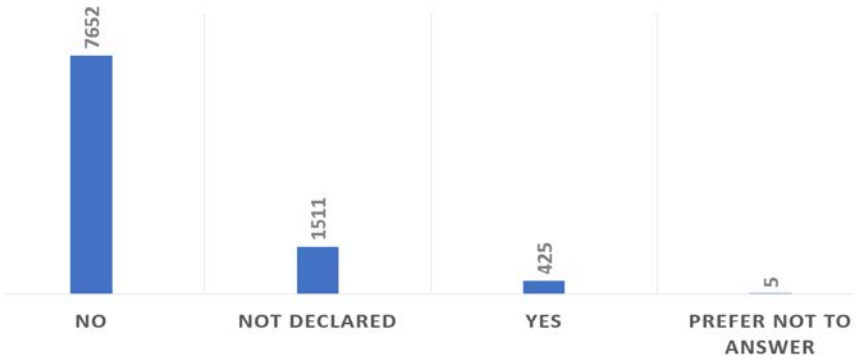
Our Workforce Diversity Headlines

Headcount - 9593	Ethnic Minorities = 25%	Disability = 4%
LGBT+ = 2%	Women = 76%	Married = 53%

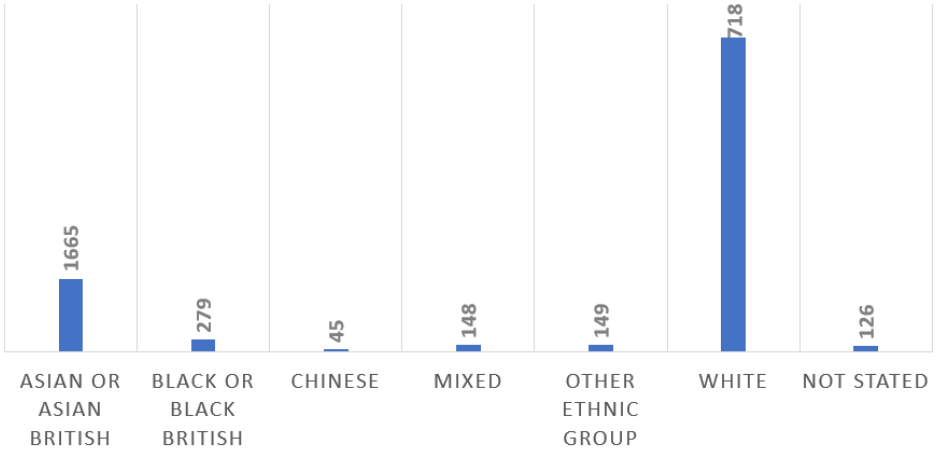
Age Profile



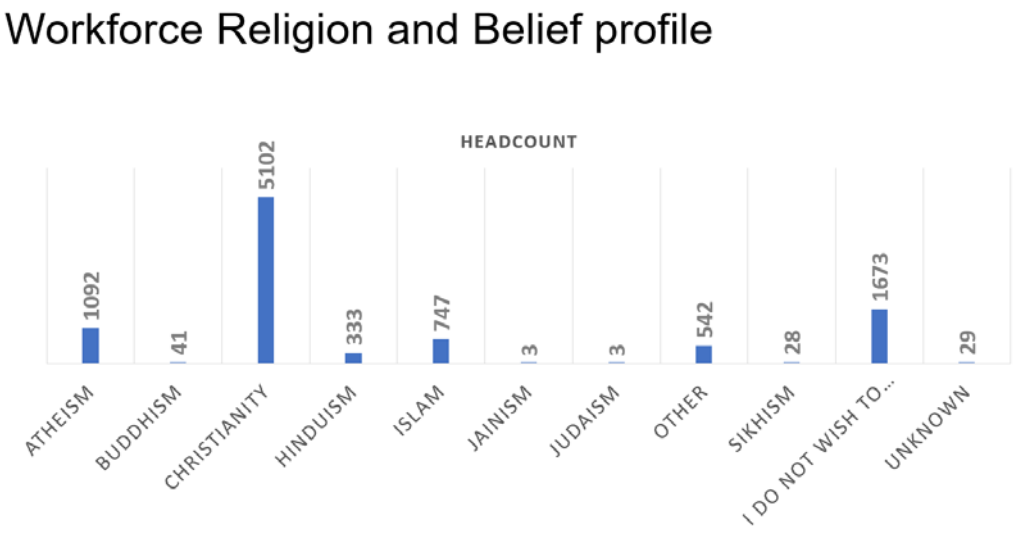
Disability Profile



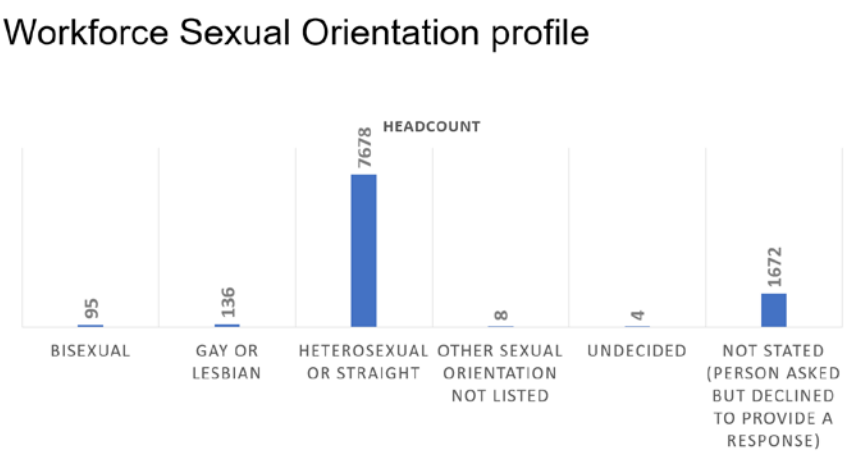
Ethnicity Profile



Religion and Belief Profile



Sexual Orientation Profile



Appendix 1 and Appendix 2, displays infographics displaying our annual WRES and WDES returns for 2022. The full reports can be found here.

Further actions to support the transparency of our approach with regards to delivering improvements for EDI as defined by the public sector equality duties is to undertake the annual **Equality Delivery System** (known as EDS2022) self-assessment process via coproduction with colleagues, patients and members of our community from minority groups. The purpose of EDS it to support NHS organisations to improve the services they provide for local communities and provide better work environments whilst meeting the requirements of the Equality Act 2010. The completion of EDS 2022 is mandated as part of our NHS Standard Contract. This report will be reported separately to Board outside of this annual update, however the approach to completing EDS 2022 is planned to be completed via consultation, engagement and involvement of colleagues with protected characteristics via the Inclusion Ambassador Forums, engagement with patients via the Patient Experience group as well as divisional engagement with colleagues supporting the delivery of EDI Actions. To understand our performance against last year's EDS2 assessment this can be found here.

To understand the impact of our policies and workforce processes we have committed to undertaking **equality impact assessments** to understand how our employee relation policies are applied and if there is any adverse impact for colleagues with protected characteristics. From this process it was found that with regards to the formal capability process, disabled colleagues are more likely to be adversely impacted by this process, however the number of cases entering a formal capability process remains on average below 5 per year, therefore care must be taken when drawing a conclusion. With regards to the formal disciplinary process, we have in the last 12 months seen an improvement in the number of colleagues from a minority ethnic background entering the formal stages with the results indicating that there is no adverse impact for ethnic minority colleagues.

As part of this principle we made the commitment to progress and enhance the level of reporting, analysis and assurance we provide around the **Workforce Race Equality Standard** (WRES), **Workforce Disability Equality Standard** (WDES) and **Gender Pay Gap**, all of which we publish externally here. The key findings from each report are provided

in the Appendix, as the data forms part of our impact measures to assess the improvements delivered through this strategy. The associated strategy action plans contain actions designed to bring about improvements and reduce any adverse impacts experienced by these minority groups.

The **National Staff Survey** results each year are reviewed to understand if there are any differences in the experience of work for any of our minority groups. Through completing this analysis, we found a number of themes which include:

Bullying, Abuse, Violence and Aggression

- Colleagues who have a disability or long-term condition reported experiencing higher than the Trust average for experiences of bullying, harassment, violence and abuse from patients, their relatives or members of the public. Similarly, it was found that colleagues with a disability of long term condition reported experiencing higher levels of bullying or abuse from colleagues and managers. Furthermore, colleagues with this protected characteristic indicated that they felt less secure in raising concerns and that as an organisation we would address them when compared with other minority groups as well as the Trust average.
- It was found that colleagues from a Pakistani background and colleagues who identified as belonging to a white ethnic minority background experienced the highest levels of bullying, harassment, violence and abuse from patients, their relatives or members of the public, colleagues and managers when compared to other ethnic minority backgrounds and the wider Trust average.
- Colleagues who were below the age of 30 reported more experiences of bullying, harassment, violence and abuse from patients, their relatives or members of the public.

The actions taken to bring about improvements are detailed elsewhere in this document and form part of Our People Plan strategic action plan, in summary this includes development of a zero-tolerance approach, bystander intervention toolkit and training, communication and awareness campaign. It is aligned with the actions being delivered through the Freedom to Speak Up Strategy and the Reducing Violence and Aggression Strategy.

Colleague Engagement

- Colleagues aged between 16 and 30 have the lowest engagement levels, the most engaged groups are those aged 41-50, with those aged 66 and over having this greatest levels of engagement.
- Colleagues with a disability were found to have lower levels of engagement compared to those without a disability and in comparison to the organisational average.
- Colleagues who identified as being Black/African/Caribbean/Black British had the highest engagement scores, closely followed by colleagues who are Asian/Asian British. These scores are higher than the organisation average and also higher than white colleagues. Colleagues with lower staff engagement levels were those from mixed or multiple ethnic groups.
- Males and females had largely the same levels of staff. Colleagues who are non-binary had the lowest staff engagement levels.
- Levels of staff engagement were lowest for colleagues who are gay, lesbian, bisexual or other, in comparison to heterosexual colleagues.

- With regards to religion, colleagues who are Buddhist had the lowest staff engagement scores when compared with the organisation average. Colleagues whose religion is Hindu or Muslim have the highest engagement levels.

Staff Satisfaction

- Colleagues between 21-30 years experienced higher levels of work-related stress, found work more emotionally exhausting, work to be tiring than other age groups. With colleagues over the age of 41 years experiencing the greatest levels of satisfaction across all of the items measures in the National Staff Survey.
- Disabled colleagues had far lower levels of satisfaction across all of the indicators in the National Staff Survey, this included factors relating to their job such as ability to show initiative, manage conflicting demands on time, feeling valued for their work. Through to how they feel working in their team, levels of respect and kindness demonstrated and ability to access training and development opportunities.
- Across all of the staff satisfaction indicators, White and Black Caribbean colleagues, Pakistani colleagues, colleagues from a white ethnic minority and colleagues who identified with the category any other Asian background had the highest number of red RAG rated items compared with other ethnic minority groups and the Trust average.
- Across all of the staff satisfaction indicators, colleagues who identify as gay, lesbian, bisexual and other had lower levels of satisfaction than heterosexual colleagues.

To bring about improvements in the levels of engagement and staff satisfaction experience by colleagues with protected characteristics, we are involving the Inclusion Ambassador Forums to help understand the actions which will make a difference. The actions identified to date include, dedicated development opportunities for colleagues with protected characteristics, a bespoke talent management process to support colleagues to reach their career aspirations, increased awareness and understanding of wider colleague groups as to what inclusion means and how they can support positive action.

ENHANCING THE ROUTING MONITORING OF PROTECTED CHARACTERISTICS OF OUR PATIENTS

Patients Demographics

A programme of work is being led through the **Digital and Health Inequalities EDI Subgroup** specifically focussing in on how we can increase the routing monitoring of the protected characteristics of our patients to capture information across all 9 protected areas on patients records to enable deeper analysis and understanding of health inequalities. We understand that we need to reduce the proportion of patient records which currently have a percentage unknown for a number of protected characteristics. For example with regards to ethnicity we found that 15.8% of patient visits in the last year their ethnicity was unknown (this could be due to the patient not being asked or not known due to reasons such as being unconscious or not willing to state), with 73% identifying as White British, 1.9% any other

White background, 1.6% Pakistani or British Pakistani, 1.2% from any other Asian backgrounds and all other recorded ethnicities below 1%.

Through the initial benchmarking exercises as part of the initiation stage of this programme of work, it was found that we regularly record the following protected characteristics for patients; age, marriage/civil partnership, pregnancy/maternity, race, religion/belief, disability and sex.

Through the project the following characteristics have been added or the process for capturing this information has been strengthened;

- Sexual orientation has recently been added to QuadraMed, with changes being made to patient correspondence being provided to patients to inform them as to how they may wish to change this entry in their patient records. Work is underway with GP's to share information held relating to sexual orientation.
- Disability, whilst already captured in QuadraMed, alerts have now been added to the system, to prompt the clinician to identify if any further adjustments need to be made to support the patients care. Going forward it is planned to collate patient disability passports electronically, adding this richer information to QudraMed for review.
- Gender Identification, whilst this is not a protected characteristic, we have made the decision to include this field in QuadraMed and this request has been put forward formally as a change.

To increase the accessibility for patients to provide information on their protected characteristics work is underway to create a patient portal, this will enable those patients who are able and willing to self-disclose their personal information, rather than having to verbally state at an outpatient's reception desk for example deeply personal information. For those patients such as the elderly or with disabilities we will ensure suitable alternatives are in place to support patients who wish to share this information so we can capture it on their behalf.

TAKING ACTION TO REDUCE LENGTH OF STAY OR UNPLANNED HOSPITALISATIONS FOR PATIENTS WITH PROTECTED CHARACTERISTICS

Through the delivery of the Divisional EDI Plans, a number of programmes of work have been completed which have utilised data to help develop new services or bring about service improvements. Examples include:

- The Parkinson's team have created a Trust wide learning package to support patients with Parkinson's getting medications on time. This package has been picked up nationally after being highly commended in the UK Parkinson's Excellence Network Awards as an example of responding to patient need and health inequalities given that research found that 63% of patients with Parkinson's did not receive their medication on time (national findings).
- The Acute Frailty Unit in place at Royal Preston Hospital which provides multidisciplinary integrated and co-ordinated care plans to meet the needs of elderly patients. One of the aims behind this service to support elderly patients to avoid a long hospital stay as they receive the care they need at the time of attendance, as elderly patients spend significantly longer in hospital than younger members of our community.

- The establishment of Frailty Consultant in reach into the Emergency Department. This is in place to try and ensure the shortest possible stay in an acute hospital setting.
- The development of an Acute Frailty Transition Service, again this is to support the reduction in length of stay of elderly patients, as it allows them to be discharged home when patients may not be yet be fit for community service though the provision of Frailty Specialist Practitioner support which includes home visits and telephone contact.
- Any patients over 75 years of age who are discharged from Emergency Department with a fall will be followed up with a phone call.
- Within the Specialist Mobility and Rehabilitation Service we have achieved the Customer Service Excellence Award continuously since 1992 and we reassessed annually by external assessors, ensuring we deliver a high-quality service to patients with a disability.
- From September we introduced the roll out of our virtual ward project designing patient pathways for virtual wards across Respiratory, Frailty and SDEC specialties, with a focus on using digital solutions to support the patient at home during their recovery
- From November we introduced our community health care hub at Finney house using a system partnership collaborative approach to care for patients who no longer meet the criteria to reside in an acute hospital bed but can be supported before returning into the community and thus reducing the impact to patients who may decondition in hospital.

HEALTH INEQUALITIES

- The strategy highlighted the need to combine quality and equality impact assessments into business as usual as part of change process across the organisation, in the last 12 months the equality impact assessment process has been combined and reflected in policy with the quality impact assessment process. This is currently applied to all cost improvement projects and will be developed further this year to include further change programmes.
- To progress the action which was to examine structural health inequalities that may exist within services we have utilised the national CORE20 PLUS 5 programme of work for adults to shape the approach to understanding patients who are on the waiting list who may be at increased risk of harm whilst waiting. The recently published CORE20PLUS5 for children will be used to develop a plan in the next year. Development sessions led by the Director of Public health have been conducted with the Board and divisional leaders to connect public health with acute hospitals and increase awareness and understanding.
- A working group established to manage the risk to patients experiencing length of stay has developed the ability to examine the patients on the waiting list who may be more likely to experience harm due to their protected characteristic. Clinicians are currently reviewing patients who have a diagnosed learning disability and severe mental illness. This will then inform future work and aims to link with community services to utilise existing services to advocate for patients less able to do so.

OUR FUTURE FOCUS

- Take an intersectional approach to evaluation and reporting, enabling us to identify unwarranted variations in experience for both patients and our workforce.
- Improve our methods of understanding barriers to social mobility and career progression of colleagues from all social class backgrounds by seeking to measure the socio-

economic background of our workforce and benchmark our position and progress against the Social Mobility Employer Index.

- Have a clear measurement strategy for all patient facing engagement and involvement groups so we are able to understand impact and improvements delivered through this approach, as well as demonstrating to patients how we have taken forward actions to address their views and experiences. This will include the launch of a new patient/carer forum which will focus on service redesign and developments. The recruitment of the group is being established from all current focus groups enabling a broad spectrum of members from all backgrounds and communities.
- Each service will develop the ability to view outcome measures through the lens of protective characteristic data.
- Through understanding the system and Integrated Care Partnership 'system' data, approaches to prioritising services will consider health inequalities that affect outcomes for our communities.
- Participate in the Integrated Care Partnership Determinants of Health Board.
- Combine quality and equality impact assessments into business as usual as part of change process across the organisation.
- To design and deliver equality impact assessment training, to enable those who produce patient and colleague facing policies, processes and standard operating procedures to competently complete impact assessments.
- To undertake equality impact assessments for appraisal and talent ratings, turnover, sickness absence, training evaluation and education metrics.
- To deliver a campaign which encourages colleagues to update their personal data sets to enable more accurate reporting of protected characteristics.
- The new Patient Experience and Involvement Strategy (2022 -2025) includes a 3-year delivery plan which incorporates health inequalities with a special focus on ensuring processes and plans are inclusive for all diverse communities served by the Trust.
- Embed EDI measures into our organisational governance arrangements to give us clear oversight of how we are progressing from ward to Board.
- Improve the documented evidence of mitigations taken where impacts are recognised and confirm these are sufficient with colleague and community groups.

PRINCIPLE 3 – RECOGNISING THE IMPORTANCE OF LIVED EXPERIENCE

This principle emphasises the importance of understanding, valuing and responding to the lived experience of our communities and colleagues. To provide excellent services and a great place to work we recognise that we need to engage with all groups but ensure the voices of minority groups in particular are engaged to co-produce and co-design as equal partners the shape of our services and type of organisation colleagues wish to work within. To implement Principle 3 the following actions have been taken forward to ensure we consciously recognise the lived experience or patients, our communities and colleagues:

FOR PATIENTS

To learn from the lived experience of our patients in making improvements from our services we have sought to engage relevant patient groups in the design of services, to share their stories so we can reflect, learn and make impactful changes. Patient stories continue to be part of our Board Meeting, with the Divisions replicating this in their divisional board meetings as a way to understand lived experience from our patient and carers and strive to embed best practice in their areas.

In the last 12 months to develop our new Lancashire Eye Centre we engaged with patients, charities from the Visual Impairment Forum to support the development of wayfinding and signage for this new build. Further to this we are currently improving access into the Gordon Hesling Building following feedback on this area. As capital projects are progressed full consideration to access is given and improvements made.

To further engage patients in the development of our services, it is anticipated by implementing our new Patient Experience and Involvement Strategy which sets out the ambition to recruit Patient Experience Champions for all departments to ensure collaborative working and a consistent joint approach through all hospital sites in relation to patient involvement

We have continued to make accessibility a priority across all our procedures, policies, documentation, web sites, internal/external communication and ways of working (e.g. by achieving the NHS England Accessible Information Standard). In the last 12 months we have introduced audio leaflets and provided different colour paper copies, using different font sizes to support visually impaired and neuro diverse communities.

To support in patients with protected characteristics we have sought to ensure ward activities support the wellbeing and aid patient recovery, such as through the implementation of our visual impairment box which includes talking magazines and large font activity books.

The organisations Library and Knowledge Management Service have been leading a national project funded by Health Education England and Public Libraries to bolster the publics digital and health literacy skills, supporting communities across the country to be better able to access health information as a way to support reducing health inequalities. Our Knowledge and Library Services Managers chairs the national group and was recently shortlisted for Chartered Institute of Library and Information Professionals - Knowledge and Information Mobilisation Award, which we were the runner up.

FOR COLLEAGUES

UTILISTING THE LIVED EXPERIENCE OF COLLEAGUES TO SHAPE HOW WE DO THINGS

As part of the EDI Strategy we committed to **coproducing all our workforce and organisational development policies with the Inclusion Ambassador Forums**, such as by taking drafted policies for discussion, seeking their view on the equality impact assessments, understanding the impact of how our policies are applied on their lived experience. A recent example is the rewriting of the **Transgender Policy**, which was a joint piece of work engaging with the Chair of the LQBTQ+ Ambassador Forum, Diversity and Inclusion Practitioner as well as Dr Lewis Turner who is the chair of Lancashire LGBTQ+.

We have sought the views of our Inclusion Ambassador Forums when helping to shape the EDI Strategy, the actions we need to take to support colleagues with protected characteristics. Similarly we have invited Inclusion Ambassador Groups to reflect on the findings from WRES, WDES and annual National Staff Survey results to identify if this reflects their experience of working with us, what would make the difference and bring about improvements. Following their feedback this has helped to shape the direction we take and what is given priority.

INVITING COLLEAGUES TO SHARE THEIR EXPERIENCE

To raise awareness, bring about culture change and place diversity and inclusion at the centre of our culture and organisational narrative we have sought to create new ways to encourage conversations about protected characteristics. This includes holding a dedicated **Schwartz Round** to discuss going through hormonal changes in the workplace, the topic of this round has been commended by the Point of Care Foundation as innovative practice. During the round we heard from the panellists and members of the group their experiences of going through different types of hormonal change in the workplace such as menopause and IVF treatment.

We continue to run **Living Library** events, with the last 12 months seeing 3 events being delivered the purpose of which is to help challenge prejudices, enhance learning and understanding of what it is like to have a protected characteristic.

To encourage more regular, personalised conversations about diversity and inclusion, we have changed the focus of **appraisal** at the end of 2021. There is now a dedicated section which prompts appraisers and appraisees to discuss the ‘person behind the role’, such as exploring their wellbeing, impact of having a protected characteristic, work life balance, carer needs, review of supporting disability agreement, flexible or agile working arrangements and future career plans.

As part of the EDI Calendar we hold regular events to support colleagues with protected characteristics and members of our Inclusion Ambassador Forums to come together to

share their experience around different topics, examples include Bullying and Harassment aligned with Anti Bullying Week, Discrimination aligned to Black History Month.

RESPONDING TO HEALTH AND WELLBEING BEING NEEDS OF MINORITY GROUPS

In this years annual Health Needs Assessment, colleagues with protected characteristics reported slightly higher levels of stress than wider organisational results, they also indicated less satisfaction with their role and social environment than colleagues from majority groups. Through the feedback provided from respondents from minority groups they set out that they would welcome greater access to health and wellbeing information, would welcome policies to be used more fairly, access to longer breaks/more flexible working opportunities, exercise classes, improved equipment to do their job, creating a culture of action with regards to bullying, harassment and abuse as well as providing enhanced support for managing backpain. Further actions need to be taken forward to support improvements in these areas.

Through feedback provided through the annual health needs assessment and progression of the health and wellbeing agenda we have sought to provide dedicated, tailored health and wellbeing support for colleagues with protected characteristics to reduce health inequalities and help colleagues feel well at work. In the last 12 months this has included creation of a **Carers Forum**, a Carers Passport and supporting carers resource pages to support those colleagues who have caring responsibilities alongside their work.

Provided a menopause and significant hormonal changes webinar with 80 attendances, which became a platform for us to subsequently establish focus groups, a network of colleagues to establish a Menopause Forum and a train the trainer programme for **Menopause Champions**.

Ran a **programme of health checks** for colleagues at higher risk of serious illness from COVID-19, including Vitamin D screening, antibody screening, BMI and blood pressure checks. 145 colleagues participated in this and 66 colleagues were subsequently supported following Vitamin D deficiency results, with 35 onward referrals to GPs for other reasons.

As measured through the annual Workforce Disability Equality Standard, we found that 72.6% of colleagues who have a disability of long-term condition or illness say the organisation has made **reasonable adjustments** to enable them to carry out their work. This is slightly above the national average for this measure, however a deterioration compared with our previous years data. We have also found an improvement in the proportion of colleagues with a disability, long term condition or illness who felt under pressure to come into work when not feeling well enough (n+21.7%), this is an improvement from last year and also slightly better than the national average. However it is important to note that further work is still needed as it is slightly above the disparity ratio at 1.28.

OUR FUTURE FOCUS

- To improve the experience of work for our temporary workforce with protected characteristics to reflect that of our substantive colleagues.
- Further evidence targeted health promotion interventions in protected characteristic groups to improve outcomes related to obesity, alcohol and tobacco.

- Continue to ensure all Workforce and Organisational Development policies are reviewed by relevant Ambassador Groups and members of the group are involved in reviewing the diversity impact assessment.
- Review the effectiveness of Supporting Disability in the Workplace Agreement with every colleague who has a disability or long-term condition.
- To review internally if we are fully delivering the information accessibility standard internally for colleagues.
- To review if we are fully delivering the information accessibility standard for patients, their families and members of our community.
- To review Core People Management Skills Programme in partnership with the Inclusion Ambassador Forums to shape content in which to build the competence and confidence of line managers to have conversations with colleagues about their protected characteristics such as during a return-to-work conversation, as part of appraisal, when considering a range of factors which could be impacting on an individuals performance.
- For every structural estate change, or new building development we will commit to engaging with individuals with protected characteristics, specifically those patients who are living with the condition in the design and layout of our physical estate from conception stage to build sign off.
- Work with diverse groups of patients, their families, carers and service users to shape wayfinding and signage to make it easier to navigate when in hospital and transferring care between hospital and community services. This should include accessible interventions for those with additional needs.
- Ensure all new software and equipment goes through a procurement, EIA or accessibility check before it is piloted or purchased.
- All pathway and service redesign will involve the patient voice, providing opportunity for co-design and consultation.
- Explore the use of social prescribing to promote health and wellbeing in community groups.

PRINCIPLE 4 - BEING REPRESENTATIVE OF OUR COMMUNITY

This principle focusses inward and sets out our ambitions to increasing the diversity of our workforce so it is proportionally representative of our communities. Within the EDI Strategy we have set out ambitious goals which includes increasing the representation of colleagues with protected characteristics, publicly demonstrating our support to recruiting individuals with protected characteristics or who are from more disadvantaged backgrounds or from deprived areas through to supporting colleagues with protected characteristics to reach their full potential and climb the career ladder should they wish.

INCREASING REPRESENTATION OF COLLEAGUES WITH PROTECTED CHARACTERISTICS

Through the series of annual reports we produce as part of our NHS Contract, we understand our current position with regards to representation for a number of protected characteristics, specifically:

- We have seen **some increases in the percentage of disabled colleagues across our workforce** as a whole, with 4.7% of our non-clinical workforce who identify as disabled and with 4% of our clinical workforce disabled. It is positive to note increase in clinical bands 7 and 8b, as well as in non-clinical bands 7 and 8c. Despite these successes we know that on our Employee Staff Record system, 396 colleagues have recorded they have a disability or long-term condition, however we understand from our National Staff Survey data that we have at least 958 colleagues with a disability and potentially far more than this, given the proportion of people who take part in the survey (typically 50% of total workforce).
- Through the annual Workforce Race Equality Standard we found in the last 12 months that across the majority of the agenda for change bands we have seen **an increase in the percentage of ethnic minority colleagues within our workforce**.
- The greatest representation of ethnic minority colleagues in non-clinical roles are in bands 2 and below (below band 1 tend to be apprentices) and in band 8b (35.71% of band 8b colleagues are from and ethnic minority background). Across all bands with the exception of apprentices, bands 2 and band 8b colleagues ethnic minority colleagues are underrepresented when compared against the Trust wide ethnic minority workforce.
- From a clinical workforce perspective the highest percentage of ethnic minority colleagues can be found in band 5 roles, this could in part be due to extensive international recruitment in the last 12 plus months. With the exception of band 5 clinical roles, ethnic minority colleagues are underrepresented in all other bands when compared against the Trust wider ethnic minority workforce.
- The majority of our workforce is aged over 21 years at 98%, meaning those aged below this are in the minority and the predominant gender is female at 77% which is typical for NHS organisations.

Within both WRES and WDES we measure the likelihood of disabled and ethnic minority candidates being shortlisted. There have been slight improvements in last 12 months in relation to the likelihood of disabled candidates being appointed from shortlisting, showing a reduction of adverse impact for disabled candidates compared against the experience of

non-disabled candidates. However for ethnic minority candidates we need to take action as the race disparity ratio for this indicator has deteriorated since last year, moving to 1.28 (from 1.23). This means that white candidates are 1.28 times more likely to be appointed from shortlisting than candidates from and ethnic minority. The disparity ratio is slightly above the range of 0.8 – 1.2, therefore further action needs to be taken.

To encourage applications from minority groups and to showcase the diversity of our workforce we have produced a **number of short videos** highlighting our roles through colleagues Maggie, Jarrad and Zaib sharing their experience of working for us. These videos have dual purpose to highlight the diversity of our workforce and encourage potential applicants to see themselves in our workforce as well as talk about the rewarding nature of the role and type of work through the #bemorelike campaign.

We have produced a **Selection and Assessment Toolkit** for recruiting managers to use, supporting them to develop fair and robust selection processes. The toolkit complements the Core People Management Skills Programme, it contains content on dealing with unconscious biases in shortlisting, selection and interviewing. The toolkit makes clear the equalities act and recruiting managers responsibility, as well as helping users to reflect on their own biases and how they need to be aware of this when entering into any part of the recruitment for new team members.

DEMONSTRATING OUR COMMITMENT TO CREATING A DIVERSE WORKPLACE

To lay down the right foundations we have sought to commit to several pledges, charters and covenants. The purpose of undertaking these actions has been to assess our own current position against the standards set by external bodies, to reflect on what more we should be doing, to show our commitment to our current workforce and externally to our future workforce alongside patients and the communities we serve. In the last 12 months we have:

Reapplied for and were successful in obtaining **Disability Confident Employer at Level 2.** We have been at level 2 for the last 2 years and made the decision to not apply for Level 3 this year, due to wanting to further embed a number of actions so we are completely fulfilling all aspects of the standards expected.

We have signed up to the **Disability Employment Charter**. This charter sets out nine areas signatories commit to putting in place to address the disadvantage disabled people encounter in their working lives. The charter is predominantly aimed at government and the actions that should be driven forward centrally, through showing are support it will hopefully levy wider change in the support of disabled

individuals, which us as an organisation would welcome and align to our own practices.

We continue to believe in the five steps set out in the **Dying to Work Charter**, which was led by our Staff Side colleagues. The charter asks us as an employer to ensure our sickness absence processes and policies are compassionate towards colleagues with a terminal condition, ensure we have an employee assistance process, provide support to managers who are supporting a colleague with a terminal illness and to promote that we have signed this charter.

In 2021 we created and communicated our own **Working Smarter Pledge** to ensure flexible and agile working is embedded within our organisation. The charter sets out the importance of encouraging and supporting agile and flexible working, it also emphasises the importance of colleague wellbeing, compassion towards colleagues, focusing on results rather than presenteeism, all of which can be supportive mechanisms for colleagues who may have a disability of long term condition and if their role allows to work productively, as well as for other colleagues who need greater flexibility due to demands in their home life such as caring responsibilities to be able to succeed at home and work.

As part of our social value and anchor institution work, we have signed up to **Care Leaver Friendly Employer Charter** which is part of **the Care Leavers Covenant** and in addition we committed to a statement of intent, which sets out that we recognise the challenges young people face when they leave the care system, we are prepared to offer support to care leavers through development and employment opportunities via our widening access schemes to support them transition into adulthood and secure the best possible outcomes for them. The next stage in this process is to work with the Covenant team to adopt the behaviours in the charter and take action to mitigate any gaps we may have in our current offer.

DEVELOPING A TALENT POOL AND SUPPORT CAREER PROGRESSION

Our WRES and WDES data tells us that:

- 52.8% of colleagues with a disability and 60% of colleagues without a disability believed that our organisation provides equal opportunity for career progression or promotion. The disparity ratio falls between 0.8 – 1.2 indicting for this metric there is no adverse impact for colleagues with a LTC or illness. The organisations score is very slightly better than the national benchmark.
- However only 45.5% of ethnic minority colleagues and 44.6% of white colleagues believes our organisation provided equal opportunities for career progression and promotion. Whilst there is no adverse impact for ethnic minority colleagues, it is clear further actions need to be addressed though the delivery of Our People Plan.
- Colleagues from ethnic minority groups are almost 1.5 times less likely to be able to access non mandatory and continuous professional development than their white counterparts. Whilst ability for all colleagues both from white and ethnic minority backgrounds to access training and professional development has reduced substantially from last year probably due to Covid-19, we need to take further action to support a higher proportion of colleagues from an ethnic minority background to develop in the next 12 months.
- 7.1% of the Board's voting membership has an ethnic minority background, compared with an overall workforce of 22.5%, a difference of -17.0%. This negative value of -

17.0% indicated that the percentage of ethnic minority members on the board of directors is lower than in our whole workforce, therefore could be not proportionately representative of our workforce.

- With 7.14% of the Board's voting membership identify as having a disability, this is greater than the NHS average of 3.7%. Further actions are required to understand if there are a proportion of Board members who have not disclosed their disability or long-term illness/condition, as well as taking supportive actions which continue to increase the diversity of Board membership.

To bring about improvements and ensure colleagues with protected characteristics have greater opportunity to access development, are supported in their talent and career aspirations, as well as trying to create greater diversity in colleagues who obtain more senior, executive and non-executive director level posts we have undertaken a number of programmes of work. These include:

Inclusive Leadership at Lancs Programme

The programme was launched mid-2021, with the aim of addressing under representation of ethnic minority groups in more senior positions, to create career opportunities, help retain out talent and a social movement for change by inspiring other ethnic minority colleagues to progress their careers.

The programme took a modular approach and made up of a number of other successful courses already delivered across the organisation, alongside a series of bespoke sessions. This included completing:

- **Talent Management Programme** – which aims to support participants to reflect on their career journey to date and to start to map out the career journey they want moving forwards. It also supports participants to reflect on their values, skills, strengths and areas for development.
- **Core People Management Skills** – this 5-session programme provides new and experienced managers with the fundamental management skills in essential areas of recruitment, induction, performance management, team management, health and wellbeing and what to do when things do not go to plan.
- **Microsystem Coaching Academy Programme** – aims to support participants to have the skills to influence, rethink and redesign services by having the knowledge, skills and abilities to apply quality and continuous improvement science in their teams through taking a team coaching approach.
- **RADA Personal Impact Training** – this consisted of 3 short modules involving actors and role play to support participant to build their personal presence, leadership approach, ability to influence and negotiate.

When the programme was launched there was the expectation that the participants would complete all of the above within a 12-month time period, however in reality this has been challenging to achieve due to pressures in the organisation and the volume of sessions to

attend, this learning will be incorporated into the future design of this programme. Despite delays we are confident that 24 colleagues will complete all elements of the Inclusive Leadership in Lancs Programme by end of March 2023. At this stage we will hold a graduation and seek to involve participants in completing a full evaluation of the programme to inform how we move forward as well as seeking to monitor their career progression over the next 2-3 years.

Leadership to the Disabled NHS Directors Network

Kate Smyth, Non-Executive Director, co-founded the Disabled Network in October 2020 and she continues to act as co-Chair of the Network alongside Peter Reading, Chief Executive of North Lincolnshire and Goole NHS Foundation Trust. The network is open to Executive and Non-Executive Directors with disabilities on the Boards of NHS Trusts, CCGS, ICSs, NHS Arms-Length Bodies and Community Interest Companies and Public Sector Mutuals providing NHS services. The Network set out to raise the standards of disability across all NHS Boards, raise awareness of the benefits of diversity in leadership positions, provide a supportive environment for members to share issues and lobby for improved selection processes for Non-Executives and Lay Members to ensure more accurate representation of the communities that Boards represent – especially in relation to disabled people.

ICS Non-Executive Director (NED) Programme

This system wide programme of work which aims to enable individuals from an ethnic minority background to get a seat at the Board table in our organisations and improve representation at board level. The overarching aim of this programme is to help people from protected characteristics get a seat at the Board table in our organisations and improve representation at Board level. The programme includes a 6-month Shadow Board which through experiential learning will support participants to have a detailed knowledge of the role of an NHS NED, ability to contribute to the strategic direction of the NHS, increased confidence and competence to operate at Board level through chance to develop key skills such as influencing, understanding risks, making informed decisions etc.

In addition to Shadow Board Programme, participants can access mentorship from a pool of Board members across the ICS and participate in further facilitated sessions on CV writing and interview skills for Board level posts. At the time of writing this report, the programme is currently at the recruitment stage, further updates will be reported to the EDI Strategy Group.

ENCOURAGING SOCIAL MOBILITY AND WIDNENING ACCESS

The Widening participation team continues to provide career inspiration and opportunities for employment to our local community, through provision of a number of programmes and events designed to support those who are at a disadvantage and aspire to a career in the NHS.

Work Familiarisation Programme is a programme that provides work inspired activities both on placement and in the classroom for students with disabilities and severe additional learning needs. In the last 12 months this programme has restarted following the restrictions applied during the pandemic. We welcomed a cohort at each of our hospital sites in September 2022 with an offer of 12 places for students on each programme.

Pre-Employment Programme, over the last 12 months we have continued to provide a pre-employment programme aimed at getting a long-term unemployed people within our community back into work. By working with partners including the Department for Work and Pensions and the Princes Trust we offer 20 places per programme. Over the last 12 months we have supported 51 people back into work. These people have been recruited into various departments including healthcare and domestic services.

Reboot was introduced in June 2022, this 4-week programme is aimed at supporting potential employees who find the application the application process a barrier to employment but, unlike pre-employment candidates, they have the qualifications and experience. During the programme candidates receive advice and support on application form writing, interview skills, NHS and Trust values, professional conduct, role and responsibilities and work-based shadowing in an area of their choice. Successful candidates receive a guaranteed interview upon completion. In June 2022, 11 people who were unemployed applied and 10 completed the programme successfully, 5 are now employed within the Trust and a further 3 are awaiting recruitment checks to be completed before moving into employment.

Preston Widening Access Programme has been running annually since 2014, disadvantaged students from our local area who aspire to study medicine at Manchester University can enrol onto this programme in order to build knowledge skills and experience to support their application form via UCAS. This year's programme started in January 2022, 16 students attending and 9 completed successfully.

Kick Start was a government initiative that commenced in March 2022 aimed at people aged 16 to 24 who claim universal credit. Employment on a 26 hour a week contract will be funded via Health Education England and placements to be provided by NHS organisations. Recruitment offers went out to 6 candidates, 3 successfully completed, 1 of which gained full time employment, 1 postponed employment due to maternity leave and 1 is receiving ongoing support to gain employment.

Inspiring Careers - Widening participation team have also been holding virtual clinics with schools and colleges supporting them with interview skills, application form writing and career pathway options. Face to face careers activity has now recommenced as of 1st September 2022, with the Widening Participation team already in year attending 4 careers events and have a further 5 booked for November 2022. The team will attend Preston Muslim girls school the careers event day in the new year. We will be inspiring this ethnic minority group into NHS careers and exploring opportunities with them ensuring they are on the right academic pathway.

ENSURING ALL OUR COLLEAGES AND COMMUNITY MEMBERS SEE THEMSELVES REFLECTED IN THE IMAGES WE PROMOTE

We have made a commitment that all images, videos, leaflets, training resources, written publications and animations use images which reflect the full diversity of the communities we serve and our colleagues. As reflected elsewhere in this annual report, we consciously ensure the images reflect our diversity, professions and areas of the organisation.

OUR FUTURE FOCUS

- Review our recruitment and selection processes from end to end, this includes having as standard diverse recruitment panels and the presence of an equality representative who has the authority to stop selection processes if deemed unfair, along with all interviews for roles banded 8a and above will include a requirement for candidates to demonstrate the legacy of past EDI work they have undertaken.
- Take further steps to increase the representation of minority colleagues to ensure the diversity makeup across all minority and socioeconomic groups is broadly representative of the communities we serve at all levels of our organisation.
- Develop a talent pool database of individuals across the organisation who are considered to be Rising Stars and agree the positive action we will take to filling promotion opportunities with colleagues from underrepresented groups.
- Continue to prioritise and promote the widening access work and programmes in the organisation in order to further enable social mobility through our attraction, recruitment, retention efforts.
- Challenge the barriers that prevent colleagues with protected characteristics progressing (culture, working hours, expectations, flexible working, effectiveness of workplace adjustments) by continually reviewing the effectiveness of our policies, working practices, regular measurement of our organisational culture taking action as required.
- Understand disparities in performance management in colleagues with protected characteristics, specifically in relation to formal performance management processes, appraisal ratings, talent management ratings and ability to access training and development opportunities beyond mandatory training.
- Ensure wider engagement from our diverse communities across all services and divisions, in co-production, listening to feedback and taking actions based on feedback.

PRINCIPLE 5 – BRINGING ABOUT CHANGE THROUGH EDUCATION AND DEVELOPMENT

Education and raising awareness is an essential part of the strategy, as it helps to inform, change mindsets and create a force for change. This section focusses in on how we are using training and development to support colleagues with protected characteristics, through to how we are using education and awareness to raise the wider workforces understanding of their role in supporting us to deliver the aims of this strategy. Some of the progress in this aim, has also been reported under other aims, this includes the Inclusive Leadership in Lancs Programme, Living Libraries, the Bystander Toolkit and Zero Tolerance approach which is nearly finalised and the refocussed appraisal process.

REVERSE MENTORING

This is an ICS programme of work, which aims to train a system wide group of reverse mentors and mentees. Reverse mentoring involves a colleague in a senior position being mentored by someone in a more junior position than themselves. The programme will give our senior colleagues and leaders insight into what it is like to be working for our organisations with a protected characteristic or as a member of an underrepresented/marginalised group.

It should provide an opportunity for our leaders, managers and key role holders to engage in honest, open and respectful dialogue about the barriers, issues and problems that LGBTQ+ colleagues, colleagues from minority ethnic groups or with disabilities sometimes encounter while working for us.

We have two members of our Executive Team who have committed to being a reverse mentor, this involves attending a preparation session and then at least 6 sessions with their reverse mentor as a well as attending facilitated reflective practice sessions. We have in this cohort 6 members of our organisation who have protected characteristics who have come forward to be mentors, as part of this process they have undergone mentorship training and offered to put their skills into practice with a senior colleague from across the ICS. The programme is due to come to a close in March 2023 when an ICS wide evaluation will take place. At this stage we will review internally the impact it has had and decide how we may wish to take this forward and implement as an internal scheme also.

INCLUSIVE, ACCESSIBLE BLENDED LEARNING AND LIBRARY SERVICES

In the last 12 months we have taken the steps to diversify the way we deliver online learning. This has included converting Core Skills training into **3 different languages** which are Gujarati, Hindi and Urdu. By purchasing a language pack we have the ability to produce materials in a wider range of languages to ensure that a language does not prevent our colleagues from learning.

For colleagues with neurodiversity (e.g. dyslexia) or visual impairment we offer to produce a **printable document** which can be printed on different colour paper for discussion and completion with their line manager or colleagues in an educational role.

We have included **subtitles** as an option for users to select for all our multimedia assets to support colleagues and our communities who may have reduced or no hearing.

The Operational Library Services Lead has created and delivered a presentation to University Students on how we tailor our services to support dyslexic library users, the presentation was part of Manchester Metropolitans University Health Library module and was a great way to showcase our practice. This case study has also been shared with Health Education England as a way to illustrate good practice.

LEADERSHIP AND MANAGEMENT SKILLS

Through the refresh of **Core People Management Skills Programme** in early 2022 we have incorporated EDI in all the sessions we deliver, such as understanding how to effectively raise and deal with micro aggressions using lived experience case studies. Through to under performance management considering the impact of protected characteristics, and in recruitment focussing on how bias can create discrimination and disadvantage.

DECOLONISATION OF LEARNING AND DEVELOPMENT

Across both Organisational Development and Education, work has progress to decolonise our training materials, this has included using inclusive materials, resources and imagery in our leadership and management development offer. Through to encouraging participants to have critical conversations about the impact of colonial legacies on popular theories and literature, alongside the relevance of past published theories and seminal articles in today's culture and different cultures.

In addition to this, we have diversified our simulation equipment through the purchase of Asian and Black skinned manikins, to ensure our learning environment reflects the patients we provide care to.

TRAINING EVALUATION

In the last 12 months, we have reviewed the evaluation process for all development delivered through Organisational Development to include protected characteristics and barriers to learning. This will enable us to understand if colleagues from different minority groups have a different experience both in the classroom and then in their ability to apply their new skills when back in the workplace.

Further to this within Organisational Development we have sought to capture our learner's demographic information as standard in our registration processes. The reason for this is to both understand the diversity of our applicants, where we may need to take positive action and also when

a participant drops out of a programme or fails to attend we proactively get in touch to see if there are any issues as to why they are unable to attend, how we can support their development and resolve any organisational barriers.

ENCOURAGING REFLECTIVE LEARNING THROUGH TAKING A JUST AND RESTORATIVE CULTURE APPROACH

We have implemented a restorative, just and learning culture debrief process to support colleagues who have been involved in employee relations investigations to reflect on lessons learnt at an individual, team and organisational level, as well as consider what hurt or moral injury is still impacting on colleagues and what is needed to help individuals/teams move forward.

In recent months we have taken this approach and sought to apply it to incidents involving patients. As part of taking this restorative and just culture process, we have bought together groups of colleagues who have been involved in challenging circumstances to reflect, to talk about the factors that contributed, how they felt, their reflections and learning, as well as what we can do to help prevent similar incidents from happening in the future.

OUR FUTURE FOCUS

- Finalise the review of current EDI training available to all colleagues to ensure everyone understands their personal responsibility to promote equality, work in line with inclusive practices, challenge inappropriate behaviours and remove any unfair barriers. This will include raising awareness of expected behaviour, terminology, relevant good practices and where to access further guidance and support.
- Deliver Equality Impact Assessment Training for all colleagues and teams who draft policies, guidelines, patient information and colleague communication.
- To deliver and EDI Masterclass Series to equip leaders and managers with the skills, competence and confidence to have conversations with colleagues about ethnicity, religion, disability, sexuality, generational differences aligned to their experience of work, support and additional needs they may have to fulfil their potential.
- Implement a Bystander Intervention Kit which includes further values based and civility resources to help colleagues to tackle uncivil behaviours, discrimination, bullying and harassment.
- To ring fence a proportionally representative percentage of apprenticeships, accredited (e.g. Institute of Leadership and Management Level 2, Consultant Leadership Development etc.) non-accredited (e.g. Continuous Improvement Programmes, Core People Management Skills, Senior Leadership Development etc.) taught programmes for colleagues with protected characteristics.
- To scope, develop and implement an internal reverse mentoring scheme.
- To foster a restorative, just and learning culture by integrating learning from concerns and complaints made by patients, families, carers and colleagues into the organisations learning to improve processes.

FINANCIAL IMPLICATIONS

Whilst there are limited direct financial implications associated with this report, there are a number of indirect costs which could be incurred if we are unable to progress against the strategic aims outlined. These include:

- Costs associated with missed appointments from patients who may have lower health literacy skills, from a poorer demographic background, or minority group.
- Increased treatment costs for patients with health inequalities.
- There is no celling for the maximum amount which could be awarded from a potential employment tribunal with a discrimination claim.
- The associated costs for colleague turnover, this includes impact on team morale which can impact on levels of productivity, impact on reputation, time to hire and needing to use temporary worker colleagues, as well as time spent recruiting and upskilling.

LEGAL IMPLICATIONS

As a public sector body, we are governed by the Public Sector Equality Duty which came into force in 2011 alongside the Equality Act 2010. As part of this we are obliged to meet the objectives set out which include:

a. eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
b. advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
c. foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

To ensure transparency, and to assist in the performance of this duty, the Equality Act 2010 (Specific Duties) Regulations 2011 require public authorities to publish:

- equality objectives, at least every four years,
- information to demonstrate their compliance with the public sector equality duty.

This annual report and the EDI Strategy supports the transparency with regards to the objectives we are taking to improve diversity and inclusion alongside our data profile. In conjunction with this report, the Workforce Race Equality Standard, Workforce Disability Equality Standard and the Gender Pay Gap report support further transparency with regards to our data and experience of colleagues from certain protected characteristics.

RISKS

The risks to not progressing against the EDI strategy are in part documented within the financial and legal implications. Further to this wider risks include:

- Ability to analyse our patient data by all 9 protected characteristics is limited due to system limitations, this makes it more challenging to understand any health inequalities that may exist, alongside measure any impact through actions taken in delivering the strategic aims.
- Negative impact on the experience of work for colleagues with protected characteristics.
- Increased discrimination claims.

- Reduction in overall levels of colleague engagement and satisfaction as measured by the National Staff Survey and the National Quarterly Pulse Survey.
- Reduced reputation as an inclusive employer
- A workforce that is not representative of the communities we serve.
- A workforce that is not representative at all levels and professions.
- A workforce which is not consciously inclusive, or possess the skills, knowledge, confidence and competence to tackle discrimination and deliver inclusive working practices.
- Inability to progress social value work through increasing the diversity of our workforce which in turn supports our communities to thrive.
- Increased health in equality gap.
- Services which do not meet the unique needs of our local populations.
- Inability to achieve CQC standards around equality, diversity and inclusion of the services we offer.
- In ability to deliver on the NHS People Plan and the NHS People Promise Element - We Are Compassionate and Inclusive.
- Not keeping up with developments in diversity and inclusion from a patient, community and workforce perspective.

IMPACT ON STAKEHOLDERS

The stakeholders are patients, their families, the wider community, our current and future workforce. All of these groups could be negatively impacted if we fail to deliver on all aspects of the EDI strategy.

RECOMMENDATIONS

It is recommended that Board approve the paper for external publication.

APPENDIX 1

THE WORKFORCE RACE EQUALITY STANDARD

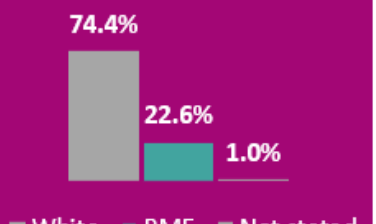
Together

NHS Lancashire Teaching Hospitals NHS Foundation Trust

The NHS Workforce Race Equality Standard (WRES) was devised to ensure employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace. There are nine WRES indicators. The infographic (for 2022) below highlights any differences between the experience and treatment of White colleagues and ethnic minority colleagues, as an organisation we are committed closing those gaps through the development and implementation of actions to bring about continuous improvement over time.

OUR DATA AND KEY FINDINGS

REPRESENTATION



APPOINTMENTS

White candidates are **1.28** times more likely than **ethnic minority** candidates to be appointed from shortlisting

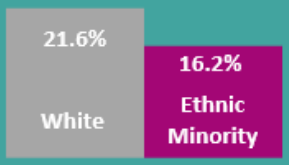
DISCIPLINARY PROCESS

Ethnic minority colleagues are **0.74** times less likely to enter a formal disciplinary process than **white** colleagues

TRAINING AND DEVELOPMENT

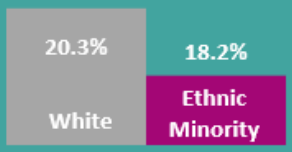
White colleagues are **1.48** times more likely to access non-mandatory training and CPD compared to ethnic minority colleagues

BULLYING AND HARRASSMENT FROM PAITENTS AND THE PUBLIC



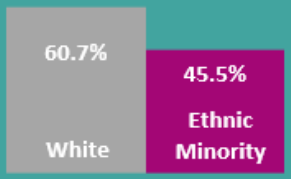
16.2% of Ethnic Minority colleagues experienced harassment, bullying or abuse from patients, relatives or public in the last 12 months

BULLYING AND HARRASSMENT FROM COLLEAGUES



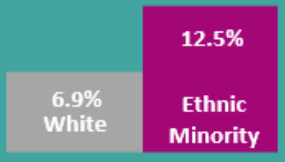
18.2% of **Ethnic Minority** colleagues experienced harassment, bullying or abuse from other colleagues in the last 12 months

CAREER PROGRESSION



45.5% of **Ethnic Minority** colleagues believe that the Trust provides equal opportunities for career progression or promotion

DISCRIMINATION



12.5% of **Ethnic Minority** colleagues reported experiencing discrimination from their manager / team leader / colleagues within last 12 months

BOARD MEMBERSHIP

1 Board Member identifies as belonging to a non-white ethnic minority group out of a total of 15 Board Members

APPENDIX 2

The Workforce Disability Equality Standard

Together

NHS Lancashire Teaching Hospitals NHS Foundation Trust

The Workforce Disability Equality Standard (WDES) is a set of ten specific metrics which enables NHS organisations to compare the workplace and career experiences of disabled and non-disabled staff. The infographic below (for 2022) highlights the differences between the experience and treatment of Disabled colleagues and Non-Disabled colleagues, as an organisation we are committed to closing those gaps through the development and implementation of actions to bring about continuous improvement over time.

OUR DATA AND KEY FINDINGS

REPRESENTATION

4.2% of colleagues have declared they have a disability or long term health condition.

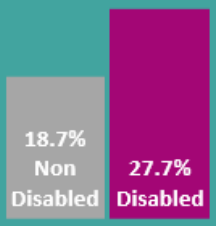
SHORTLISTING

Non-disabled colleagues are **1.21** times more likely to be appointed from shortlisting.

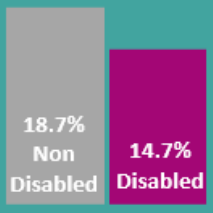
CAPABILITY PROCESS

Disabled colleagues are **5.56** times more likely to enter the formal capability process.

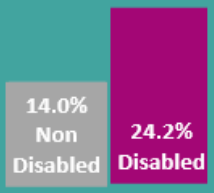
BULLYING, HARRASSMENT AND ABUSE



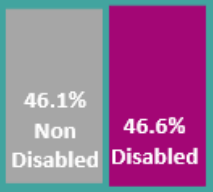
Colleagues experiencing harassment, bullying or abuse from patients, relatives or public



Colleagues experiencing harassment, bullying or abuse from managers



Colleagues experiencing harassment, bullying or abuse from colleagues



Colleagues reporting harassment, bullying or abuse

CAREER PROGRESSION

52.8%

of Disabled colleagues believe that the Trust provides equal opportunities for career progression or promotion, compared with 60.0% of Non-Disabled colleagues.

PRESSURE TO WORK

27.9%

of disabled colleagues have felt pressure from their manager to come to work, despite not feeling well enough to perform duties., compared with 21.7% of Non-Disabled colleagues.

FEELING VALUED

35.8%

of Disabled colleagues are satisfied with the extent to which their organisation values their work, compared with 47.0% Non-Disabled Colleagues.

REASONABLE ADJUSTMENTS

72.6%

Of Disabled colleagues saying their employer has made adequate adjustments to enable them to carry out their work.

STAFF ENGAGEMENT SCORE

Disabled colleagues feel less engaged at work

6.4/10 Disabled

7/10 Non-disabled

BOARD MEMBERSHIP

1 Board Member identifies with having a disability or long term health condition out of a total of 15 Board Members