

Towards Inclusion Annual Report July 2018



FOREWORD

It is a pleasure to read about the ongoing commitment and hard work which has gone into delivering the actions and ambitions set out in year two of our five year Towards Inclusion strategy.

For me, what stands out as one of the more striking elements of this year's update is the range and number of staff who are now involved in supporting this important agenda.

Without this goodwill, where staff have willingly and voluntarily taken on additional responsibilities, we would not have been able to develop and maintain the level of pace and improvement.

This contribution is a perfect example of how UHMBT staff go above and beyond for the benefit of others.

As we enter year three of our five year strategy, I am committed to ensuring the work, activity and undertakings set out in the 2018/19 action plans are appropriately supported so that our pace of improvement and change can continue, and that the aspiration of providing a workplace and services which are effortlessly inclusive can be achieved.

I am confident that this work continues to support our ambition of UHMBT as both 'a great place to be cared for and a great place to work'.

A handwritten signature in black ink, appearing to read 'A Cummins', with a stylized flourish at the end.

Aaron Cummins
Chief Executive

CONTENTS

Section	Description	Page
Section 1	Introduction	4
Section 2	Context	5
Section 3	Summary of Achievements 2017/18	6
Section 4	The Patient Experience	7
	4.1 Maternity Matters	9
	4.2 Accessible Information	9
	4.3 Engaging with Older People	10
	4.4 Supporting People with Dementia	11
	4.5 Partnership Approach	12
	4.6 Volunteers	13
Section 5	The Staff Experience	14
	5.1 Promote	14
	5.2 Collaborate	20
	5.3 Cross Fertilise	23
	5.4 Celebrate	25
	5.5 Further Align	26
Section 6	Metrics and Measures	
	6.1 Equality Delivery System and 2018 Results	28
	6.2 Equality Metrics	30
Section 7	Personal Testimonies	34
Section 8	Plans for 2018/19	35
Section 9	Final Word	38

SECTION 1 – INTRODUCTION

Our Aim is to become 'Effortlessly Inclusive'

1. We want to be the best and believe that being 'Effortlessly Inclusive' is at the heart of how UHMBT will be a Great Place to be Cared for; a Great Place to Work.
2. We are working towards becoming a truly inclusive employer and service provider; in creating an environment and culture that celebrates inclusion & diversity, dignity & respect, which values, nurtures, and harnesses difference for the benefit of patients, service users, their families, carers, members of the public and our employees.
3. We are committed to the elimination of discrimination, in reducing health inequalities, promoting equality of opportunity and dignity & respect for all our patients, service users, their families, carers and our staff to ensure that we are a
 - a. **Healthcare Provider of Choice** in treating our patients, service users, their families and carers with care, compassion, and dignity & respect;
 - b. **Employer of Choice** in recruiting, training, developing, nurturing, and retaining the best people;
 - c. **Partner of Choice** for local, regional, and national organisations, together creating innovative and mutually beneficial solutions for all;
 - d. **Buyer of Choice** for suppliers of goods, facilities and services supporting our aims and ambitions;
 - e. **Organisation of Choice** for all our population who are future patients, services users, prospective partners & employees who live and work in our area.
4. In January 2015, a new leadership structure for Inclusion and Diversity was introduced. Alongside David Wilkinson, Director of People and Organisational Development as the Executive lead for Inclusion and Diversity, new leads for Workforce and Service commenced a programme of work to support UHMBT on its journey to becoming 'effortlessly inclusive'.
5. In September 2016, the Trust Board approved a five-year Inclusion and Diversity Strategy, which was developed in partnership with our inclusion networks. This is available here [5 Year Strategy](#).
6. Year 1 (2016/17) of the 5 year strategy was an extremely positive year for UHMBT and demonstrated an unprecedented level commitment and focus on the inclusion agenda. The inaugural annual report for five year strategy is available [here](#).
7. Year 2 (2017/18) of the 5 year strategy has seen a continued commitment to delivering on the effortlessly inclusive ambitions. This report provides a detailed update on the 2017/18 actions, activities and events.

SECTION 2 – CONTEXT

8. The Trusts inclusion work has a number of perspectives. It can take a service-user/patient focus, a workforce/staff focus, and/or some of the improvement work takes on both a service-user/patient and a workforce/staff focus.
9. As a reminder - the Trust's Equality Objectives for 2016-2021:
 - a) To eliminate unlawful discrimination, harassment, and victimisation
 - b) To improve year on year the reported patient experience for protected groups
 - c) To improve year on year the reported employee experience for protected groups
 - d) To reduce health inequalities for protected groups by improving access to all services.
10. To help structure and measure progress of these objectives, they have been mapped to the EDS2 goals and objectives. EDS2 is an NHS developed **toolkit**, designed to support NHS organisations to identify, implement, embed and deliver equality objectives. The results of the UHMBT 2018 EDS2 process are covered in a later section of this report.
11. In July 2017 a number of high level themes were set out to capture the 2017/18 intentions. This chart provides a reminder of those themes.



Year 2 (2017/18) themes

SECTION 3 – SUMMARY OF ACHIEVEMENTS 2017/18

12. This section provides a high level overview of a selection taken from the various activities and events which have taken place during the last 12 months. They have been grouped according to the themes in Chart 1.
13. **Promote**
 - Inaugural NHS Employers Equality Partners Alumni Conference
 - BME Staff Conference
 - 3rd UHMBT 'Towards Inclusion' conference – theme Beyond Boundaries
 - Forces network represented UHMBT at remembrance parades
 - Attendance and multi-agency Blue Light event
 - Participated in Inclusive Top 50 Round Table
 - Invited to showcase the UHMBT approach at the National Equality and Diversity Council (EDC)
 - UHMBT Blog for EDC to publish on website as example of good practice
 - Significant careers and engagement activity – including award winning widening participation
14. **Collaborate**
 - Step into Health – National launch
 - Links with 3rd and public sector partners through events and networking
 - Pilot site for the forthcoming NHS WDES (Workforce Disability Equality Standard)
 - Attendee at North West NHS Equality and Diversity Leads – 'Swap Shop'
 - Participant in the NHS WRES Experts Programme (Workforce Race Equality Standard)
 - NHS Employers published a case study on the UHMBT Alumni Event
15. **Cross Fertilise**
 - Bi-monthly network for networks
 - Inclusion film club
 - Time to Change pledge
 - Ready Now Programme
16. **Celebrate**
 - 8th place in the UK Top 50 most inclusive employers (and top NHS organisation)
 - Nursing Times Patient Dignity Award – LGBT network (shortlisted)
 - Black History month
 - Equality and Human Rights week - a week of celebrations and awareness raising
 - Shortlisted for an ENEI (Employer Network for Equality & Inclusion) Apprenticeship Award
17. **Further Align**
 - Structural developments
 - Stonewall Top 100 – Workplace Equality Index submission
 - Behavioural Standards Framework training
 - Corporate Induction improvements

SECTION 4 – THE PATIENT EXPERIENCE

18. This section focuses primarily on summarising the service element of our Towards Inclusion activity during 2017/18.
19. Equality of Access to Health Group - meets bimonthly to support the trust, working towards becoming a truly inclusive employer and service provider; which recognises and values differences, to create a culture and practices that recognise, respect, value and harness differences for the benefits of patients, carers, members of the public and employees.



“INTEGRATED CARE COMMUNITIES *Developing joined up health & care in communities*

An integrated care community works together to improve the overall health and wellbeing of the community. We will do this by:

Joining up health and care services to work better together
Providing more care out of hospital where possible
Supporting people to have information about their health conditions”



20. The Trust continues to have strong working relationships with its commissioners and stakeholders building on the significant work undertaken in developing the Better Care Together Strategy and the Integrated Care Communities
21. From the 1st April 2017 the Morecambe Bay CCG was formed and from the 1st April 2018 our accountable system was formed, the Trust has been working with commissioners and system leaders to look at new and innovative ways of delivering services in an integrated way with key stakeholders including community provider services, local authorities, and social services to deliver integrated ways of delivering collaborative citizen engagement.
22. Community engagement, citizen experience and involvement feedback sessions have benefited the trust during 2017/18 we have used a comprehensive range of opportunities and methods for local people to get involved, from Information

sharing, focus groups and public events to social media, town halls, table top involvements, patient panels, user groups, and always events. New engagement and involvement approaches have been demonstrated through the involvement of patients and the public in co-production activities, these include the design of our local pictorial memory walls, suggestions for the naming of the new Maternity unit at Furness General Hospital for example.

23. Earlier in 2017 we reached out to our people, our staff, volunteers, citizens to help the trust understand more about the importance of remembrance at UHMBT, during these events we used graphic recording and open space methodology to collect and collaborate people’s ideas. During 2018 we commenced our first children and young people matter engagement events across UHMBT. Our patients and local citizen shared with use their experiences good and bad, these were developed into graphic minutes.



24. The The use of remembrance as a tool to improve patient safety and experience at UHMBT Carl McCabe recently wrote that memory, and remembering the past, is fundamental to patient safety. One of the core objectives of safety improvement is to learn from the past to improve the future.



25. The Trust worked with staff, citizens, and patients to develop core themes of remembrance; this work has been drawn up into a visual reference map and is starting to become an integral part of our safety improvement culture - “An organisation with a memory”.

26. We have placed our visual maps throughout our hospital sites. We have done the same with each of the 'Maternity Matters' maps which have been well received by citizens, patients and staff.
We have linked the maternity remembrance work, which is moving in a positive direction with involvement from local college students who have agreed to provide the memorial statue design. Students will commence their designs ideas in Autumn 2018.
27. We also have families who are supporting the development of a remembrance garden around the new maternity unit with flowers/herbs which carry appropriate meaning. These are just a couple of examples following the outcome of our remembrance LIA event.

4.1 MATERNITY MATTERS

28. We recently held our second set of 'Maternity Matters' events in Morecambe Bay where we facilitated a space for members of the public to speak with UHMBT staff and partner health organisations about their experiences of local maternity and children's services. 'Conversation cafes' were held where those that attended gave their honest and open views and opinions on their experiences.
29. We are really pleased that so many mums, dads, families, and friends, took the time to come and talk to us, and have their say during the Maternity Matters conversions. Not only did they let us know that we were on the right track with some of the work we are doing by telling us that it was important to them too, they also gave us some real things to consider on other areas where we can make our services even better for local women and families.

Take a look at our maternity matters clips <https://youtu.be/Fgc9kRMMhSs>

4.2 ACCESSIBLE INFORMATION



30. The Accessible Information Standard came into effect on the 1st August 2016. It directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents, where those needs relate to a disability, impairment or sensory loss.
31. It is of particular relevance to individuals who are blind, deaf, deafblind and/or who have a learning disability, although it will support anyone with information or communication needs relating to a disability, impairment or sensory loss, for example people who have aphasia or a mental health condition which affects their ability to communicate. The Equality of Access network continues to report progress to Linda Wilson, Volunteer Campaign Co-ordinator from the Royal National Institute of Blind People Cumbria branch
32. To support our website and the patient information detailed within we have installed the browsealoud facility, this function offers our website visitors a better experience. This function also converts website material into multiple languages and formats.

4.3 ENGAGING WITH OLDER PEOPLE

33. We have a well-established patient and public involvement strategy which is very much a 'living document' and represents our renewed commitment to engage effectively with our local community. Change, developments, and innovation is ongoing, and we recognised that citizen involvement and engagement is an essential part of health services nationally and locally both within our wider Better Care Together community partners and within UHMBT.
34. The Equality Impact Assessment model is well established across the system with EIA's completed when considering service commissioning, design, and delivery. Our standard EIA template considers the nine protective characteristics, as part of this evidence submission we have focuses on the protective characteristics AGE. We know there are specific health issues associated with age, for example, Dementia and Parkinson's disease. This work is monitored by the UHMBT Equality of Access to Health Network.
35. In addition to specific conditions or illnesses associated with age, the older person is more likely to experience a range of different conditions such as chronic disease, cancer, and disability and to experience more than one of these together.
36. Trust colleagues continue to regularly meet together with community voluntary sector organisations including those third sector groups who represent the over 55 population Age UK, South lakes, Barrow and Lancaster. The Royal Voluntary Service is a volunteer organisation that enriches the lives of older people and their families across Britain we commission products and services from the RVS while including and involving the RVS and their members in the development, commissioning of our services. The Trust attends and supports community-based dementia hubs, health and wellbeing events, community winter planning groups and locality listening events where a hot meal is provided with these events creating social spaces for health, social and care providers to meet with local people.
37. Over the last 15 months, our Trust matrons have been working hard to foster effective partnerships with local care home and residential nursing care providers. We recognise that all health and care partners share the same goal - the promotion of health and wellbeing - however, in isolation; we may have each been taking a 'different path' to achieving this goal, so working together is much more effective.
38. Feedback from the care home managers' 'Let us Talk Group' shows that that partnership working could be improved by health and social care organisations linking together to anticipate problems and take a more collaborative working approach. Working in partnership is more likely to create better opportunities in the education of individuals; especially if this focuses on improving joint understanding of other services and roles through the opportunity to work in other areas or settings.
39. Within the Furness locality, we continue to grow our delivered hot meal service "meals on Wheel" which is run by FGH volunteers. The volunteers deliver meals to the members of the community and spend time with the clients sharing advice, guidance and provide updates on local health and care services, - this is a two-

way information exchange as often the clients provided feedback to the volunteers about their experiences when accessing health services.



4.4 SUPPORTING PEOPLE WITH DEMENTIA

40. Dementia-Friendly Hospital Charter

The Trust has signalled its commitment to people with dementia by joining the Dementia Action Alliances' Dementia-Friendly Hospital Charter. We have submitted an action plan covering six key principles: staffing, partnership, assessments, care, environment, and governance, which a person with dementia or their carer would expect. The charter shows the Trust's commitment to dementia care.

41. The Trust highlighted the following areas which it is currently delivering:

- Dementia Champion Training days in partnership with local care home staff (there are 160 dementia champions on the Trust in three main hospital sites)
- Flexible visiting for family and carers through John's Campaign
- A comprehensive geriatric assessment for unplanned admissions
- Memory boxes on all surgical and medical wards
- Dementia friendly picture signage and flooring on wards around the Trust
- Feedback questionnaires for carers where they can rate care and experience.

42. A memory wall was opened at University Hospitals of Morecambe Bay NHS Foundation Trust's (UHMBT) Furness General Hospital (FGH) site to mark Dementia Action Week (21-27 May). It reflects the Trust's dedication to providing a positive experience of our hospitals for people living with dementia, their families, and carers.



43. The display is on the main corridor and was funded by the Royal Voluntary Service shop, ward trolley service and cafe. It encompasses positive memories from the communities around Furness and is made up of local photographs depicting the way we used to work, travel, leisure, and a grand day out. The images included in the display are from Cumbria County Council's library team.
44. This is the third dementia wall at the Trust and other displays can be found near the Royal Voluntary Service cafés at the Royal Lancaster Infirmary and Westmorland General Hospital.

4.5 PARTNERSHIP APPROACH

45. New Sexual orientation monitoring information standard

Sexual orientation is already collected in certain data sets but is not consistently collected across our services. One protected characteristic that can often be overlooked or identified as too difficult to monitor is sexual orientation. We want to be able to demonstrate that we are considering the needs of lesbian, gay and bisexual (LGB) people, it is anticipated that sexual orientation monitoring will be fully in place across our organisation by April 2019.

46. Reasons for joining the pilot scheme

Here at The University Hospitals of Morecambe Bay NHS Foundation Trust we have an excellent proactive LGBT network who is actively working with the Trust to make improvements to the LGBT employee experience. The LGBT network and The Equality of Access to Health Network along with the trust requested to be involved in the sexual orientation monitoring national pilot. We believe, that by being part of this pilot we can share our previous learning from our Accessible Information Standards work stream which will help to escalate both our and other organisations plans move quickly into a safe test and trail phase.

47. As previously mentioned, for 2018 we featured as the UK's eighth most inclusive employer and wish to share our knowledge and skills with other health, social and care providers. Together we are creating inclusive workplaces where "everyone feels empowered to be the best version of themselves which is resulting in our patients and service users receiving the best level of inclusive health information, support and care."

48. The launch of the sexual orientation monitoring information standard is a crucial step in the right direction towards addressing LGB inequality in health and social care, however, we know that some people will feel uncomfortable asking or being asked about their sexuality, therefore we are keen to work with other health, social and care organisations to design, develop, test and implement for example a good practice guide for healthcare professionals while sharing our learning and experiences along the journey.

49. Throughout our journey, we are likely to encounter system challenges, whether this is a lack of resources, time to develop IT systems or a need to persuade already busy people that this was something that they should be paying attention to. At best we want to create a true partnership of co-production, where various parts of the organisation form together and are all pulling in the same direction to deliver on this standard. We already have sponsorship from the Director of Nursing and collaboration from our LGBT Network, the developmental action plan for delivery and implementation will be supported and monitored by the Equality of Access to Health Network who reports directly into the trust Inclusion and Diversity Steering Group chaired by the Director of Workforce and OD.

50. Integrated Language and Communication Support Services

The Integrated Language and Communication Support Services are managed by the Equality and Inclusion team. The service provides a single point of access for staff and provider organisations to access the support of interpreters or translation services. The service provides face to face language interpreters, telephone

language interpreters, BSL and Lip Speakers face to face and formatting and translation of documents.

4.6 VOLUNTEERS

51. 2017/18 was once again a very busy, rewarding, and successful year for the Voluntary Services department. Demand for volunteering opportunities has never been higher. Volunteers bring a wealth of experience, time, and commitment to our hospital services. They make a unique contribution to patients, carers, and staff at University Hospitals of Morecambe Bay NHS FT. We recognise that volunteers are an essential resource that helps the Trust achieve our vision while supporting and enhancing the patient and public experience and perception of our hospitals.
52. Enquiries and requests continued to come in from a diverse range of people from across Cumbria and Lancashire. The volunteer service currently has 429 registered dedicated volunteers working in over 30 different areas and roles.
53. In November 2017 we reviewed our current volunteering offering and have recently updated our Patient and Public Involvement Strategy document. The Strategy embraces both strategic aims for public engagement and patient participation and it considers the changing landscape for both UHMB and the local community and will help with our partnership journey working with further local voluntary and third sector groups.

SECTION 5 – THE STAFF EXPERIENCE

54. Year 2 of the 5 year strategy has been another positive year from a staff experience perspective. This section provides more detail on the summary achievements and delivery of action plans as highlighted in section 3.

5.1 PROMOTE



PROMOTE

UHMBT 'Beyond Boundaries - Towards an Inclusive Bay' as a progressive and inclusive employer and service provider, host our annual Towards Inclusion conference.

55. **Inaugural NHS Employers Equality Partners Alumni Conference**
The background to this relates to an NHS Employers national development scheme called the Diversity and Inclusion Partners programme. In both 2015/16 and 2016/17 UHMBT were successful in gaining a place on this highly sought after course, the latter of which we completed in the Spring.
56. As part of our ongoing obligations to the initiative, UHMBT is now termed as an Alumni partner. This means there is an expectation on us to help other organisations, by sharing our own experience, good and bad.
57. As an organisation we had already recognised that we should share our experiences and successes with others, and for that reason our strategic inclusion theme for 2017/18 has been agreed as 'Beyond Boundaries'.
58. In November 2017 we hosted our very first national Inclusion and Diversity NHS Employers Alumni event, and in recognition of the fact that much of our success has been attributable to our networks, the theme of the event was Beyond Boundaries - A network focus. The session was very well attended, with delegates travelling from as far as Oxford, Norfolk, York and London. Since then NHS Employers have published a case study of the event on their website as an example of good practice.
59. **BME Staff Conference**
To continue the development of the BME network the UHMBT BME Conference was held in March with Yvonne Coghill OBE, Director WRES Implementation Team as a keynote speaker looking at the UHMBT data and considered why Race Equality is important. The conference was opened by Foluke Ajayi, Chief Operating Officer referencing the progress and ambitions of UHMBT and also shared her personal story. Delegates were asked to consider the crucial next steps for UHMBT and how this is will be progressed both as individuals and as an organisation and the event helped us to further understand how we can enhance our ability to deliver ongoing race equality progress on the back of the 2017 NHS staff survey results being released and key priorities for 2018/19.

Fairness – Equality – Diversity - Inclusivity

**BME Network
Black, Asian and Minority
Ethnic Staff**

We are a group of BME staff who meet every 2 months to consider how we can help our organisation deliver a workplace and service which is fair for all **ethnic minority and international** staff. To find out more and get involved please come to our 2018 conference.

KEY NOTE SPEAKER
YVONNE COGHILL
NHS ENGLAND
WORKFORCE RACE EQUALITY
DIRECTOR
Date: 26th March 2018
Venue: Castle Green Hotel, Kendal
Time: 1pm - 430pm

60. **Forces network represented UHMBT at remembrance parades**

The Forces network has made great progress in 2017/18. Visibility and presence across the organisation has helped to raised awareness and promote the support that UHMBT affords to such a good cause. See section 5.4 for information on the Step into Health programme which links to the work of the Forces network.

Trust staff are laying wreaths on Remembrance Sunday



Staff will be laying wreaths on behalf of the Trust at the Cenotaph's in Lancaster and Morecambe on Remembrance Sunday, which this year falls on Sunday 12 November.

This will be the first time that staff from UHMBT will have officially taken part in the annual act of commemoration and the Trust's participation has been organised by Gillian Day, Inclusion & Diversity Workforce Advisor, and Andrew Taylor, a Pharmacy Technician at the RLI.

Gillian, who served in the Woman's Royal Army Corps, said: "Earlier this year we launched our Force's Network and members were keen for the Trust to play a part in recognising and paying tribute to all those who fell in defence of the nation.

"One of the tasks we've set ourselves is to link up more with the local reservist units as we've now signed up to [Step into Health](#), which is all about working with the armed forces to help former service personnel access the numerous career opportunities available in the NHS."

Andrew, who served in the Royal Army Medical Corps for twenty two years, said: "It's been great to see a Forces Network established at the Trust and to see us getting involved with local Remembrance Sunday commemorations. This year we'll be laying wreaths on behalf of the Trust in Lancaster and Morecambe, and next year it's our aim to lay wreaths in Barrow and Kendal. It would be lovely if staff and their families could come along to pay their respects."

- David Wilkinson, the Trust's Director of Workforce and Armed Forces Champion, will be laying a wreath in Lancaster's Dalton Square
- Matron Roz McMeeking, who is also a Major in the army reserves, will be laying a wreath at the ceremony at the Cenotaph on Marine Road Central

Those wishing to attend either service are requested to arrive at 10.15am.

61. **3rd UHMBT 'Towards Inclusion' conference – Beyond Boundaries**

On 14th May 2018, as part of the national NHS Equality and Human Rights week, and linked to our Behavioural Standards Framework (BSF) May theme of Celebrating Diversity, we hosted our 3rd annual inclusion conference, which set out to build on the successes and impact of previous years' conferences. On the back of national recognition for being the UK's 8th most inclusive employer we were keen to share our experiences and learning with other organisations, and maintain

the pace of inclusion progress which we've established in recent years. To that end our conference was themed as 'Towards Inclusion - Beyond Boundaries'.



62. The essence of this theme was to establish a more structured inclusion approach to our service planning and delivery. Recognising that as public sector organisations, we all have a duty to serve the needs of our communities and within that meet the requirements of equalities legislation. Historically UHMBT has set out to exceed the legislative obligations, and to date has been successful in this ambition. However, there are certain concerns and challenges faced by our patients and service-users which can only be truly addressed if we work more collaboratively with our public sector partners.
63. A number of speakers from around the UK were invited to provide a focus on intersectionality, homelessness, dementia and the role of the carer, with the view that all of these themes cut across our respective services.
64. On the day staff were treated to a number of inspirational talks from individuals which included:



Bisi Alimi, who shared his story of struggling with his sexuality as a child, how he became the first openly gay man on national TV in Nigeria, and his experience as a refugee in UK — especially during the Brexit referendum. Breeze Productions, performed a one-person play on how a young woman dealt with alcohol and drug abuse, sexual abuse and homelessness.



Tommy Whitelaw, shared his personal story of becoming a full-time carer to his late mum Joan, who had vascular dementia. Tommy talked about the loneliness and isolation he felt as a carer, and how important it is that we all remember the people and their stories, not just the condition they have.

65. Staff also had the opportunity to: learn how to sign 'Hello my name is' in British Sign Language (BSL) to help them introduce themselves to those people whose first language is BSL; heard from our partners about their approach to inclusion; and took part in some group activities to share learning from their experiences.
66. **Attendance and multi-agency Blue Light event**
In November 2017 a recruitment and engagement event for secondary school students and members of the public took place, with the aim of inspiring our local communities to consider the health and social care sector as a future employer and showcasing the wide range of opportunities available.
67. It was fantastic to have representation from a huge number of teams and members of staff from across the Bay Health & Care Partner organisations as well as the Emergency Services, Armed Forces and our local education providers. At the event, there was a careers fair room with staff providing information about the range of career options in health and social care and the relevant courses at local colleges and universities. There was also a recruitment area with teams from a number of NHS trusts providing advice and guidance about apprenticeships and job applications. We also had an interactive room with practical activities and presentations delivered by staff from the emergency services, NHS trusts and university academics. It was important as part of this event that the message about the UHMBT commitment to inclusion was shared, as such the Personal Fair Diverse Lead took an information stand to the event and talked to delegates about our Trusts position and ambitions.
68. The event went really well and we received great feedback from the students, teachers and members of public that attended. The following aspects were highlighted as particularly positive:
- Breadth of careers on offer
 - Enthusiasm of the staff
 - Quality of information given
 - Practical and interactive workshops where you could get 'hands on' with activities
 - Inspirational professionals who were all passionate about their jobs
69. **Participated in Inclusive Top 50 Round Table**
One of the benefits from being a UK Top 50 employer means UHMBT is invited to participate in networking events with other high performing inclusive employers. These networking events have included a series of Round Table meetings which cover many aspects of inclusion, and provide a platform for sharing and collaborating which helps UHMBT to keep pace with the ambitions to deliver an

effortlessly inclusive workplace and service. Subject matters in the 2017/18 programme have included:

- Inclusion Solutions
- Mental Health Barriers
- Embedding Diversity, Community Collaboration and Culture Change

70. **Invited to showcase the UHMBT approach at the National Equality and Diversity Council**

In April 2018 the Director of People and OD, David Wilkinson together with Assistant Director of Workforce, Liesje H Turner travelled to London to attend a national meeting for the NHS Equality and Diversity Council (EDC).

71. The EDC works to bring people and organisations together to realise a vision for a personal, fair and diverse health and care system, where everyone counts and the values of the NHS Constitution are brought to life. The Council provides visible leadership on equality and diversity issues across the health service and its purpose is to shape the future of healthcare – to help improve the access, experiences and health outcomes for all patients and communities, and to support the NHS to become a more inclusive employer by making full use of the talents of its diverse staff and the communities it serves.

72. Having identified UHMBT as a national example of good practice in this field, the EDC, co-chaired by Simon Stevens the Chief Executive for NHS England, invited UHMBT to present at its quarterly meeting on:

“Developing inclusive leadership and capacity across the organisation to deliver diversity and inclusion”



73. **UHMBT Blog for EDC to publish on website as example of good practice**
Following the presentation to the EDC UHMBT were asked to write a blog so that this could be shared on the EDC website for other organisations to learn from. The blog will be published in early Summer 2018.

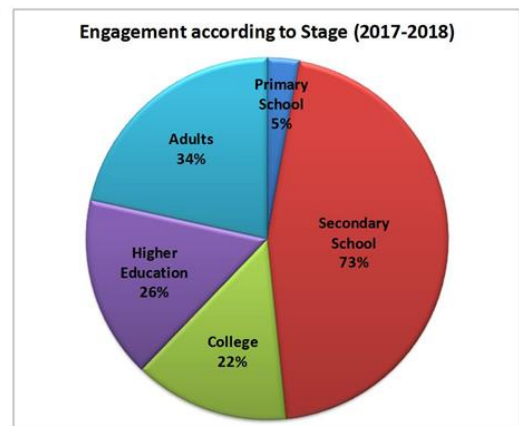
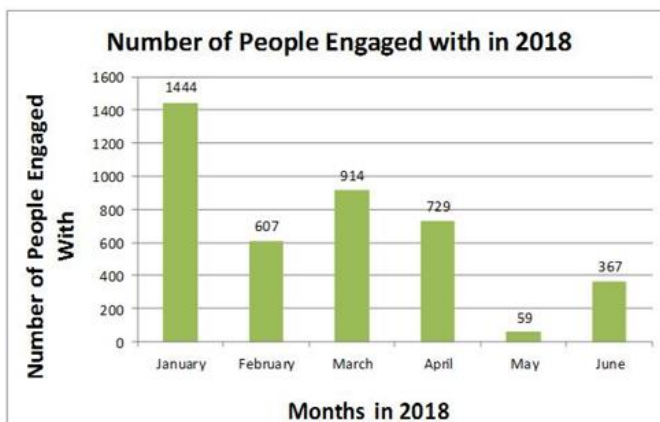
74. **Careers and Engagement**

Career engagement is a core element of our long-term strategic approach to achieving workforce sustainability across the Bay Health & Care Partners; recruiting local people and ‘growing our own’, inspiring young people and our local communities to choose healthcare as a career of choice. The Careers & Engagement Hub works across the organisations in Bay Health & Care Partners in order to promote education and employment opportunities within the NHS and wider health care sector. The goals of the Careers & Engagement system have been to work collaboratively with professionals across the healthcare system to:

- Design and deliver innovative approaches to engaging young people and the local community in gaining understanding of the full range of healthcare careers;
- Develop strong relationships with local schools, colleges, universities and Jobcentres;
- Provide work experience opportunities to showcase roles and career pathways;
- Improve public communications and an online presence to promote careers in healthcare;
- Enable access for disadvantaged people and under-represented groups in order to widen participation;
- Provide training and development opportunities to ‘grow our own’ future workforce.

75. The Careers & Engagement Hub has engaged with 16,029 people in the past 18 months. This has included:

- Engaging with over 7000 students at careers events in secondary schools
- Designing and delivering bespoke NHS ‘takeover’ events at schools
- Running projects with primary schools
- Engaging with more than 1300 students at colleges and universities
- Supporting large community events
- Delivering workshops and presentations with unemployed adults at Job Centres

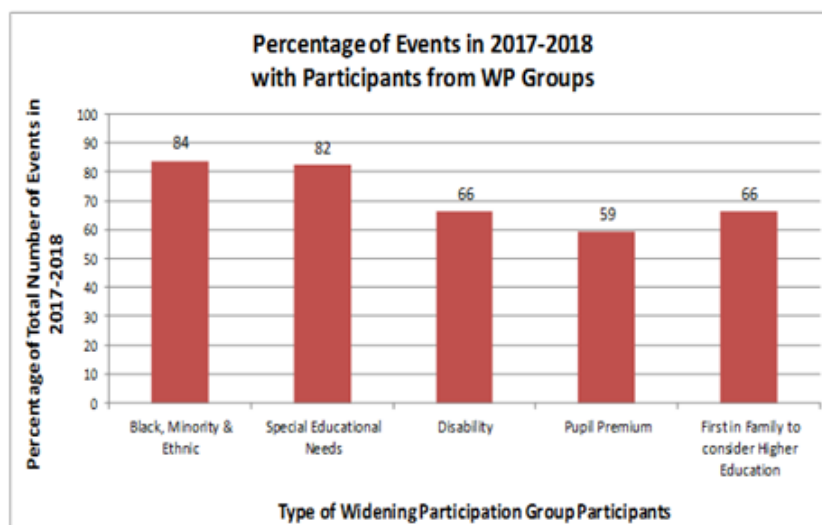


76. Widening participation is a priority issue, and we seek opportunities to engage with people from different groups and ensure that they have access to the projects that we run. People in our communities who previously lacked access to events or work experience opportunities are now much more able to participate, and our

projects such as Supported Internships and Pre-employment Programmes are improving our diversity and helping to ensure that our workforce reflects the community that we serve.

77. We are currently working on a number of projects and planning events that specifically target young people from widening participation backgrounds, with the aim of raising aspirations and inspiring them to consider education and employment opportunities within health and social care. Moreover, our pre-employment programmes specifically target unemployed young people and adults, supporting them into employment by providing education courses and work placement opportunities.

78. The following chart shows the different groups which are engaged with to ensure widening participation.



5.2 COLLABORATE



COLLABORATE

Work more closely with our public sector partners to deliver improvements on the I&D agenda. Establish and/or further develop links and shared actions/interventions and initiatives.

79. Step into Health – National launch

As part of the Forces Network action plan we have signed the Step into Health pledge. Originally conceived in 2014 as a recruiting initiative and adopted by NHS England in 2015 as a pilot, the success of the initiative led to NHS England being asked to work in partnership with the Royal Foundation.

80. Following our pledge to champion the Step into Health (SITH) campaign UHMBT were honoured to be invited to attend the national public launch which was officially launched by His Royal Highness The Duke of Cambridge. UHMBT have pledged support to service leavers and the wider Armed Forces community, recognising the benefits that serving personnel, veterans and military families bring to the workforce. The programme offers a route into apprenticeships, employment and career development opportunities and later this year we will be holding an Insights into the NHS day in early July 2018.

81. **Links with 3rd and public sector partners through events and networking**
 2017/18 has presented opportunities for UHMBT to further collaborate with our partners in the region. Some detail of these valuable connections has been described in Section 4 the Patient Experience. In addition, UHMBT has worked with a range of partners on a range of inclusion agendas during the 2017/18 period. Examples include:
- work undertaken as part of the mental health Time to Change pledge, which has involved training a cohort of mental health first aiders and working in collaboration with other NHS organisations
 - Once again UHMBT and CPFT worked together on presenting a joined up approach at the Cumbria pride event in September 2017.
 - Strong links have been established for the Forces network with Lancashire Care, which will see a joint insights day in early July 2018
 - A fantastic multi-agency effort at the Beyond Boundaries inclusion conference which involved input from the Fire and Rescue Service, the Police, other NHS organisations, and interest from the ambulance service for future working



82. **Pilot site for the forthcoming NHS WDES (Workforce Disability Equality Standard)**
 Through 2017/18 UHMBT has continued to support and advise on the development of a national standard for disability inclusion. Similar to the Workforce Race Equality Standard (WRES) the WDES will involve NHS organisations in England being mandated to measure and monitor key areas of progress and inclusion for staff with a disability – as a comparison against staff with no disability. Both the Director for People and OD (David Wilkinson) and the Disability Staff Network Chair (Sally Fenton) have been involved in this national strategy development. In addition to participating in the national steering group, David Wilkinson has also been involved in the communications roll out for the new standard which involved presenting to a group of regional NHS delegates in Newcastle in March 2018.
83. **Attendee at North West NHS Equality and Diversity Leads – ‘Swap Shop’**
 Ongoing participation and membership of the NHS North West Equality and Diversity leads forum has presented the opportunity to share and learn through the regional ‘Swap Shop’. Out of which a series of events and duties common to all NHS organisations has been developed, with a view to taking a more collaborative and less duplicative approach to legislative requirements placed on employers.

84. **Participant in the NHS WRES Experts Programme (Workforce Race Equality Standard)** (Appendix 2)
 Since 1 April 2015 all NHS organisations have been required to demonstrate how they are addressing race equality issues in a range of staffing areas, to support this work all NHS organisations are required to demonstrate through the nine-point WRES metric how they are performing.
85. Building on the WRES, in 2018 there has been a move to phase 2 of the strategic implementation of race equality in the NHS the form of a robust development programme called the WRES Experts programme. UHMBT signed up to participate in this programme as one of only 50 organisations in this initial cohort.
86. The programme aims to develop 50 race equality experts from across the NHS to support the implementation of the WRES within their organisation and the wider health economy and is a core element of NHS England's 'Five-Year Forward View'.

The outcomes for the programme are as follows:

- The participant to become conversant and an expert on all aspects of the WRES and be equipped to share that knowledge with others to effect change.
 - The participant to gain a wealth of knowledge on best practice in implementing WRES and the latest evidence in what works in closing the race equality gap.
 - The participant to gain an in-depth understanding of how the WRES indicators were developed and how they work with your organisation and the NHS.
 - The participant to develop or improve their ability to confidently and clearly articulate the reasons for workforce race equality and implement change.
 - The participant to become part of a network of professionals across the NHS who will advocate, oversee and champion the implementation of the WRES and improving the experiences of BME staff and patients.
87. **NHS Employers published a case study on the UHMBT Alumni Event**
 As detailed in paragraph 56, following the Alumni event NHS Employers requested UHMBT to write up to case study so that the UHMBT event, journey and experience could be shared. The case study features on the NHS Employers website and covers background to the event, the schedule for the day and the benefits following on from the event.

5.3 CROSS FERTILISE



CROSS FERTILISE

Develop a network for our networks explore opportunities to share good practice.

88. **Bi-monthly network for networks**
 In 2017, as part of the first annual update for the 5 year strategy it was agreed that an opportunity for the networks was to work better together. Although the formal Inclusion and Diversity Steering Group meets on a bi-monthly basis, this forum focuses more on the delivery of actions against a clear plan of work. The concept for a network for networks was to enable a more creative and unstructured

opportunity for networks to work together, and develop some of the less formal approaches to inclusion.

89. The network for networks has consolidated the links between each of the staff groups and cross fertilisation has involved the BME network taking some hints and tips from the LGBT network on how to secure wider participation, the Disability network has attended and supported both the LGBT Pride events and the international food fayre, and all the network leads have supported and participated in the inclusion film club. Network for network meetings have also served as an additional sounding board for the annual Towards Inclusion Conference planning activity.

90. **Inclusion film club**

During Equality and Human Rights week in 2017 there were a series of awareness raising activities, including a virtual conversation about the film which has had the most impact from an inclusion and diversity perspective. The virtual conversation was well received with a significant number of participants and suggestions. To build on this, the decision was taken to establish an inclusion film club. Having identified a suitable venue, where it is possible to screen a film of choice the film club was launched in November 2017. Meeting after work on a Friday every two months, the networks take turns to choose the film. The programme of viewings thus far has been:

- 12 years a slave – chosen by the BME network
- Priscilla Queen of the Desert – chosen by the LGBT network
- Theory of Everything – chosen by the Disability network
- I Daniel Blake – joint choice during Equality & Human Rights Week

The film club has brought together the network members and further developed connections and links.

91. **Time to Change pledge** (Appendix 6)

As part of our inclusion work and that of wider workforce wellbeing initiatives and campaigns the Trust now has a well-established infrastructure set to address inequalities.

92. Aligned to the staff experience activities, there is an ongoing mental health focus from a service delivery perspective at UHMBT, with the Quality Committee taking a role in delivering improvements to the care for people with mental health needs.

93. NHS employers says –

- Poor mental health is the single largest cause of disability in the UK
- 1 in 4 of us will experience at least one mental health problem in any one year.
- Mental ill health at work is thought to cost UK employers £26 billion each year.
- Mental illness led to the loss of 70 million working days in 2013, up 24% since 2009

94. The Time to Change organisation describes its' approach as a growing movement of people who are changing how we all think and takes a specific focus on tackling mental health inequality. It states that looking after the mental health of employees

makes business sense: tackling stigma can make a real difference to sickness absence rates, presenteeism levels, staff wellbeing and productivity, and retention; and that since signing the campaign Employer Pledge, 95% of employers report it as having had a positive impact on their organisation.¹

95. In December 2017 UHMBT submitted an action plan to Time to Change outlining plans to help end mental health stigma. In early January 2018 notification that the action plan had been fully endorsed.
96. Through February the Trust ran a series of pledge roadshows supporting the Time to Talk element of the Time to Change campaign, and secured over 130 pledges from staff. In the months following members of the inclusion infrastructure have followed up on the pledges, to find out firstly if the pledge was followed through, and secondly what difference it made to the individual/s.

It is Time to Talk

It's easy to think there's no right place to talk about mental health. But the more we talk about it, the better life is for all of us. Too many people with mental health problems are made to feel isolated, worthless and ashamed. Time to Talk Day is a chance for all of us to be more open about mental health – to talk, to listen, to change lives. Wherever you are – at home, at work or up the top of a mountain! – have your conversation about mental health this Time to Talk Day on Thursday 1 February.

As a Trust we are participating in Time to Talk day by running a number of lunchtime canteen sessions across each site to initiate conversations which support the campaign. The sessions will be on the below dates from 11am - 2pm so feel free to drop in and talk!

RLI – 1 February and 8 February
WGH – 15 February
FGH – 22 February

There will also be a display stand, leaflets and resources to use on Time to Talk day in the outpatients area at FGH.

DON'T TALK ABOUT MENTAL HEALTH In the toilet, in a lift, even up a mountain... wherever you are, talk about mental health this Time to Talk Day. #timetotalk 1st February 2018

time to change
time to talk
day 2018

97. Mental health challenges cut across all aspects of inclusion as they can arise for a number of reasons This campaign has been an opportunity for the networks and associated connections to support the ambition of cross fertilisation.
98. **Ready Now** Nearly 20% of the 1.3 million people that work in the NHS are from a black, Asian or minority ethnic (BAME) background. Without this part of the workforce, many of whom are doctors, nurses and midwives, the NHS could not function. The Snowy White Peaks report published in 2014 found that in London, a city in where over 40% of the workforce and patients are BAME:
 - Only 1 in 40 chairs and no CEOs were from BAME backgrounds
 - 17 of 40 trusts had all white boards
99. The Ready Now programme is part of a strategic initiative by the NHS Leadership Academy to address this underrepresentation. The programme will give senior BAME leaders the knowledge, skills and experience to challenge the status quo and progress further in their careers. The programme is not just about the development of individuals; it's an initiative designed to influence the development of a more inclusive culture in the NHS as a whole. (NHS)
100. UHMBT has supported a number of staff to undertake the Ready Now Programme and as at July 2018, 5 staff members have completed the programme and 3 are

¹[Time to Change website](#)

currently part way through the programme. The cross fertilisation benefits of the programme will encourage the participants to share their learning with other areas of the organisation.

5.4 CELEBRATE



CELEBRATE

Equality and Human Rights Week May 2018 our ongoing successes, achievements and improvements.

101. UK Top 50 Inclusive Employers

For the second consecutive year despite even tougher competition, UHMBT was successful in once again securing a place in the UK's TOP 50 Inclusive Employers list. Compiled by a dedicated panel of judges, organisations are scored on their performance in a range of areas within the diversity arena. The process sets out to identify true leaders in this field, focusing on representation at management, senior, executive and board level. Organisations ranked on the list are those which have evidenced their approach on combination of topics including recruitment procedures, training and a range of other related initiatives. The List is described as "recognising the outstanding efforts of employers that are on a journey to reinforce their commitment to attracting and retaining a truly diverse workforce, achieving equality, diversity and inclusion at its purest form." In 2017 UHMBT were awarded 8th place on the Top 50, climbing 3 places since 2016. Additionally, at 8th place the Trust is the top NHS organisation on the list.

102. Nursing Times Award – Patient Dignity

In 2017 the LGBT network was shortlisted for a Nursing Times Award for their work on enhancing patient dignity. This was positive acknowledgement for the work which the network undertook in 2017 to establish:

- A managers guide to LGBT
- Launch of LGBT Awareness training programme



We are pleased to inform you that there are now more sessions for LGB and Transgender Awareness training in 2018. The dates are below:

WGH – 8 February 2018 - 9am to 2pm
 RLI – 28 March 2018 - 8.45am to 1.45pm
 FGH – 12 April 2018 - 9am to 2pm

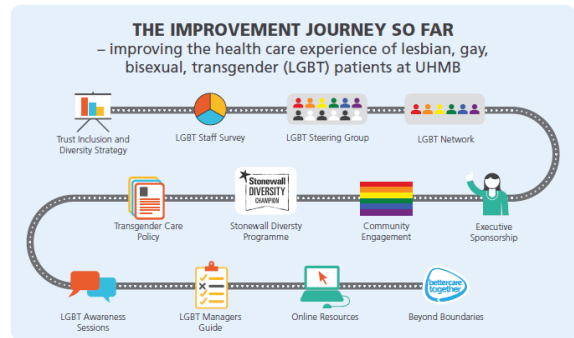
Workshop attendees will:

- Gain increased knowledge around LGBT, gender variance, and basic terminology
- Gain a better understanding of how to enhance patient care for LGBT* and transgender adults, children and young people who access our services
- Gain a better understanding of how to support LGBT* and transgender colleagues at UHMBT
- Gain knowledge and skills to develop their workplace to become LGBT* and trans inclusive, and develop knowledge of services and support available locally.

Lunch will be provided for all those that attend. To book a space on the workshop, please visit TMS.



UHMB Values Patients | People | Partnerships | Performance | Progress



103. Equality and Human Rights week 2018 (EQW2018)

Each year in mid-May the NHS runs a campaign of celebration for inclusion and diversity. As with 2017, UHMBT ran a comprehensive programme of activities and education during EQW2018. These included a short article competition, a quiz a number of lunchtime lectures, the rainbow flag being hoisted on all 3 main hospital sites, the annual Towards Inclusion conference, inclusion film club and an international food fare.



Equality & Human Rights Week 2018
Monday 14th May – Sunday 20th May
Beyond Boundaries – Towards an Inclusive Bay



Day	Description	Venue
Monday 14 th May	Towards Inclusion Conference – Beyond Boundaries Our annual conference which celebrates and promotes the importance of providing a workplace and services which are inclusive. This year's themes are homelessness, dementia (including the role of the carer) and intersectionality.	The Forum, Barrow
	Launch of Short Article Competition Opportunity for staff to share a personal story or viewpoint of the themes in this year's EQW celebrations.	Intranet/Social Media/Weekly News
Tuesday 15 th May	Lunchtime Lecture 1200-1300 A focus on Dementia – session delivered by Dianne Smith, Dementia Matron	RIJ Education Centre
Wednesday 16 th May	Launch of Equality & Inclusion Quiz A quiz themed around homelessness, dementia and intersectionality.	Intranet/Social Media/Weekly News
Thursday 17 th May	Lunchtime Lecture 1215 – 1315 A focus on Intersectionality – session delivered by Liesje H Turner, Assistant Director of Workforce	WGH Education Centre
Friday 18 th May	Lunchtime Lecture 1200 – 1300 A focus on Homelessness – session delivered by Andy Crundell, ED Nurse – Complex Case Manager	FGH Lecture Theatre
	International Food Festival Bring a dish of your making & choice which represents your heritage. Open to all staff.	The Gregson, Lancaster
	Inclusion Film Club A screening of a film which helps the audience to think about the impact of systemic discrimination and prejudice. The film title will be announced w/c 7 th May.	The Gregson, Lancaster
Saturday 19 th May	Lancaster PRIDE Sponsored by UHMBT, Lancaster Pride is an LGBT festival organized by Out in the Bay, a local charity providing support to Lesbian, Gay, Bisexual and Transgender people in the Lancaster area, as well as raising awareness for LGBT issues and campaigns	Lancaster

In addition to the above - Each of the main hospital sites will be running an international food menu during EQW2018.
 All staff are encouraged to participate in as many activities as possible, if you have any queries or would like more details on any of the planned events please contact Gillian Day on Gillian.day@mhbt.nhs.uk 07520006729 or Liesje Turner on liesje.turner@mhbt.nhs.uk 0776042629
 During the week we will be using the hashtags

#EQW2018 #TowardsInclusion #BeyondBoundaries #EffortlesslyInclusive



International



Food Fare



All Welcome



To help mark and celebrate Equality and Human Rights Week our BME Staff Network would like to invite you to participate in a festival of food.



Our Trust employs so many people from different backgrounds so this is an opportunity to share and celebrate our diversity.



Bring your own pre-cooked/prepared food and join colleagues for a fun packed supper.



To find out more on how you can participate please contact Gillian Day Gillian.day@mhbt.nhs.uk 01539 716650



Date: 18th May 2018

Venue: Gregson Institute, Moor Lane, Lancaster



Time: 8.30pm – 10.30pm



104. Employers Network for Equality and Inclusion (ENEI)

In March 2018 UHMBT made an application to ENEI for the new category 'Apprenticeships'. In May 2018 notification was received to advise that the submission had been successful in reaching the short list. The final results are scheduled to be announced in early July 2018.

105. In July 2018 UHMBT were awarded the Silver standard by ENEI for the second consecutive year. This is significant achievement, and the benchmarking report which is provided as an output of the submission will help UHMBT to focus on areas where further progress and focus needs to be made in order to achieve the gold standard.

5.5 FURTHER ALIGN



FURTHER ALIGN

Strategic links across various staff engagement initiatives including Behavioural Standards Framework; Personal Fair Diverse network; staff survey; inclusion networks RESPECT Champions etc.

106. Structure

In 2017 the Trust supported the creation of a new post which brought together a number of key organisational engagement responsibilities. The Assistant Workforce Director post is responsible for the annual staff survey, the Behavioural Standards Framework, the Respect infrastructure (which incorporates Personal Fair Diverse Champions) and the Inclusion remit. This culmination of workforce experience initiatives has enabled a more co-ordinated and connected approach to the strategic delivery of the Great Place to Work ambitions.

107. **Stonewall Workplace Equality Index**

In Autumn 2017 UHMBT for the first time submitted a body of evidence to Stonewall as part of the annual workplace equality index analysis. The Trust has been a member of Stonewall (a well-respected organisation which campaigns for the rights of lesbian, gay, bi-sexual and transgender (LGBT) people) since 2016, and has taken the opportunity to make a submission with a view to utilising the feedback to inform future actions and development. The feedback from Stonewall, whilst focussed primarily on the benefits and inclusion of LGBT people, the principles of inclusion and improvement can be applied across a number of areas in this work.

108. **Behavioural Standards Framework (BSF) training**

With the launch of the internal developed job essential training module on the BSF, links between the expectations of staff at work including how they can expect to be treated, and the value of inclusion and diversity have been further developed.

109. **Corporate Induction**

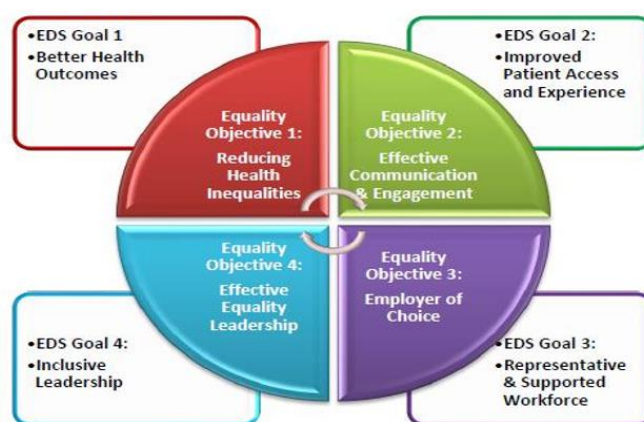
Improvements have been made to the corporate induction programme, which now includes information and sign posting on both the Respect Champions and the inclusion networks.

SECTION 6 – METRICS AND MEASURES

6.1 EQUALITY DELIVERY SYSTEM AND 2018 RESULTS

110. Equality Delivery System 2 (EDS2)

The Equality Delivery System 2 (EDS2) framework is a national tool developed for the NHS by the NHS to aid the delivery of personal, fair, and diverse services. The EDS2 is a quality improvement driver for staff and patient services. It plays an important role in helping us to evidence work to demonstrate compliance with our statutory Public-Sector Equality Duty (PSED) - Equality Act (2010) which expanded to cover 9 protected characteristics. EDS2 focuses on these group .The framework is mapped to CQC regulations, the NHS Constitution, and the NHS outcomes framework. EDS2 consists of 4 goals and 18 outcomes which provide the focus for progression across the equality and diversity agenda.



111. Grading process

The EDS2 is not a self-assessment process. It is an assessment of performance undertaken by citizens, patients, service users, public, governors, volunteers, and staff. The UHMBT approach involved:

- Templates with summaries of the Trust's internal evidence for each outcome.
- A patient panel with representatives who share a protected characteristic brought together to review the evidence and agree to a grade.
- Social media to reach out to those who were not able to attend the face to face events.

112. For the staff goals, a staff EDS2 survey was undertaken and the staff networks were also engaged. The staff responses were analysed along with the grading results from the public events which ran throughout the month of May 2018.

113. On 1st of May 2018, the public grading event was attended by the Equality and Inclusion Business Partner from the Midlands CCG, which was an opportunity to receive supportive and developmental feedback with regards to a suggested methodology for clearly identifying sources of evidence linked to the relevant protected groups. Immediate improvements have been made to the UHMBT approach following receipt of this feedback. A simple mapping matrix to support the EDS2 evidence has now been developed.

114. It's understood that a key question to test evidence put to a stakeholder group, as advised by the EDS guidance is, "How well do people from protected groups fare

compared with people overall?” Throughout the EDS2 month (May 2018) citizens, patients, service users, public, governors, volunteers, and staff were asked to review the evidence and select one of the following four grades:

- Underdeveloped
- Developing
- Achieving
- Excelling

115. EDS2 covers 18 outcomes a full breakdown is available at Appendix 1 each with a grade score as detailed above. In summary the UHMBT 2018 scores are:

- 1 outcome scored as excelling (Leadership)
- 16 outcomes scored achieving
- 1 outcome scored as developing (Staff free from bullying and harassment)

116. As a comparison against 2017 results, the 2018 grades show a positive improvement overall and demonstrates progress in some areas:

- 14 grades were maintained
- 4 grades were improved
- None of the outcomes was downgraded from the previous year

117. The following key points were identified from staff and patient feedback narratives:

- ✓ We were praised for our proactive use of BSL interpreters for those who are deaf and need to understand self-care instructions, consent or advice, hearing loops in waiting areas we now in use to prevent missed appointments resulting in delays of care, our emergency care pathway must better reflect the needs for those with a hearing disability particularly out of hours.
- ✓ Complaints and PALS, the focused work we have achieved within the PALS service was praised by the citizens and improvements were clearly seen. The panel previously downgraded this outcome to due to poor performance in complaint response times and no evidence of equality monitoring in place. FFT has also provided much more evidence of patient feedback, action and changes made following patient feedback.
- ✓ Staff results clearly show that the responses do reflect a positive improvement overall with a decrease in comments and negative feedback about equality of access to staff training.
- ✓ Bullying and harassment, whilst this outcome remained the same (developing) grade as last year and the year before, the staff EDS2 response shows that this is still an area which requires further work.
- ✓ Inclusive leadership at all levels. Board and senior leaders routinely demonstrate the commitment to equality scored excelling for the second year.
- ✓ Trust Board and major committee papers identify equality related impacts, the processes in place such as the equality impact assessments continue to provide assurance that equality impacts including inclusion risk are managed via a risk management process.

- ✓ Middle managers and other line managers support their staff to work in culturally competent ways; it was pleasing to see that based on staff feedback and evidence this has slightly improved since the last assessment.

6.2 EQUALITY METRICS

118. Workforce Race Equality Scheme (WRES)

The data in the following table shows the results of the WRES metrics which UHMBT utilises each year as a mechanism for monitoring the experience of BME staff as against white staff. The metrics are set by a national requirement which is mandated to all NHS organisations in England. Appendix 3 shows a full action plan for the BME network.

Non-Clinical	% BME Staff	Clinical	% BME Staff
Band 1	2.93%	Band 1	0.00%
Band 2	1.67%	Band 2	2.55%
Band 3	0.52%	Band 3	2.86%
Band 4	0.76%	Band 4	0.00%
Band 5	2.34%	Band 5	6.08%
Band 6	2.80%	Band 6	3.41%
Band 7	2.78%	Band 7	2.95%
Band 8 - Range A	0.00%	Band 8 - Range A	2.44%
Band 8 - Range B	3.70%	Band 8 - Range B	0.00%
Band 8 - Range C	5.00%	Band 8 - Range C	16.67%
Band 8 - Range D	0.00%	Band 9	100.00%
Band 9	0.00%	Medical	38.29%
VSM	15.38%	VSM	0.00%
Grand Total	1.78%	Grand Total	7.91%

TOTAL WORKFORCE % - BME: 5.88% White & Not Stated: 94.12%

TOTAL OF STAFF WHO SELF REPORTED % - 95.79%

Indicator 1 - Percentage of staff in each of the AfC bands 1-9 and VSM (including executive board members) compared with staff in overall workforce

Ethnic Origin	BME	White	Not Stated	Total
No. of Shortlisted Applicants	455	2609	49	3113
No. of Appointed Applicants	35	288	38	361
Relative Likelihood of shortlisting/appointed:	0.08	0.11	0.78	0.12

Indicator 2 - Relative Likelihood of White staff being appointed from shortlisting compared to BME staff is (0.11/0.08) which is therefore 1.38 times greater

Ethnicity 16-17	BME	White	Not stated	Total Workforce
No. Staff in workplace	288	4992	189	5469
No. Staff entering the formal disciplinary process	0	31	0	31
Relative Likelihood of entering the disciplinary process:	0.000	0.006	0.000	0.006
Ethnicity 17-18	BME	White	Not stated	Total Workforce
No. Staff in workplace	331	5057	237	5625
No. Staff entering the formal disciplinary process	0	58	1	59
Relative Likelihood of entering the disciplinary process:	0.000	0.011	0.004	0.010

Indicator 3 - Relative Likelihood of BME staff entering the formal disciplinary process compared to White is (0.000/0.006) which is therefore 0.00 times greater

Ethnic Origin	BME	White	Not Stated	Total Workforce
No. Staff in workplace	331	5057	237	5625
No. Staff accessing NMT & COD	20	275	5	300
Relative Likelihood of accessing NMT & COD	0.06	0.05	0.02	0.05

Indicator 4 - Relative Likelihood of White staff accessing NMT & CPD compared to BME staff is (0.05/0.06) which is therefore 0.833 times greater

Ethnic Origin	BME %	White %
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	27.54%	23.66%
Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	38.41%	27.41%
Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion.	76.74%	86.54%
In the last 12 months have you personally experienced discrimination at work from manager/team leader or other colleagues.	18.98%	7.10%

Indicator 5 – 8

Ethnic Origin	BME	White	Not Stated	Total Workforce
No. Staff in workplace	331	5057	237	5625
No. Voting member of the board	2	12	0	14
BME/White % of overall workforce	5.88%	89.90%	4.21%	100.00%
Voting Board members % split by origin	14.29%	85.71%	0.00%	
% difference between Board voting members & Overall workforce	8.40%	-4.19%	-4.21%	

Indicator 9 Percentage difference between the Board's voting membership and its overall workforce

119. WRES Regional and National Comparison

In December 2017 the national WRES team published the findings of the national WRES review. In January 2018, in response the national publication the UHMBT Board consider the local, regional and national WRES data as a comparison for future planning. This data was then shared with the BME network, to help inform any actions for 2018/19. However, the key message from the comparison work was that regardless of performance against national or regional comparators, UHMBT should continue to aim high and deliver on the strategic ambition of being effortlessly inclusive.

120. Workforce Disability Equality Scheme (WDES)

UHMBT takes an approach to monitoring inclusion metrics which exceeds the national guidance and requirements. This means that wherever possible we use our data to provide a level of indication as to how certain groups are experiencing working at UHMBT. The next tables are based on disability monitoring and adopt a similar approach to the WRES.

Non-Clinical	%	Clinical	%
Band 1	3.58%	Band 1	0.00%
Band 2	3.33%	Band 2	2.74%
Band 3	2.60%	Band 3	1.67%
Band 4	2.66%	Band 4	2.78%
Band 5	2.92%	Band 5	2.09%
Band 6	1.87%	Band 6	1.77%
Band 7	2.78%	Band 7	1.61%
Band 8 - Range A	3.57%	Band 8 - Range A	1.63%
Band 8 - Range B	0.00%	Band 8 - Range B	0.00%
Band 8 - Range C	0.00%	Band 8 - Range C	0.00%
Band 8 - Range D	0.00%	Band 9	0.00%
Band 9	33.33%	VSM	0.23%
VSM	7.69%	Medical	0.00%
Grand Total	2.96%	Grand Total	1.80%

TOTAL WORKFORCE % - Yes: **2.19%** No & Not Declared: **97.81%**

TOTAL OF STAFF WHO SELF REPORTED % - **52.66%**

Percentage of staff in each of the AfC bands 1-9 and VSM (including executive board members) compared with staff in overall workforce

Disability	Yes	No	Not Stated & I do not wish to disclose	Total
No. of Shortlisted Applicants	170	2901	42	3113
No. of Appointed Applicants	18	303	40	361
Relative Likelihood of shortlisting/appointed:	0.11	0.10	0.95	0.12

Indicator 2 - Relative Likelihood of Non-Disabled staff being appointed from shortlisting compared to Disabled Staff is (0.10/0.11) which is therefore 0.91 times greater

Disability	Yes %	No & Not Stated %
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	25.00%	24.00%
Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	39.00%	26.00%
Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion.	82.00%	87.00%
In the last 12 months have you personally experienced discrimination at work from manager/team leader or other colleagues.	18.00%	9.00%

Disability	Yes	No	Not Stated	Total Workforce
No. Staff in workplace	123	3273	2229	5625
No. Voting member of the board	1	5	8	14
% of overall workforce	2.19%	58.19%	39.63%	100.00%
Voting Board members % split by disability	7.14%	35.71%	57.14%	
% difference between Board voting members & Overall workforce	4.96%	-22.47%	17.52%	

Percentage difference between the Board's voting membership and its overall workforce.

Further metrics and the Disability Equality Action Plan 2018/19 is at Appendix 4

121. LGBT Equality Metrics

The following tables have adopted the same approach as with the WDES and WRES above, where the data has been available. Further metrics and the LGBT action plan is held in Appendix 5.

Non-Clinical	%	Clinical	%
Band 1	0.65%	Band 1	0.00%
Band 2	0.48%	Band 2	1.82%
Band 3	2.08%	Band 3	1.43%
Band 4	0.38%	Band 4	0.00%
Band 5	1.17%	Band 5	1.10%
Band 6	2.80%	Band 6	1.77%
Band 7	1.39%	Band 7	0.54%
Band 8A	3.57%	Band 8A	0.81%
Band 8B	3.70%	Band 8B	0.00%
Band 8C	0.00%	Band 8C	0.00%
Band 8D	0.00%	Band 8D	0.00%
Band 9	0.00%	Medical	0.23%
VSM	7.69%	VSM	0.00%
Grand Total	1.24%	Grand Total	1.17%

Percentage of LGB staff in each of the AfC bands 1-9 and VSM (including executive board members) compared with staff in overall workforce

Sexual Orientation	LGB	Hetrosexual	Not Stated & I do not wish to disclose	Total
No. of Shortlisted Applicants	82	2830	201	2663
No. of Appointed Applicants	4	301	56	361
Relative Likelihood of shortlisting/appointed:	0.05	0.11	0.28	0.14

Indicator 2 - Relative Likelihood of Heterosexual staff being appointed from shortlisting compared to LGB Staff is (0.11/0.05) which is therefore 2.20 times greater

Sexual Orientation 16-17	LGB	Heterosexual	Not stated	Total Workforce
No. Staff in workplace	62	3052	2355	5469
No. Staff entering the formal disciplinary process	0	14	17	31
Relative Likelihood of entering the disciplinary process	0.000	0.005	0.007	0.006

Relative Likelihood of heterosexual staff entering the formal disciplinary process compared to LGB Staff is (0.000/0.005) which is therefore 0.0 times greater

Sexual Orientation 17-18	LGB	Heterosexual	Not stated	Total Workforce
No. Staff in workplace	67	3280	2278	5625
No. Staff entering the formal disciplinary process	0	26	33	59
Relative Likelihood of entering the disciplinary process	0.000	0.008	0.014	0.010

Relative Likelihood of heterosexual staff entering the formal disciplinary process compared to LGB Staff is (0.000/0.008) which is therefore 0.0 times greater

Sexual Orientation	LGB	Heterosexual	IDNWTD	Total Workforce
No. Staff in workplace	67	3280	2278	5625
No. Staff accessing NMT & COD	3	198	99	300
Relative Likelihood of accessing NMT & COD	0.04	0.06	0.04	0.05

Relative Likelihood of Heterosexual staff accessing NMT & CPD compared to LGB Staff is (0.06/0.04) which is therefore 1.50 times greater

Sexual Orientation	LGB	Heterosexual	Not Stated	Total Workforce
No. Staff in workplace	67	3280	2278	5625
No. Voting member of the board	1	4	9	14
% of overall workforce	1.19%	58.31%	40.50%	100.00%
Voting Board members % split by sexual orientation	7.14%	28.57%	64.29%	
% difference between Board voting members & Overall workforce	5.95%	-29.74%	23.79%	

Indicator 9 - Percentage difference between the Board's voting membership and its overall workforce

122. Each year the Trust publishes a full set of workforce monitoring information. This report is attached at Appendix 11.
123. Section 8 details the plans for 2018/19 which will be in part the response to the data in this section.

SECTION 7 – PERSONAL TESTIMONIES

124. **It's all about people and relationships “Beyond Boundaries”**

As previously detailed the 2018 Inclusion Conference held on 14th May 2018 at the Forum 28, Barrow in Furness. The theme was set so local agencies could explore together how to achieve the best possible care and support for the local communities.



Tommy Whitelaw – A key note speaker at the event who describes himself as being: A one man mission to raise awareness of dementia, Son, Carer, Campaigner.

Tommy said “My first thoughts – Wow! What an enjoyable and challenging day”.

I was delighted to spend time with the group and talked about ‘What Matters to You?’

“I was very honoured to be invited to Barrow in Furness on the 14th May 2018 and learn more about the trust inclusion journey following my visit in 2015”.

44 delegates completed their leading change, adding value pledges, during the day. Please click here to read these [Pledges - beyond-boundaries](#).

125. “The MHFA First Aid course was a very hands on course which provided me with the skillset to assist those in need at a time of crisis. I have used the knowledge I gained from the training both in work and outside of work. It well and truly opened my eyes to the wide variety of mental health conditions there are out and how to spot vital warning signs. I believe the role of a Mental Health first aider is to be the first point of contact for someone who is struggling, to sign post the individual if necessary and most importantly break the stigma associated with mental health conditions. I feel that the MHFA course gave me the confidence to approach someone who may be in distress in a way that would be beneficial to them at that time. I have recently started holding talks about anxiety and depression with the aim to improve awareness and to generally change people’s attitudes to the subject. The feedback from these have been overwhelming as colleagues have been able to relate to the contents and stories I have shared. The main reason behind me creating the presentation is because I didn’t want the knowledge and passion I have gained from both personal and professional experiences go to waste.”

Adam Railton, Trained Mental Health First Aider and Student Pharmacy Technician.

(Appendix 6 Time to Change Action Plan)

SECTION 8 – PLANS FOR 2018/19

126. Whilst the report has provided an update on many of the activities and actions that have taken place in 2017/18, attached in Appendix 7 is the full 2017/18 action plan which has been colour coded using red amber green to reflect progress and delivery.
127. Attached at Appendix 8 are the plans for 2018/19 in a more detailed table format. However, key intentions for 2018/19 are as follows:
- Launch the Inclusive Behaviours Programme
 - Participate in and support the forthcoming Bullying and Harassment conference “Creating Positive Cultures”
 - Arrange a further national NHS Alumni event – as a follow up to the November 2017 conference
 - Consolidate local Public Sector Partner networking
 - Deliver Towards Inclusion Conference 4 – as part of Equality and Human Rights week in May 2019
 - Implement further actions that arose as a result of a Listening into Action scheme on inclusive recruitment
128. Network specific action plans are attached as appendices with the following key priorities:

BME Network

- Implement learning from the WRES Experts Programme
- Participate in the Trusts anti-bullying work, through membership of the Joint Working Party – providing a particular focus on the BME perspective
- Host a further BME conference to build on the success of the 2018 event

LGBT Network

- Make a Trust submission to the Stonewall Workplace Equality Index
- Support and guide the Trust on the implementation of the Sexual Orientation Monitoring Standard
- Further roll out of the LGBT training programme
- Develop a structured approach to the LGBT allies programme
- Develop a Bay-wide NHS LGBT network

Disability Network

- Support and progress the actions to achieve Disability Leader status
- Guide and advise the organisation to ensure WDES is implemented

- Support and guide the Trust in preparation for the WDES
- Develop a training programme for managers and staff on the employment of staff with a disability

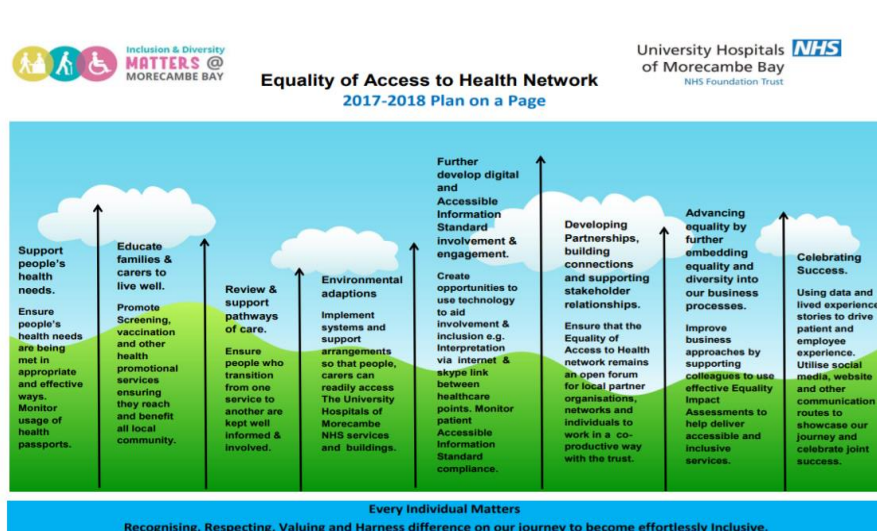
Gender Network

- Embed the learning from the inclusive recruitment Listening into Action Scheme
- Undertake a more in-depth analysis of the staff survey results from a gender perspective
- Ensure an inclusive approach to Clinical Excellence Awards is delivered

Forces Network

- Defence Employer Recognition Scheme – Silver award submission
- Embed Step into Health programme pledges
- Improve Forces community data capture
- Undertake a number of awareness campaigns to cover –
 - ✓ Military March
 - ✓ Reserves Day
 - ✓ Armed Forces Day
 - ✓ Remembrance Day

Equality of Access to Health (EOATH) Network



- Create further accessibility for the use of British Sign Language (BSL interpreters across the Trust by raising awareness with staff.
- Increase use of BSL interpreters demonstrated via the statement of use for all translation and interpretation services out of hours.
- Evidence how we have taken the additional needs of those with sensory impairment e.g. hearing/sight into within our emergency care environment. Test the use of information technology to assist with BSL out of hours.
- Improve response from staff to an outcome of bullying and harassment in the next staff EDS2 survey. Improve staff response, and further evidence the work of the

Respect champion Network and ask the network to present at the next EDS2 event for 2018/19

- Review opportunities to progress robust evidence that meets requirements to demonstrate the uptake and evaluation of training by staff and by protected characteristic.
- Consider working in a co-production way and to include our health and care partners with regards to the EDS2 grading processes for 2018/19

SECTION 9 – FINAL WORD

129. This report documents a comprehensive collation of a range of actions and initiatives which have taken place over year two of the five year Towards Inclusion strategy. There is a clear and demonstrable growing interest and appetite for staff to get involved in making a contribution and a difference to the inclusivity of our services and employment.
130. Whilst it is important to acknowledge all the good work which has been delivered, it is equally important to recognise that our journey has just begun. We continue to have challenges, and it is essential that we make the most of the opportunity our data interpretation can bring. We have the appetite and the ability to overcome any challenges, but we must be in a position to confidently understand the metrics and measures.
131. One of the main priority areas of focus for 2018/19 and beyond must be the firm commitment to addressing any negative experiences of bullying, harassment or abuse which is faced by our staff. For the purpose of this strategy, this work will need to be better understood and addressed from a protected characteristic perspective. We recognise it as a challenge and will find a solution.
132. As we enter year three of the five year strategy, a review of the network structure, including remit, purpose, roles and responsibilities will be undertaken to ensure that support for this work will continue to deliver the best possible outcomes for our staff and patients.

APPENDICES

Appendix 1	EDS2
Appendix 2	Workforce Race Equality Standard Experts Programme
Appendix 3	WRES Action Plan
Appendix 4	Disability Network (WDES) Action Plan
Appendix 5	LGBT Network Action Plan
Appendix 6	Time to Change Pledge
Appendix 7	Full Action Plan 2017/18
Appendix 8	Full Action Plan 2018/19
Appendix 9	Forces Network Action Plan
Appendix 10	Gender Network Action Plan
Appendix 11	Workforce Monitoring Report
Appendix 12	Further Information