



Midlands and Lancashire
Commissioning Support Unit



NHS Midlands and Lancashire
Commissioning Support Unit

Equality, Diversity and Inclusion Strategy

2021-2026

MLCSU Equality and Inclusion Team

Version Control

Information Reader Box

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Accessibility Statement

At MLCSU, we are committed to providing information in clear and accessible ways to meet the communication needs of all people.

To request any of our information or key documents in an alternative format including in larger print, audio or any an additional format, please access our website via the link below:

<https://www.midlandsandlancashirecsu.nhs.uk/accessibility/>

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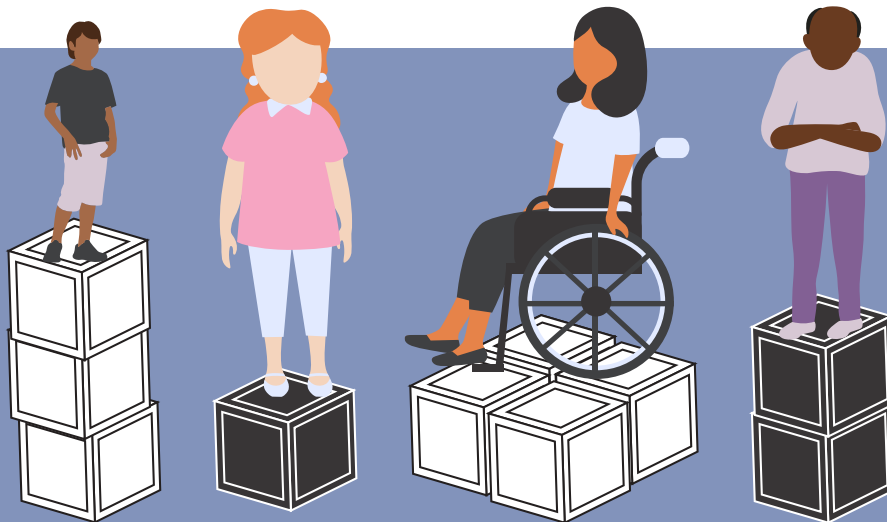
Definitions

Equality is not about treating everyone the same, it is about treating people appropriately depending on their needs - *different needs to achieve the same outcome*.

Equality is about treating people fairly so that everyone can participate and have the opportunity to fulfil their potential

Everyone has individual needs and has the right to have those needs respected

Inequality exists, and discrimination needs to be tackled



Diversity is about respecting and valuing individual difference. Diversity recognises that:

Everybody is different

We need to understand, value, and respect those differences

Diversity can include individuals and groups with varying backgrounds, experiences, styles, perceptions, values and beliefs

Diversity challenges us to recognise and value all sorts of differences in order to make a better working environment and to ensure that we provide an excellent service for all our customers. Having a diversity approach aims to recognise, value and manage differences to enable all staff, patients and service users to contribute and realise their full potential.



Inclusion is the action or state of including or of being included within a group or structure - The practice or policy of providing equal access to opportunities and resources for people who might otherwise be excluded or marginalised, such as people who have physical or mental disabilities and members of other minority groups.



Types of Discrimination

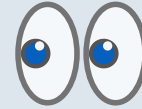
Below are the definitions of each type of prohibited discrimination:

Direct discrimination



This type of discrimination occurs when a person is treated less favourably than another person because of perceived or actual 'difference', such as belonging to a protected characteristic group e.g. gender reassignment.

Discrimination by perception



Discrimination by perception occurs when a person is thought to have a particular protected characteristic or is treated as if they do.

Indirect discrimination

Indirect discrimination happens when there is a rule, a policy or even a practice that applies to everyone but inadvertently disadvantages a particular group, or groups of people, who share a particular protected characteristic, such as maternity.



Indirect discrimination can be justified if it can be shown that the rule, policy, or practice is intended to meet a valid objective in a reasonable way. If the valid objective can be evidenced, indirect discrimination can be lawful.

Discrimination by association



Discrimination by association occurs when a person is being treated less favourably because they are linked or associated with a person who has a protected characteristic, such as disability.

Victimisation



Victimisation is when an individual is adversely treated because they have made a complaint of discrimination or harassment or provided evidence of such a case.

Harassment

Harassment is unwanted conduct that violates a person's dignity or creates an intimidating, hostile, degrading, or offensive environment.



Executive Summary

Our Strategy provides a 5 year direction for our Equality, Diversity and Inclusion work. This is aligned to the Public Sector Equality Duty (PSED) under section 149 of the Equality Act 2010. As an employer, we have a duty to demonstrate 'due regard' to the aims of the Duty in the conduct of our business. This means that we actively embed equality and inclusion work to address disproportionate disadvantages faced by equality groups.

Within Equality legislation, demonstrating adherence to the Public Sector Equality Duty means that we must:

- Publish information on how we demonstrate compliance to the general duty
- Publish workforce information
- Publish equality objectives covering a 4 year period with performance review

As an NHS organisation, there is a requirement for us to adhere to a range of mandated equality reporting. This includes the Workforce Race Equality Standard (WRES), Accessible Information Standard (AIS) and Gender Pay Gap reporting (GPG).

There is an increased drive to address health inequalities which is enshrined within the Health and Social Care Act and Public Services Act.

To meet the legal obligations under the related legislation and further advance equality agenda within the MLCSU, this Equality, Diversity and Inclusion Strategy has been developed.



A message from Derek Kitchen - Managing Director MLCSU



Our board members are passionate about patient care and shaping the future of the NHS. They are all experts in their respective fields and have a wealth of experience in healthcare and other, related industries.

During challenging times, when resources are scarce, we recognise a need to do things differently to find new and innovative approaches. This is something that our board, each of whom have contributed to the continued evolution of the NHS for many years, and across many different organisations, have had to do throughout their careers. They understand the healthcare landscape in great detail, from the perspective of both providers and commissioners.

With clear leadership, our board is committed to delivering the best possible results for customers, patients and the public, above all else. To achieve this we have made a firm commitment to equality, diversity and inclusion in all aspects of our organisation; leadership, workforce, strategic planning and services provided to our customers. Our expertise and ability to create long-term productive relationships with partner organisations is unmatched and this is underpinned by our focus and understanding of the diverse needs of people.

We want to ensure all parts of our local communities have fair access to NHS information, services and premises when they need to use commissioned healthcare services. We know that not all people access or take up services in the same way and we want to take reasonable steps to accommodate these different needs, particularly for vulnerable protected groups.

We are working hard to ensure not only that our services are appropriate and accessible for all members of our community, but that no one is disadvantaged or discriminated against by the services we put in place.

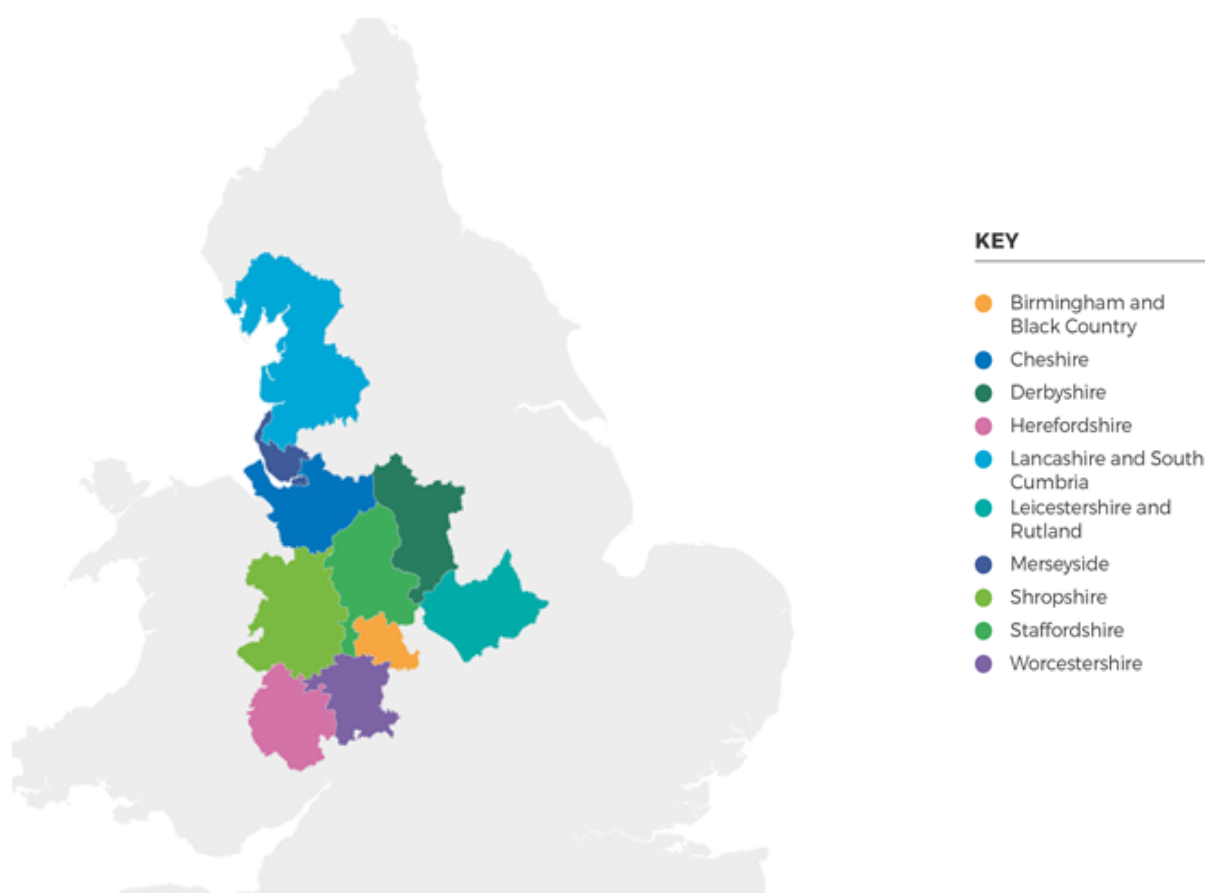
About Us

We are the NHS Midlands and Lancashire Commissioning Support Unit (MLCSU) and this is our Equality, Diversity and Inclusion Strategy. We are one of the largest Commissioning Support Units in the country providing high quality commissioning support services to NHS organisations including Clinical Commissioning Groups (CCGs), Integrated Care Partnerships (ICPs), Integrated Care Systems (ICSs), NHS England and NHS Improvement as well as other partners across the areas displayed on the map below.

We are an organisation of around 1800 NHS professionals and subject matter experts. The work we do is underpinned by the value that 'everyone matters' - patients, staff and customers.

As an organisation, we are dedicated to promoting equality and diversity in our everyday work and support our customers in their work promoting the equality agenda. Our work helps to identify and mitigate any potential negative impact from decision making on groups with protected characteristics and under served groups. We are also committed to addressing inequality and health inequalities in our work across the NHS.

As we implement this strategy, we recognise that there will be changes and challenges ahead. We are dedicated to working further towards the equality agenda as an organisation and on behalf of our wide range of partners. The map below shows the areas that we cover.



Meeting Our Legal Duties

We are required to follow a number of key equality related legislation and principles from case law, This includes:

The Equality Act (2010)

The Equality Act 2010 makes it unlawful to discriminate, harass or victimise people because of a reason related to their protected characteristic. The Equality Act 2010 protects people from unfavourable treatment and this refers particularly to people from the following categories know as 'protected characteristics'.



Public Sector Equality Duty (PSED)

NHS Organisations that carry out public services or functions are required to demonstrate how they show 'due regard' to the three aims of the Public Sector Equality Duty (PSED) as set out in the Equality Act 2010 (Section 149). This duty requires an organisation to:



See Appendix A for detail of the protected characteristics and Appendix B for information on Brown and Bracking principles in relation to due regard.

Human Rights Act 1998

The Human Rights Act 1998 set out universal standards to ensure that a person's basic needs as a human being are recognised and met. The Act sets out human rights in a series of 'Articles', each of which deals with a different right.

Public authorities have a mandated duty to ensure they have arrangements in place to comply with the Human Rights Act 1998. It is unlawful for a healthcare organisation to act in any way that is incompatible with the Human Rights Act 1998. In practice, this means we must treat individuals with **Fairness, Respect, Equality, Dignity & Autonomy**, known as the **FREDA** principles.



Health and Social Care Act 2012

The Health and Social Care Act 2012 states that NHS organisations including the MLCSU must in the exercise of their functions, have regard to the need to:

- Reduce inequalities between patients with respect to their ability to access health services
- Reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services
- Promote the involvement of patients and their carers in decisions about the provision of health services to them
- Enable patients to make choices with respect to aspects of health services provided to them

Health bodies must also make arrangements to ensure that individuals to whom a service may be, or will be provided to, are involved in the service planning, development and decision making process. This can be done through consultation, by providing individuals with information or through other methods.



Social Value Act 2012 (also referred to as the Public Services Act)

Applies to all Public Services in the United Kingdom.
Requires all Public Sector authorities to consider;

A) How what is being proposed to be procured might improve the economic, social and environmental wellbeing of the relevant area, and

B) How, in conducting the process of procurement, it might act with a view to securing that improvement



The Modern Slavery Act 2015

Under section 54 of the Act (Transparency in the Supply Chain) we must produce an annual statement on our website listing the steps we are taking to ensure that slavery and human trafficking is not taking place in any part of our supply chain or any part of our business. Providers and CCGs must give similar assurances with regards to their own supply chains.

The Modern Slavery Act 2015 (applies to all organisations within the UK with a turnover of £36 million).

A key element of the Act is the 'Transparency in Supply Chains' provision. Businesses above a certain threshold are required to produce a 'Slavery and Human Trafficking Statement,' outlining what steps they have taken in their supply chain and own business to ensure slavery and human trafficking is not taking place.

Our Modern Slavery Act Statement can be found here:

<https://www.midlandsandlancashirecsu.nhs.uk/about-us/modern-slavery-act/>



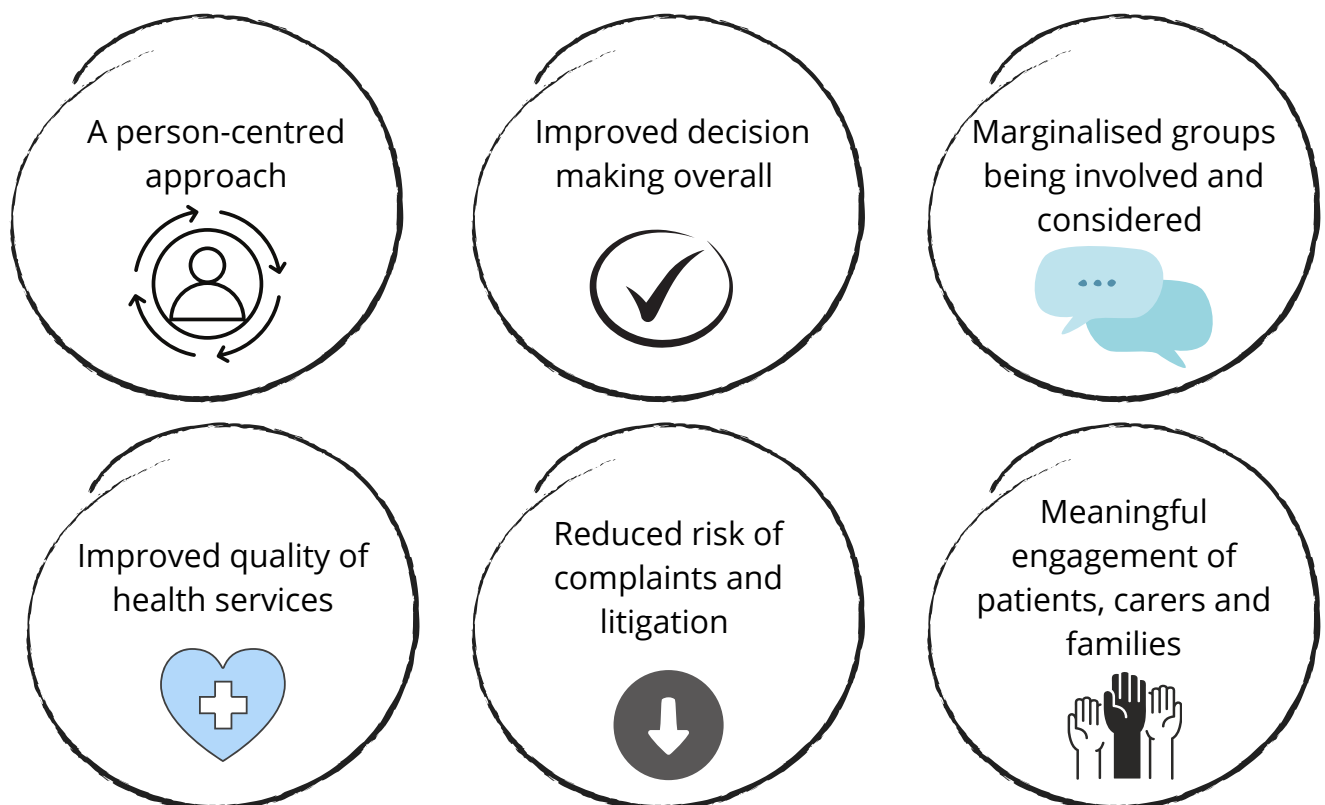
Our Approach

We have developed this strategy in relation to both staff and service provision. This strategy should be read in conjunction with the MLCSU employee related Equality and Diversity Policy.

In developing and implementing this strategy, we will use a human rights approach and give due regard to the aims of the PSED:

- To eliminate unlawful discrimination
- To advance equality of opportunity
- To foster good relations between people

A human rights based approach includes:



Patients, their family, carers and staff treated with fairness, respect, equality, dignity and autonomy



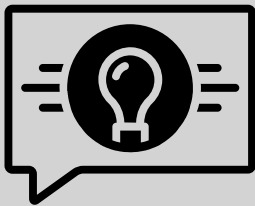
Equality, Diversity and Inclusion Statement

We believe in treating everyone fairly and recognise the diversity of our communities and workforce as a real strength. We want to meet the needs of people from the communities we serve and the needs of our staff as best we can. We realise that treating people fairly does not necessarily mean treating everyone as if they are the same.

Our Approach to Equality, Diversity and Inclusion

Our Equality and Inclusion Strategy is based on the following themes:

Strategic



Legal and regulatory



Moral



Meeting needs of our communities



Meeting the needs of our customers



Consistently supporting our workforce



Meeting the legal duties for our organisation



Our Vision, Mission and Values

Our Aims



To support the NHS Long Term Plan



To empower and enable high performing Integrated Care Systems (ICSs)



To keep patients at the centre of all we do



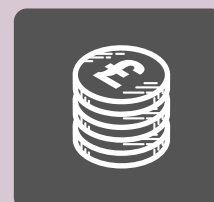
To collaborate with all system organisations



To have a highly motivated, engaged and effective workforce



To be known for excellence - strengthening and growing our ICS and NHSE/I relationship



To be in a strong financial position
Expected margins: To deliver a breakeven position in 2020/21 and 3%+ in 2021/22

Our Values

Honesty, integrity and transparency



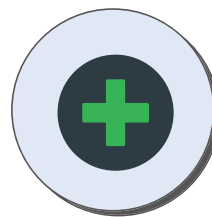
Everyone counts



Pride in quality



Adding value



Working together



Our Vision

“To be a full partner within Integrated Care Systems, contributing to the sustainability and improving the health and wellbeing of the population”

Our Mission

“To be a great place to work, to be great people to work with, striving to be better tomorrow than we are today”

Drivers for Change

The NHS People Plan

The NHS People Plan was published in July 2020 and provides national, regional and local actions in relation to supporting the NHS workforce. The plan focuses on equality and tackling inequalities throughout. Following its release, additional guidance to support the implementation of the People Plan has been published by NHS England and Improvement titled 'Implementing Phase 3 of the NHS response to the COVID-19 pandemic' (published August 2020).

The Phase 3 recovery plan provides focus on existing inequalities that have been exacerbated by the impacts of COVID-19. These include impacts on both communities and NHS workforce. It is expected that these will impact upon the NHS into the years to come.

In line with the expectations of all NHS organisations, we thrive to create an inclusive and compassionate culture. This is reflected in our Equality and Inclusion Strategy.

The key themes from the NHS People Plan

Looking after
our people



Belonging in the
NHS



New ways of
working and
delivering care



Growing for the
future



The NHS Race and Health Observatory

This body has been established by the NHS Confederation. The body will bring together national and international experts to provide analysis and policy recommendations to improve health outcomes for NHS patients, communities and staff. This will be crucial for building evidence and driving progress.

The plan introduces additional requirements to publish and measure leadership data against the Model Employer goals for the representation of staff from ethnically diverse backgrounds.



MLCSU Equality and Inclusion Team Response to Phase 3 letter and NHS Peoples Plan

Below are key areas of work for discussion within our organisation and with CCG customers:

- Identify a named Board Member to hold responsibilities for reducing inequalities
- Publish an action plan showing how Board Membership and Senior Leader representation over the next 5 years will match the ethnic composition of overall workforce or local population, whichever is higher
- Analysis and engagement work with at risk and protected groups
- Using data sets to know our patch and understand health inequalities in our communities
- CCGs supporting preventative programmes engaging with those most at risk of poor health outcomes
- Prepare business models for the transfer to Integrated Care Partnerships (ICP)

MLCSU Equality, Diversity and Inclusion Strategy 2021-2026

- Identifying equality impacts from proposed services including digital exclusion with current equality impact risk assessment processes and human rights assessments
- Implementing recovery programmes to restore services with emphasis on at risk groups such as cancer, people with learning disabilities, people with long term conditions and those from deprived communities

Our Equality and Inclusion Team have produced a range of documents and reports to support NHS organisations with developing local people plans and action plans to address health inequalities. These include:

Knowing Our Patch
data work



COVID -19 inequality
data sets - regional level



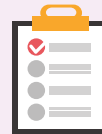
Ongoing COVID 19 support
in relation to equality issues



Ongoing advice for MLCSU
staff and customers to
demonstrate due regard to
the PSED in decision making



Team Action Plan for
Phase 3 and Peoples
Plan



The Model Employer Strategy

The Model Employer Strategy is aimed at increasing a diverse ethnic representation at senior levels across the NHS. We have aligned our WRES action plan to this strategy and have published a 5 year Leadership Diversity action plan to improve ethnic representation within our senior leadership team.

The NHS Long Term Plan

Moving towards a new service model in which patients get better support, and care is more aligned to ensure its provided at the right time and in the best care setting



Strengthening the NHS's contribution to prevention and health inequalities



Priorities for care quality and outcomes improvement for the decade ahead



Belonging in the NHS - tackling workforce pressures and supporting staff



New ways of working and delivering care - upgrading technology and digitally enabled care across the NHS



Financial sustainability through the 3.4% five year NHS funding settlement



The plan also notes that Human Resources and Organisational Development Teams are critical to the NHS and will need to play a major role in the implementation of this plan.

The plan is referenced within a letter from Simon Stevens – NHS Chief Executive Officer which sets out the latest 'Phase 3' priorities in response to COVID-19.

The Impact of COVID-19

During 2020, all NHS organisations have responded to the pandemic. The pandemic has impacted the way we deliver services, with a nationally directed response. It has shone a light on existing health inequalities and there is now a national directive to tackling inequalities and addressing discrimination. We have considered this as part of this review work in order to improve the experiences of all our patients and staff including those facing disproportionate outcomes, especially ethnically diverse staff.

A report by Public Health England on the impact of COVID-19 sets out the following key recommendations:

Accelerate efforts to target culturally competent health promotion and disease prevention programmes for non-communicable diseases promoting healthy weight, physical activity, smoking cessation, mental wellbeing and effective management of chronic conditions

Mandate the collection and monitoring of ethnicity data and ensure data is readily available to local health and care partners to help mitigate the impact of COVID-19 on ethnically diverse communities

Support community engagement using participatory research to understand the variety of determinants of COVID-19 in ethnically diverse communities, and to develop programmes to reduce risk and improve health outcomes

Ensure that COVID-19 recovery strategies actively reduce inequalities caused by the wider determinants of health to create long term sustainable change

Improve services for ethnically diverse communities including access, experiences and outcomes of commissioned services at all levels including health impact assessments, good representation of black and minority ethnic communities among staff at all levels and sustained workforce development and employment practices

Fund, develop and implement culturally competent COVID-19 education and prevention campaigns, working with local ethnically diverse and faith communities

Accelerate the development of culturally competent occupational risk assessment tools that can be used in a variety of settings to reduce the risk of employees' exposure to and acquisition of COVID-19, especially for key workers who are working directly with the public and patient groups

Our Staff Experience

Staff Experience

We monitor staff experience through the NHS national staff survey. Staff feedback provides an understanding of how our employees experience working at our organisation. We began participation in the survey in 2019 and so we are now able to compare the results and identify the areas where improvements are needed and understand our strong areas and successes.

Monitoring of staff experience and levels of satisfaction are crucial in order to develop and maintain a productive and well led workforce. Monitoring enables managers to gain insights into the satisfaction levels of their teams in an anonymous way. Staff are able to have a voice and speak up in confidence and to raise issues of concern.

The survey has been analysed across 11 key themes with a new theme on team working added this year. We rated particularly well in areas around equality, diversity and inclusion and a safe environment in respect of violence and bullying and harassment, quality of care and immediate managers.

Monitoring of the staff survey results assist in developing a workplace that is free from discrimination and enables us to address discrimination effectively and without prejudice.

Through our work with our partners, such as Clinical Commissioning groups, we are also able to support the monitoring of staff experience so that they are also able to identify weaknesses, strengths and areas for improvement. One of the mechanisms that use to do this is the Equality Delivery System (EDS).



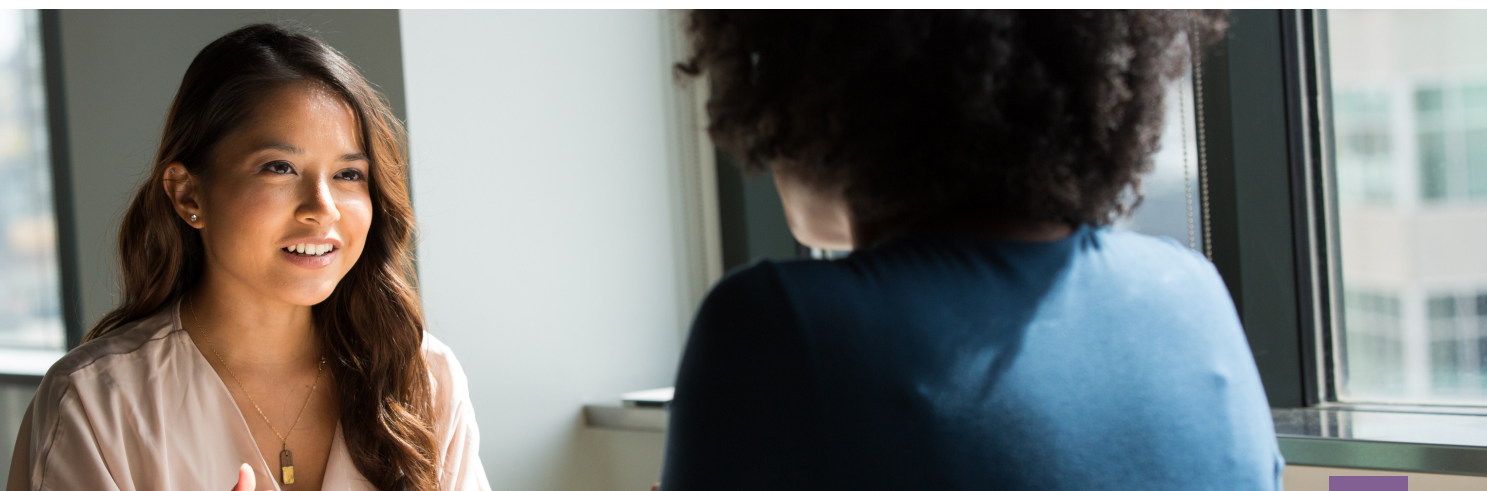
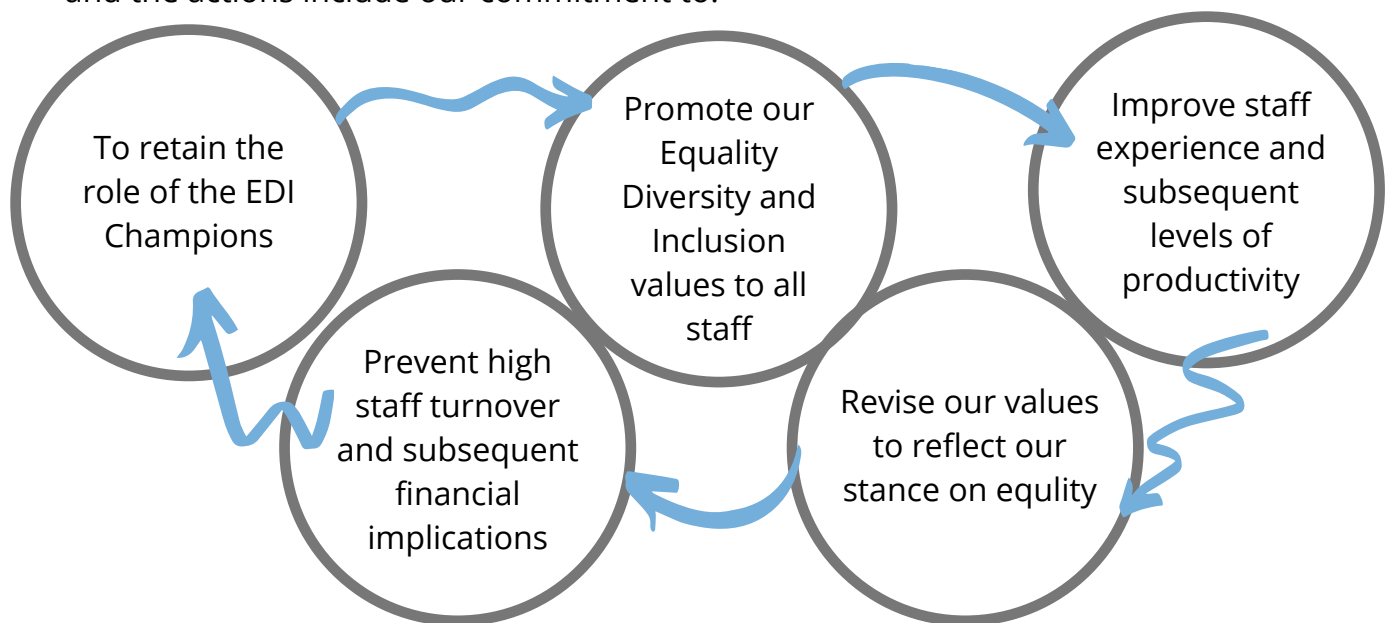
Where We Are Now

Equality, Diversity and Inclusion (EDI) Staff Listening Exercise

As part of our commitment to the WRES, improving the experience of staff from ethnically diverse backgrounds within our organisation, and in light of additional workforce issues relating to COVID -19 and ethnically diverse communities, we established a Staff Listening Exercise. A group of EDI Champions were recruited to speak to our colleagues with an ethnically diverse heritage.

The exercise involved confidential conversations and the aim was to find out more about the experiences of our colleagues to help us to heighten our awareness so that we can improve our behaviours, policies, procedures and practises.

The listening exercise is now complete. The report and action plan have been agreed and the actions include our commitment to:



Supporting Our Workforce

Under the Equality Act 2010, we have a duty to report equality information about our workforce annually.

Our objective is to create an inclusive and positive environment for our employees and have policies, procedures and programmes of work in place to ensure that we achieve the following:

Working arrangements including flexible working consistent to meeting the needs of the service and helping staff to achieve work-life balance



Staff report positive experiences of the workplace and are supported by managers to work in culturally competent ways



An inclusive work environment where people are free from discrimination, abuse, harassment, bullying and violence



Fair recruitment and selection processes in place to reduce discrimination



Training and development opportunities for our workforce



Alongside the programmes of work noted above, we also carry out workforce reporting to identify any disparities in the experiences of and outcomes for our staff and to set out action plans to address these disparities. We do this by reporting on the following:

- Workforce Race Equality Standard (WRES)
- Gender Pay Gap (GPG)

Our Work Environment

We aim to provide a work environment that promotes inclusion and meets the needs of our workforce across our geographical locations. Here are some examples of how our work environment meets the needs of our employees.

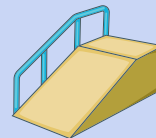
Prayer Room



Agile Working Arrangements



Access and reasonable adjustments



Accessible Parking



Information for managers to support staff during Ramadan



Human Resource policies e.g Carers Policy



Military Veterans Covenant



NHS Rainbow Badges Scheme



Mental Health First Aiders and Well-being Support



Freedom to Speak Up Champions



Staff Side Union



Personal Safety Training and related policies



Rainbow Badges Scheme

The NHS Rainbow Badge initiative aims to make a positive difference by promoting the message of inclusion. The initiative is a simple yet effective way of showing that we are an open, non-judgemental and inclusive employer for staff who identify as LGBT+ (lesbian, gay, bisexual, transgender -- the + simply means that we are inclusive of all identities, regardless of how people define themselves).

The initiative enables our employees to demonstrate visibly to patients, partners and customers that we celebrate and promote diversity and inclusion.

We would like to increase awareness of the issues that LGBT+ patients and their families experience when accessing NHS healthcare, and for LGBT+ staff working within NHS organisations.



There is evidence that increased awareness and understanding can lead to significant positive differences on the physical and mental health of LGBT+ patients and staff within the NHS. The scheme was launched in summer 2020 to coincide with community PRIDE events. The launch involved staff taking a pledge to promote equality and positive messages of inclusion and LGBT+. This is an exciting initiative for our organisation and we are proud to join other NHS organisations that are part of this initiative. In addition a **business case** and actions have been set to develop an LGBT staff network. The LGBT staff network will enable us to understand the inequalities that LGBT people face further and to engage with staff regarding needs, expectations and ambitions. Staff groups enhance organisational development and serve as a mechanism to help to retain staff and ensure that they are fairly treated and reach their potential.

Expected outcomes from adopting the NHS Rainbow Badges initiative:

Improved MLCSU website / marketing materials which evidence our commitment to inclusive practice

Promotion of non-judgemental work environments free from discrimination and equality of opportunity

Greater promotion of LGBT issues across the organisation

Putting MLCSU at the forefront of tackling discrimination and promoting inclusiveness across the organisation

Increased commitment to inclusive LGBT issues by using the social media materials and staff displaying a rainbow badge

Promotion of inclusiveness for employees and visitors to the organisation

Our EDI Objectives 2021-2026

1

Ensure we meet our related equality duties as outlined within related legislation



2

Improve and continue conversations with our workforce



3

Improve experiences reported by the workforce



4

Create an inclusive culture where staff are free from discrimination



5

Recognise and identify impacts on diverse communities in terms of equality and inequality



6

Improve representation of equality groups within the workforce and leadership



7

Workforce have good awareness of equality, diversity and inclusion



Links To Our Corporate Objectives

EDI Objectives

1

Ensure we meet our related equality duties as outlined within related legislation



1

Develop a range of transformation services that supports the delivery of NHS E/I long term plan and NHS COVID 19 restoration and recovery programme

2

Improve and continue conversations with our workforce



5

Work to ensure all staff feel valued by us and our clients

7

Remove any racism, prejudice or discrimination from the MLCSU

3

Improve experiences reported by the workforce



5

Work to ensure all staff feel valued by us and our clients

6

Achieve workforce targets

4

Create an inclusive culture where staff are free from discrimination



5

Work to ensure all staff feel valued by us and our clients

7

Remove any racism, prejudice or discrimination from the MLCSU

5

Recognise and identify impacts on diverse communities in terms of equality and inequality



1

Develop a range of transformation services that supports the delivery of NHS E/I long term plan and NHS COVID 19 restoration and recovery programme

6

Improve representation of equality groups within the workforce and leadership



6

Achieve workforce targets

7

Workforce have good awareness of equality, diversity and inclusion



5

Work to ensure all staff feel valued by us and our clients

7

Remove any racism, prejudice or discrimination from the MLCSU

Our Governance Framework

The Integrated Governance Board will provide governance oversight for the implementation and delivery of this strategy and our work to improve equality, diversity and inclusion performance. Actions relating to employees will be monitored by the 'People Group'.

This will include regular updates and monitoring of the strategy. Leaders and senior managers throughout our organisation will be required to support this strategy and related action plans, processes and policies.

Annual progress will be reported within the our Equality and Inclusion Annual Reports.

Responsibilities

Our Directors, Leaders and Senior Managers are required to promote the equality agenda by actively discouraging prejudice and by modelling appropriate behaviour. They must ensure that this strategy is clearly communicated to their employees along with sources of available support.

All our employees have a personal responsibility for their own behaviour and for ensuring that they comply with the Equality Act 2010. We expect all staff to:

- Understand the strategy and how this impacts on everything we do
- Have a personal responsibility to adhere to the strategy
- Follow agreed processes to comply to equality legislation for any decision making and day to day duties



Managing Risk

Equality and Health Inequality Impact and Risk Assessment (EHIRA)

We have an Equality and Health Inequality Impact and Risk Assessment (EHIRA) tool, which enables our staff and our customers (CCGs) to assess decision making in regard to services and policies for equality related risks. Completed EHIRAs are quality assured by our Equality and Inclusion Team. Staff required to complete EHIRAs are supported by a range of guidance documents.

The EHIRA has been developed in line with equality and human rights legislation.

We use an online system called U Assure to manage and upload EHIRAs and related documents. Access to U Assure can be gained by contacting the Equality and Inclusion team via email: equality.inclusion@nhs.net

There are currently different governance routes for EHIRAs that are carried out within our organisation. This is an area that requires improvement.



Corporate risk processes

The MLCSU have an corporate risk register in which all risks are monitored and reviewed regularly. The Integrated Governance Board have oversight of the corporate risk process.



Implementing The Strategy

This strategy will be implemented through:

Sharing with our staff teams



Sharing internally on staff communications and Nugget - our staff intranet and staff portal



Regular monitoring of implementation by our governance structures such as People Group and Integrated Governance Board



Annual review and reporting on progress through Equality and Inclusion Annual Report, WRES and GPG reporting



Performance monitoring for this strategy will include:

Regular review of equality related work being embedded within our organisation such as EHIRAs, Rainbow scheme, EDI champions



Ongoing monitoring of equality risks through Corporate Risk process



Monitoring of equality outcomes such as staff experience, staff survey and Speak Up Champions



Improvements relating to Leadership Diversity via WRES



Interdependencies

There are interdependencies with our other policies, including:

- Equality and Diversity Policy (Employee Related)
- Human Rights Policy
- Recruitment and Selection Policy
- Disciplinary Policy
- Grievance Policy
- Bullying and Harassment Policy
- Whistleblowing Policy
- Health and Safety Policy
- Learning and Development Policy



Conclusion

The review of our Equality, Diversity and Inclusion Strategic Plan has aimed to give us direction for improving equality related performance for the next 5 years.

During the review period, we have worked to support NHS partners in COVID -19 planning and has been part of the national NHS effort to support services during the pandemic.

There has been greater awareness of equality and inequality issues during this time and increased recognition of the importance of race equality and discrimination due to the Black Lives Matter Movement.

The mandated equality reporting for this year, together with publications of the NHS Peoples Plan and NHS Long Term Plan, provide clear direction that improvements are required. These include:

- Improving and addressing leadership representation
- Improving equality monitoring information across staff with protected characteristics
- Gaining greater understanding of the needs of ethnically diverse staff and LGBT staff
- Promoting a work environment free from discrimination, bullying, harassment and victimisation
- Embedding equality considerations within decision making in order to reduce equality risk and tackle health inequalities


Everyone working within our organisation has a responsibility to promote equality and inclusion. The responsibility to drive this strategy sits with our MLCSU Board who will have oversight to monitor and review our equality performance and progress.

Our services are receptive to wider changes and challenges within the NHS. Our EDI Strategy will remain flexible for the 5 year duration to meet local and national NHS directives for health care commissioning and equality standards.



Action Planning

Objective:

<div> <div>1</div> <div> <p>Ensure we meet our related equality duties as outlined within related legislation</p>  </div> </div> <div> <p>Actions:</p> <ul style="list-style-type: none"> • Meet all NHSE/I mandated reporting and review work and publish accordingly </div>	Outcome measures	Timeframes	Responsible team
	<ul style="list-style-type: none"> • Publish WRES report and action plan • Publish Equality and Inclusion Annual Report • Review and update Modern Slavery Statement • Publish Gender Pay Gap reporting 	Review annually	<p>Equality and Inclusion Team</p> <p>Peoples Services</p>
<ul style="list-style-type: none"> • To demonstrate our due regard in decision making to meet the PSED 	<ul style="list-style-type: none"> • Publish equality reporting • Completion of EHIRAs internally and on behalf of our customers • Internal governance oversight for EHIRA process • Involving communities in decision making 	Review annually	<p>Equality and Inclusion Team</p> <p>All teams</p> <p>Communications and Engagement Team</p>

Objective:**2****Improve and continue conversations with our workforce****Actions:**

- Implement EDI Listening group across the organisation - to target involvement from ethnically diverse staff

- Set up and support staff network groups and EDI Champions across equality groups

- To continue promotion of the Freedom To Speak Up (FTSU) role

- Continue to involve Staff Side representation within decision making

Outcome measures

- Increased understanding of any issues and actions to improve for ethnically diverse staff

- Established networks for diverse staff

- Uptake of staff accessing FTSU champions

- Representation of Staff Side
- Information about union membership available for staff

Timeframes

Review annually

Review annually

Review annually

Review annually

Responsible team

Strategy Unit

Peoples Services and Strategy Unit

Peoples Services

Staff Side Representatives

Objective:**3****Improve experiences reported by the workforce****Actions:**

- Carry out NHS staff survey and share findings with all teams alongside action plan and its progress

Outcome measures

- Improved reporting of staff experiencing bullying, harassment and victimisation
- Report of progress on action plan
- Improve percentage of staff who report they would recommend us as a place to work



Timeframes

Review annually



Responsible team

Peoples Services



Objective:

 Create an inclusive culture where staff are free from discrimination 	Outcome measures	Timeframes	Responsible team
Actions: <ul style="list-style-type: none"> To improve staff equality data recording and monitoring on Employment Staff Records (ESR) 	<ul style="list-style-type: none"> To maintain high levels of self reporting for ethnicity (over 95%) 	Review annually	Workforce team
<ul style="list-style-type: none"> To increase the number of staff who declare their disability status (20.65% did not declare their disability status in 2020) 	<ul style="list-style-type: none"> To improve the levels of self reporting for disability 	Review annually	Peoples Services
<ul style="list-style-type: none"> To decrease the number of staff who do not disclose their sexual orientation (33.16% did not disclose in 2020) 	<ul style="list-style-type: none"> To improve the levels of self reporting for sexual orientation 	Review annually	Peoples Services
<ul style="list-style-type: none"> To promote equality monitoring update data through staff communications 	<ul style="list-style-type: none"> To improve the levels of self reporting for disability 	Review annually	Peoples Services
<ul style="list-style-type: none"> To review MLCSU estates to ensure that the needs of equality groups such as people with disabilities, breast feeding mothers and people with different faiths and beliefs, are met. 	<ul style="list-style-type: none"> To improve the environment of our estates for staff/visitors To make reasonable adjustments where appropriate 	Review annually Ongoing	Estates Managers, People Services and Estates


Objective:

<div>  Recognise and identify impacts on diverse communities in terms of equality and inequality </div> <div>  Actions: <ul style="list-style-type: none"> To ensure that EHIIRAs are completed on all projects, policies and decisions that potentially impact on staff/patients/communities </div>	Outcome measures	Timeframes	Responsible team
	<ul style="list-style-type: none"> An increase in the number of EHIIRAs completed To embed EHIIRAs processes into decision making and governance 	<p>Review annually</p> <p>Review annually</p>	<p>All teams and managers</p> <p>Integrated Governance Group (IGG)</p>
<ul style="list-style-type: none"> MLCSU teams to have access to EHIIRA support documents and templates 	<ul style="list-style-type: none"> Our staff feel supported 	<p>Review annually</p>	<p>Equality and Inclusion Team</p>
<ul style="list-style-type: none"> To support Communications and Engagement Team with advice and guidance 	<ul style="list-style-type: none"> Communications and Engagement Team feel supported in fulfilling their equality duty 	<p>Review annually</p>	<p>Equality and Inclusion Team</p>
<ul style="list-style-type: none"> Improve our understanding of health inequalities and addressing these 	<ul style="list-style-type: none"> To produce intelligence relating to health inequalities for Equality and Inclusion customers 	<p>Review annually</p>	<p>Equality and Inclusion Team</p>

Objective:

 Improve representation of equality groups within the workforce and leadership	Outcome measures	Timeframes	Responsible team
 Actions: <ul style="list-style-type: none"> To implement the WRES action plan and Model Employer Strategy annually 	<ul style="list-style-type: none"> Improve ethnically diverse representation across workforce and leadership 	Review annually	Peoples Services
<ul style="list-style-type: none"> To increase female representation at Board level (67.43% of overall workforce are female at 2020 and 32.57% of the Board are female) 	<ul style="list-style-type: none"> Increase representation of females at Board level 	Review annually	Peoples Services
<ul style="list-style-type: none"> To increase the representation of workforce for: 16 - 19 years old (0.16% in 2020) 20 - 24 years old (2.5% in 2020) 25 - 29 years old (6.23% in 2020) 	<ul style="list-style-type: none"> Promoting apprenticeships and trainee positions 	Review annually	Peoples Services
<ul style="list-style-type: none"> Please refer to actions contained in objective 4 regarding sexual orientation and disability 	<ul style="list-style-type: none"> See outcome measures set out in objective 4 	Review annually	Peoples Services

Objective:

7 Workforce have good awareness of equality, diversity and inclusion 	Outcome measures	Timeframes	Responsible team
Actions: <ul style="list-style-type: none"> To ensure all MLCSU staff complete Equality and Inclusion mandated training with a target of 95% completion rate (current compliance is 90.07% 2020) 	<ul style="list-style-type: none"> High rates of training compliance reported to the Integrated Governance Group (IGG) 	Review annually	Peoples Services
<ul style="list-style-type: none"> To raise awareness of the equality agenda 	<ul style="list-style-type: none"> Share equality related information through staff communications and the staff intranet To implement the Rainbow Badge Scheme 	Review annually	Equality and Inclusion Team Equality and Inclusion Team

Appendices

Appendix A - Protected Characteristics

Age

This refers to a person belonging to a particular age (e.g. 50-year-old) or range of ages (e.g. 18 to 30 year old). Age discrimination includes treating someone less favourably for reasons relating to their age (whether young or old).

Disability

A person has a disability if s/he has a physical, mental impairment, learning disability or sensory impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. Disability includes sensory impairments such as sight and hearing. Disability also includes mental impairments such as Asperger's syndrome, autism, dyslexia and mental illness. Within the Equality Act there is no requirement that mental illness has to be clinically recognised. The focus of the Equality Act is the impairment rather than the cause.

Certain medical conditions are protected under disability. These include cancer, HIV and multiple sclerosis. People with genetic conditions, would be protected under the Equality Act if the effect of the condition has a substantial and long term adverse effect. People with a past disability which falls into the definition remain protected.

Gender Reassignment

This refers to a person who is proposing to undergo, is undergoing (or part of process), and or has completed the process of reassigning their sex by changing physiological or other attributes of sex. The term of transgender falls under this protected group.

Marriage and Civil Partnership

Protection is for people that are legally married or in a legal civil partnership. It only recognises people in formally recognised unions and therefore does not include people that are not married, cohabiting couples, widows, divorcees and fiancées. Protection of this group does not extend to service provision.

Race

Race includes colour, nationality, and/or ethnic or national origins. Nationality is determined by citizenship.

Religion and belief

The Equality Act does not define religion or belief explicitly. It includes the main organised religions such as Christianity, Islam, Judaism, Hinduism, Sikhism and Buddhism. It also includes smaller religions or belief systems such as Paganism, Rastafarianism and philosophical beliefs such as Humanism and Secularism. The act protects any religion, religious or philosophical belief and a lack of religion/belief.

Sex

A male or female, but also includes male and females as groups. Sex discrimination occurs when a male or female or males and females are treated less favourably for reasons relating to their sex. People describing themselves as non-binary are not currently recognised within the act.

Sexual Orientation

A person's sexual attraction towards their own sex, the opposite sex or more than one sex. This includes people who are Lesbian, Gay, Bisexual or Heterosexual.

Pregnancy and Maternity

The act protects women that are discriminated against due to their pregnancy or maternity status – which includes breastfeeding. This protection may relate to current or previous pregnancy. Protection extends after the birth after 26 weeks from the date of the birth.

Appendix B: Brown, Bracking and Gunning principles

Brown Principles

These principles have been taken from the Equality and Human Rights Commission's paper on making fair financial decisions (Equality and Human Rights Commission, 2012).

Case law sets out broad principles about what public authorities need to do to have 'due regard' to the aims set out in the general equality duties. These principles are sometimes referred to as the 'Brown Principles' and set out how courts interpret the duties. They are not additional legal requirements, but form part of the Public Sector Equality Duty as contained in Section 149 of the Equality Act 2010. In summary, the Brown Principles say that:

- Decision-makers must be made aware of their duty to have 'due regard' and to the aims of the duty.
- Due regard is fulfilled before and at the time a particular policy that will or might affect people with protected characteristics is under consideration, as well as at the time a decision is taken.
- Due regard involves a conscious approach and state of mind. A body subject to the duty cannot satisfy the duty by justifying a decision after it has been taken. Attempts to justify a decision as being consistent with the exercise of the duty, when it was not considered before the decision, are not enough to discharge the duty. General regard to the issue of equality is not enough to comply with the duty.
- The duty must be exercised in substance, with rigour and with an open mind in such a way that it influences the final decision.
- The duty has to be integrated within the discharge of the public functions of the body subject to the duty. It is not a question of 'ticking boxes'.
- The duty cannot be delegated and will always remain on the body subject to it.
- It is good practice for those exercising public functions to keep an accurate record showing that they had considered the general equality duty and pondered relevant questions. If records are not kept it may make it more difficult, evidentially, for a public authority to persuade a court that it has fulfilled the duty imposed by the equality duties.

Bracking Principles (supports the Brown Principles)

The Bracking Principles are the principles which are relevant for a public body in fulfilling its duty to have 'due regard' under the PSED:

- The equality duty is an integral and important part of the mechanisms for ensuring the fulfilment of the aims of anti-discrimination legislation.
- The duty is on the decision maker personally. What matters is what they took into account and what they knew.
- A public body must assess the risk and extent of any adverse impact and the ways in which such risk may be eliminated before the adoption of a proposed policy.

- A public body must have enough available evidence to demonstrate it has discharged the duty.
- Public bodies should place considerations of equality, where they arise, at the centre of formulation of policy, side by side with all other pressing circumstances of whatever magnitude.

Gunning Principles

The Gunning Principles are a set of rules for public consultation that were proposed in 1985 by Stephen Sedley QC, and accepted by the Judge in the *Gunning v LB of Brent* case. They consist of four rules, which if followed, are designed to make consultation fair and a worthwhile exercise:

- That consultation must be at a time when proposals are still at a formative stage;
- That the proposer must give sufficient reasons for any proposal to permit of intelligent consideration and response;
- That adequate time is given for consideration and response; and
- That the product of consultation is conscientiously taken into account when finalising the decision.