

# United Lincolnshire Hospitals NHS Trust Equality, Diversity and Inclusion Annual Report 2023- 2024



**OUTSTANDING CARE**  
*personally* DELIVERED

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## Foreword

The NHS in England is founded on the principles of Equality, Diversity and Inclusion (EDI). This has been most recently articulated in the NHS Constitution, principle 1:

“1. The NHS provides a comprehensive service, available to all:

It is available to all irrespective of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status....” ([The NHS Constitution for England - GOV.UK \(www.gov.uk\)](#))

The seven principles of the NHS Constitution guide the NHS in all it does. At United Lincolnshire Hospitals NHS Trust (ULHT) these national principles are underpinned by our Trust values:

- Patient-centred– Putting patients at the heart of our care.
- Respect– Treating our patients and each other positively.
- Excellence– Supporting innovation, improvement and learning.
- Safety– Ensuring patients and staff are free from harm.
- Compassion– Caring for patients and loved ones.

As the Trust emerges from the experience of the CV-19 pandemic, we are very much focussed on learning from the pandemic and seeking to “Build Back Better”, as outlined in the government plan for health and social care ([Build Back Better: Our Plan for Health and Social Care - GOV.UK \(www.gov.uk\)](#)). In doing this we believe ULHT will continue to provide “Outstanding care; personally delivered” to the diverse population of Lincolnshire and provide an excellent experience to employees working for the Trust, as articulated in our local strategic plans.

2023-2024 has been another incredibly productive year in relation to our EDI work in the Trust. In line with the Messenger Review (2022), we have invested in “Positive equality, diversity and Inclusion (EDI) action” (Messenger recommendation 2). One of the ways through which we have achieved this has been by embedding inclusive leadership practice as the responsibility of leaders through the Leading Inclusively with Cultural Intelligence programme. We have delivered progress in providing a collective, compassionate and

inclusive approach to leadership in the Trust through our continued engagement with the NHS Culture and Leadership Programme.

We invite you to look at some of the key aspects of our EDI journey in 2023-2024 by reading the content of this report. We are proud that as a Trust we continue to meet our statutory EDI duties and that we are meeting and developing in relation to our wider contractual EDI duties. We are particularly proud that our EDI improvement work is increasingly driven by our staff through our growing number of staff networks. Our staff networks not only work for the improvement of colleague experience but have a direct and wider impact on the patients and citizens of Lincolnshire we serve.

Below are two photographs, one of Andrew Morgan, Chief Executive Officer and the other of Claire Low, Chief People Officer who have written this foreword.



## Introduction

Welcome to the ULHT Equality, Diversity and Inclusion (EDI) Annual Report 2023-2024. In this report we not only reflect on all our EDI improvement work in 2023-2023, but we also review the Trust's performance in relation to the wide range of statutory and contractual EDI duties.

As highlighted in the foreword, the NHS has been built around the principles of Equality, Diversity and Inclusion since its inception in 1948 and this continues today as emphasised in the NHS Constitution. This is further underpinned nationally and locally by NHS values.

At a local level ULHT has set out its five-year strategy in the Integrated Improvement Plan, 2020-2025 ([ULHT Integrated Improvement Plan - United Lincolnshire Hospitals](#)). The Trust's Integrated Improvement Plan is central to all the Trust's strategy and as such is reviewed regularly by the Trust Board. Further, on an annual basis key strategic priorities are identified and delivered during each year of the Integrated Improvement Plan.

### How Equality, Diversity and Inclusion works at ULHT:

#### Structure and scope:

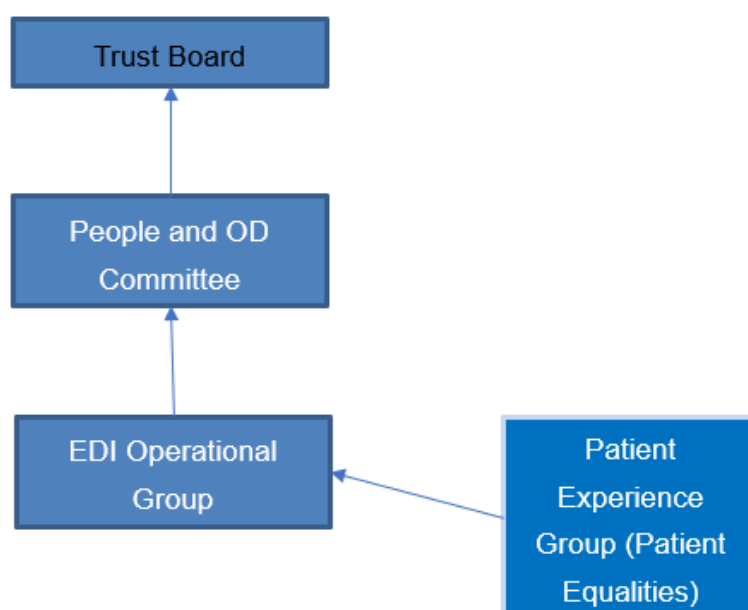
The Equality, Diversity and Inclusion Team is part of the People and Organisational Development directorate. The EDI Team comprises of the Head of EDI, EDI Project Manager, EDI Officer (secondment role) and EDI Assistant. The EDI Team is directly line managed by one of the Deputy Directors of People and OD.

In last year's EDI Annual Report, it was noted that the small EDI Team is seeking to delivery an ever-growing EDI agenda with more national reporting requirements being included (that is Gender Race Pay Gap from 2024-2025; Gender Disability Pay Gap from 2025-2026; Medical Workforce Race Equality Standard (WRES) from 2025-2026; Bank Staff WRES from 2025-2026 etc.).

The EDI Team is responsible for the delivery of patient / citizen equalities, workforce equalities and certain aspects of the emerging health inequalities agenda. It is recognised that capacity scoping is required to ensure the EDI is resourced to deliver on all elements of these important EDI workstreams. This scoping must be undertaken as soon as possible in 2024-2025.

## Governance:

The oversight, assurance and governance arrangements for the EDI work in the Trust is provided through the structure below. The structure chart describes how the EDI Operational Group reports to the Trust Board via the People and OD Committee. The structure chart highlights that patient equalities are reported into the EDI Operational Group through the Patient Experience Group:



In addition, assurance is provided to the Lincolnshire Integrated Care Board (ICB) that the Trust is meeting its statutory and contractual duties under section 6 NHS Standard Contract – Equalities and Human Rights as a service provider and employer. Assurance is currently provided to the ICB twice a year, covering quarters 1 and 2 and then quarters 3 and 4.

## Care Quality Commission (CQC):

The latest CQC inspection report was published in February 2022. Overall, the Trust was rated as 'Requires Improvement'.

During the inspection the Trust's performance in relation to equality, diversity and inclusion was reviewed, by clinical division. In summary the positive comments received in relation to equality, diversity and inclusion focused on:

- Equality and Diversity promoted within and beyond the organisation

- Equality Impact Assessments completed and shared across the wider Lincolnshire healthcare system
- The Trust had an Inclusion Strategy setting out the strategic vision for EDI and human rights agendas
- The Trust actively involved staff groups and the chief executive chairs the Council of Staff Networks which brings together the leads from all staff networks
- EDI included as part of mandatory training
- Staff able to give examples of how to protect patients from harassment and discrimination
- Clinical services promoting equality and diversity in their daily work
- Leaders and staff actively engaging with equality groups

It is encouraging that compared to the previous inspection report published in October 2019, all references to EDI in the February 2022 report are positive and the continued positive EDI journey in the Trust is evidenced.

The latest CQC inspection report is located at the bottom right-hand corner of the Trust internet homepage: [United Lincolnshire Hospitals NHS Trust \(ulh.nhs.uk\)](https://www.ulh.nhs.uk)

## The EDI Statutory Duties:

### The Equality Act 2010 and the Public Sector Equality Duty (PSED)

The Equality Act 2010 legally protects people from discrimination in the workplace and in wider society. It replaced previous anti-discrimination laws with a single Act, making the law easier to understand and strengthening protection in some situations.

The PSED (section 149 of the Equality Act 2010) requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations between different people when carrying out their activities.

As a public sector body, provider of NHS healthcare, employer and anchor institution for our citizens, the United Lincolnshire Hospitals NHS Trust has a legal duty to comply with the Equality Act 2010 and the PSED.



The Equality Act 2010 identifies 9 protected characteristics where legal protection from discrimination is required. The protected characteristics are:

- age;
- disability;
- gender reassignment;
- marriage and civil partnership;
- pregnancy and maternity;
- race;
- religion or belief;
- sex;
- sexual orientation.

The PSED requires the Trust to have due regard to the need to:

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

### Specific duties of the PSED:

The PSED contains specific duties which the Trust must demonstrate and comply with. These specific duties require the Trust to publish relevant and proportionate information demonstrating its compliance with the PSED; and to set specific and measurable equality objectives.

Publishing relevant equality information will make public bodies transparent about their decision-making processes, and accountable to their citizens. It will give citizens the information they need to hold the Trust to account for its performance in relation to equality.

The specific duties require the Trust to:

- Publish information to show its compliance with the Equality Act 2010 and PSED, at least annually (that is, this report)

- Set and publish equality objectives, at least every four years

The information published must include:

- Information relating to employees who share protected characteristics (for public bodies with 150 or more employees)
- Information relating to people affected by the Trust's policies and practices who share protected characteristics (for example, citizens and staff)

The EDI Annual Report provides information on the Trust's annual activity in relation to EDI, in compliance with all the above and with due regard to the Trust's statutory and contractual reporting frameworks for NHS Trusts, with which the Trust complies.

At an individual service or policy level the Trust has an Equality Impact Assessment process in place, through which services demonstrate they are showing due regard to the Equality Act 2010 and PSED in relation to all aspects of their individual service / policy delivery.

This EDI Annual Report has been approved by the Trust Board for publication on the Trust's dedicated equality public webpage. All the Trust's EDI publications can be found on the Trust's "About Us" page on the public internet site or by clicking [Equality, diversity and inclusion - United Lincolnshire Hospitals \(ulh.nhs.uk\)](https://www.ulh.nhs.uk/equality-diversity-and-inclusion)

## Our Lincolnshire citizen profile

The following highlight points are taken from the 2021 census data for Lincolnshire and provide a high-level understanding of the profile of our citizens:

- 51% of Lincolnshire citizens identify as female.
- In terms of race and ethnicity in the county, 96% White, and 3.5% Black or Minority Ethnic (BME). The lowest number of those who identify as White is in Boston, with a significant number identifying as "Other".
- Lincolnshire citizens report a slightly higher than the national average in terms of heterosexual orientation. Also, a higher-than-average number of citizens chose not to answer the question about

sexual orientation. However, there is a significant number of citizens who identify as Lesbian, Gay or Bisexual (over 15,000 citizens).

- The largest age group (number of citizens) is in the 50-64 age band, closely followed by under 20 years old. The smallest age group is 20-24 year olds.
- 25% of citizens have a disability or long-term condition which limits their day-to-day activities. The greatest numbers are within East Lindsey and South Kesteven Districts, which also have the highest number of residents aged 75 plus.
- In terms of religion or belief, citizens in Lincolnshire are largely Christian or have no religion. There are also around 5,000 Muslim citizens, and over 2,000 Hindu citizens and all other faiths are represented in the county.

Full 2021 Census data for Lincolnshire can be located on the Lincolnshire Health Intelligence hub/website: <https://lhih.org.uk/>

It is currently difficult to compare the patient population (those who have used our services) to the overall Lincolnshire population. This is due to the limitations of current data collection systems and analysis on patient equalities and health inequalities. This is highlighted as an equality objective with which the Trust must make progress. However, patient equality remains an important element of our EDI work, with services' EDI compliance monitored through the equality impact assessment process and indeed, an EDI related patient story being brought to Trust Board. Please follow the link to access the patient story on the Trust's YouTube channel: <https://youtu.be/NZBwaxOg8sw>

Detailed information on the Lincolnshire citizen profile is available at Appendix 1.

## Our Workforce Profile

The Trusts workforce equality profile remains broadly the same as reported in the 2022-2023 EDI Annual Report. There has been an increase in the number of staff overall employed in the Trust, rising from 10762 people at the end of the financial year 2022-2023 to 11707 people on the data snapshot date of 31.03.2024 for the 2023-2024 annual report.

### **Protected characteristic age:**

The age profile of the workforce continues to develop particularly in relation to increases noted in the age categories between 21 and 45 years of age. Whilst this is not necessarily reflective of the Lincolnshire age profile (see appendix 1 below), it is a positive development for the Trust as an employer. It is also evidence of the success of organisational attraction and retention strategies, in relation to securing a workforce to deliver high quality healthcare services to the local population in the future and the commitment to the associated succession planning strategies to secure a future workforce.

### **Protected characteristic disability:**

Over recent years there has been a small, but steady increase in the number of staff feeling confident and comfortable to share in the Electronic Staff Record (ESR) system that they are disabled or have a long-term condition. It is evident that the national NHS focus on disability through the Workforce Disability Equality Standard (WDES), implemented in 2019 and the associated local NHS focus on disability and long-term conditions through the Trust's MAPLE (Mental and Physical Lived Experience) staff network are key drivers in the improving experience of colleagues with a disability or a long-term condition. Through the development of a culture of openness and support, the Trust continues to see an improved Workforce Disability Equality Standard (WDES) data return. Overall, the percentage of disabled colleagues at ULHT (as stated in ESR) has increased during the last year and now stands at 5.0% of the workforce. In 2023 it was 4.22%; in 2022 it was 3.48% and in 2021 it was 3.3%.

There remains, however, a statistically significant disparity between the percentage of staff informing the Trust they have a disability or a long-term condition through the ESR system (5.0% in the current reporting cycle) and the number of staff declaring they have a disability or a long-term condition in the national NHS Staff Survey (25.75% in the current reporting cycle). This

disparity between self-reporting disability status on the ESR system and self-reporting in the NHS Staff Survey is recognised nationally and comparable NHS Trusts report a similar disparity. It is also recognised that one of the reasons for the disparity is likely to be the anonymous nature of reporting in the NHS Staff Survey. Further, it is recognised that the Trust needs to do more work to enable disabled staff and staff with a long-term condition to feel confident and comfortable to disclose this on the ESR system. It is noteworthy, that the figure of 25.75%, as reported in the NHS Staff Survey is more in line with the Lincolnshire population disability disclosure rate in the Census 2021, a figure of 20%.

**Protected characteristic gender reassignment (gender identity):**

Nationally, ESR only offers the option of binary male or female genders, there is currently no option for non-binary gender identities to be recorded. This is recognised at a national level and the NHS LGBTQ+ staff network and others are continuing to work for greater inclusion. However, in the NHS Staff Survey staff are offered the opportunity to answer the question: “Is your gender identity the same as the sex you were registered at birth?” 97% of the respondents to the NHS Staff Survey in the current reporting cycle answered this question as yes and 3% answered as no, or preferred not to say.

**Protected characteristic race (ethnicity):**

There is a marked difference between the workforce and the Lincolnshire population in terms of race and ethnicity. The Trust remains typical of many rural NHS Trusts, where the workforce is significantly more diverse than the population particularly regarding race and ethnicity.

Overall, the percentage of Black, Asian and Minority Ethnic colleagues at the Trust has increased during the last year and now stands at 24.6%. In 2023 it was 20.6%; in 2022, it was 16.8%, and 2021 it was 13.3%. This is in line with increases nationally in comparable NHS Trusts and reflects the success in recruiting internationally educated nurses, doctors and Allied Health Professionals to the Trust.

### **Protected characteristic religion or belief:**

In relation to the protected characteristic religion or belief, the Lincolnshire Census 2021 informs us that the two largest religious / belief systems in the county are Christianity (56.8%) and no religion (35.7%). Whilst all the other main religions are represented in the county each of the religions range from 0.1% of the population (Jewish & Sikh) through to 0.7% (Muslim), with the other major world faiths spread in between this range. It is also noted that 5.7% of the population did not answer this question.

It is noteworthy, that in recent decades the percentage of the population declaring Christianity has decreased significantly, with the majority of these decreases being noted as an increase in those declaring no religion. However, it is also recognised that an increasing secularisation of the population is noted in most, if not all, religions.

When comparing the Trust's ESR and Staff Survey data for this reporting cycle, there are a number of points to note:

- Around 50% of Trust staff declare Christianity as their religion in ESR and the NHS Staff Survey.
- Whilst 14.7% of staff declare no religion on ESR, this percentage increases to 37.0% on the anonymous NHS Staff Survey. This 37.0% is closer to the Census 2021 data of 35.7%.
- Fewer Hindu staff declare their religion on ESR (0.4%), than in the NHS Staff Survey (3.0%) and both these percentages are higher than the Census 2021 (0.3%).
- Fewer Muslim staff declare their religion on ESR (0.5%), than in the NHS Staff Survey (3.31%) and this is higher than the Census 2021 data for the county at 0.7%.
- On ESR 15.5% of the workforce has elected not to answer the religion or belief question. However, in the anonymous NHS Staff Survey this percentage reduces to 5.33%, which is more in line with the Census 2021 data for the county at 5.7%.
- On ESR 7.9% of the workforce has declared 'other' as their religion or belief. In the anonymous NHS Staff Survey this is recorded at 1.67% and in the Census 2021 for Lincolnshire at 0.5%.

### **Protected characteristic sex:**

There has been an increase in the percentage of male employees employed in the Trust up from 20% in 2022-2023 to 24% on the data snapshot date of 31.03.2024 for the 2023-2024 annual report. This means the percentage of female staff employed by the Trust has reduced from 80% in 2022-2023 to 76% on the data snapshot date of 31.03.2024 for the 2023-2024 annual report.

This is an area where the Trust, as an employer, is not representative of the local population. In the 2021 Census 51% of the population of Lincolnshire identified as female and 49% as male. However, ULHT is like comparable NHS Trusts where a majority of the workforce identify as female.

### **Protected characteristic sexual orientation:**

The percentage of colleagues identifying as lesbian, gay or bisexual on the ESR system is slightly higher than in the Lincolnshire population overall, and the number of colleagues identifying as bisexual on the ESR system is roughly equal to the number of lesbian or gay colleagues. When compared with the NHS Staff Survey data in the current reporting cycle the percentages for staff reporting to identify as bisexual, gay or lesbian is broadly similar to that reported on the ESR system. It is noted that 12.5% of staff have chosen not to disclose their sexual orientation on the ESR system.

Detailed information on Trust's workforce profile is available at Appendix 2.

### **Set and publish equality objectives, at least every four years:**

The Trust's current equality objectives can be found at [Our equality objectives - United Lincolnshire Hospitals \(ulh.nhs.uk\)](#) and also in Easy-Read at the same link.

These objectives run from April 2022 until April 2025. They form the basis of the Trust's EDI strategy, which was developed through staff and citizen engagement.

Throughout 2023-2024 the Trust has continued to demonstrate delivery in relation to the set priority actions for each of the five equality objectives. These are all aligned to the wider statutory and contractual EDI duties and will all be accounted for in more detail throughout this report. However, an overview of some of the objectives delivered in 2023-2024 is highlighted below:

### **Equality Objective 1 – Patient-centered care:**

- Publication of an annual EDI Calendar
- Completion and publication of the Equality Delivery System (EDS)
- Reset of the Equality Impact Assessment process

### **Equality Objective 2 – Accessible information for our patients**

- Accessible Information Standard underpinning the new Electronic Patient Record system tender process
- Retendering of the Interpretation and Translation service contract in 2023-2024

### **Equality Objective 3 – Our Trust is equity-driven, inclusive and well-led with compassion**

- Address issues highlighted by the WRES
- Address issues highlighted by the WDES
- Embed the Leading Inclusively with Cultural Intelligence programme
- Develop and grow the staff networks
- Following engagement, launch a Carer network

### **Equality Objective 4 – Our Trust is a safe, inclusive place for all staff**

- United against all forms of discrimination campaign launched and progressed
- Continue to embed NHS Rainbow Badge scheme
- Continue to embed NHS See ME First Badge scheme
- Develop and implement effective EDI training

### **Equality Objective 5 – Trust a place where staff feel a sense of belonging, are offered opportunities to develop and are supported to thrive**

- Intersectionality recognised and promoted through the work of the Council of Staff Networks



- Reasonable adjustments policy work commenced
- EDI communications further enhanced through the EDI Sounds podcasts and Network Voices newsletter launch
- New EDI induction / core learning identified
- Annual EDI calendar published and promoted

## Interpretation and Translation Services:

To ensure local citizens for whom English is not the first language and require interpretation and translation support when accessing healthcare services at ULHT, the Trust has interpretation and translation services contracts in place.

These contracts are formally tendered using the NHS tender processes and the process is led by the NHS Procurement Team in Lincolnshire. To ensure continuity in interpretation and translation services for citizens accessing healthcare in Lincolnshire and to ensure best value for money for the NHS Provider Trusts, this tender process is undertaken by ULHT, Lincolnshire Community Healthcare Services NHS Trust and Lincolnshire Partnership NHS Foundation Trust together.

The tender process was conducted in 2023-2024 and the contracts were awarded to:

- DA Languages for spoken and written interpretation and translation services (contract re-awarded)
- Silent Sounds for British Sign Language (new provider)

Throughout 2023-2024 the top five spoken languages requested by citizens accessing our clinical services were:

- Polish
- Bulgarian
- Romanian
- Lithuanian
- Russian

Although there is occasional month by month variation and some variation of use between face-to-face, video and telephone services, these five languages remain the top five throughout 2023-2024.

As we enter 2024-2025 we look forward to developing our work with the interpretation and translation contract providers and particularly in exploring

and implementing new digital solutions to providing even better and more consistent services to our citizens.

## Gender Pay Gap (GPG) reporting:

In 2017 the government introduced legislation that made it a statutory requirement for organisations with 250 or more employees to report annually on their GPG. As reporting on the GPG is a statutory requirement, it is included in this statutory duty section of the Trust's EDI Annual Report.

The Trust has complied with the requirement to publish its GPG data on the national website by 31 March 2024. This can be viewed on the gov.uk GPG website: [Gender pay gap reports for United Lincolnshire Hospitals Nhs Trust - Gender pay gap service \(gender-pay-gap.service.gov.uk\)](#).

The Trust's detailed GPG report and action plans have been developed in collaboration with our Women's network and once approved by the Trust Board are published on our Trust website: [Gender pay gap reporting - United Lincolnshire Hospitals \(ulh.nhs.uk\)](#)

### **The Gender Pay Gap headline points from the latest reporting cycle are as follows:**

- When reporting Gender Pay Gap data, we are working from the data as at previous 31<sup>st</sup> March, this means, the 2023-2024 report is based on data from 31<sup>st</sup> March 2023.
- In this Trust, women earn 85p for every £1 that men earn when comparing median hourly pay. This is an improvement on last year's data (83p for every £1).
- For women who receive a bonus, they receive £1 for every £1 men receive. In an NHS Acute Trust, bonuses are defined as the Clinical Excellence Awards (CEA) which are only applicable to consultants in the medical workforce.
- At ULHT, women hold 83.5% of the lowest paid jobs, and 63.7% of the highest paid jobs.

- There has been a slight increase (0.3%) in the number of women holding the lowest paid jobs, and also a 0.9% decrease in the number of women holding the highest paid jobs – this was the case as at the 31<sup>st</sup> March 2023 snapshot date, however changes may have occurred after this that will be reflected in the 2024 data.
- Women still hold around 80% of the lower middle and upper middle-paid jobs, which has remained stable since last year.
- The median is the generally accepted main indicator across all organisations who take part in Gender Pay Gap reporting. Comparing like-for-like years, that is, the 2023 data, the national gender pay gap in the UK was 14.3%, compared to ULHT's 14.9% gap.
- Despite some changes in representation at the highest and lowest pay bands in the Trust, the ULHT pay gap has improved to be much closer to the national median UK pay gap. The national gap has improved by 0.6%, and ULHT's gap has improved by 1.9%.
- When comparing mean (average) hourly pay, women's mean hourly pay is 28.7% lower than men's. This is also an improvement on last year's data (29.3%).

The full GPG report and action plan on the Trust website contains detailed information about the Trust's GPG and the proposed actions to ensure the GPG is mitigated and removed. It is also noted that in 2024-2025, as part of the NHS EDI Improvement Plan and the associated High Impact Actions, that the Trust will start reporting on the Race Gender Pay Gap.

Please refer to Appendix 3 at the end of this report for average and median GPG trend data from 2018 – 2023.

## The EDI Contractual Duties:

The NHS Standard Contract 2023-2024 contains a range of contractual duties for NHS organisations. Whilst a number of these appertain to and reinforce the statutory duties (as noted above), it also introduces a number of other requirements incumbent on NHS organisations. These NHS contractual duties are:

- Equality Delivery System (EDS)
- Workforce Race Equality Standard (WRES)
- Workforce Disability Equality Standard (WDES)

In June 2023 NHS England introduced the NHS Equality, Diversity and Inclusion Improvement Plan. This plan contains six high impact actions for organisations to undertake and deliver improvement in relation to EDI. Although launched after the publication of the NHS Standard Contract 2023-2024, we have included the NHS EDI Improvement Plan and High Impact Actions in our EDI work in 2023-2024 and will include in this report.

### Equality Delivery System (EDS):

“The Equality Delivery System (EDS) is a system that helps NHS organisations improve the services they provide for their local communities and provide better working environments, free of discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act 2010. The EDS was developed by the NHS, for the NHS, taking inspiration from existing work and good practice.” NHS Website: [NHS England » Equality Delivery System 2022](#)

The EDS was introduced in 2011. In 2013 the revised EDS2 was launched and then in 2022 the new EDS was introduced for all NHS provider organisations.

The new EDS comprises of three domains:

- Domain 1: Patients (commissioned or provided services)
- Domain 2: Workforce Health and wellbeing
- Domain 3: Inclusive leadership

Following review and engagement each domain receives a score for:

- Undeveloped activity

- Developing activity
- Achieving activity
- Excelling activity

In domain 1 three patient services were reviewed in 2023-2024:

- Hospice in Hospital, Grantham
- Shuttleworth Ward, Lincoln
- Acute Medical Short Stay (AMSS), Boston

For each service the areas of patient access to the service, the meeting of individual patient health needs, patient safety and patient experience were reviewed and further supported by engagement, with the support of the Patient Experience Group.

The overall rating for domain one was determined to be 'Achieving'. Action plans are contained within the report and shared with the clinical areas to assist their further improvement work towards excelling.

In domain 2 workforce health and wellbeing is considered. The domain is further subdivided into areas relating to:

- health and wellbeing support for a range of health conditions when at work
- staff being free from abuse, harassment, bullying and violence from any source when at work
- staff having access to support and advice when suffering from stress, abuse, bullying, harassment and physical violence from any source
- staff recommending the organisation as a place to work and receive treatment

The overall rating for domain 2 was determined to be 'Achieving'. Action plans for improvement and to support the Trust in working towards excelling are contained in the report and action plan.

In domain 3 inclusive leadership is considered. The domain is further subdivided into areas relating to:

- Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities.
- Board / committee papers (Including minutes) identify equality and health inequalities, related impacts and risks and how they will be mitigated and managed.

- Board members and system leaders (Band 9 and Very Senior Managers) ensure levers are in place to manage performance and monitor progress with staff and patients.

The overall rating for domain 3 was determined to be 'Achieving'. Action plans for improvement and to support the Trust in working towards excelling are contained in the report and action plan.

The full EDS report and associated action plan is located on the Trust website:

<https://www.ulh.nhs.uk/about/equality-diversity/nhs-equality-delivery-system-eds2/>

## NHS Workforce Race Equality Standard (WRES):

The WRES was implemented by NHS England in 2015 and requires all NHS provider organisations to report annually on 9 WRES indicators. The indicators comprise of data from the Trust's ESR, NHS Staff Survey data and data relating to the leadership of the organisation. Through the indicators the experiences of white and Black, Asian and Minority Ethnic (BAME) staff are compared. Through the comparison of the data and through engagement with our staff, particularly our REACH (Race Ethnicity and Cultural Heritage) network, areas of concern are identified and actions for improvement recommended.

The Trust's WRES reports and associated action plans are located on the Trust website: [NHS Workforce Race Equality Standard \(WRES\) - United Lincolnshire Hospitals \(ulh.nhs.uk\)](#)

Although NHS England commenced trialing the WRES for Bank Staff and the WRES for medical staff in 2023-2024, that national team informed NHS Trusts that no reporting on either of the new WRES frameworks is required for the 2023-2024 reporting cycle.

The snapshot date for WRES data taken from the Trust's workforce systems is 31.03.2024 and the staff survey indicator data is taken from the NHS Staff Survey 2023.

### **WRES Indicator 1:**

WRES Indicator 1 reviews the workforce and compares the data relating to white staff and black, Asian and minority ethnic staff. The indicator further

disaggregates the data and compares clinical staff, non-clinical staff and medical staff.

In general terms the percentage of black, Asian and minority ethnic staff employed by the Trust has increased in 2023-2024 to a total of 24.6%. This is an increase of 4% compared to the 2022-2023 data. This also continues the trend of an increasing black, Asian and Minority ethnic workforce in the Trust in recent years.

The data continues to confirm that the majority of our black, Asian and minority ethnic colleagues work in clinical and medical roles. In clinical roles the biggest challenge the Trust needs to address is in relation to the high number of black, Asian and minority ethnic staff in Agenda for Change pay band 5 and the disproportionately lower numbers in higher pay bandings. There exist similar challenges the Trust needs to address in relation to the medical workforce. Actions to address these issues need to be reviewed and implemented.

### **WRES Indicator 2:**

WRES Indicator 2 reviews Trust recruitment data and compares the data relating to white staff and black, Asian and minority ethnic staff. This indicator compares specifically the data and the relative likelihood of staff being appointed from shortlisting across all posts.

The Trust data for this indicator for 2023-2024 confirmed that to a likelihood of 1.64 white staff are more likely to be appointed from shortlisting across all posts. This is a slight deterioration of 0.04 when compared with the 2022-2023 data. Further, following improvement in years prior to 2022-2023 this deterioration needs to be reviewed and robust actions put in place as a matter of urgency.

### **WRES Indicator 3:**

WRES Indicator 3 reviews the Trust Human Resources data and compares the data relating to white staff and black, Asian and minority ethnic staff. This indicator specifically reviews the relative likelihood of staff entering the formal disciplinary procedure, as measured by entry into the formal investigation process.

The Trust data for this indicator for 2023-2024 confirmed that the likelihood is 1.0. This means there is parity in the numbers of white and black, Asian and Minority Ethnic staff entering the formal disciplinary procedure. In 2022-2023 the likelihood was 0.82, which meant that white staff were more likely to enter the formal disciplinary procedure. With the embedding of Just Culture in the organisation it is envisaged that the new Just Culture approach will have a direct impact on the numbers of formal disciplinary cases in the Trust.

#### **WRES Indicator 4:**

WRES Indicator 4 reviews Trust training data and compares the data relating to white staff and black, Asian and minority ethnic staff. This indicator compares specifically the data and the relative likelihood of staff accessing non-mandatory training and continued professional development (CPD).

The Trust data for this indicator for 2023-2024 confirmed to a likelihood of 0.74 black, Asian and minority ethnic staff are more likely to access non-mandatory training and CPD. This means that white staff are less likely to access non-mandatory training and CPD and the Trust needs to focus ensuring parity, which would be a relative likelihood score of 1.0. One of the challenges, however, in relation to this indicator and linked to indicator 1, is why this increase in black, Asian and minority ethnic accessing non-mandatory training and CPD, is currently not translating to an increase of these staff in more senior positions. Trust actions are being reviewed and implemented to address this matter.

#### **WRES Indicator 5:**

WRES Indicator 5 is taken from the NHS Staff Survey 2023 and compares the data relating to white staff and black, Asian and minority ethnic staff. This indicator compares specifically the data and percentages of staff reporting they have experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months.

The percentages of white and black, Asian and minority ethnic staff reporting they have experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months has reduced slightly for both groups. For white staff this has reduced from 25.64% in 2022 to 24.25% in 2023. For black, Asian and minority ethnic staff the figure has reduced from 27.42% in



2022 to 25.23% in 2023. Whilst this continued reduction is welcome and our data is now below the national average for comparable Trusts, we still have more work to do and to further embed the United Against all Forms of Discrimination campaign.

### **WRES Indicator 6:**

WRES Indicator 6 is taken from the NHS Staff Survey 2023 and compares the data relating to white staff and black, Asian and minority ethnic staff. This indicator compares specifically the data and percentages of staff reporting they have experienced harassment, bullying or abuse from staff in the last 12 months.

The percentages of white and black, Asian and minority ethnic staff reporting they have experienced harassment, bullying or abuse from staff in the last 12 months has increased slightly for white staff, but reduced by 5% for black, Asian and minority ethnic staff. For white staff this has increased from 26.85% in 2022 to 26.88% in 2023. For black, Asian and minority ethnic staff the figure has reduced from 31.76% in 2022 to 26.74% in 2023. Whilst we particularly welcome the 5% reduction for black, Asian and minority ethnic staff, and our data still remains above the national average for comparable Trusts. We still have more work to do and to further embed the United Against all Forms of Discrimination campaign.

### **WRES Indicator 7:**

WRES Indicator 7 is taken from the NHS Staff Survey 2023 and compares the data relating to white staff and black, Asian and minority ethnic staff. This indicator compares specifically the data and percentage of staff believing that the organisation provides equal opportunities for career progression or promotion.

The percentage of black, Asian and minority ethnic staff reporting they believe the organisation provides equal opportunities for career progression or promotion has increased by 4% from 47.42% in 2022 to 51.62% in 2023. However, for white staff the percentage has decreased slightly from 56.51% in 2022 to 56.40% in 2023. The percentage score for black, Asian and minority ethnic staff is above the national average, whereas the score for white staff is below the national average for comparable Trusts.

The Trust action plan has been reviewed and further actions, agreed with our networks, will be implemented.

### **WRES Indicator 8:**

WRES Indicator 8 is taken from the NHS Staff Survey 2023 and compares the data relating to white staff and black, Asian and minority ethnic staff. This indicator compares specifically the data and percentage of staff experiencing discrimination at work from manager / team leader or other colleagues in the last 12 months.

The percentage of black, Asian and minority ethnic staff reporting they have experienced discrimination at work from a manager / team leader or other colleague in the last 12 months has decreased from 18.64% in 2022 to 17.21% in 2023. However, for white staff the percentage has increased from 7.37% in 2022 to 8.34% in 2023. Both scores are above the national averages for comparable Trusts. We still have more work to do and to further embed the United Against all Forms of Discrimination campaign.

### **WRES Indicator 9:**

WRES Indicator 9 reviews the organisation's leadership in relation to the establishment of the Trust Board.

In the 2022-2023 WRES data return all members of the Trust Board identified as white or their ethnicity was unknown. In the 2023-2024 WRES data return of the 15 Trust Board members 10 identified as white, 1 as black, Asian or minority ethnic heritage and 4 were ethnicity unknown. Compared to the overall workforce data (WRES Indicator 1) there is an underrepresentation of black, Asian and minority ethnic leaders at Trust Board level.

### **NHS Workforce Disability Equality Standard (WDES):**

The WDES was implemented by NHS England in 2019 and requires all NHS provider organisations to report annually on 10 WDES metrics. The metrics comprise of data from the Trust's ESR, NHS Staff Survey data and data relating to the leadership of the organisation. Through the indicators the experiences of non-disabled and disabled / staff with a long term condition is compared. Through the comparison of the data and through engagement with

our staff, particularly our MAPLE network, areas of concern are identified and actions for improvement recommended.

The Trust's WDES reports and associated action plans are located on the Trust website: <https://www.ulh.nhs.uk/about/equality-diversity/nhs-workforce-disability-equality-standard-wdes/>

The snapshot date for WDES data taken from the Trust's workforce systems is 31.03.2024 and the staff survey metric data is taken from the NHS Staff Survey 2023.

### **WDES Metric 1:**

WDES Metric 1 reviews the workforce and compares the data relating to disabled and non-disabled staff. The indicator further disaggregates the data and compares clinical staff, non-clinical staff and medical staff.

In general terms the percentage of disabled staff employed by the Trust has increased in 2023-2024 to a total of 5.0%. This is a continued slight increase up from 4.22% in the 2022-2023 data.

The data confirms we have more staff with a disability / long-term condition working in non-clinical roles. The data informs us that staff in medical and clinical roles are more likely not to share their disability status with the Trust on the ESR system. Actions to address the issue of staff feeling confident and comfortable to share their disability status on ESR need to be reviewed and implemented, as the percentage of staff reporting they have disability on the anonymous NHS Staff Survey in 2023 is significantly higher at 25.75%.

### **WDES Metric 2:**

WDES Metric 2 reviews Trust recruitment data and compares the data relating to disabled and non-disabled. This indicator compares specifically the data and the relative likelihood of staff being appointed from shortlisting across all posts.

The Trust data for this metric for 2023-2024 confirmed that to a likelihood of 1.33 non-disabled staff are more likely to be appointed from shortlisting across all posts. This is a deterioration when compared with the 2022-2023 data return of 1.16. Further, following improvement in years prior to 2022-2023 this

deterioration needs to be reviewed and robust actions put in place as a matter of urgency.

### **WDES Metric 3:**

WDES Metric 3 reviews the Trust Human Resources data and compares the data relating to disabled and non-disabled staff. This indicator specifically reviews the relative likelihood of staff entering the formal capability procedure, as measured by entry into the formal capability process. As the figures for this metric are numerically very small, the data is calculated using a rolling average from the last two years of data.

The Trust data for this indicator for 2023-2024 confirmed that the likelihood is 0. The reason for this zero return, is that in the rolling average of the last two years of data, there were no formal capability cases registered on the Human Resources system where a staff member had a disability or a long term condition. This is an improvement on the previous data return from 2022-2023 where to a likelihood of 2.85 disabled staff were more likely to enter the formal capability process.

### **WDES Metric 4:**

WDES Metric 4a(i):

WDES Metric 4a(i) is taken from the NHS Staff Survey 2023 and compares the data relating to disabled / long term condition and non-disabled staff. This indicator compares specifically the data and percentages of staff reporting they have experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months.

The percentages of disabled and non-disabled staff reporting they have experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months has reduced slightly for both groups. For disabled / long term condition staff this has reduced from 32.02% in 2022 to 29.40% in 2023. For non-disabled staff the figure has reduced from 24.11% in 2022 to 22.74% in 2023. Whilst this continued reduction is welcome and our data is now below the national average for comparable Trusts, we still have more work to do and to further embed the United Against all Forms of Discrimination campaign.

WDES Metric 4a(ii):

WDES Metric 4a(ii) is taken from the NHS Staff Survey 2023 and compares the data relating to disabled / long term condition and non-disabled staff. This indicator compares specifically the data and percentages of staff reporting they have experienced harassment, bullying or abuse from managers in the last 12 months.

The percentages of disabled and non-disabled staff reporting they have experienced harassment, bullying or abuse from managers in the last 12 months has reduced slightly for both groups. For disabled / long term condition staff this has reduced from 18.93% in 2022 to 17.66% in 2023. For non-disabled staff the figure has reduced from 11.69% in 2022 to 11.35% in 2023. Whilst this continued reduction is welcome, our data is above the national average for comparable Trusts. Further the disparity between the experience of disabled and non-disabled staff is of concern. The Trust still has more work to do and to further embed the United Against all Forms of Discrimination campaign.

WDES Metric 4a(iii):

WDES Metric 4a(iii) is taken from the NHS Staff Survey 2023 and compares the data relating to disabled / long term condition and non-disabled staff. This indicator compares specifically the data and percentages of staff reporting they have experienced harassment, bullying or abuse from other colleagues in the last 12 months.

The percentages of disabled and non-disabled staff reporting they have experienced harassment, bullying or abuse from other colleagues in the last 12 months has reduced slightly for both groups. For disabled / long term condition staff this has reduced from 28.78% in 2022 to 27.36% in 2023. For non-disabled staff the figure has reduced from 20.07% in 2022 to 19.91% in 2023. Whilst this continued reduction is welcome, our data is above the national average for comparable Trusts. Further the disparity between the experience of disabled and non-disabled staff is of concern. The Trust still has more work to do and to further embed the United Against all Forms of Discrimination campaign.

#### WDES Metric 4b:

WDES Metric 4b is taken from the NHS Staff Survey 2023 and compares the data relating to disabled / long term condition and non-disabled staff. This indicator compares specifically the data and percentages of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.

The percentage of disabled / staff with a long-term condition saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it has decreased from 50.44% in 2022 to 49.89% in 2023. Whereas the percentage of non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it has increased from 42.02% in 2022 to 45.96% in 2023. Whilst the improvement in reporting for non-disabled staff is welcome, the reduction in reporting for disabled / staff with a long-term condition needs further investigation. Moreover, our data is below the national average for comparable Trusts. Further, the disparity between the experience of disabled and non-disabled staff is of concern. The Trust still has more work to do and to further embed the United Against all Forms of Discrimination campaign.

#### **WDES Metric 5:**

WDES Metric 5 reviews Trust NHS Staff Survey data and compares the data relating to disabled / staff with a long-term condition and non-disabled staff. This indicator compares specifically the percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion.

The percentages of disabled and non-disabled staff reporting they believe that the organisation provides equal opportunities for career progression or promotion has increased slightly for both groups. For disabled / long-term condition staff this has increased from 48.43% in 2022 to 50.65% in 2023. For non-disabled staff the figure has increased from 57.04% in 2022 to 57.16% in 2023. Whilst this continued increase is welcome, our data remains below the national average for comparable Trusts. Further the disparity between the experience of disabled and non-disabled staff is of concern. The Trust has

reviewed and revised WDES action plans, in partnership with the MAPLE network, to develop a longer-term approach to improvement.

### **WDES Metric 6:**

WDES Metric 6 reviews Trust NHS Staff Survey data and compares the data relating to disabled / staff with a long-term condition and non-disabled staff. This indicator compares specifically the percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.

The percentages of disabled and non-disabled staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties has decreased slightly for both groups. For disabled / long-term condition staff this has decreased from 30.42% in 2022 to 29.29% in 2023. For non-disabled staff the figure has decreased from 22.22% in 2022 to 22.16% in 2023. Whilst this continued decrease is welcome, our data remains above the national average for comparable Trusts. Further the disparity between the experience of disabled and non-disabled staff is of concern. The Trust has reviewed and revised WDES action plans, in partnership with the MAPLE network, to develop a longer-term approach to improvement.

### **WDES Metric 7:**

WDES Metric 7 reviews Trust NHS Staff Survey data and compares the data relating to disabled / staff with a long-term condition and non-disabled staff. This indicator compares specifically the percentage of staff satisfied with the extent to which their organisation values their work.

The percentages of disabled and non-disabled staff who are satisfied with the extent to which their organisation values their work has increased for both groups. For disabled / long-term condition staff this has increased from 31.93% in 2022 to 33.43% in 2023. For non-disabled staff the figure has increased from 39.80% in 2022 to 45.18% in 2023. Whilst this continued increase is welcome, our data remains slightly below the national average for comparable Trusts. Further the disparity between the experience of disabled and non-disabled staff is of concern. The Trust has reviewed and revised WDES action plans, in partnership with the MAPLE network, to develop a longer-term approach to improvement.

### **WDES Metric 8:**

WDES Metric 8 reviews Trust NHS Staff Survey data and reviews the data relating to disabled / staff with a long-term condition in relation to reasonable adjustments being made. This indicator reviews the percentage of staff with a long lasting health condition or illness saying their employer has made reasonable adjustment(s) to enable them to carry out their work. Please note, as reasonable adjustments are a legal requirement embedded within the Equality Act 2010 for people with a disability, this is not a metric where data with non-disabled staff is compared.

The percentage of staff with a long-lasting health condition or illness saying their employer has made reasonable adjustment(s) to enable them to carry out their work has decreased slightly in the current reporting cycle. In 2022 the figure was 71.52% and this decreased in 2023 to 70.59%. This figure is just under 3% lower than the national average for comparable Trusts. The Trust has reviewed and revised WDES action plans, in partnership with the MAPLE network, and the publication of the new Reasonable Adjustments Policy and associated guidance is an important action for delivery in 2024-2025.

### **WDES Metric 9:**

WDES Metric 9a:

WRES Metric 9a is taken from the NHS Staff Survey and is the staff engagement score for disabled / staff with long-term condition compared to non-disabled staff and the overall engagement score for the organisation.

The engagement score for disabled / staff with a long-term condition decreased slightly from 6.16 in 2022 to 6.05 in 2023. For non-disabled staff the engagement score increased slightly from 6.53 in 2022 to 6.63 in 2023. Overall the engagement score for the organisation increased slightly from 6.44 in 2022 to 6.48 in 2023. The scores for disabled / staff with a long-term condition and non-disabled staff remain below the national averages for comparable Trusts. Continued engagement with and through the MAPLE network is central to the wider WDES work in the organisation in 2024-2025.



WDES Metric 9b:

WDES Metric 9b is a free text question asking: Have you taken action to facilitate the voices of disabled staff to be heard in your Trust? The Trust can evidence through the great work of the MAPLE network, that we routinely take action to facilitate the voices of our disabled and staff with long-term conditions in a structured manner.

### **WDES Metric 10:**

WDES Metric 10 reviews the organisation's leadership in relation to the establishment of the Trust Board.

In the 2022-2023 WDES data return all members of the Trust Board identified as not being disabled / having a long-term condition or disability status was unknown. In the 2023-2024 WRES data return of the 15 Trust Board members 2 identified as having a disability / long-term condition, 5 identified as not having a disability / long-term condition and for 8 their disability status is unknown.

## **NHS Equality, Diversity and Inclusion Improvement Plan – 6 High Impact Actions (HIA):**

Launched by NHS England in June 2023, the aim of the NHS EDI Improvement Plan is to improve EDI and to enhance the sense of belonging for NHS staff and to improve their experience.

The EDI Improvement Plan prioritises six high impact actions (HIA) to address the widely known intersectional impacts of discrimination and bias. The 6 HIAs are:

1. Measurable objectives on EDI for Chairs, Chief Executives and Board members
2. Overhaul recruitment processes and embed talent management processes
3. Eliminate total pay gaps with respect to race, disability and gender
4. Address health inequalities within their workforce
5. Comprehensive induction and onboarding programme for international recruited staff
6. Eliminate conditions and environment in which bullying, harassment and physical harassment occurs

Each of the HIAs is underpinned and supported by success metrics for organisations to work with / towards.

The HIAs are further supported by interventions for each of the protected characteristics, with each recommended intervention being cross-referenced back to the relevant HIA.

In the first year of the NHS EDI Improvement Plan and the HIAs, the Trust has mapped the actions relating to the HIAs and focused specifically on the areas where activity was required in 2023-2024.

The following summary of progress in 2023-2024 is noted:

**1. Measurable objectives on EDI for- Chairs, Chief Executives and Board members**

There are two elements in this HIA for completion in 2023-2024.

1a “Every board and executive team member must have EDI objectives that are specific, measurable, achievable, relevant, and timebound (SMART) and be assessed against these as part of their annual appraisal process.”

During 2023-2024 significant engagement in relation to this element has been made and a draft outline for these objectives produced with members of the Trust Board. Due to the commencement of the Lincolnshire Community and Hospitals Group (LCHG) on the 1 April 2024 it is proposed to slightly pause action on this element and complete as soon as the LCHG Trust Board is confirmed. Therefore, this action remains in progress and on track for completion, once the LCHG Board is confirmed.

1b “NHS boards must review relevant data to establish EDI areas of concern and prioritise actions. Progress will be tracked and monitored via the Board Assurance Framework.”

Similarly to element 1a significant progress in relation to this element has been made and the Trust Board routinely receives important EDI reports for consideration, comment and prioritisation. This element remains on track for completion and full confirmation will be evidenced once the LCHG Trust Board is confirmed.

## **2. Overhaul recruitment processes and embed talent management processes**

The elements of this HIA are required for completion in 2024-2025. Work has commenced for the elements of this HIA to ensure timely completion.

## **3. Eliminate total pay gaps with respect to race, disability and gender**

There are two elements of this HIA for completion in 2023-2024.

3a “Implement the Mend the Gap review recommendations for medical staff and develop a plan to apply those recommendations to senior non-medical workforce.”

This element has been completed as part of the routine Gender Pay Gap reporting.

3c “Implement an effective flexible working policy including advertising flexible working options on organisations’ recruitment campaigns.”

This element has been completed with a Flexible Working Policy in place and regular promotion of flexible working options, particularly through the NHS People Promise work.

Element 3b appertains to the implementation of the Gender / Race Pay Gap Reporting, which will commence in 2024-2025 and the Gender / Disability Pay Gap Reporting which is scheduled to commence from 2025-2026, with other protected characteristics to follow thereafter. Although the national team has yet to issue the technical guidance for the Gender / Race Pay Gap reporting, local work is commencing on the race data sets already embedded in the ESR system.

## **4. Address health inequalities within their workforce**

There is one element of this HIA for completion in 2023-2024:

4a “Line managers and supervisors should have regular effective wellbeing conversations with their teams, using resources such as the national NHS health and wellbeing framework.”

This element is in place in the Trust with the Organisational Development Team embedding the focus on staff wellbeing and team development in their key areas of work. For example, well-being is included in the 1:1 meeting guidance and the appraisal documentation.

## **5. Comprehensive induction and onboarding programme for international recruited staff**

There are four elements to this HIA for completion in 2023-2024:

5a “Before they join, ensure international recruits receive clear communication, guidance and support around their conditions of employment ; including clear guidance on latest Home Office immigration policy, conditions for accompanying family members, financial commitment and future career options.”

This element was already in place in the Trust before the EDI Improvement Plan was launched in June 2023. Indeed, the Trust has received the Pastoral Care Quality Award for International Nurses. The International On-boarding team also supports Allied Health Professionals.

5b “Create comprehensive onboarding programmes for international recruits, drawing on best practice. The effectiveness of the welcome, pastoral support and induction can be measured from, for example, turnover, staff survey results and cohort feedback.”

This element was already in place in the Trust before the EDI Improvement Plan was launched in June 2023. Indeed, the Trust has received the Pastoral Care Quality Award for International Nurses. The International On-boarding team also supports Allied Health Professionals.

5c “Line managers and teams who welcome international recruits must maintain their own cultural awareness to create inclusive team cultures that embed psychological safety.”

This element is in place through the Trust’s implementation of the award winning Leading Inclusively with Cultural Intelligence programme with leaders, managers and supervisors across the Trust. The work Above Difference and ULHT have undertaken in respect of this programme was recognised by a shortlisting in the Health Service Journal Awards 2024, Partner category. With

both organisations in the LCHG committed to the Leading Inclusively with Cultural Intelligence programme, this work will be further developed in 2024-2025 at a LCHG level.

5d “Give international recruits access to the same development opportunities as the wider workforce. Line managers must proactively support their teams, particularly international staff, to access training and development opportunities. They should ensure that personal development plans focus on fulfilling potential and opportunities for career progression.”

This element is already in place through the work of the Organisational Development and Talent Academy Teams. In 2024-2025 this work will be further developed through engagement with the staff networks.

## **6. Eliminate conditions and environment in which bullying, harassment and physical harassment occurs**

There are six elements to this HIA, five of which were scheduled for completion in 2023-2024.

6a “Review data by protected characteristic on bullying, harassment, discrimination and violence. Reduction targets must be set (by March 2024) and plans implemented to improve staff experience year-on-year.”

This is already completed each year based on National Staff Survey results, and trends & actions are built into WRES, WDES and EDS Domain 2. Reduction targets are built in too, based on Trust’s benchmarking position and progress towards becoming a top 25% NHS Acute employer. This element will continue to be developed throughout 2024-2025.

6b “Review disciplinary and employee relations processes. This may involve obtaining insights on themes and trends from trust solicitors. There should be assurances that all staff who enter into formal processes are treated with compassion, equity and fairness, irrespective of any protected characteristics. Where the data shows inconsistency in approach, immediate steps must be taken to improve this (by March 2024).”

This element is being completed as part of the review of all relevant policies to enable the Trust to move to the new Just Culture. Reviews into the

effectiveness and consistency in approach is built into the Just Culture programme and identified improvement steps will be implemented.

6c this element is scheduled for completion during 2024-2025 and appertains to the implementation of the NHS Sexual Safety Charter. The Trust is on track for implementation of the charter in July 2024.

6d “Create an environment where staff feel able to speak up and raise concerns, with steady year-on-year improvements. Boards should review this by protected characteristic and take steps to ensure parity for all staff (by March 2024).”

The Freedom To Speak Up (FTSU) Service is in place and the Trust Board receives assurance reports from the service.

The new Incident Reporting System (Datix) came on stream in the autumn of 2023, superseding the older version of the system, The new Datix System does not have the ability to report an incident categorised by protected characteristic and this is being reviewed as a matter of urgency in early 2024-2025.

The Trust’s United Against all Forms of Discrimination is in place and the ability to anonymously report an incident and categorise by protected characteristic was trialled in late 2023. Following the trial the anonymous system will be formally launched in early 2024-2025.

6e “Provide comprehensive psychological support for all individuals who report that they have been a victim of bullying, harassment, discrimination or violence (by March 2024).”

This element is in place through the Trust’s provision of a full Occupational Health Service and further supported by the Employee Assistance Programme.

6f “Have mechanisms to ensure staff who raise concerns are protected by their organisation.”

This element is in place through the Trust’s FTSU Service and the provision of a full Occupational Health Service and further supported by the Employee Assistance Programme. Further, the Trust implemented the national Patient

Safety Incident Response Framework (PSIRF) in October 2023 and this is further supported by the Trust's Just Culture programme.

## NHS People Promise and NHS Staff Survey 2023:

The NHS People Plan was published in 2020. The NHS People Promise is a key part of the national NHS People Plan. ULHT was an early implementer Trust for the NHS People Promise.

The NHS People Promise is built around seven promises:

- We are compassionate and inclusive
- We are recognised and rewarded
- We each have a voice that counts
- We are safe and healthy
- We are always learning
- We work flexibly
- We are a team

From 2021 the NHS Staff Survey was redesigned to align with the NHS People Promise. It is encouraging that since the NHS Staff Survey was aligned to the NHS People Promise the Trust is able to demonstrate improvement in relation to each of the seven people promises and the associated engagement and morale scores are demonstrating continued improvement in recent years. The NHS People Promise and NHS Staff Survey are important to all EDI work, as highlighted throughout this report, for example in the WDES and WRES.

## Our partners in inclusion at ULHT:

Here at ULHT we firmly believe that Equality, Diversity and Inclusion is everyone's business. To help with this, the EDI team works closely and productively with a range of partners. Our key partners are highlighted below.

### Staff Networks:

United Lincolnshire Hospitals NHS Trust has seven staff networks, who are involved daily in the life and work of the Trust. As we entered 2023-2024 the Trust had five established staff networks:

- Armed Forces Network
- MAPLE (Mental and Physical Lived Experience) Network
- PRIDE+ Network
- REACH (Race Ethnicity and Cultural Heritage) Network
- Women's Network

In 2023-2024, and following engagement with our staff, we were delighted to announce the opening of two further staff networks:

- Carers' Network
- Men's Network

The Trust's staff networks have been instrumental in many of the improvements made in 2023-2024. Staff networks give constructive feedback, dedicate their time to corporate objectives to support recruitment and retention, to foster greater understanding between different groups in the Trust, and provide individual support to colleagues who need a listening ear and signposting to further support, such as the Trust's Freedom to Speak Up service. As such, the staff networks are a vital mechanism through which the Trust can further demonstrate delivery of the PSED.

All networks meet regularly, have an Executive sponsor and visible leaders. The leaders are supported with half a day per week protected time and receive a small honorarium in recognition of the extra time they often commit to network activities beyond their normal working hours.

The Chief Executive meets with all network leads every other month, in the Council of Staff Networks. The Council of Staff Networks is a concept innovated at ULHT, bringing together all network leads and with the Chief



Executive as the over-arching Executive sponsor for all the networks. Since 2022 the agenda for this forum is set by the network leads together, bringing a stronger voice and encouraging cross-network collaboration. The Council of Staff Networks and each network has their own terms of reference.

New in 2023-2024 the EDI Team launched the following new initiatives in relation to staff networks:

- EDI Sounds Podcasts on Spotify. In these podcasts, staff from all the networks share their experiences on a wide range of EDI topics in the form of a podcast conversation. These podcasts are made available to all staff through all internal Trust media channels.
- Staff Networks were celebrated in National Staff Network week with a special Staff Network edition of Executive Team Live.
- A new Staff Network information leaflet was launched in 2023.
- A new Staff Network Voices Bulletin was launched in 2023. These bulletins are made available to all staff through all internal Trust media channels.
- The first Staff Network Room was opened in Robey House, Lincoln. This enables network leads and members to have a safe space for confidential network meetings. It is envisaged that Staff Network rooms will be opened on other Trust sites.

## Armed Forces Network:

Armed Forces network chair: Steve Martin, Patient Safety Improvement Programme Manager

Armed Forces network vice-chair: Joanne Quigley, Programme Manager

Armed Forces network executive sponsor: Julie Frake-Harris, Chief Operating Officer

Network established: 2018

With Lincolnshire's rich Armed Forces heritage, particularly in relation to the Royal Air Force, but also the British Army and Royal Navy, it is not surprising that armed forces people and their families are a significant and important part of the Lincolnshire population. The Trust proudly employs a large number of armed forces veterans and people from armed forces families, and we seek to attract and retain armed forces people in the organisation when they transition from the armed forces to local employment. As a Trust we understand the

unique skill sets and experience armed forces people bring to the NHS and seek to ensure armed forces people are supported in bringing their skills and experience to benefit the patients and citizens who access our services.

The most significant achievement in 2023-2024 is the Trust being awarded the prestigious Armed Forces Covenant, Employer Recognition Scheme, Gold Award. Our Armed Forces network led on this important work and receiving this national award bears witness to all the hard work of the network in the Trust over a number of years.

### **Armed Forces Network highlights 2023-2024:**

- Armed Forces Covenant, Employer Recognition Scheme, Gold Award
- Revalidation of national Veteran Aware status
- Stall holder at Armed Forces national transition event at Silverstone
- Armed Forces network chair as guest speaker at NHS Employers national 'NHS and the Armed Forces' conference
- Marking Armed Forces week and other armed forces related calendar events
- Hosting NHS Step into Health insight days
- Participating in Military Leadership Experience Day with the British Army
- Local military establishment actively championing ULHT wards

### **Carers' Network:**

Carers' network chair (interim): Yvonne Garner, EDI Officer

Carers' network vice-chair: to be appointed

Carers' network executive sponsor: Anne-Louise Schokker, Medical Director

Network established: 2023

Following engagement with our staff, the Carer's network was launched in 2023. The network focuses on all areas relating to carers, but with a particular focus on supporting working carers. Although a relatively new network in the Trust, the network has already delivered some important outcomes:

### **Carers' Network highlights 2023-2024:**

- Carer network and regular meetings established
- Concept and awareness of 'working carer' promoted
- Draft Carer Policy produced
- Recruitment for Carer network leadership underway
- Work commenced with Carers' First to apply for level 1 Carers' Employer accreditation
- Location for Carers' Hub at Pilgrim Hospital identified and opening in planning with Carers' First Lincolnshire
- ULHT Carers' network led first Lincolnshire ICS Carers' Conference in March 2024
- Carers' Network invited join NHS England visit to discuss the Carer Partnership work with the Patient Experience Group

### **MAPLE Network (Mental and Physical Lived Experience):**

MAPLE network chair: Rosella Gugliotta, Clinical Improvement Facilitator

MAPLE network vice-chair: Yvonne Garner, EDI Officer

MAPLE network executive sponsor: Sameedha Rich-Mahadkar, Director of Improvement and Integration

Network established: 2019

The MAPLE network leadership have written the following report for inclusion in this year's EDI Annual Report:

"MAPLE is the staff network for colleagues with **Mental And Physical Lived Experience**. Our aim is to create a safe place to discuss our disabilities, long-term health and mental health conditions. We want to continue to ensure all our teams feel inclusive and supportive in order to improve our experiences and working lives. We are a growing network and welcome allies and advocates as well as anyone who has lived experience of a visible or non-visible disability, neurodiversity, long-term health condition, and/or mental health condition, whether formally diagnosed, self-identified or through caring responsibilities.

## Our achievements this year:

- Continuing to raise awareness of hidden disabilities through the Sunflower Scheme.  
This year we introduced supporter lanyards in addition to sunflower lanyards and badges so colleagues without a hidden disability can identify themselves as a non-judgemental and compassionate colleague to discuss needs and experiences with. Over 400 colleagues now wear a sunflower or supporter badge or lanyard.
- We have completed the groundwork for introducing a new policy to support colleagues with reasonable adjustments, which is due to launch this year. Understanding reasonable adjustments and disability inclusion has been included in recruitment and people management training programmes.
- We have supported the organisation to regain our Disability Confident Employer status
- Staff survey results demonstrate that workplace experience and engagement has improved for colleagues who identify as having a disability or long-term condition.
- We have implemented a regular programme of Ask Me Anything sessions to enable colleagues to learn more about common conditions other colleagues live with, and MAPLE network members have frequently contributed to the EDI Sounds podcast, sharing their stories and lived experience.
- Shortlisted for EDI Champion staff award.”

The MAPLE network has also confirmed and challenged the Trust’s Workforce Disability Equality Standard (WDES) report and action plan. Further, the MAPLE network was a key stakeholder in the Lincolnshire ICS Disability History Month events.

## Men's Network:

Men's network chair: Nathan Long, Human Resources Advisor

Men's network vice-chair: to be announced

Men's network executive sponsor: Colin Farquharson, Medical Director

Network established: 2023

The Men's network was launched in late 2023, following engagement with Trust staff. Since then, a growing number of staff have joined the network and the work of the network is commencing.

### **Men's network highlights 2023-2024:**

- Man's network established and network chair and executive sponsor appointed.
- Celebrated Men's Health Week
- Network hosted event with Andy's Man Club (mental health and suicide prevention)

We look forward to the further establishment of the Men's network in 2024-2025.

## PRIDE+ Network:

PRIDE+ Network leadership team:

- Thomas Evans, Deputy Director of Nursing
- Karen Gates, Executive Business Manager
- Katherine Hughes, Trainee Stroke Advanced Clinical Practitioner
- Ben Petts, ULHT Charity Manager
- Maisy Trutwein, Bank Pharmacy Support Worker

PRIDE+ Network executive sponsor: Jonathan Young, Director of Finance

Network established: 2017

The PRIDE+ network was established in 2017 and has successfully implemented a team approach to delivering the leadership for the network. Due to the current focus in society and the media on LGBTQ+ issues and the associated 'culture wars' being stoked by some groups in a divisive and

polarizing manner, the work of the PRIDE+ network has been particularly difficult and challenging in 2023-2024. With thanks to the strong network leadership and the excellent support from the network executive sponsor, the network has been able to continue with its important work in promoting and championing PRIDE+ inclusion, supporting staff members who identify with the PRIDE+ network and providing the Trust with professional support and guidance on PRIDE+ related issues. In the last year, the crucial role of PRIDE+ allies has been proven.

### **PRIDE+ network highlights 2023-2024:**

- PRIDE+ Network highly commended in the Trust EDI Champion for Staff Awards
- Continued promotion of the NHS Rainbow Badge scheme
- Launch of the PRIDE+ Rainbow crossings on three Trust sites
- Participation in the Lincolnshire ICS Pride month event
- NHS sponsorship at Lincoln Pride 2023
- Participation in Lincolnshire ICS LGBT+ History Month events
- Stakeholder in the Lincolnshire ICB led development of a county-wide policy framework for Transgender and Gender Identity patient care
- Active support to the EDI Team and the Trust with expertise and guidance in relation to PRIDE+ issues for patients, citizens and staff.

### **REACH Network (Race, Ethnicity and Cultural Heritage):**

REACH network chair: Trish Tsuru, Research Nurse

Reach network vice-chair: Annie Theed, Macmillan Breast Care Co-ordinator

Reach network executive sponsor: Claire Low, Director of People and Organisational Development

Network established: 2017

Launched in 2017 the REACH staff network is one of our longest established networks and continues to provide professional support and expertise by experience and guidance in relation to race equality matters, alongside peer support to all colleagues and particularly to the internationally educated staff joining the Trust. The support of the network in relation to the NHS Workforce Race Equality Standard (WRES) is invaluable to the Trust, as we seek to improve the lived experience of colleagues from across all black, Asian and other cultural heritages.

In 2022-2023 due to wholly unacceptable and illegal behaviours on the part of a very small number of citizens, the Trust launched its United Against All Forms of Racism campaign and this has been further developed into the United Against All Forms of Discrimination campaign.

### **REACH network highlights 2023-2024:**

- Attained Race Equality Trail Blazer Bronze award
- Network chair received Change Maker Award at NHS Midlands EDI Awards
- Continued promotion of the NHS See ME First badge scheme
- United Against All Forms of Discrimination posters launched
- Led and hosted Lincolnshire ICS Black History Month event, with Dame Joan Myers and See Me First founders as keynote speakers
- Confirmed and challenged ULHT WRES report and action plan
- Celebrated Windrush Day with a bespoke catering menu for staff restaurants
- Provided Ramadan food parcels / Ramadan fast breaking meal (Iftar) with support of ULHT Charity

### **Women's Network:**

Women's network chair: Sally Robinson, Head of Strategy and Planning

Women's network vice-chair: Claire Hall, Associate Director of Estates and Facilities

Women's network executive sponsor: Karen Dunderdale, Director of Nursing

Network established: 2019

At the end of 2023-2024 people who identify as women accounted for just over 75% of the workforce. With over 1600 members the Women's network is the largest of all the Trust's staff networks and leads on some significant and important programmes of work relating to women's and particularly women's health related issues.

### **Women's network highlights 2023-2024:**

- Winner of the EDI Champion award at ULHT staff awards
- Menopause service launched – trailblazing and first staff only, doctor led clinic in the UK. This work was shorted listed in the NHS Midlands EDI Awards

- Mimosa sanitary service celebrated its first anniversary
- Breastfeeding / expressing policy in place
- Active role in Trust Gender Pay Gap report and action plan
- Led Lincolnshire ICS International Women's Day events and celebrations throughout March 2024
- Leading new family policies projects, for example, fertility, pregnancy loss and breastfeeding / expressing places

A diagrammatic overview of some of the key staff network highlights can be found in appendix 4 at the end of this document.

### Patient Experience Group (PEG):

The Patient Experience Group (PEG) reports to the Trust Board through the Quality Governance Committee. PEG is chaired by the Deputy Director of Nursing and has active engagement with the Patient Panel.

In 2023-2024 the PEG provided leadership in domain 1 of the NHS Equality Delivery System improvement tool, completion of which is a contractual requirement for the Trust.

### Communications' Team:

The Communications Team at ULHT is a key partner for raising awareness and sharing and promoting all EDI news, with most weeks seeing news, events and opportunities to share.

In 2023-2024 the Communication's Team has provided expertise in relation to the launch of the EDI Sounds Podcasts and the Staff Networks' Voices publications.

As we move into 2024-2025 we look forward to further strengthening the work with our Communication's Team colleagues.

### Conclusion:

The year 2023-2024 has been a busy and productive year in relation to the Trust's work around EDI. In this report we have provided assurance that the Trust is compliant with its statutory and contractual EDI duties. Furthermore, through the engagement with the seven staff networks we are able to



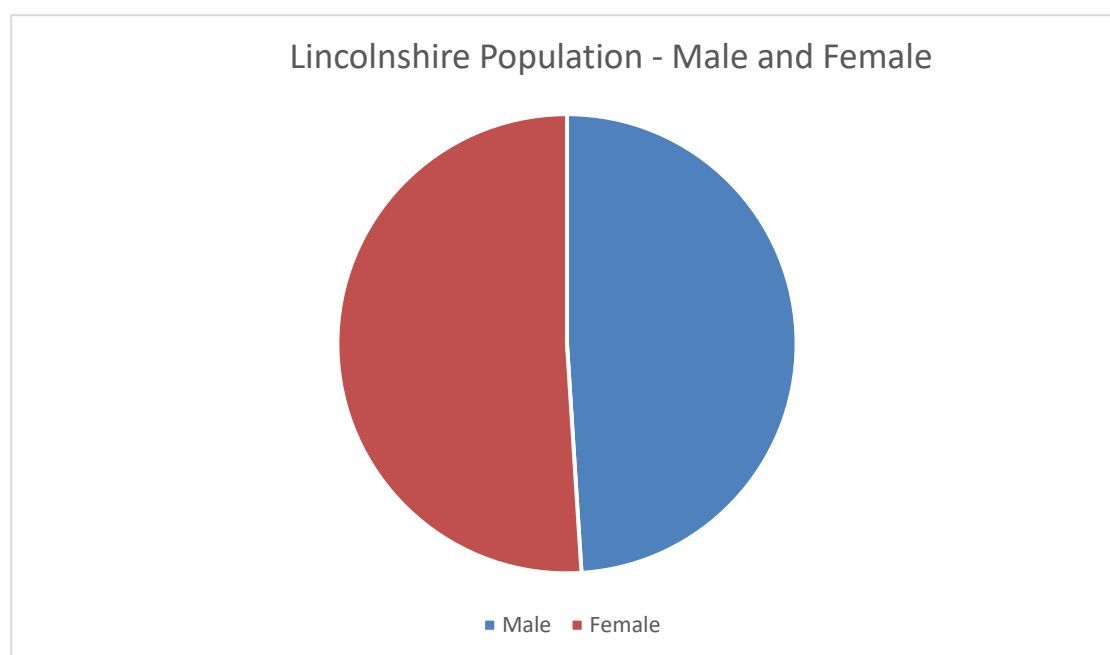
evidence and demonstrate areas of innovation and excellence in improving the experience of our patients, citizens and staff.

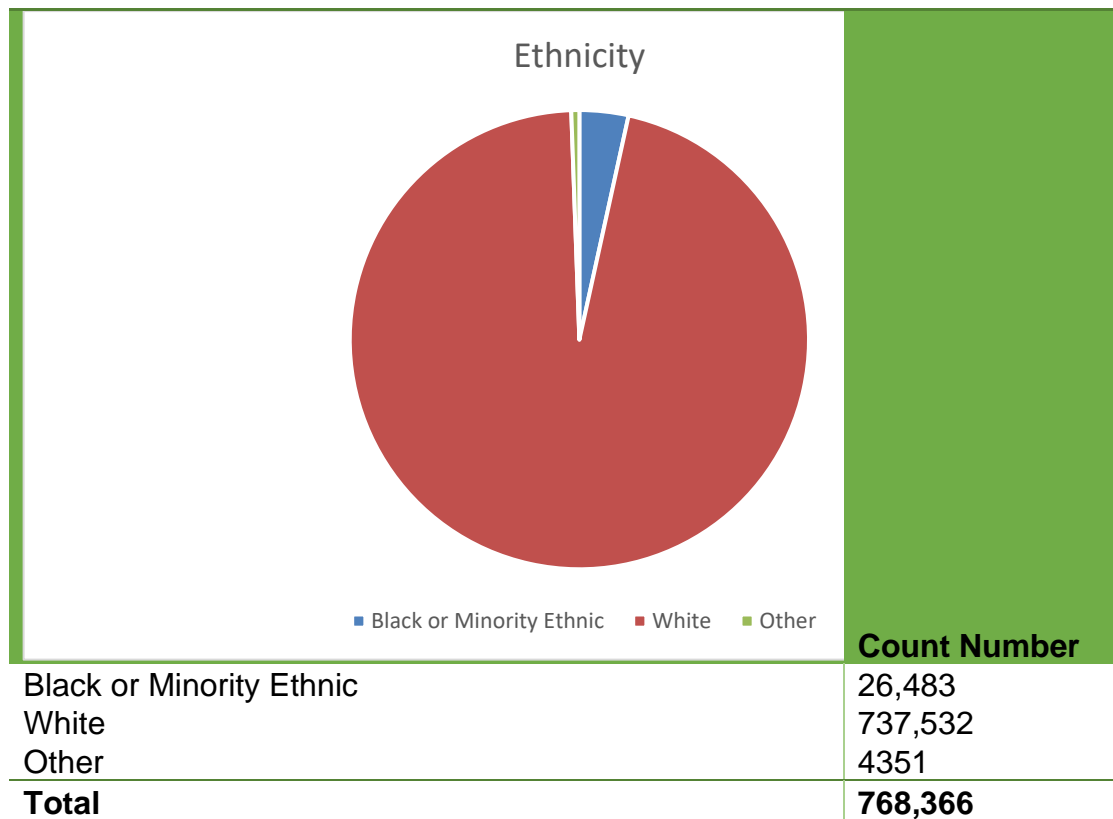
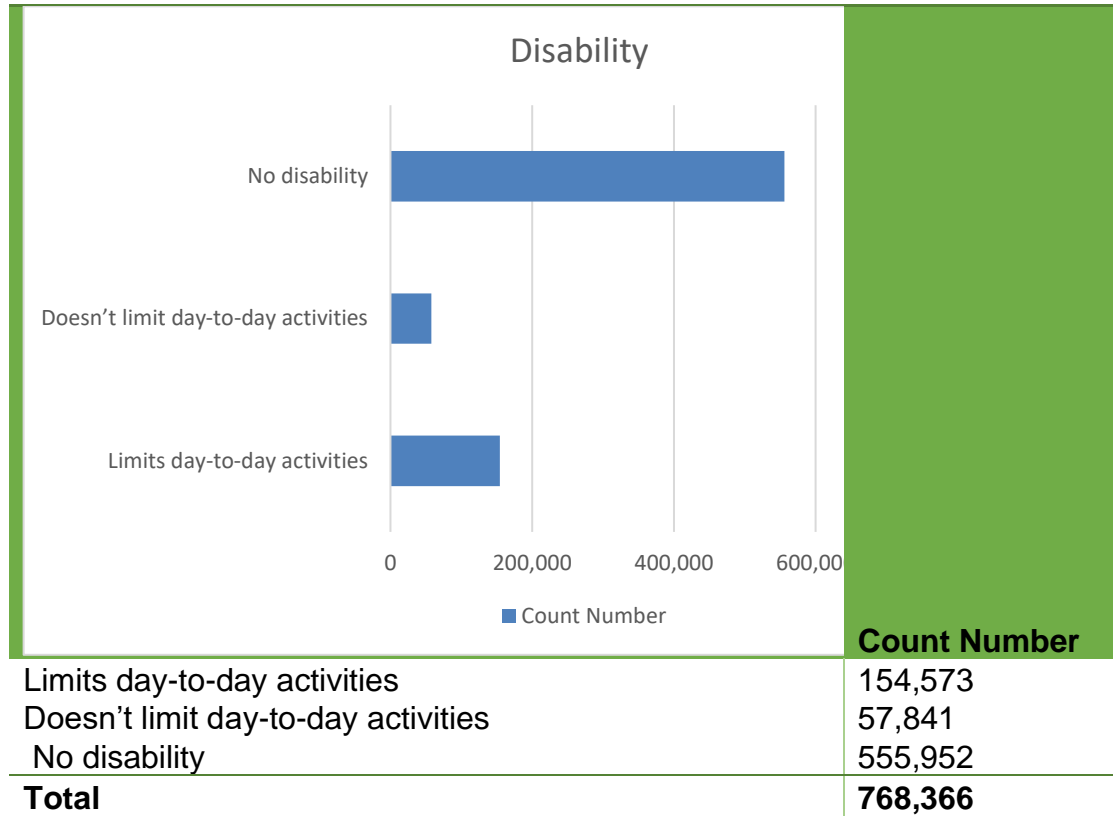
As we enter 2024-2025 we look forward to continuing our EDI journey and the opportunities of working in together in the Lincolnshire Community and Hospitals Group model.

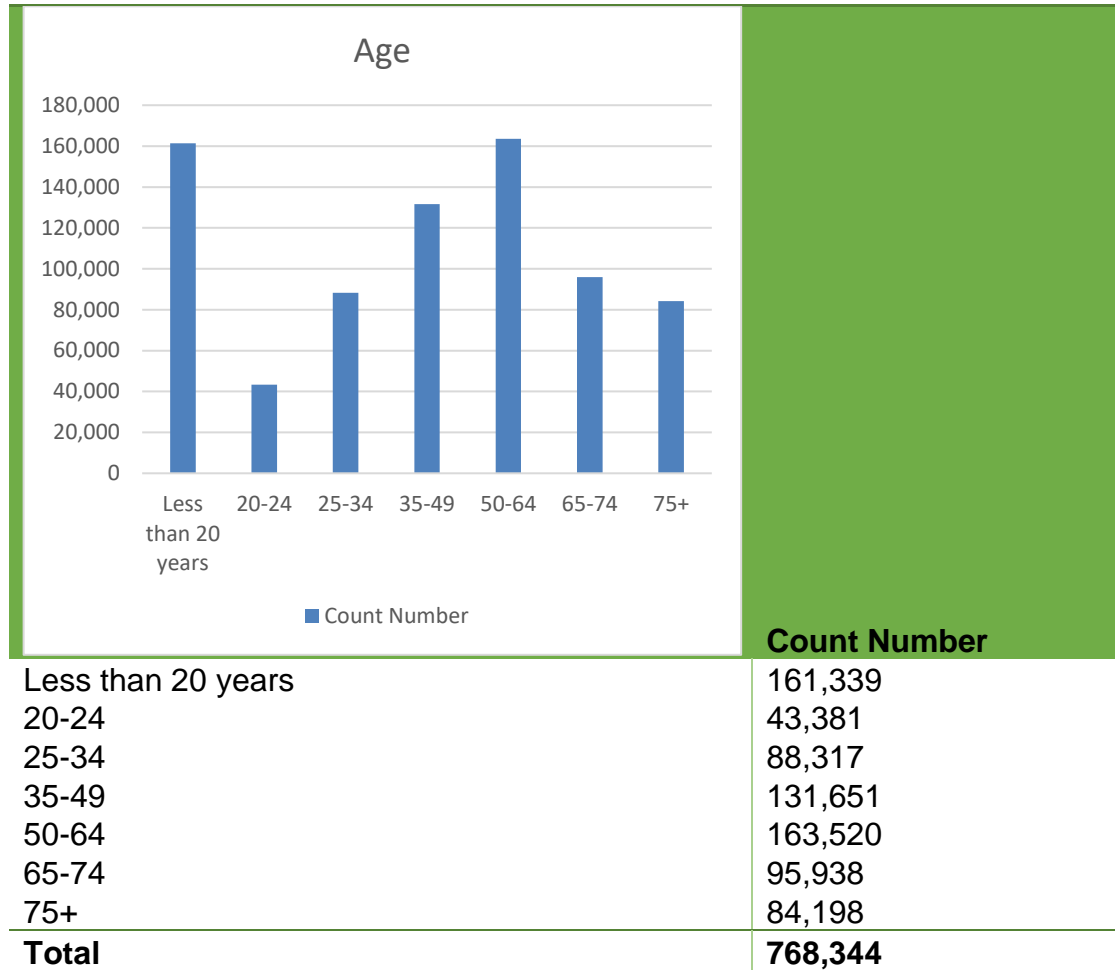
## Appendices

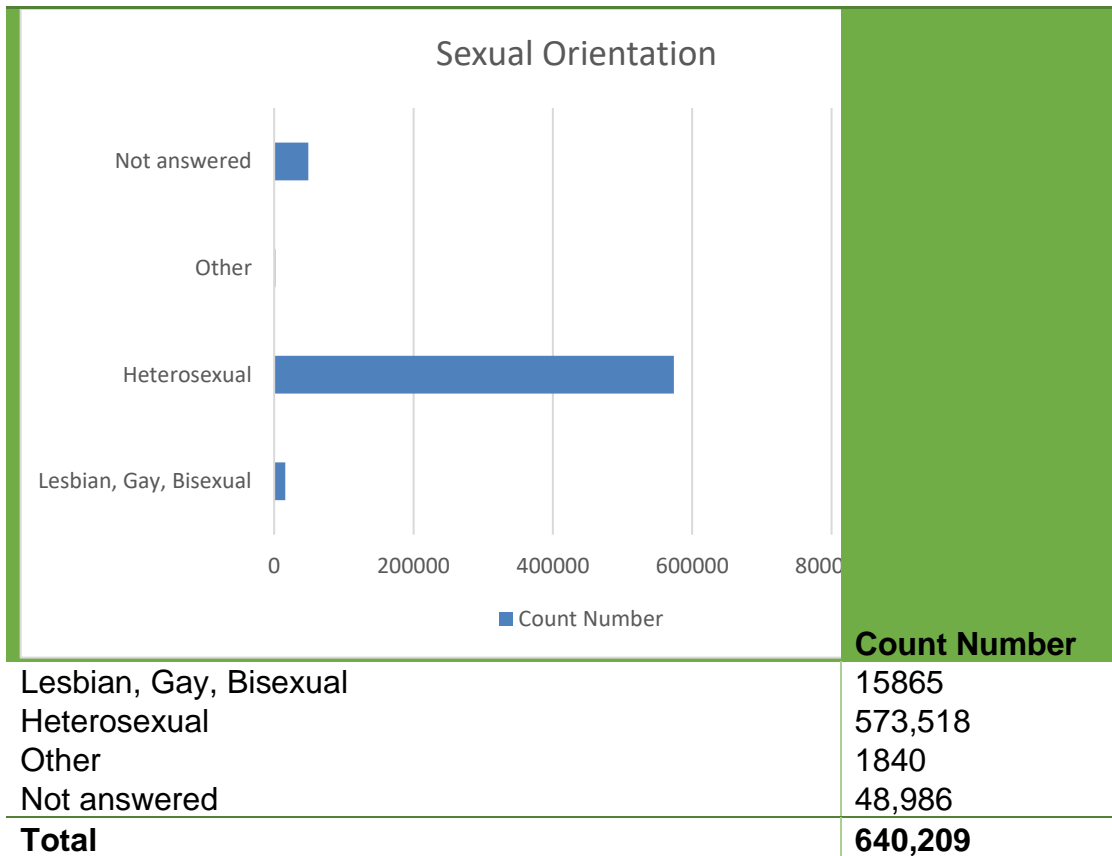
### Appendix 1 – Lincolnshire Population Profile: Census 2021

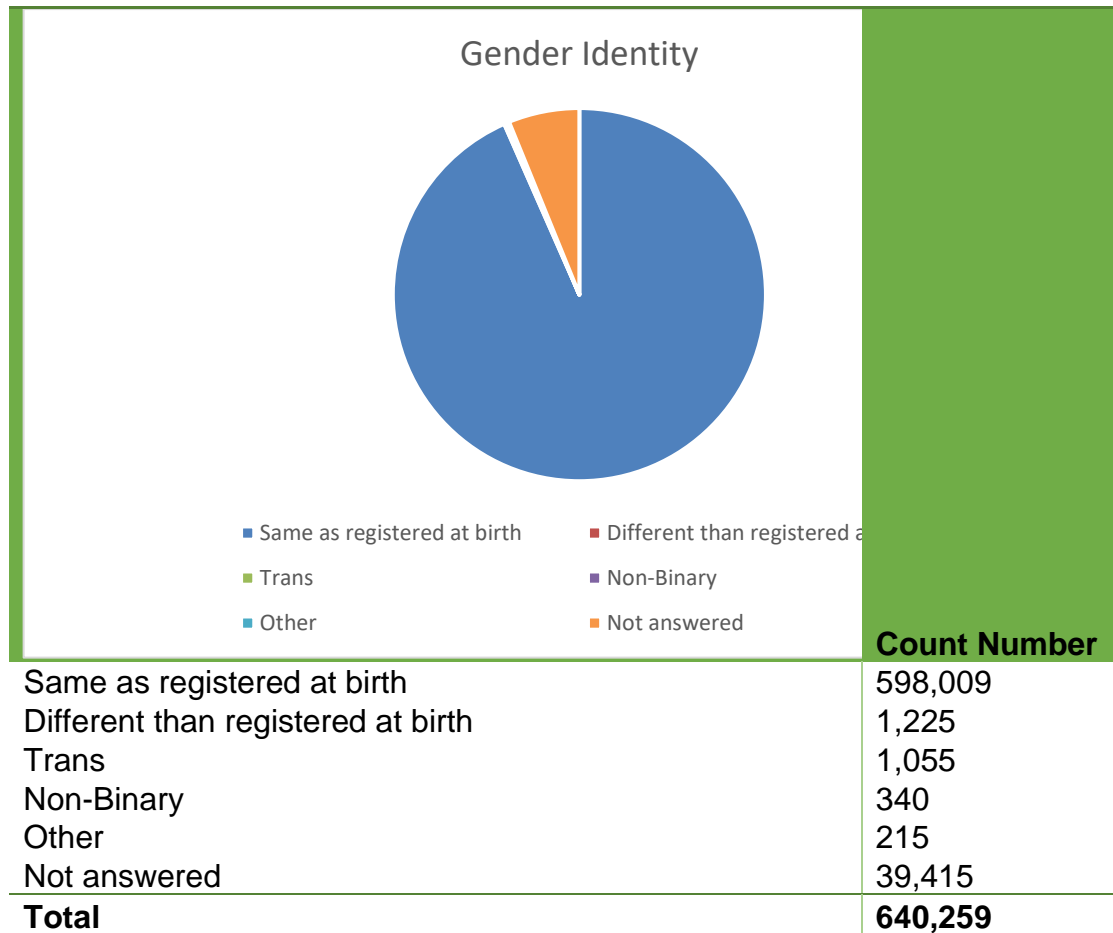
Sex	Count Number
Male	376,430
Female	391,934
<b>Total</b>	<b>768,364</b>

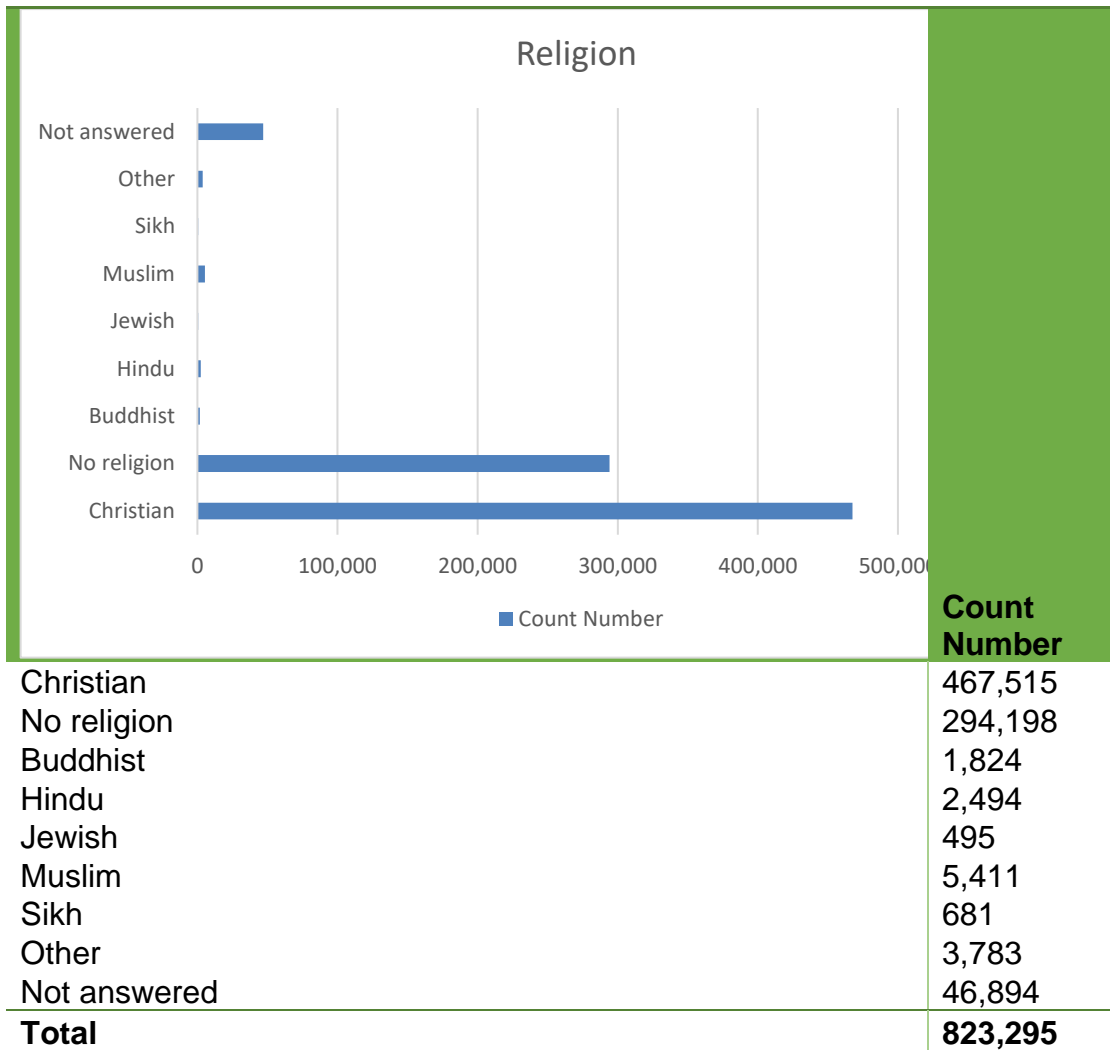




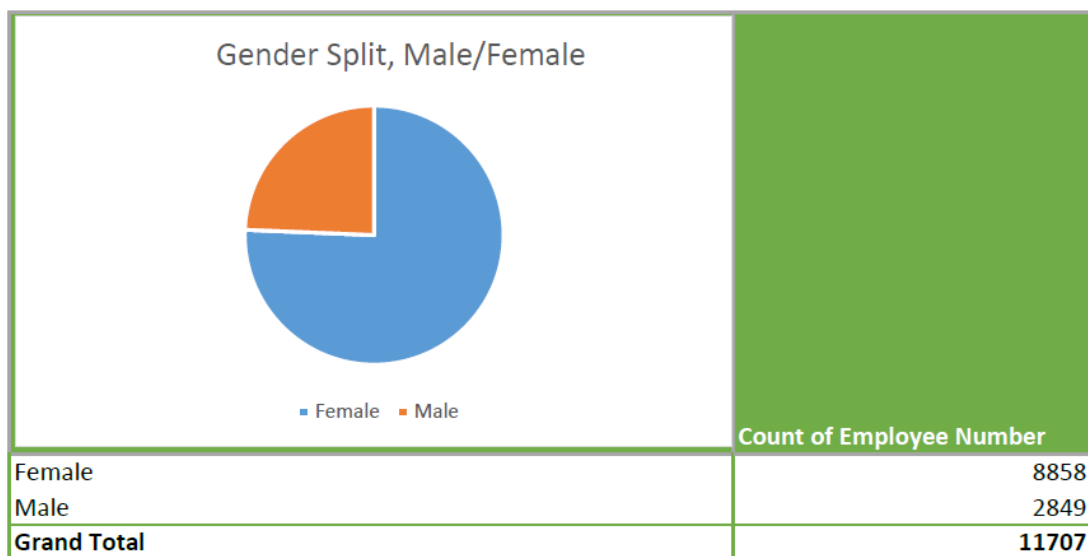




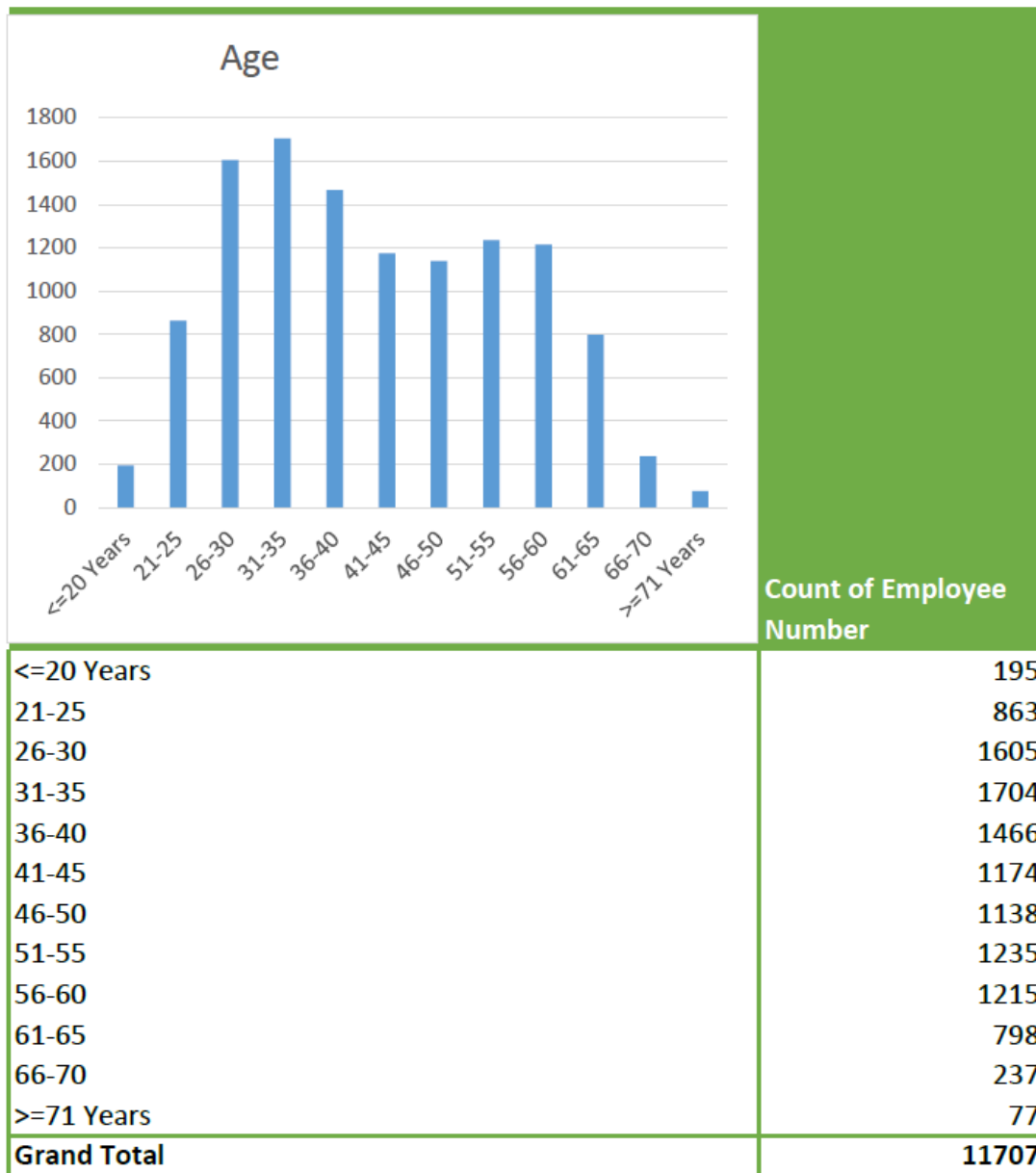


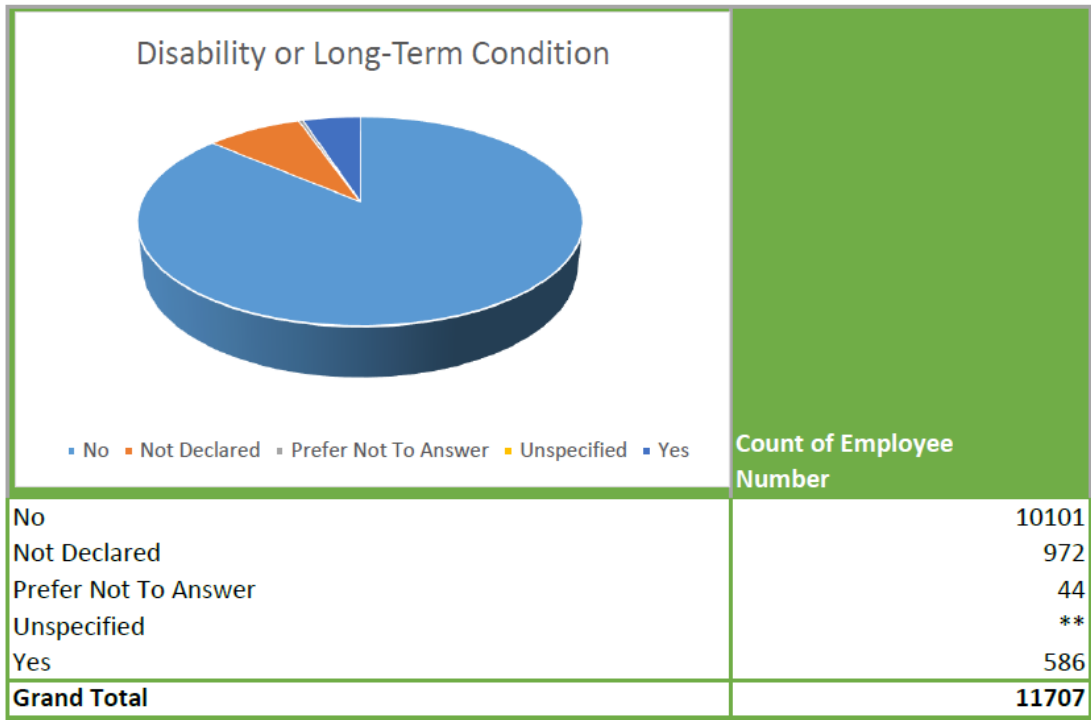


Appendix 2 - United Lincolnshire Hospitals NHS Trust  
Workforce profile from ESR (snapshot date 31.03.2024).

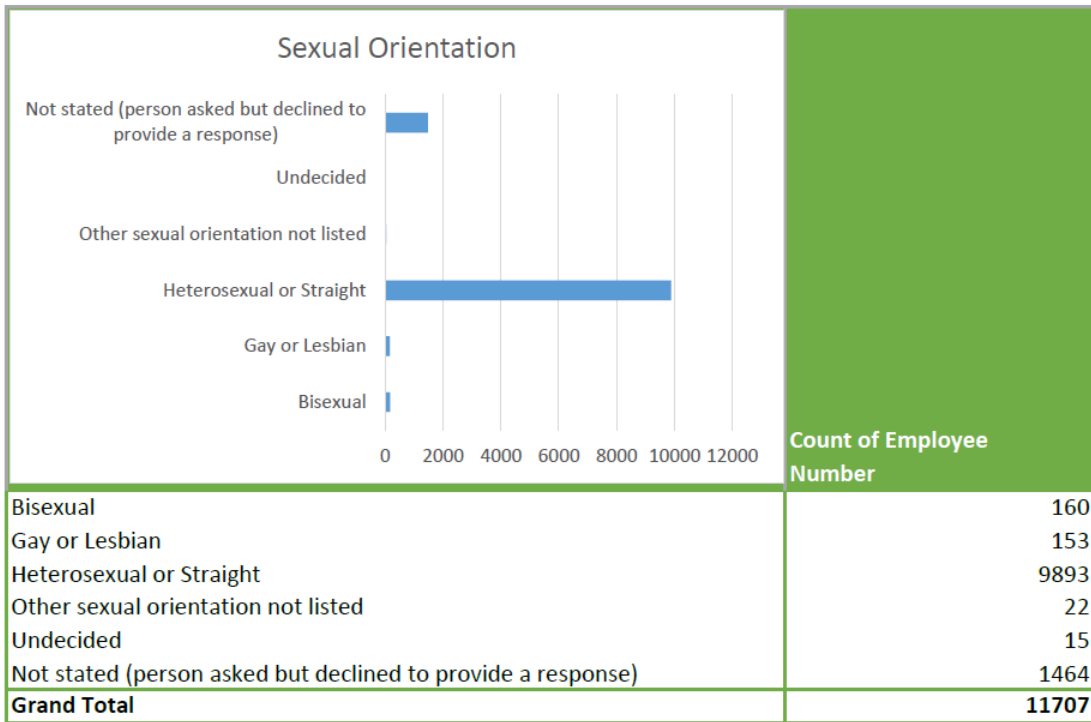


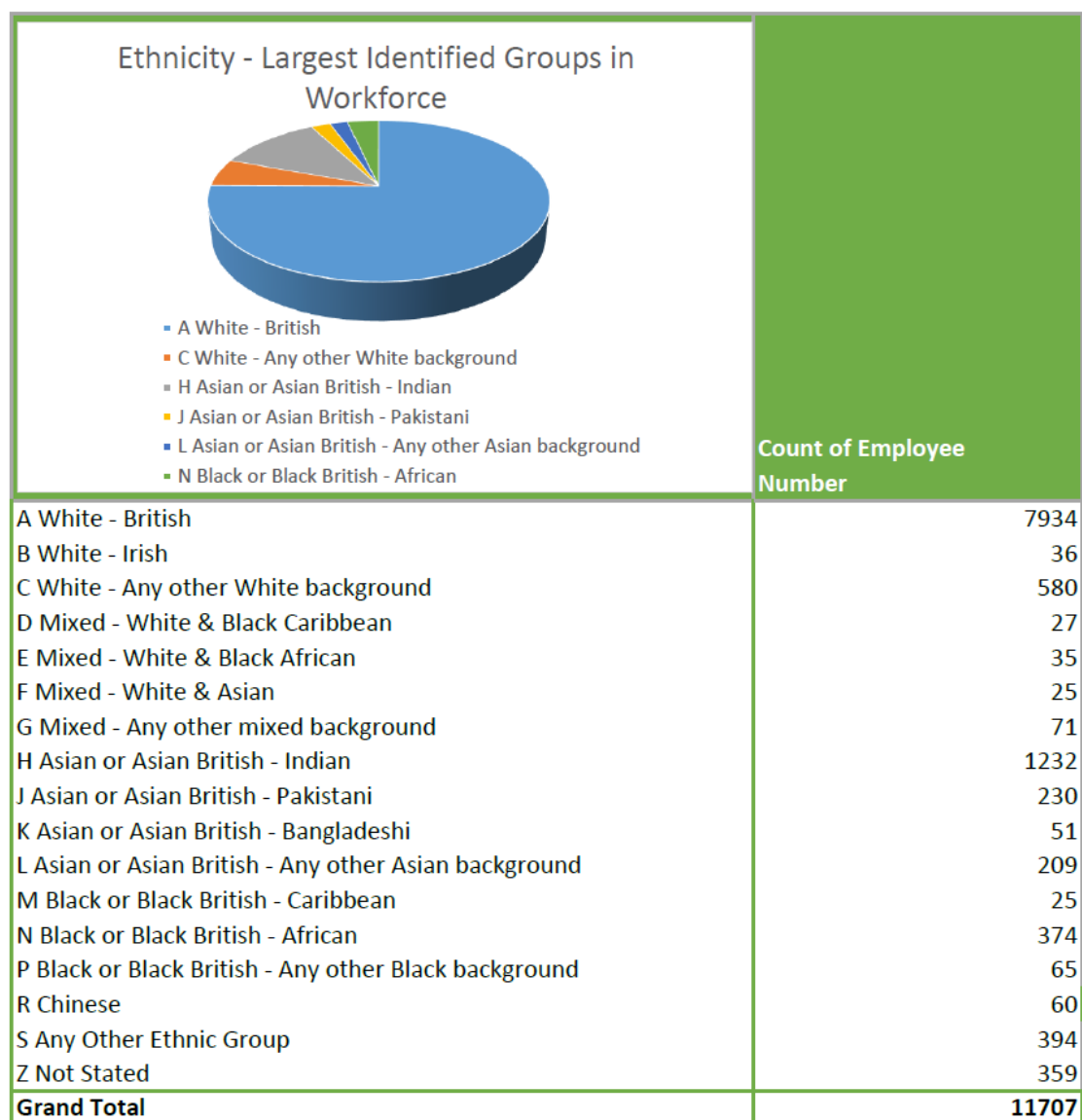


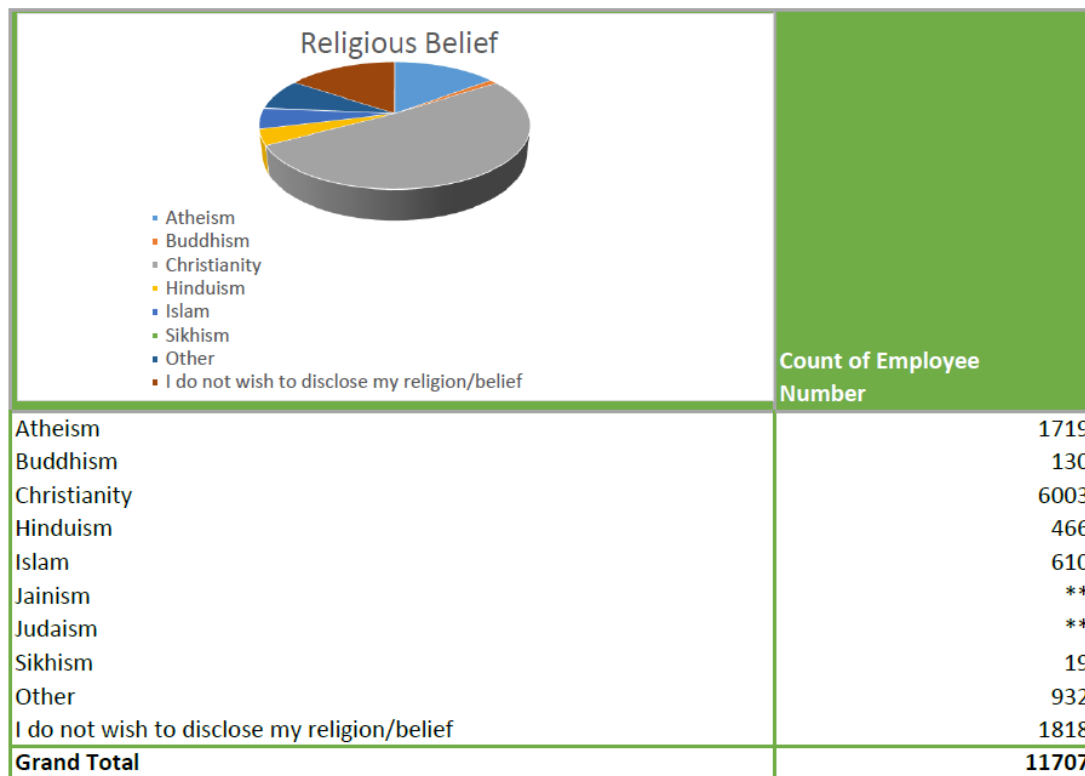




\*\* Denotes a number less than 11, for reasons of confidentiality

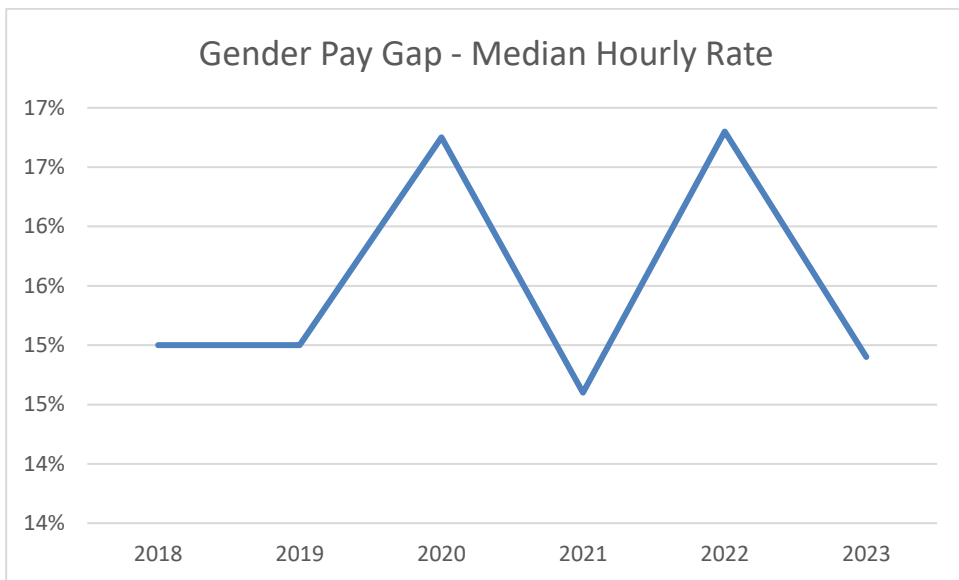
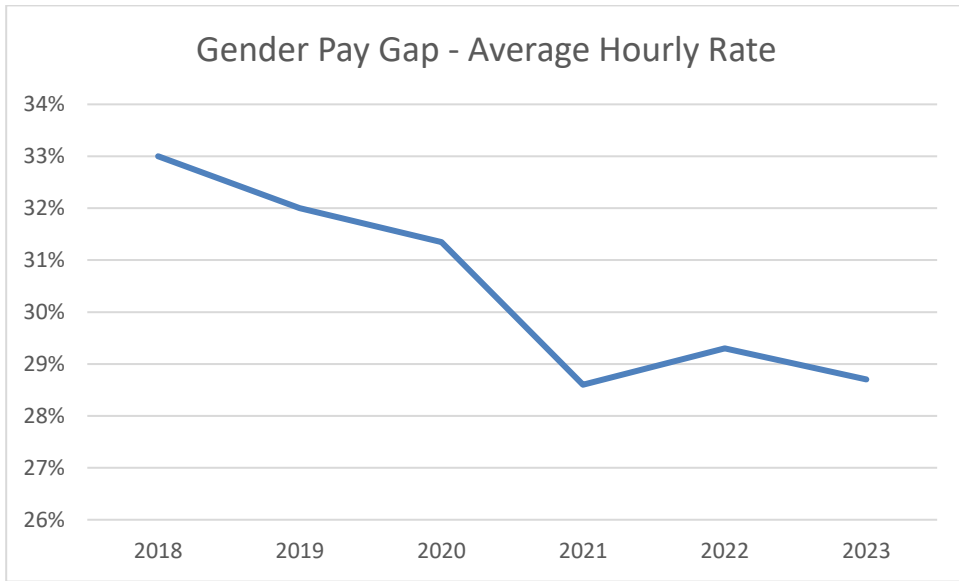






\*\* Denotes a number less than 11, for reasons of confidentiality

### Appendix 3 – Gender Pay Gap trend data information.



## Appendix 4 – Staff Network Highlights

