United Lincolnshire Hospitals NHS Trust

NHS Equality Delivery System (EDS)

EDS Report and Action Plan 2022

OUTSTANDING CARE personally DELIVERED

Contents

Introduction to the Equality Delivery System for the NHS

The EDS Reporting Template

Implementation of the Equality Delivery System (EDS) is a requirement on both NHS commissioners and NHS providers. The Trust has followed the implementation of EDS in accordance EDS guidance documents. The documents can be found at: www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/eds/

The EDS is an improvement tool for patients, staff and leaders of the NHS. It supports NHS organisations in England - in active conversations with patients, public, staff, staff networks, community groups and trade unions - to review and develop their approach in addressing health inequalities through three domains: Services, Workforce and Leadership. It is driven by data, evidence, engagement and insight.

The EDS Report is a template which is designed to give an overview of the organisation's most recent EDS implementation and grade. Once completed, the report will be submitted by the EDI team via england.eandhi@nhs.net and published on the Trust's website.

NHS Equality Delivery System (EDS) – Trust Submission Cover Sheet and Approvals

EDS Lead	Alison Marriott – Equality, Diversity & Inclusion Project Manager		**At what level has this been completed?** The Trust's EDS report has been completed at Trust-level for 2022, pending further discussion and agreement at ICS People Board for 2023 EDS reporting.	
				***List organisations**
EDS engagement date(s)	8th December (Staffside – Domain 2);16th January (EDI Operational Group – All Domains. Including Staffside & Patient Experience Group representative)		**Individual organisation**	United Lincolnshire Hospitals Trust
			Partnership* (two or more organisations)	Not for this reporting cycle
			Integrated Care System-wide*	Not for this reporting cycle

Date completed	9th January 2023	**Month and year published**	*February 2023*

Date authorised	Approval Schedule EDI Operational Group – 16th January 2023 People & OD Committee – 17th January 2023 Trust Board – 7th February 2023	**Revision date**	*16th January 2023*

Completed actions from previous EDS ***NB: 2019 was the last year EDS was completed at the Trust, due to Covid-19 impact***	
Action/activity	**Related equality objectives**
EDS 2019 Action We will improve the experience of patients living with dementia by implementing a "dementia bundle" *(Completed, and Frailty Service in place with Specialist Nursing team)*	From 'ward to board' we will evidence due regard to the promotion of equalities and the reduction of health inequalities in our major decision making processes.
EDS 2019 Action We will demonstrate improvement in communicating with people living with a disability through full implementation of the NHS	We will demonstrate meaningful engagement with all protected groups represented in Lincolnshire communities, as we seek to ensure our service meet the needs of people we serve. From 'ward to board' we will evidence due regard to the promotion of equalities and the reduction of health inequalities in our major decision making processes.

Accessible Information Standard *(partially complete as at December 2022)*	
Progress against other identified actions outside of previous 2019 EDS: For further detail of progress against other EDI action plans during 2020 and 2021, please visit the Trust's public internet page: Equality-Diversity-and-Inclusion-Annual-Report-2020-2021-1.pdf (ulh.nhs.uk) For further detail of progress in 2022, please visit: EDI-Progress-Update-2022.pdf (ulh.nhs.uk) on the Trust's public page.	**Previous Equality Objectives, 2019-2021** 1. We will improve our mental health service provision through our mental health transformation plan. 2. We will improve our patient services by ensuring a robust and comprehensive equality analysis underpins all service provision. 3. We will demonstrate meaningful engagement with all protected groups represented in Lincolnshire communities, as we seek to ensure our service meet the needs of people we serve. 4. We will ensure all protected groups have access to a supportive network. 5. We will ensure staff identifying with all protected groups experience equality of opportunity, with no barriers, in relation to all aspects of their employment. We will achieve this by developing a structured approach to talent management and equality of opportunity in-line with the Trust's people strategy. 6. From 'ward to board' we will evidence due regard to the promotion of equalities and the reduction of health inequalities in our major decision making processes. **Current Equality Objectives for 2022-2023** 1. Person-centred care is experienced by all, with a well-informed, responsive approach to equality of patient experience and to the reduction of health inequalities

	2. The information and communication we provide is accessible to all our patients 3. Our Trust is equity-driven, inclusive and well-led with compassion 4. Our Trust is a safe, inclusive place for all staff 5. The Trust is a place where staff feel a sense of belonging, are offered opportunities to develop and are supported to thrive Together, the above five Equality Objectives form the Trust's Inclusion Strategy for 2022 to 2025, and details of the priority actions for each of the above objectives can be found on the Trust's public website at: ULHT-Equality-Objectives-2022-to-2025.pdf. The Equality Objectives and Priority Actions are also published in Easy-Read at 2869 Lincolnshire NHS EDI Easy Read v2 (ulh.nhs.uk) and if you require any other format, e.g. Braille, Large Print or Audio or any other alternative, please contact pals@ulh.nhs.uk

EDS Rating and Score Card – Including the Trust's provisional EDS ratings

Trusts refer to the Rating and Score Card supporting guidance document before they start to score: EDS Ratings and Score Card Guidance (england.nhs.uk). Provisional scores are included in this report, for your review and input.

Each outcome is scored, then the scores of all outcomes are added together. This then provides Trusts with their overall score, or your EDS Organisation Rating. Ratings in accordance to scores are below.

The Trust's provisional EDS Organisation Rating is: Developing
For Domain 1 it is: Developing
For Domain 2 it is: Developing
For Domain 3 it is: Developing/Achieving

Each indicator for each domain has examples of how the Trust can improve its rating, and the Action Plan has been developed with this in mind.

Undeveloped activity – **organisations score out of 0** for each outcome	Those who score **under 8,** adding all outcome scores in all domains, are rated **Undeveloped**
Developing activity – **organisations score out of 1** for each outcome	Those who score **between 8 and 21,** adding all outcome scores in all domains, are rated **Developing**
Achieving activity – **organisations score out of 2** for each outcome	Those who score **between 22 and 32,** adding all outcome scores in all domains, are rated **Achieving**

Excelling activity – **organisations score out of 3** for each outcome	Those who score **33,** adding all outcome scores in all domains, are rated **Excelling**

Domain 1: Patients (Commissioned or provided services)

Service 1 – Breast Pain (Mastalgia) Pathway: please see overview below

Equality Delivery System - domain 1 se

Service 2 – SDEC (Same Day Emergency Care): for an introduction to the service, please watch Same Day Emergency Care - YouTube. Subtitles are available by clicking on this icon at the bottom of the YouTube screen.

Equality Delivery System - domain 1 se Service overview in Word for ease of reference/accessibility

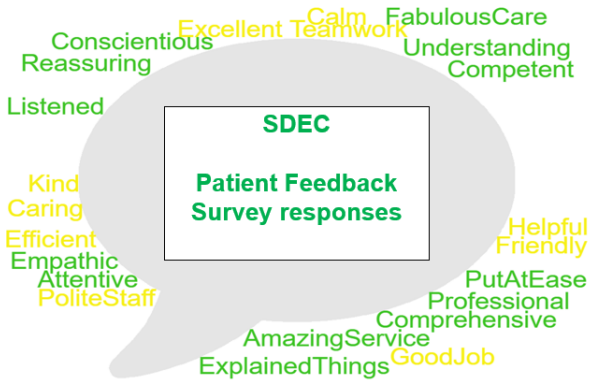
Service 3 – not required for EDS 2022 transition year. Three services will be required for EDS in the next reporting cycle.

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	**1. Breast Pain (Mastalgia) pathway** Some protected characteristics (50%) have adequate access to the service. Patients consistently report fair or good (or the equivalent) when asked about accessing services. There is clear demonstration that the organisation has identified barriers to accessing service through extensive co-design and iterative review by patients so that feedback is sought and acted on to improve accessibility and information available to patients.	Developing – 1 To reach Achieving, the Trust will require data to show those with protected characteristics (100%), and other groups at risk of health inequalities, have adequate access to services Plus Patients consistently report good or very good (or the equivalent) when asked about accessing the services. Plus	Director of Nursing & Midwifery Information & Performance Team Patient Experience Group (PEG) Service Leads Supporting: EDI team

		The service is accessed by both women and men. Support for patients with dementia is in place (Frailty & Dementia Service) and patients with learning disabilities (Learning Disability Liaison Nurses). Support for the communication needs of d/Deaf patients is in place, with a British Sign Language service and other forms of sign language available 24/7, centrally-funded by the Trust for all patients who need it. Documents are available in alternative formats including but not limited to Braille and Easy Read. The Trust has established a Sensory Loss Patient Reference Group to inform further developments.	Demonstration (examples) that the Trust has identified barriers to accessing services. To achieve further progress, and reach "Excelling" in line with the Trust's vision of "Outstanding Care, Personally Delivered", a review of the resourcing of patient equalities is recommended. Compared to other large NHS Trusts, ULHT does not have a specific Patient Equalities Lead, and accountability and boundaries have become "blurred" over time, with resourcing no longer in line with current expectations for	

		For patients who require translation & interpretation into a language other than English, a 24/7 centrally-funded service is in place. Issues relating to patient equality & diversity are reported in Datix and reviewed for actions by multi-disciplinary teams, including EDI. Equality & Health Inequality Impact assessments are carried out on all standard operating procedures in all services and pathways, which are reviewed by EDI. The Trust also has a 24/7 Chaplaincy service for patients of all faiths and none. - Unfortunately, patient data by protected characteristic is not available for this particular service or for many other services at individual pathway-level.	improvement and delivery. Also, the reporting line within People & OD of the current dual role (workforce & patient equalities) does not reflect the need for a closer reporting relationship to e.g. Directorate of Nursing. To achieve Excelling, the Trust would need to demonstrate that actions and improvements had resulted in improved outcomes by protected characteristics, which is challenging without robust data and daily ownership of the patient equalities agenda, and the required	

		- Data is further limited as the Friends & Family Test (FFT) data is not available by protected characteristic in this Trust. - Also, the Trust should now prepare to implement the delayed Sexual Orientation Monitoring Information Standard (SOMS) for patients: NHS England » Sexual Orientation Monitoring: Full Specification The above work regarding patient equality data is captured as one of the **Trust's patient Equality Objectives for 2022 to 2025,** and forms one of the recommended actions for this EDS report. **2 – Same Day Emergency Care (SDEC)** Some protected characteristics (50%) have adequate access to the service. Patients consistently report fair or good (or the equivalent) when asked about accessing services.	skills to effect change.	



The same Trust-wide measures, governance and resources as for service 1 (Breast Pain) are in place, to support patients with specific protected characteristics**.**

The Trust also has a Mixed-Sex Accommodation policy (MSA) in line with national requirements, which is also supportive of patients' diverse gender identities in line with the national guidance, and is imbedded into monitoring in the Trust, via Patient Experience Group (PEG).

In partnership with Lincolnshire Community Health Services, SDEC also has a virtual frailty ward, with safeguards in place, to enable patients to return to and remain in

		their own homes. The equality impact assessment is attached here:  SDEC Virtual Ward EIA only.doc **The same data limitations apply to SDEC** as for service 1, and therefore has **the same patient Equality Objective to improve this**, including a patient equalities dashboard.		
	1B: Individual patients (service users) health needs are met	**Service 1 – Breast Pain** Patients at higher risk due to a protected characteristic needs are met in a way that works for them, with 24/7 Trust-wide resources in place to support. The Trust often consult with patients and the public and system partners to commission, de-commission and cease services provided. This is evidenced in the service overview attached. **Service 2 -** Patients at higher risk due to a protected characteristic needs are met in a way that works for them, with 24/7 Trust-wide resources in place to support. Also, a specific virtual frailty ward is in place. The service	Developing – 1 To reach Achieving: Patients at higher risk due to a protected characteristic needs are met in a way that works for them (data, evidence) The Trust often consults with patients with higher risks due to a protected characteristic to commission, designed, increase,	Director of Nursing & Midwifery Patient Experience Patient Experience Group (PEG) Service Leads Supporting: EDI team

		works in partnership with Lincolnshire Community Health Services (LCHS) for this. The service has initiated a patient feedback survey, alongside Friends & Family Feedback. For both services, ULHT as a Trust often consults with patients and patient representatives, VCSE organisations and the general public, and particularly when commissioning, de-commissioning in a particular location, and ceasing a service. The same data limitations and resulting Equality Objective/action applies as for Outcome 1A	decrease, de-commission and cease services provided. The Trust/service signposts to VCSE organisations and social prescribing (examples/evidence) Personalised care is embedded into the care delivered for those with higher risks due to a protected characteristic by the Trust (examples/evidence) To achieve Excelling, the recommendation as for 1A applies.	
	1C: When patients (service users) use the service, they are free from harm	**For both services:** The Trust has procedures/initiatives in place to enhance safety in services for patients in all protected characteristic groups where there are known H&S risks.	Achieving – 2 To achieve Excelling the Trust would need to evidence more clearly:	Director of Nursing Patient Safety Improvement Team

		Staff feel confident, and are supported to, report incidents and near misses. This is evidenced in IR1 reports. Patients or their loved ones report through PALS or submit Friends & Family Feedback, or contact Healthwatch Lincolnshire. This is considered at Patient Experience Group (PEG) and the Trust has in place an active Patient Panel ULHT Patient Panel - engaging and involving our patients - YouTube The Trust encourages an improvement culture giving consideration to equality and health inequality themes in safety incidents and near misses. Colleagues are asked to specifically consider all the protected characteristics and select all that apply, when submitting an IR1. This is then reviewed not only by the Lead Investigator, but also the EDI team and the H&S team. The Trust has rolled out extensive training in Human Factors, and is now implementing the new Patient Safety Incident Response Framework (PSIRF).	- Staff and patients are supported and encouraged to report incidents and near misses. - Encourage and promote an improvement culture actively including equality and health inequality themes in safety incidents and near misses. - Work with system and community partners to improve safety outcomes for people, using existing data and driven by service need/risk	Head of Quality & Governance QGC (Quality Governance Committee)

		The Trust also provides QSIR training to a wide range of colleagues to encourage an improvement culture.	Enabled by improved patient equalities data and the right resourcing of patient equalities.	
	1D: Patients (service users) report positive experiences of the service	**For both services:** The Trusts invites and collates data from all patients, including those with protected characteristics, about their experience of the service. The Trust creates action plans based on feedback (Breast Pain pathway engagement, and SDEC survey) and monitors progress. The Trust operates the Friends and Family Test and Care Opinion. Friends and Family rating overall, as at November 2022, was 88% positive and 7% negative. The equalities data is not currently captured in the Friends and Family Test. The Trust invites patient stories, which are presented at Trust Board and other committees. There is a Patient Story Library on the intranet. Further detail of service-specific engagement and feedback is available in the service overviews.	Developing To reach Achieving: The Trust creates evidence-based action plans in collaboration with patients and relevant stakeholders, and monitors progress. The Trust shows understanding of the link between staff and patient treatment and demonstrates improvement in patient experience To reach Excelling the Trust needs to be resourced to collate, develop	Director of Nursing Head of Patient Experience Supporting: EDI team; System Engagement Lead; PEG

			action plans (co-produced) and carry out the following actions. Some is already carried out however without a Patient Equality Lead, the coordination and implementation is not robust enough yet, hence it cannot be adequately evidenced. - The Trust actively engages with patients with protected characteristics and other groups at risk of health inequalities about their experience of the service. - The organisation actively works	

			with the VCSE to ensure all patient voices are heard. - The Trust creates data driven/evidence-based action plans, and monitors progress. - The Trust uses patient experience data to influence the wider system and build interventions in an innovative way. The Trust should revisit the use of equalities monitoring in Friends and Family Test to enable the above, in conjunction with the Data Governance team, to address any previous	

			concerns which led to this option being turned off.	
Domain 1: Commissioned or provided services overall rating			Developing	5

Domain 2: Workforce Health & Wellbeing

Domain	Outcome	Data Sources	Evidence	Proposed Rating	Owner (Dept/Lead)
Domain 2: Workforce health and well-being	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	Occupational Health Referral Data National Staff Survey (NSS) 2021 question 9d "My immediate manager takes a positive interest in my health & wellbeing" NSS question 11a "Organisation takes positive action on health & wellbeing".	The Trust's Occupational Health Service provides a wide range of support with physical and psychological health & wellbeing, including: - In-house referrals to Occupational Health specialists - Workplace counselling - Trust-wide staff vaccination programmes - Menopause support service - Foot health service - Signposting to smoking cessation service In addition to the services provided within the Occupational Health remit, the Trust also provides: - A free, 24/7 Employee Assistance Programme providing support with	Developing – 1 **Future EDS cycles 2023 & 2024:** Can become Achieving & Excelling if health monitoring data is collated by Occupational Health and other places of referral (e.g. EAP) and made available anonymously by all protected characteristics. This should then be used alongside anonymised	AD – OD, Wellbeing & Inclusion

			physical health & wellbeing (including healthy eating & activity) mental health, emotional support, financial wellbeing support and housing & consumer advice. - Peer Mental Health First Aiders & Wellbeing Champions within the Trust Unfortunately, the **Occupational Health service does not currently collect referral data by Disability, Race/Ethnicity, Sexual Orientation or Religion**. This limits the analysis for Domain 2A. The Trust can establish what the barriers are to collecting the data currently and then ensure that a process is in place to collect the data, with the written consent of the individual. The Occupational Health service does currently collect referral data by the protected characteristic of age, and collects	absence data to increase and tailor support to all staff, including those with protected characteristics. To achieve Excelling, this support should both enable staff to self-manage their health & the Trust should also use it to reduce negative impacts of the working environment	

			data on male and female sex/gender identities. This data shows that the likelihood of referral to Occupational Health increases from **age 41 to age 64, reaching a peak between the ages of 46 and 50.** The most common reasons for referral in those years are mental health-related and musculoskeletal. Cancer and cardiovascular reasons also increase in those years. The Trust can use this data to ensure that specific health & wellbeing initiatives are further-developed to support colleagues with these conditions. The Trust has a menopause support service for colleagues, but can also now adopt the NHS Menopause Guidance to further support colleagues who are experiencing or beginning to experience menopause at any age, but particularly likely between the ages of 40-55+:		

			NHS England » Supporting our NHS people through menopause: guidance for line managers and colleagues The Trust can also consider accreditation as a menopause-friendly employer. The support of the Trust's Women's Staff Network is welcome and valued in the menopause work. The NSS data also shows that staff in the age group 21-30 are less likely to feel that their immediate line manager takes a positive interest in their health & wellbeing. They are also less likely to feel that the Trust takes positive action on health & wellbeing. This data can inform engagement with younger workers (protected characteristic – age) so that their health & wellbeing needs can be better-understood, and inform the Trust's health & wellbeing offer and advice to line managers on how to proactively support the		

			health & wellbeing of their younger team members. Disabled colleagues are less likely to feel that the Trust takes positive action on health & wellbeing, but do tend to feel that their immediate line manager takes an interest in their health & wellbeing – with very slightly more Disabled colleagues feeling "neutral" about this question than non-Disabled colleagues. Work under the WDES (Workforce Disability Equality Standard) Action Plan 2022-2023 (approved Oct 2022) is already underway, particularly around reasonable adjustments, how we communicate the "Disability Confident Employer" provisions/requirements, and NHS health passports to capture the individual's support & reasonable adjustments required. The support of the Trust's MAPLE Network is welcomed and valued in this, and in 2023, feedback from the		

			regular MAPLE cafes will help inform the continuing work. BME (Black & Minority Ethnic) colleagues are also less likely to feel that their immediate manager takes a positive interest in their health & wellbeing, but do feel that the Trust as a whole takes positive action on health & wellbeing. This should be considered in light of the data for 2B relating to physical violence from colleagues or line managers, with worse experiences for BME colleagues, but also there may be other reasons which should be explored by the Trust. The support of the BAME Staff Network is welcomed and valued in this task. Lesbian or gay colleagues are also less likely to feel that their immediate line manager takes a positive interest in their health & wellbeing or that the Trust takes positive action on it. The reasons for this are not clear from the data, and in terms of		

			gender identity, the data is very limited for transgender and non-binary colleagues. Engagement with colleagues with the support of the Pride + network is welcomed and valued to help understand how to support the health & wellbeing of LGBTQIA+ colleagues. The new national NHS LGBTQ+ Inclusion Framework for patients and workforce will assist shaping and prioritising this, in coproduction with patients and colleagues: Health and Care LGBTQ+ Inclusion Framework | NHS Confederation Colleagues who are Muslim, Hindu or those who do not wish to declare their religion are less likely to agree that their line manager takes a positive interest in their health & wellbeing, or that the Trust takes positive action on it. The Trust should explore this in the context of the other domains and intersection with race, including abuse,		

			harassment, bullying & physical violence from any source, access to independent support and advice, and likelihood of recommending the Trust as a place to work and receive treatment, and discrimination. Also the impact of disengagement and mistrust on all colleagues should be further explored as part of culture and leadership programmes, because **across all outcomes for Domain 2 of EDS, those who do not wish or do not feel able to disclose their personal characteristics experience worse outcomes.** Also, the positive impact of new initiatives, such as the 2023 EDI Calendar/Resource and the Leading Inclusively with Cultural Intelligence programme should be monitored. Closer involvement of the chaplaincy with EDI matters is also recommended. An action is proposed to invite a member of the Chaplaincy to join EDI		

			Operational Group, the governance forum for EDI at ULHT.		
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	q13a- Not experienced physical violence from patients/service users, their relatives or other members of the public **Overall Trust average 84% never experienced** q13b- Not experienced physical violence from managers **Overall Trust average 99% never** q13c- Not experienced physical violence from other colleagues **Overall Trust average 98% never**	The Trust Board approved the "United against Racism" strategy & action plan in April 2022, which is in the process of full implementation: Against racism (ulh.nhs.uk) This has developed into a strategy against all forms of discrimination, abuse & harassment, including physical violence & aggression. This has been shared with system partners, and the Trust is involved in cross-ICS working across the Midlands on zero-tolerance approaches. As part of this, the Trust commits to a zero-tolerance approach of abuse, harassment, bullying and discrimination for all staff. Staff are supported to report patients who verbally or physically abuse them and	Developing - 1 **Future EDS cycles 2023 & 2024:** Expected to be Achieving & Excelling, following full implementation of United against Discrimination actions. In particular, it will be necessary to demonstrate that the Trust takes action to penalise those staff who abuse, harass, bully or in rare	AD-OD, Wellbeing & Inclusion

		National NHS average: q14a- Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public **Overall Average 74% never** q14b- Not experienced harassment, bullying or abuse from managers **Overall Trust Average 83% never** q14c- Not experienced harassment, bullying or abuse from other colleagues **Overall Trust Average-77% never**	encouraged to do so, and processes are in place to follow-up on reports. Staff are signposted to support from the Employee Assistance Programme. Action is taken to review reported incidents, and then investigation/cultural review takes place, with actions resulting under e.g. Trust's disciplinary procedure where there is a case to answer. The individual impact of any incident from any source is acknowledged, whatever the % difference compared to the Trust average or to other groups. All staff can expect support and appropriate, fair & just responses to incidents. **Physical Violence** In terms of age, it is the youngest workers (age 16-20) who are most vulnerable to physical violence from patients/relatives/other members	circumstances, use physical violence against other staff. Anonymised data on the outcomes of reports will be key to this. Also, it is important that the Trust continues with the Culture & Leadership Programme (CLP) to promote a civil and just culture, discourage closed cultures with poor behaviours. Also, to recognise the link via the CLP and other	

			of the public, closely followed by Lesbian or Gay colleagues and also to a lesser extent, bisexual colleagues. This intelligence should inform the ongoing "United against…." implementation and the Culture & Leadership Programme, along with security management training programmes. Those who select "any other religion", so who are of a minoritised faith in the UK, also report poorer experiences, and any link between this and experiences of race discrimination is difficult to explore as the religions in this group are not specified. It does highlight the importance of the "Belonging" approach and the CQ-Leading Inclusively programme, to ensure that all colleagues are supported and welcomed and that leaders apply the CQ model to understanding and supporting all their team members.	programmes (such as Human Factors) between patient experience & outcomes and staff experience. The impact of the strategy will be measured by NSS (National Staff Survey) results each year, and to achieve excelling, groups experiencing poorer outcomes will need to be reporting an improving trend in their experiences.	

			When it comes to physical violence from managers, there is a different trend. For age, the youngest and oldest age groups report 100% positive experience (no physical violence) and all age groups in between are also in line with the Trust average (99% never experienced) With this question, it is disabled colleagues who report the poor experience, along with lesbian & gay colleagues. Looking specifically at ethnicity, beyond the “BME” grouping used in WRES (Workforce Race Equality Standard), it is **Pakistani and Arab colleagues** who have the poorest experience overall in the Trust – with 4% experiencing physical violence from a manager. To a lesser extent, African colleagues and those identifying as “Any other Asian background” also experience a poorer than average experience in the Trust. Indian colleagues report an average experience – 99% never experienced.		

			When it comes to the protected characteristic of religion or belief, **Hindu and Muslim colleagues** report a poorer experience in terms of manager physical violence, along with those of "**Any other religion**" – i.e. minoritised faiths. For physical violence perpetrated by colleagues towards other colleagues, **older workers (66+)** report a significantly worse outcome (5% have experienced physical violence from a colleague, versus Trust average of 1%). Engagement with the Trust's workers in this age group, including those who have retired and returned to the Trust, is a new area for the Trust to consider so that health, wellbeing & anti-violence and aggression campaigns can be targeted to support this group. Although to a lesser extent than their older colleagues, staff who are in the 31-40 age group are also more likely to experience physical violence from		

			colleagues, which should be explored further. They are as likely as **disabled** colleagues of any age to experience physical violence from colleagues. Both these groups are reporting worse outcomes than the Trust average. Also **Gay and Lesbian** colleagues, along with those who prefer not to say what their sexual orientation is, report more physical violence from colleagues than the average (1% more likely). Likewise for those of **Muslim faith** or who prefer not to declare a faith. For BAME colleagues, the experience is similar (1% more likely) but when **broken down further by ethnic background**, there are some groups reporting worse outcomes: • "Any other White" – 3% more likely • Pakistani – 5% more likely • "Any other Asian background" – 6% more likely. This group does not include people of		

			Indian, Arab or Chinese heritage. Buddhist and Hindu colleagues similarly report a poorer experience with violence from colleagues (3% more likely to experience it) **Abuse, harassment & bullying** It is clear that even those with the best outcomes in the data still experience unacceptable levels of abuse, harassment & bullying from **patients, relatives and members of the public**. This includes verbal abuse and at times, discriminatory language too. It is far worse for some colleagues, linked to their protected characteristics: As with physical violence, sadly **younger workers (16-20)** are more likely to experience abuse, harassment & bullying from patients/relatives/members of the public, with an improvement from age 21-30, but still worse than the Trust average.		

			Beyond 30, as age increases, the likelihood of abuse, harassment & bullying from this source decreases, although there is a slight increase again between age 51-65, but recovering after this to the best comparative outcome (80% not experienced it) from age 66+ **Disabled workers** are also more likely to experience abuse, harassment and bullying from this source too (8% more), along with **female** staff (2% more). Those who **prefer not to declare a gender or gender identity** are also more likely to experience such abuse (+7%), along with **Bisexual** colleagues (+8%) and **Lesbian or Gay** colleagues (+4%) On deeper analysis of outcomes for BAME staff, it is **Chinese and African** colleagues who experience the worst outcomes for abuse, harassment and bullying from patients/relatives/public at **+14%**		

			and **+12%** respectively. Those of **"Any other Asian background"** also experience more of this behaviour, at **+10%.** Notably, as this contrasts with other indicators, colleagues of **Pakistani** heritage experience a **better than average outcome** for this indicator – 6% less than the Trust average for abuse, bullying or harassment from this source. Likewise, those of **Indian** heritage experience 5% less of this behaviour than Trust average. Religion or belief does not highlight any particular concerns for this indicator, with the very notable exception of those of **"Any other religion"** – like Chinese colleagues, those identifying in this group are **+14%** more likely to experience this kind of abuse. When it comes to **managers** being the perpetrator of this kind of abuse towards staff, the picture is different for some		

			groups. For age, this time it is the older workers who have a poorer experience – particularly in the 41 to 50 age group (+3%). Another area where there is a difference compared to other indicators, is when it comes to the experience of **male** colleagues. They are slightly **more likely** to experience this behaviour from managers (+1%). Conversely, women are slightly less likely than Trust average to experience it (-1%). Those who prefer not to state their **gender or gender identity** are very much more likely to experience this negative behaviour from managers, at **+13%.** Likewise for those who would **prefer not to share their sexual orientation**, at **+11%.** **Bisexual** colleagues also experience a poorer outcome, at **+8%** and **Lesbian or Gay** colleagues too, at **+4%** **Disabled** colleagues again experience worse outcomes, at		

			+5%, as do **Chinese colleagues** (+8%) and to a lesser extent, colleagues of “Any other Asian background” (+2%). Interestingly, the overall BME score is slightly better than the Trust average, at 1% less likely to experience this. This demonstrates the importance of using more detailed data, readily-available through the NSS, beyond the “BME” terminology currently used for the Workforce Race Equality Standard (WRES), as we have done for this EDS 2022 reporting. In terms of the protected characteristic of **Religion or Belief,** again those of “any other religion” experience more abuse, bullying & harassment from managers (+4%) and those who would “prefer not to say” experience even more (+9%) Where **colleagues** are the perpetrators of bullying, harassment or abuse, it is those in the 31-40 **age** bracket who		

			experience more of this behaviour than their younger or older colleagues, 3% more. The youngest colleagues (age 16-20) experience better than Trust average (6% less likely) Again, **disabled** colleagues have a poorer experience, at **+9%** more likely to experience this behaviour from colleagues **Black, Asian & Minority Ethnic** colleagues also have a poorer experience in terms of abuse, bullying & harassment from **colleagues**, at +3% overall. When analysed further by specific heritage, the experience is even worse: • African - +13% • Chinese - +12% • "Any other Asian background" - +10% • "Any other White background" - +9% • White & Asian - +8% **Female** colleagues report a slightly worse experience than		

			male, with +1% more abuse, bullying & harassment from colleagues compared to the Trust average. Men report 2% less abuse from this source than the Trust average. As with the other sources of abuse, those who **prefer not to state their gender or gender identity** report a much worse experience - **+13%** more abuse, bullying & harassment from colleagues. Those who are **Bisexual** also have a much poorer experience than the Trust average, at **+11%** more abuse from colleagues. Those who would prefer not to disclose their **sexual orientation** experience +4% more. Those who are Gay or Lesbian experience +2% more. The worst experience across the Trust and all protected characteristics is reported by **Buddhist** colleagues, who **+18%** more likely to experience abuse, bullying or harassment from colleagues.		

			Muslim colleagues are also more likely to experience it, at +6%, the same as colleagues who would "prefer not to say". Hindu colleagues also experience more abuse, bullying & harassment, to a lesser extent, at +3%.		
	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	q13d- Last experience of physical violence reported **Overall Trust Average 36% "Yes, I reported it"** q14d- Last experience of harassment/ bullying/abuse reported **Overall Trust Average 34% "Yes, I reported it"**	The Trust has trade union representatives who are supported and enabled to be impartial and independent, with facilities time. Marginalised colleagues feel able to speak about stress, abuse, bullying, harassment and physical violence to them. A full-time Freedom to Speak Up guardian is embedded, with extensive engagement and communications taking place in 2022, including joint roadshows with EDI & OD colleagues. Minoritised (in the widest sense) colleagues do seek support from the Freedom to Speak Up Guardian, and a process of anonymously collating data by	Achieving -2 To reach Excelling: The organisation facilitates pooling union representatives with partner organisations, to encourage independence and impartiality. Full implementation of "United against" actions to fully-	AD-OD, Wellbeing & Inclusion

			protected characteristics is now recently in place. Ensuring that minoritised colleagues can and do access FTSUG support is one of the Trust's EDI People Promise objectives. Five staff networks are active, accessible and staff led: BAME staff network (in process of choosing new name); MAPLE disability network; Armed Forces Network for veterans, partners of serving members, reservists and inclusive of international forces (not limited to HM Forces). Pride+ network for LGBTQIA colleagues and Women's Network. All networks are led by staff members with lived experience, are active and growing, and welcome & encourage allyship. They are supported with an honorarium and 0.5 days per week protected time. The networks are a place where minoritised colleagues seek support with stress, harassment,	demonstrate that there is Board-level, regular monitoring that action is taken on data surrounding staff abuse, harassment, bullying and physical violence. Appropriate resourcing to be in place to enable this reporting with data from multiple sources. Also, support from Divisions to secure robust follow-up of incidents and sharing of outcomes.	

			bullying or abuse – sometimes openly in meetings, or confidentially with a visible leader, who are then supported by the Executive Sponsor for the network and the EDI team. Equality impact assessments are applied when amending or creating policy and procedures for reporting abuse, harassment, bullying and physical violence – as they are with all HR and other policies and procedures across the Trust. A specific Equality Impact Assessment was applied to the United against Racism campaign, which is widened to all protected characteristics over the course of full implementation. Staff networks are engaged in reviewing HR policies and campaigns such as United against Racism. Support is provided for staff outside of their line management structure through all of the above sources, and in addition, the Employee Assistance Programme (EAP) is available	The implementation of the actions should be informed by the groups highlighted in this evidence as experiencing poorer outcomes – for example when ensuring that messages and support are reaching those groups and that they have “safe spaces” for their needs.	

			24/7, free of charge, in complete confidence for support, advice and counselling. It is provided by an external provider, Health Assured. The Trust EDI team, in collaboration with Health & Safety colleagues who monitor incidents of physical abuse, has established monitoring via Datix, and has developed an anonymous reporting QR code system ready for launch in 2023 – as part of the “United against” work. The Trust’s data & intelligence has been shared with the ICS and helps inform system-level actions regarding Bullying, harassment & discrimination. In terms of any disparities in reporting by protected characteristic, colleagues in the age group 51-65 are slightly less likely to report both physical violence and bullying, harassment or abuse. **Younger workers in the 16-20 age group**		

			are particularly less likely to report physical violence (11% less likely than Trust average) but only 1% below Trust average when it comes to reporting bullying, harassment or abuse. Further work with this age group is necessary as this group reports anonymously through the staff survey receiving more physical abuse, but are much less likely to report it to the Trust. Disabled colleagues are as likely as non-Disabled colleagues to feel able to report physical abuse, and more likely than Trust average to feel able to report bullying, harassment or abuse to the Trust BAME colleagues overall are slightly less likely to feel confident to report abuse, bullying & harassment to the Trust (3% less likely than Trust average) and again, when analysed by specific heritage, there are clear disparities:		

			“Any other Asian background” – 11% less likely to report African – 8% less likely to report Arab – 5% less likely to report For comparison, Indian and Pakistani colleagues are slightly more likely than Trust average to feel able to report abuse, bullying & harassment. “Any other White” colleagues are in line with the Trust average. However, when it comes to ethnic background and reporting physical violence, there are some different disparities: “Any other White colleagues” are 14% less likely to feel able to report physical violence (from any source) to the Trust Indian colleagues are 15% less likely to feel able to report it Those of **“Any other Asian background”** are the least likely across the Trust and protected characteristics to feel able to		

			report physical violence **– 20% less likely** Men are 6% less likely than average to report physical violence to the Trust, with women 1% more likely to feel able to report it. They are also less likely to report bullying, harassment & abuse. The Trust should continue with the objective of developing a men's network and providing a safe space for men. **Gay or Lesbian colleagues** are **8%** less likely to feel able to report physical violence (from any source) to the Trust, but Bisexual colleagues are 2% more likely to have reported it to the Trust. Those who "prefer not to say" are reporting in line with Trust average. In terms of Religion or Belief, those of "**Any other religion**" are **16%** less likely to feel able to report physical violence towards them. When it comes to abuse, bullying and harassment from any source, colleagues in this		

			group are **28% less likely to report it.**		
	2D: Staff recommend the organisation as a place to work and receive treatment	Q21d "If a friend or relative needed treatment, would be happy with the standard of care provided by the Trust"	44% of colleagues would recommend the Trust for care, however 25% wouldn't and 31% remain neutral about it. **Younger workers in the 21-30** age group are less likely to recommend the Trust's care and **also Disabled colleagues**. Those who would prefer not to disclose their gender or gender identity are less likely to recommend the Trust's care. **Bisexual** colleagues are **less likely** to recommend too, along with those who don't feel able to disclose their gender identity and those who don't feel able to share their sexual orientation. However, **Gay or Lesbian colleagues** are **generally as likely** as the Trust average to recommend the care. **Black Asian & Minority Ethnic colleagues** would also	Developing - 1	Medical Director and Director of Nursing & Midwifery Director of HR

		Q21c Would recommend the Trust as a place to work	recommend the care, slightly higher than the Trust average. For those who would **prefer not to disclose their religion**, they are less likely to recommend the care. Again, **younger workers, in the 21-30 age group** are less likely to recommend the Trust as a place to work, along with disabled colleagues. **Black, Asian and Minority Ethnic** colleagues are very slightly more likely than White colleagues to recommend the Trust as a place to work. The Trust should consider this further in terms of specific ethnic background, as has been done for bullying, harassment, abuse & physical violence. For **gender and gender identity**, it is again those who don't feel able to disclose their identity who are less likely to recommend the Trust as a place to work. Likewise those who		

			don't feel able to state their sexual orientation are less likely to recommend the Trust as a place to work. Those who declare **no religion or belief** are also less likely to recommend the Trust as a place to work, as are those who would prefer not to disclose their religion or belief.		
Domain 2: Workforce health and well-being overall rating			Developing		5

Domain 3 – Inclusive Leadership

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 3: Inclusive leadership	3A: 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	Both equality and health inequalities are discussed in board and committee meetings. Board members and senior leaders have at least yearly/twice yearly engagement with staff networks – for example, by attending network meetings as executive sponsors or Board leads, by supporting "History month" events. There is a Council of Networks chaired by the CEO, where all staff network leads meet every other month. As a further step, the Trust should consider inviting Staff Network Leads and members who are willing to share their stories (akin to "Patient Stories") to Leadership Team and Board	Achieving – 2 To achieve Excelling: Both equality and health inequalities are standing agenda items in all board and committee meetings. Board members and senior leaders meet <u>frequently</u> with staff networks. Staff networks have <u>more than one</u> senior sponsor.	Trust Board

		meetings. This will also support the Midlands Network Maturity Audit framework. Both equality and health inequalities are standing agenda items and discussed in board and committee meetings. Each staff network has an active Executive Sponsor, who meets with them at least 3 times per year. Board members are beginning to hold Divisions to account (Integrated Improvement Plan), and hold services to account on a case-by-case basis already. They allocate resources, and raise issues relating to equality and health inequalities on a regular basis. Board members are beginning to implement the Leadership Framework for Health Inequalities Improvement.	Board members and senior leaders enable underserved voices to be heard Board members hold services to account, allocate resources, and raise issues relating to equality and health inequalities on a regular basis. Board members implement the Leadership Framework for Health Inequalities Improvement. Board members and senior leaders actively communicate	

		Leadership Framework for Health Inequalities Improvement | NHS Confederation Weekly blog – leaders: religions, cultural events and local celebrations. Attendance – e.g. Lincolnshire India Day and Trust's celebration week. September 2022. Ramadan – "breaking the fast packs" sponsored and organised by the Trust and guidance to support Muslim colleagues. The Trust has also employed an Imam this year as part of the Chaplaincy team. The Trust is monitoring for further news of the launch and implementation of the Patients and Carers Race Equality Framework for Mental Health (PCREF) following completion of pilots in other NHS Trusts. The PCREF forms part of the NHS England » Advancing mental health equalities strategy	with staff and/or system partners about health inequalities, equality, diversity and inclusion	

	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	Both equality and health inequalities are discussed in some board and committee meetings. Actions associated with equality and health inequalities are recorded and reported on. EDI meetings (Council of Staff Networks, EDI Operational Group – both every other month) are minuted and recorded, and have action logs which are reported on at each meeting. PEG (Patient Experience Group) also discusses health inequalities and patient equalities on a monthly basis and minutes and an action log are kept and reported on at each meeting. The Trust is driving for real inclusion of Health Inequalities into our Planning for 2023/24 and to date there have been Board Development Sessions on Health Inequalities and Population Health Management. The Trust is	Achieving – 2 To achieve Excelling Both equality and health inequalities are standing agenda items in all board and committee meetings. Equality and health inequalities are reflected in the organisational business plans to help shape work to address needs Staff risk assessments, specific to those with any protected characteristics, are completed and	Trust Board

		working closely with colleagues in the ICB to drive forward the inclusion of Health Inequalities into our organisational plans. Associated Quality Impact Assessments and Health Inequality Impact Assessments are completed for any onward relevant Improvement Programmes. The Equality & Inclusion Project Manager has reviewed 90+ Equality and Health Inequality Impact Assessments since January 2022 and has relaunched the EHIIA process with learning resources and completed examples on the Trust's intranet. As part of the Specialty Review processes introduced back into the Trust, Health Inequalities and	monitored (where relevant)	

		Population Health Management are now included as a core focus. Both equality and health inequalities are standing agenda items in some board and committee meetings. Equality and health inequalities impact assessments are completed for all projects which require a QIA (Quality Impact Assessment) and policies and are signed off at the appropriate level where required. BME staff risk assessments are completed e.g. Covid-19 risk assessments. Major Equality Impact Assessments require Director-level sign off e.g. Director of Nursing, Medical. Procedures and Divisional Policies require senior Divisional sign-off. Required actions and interventions are measured and monitored by EDI		

		Operational Group and People & OD Committee. The WRES and WDES, Gender Pay Gap report along with NSS (staff survey) data, staff network feedback and ICS Contractual Monitoring Framework are used to develop approaches and build strategies.		
	3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	Board members, ICB system and senior leaders ensure the implementation of the relevant below tools through the equality committees, People Board and contractual reporting. Board members, system and senior leaders monitor the implementation of the below tools: WRES, WDES, EHI Impact Assessments, Gender Pay Gap reporting, Accessible Information Standard, EDS 2022. The Trust is monitoring for further news of engagement and launch of PCREF.	Developing – 1 To reach Achieving – Board members, system and senior leaders ensure the implementation and monitoring of the relevant below tools. Interventions for unmet goals and	Trust Board

		NHS Accessible Information Standard (AIS) The information available to staff to assist them to understand the AIS and secure e.g. British Sign Language Interpreters (BSL) has been updated and relaunched in 2022 by the EDI Project Manager. Leaders have also highlighted the importance of it in their Blogs. The digital system aspects of full implementation of the AIS rest with the Finance & Digital Directorate. As part of this, there is a significant project now underway to purchase a new electronic Patient Record (ePR) system. An extensive equality impact assessment was undertaken for the Outline Business Case, including accessibility requirements and the AIS.	objectives are present for the relevant below tools. Organisations are able to show year on year improvement for the relevant below tools. Board members, system and senior leaders monitor the implementation and impact of actions required and raised by the below tools: - WRES (including Model Employer) WDES - Impact Assessments - Gender Pay Gap reporting Accessible	

		Further work through the ePR project is necessary to ensure full implementation of the digital aspects. Also, further work is necessary with the Learning Disability Liaison Team to ensure that patients who require letters in Easy-Read can have their needs met more readily at this Trust. Issues relating to patient equality & diversity are reported in Datix and reviewed by multi-disciplinary teams, including EDI. Equality Objectives for 2022-2025 include a priority action for Board and other senior leaders to have equality objectives in the appraisal process. This is also in line with fully-implementing the NHS Model Employer standards.	Information Standard - End of employment exit interviews, PCREF (Race Equality for Patients & Carers relating to Mental Health) - EDS 2022	

		Also a Regional Workforce Race Equality (WREI) action for all Trusts in the Midlands is to ensure that skills and knowledge to effectively address EDI issues, and specifically race, will be included in the person specification for all Executive & Senior roles, to include specific reference to racism (other forms of discrimination can also be included)		
Domain 3: Inclusive leadership overall rating			Developing/Achieving	5

Third-party involvement in Domain 3 rating and review	
Trade Union Rep(s): EDI Operational Group: Corinna Bunn	**Independent Evaluator(s)/Peer Reviewer(s):** Not completed in pilot year

EDS Organisation Rating (overall rating)

EDS Organisation Rating (overall rating): Developing

Organisation name(s): **United Lincolnshire Hospitals NHS Trust**

Those who score **under 8,** adding all outcome scores in all domains, are rated **Undeveloped**

Those who score **between 8 and 21,** adding all outcome scores in all domains, are rated **Developing**

Those who score **between 22 and 32,** adding all outcome scores in all domains, are rated **Achieving**

Those who score **33,** adding all outcome scores in all domains, are rated **Excelling**

EDS Action Plan 2023

EDS Action Plan	
EDS Lead	**Year(s) active**
Alison Marriott, EDI Project Manager	February 2023-February 2024
EDS Sponsor	**Authorisation date**
Claire Low, Director of People & OD	Trust Board 7th February 2023

Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	Person-centred care is experienced by all, with a well-informed, responsive approach to equality of patient experience and to the reduction of health inequalities The information and communication we provide is accessible to all our patients	a. Strengthen governance for full implementation of the Accessible Information Standard b. Ensure AIS is included in Induction and in core learning. c. Continue with ePR project. Project team to ensure that there is input before key milestones are signed-off, from both Digital team members responsible for AIS and the EDI team. d. Ensure that the patient equalities data actions in the ULHT EDI Objectives 2022-2025 are implemented: - Understand the barriers to the completion of patient equalities monitoring - Implement the patient equality dashboard - Investigate any barriers to collecting equalities monitoring information which the Trust can remove	February 2024

			e. Ensure that health inequalities monitoring is addressed in the Trust - currently only homelessness is recorded. f. Implement the Sexual Orientation Monitoring Standard (SOMS) for patients	
	1B: Individual patients (service users) health needs are met	Person-centred care is experienced by all, with a well-informed, responsive approach to equality of patient experience and to the reduction of health inequalities The information and communication we provide is accessible to all our patients	As per Domain 1A, plus: Continue with the 2023 tender for new Interpretation & Translation contract. This will include additional suppliers on the contract and procedures to follow when main supplier cannot provide that language in the timescale required (languages other than English)	February 2024
	1C: When patients (service users) use the service, they are free from harm	Person-centred care is experienced by all, with a well-informed, responsive approach to equality of patient experience and to the reduction of health inequalities	As per Domains 1A and 1B	February 2024

	1D: Patients (service users) report positive experiences of the service	Person-centred care is experienced by all, with a well-informed, responsive approach to equality of patient experience and to the reduction of health inequalities	As per previous Domains, plus: The Trust will revisit the use of equalities monitoring in Friends and Family Test to enable the above, in conjunction with the Data Governance team, to address any previous concerns which led to this option being turned off.	February 2024

Domain	Outcome	Objective	Action	Completion date
Domain 2: Workforce health and well-being	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	Our Trust is equity-driven, inclusive and well-led with compassion Our Trust is a safe, inclusive place for all staff The Trust is a place where staff feel a sense of belonging, are offered opportunities to develop and are supported to thrive	Equalities data to be collated by Occupational Health and other places of referral (e.g. EAP) and made available anonymously by all protected characteristics, on a collective Trust-level basis to avoid identifying any individual The Trust is pursuing accreditation as a menopause-friendly employer. The support of the Trust's Women's Staff Network is welcomed and valued in this and they are taking the lead. Also alongside this, the Trust will consider how best to implement the NHS England » Supporting our NHS people through menopause: guidance for line managers and colleagues	February 2024

	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	Our Trust is equity-driven, inclusive and well-led with compassion Our Trust is a safe, inclusive place for all staff The Trust is a place where staff feel a sense of belonging, are offered opportunities to develop and are supported to thrive	Continue with United against Discrimination strategy, to ensure full implementation in 2023. Continue with WRES and WDES action plans – for example Anti-Racism actions, WDES actions regarding reasonable adjustment policy, Disability Confident Scheme and NHS staff health passports. For details of the Trust's published WRES and WDES action plans, please visit: NHS Workforce Race Equality Standard (WRES) - United Lincolnshire Hospitals (ulh.nhs.uk) and NHS Workforce Disability Equality Standard (WDES) - United Lincolnshire Hospitals (ulh.nhs.uk) Engagement with the support of the Pride + network to help understand how to support the health & wellbeing of LGBTQIA+ colleagues. The new national NHS LGBTQ+ Inclusion Framework for patients and workforce will assist shaping and prioritising this, in coproduction with patients and colleagues: Health and Care LGBTQ+ Inclusion Framework | NHS Confederation	February 2024

			Groups not currently supported by an established staff network: Engage with younger and older workers, including those who have retired and returned. Continue with EDI Objective priority action re: establishing men's network and carer's network Continue to work closely with the International Recruitment Team and BAME Staff Network to increase support for Internationally-Educated Nurses beyond the induction period. Continue with WRES & People Promise action regarding International Medical Graduate Induction: implementation of national induction standards that were published June 2022. Inter-professional review group to be established February 2023 to form community of practice for induction for other internationally-educated professionals.	

	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	Our Trust is equity-driven, inclusive and well-led with compassion Our Trust is a safe, inclusive place for all staff The Trust is a place where staff feel a sense of belonging, are offered opportunities to develop and are supported to thrive	As for 2B, plus: Invite a representative from the Chaplaincy to join EDI Operational Group	February 2024

	2D: Staff recommend the organisation as a place to work and receive treatment	Our Trust is equity-driven, inclusive and well-led with compassion Our Trust is a safe, inclusive place for all staff The Trust is a place where staff feel a sense of belonging, are offered opportunities to develop and are supported to thrive	The actions for the above domains will contribute to this, plus: The impact of disengagement and trust on all colleagues should be further explored as part of culture and leadership programmes, because **across all outcomes for Domain 2 of EDS, those who do not wish or do not feel able to disclose their personal characteristics experience worse outcomes in the data** The ULHT Armed Forces Network is actively taking part in the Step into Health scheme to promote the NHS as a place for former Armed Forces personnel, and this should continue with the Trust's support, along with the support for Armed Forces Reservists which has been gained this year by the Armed Forces Staff Network.	February 2024

Domain	Outcome	Objective	Action	Completion date
Domain 3: Inclusive leadership	3A: 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	Our Trust is equity-driven, inclusive and well-led with compassion Person-centred care is experienced by all, with a well-informed, responsive approach to equality of patient experience and to the reduction of health inequalities	Continue to implement the Leadership Framework for Health Inequalities Invite Staff Network Leads and members who are willing to share their stories (akin to “Patient Stories”, but “Staff Stories” instead) to Leadership Team and Board meeting. This will also support the Trust’s performance against the Midlands Staff Network Maturity Audit framework. The Council of Staff Networks has already indicated that greater involvement would be welcome.	February 2024
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	The information and communication we provide is accessible to all our patients Our Trust is equity-driven, inclusive and well-led with compassion	Increase governance around full implementation of Accessible Information Standard (AIS) Continue with ePR project, with involvement of AIS Lead in Finance & Digital and continuing involvement of	February 2024

		Person-centred care is experienced by all, with a well-informed, responsive approach to equality of patient experience and to the reduction of health inequalities	EDI team before major milestones are signed-off. As part of the EDI Operational Group agreed actions around Equality & Health Inequality Impact Assessments, establish a review panel for EHIIAs.	
	3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	Our Trust is equity-driven, inclusive and well-led with compassion Person-centred care is experienced by all, with a well-informed, responsive approach to equality of patient experience and to the reduction of health inequalities	As for 3B, plus - Complete WRES and WDES board related actions - Include equality oMabjectives for every Executive Board Member and Senior Manager, from Head of Department upwards - Include EDI requirements from Regional Workforce Race Equality Strategy in their person specification too. - Ensure appropriate resourcing (skills and time) for both patient and workforce equalities in this large NHS Trust.	February 2024

END

For all enquiries relating to this report, please contact: Inclusion@ulh.nhs.uk