

# United Lincolnshire Hospitals NHS Trust Equality Diversity and Inclusion Annual Report 2022-23

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**OUTSTANDING CARE**  
*personally* DELIVERED

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✓ Denotes specific evidence to meet Public Sector Equality Duty

## Foreword

At United Lincolnshire Hospitals NHS Trust (ULHT) 2022 was a year to reset Equality, Diversity and Inclusion (EDI), as it was for many in the NHS following the intensity of the COVID-19 pandemic in 2020 and 2021.

It was also the year that the NHS Leadership Review, the Messenger Report was published (8th June 2022) which called for inclusive leadership to be embedded as a responsibility for all leaders in the NHS:

*“...we have much still to do to create a more diverse leadership in the NHS, but we also need tangible action and changes to ensure this happens”  
(Messenger, June 2022)”*

“Action and not words” was also the driving force behind equality and inclusion activities in 2022 at ULHT. The Trust published its first Anti-Racism strategy in April 2022 and all our Staff Networks grew, in leadership and active membership.

Staff have begun to see the improvements resulting from this, as reflected in the latest National Staff Survey (NSS) results, across all People Promise EDI themes, and good progress with our Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) indicators this year.

The Trust’s work on equity and inclusion continues into 2023, starting from a solid foundation, to ensure the Trust continues to be a better place to work, thrive and receive person-centred care and treatment.

Our existing focus on patient equalities will increase in 2023, working closely across the Trust and with patient groups and communities in Lincolnshire, as part of the Lincolnshire Integrated Care System (ICS).

EDI is everyone’s responsibility - and it is especially a leadership responsibility - to demonstrate this by actions and not just words. In 2023, our colleagues and patients can expect to see further progress, with inclusion embedded into the development of a fair and just culture.



Andrew Morgan

Chief Executive Officer



Claire Low

Director of People and OD

## Duties of the Trust under the Public Sector Equality Duty (PSED)

The Public Sector Equality Duty (PSED) under the Equality Act 2010 applies to ULHT and other public bodies who carry out public functions.

It supports good decision-making by ensuring public bodies consider how different people will be affected by their activities, helping them to deliver services which are efficient and effective; accessible to all; and which meet different people's needs.

This applies to the Trust as a service provider, an employer, and an anchor institution in our communities.

The PSED requires the Trust to have due regard (think about and act) to the:

*“Need to eliminate discrimination, advance equality of opportunity and foster good relations for people with a protected characteristic when developing its policies, services or when carrying out day-to-day functions and activities.”*

The protected characteristics covered by the Equality Act's PSED are: age, disability, sex, race, religion and belief, pregnancy and maternity, marriage and civil partnership, sexual orientation and gender reassignment.

### Specific Duties

The PSED is supported by specific duties, which require public bodies to publish relevant, proportionate information demonstrating their compliance with the PSED; and to set themselves specific, measurable equality objectives.

Publishing relevant equality information will make public bodies transparent about their decision-making processes, and accountable to their service users. It will give the public the information they need to hold public bodies to account for their performance on equality.

The specific duties require public bodies to:

- Publish information to show their compliance with the Equality Duty, at least annually (i.e. this report) ✓
- Set and publish equality objectives, at least every four years ✓

The Trust's current, published 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 data, and staff and patient engagement in Quarter 4 of 2022.

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, patients, service users, staff) ✓

This EDI Annual Report provides information on the Trust's annual activity in relation to Equality Diversity and Inclusion, in compliance with all of the above and with due regard to all other statutory and mandatory reporting frameworks for NHS Trusts, with which the Trust complies.

This EDI Annual Report is approved for publication on the Trust's dedicated equality public webpage by the Trust Board.

All other Equality Diversity and Inclusion (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 \(ulh.nhs.uk\)](#)

## Our Values and Inclusion at United Lincolnshire Hospitals Trust

The ULHT values underpin the Trust's commitment and approach to equality, diversity and inclusion.

As part of our EDI work, we continue to explore and refine what this means in practice from an inclusion perspective, continuously improving the day-to-day experience of our colleagues and patients, working closely with our Staff Networks and Patient Experience Group.

In 2023, we will consider further what this means in practice and act on that – a Just and Inclusive Culture go hand-in-hand, and there are excellent examples such as the Mersey Care Model which the Trust can adopt to support this and ensure accountability and role-modelling of a Just and Inclusive culture in practice.

The success of this will depend on close working between Equality, Diversity and Inclusion, Organisational Development, Human Resources and many other areas of the Trust. We will all need to work together effectively to embed this into practical, tangible actions for everyone in the Trust, improving staff experience, positively-impacting on patient safety, and also the ability to attract and retain the workforce required to serve the population of Lincolnshire.

### Patient centred

- I am fully committed to providing the very highest standards of care to our patients

### Compassion

- I show a genuine concern for my patients and my colleagues
- I communicate well with others, listening and showing an interest in what they have to say
- I am positive, approachable and friendly

### Respect

- I work openly and honestly as part of an effective team
- I keep my promises and do what I say I will, when I said I will, or I will provide an explanation if I can't



### Safety

- I do everything I can to keep my patients and my colleagues safe
- I keep my environment clean and tidy
- I recognise when something is going wrong and I have the courage to do something about it

### Excellence

- I will always go the extra mile and improve things for my patients and my colleagues
- I am competent to carry out my role and committed to my personal and professional development
- I will share good ideas and best practice and encourage my team members to do so too

## Our Patient Profile ✓

The Lincolnshire population\* is:

- 51% female
- In terms of ethnicity, 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".
- Slightly higher than the national average in terms of heterosexual orientation. Also a higher than average number not answering the question about sexual orientation, but with a sizeable LGB population (over 15,000 residents), particularly in Lincoln, but also in East Lindsey and South Kesteven.
- The largest age group (number of residents) is in the 50-64 age band, closely followed by under 20 years old. The smallest age group is 20-24 year olds.
- 25% 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, is largely Christian or has no religion. There are also around 5,000 Muslim residents, and over 2,000 Hindu residents.

\*Census Data, 2021. Overall for Lincolnshire.

It is very difficult to compare the patient population (those who have actually used our services) to the overall population, due to the limitations of current data collection and analysis on patient equalities. This has been attempted for this report, however the comparability of the data (episodes of care, not individuals) and the lack of any data beyond gender (male/female) and age has remained a barrier. This is highlighted as an Equality Objective with which the Trust must make progress.

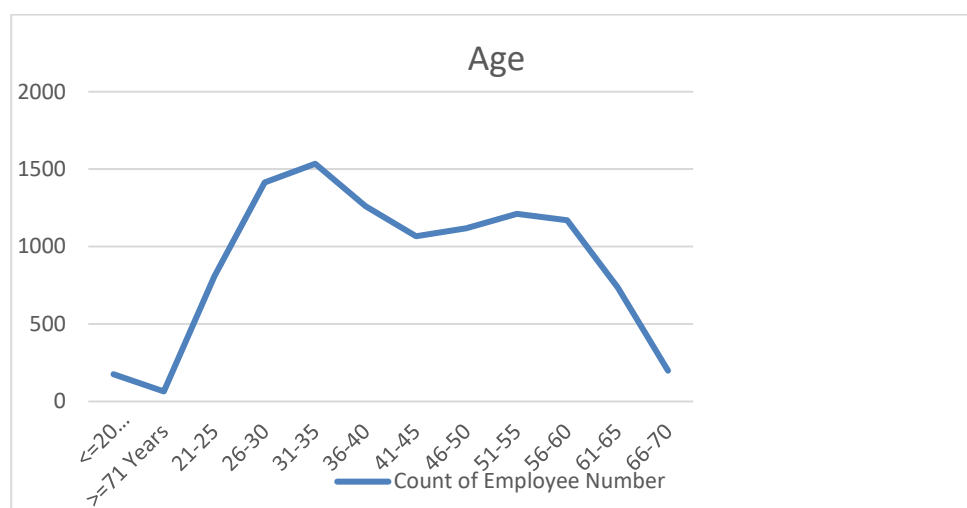
Detailed information is available at Appendix 1.

## Our Workforce Profile ✓

The Trusts workforce equalities profile remains broadly the same as the 2022 EDI reporting. There has been an increase in the number of staff overall, and correspondingly in the number of female and male employees. Female employees make up over 80% of the Trust's workforce.

Nationally, the Electronic Staff Record system (ESR) still only offers the option of male or female gender, there is no option for e.g. non-binary, and nationally the NHS LGBTQ+ staff network and others are continuing to work for greater inclusion.

The age profile of the workforce continues on its growing left-shift (i.e. increasing number of younger staff), and the right-shift (staff over 50) is not as pronounced now. The middle years continue with a dip in numbers, as was seen in 2022.



The number of staff feeling confident to share in ESR that they are disabled or have a long-term condition has increased, as a culture of openness and support has begun to build, as reflected in this year's improved Workforce Disability Equality Standards (WDES) data. Overall, the percentage of Disabled colleagues at ULHT (as stated in ESR) has increased during the last year and now stands at 4.22% of the workforce. In 2022, it was 3.48% and 2021 it was 3.3%.

There remains a higher number identifying as disabled or having a long-term condition in the anonymous National Staff Survey (NSS) at around 23%, which is broadly in line with the Lincolnshire population - slightly lower.

The percentage of colleagues who are lesbian, gay or bisexual is slightly higher than in the Lincolnshire population overall, and the number of bi colleagues is roughly equal to the number of lesbian or gay colleagues. There is a small but growing number of colleagues identifying with other sexual orientations.

The data is very limited in terms of gender identity and the number of colleagues who identify other than the gender assigned at birth or who are trans. The numbers are below the suppression threshold (for confidentiality) of 11.

The most marked difference between the workforce and the Lincolnshire population is in terms of ethnicity. The Trust remains typical of many rural

NHS Trusts, where the workforce is significantly more diverse than the population particularly regarding ethnic background.

Overall, the percentage of Black, Asian and Minority Ethnic colleagues at ULHT has increased during the last year and now stands at 20.6%. In 2022, it was 16.8%, and 2021 it was 13.3%. It has increased year-on-year. This is in line with increases nationally and reflects the success of International Nursing, Medical and Allied Health Professional recruitment at ULHT.

Detailed information on workforce profiles is available at Appendix 2.

## How Equality, Diversity and Inclusion works at ULHT

### Structure and Scope

The People and Organisational Development (OD) Directorate structure was reviewed in 2022. The EDI team structure was not changed as a result of this.

However, the substantive Head of EDI was seconded to work as CQ-Leading Inclusively Programme Manager from April 2022, supported by one of the EDI Assistants. The EDI Project Manager, appointed in January 2022, remained in post in the EDI team, alongside an EDI Assistant.

This means for the majority of 2022 into February 2023 the work referred to in this report was undertaken by the EDI Project Manager supported by an EDI Assistant. From February 2023, one of the EDI Assistants was successful in gaining a development secondment as EDI Officer, working alongside the EDI Project Manager and EDI Assistant.

An Associate Director of OD, Wellbeing and Inclusion provided line management and oversight to the EDI team from April 2022 to present, with the substantive Associate Director currently seconded to Nottingham University Hospitals from November 2022 to date of writing.

In September 2023 the EDI Project Manager formally took on the acting Head of EDI role. The substantive Head of EDI will be undertaking the role of People and Organisational Development (OD) Senior Programme Delivery Manager for the next two-years overseeing delivery of the NHS Culture and

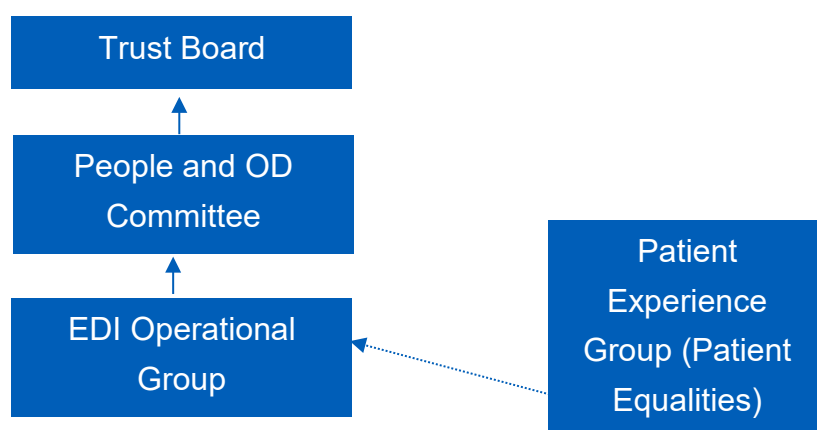
Leadership programme, the Restorative Just and Learning Culture programme and the Leading Inclusively with Cultural Intelligence programme.

While 2022 demonstrated the capability of the team to deliver on reduced resources it is clear additional resource is needed to continue to deliver against the challenging EDI agenda. This is currently being reviewed, in particular identifying resource to focus on patient equalities.

Both patient and workforce equalities remain within the remit of the EDI team at ULHT.

## Governance

Oversight, assurance and governance is provided through the following structure at ULHT:



## Trust Board

In addition, assurance is provided to the Lincolnshire Integrated Care Board (ICB) that ULHT is meeting its contractual duties under section 6 NHS Standard Contract – Equalities and Human Rights as a Service Provider and Employer.

This contractual assurance is achieved through a quarterly report from the EDI team to the Arden and GEM Senior Equality and Human Rights Manager. This restarted formally in October 2022 and no concerns were raised at the October 2022 checkpoint or as a result of the May 2023 report.

## Our partners in Inclusion at ULHT

Equality, Diversity and Inclusion is everyone's business – and to help with that, the EDI team at ULHT works closely and productively with a range of partners. Our key partners are highlighted below.

### Staff Networks

United Lincolnshire Hospitals Trust has five wonderful staff networks, who are involved daily in the life and work of the Trust. In 2022, they have proven to be a “powerhouse of progress”.

The Trust's staff networks have been instrumental in many of the improvements made in 2022. 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.

All networks meet regularly, have an Executive Sponsor (who now have a role description for being a sponsor) and Visible Leaders. The leaders are supported with half a day per week protected time and are paid a small honorarium in recognition of the extra time they commit to network activities beyond their normal working hours.

The Chief Executive meets with all network leads every other month, as the Council of Staff Networks. As a further development in 2022, the agenda for this forum is now set by the network leads together, bringing a stronger voice and encouraging cross-network collaboration. The Council of Staff Networks and each network now have Terms of Reference, with the network terms of reference being established in late 2022.

In addition to the five networks highlighted below, in June 2023 during national Carers' week, the Trust launched a new network for ULHT Carers (colleagues who are unpaid carers outside of work, e.g. for a family member or loved one). In November 2023, the Trust will also be launching a ULHT Men's Network.

ULHT Women's Network is the largest network, with over 1400 members on the secure Facebook group. There are approximately 8,000 women working at ULHT. The group is open to all current ULHT staff who identify and/or present as female. In 2022, the Women's Network launched the Mimosa Project, providing access to sanitary products for staff, bearing in mind the long shifts, cost of living crisis and difficulty accessing shops at work. This was very well-received, and the project is expanding this year.



The Network also successfully launched a new Breastfeeding at Work policy in 2022, and prepared extensively for the approval of "Every Body, Every Menopause", which has now been approved and funded by the Trust. The network also worked in partnership with the EDI team on the Gender Pay Gap report and co-hosted the engagement workshops, developing the Gender Pay Gap action plan together.

The Women's Network organised a very successful and empowering Women's History Month program in March 2023, with exclusive access to coaching and mentoring resources ahead of a Trust-wide launch and "Get to Know Me" sessions with female leaders at various bands and seniority.

This network scores very highly on the NHSE Midlands Network Maturity matrix, and with further developments expected soon with network funding from the Trust, it is on track to achieve the highest possible development rating.



The network's leaders are Sally Robinson, Head of Contracts and Partnerships and Claire Hall, Deputy General Manager – Surgery Division. Sally and Claire are great allies and ambassadors across a wide range of EDI-related activity. Their Executive Sponsor is Karen Dunderdale, Director of Nursing.

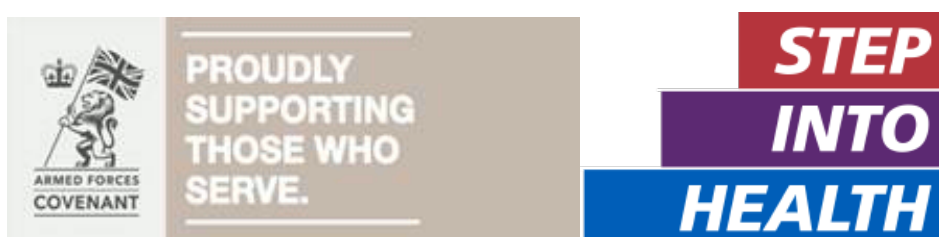
ULHT Armed Forces Network has grown significantly in 2022 and early 2023, with over 100 members on the secure Facebook group now, compared to around 30 in early 2022.

The Armed Forces Network has also led on significant events in the calendar, such as Remembrance at our three main sites in November 2022 and Armed Forces Week in June 2022.

The Armed Forces Network successfully developed and launched the Trust's Armed Forces Reserves and Cadets policy in late 2022 and early 2023.



The Armed Forces Network successfully re-accredited the Trust as a Silver Employer under the MOD's Defence Employer Recognition Scheme in the summer of 2022. The network, supported by their new Executive Sponsor, Michelle Harris - Chief Operating Officer, recently achieved Gold Employer status, building on a solid foundation established under previous leadership.



As part of this, ULHT has joined the Step Into Health program and the network has successfully gained changes to the ESR (Electronic Staff Record) and



recruitment materials to further enable this, alongside organising a recruitment open day, which was highlighted in the NHS Employers bulletin in early 2023

[Pledged to success: ULHT supports its local Armed Forces community to 'Step into Health' | NHS Employers](#)

This is important for any employer, but particularly for the NHS in Lincolnshire, valuing and recognising the strengths of our county - “RAF Lincolnshire” – and strong links to the Armed Forces. Also for our patients – with progress made with the Trust’s “Veteran Aware” re-accreditation in late 2022 and further work continuing in 2023.



The Armed Forces network is led by Steve Martin, Patient Safety Programme Manager and Abbi Quinn, Matron – Specialty Medicine.

ULHT Pride+ Network relaunched in 2022, under a new name and branding, with an open Facebook page for all colleagues, and a closed group for those

wanting or needing greater privacy. In July 2022, the new Pride+ leadership model began, with five colleagues stepping forward to be visible leaders, unlike the traditional Chair and Vice-Chair model of the other staff networks. This is working well to date, and this leadership model is continuing beyond the initial trial period.

The support of the Executive Sponsors, Paul Matthew and then Barry Jenkins – Director of Digital and Finance, has been very welcome. Their clear messages of the Trust's zero tolerance position towards anti-LGBTQ+ hate and discrimination have been appreciated. The Rainbow badge scheme continues at ULHT, and saw hundreds of new pledges of support made during June 2022, Pride month.



During LGBTQ+ History Month, February 2023, the network's leadership circle was very active in attending and promoting the events organised system-wide by Lincolnshire Partnership Foundation Trust (LPFT). Members of the network joined the events too, with greater participation than the previous year.

There are some very exciting developments in the pipeline for 2023, building on the network's success in 2022 identifying the priorities. This includes attendance at Lincoln Pride 2023, some on-site developments which will support LGBTQ+ patients and colleagues alike, plus joint-working with other Staff Networks to raise awareness and increase understanding.



The network is also actively working with the EDI team to develop the Trust's first Gender Identity Policy for patients, along with awareness resources for staff and patients. These are planned to be launched in early 2024, preceded by an extensive engagement program.



The leaders of this network are: Tom Evans, Chief Nursing Information Officer; Ben Petts, Charity Manager; Kat Hughes, Trainee Advanced Stroke Practitioner; Maisie Trutwein, OPAT and Antimicrobial Support Worker; and Karen Gates, Recruitment Service Manager.

ULHT RE&CH Network (formerly Black, Asian & Minority Ethnic Staff Network) has a membership of 375 on the mailing list, of which 265 were new or former Internationally-Educated Nurses, as at January 2023. At ULHT, in



2022 around 16% of the workforce was of Black, Asian or Minority Ethnic heritage – around 1600 colleagues.

The most obvious change and progress has come in the form of the new name for the network - “RE&CH”, which stands for Race, Ethnicity & Cultural Heritage. Network members selected this name in January 2023 and a new logo was designed to accompany it. This was officially launched during Race Equality Week, February 2023.



At the same time, the EDI team launched, in partnership with the RE&CH Network, the See ME First pledge and badge scheme, as developed by Whittington Health NHS Trust originally. 218 pledges have been received to date – of support and allyship for Black, Asian and Minority Ethnic colleagues.

In March and April 2022, the network was very active in the development of the United against Racism campaign and action plan, giving honest and constructive feedback that resulted in a series of posters, along with the action plan approved by Trust Board in April 2022, which was the first Anti-Racism strategy for ULHT.

In the autumn of 2022, the network was actively engaging with members through a survey, to establish the topics that members would like the network to focus on in 2023, to review effectiveness of communication methods, the timing of meetings and to seek to clarify the purpose of staff networks with members.



RE&CH members continue to attend the bi-monthly working group to implement the full action plan, which considers and works to eliminate all forms of discrimination whilst maintaining the underlying original purpose of Anti-Racism.

Following the success of the Holi celebrations organized in March 2023 by RE&CH member Dr Deepa Agarwal, the network celebrated Africa Day in May 2023 and met more colleagues face-to-face through the “RE&CH Roadshows” in 2023, with a further 35 colleagues pledging their active support through See ME First.



The network is chaired by Trish Tsuro, Research Nurse, who started the role in August 2022. Anthonia Eberendu, Digital Specialist Nurse has been appointed as Vice Chair, to cover the maternity leave of Paige Pennant, Discharge Coordinator. The network's Executive Sponsor is Claire Low, Director of People and OD.

ULHT MAPLE (Mental & Physical Lived Experience of Disability or Long-Term Condition) Network has seen substantial growth in 2022 and early 2023. The secure Facebook group now has 244 members. Around 4.5% of ULHT colleagues have a disability or long-term condition (ESR data, 2023) but this rises to over 20% in the anonymised National Staff Survey (NSS) reporting.

The network launched the Sunflower (Non-Visible Disability) campaign in the summer of 2022, with great success in enabling colleagues to come forward, join the network, gain support, and wear their sunflower badge as either a supporter or a person with a hidden disability (different badges for each).



The network leads and their Executive Sponsor took this on the road, meeting face-to-face with colleagues at Grantham, Lincoln and Boston, as well as an extensive social media and email engagement campaign.



Alongside this, the MAPLE network organised an excellent and engaging Disability History Month program throughout mid-November and early December 2022, leading on this for the whole Lincolnshire Integrated Care System (ICS), working closely with EDI teams and Networks across the ICS.

The Disability History Month events were well-received and well-supported, increasing awareness and understanding, building confidence, and fostering closer working-relationships across staff networks and across the ICS. A copy of the programme is available at Appendix 3.

In May 2023, the network organised the program for d/Deaf Awareness month – connecting and engaging through topics such as Sign Language Team Challenges, and bite-size information. The network has also established confidential Teams channels for specific topics and conditions, to increase support, awareness and understanding. Further work is in development for “Ask Me Anything” sessions in 2023.

The network has led on the development of the Trust’s first stand-alone Reasonable Adjustments policy, in conjunction with HR, Occupational Health and EDI colleagues. The working group looks forward to the approval of this policy in the autumn of 2023.

For stage two of the Reasonable Adjustments improvement objective, extensive communications and awareness-raising is planned for late 2023, along with process improvements to make sure reasonable adjustments are easier to implement at ULHT. This is one of the Workforce Disability Equality Standard (WDES) Actions and an EDI objective 2022-2025. Our staff



networks at ULHT actively deliver corporate objectives in partnership with others. Success can be measured through the WDES metric relating to reasonable adjustments and through feedback from the MAPLE network.



Behind the scenes, the network leads and members have supported each other significantly, with listening, signposting, being a sounding-board to empower members to discuss matters with their line managers effectively, and generally ensuring that our disabled colleagues and those living with a long-term condition are able to remain in work and work towards their goals.

The MAPLE network leaders are Rosella Gugliotta (Chair), Clinical Improvement Facilitator and Yvonne Garner (Vice-Chair), EDI Officer. Their Executive Sponsor is Sameedha Rich-Mahadkar, Director of Improvement and Integration at ULHT.

## PEG (Patient Experience Group)

Patient Experience Group, chaired by Angie Davies, Deputy Director of Nursing and Patient Panel, led by Ken Gunning, are key partners in accountability and joint working for patient equalities.

To ensure a coordinated and effective “real world” approach, PEG acts as a sounding-board and connector with the teams working directly with patients and draws on the experience and expertise of the Patient Experience Team - led by Jennie Negus, Head of Patient Experience.

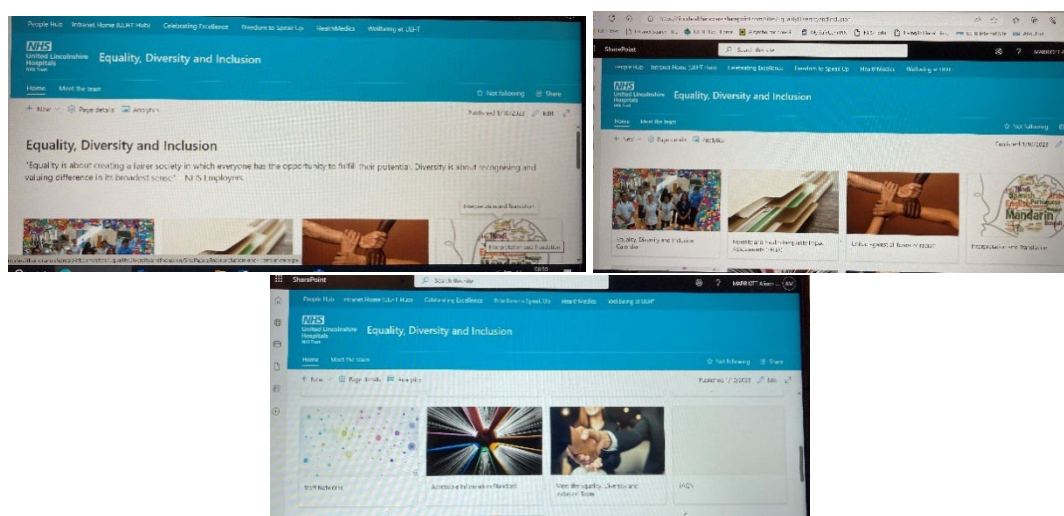
For the first time, PEG will lead on Domain 1 of the Equality Delivery System report and action plan in late 2023, in relation to equity and accessibility of services provided to patients at ULHT, with the continuing support of the EDI team.



## Communications

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

The EDI team with the assistance of the Communications team undertook a complete revamp and relaunch of the EDI page on the Trust's intranet, in August and September 2022.



The Communications team was also instrumental in developing the United against Racism visuals and messages in 2022.



The Communications team provided substantial support for the development of the new-look EDI Calendar 2023, which is used regularly to plan awareness interventions and celebrate a diverse range of key dates in the year, reflecting our workforce and patient population. It also acts as a quick-reference tool for anyone in the Trust to develop their EDI knowledge.



The Communications team also acts as an accountability partner for the EDI team, to make sure that written and other materials are accessible for a wide range of people, including those with visual and other sensory differences. The Communications team supports our staff networks too, including logo design and the new staff networks leaflet. A copy of the staff networks leaflet is available at Appendix 4.

The Communications team also provides support to each of the staff networks with their intranet pages and their visual identities. Thanks is extended to all members of the Communications team, but in particular Steve Knight, Senior Communications Officer, for his work with the staff networks in 2022/2023.

## Making EDI accessible at ULHT

To enable everyone to be part of the Trust's progress with Equality, Diversity and Inclusion, it is vital to make it accessible to everyone - increasing engagement, confidence, skills and knowledge to play their part in imbedding inclusion into the work of the Trust.

### EDI training

At ULHT, all colleagues undertake a mandatory EDI training module on joining the Trust, and they take a mandatory refresher every three years.

This module is due for a full review in 2023, as one of the Trust's EDI Objectives 2022-25.

The acting Head of EDI is a regular member of the Mandatory Training Group (MTG) at ULHT, advising on mandatory training requirements such as NHS Accessible Information Standard (AIS), as well as the core EDI module and Trust Induction EDI content, working closely with the Organisational Development team.

She also advises on profession-specific EDI learning, such as Cultural Competency and Awareness in Maternity, working closely with the Lincolnshire ICS Better Births team and the ULHT Family Health Division. She also provides EDI input into the Internationally-Educated Nurses (IEN) Onboarding Programme, the Inter-professional Preceptorship Programme, and new in 2023, EDI in Medicine - a Professional Development Session for Medical Students, on rotations from the University of Lincoln Medical School.

## CQ – Leading Inclusively with Cultural Intelligence

In addition to this, the Trust has invested significantly in a CQ – Leading Inclusively with Cultural Intelligence programme in 2022 and 2023, supported by Above Difference [Above Difference - Cultural Intelligence and Inclusion](#).

The work is led by Tim Couchman, now within his role as People and Organisational Development (OD) Senior Programme Delivery Manager with two part-time facilitators.



© Cultural Intelligence Center

Resulting from this significant investment by the Trust, over 400 ULHT colleagues from the “Leading Together Forum” and other areas of the Trust have benefitted from a CQ Masterclass, with further sessions planned in 2023 to reach all Divisions and Directorates. The masterclasses enable attendees to understand their profile in relation to the four areas of CQ competence (as above) and develop their personal plan, with support from the facilitators, to build on their competences and apply them in their work at ULHT.

*“The unique combination of Cultural Intelligence (CQ) and Inclusive Leadership offers a new, innovative approach to the inclusion agenda that is rooted in academic research and based on a clear framework.*

*At Above Difference, we equip leaders and organisations to move from ‘managing diversity’ to ‘leading for inclusion’. By developing CQ and Inclusive Leadership styles in individuals and organisations, we develop individual’s ability to decisively and intentionally create inclusive workplace cultures where diversity is recognised as one of the organisations’ greatest assets and all cultures are valued and respected”.*

© Above Difference, 2021

This programme is part of three mission critical Cultural programmes that will run over the next two-years. These are the NHS Culture and Leadership

programme, the Restorative Just and Learning Culture programme and the Leading Inclusively with Cultural Intelligence programme.

## Raising awareness, fostering understanding

In 2022, the EDI team greatly-increased the frequency of communications around the key dates in the EDI Calendar, resetting following the Covid-19 pandemic. A copy of the 2023 EDI Calendar is available at Appendix 5.

The EDI team has used social media (Twitter, ULHT Together Facebook), the Trust Bulletins, Leader's Blogs and the History Month programmes (Black History Month, Race Equality Week, Disability History Month, LGBTQ+ History Month and Women's History Month) to increase awareness and understanding. In October 2023, the Trust is leading on Black History Month for the Provider Trusts and ICB.



Engagement has increased by sharing bite-sized, clear information and by ensuring that programmes are shared, and events regularly promoted throughout the History Months, with the kind help of the Communications team and the staff networks themselves.

The EDI team has also reached out with practical support such as the well-received Ramadhan "Breaking the Fast" packs in 2022 and again in 2023, kindly supported by the Trust's Chaplaincy and ULHT Charitable Funds. Alongside the Diwali stars and the Holi celebrations, also supported by Charitable Funds and encouraged by the EDI team, to bring people together, as part of the duty to foster good relations.



← Thread  
@ULHT\_Equality

Ramadhan Mubarak to all Muslim patients & colleagues! Thanks to the generosity of @ULH\_Charity & the kindness of @ULHT\_Chaplaincy, the "breaking the fast" packs will be available for staff in the chapels again throughout Ramadhan ❤️ Excellent guide from @NHSMuslimNet below 📖



📷 🔍 📱 🔔 ✉



United Lincolnshire Hospitals Charity  
28 Oct 2022 · 🌐

Lincolnshire's hospitals to be lit up with bright stars for Diwali celebrations

This year the returning Upon a Star Christmas campaign will begin earlier with the stars being lit up to celebrate the festival of light, Diwali.

From Monday 24 October until Friday 28 October the stars will be lit up at Lincoln County Hospital, Grantham and District Hospital and Pilgrim Hospital, Boston to celebrate the Diwali.

Don't forget to tag us in your pictures if you spot the sparkle. Happy Diwali.



The acting Head of EDI also joined the Freedom to Speak Up Guardian, during October 2022, for Speak Up Month, visiting the restaurants at Grantham, Lincoln and Pilgrim Hospitals, to increase awareness of the Trust's Staff Networks and the support in place to speak up about discrimination, harassment, bullying or abuse.



Further work has taken place in 2023 to recruit more Freedom to Speak Up champions from the staff networks, providing additional trusted, relatable points of contact for those who face extra barriers in speaking up.

Building on the reset and progress in 2022, the EDI Officer is now working on a key objective of EDI engagement, with the support of ULHT's Improvement team, making good use of the QSIR learning that colleagues completed in 2023. This work in 2023 focusses on launching a regular staff network bulletin, co-produced with the staff network leads.

This engagement work will also reach those who prefer or need to use paper-based and word-of-mouth communication too. As part of this, the EDI team will establish a network of EDI champions across the Trust to help share this information, tapping into a large pool of colleagues who have undertaken CQ – Leading Inclusively training. Also, engaging those who have pledged to any of the EDI badge schemes such as Rainbow LGBTQ+, See ME First, Sunflower or any other EDI-related scheme recognised by the Trust, plus staff network members who wish to become more active and the Trust-wide pool of Wellbeing Champions.

Another aspect of this work will be to build a “Human Library” of colleagues' stories on the intranet and making those available to raise awareness, learn and improve. This work was incorporated into some of our celebrations of 75 years of the NHS during 2023.

The success of this work can be measured in our staff survey results, EDI indicators and other key metrics such as staff retention, along with the growth of our staff networks in terms of active membership.

## United against all forms of Discrimination

In this section of the EDI Annual Report, progress with the Trust's Anti-Racism (and all forms of unlawful discrimination) Action Plan, Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES), Gender Pay Gap, and NHS Equality Delivery System (EDS) will be considered.

## Anti-Racism and WRES

In April 2022, the Trust launched its first-ever Anti-Racism Action Plan, details of which can be found here [Against racism \(ulh.nhs.uk\)](https://www.ulh.nhs.uk/Against-racism). Through the first year of implementation, the poster campaign and encouragement to report incidents of racism, has resulted in greater discussion about matters of discrimination, reporting in Datix, and signposting and support through the Staff Networks, Freedom to Speak Up and Wellbeing Champions.



The working group has also developed an alternative to the Datix reporting system, for those who would prefer to scan a QR code using their own smart device and report using a simple form online, which links into the Inclusion (EDI) inbox. This reporting system can also be used anonymously, for example, should a colleague wish to share a concern in a particular area, but not be named or identified individually.

Alongside this a clear protocol for Managing Incidents of Discrimination from patients, relatives, guardians etc. has been developed and this launched in July 2023.

Quarterly anonymised reporting on incidents of discrimination reported to the Trust with a summary of outcomes and learning or changes as result, has also begun from April 2023, with the first report available at the end of Quarter 1 2023 (end June).

Further work is necessary in 2023 to fulfil the actions around allyship and “bystander to up-stander” training, to ensure that everyone is equipped to safely and effectively challenge discrimination, abuse and “micro-aggressions” which can all have a deep and lasting impact. This work is positioned within the Lincolnshire ICS, for a system-wide approach.



The Trust's WRES Report and Action Plan for 2022-23 can be viewed at [NHS Workforce Race Equality Standard \(WRES\) - United Lincolnshire Hospitals \(ulh.nhs.uk\)](https://ulh.nhs.uk). The Action Plan was developed by the EDI team in partnership with stakeholders, including staff network members and a wide range of colleagues who have influence over and can implement the identified actions. The Action Plan was rated "Good" by NHS England WRES team.

Looking at the National Staff Survey (NSS) 2022 data, reported in January 2023, and the latest WRES data submitted to NHS England for the deadline of 31st May 2023, significant progress has been made across most indicators, and all 2022-23 actions are now complete, or are work-in-progress as described above under the Anti-Racism Action Plan.

The WRES indicators seeing greatest progress are entry into formal disciplinary investigation (Indicator 3), where equity has been reached, a closing gap between how fair recruitment and career progress is perceived and how much bullying, harassment, discrimination and abuse colleagues experience from each other, which has significantly reduced in both the NSS results and the Datix reporting internally.

Entry into Formal Disciplinary Investigation, by ethnic background:

Year	Ratio
2023	0.82
2022	1.13
2021	1.47
2020	1.55

Percentage of staff experiencing discrimination at work from manager/team leader or other colleagues in the last 12 months – Trust results benchmarked with NHS national average:

NSS Results:	2018	2019	2020	2021	2022

White staff: ULHT	8.5%	6.8%	7.3%	8.0%	7.4%
All other ethnic groups*: ULHT	19.1%	19.7%	19.5%	21.3%	18.6%
White staff: Average	6.3%	5.9%	6.1%	6.7%	6.5%
All other ethnic groups*: Average	14.6%	14.1%	16.8%	17.3%	17.3%

The WRES indicators of greatest concern, and therefore an area for close attention in 2023-2024 are: progression from Band 5 upwards for Agenda for Change clinical colleagues; Trust Board representation; and representation for non-clinical Agenda for Change colleagues from Band 8a upwards.

In addition, the Trust will be reporting on the new Medical WRES (MWRES) local reporting and the “First Five Priority Actions” for the first time in 2023, along with the Bank Staff WRES for the first time. At time of writing, data is being gathered and analysed.

[NHS England » Medical Workforce Race Equality Standard – a commitment to collaborate; The first five](#)

ULHT also takes part in the NHSE Midlands Workforce Race Equality Initiative, overseen for Lincolnshire by the ICB, and reports quarterly on progress with this, through the ICB to NHSE Midlands:

[NHS England — Midlands » Midlands Workforce, Race, Equality and Inclusion strategy](#)

## WDES

The Trust's WDES data report and action plan for 2022-23 can be viewed at: [NHS Workforce Disability Equality Standard \(WDES\) - United Lincolnshire Hospitals \(ulh.nhs.uk\)](https://ulh.nhs.uk/NHS-Workforce-Disability-Equality-Standard-WDES). The Action Plan was developed by the EDI team in partnership with stakeholders, including staff network members and a wide range of colleagues who have influence over and can implement the identified actions.

Looking at the National Staff Survey (NSS) 2022 data, reported in January 2023, and the latest WDES data submitted to NHS England for the deadline of 31st May 2023, significant progress has been made across all WDES indicators, except Board representation.

Of particular note is the significant progress with the indicator of most concern last year, which has improved significantly and is now the best performance it has ever been:

Percentage of Staff satisfied with the extent to which the Trust values their work, with national NHS benchmarking:

	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	28.2%	29.3%	28.5%	23.9%	31.9%
Staff without a LTC or illness: Your org	38.4%	40.5%	38.7%	33.9%	39.8%
Staff with a LTC or illness: Average	36.8%	38.1%	37.4%	32.6%	32.5%
Staff without a LTC or illness: Average	47.9%	49.9%	49.3%	43.3%	43.6%

Staff with a LTC or illness: Responses	588	723	836	934	1024
Staff without a LTC or illness: Responses	2503	2862	2964	2902	3337

The WDES indicators of greatest concern, and therefore an area for close attention in 2023-2024 are: progression from Band 5 upwards for Agenda for Change clinical colleagues; Trust Board representation; and support for medical colleagues with a disability or long-term condition, as declaration rates have improved for this group, but are still significantly lower.

## NHS Confederation Framework for LGBTQ+ Patients and Staff

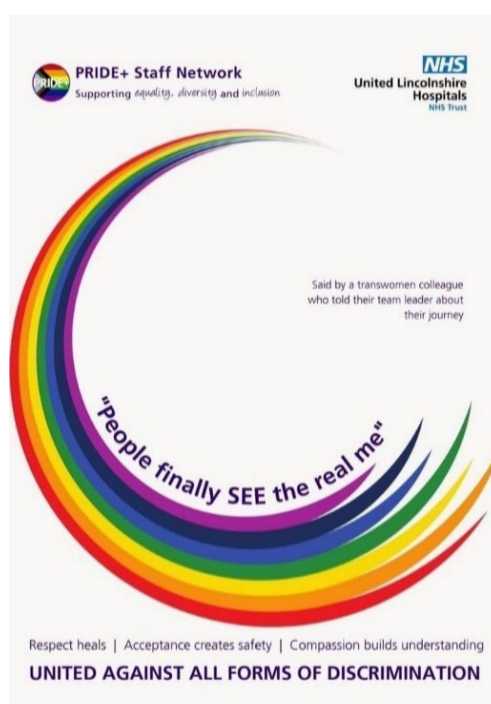
The Trust has reviewed this national, non-mandatory framework and identified baseline scores in early 2023, for the first time. The framework was launched in the autumn of 2022.

### [Health and Care LGBTQ+ Inclusion Framework | NHS Confederation](#)

This process has identified areas for further work in partnership with the Pride+ network. There are two “Green” rated areas, eleven are “Amber” (work nearing completion, work already planned, plus work in place but needs further imbedding), and Two are “Red”.

The priorities are:

- Fully-implement Sexual Orientation Monitoring Standard (SOMS) for patients – this is also an Equality Delivery System Domain 1 action.
- Ensure that staff have access to learning materials and resources to increase their awareness and understanding of LGBTQ+ patients, and colleagues. As part of this, valuable and powerful communications assets have been developed by the network, for a bite-size approach showing the negative impact of micro-aggressions (discrimination) and the positive impact of affirmations and understanding:



- Increase transgender healthcare awareness in the Trust and ensure that the Trust has a clear Gender Identity Policy for patients, supported by extensive and wide engagement, externally and internally, in developing this policy.
- Support and attendance at Lincoln Pride 2023, as a Lincolnshire NHS system.
- Achieve an improving score for the Trust in the 2023 National Staff Survey, for discrimination on the grounds of sexual orientation.

## Gender Pay Gap

The Trust's gender pay gap (snapshot date: 31st March 2022) unfortunately saw an increase, as it did in many other Trusts:

Median Gender Pay Gap league table, Lincolnshire NHS and surrounding NHS Acute Trusts – Snapshot Date 31st March 2022:

Trust	Median Gender Pay Gap	Trajectory
Nottingham (NUH)	9%	Gap wider this year

QE Kings Lynn	13.5%	Gap wider this year
Peterborough (NWAFT)	16.6%	Gap wider this year
ULHT	16.8%	Gap wider this year by 2.2%
Lincolnshire Partnership Foundation Trust (LPFT)	17.7%	Gap narrower this year
Lincolnshire Community Health Services (LCHS)	18.5%	Gap wider this year
North Lincolnshire & Goole (NLAG)	24.2%	Gap wider this year

The Trust's full gender pay gap report and action plan for 2022-23 was published at: [Gender pay gap reporting - United Lincolnshire Hospitals \(ulh.nhs.uk\)](https://ulh.nhs.uk/gender-pay-gap-reporting). The Trust prepared a more robust and detailed action plan this year, in partnership with the ULHT Women's Network, to seek to reverse the widening gap and begin to further close it. This action plan is still within the implementation phase in 2023. However, the latest indication for this year's Gender Pay Gap data (snapshot date: 31st March 2023) is that the median pay gap has improved, i.e. has reduced significantly. Further work on this will continue in 2023 and will be reported in public before the end of March 2024, which is the next reporting deadline.

In 2023, the EDI team will also be considering how best to start reporting on the Race Pay Gap next year, following publication of non-mandatory national guidance. This had already been identified as one of the EDI Objectives 2022-2025 for the Trust. Consideration will be given to other protected characteristics as part of this, such as Disability and Sexual Orientation.

## People Promise

ULHT was chosen as one of the 23 exemplar sites to pilot the People Promise Exemplar Programme, which means that the Trust had additional support for 24 months to ensure that a robust action plan has been put in place to deliver

interventions in line with the People Promise. The People Promise links closely into many areas of People and OD, including Equality, Diversity and Inclusion:



All aspects of the People Promise are influenced by Equality, Diversity and Inclusion. Particularly relevant are “We are compassionate and inclusive” and “We each have a voice that counts”.

- Both of these People Promise scores have seen statistically-significant improvements in the 2022 (i.e. latest) National Staff Survey (NSS) results:
- We are Compassionate and Inclusive – up from 6.7 to 6.9. This is the highest of the Trust’s seven People Promise scores. 65% of colleagues who responded to the National Staff Survey in Oct/Nov 2022 said that they feel the Trust respects individual differences, up from 58% in the previous year.
- We each have a voice that counts – up from 6.2 to 6.3

The NHS Staff Survey and our WRES and WDES data and Staff Networks played an important part in informing the key priorities for the People Promise programme of work.

The People Promise EDI priorities at ULHT in 2022 were:

1. Gap analysis of current International Medical Graduate Induction provision compared to new National Standards (non-mandatory) and preparation for new Trust-level Medical Workforce Race Equality Standard (MWRES): [NHS Induction Programme for International Medical Graduates - elearning for healthcare \(e-lfh.org.uk\)](#): Action complete – further action required with stakeholders to feedback and agree next steps, as there were gaps identified in current provision.
2. Removing barriers to speaking-up, particularly for those who face additional barriers because of their race, disability, sexual orientation, gender identity or other protected characteristic: Action complete - working closely with Freedom to Speak Up Guardian (FTSUG), using the

national FTSUG benchmarking tool, to develop action plan for the remaining small number of gaps. Action complete, and ongoing - Joint Speak-Up roadshows, EDI & FTSUG; recruiting Freedom to Speak Up Champions in each staff network, moving to a business meeting and social café model for RE&CH and MAPLE networks (Race, Disability); further support to Pride+ network to ensure that colleagues can approach the Trust, or the Pride+ network (including Visible Leaders and the Executive Sponsor) with any concerns or experiences of discrimination.

3. Put in place resources to help colleagues understand what micro-aggressions are and identify them, to recognise the impact of them, and to learn how to affirm colleagues instead. Also resources to enable colleagues to move from bystander or witness, to actively standing-up for their colleagues. This is partially-completed a) through Lincolnshire ICS, who developed an Allyship Toolkit and b) Launching the “See ME First” badge at ULHT, during Race Equality Week 2023. The bystander training was considered by Lincolnshire ICS and the possible programme was not judged to be suitable by those who took part in the pilot, and the search to identify a suitable programme continues in 2023.

## Measuring the Impact and Progress

A significant increase in EDI activity is not a measure of success in itself, although it does help to develop understanding between different groups and can assist minoritised people (with any protected characteristics) to feel more valued and part of the Trust. It can also bring people together to begin to focus on those areas which are not yet improving.

It is important to highlight the positive impact and progress made on a larger scale, particularly for the workforce this year:

- Reduced intentionality to quit (leave employment) across all protected characteristics in National Staff Survey (NSS).
- Increased perception of fairness in recruitment and career progression across protected characteristics in NSS.
- Workforce Disability Equality Standards (WDES) results are the strongest since reporting began.
- Workforce Race Equality Standards (WRES) results are much improved, with many areas the strongest they have been since reporting began, including entry into formal disciplinary investigation and reduction in experiences of racism from colleagues and managers.



- We are Compassionate and Inclusive – up from 6.7 to 6.9. This is the highest of the Trust's seven People Promise scores.
- 65% of colleagues who responded to the National Staff Survey in Oct/Nov 2022 said that they feel the Trust respects individual differences, up from 58% in the previous year.
- We each have a voice that counts – up from 6.2 to 6.3.

## Reducing Health Inequalities

In 2022, the responsibility for Health Inequalities at ULHT was confirmed to be within the remit of the Integration and Improvement Directorate. This section of the EDI Annual Report is kindly provided by the Integration and Improvement Directorate.

### Lincolnshire Population Health and Inequalities

We know that key lifestyle factors impacting on life expectancy are improving in the more affluent areas of Lincolnshire, compared to the more deprived areas of Lincoln and Boston. North East Lincolnshire is within the top 20 local authority districts with the highest proportion of neighbourhoods in the most deprived 10% of neighbourhoods nationally.

People living in the more deprived areas of Lincolnshire (e.g. Lincoln and East Lindsey) make less healthy lifestyle choices (smoking, alcohol and less physically active) and higher levels of disability, with poorer health and wellbeing outcomes. The main causes of death of our population in Lincolnshire are cancers, heart disease, strokes and long-term conditions. Mortality rates from cardiovascular diseases and cancer have improved but remain higher than the England average.

Emergency admissions for hip fractures are significantly above the national average for many districts and owing to the rural nature of the county, the rate of those killed or seriously injured on the county's roads is almost 60% above the national average. The birth rate in our catchment population has decreased slightly over the last three years, and this trend is anticipated to continue. However, the above average teenage conception rate, high percentage of smoking during pregnancy and low percentage of breastfeeding initiation, increases the proportion of high risk and complex pregnancies that

require specialist, consultant-led care and foetal medicine. A focus on children is also required as the prevalence of obesity in children aged 10-11 is increasing within the county.

Our ageing and growing population, with multiple co-morbidities and long-term conditions, has implications for future planning and delivery of services, in order to ensure their health and wellbeing needs can be met. Hospitals are not always the best places to care for this group of patients. The introduction of the Lincolnshire Integrated Care System (ICS) has implications for our clinical services through ambitions to reduce demand on our hospitals by redesigning primary and community services, delivering more care closer to home, improving self-care, and focusing on healthy living and the prevention agenda.

### Progress to date in 2023 with the highlighted actions

- Established a specific Patient Improvement Advisory Group with 9 patients providing scrutiny and voice of patients to support ULHT with our improvement ideas and specific improvement projects.
- Launched our Cultural Intelligence Programme, reaching over 400 colleagues in leadership and management roles with a masterclass which gives them the tools to improve their ability to adapt, react and lead in diverse teams and organisations.
- Care closer to home/reduction in length of hospital stay: Improvement in the number of patients receiving care as a Day Case, with an increase from 67% (Mar 2022) to 68.3% (Feb 2023), through increased capacity at Grantham and Louth.
- Established a Tobacco Cessation Service within the Trust.
- More than 300 patients seen as a result of our expansion of our virtual ward capacity, supporting reduced waiting times and pressure on emergency services.

### Speciality Review Process and Health Equalities

In addition to the above progress with the Priority Areas, during 2022/23 the Specialty Review process has launched. This is a rolling programme of Specialty Reviews and the onward development of improvement plans and clinical strategy, by Specialty.

The data packs for these reviews include information on the below:

- Population Growth

- Deprivation
- Population Density
- Working Age – Work Limiting Disability
- Lincolnshire Joint Strategic Needs Assessment
- Context of Health Inequalities in Lincolnshire
- Life Expectancy
- Health Inequalities, Lifestyle Factors and the Wider Determinants of Health
- Quality and Outcomes Framework

## Integrated Improvement Plan Priorities for 2023/2024

Those priority areas of the Integrated Improvement Plan (Year 4: 2023/24) which relate to health equalities are highlighted below:

### Priorities for our Patients

By 2025, we will deliver high quality, safe and responsive patient services, shaped by best practice and our communities.

What this will look like:

- We will have improved discharge processes.
- Patients will not come to harm in our care.
- Patients will receive high quality, safe care.

### Priorities for our People

By 2025, we will enable our people to lead, work differently, and feel valued, motivated and proud to work at ULHT.

What this will look like:

- We will have an improved benchmark position for vacancy and turnover rates when compared to peer and national medians.
- We will have an improved position in all domains of the national NHS Staff Survey.
- We will be rated “Outstanding” for “Well Led” by the Care Quality Commission.

## Priorities for our Services

By 2025, we will ensure that services are sustainable, supported by technology and delivered from an improved estate.

What this looks like:

- Deliver a balanced finance plan with a framework in place to identify targeted improvement schemes.
- Secure capital funding to deliver Trust strategies, including the Trust Green Plan.
- Our staff will have access to real-time data via electronic systems.
- Our patients will be able to access services in timeframes that are safe and responsive.

## Priorities for our Partners

By 2025, we will implement new integrated models of care with our partners to improve Lincolnshire's health and wellbeing.

What this looks like:

- We will be a leading partner for the ICS and be making a positive impact on our population health outcomes and the local economy.
- We will be growing a culture of research and innovation.
- We will embed a deeper understanding of our role to reduce health inequalities.

This concludes the section kindly provided by the Improvement Team.

## Patient Equalities

### Equality & Health Inequality Impact Assessments & “Due Regard”

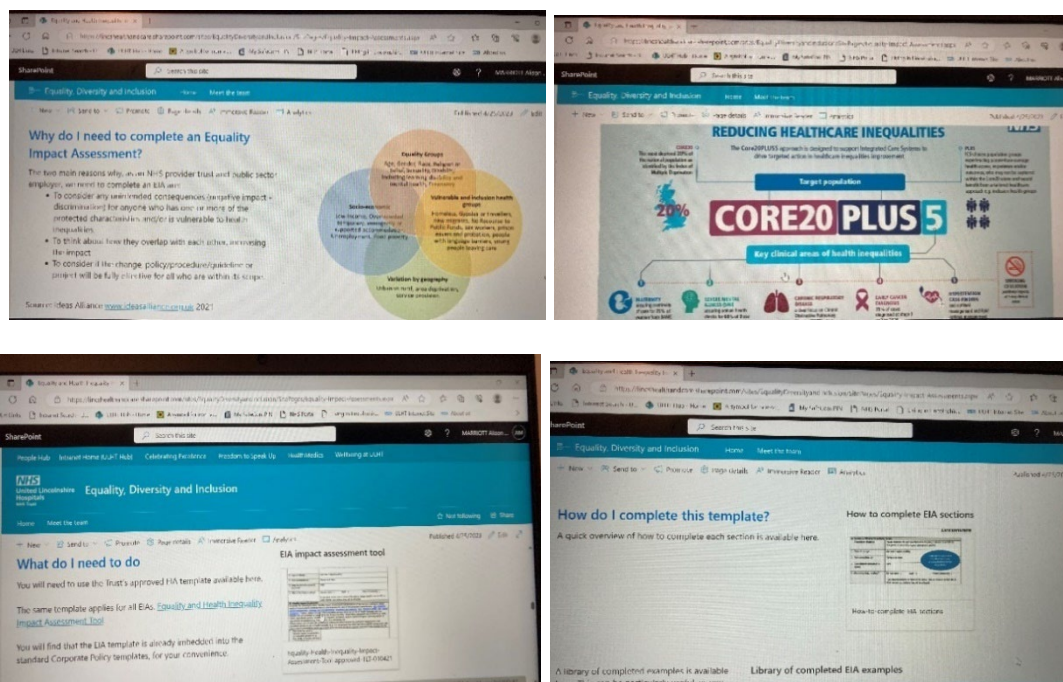
The Trust has a legal duty under the Equality Act (2010), the Public Sector Equality Duty (2011) and the NHS Constitution to have “due regard” to identifying and eliminating inequalities arising from any of the protected characteristics or health inequality themes.

An Equality Impact Assessment (EIA) is a structured, documented, evidence-based decision-making tool. It enables you carefully to consider the impact of your activity, project or decision on any protected characteristics, and health equality outcomes.

The two main reasons why, as an NHS provider trust and public sector employer, we need to complete an EIA are:

- To consider any unintended consequences (negative impact - discrimination) for anyone who has one or more of the protected characteristics and/or is vulnerable to health inequalities.
- To think about how they overlap with each other, increasing the impact.
- To consider if the change, policy/procedure/guideline or project will be fully effective for all who are within its scope – equity of access to the benefits or positive impacts of the change.

In 2022, the EDI team created a new EIA resource hub, on the intranet, explaining how to complete an EIA, why it is important, providing a library of completed examples and clear guidance on how to complete an EIA, and the process around the approval of it.



The new resources were well-received. In total, the EDI team had reviewed over 120 Equality Impact Assessments between January 2022 and March 2023. The majority of these were for individual Standard Operating

Procedures and policies, but a major Equality Impact Assessment was completed for the Outline Business Case of the ePatient Record project.

So, after six months of piloting the self-service resources alongside individual input from EDI into each Equality Impact Assessment, the EDI Operational Group elected in March to switch to the self-service model for all EIA's, except those also requiring a QIA (Quality Impact Assessment – for patient safety following the Francis Review) which continue to be individually-reviewed by the EDI team. The full implementation of the new model has taken place in May and June 2023.

Beyond this, the EDI team suggested a panel approach to reviewing EIA's which are attached to a QIA, to ensure that the most impactful projects, changes and developments receive a deeper review. The EDI Operational Group has lent support to this, with training sessions for panel members in July/August 2023 and the panel in operation with EDI Operational Group members with immediate effect, as-and-when a QIA is developed. The intention is that training sessions for any colleagues who complete an EIA will be offered after this, at regular intervals, depending on resourcing levels of the EDI team into late 2023 and 2024.

## Datix – Equality, Diversity & Inclusion themes

In 2022, the EDI team started a programme of logging, reviewing and responding to all EDI-related Datix reports. This was strengthened in terms of follow-up to incidents of all forms of discrimination, following the United against Discrimination Action Plan.

To date the top themes in 2022-23 were:

1. Patient to staff discriminatory abuse (usually verbal, racist).
2. As a result of this, the full implementation of the United against Discrimination Action Plan continues, with full completion by autumn 2023.
3. Lack of availability of face-to-face interpreter for planned appointments (including oncology) at times. No interpreter available immediately at times for unplanned demand on the telephone interpretation service (e.g. maternity).

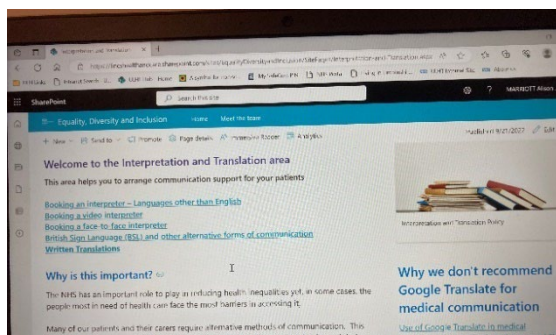
4. As a result of this, feedback was given to the supplier. The supplier has changed the pricing structure to incentivise face-to-face interpreters to attend in Lincolnshire. Alongside this, a piece of work has begun to identify priority areas for face-to-face interpreting, where there is a clinical need. This is in the light of high demand for interpreters across the country and the lack of available interpreters in Lincolnshire, a large rural county. This will allow bookings to be prioritised where a face-to-face interpreter is required. For those bookings where there is not a clinical need but have been booked as face-to-face due to lack of awareness of alternatives, video remote interpreting will be offered instead.
5. Further work is ongoing with the ULHT Maternity and ICB Better Births teams to consider back-up options such as CardMedic App, which would provide a safety net and reassurance to both staff and parents, whilst awaiting the availability of a telephone interpreter at times of high demand. The benefits can then be explored with other areas of high, unplanned demand, such as Emergency Departments, and a safety net put in place in those areas too. Also, different ways of working for pre-planned antenatal appointments have been highlighted by the EDI team, to allow for pre-booking of video remote interpreting.

## Interpretation and Translation Services

	2021*	2022	2023 to date
Interpretation – Languages other than English	£11,430.97	£91,691.28	£16,724.26
British Sign Language (BSL)	£6,667.90	£53,796.96	£4,843.60

In terms of activity and spend, the Interpretation and Translation services saw an increased demand in 2022, as more “business as usual” activity resumed in the Trust after the Covid-19 pandemic. This is in line with the increased demand nationally for Interpretation and Translation services, and particularly as the pandemic highlighted health inequalities, and this awareness has prompted greater use of interpreters both at ULHT and across the NHS nationally.





The EDI team redesigned and updated the Interpretation pages on the intranet in 2022, ensuring that all colleagues had a reliable and easy-to-use point of contact for Interpretation and Translation Services.

The top five most requested languages (other than English) across the Trust have been:

1. Polish
2. Romanian
3. Bulgarian
4. Lithuanian
5. Russian

This information is used to prioritise and plan the availability of information in different languages.

Alongside the actions in relation to Interpretation and Translation under the section titled “Datix”, the focus in 2023/24 will be to continue to increase the uptake of video remote interpreting where possible, e.g. pre-planned appointments where a face-to-face interpreter is not clinically-necessary. This will assist with greater prioritisation of face-to-face interpreting towards bookings where face-to-face is clinically essential, to avoid delays in e.g. scans and treatment whilst awaiting a face-to-face interpreter. It is also likely to assist with spend reduction, without negatively impacting on patient care or experience and increasing staff confidence to use the service.

## Equality Delivery System – Domain 1, Commissioned Services

In 2022, the EDI team implemented the new and extended version of the NHS Equality Delivery System (EDS), for all three Domains – Patients, Workforce

and Leadership. The report is published at [NHS Equality Delivery System \(EDS\) - United Lincolnshire Hospitals \(ulh.nhs.uk\)](https://ulh.nhs.uk/eds)

Part of this is Domain 1, which considers equalities in terms of patient safety, access to services, patient experiences and other patient-related measures. The score in the first year was “developing” i.e. most core measures were in place, largely at Trust-wide level. However, the limitations in terms of patient equalities data were clearly highlighted and as a result, actions were developed around this, which the Trust will need to focus on implementing in 2023.

In preparation for the next EDS report, due for publication in February 2024, the Patient Experience Team will kindly be leading on Domain 1, with continued close working with the acting Head of EDI. It is important that the engagement with both patients, partner organisations and staff increases in October and November 2023, ready for the next Equality Delivery System action plan.

## Looking ahead

In 2023/2024, it is clear that progress with workforce equalities must and can continue, building on the successes of 2022/23. It has been proven that improvement is possible, and this can increase with the right collaboration and resourcing, aiming for inclusion of EDI metrics and actions for the workforce firmly within the mainstream of People and OD activities.

There is a concern around female employees, who report increased stress and risk of “burnout” in the National Staff Survey results – which is a concern in itself in terms of their wellbeing, but also because female employees represent over 80% of the workforce. It is important to address this area of risk in 2023/24.

Likewise, it is important to finish the work begun in 2022 around anti-racism and other forms of discrimination, in light of the increase in racism from patients and their relatives/visitors.

Also, representation on Trust Board is an area identified in Workforce Race Equality Standards and Workforce Disability Equality Standards where

improvements are not yet seen, and with representation of Black, Asian & Minority Ethnic colleagues above Band 5 Agenda for Change (AfC) clinical roles, and across all AfC non-clinical roles. Likewise for Disabled colleagues above Band 7 AfC non-clinical roles.

The EDI team and the wider People and OD team will need to work towards the new national EDI strategy for the NHS, whilst already taking into account new requirements such as Medical Workforce Race Equality Standard, Bank Workforce Race Equality Standard. New actions such as reducing health inequalities in the workforce and beginning to implement pay gap reporting beyond gender, into race and other protected characteristics, all demand closer working with other teams and colleagues in shared ownership of these matters, rather than EDI seen as a stand-alone function.

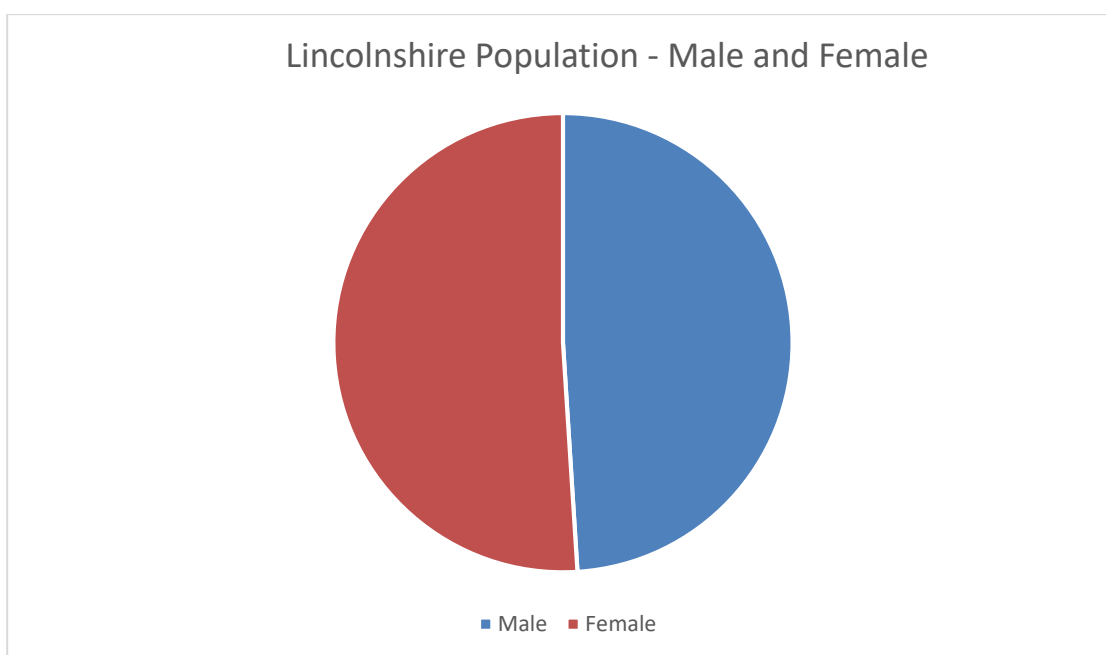
It is important that our progress with patient equalities objectives matches this progress too and a greater focus is essential, working in closer collaboration with clinical teams and with the support of the Trust Board. The objectives to support patient equalities data – increasing the availability and completeness of it in terms of protected characteristics, along with greater imbedding of the NHS Accessible Information Standard, and improvements in the use and availability of interpretation and translation services are vital, as highlighted by this Annual Report.

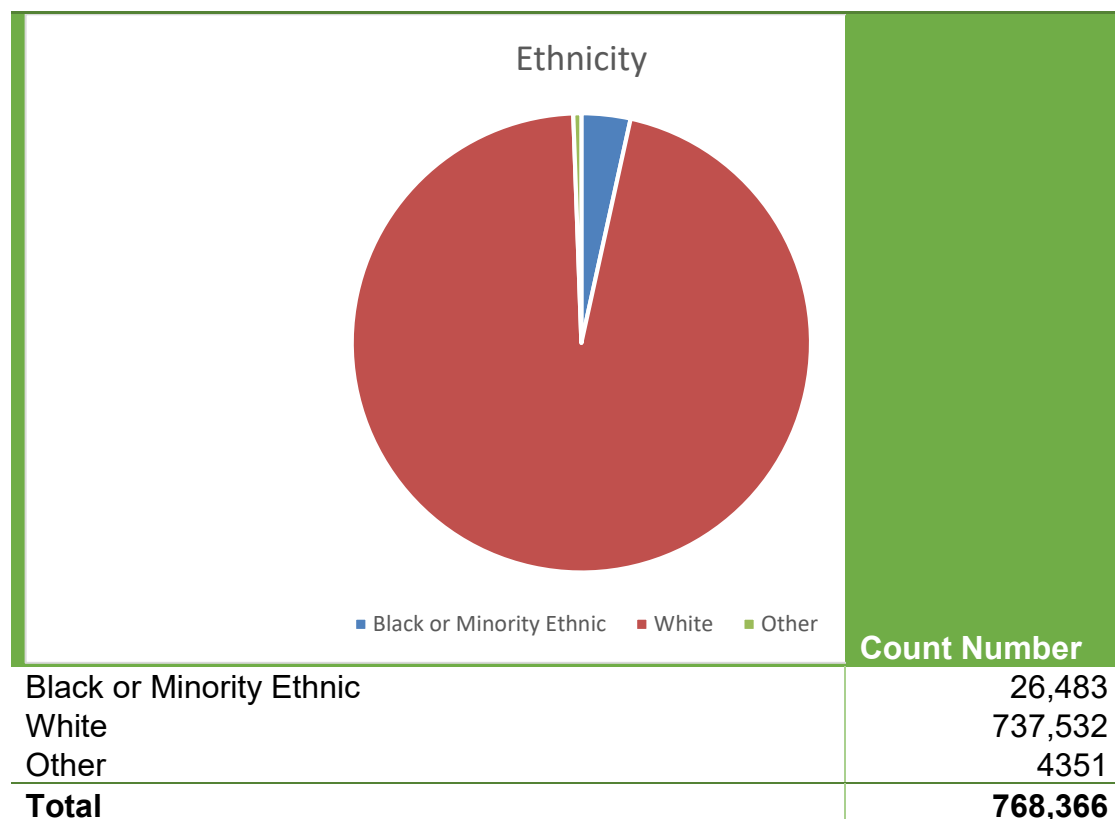
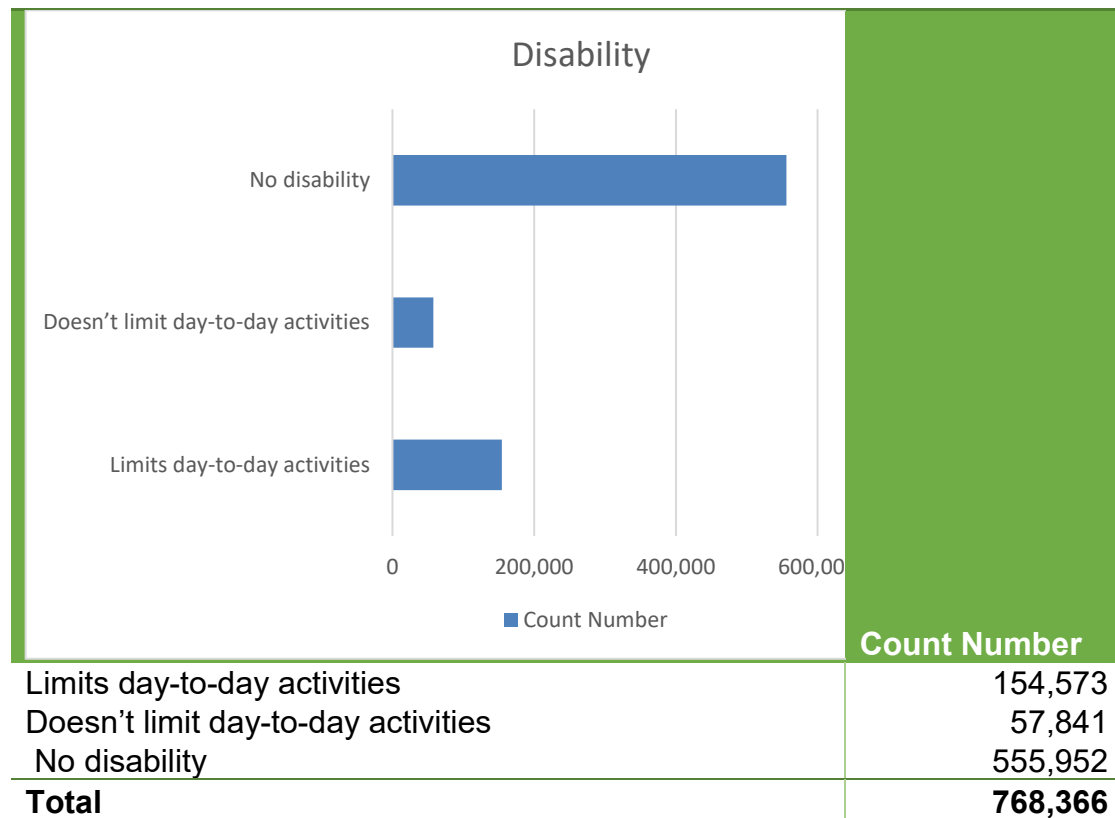
Finally, it is vital that inclusive leadership practice reaches all areas of the Trust too, with clear accountability, as this is the responsibility of all leaders - and that the implementation of Restorative Just and Learning Culture principles supports this.

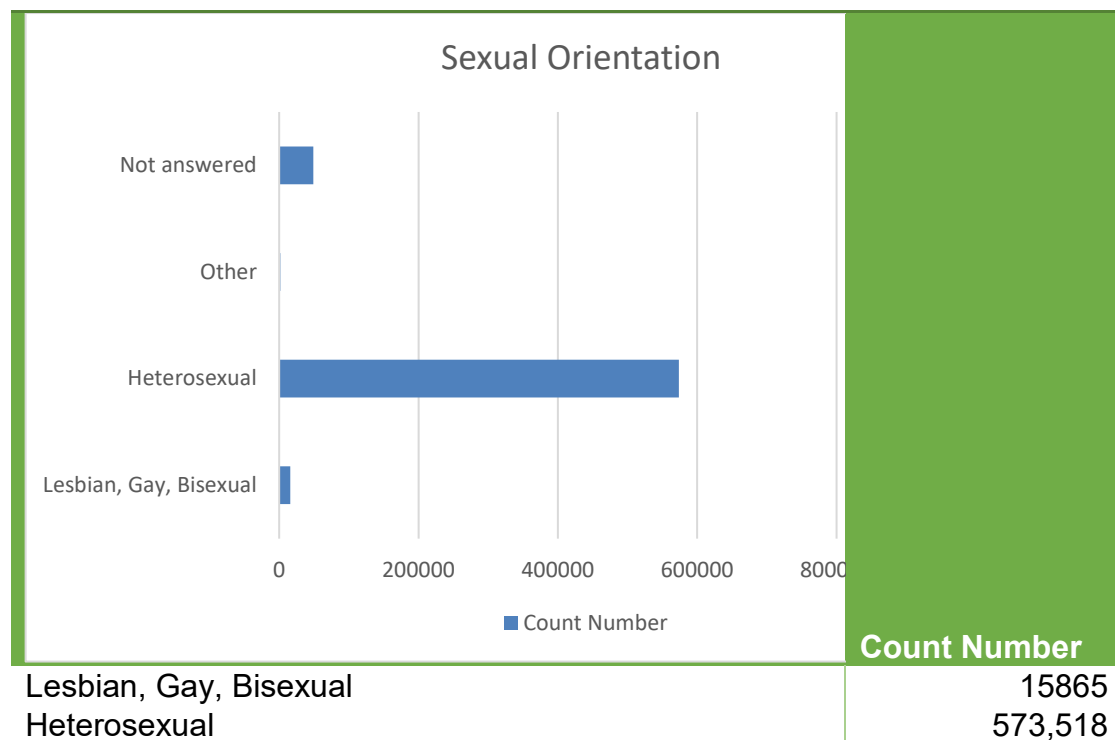
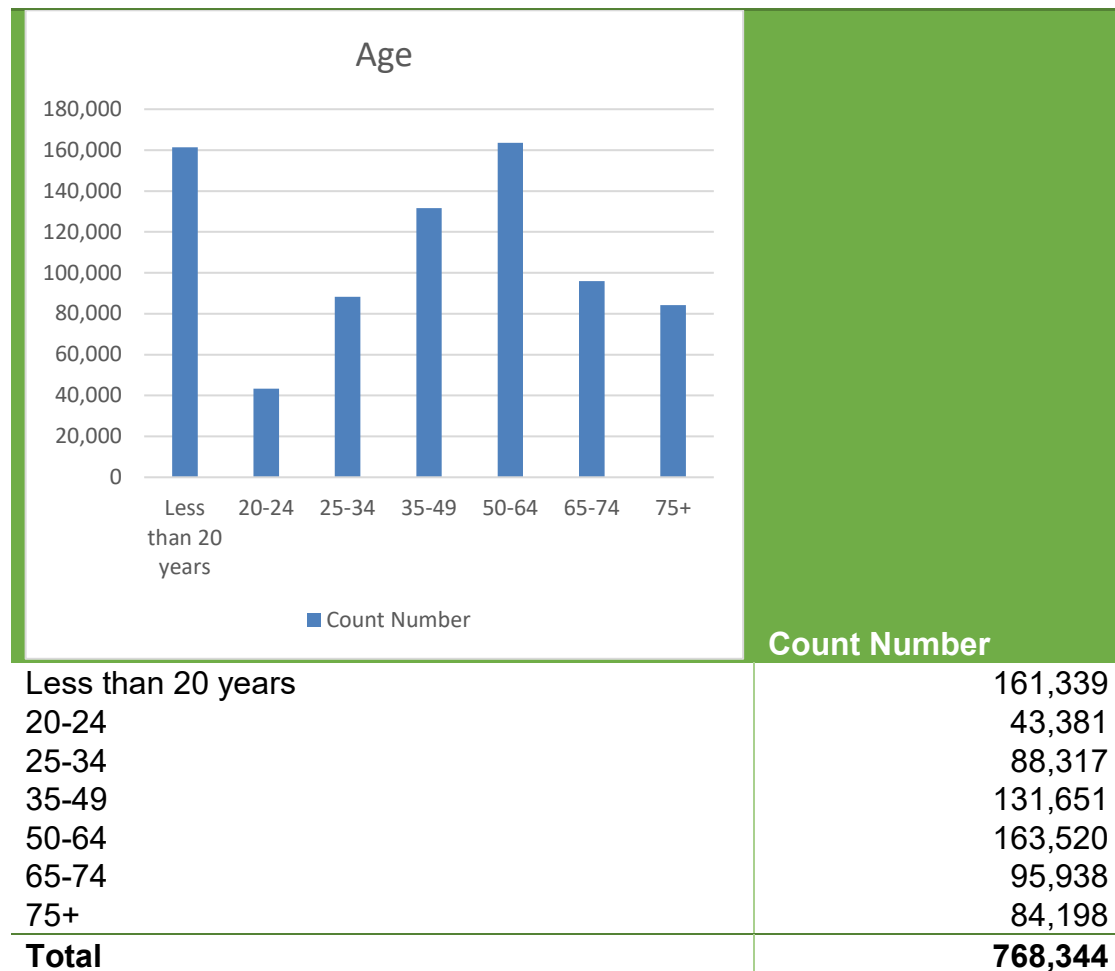
## Appendices

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

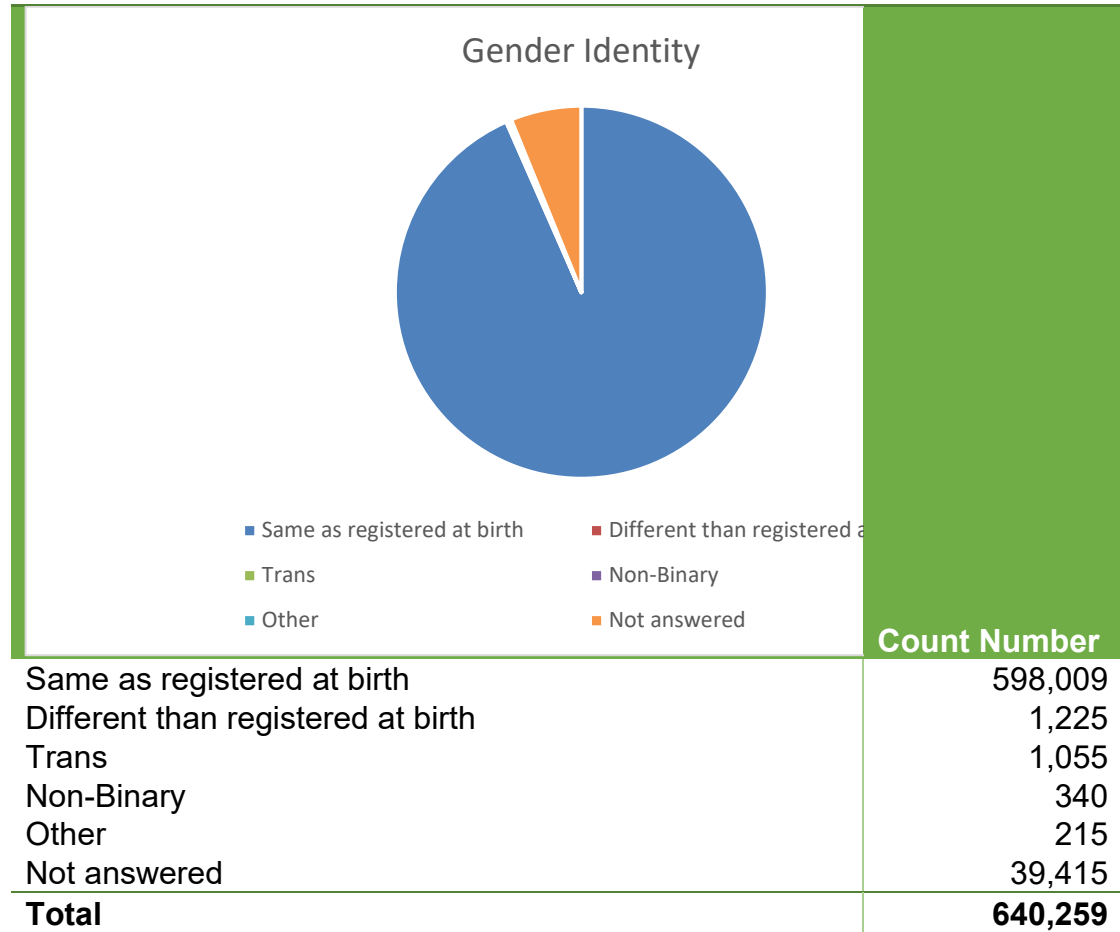
Sex	Count Number
Male	376,430
Female	391,934
Total	768,364



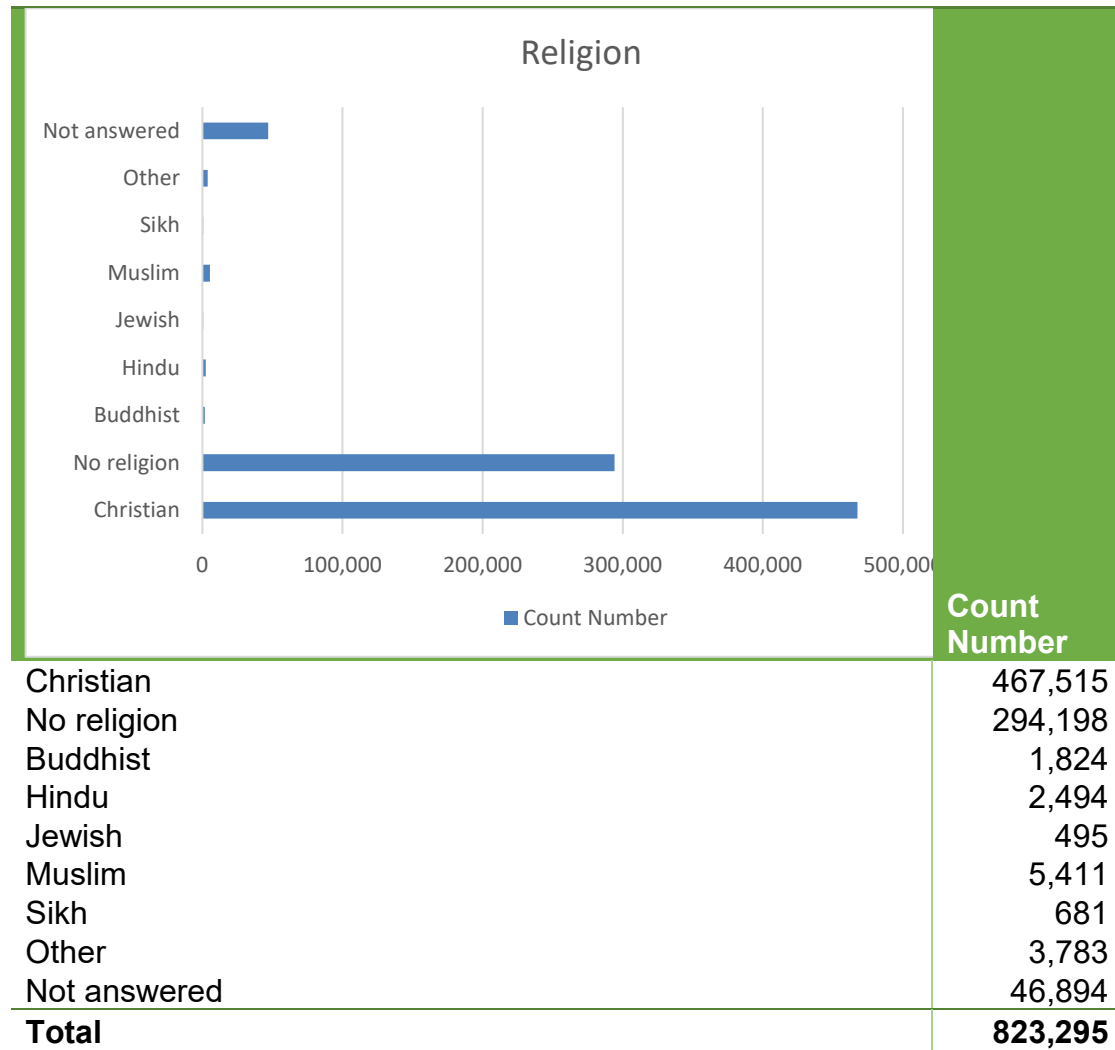




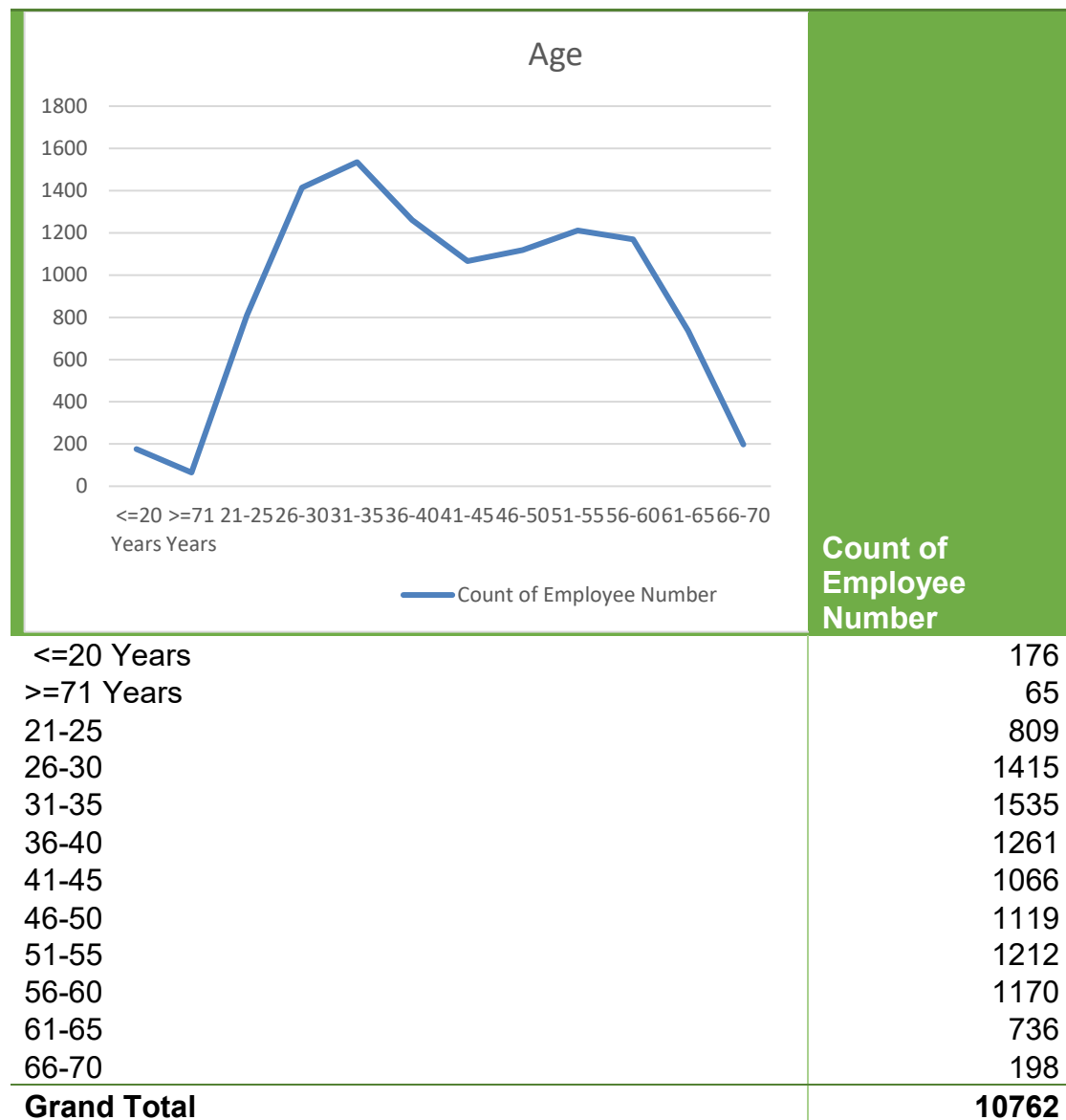
Other	1840
Not answered	48,986
<b>Total</b>	<b>640,209</b>

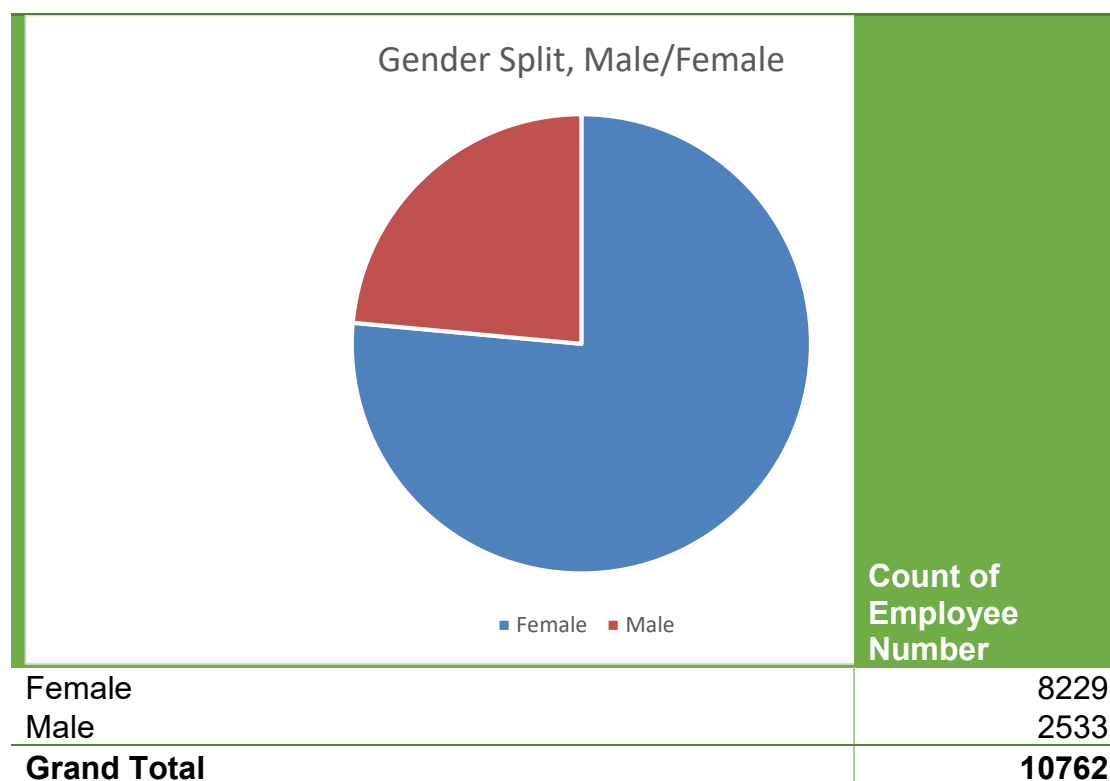




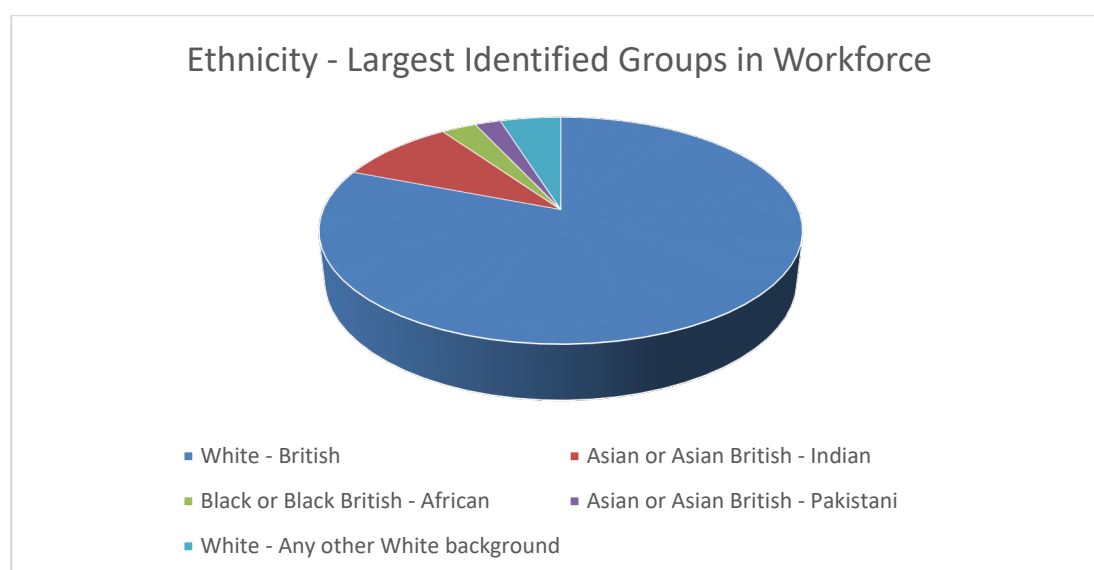


## Appendix 2 – Workforce Profiles ✓





NHS Electronic Staff Record (ESR) currently does not capture other gender identities, such as non-binary.



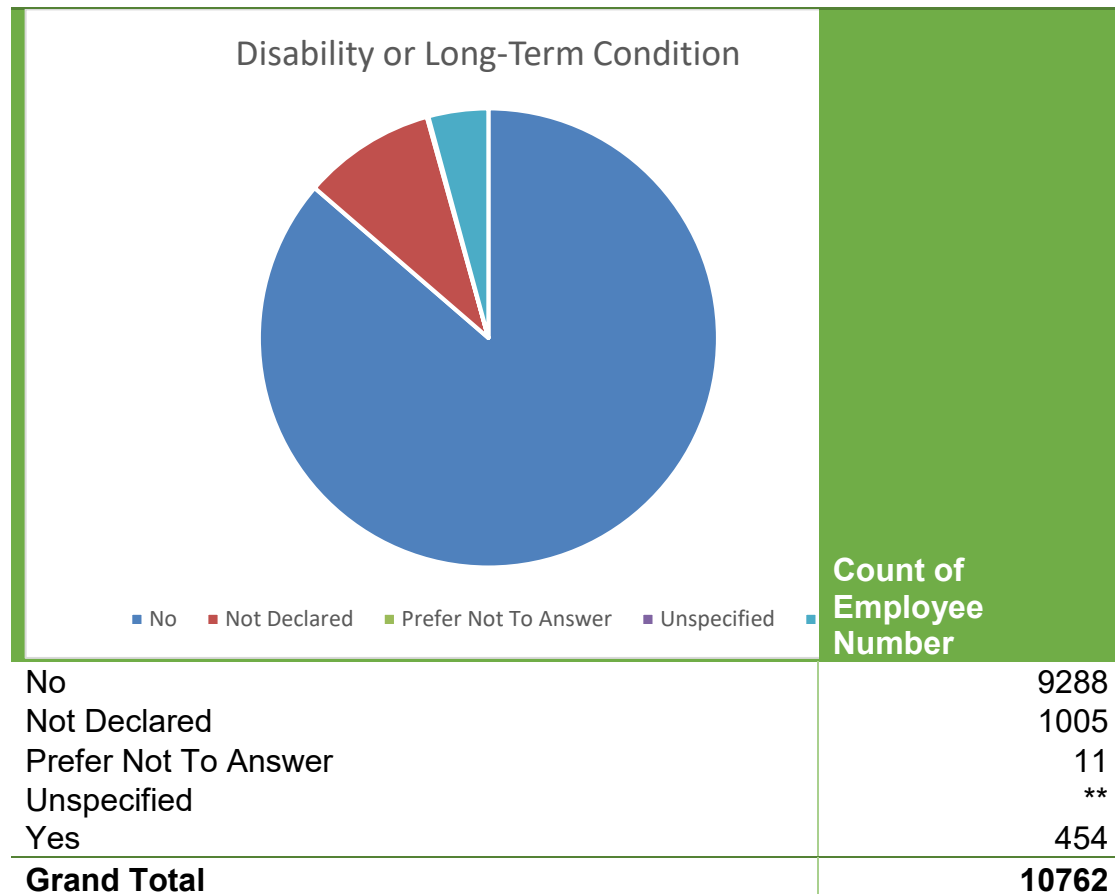
Ethnic Origin	Count of Employee Number
A White - British	7711
B White - Irish	36
C White - Any other White background	462
C3 White Unspecified	**
CA White English	38

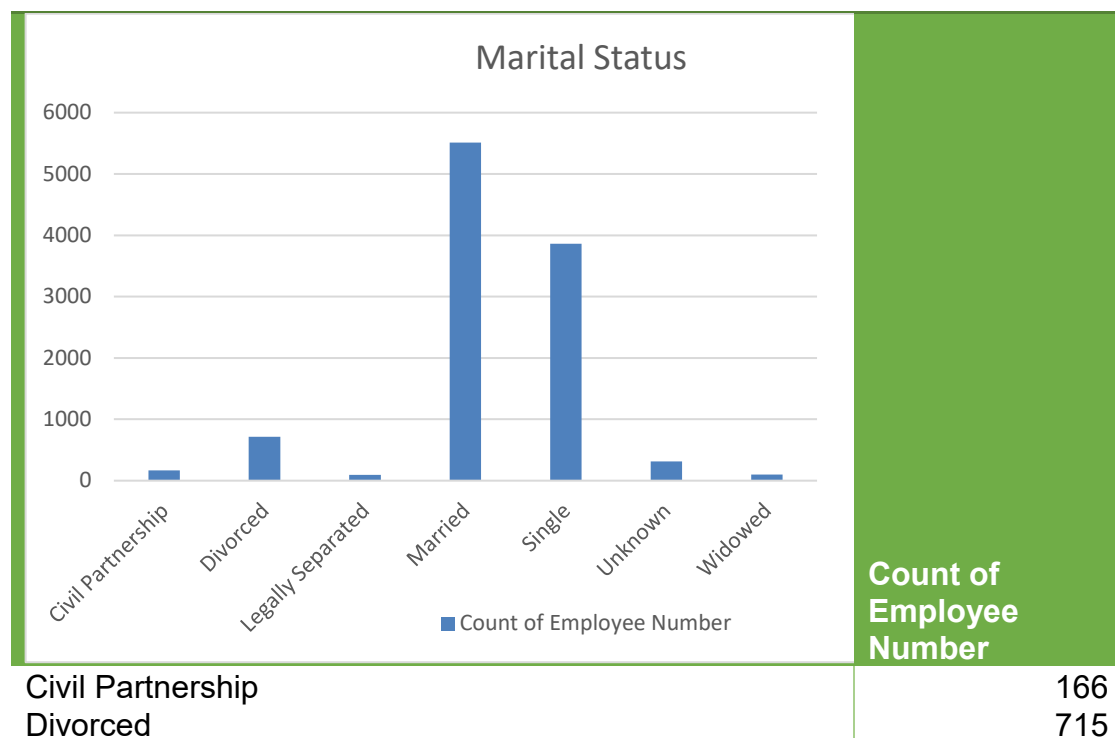
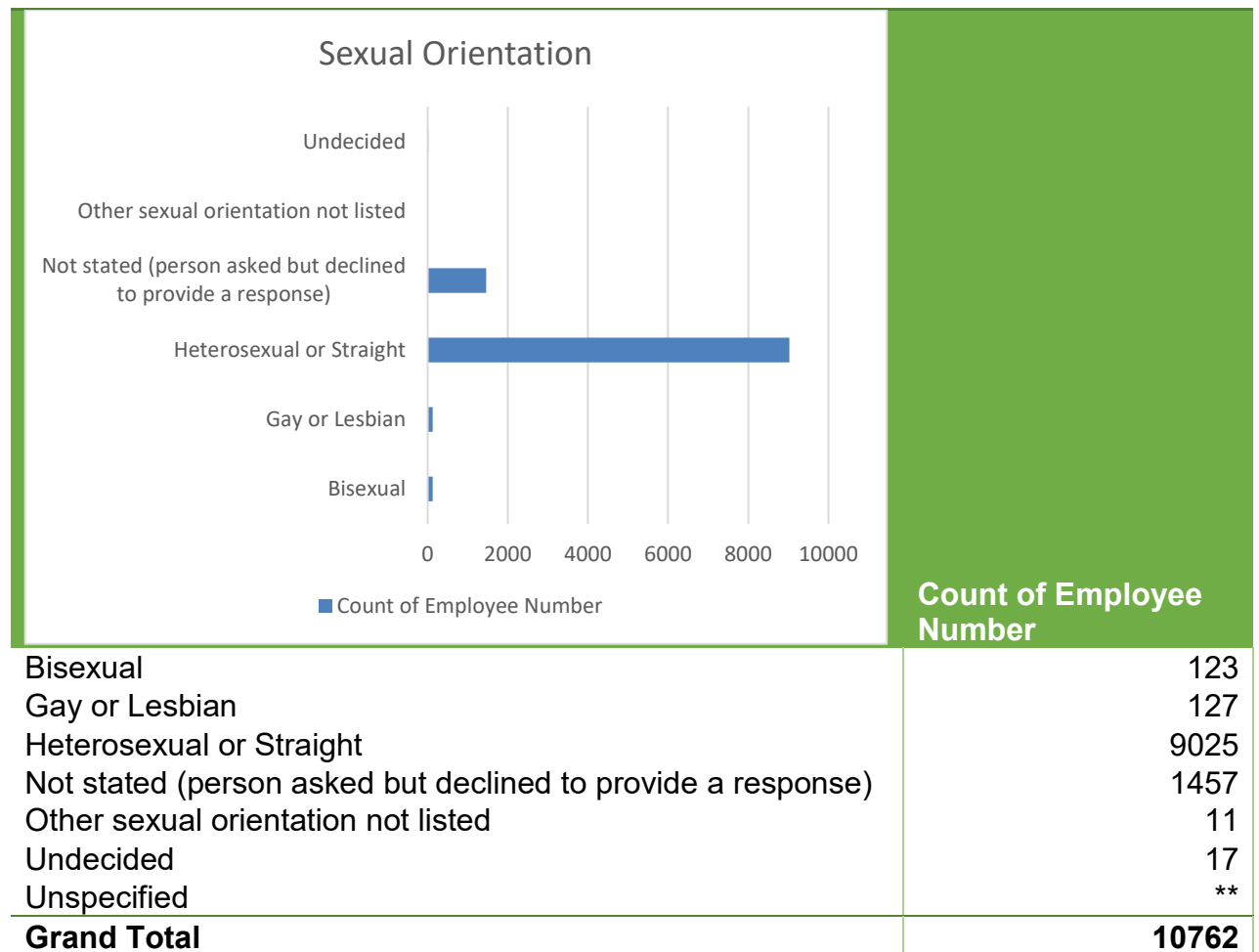
CC White Welsh	**
CF White Greek	**
CK White Italian	**
CP White Polish	**
CQ White ex-USSR	**
CY White Other European	21
D Mixed - White & Black Caribbean	24
E Mixed - White & Black African	30
F Mixed - White & Asian	28
G Mixed - Any other mixed background	42
GE Mixed - Asian & Chinese	**
GF Mixed - Other/Unspecified	**
H Asian or Asian British - Indian	894
J Asian or Asian British - Pakistani	195
K Asian or Asian British - Bangladeshi	36
L Asian or Asian British - Any other Asian background	163
LE Asian Sri Lankan	**
LH Asian British	**
LK Asian Unspecified	**
M Black or Black British - Caribbean	25
N Black or Black British - African	267
P Black or Black British - Any other Black background	25
PC Black Nigerian	**
PD Black British	**
PE Black Unspecified	**
R Chinese	51
S Any Other Ethnic Group	213
SC Filipino	42
SE Other Specified	45
Z Not Stated	354
Unspecified	**
<b>Grand Total</b>	<b>10762</b>

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

Religious Belief	Count of Employee Number
Atheism	1545
Buddhism	88
Christianity	5647
Hinduism	336
I do not wish to disclose my religion/belief	1754
Islam	492
Jainism	**

Judaism	**
Other	871
Sikhism	20
Unspecified	**
<b>Grand Total</b>	<b>10762</b>







Legally Separated	92
Married	5514
Single	3863
Unknown	311
Widowed	101
<b>Grand Total</b>	<b>10762</b>