



**United Lincolnshire
Teaching Hospitals**
NHS Trust

United Lincolnshire Teaching Hospitals NHS Trust Equality, Diversity and Inclusion Annual Report - 2024-2025



Caring and building a
healthier future for all

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Foreword

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

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

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

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

Patient-centred – Putting patients at the heart of our care.

Respect – Treating our patients and each other positively.

Excellence – Supporting innovation, improvement and learning.

Safety – Ensuring patients and staff are free from harm.

Compassion – Caring for patients and loved ones.

2024-2025 has been another incredibly productive year in relation to our EDI work in the Trust. One of the most significant aspects of the year has been the coming together, from 1 April 2024, of the Lincolnshire Community Health Services NHS Trust (LCHS) and the United Lincolnshire Teaching Hospitals NHS Trust (ULTH) to form the Lincolnshire Community and Hospitals Group (LCHG). This has been a major focus in both Trusts throughout the year, as we come together to provide even better healthcare services to the residents of Lincolnshire. However, whilst the formation of LCHG offers great potential for service improvement, synergy and efficiency, from a regulatory perspective both Trusts remain sovereign organisations. One of the practical manifestations

of this is the continued requirement to deliver on statutory and contractual duties, and the associated reports, as separate Trusts.

Throughout 2024-2025 the EDI Teams from ULTH and LCHS have led the way in coming together and functioning as one unified team across LCHG. Whilst each Trust is required to produce an EDI Annual Report, these have been produced together and using the same template.

In September 2023, NHS England (NHSE) launched a sexual safety charter. Health and care organisations were asked to commit to a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours within the workplace, and ten core principles and actions, by July 2024. LCHG has implemented this and is working hard to raise awareness.

In this report, we invite you to look at some of the key aspects of the EDI journey in 2024-2025 at ULTH. We are proud that as a Trust we continue to meet our statutory EDI duties and that we are meeting and developing in relation to our wider contractual EDI duties. We are particularly proud that our EDI improvement work is increasingly driven by our staff through our growing number of staff networks. Our staff networks not only work for the improvement of colleague experience but have a direct and wider impact on the patients and residents of Lincolnshire we serve.

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



Introduction

Welcome to the ULTH Equality, Diversity and Inclusion (EDI) Annual Report 2024-2025. In this report we not only reflect on all our EDI improvement work in 2024-2025, but we also review the Trust's performance in relation to the wide range of statutory and contractual EDI duties.

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

As also highlighted in the foreword, although the Trust has joined with Lincolnshire Community Health Services NHS Trust and formed the Lincolnshire Community and Hospitals NHS Group (LCHG), each Trust remains a separately registered NHS Trust and as such is required to provide separate reports for statutory and contractual EDI duties. Having said that, you will note from this report that in the last year we have started to join our EDI work and vision in many ways and to leverage the synergy for the benefit of our patients, public and our staff.

One of the key strategic developments throughout 2024-2025 for LCHG has been the development of the Lincolnshire Community and Hospitals NHS Group Strategy 2025-2030. This strategy is scheduled to be published early in 2025-2026.

How Equality, Diversity and Inclusion works at ULTH

Lincolnshire Community Health Services has a diverse community of patients, visitors and staff that come from Lincolnshire and the surrounding areas. Building effective partnerships between and across these communities is a key driver behind using the Equality Delivery System (EDS), Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) and the NHS Long Term Workforce Plan. The NHS EDI Improvement plan was launched nationally in 2023. This work outlines our long-term goals to improve

the health outcomes of patients from vulnerable and protected groups, reduce health inequalities and ensure a safe equitable environment for our workforce. This report outlines our achievements in the last year and the challenges that we have faced.

Structure and scope

The Equality, Diversity and Inclusion Team is part of the People directorate.

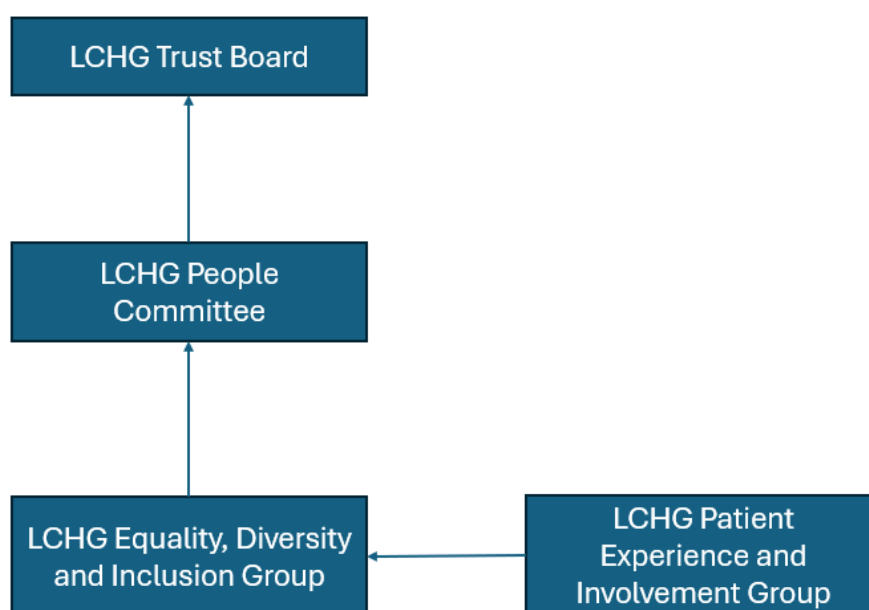
As part of the new Lincolnshire Community and Hospitals' NHS Group model, the EDI teams across both organisations have led the way in coming together as one team across the group and joining up as much of the EDI work as possible.

The ever-growing nature of the EDI agenda continues, with more national reporting requirements being included. This has included the NHS EDI Improvement Plan (which includes six High Impact Actions and Interventions by Protected Characteristic), the Ethnicity Gender Pay Gap and in 2025-2026 we will be preparing for the new Disability Gender Pay Gap reporting.

The EDI team is responsible for the delivery of patient / equalities, workforce equalities and certain aspects of the emerging health inequalities agenda. It is recognised that capacity scoping is required to ensure that EDI is resourced to deliver on all elements of these important EDI workstreams. This scoping will be undertaken in 2025-2026 as part of the alignment to LCHG.

Governance

The oversight, assurance and governance arrangements for the EDI work in the Trust is provided through the structure below. The structure chart describes how the EDI Group reports to the Trust Board via the People Committee. The structure chart highlights that patient equalities are reported into the EDI Group through the Patient Experience and Involvement Group. In 2024-2025 this reporting structure was fully aligned to the LCHG model:



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

The EDI Statutory Duties

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

The PSED duty is a statutory duty on listed public authorities and other bodies carrying out public functions. It ensures that those organisations consider how their functions will affect people with different protected characteristics. These functions include their policies, programmes, and services. The duty supports good decision-making by helping decision-makers understand how their activities affect different people. It also requires public bodies to monitor the actual impact of the things they do. For example, to keep under review how different groups of pupils are performing at school and to identify and take action if some pupils with protected characteristics need more support than others.

The general duty requires decision-makers to have due regard to the need to:

- eliminate conduct prohibited by the act,
- advance equality of opportunity,
- and foster good relations in relations

Specific duties of the PSED

The specific duties help decision-makers to perform the general duty more effectively.

The duty does not dictate a particular outcome. The level of “due regard” considered sufficient in any context depends on the facts. The duty should always be applied in a proportionate way depending on the circumstances of the case and the seriousness of the potential equality impacts on those with protected characteristics. Overly bureaucratic and burdensome approaches without reference to the equality aims specified in the legislation should be avoided. Public authorities must not ‘gold-plate’ their compliance with the duty at the unjustified expense of the taxpayer and of private or voluntary sector contractors. Similarly, regulators should not try to impose the duty on private companies that would never be bound by it.

Equality objectives

ULTH Equality Objectives 2024-2025:

Equality Objective 1 – Patient-centred care.

Equality Objective 2 – Accessible information for our patients.

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

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

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

Highlights and key areas of progress across Equality Objectives:

- Publication of the EDI Calendar.
- Embed Cultural Intelligence Programme.
- Grow Staff Networks and the Council of Staff Networks.
- EDI communications enhanced through the EDI Sounds podcasts.
- United Against all Forms of Discrimination campaign launched and progressed.

Equality objectives, as LCHG Group Model 2025 - 2028

EQUALITY OBJECTIVE 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.

EQUALITY OBJECTIVE 2

Promote LCHG as an employer of choice to attract high quality staff and ensure internationally recruited colleagues and all new staff experience a positive onboarding.

EQUALITY OBJECTIVE 3:

Promote LCHG as an employer of choice through actively enabling staff growth, development, and retention.

EQUALITY OBJECTIVE 4:

LCHG to develop and implement an improvement plan to address health inequalities within the workforce (HIA 4).

EQUALITY OBJECTIVE 5:

Chief executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable (HIA1).

Interpretation and Translation Services

Spoken Language – Face to Face or Telephone Interpreting

Patients are entitled to interpreting support for all NHS services, including hospital and GP appointments, dentists, opticians, chiropodists, pharmacists etc. A member of staff must provide the interpreter for a patient. DALS is the Group's contracted provider

British Sign Language – Face to Face or Online Interpreting Services

From 1st of June 2024, Silent Sounds become a BSL interpreting provider across the Lincolnshire NHS System. BSL interpreting support is provided for patients when they use our services. Silent Sounds interpreting service is available 24 hours a day, 7 days a week. This means that in an unplanned or emergency situation, staff can quickly link up to an interpreter at any time and communicate with their deaf patient. It can also be used during hospital stays, or to enable deaf patients to communicate with staff if waiting for a face to face interpreter to arrive.

AccessAble

ULTH contracts with AccessAble who have performed disability access audits on our premises that are used by patients and services users and provided detailed access guides for those venues. These can be accessed through their website www.accessable.co.uk or through a link on the ULHT website.

AccessAble Statistics Report United Lincolnshire Teaching Hospital NHS Trust April 2025.

Term Definitions:

User: An individual IP address, often one person but could be one computer, used by multiple people e.g., in a Library.

Page Views: How many times pages of the AccessAble website are viewed.

Traffic Source: Where/how do users find pages of AccessAble.

Organic Traffic: Users find AccessAble by using a search engine i.e., Google, Bing, Yahoo.

Referral Traffic: Users find AccessAble by clicking on a link they have found on another website.

Direct Traffic: Users find AccessAble by typing our website address into their browser bar.

The United Lincolnshire NHS Trust Accessibility Guide consists of 43 Detailed Access Guides. These Access Guides are published on www.AccessAble.co.uk and the AccessAble App.

April 2024 - April 2025 Statistics

Between April 2024 and April 2025, the United Lincolnshire Teaching Hospital Services NHS Trust Accessibility Guide had 77,082 page views, breaking down to a monthly average of 6,423 with 49,601 users, resulting in a monthly average of 4,113.

The top 10 most viewed Access Guides in the last 12 months were:

1. Lincoln County Hospital - Outpatients Clinic 1, 2 and 3
 2. Lincoln County Hospital - Outpatients Clinic 11
 3. Lincoln County Hospital - X-Ray Department
 4. Lincoln County Hospital - Outpatients Clinic 7 Blood Test
 5. Lincoln County Hospital - Outpatients Clinic 5
 6. Lincoln County Hospital - Outpatients Clinic 6
 7. Lincoln County Hospital - Outpatients Clinic 9
 8. Pilgrim Hospital Boston - X-Ray Radiology Department
 9. Lincoln County Hospital - Outpatients Clinic 4 and Pre-Assessment
 10. Lincoln County Hospital - Rowlands Pharmacy
-

Traffic Sources:

Traffic sources show how people have found the United Lincolnshire Teaching Hospital Services NHS Trust Accessibility Guides. AccessAble works to improve how much organic and direct traffic is generated. Part of our partnership with ULTH involves ensuring referral links are added to the relevant websites within the remit of the Trust.

In the last 12 months, the traffic sources have been:

- Organic 84%
- Direct 15%
- Referral 1%

Overall, the usage of AccessAble by patients increased compared with the previous year.

The main referral traffic came from the following website: [United Lincolnshire Hospitals NHS Trust](#)

Gender Pay Gap (GPG) reporting

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

In line with national guidelines, when reporting Gender Pay Gap data, the Trust is working on the data as at previous 31st March. This means the snapshot date for data in this report is 31 March 2024.

In this Trust, women earn 86p for every £1 that men earn when comparing median hourly pay. This is an improvement on last year's data (85p for every £1).

For women who receive a bonus, they receive £1 for every £1 men receive. In an NHS Acute Trust, bonuses are defined as the Clinical Excellence Awards (CEAs) which are only applicable to consultants in the medical workforce.

At United Lincolnshire Teaching Hospitals NHS Trust, women hold 81.7% of the lowest paid jobs (the figure was 83.5% last year), and 63.8% of the highest paid jobs (the figure was 63.7% last year).

There has been a decrease of 1.8% in the number of women holding the lowest paid jobs, and a slight increase of 0.1% in the number of women holding the highest paid jobs – this was the case as at the 31 March 2024 snapshot date.

Women still hold around 80% of the lower middle and upper middle-paid jobs, which has remained stable since last year.

The median is the generally accepted main indicator across all organisations who take part in Gender Pay Gap reporting. Comparing like-for-like years, i.e. 2024 data, the national gender pay gap in the UK was 13.1%, compared to the Trust's 14.2% gap.

Despite some changes in representation at the highest and lowest pay bands in the Trust, the Trust's gender pay gap continues to improve to be much closer to the national median UK pay gap. The national gender pay gap has improved by 1.1%, and ULHT's gap has improved by 0.4%.

When comparing mean (average) hourly pay, women's mean hourly pay is 27.2% lower than men's. This is a continued improvement on last year's data of 28.7%, which again was an improvement on the previous year where the data recorded 29.3%.

Ethnicity Gender Pay Gap reporting

The UK workforce is becoming increasingly diverse but there is still more to be done to remove barriers to entering the labour market and to ensure pay and progression in the workplace is fair for all ethnic groups.

National data has shown there are wide variations in gross earnings between ethnic groups. Some ethnic minority groups earn less per hour than white British employees on average, while others earn more.

Analysing ethnicity pay information is one way employers can identify and investigate disparities in the average pay between ethnic groups in their

workforce. It helps employers understand whether unjustifiable disparities exist between different ethnic groups and in turn, gives them an evidence base from which to develop an action plan.

It is already a statutory requirement for employers with at least 250 employees to measure and report gender pay gaps. While ethnicity pay reporting is voluntary, many employers already report on their ethnicity pay data.

LCHG are presently starting to review this data.

The EDI Contractual Duties

Equality Delivery System (EDS)

The EDS is the foundation of equality improvement within the NHS. It is an accountable improvement tool which supports NHS organisations in England in active conversations with patients, public, staff, staff networks and trade unions to review and develop their services, workforces, and leadership. It is driven by evidence and insight. As such, it provides an overview of NHS performance for all patients and staff with characteristics protected by the Equality Act 2010. Key initiatives, such as the NHS Workforce Race Equality Standard (WRES) and the NHS Workforce Disability Equality Standard (WDES), look at important aspects of equality for NHS staff and, by implication, service users.

The purpose of the EDS is to generate regional and local conversations about what is working well and what is not working so well to make necessary improvements, with lessons being learnt disseminated more widely. In relation to patient outcomes and experiences NHS organisations should use the EDS to decide what areas they are going to focus on in conversations with service users, staff, and others. This type of approach is generally described as an improvement, rather than a performance approach.

This third version of the EDS was commissioned by NHS England and NHS Improvement in conjunction with the NHS Equality and Diversity Council (EDC) with, and on behalf of, the NHS. It is a simplified, updated, and easier-to-use

version of EDS2. The EDS comprises eleven outcomes spread across three domains, which are:

1. Commissioned or provided services (patients/service users).
 - a. Patients (service users) have required levels of access to the service.
 - b. Individual patients (service users) health needs are met.
 - c. When patients (service users) use the service, they are free from harm.
 - d. Patients (service users) report positive experiences of the service.
 2. Workforce health and wellbeing.
 - a. When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD, and mental health conditions (response to Covid-19).
 - b. When at work, staff are free from abuse, harassment, bullying and physical violence from any source.
 - c. Staff have access to independent support and advice when suffering from stress, abuse, bullying, harassment, and physical violence from any source.
 - d. Staff recommend the organisation as a place to work and receive treatment.
 3. Inclusive Leadership
 - a. 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.
 - b. Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed. Board members, system, and senior leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients.
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NHS Workforce Race Equality Standard (WRES)

The WRES was implemented by NHS England in 2015 and requires all NHS provider organisations to report annually on 9 WRES indicators. The indicators comprise of data from the Trust's Electronic Staff Record (ESR), NHS Staff Survey data and data relating to the leadership of the organisation. Through the indicators the experiences of white and Black, Asian and Minority Ethnic (BAME) staff are compared.

WRES Indicators:

1. Percentage of staff in AfC pay-bands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce.
 2. Relative likelihood of white applicants being appointed from shortlisting compared to BME applicants.
 3. Relative likelihood of BME staff entering the formal disciplinary process compared to white staff.
 4. Relative likelihood of white staff accessing non-mandatory training and continuous professional development (CPD) compared to BME staff.
 5. Percentage of BME staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.
 6. Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months.
 7. Percentage of staff believing that their trust provides equal opportunities for career progression or promotion.
 8. In the last 12 months have staff personally experienced discrimination at work from a manager, team leader or other colleagues.
 9. Total Board declaration and the percentage difference between:
 - the organisation's Board voting membership and its organisation's overall workforce.
-

- non-voting membership of the Board and its organisation's overall workforce.
- the Executive membership of the Board and its organisation's overall workforce.
- the non-exec declaration of the Board and its organisation's overall workforce.

Through the comparison of the data and through engagement with our staff, particularly our REACH (Race Ethnicity and Cultural Heritage) network, areas of concern are identified and actions for improvement recommended. Coming together in the Group Model has also brought together the staff networks for both organisations.

Highlights of WRES 2024-2025

Key areas of progress:

- Increasing % of BME staff employed by ULTH, from 26.4% to 27.5% in the last year.
- Increase in the % of BME staff who believe that the Trust provides equal opportunities for career progression or promotion and maintain this to be well above the national average - ULTH 52.8%, national average 46.7%.
- Decreasing the likelihood of BME staff entering the disciplinary process.
- Increasing the equal relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff, as the likelihood is 0.98, with 0.52 of white staff compared to 0.53 of BME staff who accessed the non-mandatory training and CPD.

Our key areas of focus for 2024/25:

- To continue to increase BME representation across leadership roles across the LCHG by implementing the Triple A programme (Arising, Ascending and Advancing) Developing diverse and inclusive leaders for NHS.
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- To increase completion of National Staff Survey by our BME colleagues.
- To continue to promote the 'See Me First' programme.
- To continue to monitor the data for BME staff who are experiencing bullying, harassment and abuse from patients and managers, working with the Group REACH and CODE staff network with regards to the WRES action plan.
- Raise awareness about current opportunities for BME staff in achieving their full potential to maintain the increasing number of BME staff believing that Trust provides equal opportunities in career progression.

For detailed data and further information on next steps please view the WRES annual report and action plan for 2025-28. The action plan is written as a Group action plan across both Trusts.

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

NHS Workforce Disability Equality Standard (WDES)

The WDES was implemented by NHS England in 2019 and requires all NHS provider organisations to report annually on 10 WDES metrics. The metrics comprise of data from the Trust's Electronic Staff Record (ESR), NHS Staff Survey data and data relating to the leadership of the organisation.

WDES Indicators:

1. Percentage of staff in AfC pay-bands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce.
 2. Relative likelihood of non-disabled staff compared to disabled staff being appointed from shortlisting across all posts.
-

3. Relative likelihood of disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.
 4. Percentage of disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from:
 - 4a:
 - I. Patients/service users, their relatives, or other members of the public.
 - II. Managers.
 - III. Other colleagues.
 - 4b. Percentage of disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.
 5. Percentage of disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.
 6. Percentage of disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.
 7. Percentage of disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.
 8. Percentage of disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.
 9. a) The staff engagement score for disabled staff, compared to non-disabled staff.
b) Has your Trust taken action to facilitate the voices of disabled staff in your organisation to be heard? (Yes) or (No).
 10. Total Board declaration and the percentage difference between:
 - the organisation's Board voting membership and its organisation's overall workforce.
 - the non-voting membership of the Board and its organisation's overall workforce.
 - the Executive membership of the Board and its organisation's overall workforce.
-

- The non-exec declaration of the Board and its organisation's overall workforce.

Through the comparison of the data and through engagement with our staff, particularly our Mental and Physical Lived Experience (MAPLE) network, areas of concern are identified and actions for improvement recommended.

Highlights of WDES 2024-2025

Key areas of progress:

- Increasing number of staff disclosing disability or long-term conditions (LTC) on ESR to 6.4% from 5.0% and maintaining higher than national average - the national benchmark is 4.9%.
- The relative likelihood of non-disabled staff compared to disabled staff being appointed from shortlisting across all posts has positively decreased from 1.33 in 2024 to 1.16.
- Maintain reduction in % of disabled staff saying they experienced, incident of bullying, harassment, or abuse from managers which positively decreased from 16.8% to 15.7%.
- Increasing % of staff with long-term conditions and illness saying the Trust has made adequate adjustment(s) to enable them to carry out their work, from 70.6% to 72.7%.

Our key areas of focus for 2025/26:

- Ongoing work on increasing staff disclosing their disability or long-term conditions, particularly for staff at senior levels.
 - Raising awareness about staff's lived experience with visible and hidden disability.
 - To decrease % of disabled staff and non-disabled staff experiencing harassment, bullying, or abuse from patients as negative increase in previous year.
-

- To decrease the number of staff experiencing bullying and harassment from other colleagues as the number of staff experiencing bullying or harassment has increased.
- Raise awareness of the reporting procedures when experiencing or witnessing bullying and harassment and available support.
- Ongoing monitoring and reviewing of capability process data to assess factors and reasons for increasing numbers of disabled staff entering the process.
- Career opportunities include leadership opportunities for staff with disability and long-term conditions.
- Raise staff and line managers' awareness about reasonable adjustment processes to support their needs, including implementation of the Health Passport across the Group Model.

For detailed data and further information on next steps please view the WDES annual report and action plan for 2025-28. The action plan is written as a Group action plan across both Trusts.

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

NHS Equality, Diversity and Inclusion Improvement Plan

6 High Impact Actions (HIAs):

Published in June 2023, the EDI improvement plan sets out 6 targeted actions to address the direct and indirect prejudice and discrimination that exists through behaviour, policies, practices and cultures against certain groups and individuals across the NHS workforce. The 6 High Impact actions are as below:

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

2. Overhaul recruitment processes and embed talent management processes.
3. Eliminate total pay gaps with respect to race, disability and gender.
4. Address health inequalities within the workforce.
5. Comprehensive induction and onboarding programme for international recruited staff.
6. Eliminate conditions and environment in which bullying, harassment and physical harassment occurs.

LCCHS and ULHT have action plans in place which are in progress.

Sexual Safety Charter

Organisations across the healthcare system need to work together and individually to tackle unwanted, inappropriate and/or harmful sexual behaviour in the workplace. We all have a responsibility to ourselves and our colleagues and must act if we witness these behaviours.

LCCHS and ULHT have both signed up as signatories to this charter, we have committed to a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours towards our workforce. We commit to the following principles and actions to achieve this:

- We will actively work to eradicate sexual harassment and abuse in the workplace.
 - We will promote a culture that fosters openness and transparency, and does not tolerate unwanted, harmful and/or inappropriate sexual behaviours.
 - We will take an intersectional approach to the sexual safety of our workforce, recognising certain groups will experience sexual harassment and abuse at a disproportionate rate.
 - We will provide appropriate support for those in our workforce who experience unwanted, inappropriate and/or harmful sexual behaviours.
-

- We will clearly communicate standards of behaviour. This includes expected action for those who witness inappropriate, unwanted and/or harmful sexual behaviour.
- We will ensure appropriate, specific, and clear policies are in place. They will include appropriate and timely action against alleged perpetrators.
- We will ensure appropriate, specific, and clear training is in place.
- We will ensure appropriate reporting mechanisms are in place for those experiencing these behaviours.
- We will take all reports seriously and appropriate and timely action will be taken in all cases.
- We will capture and share data on prevalence and staff experience transparently.

LCHS Partners in Inclusion

NHS People Promise and NHS Staff Survey 2024

The annual national staff survey across all NHS trusts in England covers nine key themes, seven of which are directly linked to the People Promise and four of these saw improved results nationally - themes covering recognition and reward, learning and development, flexible working and team working.

The other key theme to see improvement this year was around staff morale.

Disability Confident Scheme

The Disability Confident scheme aims to help employers make the most of the opportunities provided by employing disabled people. It is voluntary and has been developed by employers and disabled people's representatives.

The Disability Confident scheme has 3 levels that have been designed to support employers on their Disability Confident journey. Employers must complete each level before moving on to the next.

ULTH is at Level 2, Disability Confident Employer.

NHS Employers' Diversity and Inclusion Partner Programme

The Partner Programme offers strategic support to equip and enable healthcare leaders to tackle inequalities. NHS employers work with organisations to realise equitable outcomes for patients and service users, and to move towards workforce equality. Offering practical guidance, insightful resources and unrivalled opportunities to connect and network, the programme supports organisations to promote inclusive leadership capability, have confidence in those with lived experience, and to develop people and leadership pipeline for the future. LCHS and ULHT signed up together to help support the Group Model.

Inclusive Employers

Inclusive Employers believe every employee deserves to feel supported and empowered to contribute at work. Through first-hand experience, we know everyone benefits when workplaces embrace inclusion and diversity. We also understand that embedding inclusion across the organisation can be challenging. LCHS and ULTH signed up for inclusive employers together as part of the Group Model. The organisation so far has benefitted from advice regarding the high court ruling relating to the definition of gender (sex) and as part of the package includes two training sessions which have been planned for July.

Leading Inclusively with Cultural Intelligence (CQ) Programme

CQ is the capability to function effectively across various cultural contexts (national, ethnic, organisational, generational) etc. Culturally Intelligent leaders effectively adapt their leadership strategies when working with individuals from

different cultural backgrounds while still accomplishing what they need to get done.

For the past year and this year, ULHT has been using the CQ licences which had previously been purchased in LCHG. The next step in the CQ journey will be working as Group and how we incorporate CQ into the future programme of leadership.

Group Staff Awards 2024

The first joint staff awards as LCHS and ULHT coming together as a group were awarded in November 2024. It is an award, for recognising and celebrating our NHS stars across the Group. The awards are an opportunity for the people of Lincolnshire to recognise the hard work, dedication and care shown by community and hospital staff working across the county, and where they have demonstrated exceptional professionalism and care. There are 15 categories, including the Equality, Diversity and Inclusion Champion of the Year Award. Four staff were shortlisted, across clinical and non-clinical roles in this category. Sara Blackburn, the Trust Lead Occupational Therapist at ULTH won the category, for initiating the Stronger Together Coaching Forums and welcome Hampers to support the team which had several cohorts of internationally educated Allied Health Professionals (AHPs). Sara made herself available and offered to listen and support them in a safe space. The Highly Commended recognition was awarded to the LCHS CODE Staff Network chair for being instrumental in advocating for inclusive culture and diversity across the group and for celebrating South Asian Heritage month for the first time.

Staff Networks

The staff networks are in a period of transition following the Group model introduction and are at various stages of coming together. All of the staff networks provide an opportunity for staff to find support and share their voices and concerns to improve working practices across the group. The staff networks support the implementation of the Public Sector Equality Duty from the Equality Act (2010) WRES, WDES and EDS.

They support the organisation to prevent and eliminate discrimination, harassment, and victimisation, promoting equality and equal opportunities, as well as fostering good relations by challenging prejudice and promoting understanding between people who share a protected characteristic and those who do not.

The main staff networks are:

- The Armed Forces Network
- Carers Staff Network
- MAPLE (Mental and Physical Lived Experience) Staff Network
- The Men's Network
- Pride + Staff network supports the LGBT+ (Lesbian, Gay, Bisexual and Transgender) staff.
- REACH (Race, Equality and Cultural Heritage) staff network has now become REACH and CODE (Celebrating our Diversity Everyday) to support the (Black, Minority and Ethnic) and Allies Staff Network. The network is in the early stages of coming together as one network.
- The Women's Network

LCHS Networks Highlights:

As part of the transition following the Group model in May 24 all staff network leads and Executive sponsors, together with the Chief Executive was invited for Staff Network's day to ELT Live to promote all the staff networks across the Group.

Armed Forces Network

The Armed Forces Network continues to provide comprehensive support to the Armed Forces Community (Military Service Leavers, Veterans, Reservists, CFAV and family members of all those), including our patients, staff, wider community and military footprint in Lincolnshire.

Armed Forces Network highlights 2024-2025:

- ULTH Armed Forces Network were honoured to be awarded 2 of the 4 national awards at the Step into Health 10 Years awards ceremony, held at the Houses of Parliament. Out of over 170 NHS organisations pledged to the Step into Health, the Outstanding Dedication award was awarded to our network Chair Steve Martin, and the Trust network also won the Transition Support Award.
 - Gold Award holder with the Defence Employer Recognition Scheme.
 - We offer a guaranteed interview scheme and retain a robust policy for those members of staff who are either a Reservist or CFAV, including an extra 10 days paid annual leave, alleviating the pressure of time off for training camps.
 - Pledged to the National NHS Step into Health programme, ULTH hosted 2 face to face Insight days. Numerous placements have been arranged, providing insight into potential roles at the Trust.
 - Armed Forces Champions created at the Trust. We currently have 13 champions and 4 Trust volunteers are due to commence training.
 - Created a system wide monthly network meeting with Integrated Care Board, East Midlands Ambulance Service, Mental Health, Community Hospitals and Primary Care.
 - Annual support to the Careers Transition Partnership Armed Forces Employment Fair at the Lincolnshire Showground.
 - 5 Armed Forces leadership events held at military bases. These unique events enable our staff to experience a day with the Armed Forces, learning about leadership as well as team building, such as low ropes and command tasks.
 - Organisation of Armed Forces week and other Armed Forces related calendar events.
 - Re-mounted World War 1 memorial plaques in the main entrance of Lincoln hospital, previously placed in storage. These were unveiled by our Chief Executive and the Lord Lieutenant of Lincolnshire. The bronze
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plaques were originally installed after the First World War, when families and comrades of Lincolnshire soldiers paid for 2 departments to be built. The plaques listed the names of all the fallen from the Lincolnshire Yeomanry Regiment.

Carers Network

The Carer's staff network focuses on all areas relating to carers, but with a particular focus on supporting working carers.

Carers' Network highlights 2024-2025:

- Lincolnshire Carer's hosted a series of webinars in partnership with Carers Staff Network for our working Carers on hot topics for support and awareness and this was opened up to LCHS.
- Close working partnership with Carers Partnership Team and joined communications for National Carers Week. The Carers Staff network have been invited to the Carers Steering Group for the Trust.
- Opened Carers Hub with Volunteers and Carers First Volunteers at 7a/7b Pilgrim Hospital.
- We have recruited a chair for the Staff Network and continue to develop the leadership with this network.
- Continue to work on draft Carers Policy and Carers Passport.
- A Carer's Burnout Workshop was hosted by LCHS and facilitated by the Lincolnshire Recovery College for Carer's Rights Day that was attended by members of the Lincolnshire system. The session was recorded.

MAPLE Network (Mental And Physical Lived Experience)

The Mental and Physical Lived Experience (MAPLE) is an all-inclusive support group for staff with disability, long-term conditions, neurodiversity and allies.

MAPLE Network Highlights 2024-2025:

- Continuing to raise awareness of hidden disabilities through the Sunflower Scheme and had three Sunflower roadshows across the summer at different sites.
- Implemented a regular programme of 'Ask Me Anything' sessions to enable colleagues to learn more about common conditions other colleagues live with, and MAPLE network members have frequently contributed to the EDI Sounds podcast, sharing their stories and lived experience.
- Attended various webinars throughout Disability History Month that LCHS hosted on a range of topics including: The Diary of a Freedom to Speak Up Leader; Paul White, CEO Hidden Disabilities Sunflower Scheme; Being a Member of the Older Workforce support Session; Reasonable Adjustment considerations; Workplace Thriving with Neurodiversity, Past, Present and Potential; Access to Work support session; Carer Burnout, Hidden disabilities and Living with a Long Term Condition Lived Experience Journeys.

Men's network

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

Men's network highlights 2024-2025:

- The Men's Network raised £752 doing 'Movember'.
 - Created Men's health sub-group around physical and mental health areas of interest with members.
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- Received an invite to the Lincolnshire Show with LCHS colleagues to discuss Prostate Cancer and Men's Health topics so they will have a presence there for the 2 days.
- Prostate Cancer awareness was carried out across the group in conjunction with the Women's Cervical Cancer awareness campaign. A recording of the session was shared.
- Established Men's Leadership circle for the Men's network.
- Andy's Man Club Talk
- Domestic Violence Workshop

PRIDE+ Network

Pride+ provides a staff network for members who identifies as LGBTQ+, or ally, or someone who is still deciding how they identify. The network provides a safe space to meet like-minded people and to continue to support the Trust in being an inclusive environment for all staff and patients regardless of their sexual orientation or sexual identify.

PRIDE+ network highlights 2024-2025:

- Led a stall asking members of the public for their thoughts on how the NHS can be more inclusive and presence on march at Lincoln Pride 2024. LCHS joined talking about their services.
 - Supported LPFT with events during LGBT+ history month and face to face event in July.
 - Contributing to LGBTQ+ themes with policy development and reviews.
 - Attended and promoted across the Trust a webinar hosted by LCHS that was open to the group on Trans Remembrance Day
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‘Understanding Trans Healthcare, Belito Bale during Disability History month celebrations.

REACH Network (Race, Ethnicity and Cultural Heritage)

REACH staff network is one of our longest established networks and continues to provide professional support and expertise by experience and guidance in relation to race equality matters, alongside peer support to all colleagues and particularly to the internationally educated staff joining the Trust.

REACH network highlights 2024-2025:

- Led Black History Month for Lincolnshire system and included a variety of sessions including: A Conference delivered with Macmillan focused on Health Inequalities supported by external and internal speakers from Macmillan, Cancer services, Palliative team, Dr Alice Mpofu-Coles, WO1 R Mukungunugwa, Library services, the Talent Academy, Systemwide Book Group and personal stories from all the system networks. This included a panel discussion with Trust Board, Michelle Bateman, Chief Nurse from Derby. Throughout the month there was online webinars including one from Heads of LCHG EDI Team on Allyship.
 - The Leanne Pero Foundation was a national support group for BME women to raise awareness about the differences in cancer experiences and to address how people were feeling. The REACH network was able to fund online sessions and through this group it was found that the patient wig voucher does not offer ethnic hair as an option. This has now been addressed and it is now possible to obtain funding to get ethnic wigs improving working practices and creating more inclusivity.
 - The Equality Diversity and Inclusion calendar was being used across the group and the catering staff were incorporating awareness days into their menus such as Windrush, Shrove Tuesday and Fat Tuesday sharing donuts.
 - A Diwali competition was held where the wards came together and celebrated Diwali with food.
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- Led Lincolnshire system family funday football for Africa Day.
- REACH chairs supported delivery of a recorded presentation by the CODE chair at LCHS and the MAPLE chair on understanding microaggressions and protected characteristics and this was delivered as part of Race Equality Week. The session was informative and gave a wider perspective on microaggressions for all protected characteristics.
- Collaborative working with the international recruitment team and recruitment as part of substantive roles were seeing responses in surveys to show that the 'you said, we did' changes were working.
- Collaborative working with Chaplaincy, Charity, EDI Team and REACH Staff Network to give out packs for staff at the start of Ramadan.
- Continued work through our United Discrimination campaign.
- Trish Tsuro, Staff Network chair shortlisted for Chair's Award at Staff Network awards.

Women's Network

The Women's network is an inclusive group for women working at ULHT. They aim to support women in both their personal and professional development as well as creating an inclusive, fair and equitable environment from which all can thrive and succeed.

Women's network highlights 2024-2025:

- The Women's Network launched the Women's Leadership Academy in November 2024 with 50 female leaders across Level 5 and Level 7 apprentices.
 - The Women's Network actively supported the work to implement the NHS Sexual Charter and associated training and support.
 - The Menopause service continues to support ULTH staff.
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- The Pregnancy Loss Policy was launched at ULTH (and the Network supported the same Policy implementation for LCHS)
- The Fertility Policy is drafted and ready to go through the approval process.
- The Women's Network agreed to become one Women's Staff Network across the Group.
- Also, in collaboration with the Men's Staff Network roadshows to support prostate and ovarian cancer awareness month to support staff took place.
- A Business case for Breast Feeding Pods (to give a dedicated space across ULTH sites for breast feeding and expressing) has been developed.

Wonderful Women nominations had received 1176 responses in March 2025.

Conclusion:

The year 2024-2025 has been a busy and productive year in relation to the Trust's work around EDI. In this report we have provided assurance that the Trust is compliant with its statutory and contractual EDI duties. Furthermore, through the engagement with the seven staff networks we are able to evidence and demonstrate areas of innovation and excellence in improving the experience of our patients, residents and staff.

As we enter 2025-2026 we look forward to continuing our EDI journey and the opportunities of working together in the Lincolnshire Community and Hospitals Group model.

Appendices:

Appendix 1 – Lincolnshire Population Profile: Census 2021

Appendix 2 – United Lincolnshire Teaching Hospitals NHS Trust Patients' Profile 2024-2025

Appendix 3 - United Lincolnshire Teaching Hospitals NHS Trust Workforce Profile 2024-2025
