



**ML**

A care system support  
organisation



# **NHS Midlands and Lancashire Equality, Diversity and Inclusion Annual Report**

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**2023-2024**

# Accessibility Statement

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

To request any of our documents in alternative formats including in accessible PDF, large print, easy read, audio recording or braille please contact us by:

Email: [mlcsu.design@nhs.net](mailto:mlcsu.design@nhs.net)

Phone: 0300 404 2999

For further information about accessibility, please visit our website:

<https://www.midlandsandlancashirecsu.nhs.uk/statutory-notices/accessibility/>

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# Executive Summary

Welcome to the NHS Midlands and Lancashire (ML) Equality, Diversity and Inclusion (EDI) Annual Report for 2023-2024. Throughout 2023-2024, we have remained committed to promoting equality, diversity and inclusion across our organisation and in removing discrimination and reducing health inequalities by supporting our partners across the wider NHS.

This report outlines how we demonstrate compliance with equality and human rights legislation and meet our mandated equality duties, including the implementation of NHS standards. It highlights our ongoing commitment to making ML an inclusive and diverse workplace, and how we support our staff during a time of considerable change across our organisation, and the NHS commissioning landscape more broadly.

We are proud of the work we have done this year to recognise and support our diverse workforce, including the further implementation of our EDI staff networks and the appointment of our EDI Board Advisor. We are pleased with the progress we have made in relation to increasing representation of ethnically diverse and disabled staff across our workforce, and our Board. However, we recognise that there are more improvements to be made and remain focused on addressing disparities in the representation, experiences, and opportunities of staff from equality groups over the coming year.

As we move forward and into 2024, we continue to enhance the equality agenda across ML, embedding inclusive decision-making practices and processes and celebrating our skilled and diverse workforce. We recognise that there will be challenges ahead, as we move through a management of change process, and as the NHS commissioning landscape continues to evolve - we are committed to ensuring that equality, inclusion, and diversity are at the heart of what we do as we move through those changes together.



# Introduction

At NHS Midlands and Lancashire (ML), we specialise in providing care system support to NHS commissioning organisations across the country including Integrated Care Boards (ICBs), Integrated Care Integrated Care Systems (ICSs), NHS England and NHS Improvement, as well as other partners.

We have over 1900 care system support specialists and subject matter experts across our workforce, supporting urban and rural populations with the full range of NHS challenges in planning, commissioning and providing health and care services.

Working with a total of nine healthcare systems, totaling one quarter of England's population, our work is underpinned by our value that 'people matter' - we remain committed to providing both an inclusive workplace for our staff, and access to inclusive and high-quality care for the patients and communities we serve.

This publication sets out the work we have done this year relating to Equality, Diversity and Inclusion (EDI). It outlines our evidence for complying with our legal and mandated equality duties such as the Equality Act 2010 and Public Sector Equality Duty (PSED) 2011. This includes the requirement for public sector organisations to publish their equality information annually. The report also highlights the positive work we have done towards advancing the equality agenda within our organisation, including the implementation of EDI initiatives and support offers for our staff.



**Over 1,900  
skilled NHS**



**Supporting nine  
healthcare systems**



**28 supply chain  
partners**

# Our Equality Duties

## The Equality Act 2010 and Public Sector Equality Duty 2011

All public sector bodies have a duty to meet the requirements of the Equality Act 2010 and the Public Sector Equality Duty (Section 149) within it. The Public Sector Equality Duty (PSED) requires decision makers to show 'due regard' to the three general aims of the duty listed below:

- 1 Eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited by or under the Act.
- 2 Advance equality of opportunity between people who share a relevant protected characteristic and people who do not share it.
- 3 Foster good relations between people who share a relevant protected characteristic and people who do not share it.

The PSED requires public sector bodies to proactively address issues of inequality and to meet the requirement with a rigorous and carefully considered approach. For example, the duty to advance equality of opportunity requires public sector bodies to consider where there may be opportunities to address issues of inequality within any relevant activities being undertaken.

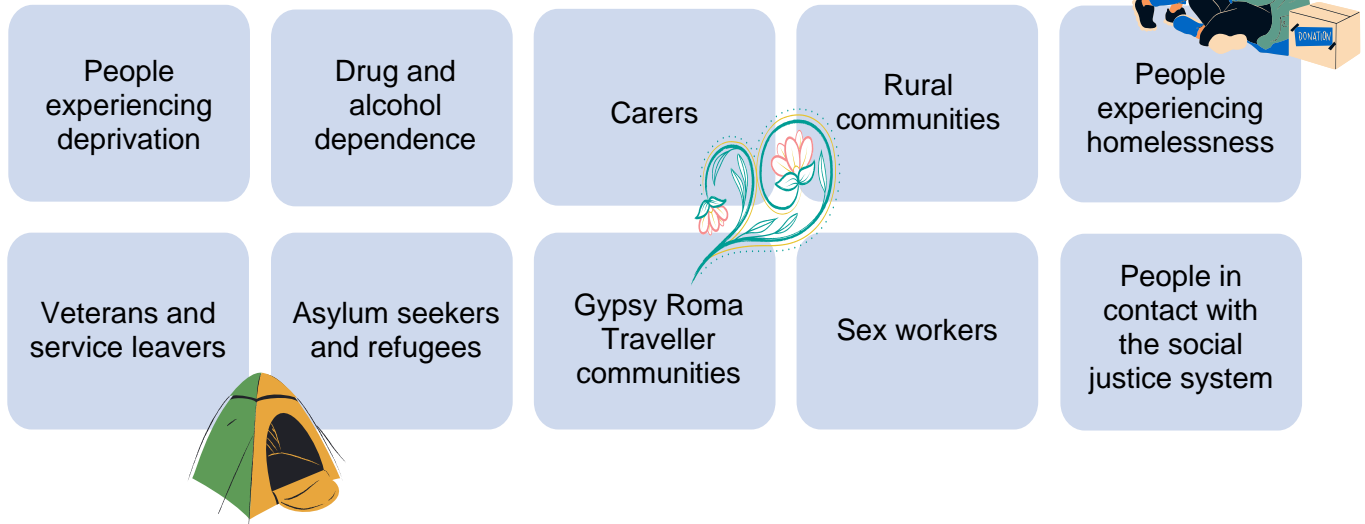
The Equality Act 2010 and PSED specifically cover the following groups known as the nine protected characteristics:



## Inclusion Health Groups

In addition to the protected characteristic groups listed above, there are additional groups that experience health inequalities and face disadvantage in society that we consider in the work we do and decisions we make – these groups are known as inclusion health groups.

Inclusion health groups are those that are most likely to be affected by health inequalities and experience inequalities of access. They include (but are not limited to):



It is important to note that the above protected characteristics and inclusion health groups are not exclusive. Many of us may move through protected characteristics within our lifetime.

Most health inequalities exist in the intersections between protected characteristics and inclusion health groups. Health inequalities are defined as ‘unfair and avoidable differences in health across the population, and between different groups within society.’<sup>1</sup>

Health inequalities such as lower life expectancy, the prevalence of long-term conditions and/or barriers when accessing healthcare services are closely linked to wider determinants of health such as quality of housing, education, and unemployment.

## Intersectionality

Intersectionality is the understanding that people are often disadvantaged by multiple factors such as their race, class, gender identity, disability, sexual orientation, religion, and other identity markers.

Intersectionality recognises that identity markers (for example, ‘woman’ and ‘black’ and ‘homeless’) do not exist independently of each other. As such, we recognise the importance of understanding the needs of protected characteristics and inclusion health groups, and how they can intersect with wider determinants of health.

<sup>1</sup> Source: <https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvementprogramme/what-are-healthcare-inequalities/> Link accessed: September 2022

## Practically applying the public sector equality

### Consciously Consider

Put simply, 'due regard' means to consciously consider. The process of consciously considering is not specifically defined within law, however, there are several factors and principles that can be used to demonstrate due regard. Some of these include:



- **How relevant the decision is** to the three aspects of the PSED.
- **The potential impact** something could have on people's long-term life outcomes if the requirements of the law are not met adequately. For example, accessing healthcare and the quality of care is likely to have an impact on people's long term life outcomes.
- **The 'scale' and 'reach' of the potential impact** if the requirements of the law are not adequately met.
- **What inequalities may exist** if equality requirements are not carefully considered. For example, inequality within pregnancy may mean that women from certain ethnic groups are at greater risk of having a stillbirth.

There are some helpful principles commonly referred to in caselaw that further outline how due regard to the PSED can be demonstrated. These include:

### The Brown Principles and Due Regard

Case law sets out broad principles that outline how public bodies can have due regard to the aims of the PSED. These are referred to as The Brown Principles:

Decision makers must be aware of the PSED and demonstrate due regard to its aims.



Duty is non-delegable and continuous and is a responsibility of the organisation.

Organisations must keep an accurate record of evidence of decision making and consideration of PSED.

Duty must be exercised in substance, with rigour and with an open mind. Not a box ticking exercise.



Due regard is fulfilled before and at the time a decision is being considered.



An organisation is unable to satisfy the duty by justifying a decision after it has been taken.



## The Bracking Principles

In *Bracking v Secretary of State for Work and Pensions* [2013] the following principles were established:

A body must assess the risk and extent of any adverse impact and the ways in which such risk may be eliminated before the adoption of a proposed policy.

The equality duty is an integral and important part of the mechanisms for ensuring the fulfilment of the aims of anti-discrimination legislation.

An organisation must have enough available evidence to demonstrate that it has discharged the duty.



## The Gunning Principles

The Gunning Principles specifically relate to demonstrating due regard throughout consultation processes with stakeholders. They include the following principles:

Consultation must take place at the formative stage of the proposal - **before** any decisions have been made.

Adequate time must be given for those involved in consultation to **meaningfully consider** and respond.

Sufficient (and **accessible**) information must be put forward to allow for consideration and response.

Conscientious consideration of consultation should be taken **before** decisions are made.



## Human Rights Act 1998

The Human Rights Act 1998 set out universal standards to ensure that a person's basic needs are recognised and met. Public authorities have a mandated duty to ensure they have arrangements in place to comply with the Human Rights Act 1998. It is unlawful for a healthcare organisation to act in any way that is incompatible with the Human Rights Act 1998.

In practice, this means we must treat individuals with Fairness, Respect, Equality, Dignity and Autonomy. These are known as the FREDA principles.

## Health and Social Care Act 2012

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

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



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

## Modern Slavery Act 2015



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

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

To view our Modern Slavery Act Statement on our website, please follow this link: [Modern Slavery Act - NHS Midlands and Lancashire \(midlandsandlancashirecsu.nhs.uk\)](https://midlandsandlancashirecsu.nhs.uk)

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

The Social Value Act applies to all Public Services in the United Kingdom. It requires Public Sector authorities to consider how proposals and procurements might improve the economic, social and environmental wellbeing of the relevant area, and how, in conducting the process of procurement, it might act with a view to securing that improvement.



# NHS England Mandated Requirements

## The Workforce Race Equality Standard (WRES)

The WRES is an improvement tool that allows organisations to measure the experiences and opportunities of staff from ethnically diverse groups. At present, this standard is a requirement for NHS commissioners and NHS healthcare providers including independent organisations. This includes:



- Requirements to collect and publish workforce and workforce training data (see section on workforce data).
- The need for ML to publish an annual WRES report on our website.

## The Workforce Disability Equality Standard (WDES)

The WDES is an improvement tool that allows organisations to measure the experiences and opportunities of staff with disabilities in the workplace. At present, this standard is mandated for NHS Trusts and NHS Foundation Trusts and includes:



- Requirements to collect and publish workforce and workforce training data.

ML is not currently required to submit WDES data, although this may change in the future. ML conducted the WDES in 2022 and 2023.

## The Equality Delivery System (EDS) 2022

The EDS is a performance framework that aims to organisations review and improve their equality related performance for patients, communities and staff in relation to the nine protected characteristics groups outlined in the Equality Act 2010. EDS currently applies to NHS commissioners and providers and consists of three domains:



Domain 1: Commissioned or provided services.

Domain 2: Workforce health and wellbeing.

Domain 3: Inclusive leadership.

## The Accessible Information Standard (AIS)

The AIS places a duty on NHS organisations to meet the communication needs of patients. This includes:

- Requirements to collect information about patient communication needs and produce information in accessible formats such as Easy Read, large print or braille.



# Demonstrating Due Regard

The three aims of the Public Sector Equality Duty (PSED) need to be considered when making decisions and devising policies. This includes planning and decision-making processes.

Under the PSED, public organisations such as ML are required to understand and consider the potential impact of its activities on people with protected characteristics. Where these are not immediately apparent, it may be necessary to carry out some form of assessment or analysis in order to understand them.



## Equality Impact Assessments

At ML, we have established several processes to ensure that we, alongside our partners, consider equality and human rights within decision making processes and day-to-day work. Equality Impact Assessments (EIAs) are a primary tool for demonstrating how we and our partners have demonstrated 'due regard' and met our legal equality and human rights duties. EIAs can be carried out for the following:

- Changes in service – commissioning or decommissioning.
- Policy development or policy review.
- Strategy development or strategy review.
- Change in work practices, policies, and procedures.

The list below provides a snapshot of some of the EIAs conducted by ML for 2023/2024:

- Management of Change.
- Appraisal Process and Documents.
- Working with the Pharmaceutical and Biotech Industries.
- Clinical Risk Management Process.
- Blu Tech System.
- Staff Celebrations and Long Service Awards.
- Cultural Indicators project – Introduction of ML Quarterly People Pulse Survey.
- Kantata (system wide resourcing software) - Kantata will be used to assess staff's skills and abilities and allocate projects and work based upon them.
- Heron House ML Base / Building Closure.
- Environmental Sustainability Policy.

# Our Workforce

ML has a strong and resilient workforce of over 1,900 highly skilled professionals and subject matter experts, many of them leaders in their field.

As an organisation, we monitor our workforce against the following protected characteristic groups:



Workforce diversity monitoring is an important means of demonstrating, implementing, and promoting equality of opportunity. It provides a demographic picture of diversity within organisations and can help to identify barriers that prevent access to employment and career development for certain groups of people, and to develop solutions such as positive action plans or alternative policies and practices. It also promotes visibility of equality groups, and this can make employees feel more comfortable in the workplace.

NHS organisations routinely ask their employees to provide diversity monitoring information when they join or undertake staff engagement and learning activities. In January 2019, ML started to use Electronic Staff Records System (ESR). This system allows for diversity monitoring information to be updated at any time by an individual member of staff.

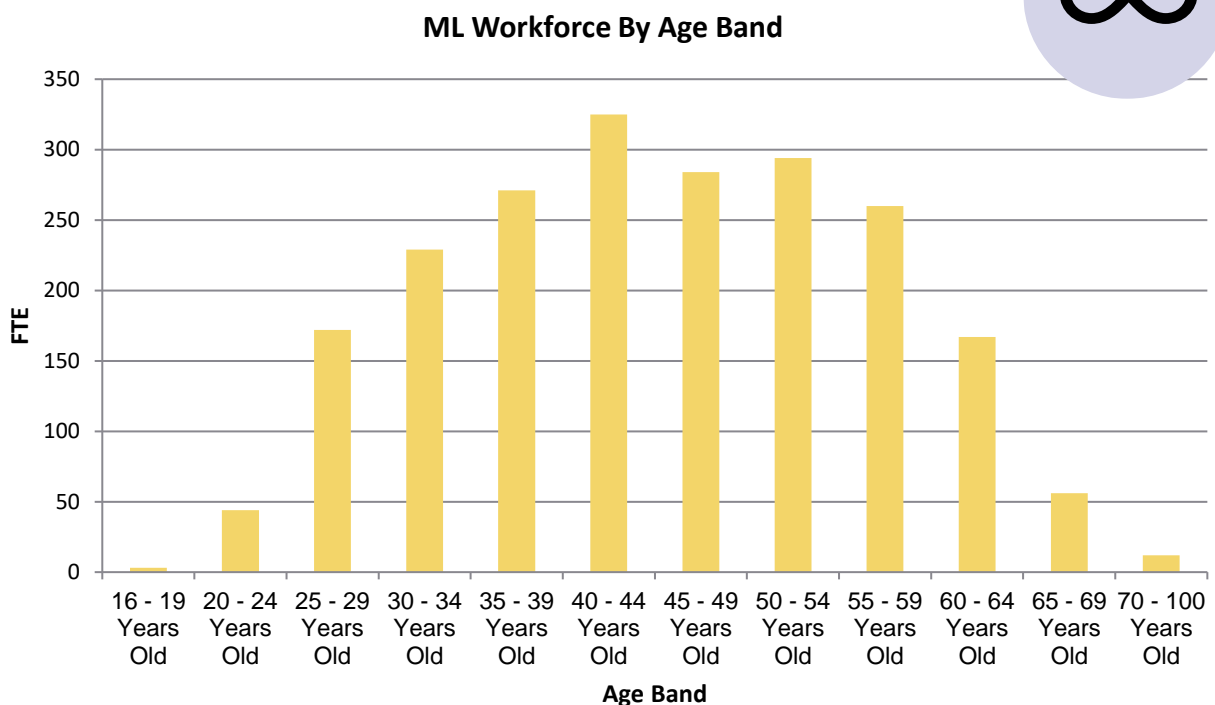


## Workforce Profiles

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

The following charts show a breakdown of our workforce by protected characteristics. Data on Age, Disability, Sex, Sexual Orientation, Ethnicity, Religion or Belief, Marriage and Civil Partnership, and full and part-time employees is collated. Pregnancy and Maternity and Gender Reassignment have been omitted due to some numbers being small (less than 10) to ensure individual staff cannot be identified from the data, in line with the UK Data Protection Law.

### Age



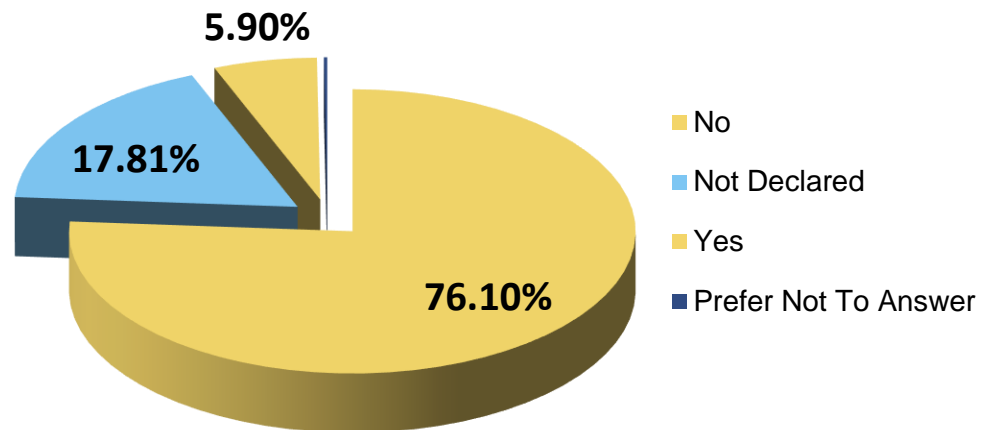
#### Analysis:

- The largest proportion of ML staff are aged 40-44 at 15.35%, closely followed by staff aged 50-54 (13.89%) and 45-49 (13.42%).
- There are lower rates of staff aged 25-29 at 8.12% and those aged 60-64 at 7.89%.
- There are notably lower rates of staff aged 65-69 (2.65%), 20-24 (2.08%), 70-100 (0.57%) and 16-19 (0.14%).

## Disability



### ML Workforce By Disability Status



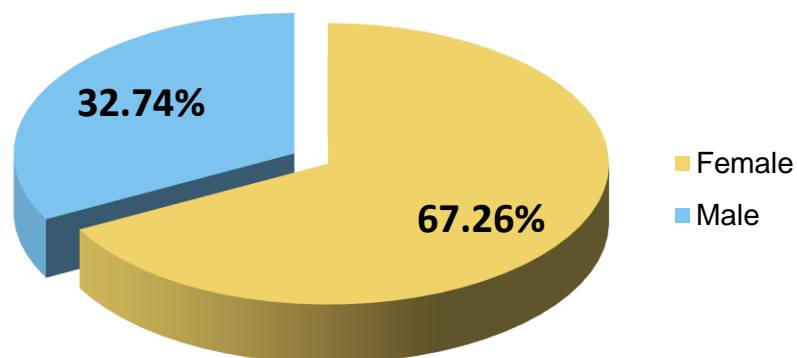
### Analysis:

- 5.9% of our workforce have declared that they have a disability. However, this percentage is likely to be higher as staff who have a disability may choose not to declare.
- 17.81% of ML staff have not declared whether they have a disability – this figure is notably high and indicates that the percentage of staff with a disability is likely to be higher than 5.9%.

## Sex



### ML Workforce By Sex



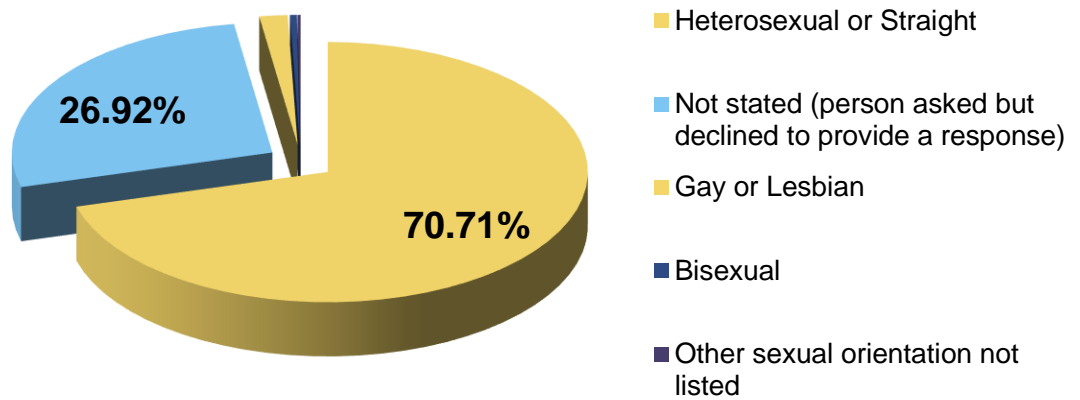
### Analysis:

- The majority of ML staff are female at 67.26%.
- Our male workforce accounts for 32.74% of our total workforce.

## Sexual Orientation



### ML Workforce By Sexual Orientation



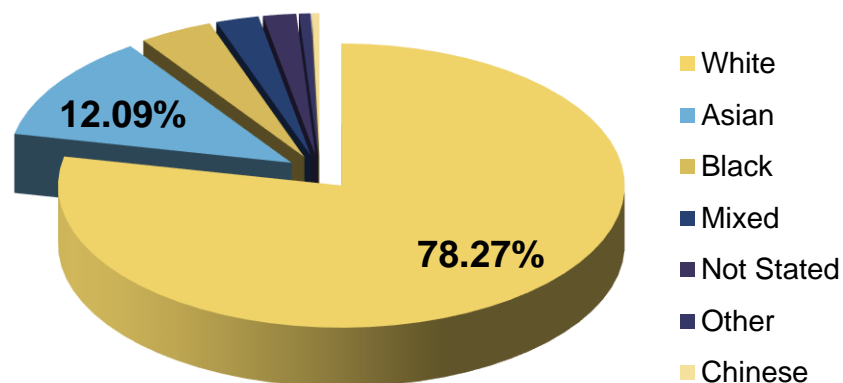
#### Analysis:

- 70.71% of ML staff have declared that they are heterosexual or straight.
- 26.92% of staff chose not to declare their sexual orientation.
- Under 5% of staff declared they were gay or lesbian, bisexual or were another sexual orientation not listed.

## Ethnicity



### ML Workforce By Ethnicity



#### Analysis:

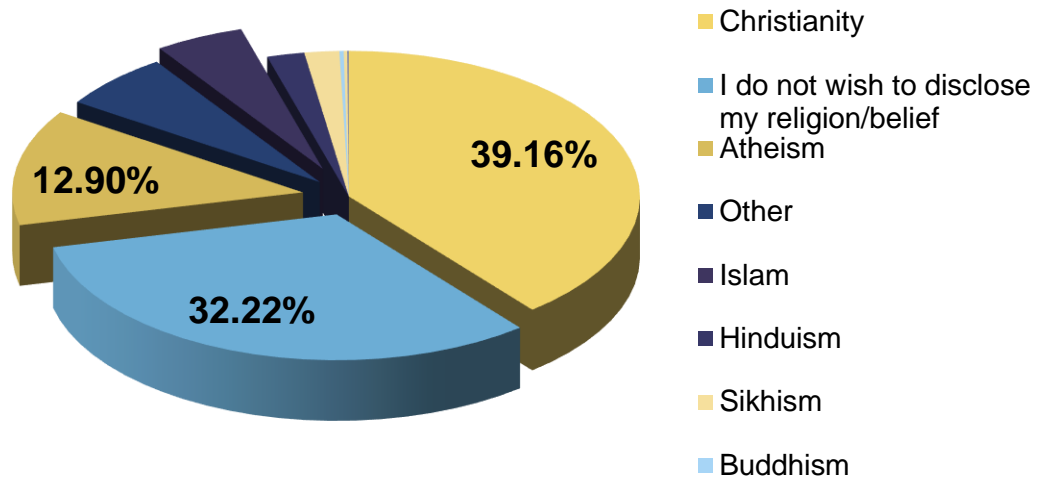
- 78.27% of our workforce identify as White and 12.09% identify as Asian.
- Under 5% of staff identify as being from other ethnic groups including Black, Mixed, Chinese, other and not stated.



## Religion and Belief



ML Workforce By Religious Belief



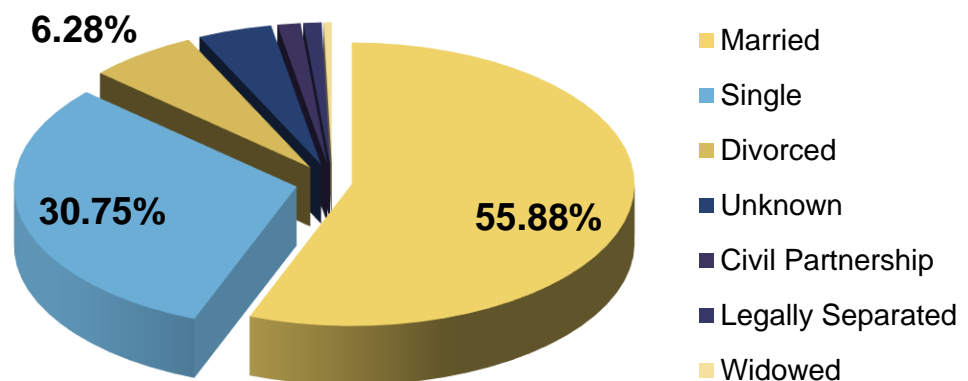
### Analysis:

- Over a third of our workforce are Christian at 39%.
- 32.22% of our staff have chosen not to disclose their religion or belief.
- 12.9% of our workforce identify as Atheist and 6.24% identify with another religion or belief.
- There are under 5% of staff from all other religions and beliefs including Islam, Hinduism, Sikhism, Buddhism, Undefined, Jainism and Judaism.

## Marital Status



ML Workforce By Marital Status



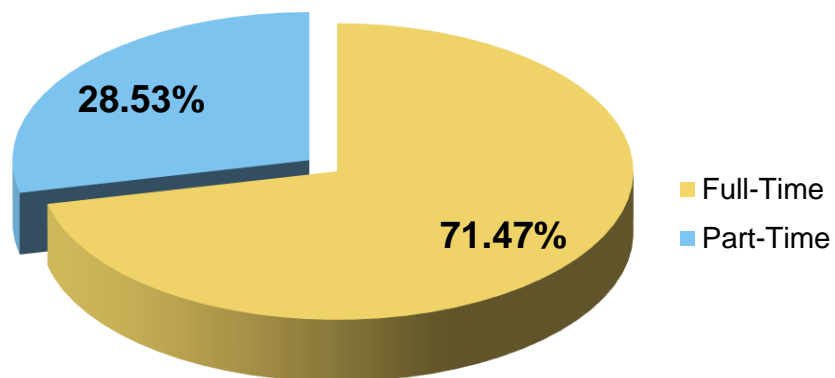
### Analysis:

- Our workforce data shows that 55.88% of our workforce are married.
- 30.75% of our workforce are single and 6.28% are divorced.
- Under 5% of staff are in a civil partnership, legally separated, widowed or have an unknown status.

## Participation



### ML Workforce By Participation



#### Analysis:

- At ML, most of our workforce work fulltime at 71.47%. A total of 28.53% work part time.
- All staff can request a flexible working arrangement that both enhances their work life balance and fits with the needs of our service delivery.
- We also have a working arrangement called the 9-day fortnight which allows staff to request working their full-time hours of 37.5 hour over 9 days.

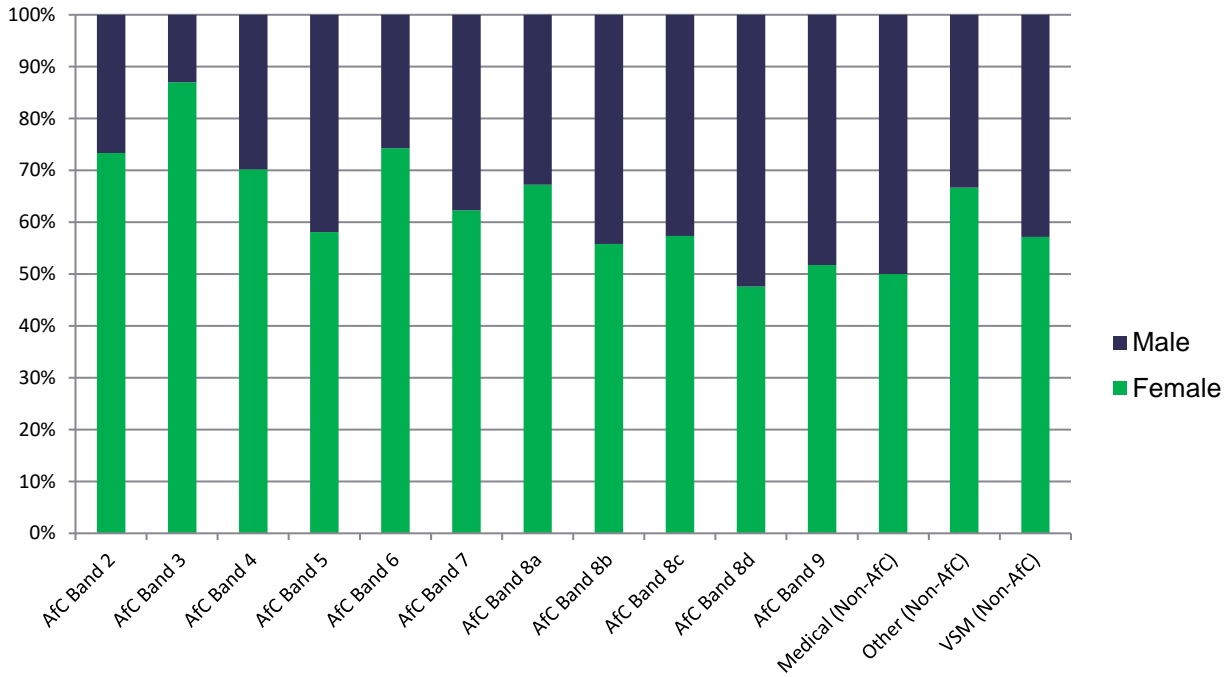


# Gender Pay Gap

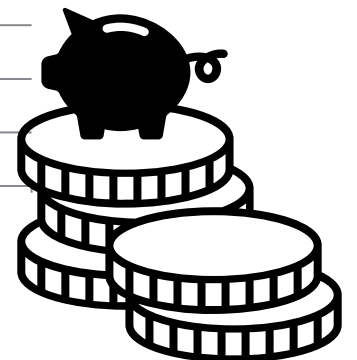
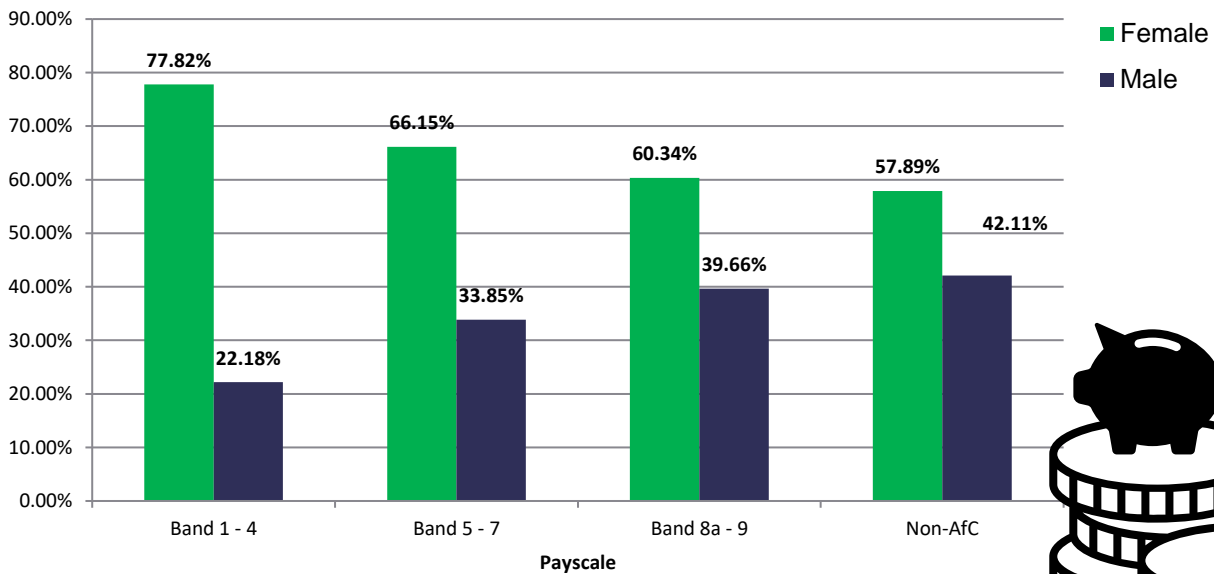
All organisations within the United Kingdom with more than 250 employees are required to publish details of their gender pay gap annually. The specific requirements of the Equality Act 2010 Act (Gender Pay Gap Regulations) 2017 are to publish information for the specific measures detailed in this report.

As of the 31 March 2023, ML employed 2051 people, comprising of 66% women and 34% men.

**ML Workforce: Payscale By Sex**



**ML Workforce: Payscale By Sex**



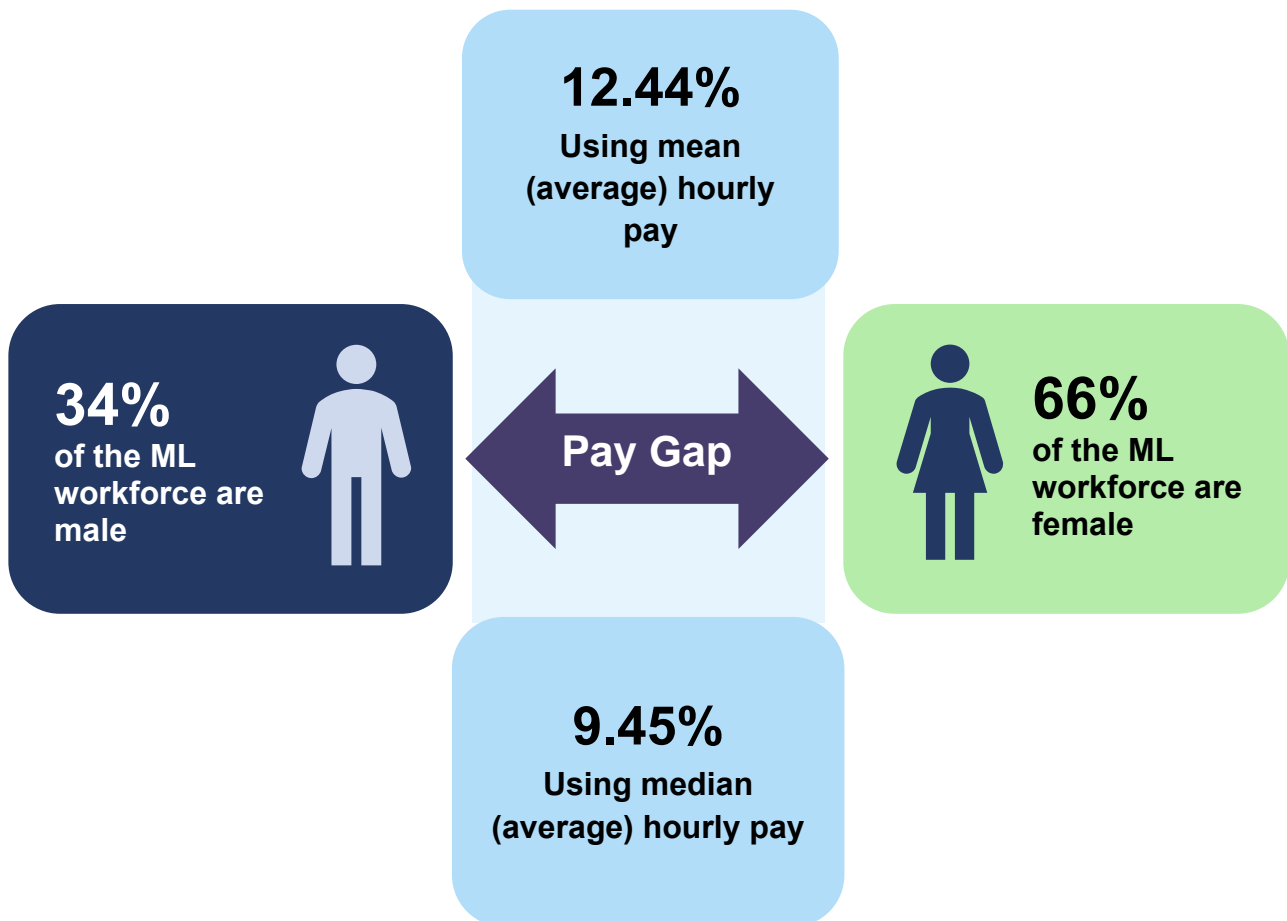
### Analysis:

- Our workforce is predominantly female, mirroring the overall NHS workforce.
- There are higher percentages of females across all AfC bands when compared to males.
- There are higher percentages of females in lower bands, with significantly higher percentages of females in bands 1-4 when compared to males.
- Across the workforce, there are lower percentages of male staff in lower bands and higher percentages of male staff in the higher and non AfC pay bands.
- The highest percentage of females is in bands 1-4. In contrast, the highest percentage of males is in Non AfC roles.

## Salary Pay Gap

Based on the government's methodology ML has identified a mean gender pay gap of 12.44%. This is calculated as the percentage difference between the average hourly salary for men and the average hourly salary for women.

The median gender pay gap of 9.45% is calculated as the percentage difference between the midpoint hourly salary for men and the midpoint hourly salary for women. This means our average male salary is higher than the average female salary across our organisation.



## What are we doing to address the Gender Pay Gap?

At ML, we are committed to addressing the gender pay gap and are undertaking a range of actions to reduce the gap and ensure an equal and inclusive workplace.

We are currently working towards the following actions:

- Continuing to invest in Equality, Diversity, and Inclusion.
- Working in partnership with our newly appointed Equality, Diversity, and Inclusion Board Advisor, to ensure ML is an Attractive, Caring and Equitable organisation, where everyone achieves their potential and is supported to thrive. The EDI Board Advisor will provide support and challenge us as we progress work to be a more inclusive organisation.
- Continuously review our inclusive approaches to recruitment and talent management.
- Provide our workforce with greater flexibility to carry out their role, offering a range of flexible working options.
- Being transparent in promotion, pay and reward processes.
- Driving a culture to support belonging.
- Responding to staff surveys results and implementing action actions to drive improvements.
- Supporting the development and growth of our local EDI Staff Networks.



# Workforce Reporting

As an organisation, we conduct workforce reporting to identify and address any disparities in the experiences of, and outcomes for our staff and set out action plans to mitigate where disparities exist. This includes Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) reporting.

## The Workforce Race Equality Standard (WRES)

The Workforce Race Equality Standard (WRES) is a mandated requirement for NHS organisations as set out within the NHS standard contract. The WRES has been developed as a tool for organisations to measure progress against a number of indicators relating to the experiences, opportunities and representation of ethnically diverse staff. As part of this, we are required to collect, analyse, and report on our workforce ethnicity data, producing an action plan to address any disparities identified.



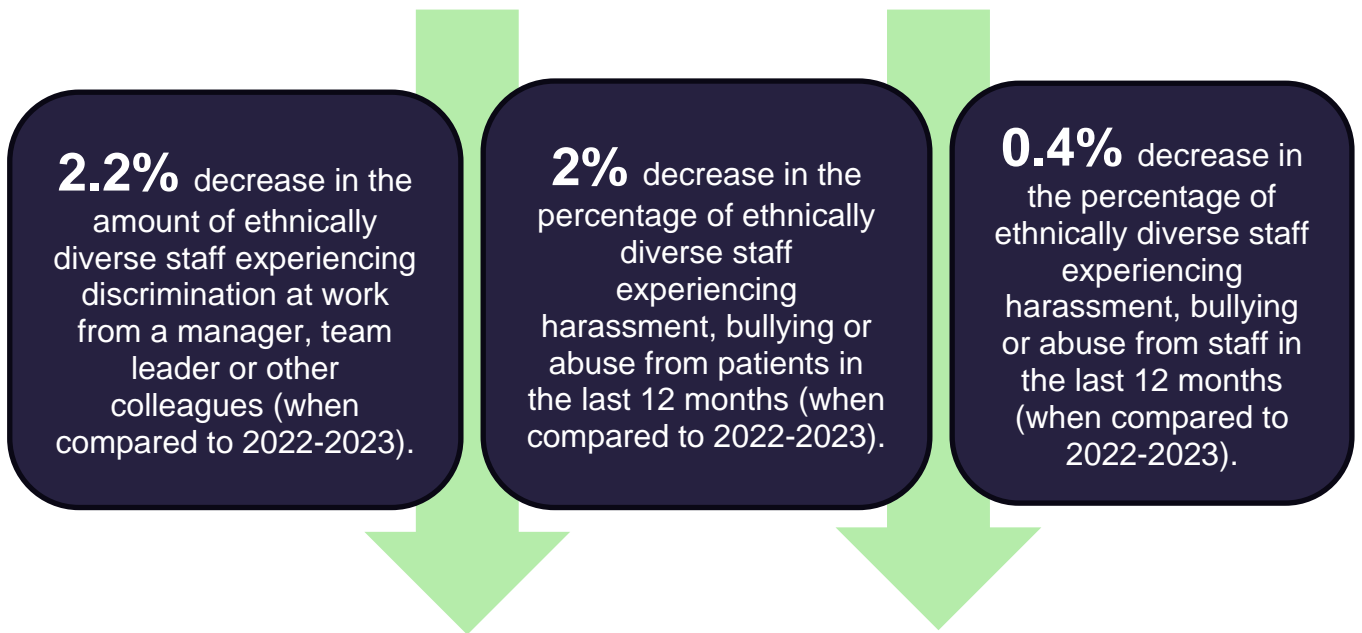
Our WRES data for 2023-2024 indicated notable improvements across our organisation in relation to the representation of ethnically diverse staff at board and executive level, and the experiences of our ethnic minority staff. The main highlights are:

**0.8%** increase in ethnically diverse staff across all Bands (when compared to 2022-2023).

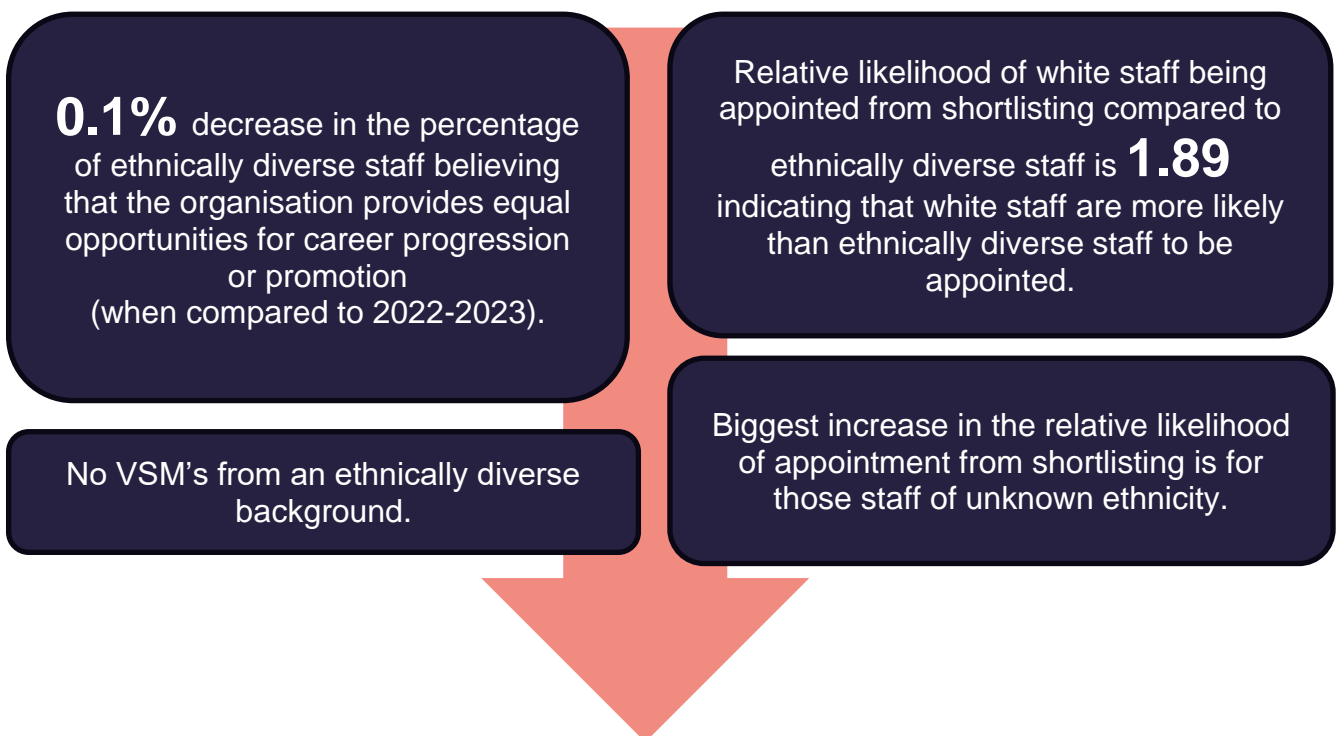
**1%** increase of relative likelihood of appointment from shortlisting for ethnically diverse staff (when compared to 2022-2023).

**2%** increase in ethnically diverse staff at Bands 8a and above (when compared to 2022-2023).

Improvements in three of the four staff survey WRES questions (when compared to 2022-2023).



Despite the positive improvements across several WRES indicators in 2023-2024, we recognise that there remain areas for improvement. In particular, this year's data has highlighted that we need to improve across the following areas:

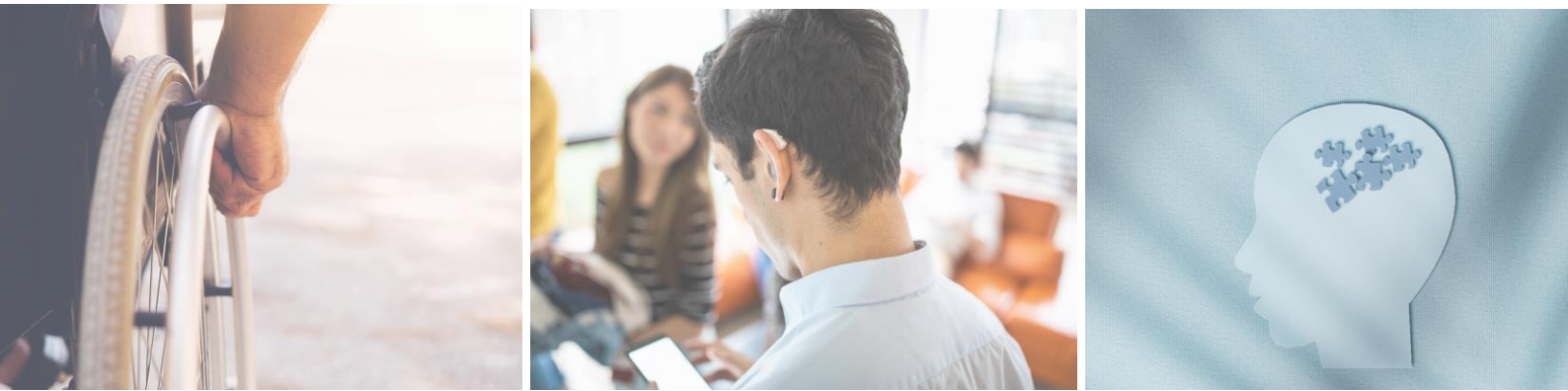


Over the next year, we will continue to work to advance race equality across our organisation. We will aim to address any disparities in experience and opportunity for our ethnically diverse staff through our WRES action plan and will provide an update on progress made in our WRES report for 2024-2025.

## The Workforce Disability Equality Standard (WDES)

The Workforce Disability Equality Standard (WDES) is a set of ten specific measures which allows NHS organisations to compare the experiences, opportunities and representation of disabled and non-disabled staff in the workplace.

Year-on-year comparison of WDES data enables NHS organisations to demonstrate progress against the indicators of disability equality. As ML first implemented the WDES in 2022, this is the first year in which we have been able to make direct comparison of our data. As such, caution should be taken when interpreting the findings.



Although ML is not required to implement the WDES, since 2022, we have analysed WDES data and reported on our findings. Our WDES data for 2023-2024 highlighted several improvements across our organisation in relation to the representation of staff with disabilities and the experiences of staff with disabilities. However, caution should be taken with these findings as this is the first year in which we have been able to conduct comparative analysis. The main improvements are:

**1.38%** increase in the proportion of disabled staff employed in ML.

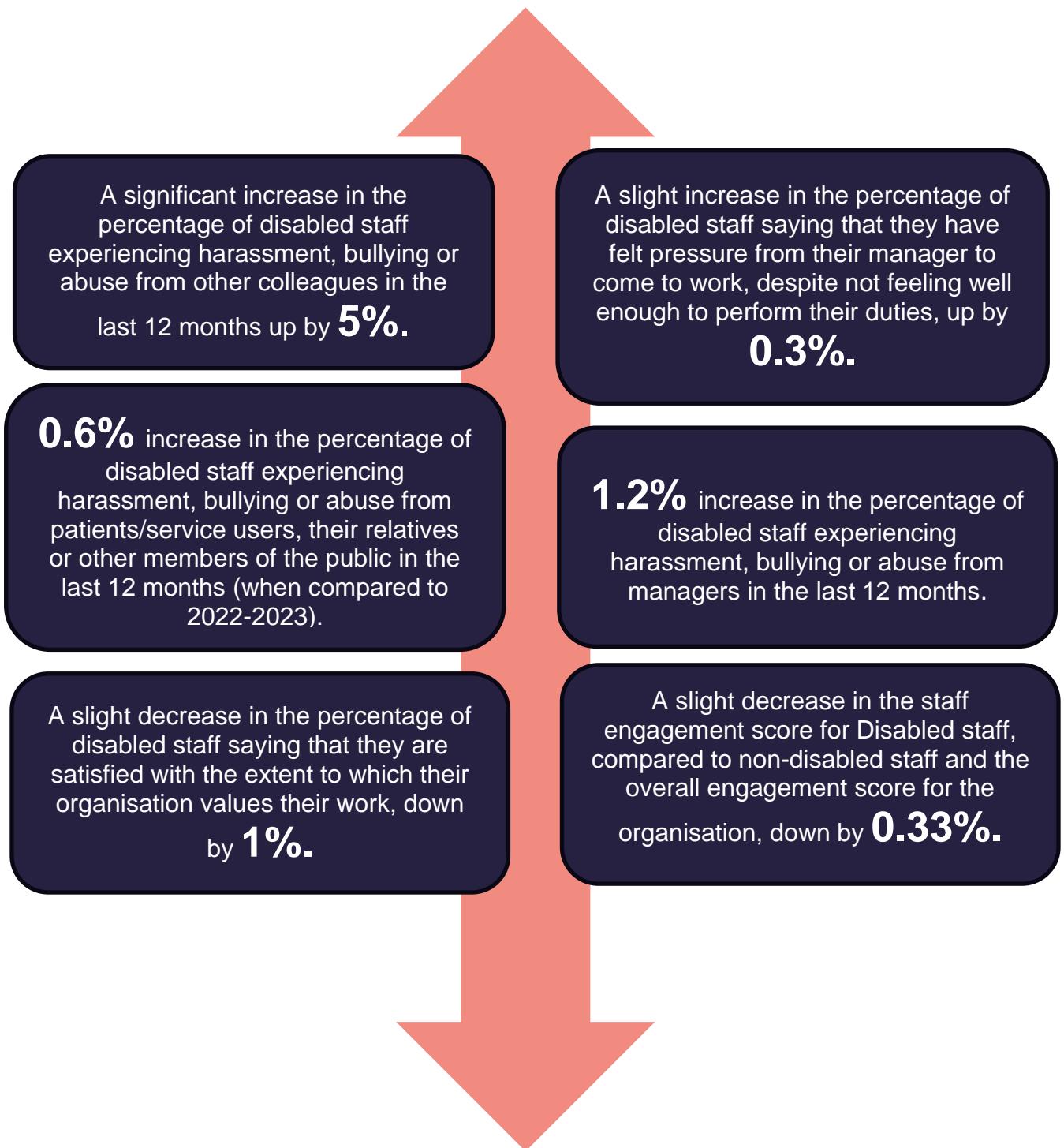
**2.6%** increase in staff self-reporting their disability status.

A significant increase in the percentage of staff believing that their organisation provides equal opportunities for career progression or promotion, up by **4.5%**.

A significant **6.7%** increase in the percentage of disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months.



Although the data indicates that we have improved across several WDES indicators, we recognise that there remain areas for improvement. In particular, this year's data has highlighted that we need to improve across the following areas:



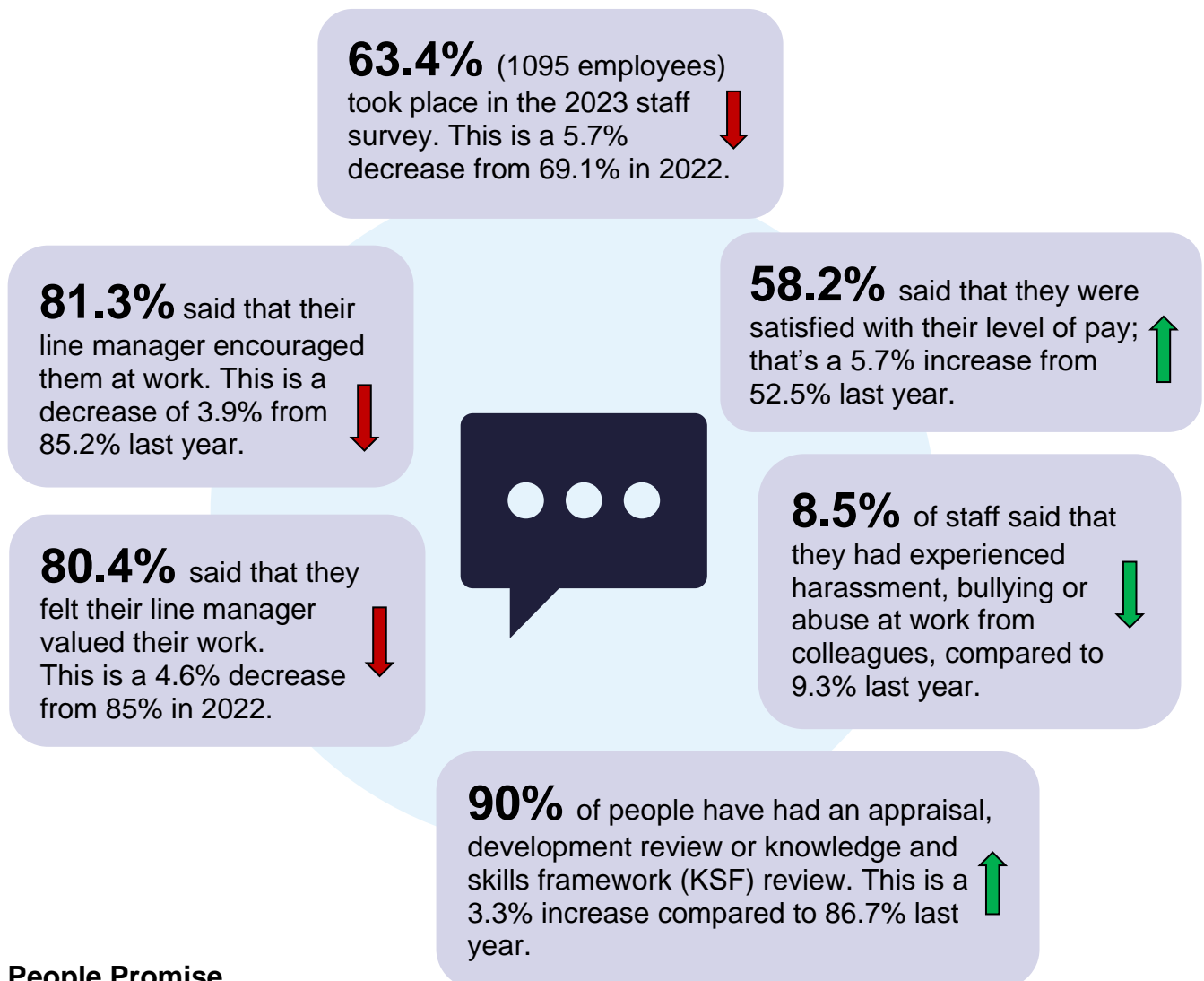
Over the next year, we will continue to work towards providing equal opportunities for our disabled staff, and to increase representation of disabled staff across all levels of our organisation. We will aim to address any disparities in experience and opportunity through our WDES action plan and will provide an update on progress made in our WDES report for 2024-2025.

# Staff Experience

ML currently participates in the annual NHS staff survey, which is closely aligned to the NHS People Promise, and our quarterly People Pulse Survey. The NHS staff survey is commissioned by NHS England and is administered by the Survey Coordination Centre. It runs during the autumn with reporting available in the following spring.

All participating organisations in the NHS staff survey use an independent approved supplier. We commissioned Quality Health to administer our survey and provide results data to the Survey Co-ordination Centre on our behalf, to ensure the process delivered full anonymity and transparency. An overview of our NHS Staff Survey result is presented below.

## NHS Staff Survey Results



## People Promise



We scored **7.6** out of 10 for 'We are compassionate and inclusive'. Last year we scored 7.8.



We scored **6.9** out of 10 for 'We are recognised and rewarded'. Last year we scored 7.0.



We scored **7.0** out of 10 for 'We each have a voice that counts'. Last year we scored 7.2.



We scored **6.8** out of 10 for 'We are safe and healthy'. Last year we scored 6.9.



We scored **5.8** out of 10 for 'We are always learning'. Last year we scored 5.9.



We scored **7.6** out of 10 for 'We work flexibly'. Last year we scored 7.7.



We scored **7.2** out of 10 for 'We are a team'. Last year we scored 7.4.

### Additional measures



We scored **6.9** out of 10 for Staff Engagement. Last year we scored 7.1.



We scored **6.4** out of 10 for Morale. Last year we scored 6.6.

### Next steps

Following the results of the NHS Staff Survey 2023, ML have identified three corporate priorities for the next 12 months in 2024/2025. Our three priorities for the next 12 months are as follows:

1. My organisation takes positive action on health and wellbeing.
2. There are opportunities for me to develop my career in the organisation.
3. I am confident my organisation will address my concern.

As well as looking to address our organisational priorities this year, we also want to see the results 'come to life' by enabling teams to take action locally where we feel we can add the most value to improve your experience at work.

As such, we are asking directors and leaders in services to review their local results, and to develop action plans tailored to what their teams would like improved.



# Supporting Our Workforce

As part of our commitment to creating supportive and inclusive environments for our workforce, and in meeting our legal equality duties, we have the following policies, processes and initiatives in place.

## Our working environment

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

- EDI Staff Networks
- Mental health and wellbeing support – the ‘Let’s Talk Network’.
- Access and reasonable adjustments.
- Supporting information for staff on Nugget.
- Freedom To Speak Up Champions
- Union representatives – Staff Side.
- Human Resource Policies.
- Flexible working arrangements.
- Access to training and development opportunities.
- Benefit and discount schemes.



## EDI Staff Networks

Staff Networks are staff-led communities of purpose. They create a dedicated space for staff to come together to support each other, raise awareness and influence meaningful change in the workplace. A network is usually focused on underrepresented groups, or groups that may face unfair treatment in the workplace and is an important tool in promoting diversity and inclusion.

Supporting our people and their wellbeing by creating a diverse and inclusive organisation, is at the heart of our commitment to developing specific Staff Networks. Following our EDI listening exercise in 2020, ML identified the need to provide supportive and inclusive spaces for our staff to come together to support each other, raise awareness, and influence meaningful change in the workplace. We currently have three networks that staff can join:

- Disability Network
- LGBTQ+ Network
- Ethnic Diversity Network

The networks also welcome allies – people who don't necessarily identify as the above but are willing to actively support another person or group to remove external barriers. Allies play a crucial role in making workplaces equitable.

“

“We are a voluntary group of ML employees who have come together based on shared identity or life experience. We are passionate about creating organised and empowered networks which will benefit the CSU and make it a diverse and inclusive workplace.”

”



## Health and Wellbeing

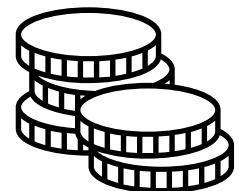
At ML, our approach to health and wellbeing focusses on both prevention and self-management, providing access to the right health interventions by:

- creating a healthy and supportive environment.
- upskilling our employees and managers.
- providing quick and easy access to resources and services.

We have a range of health and wellbeing support available to our staff including targeted offers relating to:

### Financial wellbeing

- We have partnered with Salary Finance, a financial wellbeing provider that provides products, tools, and support to help people become financially happier and healthier by helping them pay less for debt, build savings and learn more about how to manage their finances.



- We offer debt support and advice on coping with financial stress.
- Discounts are available to NHS staff including Blue Light Card
- Salary sacrifice schemes including Cycle to Work, NHS fleet solutions and Childcare vouchers.

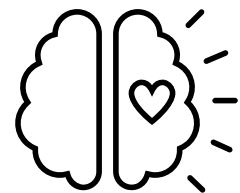
### Physical wellbeing

- We have dedicated Health and Wellbeing Champions that raise awareness of the resources available to support staff and promote the importance of maintaining health and wellbeing.
- Targeted support programmes including Digital Weight Management and Healthier You – NHS Diabetes Prevention.
- Menopause and Musculoskeletal awareness and support
- Fitness videos and blogs – Fit in 5 and #DoingOurBit.



### Mental wellbeing

- We have qualified Mental Health First Aiders who provide support and signpost to relevant resources.
- Our Mental Health First Aiders form our 'Let's Talk Network' that raise awareness of mental health conditions and aim to reduce the stigma surrounding mental health.
- Occupational health, staff counselling and Employee Assistance Programme.
- Staff mental health, wellbeing, and resilience hubs.
- Specialist support for stress, depression, anxiety, addiction, domestic abuse, and sleep.



### Additional initiatives

- We run various Wellbeing Wednesday sessions covering different areas of wellbeing. These sessions are advertised in the Health and Lifestyle community channel in MS Teams on Nugget. Recordings of previous sessions can be found in the Health and Wellbeing Library.
- Coffee Club is a fortnightly social event open to all ML colleagues, allowing us to gather together virtually for a social catch up. Coffee Club has its own channel within the ML Community pages on MS Teams for anyone to join.
- We provide opportunities for staff to get involved with volunteering, which can be beneficial for both physical and mental health.

### Freedom to Speak Up

Freedom to Speak Up (FTSU) was first introduced in 2015 following the review of Mid Staffordshire Hospital by Sir Robert Francis QC. His report concluded that much of the scandal within that organisation was due to staff being fearful of speaking up and those

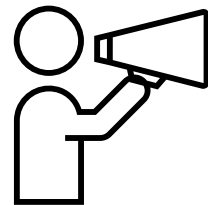
that did were not listened to and discouraged from speaking up about the poor care patients received during that time.

ML actively encourages staff to speak up about any concerns or feedback they may have. We have a dedicated Freedom to Speak up Guardian and Freedom to Speak up champions who are available to support colleagues to speak up when they feel they are unable to do so by other routes.

ML's FTSU champions raise awareness of the FTSU agenda across the organisation by being visible and accessible to staff. They are available to actively listen and discuss any issue that staff have in a non-judgemental and supportive manner, signposting and providing support on the speaking up policy and process, including escalation routes and useful contacts. In some cases, our champions may encourage staff to directly contact the FTSU Guardian.

Staff can contact our FTSU Guardians and Champions to raise a concern about anything. This may relate to the following:

- Patient safety.
- Practice and process.
- Welfare.
- Information and security.
- Make suggestions, such as improvements to the working environment.



## Trade Unions

A trade union (TU) is an organisation that represents people at work. Its main aims are to protect and advance the interest of its members in the workplace. CSUs have a partnership working agreement with recognised trade unions, and at ML we work very closely to ensure that we make any necessary changes in the right way according to all statutory and local requirements/agreements.

Staff Side is the collective group of trade union representatives at ML.

## Training And Development Opportunities

ML is passionate about supporting and developing our people and we recognise that learning doesn't just come from attending training courses. In fact, 70% of how we learn tends to come from on the job, 20% from coaching and mentoring – formally or informally, and 10% from training courses. This is commonly known as the 70:20:10 approach to learning.

### Mandated Equality Training

All ML staff are required to complete mandated Equality, Inclusion and Human Rights training. The training is available through the Staff Portal and monitored on the Electronic Staff Records (ESR).

This year, our compliance rate for mandatory Equality, Diversity and Human Rights training was **96.44%**.

## **Unconscious Bias and Invisible Disabilities Training**

In the last year, several ML teams have undertaken Unconscious Bias Training and Invisible Disabilities Training, provided by the Inclusion Unit. The training aims to give staff a general understanding and increased awareness of Unconscious Bias and Invisible Disabilities and highlight the importance and benefits of inclusive and diverse workplaces.

We have also provided this training to a range of clients including the Staffordshire and Stoke-On-Trent Integrated Care Board who have mandated these training sessions for all new starters.

## **Equality Impact Assessment (EIA) Training**

Several teams across ML have also undertaken bespoke EIA training, delivered by the Inclusion Unit. The training focuses on how to complete a thorough and legally compliant assessment, what data and evidence can be used, and the importance of embedding equality and health inequality considerations in decision making more broadly.

Moving forward, we plan to increase the number of EIA training sessions available to ML staff.

## **Coaching and mentoring**

Coaching and mentoring is available to ML staff via the NHS leadership academy and many of our workforce have previously, or are currently, accessing coaching or mentoring support.

We also provide development opportunities for our staff who want to become a qualified coach or mentor, through our apprenticeship's hub.





## Staff Celebrations and Long Service Awards

Each year, we host Staff Celebrations and Long Service Award events to celebrate the successes and achievements of our people.

The annual Staff Celebrations allow ML colleagues to come together with their directorate to mark their achievements over the past 12 months. They are an opportunity to recognise individuals and teams who have gone above and beyond whilst demonstrating the ML values in their work.



As part of each directorate's Staff Celebration events, ML employees reaching long service milestones are also recognised and rewarded.

# Our Equality Work

We remain committed to advancing the equality agenda across our organisation and are pleased with the work we have done to increase diversity and raise awareness of equality, diversity and inclusion across our workforce.

## Equality, Diversity and Inclusion Board Adviser

As part of our organisation development plan to ensure ML is an attractive, caring and equitable organisation, this year we created the role of EDI Board Advisor.

We are delighted that Qadeer Kiani has fulfilled this role and will support and challenge us as we progress to be a more inclusive organisation. Qadeer has brought a breadth of experience to ML, with a social housing background, he has run his own successful management consultancy for more than 15 years.



For the past nine years Qadeer has been the chair of Arhag Housing Association, during which time he led a major programme of work bringing together education, employment, health and housing services to support migrants and refugees. In 2019, Qadeer was awarded an OBE for services to migrants and refugees.

Qadeer chairs our Equality, Diversity and Inclusion (EDI) Board Subgroup –providing advice and feedback on EDI. In addition, he collaborates closely with our internal staff networks and Associate Director of Culture to ensure our approach and work is making a difference.

## Equality, Diversity, and Inclusion Awareness Articles

This year, we have continued to raise awareness and the importance of equality awareness days across our organisation and with our partners.

Each month, the Inclusion Unit produce our awareness briefing highlighting significant days of awareness relating to EDI. This is shared with our staff through our internal communications and is available on Nugget. Our briefings are also shared with our customers.

The briefings allow us to raise the profile of national awareness days and draw attention to local awareness/celebration events that encourage staff to get involved in equality and inclusion in and outside of their day-to-day work.



## Modern Slavery Act Statement

Each year we review our approach and publish an annual statement outlining the steps we are taking to tackle modern slavery.

Modern Slavery is a violation of a person's human rights. It can take the form of human trafficking, forced labour, bonded labour, forced or servile marriage, descent-based slavery, and domestic slavery. A person is considered to be in modern slavery if they are:

- Forced to work through mental or physical threat.
- Owned or controlled by an "employer," usually through mental or physical abuse.
- Dehumanised, treated as a commodity, or sold or bought as "property."
- Physically constrained or has restrictions placed on their freedom of movement.

Organisations with a turnover of more than £36m must produce a statement for each financial year listing the steps it is taking to ensure that slavery and human trafficking is not taking place in any of its supply chains or in any part of its business.

### Our Modern Slavery Act Statement (reviewed February 2024)

At ML, we believe there is no room in our society for modern slavery and human trafficking, we have a zero tolerance for modern slavery and breaches in human rights and we will ensure this is built into the processes and business practices that we, our partners, and our suppliers use.

We have produced a Supplier Code of Conduct Agreement. This supplier code of conduct is to inform all suppliers who provide goods and services to NHS Midlands and Lancashire of our ethical standards and provides assurance to our clients that our supply chain is robust. As a supplier of goods or services to ML, it is necessary that any of our suppliers comply with the code of conduct agreement.

The screenshot shows the NHS Midlands and Lancashire (ML) website. The header includes the ML logo, the tagline "Your NHS partner for: creating operational efficiencies", a search bar, and the NHS logo. The navigation menu includes: Home, How we can help, About us, News and views, Case studies, Our expertise, Patients or carers (opens a new window), and Help and contact. The main content area is titled "Modern Slavery Act" and contains the following text:

[Home - Statutory notices - Modern Slavery Act](#)

### Our Modern Slavery Act Statement

NHS Midlands and Lancashire (ML) believes there is no room in our society for modern slavery and human trafficking, we have zero tolerance for modern slavery and breaches in human rights and we will ensure this is built into the processes and business practices that we, our partners, and our suppliers use.

We have produced a Supplier Code of Conduct Agreement. This supplier code of conduct is to inform all suppliers who provide goods and services to NHS ML, of our ethical standards and assures our clients that our supply chain is robust.

As a supplier of goods or services to NHS NHS ML, any of our suppliers must comply with the code of conduct agreement.

### What is modern slavery?

Slavery is a violation of a person's human rights. It can take the form of human trafficking, forced labour, bonded labour, forced or servile marriage, descent-based slavery, and domestic slavery. A person is considered to be in modern slavery if they are:

- Forced to work through mental or physical threats.
- Owned or controlled by an "employer," usually through mental or physical abuse.
- Dehumanised, treated as a commodity, or sold or bought as "property."
- Physically constrained or have restrictions placed on their freedom of movement.

# Our Equality Objectives

This year we have continued to work towards our Equality, Diversity and Inclusion Objectives as set out within our strategy for 2021-2026.

## Progress on our EDI objectives

We have made some good progress on the objectives this year but recognise there is more work to be done in the coming months and years. The progress we have made against each equality objective is outlined below:

### 1. Ensure we meet our related equality duties as outlined within related legislation.

**Action:** Meet all NHSE/I mandated reporting and review work and publish accordingly.

This year we have continued to demonstrate compliance with the Equality Act 2010, PSED 2011 and NHSE/I mandated reporting. This includes the publishing of our annual report and Gender Pay Gap report.

We have also completed the WRES and WDES. This report provides an overview of the WRES and WDES findings from this year's reports.

**Action:** To demonstrate our due regard in decision making to meet the PSED.

As part of our duty to demonstrate due regard, we conduct EIA internally on any decisions, policies and processes that have the potential to impact on our staff, patients or communities from protected characteristic groups. However, we recognise that we can do more to promote the use and importance of EIAs and will work to increase the promotion of EIAs within our internal communications and on Nugget. We will also work towards providing EIA training to ML teams.



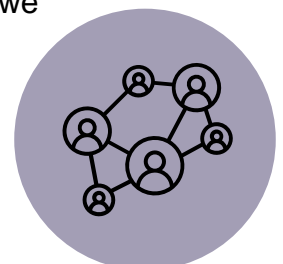
### 2. Improve and continue conversations with our workforce.

**Action:** Implement EDI Listening group across the organisation - to target involvement from ethnically diverse staff.

**Action:** Set up and support staff network groups and EDI Champions across equality groups.

As part of our commitment to listening to, and supporting our workforce, we have successfully three EDI staff network groups and appointed a group of EDI Champions. We currently have three networks that our staff can join:

- Disability Network
- LGBTQ+ Network
- Ethnic Diversity Network.



**Action:** To continue promotion of the Freedom to Speak Up (FTSU) role.

This year, we have continued to promote the Freedom to Speak Up role through our internal communications channels and intranet, Nugget. ML actively encourages staff to speak up about any concerns or feedback they may have, and it's recommended that staff do this with their line manager in the first instance. We recognise that this can sometimes be worrying for staff, which is why we have embraced the FTSU agenda.

Our senior managers and the entire Board at ML are committed to fostering an open and honest culture, which is in accordance with the NHS Duty of Candour policy.

We have a dedicated Freedom to Speak Up Guardian and team of Freedom to Speak Up Champions available to support colleagues to raise concerns when they feel they are unable to do so by other routes. Our guardian and champions work across in partnership our organisation to support staff with speaking up and translate the learning into improved safety and experience for all.

**Action:** Continue to involve Staff Side representation within decision making.

Staff side continue to have representation and are actively involved within our decision making – care system support organisations such as ML have a partnership working agreement with recognised trade unions, and we work very closely to ensure that we make any necessary changes in the right way and in accordance with all statutory and local requirements/agreements. Staff Side is the collective group of trade union representatives at ML.

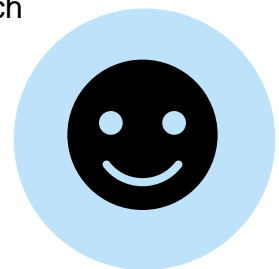


### 3. Improve experiences reported by the workforce.

**Action:** Carry out NHS staff survey and share findings with all teams alongside action plan and its progress.

Listening and responding to our ML people is as important as ever. Each year we take part in the annual NHS Staff Survey, sharing the results with our staff and reporting on findings as part of our annual EDI report. This year, we have identified three priority areas that we will focus on for the next year:

1. My organisation takes positive action on health and wellbeing.
2. There are opportunities for me to develop my career in the organisation.
3. I am confident my organisation will address my concern.



We also conduct a quarterly ML People Pulse survey which allows staff to tell us how they are feeling and allows us to explore various aspects of employee experience and culture. The aim of the quarterly pulse survey is to provide a consistent and standardised approach to listening to our ML people. The survey runs in quarter one, two and four, with the NHS Staff Survey running in quarter three.

#### 4. Create an inclusive culture where staff are free from discrimination.

**Action:** To improve staff equality data recording and monitoring on Employment Staff Records (ESR).

Each year, as part of WRES reporting, we monitor our organisational self-reporting ethnicity rate. All staff employed by ML have the option to self-report their ethnicity status at the recruitment stage, and staff in post can choose to self-report their ethnicity at any time via NHS Electronic Staff Record (ESR) system.



This year, a total of 98.3% of total staff have self-reported their ethnicity. We recognise that this is a very high rate, and we are pleased on the progress we have made against this objective since 2021. Currently, only 2% of ML staff do not report their ethnicity.

**Action:** To increase the number of staff who declare their disability status (20.65% did not declare their disability status in 2020).

We monitor the number of staff who declare their disability status as part of the WDES. As ML first implemented the WDES in 2022, this is the first year that we have been able to make direct comparisons between data sets. This year, there has been a 2.6% increase in the number of ML staff self-reporting their disability status.

**Action:** To decrease the number of staff who do not disclose their sexual orientation (33.16% did not disclose in 2020).

This year, there has been a minor improvement in the number of staff reporting their sexual orientation by 0.94%. This means that the percentage of ML staff disclosing their sexual orientation has increased by a total of 6.24% since the equality objectives were set in 2020.

**Action:** To promote equality monitoring update data through staff communications.

Equality monitoring and the importance and benefits of disclosing personal information is promoted across our internal communications channels, on our intranet Nugget and in emails from the Electronic Staff Records (ESR) that encourage staff to update information on ESR.

**Action:** To review ML estates to ensure that the needs of equality groups such as people with disabilities, breast feeding mothers and people with different faiths and beliefs, are met.

All ML estates comply with the requirements of providing reasonable adjustments to staff. Equality Impact Assessments (EIAs) are completed on changes made to ML estates including new estates and the closure of any estates such as Heron House.

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

**Action:** To ensure that EHIRAs are completed on all projects, policies and decisions that potentially impact on staff/patients/communities.

**Action:** ML teams to have access to EHIRA support documents and templates. To support Communications and Engagement Team with advice and guidance. Improve our understanding of health inequalities and addressing these.

We currently complete EIAs on a range of decisions made across our organisation. EIA advice, guidance and support contacts are available for ML staff on Nugget.

However, we recognise that improvements could be made on the number of EIAs submitted via U-Assure – our online EIA management system. We will work towards providing communication and information to staff across ML about the importance of EIAs and aim to increase the number of EIA training sessions available to ML staff.



## 6. Improve representation of equality groups within the workforce and leadership.

**Action:** To implement the WRES action plan and Model Employer Strategy annually.

This year, we have continued to work towards improving the representation of equality groups across ML. We have made good progress with an increase in the percentage of staff who are ethnically diverse or who have a disability across our organisation. However, we recognise that more improvements can be made. Moving forward, we will work towards ensuring that our WRES reports, and action plan are implemented and published on our website. We will also work towards implementing the Model Employer Scheme.



In 2023, we appointed an EDI Board Advisor to help ensure that ML is an attractive, caring and equitable organisation. Our EDI Board Advisor will provide support and challenge us as we progress our work to be a more inclusive organisation. They also chair our EDI Board Subgroup –providing advice and feedback on EDI and work closely with our internal EDI staff networks and Associate Director of Culture to ensure our approach and work is making a difference.

**Action:** To increase female representation at Board level (67.43% of overall workforce are female in 2020 and 32.57% of the Board are female).

Since 2020, there has been significant improvement on this objective. As of 31 March 2023, ML had 11 Board Members, six who are female and five who are male. This is further reported on in the ML Gender Pay Gap Report 2024.

**Action:** To increase the representation of workforce for:

- 16 - 19 years old (0.16% in 2020)
- 20 - 24 years old (2.5% in 2020)
- 25 - 29 years old (6.23% in 2020)

In 2023, at the time of the data being released there was a slight decrease in the percentage of 16 - 19 years olds across ML at 0.14%. There was also a slight decrease in the percentage of 20 - 24 years old at 2.08% and an increase of 25-29 years old at 1.89% when compared to 2020.

## 7. Workforce have good awareness of equality, diversity and inclusion.

**Action:** To ensure all ML staff complete Equality and Inclusion mandated training with a target of 95% completion rate (current compliance is 90.07% 2020).

This year, our compliance rate for mandatory Equality, Diversity and Human Rights training is 96.44% - this is an increase of 6.37% since 2020.



**Action:** To raise awareness of the equality agenda.

Each month, we raise awareness of the equality agenda by sharing a series of EDI awareness articles with staff across ML via our internal communications channels. We also share the articles with our clients and partners.



# Looking Ahead To 2025/26

As we move forward in 2024 and beyond, we will continue to embed equality, diversity and inclusion in all we do, and will work towards improving the areas identified within this report. In particular, our areas of focus over the next year will be:

- 1** To continue to evidence due regard and conduct Equality Impact Assessments (EIAs) on all relevant decisions. To increase the promotion and awareness of EIAs internally including offering EIA training to ML teams.
- 2** To continue implementing, monitoring and reviewing the objectives and actions set out within our EDI strategy for 2021-2026 including updating objectives where necessary.
- 3** To actively address disparities in experience, opportunity and representation for staff from equality groups. This includes ensuring the successful implementation and monitoring of WRES and WDES actions plans.
- 4** To ensure our EDI related reports including the WRES, WDES and annual EDI report are made available and published on our website.



# Conclusion

At NHS Midlands and Lancashire, we are dedicated to promoting equality and human rights, and in supporting our partners across the NHS to reduce health inequalities. We remain committed to providing an inclusive and supporting environment for our staff where they feel valued, heard, and represented.

This report highlights the achievements we have made over the past year, and how we have demonstrated compliance with our legal and mandated equality duties. We are proud of the work we have done to further establish and integrate our EDI staff networks and to involve staff from equality groups in our decision making. Equally, we are pleased to have increased the representation of ethnically diverse and disabled staff working across our organisation, although we recognise that there is still more work to be done.

While we recognise the progress we have made this year, we are always looking to improve the ways in which we meet the needs of our staff, and the patients and communities we serve. As such, we will continue to implement our EDI strategy for 2021-2026 and are determined to build on the progress made within this year's WRES and WDES. This includes the implementation of WRES and WDES action plans, addressing disparities in experiences and opportunities, and increasing representation for our ethnically diverse and disabled staff in senior and board level positions.

We will also continue to work towards supporting our workforce during times of significant change as we, as a care system support organisation, and the NHS commissioning landscape, continues to develop. We are enthused by the appointment of our EDI Board Advisor, Qadeer Kiani, and will work in partnership over the coming months to ensure that ML has equality, diversity and inclusion at the heart of all we do.

This report was produced by NHS Midlands and Lancashire in March 2024.

## Get to know us or get in touch.

**X:** [@mlcsu](#)

**Facebook:** [@Midlandsandlancs](#)

**LinkedIn:** [MLCSU](#)

[midlandsandlancashirecsu.nhs.uk](https://midlandsandlancashirecsu.nhs.uk)