



**United Lincolnshire
Teaching Hospitals**
NHS Trust

United Lincolnshire Teaching Hospitals NHS Trust Workforce Race Equality Standard Annual Report 2024-2025



Caring and building a
healthier future for all

Authors: EDI Team

Date: June 2025

Contents

Contents.....	3
Introduction	5
Methodology	6
WRES National Key Findings:	6
Executive summary.....	8
ULTH WRES Metrics Dashboard 2024-25 Data	9
Workforce Race Equality Standard 2024/25 Headlines	11
Key areas of progress:	11
Our key areas of focus:	12
Our Commitments	12
Equality Diversity and Inclusion (EDI) Calendar	12
South Asian Heritage Month.....	13
Black History Month 2024.....	13
Anti-Bullying and Harassment Week November 2024.....	14
Race Equality Week 2025	14
United against Discrimination	15
Race Equality Matters Trailblazer.....	16
See Me First	16
Just Culture	16
Cultural Intelligence	17
Flexible Working.....	18
Freedom to Speak Up Guardian.....	18
Group Staff Awards 2024	18
ULTH staff networks	19
Race, Ethnicity, and Cultural Heritage (REACH).....	19
Next Steps 2025 - 2026	21
Key WRES actions 2025 – 2028:	21
WRES Actions linked with the LCHG Group Strategy 2025 - 2030:	22

Conclusion 22

Appendix 1: 23

 ULTH WRES Workforce Data 2024 – 2025..... 23

Appendix 2: 23

 ULTH WRES Data Trend 2016 - 2025 23

Appendix 3: 23

 WRES Action Plan 2025-2028..... 23

Introduction

Welcome to the United Lincolnshire Teaching Hospital (ULTH) Workforce Race Equality Standard (WRES) 2024-2025 report. This report contains reflections of the last year's actions for the Workforce Race Equality Standard (WRES).

Implementing the Workforce Race Equality Standard (WRES) is a requirement for NHS commissioners and NHS healthcare providers including independent organisations, through the NHS standard contract. To fulfil the Trust's commitments towards staff ULTH complies with the Public Sector Equality Duty, as part of the Equality Act 2010, and the NHS People Promise within the NHS Long Term Workforce Plan. The Trust aspires to create an inclusive culture by embedding a sense of belonging across the organisation.

In the Gov.UK report on Ethnicity Facts and Figures published 13th April 2023, as of June 2022, over 1.3 million people were employed by the NHS:

- Out of NHS staff whose ethnicity was known, 74.3% were white and 25.7% were from ethnic minority groups (not including white minority groups) 68.7% of professionally qualified clinical staff were white and 15.9% were Asian.
- Ethnic minority staff made up 15.0% of people in managerial level positions, and 11.3% of senior managerial level positions.
- Ethnic minority staff made up 49.9% of hospital and community health services (HCHS) doctors.
- Asian staff made up the highest percentage of hospital and community health services (HCHS) doctors working in staff grade, specialty doctor and associate specialist positions.

[NHS workforce - GOV.UK Ethnicity facts and figures](#)

Methodology

The national 2024 WRES data report, reflects the state and complexity of race equality in the NHS. It shows significant progress in the number of Very Senior Managers (VSMs) from an ethnic minority, but a fall in the number of executives on trust boards.

There has been a reduction in the number of BME staff experiencing harassment from the public, but an increase in the number experiencing discrimination from a manager at work, which is reflective in the ULTH data.

Nationally, the next steps on the journey of the WRES are to move the NHS on to the stage of advancing race equality by using detailed demographic analysis at organisational level, to encourage local, regional, and national operations to implement bespoke improvement measures. System-wide learning is a key ambition for future implementation of the WRES. Regional data shows striking examples of what can be achieved when there has been a focus on targets.

WRES National Key Findings:

- Since 2018 the number of BME staff has increased by over 100,000 (with BME representation increasing from 19.1% to 28.6%). An increase in internationally educated nurses (IENs) and international medical graduates (IMGs) is likely to be a significant contributor to this.
 - In March 2024, 28.6% of the workforce across NHS trusts came from a BME background (434,077 people). This is an increase of 53,969 (14%) on the previous year.
 - The total number of BME staff at very senior manager (VSM) level has increased by 85% since 2018 from 201 to 372 and it is at its highest since the inception of WRES.
 - BME board membership has reached its highest level of 16.5% since the WRES was established. However, BME board membership growth has not kept up with the rise in BME staff across the NHS workforce (28.6%).
 - At 80% of trusts, white applicants were significantly more likely than BME applicants to be appointed from shortlisting, higher than the 76% last year.
-

- A lower percentage of BME staff (48.8%) than white staff (59.4%) felt that their trust provides equal opportunities for career progression or promotion.
- With disaggregation, just 42.3% of staff from a black background believed their trust provides equal opportunities for career progression or promotion, with levels below those of other ethnic groups since at least 2015.
- For the second year in a row, White Gypsy or Irish Traveller women (34.1%) and men (42.6%) experienced the highest levels of harassment, bullying or abuse from other staff.
- The percentage of staff experiencing harassment, bullying or abuse from other staff in the last 12 months was higher for BME staff (24.9%) than for white staff (20.7%). Although disparities between the experiences of BME and white staff persist, harassment, bullying and abuse from staff has followed a largely downward trend since 2018.
- A higher percentage of BME staff (15.5%) than white staff (6.7%) experienced discrimination from other staff – a pattern that has been evident since at least 2015.

The data helps us to understand the trends and patterns of inequality and highlights areas that require improvement. This also illustrates the progress that has been made by the Trust in reducing gaps and inequalities in the workplace. The WRES is an integral part of the NHS Long Term Plan and NHS Long Term Workforce Plan including the People Promise, with ambitions for NHS Trusts to set aspirational targets for BME representation across their leadership team and broader workforce. Progress on the WRES is considered as part of the 'well-led' domain in the Care Quality Commission's (CQC) inspection programme.

The WRES also complements the Workforce Disability Equality Standard (WDES) and both are vital to ensuring that the values of equality, diversity and inclusion lay at the heart of the NHS.

This report sets out key information about the experience of Black Minority Ethnic (BME) staff for the period April 2024 to March 2025 and includes a metrics data report for 2024/25, together with an action plan for 2025 - 2028.

Since starting the WRES in 2016, the Trust has been tracking the trends over time for each of the WRES metrics. In this report, the data trends are reviewed and analysed from 2019 onwards. Infographics relating to the data trends for each of the metrics are provided in Appendix 2.

Executive summary

The Trust employed 10,372 staff, as of 31st March 2025, based on workforce data and feedback from the NHS Staff Survey (detailed in Appendix 1). A WRES action plan 2025/28 (Appendix 3) was developed in partnership with CODE (Celebrating our diversity everyday) and REACH (Race, Ethnicity and Cultural Heritage) Staff network. This will be progressed over the next 12 months to help reduce the barriers that impact the experience of our BME colleagues.

According to the national data, 77% of white people were employed, compared with 69% of people from all other ethnic groups combined. Nationally, in the NHS, around 1.3 million people are employed, 74.3% of the workforce are white and 25.7% are from other ethnic groups combined. In addition, NHS Workforce data indicates 68.7% of professionally qualified clinical staff were white and 15.9% were Asian. Also, ethnic minority staff made up 15.0% of people in managerial level positions, and 11.3% of senior managerial level positions; Ethnic minority staff made up 49.9% of hospital and community health services (HCHS) doctors. Asian staff made up the highest percentage of HCHS doctors working in staff grade, specialty doctor, and associate specialist positions. (*NHS workforce, 'Ethnicity, facts, figures service' 2022, published April 2023*).

The WRES metrics are evidence-based, and the Trust is committed to continuing to raise the representation of BME staff across all the organisations including senior bands. Our local ESR data shows that out of 10,372 members of staff on 31st March 2025, 27.5% (2848) of employed ULTH staff are from BME backgrounds, 71.20% white, 1.3% not stated. Compared to 2024, 24.6% BME backgrounds, white 73.8%, not stated 1.6%.

ULTH WRES Metrics Dashboard 2024-25 Data

Index

- Positive increase 
- Neutral increase 
- Negative increase 
- Neutral 
- Positive decrease 
- Neutral decrease 
- Negative decrease 

Table 1. Index: A difference of 0-5% is Amber, with more than 5% being Green or Red. For probability a difference of 0 – 0.5 is Amber, with more than 0.5 is Green or Red.

* For 2025 results, indicators 1-4 and 9 are based on Electronic Staff Records (ESR) and local data as of 31 March 2025 for the year 2024-25. Indicators 5-8 are taken from the National Staff Survey (NSS) of 2024.

** For national benchmark data, indicators 1-4 and 9 are based on the National WRES Report for 2024 with ESR and local data as of 31 March 2024, indicators 5-8 are based on the NSS results of 2023.

*** For full ULHT data please see Appendix 1.

Metrics (Indicators)	2023 results	2024 results	2025 results	ULTH Progress March 2024- March 2025	National Benchmark (based on 2024 data) **	ULTH data compared with national benchmark
1. ESR % of black and minority ethnic (BME) staff.	20.6%	24.6%	27.5%	↑	28.6%	↓
2. Relative likelihood of white staff being appointed from shortlisting across all posts.	1.60	1.64	1.72	↑	1.62	↔
3. Relative likelihood of BME staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.	0.82	1.00	0.48	↓	1.09	↓
4. Relative likelihood of white staff accessing non-mandatory training and CPD.	0.84	0.74	0.98	↔	1.06	↓
5. Percentage of BME staff experiencing harassment, bullying or abuse from patients, relatives, or the public in last 12 months.	27.4%	21.7%	24.5%	↑	27.8%	↓
6. Percentage of BME staff experiencing harassment, bullying or abuse from staff in last 12 months.	31.8%	23.1%	24.3%	↑	24.9%	↓
7. Percentage of BME staff believing that trust provides equal opportunities for career progression or promotion.	47.4%	51.6%	52.8%	↑	48.8%	↑
8. Percentage of BME staff who experienced discrimination from manager/team leader or other colleagues.	18.6%	17.2%	18.40%	↑	15.5%	↓
9. BME Percentage						
• of Board Representation	0%	6.7%	5.6%	↓	16.5%	↓
• of non-exec Board	0%	0%	0%	↔	21.2%	↓
• of the exec Board	0%	14.3%	11.1%	↓	11.1%	↔
• of the difference between the Board and overall workforce	-20.6%	-17.9%	-21.9%	↓	12.2%	↓

Workforce Race Equality Standard 2024-25 Headlines

Key areas of progress:

- Increasing % of BME staff employed by ULTH, from 24.6% when to 27.5% in the last year. The ongoing positive direction is confirmed by the data trends from 2016 with 10.9% with the highest increase between 2021 and 2025, with an average increase of 3% per year.
 - Increase in the % of BME staff who believe that the trust provides equal opportunities for career progression or promotion and maintaining this to be well above the national average - ULTH at 52.8%, national average at 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 accessing non-mandatory training and CPD. The data trends demonstrate a positive increase of equal likelihood of BME staff attending non-mandatory training through the years as in 2016 the likelihood was 1.73.
 - Celebrating Black History Month 2024 by delivering a series of webinars where our guest speakers were addressing a range of topics to raise awareness about history and issues faced by people from different backgrounds, including the first face to face event.
 - Celebrating Race Equality Week 2025 with various activities including a webinar with the current CODE Chair as a keynote speaker about Microaggressions.
 - Celebration of the National Staff Network Day 2024 by participating in online ELT Live. Staff Network leads had the opportunity to speak about their network activities across group encouraging staff to be involved with the Chief Executive.
-

Our key areas of focus:

On the 1st April 2024, ULTH and LCHS entered into a Group model. A decision was taken to produce a Group WRES Action Plan with key areas of focus:

- 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.
- To increase completion of National Staff Survey (NSS) 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 a career progression.

Our Commitments

Equality Diversity and Inclusion (EDI) Calendar

The Equality Diversity and Inclusion (EDI) Calendar 2024-2025 provides a selection of key religious and cultural dates, awareness and action days, and some events which reflect the diverse nature of our workforce and local populations. This calendar has been developed as a way to help us celebrate our diverse communities, cultures and faiths. It provides an opportunity to visibly embrace and embed equality, diversity and inclusion into our Trust for patients and colleagues alike, in practical and supportive ways.

This has been developed over the last few years so that Staff Networks and other staff groups can plan campaigns, meetings and events. From 2025, the EDI Calendar is now a Group Model sharing awareness events that are important for both Trusts.

These are some examples from the EDI Calendar:

South Asian Heritage Month

South Asian Heritage month launched in the House of Commons in July 2019 and to commemorate and celebrate South Asian History and culture and heritage to better understand the diverse heritage that continues to link the UK and South Asia. South Asia is made of eight countries: Afghanistan, Bangladesh, Bhutan, India, The Maldives, Nepal, Pakistan, and Sri Lanka.

South Asian Heritage Month Celebrations took place during July and August 2024 for the first time in LCHS hosted on behalf of the Group. The Celebrating Our Diversity Everyday (CODE) staff network delivered two webinars including the history and cultural heritage of the countries, finished off with a tasting session to enable staff to experience some of the snacks and drinks enjoyed in South Asia. See Me First pledges were collected and badges were also given out.

Black History Month 2024

The event began in the USA in the 1920s and was first celebrated in the UK in 1987. It gives everyone the opportunity to share, celebrate and understand the impact of black heritage and culture. People from African and Caribbean backgrounds have been a fundamental part of British history for centuries. However, campaigners believe their contribution to society has often been overlooked or distorted.

Every year in the UK, October is Black History Month, and in 2024 the UK celebrated the themes of 'Reclaiming the Narrative'. ULHT hosted the month with a variety of webinars and a face-to-face day which were well attended for Lincolnshire System.

The conference took place on the 4th of October that was delivered with Macmillan support and focused on Health Inequalities with 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.

Anti-Bullying and Harassment Week November 2024

Anti-Bullying Week 2024 was co-ordinated in England, Wales, and Northern Ireland by the Anti-Bullying Alliance. This year it had the theme 'Choose Respect' and took place from Monday 11th to Friday 15th November 2024.

The MAPLE Network and the Freedom to Speak Up Guardians delivered a webinar that focused on a conversation with the Freedom to Speak Up Guardians from LCHS and ULTH, who talked about their Speak Up Journeys. We took a different approach this year to demonstrate the importance of the freedom to speak up role and shared contact details for all the Freedom to Speak Up Guardians for the Lincolnshire system. This also formed the opening of Disability History month celebrations and was the most attended event of the month. This was a different approach to previous years. The session was recorded and is available to watch on the staff intranet.

Race Equality Week 2025

Race Equality Week is celebrated every year (Monday 3rd February 2025 – Sunday 9th February 2025). The theme this year was Every Action Counts. The purpose is to emphasise the importance of taking collective and individual action to tackle experience of race equality.

This year ULHT has attended LCHS session on Wednesday 5th February 2025, with a session on 'Protected Characteristics, Understanding Macroaggressions and the Importance of being an Ally'. The session was collaborated between the CODE and MAPLE staff network and was supported by the REACH staff network chairs and the Chief People Officer and was open to staff across the group. The session was powerful and emphasised the fact that all protected characteristics can experience macroaggressions. The initial resources section was recording and an unrecorded discussion was held afterwards in a safe space. It was acknowledged that the subject requires further work.

As a part of supporting Race Equality Week, LCHS and ULHT promoted the See Me First Scheme, initiated by Whittington Health NHS Trust aiming to promote Equality, Diversity, and Inclusivity. LCHS has already pledged to the campaign and the See ME First badge, to show that it is an open, non-judgemental NHS organisation that treats all Black, Asian, and minority ethnic staff and patients, treating them with dignity and respect. LCHS staff make a pledge for the badge, which is supported by senior leaders, and it was also promoted during the CODE network, LCHS bulletin, Facebook, and background for MS Teams. LCHS put on a webinar for both ULHT and LCHS with a key speaker who is a clinician and the Vice-Chair for the CODE staff network, it was well attended.

United against Discrimination

In our National Staff Survey (NSS) results from 2021 and 2022 it showed a rising trend for racism and LGBTQ+ abuse from patients. In order to tackle this, we have developed a practical tool to help us make a positive difference in stopping and reducing the impact of these incidents. The new flowcharts were developed with a wide group of colleagues in the United against Discrimination Working Group - including representatives from Staff Side, Patient Experience, Divisions, Medical, Nursing and Family Health representatives, Staff Networks, HR, Freedom to Speak Up, Security Management and Safeguarding. Alongside this, advice from the Trust's solicitors was also sought, for extra assurance.

The flowcharts are based on British Medical Association guidance originally, however, have been adapted so they can be applied to all staff who work across our Trust. The flowcharts apply to all forms and types of discrimination and are not limited to racism and LGBTQ+ abuse (where the data gives the greatest cause for concern), but also: sexism and sexual harassment, religious discrimination or abuse, abuse towards disabled colleagues, and age-related discrimination.

United against discrimination posters have been designed to be displayed in all areas for patients and now developed for staff to report anonymously. The posters are designed with a QR code so can be scanned and reported to a new reporting system called "SafetyQUBE" for Bullying and Harassment.

Race Equality Matters Trailblazer

ULHT was confirmed as successful in achieving Race Equality Matters Trailblazer status at the Race Equality Matters Leaders Event on the 8th of February 2024. This follows two years of race equality and wider anti-discrimination work, with the support and engagement of the REACH network, See Me First and other staff networks and allies across the Trust, based around the Trust's Anti-Racism strategy. This is a great acknowledgement of intentions while we work towards silver, gold and platinum status because there is still a lot of work to be done.

See Me First

See Me First Campaign started in Whittington Health NHS Trust on 29th October 2020. The creators of this initiative are Beverleigh Senior, Paul Attwal and Delia Mills. ULTH joined in February 2023 and continue to raise awareness for staff to pledge to campaign.

"I promise to acknowledge and celebrate individuality in my interactions with colleagues. I will make an intentional effort to see past my unconscious bias and unlearn what created them in the first place. I promise to respect and accept others no matter their colour or creed. I promise to be teachable and value all that is within person. I pledge to SEE." (REACH Chair)

Just Culture

As part of the launch of our desired culture of civility and respect in September 2023, we continue to develop and implement a 'Just Culture' approach to how we will respond to adverse incidents or potential breaches of conduct.

A Just Culture is built upon the foundations of civility and psychological safety and it focuses on a learning, restorative and just approach to incident management. By focusing on learning and understanding, rather than blame or judgement when incidents occur, we can improve the care we provide to patients and improve our staff experience.

In order to foster a Just Culture, it is crucial that we encourage all colleagues to feel comfortable and empowered to speak up when incidents, errors or mistakes occur. Without all colleagues feeling safe and valued to speak up freely, we can't learn from each other or prioritise the safety and improvement of patient care.

The Just Culture briefing session aims to provide all colleagues with an understanding of the core principles, background and implementation of our Just Culture as well as empower them to use a Just Culture approach in practice.

Cultural Intelligence

Cultural Intelligence (CQ®) goes beyond existing approaches of cultural sensitivity, unconscious bias, and cultural awareness. The programme sets out the skills, abilities, and capabilities that are vital for individuals and organisations in having successful and respectful work with the difference and diversity needed to improve a 'sense of belonging', including within the recruitment process and career progression.

ULTH is continuing to embed the Cultural Intelligence (CQ) programme across the organisation. This year, seven CQ sessions were delivered with a specific focus on international recruitment, aiming to train staff who are involved in or working with internationally recruited staff. Also, implementing the CQ programme was part of the WRES Action Plan to continue to build inclusivity across the Trust.

Dream and Apply follow-up sessions

The session includes a recap of what was covered and then some ideas to explore how we can develop and use our Cultural Intelligence skills to lead more inclusively going forward.

The aims are:

- Recap the Cultural Values
 - Recap your CQ Capabilities
 - Explore how to apply CQ to a situation
 - Look at how we dare to dream and design with cultural intelligence
-

LCHG will continue to embed this through the Group Leadership Programme going forward.

Flexible Working

To increase the visibility of the Trust's commitments to the understanding of challenges and experiences of staff with disabilities or long-term conditions, ULTH provides a flexible working policy. Our key purpose is to ensure that our employees have the appropriate support to retain and continue working at ULTH and manage work-life. Therefore, ULTH promote and support flexible and hybrid working options for staff from the first day of their employment as both opportunities are designed to support our staff to balance their work and personal needs. ULTH also promotes flexible working on all job adverts.

Freedom to Speak Up Guardian

Here at ULTH, we believe that speaking up about concerns is vital and we want our staff to feel supported at work. To ensure that their concerns are looked into and that staff have access to the support they need, the Trust continues to enhance the initiative and visibility of the FTSUG, and FTSUG champions are working in partnership with staff networks.

Group Staff Awards 2024

The first joint staff awards as LCHS and ULTH 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. Trish Tsuro, Staff Network chair was shortlisted for the Chair's Award at the staff awards.

ULTH 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.

Race, Ethnicity, and Cultural Heritage (REACH)

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

The REACH Staff Network's aims are to:

- Encourage ULTH to maintain a safe and positive working environment for BAME staff and the elimination of racial discrimination for employees and patients.
 - Support ULTH to develop and maintain a representative workforce with inclusive leadership and to raise the visibility and profile of the contribution that BAME staff members make.
 - Maintain and expand the membership of the BAME staff network to provide a forum where BAME staff can share experience and issues affecting their work and professional development.
-

- Engage with other groups, including other internal and external staff networks, trade unions, employer associations and community groups who share a common agenda or experience of eliminating disadvantage, addressing unmet needs, or increasing participation.
- Offer support and encouragement to other underrepresented or marginalised staff networks and forums.
- Work in partnership with ULTH to ensure compliance with Equality and Human Rights legislation relating to race equality and to develop and implement national policies and strategy.
- Work in accordance with the Workforce Race Equality Standard (WRES) and develop and embed ULTH's WRES Action Plan.
- Support 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.

REACH's highlights:

- 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 is being used across the group and the catering staff are 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.
- Led Lincolnshire system family fun-day 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 at the start of Ramadan packs for staff.
- Continued work through our United Discrimination campaign.
- Trish Tsuro, Staff Network chair shortlisted for Chair's Award at Staff awards.

Next Steps 2025 - 2026

The Group next steps are to develop a first Group WRES Action Plan and embed the below aims into actions, linked to the equality objectives and the LCHG Strategy with input from the CODE and REACH staff network and from staff across the Group. Appendix 3 contains the Group WRES action plan for 2025-2028.

Key WRES actions 2025 – 2028:

- Launch the Triple A Programme (Arising, Ascending and Advancing), to continue to increase BME representation across the LCHG - change into career progression by developing diverse and inclusive leaders for the NHS.
 - Launch Reciprocal mentoring programme - overall BME workforce to have opportunity to mentor senior leaders - development opportunities for BME staff.
-

- Continuing to raise awareness about See Me First scheme across the Group.
- Raise awareness about apprenticeships and the Talent Academy and training among BME staff.
- Start to collect the ethnicity pay gap data to develop next year's Pay Gap Report.
- Continuing to enhance knowledge about reporting bullying and harassment and other supporting procedures for staff - webinar/events during anti-bullying week which will take place from 10th - Friday 14th November 2025. The theme is 'Make Power for good'.
- Implement the Reciprocal Mentoring Programme across the group, starting with the new Group Trust Board.
- Continuing to raise awareness about the United Against all forms of Discrimination toolkit across ULTH and implementing it across the Group.

WRES Actions linked with the LCHG Group Strategy 2025 - 2030:

Strategic Aim 2 – People:

- Better opportunities: Aiming to develop, empower and retain great people by:
 - Enable our people to fulfil their potential through training, development, research and education.
 - Empower our people to continuously improve and innovate
 - Nurture compassionate and diverse leadership.

Conclusion

We will continue to communicate with the CODE and REACH staff networks and the WRES activities to all staff across the group, so we can all be involved in celebrating our achievements. Having a productive inclusive workforce, where staff feel valued and heard is vital and crucial in providing high-quality personalised care for patients. We will continue to implement the

LCHG values: compassionate, collaborative and innovative to ensure that staff feedback has been listened to and the WRES actions have been delivered and the sense of belonging has been embedded across the organisation.

Appendix 1:

ULTH WRES Workforce Data 2024 – 2025

Appendix 2:

ULTH WRES Data Trend 2016 - 2025

Appendix 3:

WRES Action Plan 2025-2028
