NHS
United Lincolnshire Teaching Hospitals
NHS Trust

United Lincolnshire Teaching Hospitals NHS Trust – Equality, Diversity and Inclusion Annual Report 2025-2026

Caring and building a healthier future for all

Contents

Foreword

The NHS in England is founded on the principles of Equality, Diversity and Inclusion (EDI). These principles are most clearly articulated in the NHS Constitution, beginning with the commitment that the NHS "provides a comprehensive service, available to all", irrespective of protected or personal characteristics. This commitment underpins everything we do and is fundamental to how we serve the people of Lincolnshire and support our workforce.

Lincolnshire Hospitals Teaching NHS Trust, as part of the Lincolnshire Community and Hospitals NHS Group (LCHG), is guided by the values of being Compassionate, Collaborative and Innovative, expressed through the LCHG Way. These values define how our staff interact with patients, colleagues and partners, and form the foundation for building a healthier future for all. They are central to our approach to equality, diversity and inclusion and to how we create respectful, inclusive and supportive environments for everyone.

Being Compassionate means prioritising empathy, dignity, and respect, ensuring that both patients and colleagues feel valued, heard, and supported. Being Collaborative reflects our commitment to effective teamwork across community and hospital services, and to working in partnership with others to deliver joined up, integrated care. Being Innovative means encouraging creativity and resourcefulness, embracing new ways of working, and continuously improving our services to better meet the needs of our diverse populations.

The past year has been one of continued progress and significant change. A defining milestone has been our ongoing work as part of the Lincolnshire Community and Hospitals Group (LCHG), following the coming together of Lincolnshire Community Health Services NHS Trust (LCHS) and United Lincolnshire Teaching Hospitals NHS Trust (ULTH). This partnership offers real opportunity to improve patient care, enhance colleague experience and reduce inequalities across our system. While both Trusts remain sovereign organisations with distinct statutory and contractual responsibilities, we are committed to working together wherever possible to maximise impact and share learning.

Throughout 2025–2026, EDI Teams across LCHG have demonstrated the strength of this collaborative approach, become one team working closely together while continuing to meet the specific assurance and reporting requirements of each Trust. Producing EDI Annual Reports using a shared template is a practical reflection of alignment and shared ambition to foster inclusive workplaces where everyone can thrive.

ULTH can be proud of the progress made in strengthening a culture of safety, dignity and respect. In line with the NHS England Sexual Safety Charter, LCHG has reinforced its zero-tolerance approach to unwanted, inappropriate and harmful sexual behaviours. Raising awareness, supporting colleagues, and embedding inclusive behaviours continue to be priorities across the Group.

This report highlights how ULTH continues to meet its statutory EDI duties and make meaningful progress against wider contractual requirements. Importantly, our EDI journey is increasingly driven by our staff. Our growing staff networks play a vital role in amplifying lived experience, influencing change and improving inclusion for colleagues. Their work also contributes directly to improving health outcomes and experiences for the people and communities of Lincolnshire.

ULTH are proud of what has been achieved this year, while recognising that equality, diversity and inclusion is an ongoing journey. It is integral to high quality care, organisational effectiveness and workforce wellbeing. We would like to thank everyone who has contributed to this work and invite you to explore the achievements, learning and priorities set out in this report.

Introduction

Welcome to the ULTH Equality, Diversity and Inclusion (EDI) Annual Report 2025-2026. In this report we not only reflect on all our EDI improvement work in 2025-2026, but we also review the Trust's performance in relation to the wide range of statutory and contractual EDI duties.

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

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

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

How Equality, Diversity and Inclusion works at ULTH

ULTH has a diverse community of patients, visitors and staff that come from Lincolnshire and the surrounding areas. Building effective partnerships between and across these communities is a key driver behind using the Equality Delivery System (EDS), Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) and the NHS Long Term Plan. The NHS EDI Improvement plan was launched nationally in 2023 and this work outlines our long-term goals to improve the health outcomes of patients from vulnerable and protected groups, reduce health inequalities and ensure a safe equitable environment for our workforce. This report outlines our achievements in the last year and the challenges that we have faced.

Structure and scope

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

As part of the new Lincolnshire Community and Hospitals NHS Group model, the EDI teams across both organisations have led the way in coming together

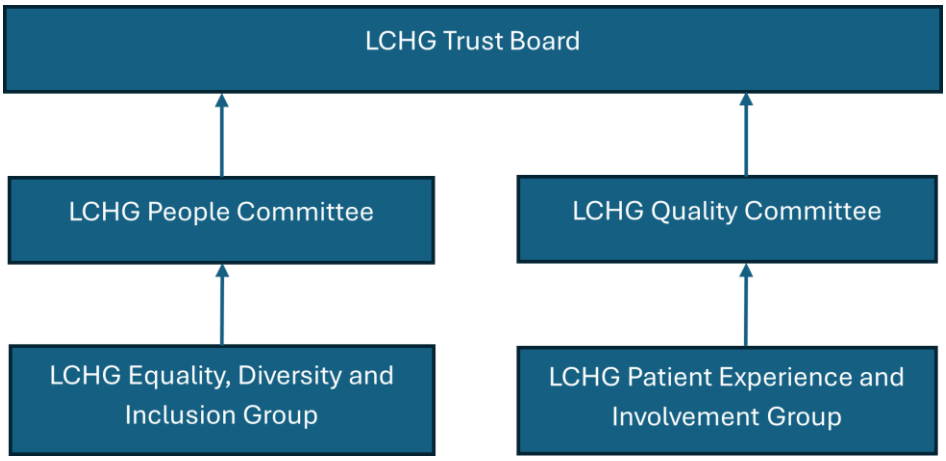
as one team across the group and joining up as much of the EDI work as possible.

The ever-growing nature of the EDI agenda continues, with more national reporting requirements being included. This has included the NHS EDI Improvement Plan (which includes six High Impact Actions and Interventions by Protected Characteristic), the Ethnicity Gender Pay Gap and in 2026-2027 we will be preparing for the new Disability Gender Pay Gap reporting.

The EDI team is responsible for the delivery of patient / equalities, workforce equalities and certain aspects of the emerging health inequalities agenda. It is recognised that capacity scoping is required to ensure that EDI is resourced to deliver on all elements of these important EDI workstreams. This scoping will be undertaken in 2026-2027 as part of the further alignment of LCHG.

Governance

The oversight, assurance and governance arrangements for the EDI work in the Trust is provided through the structure below. The structure chart describes how the EDI Group reports to the Trust Board via the People Committee. The structure chart highlights that patient equalities are reported into the Patient Experience and Involvement Group and upwardly reported to the Quality Committee. In 2025-2026 this reporting structure was fully aligned to the LCHG model.



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

The EDI Statutory Duties

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

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

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

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

Specific duties of the PSED

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

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

Modern Slavey Statement

NHS organisations are required to have a modern slavery statement. Under the Modern Slavery Act 2015, any organisation operating in the UK with an annual turnover of £36 million or more must publish an annual slavery and human trafficking statement. Because the vast majority of NHS Trusts, Integrated Care Boards, and Foundation Trusts exceed this turnover threshold, they must

comply. To help local healthcare providers meet these requirements while reducing administrative burdens, NHS England provides a standardised annual group statement and like many other NHS trusts, LCHG have adopted this.

https://www.gov.uk/government/organisations/department-of-health-and-social-care/about/modern-slavery-statement

Equality objectives

Equality Objectives as LCHG Group Model 2025-2028

Equality objective1: Person-centred care is experienced by all, with a well-informed, responsive approach to equality of patient experience and to the reduction of health inequalities.

Equality objective 2: Promote LCHG as an employer of choice to attract high quality staff and ensure internationally recruited colleagues and all new staff experience a positive onboarding.

Equality objective 3: Promote LCHG as an employer of choice through actively enabling staff growth, development, and retention.

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

Equality objective 5: Chief executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable (HIA1).

Progress on Group objectives year 2025-2026

During 2025–2026, the Group continued to embed equality, diversity and inclusion across all services, workforce practices and leadership arrangements, in line with the LCHG Group Model and shared values. Progress against the Group Equality Objectives is summarised below.

Equality Objective 1: Person-centred care is experienced by all, with a well-informed, responsive approach to equality of patient experience and the reduction of health inequalities.

The Group strengthened its focus on person-centred care by improving the use of equality data, patient feedback and population health insights to identify and address inequalities in access, experience and outcomes. Equality considerations were embedded within service design, quality improvement and engagement activity, ensuring that the voices of diverse communities informed decision-making. Targeted actions to reduce health inequalities continued to be aligned with system partners and Integrated Care priorities.

Equality Objective 2: Promote LCHG as an employer of choice to attract high-quality staff and ensure internationally recruited colleagues and all new staff experience a positive onboarding.

Work progressed to enhance LCHG's reputation as an inclusive employer through inclusive recruitment practices, improved induction pathways and tailored support for internationally recruited colleagues. Onboarding processes were reviewed to ensure consistency across the Group, with a focus on belonging, wellbeing, and early access to development opportunities. Feedback from new starters has informed ongoing improvements to the induction experience.

Equality Objective 3: Promote LCHG as an employer of choice through actively enabling staff growth, development, and retention.

The Group continued to invest in staff development, career progression and inclusive leadership. Equality considerations were embedded within talent management, appraisal and learning frameworks to ensure fair access to opportunities for all staff groups. Retention initiatives focused on supporting wellbeing, flexible working and creating inclusive team cultures, contributing to improved staff experience and engagement.

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

An improvement plan was developed and implemented to address workforce health inequalities, informed by workforce data, staff feedback and Health Inequalities Impact Assessment (HIIA) findings. Actions focused on improving equity in experience, opportunity and outcomes for staff from protected and inclusion health groups, with progress monitored through workforce metrics and staff survey insights. Staff networks have joined together from both Trusts offering another avenue to raise awareness of staff to the Board through the Council of Staff Networks.

Equality Objective 5: Chief Executives, Chairs and Board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable (HIA 1).

EDI accountability at senior leadership and Board level was strengthened through the introduction of specific, measurable objectives aligned to the Group Equality Objectives. Progress against these objectives is monitored through governance and performance frameworks, reinforcing collective ownership and leadership responsibility for advancing equality, diversity and inclusion across the Group.

Interpretation and Translation Services

Spoken Language – Face to Face or Telephone Interpreting

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

British Sign Language – Face to Face or Online Interpreting Services

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

AccessAble

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

AccessAble Statistics Report United Lincolnshire Teaching Hospital NHS Trust April 2026.

Term Definitions:

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

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

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

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

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

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

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

April 2025 - April 2026 Statistics

Between April 2025 and April 2026, the ULTH NHS Trust Accessibility Guide had 63,407 page views, breaking down to a monthly average of 5,283 page views and 3,415 users.

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

1. Lincoln County Hospital - Outpatients Clinic 1, 2 and 3
2. Lincoln County Hospital - Outpatients Clinic 11 Lincoln County Hospital
3. Outpatients Clinic 7 - Blood Test
4. Lincoln County Hospital - Outpatients Clinic 5
5. Lincoln County Hospital - Outpatients Clinic 9
6. Pilgrim Hospital Boston - Royle Eye Department
7. Lincoln County Hospital - X-Ray Department
8. Lincoln County Hospital - Outpatients Clinic 6
9. Lincoln County Hospital - Clinic 8
10. Lincoln County Hospital - Lincoln Breast Services - Breast Clinic

Traffic Sources:

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

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

- Organic 78%
- Direct 20%
- Referral 2%

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

The main referral traffic came from the following website: United Lincolnshire Hospitals NHS Trust

Gender Pay Gap (GPG) reporting

In line with national guidelines, when reporting Gender Pay Gap data, ULTH is working on the data as at the previous 31st March. This means the snapshot date for data in this report is 31 March 2025.

It should be noted that ULTH has formed a group arrangement with LCHS, together known as Lincolnshire Community and Hospitals NHS Group (LCHG). The Board and Senior Leadership Team have come together as one single team, however, individuals remain employed by their original organisations. This means that those individuals in senior leadership positions will be reported within separate organisational data and therefore this has impacted on the reporting data which is not wholly representative of the actual workforce, particularly at the more senior bands.

In ULTH, women earn £0.87 for every £1.00 that men earn, when comparing median hourly pay. This is a small improvement on last year's data (£0.86 for every £1.00), and £0.85 in the previous year.

The median is the generally accepted main indicator across all organisations who take part in Gender Pay Gap reporting. The Trust's median gender pay gap is 12.6% in 2025, compared to 14.2% in 2024 and 14.6% in 2023.

For women who receive a bonus, they received £0.51 for every £1.00 men received. In an NHS Acute Trust, bonuses are defined as the Clinical Excellence Awards (CEAs) which are only applicable to consultants in the medical workforce. Changes nationally mean that only consultants on the previous (2018) scheme now still receive a bonus.

It is important to note that the Government's Gender Pay Gap portal incorrectly calculates the Trust's bonus pay gap, as it assumes that all of the workforce is on the same terms and conditions and therefore the whole workforce is eligible for a bonus. This is not the case for NHS employees. Our narrative here acknowledges this, and our data reported in this report represents the true picture: percentage of those eligible for a bonus – i.e. Consultants on Medical and Dental terms and conditions - versus percentage of those from that part of the workforce receiving a bonus.

At this Trust, women hold 79.6% of the lowest paid jobs (the figure was 81.7% last year, and 83.5% the year before). Women hold 61.6% of the highest paid jobs, compared to 63.8% last year, and 63.7% the year before.

There has been a decrease of 2.1% in the number of women holding the lowest paid jobs, which is an improving trend in the context of the gender pay gap. However, in the same year, disappointingly there has been a decline of 2.2% in the number of women holding the highest paid jobs.

These fluctuations may reflect the changes at the highest-paid level of the organisation, with a newly formed LCHG Group Executive and Senior Leadership team during the last year, with some members of this team being employed by the partner organisation (LCHS).

Women hold 80.2% of the lower middle-paid jobs (81% last year) and 81.4% of the upper-middle paid jobs (79.8% last year). The overall picture is one of slow progression steadily upwards through the lower to middle and upper-middle pay quartiles for women, but also with the disappointing decrease in the top pay quartile in this reporting period.

When comparing mean (average) hourly pay, women's mean hourly pay is 27.6% lower than men's. This is a slight worsening of the position (0.4%) compared to last year's data of 27.2% lower-paid, whereas the year before that it was even lower, with a 29.3% gap in pay between men and women, based on the mean.

The national Gender Pay Gap in the UK, on current available data (2024) is 13.1% (median) compared to the Trust's 14.2% gap in 2024. However, the median gap for the Trust based on the most recent data (2025) has improved to 12.6%, and when the latest national Gender Pay Gap data is published, like-for-like comparison will be possible.

It is important to note that the gender pay gap is not the same as an equal pay gap, i.e. men being paid more than women for doing the same job (or vice-versa) which would be unlawful. The Trust follows the national NHS job evaluation schemes to ensure equal pay for equal work.

Ethnicity Gender Pay Gap reporting

Unlike the Gender Pay Gap, there is no statutory requirement to report and act on Ethnicity Pay Gap data. However, for NHS organisations, there is a mandatory requirement through High Impact Action 3 of the NHS EDI Improvement Plan. This report is published in fulfilment of this mandatory duty and to seek to address any gaps identified through an agreed, co-produced action plan.

In line with national guidelines, when reporting Ethnicity Pay Gap data, ULTH is working on the data as at the previous 31st March. This means the snapshot date for data in this report is 31st March 2025. This is also aligned to the Gender Pay Gap snapshot date and reporting period.

There is no requirement for the ethnicity pay gap data to be uploaded to a gov.uk portal, unlike the gender pay gap data, as it is not a statutory requirement. However, the data in this report will be published on the Trust's

website no later than end March 2026, following People Committee and Trust Board approval.

In this Trust overall, White colleagues earn £0.82 for every £1.00 that Black and Minority Ethnic colleagues earn, based on median hourly rate. Likewise, White colleagues earn £0.82p for every £1.00 that colleagues whose ethnicity is unknown earn.

The median is the generally accepted main indicator across all organisations who take part in pay gap reporting. The Trust has a median ethnicity pay gap of 18.24% overall, with White colleagues earning 18.24% less than Black and Minority Ethnic colleagues, and 18.36% less than those whose ethnicity is unknown. This is an improving trend compared to last year's ethnicity pay gap data, which was 19.47% and 19.45% respectively.

For the less reliable (but still reportable) Mean or Average, the ethnicity pay gap is 33%, with White colleagues earning 33% less than Black and Minority Ethnic colleagues, and 37% less than those whose ethnicity is unknown. Last year's ethnicity pay gap data reported 32% and 38% respectively.

It is essential to understand the structure of the workforce and the representation of Black and Minority Ethnic colleagues in the highest pay quartiles, particularly in medical and dental roles, and the influence that this has on the overall ethnicity pay gap. At ULTH, Asian and Black colleagues hold 27.9% of the highest-paid jobs (the figure was 24.2% last year); whereas they only hold 7.3% of the lowest paid jobs (5.1% last year). White British colleagues hold 58% of the highest-paid jobs (62.2% last year), but 85% of the lowest-paid jobs (86.8% last year). 30% of the ULTH workforce identifies in ESR as Black, Asian and Minority Ethnic; 69% White and 1% unknown or not stated.

Further analysis beyond the data provided by the standard ESR ethnicity pay gap report has been undertaken because of these structural influences on the ethnicity pay gap. The full report published on the Trust website therefore contains an analysis by each band for Agenda for Change and Medical and Dental colleagues to allow for a more rounded picture of the ethnicity pay gap.

In an NHS Acute Trust, bonuses are defined as the Clinical Excellence Awards (CEAs) and are only applicable to consultants in the medical workforce. Of those eligible for this bonus, 30.2% of White consultants received a CEA, 21.6% of BME consultants received a CEA, and 14.8% of those whose ethnicity is unknown/undeclared received a CEA.

There is therefore a bonus pay gap in favour of White consultants, which is examined further in the full report, particularly in light of national changes to the CEA scheme which has now been discontinued and only legacy 2018 awards are still paid.

It is important to note that the ethnicity pay gap is not the same as an equal pay gap, e.g. White colleagues being paid more than BME colleagues for doing the same job (or vice-versa) which would be unlawful. The Trust follows the national NHS job evaluation schemes to ensure equal pay for equal work.

The EDI Contractual Duties

Equality Delivery System (EDS)

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

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

This third version of the EDS was commissioned by NHS England and NHS Improvement in conjunction with the NHS Equality and Diversity Council (EDC) with, and on behalf of, the NHS. It is a simplified, updated, and easier-to-use version of EDS2. The EDS comprises eleven outcomes spread across three domains, which are:

Domain 1: **Commissioned or provided services (patients/service users)**

a) Patients (service users) have required levels of access to the service.
b) Individual patients (service users) health needs are met.
c) When patients (service users) use the service, they are free from harm.
d) Patients (service users) report positive experiences of the service.

Domain 2: Workforce health and wellbeing

a) When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD, and mental health conditions (response to Covid-19).

b) When at work, staff are free from abuse, harassment, bullying and physical violence from any source.
c) Staff have access to independent support and advice when suffering from stress, abuse, bullying, harassment, and physical violence from any source.
d) Staff recommend the organisation as a place to work and receive treatment.

Domain 3: Inclusive Leadership

a) Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities.
b) Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed. Board members, system, and senior leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients.

NHS Workforce Race Equality Standard (WRES)

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

WRES Indicators:

1. Percentage of staff in AfC pay-bands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce.
2. Relative likelihood of white applicants being appointed from shortlisting compared to BME applicants.
3. Relative likelihood of BME staff entering the formal disciplinary process compared to white staff.
4. Relative likelihood of white staff accessing non-mandatory training and continuous professional development (CPD) compared to BME staff.
5. Percentage of BME staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.

6. Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months.
7. Percentage of staff believing that their trust provides equal opportunities for career progression or promotion.
8. In the last 12 months have staff personally experienced discrimination at work from a manager, team leader or other colleagues.
9. Total Board declaration and the percentage difference between:
    a. the organisation's Board voting membership and its organisation's overall workforce.
    b. non-voting membership of the Board and its organisation's overall workforce.
    c. the Executive membership of the Board and its organisation's overall workforce.
    d. the non-exec declaration of the Board and its organisation's overall workforce.

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

Highlights of WRES 2025-2026

Key areas of progress:

- Maintaining an annual increase percentage of BME staff employed by ULTH, from 27.5% to 28.8% in the last year.
- Decreasing the likelihood of BME staff entering the disciplinary process.
- A slight decrease in the percentage of staff who experienced discrimination from a manager, team leader or other colleagues in the last 12 months, by 0.3% to 18.1%.
- Maintaining the equal relative likelihood of white staff accessing non–mandatory training and CPD compared to BME staff, as the likelihood is 1.03, with 0.29 of white staff compared to 0.30 of BME staff who accessed the non–mandatory training and CPD.

Our key areas of focus for 2026/27:

- Launch Cohort 1 reverse mentoring programme across LCHG to the overall BME workforce to have the opportunity to mentor senior leaders. Aiming to increase the Board's understanding of lived experience in this area.
- To continue to increase BME representation across leadership roles within LCHG by implementing Cohort 3 of the Triple A programme

(Arising, Ascending and Advancing), developing diverse and inclusive leaders for the NHS.

- To increase the completion of the National Staff Survey (NSS) by our BME colleagues.
- To continue to monitor the data for BME staff who are experiencing bullying, harassment and abuse from patients, managers and staff, by working with the Group REACH and CODE staff network with regards to the WRES action plan.
- Continuously working to decrease the number of BME staff experiencing bullying and harassment from patients by implementing the United Against All Forms of Discrimination campaign across the Group.
- Raise awareness about current opportunities for BME staff in achieving their full potential to increase the number of BME staff who believe that the Trust provides equal opportunities in career progression.

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

The Trust's WRES reports and associated action plans are located on the Trust website: NHS Workforce Race Equality Standard (WRES) - United Lincolnshire Hospitals (ulh.nhs.uk)

NHS Workforce Disability Equality Standard (WDES)

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

WDES Indicators:

- Percentage of staff in AfC pay-bands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce.
- Relative likelihood of non-disabled staff compared to disabled staff being appointed from shortlisting across all posts.
- Relative likelihood of disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.

- a) Percentage of disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from:
  - Patients/service users, their relatives, or other members of the public.
  - Managers.
  - Other colleagues.

  b) Percentage of disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.
- Percentage of disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.
- Percentage of disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.
- Percentage of disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.
- Percentage of disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.
- a) The staff engagement score for disabled staff, compared to non-disabled staff.

  b) Whether the has Trust taken action to facilitate the voices of disabled staff in your organisation to be heard? (Yes) or (No).
- Percentage difference between the organisation's board voting membership and its organisation's overall workforce, disaggregated:
  - By voting and non-voting membership of the board
  - By executive and non-exec membership of the board.

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

Highlights of WDES 2025-2026

The Trust employed 10,343 staff as of 31 March 2026 of which 723 disclosed their disability or long-term condition on the Electronic System Record (ESR). Our local NHS Electronic Staff Record (ESR) now indicates that 7% of staff employed staff have declared a disability, showing an improved declaration rate on 6.4% last year.

Based on workforce data as of 31 March 2026 and feedback from the NHS Staff Survey 2025, a WDES action plan 2025-28 was developed in partnership with the Group Mental and Physical Lived Experience (MAPLE) Staff Network. The

action plan is being reviewed during the next two months, in light of this year's WDES data. Further improvement work will be progressed over the next 12 months to help reduce the barriers that impact the experience of our staff with disability and long-term conditions.

Areas of key concern

The areas of key concern are defined as the WDES indicators showing the greatest decline in score, and/or the furthest away from the national benchmark. Also considered here are those areas where the “staff experience gap” is not closing between disabled colleagues and those who are not disabled.

By this definition, it is indicator 7 which is of greatest concern, showing a rapid 7.5% decline compared to last year’s score for the Trust. It has also declined from 1.4% below the national benchmark to 9.7% below it. This indicator measures the extent to which disabled staff consider their work is valued by the organisation, compared to those without disabilities or long-term conditions.

Whilst not experiencing as great a decline, Indicator 5 is also a key concern, declining by 4.4% and performing 3.6% below the national benchmark. Indicator 5 measures the % of disabled staff who believe that the organisation provides equal opportunities for career progression or promotion and compares this to the percentage of non-disabled staff who believe this.

Indicator 4b - % of disabled staff saying they, or a colleague, reporting their last incident of bullying, harassment or abuse is down by 2.7% and is 8% below the national benchmark. Historically, this has been an area of stronger performance for the Trust in the WDES, so the decline is a concern. The Group has a “Safe to Say” campaign and it is important that colleagues feel more confident to report any form of bullying, harassment or abuse.

For indicator 8 (reasonable adjustments), there has been a smaller decline in the percentage of disabled staff saying their employer has made adequate adjustment(s) to enable them to carry out their work, at 1.2% lower than last year. However, performance in this indicator is still well below the national benchmark (4.2% lower) and on a declining trend. Urgent action is required to improve the Trust’s performance on identifying, delivering and supporting reasonable adjustments, and this is reflected in the action plan.

Areas of improvement and strengths

The greatest area of improvement and a strength compared to the national benchmark is Indicator 6, which measures the percentage of disabled staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties. It also provides a comparison against the percentage for non-disabled staff. The Trust is performing 2.8% better than the

national benchmark of 25.3% and the Trust's performance for this indicator has improved by 4.7% compared to its performance last year.

Indicator 10, representation of disabled people on the Group Board and the Board members declaration rate has also improved, and it performs above the national benchmark rate by a substantial margin. Targeted Board development sessions have taken place in the last year and the positive results are seen.

Our Key Areas of Focus for 2026/27:

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

The Trust's WDES reports, and associated action plans are located on the Trust website: NHS Workforce Disability Equality Standard (WDES) - United Lincolnshire Hospitals (ulh.nhs.uk)

NHS Equality, Diversity and Inclusion Improvement Plan

6 High Impact Actions (HIAs):

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

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

LCHS and ULHT have an LCHG action plan in place which is in progress.

Sexual Safety Charter

Organisations across the healthcare system need to work together and individually to tackle unwanted, inappropriate and/or harmful sexual behaviour

in the workplace. We all have a responsibility to ourselves and our colleagues and must act if we witness these behaviours.

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

- We will actively work to eradicate sexual harassment and abuse in the workplace.
- We will promote a culture that fosters openness and transparency, and does not tolerate unwanted, harmful and/or inappropriate sexual behaviours.
- We will take an intersectional approach to the sexual safety of our workforce, recognising certain groups will experience sexual harassment and abuse at a disproportionate rate.
- We will provide appropriate support for those in our workforce who experience unwanted, inappropriate and/or harmful sexual behaviours.
- We will clearly communicate standards of behaviour. This includes expected action for those who witness inappropriate, unwanted and/or harmful sexual behaviour.
- We will ensure appropriate, specific, and clear policies are in place. They will include appropriate and timely action against alleged perpetrators.
- We will ensure appropriate, specific, and clear training is in place.
- We will ensure appropriate reporting mechanisms are in place for those experiencing these behaviours.
- We will take all reports seriously and appropriate and timely action will be taken in all cases.
- We will capture and share data on prevalence and staff experience transparently.

Summary of progress: This year the Trust made significant progress with completing the actions required under the NHS Sexual Safety Charter and further embedding them. The Sexual Safety Working Group was instrumental in establishing a pool of Employers Against Abuse Ambassadors, with representatives across all Staff Networks. Training for the ambassadors was provided by The Survivors' Trust.

The Group Sexual Safety policy was developed and approved for publication, and accessible supporting materials created to support use of the policy by all. Quarterly reporting was established from Quarter 3 2025-26. The Group also responded to the NHS England self-assessment requests and was able to provide substantial assurance on this work, with all actions rated “green” by May

2026, with the exception of the patient record action which is connected to the Electronic Patient Record programme.

At the time of writing, a deep dive on the National Staff Survey data relating to sexual safety had also been completed and a workshop scheduled for June 2026 to develop an action plan with all staff networks, with further specific professional groups from across the organisation included, to further tailor the specific actions and support provided.. Alongside this, a communications and engagement plan for the next 12 months has been developed and will support further embedding of Sexual Safety across the Group. In addition, nominated colleagues involved in overseeing investigations of sexual safety matters will be participating in the national training offer provided by NHS Employers/Department of Health and Social Care.

NHS People Promise and NHS Staff Survey 2025

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

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

Staff Networks

The staff networks are now a year down the line following the transition into Group Staff Networks. All the staff networks provide an opportunity for staff to find support and share their voices and concerns to improve LCHG working practices. The staff networks support the implementation of the Public Sector Equality Duty from the Equality Act (2010) WRES, WDES, EDS and the 6 High impact actions.

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

The staff networks are:

- The Armed Forces Network
- Carers Staff Network
- CODE (Celebrating our Diversity Everyday), previously known as the BAME (Black, Minority and Ethnic) and Allies Staff Network

- MAPLE (Mental and Physical Lived Experience) Staff Network
- IMPACT (Joined MAPLE in January 2025)
- LGBT+ (Lesbian, Gay, Bisexual and Transgender) and Friends Staff Network
- The Men's Shed Network
- The Women's Network

Armed Forces Community Network

In 2025 the separate armed forces networks joined and was renamed to the Armed Forces Community Network, to ensure it is clear it is wider than staff and includes our patients and the community too.

The Group proudly employs many from the armed forces community (Military Service Leavers, Veterans, Reservists, Cadet Force Adult Volunteer (CFAV) and family members of all those). We seek to attract and retain armed forces in the organisation when they transition from the armed forces to local employment. The Armed Forces community network meetings continue bi-monthly.

Armed Forces Community Network highlights 2025-2026

The network has participated in the following activities:

- ULTH and LCHS maintain the Armed Forces Covenant at Gold standard and the Veteran Aware Accreditation.
- Each Trust is registered with Step into Health (SiH).
- We offer a guaranteed interview scheme for those who meet the interview criteria.
- We retain a robust policy for those members of staff who are either a Reservist or CFAV, including extra days paid annual leave, alleviating the pressure of time off for training camps.
- A system face to face insight day was hosted at Grantham. Numerous placements have been arranged, providing insight into potential roles at the across the group.
- There are currently 12 Armed Forces Champions and 4 volunteers who support the network and engage with our staff and patients.
- Attended the Careers Transition Partnership Armed Forces Employment Fair at the Lincolnshire Showground.

- Held an Armed Forces leadership event at Lincoln. These unique events enable our staff to experience a day with the Armed Forces, learning about leadership as well as team building, such as low ropes and command tasks.
- Planning, organisation and delivering of a full Armed Forces week schedule, this included in person events at all 3 sites, teams' sessions with those who have served and sharing their personal experiences.
- Attendance of the network at the Lincoln Armed Forces Day event.
- LCHS implemented the electronic patient record (EPR) for annotating if our patients are part of the armed forces community. Training is ongoing with different teams to ensure that this is completed in the patient record.
- Held remembrance events for 80-year anniversary of VE and VJ Day across the 3 acute sites.
- Connecting care and support to veteran patients.

The last 12 months with the 2 networks joining has ensured we were able to deliver some great support across the Group to both staff and patients, highlighting great teamwork, especially with our wider system colleagues. The network has a busy year ahead with becoming a more aligned team, including updates to policies to ensure the two trusts are more aligned in the support they offer.

Carers' Network

The Carer's staff network continues to offer support to working carers by providing a monthly network meeting. We recognise that the impact on working carer's often means that they do not have available time to attend a staff network.

Carers' Network Highlights 2025-2026:

- Group Network Budget.
- LCHG Carers Staff Network paid for accreditation from Carer UK. We are now going through the application process.
- LCHG Carers Staff Network paid for 3 tickets to attend Carer UK Conference in London.
- LCHG Carers Staff Network paid for Lunch and Learn session from Carer UK.
- Lincolnshire Carer's Service hosted a series of webinars for our working carers through MAPLE with IMPACT and Women's Staff Network.

- Hosted a Session for Carer's Rights Day and were joined by the Lincolnshire Carer's Service.
- LCHS and ULTH is working hard to combine policies and procedures as a group model as we currently offer different support.
- LCHS offer the Carer's passport and support with how to complete the document emphasising that the document is personal to the individual and is agreed between themselves and their line manager who knows the service best and what is possible in terms of support. This is being rolled out across ULTH.
- While there is no lead for this network at the moment, the EDI Team and the other six networks working in conjunction with the Head of Culture and the Associate Director of Culture and Wellbeing are giving support to our working carers.
- Continue to support our Carers Hub at Pilgrim Hospital.
- Shared Carers First and LPFT Recovery College session for Carers Week.

Celebrating Our Diversity Everyday (CODE)/REACH Staff Network

REACH and CODE staff network provides 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 staff network believes that for every individual to reach their full potential, there must be no fear of discrimination or prejudice and a belief that career opportunities or experience of work is not predetermined by ethnicity, nationality, or colour.

REACH/CODE network highlights 2025-2026:

- REACH from United Lincolnshire Teaching Hospitals and CODE from Lincolnshire Community Health Services became one network across group. This includes new branding.
- Introduced Social Cafes in the Staff Network.
- Led Black History Month for Lincolnshire system with face-to-face conference and online webinars. This year's theme was "Standing Firm in Power and Pride". Senior leaders had a panel discussion at the conference. There were powerful discussions on inequalities affecting Black and global majority ethnic groups across Maternal and Child

Health, Severe Mental Illness, physical health checks, career development/progression, and racism. There was a face-to-face career development day.

- Special Menu in the Lincoln County Hospital restaurant for EDI Celebrations during October and November by our catering teams.
- For Race Equality Week, the staff network held drop in sessions for staff, offered support how to join the staff network, support See Me First, links to our United Discrimination campaign, shared communications about Black and Asian Maternal Group, shared about short listing for Equality, Diversity and Inclusion Award at Royal College of Midwives.
- The Equality Diversity and Inclusion calendar was being used across the group to celebrate awareness days, weeks and months.
- 'Holi' Celebrations (the Hindu spring festival) throughout the organisation was a huge success.
- Collaborative working with Chaplaincy, Charity, and REACH/CODE Staff Network to give out packs for staff at the start of Ramadan.
- Staff network supported the Triple A programme for leadership aimed at global majority staff in nursing, midwifery and AHP's.
- A member of the staff network was awarded EDI Champion of the year award at LCHG Staff Awards.
- A previous staff network lead was awarded High Commended award for Education, Awareness and Research at LCHG Staff Awards.
- A staff network lead and a part of Black and Asian Maternal Group won Collaboration award at LCHG Staff Awards.

Mental and Lived Experience Network (MAPLE)

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

MAPLE Network Highlights 2025-2026

- Bringing three separate staff networks together across two organisations that are becoming group (LCHS MAPLE and IMPACT Staff Network and ULHT MAPLE) to form one staff network LCHG MAPLE with Impact Network.
- Group Membership from hidden disabilities (Sunflower Scheme) Funded from the Group Network Budget.

- WDES Engagement Session Involvement when last year's data was published and what actions they would like the network and EDI Team to focus on.
- Led the Disability History Month Programme for the Lincolnshire NHS System, webinars included: Everyday support and Practical adjustments to support staff in the workplace, Support Session the Hidden Disabilities Sunflower Scheme and the benefits of declaring a disability/long term condition on ESR, Talent Academy and Apprentice Centre came to talk about career opportunities. Living Well and Thriving with a disability and long-term condition session with two members sharing their lived experience opening for others to share their lived experience from Lincolnshire NHS System.
- A member of the staff network was highly Commended at LCHG 2025 Staff Awards for their work during Disability History Month 2024 for sharing their lived experience of living with ADHD.
- Hosted Anti-bullying and Harassment Week Webinar Thursday 13th November 2025 covering United Against All Forms of Discrimination, NHS Sexual Safety Charter and the Employers Against Abuse training offer and LCHS' Freedom to Speak Up Guardian talked about the Incident Diary and personal and workplace apologies.
- Hosted a Session for Carer's Rights Day and were joined by the Lincolnshire Carer's Service.
- Hosted a session with Silent Sounds for Deaf Awareness Week to promote the service and also to give staff the opportunity to learn basic sign language.
- MAPLE member supporting the Tech Bars driving disability and inclusivity as part of that piece of work.
- Cloud Booking Project Managers/Leads came to speak at MAPLE Business Meeting about accessibility at Robey House and across Group sites as we heard concerns from our members.
- The CODE network chair joined us to talk about Allyship during MAPLE meeting.
- EDI Sounds Podcast on MS Awareness.

LGBT+ Staff Network

PRIDE+ launched its membership successfully across LCHG with a new adopted groups Terms of Reference. We continue to offer a safe space for LGBTQIA+ people and allies to come together and share thoughts, ideas and

experiences. This allows LGBTQIA+ colleagues to be open about who they are without fear of discrimination or judgement. This helps to reduce stress, supports mental wellbeing and helps people bring their full selves to work.

We are empowered to connect like-minded people to celebrate the contributions of our community in our organisation as well as support those who's experiences fall short of our expectations. We are advocates. We offer pastoral support and guidance and a critical friend. We are proud of the things we have achieved in 2025-26 and are ready for the year ahead.

LGBT+ Network highlights 2025-2026

- Appointed all 5 PRIDE+ Leads representative of group, bands and disciplines (including an Ally).
- Relaunched PRIDE+ strategic document.
- Appointed each lead to a purposeful role.
- Broaden PRIDE+ Membership to the whole of LCHG with a new Terms of Reference.
- We confirm and commit to a monthly meeting with our Executive Sponsor.
- We have drafted a PRIDE+ Lead Charter.
- Provided support relating to the Supreme Court ruling regarding gender and issued a shared statement with other staff networks.
- Supported the EDI Sounds podcast.
- Increased following on primary social media page by 28 followers.

Hosted social media campaigns for every significant LGBTQIA+ acknowledged day for example:

- Oslo Pride's viral video to launch Pride Month in June (3.9k views, 24 interactions and 43 shares).
- Know your flags throughout Pride Month (total 7.7k views across all posts).
- Lincoln Pride countdown shared daily (2.2k views).
- National Coming Out day in Oct (3.9k views).
- Trans+ Day of Remembrance in Nov (1.9k views).
- Worlds Aids Day on 1 Dec (1k views).
- PRIDE+ Lead profiles throughout LGBTQ History Month in Feb (3k views).

- International Transgender Day of Visibility in March (804 views).
- We have issued a total of 750 Rainbow badges across LCHG.

Attended Lincoln Pride where we:

- Shared 2024 feedback and created our actions from this (You've said, we've done poster).
- Collected 2025 feedback and created our feedback ahead of 2026 pride.
- Continue to host regular network meetings with increasing attendance
- Promoted NSS actively and committed to creating an action plan.
- Contributed to the initial LCHG Way workshop.
- Contributed to the new LCHG Leadership portfolio about inclusion.
- Exploring alternative social meeting opportunities for PRIDE+ Members (digital platforms).
- Representative place on the Sexual Safety Charter working group.
- Two PRIDE+ Leads are completing Employers Against Abuse training.
- New merchandise procured (notebooks, pens and tote bags).
- New posters created with QR code to membership form for distribution.
- Welcomed 11 new network members, now sitting with a total of 60.

2026 will see us focus on our membership and support our colleagues to embrace and celebrate who they are. We will support LCHG to be a safe place to work and confident in becoming a compassionate and inclusive employer in Lincolnshire.

Men's SHED Network

The Men's Shed staff network meet monthly to provide peer support and raise awareness on key issues that impact men's health and wellbeing.

Men's Shed network Highlights 2025-2026:

- LCHG and ULTH Men's Networks brought together now offering 2 monthly catch-up sessions to ensure men around LCHG have an opportunity to speak in a safe environment and make lasting friendships and support networks.
- Raised over £1800 during Movember for Prostate Cancer.
- Raised £6,447.27 For Prostate Cancer and United Lincolnshire hospitals Charities.

- Professional Burnout Workshop held.
- Prostate Cancer stall held at the Lincolnshire Show raising awareness of new PSA testing kits and procedures.
- International Men's Day online celebration.
- Network presentations at team meetings raising awareness of the role of the network.
- Man Club support network promoted.

Women's Network

The network has been going through a transitional stage over the last 12 months and now been rebranded from March 2025 to the LCHG Women's network, which includes the ULHT and LCHS women's network.

Women's Network Highlights 2025-2026:

- Women's Leadership Academy for level 7, 5 and 3 before funding rules changed in partnership with Corndel.
- The Menopause service continues to support staff.
- Project Mimosa work continues. It is a period dignity initiative which allows staff members free sanitary products whilst at work.
- Continued work with Breast Feeding Pods (to give a dedicated space across sites for breast feeding and expressing) has been developed.
- The Women's Network actively supported the work to implement the NHS Sexual Safety Charter and associated training and support.
- Women's Network Wellbeing event including a session with a Human Factor facilitator.
- Wonderful Women nominations in March 2026.
- "Get to Know me Sessions" with Women leaders in organisation.
- Series of Cappuccino chats with Charity Team, Wellbeing Team, Network Sponsor and Carers First.
- LCHS contributed to and members of the Women's staff network attended Hormone Health at work session and Neurodiversity and Hormones Workshop.
- LCHS staff joined the Wonderful Women nominations in March 2025 for the first time as part of the Group Model.

- Joining the LCHG Women's networks together has been the main highlight this year.

Summary

During 2025–2026, ULTH, working as part of LCHG, has continued to strengthen its approach to EDI, ensuring compliance with statutory and contractual duties while progressing a more joined-up, Group-wide model of delivery. This year has been characterised by significant organisational change, increased collaboration across partner Trusts, and a continued focus on improving the experience of both patients and colleagues.

The Trust has maintained strong performance across core EDI frameworks, including the Equality Delivery System (EDS), Workforce Race Equality Standard (WRES), and Workforce Disability Equality Standard (WDES). Improvements in staff engagement and participation in the NHS Staff Survey have enhanced the richness and reliability of workforce insight, enabling more targeted and evidence-based action. While areas of challenge remain, particularly in relation to career progression and inclusion for disabled colleagues and some protected groups, these are clearly understood and are being addressed through agreed action plans and strengthened governance.

A key achievement this year has been the successful transition to Group-wide staff networks. These networks continue to play a critical role in amplifying lived experience, supporting colleagues, influencing policy development, and providing direct assurance to senior leaders and the Board. Their work has contributed meaningfully to improvements in workforce wellbeing, inclusion, and organisational learning, while also supporting wider system priorities such as patient experience, health inequalities, and safety culture.

The Trust has also made notable progress in embedding dignity, respect and safety at work. Implementation of the NHS Sexual Safety Charter has strengthened policy, reporting, training and support arrangements, reinforcing a zero-tolerance approach to unwanted, inappropriate and harmful behaviours. Alongside this, continued investment in interpretation and translation services, accessibility audits, and inclusive patient information has supported equitable access to care for diverse communities across Lincolnshire.

In addition, the Board have undertaken a structured EDI Board Development Programme during 2025-2026, supporting Board members to deepen their understanding of systemic inequality, the NHS legal and regulatory framework, and the practical implications of workforce race and disability This has strengthened Board ownership, capability and accountability for EDI.

Looking ahead, early work to develop the LCHG Way has begun to establish a shared cultural vision rooted in compassion, collaboration and innovation. Initial engagement activity has been positive, with further work planned to broaden involvement across clinical and non-clinical teams and translate the emerging vision into clear, actionable priorities aligned to patient safety, the 'Working Well at LCHG Plan' and inclusive leadership.

While recognising that equality, diversity and inclusion is an ongoing journey, ULTH remains committed to continuous improvement. As the organisation moves into 2026–2027, the focus will be on embedding culture change, strengthening leadership accountability, reducing inequalities for both staff and patients, and ensuring that EDI remains integral to high-quality care, workforce wellbeing and organisational effectiveness.

Appendices:

Appendix 1 – Lincolnshire Population Profile: Census 2021

Appendix 2 – United Lincolnshire Teaching Hospitals NHS Trust Patients' Profile 2025-2026

Appendix 3 - United Lincolnshire Teaching Hospitals NHS Trust Workforce Profile 2025-2026