NHS
United Lincolnshire Teaching Hospitals
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United Lincolnshire Teaching Hospitals NHS Trust – Workforce Disability Standard Annual Report 2025-2026

Caring and building a healthier future for all

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Introduction

Welcome to the United Lincolnshire Teaching Hospital (ULTH), Workforce Disability Equality Standard (WDES) 2025-2026 report. This report contains reflections of last year's actions for the Workforce Disability Equality Standard (WDES).

What is the WDES?

The Workforce Disability Equality Standard (WDES) is a set of ten specific measures (metrics) which enables NHS organisations to compare the workplace and career experiences of disabled and non-disabled staff. NHS organisations use the metrics data to develop and publish an action plan, building on the high impact actions in the NHS Equality, Diversity and Inclusion (EDI) improvement plan.

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 as part of the NHS Long Term Workforce Plan. The Trust aspires to create an inclusive culture by embedding a sense of belonging across the organisation.

What is the purpose of the WDES?

To improve the experience of staff with long-term conditions and disabilities, working or seeking employment in the NHS, ULTH adopted the Workforce Disability Equality Standard (WDES) - it was introduced nationally in 2019 and commissioned by the NHS Equality and Diversity Council.

The WDES is mandated through the NHS Standard Contract. It consists of 10 metrics, based on workforce data and staff feedback from the NHS Staff Survey, which enables NHS organisations to compare the workplace and career experiences of disabled and non-disabled staff.

The data helps us understand the trends and patterns of inequality and highlight areas that require improvement. This also illustrates the progress that has been made by the Trust in reducing gaps and inequalities in the workplace.

Year-on-year comparison enables NHS organisations to demonstrate progress against the indicators of disability equality to create the cultures of belonging

and trust that will improve retention, recruit from the widest possible talent pool and provide sustainable careers.

Methodology

The WDES remains the only example in the UK where employers are mandated to report and publish annual data on the workplace and career experiences of disabled staff. The ambition is to increase the representation of disabled people in the NHS workforce and see the disparities between disabled and non-disabled staff reduce year on year; supported by an inclusive culture through the realisation of the vision set out in the People Promise.

As well as delivering high quality healthcare for millions, the NHS also provides employment for more than a million people in some of the most valued, varied and skilled roles in the country.

As NHS Staff Survey data shows, 1 in 4 members of our NHS workforce has lived experience of a disability or long-term condition. If we are to achieve the ambitions set out in the NHS Long Term Workforce Plan, to improve training and retention and deliver new ways of working – we must also do so through a disability-inclusive lens.

The NHS EDI Improvement Plan sets out actions and interventions that NHS organisations can adopt as they work to build workplaces that enable our staff to thrive. The WDES metrics data continues to help us keep our minds targeted on where we can prioritise actions to improve current performance, within the vast variety of lived experience of disability within the NHS workforce.

Thanks to a maturing body of evidence, the WDES offers a rich and thought-provoking exploration of how the NHS, as an employer, can best care for and protect colleagues across the broad spectrum of disability.

In 2025-2026, ULTH has continued in a Group model with Lincolnshire Community Health Services (LCHS), which has a shared Group Trust Board and Group Leadership Team. The two Trusts continue to be separate legal entities, therefore there are separate WDES datasets and reports for each Trust. However, at action-plan level, there is joint working, with any clear differences between the two Trusts acknowledged, whilst overall creating one Group action plan.

The WDES also complements the Workforce Race Equality Standard (WRES), and both are vital to ensuring that the values of equality, diversity and inclusion are actively translated into action.

Further, since the inception of the WDES in 2019, the Trust has been tracking the trends over time for each of the WDES metrics. In this report, the data trends are reviewed and analysed. Infographics relating to the data trends for each of the metrics are provided in Appendix 2. A Group LCHG 3-year action plan (2025-2028) is contained at Appendix 3.

Context

The Trust employed 10,372 staff as of 31st March 2025 of which 667 disclosed their disability or long-term condition on the Electronic System Record (ESR). Based on workforce data as of 31st March 2026 and feedback from the NHS Staff Survey 2027 (detailed in Appendix 1), the WDES action plan 2025-28 (contained in Appendix 3) has been reviewed in partnership with the Group Mental and Physical Lived Experience (MAPLE) Staff Network. The action plan has been reviewed and updated, and further improvement work will continue over the next 12 months to help reduce the barriers that impact the experience of our staff with disability and long-term conditions.

The Census 2021 states that across both England and Wales, the proportion of disabled people is 17.8% (10.4 million) and it has decreased by 1.7 percentage points from 2011 when it was 19.5% (10.0 million). According to the 2021 Census, 26.6% of the population in Lincolnshire declared to have long-term physical or mental health. Our local ULTH Electronic Staff Record (ESR) data indicates that 6.4% of staff employed staff have declared a disability, 667 out of 10,372.

In line with the national picture for the NHS, there is significant under-reporting of disability and long-term conditions in ESR. However, in the National Staff Survey, where responses are completely anonymous, the number of staff indicating that they have a disability or long-term condition is much higher than the ESR rate, and more in line with the Lincolnshire population rate, at 25.6% of those responding to the Trust's 2025 National Staff Survey indicating that they have a disability or long-term condition. This is a trend consistent with previous years.

For the 2026 WDES data, indicators 1-3 and 10 are based on the Electronic Staff Records (ESR) system and Trac local data as of 31 March 2026 for the year 2025-26. Indicators 4-9 are taken from the National Staff Survey (NSS) of 2025. ** For national benchmark data, all indicators 1-3 and 10 are based on the national WDES report for 2025 as of 31 March 2025, which is the latest available benchmarking data at the time of writing.

WDES National Trends

The 2025 Workforce Disability Equality Standard (WDES) key findings in England show that disabled staff continue to experience challenges, particularly in perceptions of equal opportunities for progression and feeling valued. While improvements are noted in some areas like recruitment outcomes and reasonable adjustments, disparities persist, particularly for certain demographic groups.

Here is a more detailed breakdown of the key findings nationally, taken from the source at: NHS England » Workforce Disability Equality Standard: 2025 data analysis report for NHS trusts.

•In March 2025, 6.7% of the workforce across NHS trusts declared a disability through the Electronic Staff Record (ESR), which was an increase of 1% on 2024. 11.9% of staff did not declare whether they have a disability, an improvement from 14.3% in 2024. 7.3% of board members declared that they have a disability or not, compared to 6.5% in 2024.

•The likelihood of non-disabled candidates being appointed from shortlisting compared to disabled candidates was again close to equity (0.95), however there was a slight decrease, with 18.8% of disabled candidates appointed from shortlisting in 2025 compared to 19.8% in 2024.

•In 2024, disabled staff were more than twice as likely (2.04) to enter the formal capability process (on performance grounds) compared to their non-disabled colleagues, although this was an improvement from 2.17 in 2023. No data was published by NHS England for this indicator in 2025, due to “volatility and small numbers”.

•75.3% of disabled staff reported that their employer has made reasonable adjustment(s) to enable them to carry out their work, a positive increase from 2024 (74.5%).

•29.6% of disabled staff reported experiencing harassment, bullying or abuse by patients, family, service users or the public. This is a small improvement on 30% in 2024. 13.9% of disabled staff reported experiencing this from managers, again a small improvement on 14.6% in 2024. Again, there was a small improvement in reports of harassment, bullying and abuse from other colleagues, at 23.4% in 2025, compared to 23.8% in 2024.

As in the previous year, disabled staff report experiencing significantly higher levels of these behaviours than non-disabled staff, so whilst these are the lowest levels overall since WDES began in 2019, there remains a significantly poorer experience for disabled staff when compared to non-disabled staff. The largest gap by source of bullying, harassment and abuse is “other colleagues”, as the table below shows. Table 1 below highlights the “staff experience gap”.

Despite some small improvements in the experience gaps, as illustrated within table 1 below, overall levels of bullying, harassment and abuse remain at an unacceptable level for all,with around a quarter of non-disabled staff experiencing this and a third of disabled colleagues.

National Staff Experience Gap – Bullying, Harassment or Abuse

Bullying, harassment or abuse from patients, family members, service users, or the public

- National NHS Staff Experience Gap 2025: 6.2%
- National NHS Staff Experience Gap 2024: 6.7%

Bullying, harassment or abuse from managers

- National NHS Staff Experience Gap 2025: 6.3%
- National NHS Staff Experience Gap 2024: 6.4%

Bullying, harassment or abuse from other colleagues

- National NHS Staff Experience Gap 2025: 8.3%
- National NHS Staff Experience Gap 2024: 8.4%

Fewer disabled staff (51.8%) than non-disabled staff (57.9%) felt that their trust provides equal opportunities for career progression or promotion. This is a slightly worse position than the previous year, for both disabled staff (52.2% in 2024) and non-disabled staff (58.1% in 2024), with the decline slightly greater for disabled staff. The “staff experience gap” for this metric has widened to 6.1% in 2025, compared to 5.9% in 2024.

More disabled staff (25.3%) said that they have felt pressure from their manager to come to work despite not feeling well enough to perform their duties, compared with non-disabled staff (17.6%). Both groups report a small improvement in this metric compared to 2024, and the staff experience gap is also gradually reducing, at 7.7% worse for disabled staff in 2025, compared to 8.1% in 2024.

Fewer disabled staff than non-disabled staff were satisfied with the extent to which their organisation values their work, at 36.7% and 47.7% respectively. This was a very small decline compared to 2024, where it was 36.9% and 47.8% respectively. Corresponding to this, the “staff experience gap” is now slightly wider at 11%, compared to 10.9% last year.

ULTH WDES Dashboard

The WDES dashboard summarises the Trust’s current position and progress for the last two years by each WDES indicator and compares it to the national NHS position.

Key:

Positive increase 

Neutral increase 

Negative increase 

Neutral 

Positive decrease 

Neutral decrease 

Negative decrease 

A difference of 0-5% is rated as Amber (neutral), with more than 5% being Green (positive) or Red (negative). For ratios, i.e. Indicators 2 and 3, a difference of 0 – 0.5 is Amber, with more than 0.5 being Green or Red.

Please see table 2 over the next two pages for the ULTH WDES Dashboard 2026, which is a summary. For the full ULTH WDES data for 2026, please see Appendix 1.

Table 2: ULTH WDES Dashboard 2026

Metric (Indicator)	ULTH 2024	ULTH 2025	ULTH 2026 (current)	Latest National NHS Benchmark
Indicator 1 Percentage of disabled staff in ULTH, overall.	5.0%	6.4%	6.99% ⇧	6.7%
Indicator 2 Relative likelihood of non-disabled staff being appointed from shortlisting across all posts (as a ratio).	1.33	1.16	0.98 ⇧	0.95
Indicator 3 Relative likelihood of disabled staff entering the formal capability process (as a ratio).	0	1.71	1.58% ⇩	Not published
Indicator 4a % of disabled staff who experienced at least one incident of bullying, harassment, or abuse from: • Patients/relatives/public • Managers • Other colleagues.	 28.2% 16.8% 25.5%	 28.4% 15.7% 29.3%	 29.3% ⇧ 15.8% ⇧ 27.5% ⇩	 29.6% 13.9% 23.4%
Indicator 4b % of disabled staff saying they, or a colleague, reported their last incident of bullying, harassment, or abuse.	50.3%	49.2%	46.5% ⇩	54.5%
Indicator 5				

% of disabled staff who believe that their organisation provides equal opportunities for career progression or promotion.	50.7%	52.6%	48.2% ⇩	51.8%

Metric (Indicator)	2024	2025	2026 (current) & progress	National NHS Benchmark
Indicator 6 % of disabled staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	29.3%	27.2%	22.5% ⇩	25.3%
Indicator 7 % of disabled staff are satisfied with the extent to which their organisation values their work.	33.4%	35.5%	27% ⇩	36.7%
Indicator 8 % of disabled staff saying their employer has made adequate adjustment(s) to enable them to carry out their work.	70.6%	72.7%	71.5% ⇩	75.3%
Indicator 9 National Staff Survey engagement score for disabled staff (out of 10).	6.1	6.2	6.0 ⇩	6.45
Indicator 10 Disabled Board members, as a percentage of: • Total Board declaration • Exec declaration • Non-exec declaration.	13.13% 14.29% 12.5%	11.11% 11.11% 11.11%	16.67% ⇧ 10% ⇩ 25% ⇧	7.3%

ULTH WDES Key Findings

Areas of concern

The key areas of 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", as explained in the WDES National Trends section at page seven, 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 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. The national "Staff Experience Gap" is now 6.1% (0.2% worse than last year) and the Trust's gap is 5.8%. Staff who do not have a long-term condition or disability at the Trust are also 1% less likely than their comparator group nationally to feel it is fair, making the gap a little smaller than the national staff experience gap.

The wording of the National Staff Survey question from which this data is gathered (question 15) has been altered in the last couple of years, making longer-term historical comparisons less reliable now. However, it is clear that performance is declining in this indicator at both ULTH and LCHS, and that there is a significant staff experience gap for both.

Further analysis of the Trac equal opportunities report from which Indicator 2 data is gathered demonstrates that existing mitigating measures such as the Disability Confident Guaranteed Interview Scheme are working to remove some barriers to career progression, with the relative likelihood of being appointed from shortlisting for those using the scheme (i.e. selecting "yes" in Trac) being

equal to that of those who do not use the scheme, with a ratio of 1.0. Further data is included in Appendix 1.

However, this only considers one specific aspect of the recruitment and selection process. Further work with a holistic, root-cause analysis approach, will be undertaken as one of the updated actions on the WDES Action Plan. As part of this, steps already taken to improve the fairness of the recruitment and selection process are an appreciative enquiry perspective, to see what is working well and should be retained, as well as what further improvements are required in order to improve the Group's performance. It is important to note that this work is also included in the Workforce Race Equality Standard (WRES) report.

One of the evidence-based benchmarks which is recommended to use for this work is the East of England "No More Tick Boxes" recruitment tool kit, and an expected output would be an audit report against this tool, covering what is already in place and what further measures should be adopted.

Also, the growing evidence base from the Group's own development programmes such as Triple A for Global Majority staff, an action under the WRES umbrella, and the Women's Network Leadership Programmes, should be considered and discussed with Education and Talent and Organisational Development colleagues, and also with the MAPLE network, to determine the way forward for targeted support for staff with long-term conditions and disabilities to progress in their careers.

Indicator 8, which measures the percentage of disabled staff agreeing that their employer has made adequate adjustment(s) to enable them to carry out their work, has shown a smaller decline in comparison to the above-mentioned indicators (1.2% lower than last year), but it is still well below national benchmark by 4.2% and declining. An action has been on the WDES action plan at this Trust since 2022, and related policies have been reviewed extensively in the last 18 months as part of the process of combining the Acute and Community staff policies into LCHG Group policies. As part of the roll out of the new LCHG Managing Attendance Policy, this includes the launch of the health passport into ULTH (which LCHS has had in place for several years).

An area of mixed performance, showing some improvement but also some concerns which link into other national requirements such as the National

Oversight Framework (NOF), are the indicators relating to bullying, harassment or abuse of colleagues from different sources, and confidence to report such incidents.

Indicator 4b - % of disabled staff saying they, or a colleague, reported their last incident of bullying, harassment or abuse is down by 2.7% and 8% below the national benchmark. Whilst Indicator 4a is improved for colleagues as the source of bullying, harassment or abuse (i.e. levels have reduced), and further work outlined above for Indicator 8 is likely to improve this, Indicator 4a has worsened slightly (but still better than the national benchmark) for patients/visitors as the source of bullying, harassment and abuse.

Further work across WDES, WRES and the NHS Sexual Safety Charter is planned and is required, including further links with the “Safe to Say” campaign and wider cultural improvements for psychological safety.

Areas of progress

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.

This is to be welcomed in terms of organisational performance and support for staff health and wellbeing. This approach will continue throughout the new Managing Attendance policy and supporting toolkits.

Indicator 10 – Group Board representation of disabled people is also an area of significant improvement, which is very welcome as historically this had been an area of improvement for the Trust as a single entity. Actions have been taken to encourage completion of ESR data, and the Group Board has participated actively in the Board EDI Development Programme this year. The Group Board is now more representative of the workforce population, and also of the Lincolnshire population it serves, in terms of disabled members. It is also outperforming the national average for the NHS.

Action since last WDES report

In addition to the actions already highlighted in this report, the intentional actions taken by the Trust under the WDES action plan in the last twelve months are:

- The launch of the first cohort of reverse mentoring.
- Promoting disclosure of disability and long-term conditions in ESR among senior leaders.
- Board members undertaking a bespoke EDI development programme
- Exploring the disability pay gap data and establishing the improvements required to ensure the accuracy of the Trust's data.

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

With the support of the Trust, the MAPLE network has also delivered:

- Group membership of the Hidden Disabilities (Sunflower) Scheme, funded from the Group network budget.
- The Disability History Month Programme for the Lincolnshire NHS System. Webinars included: "Everyday support and practical adjustments to support staff in the workplace"; the Hidden Disabilities Sunflower Scheme and the benefits of declaring a disability/long term condition on ESR; Career opportunities support session, delivered by the Talent Academy and Apprentice Centre, and a "Living Well and Thriving with a disability and long-term condition" session led by network members and others across the Lincolnshire ICB.
- The Anti-Bullying and Harassment Week Webinar Thursday 13th November 2025 for all staff networks, 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 on personal and workplace apologies and incident diaries.
- A session for Carer's Rights Day, joined by the Lincolnshire Carers' Service.

- A session with Silent Sounds for Deaf Awareness Week to promote the service for d/Deaf patient and also to give staff the opportunity to learn some basic sign language.
- A MAPLE member is supporting the new digital Tech Bars driving disability and inclusivity as part of the Trust's paper-to-digital shift through the Electronic Patient Record and Electronic Document Management Systems (EDMS) programmes.
- A session with Cloud Booking Project Managers/Leads about accessibility at Robey House and across Group sites in response to concerns from MAPLE members.
- EDI Sounds Podcast on MS Awareness.

It is acknowledged that in addition to the positive influence of the actions outlined above, other organisational factors may have also influenced WDES outcomes this year.

One such example is the impact of the Vacancy Control Process and Cost Improvement Programme (CIP) requirements reducing the availability of job opportunities, along with the impact of extensive change as the Group model developed further during the last twelve months. This has created some opportunities for progression in some teams, but also some reductions and loss of opportunity for others. However, it is important to note that an Equality Impact Assessment Process is embedded as part of both these programmes and will have been undertaken for all decisions made.

It is important that the impacts of proposed changes continue to be considered thoroughly through the Trust's robust Equality Impact Assessment process, and that identified mitigations are understood and put into practice. As part of the cycle of reducing inequality of outcome, it is recommended that the Trust evaluates the outcomes of change programmes in terms of equity and impact on minoritised groups.

Next steps 2026-2027

Key WDES actions for 2026-2027

The Trust already has a three-year WDES Action Plan in place, which is a Group (LCHG) action plan which started in 2025. This plan has been reviewed in the light of this year's data, and the following updates have been made:

Indicator 1 – work with the Chief Medical Officer and Deputy Medical Director (Professional Standards) to encourage medical and dental staff to feel confident to disclose a disability or long-term condition, and to support their line managers and colleagues to respond effectively; continue with a robust Equality Impact Assessment (EIA) process for change and additionally, track the outcomes for people with protected characteristics when undertaking major change programmes at regular programme milestones; action to increase representation of disabled people across the bands through the actions for Indicators 2 (recruitment) and 5 (fairness of career progression).

Indicator 2 – root cause analysis, appreciative enquiry on improvements already made to recruitment and selection process for disabled candidates, audit against "No More Tick Boxes". Review findings and recommendations with MAPLE and key delivery stakeholders, then agree action plan specifically for recruitment and selection and career progression.

Indicator 3 – continue with the Just Culture approach in employee relations processes and continue with individual case reviews. Implement any changed national guidance such as the "Being Fair" tool.

Indicator 4a – implement the recommendations of the Lord Mann review (which focuses on anti-racist practice, but has relevance for all forms of unlawful discrimination), the deep dive outcomes of the Trust's Sexual Safety Charter programme and any further actions required to reduce all forms of bullying, harassment, abuse and discrimination against staff from patients/public and visitors and between staff. In the light of this, progressing the ULTH "United against Discrimination" work as a group is a key action.

Indicator 4b – MAPLE Network and EDI team to collaborate in the Group's "Safe to Say" campaign and as part of this, ensure mechanisms are in place for

staff to feel safe to disclose incidents of bullying, harassment, abuse or discrimination linked to their disability.

Indicator 5 - Alongside the actions recommended for Indicator 2, consider the growing evidence base from the Group's own targeted development programmes such as Triple A for Global Majority staff, which started as an action under the WRES umbrella, and the Women's Network Leadership Programmes. These findings will be discussed with Education and Talent and Organisational Development colleagues, and also with the MAPLE network, to determine the way forward for targeted support for staff with long-term conditions and disabilities to progress in their careers. This should take into account the "mainstream" new Leadership Development offerings which are linked to the national Leadership Standards Framework. This action should also link to the Pay Gap Action Plan (Gender, Ethnicity, Disability), regarding talent management and career progression.

Indicator 6 – performance is improving in this indicator, however it is recommended that the WDES action plan is updated to capture that this positive approach to staff health and wellbeing must continue throughout all new and revised attendance/absence management approaches, as staff working when unwell is not to anyone's benefit.

Indicator 7 – as this encompasses a wide area of staff experiences ("feeling my work is valued by the organisation"), it is likely that actions for other indicators will support improved performance in this indicator. Also, it is recommended that early engagement in a safe space with the MAPLE network informs the Trust of the lived experience behind the low performance in this indicator. It is expected to produce a wide range of examples and themes which the Trust should then act on.

Indicator 8 – the health passport action already on the WDES action plan must now be urgently acted-on, to align ULTH with LCHS on this and this will take place with the launch of the new Group Managing Attendance policy.

Alongside this, a clear programme of education, awareness, understanding and cultural change around ableism, unlawful discrimination on the grounds of disability, and an improved education offering around reasonable adjustments combined with effective processes and a "resource bank" of examples of reasonable adjustments in place for different areas and roles within the Group,

would be transformational in reducing financial and reputational risk, improving performance both in this indicator and productivity in the Trust, and would be significant in improving staff experience and line manager confidence at ULTH.

Specific work to develop a neurodiversity understanding and support offer will also take place, as this is a substantial gap in provision at present, for both colleagues and managers alike. This should be done in co-production with the MAPLE network, in particular the new Neurodiversity Café/Chat group.

Indicator 9 it is expected that the involvement and co-production approaches in the actions for other indicators will improve the engagement score, and specifically that as actions translate into reality and outcomes, this will increase the engagement score.

More specifically, engagement to continue through supporting the MAPLE network as a Group to be an effective voice and amplifying this through the role of Executive Sponsor, and by including MAPLE members in wider organisational developments and ensuring that MAPLE members' views are sought and included, through the Council of Staff Networks alongside other staff networks and other mechanisms.

Examples of this would be seeking the views of the MAPLE networks on initiatives such as the Wellbeing Incentives, Car Parking, and any new major developments in 2026-27, factoring them into programme plans early.

Indicator 10 – the progress made with Board representation is noted and continuing support and involvement of the Board and Chief Officers, along with all Senior Leaders, is welcomed as we work on the other indicators to improve performance at this Trust. There is still an above-average number of "unknowns" in the Board data, which will be worked on with the Board to improve this.

The above actions and any others referenced in this report have been identified on the basis of current data. Engagement with MAPLE and other key stakeholders, including those who would need to lead, action and embed improvements, is underway.

Further details of the LCHG Work Well Plan will be available soon and actions across both will be reviewed in the light of this. The actions proposed in this

report already link into the strategic objectives of the current LCHG Strategy, which are:

2a Enable our people to fulfil their potential through training, development, research and education.

2b Empower our people to continuously improve and innovate.

2c Nurture compassionate and diverse leadership.

2d Recognise our people through thanks and celebration.

Appendices

Appendix 1 – ULTH WDES Workforce Data, Indicators 1-10

Appendix 2 – ULTH WDES Trend Charts, 2019-2026

Appendix 3 – LCHG WDES Action Plan 2025-2028