NHS
United Lincolnshire Teaching Hospitals
NHS Trust

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

Caring and building a healthier future for all

Contents

Contents 2
Introduction 4
Methodology 5
WRES National Key Findings 5
Context 6
Metrics Dashboard 2025-26 Data 10
Headlines 2025-2026 12
Key areas of progress: 12
Our key areas of focus: 133
Actions and commitments 2025-26 144
Ethnicity Pay Gap reporting 144
Equality Diversity and Inclusion (EDI) Calendar 166
South Asian Heritage Month 166
Black History Month 2025 166
Anti-Bullying and Harassment Week November 2025 177
Race Equality Week 2026 177
Holi Celebrations 188
United Against all Forms of Discrimination 188
Triple A Programme (Arising, Ascending and Advancing) 19
See Me First 199
Cultural Intelligence and the LCHG Leadership Pathway 199
Just Culture 20
Flexible Working 20
Equality Impact Assessment 21
Freedom to Speak Up Guardian 21
Group Staff Awards 2025 21
LCHG staff networks 211

Race, Ethnicity, and Cultural Heritage (REACH) and Celebrating our Diversity Everyday (CODE) Network 222
Next Steps 2026 - 2027 24
Key WRES actions 2025 – 2028: 24
Conclusion 26
Appendix 1: 277
ULTH WRES Workforce Data 2025 – 2026 277
Appendix 2: 277
ULTH WRES Data Trend 2016 - 2026 277
Appendix 3: 27
LCHG WRES Action Plan 2025-2028 27

Introduction

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

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

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

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

NHS workforce - GOV.UK Ethnicity facts and figures

Methodology

The national 2025 WRES data report reflects the state and complexity of race equality in the NHS. It shows progress in the number of workforce and Very Senior Managers (VSMs) from an ethnic minority. However, BME board membership growth has not kept up with the rise, giving over 13% difference between executives on trust boards and the workforce.

The same outcome is reflected in the ULTH data, where the number of workforce from diverse backgrounds has increased, however, that is not reflected in the increase among the Trust Board representation, especially among non-execs.

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

WRES National Key Findings:

- Since 2018 the number of BME staff has increased by over 100,000 (with BME representation increasing from 19.1% to 30.7%). An increase in internationally educated nurses (IENs) and international medical graduates (IMGs) is likely to be a significant contributor to this.
- The total number of BME staff at very senior manager (VSM) level has increased by 85% since 2018 to 14.1% in 2025.
- In most trusts, white applicants were more likely than BME applicants to be appointed from shortlisting, 14.6% BME to 25.9% from a white background, which gives a likelihood of 1.77 with an advantage for white candidates.
- The relative likelihood of BME staff entering formal disciplinary proceedings compared to white staff was 1.11, which is close to no disparity between colleagues from white or BME backgrounds.

- Most of the trusts maintain no gaps between the likelihoods of white staff accessing non-mandatory training and continuous professional development (CPD) compared to BME staff, with 1.02, which is close to no disparity (52.7% of staff from BME to 53.9% from white backgrounds).
- There is an increase among BME staff from a black background who believed their trust provides equal opportunities for career progression or promotion, from just 42.3% to 49.6% in 2025; however, still with levels below those of other ethnic groups since at least 2015, 59.1% white staff in the last report.
- The percentage of staff experiencing harassment, bullying or abuse from patients in the last 12 months was higher for BME staff (28.6%) than for white staff (23.6%).
- The percentage of staff experiencing harassment, bullying or abuse from other staff in the last 12 months was higher for BME staff (24.0%) than for white staff (19.9%), which is similar to the previous year. Although disparities between the experiences of BME and white staff persist, harassment, bullying and abuse from staff has followed a largely downward trend since 2018.
- As in the previous year, BME staff report experiencing higher levels of these behaviours than white staff. So there remains a poorer experience for BME staff when compared to white staff across the NHS. The largest gap by source of bullying, harassment and abuse is “patients, family, service users and public” astable 1 below shows. It also shows an increase in the staff experience gap between 2024 and 2025 for BME colleagues, when it comes to patients, family, service users and public as the source of bullying, harassment or abuse.
- Despite a small improvement in the experience gap for staff-to-staff bullying, harassment or abuse (as illustrated by the table below), the overall levels of bullying, harassment and abuse remain at an unacceptable level for all. Around a third of BME colleagues report experiencing this, and just over a quarter of white colleagues.

National Staff Experience Gap – Bullying, Harassment or Abuse

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

- 2025: 5.0%
- 2024: 3.7%

Bullying, harassment or abuse from other colleagues

- 2025: 4.1%
- 2024: 4.2%

A higher percentage of BME staff (15.0%) than white staff (6.7%) experienced discrimination from other staff – a pattern that has been evident since at least 2015.

BME board membership has reached its highest level of 17.3% since the WRES was established. However, BME board membership growth has not kept up with the rise in BME staff across the NHS workforce (30.7%). Therefore, the difference between the BME workforce and the BME Trust Board representation is -13.4%.

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

The WRES is an integral part of the NHS 10 year Health Plan and NHS Long Term Workforce Plan, including the People Promise, with ambitions for NHS Trusts to set aspirational targets for BME representation across their leadership team and broader workforce. Progress on the WRES is considered as part of the 'well-led' domain in the Care Quality Commission's (CQC) inspection programme.

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 WRES datasets and reports for each Trust, with the exception of Indicator 9, Group Board data, which is one dataset drawn from the Electronic Staff Record of each Trust in the Group. 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 WRES also complements the Workforce Disability Equality Standard (WDES), and both are vital to ensuring that the values of equality, diversity and inclusion lay at the heart of the NHS.

This report sets out key information about the experience of Black Minority Ethnicity (BME) staff for the period April 2025 to March 2026 and includes a metrics data report for 2025-26, together with an action plan for 2025 - 2028.

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

Context

The Trust employed 10,343 staff, as of 31*st* March 2026, based on workforce data and feedback from the NHS Staff Survey (detailed in Appendix 1). A WRES action plan 2025-28 (Appendix 3) was developed in partnership with CODE (Celebrating our diversity everyday) and REACH (Race, Ethnicity and Cultural Heritage) Staff network. This will be progressed over the next 12 months to help reduce the barriers that impact the experience of our BME colleagues.

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

The WRES metrics are evidence-based, and the Trust is committed to continuing to raise the representation of BME staff across all the organisations, including senior bands. Our local ESR data shows that out of 10,343 members of staff on 31*st* March 2026, 28.81% (2980) of employed ULTH staff are from

BME backgrounds, 69.97% white, 1.22% not stated. Compared to 2025, 27.5% BME backgrounds, 71.20% white, 1.3% not stated.

Metrics Dashboard 2025-26 Data

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

Index

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

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

Please see the next two pages for the ULTH WRES dashboard 2026, which is a summary.

For the full ULTH WRES data for 2026, please see Appendix 1.

Metrics (Indicators)	ULTH 2024	ULTH 2025	ULHT 2026 (current)	ULTH Progress 2025- 2026	Latest National NHS Benchmark
Indicator 1 ESR % of black and minority ethnic (BME) staff.	24.6%	27.5%	28.81%	↑	30.7%
Indicator 2 Relative likelihood of white staff being appointed from shortlisting across all posts.	1.64	1.72	1.94	↑	1.77
Indicator 3 Relative likelihood of BME staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.	1.00	0.48	0.79	↑	1.11
Indicator 4 Relative likelihood of white staff accessing non-mandatory training and CPD.	0.74	0.98	1.03	↔	1.02
Indicator 5 Percentage of BME staff experiencing harassment, bullying or abuse from patients, relatives, or the public in last 12 months.	21.7%	24.5%	28.45%	↑	28.6%
Indicator 6 Percentage of BME staff experiencing harassment, bullying or abuse from staff in last 12 months.	23.1%	24.3%	25.51%	↑	24.0%
Indicator 7 Percentage of BME staff believing that trust provides equal opportunities for career progression or promotion.	51.6%	52.8%	51.24%	↓	49.60%
Indicator 8 Percentage of BME staff who experienced discrimination from manager/team leader or other colleagues.	17.2%	18.40%	18.08%	↓	15.0%

Indicator 9 BME Percentage • of Board Representation • of non-exec Board • of the exec Board • of the difference between the Board and overall workforce	6.7% 0% 14.3% -17.9%	5.6% 0% 11.1% -21.9%	5.0% 0% 10.0% -24%	   	17.3% 21.7% 12.8% -13.4%

Headlines 2025-2026

Key areas of progress:

- Increasing % of BME staff employed by ULTH, from 27.5% to 28.81% in the last year. The ongoing positive direction is confirmed by the data trends from 2016, with 10.9%, with the highest increase between 2021 and 2025, with a 1.3% increase in the last year.
- Maintaining the % of BME staff who believe that the trust provides equal opportunities for career progression or promotion above the national average - ULTH at 51.24%, national average at 49.6%.
- Decreasing the disparity between white and BME colleagues in the likelihood of 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 accessing non–mandatory training and CPD. The data trends demonstrate a positive increase in the likelihood of BME staff attending non-mandatory training through the years, as in 2016 the likelihood was 1.73.
- Celebrating Black History Month 2025 “Standing Firm in Power and Pride” by delivering a series of webinars where our guest speakers addressed a range of topics to raise awareness about history and issues faced by people from different backgrounds, including a face-to-face event, with a senior leaders panel. Also, 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.
- Celebrating Race Equality Week 2026 with various activities, including the staff network holding drop-in sessions for staff, offering support on how to join the staff network, promoting the United Against all forms of Discrimination campaign and See ME First initiative, shared communications about Black and Asian Maternal Group.

- Celebrating Holi Day March 2026 (the Hindu spring festival) throughout the organisation, with workshops and events at various hospitals in Lincolnshire.
- The National Staff Network Day 2025 was celebrated by promoting all networks in the CEO blog and during the ELT Live, where the Staff Network Exec Sponsors were promoting and raising awareness about their networks with an open Q&A option. Additionally, all networks promoted themselves separately with the EDI Team support.
- First ULTH Ethnicity Pay Gap report published with overall findings as: white colleagues earn £0.82 for every £1.00 that Black and Minority Ethnic colleagues earn, based on median hourly rate.

Our key areas of focus:

- To increase the percentage of BME staff who believe that trust provides equal opportunities for career progression or promotion, aiming to increase BME representation across all posts, continuing to implement next cohorts of the Triple A Programme (Arising, Ascending and Advancing), developing diverse and inclusive leaders for the NHS.
- To increase completion of the National Staff Survey (NSS) by our BME colleagues.
- To continue to promote the ‘See Me First’ programme.
- To continue to monitor the data for BME staff who are experiencing bullying, harassment and abuse from staff and managers, working with the Group REACH and CODE staff network regarding the WRES action plan.
- Raise awareness about current opportunities for BME staff in achieving their full potential to maintain the increasing number of BME staff believing that the Trust provides equal opportunities in career progression.
- Continuing to collect ethnicity pay gap data to analyse the outcomes and working towards publishing the Ethnicity Pay Gap report.
- Continue the Cohort 1 reverse mentoring programme across LCHG for members of the BME workforce to have the opportunity to mentor senior

leaders. This is aimed at increasing the Board's understanding of lived experience in this area.

- Continuously working to decrease the number of BME staff experiencing bullying and harassment 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.

Actions and commitments during 2025-26

Ethnicity 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. Therefore, ULTH published the first Ethnicity Pay Gap 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.

As previously noted ULTH is in 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 this Trust overall, white colleagues earn £0.82 for every £1.00 that Black and Minority Ethnic colleagues earn, based on median hourly rate.

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. 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.

Equality Diversity and Inclusion (EDI) Calendar

The Equality Diversity and Inclusion (EDI) Calendar 2026 provides a selection of key religious and cultural dates, awareness and action days, and some events which reflect the diverse nature of our workforce and local populations. This calendar has been developed as a way to help us celebrate our diverse communities, cultures and faiths. It provides an opportunity to visibly embrace and embed equality, diversity and inclusion into our Trust for patients and colleagues alike, in practical and supportive ways.

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

Below are some examples from the LCHG EDI Calendar.

South Asian Heritage Month

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

South Asian Heritage Month Celebrations took place during July and August 2025 The theme was ‘Roots to Routes’. We celebrated by promoting the CODE and REACH staff network as a safe space to share lived experiences and cultural heritage. Resources were shared on the staff intranet and through the communications platforms to celebrate the different countries.

Black History Month 2025

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

Every year in the UK, October is Black History Month, and in 2025 the UK celebrated the themes of ‘’Standing Firm in Power and Pride”. LCHG hosted the month with a variety of webinars and a face-to-face day which were well attended for the Lincolnshire System.

The conference took place on 31 October 2025 and included representation from the LCHG Trust Board, alongside a panel of senior leaders from across the Lincolnshire system. The event featured powerful discussions on inequalities affecting Black and global majority ethnic groups, covering key areas such as maternal and child health, severe mental illness, physical health checks, career development and progression, and experiences of racism.

Anti-Bullying and Harassment Week November 2025

Anti-Bullying Week 2025 was co-ordinated in England, Wales, and Northern Ireland by the Anti-Bullying Alliance. This year it had the theme 'Power for Good’ and took place from Monday 10th to Friday 14th November 2025.

The MAPLE Network hosted a webinar and invited guest speakers included Freedom to Speak Up Guardian, Chair of the Women’s network, EDI Project Manager and International Recruitment Champion and Professional Nurse Advocate across the group to talk about the zero-tolerance approach to bullying and harassment and the support mechanisms in place to support managing incidents. The session covered United Against All Forms of Discrimination Campaign, the NHS Sexual Safety Charter and the incident diary and what makes a genuine workplace apology.

Race Equality Week 2026

Race Equality Week is celebrated every year (Monday 2nd February 2026 – Sunday 8th February 2026), and it is an annual global movement to spark and renew hope, inspire progress and keep the momentum going to address race equality. This year’s theme was #ChangeNeedsAllOfUs.

The purpose is to emphasise the importance of taking collective and individual action to tackle the experience of race equality.

This year, LCHG marked the week by sharing a range of resources and activities, including promoting the REACH and CODE staff networks and hosting a drop-in session led by the network Chairs. Previously recorded webinars, such as “My Fullest Name” and “Celebrating Mary Seacole”, were reshared, alongside a live webinar on Ethnicity Pay Gaps delivered by the EDI Lead and open to staff across LCHS and

ULHT. Various campaigns were also promoted, including United Against All Forms of Discrimination and the See Me First campaign, encouraging staff to pledge their support for an open, inclusive, and respectful NHS, backed by senior leaders.

In support of Race Equality Week, LCHS and ULHT also highlighted the Black and Asian Maternal Health Group, winners of the 2025 LCHG Staff Awards Collaboration Award. This multidisciplinary group is addressing inequalities in maternity care through community engagement, co-designed solutions, and initiatives that improve experiences and outcomes for Black and Asian families across Lincolnshire.

Holi Celebrations

Holi is a vibrant Hindu festival celebrated worldwide, especially in India, marking the arrival of spring and the victory of good over evil. Known as the “Festival of Colours,” people celebrate by throwing coloured powders, singing, dancing, and sharing food, while promoting forgiveness and togetherness. It usually takes place in late February or March, on the full moon day (*Purnima*) of the month of *Phalguna*, with celebrations beginning the evening before with *Holika Dahan*.

To mark Holi celebrations between 2–6 March 2026, restaurants adapted their menus throughout the week for both staff and patients. Across all sites, celebrations included bright decorations, throwing coloured powder, dancing, and henna tattoos. The Safari Children’s Day Unit also took part, organising activities on the ward so children could join in. Throughout the week, staff rooms across all sites shared Indian food, bringing colleagues together to celebrate.

United Against all Forms of Discrimination

Following previous National Staff Survey results highlighting increasing incidents of racism and LGBTQ+ abuse from patients, ULTH developed a practical “United Against Discrimination” toolkit and flowcharts to support staff in responding to discrimination. Created through a multidisciplinary working group and informed by legal advice, the approach applies to all forms of discrimination, including racism, sexism, sexual harassment, religious discrimination, disability-related abuse and age discrimination.

LCHG strengthened the initiative through a relaunch linked to the WRES Action Plan, introducing updated patient and staff posters, QR-code-enabled anonymous reporting, webinars and awareness sessions. The programme continues to be promoted across the Group, with increased staff engagement and growing demand for materials.

Further development of a Group-wide version ("Mark 2") is planned as part of implementing the Lord Mann Review recommendations in 2026–27.

Triple A Programme (Arising, Ascending and Advancing)

The Triple A Programme was a positive action leadership development programme for nursing, allied health professional and midwifery staff from Global Majority/BME backgrounds, aimed at addressing inequalities in career progression identified through the Workforce Race Equality Standard (WRES).

The programme supported Band 5–8B colleagues through leadership training, coaching, mentoring and quality improvement projects. A total of 34 delegates completed the programme, with six achieving promotion during participation, demonstrating early positive outcomes in supporting career progression and leadership development.

See Me First

See Me First is a national initiative promoting inclusion, individuality and awareness of unconscious bias. LCHS joined the campaign in 2022, and it is now promoted across LCHG through the REACH and CODE networks.

The campaign encourages staff to pledge their commitment to recognising and valuing individual differences, challenging bias and fostering respect for all colleagues. Awareness is raised throughout the year, particularly during Black History Month, Race Equality Week and as part of the United Against Discrimination campaign, with staff able to make the pledge and access resources through Group communication channels and the See ME First page on the REACH/CODE SharePoint.

Cultural Intelligence and the LCHG Leadership Pathway

Both Trusts, LCHS and ULTH, started the journey with CQ over 6 years ago by implementing various sessions through the years. The programme aimed to go beyond existing approaches to cultural sensitivity, unconscious bias, and cultural awareness. The programme sets out the skills, abilities, and capabilities that are vital for individuals and organisations to engage in successful, respectful work with the differences and diversity needed to improve a 'sense of belonging', including within the recruitment process and career progression.

In October 2025, the EDI Team delivered the last cohort of the Cultural Intelligence (CQ) programme across the Group as during the transition into the Group Model, the

decision was made that, to go forward and to continue to build inclusivity across the Trusts, the next step was to embed CQ modules and aspects into a new LCHG Leadership Pathway. The EDI Team and the staff networks' representation were involved in building the modules and participated in the pilot sessions.

The new Group Leadership Pathway is available now to all colleagues and promoted via various platforms including a designated page on the LCHG SharePoint.

Just Culture

At LCHG, we aim to promote a culture of fairness, accountability, and learning within our organisations. Our commitment to a Just Culture ensures that we prioritise patient safety, open communication, and continuous learning.

Just Culture is a concept that emphasises the importance of balancing accountability and learning when addressing errors or incidents in the healthcare setting. It recognises that individuals should be held accountable for their actions, but also acknowledges that systems and processes play a significant role in ensuring patient safety. At Lincolnshire Community Hospital Group, we believe that a Just Culture approach is essential to creating an environment where all colleagues feel safe, supported, and empowered to deliver the highest quality of care.

Here at LCHG, we raise awareness about the Just Culture concept through ongoing promotion via various platforms, including a designated page on the LCHG SharePoint with a range of resources. Additionally, the Group implemented Just Culture e-learning modules available to all staff, aiming to provide all colleagues with an understanding of the core principles, background and implementation of our Just Culture as well as empower them to use a Just Culture approach in practice.

Flexible Working

To increase the visibility of the Group's commitment to understanding the challenges and experiences of staff from all backgrounds, LCHG provides a flexible working policy. Our key purpose is to ensure that our employees have the appropriate support to retain and continue working at LCHG and manage work-life.

Therefore, LCHG promote and supports flexible and hybrid working options for staff from the first day of their employment, as both opportunities are designed to support our staff to balance their work and personal needs. LCHG also promotes flexible working on all job adverts.

Equality Impact Assessment Process

LCHG has a robust Equality Impact Assessment (EIA) process in place which is used to evaluate whether a proposed policy, service, project, organisational change, or decision (such as a flexible working request) could have a positive, negative, or unintended impact on different groups of people, particularly those protected under equality legislation.

Freedom to Speak Up Guardian

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

Group Staff Awards 2025

The joint staff awards, as LCHS and ULTH coming together as a group, were awarded in October 2025. It is an award for recognising and celebrating our NHS stars across the Group. The awards are an opportunity for the people of Lincolnshire to recognise the hard work, dedication and care shown by community and hospital staff working across the county, and where they have demonstrated exceptional professionalism and care. There are 15 categories, including the Equality, Diversity and Inclusion Champion of the Year Award. Four staff were shortlisted across clinical and non-clinical roles in this category. This year, the staff award was very successful for the REACH and CODE Network, as a high number of the network members and leaders were nominated and also shortlisted in various categories. For example, a member of the staff network was awarded the EDI Champion of the Year award at LCHG Staff Awards. Also, a previous staff network lead was awarded a High Commended award for Education, Awareness and Research at LCHG Staff Awards. In addition, the CODE/REACH network lead won the Collaboration award at LCHG Staff Awards (Black and Asian Maternal Group).

LCHG staff networks

The staff networks transitioned into the Group networks following the Group model. All of the staff networks provide an opportunity for staff to find support and share their voices and concerns to improve working practices across the group. The staff

networks support the implementation of the Public Sector Equality Duty from the Equality Act (2010) WRES, WDES and Equality Delivery System (EDS).

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

Race, Ethnicity, and Cultural Heritage (REACH) and Celebrating our Diversity Everyday (CODE) Network

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

The REACH/CODE Staff Network aims to:

- Encourage LCHG to maintain a safe and positive working environment for BAME staff and the elimination of racial discrimination for employees and patients.
- Support LCHG to develop and maintain a representative workforce with inclusive leadership and to raise the visibility and profile of the contribution that BAME staff members make.
- Maintain and expand the membership of the BAME staff network to provide a forum where BAME staff can share experience and issues affecting their work and professional development.
- Engage with other groups, including other internal and external staff networks, trade unions, employer associations and community groups who share a common agenda or experience of eliminating disadvantage, addressing unmet needs, or increasing participation.
- Offer support and encouragement to other underrepresented or marginalised staff networks and forums.
- Work in partnership with LCHG to ensure compliance with Equality and Human Rights legislation relating to race equality and to develop and implement national policies and strategy.
- Work in accordance with the Workforce Race Equality Standard (WRES) and develop and embed LCHG's WRES Action Plan.

- Support collaborative working with the international recruitment team and recruitment as part of substantive roles were seeing responses in surveys to show that the 'you said, we did' changes were working.

REACH and CODE highlights:

- 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 the Collaboration award at LCHG Staff Awards.

Next Steps 2026 - 2027

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

Key WRES actions 2025 – 2028:

- Indicator 1 – work with Senior Leaders to encourage medical and dental staff to feel confident to undertake major change programmes at regular programme milestones; aiming to increase representation of staff from ethnic minority backgrounds across the bands through the actions for Indicators 2 (recruitment), 4 (non-mandatory training), and 7 (fairness of career progression). To achieve that by continuing to implement next cohorts of the Triple A Programme (Arising, Ascending and Advancing), change in career progression by developing diverse and inclusive leaders for the NHS. To measure the progress, the Group will continue to collect ethnicity pay gap data to develop next year's Pay Gap Report.
- Indicator 2 – root cause analysis, appreciative enquiry on improvements already made to recruitment and selection process for candidates from diverse backgrounds, audit against "No More Tick Boxes". Review findings and recommendations with REACH/CODE and key delivery stakeholders, then agree action plan specifically for recruitment and selection and career progression. Also, continue to raise awareness about the See Me First scheme across the Group.
- 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 4 – maintain equal likelihood to access non-mandatory training by working with Senior Leaders to encourage staff to feel confident to undertake major change

programmes such as the Triple A programme, LCHG Leadership Pathway or participate in the Reverse Mentoring Programme.

- Indicator 5 and 6 - implement the recommendations of the Lord Mann review (which focuses on anti-racist practice, but is also relevant 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 various initiatives and campaigns such as the ULTH "United against Discrimination" work as a group will continue as well as organising the annual Anti-bullying and Harassment Week webinars and workshops; "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 race and ethnicity.

- Indicator 7 - Alongside the actions identified 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 should be discussed with Education and Talent and Organisational Development colleagues, and also with the REACH/CODE network, to determine the way forward for targeted support for staff 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 will also link to the Gender and Ethnicity Pay Gap Action Plan, regarding talent management and career progression.

- Indicator 8 - Alongside the actions highlighted for Indicator 5 and 6, continuing to raise awareness about the United Against all forms of Discrimination Campaign and implementation across the Group will take place. Continuing to enhance knowledge about reporting discrimination and other supporting procedures for staff, including 'Dignity at work' policy by organising webinar/events during Anti-Bullying Week, which will take place from 16th - 20th November 2026 is a key action. The theme is 'Break the Silence'.

- Indicator 9 – 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 future work on Indicator 10, the launch of the first Group

Reverse mentoring programme is taking place from June 2026 where members of the BME workforce will have opportunity to mentor senior leaders.

The above actions and any others referenced in this report are identified based on current data. Engagement with REACH and CODE network and other key stakeholders, including those who would need to lead, action and embed improvements, is underway.

The LCHG Work Well Plan will be available soon and actions across both will be reviewed in light of this. The actions outlined in this report already link into the strategic objectives of the current LCHG Strategy, which are:

Strategic Aim 2 – People:

Better opportunities: Aiming to develop, empower and retain great people by:

- 2a Enabling our people to fulfil their potential through training, development, research and education.
- 2b Empowering our people to continuously improve and innovate.
- 2c Nurturing compassionate and diverse leadership.
- 2d Recognising our people through thanks and celebration.

Conclusion

We will continue to collaborate with the CODE and REACH staff networks in relation to the WRES activities and to all staff across the group, so everyone can be involved in celebrating our achievements. Having a productive, inclusive workforce, where staff feel valued and heard, is vital and crucial in providing high-quality personalised care for patients. We will continue to implement the LCHG values,compassionate, collaborative and innovative to ensure that staff feedback has been listened to and the WRES actions have been delivered, and the sense of belonging has been embedded across the organisation.

Appendix 1:

ULTH WRES Workforce Data 2025 - 2026

Appendix 2:

ULTH WRES Data Trend 2016 - 2026

Appendix 3:

LCHG WRES Action Plan 2025 - 2028