Together

NHS
Lancashire Teaching Hospitals
NHS Foundation Trust

EQUALITY, DIVERSITY & INCLUSION STRATEGY – ANNUAL REPORT 2025

Being consciously inclusive in everything we do for colleagues and our communities

INTRODUCTION

This is the fourth annual Equality, Diversity and Inclusion (EDI) update following the launch of our strategy five years ago, this report highlights the progress we have made against the strategic aims underpinning our vision which is to be **"consciously inclusive in everything we do for colleagues and our communities"**.

The five strategic aims are:

1. Demonstrating Collective Commitment to EDI.
2. Being Evidence Led and Transparent.
3. Recognising the Importance of Lived Experience
4. Being Representative of Our Community.
5. Bringing About Change Through Education and Development.

This year marks the final year for this strategy, the ambition was always to be transformational, to take a systemic approach to delivering improvements. We wanted to go deeper than surface level actions, seeking to bring patient and colleague experience together, utilising and capitalising on the opportunity that the two are inextricably linked, finding new ways to understand our data and to reflect on the health equalities in our system and the disparities experienced by colleagues, taking decisive action to bring about change. 2026 will see us resetting the direction, looking at all that has been achieved and taking targeted actions to progress the areas which are slow to show improvement.

Over the past year we have undertaken a number of actions which include:

- Proactive engagement with lesser-heard patient community groups leading to tangible changes in service provision
- Improved accessibility to patient information through leaflets being produced in accessible formats, to the Trust website being adapted for screen readers
- Increased workforce representation; ethnic minority representation increased to just over 30% (from 26.6%) whilst disability disclosure increased again to 6.7% (from 6.2%) with more colleagues completing Supporting Disability/Long Term conditions agreements.
- Delivered Health Literacy training to over 100 leaders and introduced new e-learning modules in respect of Implicit Bias and Intercultural Communication.
- Address local health disparities through initiatives such as targeted outreach, Post Partum Haemorrhage project and Healthier Wards.

Alongside the successes and areas of progress, we have also faced some challenges over the last 12 months; ensuring inclusion has a sustained focus amidst the pressures of increased activity and sustained financial challenges, as well as the impact of those financial challenges resulting in challenges procuring items to support the implementation of workplace adjustments. We have also struggled to get engagement in the staff inclusion forums with low attendance at meetings and at promotional or awareness raising events.

The information in this report represents the action and progress undertaken in compliance with our public sector duties as set out in the Public Sector Equality Duty and the Equality Act (2010), which requires public bodes to have due regard for the need to eliminate unlawful

discrimination, harassment and victimisation; to advance equality of opportunity; and to foster good relations between people who share a protected characteristic and those who do not. Fostering good relations can be difficult to achieve when there are conflicting views or beliefs across protected characteristic groups or subgroups, a good example of this are the ongoing proposals to update the NHS Constitution for England, stressing the importance of biological sex in relation to same-sex accommodation and in relation to the provision of intimate care, a move which has been celebrated by some groups and which has raised significant worry and concern from Trans community members. Similar challenges can be found across other protected characteristic groups such as race and faith or belief.

The Equality, Diversity and Inclusion strategy is the golden thread that runs through the Patient Experience and Involvement Strategy. It is vitally important that as part of this strategy we are always consciously inclusive in everything we do. Whilst this year has seen a close to the Patient Experience & Involvement strategy, it's incorporation into the Trust's Single Improvement Plan (SIP) acknowledges its ongoing importance.

As an organisation we need to ensure we proactively consider how our services, including potential future changes, will affect people who belong to different protected characteristic groups and work to accommodate the needs of all patient and colleague groups.

This report highlights many of our achievements, provides a breakdown of our data for patients and colleagues and sets out our future focus to continue to progress this vital agenda.

PRINCIPLE 1 – DEMONSTRATING COLLECTIVE COMMITMENT TO EDI

This principle seeks to hardwire EDI into all aspects of the way we provide care and go about our business within our organisation, to ensure we are consciously inclusive. The principles contained in this strategy demonstrate a clear commitment to actively ensure EDI is a core part of all organisational business, led from Board and cascaded across all roles and levels in the wider organisation.

We have developed and are on the cusp of launching a **Social Value strategy** which encompasses all activity across our organisation including employment, training and education, commissioning or procurement, investment and service delivery. It focuses on **how** we go about doing our work, such as the ethical approaches we consider, the community engagement we undertake through to the collaboration we have with partners and wider stakeholders.

The purpose of social value is to deliver an impact within the community, through reducing health inequalities, increasing the diversity of our workforce, retaining and attracting talent and skills to the area, improving the health and wellbeing of our communities and colleagues, through to increasing economic prosperity in the region and improving the environment. Through this strategy, our vision is to

"Improve the lives of our communities and colleagues through our role as an anchor institution"

The key principles underpinning this vision statement is that all aspects of our work as an NHS organisation and employer should contribute towards the social value impact we make. The strategy is not designed to replace or supersede other core strategic aims of work. Its focus is on creating a framework which underpins the programmes of work which acknowledge the leadership role we have in our community as an anchor institution and deliver tangible social value.

To achieve our vision, the aims of this strategy are to put social value at the forefront of decision making across through:

- Creating careers and opportunities by being a local Employer of Choice
- Leveraging our Contracting, Estate and sustainable practices to deliver local benefits and social value
- Connecting Community and Partnerships

As part of our plan to reduce and eliminate Health Inequalities, our Head of Knowledge and Library Services has undertaken a significant amount of work to focus colleagues on developing their **Health Literacy Awareness** over the past twelve months; this has resulted in training being delivered to over 100 leaders to support the identification and implementation of health literacy improvement projects. An example of this is a readability pilot in respect of Cancer Patient Information leaflets which focuses on ensuring the information leaflets are accessible to all, providing the information at the right level and considering the reading age we should seek to accommodate. Collaboration with our Patient Safety team has led to

improved accessibility and readability for patients in respect of posters targeted at; Eating and Drinking Well in Hospital, Blood Clots and Weight Management.

FOR PATIENTS AND OUR COMMUNITIES

ACCESSIBLE INFORMATION

Accessible information remains central to empowering patients and communities to make informed decisions about their care. The Patient Information Group comprising patients, governors, external stakeholders, and charitable partners has played a pivotal role in ensuring materials are clear, concise, and accessible, along with support of partners such as Galloways, the Visual Impairment Forum, and Co-Sign BSL interpreters. Information is available in multiple formats including translated materials, large print, easy-read photo books, audio, Braille, and British Sign Language videos. The Trust website has been recently adapted to be fully compatible with screen reader users further enhancing accessibility. Over the past 10 months, clinical staff have produced more than 350 patient information leaflets, ensuring that information about clinical services is widely available across all communities.

INTERPRETATION SERVICES

Interpretation services continue to be a cornerstone of accessibility. This year, Involvement Services introduced an on-demand video language service available across all Trust laptops and PCs, complementing the existing App available on iPads and mobile devices.

This ensures that staff can access language interpreters 24/7 from any Trust device. These services operate alongside our established face-to-face, telephone, and transcription options, while British Sign Language interpretation remains delivered through a dedicated external provider, ensuring specialist support for the Deaf community, also provided 24 hours a day, 7 days a week.

COMMUNITY ENGAGEMENT & SERVICE DEVELOPMENT

A key focus this year has been proactive engagement with lesser-heard groups. Feedback and personal stories have informed service developments such as:

- Installation of Qibla Muslim directional arrows in wards
- Use of photographs on inpatient catering menus to reduce communication barriers
- Improvements to Trust signage
- Addition of family rooms on wards
- Provision of pillows in ED waiting areas to improve comfort
- Recruitment of additional volunteer hospital guides

These changes were driven by engagement with groups including the Pukar Centre Preston, Preston Muslim Forum, Hamara Centre Preston, Quwwat Education Centre (*Grannies Support* and *Mums & Minis* groups), and the Asian Ladies Forum Chorley.

Health Inequalities

Over the past year, we've worked closely with our local communities and partners across public health, primary care, community, and social care to understand and address health inequalities in the areas we serve. Using the NHS **Core20PLUS5** framework, we have worked to listen, understand and take action. This collaboration led to the creation of our **Trust Health Improvement Plan** which was published in December 2024. We've already made significant progress but there's still much more to do and addressing health inequalities remains a key priority. The Trust continues to work in close partnership with local councils and other organisations, ensuring coordinated support and effective information sharing. Some of the work that has been undertaken this year includes:

- **Works Well Preston**: A pilot programme designed to help individuals with poor physical health or long-term conditions access and sustain employment
- **Healthier Wards Initiative**: Collaborative efforts are underway in targeted areas of Preston specifically Deepdale, Ribbleton, and St Matthews to improve community health outcomes
- **Preston Suicide & Self Harm Prevention Group**; a multi-agency strategic group overseeing a delivery plan related to suicide & self-harm prevention activities – actions have included the addition of mental health support information on the Trust website

The growth of partnership working remains a vital element in ensuring the inclusion of all communities. This collaborative approach continues to educate staff and strengthen our communication and accessibility for diverse service users.

Key partnerships include:

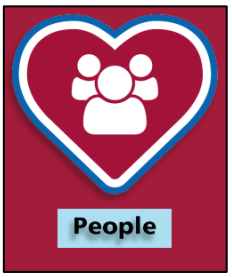
- The V.I (visual impairment) Forum which provides direction and feedback on policy and service development
- Galloways whose Eye Liaison Officers support patients and staff and ensure patient information is available in Braille
- Age UK, which assists with patient discharges and wider inclusion
- NCompass who deliver Deaf culture awareness training
- Deafblind UK providing guidance and staff training and support
- Disability Northwest offers guidance to the Trust Carer's Forum
- Preston and District Carers Support Group, who provide information to our Carers Forum
- Guide Dogs UK who delivers sighted guidance training both online and face-to-face for staff and volunteer Co-Sign who supports staff in the creation of video patient information in BSL
- AccessAble who continue to provide up to date information on our site supporting disabilities

Representatives from the VI Forum, RNIB, Lancashire Carers Service, Lancashire Teaching Hospitals and Preston and District Carers forum at Pukar Resource Centre in Preston for National Sight Loss Day

Together, these partnerships reinforce our commitment to accessibility, equity, and inclusive service delivery across the Trust.

FOR COLLEAGUES

MAKING INCLUSION A CORE PART OF BUSINESS



At the end of 2024, we launched a **Single Improvement Plan (SIP)** which has been designed to simplify our approach to areas we need to improve across the organisation. Our priorities have been selected based on a combination of feedback from patients, colleagues, regulators and alignment to corporate objectives. This year has seen Diversity and Inclusion incorporated into our organisation's Single Improvement Plan (SIP) under our 'People Portfolio' metrics with the measures of success noted as improvements in Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) metrics. This demonstrates a very clear intention to maintain oversight on progress or challenges and be able to scrutinise actions taken in respect of the diversity and inclusion agenda. SIP progress is updated monthly and SIP overview meetings are held following Trust Management Board meetings.

Over the past year, the **Team Engagement & Development (TED) programme** has significantly strengthened our collective commitment to EDI by embedding inclusive practice into everyday team development. We have created and promoted a suite of practical tools—covering zero tolerance, sexual safety, compassionate conversations and inclusive survey engagement—which enable Team Leaders to facilitate safe, respectful and psychologically informed discussions within their teams. These resources help hardwire EDI into routine team practice by supporting leaders to role-model inclusive behaviours, challenge discrimination, promote speaking up, and ensure all colleagues feel heard. By integrating these principles directly into team culture, feedback processes and leadership development, TED has helped make conscious inclusion a consistent part of how we work across the organisation.

Across the Workforce & OD team, we produce a number of **annual reports** for oversight and scrutiny to our **Workforce Committee**, with some going on to **Board** for approval. Examples include; Leadership & Management Development Strategy report, Appraisal Update, Engagement & Recognition Strategic Aim Update and Onboarding and Retention Strategy report. We have started to build demographic reporting and analysis into these reports as standard e.g. our Appraisal report explored staff survey data relating to appraisal split by ethnicity and long-term condition/disability and our Onboarding and Retention report provided an EDI high level overview with a commitment to undertake further analysis to understand if particular groups or roles were adversely impacted. Moving forwards, we will continue to develop the analysis of protected characteristic group data to establish whether there are

differences being experienced across different colleague groups and to formulate actions required to provide parity.

In the recently completed NHS England national **Staff Experience Assessment tool**, evidence gathered demonstrated clear application of the People Promise incorporating the Trust's commitment to diversity and inclusion, as well as highlighting any areas of challenge or considerations required for the future. This ensures continued alignment of our retention workstream with our diversity and inclusion strategy.

Our **Library website** has been tested and amended to ensure enhanced accessibility, taking into account visual impairments and screen readers. We have also developed accessible library guides which have all been written as easy read documents.

RAISING AWARENESS AND LIVING OUR COMMITMENT TO CREATING AN INCLUSIVE WORKPLACE

In March we were delighted to announce the opening of a **new female Muslim Prayer Room** at Chorley and South Ribble Hospital. This was the result of significant efforts from various teams, including the generous relocation of the Community Midwives and the Volunteer Services Team.

The room has been beautifully refreshed to provide a serene and prayerful space for our female Muslim worshippers.

EMBEDDING A ZERO TOLERANCE APPROACH TO DISCRIMINATION, RACISM AND ANTISEMITISM

We have continued our approach to actively tackling discrimination and inequality, faced by people from minoritised groups, when either receiving care or working in our organisation. Towards the end of the year, we received two letters from NHS England reinforcing the importance of antiracism and antisemitism and asking us as an organisation to reiterate our Zero Tolerance stance against all forms of hatred, antisemitism, Islamophobia, racism and any form of discriminatory behaviour, which we have done and we will continue to do, through various Trust communication channels including Executive VLOGS, Leader and All Colleague briefings and Board reports.

NHS England have adopted the following International Holocaust Remembrance Alliance (IHRA) working definition of antisemitism which we have also adopted in order to reinforce our collective stance against antisemitism – whether experienced by our colleagues, our patients, our communities or our partners.

"Antisemitism is a certain perception of Jews, which may be expressed as hatred toward Jews. Rhetorical and physical manifestations of antisemitism are directed toward Jewish or non-Jewish individuals and/or their property, toward Jewish community institutions and religious facilities."

The definition adopted includes illustrative examples of how antisemitism may manifest in modern settings, for example, denial of the Holocaust, accusations of Jewish conspiracy, and the targeting of Israel as a proxy for Jewish people. We have already started to pull together content which will update our EDI mandatory training module to reflect and reinforce the core messages in respect of Racism, Anti-racism, Antisemitism and Islamophobia once NHSE have defined and shared their core content.

We have reminded colleagues of the requirement for us to foster good relations as part of our Public Sector Equality Duties (PSED) which is about recognising and dealing with prejudice wherever it exists but also to promote and support a shared understanding across different community groups; acknowledging that being part of a very diverse organisation is likely to mean we will hold some differing views around a number of topics however, we also have to uphold our core Trust Values in respect of Recognising Individuality and Care with Compassion at the same time as balancing our commitment to free speech. So, whilst it's perfectly acceptable to hold different views and beliefs, no one has the total freedom to express them without considering the impact on others. In 2026 we are planning on refreshing our organisational Values to make inclusive behaviours and actions more explicit.

We have formed a working group of colleagues from across our organisation, including representatives from our Ethnicity Inclusion forum, and sponsored by our Chief Executive Officer Silas Nicholls, to reaffirm our commitment to becoming an AntiRacist organisation, and to gather the evidence required to support attainment of Bronze in the **NorthWest Antiracist Framework**. A gap analysis has been undertaken of requirements to achieve Bronze status, the working group will meet early in 2026 to plan actions required to achieve a successful submission and start gathering evidence to address any gaps.

Our Ethnicity Staff Inclusion forum have an objective in respect of exploring 'discrimination' i.e. where and how it is experienced, as this has been an area highlighted in our WRES/Staff Survey results for a few years now, as an area where colleagues from ethnic minority groups are likely to be experiencing adverse impacts. Our Head of Diversity & Inclusion presented the results of the Staff Survey, including the WRES metrics to our Ethnicity Staff Inclusion forum to highlight the data in respect of discrimination and to encourage colleagues to share their understanding and experiences of how this is experienced in order that together, we can take targeted action to eliminate discrimination and improve the experience for our ethnic minority colleagues across the organisation.

Towards the end of 2024 the NHS Race and Health Observatory shared **7 Anti-Racism principles** they asked organisations to embed throughout their practices and policies;

1. **Demonstrate Leadership**, by naming racism, engaging seriously and continuously with the ways in which racism impacts the lives of patients and the public and actively working to dismantle it.
2. **Acknowledge Structural Racism**. Understand and acknowledge that structural, institutional and interpersonal racism all impact on health, and be clear about where

accountability lies for improvement and progress. Create transparent pathways for raising concerns and tangible steps for addressing them.

3. **Involve Racially Minoritised Communities**. Meaningfully involve racially minoritised individuals and communities in every stage of developing a service or intervention, including ensuring that teams and decision-making structures themselves are racially diverse and fundamentally inclusive.

4. **Data Transparency**. Collect and publish data on race inequity in its entirety, ensuring it directly informs policy, strategy and improvement. Where data is not available, change policies to ensure that data is collected.

5. **Identify Racial Bias**, in policies, decision making processes, and other areas within your organisation.

6. **Apply a Race-Critical Lens**, to the adoption of any interventions or improvements to be tested, and to the design and delivery of services.

7. **Evaluate and reflect**, on interventions using metrics that recognise the role of racism as a determinant of health. These evaluations should seek to understand the extent to which interventions mitigate the impacts of racism.

Through our Anti Racist Framework working group - we hope to demonstrate our intent to take meaningful, proactive action against racism and ultimately build a fairer, and ultimately more inclusive, organisation. We have invited colleagues from across the organisation to help us drive and shape this work so that it reflects our people.

OUR FUTURE COLLEAGUE FOCUS

- Achieve Bronze level of the NorthWest Black, Asian & Minority Ethnic Assembly Anti-racist framework. Ensuring we actively promote our Anti-Racism work internally and externally; making clear our commitment as an organisation.
- Continue to provide greater in-depth analysis, as well as intersectional analysis, of data by protected characteristic group within our Committee and Board reports; including exploration of whether Staff Survey free text comments can be categorised by protected characteristic group.
- Redesign of EDI mandatory training module to include Antisemitism and Islamophobia once NHSE have defined the core content/messaging
- Refresh our organisational Values to make inclusive behaviours and actions more explicit.
- Continue to work with our Ethnicity Inclusion forum to understand the WRES metric relating to discrimination for our ethnic minority colleagues, defining actions to address issues uncovered and eliminate discrimination.

OUR FUTURE PATIENT & COMMUNITY FOCUS

- Improved accessibility on trust website with a focus on patient information

- Introduction of live TV screens – live up to date information on waiting times and health information
- Enhanced experience as inpatient including more options for catering (click & collect) better accessible tv /radio packages- available in different language and easy read formats
- Continued work with faith communities to support improving experiences across faith groups

PRINCIPLE 2 – BEING EVIDENCE LED AND TRANSPARENT

This second principal is centred around using evidence to help inform our focus and our decision making, enabling us to recognise where the experience of patients and colleagues who belong to protected characteristic/minority groups is not where we would want it to be and empowering us to create focused actions to make the right difference. Equally this principle sets out the importance of using our data to help us reflect, understand and measure the impact we are having through the steps we are taking.

BEING TRANSPARENT WITH OUR WORKFORCE EDI DATA

As this is our third report, we are continuing to demonstrate our commitment to deliver against this principle by having a **comprehensive annual report** which sets out where our focus has been, what we have delivered in the last 12 months and future actions we are going to take. It forms part of our Trust's public sector statutory duties under the Equality Act 2010 to report on performance and delivery against equality objectives annually alongside the breakdown of protected characteristics detailing the diversity of our workforce.

Our Workforce Diversity Headlines 2025

Headcount
9,290 *(10,665)*

Ethnic Minorities
30.4% *(26.6%)*

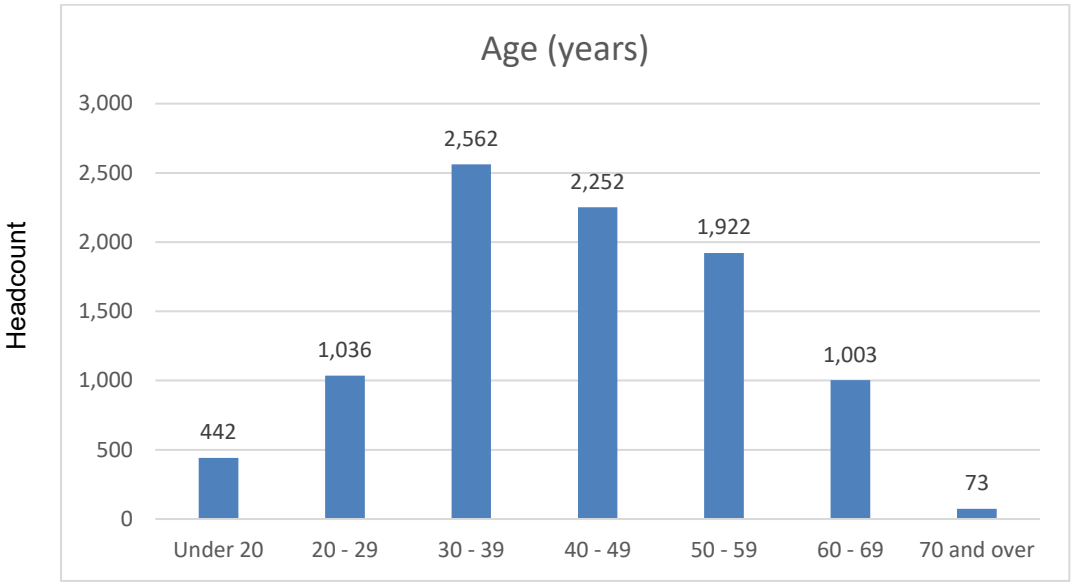
Disability
6.7% *(6.2%)*

LGBT+
3% *(2.9%)*

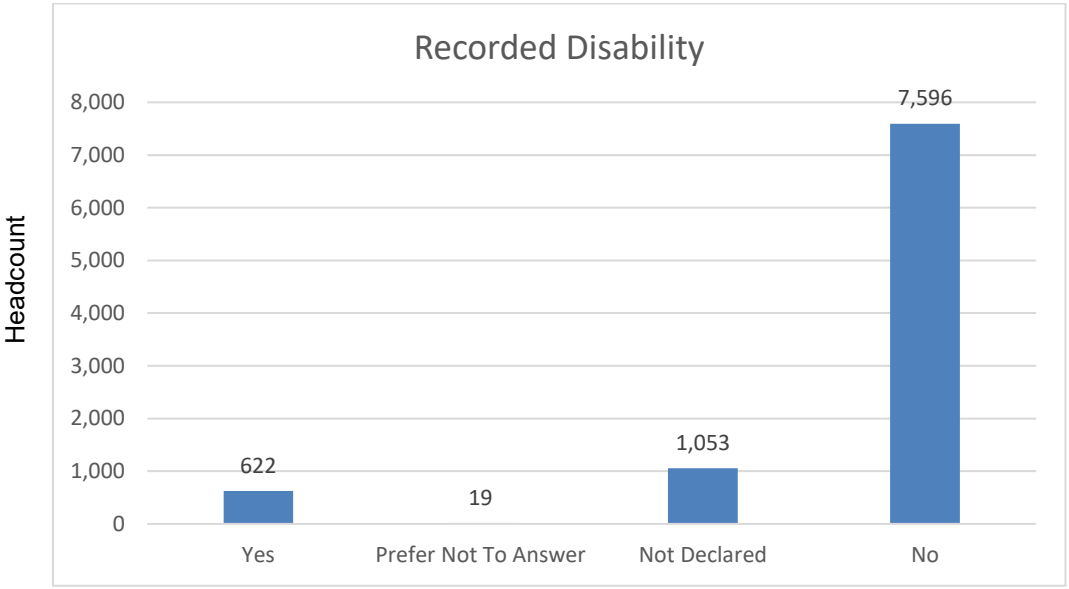
Women
76.0% *(75.9%)*

(2024 data shown in brackets)

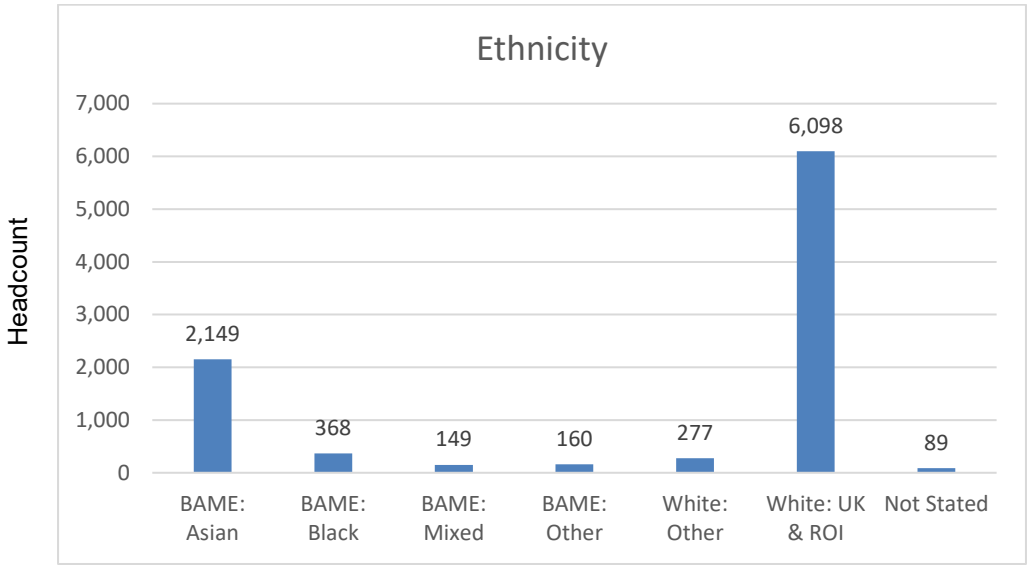
Graph 1 - Age Profile



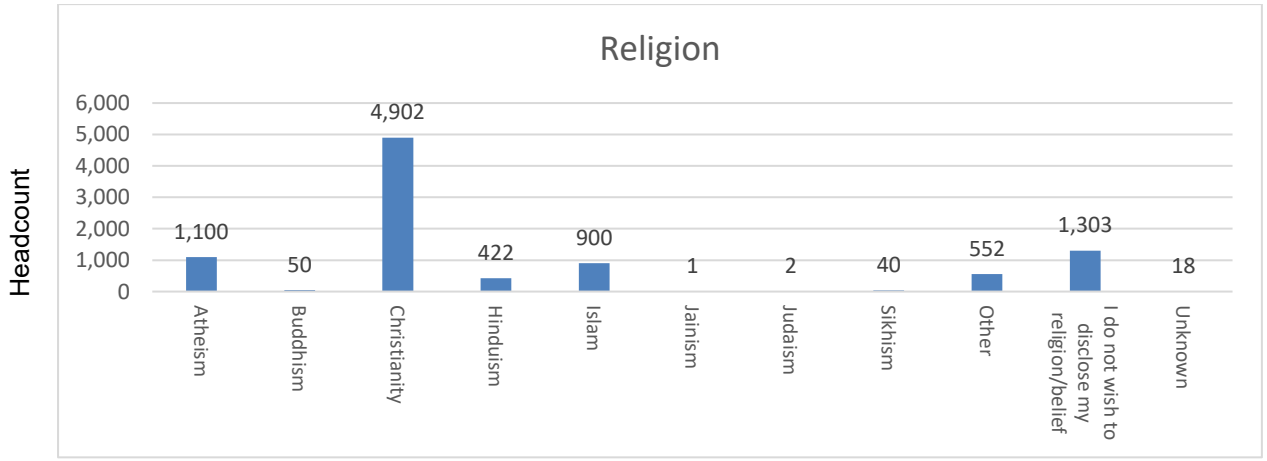
Graph 2 - Disability Profile



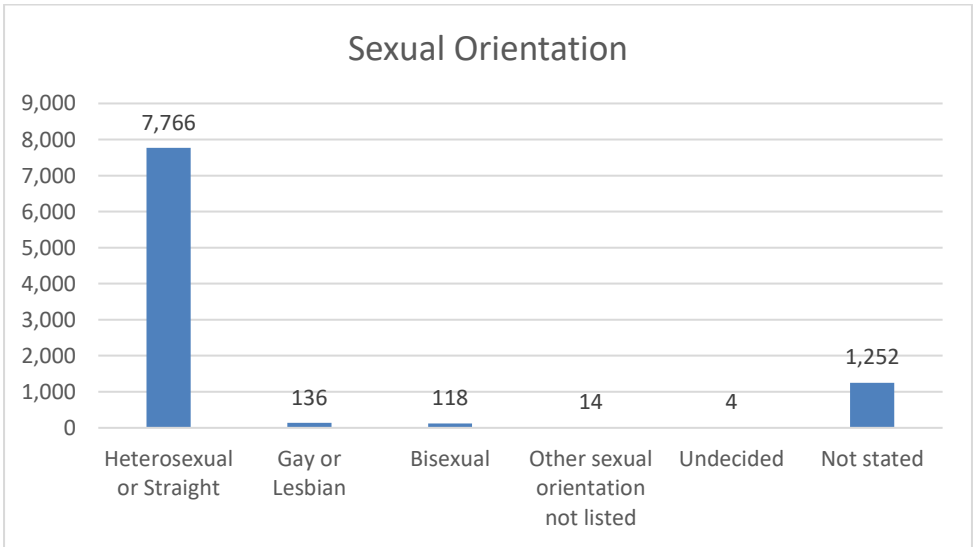
Graph 3 – Ethnicity Profile



Graph 4 - Religion and Belief Profile



Graph 5 - Sexual Orientation Profile



As signposted within last year's annual report, **our headcount has reduced by over 10%** from 10,665 to 9,290 over the last twelve months – this is partly a result of the transfer of some colleagues to One LSC, in addition to measures taken to reduce our deficit and stabilise our financial position through holding vacancies etc. It is likely the reduction in headcount will also influence metrics across the Workforce Race/Disability Equality Standards, in addition to staff survey data although we will have to wait until May 2026 to find out more. Appendix 1 and Appendix 2 display infographics capturing our annual WRES and WDES returns for 2025. The full reports can be found here.

We have continued to take opportunities to **promote and encourage colleagues to disclose any long-term conditions or disabilities** through the electronic staff record (ESR); through the All Colleague and Leaders briefings, Managers Update sessions and through the Neurodiversity toolkit. This continued focus does seem to be making a difference as we can see a sustained increase in the number of colleagues disclosing a disability/LTC which now stands at 6.7%.

FOR COLLEAGUES

We utilise **Staff Survey** data to gather insights in respect of how our colleagues experience working within our organisation, which helps improve workplace factors, overall colleague wellbeing and also evidences our progress regarding diversity and inclusion across the year. The data from our Staff Survey is used to generate detail for this report, in addition to evidencing metrics in respect of Workforce Race Equality Standards (WRES) and Workforce Disability Equality Standards (WDES). Over the last few years, we have been requesting and analysing our protected characteristic data in greater detail and we will continue to develop and expand this work to help us understand whether colleague experience varies dependant on protected characteristic group and if so, where the experiences of colleagues differs the most.

This year, Picker, who manage and coordinate our survey, have added questions in respect of socio-economic background e.g. *"When you were aged about 14, was the main or highest income earner in your household an employee, self-employed or not working?"* These questions will be used to understand whether people from different socio-economic backgrounds have the same experience(s) of working for our Trust.

The Library Services team, has undertaken a significant amount of research into **website accessibility** and developing materials that accommodate a **reading age** of under 11. This learning has been shared with colleagues in Library Services, so all material developed across the service is now created using readability and accessibility guidelines.

USING DATA AND LIVED EXPERIENCE TO IMPROVE CULTURE

Throughout the year the Board receives a number of **data sets and reports**, relating to equality diversity and inclusion, which are designed to help us understand lived experience, culture, priorities and progress we are making to reduce inequality across our organisation:

- **Workforce Race Equality Standard (WRES)**
- **Workforce Disability Equality Standard (WDES)**
- **Gender Pay Gap**

- **Ethnicity Pay Gap (introduced in 2024)**
- **Disability Pay Gap (introduced in 2025)**
- **Equality Delivery System (EDS22)**
- **NHS Staff Survey results broken down by protected characteristic**
- **Annual EDI Report**

In the Northwest region, we are also required to complete a quarterly assurance framework (referred to as LEAF) which contains a series of questions to establish a **baseline of compliance, assurance, progress, highlights and further support**.

Infographics detailing the headlines for the WRES and WDES are contained in the appendices. All reports are discussed within Workforce Committee, with escalation (and in some cases approval) by Board to enable the national publication of our data set. In addition to the suite of reports noted above, Workforce Committee also receive the annual strategy update for the Our People Plan strategic aim – to create a positive organisational culture.

In September of this year, we launched an **Equality Impact Assessment toolkit for colleagues**, to enable those who produce patient and colleague facing policies, processes, standard operating procedures or who make decisions about service developments/changes or financial improvement plans, to be able to access information at the point of need which supports them to robustly and accurately complete equality impact assessments and improve the documented evidence of mitigations taken where potentially adverse impacts are recognised.

We have continued to undertake **Equality impact assessments** on all workforce policies which have been reviewed or updated throughout the year, to understand whether the application of our employee relation policies may lead to an adverse impact for colleagues with protected characteristics, and if so, then devise and undertake actions which mitigate against any adverse impacts.

Those policies were;

- Redeployment Policy
- Disciplinary Policy
- Agile Working
- Management of the Misuse and misappropriation of Drugs, misuse of Alcohol and Other Substances by Staff
- Special Leave Policy
- Roster Management Policy
- Statutory and Mandatory Training Policy
- On Call Policy
- Raising Concerns at Work Policy and Procedure

- Organisational Change Policy and Procedure
- Attendance Management policy
- Code of Conduct
- Overtime Policy
- Parental Policy
- Appraisal Policy
- Annual Leave Policy

Our policy review and approval process sets out the need for an equality impact assessment to be undertaken for all policies in addition to the requirement for our Staff Inclusion forums to be consulted with when a policy is being developed or reviewed. As part of the equality impact assessment and review undertaken for our Attendance Management policy, we carried out benchmarking activity across Lancashire & South Cumbria NHS Trusts including analysis of absence data to assess the potential impacts of adjusted intervention points.

As a part of our **Workforce Disability Equality Standard (WDES)** and **Workforce Race Equality Standard (WRES)** analysis it was found that with regards to the **formal capability process, disabled colleagues are nearly twice as likely to be engaged in this process** (being 1.98 times more likely to enter into the formal process). This represents a slight decrease from 2.07 times more likely the previous year. The number of cases entering a formal capability process overall remains low (15-30 for Disabled colleagues per year), therefore care must be taken when drawing any conclusions from the data.

With regards to the **formal disciplinary process**, we have seen a balancing out in the percentage of colleagues from a minority ethnic background (compared to white colleagues) entering the formal stages with the results indicating that **ethnic minority colleagues are now as likely to enter the process as white colleagues** (1.15 times as likely) a figure which has increased over the last 12 months from 0.44 (less likely). We have started to develop a training module which supports leaders/managers to lead formal workforce processes inclusively and without bias – the training is being developed using the Equality Diversity Representatives training package previously delivered at regional level but will also factor in the lessons learned from investigations or research i.e. Too Hot to Handle report, the NMC Culture review findings.

If colleagues disclose that they have a long-term condition or a disability line managers are encouraged to undertake a supportive discussion and complete a **Supporting Disability or LTC in the Workplace conversation** which provides an opportunity for the line manager to understand their team member's health condition(s), how it impacts them within the workplace and how best we can support them in work (including details of any agreed workplace adjustments). Over the past 3 years we have incorporated a health and wellbeing section into appraisals which provides space for colleagues to record whether they have a Supporting Disability or LTC Agreement (SDA) in place or whether they need one, but do not have one.

Analysis of completed appraisals completed across a 12-month period (to mid-December) showed that;

7.8% colleagues recorded having a SDA in place, almost double the 4% noted last year
64.6% colleagues didn't have (or need) an SDA, down from 69% last year
3.4% colleagues didn't have an SDA, but they needed one, up slightly from 3% last year
24.1% left the field blank, same as previous year.

As roughly a quarter of completed appraisals had left the Supporting Disability/Long-term conditions field blank, work has already commenced to mandate completion of the field within appraisals. To date changes have been made to the Team Member templates, the Leader and Interim templates will be updated early in the new year.

Whilst it's important for us to establish whether colleagues who require Supporting Disability/Long-Term conditions agreements are getting them, there is also a need for us to ascertain the quality of the conversations which have taken place in support of completing the document. Work needs to be undertaken to assess the quality of those discussions/agreements, to ensure they happen in a supportive and compassionate manner. We will start by building some related questions into the appraisal survey which is sent out to colleagues in the month following their appraisal. This will also help us to build on the work we have already started, analysing appraisal experiences and ratings by ethnicity and disability so we can identify any disparities, and take action(s) to address them.

As part of our **annual retention report**, certain demographics of our workforce were identified as being at greater risk of leaving i.e. a higher proportion of leavers were young, single and male. It was also flagged that there are higher rates of retirement at present. Over the coming year, we will explore these areas to see whether any additional work is required. We are now also monitoring demographic data through a series of questions within our **New Starter survey**, this is in the process of being analysed to consider any relevant findings. What we would like to move towards is a triangulation of all the data which is available across Organisational Development workstreams (EDI, Leadership, Freedom to Speak Up, Engagement, Retention etc) to establish a rich picture of the experience of colleagues in our organisation.

We continue with our commitment to enhance the level of reporting, analysis and assurance we provide around the **Workforce Race Equality Standard** (WRES), **Workforce Disability Equality Standard** (WDES) and **Gender Pay Gap**, all of which we publish externally here.

The **National Staff Survey** results are reviewed annually to understand if there are any differences in the experience of work for any of our minority groups. Through completing this analysis, we identified a number of themes which include:

Bullying, Abuse, Violence and Aggression

- Colleagues who **have a disability or long-term condition (LTC)** continued to report experiencing greater levels of bullying, harassment, violence and abuse from patients, their relatives or members of the public (28.1%) than colleagues without a disability or LTC

(20%). Similarly, it was found that colleagues with a disability or LTC reported experiencing higher levels of bullying or abuse from colleagues (23.9% versus 15.8% for non-disabled colleagues) and managers (11.3% versus 6.7% for non-disabled colleagues). These figures are almost the same as in 2024's report. In addition, colleagues with this protected characteristic indicated that they felt less secure in raising concerns (66.6% versus 71.5% for non-disabled colleagues) and less confident that, as an organisation, we would address them (45.5% versus 55.9% for non-disabled colleagues).

- It was found that colleagues from a **White and Black Caribbean** (39.3%) background and those who identified as **Irish** reported experiencing the highest levels of bullying and harassment, violence and abuse from patients, their relatives or members of the public (36.8%) compared to the Trust average of 22.2%. This is a slight change from last year where colleagues from a **Chinese** or **Irish** background reported experiencing the highest levels. Colleagues who identified as **Any Other Ethnic background** reported experiencing the highest levels of harassment, bullying or abuse from managers (37.5%) compared to the Trust average of 8% (a change from last year where Chinese colleagues reported the highest levels). Finally, colleagues identifying as **White and Asian** noted the highest levels of harassment, bullying or abuse from other colleagues (40.9%) when compared to the Trust average of 18% (last year this was colleagues from an Arab background).

- Colleagues **below the age of 30** reported more experiences of bullying, harassment, violence and abuse from patients, their relatives or members of the public (27.1%) compared to the Trust average of 22.2%. Colleagues **between 41-50** reported experiencing greater levels of harassment, bullying or abuse from both managers (9.7%) other colleagues (20.5%) when compared to the Trust averages (8% and 18% respectively).

A significant amount of work has been undertaken over the couple of years to raise awareness of the importance surrounding organisational culture, civility and Zero Tolerance with diversity and inclusion a conscious, purposefully visible thread throughout.

On a team level basis, our **Team Engagement and Development tool (TED)** uses survey insights and team-level feedback to shape meaningful, targeted interventions. TED helps Team Leaders interpret their team engagement results through an EDI-aware lens with the help of toolkits, encouraging them to explore variations in experience, identify underlying issues and co-create evidence-based action plans. This approach has enabled teams to make informed decisions, respond to disparities highlighted in feedback, and drive positive, measurable improvements in colleague experience and team culture.

RESPONDING TO SIGNIFICANT AND IMPACTFUL EVENTS

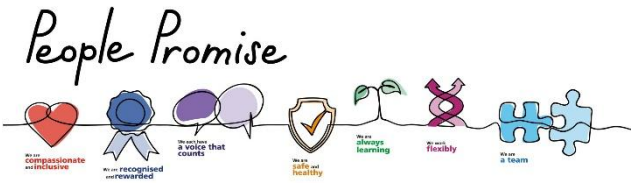
In October we received news of the shocking attack at a synagogue in Crumpsall, North Manchester as members of the Jewish community were celebrating Yom Kippur, an important day in the faith calendar. The potential impact on colleagues across our organisation, particularly Jewish colleagues, was acknowledged through our corporate communication channels, led by a Special Briefing message from our Executive Team. Key messages included;

- Reinforcing channels for practical, emotional, psychological and spiritual support

- Encouraging colleagues to support one another (especially line managers, asking them to proactively reach out and support team members who may be at increased risk of abuse or who may face additional barriers to speaking out)

- Reminding colleagues of our organisational values and our commitment to creating a workplace where everyone feels safe, valued and supported, regardless of their faith, background or identity.

PEOPLE PROMISE: WE ARE COMPASSIONATE AND INCLUSIVE – Diversity & Equality sub score average 8.2/10



The NHS People Promise consists of seven key elements aimed at improving the experience of NHS colleagues and fostering a supportive work environment. One of those elements is "We are compassionate and inclusive" which is measured through staff survey by colleague responses to four of the staff survey questions in relation to; acting fairly in respect of career progression, personal experiences of discrimination at work and whether the organisation respects individual differences.

- Colleagues **aged between 21-30** recorded the highest scores in respect of questions relating to diversity and equality (overall score of 9.0) whereas colleagues **aged between 31-40 and 41-50** recorded the lowest score of 8.1
- Colleagues **with a disability or long-term condition** scored 8.0 in respect of diversity and equality compared to colleagues without a disability (8.3).
- Colleagues who **identified as Arab** scored the highest in respect of questions relating to diversity and equality at 8.6 followed by colleagues who are **English/Welsh/Scottish/Northern Irish/British** at 8.4. Colleagues with the lowest scores were those from **any other ethnic background** (score of 6.4).
- **Females** scored above the organisational average for questions relating to diversity and equality (8.3) and **males** scored below the organisational average (8.0). Colleagues who selected **Prefer not to say** had the lowest scores at 7.2 with insufficient responses to generate a score for colleagues identifying as non-binary or prefer to self-describe.
- In terms of sexuality, scores relating to questions in respect of diversity and equality were lowest for colleagues who identify as **Other** (7.1). Those identifying as **Bisexual** scored the highest average with 8.3.
- With regards to religion, colleagues who stated they would **prefer not to say** had the lowest average scores relating to questions in respect of diversity and equality (7.3). Colleagues whose religion is **Christian** or who noted **No Religion or Any Other religion** recorded the highest average scores at 8.3**.** Insufficient responses were received from colleagues who identified as Buddhist or Jewish to generate a score.

COLLEAGUE ENGAGEMENT – Trust Average Engagement Score 6.6/10

The levels of engagement are measured through looking at Motivation, Involvement and Advocacy of colleagues using the responses to a number of questions which include whether colleagues look forward to coming to work, are enthusiastic about their job, are able to make

suggestions to improve their work and whether they would recommend the organisation as a place to work.

- Colleagues **aged between 21-30** continue to have the lowest engagement levels (overall score of 6.5, compared to 6.8 in 2023), the most engaged group are those **aged 16-20** (score of 7.1, up slightly from 7.0 in 2023), closely followed by those **aged 66 and over** with a score of 7.0.
- Colleagues **with a disability or long-term condition** were found to have lower levels of engagement (6.2, a drop from 6.5 in 2023) compared to colleagues without a disability (6.8, a drop from 7.1 in 2023).
- Colleagues who **identified as being Indian** had the highest engagement scores at 7.5 closely followed by colleagues who are **Arab** at 7.4, **African** at 7.3 and Any Other Asian background (7.2). These scores are higher than the organisation average and also higher than white colleagues (score of 6.5). Colleagues with the lowest staff engagement levels were those from **any other ethnic background** (score of 5.6) and **any other white background** (score of 5.9).
- **Males** and **females** had similar levels of engagement with males scoring slightly lower (6.6 compared to females at 6.7). Colleagues who selected **Prefer not to say** had the lowest staff engagement levels at 5.5 with insufficient responses to generate a score for colleagues identifying as non-binary or prefer to self-describe.
- In terms of sexuality, levels of staff engagement were lowest for colleagues who **prefer not to say** (5.9) followed by colleagues who identify as **gay or lesbian**, with a score of 6.1 in comparison to heterosexual colleagues at 6.7.
- With regards to religion, colleagues who stated they would **prefer not to say** had the lowest staff engagement score (5.7) followed by colleagues who identified as having **no religion** (6.4). Colleagues whose religion is **Hindu** or **Sikh** had the highest engagement levels (7.4 and 7.5 respectively). Insufficient responses were received from colleagues who identified as Buddhist or Jewish to generate a score.

GENERAL STAFF SATISFACTION THEMES

- Colleagues **between 21-30 years reported experiencing the highest levels of work-related stress (43.2%) although colleagues in the 31-40 and 41-50 group were similar (42.4% and 42.9% respectively) and found work more emotionally exhausting and tiring, with greater feelings of burn out than other age groups**. Colleagues between 16-20 and 66+ recorded experiencing the lowest levels of work-related stress; with colleagues **between the ages of 16-20 years experiencing the greatest levels of satisfaction across the items measured in the National Staff Survey**.

- **Disabled colleagues have again reported lower levels of satisfaction across the majority of the questions in the National Staff Survey**, including factors relating to their job such as ability to make suggestions to improve the work of their team/department (9.2% lower than colleagues without a disability), feeling valued for their work (10.7% lower than colleagues without a disability) or able to achieve a good balance between work and home life (10.8% lower than colleagues without a disability). Through to how they feel working in their team; levels of respect and kindness demonstrated from colleagues and line managers (8.5% lower than colleagues without a disability) and ability to access training and development opportunities (10.2% lower than colleagues without a disability).

- Across all the staff satisfaction questions **colleagues from any other ethnic background and colleagues from any other white ethnic minority background had the highest number of red RAG rated items** compared with other ethnic minority groups and the Trust average.

- Across all the staff satisfaction indicators, **colleagues who identify as gay, lesbian or 'prefer not to say' recorded lower levels of satisfaction through a higher number of red RAG rated items,** than heterosexual or bisexual colleagues.

FOR PATIENTS AND OUR COMMUNITIES

The Trust continues to engage with local communities based on demographic insights to ensure underrepresented groups are aware of the services available to them. We have launched targeted awareness campaigns within our local areas, which have proven effective in reaching these communities. However, survey participation has improved against national averages, with feedback from individuals with protected characteristics accounting for 7% in the national inpatient 7%,16% in the maternity survey and 25% in Children's Survey. As a result, we remain committed to improving representation and engagement through evidence-led approaches, as outlined below.

REDUCING HEALTH INEQUALITIES IN MATERNITY CARE

We have been working in partnership with the Race & Health Observatory and the Institute for Healthcare Improvement to address disparities in maternal health outcomes, with a global aim to reduce postpartum haemorrhage (PPH) (≥1000mL) among Black and ethnic minority women and birthing people by 50% from 12% to 6% by January 2026.

Progress to date includes a sustained reduction in PPH rates to 9%, embedding Early Bird Preventative Group sessions as standard practice, approving maternity exemption for Ferrous Sulphate to tackle anaemia, and initiating digital innovations to integrate anti-racism principles into emergency training.

This work underscores our commitment to closing equity gaps, ensuring inclusive access to care, and embedding anti-racism principles into clinical practice and training.

TARGETED INITIATIVES

Sahara Project – World Cancer Day
Staff from Macmillan Cancer Support and our Colorectal Team visited the Sahara Centre to raise awareness of cancer signs and symptoms and emphasise the importance of bowel screening for early diagnosis.

Preston Health Mela
Our Macmillan Cancer Support and Research & Innovation teams were actively involved in this event, showcasing available support services and engaging with attendees to share information on screening and awareness programmes. The Research & Innovation team highlighted that we are a research-active trust, explained the breadth of our research, and promoted inclusivity and accessibility in research participation.

Preston Fire Station & Lancashire Police Headquarters
Macmillan and Skin Cancer teams delivered sessions on recognising cancer symptoms and provided practical advice on sun safety.

Cancer Awareness at Preston North End
During a match day in April, coinciding with Bowel Cancer Awareness Month, Macmillan and Oncology staff engaged with supporters outside the stadium, sharing information about our services, key symptoms, and the importance of Screening.

Preston Men's Muslim Forum
Hosted by Preston Muslim Girls School, this Men's Health and Wellbeing event focused on cancer awareness, symptoms, and screening for lung, bowel, prostate, and testicular cancers. Macmillan and Oncology staff attended, alongside Professor Munavvar, who spoke about lung cancer and promoted the newly launched lung screening programme.

Feedback from the Forum Chair: *"We extend our heartfelt appreciation for the in-depth and enlightening presentation. It truly highlighted the impact of cancer, an illness men often overlook and reinforced the need to be informed and vigilant for the sake of individuals and families."*

In the latter half of this year, colleagues were encouraged to share information to eligible colleagues, patients and community groups in respect of the **NHS Jewish BRCA Testing Programme**, which had already enabled over 32,000 individuals to access free genetic testing for BRCA1 and BRCA2 gene faults - these faults significantly increase the risk of breast, ovarian, prostate, and pancreatic cancers and Jewish ancestry carries a higher prevalence of BRCA gene faults (1 in 40 Ashkenazi Jews and 1 in 140 Sephardi Jews), compared to 1 in 250 in the general UK population.

Healthwatch Collaboration
Healthwatch Lancashire's Enter & View visit to the Gynaecology Outpatients Department at Royal Preston Hospital highlighted a service that is fundamentally caring, professional, and committed to patient experience. Staff interactions were consistently observed as courteous, reassuring, and patient-focused, with many patients praising the friendliness and helpfulness of both clinical and reception teams. The environment was clean, well-maintained, and equipped with accessible features such as level access and a disabled toilet, demonstrating a strong baseline commitment to inclusion.

Staff demonstrated awareness of language and communication support, including the availability of BSL interpreters and LanguageLine, and were proactive in allocating extra time for patients requiring these adjustments. Training opportunities were described as comprehensive, and staff reported feeling well-supported by their colleagues and management team, fostering a positive and collaborative culture.

While overall patient feedback was positive, the review identified opportunities to build on these strengths. Enhancing communication around appointment changes and wait times, improving wayfinding signage, and introducing dementia-friendly features would further elevate the patient experience.

These improvements will complement the strong foundations already in place. By refining communication systems, expanding accessibility measures, and continuing to prioritise staff and patient wellbeing, the service can further demonstrate leadership in equity, diversity, and inclusion. These actions support Core20PLUS5 priorities for tackling health inequalities, and reflect the Trust's commitment to delivering high-quality, person-centred care for all.

OUR FUTURE COLLEAGUE FOCUS

- Assess the quality of conversations line managers/colleagues are having in respect of the Supporting Disability/Long Term Conditions agreements through the Appraisal Completion survey.
- Develop a learning resource to support line managers to have compassionate and understanding Supporting Disability/Long Term Conditions conversations which enable the completion of an agreement form.
- Mandate the completion of the Supporting Disability/Long Term Conditions agreement question within the Leader and Interim appraisal templates in the new year.
- Develop a training module which supports leaders/managers to lead formal workforce processes inclusively (and without bias) factoring in the lessons learned from investigations or research i.e. Too Hot to Handle report, the NMC Culture review findings etc.

OUR FUTURE PATIENT & COMMUNITY FOCUS

- Develop a maternity data dashboard for ethnicity-based aggregation, exploring AI and VR solutions to enhance multidisciplinary training,
- Continued collaboration with McMillan and cancer community in-reach services
- Continued collaboration with Healthwatch with enter and view visits, gaining valuable insight into patient experience

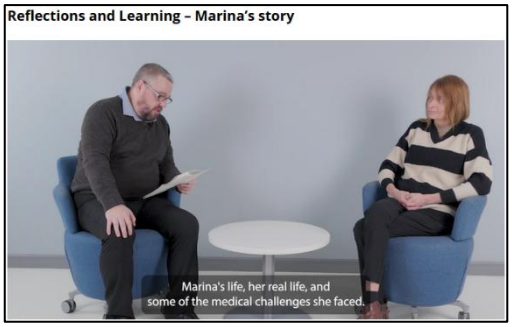
PRINCIPLE 3 – RECOGNISING THE IMPORTANCE OF LIVED EXPERIENCE

This principle emphasises the importance of understanding, valuing, and responding to the lived experience of our communities and colleagues. To provide excellent services and be a great place to work, we recognise that we need to engage with all groups but ensure the voices of minority groups in particular are engaged to co-produce and co-design as equal partners the shape of our services and type of organisation colleagues wish to work within. To implement Principle 3, the following actions have been taken forward to ensure we consciously recognise the lived experience or patients, our communities and colleagues.

Since December 2022 we have hosted a **Hospital Independent Domestic Violence Advisor** (HIDVA) which is a role integral to safeguarding patients and colleagues affected by Domestic Abuse, something which affects over 2 million people each year in England and Wales. Domestic Abuse has severe physical, mental and social consequences – it is linked to depression, homelessness, suicide and poor pregnancy outcomes. For the twelve months up to March 2025 the HIDVA provided confidential, trauma-informed support for 385 individuals (337 patients and 48 colleagues). In addition to this they delivered training to colleagues to help develop their confidence in identifying and responding to abuse and increase their competence in handling disclosures, reducing stress and risk in clinical settings.

FOR PATIENTS AND OUR COMMUNITIES

Patient stories are a powerful tool for staff learning and service development. This year, we have produced numerous videos featuring patients sharing their experiences and emotions. To make these stories more accessible, we have created a dedicated area on the staff intranet, allowing colleagues to see, hear, and engage with real-life accounts of care within our services. Previously, these stories were only shared within specific departments or at board meetings.



Patients have played a central role in shaping improvements across the Trust by sharing their lived experiences at Community of Practice events and Board meetings, actively participating in Patient Forums, and contributing to the development of the Patient Experience Portal. Their voices have influenced initiatives such as enhanced interpretation services, tailored events like 'Our Health Day' for patients with learning disabilities and strengthened engagement with the Deaf community.

In May we welcomed the **Autism Reality Experience Bus** from Training2Care; colleagues from across the Trust were able to attend short training sessions, giving staff the opportunity to enter the neurodiverse world and experience the sensory processing difficulties faced by people on the autism spectrum. The Autism Reality Experience challenges thinking and directly confronts you with the profound impact of the environment, communication and sensory input.

It gives an insight into:

- Hypersensitivity to the sensory environment
- How it feels to become overwhelmed
- Proprioceptive hyposensitivity
- Vestibular hypersensitivity
- Difficulty processing language and instructions
- Flexibility of thought issues
- Being in an environment that doesn't account for your needs

The training had incredibly positive feedback, with lots of staff noting how overwhelming and frightening coming to hospital must be for those with sensory needs. One colleague said: *"It was so beneficial to have some experience of what it is like to be in that person's shoes"*, while another said: *"It really made me think about our ward environment and the impact that must have on someone."*

Significant environmental changes have been implemented to improve care settings and accessibility, including the accreditation of 71% of wards with STAR Gold, installation of stoma-friendly bathrooms, development of a new Acute Medical Unit, and introduction of whiteboard systems in outpatient areas to identify patients requiring reasonable adjustments. These combined efforts reflect a commitment to person-centred care, inclusivity, and continuous improvement in both patient experience and the physical environment.

By sharing these experiences more widely, we have seen a significant increase in the creation of involvement forums and groups across various departments. These forums enable staff to gain a deeper understanding of patient experiences and work collaboratively to improve care and services, ensuring patients remain at the heart of everything we do.

Our forums also partner with external charities and organisations, helping us engage with a broader range of voices and capture a more representative view of our communities.

COMMUNITY FORUMS

Last year saw the establishment of several new in-house and collaborative partnership forums, complementing existing groups and strengthening community engagement. Forums include:

- Cancer Patient and Carers Forum
- Carers Forum
- Critical Care Patient and Relative Support Group
- Endometriosis Forum

- Mobility Matters Forum
- Patient Research Group
- Preston Dystonia and Migraine Group
- Renal Working Group
- Sepsis Support Group
- SMRC Joint User Forum
- Tracheostomy Forum
- Youth Forum
- V.I (visual impairment) Forum
- Saheliyaan Asian Women's Forum
- BSL Forum Lancashire

These forums have enabled the Trust to gather feedback directly from local communities and incorporate their perspectives into service planning and improvement.

PARTNERSHIP WORKING

Partnerships have also enabled collective improvements in accessibility. The Healthwatch initiative *One Voice in Health and Social Care for BSL Users* generated constructive feedback from the Deaf community, culminating in a report that encourages organisations to strengthen support.

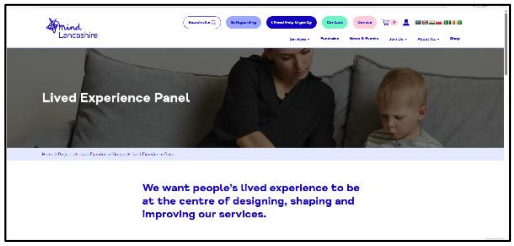
In addition, the involvement services, recognising the importance of patient stories and true patient experiences collaborated with Deafways in Preston to encourage the Deaf community to share their experiences of our hospital services. Together with the Blended Learning team and permissions from our Deaf community we were able to produce video feedback with the support of our BSL interpreter contractors Co-Sign. These recordings have provided staff with valuable insights into Deaf culture, fostering greater understanding and inclusivity across the Trust.

These stories from the Deaf community can be seen on our staff intranet patient story library here along with other patient stories on various services supplied by the Trust.

Healthwatch continues to conduct real-time visits to both Preston and Chorley hospital sites, gathering feedback directly from patients and visitors. This intelligence is reported to the Patient and Carers Experience and Involvement Group, which in turn informs the Safety and Quality Board, ensuring that the patient voice is embedded within oversight and decision-making processes.

(Picture above shows Representatives from Healthwatch, Ncompass, Lancashire County Council, Lancashire Teaching Hospitals and the Deaf Community at 'One Voice in Health and Social Care BSL' presentation).

FOR COLLEAGUES



In summer of this year, our Head of Diversity & Organisational Development and our Head of Employee Wellbeing were asked to contribute towards a **Best Practice Guide for Lived Experience Engagement** which was being developed by Mind Lancashire. The guide is intended to be shared with employers across Lancashire and contains a set of guiding principles and recommendations for employers to consider when inviting others to share their lived experience and personal stories.

INCLUSION AMBASSADOR FORUMS

We have **three Inclusion Ambassador forums** which have been established since 2019; **Ethnicity, Disability and Neurodiversity and LGBTQ+.** The Inclusion Ambassador Forums are each chaired by one or two colleagues (who are usually members of the community group the forum represents) each forum has an allocated support member from the EDI team and sponsorship from members of our Board and Executive Team.

In addition to the inclusion forums, we have **three support groups** which are also aligned to the health and wellbeing agenda; a **Menopause Group, a Carers Group and, an Endometriosis Awareness group**.

In the last year, the Disability Staff forum has changed its name to recognise the growing number of neurodivergent colleagues who were joining for support and to help shape the workplace to be more inclusive. Within the last couple of months, forum members have been sharing tools they utilise (or have utilised) which have helped support neurodivergence as a means of **adding some practical resources to our Neurodiversity Toolkit**. These tools have been collated and will be shared via the Inclusion pages of the Intranet as well as within our ND Toolkit.

Across the year, there has been consistent promotional activity, in line with our **Inclusion calendar** events, to raise awareness of particular days weeks or months across the year which hold significant importance to those from protected characteristic groups. We promote these events to honour inclusion, so colleagues are 'seen' and acknowledged but also to raise awareness of specific topic areas or to enhance education.

2025 has seen continued challenges in being able to maintain a consistent level of forum meetings due to; general volume of work activity and available attendees, work commitments or long-term absence of Chairs and recruitment of new Chairs. This is an area we need to look at addressing in 2026, potentially through the use of a Diversity & Inclusion champion role.

UTILISING THE LIVED EXPERIENCE OF COLLEAGUES TO SHAPE HOW WE DO THINGS

As already mentioned, we are seeking to engage with colleagues through the **Staff Inclusion forums** to shape how we do things in our organisation, especially in relation to discrimination

and bullying and harassment. There are a variety of ways in which we encourage colleagues to share their experiences; some well-established and regularly scheduled such as Staff Inclusion forum meetings, Staff Stories at Board, Leader/All Colleague briefings, Schwartz Rounds etc, and others are more on an adhoc basis as and when opportunities arise.

July's **All Colleague Briefing** saw Silas (CEO) welcome Gemma Devine who presented her personal journey to around 250 colleagues. Gemma is a HealthCare Assistant who has Multiple Sclerosis which was diagnosed in 2021 having experienced symptoms for six years. She shared how she has been supported through; completion of a Supporting Disability & Long-Term Conditions agreement, having workplace adjustments in place agreed with her line manager, wearing a Sunflower Lanyard/badge indicating a hidden disability and joining the Disability and Neurodiversity Staff Inclusion forum.

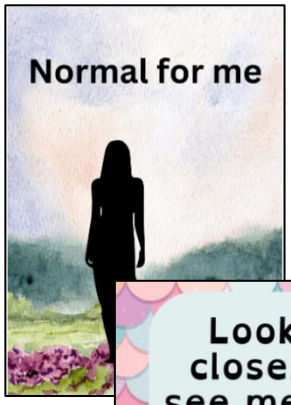
In February, Harley Walsh (an MDT Coordinator) presented her **Staff Story to Board**. Harley has multiple health conditions, including a dynamic disability which means she sometimes uses a wheelchair – the impact on her life can vary significantly on a day-to-day basis. Harley's story really brought home to the board the impact on a colleague's working life when reasonable adjustments are supported at work. She talked about the challenges experienced in the process and highlighted the delays which can impact on the Trust being able to claim monies back.

In conjunction with Black History Month, we engaged with an Arts Council England sponsored project titled '**Embers of Care'**, led by artist and internationally educated NHS nurse, Yayen John. Our colleague, Kwame (an Occupational Therapist who hails from Ghana) kindly volunteered to share his own personal journey of relocation to England which was reflected in a bespoke artwork piece, painted by Yayen. In the painting, Kwame is portrayed assisting a patient, with a soft expression of humour, humility, and resolve.

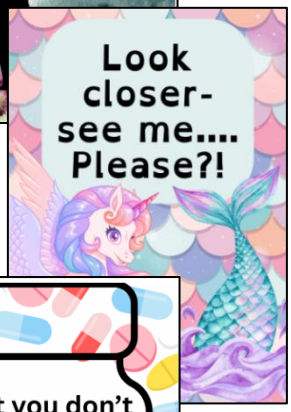
The painting tells Kwame's story; of how his journey to the UK was filled with challenges and cultural surprises which fuelled his commitment to inclusion and support for others. Kwame's first lessons in migration came wrapped in humour: *"I was really excited that I was coming in the summer,"* he recalled. *"But, I was shocked by the cold the moment I got off the plane. Coming from Ghana where it's 35, 37, 38 degrees… I checked the temperature, and it was 14. I was freezing!"*

Language barriers posed a significant challenge - despite regularly listening to the BBC, Kwame struggled with UK accents and fast conversations: "*On my first day, I joined a handover and I couldn't understand anything. I was lost."* Recognising the challenge, his team enrolled him in a nine-week language integration programme which Kwame says "*really helped*."

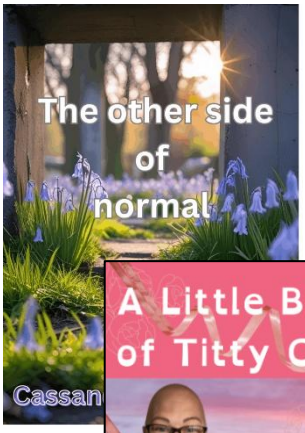
We were delighted to be invited to participate in the Embers of Care artwork series. We give our thanks to our colleague Kwame for sharing his personal experience; an insightful story that prompts us to take a moment and reflect on both the challenges that our international healthcare workers face, alongside the vast contributions they make.



Our Living Library has evolved to become our **Living Collection** with 6 human books that share and celebrate the diversity and lived experience of colleagues within the trust. Permanent displays of the Living Collection are in the libraries at Preston and Chorley and there is also a dedicated web page for colleagues through which they can request to read a book, or even become a book themselves.

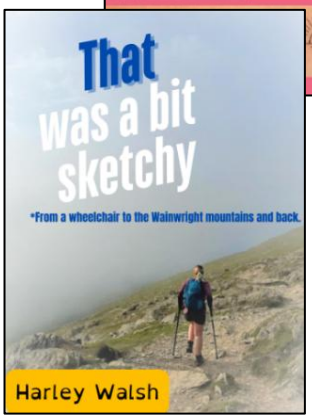


Our living collection is about talking. We aim to open up talks between colleagues which wouldn't ordinarily happen - it is a simple idea, colleagues volunteer to be "human" books and tell their life story, and the borrower gets to hear the book's lived experience, in their own words.



The principle behind the scheme is that it helps to: share best practice, help to raise awareness of (and challenge) bias when due to a lack of knowledge, tackle unfairness and to hear about the trials some colleagues face every day.

Some feedback from colleagues who've attended a Living Collection event is noted below;



- *Interesting to speak to people of different backgrounds and understand their struggles in life*
- *Insight into chronic health conditions and struggles of patients*
- *Reminder to be kind - there is progress being made in terms of culture and stigma concerning disabilities in the workplace*
- *Being able to have such open conversations was appreciated*
- *Enjoyed gaining the perspective of some patients, and made me re-evaluate the structure of 'interviews' during consultations*
- *It was a friendly, safe and inclusive environment*

SCHWARTZ ROUNDS

We have continued the delivery of our Schwartz Round programme throughout 2025, sharing stories of lived experiences which help colleagues 'see the person within the professional'. We are more than our job roles, we are people too and we don't often get the opportunity to discuss the emotional impact our jobs can have on us. Schwartz Rounds are designed to help support colleagues to connect on these issues and encourage a culture of kindness,

compassion and empathy between one another. This year has seen Schwartz Rounds discussions span multiple topics and themes, including topics such as;

- The Human Impact of Health Care,
- Compassionate Leadership – Stories of Supporting and Being Supported,
- The Day I made a Difference,
- Civility Matters,

As well as topics which included balancing health conditions with work commitments

TEAM ENGAGEMENT DEVELOPMENT (TED) TOOL


COMPASSIONATE CONVERSATIONS
PERFORMANCE MANAGEMENT

TED

This activity is designed to help leaders explore how to approach performance-related conversations with empathy, clarity, and confidence. Through realistic scenarios, participants will reflect on how to balance accountability with compassion—an essential skill for fostering trust, psychological safety, and professional growth within their teams.

ACTIVITY:
Select one or more of the scenarios on pages 3-6 and ask your team members to discuss how they would approach the situation with a staff member.

Ask the team to consider their scenario from both the Team Leader and the Team Member's perspective. They should consider wider contexts which could be influencing a situation and how an open conversation can be used to understand and work towards a way forward.

You may wish to split a larger group into smaller breakouts with one scenario each. Once the groups have finished discussing

Over the past year, our **TED tool** has created tools and guidance for facilitated discussions that encourage colleagues to share their perspectives, challenges and experiences in a psychologically safe way. Resources such as our compassionate conversations, sexual safety and zero-tolerance toolkits help teams explore real scenarios, reflect on differing viewpoints and understand the experiences of minority and under-represented colleagues. By enabling honest dialogue and co-design of team actions, TED helps ensure that lived experience directly shapes how teams work, support each other and improve their culture.

SUPPORTING THE DELIVERY OF WORKPLACE ADJUSTMENTS

November saw leads from our EDI, Workforce Advice and Health and Wellbeing teams deliver a **Managers Update session** to over 100 managers and leaders titled “Workplace Adjustments and Supporting Disability/Long-Term Conditions form”. The session was designed to support line managers to understand what their role is in managing and responding to requests for reasonable workplace adjustments, to provide the legal context and to share examples, in addition to busting some myths!

In the latter half of the year, our Health & Wellbeing team produced and promoted a video featuring a colleague and their line manager who share their experiences of accessing support via the government funded **Access to Work** scheme. This has enabled the colleague to overcome barriers, reach their full potential and have a meaningful career. The video resource will feature in a Manager’s Update session in the New Year; it has also been included within the Health and Wellbeing module of the Core People Management Skills development programme.

In response to requests from colleagues, we also shared details of a **webinar on the topic of Access to Work**, facilitated by the Department of Work and Pensions detailing; what Access to Work is, what support it can provide to customers and the eligibility criteria. The session also covered the Access to Work application process, how to report changes of circumstance and disputing an award decision. Within the session there were case studies of how Access to Work can support people to enable them to remain in or move closer to work.

RESPONDING TO HEALTH AND WELLBEING BEING NEEDS OF MINORITY GROUPS

We know that each and every one of our colleagues has their own unique, and diverse, wellbeing needs, so providing a wellbeing offer which is inclusive and aims to address health inequalities is important to us. Our Health and Wellbeing action plan outlines our five key commitments which are:

1. Ensure that our workforce, and future workforce, perceives us as an employer who takes positive action on health and wellbeing.
2. Reduce the incidence of colleagues experiencing musculoskeletal (MSK) injuries as a result of work and provide proactive support for colleagues experiencing MSK conditions
3. Develop a culture which reduces stigma around mental health, promotes resilience and provides a comprehensive model of support
4. Provide a work environment which encourages rest and hydration and enables colleagues to access healthy, nutritional choices
5. Protect our colleagues and patients from 'flu and COVID-19 viruses by ensuring optimum uptake of vaccinations.

Each year we conduct an annual health needs assessment (Health & Wellbeing Survey), the results of which are subsequently used to create a 12-month campaign calendar which also incorporates a range of national and local health promotion campaigns that are closely aligned to the five key commitments detailed above. This past year we have focused on:

- Workplace adjustments,
- Mental Health,
- Caring responsibilities and
- Colleague wellbeing

Within Lancashire there is a significantly higher rate of mortality due to cardiovascular disease, and the prevalence of hypertension in Lancashire is in the second highest quintile in England, so we engaged with FCMS (originally Fylde Coast Medical Services, a locally commissioned Social Enterprise health and wellbeing services provider) to deliver on-site **over 40s** NHS Health Checks, providing a vital opportunity for early detection and intervention to conditions such as cardiovascular disease and hypertension. Multiple dates were offered, all appointment slots were fully booked, and we experienced very low did not attend (DNA) rates which reflects the value placed on these health checks by colleagues.

Active promotion of positive **mental health and wellbeing** is essential for creating an inclusive culture and environment, the in-house colleague Psychological Wellbeing Service offers a broad range of support, available to all colleagues. Clinicians are skilled in offering support relating to all types of individual difficulties, including many circumstances where difficulties are linked to protected characteristics, providing a safe and confidential space for conversations that otherwise may not take place. Without this support mental health difficulties could worsen. The service is in the final stages of developing new individual and team stress risk assessments, both of which include a focus on belonging. The team undertake continuous professional development activities which enhance their awareness and understanding of challenges and barriers faced by colleagues who belong to protected characteristic groups; in

November Lancashire Mind delivered a session for the team, based around on the barriers to accessing mental health support for ethnic minority community groups.

Throughout the process of **managing organisational change and employee relations cases**, there is a clear focus on mental wellbeing and support across a very broad range of personal issues, this is in line with the Just Culture triage process. Through taking a person-centred approach to understanding and responding to individual needs, we ensure that colleagues are offered, or signposted to, appropriate sources of support. The Leadership & OD Team have developed a series of practical resources (available on the Intranet) to help support managers and teams who are undergoing significant organisational change.

A **Rapid Access Policy** has been developed and launched, providing a route for colleagues who are facing particularly long waits for appointments or treatment to gain Occupational Health (OH) support, who can then make a written request to explore whether appointments can be expedited. In some circumstances this support can lead to a reduction in wait times and ultimately enables quicker access to treatment and recovery.

As already noted, we have **developed People and Performance Conversation templates** to enable the recording of Supporting Disability & Long-Term Conditions Agreements and Carer Passports – this will enable improved analysis of uptake and quality.

We have continued our outreach activity to develop and **strengthen links with community partner organisations**, offers of support have been identified and promoted including grant funding from Preston City Council to implement a walk leader programme; promotion of the Preston Resident Card providing a 20% discount at local leisure centres; promotion of the WorkWell support service for individuals who have health condition and are either off work or struggling to stay in work (through the programme they are assigned a work coach and co-develop a bespoke personal support plan). We have continued regular attendance at Preston Wellfest meetings and have contributed to planning and organising collaborative local events.

OUR FUTURE COLLEAGUE FOCUS

- Ensure representational attendance at the “Your Voice” events; bands, professional groups, divisions, protected characteristic groups etc. through evaluating attendance data and targeting specific areas/groups.
- Explore adopting a Diversity & Inclusion champion role across the organisation to help with engagement and involvement, cascade and escalation of information etc.
- Continue to respond to the feedback from line managers to understand what development opportunities i.e. Managers Update sessions would help to address any learning needs or knowledge/understanding gaps.

OUR FUTURE PATIENT & COMMUNITY FOCUS

- Strengthen Community Forums - build on the success of existing forums by creating new groups and partnerships to ensure diverse voices shape service design.
- Enhance Accessibility & Inclusivity - further environmental improvements and reasonable adjustments across wards and outpatient areas, informed by patient feedback.
- Expand the Patient story Library - continue to grow the intranet-based patient story hub, making real-life experiences accessible to all staff for learning and service improvement.

PRINCIPLE 4 - BEING REPRESENTATIVE OF OUR COMMUNITY

This principle focuses inward and sets out our ambitions to increasing the diversity of our workforce so it is proportionally representative of our communities. Within the EDI Strategy we have set out ambitious goals which includes increasing the representation of colleagues with protected characteristics, publicly demonstrating our support to recruiting individuals with protected characteristics or who are from more disadvantaged backgrounds or from deprived areas through to supporting colleagues with protected characteristics to reach their full potential and climb the career ladder should they wish.

FOR COLLEAGUES

PROPORTIONAL REPRESENTATION

The demographic of our workforce will have changed over the last twelve months as services have been transferred to One LSC. Looking at the data below, which has been taken from the 2021 Census and compared against our workforce demographic, we remain broadly representational of the communities we serve, with greater diversity across a number of areas than is seen in the South Ribble and Chorley areas aside from Disability, where our data shows lower representation.

	Greater Preston	South Ribble	Chorley	Lancs Teaching
Ethnicity	72.6% White 20.2% Asian/ Asian British 2.4% Black/ Black British 2.9% Mixed/ Multiple Ethnic Grps	95.4% White 2.1% Asian/ Asian British 0.5% Black/ Black British 1.8% Mixed/ Multiple Ethnic Grps	95.6% White 1.9% Asian/ Asian British 0.6% Black/ Black British 1.5% Mixed/ Multiple Ethnic Grps	68.6% White 23.1% Asian/ Asian British 4% Black/ Black British 1.6% Mixed/ Multiple Ethnic Grps
Largest age group	23 year olds	56 year olds	50 year olds	30-39 year olds
Religion	47.6% Christian 26.3% No religion 16.1% Muslim 3% Hindu 0.7% Sikh 0.4% Other	61.8% Christian 30.8% No religion 0.9% Muslim 0.7% Hindu 0.3% Other	61.5% Christian 30.9% No religion 1.4% Muslim 0.3% Hindu 0.5% Other	52.8% Christian 11.8% No religion 9.7% Muslim 4.5% Hindu 0.4% Sikh 5.9% Other
Disability	9.1% Disabled	7.2% Disabled	7.7% Disabled	6.7% Disabled
Sexuality	88.5% Heterosexual 1.6% Gay/Lesbian 1.8% Bisexual	92.1% Heterosexual 1.3% Gay/Lesbian 1.0% Bisexual	91.7% Heterosexual 1.3% Gay/Lesbian 1.0% Bisexual	83.6% Heterosexual 1.5% Gay/Lesbian 1.3% Bisexual

Community Demographic Data from Health Improvement Plan/Census 2021

In 2025 the Head of Recruitment and the Head of Diversity & OD undertook a review of the recruitment process from start to end to identify areas of potential bias and to identify and embed actions which could mitigate against bias throughout the process. The review has

completed. As part of this review, recruitment for senior/very senior posts was brought in-house and it was agreed that representatives from the Ethnicity forum would be involved in any senior level recruitment processes. This work will be further enhanced with the learning module in respect of bias which is currently under development.

FURTHER INCREASING REPRESENTATION OF COLLEAGUES WITH PROTECTED CHARACTERISTICS

In May of this year, a meeting was held with the Allied Health Professions (AHP) Workforce Programme Lead for Lancashire & South Cumbria Integrated Care Board and the Trust's Associate Director of AHPs to explore the integration of EDI principles within AHP workforce initiatives. Various initiatives discussed to enhance diversity and inclusion - such as workforce data analysis, recruitment and retention strategies, and student supply programs with universities highlighting the importance of understanding diversity and representation in these areas to improve the overall future AHP workforce.

Through the series of annual reports we produce as part of our NHS Contract, we understand our current position with regards to representation for a number of protected characteristics, specifically:

- We have seen **consistent increases in the percentage of colleagues recorded a disability or long-term condition across our workforce over the past 5 years**, with 7.2% of our non-clinical workforce and 5.9% of our clinical workforce currently identifying as having a disability or long-term condition. In spite of this we know we still have a significant disparity between the number of colleagues who have shared their disability on our Employee Staff Record system i.e., as at 31 March 25, 587 colleagues recorded they had a disability or long-term condition yet we understand from our National Staff Survey data that 1145 colleagues who completed the staff survey recorded they had a disability or long term condition. Given the proportion of people who take part in the survey is typically 40-50% of total workforce, we could be looking at many more than this in reality across our organisation.

	% colleagues recording a long-term condition or disability	
Year	**non-clinical**	**clinical**
2025	7.2%	5.9%
2024	6.1%	5.8%
2023	4.7%	4.8%
2022	4.7%	4.0%
2021	4.2%	3.7%

  It has been positive to note a stronger representation in non-clinical colleagues identifying as having a long-term condition or disability at bands 3, 4, 5, 8a, 8b, 8c and VSM. For the majority of bands, we have seen an increase in the percentage of colleagues. For clinical roles, there has been an increase in the representation of colleagues with a disability/LTC in bands 2, 3, 4, 6, 7, and band 8a compared to the previous year.

- Through the annual Workforce Race Equality Standard report we found in the last 12 months that across a number of the agenda for change bands for clinical and non-clinical

colleagues we have seen **an increase in the representation of ethnic minority colleagues within our workforce**, quite a significant increase of clinical colleagues from 27.3% in 2024 to 32.6% in 2025.

Year	% ethnic minority colleagues	
	non-clinical	clinical
2025	19.4%	32.6%
2024	18.9%	27.3%
2023	17.8%	29.5%
2022	16.3%	25.1%
2021	15.7%	20.9%

- The greatest representation of ethnic minority colleagues in non-clinical roles are in bands 3 and below (below band 1 tend to be apprentices). Across all bands with the exception of bands 1, 2 and M&D Consultant, ethnic minority colleagues are underrepresented when compared against the Trust wide ethnic minority workforce.

- From a clinical workforce perspective, the highest percentage representation of ethnic minority colleagues can be found in band 5 roles (49%), this could in part be due to the level of international recruitment which has taken place in the last few of years. With the exception of band 2 and band 5 clinical roles, again ethnic minority colleagues are underrepresented in all other bands when compared against the Trust wider ethnic minority workforce with the greatest gaps at band 8b and above.

- The **largest proportion of our workforce remains aged between 30-39** (27.6%). Over 50% of our workforce are aged between 30 and 49 with most groups making up at least 10% of the workforce. The groups that are lower in representation are the under 20s and over 70s meaning those colleagues are in the minority groups.

- The **predominant gender is female** at 76% (very similar to last year at 75.9%), which is typical for NHS organisations.

A “You Said, We Did” style presentation was delivered to the staff inclusion forums; specifically focusing on EDI related staff survey data, actions and linking to the need to hear from a greater number of colleagues across our inclusion forums to ensure representative feedback around their experience(s).

STRENGTHENING OUR SENSE OF ‘BELONGING’ FOR COLLEAGUES

Throughout the year there have been various **‘themed’ menus in Charters Restaurant;** colleagues, patients and their relatives have been able to sample delights from cuisines all over the world ranging from the rich flavours of India with a tantalising Chicken Biryani and Raita alongside Vegetable Korma and Jeera rice to flavoursome Jerk Chicken as part of our Black History Month celebrations.

Black History Month – in October the Trust held a special event, celebrating Black excellence and learning through storytelling and discussion.

The event showcased colleagues reflecting on Black heritage, including Michael Flome and Akinkunmi Omotoso from Core Therapies, Wilhelmina Short, Emergency Department Staff Nurse, while Deputy Mayor Councillor Nweeda Khan and local chef Ibby from Uncleibby's Kitchen were guests.

Chief Executive Silas Nicholls welcomed everyone to the event: *"We have about 80 different nationalities working in our hospital today, and that's really representative of the NHS. One of the fantastic things about this international organisation is that colleagues from across the world are part of it, providing care, leading innovation, and shaping our culture in a positive way."*

"We're living in increasingly divisive times, and now more than ever, it's important that we stand shoulder to shoulder, united in the strength of our shared values and common purpose.

" I also think at times there's almost a feeling that if you come from an ethnic background, the emphasis is on you to call out racism or issues around diversity and inclusion. I think that's completely wrong. All of us, especially white people in positions of influence and authority, have great responsibility, not just because of what we do, but also because you can't ignore the historical background, the legacy of empire and colonialism. We can't change the history of our country, but we can make the future a lot better."

Sarah Jules, Head of Operational Performance, recorded a video for BHM, saying *"As a mixed heritage woman from both English and Dominican descend, my identity is woven from two cultures and two histories. It gives me a deep sense of belonging to both. I carry the strength of my ancestors and the pride of my heritage.*

"Stand firm in power and pride means embracing all parts of who I am. It means challenging assumptions and leading with authenticity. In the NHS, our strength supplies in serving communities as diverse as our workforce. When we bring our whole selves to work, our stories, our perspectives, our life experiences, we create a richer and more compassionate health system for all. In these turbulent times, celebrating diversity is not just important, it is essential. It strengthens our resilience, and it helps build a culture where everyone feels seen, valued, and empowered."

The Diversity & Inclusion team have created a number of **Inclusion Marketplace** events, intended to help colleagues celebrate, connect and collaborate. The pop-up events take place in Charters or the Education Centres, and departments across the Trust come together to demonstrate and showcase how we are delivering on conscious inclusion. Colleagues are invited to explore what's happening across the organisation, discover new ideas, and spark meaningful conversations. There are representatives from various teams such as Freedom to Speak Up, Macmillan Cancer Support Team, Staff Inclusion forum chairs, Leadership team and the Staff Survey/Engagement team.

November saw the arrival of **Disability History Month** and a commitment to "Rewrite the Narrative" which was intended to celebrate the incredible journeys of our neurodiverse and disabled colleagues — their resilience, achievements, and the powerful ways they continue to challenge and change misconceptions. More than that, it was an opportunity to reflect, reframe, and recognise the strength in diversity. Information in respect of Disability History Month was shared across Trust communication channels such as HeaLTH Matters, Exec VLOG, All Colleague briefing and Leaders forums however attendance at the actual Rewrite the Narrative event was very disappointing.

DEMONSTRATING OUR COMMITMENT TO EQUITABLE RECRUITMENT, DEVELOPMENT AND CAREER OPPORTUNITIES IN THE WORKPLACE

Within both WRES and WDES reports we measure the **likelihood of both ethnic minority candidates and disabled candidates being appointed from shortlisting**. There has been an improvement over the last 12 months in relation to the likelihood of **disabled candidates** being appointed from shortlisting (moving from 1.19 to 1.06), this figure remains firmly within the disparity ratio of 0.8 – 1.25 indicating there is currently no potential adverse effect on disabled candidates.

For **ethnic minority candidates** the disparity ratio for this indicator has deteriorated once again moving to 1.50 in 2025 (from 1.40 in 2024, 1.34 in 2023 and 1.28 in 2022). This means that white candidates are 1.50 times more likely to be appointed from shortlisting than candidates from an ethnic minority background. The disparity ratio is above the range of 0.8 – 1.25, which means there is likely to be an adverse impact experienced by ethnic minority candidates, action has already been taken over the past twelve months with the Head of Recruitment and the Head of Diversity reviewing every stage of the recruitment process step by step to identify potential for bias and then to implement mitigation. Further action needs to be taken with the development and implementation of Equality Representatives training for all Recruiting Managers which will also be built into our Core People Management Skills programme.

In addition to promoting **Continuous Professional Development (CPD) funding** opportunities across the Trust to all colleagues, targeted communications were directed to our international nursing colleagues to highlight opportunities specifically designed to support their development and progression i.e. 100 places on the Florence Nightingale leadership course. The CPD summary report which is presented at Education, Finance & Performance Committee includes a breakdown of colleague ethnicity groups as well as by division and course themes so spending can be reviewed to ensure it has been equitably allocated. Funding for year 2024/25 shows 37.81% (459) ethnic minority colleagues have accessed funding. This is a significant increase from 2023/24's figure of 18.57% (99 staff), this increase is largely due to the targeted communications noted above.

For Nursing and Midwifery Staff:-

Ethnicity	Count	%
BME	434	41.14%
Not Stated	2	0.19%
White	619	58.67%
Grand Total	**1055**	**100.00%**

For Allied Health Professional Staff:-

Ethnicity	Count	%
BME	25	15.72%
Not Stated	4	2.52%
White	130	81.76%
Grand Total	**159**	**100.00%**

We've made sure all our **leadership and management development programmes** link back to the NHS People Promise and our EDI strategy goals, so inclusion isn't an add-on – it's built in from the start. We've kept spaces open for colleagues from under-represented groups and have worked with the ethnicity staff inclusion forum to make sure people know the leadership development opportunities available for them. Our leadership development interventions now include practical ways to lead inclusively, from accredited programmes to masterclasses on aspects such as civility and zero-tolerance. Our future focus is to create talent pathways which include coaching support to help colleagues from under-represented groups progress their careers successfully.

CELEBRATING OUR PEOPLE AND THEIR COMMITMENT TO FOSTERING AN INCLUSIVE WORKPLACE

The **'Our People Awards'** is our annual recognition programme and a chance for us to showcase the hard work, dedication and achievement of our colleagues and teams across our organisation. There is a category dedicated to wellbeing and inclusion which recognises individuals or teams who have demonstrated exceptional commitment to promoting equality, diversity and inclusion as well as colleague health and wellbeing across the Trust. Shortlisted candidates/teams needed to demonstrate they've taken tangible actions which have led to significant improvements in patient and colleague experience, fostering an environment where everyone feels supported.

This year there were 17 nominations across the category and the judges chose the Pharmacy Cultural Health and Wellbeing Ambassador Group as the winners reflecting *"This group reshaped departmental culture by promoting inclusion, wellbeing and kindness. Since 2021 they've launched initiatives like ED&I ambassadors, tailored support and also recognition schemes, boosting colleague experience and cohesion. Their sustainable, values-led approach has made Pharmacy a model of inclusive, empowering workplace practice".*

Judging panels are made aware of the impact of cognitive bias during the process and signposted to online training available to support a fair and inclusive process. We measure how representative our applications and shortlisting are in comparison to the wider Trust demographic.

Oluchi Okoroafor, who is a Senior Healthcare Assistant here at the Trust (and a postgraduate student at the University of Salford) was shortlisted for two categories in the **2025 Student Nursing Times Awards** in June this year. Oluchi was shortlisted in the Student Nurse of the Year: Adult category and Mary Seacole Award for Outstanding Contributions to Diversity and Inclusion. Oluchi played a key role in organising the Netherlands Nursing Students Week, fostering cross-cultural exchange and delivering lectures on UK nursing practices. Oluchi also co-founded the Student Wellbeing and Academic Buddy System (SWAB) to support fellow nursing students. She was commended for her leadership, teamwork, and teaching skills. The judges said "*Passionate about cultural competency and compassionate care, Oluchi continues to inspire those around her through her dedication to nursing education and practice*."

Occupational Therapist, Rachel Diss was nominated for this year's **'**Soldiering on Awards', which are part of the coveted **Armed Forces Community Awards** run in partnership with Barclays Bank. Rachel was a finalist in the 'Defence Inclusivity' award category for the amazing work that she does on a voluntary basis at a national level to support young people within the Army Cadet Force (ACF). She has played a vital role over the past 15 years transforming policies, practices and culture to bring about meaningful change that reflects the diverse communities that the ACF serves. From launching inclusive strategies and regional forums, to delivering training and developing accessible resources, Rachel's work has led to a marked rise in engagement from underrepresented groups, empowering both cadets and volunteers to lead with confidence and pride.

BENCHMARKING EXTERNALLY, DEMONSTRATING COMMITMENT

To lay down the right foundations we have committed to several pledges, charters and covenants. The purpose of these is to assess our own position against the standards set by external bodies, to reflect on what more we should be doing, to show our commitment to our current workforce and externally to our future workforce alongside patients and the communities we serve.

We have maintained **Disability Confident Employer at Level 2** which signals that we think differently about employing disabled people in our organisation; we recognise that disabled individuals are a hugely diverse group of people with amazing skills and experience, in addition to qualities our organisation needs.

We continue to believe in the five steps set out in the **Dying to Work Charter**, which was led by our Staff Side colleagues.

We participate in the **Care Leavers Covenant**; a national inclusion programme supporting care leavers aged 16-25 to live independently. The Covenant is a promise made by our organisation that we will support Care Leavers through providing opportunities to enter the world of work, through offering access to our Pre-Employment Programme and our Reboot programme. The goals of the Covenant are to better prepare Care Leavers to live independently; to improve access to Employment, Education and Training; to support care leavers to experience stability in their lives and feel safe and secure; give improved access to health and emotional support and help them to achieve financial stability.

The idea behind the Working Smarter pledge is to reaffirm the importance of **encouraging and supporting agile and flexible working**, which can positively support elements such as colleague wellbeing and compassion towards others. It's a marked shift in focus from "presenteeism" and can act as a supportive mechanism for colleagues with a disability or long-term condition if their role enables them to work productively from home, as well as for other colleagues who need greater flexibility due to demands in their home life such as caring responsibilities. Our Managers Update session in October majored on Flexible Working, clarifying what the term meant, why it was important for us as an employer, the process, examples, an exploration of potential or perceived barriers and much, much more.

This year our Communications Team have pledged their support by signing up to the **Diversity Charter**, championing more inclusive communications across health and care. The charter contains achievable and measurable actions that can support the aim of developing a diverse communications and engagement profession for the NHS, supported by strong allyship and advocacy including commitments such as;

- I will take personal responsibility to challenge racism and champion diversity, and
- I will build and develop my professional networks of people who don't look like me. I will share my knowledge and insights about my own experience and will advocate for others.

DEVELOPING A DIVERSE TALENT POOL AND SUPPORTING CAREER PROGRESSION

Our WRES and WDES metrics/data (taken from staff survey results for 2024) tells us that:

- **53.8% of colleagues with a disability and 58.8% of colleagues without a disability believe our organisation provides equal opportunity for career progression or promotion**. The disparity ratio falls between 0.8 – 1.25 indicating for this metric there is no adverse impact for colleagues with a disability or long-term condition/illness.

- **50.8% of ethnic minority colleagues and 59.5% of white colleagues believe our organisation provides equal opportunities for career progression and promotion**. This demonstrates a steady improvement on results over the previous 4 years and keeps the disparity ratio inside the 0.8-1.25 guidelines, indicating there is currently no adverse impact for ethnic minority colleagues.
- Colleagues from ethnic minority groups are **just as likely (1.09 disparity ratio) to be able to access non mandatory and continuous professional development** than their white counterparts. This is a significant improvement from 2022, and we need to ensure this parity is maintained as far as is possible.
- **7.69% of our Board's voting membership has an ethnic minority background, compared with an overall workforce of 29.4%**. This shows our Board is not proportionately representative of our workforce.
- **With 15.4% of the Board's voting membership identifying as having a long-term condition or disability, this is almost three times greater than the 5.7% of our workforce who have recorded they have a long-term condition or disability**. Our workforce declaration rate is greater than the NHS average of 5.7% and also shows a sustained increase over the last 3 years, from 11.1% in 2024, 10.5% in 2023 and 7.14% in 2022.

As already indicated, in 2026 our Leadership team will be developing career and talent pathways including coaching support, to help colleagues from under-represented groups progress their careers.

ENCOURAGING SOCIAL MOBILITY AND WIDNENING ACCESS

The Widening participation team continues to provide career inspiration and opportunities for employment to our local community, through provision of programmes and events designed to support those who are at a disadvantage and aspire to a career in the NHS. We have designed a series of programmes which support this work;

The **Pre-Employment Programme** is an 8-week programme which supports long-term unemployed people to return to work, providing them with the necessary skills and resources to secure employment. Over the years, this programme has successfully supported individuals into healthcare and administrative roles across the organisation. Our 2024/25 outcomes are - 20 participants, 16 completed, 15 employed within the Trust.

A two-week **Reboot Programme**, an opportunity for potential employees to sharpen their skills and improve their chances of landing their dream job with us. This is a hybrid programme, for those who are more 'job ready' than those enrolled onto the Pre-Employment programme, that combines face-to-face classroom learning with experience working in departments here at the Trust - the programme is designed to provide an insight into career pathways and equip attendees with the necessary knowledge, skills, behaviour and understanding of what it's like to work in a hospital setting. Many participants have gone on to secure interviews and employment within the Trust. Over the last year this programme has supported 22 participants, 16 of whom completed, 8 successfully gaining employment within the Trust.

We also offer a 3 day **Ready, Steady, Apply** course which is designed to support candidates who are employment ready but who struggle with the application process, The programme offers guidance and interview tips, guaranteeing candidates an interview upon successful completion. Four people have been supported via this programme in the last 12 months, with

one gaining employment in the Trust as a result, a second has secured employment in the voluntary sector.

The **Preston Widening Access Programme** has been delivered annually since 2014, providing disadvantaged students in our local area with the knowledge and experience necessary to pursue medicine at the University of Manchester. This year, we welcomed 26 students, of which 20 successfully completed the programme and will receive guaranteed interviews for a place on the MBCHB Medicine at Manchester university, subject to UKCAT requirements.

Finally, the **Work Familiarisation Programme** is designed to provide young students with learning difficulties and disabilities an insight into the world of work. Following completion of the programme, students can participate in work experience for two hours a week over six weeks in an area they found interesting. In 2025, 24 students completed this programme.

Other activity which has taken place to inspire young people and adults to consider career choices within the NHS include;

- An NHS Careers event at RPH, featuring 21 departments and attracting approximately 320 school/college students from across the Northwest particularly within our local footprint.
- Introduction of a new System-wide programme, Application and Interview support. this programme is designed to support anyone within Lancashire & South Cumbria who feel they need some guidance on competing a competitive application and tips on how to be successful at interview. This programme was piloted in March 2025, and we have successfully offered two of these programmes during the year, totalling 24 candidates successfully complete.
- Participation in the SHOUT Apprenticeships & Careers Expo, held twice annually, engaging over 1,000 candidates.
- Attendance at more than 30 school and college events, including speed networking, mock interviews, careers fairs, assemblies, and GCSE options support—reaching approximately 4,500 students.

Tailored activities were also delivered for diverse community groups, including ongoing support for Muslim schools and students in achieving their career aspirations. **293 work experience placements** were facilitated within the Trust this year, helping students gain valuable insight and inspiring future careers in healthcare.

ENSURING OUR COLLEAGUES AND COMMUNITY MEMBERS SEE THEMSELVES REFLECTED IN THE CONTENT WE PROMOTE

We continue to ensure that all images, videos, leaflets, training resources, written publications and animations use images which reflect the full diversity of the communities we serve and the colleagues we employ. We consciously ensure images reflect our diversity across protected characteristic groups, professions and areas of the organisation.

FOR PATIENTS AND OUR COMMUNITIES

The introduction of the Patient Safety Partner (PSP) role within the Trust has strengthened our commitment to embedding patient voices in safety and quality processes. PSPs act as advocates and critical friends, offering fresh perspectives and supportive challenge to promote patient safety. Feedback gathered through anonymised electronic forms highlights the positive impact of PSPs in areas such as participation in PSIRF meetings, improvement groups on falls and deconditioning, recruitment processes, STAR accreditation visits, and guiding patient partnership initiatives. They have also contributed to investigations and the development of patient-focused safety information. While the role is still evolving, challenges include limited IT support, low awareness among staff, and restricted involvement in final decision-making. Suggested improvements include increasing PSP engagement in incident investigations, enhancing job plans, promoting the role more widely, and ensuring regular updates on workstreams to strengthen collaboration and visibility. The Trust has successfully re-recruited Patient Safety Partners (PSPs), expanding the programme to include a more diverse group of individuals who bring a wide range of perspectives and lived experiences. This diversity strengthens the role's impact by ensuring that patient voices are represented more inclusively in safety and quality discussions. PSPs continue to act as advocates and critical friends, contributing to investigations, improvement groups, and strategic meetings, while promoting patient-centred approaches across the organisation.

The Volunteer Service

This year has seen significant progress within the volunteer services, marked by a comprehensive revamp of recruitment practices, the introduction of new mandatory training modules, the establishment of additional volunteer roles across hospital wards and departments, and the review and update of key processes, procedures, and the volunteer policy. Recruitment is now conducted at set intervals throughout the year, supplemented by staff-initiated requests, and features information sessions and group interviews to create a more personal and engaging experience for candidates.

Graham Liver from BBC Radio Lancashire, reporting live from Preston Hospital on NHS winter pressures with volunteer Peter Becconsall explaining how the volunteer role supports staff and patients.

The new training modules, developed by NHS England and partner organisations, are tailored specifically for volunteers and designed to be more efficient than previous versions, ensuring compliance while reducing time commitments. Volunteer deployment has expanded across the Trust, with notable increases in areas such as the emergency department, ward areas across both sites, the renal unit, endoscopy, the business centre (supporting DNA reduction), the gynaecology ward, baby beat, the Rosemere coffee shop, and the meet and greet role in Rosemere radiotherapy. In total, 80 new volunteers have joined this year, the majority of whom remain active.

The *Baby Cuddler* role was introduced in 2024 to provide additional support within the Neonatal Intensive Care Unit (NICU). Volunteers offer comfort and interaction to infants,

ensuring they continue to receive nurturing attention when parents need time away, for example, to rest, eat, or attend to other family responsibilities. The initiative was developed following extensive research and consultation with Alder Hey Children's Hospital, which has successfully operated a similar programme for several years. All volunteers undergo enhanced DBS checks and complete additional training modules to ensure the highest standards of safety and care.

Operational improvements have also been implemented to strengthen data recording, streamline processes, and enhance volunteer support. The updated volunteer policy reflects these changes and provides a clearer framework for ongoing development. Importantly, the recording of volunteer hours for NHS England has enabled greater visibility of the impact of volunteering across the Trust. While not all volunteers are currently submitting timesheets, nearly 8,000 hours have been logged this year, underscoring the significant contribution volunteers make to patient care and service delivery.

Increasing participation in Research

Our Centre for Health Research and Innovation hosted a visit from the Windrush CEO and founder, Adrian Murrell, around their "Race to Health" project. One of the centre's goals is to develop an approach that encourages everyone in our community to participate in our research in a way that is inclusive and welcoming, and in late 2024, we visited the local Windrush Initiatives Team in Preston, a well-established organisation which supports Black and Mixed-Race people in Preston and nearby areas.

Our Research and Innovation Department have highlighted that ethnic minority groups are underrepresented in the participants we recruit to research studies. Since then, there have been productive conversations which have flagged a number of key points, with work ongoing to address these issues:

- There are concerns and barriers that might stop people from participating in research, such as lack of awareness, mistrust, and a history of negative experiences with medicine in general and medical research involving Black participants.
- There is confusion around what research involves. Not all research is medical or clinical; some studies are focused on collecting data and listening to experiences.
- We need to help people understand the personal benefits they could gain from being involved in research.

Adrian said: *"The work with Black and mixed-race communities is essential for addressing gaps in health care. Understanding the barriers these communities face and creating inclusive solutions that facilitate their involvement is important"*

OUR FUTURE COLLEAGUE FOCUS

- Creating talent pathways for underrepresented groups including ‘Rising Stars’ and ‘Future Stars’ programmes plus a structured pathway for Consultant colleagues
- Ensuring colleagues from minority groups have adequate/specialised coaching support to support their career progression
- Develop and implement Equality Representatives training for Recruiting Managers with a plan to then build into Core People Management Skills.
- Continue to support ‘representation’ at Board level with training and development, use of Staff Stories illustrating different experiences and journeys and through sponsorship of staff Inclusion forums.

OUR FUTURE PATIENT & COMMUNITY FOCUS

- Expand PSP involvement in patient safety incident investigations and improvement workstreams.
- Increase volunteer deployment in high-impact areas such as emergency departments and wards.
- Strengthen partnerships with community organisations to address barriers to research participation.

PRINCIPLE 5 – BRINGING ABOUT CHANGE THROUGH EDUCATION AND DEVELOPMENT

Education and raising awareness are an essential part of the strategy, as it helps to inform, change mindsets and create a force for change. This section details how we are using training, education and development to support colleagues with protected characteristics, through to detailing how we are using education and awareness to raise the wider workforce understanding of their role in supporting us to deliver the aims of this strategy.

FOR COLLEAGUES

Some of the progress under this aim has already been reported under other aims including: launch of the Equality Impact Assessment toolkit for colleagues and teams who draft policies/guidelines and who scope service redesign or cost improvement programmes, our utilisation of Schwartz Rounds to focus on inclusion related topics, the ongoing work which includes Civility with a strong and consistent focus on the impact of diversity and the Living Collection.

In addition to this a range of bespoke sessions have been delivered to Pharmacy, Oncology, the SHAAPs programme, Enhance Doctors, Trust Management Board, Governors, Pathology, Health Academy team to name a few.

GENERAL EDUCATION IN RESPECT OF DIVERSITY & INCLUSION

From September, the **Oliver McGowan Code of Practice** came into effect which means it is now a legal requirement for all CQC-registered service providers to ensure their staff receive mandatory training on learning disability and autism, appropriate to their role and level of responsibility. The training is essential to improving the quality of care and reducing health inequalities experienced by autistic people and those with a learning disability. It is delivered in two tiers; the first being a mandated e-learning module and the second element an online facilitated session.

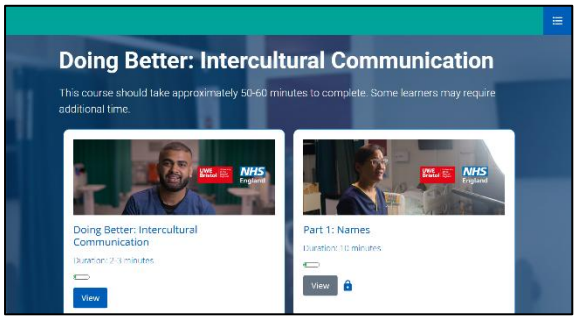
The online training is delivered by people with lived experience; in each session there is a facilitator, a person with a learning disability and a person with autism. The first phase of the rollout has been targeted to support high risk areas and wards where there are incidents are known to have happened.

As already mentioned earlier in this report we have established a training programme in respect of **Health Literacy Awareness**, the intended outcomes for participants are to;

- Understand what health literacy is
- Explore why it is important for people, ***and equally***, why it is important for health, care and community organisations
- Appreciate what it might feel like to have lower levels of health literacy
- Learn about key health literacy tools, such as “Teachback” and writing for understanding
- Know what other organisations have achieved and begin to think about how to apply it at our organisation
- Know where to go for further information

We have made **two new e-learning modules available** on our Trust e-learning & Development site. These modules have been developed by eLearning for Health and are in respect of **Implicit Bias and Intercultural Communications**.

The Implicit Bias content supports participants to identify their own implicit biases and explore practical strategies to mitigate the impact of unconscious bias in both personal and professional settings, leading to more conscious and equitable decision-making processes.



The Intercultural Communications content supports colleagues who are working alongside internationally educated colleagues to; enhance understanding of the complexity surrounding intercultural communication, improve the ability of colleagues to communicate effectively with international colleagues and learners and to increase understanding of how intercultural communication (both good and bad) can impact on experience and outcomes.

In April, our Head of Diversity & Inclusion joined Naomi Duggan for a **Leaders at LTH VLOG** to talk about various topics which might have been adversely impacting colleagues across the organisation such as how divided society seemed to be becoming over various topics, the ongoing conflicts, the Supreme Court judgment about the definition of 'woman', Sexual Safety etc., and what support is available for colleagues, encouraging colleagues to speak up if there are issues, and how to have respectful, considerate and curious conversations to learn more about community groups colleagues don't belong to or aren't familiar with.

We utilise opportunities afforded through our m**onthly All Colleague and Leader briefing sessions** to raise awareness of topics related to diversity and inclusion; to share how we support colleagues across our organisation, to be transparent around how we are performing as an organisation in respect of diversity and inclusion metrics, to showcase colleague stories about their lived experience(s) and to raise awareness or increase knowledge. Throughout 2025 we have used these sessions to;

- Highlight the Inclusion calendar/events for the year ahead i.e. Lent
- Spotlight Endometriosis and Adenomyosis, raise awareness of the conditions and their debilitating impacts and to share resources to support colleagues with the condition as well as line managers who are supporting colleagues with the condition
- Share our WRES and WDES results with areas for celebration and focus
- Promote the Sunflower (Hidden Disability) badge scheme and our Supporting Disability and Long-Term conditions agreements as part of a staff story sharing lived experience

- Encourage under-represented group participation in surveys such as the Health & Wellbeing survey and the national Staff Survey

GROWING INCLUSIVE TEAMS

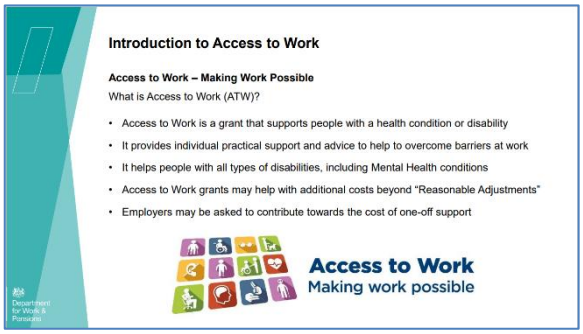
Over the past year, our **Team Engagement & Development tool** (TED) has created a wide range of practical learning opportunities that build inclusive leadership capability across the organisation. Alongside developing toolkits on compassionate conversations, zero tolerance, sexual safety and inclusive engagement, the OD Projects team delivered monthly development sessions for Team Leaders and hosted a dedicated YouTube channel focused on real issues NHS teams face. Sessions on topics such as building team accountability and navigating difficult conversations have helped leaders adopt more inclusive, collaborative approaches to teamworking. By combining accessible resources with regular, interactive learning, TED has raised awareness, challenged mindsets and strengthened colleagues' understanding of their role in creating an equitable and supportive culture, particularly for those with protected characteristics.

TED© TEAM ENGAGEMENT & DEVELOPMENT

We are continuing to **consciously building inclusion into new learning and development sessions** we create, thinking about the topic areas through the lens of inclusion; factoring in what we know about the experiences of our colleagues from different protected characteristic groups and considering how the content impacts colleagues from different groups too, an example being the new Civility session we are currently piloting with a number of teams across the organisation where we incorporate discussions about microaggressions and consider the cultural barriers to speaking out.

IMPROVED EXPERIENCE FOR COLLEAGUES WITH PROTECTED CHARACTERISTICS

A range of interventions have been scheduled across the year which specifically support colleagues from under-represented groups in the workplace, or which support the leaders and managers of colleagues from under-represented groups, to lead and manage team colleagues in an inclusive, compassionate and supportive way. These include;



Access to Work webinar session arranged, delivered by the Department of Work and Pensions, covering reasonable workplace adjustments, what Access to Work is, who can get help and how they can apply for support.

Wellbeing conversations training has been delivered on an ongoing basis, including content to raise awareness relating to cultural factors that could affect wellbeing at work; developing the skills amongst line managers in being able to hold culturally sensitive and inclusive discussions to identify the support colleagues need.

Menopause training has also been delivered consistently across the year. The Menopause Support Network has seen positive growth in attendance numbers, each support network meeting is now centred around a specific health topic or theme.

Ask Workforce **Attendance Management** Bitesize learning is a popular series of 60-minute sessions designed to offer a 'deep dive' learning opportunity around specific absence related topics, including workplace adjustments, occupational health, stress risk assessments, managing short term absence and managing long term absence.

Further to the recent relaunch of **Mental Health First Aid (MHFA) training**, we have now trained a network of 100 Mental Health First Aiders. Content from the MHFA learning now includes scenarios based on racial discrimination, ensuring that trained colleagues are knowledgeable around some of the factors relating to protected characteristics that can significantly impact mental health. Moving forwards, we will focus on ensuring that the supervision and regular bulletins shared with MHFA's maintains a focus on inclusivity.

We have developed a **series of infographic resources and line manager guides** to support line managers with attendance management, including: Sickness absence myth busting, Occupational Health referral guidance, Managing disability related absence, Managing Disability Related Absence Manager's Guide, Access to Work guidance for managers. All new and refreshed resources are available via the managing sickness absence intranet page.

LEADERSHIP AND MANAGEMENT SKILLS

Our monthly **Manager's Update sessions** are a way of us keeping our leaders and managers up to date with everything they need to know to support them in managing their teams effectively. The sessions have covered a wide range of topics but each has examples of related diversity and inclusion work or data consistently running through. The 90-minute long sessions provide guidance, regular updates on policy related matters, opportunities to ask questions from topic specialists and signpost where leaders and managers can go for further training, support or help. Over the last year there have been a range of topics which relate to areas already discussed and highlighted within this report, including:

- **Occupational Health** (January) including a significant focus on effective referrals, reasonable adjustments, supporting neurodiversity, a Q&A session and FAQs shared.
- **Attendance Management** (April) including specific information relating to workforce advice input when managing disability related sickness absence. Increased entitlement to paid time off for fertility treatment. Encouraged a holistic, inclusive and person-centred approach to attendance management, supportive return to work plans and optimising the use of disability leave and carers leave where appropriate.
- **Flexible Working/HWB Survey** (October) including HWB survey data to highlight gaps around colleague access to supporting disability & long-term conditions agreements and carer passports, focus on increased colleague numbers not having

adequate adjustments in place. Positively highlighted improved line manager confidence in holding conversations across a broad range of wellbeing topics.

- **Workplace Adjustments** (November) covering legal duty, organisational, individual and societal benefits of enabling colleagues with health conditions and disabilities to sustain employment, clarity on the role of the line manager, promotion of best practice approaches, sharing case studies to illustrate importance of an individualised planning.

Sessions are really well attended with numbers in excess of 100 managers regularly attending.

COLLABORATIVE WORKING WITH EDI COLLEAGUES ACROSS THE INTEGRATED CARE SYSTEM (ICS)

The collaborative work projects signposted in last year's annual report were largely placed on pause at the start of the new financial year due to the financial challenges facing organisations across the ICS. The need for large-scale organisational change meant some colleagues were reallocated to other workstreams. There is hope that we will be able to pick up and complete a number of these projects in early 2026, especially

- **Cultural Awareness** – content for the proposed online learning package has been collated, it will be given to the Blended Learning team to create as a module which can be shared across all organisations in the ICS.
- **Reciprocal Mentoring** – this project paused for a period of time as the lead was on long term sickness absence. Lancashire & South Cumbria FT have re-launched their Reciprocal Mentoring Scheme, it is hoped they will be able to share resources across the wider ICS to enable this project to recommence.

FOR PATIENTS AND OUR COMMUNITIES

This year marked the formal closure of the Patient Experience and Involvement Strategy, which established a strong foundation for listening more deeply to the experiences of patients and families. The strategy emphasised the importance of learning from all experiences—both positive and negative—to inform continuous improvement.

The development of the strategy was shaped through extensive engagement with patients, relatives, carers, colleagues, governors, and partner organisations. We intentionally sought feedback from groups representing people with protected characteristics and recognised the role of intersectionality in shaping people's experiences of care.

Throughout its lifetime, the strategy aligned closely with other key Trust priorities, including the Equality, Diversity and Inclusion Strategy and the Mental Health, Learning Disability, Dementia and Autism strategies. As the Trust moves forward, the focus on patient experience and involvement will now be fully incorporated into the new Single Improvement Plan, ensuring it remains central to safety, quality, and organisational development.

The strategy achieved a significant proportion of its intended objectives. For those areas where further progress is required, remaining actions will be carried forward into the patient experience and involvement section of the Single Improvement Plan.

The work delivered through the strategy has deepened our understanding of patient needs and strengthened our ability to provide holistic, person-centred care. Its outcomes highlight how patient voices have shaped care pathways, influenced service development, and enhanced experiences across the organisation. This learning will continue to guide improvement as we transition into a single, unified approach.

STAFF EDUCATION & SUPPORT

Staff education has been a key priority in embedding inclusive practice. Involvement Services now contribute to apprenticeship programmes, delivering sessions alongside educator training. This initiative ensures that staff are comprehensively equipped with the knowledge and skills required to provide inclusive, patient-centred care. Training sessions cover a broad spectrum of topics, including:

- Language interpretation and translation support
- Carer engagement and resources
- Deaf culture awareness
- Patient information and communication standards
- Accessible Information Standards
- Patient involvement, forums, and feedback mechanisms
- Ward-based activities and engagement
- Awareness of disabilities and hidden disabilities
- Reasonable adjustments and inclusive practices

This approach helps ensure staff have the knowledge and confidence to deliver a consistently positive patient experience. In addition, continued ward walkabouts by the Involvement Services provide face-to-face support, reinforcing learning and enabling staff to apply inclusive practices in real-time.

At the beginning of the year, NCompass continued the delivery of the '*Bridging the Gap'* Deaf Culture training. This program is designed to enhance staff awareness and understanding of the needs of our Deaf community, while also highlighting the facilities and support mechanisms the Trust has in place. Over the years this training has been well received and remains available as an optional resource for all staff, reinforcing our commitment to inclusivity and accessibility across the organisation.

Earlier this year, we welcomed the Autism Reality Experience Bus from Training2Care as referenced on page 28 (Principle 3 – Recognising the Importance of Lived Experience).

The organisation is committed to bringing about change through education and training, and within the past 12 months has developed two eLearning packages to resolve concerns through local resolution to prevent these from becoming formal complaints. Of course, patients have the right to complain as part of the Health and Social Care Act and the Trust has also developed a Complaints Handling eLearning package to support colleagues in responding to complaints and reaching the best possible outcome as well as demonstrating learning and clear leadership.

We have had 3 national surveys this year and as a result of this implemented divisional and Trust wide meetings to ensure that the results from what our patients have said are reflected

in upon and action taken. These plans are monitored on a monthly basis to ensure that future surveys and feedback is improved.

PATIENT & COMMUNITY EDUCATION

Our Head of Library Services has worked on a project to create a one stop shop for health information for the public called the **Lancashire Health Hub**. During Health Information Week a team of library colleagues visited a number of public libraries, had a stand at Charters also putting information on social media promoting the Health Hub.

OUR FUTURE COLLEAGUE FOCUS

- Develop the diversity and inclusion information/learning content available at point of need for colleagues across the organisation through expanding the information available on the Trust Intranet and Managers Hub.
- Enhance our Core People Management Skills development programme by including an introductory session to Equality, Diversity and Inclusion as well as information about Cognitive bias and how to mitigate against it.

OUR FUTURE PATIENT & COMMUNITY FOCUS

- Ensure that patient feedback and involvement are fully integrated into the Single Improvement Plan, aligning with safety, quality, and organisational development priorities.
- Continue to work with diverse communities, including those with protected characteristics, to ensure all voices are heard and represented in service design and improvement.
- Grow volunteer roles in high-impact areas, improve recruitment processes, and strengthen operational systems for better visibility of volunteer contributions.
- Deliver more experiential and inclusive training through Oliver McGowan training
- Develop and promote resources like the Lancashire Health Hub to provide accessible, reliable health information for patients and communities.

FINANCIAL IMPLICATIONS

Whilst there are limited direct financial implications associated with this report, there are a number of indirect costs which could be incurred if we are unable to progress against the strategic aims outlined. These include:

- Costs associated with missed appointments from patients who may have lower health literacy skills, from a poorer demographic background, or minority group.
- Increased treatment costs for patients with health inequalities.
- There is no celling for the maximum amount which could be awarded from a potential employment tribunal with a discrimination claim.
- The associated costs for colleague turnover, this includes impact on team morale which can impact on levels of productivity, impact on reputation, time to hire and needing to use temporary worker colleagues, as well as time spent recruiting and upskilling.

LEGAL IMPLICATIONS

As a public sector body, we are governed by the Public Sector Equality Duty which came into force in 2011 alongside the Equality Act 2010. As part of this we are obliged to meet the objectives set out which include:

a. eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
b. advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
c. foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

To ensure transparency, and to assist in the performance of this duty, the Equality Act 2010 (Specific Duties) Regulations 2011 require public authorities to publish:

- equality objectives, at least every four years,
- information to demonstrate their compliance with the public sector equality duty.

This annual report and the EDI Strategy supports the transparency with regards to the objectives we are taking to improve diversity and inclusion alongside our data profile. In conjunction with this report, the Workforce Race Equality Standard, Workforce Disability Equality Standard, the Gender Pay Gap report, the Ethnicity Pay Gap report and the Disability Pay Gap report support further transparency with regards to our data and experience of colleagues from certain protected characteristic groups.

RISKS

The risks to not progressing against the EDI strategy are in part documented within the financial and legal implications. Further to this, wider risks include:

- Ability to analyse our patient data by all 9 protected characteristics is limited due to system limitations, this makes it more challenging to understand any health inequalities that may exist, alongside measure any impact through actions taken in delivering the strategic aims.
- Negative impact on the experience of work for colleagues with protected characteristics leading to challenges with retention.
- Increased discrimination claims.
- Reduction in overall levels of colleague engagement and satisfaction as measured by the National Staff Survey and the National Quarterly Pulse Survey.

- Reduced reputation as an inclusive employer.
- A workforce that is not representative of the communities we serve, across all levels and professional groups.
- A workforce which is not consciously inclusive, or who possess the skills, knowledge, confidence and competence to tackle discrimination and deliver inclusive working practices within an increasingly more diverse workforce.
- Inability to progress social value work through increasing the diversity of our workforce which in turn supports our communities to thrive.
- Increased health inequality gap(s).
- Services are designed which do not meet the unique needs of our local populations.
- Inability to achieve CQC standards around equality, diversity and inclusion of the services we offer.
- Inability to deliver on the NHS People Plan and the NHS People Promise Element - We Are Compassionate and Inclusive.
- Failure to deliver the NHSE High Impact Actions.
- Failure to keep pace with the increasing reporting requirements requested at a local or national level
- Not keeping up with developments in diversity and inclusion from a patient, community and workforce perspective.

IMPACT ON STAKEHOLDERS

The stakeholders are patients, their families, the wider community, our current and future workforce. All these groups could be negatively impacted if we fail to deliver on all aspects of the EDI strategy.

RECOMMENDATIONS

It is recommended that Trust Management Board approve the report prior to publication.