Excellent care with compassion

Trust Headquarters

NHS Lancashire Teaching Hospitals NHS Foundation Trust

Workforce Committee Report

Meeting of the	**Workforce Committee**		
Title of Report	**Lancashire Teaching Hospitals NHS Foundation Trust Workforce Disability Equality Standard (WDES) Submission 2026**		
Report Author	Gemma Aspinall, Diversity and Inclusion Practitioner		
Lead Executive Director	Neil Pease, Chief People Officer		
Recommendation/ Actions required	The Workforce Committee is asked to receive and approve this report and approve external publication of our WDES data.		
	Decision ☒	**Assurance** ☐	**Information** ☐
Executive Summary	The purpose of this report is to share our Trust's data and analysis, which will form the submission and subsequent publication of the 2025 Workforce Disability Equality Standard (WDES) for our Trust. It sets out priority areas for action based on analysis of the results which include workforce data and findings from the latest NHS Staff Survey. Our WDES data shows the following key points: • Disability status declarations on our ESR system have decreased overall, however workforce data shows increased representation of disabled colleagues in non-clinical roles and higher clinical pay bands • Non-disabled candidates are slightly more likely to be appointed to roles at our Trust from shortlisting than disabled candidates, though the disparity remains small and within national NHS target range • Disabled colleagues are twice as likely to enter into formal capability processes than their non-disabled counterparts, although numbers are low so caution should be taken in interpretation of the results. • Nearly a third of disabled colleagues (30.5%) experienced harassment, bullying or abuse from patients, service users or the public, a 2% increase on last year • Disabled colleagues were almost twice as likely to experience harassment, bullying or abuse from managers compared to non-disabled colleagues (13.6% compared to 7.4%) • Disabled colleagues remain more likely to experience harassment, bullying or abuse from other colleagues (23%, compared to 15% of non-disabled colleagues) • Reporting of harassment, bullying or abuse has increased among both disabled and non-disabled colleagues over the past year		

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Colleague confidence in equal career progression and promotion opportunities has declined for all staff, with a significant drop for disabled colleagues (from 53.8% to 47.7%)
Reports of feeling manager pressure to attend work despite ill health have increased, with a sharper rise among disabled colleagues (22.7% to 30.1%)
Disabled colleagues are significantly less likely to feel valued, with only 28.4% expressing they felt our Trust values their work, compared to 44.5% of non-disabled colleagues
Satisfaction with workplace adjustments among disabled colleagues has declined slightly, falling from 79.1% to 77.1% over the past year
Staff engagement scores have decreased slightly across all staff in this reporting year.

The Committee is asked to review and approve the contents of the report for publication and to consider the broad areas for action and associated next steps, which include:

To work in collaboration with our Trust's Disability and Neurodiversity Forum with regards to our Trust's data set and better understand lived experiences, and co-produce specific, measurable actions that will make the greatest impact.
Develop and share Divisional-level WDES packs, to inform local interpretation of workforce and experience data. Divisional packs will support divisions to understand their own WDES profile, identify priorities, and align their local actions within existing operational workstreams.

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<tr><td rowspan="5">Link to Strategic Objectives 2025/26</td><td colspan="2">Patients – deliver excellent care: Improve outcomes, reduce harm and deliver a positive patient experience.</td><td>☐</td></tr>
<tr><td colspan="2">Performance – deliver timely, effective care: Deliver agreed trajectories in clinical performance.</td><td>☐</td></tr>
<tr><td colspan="2">People – be a great place to work: Create an inclusive culture with leaders at every level leading colleague engagement.</td><td>☒</td></tr>
<tr><td colspan="2">Productivity – deliver value for money: Deliver the agreed financial plan including waste reduction programme, maximising use of resources.</td><td>☐</td></tr>
<tr><td colspan="2">Partnership – be fit for the future: Be an active system partner leading to the delivery of the system clinical strategy, university hospital status and fulfils our anchor and green plan ambitions.</td><td>☐</td></tr>
<tr><td>Due Diligence</td><td colspan="3">To give the Trust Board assurance, please complete the following:</td></tr>
<tr><td>Committee Approval:</td><td>Workforce Committee</td><td colspan="2">Date: 12th May 2026</td></tr>
<tr><td>Operational Group Review:</td><td>Name of Operational Group:</td><td colspan="2">Date:</td></tr>
<tr><td>Link to Board Assurance Framework:</td><td colspan="3">Principal Risk 8 (25/26) - Experience of staff, with specific focus on under-represented staff groups</td></tr>
<tr><td>Appendices</td><td colspan="3">Not applicable.</td></tr>
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Introduction

Measuring disability equality in the workplace is essential to understanding how inclusive our organisation truly is. The Workforce Disability Equality Standard (WDES) is a mandated requirement for our Trust through the NHS Standard Contract. Launched in April 2019, the WDES provides a nationally consistent framework for measuring and reporting workforce disability equality across NHS organisations.

Now in its eighth reporting year, the WDES enables us to assess progress across ten workforce metrics and ensures we remain accountable for improving the experiences and outcomes of disabled colleagues at Lancashire Teaching Hospitals NHS Foundation Trust (LTHTr) and understand how our organisation performs compared to other NHS Trusts across the country.

Definitions

There are several NHS systems and administrative processes through which personal information is captured, including information relating to disability status. How, when, or whether individuals disclose this information can vary, and may be influenced by personal understanding of disability, confidence in disclosure, and the context in which information is requested.

WDES data is compiled from a number of data sources, including self-reported workforce information. It is recognised that some colleagues may be classed as disabled under the Equality Act 2010 but may not identify as such, or may choose not to disclose this information. Our disability data is shaped by individual disclosure and understanding, and may not fully capture hidden, fluctuating or long-term conditions. Therefore, our recorded disability data may not fully reflect the lived experiences of all colleagues.

Variation across systems and reporting practices means that a degree of caution is required when analysing and interpreting our Trust's WDES data. These factors should be taken into account when reviewing trends, outcomes and comparative findings

WDES Data Sources

The information presented in our WDES report is taken from the following sources:

- Electronic Staff Record (ESR) as of 31 March 2026
- NHS Jobs / TRAC recruitment data: 01 April 2025 – 31 March 2026
- Formal capability process information: 01 April 2025 – 31 March 2026
- NHS National Staff Survey results for Lancashire Teaching Hospitals NHS Foundation Trust: 2025

Please note, our WDES reporting data does not include bank only employees.

Interpreting our WDES Data

The WDES considers data regarding ***representation*** of disabled colleagues at an NHS organisation, as well as data regarding ***experiences*** of disabled colleagues and applicants. To interpret our Trust's data around colleague experience (metrics 4-7), we are using the approach used by NHS England's national equality team called the four-fifths (or '80 percent') target.

This rule helps us to understand whether organisational practices may have an **adverse impact** on an identified group, e.g. colleagues with a disability. For example, if the relative likelihood of an outcome for one sub-group compared to another is **less than 0.8 or higher than 1.25**, then the process would be identified as potentially having an adverse impact on one of those sub-groups. This will be referred to as the Disparity Ratio throughout the report.

WDES Key Findings

- Disability status declarations on our ESR system have decreased overall, however workforce data shows increased representation of disabled colleagues in non-clinical roles and higher clinical pay bands
- Disabled candidates are slightly more likely to be appointed to roles at our Trust from shortlisting than non-disabled candidates, though the disparity remains small and within national NHS target range
- Disabled colleagues are twice as likely to enter into formal capability processes than their non-disabled counterparts, although numbers are low so caution should be taken in interpretation of the results.
- Nearly a third of disabled colleagues (30.5%) experienced harassment, bullying or abuse from patients, service users or the public, a 2% increase on last year
- Disabled colleagues were almost twice as likely to experience harassment, bullying or abuse from managers compared to non-disabled colleagues (13.6% compared to 7.4%)
- Disabled colleagues remain more likely to experience harassment, bullying or abuse from other colleagues (23%, compared to 15% of non-disabled colleagues)
- Reporting of harassment, bullying or abuse has increased among both disabled and non-disabled colleagues over the past year
- Colleague confidence in equal career progression and promotion opportunities has declined for all staff, with a significant drop for disabled colleagues (from 53.8% to 47.7%)
- Reports of feeling manager pressure to attend work despite ill health have increased, with a sharper rise among disabled colleagues (22.7% to 30.1%)
- Disabled colleagues are significantly less likely to feel valued, with only 28.4% expressing they felt our Trust values their work, compared to 44.5% of non-disabled colleagues
- Satisfaction with workplace adjustments among disabled colleagues has declined slightly, falling from 79.1% to 77.1% over the past year
- Staff engagement scores have decreased slightly across all staff in this reporting year.

Breakdown of Lancashire Teaching Hospitals NHS Foundation Trust WDES Data Set 2025-2026

Metric 1: Representation

WDES Metric 1 considers the percentage of colleagues by disability status in each AfC pay band, Medical and Dental groups, and VSM (including executive Board Members). The table below provides an overview of our Trust's workforce:

	2024-25	2025-26
Number of staff employed within the organisation	9,471	8,257
Number of staff self-reporting their disability status	655	579
Proportion of disabled staff (%)	6.9%	7.0%

As of 31 March 2026, the Trust Headcount was 8,257. Our data shows that 579 of our colleagues have recorded they have a long-term condition or disability with ESR which equates to 7.0% of our workforce. We understand from the most recent National Staff Survey completion however that 26.6% of colleagues who took part in the staff survey indicated they have a long-term condition/disability (1137 colleagues). If these colleagues updated ESR to reflect their long-term condition/disability, this would support our Trust to collate more accurate data for WDES Metrics 1 and Metric 3 which are in respect of representation and likelihood of entering a formal capability process.

Fluctuations in our workforce may present challenges when interpreting our WDES data, as major workforce change can affect year-on-year comparability of data, limit the scope of trend analysis, and add complexity to the identification of patterns of experience or outcomes. Continued system and service changes may also impact upon action planning over the course of the year. These factors are important to consider when reviewing our WDES data and planning proportionate, meaningful actions.

The tables below show a breakdown of our workforce by NHS Agenda for Change (AfC) pay band, and by Medical and Dental grade:

Agenda for Change Workforce

Disabled Non-Clinical Staff			Disabled Clinical Staff		
	2024-25	2025-26		2024-25	2025-26
<Band 1	100%	0%	<Band 1	11.1%	13.6%
Band 1	-	-	Band 1	-	-
Band 2	6.6%	8.0%	Band 2	7.4%	7.0%
Band 3	10.5%	12.3%	Band 3	8.4%	8.2%
Band 4	10.4%	10.9%	Band 4	12.1%	11.3%
Band 5	10.6%	11.2%	Band 5	6.0%	6.0%
Band 6	3.8%	6.0%	Band 6	7.7%	7.7%
Band 7	5.8%	10.0%	Band 7	5.9%	6.2%
Band 8a	10.9%	11.8%	Band 8a	7.7%	8.3%
Band 8b	12.5%	15.0%	Band 8b	3.2%	0%
Band 8c	5.6%	0%	Band 8c	5.3%	12.5%
Band 8d	0%	10.0%	Band 8d	0%	7.7%
Band 9	0%	0%	Band 9	0%	0%
VSM	0%	0%	VSM	50.0%	50.0%
Total	**8.3%**	**10.4%**	**Total**	**6.5%**	**6.4%**

Our workforce data indicates a stronger representation of disabled colleagues within non-clinical Agenda for Change roles, with the proportion of disabled colleagues in these roles increasing by 4% over the past year.

However, it is important to note that the overall headcount of colleagues who have declared their disability status on ESR has decreased compared to the previous reporting year (from 655 to 579). As a result, the observed increase in the proportion of disabled colleagues within non-clinical roles may, in some part, reflect changes in the underlying data set, rather than signify an absolute increase in disabled staff representation.

For clinical roles, this year's data set is largely consistent with last year, however it is interesting to note increases in disabled representation in pay bands 7, 8a, 8c and 8d. While a measure of caution is required due to the overall decrease in colleagues disclosing their disability status via ESR, it is positive to see increases in representation in leadership levels.

Medical and Dental Workforce

	Disabled Staff 2024-25	Disabled Staff 2025-26
Consultants	1.0%	1.4%
[Consultant] Senior Medical Manager	-	-
Non-consultant career grade	3.2%	1.9%
Trainee grades*	4.2%	3.2%

*Please note this data does not include Lead Employer Medical and Dental Trainees

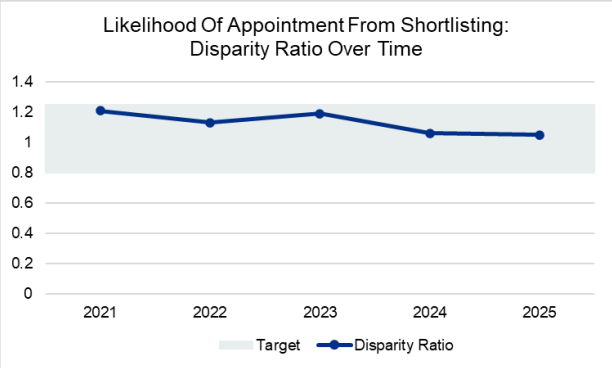
Our medical and dental workforce data shows some change, particularly in the proportion of non-consultant career grade colleagues declaring disability.

As with our data set for Agenda for Change colleagues, observed changes in the proportion of disabled colleagues within medical and dental grade roles may, in some part, reflect changes in the underlying data set, rather than signify an absolute increase in disabled staff representation.

Metric 2: Likelihood of Appointment from Shortlisting

The table below summarises our Trust's recruitment data for the year 2025-2026. Data for the previous reporting year is included for comparison:

	2024-25	2025-26
Number of shortlisted applicants	5,486	4,337
Total number appointed from shortlisting	1,786	1,388
Number of Disabled applicants shortlisted	474	365
Disabled colleagues appointed from shortlisting	140	111
Relative likelihood of appointment from shortlisting for: a) Disabled colleagues b) Non-disabled colleagues	a) 29.5% b) 31.4%	a) 30.4% b) 31.8%
Disparity ratio	**1.06**	**1.05**



The disparity ratio for this WDES Metric shows that non-disabled candidates are 1.05 times more likely to be appointed to a role from shortlisting compared to disabled candidates.

The disparity ratio has remained consistent, and while it does highlight that non-disabled candidates are slightly more likely to be appointed to roles at our Trust, the difference is marginal and remains within NHS England's target range.

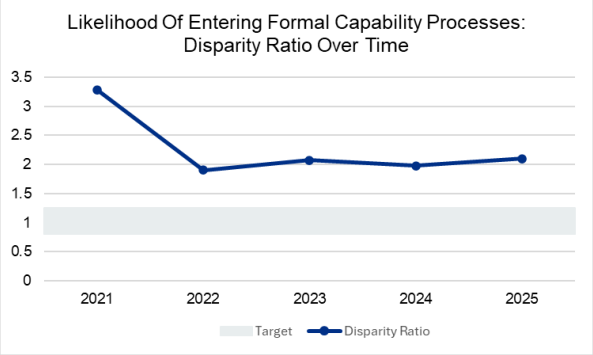
Metric 3: Likelihood of Entering Formal Capability Processes

The table below details data held regarding the number of colleagues that have entered formal capability processes in the reporting year. Data for the previous reporting year is included for comparison:

	2024-25	2025-26
Percentage of disabled colleagues entering the disciplinary process	1.71%	1.47%
Percentage of non-disabled colleagues entering the disciplinary process	0.86%	0.70%
Disparity ratio	**1.98**	**2.10**

Metric 3 indicates disabled colleagues are 2.10 times more likely to enter the formal capability process, whilst the percentage of disabled colleagues entering the process has reduced, the percentage of non-disabled colleagues has reduced too leading to a further deterioration in the disparity ratio.

This remains an area of focus as it falls outside of the 0.8-1.25 disparity ratio however attention must be drawn to the fact that the average cases for this metric continue to be very low in number therefore care must be taken before drawing a conclusion; across 2025-26 there was an average of 30 formal capability cases per year involving disabled colleagues and an average of 118 for non-disabled colleagues.



As can be seen from the graph, this metric has never fallen within the 0.8 - 1.25 disparity ratio guidelines since 2021 when it peaked at 3.28. It has reduced since then and has been relatively stable over the past 4 years, albeit remaining outside of the recommended disparity range.

Metrics 4-7: NHS Staff Survey Data

Data presented for WDES Metrics 4-7 is sourced from the national NHS Staff Survey. For each Metric, the data is compared for disabled colleagues and non-disabled colleagues. Where applicable, national staff survey averages and Trust results for the last five years have been included in this report for comparative purposes to the WDES metric being reviewed.

It is important to highlight that the data detailed in Metrics 4-7 is drawn from responses to the NHS Staff Survey and therefore reflects the views of staff who completed the survey. In total, 4271 (45%) colleagues completed the 2025 NHS Staff Survey. Looking at our survey completion rates by disability status, a total of 1137 disabled colleagues completed the survey, compared to a total of 2987 non-disabled colleagues. Not all staff complete the survey, and the data should be interpreted with this context in mind; while the data supports us to learn more about our colleagues' experiences, it may not be fully representative of the whole workforce, or indeed representative of any particular demographic subgroup of that workforce.

This year, as part of our Staff Survey analysis, Divisional EDI Packs have been developed and shared with the Divisional Leadership teams to share results at both a divisional level and a Specialty Business Unit (SBU) level. The Organisational Development and EDI Teams will work with each Division to review data sets and support meaningful action planning for the coming year. At present, this analysis purely relates to the WDES indicators which are generated through staff survey, moving forwards we would like to extend this analysis for the workforce and demographic metrics when capacity in the Workforce Information team is able to support this.

METRIC 4: Experiences of Bullying, Harassment or Abuse

WDES Metric 4 considers experiences of bullying, harassment of abuse at work from public and colleague groups, and details whether such experiences were reported.

Metric 4A: Percentage of staff experiencing harassment, bullying or abuse from patients, service users or the public in the last 12 months

The table below displays our Trust's data for this WDES Metric broken down by disability status of survey respondents, compared to the NHS Staff Survey national benchmark.

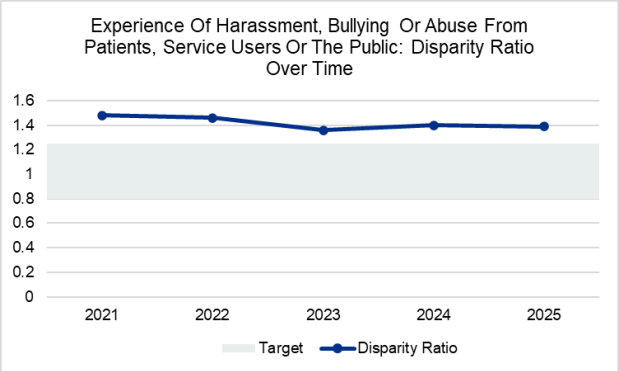
	National Benchmark	Lancashire Teaching Hospitals
Disabled Colleagues	29.7%	30.5%
Non-disabled Colleagues	23.4%	22.0%
Disparity Ratio	**1.27**	**1.38**

The data shows that disabled colleagues at our Trust were more likely to experience bullying, harassment or abuse from patients, service users or members of the public compared to non-disabled colleagues. At 1.38, our Trust's disparity ratio for this metric falls outside the 0.8-1.25 range and indicates that disabled colleagues are likely to be experiencing an adverse impact compared to non-disabled colleagues.

Comparing our Trust's data to the national NHS Staff Survey benchmark, our Trust's disparity ratio is also higher than the national benchmark. This suggests that the difference in experience between disabled and non-disabled colleagues for this indicator is greater at our Trust than nationally, suggesting a marked experience gap compared to the national average.

Analysis of LTHTr Data Over Time

	Disabled Colleagues	Non-disabled Colleagues	Disparity Ratio
2025	30.5%	22.0%	1.38
2024	28.1%	20.0%	1.40
2023	27.7%	19.9%	1.36
2022	27.0%	18.5%	1.46
2021	27.7%	18.7%	1.48



There has been a slight improvement in the disparity ratio in 2025 compared to the previous reporting year, however, our Trust's performance continues to be an area that requires improvement. The slight change in disparity ratio does not appear to be a result of a reduction in the proportion of disabled colleagues experiencing bullying, harassment or abuse from patients, service users or members of the public. The reduction in the disparity ratio appears to have occurred due to an **increase** in both disabled and non-disabled colleagues experiencing bullying, harassment or abuse.

The disparity ratio for this indicator has consistently remained outside of the recommended range. Work to understand and improve colleague experience has been ongoing and must continue as a matter of urgency to reduce bullying, harassment and abuse experienced by our colleagues.

Metric 4B: Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months

The data displayed in the table below focuses on colleagues who have experienced harassment, bullying or abuse from managers at our Trust, and the NHS Staff Survey national benchmark data for comparison:

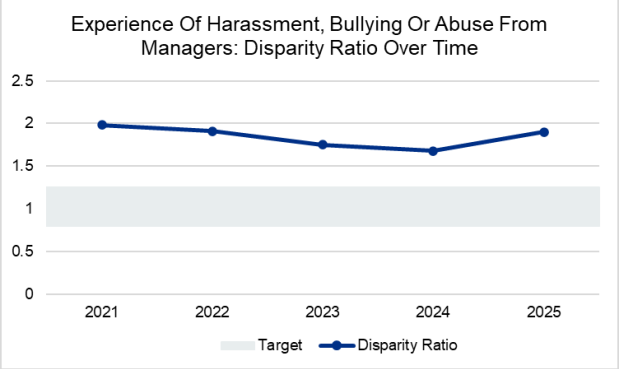
	National Benchmark	Lancashire Teaching Hospitals
Disabled Colleagues	13.6%	12.7%
Non-disabled Colleagues	7.4%	6.7%
Disparity Ratio	**1.84**	**1.89**

Our data shows that disabled colleagues are nearly twice as likely to report experiencing harassment, bullying or abuse from managers compared to non-disabled colleagues. Our Trust's disparity ratio for this metric is 1.89, which falls significantly outside the 0.8-1.25 range and indicates that disabled colleagues experience adverse impact compared to non-disabled colleagues.

Comparing our Trust's data to the national NHS Staff Survey benchmark, the experience of colleagues within our organisation is better than the national benchmark data, with 12.7% of disabled colleagues disclosing that they had experiencing bullying, harassment or abuse from a manager over the past year compared to 13.6% nationally. However, our Trust's disparity ratio is greater compared to the national figure, which suggests there is a wider gap in experience of colleagues by disability status at our Trust than the national average.

Analysis of LTHTr Data Over Time

	Disabled Colleagues	Non-disabled Colleagues	Disparity Ratio
2025	12.7%	6.7%	1.89
2024	11.3%	6.7%	1.68
2023	11.7%	6.7%	1.75
2022	13.2%	6.9%	1.91
2021	14.7%	7.4%	1.98



While disabled staff have historically been more likely to experience bullying, harassment or abuse from managers at our Trust, our data captures a continuous period of improvement between 2022-2024. In 2021 we reported our worst position regarding this Metric since WDES reporting was initiated. However, our most recent WDES data set shows a 1% increase in the proportion of disabled colleagues experiencing bullying, harassment or abuse from a manager; it may be the case that an increase following a period of improvement is an isolated change, however it will be important to monitor in future reporting years.

The disparity ratio for this indicator has consistently remained outside of the recommended range (0.80-1.25). Work to understand and improve colleague experience has been ongoing and must continue as a matter of urgency to reduce bullying, harassment and abuse experienced by our colleagues.

Metric 4C: Percentage of staff experiencing harassment, bullying or abuse from colleagues in the last 12 months

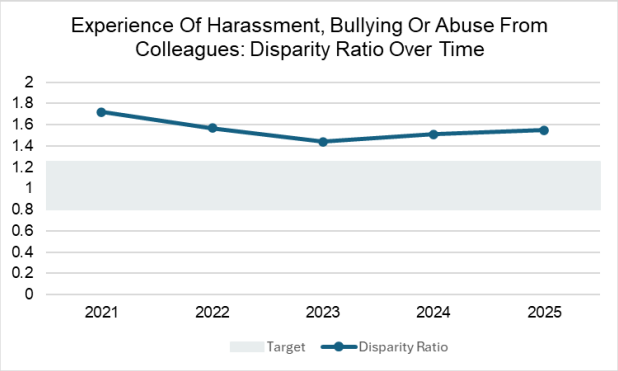
The data displayed below focuses on colleagues who have reported experiencing harassment, bullying or abuse from other colleagues, along with and NHS Staff Survey national benchmark data for comparison.

	National Benchmark	Lancashire Teaching Hospitals
Disabled Colleagues	23.0%	23.2%
Non-disabled Colleagues	14.8%	15.0%
Disparity Ratio	**1.55**	**1.54**

While in line with the national NHS Staff Survey benchmark figure, our data shows a slightly higher proportion of disabled colleagues experiencing harassment, bullying or abuse from other colleagues over the past year compared to their non-disabled peers. Our data indicates an adverse impact for disabled colleagues, and therefore a need for action.

Analysis of LTHTr Data Over Time

	Disabled Colleagues	Non-disabled Colleagues	Disparity Ratio
2025	23.2%	15.0%	1.54
2024	23.9%	15.8%	1.51
2023	23.0%	16.0%	1.44
2022	25.4%	16.2%	1.57
2021	24.2%	14.0%	1.72



Performance for this WDES Metric over time has been mixed. Some progress was made during 2021-2023 to improve the experience for disabled colleagues in relation to this metric and there was a reduction in the percentage of disabled and non-disabled colleagues experiencing bullying, harassment or abuse from colleagues. However, our data collection shows that while experiences of bullying, harassment and abuse from other colleagues continues to decrease for non-disabled colleagues, the proportion of disabled colleagues experiencing these behaviours has remained static around 23-24%. As a result, our Trust's disparity ratio for this WDES metric is widening and demonstrates a distinct disparity between the experiences of disabled and non-disabled colleagues.

Metric 4D: Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it

The following dataset focuses on the proportion of colleagues who have stated in the NHS Staff Survey that they (or another colleague) reported their experience of harassment, bullying or abuse from other colleagues. The NHS Staff Survey national benchmark data is also included for comparison:

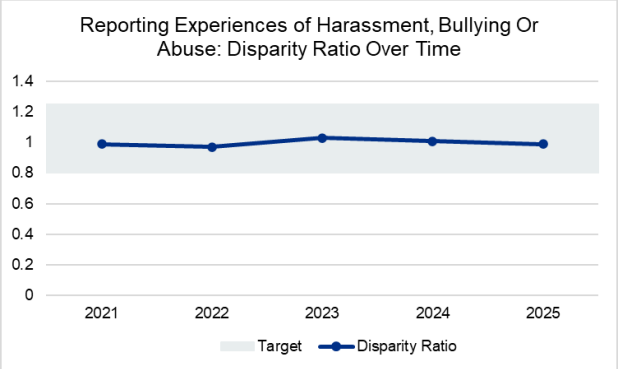
	National Benchmark	Lancashire Teaching Hospitals
Disabled Colleagues	54.9%	46.8%
Non-disabled Colleagues	54.9%	46.3%
Disparity Ratio	**1.00**	**0.99**

Our data shows that 46.8% of disabled colleagues shared that they, or a colleague reported a workplace experience of bullying, harassment or abuse, compared to a slightly lower proportion of non-disabled colleagues (46.3%) who did the same. At 0.99, the disparity ratio highlights that disabled and non-disabled colleagues experience on this WDES metric is almost the same.

While it is notable that a lower proportion of disabled colleagues reported their experience compared to the national benchmark, our organisational scores are similar to the national data set.

Analysis of LTHTr Data Over Time

	Disabled Colleagues	Non-disabled Colleagues	Disparity Ratio
2025	46.8%	46.3%	0.99
2024	51.9%	52.2%	1.01
2023	50.6%	52.0%	1.03
2022	53.2%	51.7%	0.97
2021	46.6%	46.1%	0.99



There has been a slight improvement in the disparity ratio this year, however our Trust's performance for this indicator over time has remained stable, with the disparity range falling around the 1.00 mark.

An increase in the proportion of colleagues reporting their experience may be viewed both positively and negatively – while it is concerning to see that incidences of harassment, bullying or abuse occur at our Trust, an increase in the proportion of staff reporting their experience may indicate that colleagues feel aware of, and able to engage with, Trust policies and procedures intended to support them

Metric 5: Career Progression and Promotion

WDES Metric 5 looks at colleague experience regarding career progression and promotion and reports the percentage of colleagues who believe our Trust provides equal opportunities for career progression or promotion. The table below illustrates our Trust's data for Metric 5, compared to the NHS Staff Survey national benchmark:

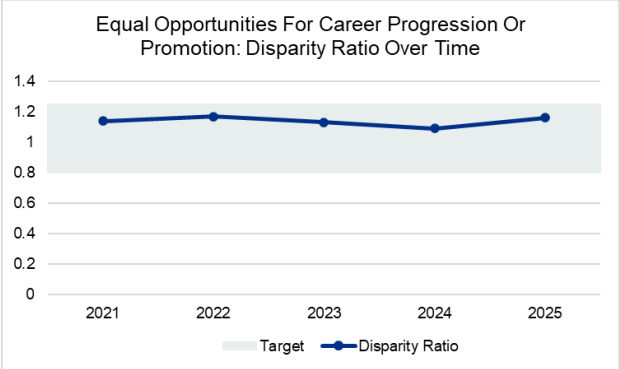
	National Benchmark	Lancashire Teaching Hospitals
Disabled Colleagues	48.9%	47.7%
Non-disabled Colleagues	55.7%	55.1%
Disparity Ratio	**1.14**	**1.15**

Our NHS Staff Survey reports that just under 48% of disabled colleagues stated they believe our Trust provides equal opportunities for career progression or promotion. This is slightly below the national benchmark figure of around 49%.

There is a significant difference in the views of disabled and non-disabled colleagues at our Trust with our data suggesting that the experiences of progression and promotion at our organisation are perceived differently and may vary by disability status, disabled staff currently feel there are fewer opportunities to progress and develop compared to non-disabled colleagues.

Analysis of LTHTr Data Over Time

	Disabled Colleagues	Non-disabled Colleagues	Disparity Ratio
2025	47.7%	55.1%	1.15
2024	53.8%	58.8%	1.09
2023	53.9%	61.0%	1.13
2022	52.4%	61.4%	1.17
2021	52.8%	60.0%	1.14



As with the previous WDES Metric, while there has been a slight deterioration in the disparity ratio this year, our Trust's performance for this indicator over time has been static, with the disparity range falling around the 1.10 mark.

Metric 6: Pressure to Come to Work When Not Feeling Well Enough

WDES Metric 6 provides detail of the proportion of disabled colleagues and non-disabled colleagues who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties. The NHS Staff Survey national benchmark figures are also presented for comparison:

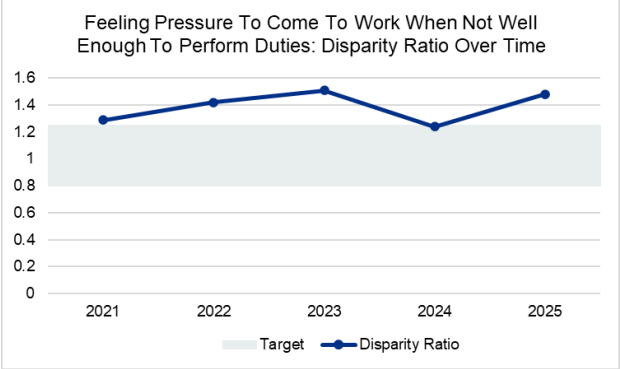
	National Benchmark	Lancashire Teaching Hospitals
Disabled Colleagues	25.6%	30.1%
Non-disabled Colleagues	17.5%	20.3%
Disparity Ratio	**1.46**	**1.48**

The data shows that 30.1% of colleagues with a disability and 20.3% of non-disabled colleagues felt pressure from their manager to come to work, despite not feeling well enough to perform their duties. These figures are higher than the NHS Staff Survey national benchmark, inferring that more people at our Trust feel pressure to present at work when they are not well enough to do so compared to other NHS Trusts nationally. This may be as a result of changes made to our Attendance Management policy over the last 12 months which have introduced earlier trigger points for more formalised discussions.

The disparity ratio for this indicator falls outside of the recommended range (0.80-1.25). Work to understand and improve colleague experience has been ongoing and must continue over the next 12 months.

Analysis of LTHTr Data Over Time

	Disabled Colleagues	Non-disabled Colleagues	Disparity Ratio
2025	30.1%	20.3%	1.48
2024	22.7%	18.3%	1.24
2023	24.3%	16.0%	1.51
2022	26.1%	18.4%	1.42
2021	27.9%	21.7%	1.29



Looking at our data over time for Metric 6, our disparity ratio has consistently remained outside of the recommended range. While there has been some variability in the figure over recent years, there has been a marked deterioration over the past year that must be investigated further and understood.

Metric 7: Feeling Valued

This WDES Metric details the percentage of colleagues who disclosed in the NHS Staff Survey that they were satisfied with the extent to which our Trust values their work. The data in the table below is broken down by disability status, and the NHS Staff Survey national benchmark figures are provided for comparison:

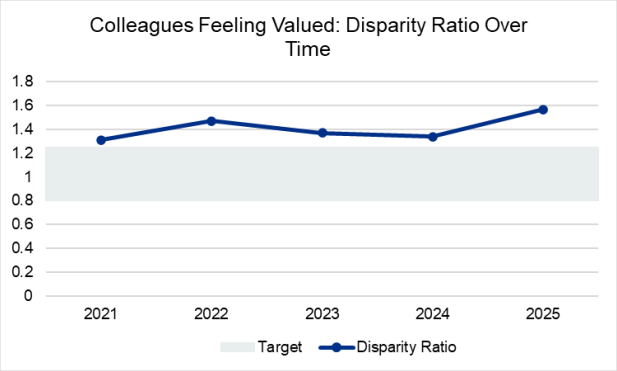
	National Benchmark	Lancashire Teaching Hospitals
Disabled Colleagues	34.4%	28.4%
Non-disabled Colleagues	46.1%	44.5%
Disparity Ratio	**1.34**	**1.56**

Our data suggests there is a notable difference in how valued our colleagues are feeling currently; the proportion of disabled colleagues (28.4%) stating that they were satisfied with the extent to which our Trust values their work is not only significantly lower than the proportion of non-disabled colleagues that expressed the same sentiment, but also significantly lower than the national benchmark figure.

The disparity ratio falls outside of the 0.80 – 1.25 range at 1.56 indicating a substantial difference in experience at our Trust based upon disability status.

Analysis of LTHTr Data Over Time

	Disabled Colleagues	Non-disabled Colleagues	Disparity Ratio
2025	28.4%	44.5%	1.56
2024	34.0%	45.6%	1.34
2023	36.3%	49.8%	1.37
2022	33.0%	48.4%	1.47
2021	35.8%	47.0%	1.31



Data collected for this metric over time highlights that the disparity ratio has consistently fallen outside the 0.80-1.25 range and therefore is a cause for concern that our Trust needs to understand and mitigate as a priority.

While there has been a decrease in the proportion of both disabled and non-disabled colleagues who feel satisfied with the extent to which our Trust values their work, the decline among disabled colleagues has been notably steeper. Since 2020, there has been an approximate 7% decrease in non-disabled colleagues expressing this sentiment, compared to a 12.6% decrease among disabled colleagues. This widening gap indicates an urgent need to better understand why feelings of being valued have declined overall, and why this decline has disproportionately affected disabled colleagues.

Metric 8: Reasonable Adjustments

This metric is concerned with the percentage of disabled colleagues stating that our Trust has made adequate adjustments to enable them to carry out their work:

	National Benchmark	Lancashire Teaching Hospitals
Disabled Colleagues	74.9%	77.1%

77.1% of colleagues with a disability, long term condition or illness stated they felt our Trust made adequate adjustments to enable them to carry out their work. Our organisation's score is better than the NHS Staff Survey national benchmark figure, which is likely to reflect the work we continue to do within Managers Update sessions (and more generally) to raise awareness around workplace adjustments and the *Supporting Disability and Long-Term Conditions Agreement.*

Analysis of LTHTr Data Over Time

	Disabled Colleagues
2025	77.1%
2024	79.1%
2023	78.3%
2022	75.1%
2021	72.6%

Collated data for this Metric shows the journey our Trust has taken over the past few years in terms of raising awareness of the importance of making reasonable adjustments to support our colleagues. Since 2021, when the proportion of colleagues feeling that our Trust made adequate workplace adjustments significantly decrease, work to raise awareness has corresponded with a year-on-year increase in disabled colleagues expressing they felt adequate adjustments had been made to support them at work.

However, our 2025 data indicates a 2% decrease in disabled colleagues expressing that adequate workplace adjustments have been made. Although this figure is relatively small, this decline interrupts a positive upward trend seen over several years and may signal a change in experience or implementation of reasonable adjustments. This highlights the importance of further understanding what may be contributing to this shift, to ensure that our awareness-raising activity is translating consistently into lived experience.

Metric 9: Engagement and Having a Voice

Metric 9A: Staff Engagement Score

WDES Metric 9A considers how engaged our colleagues feel:

	National Benchmark	Lancashire Teaching Hospitals
Disabled Colleagues	6.3	6.0
Non-disabled Colleagues	6.9	6.7
Disparity Ratio	**1.10**	**1.12**

When completing this question on the NHS Staff Survey, colleagues are asked to score between 1 – 10 (a higher score represents feeling more engaged). Our organisation's scores for this WDES metric are slightly lower than the national benchmark, indicating that colleagues at the Trust report lower overall engagement compared to colleagues nationally.

Our data also shows a disparity in engagement scores between disabled and non-disabled colleagues. Disabled colleagues reported an average engagement score of 6.0, compared to 6.7 among non-disabled colleagues. This indicates that disabled colleagues who completed the NHS Staff Survey feel less engaged at work than their non-disabled peers and highlights a differential experience within the organisation.

Analysis of LTHTr Data Over Time

	Disabled Colleagues	Non-disabled Colleagues	Disparity Ratio
2025	6.0	6.7	1.12
2024	6.2	6.8	1.09
2023	6.5	7.1	1.09
2022	6.4	7.0	0.92
2021	6.4	7.0	0.92

Engagement scores have fallen in 2025 compared to the previous year. Our collated data also shows a gradual widening of the disparity ratio since 2021; this suggests there is an increasing difference in engagement by disability status, which would benefit from further exploration to better understand the drivers of this trend.

Metric 9B: Facilitating the Voices of Disabled Staff

We have an active Disability and Neurodiversity Forum, which is a safe space where disabled colleagues and non-disabled allies can come together to share experiences, learn from each other, and discuss how our Trust creates a more equitable and inclusive environment for all. We also have a number of awareness raising or support groups on topics such as menopause and endometriosis, and we have active Health and Wellbeing representatives who offer support for our colleagues.

Metric 10: Board Membership

20% of the Board's membership identify as having a disability. Disability-representation at Board level is currently around three times higher than overall disability representation within our Trust workforce (7.0%). Such a level of representation presents an opportunity for the Board to play a visible role in championing disability inclusion and influencing positive organisational culture.

WDES Action Plan

WDES mandates NHS organisations to produce an action plan that elaborates on priority areas identified in our report and sets out the next steps with milestones for expected progress against WDES Metrics.

Specific WDES actions will be formulated in collaboration with colleagues who participate in our Disability and Neurodiversity Forum, and with our Partnership Team. To ensure our WDES actions are maintained over the course of the year, we will incorporate them with EDI-related actions in our Trust's wider strategic planning, including our Single Improvement Plan.

Our WDES data set outlines two priority areas that our Trust should focus upon in the next twelve months:

- Action 1: deepen understanding of lived experience of disabled colleagues

Our WDES report illuminates areas where the working experience of our colleagues varies by disability status, such as in experiences of bullying, harassment and abuse. While our WDES and NHS Staff Survey Data highlights areas of different experience, it does not provide us with the context, and in order to mitigate or remove disproportionate experiences, we need to better understand lived experience.

Over the coming year, the Equality, Diversity and Inclusion Team will work with our Disability and Neurodiversity Forum, our OD Projects (Staff engagement) colleagues, our Partnership Team, and with colleagues across our Workforce team to collate evidence of lived experience. It is recommended to utilise mechanisms our Trust already has in place to efficiently gather information, such as via our Your Voice events, individual/group meetings with colleagues, and responding to intelligence received via staff sickness data, recruitment and retention data and anecdotal information shared by colleagues.

A richer, qualitative and quantitative understanding of WDES data will support proportionate, evidence-based actions.

- Action 2: develop and share divisional WDES data packs to support local actions

As mentioned at the outset, the Equality, Diversity and Inclusion Team has developed divisional WDES data packs to enable local interpretation of staff experience/survey data. These packs will support divisions to identify priorities, and align local actions within existing operational workstreams. Divisional WDES packs will support local accountability for WDES improvement, with actions that are tailored, targeted, and integrated into divisional plans rather than operating as standalone initiatives.

Whilst the Equality, Diversity and Inclusion Team have analysed the NHS Staff Survey EDI/WDES Data at divisional and Specialty Business Unit level, we hope to work alongside the Workforce Information Team to source divisional level data sets for WDES workforce Indicators 1-4 to further support divisions to understand their own WDES profiles.

Next steps:

- This report will be shared with our Disability and Neurodiversity Forum to seek members' views and lived experience in relation to these findings as well as to understand additional actions they believe will help to reduce inequality and increase inclusion.
- To consult and co-produce with the Disability and Neurodiversity Forum on the strategic action plan for equality, diversity and inclusion and seek their views on the content, understand what else forum members would want to see and make further amendments based on feedback.
- Communicate our WDES data and action plan to our workforce through organisational-level briefings and communications including Managers Update sessions and All-Colleague Briefings
- Sharing divisional-level WDES data packs

- Submit our WDES data to NHS England via the NHS online Data Collection Framework system
- Publish our results and action plan externally on our Trust website

FINANCIAL IMPLICATIONS

Research evidence indicates that, when organisations are more diverse and have a greater focus on inclusion colleagues report greater engagement, there is a correlation with safer care for patients, reduced turnover, less sickness absence and improved financial performance.

LEGAL IMPLICATIONS

Unsatisfactory progress may leave the Trust open to legal challenges. We are required to demonstrate all staff have access to provision of services and are not discriminated against because of a protected characteristic.

RISKS

Unsatisfactory progress would be a risk to our reputation; both as a provider of Excellent Care with Compassion but also as an employer of choice. There are a number of risks which are impacting on our ability to deliver actions at pace against this agenda, this includes the lack of dedicated staffing resources to support the EDI agenda.

The size and scale of the programmes of work needed to deliver improvements for disabled colleagues is significant, especially when considered next to and needing to balance progress for colleagues with other protected characteristics. Combined with the level of understanding by the wider workforce with regards to their role in also delivering improvements for disabled colleagues, this work predominantly falls to the colleagues within Organisational Development – EDI team to drive forward transformation, increase awareness whilst supporting individual colleagues who have had negative experiences in their place of work.

IMPACT ON STAKEHOLDERS

Research evidence within the NHS tells us that the experiences of our colleagues acts as a good barometer for the experience of our patients; the more positive the experience of our colleagues, the more positive the experience of our patients.

RECOMMENDATIONS

It is recommended that the Committee:

- Receive the report and note the content
- Approve the priority areas for action
- Approve publication of our results externally

The Workforce Disability Equality Standard 2026

Together

NHS Lancashire Teaching Hospitals NHS Foundation Trust

The Workforce Disability Equality Standard (WDES) is a set of ten specific metrics which enables NHS organisations to compare the workplace and career experiences of disabled and non-disabled staff. The infographic below (for 2026) highlights the differences between the experience and treatment of Disabled colleagues and Non-Disabled colleagues, as an organisation we are committed to closing those gaps through the development and implementation of actions to bring about continuous improvement over time.

OUR DATA AND KEY FINDINGS

REPRESENTATION

7.0% of colleagues have declared they have a disability or long-term health condition.

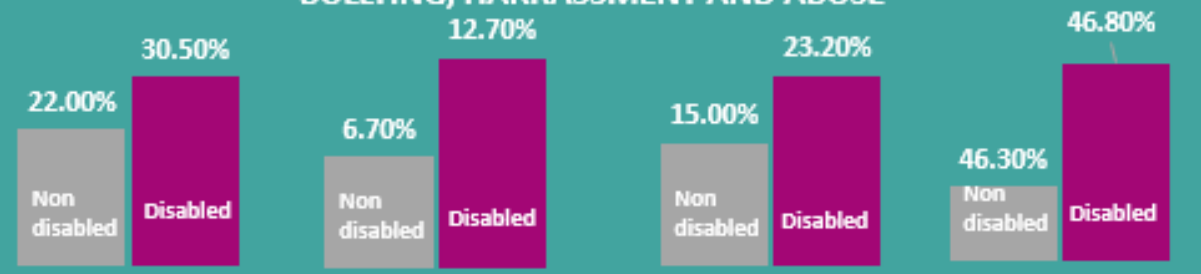
SHORTLISTING

Non-disabled colleagues are **1.05** times more likely to be appointed from shortlisting.

CAPABILITY PROCESS

Disabled colleagues are **2.10** times more likely to enter the formal capability process.

BULLYING, HARRASSMENT AND ABUSE



Colleagues experiencing harassment, bullying or abuse from **patients, relatives or public**

Colleagues experiencing harassment, bullying or abuse from **managers**

Colleagues experiencing harassment, bullying or abuse from **colleagues**

Colleagues **reporting** harassment, bullying or abuse

CAREER PROGRESSION

47.7%

of Disabled colleagues believe that the Trust provides equal opportunities for career progression or promotion, compared with 55.1% of Non-Disabled colleagues.

PRESSURE TO WORK

30.1%

of disabled colleagues have felt pressure from their manager to come to work, despite not feeling well enough to perform duties., compared with 20.3% of Non-Disabled colleagues.

FEELING VALUED

28.4%

of Disabled colleagues are satisfied with the extent to which their organisation values their work, compared with 44.5% Non-Disabled Colleagues.

REASONABLE ADJUSTMENTS

77.1%

Of Disabled colleagues saying their employer has made adequate adjustments to enable them to carry out their work.

STAFF ENGAGEMENT SCORE

Disabled colleagues feel less engaged at work

6.0/10 Disabled

6.7/10 Non-disabled

BOARD MEMBERSHIP

3 Board Members (2 voting) identify with having a disability or long-term health condition out of a total of 15 Board Members