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 Race Equality Standard (WRES) 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 WRES 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 Race Equality Standard (WRES) 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 WRES data shows the following key points: • BME representation has reduced significantly in our non-clinical workforce, largely due to the transfer of colleagues from our Trust to One LSC. This change may materially impact our Trust's workforce profile in future years • BME colleagues continue to be underrepresented at Board level, with BME voting members accounting for 12.5% of the Board compared to 30.6% representation across our wider Trust workforce • White candidates are more likely to be appointed from shortlisting to roles at our Trust compared to BME candidates • BME colleagues are very slightly less likely to enter the disciplinary process than white colleagues. • There has been an increase in the % of White and BME colleagues accessing non-mandatory training and CPD, the percentage increase for White colleagues is greater than for BME colleagues which has led to an increase in the disparity ratio, yet it's still within expected boundaries. • Reports of bullying, harassment or abuse from the public have increased, with a much sharper rise among BME colleagues, increasing from 10.7% in 2024–25 to 25.2% in the current reporting year • While experiences of harassment, bullying or abuse from colleagues have slightly decreased for White colleagues, they have increased for BME colleagues		

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- Colleague confidence in equal opportunities for career progression and promotion has declined for both BME and White colleagues, with a significant decrease among White colleagues (59.3% to 53.9%)
- Reported experiences of discrimination among BME colleagues have remained largely unchanged, with a marginal improvement of 0.1% (14.3% to 14.2%)

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:

1. To work in collaboration with our Trust's Ethnicity 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.
2. Develop and share Divisional-level WRES packs, to inform local interpretation of workforce and experience data. Divisional packs will support divisions to understand their own WRES 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

(Please mark X against the strategic objective(s) applicable to this paper - this could be more than one)</td><td>Patients – deliver excellent care: Improve outcomes, reduce harm and deliver a positive patient experience.</td><td>☐</td></tr>
<tr><td>Performance – deliver timely, effective care: Deliver agreed trajectories in clinical performance.</td><td>☐</td></tr>
<tr><td>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>Productivity – deliver value for money: Deliver the agreed financial plan including waste reduction programme, maximising use of resources.</td><td>☐</td></tr>
<tr><td>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="2">To give the Trust Board assurance, please complete the following:</td></tr>
<tr><td>Committee Approval:</td><td>Workforce Committee</td><td>Date: 12th May 2026</td></tr>
<tr><td>Operational Group Review:</td><td>Name of Operational Group:</td><td>Date:</td></tr>
<tr><td>Link to Board Assurance Framework:</td><td colspan="2">Principal Risk 8 (25/26) - Experience of staff, with specific focus on under-represented staff groups</td></tr>
<tr><td>Appendices</td><td colspan="2">Not applicable</td></tr>
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Introduction

Measuring race equality in the workplace is essential to understanding how inclusive our organisation truly is. The Workforce Race Equality Standard (WRES) is a mandated requirement for our Trust through the NHS Standard Contract. Launched in 2015, the WRES provides a nationally consistent framework for measuring and reporting workforce disability equality across NHS organisations.

Now in its twelfth reporting year, the WRES enables us to assess progress across nine workforce indicators and ensures we remain accountable for improving the experiences and outcomes of Black and Minority Ethnic 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 ethnicity. How, when, or whether individuals disclose this information can vary and may be influenced by confidence in disclosure, and the context in which information is requested. WRES data is compiled from a number of data sources, including self-reported workforce information. Variation across systems and reporting practices means that a degree of caution is required when analysing and interpreting our Trust's WRES data. These factors should be considered when reviewing trends, outcomes and comparative findings

NHS England's national NHS WRES guidance and reporting metrics use the term Black and Minority Ethnic (BME) to define those of all ethnicities other than White British, White Irish, or any other White background. Lancashire Teaching Hospitals NHS Foundation Trust is committed to being consciously inclusive in everything we do. We are mindful of the importance of inclusive language, and the power language has to convey respect, belonging and understanding. In our WRES report, we use the terms Black and Minority Ethnic (BME) and White, as these categories align with NHS England WRES reporting. We acknowledge that the terms currently utilised in WRES reporting place diverse communities into broad, homogenous groups, and impact upon our understanding of representation and experience within and across ethnic groups.

Following the submission of our WRES report to NHS England, it is recommended that the Trust carries out detailed analysis of data by specific ethnic group to further explore representation and experience in more detail and consider potential actions to mitigate them.

WRES Data Sources

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

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

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

Interpreting Our WRES Data

The WRES considers data regarding representation and workplace experiences of Black, Asian, and Minority Ethnic (BME) staff compared to White staff at an NHS organisation.

To interpret our Trust's data around staff experiences (indicators 5-8), 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. an ethnic group. For example, if the relative likelihood of an outcome for one ethnic 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 groups. This will be referred to as the Disparity Ratio throughout the report.

Key Findings

- BME representation has reduced significantly in our non-clinical workforce across bands 1 and 2, likely due to the transfer of colleagues from our Trust to One LSC. This change may materially impact our Trust's workforce profile in future years
- BME colleagues continue to be underrepresented at Board level, with BME voting members accounting for 12.5% of the Board compared to 30.6% representation across our wider Trust workforce
- White candidates are more likely to be appointed from shortlisting to roles at our Trust compared to BME candidates
- BME colleagues are very slightly less likely to enter the disciplinary process than white colleagues.
- There has been an increase in the percentage of both White and BME colleagues accessing non-mandatory training and CPD, the percentage increase for White colleagues is greater than for BME colleagues which has led to an increase in the disparity ratio, yet it's still within expected boundaries.
- Reports of bullying, harassment or abuse from the public have increased, with a much sharper rise among BME colleagues, increasing from 10.7% in 2024–25 to 25.2% in the current reporting year
- While experiences of harassment, bullying or abuse from colleagues have slightly decreased for White colleagues, they have increased for BME colleagues
- Colleague confidence in equal opportunities for career progression and promotion has declined for both BME and White colleagues, with a significant decrease among White colleagues (59.3% to 53.9%)
- Reported experiences of discrimination among BME colleagues have remained largely unchanged, with a marginal improvement of 0.1% (14.3% to 14.2%)

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

Indicator 1: Representation

WRES Indicator 1 considers the percentage of colleagues by ethnicity 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 by broad BME group.

	2024-25	2025-26
Number of staff employed within the organisation	9,471	8,257
Proportion of staff self-reporting their ethnicity on ESR	98.8%	99.1%
Proportion of BME staff	28.6%	30.6%

As of 31 March 2026, the Trust Headcount was 8,257. Breaking down our workforce data by broad ethnic group, 2,523 (30.6%) of colleagues are BME, 5,660 (68.5%) are White, and 74 (0.9%) are ethnicity unknown.

There has been significant workforce change over the past year, with colleagues transferring into our organisation, and colleagues transferring to other organisations. Fluctuations in our workforce may present challenges when interpreting our WRES 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 WRES data and planning proportionate, meaningful actions.

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

Agenda for Change Workforce

BME Non-Clinical Staff			BME Clinical Staff		
	2024-25	2025-26		2024-25	2025-26
<Band 1	-	100%	<Band 1	11.1%	13.6%
Band 1	33.3%	0%	Band 1	0%	0%
Band 2	30.4%	12.2%	Band 2	32.4%	33.2%
Band 3	15.4%	17.0%	Band 3	16.5%	18.5%
Band 4	9.9%	10.3%	Band 4	10.9%	11.3%
Band 5	6.4%	8.6%	Band 5	49.0%	50.3%
Band 6	7.7%	7.5%	Band 6	21.1%	22.7%
Band 7	2.9%	2.0%	Band 7	10.3%	11.0%
Band 8a	3.1%	2.0%	Band 8a	12.0%	12.1%
Band 8b	0%	10.0%	Band 8b	4.8%	3.6%
Band 8c	5.6%	7.7%	Band 8c	0%	0.0%
Band 8d	11.1%	10.0%	Band 8d	8.3%	7.7%
Band 9	0%	0.0%	Band 9	0%	0%
VSM	0%	0.0%	VSM	0%	0%
Total	**19.3%**	**11.6%**	**Total**	**32.7%**	**30.5%**

Our workforce demographic data shows a substantial reduction in the proportion of BME colleagues within non-clinical roles, particularly in Band 1 and Band 2 positions, over the past year.

This change is likely to reflect the transfer of Estates and Facilities colleagues from our Trust to One LSC, which will undoubtedly have had a significant impact on the overall Trust workforce profile. Our data highlights that Estates and Facilities roles historically represented a significant entry point for BME colleagues into our organisation, and their transfer to another organisation therefore represents the loss of a major route through which the Trust recruited and developed BME talent. The reduction in BME representation in these roles should not be viewed in isolation but understood in the context of wider organisational change and its implications for future workforce representation and diversity.

In contrast, BME representation within clinical roles has remained broadly consistent with last year's data, suggesting relative stability across clinical staff groups despite changes to the non-clinical workforce.

Medical and Dental Workforce

	BME Staff 2024-25	BME Staff 2025-26
Consultants	53.5%	53.2%
[Consultant] Senior Medical Manager	47.5%	48.2%
Non-consultant carer grade	67.7%	69.9%
Trainee grades*	72.3%	77.9%

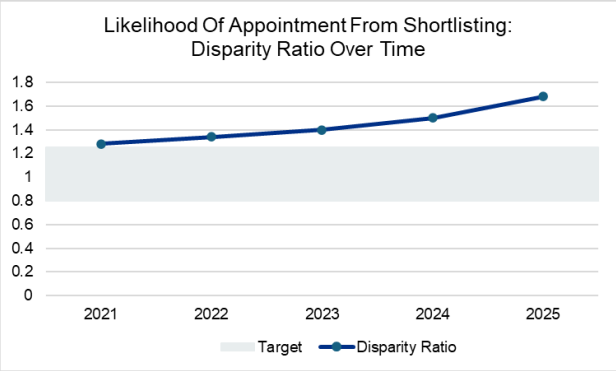
*Please note this data does not include Lead Employer Medical and Dental Trainees

Our medical and dental workforce demographic data this year has remained largely consistent with last year's dataset.

Indicator 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
Total number of shortlisted applicants	5,486	4,337
Total number appointed from shortlisting	1,786	1,388
BME colleagues appointed from shortlisting	651	496
Relative likelihood of appointment from shortlisting for: a) BME colleagues b) White colleagues	a) 24.9% b) 37.4%	a) 23.6% b) 39.7%
Disparity ratio	**1.50**	**1.68**



The disparity ratio for this indicator shows that White candidates are 1.68 times more likely to be appointed to a role from shortlisting compared to BME candidates.

The disparity ratio has increased this reporting year from 1.50 to 1.68. The widening gap in experience requires investigation to understand why BME applicants are becoming less likely to be appointed to roles compared to White peers.

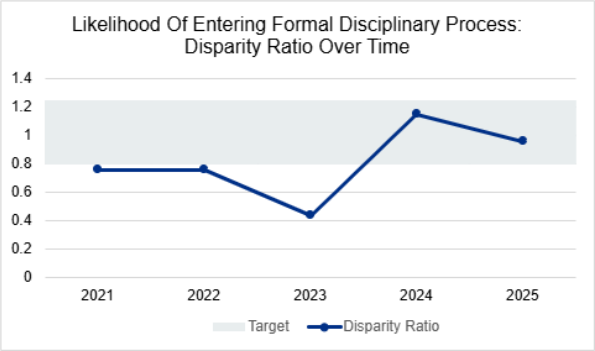
Looking at our Trust's disparity ratio over time, it has consistently fallen outside NHS England's target range, which highlights an urgent need to gain insight and mitigate the growing gap in experience.

Indicator 3: Likelihood of Entering the Formal Disciplinary Process

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

	2024-25	2025-26
Total number of colleagues entering the disciplinary process	61	63
Number of BME colleagues entering the disciplinary process	20	18
Number of White colleagues entering the disciplinary process	41	42
Disparity ratio	**1.15**	**0.96**

The data displayed in the table below shows that for this reporting year we have seen the disparity ratio decrease which indicates that ethnic minority colleagues are slightly less likely to enter the disciplinary process than white colleagues.

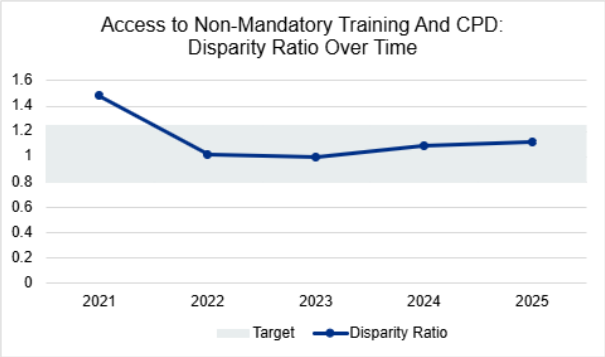


A ratio of 1 means both groups are as likely to enter the process as one another; it remains within the disparity ratio boundaries of 0.8 – 1.25 meaning colleagues are not likely to be experiencing an adverse consequence or unfair outcome of the application of this policy – it is not a priority area for action in this reporting year.

Indicator 4: Access to Non-Mandatory Training and Continuous Professional Development (CPD)

	2024	2025
Percentage of BME colleagues accessing non-mandatory training and CPD	24.5%	28.1%
Percentage of White colleagues accessing non-mandatory training and CPD	26.6%	31.6%
Disparity ratio	**1.09**	**1.12**

The results for this indicator show that a greater percentage of colleagues across both groups have accessed non-mandatory training and CPD over the past 12 months; there has been a slightly greater increase in the percentage of white colleagues which is reflected in the rise of the disparity ratio from 1.09 last year to 1.12 this year. The disparity ratio is still within the 0.80 - 1.25 range as it has been for the last four years. Since 2024 the data now includes continuous professional development educational activities which have been funded through Health Education England.



This metric has remained steady over the past four years and consistently lies within the disparity ratio boundaries of 0.8 – 1.25 meaning colleagues are not likely to be experiencing an adverse consequence or unfair outcome in this area, as such it is not a priority area for action in this reporting year.

Indicators 5-8: NHS Staff Survey Data

Data presented for WRES Indicators 5-8 is sourced from the national NHS Staff Survey. For each Indicator, the data is compared for BME and White 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 WRES Indicator being reviewed.

It is important to highlight that the data detailed in Indicators 5-8 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 ethnicity, a total of 1044 BME colleagues completed the survey this year, compared to a total of 3171 White 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 a particular demographic subgroup within the 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 WRES 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.

INDICATOR 5: Experiences of Bullying and Harassment from the Public

WRES Indicator 5 considers the percentage of colleagues experiencing harassment, bullying or abuse from patients, relatives, or other members of the public during the past 12 months. The table below illustrates our Trust's data for this Indicator, compared to the NHS Staff Survey national benchmark:

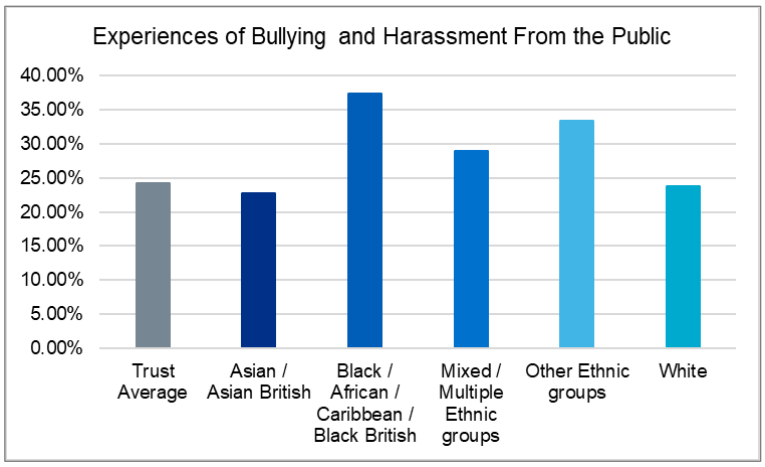
	National Benchmark	Lancashire Teaching Hospitals
BME Colleagues	29.2%	25.2%
White Colleagues	23.5%	23.8%
Disparity Ratio	**1.24**	**1.06**

The data shows that BME colleagues at our Trust were more likely to experience bullying, harassment or abuse from members of the public compared to White colleagues yet when comparing our Trust's data to the national NHS Staff Survey benchmark, our disparity ratio is lower than the national benchmark. This indicates that while disparities do exist at our Trust, the difference in reported experience between ethnic groups for this indicator is smaller than other organisations. The metric also falls within the disparity ratio boundaries of 0.80 – 1.25 indicating there is not likely to be an adverse impact on one particular sub group.

Nevertheless, any level of bullying or harassment from members of the public is a concern, and continued focus is needed to ensure that experiences are bullying and harassment from members of the public is not normalised or accepted, and that all colleagues feel protected and supported.

Expanded Ethnicity Breakdown of Our Data

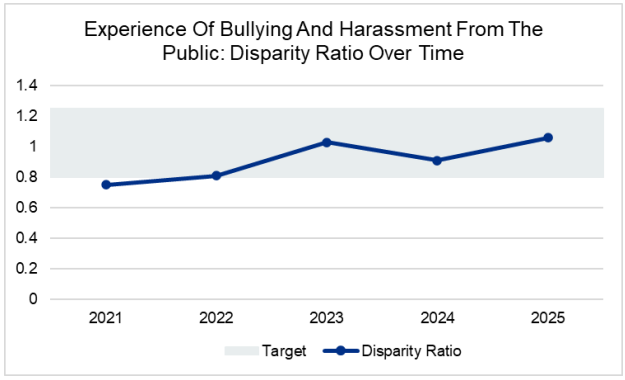
To better understand patterns of experience within our workforce, we have produced an expanded ethnicity breakdown of the data for this WRES indicator:



Reviewing NHS Staff Survey Data for this WRES indicator by ethnic group, there is some variation in reported experience. Colleagues identifying as Black ethnic groups and colleagues identifying as Other ethnic groups report significant higher incidences of bullying and harassment from the public over the past year compared to other groups.

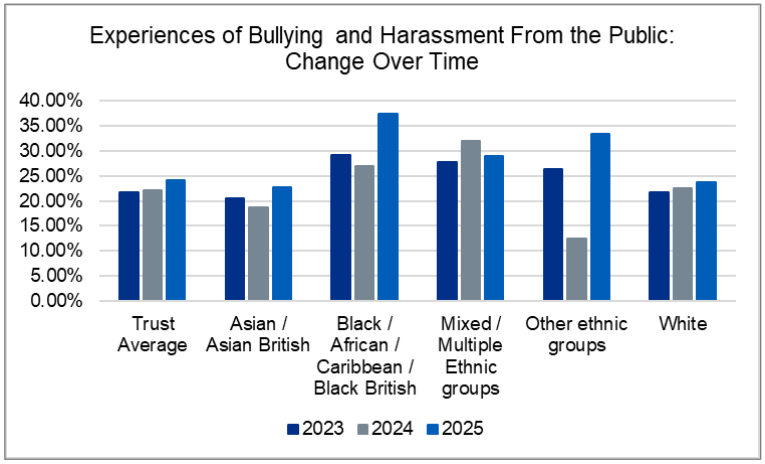
Analysis of LTHTr Data Over Time

	BME Colleagues	White Colleagues	Disparity Ratio
2025	25.2%	23.8%	1.06
2024	20.7%	22.6%	0.91
2023	22.5%	21.7%	1.03
2022	17.2%	21.2%	0.81
2021	16.2%	21.6%	0.75



NHS Staff Survey collated over time shows a relatively consistent picture of colleague experience by ethnic group, however, there appears to be a significant deterioration in experience of BME colleagues in 2025 compared to 2024, with the percentage of BME colleagues experiencing bullying, harassment and abuse from members of the public increasing by over 5%.

Expanded Ethnicity Breakdown of Our Data Over Time



Reviewing NHS Staff Survey Data for this WRES indicator by ethnic group, there is some variation in reported experience over time. In particular, colleagues identifying as Black ethnic groups and colleagues identifying as Other ethnic groups report significant increases in experiences of bullying and harassment from the public over the past year.

While our data does not provide contextual insights into the specific circumstances of colleague experiences, the marked upward trend seen for these groups in the past

year highlights a need for further exploration to better understand colleague experience and to inform appropriate preventative and support measures.

Indicator 6: Experiences of Bullying and Harassment from Other Colleagues

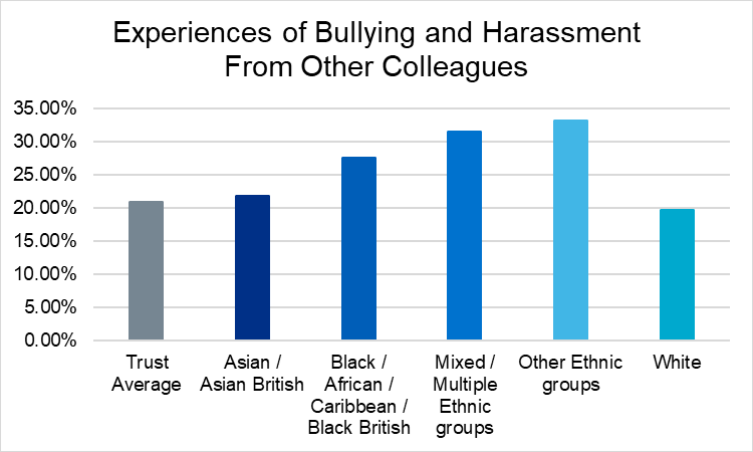
WRES Indicator 6 reports the percentage of colleagues experiencing harassment, bullying or abuse from other colleagues during the last 12 months. The table below illustrates our Trust's data for Indicator 6, compared to the NHS Staff Survey national benchmark:

	National Benchmark	Lancashire Teaching Hospitals
BME Colleagues	23.4%	23.7%
White Colleagues	19.6%	19.7%
Disparity Ratio	**1.19**	**1.20**

The data shows that BME colleagues at our Trust reported they were more likely to experience bullying, harassment or abuse from other colleagues compared to White colleagues. This metric once again falls within the disparity ratio boundaries of 0.80 – 1.25 indicating there is not likely to be an adverse impact on one particular sub group.

Comparing our Trust's data to the national NHS Staff Survey benchmark, our Trust's disparity ratio is similar to the national benchmark figure. This suggests that the difference in experience between ethnic groups for this indicator is comparable to the national average.

Expanded Ethnicity Breakdown of Our Data

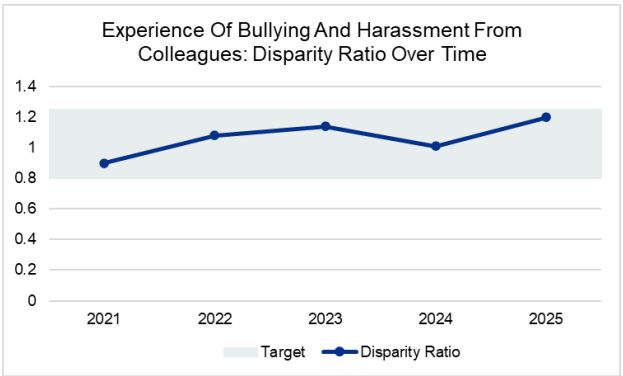


Disaggregating our data indicates that colleagues identifying as Black, Mixed or Multiple, and Other ethnic groups experienced bullying and harassment more frequently over the past year compared to colleagues identifying as Asian or White.

Our NHS Staff Survey / WRES data does not provide contextual insight into colleague experiences and suggests a need for further exploration to better understand experiences at work.

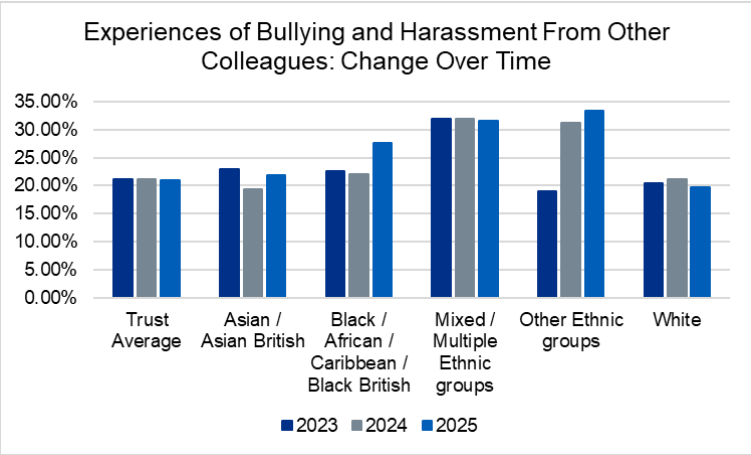
Analysis of LTHTr Data Over Time

	BME Colleagues	White Colleagues	Disparity Ratio
2025	23.7%	19.7%	1.20
2024	21.3%	21.1%	1.01
2023	23.4%	20.4%	1.14
2022	22.7%	20.9%	1.08
2021	18.2%	20.3%	0.90



When looking at NHS Staff Survey data over time for this WRES Indicator, while the disparity ratio has consistently sat within the 0.8-1.25 range, there has been variation in colleague experience by ethnic group. Our Trust's 2025 data shows a slight deterioration in experience of BME colleagues in 2025 compared to 2024, while the experience of White colleagues has improved slightly. The trajectory for the disparity ratio has been on an upward trend since 2024 and, if it continues is likely to be an area which will fall outside of the disparity ratio boundaries next year without targeted action being taken.

Expanded Ethnicity Breakdown of Our Data Over Time



Colleagues who identify as being from Mixed / Multiple ethnic groups, and those who identify as Other Ethnic group backgrounds have consistently reported a higher incidence of bullying, harassment and abuse from colleagues.

Furthermore, there appears to be an upward trend in colleagues identifying as Other Ethnic groups experiencing bullying and harassment from other colleagues, which warrants further exploration.

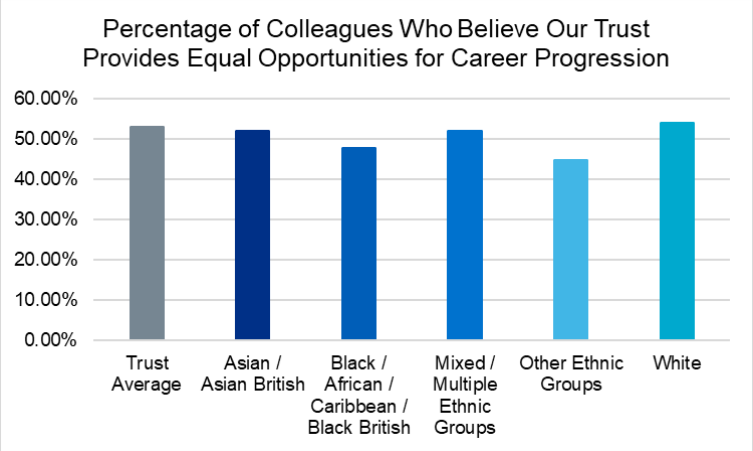
Indicator 7: Career Progression and Promotion

WRES Indicator 7 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 this Indicator, compared to the NHS Staff Survey national benchmark.

	National Benchmark	Lancashire Teaching Hospitals
BME Colleagues	49.7%	50.7%
White Colleagues	55.9%	53.9%
Disparity Ratio	**1.12**	**1.06**

Our Trust's NHS Staff Survey results and disparity ratio are very similar to the national benchmarks this year. The data for this indicator shows 50.7% of BME colleagues and 53.9% of White colleagues believe our organisation provides equal opportunities for career progression and promotion. The disparity ratio of 1.06 is within the recommended range (0.8-1.25) and suggests there is no potential adverse impact on BME colleagues.

Expanded Ethnicity Breakdown of Our Data

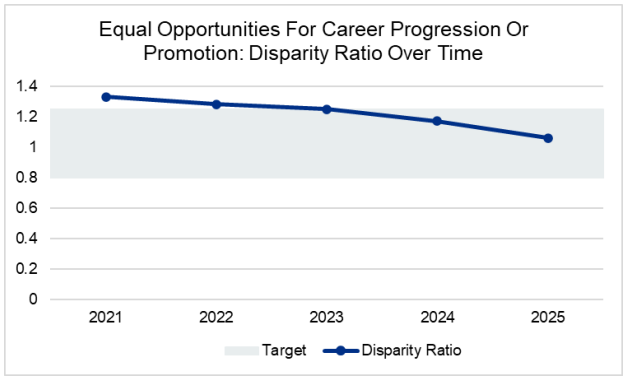


Analysis of our data in more detail indicates variation in perceptions of equal opportunities for career progression and promotion at our Trust. A lower proportion of colleagues identifying as Black and Other ethnic backgrounds reported that they believe our organisation provides equal opportunities for career progression when compared to colleagues from other ethnic backgrounds.

This suggests a need for further investigation to better understand colleague experiences and views and inform actions our Trust may need to take to promote fairness, transparency and equitable access to development opportunities.

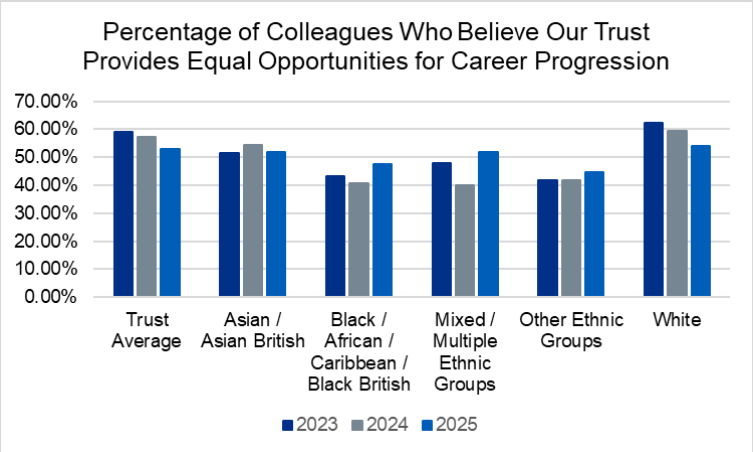
Analysis of LTHTr Data Over Time

	BME Colleagues	White Colleagues	Disparity Ratio
2025	50.7%	53.9%	1.06
2024	50.8%	59.5%	1.17
2023	49.7%	62.4%	1.25
2022	48.5%	62.0%	1.28
2021	49.5%	60.7%	1.33



Performance for this indicator has shown sustained improvement since 2022 and currently falls in the recommended disparity ratio range. However, it is of note that while the percentage of BME colleagues responding with the view that our Trust provides equal opportunities for career progression and promotion has remained on or around 50%, the percentage of White colleagues who feel there are equal opportunities for career progression and promotion has decreased over the past three years.

Expanded Ethnicity Breakdown of Our Data Over Time



While the average percentage of colleagues who believe our Trust provides equality Opportunities for career progression has generally declined over time, colleagues from Black, Mixed / Multiple Ethnic, and Other Ethnic groups have consistently been more likely to state they did not believe there are equal opportunities for career progression or promotion.

Indicator 8: Experiences of Discrimination from Manager or Colleagues

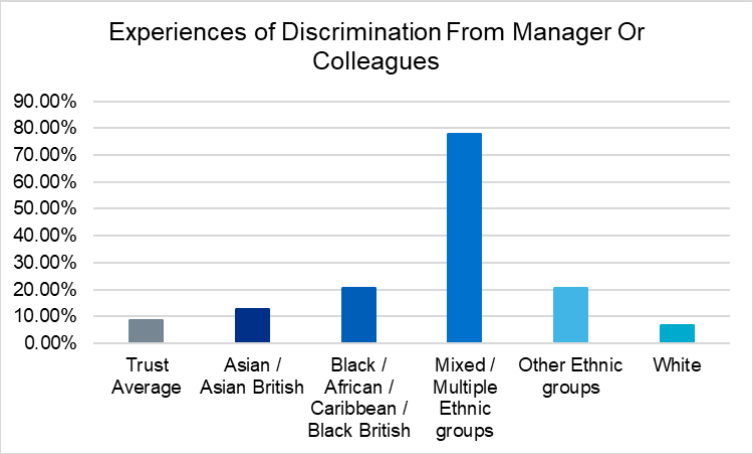
WRES Indicator 8 considers colleague experiences of discrimination from a manager, a team leader, or other colleagues at our Trust. The table below illustrates our Trust's data for this indicator compared to the NHS Staff Survey national benchmark:

	National Benchmark	Lancashire Teaching Hospitals
BME Colleagues	13.9%	14.2%
White Colleagues	6.5%	6.6%
Disparity Ratio	**2.14**	**2.15**

Our data shows that 14.2% of BME colleagues and 6.6% of White colleagues reported experiencing discrimination at work from a manager, team leader or other colleagues. The disparity ratio data for this indicator highlights that BME colleagues are more than twice as likely to experience discrimination from colleagues compared to White colleagues

At 2.15, the disparity ratio for this indicator is the worst performing out of all our Trust WRES indicators measured this year and strongly suggests that BME colleagues are more likely to experience considerable negative impacts compared to White colleagues.

Expanded Ethnicity Breakdown of Our Data

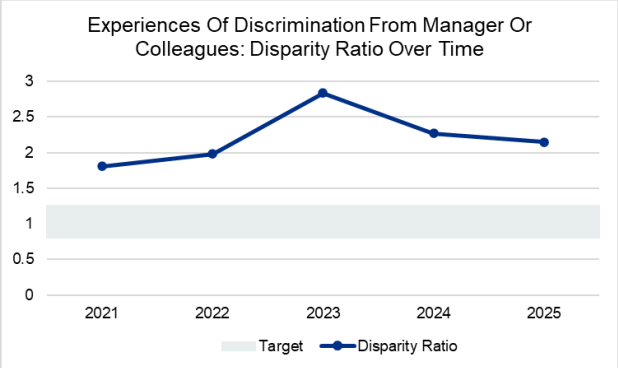


When analysing our data for this WRES Indicator in more detail, significant variation in reported experience is evident across ethnic groups. Colleagues from all ethnic backgrounds reported experiencing discrimination from their manager or other colleagues. However, our NHS Staff Survey data indicates that colleagues identifying as Black, Mixed or Multiple ethnic groups, and Other ethnic groups reported higher incidences of discrimination compared to colleagues identifying as Asian and White ethnicity.

Our data does not provide the context of colleague experiences; however, the findings suggest that some colleagues may be more likely to experience discrimination at work. This highlights the importance of further exploration to better understand the colleague experiences and inform targeted actions to improve inclusion and colleague experience across the organisation.

Analysis of LTHTr Data Over Time

	BME Colleagues	White Colleagues	Disparity Ratio
2025	14.2%	6.6%	2.15
2024	14.3%	6.3%	2.26
2023	15.6%	5.5%	2.84
2022	12.9%	6.5%	1.98
2021	12.5%	6.9%	1.81

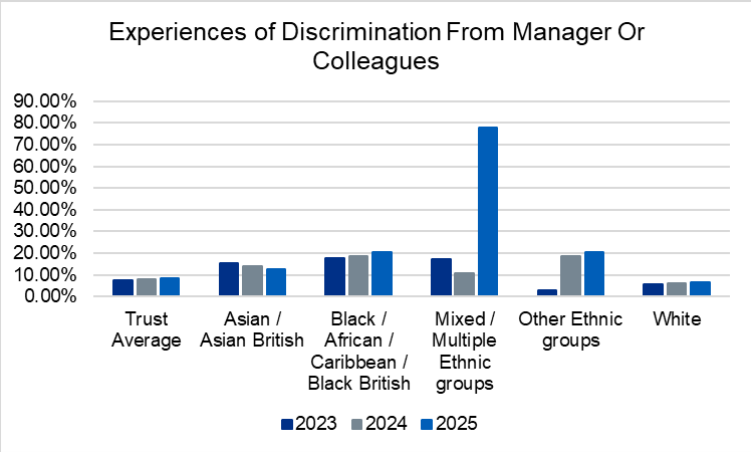


This year, our Trust has continued to build upon the improvement seen in 2024 as there has been a slight improvement in the disparity ratio for this metric.

However, it is important to note that the overall improvement in this indicator is not a result of discrimination decreasing at our Trust. The percentage of BME colleagues experiencing discrimination has remained static over the past three years; the reduction in the disparity ratio appears to have occurred due to an **increase** in White colleagues experiencing discrimination.

As shown in the line graph above, the disparity ratio for this indicator has consistently remained outside of the recommended range set by NHS England. Work to understand and improve colleague experience has been ongoing and must continue as a matter of urgency to reduce discrimination experienced by colleagues from BME and White communities.

Expanded Ethnicity Breakdown of Our Data Over Time



Our data indicates that over time, experiences of discrimination from managers or other colleagues have, and continues, to vary by ethnic group. The experience of colleagues of Mixed or Multiple ethnic backgrounds is significantly variable, with a marked increase in incidences of discrimination occurring over the past year. A similarly upward trend is also observed among colleagues identifying as Other ethnic backgrounds.

These trends require further exploration to better understand colleague experience and inform actions to mitigate and reduce reported experiences of discrimination.

Indicator 9: Board Membership

Our current Board membership includes two BME voting members. At 12.5% of the total Board membership, BME representation is lower than overall BME representation within our Trust workforce, which is 30.6% (please see WRES Indicator 1 for further detail).

WRES Action Plan

WRES 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 WRES indicators.

WRES actions will be formulated in collaboration with colleagues who participate in our Ethnicity Forum our Anti-Racist Framework Working Group, and with our Partnership Team. To ensure our WRES 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 WRES 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 BME colleagues

Our WRES report illuminates areas where the working experience of our colleagues varies by ethnicity, such as recruitment, access to training and development, visibility in senior roles, and experiences of bullying, harassment and discrimination. While our WRES 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 Ethnicity Forum, our OD Projects (Staff Engagement) colleagues, our Anti-Racist Working Group, our Partnership Team, and with colleagues across Workforce 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 WRES data will support proportionate, evidence-based actions.

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

As mentioned at the outset, the Equality, Diversity and Inclusion Team has developed divisional WRES 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 WRES packs will support local accountability for WRES 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/WRES Data at divisional and Specialty Business Unit level, we hope to work alongside the Workforce Information Team to source divisional level data sets for WRES workforce Indicators 1-4 to further support divisions to understand their own WRES profiles.

Next steps:

- This report will be shared with the Ethnicity Forum to seek their 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 Ethnicity 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 WRES data and action plan to our workforce through organisational-level briefings and communications including Managers Update sessions and All-Colleague Briefings
- Sharing divisional-level WRES data packs
- Submit our WRES 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 BME 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 colleagues 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.

IMPACT ON STAKEHOLDERS

There is a wide body of research evidence within the NHS which tells us that the experiences of our ethnic minority colleagues acts as a good barometer for the experience of our patients; the more positive the experience of our ethnic minority 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 RACE EQUALITY STANDARD 2026

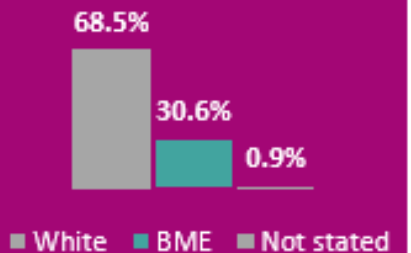
Together

NHS Lancashire Teaching Hospitals NHS Foundation Trust

The NHS Workforce Race Equality Standard (WRES) was devised to ensure employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace. There are nine WRES indicators. The infographic (for 2026) below highlights any differences between the experience and treatment of White colleagues and Ethnic Minority colleagues, as an organisation we are committed closing those gaps through the development and implementation of actions to bring about continuous improvement over time.

OUR DATA AND KEY FINDINGS

REPRESENTATION



APPOINTMENTS

White candidates are **1.68** times more likely than **ethnic minority** candidates to be appointed from shortlisting

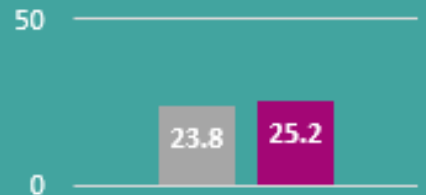
DISCIPLINARY PROCESS

Ethnic minority colleagues are **0.96** slightly less likely to enter a formal disciplinary process than **white** colleagues

TRAINING AND DEVELOPMENT

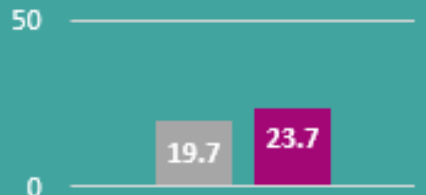
White colleagues are slightly more likely **1.12** to access non-mandatory training and CPD compared to ethnic minority colleagues

BULLYING AND HARRASSMENT FROM PATIENTS AND THE PUBLIC



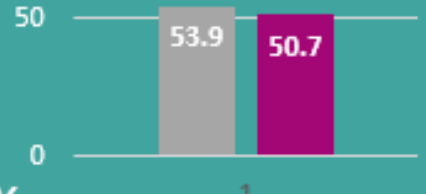
25.2% of Ethnic Minority colleagues experienced harassment, bullying or abuse from patients, relatives or public in the last 12 months

BULLYING AND HARRASSMENT FROM COLLEAGUES



23.7% of **Ethnic Minority** colleagues experienced harassment, bullying or abuse from other colleagues in the last 12 months

CAREER PROGRESSION



50.7% of **Ethnic Minority** colleagues believe the Trust provides equal opportunities for career progression or promotion

DISCRIMINATION

14.2% of **Ethnic Minority** colleagues reported experiencing discrimination from their manager / team leader / colleagues within last 12 months

BOARD MEMBERSHIP

2 Board Members identify as belonging to an ethnic minority group, out of a total of 16 Board Members