

# Workforce Disability Equality Standard 2024/25

# Introduction: Workforce Disability Equality Standard

The Workforce Disability Equality Standard (WDES) includes ten metrics comparing experiences and outcomes for Disabled and non-disabled staff. This data is used to develop action plans for improvement.

## Notes on data:

The “four-fifths” rule is used to identify significant differences between groups. If the relative likelihood of an outcome for one group compared to another is less than 0.80 or higher than 1.25, then the difference can be considered significant.

Headcounts below 11 have been redacted from this report.

## Notes on terminology:

For the Staff Survey, “Disabled” is defined to mean any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more.

The proportion of people reporting a long-term condition or illness via the Staff Survey is much higher than the proportion of people who are recorded as being Disabled on ESR, which is the figure used for the other WDES metrics.







## Timeline

- 31<sup>st</sup> May 2025 – WDES metrics to be submitted to NHS England.
- June 2025 – **report** comes through governance for approval.
- June to July 2025 – action plan will be developed in collaboration with MAPLE and Neurodiversity staff support networks, EDI Ambassadors, and EDI Workforce Group.
- August 2025 – **action plan** will come through governance for approval.
- 31<sup>st</sup> October 2025 – **full report and action plan** required to be published on LPT public website, and submitted to ICB.
- Throughout 2025/26 – action plan will be progressed and updated internally.



Summary

# Summary: WDES metrics

Metric 1: representation	 Improvement	Disabled representation: <b>11.7%</b> (9.4% last year) Bands 8A+: <b>11.1%</b> (7.8% last year)
Metric 2: recruitment	Similar	Non-disabled applicants <b>1.08</b> times more likely to be recruited (1.01 last year)
Metric 3: capability	 Worsening	Disabled staff <b>2.32</b> times more likely to enter capability process (1.98 last year)
Metric 4a: abuse	Mixed	Improvement: Disabled staff <b>1.26</b> times more likely to experience abuse from patients; equally likely to report abuse. Worsening: Disabled staff <b>2.20</b> times more likely to experience abuse from managers, and <b>1.77</b> from colleagues.
Metric 4b: reporting		
Metric 5: career progression	 Improvement	Disabled staff slightly less likely to say career progression is fair
Metric 6: presenteeism	 Worsening	Disabled staff <b>1.68</b> times more likely to experience presenteeism due to manager pressure (1.40 last year)
Metric 7: feeling valued	Similar	Disabled staff less likely to say the organisation values their work enough
Metric 8: adjustments	 Improvement	Slightly more Disabled staff say adequate adjustments have been made for them, better than national comparators
Metric 9: staff engagement	 Improvement	Staff engagement has improved for Disabled staff (although not to the same extent as non-disabled staff)
Metric 10: Trust Board	Similar	Same representation as last year

## How to use this report:

- Go into presentation mode
- Green slides show the core data for each of the 10 metrics. Click to access each metric using the green buttons (to the left on this slide).
- Each metric slide has buttons on the right-hand side where you can access more detailed data if required: breakdowns by professional group, band, and directorate.
- Click Home Page or Back to return to a previous page.

Benchmarking last  
year's data

### Benchmarking 2023/24 data: national rankings\*

\* ranks the Trust from 0% (best in the country) to 100% (worst in the country) on each indicator

**Indicator 1:** comparable to other trusts, except representation in clinical senior roles (rank 74%).

**Indicator 2:** likelihood ratio of 1.01 placed us at rank 1%.

**Indicator 3:** likelihood ratio 1.98, better than some other trusts, rank 23%.

**Staff Survey:** although we see discrepancies between Disabled and non-disabled experiences, we rank favourably in terms of staff survey responses compared to other trusts (ranks 8% to 36%). Rank 20% when looking at whether people feel adequate adjustments have been made for them to do their work.

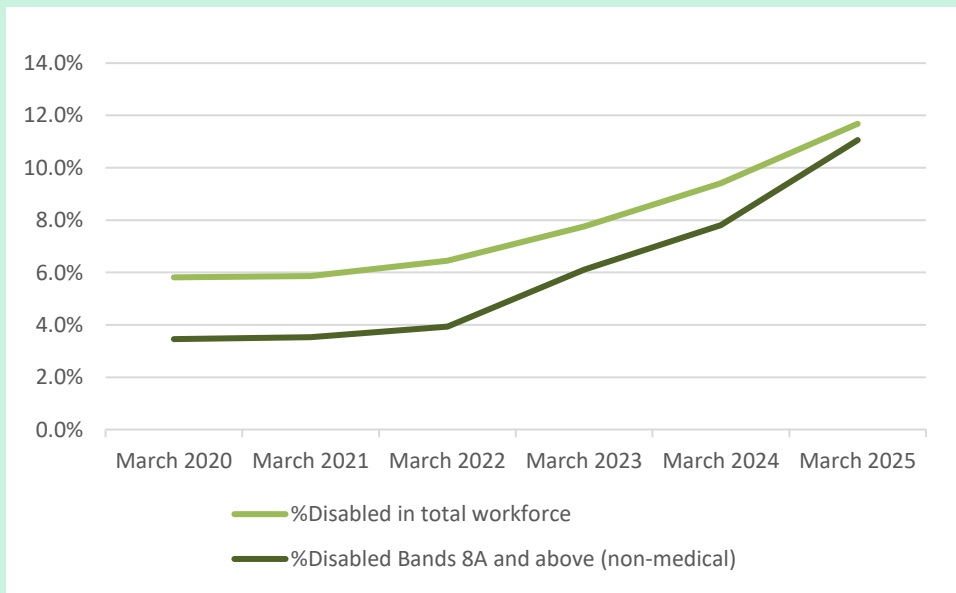
**Indicator 9:** comparable to other trusts at voting board level (rank 39%) and total board level (rank 59%) but worse than other trusts for executive board members (rank 91%).

Benchmarking for this current 2024/25 data is expected in Autumn 2025.



# Metric 1. Representation: percentage of Disabled colleagues in each band

Representation		2022/23	2023/24	2024/25
NON-CLINICAL	Percentage of total staff who have a disability	9.5%	10.8%	13.1%
	Percentage of staff bands 8A and above (excluding medics) who have a disability	7.5%	5.8%	9.1%
CLINICAL	Percentage of total staff who have a disability	7.1%	8.9%	11.2%
	Percentage of staff bands 8A and above (excluding medics) who have a disability	5.4%	8.9%	11.9%



## What the data shows

Note: This data excludes staff of unknown disability status.

**IMPROVEMENT** compared to last year.

Over the past years, the percentage of Disabled staff in the workforce has increased, especially in recent years, across clinical and non-clinical roles. This may be because of more recruitment of Disabled staff; more staff recording their status on ESR; or both. The percentage of Disabled staff 8A+ has risen more quickly, meaning there is now less discrepancy between the percentage of Disabled staff across bands.

However, 29.1% of staff who completed the Staff Survey said they had a disability (similar to previous years). Therefore, ESR likely underestimates the percentage of Disabled colleagues in the organisation. This may be due to the anonymity of the Staff Survey; the wording of the Staff Survey question asking more generally about “any physical or mental health conditions or illnesses”; or the fact that some people will develop disabilities over their working life and not necessarily update their ESR record.

The proportion of “Not Stated” or undisclosed disability data has decreased year-on-year from 45.0% of staff at March 2012 to 13.0% at March 2024, and 10.9% in March 2025.

Click for  
more detail

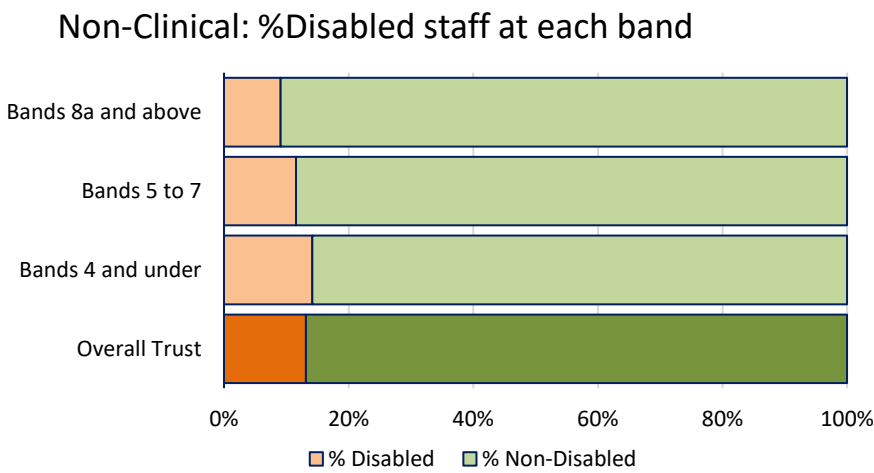
Bands

Professional  
Groups

Directorates

# Metric 1. Representation: percentage of Disabled colleagues in each band

## Bands

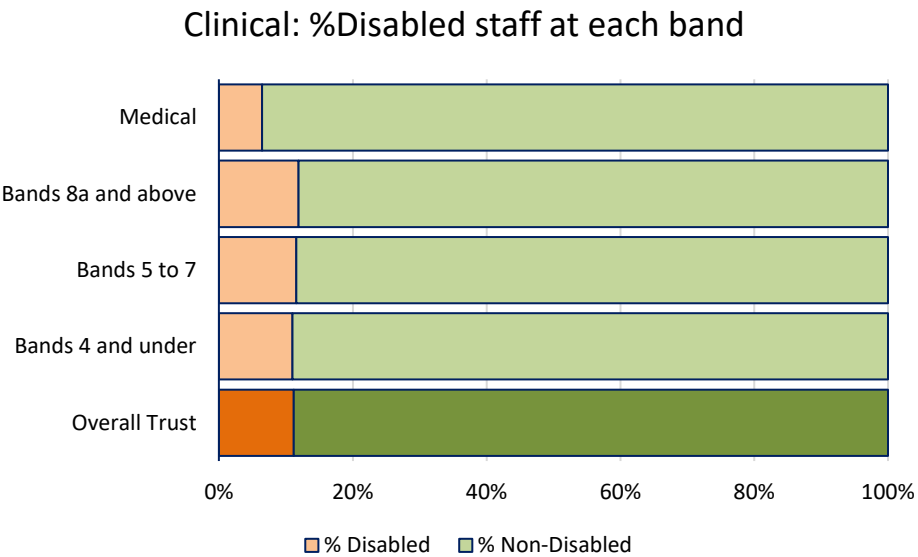


### What the data shows

Note: This data excludes staff of unknown disability status.

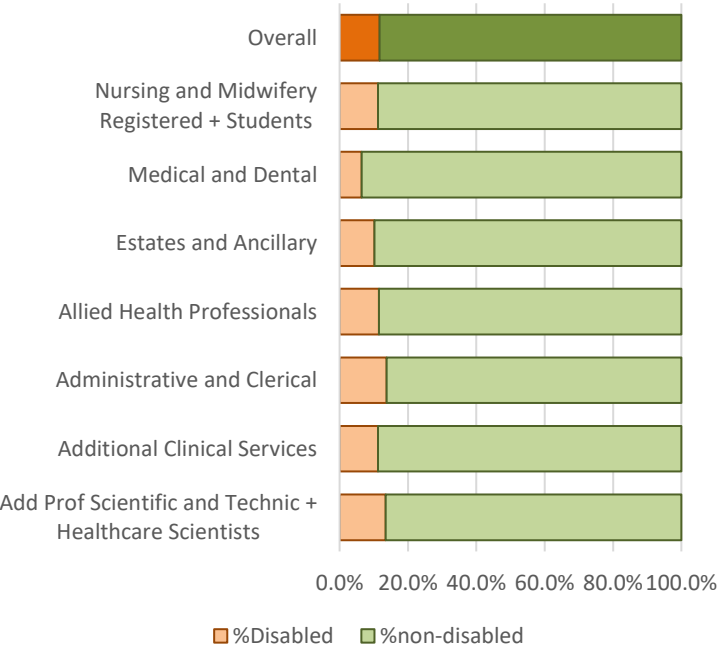
As in previous years, Disabled staff are proportionally represented across clinical pay bands, with no drop in representation at higher bands. The exception is for Medical staff, where Disabled staff are disproportionately represented compared to the overall workforce.

For non-clinical staff, the proportion of Disabled staff steadily decreases as the bands increase.

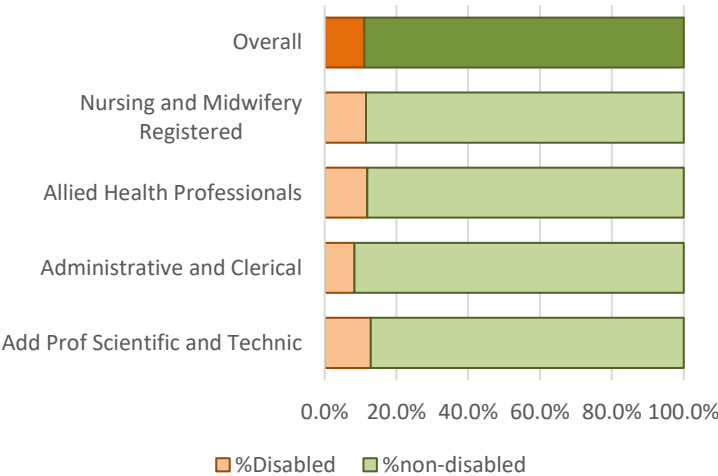


**Metric 1. Representation: percentage of Disabled colleagues in each band**  
**Professional Groups**

Disability by Staff Group



Disability by Staff Group (bands 8A and above)



**What the data shows**

Note: This data excludes staff of unknown disability status.

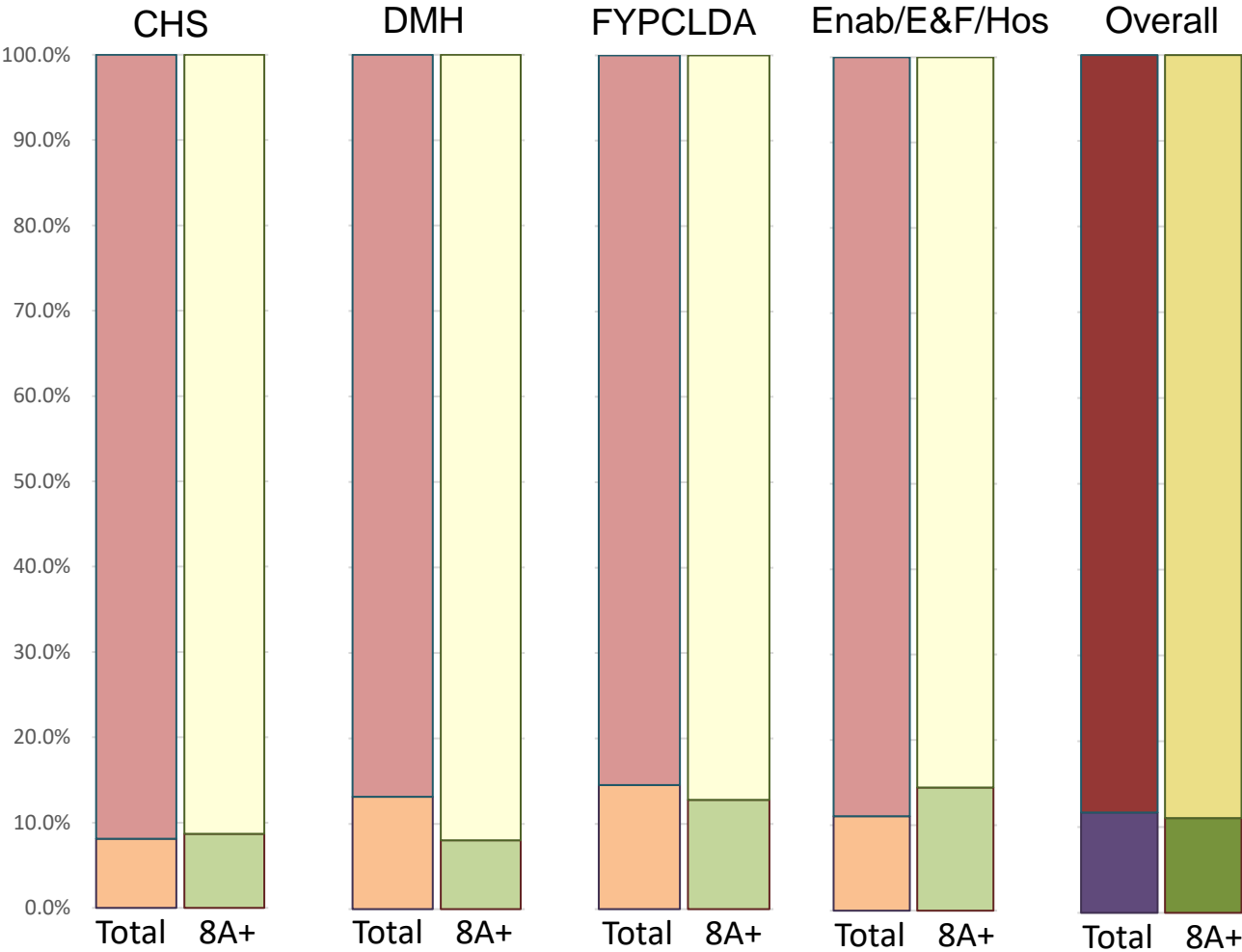
When looking at all bands:

- Medical and Estates & Ancillary staff see the lowest rates of Disabled staff.
- Admin & Clerical, and Scientific roles, have the highest rates of Disabled staff.

When looking at Bands 8A and above:

- An under-representation of Disabled staff is seen within Admin & Clerical.

**Metric 1. Representation:** percentage of Disabled colleagues in each band  
**Directorates**



**What the data shows**

Note: This data excludes staff of unknown disability status.

CHS has the lowest percentage of Disabled staff, but has consistency across higher and lower bands. Similarly, FYPCLDA sees little difference between % Disabled staff across bands.

DMH sees a significant drop in % Disabled staff represented at bands 8A and above, compared to total workforce.

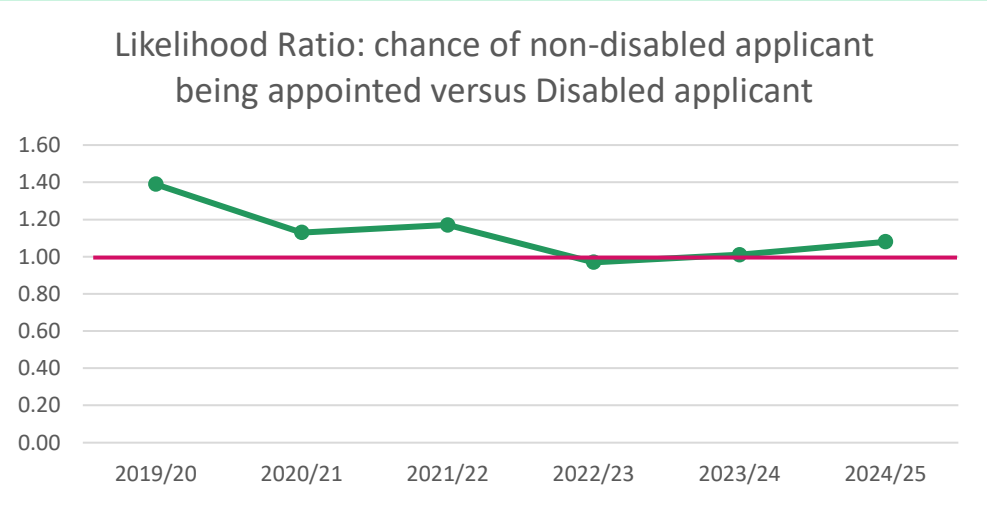
For Enabling Services, the % Disabled staff at Bands 8A+ is slightly higher than the total workforce, but not significantly so.



## Metric 2. Recruitment: chance of being appointed from shortlisting, by disability status

Recruitment	2022/23	2023/24	2024/25
Relative likelihood of appointment from shortlisting (non-disabled/Disabled)	0.97	1.01	1.08
% non-disabled people appointed from shortlisting	35.9%	29.3%	15.4%
% Disabled people appointed from shortlisting	36.9%	29.1%	14.2%

\*Note: NHS Jobs data was used in 2022/23 and 2023/24, and could only provide numbers of offers made, not people appointed (as required by the WDES). Also, NHS Jobs did not count internal appointments. 2024/25 data is a mixture of NHS Jobs data (April to June 2024, plus some recruitment activity later in the year) and Jobtrain (June 2024 onwards). Jobtrain data provides numbers of people appointed, and does include internal appointments. Therefore, this year's figures which are primarily from Jobtrain cannot be directly compared to previous years.



### What the data shows

Note: This data excludes applicants of unknown disability status

**SIMILAR** to last year.

The percentage of Disabled applicants being appointed is lower than the percentage of non-disabled applicants, but the difference is not significant in terms of the likelihood ratio (1.25 or above would be considered significantly different; 1.00 is equally likely).

The percentage figures cannot be directly compared to previous years (see note\*), but the likelihood ratios are comparable. We have maintained an equal position in recent years, and haven't seen a significant difference between Disabled and non-disabled applicants' chances since 2020.

This is positive, but we still need to do more to ensure Disabled people feel able to apply for jobs, as they will not be reflected in the data which only looks at applicants.

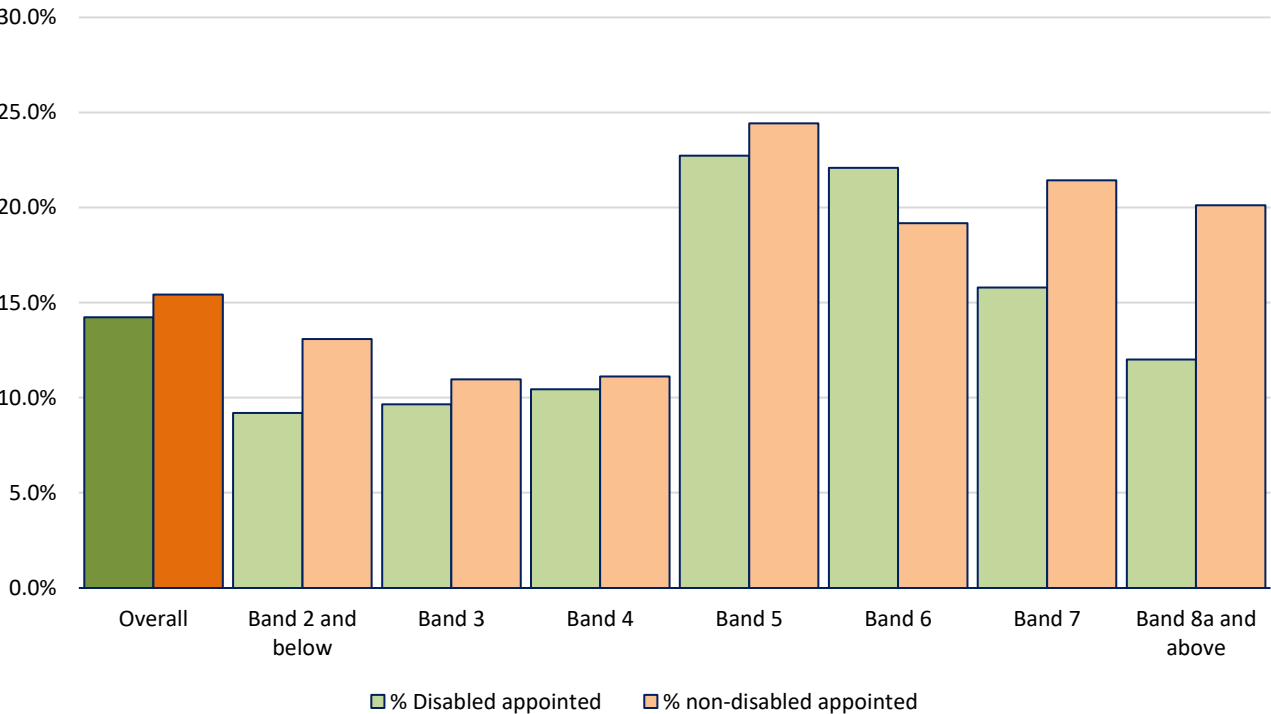
[Click for more detail](#)

[Bands](#)

[Directorates](#)

## Metric 2. Recruitment: chance of being appointed from shortlisting, by disability status

### Bands



### What the data shows

Note: This data excludes applicants of unknown disability status.

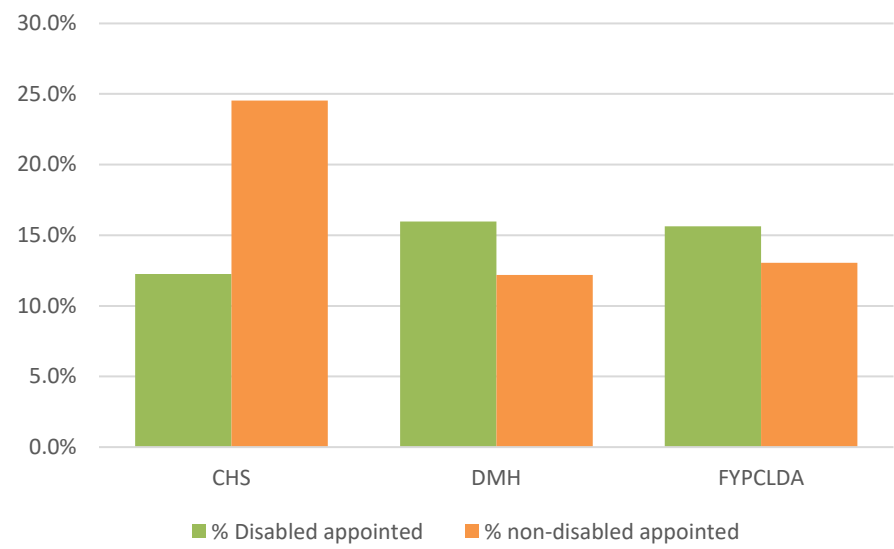
Overall, non-disabled applicants are 1.08 times more likely to be appointed than Disabled applicants, which is statistically equal.

**Bands 3 to 6** – Disabled and non-disabled applicants are statistically equally likely to be appointed. For Band 6, Disabled staff are slightly more likely to be appointed (but not significantly).

**Bands 2, 7, 8a and above** – non-disabled applicants are significantly more likely to be appointed (likelihood ratios over 1.25)

Band	Likelihood of Disabled applicant being appointed compared to non-disabled
Overall	1.08
Band 2 and below	1.42
Band 3	1.14
Band 4	1.06
Band 5	1.07
Band 6	0.87
Band 7	1.36
Band 8a and above	1.68

**Metric 2. Recruitment:** chance of being appointed from shortlisting, by disability status  
**Directorates**



**What the data shows**

Note: This data excludes applicants of unknown disability status. Insufficient data to look at Enabling, Hosted and E&F.

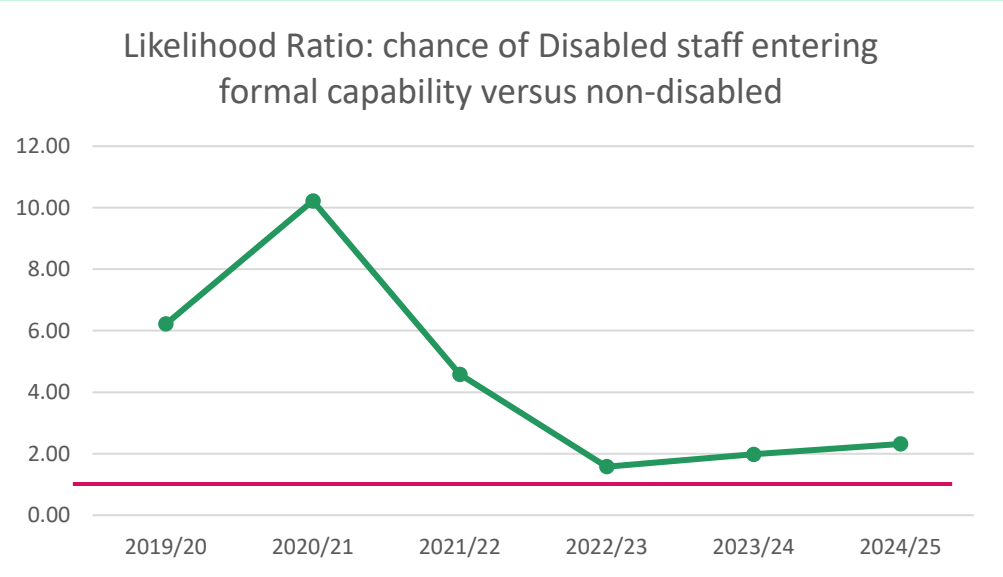
Percentages shown are the proportions of shortlisted applicants who go on to be appointed.

In DMH, and to a lesser extent in FYPCLDA, Disabled applicants are more likely to be appointed than non-disabled applicants. The opposite is true for CHS, where non-disabled applicants are twice as likely as Disabled applicants to be appointed.

Trends will need to be monitored over time to see how variable these positions are.

**Metric 3. Capability processes:** chances of entering a capability process depending on disability status

Formal capability process (2 year window)	2021/22 to 2022/23	2022/23 to 2023/24	2023/24 to 2024/25
Relative likelihood (Disabled/non-disabled)	1.58	1.98	2.32
% Disabled colleagues entering the formal capability process	1.0%	0.6%	1.1%
% non-disabled colleagues entering the formal capability process	0.6%	0.3%	0.5%



**What the data shows**

Note: This data excludes staff of unknown disability status. Cases solely relating to sickness are not included.

**WORSENER** since last year.

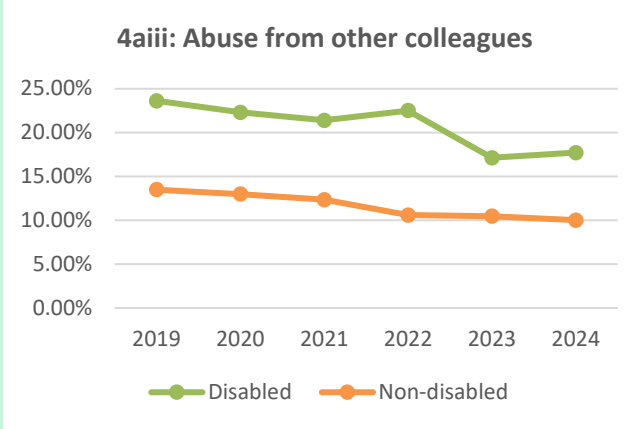
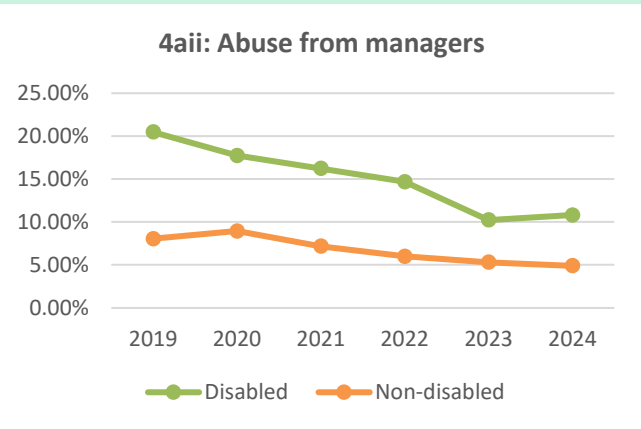
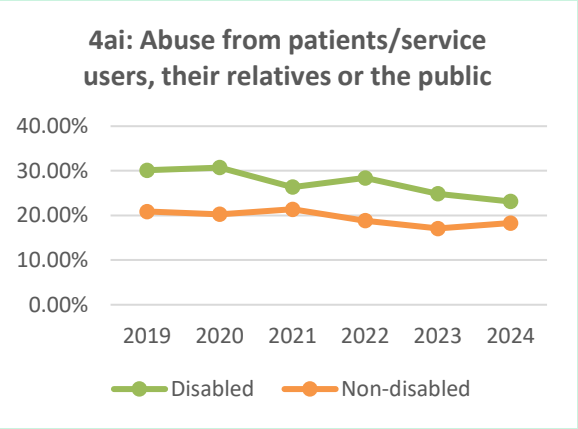
More staff are entering capability processes this year, even when accounting for the increase in staff numbers we have seen rates nearly double compared to the previous 2 years (disabled and non-disabled staff).

The likelihood ratio has worsened from Disabled staff being twice as likely to enter a formal capability process, to being 2.32 times more likely.

However, the long-term trend shows an improvement. We need to ensure this continues.

No additional breakdowns available due to small numbers

Metric 4a: Staff Survey: harassment, bullying or abuse



4ai	2022	2023	2024
Likelihood ratio (Disabled/non-disabled)	1.51	1.46	1.26
% Disabled Yes	28.4%	24.8%	23.1%
% non-disabled Yes	18.8%	17.1%	18.3%

4aii	2022	2023	2024
Likelihood ratio (Disabled/non-disabled)	2.45	1.92	2.20
% Disabled Yes	14.7%	10.2%	10.8%
% non-disabled Yes	6.0%	5.3%	4.9%

4aiii	2022	2023	2024
Likelihood ratio (Disabled/non-disabled)	2.12	1.64	1.77
% Disabled Yes	22.5%	17.1%	17.7%
% non-disabled Yes	10.6%	10.4%	10.0%

What the data shows

IMPROVEMENT for 4ai, WORSENING for 4aii and 4aiii.

Abuse from patients and the public has dropped slightly for Disabled staff since 2023. There have been slight increases in abuse from managers and colleagues towards Disabled staff, but overall we are still seeing a downward long-term trend. LPT has better results for Disabled and non-disabled staff across all parts of metric 4 when compared to comparator organisations.

Click for more detail

Professional Groups

CHS

4ai

4aii

4aiii

DMH

4ai

4aii

4aiii

FYPCLDA

4ai

4aii

4aiii

Enabling, E&F, Hosted

4ai

4aii

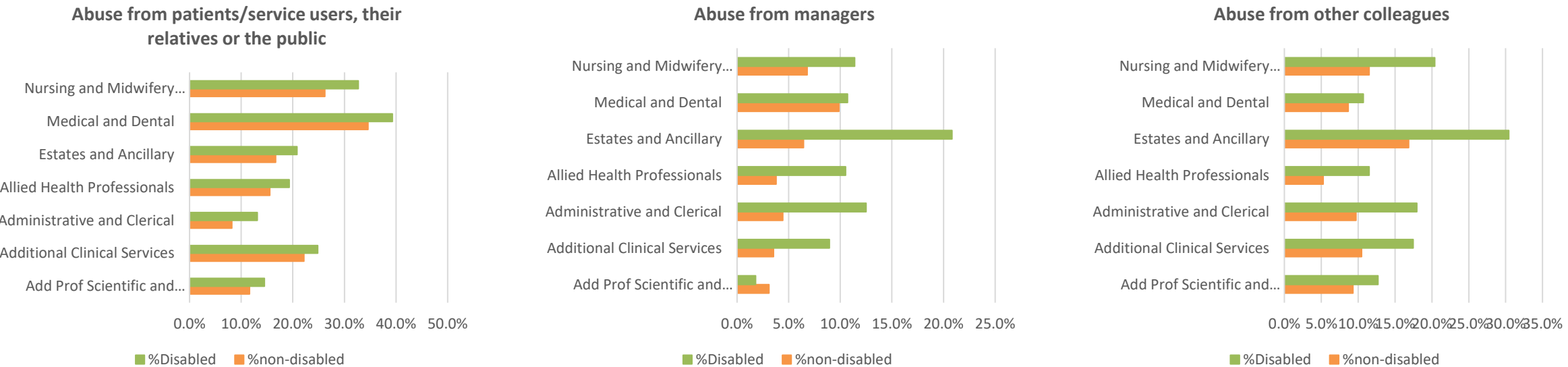
4aiii

Home Page

Metric 4b

## Metric 4: Staff Survey: harassment, bullying or abuse

### Professional Groups



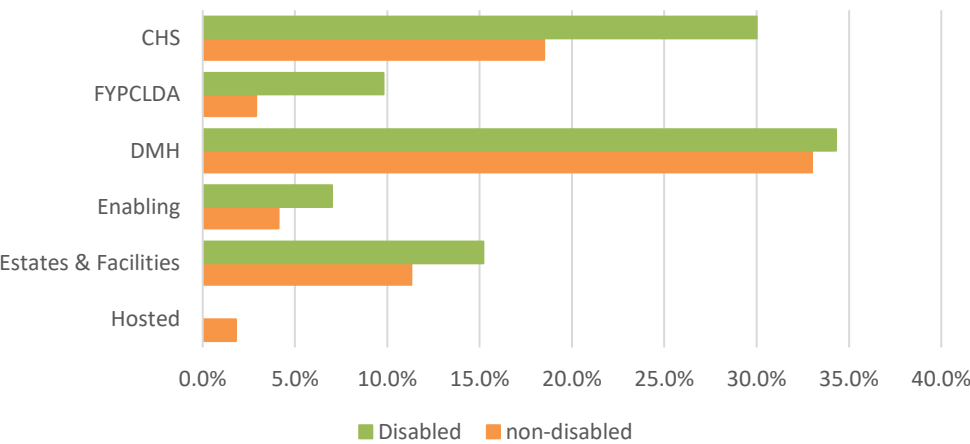
### What the data shows

Disabled staff are more likely than non-disabled staff to experience bullying/harassment/abuse from patients across all professional groups, although the difference between Disabled and non-disabled staff is more significant when looking at abuse from managers and colleagues. Here, this difference is especially large for Estates & Facilities staff, AHPs, and admin and clerical staff.

# Metric 4: Staff Survey: harassment, bullying or abuse

## CHS

4ai: Bullying/harassment/abuse from patients and the public



### What the data shows

Notes: Overall figures for directorates are shown in the graph. Teams with particularly high or low scores are referenced in the tables, to highlight hotspot areas.

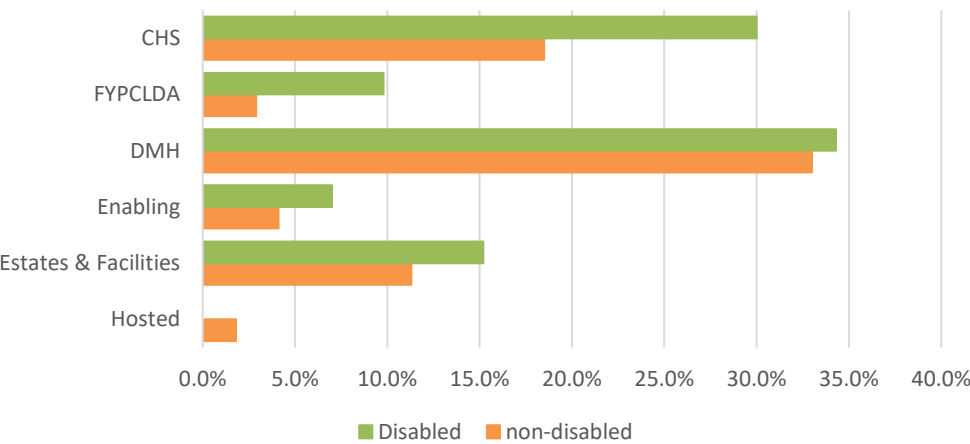
In CHS, Disabled staff are more likely to experience bullying, harassment and abuse. This is particularly seen in some of our Community Specialist Services, including County Wide Podiatry.

Hotspot Teams – largest and smallest gaps between Disabled & non-disabled staff responses	Non-disabled %Yes	Disabled %Yes	Total responses
County Wide Podiatry	13.0%	50.0%	37
Community Specialist Services Admin & Management	5.6%	26.3%	55
East Central Hub - Nursing & Therapy	11.5%	42.9%	40
Charnwood Hub - Nursing & Therapy	23.7%	21.4%	52
Coalville (Snibston Ward & Ward 2)	26.0%	27.3%	61

# Metric 4: Staff Survey: harassment, bullying or abuse

## DMH

4ai: Bullying/harassment/abuse from patients and the public



## What the data shows

Notes: Overall figures for directorates are shown in the graph. Teams with particularly high or low scores are referenced in the tables, to highlight hotspot areas.

In DMH, Disabled staff are more likely to face abuse from patients in some teams, but not others. Overall for DMH, there is no significant difference.

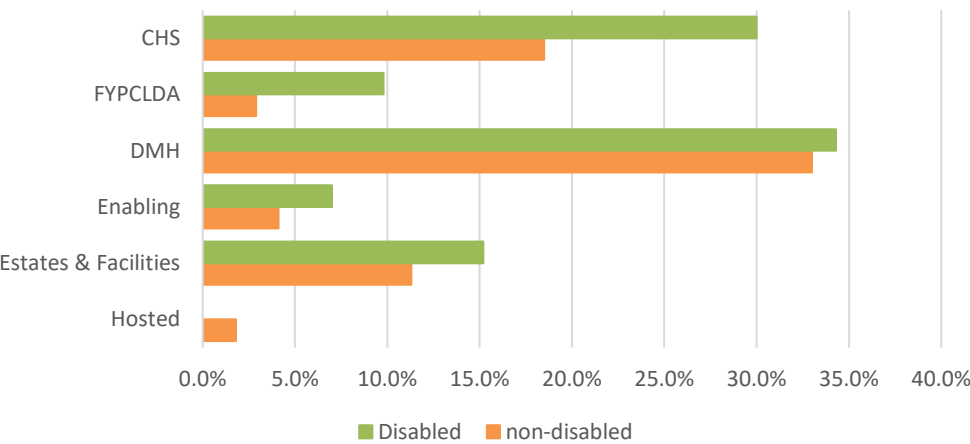
Hotspot Teams – largest and smallest gaps between Disabled & non-disabled staff responses	Non-disabled %Yes	Disabled %Yes	Total responses
Occupational Therapy	10.8%	34.8%	60
Community Specialty Services	9.3%	27.3%	76
Acute, Forensic & PICU	76.2%	75.0%	112



# Metric 4: Staff Survey: harassment, bullying or abuse

## FYPCLDA

4ai: Bullying/harassment/abuse from patients and the public



### What the data shows

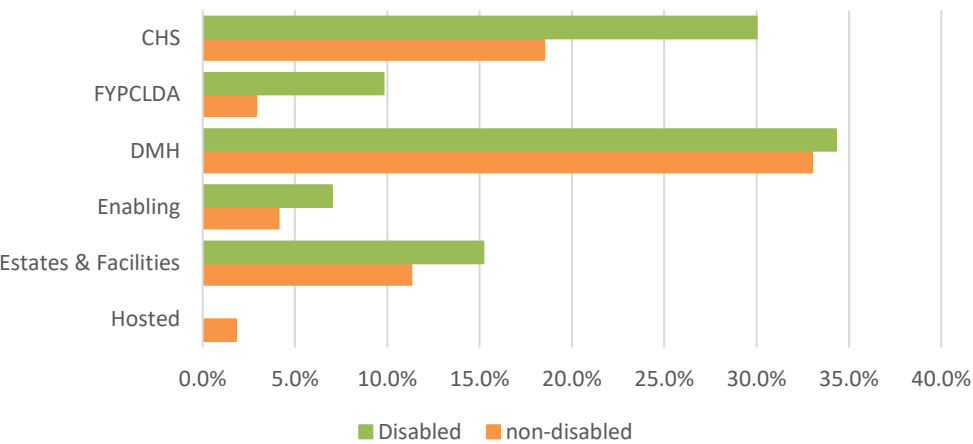
Notes: Overall figures for directorates are shown in the graph. Teams with particularly high or low scores are referenced in the tables, to highlight hotspot areas.

In FYPCLDA, Disabled staff are more likely to experience bullying, harassment and abuse from patients than non-disabled staff in some services, though this isn't seen across all services and not to a large extent when looking at FYPCLDA as a whole. In Children's Speech Therapy, abuse from patients is most likely to be directed at non-disabled staff.

Hotspot Teams – largest and smallest gaps between Disabled & non-disabled staff responses	Non-disabled %Yes	Disabled %Yes	Total responses
Children's Speech Therapy	18.8%	7.1%	46
CAMHS Outpatients	21.6%	30.8%	63
Group 1 Admin	19.3%	18.5%	84

## Metric 4: Staff Survey: harassment, bullying or abuse Enabling, Estates & Facilities, and Hosted Services

4ai: Bullying/harassment/abuse from patients and the public



### What the data shows

Notes: Overall figures for directorates are shown in the graph. Teams with particularly high or low scores are referenced in the tables, to highlight hotspot areas.

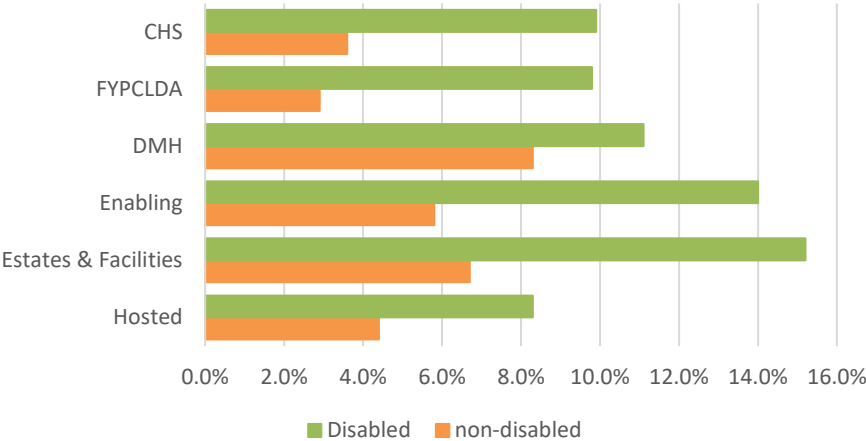
Many Enabling & Hosted services are not patient-facing, and so do not experience any abuse from patients or the public. Of those which do, Disabled colleagues are most at risk. This is also the case for Estates & Facilities.

Hotspot Teams – largest and smallest gaps between Disabled & non-disabled staff responses	Non-disabled %Yes	Disabled %Yes	Total responses
Estates & Facilities (all)	11.3%	15.2%	139
Medical (all)	11.5%	17.9%	106
Nursing, AHPs, and Quality (all)	5.8%	13.0%	75

# Metric 4: Staff Survey: harassment, bullying or abuse

## CHS

4a:ii: Bullying/harassment/abuse from managers



### What the data shows

Notes: Overall figures for directorates are shown in the graph. Teams with particularly high or low scores are referenced in the tables, to highlight hotspot areas.

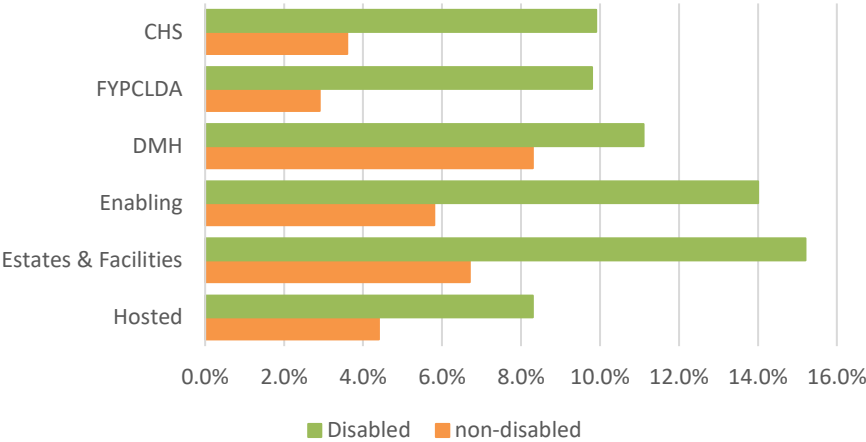
In CHS, Disabled staff are more likely to experience bullying, harassment and abuse from managers across all services, except Coalville Hospital where non-disabled staff are more likely to experience this.

Hotspot Teams – largest and smallest gaps between Disabled & non-disabled staff responses	Non-disabled %Yes	Disabled %Yes	Total responses
County Wide Podiatry	4.2%	21.4%	38
NWL Hub – Nursing & Therapy	0.0%	10.5%	55
Coalville (Snibston Ward & Ward 2)	8.0%	0.0%	61

# Metric 4: Staff Survey: harassment, bullying or abuse

## DMH

4a:ii: Bullying/harassment/abuse from managers



### What the data shows

Notes: Overall figures for directorates are shown in the graph. Teams with particularly high or low scores are referenced in the tables, to highlight hotspot areas.

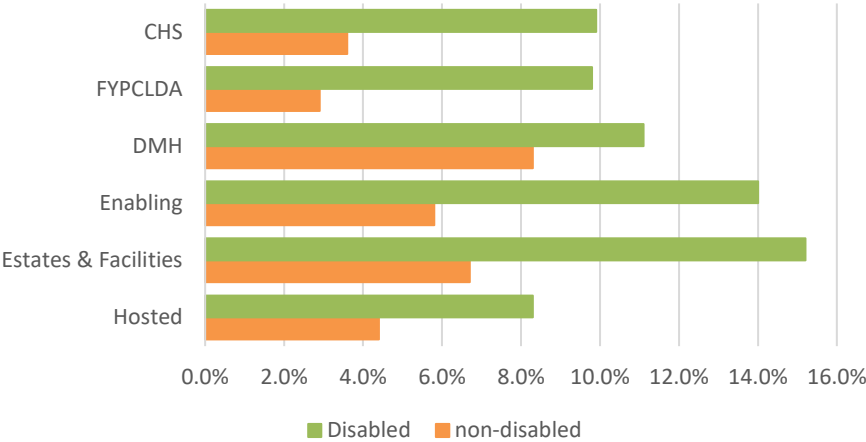
In DMH, Disabled staff are more likely to experience abuse from managers to a greater or lesser extent depending on the team.

Hotspot Teams – largest and smallest gaps between Disabled & non-disabled staff responses	Non-disabled %Yes	Disabled %Yes	Total responses
Occupational Therapy	0.0%	21.7%	60
Admin Support Services	6.3%	14.7%	98
Community Neighbourhood Teams	7.7%	8.3%	138

# Metric 4: Staff Survey: harassment, bullying or abuse

## FYPCLDA

4a:ii: Bullying/harassment/abuse from managers



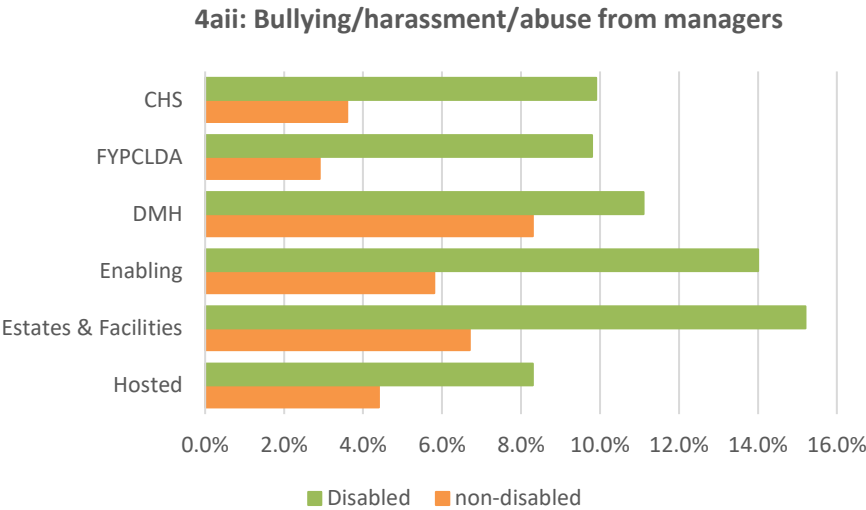
### What the data shows

Notes: Overall figures for directorates are shown in the graph. Teams with particularly high or low scores are referenced in the tables, to highlight hotspot areas.

In FYPCLDA, Disabled staff are significantly more likely to experience bullying from managers, especially in Group 2 teams including Mental Health Support 0-19 and Health Visiting & School Nursing.

Hotspot Teams – largest and smallest gaps between Disabled & non-disabled staff responses	Non-disabled %Yes	Disabled %Yes	Total responses
Mental Health Support Teams 0-19	0.0%	26.3%	40
Health Visiting & School Nursing	2.4%	12.0%	175
CAMHS Outpatient Team	5.4%	7.7%	63

Metric 4: Staff Survey: harassment, bullying or abuse  
Enabling, Estates & Facilities, and Hosted Services



What the data shows

Notes: Overall figures for directorates are shown in the graph. Teams with particularly high or low scores are referenced in the tables, to highlight hotspot areas.

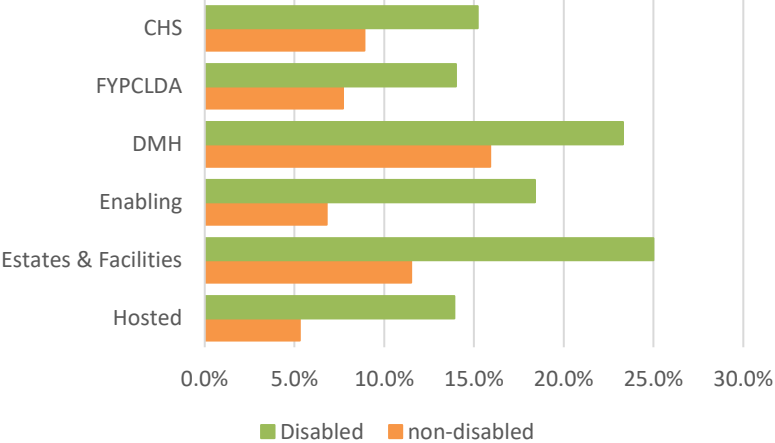
In Enabling, E&F, and Hosted services, Disabled colleagues experience more bullying/harassment from managers than non-disabled staff.

Hotspot Teams – largest and smallest gaps between Disabled & non-disabled staff responses	Non-disabled %Yes	Disabled %Yes	Total responses
Employment Services	0.0%	17.6%	48
Finance and Performance	2.1%	5.6%	65

# Metric 4: Staff Survey: harassment, bullying or abuse

## CHS

4aiii: Bullying/harassment/abuse from colleagues



### What the data shows

Notes: Overall figures for directorates are shown in the graph. Teams with particularly high or low scores are referenced in the tables, to highlight hotspot areas.

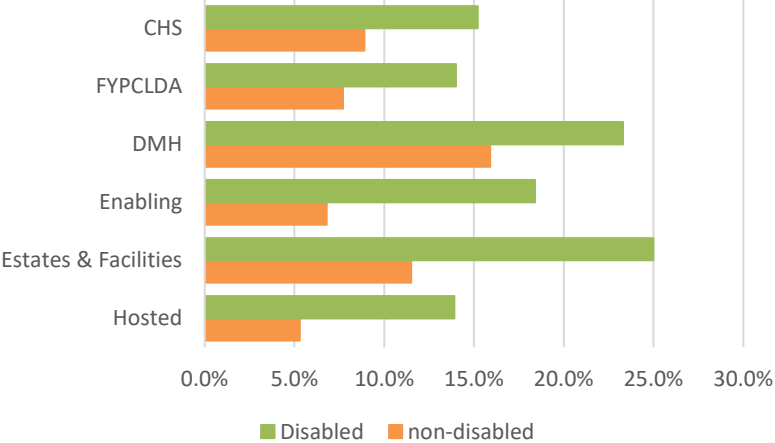
In CHS, Disabled staff are more likely to experience bullying, harassment and abuse from colleagues across most services.

Hotspot Teams – largest and smallest gaps between Disabled & non-disabled staff responses	Non-disabled %Yes	Disabled %Yes	Total responses
Community LD	1.8%	8.3%	91
Mental Health Support Teams 0-19	9.5%	26.3%	40
Health Visiting & School Nursing	6.4%	18.0%	175

# Metric 4: Staff Survey: harassment, bullying or abuse

## DMH

4aiii: Bullying/harassment/abuse from colleagues



### What the data shows

Notes: Overall figures for directorates are shown in the graph. Teams with particularly high or low scores are referenced in the tables, to highlight hotspot areas.

In DMH, Disabled staff are more likely to face abuse from colleagues in most teams.

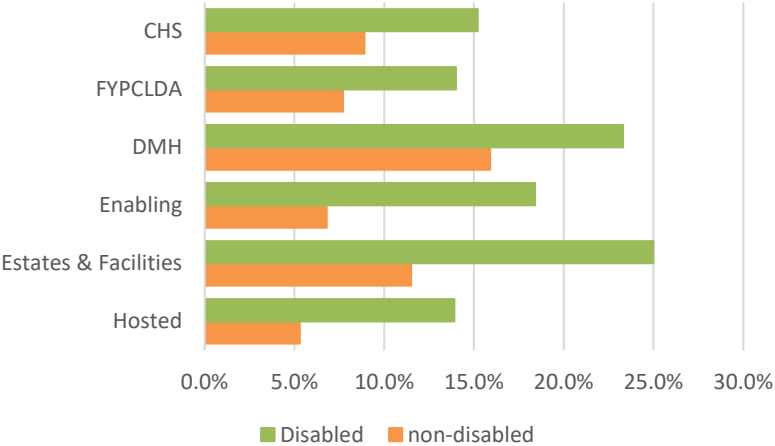
Hotspot Teams – largest and smallest gaps between Disabled & non-disabled staff responses	Non-disabled %Yes	Disabled %Yes	Total responses
Occupational Therapy	5.4%	30.4%	60
MHSOP Inpatients	16.7%	35.3%	71
Management and Business Services	12.1%	13.3%	48



# Metric 4: Staff Survey: harassment, bullying or abuse

## FYPCLDA

4aiii: Bullying/harassment/abuse from colleagues



### What the data shows

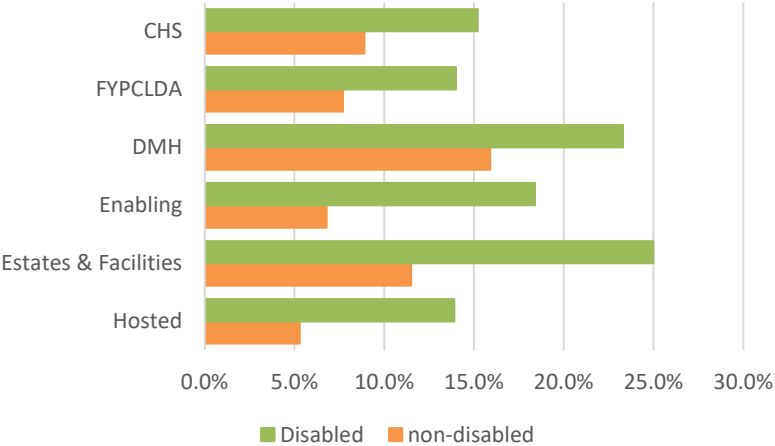
Notes: Overall figures for directorates are shown in the graph. Teams with particularly high or low scores are referenced in the tables, to highlight hotspot areas.

In FYPCLDA, Disabled staff are more likely to receive abuse from colleagues, with some teams with large discrepancies between the experiences of Disabled and non-disabled staff.

Hotspot Teams – largest and smallest gaps between Disabled & non-disabled staff responses	Non-disabled %Yes	Disabled %Yes	Total responses
Community LD	1.8%	8.3%	91
Mental Health Support Teams 0-19	9.5%	26.3%	40
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Metric 4: Staff Survey: harassment, bullying or abuse  
Enabling, Estates & Facilities, and Hosted Services

4aiii: Bullying/harassment/abuse from colleagues



What the data shows

Notes: Overall figures for directorates are shown in the graph. Teams with particularly high or low scores are referenced in the tables, to highlight hotspot areas.

In Enabling, E&F, and Hosted services, Disabled colleagues experience more bullying/harassment from colleagues than non-disabled staff. .

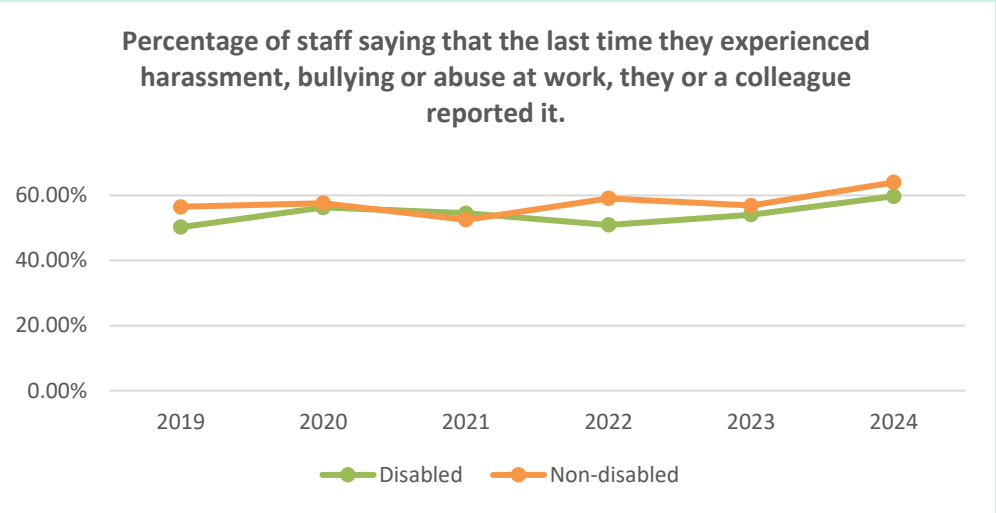
Hotspot Teams – largest and smallest gaps between Disabled & non-disabled staff responses	Non-disabled %Yes	Disabled %Yes	Total responses
Nursing, AHPs, and Quality	9.8%	30.4%	74
Medical (all)	5.1%	21.4%	106

## Metric 4b: Staff Survey: reporting harassment, bullying or abuse

[Click for more detail](#)

[Professional Groups](#)

[Directorates](#)



### What the data shows

**IMPROVEMENT** since last year.

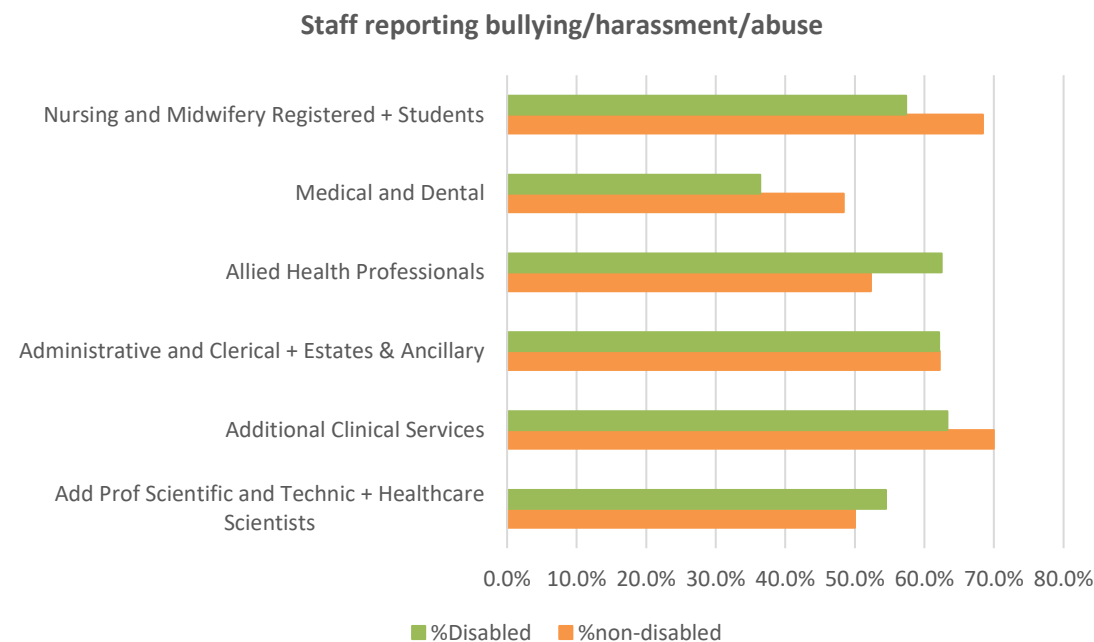
Happily, Disabled and non-disabled staff are more likely to report abuse now compared to 2023. Our ongoing Zero Tolerance programme aims to increase reporting of abuse and highlight support available for staff.

We want to continue to see an improvement in this metric.

Did you report the last incident of bullying, harassment or abuse?	2022	2023	2024
Likelihood ratio (Disabled/non-disabled)	0.86	0.95	0.93
% Disabled respondents who said Yes	50.9%	54.0%	59.7%
% non-disabled respondents who said Yes	59.1%	56.9%	64.0%

# Metric 4b: Staff Survey: reporting harassment, bullying or abuse

## Professional Groups



## What the data shows

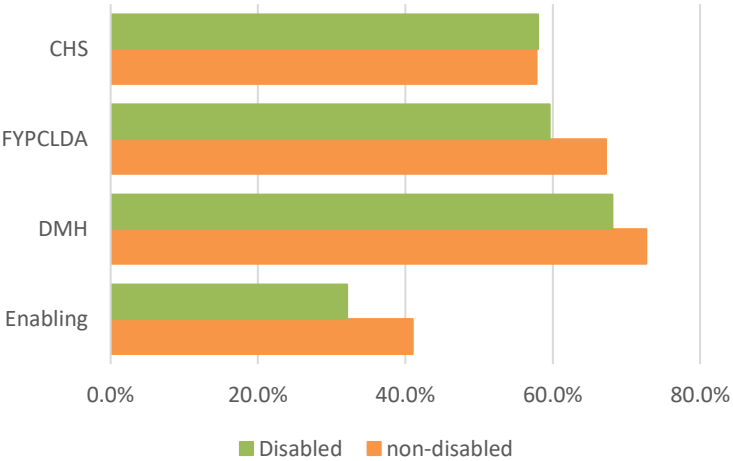
Disabled nurses and doctors are less likely to report abuse than their non-disabled colleagues. For other professional groups, likelihood of reporting doesn't vary much between Disabled and non-disabled staff.

For AHPs, Disabled staff are more likely to report abuse than non-disabled staff.

## Metric 4b: Staff Survey: reporting harassment, bullying or abuse

### Directorates

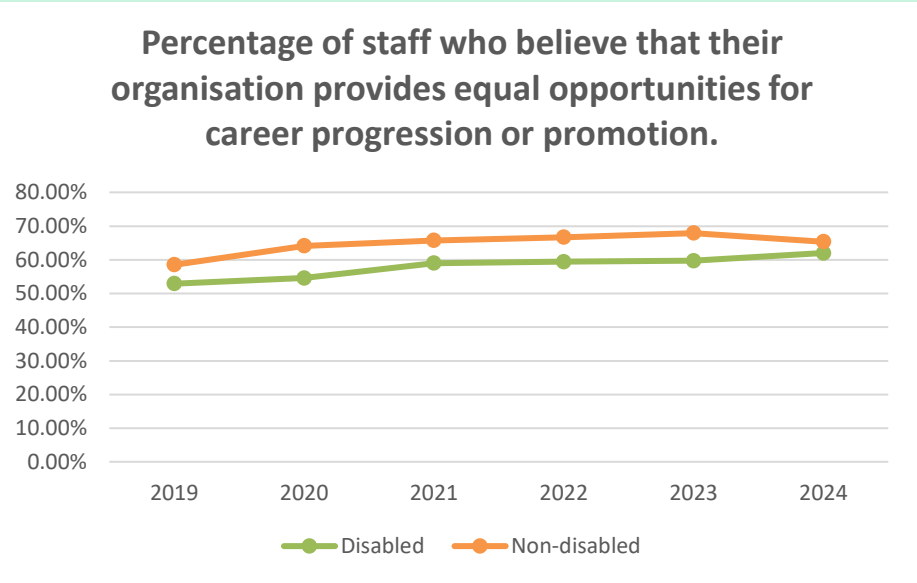
4b: Staff reporting bullying/harassment/abuse



### What the data shows

Disabled staff are less likely to report abuse across all directorates, except CHS (there is insufficient data to report for Hosted and E&F). Staff in Enabling services are the least likely to report abuse if it happens to them. Numbers are not large enough to break down further into teams.

Metric 5: Staff Survey: equal opportunities for career progression and promotion



What the data shows

**IMPROVEMENT** since last year.

In previous years, Disabled staff have felt less positive about the fairness of career progression than non-disabled staff have felt. In 2024, this gap narrowed. Now, a similar percentage of Disabled and non-disabled staff feel positive that the trust provides equal opportunities for career progression or promotion.

LPT does better in this metric than comparator organisations (54.9% Disabled staff, 60.5% non-disabled staff).

Does the trust provide equal opportunities for career progression or promotion?	2022	2023	2024
Likelihood ratio (Disabled/non-disabled)	0.89	0.88	0.95
% Disabled respondents who said Yes	59.5%	59.7%	62.0%
% non-disabled respondents who said Yes	66.7%	68.0%	65.4%

Click for more detail

Professional Groups

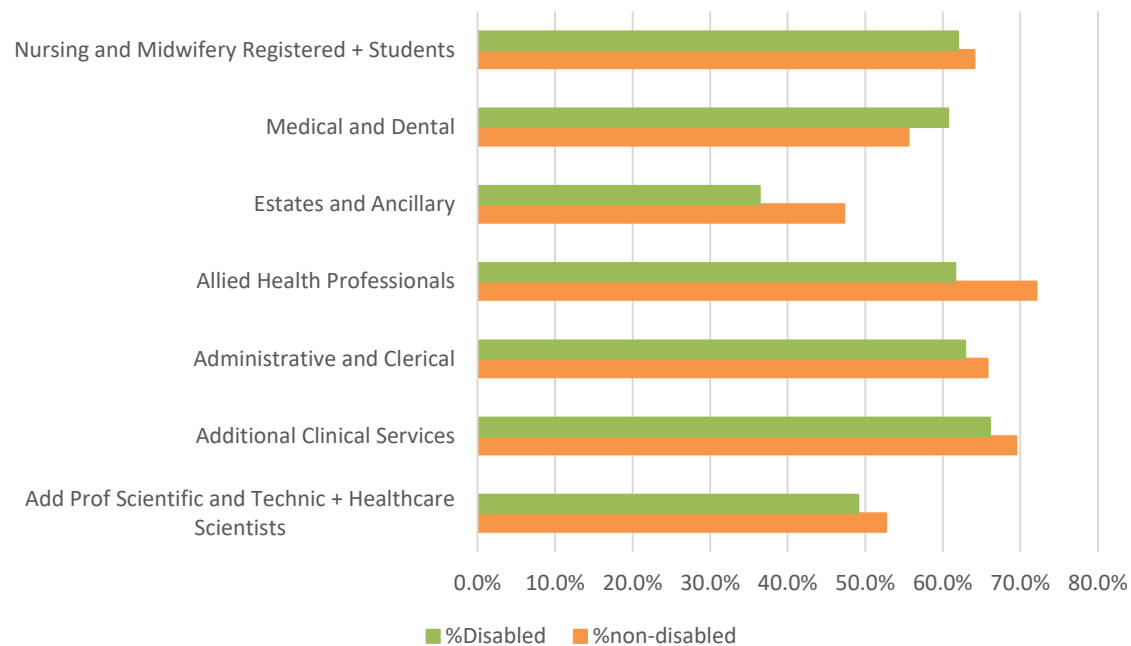
CHS

DMH

FYPCLDA

Enabling, E&F, Hosted

**Metric 5: Staff Survey:** equal opportunities for career progression and promotion  
**Professional Groups**

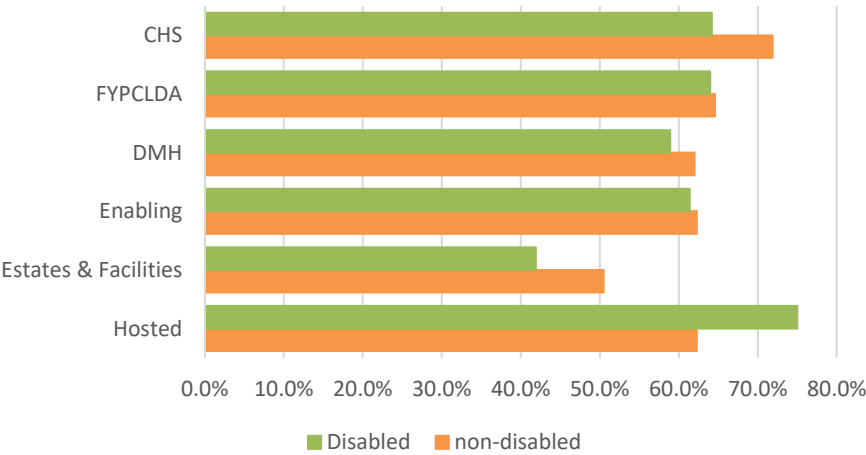


**What the data shows**

Across most professional groups, Disabled staff feel less positive about career progression fairness, although the difference in responses is largest for Estates & Facilities staff and AHPs. For Medical staff, Disabled staff are slightly more positive.

# Metric 5: Staff Survey: equal opportunities for career progression and promotion

## CHS



### What the data shows

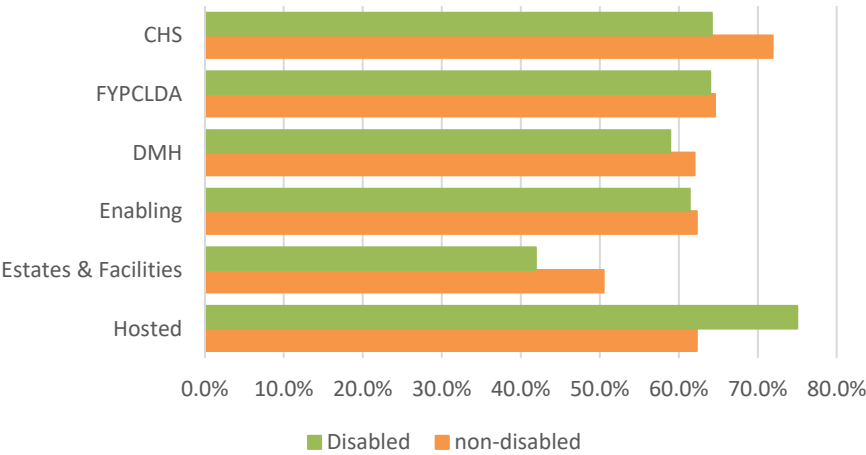
Notes: Overall figures for directorates are shown in the graph. Teams with particularly high or low scores are referenced in the tables, to highlight hotspot areas.

In some CHS services and teams, Disabled staff are more positive about career progression fairness; in others, non-disabled staff are more positive.

Hotspot Teams – largest and smallest gaps between Disabled & non-disabled staff responses	Non-disabled %Yes	Disabled %Yes	Total responses
East South Hub - Nursing & Therapy	82.1%	58.3%	40
County Wide Podiatry	78.3%	46.2%	36
H&B Comm Hosp (East & North wards)	76.3%	76.9%	72



Metric 5: Staff Survey: equal opportunities for career progression and promotion  
DMH



What the data shows

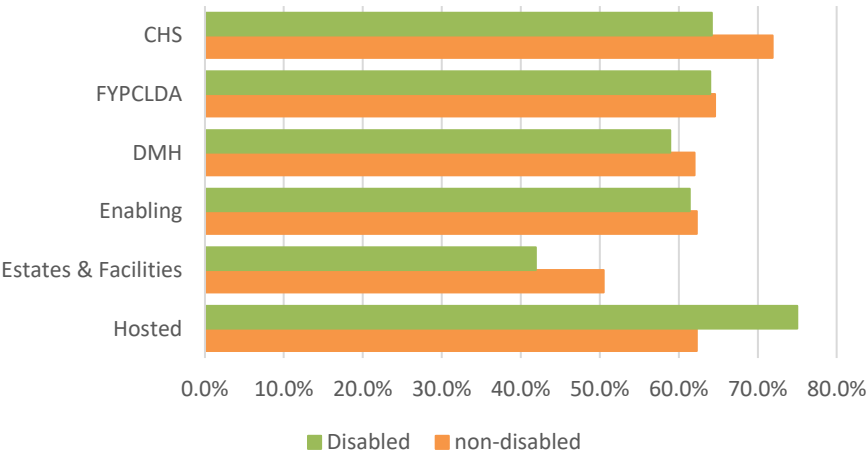
Notes: Overall figures for directorates are shown in the graph. Teams with particularly high or low scores are referenced in the tables, to highlight hotspot areas.

In some services and teams in DMH, Disabled staff are more positive about career progression fairness; in others, non-disabled staff are more positive.

Hotspot Teams – largest and smallest gaps between Disabled & non-disabled staff responses	Non-disabled %Yes	Disabled %Yes	Total responses
Acute, Forensic & PICU	48.1%	71.4%	109
Community Specialty Services	53.5%	39.4%	76
Rehab & HD	65.1%	68.8%	79

# Metric 5: Staff Survey: equal opportunities for career progression and promotion

## FYPCLDA



### What the data shows

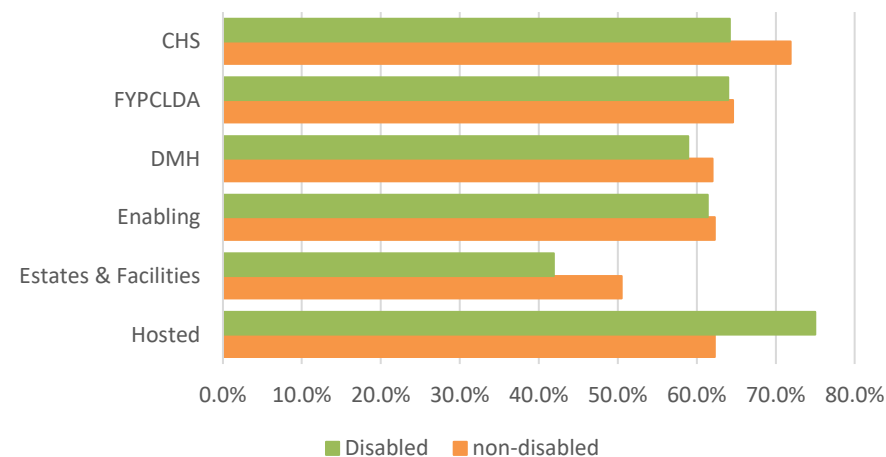
Notes: Overall figures for directorates are shown in the graph. Teams with particularly high or low scores are referenced in the tables, to highlight hotspot areas.

Many teams in FYPCLDA see no difference between Disabled and non-disabled staff responses to this question. Where there are exceptions, Disabled staff are less positive for this metric.

Hotspot Teams – largest and smallest gaps between Disabled & non-disabled staff responses	Non-disabled %Yes	Disabled %Yes	Total responses
Children's Speech Therapy	75.0%	57.1%	46
Nutrition & Dietetics	61.0%	41.7%	53
Health Visiting & School Nursing	60.3%	60.0%	176
CAMHS Outpatient Team	62.2%	61.5%	63

## Metric 5: Staff Survey: equal opportunities for career progression and promotion

### Enabling, Estates & Facilities, and Hosted Services



### What the data shows

Notes: Overall figures for directorates are shown in the graph. Teams with particularly high or low scores are referenced in the tables, to highlight hotspot areas.

In many Enabling services, except Nursing AHPs and Quality, there is no significant difference between Disabled and non-disabled staff responses. For Hosted services, Disabled staff are more positive than non-disabled staff about the fairness of career progression; however the opposite is true of Estates & Facilities.

Hotspot Teams – largest and smallest gaps between Disabled & non-disabled staff responses	Non-disabled %Yes	Disabled %Yes	Total responses
Nursing, AHPs, and Quality	60.4%	47.8%	76
Finance and Performance	63.0%	61.1%	64
Employment Services	56.3%	58.8%	49

**Metric 6: Staff Survey:** pressure from a manager to come to work, despite not feeling well enough

[Click for more detail](#)

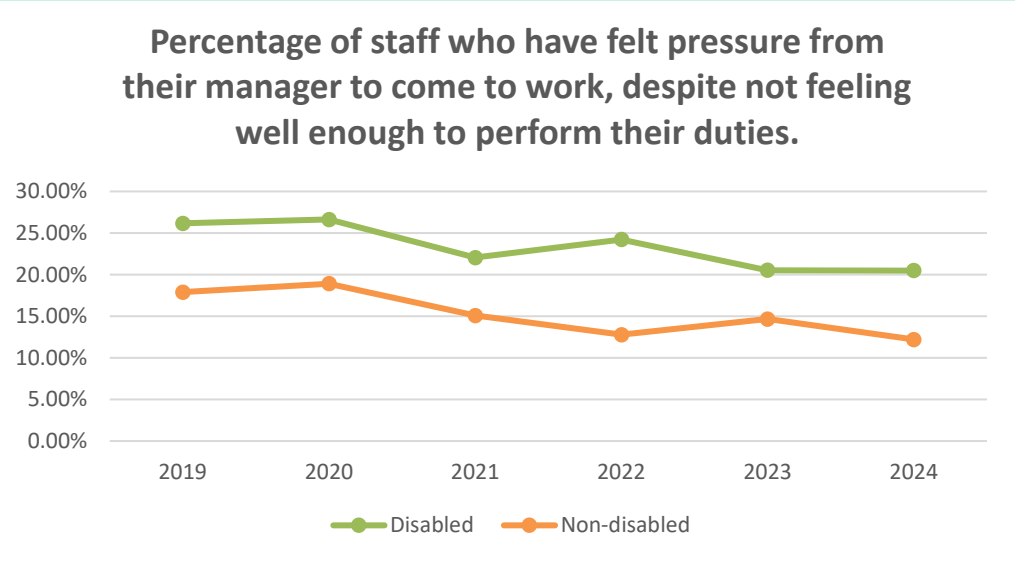
Professional Groups

CHS

DMH

FYPCLDA

Enabling, E&F, Hosted



**What the data shows**

**WORSENING** since last year.

This metric has improved for non-disabled staff, but Disabled staff still report the same rates of coming to work when unwell due to manager pressure as they did last year.

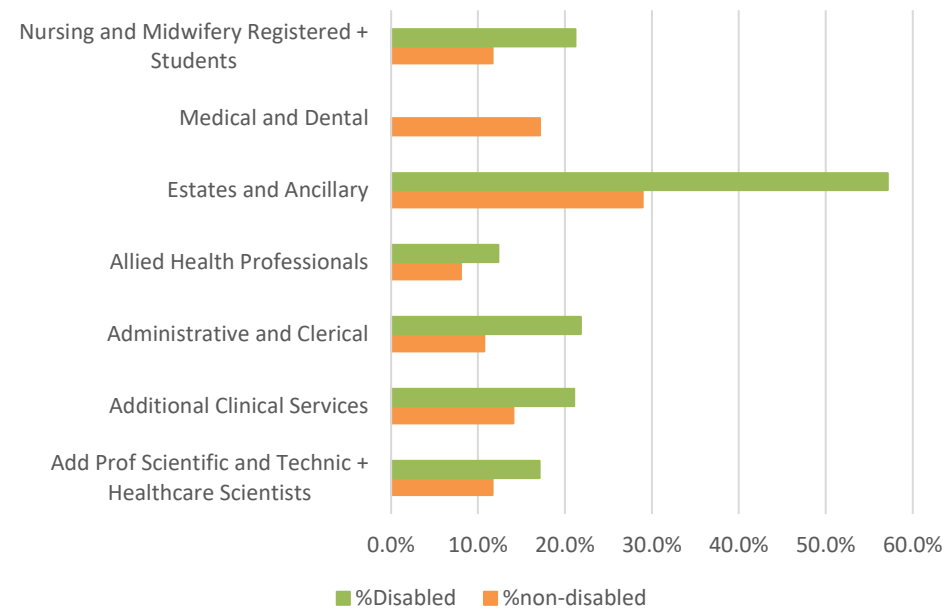
LPT performs slightly worse than comparator organisations for this metric (18.1% for Disabled staff, 11.6% for non-disabled staff).

This metric is calculated using the number of staff who answered “yes” when asked if they have come to work when unwell. i.e. 20.5% of Disabled staff who have come to work when unwell felt pressure from their manager.

Pressure from a manager to come to work, despite not feeling well enough	2022	2023	2024
Likelihood ratio (Disabled/non-disabled)	1.89	1.40	1.68
% Disabled colleagues who said Yes	24.2%	20.5%	20.5%
% non-disabled colleagues who said Yes	12.8%	14.7%	12.2%

**Metric 6: Staff Survey:** pressure from a manager to come to work, despite not feeling well enough

**Professional Groups**

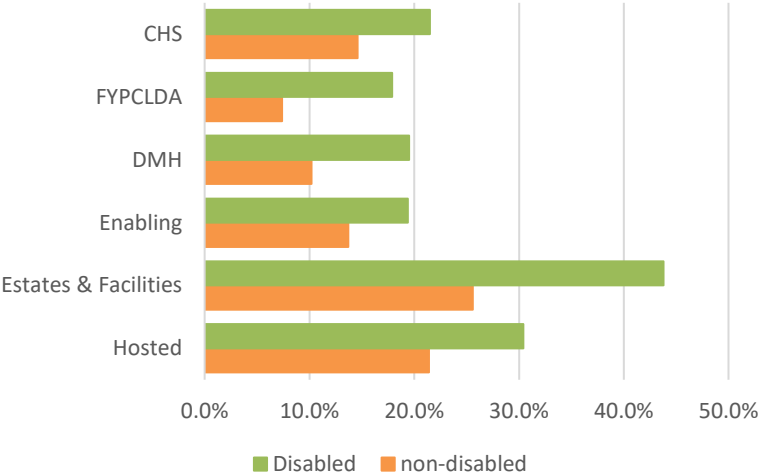


**What the data shows**

Across most professional groups, Disabled staff are more likely to feel pressured by managers to come to work when they are unwell, especially for Estates & Facilities and Nursing staff groups. The exception is Medics; no Medics with a disability reported feeling pressured by a manager into coming to work.

**Metric 6: Staff Survey:** pressure from a manager to come to work, despite not feeling well enough

**CHS**



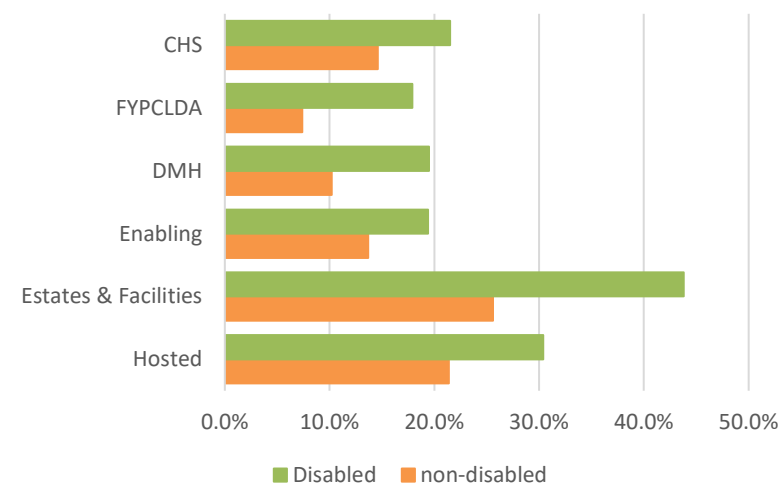
**What the data shows**

Notes: Overall figures for directorates are shown in the graph. Teams with particularly high or low scores are referenced in the tables, to highlight hotspot areas.

In CHS, responses vary by team, with some having very little difference in Disabled/non-disabled responses, and others having a bigger difference.

Hotspot Teams – largest and smallest gaps between Disabled & non-disabled staff responses	Non-disabled %Yes	Disabled %Yes	Total responses
East Central Hub - Nursing & Therapy	25.0%	9.1%	23
NWL Hub - Nursing & Therapy	15.8%	21.4%	33
Admin & Management	6.2%	6.7%	31

**Metric 6: Staff Survey:** pressure from a manager to come to work, despite not feeling well enough  
**DMH**



**What the data shows**

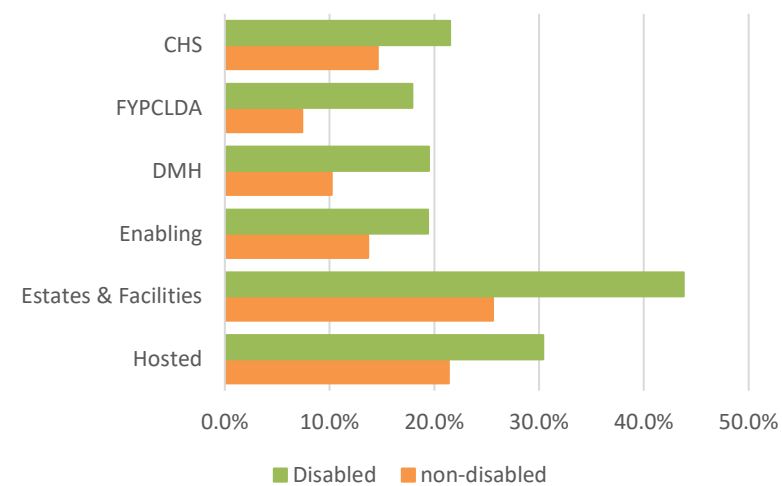
Notes: Overall figures for directorates are shown in the graph. Teams with particularly high or low scores are referenced in the tables, to highlight hotspot areas.

Disabled staff in DMH are more likely to experience pressure from managers to come to work when unwell in all areas.

Hotspot Teams – largest and smallest gaps between Disabled & non-disabled staff responses	Non-disabled %Yes	Disabled %Yes	Total responses
Admin Support Services	12.5%	39.1%	55
Community Neighbourhood Teams	7.0%	21.4%	85
Acute, Forensic & PICU	7.3%	16.7%	59

**Metric 6: Staff Survey:** pressure from a manager to come to work, despite not feeling well enough

FYPCLDA



What the data shows

Notes: Overall figures for directorates are shown in the graph. Teams with particularly high or low scores are referenced in the tables, to highlight hotspot areas.

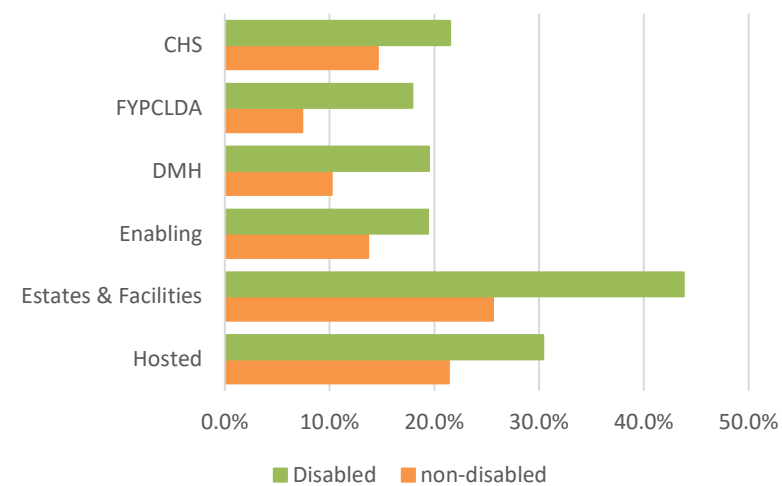
Across FYPCLDA, Disabled staff are more likely to experience pressure from managers to come to work when unwell in many areas.

Hotspot Teams – largest and smallest gaps between Disabled & non-disabled staff responses	Non-disabled %Yes	Disabled %Yes	Total responses
CAMHS Outpatient Team	15.0%	37.5%	36
Health Visiting & School Nursing	12.5%	21.2%	89



**Metric 6: Staff Survey:** pressure from a manager to come to work, despite not feeling well enough

**Enabling, Estates & Facilities, and Hosted Services**



**What the data shows**

Notes: Overall figures for directorates are shown in the graph. Teams with particularly high or low scores are referenced in the tables, to highlight hotspot areas.

Disabled staff in Enabling, Estates & Facilities, and Hosted Services are more likely to experience pressure from managers to come to work when unwell in all areas. E&F have the highest rates.

Hotspot Teams – largest and smallest gaps between Disabled & non-disabled staff responses	Non-disabled %Yes	Disabled %Yes	Total responses
Nursing, AHPs, and Quality	0.0%	18.8%	31
Employment Services	15.4%	27.3%	24
Estates & Facilities (all)	25.6%	43.8%	55

**Metric 7: Staff Survey:** satisfaction with the extent to which the organisation values work

[Click for more detail](#)

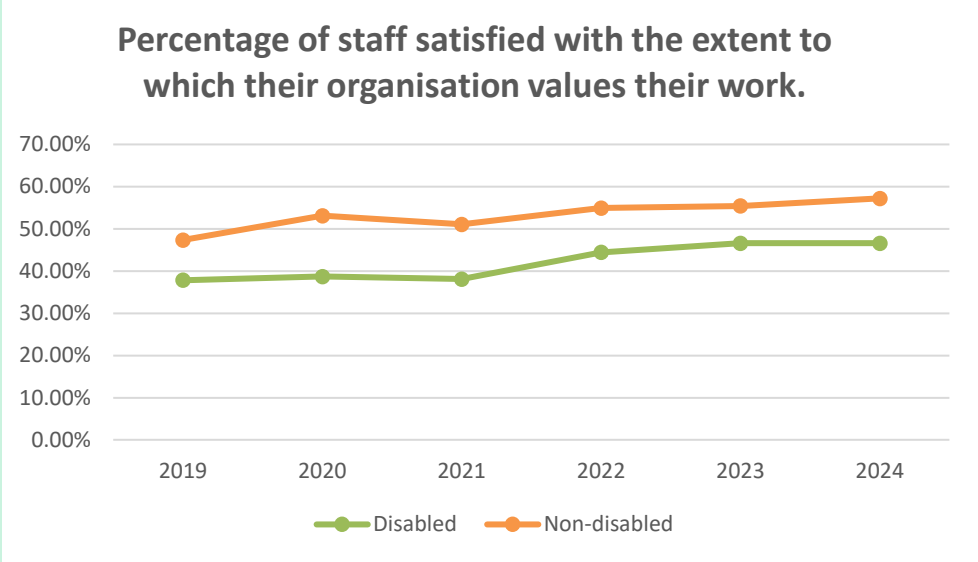
[Professional Groups](#)

[CHS](#)

[DMH](#)

[FYPCLDA](#)

[Enabling, E&F, Hosted](#)



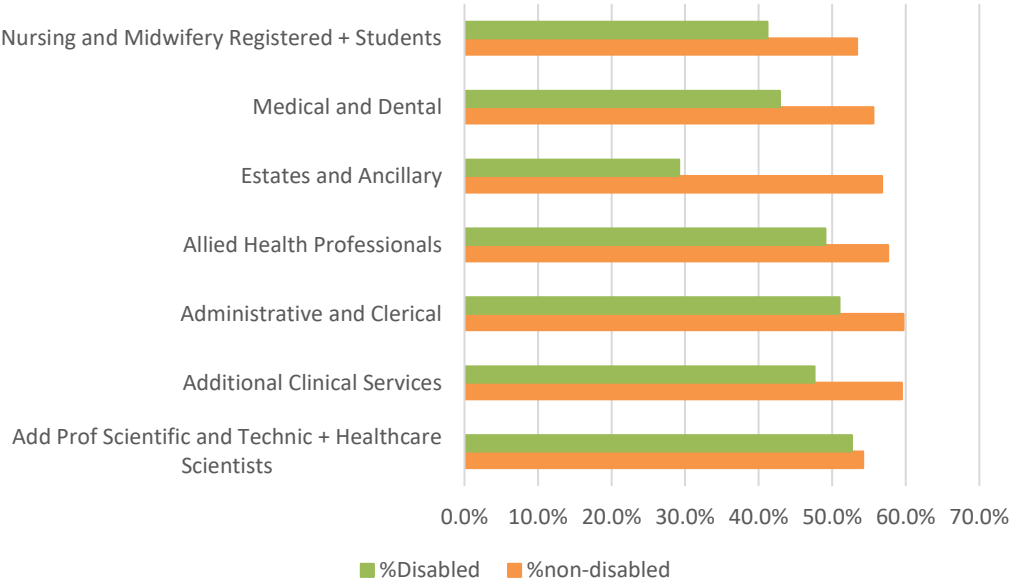
**What the data shows**

**SIMILAR** to last year.

This metric has improved slightly for non-disabled staff, but Disabled staff still report the same level of satisfaction with how much the organisation values their work as they did last year. LPT performs better than comparator organisations for this metric (43.8% for Disabled staff, 53.7% for non-disabled staff).

Satisfaction with the extent to which the organisation values work	2022	2023	2024
Likelihood ratio (Disabled/non-disabled)	0.81	0.84	0.81
% Disabled colleagues who said Yes	44.4%	46.6%	46.6%
% non-disabled colleagues who said Yes	54.9%	55.4%	57.2%

**Metric 7: Staff Survey:** satisfaction with the extent to which the organisation values work  
**Professional Groups**

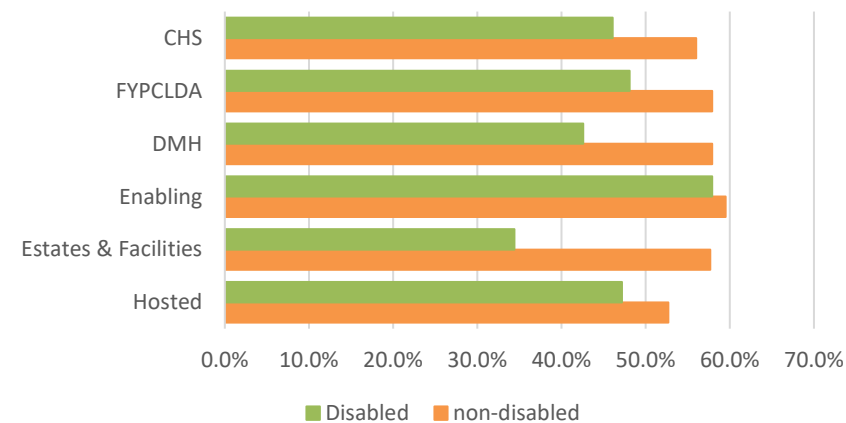


**What the data shows**

Across most professional groups, Disabled staff are less likely to feel valued by the organisation, except Scientific & Technical staff where there is no significant difference. This discrepancy is seen most starkly in Estates & Facilities.

Metric 7: Staff Survey: satisfaction with the extent to which the organisation values work

CHS



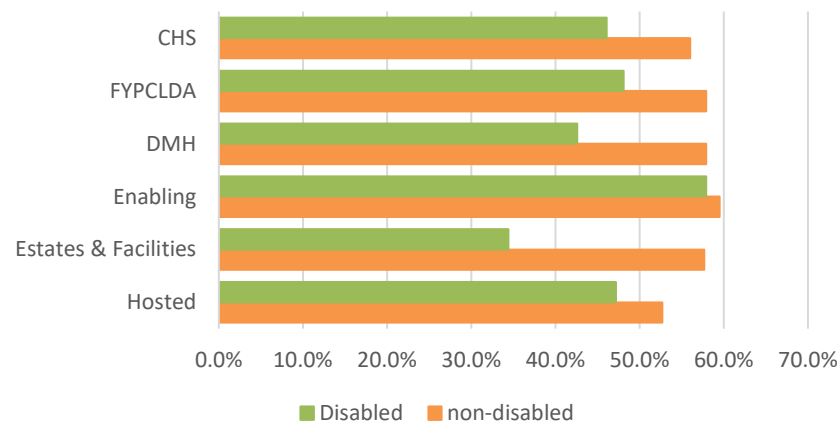
What the data shows

Notes: Overall figures for directorates are shown in the graph. Teams with particularly high or low scores are referenced in the tables, to highlight hotspot areas.

In CHS, Disabled staff feel less valued by the organisation across many teams. Some Community Specialist Services and Community Nursing & Therapy teams, however, see no significant difference between Disabled and non-disabled staff responses.

Hotspot Teams – largest and smallest gaps between Disabled & non-disabled staff responses	Non-disabled %Yes	Disabled %Yes	Total responses
Coalville (Snibston Ward & Ward 2)	50.0%	18.2%	61
Charnwood Hub - Nursing & Therapy	57.9%	28.6%	52
NWL Hub - Nursing & Therapy	63.9%	63.2%	55
Community Specialist Services Admin & Management	58.3%	55.6%	54

Metric 7: Staff Survey: satisfaction with the extent to which the organisation values work DMH



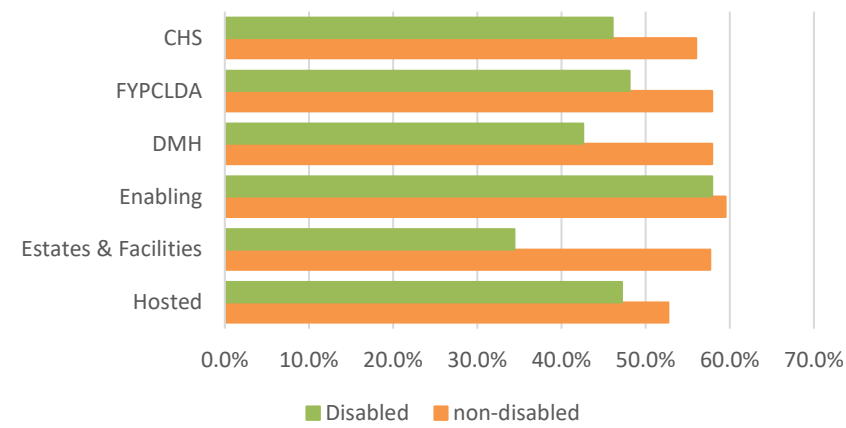
What the data shows

Notes: Overall figures for directorates are shown in the graph. Teams with particularly high or low scores are referenced in the tables, to highlight hotspot areas.

Disabled staff in DMH feel less valued by the organisation across most services.

Hotspot Teams – largest and smallest gaps between Disabled & non-disabled staff responses	Non-disabled %Yes	Disabled %Yes	Total responses
Urgent Care	51.0%	25.0%	81
MHSOP Inpatients	61.1%	29.4%	71
Management and Business Services	73.5%	73.3%	49

**Metric 7: Staff Survey:** satisfaction with the extent to which the organisation values work  
**FYPCLDA**



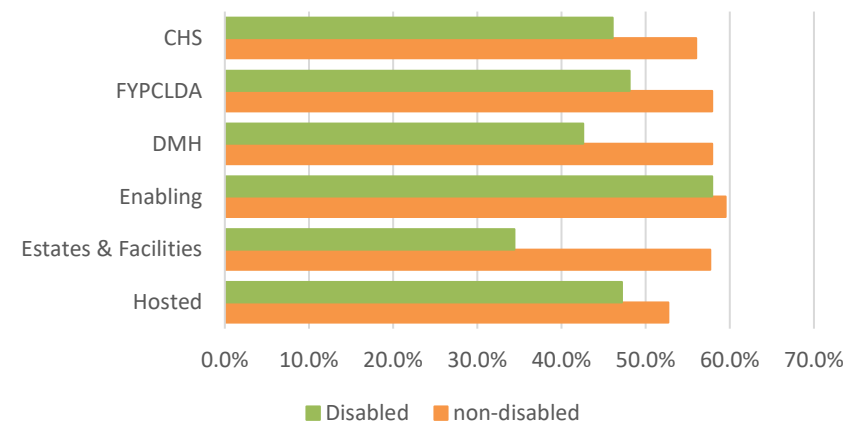
**What the data shows**

Notes: Overall figures for directorates are shown in the graph. Teams with particularly high or low scores are referenced in the tables, to highlight hotspot areas.

Across FYPCLDA, Disabled staff feel less valued by the organisation, but there are some teams which see little or no difference in responses by disability status.

Hotspot Teams – largest and smallest gaps between Disabled & non-disabled staff responses	Non-disabled %Yes	Disabled %Yes	Total responses
Children's Speech Therapy	75.0%	42.9%	46
Outpatient Team	45.9%	30.8%	63
Mental Health Support Teams 0-19	65.0%	63.2%	39
Agnes Unit	72.4%	69.2%	42

**Metric 7: Staff Survey:** satisfaction with the extent to which the organisation values work  
**Enabling, Estates & Facilities, and Hosted Services**



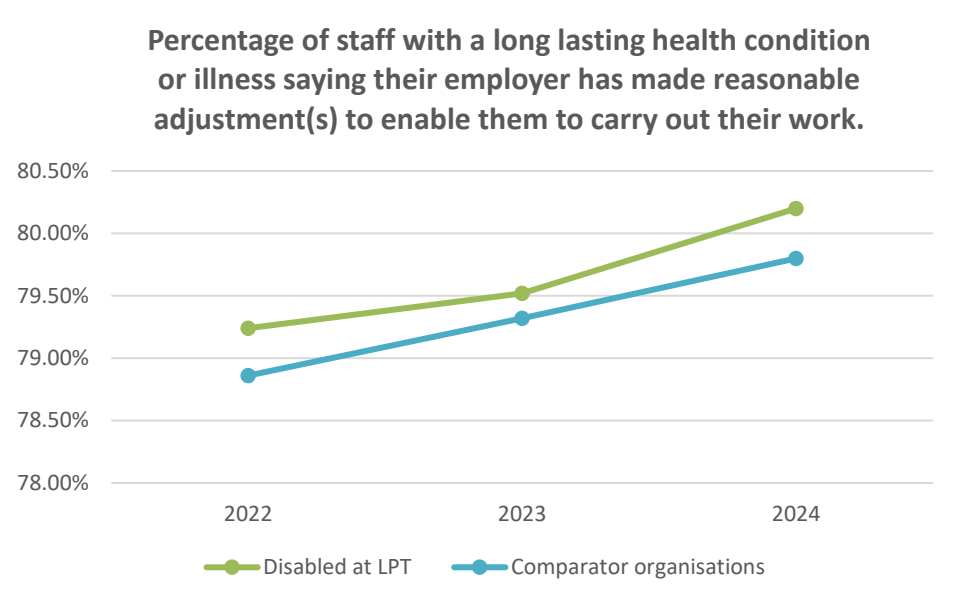
**What the data shows**

Notes: Overall figures for directorates are shown in the graph. Teams with particularly high or low scores are referenced in the tables, to highlight hotspot areas.

Some Disabled staff in Enabling, Estates & Facilities, and Hosted Services feel more valued than those who do not have a disability, but the difference is usually less significant than for those services where Disabled staff feel less valued.

Hotspot Teams – largest and smallest gaps between Disabled & non-disabled staff responses	Non-disabled %Yes	Disabled %Yes	Total responses
Nursing, AHPs, and Quality	56.6%	30.4%	76
Estates & Facilities (all)	57.7%	34.4%	136
Medical	55.1%	64.3%	106

Metric 8: Staff Survey: adequate adjustments



Has your employer made adequate adjustments to enable you to carry out your work?	2022	2023	2024
% Disabled at LPT who say Yes	79.2%	79.5%	80.2%
% Disabled benchmark orgs who say Yes	78.3%	79.3%	79.8%

What the data shows

IMPROVEMENT since last year.

At LPT we have seen an increase in the percentage of Disabled staff who say adequate adjustments have been made for them to work. The increase trajectory is bigger than comparator organisations, meaning we have increased the gap between our performance and our benchmark.

We continue to build on the work done over the last 18 months to increase the profile of reasonable adjustments in the organisation, through our reasonable adjustment clinics and leadership development.

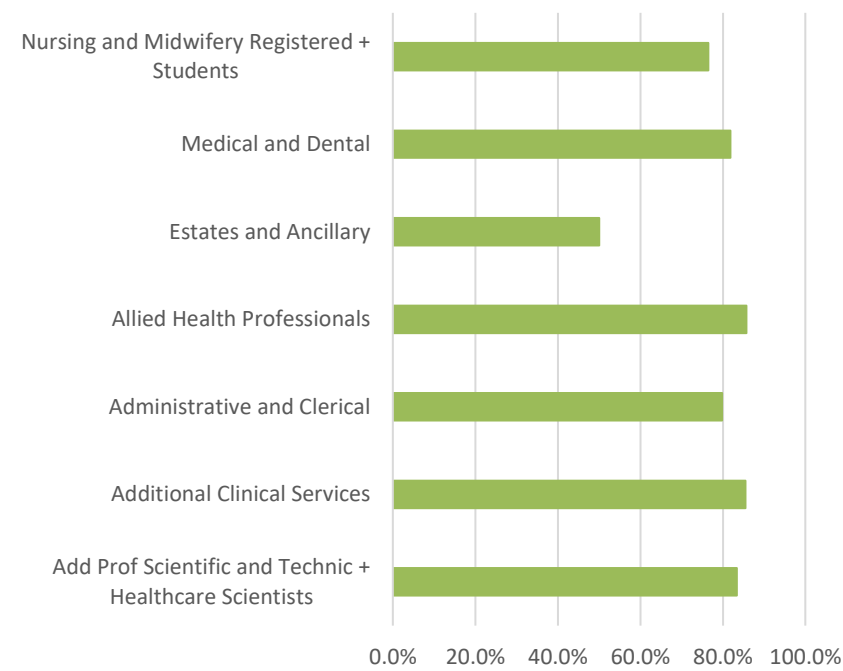
Click for more detail

Professional Groups

Directorates



**Metric 8: Staff Survey: adequate adjustments**  
**Professional Groups**

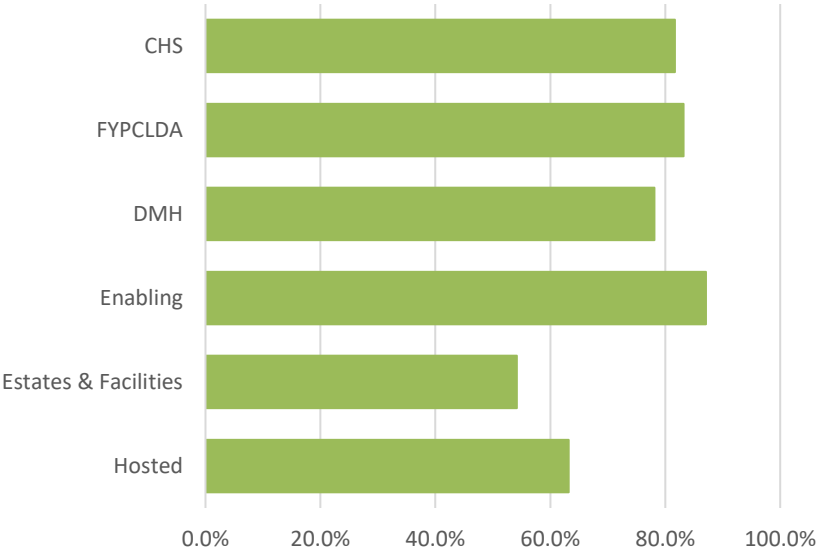


**What the data shows**

Staff from all professional groups have similar rates of satisfaction with the level of reasonable adjustments they have been given, with the exception of Estates & Facilities staff.

# Metric 8: Staff Survey: adequate adjustments

## Directorates



### What the data shows

Enabling staff are most likely to say adequate adjustments have been made to their work, where required. For example, 100% of respondents from Nursing, AHPs and Quality said adequate adjustments had been made to their work.

Other areas of good practice are Learning Disabilities (LD Community staff 90% positive). Focus could be made on some smaller teams like DMH’S Community Speciality Services (61.5% positive) and Urgent Care (71.4% positive), where perhaps the reasonable adjustments process is less well-understood, as it is not so often needed as in a larger team.

Estates & Facilities and Hosted teams see much poorer responses to this metric.

# Metric 9: Staff Survey: Staff engagement and facilitating the voices of Disabled colleagues

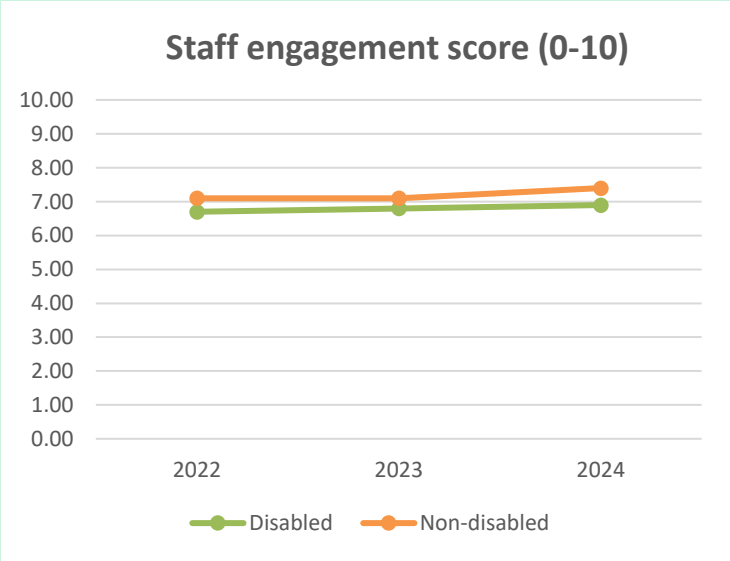
## What the data shows

**SIMILAR** to last year.

Staff engagement scores have increased for Disabled and non-disabled colleagues. However, the increase is larger for non-disabled colleagues.

**How LPT facilitates the voices of Disabled colleagues:**

- Our MAPLE (Mental & Physical Life Experience) and Neurodiversity staff support networks (some of whom identify as Disabled) host regular meetings for staff to get together. These networks also feed into the WDES action plan, offering their ideas.
- MAPLE hosted a face-to-face session for Disability History Month for staff to share their lived experiences together.
- Sessions have been run for staff and managers on specific topics: OCD, wheelchair use, neurodiversity.
- A Neurodiversity talent management project offered workplace coaching to neurodiverse staff, training for all staff, and manager support.
- Staff can book onto Reasonable adjustments clinics to discuss requirements with representative from EDI, HR, IT, and Procurement. This has led to timelier implementation of reasonable adjustments, as well as raising the profile of this offering.
- We are focusing on the recruitment process, having already piloted seen interview questions to help applicants give their best at interview.
- We deliver training around disability open to all, including our Disability Learning Sets.



**Metric 10. Board representation:** Disabled representation at Board level, compared to total workforce

Board representation	March 2023	March 2024	March 2025
Percentage disabled in the substantive workforce overall (of known status)	7.8%	9.4%	11.7%
Difference between all board members and the substantive workforce overall (%disabled)	-2.2%	-1.1%	-5.0%
Difference between voting board members and the substantive workforce overall (%disabled)	1.3%	4.9%	0.8%
Difference between executive board members and the substantive workforce overall (%disabled)	-7.8%	-9.4%	-11.7%

**What the data shows**

Note: This data excludes Board members of unknown ethnicity.

**SIMILAR** compared to last year.

The decrease in representation for voting, executive, and total Board members is not due to a genuine decrease, but due to the fact that this year we know more of the Board members' disability statuses so the data is more accurate.