

# Workforce Race Equality Standard 2024/25

# Introduction: Workforce Race Equality Standard

The Workforce Race Equality Standard (WRES) includes nine metrics comparing experiences and outcomes for White and Ethnic & Cultural Minority (ECM) 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.

Bank staff are to be considered separately in the Bank WRES report.

## Notes on terminology:

The term “BAME”, Black Asian and Minority Ethnic, is used nationally within the WRES. However, at LPT, we use the term “ethnic and cultural minority” (ECM).

We also aim to go above and beyond the requirements of the WRES and look more closely at data comparing different ethnic groups. Therefore, as well as comparing colleagues from White and ECM backgrounds, further analysis is provided where possible which analyses the differences in outcomes for White, Asian, Black, Mixed and Other minority ethnicities.

## Timeline

- 31<sup>st</sup> May 2025 – WRES metrics submitted to NHS England.
- June 2025 – **report** comes through governance for approval.
- June to July 2025 – action plan will be developed in collaboration with REACH staff support network, EDI Ambassadors, OFOW champions, 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: WRES metrics

### Metric 1: representation



Improvement

ECM representation: **32.7%** (29.7% last year)  
Bands 8A+: **18.2%** (16.6% last year)

### Metric 2: recruitment



Worsening

White applicants **1.90** times more likely to be recruited  
(1.35 last year)

### Metric 3: disciplinary



Improvement

ECM staff **1.59** times more likely to enter disciplinary process  
(1.68 last year)

### Metric 4: training



Improvement

White and ECM staff **equally** likely to do non-mandatory training  
(white staff 1.06 times more likely last year)

### Metric 5: abuse from public



Worsening

ECM staff **1.42** times more likely to experience abuse from patients  
(1.20 last year)

### Metric 6: abuse from colleagues



Worsening

ECM staff **1.35** times more likely to experience abuse from staff  
(1.21 last year)

### Metric 7: career progression



Worsening

ECM staff **0.80** times more likely to say career progression is fair  
(0.81 last year)

### Metric 8: discrimination



Improvement

ECM staff **1.98** times more likely to experience discrimination from staff  
(2.61 last year)

### Metric 9: Trust Board



Improvement

Total Board and Voting Board more representative of workforce diversity.  
Executive Board slightly less representative (due to incr. in workforce ECM%, not decr. in Board ECM%).

### How to use this report:

- Go into presentation mode
- Purple slides show the core data for each of the 9 metrics. Click to access each metric using the blue buttons.
- Each metric slide has buttons on the right-hand side where you can access more detailed data if required: breakdowns by professional group, ethnic group, 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:** worse than other trusts, particularly for representation in non-clinical senior roles (rank 83%).

**Indicator 2:** likelihood ratio of 1.35 placed us at rank 24%.

**Indicator 3:** likelihood ratio 1.68, comparable to other trusts, rank 50%.

**Indicator 4:** no statistical disparity between white and ECM, but this is also the case for other trusts, rank 23%.

**Staff Survey:** although we see discrepancies between white and ECM experiences of bullying and harassment, we rank favourably in terms of staff survey responses compared to other trusts (ranks 3% to 18%).

**Indicator 9:** comparable to other trusts, ranks 22% (representation of ECM staff at voting board level) to 65% (executive board level).

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



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

Click for  
more detail

Bands

Ethnic Groups

Professional  
Groups

Directorates

Representation		2022/23	2023/24	2024/25
NON-CLINICAL	Percentage of total staff from ECM background	32.8%	33.7%	35.0%
	Percentage of staff bands 8A and above (excluding medics) from ECM background	21.1%	19.4%	21.1%
CLINICAL	Percentage of total staff from ECM background	24.7%	28.4%	31.9%
	Percentage of staff bands 8A and above (excluding medics) from ECM background	13.6%	15.1%	16.8%

## What the data shows

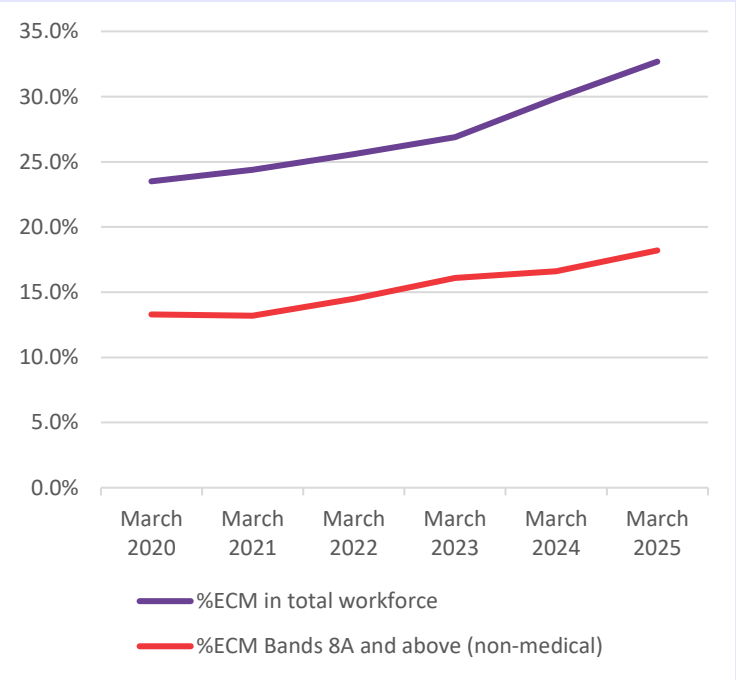
Note: This data excludes staff of unknown ethnicity.

**IMPROVEMENT** compared to last year.

The percentage of ECM staff at LPT has increased year on year. Overall, LPT's workforce is 32.7% ECM, representative of the LLR population (27.5% ECM, 2021 Census).

However, we are not representative when looking at senior staff Band 8A and above, 18.2% ECM. This trend has persisted in recent years. The rate of increase in ECM staff at Bands 8A is not keeping up with the rate of increase in the overall workforce.

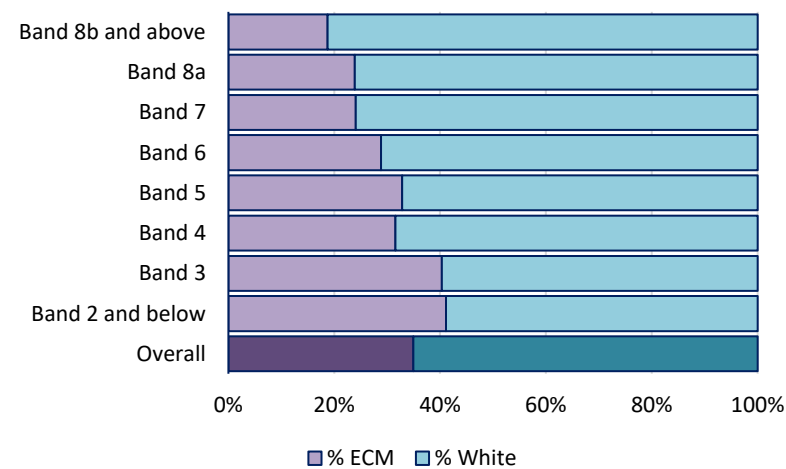
This year, the increase in ECM staff percentage has been higher for clinical staff (3.5 percentage points, compared to 1.3 percentage points for non-clinical). For senior staff 8A and above, across non-clinical and clinical groups, the increase is 1.7 percentage points.



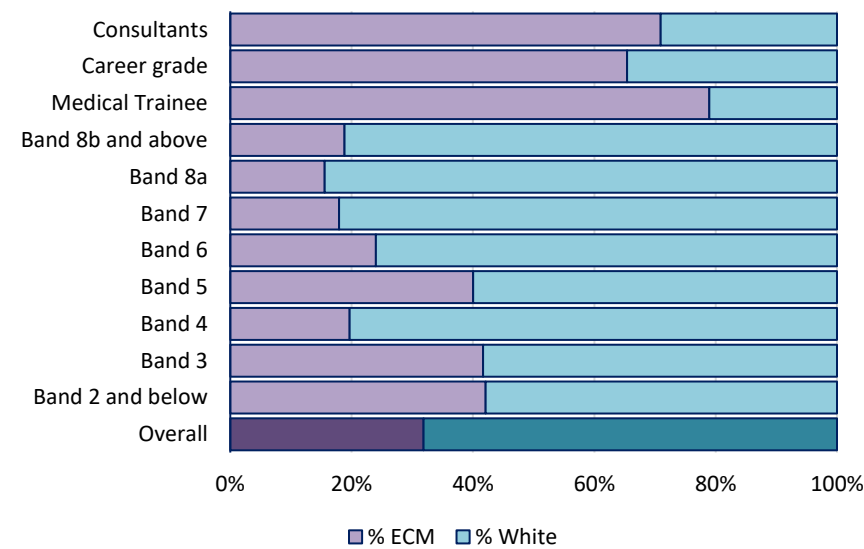
# Metric 1. Representation: percentage of ECM colleagues in each band

## Bands

Non-Clinical: %ECM and %White staff at each band



Clinical: %ECM and %White staff at each band



## What the data shows

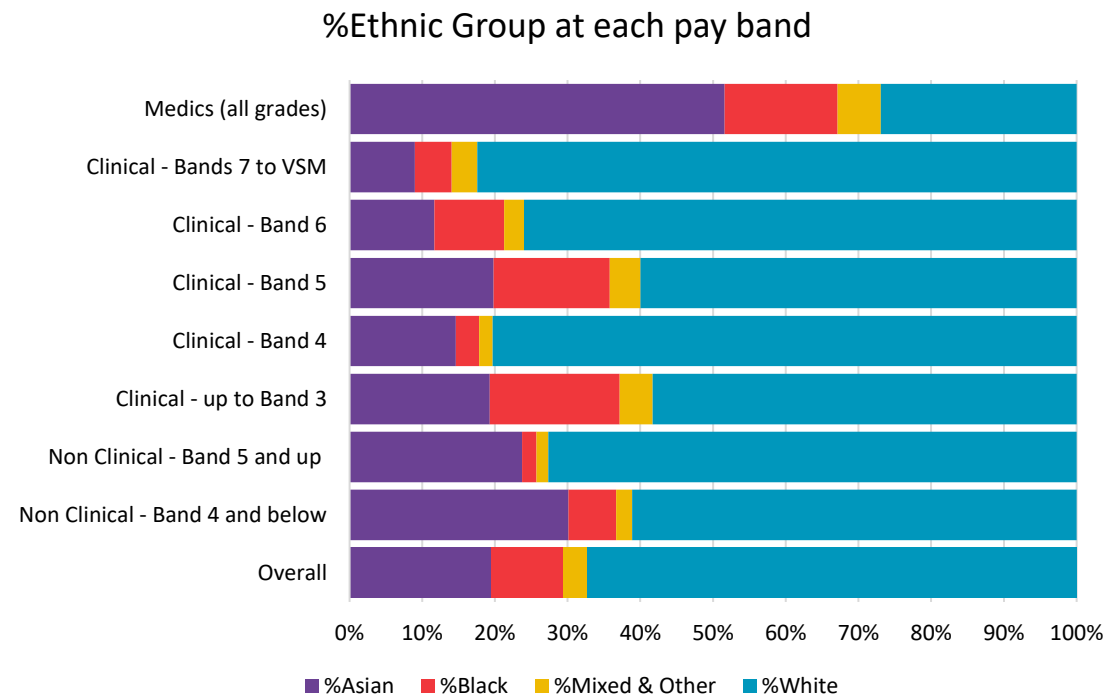
Note: This data excludes staff of unknown ethnicity.

Non-clinical staff are ethnically representative up to Band 5, after which ECM staff are moderately under-represented at Bands 6, 7 and 8A, and then more significantly under-represented at Bands 8B and above.

For clinical staff, there is a drop in representation at Band 4, then again at Band 6 and above. In general, ECM staff are represented in the roles people typically join the NHS at (Bands 2, 3, 5) but under-represented in roles which would require promotion.

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

**Ethnic Groups**



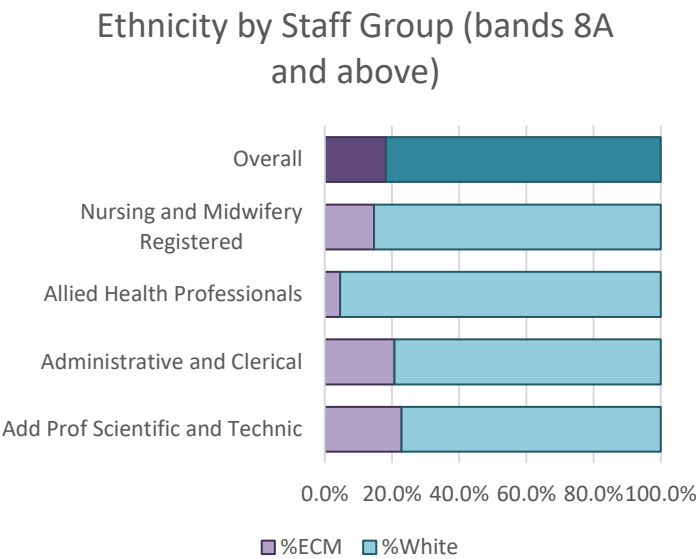
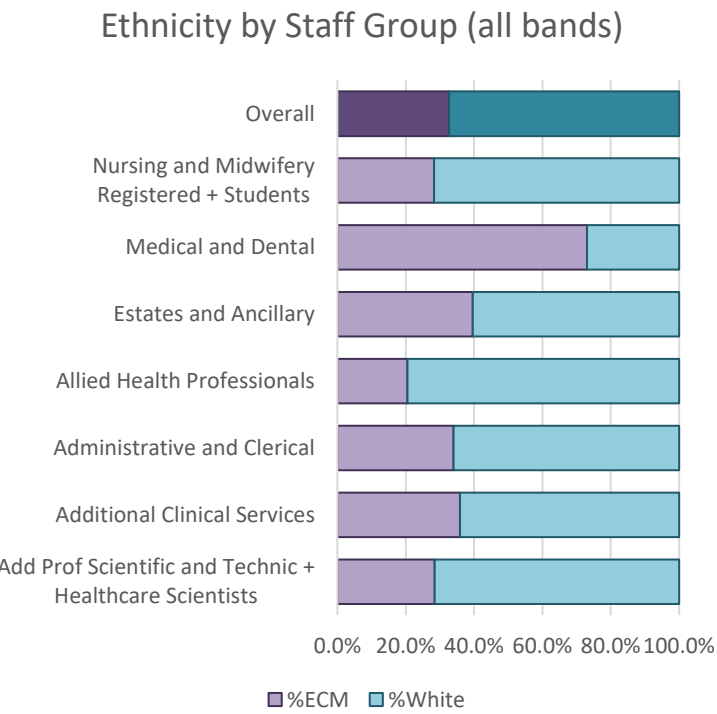
**What the data shows**

Note: This data excludes staff of unknown ethnicity.

When looking at representation of ethnic groups across bands, Asian staff are over-represented compared to the total workforce in non-clinical roles and medical roles, while Black, Mixed and Other staff are over-represented in clinical roles (up to Band 3, and Band 5) and medical roles. White staff are over-represented in senior roles, both non-clinical and clinical.

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

**Professional Groups**



**What the data shows**

Note: This data excludes staff of unknown ethnicity.

When looking at all bands:

- Medical and E&F staff see an over-representation of ECM staff compared to the total workforce
- AHPs see an under-representation

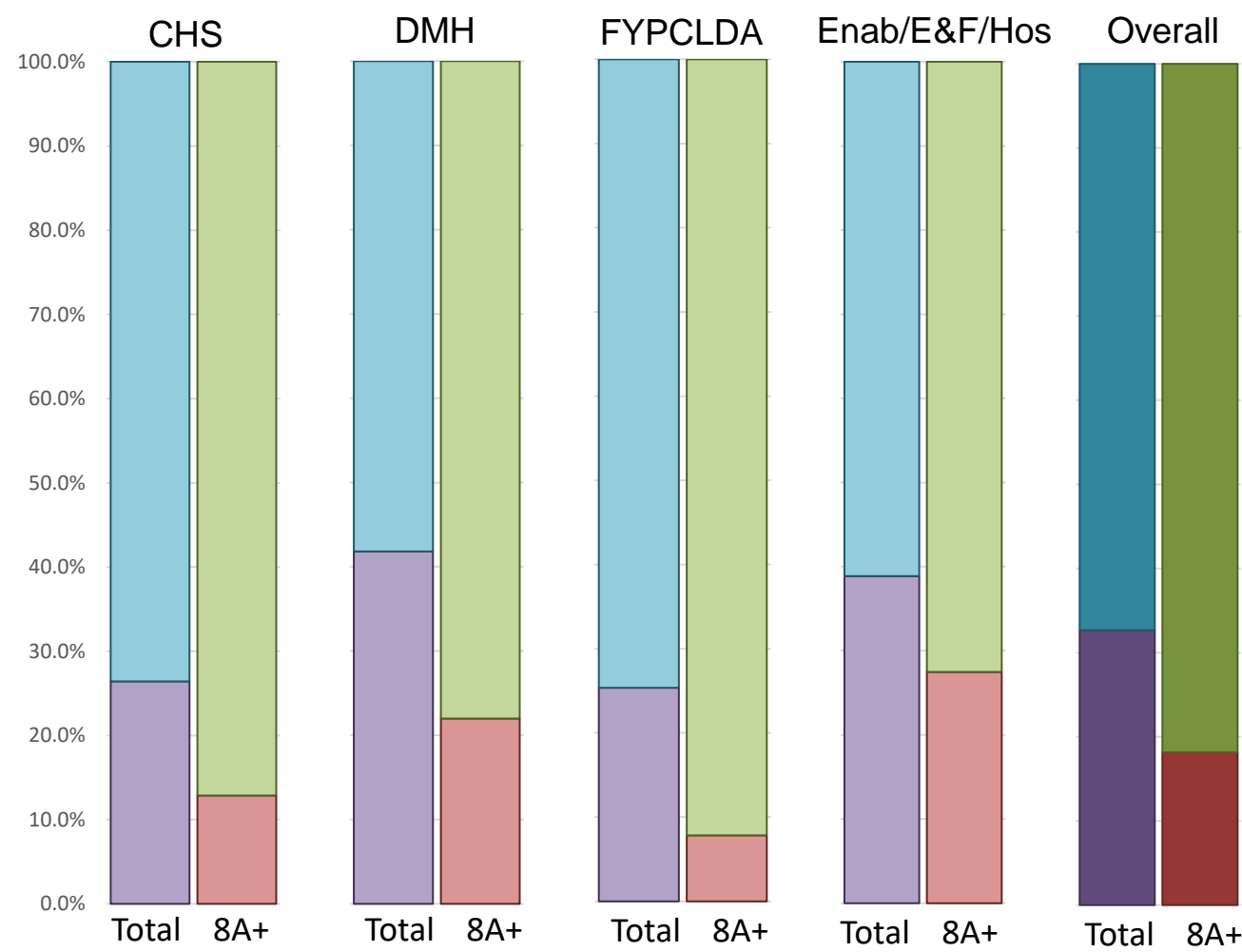
When looking at Bands 8A and above:

- The under-representation of ECM staff within AHPs becomes more significant.



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

**Directorates**



**What the data shows**

Note: This data excludes staff of unknown ethnicity.

All directorates see a drop in ECM representation at higher bands (8A and above, excluding medics).

FYPCLDA has the biggest gap between ECM representation comparing all bands to Bands 8A and above (7.8% ECM staff 8A+, compared to 25.4% total workforce). Enabling/E&F/Hosted services has the smallest gap (27.5% ECM 8A+, compared to 38.9% total workforce).

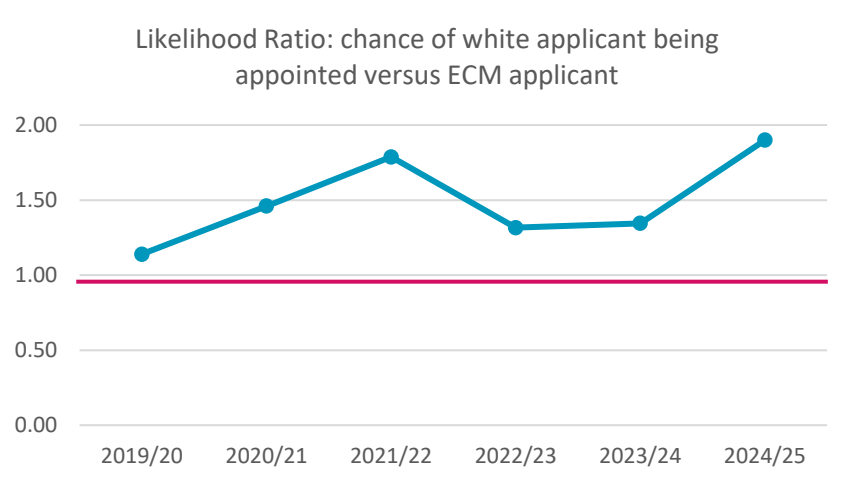
DMH has the highest percentage of ECM staff across the total workforce (41.8%).

These trends have been consistent in recent years.

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

Recruitment	2022/23	2023/24	2024/25
Relative likelihood of appointment from shortlisting (White/ECM)	1.32	1.35	<b>1.90</b>
% White people appointed from shortlisting	39.9%	34.3%	<b>23.3%</b>
% ECM people appointed from shortlisting	30.3%	25.5%	<b>12.3%</b>

\*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 WRES). 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 ethnicity.

**WORSENING** compared to last year

White shortlisted applicants are almost twice as likely to be appointed than ECM shortlisted applicants at 1.90 (1.00 would be equally likely; 2.00 would be twice as likely).

The percentage figures cannot be directly compared to previous years (see note\*), the likelihood ratios are comparable. Therefore, this represents a worse position than we have seen in recent years.

[Click for more detail](#)

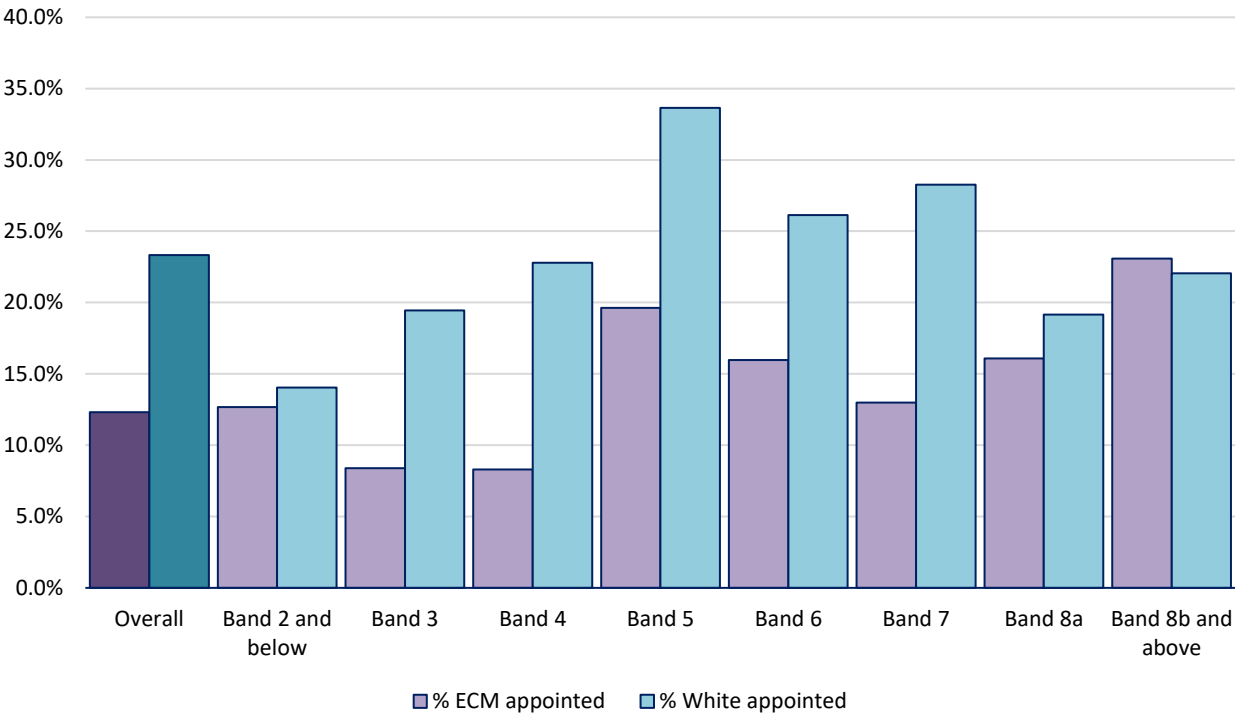
[Bands](#)

[Ethnic Groups](#)

[Directorates](#)

Metric 2. Recruitment: chance of being appointed from shortlisting, by ethnicity

Bands



What the data shows

Note: This data excludes applicants of unknown ethnicity.

Overall, white applicants are 1.90 times more likely to be appointed than ECM applicants.

**Bands 2, 8a, 8b and above** – no significant difference between the chances of white and ECM applicants being appointed.

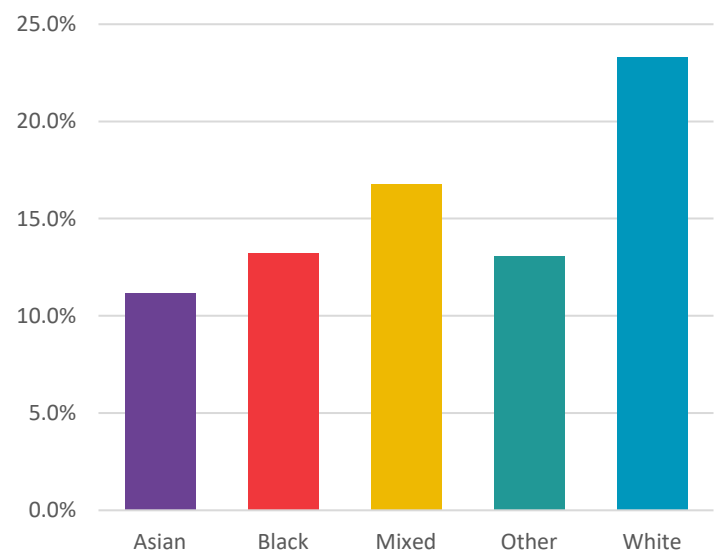
**Bands 5 and 6** – white applicants are more likely to be appointed than ECM applicants.

**Bands 3, 4 and 7** – white applicants are more than twice as likely to be appointed than ECM applicants.

Band	Likelihood of white applicant being appointed compared to ECM
Overall	1.90
Band 2 and below	1.11
Band 3	2.32
Band 4	2.75
Band 5	1.71
Band 6	1.64
Band 7	2.18
Band 8a	1.19
Band 8b and above	0.96

**Metric 2. Recruitment:** chance of being appointed from shortlisting, by ethnicity

**Ethnic Groups**

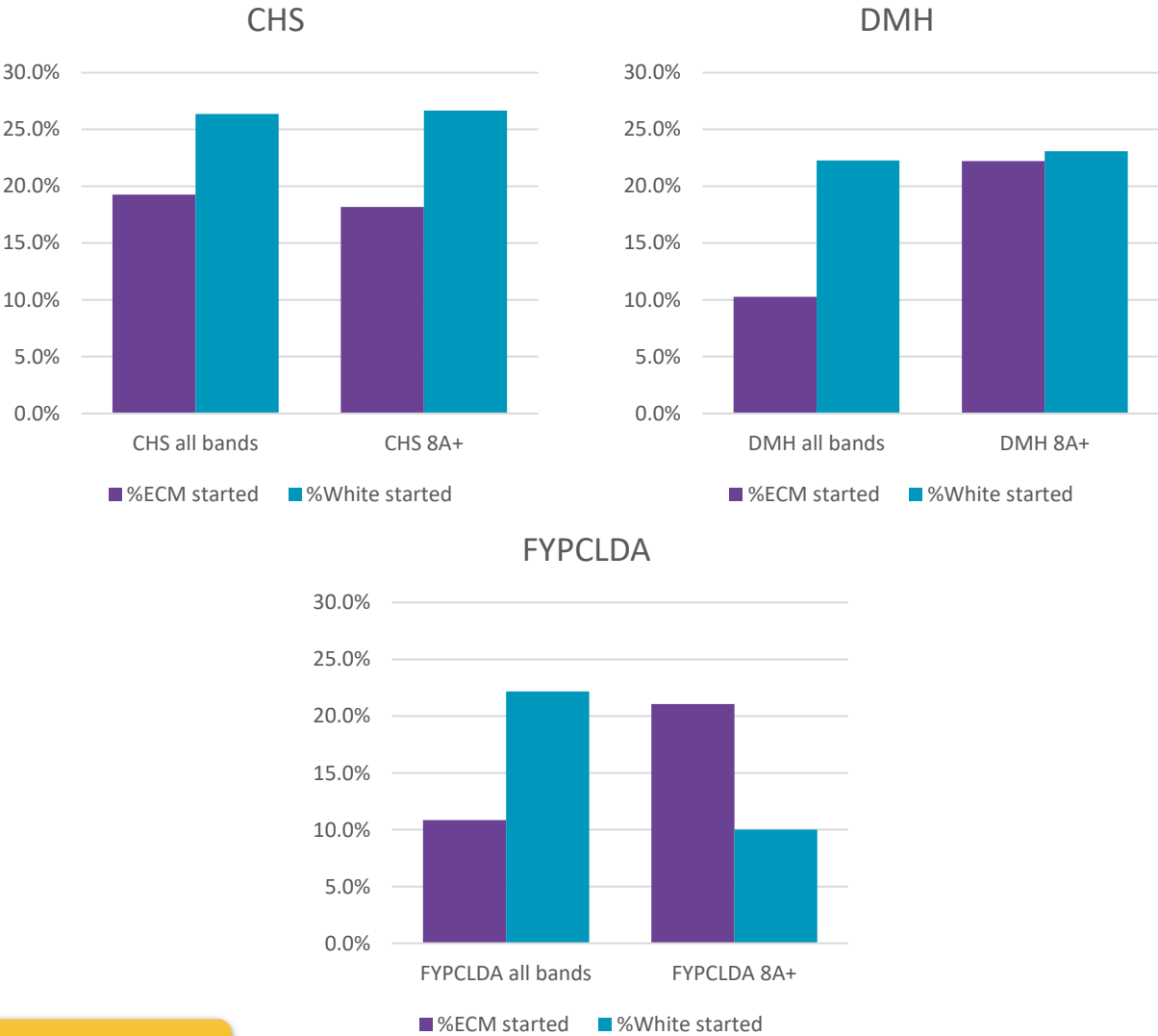


**What the data shows**

Note: This data excludes applicants of unknown ethnicity.

Of ECM ethnic groups, Mixed ethnicity applicants are the most likely to be appointed from shortlisting. Black and Other groups are fairly equal. Asian applicants are the least likely to be appointed from shortlisting, with white applicants about twice as likely to be appointed than Asian applicants.

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



**What the data shows**

Note: This data excludes applicants of unknown ethnicity. 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 CHS, ECM applicants are appointed at similar rates whether across all bands, or just looking at Bands 8A+.

In DMH, there was more equality of appointments at higher bands.

In FYPCLDA, ECM applicants are more likely than white applicants to be appointed at higher bands, although the opposite is true when looking across all recruitment activity at all bands.

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

**Metric 3. Disciplinary:** chances of entering a disciplinary process depending on ethnicity

No additional breakdowns available due to small numbers

Formal disciplinary process	2022/23	2023/24	2024/25
Relative likelihood (ECM/White)	1.90	1.68	1.59
% ECM colleagues entering formal disciplinary	0.9%	1.0%	0.9%
% White colleagues entering formal disciplinary	0.5%	0.6%	0.6%

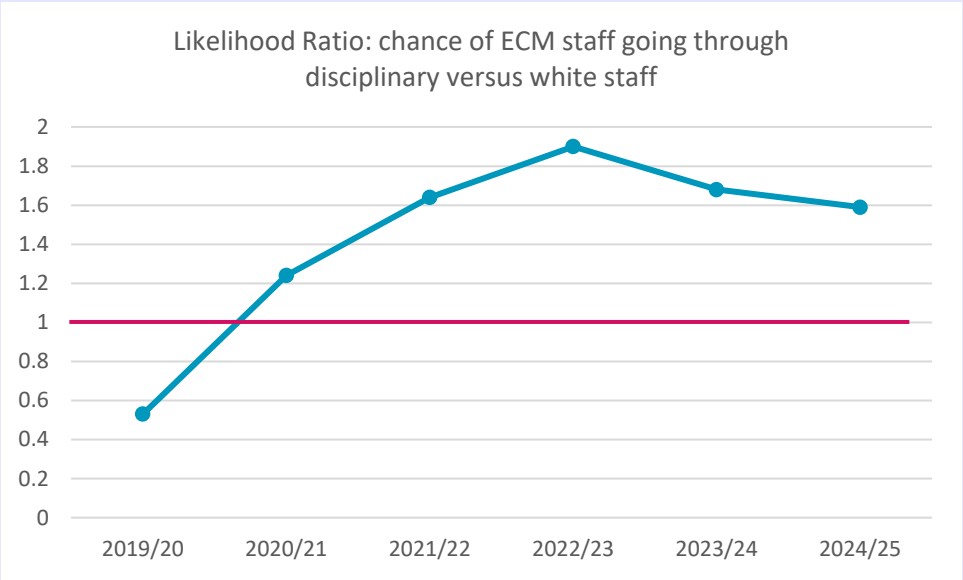
**What the data shows**

Note: This data excludes staff of unknown ethnicity.

**IMPROVEMENT** compared to last year.

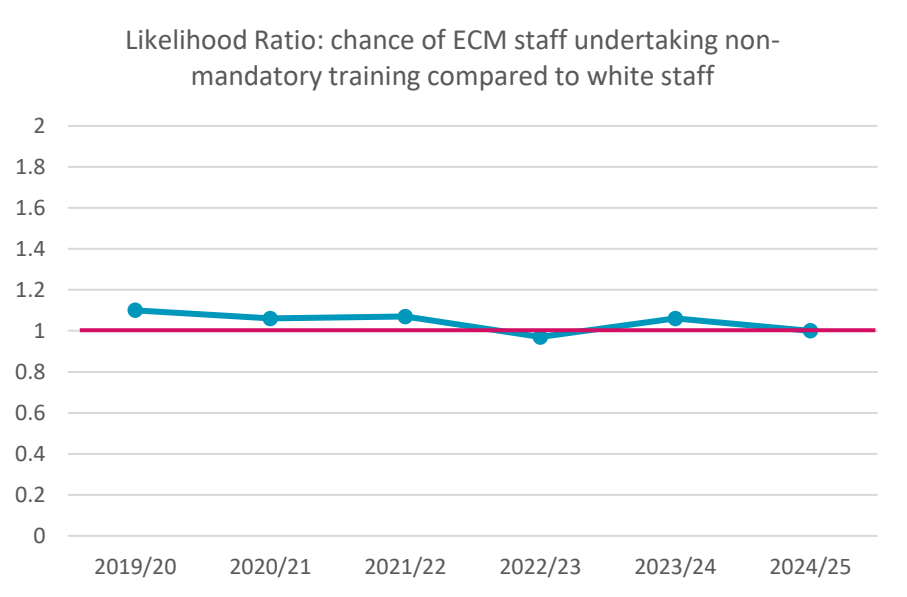
A slight decrease of 0.1 percentage points of ECM staff entering disciplinary processes means the likelihood ratio is slightly improved this year.

The trend in recent years has been a gradual improvement since 2022/23 when inequality reached a peak of ECM staff being almost twice as likely to enter a disciplinary process as white staff.



**Metric 4: Non-mandatory training:** likelihood of White colleagues compared to ECM colleagues accessing non-mandatory training and CPD

Non-mandatory training	2022/23	2023/24	2024/25
Relative likelihood of accessing training (White/ECM)	0.97	1.06	1.00
% White colleagues accessing training	53.1%	69.1%	64.9%
% ECM colleagues accessing training	54.8%	64.9%	64.9%



**What the data shows**

Note: This data excludes staff of unknown ethnicity.

**IMPROVEMENT** compared to last year.

A decrease in white colleagues completing non-mandatory training and an increase in ECM colleagues doing so means white and ECM staff are equally likely to undertake non-mandatory training. This has been a trend which has been maintained in recent years.

\*Note: non-mandatory training is defined as any training not on the Mandatory Training or Role Essential registers. This may be face to face, via Teams, or e-learning. This includes LPT courses, plus LLR-run courses open to LPT colleagues (Developing You, Developing Me; Developing Diverse Leaders; and Active Bystander training).

[Click for more detail](#)

[Bands](#)

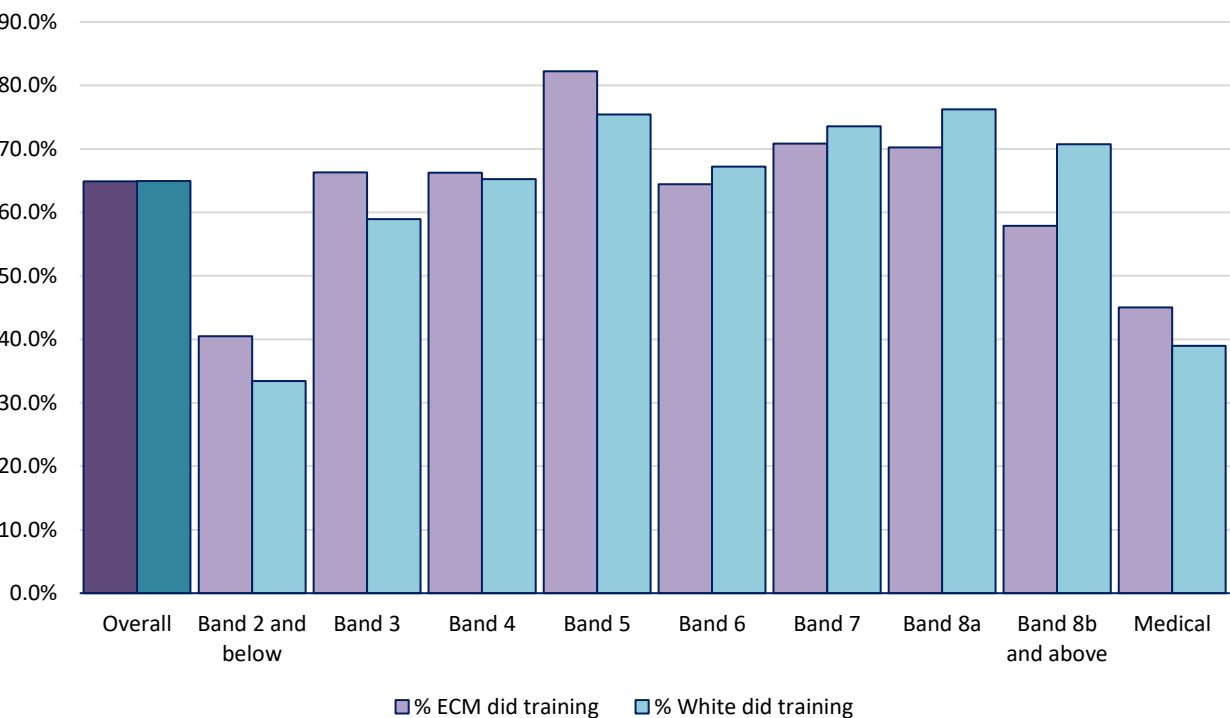
[Ethnic Groups](#)

[Professional Groups](#)

[Directorates](#)

**Metric 4: Non-mandatory training:** likelihood of White colleagues compared to ECM colleagues accessing non-mandatory training and CPD

**Bands**



**What the data shows**

Note: This data excludes staff of unknown ethnicity.

Band 5s do the most non-mandatory training, probably because of the range of course available, especially clinical skills-related, which are counted within the definition of “non-mandatory” (anything not on the mandatory or role essential registers).

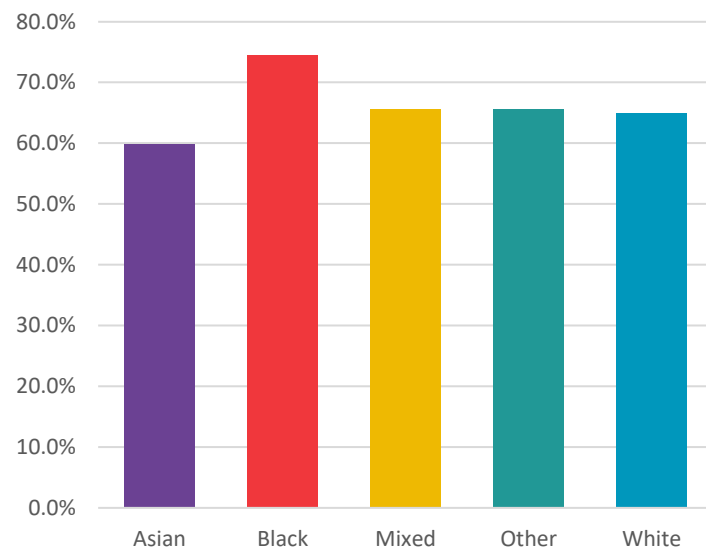
At lower bands, 2 to 5, and also medical staff, ECM staff are more likely to do non-mandatory training. White staff are more likely to do so at higher bands, 6 and above. Discrepancies are not significant, however, with only Band 8B+ showing a likelihood ratio approaching significance (white staff 1.22 times more likely to do non-mandatory training; 1.25 would be significant).

Band	Likelihood of white staff doing non-mandatory training compared to ECM
Overall	1.00
Band 2 and below	0.83
Band 3	0.89
Band 4	0.98
Band 5	0.92
Band 6	1.04
Band 7	1.04
Band 8a	1.09
Band 8b and above	1.22
Medical	0.87



## **Metric 4: Non-mandatory training:** likelihood of White colleagues compared to ECM colleagues accessing non-mandatory training and CPD

### **Ethnic Groups**



### **What the data shows**

Note: This data excludes staff of unknown ethnicity.

Black staff are most likely to have done non-mandatory training, and Asian staff are the least likely. This may be because a lot of the training which is counted as “non-mandatory” under the definition is relating to clinical skills, and a large proportion of black staff are clinical.

We know anecdotally that ECM staff say they have fewer opportunities for non-mandatory training. Therefore, we should continue to monitor this and ensure equality of access particularly to those courses which ECM staff report not being able to access.

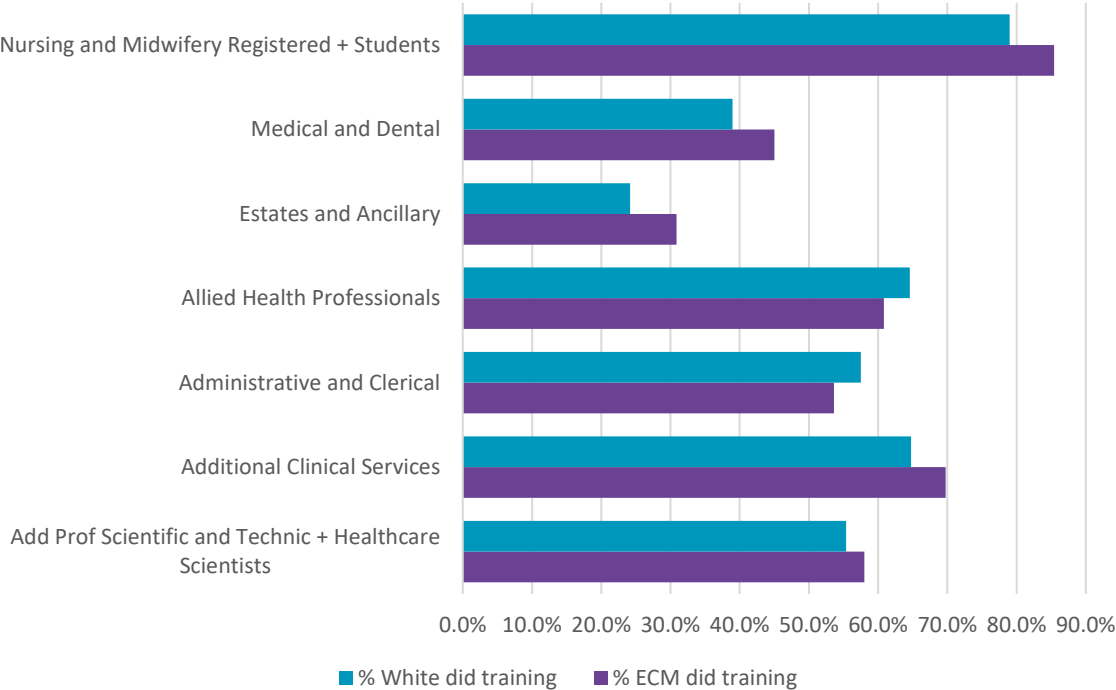
**Metric 4: Non-mandatory training:** likelihood of White colleagues compared to ECM colleagues accessing non-mandatory training and CPD Professional Groups

**What the data shows**

Note: This data excludes staff of unknown ethnicity.

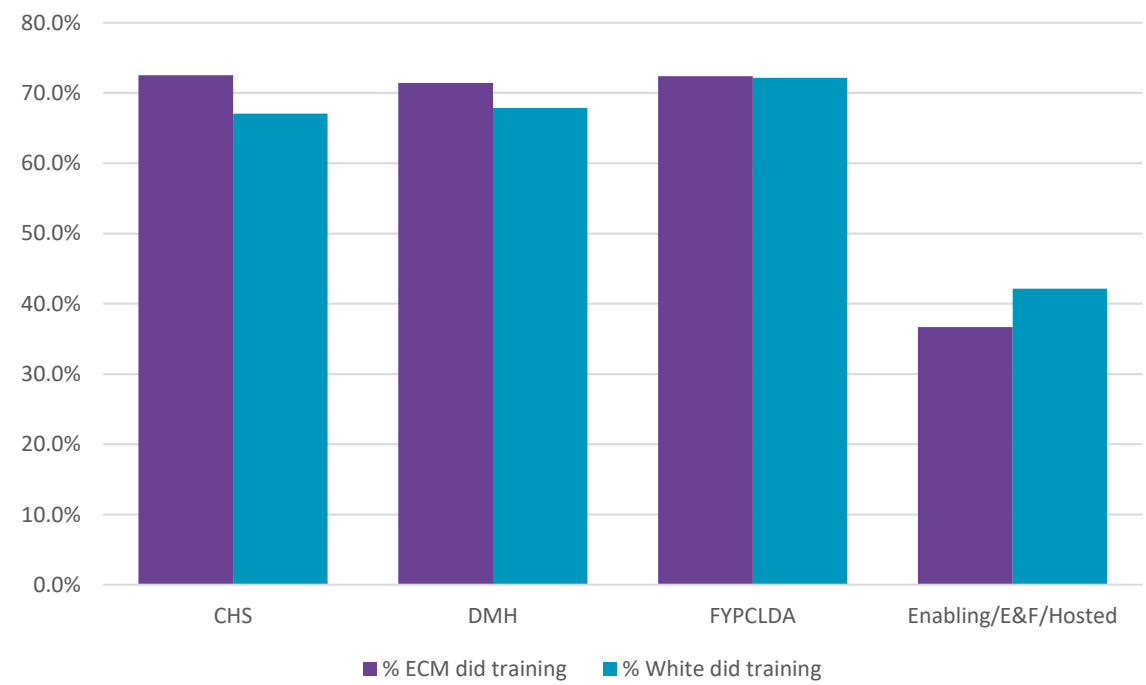
Nursing staff are most likely to have completed non-mandatory training, reflecting the fact that a lot of this training is related to clinical skills.

For nursing, medics, E&F, additional clinical services, and scientific staff, ECM staff are more likely to have done this training than white staff. For AHPs and admin & clerical, the opposite is true. However, the difference is only significant for Estates & Facilities (0.78; 0.8 or below is significant).



Band	Likelihood of white staff doing non-mandatory training compared to ECM
Add Prof Scientific and Technic + Healthcare Scientists	0.95
Additional Clinical Services	0.93
Administrative and Clerical	1.07
Allied Health Professionals	1.06
Estates and Ancillary	0.78
Medical and Dental	0.87
Nursing and Midwifery Registered + Students	0.92

**Metric 4: Non-mandatory training:** likelihood of White colleagues compared to ECM colleagues accessing non-mandatory training and CPD  
**Directorates**



**What the data shows**

Note: This data excludes staff of unknown ethnicity.

In CHS and DMH, ECM staff are more likely to do non-mandatory training, although not significantly so.

In FYPCLDA, rates are equal between white and ECM staff.

In Enabling/E&F/Hosted, there is less non-mandatory training completed, reflecting the fact that a lot of the non-mandatory training completed is related to clinical skills. Additionally, white staff are more likely to complete this than ECM staff, but not significantly.

Metric 5: Staff Survey: harassment, bullying or abuse from patients and the public

Click for more detail

In the past 12 months, have you experienced bullying, harassment or abuse from patients, relatives, or the public?	2022	2023	2024
Likelihood ratio (ECM/White)	0.96	1.20	1.42
% ECM respondents who said Yes	20.6%	22.1%	25.0%
% White respondents who said Yes	21.6%	18.5%	17.6%

What the data shows

**WORSENING** compared to last year

WRES Metric 5 has worsened this year, as the gap between white and ECM staff experiences has widened. White colleagues experienced less of this type of bullying, harassment and abuse (BHA) compared to last year, down by 0.9 percentage points, and ECM staff experience more than they have before, up 2.9 percentage points.

LPT does better than comparator organisations for this metric, however (21.0% white, 31.1% ECM).

Ethnic Groups

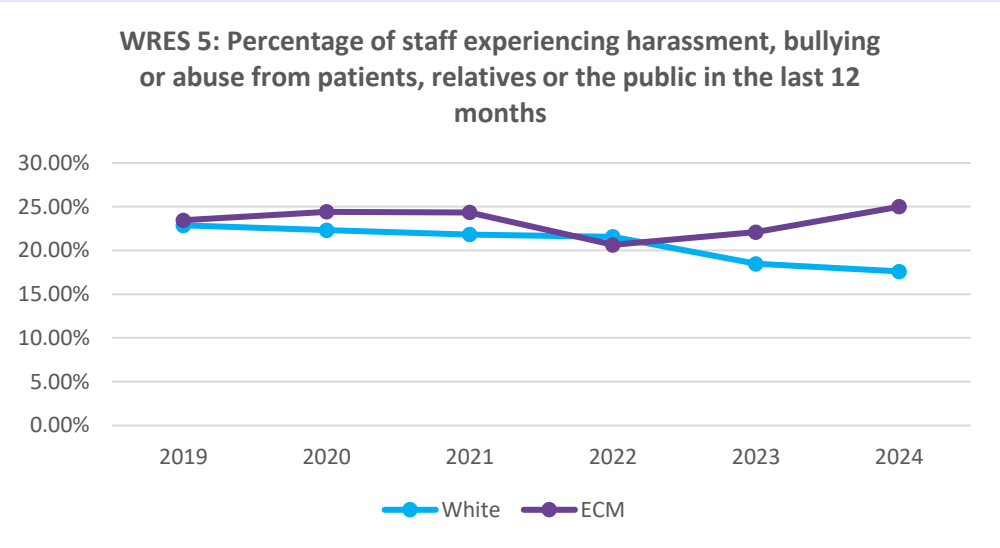
Professional Groups

CHS

DMH

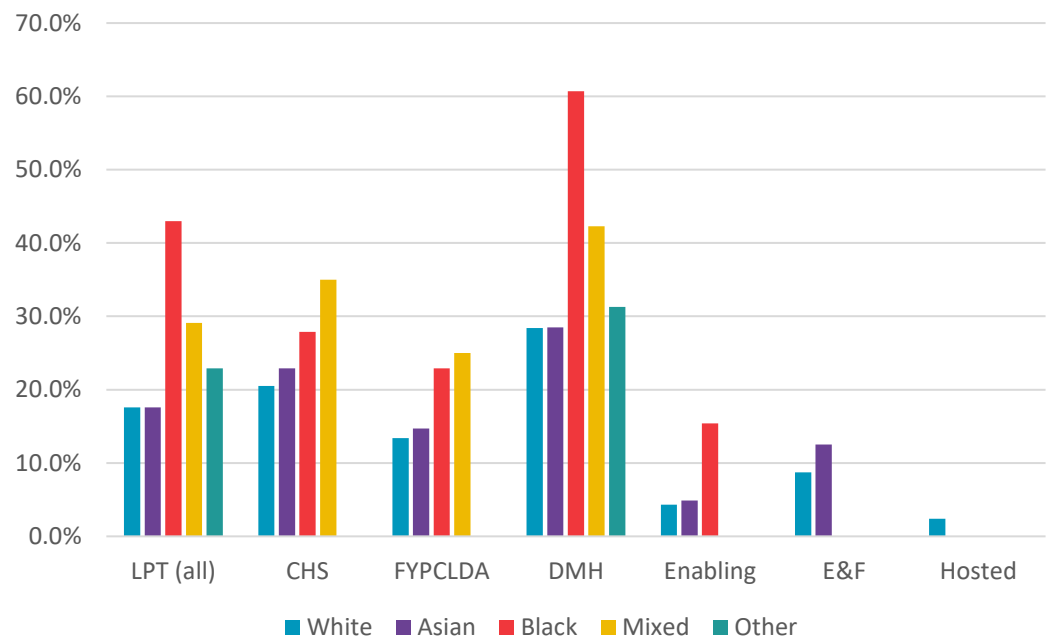
FYPCLDA

Enabling, E&F, Hosted



**Metric 5: Staff Survey:** harassment, bullying or abuse from patients and the public

**Ethnic Groups**



**What the data shows**

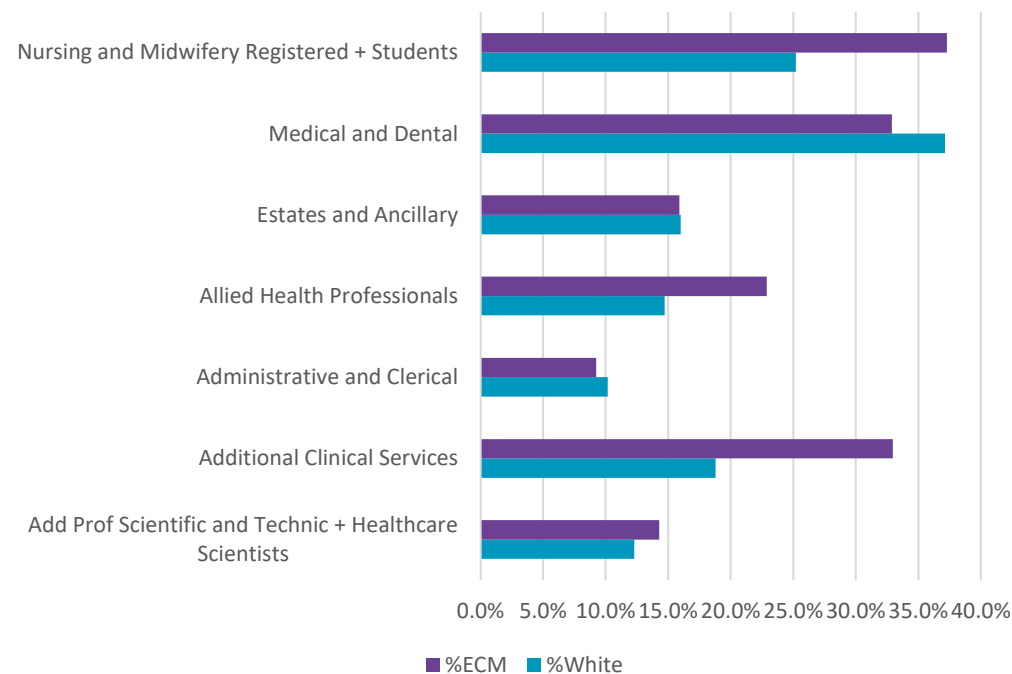
Note: This data excludes staff of unknown ethnicity.

Across LPT, and in DMH and Enabling services, Black staff are more likely to experience abuse from than any other ethnic group. In CHS and FYPCLDA, Mixed ethnicity staff are the most likely to experience this, although the difference is less stark.

White Other staff (white respondents excluding White British) experience similar levels of abuse from patients and the public as ECM staff (23.8% White Other, 25.0% ECM).

**Metric 5: Staff Survey:** harassment, bullying or abuse from patients and the public

**Professional Groups**



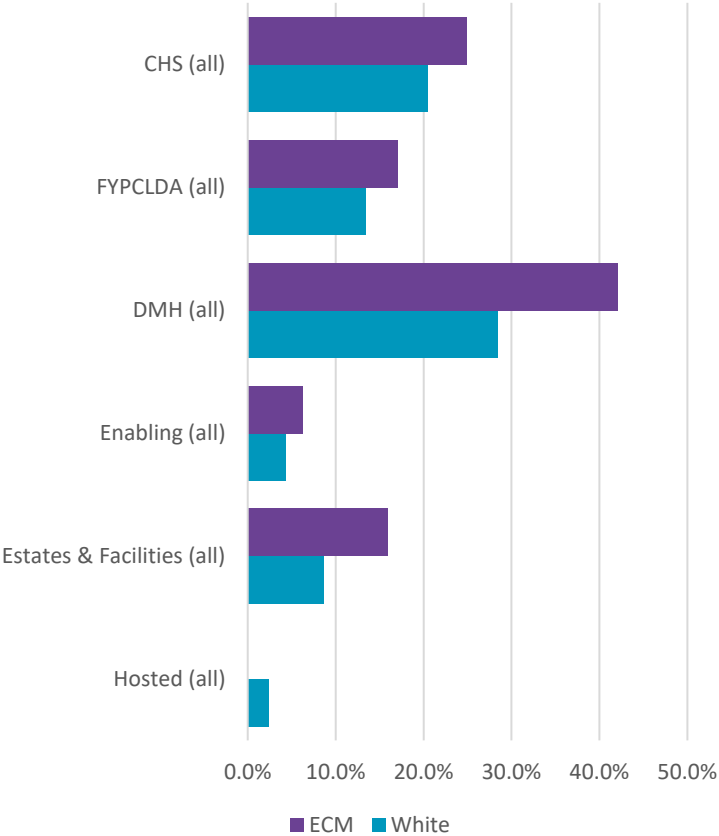
**What the data shows**

Note: This data excludes staff of unknown ethnicity.

Nursing staff see the most abuse from patients and the public, and along with Additional Clinical Services have the widest discrepancy between ECM and white staff’s experiences.

Metric 5: Staff Survey: harassment, bullying or abuse from patients and the public

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.

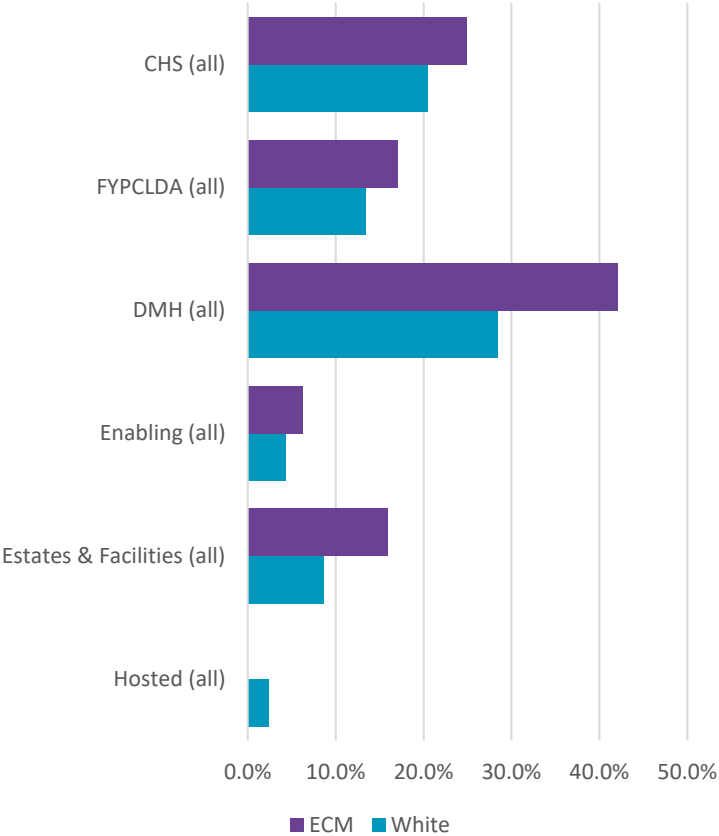
CHS sees the second highest rates of staff experiencing abuse from patients/the public, after DMH.

ECM staff are more likely to experience this than white staff. This difference is most pronounced in community services rather than on the wards.

Hotspot Teams – largest and smallest gaps between white & ECM staff responses	White %Yes	ECM %Yes	Total responses
City East Hub (Therapy & Nursing)	16.7%	33.3%	39
Community Specialist Services Admin and Management	6.7%	41.7%	57
Loughborough Swithland Ward	20.8%	21.4%	38
West Inpatients	31.8%	34.4%	54

Metric 5: Staff Survey: harassment, bullying or abuse from patients and the public

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.

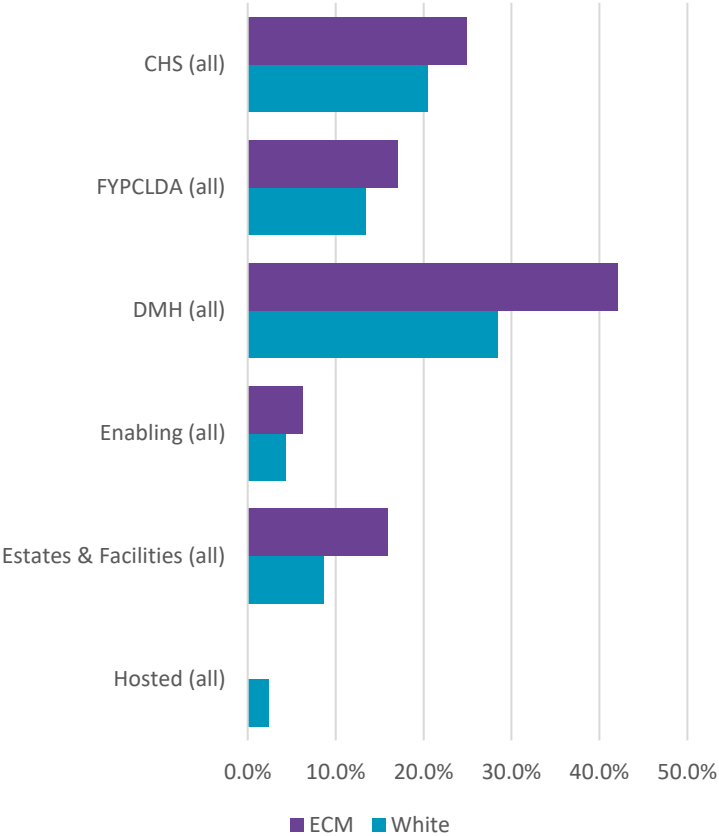
Abuse from patients/the public is most common for DMH staff, and this is also the directorate which sees the biggest discrepancies between ECM and white staff responses. This is particularly seen in Community and Medical teams. However, in Inpatients and Urgent Care, there is not such a difference and experiences vary by team.

Hotspot Teams – largest and smallest gaps between white & ECM staff responses	White %Yes	ECM %Yes	Total responses
Community Specialty Services	14.3%	33.3%	75
Medical	28.6%	45.8%	38
Urgent Care	43.1%	43.3%	81
Acute, Forensic & PICU	75.7%	75.0%	113



Metric 5: Staff Survey: harassment, bullying or abuse from patients and the public

FYPCLDA



What the data shows

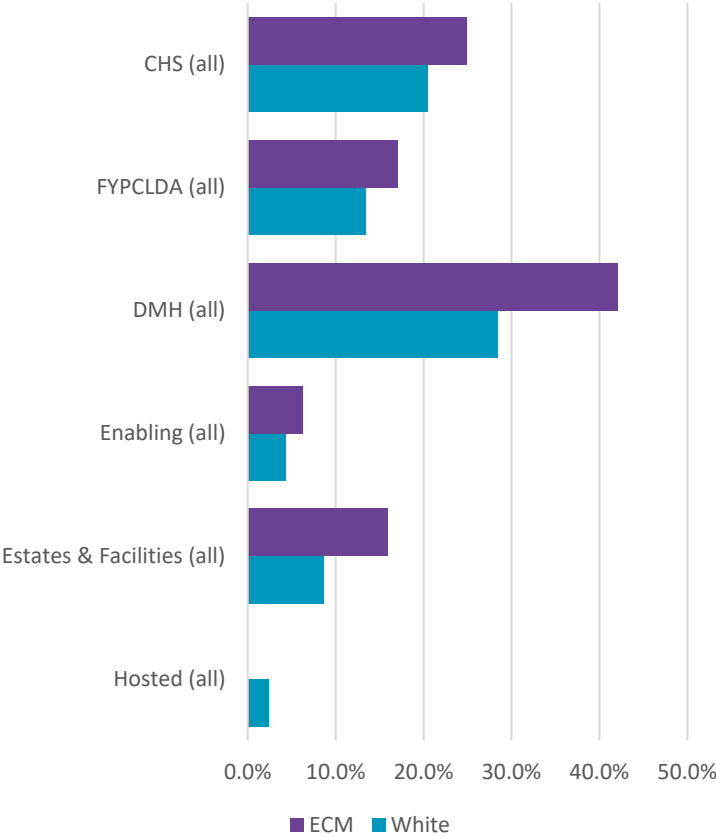
Notes: Overall figures for directorates are shown in the graph. Teams with particularly high or low scores are referenced in the tables, to highlight hotspot areas.

FYPCLDA sees the lowest amount of abuse from patients/the public of the clinical directorates, but still a significant proportion of staff report this, with ECM staff being overall more at risk. Some areas in LD services see more white staff experiencing abuse from patients and the public than ECM staff (Agnes Unit, Community LD).

Hotspot Teams – largest and smallest gaps between white & ECM staff responses	White %Yes	ECM %Yes	Total responses
Health Visiting & School Nursing	7.9%	16.0%	177
Nutrition & Dietetics	2.4%	14.3%	56
Group 1 Admin Services	19.6%	20.7%	85

**Metric 5: Staff Survey:** harassment, bullying or abuse from patients and the public

**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.

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

Hotspot Teams – largest and smallest gaps between white & ECM staff responses	White %Yes	ECM %Yes	Total responses
Estates & Facilities (all)	8.7%	15.9%	136
Medical (all)	11.5%	15.2%	107
Nursing, AHPs, and Quality	7.9%	8.3%	75

# Metric 6: Staff Survey: harassment, bullying or abuse from other colleagues or managers

Click for more detail

Ethnic Groups

Professional Groups

CHS

DMH

FYPCLDA

Enabling, E&F, Hosted

In the past 12 months, have you experienced bullying, harassment or abuse from staff? (colleagues and managers)	2022	2023	2024
Likelihood ratio (ECM/White)	1.11	1.21	1.35
% ECM respondents who said Yes	19.6%	18.1%	18.9%
% White respondents who said Yes	17.7%	14.9%	14.0%

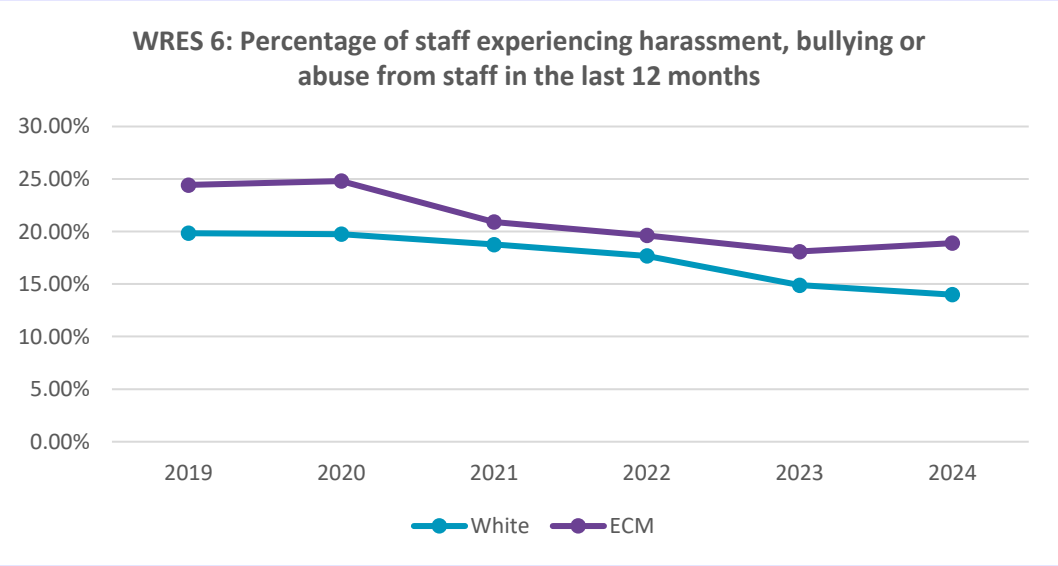
## What the data shows

**WORSENING** compared to last year

The gap between white and ECM staff experiences has widened. White colleagues experienced less of this type of BHA compared to last year, down by 0.9 percentage points, and ECM staff experience more, up 0.8 percentage points. However, there has been a long-term downward trend in this metric.

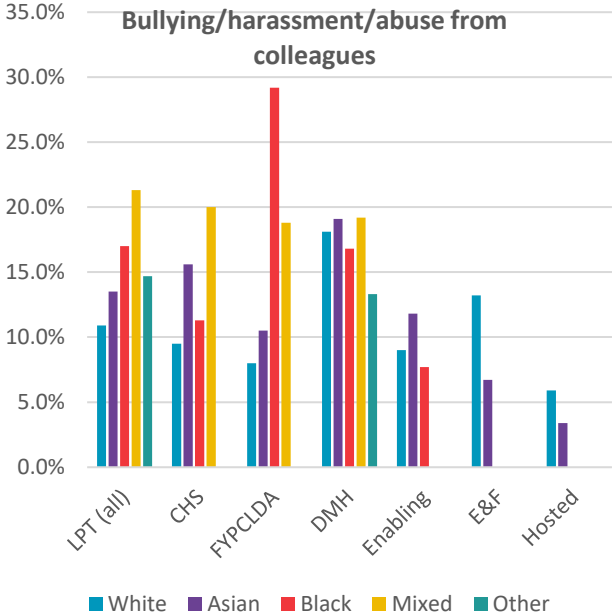
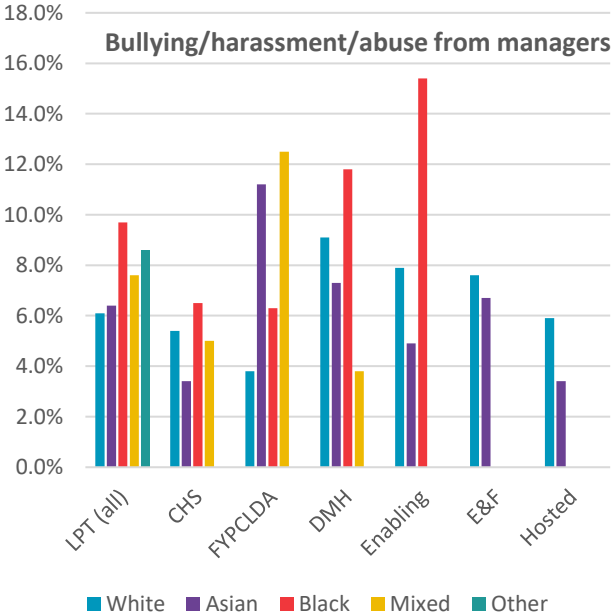
LPT does better than comparator organisations for this metric (16.5% white, 20.7% ECM).

\*Note: WRES 6 combines two survey questions, asking about bullying from colleagues and managers. For the data breakdown opposite, responses have been split into the individual questions.



# Metric 6: Staff Survey: harassment, bullying or abuse from other colleagues or managers

## Ethnic Groups



## What the data shows

**Bullying/harassment/abuse from managers:** Across LPT, except in FYPCLDA, black staff and those from “other” ethnic groups are more likely to experience abuse from managers than Asian, mixed or white staff (9.7% black staff, down from last year’s 11.5%). However, staff of mixed ethnicities have seen the largest increase in this metric compared to 2023 (4.8% to 7.6%). Asian and mixed ethnicity staff see a particularly high amount of bullying/harassment/abuse from managers in FYPCLDA.

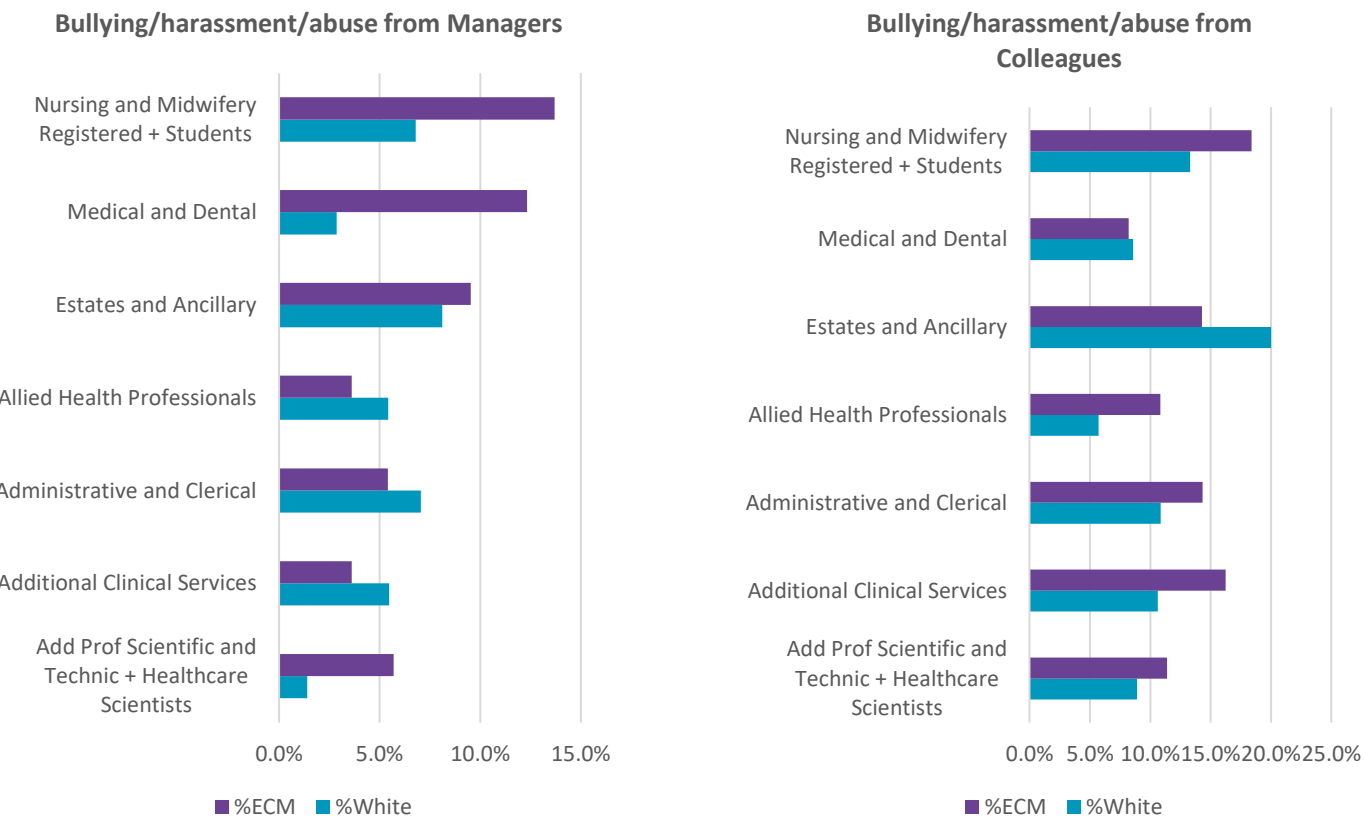
**Bullying/harassment/abuse from colleagues:** Across LPT as a whole, mixed ethnicity colleagues are nearly twice as likely to experience this than white staff. As above, this ethnic group has seen the biggest increase since 2023 (11.1% to 21.3%). In DMH, rates are more even between ethnic groups but higher than the Trust average. In FYPCLDA, black staff are more than 3.5 times more likely to experience abuse from colleagues than white staff.

8.2% of White Other staff (white respondents excluding White British) said they had experienced discrimination from **managers**; more than White British (6.0%), Asian (6.4%) and Mixed ethnicity staff (7.6%) but less than black staff (9.7%) and other ethnicities (8.6%).

13.0% of White Other staff experienced bullying from **colleagues**. This is more than White British staff (10.9%), similar to Asian staff (13.5%) and less than black (17.0%), mixed ethnicity (21.3%) and other ethnicity staff (14.7%).

**Metric 6: Staff Survey:** harassment, bullying or abuse from other colleagues or managers

Professional Groups



### What the data shows

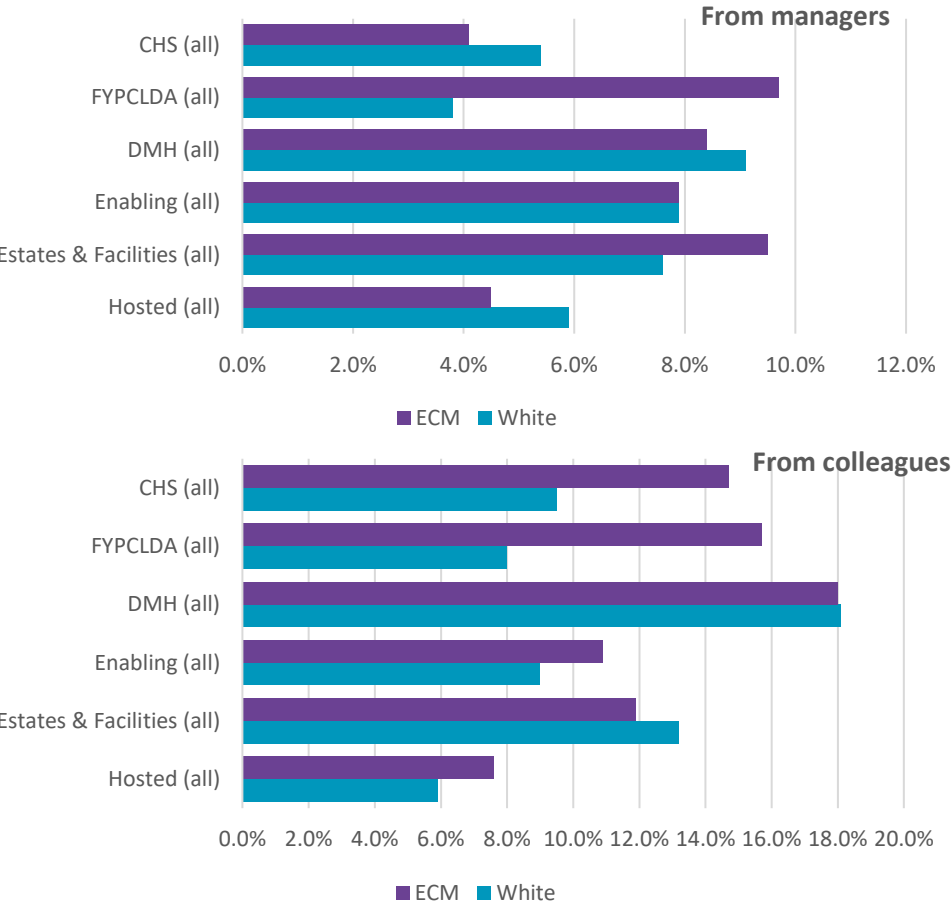
On average, staff across all professions experience more bullying/harassment/abuse from colleagues than managers.

For Additional Scientific and Technical professions, plus Medics and Nurses, bullying from managers is more prevalent for ECM staff.

Other professions see little difference between ethnicities, or slightly more bullying from managers towards to white staff. Bullying from colleagues sees less of a marked difference between white and ECM staff experiences, for Medical and Additional Scientific and Technical, while E&F see more bullying towards white colleagues, and AHPs, Admin, and Additional Clinical Services see more bullying towards ECM staff.

**Metric 6: Staff Survey:** harassment, bullying or abuse from other colleagues or managers

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.

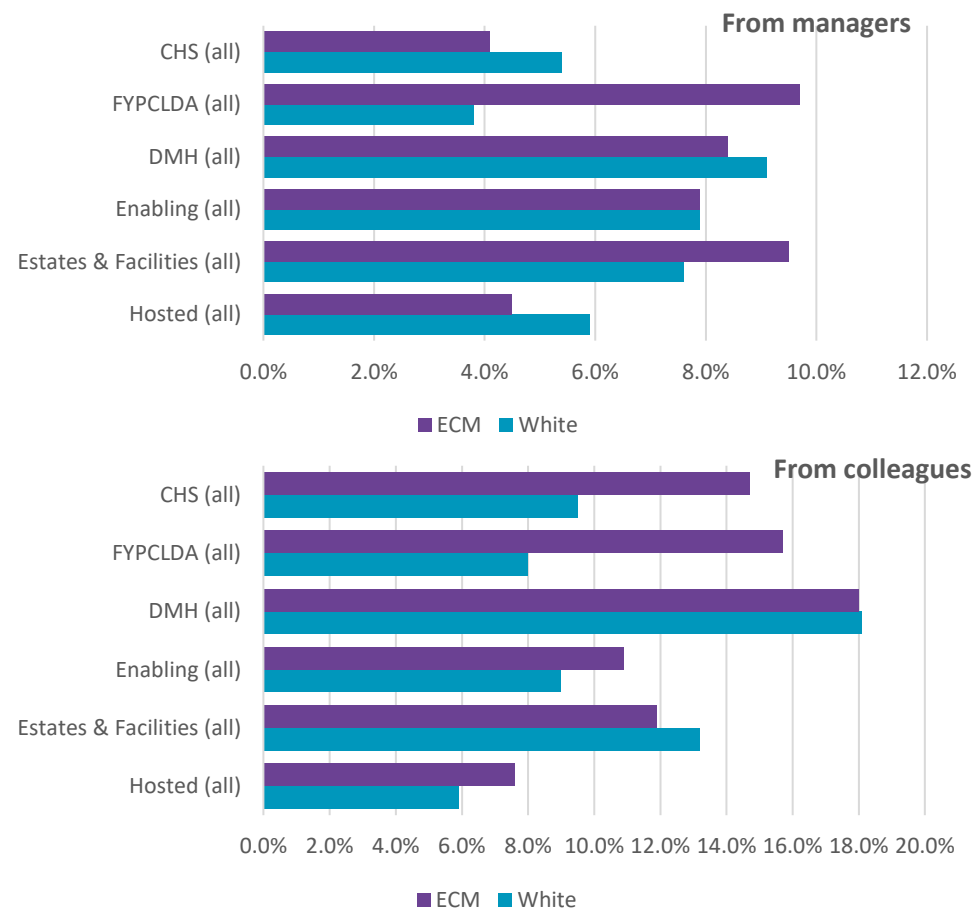
For CHS, rates of bullying from managers vary between services, with ECM staff experiencing more of this in some areas, and white staff in others. ECM staff experience more bullying from colleagues than white staff do in the majority of areas, especially in community teams.

Hotspot Teams – largest and smallest gaps between white & ECM staff responses	White %Yes	ECM %Yes	Total responses	Managers
Lough Swithland Ward	0.0%	14.3%	38	
City East Hub (Therapy & Nursing)	12.5%	6.7%	39	
Long Term Conditions	0%	0%	50	
Community Specialist Services Admin and Management	0%	0%	57	

Hotspot Teams – largest and smallest gaps between white & ECM staff responses	White %Yes	ECM %Yes	Total responses	Colleagues
City East Hub (Therapy & Nursing)	8.3%	13.3%	39	
Long Term Conditions	2.6%	0.0%	50	

Metric 6: Staff Survey: harassment, bullying or abuse from other colleagues or managers

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 DMH, ECM and white staff experience similar levels of bullying from managers and colleagues when looking at the whole directorate. However, there are trends seen within services and teams – ECM staff experience more bullying than white colleagues in Psychological professions (from managers) and AHPs (from colleagues). In Inpatients, white colleagues experience more bullying.

Hotspot Teams – largest and smallest gaps between white & ECM staff responses	White %Yes	ECM %Yes	Total responses
Psychological Professions (all teams combined)	3.1%	21.4%	79
Acute, Forensic & PICU	16.2%	6.8%	110
MHSOP Inpatients	4.5%	4.1%	71

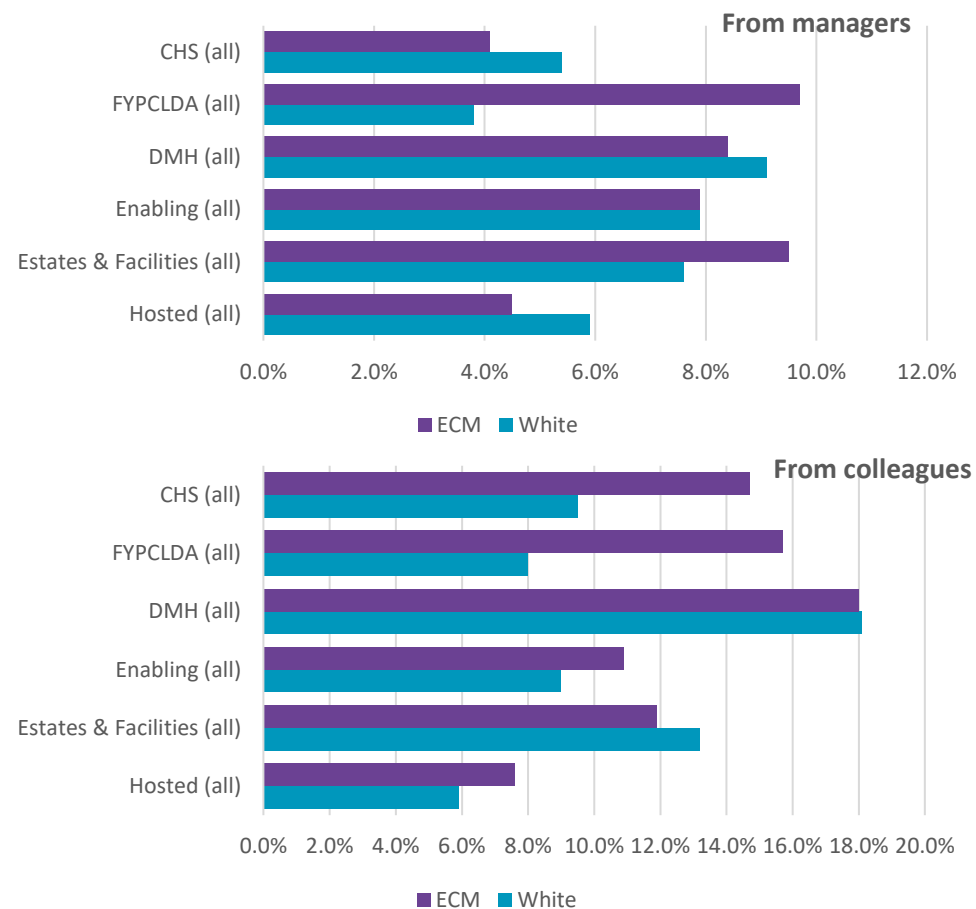
Managers

Hotspot Teams – largest and smallest gaps between white & ECM staff responses	White %Yes	ECM %Yes	Total responses
Allied Health Professionals (all teams combined)	12.2%	28.6%	88
Acute, Forensic & PICU	30.6%	13.5%	110

Colleagues

# Metric 6: Staff Survey: harassment, bullying or abuse from other colleagues or managers

## 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.

In FYPCLDA, bullying from managers is more likely to be reported by ECM staff than white staff in most areas. This is particularly significant in CAMHS Outpatients and Health Visiting & School Nursing. The same trend is seen when looking at bullying from colleagues, and this is particularly seen in LD (186 total responses).

Hotspot Teams – largest and smallest gaps between white & ECM staff responses	White %Yes	ECM %Yes	Total responses
CAMHS Outpatients	3.9%	18.2%	62
Health Visiting & School Nursing	2.6%	20.0%	177

Managers

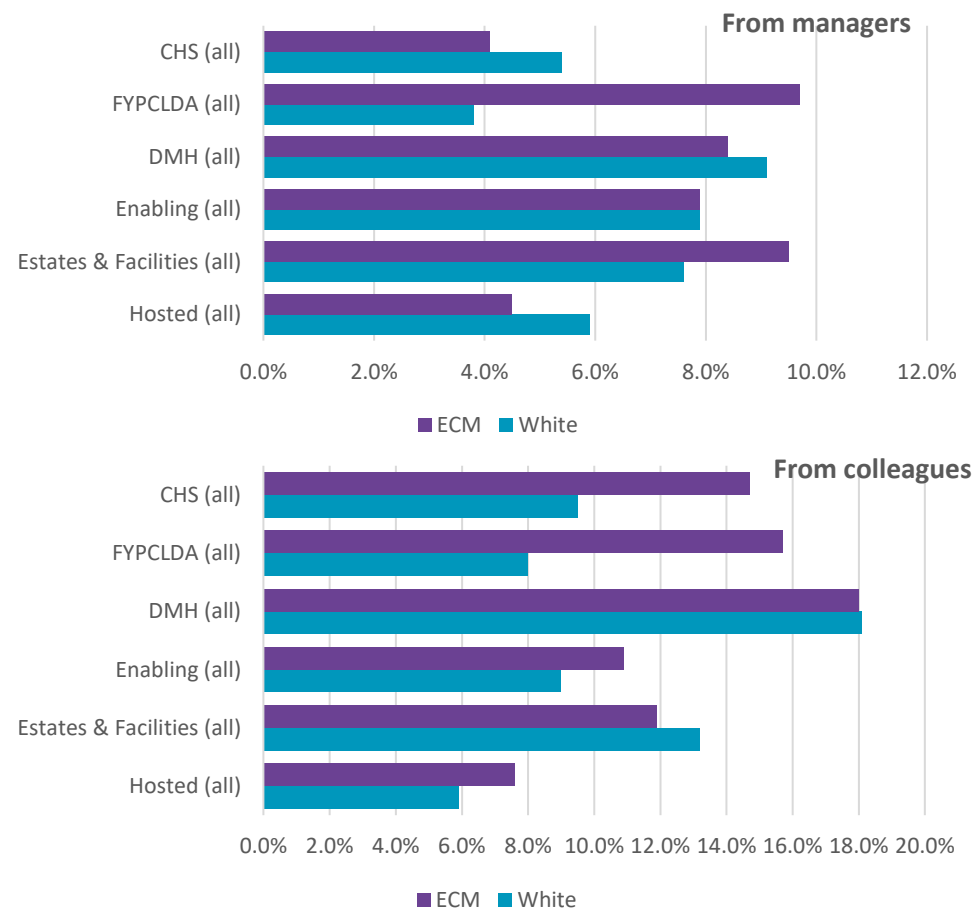
Hotspot Teams – largest and smallest gaps between white & ECM staff responses	White %Yes	ECM %Yes	Total responses
CAMHS Outpatients	5.9%	18.2%	62
Group 1 Admin	3.6%	13.3%	86
Learning Disabilities (all teams combined)	5.0%	19.1%	187

Colleagues



Metric 6: Staff Survey: harassment, bullying or abuse from other colleagues or managers

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.

Most Enabling, E&F and Hosted services see similar rates of bullying from managers experienced by staff regardless of ethnicity. The exception is the Nursing, AHP & Quality service, where ECM staff are significantly more likely to experience this. When looking at bullying from colleagues, ECM staff are more likely to experience this across the majority of services and teams, except E&F where rates are close to equal.

Hotspot Teams – largest and smallest gaps between white & ECM staff responses	White %Yes	ECM %Yes	Total responses
Nursing, AHPs, and Quality	11.1%	27.3%	74
Employment Services	7.4%	4.8%	48
Health Informatics Service	4.6%	4.5%	131

Managers

Hotspot Teams – largest and smallest gaps between white & ECM staff responses	White %Yes	ECM %Yes	Total responses
Pharmacy Services	0.0%	21.4%	36
Employment Services	0.0%	18.2%	49

Colleagues

**Metric 7: Staff Survey:** perception on equal opportunities for career progression or promotion

[Click for more detail](#)

[Ethnic Groups](#)

[Professional Groups](#)

[CHS](#)

[DMH](#)

[FYPCLDA](#)

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

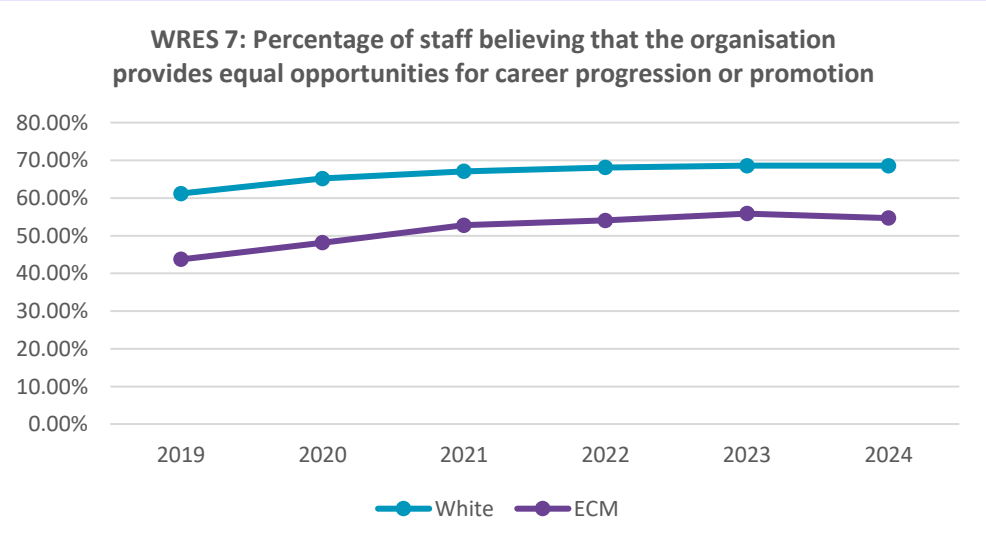
Does the trust provide equal opportunities for career progression or promotion?	2022	2023	2024
Likelihood ratio (ECM/White)	0.79	0.81	0.80
% ECM respondents who said Yes	54.1%	55.9%	54.7%
% White respondents who said Yes	68.1%	68.6%	68.6%

**What the data shows**

**WORSENING** compared to last year

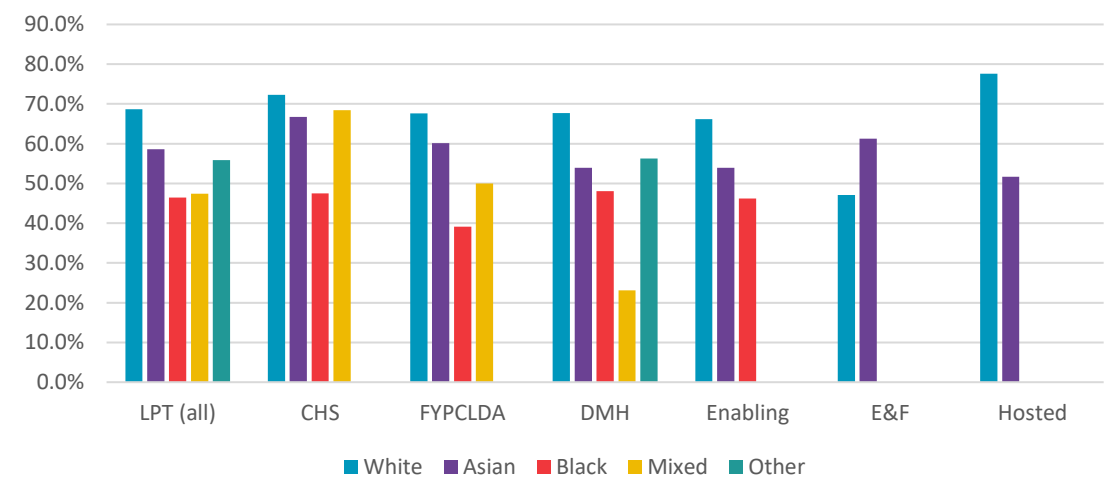
The position was unchanged for white colleagues but worsened slightly by 1.2 percentage points for ECM staff. This metric has improved slightly over the past few years, certainly since 2019.

LPT does better than comparator organisations for this metric (61.0% white, 51.9% ECM).



**Metric 7: Staff Survey:** perception on equal opportunities for career progression or promotion

**Ethnic Groups**



**What the data shows**

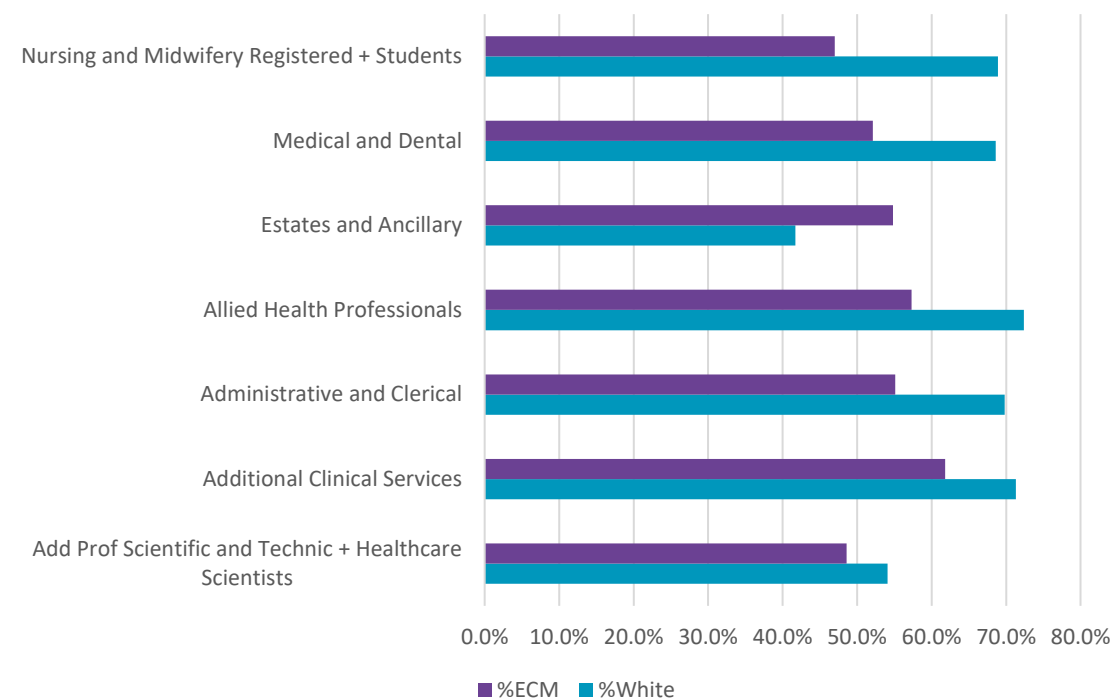
Black and Mixed ethnicity staff are the least likely to find career progression opportunities fair at LPT, especially within FYPCLDA (for black staff) and DMH (for mixed ethnicity staff).

56.2% of White Other staff (white respondents excluding White British) were positive about career progression fairness; less than White British and similar to ECM respondents.

For some groups, data is unavailable (Mixed, Other for some directorates).

**Metric 7: Staff Survey:** perception on equal opportunities for career progression or promotion

**Professional Groups**

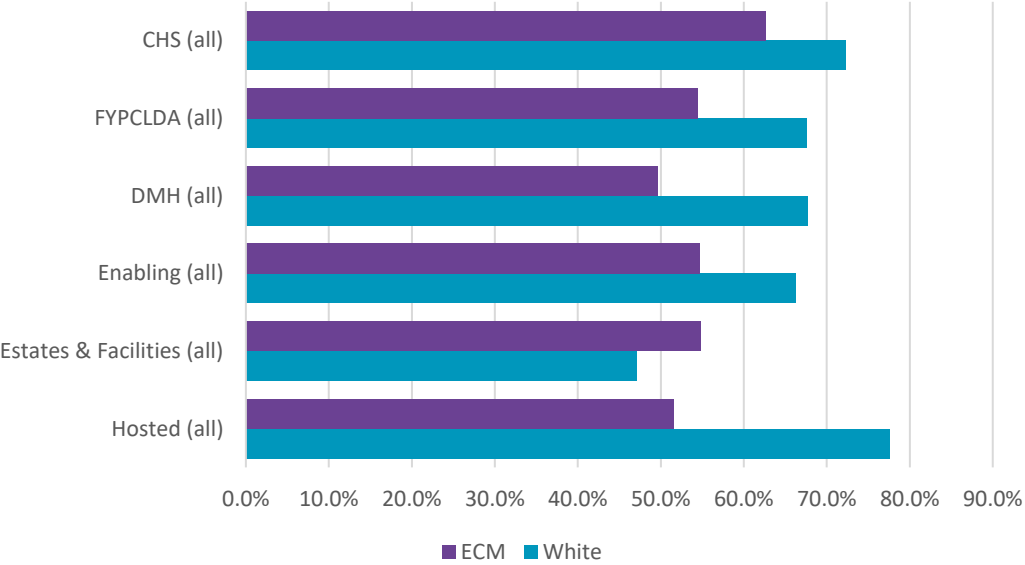


**What the data shows**

Across all professional groups except E&F, white staff are more positive about the fairness of career progression and promotion opportunities.

**Metric 7: Staff Survey:** perception on equal opportunities for career progression or promotion

CHS



### What the data shows

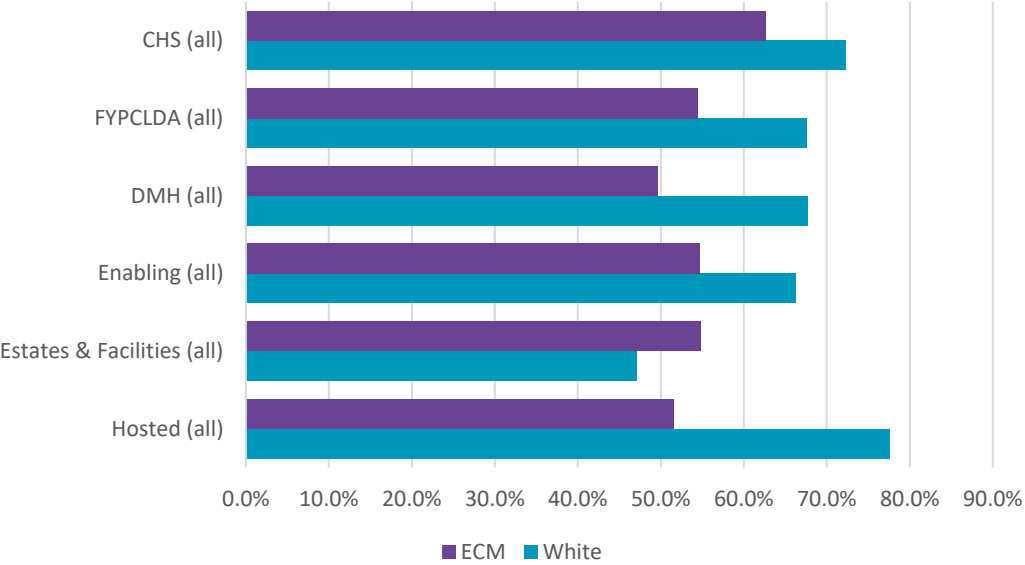
Notes: Overall figures for directorates are shown in the graph. Teams with particularly high or low scores are referenced in the tables, to highlight hotspot areas.

For CHS, ECM staff are less likely to feel career progression is fair at LPT. A particular gap between ECM and white staff’s responses can be seen in the Single Point of Access team.

Hotspot Teams – largest and smallest gaps between white & ECM staff responses	White %Yes	ECM %Yes	Total responses
Single Point of Access	66.7%	40.0%	27
H&B Comm Hosp North Ward	78.6%	83.3%	26
Long Term Conditions	81.6%	75.0%	50

**Metric 7: Staff Survey:** perception on equal opportunities for career progression or promotion

**DMH**



**What the data shows**

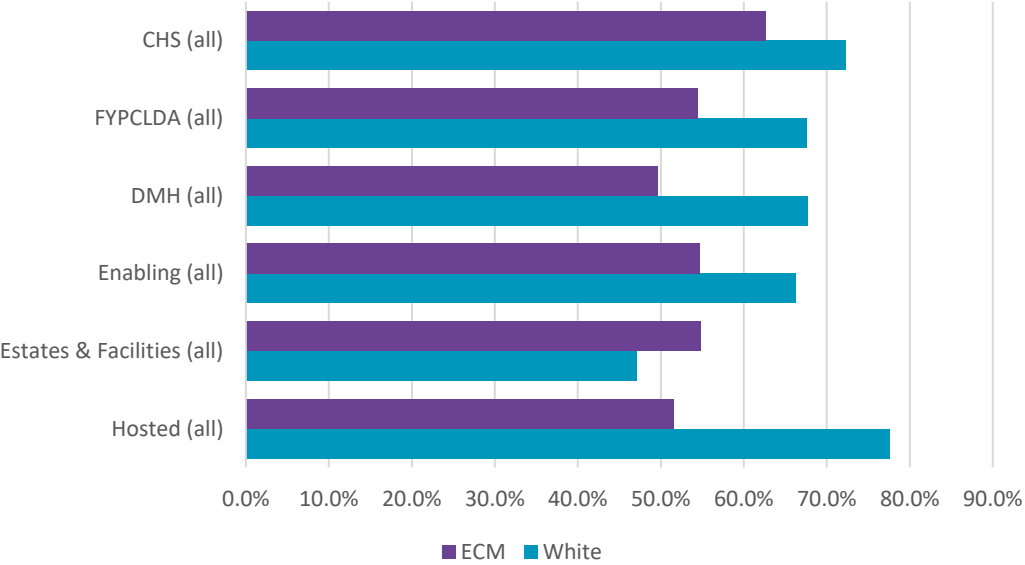
Notes: Overall figures for directorates are shown in the graph. Teams with particularly high or low scores are referenced in the tables, to highlight hotspot areas.

In DMH, gaps are particularly seen in Allied Health Professions, but all areas see a discrepancy in responses with the exception of MHSOP inpatients.

Hotspot Teams – largest and smallest gaps between white & ECM staff responses	White %Yes	ECM %Yes	Total responses
Allied Health Professionals	80.8%	40.0%	88
MHSOP Inpatients	58.3%	58.0%	74

**Metric 7: Staff Survey:** perception on equal opportunities for career progression or promotion

**FYPCLDA**



**What the data shows**

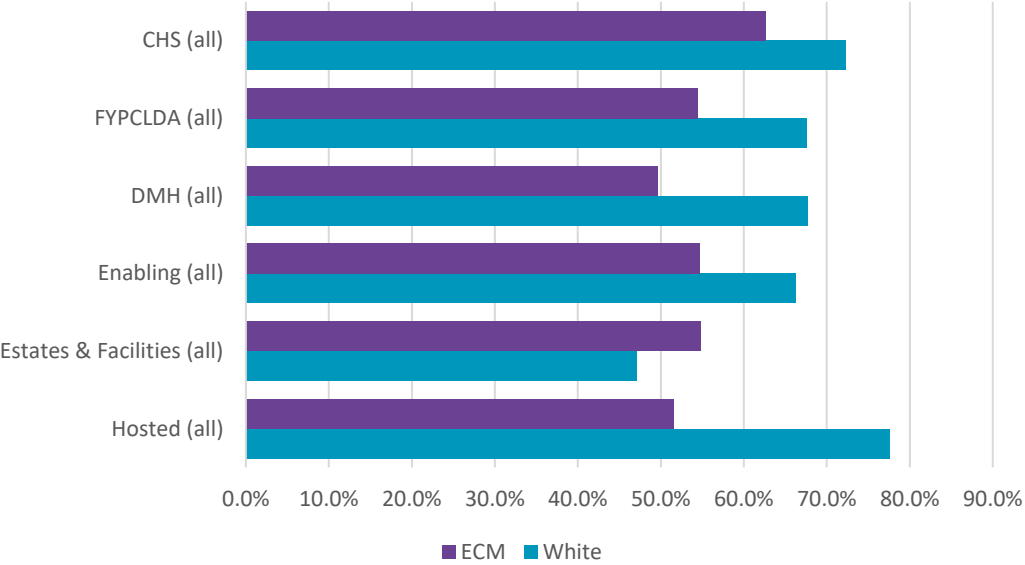
Notes: Overall figures for directorates are shown in the graph. Teams with particularly high or low scores are referenced in the tables, to highlight hotspot areas.

In FYPCLDA, particular gaps between ECM and white staff’s experiences can be seen in CAMHS Outpatients and the Agnes Unit.

Hotspot Teams – largest and smallest gaps between white & ECM staff responses	White %Yes	ECM %Yes	Total responses
CAMHS Outpatients	68.6%	27.3%	62
Agnes Unit	100.0 %	52.2%	42

**Metric 7: Staff Survey:** perception on equal opportunities for career progression or 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.

White staff report less positivity about career progression fairness than ECM staff in Estates & Facilities. In Hosted and Enabling services, white staff are more positive about this than ECM staff. Particular hot spots for differences in responses are HR and Pharmacy.

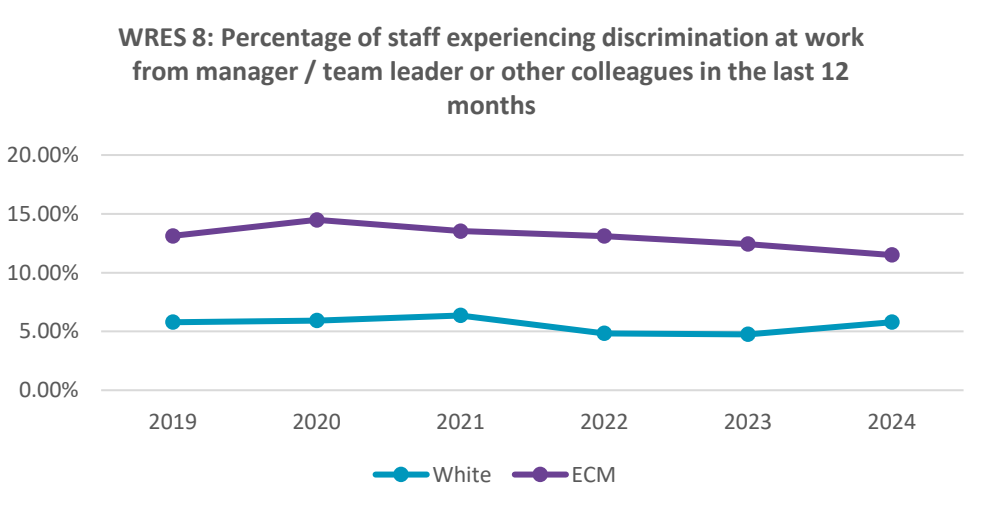
Hotspot Teams – largest and smallest gaps between white & ECM staff responses	White %Yes	ECM %Yes	Total responses
Pharmacy Services	71.4%	57.1%	35
Employment Services	77.8%	36.4%	49
Finance and Performance	64.9%	61.5%	63



**Metric 8: Staff Survey:** discrimination at work from a manager, team leader or other colleagues

[Click for more detail](#)

In the last 12 months, have you personally experienced discrimination from your manager/team leader or colleagues?	2022	2023	2024
Likelihood ratio (ECM/White)	2.71	2.61	1.98
% ECM respondents who said Yes	13.1%	12.4%	11.5%
% White respondents who said Yes	4.8%	4.8%	5.8%



**What the data shows**

**IMPROVEMENT** since last year.

White colleagues experienced more discrimination compared to last year, up by 1 percentage point, and ECM staff experienced less, down 0.9 percentage points. The difference between white and ECM colleagues' experiences is still significant, however. ECM staff are still twice as likely to experience discrimination from managers/colleagues as white staff are. We have seen a slight downward trend in discrimination against ECM staff in recent years, but not the required levels to bring parity between ethnic groups' experiences.

For ECM staff, LPT does slightly better than comparator organisations for this metric (5.8% white, 12.5% ECM).

When asked the reason for the discrimination,

- 55.9% said ethnicity
- 18.9% said age
- 18.0% said "other"
- 15.6% said disability
- 15.2% said gender
- 9.4% said religion
- 4.7% said sexual orientation

[Ethnic Groups](#)

[Professional Groups](#)

[CHS](#)

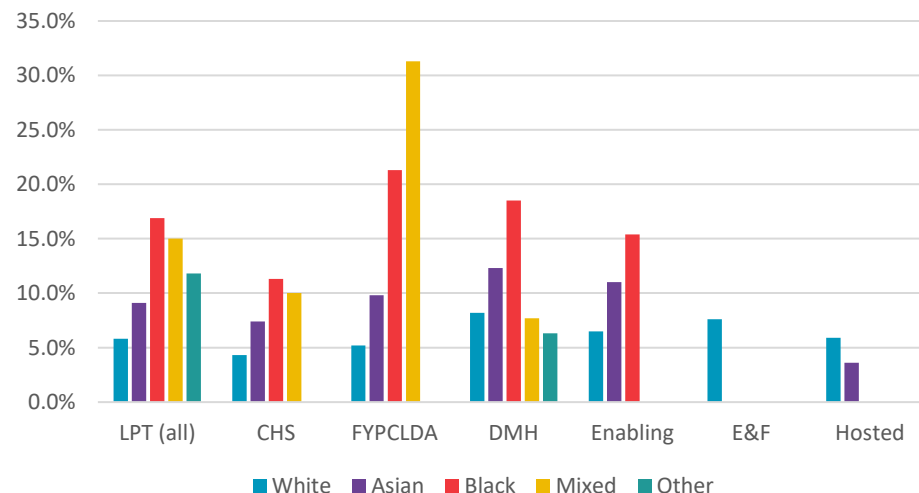
[DMH](#)

[FYPCLDA](#)

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

## Metric 8: Staff Survey: discrimination at work from a manager, team leader or other colleagues

### Ethnic Groups



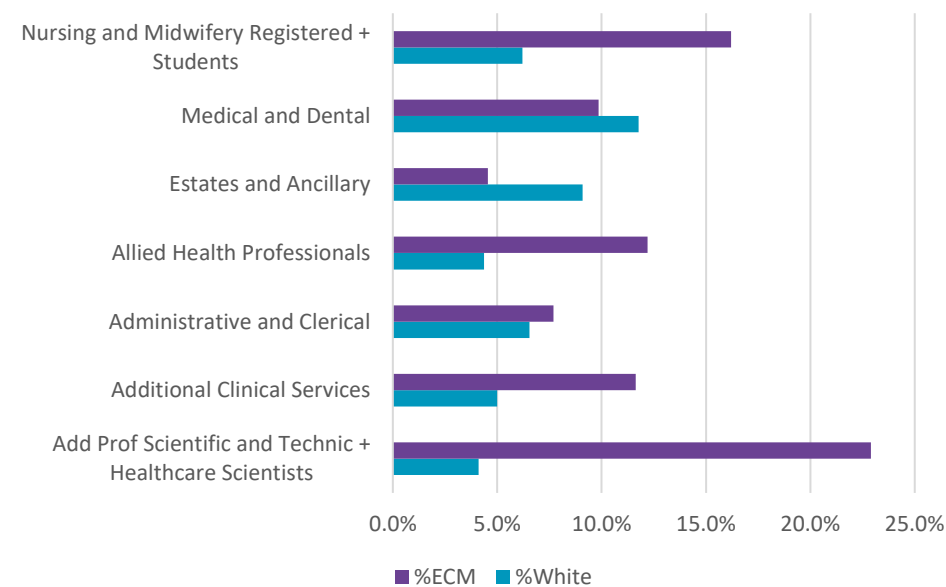
### What the data shows

Black and Mixed ethnicity staff are the most likely to experience discrimination from managers/colleagues at LPT. In DMH and Enabling, Asian staff also report higher than average levels of discrimination. FYPCLDA sees the largest discrepancies between ethnic groups.

7.9% of White Other staff (white respondents excluding White British) said they had experienced discrimination; more than White British, but less than ECM.

**Metric 8: Staff Survey:** discrimination at work from a manager, team leader or other colleagues

**Professional Groups**

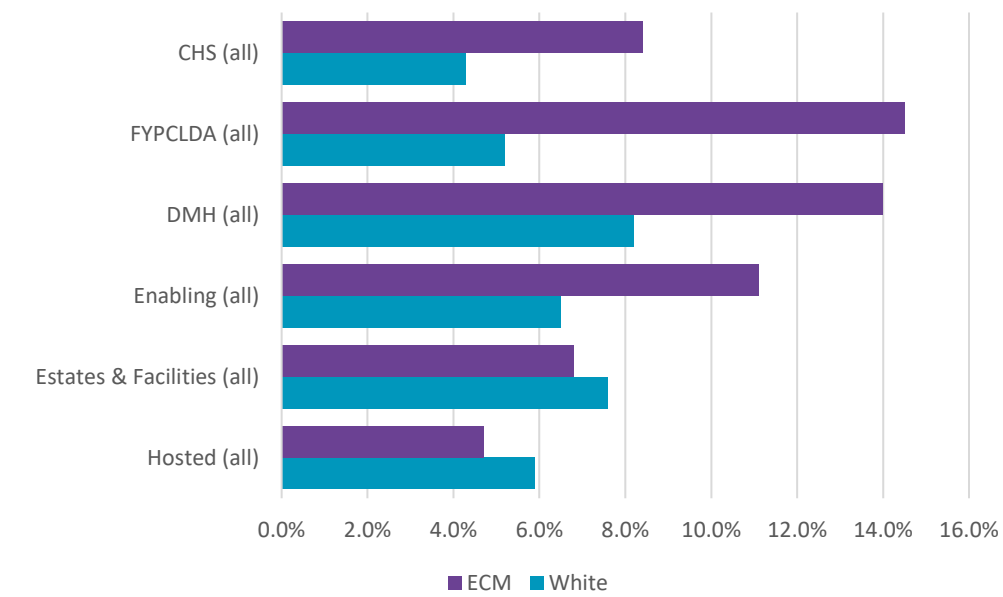


**What the data shows**

Across all professional groups except E&F and medics, ECM staff face more discrimination than white staff. This is particularly prevalent in Additional Scientific & Technical professions (182 total responses). For admin and clerical staff, the difference is less stark than for other staff groups.

**Metric 8: Staff Survey:** discrimination at work from a manager, team leader or other colleagues

CHS



### What the data shows

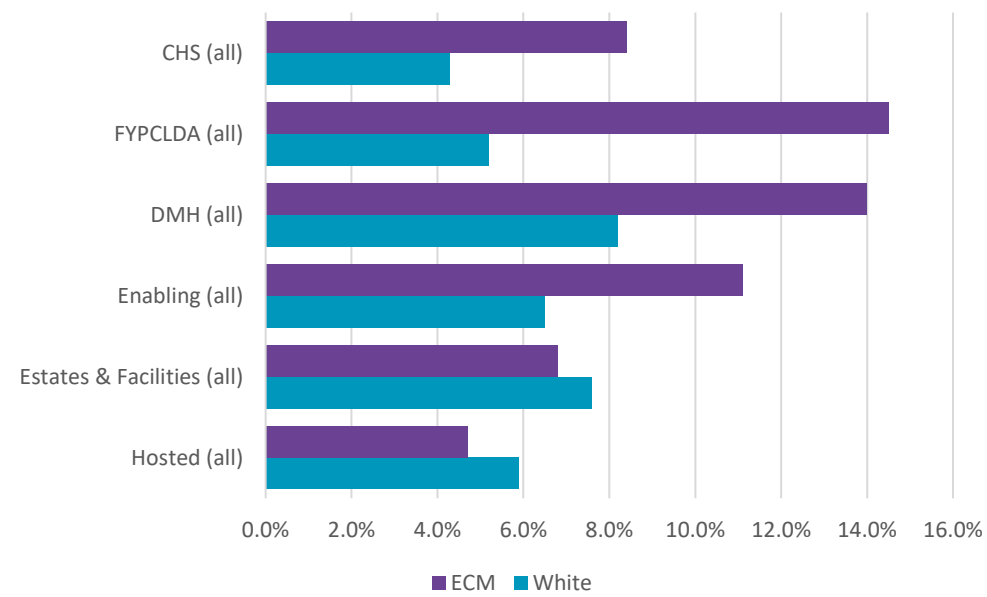
Notes: Overall figures for directorates are shown in the graph. Teams with particularly high or low scores are referenced in the tables, to highlight hotspot areas.

For CHS, ECM and white staff’s experiences vary by team. They are equally likely to experience discrimination when looking at Inpatient services together; in Community services, ECM staff are more likely.

Hotspot Teams – largest and smallest gaps between white & ECM staff responses	White %Yes	ECM %Yes	Total responses
H&B Comm Hosp East Ward	11.4%	0.0%	46
Lough Swithland Ward	0.0%	14.3%	38
Long Term Conditions	0.0%	0.0%	50

**Metric 8: Staff Survey:** discrimination at work from a manager, team leader or other colleagues

**DMH**



**What the data shows**

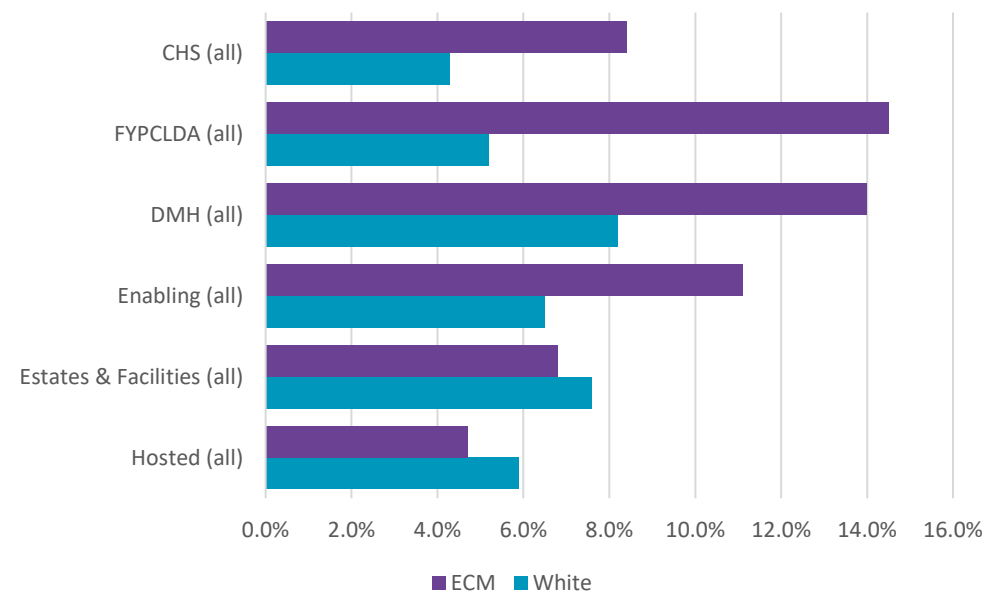
Notes: Overall figures for directorates are shown in the graph. Teams with particularly high or low scores are referenced in the tables, to highlight hotspot areas.

In DMH, ECM staff are more likely to experience discrimination than white staff, especially in MHSOP inpatients, and Psychological Professions.

Hotspot Teams – largest and smallest gaps between white & ECM staff responses	White %Yes	ECM %Yes	Total responses
MHSOP Inpatients	4.3%	22.0%	73
Psychological Professions	6.1%	28.6%	80
Rehab & HD	8.8%	8.9%	79
Allied Health Professionals	6.8%	6.7%	89

**Metric 8: Staff Survey:** discrimination at work from a manager, team leader or other colleagues

**FYPCLDA**



**What the data shows**

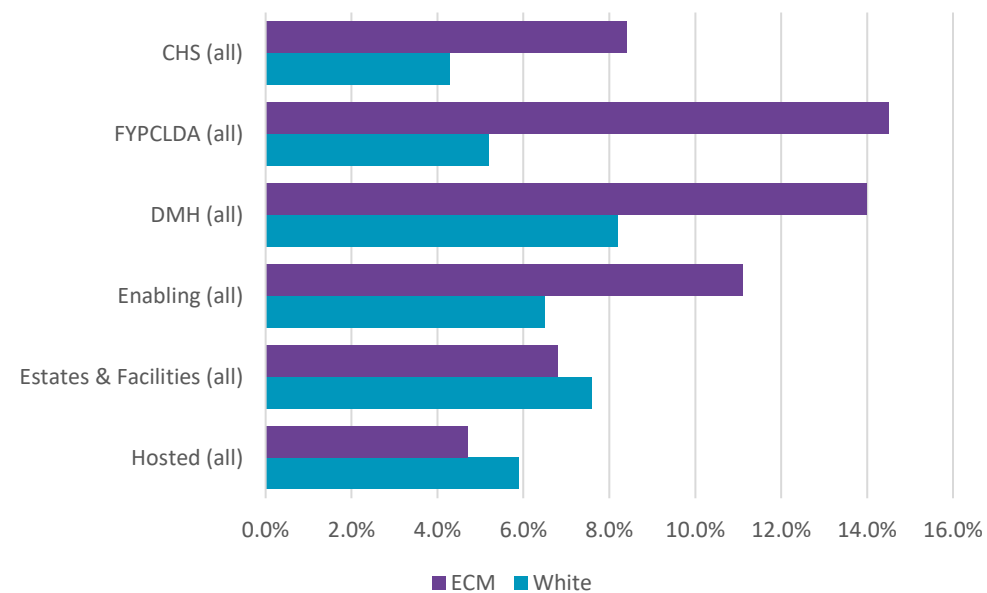
Notes: Overall figures for directorates are shown in the graph. Teams with particularly high or low scores are referenced in the tables, to highlight hotspot areas.

In FYPCLDA, ECM staff are much more likely to experience discrimination than white staff. This is seen particularly in CAMHS, Health Visiting & School Nursing, and LD Community services.

Hotspot Teams – largest and smallest gaps between white & ECM staff responses	White %Yes	ECM %Yes	Total responses
CAMHS (all teams together)	5.2%	24.2%	186
Health Visiting & School Nursing	4.7%	20.0%	175
LD Community	2.5%	27.3%	92

**Metric 8: Staff Survey:** discrimination at work from a manager, team leader or other colleagues

**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.

For Enabling services, ECM staff experience more discrimination, whereas for E&F and Hosted services, the opposite is true. Particular hot spots are: ECM staff reporting much more discrimination than white staff in Pharmacy Services, and white staff reporting much more discrimination than ECM staff in Facilities East 2 team (this is the only team in E&F with enough responses to be able to report on individually).

Hotspot Teams – largest and smallest gaps between white & ECM staff responses	White %Yes	ECM %Yes	Total responses
Pharmacy Services	0.0%	38.5%	35
Facilities East 2	23.5%	5.3%	36

**Metric 9. Board representation:** ECM representation at Board level, compared to total workforce

Board representation	March 2023	March 2024	March 2025
Percentage ECM in the substantive workforce overall (of known ethnicity)	26.9%	29.9%	32.7%
Difference between all board members and the substantive workforce overall (%ECM)	-5.8%	-9.9%	-3.3%
Difference between voting board members and the substantive workforce overall (%ECM)	+6.4%	+7.6%	+22.9%
Difference between executive board members and the substantive workforce overall (%ECM)	-10.2%	-21.6%	-23.6%

**What the data shows**

Note: This data excludes Board members of unknown ethnicity.

**IMPROVEMENT** compared to last year.

The percentage of board members, and specifically voting board members, is more representative of the overall workforce in terms of ethnicity than last year.

Representation is slightly worse for executive board members, but this is because of an increase in workforce diversity rather than a decrease in executive diversity.