



LTHT EQUALITY, DIVERSITY & INCLUSION WORKFORCE MEASURES

October 2025

Introduction

At LTHT, we have committed that “**We are inclusive and champion diversity**”, as one of our **People Priorities**.

This metrics report demonstrates the monitoring and experiences of our staff; shaped by the statutory metrics required for the Workforce Race Equality Standards (WRES), Workforce Disability Equality Standards (WDES), Pay Gap reporting, as well as LTHT’s Workforce Demographics report, with the data shared having been collected from either:

- the NHS Staff Survey, which was completed in Oct /Nov 2024
- LTHT electronic staff records (ESR) system as of 31st March 2025.

This report supplements the 2025 LTHT Equality, Diversity & Inclusion (EDI) Improvement Plan.

Summary

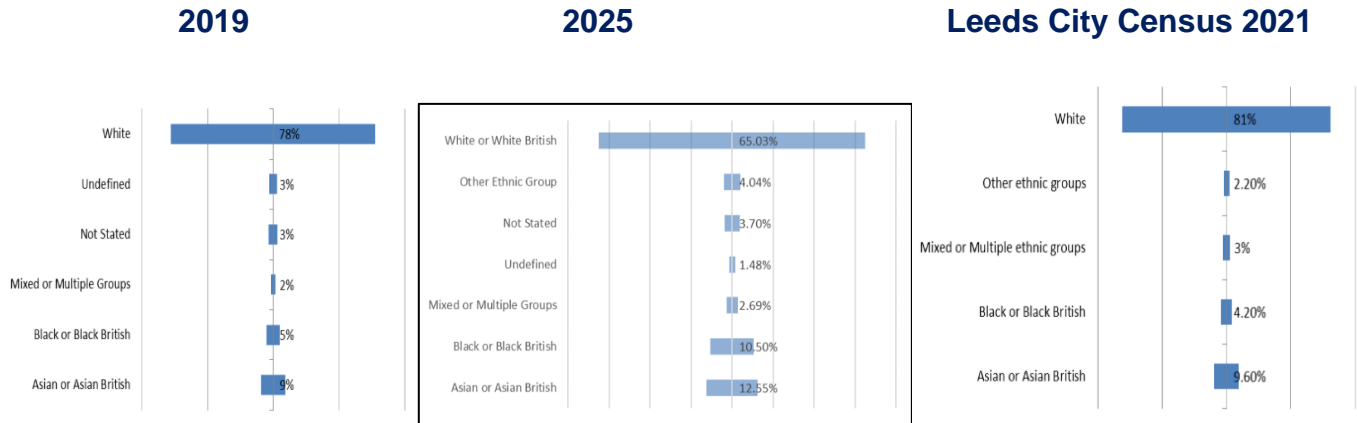
The data demonstrates sustained improvement across most workforce equality measures, with notable gains in representation, data quality, and reductions in bullying, harassment, and discrimination. The Trust continues to perform better than national averages in key areas of staff experience, and BME representation now exceeds the local population average. However, recruitment and career progression disparities, lower declaration rates for some protected characteristics, and further reduction in bullying and discrimination, remain areas requiring improvement:

- **Representation has improved across most protected characteristics**, with notable gains among **BME** (now 30.15%) and **disabled staff** (now 5%).
- **BME representation** now exceeds the Leeds population average, while **disability representation** remains below local levels.
- **Data quality has strengthened significantly**, with ‘Undefined’ ethnicity reducing to 1.48%; however, declaration rates for **sexual orientation (15%)** and **religion (16%)** remain areas for improvement.
- **Experiences of bullying, harassment, and discrimination** continue to improve across most groups and remain **better than national averages**, although they still represent a key concern.
- **Reports of public abuse** have increased slightly for BME and disabled staff, reflecting wider public-facing pressures.
- **Recruitment disparities have widened**, with White applicants **1.94 times more likely** to be appointed than BME applicants, and non-disabled applicants **1.34 times more likely** than disabled applicants.
- **Gender representation** remains broadly stable, with women comprising around 75% of the workforce; **senior female representation** continues to improve, and the **gender pay gap** has reduced to **16.1%**.
- **Perceived access to career progression** has declined for disabled staff, though remains above national averages.

Workforce Race Equality at LTHT

1. Ethnicity by Headcount

Source – ESR - LTHT Annual Workforce Demographic June 2025

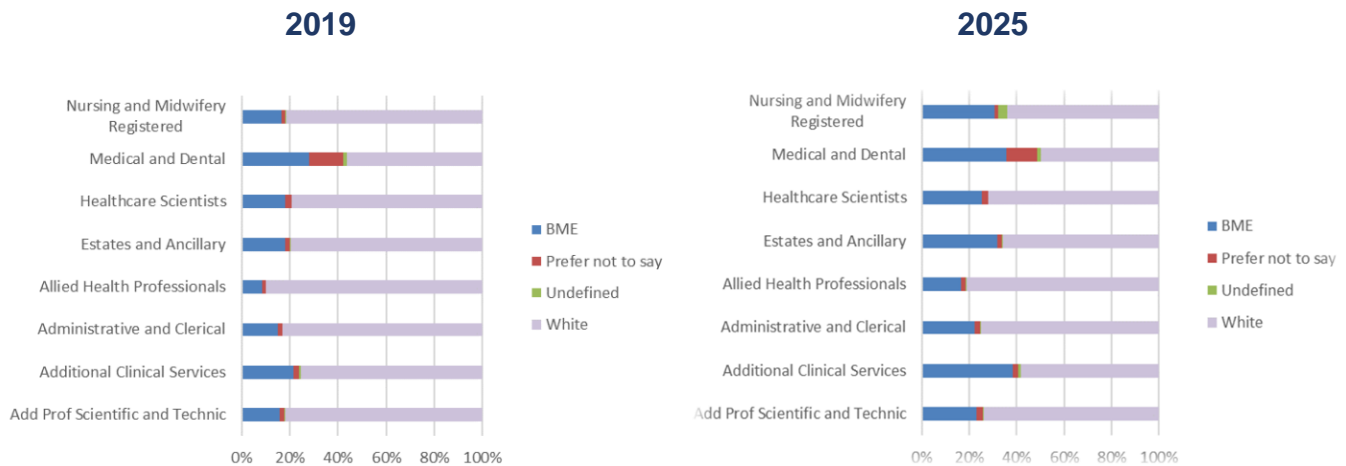


What the data is telling us:

- Representation of Black, Asian & Minority Ethnic (BME) staff in the overall workforce has increased over the last five years from 16% to 30% and is higher than the population of Leeds at the last Census in 2021.
- 'Undefined', meaning no ethnicity is recorded, has positively decreased from 3% to 1.48%.

2. Ethnicity by Staff Group

Source - ESR - LTHT Annual Workforce Demographic June 2025



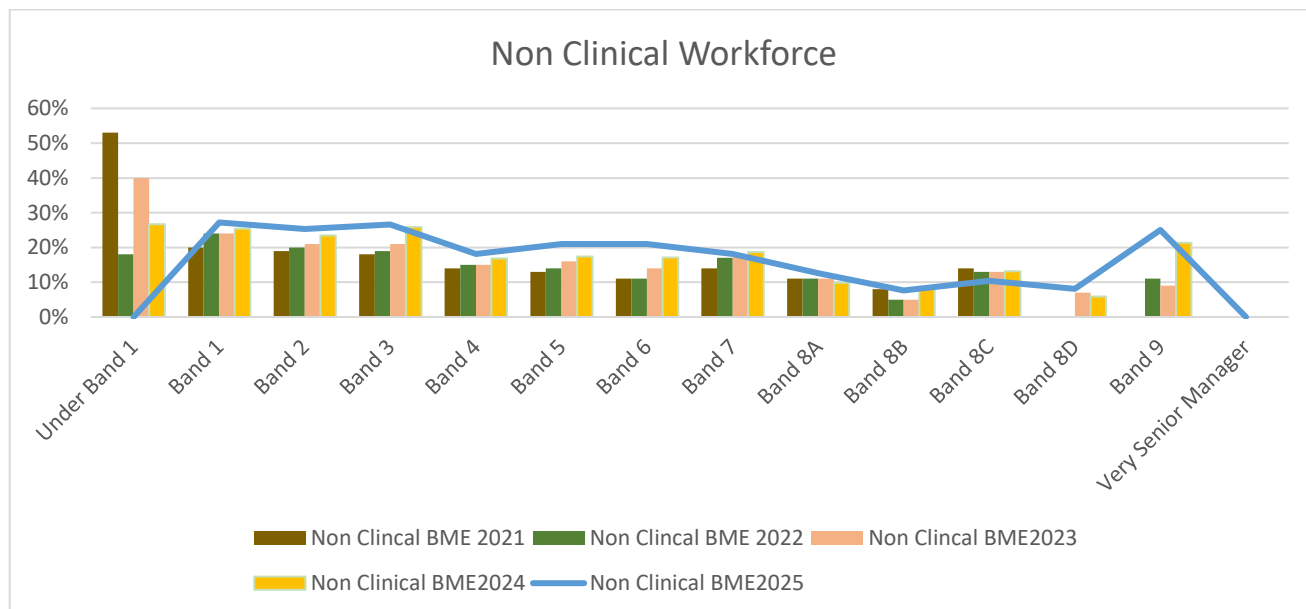
What the data is telling us:

- BME representation continues to be highest in the Medical & Dental Staff Group.
- BME representation has increased in Additional Clinical Services and Estates and Ancillary staff groups, which are less dependent on recruitment into academic institutions.

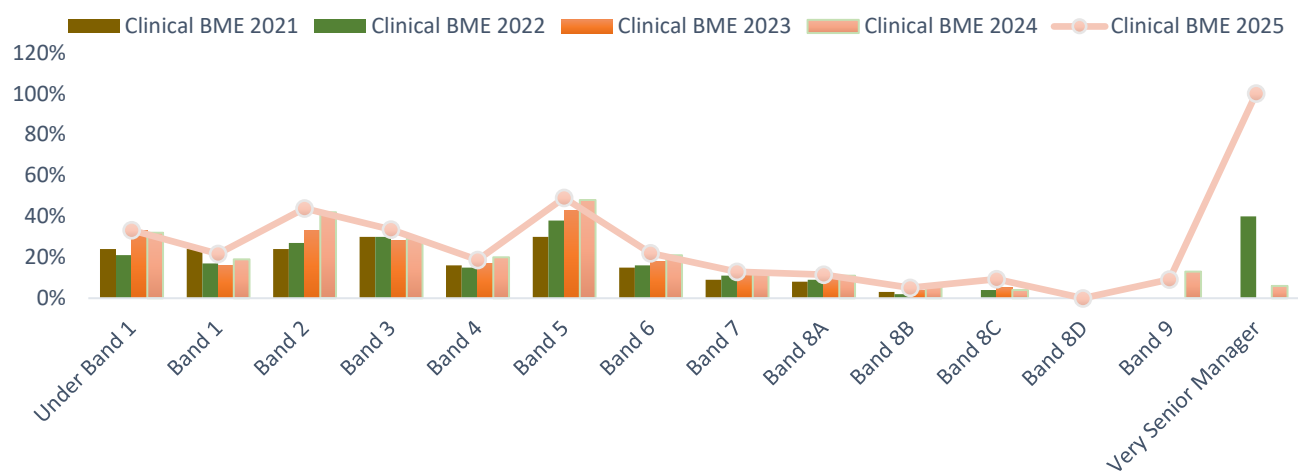
3. Ethnicity by Band/Grade

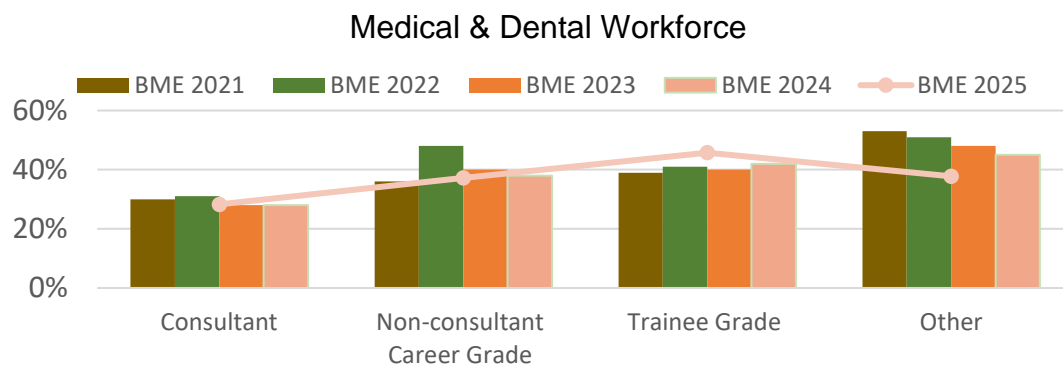
Source - ESR - LTHT NHS Workforce Race Equality Standard Metric 1 and Metric 9 as at 31st March 2025

Percentage of BME staff in Agenda for Change (AfC) pay-bands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce.



Clinical Workforce





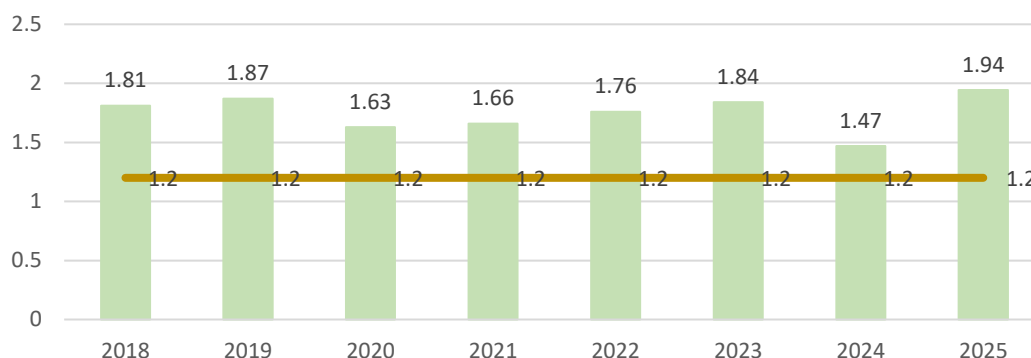
What the data is telling us:

- There continues to be BME under-representation although is improving. Representation of BME staff continues to increase across each band with few exceptions, which are predominantly in the senior bands.
- There continues to be a steeper drop in BME representation at a senior level for clinical staff compared to non-clinical.

4. Ethnicity and Recruitment

Likelihood of White Applicants being Appointed from Shortlisted Compared to BME

Source - LTHT NHS Workforce Race Equality Standard Metric 2 as at 31st March 2025



Likelihood of white staff being appointed from shortlisted compared to BME staff

A figure of 1.2 or above indicates white applicants significantly more likely to be appointed compared to BME

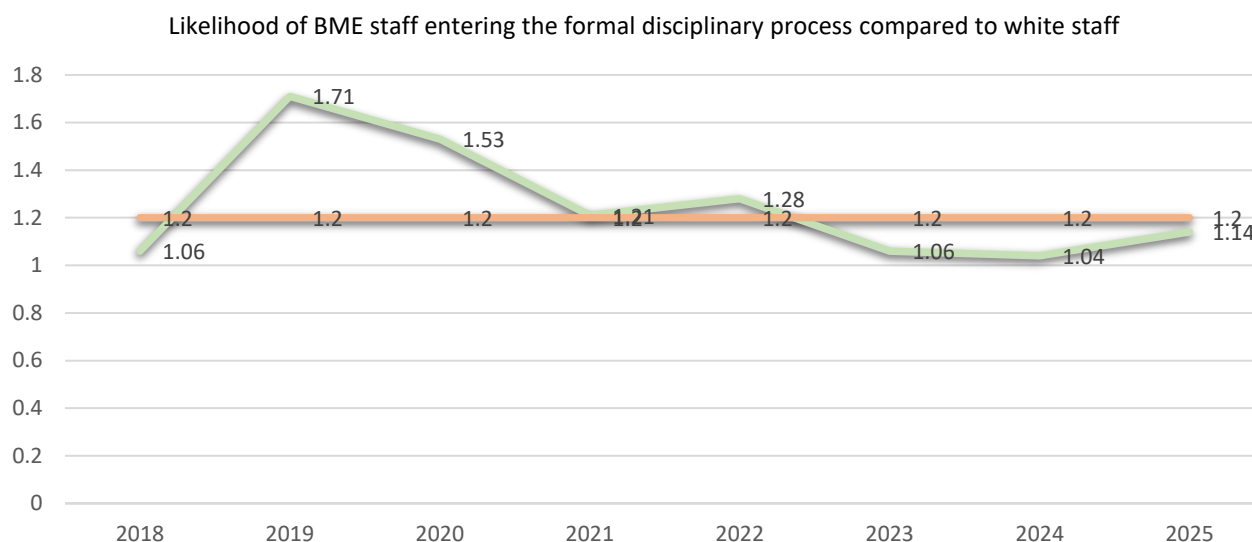
What the data is telling us:

- The relative likelihood of white applicants being appointed from shortlisted compared to BME is the highest recorded at 1.94 and continues to confirm a substantially worse outcome for BME applicants.

5. Ethnicity and Formal Disciplinary Process

Likelihood of BME Staff Entering Formal Disciplinary Process

Source - LTHT NHS Workforce Race Equality Standard Metric 3 as at 31st March 2025



A figure of 1.2 or above indicates BME staff significantly more likely to enter the formal disciplinary process compared to white

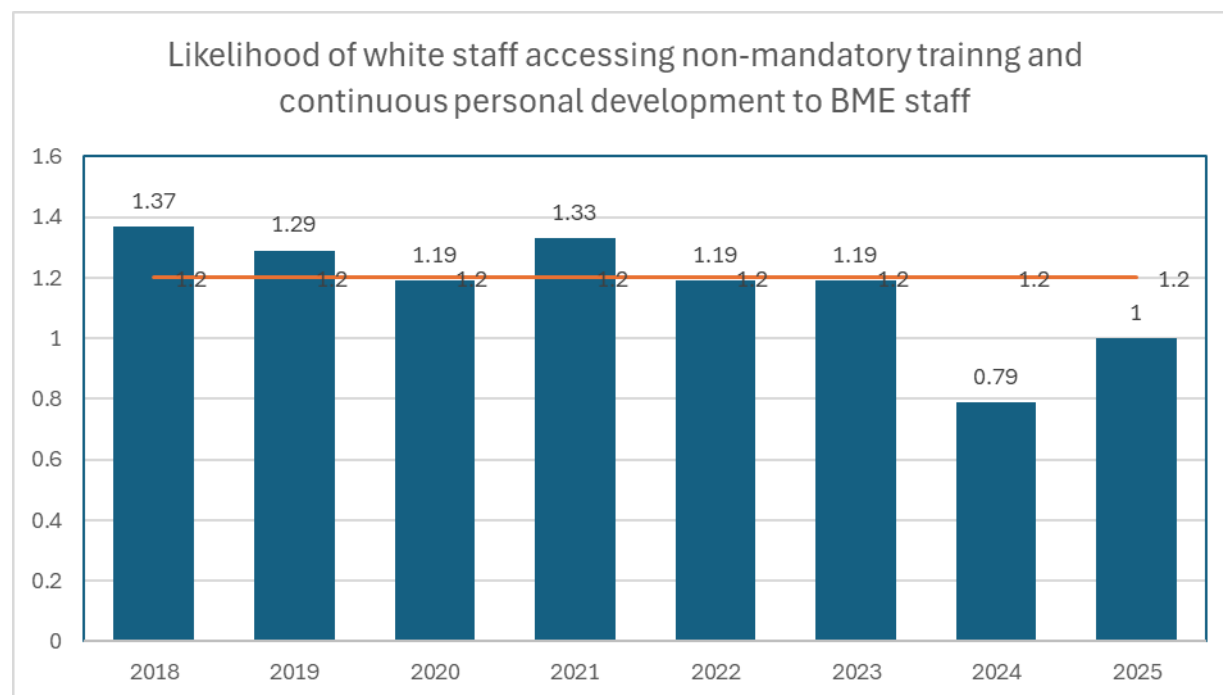
What the data is telling us:

- The relative likelihood of BME staff entering the formal disciplinary process compared to white staff has risen over the last 12 months, although remains below the 1.2 threshold that indicates a significantly worse position.

6. Ethnicity and Access to Career Progression

a Likelihood of White Staff Accessing Non-mandatory Training and Continuous Personal Development Compared to BME

Source - LTHT NHS Workforce Race Equality Standard Metric 4 as at 31st March 2025



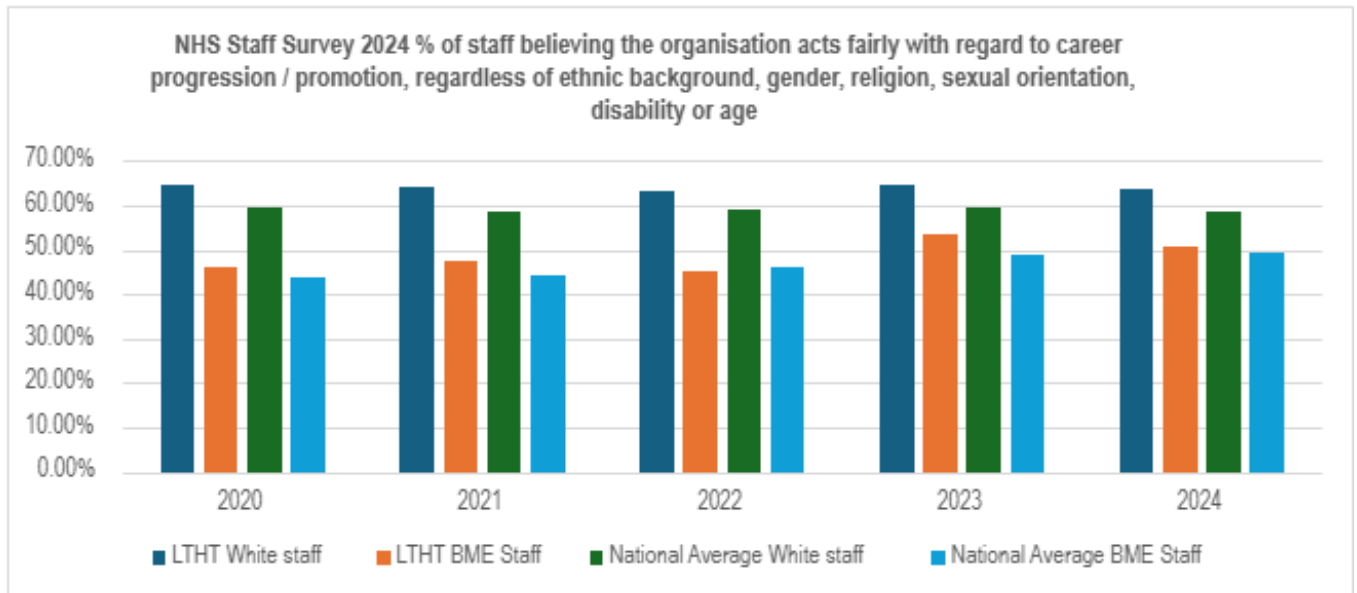
A figure of 1.2 or above indicates white staff more likely to access than BME staff

What the data is telling us:

- The relative likelihood of white staff accessing non-mandatory training and continuous development compared to BME staff is equal.

b Staff Believing LTHT Acts Fairly with regard to Career Progression/Promotion

Source – NHS Staff Survey - LTHT NHS Workforce Race Equality Standard Metric 7 as at Oct/Nov 2024



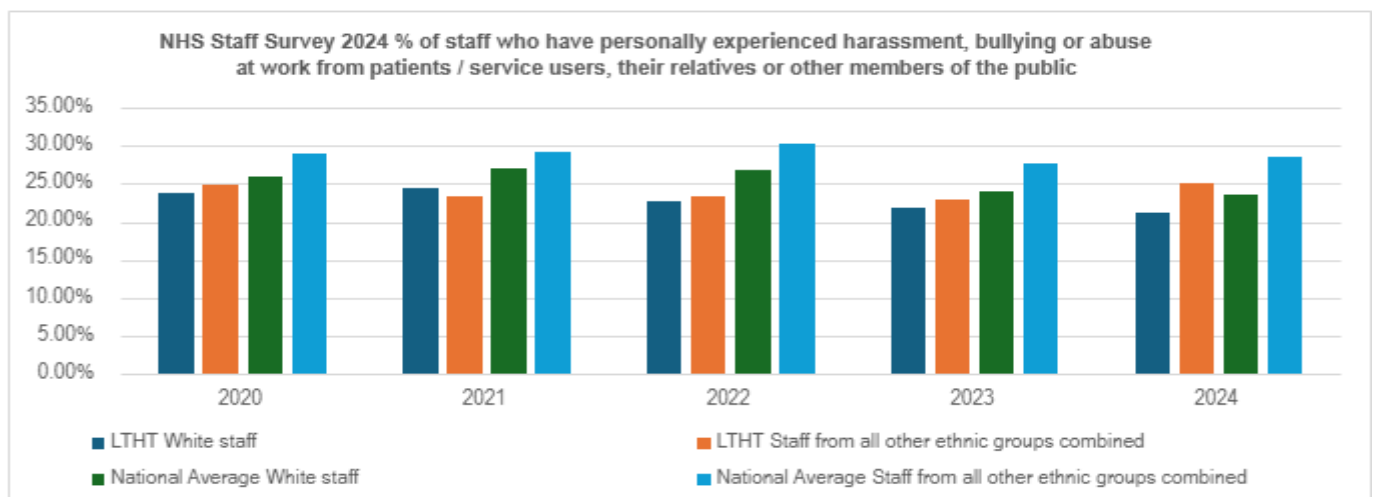
What the data is telling us:

- BME continue to report a significantly less positive experience accessing career progression/promotion compared to white staff, however, LTHT performs better than the national average.

7. Ethnicity and Bullying, Harassment, Abuse and Discrimination

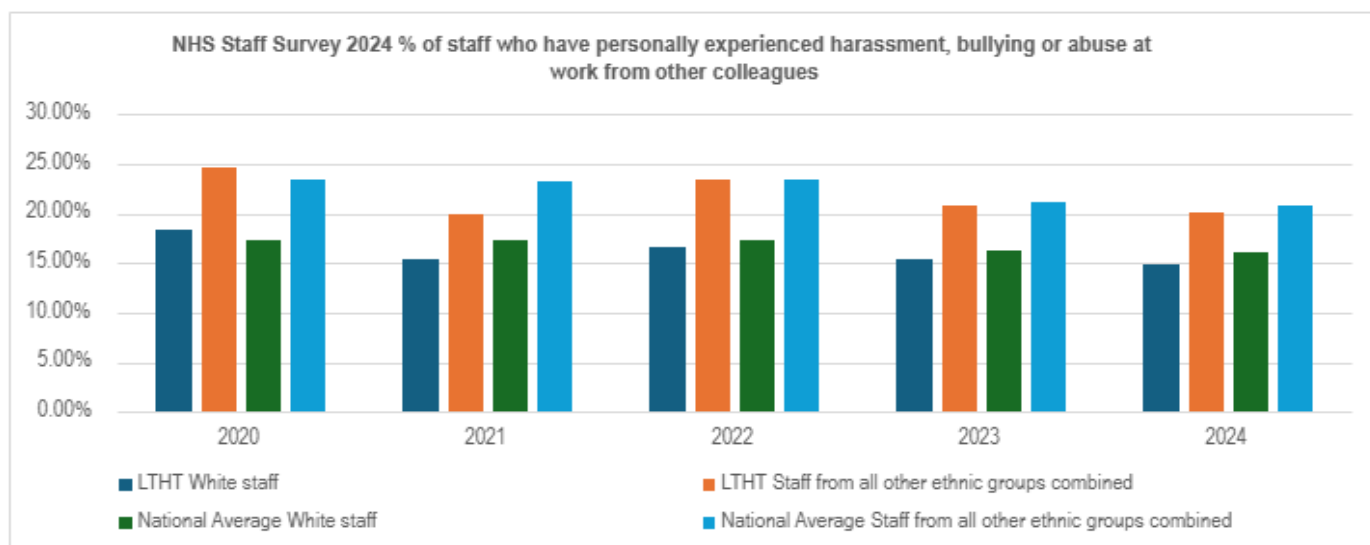
a Public/Patient Harassment, Bullying and Abuse

Source – NHS Staff Survey - LTHT NHS Workforce Race Equality Standard Metric 5 as at Oct/Nov 2024



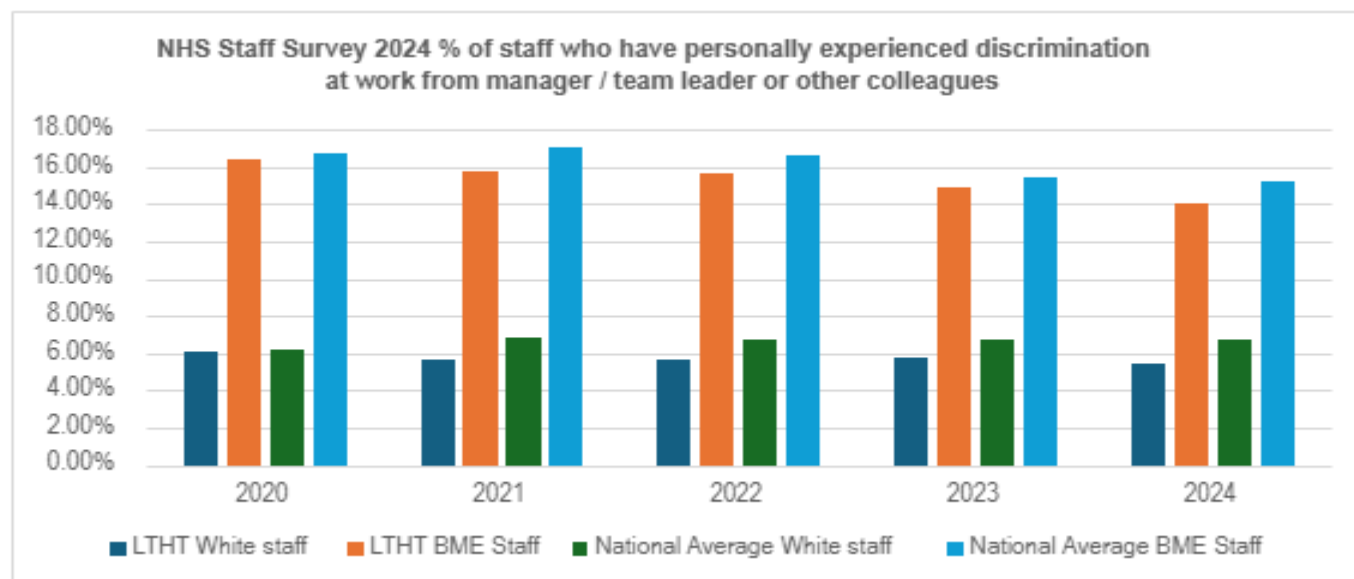
b Colleague Harassment, Bullying and Abuse

Source – NHS Staff Survey - LTHT NHS Workforce Race Equality Standard Metric 6 as at Oct/Nov 2024



c Manager Discrimination

Source – NHS Staff Survey - LTHT NHS Workforce Race Equality Standard Metric 8 as at Oct/Nov 2024



What the data is telling us:

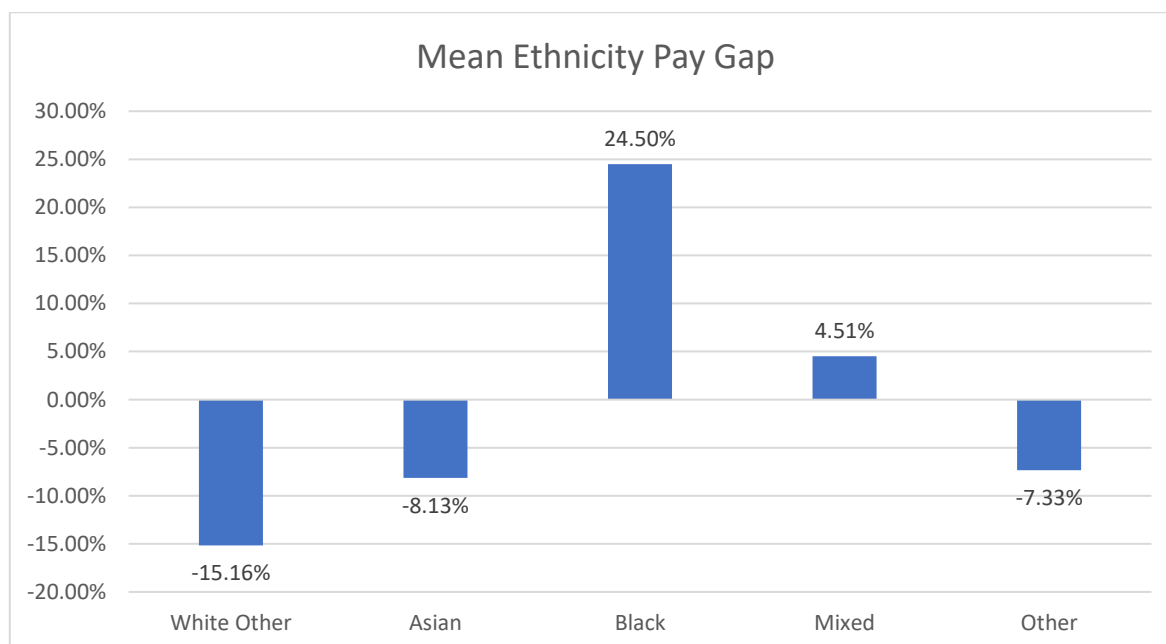
- The frequency of public abuse stated to be experienced by BME staff has deteriorated (increasing from 22.85% in 2023 - 25.01% in 2024), whilst the same abuse decreased for white staff. However, it remains significantly below the national average (Graph 7a).
- Bullying, harassment and discrimination stated in the workplace continues to improve (lowering from 23.62% 2023 – 22.39% 2024), and is significantly better than the national average, although remains a concern (Graph 7b).
- Discrimination from managers has stated to be improved (lowering from 14.93% 2023 - 14.07% 2024) and remains better than the national average (Graph 7c).

8. Ethnicity Pay Gap 2025

Following the publication in June 2023 of the NHS England EDI Improvement Plan, NHS organisations are now required to publish data in relation to ethnicity pay gap alongside the traditionally published gender pay gap data. This is a new publication requirement and the first year LTHT have published this data. There is currently no statutory requirement to publish this data and therefore no government portal exists to enable data to be compared with similar organisations.

The ethnicity pay gap shows the difference in average pay of all white employees and the average pay of all employees from a Black, Asian and minority ethnic background. It is therefore possible to have genuine pay equality but still have a significant ethnicity pay gap.

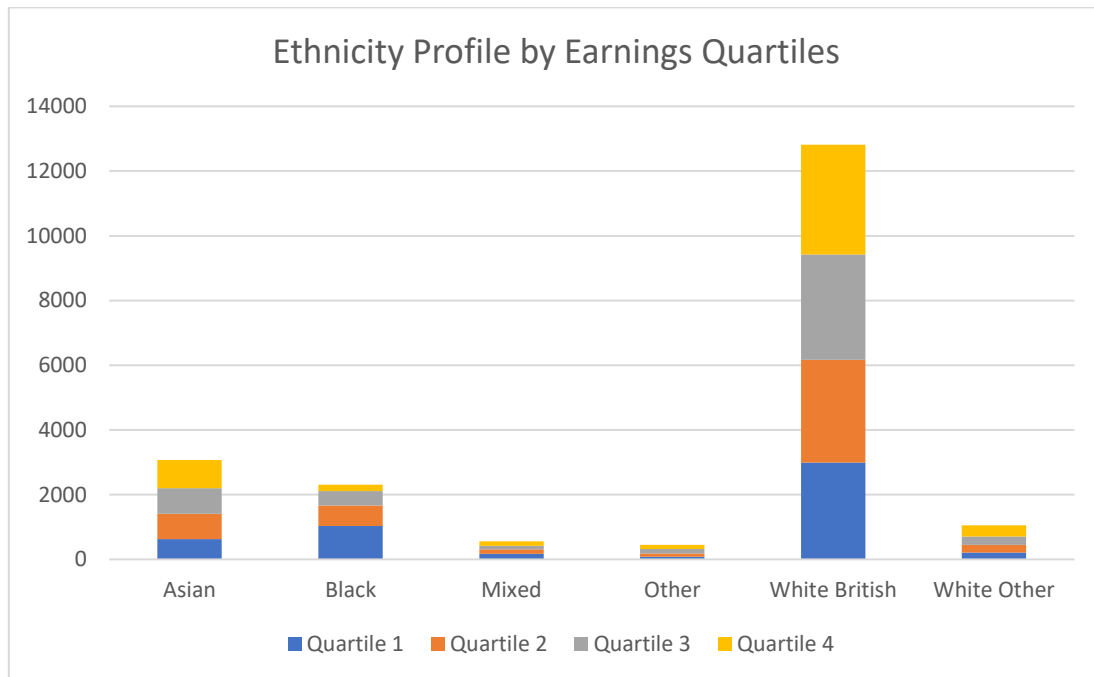
a Mean Ethnicity Pay Gap



What the data is telling us:

- The mean pay gap between white staff and Black, Asian and minority ethnic staff at LTHT has improved, reducing from 6.7% to 5.9%, as of March 31st 2025.
- When analysing the pay gap across all ethnicities, on a mean average, White Other, Asian and Other, earn more than Black staff.

b Ethnicity Profile by Earnings Quartiles



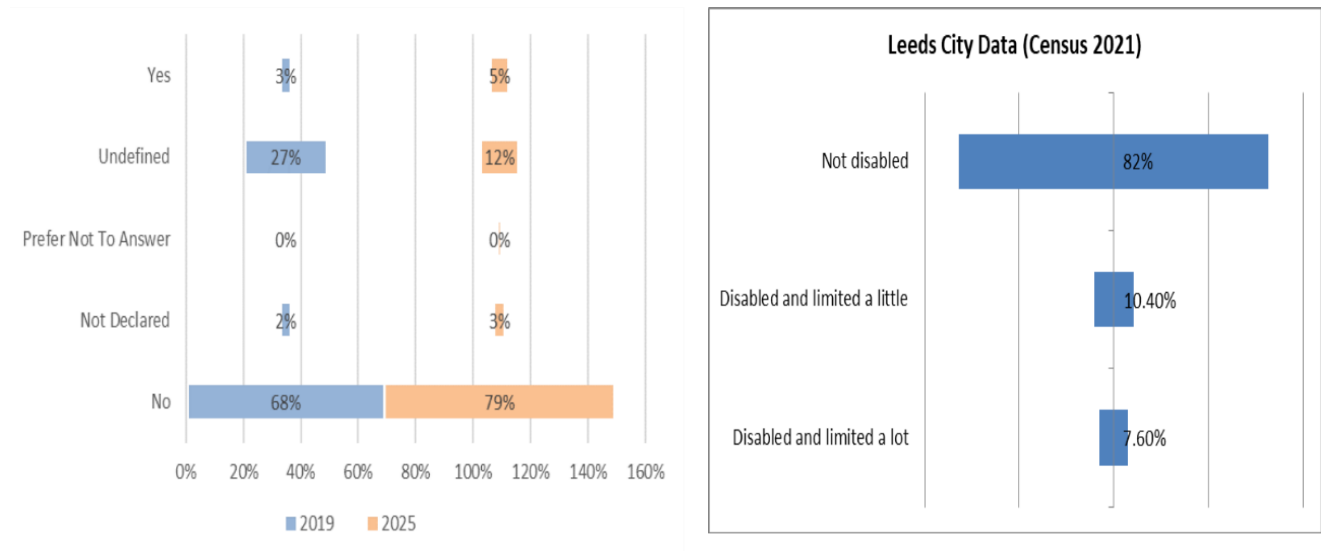
What the data is telling us:

- Quartile 1 represents the lowest salaries in the Trust and Quartile 4 represents the highest salaries. Amongst Asian employees, White British employees, and White Other, the highest proportion are in Quartile 4. Amongst Black employees, the highest proportion are in Quartile 1.

Workforce Disability & Long-Term Health Conditions Equality at LTHT

1. Disability by Headcount

Source – ESR - LTHT Annual Workforce Demographic June 2025



What the data is telling us:

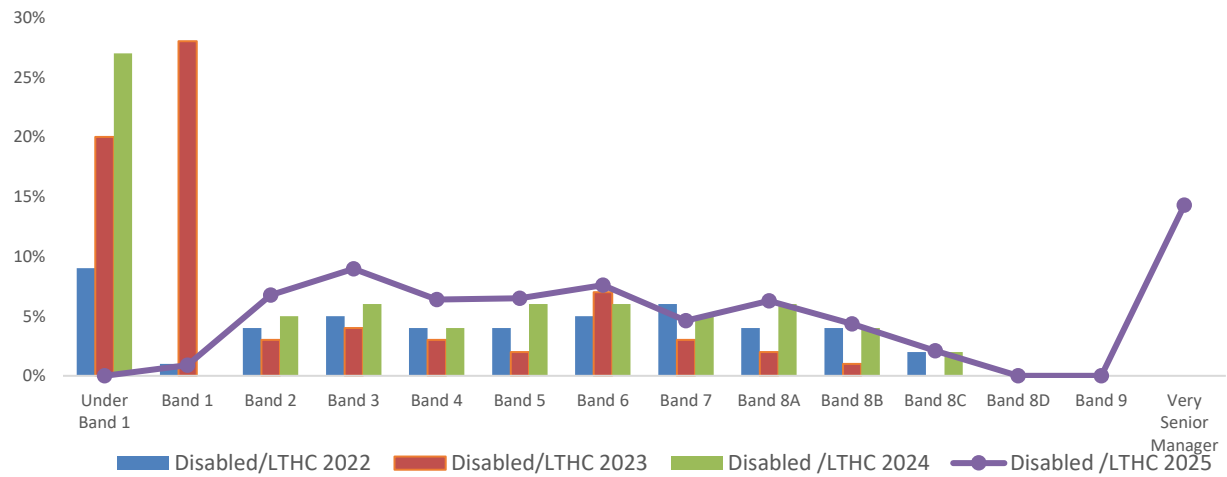
- Representation of disabled staff has improved over the last 5 years (from 3% 2019 – 5% 2025), however is lower than the local population levels.
- Whilst data quality continues to improve, it remains an issue. The disability status of approximately 12% of our workforce is 'undefined'.

2. Disability by Band/Grade

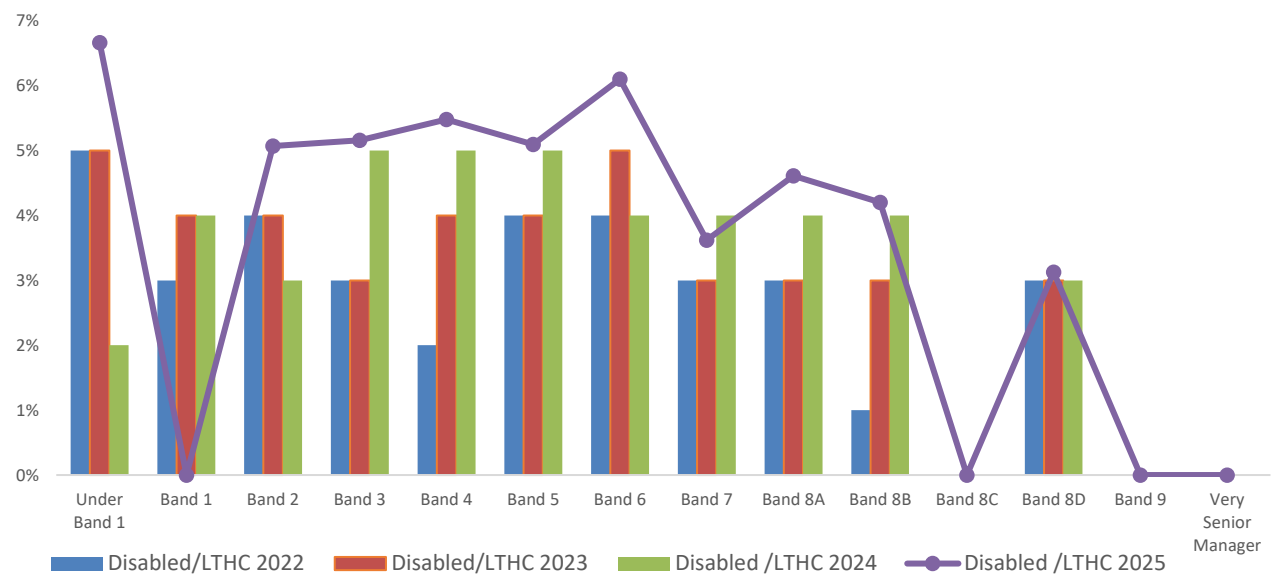
Source - ESR - LTHT NHS Workforce Disability Standard Metric 1 and Metric 10 as at 31st March 2025

Percentage of disabled staff in Agenda for Change (AfC) pay-bands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce.

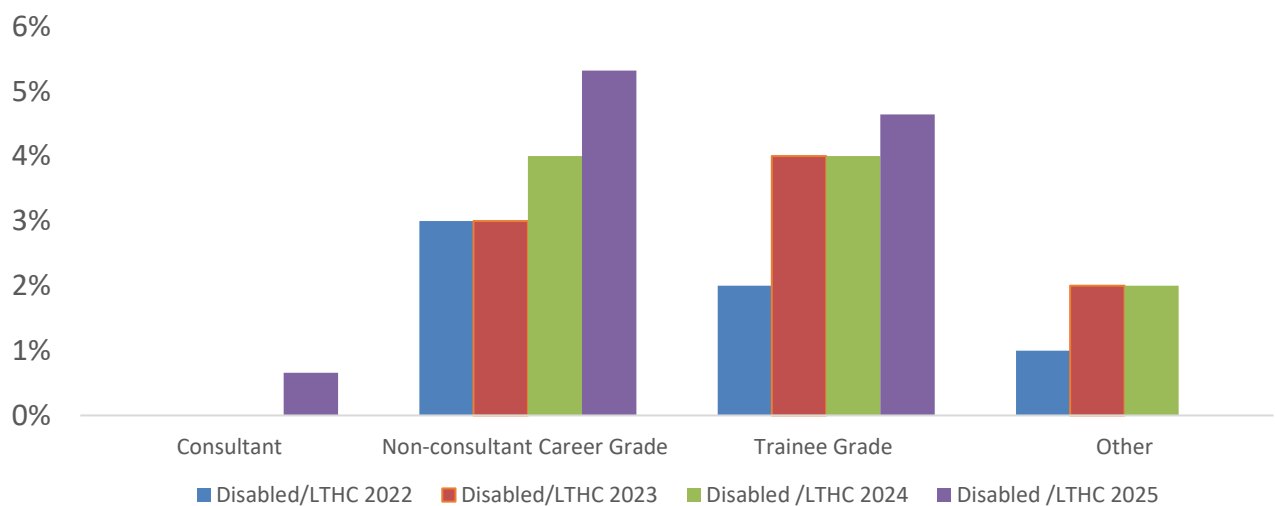
a Non-Clinical Staff



b Clinical Staff



c Medical and Dental Staff



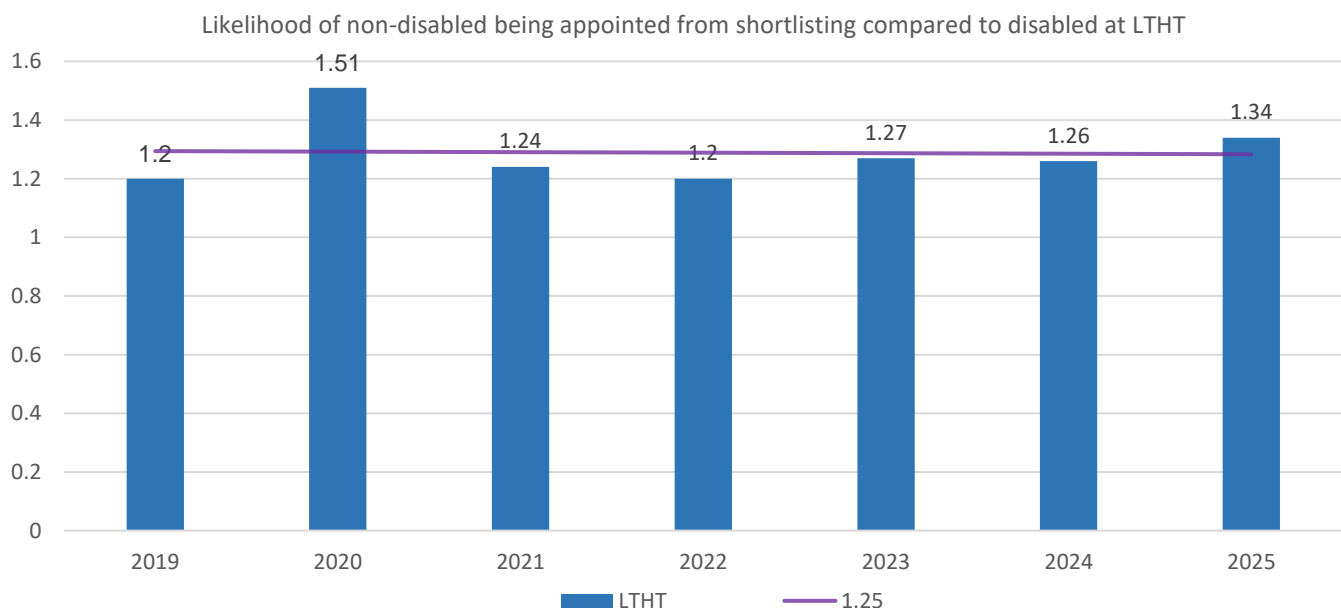
What the data is telling us:

- Representation of disabled staff has increased across each band with the exception of Band 7 (non-clinical and clinical – Graph 2a and 2b).
- There continues to be significant under representation at a senior and consultant level, with a number of senior bandings continuing to record 0% (Graph 2a, 2b, 2c).

3. Disability and Recruitment

Likelihood of Non-Disabled Applicants being Appointed from Shortlisted Compared to Disabled

Source - LTHT NHS Workforce Disability Equality Standard Metric 2 as at 31st March 2025



A figure of 1.2 or greater indicates disabled applicants having a substantially worse outcome compared to non-disabled

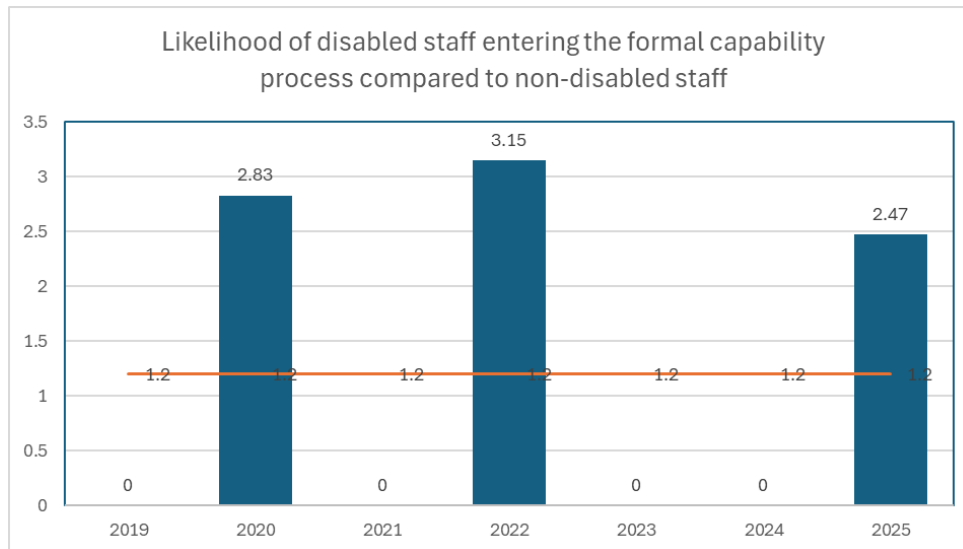
What the data is telling us:

- The relative likelihood of non-disabled applicants being appointed from shortlisted compared to disabled has become more of a concern (deteriorating from a likelihood of 1.26 to 1.34 (2024-25)).

4. Disability and Formal Capability Process

Likelihood of Disabled Staff Entering Formal Disciplinary Process

Source - LTHT NHS Workforce Disability Equality Standard Metric 3 as at 31st March 2025



A figure of 1.2 or greater indicates disabled applicants having a substantially worse outcome compared to non-disabled

What the data is telling us:

- The relative likelihood of non-disabled staff entering the formal capability process has significantly increased from 0 to 2.47 (2024-25). This is aligned to a fluctuating trend over the past six years, which is contributed to by a small sample size.

5. Disability and Bullying, Harassment, Abuse and Discrimination

Source – NHS Staff Survey - LTHT NHS Workforce Disability Equality Standard Metric 4 as at Oct/Nov 2024

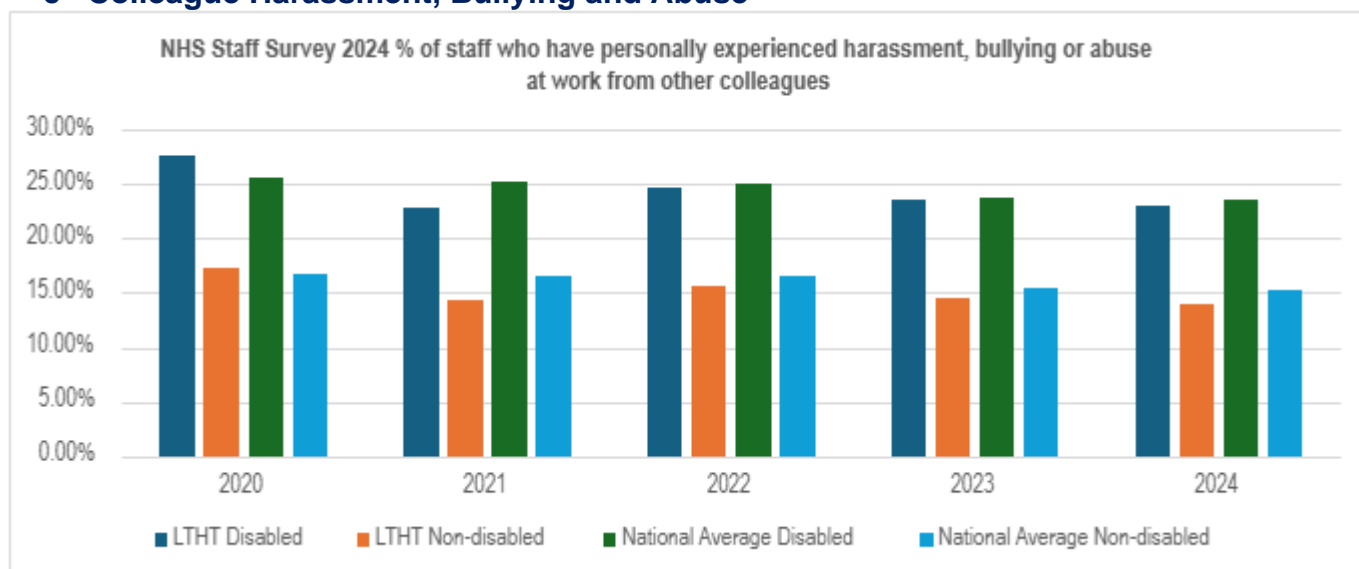
a Public/Patient Harassment, Bullying and Abuse



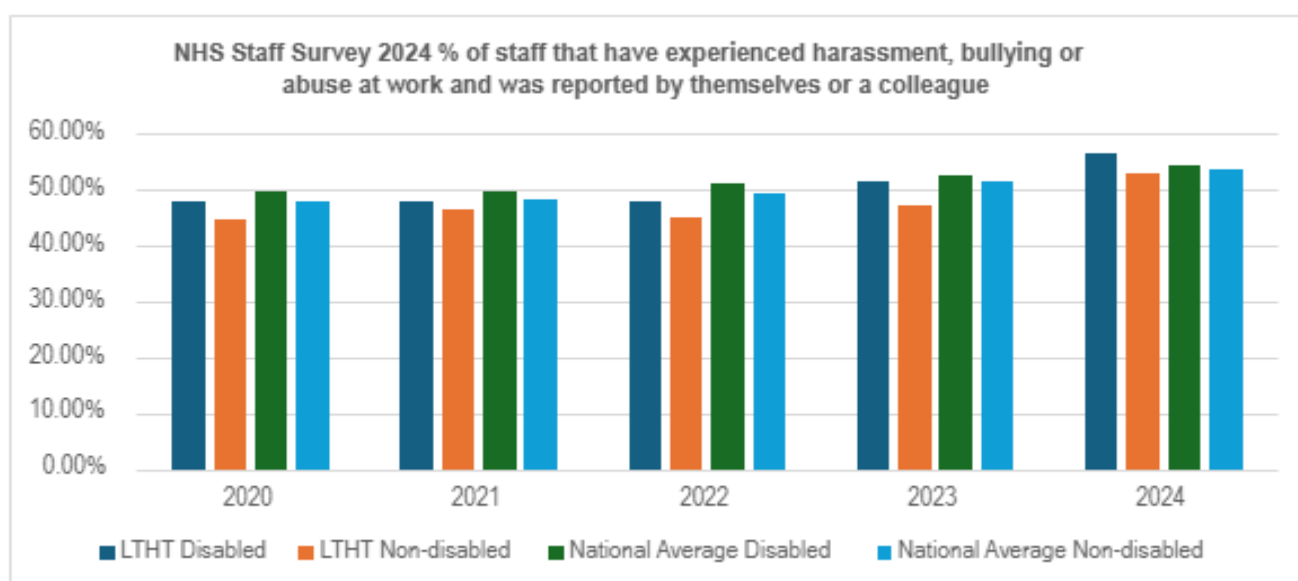
b Manager Harassment, Bullying and Abuse



c Colleague Harassment, Bullying and Abuse



d Reporting Harassment, Bullying and Abuse

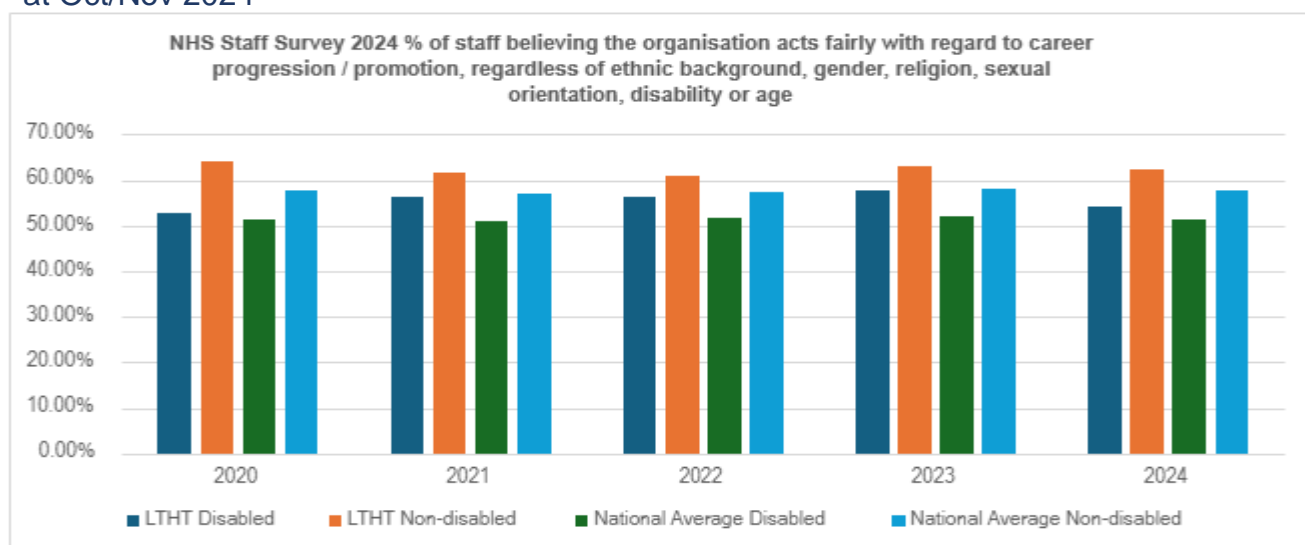


What the data is telling us:

- Harassment, bullying and abuse stated to be experienced by disabled staff from the public, managers and staff has improved slightly (<1%), although continues to be a concern and shows a negative disparity compared to non-disabled staff. The data continues to perform better than the national average. (Graph 5a, 5b, 5c).
- Reporting of harassment, bullying and abuse by disabled staff continues to positively increase (51.50% 2023 – 56.66% 2024), shows a positive disparity compared to non-disabled staff, and is better than the national average. (Graph 5d)

6. Disability and Access to Equal opportunities for Career Progression/Promotion

Source – NHS Staff Survey - LTHT NHS Workforce Disability Equality Standard Metric 5 as at Oct/Nov 2024

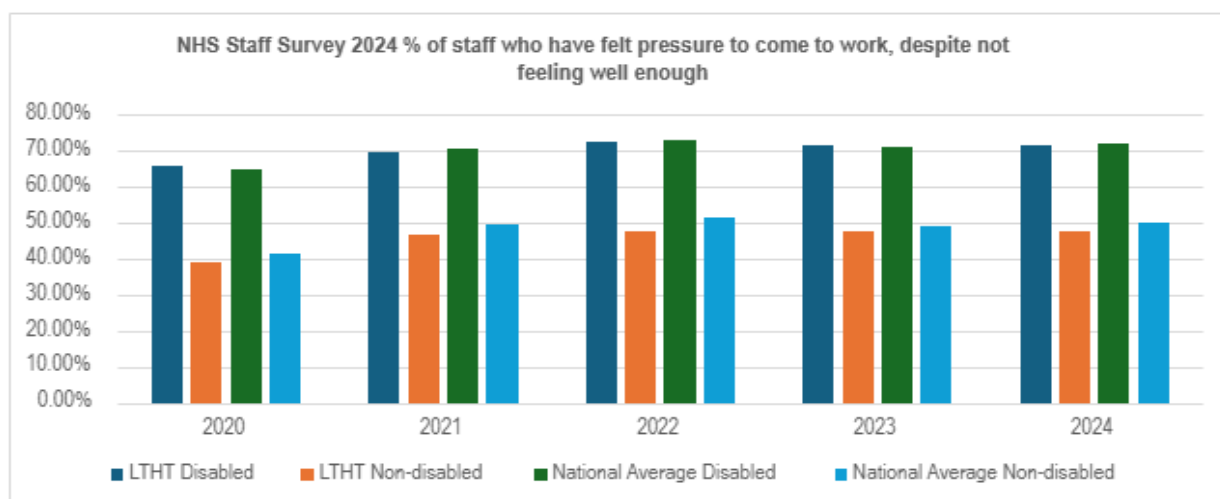


What the data is telling us:

- Perceived access to career progression or promotion has deteriorated for disabled staff at a greater rate compared to non-disabled staff (from 57.65% 2023 to 54.22% 2024).

7. Disability and Work Pressure

Source – NHS Staff Survey - LTHT NHS Workforce Disability Equality Standard Metric 6 as at Oct/Nov 2024

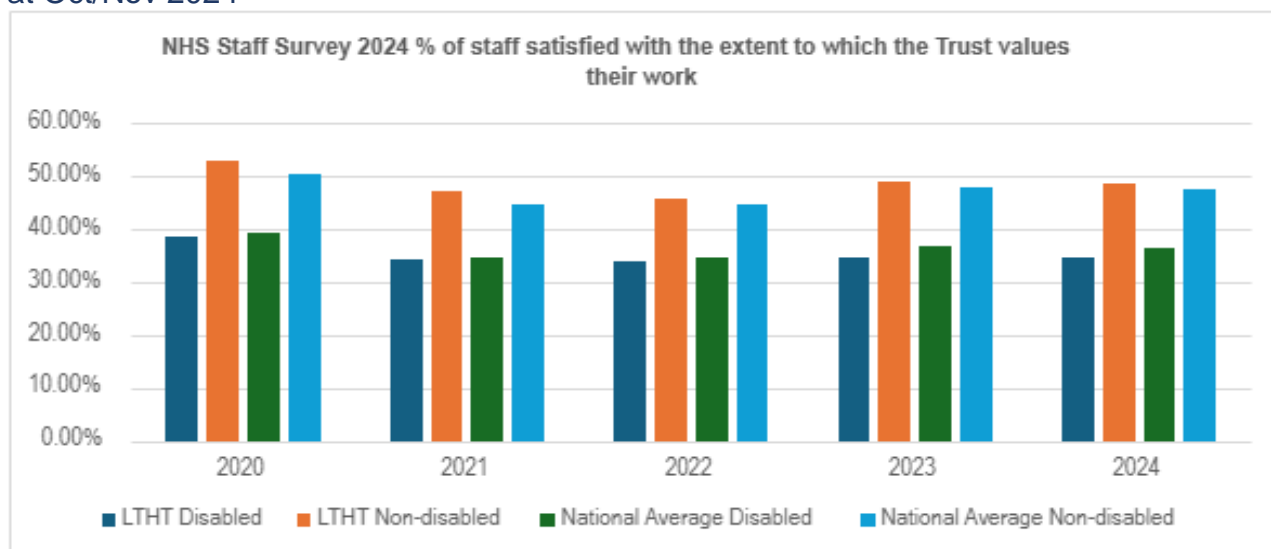


What the data is telling us:

Staff with a long-lasting condition continue to disproportionately feel pressurised to come into work despite not feeling well enough in comparison to staff without, however remains in line with the national average.

8. Disability and Work Value

Source – NHS Staff Survey - LTHT NHS Workforce Disability Equality Standard Metric 7 as at Oct/Nov 2024

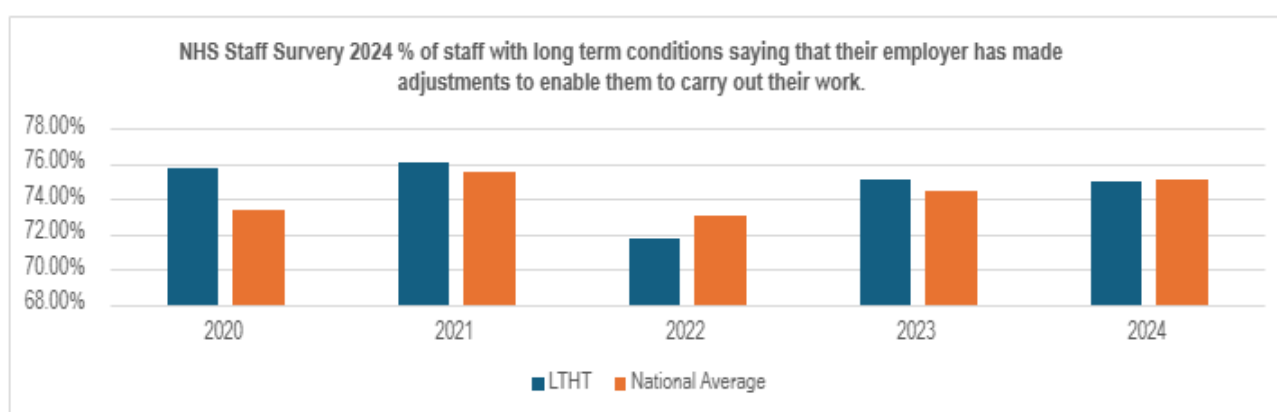


What the data is telling us:

- Staff with a long-lasting condition, who are satisfied with the extent to which the Trust values their work remains stable at 48%, and is better than the national average.

9. Disability and Reasonable Adjustments

Source – NHS Staff Survey - LTHT NHS Workforce Disability Equality Standard Metric 8 as at Oct/Nov 2024

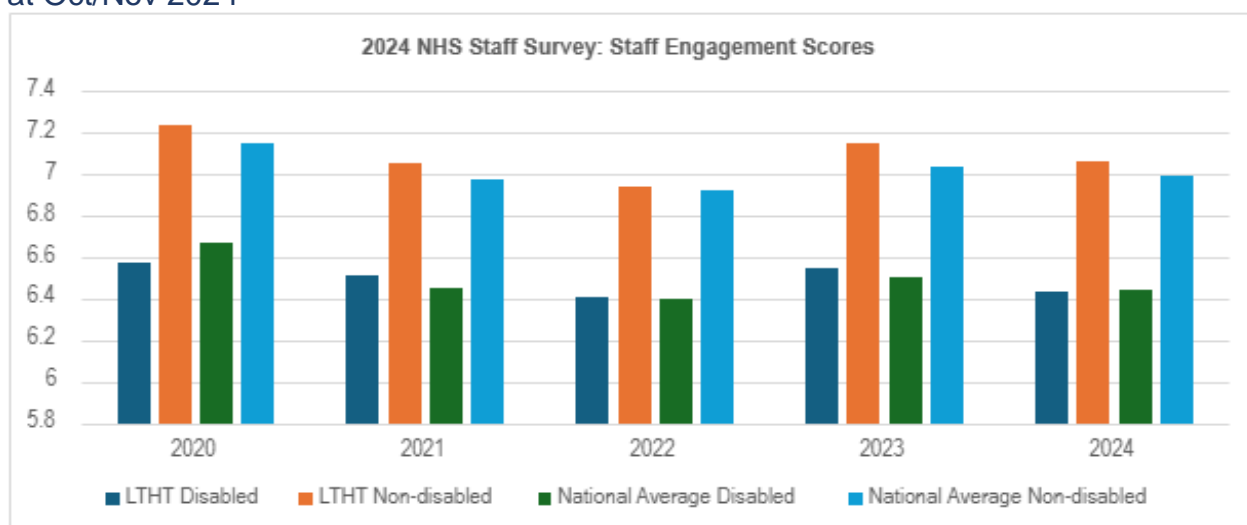


What the data is telling us:

- The number of staff with a long-lasting condition stating that their manager has made a required reasonable adjustment has remained stable (75%), and remains above the national average.

10. Disability and Staff Engagement

Source – NHS Staff Survey - LTHT NHS Workforce Disability Equality Standard Metric 9 as at Oct/Nov 2024



What the data is telling us:

- Overall Staff Engagement theme scores (out of 10) continue to be better for staff without a long-lasting condition (7.1, which has remained static) compared to those with 6.43, which deteriorated from 6.55 in 2023). Both remain above the national average.

11. Disability Pay Gap 2025

This is the first year LTHT are reporting on the Disability Pay Gap (DPG) therefore there is no data to draw comparatives to this year.

Mean Disability Pay Gap



14.4% £3.23 per hour

Median Disability Pay Gap



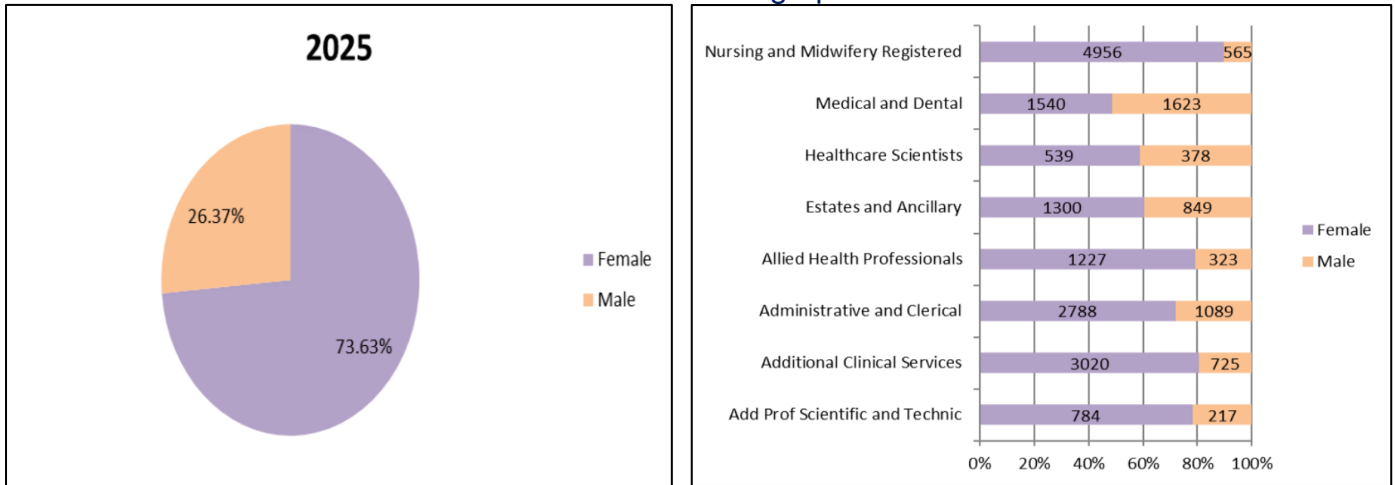
15.7% £3.59 per hour

It is important to note that the reliability of the disability pay gap data is limited due to incomplete or inconsistent self-reporting. As such, the findings should be interpreted with caution and may not fully reflect the experience of the wider workforce.

Workforce Gender Equality at LTHT

1. Gender and Headcount/Staff Group

Source – ESR - LTHT Annual Workforce Demographic June 2025



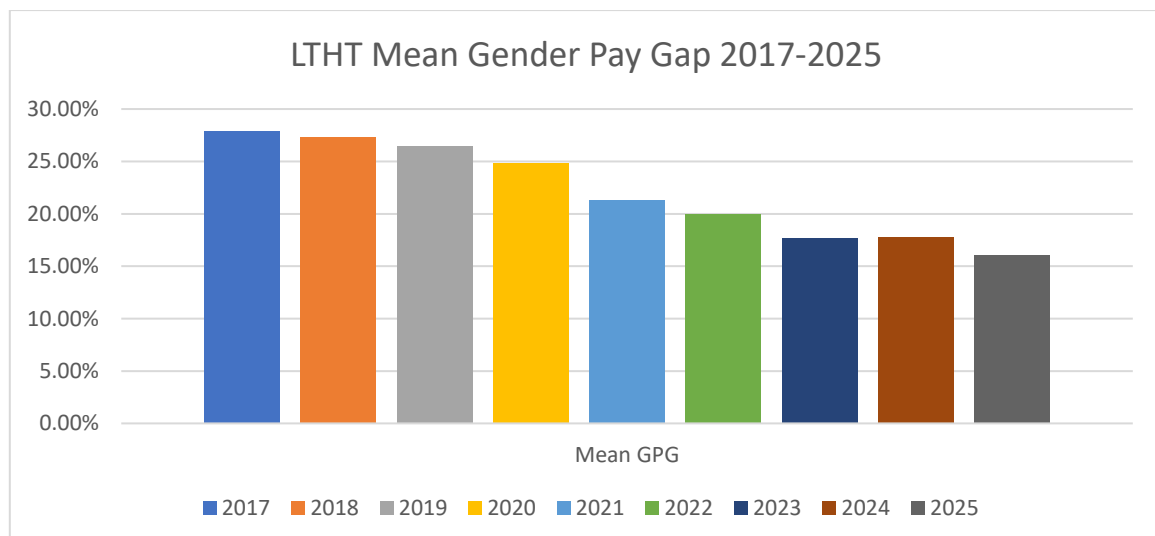
Note: Male/Female is the only information related to gender that is held on the national ESR system. The Trust acknowledges there is a distinct difference between sex and gender. 'Sex' being your biological sex, for example, female and male and 'Gender' being how you identify yourself, for example, woman, man, non-binary, gender fluid.

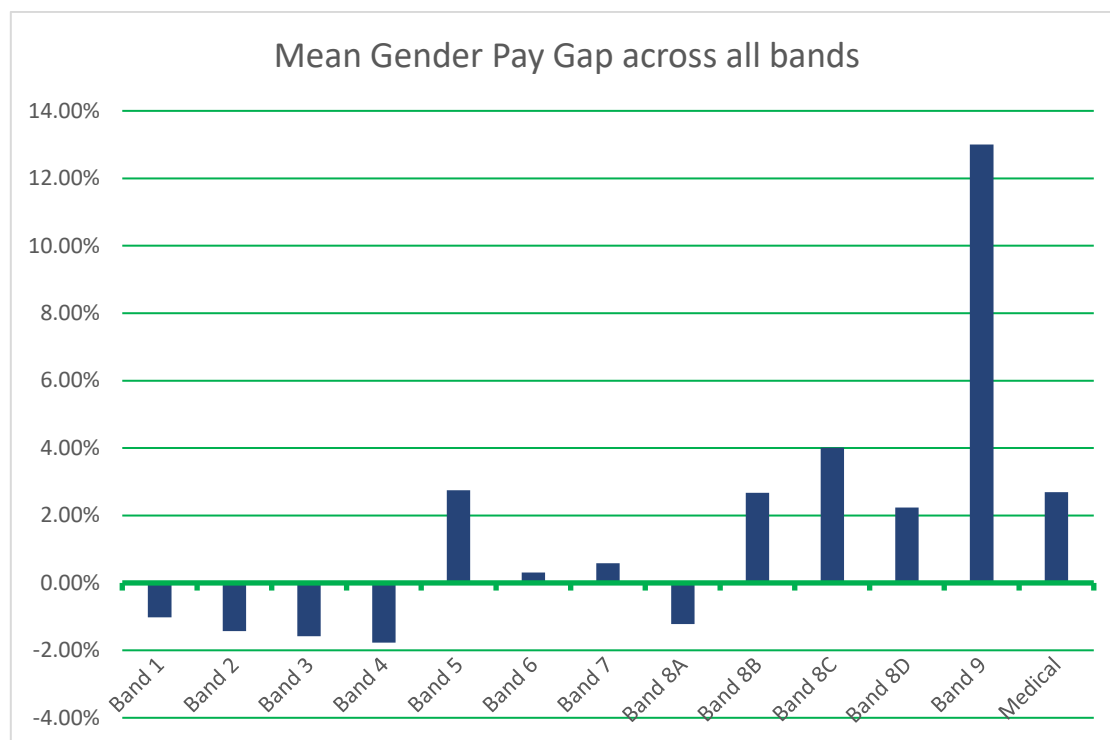
What the data is telling us:

- Females represent approximately three-quarters of our workforce, which is improving at senior levels (Bands 8c – 9). However, the proportion of males overall continues to increase with seniority.
- Medical and Dental Nursing shows the highest proportion of male workforce at approximately 50% and Nursing and Midwifery Registered shows the highest proportion of female workforce at approximately 90%.

2. Gender Pay Gap 2025

It is important to recognise that the gender pay gap differs to equal pay. Equal pay is in relation to pay differences between males and females who carry out the same job for different pay, which is unlawful. The gender pay gap shows the difference in average pay of all males and the average pay of all females employed by the Trust. It is therefore possible to have genuine pay equality but still have a significant gender pay gap.





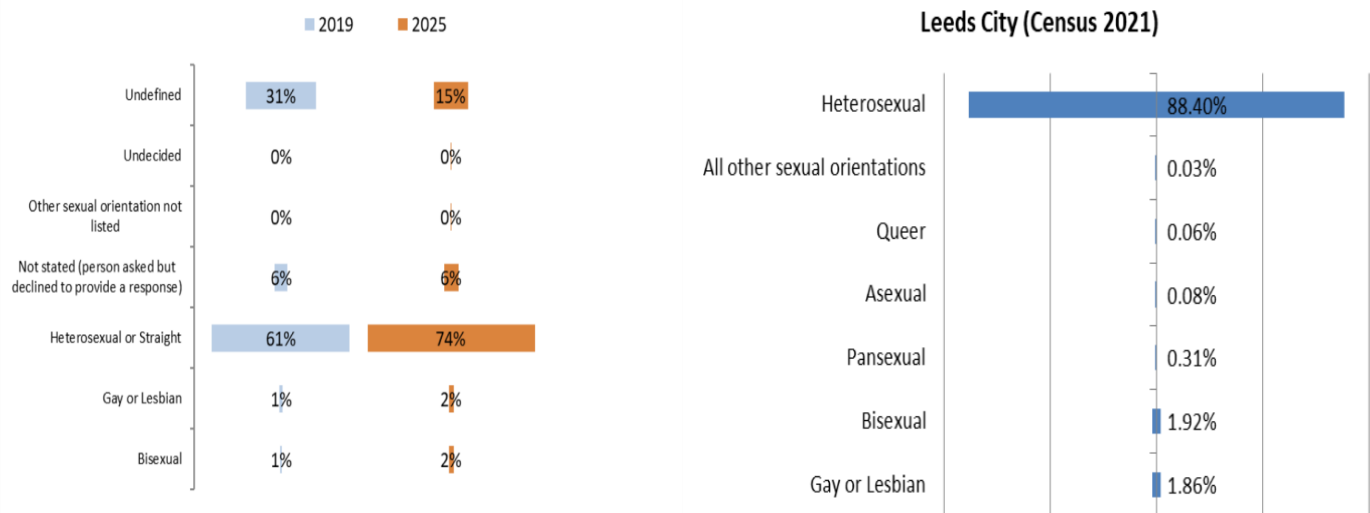
What the data is telling us:

- The GPG as of 31st March 2025 at LTHT was 16.1%. This is a slight decrease (of 1.69%) on last year showing a continued improvement.
- When analysing the gender pay gap across different levels of the workforce, on a mean average, females earn more in Agenda for Change (AfC) pay bands 1, 2, 3, 4, 8A.

Workforce Sexual Orientation Equality at LTHT

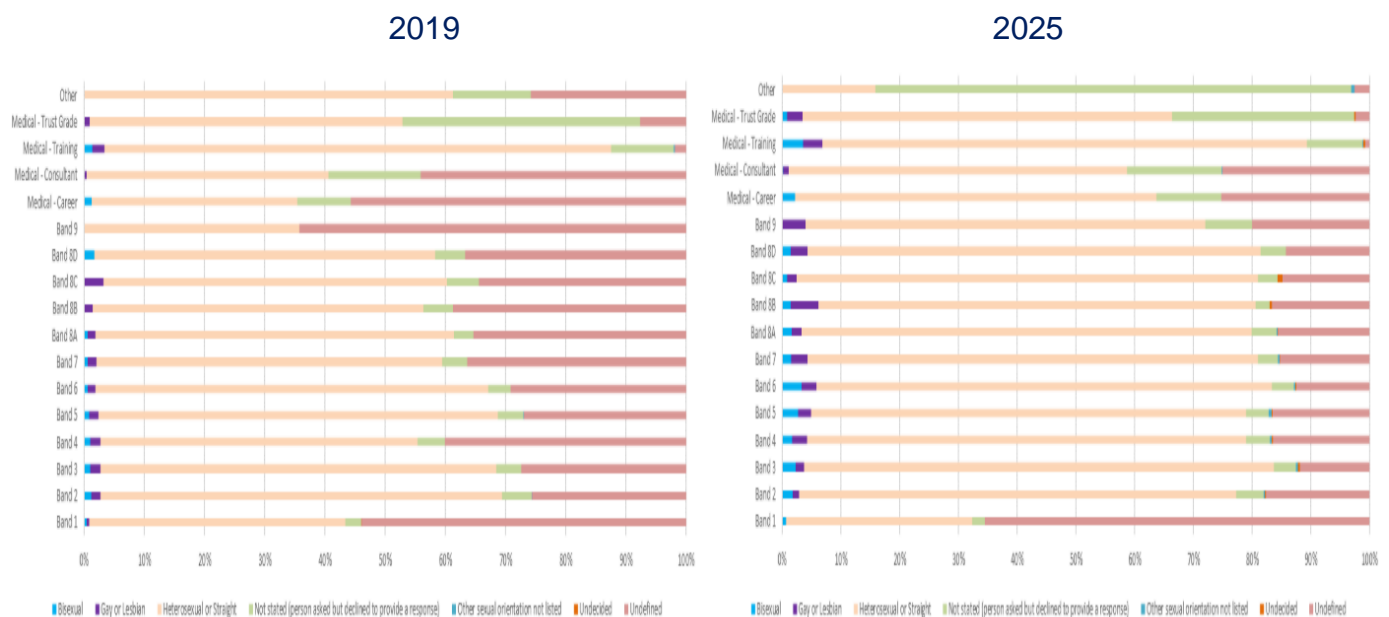
1. Sexual Orientation by Headcount

Source – ESR - LTHT Annual Workforce Demographic June 2025



2. Sexual Orientation by Band/Grade

Source – ESR - LTHT Annual Workforce Demographic June 2025



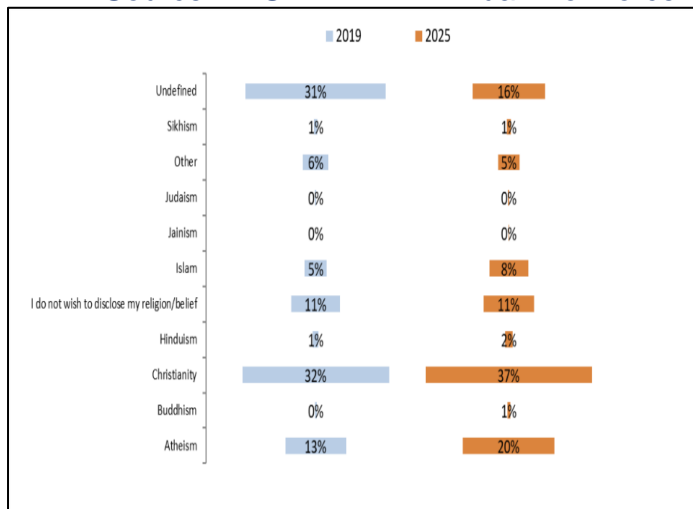
What the data is telling us:

- The Trust's workforce is generally representative of local population (Graph 1)
- Data quality is improving, but still an issue. The proportion of undefined has reduced significantly since 2019, but remains at 15% overall (Graph 1)

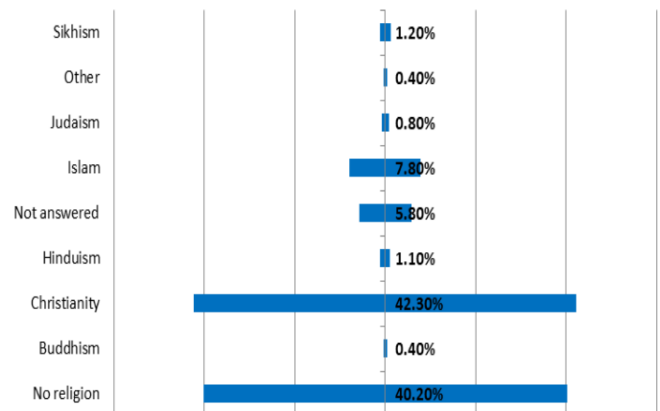
Workforce Religion and Belief Equality at LTHT

1. Religion and Belief by Headcount

Source – ESR - LTHT Annual Workforce Demographic June 2025



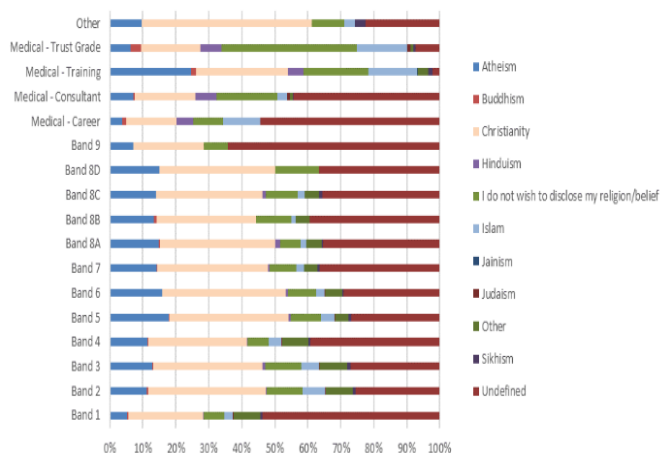
Leeds City Population (2021 Census)



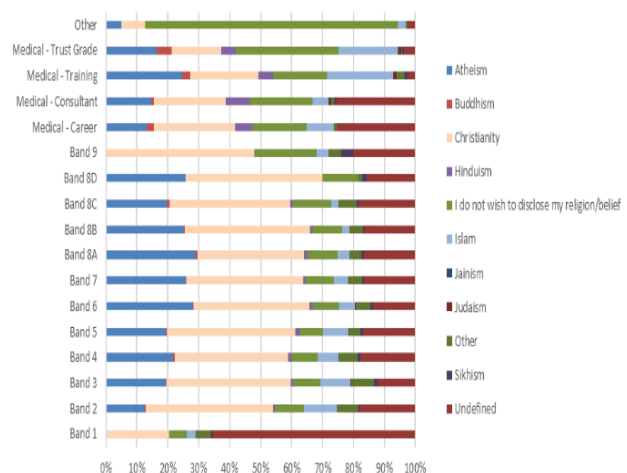
2. Religion and Belief by Band/Grade

Source – ESR - LTHT Annual Workforce Demographic June 2025

2019



2025



What the data is telling us:

- The Trust's workforce is generally representative of the religions of the local population, except for Christianity which is lower (Graph 1)
- Data quality is improving but still an issue. The proportion of undefined has reduced significantly since 2019 but remains at 16% overall (Graph 1)
- There is representation from a range of religions at senior levels with the exception of there being 0% of Atheists at Band 9 (Graph 2).