

Equality Diversity and Inclusion Plans

Author: Aloma Onyemah and Bina Kotecha Sponsor: Hazel Wyton

PPPC paper E

Purpose of report:

This paper is for:	Description	Select (X)
Decision	To formally receive a report and approve its recommendations OR a particular course of action	
Discussion	To discuss, in depth, a report noting its implications without formally approving a recommendation or action	
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with treatment plan	x
Noting	For noting without the need for discussion	

Previous consideration:

Meeting	Date	Please clarify the purpose of the paper to that meeting using the categories above
CMG Board (specify which CMG)		
Executive Board	12/10/20	EDI Board
Trust Board Committee		
Trust Board		

Executive Summary

Context

In February 2020 an outline of a strategic approach to Equality, Diversity and Inclusion (EDI) was presented at the EDI Board and Trust Board Thinking Day. As well as highlighting the quantitative evidence-base for change, the presentation focused on the outputs from a series of engagement events with UHL Clinical and Corporate staff to understand the cultural context and how to refresh our EDI focus. This initial engagement activity was enhanced by a number of listening events with Black, Asian and Minority Ethnic (BAME) and Disabled staff during the Coronavirus pandemic.

Questions

1. How will we embed EDI in every aspect of the work we do for our patients and staff?
2. How will we improve our WDES and WRES performance?

Conclusion

The themes from the listening events were collated and have informed the development of our EDI vision for UHL and our three strategic pillars:

- Outstanding health outcomes and experiences for all our patients regardless of
- A diverse, talented and high performing workforce
- An inclusive, accessible and civil culture

Each of the three pillars has a series of objectives, priorities and outcome measures. To facilitate implementation a suite of delivery plans will be developed articulating priority actions for a 12 month period. Central to this work is the implementation of the UHL People Plan (separate agenda item). The Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) delivery plans have been prioritised in accordance with NHS England and Improvement submission deadlines.

An important aspect of our strategic approach to EDI as set out in the plan is the ability to effectively measure and demonstrate impact using specific outcome measures. Evaluating of the impact of our EDI activity will be detailed in quarterly and annual performance reports using QI methodology. Governance of the EDI Strategic Plan will be through the relevant UHL Boards and Committees reference within the document.

Input Sought

We would welcome the Executive People and Culture Board's input regarding our EDI Strategic Plan and WRES and WDES delivery plans.

For Reference (edit as appropriate):

This report relates to the following UHL quality and supporting priorities:

1. Quality priorities

Safe, surgery and procedures	[Not applicable]
Safely and timely discharge	[Not applicable]
Improved Cancer pathways	[Not applicable]
Streamlined emergency care	[Not applicable]
Better care pathways	[Not applicable]
Ward accreditation	[Not applicable]

2. Supporting priorities:

People strategy implementation	[Yes]
Estate investment and reconfiguration	[Not applicable]
e-Hospital	[Not applicable]
More embedded research	[Not applicable]
Better corporate services	[Not applicable]
Quality strategy development	[Yes]

3. Equality Impact Assessment and Patient and Public Involvement considerations: N/A

- What was the outcome of your Equality Impact Assessment (EIA)? N/A
- Briefly describe the Patient and Public Involvement (PPI) activities undertaken in relation to this report, or confirm that none were required Yes
- How did the outcome of the EIA influence your Patient and Public Involvement ? Inform EDI Plans
- If an EIA was not carried out, what was the rationale for this decision?

4. Risk and Assurance

Risk Reference:

Does this paper reference a risk event?	Select (X)	Risk Description:
Strategic: Does this link to a <i>Principal Risk</i> on the BAF?	X	Becoming the Best - Delivering caring at its best to every patient, every time
Organisational: Does this link to an <i>Operational/Corporate Risk</i> on Datix Register		
New Risk identified in paper: What <i>type</i> and <i>description</i> ?		
None		

- 5. Scheduled date for the **next paper** on this topic: Next Meeting
- 6. Executive Summaries should not exceed **5 sides** My paper does comply



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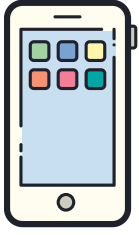
Equality, Diversity and Inclusion Strategic Plan

2020-2025



Accessibility Statement

If you would like this information in another language, or format such as EasyRead or Braille, please contact us by:



Telephone: 0116 250 2959



Email: equality@uhl-tr.nhs.uk

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ دوسرے ਭਾਸ਼ਾ ਵਿੱਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।

إذا كنت ترغب في الحصول على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل

Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય. તો નીચે આપેલ નંબર પર કપા કરી ટેલિફોન કરો.

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Executive Summary

Welcome to the University Hospitals of Leicester NHS Trust Equality, Diversity and Inclusion Strategic Plan for 2020-2025. Our Trust is dedicated to promoting and embedding the equality agenda in every aspect of the work we do; for our patients and their families, staff and stakeholders. We are committed to driving positive changes that make our Trust an excellent place to work, and enable us to provide a high standard of care for all our patients.



This year, we have seen significant changes and challenges affecting our Trust, which have highlighted the need and importance of our commitment to equality. The publication of the NHS Long Term Plan in December 2019 and the disproportionate impacts of COVID-19 on particular groups have highlighted the need to address health inequalities at local, regional and national levels.

Our work with developing this Strategic Plan acknowledges that COVID-19 has had a significant impact on our patients and staff. The long term impact will be felt by many and may take years for services to return to pre COVID levels. The need to address health inequalities is now a national priority of the NHS Long Term Plan and post COVID recovery plans. We acknowledge that the impacts of this will be carried into the future and this will require strong and effective partnerships as part of the Leicester, Leicestershire and Rutland (LLR) system, also known as Better Care Together.

The disproportionate impacts of COVID on BAME communities, together with the prominence of the Black Lives Matter Movement have raised race equality issues to the forefront - we will take action that is needed to tackle the injustice of discrimination faced by our BAME patients, staff and the communities we serve.

This review will set out our strategic plan for improving equality, diversity and inclusion across the Trust and LLR system. It will align to the principles set out within our legal duties, NHS Long Term Plan, NHS People Plan and the Workforce Race Equality Standard (WRES) Model Employer Strategy which addresses racial inequalities and discrimination within the NHS, including leadership diversity.

Work carried out as part of this review has involved undertaking a rigorous evaluation of our equality performance to date. Review work has involved carrying out in-depth analysis of equality related data, patient feedback and themes. Review work was informed by workshops with staff from different teams within the Trust, all of which have helped to inform our revised equality objectives for the next 5 years.

Our ambition is that we improve equality, diversity and inclusion across our Trust and we will lead the way and influence wider changes in the NHS at both local, regional and national level. We are focused on providing an inclusive workplace that is free from discrimination and provides the best environment for our workforce to thrive as well as an excellent setting for our patients to be cared for.

Introduction

Our Equality, Diversity and Inclusion (EDI) Vision

Our Trust is committed to developing an inclusive culture which facilitates the provision of outstanding care to all of our patients regardless of their social background, and to attract and develop diverse talent. Our vision is directed by the following:

- Our evidence-base for EDI shows differential outcomes and experiences for patients and our workforce from different backgrounds
- EDI is a transformational agenda which requires cultural change to address differential outcomes



Caring at its best



Our refreshed approach to EDI

We have reviewed our current approach to EDI and have decided to refresh our plan. The drivers for this came from three areas:

- Strategic
- Legal and regulatory
- Moral

The Three Pillars

The aims of our revised EDI strategy can be categorised into three different pillars, which have informed the focus of our EDI objectives:



Patient Outcomes and Experience

We included work within the workshops to focus on:

- 1** Patient Outcomes and Experience
- 2** Reducing health inequalities
- 3** Collaborating with key stakeholders across the LLR system



With the aim to help identify a set of EDI patient priorities



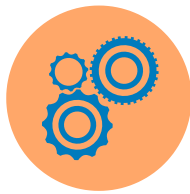
Workforce related outcomes

In order to refresh our EDI plan we invited a range of stakeholders across UHL to attend a series of workshops. Our workshop themes based around workforce were:

Attraction and Recruitment



Development and Progression



Anti-Bullying and Harassment



Pay and Benefits



This Strategic Plan has been developed using a range of information, feedback and evidence relating to our EDI work. Much of this evidence is set out in our case for change, which should be read in conjunction with this plan.

This document outlines the journey of how we reached our EDI Strategic Plan. It sets out the drivers for change, the direction and mechanisms of our review work and our revised EDI priorities moving forward.

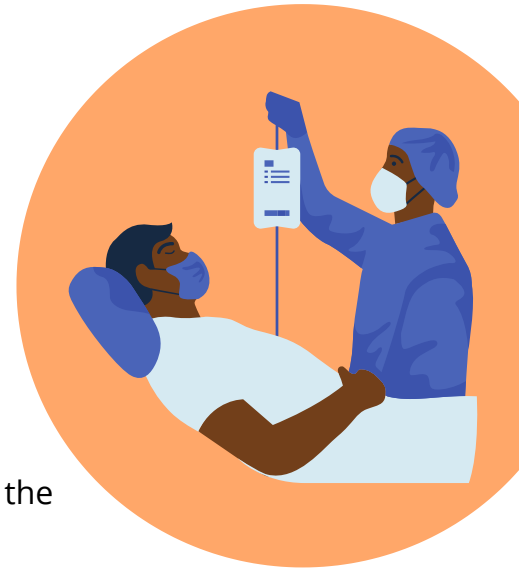


New information impacting our Trust

The impact of COVID-19

During 2020, all NHS organisations, including our Trust have responded to the pandemic. This has impacted our communities, patients and staff in every aspect of our lives.

The pandemic has impacted the way we deliver services, with a nationally directed response. It has shone a light on existing health inequalities and there is now a national directive to tackling inequalities and addressing discrimination. We have considered this as part of this review work in order to improve the experiences of all our patients and staff including those facing disproportionate outcomes , especially BAME staff.



A report by Public Health England on the impact of COVID-19 sets out the following key recommendations:

Accelerate efforts to target culturally competent health promotion and disease prevention programmes for non-communicable diseases promoting healthy weight, physical activity, smoking cessation, mental wellbeing and effective management of chronic conditions

Support community engagement using participatory research to understand the variety of determinants of COVID-19 in BAME communities, and to develop programmes to reduce risk and improve health outcomes

Mandate the collection and monitoring of ethnicity data and ensure data is readily available to local health and care partners to help mitigate the impact of COVID-19 on BAME communities

Ensure that COVID-19 recovery strategies actively reduce inequalities caused by the wider determinants of health to create long term sustainable change

Improve services for BAME communities including access, experiences and outcomes of commissioned services at all levels including health impact assessments, good representation of black and minority ethnic communities among staff at all levels and sustained workforce development and employment practices

Fund, develop and implement culturally competent COVID-19 education and prevention campaigns, working with local BAME and faith communities

Accelerate the development of culturally competent occupational risk assessment tools that can be used in a variety of settings to reduce the risk of employees' exposure to and acquisition of COVID-19, especially for key workers

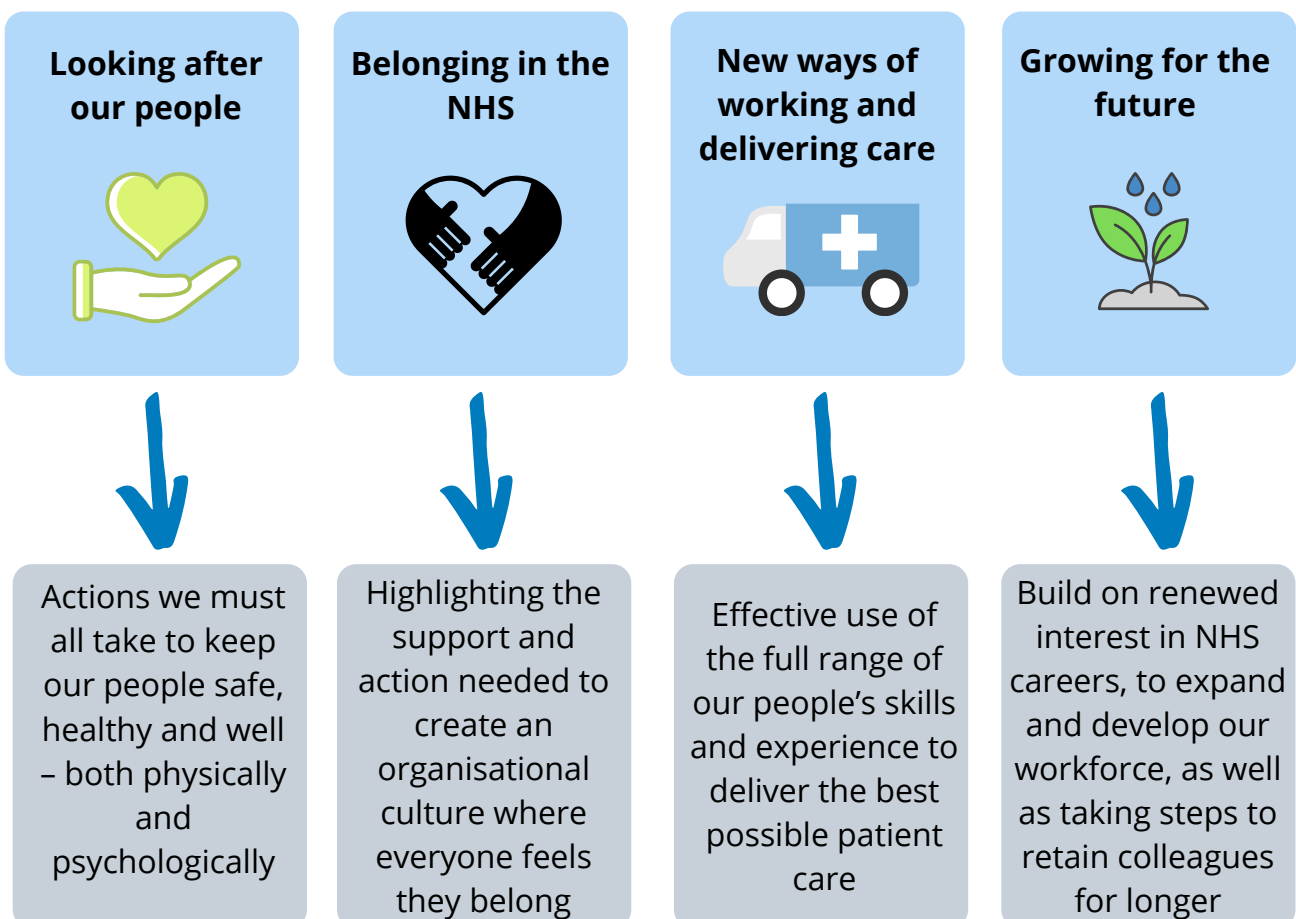
The NHS People Plan

The NHS People Plan provides national, regional and local actions for 2020/21 to support the NHS workforce. Published in July 2020, the plan focuses on equality and tackling inequalities throughout. Following its release, additional guidance to support the implementation of the People Plan has been published by NHS England and Improvement titled 'Implementing Phase 3 of the NHS response to the COVID-19 pandemic' (published August 2020).

The plan acknowledges the challenges that we have faced as a result of COVID-19 and provides a shared purpose in order to drive change moving forward. It particularly focuses on the existing inequalities that impact upon BAME communities and staff that have been highlighted during the pandemic.

As part of the plan, NHS organisations are expected to create a compassionate and inclusive culture in the workforce. As a Trust, this has reinforced our commitment to creating an inclusive culture which is set out in pillar three of our EDI strategy.

The key themes from the NHS People Plan

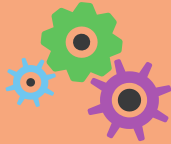


Our UHL People Plan has been aligned to national, regional and system level people priorities.

Our key considerations for equality review work

Considerations for our ongoing and future equality and inclusion work are summarised below:

The implementation of Equality and Inclusion Strategies



Phase 3 recovery of services following COVID-19 planning



Supporting staff through policies and procedures



WRES, WDES and GPG delivery planning



The development of System and UHL People Plan



Governance arrangements for driving equality performance



Equality Delivery System (EDS) 2 and Accessible Information Standard (AIS)



Feedback from Staff Networks



Impact of global equality movements



Where are we now?

Our previous EDI reporting highlights that our Trust can demonstrate a high level of compliance to our equality duties. The EDI objectives developed within this Strategic Plan aims to further improve and demonstrate our commitment to the equality agenda. We are proud of the recent achievements we have made as a Trust, as summarised below:

Pre COVID EDI achievements:

- Equality and Diversity Board established which is led by our Trust CEO
- UHL BAME Voice Network with over 200 staff members
- UHL Differently Abled Voice Network with over 25 staff members
- UHL Leicester Asian Nurses Network with over 45 staff members
- BAME Leadership targets met for Bands 8a and 8b
- Development of Patient and Staff Trans and Non Binary policies in partnership with the Trans community
- Dignity gowns pilot implemented as a result of patient feedback from Muslim community
- Changes to recruitment process which the Trust mandates balanced recruitment panels for posts Band 8b and above
- Bias training delivered to 132 staff and Professional Behaviour Master Classes delivered to 142 staff
- Implementation of Reverse Mentoring Scheme - targeted at UHL Senior Leadership Team with 21 mentees and 21 reverse mentors recruited
- Anti-Bullying and Harassment plus Disability Advisory Service established
- Prince's Trust and Learning Disability Employment Programme in operation with 46 participants
- UHL completed National NHS Employers Partners EDI Programme year 1 and 2
- UHL delivered BAME Master Classes in partnership with the WRES NHS England team and participated in WRES Quality Improvement Project and NHSE publication
- UHL hosted its first BAME conference with 141 participants
- Launch of Cultural Ambassadors programme with 11 Ambassadors across UHL
- EDI training for UHL Improvement Agents with 65 participants

Where are we now? Continued...

During COVID EDI achievements:

- UHL held five Listening Events led by our Trust CEO to provide reassurance, inspire and motivate workforce. Events provided opportunity for UHL to hear, understand and address concerns
- Occupational Health Service playing a central role in designing risk reduction framework for both Trust and Nationally
- Leicester is a front runner of national research activity in COVID impacts on BAME communities and other community groups at risk of poorer health outcomes
- UHL has good survival rates in relation to patients admitted with Coronavirus - with one of the best survival rates nationally
- UHL introduced GRIPE tool for junior doctors to report racial discrimination, harassment and victimisation
- Support package developed for leaders and line managers to enable compassionate and inclusive conversations during one to one meetings to support risk assessments and health and wellbeing
- LLR System EDI Taskforce established with regular system wide communication during COVID
- LLR System started work to develop an Inclusive Decision Making Framework
- LLR Academy established which is clinically led with strong focus on EDI
- Strong partnerships in place with regional and national EDI teams influencing the direction of travel



Pillar One: Patients

1

Outstanding health outcomes and experiences for all our patients regardless of their social background

About our patients

Between April 2019 and March 2020 there were 260,730 patients accessing hospital services at the Trust. For our review work, we have looked at the backgrounds of our patients. We have compared to local demographic data available through JSNA and Office of National Statistics (ONS). This data highlights that our patients come from diverse backgrounds.



Summary information on some of the protected characteristics of our patients are listed below. We are aware that patients come from a range of different backgrounds and circumstances including carers, veterans, rural communities, asylum seekers and refugees.

Ethnic Background

69.39% of patients were White British and 22.24% of patients were BAME.

Learning Disability

989 of patients during 2019/2020 had a learning disability.

Age

- 26,111 of patients were aged under 15
- 138,660 of patients were aged between 16-64
- 91,364 of patients were aged 65+

Sex

- 44.30% of patients were male
- 55.70% of patients were female



Pillar Two: Workforce

2

A diverse, talented, and high performing workforce

The review has looked at workforce information in relation to Race, Disability, Gender and Sexual Orientation. For our review work, we have looked at the backgrounds of our staff. We have compared to local demographic data available through JSNA and Office of National Statistics (ONS).



Race

The current situation

Across the Trust, **35.43%** of the workforce are Black, Asian and Minority Ethnic (BAME)

Leadership Roles

16.64% are BAME
80.60% are White
2.75% Unknown

Compared to the overall workforce, BAME representation is generally lower in Leadership roles

There is generally a higher representation of BAME staff in the Medical workforce

There is generally a higher proportion of BAME staff in lower Agenda for Change bands, compared to the LLR local population

Self reporting ethnicity is generally high with **1.52%** of the workforce unknown

Overall ethnicity across different staff groups shows variation. BAME staff have the highest representation (across all Bands) within Additional Professional Scientific and Technical group and Estates and Ancillary

BAME staff more likely to report negative experiences at work

For our review work, full disaggregated staff data has been analysed - see Case for change.

Source: UHL Workforce Data December 2019

Leadership diversity

During the review of our EDI Strategic Plan, updated data was available through the WRES submission for 2020.

Below is a breakdown of current BAME staff by Band 8 and above. The table shows the Trust's BAME staff targets over a 10 year trajectory until 2028 for Bands 8a to VSM.

These targets are part of the national agenda to improve BAME representation at Leadership roles within the NHS and are aligned to the NHS People Plan and Model Employer Strategy devised by the WRES implementation team.

BAME workforce is underrepresented at Bands 8 and above

There is variation in BAME representation across staff groups for consultants and leadership bands

There are no BAME staff at Very Senior Management level

Band	Current BAME representation			BAME Target								
	Oct-2019	2019 Target	Oct-2020	2020	2021	2022	2023	2024	2025	2026	2027	2028
Band 8 - Range A	73	63	88	71	78	85	93	100	107	115	122	130
Band 8 - Range B	20	19	24	21	24	27	30	32	35	38	40	43
Band 8 - Range C	4	5	4	6	8	9	11	12	14	15	17	19
Band 8 - Range D	2	4	2	5	5	6	6	7	7	8	8	9
Band 9	2	2	1	3	3	3	3	4	4	4	5	5
VSM	0	0	0	1	1	1	2	2	2	3	3	3
Total	101	93	119	107	119	131	145	157	169	183	195	209

Source: UHL Workforce Data September 2020 - Note - Board members have been excluded from this data analysis.

2019 Targets met overall but just under target for Bands 8c and 8d

2020 Targets met overall but just under target for Bands 8c, 8d, 9, and VSM

Work needs to be done to improve BAME representation at leadership level

For our review work, full disaggregated staff data has been analysed - see Case for change.

BAME Staff experiences

Analysis of data from the NHS Staff Survey 2019 by ethnicity shows:

Staff from BAME backgrounds experience lower rates of harassment from patients and the public compared to White staff

Data is based on the 2019 annual staff survey which had an overall response rate of 35.4%

The rate of harassment for all ethnicities has fallen significantly since 2018 but is higher for BAME staff compared to White staff

BAME staff experiencing discrimination from their managers / colleagues is significantly higher than white staff. This has fallen slightly since 2018 but remains a concern to the Trust



For our review work, data relating to NHS Staff Survey is include with the Case for change.

Disability

The current situation

Across the Trust, **4.3%** (698 people) have declared they a disability

Leadership Roles

Very low number of staff in leadership roles declare they have a disability

The Trust completes annual Workforce Disability Equality Standard (WDES) which contributes to national reporting

There is some variation across staff bands for disability but caution should be taken with the interpretation of this data due to some bands having relatively low numbers of staff

There is slight variation across different staff groups. Caution should be taken with the interpretation of % calculations due to relatively small numbers within certain staff groups

Further data analysis would be helpful in determining if there is a link between % of staff not disclosing disability status and Band

There is slight variation across average hourly pay rates with staff with disabilities paid less than non disabled staff for all grades. More work is needed to understand this

Source: UHL Workforce Data 2019

For our review work, full disaggregated staff data has been analysed - see Case for change.

Staff with Disabilities - experiences

Analysis of data from the NHS Staff Survey 2019 by disability shows:

Staff with disabilities experience higher rates of harassment from staff, patients, relatives and the public compared to non disabled staff

Data is based on the 2019 annual staff survey which had an overall response rate of 35.4%

Disabled staff experiencing discrimination from staff and from their managers is significantly higher than for staff with no disability

The rates of reporting harassment incidents have decreased for all staff in 2019 from the previous year. Disabled staff are reporting slightly less incidents of harassment and abuse than non disabled staff

Further insight is needed to understand this as overall, we know that disabled staff are more likely to experience harassment, bullying or abuse.



For our review work, data relating to NHS Staff Survey is include with the Case for change.

Gender

The current situation



Source: UHL Workforce Data 2019

Gender Pay Gap Information

Gender Pay Gap data from 2019/20 show the mean (average) pay gap difference between hourly earnings for men and women is **28%**

Bonus payments data shows there is a **26%** bonus pay gap between men and women, with men more likely to receive the bonus



Full information on gender pay gap data see case for change.

Source: UHL Gender Pay Gap Data 2020

Sexual Orientation

The current situation

Across the Trust, **2.2%** of the workforce have disclosed that they are LGB

Further insight work is needed to understand workforce experiences

There are relatively high rates of staff who do not disclose their sexual orientation - **12.5%**

Caution should be taken with this data however the data doesn't show a link between sexual orientation and grade

Source: UHL Workforce Data 2019

Due to the low number of Lesbian, Gay and Bisexual (LGB) staff disclosing their sexual orientation, it is difficult to ascertain if there is low representation in the upper quartile bands of the workforce.

For our review work, full disaggregated staff data has been analysed - see Case for change.



Pillar Three: Inclusive culture

3

An inclusive, accessible and civil culture

Our work environment

Here are examples of how we promote inclusion and meets the needs of our patients and staff across the Trust:



Chaplaincy services



Engagement work with patients, carers and local community stakeholders



Disability Access



Volunteers



Human Resource policies and recruitment



Access and reasonable adjustments



Military Veterans Covenant



Equality assurance schemes



Mental Health and Wellbeing Support



Freedom to Speak Up Champions



Staff Side and patient partners



Patient policies and procedures



Revised EDI Strategic Plan - 5 Years

1

Outstanding health outcomes and experiences for all of our patients regardless of their background

Objectives

1

Improve access to our services for patients with diverse needs

2

Ensure that patients from diverse backgrounds receive a safe, high quality service

3

To reduce health inequalities

All objectives and actions are aligned to the Equality Delivery System (EDS)



Pillar One Priorities 2020-2021

1 Objective: Improve access to our services for patients with diverse needs	Outcome measures	Timeframes	Accountable Area
<ul style="list-style-type: none"> To facilitate access to services for patients with communication needs including patients with a learning disability or a sensory impairment 	<ul style="list-style-type: none"> Patients, carers and communities can readily access hospital, services To reduce the number of DNAs (EDS goal 2.1) 	Review annually	EDI Team
<ul style="list-style-type: none"> To facilitate access for patients whose first language is not English 	<ul style="list-style-type: none"> People report positive experiences of the NHS (EDS goal 2.3) 	Review annually	EDI Team and Clinical Management Groups
<ul style="list-style-type: none"> To continue to improve digital access to services for patients 	<ul style="list-style-type: none"> Patients, carers and communities can readily access hospital, services (EDS goal 2.1) 	Review annually	EDI Team and Clinical Management Groups and Operations
<ul style="list-style-type: none"> To ensure people who identify as Trans can access gender specific screenings e.g. cervical and prostate screening 	<ul style="list-style-type: none"> Service uptake for Screening services by gender identity. % of complaints received by trans patients (EDS goals 1.5 and 2.1) 	Review annually	EDI Team and Clinical Management Groups and Operations
<ul style="list-style-type: none"> Continue to improve access to clinical services for patients with disabilities 	<ul style="list-style-type: none"> People report positive experiences of the NHS (EDS goal 2.3) 	Review annually	Clinical Management Groups

Pillar One Priorities 2020-2021 continued

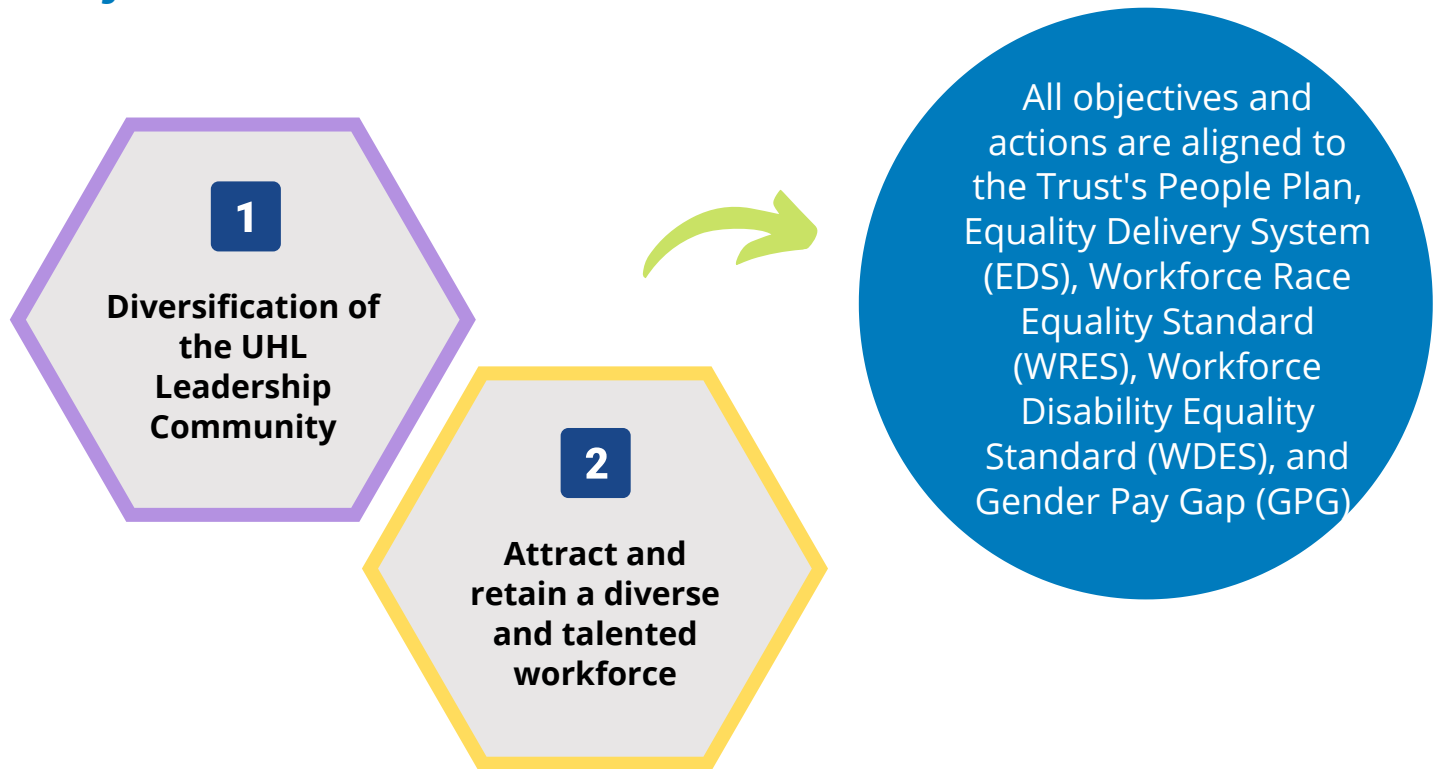
2 Objective: Ensure that patients from diverse backgrounds receive a safe, high quality service	Outcome measures	Timeframes	Accountable Area
<ul style="list-style-type: none"> Providing information to patients, carers and staff on the Trust's Chaplaincy services including information on different religions 	<ul style="list-style-type: none"> People report positive experiences of the NHS (EDS goal 2.3) 	Review annually	Chaplaincy Service
<ul style="list-style-type: none"> Ensuring that patients with a learning disability and/or sensory impairments, are involved in decisions about their care 	<ul style="list-style-type: none"> People report positive experiences of the NHS (EDS goal 2.3) 	Review annually	EDI Team and Clinical Management Groups and Operations

3 Objective: To reduce health inequalities	Outcome measures	Timeframes	Accountable Area
<ul style="list-style-type: none"> To improve understanding of equality and inequality issues through effective analysing and reporting of patient and staff outcomes and experiences: <ul style="list-style-type: none"> - Triangulation reporting - Regular reporting of equality strategy key performance indicators (KPI) 	<ul style="list-style-type: none"> To have robust evidence base for EDI in place (EDS goals 4.1, 4.2) 	Review annually	People Services and Strategy

2

A diverse, talented, and high performing workforce

Objectives



Pillar Two Priorities 2020-2021

1 Objective: Diversification of the UHL Leadership Community	Outcome measures	Timeframes	Accountable Area
<ul style="list-style-type: none"> To improve the representation of ethnic minorities in Bands 8a - VSM using positive action measures 	<ul style="list-style-type: none"> % increase in BAME representation at each band between 8a to VSM in line with our aspirational targets (EDS goals 3.1 and 4.1) 	Review annually	People Services
<ul style="list-style-type: none"> To improve the representation of for people with disabilities in Bands 8a - VSM using positive action measures 	<ul style="list-style-type: none"> % increase in Disability representation at each band between 8a to VSM (EDS goals 3.1 and 4.1) 	Review annually	People Services
<ul style="list-style-type: none"> To improve the representation of women in VSM and to improve the number of Board members that are women to achieve greater gender parity 	<ul style="list-style-type: none"> % increase in Women representation in Leadership roles (EDS goals 3.1 and 4.1) 	Review annually	People Services and Clinical Leaders

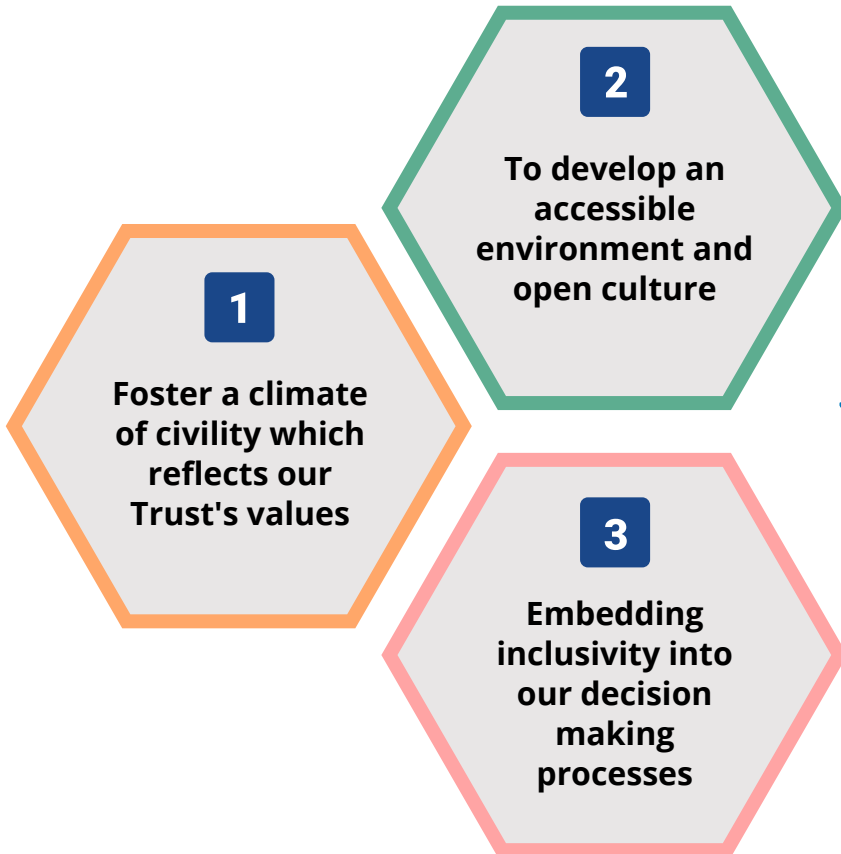
Pillar Two Priorities 2020-2021 continued

2 Objective: Attract and retain a diverse and talented workforce	Outcome measures	Timeframes	Accountable Area
<ul style="list-style-type: none"> To encourage staff to disclose/update their sexual orientation and disability monitoring data through ESR 	<ul style="list-style-type: none"> % increase in disclosures of disability and LGBT. To reduce non disclosure of sexual orientation by 12.5% to 6% by 2025. To reduce non-disclosure from 14% to 7% for Disability by 2025 (EDS goal 4.2) 	Review annually	People Services and Staff Networks
<ul style="list-style-type: none"> To improve understanding of equality and inequality issues through effective analysing and reporting of staff outcomes and experiences: <ul style="list-style-type: none"> - Triangulation reporting - Regular reporting of equality strategy key performance indicators (KPI) 	<ul style="list-style-type: none"> To have robust evidence base for EDI in place (EDS goal 4.2) 	Review annually	People Services and Strategy
<ul style="list-style-type: none"> Address gender pay gaps through the establishment of gender equality working group 	<ul style="list-style-type: none"> Decrease the gender pay gap Also see previous priorities on women representation (EDS goal 3.2) 	Review annually	People Services
<ul style="list-style-type: none"> To design and implement the high potential scheme pilot to identify and develop diverse talent 	<ul style="list-style-type: none"> Increased diverse workforce (EDS goal 3.3) 	Review annually	People Services
<ul style="list-style-type: none"> To implement a local Stepping Up programme to encourage the progression of BAME staff in Bands 5 to 7 	<ul style="list-style-type: none"> Improved representation of BAME staff in bands 6 to 8 to show progression (EDS goal 3.3) 	Review annually	People Services
<ul style="list-style-type: none"> To promote participation in the Ready Now programme to encourage progression of BAME staff in Bands 8a and above 	<ul style="list-style-type: none"> Improved representation of BAME staff in bands 8b and above to show progression (EDS goal 3.3) 	Review annually	People Services

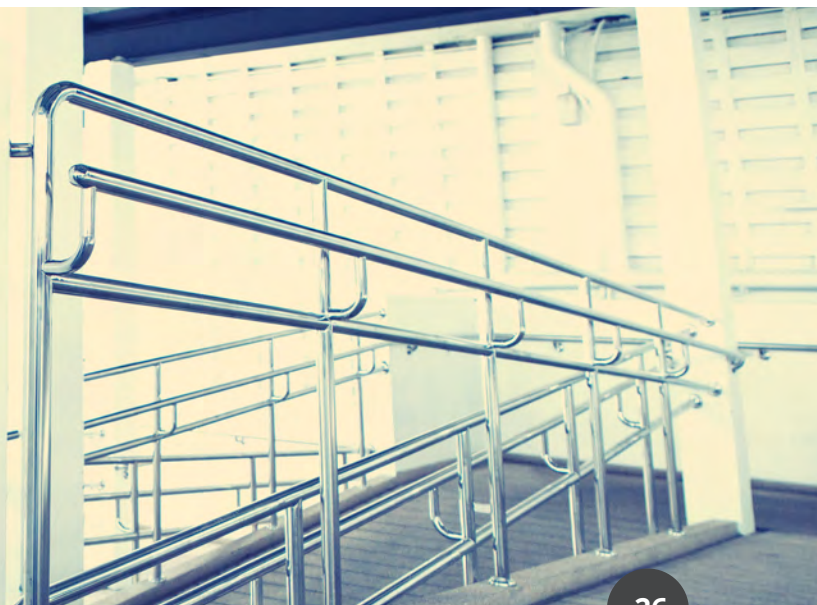
3

An inclusive, accessible and civil culture

Objectives



All objectives and actions are aligned to the Trust's People Plan, Equality Delivery System (EDS), Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES), and Gender Pay Gap (GPG)



Pillar Three Priorities 2020-2021

1	Objective: Foster a climate of civility which reflects our Trust's values	Outcome measures	Timeframes	Accountable Area
<ul style="list-style-type: none"> To ensure that each member of staff has an EDI objective within their appraisal 	<ul style="list-style-type: none"> 100% of appraisals to include an EDI objective (EDS goal 3.3) 	December 2021	Peoples Services / Line managers	
<ul style="list-style-type: none"> Develop and launch an Active Bystander Programme 	<ul style="list-style-type: none"> Measured by NHS Staff Survey outcome data for B&H, Exit interview data, Grievances and Patient complaints (EDS goal 3.4) 	December 2020	Active Bystander Programme Group	

Pillar Three Priorities 2020-2021 continued

2 Objective: To develop an accessible environment and open culture	Outcome measures	Timeframes	Accountable Area
<ul style="list-style-type: none"> Develop an EDI communication plan to drive improvement and highlight successes 	<ul style="list-style-type: none"> EDI Communication plan developed and approved at EDI Board (EDS goal 4.1) 	April 2021	EDI Team
<ul style="list-style-type: none"> To develop a staff network framework and plan which sets out the scope and remit of our diversity networks to reflect LGBT+ and Gender 	<ul style="list-style-type: none"> Staff network plan submission and approval by EDI Board (EDS goal 3.6) 	January 2021	EDI Team and Network Chairs
<ul style="list-style-type: none"> To hold annual planning workshop for staff networks 	<ul style="list-style-type: none"> Top 3 annual priorities agreed with network chairs (EDS goals 3.6 and 4.1) 	February 2021	EDI Team and Network Chairs
<ul style="list-style-type: none"> Ensure that the Accessible Information Standard (AIS) is implemented and embedded into service design and delivery 	<ul style="list-style-type: none"> Measured by patient feedback - FFF and complaints (EDS goals 1.1, 1.2, 2.1 and 2.4) 	Review annually	EDI Team and Clinical Management Groups and Operations
<ul style="list-style-type: none"> To attract and develop volunteers from diverse communities and backgrounds 	<ul style="list-style-type: none"> To monitor the diversity of our volunteers (EDS goal 4.3) 	Review annually	Head of Volunteering
<ul style="list-style-type: none"> To ensure that EDI training is embedded into the volunteer induction process 	<ul style="list-style-type: none"> EDI content included in volunteer induction (EDS goal 4.3) 	Review annually	Head of Volunteering

Pillar Three Priorities 2020-2021 continued

3 Objective: Embedding inclusivity into our decision making processes	Outcome measures	Timeframes	Accountable Area
<ul style="list-style-type: none"> To develop Senior Equality Champions programme 	<ul style="list-style-type: none"> Measure progress through the visibility of senior inclusive Leadership behaviours and NHS Staff Survey (EDS goal 4.1) 	April 2021	People Services
<ul style="list-style-type: none"> Incorporate our approach to reverse mentoring within the Senior Equality Champions programme and assign a reverse mentor to each Senior Equality Champion 	<ul style="list-style-type: none"> 100% uptake by senior champions (EDS goal 4.1) 	April 2021	EDI and Staff Networks
<ul style="list-style-type: none"> To review our Leadership and management development offer to ensure EDI is integral 	<ul style="list-style-type: none"> EDI embedded into Leadership and management Development programmes (EDS goal 3.3) 	July 2021	Peoples Services
<ul style="list-style-type: none"> To embed our Inclusive Decision Making Framework 	<ul style="list-style-type: none"> EDI embedded throughout all our decision making and governance processes (EDS goals 1.1 and 2.1) 	December 2022	Head of EDI Team

Communication and Engagement

Our performance and governance of EDI will use the following mechanisms:



- EDI Workshops
- Engagement with staff networks, DAV and BAME Voice
- 1-1 conversations with stakeholders from across the Trust and the LLR system
- Working in partnership with the EDI Communications Team to:
 - Identify key EDI messages to intersect with the Becoming the Best narrative and the appropriate channels and audiences
- EDI Communications will have an educative dimension to support Learning and Development interventions
- Inclusive leadership round tables led by Chairman, CEO, Chief People Officer and Organisation Development
- Will support the change process by highlighting impact case studies and short/medium term achievements to maintain momentum in to the long-term



Evaluation of Impact

Performance and Governance

Our performance and governance of EDI will use the following mechanisms:

- An impact and evaluation framework will be developed to allow us to measure progress and performance using Quality Improvement (QI) methodology
- Progress reports will be developed which detail the ongoing activity to deliver our objectives and aspirational targets which sit under each of the three pillars for EDI
- Trust Board/People, Process and Performance Committee (PPPC) / Executive People and Culture Board (EPCB)
- Quarterly reports to the Clinical Quality Review Group (CQRG)
- Annual reviews of performance will take place to highlight progress against KPIs for EDI Board/PPPC/EPCB/Trust Board
- Review work will use a range of evidenced based project management tools
- Mandated reporting for WRES, WDES, GPG and EDS



Conclusion

The review of our Equality, Diversity and Inclusion Strategic Plan has aimed to involve staff working across the Trust as well as including the experiences of patients.

During the review period, we have witnessed significant changes in public awareness towards equality and inequality issues due to COVID 19 impacts and the Black Lives Matter movement.

The work we have carried out as part of the review has enabled us as a Trust, to evaluate our equality performance in detail and reflect on actions needed to improve for the future. We have identified key areas where we need to do better for our staff and patients including:

Staff

- Improving representation of under represented groups in senior leadership roles (BAME, women, sexual orientation, disability)
- Reducing the gender pay gap
- Supporting staff from different backgrounds to form networks of support (BAME, LGBT, female doctors)
- Promoting inclusive work environments where all staff feel valued and are free from harassment, bullying and discrimination
- Embedding EDI into senior leadership and managers

Patients

- Improving accessibility for patients with disabilities and meeting language needs
- Increasing accessibility of services for trans patients
- Ensuring all patients have a positive experience of their care
- Reducing health inequalities
- Ensuring there is governance for decision making

The review work recognises the importance of making our services accessible as possible as we plan for phase 3 COVID recovery of services. Engagement with our patients and stakeholders will help to ensure we understand the barriers patients and carers face. This includes digital exclusion as more digital services are put in place and where reasonable adjustments are required for people with a disability.

As a Trust, it will be everyone's responsibility to promote equality issues and for the Board to drive this Strategic Plan forward. We pledge to monitor and review our equality performance regularly in order that we drive improvements and make progress.

We know that implementation of the Strategic Plan will not be easy and this Strategic Plan is not isolated from other changes that are happening across the NHS and for the LLR system. We acknowledge that the plan may need to be flexible for its duration, to take account and give regard to changes to national equality mandated requirements.



Acronym list

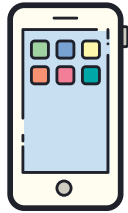
- AIS - Accessible Information Standard
- BAME - Black, Asian and Minority Ethnic
- B&H - Bullying and Harassment
- CCGs - Clinical Commissioning Groups
- CEO - Chief Executive Officer
- CPD - Continuing Professional Development
- CQRG - Clinical Quality Review Group
- CEA - Clinical Excellence Award
- DAV - Differently Able Voice
- DNA - Did not attend
- EDS - Equality Delivery System
- EDI - Equality Diversity and Inclusion
- EIA - Equality Impact Assessment
- EPCB - Executive People Culture Board
- ESR - Electronic Staff Record
- FFT - Friends and Family Test
- GP - General Practitioner
- HELM - Health Education Learning Management
- HR- Human Resources
- IMD - Index of multiple deprivation
- JSNA - Joint Strategic Needs Assessment
- KPI's - Key Performance Indicators
- LGB - Lesbian, Gay, and Bisexual
- LGBT - Lesbian, Gay, Bisexual and Transgender
- LLR - Leicester, Leicestershire and Rutland
- NHSE - NHS England
- OD - Organisational Development
- ONS - Office of National Statistics
- PPPC - Peoples Process and Performance Committee
- PSED - Public Sector Equality Duty
- QI - Quality Improvement
- RCN - Royal College of Nursing
- SMART - Specific, Measurable, Achievable, Realistic and Timely
- SOM - Sexual Orientation Monitoring
- UHL - University Hospitals of Leicester NHS Trust
- VSM - Very Senior Grades
- WDES - Workforce Disability Equality Standard
- WRES - Workforce Race Equality Standard

Contact us

If you have any questions around Equality, Diversity and Inclusion, please get in touch with us:



Email: **equality@uhl-tr.nhs.uk**



Telephone: **0116 258 4382**

Twitter



@Leic_hospital twitter

Facebook



leicester'shospitals

YouTube



LeicesterHospitalsNHS

Instagram



Leicesterhospitals



University Hospitals of Leicester
NHS Trust

University Hospitals of Leicester NHS Trust

Case for change:

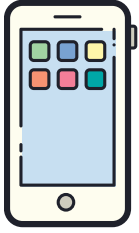
Equality, Diversity and Inclusion Strategic Plan

2020-2025



Accessibility Statement

If you would like this information in another language, or format such as EasyRead or Braille, please contact us by:



Telephone: 0116 250 2959



Email: equality@uhl-tr.nhs.uk

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ دوسرے ਭਾਸ਼ਾ ਵਿੱਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।

إذا كنت ترغب في الحصول على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل

Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય. તો નીચે આપેલ નંબર પર કપા કરી ટેલિફોન કરો.

Contents

02	Introduction
04	Our LLR Community
07	Pillar One: Patient information
12	Pillar Two: Workforce information
22	Our Strategy review work
27	Themes identified
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32	Contact us

Introduction

This document is to be read alongside the EDI Strategic Plan 2020-2025. The Strategic Plan has been developed through a rigorous review of a range of information, data and feedback on equality related issues and performance across the Trust.

The following information sets out the context for the EDI Strategic Plan for the next 5 years and provides the case for change.

Case for change information:

- Workforce data
- EDI Engagement events through a series of workforce workshops - reviewing EDI performance
- Staff experience information
- Demographic data and information with socio-economic deprivation data
- Patient information
- Friends and Family Test information
- Contextual information about LLR System

Data tables relating to workforce contain national and LLR benchmarking for population in relation to BAME. We have not included Leicester City as benchmark due to the wide area of which UHL recruits its workforce. Leicester City BAME population is provided on page 5 for context.

The review work started early 2020 and used staff workforce from November 2019, with the exception of the WRES (March 2020), WDES (March 2020), GPG information (March 2019) and Board Membership data (October 2020).

Our refreshed approach to EDI

We have reviewed our current approach to EDI and have decided to refresh our plan. The drivers for this came from three areas:

- Strategic
- Legal and regulatory
- Moral

The Three Pillars

The aims of our revised EDI strategy can be categorised into three different pillars, which have informed the focus of our EDI objectives:


1

Outstanding health outcomes and experiences for all our patients regardless of their social background



2

A diverse, talented, and high performing workforce



3

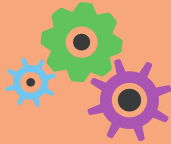
An inclusive, accessible and civil culture



Our key considerations for equality review work

Considerations for our ongoing and future equality and inclusion work are summarised below:

The implementation of Equality and Inclusion Strategies



Phase 3 recovery of services following COVID-19 planning



Supporting staff through policies and procedures



WRES, WDES and GPG delivery planning



The development of System and UHL People Plan



Governance arrangements for driving equality performance



Equality Delivery System (EDS) 2 and Accessible Information Standard (AIS)



Feedback from Staff Networks



Impact of global equality movements



Our LLR community

Our Trust is located in the East Midlands of England. The area is served by three Clinical Commissioning Groups (CCGs), 135 GP practices and 25 Primary Care Networks. Our Trust is one of three across the Leicester, Leicestershire and Rutland (LLR) and we are part of the Better Care Together Sustainability and Transformation Partnership.



Across our area there are 8 Local Authorities, 400 schools, 4 Universities, 301 care homes and 4 prisons.

The information below highlights key demographic data for the LLR area which can be used to better understand our communities, patients and workforce.

Sex

Across the LLR region, there are slightly more males than females with the exception of East Leicestershire and Rutland where there are more females than males:

50.4%
of the LLR population are
Male



49.6%
of the LLR population are
Female

This is higher than the
England percentage of 49.9%

Source: Public Health Fingertips 2020

This is lower than the England
percentage of 50.1%

Disability

The prevalence of long term conditions varies across the LLR area. Prevalence is higher than the England rate with the exception of Leicester City which has lower prevalence



Source: Public Health Fingertips 2020

Disability prevalence across the East Midlands area is

22%

This is slightly higher than the UK rate of 20%

Source: GOV data 2018

Learning disability prevalence across the LLR region is similar to the England rate



Source: Public Health Fingertips 2020

Across LLR the number of people with caring responsibilities is similar to the England rate



Source: Public Health Fingertips 2020

Mental health illness prevalence across LLR is lower than the England rate with the exception of Leicester City where it is higher



Source: Public Health Fingertips 2020

Sexual Orientation

25,251- 80,346

people from the LLR population are estimated to be LGBT

This is based on estimates of the England rate which is between 2.2% and 7% of the population

Source: ONS, Stonewall 2020



Please note that we have used LGBT and not LGBT+ due to ONS definition

Race

78.4%

of the LLR population are White

This is lower than the England percentage of 85.4%



21.6%

of the LLR population are BAME

This is higher than the England percentage of 14.6%



Across LLR, there is variation in the ethnicity of the population:

49.5%

of the Leicester City population are BAME

Source: ONS data 2020

90%+

of the East Leicestershire and Rutland and West Leicestershire population are White

Deprivation

There is variation across LLR for deprivation levels with rural areas relatively affluent and higher levels of deprivation in urban areas. Deprivation rates for the LLR region are:

East Leicestershire and Rutland

10.7 ↓

Lower levels of deprivation compared to England rate of 21.7

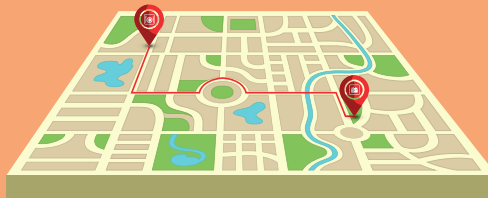
West Leicestershire

13.3 ↓

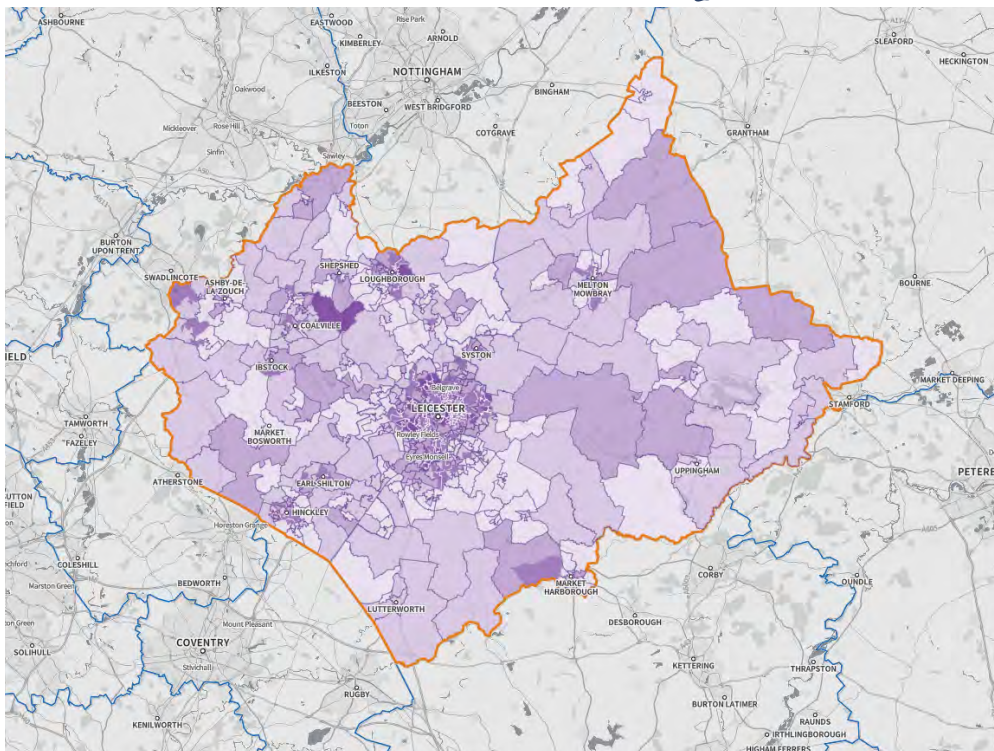
Leicester City

30.9 ↑

Significantly higher levels of deprivation compared to England rate of 21.7



Source: Public Health Fingertips (IMD 2019)



Index of Multiple Deprivation

The indicator focuses on the Index of Multiple Deprivation (IMD) from the Indices of Deprivation 2019.

The seven domains were combined using the following weights to produce the overall Index of Multiple Deprivation (IMD):

- Health Deprivation (13.5%)
- Income Deprivation (22.5%)
- Employment Deprivation (22.5%)
- Education Deprivation (13.5%)
- Crime Deprivation (9.3%)
- Barriers to Housing and Services (9.3%)
- Living Environment Deprivation (9.3%)

NHS East Leicestershire and Rutland CCG, NHS Leicester City CCG, NHS West Leicestershire CCG's Index of Multiple Deprivation average score is 18.24.

The England-wide Index of Multiple Deprivation distribution is 0.54 to 92.73 with a mean value of 21.67.

Key

Values for LSOAs within the selected boundary are shown.

The colours represent the quintiles:

- 33.26 to 92.73: 75 areas
- 21.56 to 33.25: 111 areas
- 14.25 to 21.55: 104 areas
- 8.63 to 14.24: 157 areas
- 0.54 to 8.62: 164 areas

Data

Population mid-2015: 1,054,029
English Indices of Deprivation 2019:
www.gov.uk/.../indices-of-deprivation-2019

Source: SHAPE © Crown copyright and database rights 2018 Ordnance Survey 100016969

Pillar One: Patients

1

Outstanding health outcomes and experiences for all our patients regardless of their social background

Friends and Family Test (FFT)

Within the review work, we have looked at FFT data sets with a view to look at variation across different patient groups. Notable findings from the data sets are:

White and Asian patients generally report lower satisfaction rates compared to other ethnic groups

Patients with hearing and sight impairments report high satisfaction rates - 97.9% of patients with hearing impairments and 98.9% of patients with sight impairments recommend the Trust

Lesbian and Gay patients report lower rates of satisfaction (93.5%) compared to heterosexual patients (97.5%) - include benchmarking data

For patients with a long term illness, satisfaction rates are generally lower than other patients

Patients with physical disabilities report generally lower satisfaction rates (93.9%) compared to non-disabled patients (97.3%)

There is no significant variation in satisfaction rates for males and females

Patients aged 17-24 tend to have lower satisfaction rates compared to older age groups at 95.6%

For patients with a learning disability, satisfaction rates are high at 97%



Source: UHL Friends & Family Test (FFT) 2019 data

For more information, see full FFT data set.

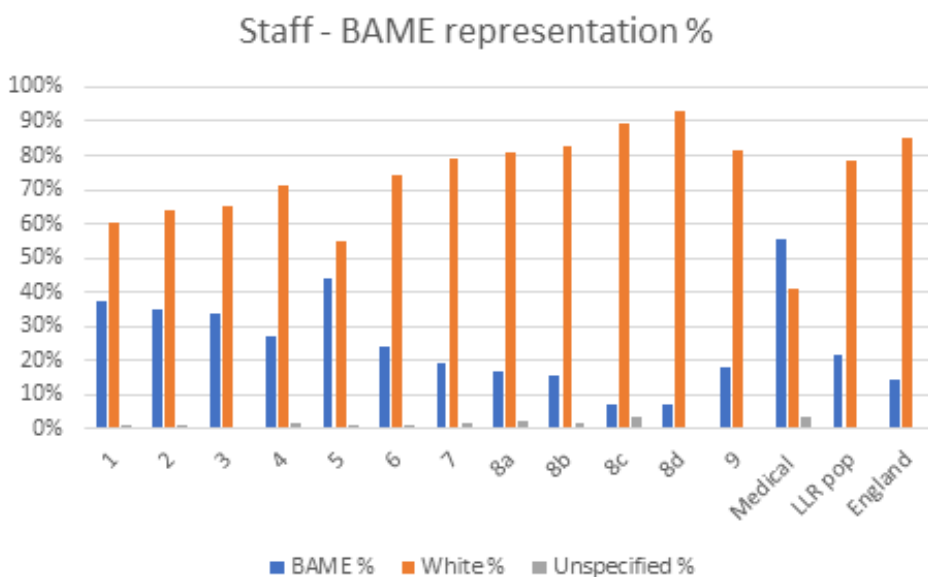
Pillar Two: Workforce

2

A diverse, talented, and high performing workforce

Staff data on ethnic background

This graph shows the percentage of staff for Agenda for Change Bands 1-9 and Medical self reporting their ethnicity by band with local and national benchmarks.



There is generally a higher proportion of BAME staff in lower Agenda for Change bands, compared to the LLR local population

There is generally a higher representation of BAME staff in the Medical workforce

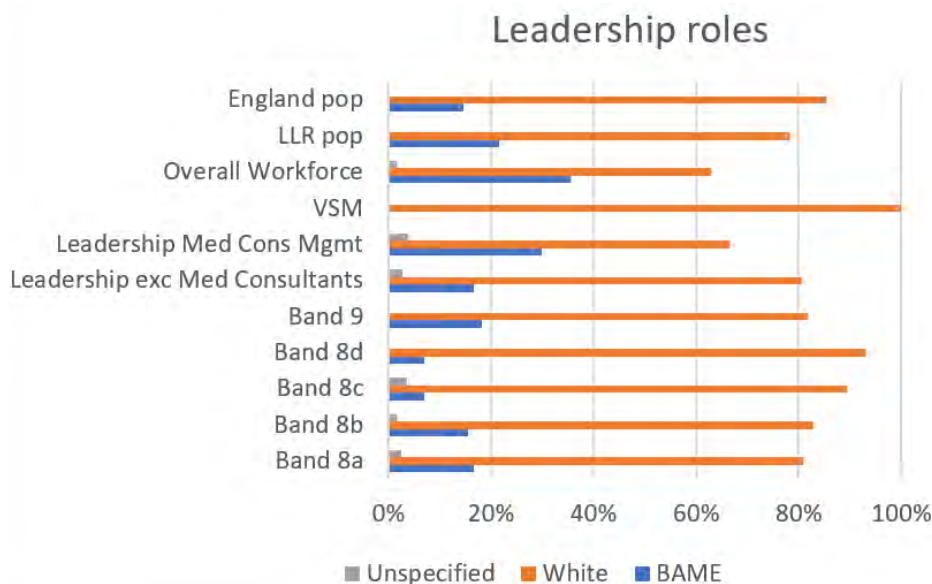
Caution should be taken with the interpretation of % calculations due to relatively small numbers within some bands. For example, Bands 8c to 9 have a very small number of staff within them which can affect the % for numbers disclosing ethnicity.

Table showing percentage of staff reporting their ethnicity by band with local and national benchmarks.

Band	BAME Number	BAME %	White Number	White %	Unspecified Number	Unspecified %	Grand Total
2	1430	35.04%	2619	64.18%	32	0.78%	4081
3	449	34.02%	861	65.23%	10	0.76%	1320
4	250	26.82%	665	71.35%	17	1.82%	932
5	1309	43.88%	1635	54.81%	39	1.31%	2983
6	527	24.23%	1621	74.53%	27	1.24%	2175
7	239	19.38%	976	79.16%	18	1.46%	1233
8a	72	16.67%	349	80.79%	11	2.55%	432
8b	21	15.56%	112	82.96%	2	1.48%	135
8c	4	7.02%	51	89.47%	2	3.51%	57
8d	2	6.90%	27	93.10%	0	0.00%	29
9	2	18.18%	9	81.82%	0	0.00%	11
Medical	1235	55.71%	905	40.82%	77	3.47%	2217

Leadership roles

Graph showing ethnicity of staff for bands 9 and above with local and national benchmarks.



Compared to the overall workforce, BAME representation is generally lower in Leadership roles

Table showing ethnicity of staff for Bands 8a and above:

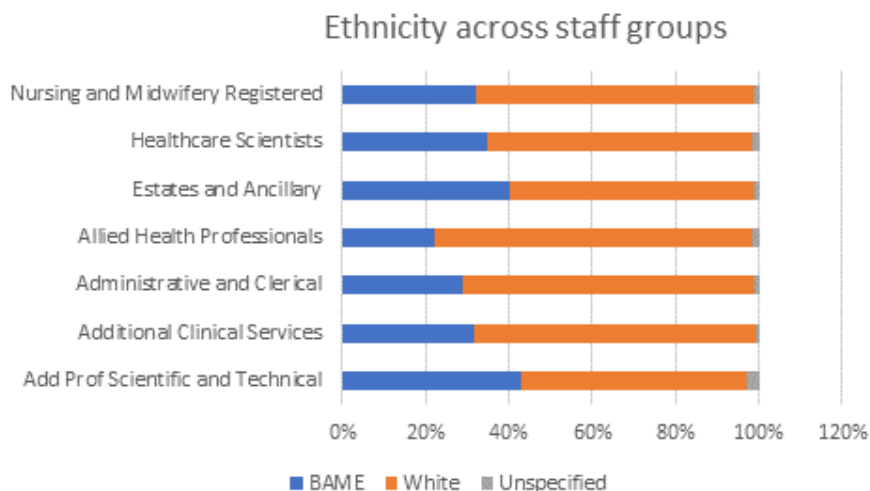
	Band 8a	Band 8b	Band 8c	Band 8d	Band 9	Leadership exc Med Consultants	Leadership Med Cons Mgmt	VSM
BAME	16.67%	15.56%	7.02%	6.90%	18.18%	16.64%	29.82%	0.00%
White	80.79%	82.96%	89.47%	93.10%	81.82%	80.60%	66.40%	100.00%
Unspecified	2.55%	1.48%	3.51%	0.00%	0.00%	2.75%	3.78%	0.00%
Grand Total	100%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

Tables showing ethnicity - context data

	Overall Workforce	LLR pop	England pop
BAME	35.56%	21.60%	14.60%
White	62.91%	78.40%	85.40%
Unspecified	1.52%	0%	0%
Grand Total	100.00%	100%	100%

Caution should be taken with the interpretation of % calculations due to relatively small numbers within Leadership roles. Actual numbers provided on page 8.

Current variation across staff groups



Overall ethnicity across different staff groups shows variation. BAME staff have the highest representation (across all Bands) within Additional Professional Scientific and Technical group and Estates and Ancillary



Caution should be taken with the interpretation of % calculations due to relatively small numbers within certain staff groups.

Table showing overall number of staff for Ethnicity across staff groups.

Staff group	BAME	White	Unspecified	Grand Total
Add Prof Scientific and Technical	228	287	15	530
Additional Clinical Services	931	1997	27	2955
Administrative and Clerical	907	2196	40	3143
Allied Health Professionals	167	583	11	761
Estates and Ancillary	709	1035	20	1764
Healthcare Scientists	170	313	7	490
Nursing and Midwifery Registered	1426	2957	51	4434

We have undertaken a deep dive analysis of workforce profile. Data has been analysed on the current number of leadership roles and current representation. Data on Medical workforce is contained on page 8.

Staff groups below the Trust aspirational targets for BAME representation are:

- Nursing and Midwifery which employs 4097
- Administration and Clerical which employs 2945
- Allied Health Professions which employs 710
- Healthcare Scientists which employs 486



Source: UHL Workforce Data 2019

Leadership diversity

During the review of our EDI Strategic Plan, updated data was available through the WRES submission for 2020.

Below is a breakdown of current BAME staff by Band 8 and above. The table shows the Trust's aspiration leadership targets for BAME staff over a 10 year trajectory until 2028 for Bands 8a to VSM.

These aspirational targets are part of the national agenda to improve BAME representation at Leadership roles within the NHS and are aligned to the NHS People Plan and Model Employer Strategy devised by the WRES implementation team.

BAME workforce is underrepresented at Bands 8 and above

There is variation in BAME representation across staff groups for consultants and leadership bands.

There are no BAME staff at Very Senior Management level

Band	Current BAME representation			BAME Target								
	Oct-2019	2019 Target	Oct-2020	2020	2021	2022	2023	2024	2025	2026	2027	2028
Band 8 - Range A	73	63	88	71	78	85	93	100	107	115	122	130
Band 8 - Range B	20	19	24	21	24	27	30	32	35	38	40	43
Band 8 - Range C	4	5	4	6	8	9	11	12	14	15	17	19
Band 8 - Range D	2	4	2	5	5	6	6	7	7	8	8	9
Band 9	2	2	1	3	3	3	3	4	4	4	5	5
VSM	0	0	0	1	1	1	2	2	2	3	3	3
Total	101	93	119	107	119	131	145	157	169	183	195	209

Source: UHL Workforce Data September 2020 - Note - Board members have been excluded from this data analysis.

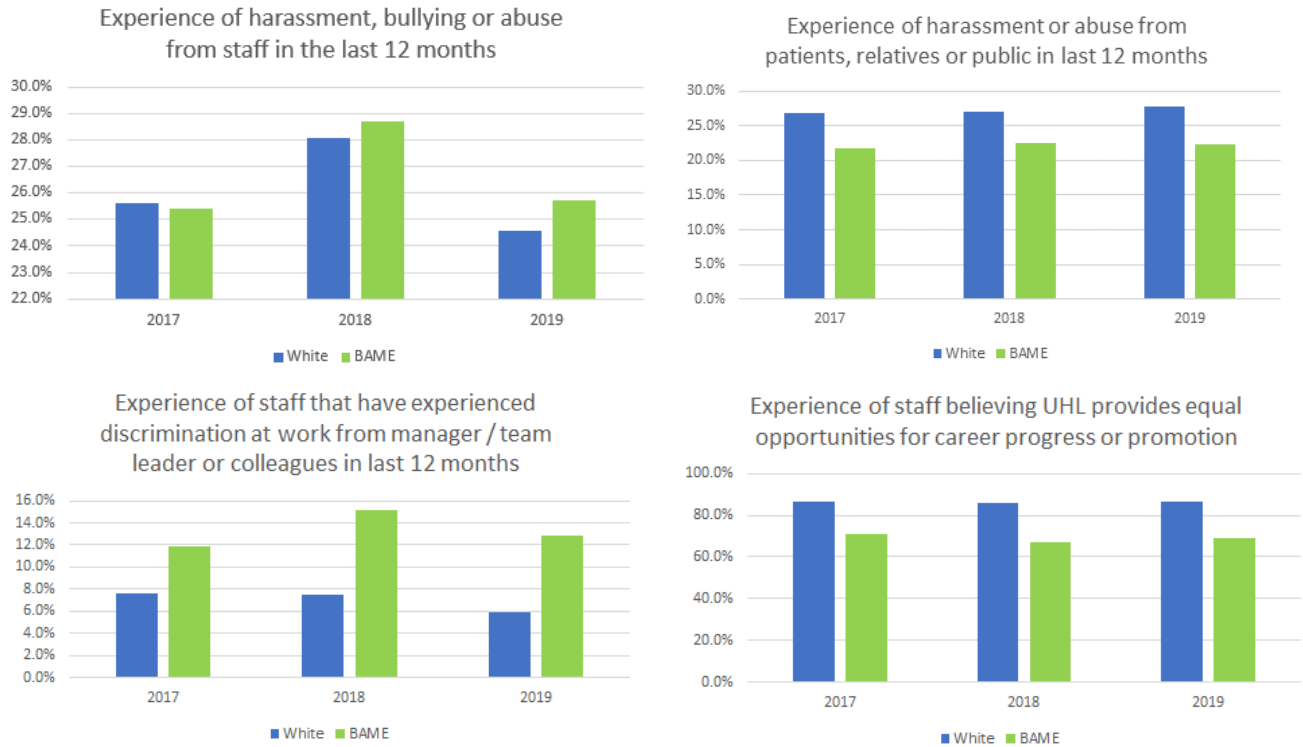
2019 Targets met overall but just under target for Bands 8c and 8d

2020 Targets met overall but just under target for Bands 8c, 8d, 9, and VSM

Work needs to be done to improve BAME representation at leadership level

BAME Staff experiences

Outcome from the NHS Staff Survey 2019 by Ethnicity:



Data shows that staff from BAME backgrounds experience lower rates of harassment from patients and the public. This has remained fairly constant over the last three years. The rate of harassment for all ethnicities has fallen significantly since 2018 but is higher for BAME staff compared to white staff.

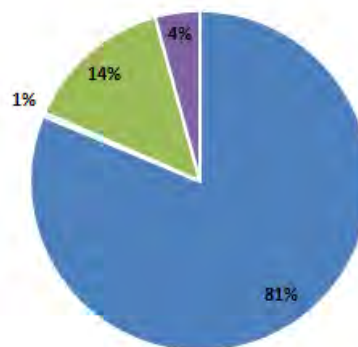
BAME staff experiencing discrimination from their managers / colleagues is significantly higher than white staff. This has fallen slightly since 2018 but remains a concern to the Trust.

Data is based on the 2019 annual staff survey which had an overall response rate of 35.4%.

Disability

The current situation

Workforce and Disability

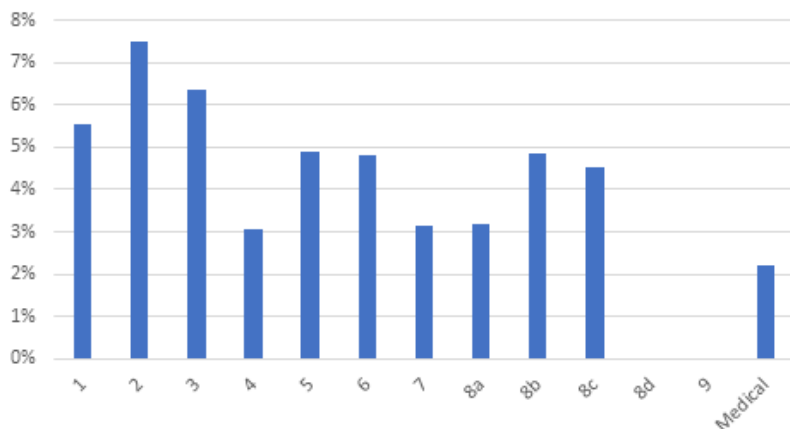


■ No Disability ■ Prefer Not To Answer ■ Undefined/Not Declared ■ Has a disability

Staff data on disability

This graph shows the percentage of the workforce disclosing a disability:

Percentage of workforce disclosing a disability across all bands



There is some variation across staff bands for disability but caution should be taken with the interpretation of this data due to some bands having relatively low numbers of staff

Note that % has been calculated from the number disclosing their disability status.

Table showing percentage of staff disclosing their disability.

Further data analysis would be helpful in determining if there is a link between % of staff not disclosing disability status and band

Band	Disability	Disability %	Total in band
1	69	5.54%	1246
2	192	7.48%	2567
3	64	6.34%	1010
4	22	3.05%	722
5	120	4.87%	2463
6	82	4.83%	1699
7	30	3.16%	950
8a	11	3.18%	346
8b	<10	<5%	103
8c	<10	<5%	44
8d	0	0.00%	25
9	0	0.00%	10
Medical	36	2.21%	1626

Actual numbers rounded up to <10 as they may be potentially identifiable.

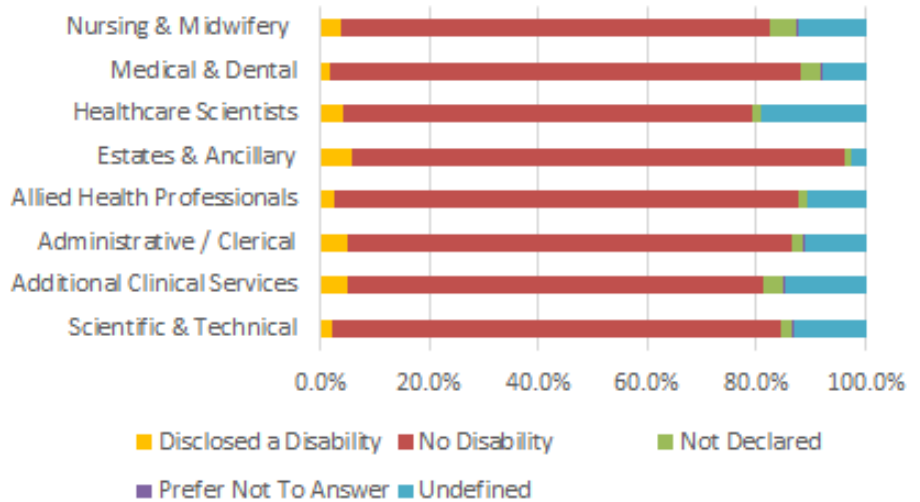
Source: UHL Workforce Data 2019

Current variation across staff groups

This graph shows the percentage of staff across different groups that have a disability:

There is slight variation across different staff groups. Caution should be taken with the interpretation of % calculations due to relatively small numbers within certain staff groups

% staff with a disability across staff groups



Staff group	Disclosed a Disability	No Disability	Not Declared	Prefer Not To Answer	Undefined	Grand Total
Add Prof Scientific and Technical	12	404	10	<10	65	492
Additional Clinical Services	131	2023	97	12	393	2656
Administrative and Clerical	154	2419	65	<19	333	2980
Allied Health Professionals	20	609	12		76	717
Estates and Ancillary	116	1731	25	<10	48	1925
Healthcare Scientists	20	362	<10		93	483
Medical and Dental	36	1591	63	<10	148	1846
Nursing and Midwifery	165	3283	198	22	519	4187
Grand Total	654	12422	478	57	1675	15286

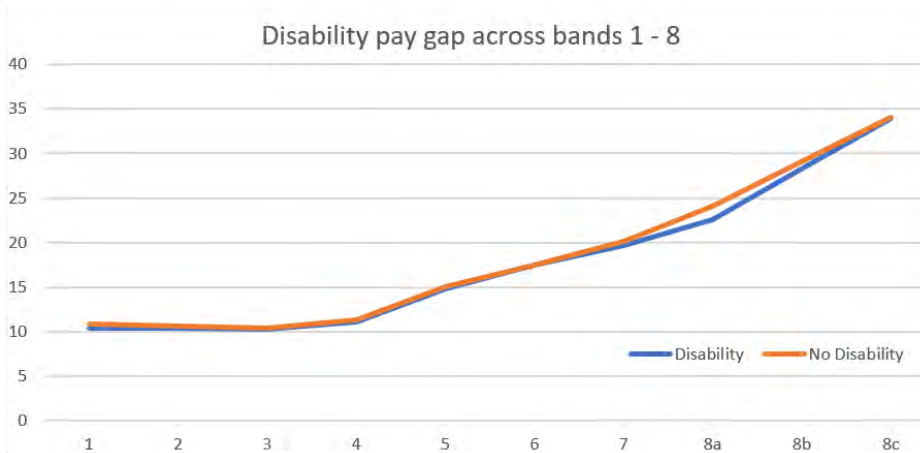
2019 staff data shows low representation of staff with disabilities (4.3%).

There is some variability across staff groups and grades - with highest % of staff working in Estates / Ancillary (5.2%) and Additional Clinical Services (4.9%). Due to the low number of staff with disabilities, it is difficult to ascertain if there is low representation in the upper quartile bands of the workforce.

We do not know the disability status of **14.5% of staff**, and we do not know if the staff declaring they have no disability reflects their current disability status. The reasons for not disclosing will need further exploration.

Disability Pay Gap

This graph shows the variation in average hourly pay for bands 1 to 8c.



There is slight variation across average hourly pay rates with staff with disabilities paid less than non disabled staff for all grades

Differences in hourly pay is highlighted in this table - calculated for Bands 1 to 8. Further work is required to understand these differences

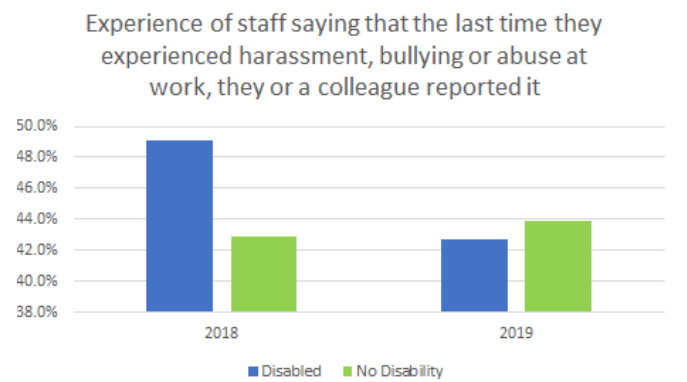
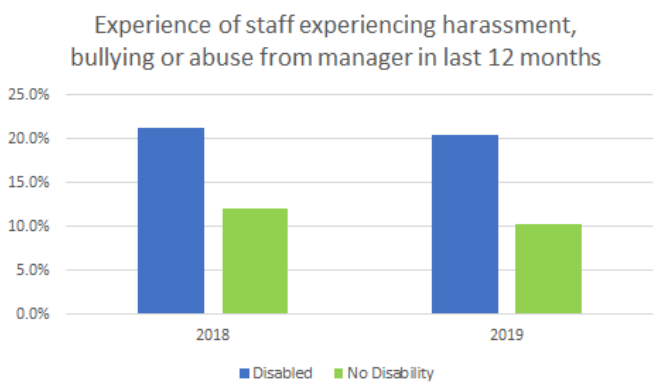
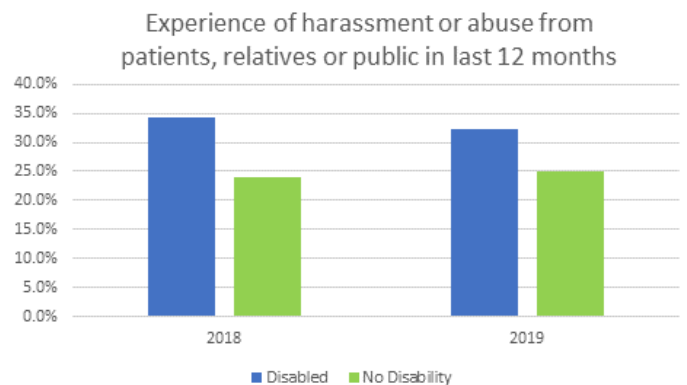
Band	Average hourly rate £	
	Disability	No Disability
1	10.32	10.87
2	10.41	10.61
3	10.26	10.34
4	11.09	11.34
5	14.82	14.97
6	17.47	17.50
7	19.66	20.16
8a	22.59	24.05
8b	28.22	29.06
8c	33.93	34.06

Disability pay gap data has been calculated by adding the average hourly pay across each band for disabled and non-disabled staff. An average hourly rate was calculated from the total within each band. This provides an approximate average hourly rate. Due to Agenda for Change, there should not be any difference in average pay. Due to the complex data set, we have only included Bands 1 to 8c. Further work is needed to understand disability pay gap data sets.



Staff with Disabilities - experiences

Outcome from the NHS Staff Survey 2019 by disability:



Analysis of the data shows that staff with disabilities experience higher rates of harassment from staff, patients, relatives and the public compared to non disabled staff. This has remained fairly constant over the last two years.

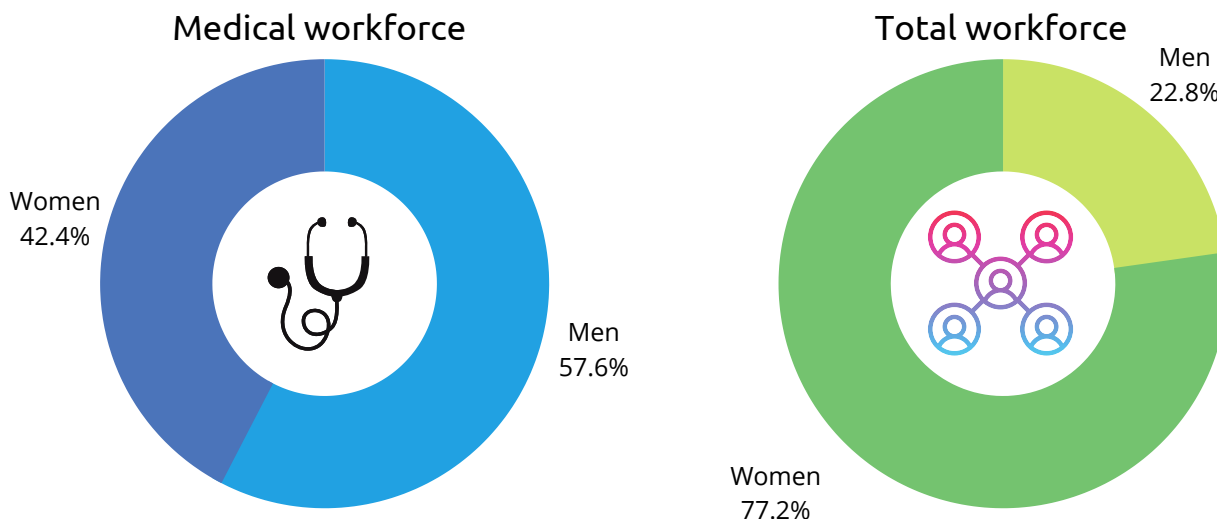
Disabled staff experiencing discrimination from staff and from their managers is significantly higher than for staff with no disability. The rates of reporting harassment incidents have decreased for all staff in 2019 from the previous year. Data on reporting shows that disabled staff are reporting slightly less incidents of harassment and abuse than non disabled staff. Further insight is needed to understand this as overall, we know that disabled staff are more likely to experience harassment, bullying or abuse.

Data is based on annual NHS staff survey which had an overall response rate of 35.4%

Gender

The current situation

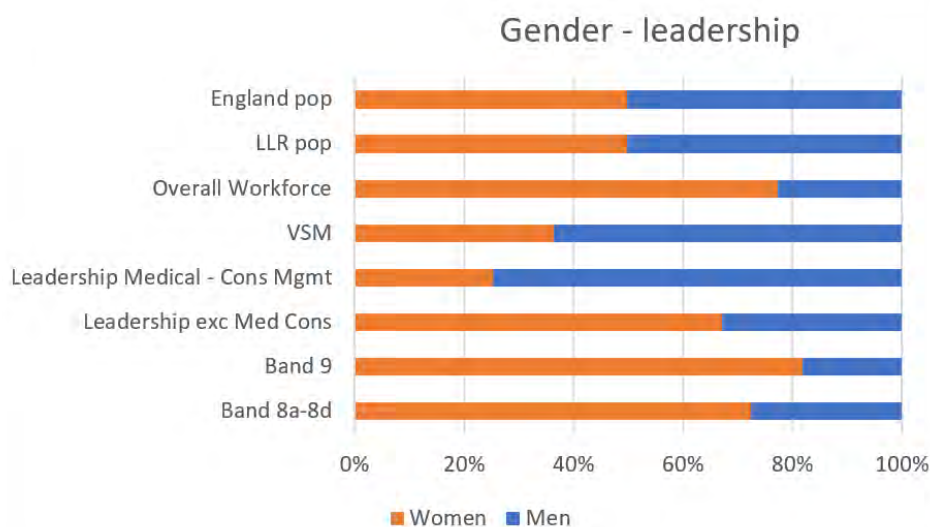
Staff data by Gender



The Medical workforce differs from the total workforce in relation to gender. There is higher representation of men in Medical roles compared to the overall workforce.

Leadership and Gender

This graph shows the gender of the workforce grouped across staff leadership roles:



There is some variation across different leadership roles. Further work is needed to provide greater understanding for this variation

Table showing the gender of the workforce grouped across staff leadership roles 8a and above:

Gender	Band 8a-8d	Band 9	Leadership exc Med Cons	Leadership Medical - Cons Mgmt	VSM	Overall Workforce	LLR pop	England pop
Women	72.36%	81.82%	67.10%	25.32%	36.36%	77.24%	49.7	49.9
Men	27.64%	18.18%	32.90%	74.68%	63.64%	22.76%	50.3	50.3
Grand Total	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100%	100%

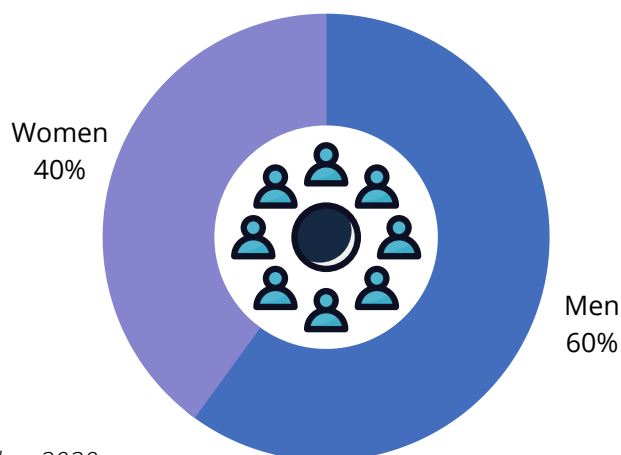
From a total of 11 band 9 posts, 9 are held by women

Data highlights significant low representation for women across VSM and Medical Consultant roles

Source: UHL Workforce Data 2019

Board membership

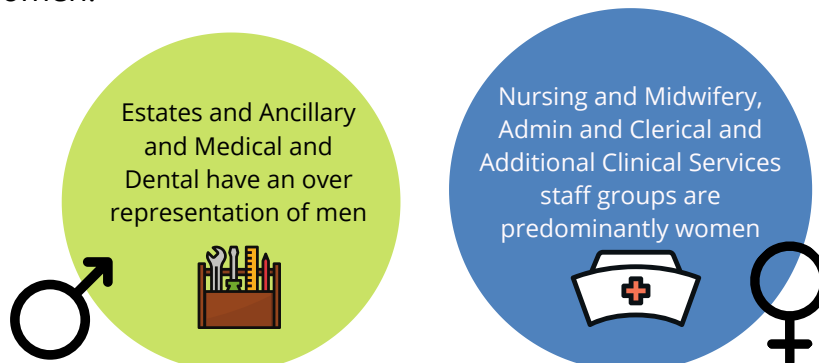
The UHL Board is comprised of 4 women (40%) and 6 men (60%).



Source: UHL Board Data October 2020

Current variation across staff groups

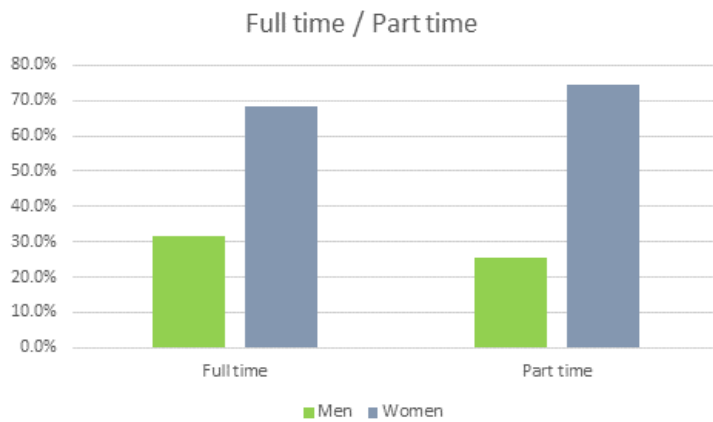
Analysis of data sets further show that there is some variation across staff groups, with some areas over represented with men and conversely, some groups predominantly occupied by women.



Source: UHL Workforce Data 2019

Part time / Full time

The data highlights that some staff groups have a higher percentage of women working part time compared to men.



Analysis of data show there are a higher proportion of women who work part time within the Trust

Gender Pay Gap Information

Gender Pay Gap data from 2019/20 show the mean (average) pay gap difference between hourly earnings for men and women is 28%.

Bonus payments data shows there is a 26% bonus pay gap between men and women, with men more likely to receive the bonus. The gap in bonus payments is driven by medical staff.

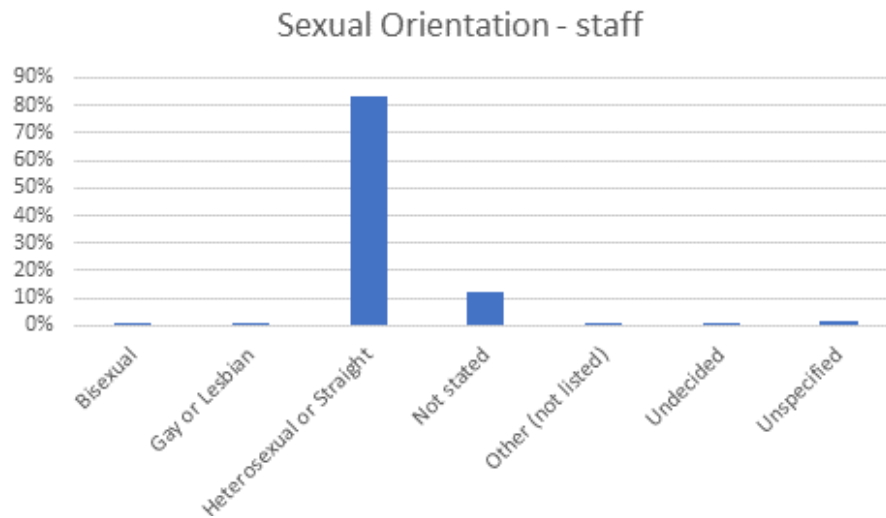
Full information on gender pay gap data is available from the Gender Pay Gap Report March 2020.



Source: UHL Gender Pay Gap Data 2020

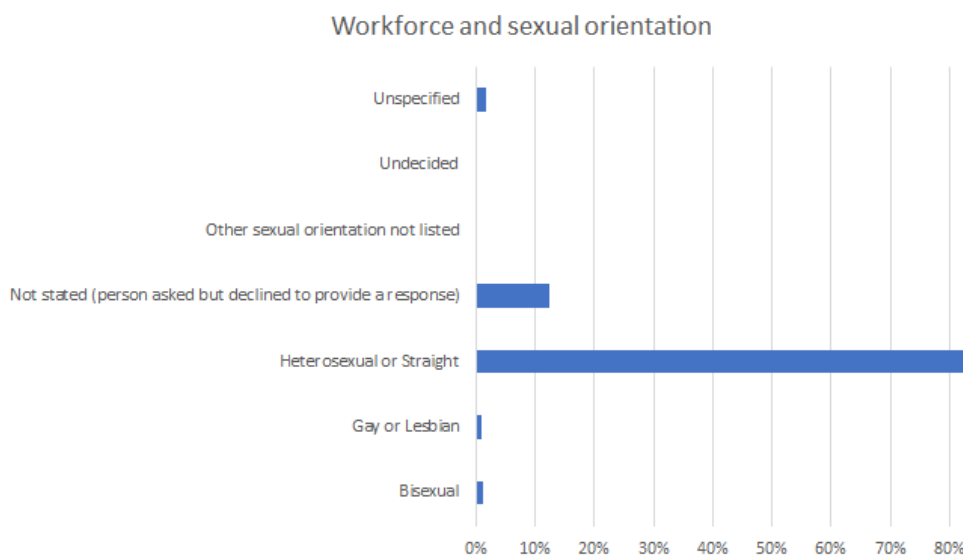
Sexual Orientation

The current situation



Staff data by Sexual Orientation

This graph shows the percentage of the workforce by sexual orientation:



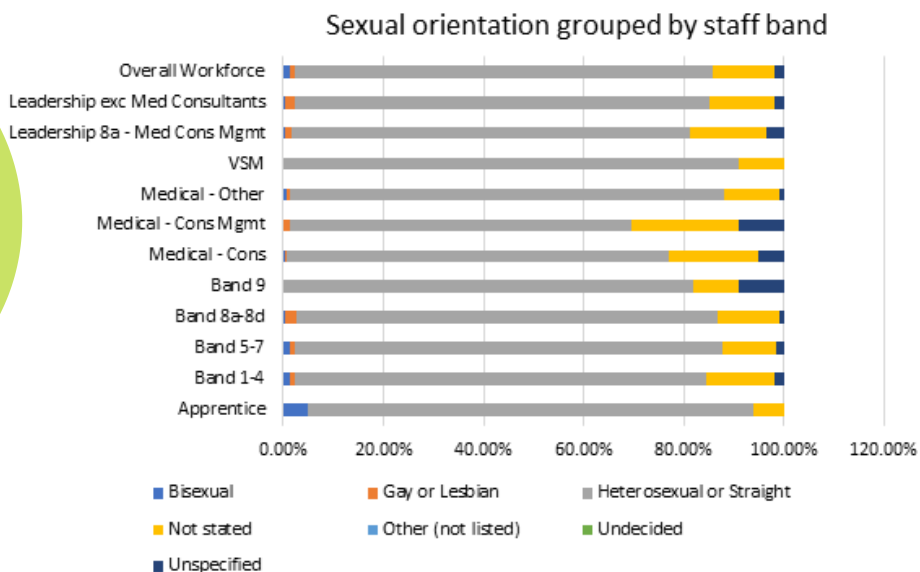
Further insight work is needed to understand workforce experiences

This table shows the percentage of the workforce that have disclosed their sexual orientation:

Sexual Orientation	Overall Workforce	
	Heads	%
Bisexual	192	1.19%
Gay or Lesbian	169	1.05%
Heterosexual or Straight	13476	83.51%
Not stated (person asked but declined to provide a response)	2019	12.51%
Other sexual orientation not listed	1	0.01%
Undecided	1	0.01%
Unspecified	279	1.73%
Grand Total	16137	100.00%

This graph shows the sexual orientation of the workforce grouped by staff band.

Caution should be taken with this data however the data doesn't show a link between sexual orientation and grade



Tables showing the sexual orientation of the workforce grouped by staff band from Apprentice to Leadership:

Sexual Orientation	Apprentice	Band 1-4	Band 5-7	Band 8a-8d
	%	%	%	%
Bisexual	4.76%	1.34%	1.30%	0.45%
Gay or Lesbian	0.00%	1.09%	1.07%	2.11%
Heterosexual or Straight	89.29%	82.00%	85.21%	84.29%
Not stated	5.95%	13.80%	10.93%	12.08%
Other (not listed)	0.00%	0.01%	0.00%	0.00%
Undecided	0.00%	0.01%	0.00%	0.00%
Unspecified	0.00%	1.74%	1.49%	1.06%
Grand Total	100.00%	100.00%	100.00%	100.00%

Leadership and Sexual Orientation

	Band 8a-8d	Band 9	Medical - Cons Mgmt	VSM	Leadership Med Cons Mgmt	Leadership exc Med Consultants	Overall Workforce
Bisexual	0.45%	0.00%	0.00%	0.00%	0.40%	0.39%	1.19%
Gay or Lesbian	2.11%	0.00%	1.27%	0.00%	1.13%	1.97%	1.05%
Heterosexual or Straight	84.29%	81.82%	68.35%	90.91%	79.59%	82.70%	83.51%
Not stated	12.08%	9.09%	21.52%	9.09%	15.44%	12.98%	12.51%
Other (not listed)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
Undecided	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
Unspecified	1.06%	9.09%	8.86%	0.00%	3.45%	1.97%	1.73%
Grand Total	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

Due to the low number of Lesbian, Gay and Bisexual (LGB) staff disclosing their sexual orientation, it is difficult to ascertain if there is low representation in the upper quartile bands of the workforce.

Our Strategic review work

In order to support the development of our EDI strategy we held a series of engagement events. A number of themes were developed using the outputs from the engagement sessions, these are categorised into the follow:

- Workforce - Attraction and Recruitment
- Workforce - Development and Progression
- Workforce - Bullying and Harassment
- Workforce - Pay and Benefits
- Leicester, Leicestershire and Rutland (LLR) System Wide Changes

Workforce - Attraction and Recruitment

Workshop evaluated current status for:

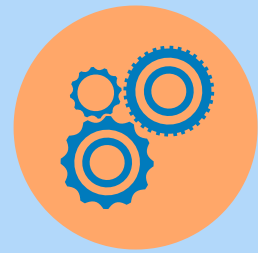
- Employer Brand promotion within diverse communities building on existing work in nursing
- Targeted advertising for diverse communities
- Ensure that application forms are accessible and available in a range of formats
- Analysis of recruitment rates i.e. Applications/Shortlisting and Appointments by ethnicity, gender, disability and LGBT
- Explore the introduction of bias development for panellists, and a Chair's EDI statement to be read out before the start of each panel
- Disclosure campaign for equality information



Workforce - Development and Progression

Workshop evaluated current status for:

- Explore data capability for progression reporting
- Embed EDI considerations into talent management
- Undertake Equality analysis of new appraisal process
- HR and EDI colleagues to work together on development of recruitment systems to increase diversity for:
 - Medical teams for recruitment of consultants
 - Nursing team for diversifying RCN Leadership Programme and Senior Nurse Development Programme
- Promotion of staff networks during staff inductions
- Promotion of Leader and Management Development and CPD for under represented groups
- Explore extending the aspirational targets model for BAME staff to other equality groups within the Trust



Workforce - Bullying and Harassment (B&H)

Workshop evaluated current status for:

- Building on existing work and development of a strategic framework which incorporates preventative and responsive approaches to B&H informed by a quantitative and qualitative evidence-base
- Alignment of existing interventions e.g. Just Culture approach to investigations and new initiatives e.g. development of an active bystander programme to challenge in appropriate and unacceptable behaviours
- Ensure B&H approach incorporates key elements of the NHS People Promise
- Improve data collection, and reporting processes for B&H
- Communication of our approach working with improvement agents
- Executive sponsorship
- Monitor and evaluate progress via staff survey measures and exit interview data



Workforce - Pay and Benefits

Workshop evaluated current status for:



Pay

- Clinic excellence awards
- Review of criteria and how it is interpreted to ensure that there aren't any unintended impacts on protected characteristic groups
- Monitoring of who receives these by protected characteristics / levels – Local
- Bias development for Clinical Excellence Awards (CEA) panels
- Starting Salaries and Increment Progression
- Explore impact of increment progression rates by protected characteristics
- Monitoring of starting salaries by protected characteristics to assess impact of managers discretion on pay differentials

Reward

- Ensuring the nomination and voting process for 'Caring at Its Best' are diverse
- Monitoring the nominees for Above and Beyond award by protected characteristics



Leicester, Leicestershire and Rutland (LLR) System Wide Changes

Workshop evaluated current status for:

System Priorities to be led by LLR EDI Steering Group (with Health and Social Care Representation)



- Whole system approach to Equality Analysis through Inclusive Decisioning Making Framework
- Aligning our EDI approach to Talent Management
- Develop a system wide approach for staff networks, development and engagement
- Cross system of Reverse Mentoring Programme
- Workforce planning reflects aspirational targets
- Leadership and Capability Development to be co-created



Themes identified

These are the themes identified from the workshops:

Attraction and Recruitment



Advert information review and promote under-represented groups



Low rates of self declaring background



What we have in place:

- Following national NHS guidance on recruitment
- Trust use national job portals to advertise vacancies
- Using NHS recruitment tools such as TRAC
- Internal systems to support potential candidates but these are variable across the Trust

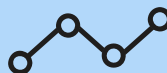
Action required:
Evaluate and monitor additional groups - Gender and LGBT



Need to evaluate candidate experience



Base line data sets to measure performance



Review website content to promote UHL as inclusive employer



Current emphasis on BAME but should include other groups in monitoring representation



Action required:
Link job adverts to application guidance



Review accessibility of the on-line application process



These are the themes identified from the workshops:

Development and Progression - Barriers



Operational demands



Time and cost of Learning and Development



How opportunities are communicated



Fairness and equality to access and participation



Culture and valuing development across the organisation



Other issues raised:

Application process

Line Manager support / sponsor

Doing Learning and Development in your own time

Medical roles - generally under represented for BAME women at senior levels

What we have in place

External opportunities:

- Work Experience
- Apprenticeships
- Leadership Academy
- Professional Placements - link to Local Universities
- Medical training
- Professional Bodies
- High Potential Aspire Scheme
- Staff side training

Internal opportunities:

- Health Education Learning Management (HELM)
- Training Directory
- Education teams
- learning and Development
- In service training
- Mentoring and reverse mentoring programmes

For clinical staff:

- National talent Programme
- Key stages of Career pathways Clinical and Non-clinical
- Extensive Medical, Nursing and Allied Health Professional Development Programmes

For non clinical staff:

- Graduate Management Training Scheme (good representation)

These are the themes identified from the workshops:

Anti Bullying and Harassment



Policy and Mediation



Health and Wellbeing impacts and risks



Communication and Understanding



Accountability for inappropriate behaviours



Active Bystander initiative



Behavioural Contract



Investigations and Disciplinary



What we have in place:

We have a range of evidence from:

- Staff side
- Human Resources
- AMICA counselling support service for staff
- Freedom to speak up
- Anti Bullying Services
- Junior Doctor GRIPE tool
- Health and Wellbeing / Organisational Development
- Staff Survey
- NHS Friends and Family

We have range of preventative measures in place:

- Managers helpline
- Consultant Buddy
- Oversea Nurses support
- Active Bystander
- Civility saves lives - tool
- Behaviour expectations

Monitoring carried out:

- case studies highlighting discriminatory behaviour
- Cultural audit
- Attitudes to mental health and compassionate / empathetic behaviour

These are the themes identified from review work:

Pay and Benefits



Gender Pay Gap reporting highlights that there is a Gender Pay Gap



Our progress:

Recruitment campaign for Consultant level roles to encourage female applicants



Addressing the gender pay gap through increasing the percentage of females on the NHS Graduate Programme



Developing flexible working approaches



Need to address gender imbalance for upper quartile of workforce



Framework and support for females experiencing the menopause



What we have in place

Financial

- Clinical Excellence Awards Process
- Increments based on appraisal
- Salary Maxing - childcare vouchers
- Study leave - Clinical staff
- Relocation expenses - Doctors
- NHS discounts

Non - Financial

- Caring at its best - nominations
- Learning and Development Awards
- Above and Beyond - nominations

Job Evaluation

- National process

Increments

- Points on the band - same amount of manager discretion with starting salary

Future actions:

- Recruitment panels - improved gender balance
- Flexible working
- Progression within talent pipeline
- Women In Medicine Network
- Senior champion on Trust Board
- Focus groups for female doctors - understanding issues
- Addressing sexual harassment

Acronym list

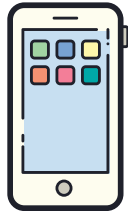
- AIS - Accessible Information Standard
- BAME - Black, Asian and Minority Ethnic
- B&H - Bullying and Harassment
- CCGs - Clinical Commissioning Groups
- CEO - Chief Executive Officer
- CPD - Continuing Professional Development
- CQRG - Clinical Quality Review Group
- CEA - Clinical Excellence Award
- DAV - Differently Able Voice
- DNA - Did not attend
- EDS - Equality Delivery System
- EDI - Equality Diversity and Inclusion
- EIA - Equality Impact Assessment
- EPCB - Executive People Culture Board
- ESR - Electronic Staff Record
- FFT - Friends and Family Test
- GP - General Practitioner
- HELM - Health Education Learning Management
- HR- Human Resources
- IMD - Index of multiple deprivation
- JSNA - Joint Strategic Needs Assessment
- KPI's - Key Performance Indicators
- LGB - Lesbian, Gay, and Bisexual
- LGBT - Lesbian, Gay, Bisexual and Transgender
- LLR - Leicester, Leicestershire and Rutland
- NHSE - NHS England
- OD - Organisational Development
- ONS - Office of National Statistics
- PPPC - Peoples Process and Performance Committee
- PSED - Public Sector Equality Duty
- QI - Quality Improvement
- RCN - Royal College of Nursing
- SMART - Specific, Measurable, Achievable, Realistic and Timely
- SOM - Sexual Orientation Monitoring
- UHL - University Hospitals of Leicester NHS Trust
- VSM - Very Senior Grades
- WDES - Workforce Disability Equality Standard
- WRES - Workforce Race Equality Standard

Contact us

If you have any questions around Equality, Diversity and Inclusion, please get in touch with us:



Email: **equality@uhl-tr.nhs.uk**



Telephone: **0116 258 4382**

Twitter



@Leic_hospital twitter

Facebook



leicester'shospitals

YouTube



LeicesterHospitalsNHS

Instagram



Leicesterhospitals

Workforce Race Equality Standard Delivery Plan 2020-2021

Objective	Action	Accountable Officer	Timescales	Metric	NHS People Plan Theme	RAG rating
Embed EDI interventions into the recruitment process	<ul style="list-style-type: none"> Undertake a review of the recruitment process to ensure mitigation of racial bias 	Head of Recruitment/ Head of EDI	October- November 2020	<p>Metric 1: Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce. Organisations should undertake this calculation separately for non-clinical and for clinical staff</p>	Growing for the Future	4
Ensure that the development of the UHL Employer Brand includes the integration of EDI	<ul style="list-style-type: none"> Ensure that key employer brand messaging and imagery is racially inclusive 	Head of Recruitment/ Head of EDI	October- November 2020	<p>UHL Outcomes</p> <p>2% increase in overall BAME representation in the workforce</p>		
Ensure that our Executive Search and Recruitment Partners are supporting the Trust to fulfil its EDI ambitions	<ul style="list-style-type: none"> Racial diversity workforce ambitions to be reflected in contractual relationship with Executive Search 	Head of Recruitment/ Head of EDI	From November 2020	<p>Non Clinical Staff Higher than Overall % in Band under 1 to 3</p> <p>Clinical Staff Higher than Overall % in Bands Under 1, 1, 3 and 5 and all medical grades</p> <p>4.41 % improvement at non</p>		

Develop and roll-out an equality information disclosure campaign	Encourage disclosure of ethnicity status through awareness campaign	HR Leads/Head of EDI/Head of Comms	January 2021	<p>clinical Band 8b, 3.92% improvement at clinical Band 8a</p> <p>Deterioration at 8d both clinical and non clinical largely because new appointees were white</p> <p>6.5% improvement in representation at clinical Band 5</p>		
<p>Explore proportionate use the 'Equal Merit Principle' in recruitment and selection</p> <p>Ensure our recruitment panels have diverse representation</p> <p>Ensure that all recruitment panels incorporate a UHL EDI statement in to assessment processes with a commitment to mitigate and minimise bias within their decision-making</p>	<ul style="list-style-type: none"> Identify areas to target section 159 positive action measures in the recruitment and promotion process with respect to race Ensure where practicable, there is racial diversity on recruitment panels Design and launch a bias development module and online toolkit for leaders and 	<p>Head of EDI/Head of Recruitment/HR Leads</p> <p>Chairs of recruitment panels/People Partners</p> <p>Head of EDI/Head of OD</p>	<p>November-December 2020</p> <p>From February 2021</p> <p>October-November 2020</p>	<p>Metric 2: Relative likelihood of staff being appointed from shortlisting across all posts.</p> <p>UHL Outcomes</p> <p>For all ethnicity categories there has been a decrease in the percentage likelihood of appointment from shortlisting.</p> <p>2018/19 - 24.4% of white applicants were appointed from shortlisting, 2019/20 - 21.06% are likely</p> <p>2018/19 13.53% of BAME applicants were appointed from shortlisting , 2019/20 – 11.64% are likely</p>	<p>Growing for the Future</p>	<p>1</p>

	managers Inclusive of 'racial' bias content			The relative likelihood of appointing white applicants from shortlisting for 2020 is 1.81 compared to 1.80 last year		
Develop and Implement the Inclusive Decision-Making Framework and pilot programme	<p>Ensure that all disciplinary panels incorporate a UHL EDI statement in to assessment processes with a commitment to mitigate and minimise racial bias within their decision-making</p> <p>Use six steps of the IDMF to evaluate the current approach</p>	HR Leads/Head of EDI	January – February 2021	<p>Metric 3: Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. This indicator will be based on data from a two year rolling average of the current year and the previous year.</p> <p>UHL Outcomes</p> <p>In 2018/19 BAME staff were 1.19 times more likely to enter the disciplinary process</p> <p>In 2019/20 BAME were less likely to enter the formal disciplinary process</p>	<p>Looking After Our People</p> <p>Belonging in the NHS</p>	4
Ensure that every member of staff includes an EDI objective in their annual appraisal	<ul style="list-style-type: none"> Ensure that the effective talent management of BAME staff 	Head of OD/ Head of EDI	By December 2021	<p>Metric 4: Relative likelihood of staff accessing non-mandatory training and CPD</p>	<p>Belonging in the NHS</p> <p>Growing for the</p>	4

	forms part of the performance management process of all supervisors and managers			<p>UHL Outcomes</p> <p>2018/19 0.76 relative likelihood of accessing training which means a greater chance of BAME staff accessing training than white staff</p> <p>2019/20 0.9 relative likelihood of accessing training which means there remains a greater chance of BAME staff accessing training, though lower than 2018/19</p>	Future	
Develop and embed an Active Bystander Programme to address inappropriate and unacceptable behaviours and support an inclusive culture	<ul style="list-style-type: none"> Integrate content specific in to the AB development programme to addressing inappropriate and unacceptable behaviours relating to harassment and racial discrimination Ensure communications messages for the Active Bystander Programme incorporate awareness of 	Active Bystander Programme Group	October-November 2020	<p>Metric 5: KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months</p> <p>UHL Outcomes 2018</p> <p>BAME staff: 22.6% (compared to acute benchmark of 29.8%)</p> <p>White staff: 27% (compared to acute benchmark of 28.4%)</p> <p>UHL Outcomes 2019</p> <p>BAME staff: 22.4% (compared to acute benchmark of 29.9%)</p>	<p>Looking After Our People</p> <p>Belonging in the NHS</p> <p>Growing for the Future</p>	4

	racial prejudice and biases. Target communications at key touch points e.g. South Asian/Black History Months /Anti-bullying week/Mental Health week			White Staff: 28.2% (compared to acute benchmark of 27.7%)		
Develop and embed an Active Bystander Programme to address inappropriate and unacceptable behaviours and support an inclusive culture	<ul style="list-style-type: none"> Enhance our Trust approach to reporting of bullying, harassment and abuse at work by ensuring that processes are transparent, and set out the key routes to reporting incidents including options for anonymous reporting Use the IDMF to evaluate current approach Ensure that 	Anti-Bullying and Harassment Stakeholder Group/HR Leads Head of EDI and HR Leads Head of EDI	November – December 2020 November – December 2020 November –	Metric 6: KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months. UHL Outcomes 2018 BAME staff : 28.7% (compared to acute benchmark 28.6%) White staff: 28.1% (compared to acute benchmark 26.4%) UHL Outcomes 2019 BAME staff: 25.7% (compared to acute benchmark 28.8%) White staff: 25.7% (compared to acute benchmark 25.8%)	Looking After Our People Belonging in the NHS Growing for the Future	4

	ableism and ableness bias is defined within in our B&H processes, policies and procedures	and HR Leads	December 2020			
Identify and develop career development pathways for diverse cohorts of staff using talent management methodology	<ul style="list-style-type: none"> Undertake a review of career pathways for the following areas and include a focus on advancing race equality: <ul style="list-style-type: none"> Nursing roles Head of Service roles Estates and Facilities roles 	OD Specialist Lead for Talent Management /Deputy Chief Nurse Workforce	From October 2020	<p>Metric 7: KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion</p> <p>UHL Outcomes 2018</p> <p>BAME staff: 67% (Compared to acute benchmark of 72.3%)</p> <p>White staff: 86% (compared to acute benchmark of 86.5%)</p> <p>UHL Outcomes 2019</p> <p>BAME staff: 68.9% (compared to acute benchmark of 74.4%)</p> <p>White staff: 86.3% (compared to acute benchmark of 86.7%)</p>	<p>Looking After Our People</p> <p>Belonging in the NHS</p> <p>Growing for the Future</p>	4
Implementation of the High Potential Scheme and alignment to implementation of the Model Employer 'Aspirational Targets expand to include Gender, Disability, and LGBT+ staff in addition to BAME staff	<ul style="list-style-type: none"> Implement and embed the High Potential Scheme and ensure that the national requirement to encourage 	OD Specialist lead for the High Potential Scheme/Head of EDI	From October 2020			

	participation from potential BAME leaders					
Develop and embed an Active Bystander Programme to address inappropriate and unacceptable behaviours and support an inclusive culture	<ul style="list-style-type: none"> Enhance our Trust approach to reporting of bullying, harassment and abuse at work by ensuring that processes are transparent, and set out the key routes to reporting incidents including options for anonymous reporting 	Anti-Bullying and Harassment Stakeholder Group/HR Leads	November – December 2020	<p>Metric 8: Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues</p> <p>UHL Outcomes 2018</p> <p>BAME staff: 68.9% (compared to acute benchmark of 74.4%)</p> <p>White staff: 86.3% (compared to acute benchmark of 86.7%)</p> <p>UHL Outcomes 2019</p> <p>BAME staff: 12.9% (compared to acute benchmark of 13.8%)</p> <p>White staff: 5.9% (compared to acute benchmark of 6.0%)</p>	<p>Looking After Our People</p> <p>Belonging in the NHS</p> <p>Growing for the Future</p>	4
Ensure that our Executive Search and Recruitment Partners are supporting the Trust to fulfil its	<ul style="list-style-type: none"> Improve the representation of disabled 	Head of EDI /Head of OD/Head of	From November 2020	<p>Metric 9: Percentage difference between</p>	Growing for the Future	3

<p>EDI ambitions</p> <p>Identify and develop career development pathways for diverse cohorts of staff using talent management methodology</p>	<p>people in our leadership community through embedding positive action(159) measures into the selection processes for Band 8a-VSM roles</p>	<p>Recruitment</p>		<p>the organisations' Board voting membership and its overall workforce</p> <p>UHL Outcomes</p> <p>2018/19 Overall Trust Board representation of Disabled Staff is 6%</p> <p>2019/20 Overall Trust Board representation of Disabled Staff is 6%, 8% voting. 2% better than overall staff representation of 4% (voting 4% better)</p>	<p>Belonging in the NHS</p>	
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Workforce Disability Equality Standard Delivery Plan 2020-2021

EDI Strategic Plan Objective	Actions	Accountable Officer(s)	Timescale	Metric	NHS People Plan Theme	Metric RAG rating
1.Embed EDI interventions into the recruitment process	<ul style="list-style-type: none"> Ensure that all JDs and person specifications are accessible and free from ableness bias Roll-out an equality information disclosure campaign to encourage higher disability declaration rates 	Head of Recruitment Head of EDI	October-November 2020	<p>Metric 1: Percentage of staff in AFC pay bands or medical and dental subgroups and Very Senior Managers including Executive Board members compared with the percentage of staff in overall workforce</p> <p>UHL outcomes</p> <p>2018/19 Disabled staff 4% of overall workforce</p> <p>Lower representation in all bands except 1-4</p> <p>2019/20 Disabled Staff 4% of overall workforce. Bands under 1 and 1-4 4.6%, Bands 8C-9 and VSM 4.17%</p>	<p>Growing for the Future</p> <p>Belonging in the NHS</p>	4
2.Ensure that the development of the UHL Employer Brand includes the integration of EDI	<ul style="list-style-type: none"> Ensure inclusive and accessible messaging e.g. employer brand collateral in accessible formats 	Head of Recruitment /Head of EDI	October-November 2020			

<p>3.Ensure that our Executive Search and Recruitment Partners are supporting the Trust to fulfil its EDI ambitions</p>	<ul style="list-style-type: none"> • Disability workforce representation ambitions reflected in contractual relationship with Executive Search and Recruitment Agencies • Monitor disability status of candidates on longlists and shortlists 	<p>Head of Recruitment/ Head of EDI</p>	<p>From November 2020</p>			
<p>4.Ensure our recruitment panels have diverse representation</p> <p>5.All panellists to undergo bias development</p> <p>6.Explore proportionate use of the 'Equal Merit Principle' at the appointment stage for disabled people</p>	<ul style="list-style-type: none"> • Ensure where practicable, there is representational disability diversity on recruitment panels • Design and launch a bias development module and online toolkit for leaders and managers Inclusive of 'ableness' bias content • Build upon disability confident measures at shortlisting, and extend use of section (159) positive action measures 	<p>Head of Recruitment/ Head of EDI</p> <p>Head of Recruitment/ Head of EDI</p> <p>Head of Recruitment/ Head of EDI</p>	<p>From February 2021</p> <p>From February 2021</p> <p>November-December 2020</p>	<p>Metric 2: Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts</p> <p>UHL outcomes</p> <p>2018/19 Non-disabled 1.37 more likely to be appointed than disabled</p> <p>2019/20 Non-disabled 1.32 times more likely to be appointed from</p>	<p>Growing for the Future</p> <p>Belonging in the NHS</p>	<p>4</p>

<p>7.Ensure that all recruitment panels incorporate a UHL EDI statement at interview stage with a commitment to mitigate and minimise 'Ableness' bias within their decision-making</p>	<p>at the appointment stage</p> <ul style="list-style-type: none"> Mitigate the risk of ableness bias occurring during the interview stage of the recruitment process by asking panel Chair to read out an EDI statement before deliberations. 	<p>Head of Recruitment/ Head of EDI</p>	<p>October – November 2020</p>	<p>shortlisting than disabled</p>		
<p>8.Develop and Implement the Inclusive Decision-Making Framework and pilot programme</p>	<ul style="list-style-type: none"> Use the six steps of the IDMF to conduct a review of the capability procedure and the impact on disabled staff 	<p>Head of EDI/HR Leads</p>	<p>January – February 2021</p>	<p>Metric 3: Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.</p> <p>UHL outcomes 2018/19 2.36 times more likely to enter the capability process if disabled 2019/20 5.79 times more likely to enter the formal capability if disabled but overall more cases</p>	<p>Belonging in the NHS</p> <p>Looking After Our People</p>	<p>1</p>

<p>9. Develop and embed an Active Bystander (AB) Programme to address inappropriate and unacceptable behaviours and support an inclusive culture</p>	<ul style="list-style-type: none"> Integrate content specific in to the AB development programme to addressing inappropriate and unacceptable behaviours relating to harassment and disability discrimination Ensure communications messages for the Active Bystander Programme incorporate awareness of ableism, and ableness bias. Target communications at key touch points e.g. Disability History Month/Anti-bullying week/Mental Health week 	<p>Active Bystander Programme Group</p> <p>Active Bystander Programme Group</p>	<p>October- November 2020</p> <p>October- November 2020</p>	<p>Metric 4: a) Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from</p> <p>i.) Patients/Service users, their relatives or other members of the public</p> <p>ii) Managers</p> <p>iii) Other colleagues</p> <p>UHL Outcomes 2018</p> <p>Patients -Disabled Staff 34.3% - Benchmark 34.4% Non-Disabled 24.1% Benchmark 26.9%</p> <p>Other Colleagues- Disabled Staff 30.9% Benchmark 28.3% Non-Disabled 20.1% Benchmark 18.9%</p> <p>Managers- Disabled Staff 21.2%</p>	<p>Looking After Our People</p> <p>Belonging in the NHS</p>	<p>4</p>
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				<p>Benchmark 20.% Non-disabled 12.1% Benchmark 12.1%</p> <p>UHL Outcomes 2019 Patients - Disabled Staff 32.2%, Benchmark 33.9% Non-Disabled 25 % Benchmark 27.3% Other Colleagues- Disabled staff 28.1% Benchmark 27.7% Non-Disabled 17.7% Benchmark 18.4% Managers -Disabled Staff 20.5% Benchmark 19.7% Non Disabled 10.3% Benchmark 11.0%</p>		
10. Develop and Implement the Inclusive Decision-Making Framework and pilot programme	<ul style="list-style-type: none"> Enhance our Trust approach to reporting of bullying, harassment and abuse at work by ensuring that processes are transparent, and set out the key routes to reporting incidents including options for anonymous reporting 	Anti-Bullying and Harassment Stakeholder Group/HR Leads	November –December 2020	Metric 4: b) Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment bullying and abuse at work, they or a colleague reported it	Belong in the NHS Looking After Our People	1

	<ul style="list-style-type: none"> • Use the IDMF to evaluate current approach • Ensure that ableism and ableness bias is defined within in our B&H processes, policies and procedures 	<p>Head of EDI and HR Leads</p> <p>Head of EDI and HR Leads</p>	<p>November –December 2020</p> <p>November –December 2020</p>	<p>UHL Outcomes 2018</p> <p>Disabled staff 49.1% Benchmark 44.2%</p> <p>Non-Disabled Staff 42.% Benchmark 44.4%</p> <p>UHL Outcomes 2019</p> <p>Disabled staff 42.7% Benchmark 46.7%</p> <p>Non-Disabled Staff 43.9% Benchmark 45.6%</p>		
11. Identify and develop career development pathways for diverse cohorts of staff using talent management methodology	<ul style="list-style-type: none"> • Undertake a review of career pathways for the following areas and include a focus on advancing disability equality: <ul style="list-style-type: none"> ➤ Nursing roles ➤ Head of Service roles ➤ Estates and 	OD Specialist Lead for Talent Management/ Deputy Chief Nurse Workforce	From October 2020	Metric 5: Percentage of Disabled Staff compared to non-disabled staff believing that the trust provides equal opportunities for career progression or promotion	<p>Growing for the Future</p> <p>Belonging in the NHS</p> <p>New Ways of Working and Delivering Care</p>	1

<p>12.Implementation of the High Potential Scheme and alignment to implementation of the Model Employer 'Aspirational Targets expand to include Gender, Disability, and LGBT+ staff in addition to BAME staff</p>	<p style="text-align: center;">Facilities roles</p> <ul style="list-style-type: none"> Implement and embed the High Potential Scheme and ensure that the national requirement to encourage participation from potential leaders with disabilities 	<p>OD Specialist lead for the High Potential Scheme/Head of EDI</p>	<p>From October 2020</p>	<p>UHL Outcomes 2019</p> <p>Disabled staff 75.3% Benchmark 79.1%</p> <p>Non-Disabled staff 82.8% Benchmark 85.6%</p>		
<p>13.Ensure that every member of staff includes an EDI objective in their annual appraisal</p>	<ul style="list-style-type: none"> Ensure the effective implementation of reasonable adjustment sand the talent management of disabled staff forms part of the performance management process of all supervisors and managers 	<p>OD Specialist Lead of Talent Management/ Head of EDI/People Partners</p>	<p>From January 2021</p>	<p>Metric 6: Percentage of Disabled Staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties</p>	<p>Belonging in the NHS</p> <p>Looking After Our People</p>	1
<p>14.Embed EDI into existing and future leadership and management programmes</p>	<ul style="list-style-type: none"> Ensure that all line managers are aware of the requirement to effectively implement and review reasonable adjustments 	<p>Head of OD/Head of EDI</p>	<p>From November 2020</p>	<p>UHL Outcomes 2018</p> <p>Disabled Staff 33.5 % Benchmark 37.3%</p> <p>Non-Disabled 25.8% Benchmark 23.9%</p>		

				<p>UHL Outcomes 2019</p> <p>Disabled Staff 39.4% Benchmark 32.7%</p> <p>Non-Disabled 23.9% Benchmark 22.4%</p>		
<p>15. Identify and develop career development pathways for diverse cohorts of staff using talent management methodology</p>	<ul style="list-style-type: none"> Ensure that staff with disabilities are included in the design of talent management interventions Highlight internal and external recognition of disabled role models 	<p>OD Specialist for Talent Management</p> <p>UHL Comms Team/Head of EDI</p>	<p>From October 2020</p> <p>From February 2021</p>	<p>Metric 7: Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.</p> <p>UHL Outcomes 2018</p> <p>Disabled Staff 35.4% Benchmark 36.3%</p> <p>Non-Disabled 47.2% Benchmark 47.6%</p> <p>UHL Outcomes 2019</p> <p>Disabled Staff 49.5%</p>	<p>Looking After Our People</p> <p>Belonging in the NHS</p>	<p>4</p>

				Benchmark 49.5% Non-Disabled 37.6% Benchmark 37.4%		
16.Embed EDI into existing and future leadership and management programmes	<ul style="list-style-type: none"> Ensure that all line managers are aware of the requirement to effectively implement and review reasonable adjustments 	Head of OD /Head of EDI	From November 2020	<p>Metric 8: Percentage of Disabled staff saying that their employer has made adequate adjustments to enable them to carry out their work</p> <p>UHL Outcome 2018</p> <p>Disabled Staff 70% Benchmark 72.1%</p> <p>UHL Outcome 2019</p> <p>Disabled Staff 78.1 % Benchmark 73.3%</p>	<p>Looking After Our People</p> <p>Belonging in the NHS</p>	4
18.Develop and Implement the Inclusive Decision-Making Framework (IMDF) and pilot programme	<ul style="list-style-type: none"> Continue to support the DAV Network and its activities to advance disability equality within our Trust Continue to run regular 	DAV Network Chairs/Head of EDI	From November 2020 From	<p>Metric 9: a) The staff engagement score for Disabled staff compared to non-disabled staff and the overall engagement score</p>	<p>Looking After Our People</p> <p>Belonging in the NHS</p> <p>New Ways of Working and Delivering Care</p>	4

	<p>engagement events for disabled staff to understand their lived experience</p> <ul style="list-style-type: none"> Facilitate DAV Network members influence on decision-making through the implementation of the IMDF and others channels 		<p>November 2020</p> <p>From November 2020</p>	<p>for the organisation</p> <p>UHL Outcomes 2018</p> <p>Disabled Staff 6.5 Benchmark 6.6</p> <p>Non-Disabled 7.0 Benchmark 7.1</p> <p>UHL Outcomes 2019</p> <p>Disabled Staff 6.6 Benchmark 6.6</p> <p>Non-Disabled 7.1 Benchmark 7.1</p> <p>b) Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard Yes – Ongoing work to support and develop our Differently Able Staff network and engagement events for disabled staff</p>		
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				from across the Trust		
<p>19.Ensure that our Executive Search and Recruitment Partners are supporting the Trust to fulfil its EDI ambitions</p> <p>20. Identify and develop career development pathways for diverse cohorts of staff using talent management methodology</p> <p>21.Implementation of the High Potential Scheme and alignment to implementation of the Model Employer 'Aspirational Targets expand to include Gender, Disability, and LGBT+ staff in addition to BAME staff</p> <p>22. Ensure that every member of staff includes and EDI objective in their annual appraisal</p> <p>23.Embed EDI into existing</p>	<ul style="list-style-type: none"> Improve the representation of disabled people in our leadership community through embedding positive action(159) measures into the selection processes for Band 8a-VSM roles 	Head of EDI /Head of OD/Head of Recruitment	From November 2020	<p>Metric 10: Percentage difference between the Organisation's Board voting membership and its organisation's overall workforce disaggregated: By Voting membership of the Board By Executive membership of the Board</p> <p>UHL Outcomes 2019</p> <p>2018/19 Overall Trust Board representation of Disabled Staff is 6%</p> <p>2019/20 Overall Trust Board representation of Disabled Staff is 6%, 8% voting. 2% better than overall staff representation of 4% (voting 4% better)</p>	<p>Growing for the Future</p> <p>Belonging in the NHS</p>	<p>3</p>

and future leadership and management programmes							
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