

PUBLIC TRUST BOARD – 4 NOVEMBER 2021

Workforce Race Equality Standard and Workforce Disability Standard submissions

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Exec Sponsor: Hazel Wyton, Chief People Officer

Trust Board paper N1

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	x
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	
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	19/10/2021	Executive People & Culture Board – the paper was presented at the EPCB on 19 th October 2021 to approve key recommendations. The papers were also presented at the Equality, Diversity and Inclusion Board on 23 rd September for their input and endorsement.
Trust Board Committee		
Trust Board		

Executive Summary

The paper will reference the data analysis reports for the WRES and WDES submission which were uploaded to the NHSE&I platform on 31st August 2021 and identified key points for consideration and next steps.

Strategic Context

Addressing the race and disability inequalities is integral to our wider people agenda, as set out in the UHL People Strategy. The University Hospitals of Leicester (UHL) People Strategy sets out four key themes:

- Looking After Our People
- Belonging in the NHS

- New Ways of Working and Delivering Care
- Growing for the Future

All of these themes are underpinned by our People Promise.

Reducing workforce race and disability inequalities is a fundamental priority for the Trust, and will enhance the sense of belonging for all staff. We are committed to looking after our people, and mitigating the impact of inequity on the health and wellbeing of staff who have experienced discrimination, harassment and victimisation because of their race and, or their disability.

Equally, eliminating race and disability disparities in outcome and experience will be at the forefront of our minds when we are engaging in workforce transformation to develop new ways of working, and grow our future workforce.

Legal context

Under legislation effective from 10th September 2011 (The Equality Act 2010 (Specific Duties) Regulations, require organisations employing over 250 people to publish relevant, proportionate information which demonstrates compliance with the three aims of the Public Sector Equality Duty annually on the statutory census date of 31 March. The three aims of the Public Sector Equality Duty are:

- **Eliminate unlawful discrimination, harassment and victimisation** and any other conduct prohibited by the Act;
- **Advance equality of opportunity** between people who share a protected characteristic and people who do not share it; and
- **Foster good relations** between people who share a protected characteristic and people who do not share it.

NHS England and Improvement (NHSE&I) introduced NHS regulatory standards for Race and Disability in the form of the WRES and WDES which require UHL and other NHS Trusts to collect, analyse and report data against a number of workforce metrics. In addition NHS Trusts are required to publish annually a plan which sets out how they will address any disparities in outcome and experience for Ethnic Minority and Disabled staff.

The data reports accompanying this paper have now been uploaded to the NHSE&I WRES and WDES portals. The information contained within the data reports has informed the University Hospitals of Leicester WRES and WDES Delivery plans for 2021/25. Within both delivery plans there are a number of actions where the timescales are to be confirmed. Any delivery timescales which are yet to be confirmed will form part of a wider EDI discussion at the Trust Board Thinking Day on 18th November in order to agree timescales which are feasible in the current operational context.

Questions

1. What are the disparities in outcome and experience for Ethnic Minority Staff at UHL?
2. What are the disparities in outcome and experience for Disabled Staff at UHL?
3. What actions will the Trust take to address the disparities in outcome and experience for Ethnic Minority and Disabled Staff?

Conclusions

There are a number of key findings in our most recent analysis of race and disability inequity which are detailed below:

1. Our WRES submission data indicates there has been an overall improvement in BAME representation across all staff groups from 35.9% to 37.3%. The most significant improvements have been Medical and Dental senior management positions (17.9%); clinical Band 9's (8.3% improvement) and Band 5's (4.2% improvement); non clinical Band 8a (2.3% improvement). The most significant deteriorations have been in non clinical Band 9's and VSM (16.7% and 6.5% respectively) although these are based on very low numbers where a reduction of 1 headcount leads to a significant % deterioration.

There have been improvements relative likelihood of appointment from shortlisted although white applicants are still 1.67 more likely to be appointed than BAME applicants. BAME staff are less likely to enter the disciplinary process and have participated in higher relative levels of non-mandatory learning.

Three out of four staff experience indicators have deteriorated with the most significant change being a 3% increase in staff experiencing harassment bullying or abuse from staff.
2. Our WDES submission data indicates there has been an overall improvement in disabled staff representation from 4% to 4.58%. The representation is higher in non clinical staff groups (5.8%) although there is again lower representation at more senior levels of the organisations.

There has been a 0.5 deterioration in disabled staff being appointed from shortlisting and although the relative likelihood of entering the capability process has improved, disabled staff are still 3.66 times more likely to enter the capability process.

There have been mixed results in respect of staff experience with a lowering of bullying and harassment from patients and managers but an increase in % of staff reporting this.

Although there has been an improvement in staff feeling pressured to coming into work (5% less), staff engagement and satisfaction with the extent staff feel valued has decreased.
3. In addition to reporting against the key WRES and WDES metrics at a high level, we have undertaken a deeper dive of our WRES data and included national benchmarking information. At the time of writing this paper the national WDES report, which contains benchmarking information with respect to disability workforce metrics was unavailable, and therefore we were unable to take a deeper dive into this area.
4. The Trust will be taking forward the following actions to address the outcomes highlighted in the UHL WRES and WDES data reports:

Attracting and developing a diverse workforce

- Embed EDI interventions into UHL recruitment and promotion process –inclusive of partnership working with Executive Search Agencies
- Ensure that all recruitment panels incorporate the UHL EDI statement into assessment processes with a commitment to mitigate and minimise bias within their decision-making

- Ensure that the development of the UHL Employer Brand includes the integration of EDI
- Implement the 6 high impact talent management actions to advance race equality

Diversifying the UHL Leadership Community

- 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
- Identify and develop career development pathways for diverse cohorts of staff using talent management methodology

Developing an Inclusive, Accessible and Civil culture

- Embed the Inclusive Decision-Making Framework and incorporate learning from the 2020 pilot
- Develop and embed the Active Bystander Programme to address inappropriate and unacceptable behaviours and support an inclusive culture
- Embed EDI into existing and future leadership and management programmes
- Ensure that every member of staff includes an EDI objective in their annual appraisal

The actions set out above align to our EDI Strategic Plan high level race and disability equality objectives, and enable their implementation. The successful implementation of the actions above is dependent on collaborative work across the Trust, involving leadership from line managers across clinical and corporate service areas and will play a vital role in facilitating meaningful change, enabled by the People Services Directorate.

Input Sought

The Board is asked to:

1. Receive and endorse the WRES and WDES data and delivery reports.
2. Note the actions and alignment to the wider EDI Strategic Plan.

For Reference:

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

1. Quality priorities

Safe, surgery and procedures	[No]
Safely and timely discharge	[No]
Improved Cancer pathways	[No]
Streamlined emergency care	[No]
Better care pathways	[No]

2. Supporting priorities:

People strategy implementation	[Yes]
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3. Equality Impact Assessment and Patient and Public Involvement considerations:

- What was the outcome of your Equality Impact Assessment (EIA) TBC
- Briefly describe the Patient and Public Involvement (PPI) activities undertaken in relation to this report, or confirm that none were required
- How did the outcome of the EIA influence your Patient and Public Involvement?
- 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 Principal Risk on the BAF?	x	Failure to deliver a fair and equitable People Strategy.
Organisational: Does this link to an Operational/Corporate Risk on Datix Register		
New Risk identified in paper: What type and description ?		
None		

5. Scheduled date for the **next paper** on this topic: [TBC]

6. Executive Summaries should not exceed **5 sides** [My paper does comply]

Workforce Dataset Author: Louise Gallagher/ Joanne Tyler- Fantom

Sponsor: Hazel Wyton, Chief People Officer

This paper is for:	Description	Select (X)
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Noting	For noting without the need for discussion	x

Executive Summary

This month a summary of the performance against HR indicators is developed accompanying this report captures key workforce datasets for Months 5 and 6 covering:

- Pay bill, Worked Whole Time Equivalent WTE and productivity performance
- Agency and non - contracted pay bill performance
- Vacancies, turnover and Time to Hire
- Recruitment performance
- Sickness

The dataset provides an overview of KPI's mapped to the becoming the best priorities.

Questions

1. What is our overall performance against pay and productivity performance in months 5 and 6 including delivery of the agency overall ceiling target of £18.0m and cap breaches?
2. What is the current vacancy position and retention position and what actions are in place to reduce gaps and turnover?
3. What is our overall performance in relation to sickness, and the impact of COVID? What is data around staff testing telling us?
4. What is the current position on appraisal and statutory and mandatory training compliance?

Conclusions

1. Pay bill WTE and Overall Performance:

- The overall pay bill in month is £71.6m which is £10.3m up from last month, primarily due to the pay increases of M1-5 being paid in M6 and back payments relating to WTD payments as part of the Flowers settlement.
- Budgets have been set on the principle of quarter 3 expenditure (x2) plus inflation and minus CIP. CMGs are currently developing workforce plans for H2 designed to support our elective recovery programme and winter pressures. Funding has been agreed by the LLR system in support of a number of investment programme and these are being built

into establishment trajectories in CMGs. Workforce plans set out how close to trajectory we will be until March 2022. The principle of maintaining safe staffing levels for groups such as nursing has been agreed, a specific investment is in place to support the expansion of the midwifery workforce arising from the Ockenden Review. Monitoring of our performance against H1 planning is complete and we ended the half year 104 substantive WTEs behind our overall plan. This was mainly due to a shortfall in projected healthcare support worker trajectories. NHSE & I now receive monthly reports via the Provider Workforce Return on specific data relating to maternity services, healthcare support workers and international nursing. Much of the success in closing our vacancy gap has been as a result of international nurse recruitment.

- The overall worked WTE in September was 225 WTE above August and circa 205 WTE below plan (104 substantive WTE below plan).
- On non-contracted WTEs, bank was 16 below plan and agency 85 below plan.
- Agency spend is above target (£1.74m spend in month / £0.24m over cap in month). By CMG, ESM are using the most significant levels of agency staff, followed by CSI. ESMs agency usage is due to high vacancies and increased workforce requirements to manage separate COVID / non COVID services (funding agreed through COVID additional activity). The staff group driving the agency expenditure in September is Medical and Dental at Trainee Grade level. Nursing and midwifery both registered and unregistered is up on last month.
- The Premium Spend and Workforce Efficiency Group are actively implementing the premium pay reduction targets and plans are implemented to increase bank usage in lieu of pre-planned overtime. Overtime expenditure has decreased for a fifth consecutive month reflecting this change. As part of ongoing review of the quality impact there has been some relaxation of restrictions on overtime payments to reflect critical service pressures. Changes to WLI rates have been subject to a quality impact assessment particularly following the release of ERF central funds to support additional activity. This quality impact assessment is being used to inform future pay policy decisions. An ERF rate card is proposed and awaiting final sign off. In addition a critical service rate card is being proposed to mitigate against critical service pressures.

2. Vacancies, Turnover and Recruitment

- Based on the finalised budget, vacancies have decreased to 10.24% from 11.09% in September.
- A further cohort of 66 international nurses commenced in September. Good progress continues with closing the gap in support to nursing roles however establishment growth presents a further challenge for the Trust. This month's Health Support Worker vacancies were 208 WTE, down from a high of circa 300. There are currently circa 90 HCSW in the pipeline to be recruited.
- Turnover rate has increased from 8.17% last month, to 8.30% this month.
- Time to hire for clinical staff increased to 72.4 days in August and the data is not available for September. Recruitment activity levels continue to be high.
- In relation to junior doctor vacancies rates of fill are better than previous years but there were a number of late notifications this year following delays in HEE processing resulting from the impact of COVID. There are large numbers of locally employed doctors posts associated with winter pressures. Circa 40 have been employed to enable flow and have been incorporated into the H2 plans.
- In terms of SPR Level gaps we are reviewing how to attract candidates, use of agencies, Royal colleges for MTI programmes and linking in with other Trusts that have established overseas recruitment programmes to learn from best practice.

3. Training

- Appraisal performance decreased to 79.9% (compared to 81.9% in the previous month). All CMGs have been asked to develop a trajectory for 95% completion by October 2021. From May 2021, Estates and Facilities have been incorporated in Trust level reporting of appraisal compliance.
- Statutory and Mandatory training for September has decreased to 90% from 91% in August. Training requirements continue to be reviewed in light of the operational situation. The learning and development team have developed an integrated statutory and mandatory training programme to enable staff to complete refresher training more efficiently.

4. Health, Wellbeing and absence

- The monthly sickness and special leave position for August is reported as 5.67%. In line with government guidance some types of staff absence are being coded as special leave.
- There has been a significant focus on health and wellbeing support for staff. Across LLR a Mental Health and Wellbeing Hub has been launched to provide a higher level of support. There is a high level of demand for Amica services currently.
- Three COVID vaccination hubs continue to operate and received additional vaccinations due to national prioritisation 76.23% of UHL employees have now received at least 1 dose of COVID-19 vaccine and 69.92% have received the 2nd dose as at end of September. This figure includes Substantive, Bank and Honorary employees and is lower than actual vaccinations due to starters and leavers. We continue to contact new starters and staff who have not taken up the offer of vaccination.
- Our official reporting for absence is one month in arrears and therefore the recent increase in absence levels resulting from isolation and increased rates of COVID. This is leading to significant staffing pressures within the system.
- A new risk assessment on line form has been developed and launched.

5. Equality and Diversity

- Analysis of absence data, by ethnic group is reported through the daily reporting process.
- Analysis of vaccination uptake by ethnicity and age is also reported. Campaigns are underway to encourage uptake in specific ethnic minority groups.
- A review of EDI data is in the process of being completed and further data will be added to this report as it is developed.

Input Sought

The Trust Board is asked to note key KPIs and assurances in place including those which form part of well led and safe CQC domains.

For Reference:

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

1. Quality priorities

Safe, surgery and procedures

[No]

Safely and timely discharge [No]
 Improved Cancer pathways [No]
 Streamlined emergency care [No]
 Better care pathways [No]

2. **Supporting priorities:**

People strategy implementation [Yes]

3. **Equality Impact Assessment and Patient and Public Involvement considerations:**

- 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 N/A
- How did the outcome of the EIA influence your Patient and Public Involvement?
- If an EIA was not carried out, what was the rationale for this decision? EIA undertaken against specific work streams as required.

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	Failure to recruit and retain staff
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: [Dec 2021]

6. Executive Summaries should not exceed **5 sides** [My paper does comply]



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WRES and WDES Data Return 2020/21

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Data Validation

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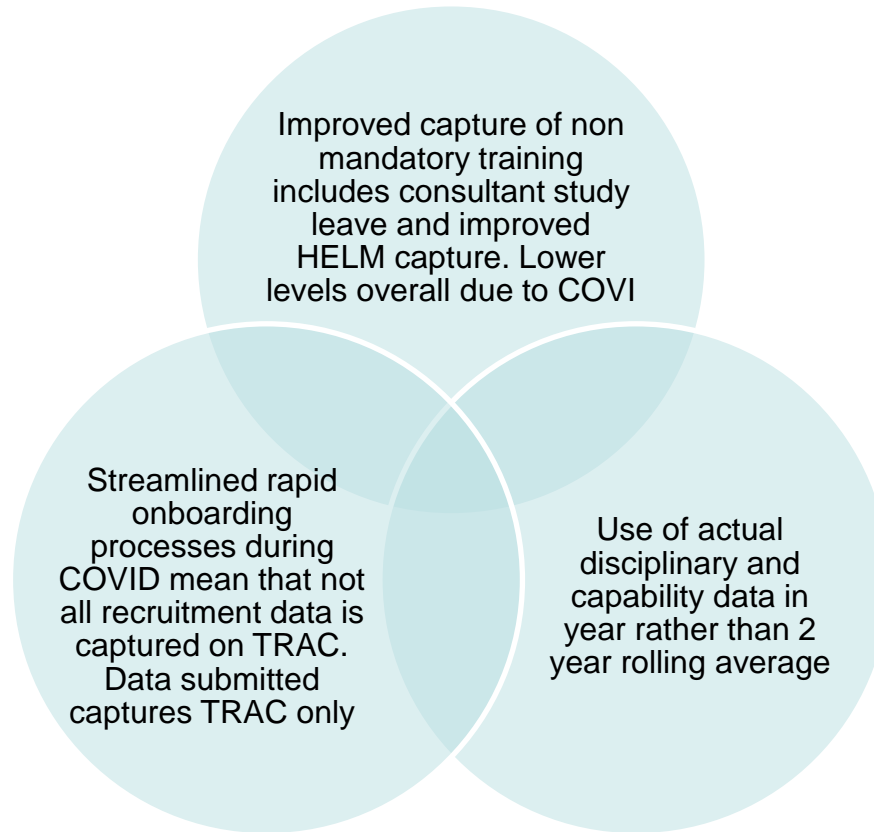
- Data Requirements – a reminder

WRES	WDES
Total Workforce Split by Band and Ethnicity	Total Workforce Split by Band and Disability
Relative Likelihood of Being Appointed from Shortlisting	Relative Likelihood of Being Appointed from Shortlisting
Relative Likelihood of Entering a Disciplinary Process	Relative Likelihood of Entering a Capability Process
Relative Likelihood of Staff Accessing Non Mandatory Training	Action to Facilitate the Voices of Disabled Staff
Board Composition	Staff Survey Indicators
Staff Survey Indicators	Board Composition

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Key Points to Note for 2021 Submission



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Key Findings



University Hospitals
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NHS Trust

WRES indicators for UHL and NHS trusts in England : 2018 - 2021

			University Hospitals of Leicester					NHS Trust in England				
WRES Indicator			2018	2019	2020	2021	Trend	2018	2019	2020	2021	Trend
1	Percentage of BME Staff	Overall	31.87%	34.09%	35.89%	0.3728		18.90%	19.70%	21.00%		
		VSM	0.00%	0.00%	16.67%	0.1		5.80%	6.50%	6.80%		
2	Relative likelihood of White staff being appointed from shortlisting compared to BME staff		1.60	1.80	1.81	1.67		1.45	1.46	1.61		
3	Relative likelihood of BME staff entering the formal disciplinary process compared to White staff		0.82	1.18	0.89	0.83		1.24	1.22	1.16		
4	Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff		1.20	0.76	0.90	0.86		1.15	1.15	1.14		
5	% of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White	27.00%	27.70%	24.60%			27.70%	27.80%	27.90%		
		BME	22.60%	22.40%	20.70%			28.50%	29.80%	30.30%		
6	% of staff experiencing harassment, bullying or abuse from staff in last 12 months	White	28.10%	24.60%	23.90%			23.30%	24.20%	23.60%		
		BME	28.70%	25.70%	28.70%			27.80%	29.00%	28.40%		
7	% staff believing that trust provides equal opportunities for career progression or promotion	White	86.00%	86.30%	87.80%			86.80%	86.30%	86.90%		
		BME	67.00%	68.90%	67.50%			71.90%	69.90%	71.20%		
8	% staff personally experienced discrimination at work from Manager/team leader or other colleague	White	7.50%	5.90%	5.30%			6.60%	6.40%	6.00%		
		BME	15.10%	12.90%	15.00%			15.00%	15.30%	14.50%		
9	Total Board members - % by Ethnicity		11.11%	16.67%	16.67%	10.00%		7.40%	8.40%	10.00%		

One team shared values



WRES Indicator 1



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Staff In UHL by ethnicity: 2018 - 2021

In 2021, the combined BME workforce in UHL was 37.28% (6067), There were more BME staff in 2021 compared to 2017. Over the same period, the number of white staff decreased by 168

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YEAR	HEADCOUNT			PERCENTAGE		
	WHITE	BME	UNKOWN	WHITE	BME	UNKOWN
2018	10159	4880	272	66.35%	31.87%	1.78%
2019	10212	5416	259	64.28%	34.09%	1.63%
2020	9987	5716	224	62.70%	35.89%	1.41%
2021	9991	6067	214	61.40%	37.28%	1.32%

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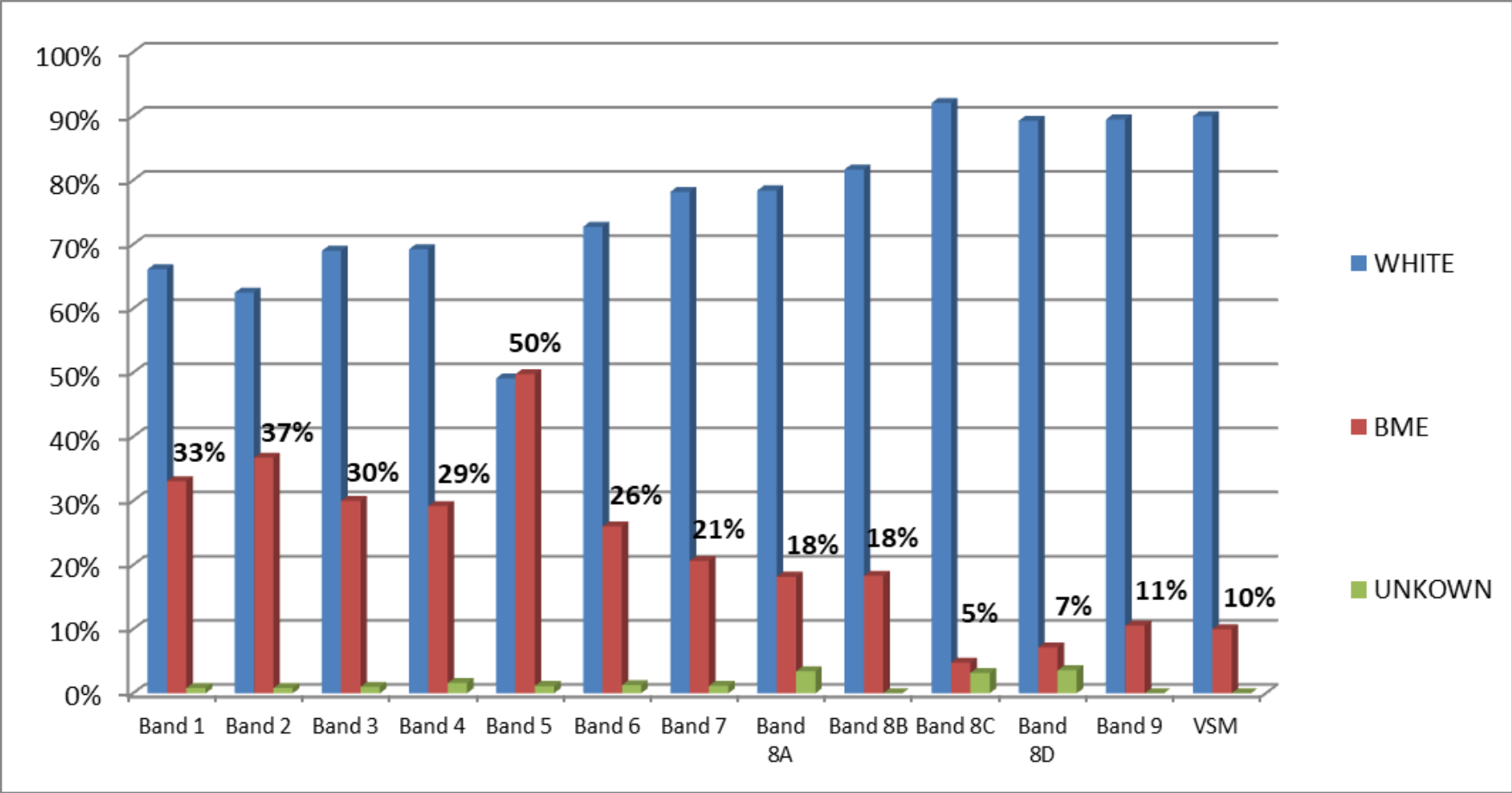
WRES Indicator 1



University Hospitals
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Percentage Staff by AFC pay band and Ethnicity: 2021

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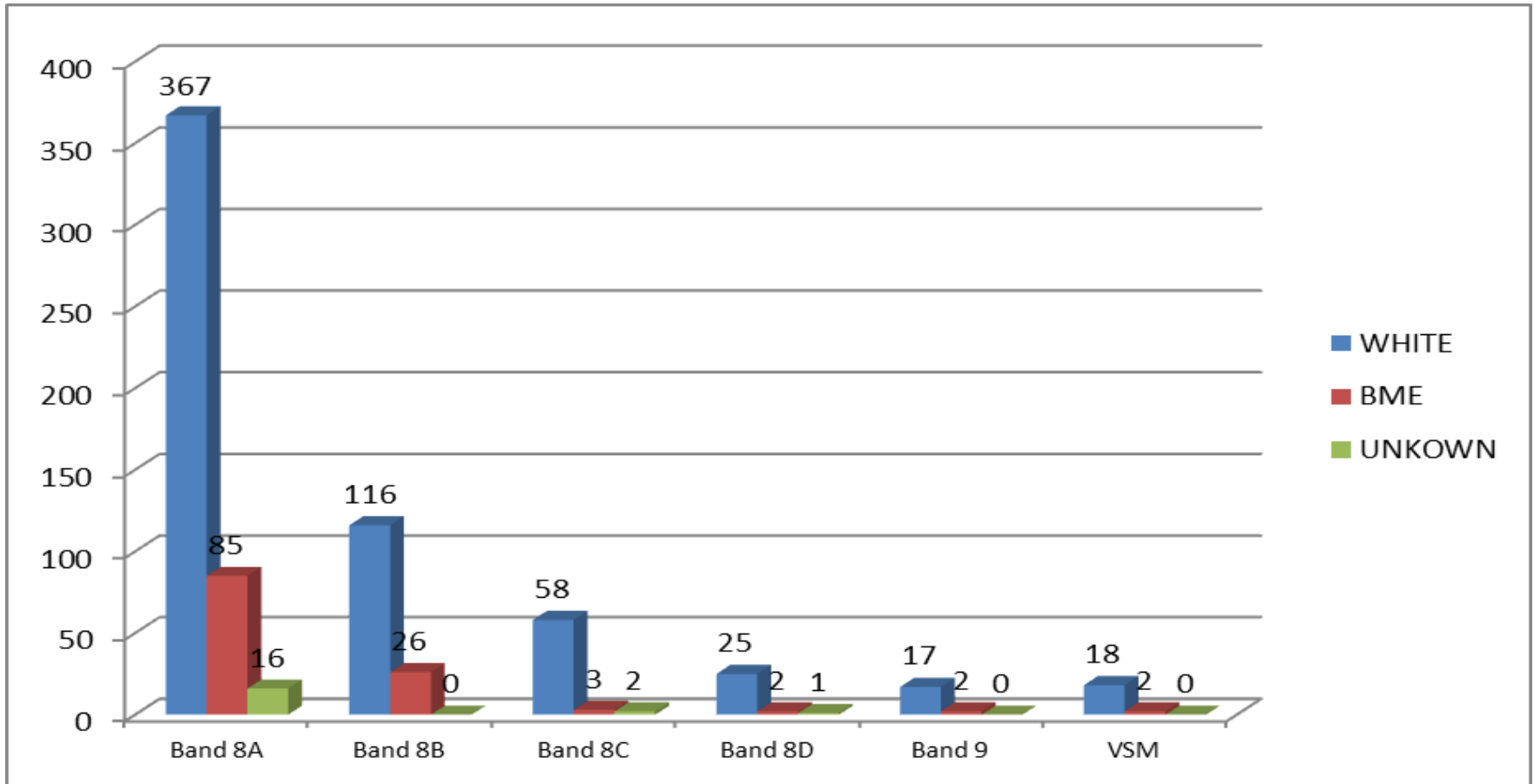


WRES Indicator 1

Number of staff by AFC pay bands (8a to VSM) and ethnicity: 2021

2021: 8 16.22% (120) of staff at AFC pay bands 8c and above are from a BME background. This is significantly lower than the 37.28% of all BME staff at UHL

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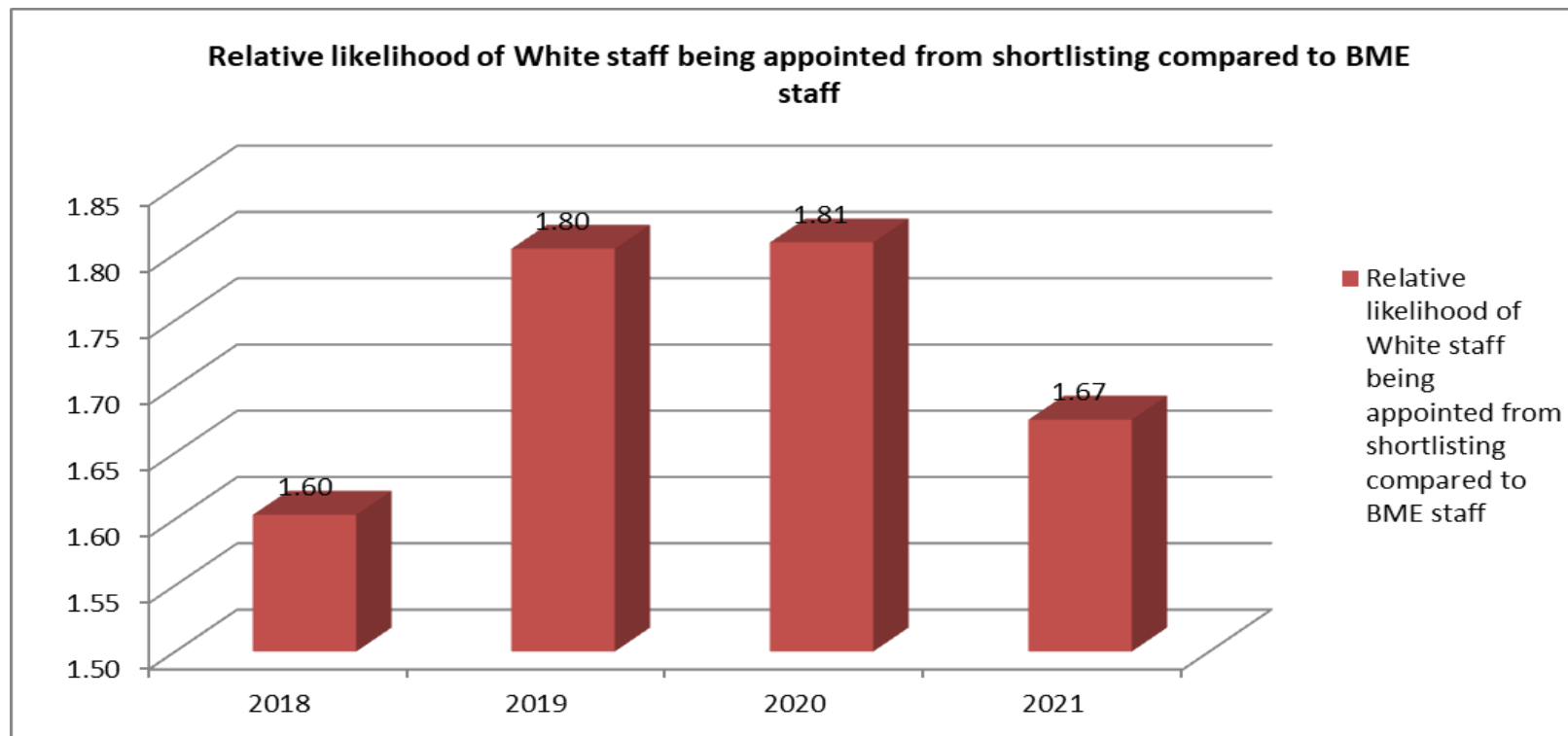


WRES Indicator 2

Relative likelihood of White staff being appointed from shortlisting compared to BME staff 2018 - 2021

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	2018	2019	2020	2021
Relative likelihood of White staff being appointed from shortlisting compared to BME staff	1.60	1.80	1.81	1.67



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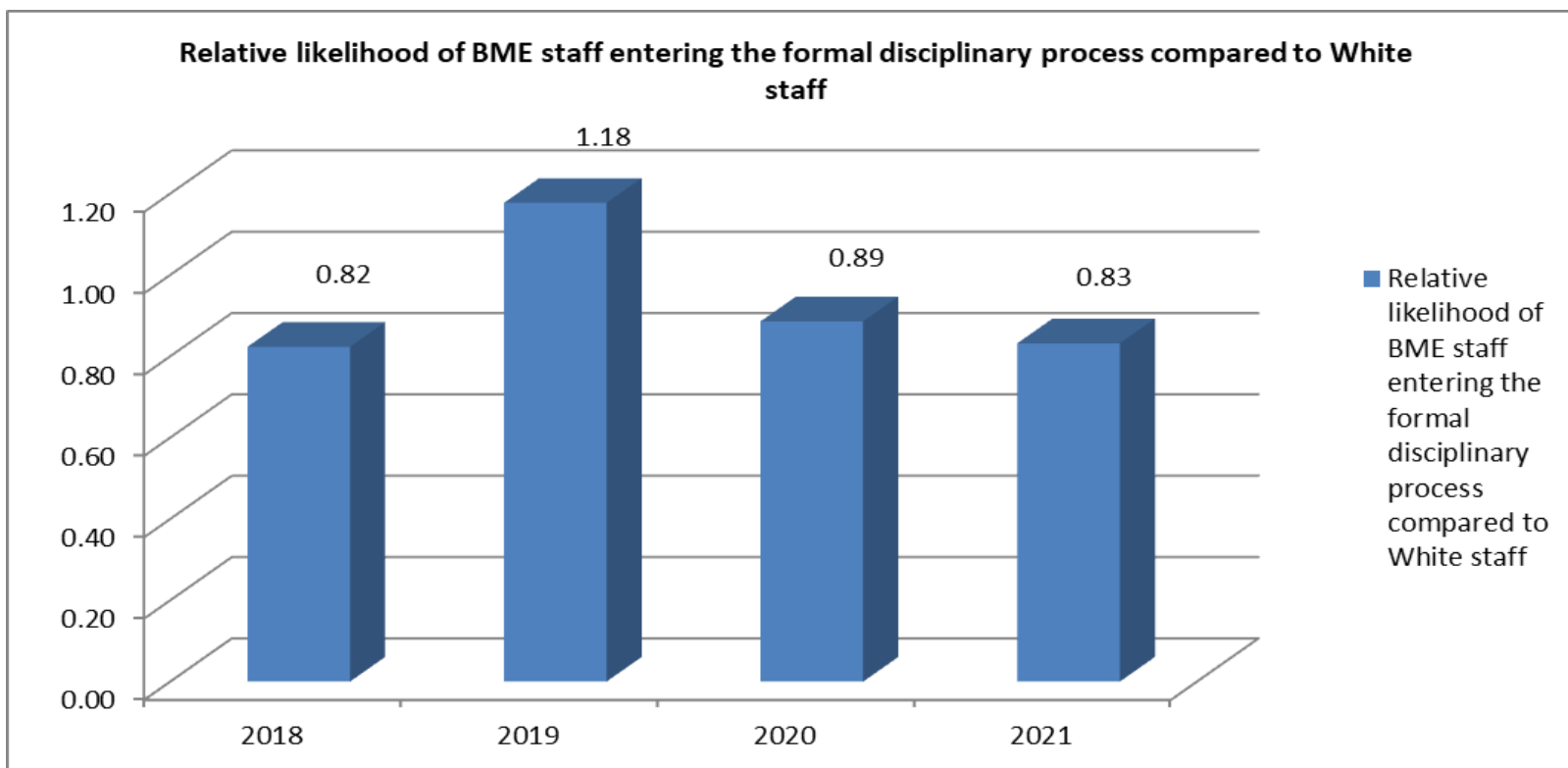


WRES Indicator 3

Relative likelihood of BME staff entering the formal disciplinary process compared to White staff 2018 - 2021

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	2018	2019	2020	2021
Relative likelihood of BME staff entering the formal disciplinary process compared to White staff	0.82	1.18	0.89	0.83



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WRES Indicator 4

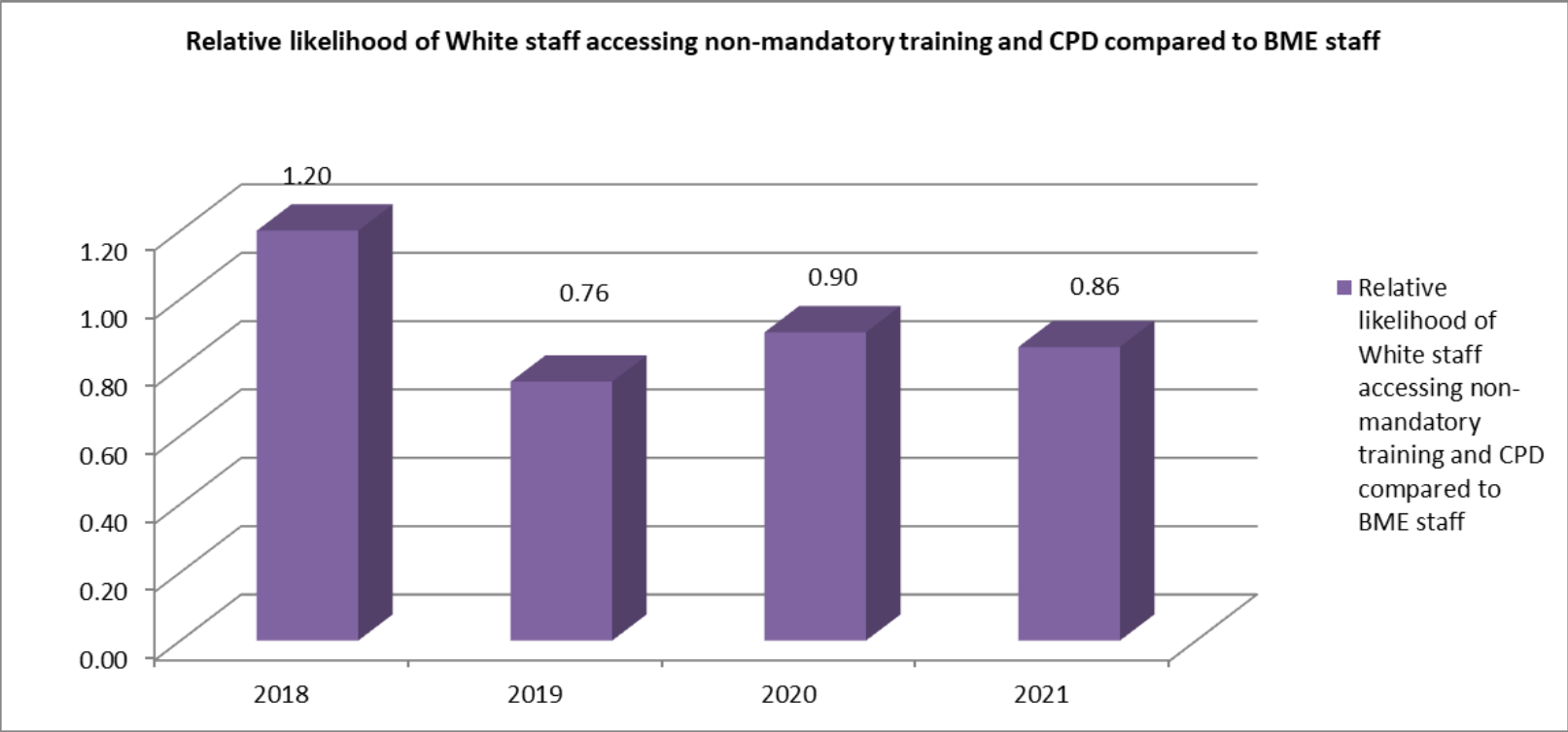


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Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff

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	2018	2019	2020	2021
Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff	1.20	0.76	0.90	0.86



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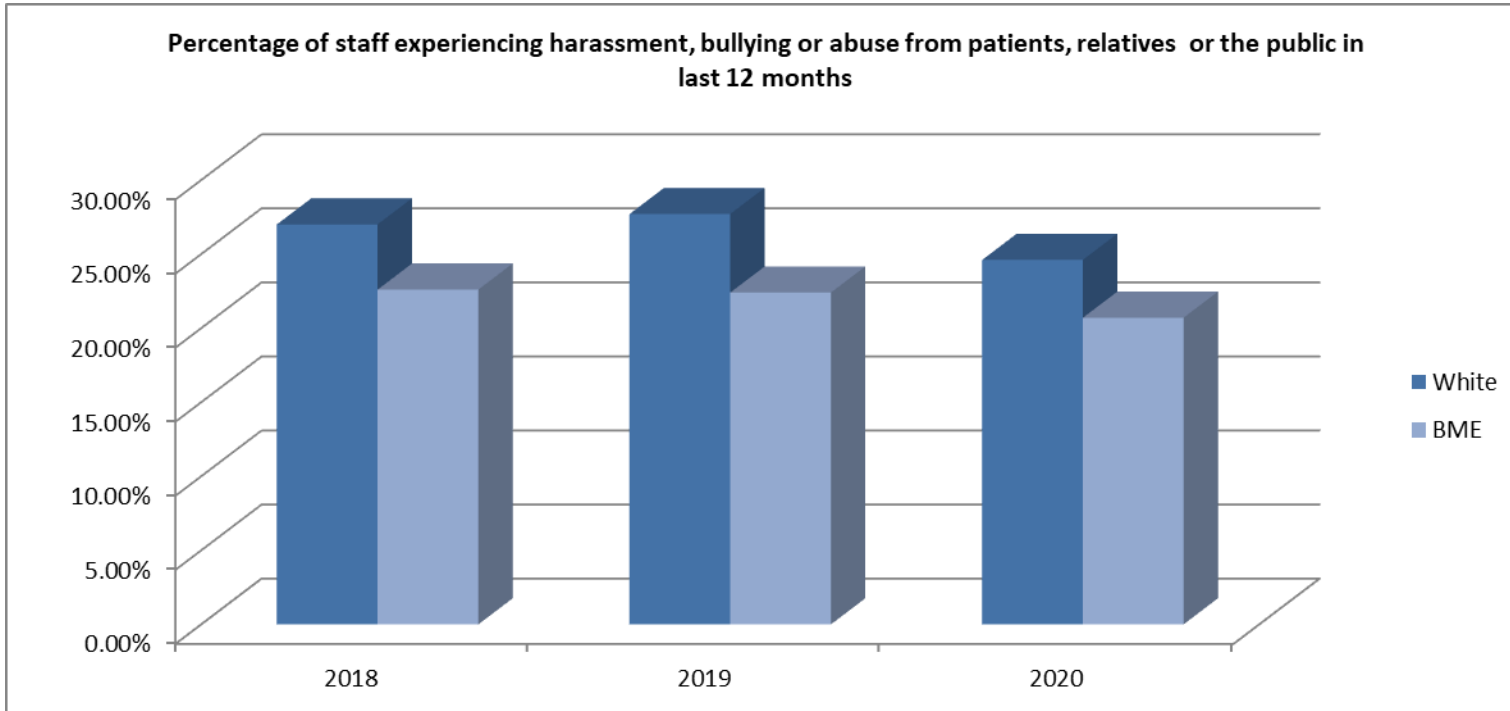


WRES Indicator 5

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months		2018	2019	2020
	White	27.00%	27.70%	24.60%
	BME	22.60%	22.40%	20.70%

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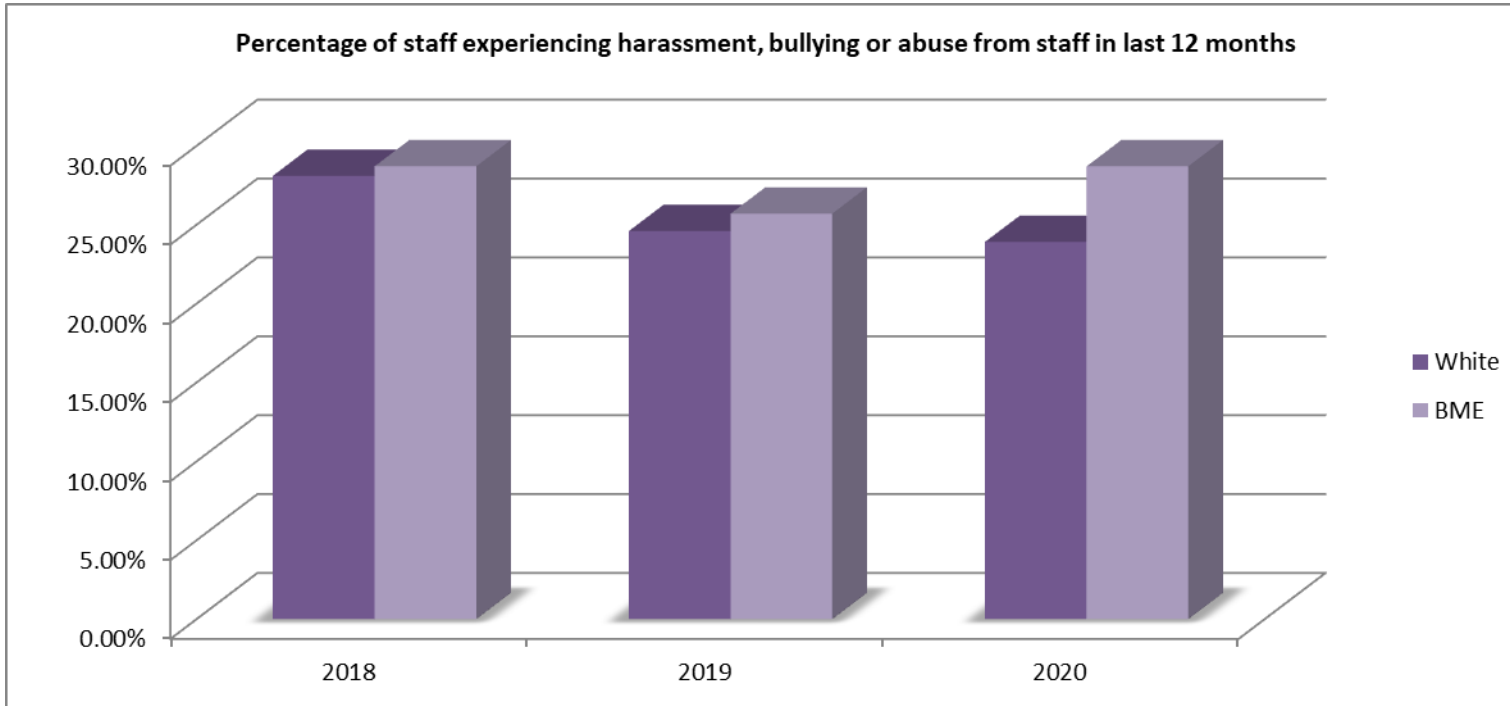


WRES Indicator 6

Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

Caring at its best

Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months		2018	2019	2020
	White	28.10%	24.60%	23.90%
	BME	28.70%	25.70%	28.70%



One team shared values



WRES Indicator 7

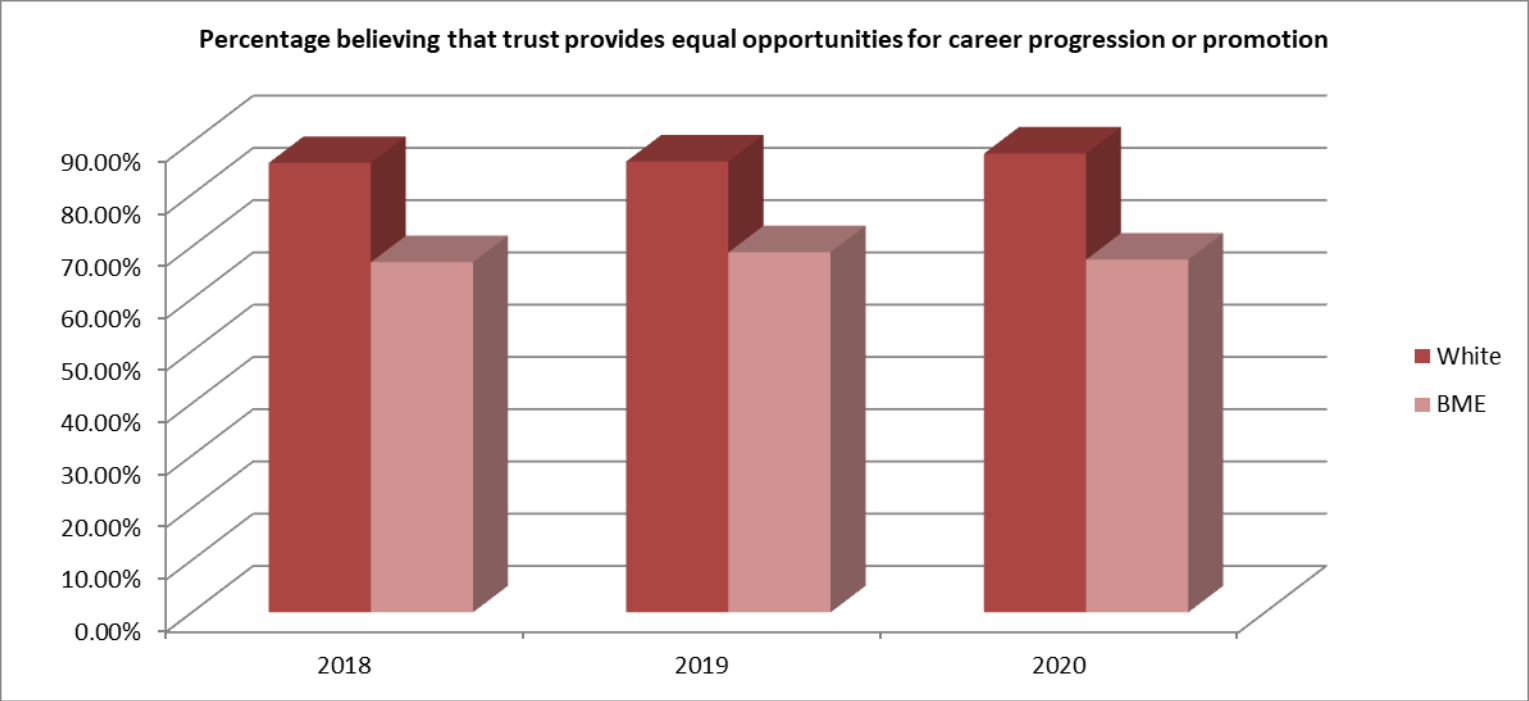


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Percentage believing that trust provides equal opportunities for career progression or promotion

Caring at its best

Percentage believing that trust provides equal opportunities for career progression or promotion		2018	2019	2020
	White	86.00%	86.30%	87.80%
	BME	67.00%	68.90%	67.50%



One team shared values



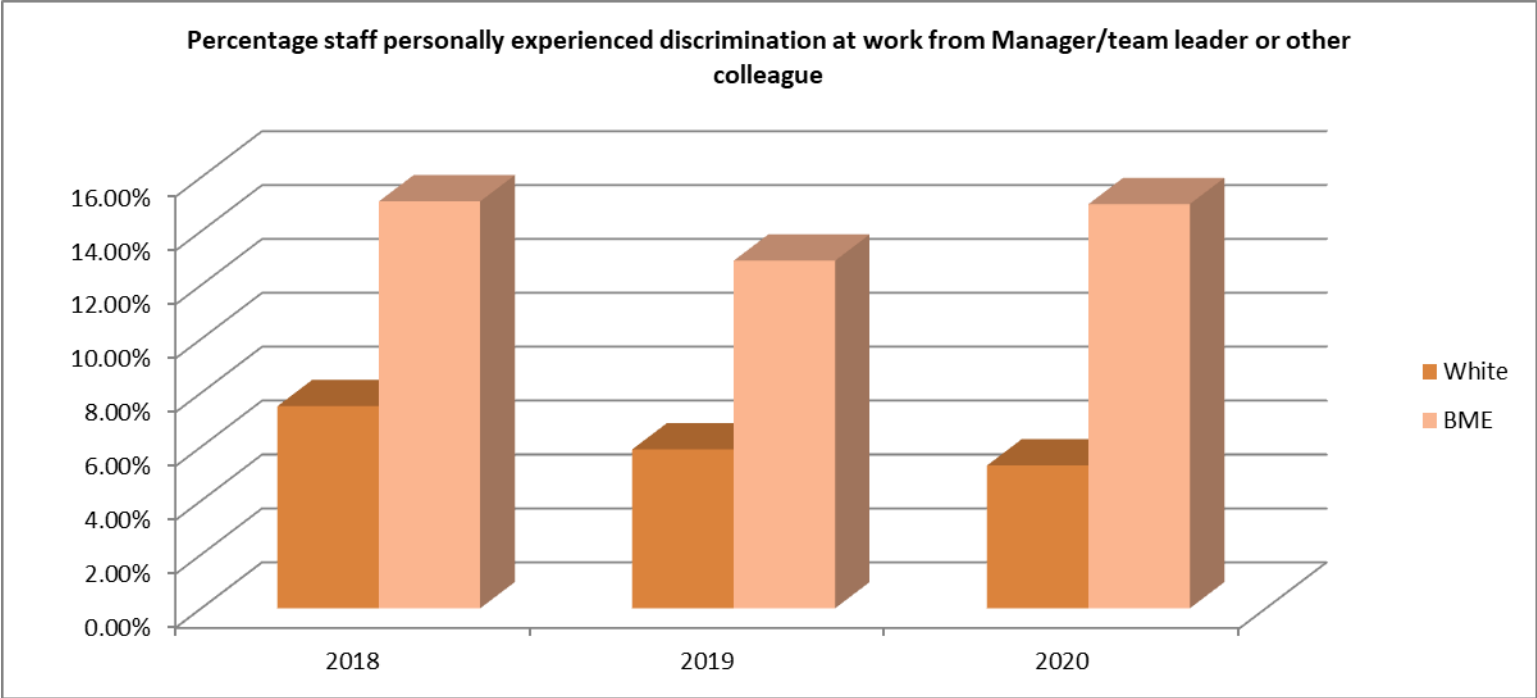
WRES Indicator 8

Percentage staff personally experienced discrimination at work from Manager/team leader or other colleague

2020 saw an increase of 2.1% in discrimination against BME staff from 2019, compared to White staff who saw a decrease

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Percentage staff personally experienced discrimination at work from Manager/team leader or other colleague		2018	2019	2020
	White	7.50%	5.90%	5.30%
	BME	15.10%	12.90%	15.00%



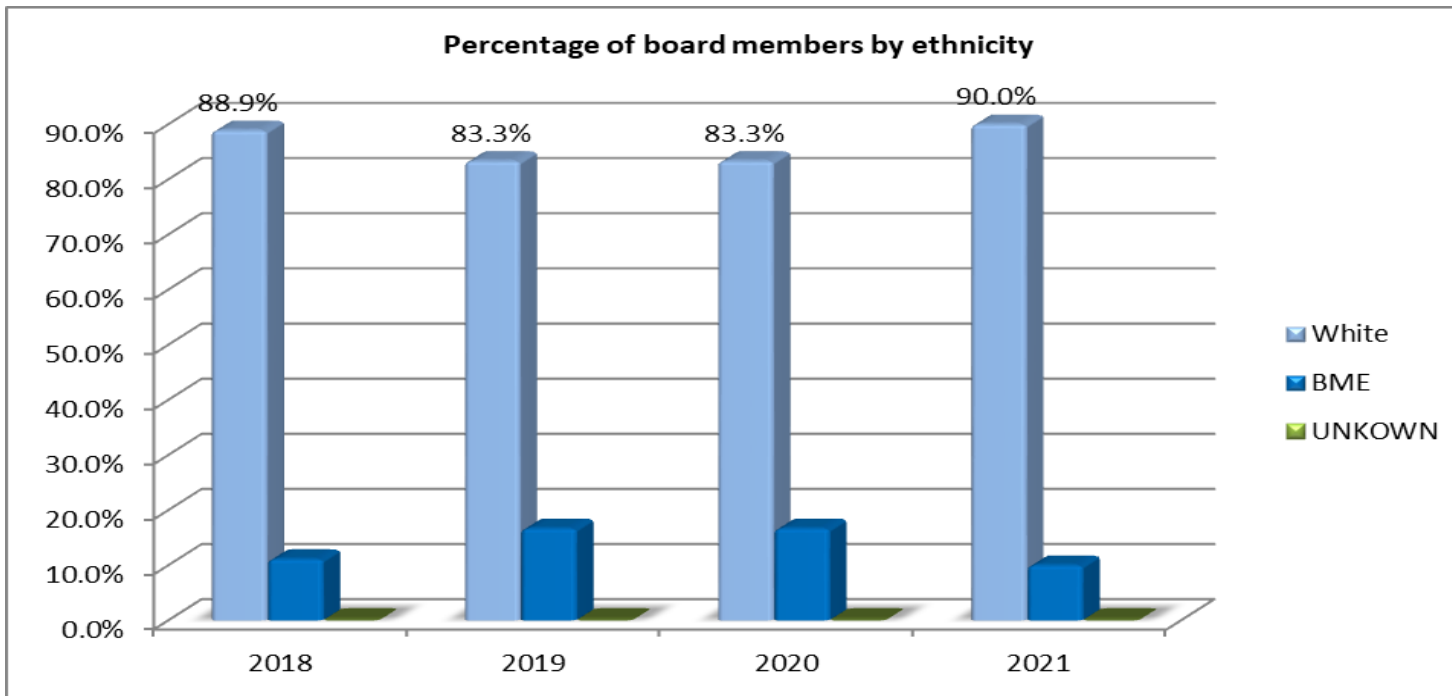
WRES Indicator 9

Percentage of board members by ethnicity

Total Board members - % by Ethnicity				
	2018	2019	2020	2021
White	88.9%	83.3%	83.3%	90.0%
BME	11.1%	16.7%	16.7%	10.0%
UNKOWN	0.0%	0.0%	0.0%	0.0%

Total Board members				
	2018	2019	2020	2021
White	16	15	15	18
BME	2	3	3	2
UNKOWN	0	0	0	0

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One team shared values



Key Findings



WDES indicators for UHL and NHS trusts: 2019- 2021

Table 1

Caring at its best

WDES Indicator		University Hospitals of Leicester						NHS Trusts	
		2019		2020		2021		2019	2020
1	Workforce representation of Disabled Staff (exc Medical)	672	4.2%	610	3.8%	746	4.6%	3.1%	3.5%
	Overall 8c and above (inc other)	18	5.1%	3	2.3%	3	2.3%	2.0%	2.5%
2	Relative likelihood of non-disabled staff applicants being appointed from shortlisting across all posts compared to Disabled staff	1.37		1.32		1.37		1.18	1.20
3	Relative likelihood of Disabled staff entering the performance management capability process compared to non-disabled staff	2.96		5.79		3.66		*	1.54
10	Board representation of Disabled members	1	6%	1	6%	1	5%	2.0%	3.0%

* No comparator for metric 3 is included, as this metric was voluntary in year 1 and only mandated in year 2.

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Key Findings



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WDES indicators for UHL and NHS trusts: 2019- 2021

Table 2

WDES Indicator			University Hospitals of Leicester			NHS Trusts <i>Carving at its best</i>	
			2019	2020	2021	2019	2020
4	Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	Disabled	30.90%	27.70%	28.40%	26.30%	The 2020 NHS Staff Survey will be used in the 2021 WDES National Report
		Non-disabled	20.10%	17.70%	18.50%	18.50%	
5	percentage of staff believing that trusts promote equal opportunities for career progression or promotion	Disabled	75.40%	75.30%	79.90%	78.20%	
		Non-disabled	82.30%	82.80%	82.70%	85.20%	
6	percentage of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties	Disabled	37.30%	39.40%	35.40%	30.60%	
		Non-disabled	0.258	23.90%	23.00%	21.20%	
7	Percentage of staff saying that they are satisfied with the extent to which their organisation values their work	Disabled	35.40%	37.60%	35.40%	39.10%	
		Non-disabled	0.472	49.50%	49.20%	50.40%	
8	Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work	Disabled	70.00%	71.80%	74.40%	73.80%	
9	Staff engagement score (a composite based on several questions in the NHS staff survey)	Disabled	6.50	6.60	6.50	6.64	
		Non-disabled	7.00	7.10	7.10	7.13	

One team shared values



WDES Indicator 1



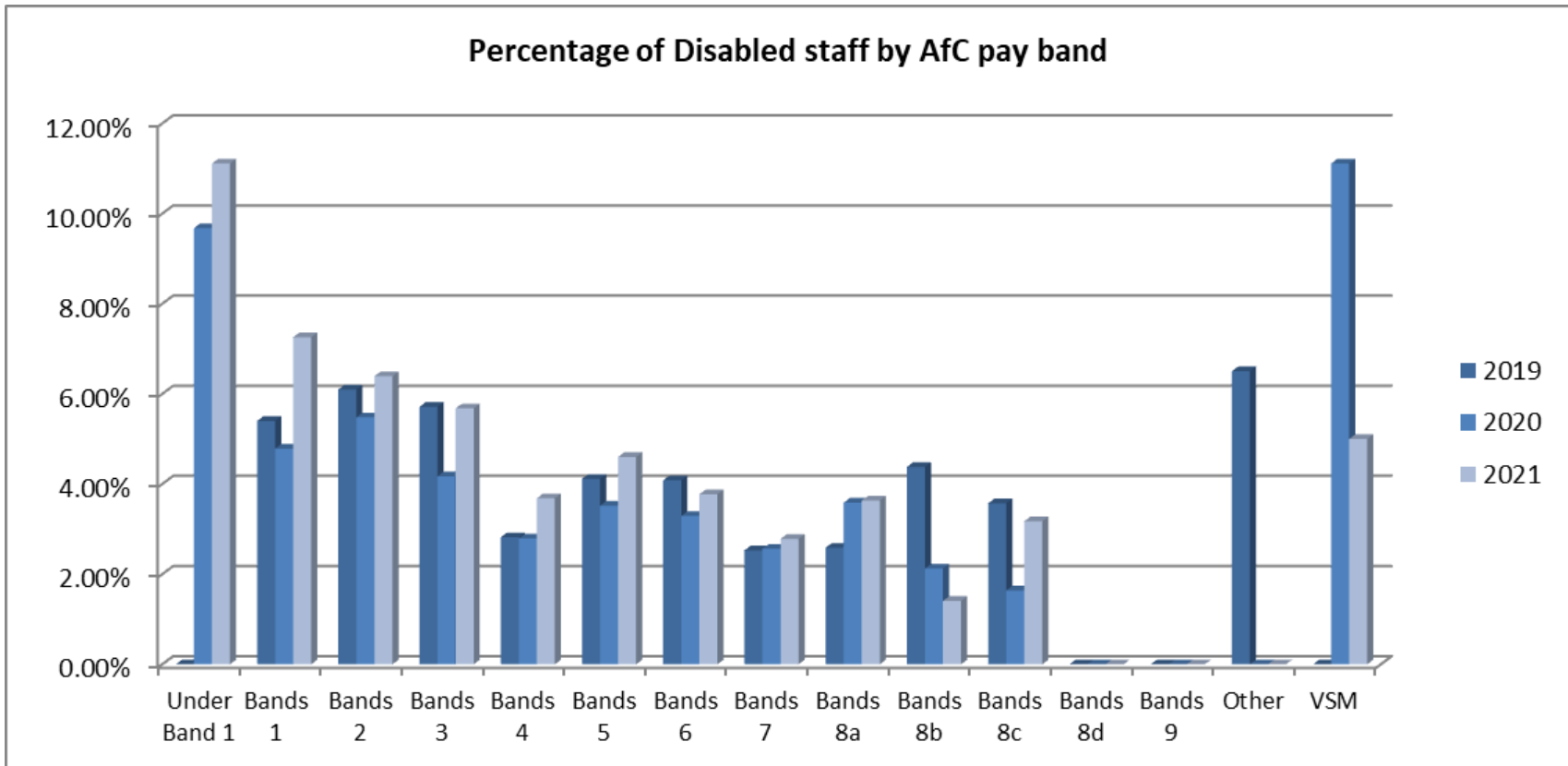
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Staff In UHL by Disability: 2019 - 2021

YEAR	HEADCOUNT			PERCENTAGE		
	Disabled	Non-disabled	Unknown	% Disabled	% Non-disabled	% Unknown
2019	672	12945	2256	4.23%	81.55%	14.21%
2020	610	13245	2072	3.83%	83.16%	13.01%
2021	746	13651	1875	4.58%	83.89%	11.52%

Caring at its best

Percentage of Disabled staff by AfC pay band



One team shared values

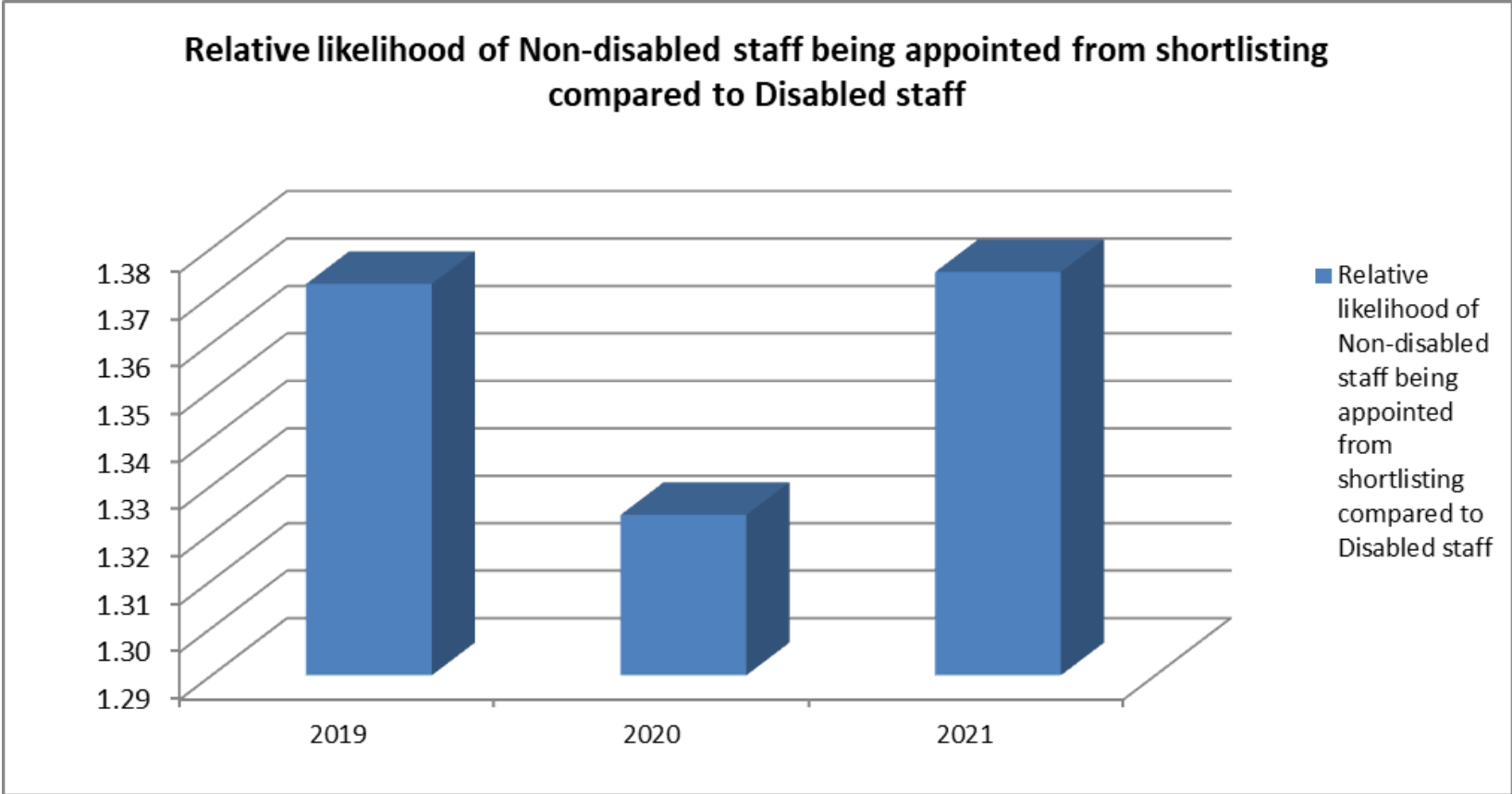


WDES Indicator 2



	2019	2020	2021
Relative likelihood of Non-disabled staff being appointed from shortlisting compared to Disabled staff	1.37	1.32	1.37

Caring at its best



One team shared values



WDES Indicator 3

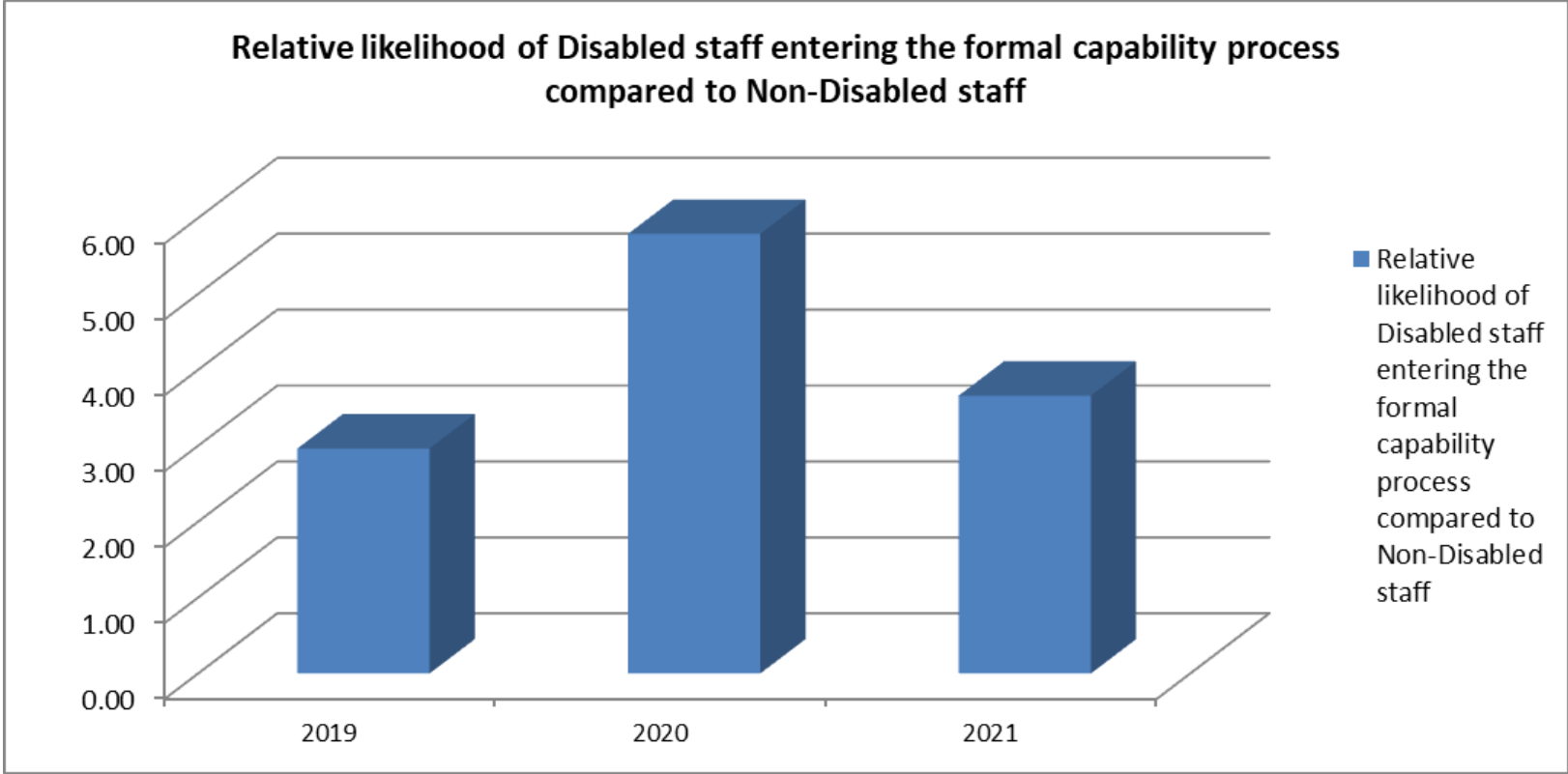


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Caring at its best

	2019	2020	2021
Relative likelihood of Disabled staff entering the formal capability process compared to Non-Disabled staff	2.96	5.79	3.66



One team shared values



WDES Indicator 4

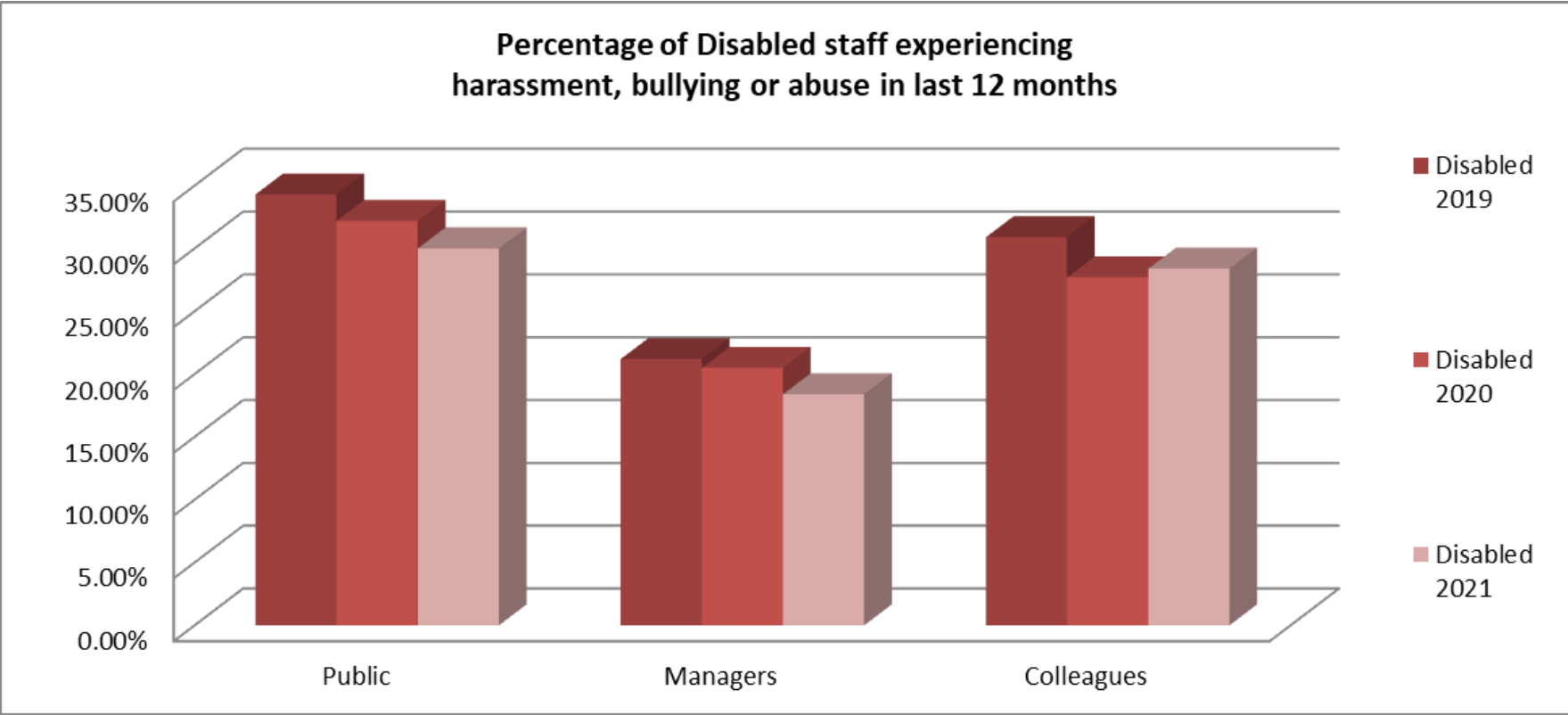


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	2019		2020		2021		2019	2020	2021
	Disabled	Non-disabled	Disabled	Non-disabled	Disabled	Non-disabled			
Public	34.30%	24.10%	32.20%	25.00%	30.00%	22.00%	10.20%	7.20%	8.00%
Managers	21.20%	12.10%	20.50%	10.30%	18.40%	10.40%	9.10%	10.20%	8.00%
Colleagues	30.90%	20.10%	27.70%	17.70%	28.40%	18.50%	10.80%	10.00%	9.90%

Caring at its best



One team shared values



WDES Indicator 5

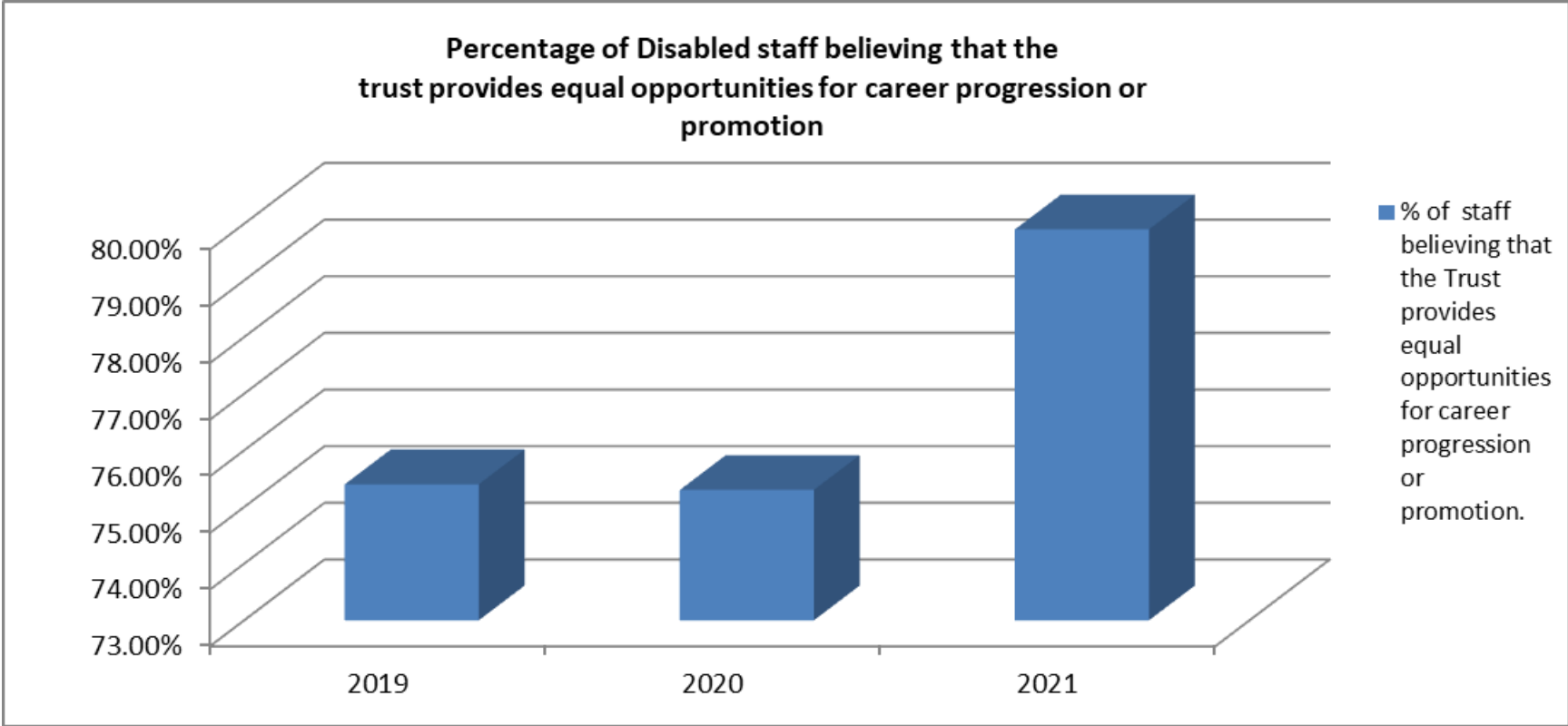


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Caring at its best

	2019		2020		2021	
	Disabled	Non-disabled	Disabled	Non-disabled	Disabled	Non-disabled
% of staff believing that the Trust provides equal opportunities for career progression or promotion.	75.40%	82.30%	75.30%	82.80%	79.90%	82.70%



One team shared values



WDES Indicator 6



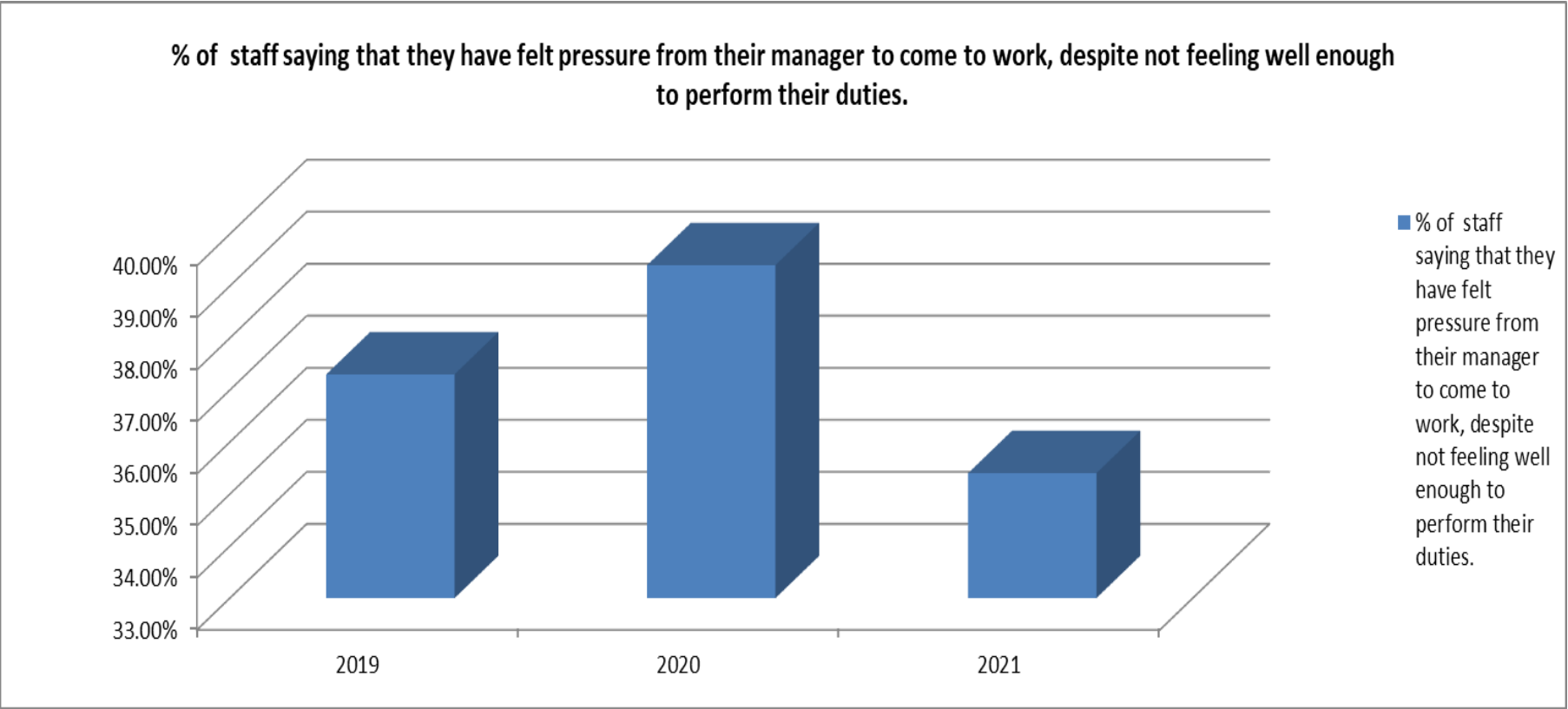
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2019		2020		2021		2019	2020	2021
Disabled	Non-disabled	Disabled	Non-disabled	Disabled	Non-disabled	Difference	Difference	Difference

% of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.

37.30%	25.80%	39.40%	23.90%	35.40%	23.00%	11.50%	15.50%	12.40%
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Caring at its best



One team shared values



WDES Indicator 7



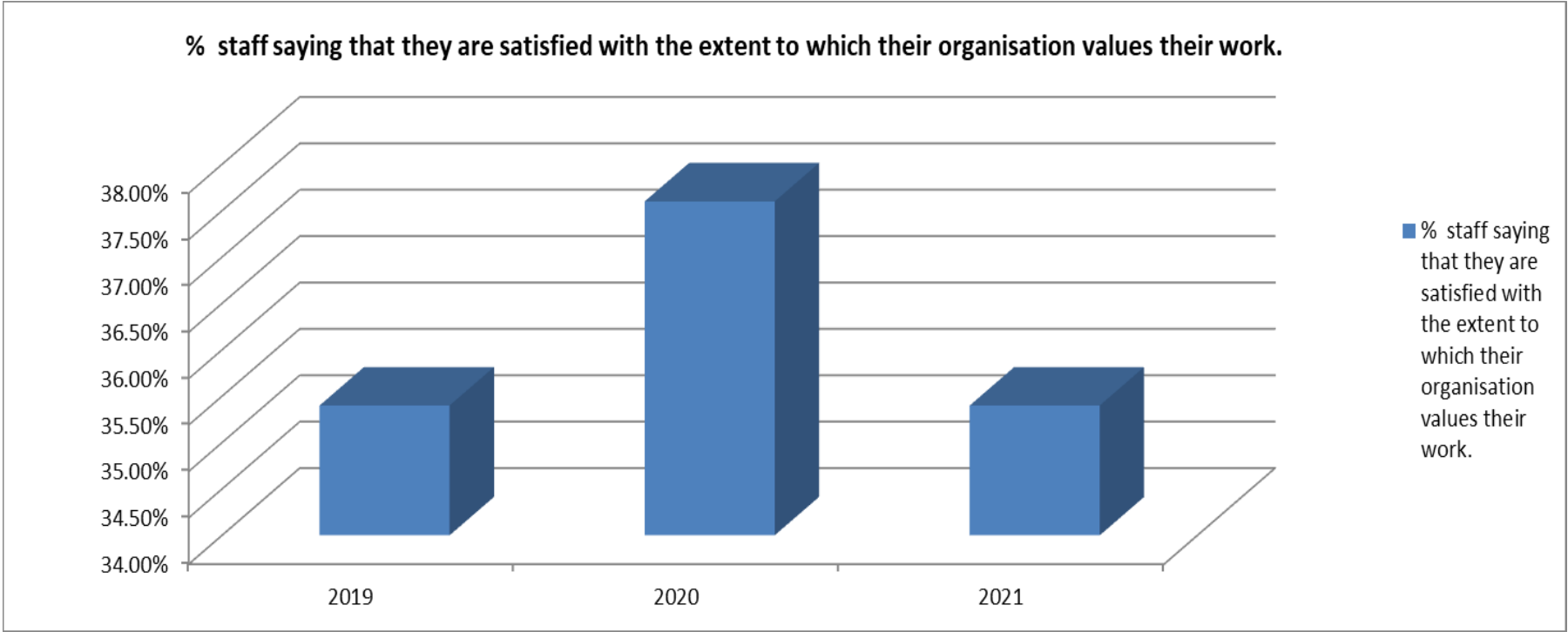
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2019		2020		2021		2019	2020	2021
Disabled	Non-disabled	Disabled	Non-disabled	Disabled	Non-disabled	Difference	Difference	Difference

% staff saying that they are satisfied with the extent to which their organisation values their work.

35.40%	47.20%	37.60%	49.50%	35.40%	49.20%	-11.80%	-11.90%	-13.80%
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Caring at its best



One team shared values



WDES Indicator 8



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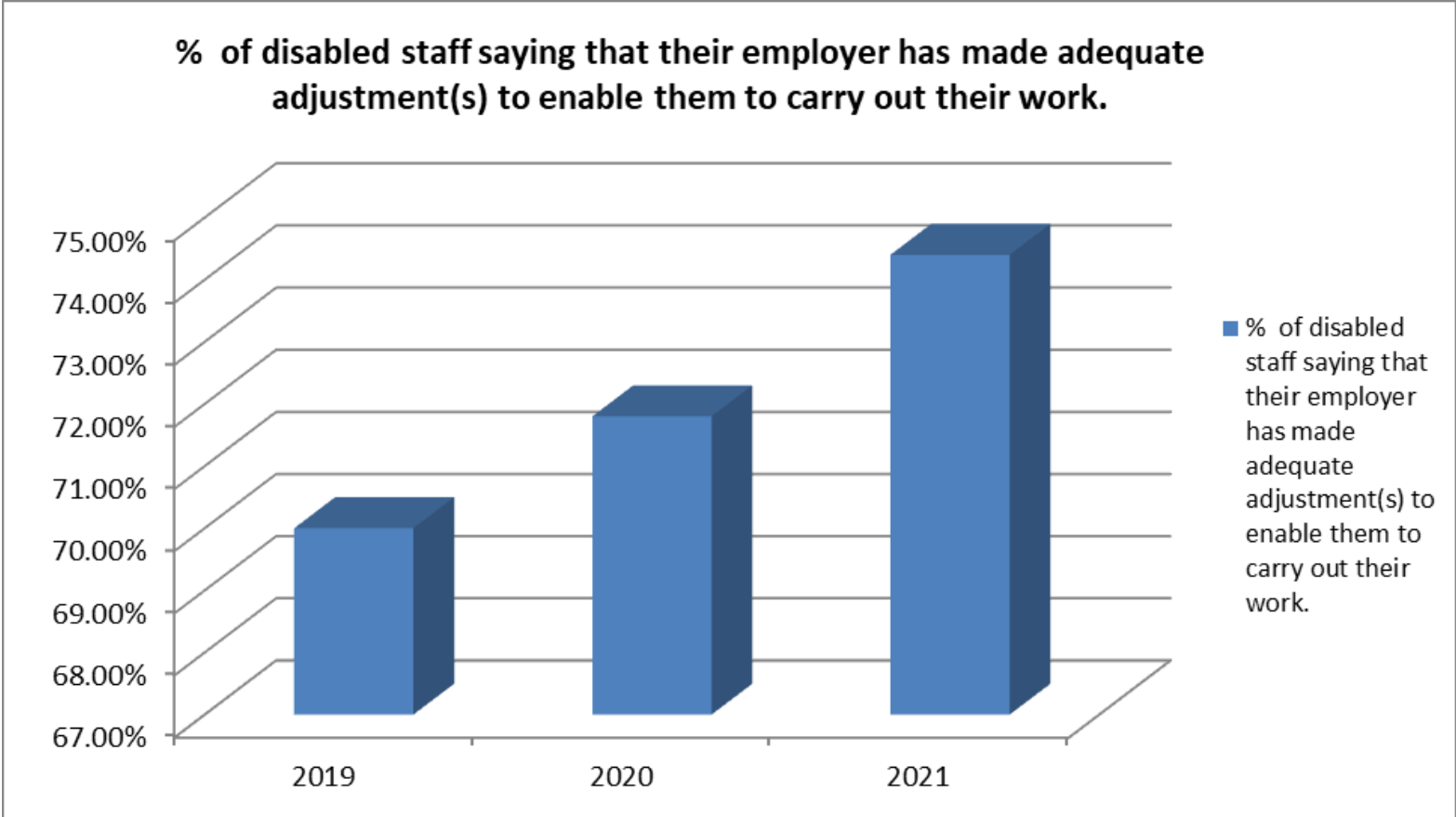
NHS Trust

Caring at its best

2019	2020	2021
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% of disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.

70.00%	71.80%	74.40%
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One team shared values



WDES Indicator 9

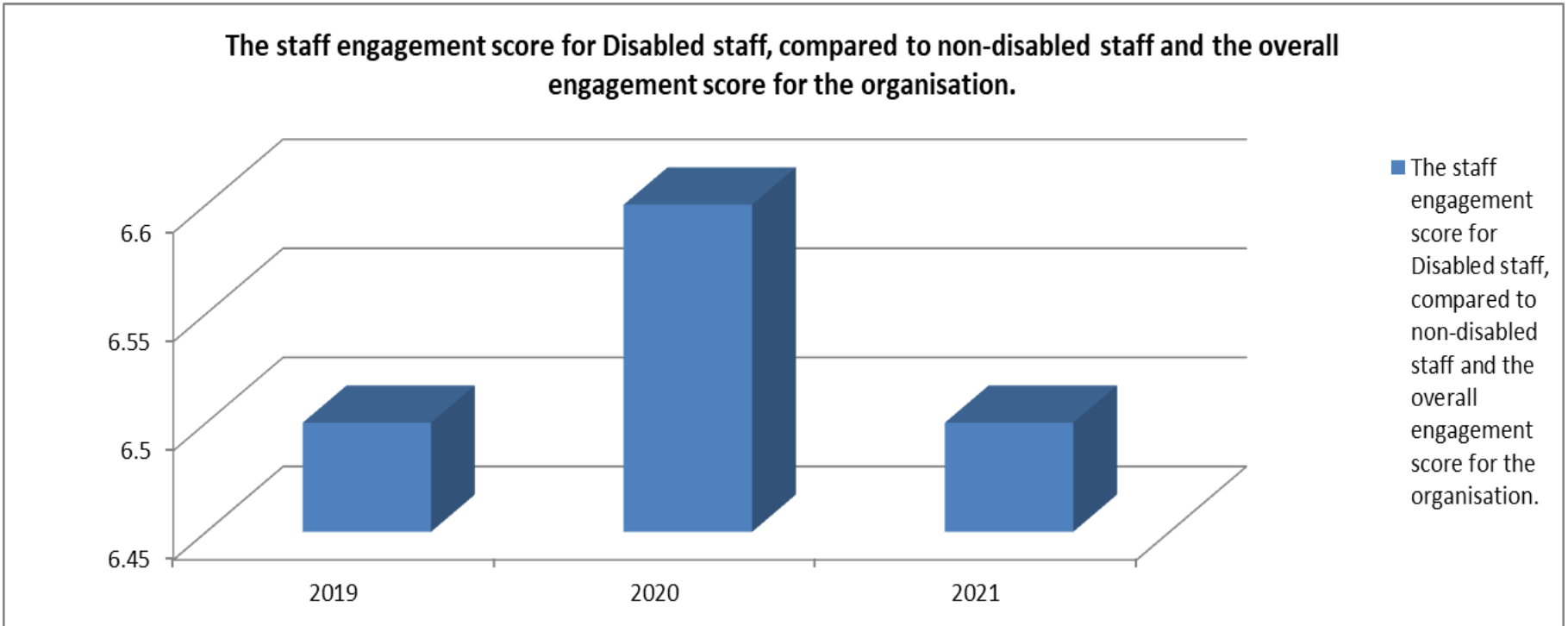


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2019		2020		2021		2019	2020	NHS Trust 2021
Disabled	Non-disabled	Disabled	Non-disabled	Disabled	Non-disabled	Difference	Difference	Difference
6.5	7	6.6	7.1	6.5	7.1	-0.50	-0.50	-0.60

Caring at its best

The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation.



One team shared values



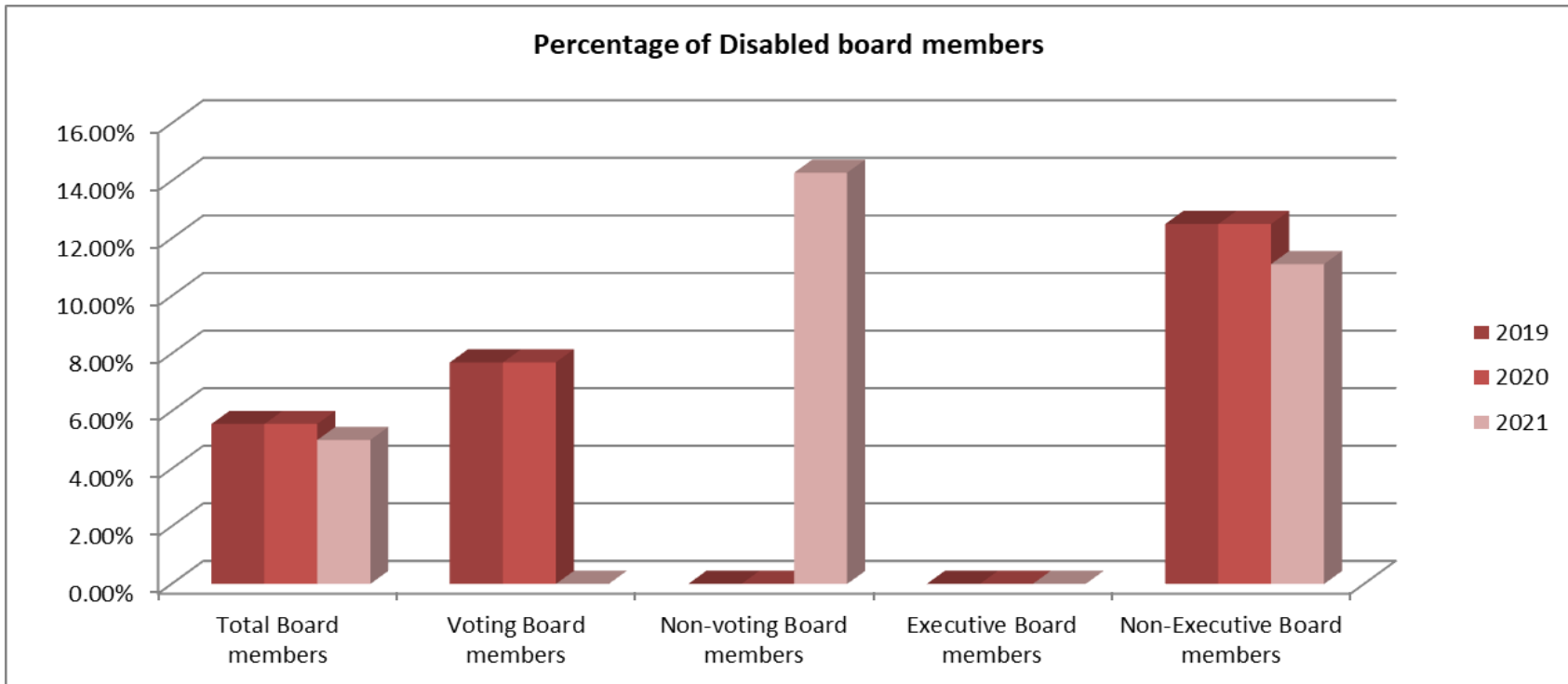
WDES Indicator 10



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	2019		2020		2021	
	Disabled	% Disabled	Disabled	% Disabled	Disabled	% Disabled
Total Board members	1	5.56%	1	5.56%	1	5.00% <i>best</i>
Voting Board members	1	7.69%	1	7.69%	0	0.00%
Non-voting Board members	0	0.00%	0	0.00%	1	14.29%
Executive Board members	0	0.00%	0	0.00%	0	0.00%
Non-Executive Board members	1	12.50%	1	12.50%	1	11.11%



One team shared values

