

Meeting title:	Public Trust Board	Public Trust Board paper N			
Date of the meeting:	12 October 2023				
Title:	EDI update, events and networks				
Report presented by:	Clare Teeney, Chief People Officer				
Report written by:	Sandy Zavery, Head of Equality, Diversity and Inclusion				
Action – this paper is for:	Approval	x	Assurance		Update
Where this report has been discussed previously	This report was presented to the People and Culture Committee on the 28 October for assurance in relation to the EDI programme and for approval of the WRES and WDES plans provided with this report.				

To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which

The People Services Work Programme 2022 / 23 is a control for BAF Risk '10-PCC - Insufficient workforce capacity, capability and lacking diversity'. This report provides assurance that the EDI control is in place with evidenced sources of assurance (workforce returns).

Impact assessment

The impact would be on patients, workforce, non-compliance against contractual and moral duties and poor services which can impact on reputation, increase legal challenge and financial compensation as there are no upper limits.

Acronyms used:

BAF – Board Assurance Framework
 BME - Black and Minority Ethnic
 EDI – Equality, Diversity and Inclusion
 NHSE – NHS England
 PCC- People and Culture Committee
 WRES – Workforce Race Equality Standard
 WDES – Workforce Disability Equality Standard

Purpose of the Report

The purpose of this report is to:

- Provide the Trust Board with assurance that the Trust is meeting its requirement as stipulated in the NHSE contract to monitor, report and improve outcomes for groups of people (race and disability).
- Present WRES and WDES actions progressed during 2022.
- Present WRES & WDES Action Plans to drive forward and improve outcomes for staff.

Recommendation

Trust Board members are asked to:

- Be assured that UHL are meeting its statutory requirements which demonstrate a number of improvements for staff.
- Be assured of the progress made both since 2018 and also within the most recent reporting period
- Approve the WRES and WDES action plans which require Trust Board approval prior to being submitted to NHSE at the end of October 2023

Summary

The Trust met its statutory requirement to report and analyse data against the WRES and WDES standards by 31st May 2023. In addition, for the first time, Trusts were also expected to report against the Bank WRES and Medical WRES data standards. Although this was not a mandatory requirement, the Trust also reported against Indicator 1a for both standards, and this was completed in line with national timescales.

WRES and WDES outcomes evidence improvements from last year's position across a range of indicators and these findings were presented at the July 2023 PCC meeting.

During 2022/23, the Trust WRES and WDES action plans had been progressed to improve outcomes for staff. The initiatives entailed a host of activity such as:

- The development of our EDI calendar to promote and raise awareness of key events during the year such as Pride, Black History Month, etc.
- The continuous engagement with our staff networks to improve staff experiences.
- Working with our LLR partners through our ICB colleagues to deliver initiatives that support:
 - Staff progression in clinical roles (Band 5 – Band 7) such as Developing Diverse Leadership programme, Reverse Mentoring programme.
 - Improve Culture within the Trust such as Cultural Competency and Active Bystander programme.
- The launch of the reasonable adjustment guidance and form for staff to acquire appropriate support to enable them to effectively undertake their roles. Also, the launch of our non-visible disability staff network and the sunflower lanyards and pins.

- Signing our commitment to the Veteran Aware Re-accreditation and the launch of our Armed Forces staff network. Moving forward, we aim to relaunch our networks and have executive sponsor for each network.

Using our latest data returns and insight of workforce experience, we have developed our WRES and WDES Action Plans 2023, to continue the development of initiatives to improve staff experiences. Additionally, we have included our commitment to report against the Bank and Medical WRES standard to gain an understanding of staff experiences within the areas.

We are committed to developing a much bolder strategy on Equality, Diversity and Inclusion (EDI) and our first Equality, Diversity and Inclusion (EDI) Workforce Work Programme sets out this ambition by detailing how we will meet some of our challenges and build a more inclusive culture at the University Hospitals of Leicester NHS Trust. This is currently being updated following engagement with an extended delivery timeframe of 2023 / 2024 and 2024 / 2025.

[Main report detail](#)

Background to the standards

The Workforce Race Equality Standard (WRES) was implemented in 2014 to ensure employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace. The standards are a requirement by NHSE&I as part of the [NHS standard contract](#).

This was followed by NHSE&I introducing the WDES, launched in 2019. The aim of the standard is to compare the workplace experiences of disabled staff against non-disabled staff.

This year (2023) also saw the launch of the [Bank WRES](#) and the [Medical WRES](#). These are two new standards aimed at measuring the experiences of BME staff in bank and medical roles.

The high-level findings were presented to PCC on the 27 July 2023, followed by the draft action plans in September 2023. PCC were presented with evidence and supporting narrative which demonstrated improvements across a number of the WRES and WDES indicators. PCC were assured by the improvements both across 2022 to 2023 as well as longer term trends in terms of our organisational position across a five-year period. Assurance was also provided on the UHL position against the latest national benchmarking position. This outlined significant improvement across some indicators such as the the relative likelihood of white applicants being appointed from shortlisting compared to BME applicants, which is now at its lowest level since 2018 and is an improved position in comparison with the national average. A further highlight is the position relating to indicator 3 (the relative likelihood of BME staff entering the formal disciplinary process compared to white staff) which has returned a figure of 0.72 (compared to a national figure of 1.14) indicating a positive experience for BME staff.

However, areas of concern remain to career progression, board membership and also harassment and bullying which have either returned an adverse position or have not seen a significant shift in a positive trajectory.

Our drive so far

We are committed to ensuring EDI sits at the heart of everything we do. Our ambition is to be the best Trust, locally, regionally, and nationally. Our data shows that we have started our journey, but

recognises we need to get our basic structure right. This is evident from the work we have committed to in 2022. This entails:

- During 2022/23, the Trust WRES and WDES action plan had been progressed to improve outcomes for staff. The initiatives entailed a host of activity such as:
 - The development of our EDI calendar to promote and raise awareness of key events during the year such as Pride, Black History Month, etc.
 - The continuous engagement with our staff networks to improve staff experiences.
- Working with our LLR partners through our ICB colleagues to deliver initiatives that support:
 - Staff progression in clinical roles (Band 5 – Band 7) such as Developing Diverse Leadership programme, Reverse Mentoring programme.
 - Improve Culture within the Trust such as Cultural Competency and Active Bystander programme.
- The launch of the reasonable adjustment guidance and form for disabled staff to acquire appropriate support to enable them to effectively undertake their roles. Also, the launch of our non-visible disability staff network, the sunflower lanyards and pins.
- Signing our commitment to the Veteran Aware Re-accreditation and the launch of our Armed Forces staff network.

Our continued improvement ambitions

We are committed to ensuring that we improve the experiences of staff, and this is evidenced through the improvements we have made over the year. We have committed to developing a much bolder strategy on Equality, Diversity and Inclusion (EDI) and our first Equality, Diversity and Inclusion (EDI) Workforce Work Programme sets out this ambition by detailing how we will meet some of our challenges and build a more inclusive culture at the University Hospitals of Leicester NHS Trust. As a result of the publication of the National NHS Equality, Diversity, and Inclusion Improvement Plan (published on the 8 June 2023), further work has taken place to align the national outcomes to the local plan and we have engaged with our staff networks via the EDI governance routes to determine priority programmes of work and routes for delivery. This is under review with an aim to extend the delivery timescales to cover 2023 / 2024 and 2024 / 2025.

As part of our statutory requirements, we have developed our WRES and WDES Action Plans 2023, to continue the development of initiatives to improve staff experiences. These can be found in documents Appendix 1 and 2 respectively and Trust Board are asked to comment and approve the plans prior to publication on our website.

Additionally, we have included our commitment to report against the Bank and Medical WRES standard to gain an understanding of staff experiences within the areas.

We recognize that we are at the start of our journey and have a long way to go to achieve a culture shift that is inclusive and equitable for staff across UHL. Alongside the submission of statutory returns and the development of structured actions plans, we are also working to create an inclusive culture whereby we celebrate and value the contribution of our workforce at all levels of the organisation.

We are currently developing plans to strengthen our staff voice and further develop staff networks which represent our workforce and the communities we serve. UHL currently holds 5 staff networks, set out below, which have varying levels of engagement and activity.

- LGBTQ+

- BAME (inc. BAME Shared Decision-Making councils)
- Women's
- Differently Abled Voices (inc. Non-Visible Disabilities)
- Armed Forces

To strengthen our staff networks at UHL and therefore build understanding and expertise to inform decision making, we are currently working up plans to identify an executive sponsor for each staff network. An executive sponsor would provide the staff networks with a direct link to board level, providing greater visibility and awareness as well as improved emphasis on the importance of the voice of the staff networks across UHL. This would also aid the executive board in better understanding experiences and perspectives within the organisation leading to improved decision making.

A further area of increased focus is on the provision of EDI related events. UHL has recently had an increased presence at the Leicester Pride event and is now planning for Black History Month. This will involve webinars, Friday Focus, staff stories, stalls in the Restaurant, MS Teams background, LLR partnership working which includes local, regional and national speakers.

Conclusion

It is evident from the activity so far, that UHL is moving in the right direction. Our journey and our plans demonstrate our determination to endorse a positive culture that is truly inclusive and supportive of our diverse workforce; leading to effective healthcare services.

WRES Race Action Plan

	Action	Please specify which actions are:			Please specify KPIs and timelines for monitoring the actions		How will actions be made sustainable
		Current Practice	Continuation	Different	2022 / 23	2023 - 2025	
<p>Actions around WRES Indicator 1: Recruitment and Promotion</p>	<p>Implement effective policies to improve attraction to UHL and develop retention initiative to encourage career progression and a healthy worklife balance. Actions are as follows:</p> <p>a. Recruitment and retention leads to review and where appropriate amend recruitment and retention strategies to ensure that flexible working opportunities are promoted through recruitment campaigns with uptake tracked and reported to ensure access by all staff groups and evaluation of impact. Review and amendments to take place by December 2023 with monitoring and evaluation evident from April 2024.</p> <p>b. EDI team to carry out an independent assessment of recruitment activities linked to key 6 national ED&I high impact areas recruitment and promotions, including overseas nurses and consultants recruitment and work with recruitment services to develop an action plan by April 2024 to support compliance.</p> <p>c. BME staff network and recruitment team to develop an approach to strengthen BME representation on interview panels for senior posts by June 2024.</p> <p>d. EDI team to provide an equality lens to support the development of a recruitment plan by September 2024 outlining opportunities for career pathways, apprenticeships and graduate management programmes, including monitoring and evaluation.</p> <p>e. EDI and ESR team to ensure that our data is accurate and complete by improving our declaration rates on ESR system through the design, development and promotion of short video for ESR self-service portal. Campaign to commence in January 2024.</p>	<p>Action d The EDI team are already involved in schemes of this nature but this action supports input into the overarching plan to embed good practice</p>	<p>Action b We are already engaged with the 6 national ED&I high impact areas and are progressing implementing of these. This action provides an opportunity to validate progress and adjust plans where necessary.</p> <p>Action c We already encourage BME representation on senior interview panels but we currently have no mechanism to monitor and report this. This action will formalise our position and ensure that we can clearly evidence our adherence to best practice.</p>	<p>Action a Whilst we have a number of recruitment and retention strategies in place we do not confidently track impact. The need for this has been highlighted through the work with local diverse communities who have expressed a desire for non-traditional shift patterns or employment contracts to better meet their personal and cultural needs.</p> <p>Action e At UHL our use of ESR is primality limited to access to payslips. This action provides an opportunity to promote the ownership of personal information through the use of ESR. We will be able to monitor impact in terms of number of changes made to ensure that our comms and engagement approach was effective. This will be supported via Staff Networks.</p>	<p>Current position of Percentage of BME staff: Overall: 44.23% and VSM: 5.00%</p>	<p>Future position of percentage of BME staff: By March 2024 49.5% and VSM: 7.5% By March 2025 55% and VSM: 15%</p>	<p>Annual WRES reporting, EDI Board, People and Culture Committee, Trust Board (UHL Governance arrangements). Increased reporting of WRES metrics at an organisational and service level to identify areas of best practice, areas of focus and ownership. Benchmarking to be carried out with peer organisations and at a regional and national level to look at case studies and opportunities for shared learning.</p>
<p>Actions around WRES Indicator 2: Appointments (the relative likelihood of white applicants being appointed from shortlisting compared to BME applicants)</p>							<p>As above plus there has been a recent internal audit carried out in this area to assess assurance levels in terms of application.</p>
<p>Actions around WRES Indicator 3: Disciplinary (the relative likelihood of BME staff entering the formal disciplinary process compared to white staff)</p>	<p>a. People Services to develop and approach to the use of Cultural Ambassadors who are available to support employee relations cases. Model to be developed by June 2024 with a current ambition to have in place by April 2025.</p> <p>b. Staff support team to complete an annual campaign to outline our current health and wellbeing offer and access to staff support. Campaign to form part of our annual cycle of business with completion by March 2024.</p> <p>c. Health and wellbeing team to develop a business proposal by March which considers the introduction of a pilot buddying programme to support staff through the Wellbeing offer.</p> <p>d. People Services to develop a dashboard by March 2024 which tracks and monitors employee relations activity by protected characteristic and progression through the disciplinary process.</p>	<p>Action b UHL already has a comprehensive support offer which is current practice. The action will promote what is already there rather than provide additional support. The only difference may be in the way the campaign is delivery e.g. is the language used, branding, images supportive of access from colleagues from all backgrounds</p>	<p>Action d The dashboard is a continuation of the reporting we already provide. A key focus of the dashboard will be to understand parity of treatment once in a formal disciplinary process as our data is currently favourable to BME colleagues for entering a formal process.</p>	<p>Action a and c These are new initiatives for UHL which will take learning and best practice from other areas</p>	<p>Current position of BME staff entering formal disciplinary process: 0.72%</p>	<p>By March 2025 KPI 0.50%</p>	<p>Annual WRES reporting, EDI Board, PCC, Trust Board (UHL Governance arrangements)</p>

WRES Race Action Plan

	Action	Please specify which actions are:			Please specify KPIs and timelines for monitoring the actions		How will actions be made sustainable
		Current Practice	Continuation	Different	2022 / 23	2023 - 2025	
Actions around WRES Indicator 4: Education (the relative likelihood of white staff accessing non-mandatory training and continuing professional development (CPD) compared to BME staff)	a. Organisational Development to complete a review of the UHL leadership offer by March 2024, ensuring that EDI requirements are reflected within both from a content (e.g. EDI forms part of the content) and access (e.g. courses available for BME staff) perspective b. UHL to form part of the pilot for the Developing Me, Developing You programme which is aimed at BME Senior Leaders. Course due to complete by June 2024.		Actions a and b Our current data evidences equity in terms of the likelihood of white and BME staff accessing non-mandatory training and continuing professional development (CPD). Whilst this is encouraging we need to look at ways to ensure that educational opportunities are supportive of career opportunities which is an area of concern for UHL (e.g. access impact rather than simply access)		Current position of non-mandatory training & CPD: 0.99%	By March 2024 95% By March 2025 85% (to support career progression for BME staff)	Annual WRES reporting, EDI Board, PCC, Trust Board (UHL Governance arrangements) Course attendance and career progression to be measured
Actions around WRES Indicator 5: Bullying Harassment from Public (the percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months)	Develop inclusive and safe culture and environment by: a. Launch of the 'No Excuse for Abuse' campaign by March 2024 (including policy, communication, training from both an internal and external lens) b. Develop a process by March 2024 to review data by protected characteristics on grounds of bullying and harassment, discrimination and violence and report at a service area to support rapid intervention. c. By March 2024, we will strengthen our psychological support offer for all staff and develop mechanisms to evidence impact. d. Launch of the new Freedom to Speak Up process in October 2023 e. EDI will lead the development of an anti-racism strategy by September 2024.	Action b UHL already has a comprehensive support offer which is current practice. The action will promote what is already there and assess impact to support continual service improvement. Action d The Freedom to Speak Up service has been in existence across UHL but this action relates to the relaunch of the service to offer a 24/7 service through an independent service.	Action b There is already some reporting but this is limited in nature so needs to be extended and embedded into business as usual.	Action a and e These are new initiatives but are closely linked.	Indicator 5: Current position of staff experiencing bullying, harassment and abuse from patients, relatives and public: White staff: 25.5% (up by 1.2%) BME staff: 20.6% (up by 1.2%)	By March 2025 KPI White staff: 10.0% KPI BME staff: 10.0%	Annual WRES reporting, EDI Board, PCC, Trust Board (UHL Governance arrangements) Training, development of standard operating procedures and clear reporting into service areas
Actions around WRES Indicator 6: Bullying Harassment from Staff (the percentage of staff who experienced harassment, bullying or abuse from other staff in the last 12 months)					Indicator 6: Current position of staff experiencing bullying, harassment and abuse from staff: White staff: 23.7% (up by 1.5%) BME staff: 23.8% (down by 0.3%)	By March 2025 KPI White staff: 10.0% KPI BME staff: 10.0%	Annual WRES reporting, EDI Board, PCC, Trust Board (UHL Governance arrangements)
Actions around WRES Indicator 7: Equal opportunities (the percentage of staff who believed that the trust provided equal opportunities for career progression or promotion)	a. By March 2024 we will complete an analysis of our pay data by protected characteristics and CMG area by Sex and race, Disability, etc b. By September 2023 we will engage on the Developing Diverse Leadership Programme to improve staff opportunities (B5 - B7). c. By March 2024 we will increase the numbers of UHL colleagues who have completed the Active Bystander programme by 10%.		Action a We already carry out some analysis of pay data as part of the gender pay gap return but would like to explore this for other protected characteristics so that we can identify any improvement initiatives. Action c 66 colleagues have already completed the active bystander	The Trust engaged on the Developing Diverse Leadership Programme - 29 staff - 27 managers - 4 promotions	Indicator 7: Current position on Trust provides equal opportunities for career progression and promotion: White staff: 59.9% (up by 0.7%) BME staff: 46.4% (up by 5.4%)	By March 2025 KPI White staff: 70.0% KPI BME staff: 60.0%	Annual WRES reporting, EDI Board, PCC, Trust Board (UHL Governance arrangements)
Actions around WRES Indicator 8: Discrimination from a Leader (the percentage of staff who personally experienced discrimination at work from a manager, team leader or other colleagues)	Engagement on national programmes to improve culture by: a. By September 2024 we will complete the pilot of the national BAPIO (British Association of Physicians of Indian Origin) and Dignity and Work Standards and develop a set of recommendations for improving the culture e. EDI will lead the development of an anti-racism strategy by September 2024.			Action a The Trust is one of 4 organisations involved in the pilot Action e This is a new initiative	Indicator 8: Current position on staff personally experiencing discrimination at work from manager, team leader or other colleagues: White staff: 6.6% (down by 0.4%) BME staff: 15.4% (up by 0.1%)	By August 2024 KPI White: 4.0% KPI BME: 10.0%	Annual WRES reporting, EDI Board, PCC, Trust Board (UHL Governance arrangements)

WRES Race Action Plan

	Action	Please specify which actions are:			Please specify KPIs and timelines for monitoring the actions		How will actions be made sustainable
		Current Practice	Continuation	Different	2022 / 23	2023 - 2025	
Actions around WRES Indicator 9: Board Representation	a. By March 2024 we will ensure that every Board and executive team member have EDI objectives that are SMART included as part of their appraisal and reviewed year on year. b. By December 2024 our organisational development and EDI teams will develop a talent management programme to increase diversity at Board level, with year on year monitoring systems in place to identify potential staff. c. By September 2024 we will embed reverse mentoring programmes for executives, direct reports and members of the Leadership Team. d. By April 2025 we will improve experiences of BAME staff by developing a Shadow Executive Board with membership of a range of roles, professionals, locations and backgrounds.		Action b This happens informally but we need to extend into a formal process with monitoring	Action a Whilst this happens in some instances this will be a new requirement for all board and executive team members Action c Whilst this happens in some instances this will be developed into a formal offer Action d This is a new concept which has been successfully implemented at another Trust	Indicator 9:Current Trust Board member by ethnicity: Total Trust Board members: 13.64% (up by 0.64%) % difference between voting Board Membership and Overall Workforce: -30.56% (up by 7.56%)	By: August 2025 KPI Total Trust Board members: 15.0% KPI % difference between voting Board Membership and Overall Workforce: -25.0%	Annual WRES reporting, EDI Board, PCC, Trust Board (UHL Governance arrangements)

WDES Disability Action Plan

	Action	Please specify which actions are:			Please specify KPIs and timelines for monitoring the actions		How will actions be made sustainable
		Current Practice	Continuation	Different	2022/23	2023 - 2025	
<p>Actions around WDES Indicator 1: Workforce Representation</p>	<p>Implement effective policies to improve attraction to UHL and develop retention initiative to encourage career progression and a healthy work life balance. Actions are as follows:</p> <p>a. Recruitment and retention leads to review and where appropriate amend recruitment and retention strategies to ensure that flexible working opportunities are promoted through recruitment campaigns with uptake tracked and reported to ensure access by all staff groups and evaluation of impact . Review and amendments to take place by December 2023 with monitoring and evaluation evident from April 2024.</p> <p>b. EDI team to carry out an independent assessment of recruitment activities linked to key 6 national ED&I high impact areas recruitment and promotions, including overseas nurses and consultants recruitment and work with recruitment services to develop an action plan by April 2024 to support compliance.</p> <p>c. Disability staff network and recruitment team to develop an approach to strengthen disabled staff representation on interview panels for senior posts by June 2024.</p> <p>d. EDI team to provide an equality lens to support the development of a recruitment plan by September 2024 outlining opportunities for career pathways, apprenticeships and graduate management programmes, including monitoring and evaluation.</p> <p>e. EDI and ESR team to ensure that our data is accurate and complete by improving our declaration rates on ESR system through the design, development and promotion of short video for ESR self-service portal. Campaign to commence in January 2024.</p> <p>f. We will continue to sign up to the Two Tick symbol and improve our practices to move our position from Level 2 to Level 3 by March 2025.</p>	<p>Action d: The EDI team are already involved in schemes of this nature but this action supports input into the overarching plan to embed good practice Action f: The recruitment team have signed up to the Two Tick Symbol to meet the requirement for disabled people.</p>	<p>Action b: We are already engaged with the 6 national ED&I high impact areas and are progressing implementing of these. This action provides an opportunity to validate progress and adjust plans where necessary.</p>	<p>Action a: Whilst we have recruitment and retention strategies in place we do not confidently track impact. The need for this has been highlighted through the work with local diverse communities who have expressed a desire for non-traditional shift patterns or employment contracts to better meet their personal and cultural needs. Action c: We will encourage disabled staff representation on interview panels and put in place a mechanism to monitor and report this. This action will formalise our position and ensure that we can clearly evidence our adherence to best practice. Action e: At UHL our use of ESR is primality limited to access to payslips. This action provides an opportunity to promote the ownership of personal information through the use of ESR. We will be able to monitor impact in terms of number of changes made to ensure that our comms and engagement approach was effective. This will be supported via Staff Networks. Action f: The Recruitment and EDI Team along side the Disabled Staff network group will work together to align practices to meet requirements under Level 3 of the Two Tick symbol by March 2025.</p>	<p>Indicator 1: Current Improve workforce representation Overall: 4.95% (up by 0.35%) 8c & above: 2.4% (up by 0.2%)</p>	<p>Indicator 1: Future Improve of workforce representation. KPI Overall: 6.5% KPI 8a & above: 4.0% By: August 2025</p>	<p>Annual WDES reporting, EDI Board, PCC, Trust Board and Governance arrangements</p>
<p>Actions around WDES Indicator 2: Appointment from shortlisting</p>	<p>a. People Services to develop and approach to the use of Cultural Ambassadors who are available to support employee relations cases. Model to be developed by June 2024 with a current ambition to have in place by April 2025.</p> <p>b. Staff support team to complete an annual campaign to outline our current health and wellbeing offer and access to staff support. Campaign to form part of our annual cycle of business with completion by March 2024.</p> <p>c. Health and wellbeing team to develop a business proposal by March which considers the introduction of a pilot buddying programme to support staff through the Wellbeing offer.</p> <p>d. People Services to develop a dashboard by March 2024 which tracks and monitors employee relations activity by protected characteristic and progression through the disciplinary process.</p>	<p>Action b: UHL already has a comprehensive support offer which is current practice. The action will promote what is already there rather than provide additional support. The only difference may be in the way the campaign is delivery e.g. is the language used, branding, images supportive of access from colleagues from all backgrounds</p>	<p>Action d: The dashboard is a continuation of the reporting we already provide. A key focus of the dashboard will be to understand parity of treatment once in a formal performance and capability process.</p>	<p>Action a and c: These are new initiatives for UHL which will take learning and best practice from other areas.</p>	<p>Indicator 2: Appointment from shortlist - 1.07 (drop of 0.2%)</p>	<p>Indication 2: Appointment from shortlist KPI: 2.5% By: August 2025</p>	<p>Annual WDES reporting, EDI Board, PCC, Trust Board and Governance arrangements</p>
<p>Actions around WDES Indicator 3: Performance Management & Capability</p>	<p>a. People Services to develop and approach to the use of Cultural Ambassadors who are available to support employee relations cases. Model to be developed by June 2024 with a current ambition to have in place by April 2025.</p> <p>b. Staff support team to complete an annual campaign to outline our current health and wellbeing offer and access to staff support. Campaign to form part of our annual cycle of business with completion by March 2024.</p> <p>c. Health and wellbeing team to develop a business proposal by March which considers the introduction of a pilot buddying programme to support staff through the Wellbeing offer.</p> <p>d. People Services to develop a dashboard by March 2024 which tracks and monitors employee relations activity by protected characteristic and progression through the disciplinary process.</p>	<p>Action b: UHL already has a comprehensive support offer which is current practice. The action will promote what is already there rather than provide additional support. The only difference may be in the way the campaign is delivery e.g. is the language used, branding, images supportive of access from colleagues from all backgrounds</p>	<p>Action d: The dashboard is a continuation of the reporting we already provide. A key focus of the dashboard will be to understand parity of treatment once in a formal performance and capability process.</p>	<p>Action a and c: These are new initiatives for UHL which will take learning and best practice from other areas.</p>	<p>Indicator 3: performance management and capability - 0.00% (no change)</p>	<p>Continue to improve the experiences of Disabled staff.</p>	<p>Annual WDES reporting, EDI Board, PCC, Trust Board and Governance arrangements</p>

WDES Disability Action Plan

	Action	Please specify which actions are:			Please specify KPIs and timelines for monitoring the actions		How will actions be made sustainable
		Current Practice	Continuation	Different	2022/23	2023 - 2025	
<p>Action around WDES Indicator 4: Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from patients, public or staff</p>	<p>Develop inclusive and safe culture and environment by:</p> <p>a. Launch of the 'No Excuse for Abuse' campaign by March 2024 (including policy, communication, training from both an internal and external lens)</p> <p>b. Develop a process by March 2024 to review data by protected characteristics on grounds of bullying and harassment, discrimination and violence and report at a service area to support rapid intervention.</p> <p>c. By March 2024, we will strengthen our psychological support offer for all staff and develop mechanisms to evidence impact.</p> <p>d. Launch of the new Freedom to Speak Up process in October 2023.</p>	<p>Action b: UHL already has a comprehensive support offer which is current practice. The action will promote what is already there and assess impact to support continual service improvement.</p> <p>Action d: The Freedom to Speak Up service has been in existence across UHL but this action relates to the relaunch of the service to offer a 24/7 service through an independent service.</p>	<p>Action b: There is already some reporting but this is limited in nature so needs to be extended and embedded into business as usual.</p>	<p>Action a: These are new initiatives.</p>	<p>Indicator 4: Bullying, harassment and abuse:</p> <ul style="list-style-type: none"> - Patient/service user, relatives & public: 32.3% - Managers: 16.5% - Other colleagues: 27.6% - Reported: 44.1% 	<p>Indicator 4: Bullying, Harassment and abuse:</p> <ul style="list-style-type: none"> - Patients/service users, relatives and public: 25% - Managers: 5% - Other colleagues: 15% - Reported: 55% 	<p>Annual WDES reporting, EDI Board, PCC, Trust Board and Governance arrangements</p>
<p>Action around WDES Indicator 5: Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.</p>	<p>a. By March 2024 we will complete an analysis of our pay data by protected characteristics and CMG area by Sex and race, Disability, etc</p> <p>b. By September 2023 we will engage on the Developing Diverse Leadership Programme to improve staff opportunities (B5 - B7).</p> <p>c. By March 2024 we will increase the numbers of UHL colleagues who have completed the Active Bystander programme by 10%.</p>		<p>Action a: We already carry out some analysis of pay data as part of the gender pay gap return but would like to explore this for other protected characteristics so that we can identify any improvement initiatives.</p> <p>Action c: 66 colleagues have already completed the active bystander programme and 10 colleagues have completed the train the trainer programme.</p>	<p>The Trust engaged on the Developing Diverse Leadership Programme</p> <ul style="list-style-type: none"> - 29 staff - 27 managers - 4 promotions 	<p>Indicator 5: career progression and promotion: Overall: 50.9%</p>	<p>Indicator 5: career progression and promotion: Overall: 55%</p>	<p>Annual WDES reporting, EDI Board, PCC, Trust Board and Governance arrangements</p>
<p>Action around WDES Indicator 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>a. Develop Reasonable Adjustment Guidance and Forms by March 2023.</p> <p>b. Give voice to our Disabled (visible and non-visible) staff through our staff networks.</p> <p>c. Promote health and wellbeing support to our disabled staff through our staff networks.</p> <p>d. Develop disability awareness training to improve understanding by September 2024.</p> <p>e. To promote and communicate a wide range of information and providing opportunities for feedback from staff.</p> <p>f. Develop a Human Library of shared staff experiences and stories by March 2025.</p> <p>g. Design and develop communication information that is accessible for all by December 2024.</p> <p>h. Wellbeing discussion to be included as part of the appraisal process by March 2025.</p>		<p>Action a, b, e. This already takes place within the Trust, however, we understand that further promotional activity needs to take place to raise awareness about the availability of Reasonable Adjustment#, information and Staff Networks at UHL.</p>	<p>Action c. To promote health and wellbeing initiatives that improve the wellbeing of Disabled staff.</p> <p>Action d. To design, develop and implement disability awareness training for managers and staff by September 2024.</p> <p>Action f. Design and develop a platform for staff to share stories and experiences by March 2025.</p> <p>Action g. Design and develop communication that demonstrates UHL as an inclusive employer by December 2024.</p> <p>Action h. Design and develop wellbeing questions that are included as part of the Staff Appraisal process by March 2025.</p>	<p>Indicator 6: pressure to return to work: Overall: 33.2%</p>	<p>Indicator 6: pressure to return to work: Overall: 28%</p>	<p>Annual WDES reporting, EDI Board, PCC, Trust Board and Governance arrangements</p>
<p>Action around WDES Indicator 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>Indicator 7: values my work Overall: 29.4%</p>	<p>Indicator 7: values my work Overall: 35%</p>	<p>Annual WDES reporting, EDI Board, PCC, Trust Board and Governance arrangements</p>

WDES Disability Action Plan

Action	Please specify which actions are:			Please specify KPIs and timelines for monitoring the actions		How will actions be made sustainable	
	Current Practice	Continuation	Different	2022/23	2023 - 2025		
<p>Action around WDES Indicator 8: Percentage of Disabled staff saying that their employer has made reasonable adjustment(s) to enable them to carry out their work.</p>				Indicator 8: make Reasonable Adjustments Overall: 71.1%	Indicator 8: make Reasonable Adjustments Overall: 80%	Annual WDES reporting, EDI Board, PCC, Trust Board and Governance arrangements	
<p>Actions around WDES Indicator 9: The staff engagement score for Disabled staff, compared to non-disabled staff.</p>				Indicator 9: staff engagement Overall: 6.2%	Indicator 9: staff engagement Overall: 6.5%	Annual WDES reporting, EDI Board, PCC, Trust Board and Governance arrangements	
<p>WDES Indicator 10: Board Representation</p>	<p>a. By March 2024 we will ensure that every Board and executive team member have EDI objectives that are SMART included as part of their appraisal and reviewed year on year.</p> <p>b. By December 2024 our organisational development and EDI teams will develop a talent management programme to increase diversity at Board level, with year on year monitoring systems in place to identify potential staff.</p> <p>c. By September 2024 we will embed reverse mentoring programmes for executives, direct reports and members of the Leadership Team.</p> <p>d. By April 2025 we will improve experiences of Disable staff by developing a Shadow Executive Board with membership of a range of roles, professionals, locations and backgrounds.</p>		<p>Action b: This happens informally but we need to extend into a formal process with monitoring</p>	<p>Action a: Whilst this happens in some instances this will be a new requirement for all board and executive team members</p> <p>Action c: Whilst this happens in some instances this will be developed into a formal offer</p> <p>Action d: This is a new concept which has been successfully implemented at another Trust</p>	<p>Indication10: Board representation - 0.00%</p>	<p>Indicator 10: Board Representation KPI: 1.0% By: August 2025</p>	Annual WDES reporting, EDI Board, PCC, Trust Board and Governance arrangements