



University Hospitals of Leicester  
NHS Trust

University Hospitals of Leicester NHS Trust

# Case for change:

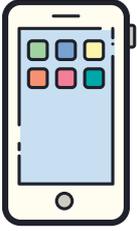
## Equality, Diversity and Inclusion Strategic Plan

2020-2025



# Accessibility Statement

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



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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।

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

# Contents

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02	<b>Introduction</b>
04	<b>Our LLR Community</b>
07	<b>Pillar One: Patient information</b>
12	<b>Pillar Two: Workforce information</b>
22	<b>Our Strategy review work</b>
27	<b>Themes identified</b>
31	<b>Acronym list</b>
32	<b>Contact us</b>

# 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**

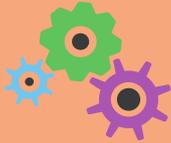
**An inclusive, accessible and civil culture**



## 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** ↓

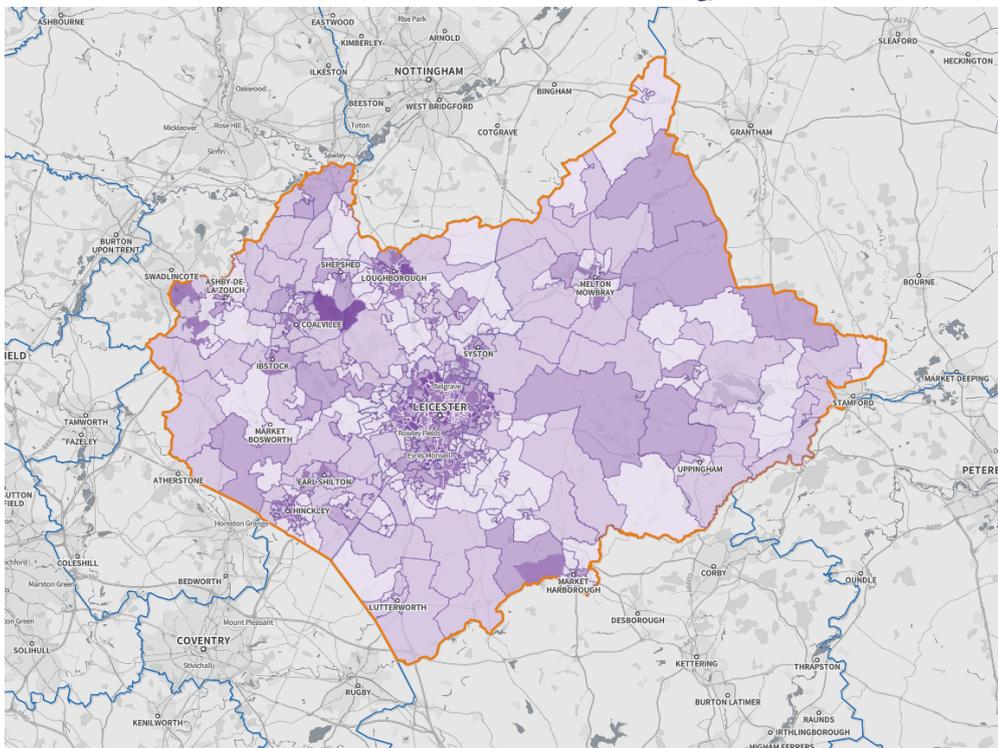
Leicester City

**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](http://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.

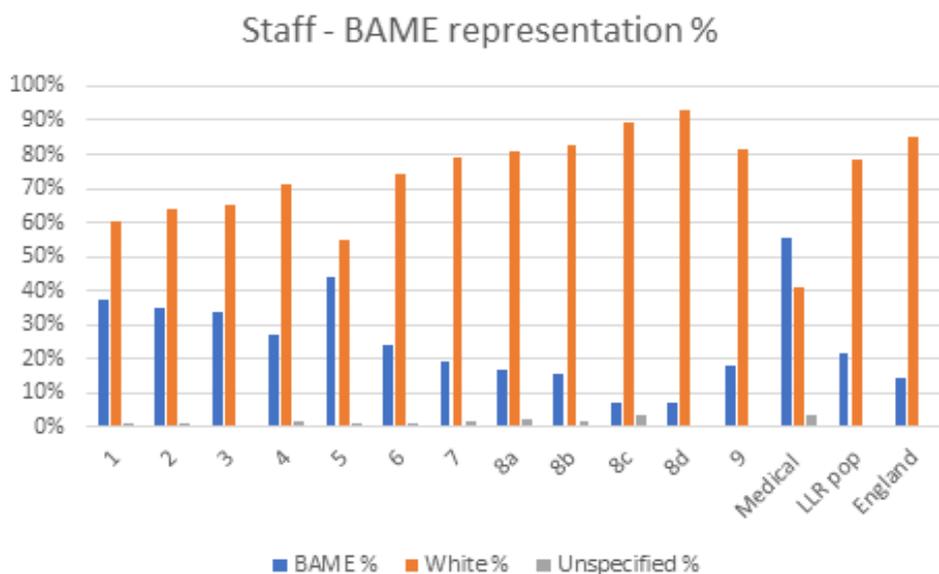
# Pillar Two: Workforce

## 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

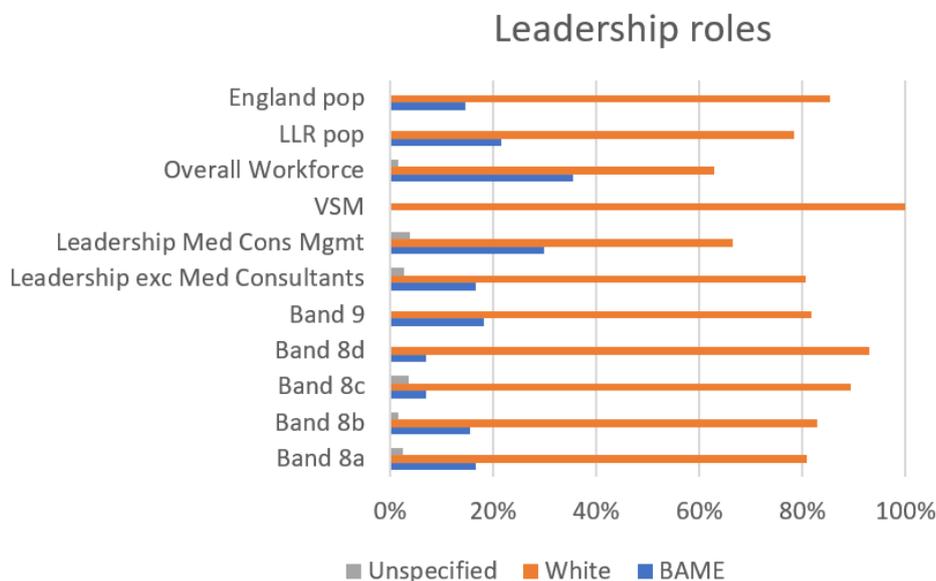
Caution should be taken with the interpretation of % calculations due to relatively small numbers within some bands. For example, Bands 8c to 9 have a very small number of staff within them which can affect the % for numbers disclosing ethnicity.

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:

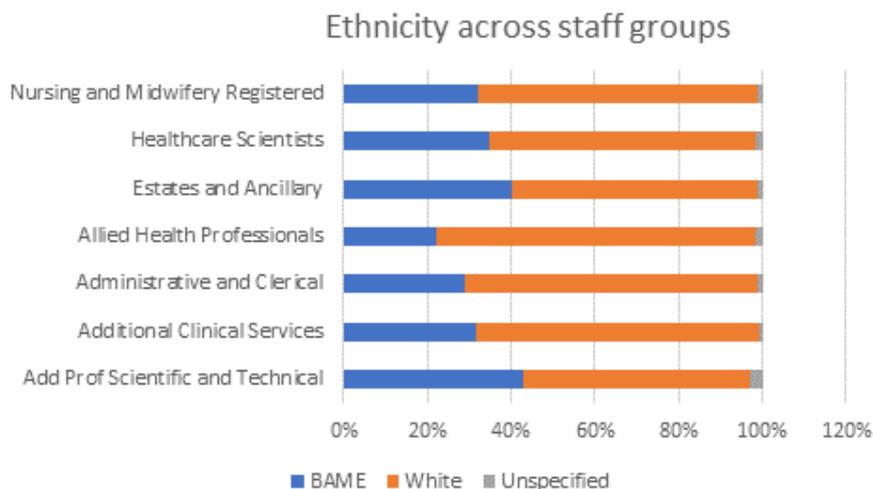
	Band 8a	Band 8b	Band 8c	Band 8d	Band 9	Leadership exc Med Consultants	Leadership Med Cons Mgmt	VSM
BAME	16.67%	15.56%	7.02%	6.90%	18.18%	16.64%	29.82%	0.00%
White	80.79%	82.96%	89.47%	93.10%	81.82%	80.60%	66.40%	100.00%
Unspecified	2.55%	1.48%	3.51%	0.00%	0.00%	2.75%	3.78%	0.00%
Grand Total	100%	100.00%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

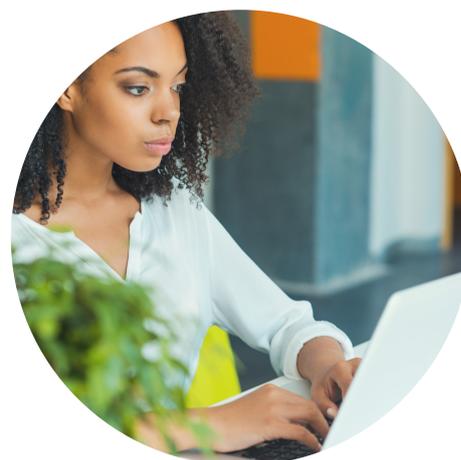
Table showing overall number of staff for Ethnicity across staff groups.

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
<b>Total</b>	<b>101</b>	<b>93</b>	<b>119</b>	<b>107</b>	<b>119</b>	<b>131</b>	<b>145</b>	<b>157</b>	<b>169</b>	<b>183</b>	<b>195</b>	<b>209</b>

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.

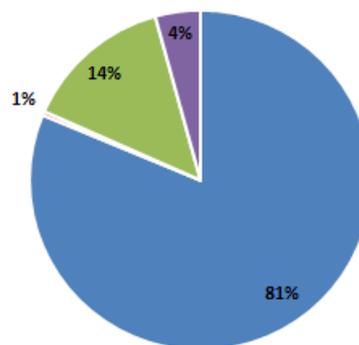
BAME staff experiencing discrimination from their managers / colleagues is significantly higher than white staff. This has fallen slightly since 2018 but remains a concern to the Trust.

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

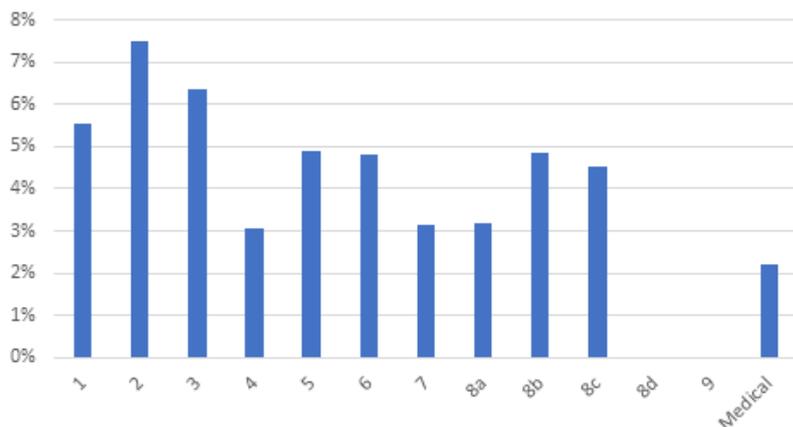


■ No Disability ■ Prefer Not To Answer ■ Undefined/Not Declared ■ Has a disability

### 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

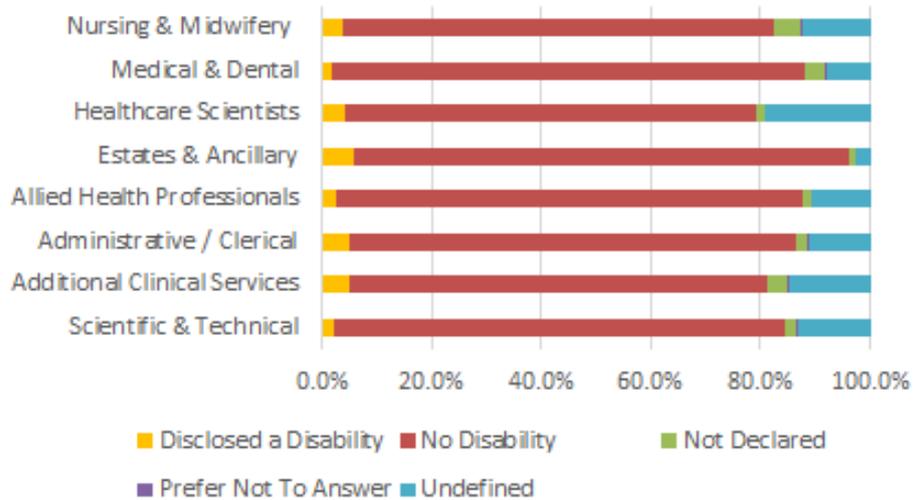
Actual numbers rounded up to <10 as they may be potentially identifiable.

## 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
<b>Grand Total</b>	<b>654</b>	<b>12422</b>	<b>478</b>	<b>57</b>	<b>1675</b>	<b>15286</b>

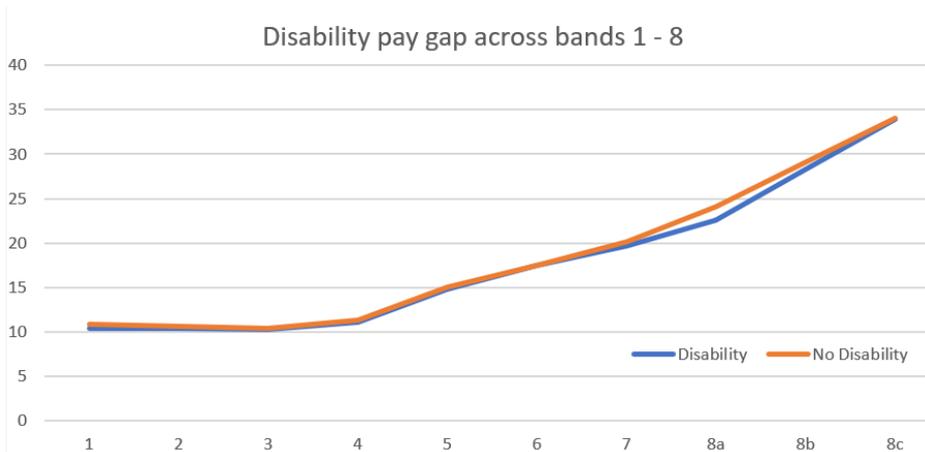
2019 staff data shows low representation of staff with disabilities (4.3%).

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

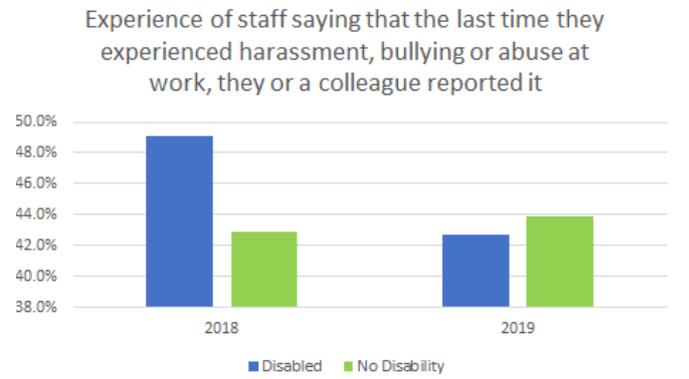
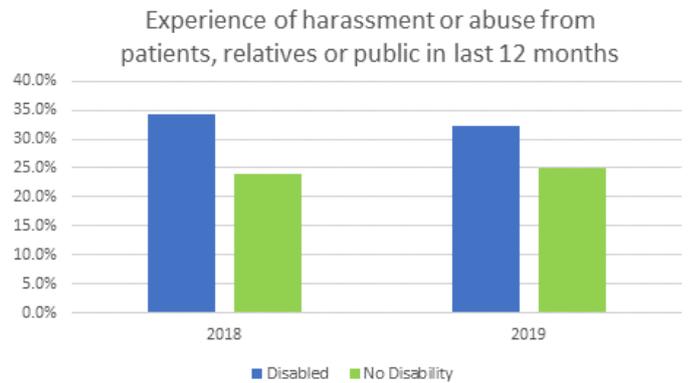
Band	Average hourly rate £	
	Disability	No Disability
1	10.32	10.87
2	10.41	10.61
3	10.26	10.34
4	11.09	11.34
5	14.82	14.97
6	17.47	17.50
7	19.66	20.16
8a	22.59	24.05
8b	28.22	29.06
8c	33.93	34.06

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.

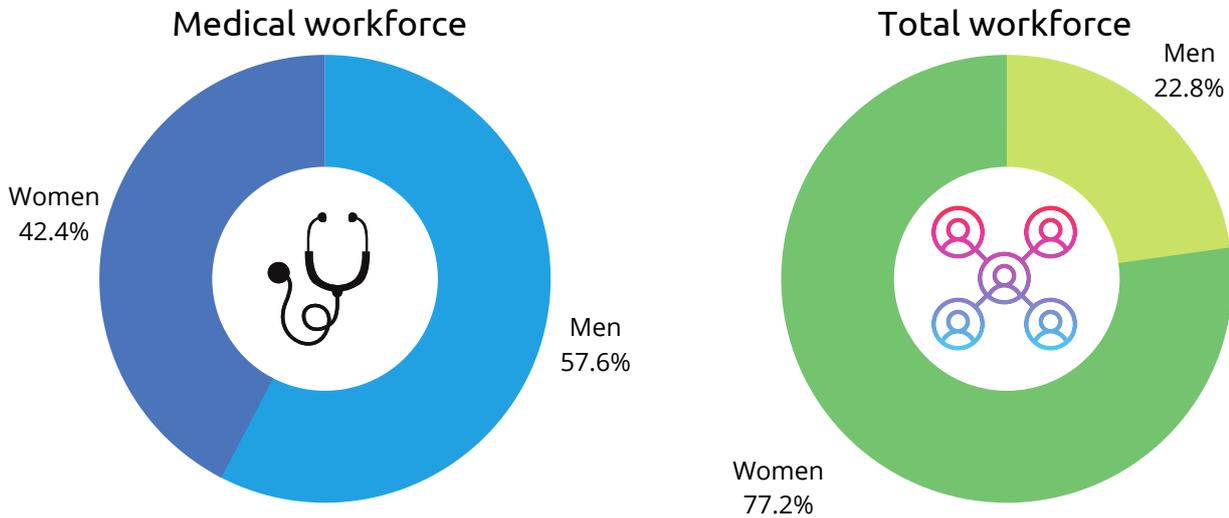
Disabled staff experiencing discrimination from staff and from their managers is significantly higher than for staff with no disability. The rates of reporting harassment incidents have decreased for all staff in 2019 from the previous year. Data on reporting shows that disabled staff are reporting slightly 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

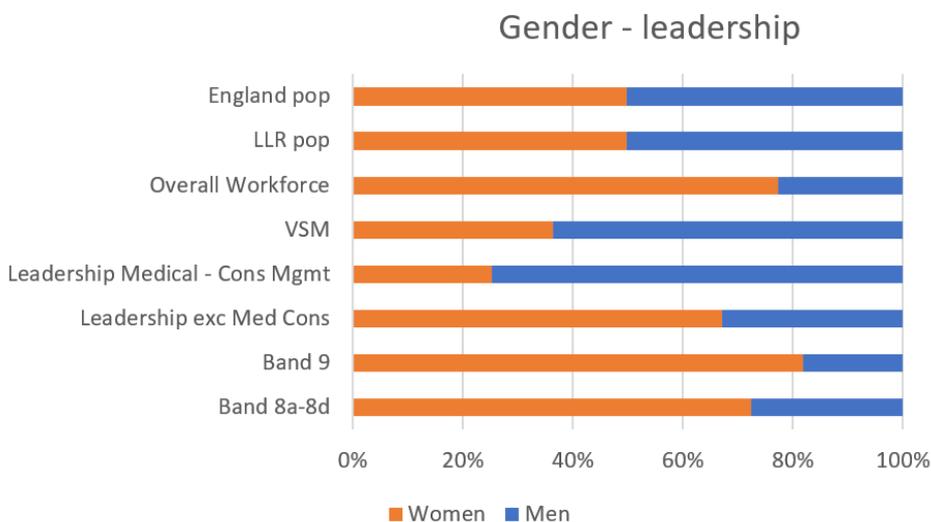
### Staff data by Gender



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%

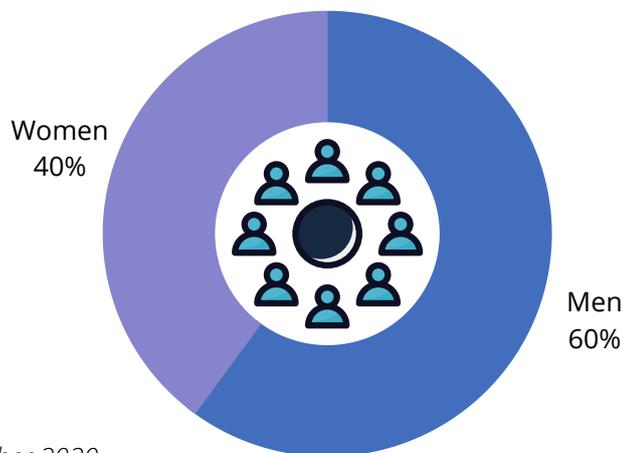
From a total of 11 band 9 posts, 9 are held by women

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

Source: UHL Workforce Data 2019

### Board membership

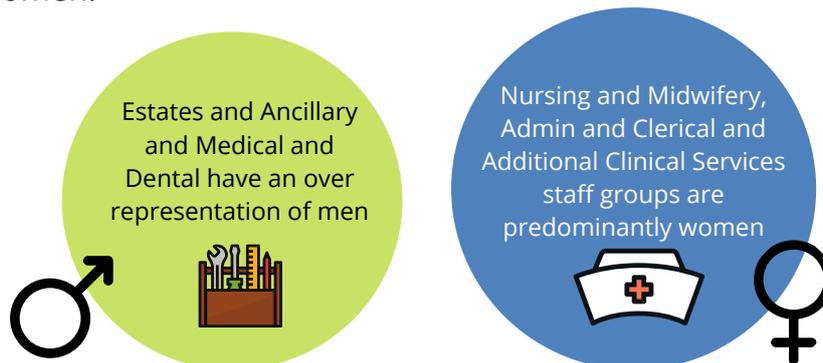
The UHL Board is comprised of 4 women (40%) and 6 men (60%).



Source: UHL Board Data October 2020

### Current variation across staff groups

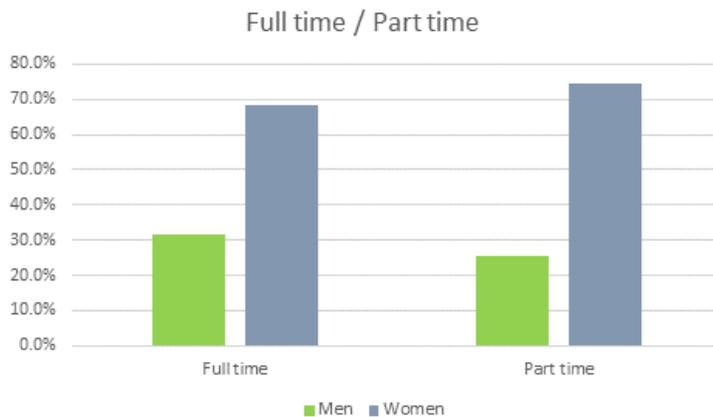
Analysis of data sets further show that there is some variation across staff groups, with some areas over represented with men and conversely, some groups predominantly occupied by women.



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.

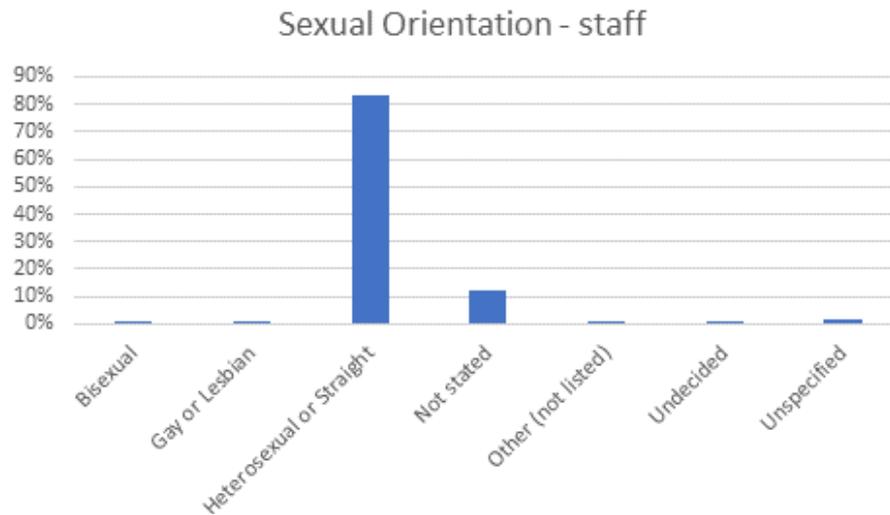
Full information on gender pay gap data is available from the Gender Pay Gap Report March 2020.



Source: UHL Gender Pay Gap Data 2020

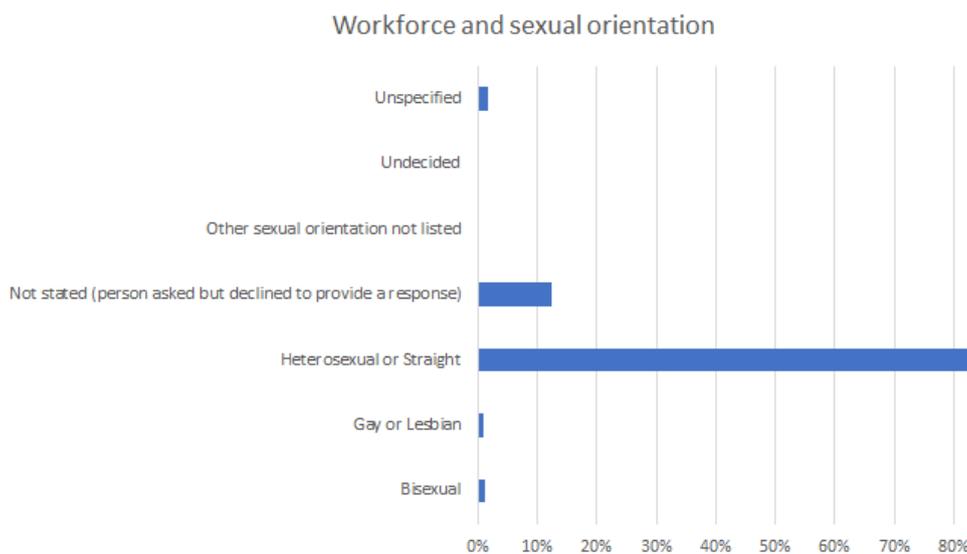
# Sexual Orientation

## The current situation



### Staff data by Sexual Orientation

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



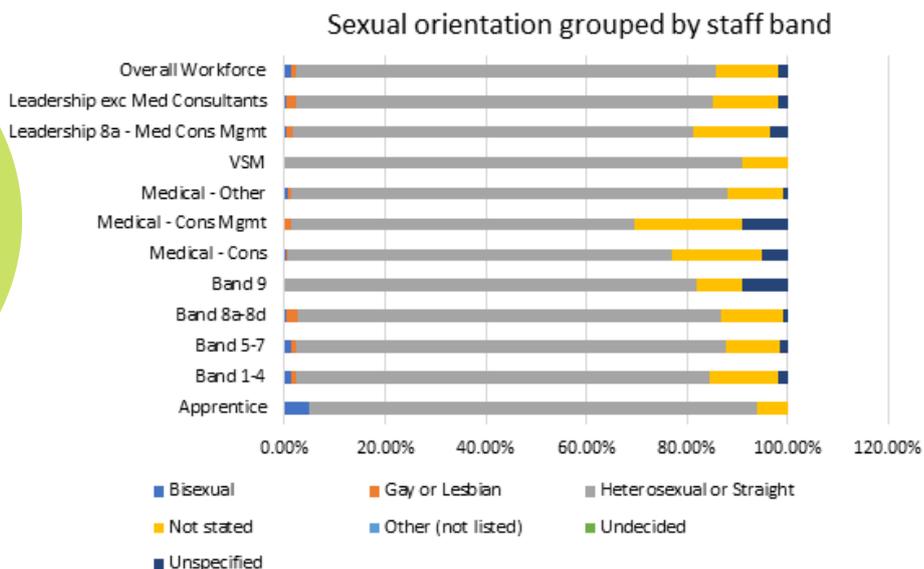
Further insight work is needed to understand workforce experiences

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%
<b>Grand Total</b>	<b>16137</b>	<b>100.00%</b>

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:

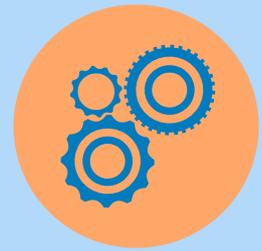
- Employer Brand promotion within diverse communities building on existing work in nursing
- Targeted advertising for diverse communities
- Ensure that application forms are accessible and available in a range of formats
- Analysis of recruitment rates i.e. Applications/Shortlisting and Appointments 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:

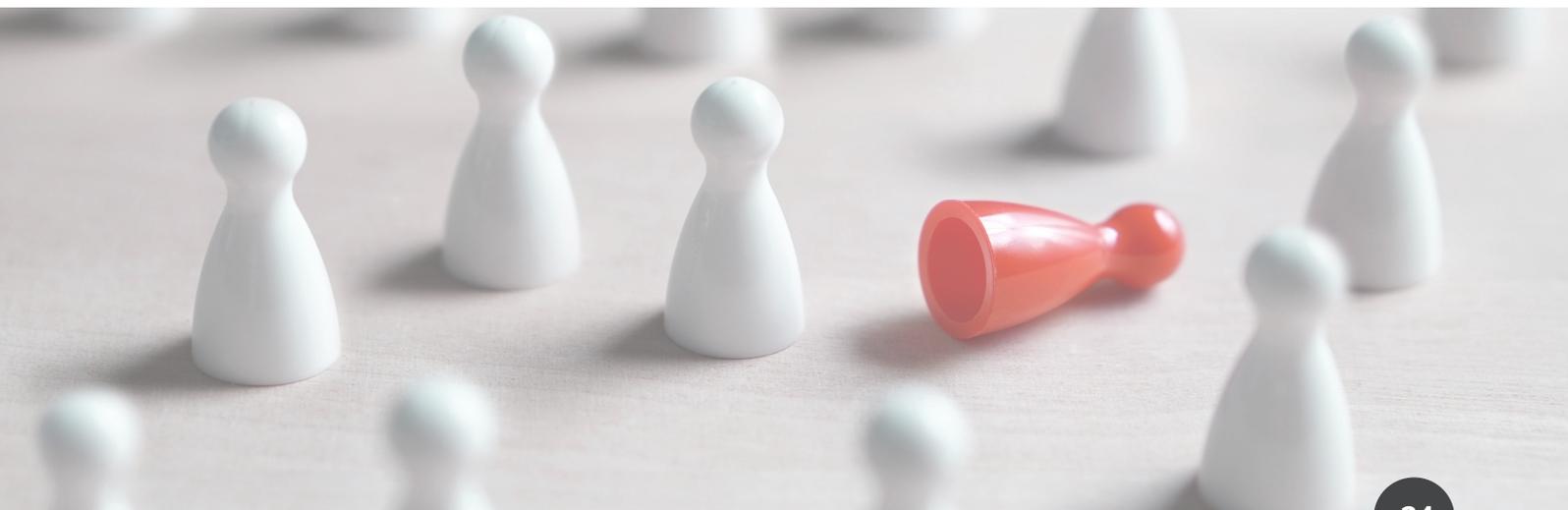
- Explore data capability for progression reporting
- Embed EDI considerations into talent management
- Undertake Equality analysis of new appraisal process
- HR and EDI colleagues to work together on development of recruitment systems to increase diversity for:
  - Medical teams for recruitment of consultants
  - 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 / sponser

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:

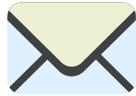
- Recruitment panels - improved gender balance
- Flexible working
- Progression within talent pipeline
- Women In Medicine Network
- Senior champion on Trust Board
- Focus groups for female doctors - understanding issues
- Addressing sexual harassment

# Acronym list

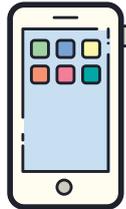
- AIS - Accessible Information Standard
- BAME - Black, Asian and Minority Ethnic
- B&H - Bullying and Harassment
- CCGs - Clinical Commissioning Groups
- CEO - Chief Executive Officer
- CPD - Continuing Professional Development
- CQRG - Clinical Quality Review Group
- CEA - Clinical Excellence Award
- 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:



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