

Meeting Title:	Trust Board
Date of meeting:	14 August 2025
Title:	<b>Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) Data Report 2024, including Workforce Gender Equality Report (WGES) and Summary benchmarking WDES and WRES Report</b>
Report presented by:	Clare Teeney, Chief People Officer
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Action – this paper is for:	Decision/Approval	x	Assurance	x	Update	
Where this report has been discussed previously	This report has been presented at TLT, EPR, PCC					

<b>To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which.</b>
BAF Risks – 10-People, 1-4 “Looking after our People, developing workforce capability and a compassionate and inclusive culture”.

<b>Impact</b>
The actions within this paper are intended to mitigate some financial, patient safety, and reputational risk, with oversight through relevant committees to ensure that risk is not elevated in other areas to unacceptable levels as a result.

<b>Acronyms used:</b>
Acronyms include: Workforce Race Equality Standard (WRES) and Workforce Disability Standard (WDES), Workforce Gender Equality Standard, People and Culture Committee (PCC)

## 1. Purpose of the Report

University Hospitals of Leicester NHS Trust (the Trust) has set out its priorities and deliverables and have aligned these to the national planning guidance for 2025/26. The three key priorities are:

- Transforming patient care;
- Strengthening our culture;
- Deliver our financial plan;

We know that achieving our priorities requires a dedicated and valued workforce. A key component is to have a truly inclusive culture where every colleague, patient, and community member feels respected and heard. Inclusion is central to delivering compassionate, person-centred care and creating a supportive environment where everyone can thrive, contribute, and be their authentic selves. This is why it is important we understand the profile and experiences of our staff.

We know from our Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) 2024/25 benchmarking data that the Trust sits overall in the middle against the specific indicators related to the standards.

## **Legal, Statutory and Contractual Requirements**

The Trust, as a public sector organisation has a legal, statutory and contractual requirement to meet and publish workforce data against the Equality Act 2010, Public Sector Equality Duty (PSED), government requirements and NHS England (NHSE) contractual requirement.

As part of our NHS contract, we are required to report against the WRES and WDES, annually. The purpose of the standards is to understand the disparities in experience between groups of people and improve those experiences through positive action initiatives. Furthermore, the CQC's Well-Led Framework expects Boards to take demonstrable action on inclusion and psychological safety.

We are also required to report the information to NHSE, and publish the information on our website.

This report provides our position against the standard in 2024/25, a summary of our actions to date, and next steps. Our detailed actions will be presented at PCC, in line with our cycle of business.

## **2. Recommendations**

The Trust Board is recommended to:

- Note the report
- Approve the publication of the WRES and WDES data on the Trust website
- Support the actions to improve the experiences of colleagues working at the Trust and to oversee the impact of these actions

## **3. Background**

The Trust is located within a community of diverse cultures, languages, and traditions. While the county is predominantly White, it also has significant Asian, Black, mixed, and other minority communities in city. Leicester city has a vibrant diverse population with significant high number of ethnic minority backgrounds, more than 70 languages and 14 faiths represented. This multiculturalism strengthens the community by promoting understanding, cultural exchange, and social cohesion, visible in lively neighbourhoods, with diverse events, and a wide range of cultural and business collaborations.

We know that negative behaviour is an immense cost to organisation such as the NHS. Evidence and data from various sources such as NHS Digital show that inappropriate behaviour in the NHS estimate cost of over £2 billion, annually.

Research by various key organisations such as the Kings Fund and NHS England have consistently demonstrated that having a diverse workforce offers significant advantages to organisations. Diverse teams:

- bring a wider range of perspectives and experiences, which can lead to more creative problem-solving and better decision-making.
- lead to increased profitability and innovation.

- foster a sense of belonging and encourages employees to feel comfortable sharing their unique ideas and perspectives; and
- improve a organisations public image and reputation.

We know that inclusive leadership and diverse senior representation leads to better patient outcomes, governance, and innovation. We also acknowledge that tackling discrimination and fostering staff inclusion is critical to patient safety and organisational performance.

#### **4. Summary Report findings**

##### **WDES (2024/25)**

- Indicator 1: Disabled colleagues are positively represented in non-clinical roles and senior non-clinical positions, however, remain underrepresented in clinical and medical roles. Disabled staff were represented at senior non-clinical AfC roles (pay bands 8c to VSM) and a positive improvement in comparison to previous years.
- Indicator 2: Disabled colleagues were likely to be appointed from shortlist.
- Indicator 3: There was no significant change in the ratio of disabled and non-disabled colleagues going through capability processes. However, the figures are based on a very small number of formal capability cases. Further work is needed to understand the definition of formal capability cases to ensure we are counting in a manner appropriate to the purposes of the WDES.
- Indicator 4: Positive experiences were reported on equal opportunities in career progression, promotions and making reasonable adjustments.
- Indicator 10: Data shows under-representation on the grounds of disability at board and non-executive level.
- Indicator 5 – 9: the data showed that disabled colleagues continue to experience bullying, harassment and abuse from patients/service users, managers and colleagues. It also shows that disabled colleagues felt less valued and more likely to be pressured back into work when ill.

##### **WRES (2024/25)**

- Indicator 1: The overall workforce profile by race shows:
  - high representation of Asian staff within Professional scientific and technical;
  - high proportion of white colleagues within the clerical and administrative, AHP and additional clerical services areas; and
  - high proportion of Black colleagues within student roles.

The data shows that BME staff are represented across all staff groups.

- Indicator 2: The likelihood of BME candidates being appointed from shortlist has deteriorated year-on-year. However, further data analysis is being undertaken to ensure we are comparing like for like roles.
- Indicator 3: BME colleagues entering the formal disciplinary process compared to White colleagues was not significantly different to equity.
- Indicator 4: It was not possible to calculate the likelihood of colleagues accessing non-mandatory training and continuing professional development (CPD) due to unavailable data. Further work is being undertaken to support data collection and analysis.
- Indicator 5 – 8: BME colleagues report significantly higher levels of discrimination and reduced confidence in career progression opportunities.

The data also showed:

- a decrease in White and BME colleagues experiencing bullying, harassment and abuse from patients and relatives from the public.
- a drop in White and BME colleagues experiencing bullying, harassment and abuse from staff in the last 12 months, compared to previous year.
- a drop in colleagues believing that the Trust provides equal opportunities for career progression and/or promotion.
- an increase in BME colleagues personally experiencing discrimination from other staff in the last 12 months was significantly higher in comparison to White staff.
- Indicator 9: Board membership shows BME under-representation within board.

## 5. Actions and Initiatives

We have worked hard to improve the experiences of our colleagues over the past year and we recognise that more needs to be done. Our initiatives have included:

- Staff Networks – strengthening, accelerated and energised our staff networks with support from Executive Sponsors. The aim of executive sponsors is to support our co-chairs to increase membership, improve relationships between groups of staff and help address concerns. These extended staff networks are listed below:
  - Gender Equality Staff Network, inclusive of medical;
  - Internationally Educated Staff Network;
  - Differently Able Voices Staff Network (disability – visible and non-visible);
  - Race, Ethnicity and Cultural Heritage (REACH);
  - LGBTQ+ Staff Network;
  - Armed Forces Staff Network.
- UHL Inclusion Summit and Awards – first celebration of our diverse colleagues, supporting us in delivering exceptional health care to our diverse communities. The event provided an opportunity to shine a light on the outstanding contributions of individuals and teams who drive equality, diversity, and inclusion across our hospitals.
- Active Bystander Programme – a programme the Trust has engaged to empower individuals, to recognise and safely intervene when they witness unacceptable behaviour, such as bullying, harassment, or discrimination. It equips participants with the skills and confidence to challenge these behaviours and create a safer and more inclusive environment. We have also developed an in-house e-learning programme to accelerate the support across the Trust.
- Developing Diverse Leadership and Developing Me, Developing You programme – the programme was aimed at supporting colleagues to improve their skills and knowledge to enhance their career progression within the Trust. The programme was targeted at Bands 5 – 7 (clinical roles) and Bands 8a and above, where evidence shows a disparity in progression for BME colleagues.
- Recruitment Opportunities – we have introduced positive recruitment initiatives that ensure equity through our process. For example; diverse panels, reasonable adjustments at interviews, questions given in advance of interviews.
- You Matter Colleague Support Policy – we have introduced the ‘You Matter Colleague Support policy to help colleagues achieve a balance between their working lives, commitments and obligations outside of work. The aim is to ensure every person feels supported when they need it most at work and home.

Our key focus for the year ahead will be to:

- Approve and launch the co-produced Equality Diversity and Inclusion Strategy. This will contain our anti-discrimination statements and staff pledges. It has been aligned to the Race Health Observatory anti-racism principles (evidence based) and underpinned by a

comprehensive evidence based and data-driven action plan. Continued focus will be placed on improving representation, experience and equity in career development, supported by robust governance and accountability mechanisms.

- Increase EDI knowledge and opportunities for engagement at every level, with a specific focus on leadership development. We will reinforce that tackling discrimination and fostering staff inclusion is critical to patient safety and organisational performance.
- Use evidence-based monitoring to identify and address inequalities.
- Build a workforce that reflects the diversity of our communities at all levels of leadership.

The Trust Board are recommended to note the contents of the report and support the publication of the WRES and WDES data on the Trust website and support the improvement actions. Progress will be overseen by the People and Culture Committee.