

Draft Report

Leeds Teaching Hospitals NHS Trust

enei evaluation - DRAFT

25th July 2025

Introduction

enei were engaged to conduct a desktop review of Leeds Teaching Hospitals NHS Trust (LTHT) approach to equality and inclusion, based on 15 key questions/areas to explore which were agreed with NHS England.

The high-level review was completed in 16 days across a period of four weeks from 30/06/25 to 26/07/25.

Methodology

enei worked with one LTHT Non-Executive Director and one Executive Director to scope the project and one contact within the OD and HR Team to gather evidence to review. There was no further contact or consultation with LTHT.

A deadline of 15/07/25 was agreed for LTHT to provide the evidence to enei to be reviewed. The questions/areas to explore have been answered on the basis of the information available at this time.

LTHT provided enei with a significant quantity of evidence to review, consisting of over 850 files and webpages (including duplicates). Given the time constraints, it has not been possible to conduct an in-depth analysis of all the documents provided or follow up with LTHT after the deadline for information gathering, where there were still gaps in evidence or to confirm understanding of the documents provided.

It is recognised that other relevant information may exist, which has not been reviewed or noted. The observations and findings presented should be considered in light of these limitations.

Answers have been provided for each of the 15 questions/areas to explore. However, there is significant overlap between the questions, resulting in overlap between findings and recommendations. Questions 2 and 4 have been combined as a result of this, but all other questions are presented separately.

It is also recognised that some of the recommendations are already being addressed within the EDI Action Plan. Where this is the case, the approach should be reviewed to ensure actions will achieve the desired goal.

N.B. This review focuses on EDI within the workforce.

Summary of Findings

N.B. Details responses to the questions/areas to explore are provided in the Appendix.

1 – Is the current policy in line with National mandated measures (WRES, WDES and EDS2022)?

N.B. (WRES/WDES and EDS2022 are presented separately)

WRES/WDES

Overall, it appears that the mandated requirements of the Workforce Race Equality Standard (WRES) and Workforce Disability Standard (WDES) are being met. However, the approach seems to be focused on compliance and does not appear to be driving meaningful cultural change. There is some recognition within the organisation of the need to move beyond compliance, for example by embedding inclusive recruitment practices and fostering a truly inclusive workplace culture (confirmed within the Key Equality Priorities from the current Workforce EDI Action Plan) but this alone will not create the inclusive culture desired.

While there is a substantial framework of relevant policies, practices and support in place, it is unclear how well these are understood, how consistently they are applied across the organisation, or how easily relevant guidance and support can be accessed. The information reviewed does not specify what training or guidance accompanies these policies, nor whether such support is tailored to the differing needs and responsibilities of staff at various levels.

Except for mandatory information and content produced by staff networks, the information on EDI displayed on the Trust website and intranet is hard to find, limited, frequently out of date and in some cases incorrect. This does not align with the commitment to EDI demonstrated within strategy, The Leeds Way and the content of Board/Workforce/D&I Steering Group minutes but is how LTHT currently presents to less informed stakeholders (both internal and external).

Apart from the BME Health and Wellbeing Plan, levels of participation, engagement and the impact of BME and disability inclusion activities and initiatives (including any training and the Allyship Model) are unclear. It is anticipated many frontline or operational staff may have

limited access to digital communication – creating barriers to support, engagement and participation.

Equality Impact Assessments do not yet appear to be fully embedded into decision-making processes, limiting the organisation's ability to proactively identify and address potential inequalities and take corrective action. The need to progress the use of Equality Impact Assessments is acknowledged within the LTHT Workforce EDI Action Plan April 2024 – Oct 2025 and addressed separately in Question 3.

The workforce data report (LTHT EDI Metrics 2024) states, despite "...increases in BME representation at all bands/grades, including senior roles" "...there continues to be under representation. Measures have improved, but BME staff continue to report a poorer experience."

The report also confirms, and the organisation itself acknowledges (LTHT Equality, Diversity & Inclusion Workforce Measures October 2024) that further work is needed on disability representation as it "...is lower than the local population and data quality issues persist." While there have been some improvements, the data indicates that Disabled staff continue to report less positive workplace experiences compared to non-disabled colleagues.

The organisation has laid important groundwork for race and disability inclusion, but further action is required to improve understanding, consistency, and outcomes - by deepening cultural change, strengthening data quality, ensuring accessibility for all staff, and fully embedding inclusive practices throughout daily working practices.

EDS2022

LTHT are meeting the requirement to implement EDS2022, by producing and publishing a summary of findings on the website.

A review of the evidence provided shows that current workforce health and wellbeing support includes a range of positive initiatives, such as the Health and Wellbeing Strategy, the Health and Wellbeing Group, BME Health and Wellbeing Plan and Disabled Staff Network, as well as a range of intranet resources (e.g., Occupational Health, EAP, etc.). However, the EDI policy lacks direct commitments to staff health, and the Attendance policy appears to have more of a focus on absence management than proactive wellbeing support. Staff survey results indicate minimal improvement in health and safety and persistent burnout levels, with overall declining participation rates.

The approach to ensuring staff are free from harassment is articulated in several policies, including the EDI policy and Dignity at Work policy, and there is a commitment to collaborative conflict resolution expressed in the Resolution (Grievance) policy and intranet guidance. There are support structures in place through the Dignity at Work advisors. EDI metrics since 2018 consistently indicate a higher proportion of disabled staff and BME staff (since 2022) experiencing harassment, bullying or abuse from their manager compared with their non-disabled and white colleagues.

In addition to the Dignity at Work policy and advisors, the Freedom to Speak Up policy and

Guardian are enhancing the foundations to empower staff, along with the Challenging Behaviours Steering Group. These are promising steps, but it may be that their potential positive impact has yet to be fully realised and evidenced. There must be sufficient resource

dedicated to this work to maximise the impact and reviews completed to assess the success/impact.

Staff recommending the Trust as a place to work is just over 2% below the national average at 62.34%. In rating whether staff would be happy with the standard of care if a friend/relative needed treatment, this is c9% above the national average at 70.45%.

There is evidence of every staff network having an Executive Sponsor but an inconsistency in the support being provided and lack of clarity on the sponsor's role. The Workforce Committee meeting agendas evidence relevant items relating to equalities are being regularly discussed, including people priorities, workforce metrics, pertinent reports, updates on the EDI performance results and action plan. These feed into the board agendas and minutes, but it is unclear how leaders are demonstrating their commitment to and understanding of equality, inclusion and health inequalities day to day, with inconsistent approaches to CSU EDI plans, including some that are incomplete or out of date.

EDI and health and wellbeing policies and information are currently spread across multiple sources (e.g. intranet and internet pages) and often presented in lengthy documents that can be hard-to-navigate. (For example, the NHS Staff Survey Benchmark Report 2024 runs to 146 pages.) This can create barriers for managers and frontline staff with limited technology access and lead to inconsistent application of policies, that negatively impact workplace culture.

2 & 4 - How is the policy adopted within the directorates/CSUs? and Do all directorates have an EDI plan and how are they delivered, progressed and reported at directorate and provider level?

Directorates/CSU's are expected to produce their own Operational Workforce Action Plan (referred to as OWAPs or OWPs) using a template. CSUs should align their plans to the Trust's strategy, in year commitments and the NHS Long-Term Workforce Plan.

The OWAP is owned by the CSU Joint Accountability and Assurance Framework Forum (JAAF) with membership from the CSU leadership team including the HR Business Partner. The JAAF has been given delegated authority by the Workforce Committee to 'review, discuss and make decisions' about the CSU with a purpose 'to ensure that comprehensive and robust systems and processes are in place within the CSU in respect of our People Priorities'. The JAAF provides assurance to the Workforce Committee.

Responsibilities of the JAAF include:

- Monitoring and reviewing the People Priorities dashboard; have oversight of key performance indicators and areas in escalation; ensure robust actions are identified for improvement.
- Monitoring and reviewing staff survey/pulse survey results and associated action plans.
- Monitor progress against the CSU workforce plan and instigate actions as required.
- Review inclusion data (including FTSU concerns) and agree actions in response to adverse themes and trends.

Each CSU should have an overarching action plan for the whole CSU and individual plans for each service. The plans should be reviewed by the Deputy Director of HR. Many OWAPs were submitted as evidence for this review but several were missing so it has not been possible to confirm that an OWAP exists for each CSU.

Of those provided, there are inconsistencies with quality, and little evidence that plans are used and updated as expected. In many cases the OWAP:

- Is not up to date (some do not cover the current year and others have not been updated since they were written).
- Includes actions which are vague themes rather than true actions and lack the detail required to be able to measure whether they have been achieved.
- Does not contain dates for delivery of actions or provides unclear deadlines such as 'ongoing'.
- Does not show the RAG status (i.e. status is blank).
- Only has an overarching plan i.e. not supported with service/department plans.
- Has a focus on operational workforce issues with very few actions aligned to equality and inclusion. When they are provided, they are often limited in reach and impact e.g. conduct exit interviews or recruit Freedom to Speak Up Champions.

Of those provided, none of the OWAPs appear to have any actions linked to the CSU data from the main Picker WDES or WRES reports, which allow JAAFs to compare results from the staff survey indicators by CSU and department to identify areas requiring action. It is not clear how this information is shared with CSUs.

CSUs were invited to report on their progress and actions at the Workforce Management Group (WMG). At each of the monthly WMG meetings, one CSU presents. The Workforce Committee also has a standing agenda item for one CSU to provide an update. However, in the last 6 meetings, covering a 12-month period, only one CSU presented (Estates and Facilities). It is not known why other CSU presentations did not take place.

The current approach and use of CSU OWAPs does not appear to be driving improvement in EDI.

3 - Level of EQIAs undertaken, including training to undertake them and SRO oversights.

EQIAs are mandatory for all new/revised policies and service changes with templates and training provided. However, limited EQIA information was provided, and therefore, it is difficult to assess the level of competence and confidence across the Trust in undertaking EQIAs.

The EQIA documents reviewed included very little quantitative evidence beyond ESR data and no qualitative data or research references to enable an understanding of how data was used to inform decisions where equality impact was deemed to be 'not applicable' or 'neutral'.

Although oversight and accountability is flagged in the EHIA process as being important, none of the documents viewed provided details of when and how this will take place and there was no feedback provided.

As no information, beyond a slide deck, was provided on EQIA training and guidance, it is not possible to comment on how LTHT enables staff to fully understand the proactive intent of EQIAs. Whilst combining impact assessments for equality with health inequality impact assessments makes sense for clinical projects and policies, the documents provided did not provide sufficient information to confidently say that the equality dimensions had been fully explored.

5 – Access to workforce data through EDI lens – use of data, reporting and analysis to inform policy and planning

A range of EDI data is available and reviewed at Trust and CSU level including:

- NHS Staff survey results with ethnicity and disability analysis (including intersectionality) by Picker
- Staff in post and by band by age group, ethnicity (in groups), gender (including by staff group and band), disability (disabled or not), sexual orientation, religion and less than full time workers (including by staff group) with comparisons to trends over time and census comparisons where appropriate.
- Turnover
- Exit interview data
- Freedom to speak up

The data is used to inform:

- Equality Impact Assessments
- EDS2022, WRES, WDES and Gender Pay Gap submissions and reports
- The future people strategy and action plans (overall; less clearly at CSU level)
- The success of the people strategy and action plans (overall; less clearly at CSU level).

EDI data is reported, as required within the relevant Terms of References to:

- The EDI Committee every 2 months
- The Workforce Management Group every month
- The Workforce Committee every 2 months
- The Board every 2 months, with deeper dives twice a year

Data on ethnicity and disability is reported and shared internally most frequently, as required to meet the obligations of the NHS contract (e.g. WRES/WDES).

There is evidence that EDI data is used to inform policy and planning at Trust level but little at CSU level.

6 – How is the Board updated on EDI work undertaken, management of action and risk associated to areas of concern?

The Board are given written and verbal assurance with high level updates on workforce activity and metrics at each meeting with deeper dives into EDI bi-annually in the Workforce Committee Chair's report and once a year in the Annual Report.

On the three occasions where there was more detailed focus on EDI there were updates on:

- The Annual Workforce and Demographic Report.
- The EDI performance results and action plan, including WRES, WDES, Gender Pay Gap, Ethnicity Pay Gap and the FTSU Guardian's Bi-Annual Report.
- The NHS Staff survey results with details on results of WRES and WDES metrics.

The Workforce Committee monitor EDI actions and provide assurance/escalation to Board when appropriate. In May 2025 the Workforce Committee presented an Annual Report, with:

- Assurance that the duties within the Terms of Reference had been discharged, the work plan for 24/25 has been completed and the Workforce Committee regularly review EDI metrics.
- The proposed work plan for 25/26.
- An update of progress of the 'We are inclusive and champion diversity' people priority, including Gender Pay Gap, WRES and WDES results and a summary of related actions for the next 12 months.
- Updates on other related subjects discussed including staff survey results and Freedom To Speak Up.
- Updates on risks and tolerances.

7 – Board level accountability with SMART objectives led by Chair.

The Board is accountable for EDI, with strategy, plans and metrics reported through the channels discussed previously.

The Board has made a commitment that Executive and Non-Executive Directors have personal EDI objectives (contained within the EDI Action Plan). Executive Director objectives are agreed and reviewed by the CEO, and Non-Executive Director objectives are agreed and reviewed by the Chair.

These objectives were not shared with enei due to concerns about confidentiality. However, two anonymised extracts were provided: one for an Executive Director and one for a Non-Executive Director.

The two objectives were different, demonstrating that Directors have not been given the same objective, which is positive, and both showed a degree of measurement and target. However, both objectives could be more stretching and specific with clearer measures.

8 – Key specific questions in the Staff Survey, how does it inform improvement plans, and how do directorate action plans address any specific areas of concern?

The key specific questions in the NHS Staff Survey are in sections on Diversity & Equality and Inclusion, although many other areas of questioning are connected to EDI. Some of these questions have seen scores decrease between 2023 and 2024.

The results have informed the People Priorities, in year commitment and EDI Action Plan.

In the paper headed 'Confirmed NHS Staff Survey Results', which was presented to the Workforce Committee in March 2025, there was an emphasis on the need for "effective dissemination and local ownership and use and action of NHS Staff Survey results". In support of this requirement the NHS Staff Survey Benchmark Report 2024 included guidance on using the benchmark information to identify areas for improvement, positive outcomes and trends. It is unclear if any further guidance or training was provided to support managers in navigating what is a very lengthy document – and if they have gone on to create effective local plans.

Additionally, a template dated August 2022, the CSU Joint Accountability Assurance Framework – Workforce was created to ensure there were "...comprehensive systems of internal control in place to deliver on the People Priorities."

Based on the information available there is a lack of evidence that the CSU's have embedded actions related to the EDI aspects of the staff survey into their action plans.

In summary, the organisation has laid important groundwork, by conducting significant data analysis of the Staff Survey results and planning communications for cascading the results. However, it appears further action is necessary to ensure local ownership in CSUs through the development of effective action plans aligned to Staff Survey results.

9 – Approach taken to ensure participation in staff survey at all levels and what leadership drives this?

Very little information has been shared on the approach to ensure participation in the NHS staff survey, which has declined from a peak of 60% in 2021 to 48% in 2024.

The March 2025 Board paper shared the confirmed survey results and identified the risk of further deterioration with the mitigation of a strategy to achieve effective dissemination and local ownership/use of results. This was attached as an Appendix.

In the background it highlighted the 2024 communication strategy but did not provide any details about how this was achieved, an evaluation of its success, strategy or learnings/actions to improve the response in 2025.

There is information about the survey on the intranet including FAQs, a communication pack and some details about why people should take part, but this is limited.

A 'Making the most of your results' document on the intranet provides Managers with guidance on what to do with their results from 2024. If followed, this would promote the benefits of completing the survey to staff, which would support next year's participation but there is no information available on how this was used.

Incentives of treat vouchers and an annual leave draw are offered to those who complete the survey.

10 – Is WRES/WDES data discussed at Board and what steps have been taken to ensure Board make up is reflection of the population?

The WRES and WDES data is shared with the Board as part of the Chair of the Workforce

Committee's reports and the minutes from Workforce Committee meetings. In the last 12 months, this report has included data on WRES/WDES twice – in November 2024 and May 2025. It is not known if the data was discussed by the Board.

Members of staff network groups have been part of panels for recent Board level appointments, however their involvement, consistency and the impact of this is unknown.

No further evidence relating to any steps taken to ensure Board make up is a reflection of the population was provided.

11 – Approach to supporting staff networks via Board level sponsors and inviting chairs to attend board meetings.

There are six main staff networks: Disabled Staff, LGBT+, BME, Faith & Belief, Men's Action and Awareness and ELW (Empower Leeds Women). All main networks have an Executive Sponsor and a record of sponsors is held centrally.

N.B. The Leeds Sikh network does not have a sponsor but as it operates as a subgroup of the Faith & Belief network, it may not be required.

Two networks have a Terms of Reference (the BME network and the Leeds Sikh network subgroup) although neither of the Terms of References mention the role of sponsors.

Each network has a page in the intranet site with a variable degree of information related to their network and to raise awareness of relevant issues; none mention a sponsor.

Staff network chairs have not been invited to attend Board meetings, but meetings are public, so they are able to attend.

12 – How frequently does the People Committee Review EDI work and how is assurance measured?

LTHT has three main people committees that report EDI into the Board for assurance/escalation:

- The Workforce Committee - meet bi-monthly
- The Workforce Management Group – meet monthly
- The EDI Strategic Group – meet bi-monthly

There is evidence of EDI work being discussed and escalated by all three groups through the channels specified in their Terms of Reference.

The Workforce Management Group's Terms of Reference states that at least once a year the group will review its own workplan, performance and Terms of Reference to ensure effectiveness, recommending any changes to the Workforce Committee for approval. However, it is not clear when the last review took place.

Neither the EDI Strategic Group nor the EDI Group's Terms of Reference include this requirement but there is evidence of all groups reviewing the work plan and relevant Terms of Reference within the last year.

13 - Review of FTSU concerns in relation to EDI

FTSU concerns are monitored and reported bi-annually by the FTSU Guardian. The bi-annual reports are presented to the Workforce Committee and reported to the Board along with the Exec/Chief Executive's response to actions.

The latest report shows 51 concerns related to worker wellbeing, bullying and harassment or inappropriate attitudes/behaviours.

The FTSU Guardian notes two additional EDI themes in a further email:

- Failure to implement reasonable adjustments for staff with a disability; and
- Staff reporting that race has been the reason for their bullying/harassment.

This additional information has not been quantified or reported.

14 – Approach to reporting incidents of harassment, bullying in the workplace from patients and colleagues (training, support to staff and analysis of data).

While there is a substantial framework of relevant policies, practices and support in place, the number of grievances and FTSU concerns raised are lower than might be expected of an employer the size of LHT. Whilst issues may be dealt with informally and therefore not included in metrics shared, the evidence would suggest that the policies and practices are not well understood or appropriately applied across the organisation.

The information reviewed does not specify what training or guidance accompanies these policies and practices, nor whether such support is tailored to the differing needs and responsibilities of staff at various levels. It appears Mandatory Equality, Diversity and Human Rights Training only requires participation every 3 years.

While there is some evidence of data gathering and analysis via the Freedom to Speak Up Guardian, there is limited evidence to demonstrate the effectiveness of the Trust's approach to reporting incidents of harassment and bullying in the workplace. Some of the evidence would suggest further action is required.

An extract from the FTSU Guardian's Bi-annual Report to the Workforce Committee noted:

- "...the highest number of concerns related to the bullying of teams and individuals and failure/incorrect use of policy."
- Since 2018, there has consistently been a higher proportion of disabled staff, compared to non-disabled staff, experiencing harassment, bullying or abuse from patients or their manager.
- Since 2018, there has consistently been a higher proportion of BME staff, when compared to white staff, experiencing discrimination at work from their manager, team leader or other colleagues

The Anti-discrimination task and finish group is looking at improving monitoring of discrimination reporting with tools being piloted in August 2025, a reporting dashboard produced in October 2025 and creating psychologically safe pathways for disclosure and real time support.

LTHT has laid important groundwork, but it appears further action is necessary to improve understanding (of the different mechanisms), consistency of application, and outcomes.

15 – HR business partners monitoring of employee relations associated with concerns of bullying and harassment. Any review of how past concerns or grievances have been handled to identify areas of improvement.

An Employee Relations Annual Report contains information on conduct, grievance, short and long term absence and unsatisfactory performance cases, which was presented to the Workforce Committee and the Trust Board in May 2025.

Bullying and harassment cases could be included in conduct cases classified as 'inappropriate behaviour' or grievances.

Only 14 grievances were raised in the year covered by the report but there is no further information about the nature of the complaints. This is considered to be low for an organisation the size of LTHT, which may demonstrate lack of trust.

The Workforce committee paper notes that 'Although not captured as formal ER casework (unless a grievance is raised) there has been an increase in support needed for issues associated with team dynamics and working relationships, including with medical and senior staff'.

Follow up after one EDI related concern was shared demonstrating appropriate follow up and learning from a race related incident of harassment.

No further information was shared.

Conclusion

LTHT are meeting their mandated requirements regarding EDI and have a clear governance framework in place to scrutinize issues/plans and escalate issues.

There are a wide range of good EDI initiatives taking place, led by a range of committees, steering groups networks, departments, task and finish groups and CSUs.

However, the strategic approach appears to be based on compliance rather than best practice and is often reactive instead of proactive. This is evident in the information made available on the Trust website and intranet, which focuses on equality rather than inclusion, and does little to promote the inclusive ambitions of an employer that cares about its people.

The Trust should take action to build the foundations required for an authentic person centred approach to EDI (as it does for its patients), which sells LTHT as a great place to work and has clear and visible leadership from the Executive, with the support of networks and champions.

Recommendations

N.B. A summary of recommendations is provided. Additional details are provided in the Appendix.

1. EDI Policies and Processes

- Update EDI policies to better reflect an inclusive and supportive approach with a clear understanding of what inclusion means to LTHT and the proactive policy principles that will create an inclusive culture within the Trust.
- Incorporate guidance on Reasonable Adjustments into the EDI policy or create a separate dedicated policy. A policy helping both staff and managers understand the process, options and support will demonstrate a much greater commitment to disability inclusion and lead to more effective adjustments.
- Embed a more effective Equality Impact Assessment (EQIA) process into development of all policies, practices and decision-making, with input from colleagues including those with different ethnicities and/or disabilities and/or their representatives (e.g. the BME and Disabled Staff network) to proactively identify and address potential inequalities.
- Improve EQIA training and resources, including sharing model examples and impact evaluations.

2. EDI Data Collection and Use

- Improve diversity data collection—especially for disability—through clear tailored communication and leadership endorsement. Involve the Staff Networks to identify and address concerns.
- Review additional metrics not mandated that would build a more comprehensive picture of inequalities and barriers at LTHT. Analyse data by characteristic and life cycle stage to uncover inequalities. Build results into action plans.
- Publish meaningful EDI data (e.g. Gender Pay Gap, WRES, WDES) with clear commentary, insights and link to future actions.
- Launch targeted campaigns to boost participation in the NHS Staff Survey.
- Communicate using a range of formats - digital, in-person, print - to ensure all staff can readily access and update their data.
- Make data accessible through dashboards, summaries, and leader-focused insights.

3. Inclusive Leadership and Governance

- Enhance visible leadership support for EDI through tailored education, clear accountability and communications.
- Define and train inclusive leadership behaviours to create psychological safety in teams.

- Evaluate performance of each People Committee annually, making recommendations on any changes to the Workforce Committee.
- Ensure EDI objectives for the Board are stretching, SMART and clearly linked to People Priorities.

4. Staff Networks and Allyship

- Expand and evolve allyship models across protected characteristics, ensuring visible leadership support.
- Ensure inclusive sponsorship of staff networks, with clear Terms of Reference and the sign off of action plans.
- Promote staff network Executive Sponsors on the intranet with statements/videos.
- Provide consistent support and training for staff networks to help LTHT deliver EDI objectives.

5. Communication and Education

- Develop an overarching EDI communication plan with regular updates on strategy, plans and impact stories. Show a direct link between metrics including feedback and actions. Highlight "You said, we did" actions to close feedback loops and encourage participation.
- Seek input from different staff groups, including BME and disabled colleagues, to maximise the positive impact of communication and education (content, channels and frequency).
- Correct/update the information currently shared on the staff intranet and Trust website to demonstrate a commitment to LTHT people and EDI.
- Tailor education for all EDI policies and practices, to specific roles (e.g. managers, advisors), using varied formats and accessible channels.

6. EDI Action Planning and Improvement

- Ensure CSU JAAFs develop effective, data-driven OWAPs (including the full range of EDI data), with guidance (including best practice templates), training, and central review to ensure they are being used, and the actions are driving change.
- Ensure actions in all plans are specific, measurable, dated, reviewed and where necessary escalated.
- Improve information-sharing across CSUs to replicate successful local EDI initiatives.

7. Staff Experience, Wellbeing, and Safety

- Strengthen commitment to staff wellbeing through strategy review, integration with EDI, and proactive support.

- Ensure all staff are free from harassment using listening exercises, work with Staff Networks, targeted training, and representative Dignity at Work Champions.
- Monitor access to wellbeing and harassment support, evaluating utilisation and impact.
- Promote multiple accessible routes to report bullying/harassment.

8. Monitoring and Evaluation

- Evaluate demographics of staff investigated in conduct cases (with outcomes) and those raising a grievance, any allegations linked to EDI to inform targeted interventions.
- Monitor and review additional EDI information related to FTSU concerns to identify themes and take necessary action.
- Monitor and review demographics of all DEI champions (including FTSU) to ensure representation.
- Introduce regular post implementation review processes for EDI initiatives, identifying successes, learnings and gaps.
 - Publish an annual EDI report, demonstrating authenticity and Board-level commitment.



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