Workforce Race Equality Standard Progress Report 2017
1.0 Introduction

Almost one in five of the staff working in the NHS is from a black and minority ethnic (BME) background. The WRES has found that the treatment and opportunities BME staff get in the workplace often do not correspond with the values that the NHS represents. Research and evidence strongly suggest that less favourable treatment of BME staff in the NHS, through poorer experience or opportunities has significant impact on the efficient and effective running of the NHS including on the quality of care received by all patients.

It was in response to this evidence that the Workforce Race Equality Standard (WRES) was mandated across the NHS in April 2015. The WRES requires healthcare providers to self-assess against nine indicators. Four of the indicators relate specifically to workforce data; four are based upon data from the national NHS Staff Survey questions and one considers BME representation on boards. The WRES aims to highlight differences between the experience and treatment of White staff and BME staff in the NHS, with a view to closing the gap in those metrics.

The WRES is intended to provide a platform and direction to encourage and help NHS organisations to:

- Reduce the differences in the treatment and experience between White and BME staff in the NHS
- Compare not only their progress in reducing the gaps in treatment and experience but to make comparisons with similar organisations about the overall level of such progress over time
- Identify and take necessary remedial action on the causes of ethnic disparities in the metric outcomes

Organisations should publish their data annually using an NHS England reporting template. This and the Trust Action Plan, attached at the end of this report will be published on the Trust Website.

From April 2016 the Care Quality Commission (CQC) has included the WRES as part of its inspection regime for hospitals.

The nine WRES Metrics or Indicators are outlined in the table below:

<table>
<thead>
<tr>
<th>NHS Workforce Race Equality Standard Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Workforce Indicators</strong></td>
</tr>
<tr>
<td>1. Representation of BME staff in each of the AfC Bands 1 – 9 and Very Senior Manager (including executive Board members) compared with the percentage of staff in the overall workforce.</td>
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<tr>
<td>2. Relative likelihood of staff being appointed from shortlisting across all posts</td>
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<tr>
<td>3. Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation</td>
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<td>4. Relative likelihood of staff accessing non-mandatory training and CPD</td>
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<tr>
<td><strong>NHS Staff Survey findings</strong></td>
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<tr>
<td>5. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months</td>
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<tr>
<td>6. Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months</td>
</tr>
<tr>
<td>7. Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion</td>
</tr>
<tr>
<td>8. Percentage of staff experiencing discrimination at work from a manager, team leader or other colleagues</td>
</tr>
<tr>
<td><strong>Board Representation</strong></td>
</tr>
<tr>
<td>9. Percentage difference between the organisations Board voting membership and its overall workforce</td>
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</table>

Four of the WRES indicators are drawn from the national NHS Staff Survey. Their reliability is dependent on the size of samples surveyed. Healthcare Providers are encouraged to undertake full staff surveys rather than sample surveys. UHNM undertook a full staff survey in 2016, from which these indicators are taken. There was a low response rate with 36% of the workforce completing the survey. 360 respondents were from a BME background, representing 10% of those that declared their ethnicity.
2016 National WRES Key Findings

The key findings from across the whole of the NHS from last year’s WRES analysis found that:

- White shortlisted job applicants are 1.57 times more likely to be appointed from shortlisting than BME shortlisted applicants, who remain noticeably absent from senior grades within Agenda for Change (AfC) pay bands.
- An increase in numbers of BME nurses and midwives at AfC Bands 6 to 9 is observed for the period between 2014 and 2016.
- BME staff in the NHS are significantly more likely to be disciplined than white staff members.
- The proportion of very senior managers (VSMs) from BME backgrounds increased by 4.4% from 2015 to 2016 – an additional 9 headcounts. However, BME representation at board and VSM level remains significantly lower than BME representation in the overall NHS workforce and in the local communities served.
- BME staff remain significantly more likely to experience discrimination at work from colleagues and their managers, although the percentage of BME staff reporting that in the last 12 months they have personally experienced discrimination at work from staff fell slightly.
- White and BME staff are equally likely to experience harassment, bullying or abuse from patients, relatives and members of the public in the last 12 months.
- BME staff remain more likely than white staff to experience harassment, bullying or abuse from other staff though this fell very slightly last year.
- BME staff remain less likely than white staff to believe that their trust provides equal opportunities for career progression. However, the gap between white and BME staff on this indicator fell from 14.5 percentage points in 2014 to 12.6 percentage point in 2015.

2.0 UHNMM Metrics and Performance/Progress against the WRES Indicators

This year’s data demonstrates positive progress against a number of the WRES indicators, with improvements observed in 5 out of the nine Indicators in comparison with the 2016 submission. A summary of the outcomes of each Indicator is outlined below, with details of progress made during 2016-17 and planned activities for 2017-18. A full action plan is attached as Appendix 2.

Indicator 1 - Representation of BME staff in each of the Agenda for Change (AfC) Bands 1 – 9 and Very Senior Manager (including executive Board members) compared with the percentage of staff in the overall workforce

Metrics

The percentage of BME staff in our total workforce has increased slightly to 14.62%, with increased BME representation across almost all pay bands.

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>% of Total Workforce</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>81.57%</td>
</tr>
<tr>
<td>BME</td>
<td>14.62%</td>
</tr>
<tr>
<td>Not Stated/Null</td>
<td>3.80%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
</tbody>
</table>

These figures compare favourably with BME representation within our local communities. The 2011 Census indicated that across Staffordshire 6.4% of the population is from a BME background. This is an increase from the 2001 Census of 3.8%, but remains notably lower than the England average of 20%. The BME population of Stoke on Trent is 13.4%, and Staffordshire & Stoke on Trent together being 8.1%.
Representation is unevenly distributed across the various roles and pay bands in the organisation. BME representation in non-clinical roles, as a whole, is below the BME representation in Staffordshire. Clinical roles and Medical & Dental roles are represented above the local population, but again there are significant disparities between pay bands. This is demonstrated in the graphs located in Appendix 1.

<table>
<thead>
<tr>
<th>BME Representation in UHNM Workforce:</th>
<th>Non-Clinical Roles</th>
<th>Clinical Roles</th>
<th>Medical &amp; Dental</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4.82%</td>
<td>12.47%</td>
<td>50.18%</td>
</tr>
</tbody>
</table>

Nationally, the NHS workforce is 78% White and 18% BME with 4% not stated. The national medical & Dental workforce is 55% white and 37% BME. For all AfC bands the national profile is 81% White and 15% BME. *(1 Source: Health and Social Care Information Centre (excludes General Practitioners)*

**Actions taken in 2016 - 2017**

- Our Recruitment and Retention Strategy demonstrates our commitment to reach out to the local community with the aim of establishing a workforce which reflects the local community.
- Throughout 2016-17 the Trust promoted its New Kind of Trust campaign, which included visual BME role models and staff stories in our marketing material.
- A positive statement has been added to UHNM job advertisements encouraging applications from BME and other minority groups - ‘We encourage applications by members of ethnicity minority groups and individuals with disabilities as we strive to further increase the diversity of our workforce. Appointment will be based on merit alone’.
- Expanded the number of Apprenticeships within the organization, which on analysis indicates that the membership is reflective of BME representation in our local communities.
- The Trust has introduced a new appraisal (Personal Development Review) and talent management process, including the Maximising Potential Conversation Toolkit - a tool that has been designed by the NHS Leadership Academy and is part of a national inclusive approach to talent management for all NHS staff to identify BME talent through appraisal & encourage positive action to take advantage of development opportunities and coaching/mentoring.

**Actions to be taken in 2017 - 2018**

- Identify if there are barriers to career progression by working with our BME Staff Network. Consider a review of secondment / acting up positions and internal recruitment processes to ensure fairness of opportunity.
- The Trust will be launching a Gateway to Management development programme to include sessions on the practical application of Trust Policy. This will cover the Recruitment and Selection Policy raising awareness of fair recruitment practice and an understanding of unconscious bias.
- The Trust will continue with a variety of widening participation campaigns during 2017/18 to continue to increase the number of applicants from minority groups from within our local community.
- Continue to work with schools and colleges throughout our communities with higher ethnic representation to promote NHS careers and opportunities at UHNM.
Indicator 2 - Relative likelihood of staff being appointed from shortlisting across all posts

**Metrics**

There has been an *improvement* in this indicator, which shows that the relative likelihood of White staff being appointed from shortlisting across all posts compared to BME Staff has reduced to 0.95 compared to 1.08 in 2016.

A review of the Trust ESR System indicates that for the 12 month period June 2016 – May 2017, the Trust appointed 1,540 new starters (excluding Bank staff) of these 404 are from a BME background, 1,101 from a White background and 35 new starters have not disclosed their ethnicity.

**Actions taken in 2016 - 2017**

- The Trust uses NHS jobs for all of our external recruitment. The recruitment tracking system TRAC was introduced in January 2017. To avoid discrimination, the information relating to ethnicity and other protected characteristics are not sent to the shortlisting manager. Assistance is available to applicants at the application and selection stages.

- The Trust Values are included in our recruitment literature that is received by potential employees.

- A bank of values based questions is available for interview panels.

- Chairs of interview panels should have undertaken Recruitment/Equality and Diversity training. For Appointments Advisory Committees to recruit to permanent Consultant posts, all members of the panel are required to have received training in Equal Opportunities.

**Actions to be taken in 2017 - 2018**

- The inclusion of recruitment and selection training to incorporate “unconscious bias” in the Gateway to Management development programme.

- Further analysis of the data to establish how representative BME staff are by pay band or occupation, and consider what further actions are required.

- Continue promoting careers at UHNMe through a range of widening participation events and engagement with our local communities.

Indicator 3 - Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.

**Metrics**

There has been an *improvement* in this indicator. Although the previous year’s figure was already low, the 2017 data shows a further reduction in the relative likelihood of BME staff entering the formal disciplinary process compared to White staff in the organisation, falling from a relative likelihood ratio of 0.69 in 2016 to 0.17 in 2017. This indicates that BME staff are less likely to enter the disciplinary process than White staff.

**Actions taken in 2016 - 2017**

- An electronic HR case tracker has been implemented. This records protected characteristics of individual staff members entering the formal disciplinary process, in addition to whether a protected characteristic(s) is an element of the case subject.
• The HR Department continues to work closely with the Trade Unions to monitor consistency of approach to formal disciplinary cases.

• There is now a requirement that all Investigating Officers must hold up to date Equality and Diversity training (this is through a self-declaration).

**Actions to be taken in 2017 - 2018**

• Review the Disciplinary Policy taking into account recommendations from a process mapping exercise to identify areas for improvement in consistency. This will include standardising resources for managers around the disciplinary process itself, such as templates and investigation pack.

• A module targeted at staff with management responsibilities on the practical implementation of the disciplinary policy and investigations process will form part of the Gateway to Management development programme.

**Indicator 4 – Relative likelihood of staff accessing non-mandatory training and CPD**

**Metrics**

The relative likelihood of our BME staff accessing non-mandatory training is slightly lower compared to White staff at 1.05. This metric has improved with BME representation within the total number of enrolments on non mandatory training recorded on OLM rising from 12.56% in 2016 to 13.97% in 2017.

**Actions taken in 2016 - 2017**

• Launch of the new appraisal and talent management process, including the Maximising Potential Conversation Toolkit - a tool that has been designed by the NHS Leadership Academy and is part of a national inclusive approach to talent management for all NHS staff. This will help to identify BME talent through appraisal & encourage positive action to take advantage of development opportunities and coaching/mentoring.

• All managers must have attended training in the PDR process before being able to undertake a personal development review.

• A full Staff Survey was carried out in 2016, compared to sample surveys in previous years. The results indicate that our BME workforce reported the greatest satisfaction with the quality of non-mandatory training, learning or development compared to other demographic groups. BME staff also reported a higher response to the question relating to the quality of appraisals compared to other demographic groups at UHN (Male/Female/Disabled/Not Disabled/White/BME).

**Actions to be taken in 2017 - 2018**

• Undertake further analysis to understand where there may be pockets of under representation of staff accessing non-mandatory training, be this by occupation or area of work.

• Engage with the BME Network to identify if there are any barriers to BME staff accessing learning and development.

• Continue to promote the coaching and mentoring schemes and the comprehensive leadership brochure to all staff.
Launch of the CONNECTS leadership and improvement programme – the programme has three awards, Silver, Gold and Platinum (launching 2018), which have been designed to support the development of our staff at all levels.

Monitor BME representation on leadership development programmes ensuring that this is representative of the workforce and to ultimately support action to address the disparity of BME staff in senior roles.

**Indicator 5 - Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.**

**Metrics**

This metric is taken from the Staff Survey. The 2016 staff survey indicated that 26.54% of BME staff who responded to the survey reported experiencing harassment bullying or abuse from patients, relatives or the public in the last 12 months, compared with 25.07% of White staff. This metric has **improved** from the previous year for BME staff when 35.48% of BME staff reported experiencing harassment, bullying or abuse from patients, relatives or the public in the 2015 Staff Survey.

The national average for Acute Trusts of BME staff reporting experience of harassment, bullying or abuse from patients, relatives or the public in the 2016 Staff Survey was also 26%.

**Actions taken in 2016 - 2017**

- The Trust has a zero tolerance stance on violence and aggression in the workplace with Posters displayed prominently around the organisation. Conflict resolution training is available for all staff in patient facing roles with initial training followed by 3 yearly refresher training. Security Awareness E-learning is also available to all staff.

- Support is provided by an onsite Security Response Team along with a dedicated presence in the Security Control Room, Emergency Centre and site wide patrols. This is a 24/7, 365 days of the year service.

- Banners and posters are displayed in prominent areas to remind patients and visitors of the zero tolerance stance to violence and abuse of NHS employees.

**Actions to be taken in 2017 - 2018**

- Continue to promote the zero tolerance stance on violence and aggression and conflict resolution training for staff.

**Indicator 6 - Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months**

**Metrics**

There has been a slight **deterioration** in the percentage of BME staff reporting experience of harassment, bullying or abuse from other staff in the 2016 Staff Survey, rising from 30% in the 2015 survey to 30.59% reported in the 2016 survey (the average for acute trusts is 27%).

**Actions taken in 2016 - 2017**

- The Trust continues to promote its values through Induction of new starters, mandatory training the Gateway to Leadership programme and Leading with Compassion programmes launched during 2016.
• Implementation of the revised appraisal process – personal development review, which has a focus on how staff demonstrate the trust values in their everyday work.

• Anti-Bullying Awareness Week held in November 2016 as part of a wider values and behaviours campaign to raise awareness of bullying and harassment and promoting respect and dignity in the workplace. The role of the Employee Support Advisors, Mediation Service and Freedom to Speak Up Guardian were promoted during the week at both hospital sites.

• Process mapped the existing dignity at work process with input from Trade Unions and revised the Dignity at Work Policy.

Actions to be taken in 2017-2018

• Take forward the Trusts Action Plan in response to the Social Partnership Forum Collective Call to Action by working in collaboration with our Trade Unions to raise awareness of bullying behaviours and empower staff to tackle inappropriate behavior where it occurs.

• Launch of the revised Trust Values and Promises, created from the Engage@UHNM and In Your Shoes engagement events.

• Continue to promote the role of Employee Support Advisors to provide practical support through the dignity at work process.

• Promote the use of facilitated meetings and the Trust Mediation service as early interventions to tackle dignity at work conflict.

• Continue with targeted OD interventions in areas where bullying is identified as an issue.

• Launch of the Gateway to Management development programme to equip managers with a toolkit of skills in people management, to include creating compassionate workplaces, holding effective difficult conversations and addressing respect and dignity issues at the earliest opportunity.

Indicator 7 - Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion

Metrics

There has been a slight deterioration in this indicator. The percentage of our BME staff that believe that the Trust provides equal opportunities for career progression or promotion has decreased from 80% in the 2015 Staff Survey to 77.97% in the 2016 Staff Survey compared to 84.86% for White staff (also a reduction from 87.80% the previous year). The national average for acute trusts of BME staff believing that there is equal opportunity for career progression or promotion is 76%, and hence UHNM is performing better than the average.

Actions taken in 2016 - 2017

• The Trust has launched the Maximising Potential Conversation Toolkit as part of its new appraisal process. The tool has been designed by the NHS Leadership Academy and is part of a national inclusive approach to talent management for all NHS staff. This will help to identify BME talent through appraisal. All managers carrying out personal development reviews are required to have attended training in the process.

• The Trust is currently training a cohort of staff in ILM Level 5 Coaching and Mentorship to support individuals identified as talented and future leaders.
Actions to be taken in 2017 - 2018

- Develop promotional material highlighting role models within the Trust with protected characteristics who share their career journeys at UHNM (this has already been done with LGBT+ role models during LGBT History Month and disabled role models during Equality, Diversity & Human Rights Week).

- Launch of the CONNECTS leadership development programme.

Indicator 8 - In the last 12 months have you personally experienced discrimination at work from a manager, team leader or other colleagues

Metrics

There has been a deterioration in this indicator. The Trust score for 2016 was 15.13% of BME staff and 7.62% of White staff. This is an increase from 6.45% of BME staff reporting experiencing discrimination in the 2015 Staff Survey. The average BME percentage reported for acute trusts in 2016 was 14%.

Actions taken in 2016 - 2017

- A Compassionate Leaders Programme has been developed across the Trust which focuses on the Trust values of dignity and respect.

- The launch of the Leadership Development Brochure.

- Gateway to Leadership programme in place to promote compassionate leadership and the Trusts values, which includes 'valuing diversity' as part of our Dignity and Respect Value.

- Face to face and e-learning methods of undertaking the Trust Equality and Diversity training are available with current compliance being 88% of the workforce undertaking the training within date.

- Message from the Chief Executive about the importance of being yourself and commitment to UHNM being a place of work where all employees are treated with dignity and respect whatever their sexual orientation or gender, race or religion.

Actions to be taken in 2017 - 2018

- Launch of the revised UHNM Values and Promises – Together; Compassion; Safe and Improving. During the launch, a month will be spent promoting each value. Equality and Inclusion will form part of this promotion and focus on the expectation of our staff to work in culturally competent ways and create an environment free from discrimination.

- Engage with our BME Network Group to review the discrimination data and information from the Staff Survey to identify specific actions to target discrimination against BME groups.

Indicator 9 – Percentage difference between the organisations Board voting membership and its overall workforce

Metrics

There has been no improvement in this indicator. There continues to be no BME representation on our voting Board membership, with the percentage difference between board membership and the overall workforce being unchanged at 14.6%.
Actions taken in 2016 - 2017

- Applicants from a diverse field were actively sought for the 2016 recruitment to a non-executive director vacancy which resulted in our appointment of a female NED.

Actions to be taken in 2017-2018

- Seek BME applicants to the Nye Bevan leadership programme for aspiring directors.

- Ensure that the process for appointment of Executive and Non-Executive Director posts encourages applications from as diverse a pool of talent as possible and which demonstrates the Trusts commitment to diversity and inclusion. This includes when external agencies are used to source candidates that their contracts include requirements relating to equality and diversity.

- Ensure that all members of the recruitment panel for Executive and Non-Executive Directors have received appropriate training in equality and diversity.

3.0 Next Steps

The Action Plan attached details actions already taken and actions planned for 2017-2018 to improve inequalities between our BME staff compared to their White counterparts. The Action Plan will be published on the Trust website and will be monitored on a quarterly basis by the Trust Equality, Diversity & Inclusion Group.

The Trust priorities for 2017-2018 in relation to workforce race equality will focus on:

- Promoting equality of opportunity in career progression and increasing BME representation in senior roles

- Ensuring that entry in to Trust development/talent management programmes are representative of the workforce

- Improving staff experience and perception of bullying and harassment and discrimination in the workplace

Progress will be measured by improved scores in the 2018 WRES submission, 2017 Staff Survey results and the monitoring of other relevant metrics.
Appendix 1: UHNMM Metrics

Indicator 1 - Representation of BME staff in each of the AfC Bands 1 – 9 and Very Senior Manager (including executive Board members) compared with the percentage of staff in the overall workforce.

BME representation in non-clinical roles is 4.82% of the total workforce. Only Band 1 and Band 9 has BME representation that is greater than the BME representation of the population of Staffordshire. The greatest representation is in Band 1 at 15%, followed by VSM (9%) 8C (5.55%) and Band 6 (5.38%). Some of these job bands have small numbers of staff in post.

BME Representation in Non Clinical Roles
as at 31stMarch 2017

BME representation in clinical roles (excluding medical and dental staff) is 12.47%. It is only AfC bands Under Band 1, Band 2, Band 5 and Band 6 that has BME representation that is greater than the BME representation of the population of Staffordshire.

The highest representation is in Band 5 at 23.95%, followed by Band 2 (10.15%) Band 6 (9.07%) and Band 8A (5.06%).
BME staff make up 50.18% of the medical and dental workforce. In all roles BME representation is significantly higher than the local population, and indeed the national BME representation of 37%:
Indicator 2 - Relative likelihood of staff being appointed from shortlisting across all posts

The following graph demonstrates shortlisted applicants and appointed applicants for the period June 2016 – May 2017:

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>Shortlisted</th>
<th>Appointed</th>
<th>% appointed from shortlisting</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>5,233</td>
<td>1,101</td>
<td>21%</td>
</tr>
<tr>
<td>BME</td>
<td>1,832</td>
<td>404</td>
<td>22%</td>
</tr>
<tr>
<td>Not Stated</td>
<td>200</td>
<td>35</td>
<td>17.5%</td>
</tr>
</tbody>
</table>

Indicator 3 – Relative likelihood of staff entering the formal disciplinary process as measured by entry into a formal disciplinary investigation

BME staff represent 3% of staff entering the formal disciplinary process:

**Ethnicity Breakdown of Staff undergoing Disciplinary Investigation - 2016/2017**

- White: 94%
- BME: 3%
- Not Disclosed: 3%

Indicator 4 – Relative likelihood of staff accessing non-mandatory training and CPD

**Enrolments into Non Mandatory Training by Ethnicity (recorded on OLM)**

- White: 82%
- BME: 14%
- Undisclosed: 4%
### Appendix 2: UHNM WRES Action Plan 2017-18

<table>
<thead>
<tr>
<th>No.</th>
<th>WRES Indicator</th>
<th>Metric</th>
<th>Actions</th>
<th>Timescale for Delivery</th>
<th>Lead</th>
</tr>
</thead>
</table>
| 1.  | Percentage of staff in each of the AfC Bands 1 – 9 and VSM (including Executive Board members) compared with the percentage of staff in the overall workforce. | BME representation across pay bands by clinical, non-clinical groupings (see WRES Data Sheet) | Recruiting managers to attend awareness of equality and diversity in recruitment as part of Gateway to Management. This will include unconscious bias awareness  
  
  Review BME representation on to talent management / development programmes to ensure they are representative of the workforce  
  
  Engage with the newly established BME Staff Network to identify potential barriers to the progression of BME staff into senior roles  
  
  Consider a review of secondment and acting up positions and internal recruitment processes to ensure they are fair and transparent  
  
  Promote use of the bank of values based questions that has been developed for use by interview panels  
  
  Continue with a variety of widening participation campaigns during the year to increase the number of applicants from BME groups in the local community  
  
  Continue to work with schools and colleges throughout our communities with higher ethnic representation to promote careers and opportunities at UHNM and in the wider NHS | Q3 | People & OD lead/ E&D Lead |
| 2.  | Relative likelihood of staff being appointed from shortlisting across all posts | The relative likelihood of WHITE staff being appointed from shortlisting compared to BME staff is 0.95 | Continue to use NHS jobs for all of our external recruitment. To avoid discrimination, the information relating to ethnicity and other protected characteristics are not sent to the shortlisting manager. Assistance is available to applicants at the application and selection stages from the recruitment team  
  
  Recruiting managers to attend awareness training in equality and diversity as part of Gateway to Management. This will include unconscious bias awareness | Ongoing | Recruitment Lead |


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<tbody>
<tr>
<td></td>
<td>Promote the benefits of diversity and inclusion as part of the re-launch of the Trust values – Safe; Compassion, Together and Improving</td>
<td>Q3</td>
</tr>
<tr>
<td></td>
<td>Continue promoting careers at UHNM through a range of widening participation events and engagement with our local communities</td>
<td>Ongoing</td>
</tr>
<tr>
<td>3. Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation</td>
<td>The relative likelihood of BME staff entering the formal disciplinary process compared to White staff is 0.17</td>
<td>Ongoing</td>
</tr>
<tr>
<td></td>
<td>Ensure that all managers undertaking disciplinary investigations, hearings and appeals have undertaken equality and diversity training (self declaration)</td>
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<td></td>
<td>Continue to work closely with the Trade Unions to monitor consistency of approach to formal disciplinary cases</td>
<td>Ongoing</td>
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<td></td>
<td>Update the Disciplinary policy following a process mapping exercise to identify areas for improvement in consistency. Standardise the appendices (letters and templates) and development of a training resource for managers in the practical and application of the policy as part of the Gateway to Management programme</td>
<td>Q2</td>
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<td></td>
<td>Ensure that Equality Impact Assessments are completed for all Trust policies when they are reviewed or developed</td>
<td>Ongoing</td>
</tr>
<tr>
<td>4. Relative likelihood of staff accessing non mandatory training and CPD</td>
<td>The relative likelihood of White staff accessing non mandatory training and CPD compared to BME staff is 1.05</td>
<td>Q3</td>
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<tr>
<td></td>
<td>Review the data to understand where there may be pockets of under-representation of BME staff accessing non-mandatory training whether by occupation or department</td>
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<td></td>
<td>Engage with the BME Network to identify any barriers to BME staff accessing learning and development</td>
<td>Q4</td>
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<td></td>
<td>Launch the CONNECTS leadership and improvement programme Silver, Gold and Platinum awards</td>
<td>Q2</td>
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<td></td>
<td>Promote coaching and mentoring schemes and the Leadership brochure to all staff</td>
<td>Ongoing</td>
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<td></td>
<td></td>
<td>Monitor BME representation on leadership development programmes ensuring that this is representative of the workforce</td>
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<tr>
<td>5.</td>
<td>KF25 – percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months</td>
<td>White 25% BME 27%</td>
</tr>
<tr>
<td>6.</td>
<td>KF26 – percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months</td>
<td>White – 28% BME – 31%</td>
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|   |   | Expand the number of trained Staff Mediators to facilitate mediation between parties experiencing conflict in the workplace and promote early intervention and the use of facilitated meetings and/or mediation to tackle dignity at work concerns
Continue to promote the Employee Support Advisor service to all staff. ESA’s are available for all employees in the Trust to access for support and guidance
Continue with targeted Organisational Development interventions in areas where bullying is identified as an issue |   |   |
|---|---|---|---|---|
| 7. | KF21 – percentage believing the Trust provides equal opportunities for career progression or promotion | White – 85% BME – 78% | Develop promotional material highlighting role models within the Trust with protected characteristics who share their career journeys at UHN (this has already been done with LGBT+ role models during LGBT History Month and disabled role models during Equality, Diversity & Human Rights Week)
Launch of the CONNECTS leadership development programme
Work with the BME Staff Network to improve understanding of staff perceptions about fairness and equality of opportunity
Promote coaching and mentoring schemes available to support individuals identified as talented and future leaders | Q4 | E&D Lead
|   |   |   |   |   |
| 8. | Q17 – in the last 12 months have you personally experienced discrimination at work from any of the following: | White – 8% BME – 15% | Continue with the Compassionate Leaders Programme, which has been launched across the Trust for leaders that demonstrate the values of the organisation. Further promote during launch of revised values
Launch of the revised UHN values and promises. Equality and inclusion will form part of this promotion, and will focus on the expectation of our staff to work in culturally competent ways and create and environment free from discrimination | Ongoing | People & OD Lead / E&D Lead
| Manager / Team Leaders or other colleagues? | Engage with our BME Network Group to review the discrimination data and information from the Staff Survey to identify specific actions to target discrimination against BME groups |
| Consider carrying out a survey of all BME staff to seek their views of all four of these staff survey indicators, seeking views on the disparity and action required to improve the situation |
| Revise Exit Questionnaire using Survey Monkey and include a section for leavers to comment on any concerns of discrimination |
| Q3/4 | E&D Lead |
| Q4 | E&D Lead |
| Q2 | ER Lead |

| 9. Percentage difference between the organisations Board voting membership and its overall workforce | -14.6% |
| Seek BME applicants to the Nye Bevan leadership programme for aspiring directors |
| Ensure that the process for appointment of Executive and Non-Executive Director posts encourages applications from as diverse a pool of talent as possible and which demonstrates the Trusts commitment to diversity and inclusion. This includes when external agencies are used to source candidates that their contracts include requirements relating to equality and diversity |
| Ensure that all members of the recruitment panel for non-executive directors have received appropriate training in equality and diversity |
| Q2 | Director of HR |
| Review prior to next recruitment | Director of HR |
| Ongoing | Director of HR |