

Workforce Race Equality Standards Annual Report 2018



Contents

Workforce Race Equality Standards Report 2018

Page(s)

Executive summary

3

Introduction

4

WRES Related Activity

5

2018 Data Summary:

- 2018 Data comparison to demonstrate progress
- Summary of progress by indicators

6

9

Summary: 2017 Data comparison against NHS Trust average data

12

2015 – 2018 UHS Data Comparison

13

Next Steps and Conclusions

15

Appendix:

16

Action Plan

Executive Summary

Summary findings

- Implementation of the Workforce Race Equality Standards (WRES) became an obligatory requirement for national healthcare organisations in 2018.
- Data has been compared directly to the 2017 WRES data submission.
- UHS 2017 and 2018 data has also been compared to the NHS Trust averages (England) which was published in March 2018 in order to benchmark ourselves. This comparison indicated that UHS performed at above the NHS Trust average in indicators 3, 4, 7, 8 and 9, in line with for indicators 1 and 6 and just below for indicator 6.
- Key findings for 2018 show:
 - White shortlisted applicants are 1.78 times more likely to be appointed to post than BME shortlisted applicants
 - BME staff are over-represented in low bands and under-represented at senior levels (Bands 7 and above). There has been a marginal improvement in proportionate representation in most Bandings since from 2017.
 - BME staff remain equally as likely to enter the formal disciplinary process as their White counterparts
 - BME and White staff are also equally as likely to access non-mandatory training and career progression development opportunities
 - BME staff are less likely than White staff to report harassment, bullying or abuse from patients, relatives or the public, yet more likely (26.01% BME:20.77% White) to report it from staff
 - BME staff are twice as likely to report experience of discrimination at work by a manager, team leader or colleague than White staff
 - The perception around the equal opportunities for career progression or promotion within the Trust is lower amongst BME staff than White
 - The representation of BME staff on the Board is on par with the overall BME workforce (15%)

Introduction

In 2014, the NHS Equality and Diversity Council agreed action to close the gap in workplace experiences and opportunities between Black and Minority Ethnic (BME) and White employees across the NHS. To help achieve this ambition, the Workforce Race Equality Standards (WRES) was developed. The WRES was introduced, and its implementation made mandatory for NHS Trusts in 2015. Publishing annual WRES data reporting for NHS Trusts began in 2016, holding up a mirror to organisational performance on this agenda

This is the 2018 annual WRES Data report. The Trust now has 4 years worth of data by which to consider its performance in relation to the experiences of our BME workforce. Data for 2018 has been directly compared to data for 2017 providing a clear picture on the indicators that the Trust is performing well in and those indicators that require our focus in the year ahead.

For interest, the 2017 and 2018 Trust data has been compared to the 2017 NHS Trust average (published in March 2018) to gauge our performance in relation to other Trusts in England. It is encouraging that the Trust is performing at above the NHS Trust average in 5 of the indicators, marginally below on 1 indicators and on par with 2 indicators.

Looking back over the 4 year reporting period, it is pleasing to see notable improvements in some indicators, namely:

- Increasing the percentage of BME staff in the overall workforce
- Improving shortlisting to appointments rates for BME staff
- Achieving an equilibrium between relative likelihood of BME and White staff entering the formal disciplinary process; and of accessing non-mandatory training and CPD
- A 5% increase in BME staff believing that the Trust provides equal opportunities for career progression or promotion
- Increasing Board representation to that of the total BME workforce

However, despite these achievements the data highlights that the experiences and opportunities for BME staff lags behind those of White staff and whilst there has been marginal positive improvements year on year, the pace is slow and there is still a considerable way to go before the Trust truly achieves race equality.

The focus of this report is to present our performance against the WRES indicators for the past 12 months and provide recommendations and an action plan by which to better our performance and ultimately improve the experience and opportunities for our BME staff in the coming year(s).

WRES Related Activity

Actions taken in relation to the WRES indicators throughout 2017/18 include:

Recruitment

- Using Headhunters to recruit to senior roles.
- Networking with the local faith and BAME community to deliver a recruitment initiative in partnership with them.
- Delivering masterclasses on application and interview techniques, targeted at but not exclusively so, for BME staff.
- New interview feedback expectations were set out for recruiting managers with a new interview summary page introduced into the recruitment paperwork that requires reasons for selection or not to provide constructive feedback to individuals.
- A review of current recruitment and selection practices was commissioned to an external company. In partnership, a training package and recruitment tools have been developed for recruiting managers to help reduce/remove unconscious bias throughout the recruitment process.
- Participation in a Southampton University student Business Innovation Project which conducted a study into the barriers and opportunities for underrepresented groups in our workforce.

Speaking Up

- Creating a culture of speaking up with the introduction of the Freedom to Speak Up Guardian role.
- Improved transparency in formal disciplinary processes with the support of the newly appointed Freedom to Speak Up Guardian.
- The Trust established itself as a Third Party Reporting Centre for Hate Crime to support staff where incidents occur outside of the Trust grounds and working hours

Training and Development

- An Inclusive Leadership Talent Management Programme was delivered to a cohort of 48 delegates (75% of whom were BAME). Several internal promotions were achieved and delegates accredited it in part to their participation in the programme.
- The Head of Equality, Diversity and Inclusion participated in the first WRES Experts Programme aimed to equip individuals with expert knowledge and good practice guidance in relation to delivering race equality.
- A BME staff member represented the Trust at the National WRES Staff Frontline Forum established to share good practice and provide feedback to national leads on the impact of WRES on the workplace in order to develop next steps.

Many of these activities came to fruition within the past 4-6 months, so outside of the March data deadline. Therefore it is anticipated that the impact of many of the activities will be acutely noticeable in the 2019 data submission.

Data Summary 2018

The table below shows a comparison between our 2017 and 2018 WRES data for indicators 1 - 2

Indicator	2017	2018
1. % of staff in Bands	15.36% BME staff in overall workforce 8.69% BME staff in non clinical workforce 15.03% BME staff in clinical workforce Non Clinical BME staff in different bandings as compared to White staff: Band 1 - 21.56% Band 2 - 10.21% Band 3 - 8.63% Band 4 - 7.20% Band 5 - 9.94% Band 6 - 8.26% Band 7 - 6.72% Band 8A and above - 4.32% VSM - 7.14% Percentage of Clinical BME staff in different bandings compared to White staff Band 1- 12.5% Band 2 - 19.49% Band 3 -12.37 % Band 4 - 16.45% Band 5 - 19.99% Band 6 - 12.10% Band 7 - 8.51% Band 8A and above - 4.2% VSM - 0%	16.7% BME staff in overall workforce (1,834 BME/ 10,972 total) 9.2% BME staff in non clinical workforce (214 BME / 2,321 total) 16.1% BME staff in clinical workforce (1137 BME / 7,063 total) Non Clinical BME staff in different bandings as compared to White staff: Band 1 - 16.32 % Band 2 - 10.31% Band 3 - 9.87% Band 4 - 14.9% Band 5 - 10.6% Band 6 - 8.8% Band 7 - 7.7% Band 8A and above - 4.47% VSM - 13.3% Percentage of Clinical BME staff in different bandings compared to White staff Band 1- 13.7% Band 2 - 19.28% Band 3 - 14.66% Band 4 - 21.13% Band 5 - 20.88% Band 6 - 12.47% Band 7 - 9.20% Band 8A and above - 4.53% VSM – 0%
2. Relative likelihood of staff being appointed from shortlisting	White staff are 1.77 times more likely to be appointed from shortlisting	White staff are 1.78 times more likely to be appointed from shortlisting

Data Summary 2018 Continued...

The table below shows a comparison between our 2017 and 2018 WRES data for indicators 3 - 9

Indicator	2017	2018
3. Relative likelihood of staff entering a formal disciplinary investigation	BME staff are 0.46 times more likely to enter a formal disciplinary process NB. A figure below “1” would indicate that BME staff members are less likely than white staff to enter the formal disciplinary process.	BME staff are 0.75 times more likely to enter a formal disciplinary process NB. A figure below “1” would indicate that BME staff members are less likely than white staff to enter the formal disciplinary process.
4. Relative likelihood of staff accessing non-mandatory training and CPD	White staff are 0.92 times more likely to access non-mandatory training and CPD NB. A figure below “1” would indicate that white staff members are less likely to access non-mandatory training and CPD than BME staff.	White staff are 1.0 times more likely to access non-mandatory training and CPD NB. A figure below “1” would indicate that white staff members are less likely to access non-mandatory training and CPD than BME staff.
5. % of staff experiencing harassment, bullying or abuse from patients, relatives or the public	23.02% - White 27.32% - BME	25.52% - White 23.62% - BME
6. % of staff experiencing harassment, bullying or abuse from staff	23.19% - White 26.58% - BME	20.77% - White 26.01% - BME
7. % of staff believing that trust provides equal opportunities for career progression or promotion	89.01% - White 78.02% - BME	89.68% - White 78.05% - BME
8. % of staff personally experiencing discrimination at work by Manager/team leader or other colleagues	6.39% - White 16.71% - BME	7.13% - White 14.59% - BME
9. % difference between the organisations’ Board voting membership and it’s overall workforce	92.3% - White 7.7% - BME	84.6% - White 15.4% - BME

Summary of Progress by Indicator

RED – Target not achieved
AMBER – Moving towards target
GREEN – Target achieved

Indicator Progress Summary At A Glance – Rag Rated

RED – Target not achieved
AMBER – Moving towards target
GREEN – Target achieved

Indicator		RAG rated progress
1	Percentage of staff in each AfC Bands 1-9 and VSM compared to overall workforce	AMBER
2	Relative likelihood of BME staff being appointed from shortlisting	RED
3	Relative likelihood of staff entering a formal disciplinary process	GREEN
4	Relative likelihood of staff accessing non-mandatory training and CPD	GREEN
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public	AMBER
6	Percentage of staff experiencing harassment, bullying or abuse from staff	RED
7	Percentage of staff believing that trust provides equal opportunities for career progression or promotion	AMBER
8	Percentage of staff personally experiencing discrimination at work by Manager/team leader or other colleagues	AMBER
9	Percentage difference between the organisations' Board voting membership and its overall workforce	GREEN

Summary of Progress by Indicator

RED – Target not achieved
AMBER – Moving towards target
GREEN – Target achieved

Below is a brief summary of the Trust's progress against each indicator. Whilst there has been marginal positive improvement and we benchmark well against the NHS Trust average, the Trust recognises that the pace is slow and there remains much more to do.

Summary

Indicator 1: Percentage of staff in each AfC Bands 1-9 and VSM compared to overall workforce

The 2018 data indicates a 1.34% increase in BME staff in the overall workforce. Amongst the non-clinical workforce an increase in BME staff across all Bands from Bands 3 upwards occurred. The most notable increases were at Band 4 (increase of 7%) and at VSM posts which saw a 6% increase. In clinical areas, with the exception of Bands 2 and 6 where no significant movement occurred, all other Bands saw an increase in BME staff. Interestingly it is at Band 4 again where the greatest increase occurred (5%).

Whilst it is good news that the BME workforce continues to grow, the Trust recognises that there is still significant work to be done to achieve race equality within our workforce. In acknowledgement of this the Trust has set a target that **by 2023, 15% of positions at Band 7 and above are occupied by BAME staff.**

Indicator 2: Relative likelihood of BME staff being appointed from shortlisting

Unfortunately there was no movement in this measure, White staff remain 1.78 times more likely to be appointed from shortlisting than BME counterparts. A number of initiatives have taken place, but were not fully implemented until latterly and so the impact of these may well not show in the data until next year.

Indicator 3: Relative likelihood of staff entering a formal disciplinary process

BME and White staff remain with equal chance of entering formal disciplinary processes.

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

The Trust also sustained its position that both BME and White staff have equal chance of accessing non-mandatory training and CPD.

Summary of Progress by Indicator

RED – Target not achieved
AMBER – Moving towards target
GREEN – Target achieved

Indicator 5: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public

Data reveals a decrease of 4% for BME staff, yet a 2.5% increase for White staff. Of interest is that there has been a rise in White staff reporting such incidents on behalf of their BME colleagues, so the increase in White staff could be attributed to more reporting in general. This trend might signify that BME staff are now underreporting, and thereby accounting for the decrease in BME staff data. Although the data indicates an improvement for BME staff, there is still a long way to go with reducing such experiences for staff and as such will be a priority focus for 2018/19, starting with a deep dive of the data to start considering root causes. It is reassuring however, that White staff are demonstrating an unwillingness to accept harassment and abuse of their BME colleagues.

Indicator 6: Percentage of staff experiencing harassment, bullying or abuse from staff

The data indicates that White staff experience 3% less harassment, bullying or discrimination by staff than this time last year, but BME staff report just a 05% decrease, thereby actually widening the gap between White and BME staff experiences. As a result this indicator must be a priority for 2018/19 and actions on how to address this can be found in the action plan in the appendix.

Indicator 7: Percentage of staff believing that trust provides equal opportunities for career progression or promotion

The Trust reported no movement in this indicator for either BME or white staff, which therefore maintains the disproportionate reporting of perception between BME and White staff. This indicator must be a priority for 2018/19.

Indicator 8: Percentage of staff personally experiencing discrimination at work by Manager/team leader or other colleagues

The data shows a 2% decrease for BME staff. However, it indicates almost a 1% increase for White staff. It further shows that despite a decrease for BME staff the Trust failed to narrow the gap between BME and White staff experiences. This indicator too must remain a priority for 2018/19 and will also begin with a deep dive into the data to establish root causes.

Indicator 9: % difference between the organisations' Board voting membership and its overall workforce

The Trust successfully achieved this target and will continue to employ similar actions when recruiting for future Board positions in order to at least maintain if not improve BME representation at Board level.

Summary: 2017 & 2018 data comparison against NHS Trust average data

This comparison indicates that UHS performed at above the NHS Trust average in indicators 3, 4, 7, 8 and 9, just below for indicators 1 and 2 and on par with for indicator 6. The table below shows indicators 1 - 6

Indicator	NHS Trust average 2017	University Hospital Southampton 2017	University Hospital Southampton 2018	UHS performance above/below NHS Trust average
1: % of staff in Bands	16.3% BME staff in overall workforce	15.36% BME staff in workforce	16.07% BME staff in workforce	In line with
2: Relative likelihood of staff being appointed from shortlisting	White staff are 1.60 times more likely to be appointed from shortlisting	White staff are 1.77 times more likely to be appointed from shortlisting	White staff are 1.78 times more likely to be appointed from shortlisting	Below
3: Relative likelihood of staff entering a formal disciplinary process	BME staff are 1.37 times more likely to enter a formal disciplinary process	BME staff are 0.46 times more likely to enter a formal disciplinary process	BME staff are 0.75 times more likely to enter a formal disciplinary process	Above
4: Relative likelihood of staff accessing non-mandatory training and CPD	White staff are 1.22 times more likely to access non-mandatory training and CPD	White staff are 0.92 times more likely to access non-mandatory training and CPD	White staff are 1.0 times more likely to access non-mandatory training and CPD	Above
5: % of staff experiencing harassment, bullying or abuse from patients, relatives or the public	Not applicable / available	23.02% - White 27.32% - BME	25.52% - White 23.62% - BME	N/A
6: % of staff experiencing harassment, bullying or abuse from staff	23.0% - White 26.0% - BME	23.19% - White 26.58% - BME	20.77% - White 26.01% - BME	In line with

NB. A figure below "1" would indicate that BME staff members are less likely than white staff to enter the formal disciplinary process.

Summary: 2017 & 2018 data comparison against NHS Trust average data cont...

The table below shows the remaining indicators 7 - 9

Indicator	NHS Trust average 2017	University Hospital Southampton 2017	University Hospital Southampton 2018	UHS performance above/below NHS Trust average
7: % of staff believing that trust provides equal opportunities for career progression or promotion	88.0% - White 76.0% - BME	89.01% - White 78.02% - BME	89.68% - White 78.05% - BME	Above
8: % of staff personally experiencing discrimination at work by Manager/team leader or other colleagues	6.0% - White 14.0% - BME	6.39% - White 16.71% - BME	7.13% - White 14.59% - BME	Above
9: % difference between the organisations' Board voting membership and it's overall workforce	88.0% - White 7.0% - BME	92.3% - White 7.7% - BME	84.6% - White 15.4% - BME	Above

NB. A figure below "1" would indicate that BME staff members are less likely than white staff to enter the formal disciplinary process.

4 Year Data Comparison

It has been a requirement to report on Workforce Race Equality Standards (WRES) for the past 4 years. Below is a table summarising our performance over this period. (Indicator 1)

Indicator	2015	2016	2017	2018
1. % of staff in Bands	<p>15.61% BME staff in overall workforce</p> <p>7.4 % BME staff in non clinical workforce.</p> <p>13.29% of BME staff in clinical workforce.</p> <p>Non clinical BME staff in different bandings as compared to white staff:</p> <p>Band 1 - 17.86%</p> <p>Band 2 - 8.05 %</p> <p>Band 3 - 6.97%</p> <p>Band 4 - 7.07%</p> <p>Band 5 - 7.59%</p> <p>Band 6 - 7.50%</p> <p>Band 7 - 6.61%</p> <p>Band 8 A and above 2.73%</p> <p>VSM - 7.69%</p> <p>Percentage of Clinical BME staff in different bandings as compared to white staff:</p> <p>Band 1- 13.48%</p> <p>Band 2 - 16.61%</p> <p>Band 3 - 11.02%</p> <p>Band 4 - 9.68%</p> <p>Band 5 - 23.15%</p> <p>Band 6 - 10.49%</p> <p>Band 7 - 6.82%</p> <p>Band 8A and above 2.94%</p> <p>VSM – 0%</p>	<p>15.7% BME staff in overall workforce</p> <p>8.02% BME staff in non clinical workforce.</p> <p>15.01% BME staff in clinical workforce.</p> <p>Non clinical BME staff in different bandings as compared to white staff:</p> <p>Band 1 - 18.57%</p> <p>Band 2 - 8.60 %</p> <p>Band 3 - 8.21%</p> <p>Band 4 - 5.92%</p> <p>Band 5 - 9.88%</p> <p>Band 6 - 8.93%</p> <p>Band 7 - 6.98%</p> <p>Band 8 A and above - 3.95%</p> <p>VSM - 7.14 %</p> <p>Percentage of Clinical BME staff in different bandings as compared to white staff:</p> <p>Band 1- 12.99%</p> <p>Band 2 - 17.13%</p> <p>Band 3 - 11.65%</p> <p>Band 4 - 10.28%</p> <p>Band 5 - 21.70%</p> <p>Band 6 - 11.26%</p> <p>Band 7 - 7.53%</p> <p>Band 8A and above 4.33%</p> <p>VSM - 0%</p>	<p>15.36% BME staff in overall workforce</p> <p>8.69% BME staff in non clinical workforce</p> <p>15.03% BME staff in clinical workforce</p> <p>Non Clinical BME staff in different bandings as compared to White staff:</p> <p>Band 1 - 21.56%</p> <p>Band 2 - 10.21%</p> <p>Band 3 - 8.63%</p> <p>Band 4 - 7.20%</p> <p>Band 5 - 9.94%</p> <p>Band 6 - 8.26%</p> <p>Band 7 - 6.72%</p> <p>Band 8A and above - 4.32%</p> <p>VSM - 7.14%</p> <p>Percentage of Clinical BME staff in different bandings compared to White staff</p> <p>Band 1- 12.5%</p> <p>Band 2 - 19.49%</p> <p>Band 3 -12.37 %</p> <p>Band 4 - 16.45%</p> <p>Band 5 - 19.99%</p> <p>Band 6 - 12.10%</p> <p>Band 7 - 8.51%</p> <p>Band 8A and above - 4.2%</p> <p>VSM - 0%</p>	<p>16.7% BME staff in overall workforce</p> <p>9.2% BME staff in non clinical workforce</p> <p>15.01% BME staff in clinical workforce</p> <p>Non Clinical BME staff in different bandings as compared to White staff:</p> <p>Band 1 - 16.32 %</p> <p>Band 2 - 10.31%</p> <p>Band 3 - 9.87%</p> <p>Band 4 - 14.9%</p> <p>Band 5 - 10.6%</p> <p>Band 6 - 8.8%</p> <p>Band 7 - 7.7%</p> <p>Band 8A and above - 4.47%</p> <p>VSM - 13.3%</p> <p>Percentage of Clinical BME staff in different bandings compared to White staff</p> <p>Band 1- 13.7%</p> <p>Band 2 - 19.28%</p> <p>Band 3 - 14.66%</p> <p>Band 4 - 21.13%</p> <p>Band 5 - 20.88%</p> <p>Band 6 - 12.47%</p> <p>Band 7 - 9.20%</p> <p>Band 8A and above - 4.53%</p> <p>VSM - 0%</p>

4 Year Data Comparison Continued...

It has been a requirement to report on Workforce Race Equality Standards (WRES) for the past 4 years. Below is a table summarising our performance over this period. (Indicator 2 - 9)

Indicator	2015	2016	2017	2018
2. Relative likelihood of staff being appointed from shortlisting	White staff are 1.99 times more likely to be appointed from shortlisting	White staff are 1.96 times more likely to be appointed from shortlisting	White staff are 1.77 times more likely to be appointed from shortlisting	White staff are 1.78 times more likely to be appointed from shortlisting
3. Relative likelihood of staff entering a formal disciplinary procedures	BME staff are 1.32 times more likely to enter a formal disciplinary process	BME staff are 1.06 times more likely to enter a formal disciplinary process	BME staff are 0.46 times more likely to enter a formal disciplinary process	BME staff are 0.75 times more likely to enter a formal disciplinary process
4. Relative likelihood of staff accessing non-mandatory training and CPD	Not available	White staff are 1.09 times more likely to access non-mandatory CPD training.	White staff are 0.92 times more likely to access non-mandatory training and CPD	White staff are 1.0 times more likely to access non-mandatory training and CPD
5. % of staff experiencing harassment, bullying or abuse from patients, relatives or the public	26.01% - White 22.36% - BME	25.96% - White 23.62% - BME	23.02% - White 27.32% - BME	25.52% - White 23.62% - BME
6. % of staff experiencing harassment, bullying or abuse from staff	23.47% - White 25.14% - BME	22.35% - White 22.33% - BME	23.19% - White 26.58% - BME	20.77% - White 26.01% - BME
7. % of staff believing that trust provides equal opportunities for career progression or promotion	91.07% - White 83.28% - BME	89.74% - White 73.49% - BME	89.01% - White 78.02% - BME	89.68% - White 78.05% - BME
8. % of staff personally experiencing discrimination at work by Manager/team leader or other colleagues	6.51% - White 13.40% - BME	6.16% - White 16.42% - BME	6.39% - White 16.71% - BME	7.13% - White 14.59% - BME
9. % difference between the organisations' Board voting membership and it's overall workforce	7.1% - White 7.1% - BME	15.7% - White 6.7% - BME	92.3% - White 7.7% - BME	84.6% - White 15.4% - BME

NB. A figure below "1" would indicate that BME staff members are less likely than white staff to enter the formal disciplinary process.

Conclusion and Next Steps

Conclusion

Based on 2017 comparative data with NHS Trust averages it is reassuring that UHS is not performing significantly under NHS Trust average on any indicator. However, the Trust recognises that it has some way to go before it can be confidently achieving above NHS Trust average in all indicators.

Based on 2018 data the following indicators have been identified as areas that the Trust must really focus on:

Indicator 5: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public

Indicator 6: Percentage of staff experiencing harassment, bullying or abuse from staff

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

Indicator 8: Percentage of staff experiencing discrimination at work by manager/team leader or other colleagues

These indicators are inextricably linked and so it makes sense that they should be tackled alongside each other.

In addition to these priorities the Trust has set itself the ambitious target of achieving 15% of Band 7 and above roles as being occupied by BME staff. Therefore in order to support achieving this target Indicators, 1 and 2 will also be considered as priorities for the year ahead.

The action plan in the appendix sets out the actions the Trust will take to achieve improvements against these indicators.

Next Steps

1. Establish an Equalities Standards Implementation Group that will be responsible for conducting deep dives into the WRES data to fully understand the root cause of issues and develop detailed local level action plans.
2. Ensure BME staff are involved in discussions regarding WRES data and associated action plans.
3. Set aspirational, yet SMART targets in relation to all WRES indicators but with a primary focus on the indicators identified.
4. Embed and mainstream WRES and wider equality, diversity and inclusion practices into day-to-day business.
5. Work closely with other NHS organisations to help facilitate learning and the sharing of replicable good practice.
6. Increase accountability for the WRES at local levels to increase success at Trust-wide level.

Appendix 1 – WRES Action Plan 2018/19

Indicator Progress Summary At A Glance – Rag Rated

RED – Target not achieved

AMBER – Moving towards target

GREEN – Target achieved

Indicator		RAG rated progress
1	Percentage of staff in each AfC Bands 1-9 and VSM compared to overall workforce	AMBER
2	Relative likelihood of BME staff being appointed from shortlisting	RED
3	Relative likelihood of staff entering a formal disciplinary process	GREEN
4	Relative likelihood of staff accessing non-mandatory training and CPD	GREEN
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public	AMBER
6	Percentage of staff experiencing harassment, bullying or abuse from staff	RED
7	Percentage of staff believing that trust provides equal opportunities for career progression or promotion	AMBER
8	Percentage of staff personally experiencing discrimination at work by Manager/team leader or other colleagues	AMBER
9	Percentage difference between the organisations' Board voting membership and its overall workforce	GREEN

Appendix 1 – WRES Action Plan 2018/19 cont...

Workforce Race Equality Standards (WRES) Annual Action Plan 2018/19

The action plan below builds on the foundation of the previous year's action plan and progress against the individual indicators. It includes a small number of actions (highlighted in blue) that remain incomplete/outstanding from the 2017/18 action plan and have been rolled over. All other actions in the previous action plan have been completed.

Action	Indicators related to	Impact / Measure	Lead	Timescale
Greater number line managers aware of WRES, tested by survey monkey questionnaire	All	<ul style="list-style-type: none"> % of staff attending recruitment and selection training Confirmed at 100% as appearing on agendas quarterly at Divisional Governance Team meetings 	Head of EDI	Aug 2019
Increasing the awareness of all job roles at UHS within Southampton's BME communities	1, 2, 7, 9	<ul style="list-style-type: none"> Engagement sessions with local community groups on types of roles at UHS Use of head hunters for senior roles (8D and above) results in 2% increase in BME staff in these roles 	Head of Resourcing	Aug 2019
Total revision of current Recruitment and Selection Process package (tools and training to support recruiting managers) through work with an external partner	1, 2, 7, 9	<ul style="list-style-type: none"> Minimum of 2% increase in rates of success for BME candidates BME candidates report receiving good quality feedback post interview xxx line managers trained in the revised process by 31 March 2019 	Head of Resourcing	Roll out Nov 2018
Deliver the Inclusive Leadership Talent Management Programme to Cohort 3	1,2,4, 7	<ul style="list-style-type: none"> XX% of BAME staff who have progressed as a result of the programme 	Head of Management and Leadership	March 2019 Oct 2018 Oct 2018 & 6-monthly intervals

Appendix 1 – WRES Action Plan 2018/19 cont...

Action	Indicators related to	Impact / Measure	Lead	Timescale
Significantly increase BME accessing mentoring and coaching opportunities available within the Trust .	1, 2, 3, 4, 7	<ul style="list-style-type: none"> Develop new coaching & mentoring matching & registration process Develop BME coaches & mentors to increase diversity of offer for BME staff Establish baseline data on current usage of coaches & mentors by BME staff 	Director of Education	<p>Oct 2018</p> <p>Aug 2019</p> <p>Oct 2018</p>
<p>Improve data collection of reported incidents to better identify trends, themes and locations of bullying, harassment and discrimination to develop localised action plans to address hotspot areas.</p> <p>Encourage staff participation in Stop It and mediation training</p>	3, 5, 6, 8	<ul style="list-style-type: none"> Identify the data required and create a template for standardised collections Develop appropriate action plan to address to key themes emerging at corporate and local level Instigate quarterly reports to the Board on themes of incidents Embed a Root Cause Analysis system and learning for reported hate incidents and share learning as appropriate Ensure local staff survey Divisional actions plan address specific issues that arise XX staff undertake Stop It training in hot spot areas 	Director of Human Resources	<p>Nov 2018</p> <p>Aug 2019</p>
Deliver application and interview coaching and training sessions for BME employees	1,2,3,4,7	<ul style="list-style-type: none"> 75% of all BME participants report securing an interview 75% of interviewing BME employees report career progression 	Head of Resources	Aug 2019
Work with the BME Staff Network to increase and sustain membership to develop greater collaboration on WRES related activity	All	<ul style="list-style-type: none"> Increased membership Involved in development and ongoing monitoring of the action plan Supportive of the delivery of the action plan 	Head of EDI	April 2019

Appendix 1 – WRES Action Plan 2018/19 cont...

Action	Indicators related to	Impact / Measure	Lead	Timescale
Sustain the equal levels of likelihood of disciplinary proceedings and monitor for any spikes	3	<ul style="list-style-type: none"> Monthly monitoring of disciplinary data through HR Performance Board Address any areas of concerns with cultural reviews as and when appropriate Review Disciplinary Policy and Code of Conduct to ensure clarity and ease of use for all Manager training Unconscious Bias , Appraisal, Open and Honest conversation training 	Director of HR	August 2019
Sustain the equal levels of BME and White staff reporting ability to access training and development opportunities by reviewing offer of all training and CPD: and <ul style="list-style-type: none"> Develop proactive initiatives from results of above action Utilise BME staff experiences to update the mandatory and specialist EDI training, i.e. collect personal stories 	4, 7	<ul style="list-style-type: none"> BME staff continue to report equal levels of access to development opportunities and CPD 	Director of Education	Ongoing
Continue with roll out of new appraisal process and Agenda for Change terms and conditions	1, 2, 7	<ul style="list-style-type: none"> Maintain regular availability of appraisal training including a focus on quality conversations for all line managers Monitor feedback quality for performance appraisals through audit and staff survey results 	Director of HR	Ongoing