WRES Race Action Plan

		Please specify which actions are:			Please specify KPIs and timelines for monitoring the actions		How will actions be made sustainable
		Current Practice	Continuation	Different	2022 / 23	2023 - 2025	
Actions around WRES Indicator 1: Recruitment and Promotion	Implement effective policies to improve attraction to UHL and develop retention initiative to encourage career progression and a healthy work life balance. Actions are as follows: a. Recruitment and retention lead to review and where appropriate amend recruitment and retention strategies to ensure that flexible working opportunities are promoted through recruitment campaigns with uptake tracked and reported to ensure access by all staff groups and evaluation of impact. Review and amendments to take place by December 2023 with monitoring and evaluation evident from April 2024. b. EDI team to carry out an independent assessment of recruitment activities linked to key 6 national ED&I high impact areas recruitment and promotions, including overseas nurses and consultants' recruitment and work with recruitment services to develop an action plan by April 2024 to support compliance. c. BME staff network and recruitment team to develop an approach to strengthen BME representation on interview panels for senior posts by June 2024. d. EDI team to provide an equality lens to support the development of a recruitment plan by September 2024 outlining opportunities for career pathways, apprenticeships and graduate management programs, including monitoring and evaluation. e. EDI and ESR team to ensure that our data is accurate and complete by improving our declaration rates on ESR system through the design, development and promotion of short video for ESR self-service portal. Campaign to commence in January 2024.	**Action d** The EDI team are already involved in schemes of this nature, but this action supports input into the overarching plan to embed good practice	**Action b** We are already engaged with the 6 national ED&I high impact areas and are progressing implementing of these. This action provides an opportunity to validate progress and adjust plans where necessary. **Action c** We already encourage BME representation on senior interview panels, but we currentlyhave no mechanism to monitor and report this. This action will formalise our position and ensure that we can clearly evidence our adherence to best practice.	**Action a** Whilst we have a number of recruitment and retention strategies in place, we do not confidently track impact. The need for this has been highlighted through the work with local diverse communities who have expressed a desire for non-traditional shift patterns or employment contracts to better meet their personal and cultural needs. **Action e** At UHL our use of ESR is primality limited to access to pay slips. This action provides an opportunity to promote the ownership of personal information through the use of ESR. We will be able to monitor impact in terms of the number of changes made toensure that our comms and engagement approach was effective. This will be supported via Staff Networks.	Current position of Percentage of BME staff: Overall: 44.23% and VSM: 5.00%	Future position of percentage of BME staff: **By March 2024** 49.5% and VSM: 7.5% **By March 2025** 55% and VSM: 15%	Annual WRES reporting, EDI Board, People and Culture Committee, Trust Board (UHL Governance arrangements). Increased reporting of WRES metrics at an organisational and service level to identify areas of best practice, areas of focus and ownership. Benchmarking to be carried out with peer organisations and at a regional and national level to look at case studies and opportunities for shared learning.
Actions around WRES Indicator 2: Appointments (the relative likelihood of white applicants being appointed from shortlisting compared to BME applicants)							As above plus there has been a recent internal audit carried out in this area to assess assurance levels in terms of application.
Actions around WRES Indicator 3: Disciplinary (the relative likelihood of BME staff entering the formal disciplinary process compared to white staff)	a. People Services to develop and approach to the use of Cultural Ambassadors who are available to support employee relations cases. Model to be developed by June 2024 with a current ambition to have in place by April 2025. b. Staff support team to complete an annual campaign to outline our current health and wellbeing offer and access to staff support. Campaign to form part of our annual cycle of business with completion by March 2024. c. Health and wellbeing team to develop a business proposal by March which considers the introduction of a pilot buddying program to support staff through the Wellbeing offer. d. People Services to develop a dashboard by March 2024 which tracks and monitors employee relations activity by protected characteristic and progression through the disciplinary process.	**Action b** UHL already has a comprehensive support offer which is current practice. The action will promote what is already there rather than provide additional support. The only difference may be in the way the campaign is delivery e.g., is the language used, branding, images supportive of access from colleagues from all backgrounds	**Action d** The dashboard is a continuation of the reporting we already provide. A key focus of the dashboard will be to understand parity of treatment once in a formal disciplinary process as our data is currently favorable to BME colleagues for entering a formal process.	**Action a and c** These are new initiatives for UHL which will take learning and best practice from other areas	Current position of BME staff entering formal disciplinary process: 0.72%	**By March 2025** KPI 0.50%	Annual WRES reporting, EDI Board, PCC, Trust Board (UHL Governance arrangements)

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Actions around WRES Indicator 4: **Education** (the relative likelihood of white staff accessing non–mandatory training and continuing professional development (CPD) compared to BME staff)	a. Organisational Development to complete a review of the UHL leadership offer by March 2024, ensuring that EDI requirements are reflected within both from a content (e.g., EDI forms part of the content) and access (e.g., courses available for BME staff) perspective b. UHL to form part of the pilot for the Developing Me, Developing You program which is aimed at BME Senior Leaders. The course is due to be completed by June 2024.		**Actions a and b** Our current data evidence equity in terms of the likelihood of white and BME staff accessing non–mandatory training and continuing professional development (CPD). Whilst this is encouraging, we need to look at ways to ensure that educational opportunities are supportive of career opportunities which is an area of concern for UHL (e.g., access impact rather than simply access)		Current position of non-mandatory training & CPD: 0.99%	**By March 2024** 95% **By March 2025** 85% (to support career progression for BME staff)	Annual WRES reporting, EDI Board, PCC, Trust Board (UHL Governance arrangements) Course attendance and career progression to be measured
Actions around WRES Indicator 5: **Bullying Harassment from Public** (the percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months)	Develop inclusive and safe culture and environment by: a. Launch of the 'No Excuse for Abuse' campaign by March 2024 (including policy, communication, training from both an internal and external lens) b. Develop a process by March 2024 to review data by protected characteristics on grounds of bullying and harassment, discrimination and violence and report at a service area to support rapid intervention. c. By March 2024, we will strengthen our psychological support offer for all staff and develop mechanisms to evidence impact. d. Launch of the new Freedom to Speak Up process in October 2023 e. EDI will lead the development of an anti-racism strategy by September 2024.	**Action b** UHL already has a comprehensive support offer which is current practice. The action will promote what is already there and assess the impact to support continual serviceimprovement. **Action d** The Freedom to Speak Up service has been in existence across UHL, but this action relates to the relaunch of the service to offer a 24/7 service through an independent service.	**Action b** There is already some reporting, but this is limited in nature so needs to be extended and embedded into business as usual.	**Action a and e** These are new initiatives but are closely linked.	Indicator 5: Current position of staff experiencing bullying, harassment and abuse from patients, relatives and public: White staff: 25.5% (up by 1.2%) BME staff: 20.6% (up by 1.2%)	**By March 2025** KPI White staff: 10.0% KPI BME staff: 10.0%	Annual WRES reporting, EDI Board, PCC, Trust Board (UHL Governance arrangements) Training, development of standard operating procedures and clear reporting into service areas
Actions around WRES Indicator 6: **Bullying Harassment from Staff** (the percentage of staff who experienced harassment, bullying or abuse from other staff in the last 12 months)					Indicator 6: Current position of staff experiencing bullying, harassment and abuse from staff: White staff: 23.7% (up by 1.5%) BME staff: 23.8% (down by 0.3%)	**By March 2025** KPI White staff: 10.0% KPI BME staff: 10.0%	Annual WRES reporting, EDI Board, PCC, Trust Board (UHL Governance arrangements)
Actions around WRES Indicator 7: **Equal opportunities** (the percentage of staff who believed that the trust provided equal opportunities for career progression or promotion)	a. By March 2024 we will complete an analysis of our pay data by protected characteristics and CMG area by Sex and race, Disability, etc. b. By September 2023 we will engage in the Developing Diverse Leadership Program to improve staff opportunities (B5 - B7). c. By March 2024 we will increase the numbers of UHL colleagues who have completed the Active Bystander program by 10%.		**Action a** We have already carried out some analysis of pay data as part of the gender pay gap return but would like to explore this for other protected characterises sothat we can identify any improvement initiatives. **Action c** 66 colleagues have already completed the active bystander	The Trust engaged on the Developing Diverse Leadership Program - 29 staff - 27 managers - 4 promotions	Indicator 7: Current position on Trust provides equal opportunities for career progression and promotion: White staff: 59.9% (up by 0.7%) BME staff: 46.4% (up by 5.4%)	**By March 2025** KPI White staff: 70.0% KPI BME staff: 60.0%	Annual WRES reporting, EDI Board, PCC, Trust Board (UHL Governance arrangements)
Actions around WRES Indicator 8: **Discrimination from a Leader** (the percentage of staff who personally experienced discrimination at work from a manager, team leader or other colleagues)	Engagement on national program to improve culture by: a. By September 2024 we will complete the pilot of the national BAPIO (British Association of Physicians of Indian Origin) and Dignity and Work Standards and develop a set of recommendations for improving the culture e. EDI will lead the development of an anti-racism strategy by September 2024.			**Action a** The Trust is one of 4 organisations involved in the pilot **Action e** This is a new initiative	Indicator 8: Current position on staff personally experiencing discrimination at work from manager, team leader or other colleagues: White staff: 6.6% (down by 0.4%) BME staff: 15.4% (up by 0.1%)	**By August 2024** KPI White: 4.0% KPI BME: 10.0%	Annual WRES reporting, EDI Board, PCC, Trust Board (UHL Governance arrangements)

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Actions around WRES Indicator 9: Board Representation	a. By March 2024 we will ensure that every Board and executive team member have EDI objectives that are SMART included as part of their appraisal and reviewed year on year. b. By December 2024 our organisational development and EDI teams will develop a talent management program to increase diversity at Board level, with year-on-year monitoring systems in place to identify potential staff. c. By September 2024 we will embed a reverse mentoring program for executives, direct reports and members of the Leadership Team. d. By April 2025 we will improve the experiences of BAME staff by developing a Shadow Executive Board with membership of a range of roles, professionals, locations and backgrounds.		**Action b** This happens informally but we need to extend into a formal process with monitoring	**Action a** Whilst this happens in some instances this will be a new requirement for all board and executive team members **Action c** Whilst this happens in some instances this will be developed into a formal offer **Action d** This is a new concept which has been successfully implemented at another Trust	Indicator 9: Current Trust Board member by ethnicity: Total Trust Board members: 13.64% (up by 0.64%) % difference between voting Board Membership and Overall Workforce: -30.56% (up by 7.56%)	**By: August 2025** KPI Total Trust Board members: 15.0% KPI % difference between voting Board Membership and Overall Workforce: -25.0%	Annual WRES reporting, EDI Board, PCC, Trust Board (UHL Governance arrangements)