



Workforce Race Equality Standard (WRES) 2023 Report

1. Introduction

The NHS was established on the principles of social justice and equity, but evidence tells us that the treatment of our colleagues from Black, Asian and Minority Ethnic (BAME) groups can fall short. Inequalities in any form are at odds with the values of the NHS and we know that the fair treatment of our staff is directly linked to better clinical outcomes and better experience of care for our patients.

The national evidence from each WRES report over the years has shown that BAME colleagues are less well represented at senior levels, have measurably worse day to day experiences of life in NHS organisations, and have more obstacles to progressing in their careers.







The WRES has been designed to deliver tangible and lasting improvements in race inclusion. NHS providers are expected to show progress against a number of indicators of workforce equality. 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 BAME and white 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
- The WRES is mandated annually as part of the NHS Standard Contract. NHS Organisations are required to publish their data and action plan on their public facing website.

Note on Terminology: The terms Black, Asian and Minority Ethnic (BAME) and ethnically diverse will be used throughout this report to describe colleagues from ethnically diverse backgrounds. We should recognise however that experiences can vary between different ethnic groups.

NHS EDI Improvement Plan

The NHS People Plan sets out the priorities and specific actions for improving the sense of ‘belonging’ of our people in the NHS. This NHS EDI Improvement Plan, launched in June 2023 builds on the People Promise and the People Plan, using the latest data and evidence to identify six high impact actions organisations across the NHS can take to considerably improve equality, diversity and inclusion.

<p>Measurable objectives on EDI for Chairs Chief Executives and Board members.</p> <p>Success metric</p> <p>1a. Annual Chair/CEO appraisals on EDI objectives via Board Assurance Framework (BAF).</p> 	<p>Overhaul recruitment processes and embed talent management processes.</p> <p>Success metric</p> <p>2a. Relative likelihood of staff being appointed from shortlisting across all posts</p> <p>2b. NSS Q on access to career progression and training and development opportunities</p> <p>2c. Improvement in race and disability representation leading to parity</p> <p>2d. Improvement in representation senior leadership (Band BC upwards) leading to parity</p> <p>2e. Diversity in shortlisted candidates</p> <p>2f. NETS Combined Indicator Score metric on quality of training</p> 	<p>Eliminate total pay gaps with respect to race, disability and gender.</p> <p>Success metric</p> <p>3a. Improvement in gender, race, and disability pay gap</p> 
<p>Address Health Inequalities within their workforce.</p> <p>Success metric</p> <p>4a. NSS Q on organisation action on health and wellbeing concerns</p> <p>4b. National Education & Training Survey (NETS) Combined Indicator Score metric on quality of training</p> <p>4c. To be developed in Year 2</p> 	<p>Comprehensive Induction and onboarding programme for International recruited staff.</p> <p>Success metric</p> <p>5a. NSS Q on belonging for IR staff</p> <p>5b. NSS Q on bullying, harassment from team/line manager for IR staff</p> <p>5c. NETS Combined Indicator Score metric on quality of training IR staff</p> 	<p>Eliminate conditions and environment in which bullying, harassment and physical harassment occurs.</p> <p>Success metric</p> <p>6a. Improvement in staff survey results on bullying / harassment from line managers/teams (ALL Staff)</p> <p>6b. Improvement in staff survey results on discrimination from line managers/teams (ALL Staff)</p> <p>6c. NETS Bullying & Harassment score metric (NHS professional groups)</p> 

2. WRES Metrics and UHNM Performance

The WRES comprises of 9 Metrics that incorporate data from the following primary sources: the NHS Electronic Staff Record (ESR), the NHS National Staff Survey and local HR and recruitment systems.

Four of the WRES metrics are drawn from the annual NHS Staff Survey. The UHNM response rate for the 2022 staff survey was 33.2%, with 16.1% of respondents (589 people) stating that they are from a Black, Asian and Minority Ethnic (BAME) background. This compares to the peer average of 17.7%.

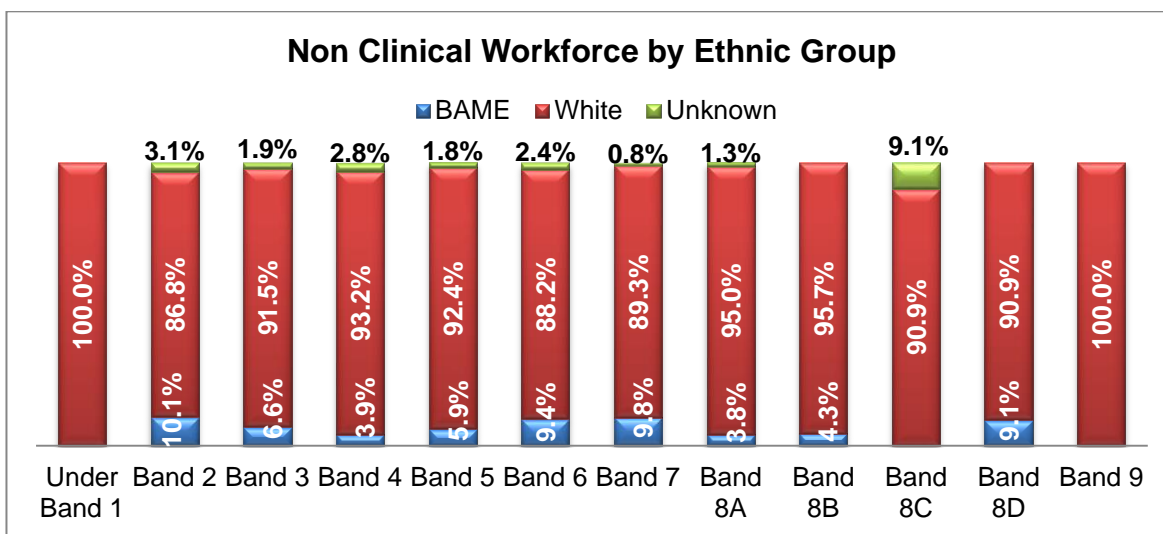
Metric 1 - Percentage representation by ethnicity at each AfC pay band, amongst non-clinical staff, clinical staff and within the Medical & Dental professional group

UHNM uses the ESR system to capture and record employee ethnicity. The Trust regularly encourages our workforce to update their ESR record and the number of records where colleagues have not disclosed their ethnicity status is only 2.6%. We have seen year on year increases in the ethnic diversity of our UHNM workforce, with 23.5% of colleagues being from Black, Asian and Minority Ethnic backgrounds as recorded on ESR at 31st March 2023.

Ethnicity Group	Headcount	%
BAME	2773	23.5%
White	8729	73.9%
Unknown	309	2.6%
Total	11,811	100%

7.4% of non-clinical and 21.3% of the clinical workforce (excluding doctors) are recorded as being from a BAME background on ESR with 66.1% of doctors and dentists. This compares to the most recent national picture of 24.2% BAME representation, with 16.3% in non-clinical roles and 24% in clinical roles (excluding doctors) and 44.3% representation in medical and dental roles in 2022.

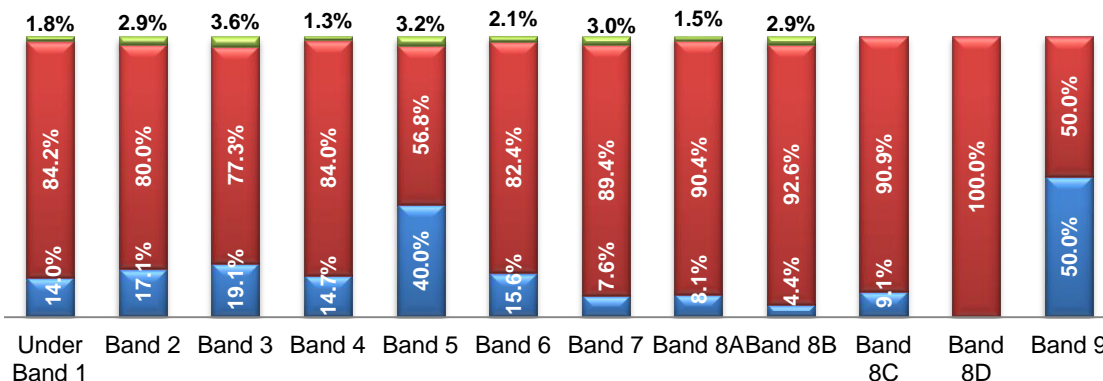
UHNM Workforce Group	BAME %	White %	Unknown %
Non-clinical	7.4%	90.2%	2.4%
Clinical (excluding Medical & Dental)	21.3%	76.0%	2.7%
Medical & Dental	66.1%	31.3%	2.6%



Ethnic Group	Under Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8A	Band 8B	Band 8C	Band 8D	Band 9
BAME	0	92	38	20	10	16	12	3	2	0	1	0
White	10	788	526	467	157	150	109	76	44	20	10	14
Unknown	0	28	11	14	3	4	1	1	0	2	0	0
Total	10	908	575	501	170	170	122	80	46	22	11	14

Clinical Workforce by Agenda for Change Pay Band and Ethnic Group

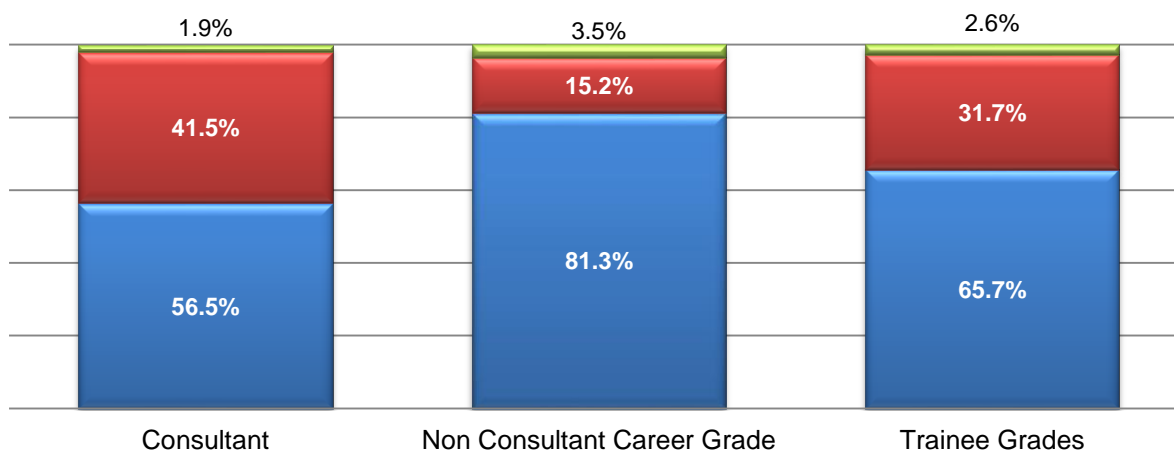
■ BAME ■ White ■ Unknown



Ethnic Group	Under Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8A	Band 8B	Band 8C	Band 8D	Band 9
BAME	8	324	106	58	804	265	56	27	3	1	0	1
White	48	1514	428	331	1142	1404	656	303	63	10	11	1
Unknown	1	55	20	5	64	35	22	5	2	0	0	0
Total	57	1893	554	394	2010	1704	734	335	68	11	11	2

Medical and Dental Workforce by Ethnic Group

■ BAME ■ White ■ Unknown



Ethnic Group	Consultant Headcount	Non consultant Career Grade Headcount	Trainee Grades Headcount
BAME	320	304	302
White	235	57	146
Unknown	11	13	12
Total	566	374	460

The following table demonstrates BAME representation across Agenda for Change (AfC) pay bands and Medical and Dental workforce:

WRES Metric	Pay Band	2019	2020	2021	2022	2023	Movement
Percentage of BAME staff in each of the AfC Bands 1 – 9 or medical and dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce	Under Band 1:	0.0%	11.1%	6.1%	18.9%	11.9%	↑
	Band 1:	20.4%	5.0%	5.1%	3.2%	-	-
	Band 2:	9.9%	11.6%	11.9%	13.3%	14.8%	↑
	Band 3:	4.8%	5.2%	5.1%	5.9%	12.7%	↑
	Band 4:	10.4%	10.7%	11.9%	10.2%	8.7%	↓
	Band 5:	23.8%	24.4%	26.2%	30.7%	37.3%	↑
	Band 6:	10.5%	11.0%	12.4%	13.7%	15.0%	↑
	Band 7:	4.0%	4.8%	4.3%	5.8%	7.9%	↑
	Band 8a:	5.9%	6.4%	6.9%	6.5%	7.2%	↑
	Band 8b:	2.4%	2.3%	4.3%	5.1%	4.4%	↓
	Band 8c:	6.5%	6.5%	6.1%	5.3%	3.0%	↓
	Band 8d:	0.0%	0.0%	0.0%	0.0%	4.5%	↑
	Band 9:	0.0%	0.0%	8.3%	0.0%	0.0%	↔
	VSM:	0.0%	0.0%	0.0%	0.0%	10.0%	↑
	Medical & Dental		55.6%	58.4%	60.8%	63.6%	66.1%

Race Disparity Ratio

The Race Disparity Ratio, introduced in June 2021, is a reflection of workforce distribution in terms of representation in the AfC pay bands, comparing BAME and white colleagues. It is presented at three tiers. A ratio of '1' reflects parity of progression, and values higher than '1' reflect inequality, with a disadvantage for BAME staff.

- Bands 5 and below ('lower')
- Bands 6 and 7 ('middle')
- Bands 8a and above ('upper')

Tier	2023	2022
Disparity ratio - lower to middle	1.79	1.62
Disparity ratio - middle to upper	2.16	2.14
Disparity ratio - lower to upper	3.88	3.46

The Race Disparity Ratio does not include medical and dental staff

Our data tells us:

- Lower to Middle tier progression: White staff are 1.79 times more likely to progress through our organisation than BAME staff
- Middle to Upper tier progression: White staff are 2.16 times more likely to progress through our organisation than BAME staff
- Lower to Upper tier progression: White staff are 3.88 times more likely to progress through our organisation than BAME staff

Trends nationally show that in non-clinical roles, the gap between BAME and white representation has been decreasing each year in terms of the lower to upper levels. However, in clinical roles (outside of medicine), the gap between BAME and white progression has been widening over the past three years, particularly in terms of the lower to middle levels.

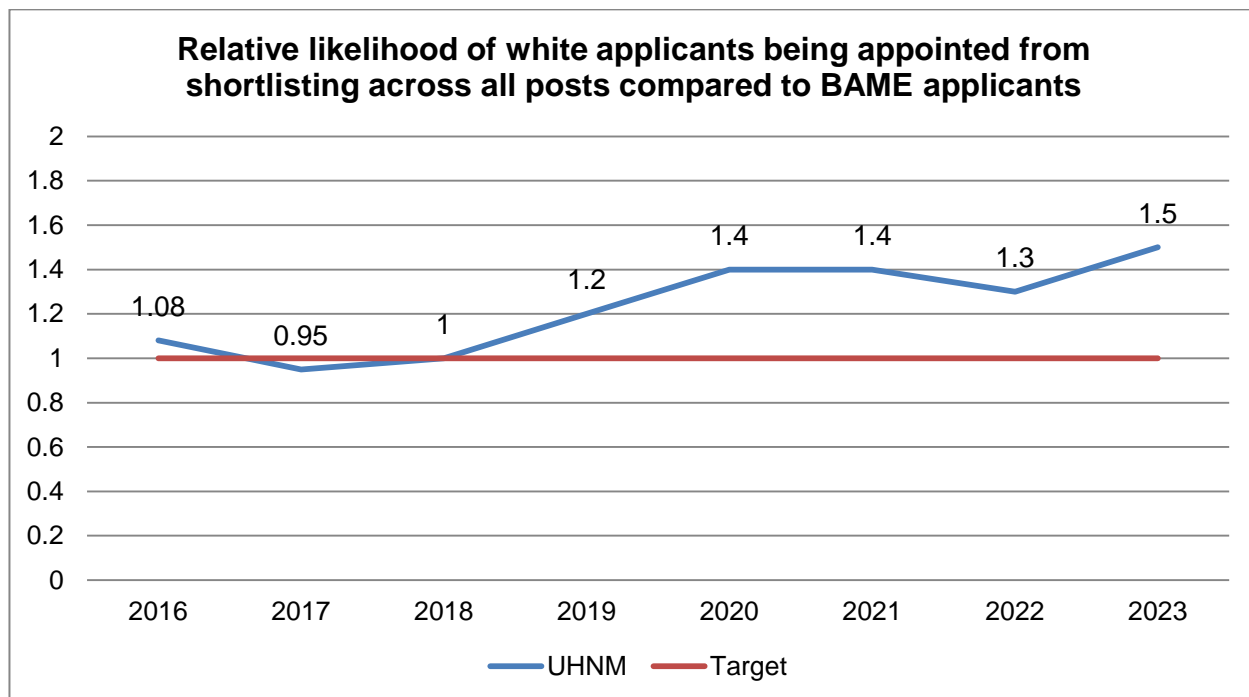
The table below demonstrates ethnicity representation in clinical and non-clinical Agenda for Change roles and demonstrates that BAME representation is increasing in all tiers compared to the previous year. (Figures for 2022 in brackets):

AfC Bandings	White % 2023	BAME % 2023	Unknown % 2023
1 to 5	76.5% (79.6%)	20.6% (16.8%)	2.8% (3.6%)
6 and 7	84.9% (86.3%)	12.8% (11.3%)	2.3% (2.5%)
Band 8a+	91.7% (92.6%)	6.4% (5.8%)	1.6% (1.6%)
Grand Total	79.6% (82.0%)	17.7% (14.8%)	2.6% (3.2%)

Progress against our Model Employer Aspirational Targets for BAME representation in senior leadership roles continues in a positive trajectory (previous year figures in brackets). Each division monitors their race disparity ratio (the differential in representation between white and BAME colleague progression rates) as part of their EDI Dashboard.

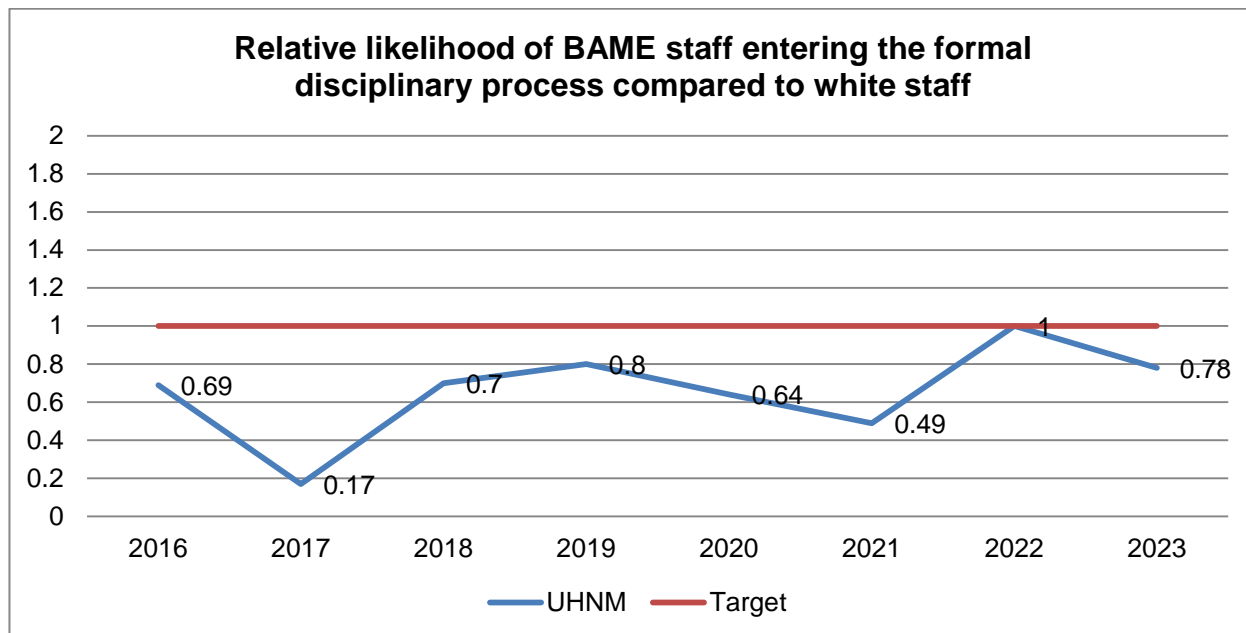
	BAME Headcount at 31.03.23	Model Employer Target for 2022-23
Band 8A	32 (25)	31
Band 8B	6 (5)	7
Band 8C	1 (2)	3
Band 8D	1 (0)	1
Band 9	0 (0)	1
VSM	1 (0)	1

Metric 2: Relative likelihood of BAME staff compared to White staff being appointed from shortlisting across all posts



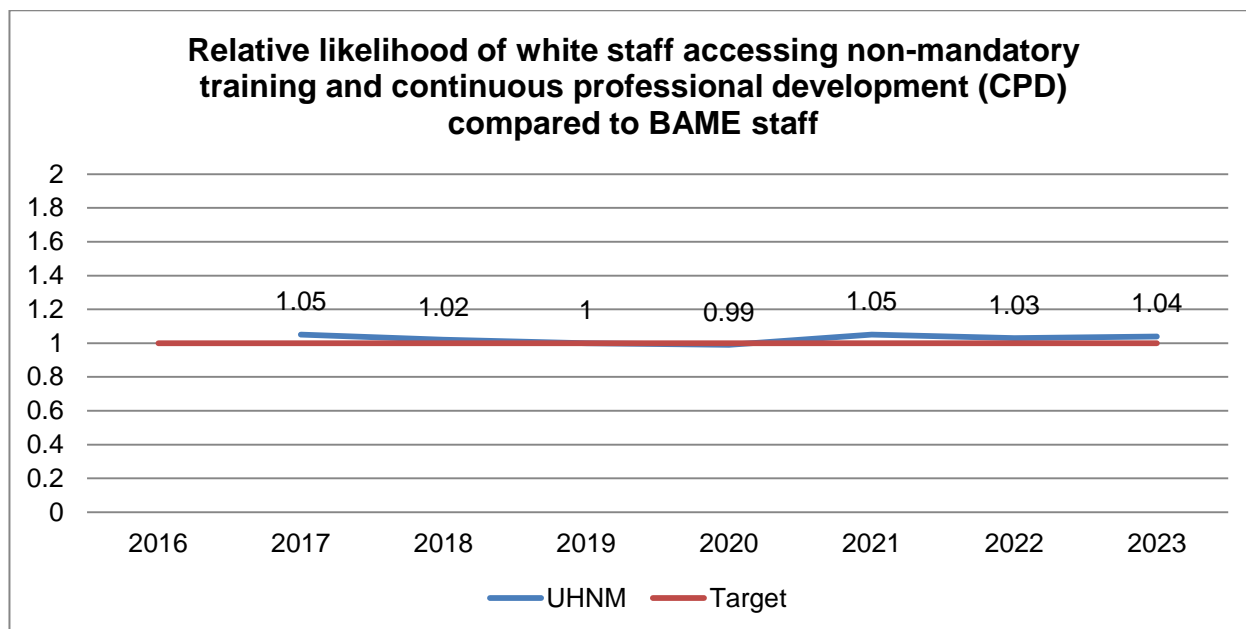
This metric has deteriorated compared to last year, but is similar to the Midlands (1.5); Acute average (1.58) and national figure of 1.59.

Metric 3: The relative likelihood of BAME staff entering the formal disciplinary process compared to white staff



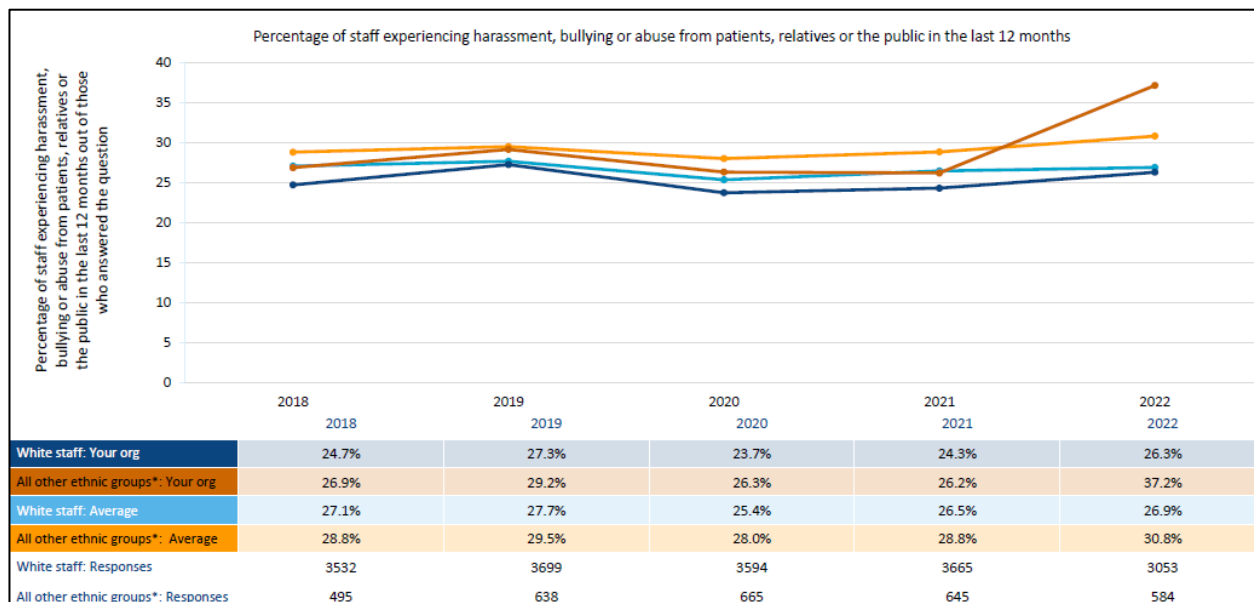
UHNM is in the top 25 percentile nationally for this metric.

Metric 4: The relative likelihood of white staff accessing non-mandatory training and CPD compared to BAME staff:

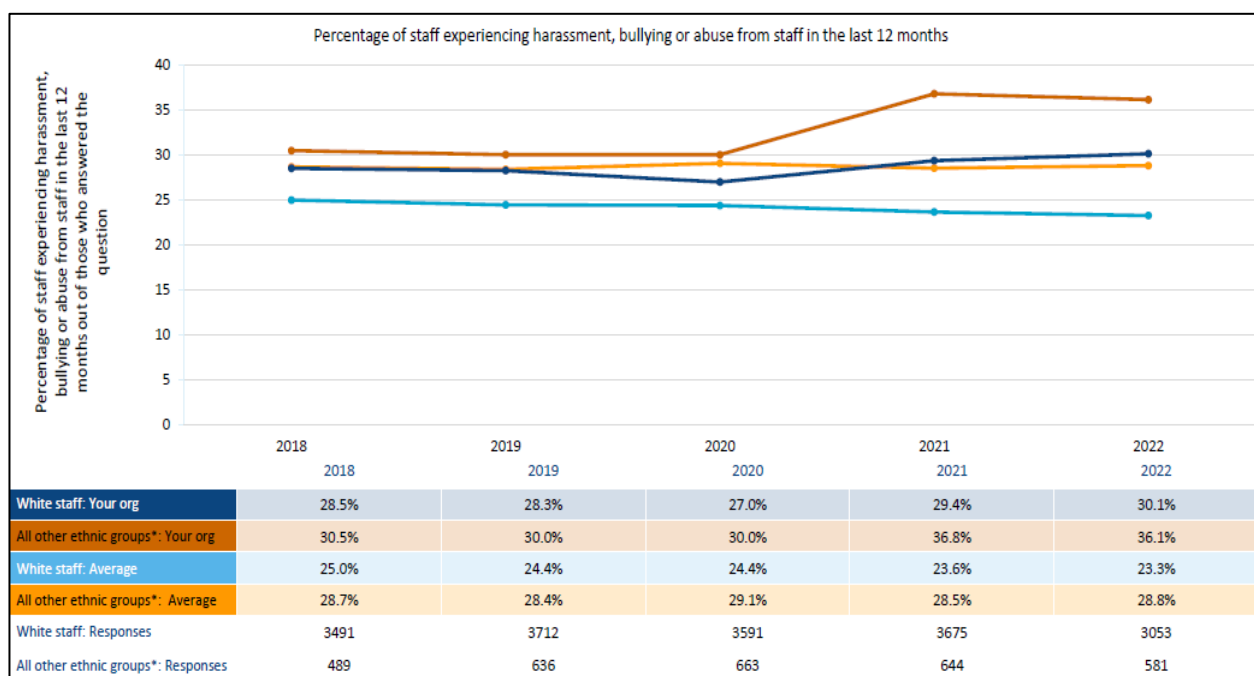


The midlands figure for this metric is 0.97; the average for the acute sector is 1.02 and nationally it is 1.12.

Metric 5: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months:



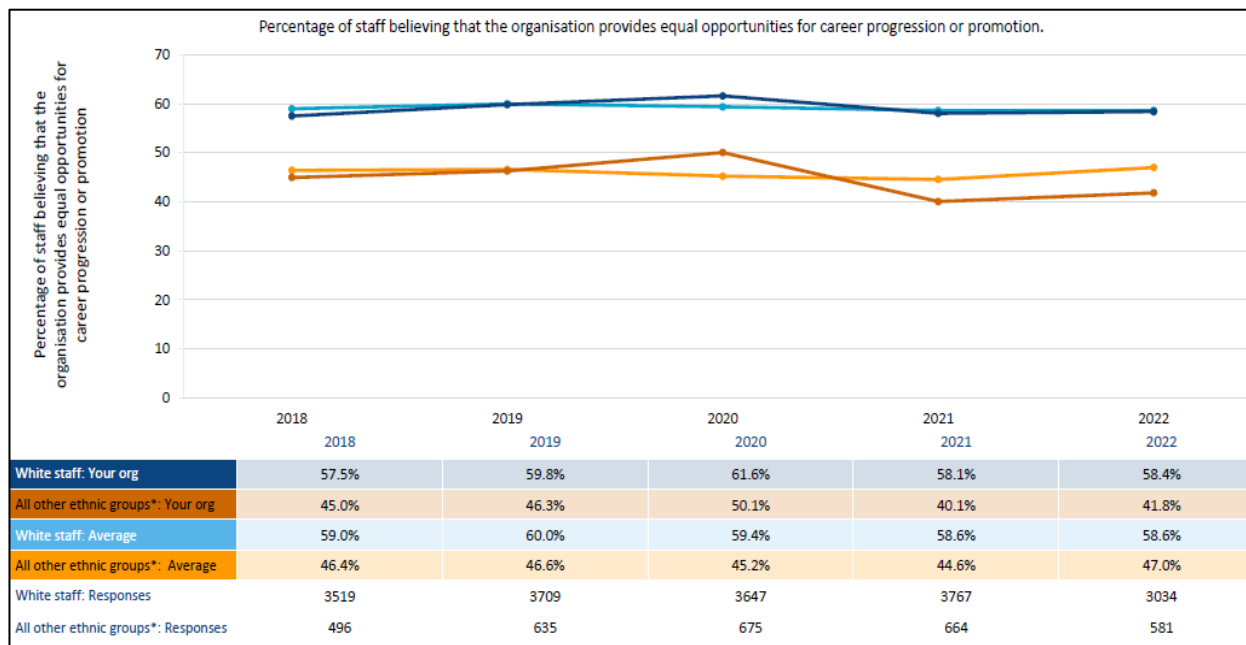
Metric 6: Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months:



There is a significant increase on the previous year for BAME colleagues reporting experience of harassment, bullying and abuse from patients, relatives or the public and whilst this may be a reflection of a relaxing of covid-19 restrictions relating to hospital visiting arrangements, this increase is not reflected to such an extent by white colleagues at UHNM or within our peer comparator group.

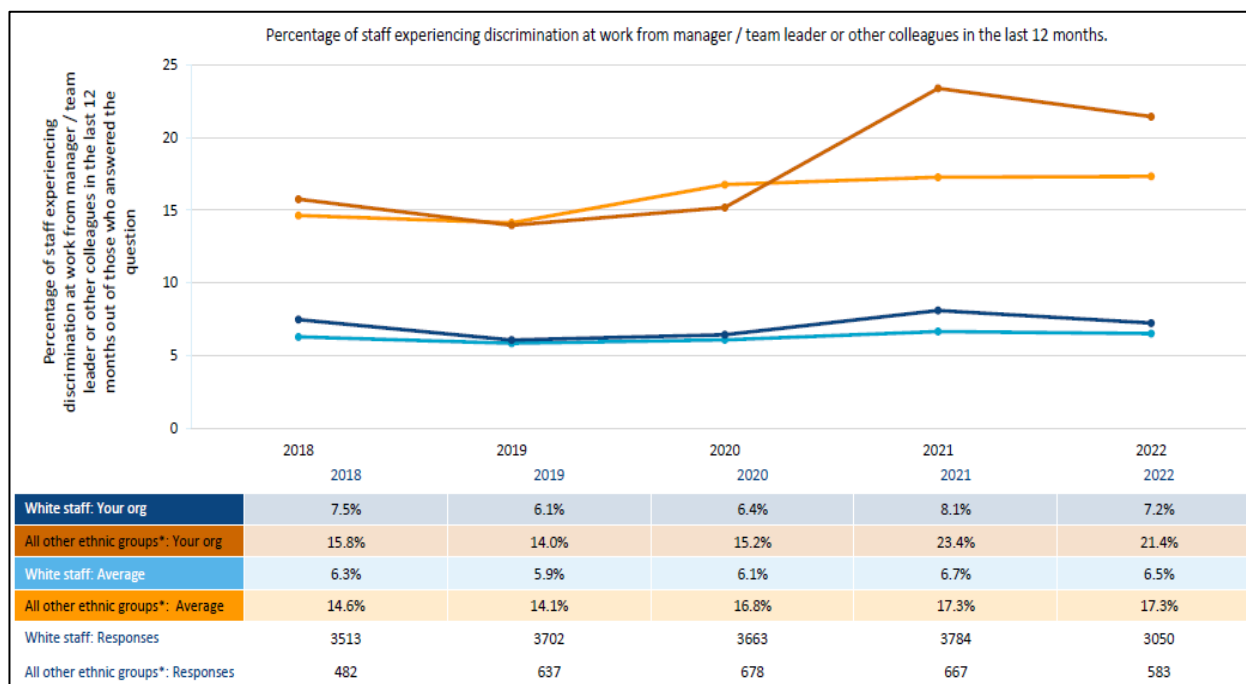
There has been slight improvement of BAME colleagues reporting harassment, bullying or abuse from colleagues, and a slight deterioration for white colleagues, but both remain consistently higher than the peer group average for white and BAME staff.

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



Despite an improvement in this metric of 1.7%, our BAME colleagues are 16.6% less likely than white colleagues in the organisation to believe that the trust provides equal opportunities for career progression or promotion, and 5.2% less than the peer group average.

Metric 8: Percentage of staff experiencing discrimination at work from a manager/team leader or other colleagues in the last 12 months:



There has been a 2.0% reduction (improvement) of BAME colleague reports of discrimination from a line manager/supervisor compared to the previous year, and whilst nationally reports of discrimination have increased over recent years UHNM is higher than average for white and BAME colleagues.

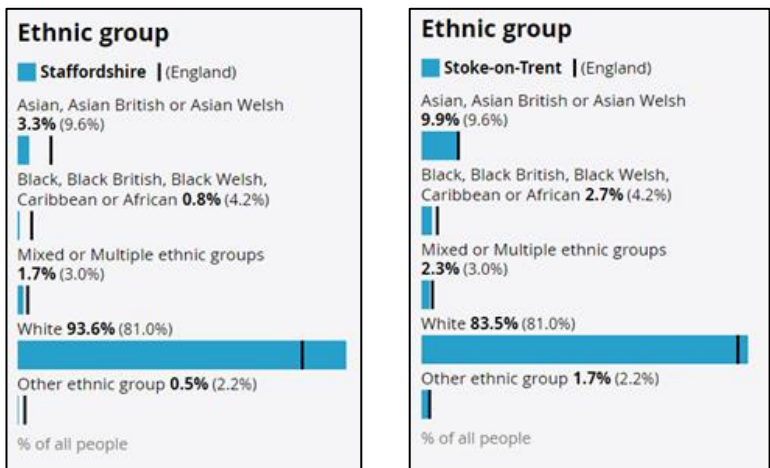
Metric 9: The representation of BAME people amongst board members

This metric measures the difference between the ethnicity composition of our Board membership compared to the overall organisation. Boards are expected to be broadly representative of their workforce. UHNM BAME representation is 23.5%, compared to the board BAME representation being 11.1%. The percentage difference between the organisations BAME Board membership and its organisations overall BAME workforce is therefore -12.4%.

BAME Board Representation	2023
Difference Total Board : Overall Organisation	-12.4%
BAME Board Membership	11.1%
BAME Executive Board Membership	10%

Ethnicity in our local communities:

The 2021 census shows the breakdown of ethnic group representation in Staffordshire and Stoke on Trent:



3. The actions we have taken to advance race equality during 2022/23

During 2022/23, we have undertaken the following actions and activities to ensure the voice of ethnically diverse colleagues are heard, and delivered against our agreed Trust EDI priorities which are to:

- Priority 1: To listen to, understand and learn from the experience of all staff
- Priority 2: To respect and value all colleagues and their contribution and have a strategic focus on dignity and respect
- Priority 3: To develop a culture of inclusive and compassionate leadership
- Priority 4: To ensure that people are recruited, trained and promoted according to their abilities and in the proportions one would expect for the populations represented

- **Race Equality Code Accreditation**



We were delighted to be awarded the prestigious RACE Equality Code Quality Mark in recognition of our work to support race equality and ability along with our determination to eliminate all discrimination in the workplace. The RACE Code stands for Reporting, Action, Composition and Education and is based on current laws, reports, charters and pledges, meaning the Trust’s work has been based on recognised best practice.

The Race Code is designed to support organisations identify ways in which they can continue to improve diversity and race equality within their services – ensuring employees and service users feel both valued and understood.

To be awarded the mark, an in-depth assessment was required, looking at how inclusive UHNM is of staff and patients, as well as the work being undertaken to further improve and support our diverse workforce. We are including the actions identified within the Race Equality assessment within our WRES action plan.

- Each of our executive Board members have been given specific equality, diversity and inclusion objectives.
- We launched our **People Strategy – Making UHNM a Great Place to Work** which sets out our ambitious 3-year work programme through four key domains:

We will look after our people by supporting our people to be healthy and well, both physically and psychologically, and when unwell ensuring they are supported.

We will grow and develop our workforce for the future by attracting, recruiting and retaining our people.

We will create a sense of belonging where we are kind and respectful to each other by creating a positive and inclusive culture which is reinforced through our Being Kind programme.

We will develop our people practices and systems by promoting and using new technologies and equipping our people with digital awareness and skills.

- Introduced Staff Voice, a new anonymous monthly staff survey designed to help us understand key issues important to our colleagues about wellbeing, inclusion and to enable improvements in the workplace and patient care. Staff Voice is open to all staff to complete during the first 10 days of each month and gives everyone the opportunity to feedback how they feel about working at UHNM in less than 5 minutes.
- We have introduced new electronic dashboards and culture heat map that measure changes in employee experience based on the feedback from the Staff Voice and in turn we share the learning and changes made in Trust and Divisional “You Said, We Did” communications.
- We have created EDI dashboards for each of our Divisions so that they can monitor key EDI metrics and use these to identify EDI priorities in their areas. Metrics include BAME representation in senior roles, divisional race disparity ratio and likelihood of appointment from shortlisting; belief in equal opportunities for career development/promotion and experience of bullying and harassment.
- Our Being Kind approach to creating a kind, respectful and inclusive culture was launched in October 2022 at the UHNM Leadership Conference. The Being Kind approach includes our Being Kind Behaviour Compact, created with our staff, and includes guides for colleagues and managers. The Being Kind approach is supported by our new Resolution Policy also launched in 2022. The Being Kind Compact is built into our ENBALE leadership development programme and Belonging in the NHS inclusivity master class.
- We started our second cohort of reciprocal mentoring in early 2023, where a senior leader is mentored by a colleague from a protected group. This form of mentoring can be effective in supporting culture change by establishing greater awareness of organisational, cultural, leadership and social inequalities which prevent career progression and development for those in underrepresented groups. It flips the usual mentoring relationship on its head, so that senior leaders have the opportunity to listen, learn and co-create a more inclusive culture for the benefit of our staff and patients.
- A key strand of our cultural development programme has been the introduction of a new leadership programme for line managers that has been designed to embed appreciative, compassionate and inclusive leadership within UHNM, entitled Enable. The programme was successfully launched at the beginning of April 2022. In the first year of activity we have trained over 600 staff. The programme has a focus on increasing awareness and understanding of diversity and inclusion, and creating a culture where everyone who works at UHNM feels valued and included.
- UHNM was awarded the NHS Pastoral Care Quality Award. This award recognises the commitment UHNM has made towards international recruitment and for providing high quality

pastoral care to internationally educated nurses and midwives during the recruitment processes and their employment.

- Two training sessions were held during December for 20 new Employee Support Advisors to add to our existing team. ESA's are voluntary roles offering confidential and impartial peer support to colleagues experiencing disrespectful behaviours at work. ESA's help to guide colleagues through our resolution process and are a sympathetic listening ear.
- UHNM participants have completed the Staffordshire New Futures programme, which is a targeted development programme for aspiring BAME leaders. On-going access to coaching with a qualified coach, undertaking a work style inventory – 'Strengths Deployment Inventory' (SDI), and a talent management career conversation – 'Scope 4 Growth' are part of the Alumni support. The programme will track career progress of participants who continue to be encouraged and empowered to make self-motivated progression. Cohort 5 of the programme commenced in March 2023, with over 30 UHNM colleagues successfully gaining a place.
- We introduced a new resource for colleagues explaining what microaggressions are, with examples of how they can manifest against different groups and the impact this can have. The resource also links with our Being Kind Compact and how we all have a role in creating an inclusive culture and environment in which microaggressions are not accepted as normal and are challenged appropriately.
- We launched a campaign to pronounce people's names correctly, using a range of tools such as the UHNM designed email footer (created with our Ethnic Diversity Staff Network) or the nationally available 'Name Coach' and 'My Name is' voice recording tools.
- Cultural Calendar events during the year included:

Race Quality Week – we marked the week with a social medial campaign with quotes from our colleagues about what race equality means to them. We also promoted the race equality week challenge, which was a 5 day challenge where participants accessed short educational and awareness about racial equality each day of the week.

We celebrated **Black History Month** with a month-long calendar of events, which included the unveiling of our new inclusion banner at Royal Stoke Hospital and County Hospital by CEO Tracy Bullock and Ethnic Diversity Staff Network Chair Joe Orosun. The banner shows 108 flags representing all the different nationalities that work at UHNM. As part of Black History Month celebrations, we invited staff to wear red on the 22nd October to show their support for the annual Show Racism the Red Card event.

Ramadan - for the first time, our partner organisation Sodexo at Royal Stoke University Hospital launched a Ramadan Meal Deal as well as a Daily Iftar Menu to celebrate Ramadan – for patients, visitors and staff. In addition, we supported colleagues observing Ramadan with FAQ's and a guide.

More information on these initiatives and our wider EDI work can be read in our Equality, Diversity and Inclusion Annual Report.

4. Conclusions

There has been improvement against the majority of metrics compared to the previous year. However on a number of metrics this improvement should be viewed in the context of our comparator peer group where we remain worse than the average.

Priority areas where we have seen little positive movement or deterioration in our performance will be key work streams for the next 18 months. These include the metrics on workforce experience of harassment, bullying and abuse; experience of discrimination and belief in equal opportunities for career progression or promotion.

Whilst there has been a notable increase in overall representation our Black, Asian and Minority Ethnic colleagues continue to be under-represented in senior roles and a spotlight on recruitment processes, particularly for Band 8A and above roles, and access to career development opportunities will be fundamental to our inclusive recruitment actions.

In summary, our 2023 WRES data shows:

- 3% increase in Black, Asian and minority ethnic representation across the organisation recorded on ESR compared to last year. BAME representation at UHNM has increased by 10% in the 7 years of participating in the WRES.
- BAME colleagues continue to be less likely than white colleagues to enter the formal disciplinary process.
- No significant change in the likelihood of BAME colleagues accessing continued professional development with a likelihood ratio of 1.04.
- 0.7% reduction in the percentage of BAME colleagues reporting experience of bullying, harassment or abuse from other staff.
- Improvement of 1.7% in the percentage of BAME colleagues that believe that the Trust offers equal opportunities for career progression or promotion.
- 2.0% improvement in BAME colleagues reporting discrimination at work from a team leader/line manager.
- An improvement in board member ethnic diversity representation.

Metrics that have deteriorated are:

- A significant 11% increase in the percentage of BAME colleagues reporting experience of harassment, bullying or abuse from patients/service users, their relatives or the public in the last 12 months. This metric has also deteriorated for white colleagues, which has increased by 2%
- Deterioration of 0.2 in the likelihood ratio of BAME applicants being appointed from shortlisting compared to white applicants.

We recognise that our cultural improvement journey will take time and the actions we have identified below build on the work we have already started whilst recognising the areas of concern that this year's WRES metrics identify. During 2023-24 we will focus on:

- Continued focus on living our Being Kind Compact and embedding the Being Kind approach to the early and lasting resolution of issues
- Demonstrate organisational commitment to anti-racism and the elimination of race discrimination and embed this into our leadership development and people practices
- High profile campaign on the responsibilities of individuals to address harassment bullying and abuse from patients, service users and members of the public by ensuring education, training and processes effectively protect our colleagues
- Implementation of the UHNM inclusive talent management strategy and the actions we have identified to de-bias recruitment and selection processes. Effectively monitor progress using the EDI dashboards
- Implementation of our Race Equality Code action plan

Progress will be measured by improved metric results in the 2023 Staff Survey, 2024 WRES submission, divisional EDI dashboards and the monitoring of other relevant metrics including the Employee Voice feedback and the lived experiences of our Ethnic Diversity Staff Network membership.

Appendix 1: UHNM WRES Action Plan 2023-24

WRES Metric	Action	Time-scale	KPI	Progress Rating
Percentage of BAME staff in each of the AfC Bands 1 – 9 or medical and dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce	<ul style="list-style-type: none"> Continue with Inclusive Recruitment work to de-bias processes in line with 'No More Tick Boxes' and the NHS EDI Improvement Plan this will include tightening requirements for secondments, fixed term and aspiring role opportunities and the introduction of assurance controls for senior roles Ensure widening participation activity targets under-represented communities with particular emphasis on promoting non-clinical role opportunities at every level from entry via career pathways / apprenticeships Produce and communicate our Ethnicity Pay Gap Race Disparity Ratio and EDI dashboards to be updated to a digital dashboard within the Culture Heat Map to become part of division performance review progress monitoring 	<p>Q4</p> <p>Q4</p> <p>Q4</p> <p>Q4</p>	% of BAME staff in pay bands and professional groups/ Model Employer/ Race Disparity Ratio	GA
Relative likelihood of white applicants being appointed from shortlisting compared to BAME applicants	<ul style="list-style-type: none"> Continue Inclusive Recruitment work, as above Establish an audit process of recruitment decisions, beginning with Band 8a and above roles 	<p>Q4</p> <p>Q4</p>	Race Disparity Ratio Model Employer Within 0.8-1.25 WRES Metric 2	GB
Relative likelihood of BAME staff entering the formal disciplinary process compared to white staff	<ul style="list-style-type: none"> Review disciplinary and speaking up processes based on learning from the Michelle Cox tribunal findings 	Q3	Within 0.8 – 1.25 WRES Metric 3	GB
Relative likelihood of white staff accessing non-mandatory training and (CPD) compared to BAME staff	<ul style="list-style-type: none"> Launch the Inclusive Talent Management Strategy Continue to promote leadership development opportunities through the Employee Experience Network (e.g. New Futures and High Potential Scheme) Promote access to coaching and career conversations available through the system wide pool of diverse coaches Continue to monitor the diversity of participants in UHNM non mandatory learning and development recorded on ESR and include in divisional EDI dashboards 	<p>Q4</p> <p>In place</p>	Improved Staff Survey performance at least matching acute sector average on q15	<p>B</p> <p>GB</p>

Percentage of BAME staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	<ul style="list-style-type: none"> Targeted action to significantly improve colleague exposure to racist and abusive behaviours from patients, relatives and members of the public. To include task and finish approach to implement the NMC and GMC guidance 	Q4	Improved Staff Survey performance at least matching acute sector average on q14a	GB
Percentage of BAME staff experiencing harassment, bullying or abuse from staff in the last 12 months	<ul style="list-style-type: none"> Embed Being Kind approach and the promotion of early informal/personal action ENABLE inclusive leadership programme for line managers Bespoke interventions in hot spot areas Increase understanding of microaggressions through the Toolkit Launch of the See ME First badge pledge 	Q3	Improved Staff Survey performance at least matching acute sector average on q14b&c	GA
Percentage of BAME staff believing that the Trust provides equal opportunities for career progression or promotion	<ul style="list-style-type: none"> Embedding of the Inclusive Leadership Development Strategy Introduce the revised Performance & Development Review to encompass a more strength based development and forward looking annual appraisal Promote access to career conversations and coaching Task & Finish Group focused on career progression of overseas recruits Race Disparity Ratio by directorate 	In place Q3 Q3	RDR / Model Employer Targets met Improved Staff Survey performance at least matching acute sector average on q15	GA
Percentage of BAME staff experiencing discrimination at work from a manager, team leader or other colleagues in the last 12 months	<ul style="list-style-type: none"> All line managers to attend the ENABLE leadership programme Monthly sessions of Silver Programme Our NHS People inclusivity masterclass Anti-racist inclusion masterclass developed for Gold and Platinum Connects programme 2023 Being Kind approach included in the Medical Leadership Programme Celebration of Cohort 2 of the UHNM Reciprocal Mentoring Programme and the learning 	In place Q3 Q3 Q4	ENABLE attendance rates Improved Staff Survey performance at least matching acute sector average on q16b	B
				GA
Percentage difference between the organisations' board voting membership and its overall workforce	<ul style="list-style-type: none"> Continue with strong board leadership internally and externally on race inclusion and engagement with UHNM Staff Diversity Networks Ensuring EDI in our governance and decision making spaces in line with our Race Equality Code governance framework 	In place 2025	Board ethnic diversity representation matches that of the organisation – 23.5%	B
				GA
Organisational commitment to Race Equity	<ul style="list-style-type: none"> Implement and embed the NHS EDI Improvement Plan High Impact Actions and the UHNM RACE Code governance framework action plan over a period of 2 years System wide WRES Champions Programme 	2025		GA
		Q3		GA

	<ul style="list-style-type: none"> • Publish our Anti-Racist Statement • Raise awareness through the diversity events calendar of the Trusts commitment to zero tolerance of discrimination, including Show Racism the Red Card Events and individual responsibility of Allyship with the introduction of 'See ME First' badges • Continue to promote the Ethnic Diversity Network to all colleagues and new starters to the organisation by introducing a targeted welcome email with details about our EDI employee voice networks. Utilise the Employee Experience Network to promote EDI at a local level • Ensure that colleagues are enabled to attend meetings and that the network is appropriately resourced 	<p>Q3 Q3</p> <p>Q3</p> <p>Q4</p>		
--	---	--------------------------------------	--	--

CURRENT PROGRESS RATING		
B	Complete / Business as Usual	Completed: Improvement / action delivered with sustainability assured.
GA / GB	On Track	Improvement on trajectory either: A. On track – not yet completed or B. On track – not yet started
A	Problematic	Delivery remains feasible, issues / risks require additional intervention to deliver the required improvement e.g. Milestones breached.
R	Delayed	Off track / trajectory – milestone / timescales breached. Recovery plan required.

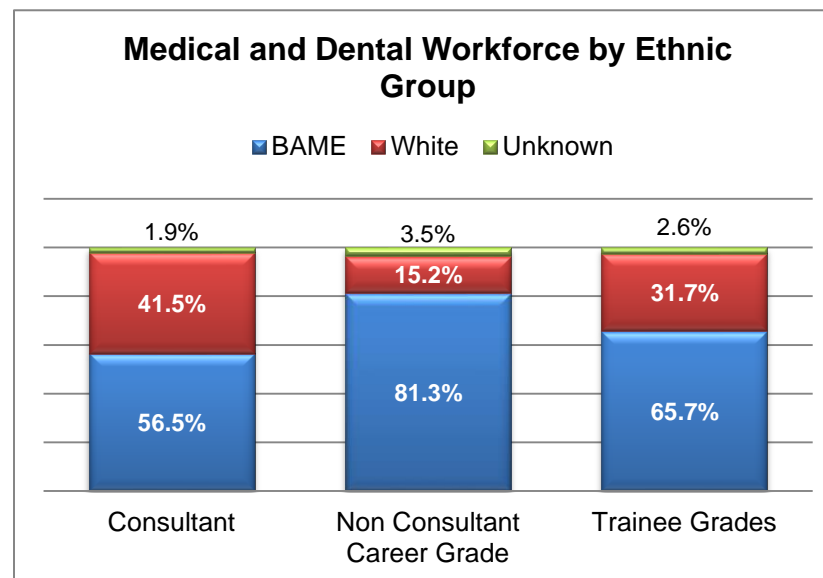
Appendix 2: UHNM Medical and Bank WRES 2023 Metrics

Medical WRES (MWRES)

Ethnicity / Role	White	Black	Asian	Other	Not Known
Medical Directors	75%	0	25%	0	0
Clinical Directors	60%	0	40%	0	0

Ethnicity / CEA Status	White	Black	Asian	Other	Not Known
Eligible	202	15	209	36	11
Applied					
Awarded	202	15	209	36	11

Ethnicity / Consultant Recruitment status	White	Black	Asian	Other	Not Known
Applied	109	14	219	80	54
Shortlisted	66	7	95	31	48
Appointed	28	3	39	15	44
% appointed from S/L	42.4%	42.9%	41.1%	48.4%	91.7%



Nationally within Medicine BAME representation was at 44.3% overall in 2022. Representation peaked in non-consultant grades at 57.5%, falling to 39.0% amongst Consultants, falling further to 31.0% amongst senior medical managers.

Clinical Excellence Award (CEA) payments recognise and reward NHS consultant medical staff who perform 'over and above' the standard expected of their role and who can demonstrate achievements in developing and delivering high quality care, and commitment to the continuous improvement of the NHS. There are two award types - Local and National. Both have eligibility criteria which means that not all consultants can apply (the criteria is explained in our Clinical Excellence Award Policy HR47). Due to the pandemic the scheme was amended to an automatic allocation of the award which is paid to all eligible consultants in March of 2020, 2021 and 2022. At March 2022 there were 440 eligible consultants all receiving the same monetary allocation.

Our recruitment data is undertaken on the TRAC system, and this indicates that there is no negative differential in likelihood of appointment from shortlisting based on ethnicity, where this is disclosed.

Bank WRES

BWRES metrics are related to representation and Bank worker entry into formal disciplinary and capability processes, disaggregated by ethnicity. UHNM does not apply formal HR processes to Bank workers. We await the national recommendations arising from this first BWRES and will identify actions for the organisation.