

## UNIVERSITY HOSPITAL LEICESTER WRES ACTION PLAN 2019-2020

WRES Metric	What is the data telling us?/narrative	Actions to be taken	Responsible Officer	Deadline Date
<p><b>Metric 1:</b> 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. Organisations should undertake this calculation separately for non-clinical and for clinical staff</p>	<p>A high proportion of BME non-clinical staff that are employed sit within Bands 1-2 (785) with smaller numbers at the higher pay scales Band 8a-9 (AFC pay bands) 30 in total</p> <p>For Clinical staff there is a high proportion of BME staff that sit within Bands 1-7 (3089) in total, however since the previous year's data there has been a slight increase in the proportion of BME staff who are medical consultants (342) and there are a number of BME staff at trainee grades (777)</p>	<ol style="list-style-type: none"> <li>1. Chair of BAME network to develop proposal on extending recruitment and selection panels with BME representation at bands 7-8a and present proposal to E&amp;D Board</li> <li>2. Work with partner organisations tap into current regional talent management/leadership development schemes and ensure representation from talented BME staff. E.g. East Midlands Leadership Academy Stepping Up programme</li> <li>3. Explore options to develop career pathways for top ten clinical and non-clinical roles- publicise on intranet and make this widely available to all staff. Secure involvement from BAME network members to get involved in this piece of work</li> <li>4. Work with the Recruitment and Resourcing lead to develop an employer brand proposition in order to attract/retain talent across a variety of roles with a specific focus on attracting talented BME staff to work at the Trust</li> <li>5. Carry out a further analysis of representation of BME staff in all staff disciplines in the Trust e.g. Medical, Nursing, Admin and Clerical and Scientific and Technical roles. Agree a set of recommendations for improvement based on the findings, working in conjunction with Senior Directorate Managers. Present recommendations to the E&amp;D Board</li> </ol>	<p>Head of Equality and Diversity Recruitment Team BAME Network</p>	<p>August 2020</p>

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<p><b>Metric 2:</b> Relative likelihood of staff being appointed from shortlisting across all posts.</p>	<p>Recruitment data has been generated from the TRAC system for both periods (2018 and 2019) A figure below 1:00 indicates that BAME staff are more likely than other staff to be appointed from shortlisting There has been a 0.2 deterioration in performance in the recruitment indicator. The relative likelihood of White Staff being appointed compared to BME staff is 1.8. This means that if you are White you are 1.8 times more likely to be appointed from shortlisting compared to a BME member of staff</p>	<ol style="list-style-type: none"> <li>6. Chair of BAME network to develop a proposal on extending recruitment and selection panels with BME representation at bands 7-8a and present proposal to E&amp;D Board</li> <li>7. BAME network members to be trained to deliver Recruitment and Selection Training</li> <li>8. Volunteers required from BAME network to train up BME staff bands 7-8a- to sit on interview panels</li> <li>9. Volunteers from BAME network to deliver webinars to managers with BME staff at Band 7'-8a to explain the importance of training more BME staff and what we want BME staff to do – e.g. seeking volunteers from bands 7-8a to get involved in recruitment panels bands (8a and above). Link in with Improvement agents and the UHL Quality Strategy workstream theme- <b>Living the Values</b></li> <li>10. Gather data on the number of diverse panels that have taken place so far and report on any impact on recruitment of BME staff at Bands 8 a and above (6 months data)</li> </ol>	<p>Chair of BAME Network Head of Equality and Diversity Senior OD and Workforce Manager Improvement Agents</p>	<p>August 2020</p>
<p><b>Metric 3:</b> Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. This indicator will be based on data from a two year rolling average of the current year and the previous year.</p>	<p>This year's Disciplinary information is from the centralised case tracker system and therefore should be more reliable. There has been a 0.3 deterioration in performance in the Disciplinary indicator compared with the previous year's data.</p>	<ol style="list-style-type: none"> <li>11. Link into the work of UHL's Senior Workforce and OD team re improving investigations/ informal and formal disciplinary processes and work with Staff Side colleagues to ensure clear distinctions are reinforced between managing performance and nipping things in the bud at an early stage.</li> <li>12. Via UHL comms team cascade WRES documents to all managers. <b>A fair experience for all:</b></li> </ol>	<p>Head of Equality and Diversity Senior OD and Workforce Team Improvement Agents</p>	<p>August 2020</p>

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<p><b>Metric 4:</b> Relative likelihood of staff accessing non-mandatory training and CPD.</p>	<p>A figure below 1:00 indicates that BAME staff are more likely than other staff to access training when compared to white staff Training activity has been collected from more data sources this year (457 episodes in 2018 to 3851 episodes in 2019 of non mandatory training) which has enabled the Trust to be able to report more accurately for the WRES Metric 4. The relative likelihood of White staff accessing non mandatory training and CPD compared to BME staff is 0.76 which is a significant achievement</p>	<p>13. Continue to monitor the number of BME staff accessing non mandatory training and CPD and report to the Equality and Diversity Board 14. Equality Coordinator to continue to cascade information to BAME Network regarding career development opportunities and access to non-mandatory training and CPD</p>	<p>Head of Equality and Diversity</p>	<p>December 2020</p>
<p><b>Metric 5:</b> KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.</p>	<p>BME Staff experiencing harassment, bullying or abuse from patients has increased at the same rate for all groups.</p>	<p>15. BAME Network members to carry out research into best practice methodologies for reducing HBA to frontline facing staff e.g. paramedics/nurses etc by patients. 16. Contact Social Partnership Forum and other similar organisations with expertise in this area. Develop options paper for E&amp;D Group with best practice methods for implementation in key areas in agreement with Heads of departments/managers of services. Monitor any impact/differences through staff survey. 17. Undertake a further analysis of hot spot areas in the Trust where there are issues and report on findings to E&amp;D Board.</p>	<p>BAME Network members Head of Equality and Diversity</p>	<p>December 2020</p>

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<p><b>Metric 6:</b> KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.</p>	<p>BME Staff experiencing harassment, bullying or abuse from staff has increased at the same rate for all groups</p>	<p>18. BME Network members to carry out research into best practice methodologies for reducing HBA – staff to staff. Contact Social Partnership Forum and other similar organisations with expertise in this area. Develop options paper for E&amp;D Board with best practice methods for implementation in key areas in agreement with Heads of departments/managers of services. Monitor any impact/differences through staff survey.</p> <p>19. Analyse data from the staff survey to identify any hot spots in the trust where this is taking place and report on findings to the Equality and Diversity Board</p> <p>20. Link in with the UHL Improvement agents to reinforce messages about becoming the best and the <b>Living the Values</b> workstream.</p>	<p>BAME Network members Head of Equality and Diversity</p>	<p>December 2020</p>
<p><b>Metric 7:</b> KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.</p>	<p>There has been a slight deterioration in BAME staff perception of equal opportunities for career progression compared to last year's WRES data</p>	<p>21. Explore options to develop career pathways for top ten clinical and non-clinical roles- publicise on intranet and make this widely available to all staff. Target communications to BME staff. Secure involvement from BAME network members to get involved in this piece of work</p>	<p>Chair of BAME Network Head of Equality and Diversity</p>	<p>December 2020</p>

UNIVERSITY HOSPITAL LEICESTER WRES ACTION PLAN 2019-2020

<p>Metric 7:</p> <p>KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion</p>	<p>There has been a slight deterioration in BAME staff perception of equal opportunities for career progression compared to last year's WRES data</p>	<ul style="list-style-type: none"> <li>22. Investigate processes for communicating stretch projects in departments and how these are advertised.</li> <li>23. Develop a proposal to ensure that opportunities to be involved in stretch projects are transparent and they advertised as widely as possible as part of the Trusts PDPR process</li> <li>24. Explore Job shadowing opportunities for BME staff – an example could be a day in the life of ..... Head of Urgent Care/Chief Nurse etc</li> <li>25. Secure more managers at senior levels to get involved in the reverse mentoring scheme (middle managers)</li> <li>26. Explore options to develop a career development offer (cost neutral) for BME staff, seek approval from the E&amp;D Board to implement options.</li> </ul>	<p>Chair of BAME Network Head of Equality and Diversity</p>	<p>December 2020</p>
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WRES METRIC	What is the data telling us? narrative	Actions to be taken	Responsible Officer	Deadline Date
<p><b>Metric 8:</b> Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues</p>	<p>There has been a 3% increase in staff experiencing discrimination from their manager when compared to the previous year's results.</p>	<p>27. BAME Network members to carry out research into best practice methodologies for reducing HBA – managers. 28. Contact Social Partnership Forum and other similar organisations with expertise in this area. Develop options paper for E&amp;D Board with best practice methods for implementation in key areas in agreement with Heads of departments/managers of services. 29. Monitor any impact/differences through staff survey. Link in with Improvement agents to ensure key messaging about UHL workstream on expectations and <b>Living the Values</b> is communicated to managers</p>	<p>BAME network members</p>	<p>December 2020</p>
<p><b>Metric 9:</b> Percentage difference between the organisations' Board voting membership and its overall workforce</p>	<p>The data is generated from the Trust Electronic Staff Record and calculates the differences between BAME staff numbers at board level compared to the whole workforce and the percentage difference in relation to voting board membership by BME and White Board members which is -17.50%</p>	<p>30. Working with partners at a national and local level to attract, recruit and retain more BME people at Board level.</p>	<p>Director of People and Culture</p>	<p>December 2021</p>