



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 	Q4 Q4 Q4 Q4	% 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 	Q4 Q4	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

Workforce Race Equality Standard 2023



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 	Q4 In place	Improved Staff Survey performance at least matching acute sector average on q15	B GB
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	ENABLE attendance rates	B
		Q3 Q3 Q4	Improved Staff Survey performance at least matching acute sector average on q16b	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 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 	2025 Q3 Q3 Q3 Q3 Q4		GA

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.