

**National Workforce Race Equality Standard (WRES)**  
**St George's 20-21 Report**

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## 1. Executive Summary:

All NHS providers are required to complete an annual Workforce Race Equality Standard Report (WRES). The report is based on a snapshot of data from 31st March each year and aims to highlight progress against a number of key indicators of workforce equality, including a specific indicator to address the low numbers of Black, Asian and Minority Ethnic board members across NHS organisations.

In line with national requirements this report should be reviewed internally and approved at Board before being published on the organisations website. The deadline for publication is 30<sup>th</sup> September 2021.

The key findings and metrics for this report submission are outlined below. Each point is compared to the previous reporting period in 2020:

- Overall, the BAME staff population at St George's continues to increase year on year
- BAME staff are over-represented in lower bands
- BAME staff are under-represented in higher bands
- BAME staff are under-represented at Executive and Board level, both in voting and non-voting.
- Most notably across the AFC Bands, we see an increase in BAME representation at Band 6 which brings us to 55% representation. This is the first recorded leadership and management AFC band to tip the scale in favour of Black, Asian and ME staff.
- The relative likelihood of white applicants being appointed from shortlisting compared to BAME applicants remain the same (as the previous reporting period) at 1.47
- The relative likelihood of BAME staff entering the formal disciplinary process compared to white staff has reduced from 2.54 to 1.87
- Relative likelihood of white staff accessing non-mandatory training and CPD (compared to BAME staff) has reduced from 1.05 in 2020 to 1.03 in 2021
- Overall we see a 10% reduction in staff accessing non-mandatory training and CPD (compared to 2020)
- We see a slight reduction in the levels of BAME staff reporting experiencing bullying, harassment or abuse from patient, relatives and visitors.
- BAME staff reported experiencing slightly increased levels of bullying, harassment and abuse a manager, team leader or colleague.

In October 2020 the organisation introduced its D&I Action Plan (see appendix 2). This multi-year action plan was based on the organisational needs, with a number of the key deliverables which were subject to the introduction of additional resources, including a Talent Management Lead and Leadership Development Lead. Due to the pandemic and increased pressures across the organisation a number of these workstreams were delayed and have since been rescheduled for delivery in early 2022. Further details can be found in appendix 2.

Our Action Plan will undergo an annual review this October 2021 to review progress and ensure the action plan is still aligned to the needs of the organisation. In addition to the deliverables outlined in the action plan, there a number of other initiatives/projects that have been introduced, these include Active Bystander training for leaders, a SWL Positive Action Programme for future BAME leaders. These will be added to the action plan as part of the annual review.

## 2. Purpose

- This paper provides a summary of the 2021 Workforce Race Equality Standard (WRES) findings.
- This report will be published on our website, alongside the D&I action plan.
- The Board is asked to receive this report for information and approve for publication.

## 3. Background

- In April 2015, NHS England introduced the WRES in response to consistent findings that BAME applicants and staff consistently fared worse in employment outcomes and satisfaction surveys. The WRES was designed to enable NHS organisations to demonstrate progress against a number of key indicators of workforce equality, including a specific indicator to address the low levels of BAME Board representation.
- Since April 2015, the WRES has been included in the full length NHS Standard Contract and requires all providers of NHS services to address the issue of workforce race inequality by implementing and using the WRES.
- There are nine WRES indicators. Four of the indicators focus on workforce data, four are based on data from national NHS Staff Survey questions, and one indicator focuses upon BME board representation. The WRES highlights differences between the experience and treatment of White staff and BAME staff in the NHS with a view to organisations closing those gaps through the development and implementation of action plans focused upon continuous improvement over time.
- The WRES is produced in line with Technical Guidance issued by NHS England.
- Indicators 1-3 and 9 are produced via the Electronic Staff Record (ESR) from a snapshot of data taken on 31<sup>st</sup> March 2021. All other indicators are from the 2020 staff survey

## 4. Key Staff Metrics

	2021	2020	2019
Total number of staff in organisation	9154	8,873	8,884
% of <i>BAME</i> Staff	47.7%	46.1%	44.6%
% of staff who self-reported ethnicity	96.1%	96.7%	97.22%

## 5. Indicator Overview

No	Indicator	London average 2020	St George's 2020	St George's 2021	Position vs. 2020
1.	Percentage of BAME Staff in organisation	45.2%	46.4%	47.7%	↑
2.	Relative likelihood of White applicants being appointed from shortlisting compared BAME applicants	1.59	1.47	1.47	→
3.	Relative likelihood of BAME staff entering the formal disciplinary process, compared to that of White staff	1.95	2.54	1.82	↓
4.	Relative likelihood of White staff accessing non-mandatory training and CPD compared to BAME staff	0.97	1.05	1.03	↓
5.	% of BAME staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.	31.9%	27.4%	27.3%	↓
6.	% of BAME staff experiencing harassment bullying or abuse from staff in the last 12 months	29.3%	30.8%	30.1%	↓
7.	% of BAME staff believing that organisation provides equal opportunities for career progression or promotion	67.1%	63.0%	63.0%	→
8.	% of BAME staff personally experiencing discrimination at work from manager/leader/ or other colleagues.	15.1	16.2%	18.0%	↑
9.	Percentage difference between the organisations' board voting membership and its overall workforce	TBC	-28.2%	-34.9%	↓

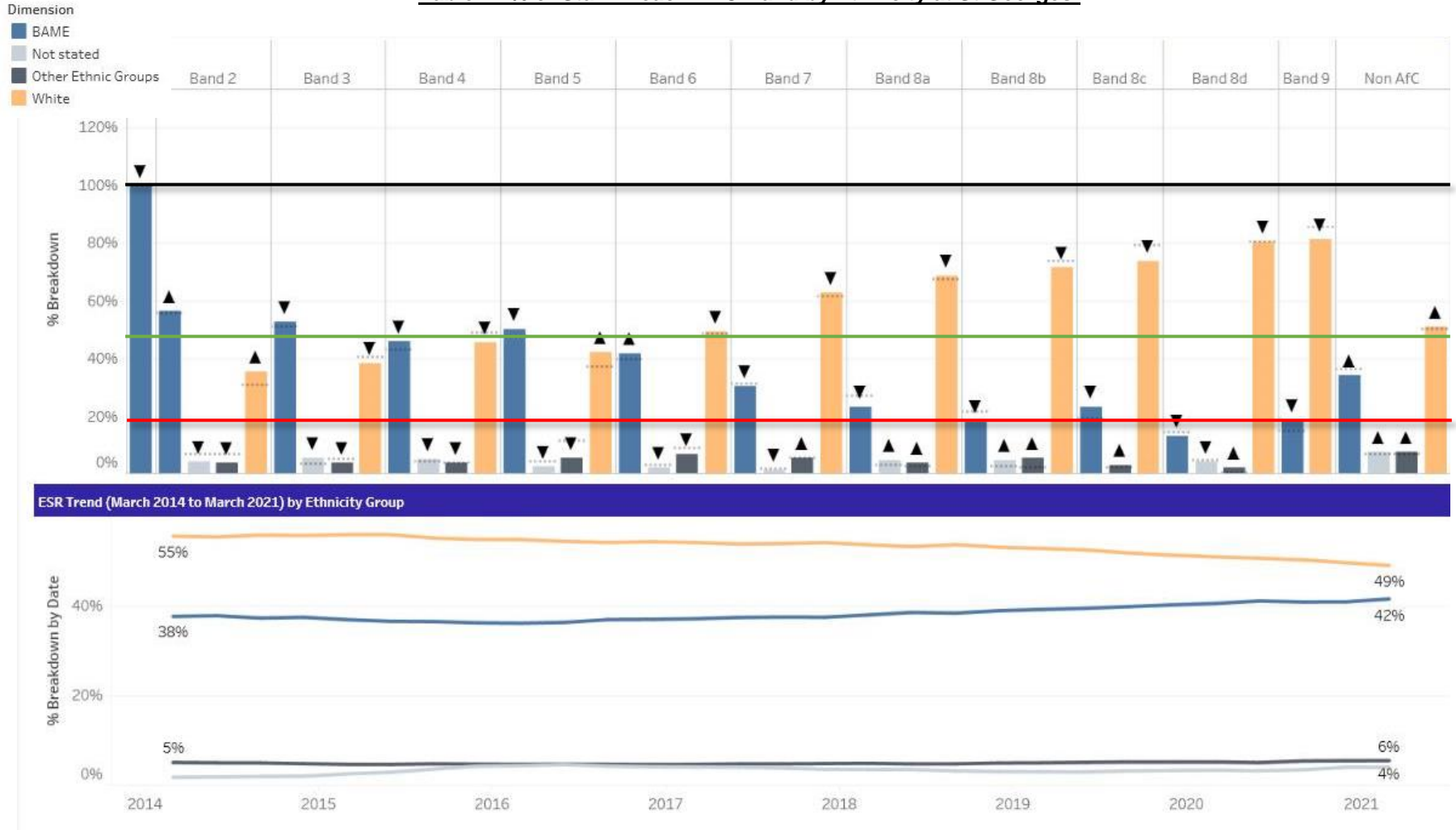
\*The WRES London data for 2021 is not due for publication until later this year so our performance in 2021 is compared to the London average for the previous reporting period (2020).

**6. INDICATOR 1: 'Percentage staff by AfC pay band and ethnicity'**

As with previous reporting years, we continue to see a small increase year on year across our Black, Asian and Minority Ethnic workforce. For this reporting year, we see an increase of +1.3% on our 2020 report, this equates to around +238 'BAME' full time equivalent members of staff employed at the organisation.

Whilst we see a pattern of increase, overall, across the workforce, our workforce data still highlights that Black, Asian and Minority Ethnic (BAME) staff are over-represented in lower bands and under-represented in higher bands. This is not unique to St George's and mirrors what we see across London NHS trusts (see table A and B).

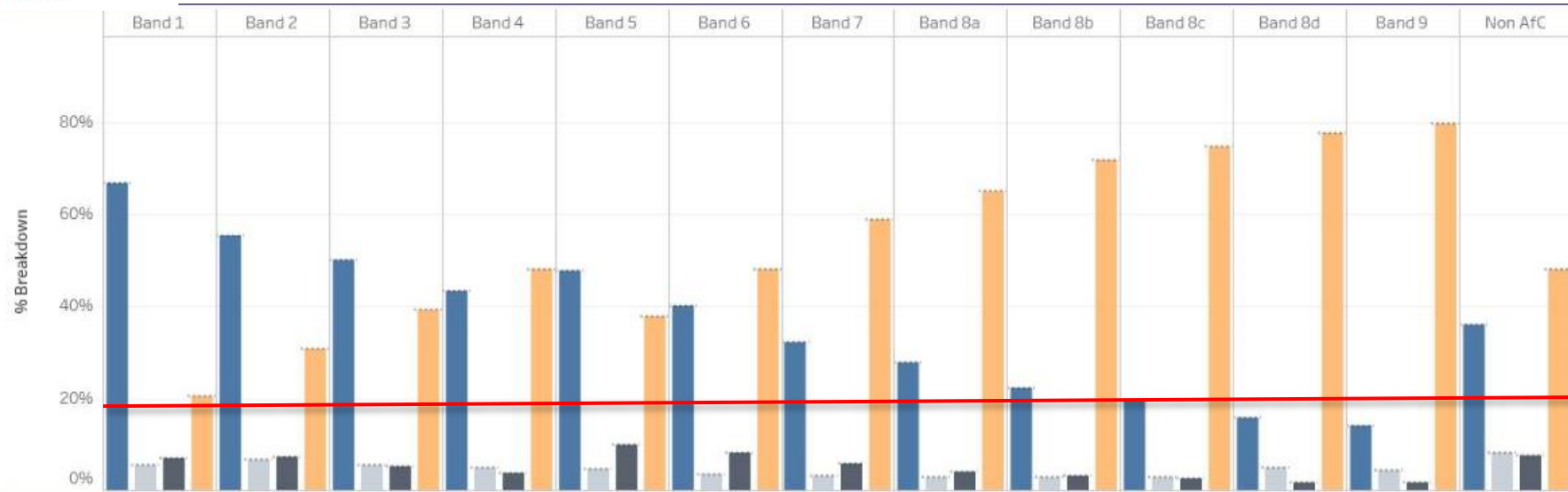
**Table A: % of Staff in each AFC Band by Ethnicity at St Georges:**



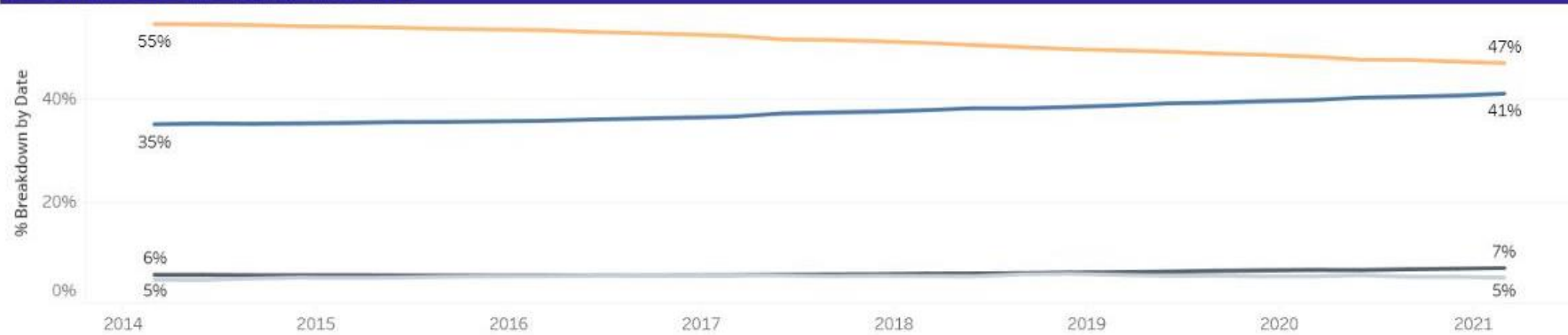
Note: The solid red line indicates NHE/I target of 19% Black, Asian and ME staff in each AFC pay band.  
The solid green line indicates the target for St George's to be representative across all AFC pay bands.

- Dimension
- BAME
  - Not stated
  - Other Ethnic Groups
  - White

**Table B: % of Staff in each AFC Band by Ethnicity across NHS London Trusts:**



**ESR Trend (March 2014 to March 2021) by Ethnicity Group**



Note: The solid red line indicates the national target of a at least 19% Black, Asian and ME staff in each AFC pay band



Clinical Staff

For Clinical staff (table C), we see an increase (vs. the previous reporting year) in the percentage of Black, Asian and Minority Ethnic staff across 7 of the 12 AFC bands. Most notably in band 4 where we see an increase of 11% (+47). We have seen a decrease in representation across 3 of the AFC bands, most notably in AFC band 9 where we see a significant reduction (-13%) in Black, Asian and Minority Ethnic representation, from 33% in 2020 to 20% in 2021. The number of White staff in AFC band 9 reduced in 2020 to 67%, this is back up at 80% this reporting year, which is consistent with the previous two reporting years (2019 and 2018). It is worth noting however, that this change in representation is due to two additional band 9 roles that have been introduced in this reporting year. This shifts representation in this banding from 2 White:1 BAME (3 posts in total) to 4 White:1 BAME (5 posts in total) member of staff at Band 9.

Overall, across the Clinical workforce we see an increase of 131 Black, Asian and ME members of staff, this equates to 4.8%. We see a reduction of 2 FTE members of staff recorded as ‘Ethnicity Unknown’. For White Staff we see a reduction by 49 members of staff (-1.8%).

**Table C: % of BAME vs. White Clinical Staff in each AFC Band at St George’s:**

Banding		2021 Headcount	BAME +/- vs. PRP*	2021 (%)**	2020 (%)**	2019 (%)**	2018 (%)**
Clinical Staff	Band 2	733	+2%	70/26	72/25	69/27	53/44
	Band 3	307	-1%	63/35	64/33	60/38	41/57
	Band 4	203	+11%	60/37	49/49	51/48	42/55
	Band 5	1288	+5%	58/40	53/45	50/48	44/54
	Band 6	1369	+1%	48/50	47/51	45/53	48/50
	Band 7	1094	+3%	35/63	32/66	31/67	30/68
	Band 8a	319	0%	25/72	25/72	24/74	24/74
	Band 8b	79	+2%	23/76	21/78	22/76	22/77
	Band 8c	32	-4%	16/84	20/80	17/83	11/89
	Band 8d	11	+3%	18/82	15/85	8/92	6/94
	Band 9	5	-13%	20/80	33/67	17/83	20/80
VSM	1	0%	0/100	0/100	100/0	100/0	

\*% increase or decrease in the number of Black, Asian and Minority Ethnic Staff in the current reporting period vs. the previous reporting period

\*\* In these columns the first % figure indicates BAME representation and the second figure indicates White Representation i.e. 70% BAME / 25% White

Non-Clinical Staff:

For Non- Clinical staff (table D), we see an increase (vs. the previous reporting year) in the percentage of Black, Asian and Minority Ethnic staff across 6 of the 13 AFC bands. Most notably in band 6, where we see an increase of 8% (+14), this increase brings us to 55% BAME representation at this level. Though early days, this is the first recorded leadership and management AFC band increase to tip the scale in favour of Black, Asian and ME staff.

We have seen a decrease in representation across 5 of the AFC bands, most notably at Very Senior Manager (VSM) level, where we see a reduction of -14% (-3) in Black, Asian and Minority Ethnic representation, from 21% in 2020 to 7% in 2021. The percentage of White staff at VSM level has increased by +14% from 79% in 2020 to 93% in 2021. However, in terms of headcount it is a reduction of White Staff at VSM level as this was 16 in 2020 to 14 in 2021. Black, Asian and ME staff at VSM has gone from 4 in 2020 to 1 in 2021.

Overall, Black, Asian and Minority Ethnic representation across leadership and management roles has increased, this is across AFC bands 6, 8A, 8B, 8D and 9. We see a slight reduction in representation, in terms of percentage, at AFC bands 7 (-1%) and 8c (-2%). Within these two AFC bands the number of White staff has increased at a similar percentage, +1% and +3% respectively. Whilst both of these bands see a percentage reduction, it is not because the number of BAME staff have decreased, the number of BAME staff has actually increased in both AFC bands 7 and 8c, however the number of White staff in these bandings has increased at a higher rate, which results in a reduction in representation overall in these bands.

Overall, across the Non-Clinical workforce we see an increase of 47 Black, Asian and ME members of staff, this equates to 5.17%. We also see an increase of 50 FTE members of staff recorded as ‘Ethnicity Unknown’. For White Staff we see a reduction by 21 headcount (1.2%).

Whilst these numbers are modest improvements on 2020 and there is still a long way to go, they represent a further step in the right direction, particularly towards a more representative non-clinical management structure in the organisation. BAME representation for 8A+, including board and non-executive directors, is still particularly low and will need to be driven as part of our D&I strategy. Table D (below) give a breakdown of figures across four years, this details the % of BAME vs. % of White employees.

**Table D: % of BAME vs. White Non-Clinical Staff by Grade at St George’s:**

Banding		2021 Headcount	BAME +/- vs. PRP*	2021 (%)**	2020 (%)**	2019 (%)**	2018 (%)**
Non-Clinical Staff	Band 1	1	0%	100/0	100/0	100/0	67/14
	Band 2	515	+1%	48/48	47/50	47/49	62/34
	Band 3	305	-2%	50/41	52/44	52/45	55/43
	Band 4	472	0%	45/49	45/51	46/52	42/54
	Band 5	202	-1%	42/52	43/54	40/58	40/56
	Band 6	134	+8%	55/39	47/51	41/57	42/56
	Band 7	148	-1%	43/57	44/56	34/66	32/67
	Band 8a	96	+3%	33/57	30/67	28/70	34/65
	Band 8b	52	+1%	28/62	27/69	26/70	23/73
	Band 8c	32	-2%	38/63	40/60	28/72	14/86
	Band 8d	32	+5%	15/79	10/85	7/93	13/88
	Band 9	11	+5%	27/73	22/78	0/100	0/100
VSM	15	-14%	7/93	21/79	9/91	5/95	

\*% increase or decrease in the number of Black, Asian and Minority Ethnic Staff in the current reporting period vs. the previous reporting period

\*\* In these columns the first % figure indicates BAME representation and the second figure indicates White Representation i.e. 70% BAME / 25% White

Medical Staff:

For completeness we have included data on Medical staff (see table E) however this is not required as part of the organisation's annual WRES submission. This year, NHS England and Improvement's National WRES Team have introduced the Medical Workforce Race Equality Standard Report (MWRES).

The 2020 MRES Report was published in August 2021 so further analysis and review will take in partnership with the Chief Medical Officers Office. [Click here](#) to view a copy of the 2020 MWRES Report.

**Table E: % of BAME vs. White Medical Staff by Grade at St George's:**

		BAME +/- vs. PY*	2021	2020	2019	2018
Medical Staff **	Consultant	+1%	37/56	36/56	36/57	34/58
	Trust Grade	+10%	60/36	50/39	59/38	47/41
	Trainee Grade	+4%	43/48	39/53	38/57	38/57

**Action taken and planned:**

In 2020, following the appointment of our substantive Diversity and Inclusion Workforce Lead, we invested a significant amount of time in re-developing our action plan to ensure it reflects the needs of our workforce, particularly in regards to equal opportunities for our Black, Asian and Minority Ethnic staff. This action plan was approved in October 2020.

To support the organisation in becoming a more responsible, more inclusive employer, we have focused on delivering on the commitments made within each of our six work streams. The six work streams are outlined below, along with the 'action' taken within each.

1. *Improving the Career Progression of "BAME" Staff*

- Launched the Recruitment Inclusion Specialist process
- Trained 100 members of staff to support recruitment panels and champion inclusive, unbiased recruitment
- This is now a mandatory process for all AFC Band 7+ roles and consultant recruitment panels
- Supported the development of a 1 day bespoke SWL Inclusive Recruitment and Selection Training. Following the current phased introduction period, this will be a mandatory requirement for all recruiting managers and panel members.
- Formalised feedback and careers coaching for those that are unsuccessful at interview

2. *Improving development opportunities and ensuring equal access for staff*

- Refreshed our PDR Process
- Introduced a CPD Application Review Panel

3. *Building awareness and understanding*

- Developed and launched our *Let's Talk about Race and Inclusion: A toolkit for leaders in starting a team dialogue about tackling racism*

- Piloted Exploring our Bias' and Building Inclusion Workshops.
- Delivered tailored D&I Awareness Sessions to over 300 staff members
- Developed and published the Diversity and Inclusion Intranet Hub
- Supported departmental led D&I initiatives, action plan development and working groups

#### 4. *London Workforce Race Equality Strategy Recommendations*

- Our Diversity and Inclusion Lead and one of our Heads of Nursing have joined the London WRES Experts Programme.

#### 5. *Leadership Commitment*

- Monthly review and monitor of progress via our D&I Impact Tracker
- Monthly Progress Updates provided to Executive Team
- D&I Module added to all internal leadership development programmes
- Successfully secured places on the NHSE/I White Allies Programme for six senior white leaders at the organisation
- Developing Leadership Capabilities:
  - An Inclusive Leadership Module added to (and inclusion elements added throughout) our King's Fund Advanced Leadership Development Programme
  - Existing and new management and leadership development programmes are now being designed (or redesigned) with Equity and Inclusion as an integral 'golden thread' throughout each. Each programme will now closely reflect (i) our ambitions within our D&I action plan, (ii) clear expectations of leaders to tackle inequities and build inclusive cultures, and (iii) affective and skills development in fulfilling these expectations.
  - This includes two new leadership programmes for (i) Matrons, Senior Therapists & Midwives and (ii) Ward Managers and AHPs

#### 6. *Listening and responding to concerns raised by BAME staff*

- Introduced HR Decision Tree (Grievance management process)
- Introduced Free2Speak Up Champions (with training and protected time)

#### 7. *Organisation-wide Culture Development Programme*

- Alongside and closely aligned with the organisational D&I Action Plan, St George's continues with its culture improvement programme, guided by the NHSE/I Culture and Leadership Programme. Together, these 2 areas of work make up the Culture, Equity and Inclusion Programme.
- Central to this culture improvement programme is the need to build a more inclusive culture. Ambitious targets for measuring our culture have been set, using indicators from the staff survey, workforce data and staff ethnicity composition at all levels. Measuring diversity and inclusion features heavily in how we are measuring cultural change.
- A new Culture, Equity and Inclusion Programme Board has been established to oversee delivery and success of this organisation-wide programme. The Board is chaired by our CEO, and includes representatives from all Divisions, as well as leaders of our 4 D&I staff networks.

**7. INDICATOR 2: 'Relative likelihood of white applicants being appointed from shortlisting compared to BAME applicants'**

2021	2020	2019
1.47	1.47	1.57

Whilst the relative likelihood of appointment remains at 1.47 for the second consecutive year, the numbers of staff being appointed across all bands has increased. 34.36% of white shortlisted applicants were appointed, compared to 31.21% in 2020. 23.41% of shortlisted Black, Asian and Minority Ethnic applicants were appointed, compared to 21.25% in 2020. Whilst these are both increases (3% and 2% respectively), it is important to keep the focus on the relative likelihood of appointment of over BAME staff as this indicates any success in shifting the dial to a fairer, more representative organisation. As long as we see an increased likelihood of appointment for White Staff we have to challenge whether our processes and systems are equitable.

For applicants that did not record an ethnicity we saw a lift of 6% on 2020's data to 74% of applicants appointed from shortlisting. This translates to 837 applicants in 2021 vs. 654 in 2020. Interestingly, 74% of undisclosed applicants were shortlisted compared to 34% for White and 23% for BAME. Does this indicate that those that do not disclose an ethnicity are high calibre candidates concerned about disclosure and the possible impact on successfully securing an interview?

**Action taken and planned:**

Two of our AP work streams (noted above) will support improving career progression and development opportunities for BAME staff.

This includes:

- Introduced trained Recruitment Inclusion Specialist on all interview panels for AFC Band 7+ and consultant recruitment panels.
- We are currently scoping extending this to include B6+ (including all internal acting up and secondment opportunities)
- Mandatory Inclusive Recruitment and Selection Training for all recruiting managers, with a challenging bias module included
- Formalised feedback and careers coaching for those that are unsuccessful at interview
- Interview Skills Training for staff
- New significant funding has been secured to investment in our Organisational Development function. This will include staff to lead on Leadership Development and Inclusive talent Management, both which will align with and support our D&I agenda.
- Developing a D&I training and learning framework that will include developing D&I competencies for staff and leaders, updating the mandatory trust wide Equality & Diversity Module, and introducing challenging bias workshops

**8. INDICATOR 3: ‘Relative likelihood of BAME staff entering the formal disciplinary process compared to white staff’**

2021	2020	2019
1.82	2.54	1.82

2021’s data show a notable improvement (on 2020) in this indicator, with BAME staff 1.82 times more likely (relative to white staff) to enter a formal disciplinary process. This is down from 2.54 in the previous year. Whilst this is notable improvement, it is still higher than that of White staff. There is work still to be done to ensure responsible and fair decision within the disciplinary process at the organisation. In terms of the numbers of BAME staff entering the disciplinary process, this is down from 73 in 2020 to 57 in 2021. The number of White staff remains similar at 34 in 2020 to 32 in 2021.

**Action taken and planned:**

This is being addressed as part of our D&I Action Plan which has been redeveloped into a set of deliverables and actions. Work stream 3 - ‘Listening, Supporting and Responding to Concerns Raised by our Staff’ features 5 key deliverables that aim to create an environment where staff feel supported to raise concerns and confident that the processes we have in place are fair and effective. The measure of success for this particular work stream is a decreased likelihood of BAME staff entering the formal disciplinary process.

In addition, in late 2020 we introduced a central repository for employee relations activity. We hope this will continue to support us in identifying hotspots and trends to enable us to target interventions with regards to disciplinary cases that involve staff from BAME backgrounds

**9. INDICATOR 4: ‘Relative likelihood of white staff accessing non-mandatory training and CPD compared to BAME staff’**

	2020			2021		
	White	BAME	Unknown	White	BAME	Unknown
Number of staff in workforce	4538	4098	294	4464	4336	354
Number of staff accessing non-mandatory training and CPD	1675	1444	84	1142	1076	60
Likelihood of staff accessing non-mandatory training and CPD	36.91%	35.24%	28.57%	25.58%	24.82%	16.96%
Relative likelihood of white staff accessing compared to BAME staff	1.05			1.03		



This year we see a decrease in all staff accessing non-mandatory training and CPD. For BAME staff, the likelihood of accessing non-mandatory training and CPD is 24.82%, this is down from 35.24% in 2020.

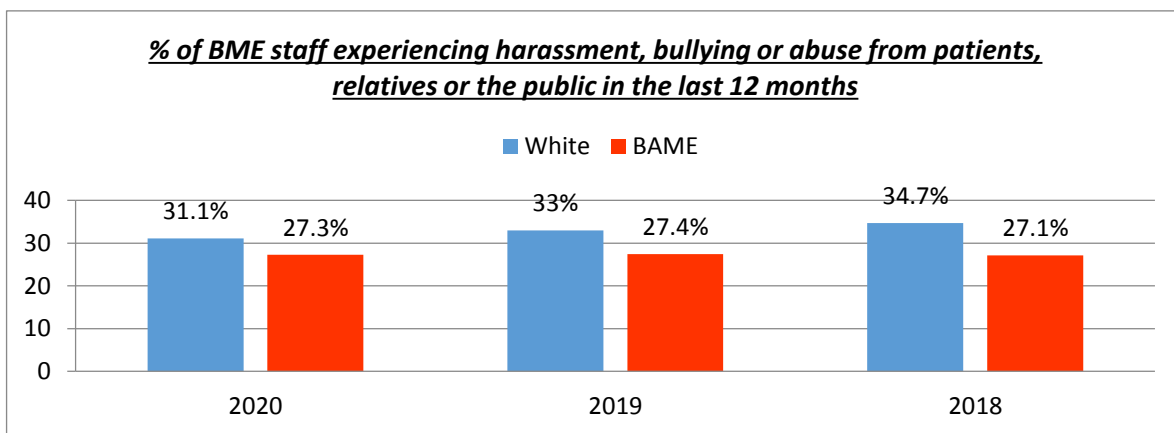
For White staff, the likelihood of accessing non-mandatory training and CPD is 25.58%, this is down from 36.91% in 2020.

Overall, across all ethnic groups, including 'unknown', we see roughly a 10% reduction in staff accessing non-mandatory training and CPD. As this is across all groups it may suggest a trust wide barrier that could be attributed to the COVID pandemic.

**Action taken and planned:**

Our action plan (work stream 2) includes the introduction of a panel process to review applications for higher value CPD programmes as well a trust wide review of the process and application for general training and development opportunities.

**10. Indicator 5: '% of BME staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months'**

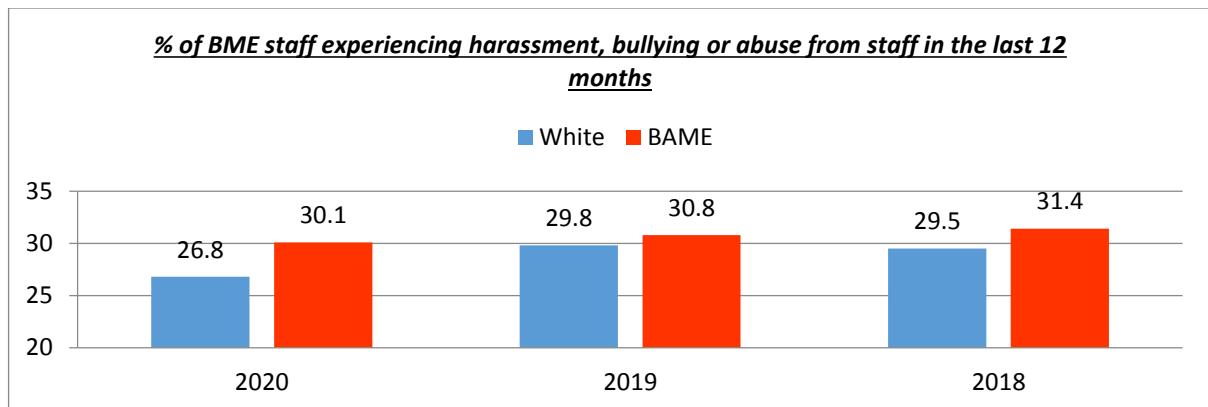


Source: NHS Staff Survey 2020

The results for 2020 and 2019 remain fairly consistent for BAME Staff, with a slight reduction of 0.1% in 2020. For White Staff we see a greater increase, however this is still relatively small at just -1.9% compared to 2019.

Compared to the benchmark group, White Staff at St George's reported higher instances (31.1%) of harassment, bullying or abuse (from patients, relatives) compare to the White Staff within the average benchmark group (25.4%). BAME Staff at St George's reported slightly lower (27.3%) instances compared to the BAME average benchmark group (28.0%).

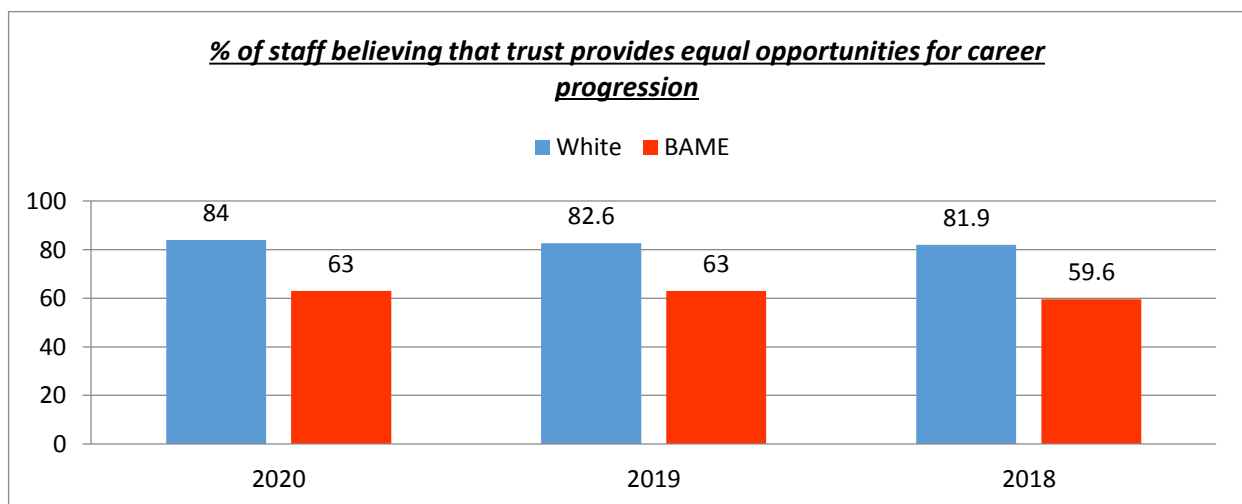
**11. Indicator 6: ‘% of BAME staff experiencing harassment, bullying or abuse from staff in the last 12 months’**



Source: NHS Staff Survey 2020

In 2020 30.1% of BAME Staff reporting experiencing harassment, bullying or abuse from staff in the 12 month reporting period, this follows a downward trend from 2018 and is a slight reduction compared to 30.8% in 2019. For White Staff there is a greater reduction from 29.8% in 2019 to 26.8% in 2020. This a difference of 3.3% between White and BAME Staff in 2020. Both White and BAME staff report higher instances harassment, bullying or abuse (from staff) compare to the national average for both groups.

**12. Indicator 7: ‘% of staff believing that trust provides equal opportunities for career progression’**



Source: NHS Staff Survey 2020

We see a slight increase (+1.4%) for White staff whilst the result remains the same for staff categorised under the ‘BAME’ umbrella (63%). Nationally, we have dropped from 73.4% in 2019 to 73.2% in 2020. Whilst this is not a significant reduction this is one of the staff survey

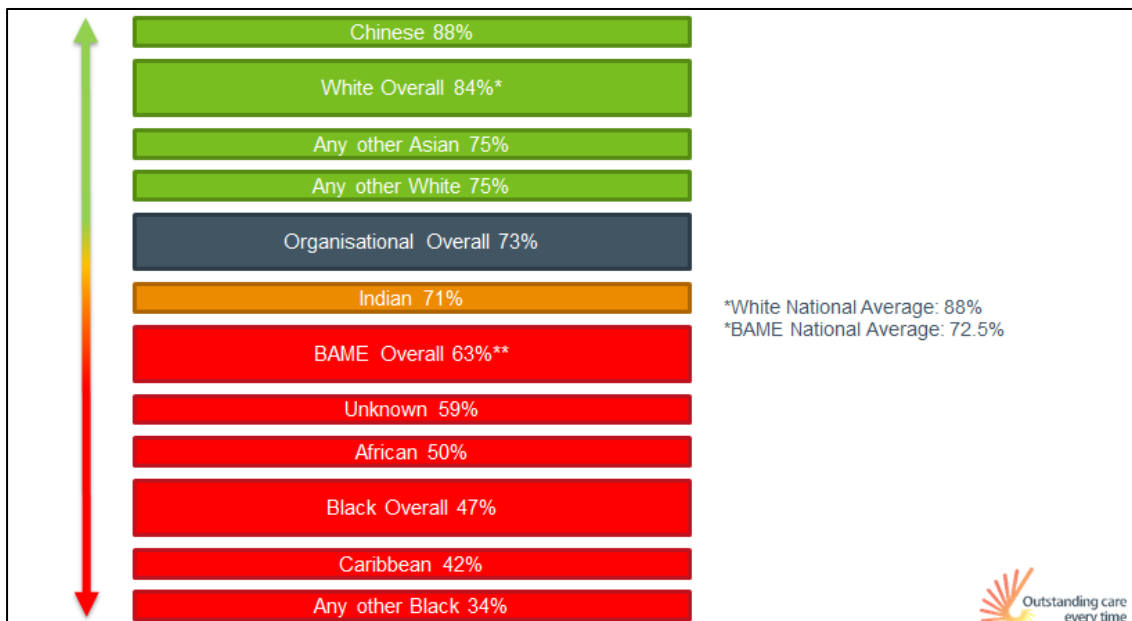


indicators where we see greatest difference (11.5%). between the current trust position and the national average benchmark group.

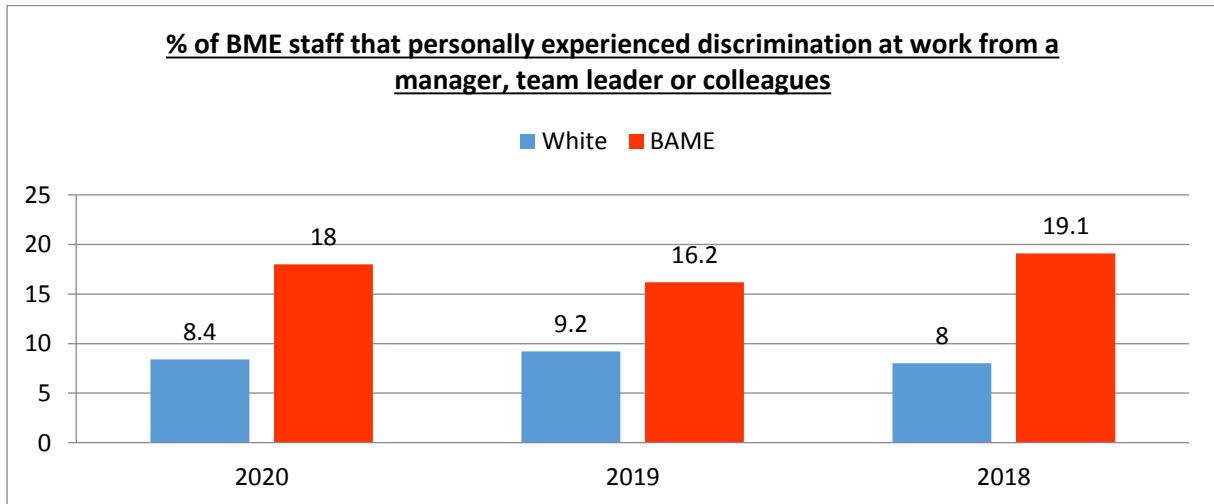
At St George's, there are significant variances in how staff from different ethnic backgrounds perceive fairness with regards to career progression – particularly when looking at the difference ethnicities within the 'BAME' umbrella (see table F). These variances reinforce the importance of recognising the varied experiences of individual minority ethnic groups, and the importance of responding with appropriately tailored interventions to improve the experiences of staff from different ethnic backgrounds.

In particular, the experience of black staff appears significantly different to that of the wider BAME category. Overall, only 47% of Black respondents believe the organisation acts fairly with regards to career progression, a sharp contrast to the 63% of 'BAME Overall', the 84% of White respondents and the 73% for 'Organisational Overall'.

**Table F: % of staff that believe the organisation acts fairly with regards to career progression split by ethnicity:**



**13. Indicator 8: ‘% of BAME staff that personally experienced discrimination at work from a manager, team leader or colleagues’**



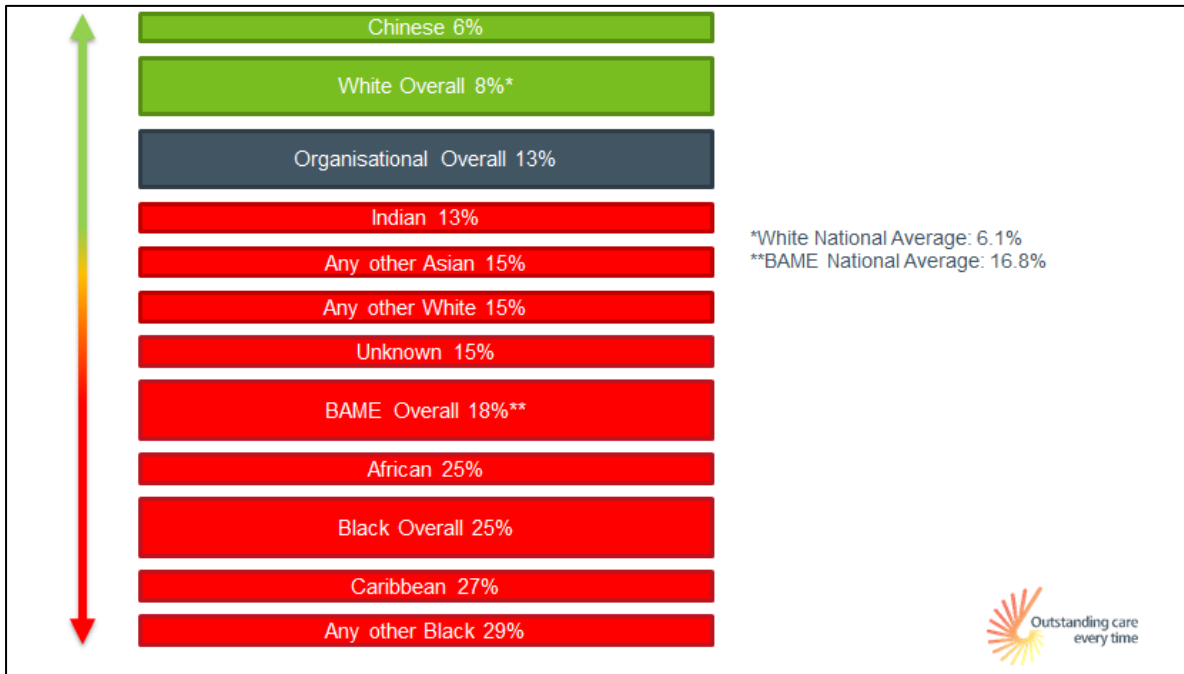
Source: NHS Staff Survey 2020

In 2020, 67% of staff that reported experiencing discrimination indicated that it was based on ethnicity. This suggests there were at least 640 individual instances of racial discrimination in the 12 month period covered by the 2020 Staff Survey. As an organisation (for all ethnicities including white) we are closer to the ‘worst’ performing acute Trust than we are to the ‘average’ nationally.

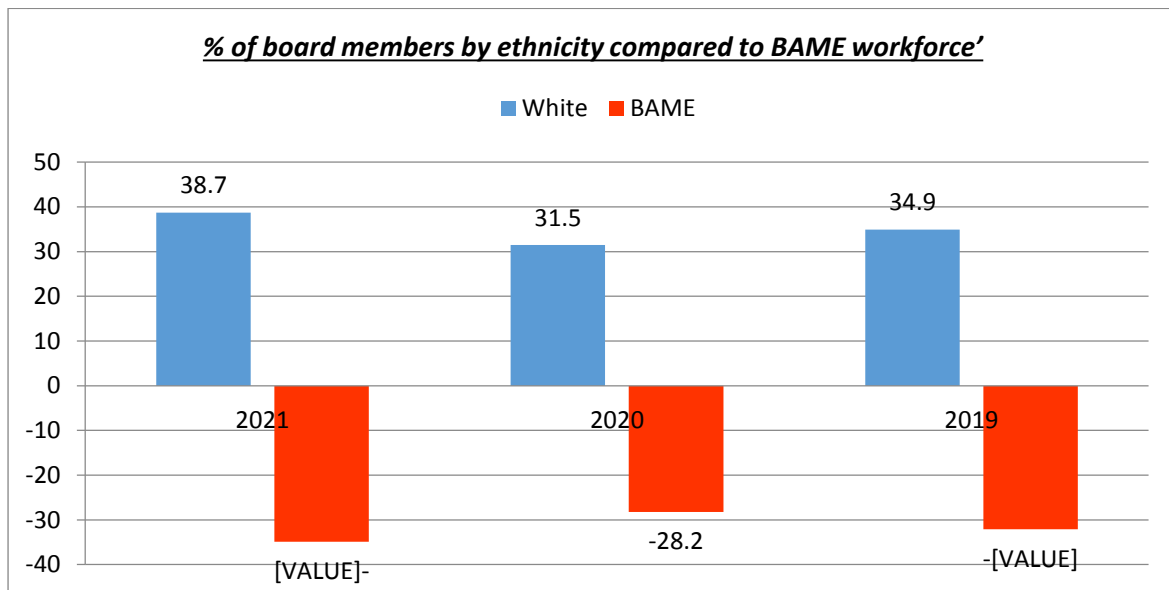
If we look specifically at White compared to BAME staff, we see that White staff reported a slight reduction (-0.8%) in instances of discrimination from a manager, team leader or colleague. Staff categorised under the ‘BAME’ umbrella reported an increase (+1.8%) of instances of discrimination from these sources.

As with other WRES staff survey indicators the experience of black staff appears notably poorer compared to that of the wider BAME category. Overall, 25% of Black staff reported experiencing instances of discrimination; this is in contrast to 18% of ‘BAME Overall’, 13% for ‘Organisational Overall’ and 8% for ‘White Overall’. These findings strongly suggest that a more focus and individualised approach is required to understand the experiences and barriers to different minority ethnic groups within the ‘BAME’ umbrella.

**Table G: '% of BAME staff that personally experienced discrimination at work from a manager, team leader or colleagues':**



**14. INDICATOR 9: 'Percentage of board members by ethnicity compared to BME workforce'**



As at 31 March 2021, the Trust Board comprised of 16 substantive and 1 interim member, two of whom were from a *BAME* background (one Non-Executive Director and one Associate Non-Executive Director). Of this, among the 11 voting members of the Board there was one *BAME* member (a Non-Executive Director). For the purpose of this report and consistency, the interim member has not been included in the workforce data or the graphs featured in this report.

In terms of the total Board composition in 2021, as representatives of the total workforce, white people are 38.7% *over-represented*, and *BAME* people are 34.9% *under-represented*.

This is a regretful reduction from 2020, where white people were 31.5% *over-represented*, and *BAME* people were 28.2% *under-represented*, at board level. *BAME* people are now 6.7% more underrepresented than they were in 2020.

This shift was due to two *BAME* Board members leaving the organisation in 2020. The number of White Board members remained the same as 2020. In 2020, the composition of the Board included four *BAME* members out of a total Board of 17 members (one NED, one associate NED, the Chief Operating Officer and the Chief People Officer).

Due to the relatively small number of Board members, even a small shift in board level composition can reflect significant changes in percentages of the Board over or under representation compared with the total workforce.

**Action taken and planned:**

In January 2020, one new Non-Executive Director and one Associate NED joined the Trust Board, both of whom are from a *BAME* background. This followed an external appointments process, which had sought to attract candidates from a diverse range of applicants.

Building on this, in autumn 2020, following a comprehensive procurement exercise, we commissioned an executive search company to help us to recruit *BAME* candidates to 4 Very Senior Management (VSM) posts, two of which were at executive directorate level. Despite the rigour of our recruitment search, the composition of our Board and senior

management team is predominately made up of non-BAME leaders. One of the reasons given for this unsatisfactory executive search outcome is that the talent pool with regards to the recruitment of experienced and appropriately qualified BAME leaders is limited. As the Trust remains fully committed to increasing the diversity of our Board and senior management team we are taking following actions to address the 'perceived' lack of 'talented' BAME senior leaders:

Increasing our internal pipeline of high quality BAME candidates for senior level positions through the introduction and implementation of the 'Positive Action Talent Development Programme'

We are currently in the process of putting plans in place to develop and implement a CEO led positive action programme aimed at band 8c and above BAME colleagues. The objectives of the programme is to:

- Support AFC Band 8c colleagues from Black, Asian and Minority communities to progress into AFC Band 8d or 9 roles within 24-36 months of completing the programme;
- Support AFC Band 8d – AFC Band 9 colleagues from Black, Asian and Minority communities to progress into executive level roles within 24-36 months of completing the programme.

Removing barriers and supporting our BAME Leaders to not only survive but thrive within our Trust

We are holding a series of focus group sessions with our BAME leaders both from the medical and non-medical functions. The purpose of the focus groups will be to:

- Understand the lived experience of BAME leaders at St George's – what helps and hinders them to perform to their full potential;
- Understand what the Trust needs to do to improve retention and career progression of our existing BAME leadership.

It is our intention to analyse data from the focus groups and to develop a series of recommendations that will improve retention and the career progression of all BAME leaders within the Trust.

Remove bias from our recruitment processes

We are taking a range of steps to ensure that our recruitment and selection process is fair and equitable, for example:

- Trained 120 recruitment inclusion representatives (RIS) to sit on all interview panels for band 7 and above posts;
- Working with our recruitment partners to introduce unconscious bias as a core element of recruitment and selection training. It is our intention to also make attendance at recruitment and selection training a mandatory requirement for all recruiting managers.

**Are there any other factors or data which should be taken into consideration in assessing progress?**

We have established a Culture, Equity and Inclusion (CEI) Programme Board. This board meets monthly and is chaired by the Chief Executive Officer. The primary aim of the CEI

Programme Board is to lead the implementation of a culture change programme that promotes inclusion and where diversity of the workforce is celebrated. The membership of the Board includes a number of BAME leaders and staff including the BAME Network Chair. Many of our culture change measures of success include improvement in our WRES data.

**APPENDIX 1: WRES 2020/21 Raw Data Submission:**

	Answer Required
	Auto Populated
	N/A

INDICATOR	DATA ITEM	MEASURE	2020			2021			Notes	
			WHITE	BME	ETHNICITY UNKNOWN/NULL	WHITE	BME	ETHNICITY UNKNOWN/NULL		
1	1a) Non Clinical workforce		Verified figures	Verified figures	Verified figures	Verified figures	Verified figures	Verified figures		
	1	Under Band 1	Headcount	0	0	0	0	0		
	2	Band 1	Headcount	0	1	0	0	1	0	
	3	Band 2	Headcount	271	254	20	258	257	21	
	4	Band 3	Headcount	143	167	13	137	168	30	
	5	Band 4	Headcount	246	216	18	247	225	29	
	6	Band 5	Headcount	107	85	7	112	90	12	
	7	Band 6	Headcount	69	64	3	56	78	8	
	8	Band 7	Headcount	76	59	0	84	64	0	
	9	Band 8A	Headcount	63	28	3	61	35	11	
	10	Band 8B	Headcount	35	14	2	36	16	6	
	11	Band 8C	Headcount	15	10	0	20	12	0	
	12	Band 8D	Headcount	33	4	2	27	5	2	
	13	Band 9	Headcount	7	2	0	8	3	0	
	14	VSM	Headcount	16	4	1	14	1	0	
	1b) Clinical workforce of which Non Medical									
	15	Under Band 1	Headcount	0	0	0	0	0	0	
	16	Band 1	Headcount	0	0	0	0	0	0	
	17	Band 2	Headcount	193	564	30	201	532	30	
	18	Band 3	Headcount	107	207	7	110	197	6	
	19	Band 4	Headcount	77	78	3	78	125	7	
	20	Band 5	Headcount	596	706	24	530	758	23	
	21	Band 6	Headcount	699	650	24	694	675	24	
	22	Band 7	Headcount	701	347	20	702	392	16	
	23	Band 8A	Headcount	229	79	9	236	83	9	
	24	Band 8B	Headcount	62	17	1	61	18	1	
	25	Band 8C	Headcount	24	6	0	27	5	0	
	26	Band 8D	Headcount	11	2	0	9	2	0	
	27	Band 9	Headcount	2	1	0	4	1	0	
	28	VSM	Headcount	1	0	0	1	0	0	
	Of which Medical & Dental									
	29	Consultants	Headcount	359	235	50	366	240	44	
	30	of which Senior medical manager	Headcount	0	0	0	0	0	0	
31	Non-consultant career grade	Headcount	11	14	3	9	15	1		
32	Trainee grades	Headcount	385	284	54	376	338	74		
33	Other	Headcount	0	0	0	0	0	0		
2	Relative likelihood of staff being appointed from shortlisting across all posts									
	34	Number of shortlisted applicants	Headcount	4057	6598	970	4235	5990	1130	
	35	Number appointed from shortlisting	Headcount	1266	1402	654	1455	1402	837	
	36	Relative likelihood of appointment from shortlisting	Auto calculated	31.21%	21.25%	67.42%	34.36%	23.41%	74.07%	
3	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation									
	37	Relative likelihood of White staff being appointed from shortlisting compared to BME staff	Auto calculated	1.47			1.47			
	38	Number of staff in workforce	Auto calculated	4538	4098	294	4464	4336	354	
	39	Number of staff entering the formal disciplinary process	Headcount	34	73	4	32.5	57.5	6.5	
3	Note: This indicator will be based on data from a two year rolling average of the current year and the previous year									
	40	Likelihood of staff entering the formal disciplinary process	Auto calculated	0.75%	1.78%	1.36%	0.73%	1.33%	1.84%	
	41	Relative likelihood of BME staff entering the formal disciplinary process compared to White staff	Auto calculated		2.38			1.82		

4	Relative likelihood of staff accessing non-mandatory training and CPD	42	Number of staff in workforce	Auto calculated	4538	4098	294	4464	4336	354	
		43	Number of staff accessing non-mandatory training and CPD:	Headcount	1675	1444	84	1142	1076	60	
		44	Likelihood of staff accessing non-mandatory training and CPD	Auto calculated	36.91%	35.24%	28.57%	25.58%	24.82%	16.95%	
		45	Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff	Auto calculated	1.05			1.03			
9	Percentage difference between the organisations' Board voting membership and its overall workforce  Note: Only voting members of the Board should be included when considering this indicator	46	Total Board members	Headcount	12	4	0	12	2	0	
		47	of which: Voting Board members	Headcount	8	2	0	8	1	0	
		48	: Non Voting Board members	Auto calculated	4	2	0	4	1	0	
		49	Total Board members	Auto calculated	12	4	0	12	2	0	
		50	of which: Exec Board members	Headcount	8	2	0	8	0	0	
		51	: Non Executive Board members	Auto calculated	4	2	0	4	2	0	
		52	Number of staff in overall workforce	Auto calculated	4538	4098	294	4464	4336	354	
		53	Total Board members - % by Ethnicity	Auto calculated	75.0%	25.0%	0.0%	85.7%	14.3%	0.0%	
		54	Voting Board Member - % by Ethnicity	Auto calculated	80.0%	20.0%	0.0%	88.9%	11.1%	0.0%	
		55	Non Voting Board Member - % by Ethnicity	Auto calculated	66.7%	33.3%	0.0%	80.0%	20.0%	0.0%	
		56	Executive Board Member - % by Ethnicity	Auto calculated	80.0%	20.0%	0.0%	100.0%	0.0%	0.0%	
		57	Non Executive Board Member - % by Ethnicity	Auto calculated	66.7%	33.3%	0.0%	66.7%	33.3%	0.0%	
		58	Overall workforce - % by Ethnicity	Auto calculated	50.8%	45.9%	3.3%	48.8%	47.4%	3.9%	
		59	Difference (Total Board -Overall workforce )	Auto calculated	24.2%	-20.9%	-3.3%	36.9%	-33.1%	-3.9%	



# Diversity & Inclusion Action Plan

**Our Organisational Commitment to Tackling  
Discrimination and Building an Inclusive Culture**



## Introduction

St George's is committed to building a workforce which is valued and whose diversity reflects the communities it serves, enabling it to deliver the best possible healthcare service to those communities.

Everyone who works in the Trust, or applies to work in the Trust, must be treated fairly and valued equally irrespective of age, disability, race, nationality, ethnic or national origin, gender, religion or belief; sexual orientation, marital status, pregnancy and maternity status, domestic circumstances, social and employment status, HIV status, gender reassignment, political affiliation or trade union membership. These are known as *protected characteristics* (see opposite).

The Trust is committed to enabling everyone in the Trust to achieve their full potential in an environment characterised by dignity and mutual respect.

## Development of the D&I Action Plan

The following action plan has been developed following discussions at Executive Management team and Trust Management Group meetings, and in response to issues raised by staff (specifically from BAME backgrounds attending the listening events), D&I steering group meetings and on an individual basis to the Deputy CPOs and to the CEO. Many of the activities within the plan have a particular focus on combating discrimination experienced by our BAME workforce.

This action plan is a 'living document'. It will be further developed and refined over the next 18 months to reflect and integrate what



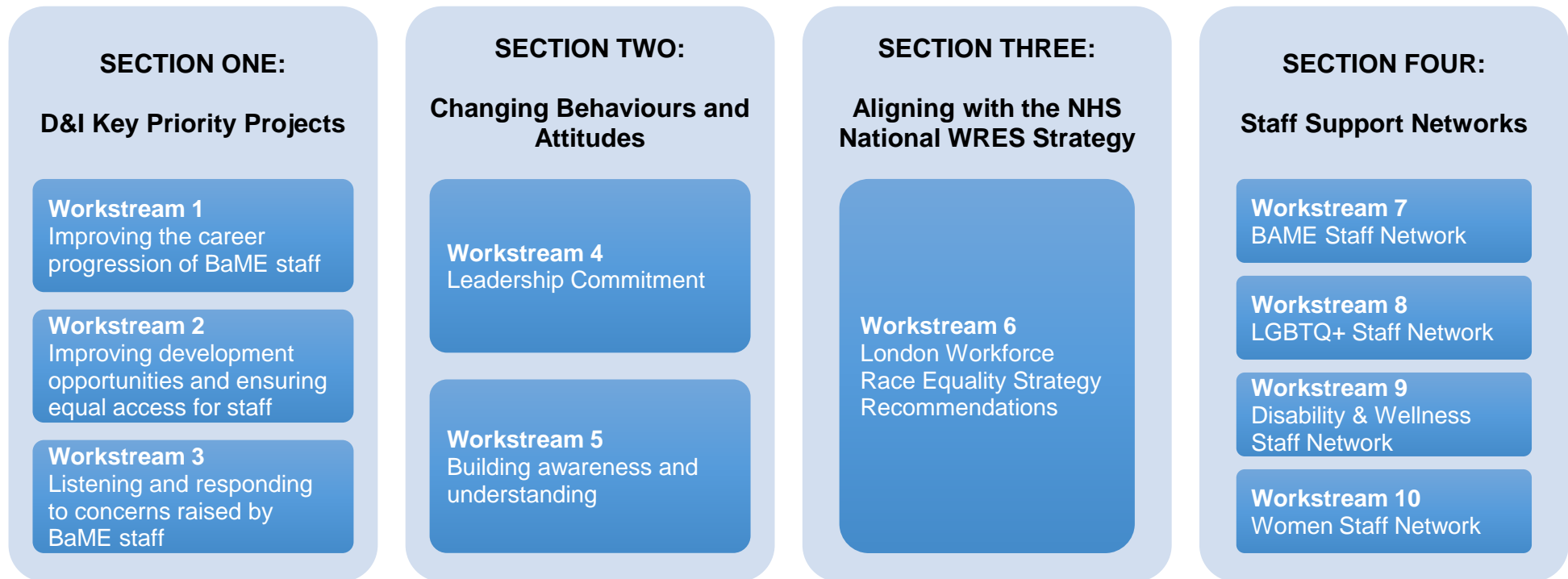
Figure 1 The 9 Protected characteristics enshrined in the Equality Act 2010

we learn about the impact of our interventions, and through additional input from stakeholders around the Trust. It will also incorporate the D&I Networks' own individual action plans.

The action plan will include the actions that we are currently in the process of implementing and also actions that we are planning to undertake for all other workforce protected characteristics.

## Structure of the Action Plan

The action plan will be delivered through a structured programme management approach. The specific actions have been grouped into 4 sections and 10 workstreams, as outlined below:



Key deliverables are formulated for each workstream, along with actions, delivery dates and measures / targets.

<i>Deliverable</i>	This is a statement of what the project will achieve or deliver for the trust
<i>Actions</i>	Each deliverable is broken down into one or more key actions. These describe the main milestones, outputs, products or activities to be completed which will result in the deliverable.
<i>Delivery Date</i>	A projected date for the completion of each action. Potential delays will be escalated and communicated, and dates may need to be adjusted as priorities shift and new ones emerge.
<i>Measure &amp; Target</i>	The measure describes the factor that we will measure (e.g. number of staff trained, or % of BAME staff at Band 8a) and the target sets a goal of how many (e.g. 100 people, or 48%)

## Roles and Responsibilities

It is proposed that each workstream will be led by and Executive Sponsor and supported by a professional lead and project manager. Appendix A provides an outline of the respective roles and responsibilities of the Executive Sponsor, Professional Lead and Project Manager at various stages of project delivery.

## Targets and Success Measures

This action plan has been devised to address the challenge of achieving a real sustainable difference in closing the gap in workplace inequalities between BAME and white staff. How successful we are in meeting this challenge will be demonstrated via our progress as highlighted in the NHS Workforce Race Equality Standard (WRES). The WRES provides the Trust with a baseline to demonstrate progress against nine indicators of staff experience. Please refer to Appendix B for further information on the WRES indicators.

We will also develop targets and other success measures for other protected characteristics and for each of the projects within the workstream to ensure that implemented actions are having the desired impact, refer to Appendix (B).

## SECTION ONE: Diversity & Inclusion Key Priority Projects

### WORKSTREAM 1: Improving the Career Progression of BAME Staff

**Executive Sponsor:** Chief Strategy Officer

**Objective:** To develop and implement initiatives that will help to remove barriers to career progression and help increase the likelihood that BAME staff will be successful in securing senior level appointments within the Trust

**Key Success Measures:**

- Increased % of BAME leaders in bands 6, 7 and 8A and above;
- Increased likelihood of appointment for BAME shortlisted applicants;
- Decreased relative likelihood of white staff being appointed over BAME staff
- Improved BAME staff survey score: 'Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion'

Deliverable	Actions	Delivery Date	Measure / Target	Progress Update 2021
1.1 All recruitment panels are ethnically balanced / representative (to be mandated for band 8A and above)	1.1.1 Design and schedule 2-3 half day trainings for approx 30 BAME recruitment reps who have already been recruited and received some basic initial training	31/08/20	1. By end of 2021, we will have a pool of <b>120</b> trained BAME recruitment reps (Recruitment Inclusion Specialists)	All actions as specified in the action plan has been delivered/completed.  Measure 1 – completed  Measure 2 – our current compliance averages 63%
	1.1.2 Assess the necessary number of BAME recruitment reps to recruit, train and retain, based on average number of recruitment panels per year <ul style="list-style-type: none"> <li>• For bands 8A and above, initially</li> <li>• For band 7 also</li> </ul>	31/08/20		
	1.1.3 Define and implement an organisation-wide process for ensuring that: <ul style="list-style-type: none"> <li>• trained BAME recruitment reps are invited to sit on recruitment panels in a reasonable timeframe after completing their training</li> <li>• All 8A and above recruitment panels include a trained recruitment rep</li> </ul>	31/07/20	2. By end of 2021, <b>100%</b> of recruitment panels will include a BAME inclusion representative (Recruitment Inclusion Specialist)	
	1.1.4 Train additional BAME staff to sit on recruitment panels, and establish an ongoing training offer to retain enough representatives	31/01/21		
1.2 All recruiting managers and recruitment panel members are trained in recruitment and selection (including countering unconscious bias in recruitment)	1.2.1 Develop and implement a training offer in recruitment and selection (R&S) for all recruiting managers and recruitment panel members, that includes unconscious bias.	31/01/21	In Q4 of 2021, <b>60%</b> of all panel members have been trained in R&S.	Training offer has been developed and launched in collaboration with the SWL Recruitment Hub. Due to the complexities and number of stakeholders involved this action was delayed by several months,
	1.2.2 Develop and implement a process to make R&S training (which includes bias) mandatory for all staff participating on a recruitment panel	31/03/21	By end of 2021, <b>500</b> total will be trained.	
1.3 All BAME staff who are not successful at interview	1.3.1 Develop and implement a process and proforma in line with positive action that managers will complete to record a career conversation if a BAME staff member is	<del>31/08/20</del>	By end of 2021, <b>90%</b> of BAME staff not	Process and guidance has been developed and approved

are offered feedback and a career coaching conversation	not successful at interview for a role at Band 6 or above (and encouraged for all other bands)	31/01/22	successful after interview are offered a career coaching conversation	via the necessary channels. Due to staff changeover this has not been launched.
	1.3.2 Develop supportive guidance for recruitment panel chairs offering feedback and a coaching conversation for BAME staff who are not successful at interview	<del>31/08/20</del> 31/01/22		
1.4 BAME staff have greater access to coaching and mentoring	1.4.1 Develop and implement a career coaching and mentoring offer (including policies and processes) that is connected to the performance appraisal process, to be made available for BAME staff (includes creating a communication plan to launch the offer to staff)	<del>31/01/21</del> 31/01/22	By end of 2021, <b>50</b> BAME staff are in coaching/mentoring relationships	This deliverable and associated actions were dependant on additional resource being secured. Our business case has recently been approved and we are in the early stages of the recruitment process for a Talent Management lead.
	1.4.2 Create and build up list/bank of internal career coaches/mentors, and train new/existing coaches/mentors as necessary	<del>30/09/20</del> 31/03/22		
1.5 BAME staff have access to interview training to boost their performance when applying for roles	1.5.1 Develop a short course and supporting written guidance on 'preparing for job interviews' and ensure it is routinely offered year round	30/09/21	By end of 2021, <b>80</b> BAME staff attend interview preparation training	Action as specified in the action plan has been delivered/completed.
1.6 All interviews at all levels include D&I questions and decision making criteria	1.6.1 Make D&I questions mandatory in all selection interviews, and use the candidate's response as a criteria to make recruitment decisions.	<del>31/01/21</del> 31/12/21	By end of 2021 <b>100%</b> of interviews will include a D&I question (measured by the presence of a BAME Recruitment Rep)	Example questions have been developed and approved by relevant stakeholders. Individuals are using the documents and they are part of our Recruitment Inclusion Specialist Guide for recruitment managers. However, this process has yet to be formalised (mandated) within the recruitment and selection policy.

#### Workstream Risks and Dependencies:

- The new process of mandatory BAME recruitment being invited onto panels may be difficult to embed
- Introducing a policy that all panel members must have completed R&S training may be unpopular when it slows a recruitment process, and will require strong and consistent leadership support (and no exceptions) for it to embed successfully
- Building and nurturing a bank of internal coaches and mentors relies on goodwill of coaches and mentors, and permission to spend time to carry out the coaching and mentoring
- Any face to face training (e.g. interview training) may be hampered by Covid-19 restrictions, while a reliance on online training can put excess pressure on any IT system hardware or software deficits (e.g. lack of web cams)

## WORKSTREAM 2: Improving Development Opportunities & Ensuring Equal Access for All Staff

**Executive Sponsor:** Chief People Officer

**Objective:** To ensure that development opportunities be made available for all staff so that they are able to reach their potential and that every staff member should have equal access to these opportunities regardless of ethnicity, background or circumstances

**Key Success Measures:**

- Increased likelihood of staff (BAME and white) accessing non-mandatory training and CPD;
- Equal (or lower) likelihood of white staff accessing non-mandatory training and CPD compared to BAME staff;
- Improved BAME staff survey score: 'Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion'
- Key success measures for Workstream 1

Deliverable	Actions	Delivery Date	Measure / Target	Progress Update 2021
2.1 Equal access to training and development opportunities for all staff	2.1.1 Review and revise all policies, processes and procedures related to application and attendance for training and development to ensure selection is equitable.	30/09/20	Relative likelihood of White staff accessing non-mandatory training /CPD compared to BAME is <b>1.0</b>	Action as specified in the action plan has been delivered/completed.  Measure – relative likelihood is currently 1.03.
2.2 Transparent, fair and equal access panel-based decision making process for selection on high value development programmes	2.2.1 Develop panel process for HEE CPD higher value development programmes (including specification of high value programmes, clear criteria, panel composition requirements, assessment techniques etc.)	30/09/20	By the end of 2021, <b>100%</b> of high value programme selection processes will be held via panel review	Action as specified in the action plan has been delivered/completed.  Measure – on track
2.3 BAME staff have greater access to career coaching and mentoring	<i>Equivalent to deliverable 1.4 in Workstream 1 above</i>	N/A	By end of 2021, <b>50</b> BAME staff are in coaching/mentoring relationships	See deliverable 1.4 in Workstream 1 above.  In addition, encourage career conversations and line managers as part of our Big 5 Fairer Career Progression Month.
2.4 Improved personal development and career planning for employees	2.4.1 Clarify line manager expectations and responsibilities (as part of a future 'management charter') in relation to supporting staff to develop meaningful PDPs as a part of the annual appraisal process (including updating appraisal training)	31/03/21	By the end of 2021, <b>60%</b> of PDR records include evidence of career focused conversations	Actions 2.4.1 and 2.4.2 as specified in the action plan have been delivered/completed.
	2.4.2 Revise Performance Development Review Process to ensure that	31/03/21		

	there is a structured career development section in place		(beyond the usual 'development conversation')	Due to significant upgrades to the Trust's learning management system, iLearn, in 2021, we were unable to introduced new modules across the platform. The upgrade has been completed and we will be able to introduce new modules by the end of 2021. This will see action 2.4.3 completed.
	2.4.3 Develop guidance and training module for managers to conduct career planning discussions (which may be part of the performance review discussion, but not exclusively)	31/12/20	[Measurement will require new LMS functionality]	
2.5 An talent management approach that is inclusive in assessing, developing and retaining talent to improve representation of BAME groups	2.5.1 Develop an Inclusive Talent Management Process that is integrated into the succession planning and performance development review process	<del>31/12/21</del> 31/03/22	Introduced talent management process across the organisation.	This deliverable and associated actions were dependant on additional resource being secured. Our business case has recently been approved and we are in the early stages of the recruitment process for a Talent Management Lead.
	2.5.2 Establish Inclusive Talent Management moderation processes and panels	<del>31/12/21</del> 31/03/22		
	2.5.3 Implement and embed the talent management processes using a phased approach	31/12/21		
2.6 A succession planning process that is inclusive, to improve representation of BAME groups	2.6.1 Develop a succession planning approach, policies and processes for the Trust and trial the process	31/12/21	Introduced succession planning approach across the organisation.	This deliverable and associated actions were dependant on additional resource being secured. Our business case has recently been approved and we are in the early stages of the recruitment process of Talent Management Lead
	2.6.2 Implement the succession planning process across the Trust	31/12/21		

#### Workstream Risks and Dependencies:

- Introducing new processes around selection for CPD (deliverables 2.1 and 2.2) may attract resistance as they will require more time and paperwork. Strong role modelling and commitment from senior leaders will be required to fully embed these new selection procedures
- Conducting a career conversation relies on the level of skill and confidence of the manager to initiate the conversation, so the risk is that the benefits will be very patchy from team to team
- Whether a career conversation has been held is fairly subjective. Clarity will need to be provided around a standard development conversation, and a truly forward looking career conversation



- Introducing talent management and succession planning methodologies requires allocating resources in time to participate in the relevant assessment and decision making processes from leaders, so resistance may be experienced and participation levels may be affected
- Assessing latent talent (or potential) can be particularly open to bias due its limitations on objectivity
- Sustainable talent management systems may benefit from some IT infrastructure to manage them which may attract necessary investment

## WORKSTREAM 3: Listening, Supporting and Responding to Concerns Raised by our BAME Staff

**Executive Sponsor:** Chief Corporate Affairs Officer

**Objective:** To create an environment whereby staff feel safe and supported to raise concerns and to develop structured and effective processes to address problems and concerns as they are raised.

**Key Success Measures:**

- Decreased likelihood of BAME staff entering the formal disciplinary process;
- Decreased relative likelihood of BAME staff entering the formal disciplinary process compared to white staff;
- Reduction in BAME staff survey score: 'Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months' and
- Reduction in BAME staff survey score: 'Percentage of staff experienced discrimination at work from manager / team leader or other colleagues in last 12 months'

Deliverable	Actions	Delivery Date	Measure / Target	Progress Update 2021
3.1 Staff are offered and encouraged to raise concerns through highly accessible routes	3.1.1 Clarify and/or develop and communicate opportunities for concerns around discrimination and exclusion to be raised through a variety of routes, including Acting CPO structure, D&I Lead, FTSUG, HR, other	01/01/21	Continuous feedback from the BAME network that channels to raise issues are adequate and effective	Action as specified in the action plan has been delivered/completed.
	3.1.2 Communicate and review the grievance/raising concerns processes with BAME network colleagues	30/09/20		Raising Concerns policy has been revised in line with National Guidelines.
3.2 Teams are supported with focused OD interventions to assess and respond to team or departmental issues around diversity and inclusion	3.2.1 Work with BAME Network Chair and other key stakeholders (HRBPs, F2SU, HR) to identify BAME staff raising issues 'hot spots' (an area where there are a number of issues being raised by BAME staff around inappropriate behaviour, discrimination and bullying and harassment)	31/12/21	Measures and targets will be determined for each local issue addressed.	The actions as specified in the action plan has been delivered/completed.
	3.2.2 In conjunction with key stakeholders (managers responsible for 'hot spot' areas devise an OD plan to identify, address and resolve issues as raised	07/08/20		This piece of work is going/live.
3.3 Recommendations from the culture change diagnostic project around inclusion are implemented	3.3.1 Review culture change diagnostic data and incorporate improvement actions	31/12/21	Culture, Equity and Inclusion Programme Plans are developed to fully incorporate D&I Action Plan	The actions as specified in the action plan has been delivered/completed.
3.4 Real experiences of exclusion are sensitively recorded and communicated so they are	3.4.1 Follow up Gillian's and Jacqueline's communication piece with a lived experience story from BME staff members that bring out real examples of what has been said to them at SGH and how it feels	31/12/21	By end of 2021, we will have captured 8 personal stories of lived experience at	Communications regarding D&I are regularly shared, however they have not specifically focused on a

clearly and effectively heard across the Trust			SGH	Staff Story.
3.5 Team leaders are supported to initiate meaningful dialogues around inclusion with their teams	3.5.1 Provide structured support in the form of techniques, guidelines and where possible facilitation for Team leaders to have meaningful conversations about diversity and inclusion	31/08/20	Number of team level discussions conducted around Race and Inclusion	Action as specified in the action plan has been delivered/completed. D&I Workforce Lead and Head of OD continue to work with a number of services offering support and intervention as required

**Workstream Risks and Dependencies:**

- Encouraging our BAME staff to share their concerns and experiences can inadvertently force colleagues to re-live painful and traumatic events that we need to be quick to support, through means such as Staff Support
- Similarly, participating in team discussions around race and inequality will likely trigger emotional responses that leaders will need to respond to appropriately and sensitively and signpost colleagues to sources of support when necessary
- There may be a high level of requests for support around preparing for and/or facilitating team conversations around inclusion and we currently have very limited OD capacity and capability to offer in response

## SECTION TWO: Changing Attitudes and Behaviour

### WORKSTREAM 4: Leadership Commitment

**Executive Sponsor:** Chief Executive Officer

**Objective:** To ensure that senior leadership have the capabilities to positively influence the development of an organisational culture that promotes inclusion and values diversity

**Key Success Measures:**

- Improved staff survey scores for BAME and ALL staff groups: 'Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion'
- Reduction in staff survey scores for BAME and ALL staff groups: 'Percentage of staff experienced discrimination at work from manager / team leader or other colleagues in last 12 months'

Deliverable	Actions	Delivery Date	Measure / Target	Progress Update 2021
4.1 The expectation of all staff to be involved in tackling exclusion and discrimination is role modelled	4.1.1 Executive Team and Board members to come up with one personal action which they will take to improve the working lives of the BAME workforce (e.g., I am being reverse-mentored by a BAME colleague) and cascade to all employees	31/08/20	<b>100%</b> of Exec team comply	Action as specified in the action plan has been delivered/completed. These will be communicated/published by the end of 2021.
4.2 D&I networks are actively and visibly supported by an Executive Sponsor	4.2.1 Review and clarify the role of the Executive Sponsor in providing focused support for each D&I Network, including specifically, supporting the implementation of each network's action plan	31/08/20	Each network has an action plan with active endorsement from Exec sponsor	Due to a number of changes/vacancies within our Network Leadership Teams and a revision of our Terms of Reference the action (as stated) has not progressed.  Measure – 3 of the 4 networks have an action plan that was agreed by members. Following successful appointment to our Network Chair roles these action plans will be updated and include agreeing review of the role of the

				executive sponsor.
4.3 Leadership competencies specific to inclusion are defined and integrated in all leadership development initiatives	4.3.1 Develop competency framework for leaders/senior managers, specifying building the capability to promote D&I as a core management and leadership competency	31/12/21	By the end of 2021, all existing and new management and leadership programmes explicitly focus on D&I competencies as a core requirement of good leadership and management	Actions as specified in the action plan have been delivered/completed.  Measure – on track
	4.3.2 The Advanced Leadership Programme aimed at Deputy General Managers and Service Managers to include the development of inclusive leadership capabilities.	01/11/21		
	4.3.3 Ensure that all existing general programmes, and future Leadership Development programmes commissioned for functional directorates contain inclusive leadership capabilities as a core part of the programme	31/01/21		
4.4 Leadership position successors are required to demonstrate a strong commitment to inclusion	4.4.1 Succession planning to include D&I as a gateway; The Trust can only promote (or nominate to promote) an individual if they have an excellent track record of promoting D&I <i>*NB Connection to Deliverable 2.6 on succession planning</i>	31/12/24 29/04/22	Introduced succession planning approach across the organisation.	This deliverable and associated actions were dependant on additional resource being secured. Our business case has recently been approved and we are in the early stages of the recruitment process for Leadership Development Lead.
4.5 Each Division and Directorate has a D&I action plan in place that translates organisational D&I initiatives locally and focuses on local D&I priorities	4.5.1 Divisions and Directorates are supported to produce local D&I action plans which consider: What are we going to do as a division/directorate to improve diversity and inclusion within our function? To include a toolkit/template for identifying priorities and formulating an action plan.	31/04/24 28/03/22	Evidence of local D&I action plans	Work is underway and a number of divisions have action plans that are in review/draft.  Due to the pandemic and operational pressures further work is require to delivery on this action
4.6 St George's D&I strategy and action plan (and its measurable outcomes) are comparable to and continually learning from the D&I successes (and challenges) of other Trusts, organisations	4.6.1 Introduce an annual benchmarking exercise with other Trusts (link to WRES data)	31/01/21	Participation in relevant networks, annual benchmarking, and adoption of best practice from other organisations	Agree at the SWL D&I Committee meeting that this benchmarking exercise was to be placed on hold due to operational pressures across the sector.

and sectors	4.6.2 Build and/or connect with a network of D&I Leads in other comparable Trusts with similar challenges, to offer a forum for continuous learning, and improvement (including visits to other Trusts)	ongoing		Action as specified in the action plan has been delivered/completed
	4.6.3 Learning from other organisations and sectors country wide through networking and other relationship building efforts	ongoing		Action as specified in the action plan has been delivered/completed.
4.7 D&I is systematically considered in all leadership and governance discussions and decision making forums/processes at Board and Exec levels	4.7.1 To ensure that D&I features in our discussions and decision making processes we will: <ul style="list-style-type: none"> <li>• Wherever possible include D&amp;I issues as a discussion agenda item;</li> <li>• Review our meetings in relation to how effective we were in considering D&amp;I</li> <li>• Include a section on our paper submission template that explicitly outlines the impact of decisions/plans on D&amp;I</li> </ul>	31/08/20	Continuous explicit focus on D&I in all Board and Exec level meetings	Action as specified in the action plan has been delivered/completed.
4.8 Board level meetings regularly include reviewing patient and staff stories and monitoring WRES data	4.8.1 Agree as part of our Patient and staff story at Trust Board we will also consider a D&I staff or patient story	31/01/21	Staff and Patient stories featured twice a year at board	Action as specified in the action plan has been delivered/completed.
	4.8.2 Use the WRES and survey data to make a simple dashboard to track progress at each Board meeting	31/01/21		Action as specified in the action plan has been delivered/completed.
4.9 All staff communications will regularly feature updates, successes and stories that promote the agenda for building a culture of inclusion	4.9.1 Regular communications on D&I are developed and disseminated to all staff from the CEO/Chair/Exec team	ongoing	Quarterly communications reflecting D&I specific content	Picking up again - Action as specified in the action plan has been delivered/completed
4.10 The D&I action plan is fully aligned with the organisational culture change programme	4.10.1 Align all D&I leadership work with the culture change programme and ensure all recommendations are integrated	31/01/21	Culture, Equity and Inclusion Programme Plans are developed to fully incorporate D&I Action Plan	The actions as specified in the action plan has been delivered/completed.

#### Workstream Risks and Dependencies:

- Some D&I networks may require additional budgets depending on their plans and expectations may have to be managed sensitively
- Newly identified leadership competencies and expectations around inclusion may trigger a surge in required funding or in-house capacity and skills to design and deliver leadership and inclusion training

## WORKSTREAM 5: Building Awareness and Understanding

**Executive Sponsor:** Chief People Officer

**Objective:** To develop an understanding of the barriers to inclusion and diversity and build an awareness of the role that inclusion and diversity play in organisational learning, innovation and performance.

**Key Success Measures:**

- Reduction in BAME staff survey score: 'Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months' and
- Reduction in BAME staff survey score: 'Percentage of staff experienced discrimination at work from manager / team leader or other colleagues in last 12 months'

Deliverable	Actions	Delivery Date	Measure / Target	Progress Update 2021
5.1 The workforce has renewed and strengthened connection and meaning with our organisational values	5.1.1 Plan, launch and implement the 'Values Into Action' project, to refresh our values Trust-wide. Likely to involve a range of facilitated team discussions, learning experiences, revised values and behaviours policy, and provision of tools and resources. Likely to involve 3 main phases of work: <ul style="list-style-type: none"> <li>• Compiling and shaping</li> <li>• Testing and development</li> <li>• Embedding and reinforcing</li> </ul>	<del>31/01/21</del>  (throughout 2021-2022)	Staff survey and workforce data measures (as per the culture programme impact indicators)	Currently under development  This initiative was held back due to operational pressures and organisational 'readiness'
5.2. Different minority groups are recognised and celebrated across St George's	5.2.1 Plan and deliver a sustainable range of diversity and faith awareness and celebration events throughout the year.	ongoing	A range of Diversity and faith awareness/celebration events are held across the year	The action as specified in the action plan has been delivered/completed.  This piece of work is

				going/live.
5.3 The D&I action plan is fully aligned with the organisational culture change programme	5.3.1 Align the D&I Action Plan with the culture change programme	31/01/21	Culture, Equity and Inclusion Programme Plans are developed to fully incorporate D&I Action Plan	The actions as specified in the action plan has been delivered/completed.
5.4 All staff build an awareness of unconscious bias at work as a basis to continue building more inclusive team and organisational cultures	5.4.1 Specify and develop a bespoke training workshop ‘	30/09/20	By the end of 2021, <b>2000</b> individuals in the Trust will have completed the F2F or online module.	Action 5.4.1 and 5.4.2 have been completed/delivered.
	5.4.2 Pilot and launch a short online workshop	31/10/20		Action 5.4.2 has not been delivered /completed
	5.4.3 Make the workshop widely available as both an online or in-person experience, sourcing the help of external providers as needed	31/12/20		Action 5.4.4 has been delayed to the upgrade to the orgs. learning management system. Content is under review and planned to introduced by end of 2021.
	5.4.4 Develop a self-directed online e-learning module reflecting the same content	31/12/20		Measure – unable to meet
5.5. All staff have highly accessible access to the full range of D&I resources, trainings, contacts, policies and other information via the intranet	5.5.1 Develop a D&I intranet page that integrates all existing and future resources, trainings, contacts, policies, and networks information etc.	31/12/20	Intranet pages are live, accessible to all staff and regularly updated.	The action as specified in the action plan has been delivered/completed.

**Workstream Risks and Dependencies:**

- Budget required for online unconscious bias training
- Unconscious bias training needs to align with recruitment and selection training (also including UB elements) and wider D&I training initiatives
- ‘Respect’ programme is dependent on some input and support from St Helier to try and replicate some of their successful outcomes



## SECTION THREE: Aligning With the NHS National WRES Strategy

### WORKSTREAM 6: London Workforce Race Equality Strategy Recommendations

**Executive Sponsor:** Chief People Officer

**Objective:** To ensure that all 15 of the recommendations set out in the London WRES strategy are reflected and implemented in our organisational approach to strengthening diversity and inclusion

**Measures of Success:**

- Decreased likelihood of BAME staff entering the formal disciplinary process;
- Decreased relative likelihood of BAME staff entering the formal disciplinary process compared to white staff;

Deliverable	Actions	Delivery Date	Measure / Target	Progress Update 2021
6.1 Authoritarian managerial processes are replaced with person centred learning processes	6.1.1 Develop a new approach and process to respond to serious or chronic performance issues, thus reducing our dependency on formal disciplinarys (to be used only for extreme cases, e.g. theft, violence and patient safety breaches)	30/11/20	<b>25%</b> reduction in number of formal disciplinarys by end of 2021.	The action as specified in the action plan has been delivered/completed.
	6.1.2 Implement new approach and processes as designed	30/11/20		New disciplinary process has been developed and implemented. Achievement of measures to be assessed by end of 2021.
6.2 An executive on each board has completed the WRES Advisor programme	6.2.1 Executive level advisor to be nominated	30/09/20	Evidence of completion	Director of Culture and OD is part of the WRES Experts Sponsors Programme. We are awaiting further information /launch of the WRES Advisor programme.
	6.2.2 Nominated executive level advisor to attend the WRES Advisor Programme	31/03/21		
6.3 An organisational culture transformation programme is in place to strengthen racial inclusion	6.3.1 Align the D&I Action Plan with the culture change programme	31/01/21	Culture, Equity and Inclusion Programme plans in place, and Programme Board	The action as specified in the action plan has been delivered/completed.

			established.	
6.4 Increased BAME representation among Freedom to Speak Up Guardians and champions	6.4.1 Align the D&I Action Plan with the organisational FSUG strategy	31/12/20	By end of 2021, % of FSUGs is <b>equivalent</b> to the BAME staff %	The action as specified in the action plan has been delivered/completed.  Measures to be assessed by end of 2021.
6.5 Independent STP/ICS WRE oversight panels are in place	FOR INFORMATION ONLY (implemented outside of the Trust)			
6.6 Commissioners are working with providers in enhancing their performance against indicators of race inequality	FOR INFORMATION ONLY (implemented outside of the Trust)			
6.7 CQC Assessments include specific race related key lines of enquiry	FOR INFORMATION ONLY (implemented outside of the Trust)			
6.8 Competency Frameworks and Development Programmes for supervisors and line managers	<i>Covered by deliverable 4.3 in Workstream 4 above</i>			
6.9 White Allies Programme is in place and supported to more effectively distribute responsibility for equality and inclusion	6.9.1 Research best practice among white ally programmes in NHS and other organisations	31/12/20	Programme has been implemented and staff are supporting to attend.	Action has been delivered/completed via successful application to NHSE/I's White Allies Programme. Six of our leaders commenced on the programme in September 2021.
	6.9.2 Develop and agree a proposal to establish and support a white allies programme/network, in collaboration with the BAME network Chair and Workforce D&I Lead	31/01/21		
	6.9.3 Implement the proposal	31/03/21		
6.10 A Frontline Staff Forum is established to enable more feedback on the success of this action plan, and other aspects of working life in the NHS	6.9.1 Research best practice among Frontline Staff Forums in NHS and other organisations	30/04/21	Programme has been implemented and staff are supporting to attend.	Awaiting further information/direction from NHSE/I
	6.9.2 Develop and agree a proposal to establish and support a Frontline Staff Forum	31/05/21		
	6.9.3 Implement the proposal	31/07/21		
6.11 A London-specific WRES experts	FOR INFORMATION ONLY (implemented outside of the Trust)			

cohort is established				
6.12 Recruitment and secondment processes are debiased	<i>Recruitment aspect is covered by Workstream 1 above</i>			
	6.12.1 Develop a process for applying for and awarding secondments that is transparent, unbiased and equally accessible	31/10/20 31/03/22	Clear and transparent process for secondments and other opportunities.  Appointment of Staff Engagement Lead	In collaboration with the SWL Recruitment Hub, an Inclusion Recruitment and Selection training offer have been developed and launched. Further work required with the SWL Recruitment Hub  Staff Engagement Lead has been appointment and started in September 2021.
	6.12.2 Implement new processes, including effective staff engagement and communications	31/12/20		
6.13 Identification and closure of the gap in experience for agency, bank and temporary staff	FOR INFORMATION ONLY (to be implemented initially by London-wide intervention, and may require future organisational level actions)			
6.14 Improved understanding of the experience of staff in primary care	FOR INFORMATION ONLY (implemented outside of the Trust)			
6.15 Implemented key recommendations from the London Nursing and LAS priority plan	FOR INFORMATION ONLY (implemented outside of the Trust)			

## Appendix A: Overview of Roles and Responsibilities

- The **Project Manager** is responsible for the overall completion of the agreed project deliverables, using agreed the project methodology. They will oversee and coordinate day to day activities and involvement of team members and external suppliers to ensure the project is delivered on time, within budget and to the required quality;
- The **Professional Lead** is a subject matter expert who ensures that the project deliverables will strategically achieve the desired outcomes, and in alignment with other projects. They advise and oversee the Project Manager in developing sound project documentation, provide coaching and support to complete all deliverables to the required level of quality, and act as an escalation and sign-off route for risks, issues and project changes;
- The **Executive Lead** is a senior/chief level sponsor and champion who supports adequate resourcing and alignment and recognition of projects across the Trust. They offer high-level oversight of the project and act as a final escalation point for risks, issues and changes.

Project Phase	Project Manager	Professional Lead	Executive Lead
<b>Inception</b>	<ul style="list-style-type: none"> <li>• Prepare a project brief to clearly communicate the project's desired outcomes and deliverables</li> <li>• Identify measures for monitoring and evaluating project outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure the that the stated project deliverables will achieve the desired measurable outcomes</li> <li>• Sign off the brief and communicate new projects to Executive Lead and other departments as required</li> <li>• Ensure strategic alignment with other projects in and outside of the department</li> </ul>	<ul style="list-style-type: none"> <li>• Support the inception of projects that will meet the needs of the Trust</li> <li>• Ensure strategic alignment with other projects and programmes across the Trust</li> <li>• Sign off briefs that are of particular risk or expense to the Trust</li> </ul>
<b>Planning</b>	<ul style="list-style-type: none"> <li>• Develop a project plan (within a PID) to outline how the deliverables will be completed over time, including key stages, milestones and resources</li> <li>• Identify main risks and corresponding mitigation strategies, and build these into the project plan</li> </ul>	<ul style="list-style-type: none"> <li>• Advise on, contribute to and sign off the project plans and budgets (PIDs)</li> </ul>	<ul style="list-style-type: none"> <li>• Sign off project plans (PIDs) that are of particular risk or expense to the Trust</li> </ul>
<b>Implement-ation</b>	<ul style="list-style-type: none"> <li>• Complete all deliverables in the plan within agreed timescales, engaging and overseeing the work of any project team members</li> <li>• Resolve emerging issues and escalate significant issues and risks to the Professional Lead</li> <li>• Manage and monitor the project budget</li> <li>• Coordinate and chair project meetings as required</li> <li>• Report on progress as required to the Professional and Executive Leads</li> </ul>	<ul style="list-style-type: none"> <li>• Maintain an overview of the project ensuring the quality of the deliverables and process</li> <li>• Support and coach the project manager to prioritise, problem solve and make decisions</li> <li>• Sign off on necessary changes to the project that may affect quality of outcomes, timescales and budgets</li> <li>• Escalate significant issues/risks when necessary</li> </ul>	<ul style="list-style-type: none"> <li>• Champion the project across the Trust and ensure continued alignment and integration with other projects</li> <li>• Advise Professional Lead of external or internal changes that may impact the project</li> </ul>
<b>Integration and Evaluation</b>	<ul style="list-style-type: none"> <li>• Capture lessons learned to benefit future projects</li> <li>• Ensure an appropriate evaluation of the outcomes of the project</li> <li>• Integrate the project into BAU so that its benefits are sustainable</li> </ul>	<ul style="list-style-type: none"> <li>• Oversee evaluation of the outcomes and ensure that the benefits of the project can be demonstrated</li> <li>• Ensure sustainability of the project deliverables and outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• Communicate outcomes and successes of the project to the wider organisation</li> <li>• Ensure that resulting changes of the project are integrated across the Trust</li> </ul>

## Appendix B: Workforce Race Equality Standard (WRES) 2019

<b>Workforce indicators</b> For each of these four workforce indicators, compare the data for white and BME staff	
1	Percentage of 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 disaggregated by: Non-clinical staff, clinical staff, of which - non-medical staff - medical and dental staff Note: Definitions for these categories are based on Electronic Staff Record occupation codes with the exception of medical and dental staff, which are based upon grade codes.
2	Relative likelihood of staff being appointed from shortlisting across all posts. Note: This refers to both external and internal posts.
3	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation Note: This indicator will be based on data from a two year rolling average of the current year and the previous year.
4	Relative likelihood of staff accessing non-mandatory training and CPD.
<b>National NHS staff survey indicators (or equivalent)</b> For each of the four staff survey indicators, compare the outcomes of the responses for white and BME staff	
5	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.
8	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.
<b>Board representation indicator</b> For this indicator, compare the difference for white and BME staff	
9	Percentage difference between the organisations' board membership and its overall workforce disaggregated: <ul style="list-style-type: none"> <li>• By voting membership of the board</li> <li>• By executive membership of the board</li> </ul>