



St George's University Hospitals
NHS Foundation Trust

Workforce Race Equality Standard (*WRES*) 2022-24 Action Plan



Outstanding care
every time

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 WRES Action Plan

The following action plan has been developed in collaboration with our BAME Staff Network and following discussions at Executive Management and Trust Management meetings, and in response to issues raised by Black, Asian and Minority Ethnic staff.

This action plan is a 'living document' and will be further developed and refined over the next 24 months to reflect and integrate what we learn about the impact of our interventions, and through additional input from stakeholders around the Trust. This action plan includes actions that we are currently in the process of implementing and also actions that we are planning to implement in the next 12 months.



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

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 linked to the relevant WRES indicator/s. Many of the planned actions will contribute toward more than one indicator, so primary and secondary indicators have been listed where relevant.

Section 1: Improving Equal **Representation** in leadership

- **Indicator 1:** % BAME staff in each of the AfC bands 1-9, medical & dental subgroups and VSM, including executive board members compared with the % of staff in the overall workforce
- **Indicator 9:** % difference between the organisation's board voting membership and its overall workforce

Section 2: Debiasing **Recruitment**

- **Indicator 2:** Relative likelihood of BAME staff being appointed from shortlisting across all posts

Section 3: Improving **Career Development** opportunities

- **Indicator 4:** Relative likelihood of staff accessing non-mandatory training and CPD
- **Indicator 7:** % staff believing that the Trust provides equal opportunities for career progression or promotion

Section 4: Building an **Anti-Discrimination** culture

- **Indicator 3:** Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation
- **Indicator 5:** % staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
- **Indicator 6:** % staff experiencing harassment, bullying or abuse from staff in last 12 months
- **Indicator 8:** In the last Percentage of staff who have personally experienced discrimination at work from manager/team leader or other colleagues in the last 12 months

Each section includes one or more projects with associated desired outcomes, actions, executive/operational leads, a projected delivery date and a measure/target.

| | |
|------------------------------|--|
| <i>Project</i> | A title for the project, and the associated indicator. Secondary indicators are listed in brackets. |
| <i>Desired Outcome</i> | A statement of what the project will achieve or deliver for the trust |
| <i>Actions</i> | Each project 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 desired outcome |
| <i>Exec/Operational Lead</i> | Each action will be associated with an overall exec level sponsor (SRO) and one or more operational leads who will usually deliver the work involved. |
| <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 & 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%) |

In addition, for each indicator, a RAG rating has been applied:

| Rag Rating | Definition |
|------------|--|
| Green | No variance between white and <i>BAME</i> staff experience |
| Amber | Some variance between white and BAME staff experience |
| Red | Significant variance between white and BAME staff experience |

Targets and Success Measures

This action plan has been devised to address the challenge of achieving a sustainable difference in closing the gap in workplace inequalities between Black, Asian, Minority Ethnic, and white staff. How successful we are in meeting this challenge will be demonstrated via our progress against each NHS Workforce Race Equality Standard (WRES) indicator and our Staff Survey Results.

Monitoring

To support the delivery and success of this action plan and the desired outcomes, progress will be reported quarterly via our site Culture, Equity and Inclusion Programme Board and our Group People Committee In Common.

Section 1: Improving Equal Representation in Leadership

Indicator 1: % BME staff in each of the AfC bands 1-9, medical & dental subgroups and VSM, including executive board members compared with the % of staff in the overall workforce

| | | | | |
|---|-------|-------|-------|----------------|
| Green - Progress 2022/23 and Comparison to London Average | 2021 | 2022 | 2023 | London Average |
| | 47.7% | 50.1% | 51.9% | 49.9% |

| Project | Desired Outcome | Actions | Exec Lead | Operational Lead | Delivery Date | Measure / Target |
|---|---|---|-----------|------------------|---------------------|---|
| Inclusive Talent Management Approach <i>Secondary indicator: 7</i> | Assessing, developing and retaining talent to improve representation of BAME groups | Develop an inclusive approach to talent management that incorporates the Trust's priority needs around the attraction, assessment, development, retention and movement of talent, including for our future leaders identifying as BAME. Ensuring collaboration with SWL partners throughout | G.CPO | HoLT | 31/12/23 (on track) | TBC with design of the talent management approach |
| | | Implement and embed the talent management processes using a phased approach | G.CPO | HoLT, HRPBs | 31/12/23 (on track) | |
| Inclusive Succession Planning <i>Secondary indicator: 7</i> | An inclusive succession planning process where nominated successors are required to demonstrate a strong and authentic commitment to D&I and our values-based behaviours, in order to improve representation of BAME groups | As a strand of the wider approach to Talent Management, develop a succession planning approach, policies and processes for the Trust and trial the process | G.CPO | HoLT | 31/12/23 (on track) | TBC with design of the succession planning approach |
| | | Succession planning to include commitment to D&I and valued based behaviours as core criteria. | G.CPO | HoLT | 31/12/23 (on track) | |
| | | Implement the succession planning process across the Trust, through all Divisions | G.CPO | HoLT, HRBPs | 31/12/23 (on track) | |

Indicator 9: % difference between the organisation's board voting membership and its overall workforce

| | | | | |
|---|--------|--------|-------|----------------|
| Red - Progress 2022/23 and Comparison to London Average | 2021 | 2022 | 2023 | London Average |
| | -33.1% | -31.4% | -40.1 | -26.1% |

| Project | Desired Outcome | Actions | Exec Lead | Operational Lead | Delivery Date | Measure / Target |
|----------------------------|---|---|-----------|------------------------|---|--|
| Executive Team Pledges | The expectation of all staff to be involved in tackling exclusion and discrimination is role modelled | Group and Site Executive Team and Board members to share one personal SMART action which they will take to improve the working lives of those from minority groups | G.CEO | D&I Lead | 31/12/23 | 100% of Exec team comply |
| Board Level Representation | Improved representation at Director and Board level (Band 9, VSM and NEDs) | Ensure that all recruitment activity at Board level considers appropriate means to increase <i>BAME</i> representation on the Board and to search from as wide a field as possible for suitably qualified candidates including from under-represented groups. | G.CPO | Deputy CPO (Workforce) | At each recruitment opportunity, reviewed regularly | Increased percentage of <i>BAME</i> at Bands 9 and above |
| Reciprocal Mentoring | Board members (and VSMS) build a stronger understanding of the issues faced by BAME staff | Board members and VSMS to start and maintain reciprocal mentoring relationships with BAME staff, with support around recruitment, pairing, training and sustaining quality mentoring relationships. | G.CPO | D&I Lead, HoCT | Delivered | No. of mentoring relationships; Feedback from mentors and mentees |

Section 2: Debiasing Recruitment

Indicator 2: Relative likelihood of White applicants being appointed from shortlisting compared to BAME applicants

| | | | | |
|---|------|------|------|----------------|
| Red - Progress 2022/23 and Comparison to London Average | 2021 | 2022 | 2023 | London Average |
| | 1.47 | 1.26 | 1.50 | 1.44 |

| Project | Desired Outcome | Actions | Exec Lead | Operational Lead | Delivery Date | Measure / Target |
|---|--|---|-----------|-------------------|--|--|
| Training for Interviewees <i>Secondary indicator: 1</i> | BAME staff have access to interview training to boost their performance when applying for roles. | Develop a short course and supporting written guidance on 'preparing for job interviews' and ensure it is routinely offered year round. | G.CPO | HoCT, HoLT | Delivered | Increased internal hire rate / promotion of BAME staff and feedback via Assured Decision-Making reporting forms. |
| Debiasing Recruitment Process <i>Secondary indicators: 1,7</i> | Improved clarity and robustness within the interview process, via clear scoring metrics and model answers. | Review and update recruitment and selection (R&S) guidance, including R&S training, to ensure there is a clear and consistent approach to the application of scoring criteria/metrics within the interview process. Including example of model answers. | G.CPO | D&I Lead, SWL Hub | 01/02/24 (on track) | Measured via the results of RIS Post Interview Feedback Form |
| Recruitment Inclusion Specialist (RIS) Scheme | Improved candidate experience at interview and increased transparency in decision making, leading to increased representation at senior levels | Continue to manage and monitor the RIS scheme, with regular reporting on compliance via monthly reviews with the Recruitment Hub, and through the Culture, Equity and Inclusion (CEI) monthly Programme Board. | G.CPO | D&I Lead, SWL Hub | Ongoing | Maintain 70%+ compliance with the RIS scheme |
| | | Expand the RIS scheme to include recruitments for Band 6 roles. This will include training additional RISs (and enabling wider participation as a RIS, including from white staff). | G.CPO | D&I Lead, SWL Hub | Upon 2 consecutive months of 70%+ compliance | 200 RIS members trained (on track) |

Section 3: Improving Career Development Opportunities

Indicator 4: Relative likelihood of staff accessing non-mandatory training and CPD

| | | | | |
|---|------|------|------|----------------|
| Green - Progress 2022/23 and Comparison to London Average | 2021 | 2022 | 2023 | London Average |
| | 1.03 | 0.98 | 0.95 | 0.97 |

Indicator 7: % BAME staff believing that the Trust provides equal opportunities for career progression or promotion

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|---|------|-------|------|----------------|
| Green - Progress 2022/23 and Comparison to London Average | 2020 | 2021 | 2023 | London Average |
| | 41.1 | 42.1% | 43.8 | 43.6% |

| Project | Desired Outcome | Actions | Exec Lead | Operational Lead | Delivery Date | Measure / Target |
|--|--|--|-----------|------------------|---------------------|---|
| ACCs for unsuccessful candidates <i>Secondary indicators: 1,2</i> | Internal BAME staff who are not successful at interview are offered a formal 1:1 feedback session with panel chair | Pilot Active Career Conversations (ACC) – a supportive, action focused feedback session between panel chairs and unsuccessful BAME interviewees | G.CPO | D&I Lead, HoL&T | Delivered | Successful pilot completed within one division |
| | | Launch Active Career Conversations (ACC)– a supportive, action focused feedback session between panel chairs and unsuccessful BAME interviewees | G.CPO | D&I Lead, HoLT | 31/09/23 (delayed) | By end of 2023, 85% of un-successful candidates offered an ACC |
| Coaching & Mentoring <i>Secondary indicators: 1,2</i> | BAME staff have greater access to coaching and mentoring | 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 | G.CPO | HoCT, | Delivered | Increase no. of BAME staff are in reciprocal mentoring relationships |
| | | Create and build up list/bank of internal career coaches/mentors, and train new/existing coaches/mentors as necessary | G.CPO | HoCT | Delivered | |
| Personal Development and Career Planning by Managers | Improved personal development and career planning for employees | Clarify line manager expectations and responsibilities (as part of a Management Fundamentals) in relation to supporting staff to develop meaningful PDPs as a part of the annual appraisal process (including updating appraisal training) | G.CPO | HoCT | Delivered | Increase % of PDR records including evidence of career focused conversations (beyond the usual 'development conversation') <i>[Measurement will require new LMS functionality]</i> |
| | | Revise Performance Development Review Process to ensure that there is a structured career development section in place | G.CPO | HoCT, HoLT | 31/12/23 (on track) | |
| | | Develop guidance and training module for managers to conduct career planning discussions (which may be part of the performance review discussion, but not exclusively) | G.CPO | HoCT HoLT | | |

Section 4: Building an Anti-Discrimination Culture

Indicator 3: Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation

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|---|------|------|------|----------------|
| Red - Progress 2022/23 and Comparison to London Average | 2021 | 2022 | 2023 | London Average |
| | 1.82 | 1.65 | 1.67 | 1.47 |

| Project | Desired Outcome | Actions | Exec Lead | Operational Lead | Delivery Date | Measure / Target |
|---|--|--|-----------|-------------------|---------------|---|
| Debiasing Disciplinary Process | Reduce the number of staff put forward for disciplinary action via improved understand of the thresholds for disciplinary action | Explore <i>Case Review Panel</i> data to better understand historic and emerging themes, and better support individuals involved. With a focus on; <ul style="list-style-type: none"> - Early interventions - Support based action, such as facilitated discussions / mediation - Building an increased organisational understanding of the disciplinary process and thresholds | G.CPO | HoER | TBC | Subject to ER Review Recommendations and appointment of new Head of ER |
| Reduce Reliance on Disciplinary <i>Secondary indicator: 2</i> <i>(this links to the NHS National WRES strategy)</i> | Inappropriate managerial processes are replaced with person centred learning processes | Develop a new approach and process to respond to serious or chronic performance issues, thus reducing our dependency on formal disciplinaries (to be used only for extreme cases, e.g. theft, violence and patient safety breaches) | G.CPO | HoER, | TBC | Delivery date and measure to be confirmed following appointment of new Head of ER |
| | | Implement new approach and processes as designed | G.CPO | HoER | TBC | |
| | | Review process for applying for and awarding secondments, ensuring that it is transparent, unbiased and links with successful planning framework. | G.CPO | D. GCPO (wkforce) | TBC | Delivery date and measure to be confirmed following appointment of new Head of ER |
| | | Implement any recommended changes, including effective staff engagement and communications plan. | G.CPO | D. GCPO (wkforce) | TBC | |

Indicator 5: % staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

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|--|-------|-------|------|----------------|
| Green- Progress 2022/23 and Comparison to London Average | 2020 | 2021 | 2023 | London Average |
| | 27.3% | 23.3% | 27.0 | 30.2% |

Indicator 6: % staff experiencing harassment, bullying or abuse from staff in last 12 months

| | | | | |
|---|-------|-------|-------|----------------|
| Green - Progress 2022/23 and Comparison to London Average | 2020 | 2021 | 2023 | London Average |
| | 30.1% | 25.9% | 27.3% | 28.1% |

Indicator 8: % of staff who have personally experienced discrimination at work from manager or other colleagues in the last 12 months

| | | | | |
|--|-------|-------|------|----------------|
| Amber- Progress 2022/23 and Comparison to London Average | 2020 | 2021 | 2023 | London Average |
| | 18.0% | 16.6% | 16.9 | 16.7 |

| Project | Desired Outcome | Actions | Exec Lead | Operational Lead | Delivery Date | Measure / Target |
|---------------------------------------|--|--|------------------|---------------------|---------------------|---|
| Embedding our Values Based Behaviours | Clear expectations of behaviour are communicated and understood by all staff, supporting development of more inclusive day to day behaviours and Trust culture | Values based behaviours are integrated throughout the employee lifecycle including: <ul style="list-style-type: none"> • Values based recruitment • Corporate and local Induction • Values based appraisal • Talent management | D.CPO (Culture) | AD. C&OD | Delivered | Improved staff survey scores: feeling valued, discrimination, B&H, and engagement |
| | | Incorporating our values-based behaviour into all management and leadership development interventions, including the Management Fundamentals Toolkit and our future Group-wide approach to multi-disciplinary leadership development. | D.CPO (Culture) | AD. C&OD | 31/04/24 (on track) | All existing and new management interventions are value-based |
| | | Supporting priority local team interventions on culture development projects, including local translation and integration of our values-based behaviours | D. CPO (Culture) | OD Leads, HRBPs | Ongoing | Improvement in local staff survey results and other measures TBD for each intervention. |
| Supporting Staff to Raise Concerns | Empowering staff to report D&I concerns, and feel safe to do so | Regular review and triangulation of qualitative and quantitative data to identify emerging D&I related issues, e.g. working with FTSU, H&S and Security teams in response to incidents/Datix | G.CCAO | D&I Lead, F2SU Lead | Ongoing | Improved experience of staff as measured by relevant staff survey results |
| | | Clarify and reinforce existing channels for raising concerns | G.CCAO | D&I Lead, F2SU Lead | Ongoing | |