

Executive Summary

WRES Data has been submitted by the Trust since 2015 and progress is reviewed against the nine indicators contained within the WRES dashboard quarterly.

This report:

- Shows the latest dataset from 2024
- Explores whether there have been any significant improvements or deterioration compared with the results from 2023.
- Contains an updated WRES action plan showing the areas of focus for the Trust in the coming year.

Key Observations:

- BME applicants slightly more likely to be recruited.
- BME staff continue to be less likely to enter a formal disciplinary process.
- Perception of opportunities for career progression or promotion has increased for BME staff.
- Reduction in BME staff reporting personal experience of discrimination at work by a Manager/Team leader or other colleagues.

- BME staff are less likely to access non-mandatory training and CPD opportunities
- Increase in BME staff experiencing harassment, bullying or abuse from patients with a widening gap of staff experience.
- BME staff are almost twice as likely to report personally experiencing discrimination at work by a Manager/Team Leader or other colleagues.
- The board voting membership is not reflective of the wider organisation decreasing from the 2023 data.

The key findings from the 2024 submission show:

1. BME staff represent 29.8% of the workforce (3.5% increase from the 2023 data submission) showing a continuing overall improvement in proportionate representation since 2023, with the clinical workforce showing the highest increases and decreases across their workforce.
2. The data shows that BME applicants are slightly more likely to be recruited over white candidates, which may be due to continued international recruitment of Band 5 staff nurses. This continues to be a positive improvement. (Data from Trac automatic download into ESR)
3. Despite a small increase in numbers, BME staff continue to be less likely to enter a formal disciplinary process compared with white staff.
4. BME staff continue to be less likely to access non-mandatory training and Continued Professional Development opportunities compared with White staff.
5. BME staff experiencing harassment, bullying or abuse from patients, relatives or the public has increased by 3%, but has reduced for white staff. Meaning the disparity of experience of staff has increased by 4.57% further widening the gap of staff experience between white and BME staff.
6. This years' data indicates that both white and BME staff have experienced more harassment, bullying or abuse by staff compared to last year. With larger increases for BME staff compared to white staff.

7. The perception around equal opportunities for career progression or promotion within the Trust has lessened for white staff but increased for BME staff.
8. BME staff are almost twice as likely as white staff to report personally experiencing discrimination at work by a Manager/Team leader or other colleagues, however this has reduced since the 2023 data submission. The data also shows a slight increase for white staff.
9. The board voting membership is not reflective of the wider organisation with a difference of -20%.

The full data can be seen in Appendix 1.

The outcomes of the WRES does not alter the themes contained in our strategy, and the action plan is aligned to these themes:

1. Inclusive recruitment practices and equal opportunities:

Large scale review of current recruitment practices to eliminate bias from the systems and promote inclusivity. The Inclusive Recruitment Programme will ensure that recruiting managers are trained in inclusive recruitment techniques and criterion based methods will ensure bias is removed. We will align with the national programme for overhauling recruitment and promotion and contribute to this work wherever possible. The implementation and embedding of processes that ensure inclusive recruitment and equal opportunities for all. This will be in line with the National 6 high impact actions. Our talent management programme will provide further opportunities for people from BME backgrounds to access development and the review of processes for data collection in terms of training, development, recording as part of the data dashboard workstream will ensure the intelligence is available to correctly measure whether we are improving access or if there is more action required.

2. Workforce reflecting our wider communities:

In line with the Inclusive Recruitment programme, we will be increasing efforts to make recruitment processes inclusive and therefore not post any barriers to the community in terms of applying for roles at UHS. We are anticipating the showcasing of a specific project we have collaborated with Black History Month South on exploring a multi-generational view from current and previous staff members at UHS. Our next steps will be focusing on outreach to the black communities in Southampton to promote roles and careers within UHS. Our recruitment outreach will also work more with local communities to attract people from the city from diverse backgrounds. We will be implementing positive action talent programmes that will enable people from black and ethnic backgrounds to access development, networking, and coaching to confidently apply and be successful at roles when they become available. We will provide career toolkits for all people who are unsuccessful at interviews to help them to succeed next time. We will continue to strive to meet the national target of 19% representation in band 7s and above.

3. Safe and healthy working environments:

Our Inclusion and Belonging strategy states a clear intent for UHS to become an anti-racist and anti-discriminatory organisation. We aim to decrease disparity of experience by 5% across all indicators in the WRES which will either reduce by half or eliminate disparity altogether. We will be working closer with colleagues who lead on hate crime, violence and aggression to ensure robust mechanisms for reporting of incidence and the data is used to steer accountability and meaningful action. We will identify mechanisms and root causes of the disproportionality of BME staff experiencing discrimination, harassment, bullying and/or abuse and in turn whether there

are trends within the Trust that need targeted action. The link to the leadership and management work programme is a critical enabler of creating safe and healthy work environments.

4. Inclusive leadership and management:

Ensure leaders and managers are clear on their accountabilities with regards to EDI and the responsibilities they hold to deliver the actions within the Inclusion and Belonging strategy. To have development opportunities in supporting BME staff and those who may identify with a protected characteristic. That all leaders and managers understand their own bias and can access learning in terms of how they lead and make decisions. To support leaders and managers to understand their role as allies and role models, and how to challenge behaviours or actions that are not in line with Trust policy or values. To support leader and managers to develop greater awareness of the legal aspects of their roles in relation to equality, and how diversity and difference can enhance their team delivery and performance.

Appendix 1: WRES Action Plan 2024

WRES Themes / Areas	Proposed actions	Responsible for Actions	Deadline / review date
<p>1: Workforce reflecting our communities, at all roles, at all levels; ensuring those who are underrepresented groups can access support to thrive, excel and belong within their roles.</p> <p>Achieve 19% BME representation through all levels in both the clinical and non-clinical workforce. This is aligned to National target set and we will remain focused on increasing representation within senior leadership roles within the organisation which currently remain lower in representation of BME staff members.</p>	<p>a) To continue to develop positive Action Programmes both UHS and HIOW system wide; for BME staff and/or other protected characteristics. Acknowledging individuals experience of barriers to promotion, development and career progression. This includes the roll out of a third cohort of the positive action leadership programme in partnership with Maaha people which will enrol a further 24 individuals who identify with a protected characteristic. Supporting individuals looking to move into, or those who are moving through senior leadership roles within the organisation building on individuals personal identify, power and influence within the organisation.</p>	<p>OD Team with delivery partner</p>	<p>April 2025</p>
	<p>b) Establish Talent development programmes for individuals to support their career development. Establish pathways, training and development opportunities to encourage progression at an earlier stage. Develop talent pipelines/talent management plans to include stretch activities, secondments, shadowing, specialist training, qualifications, coaching and mentoring.</p>	<p>OD Team with delivery partner</p>	<p>September 2025</p>
	<p>c) Continue to build on newly found working relationship with Southampton job centre. Continue to liaise, attend and promote UHS as an employer of choice, the support that is offered and the career opportunities that are available including volunteering roles.</p>	<p>OD Team / Talent Acquisition team</p>	<p>April 2025</p>
	<p>d) Continue to partner with Black History Month South on joint initiatives within the Southampton Community.</p>	<p>OD Team</p>	<p>Throughout 2024/2025</p>
	<p>e) Ensure international recruits are given the same access to development opportunities as the wider workforce. Create a clear personal development plan</p>	<p>Clinical Education Teams / OD Team / Line Managers</p>	<p>December 2025</p>

	focused on fulfilling potential and opportunities for career progression including positive action programmes.		
2: Safe and healthy working environments, free from aggression, hate and discrimination	a) Creation of a behaviour framework to bring to life our Trust Values and more clearly describe the expected behaviours relating to equality, diversity and inclusion that impact BME staff and/or those with a protected characteristic.	OD Team/Transformation Team	March 2025
	b) Divisional EDI Steering Groups to drive actions and improvements derived from race specific metrics throughout all teams, care groups and divisions.	Divisional Leadership Teams	April 2025
	c) Carry out impact analysis on the Actionable Allyship training delivered since 2021. Propose next stage of Allyship Culture Development within UHS. Identify methodology of participation for new starters.	OD Team	April 2025
	d) Establish and refresh approach to tackling race-related violence and aggression including marketing campaign, training for staff, and effective policies and processes.	Chief People Officer / Chief Nursing Officer	April 2025
	e) Implement the ethnicity pay gap reporting process on an annual basis and related actions.	OD Team / HR	30 th March 2025
3: Recruitment processes which are free from bias and are inclusive	a) Continue to implement a work programme to review and improve the equity of recruitment processes and practices that impact all individuals. Deliverables this year will be: <ul style="list-style-type: none"> • the revised recruitment and selection training. • define the role of independent panellists and appropriate training. • ensure job advertisements and descriptions are written in clear, easy-to-read language. • review of recruitment and selection policy to ensure process is fair and free from bias. 	OD Team / Talent Acquisition / Training and Development / HRBPs / Recruiting Managers	April 2025
4: Inclusive leadership and management Continue to include Inclusive Leadership content in all UHS leadership & management	a) All board members to agree an EDI focused objective as part of their appraisal linked to a theme in the Inclusion and Belonging Strategy.	Chair / Director of OD	Appraisal Year 2024/2025

<p>programmes to include personal learning, personal action and accountability. This will move us to a place where equality, diversity and inclusion is the golden thread that runs through all our processes at UHS.</p>			
	<p>b) Implementation of ongoing learning and development opportunities to enable leaders and managers to role model inclusive behaviours every day. For example:</p> <ul style="list-style-type: none"> - Equality impact assessment - Creating environments for people to succeed - Support the development of reciprocal mentoring - Inclusive leadership behaviours aligned to our values - Focus on Heritage Celebrations and increasing leadership awareness and understanding. 	<p>OD Team / UHS Leaders & Managers</p>	<p>April 2025</p>
	<p>c) Establish development for line managers and teams who welcome international recruits to maintain their own cultural awareness and to create inclusive team cultures that embed psychological safety</p>	<p>OD Team / UHS Leaders & Managers</p>	<p>March 2026</p>
<p>5: Networks and partnerships that thrive and support creation of an inclusive and safe place to work.</p>	<p>a) Engage with members of the One Voice Network to identify future purpose, membership and leadership of the network to ensure sustainability.</p>	<p>OD Team</p>	<p>March 2025</p>

Appendix 1

Workforce Race Equality Standard (WRES) 2023

From my observations, it is reassuring to see improvements across indicator 1, 2 and 4. The data suggests that indicator 9 remains static with no improvement or decline, whilst indicator 3 has declined in one sense but as a whole remains more positive for staff from Black, Asian and under-represented backgrounds.

Unfortunately there is a noticeable decline in indicators 5, 6, 7 and 8 which are relating to staff experience where results are sourced from the annual staff survey.

The key findings from the 2024 submissions show:

10. BME staff represent 29.8% of the workforce (3.5% increase from the 2023 data submission) showing a continuing overall improvement in proportionate representation since 2023, with the clinical workforce showing the highest increases and decreases across their workforce.
11. The data shows that BME applicants are slightly more likely to be recruited over white candidates, which may be due to continued international recruitment of Band 5 staff nurses. This continues to be a positive improvement. (Data from Trac automatic download into ESR)
12. Despite a small increase in numbers, BME staff continue to be less likely to enter a formal disciplinary process compared with white staff.
13. BME staff continue to be less likely to access non-mandatory training and Continued Professional Development opportunities compared with White staff.
14. BME staff experiencing harassment, bullying or abuse from patients, relatives or the public has increased by 3%, but has reduced for white staff. Meaning the disparity of experience of staff has increased by 4.57% further widening the gap of staff experience between white and BME staff.
15. This years' data indicates that both white and BME staff have experienced more harassment, bullying or abuse by staff compared to last year. With larger increases for BME staff compared to white staff.
16. The perception around equal opportunities for career progression or promotion within the Trust has lessened for white staff but increased for BME staff.
17. BME staff are almost twice as likely as white staff to report personally experiencing discrimination at work by a Manager/Team leader or other colleagues, however this has reduced since the 2023 data submission. The data also shows a slight increase for white staff.
18. The board voting membership is not reflective of the wider organisation with a difference of -20%.

Indicator 1

Non-Clinical

Non Clinical Workforce	2023					2024					Change from 2023/2024 in BME
	White		BME		Total	White		BME		Total	
	#	%	#	%	#	#	%	#	%	#	%
Band 1	22	91.7%	2	8.3%	24	16	94.1%	1	5.9%	17	-2.4%
Band 2	636	83.5%	126	16.5%	762	618	78.4%	155	19.7%	773	+3.2%
Band 3	641	84.1%	121	15.9%	762	625	80.3%	141	18.1%	766	+2.2%
Band 4	386	89.6%	45	10.4%	431	406	85.8%	59	12.5%	465	+2.1%
Band 5	253	82.4%	54	17.6%	307	255	81.5%	53	16.9%	308	-0.7%
Band 6	216	88.5%	28	11.5%	244	219	84.6%	34	13.1%	253	+1.6%
Band 7	188	87%	28	13%	216	198	86.1%	29	12.6%	227	-0.4%
Band 8A	138	93.2%	10	6.8%	148	144	90.6%	9	5.7%	153	-1.1%
Band 8B	66	93%	5	7%	71	70	89.7%	7	9%	77	+2%
Band 8C	42	93.3%	3	6.6%	45	43	89.6%	2	4.2%	45	-2.4%
Band 8D	22	100%	0	0%	22	25	92.6%	1	3.7%	26	+3.7%
Band 9	13	86.7%	2	13.3%	15	13	81.3%	2	12.5%	15	-0.8%
Total	2623	86.1%	424	13.9%	3047	2632	84.22%	493	15.78%	3125	+1.88%

Clinical

Clinical Workforce	2023					2024					Change from 2023/2024 in BME
	White		BME		Total	White		BME		Total	
	#	%	#	%	#	#	%	#	%	#	%
Band 1	0	0	0	0	0	0	0	0	0	0	0
Band 2	920	71%	377	29%	1297	883	62.58%	495	35.08%	1378	+6.08%
Band 3	408	85.9%	67	14.1%	475	362	80.27%	83	18.4%	445	+4.30%
Band 4	437	70.3%	185	29.7%	622	428	71.69%	139	23.28%	567	-6.42%
Band 5	1153	48.8%	1208	51.2%	2361	1150	42.03%	1390	50.8%	2540	-0.40%
Band 6	1508	78.4%	415	21.6%	1923	1400	74.59%	442	23.55%	1842	+1.95%
Band 7	990	87.6%	140	12.4%	1130	1082	85.74%	169	13.39%	1251	+0.99%
Band 8A	297	89.7%	34	10.3%	331	325	88.32%	40	10.87%	365	+0.57%
Band 8B	81	91%	8	9%	89	94	91.26%	7	6.8%	101	-2.20%
Band 8C	24	88.9%	3	11.1%	27	20	76.92%	5	19.23%	25	+8.13%
Band 8D	13	100%	0	0%	13	12	92.31%	0	0	12	0%
Band 9	2	100%	0	0%	2	2	100%	0	0	2	0%
Consultants	693	74.5%	237	25.5%	930	663	70.53%	259	27.55%	922	+2.05%

Non-Consultant Career Grades	356	67.8%	169	32.2%	525	87	69.6%	27	21.6%	114	-10.60%
Trainee Grades	542	51.6%	508	48.4%	1050	546	46.91%	562	48.28%	1108	-0.12%
Total	7,424	69%	3,351	31%	10,775	7054	66.1%	3618	33.9%	10672	+2.9%

The 2024 data submission indicates that 29.8% of the workforce are individuals from Black, Asian and Under-represented backgrounds, which is a 3.5% increase from the 2023 data submission.

BME representation of staff both clinical (2.9%) and non-clinical (1.88%) has increased. There has been BME at Bands 8A to 8D clinical (6.5%) and non-clinical (2.2%).

It is notable that 50.8% of BME staff compared to 42.03% of white staff work in Band 5 clinical roles throughout the organisation, this gap has widened by 2.97% compared to 2023 data.

Notable percentage changes non-clinical:

Increases:

Band 8D +3.7%

Band 2 +3.2%

Decreases:

Band 1 -2.4%

Band 8C -2.4%

Notable percentage changes clinical:

Increases:

Band 2 +6.08%

Band 8C +8.13%

Decreases:

Non Consultant Career Grades -10.6%

Band 4 -6.42%

Indicator 2: Relative likelihood of BME staff being appointed from shortlisting

Relative likelihood of staff being appointed from shortlisting across all posts	2023		2024	
	White	BME	White	BME
	#	#	#	#
Number of shortlisted applicants	6599	2346	6323	2480
Number appointed from shortlisting	1665	803	1068	702
Relative likelihood of White staff being appointed from shortlisting compared to BME staff	0.74		0.596	

The 2024 data collection identifies the relative likelihood of white applicants being appointed from shortlisting in comparison to BME applicants. The data shows that BME applicants are slightly more likely to be recruited over white candidates, with a relative likelihood of 0.596 in favour of BME applicants, this may be due to continued international recruitment of Band 5 staff nurses. This continues to be a positive improvement.

Indicator 3: Relative likelihood of staff entering a formal disciplinary process

Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal process	2023		2024	
	White	BME	White	BME
	#	#	#	#
Number of staff entering the formal disciplinary process	49	16	69	27
Relative likelihood of BME staff entering the formal disciplinary process compared to White staff	0.87		0.922	

BME staff are less likely to enter a formal disciplinary process compared with white staff. Although there has been a slight increase this year from 0.87 to 0.922, the relative likelihood remains below 1.

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

Relative likelihood of staff accessing non-mandatory training and CPD	2023		2024	
	White	BME	White	BME
	#	#	#	#
Number of staff accessing non-mandatory training and CPD	1167	332	618	201
Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff	1.31		1.30	

BME staff are less likely to access non-mandatory training and CPD as compared with White staff, keeping stable from 2023. This is arguably not a significant enough improvement in reducing the disparity and achieve a relative likelihood score that is closer to or equal to 1.

Indicator 5: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public

2023 – White: 24.62%, BME: 27.69%

2024 – White: 23.05%, BME: 30.7%

In contrast to last year, the percentage of white staff experiencing harassment, bullying or abuse from patients, relatives or the public is reported at 23.05% and has decreased by 1.55%. The percentage for BME staff is reported as 30.7% which is an increase of 3%. The disparity of experience of staff has increased from 3.07% to 7.65% which is an increase of 4.58% widening the gap further.

Indicator 6: Percentage of staff experiencing harassment, bullying or abuse from staff

2023 – White: 18.5%, BME: 25.3%

2024 – White: 20.77%, BME: 27.93%

This years' data indicates that both White and BME staff have experienced more harassment, bullying or abuse by staff compared to last year. The data also demonstrates that the disparity has increased slightly from 6.83% to 7.16%.

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

2023 – White: 65.2%, BME: 52.4%
2024 – White: 63.04%, BME: 55.06%

The disparity gap this year has decreased by 4.87% compared to last year, however this years' data indicates the perception of White staff on the opportunities for career progression has lessened by 2.16%, and increased for BME staff by 2.66%.

Indicator 8: Percentage of staff personally experiencing discrimination at work by a manager/team leader or other colleagues

2023 – White: 5.84%, BME: 15.73% disparity 9.89
2024 – White: 6.72%, BME: 12.76% disparity 6.04 (lessened by 3.85%)

This years' data submission shows a decrease of 2.97% in BME staff experiencing discrimination at work by a Manager/team leader, and a decrease in disparity of 3.85%. However it does show an increase for White staff by 0.88%.

Indicator 9: % difference between the organisations' Board voting membership and its overall workforce

The % between the organisations' Board Voting member its overall workforce representation is -20%, showing that the board voting membership is not reflective of the wider organisation.