

## Board of Directors – Open

Date: 9<sup>th</sup> September 2020

Item Ref: 14

<b>TITLE OF PAPER</b>	<b>Workforce Race Equality Standard Report (WRES) and Updated Action Plan 2020</b>
<b>TO BE PRESENTED BY</b>	Caroline Parry Acting Director of HR
<b>ACTION REQUIRED</b>	The Board are being presented with this report for publication in response to the requirements of the NHS Standard Contract S 13.6. The Board are asked to review the attached report and with reference to the summary report and proposed action and approve the report for publication.

<b>OUTCOME</b>	Board are asked to approve the 2020 WRES report and action plan for publication.
<b>TIMETABLE FOR DECISION</b>	27 <sup>th</sup> September 2020
<b>LINKS TO OTHER KEY REPORTS / DECISIONS</b>	Annual WRES Reports from 2015 and WRES Targets agreed by the Board in 2016.
<b>STRATEGIC AIM STRATEGIC OBJECTIVE  BAF RISK NUMBER &amp; DESCRIPTION</b>	Strategic Aim: Supporting the Trust objective of “Getting Back to Good” Strategic Objective: BAF Risk Number: BAF Risk Description:
<b>LINKS TO NHS CONSTITUTION /OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC</b>	All elements of the NHS Constitution, NHS Policy and local policy and action related to: Equality Diversity and Inclusion; Health and Wellbeing; leadership; Morale; PDR/Appraisals; Quality of Care; Bullying and Harassment; Safe Environment; Safety Culture; Staff Engagement; Workforce Race Equality Standard and Workforce Disability Equality Standard
<b>IMPLICATIONS FOR SERVICE DELIVERY &amp; FINANCIAL IMPACT</b>	Achieving a strong sustainable and systemically engaged response year on year to review of progress against the nine WRES metrics and achievement of targets agreed by the Board in 2016.
<b>CONSIDERATION OF LEGAL ISSUES</b>	Indirectly supports meeting the Public-Sector Equality Duty requirements of which are found in the Equality Act 2010 and related regulations.

<b>Author of Report</b>	Liz Johnson
<b>Designation</b>	Head of Equality and Inclusion
<b>Date of Report</b>	1 <sup>st</sup> September 2020

# Summary Report

## 1. Purpose

For approval	For assurance	For collective decision	To seek input	To report progress	For information	Other (Please state)
✓						

Board are asked to review the attached report with reference to the summary report and proposed action and approve the report for publication.

## 2. Summary

The Workforce Race Equality Standard (WRES) is a national standard that aims to respond to lack of progress in race equality in the NHS. The reporting requirements for 2020 for the WRES have been complied with and WRES data has been submitted. Annual review and publication of an action plan and a WRES data report is part of the WRES requirements, with the report being published by the end of September 2020. The requirement to respond to the WRES is found in section 13.6 of the NHS Standard Contract.

The attached report is presented to Board prior to publication, it contains details of the Trust WRES data for 2020, an updated action plan and a report on progress. The summary report provides an overview of the position in terms of each of the nine WRES metrics and specific areas of note, detail is provided in the main WRES 2020 report and an action plan which has been updated in response to the 2020 data and progress in responding is also found in this report.

In 2016 in response to the first WRES data report a set of five-year targets were agreed by the Board. These are due to be reviewed in 2021 and progress against these targets is referred to in these reports. Targets are not a requirement of the WRES but are good practice and help to measure progress.

All reported data includes Bank staff. This report describes numbers of 'white' and 'BME' people – this is the description used in the WRES and the WRES technical guidance is proscriptive about which ethnicity categories to use in WRES reporting. Where this report refers to BAME this is deliberate and associated with the choices of our staff or the narrative of any external reports referenced in this report.

There are nine 'Metrics' that make up the WRES. The following summary provides an overview of our data associated with these metrics and a summary of the response to the 2020 update.

### Metric One

Metric one focuses on the percentage of our black and minority ethnic (BME) and white staff in Agenda for Change Bands and VSM (very senior managers). The objective of action to support this metric is to increase representation of BME staff in grades where they are proportionately under-represented in comparison to white staff. BME staff are significantly underrepresented in Band 6 upwards so increasing the number of BME staff in these Bands is a priority and is reflected in the targets mentioned above.

Data is presented in the report for metric 1 with reference to clusters of Bands this is useful in understanding progress against our 2016 targets.

- Since 2016 there has been a reduction in BME staff in Bands 3 and 4 which are two bands where a target for increasing the number of staff was identified. Since the original target was set it has been identified that the number of BME staff in Band 3 are influenced by the high number of BME Bank staff in Band 3, however work is required on reviewing the reduction in the number of BME staff over time in Band 4.
- Changes in cluster 2 indicate the most positive progress with the number of people from BME groups increasing in Bands 6 and 7 the target for Band 7 staff has been achieved and good progress has been made on Band 6. Increase in the number of staff in Band 5 from BME groups is a national trend and overall (as is the case nationally) staff in these groups are proportionately over represented. Band 5 is predominantly our nursing staff and the changes in the number of staff in bands 6 and 7 are mainly in clinical roles.
- The number of staff from BME groups in bands 8a and 8b has grown, however in the last two years at least three BME staff in Band 8a have left to take up posts in other trusts, more needs to be done to understand this, this group of staff represent some of our most senior people and there has been a positive increase in BME staff in this cluster since 2016, they reflect senior leadership in our organisation and are key to continuing to develop the diversity of the organisation at a very senior level. The target for Bands 8a upwards although progressing remains a long way from achieving the 9% target.

There has been no change in the diversity of our VSM team as of the 31<sup>st</sup> of March which is the relevant data point of this report.

### **Metric Two**

This metric focuses on the relative likelihood of being recruited after being shortlisted for white and BME people. Our WRES data continues to consistently indicate that BME applicants appear to fair as well as white applicants from shortlisting to recruitment.

Members of our BAME staff Network group continue to be involved in recruitment of posts at Band 7 and above.

### **Metric Three**

This metric looks at the likelihood of staff entering the formal disciplinary process.

Unfortunately, in 2020 the WRES metric has increased and is at the highest level it has ever been at 1.98, an increase from 1.63 in 2019. This indicates that BME staff are twice as likely to enter the formal disciplinary process than white staff.

Although this is an increase the actual number of staff overall entering the formal disciplinary process has been falling year on year for both white staff and BME staff. Some specific areas to note in looking at this data are:

- The number of BME staff in a two-year period entering the disciplinary process is reducing year on year the two-year period relevant to the 2020 report there were 8 BME staff but the higher percentage of these staff were in the year 2018 /19. Using only data from 2019/20 brings the relative likelihood figure down to 1.30, the WRES team suggest that anything below 1.25 is in the non-adverse range'.
- We have made a commitment to adopt a 'Just and Learning Culture', this is reflected in our new People Strategy. Where this approach has been taken in other organisations demonstrable reductions in disciplinary action have been achieved overall and we aim to learn from organisations such as Mersey Care who have been developing this approach since 2016.
- The HR department have been developing their case management reporting and have recently started to report all cases by ethnicity, this will support and ongoing review of progress month by month.

### **Metric Four**

This metric looks at the relative likelihood of BME and white staff accessing non-mandatory training, in 2020 the WRES metric score remained the relative likelihood of BME staff accessing non – mandatory learning and development is within the non-adverse range at 1.14. Despite this feedback from BME people in bands in cluster 1 report a lack of development opportunities and this is an area that is currently being looked at supported by the Organisational Development team.

Metrics Five, Six, Seven and Eight are taken from the NHS staff experience annual survey and in the 2020 WRES report refer to the 2019 staff survey. The most recent information is from the staff survey 2019 and for metrics five, six and eight relates to staff experience in the previous 12-month period.

In 2019 in total 932 people responded to the staff survey, the number of responses from BME staff to each of the WRES metric questions are recorded in the staff survey tables in this report.

### **Metric Five**

This metric focuses on 'harassment bullying or abuse' from patient's relatives or the public. In 2019 the response of BME staff to this question has returned to a similar level to 2017 following a significant rise in 2018. Our results are also now close to the average for mental health and learning disability organisations in the benchmarking group. Although this is a significant improvement in the data from 2018 generally the results from Metric 5 continue to be of most concern. As previously reported this is an issue common to mental health organisations and partnership work had been progressing well, however this was halted in March and is currently under review in order to catch up with progress that had been made. In the interim the experience of our BME staff has clearly not improved and the impact of Covid19 and feedback from our BAME staff network reflects this. Over the last few months in particular it has become clear that our procedures for supporting staff experiencing abuse from service users may not be sufficiently robust and an urgent review of these is taking place in addition the work started in liaison with the hate crime police lead has recommenced.

### **Metric Six**

This metric focuses on 'harassment bullying or abuse from' staff. Compared to 2018 this metric is worse and our results are worse than the benchmark group. Urgent consideration is needed to understand why our results are worsening over time. Significant work has been done in the last 12 months in our organisation on bullying and harassment and the results of this work is being implemented. It is important that part of the implementation programme looks at the specific impact on BME staff of this initiative.

### **Metric Seven**

Metric seven looks at the percentage of staff that believe that the organisation offers equal opportunities for career progression. Although the experience of BME staff is worse than white staff this is not specifically the experience of our staff but reflected nationally and our staff experience appears to be slightly better than for the benchmark group. There are many opportunities in our new People Strategy and work on Organisational Development to build on the work that we are already doing to improve the experience and opportunities for BME staff. This will be achieved through continuing to work with our BME staff network, ensuring that a detailed equality analysis is embedded in key elements of the above strategies and that a specific focus on staff in Bands 2 to 5 takes place.

### **Metric Eight**

This metric focuses on BME staff experience of discrimination from their manager, team leader or colleagues in the last 12 months. The data indicates that although BME staff in our organisation have a poorer experience than white staff our organisation is consistently below the benchmark average. A concern is that over the last two staff survey reporting years (2018 and 2019) the results for BME staff have worsened whereas for white staff and the benchmark group results have remained similar for the last three years. A 'Big Conversation' is due to take place, in the next few months part of the aims of which are to better understand the experience of our BME staff.

### **Metric Nine**

Metric nine looks at the difference between the organisations' Board voting membership and its overall workforce. Percentage of the workforce, where ethnicity is known, from a BME group is 14.6%, the percentage of Board members from a BME group is 7.7% this is a difference of – 6.9% in comparison to the overall workforce.

## **3. Next Steps**

Board are asked to agree the report prior to publication.

#### **4. Required Actions**

Board are asked to receive and agree this report.

#### **5. Monitoring Arrangements**

Through the People Committee.

#### **6. Contact Details**

Liz Johnson, Head of Equality and Inclusion,  
[liz.johnson@shsc.nhs.uk](mailto:liz.johnson@shsc.nhs.uk), ext 16703

BLANK

- Report and Action Plan starts on page 7



Sheffield Health  
and Social Care  
NHS Foundation Trust

# Workforce Race Equality Standard

Report and Action Plan 2020



## Contents

Introduction .....	9
Metric One.....	10
Metric Two.....	13
Metric Three .....	14
Metric Four .....	15
Metric Five.....	16
Metric Six .....	16
Metric Seven .....	17
Metric Eight .....	17
Metric Nine .....	18
WRES Action Plan Updated August 2020.....	19
Appendix 1 – WRES Targets Summary 2016 – 2021 .....	24

## Introduction

The Workforce Race Equality Standard (WRES) is a national standard introduced in July 2015. The aim of the WRES is to respond to lack of progress in race equality in the NHS highlighted in reports such as Roger Kline's, "Snowy White Peaks" of the NHS.

The WRES expects NHS organisations to report on and demonstrate progress against nine workforce metrics. The Standard has been included in the NHS Standard Contract since 15/16.

The WRES has nine metrics:

- Four metrics associated with workforce data.
- Four Staff Survey metrics reported by ethnicity
- One metric focused on Board diversity.

Our Board agreed targets in July 2016 using 2016 WRES data as a starting point (see Appendix 1). Targets are intended to be achieved or maintained by 2021.

Reporting on the nine WRES data metrics is a mandatory requirement as is having an action plan to address any deficits identified reporting takes place through:

This report covers our WRES data report submitted to NHS digital in August 2020. It highlights areas of progress and areas where improvement is still required. Our 2020/21 Action plan is also included in this report.

In 2020 our report showed that overall 76.2% of our staff identify their ethnicity as White and 14.6% as BME. We do not have a record of ethnicity for 9.2% of our staff. The national WRES report, regional data indicates that in the North East and Yorkshire 86.2% of NHS staff identify as white and 10.5% as BME with only 3.3% not known. Our organisations not known figure is high in comparison to other organisations and this is an area that will be addressed in our updated action plan for 2020/21.

All staff data in this report includes our Bank staff, the reason for this is that Bank staff are subject to disciplinary procedures. WRES guidance says that if Bank staff are included they need to be included across all metrics.

Trust WRES targets agreed by our Board in 2016 can be found in Appendix 1, progress against these targets is reported in the action plan section of this report at page 21 The national WRES programme now expects organisations to have a WRES score for Metrics two three and four within the ‘non – adverse’ impact range of 0.80 to 1.25.

## Metric One

***The Percentage of staff in each of the Agenda for Change Bands 1-9 (or equivalent) and VSM (including Executive Board members) compared with the percentage of staff in the overall workforce.***

The reportable data for metric one is split into Clinical and Non- Clinical, which posts sit where, is defined in the WRES national guidance.

The table below shows the breakdown of staff in the clinical, non – clinical and medical groups for 2020. Percentages are based on the numbers of staff in that group rather than the overall workforce and show the percentage of staff in each band in that group.

### **Change in the numbers and percentage of BME staff employed between 31st March 2016 and 31st March 2020**

Looking at the change in the numbers of staff can be misleading due to the changes in overall numbers of staff in our organisation. In this year’s report staffing data for Agenda for Change Bands is provided below in four Clusters. This shows progress in the numbers of staff in different Bands alongside how this translates into the percentage of people in each cluster between 2019 and 2020.

Information is also provided about the percentage change in medical staffing groups by ethnicity between 2019 and 2020.

	2019			2020		
	White	BME	Not Known	White	BME	Not Known
Under Band 1	9	2	0	0	0	0
Band 1	1	0	0	0	0	0
Band 2	378	130	69	349	133	64
Band 3	377	66	83	344	62	35
Band 4	176	21	9	189	15	10
Cluster 1 Total	941	219	161	882	210	109
Cluster 1 Percentage	71%	17%	12%	73%	17%	9%

Band 5	342	70	37	308	75	58
Band 6	395	31	30	398	35	32
Band 7	210	20	10	218	23	21
Cluster 2 Total	947	121	77	924	133	111
Cluster 2 Percentage	83%	11%	7%	79%	11%	10%
Band 8A	95	7	6	109	8	7
Band 8B	41	1	1	40	1	2
Cluster 3 Total	136	8	7	149	9	9
Cluster 3 Percentage	90%	5%	5%	89%	5%	5%
Band 8C	20	1	3	17	2	1
Band 8D	13	2	0	12	2	1
Band 9	5	0	1	2	0	1
Cluster 4 Total	38	3	4	31	4	3
Cluster 4 Percentage	84%	7%	9%	82%	11%	8%

## Medical

	White		BME		not known	
	2019	2020	2019	2020	2019	2020
Consultant	57.1%	56%	32.7%	31%	10.2%	13.6%
<i>of which senior medical manager</i>	10.7%	9%	12.5%	0%	0.0%	0.0%
non- consultant career grade	75.0%	62%	12.5%	29%	12.5%	9.5%
trainee grade	62.5%	61%	27.5%	30%	10.0%	9.1%
other	70.0%	60%	23.3%	23%	6.7%	16.7%

In 2020 the number of BME staff in senior roles continues to increase slowly however progress remains a long way from achieving the targets agreed by our Board in 2016.

- Change in Cluster one is heavily influenced by the Bank which has a high percentage of BME staff. One of our targets is to increase the number of BME staff in Bands 3 and 4 however since 2016 there has been a net loss of 34 BME posts. Since this target was set there is a greater understanding of the influence of Bank staffing numbers on Band 3 and this is part of the reason for the loss of 27 posts in band 3 over the period however Band 4 posts may be a stepping stone for some staff into higher Bands and the loss of Band 4 post is a concern. Some focused work on Band 4 will be completed alongside looking at development opportunities

for people in Bands two to five. The number of not known in Band 3 has reduced in 2020 to 8% from 17% in 2019, our target is 5%.

	No of BME staff 2016	No of BME staff 2017	No of BME staff 2018	No of BME staff 2019	No of BME staff 2020	Change 19/20	Change 16/20
Band 2	108	119	119	130	133	3	25
Band 3	89	84	65	66	62	-4	-27
Band 4	22	18	20	21	15	-6	-7
Band 5	78	67	68	70	75	5	-3
Band 6	26	33	35	31	35	4	9
Band 7	14	17	18	20	23	3	9
Band 8a	4	6	7	7	8	1	4
Band 8b	0	0	0	1	1	0	1
Band 8c	1	1	1	1	2	1	1
Band 8d	0	0	0	2	2	0	2
Band 9	0	0	0	0	0	0	0

- Change in cluster 2 indicates the most positive progress with the number of people from BME groups increasing in Bands 6 and 7 our target for the percentage of BME staff in Band 6 and band 7 is 9%. The target has been reached in 2020 and for band 7 and is progressing well for Band 6. The Increase in the number of staff in Band 5 from BME groups is a national trend and overall (as is the case nationally) staff in these groups are proportionately over represented. Band 5 is predominantly our nursing staff and the changes in the number of staff in bands 6 and 7 are mainly in clinical roles.

	White	BME	Not Known	White	BME	Not Known
Band 6	395	31	30	398	35	32
Band 7	210	20	10	218	23	21
Band 6	2019	<b>6.80%</b>		2020	<b>7.53%</b>	
Band 7	2019	<b>8.33%</b>		2020	<b>8.78%</b>	
Band 6	395	31		398	35	
Band 7	210	20		218	23	
Band 6	2019	<b>7.28%</b>	NK excluded	2020	<b>8.08%</b>	NK excluded
Band 7	2019	<b>8.70%</b>	NK excluded	2020	<b>9.54%</b>	NK excluded

- The number of staff from BME groups in bands 8a and 8b has grown but in the last two years at least three BME staff in Band 8a have left to take up posts in other trusts, more needs to be done to understand this.
- Cluster 4 represents some of our most senior people and there has been a positive increase in BME staff in this cluster since 2016, they reflect senior leadership in our organisation and are key to continuing to develop the diversity of the organisation at a very senior level.

In 2016 a target of 9% for BME staff in Bands 8a, b, c, d was agreed. Although progress has been made it is unlikely that this target will be met by 2021. A new action has been identified to look at the reasons why BME staff in band 8a have left our organisation and also to understand the level of opportunity currently for achieving posts in senior Bands.

	White	BME	Not Known	White	BME	Not Known
Band 8 a, b, c, d	169	11	10	178	13	11
	2019	5.79%		2020	6.44%	
Band 8 a ,b, c, d	2019	6.11%	NK excluded	2020	6.81%	NK excluded

## Metric Two

*The relative likelihood of staff being appointed from shortlisting across all posts.*

2016	2017	2018	2019	2020
1.48	0.88	0.94	0.81	1.06

This result is within the within the 'non – adverse' impact range of 0.80 to 1.25, however this data does include Bank staff recruitment and we know that there is a high percentage of BME staff registered with the Trust Bank so this is a factor to be mindful of. As above we have identified priority areas for recruitment and members of our BAME staff Network group continue to be involved in recruitment of posts at Band 7 and above.

### Metric Three

***The relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.***

ethnicity.

2016	2017	2018	2019	2020
1.85	1.55	1.79	1.63	1.98

Unfortunately, in 2020 the WRES metric has increased and is at the highest level it has ever been at 1.98, an increase from 1.63 in 2019. This indicates that BME staff are twice as likely to enter the formal disciplinary process than white staff.

Although this is an increase the actual number of staff overall entering the formal disciplinary process has been falling year on year for both white staff and BME staff.

Some specific areas to note in looking at this data are:

- The WRES data is taken from a two-year rolling figure. Year on year the number of BME staff in a two-year period entering the disciplinary process is reducing. In the two-year period relevant to the 2020 report there were 8 BME staff but the higher percentage of these staff were in the year 2018 /19. Using only data from 2019/20 brings the relative likelihood figure down to 1.30 which is a significant drop and just above the 1.25 non-adverse range target.
- It is essential that this reduction is maintained and new actions will support closer monitoring and regular review to ensure this is being achieved.
- We have made a commitment to adopt a 'Just and Learning Culture' and this is reflected in our new People Strategy. Where this approach has been taken in other organisations demonstrable reductions in disciplinary action have been achieved overall and we aim to learn from organisations such as Mersey Care who have been developing this approach since 2016.
- The HR department have also been developing their case management reporting and have recently started to report all cases by ethnicity, this will support and ongoing review of progress month by month.
- The number of not know ethnicities for disciplinaries has also increased this year to 3 a new procedure is being put in place to ensure that all staff entering disciplinary procedures have an opportunity to update their ethnicity and are given information about why this is important. This will also support a new action

of aiming to have BME representation in any disciplinary process involving BME staff that where it is agreed that these will be under formal procedures.

**Metric Four: Relative likelihood of staff accessing non-mandatory training and CPD.**

2016	2017	2018	2019	2020
1.85	0.75	1.20	1.07	1.14

The rating of green for this metric has been reviewed in light of the WRES team focus on the non-adverse range, the grading for 2018 previously reported as amber has been changed to green and the 2020 rating is identified as green as it is below 1.25.

- Our fourth Working Together Conference took place in 2019 and planning is underway for the fifth
- The BME mentoring programme continues to develop with clear examples of where staff have been involved in mentoring achieving promotion.
- In 2019/20 the BME staff network has continued to build its programme of briefing sessions undertaken by members of the group to improve cultural knowledge in services and members of the group.
- An area that has been identified for improvement is to have more opportunities for staff in Bands 2-5 to undertake development. This is an area that is being explored through the work being taken forward by the Organisational development team in collaboration with members of our staff network groups.

**Metrics from the NHS Staff experience Annual Survey**

Metrics Five, Six, Seven and Eight are taken from the NHS staff experience annual survey and in the 2020 WRES report refer to the 2019 staff survey. The most recent information is from the staff survey 2019 and for metrics five, six and eight relates to staff experience in the previous 12-month period.

In 2019 in total 932 people responded to the staff survey, the number of responses from BME staff to each of the WRES metric questions are recorded in the staff survey tables in this report but around 10% of responses overall to the staff survey were from BME

staff, this compares to the reported response rate for the North east and Yorkshire to the 2018 survey of 8.5% (this detail is not available for the 2019 survey)

### **Metric Five**

#### ***Staff experiencing ‘harassment bullying or abuse ‘from patient’s relatives or the public in the last 12 months.***

Metric five has been an on-going concern and the experience of BME staff reported in the staff survey is supported by data collected through safeguard reporting.

	2017	2018	2019
White: Your org	34.3%	29.6%	31.7%
BME: Your org	40.7%	47.7%	40.2%
White: Average	31.8%	29.6%	31.7%
BME: Average	36.1%	38.2%	39.7%
White: Responses	706	702	824
BME: Responses	81	88	92

In 2019 the response of BME staff to this question has returned to a similar level to 2017 following a significant rise in 2018. Our results are also now close to the average for mental health and learning disability organisations in the benchmarking group. Although this is a significant improvement in the data from 2018, generally the results from Metric 5 continue to be of most concern. As previously reported this is an issue common to mental health organisations and partnership work had been progressing well, however this was halted in March due to Covid19 pressures and is currently under review in order to catch up with progress that had been made. In the interim the experience of our BME staff has clearly not improved and the impact of Covid19 and feedback from our BAME staff network reflects this. Over the last few months it has become clear that our procedures for supporting staff experiencing abuse from service users may not be sufficiently robust and an urgent review of these is taking place in addition the work started in liaison with the hate crime police lead has recommenced.

### **Metric Six:**

#### ***Staff experiencing ‘harassment bullying or abuse ‘from staff in the last 12 months.***

	2017	2018	2019
White: Your org	20.7%	20.0%	21.7%
BME: Your org	14.8%	23.9%	26.4%
White: Average	20.7%	22.4%	21.4%
BME: Average	26.9%	27.2%	25.5%
White: Responses	706	706	819
BME: Responses	81	88	91

Metric six focuses on ‘harassment bullying or abuse from’ staff. Compared to 2018 this metric is worse and our results are worse than the benchmark group. Urgent consideration is needed to understand why our results are worsening over time. Significant work has been done in the last 12 months in our organisation on bullying and harassment and the results of this work is being implemented. It is important that part of the implementation programme looks at the specific impact on BME staff of this initiative.

## Metric Seven

***Asks staff if they believe that the organisation offers equal opportunities for career progression.***

	2017	2018	2019
White: Your org	82.2%	83.0%	82.0%
BME: Your org	81.5%	75.0%	77.8%
White: Average	87.4%	85.1%	85.9%
BME: Average	77.0%	71.9%	74.3%
White: Responses	455	482	540
BME: Responses	54	48	63

Although the experience of BME staff is worse than white staff this is not specifically the experience of only our staff, but is reflected nationally, our staff experience appears to be slightly better than for the benchmark group. There are many opportunities in our new People Strategy and work on Organisational Development to build on the work that we are already doing to improve the experience and opportunities for BME staff. This will be achieved through continuing to work with our BME staff network, ensuring that a detailed equality analysis is embedded in key elements of the above strategies and that a specific focus on staff in Bands 2 to 5 takes place

## Metric Eight

***Asks if staff have experienced discrimination from their manager team leader or colleagues in the last 12 months.***

	2017	2018	2019
White: Your org	8.7%	5.5%	7.1%
BME: Your org	7.4%	9.2%	9.1%
White: Average	6.1%	6.2%	6.4%
BME: Average	14.0%	14.1%	14.0%
White: Responses	709	703	820
BME: Responses	81	87	88

The data for metric eight indicates that although BME staff in our organisation have a poorer experience than white staff, our organisation is consistently below the benchmark average. A concern is that over the last two staff survey reporting years (2018 and 2019) the results for BME staff have worsened whereas for white staff and the benchmark group results have remained similar for the last three years. A 'Big Conversation' is due to take place, in the next few months part of the aims of which are to better understand the experience of our BME staff.

### **Metric Nine**

#### **Percentage difference between the organisations' Board voting membership and its overall workforce**

Trusts are required to look at the percentage difference between the organisations' Board membership and its overall workforce and the data reported is disaggregated:

- By voting membership of the Board
- By executive membership of the Board

For SHSC

Percentage of the workforce, where ethnicity is known, from a BME group = 14.6%

Percentage of Board members from a BME group is 7.7% = a difference of – 6.9% in comparison to the overall workforce.

There have been changes in our Board composition and we will be reviewing the impact of these in 2020/21

## WRES Action Plan Updated August 2020

Objective	Action to Achieve Objective	Timescale	Action Plan Progress Report	Improvement Measure or Target and progress	/Timescale
<p>The Percentage of staff in Agenda for Change Bands 1-9 (or equivalent) and VSM (including Executive Board members) should be comparable with the percentage of staff in the overall workforce.</p> <p><b>(Workforce Race Equality Standard Metric 1)</b></p>	<ol style="list-style-type: none"> <li>1. Review targets by the Board in 2016 and agree new targets.</li> <li>2. Integrate a focus on development of BME staff into the Trust Leadership and development Achieve through comprehensive EIA of the implementation plans of the People Strategy and the OD Strategy</li> <li>3. Review the Build Modify Expand BAME Board mentoring programme.</li> <li>4. Review the availability of development opportunities/programmes for staff in bands 2 to 5 – identify further action based on the outcome</li> </ol>	<p>April 2021</p> <p>December 2020</p> <p>December 2020</p> <p>December 2020</p>	<p>The action for this metric has been updated in August 2020.</p>	<p>Five-year target to increase year on year in the number of BAME staff in staff groups</p> <p><b>Bands 3 and 4</b> <b>Bands 6 and 7</b> <b>Bands 8a, b, c, d</b></p> <p><b>And</b> Improve Ethnicity recording for staff in Band 3 to 5% not known</p> <p>Progress is reported twice a year including formal reporting through the WRES July/August</p> <p>Position August 2020 – 2020 WRES Report</p> <ul style="list-style-type: none"> <li>• <b>Bands 3 and 4 a net change reduction in 2016 – 2020 of - 34.</b></li> <li>• <b>Bands 6 and 7 a net change 2016 to 2020 increase of 18 people.</b></li> <li>• <b>The target increases to 9% has been achieved for Band 7</b></li> <li>• <b>The Target increase for and 6 is progressing well</b></li> <li>• <b>Bands 8a, b, c, d net change 2016 to 2019 increase of +8 people however the percentage increase is unlikely to lead to the target increase to 9% in 2021</b></li> </ul>	

<p>Maintain the Relative likelihood of staff from BAME groups being appointed from shortlisting across all posts to between 0.8 and 1.25.</p> <p><b>(Workforce Race Equality Standard Metric 2)</b></p>	<p>5. BAME representation on recruitment panels for post at Band 7 and above.</p>	<p>July 2020</p>	<p>No specific changes are proposed to action – priority recruitment areas are to bands 6 upwards.</p>	<p>The WRES national target is between <b>0.8</b> and <b>1.25</b>  The Position in August 2020 is based on the last WRES Report in August 2020  <b>Trust Metric Score = 1.06</b></p>
<p>Decrease the Relative likelihood of staff from BAME groups entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation to a target range of 0.8 to 1.25</p> <p><b>(Workforce Race Equality Standard Metric 3)</b></p>	<p>6. Implement the programme to adopt the ‘Just and Learning Culture’.</p> <p>7. Monitor progress with reference to ethnicity data and feedback from the BAME staff network group</p> <p>8. Case management reporting to report all cases by ethnicity</p> <p>9. Implement new procedure to ensure that all staff entering disciplinary procedures have an opportunity to update their ethnicity and are given information about why this is important.</p> <p>10. Introduce procedures so that there is BME representation in any disciplinary process involving BME staff that where it is agreed that these will be under formal procedures.</p> <p>11. Work with the Covid 19 strategy sub group to share good practice report shared priorities through reporting to the People Committee</p>	<p>March 2021</p> <p>Quarterly review</p> <p>Monthly Review</p> <p>October 2020</p> <p>October 2020</p>	<p>The progress on improving this metric has been very poor and action has been reviewed and updated in august 2020.</p>	<p>The WRES national target is between <b>0.8</b> and <b>1.25</b>  The Position is based on the last WRES Report in August 2020  <b>Trust Metric Score = 1.98</b>  This indicates that people identifying as having BAME ethnicity are twice as likely to experience disciplinary procedures and at over 1.25 this is detrimental level.</p>

<p><b>WRES 4 Race</b> Maintain the Relative likelihood of BAME staff accessing non-mandatory training and CPD to an equal level with White staff.</p> <p><b>(Workforce Race Equality Standard Metric 4)</b></p>	<p>12. EIA of relevant areas of the People Strategy and Organisational Development strategy delivery plan.</p> <p>13. Look at development of staff in Bands 2,3 and 4 and 5</p>	<p>October 2020</p> <p>December 2020</p>	<p>Action has been reviewed and updated in August 2020</p>	<p>The WRES national target is between <b>0.8</b> and <b>1.25</b> The Position is based on the WRES Report in August 2020 <b>Trust Metric Score = 1.14</b> This indicates that people identifying as having BAME ethnicity are as likely to access non – mandatory training as people identifying as having White ethnicity.</p>
<p>Reduce the percentage of staff from BAME groups reporting that they have experienced harassment, bullying or abuse from patients, relatives or the public in last 12 months as reported in the National NHS Staff Experience Survey with a target of being at least equal or below the average of other mental health and learning disability Trusts (Benchmark group)</p> <p><b>(Workforce Race Equality Standard Metric 5)</b></p>	<p>14. Review the findings of the Survey of staff who have experienced racial harassment from service users is currently out</p> <p>15. Review incident grading i.e. reflects organisation risk not individual risk.</p> <p>16. Re-establish action planned with the city hate crime lead</p> <p>17. Urgently review Trust procedures for supporting staff who have experienced serious abuse</p> <p>18. Re-establish the metric Five Partnership Action Plan</p>	<p>October 2020</p> <p>October 2020</p> <p>October 2020</p> <p>September 2020</p> <p>September 2020</p>	<p>The progress on improving this metric has been very poor and delayed because of Covid19 - action has been reviewed and updated in august 2020</p>	<p>The Position in July 2020 is based on the 2019 staff survey.</p> <p>SHSC is above the average benchmark</p> <p>SHSC BAME 40.2%</p> <p>Benchmark BAME Group 39.7%</p>

<p>Reduce the percentage of staff from BAME groups reporting that they have experience of staff harassment, bullying or abuse from staff in last 12 months, as reported in the National NHS Staff Experience Survey with a target of being at least equal or below the average of other mental health and learning disability Trusts (Benchmark group)</p> <p><b>(Workforce Race Equality Standard Metric 6)</b></p>	<p><b>As action for Metric 3</b></p> <p>Implement the programme to adopt the 'Just and Learning Culture'.</p> <p>Monitor progress with reference to ethnicity data and feedback from the BAME staff network group.</p> <p>Case management reporting to report all cases by ethnicity</p>	<p>March 2021</p> <p>Quarterly review</p> <p>Monthly Review</p>	<p>Action reviewed in August 2020.</p>	<p><b>The Position in July 2020 is based on the 2019 staff survey</b></p> <p><b>SHSC is above the average benchmark</b></p> <p><b>SHSC BAME 26.4%</b></p> <p><b>Benchmark BAME Group 25.5%</b></p>
<p><b>WRES 7 Race</b></p> <p>Improve the percentage of BAME staff believing that trust provides equal opportunities for career progression or promotion as reported in the NHS staff experience survey and maintain at least above the average for the benchmark group.</p> <p><b>(Workforce Race Equality Standard Metric 7)</b></p>	<p><b>As action for Metric 1</b></p> <p>Integrate a focus on development of BME staff into the Trust Leadership and development Achieve through comprehensive EIA of the implementation plans of the People Strategy and the OD Strategy</p> <p>Review the Build Modify Expand BAME Board mentoring programme.</p> <p>Review the availability of development opportunities/programmes for staff in bands 2 to 5 – identify further action based on the outcome</p>	<p>December 2020</p> <p>December 2020</p> <p>December 2020</p>	<p>Action reviewed in August 2020.</p>	<p><b>The Position in July 2020 is based on the 2019 staff survey</b></p> <p><b>SHSC is above the average benchmark</b></p> <p><b>SHSC BAME 77.8%</b></p> <p><b>Benchmark BAME Group 74.3%</b></p>
<p>Reduce the percentage of BAME staff who say that in the last 12 months they have personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues.</p> <p><b>(Workforce Race Equality Standard Metric 8)</b></p>	<p>19. Review through a 'Big Conversation' why BME staff experience of racial discrimination</p>	<p>December 2020</p>	<p>Action reviewed in August 2020.</p>	<p><b>The Position in July 2020 is based on the 2019 staff survey</b></p> <p><b>SHSC is above the average benchmark</b></p> <p><b>SHSC BAME 9.1%</b></p> <p><b>Benchmark BAME Group 14%</b></p>

<p>BAME ethnicity of the organisations' Board voting membership and its overall workforce is equal.</p> <p><b>(Workforce Race Equality Standard Metric 9)</b></p>	<p>20. Where underrepresentation is identified 'positive action' in recruitment of Board members will be considered.</p>	<p>March 2021</p>		<p>In relation to the BAME Ethnicity of the Workforce</p> <p>The ethnicity of the organisation is 14.6%. The percentage ethnicity of the Board is 7.7%.</p> <p>There is therefore a -6.9% difference in relation to the ethnicity of the people who work in our services. And Board membership.</p>
---	--	-------------------	--	---

## **Appendix 1 – WRES Targets Summary 2016 – 2021**

### **Metric One**

- Increase the numbers of staff from BAME groups in Bands 3 and 4 to 14%
- Increase the number of staff from BAME groups in Bands 6 and 7 and 8a, b, c, d to 9%
- Improve ethnicity recording for staff in Band 3 to 5% not known

### **Metric Two**

- Decrease the WRES score for Metric Two to 0.8 and 1.25 (updated 2019 in line with national target)

### **Metric Three**

- Decrease the WRES score for Metric Three to 0.8 and 1.25 (updated 2019 in line with national target)
- Improve ethnicity recording for staff subject to disciplinary to 95%

### **Metric Four**

- Decrease the WRES score for Metric Four to 0.8 and 1.25 (updated 2019 in line with national target)

### **Metric Five**

- A year on year reduction from previous year
- BME percentage is equal to or less than White percentage
- BME percentage is less than median for mental health

### **Metric Six**

- A year on year reduction from previous year
- BME percentage is equal to or less than White percentage
- BME percentage is less than median for mental health

### **Metric Seven**

- A year on year increase from previous year
- BME percentage is equal to or more than White percentage
- BME percentage is more than median for mental health

### **Metric Eight**

- A year on year reduction from previous year
- BME percentage is equal to or less than White percentage
- BME percentage is less than median for mental health

### **Metric Nine**

- Board BME voting membership 14% (to be revised year on year)