

Board of Directors - Public

SUMMARY REPORT

Meeting Date: 22 September 2021

Agenda Item: 8b

Report Title:	Workforce Race Equality Standard Report 2021 and Action	
Author(s):	Liz Johnson – Head of Equality and Inclusion	
Accountable Director:	Caroline Parry Executive Director of People	
Other Meetings presented to or previously agreed at:	Committee/Group:	People Committee
	Date:	7 th September 2021
Key Points recommendations to or previously agreed at:	Presented to People Committee on 7 th September 2021 for assurance prior to presentation to Board.	
	The Committee expressed concern at the lack of progress. Committee proposed that the Disparity Ratio was included as a more regular KPI metric to People Committee.	

Summary of key points in report

The Workforce Race Equality Standard (WRES) has been established nationally since 2017 and expects organisations to focus their attention on workforce race equality around nine metrics.

The NHS Standard Contract requires organisations to provide a data through NHS Digital annually. The data set provides an annual update of the organisations position against the metrics.

Organisations are required to publish a report on their metrics position and action agreed with the organisations Board or Board level committee, the deadline for publication is 30th September 2021.

This paper is being presented to provide assurance that we have responded to these requirements and that action for 2021/22 has been identified.

This paper provides a summary of the main points of the attached report and notes the areas of progress and risk associated with the Workforce Race Equality Standard.

Recommendation for the Board/Committee to consider:

Consider for Action	Approval	x	Assurance	Information
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1. It is recommended that the attached annual report is agreed for publication and the content noted by the Board.

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Please identify which strategic priorities will be impacted by this report:				
Covid-19 Recovering Effectively	Yes		No	X
CQC Getting Back to Good	Yes		No	X
Transformation – Changing things that will make a difference	Yes	X	No	
Partnerships – working together to make a bigger impact	Yes	X	No	

Is this report relevant to compliance with any key standards?		State specific standard		
Care Quality Commission	Yes		No	X
IG Governance Toolkit	Yes		No	X

The NHS Workforce Race Equality Standard
The NHS Standard Contract
The 21/22 NHS Planning Guidance

Have these areas been considered? YES/NO				If Yes, what are the implications or the impact? If no, please explain why
Patient Safety and Experience	Yes	X	No	There will be a positive impact on patient safety and experience from having increased ethnicity diversity in the workforce. This is particularly the case as there are both underrepresentation and overrepresentation of people from BAME groups using our services.
Financial (revenue & capital)	Yes	X	No	There are no direct implications for expenditure related to the content of this paper a business case to increase capacity to respond to the WRES was agreed and recruitment is in progress of a Band 7 EDI engagement lead (WRES) and increased administrative support for the organisations staff network groups.
OD/Workforce	Yes	X	No	The content of this report is specifically relevant to the composition of workforce in terms of ethnicity diversity
Equality, Diversity & Inclusion	Yes	X	No	See section 4.2
Legal	Yes	X	No	Indirectly supports compliance with section 149 of the Equality Act 2010

Title	Workforce Race Equality Standard Report 2021 and Action Plan
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Section 1: Analysis and supporting detail

Background

1.1 The NHS Workforce Race Equality Standard (WRES) has been established nationally since 2017. NHS organisations are required through the NHS Standard Contract to respond to the WRES. This involves:

- Organisations submitting data annually against nine workforce metrics. The national WRES team then publish a national report based on a national picture around the nine metrics.
- Organisations identifying and implementing action to address deficits identified through review their local data. Action plans must be published.
- The National People Plan and the NHS 2021/22 Operational Priorities and Planning guidance highlights those systems should accelerate responses to the WRES Model Employer Goals set out under the WRES policy implementation and identify local action against six high impact areas of action relevant to recruitment and promotion. A paper was submitted to People Committee in July 2021 outlining the detail of these requirements. This years WRES report includes two new action plans:
 - An action plan to respond to their organisations Disparity Ratio's, and
 - An action plan against six high impact actions

These will be overseen by the Recruitment and Retention Group with report being submitted to People Committee for assurance.

The report submitted today is for publication and aims to highlight progress against the WRES metrics and outline action intended for progression in 2021 /2022 (August to August). More detailed plans and progress reports are part of the annual agenda for People Committee.

Progress and plans for 2021/22

1.2 The areas of focus for action in the previous WRES reporting period (August 2020 to July 2021) have been:

- Taking action to respond to increasing ethnicity diversity of people in our organisation particularly in senior roles (Band 6 upwards) progress is highlighted on p. 4 onwards, the report shows that there is progress in increasing the number of people in senior roles. The report also highlights the new disparity ratio, and this shows a less positive picture in terms of movement of staff between different Agenda for Change pay Band levels.
- Taking action to respond to racial harassment and abuse of staff has also been a priority. The staff survey tables in this report highlight graphically the

difference in the experience of White and BME staff across the four staff survey metrics included in the WRES. In 2020/21 several actions have been progressed; these are highlighted in this report. The most progress has been made in responding to hate incidents in services, the piloting of a new approach to supporting staff experiencing racism is being piloted in two acute ward settings and a new protocol for police reporting is in being finalised, South Yorkshire police have been attending our Zero Tolerance of hate meetings regularly and are developing new specialist mental health roles which will support this area indirectly. People Committee asked that the organisation agree an Anti-Racist statement which has been developed through the Big Conversation steering group and the BAME Staff Network group and is due to be agreed by the People Committee in September 2021.

- A business case for a new post EDI engagement lead (WRES) has been agreed and is out to recruitment at the time of this report – this post will play a lead role in embedding and progressing these areas in 2021/22. The role is targeted at people with lived experience relevant to this role.
- Significant attention has been put on case work review focused on reducing our high data figure for metric three which focuses on the relative likelihood (RL) of people entering the formal disciplinary process. In our 2021 report highlights that we are moving in the right direction with the RL figure reducing to 1.47 from 1.98 in 2020. We have identified some areas of caution in relation to this progress in the report but see this as a positive move to our target of 1.25.
- The report highlights our response to the two new areas we are required to identify action against, the disparity ratio and the high impact actions relevant to recruitment and promotion, a paper was submitted to People Committee in July 2021 focused on this area and People Committee supported the proposal that these action plans were overseen by the Recruitment and Retention group which is now progressing.
- In August 2021 the national WRES team published its first Medical Workforce Race Equality Standard report. The Medical WRES does not require the same response as the main WRES in terms of organisational data return or action planning however the report is being reviewed by the medical directorate to identify local action and to note several actions at national level that will be relevant to the medical workforce.
- An area of particular note is metric 7, difference between the percentage of white and BME staff who believe the organisation offers equal opportunity, The figure for white staff has remained similar since 2017 but the figure for BME staff has reduced significantly to only around 65%. The number of people from a BAME group responding to this question year on year has increased from 54 in 2017 to 73 in the 2020 survey. This question is difficult to respond to in terms of specific action as effectively it reflects the reality of the areas highlighted in the report about career progression to senior roles but equally it could be a positive reflection of engagement with our BAME colleagues on race equality.
- The report (page 14) notes the diversity of the Board including by voting and executive membership and that action has been taken to change recruitment practice at Board level in 2021.

Section 2: Risks

- 2.1 There is a risk that the expected progress will not be made in relation to achieving a Disparity Ratio of 1.5 across all three levels by 2025 and a maintained reduction in the disciplinary RL number. The appointment of dedicated senior role provides some mitigation against this risk.

Section 3: Assurance

Benchmarking

3.1 Detailed benchmarking will be provided to Committee as part of ongoing reporting benchmark data is published by the national WRES team and is usually available in December / January each year.

3.2 Benchmark data against the WRES Staff Survey results has been presented to Board and Committee in various forums – there are no areas to date where we benchmark well against the Staff Survey metrics, the next opportunity to review this will be in spring 2022 when the 2021 Staff survey results are published nationally.

Engagement

3.2 The 2020 staff survey data and disparity ratio has been discussed with the BAME staff network and in addition several the negative areas highlighted in our WRES data have also emerged through the Big Conversation. The new engagement lead post will take a lead role in improving communication of action that is being taken on race equality as we have identified that this can be improved. Members of the network group are involved in the Big Conversation Steering Group and zero tolerance of hate task and finish group. Reports on progress of the Big Conversation and related action are reported separately to Committee and Board

Section 4: Implications

Strategic Aims and Board Assurance Framework

- 4.1 This report supports the strategic aims set out in the National People Strategy which are implemented within our organisation People Plan – this includes an action to respond to the WRES but also aligns with the wider strategic aim of *Creating a great place to work*.

Equalities, diversity, and inclusion

- 4.2 The WRES is relevant to Race which one of the groups protected by the Equality Act 2010. This report and related action support the Public Sector Equality Duty (PSED) element one which is to prevent discrimination and it also supports the proactive elements of the duty to advance equality of opportunity and foster good relations.

Culture and People

- 4.3 The action set out in this paper will support the development of a diverse and inclusive organisation, in particular action is focused on improving diversity in Band 6 up to VSM level which will facilitate a strong foundation for diversity in leadership and inclusion as mainstream.

Integration and system thinking

- 4.4 Equality and Diversity action is now seated within the Northeast and Yorkshire ICS which is overseeing action plans, joint working and sharing good practice around the disparity ratio and recruitment and promotion action plans Our organisation is also leading collaborative work on responding to racially motivated hate incidents in mental health settings and a plan is in place to develop a toolkit for regional and potentially national use drawing on sharing good practice across mental health trusts in Yorkshire and the Humber region.

Financial

- 4.5 The main financial consideration is the need to ensure there is capacity to provide operational support for delivery of action, as noted above the business case for additional resource has been agreed and new posts are being recruited to at the time of this report.

Compliance - Legal/Regulatory

- 4.6 As noted above this paper is relevant to compliance with the Equality Act 2010 section 149 the Public Sector Equality Duty. The paper is also relevant to responding to the contractual requirements set out in the NHS standard contract and with the 2021/22 NHS Planning Guidance.

Section 5: List of Appendices

Appendix 1 - Workforce Race Equality Standard Report 2021



Sheffield Health
and Social Care
NHS Foundation Trust

Workforce Race Equality Standard

Report and Action Plan 2021



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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.

- 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, in 2021 the national WRES team introduced a new approach the 'Disparity Ratio'. This WRES report includes information about our disparity ratio for the first time and we have identified action in response to reviewing our ratio.

This report covers our WREs data report submitted to NHS digital in August 2021. It highlights areas of progress and areas where improvement is still required. Our 2021/22 Action plan is also included in this report.

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.

The Percentage of Staff by Pay Bands Compared With the Percentage in the Overall Workforce (WRES Metric One)

Ethnicity of our overall workforce

	White	BME	Not Known
2021	73.9%	16.7%	9.4%
2020	76.2%	14.6%	9.2%

The percentage of people who identify as having Black or Asian ethnicity in 2021 increased from 14.6% in 2020 to 16.7%, we believe that this is due to permanent recruitment particularly in Band 5 but also because of an increase in the number of people who have Bank agreements (mainly Band 2). The number of people with ethnicity not know is still high compared to the average for the region. We intended to focus on this in 2020 however this has been delayed and we intend to do more work on reducing this in 2021/22.

Metric one is split into Clinical and Non- Clinical, the table below shows the breakdown of staff in the clinical, non – clinical and medical groups for 2021. Percentages are based on the numbers of staff in that group and show the percentage of White, BME and Not Known in each Band and in medical pay grades. Band 1 pay grade no longer exists so has been excluded in the table below. The tables have been highlighted to show where there is a difference in the percentage of people in the group and the organisation. This highlights that the ethnicity diversity of our organisation is focused on the Clinical Bands 2 and 5 (who will be predominantly nurses) and people in our medical workforce.

	Non - Clinical			Clinical		
	White	BME	Not Known	White	BME	Not Known
Band 2	77.5%	12.5%	10.0%	59.1%	30.2%	10.7%
Band 3	80.3%	12.1%	7.6%	75.5%	15.4%	9.1%
Band 4	88.8%	5.2%	6.0%	78.4%	14.4%	7.2%
Band 5	78.8%	9.4%	11.8%	61.4%	21.8%	16.8%
Band 6	86.7%	8.9%	4.4%	83.2%	9.6%	7.2%
Band 7	89.1%	1.8%	9.1%	82.0%	11.5%	6.6%
Band 8A	91.2%	2.9%	5.9%	86.5%	5.2%	8.3%
Band 8B	86.4%	4.5%	9.1%	100.0%	0.0%	0.0%
Band 8C	81.8%	9.1%	9.1%	86.7%	13.3%	0.0%
Band 8D	83.3%	0.0%	16.7%	66.7%	33.3%	0.0%
Band 9	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%
VSM	66.7%	0.0%	33.3%	100.0%	0.0%	0.0%

	White	BME	Not Known
Consultant	53.1%	36.7%	10.2%
of which senior medical manager	100.0%	0.0%	0.0%
non- consultant career grade	57.7%	34.6%	7.7%
trainee grade	64.1%	28.2%	7.7%
other	68.0%	28.0%	4.0%

Change in the Numbers of BME People in Our Organisation Between 31st March 2019 And 31st March 2021

The table below shows changes in the overall number of people in each Band and the Medical Workforce since 2019. The number of people in Band 6 and 7 has continued to grow however the progress in Band 8a and B his disappointing. We have reviewed the reasons for people in these bands leaving the organisation and they have been for promotion or retirement however we need to take action to retain and develop our staff into more senior roles and focus on career development for those in Band 7 where good progress is being made. We have identified several recruitment and promotion actions these are identified in a separate action plan in **appendix 2** of this report. These actions have been highlighted nationally as being high impact areas for action and we will be reviewing and sharing good practice with other organisations in the region as we progress our local action.

	2019			2020			2020		
	White	BME	Not Known	White	BME	Not Known	White	BME	Not Known
Under Band 1	9	2	0	0	0	0	0	0	0
Band 1	1	0	0	0	0	0	0	0	0
Band 2	378	130	69	349	133	64	379	183	67
Band 3	377	66	83	344	62	35	367	68	41
Band 4	176	21	9	189	15	10	206	23	16
Cluster 1 Total	941	219	161	882	210	109	952	274	124
Band 5	342	70	37	308	75	58	301	91	74
Band 6	395	31	30	398	35	32	430	49	36
Band 7	210	20	10	218	23	21	249	29	21
Cluster 2 Total	947	121	77	924	133	111	980	169	131
Band 8A	95	7	6	109	8	7	114	6	10
Band 8B	41	1	1	40	1	2	45	1	2
Cluster 3 Total	136	8	7	149	9	9	159	7	12
Band 8C	20	1	3	17	2	1	22	3	1
Band 8D	13	2	0	12	2	1	9	2	1
Band 9	5	0	1	2	0	1	2	0	1
Cluster 4 Total	38	3	4	31	4	3	33	5	3

	Medical 2020			Medical 2021		
	White	BME	Not known	White	BME	Not known
Consultant	33	18	8	26	18	5

of which senior medical manager	3	0	0	3	0	0
non- consultant career grade	13	6	2	15	9	2
trainee grade	27	13	4	25	11	3
other	18	7	5	17	7	1

Action we progressed in 2020/21

- **Review targets by the Board in 2016 and agree new targets.**

- Progress was reviewed targets in two of three areas were achieved – new organisational targets have not been set because the national disparity ratio is now in place.

- **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**

- Leadership development plans included equality analysis and are ongoing at the time of this report.

- **Review the Build Modify Expand BAME Board mentoring programme.**

- Review took place as planned the programme continues and remains a separate offer within the trust coaching and mentoring offer.

- **Review the availability of development opportunities/programmes for staff in bands 2 to 5 – identify further action based on the outcome**

- A plan is progressing to centralise the non-mandatory training programme when this is in place this action will be reviewed

2021/22 Action

Further action will be taken forward linked the following areas in 21/22:

- The Race Disparity Ratio
- The six high impact Recruitment and promotions action areas

The Model Employer Disparity Ratio

The Disparity ratio has been developed by the national WRES team; it looks at the difference in the proportion of BAME staff across Agenda for Change bands compared to the proportion of White staff in those bands in three tiers:

- a. Bands 5 and below ('lower')
- b. Bands 6 and 7 ('middle')
- c. Bands 8a and above ('upper')

The table below provides information about our disparity ratio, the target ratio expected is 1.5 by 2025.

	2020	2021			Nursing and Midwifery 2021	
	Disparity Ratio Includes Bank	Disparity Ratio Including Bank	Disparity Ratio Excluding Bank		Disparity Ratio Including Bank	Disparity Ratio Excluding Bank
lower to middle	2.54	2.54	1.74		3.27	2.90
middle to upper	1.28	1.87	1.81		2.79	2.78
lower to upper	3.27	4.73	3.14		9.11	8.04

- The ratio has worsened in the lower to upper between 2020 and 2021 – this appears to be associated with inclusion of Bank, if Bank is excluded in the 2021 data, then the disparity reduces.
- The middle to upper disparity has worsened since 2020, and when we have the ratio to 2019 data the ratio has also deteriorated between 2019 and 2021.
- An initial review suggests that the worsening of the Middle to Upper Ratio between 2019 and 2021 may be in part due to changes in the numbers of employees in Band 6,7 and 8a which have all increased and an overall decrease over this time period in the people in Band 5.

We have identified action to reduce this ratio, this action plan can be found in **Appendix 1**. The action plan will be overseen by our organisations Recruitment and Retention group. The disparity ratio target will replace the targets agreed by our Board in 2017.

High Impact Actions Recruitment and Promotion Actions

The national People Plan requires organisations to overhaul recruitment and promotion practice to improve diversity in organisations and six high impact actions have been identified. NHS organisations have been asked to identify how they will take forward these actions locally. Our high impact actions plan this can be found in **Appendix 2** and again this will be overseen our Recruitment and Retention Group.

Likelihood of Staff Being Appointed From Shortlisting (WRES Metric Two)

2016	2017	2018	2019	2020	2021
1.48	0.88	0.94	0.81	1.06	1.09

The position in terms of recruitment appears to be equitable and has remained consistent since 2017. We have introduced a new system called Trac this year which will give us more detailed information about the demographics of applicants and the ability to report during the year on recruitment progress in different bands by ethnicity.

Likelihood of Staff Entering the Formal Disciplinary Process, Measured By Entry Into a Formal Disciplinary Investigation (WRES Metric Three)

2016	2017	2018	2019	2020	2021
1.85	1.55	1.79	1.63	1.98	1.47

For 2021 the data for this metric is now taken from one year rather than two. In 2020 /21 several actions have taken place and this figure has reduced to the lowest it has been since 2016. This is partly due to the increase in the number of BME staff in the organisation overall so needs to be treated with caution, but we have also undertaken the following action:

1. We have overhauled our disciplinary policy to support our organisation to move towards a 'Just and Learning Culture'. This includes introducing two new checkpoints into our informal and formal process and prompts around updating ethnicity record updating and helps to review the diversity of a disciplinary panel in formal procedures.
2. We have improved and developed case management reporting with improved reports going to our staff side group and to our People Committee. This oversight has also improved the quality of the data we have.

These areas of action will continue in 2021/22. We are also currently recruiting a Band 7 WRES engagement lead who will have a key role in moving forward action around disciplinaries.

Likelihood of Staff Accessing Non-Mandatory Training and CPD. (WRES Metric Four)

2016	2017	2018	2019	2020	2021
1.85	0.75	1.20	1.07	1.14	1.38

The score for this metric is worse in 2021 however we are in the process of moving to a new centralised system and we believe that one of the reasons for this score deteriorating is a reduction in the recording of non-mandatory training in this period. The new system will include much better recording of access to non-mandatory training and development opportunities in 2021/22 and an alignment with development need and leadership and development strategies.

The NHS Staff Experience Survey 2020 (WRES Metrics Five, Six, Seven and Eight)

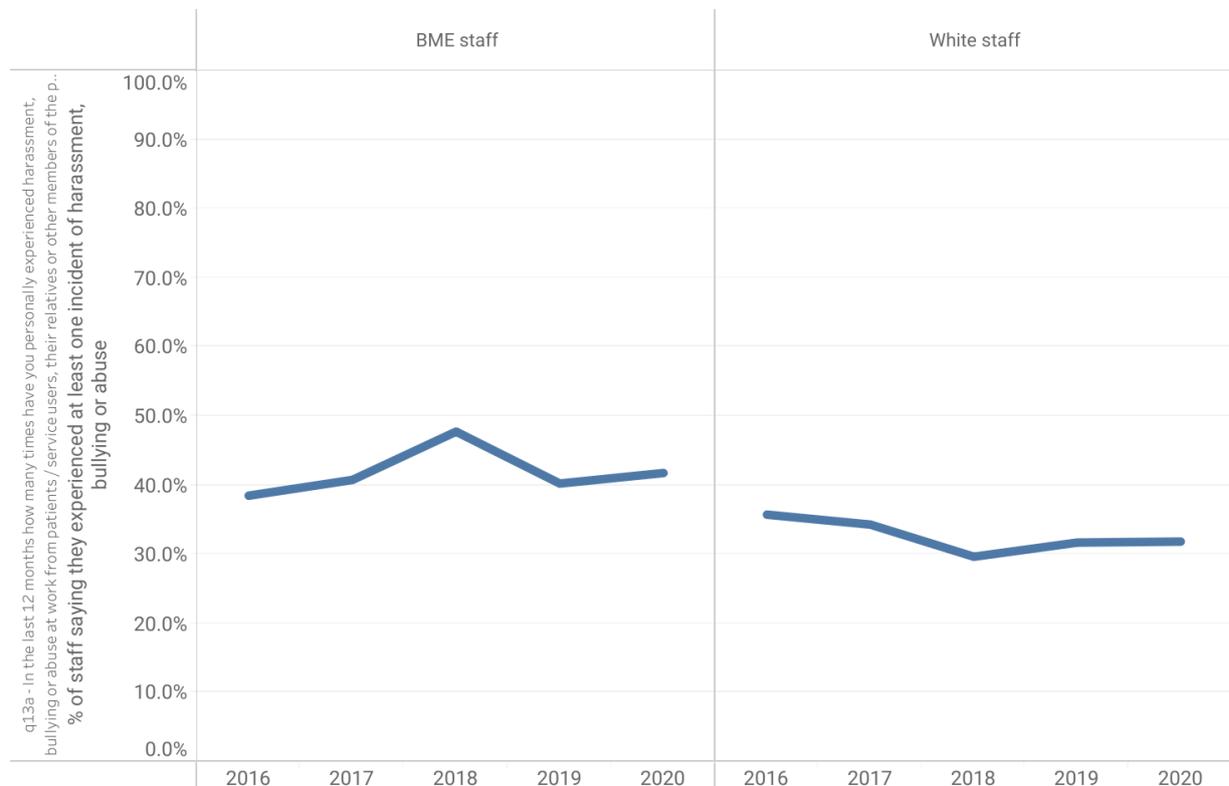
WRES metrics Five, Six, Seven and Eight are taken from the NHS staff experience annual survey, they compare the outcomes of the responses for White and BME staff. In this 2021 WRES report the 2020 staff survey results are used and are part of our 2021 WRES return.

In 2020/21 we have reviewed the demographic detail of the staff survey results and this has been reviewed in various forums including with members of our staff network groups.

In 2020 the percentage of people having a Black Asian or Minority Ethnic background completing the survey overall was above the benchmark this gives us confidence in the validity of the results.

Ethnicity	Our Organisation 2020 (n 938)	Benchmark
White	87.7%	88.8%
Mixed /Multiple Background	2.6%	1.8%
Asian /Asian British	4.5%	4.6%
Black /African/Caribbean/Black British	4.8%	3.6%
Other Ethnic Group	0.1%	0.1%

Percentage of Staff Experiencing Harassment, Bullying or Abuse From Patients, Relatives, or The Public in Last 12 Months (WRES Metric 5)



The table above shows the difference between the experience of white and BME staff with just over 40% of people completing the survey from a BAME group experiencing harassment compared to nearer 30% for white staff.

In 2021/22 we undertook the following planned action:

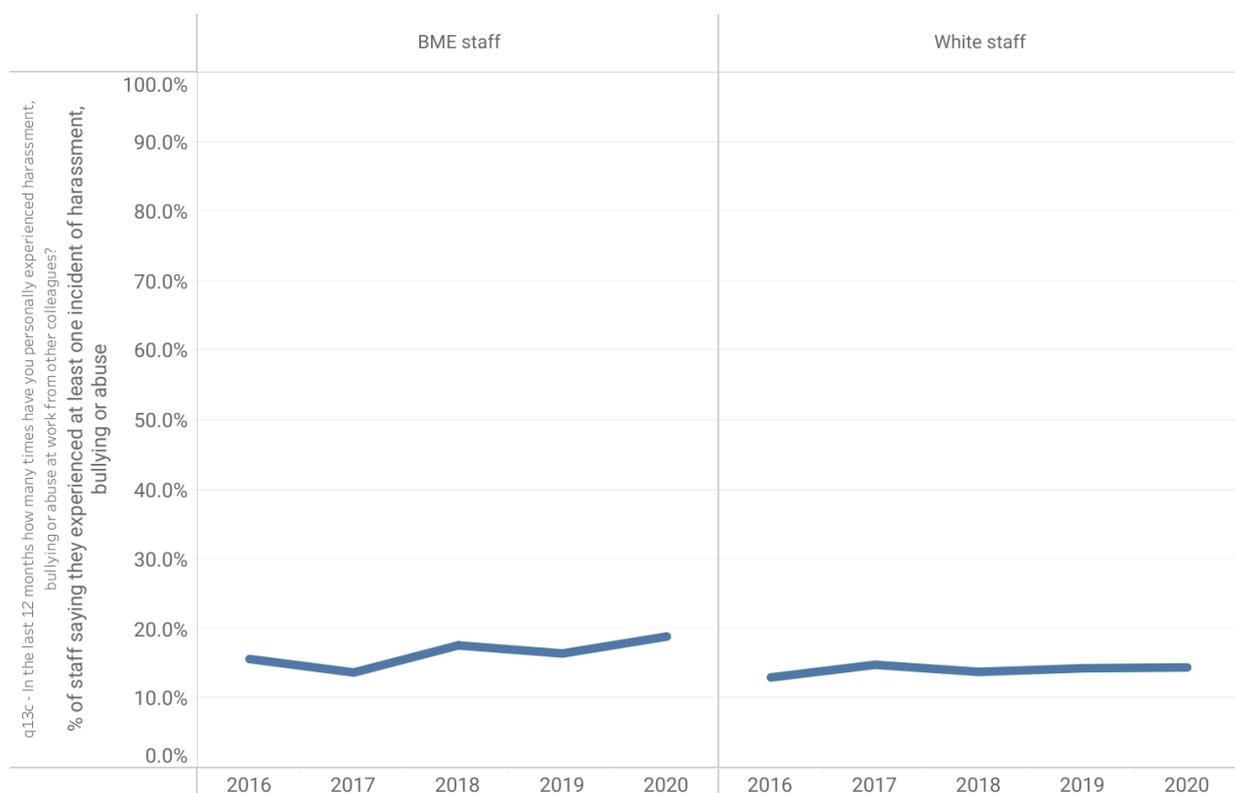
- We reviewed the findings of a survey of staff who have experienced racial harassment from service users and incorporated findings into the work that is being done on Zero Tolerance of hate incidents.
- We reviewed and changed the grading of incidents involving racism.
- We liaised with South Yorkshire police and made good progress in agreeing a new protocol for responding to racism in our services.
- We developed a new approach to improve support for people who experience racism and other hate incidents in our services and are piloting this in two of our ward areas.
- We developed a new protocol for Human Resources support for people who have experienced racism and are off work or in the process of taking forward action through the police.

- We worked with our risk department to improve data recording so we can provide detailed reports to each ward about incidents.

In 2021/22 we plan to continue implementing the above action and have a separate action plan with overall deadlines of March 2022 for full implementation of action.

Funding has been identified for a project lead to progress this area of work

Percentage of Staff Experiencing Harassment, Bullying or Abuse From Other Staff in Last 12 Months (WRES Metric 6)

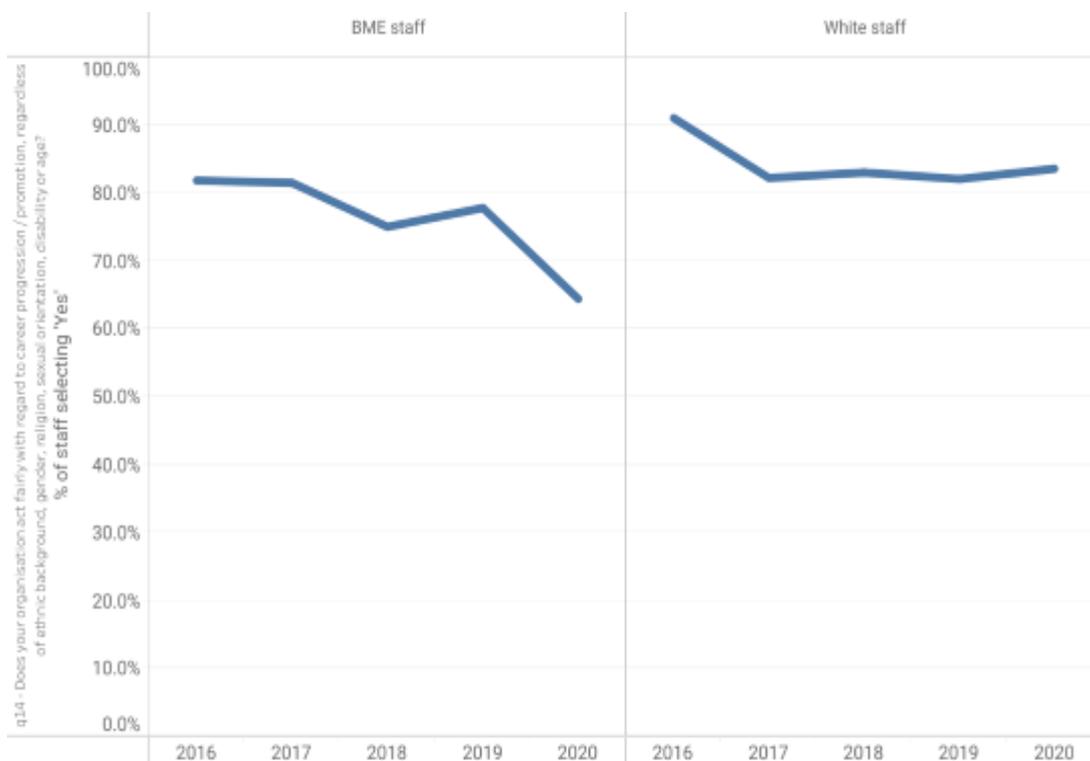


The table above shows the difference between the experience of white and BME staff with around 20% of people completing the survey from a BAME group experiencing harassment compared to nearer 15% for white staff, it's a concern that the percentage for BAME staff is increasing over time whereas for white staff there has been little change in the same period. In 2021/22 we undertook the following planned action:

- The Big Conversation progressed, and an Anti-Racist statement developed.
- A new post EDI engagement lead (WRES) has been established and is out to recruitment at the time of this report – the post will play a lead role in taking forward work in this area in 2021/22.

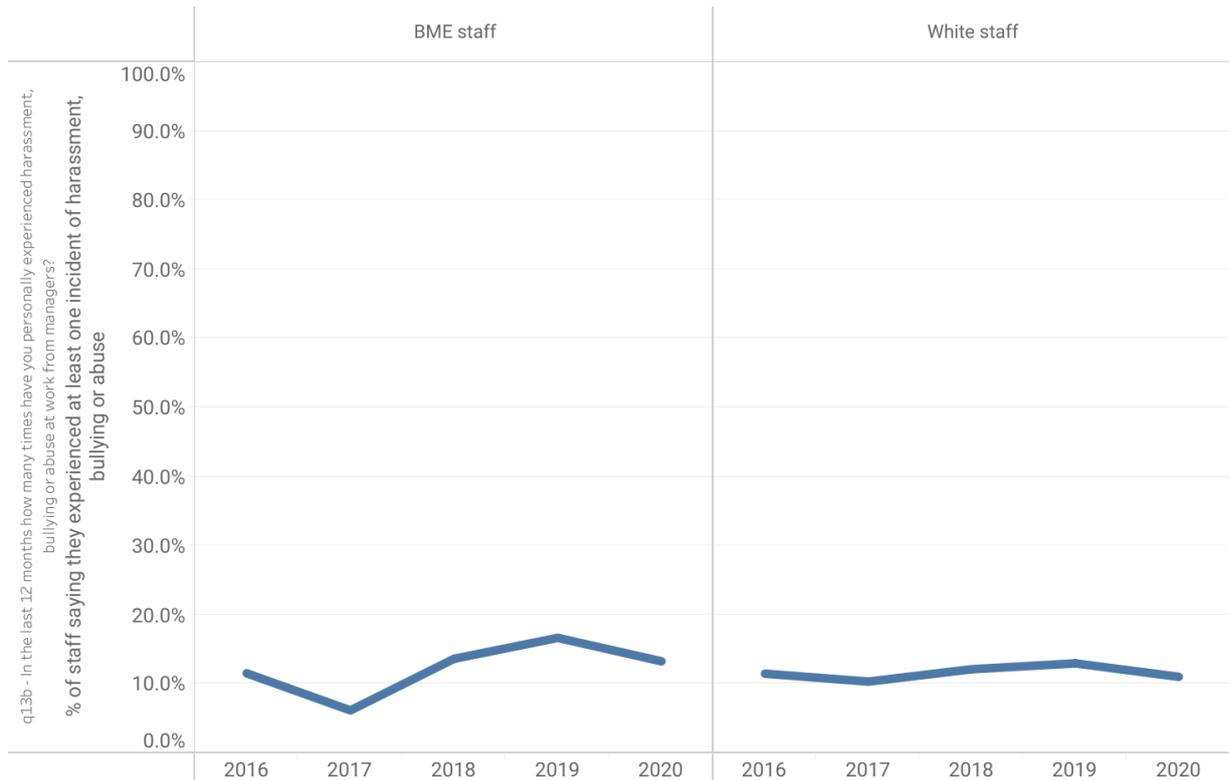
- Case work review has included review of cases of bullying and harassment by ethnicity with more regular reporting and challenge on progress being in place.
- Our BAME staff network group have taken forward workshops focused on microaggressions and allyship.
- In 2021/22 we plan to progress allyship training and run a series of workshops in services linked to areas that have been highlighted in the Big Conversation

Percentage of People Believing That Trust Provides Equal Opportunities For Career Progression or Promotion (WRES Metric 7)



The table above shows the difference between the percentage of White and BME staff who believe the organisation offers equal opportunity, while the figure for white staff has remained similar the figure for BME staff has reduced significantly to only around 65%. The number of people from a BAME group responding to this question year on year has increased from 54 in 2017 to 73 in the 2020 survey. This question is difficult to respond to in terms of specific action as effectively it reflects the reality of the areas that we have highlighted in the earlier part of this report about career progression to senior roles.

Percentage of People Who Say They Have Personally Experienced Discrimination at Work From a Manager/Team Leader or Other Colleagues in the Last 12 Months (WRES Metric 8)



The table above shows the difference between the percentage of White and BME staff who have experienced discrimination, there has been a reduction in percentage in both groups in 2020 however the experience of BME staff is worse than white staff.

In 2020/21 we have been involved in the Big Conversation with colleagues some of the areas that have come out strongly include microaggressions, the use of social media and systemic discrimination. The Big Conversation is continuing in our organisation supported in 2021/22 by external consultants we recognise there is a need for direct action through areas such as training and working with our freedom to speak up guardian and organisational development lead in the development of systemic approaches to delivering change.

We are agreeing a communication plan focused on the Big Conversation and will be providing updates on our internal and external web sites and through other methods for people who may not access these areas as easily in 24-hour services.

Percentage Difference Between the Organisations' Board Voting Membership and Its Overall Workforce (WRES Metric Nine)

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 in 2021 BME group = 16.7%

Percentage of Board members from a BME group as of 31st March 2021 was 8.3% this leads to a difference of - 8.4% in comparison to the overall workforce.

The percentage of BME voting Board members was 0% and Executive Board members 0%

In 2021 working with the chair of the Board our recruitment and communications team we made changes to the way we recruit to Board positions we believe that going forward this approach will support development of an increasingly more diverse Board reflective of the ethnicity of the organisation, people who use our services and our local communities. This approach so successful that we are taking the learning into other areas of recruitment particularly to senior roles.

Appendix 1 – Disparity Ratio Action Plan 2021 – 2022

#	Driver of Race Disparity Ratio	Actions taken to improve RDR	Due by	Lead
1.	Driver 1 – Increased ratio in lower to middle and lower to upper when Bank staff are included	<p>Implement action planned to include Bank Staff in the organisations new HCSW development pathway. Measured by number completing transition from Band 2 to 3.</p> <p>Continue to support Bank Staff to complete the Cavendish Care Certificate. Measured by number of Bank staff completing the CCC.</p> <p>Review feasibility of Introducing an automatic offer of a permanent role for Bank staff working for more than 12 months an average of 22.5 hours or more predominantly in a single area. Measured by number of Bank staff working over 22.5 hours on average.</p>	<p>March 2022</p> <p>September 2021</p> <p>October 2021</p>	<p>Head of Education Training and Development</p> <p>Bank Staffing Manager</p> <p>People Directorate Recruitment Manager</p>

#	Driver of Race Disparity Ratio	Actions taken to improve RDR	Due by	Lead
		Reduce not known ethnicity for Bank staff through data refresh by the Bank Team.	December 2021	Bank Staffing Manager
2.	Disparity ratio middle to upper	Adopt revised approach to recruitment of senior roles and Board recruitment used in recent NED recruitment. agree in the Recruitment and Retention group	September 2021	Deputy Director of People
3.	Disparity Ratio in Nursing and Midwifery	Review inclusion of ethnicity data in new workforce planning toolkit under development	September 2021	Workforce Systems & Information Manager
4.	Increase in disparity ratio in middle to upper between 2020 and 2021	Review the reasons for the change and identify further action	September 2021	Head of Equality and Inclusion

Appendix 2 – High Impact Recruitment and Promotion Actions 2021 – 2022

#	Key Action	Steps to achieve action	Due by	Lead
1.	<p>Ensure executives and senior managers own the agenda, as part of culture changes in organisations, with improvements in BAME representation (and other under-represented groups) as part of objectives and appraisal by:</p> <p>a) Setting specific KPIs and targets linked to recruitment. b) KPIs and targets must be time limited, specific, and linked to incentives or sanctions</p>	<ul style="list-style-type: none"> - Calculate the number of people recruited from a BAME group annually to 2028 to achieve equity in organisational representation Race and Disability. - Include disparity ratio KPI as a measure in Trust Integrated Performance Report - Include Disparity Ratio and recruitment numbers by Band in People Committee WRES biannual report. 	<p>Complete</p> <p>August 2021</p> <p>From October 2021</p>	<p>Head of Equality and Inclusion</p> <p>Workforce Systems & Information Manager</p> <p>Head of Equality and Inclusion</p>
2.	<p>Introduce a system of 'comply or explain' to ensure fairness during interviews This system includes requirements for diverse interview panels, and the presence of an equality representative who has authority to stop the selection process, if it was deemed unfair.</p>	<ul style="list-style-type: none"> - Consider the functionality of the new Trac recruitment system to prompt recruitment panel chairs to implement current trust policy on recruitment panel diversity. - Review recruitment panel training to ensure that this has sufficient focus on unconscious bias and the responsibilities of the panel chairs and EDI competency. 	<p>September 2021</p> <p>December 2021</p>	<p>People Directorate Recruitment Manager</p> <p>People Directorate Recruitment Manager</p>

#	Key Action	Steps to achieve action	Due by	Lead
		- Agree a SOP for ensuring the specific diversity of recruitment panels in terms of ethnicity for Band 7 and above.		Head of Equality and Inclusion
3.	Organise talent panels to: <ul style="list-style-type: none"> a) Create a 'database' of individuals by system who are eligible for promotion and development opportunities such as Stretch and Acting Up assignments must be advertised to all staff b) Agree positive action approaches to filling roles for under-represented groups c) Set transparent minimum criteria for candidate selection into talent pools 	<ul style="list-style-type: none"> - Include action in the new leadership development pathway. - Any secondments / acting up options are advertised internally - Include action in the new leadership development pathway. 	<p>March 2022</p> <p>March 2022</p> <p>March 2022</p>	<p>Head of Organisational Development</p> <p>Head of Organisational Development</p> <p>Head of Organisational Development</p>
4.	Enhance EDI support available to: <ul style="list-style-type: none"> a) Train organisations and HR policy teams on how to complete robust / effective Equality Impact Assessments of recruitment and promotion policies b) Ensure that for Bands 8a roles and above, hiring managers include requirement for candidates to demonstrate EDI work / legacy during interviews. 	<ul style="list-style-type: none"> - Equality and Quality Impact Assessment now required from mandate through to business case implementation for all organisation policies including executive check and training. - EDI representation on the Annual Business Planning Group. - Governance of written policies via Policy Governance Group. 	<p>In place</p> <p>In place</p> <p>In place</p>	<p>PMO Office</p> <p>PMO office</p>

#	Key Action	Steps to achieve action	Due by	Lead
		- 8a and above recruitment to include staff network groups in stakeholder panel.	March 2022	Head of Equality and Inclusion
5.	Overhaul interview processes to incorporate: a) Training on good practice with instructions to hiring managers to ensure fair and inclusive practices are used. b) Ensure adoption of values-based shortlisting and interview approach c) Consider skills-based assessment such as using scenarios	- Plan in place to review recruitment and selection training. Overseen by the Recruitment and Retention Group - values based recruitment policy already in place. - Already use scenarios in recruitment, stakeholder panels and alternative assessment approaches.	March 2022	Recruitment Manager
6.	Adopt resources, guides, and tools to help leaders and individuals have productive conversations about race	- We have undertaken a Big Conversation focused on Racism in 2020/21 - Implement Big Conversation Phase 2	Ongoing	Head of Equality and Inclusion / head of Organisational Development