

Workforce Race Equality Standard

Report and Action Plan 2023



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The NHS Workforce Race Equality Standard

The Workforce Race Equality Standard (WRES) is a national standard that aim is to respond to lack of progress in race equality in the NHS. NHS organisations are expected to report on and demonstrate progress against nine workforce 'metrics.

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

In 2021 the national WRES team introduced a new way of measuring progress with the introduction of the WRES 'Disparity Ratio'.

Report Content and Our Priorities

Following a change in national guidance people who have a Bank only contract are now excluded from this WRES report however there is national plan to introduce a separate Bank WRES report which we will respond to when details have been published. Metrics that are based on the NHS Staff Survey do not include people who have a Bank only contract anyway so the only metrics that may be affected by the exclusion of bank staff are metrics1, 2, 3 and 4.

This report covers our WRES data report submitted to NHS digital in May 2023, however the data in WRES reports are based on the previous year's Staff Survey results (i.e., 2022 in this report) and staff information as of the 31st of March 2023.

Our report highlights areas of progress and areas where improvement is still required the action we are taking, and the impact of this action. Our action plans have been updated for 2023/24.

Throughout this report you will see the abbreviations BME used and also reference to our Ethnically Diverse staff, reference o staff as ethnically diverse rather than BME or BAME has been agreed by or Ethnically Diverse Staff Network Group however the WRES data return and national reports refer to BME staff and White Staff so for consistency we continue to use the abbreviation BME in our tables and charts, BME in the contact of the WRES are any staff that identify as being in a ethnicity group other than 'White'.

In March 2023 the national WRES team provided a tailored report to each NHS organisation based on their 2022 WRES data return, the report provided a deeper analysis of the historic trends for each of the indicators, and a comparison of our metrics against the regional and national picture. This report suggested that our organisational priority for action should be on the following areas:

1. Career progression in non-clinical roles (Bands 2-5 to Bands 8a and higher) - Indicator 1

- 2. Belief that the Trust provides equal opportunities for career progression or promotion amongst BME staff Indicator 7
- 3. Career progression in clinical roles (Bands 6-7 to Bands 8a and higher) Indicator 1

All three of these areas are already a focus for us, they are also areas that will potentially take several years before we see real change. Actions 1 and 3 are reported on annually but internally we update the figures on a quarterly basis, and this is reported to the Inclusion & Equality Group. Action 2 is updated annually as part of the NHS Staff Survey.

People Who Work in Our Organisation

The Percentage of people in our organisation who identify as being in a BME ethnicity group.

	White	ВМЕ	Not Known
2023	75.7%	17.2%	7%
2022	76.2%	14.1%	9.8%
2021	73.9%	16.7%	9.4%
2020	76.2%	14.6%	9.2%

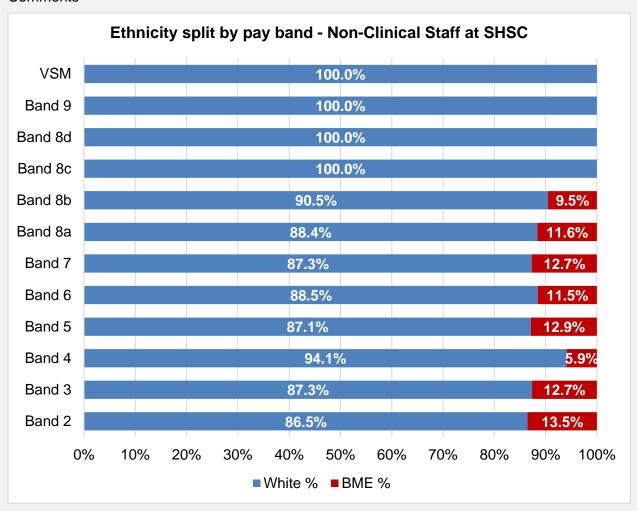
A recruitment campaign for nurses and support workers has seen a rise in the number of staff from ethnically diverse backgrounds. The exclusion of bank staff would usually lower the percentage of ethnically diverse staff, in fact we have risen to the highest ever level at 17.2%. A concerted effort between the recruitment team and workforce team has seen a reduction in the 'Not Known' figure. The Workforce team have now taken over the process of transitioning data from TRAC to ESR, active monitoring and corrections of missing demographics should see further improvements.

The Percentage of Staff by Pay Bands Compared With the Percentage in the Overall Workforce (WRES Metric 1)

WRES Metric 1 looks at the ethnicity split for our staff and includes the pay banding. The purpose of this metric is to see if ethnically diverse staff are proportionally represented in the lower, middle, and upper pay bands. The data is split by non-clinical and clinical staff groups.

Bank staff are excluded from this analysis, also excluded are Non-Executive Directors and staff in the Medical and Dental staff groups.

Comments

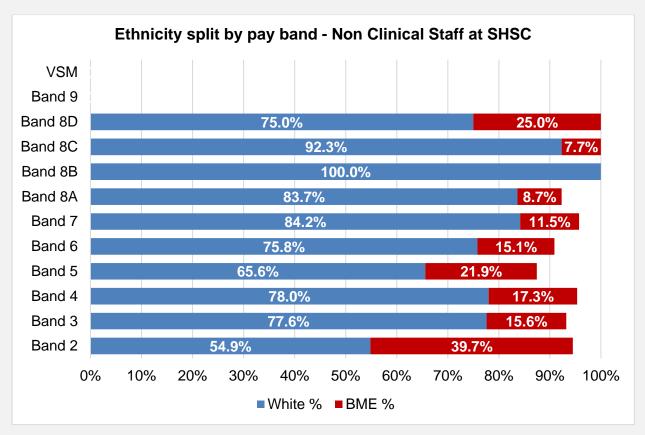


The chart above shows two clear themes:

- 1. Non-clinical staff are below the SHSC ethnicity average of 17% across all pay bands
- 2. Above Band 8b there is no representation from ethnically diverse staff

The charts on the next page show the actual numbers of staff in each pay band. Band 3 is the most populous pay band; this is mainly staff in administrative positions. The two areas of where ethnically staff differ a lot from their white counterparts is the number of positions above Band 8b and in Band 4. Band 4 in corporate areas is roles such as senior administrative staff, for

white staff this level appears to be a natural progression from Band 3 but for ethnically diverse staff the number of Band 3 staff drops to less than half at Band 4.



Comments

Band 2 has a high percentage of ethnically diverse staff; this is mainly inpatient support worker roles. This is the only group of staff in SHSC where the ethnically diverse figure is at or higher than the ethnically diverse figure for the general population of Sheffield which is 25.5% (2021 Census). Caution is urged when viewing the Band 8d figure of 25% being ethnically diverse, the actual numbers are 2 out of 8. There are no ethnically diverse clinical staff at Band 8b, the two bands below are also low percentages of 8.7% and 11.5% respectively.

The tables on the next page show the breakdown of staff in the clinical, non – clinical and medical groups and people who are paid on pay grades/bands other than agenda for change or medical pay contracts. These tables will also show the previous year's figures so we can compare and check our progress. Also shown in the tables is our 'Unknown' figure, these are blank/missing fields or staff preferring not to declare their background.

Red = BME % lower than previous year Green = BME % higher than previous year

NON-CLINICAL	2022	2023	2022	2023	2022	2023
	White	White	BME	BME	Not Known	Not Known
Band 2	82.9%	79.9%	9.9%	12.5%	7.2%	7.6%
Band 3	82.1%	84.1%	11.0%	12.2%	6.9%	3.7%
Band 4	89.0%	89.4%	6.6%	5.6%	4.4%	4.9%
Band 5	78.4%	83.8%	14.8%	12.4%	6.8%	3.8%
Band 6	84.2%	85.2%	7.0%	11.1%	8.8%	3.7%
Band 7	84.4%	83.3%	6.7%	12.1%	8.9%	4.5%
Band 8A	94.4%	84.4%	0.0%	11.1%	5.6%	4.4%
Band 8B	87.0%	86.4%	4.3%	9.1%	8.7%	4.5%
Band 8C	90.0%	100.0%	10.0%	0.0%	0.0%	0.0%
Band 8D	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%
Band 9	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%
VSM	75.0%	100.0%	0.0%	0.0%	25.0%	0.0%

CLINICAL	2022	2023	2022	2023	2022	2023
	White	White	BME	BME	Not Known	Not Known
Band 2	61.9%	54.9%	29.1%	39.7%	9.0%	5.5%
Band 3	79.3%	77.6%	13.3%	15.6%	7.4%	6.8%
Band 4	70.4%	78.0%	14.1%	17.3%	15.6%	4.7%
Band 5	65.1%	65.6%	21.0%	21.9%	13.9%	12.5%
Band 6	77.2%	75.8%	10.8%	15.1%	11.9%	9.1%
Band 7	81.7%	84.2%	11.8%	11.5%	6.6%	4.3%
Band 8A	86.5%	83.7%	4.8%	8.7%	8.7%	7.7%
Band 8B	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%
Band 8C	92.3%	92.3%	7.7%	7.7%	0.0%	0.0%
Band 8D	57.1%	75.0%	42.9%	25.0%	0.0%	0.0%
Band 9	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%
VSM	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%

MEDICAL	2022	2023	2022	2023	2022	2023
	White	White	BME	BME	Not Known	Not Known
Consultant	50.0%	48.1%	40.0%	40.4%	10.0%	11.5%
of which senior medical manager	100.0%	55.6%	0.0%	44.4%	0.0%	0.0%
non- consultant career grade	50.0%	50.0%	30.0%	42.9%	20.0%	7.1%
trainee grade	62.5%	39.0%	25.0%	43.9%	12.5%	17.1%

OTHER PAY GRADES	2022	2023	2022	2023	2022	2023
	White	White	BME	BME	Not Known	Not Known
Other Pay Grade All	55.6%	66.7%	17.8%	16.7%	26.7%	16.7%

Change in the Numbers of Ethnically Diverse Staff in Our Organisation Between 31st March 2020 and the 31st of March 2023

The table below shows the change, by ethnicity, in the numbers of staff working in agenda for change pay bands from 2020 to 2023 (see Appendix Two for more detail).

	Increase /Decrease in White Staff by Band 2020/2023	Increase /Decrease in Ethnically Diverse Staff by Band 2020/2023	Increase /Decrease in Not Known by Band 2020/2023
Band 2	-104	-21	-40
Band 3	-12	-3	-12
Band 4	55	19	4
Cluster 1 Total	-61	-5	-48
Band 5	-37	-1	-19
Band 6	15	44	14
Band 7	34	12	-8
Cluster 2 Total	12	55	-13
Band 8A	16	6	3
Band 8B	5	1	-1
Cluster 3 Total	21	7	2
Band 8C	2	-1	-1
Band 8D	-2	0	-1
Band 9	0	0	-1
Cluster 4 Total	0	-1	-3

Our Recruitment and Promotion Action Plan and Disparity Ratio Action Plan can be found in Appendix 3 in terms of progress to May 2023 and a refreshed action plan in Appendix 1.

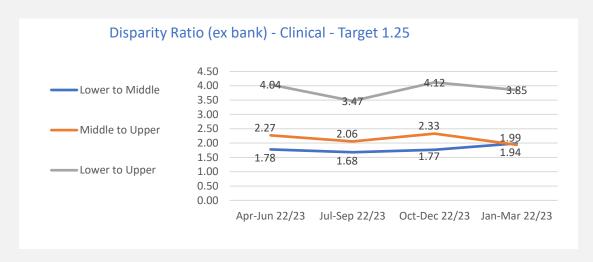
WRES Disparity Ratio

The WRES Disparity ratio helps us to review how our staff are represented in career progression to more senior roles, 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 results are split by clinical and non-clinical staff groups as per the official WRES reporting. Disparity Ratio figure of 1.00 would indicate equity in the progression of White and BME staff groups. A target of 1.25 has been set nationally for achievement by 2025.

We now report progress towards this target quarterly in our recruitment and retention governance groups. The table below shows the progress we are making to reduce our Disparity Ratio to June 2022. As noted above Bank staff are excluded from the WRES however we have included data with bank and excluding to show how this group of staff impact on our disparity ratio data.





The Disparity Ratio figures for non-clinical staff has shown a significant improvement in the year 2022-23. The rise in ethnically diverse staff in Bands 6, 7 and 8a has been the reason for this, you can see this rise in the table on page 7.

For clinical staff the Disparity Ratio performance has been static. There has been a large rise in the number of ethnically diverse staff at Band 2 going from 29% in 2022 to 39% in 2023. Without a similar rise in the middle and upper pay bands, the lower pay band becomes

dominant, and this negatively affects the Disparity Ratio figures. For an ideal Disparity Ratio figure of 1.0 you need a proportionate number of ethnically diverse staff represented in the lower, middle, and upper pay bands.

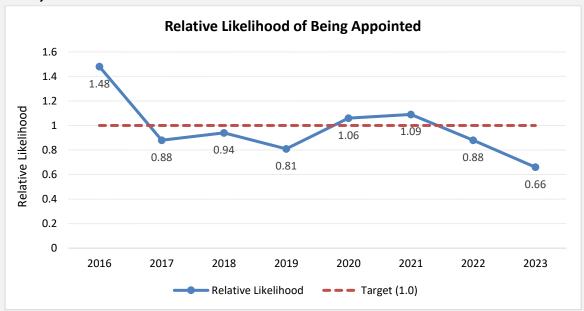
'Relative Likelihood' WRES Metrics Two Three and Four

The following three metrics indicate the relative likelihood of ethnically diverse (BME) candidates being appointed from shortlisting, staff entering a formal disciplinary process and staff accessing non mandatory training.

A figure of 1.00 suggests an equal position however the calculation of these data can be affected by changes in the denominator and small numbers. It's beyond the scope of this report to present our data taking account of these factors but where this may be a factor in changes (positive or negative) we have noted this in our report.

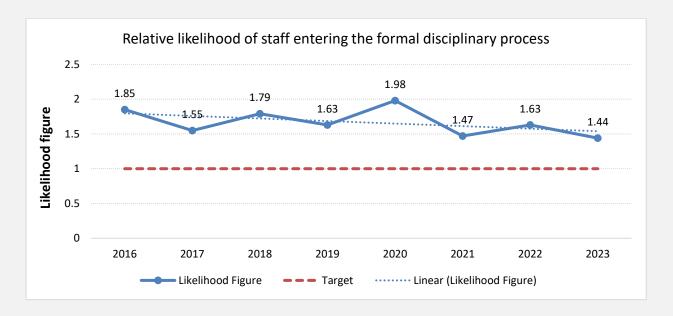
The tailored report we received from the national WRES team took account of statistical significance in assessing which areas we should prioritise for action for metrics 2, 3 and 4.

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



Our data as 31st March 2023 calculates a metric of **0.66** indicating that BME applicants are more likely to be recruited from shortlisting. The reason is probably due to the majority of ethnically diverse appointments being made at support worker or nursing roles where there are a high number of applicants from ethnically diverse backgrounds.

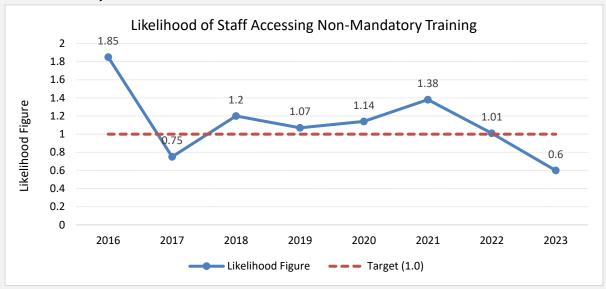
Likelihood of Staff Entering the Formal Disciplinary Process, Measured By Entry Into a Formal Disciplinary Investigation (WRES Metric Three)



Our data as 31st March 2023 calculates a metric of **1.44** indicating that ethnically diverse staff are more likely to enter the formal disciplinary procedure than White staff. The chart above shows the variance in this metric from 2016 onwards. The latest result of 1.44 is the lowest likelihood figure we have ever recorded. In terms of numbers, there were nine white staff and three ethnically diverse staff entering a formal disciplinary process. WRES define a 'formal' process as anyone reaching the stage of a formal investigation. The Just and Learning Culture which has been adopted by SHSC aims to reduce the requirement for a formal process by exploring and exhausting all possibilities for dealing with the matter informally. Further action is planned, we will:

- Recruit a diverse range of investigators for formal investigations including training.
- Continue to monitor cases quarterly and ensure that check points in our policy are being used.
- We have introduced improved case management through a new system, and this will help us to monitor cases more efficiently.

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



Our data as 31st March 2023 calculates a metric of **0.6** indicating that ethnically diverse staff are more likely to access non-mandatory training than White staff. The chart above shows the variance in this metric from 2016 onwards and indicates that there has been variance in our metric score over time. We believe some of the variance is due to changes over time in the way we collect this data, rather than significant changes in access to training and development. Organisationally we are continuing to develop our non-mandatory training recording system but have supported our data collection with a manual check to ensure accuracy.

The NHS Staff Experience Survey 2021 (WRES Metrics Five, Six, Seven and Eight)

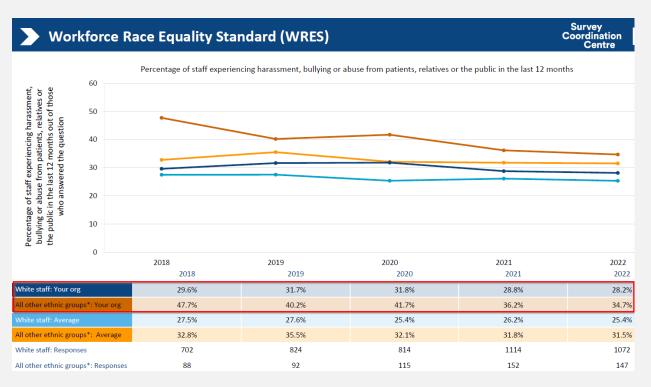
WRES Metrics Five, Six, Seven and Eight are taken from the NHS staff experience annual survey, they compare the outcomes of the responses for White and BME staff. In this 2023 WRES report the 2022 staff survey results are referred to and are part of our 2022 WRES return.

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

SHSC has put a lot of effort into addressing this topic. There is an established Zero Tolerance bi-monthly meeting with input from a lot of clinical services. The Equality, Diversity, and Inclusion team in conjunction with the Zero Tolerance group produced a standard operating procedure (SOP) on Dealing with Hate Incidents, this was launched in June 2022. The SOP introduced mandatory staff support following a hate incident, there was also an expectation that the police should be informed of all hate incidents. Adherence to the new SOP has been mixed, some areas have adopted it fully and the police have been supportive, other areas remain

cynical about the purpose of reporting a hate incident. The Equality, Diversity & Inclusion team and Ethnically Diverse Staff Network Group have been working together and visiting clinical teams where hate incidents have been an issue. There has also been an issue with inconsistency around the police response. We worked closely with South Yorkshire Police (SYP) on this issue and there is now a new process where SHSC staff can contact the SYP Mental Health Liaison if the police response has not been satisfactory. This new procedure is working well, there have been several instances where the police have had to reopen a case they had closed prematurely.

The chart below shows that SHSC (dark orange line) is now at 34.7% which is the lowest we have been, we are still above the average though so more improvements are needed. Both at SHSC and nationally we can see that ethnically diverse staff are more likely to be abused by service users, relatives, or the public.



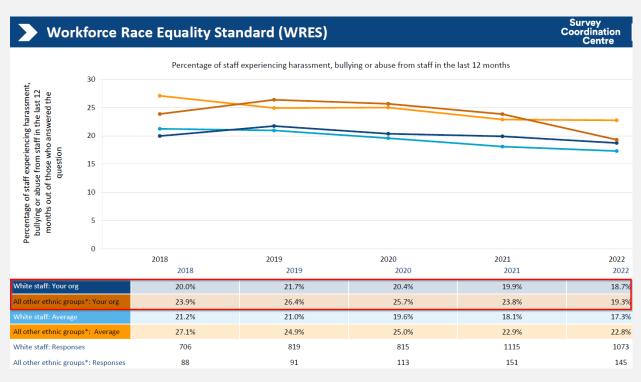
Measuring progress in this area is not only about reducing incident reports, for example in terms of reported incidents we would expect that in the short to medium term the number of reports may actually increase because we know that incidents are underreported at the moment.

We have progressed the following areas:

We have improved the content and focus of our incident reports, incident report grading
has been reviewed and now reflects the impact of racism on our staff – this
improvement has been welcomed by people working in our services.

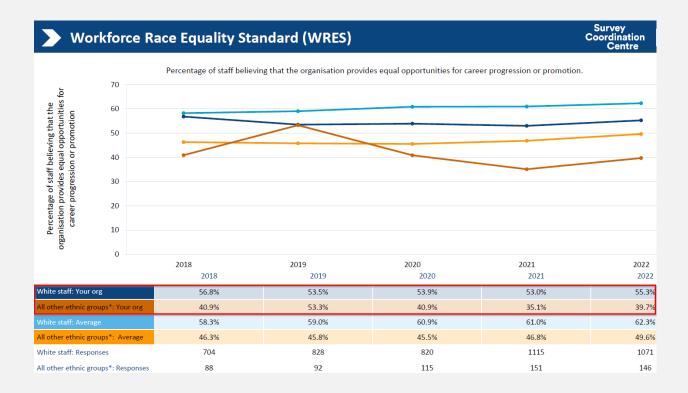
- Our risk department now review incidents so that patterns of incidents involving the same service user can be identified and then reviewed across our services – this supports coordinated action and also helps us to work in collaboration with South Yorkshire Police.
- We have introduced a Standard Operating Procedure for reporting racist and other types
 of hate incidents the procedure also emphasises ensuring staff are supported when
 experiencing racism in our services the procedure was launched in June 2022
- We have established a central 'third party' hate crime reporting centre, this will be administered though our EDI team. The Sheffield City hate crime lead has been working closely with our organisation in supporting the introduction of this initiative
- The EDI team and Ethnically Diverse Staff Network Group have provided briefings to our teams on dealing with racism incidents.

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



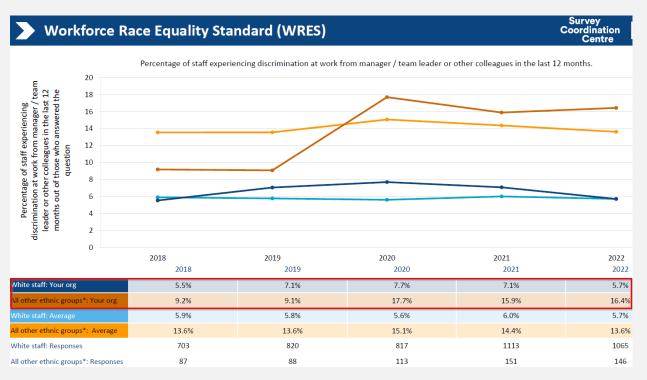
Our 2022 survey results show that ethnically diverse staff at SHSC are now below the national average in this area, it is also the lowest score we have ever had. White staff at SHSC are also at the lowest level ever but they are just above the national average for white staff.

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



Our result for the 2022 Staff Survey shows that both white staff and ethnically diverse staff have seen an improvement, however both figures are below their national averages respectively. SHSC has some processes which tackle this particular topic. The Recruitment & Retention meeting is a committee meeting tasked with improving the way we recruit and to retain the staff that we have. There is also the Recruitment Refresh meeting within the People Directorate, this is a group where innovation is encouraged, the goal is to make our recruitment process more accessible and to improve progression opportunities for all staff.

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)



This chart above highlights three areas:

- 1. White staff at SHSC experiencing discrimination from their manager matches the national average for white staff at 5.7%.
- 2. Ethnically diverse staff at SHSC are worse than the national average for ethnically diverse staff.
- Ethnically diverse staff experiencing discrimination from their manager both at SHSC and nationally report significantly higher levels of discrimination compared to their white counterparts.

For this indicator, the question asks about discrimination generally, not specifically around race so could be related to one or more other characteristics, for example, disability, sexual orientation, gender, age etc.

In 2023/24 we have identified the following areas for action to support improvement of this metric:

- We have a specific programme of work around culture and behaviours led by our Organisational Development team which we will interface with.
- Our People Strategy plan includes work continuing on the Just and Learning culture which is also relevant to this area.

- We will develop our workforce development offer around microaggressions and 'allyship to solidarity'.
- We will continue to have a focus on leadership in addressing discrimination in our Developing as Leaders programme.

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 2023 our overall BME ethnicity is 17% which is an increase from 14% in 2022.

The Percentage of Board members from a BME group as of 31st March 2023 was 6.7% a difference of -10% against the overall workforce. The percentage of BME voting Board members was 9%, and Executive Board members 0%.

This remains a priority for us, and we have undertaken various approaches in our executive and non-executive recruitment.

Appendix 1 – WRES Action Plan Updated for 2023 – 2024

WIDES ACTION DI AN 2022				
WRES ACTION PLAN 2023	Lead	Start	Deadline	Progress
Enabling Actions				
Utilise the Learning and Sharing Forum for focused sessions relevant to ethnicity diversity	EDI Team	1/4/23	31/3/24	In Progress
Deliver the Staff Network Group Conference	EDI Engagement Lead	1/8/23	27/2/24	Not Due
Complete Action identified by the Recruitment Refresh (EDI) Group	EDI Engagement Lead	3/4/23	2/3/24	In Progress
Identify with the SNGs action to increase access to the networks	EDI Engagement Lead	4/4/23	30/10/23	In Progress
Undertake a full review of the Equal Opportunities and Dignity at Work Policy	Head of Equality and Inclusion	5/4/23	1/10/23	In Progress
Identify options for collaboration with community engagement being undertaken as part of PECREF	Head of Equality and Inclusion	1/4/23	5/3/24	In Progress
Deliver Application Workshops	EDI Engagement Lead	30/9/23	30/3/24	Not Due
Support review of the Application Pack and Job Description Format	EDI Engagement Lead	30/9/23	30/3/24	Not Due

Align with action on Anti Racism led by the ICS	Head of Equality and Inclusion	1/4/23	30/3/24	In Progress
Align with action on Anti Racism - Sheffield Race Equality Commission	Head of Equality and Inclusion	1/4/23	30/3/24	In Progress
Action Linked to NHS High Impact Actions 2023/24				
Improve knowledge of staff around recording ethnicity data	EDI Engagement Lead	1/9/23	30/3/24	Not Due
Work with the HR advisor and business partners on responding to action following MC case review	Head of Equality and Inclusion	1/5/23	30/3/24	In Progress
Widen Fields for Incident Reporting to match Hate incident definitions	EDI Engagement Lead	1/10/23	30/3/24	Not Due
Develop our workforce development offer around microaggressions and 'allyship to solidarity'.	Head of Equality and Inclusion	1/10/23	30/3/24	Not Due
Take Part in the Regional Reciprocal Mentoring Programme	Leadership and OD	1/7/23	30/3/24	Not Due
Evaluate number involved and outcomes of the SHSC reciprocal mentoring programme	EDI Engagement Lead	1/7/23	30/3/24	Not Due
Continue to develop Day Five Developing as leaders Programme maintain focus on lived experience	Head of Equality and Inclusion	1/5/23	1/11/23	In Progress
Review the Shadow Executive Programme for potential to implement in SHSC	EDI Engagement Lead	1/5/23	1/11/23	In Progress
EDI objectives Board and Chair - align with People Strategy Implementation Plan	Head of Equality and Inclusion	1/5/24	1/7/24	Not Due

Work with the Leadership Team to progress anti racism leadership action	EDI Engagement Lead	1/4/23	30/3/24	In Progress
Work with the OD team on the development of talent management strategies and approaches	EDI Engagement Lead	1/4/23	30/3/24	Not Due
Review NHS guidance and implement Pay Gap review for race	Head of Equality and Inclusion	1/4/23	30/3/24	Not Due
EDI team to continue to support the onboarding and development programme for internationally recruited staff.	EDI Engagement Lead	1/4/23	30/3/24	Not Due
Action Linked to EDS Domain 2				
Actively Roll Out the Hate Incident Reporting SOP	EDI Engagement Lead	1/4/23	30/3/24	Not Due
Zero tolerance roll out to service users Patient Experience team	Head of Equality and Inclusion	1/1/24	30/3/24	Not Due
Welcome to SHSC – Support Ethnically diverse SNG recruitment	EDI Engagement Lead	1/4/23	30/11/23	Not Due
Work with the Recruitment Manager to refresh recruitment training	EDI Engagement Lead	1/10/23	30/3/24	Not Due
Establish a Bank Forum	Head of Equality and Inclusion	30/11/23	1/4/24	Not Due
Align with the work around culture and behaviours led by our Organisational Development team	Head of Equality and Inclusion	1/4/23	30/3/24	Not Due
Align with work on the Just and Learning culture	Head of Equality and Inclusion	1/4/23	30/3/24	Not Due

Develop a plan for continued development of the SNG chairs	EDI Engagement Lead	1/4/23	30/3/24	Not Due
City Wide Equality review of the Casey report - to inform further action learning	EDI Engagement Lead	1/10/23	30/11/23	Not Due
Disparity Ratio Action				
Review people progressing through the HCSW development pathway by ethnicity and respond.	EDI Engagement Lead	1/8/23	30/3/24	Not Due
Support Bank Staff to complete the Cavendish Care Certificate. Monitor by Ethnicity	EDI Engagement Lead	1/4/23	30/3/24	In Progress
Develop a programme of 'stretch projects 'as part of a wider offer of career/leadership development for ethnically diverse staff (based on identified good practice)	EDI Engagement Lead	30/9/23	30/3/24	Not Due
Talent Management Programme Development – align with People Strategy refresh	EDI Engagement Lead	1/9/23	30/3/24	Not Due
Develop a programme of interview practice opportunities	EDI Engagement Lead	1/9/23	30/3/24	Not Due
Consider the opportunities offered through shadow board and NED programmes	EDI Engagement Lead	1/9/23	30/3/24	Not Due
Review the opportunities of non-traditional leadership roles such as advance practice	Head of Equality and Inclusion	1/11/23	30/3/24	Not Due
Develop equalities data use as part of workforce planning through the workforce dashboard	Head of Equality and Inclusion	15/5/23	30/3/24	In Progress
Review the diversity of involvement in the organisation's leadership programmes	Head of Equality and Inclusion	1/4/23	30/3/24	In Progress

Review retention data by ethnicity and identity action in response	Equality and 1/9/23 clusion	30/3/24	Not Due
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Appendix 2 – Change in Agenda for Change staff in Post 2020 to 2023

		2020)		2021			2022	2		2023	3
	White	ВМЕ	Not Known	White	ВМЕ	Not Known	White	ВМЕ	Not Known	White	BME	Not Known
Band 2	349	133	64	379	183	67	243	70	28	245	112	24
Band 3	344	62	35	367	68	41	322	50	29	332	59	23
Band 4	189	15	10	206	23	16	216	28	27	244	34	14
Cluster 1 Total	882	210	109	952	274	124	781	148	84	821	205	61
Band 5	308	75	58	301	91	74	261	75	47	271	74	39
Band 6	398	35	32	430	49	36	397	53	59	413	79	46
Band 7	218	23	21	249	29	21	225	30	19	252	35	13
Cluster 2 Total	924	133	111	980	169	131	883	158	125	936	188	98
Band 8A	109	8	7	114	6	10	124	5	11	125	14	10
Band 8B	40	1	2	45	1	2	44	1	2	45	2	1
Cluster 3 Total	149	9	9	159	7	12	168	6	13	170	16	11
Band 8C	17	2	1	22	3	1	21	2	0	19	1	0
Band 8D	12	2	1	9	2	1	8	3	0	10	2	0
Band 9	2	0	1	2	0	1	3	0	1	2	0	0
Cluster 4 Total	31	4	3	33	5	3	32	5	1	31	3	0

Appendix 3 – ACTION PLAN – Progress and Updates July 2022 – May 2023

Objective - Respond to the Workforce Race Equality Standard National Priorities

Disparity Ratio Action Plan - Reporting - Recruitment and Retention Group

Task	Owner	Timeframe - Start	Timeframe - End	Status
Review people progressing through the HCSW development pathway by ethnicity and respond.	Head of Equality and Inclusion	28/02/2022	01/03/2023	ongoing
Support Bank Staff to complete the Cavendish Care Certificate. Monitor by Ethnicity	Bank Staffing Manager	28/02/2022	01/03/2023	ongoing
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. Monitor by ethnicity	Head of Workforce	29/04/2022	30/06/2022	ongoing
Reduce not known ethnicity for Bank staff through data refresh by the Bank Team.	EDI Engagement Lead/ Workforce Information Manager	01/01/2022	01/02/2023	Complete

Adopt revised approach to recruitment of senior roles and Board recruitment used in recent NED recruitment	Deputy Director of People	30/06/2021	30/06/2022	Completed
Identify good practice and develop some case studies to share look at CERT and develop a case study and publicise	EDI Engagement Lead	28/01/2022	30/06/2022	Complete
Review how we present data on the disparity ratio and present this to show progress including how to define and report on trajectories	EDI Engagement Lead/ Head of Workforce Information	28/02/2022	01/03/2023	Complete

Recruitment and Promotion of Ethnically Diverse People Action Plan - Reporting - Recruitment and Retention Group

Task	Owner	Timeframe - Start	Timeframe - End	Status
Review Recruitment data quarterly by ethnicity	EDI Engagement Lead	01/01/2022	01/01/2023	Complete
Include a report in the directorate IPQR	EDI Engagement Lead	31/03/2022	30/06/2022	Complete
Consider the functionality of the new Trac recruitment system to prompt recruitment panel chairs to implement current trust policy on recruitment panel diversity.	EDI Engagement Lead	01/01/2022	01/02/2022	Completed
Review recruitment panel training to ensure that this has sufficient focus on unconscious bias and the responsibilities of the panel chairs and EDI competency	EDI Engagement Lead	01/01/2022	01/02/2022	Completed

Agree a SOP for ensuring the specific diversity of recruitment panels in terms of ethnicity for Band 7 and above.	EDI Engagement Lead / Recruitment Manager	01/01/2022	02/06/2022	Complete
Any secondments / acting up options are advertised internally	EDI Engagement Lead / Recruitment Manager	01/01/2022	01/02/2022	Completed
Review recruitment and selection training.	EDI Engagement Lead / Recruitment Manager	01/01/2022	01/06/2022	Complete
Include action in the new leadership development pathway.	Head of Equality and Inclusion	01/01/2022	01/02/2022	Completed
Enhance EDI support and knowledge in the People Directorate	Head of Equality and Inclusion	01/02/2022	02/06/2022	Complete
Look at positive action - talent pool development	Head of OD/EDI Engagement Lead	01/03/2022	01/02/2023	ongoing
Adopt resources, guides, and tools to help leaders and individuals have productive conversations about race	EDI Engagement Lead	01/01/2022	01/08/2022	Complete

EDS Domain 2 – Workforce

Objective: To achieve the highest possible rating for Domain 2 of the NHS Equality Delivery System (Workforce Health and Wellbeing)

When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions* (EDS Outcome 2A)

Task	Owner	Timeframe - Start	Timeframe - End	Status
Ensure that Know Your Numbers includes a focus on staff with Protected Characteristics where evidence shows they are disproportionately affected	OD	28/02/2022	30/04/2023	Complete
Embed use of our Health and Wellbeing Passport and Carers Passport including measuring take up by gender, ethnicity, and disability.	EDI Wellbeing Lead	01/03/2022	30/09/2022	Not Started
Provide training to managers on the Health and Wellbeing Passport and Carers Passport	EDI Wellbeing Lead	01/05/2022	30/09/2022	Not Started
Identify action with the Workplace Wellbeing Manager to Increase the number of people from Black and Asian groups accessing workplace wellbeing	EDI Wellbeing Lead	01/03/2022	30/09/2022	Complete
Develop Digital Stories using the WDES Innovation Fund	EDI Wellbeing Lead	01/01/2022	30/09/2022	Complete
Develop a plan to use the Digital Stories to support the WDES Action Plan	EDI Wellbeing Lead	01/01/2022	30/09/2022	Complete

When at work, staff are free from abuse, harassment, bullying and physical violence from any source* (EDS Outcome 2B)

Task	Owner	Timeframe - Start	Timeframe - End	Status
Continue to implement the Zero Tolerance Group Action Plan working as a sub group of the Violence and Aggression standards policy development group	EDI Engagement Lead	01/01/2022	31/03/2023	Complete
Agree the new Zero Tolerance Protocol (with SYP)	Head of Equality and Inclusion / EDI Engagement Lead	30/03/2022	30/08/2022	Complete
Ratify the Hate Incident SOP Implement with management guidance and visual resources	Head of Equality and Inclusion / EDI Engagement Lead	31/03/2022	31/08/2022	Complete
Introduce a system for administering Hate Incident reporting through EDI team as a pilot	Head of Equality and Inclusion / EDI Engagement Lead	01/04/2022	30/09/2022	Complete
Develop hate incident reports to be shared with services and consider potential for us as part of triangulated data	Head of Equality and Inclusion / EDI Engagement Lead	01/04/2022	30/11/2022	Not Started

Independent support and advice for staff when suffering from stress, abuse, bullying harassment, and physical violence from any source* (EDS Outcome 2C)

Task	Owner	Timeframe - Start	Timeframe - End	Status
Approve and implement Staff HR Liaison process	HRA	31/03/2022	31/08/2022	Complete
Involve staff networks in any review of policy related to abuse bullying harassment or physical violence (to note if any relevant policies are due for review in 22/23)	Head of Equality and Inclusion	01/01/2022	31/12/2022	Complete and (roll over to 23/24)
Review the effectiveness of systems and the role of staff networks in sign posting members to support and guidance	Head of Equality and Inclusion	01/04/2022	31/10/2022	Complete (for Period)
Review 'Able Futures' offer	Head of Equality and Inclusion	02/03/2022	31/05/2022	Completed

SHSC recommended as a place to work and receive treatment* (EDS Outcome 2D)

Develop an EDI dashboard with information broken down by protected characteristics	Head of Equality and Inclusion	01/04/2022	30/09/2022	Complete
look at how to use the EDI dashboard with teams to support improvement	Head of Equality and Inclusion	30/09/2022	31/03/2023	Complete
Produce a report broken down by Ethnicity, Disability and Sexual Orientation of the following staff survey question; would recommend as a place to work would choose to use our services, would recommend to family or friends. Identify action where less than 85% positive for the group.	Head of Equality and Inclusion	01/04/2022	30/06/2022	Complete