Proud to care in Sheffield

NHS
Sheffield Health and Social Care
NHS Foundation Trust

Annual Equality and Human Rights Report 2022

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This report looks at progress we have made between April 2022 and March 2023 to achieve our organisations Equality Objectives and take forward an ongoing focus on Human Rights.

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If you would like this report in a different format, please email EDI@shsc.nhs.uk

Introduction

This annual report of highlights the progress we are making to achieve our organisation Equality Objectives and we welcome this opportunity to report on the essential work we have been doing to improve the experience of people from a diverse range of backgrounds and lived experience who work in our organisation and use our services. This report also highlights the focus we have on Human Rights in our organisation and what we have done to progress this.

We are proud to report the improvement that we have seen year on year in reducing our organisations gender pay gaps with more women moving into senior roles in our organisation. We have also seen steady progress in improving the likelihood of career progression into senior roles for ethnically diverse staff which we measure using the workforce race equality standard ‘disparity ratio’.

In 2022/2023 we had a detailed look at how to improve the experience of our disabled staff in receiving adjustments, as a result of this we identified a number of opportunities to change the way we do things and made changes to our systems and process drawing on the lived experience of members of our Disabled Staff network group.

Progress on taking forward work in 2022/23 to improve ethnic minority community experience of care in mental health services, through implementation of the national Patient and Carers Race Equalities framework (PCREF) is also an area we are proud to highlight.

Despite progress in the areas above we still have work to do, change is not happening quickly enough in terms of improving the experience of disabled staff reported in the national NHS staff survey and the level of information we have about people who use our services in terms of sexual orientation and disability in particular remains poor.

Our 2022/23 report highlights that we are making good progress in some areas, but we also recognise that we have a long way to go to achieve all of our objectives, the ongoing involvement of our Staff Networks and the lived experience of people using our services and in the wider communities of Sheffield are absolutely fundamental to progressing these objectives and we recognise their commitment in driving and influencing change in our organisation.

What are Equality Objectives?

The Equality Act 2010 protects individuals and groups from discrimination when they share some characteristics. The Equality Act also includes the 'Public Sector Equality Duty'.

Protected Characteristics

Age

Disability

Gender Reassignment

Pregnancy and Maternity

Race

Religion or Belief

Sex

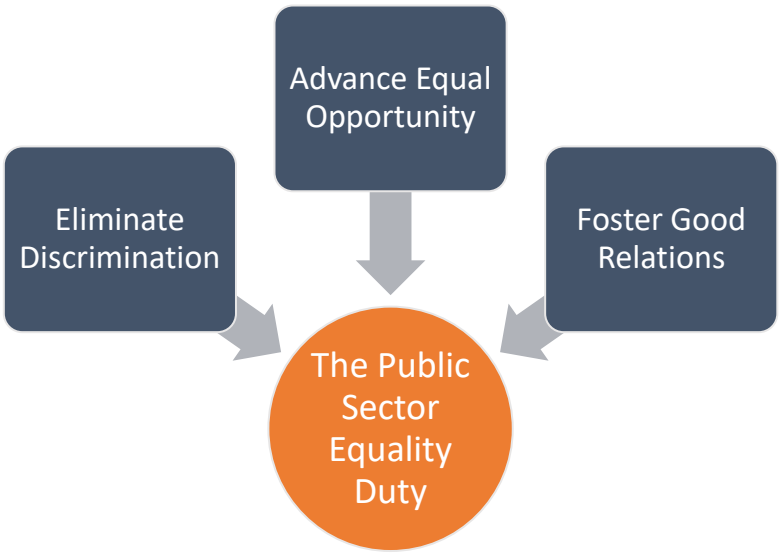
Sexual Orientation

Marriage and Civil Partnership is also a protected characteristic, but the public sector equality duty does not apply in the same way to Marriage and Civil Partnership, it only needs to be considered in relation to preventing discrimination.

The Public Sector Equality Duty

The Public Sector Equality Duty applies to everything we do in our organisation including our main function, which is to provide health and care services and in doing this we employ around 3000 people. The Public Sector Equality Duty expects us to pay attention to its three aims in all that we do.

The three aims of the Public Sector Equality Duty are to …



The Equality Act 2010 legislation also requires public organisations to prepare and publish (one or more) Equality Objectives that the organisation has agreed are important to help achieve the aims in the Public Sector Equality Duty. Organisations have to review these Equality Objectives at least every four years and the Objectives must be 'specific and measurable'.

Most of the information in this report is as of the 31st of March 2023, but where we have introduced quarterly reporting, information up to April to June of 2023 is provided because we want to show the most current information on how we are progressing.

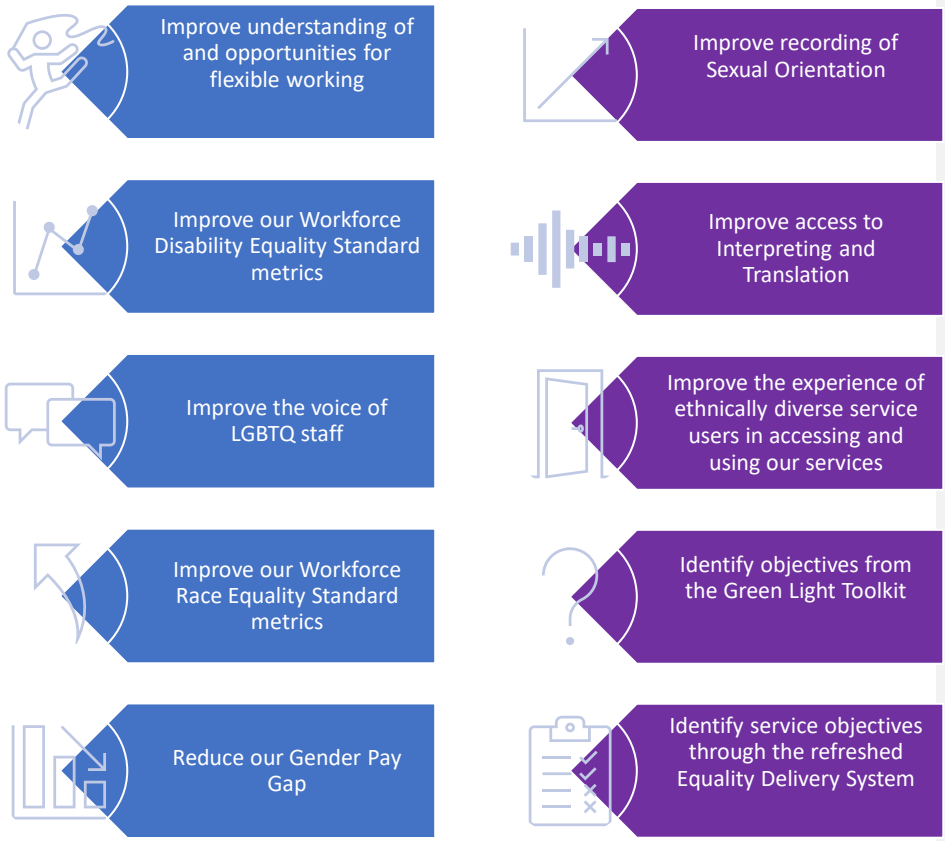
Our 2020 – 2024 Objectives

Our most recent Equality Objectives were agreed in 2020 and cover the period 2020 – 2024. This is our annual report of the progress we are making to meet our Equality Objectives in the time period 2022/2023. In this report we also provide an update

annually on our approach and action about Human Rights. We have ten Equality Objectives, five are workforce focused and five focus on improving our services.

The measures we have identified to monitor and measure progress are in Appendix A and some of these are highlighted in the main part of our report.

Equality Objectives 2020 – 2024



Workforce Objectives

Progress – Workforce Objectives

Improve understanding of and opportunities for flexible working

Progress 2022 – 2023

- Our ‘Flex for the Future’ action plan continues to be implemented
- Our recruitment system now prompts managers to consider if a post is available for flexible working.
- We have introduced an Agile Working policy.
- Flexible working is a key area in our workforce plan.

The measure we use to assess progress on this objective is the NHS staff survey question that asks staff if they are satisfied with opportunities for flexible working patterns. In 2022 63% of staff said they were, this is slightly worse than similar NHS organisations where the average was 66%.

When we set our objectives, we hoped that we would be able to improve recording of flexible working agreements in our workforce systems, unfortunately we have not made much progress in this area to date, we will be reviewing how to progress this in 2023/24 including through changes to how we use our Electronic Staff Record (ESR).

Improve our Workforce Disability Equality Standard metrics

Progress 2022 – 2023

In March 2022 the percentage of disabled staff in our organisation was 9%, this is higher than the 2021 national average of 3.7% and the highest percentage since we started to monitor this data in 2018.

The experience of Disabled staff and those with a long-term health condition continues to be poor compared to others. The metrics we use to measure progress come from the NHS Staff Survey and the Workforce Disability Equality Standard (WDES) these show that in nearly all staff survey metrics our staff report a worse experience than staff in similar organisations despite some small improvements from our 2021 survey (Table 1).

Commented [JW1]: How does it compare to people in SHSC without a disability or long term condition? I can see we are doing worse than similar organisations, but is it a widespread SHSC problem or a specific staff with disability and long term conditions problem? Hope that makes sense

Commented [LJ2R1]: Hi Jaimee thanks for your comment yes its worse for disabled staff across all the metrics but good point ill make sure this is clear int eh WDES reports

Staff Survey 2022 WDES Metric Scores

				Staff with a long-lasting health condition or illness		Average similar organisations
	Better than Comparator?	Worse than Comparator?	Improvement from 2021?	2021	2022	2022
4a) Harassment/Abuse from Service users/public		✗	✗	33.0%	34.8%	32.0%
4b) Harassment/Abuse from managers		✗	✓	15.2%	14.4%	12.3%
4c) Harassment/Abuse from other staff	✓		✓	18.5%	16.3%	18.9%
4d) Staff experiencing harassment or abuse that reported it.		✗	✓	56.5%	57.8%	60.3%
5) Believes the organisation provides equal opportunity		✗	✓	47.7%	48.2%	56.0%
6) Staff feeling pressure to come to work from manager when not well enough		✗	✗	18.8%	19.0%	18.9%
7) Satisfied with the extent to which the organisation values their work		✗	✓	36.4%	36.8%	44.0%
8) Staff Engagement Score		✗	✗	6.2	6.2	6.7
9) Staff saying the organisation has made adequate adjustments		✗	✗	72.2%	72.3%	78.8%

Table 1

We were particularly concerned about the fact that only 72% of staff who require adjustments said they have received these and in October 2022 we set up a project group to look at this issue in more detail. We worked with our Disabled Staff Network group to share their concerns about obtaining adjustments and to look at what they felt needed to change, as a result we:

- Developed a centralised cost centre for reasonable adjustments,
- Centralised administration of requests.
- Worked closely with procurement finance and IT departments to improve processes.
- Developed better information for managers and staff about Access to Work.

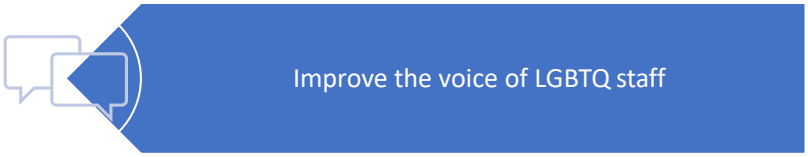
- Our new system will allow us to gather more information about the adjustments being requested and made and how quickly these are being delivered.

In 2022/23 we also introduced targeted support to staff with dyslexia, we trained three staff to undertake dyslexia assessments to support staff to identify workplace adjustments through formal support plans agreed with their line manager.

Since starting this work in early 2022 over forty staff have benefited from this, several staff have been assessed as having dyslexia, as well as staff with existing dyslexia having support to enhance or develop their adjustments.

Workforce Disability Equality Standard

For more information about how we are progressing our Workforce Disability Equality Standard please see our 2022 Workforce Disability Equality Standard report using this QR code.



Progress 2022 – 2023

Our Rainbow Staff Network group has continued to develop and in 2022 we developed an action plan as a result of our Phase II Rainbow Badge assessment. This is an assessment and accreditation model for NHS organisations wanting to improve their support for LGBT+ people who use NHS services and staff who work in those services. In 2022 we have progressed action following feedback from our staff network group including:

- Plans to make individual toilet cubicles gender neutral

- Introducing sanitary bins in mens toilet blocks
- Developing a statement of our organisation position on ‘conversion therapy’.
- Continuing to provide Rainbow Badge training options
- Improving gender neutrality in our policies and producing guidance for policy writers.
- Supporting amendments to letter templates in our new electronic patient record system
- Ensuring that our new electronic patient record system is up to date in how it is able to record sexual orientation, and how it is able to record gender identity and pronouns.

Our staff network membership has fluctuated in some of our networks whilst others have continued to grow, increasing membership is a key continuing priority as well as looking for creative ways of supporting involvement in the group.

In March 2023 the percentage of ethnically diverse staff in our organisation had increased to 17% from 14% in March 2022 and our staff reporting of their ethnicity was 94%.

Our improvement priorities in 2022/2023 focused on:

- harassment and abuse of our ethnically diverse staff from people who use our services, and,
- improving the likelihood of ethnically diverse career progression into senior pay bandings.

We have made some progress in both of these areas.

The metrics we use to measure progress in these areas are data from the NHS Staff Survey and a calculations known as the 'disparity ratio' (see page 12 below for more informatiion on the disparity ratio).

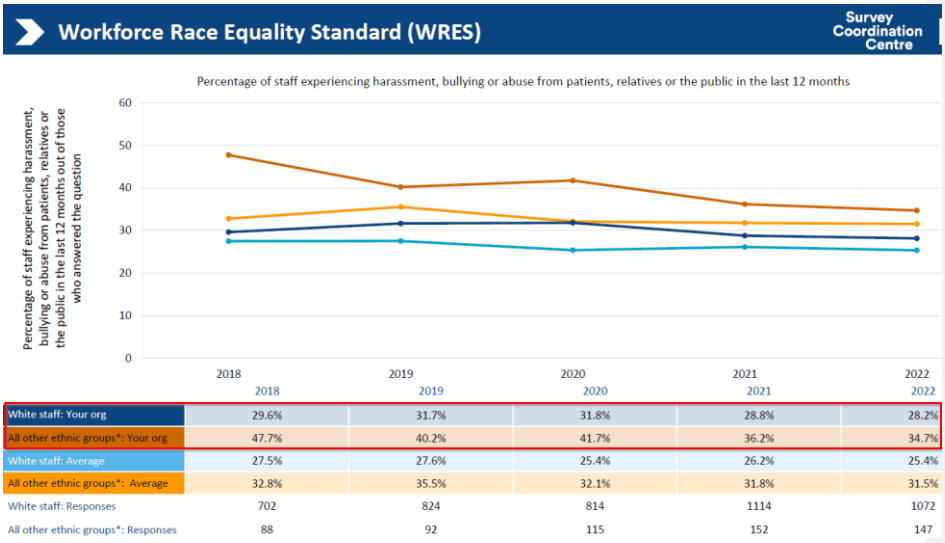
Commented [CP3]: Maybe a brief explanation or link re this?

Abuse from people who use our services

In 2022/2023 we continued our long-term programme of action to support staff experiencing racial and other hate related abuse from people who use our services. This involves implementing detailed procedures introduced in 2021 /2022 and working closely with the Sheffield City Hate Crime lead and mental health leads in South Yorkshire Police. Sadly, our staff continue to regularly experience race related abuse. Through the reporting of these incidents, specific follow up support and more proactive police support, are leading to small but significant changes.

We made the following improvements in 2022/2023:

- Improved the content and focus of our incident reports, the grading of these reports has been reviewed and now reflects the impact of racism on our staff – this improvement has been welcomed by people working in our services.
- We now review incidents so that patterns of incidents 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.
- 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
- Established a central 'third party' hate crime reporting centre within our organisation working closely with the Sheffield City hate crime lead in the introduction of this initiative.
- Our Equality Diversity and Inclusion team and Ethnically Diverse Staff Network Group have provided briefings to our teams on dealing with racism incidents.



	2018	2019	2020	2021	2022
White staff: Your org	29.6%	31.7%	31.8%	28.8%	28.2%
All other ethnic groups*: Your org	47.7%	40.2%	41.7%	36.2%	34.7%
White staff: Average	27.5%	27.6%	25.4%	26.2%	25.4%
All other ethnic groups*: Average	32.8%	35.5%	32.1%	31.8%	31.5%
White staff: Responses	702	824	814	1114	1072
All other ethnic groups*: Responses	88	92	115	152	147

Table 2

The experience of staff reported in the NHS staff survey 2022 in this area, (Table 2) has improved for the first time since 2018 although it is still worse compared to similar organisations. This programme of work continues with the aim of robustly embedding consistent practice in our inpatient services and developing use of our new procedures in community services.

Improving the likelihood of career progression for Ethnically Diverse staff

Along with other NHS organisations we use a calculation know as the 'disparity ratio' to measure the likelihood of staff in different groups moving upward in different pay band groupings. The pay bands that are used are set by NHS Agenda for Change terms and conditions of employment and the groupings are:

- Lower Pay Bands – Bands 2 - 5
- Middle Pay Bands – Bands 6 - 7
- Upper Pay Bands – Bands 8a and above

The ratio compares the progression ratio data for ethnically diverse and white staff. Our target for both groups progression is **1.25.**

Workforce Race Equality Standard (WRES) – Disparity Ratio

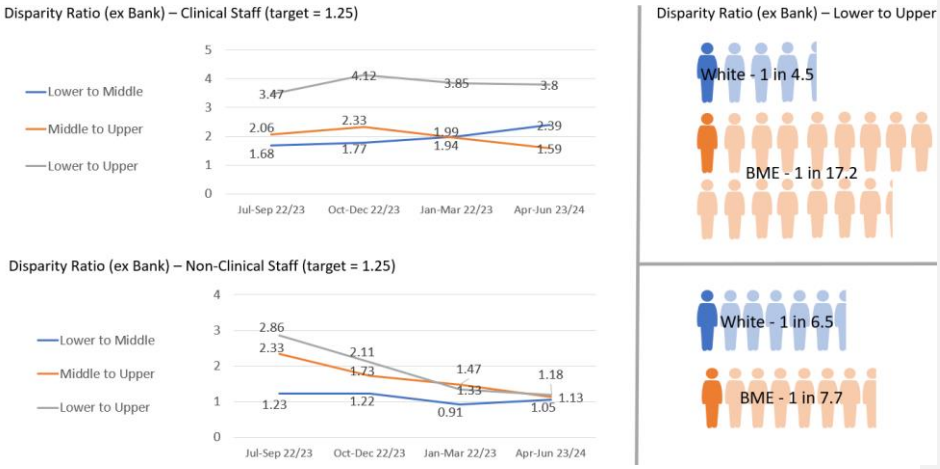


Table 3

Table 3 above shows progress in 2022/2023 and into April to June of 2023. The table also provides a visual illustration (as an example) of this data. The table shows positive progress in reducing the disparity ratio in non – clinical staffing groups and in April to June of 2023 we had achieved the target of 1.25. However, in clinical groups of staff progress is poor. The visual on the right, focused on the Lower to Upper Band progression, shows what this means in practice for our ethnically diverse staff i.e., for white staff 1 in 4 are likely to progress from a clinical band 2 to 5, to a band at 8a and above however for ethnically diverse staff the figure is 1 in 17.

Workforce Race Equality Standard

For more information about how we are progressing our Workforce Race Equality Standard please see our 2022 Workforce Race Equality Standard report using this QR code.

Reduce our Gender Pay Gap

Progress 2022 – 2023

We have made good progress in continuing to reduce our Mean (average) and Median (middle point) pay gaps. These are based on the pay of all people who work in our organisation.

- Our organisations Median pay gap in 2022/2023 means that in 2022/23 women earned 1p less than men.

Median Pay Gap 2022 = 0.97%

- Our Mean pay gap was 8.35% which is higher than the Median pay gap however, this gap has been reducing year on year from its original level of 9.90% in 2020 when this objective was set.

Mean Pay Gap 2022 = 8.35%

Our progress is less good in terms of the Bonus Pay Gap (see Appendix A). Bonuses only apply to medical consultants who receive clinical awards. Over the period of our objectives all payments made under this scheme have been equally shared each year, but because some people receive payments that were awarded using a competitive process before 2020, there is still a large gap. For this reason, it's difficult to take action that will reduce the large bonus pay gaps in the short term, but we do anticipate that these will reduce over time.

Commented [JW4]: Do the figures above include medical staff?
Would be good to clarify

Commented [CP5]: Was this checked with Mike?

Our Gender Pay Gap

For more information about our Gender Pay Gap please see our full report using this QR code.

Service Objectives

Progress – Service Objectives

Improve recording of Sexual Orientation

Progress 2022 – 2023

We have made little progress in our objective to improve recording of sexual orientation of our service users with the percentage of people who have been asked and their response recorded remaining at an average of 11% across all service areas. This means this information is not known for 89% of people who use our services.

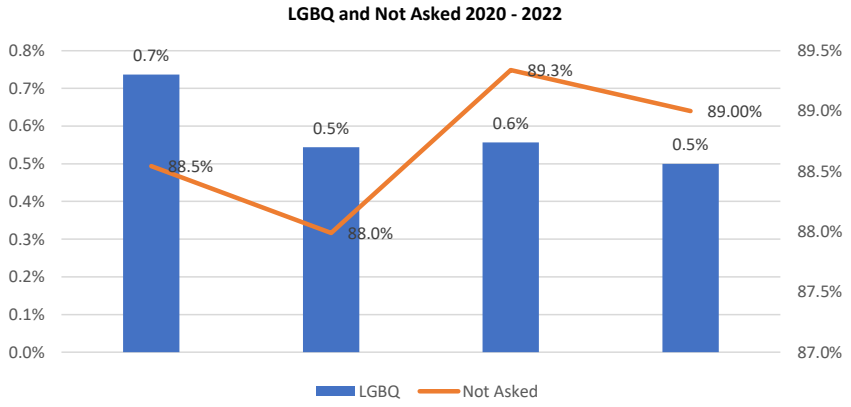
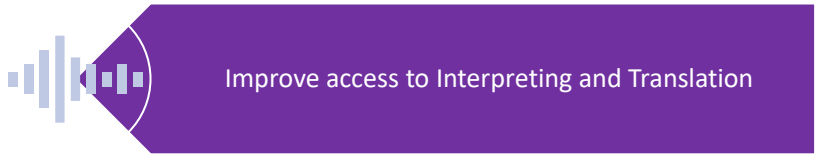


Table 4

We plan to progress more robust action on this area in 2023 /2024. This includes a focus on the importance of recording all demographics as part of a person-centred approach. Our Engagement and Experience team are leading the development of a video to share with people who use our services about why we ask for personal data and what we use this for, this will including Sexual Orientation.



Progress 2022 – 2023

This objective is about improving access to interpreting and translation services, so we can meet the needs of people where English is not their first language. In December 2021 a new contract was agreed to provide interpreting and translation services. Average activity in January to March 2022/23 is highlighted in the table below which covers face to face interpreting, telephone interpreting Video remote interpreting and provision of translation and transcription.

The table 5 below shows the number and type of bookings in this period

	Average Monthly January to March 2022/2023
Face to Face Interpreting	232
Telephone Interpreting	609
Translation / Transcription	43
Video Remote Interpreting	48

Table 5

Our organisation has experienced difficulties in accessing face to face interpreting over the period of the current contract, but the fulfilment rate for bookings in January to March 2022/2023 was 97%. We continue to work closely with our provider organisation to maintain and improve this level. The table 6 below shows the top ten languages by volume of requests in the final quarter of 2022/2023, the most requested languages have not altered since our last report.

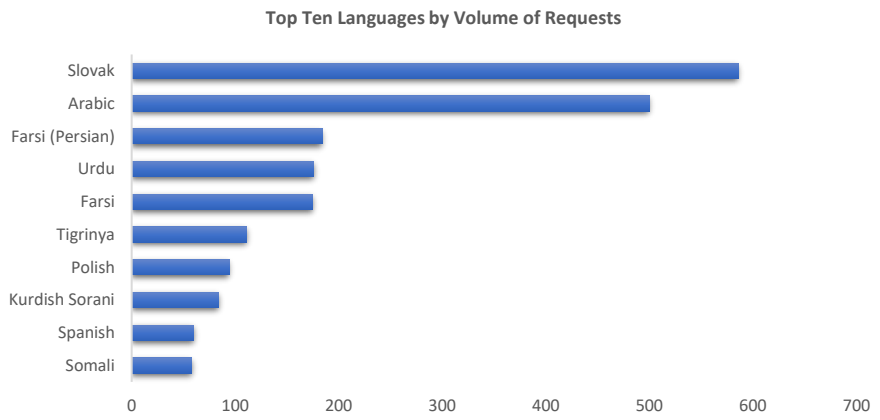


Table 6

Fulfilment of Bookings

In the sample time period 24 bookings (Table 7) could not be met, these were for:

Language	Number of Requests Not Met
Somali	4
Slovak or Slovak - Roma	4
Tigrinya	3
Farsi (Persian)	2
Luo	2
Portuguese	2
Swahili	2
Bulgarian	1
Italian	1
Mandarin	1
Oromo (Afan)	1
Urdu	1

Table 7

Table 8 below provides information about the percentage of the requests for the languages above that could not be met as a percentage of the total request for that language in the time period.

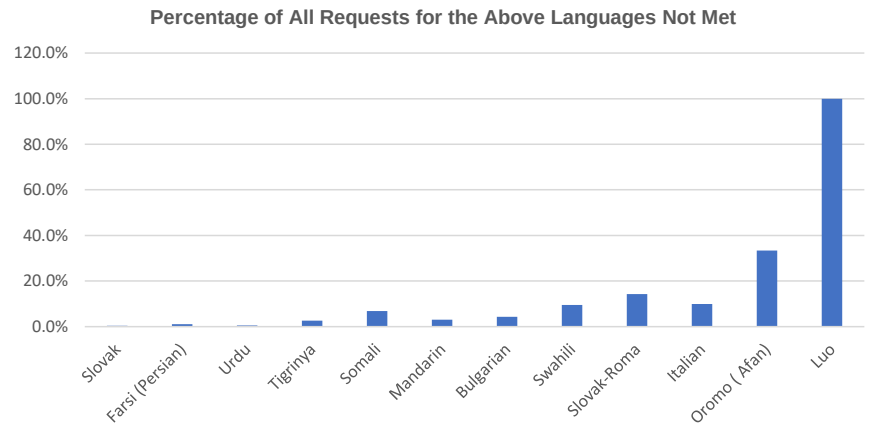
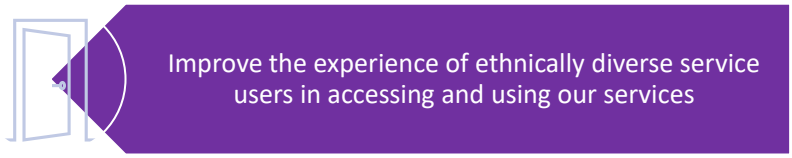


Table 8

We have considered the reasons for not being able to provide an interpreters with our provider, these are varied but include:

- Due to the nature of our services, we use face to face interpreting as the preferred option wherever we can.
- Nationally availability of interpreters who have competed the training required is limited and where they are available, they are in high demand. Changes in how interpreting was provided during the covid pandemic have reduced availability of face-to-face interpreters.
- Our contract requires all interpreters to be qualified, in rare cases the language requested is so uncommon that there are few if any trained interpreters or people that can speak the specific language that are not qualified interpreters.

It is essential that people who use our services always have access to an interpreter and we continue to work with our interpreting provider to make sure that 100% of bookings are met, and to look at all the available ways of providing interpreters. For example, in 2022/2023 we are piloting the use of a hand-held device with the aim of providing improved access to Slovak - Roma interpreting in one of our community services.



Progress 2022 – 2023

Taking forward this objective continues to be focused on our organisation as an early adopter of the national Patient and Carer Race Equality Framework (PCREF). In 2022 /2023 we have focused on developing plans for taking this forward.
Work has commenced with the lead researcher for The Mental Health Implementation Network (MHIN) programme for evaluating the implementation of our PCREF following a successful bid to this programme
The PCREF has three parts and the activity that we have undertaken supports these three key areas

Part 1 - Leadership and Governance

We are progressing well as early adopters of the PCREF. We have a PCREF lead and have in 2022 appointed to a Race Equity Community Lead role, aimed at addressing health inequalities in mental health service through the lens of race.
Our PCREF lead has been collaborating with other organisations who are early adopters to share good practice and learning.
We also started to look at the development of collaborative governance structures for the PCREF.
We have continued to review data on 'restrictive practice' as a learning tool to identify gaps and see where activities are having a positive impact. This is shared regularly with partners in the Voluntary and Community sector.

Part 2 - Organisational competencies

We collaboratively agreed six competencies to develop improvements on these are:

- Cultural Awareness
- Staff Knowledge and Awareness

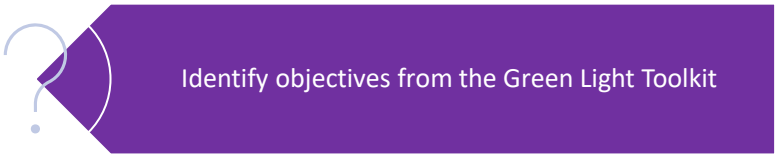
- Partnership Working
- Co-production
- Workforce
- Co-Learning

Cultural awareness workshops have been piloted in 2022/2023 and will, be evaluated for impact.

Part 3 - Feedback Mechanism

Commented [SM6]: Work to do , not sure MIHN fits here

We are working on the development of a video for staff about challenges and solutions.



The Green Light Toolkit is a tool that mental health services can use to support work on improving their response to three groups of people.

The three groups are:

- Autistic people
- People with learning disabilities
- Autistic people who have learning disabilities.

The toolkit helps to identify areas where our organisation is doing well and areas for improvement for these groups. For more information on the 2022 version please follow the link below

Progress 2022 – 2023

In 2022/2023 we have progressed the following areas:

- **Multicultural STOMP**

The Multicultural STOMP focuses on stopping the overmedication of people with a learning disability, autism, or both, within ethnic minority groups. Our Learning Disability service has been undergoing transformation and focusing on improving the quality of care, with a focus on evidence-based practices that improve quality of life, this includes work to stop any over medication of people with Learning Disabilities or Autism or both (STOMP). Dr Hassan Mahmood our Clinical Director and Consultant Psychiatrist for our Learning Disability services has ensured that nationally recognised work has been integrated in the design of our future community learning disability offer, which is a key transformation for us.

- **Easy Read Service Leaflets**

We have completed the development of a set of Easy Read service information leaflets which will be available though our web site to support people with Learning Disabilities in accessing our services.

- **Green Light Network**

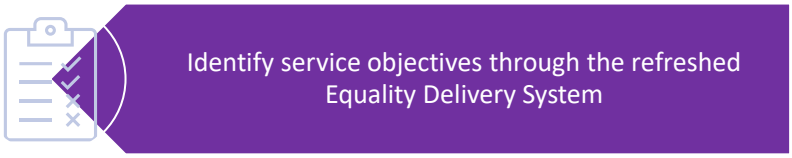
Our Green Light Network continued to develop in 2022/23 sharing learning and good practice around learning Disabilities and Autism

- **Oliver McGowan Mandatory Training**

The Health and Care Act 2022 introduced a requirement for NHS providers to ensure their staff receive learning disability and autism training appropriate to their role. The Oliver McGowan Mandatory Training on Learning Disability and Autism is the standardised training that was developed for this purpose and is the preferred and recommended training for health and social care staff.

In late 2022/2023 we were in the planning stages of introducing the NHS Oliver McGowan Mandatory Training in our organisation. This is a huge step forward and we will report in more detail about the progress of this essential new training programme in our next annual report

Commented [CP7]: Explain what it is



Progress 2022 – 2023

In 2022/ 2023 we have continued to develop our approach to the NHS Equality Delivery System (EDS). There are three Domains:

Commented [JW8]: Is there a plan to add in the other 2 domains> Might be worth saying what the domains are even if you then only talk about 1

Domain 1 - Commissioned or provided services

Domain 2 - Workforce health and wellbeing

Domain 3 - Inclusive leadership

This objective is focused on Domain 1. Domain 1 requires us to undertake a specific review of three service areas each year. 2022/2023 was an early adopter year for this new approach for the EDS. We undertook some initial work on reviewing our Perinatal Service but were unable to progress this as planned in 2022. In 2023 we plan to review our Hospital Liaison Psychiatry Service. Discussions at a regional level have considered looking at transitions between other NHS organisations in Sheffield, using the EDS framework may be helpful. This is an area we are exploring with other NHS organisaitons in the city. A detailed EDS report will be published in February / March 2024, and we will take account of the outcomes of the EDS review in agreeing our 2024 – 2028 Equality Objectives.

Commented [JW9]: IS it worth saying something about why it could not be progressed?
IF I recall it was due to lack of data or info and I think it is valuable to highlight the challenges

Human Rights

Human Rights

The Human Rights Act 1998 requires all public sector organisations to protect, respect and fulfil human rights. But beyond this being a legal duty, our organisation regards upholding human rights as central to the wellbeing and dignity of patients and service users. A rights-based approach actively helps to improve care quality and wellbeing outcomes and facilitates a cultural shift towards a mindset of service user participatory care and individual rights, underpinned by an ethos of staff accountability. Human rights law helps service users to affirm their own agency and helps staff know the best way to proceed in situations where they are uncertain of how to balance service user autonomy with issues of risk, best interests, and good practice.

Leadership

We have made 'Embedding human rights into our day-today practice' a strategic priority over 2023-2026, as a part of our continuous quality improvement priorities. Our human rights agenda works in synergy with the Reducing Restrictive Practice strategy 2021-2024 to help staff recognise the risk to, and impact on human rights.

In 2021 we were the first NHS Trust in the UK to appoint a dedicated Human Rights Officer (HRO) to ensure long term Human Rights Act compliance in policy and practice, and to launch a permanent human rights training initiative, available to all our staff, so that a rights-respecting culture is infused at both frontline and management levels.

Training and Development

Our Human Rights training package was developed with partners at the British Institute of Human Rights (BIHR)in 2021/22. The initial programme concluded successfully, with 92 staff undertaking the first wave training. Trainees were drawn from across our organisation with frontline staff from community and in-patient services and management and administrative staff. A smaller cohort received advanced training designed to enable them to become human rights leaders within their respective units/services, to promote and embed a human rights-centric culture.

Feedback from both sets of training was very positive and we established a 'community of practice' of 15 human rights leads, who meet four times a year to update their training and strategize how to better promote and engrain human rights-based practice across our organisation. Additionally, our leadership and board members have also received human rights development sessions.

- Human Rights Plan

Our new Human Rights Plan was recently agreed. This includes a plan to expand Training numbers and practice leads throughout 2023-2024. Human rights training will be delivered through its integration into our RESPECT training, from September 2023 onwards to reach a much larger number (approximately 600 staff a year) than would be achievable in a standalone training programme. The Practice Leads will also be expanded across the organisation through a revised practice leads programme, delivered over three days from October 2023 onwards. Furthermore, tailored training will be integrated into pre-allocated time slots in individual teams/ professional groups - for example, medics, named nurses, physician associates and trainee psychologists, psychiatrists, and nurses.

- **Embedding Human Rights**

- Our Human Rights Officer is an internal resource for staff across the service, providing guidance on the operation of the Human Rights Act as it relates to day-to-day patient care planning.
- They developed a new CCTV (inpatient and bed-based services) Policy to reduce the number of surveillance systems across services, thus enhancing service users' rights to privacy.
- They have also worked with our partners at the Restraint Reduction Network to co-produce training resources and materials on psychological restraint. These resources are now nationally distributed via the Restraint Reduction Network platform.

- Promoting Human Rights

Part of the work of the Human Rights Officer is promoting human rights with internal and external service user support organisations to enhance and promote human rights knowledge and understanding amongst people who use our services and promoting the utilisation of the Human Rights Act as a key factor in supporting mental health and social care. This has included reaching out and developing relationships with our internal service user forum, SunRise, and third sector partners in the community.

The Human Rights Officer plans to work with experts by experience throughout 2023 to develop and deliver workshops for service users to coproduce a 'know your rights' leaflet, to be launched on International Human Rights Day (11 December 2023).

Thus, this work will continue to build on the foundations laid down in 2021 into 2026 and beyond, enhancing and advancing the protection of the rights of service users in the medium and longer term.

Appendix 1 – Measures Dashboard

Source	
Workforce Race Equality Standard	
Workforce Disability Equality Standard	
Gender Pay Gap	
Organisation Equality Objective	
Associated Objectives	

RAG	Annual Progress
	Not started / Data not yet available for period
	Progress towards target on track
	Progressing towards target limited
	Target deadline passed and not met/ or at risk
	Interim target met / target met

Outcome	Improvement Measure / Target	Progress March 2020	Progress March 2021	Progress March 2022	Progress March 2023
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. (Note there is no specific requirement for this metric to include Bank so from 2021 our target is measured excluding Bank.	This will be measured by the Disparity Ratio (DR) Calculation Target is all DR figures are 1.25 or less by 2025	Lower - middle **2.40** Middle – Upper **1.28** Lower to upper **3.27**	Lower - middle **1.74 (no Bank)** Middle – Upper **1.81 (no Bank)** Lower to upper **3.14 (no Bank)**	Lower - middle **1.60 (no Bank)** Middle – Upper **2.47 (no Bank)** Lower to upper **3.97 (no Bank)**	
From 2023 this metric is reported by Clinical and Non-Clinical				Clinical Disparity Ratio (Agenda for Change Bands)	Lower to Middle DR **1.94**
					Middle – Upper DR **1.99**
					Lower - Upper DR **3.85**
				Non – Clinical	Lower to Middle DR **0.91**

				(Agenda for Change Bands)	Middle – Upper DR **1.47** Lower - Upper DR **1.33**
Maintain the Relative likelihood of staff from Ethnically Diverse* groups being appointed from shortlisting across all posts to between 0.8 and 1.25.	Relative likelihood between **0.8** and **1.25**	1.06	1.09	0.88	0.66
Decrease the Relative likelihood of staff from Ethnically Diverse* 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	Relative likelihood between **0.8** and **1.25**	1.98	1.47	1.63	1.44
Maintain the Relative likelihood of Ethnically Diverse staff accessing non-mandatory training and CPD to an equal level with White staff.	Relative likelihood between **0.8** and **1.25**	1.14	1.38	1.01	0.6
Increase the percentage of staff in AfC pay bands or medical and dental subgroups and very senior managers (including Executive Board members) who identify as Disabled, so it is comparable across these groups with the percentage of staff in the overall workforce.	Decrease the number of staff with Disability not known less than 8% - interim target 10% by July 2022	**15%**	**16%**	**18%**	**16%**
	Apply the WRES disparity ratio calculation to assess progress.	Low - middle **1.20** Middle – Upper **0.85** Lower to upper **1.01**	Low - middle **1.03** Middle – Upper **1.08** Lower to upper **1.10**	Reviewed in 202 and 2021 no clear disparity identified – alternative measures to be focused on i.e. access to reasonable adjustments	

The Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts is within the target range.	Relative likelihood **0.8** and **1.25**	**1.29**	**0.87**	0.77	0.90
Reduce the Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.is within the target range	Relative likelihood **0.8** and **1.25**	**3.51** (NB based on very low numbers)	**0.0**	0.0	In 2023 the national WDES team advised organisations that if they had a two-year average of less than 11 staff entering the capability procedures, they do not have to publish the WDES score for this metric. This is because low numbers skew this metric .In 2023 our two-year average cases were x 1 disabled member of staff and x 1.5 not disabled staff; we are therefore only reporting this data not the WDES 'relative likelihood score'
Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it. Is equal to or above the experience of non-Disabled Staff.	= to staff that are not disabled	Staff LTC /Disability 57% (rounded) Staff No LTC/Disability 61% %(rounded) Difference 4 % in favour of non-disabled staff (2019 Staff Survey)	Staff LTC /Disability 53% (rounded) Staff No LTC/Disability 64% (rounded) Difference 11% in favour of non-disabled staff (2020 Staff Survey)	Staff LTC /Disability 57% (rounded) Staff No LTC/Disability 58 % (rounded) Difference 1% in favour of non-disabled staff (2021 Staff Survey)	Staff LTC /Disability 58% (rounded) Staff No LTC/Disability 60% Difference 2% in favour of non-disabled staff (2022 Staff Survey)
The percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties is equal to or below the score for non-disabled staff	= to staff that are not disabled	Staff LTC /Disability 24% (rounded) Staff No LTC/Disability 11% (rounded) Difference 13% in favour of non-disabled staff (2019 Staff Survey)	Staff LTC /Disability 21% (rounded) Staff No LTC/Disability 16% (rounded) Difference 5% in favour of non-disabled staff	Staff LTC /Disability 19% (rounded) Staff No LTC/Disability 14% (rounded) Difference 5% in favour of non-disabled staff (2021 Staff Survey)	Staff LTC /Disability 19 % (rounded) Staff No LTC/Disability 14 % (rounded) Difference 5 % in favour of non-disabled staff (2022 Staff Survey)

			(2020 Staff Survey)		
The Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work is equal to or above the score for non-disabled staff	= to staff that are not disabled	Staff LTC /Disability 38% (rounded) Staff No LTC/Disability 51% (rounded) Difference 13% in favour of non-disabled staff (2019 Staff Survey)	Staff LTC /Disability 36% (rounded) Staff No LTC/Disability 47% (rounded) Difference 11% in favour of non-disabled staff (2020 Staff Survey)	Staff LTC /Disability 36% (rounded) Staff No LTC/Disability 41% (rounded) Difference 5 % in favour of non-disabled staff (2021 Staff Survey)	Staff LTC /Disability 37 % (rounded) Staff No LTC/Disability 45% (rounded) Difference 8 % in favour of non-disabled staff (2022 Staff Survey)
The percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.	Percentage of Disabled staff who say they have had adequate adjustments made is = to or above the staff survey benchmark group		Benchmark 81% SHSC 79%	Benchmark 79% SHSC 72%	Benchmark 79% SHSC 72%
Take action to facilitate the voices of Disabled staff in the organisation	Membership of Disabled Staff network group increases year on year.	**12**	**33**	**39**	**38**
Reduce the Mean Pay Gap so it is equal or below the benchmark or confirm that any gap is beyond the control of the organisation.	Reduction year on year to the Mean Pay Gap	**9.9%** **(2019 12.6)**	9.4%	8.4%	7.3%
Reduce the Median Gap so it is equal or below the benchmark or confirm that any gap is beyond the control of the organisation.	Reduction year on year to Median Pay Gap	**9.2%** **(2019 7.6)**	8.1%	1.0%	1.6%
Reduced the difference in the percentage of Men and Women receiving a Bonus or confirm that any gap is beyond the control of the organisation.	Reduction year on year in the difference between Men and Women receiving a Bonus.	Women 2020 0.42% Men 2020 2.01% Women 2019 0.44% Men 2019	Women 2021 0.28% Men 2021 1.98% (Both Reduced)	Women 2022 0.70% Men 2022 2.75 % (Both increased)	Women 2023 0.76% Men 2023 2.74% (Women Increase men similar to 2022)

		2.14%			
Reduce the Median Bonus Pay Gap	Reduction year on year to Median Bonus Gap	26.0 (25.0 2019)	25.0%	61.3%	35.6%
Reduce the Mean Bonus Pay Gap	Reduction year on year to Mean Bonus Gap	32.3 (27.3 2019)	24.6%	46.8%	38.4%
Flexible Working There is good understanding in the organisation of the need for and the benefits of flexible working	Increase positive response to the Staff Survey Question on flexible working year on year to 2024	(2019) SHSC 61% Benchmark 62%	(2020) SHSC 66% Benchmark 66%	(2021) SHSC 64% Benchmark 66%	(2022) SHSC 63% Benchmark 66%
Flexible Working - The number of people benefiting from flexible working is known and increasing year on year.	Increase the number of staff with a flexible working agreement in place Year on year to 2024		Problems identified with accessing data under review as part of Flex for the future	Availability of data remains an issue in reporting against this metric	Availability of data remains an issue in reporting against this metric
LGBTQ+ Staff engagement - There is a voice for LGBTQ staff in the Trust and LGBTQ+ staff are empowered to inform and support the trust in areas that impact on LGBTQ staff and local communities.	Year on year increase in number of members of the LGBTQ+ SNG		43	57	44
	LGBTQ+ SNG Priorities identified, and action agreed to deliver by March 2021			Priorities will be identified through the Phase 2 recommendations	Phase 2 Action Plan in place more detailed plan than originally anticipated therefore timescales amended
Recording of Sexual Orientation of people who use our services - Recording of sexual orientation of service users across our services has improved year on year	Year on year increase in the number of people using trust services that	11% known	12% known	11% Known	11% Known

	have been asked about their Sexual Orientation				
Interpreting Services - Access to interpreting services in areas where services may have had trouble and fulfilment rates for bookings are low have improved year on year.	Measure progress through Key performance measures defined through the NHS NOECP Collaborative framework for Interpreting and Translation		Contract start delayed to 1/11/21	Contract Commenced December 2021 Detailed report in the 2021 Annual Report	see page 18
Race Equality – People who use our services - We have a better understanding and have made measurable improvements the experience of people from Black Asian and Minority Ethnic backgrounds in terms of accessing and using our services. *- also see IPQR performance targets associated with the organisations relevant Quality Objectives*	Identify KPI and specific objectives following establishment of the National Observatory and action linked to phase three response to Covid 19			PCREF Implementation started	PECREF Implementation progressing see page 21
	Reduce the number of not known ethnicity to less than 10% in all service areas.		Below 10% in only one area	37% not known	33% not Known
Learning Disability and Autism All service information leaflets available in Easy Read	Service Leaflet Project Completed			Overdue remedial action identified	Service leaflets produced and translated to Easy Read
Autism and Learning Disability training has been delivered in line with plan – now mandatory so will be measured through mandatory training	Number of training sessions delivered			422 staff Trained	Roll out of the Oliver McGowan mandatory training now commenced new course but required for 100% of staff