

## Board of Directors - Public

### SUMMARY REPORT

Meeting Date: 24<sup>th</sup> July 2024  
Agenda Item: 21

<b>Report Title:</b>	<b>Workforce Race Equality Standard (WRES) Report 2024 and Workforce Disability Equality Standard (WDES) Report 2024</b>	
<b>Author(s):</b>	Liz Johnson Head of Equality and Inclusion	
<b>Accountable Director:</b>	Caroline Parry Executive Director of People	
<b>Other meetings this paper has been presented to or previously agreed at:</b>	<b>Committee/Tier 2 Group/Tier 3 Group</b>	People Committee 9 <sup>th</sup> July 2024 Inclusion and Equality Group (Tier 2) 19 <sup>th</sup> June 2024 Executive Management Team 20 <sup>th</sup> June
	<b>Date:</b>	As above
<b>Key points/ recommendations from those meetings</b>	<p><b>The People Committee</b></p> <p>Welcomed the inclusion of benchmarking data in the summary paper and noted positive progress in some areas was being made.</p> <p>Noted alerts on the Disparity Ratio, worsening of disciplinary position and ongoing attention and concern regarding access to Reasonable adjustments for staff.</p> <p>Requested that the tier II report from the Inclusion and Equality group due in September included detail on revised action and progress to address the disparity ratio.</p> <p><b>The Inclusion and Equality Group</b></p> <p>Discussed revisiting action to address the increase in ethnically diverse staff experience of disciplinary procedures.</p>	

### Summary of key points in report

This paper presents our organisation Workforce Race Equality Standard (WRES) Report 2024 and Workforce Disability Equality Standard (WDES) Report 2024. We are expected to complete Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) reports and publish these on our website and send a copy to commissioner and the national WRES and WDES teams by the 31<sup>st</sup> of October each year. As a matter of good practice organisationally we aim to progress this by the end of July annually so that the data and actions plan progress is as current as possible.

### Assure

This report assures the Board that:

### **Workforce Race Equality Standard**

- The percentage of ethnically diverse substantive staff has increased again rising from 17.2% to 20.3% 2024. **(Appendix 1B, Pages 5 - 8)**
- The not known ethnicity is 4.9% reduced from 7% in 2023. **(Appendix 1B, Page.5)**
- There has been a positive increase in the percentage of ethnically diverse staff saying the organisation provides equal opportunity for career progression and this metric benchmarks positively. **(Appendix 1B, Page. 16)**

### **Workforce Disability Equality Standard**

- Our organisation has a high percentage of disabled staff and is in the green area of benchmarking in terms of the percentage of disabled staff working in the organisation. **(Appendix 1A, Pages 4-6 and Page 12 of this report)**
- This is supported by a positive score in the relative likelihood of disabled staff being recruited from shortlisting **(Appendix 1A, P 7 and Page 11 of this report)**
- Disability is positively represented in members of the Board in all three elements that the Workforce Disability Equality Standard asks us to report on. **(Appendix 1A, Page 13)**

## **Alert**

This report alerts the Board to the following points:

### **Workforce Race Equality Standard**

- The percentage of staff experiencing harassment, bullying or abuse from other staff had been improving year on year however in 2023 this has worsened. **(Appendix 1B, Page.16)**
- There has been a large rise in the relative likelihood of ethnically diverse staff entering the formal disciplinary process – benchmarking data suggests we are likely to move from a reasonable position in 2023 to the worse quartile. **(Appendix 1B, Page.12 and Page 10 of this report)**
- The non-clinical disparity ratio has worsened in the last two quarters of 2023/24 following the target of below 1.25 being achieved in 2023. **(Appendix 1B, Page. 10 and Page 11 of this report)**
- Despite a significant net increase in ethnically diverse staff in senior roles since 2021 the clinical disparity ratios remain high. **(Appendix 1B, Pages 9 and 10)**

### **Workforce Disability Equality Standard**

- Our organisation score on access to Reasonable Adjustments remains low and we benchmark poorly. **(Appendix 1A, Page.11)**
- The percentage of Disabled staff who say that the organisation provides equal opportunity is very low. This appears to conflict with other data indicating that disabled staff are well represented (supported by benchmarking) at all levels and in recruitment processes. **(Appendix 1A, Pages 9 and 11 )**
- There is a one percentage point worsening in 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 and our organisation benchmarks poorly with other organisations. (**Appendix 1A, Pages 9 and 11**)

## Advise

The Board are advised that:

- Progress against action identified for 2023/24 is highlighted in the Workforce Race Equality Standard Report within the report in each section and specifically on pages 20 – 23 of appendix 1B .
- Progress against action identified for 2023/24 is highlighted in the Workforce Disability Equality Standard Report within the report in each section and specifically on pages 14 – 15 of appendix 1A .
- Positive progress has been made in progressing actions identified in 2023, these have been reported previously to the People Committee and are not reported in detail in this summary report, but changes are highlighted above.
- Benchmark data is now available from the Model health system site, the benchmark section of this report (**Pages 10 – 13**) contain detailed information about how SHSC fares against a set of 'peer scores' (**see appendix 2 p.16**) and the 'national score' .
- The specific requirements set out in the NHS Standard Contract have been amended and now focus on the NHS High Impact EDI actions, our data score against relevant HIA is included in this summary report. (**Pages 6-8 of this report**)
- We appear to be faring relatively well in our scores associated with the relevant High Impact Actions (HIA 2 and HIA 6)
- It is proposed that rather than include a detailed action plan in each report, a summary EDI Strategic overview action plan is collated and made available to support alignment with our Equality Objectives People Plan and High Impact Action reporting.

The following priority areas for action are proposed for 2024/2025. These have been identified based on our national WRES report (received from the national WRES team around priority areas for action) and review of the WRES and WDES data.

### **Workforce Race Equality Standard Priority areas**

- Harassment ,bullying or abuse from patients , relatives, or the public in the previous 12 months against ethnically diverse staff.
- Career progression in clinical roles lower to middle
- Career progression in clinical roles lower to upper
- Disproportionate experience of disciplinary procedures
- Incidents of discrimination from colleagues
- Percentage of staff experiencing harassment, bullying or abuse from other staff

### **Workforce Disability Equality Standard priority areas**

- Understanding the Staff Survey results on disabled staff's opportunities for career progression
- The way in which the organisation values disabled staff's work
- Access to Reasonable Adjustments
- Harassment bullying or abuse from Service Users

An action plan (the Equality Diversity and Inclusion EDI Strategic Overview Action Plan (Workforce Elements) ) is in place to support these priorities and this is provided as **Appendix 3**.

### Appendices attached

- The 2024 Workforce Disability Equality Standard Report **Appendix 1A**
- The 2024 Workforce Race Equality Standard Report **Appendix 1B**
- NHS Model Health - Peer Group **Appendix 2**
- The Equality Diversity and Inclusion EDI Strategic Overview Action Plan **Appendix 3**

### Recommendation for the Board/Committee to consider:

Consider for Action	Approval	x	Assurance	X	Information
1. It is recommended that the Board approve the reports for publication					
2. It is recommended that the Board are alerted to the points highlighted in this report					
3. It is recommended that the Board are assured of areas of progress as highlighted in the reports and benchmarking data provided					
4. It is recommended that the Board are advised of our position against similar organisations against benchmark data provided in section 4.					

### Please identify which strategic priorities will be impacted by this report:

Effective Use of Resources	Yes		No	x
Deliver Outstanding Care	Yes		No	x
Great Place to Work	Yes	x	No	
Ensuring our services are inclusive	Yes	x	No	

### Is this report relevant to compliance with any key standards? State specific standard

Care Quality Commission Fundamental Standards	Yes	x	No		Well Led
Data Security and Protection Toolkit	Yes		No	x	Not applicable to this report
Any other specific standard?		x			Equality Act 2010 The NHS Standard Contract

### Have these areas been considered? YES/NO

Have these areas been considered? YES/NO					If Yes, what are the implications or the impact? If no, please explain why
Service User and Carer Safety, Engagement and Experience	Yes		No	x	There are no direct implications related to the content of this paper for Service User and Carer Safety, Engagement and Experience
Financial (revenue & capital)	Yes	x	No		There is an indirect link to the need to provide reasonable Adjustments for Disabled Staff and the financial implications for SHSC.
OD /Workforce	Yes	x	No		The content of this report is specifically relevant to the composition of workforce in terms of Race and Disability and experience of discrimination, equal opportunity and organisational culture which may impact on the areas considered in this report.

Equality, Diversity & Inclusion	Yes	<b>x</b>	No		See section 4.2
Legal	Yes	<b>x</b>	No		Indirectly supports compliance with section 149 of the Equality Act 2010 (the Public Sector Equality Duty)
Environmental Sustainability	Yes		No	<b>x</b>	There may be some relevance to sustainability of our workforce however this is not reviewed in detail in this report.

# Workforce Race Equality Standard (WRES) Report 2024 and Workforce Disability Equality Standard (WDES) Report 2024

## Section 1: Analysis and supporting detail

### 1.1 Background

The Workforce Race Equality Standard Report (WRES) 2024 (Appendix 1B) and The Workforce Disability Equality Standard Report (WDES) (Appendix 1A) are presented to the Board. These reports support compliance with the requirements of the NHS Standard Contract which have been updated from 2023 and are set out in section 13.6 with regard to the WRES and WDES:

*13.6 The Providers must implement the high impact actions set out in the NHS Equality, Diversity and Inclusion Improvement Plan and measure its progress against the success metrics set out in the Plan, as well as the wider metrics under the National Workforce Race Equality Standard and the National Workforce Disability Equality Standard. The Provider must be prepared, if requested to do so by the Co-ordinating Commissioner, to provide a written report on its implementation and progress to its public board meeting and/or to the Co-ordinating Commissioner.*

### 1.2 The NHS Equality Diversity and Inclusion Improvement Plan

The [NHS equality, diversity and inclusion \(EDI\) improvement plan](#) utilises measures found in the WRES and WDES reports to measure progress against its High Impact Actions (HIA) , 2 and 6.

### HIA 2: Overhaul recruitment processes and embed talent management processes

EDI HIA 'Success Metric'	Source
Relative likelihood of staff being appointed from shortlisting across all posts	Workforce Race Equality Standard and Workforce Disability Equality Standard
Year-on-year improvement in race and disability representation leading to parity over the life of the plan	Workforce Race Equality Standard and Workforce Disability Equality Standard
Year-on- year improvement in representation of senior leadership (Band 8C and above) over the life of the plan	Workforce Race Equality Standard and Workforce Disability Equality Standard

## **HIA 6 : Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.**

EDI HIA 'Success Metric'	Source
Year-on-year reduction in incidents of bullying and harassment from line managers or teams.	Staff Survey <sup>1</sup>
Year-on-year reduction in incidents of discrimination from line managers or teams.	Staff Survey

### **1.3 WRES and WDES Action plans 2024 onwards**

Previous Standard Contract requirements have expected organisations to produce a five-year WRES action plan and to provide specific reports and action plans to commissioners, these requirements have been replaced by s.13.6 highlighted above however WRES and WDES technical guidance still expects organisations to produce action plans and publish their reports.

Taking account of these changes we propose to continue to align our WRES and WDES annual action to our People Strategy Implementation plan and to also align action to achieve our Equality Objectives in a single Equality Diversity and Inclusion Strategic overview action plan and make this available alongside our WRES and WDES reports reporting within the reports on action relevant to each area.

### **1.4 National Model Hospital EDI dashboard**

A national development in 2023/24 is the introduction of a comprehensive EDI dashboard this can be used to benchmark organisational performance against the metrics in the WRES and WDES although benchmarking provided is against the previous year data i.e.

- Staff Survey benchmarking – 2023
- WRES and WDES metrics not associated with the staff survey including staff data – 2023 WRES return

### **1.5 Progress against our 2023/2024 Action Plan**

Progress against our action plans 2023/2024 as been reported to the People Committee in the tri-annual tier 2 Inclusion and Equality Assurance Group Reports. The summary of progress against action is provided in each report which are provided as Appendix 1 A and 1B of this summary.

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<sup>1</sup> For HIA 6 the expectation is that this improvement will extend to other groups, so the measure is not specific to the WRES /WDES but is referenced here because the WRES and WDES does contain measures for some of these area sin relation to race and Disability

## 1.6 Workforce Race Equality and Workforce Disability Equality priorities progress 2023 – 2024

### Workforce Race Equality

Our organisation priorities for 2023 were informed by the Workforce Race Equality Standard report submitted to us by the national Workforce Race Equality Standard team in 2023, the areas they suggested for focus based on our data and benchmark position were:

1. Career progression in non-clinical roles Lower to Upper - Metric 1
2. Belief that the Trust provides equal opportunities for career progression or promotion amongst BME staff – Metric 7
3. Career progression in clinical roles Middle to Upper – Metric 1

Our 2024 Workforce Race Equality Standard report (appendix 1B) highlights the progress we have made in these areas and generally and is summarised below:

- **Ethnicity Diversity**

The percentage of ethnically diverse substantive staff has increased again rising from 17.2% to 20.3% 2024.

The chart on page 9 of the Workforce Race Equality Standard report highlights the net increase in numbers of ethnically diverse staff in different bands from 2021 to 2024. This shows a positive increase in bands 5 to 7 (cluster 2) of plus 73 ethnically diverse staff in this time period and a positive net increase of 12 ethnically diverse staff in 8a bands.

The percentage of not know ethnicity has fallen again following targeted work on this area in 2023/2024. The not known figure is now 4.9% reducing from 7% between 2023 and 2024. (p.5 WRES).

- **Career progression in non-clinical roles Lower to Upper**

Small staffing changes can have a significant impact on this measure. In quarters one and two of 23/24 we had reached our target of below 1.25 however over quarters three and four this measure worsened and moved above our target of 1.25.

- **Belief that the Trust provides equal opportunities for career progression or promotion amongst BME staff**

Our 2023 Staff survey data showed a large increase in positive responses from ethnically diverse staff, in the 2023 survey 49.76% of ethnically diverse staff expressed a positive response to this question which is now less than one percent within the national average for ethnically diverse staff in our benchmark group.



- **Career progression in clinical roles Middle to Upper**

There has been no progress in moving this measure to below the target of 1.25, one of the reasons for this is an increase in ethnically diverse staff in lower bands. Over time however we have seen a net increase in post holders in senior clinical roles.

- **Disciplinary Cases**

In 2023 we reported that the relative likelihood of staff entering a formal disciplinary process was at the lowest level achieved for this metric since 2017 however our 2024 data shows a high increase with this figure rising to 2.76. We are urgently reviewing the effectiveness of our pre disciplinary 'checkpoints' and looking in detail at the cases involved to see why we are still disproportionately disciplining ethnically diverse staff.

- **Experience of Harassment and Bullying (2023 Staff survey Data)**

The percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public has reduced to 34.7% but has worsened slightly to 35.89% in the 2023 staff survey.

The percentage of staff experiencing harassment, bullying or abuse from other staff had improved year on year for the previous four years however this has worsened in 2023 staff survey data.

## **Workforce Disability Equality**

In 2023 we identified the six areas of focus based on our 2023 Workforce Disability Equality return and in agreement with our Disabled Staff Network Group.

- **Diversity**

In 2024 the percentage recorded of people in our organisation who identify as disabled has continued to increase year on year and is at an all-time high of 11%.

Benchmarking with other NHS organisations indicates that we have a high percentage of staff identifying as Disabled and the most up to data we have access to (2023).

We have a high percentage of disabled staff at all levels although some groups are below the average of 11% the high percentage overall indicates a positive score in all but clinical band 8c – 9 and VSM which is at 0%, this is likely to be because of the low number of posts overall and the fact that these sit in the non-clinical group which is at 22%.

- **Disabled Staff Experience of Harassment / Abuse (WDES Metric 4a – d)**

Our 2023 Staff Survey indicated a 3-percentage point improvement in disabled staff experiencing harassment, bullying or abuse from patients/service users, their relatives, or other members of the public: a 2-percentage point improvement for staff experiencing harassment, bullying or abuse from managers but a 3-percentage point worsening for disabled staff experiencing harassment, bullying or abuse from other colleagues.

Benchmarking data using the 2023 Staff Survey results, indicates that we benchmark positively against our peer group for harassment /bullying experienced by disabled staff from managers or from colleagues but worse than our peer group for staff experiencing harassment from service users or the public.

- **Staff Feeling Pressure to Come to Work When Not Feeling Well Enough (WDES Metric 6)**

There has been no change in this metric, and this remains a priority area however review of our benchmark data indicates that we benchmark positively against peers and national data for this metric.

- **Opportunities for Career Progression and the way the organisation values Disabled Staff's Work (WDES Metrics 5 and 7 )**

There has been a 2-percentage point worsening in respect to the percentage of disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion. This appears to be at odds with our workforce data which indicates positive shortlisting data and a positive percentage of staff disabled staff in roles at most levels across the organisation to Board level, apart from bands 8c – 9 in clinical roles.

### **Reasonable Adjustments (WDES Metric 8)**

This has been the area of most focus in 2023 /2024 and progress has been reported in detail in tier II reports to the People Committee this information is not repeated in this report. There has been a small improvement in this metric, but we continue to focus on this area as a priority and note our continued poor benchmark in this area.

- **Action to Facilitate the Voices of Disabled Staff in our Organisation (Metric 9b)**

Although we have taken steps to improve the voice and influence of disabled staff, we recognise that our staff survey results indicate that disabled staff have a much poorer experience in the workplace than non-disabled colleagues. Our Disabled Staff Network continues to meet regularly.

In 2023/2024 we have established a chairs of the staff network policy group the chairs have been involved in a detailed review of policies including The Disabled Staff Policy and The Disabled Staff Network Group also took part in the Staff Network Conference in February 2024.

- **The Diversity of Our Board (WDES Metric 10)**

The overall percentage of disabled people in the organisation in 2024 was 10.8% before rounding, all three areas of Board representation in terms disability have improved in 2024 highlighted in figures 6 – 8 on page 13 of Appendix A

## 1.7 NHS High Impact Actions – progress against the Success Metrics drawn from the Workforce Race Equality Standard and the Workforce Disability Equality Standard

### High Impact Action 2

#### HIA 2: Overhaul recruitment processes and embed talent management processes

As reported above HIA 2 focuses on required improvement against three areas. The table below shows our progress for both Race and Disability.

#### Race

EDI HIA ‘Success Metric’	Source	Progress to 2024
Relative likelihood of staff being appointed from shortlisting across all posts	Workforce Race Equality Standard	Metric Score = 0.53 in favour of ethnically diverse staff
Year-on-year improvement in race representation leading to parity over the life of the plan	Workforce Race Equality Standard	Year on year progress in since 2021 in Band 5,6,7 and 8a but no net progress in Bands 8c – 9 and band 4
Year-on- year improvement in representation of senior leadership (Band 8C and above) over the life of the plan	Workforce Race Equality Standard	No net increase since 2021 in bands 8c – 9 however improvement in VSM

- Although our recruitment to shortlisting figure is in favour of ethnically diverse staff the expected range published by the national team is 0.80 – 1.25, because this figure is outside of this range it is likely to be seen as a negative position. Also, of note a large number of ethnically diverse recruitment has been into lower bands which also needs to be considered.
- The chart on page 9 of the WRES report (appendix B) highlights the net increase in numbers of ethnically diverse staff in different bands from 2021 to 2024. This shows a positive increase in bands 5 to 7 (cluster 2) of plus 73 ethnically diverse staff in this time period and a positive net increase of 12 ethnically diverse staff in 8a bands.
- In 2024 we identified increasing the number of ethnically diverse staff in band 8a upwards as an Equality Objective.

## Disability

EDI HIA 'Success Metric'	Source	Progress to 2024
Relative likelihood of staff being appointed from shortlisting across all posts	Workforce Disability Equality Standard	2024 our recruitment data continues to show a positive score of 1.03
Year-on-year improvement in disability representation leading to parity over the life of the plan	Workforce Disability Equality Standard	There has been an improvement in most areas apart clinical 8a-8b where there has been a small reduction
Year-on-year improvement in representation of senior leadership (Band 8C and above) over the life of the plan	Workforce Disability Equality Standard	Looking at Clinical and non-clinical combined there is good representation in Bands 8c - 9 & VSM

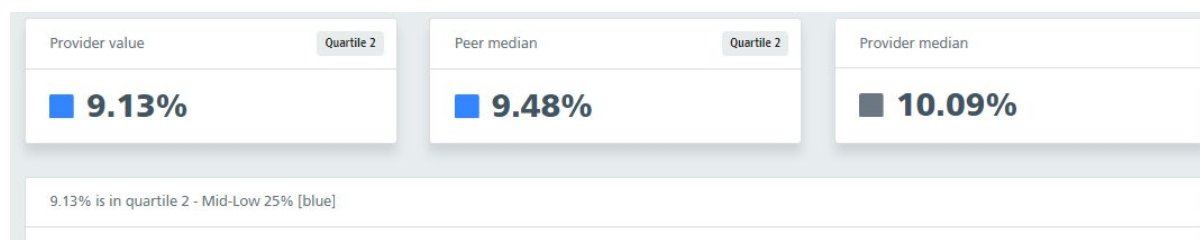
## High Impact Action Six

**HIA 6 : Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.**

## Race

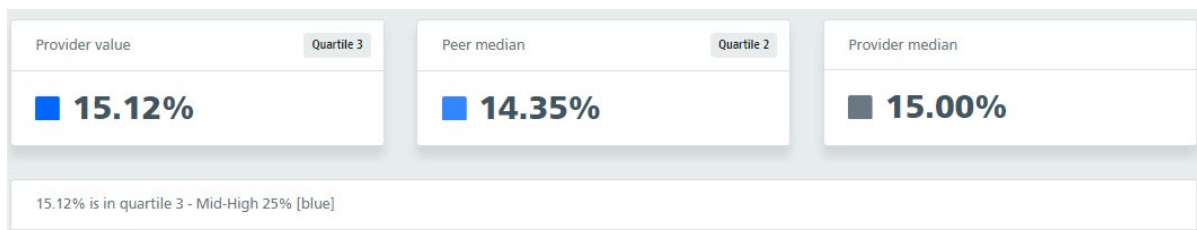
EDI HIA 'Success Metric'	Source	Progress to 2024
Year-on-year reduction in incidents of bullying and harassment from line managers or teams.	Staff Survey <sup>2</sup>	Benchmark data indicates we are below the peer median and the provider median in 2023 and in quartile 2
Year-on-year reduction in incidents of discrimination from line managers or teams	Staff Survey	Benchmark data indicates we are above the peer median and the provider median in 2023 and in quartile 3

## Ethnically Diverse Staff experience of bullying and harassment from managers



<sup>2</sup> For HIA 6 the expectation is that this improvement will extend to other groups, so the measure is not specific to the WRES /WDES but is referenced here because the WRES and WDES does contain measures for some of these areas in relation to race and Disability

## Ethnically Diverse Staff experience of discrimination from line manager or teams



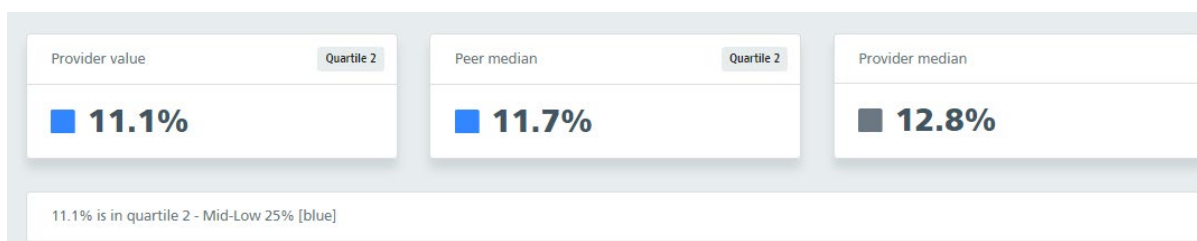
## Disability

EDI HIA 'Success Metric'	Source	Progress to 2024
Year-on-year reduction in incidents of bullying and harassment from line managers or teams.	Staff Survey <sup>3</sup>	Benchmark data indicates we are below the peer median and the provider median in 2023 and in quartile 2
Year-on-year reduction in incidents of discrimination from line managers or teams	Staff Survey	Benchmark data indicates we are below the peer median and the provider median and in quartile 2

## Disabled Staff experience of bullying and harassment from managers



## Disabled Staff experience of discrimination from line manager or teams



<sup>3</sup> For HIA 6 the expectation is that this improvement will extend to other groups, so the measure is not specific to the WRES /WDES but is referenced here because the WRES and WDES does contain measures for some of these areas in relation to race and Disability

## Section 2: Risks

There are three risks associated with this paper all remain following this report. Risk action will be update in line with refreshed action plans and priorities.

<b>Directorate Risk</b> <b>5167</b>	There is a risk that disabled staff will not receive reasonable adjustments caused by relevant systems, processes and manager knowledge being insufficient resulting in disabled staff being disadvantaged and possible legal or regulatory challenge.
Directorate Risk <b>5159</b>	There is a risk of poor-quality demographic data (Ethnicity and Disability) caused by ESR records not being complete will result in lack of confidence in/accuracy of our Workforce Race Equality Standard reporting and our Workforce Disability Equality Standard Reporting.
Directorate Risk <b>5160</b>	There is a risk that we will fail to meet the Model Employer (Disparity ratio) target of 1.25 by 2025 set out in the NHS Standard Contract caused by failure to recruit and retain sufficient staff from ethnically diverse groups in roles in band 8a and above resulting in failure to meet the nationally defined target

### Priorities for action and focus 2024/25

#### Workforce Race Equality

Our latest bespoke Workforce Race Equality Standard report from the national team highlights priority areas for 2024 which inform priority action and focus for the financial year 2024/2025. These are:

- Harassment ,bullying or abuse from patients , relatives, or the public in the previous 12 months against ethnically diverse staff. (Metric 5)
- Career progression in clinical roles lower to middle (Metric 1)
- Career progression in clinical roles lower to upper (Metric 1)

These priority areas can be influenced by data that is not current, our most recent data indicates that we should also focus on:

- Disproportionate experience of disciplinary procedures
- Incidents of discrimination from colleagues
- Percentage of staff experiencing harassment, bullying or abuse from other staff

#### Workforce Disability Equality

Our priorities for 2024 /2025 are influenced by our Workforce Disability Equality Data and the experience of our staff network group members, this indicates a focus in 2024/2025 on:

- Understanding the Staff Survey results on Disabled staff's opportunities for career Progression
- The way in which the organisation values Disabled Staff's Work
- Access to Reasonable Adjustments
- Harassment Bullying or abuse from Service Users

## Section 3: Assurance

### Benchmarking

Benchmarking data is now available through the national Model Heath site.

- Benchmarking is reported either against a value of 0.80 and 1.25 or against the percentage score reported in the NHS Staff Survey. The Value Score of 0.80 and 1.25 is a 'non-adverse likelihood range set by the NHS WRES Strategy team. It is between these two values where the WRES team feels there is not significant difference or an adverse effect.'
- Peers in the following tables are a set of 10 organisations with similar attributes and context chosen by NHS England (see appendix 2 )
- Benchmarking data is provided for areas we believe we fare worse or where we appear to be improving.

#### 3.1. The Workforce Race Equality Standard

- **Disciplinaries**

Figure 1 highlights our benchmark position in 2023 was just outside 1.25 and therefore almost within a green zone however as reported above our score for 2024 has risen to 2.76 – the call out indicates where this might place us in 2024 (peers are indicated by grey bars)

WRES3 – Disciplinary: Relative likelihood of BME to white staff, National Distribution

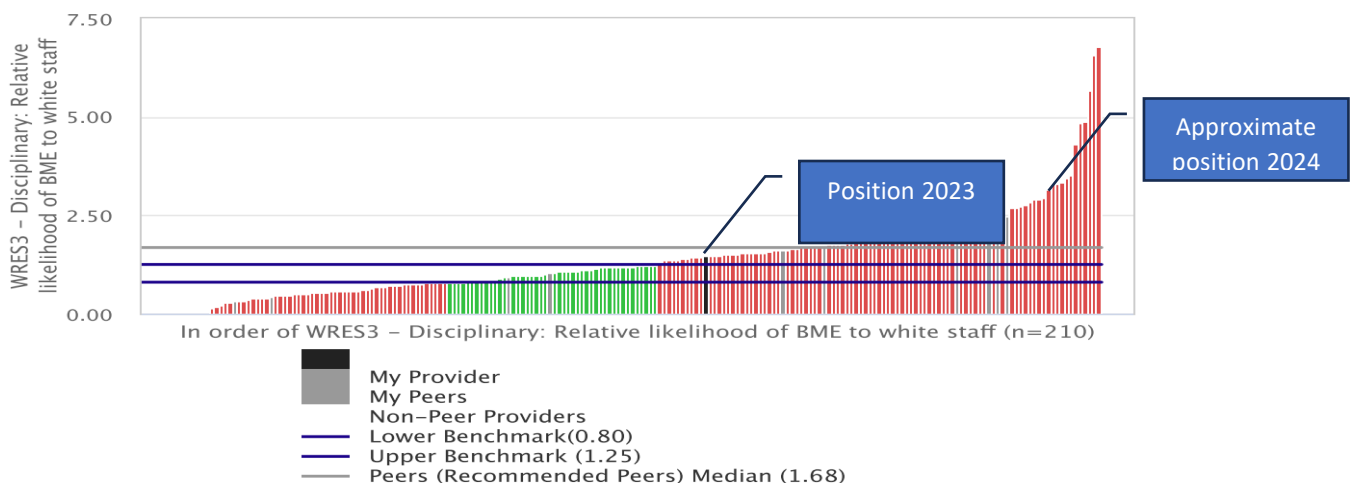


Figure 1

WDES Metric 1a: Non-Clinical Workforce Skill Mix	Data period	Provider value	Peer average ⓘ	National value
WDES1a - Bands 1 to 4 Non-Clinical Staff (Disabled Staff %)	2023	8.0%	7.6%	5.5%
WDES1a - Bands 5 to 7 Non-Clinical Staff (Disabled Staff %)	2023	9.2%	8.8%	5.8%
WDES1a - Bands 8a to 8b Non-Clinical Staff (Disabled Staff %)	2023	10.5%	7.5%	5.1%
WDES1a - Bands 8c to 9 including VSM Non-Clinical Staff (Disabled Staff %)	2023	5.9%	2.8%	3.7%

WDES Metric 1b: Clinical Workforce Skill Mix	Data period	Provider value	Peer average ⓘ	National value
WDES1b - Bands 1 to 4 Clinical Staff (Disabled Staff %)	2023	9.1%	7.8%	4.7%
WDES1b - Bands 5 to 7 Clinical Staff (Disabled Staff %)	2023	9.6%	9.2%	4.7%
WDES1b - Bands 8a to 8b Clinical Staff (Disabled Staff %)	2023	10.0%	7.1%	4.1%
WDES1b - Bands 8c to 9 Clinical Staff (Disabled Staff %)	2023	0.0%	5.1%	2.7%

Figure 4

- Disabled staff experience of Bullying or Harassment**

The benchmark data below indicates that disabled staff experience bullying or harassment from service users to a greater extent than the peer group and national average however fare better n experiencing bullying and harassment from managers or colleagues and in reporting it when it occurs

WDES Metric 4: Experience of bullying, harassment or abuse	Data period	Provider value	Peer average ⓘ	National value
WDES4a - Experience of bullying, harassment or abuse from patients / service users / relatives / public (Disabled Staff %)	2023	31.7%	28.6%	29.1%
WDES4b - Experience of bullying, harassment or abuse from manager (Disabled Staff %)	2023	12.0%	12.4%	14.2%
WDES4c - Experience of bullying, harassment or abuse from other colleagues (Disabled Staff %)	2023	19.4%	18.4%	23.4%
WDES4d - Last incident of workplace bullying or harassment reported (Disabled Staff %)	2023	57.8%	61.2%	52.5%

- Disabled staff coming to work when not well enough**

We identified this as an area for action in 2023 however our benchmark data indicates disabled staff in our organisation fare better then the national median and slightly worse than the peer median.

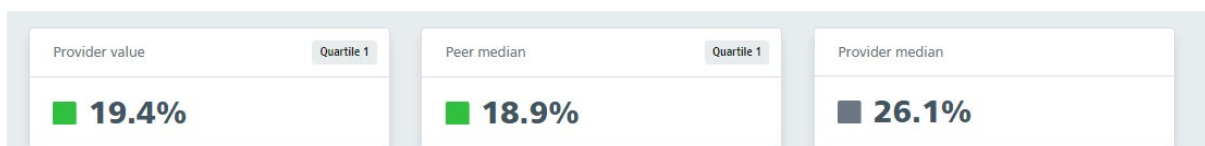


Figure 5



- **Opportunities for Career Progression and the way the organisation values Disabled Staff's Work (WDES Metrics 5 and 7 )**

As noted earlier in this report we benchmark poorly against the peer median and national median which is in contrast to the improvement in this area in terms of ethnically diverse staff and also appears at odds with our other data.

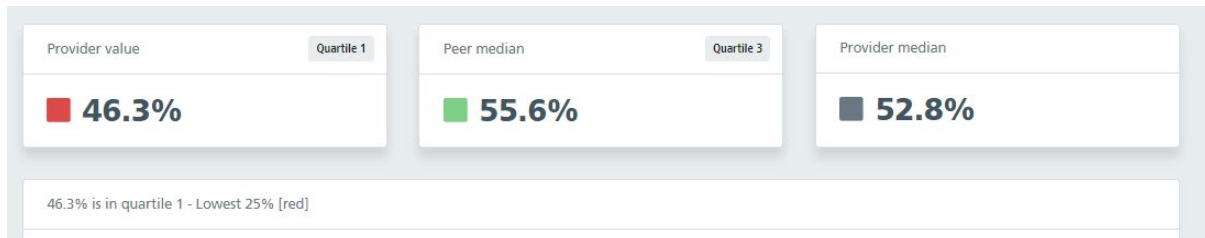


Figure 6

Of note however our organisation benchmark against Metric 7 (Figure 8) , the extent to which my organisation values my work is low against the peer median and its possible that this is also influencing the extent to which disabled staff feel they have opportunities for career progression.

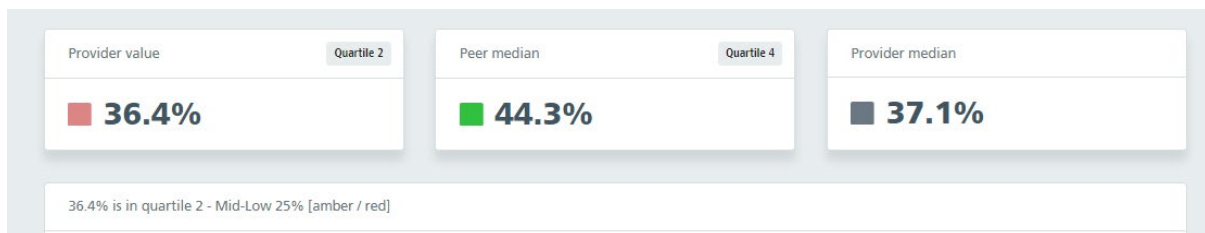


Figure 7

- **Reasonable Adjustments (WDES Metric 8)**

As noted earlier in this report our access to Reasonable Adjustment figure is particularly poor compared to our peer median. We are in quartile 2 however a more detailed comparison is not available.

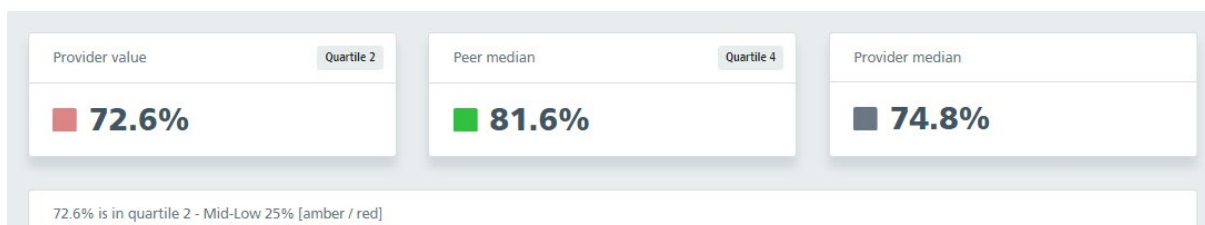


Figure 8

## Section 4: Implications

### Strategic Priorities and Board Assurance Framework

- 4.1 This paper is relevant to the strategic aim of being a Great Place to Work see also 4.3 below for strategic alignment.

### Equalities, diversity, and inclusion

- 4.2 This report is directly relevant to Equality Diversity and Inclusion and indirectly supports produced to support compliance with the Equality Act 2010 Public Sector Equality Duty

### Culture and People and Integration and system thinking

- 4.3 In June 2023 the NHS published a set of High Impact Equality Diversity and Inclusion actions, followed by an implementation plan the detail of the relevance of the High Impact Actions is covered in section above. This report is also relevant to the priority areas of the NHS Long Term Plan and is aligned with the People Strategy Implementation plan.

### Financial

- 4.4 There are no specific financial considerations associated with this report

### Sustainable development and climate change adaptation

- 4.5 This area has been considered an no implications have been identified.

### Compliance - Legal/Regulatory

- 4.6 This paper is relevant to compliance with the Equality Act 2010 including s.149 of the Act, the Public Sector Equality Duty.

The paper is also relevant to responding to the contractual requirements set out in the NHS standard contract.

## Section 5: List of Appendices

- The 2024 Disability Equality Standard Report **Appendix 1A**
- The 2024 Workforce Race Equality Standard Report **Appendix 1B**
- NHS Model Health site Peer Group **Appendix 2**
- The Equality Diversity and Inclusion EDI Strategic Overview Action Plan **Appendix 3**



Sheffield Health  
and Social Care  
NHS Foundation Trust

# Workforce Disability Equality Standard

Report 2024



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## **Introduction**

The Workforce Disability Equality Standard (WDES) is made up of ten 'Metrics.' These compare the experiences of disabled and non-disabled staff in the NHS. The information from the WDES is used to inform our progress in looking at the experience of disabled staff and act to make improvements.

This report provides information about the WDES metrics in 2024 and what we plan to do to make changes where metrics highlight areas of concern.

## **What do we mean by Disability?**

The WDES and our organisational Disabled Staff policy uses the term Disability in the context of the Social Model of Disability which is that:

A person is disabled by failure of an organisation or society to make adjustments that remove barriers, for example, changes to the environment, ways of doing things and attitudes.

The Equality Act 2010 provides a legal definition:

A person has a disability if—

- (a) the person has a physical or mental impairment, and
- (b) the impairment has a substantial and long-term adverse effect on the person's ability to carry out normal day-to-day activities.

Our Disability Staff network group have chosen to use Disability in their title because this reflects the 'protected characteristic' of Disability and the protection that the Equality Act 2010 gives against discrimination, and that it is important to move away from a focus on the individual but the barriers they experience.

## **Data and Information Used in this Report**

The information used in this report comes from our Electronic Staff Record (ESR) system and from our NHS Staff Survey report. The ESR system and the Staff Survey ask about Disability, research has shown that more staff disclose disability when they are completing the NHS Staff Survey than provide this information in the ESR system. The data in this report excludes anyone on a Bank only contract. There is now a Bank only NHS Staff Survey in order to look specifically at the experience of Bank staff.

## The Percentage of Disabled Staff in our Organisation

Disability	2016	2017	2018	2019	2020	2021	2022	2023	2024
Yes	8%	6%	7%	7%	7%	7%	8%	9%	11%
No	61%	78%	79%	79%	78%	77%	74%	75%	76%
Not Stated	32%	16%	14%	14%	15%	16%	18.3%	16%	14%

Figure 1

In 2024 the percentage recorded of people in our organisation who identify as disabled has continued to increase year on year and is at an all-time high of 11%.

Benchmarking with other NHS organisations indicates that we have a high percentage of staff identifying as Disabled and the most up to data we have access to (2023).

### The Percentage of Disabled Staff by Pay Band (WDES Metric 1)

The Workforce Disability Equality Standard asks us to review the percentage of disabled staff in our pay bands compared with the percentage of staff in the overall workforce.

This metric is reported by non – clinical and clinical staffing groups. Figure 2 highlights the percentage of staff in each pay band /grade that say they are disabled, although some groups are below the average of 11% the high percentage overall indicates a positive score in all but clinical band 8c – 9 and VSM which is at 0%, this is likely to be because of the low number of posts overall and the fact that these sit in the non-clinical group which is at 22%.

## Disabled Staff by Pay Band/Grade

Figure 2

Non-Clinical	Disabled					Not Disabled				
	2020	2021	2022	2023	2024	2020	2021	2022	2023	2024
Bands 2 - 4	8%	8%	8%	8%	10%	83%	80%	78%	79%	77%
Band 5 - 7	5%	7%	7%	9%	11%	84%	82%	79%	78%	81%
Bands 8a - 8b	6%	6%	7%	10%	9%	85%	80%	75%	78%	83%
Bands 8c - 9 & VSM	11%	11%	10%	6%	22%	74%	73%	70%	77%	67%
Clinical	Disabled					Not Disabled				
	2020	2021	2022	2023	2024	2020	2021	2022	2023	2024
Bands 2 - 4	6%	7%	8%	9%	10%	74%	73%	72%	75%	75%
Band 5 - 7	8%	8%	8%	10%	12%	79%	76%	73%	75%	76%
Bands 8a - 8b	8%	9%	8%	10%	12%	83%	84%	84%	80%	80%
Bands 8c - 9 & VSM	8%	4%	0%	0%	0%	83%	81%	83%	96%	92%
Consultants	7%	8%	6%	8%	8%	75%	78%	72%	68%	69%
Non-Consultants Career Grade	5%	4%	5%	7%	10%	81%	84%	80%	93%	67%
Medical and Dental Trainee Grades	11%	10%	10%	7%	10%	61%	50%	30%	22%	23%



## Not Known

The average not stated has decreased a small amount in 2024 but remains above our target of 10%. This included making changes to the electronic staff record system so that staff were reminded to update their information. We have also taken action to ensure that records recorded in one part of our system are transferred to the next sated. We are particularly concerned about the high percentage of not known in the medical trainee group, our workforce team are working with the medical team to improve this data and helping us to progress ongoing improvements in this area.

Our interim target was to reduce not know to less than 10% by July 2022, we have not met this target but not know is decreasing from 2022 to 2023.

Our not known is above the last published national figure of 20% and our target remains at 10%.

<b>NON - CLINICAL - Not Known</b>					
	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>
<b>Bands 1 - 4</b>	9%	12%	14%	13%	13%
<b>Band 5 - 7</b>	11%	11%	14%	13%	8%
<b>Bands 8a - 8b</b>	10%	14%	19%	12%	9%
<b>Bands 8c - 9 &amp; VSM</b>	16%	16%	20%	18%	11%
<b>Clinical – Not Known</b>					
	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>
<b>Bands 1 - 4</b>	20%	20%	20%	16%	15%
<b>Band 5 - 7</b>	13%	16%	19%	15%	13%
<b>Bands 8a - 8b</b>	9%	7%	8%	5%	8%
<b>Bands 8c - 9 &amp; VSM</b>	9%	15%	17%	10%	8%
<b>Consultants</b>	19%	14%	22%	25%	24%
<b>Non-Consultants Career Grade</b>	14%	12%	15%	0%	23%
<b>Medical and Dental Trainee Grades</b>	27%	40%	60%	71%	67%

Figure 3

## **Likelihood of Disabled People Being Recruited From Shortlisting (WDES Metric 2)**

This question looks at the proportion of disabled people compared to non-disabled people appointed from shortlisting when they have applied for roles in our organisation. Our target is for this to be between 0.80 to 1.25.

In 2024 our recruitment data continues to show a positive score of 1.03 at , this means that disabled people that are shortlisted are as likely as non - disabled applicants to be appointed.

Our recruitment data appears to indicate that disabled applicants fare well in our recruitment procedures, and this appears to be reflected in the percentage of disabled staff we employ.

## **Disabled Staff and Formal Capability Procedures (WDES Metric 3)**

This Metric is based on data from a two-year rolling average of the current year and the previous year and is based on capability on the grounds of performance and not ill health. The data reviewed for this metric is the number of staff entering the capability process from 1 April 2022 to 31 March 2024, divided by 2.

In 2024 our two-year average cases were 0 disabled member of staff and 3 not disabled staff our score for this metric is therefore 0.0 for 2024

## **The NHS Staff Experience Survey 2021 (WDES Metrics 4 to 9a)**

Nine of the WDES metrics come from the NHS annual Staff Survey the last survey took place in 2022 so these WDES metrics are as of 2022 rather than 2023.

The number of staff with a Disability or Long-Term Health Condition who complete the NHS staff survey in SHSC each year is rising, in 2024 this group represented 35% of all staff who completed the survey.

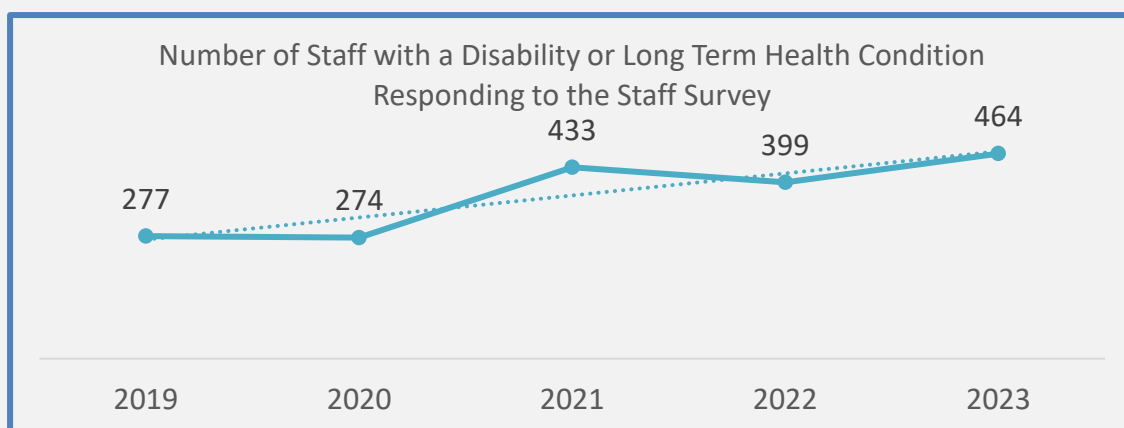


Figure 4

Staff Survey questions included in the Workforce Disability Equality Standard are:

- The Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from:
  - A. Patients/Service users, their relatives, or other members of the public
  - B. Managers
  - C. Other colleagues
  - D. The 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.
- The Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.
- 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.
- 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.
- The Percentage of Disabled staff saying that their employer has made reasonable adjustment(s) to enable them to carry out their work. (Prior to 2022, the term “adequate adjustments” was used).
- The staff engagement score for Disabled staff, compared to non-disabled staff.

The table below (Figure 1) is a summary of our organisations WDES scores for all of the WDES metrics from the NHS Staff Survey 2022.

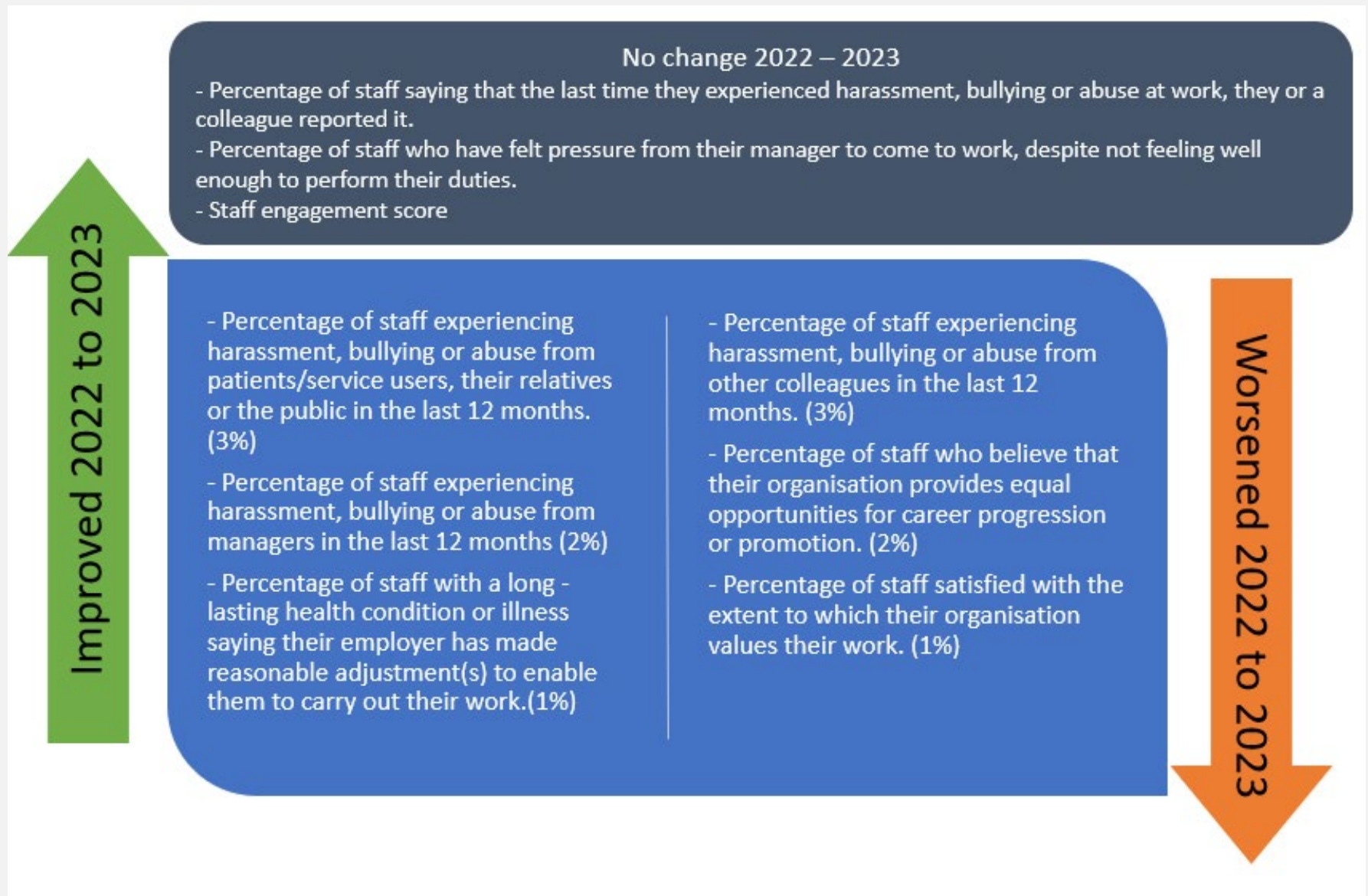


Figure 5

## **Key Points and Areas for Action 2024/25**

### **Disabled Staff Experience of Harassment / Abuse (WDES Metric 4a – d)**

There has been a 3-percentage point improvement in Disabled staff experiencing harassment, bullying or abuse from patients/service users, their relatives, or other members of the public and a 2-percentage point movement for staff experiencing harassment, bullying or abuse from managers, however, there has been a 3-percentage point worsening for disabled staff experiencing harassment, bullying or abuse from other colleagues.

In 2023/4 we agreed a new Equality Objective to:

*Improve our Knowledge , Understanding and Attitude in the areas of : Neurodiversity, Reasonable Adjustments, Cultural Humility, Allyship, Microaggression.*

In 2024/2025 action we will take to support this objective includes:

- Developing training as part of our new Manager Programme this will include Reasonable Adjustments, Allyship and Microaggressions.
- Including topics around Disability in our Equality Diversity and Inclusion Learning and Sharing Forum programme for 2024/2025
- Including Disability in developing a new 'Living Library' Resource

There has also been no change in the percentage of disabled verses not disabled staff who said that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it. As previously reported, we are continuing to improve the availability of options for reporting harassment and discrimination which is aligned to our ongoing work on reporting racism and a focus on sexual safety and including other protected characteristics as this develops.

### **Staff Feeling Pressure to Come to Work When Not Feeling Well Enough (WDES Metric 6)**

There has been no change in 2023 to 2024 in the score for this metric in 2024/2025 we will continue to look at the reasons why disabled staff may feel pressure to come to work when they are not well enough, this will include:

- Review of some aspects of our managing sickness absence policy
- Holding a workshop to support this review including key stakeholders
- Doing a deep dive on reasons for staff being away from work due to ill health

### **Opportunities for Career Progression and the way the organisation values Disabled Staff's Work (WDES Metrics 5 and 7 )**

There has been a 2-percentage point worsening in respect to the percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion. This does appear to be at odds with our workforce data in relation to staff appointed from shortlisting and the percentage of staff disabled staff in roles at most levels across the organisation to Board level apart from bands 8c – 9 in clinical roles. We will work with our staff network to explore this area.

We have also noted that there is a one percentage point worsening in 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 this could be aligned to the results we are seeing for the above metric, so we plan to consider these two areas together.

### **Reasonable Adjustments (WDES Metric 8)**

We have progressed a detailed programme of work to improve staff access to practical adjustments in 2023/2024. This has not yet led to a large improvement in our 2023 staff survey results, but we anticipate we will see improvement in the medium term. Between 2022 and 2023 there was a 1 percentage point improvement.

In 2024/2025 we will.

- Mainstream our centralised cost centre and budget that was piloted in 2023/2024 and our centralised Reasonable Adjustments process
- Work with our procurement and Information technology colleagues to develop new agreed processes for ordering specialist items and equipment.

- Including topics around Disability in our Equality Diversity and Inclusion Learning and Sharing Forum programme for 2024/2025
- Deliver Phase two of our work which is focus on improving knowledge and understanding for managers and colleagues of disability and reasonable adjustments
- Complete development of our managers guidance

### **Action to Facilitate the Voices of Disabled Staff in our Organisation (Metric 9b)**

Although we have taken steps to improve the voice and influence of disabled staff, we recognise that our staff survey results indicate that disabled staff have a much poorer experience in the workplace than non-disabled colleagues. Our Disabled Staff Network continues to meet regularly,

In 2023/2024 we have established a chairs of the staff network policy group the chairs have been involved in a detailed review of policies including:

The Disabled Staff Policy and  
Equity in the Workplace policy

We reported in our 2023 report that we planned to appoint a project lead to undertake a focused piece of work with staff in bands 2 to 5, in patient facing roles, collaborating with them to look at creative ways of improving access to our wellbeing offers in particular for staff who may be more vulnerable to health inequalities including disabled staff. We have progressed this plan and the project has already identified some key areas for improvement we are moving into phase 2 at the time of this report which involves piloting some of the ideas that have emerged through the first part of the project which involved on line and face to face engagement.

We also reported that In 2023/2024 we also planned to hold our first Staff Networks conference this happened and as planned through collaboration between all of our staff networks members of the Disabled Staff network presented in key areas such as a presentation around neurodivergence and an interactive session on microaggressions developed and presented by members of the Staff Network Groups. This was really well

received and evaluated, and we plan to look at how this can be developed into a resource for wider use in training and development.

Our digital stories have now been used in leadership training delivered to over 90 people in the organisation.

### The Diversity of Our Board (WDES Metric 10)

The WDES asks us to look at the percentage difference between our Board voting membership and our workforce in relation to disability. The overall percentage of disabled people in the organisation in 2024 was 10.8% before rounding.

The charts below show three areas:

- Difference (%) total Board vs overall workforce (Figure 6)
- Difference (%) Voting membership of the Board vs overall workforce (figure 7)
- Difference (%) Executive membership of the Board vs Overall Workforce (figure 8)

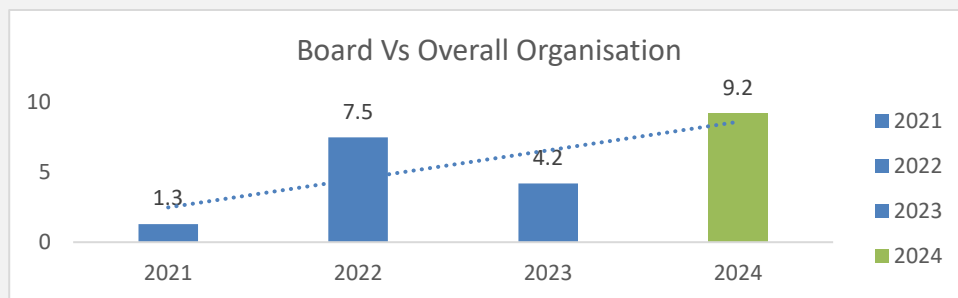


Figure 6

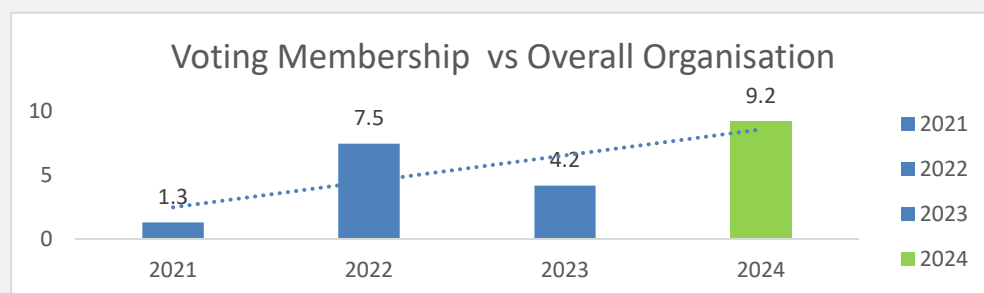


Figure 7

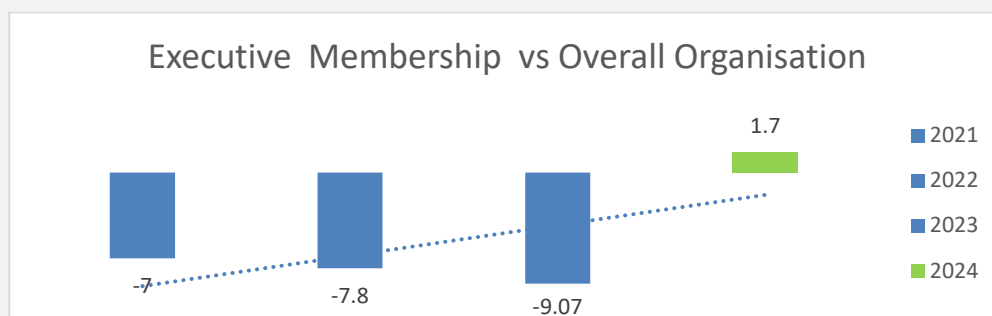


Figure 8



All three areas show a positive upward trend in favour of disabled Board membership.

## Progress - Priority Areas identified in 2023

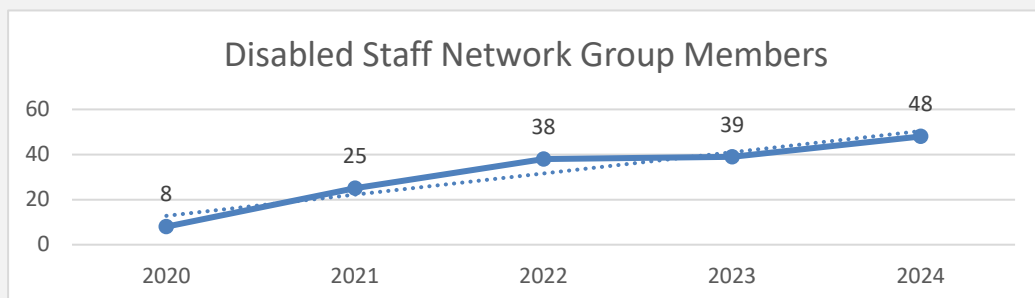
In 2023 we progressed action to support our priority areas

### Priority One - Improving Access to Adjustments

- We piloted use of a new central costs centre for Reasonable Adjustments
- We establish a central process for ordering Equipment and software
- We made some progress on establishing an operating procedure for Access to Work
- We published managers Guidance on Providing (practical) Reasonable Adjustments
- We supported a refresh of the Recruitment and Selection training for Managers
- We provided Access to Work Training for Managers and Administrators

### Priority Two - Increasing membership and Involvement in the Disabled Staff Network

- We worked with the Staff Network to look at how to encourage increase membership between 2023 and 2024 membership increased from 39 members to 48 members.



- The Disabled Staff Network was involved in planning and delivery of our first Staff Networks Event in March 2024

### Priority Three - Voice and Influence

- We collaborated with the disabled staff network to review the Disabled Staff Policy
- Implement learning from the charitable trust project to look at engagement of Band 3 to 5 staff in patient facing areas

### Priority Four - Improve Disability recording for Staff

- We worked with the medical directorate to improve recoding of disability of trainees however the impact of this has been limited in between 2023 to 2024.
- We worked with the Workforce Information team to improve not known which has shown some improvement in 2023/2024.

### Priority Fiver Collaboration

- We worked with the regional Workplace Adjustments Group to Develop a Toolkit
- We aimed to focus on collaboration to explore why staff feel they have to come to work when not well enough, and work with the new wellbeing OD lead to explore experience and identity further action unfortunately we did not achieve as much progress as we intended in this area in 2023/2024



Sheffield Health  
and Social Care  
NHS Foundation Trust

# Workforce Race Equality Standard

Report 2024



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## The NHS Workforce Race Equality Standard

The Workforce Race Equality Standard (WRES) is a national standard that aims 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

This WRES report does not include Bank staff however we will publish a separate report on Bank Staff later in 2024.

This report covers our Workforce Race Equality Standard 2024 data report submitted to NHS digital in May 2024, using workforce data as of the 31<sup>st</sup> of March 2024 and Staff Survey data drawn from the 2023 staff survey.

Our report highlights areas of progress and areas where improvement is still required. Our Workforce Race Equality Standard action plan can now be found within our [Equality Diversity and Inclusion Strategic Overview Action Plan priorities 2024 – 2025](#).

Throughout this report you will see the abbreviations BME used and also reference to our Ethnically Diverse staff, reference to staff as ethnically diverse rather than BME or BAME has been agreed by our 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 context of the WRES are any staff that identify as being in an ethnicity group other than 'White'.

### Our Organisation Workforce Race Equality Standard Priorities Progress 2023 to 2024

Our organisation priorities for 2023 were informed by our organisation Workforce Race Equality Standard report submitted to us by the national WRES team, the areas they suggested for a particular focus were:

1. Career progression in non-clinical roles Lower to upper - Metric 1

2. Belief that the Trust provides equal opportunities for career progression or promotion amongst BME staff – Metric 7
3. Career progression in clinical roles Middle to Upper – Metric 1

Our 2024 Workforce Race Equality Standard report highlights the progress we have made in these areas:

#### Career progression in non-clinical roles Lower to Upper

For reasons explained in this report small changes can have a significant impact on this measure. In quarters one and two of 23/24 we had reached our target of below 1.25 however over quarters three and four this measure has worsened and moved above our target of 1.25. As noted, small change in staff affect this figure and we hope to see it move below target again in 24/25.

#### Belief that the Trust provides equal opportunities for career progression or promotion amongst BME staff

Our 2023 Staff survey data showed a large increase in positive responses from ethnically diverse staff in the 2023 survey 49.76% of ethnically diverse staff expressed a positive response to this question which is now less than one percent within the national average for ethnically diverse staff in our benchmark group.

#### Career progression in clinical roles Middle to Upper

There has been no progress in moving this measure to below the target of 1.25, one of the reasons for this is an increase in ethnically diverse staff in bands 6 -7. Over time we have seen a net increase in post holders in senior clinical roles however (see appendix 2 ).

Our 2023 national WRES team organisation report highlighted priority areas for 2024 which will inform our priority action and focus for the financial year 2024/2025.

1. Harassment ,bullying or abuse from patients , relatives, or the public in the previous 12 months against ethnically diverse staff. (Metric 5)
2. Career progression in clinical roles lower to middle (Metric 1)
3. Career progression in clinical roles lower to upper (Metric 1)

## Our Organisation Workforce Race Equality Standard Progress against all metrics 2024 to 2025

### Metric 1 People Who Work in Our Organisation

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

	White	BME	Not Known
2024	74.8%	20.3%	4.9%
2023	75.7%	17.2%	7%
2022	76.2%	14.1%	9.8%
2021	73.9%	16.7%	9.4%

Figure 1

SHSC's substantive staff is now one-fifth ethnically diverse, 20.3% is the highest proportion we have ever had and continues the rise of 3 percent per year for the last three years. The rise is amongst clinical staff, Bands 2-3 has risen from 133 in 2023 to 154 in 2024. The highest rise is in Band 5 where ethnically diverse staff have risen from 61 in 2023 to 103 in 2024. The percentage of 'Not Known' ethnicity is now 4.9%, this is the lowest level we have ever had. The 'Not Known' figure has been improving ever since the Workforce team took over the process of transitioning data from TRAC (our recruitment system) to ESR (our workforce system).

#### 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.

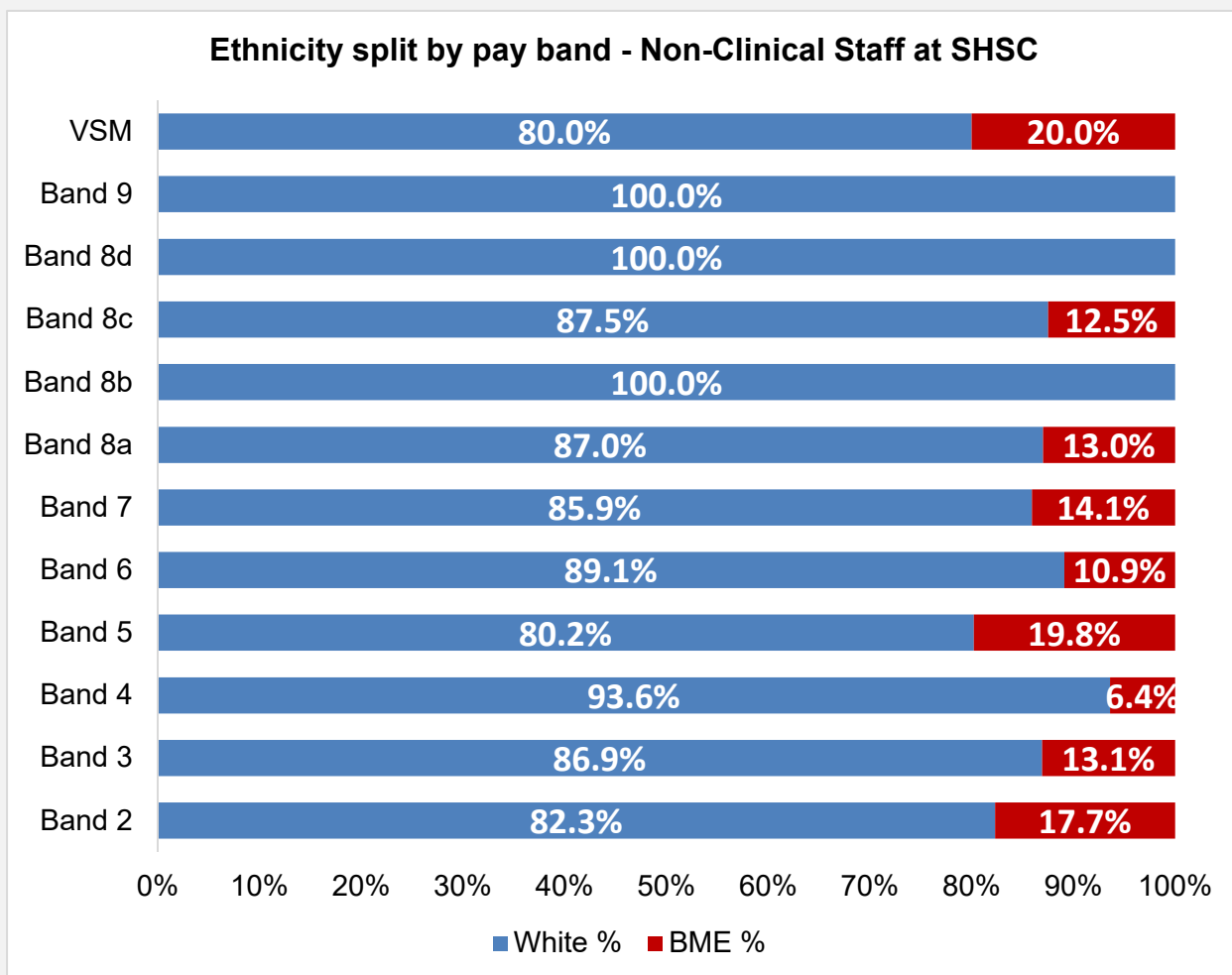


Figure 2

The chart above shows two themes:

1. Ethnically diverse substantive non-clinical staff are below the SHSC ethnicity average of 20% across all pay levels except for Very Senior Managers (VSM)
2. Bands 8B, 8D and 9 contain no ethnically diverse staff

This is the first year that we have had ethnically staff at VSM level for non-clinical staff, 20% represents a single member of staff. The numbers are so small at 8B and higher, this means that just one ethnically diverse staff member starting or leaving can have a noticeable effect on the percentage.

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.

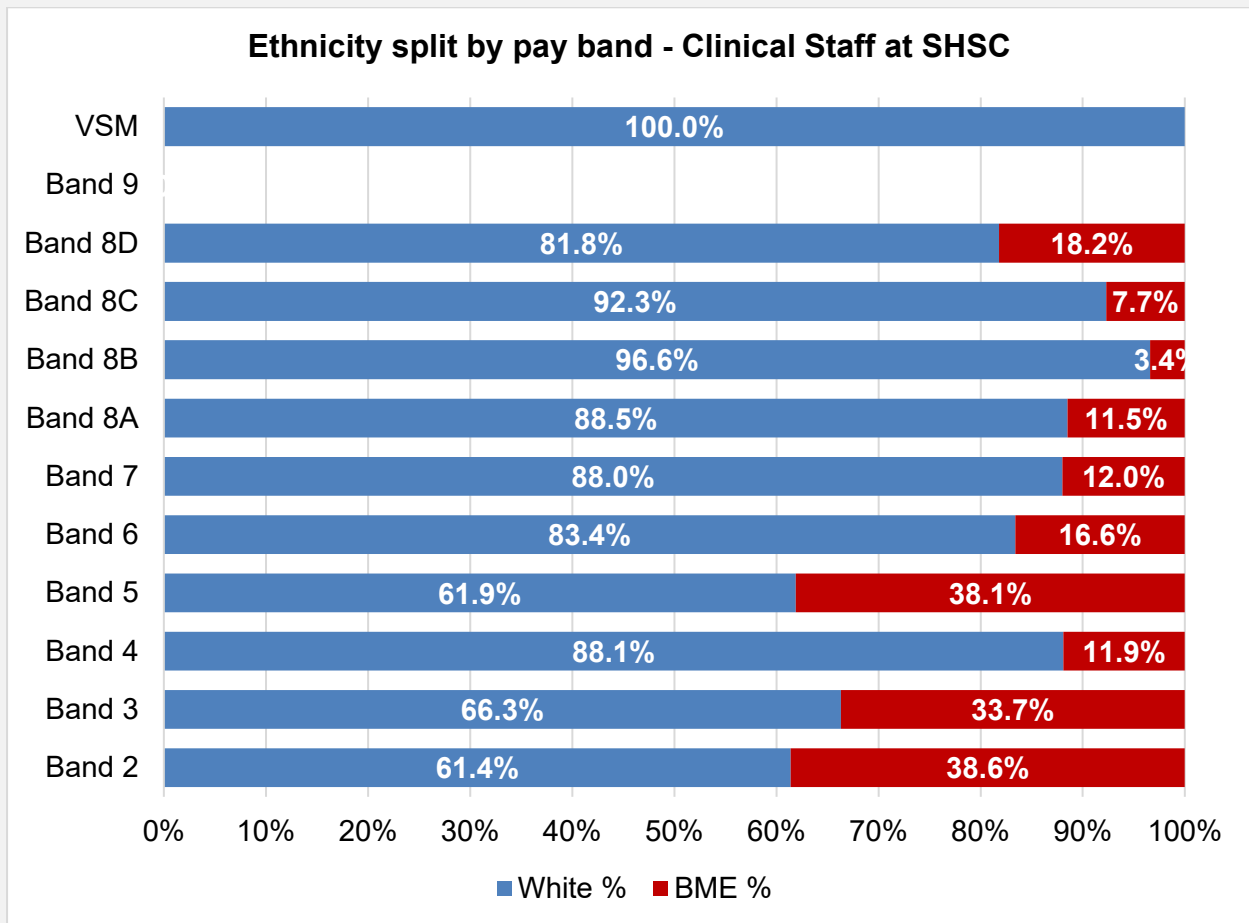


Figure 3

**Comments**

In terms of numbers, Band 3 is the most populous pay band for clinical ethnically diverse staff, just ahead of Band 5. Alternatively, Band 6 is the most populous staff group for clinical white staff, 173 staff ahead of the next most populous pay banding which is Band 7. Proportionally, Band 2 and Band 5 is where ethnically diverse clinical staff have the highest representation, Band 8B is the least represented group which was the same in 2023. The greatest disparity between White and Ethnically Diverse staff is at Band 6, for white staff this is the most populous group at 386 x staff, the Band 5 number is 167 so a significant increase. For Ethnically Diverse staff it is the converse, the Band 6 figure is 77 x staff, but the Band 5 figure is significantly higher at 103 x staff.

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 **Yellow** = Insignificant or no change from last year.

<b>NON-CLINICAL</b>	2023	2024	2023	2024		2023	2024
	White	White	BME	BME		Not Known	Not Known
Band 2	79.9%	75.4%	9.9%	16.2%		7.6%	8.5%
Band 3	84.1%	82.9%	11.0%	12.5%		3.7%	4.6%
Band 4	89.4%	91.6%	6.6%	6.3%		4.9%	2.1%
Band 5	83.8%	80.2%	14.8%	19.8%		3.8%	0%
Band 6	85.2%	84.5.1%	7.0%	10.3%		3.7%	5.2%
Band 7	83.3%	82.1%	6.7%	13.4%		4.5%	4.5%
Band 8A	84.4%	85.1%	0.0%	12.8%		4.4%	2.1%
Band 8B	86.4%	100%	4.3%	0%		4.5%	0%
Band 8C	100.0%	87.5%	10.0%	12.5%		0.0%	0%
Band 8D	100.0%	100%	0.0%	0.0%		0.0%	0%
Band 9	100.0%	0.0%	0.0%	0.0%		0.0%	0%
VSM	100.0%	0.0%	0.0%	20.0%		0.0%	0%

<b>CLINICAL</b>	2023	2024	2023	2024		2023	2024
	White	White	BME	BME		Not Known	Not Known
Band 2	54.9%	58.2%	39.7%	36.6%		5.5%	5.2%
Band 3	77.6%	63.9%	15.6%	32.4%		6.8%	3.7%
Band 4	78.0%	87.3%	17.3%	11.8%		4.7%	0.9%
Band 5	65.6%	57.0%	21.9%	35.2%		12.5%	7.8%
Band 6	75.8%	78.1%	15.1%	15.6%		9.1%	6.3%
Band 7	84.2%	84.5%	11.5%	11.5%		4.3%	4.0%
Band 8A	83.7%	85.2%	8.7%	11.1%		7.7%	3.7%
Band 8B	100.0%	96.6%	0.0%	3.4%		0.0%	0.0%
Band 8C	92.3%	92.3%	7.7%	7.7%		0.0%	0.0%
Band 8D	75.0%	81.8%	25.0%	18.2%		0.0%	0.0%
Band 9	0.0%	0.0%	0.0%	0.0%		0.0%	0.0%
VSM	0.0%	50.0%	0.0%	0.0%		100.0%	50.0%

<b>MEDICAL</b>	2023	2024	2023	2024		2023	2024
	White	White	BME	BME		Not Known	Not Known
Consultant	48.1%	49.0%	40.4%	41.2%		11.5%	9.8%
of which senior medical manager	55.6%	54.5%	44.4%	45.5%		0.0%	0.0%
non-consultant career grade	50.0%	52.4%	42.9%	38.1%		7.1%	9.5%
trainee grade	39.0%	40.5%	43.9%	51.4%		17.1%	8.1%

<b>OTHER PAY GRADES</b>	2023	2024	2023	2024		2023	2024
	White	White	BME	BME		Not Known	Not Known
Other Pay Grade All	66.7%	100%	0.0%	0.0%		16.7%	0.0%

Figure 4

## Change in the Numbers of Ethnically Diverse Staff in Our Organisation Between 31st March 2020 and the 31st of March 2024

The table below shows the change, by ethnicity, in the numbers of staff working in agenda for change pay bands from 2021 to 2024 (see Appendix Two for more detail).

	Increase /Decrease in White Staff by Band 2021/2024	Increase /Decrease in Ethnically Diverse Staff by Band 2021/2024	Increase /Decrease in Not Known by Band 2021/2024
Band 2	-194	-111	-48
Band 3	-34	56	-22
Band 4	21	-1	-12
<b>Cluster 1 Total</b>	<b>-207</b>	<b>-56</b>	<b>-82</b>
Band 5	-61	30	-51
Band 6	5	34	-2
Band 7	19	9	-8
<b>Cluster 2 Total</b>	<b>-37</b>	<b>73</b>	<b>-61</b>
Band 8A	18	12	-5
Band 8B	7	0	-2
<b>Cluster 3 Total</b>	<b>25</b>	<b>12</b>	<b>-7</b>
Band 8C	-3	-1	-1
Band 8D	5	0	-1
Band 9	-2	0	0
<b>Cluster 4 Total</b>	<b>0</b>	<b>-1</b>	<b>-2</b>

Figure 5

## 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 chart below shows the progress we are making to reduce our Disparity Ratio to March 2024. 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.

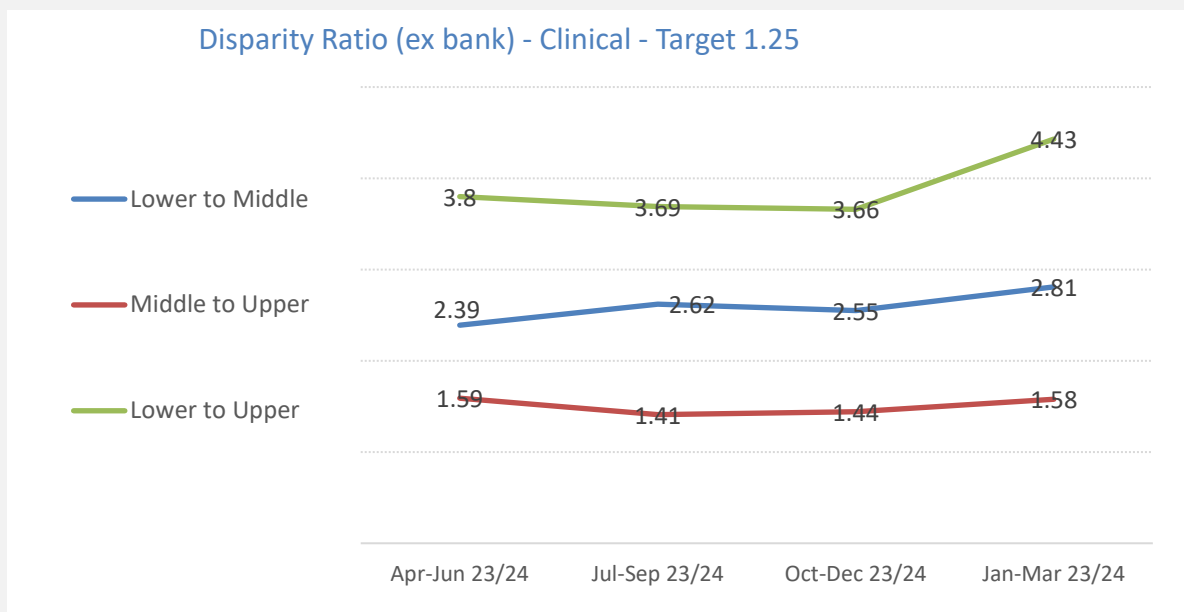


Figure 6

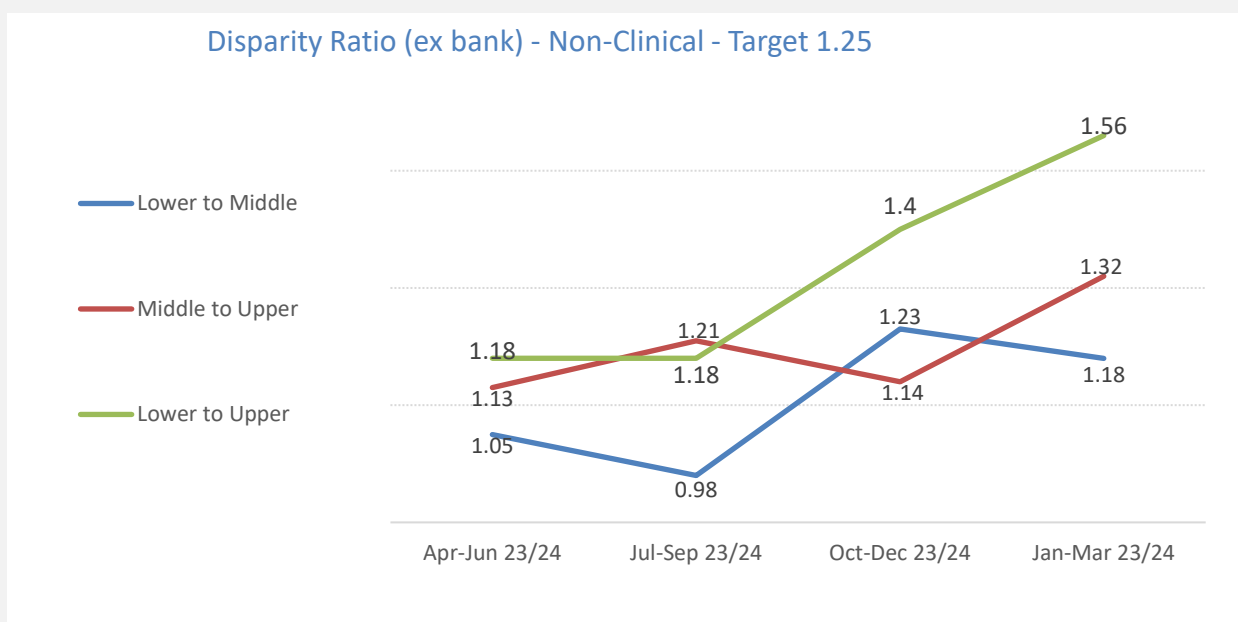


Figure 7

### **Comments on Clinical Staff**

When looking at the disparity ratio, it's important to remember that if you increase white or ethnically diverse staff in one group such as 'Lower', you will also need a similar representative increase in the 'Middle' and 'Upper' groups, otherwise the disparity ratio will increase. For ethnically diverse clinical staff, there has been a substantial rise of staff at Band 5. There has not been a similar representative rise of ethnically diverse staff at 'Middle' and 'Upper' levels, therefore the Disparity Ratio has risen.

### **Comments for Non-Clinical Staff**

For Non-Clinical ethnically diverse staff at SHSC, the numbers of staff are much smaller. This means that for levels like 'Upper', just one or two staff leaving or starting can influence the Disparity Ratio. In the last 12 months we have two less ethnically diverse staff in the 'Upper' level, this has created a sharp rise in the 'Lower to Upper' measure – this measure shows how ethnically diverse non-clinical staff at Bands 2-5 (Lower) compare with ethnically diverse non-clinical staff at Bands 8+ (Upper). Ethnically Diverse non-clinical staff progressing from 'Lower' to 'Middle' is better than the target of 1.25, the figure is 1.18.

### **'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)

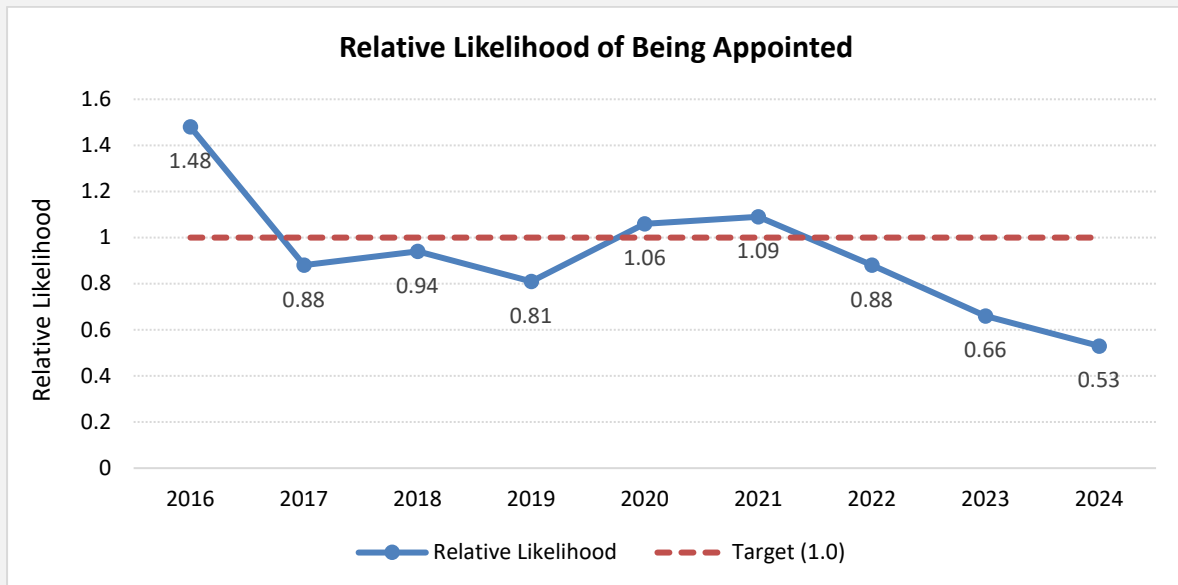


Figure 8

Our data as 31<sup>st</sup> March 2024 calculates a metric of **0.53** 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)

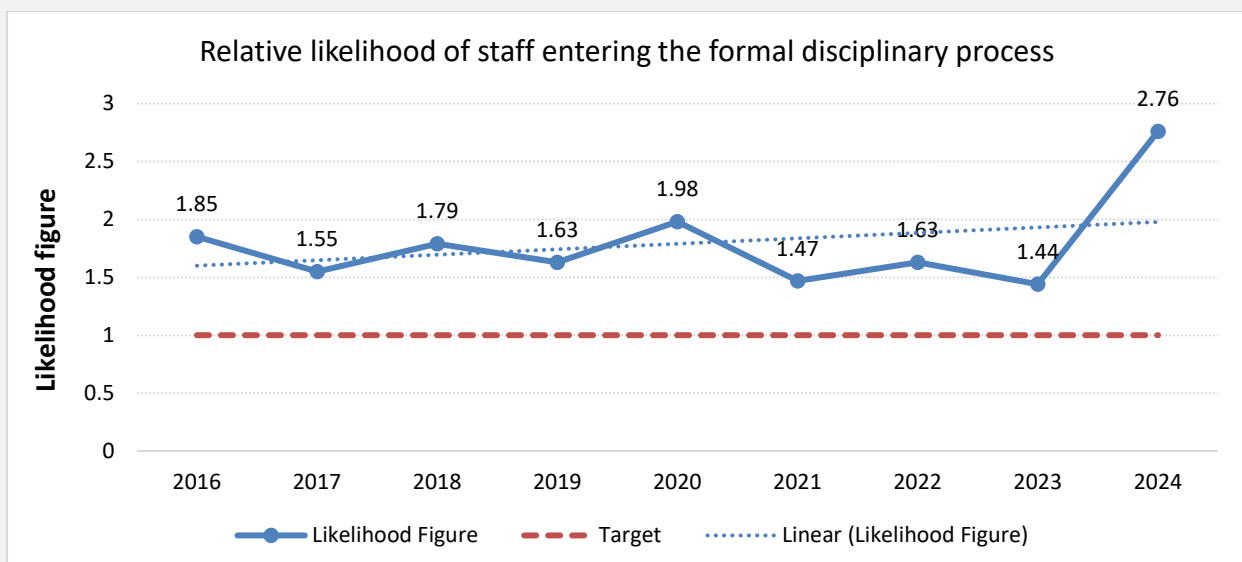


Figure 9

Our data as 31<sup>st</sup> March 2024 calculates a metric of **2.76**, 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 2.76 is the highest likelihood figure we have ever recorded. In terms of numbers, there were eight white staff and six ethnically diverse staff entering a formal disciplinary process. Two reasons have caused this highest likelihood figure:

1. Six ethnically diverse staff put on a formal process, last year there were three
2. The number of white staff in a formal process is only two higher than the ethnically diverse staff

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.
- Ensure that the panel which decides on cases progressing to a formal investigation is sufficiently diverse
- Continue to monitor cases at our Joint Consultative Committee on a bi-monthly basis.
- EDI input into disciplinary hearings and checkpoints

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

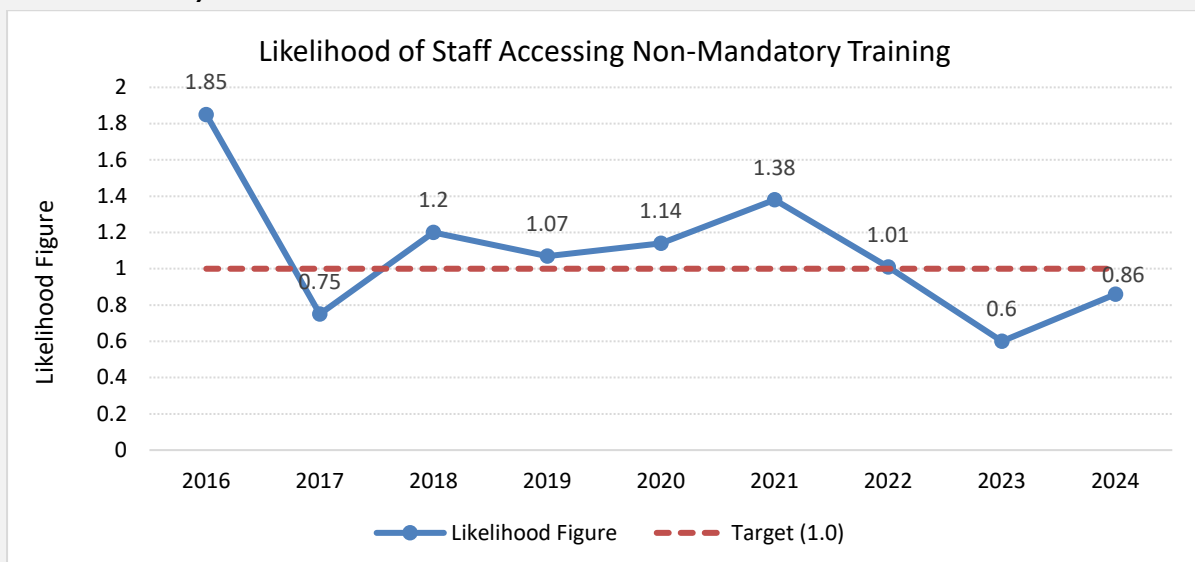


Figure 10

Our data as 31<sup>st</sup> March 2023 calculates a metric of **0.86** 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. 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, the data comes from ESR so any non-mandatory training not recorded in ESR will not be included in the figures.

### **The NHS Staff Experience Survey 2023 (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 2024 WRES report the 2023 staff survey results are referred to and are part of our 2023 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. The Equality & Engagement Lead routinely intervenes when it is felt that a hate/racism has not been dealt with appropriately. Planning has just begun in June 2024 to run a series of sessions for staff on dealing with hate/racism incidents. We work 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's ethnically diverse staff (dark blue line) responded to the survey by saying that 35.89% suffered harassment, bullying or abuse during the last twelve months. This is a slight rise from last year's figure of 34.69%. We are above the national average for mental health providers. 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.



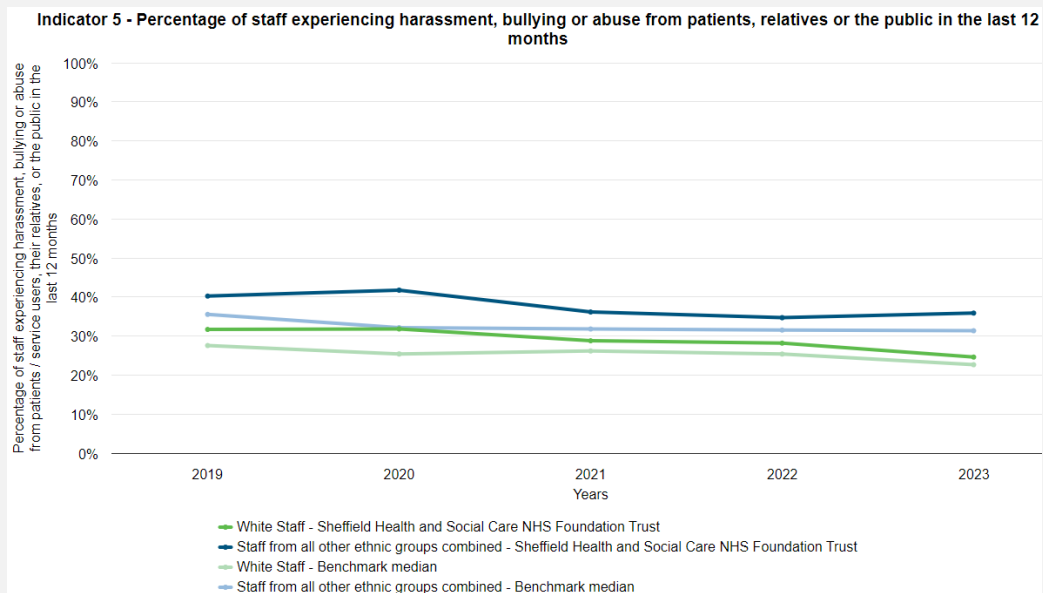


Figure 11

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 through 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)

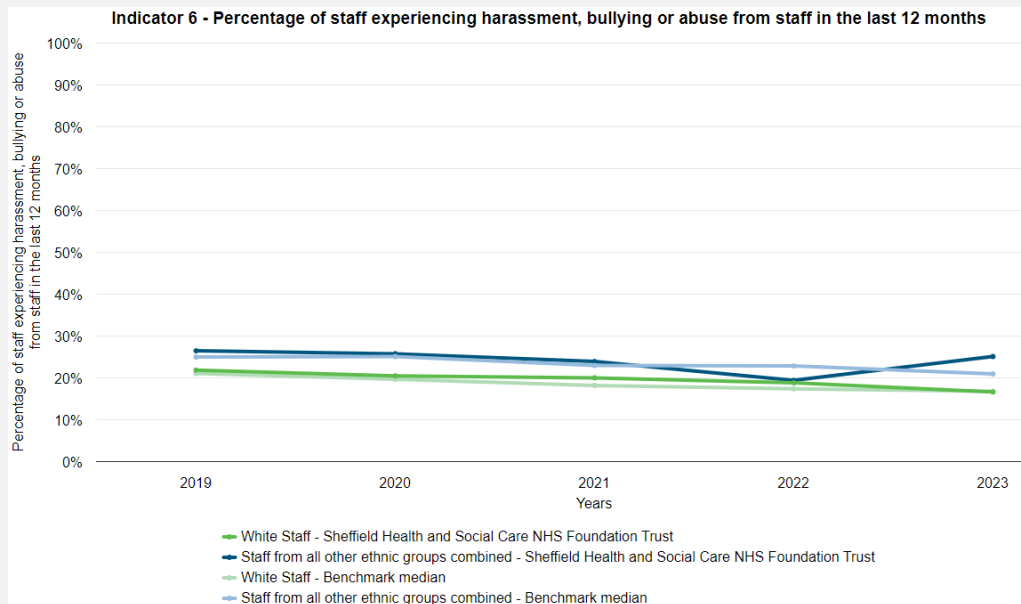


Figure 12

Our 2023 survey results show that ethnically diverse staff at SHSC have reported a rise in these types of incidents since the previous year. Last year the SHSC Ethnically Diverse figure was below the national median, this year we are above it. White staff at SHSC are at the lowest level we have ever recorded, on par with the national median for white staff.

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

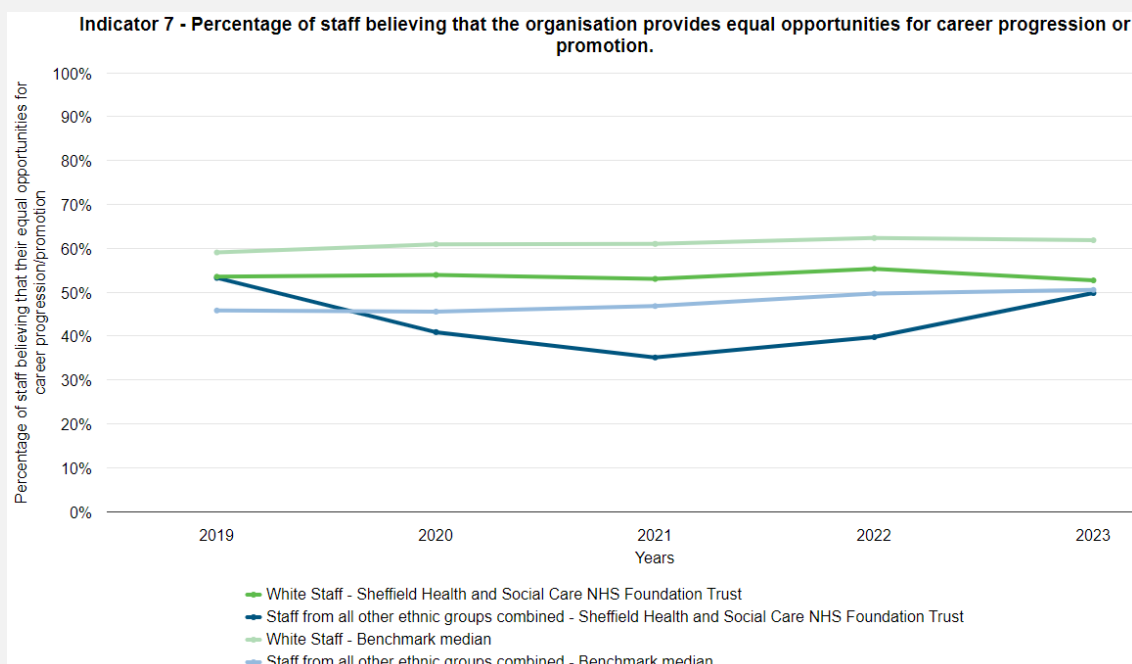


Figure 13

Our result for the 2023 Staff Survey shows that our ethnically diverse staff have reported a significant improvement for this question, the figure of 49.76% is now less than one percent within the national average for ethnically diverse staff. For our white staff there is a slight drop, our white staff are also significantly lower than the national average for white staff. 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)

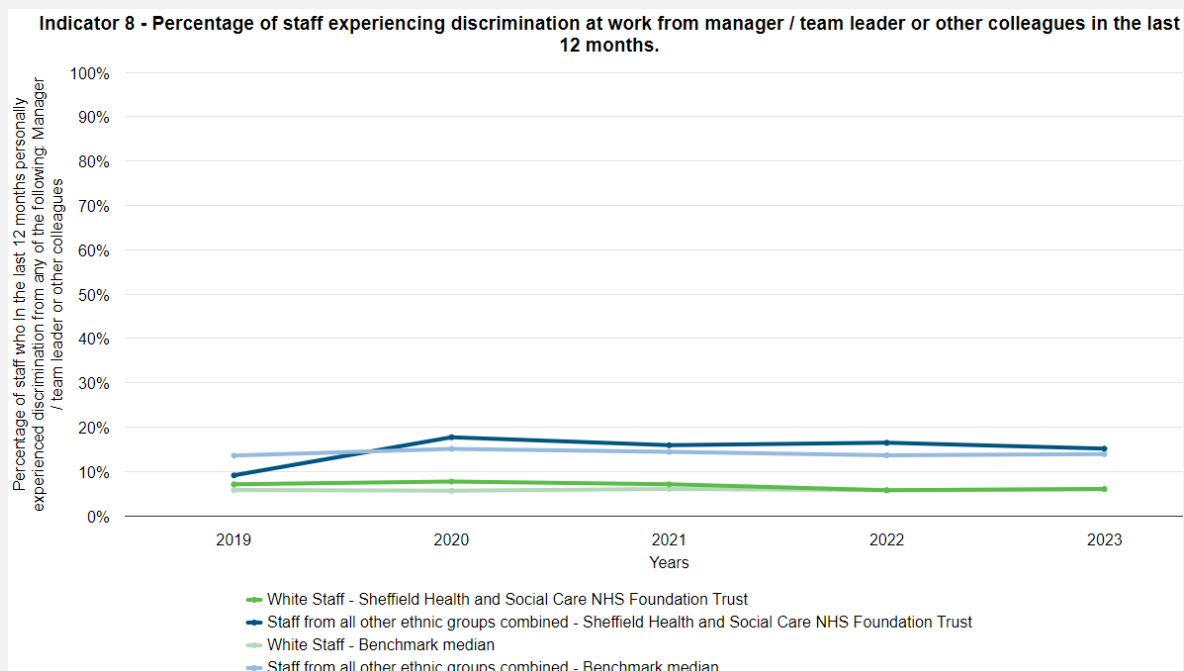


Figure 14

Last year our SHSC ethnically diverse staff responses to this question showed that 16.4% said their manager/team leader had been discriminatory towards them. This year the figure has dropped to 15.1% but remains above the national mean for ethnically diverse staff. White staff at SHSC reported 6.02% of discrimination in the last 12 months, this is broadly in line with white staff nationally. For this question, ethnically diverse staff experience approximately 10% points more discrimination than their white counterparts according to the last four years' worth of data.

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.
- The Manager Development Programme rolls out in July 2024, this programme will have specific modules on dealing with racism and discrimination
- 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 20% which is an increase from 17% in 2023. The Percentage of Board members from a BME group as of 31<sup>st</sup> March 2023 was 13%, an increase from 6.7% last year and a difference of -7% against the overall workforce. The percentage of BME voting Board members was 16%, and Executive Board members 12%.

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

### **Progress against our Priorities and Action planned in 2024 – 2025**

As noted in the introduction our priorities for 2024/2025 will be informed by three areas:

1. Harassment ,bullying or abuse from patients , relatives, or the public in the previous 12 months against ethnically diverse staff. (Metric 5)
2. Career progression in clinical roles lower to middle (Metric 1)
3. Career progression in clinical roles lower to upper (Metric 1)

Our full action plan however takes account of our refreshed Equality Objectives, the results of the 2023 Staff survey and the NHS High Impact Equality Diversity and Inclusion Actions, we

plan to discuss these areas with our Ethnically Diverse Staff network group before completing review of our current action plan – this will be available at [Equality, diversity and inclusion | Sheffield Health and Social Care \(shsc.nhs.uk\)](#)

**Appendix 1 – ACTION PLAN 2023/2024 – Progress and Updates July 2023 – June 2024**

WRES ACTION PLAN 2023				
	Lead	Start	Deadline	Progress
<b>Enabling Actions</b>				
Utilise the Learning and Sharing Forum for focused sessions relevant to ethnicity diversity	EDI Team	1/4/23	31/3/24	Delayed Rolled over to 2024/25
Deliver the Staff Network Group Conference	EDI Engagement Lead	1/8/23	27/2/24	Complete
Complete Action identified by the Recruitment Refresh (EDI) Group	EDI Engagement Lead	3/4/23	2/3/24	Ongoing
Identify with the SNGs action to increase access to the networks	EDI Engagement Lead	4/4/23	30/10/23	Complete
Undertake a full review of the Equal Opportunities and Dignity at Work Policy	Head of Equality and Inclusion	5/4/23	1/10/23	Complete
Identify options for collaboration with community engagement being undertaken as part of PECREF	Head of Equality and Inclusion	1/4/23	5/3/24	Complete
Deliver Application Workshops	EDI Engagement Lead	30/9/23	30/3/24	Completed
Support review of the Application Pack and Job Description Format	EDI Engagement Lead	30/9/23	30/3/24	Completed

Align with action on Anti Racism led by the ICS	Head of Equality and Inclusion	1/4/23	30/3/24	Complete
Align with action on Anti Racism - Sheffield Race Equality Commission	Head of Equality and Inclusion	1/4/23	30/3/24	Ongoing
<b>Action Linked to NHS High Impact Actions 2023/24</b>				
Improve knowledge of staff around recording ethnicity data	EDI Engagement Lead	1/9/23	30/3/24	Complete
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	Complete
Widen Fields for Incident Reporting to match Hate incident definitions	EDI Engagement Lead	1/10/23	30/3/24	Delayed
Develop our workforce development offer around microaggressions and 'allyship to solidarity'.	Head of Equality and Inclusion	1/10/23	30/3/24	Partially delivered
Take Part in the Regional Reciprocal Mentoring Programme	Leadership and OD	1/7/23	30/3/24	Complete
Evaluate number involved and outcomes of the SHSC reciprocal mentoring programme	EDI Engagement Lead	1/7/23	30/3/24	Partially delivered
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	Complete
Review the Shadow Executive Programme for potential to implement in SHSC	EDI Engagement Lead	1/5/23	1/11/23	Delayed
EDI objectives Board and Chair - align with People Strategy Implementation Plan	Head of Equality and Inclusion	1/5/24	1/7/24	Complete

Work with the Leadership Team to progress anti racism leadership action	EDI Engagement Lead	1/4/23	30/3/24	Complete
Work with the OD team on the development of talent management strategies and approaches	EDI Engagement Lead	1/4/23	30/3/24	Ongoing
Review NHS guidance and implement Pay Gap review for race	Head of Equality and Inclusion	1/4/23	30/3/24	Complete
EDI team to continue to support the onboarding and development programme for internationally recruited staff.	EDI Engagement Lead	1/4/23	30/3/24	Complete
<b>Action Linked to EDS Domain 2</b>				
Actively Roll Out the Hate Incident Reporting SOP	EDI Engagement Lead	1/4/23	30/3/24	Complete
Zero tolerance roll out to service users Patient Experience team	Head of Equality and Inclusion	1/1/24	30/3/24	Ongoing
Welcome to SHSC – Support Ethnically diverse SNG recruitment	EDI Engagement Lead	1/4/23	30/11/23	Complete
Work with the Recruitment Manager to refresh recruitment training	EDI Engagement Lead	1/10/23	30/3/24	Complete
Establish a Bank Forum	Head of Equality and Inclusion	30/11/23	1/4/24	Complete
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	Ongoing
Align with work on the Just and Learning culture	Head of Equality and Inclusion	1/4/23	30/3/24	Ongoing



Develop a plan for continued development of the SNG chairs	EDI Engagement Lead	1/4/23	30/3/24	Delayed
<b>Disparity Ratio Action</b>				
Review people progressing through the HCSW development pathway by ethnicity and respond.	EDI Engagement Lead	1/8/23	30/3/24	Complete
Support Bank Staff to complete the Cavendish Care Certificate. Monitor by Ethnicity	EDI Engagement Lead	1/4/23	30/3/24	Complete
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	Delayed
Talent Management Programme Development – align with People Strategy refresh	EDI Engagement Lead	1/9/23	30/3/24	Ongoing
Develop a programme of interview practice opportunities	EDI Engagement Lead	1/9/23	30/3/24	Completed
Review the opportunities of non-traditional leadership roles such as advance practice	Head of Equality and Inclusion	1/11/23	30/3/24	Partly Progressed
Develop equalities data use as part of workforce planning through the workforce dashboard	Head of Equality and Inclusion	15/5/23	30/3/24	Complete
Review the diversity of involvement in the organisation's leadership programmes	Head of Equality and Inclusion	1/4/23	30/3/24	Complete
Review retention data by ethnicity and identify action in response	Head of Equality and Inclusion	1/9/23	30/3/24	Delayed

## Appendix 2 – Change in Agenda for Change staff in Post 2020 to 2023

	2021			2022			2023			2024		
	White	BME	Not Known	White	BME	Not Known	White	BME	Not Known	White	BME	Not Known
Band 2	379	183	67	243	70	28	245	112	24	185	72	19
Band 3	367	68	41	322	50	29	332	59	23	333	124	19
Band 4	206	23	16	216	28	27	244	34	14	227	22	4
Cluster 1 Total	952	274	124	781	148	84	821	205	61	745	218	42
Band 5	301	91	74	261	75	47	271	74	39	240	121	23
Band 6	430	49	36	397	53	59	413	79	46	435	83	34
Band 7	249	29	21	225	30	19	252	35	13	268	38	13
Cluster 2 Total	980	169	131	883	158	125	936	188	98	943	242	70
Band 8A	114	6	10	124	5	11	125	14	10	132	18	5
Band 8B	45	1	2	44	1	2	45	2	1	52	1	0
Cluster 3 Total	159	7	12	168	6	13	170	16	11	184	19	5
Band 8C	22	3	1	21	2	0	19	1	0	19	2	0
Band 8D	9	2	1	8	3	0	10	2	0	14	2	0
Band 9	2	0	1	3	0	1	2	0	0	0	0	1
Cluster 4 Total	33	5	3	32	5	1	31	3	0	33	4	1

- **Clinical and Non-Clinical Disparity Ratio**

Figure 3 below shows our relatively positive position in 2023 in relation to our non-clinical disparity ratio as highlighted above however this has unfortunately worsened in 2024.

Workforce Race Equality Standard Indicator 1a: Clinical Staff disparity ratio	Data period	Provider value	Peer average ⓘ	National value
WRES1a - Clinical Staff lower to middle disparity ratio	2023	■ 2.0	2.3	2.3
WRES1a - Clinical Staff middle to upper disparity ratio	2023	■ 1.9	1.2	1.6
WRES1a - Clinical Staff lower to upper disparity ratio	2023	■ 3.9	3.0	3.5

Workforce Race Equality Standard Indicator 1a: Non-Clinical Staff disparity ratio	Data period	Provider value	Peer average ⓘ	National value
WRES1a - Non-Clinical Staff lower to middle disparity ratio	2023	■ 0.9	1.1	1.0
WRES1a - Non-Clinical Staff middle to upper disparity ratio	2023	■ 1.5	1.4	1.5
WRES1a - Non-Clinical Staff lower to upper disparity ratio	2023	■ 1.3	1.4	1.5

Figure 2

- **Belief that the organisation provides equal opportunity for career progression – Ethnically diverse staff**

Figure 4 confirms as reported above that our organisation Staff Survey score for this metric is now more or less in line with our peer and provider median percentage in (Staff Survey 2023)

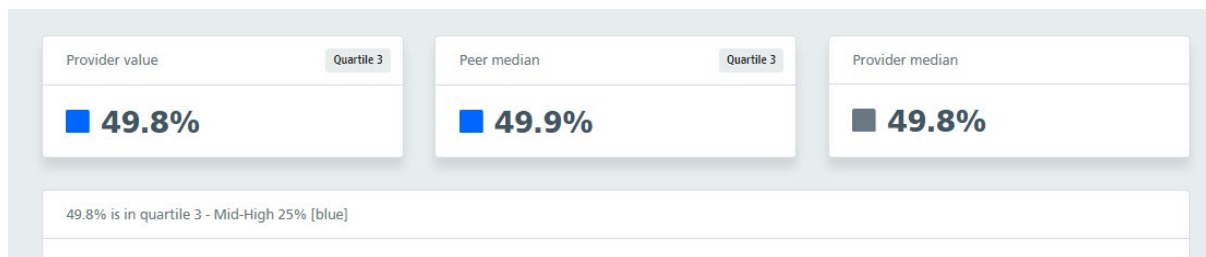


Figure 3

### 3.2 The Workforce Disability Equality Standard

- **Representation of Disabled staff in the organisation**

Figure five highlights how we benchmark against peers and the national average for representation across bands – representation has on the whole improved in 2024 and we would expect to maintain a positive benchmark position.

## Appendix 2 Peer Group

Organisations with the most similar attributes and context, selected by NHS England

<b>Avon and Wiltshire Mental Health Partnership NHS Trust</b>	
<b>Greater Manchester Mental Health NHS Foundation Trust</b>	
<b>Humber Teaching NHS Foundation Trust</b>	
<b>Leeds and York Partnership NHS Foundation Trust</b>	
<b>Norfolk and Suffolk NHS Foundation Trust</b>	
<b>South London and Maudsley NHS Foundation Trust</b>	
<b>South West Yorkshire Partnership NHS Foundation Trust</b>	
<b>Surrey and Borders Partnership NHS Foundation Trust</b>	
<b>Sussex Partnership NHS Foundation Trust</b>	
<b>Tees, Esk and Wear Valleys NHS Foundation Trust</b>	

## Appendix 3 The Equality Diversity and Inclusion EDI Strategic Overview Action Plan (Workforce Elements )

### EDI Strategic Overview Action Plan 2024\_2025 – Workforce

#### Workforce Race Equality Standard Priorities Action 2024\_2025

1. Appoint a medical lead for medical Workforce Race Equality	Done
2. Working together conference themed around a key area and to support networking and collaboration	In Progress
3. Deliver learning and sharing forum programme aligned to hot spot areas identified in the staff survey	In Progress
4. Professional leads to take part in Anti racism programme	In Progress
5. Plan and deliver focused sessions for stakeholder groups at all levels to respond to racism from service users sponsored by the executive chief nurse	In Progress
6. Report on case work to JCF	In Progress
7. Implement learning from national profile employment cases	In Progress
8. Complete case reviews with HRBP's	Not Due
9. Review Staff Survey data to identify hot spots for further focus	Done
10. Review the potential of a local or regional Active Bystander programme	In Progress
11. Develop and implement a module on Microaggressions as part of the Managers programme	In Progress
12. Maintain focus and links with values into behaviours ensuring that specific experience of groups is reviewed	In Progress
13. Review the check point process in place to ensure its effectiveness in supporting reduction in disciplinary inequity	In Progress
14. Review detail of reporting on case work to JCF	In Progress
15. Reintroduce development workshops for ethnically diverse staff	In Progress
16. Review the impact of the two Reciprocal mentoring Programmes in place on career progression	Not Due
17. Work to ensure career development pathways for support workers take account of and respond to the ethnicity diversity of the workforce	In Progress
18. Implement project to review current policies and process co-producing with support workers from clinical areas	In Progress

## Workforce Disability Equality Standard Action 2024\_2025

1. Work with the Disabled Staff Network group to understanding the Staff Survey results on disabled staff's opportunities for career progression
2. Include resources in the Living Library on disability
3. Focus on the value disabled staff bring to the organisation in Disability History Month
4. Develop and Deliver a Training Module for Managers on Disability
5. Complete all SOP's associated with Phase 1 of the Reasonable Adjustments Project
6. Develop Manager Guidance on wider aspects of providing Reasonable Adjustments
7. Provide feedback to NHS employers on the draft Guidance in development
8. Develop and deliver a training Module for Managers on Reasonable Adjustments
9. Co-produce further action with the Disabled Staff Network

In Progress

In Progress

Not Due

In Progress

In Progress

Not Due

Done

In Progress

In Progress

## Rainbow Badge Phase II Action 2024\_2025

1. Develop and publish a statement on conversion practice
2. Review LGBTQ+ inclusivity in recruitment
3. Consider how LGBTQ+ staff can access confidential advice around Sexual Orientation
4. Provide Rainbow Badge Training to Wellbeing Champions
5. Complete implementation of the refreshed affirming gender identity in the in the Workplace policy

In Progress

Not Due

Not Due

Not Due

In Progress

## NHS High Impact Actions - Priorities Action 2024\_2025

HIA 1- Board Equality Diversity and Inclusion Objectives aligned with senior leaders' objectives

In Progress

HIA 2 - Re introduce Development Workshops for Ethnically Diverse Staff

In Progress

HIA 2 - Support the development of talent management plan for the organisation

In Progress

HIA 3 - Analyse the Ethnicity Pay Gap and review our current action in light of the outcome

In Progress

HIA 6 - Align reporting and responding to incidents of staff sexual safety , racism, homophobia, and other types of hate incident

In Progress

## EDS Review Priorities Action 2024\_2025

1. Take a report on staff survey results to the Chairs of the Staff Network Groups to support review of existing action plans.
2. Ensure that demographics on ethnicity age disability and gender are recorded in exit interview reports
3. Ensure that all specific wellbeing services include demographic data on ethnicity age and gender

Done

Delayed

Delayed

## Staff Survey Priorities (Not Picked up in any other group) Action 2024\_2025

1. Review Staff Survey data to understand differing experience of staff regarding sexual safety
2. Review peer group staff survey data on discrimination to identify area of focus for improvement
3. Complete implementation of the refreshed Equity in the Workplace policy

In Progress

In Progress

In Progress