Workforce Race Equality Standard

Report 2024

Contents

The NHS Workforce Race Equality Standard

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

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

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

Report Content and Our Priorities

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 31st 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 a 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)

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.

Ethnicity split by pay band - Non-Clinical Staff at SHSC

Band	White %	BME %
VSM	80.0%	20.0%
Band 9	100.0%	
Band 8d	100.0%	
Band 8c	87.5%	12.5%
Band 8b	100.0%	
Band 8a	87.0%	13.0%
Band 7	85.9%	14.1%
Band 6	89.1%	10.9%
Band 5	80.2%	19.8%
Band 4	93.6%	6.4%
Band 3	86.9%	13.1%
Band 2	82.3%	17.7%

■ White % ■ BME %
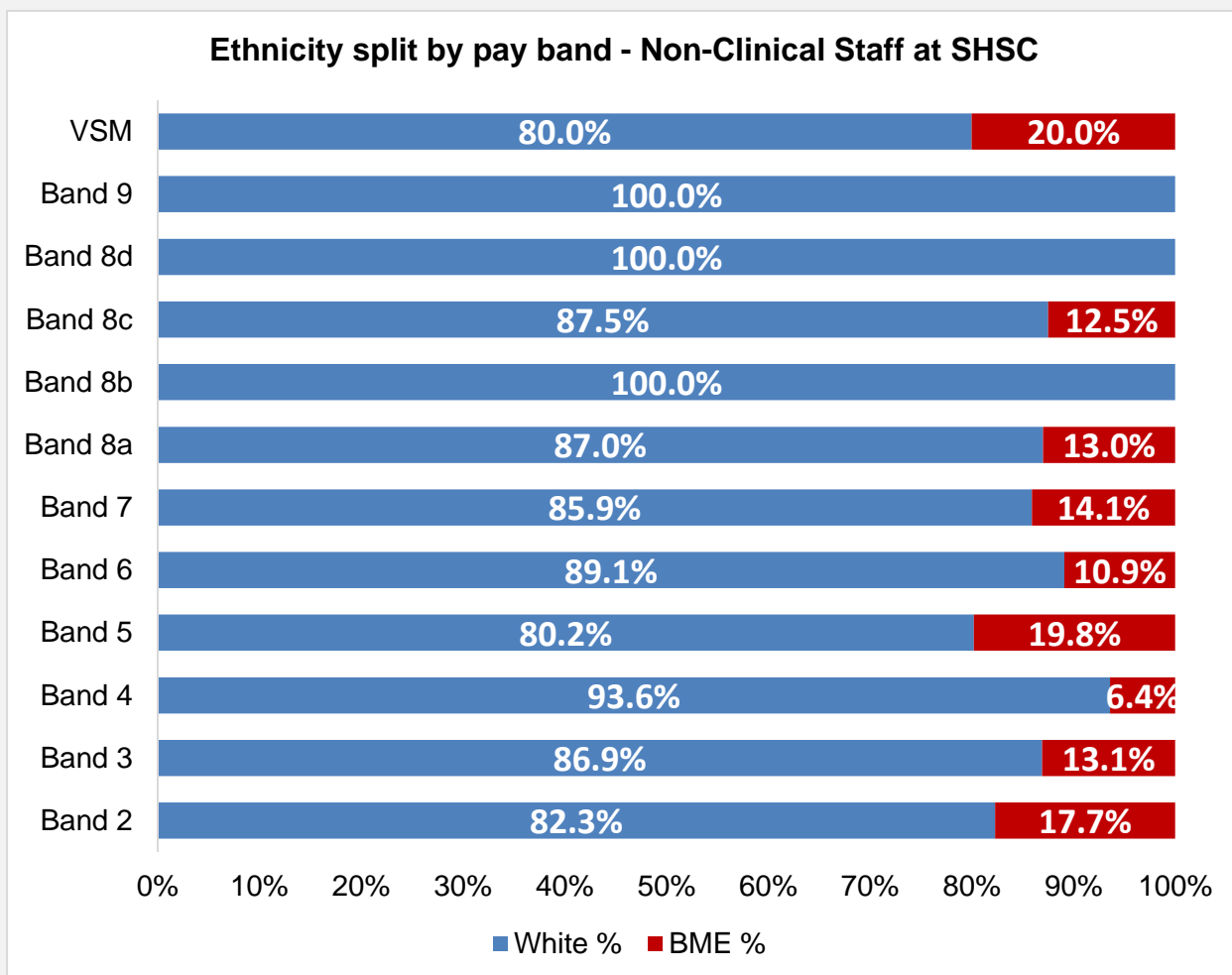
Figure 2

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.

Ethnicity split by pay band - Clinical Staff at SHSC

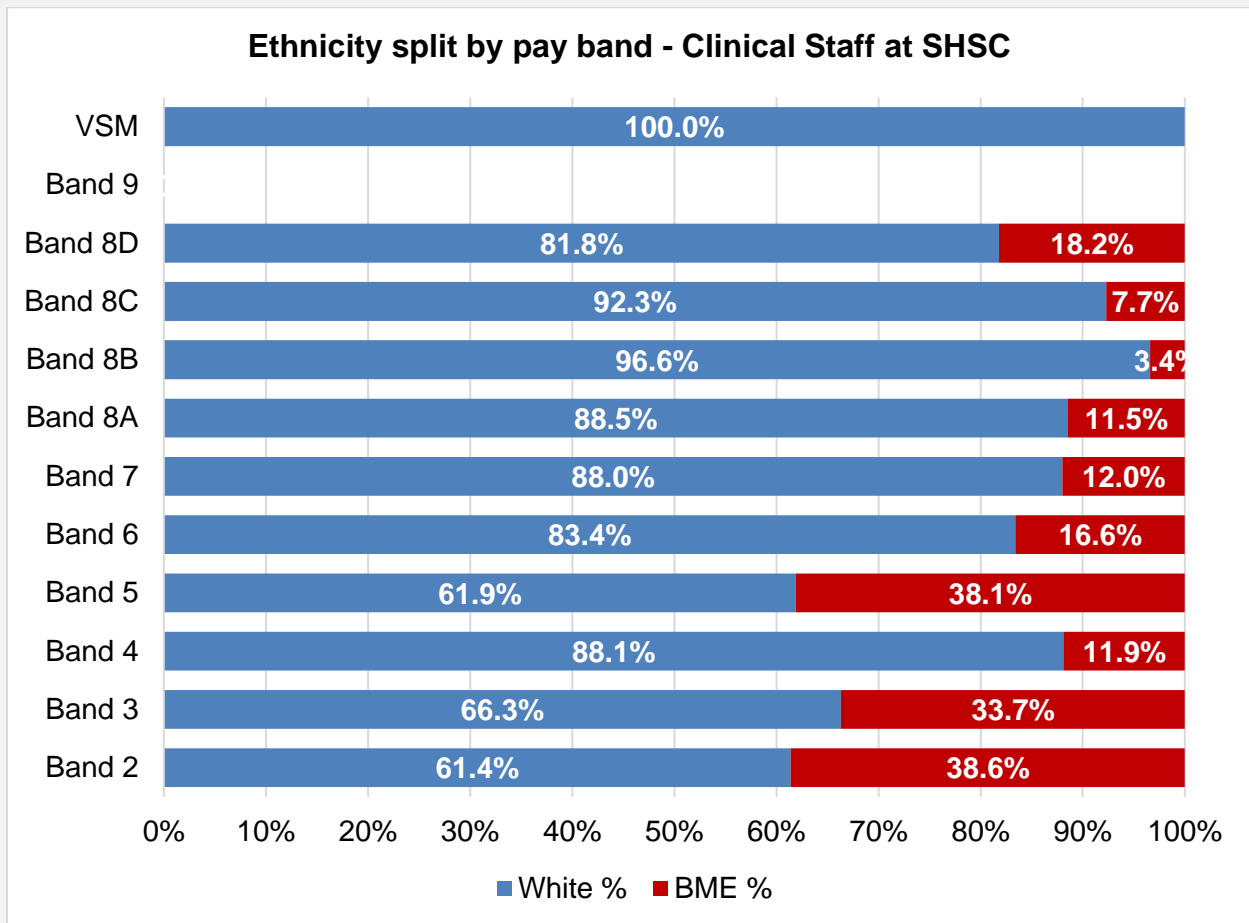| Band	White %	BME %
VSM	100.0%	
Band 9		
Band 8D	81.8%	18.2%
Band 8C	92.3%	7.7%
Band 8B	96.6%	3.4%
Band 8A	88.5%	11.5%
Band 7	88.0%	12.0%
Band 6	83.4%	16.6%
Band 5	61.9%	38.1%
Band 4	88.1%	11.9%
Band 3	66.3%	33.7%
Band 2	61.4%	38.6%

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.

NON-CLINICAL	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%

CLINICAL	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%

MEDICAL	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%

OTHER PAY GRADES	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
Cluster 1 Total	-207	-56	-82
Band 5	-61	30	-51
Band 6	5	34	-2
Band 7	19	9	-8
Cluster 2 Total	-37	73	-61
Band 8A	18	12	-5
Band 8B	7	0	-2
Cluster 3 Total	25	12	-7
Band 8C	-3	-1	-1
Band 8D	5	0	-1
Band 9	-2	0	0
Cluster 4 Total	0	-1	-2

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.
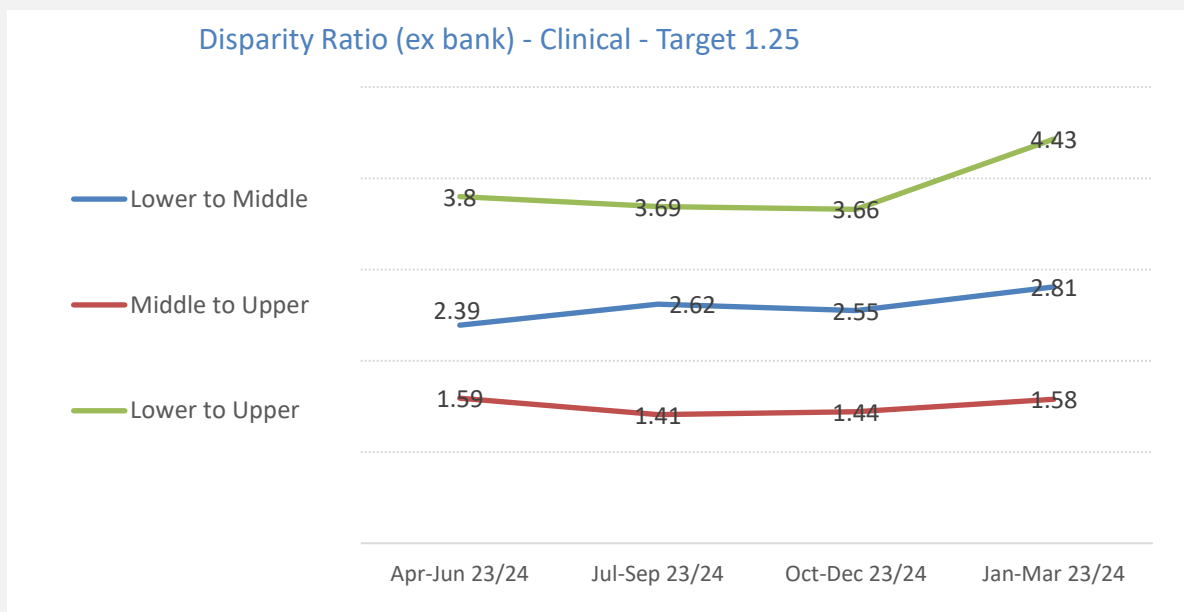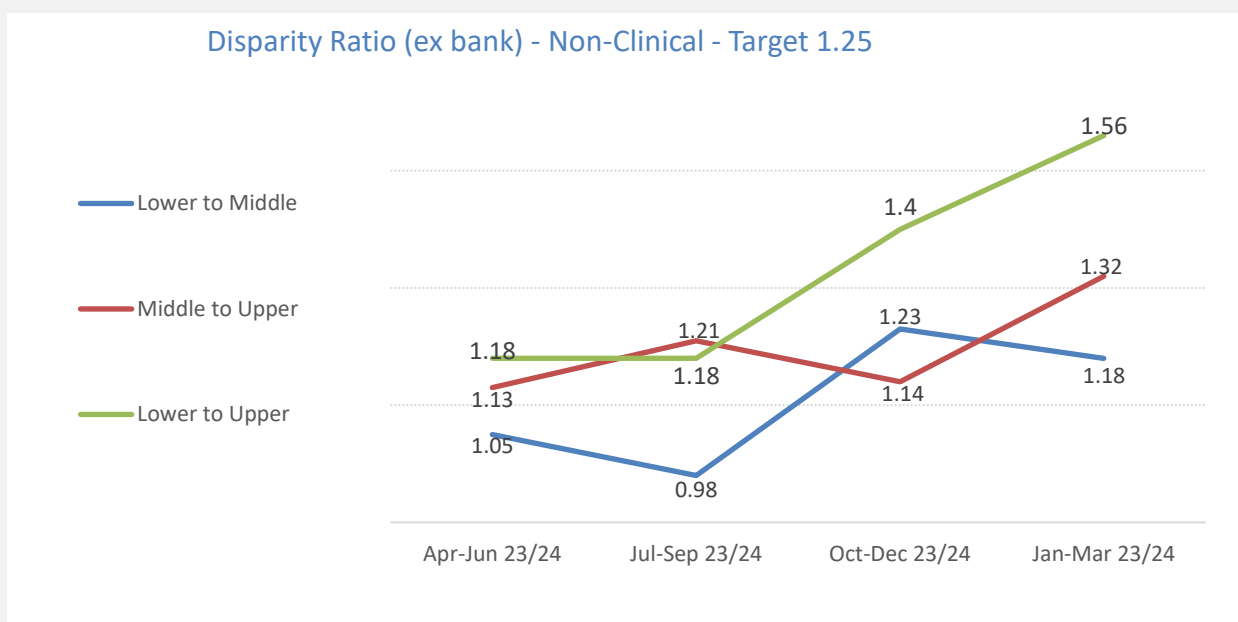

Figure 6

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)
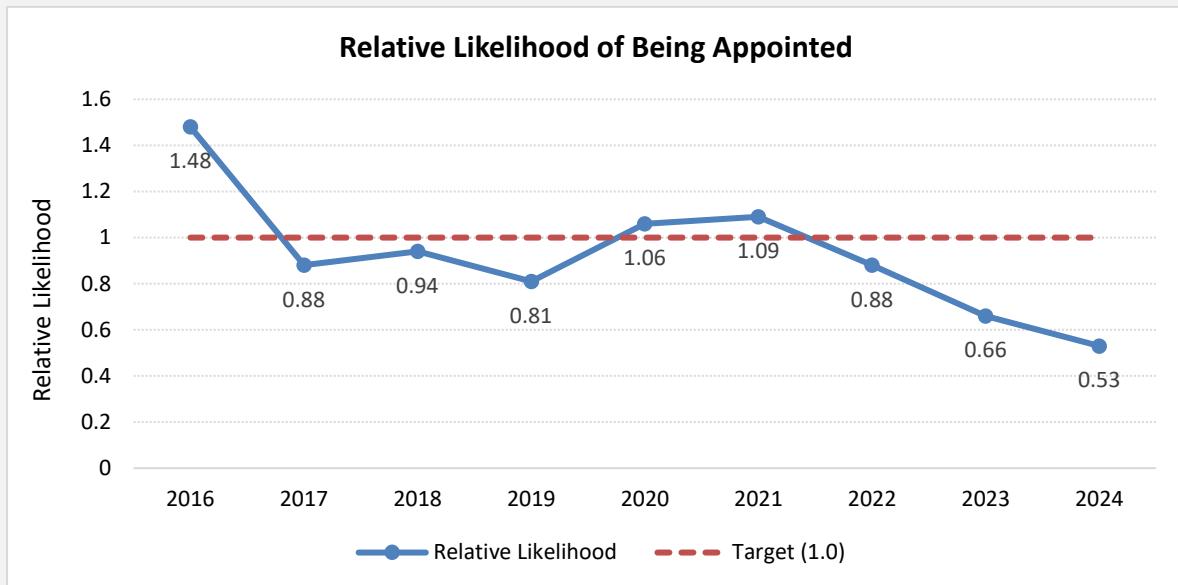

Figure 8

Our data as 31st 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)
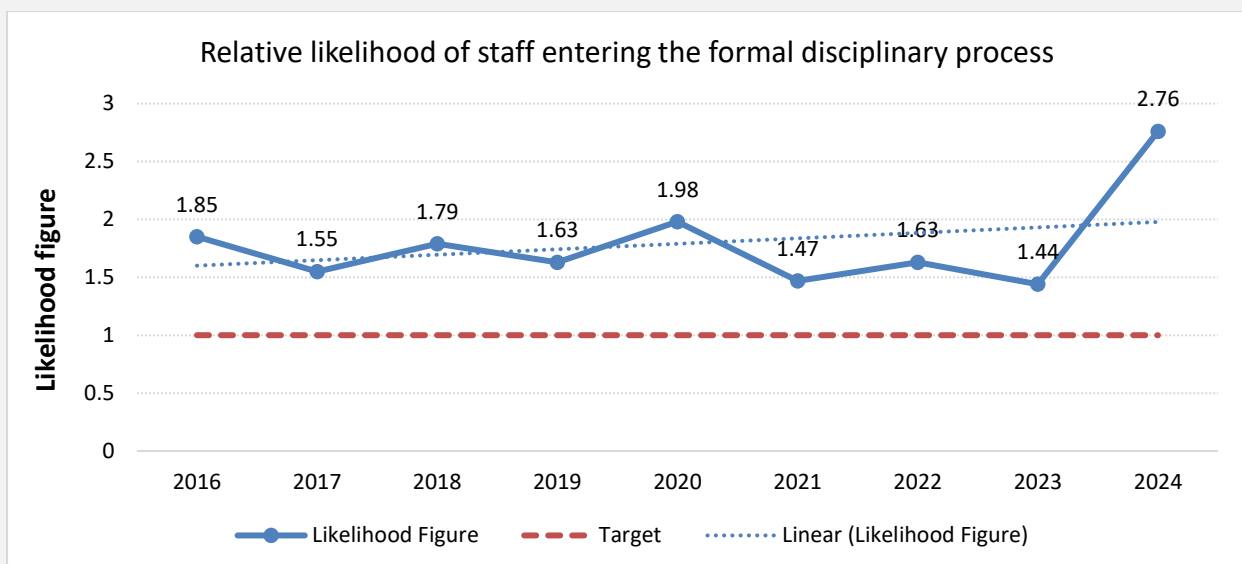

Figure 9

Our data as 31st 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)
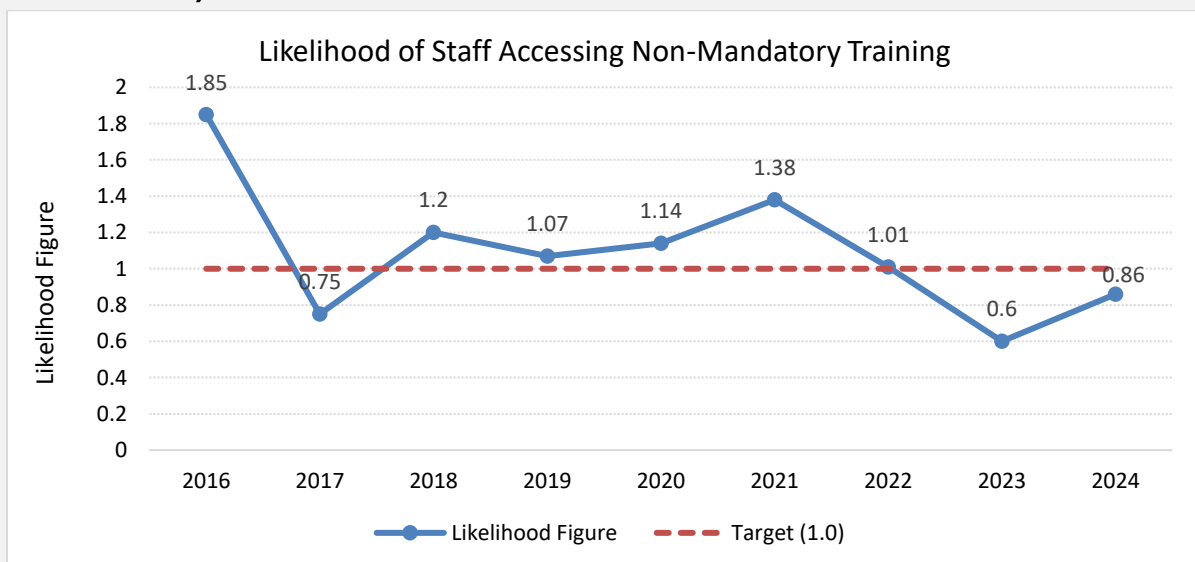
Figure 10

Our data as 31st 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

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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.
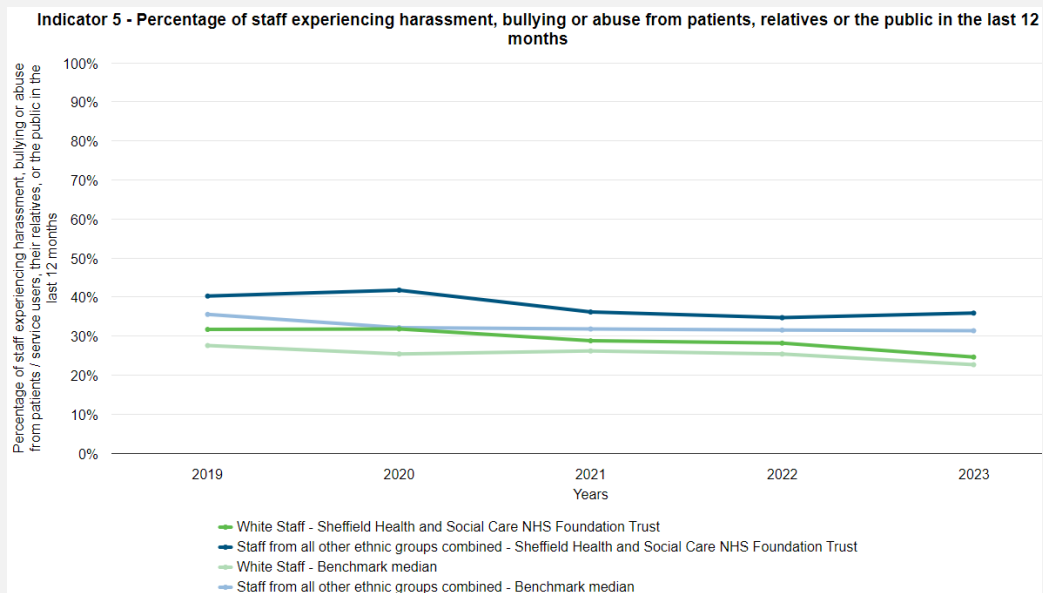
Indicator 5 - Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months

Legend:
- White Staff - Sheffield Health and Social Care NHS Foundation Trust
- Staff from all other ethnic groups combined - Sheffield Health and Social Care NHS Foundation Trust
- White Staff - Benchmark median
- Staff from all other ethnic groups combined - Benchmark median

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 though our EDI team. The Sheffield City hate crime lead has been working closely with our organisation in supporting the introduction of this initiative
- The EDI team and Ethnically Diverse Staff Network Group have provided briefings to our teams on dealing with racism incidents.

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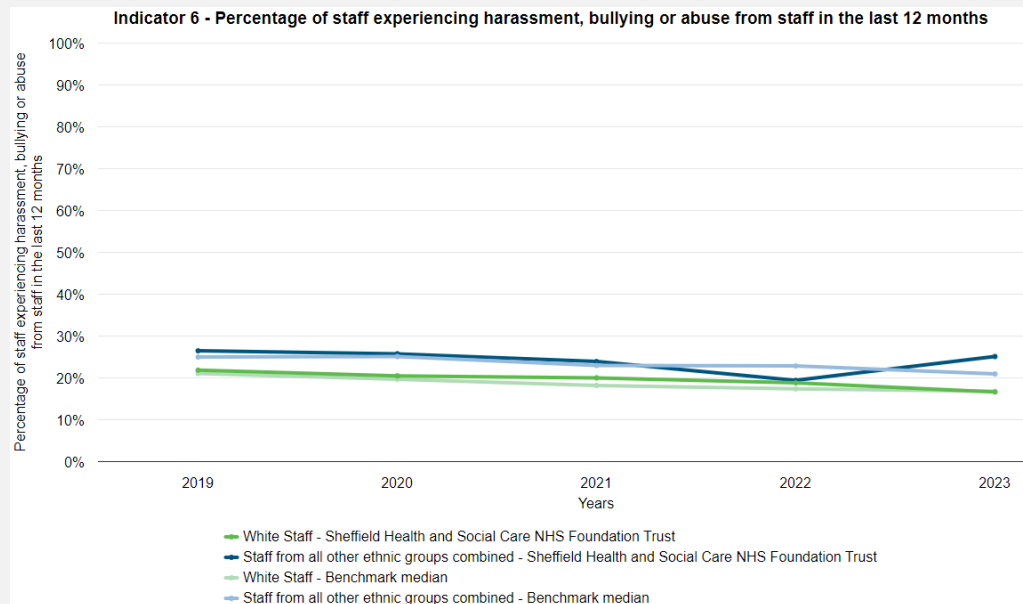
Figure 12

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. Fo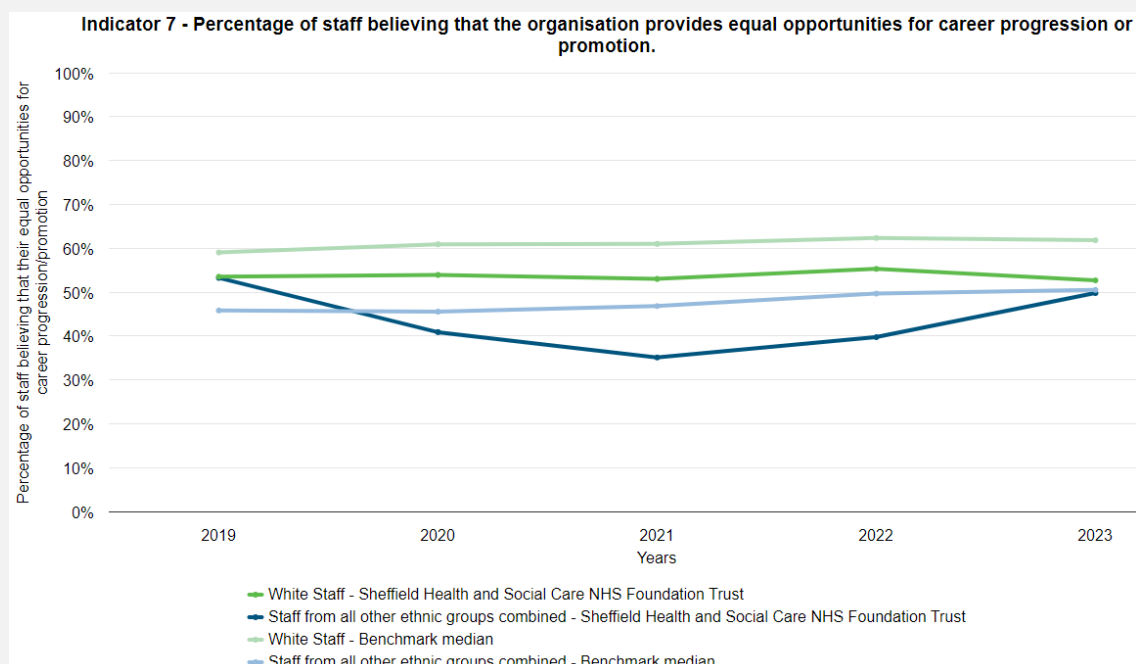r our white staff there is a slight drop, our white staff are also significantly lower than the national average for white staff. SHSC has some processes which tackle this particular topic. The Recruitment & Retention meeting is a committee meeting tasked with improving the way we recruit and to retain 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)
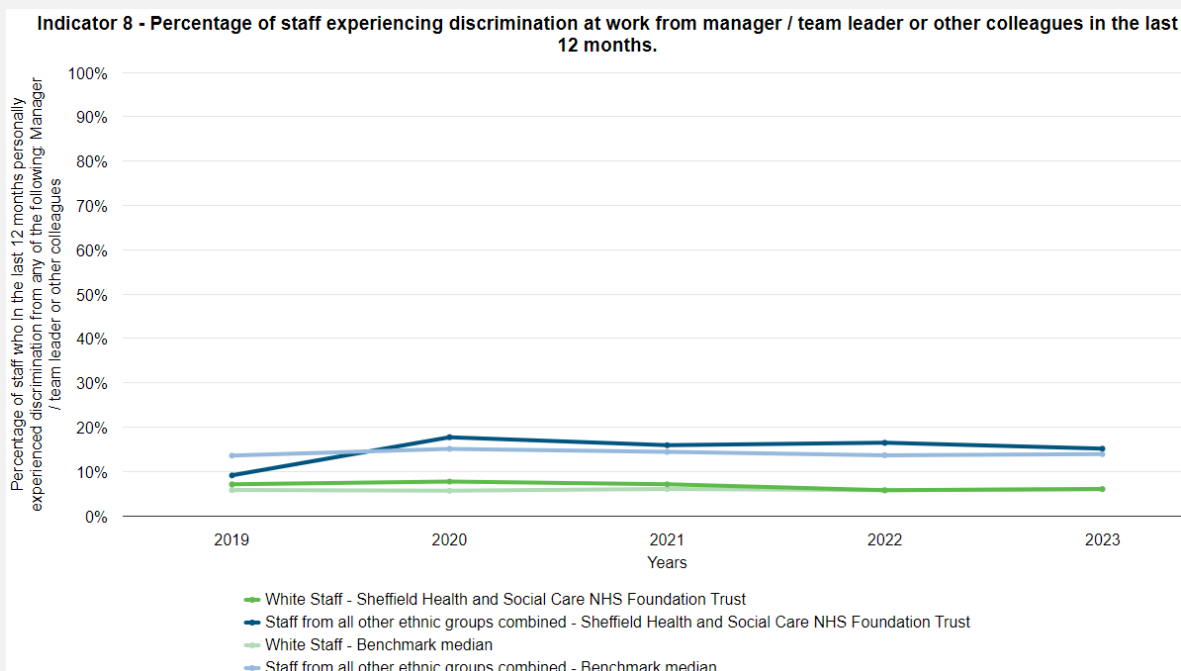
Figure 14

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 31st 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)](https://www.shsc.nhs.uk)

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

WRES ACTION PLAN 2023	Lead	Start	Deadline	Progress
Enabling Actions				
Utilise the Learning and Sharing Forum for focused sessions relevant to ethnicity diversity	EDI Team	1/4/23	31/3/24	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

Action	Owner	Start	End	Status
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
Action Linked to NHS High Impact Actions 2023/24				
Improve knowledge of staff around recording ethnicity data	EDI Engagement Lead	1/9/23	30/3/24	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
Action Linked to EDS Domain 2				
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
Disparity Ratio Action				
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