

#	Focus area	Our narrative	What does success look like?	Who should own and lead this challenge?	Who else will need to be involved want to work with?	Link to external sources
1	Data	We will collate data across the ACP which provides clear measurement of our progress in addressing structural inequalities. This will include measurement of staffing data, patient outcomes, in addition to updating existing data on health inequalities.	Data will be used as an evidence base to develop and drive priorities across the city.	Data Leads	Sam Kyeremateng, Shahida Siddique, John Soady, Chris Gibbons, EDI Leads	Fenton Report NHS LTP
2	Leadership	a) We will develop leaders across our ACP partners (at all levels) who are culturally aware, and representative of our local communities. All leadership development will routinely monitor and analyse BAME participation rates, and take positive action to increase participation, including addressing talent pipeline issues. Places on organisational leadership development programmes will be reserved for BAME staff.	Leadership across our ACP will be more diverse, with culturally aware leaders confident in having conversations around colour and challenging inappropriate behaviour.	OD Leads	Paula Ward, Maddy Desforges / VAS representative, Jane Ginniver, Simon Richards	Fenton Report
		b) We will actively promote the recruitment of BAME NEDS to our statutory organisations, and to bring the voices of diverse Sheffield communities into our board rooms.	Our executive teams will have membership which reflects the city's population, ensuring that decisions are reflective of, and take account of, a wide range of perspectives.	As above	As above + Shahida Siddique	Fenton Report NHS People Plan

		c) We will support our city's community organisations to develop confident and visible leaders, who are able to use their existing talents, skills and knowledge to represent their communities on an equal footing within the health and care sector	A leadership development programme / programmes specifically for staff across Sheffield's community organisations, supported by our ACP partners, will lead to increased engagement with Sheffield's communities across health and care.	Communities Group Co-Chairs		Fenton Report
3	Staffing	a) All ACP partners will communicate their commitment to tackling racial abuse and harassment of their staff and make tangible efforts to invest in the psychological contract, ensuring that all BAME staff across our ACP partners feel valued, and have equality of opportunity in all aspects of their employment.	Staff survey feedback will improve in all areas for BAME staff and the gaps between BAME and white staff feedback in all areas will close. WRES data for NHS organisations will show that the disparity in disciplinarys between BAME and white staff has closed.	EDI Leads	Liz Johnson, Bo Escritt, Lucy Ettridge, Mark Bennett	Fenton Report NHS People Plan
			Each organisation will have a Charter that clearly states that racial abuse and harassment is not acceptable and will not be tolerated. This will apply to the abuse and harassment by service users as well as from staff members.			Fenton Report NHS People Plan
		b) We will identify where the blockages are in the talent pipelines, which are preventing advancement of our BAME staff into senior positions. This will be informed by both the quantitative data achieved through the action point above, as well as through qualitative data collected through conversations across our partner organisations	The development, through co-production, of targeted programmes of support which have a tangible impact on increasing diversity at all staffing levels.	OD and HR Leads	Rita Evans, Maddy Desforges / VAS representative, Jane Ginniver, Simon Richards	Fenton Report NHS People Plan

c) We will tackle and minimise unconscious and conscious bias on recruitment panels, through the mandatory presence of at least one BAME member of every panel for recruitment to posts above Band 8a, or the equivalent (c £50k pa) in other parts of the system.	Our staff across all partners, and in all role types, will reflect our local populations at all levels.	Recruitment leads	Fenton Report NHS People Plan
d) We will work within an agreed set of principles that include using positive action to achieve a diverse and representative workforce.	All organisations will agree to use positive action (to choose the individual from an under-represented group in a tie break situation); scrutinise current recruitment policies and practices; ensure that all panel members are appropriately trained, develop a shared 'Best Practice Guide' for using representative recruitment panels, etc. NOTE: These principles will need to be drawn up in collaboration.	As above	Fenton Report NHS People Plan
			Fenton Report NHS People Plan
e) We will actively promote the breadth of health and social care careers across our BAME populations, including the promotion of alternative (non-degree) routes into professions such as AHPs and nursing.	Our staff across all partners, and in all role types, will reflect our local populations at all levels.	As above	Fenton Report NHS People Plan

Commissioning

f) We will support the creation and continuation of a City-wide group for all Chairs of BAME Staff Network Groups.	A group is established and meets on a regular basis. The group enables networking between all network chairs and promotes greater collaborative working across all organisations. The group may wish to pursue shared activities and events for the benefit of all organisations' BAME staff network groups.	ACP Place-based workforce Staff Network Chairs lead	Fenton Report NHS People Plan
g) We will ensure that all BAME staff working across our ACP partners have access to a dedicated staff network.	Staff will feel supported and able to discuss concerns and issues in a safe environment, with a connection to senior leadership teams to escalate any specific matters, which will improve the feedback from staff on progress against addressing inequalities.	As above	Fenton Report NHS People Plan
a) We will commission differently by working with our BAME organisations, recognising their expertise and experience in knowing the needs of the organisations and how to achieve specific outcomes, they will have freedom, flexibility and more sustained funding to enable them to do so.	We will have greater impact on better health and wellbeing outcomes as organisations have the freedom to adapt their approach to context, circumstances and changing priorities.	Comms Leads	

		<p>b) We will commission services that meet the needs of our population, and commission more services for those with the greatest health needs - this will include working specifically with our BAME communities. Develop constructive relationships and work with our citizens to understand what they need, then commission accordingly.</p>	<p>Better health outcomes and improved relationships, engagement and levels of trust with our BAME populations</p>	<p>CCG Directors of Commissioning</p>		
5	Communications and Engagement	<p>a) We will ensure that any conversations around improving health inequalities and improving engagement, will include those people who we are talking about (or their representatives) in the conversation from the beginning.</p>	<p>The health inequalities gap will start to close, this will be measured by specifics such as 80% take-up of flu vaccinations amongst the eligible populations in our most deprived communities.</p>	<p>Comms Leads</p>	<p>Shahida Siddique, other comms leads, Sarah Hepworth</p>	<p>Fenton Report</p>
		<p>b) We will adopt and invest in targeted approaches to involve people in our work who experience the greatest health inequalities and have the poorest health</p>	<p>BAME communities will feel empowered, with opportunities to have a say and influence decision-making</p>			<p>NHS LTP</p>
		<p>c) We will work with Sheffield citizens to understand the barriers to accessing health and care services, and feeling comfortable in doing so. We will respond through changing the way we deliver services.</p>	<p>The health inequalities gap will start to close, this will be measured by specifics such as 80% take-up of flu vaccinations amongst the eligible populations in our most deprived communities.</p>	<p>Public Health</p>	<p>Shahida Siddique, Adele Ro</p>	<p>Fenton Report</p>

Recommendations from [‘Beyond the Data: Understanding the Impact of COVID-19 on BAME Communities’](#)

#	Recommendation	Addressed through ACP Action #
1	Mandate comprehensive and quality ethnicity data collection and recording as part of routine NHS and social care data collection systems, including the mandatory collection of ethnicity data at death certification, and ensure that data are readily available to local health and care partners to inform actions to mitigate the impact of COVID-19 on BAME communities.	1
2	Support community participatory research, in which researchers and community stakeholders engage as equal partners in all steps of the research process, to understand the social, cultural, structural, economic, religious, and commercial determinants of COVID-19 in BAME communities, and to develop readily implementable and scalable programmes to reduce risk and improve health outcomes.	NA
3	Improve access, experiences and outcomes of NHS, local government and integrated care systems commissioned services by BAME communities including: regular equity audits; use of health impact assessments; integration of equality into quality systems; good representation of black and minority ethnic communities among staff at all levels; sustained workforce development and employment practices; trust-building dialogue with service users.	2a, 2b, 2c, 3b, 3c, 3d, 3e, 3f, 3g, 4a, 4b, 5a, 5b, 5c
4	Accelerate the development of culturally competent occupational risk assessment tools that can be employed in a variety of occupational settings and used to reduce the risk of employee’s exposure to and acquisition of COVID19, especially for key workers working with a large cross section of the general public or in contact with those infected with COVID-19.	NA (Completed across ACP)
5	Fund, develop and implement culturally competent COVID-19 education and prevention campaigns, working in partnership with local BAME and faith communities to reinforce individual and household risk reduction strategies; rebuild trust with and uptake of routine clinical services; reinforce messages on early identification, testing and diagnosis; and prepare communities to take full advantage of interventions including contact tracing, antibody testing and ultimately vaccine availability.	5a, 5b, 5c
6	Accelerate efforts to target culturally competent health promotion and disease prevention programmes for non-communicable diseases promoting healthy weight, physical activity, smoking cessation, mental wellbeing and Beyond the Data: Understanding the Impact of COVID-19 on BAME Communities	4a, 4b, 5a, 5b, 5c
7	Ensure that COVID-19 recovery strategies actively reduce inequalities caused by the wider determinants of health to create long term sustainable change. Fully funded, sustained and meaningful approaches to tackling ethnic inequalities must be prioritised.	4a, 4b

NHS People Plan 2020/21

[We are the NHS: action for us all'](#)

Actions below taken from Chapter 3 'Belonging in the NHS', pp23-25

#	Action	Deadline	Responsibility (in plan)	Link to ACP Action Plan
1	Overhaul recruitment and promotion practices to make sure that staffing reflects the diversity of the community, and regional and labour markets.	By October 2020	Employers	3b, 3c, 3d, 3e
2	Discuss equality, diversity and inclusion as part of the health and wellbeing conversations described in the health and wellbeing table	From September 2020	Employers	NA
3	Publish progress against the model employer goals to ensure that the workforce leadership is representative of the overall BAME workforce		Employers	NA
4	51 per cent of organisations to have eliminated the ethnicity gap when entering into formal disciplinary processes	By the end of 2020	Employers	3a
5	All organisations should review their governance arrangements to ensure that staff networks are able to contribute to and inform the decision-making process	By December 2021	Employers	3f, 3g
6	Publish competency frameworks for every Board-level position in NHS providers and commissioners. These frameworks reinforce that it is the explicit responsibility of the chief executive to lead on equality, diversity and inclusion, and of all senior leaders to hold each other to account for the progress they are making	By March 2021	NHS England and Improvement	2b
7	Support organisations to achieve the above goal [4], including establishing robust decision-tree checklists for managers, post-action audits on disciplinary decisions, and pre-formal action checks		NHS England and Improvement	NA
8	Refresh the evidence base for action, to ensure senior leadership represents the diversity of the NHS, spanning all protected characteristics	From September 2020	NHS England and Improvement	1

NHS Long Term Plan

Action required to tackle health inequalities in latest phase of COVID-19 response and recovery

#	Action	Link to ACP Action Plan
1	Protect the most vulnerable from COVID-19	5a, 5c
2	Restore NHS services inclusively	4a, 4b, 5a, 5b, 5c
3	Develop digitally enabled care pathways in ways which increase inclusion	NA
4	Accelerate preventative programmes which proactively engage those at risk of poor health outcomes	4a, 4b, 5a, 5c
5	Particularly support those who suffer mental ill-health	NA
6	Strengthen leadership and accountability	2a, 2b, 3a, 3b
7	Ensure datasets are complete and timely	1
8	Collaborate locally in planning and delivering action	5a, 5b, 5c