

BOARD OF DIRECTORS MEETING (Open)

Date: 14th November 2018

Item Ref:

12

TITLE OF PAPER	Annual Equality and Human Rights Report 2017/18
TO BE PRESENTED BY	Dean Wilson – HR Director
ACTION REQUIRED	To Note
OUTCOME	To Note
TIMETABLE FOR DECISION	N/a
LINKS TO OTHER KEY REPORTS / DECISIONS	Trust Equality Objectives and Equality Delivery System Two Priorities
LINKS TO OTHER RELEVANT FRAMEWORKS BAF, RISK, OUTCOMES	NHS STANDARD CONTRACT SERVICE CONDITIONS SC 13.3; 13.4; 13.5
IMPLICATIONS FOR SERVICE DELIVERY AND FINANCIAL IMPACT	None
CONSIDERATION OF LEGAL ISSUES	The Equality Act 2010 and The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017

Author of Report	Liz Johnson
Designation	Head of Equality and Inclusion
Date of Report	October 2018

SUMMARY REPORT

Report to: Board

Date: 14th November 2018

Subject: Annual Equality and Human Rights Report 2017/18

Presented by: Dean Wilson – Director of Human Resources

Author: Liz Johnson – Head of Equality and Inclusion

1. Purpose

Under provisions set out through the Equality Act 2010 the Trust is required to meet specific duties including setting Equality Objectives and reporting on progress against the Public Sector Equality Duty. This report supports these duties. It also provides information relevant to meeting requirements set out in the NHS standard contract such as those associated with the NHS Equality Delivery System Two.

2. Summary

The Equality Act 2010 includes the 'Public Sector Equality Duty' (PSED) which applies to public sector organisations including NHS Foundation Trusts. The Trust must have due regard to the three areas of the PSED. This duty applies to the Trust as an employer and as a provider of services. The Trust also has to meet 'specific' legal duties, these include a duty to identify and publish 'Equality Objectives' and a duty to report at least annually on progress the Trust is making on meeting the Public Sector Equality Duty. The Regulations which set out the specific legal duties were modified in 2017 to accommodate the new gender pay gap reporting requirements; however the specific duties described above remain the same. This report highlights how the Trust has met the PSED and supports meeting specific duties.

- The Trust is required to publish this report and to meet the requirements of the NHS standard contract the report is also provided to commissioners.
- The report was approved at WODC in October 2018. WODC requested that the report is presented to the Trust Board to note.

Key Points

- There has been an increase in younger people using the trust gender identity service
- Data from the staff survey indicates that disabled staff have a poorer experience in key areas than other staff. The trust will start to report data on disability through a new Workforce Disability Equality Standard from April 2019, some of the data reported in this report is likely to be reported under this standard.
- A new standard on Sexual Orientation recording for service users is in place from October 2017 – the trust is compliant with the standard but recording sexual orientation

for service users is low.

- Recording of disability for service users is low but slightly improved from 2016/17.
- Briefings for Insight users are underway to support improvement in recording of disability, sexual orientation and ethnicity of service users.
- Recording of staff demographics is good.
- Positive work continues focused on race equality for staff under the Build Modify expand Programme.

Equality Objectives and EDS Priorities

- A number of equality objectives and EDS priorities have been achieved.
- Objectives intended to be taken forward in partnership continue to be challenging due to changes in how arrangements for engagement with equalities stakeholders in the city changing. Discussions have taken place in relation to improve this position and this should improve in 2018/19.

3. Next Steps

Board are asked to note the report.

4. Required Actions

Board are asked to note the report.

5. Monitoring Arrangements

Progress is reviewed through the Workforce and Organisational Development Committee.

6. Contact Details

For further information, please contact: Liz Johnson – Head of Equality and Inclusion

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Annual Equality and Human Rights Report - 2017/18



Contents

	Page
Introduction	4
Policy Development and Equality Analysis	
<i>Eliminating Discrimination and Advancing Equal Opportunity</i>	5
Moving Forward Equality of Opportunity	
<i>For Staff and Service Users</i>	6
• Age	6
• Disability	8
• Race	12
• Religion or Belief	16
• Sex	17
• Sexual Orientation	18
Equality Objectives and Equality Delivery System Priorities	
<i>Staff and Service Users</i>	21
• Service Objectives and Priorities	21
• Workforce Objectives and Priorities	25

Introduction

The Equality Act 2010 includes the 'Public Sector Equality Duty' which applies to a number of public sector organisations including NHS Foundation Trusts. The Public Sector Equality Duty means that Sheffield Health and Social Care (The Trust) must have '*due regard*' to:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by the Equality Act 2010
- Advance equality of opportunity between people who share a relevant protected characteristic and people who do not share it, and
- Foster good relations between people who share a relevant protected characteristic and people who do not share it.

Protected Characteristics are:

- Age
- Disability
- Gender Reassignment
- Marriage and Civil partnership
- Pregnancy and Maternity
- Race
- Religion or Belief
- Sex
- Sexual Orientation

This duty applies to the Trust as an employer and as a provider of services and when the Trust is undertaking any other significant activities.

The Trust also has what are known as 'specific' legal duties these include a duty to identify and publish 'Equality Objectives' and a duty to report at least annually on the progress the Trust is making on meeting the Public Sector Equality Duty.

This report provides information about activity the Trust has undertaken between in 2017/18 to support these duties. The report also includes an update on progress the Trust has made towards achieving the Trust Equality Objectives 2016 – 2020.

This report should be read alongside other reports that the Trust produces which are also relevant to Equality, Inclusion and Human Rights these include:

- The [Workforce Race Equality Standard Report](#) and [Action Plan 2017](#)
- The Trust [Gender Pay Gap Report 2017](#)
- The Sheffield Health and Social Care Annual Report
- The Sheffield Health and Social Care Quality Report
- The Sheffield Health and Social Care Business Plan
- The Sheffield Health and Social Care report on membership activities

Policy Development and Equality Analysis

Eliminating Discrimination

We review all our written policies to ensure that they do not unlawfully discriminate and are written so that wherever possible they promote equality. When we are undertaking equality analysis we also aim to consider Human Rights and Health Inequalities.

In 2017 /18 the Trust:

- Continued to to analyse the impact of service changes in our mental health services in relation to Race.
- Introduced a new Disabled Staff Policy

Policies are published on our main web site. The Equality Impact Analysis (EIA) for each policy and review of compliance with Human Rights can be found as appendices in the policy.

<http://www.shsc.nhs.uk/about-us/policies>

Moving Forward Equality of Opportunity

For Staff and Service Users

This section of our report is about our staff and service users from the perspective of the Protected Characteristics they share and where we have undertaken specific actions to move forward Equality of Opportunity based on this information.

Information about people who use are services applies to use between 1st April 2017 and the 31st of March 2018. Reports are provided for use of the following services:

- The Gender Identity
- Learning Disability
- Mental Health
- Perinatal Mental Health
- Substance Misuse
- Eating Disorders
- Improving Access to Psychological Therapies (IAPT)

For people who work in our services all staff data includes staff employed by the Trust Bank. The information in this section covers the following areas.

- Age
- Disability
- Race
- Religion or Belief
- Sex
- Sexual Orientation

Age

The Age of the Sheffield Population

The census taken in 2011 indicated that in Sheffield there are slightly more women (50.7%) than men (49.3%). In age groups up to mid-fifties there are slightly more men than women but in older age groups there are more women than men because life expectancy for women is slightly better than for men in the city.

Age of people who use our services

Services in the Trust operate across the age range – the Trust does not provide specific services to people under 18 – where they do this exception is closely monitored.

The most significant change to note is the increase in people under 18 in the Gender Identity Service, this reflects people who are 17 and a half and have been referred to the service and placed on a waiting list – they cannot use the service until they are 18. This increase is reflective of a general increase in the numbers of younger people using this services and gender identity services nationally.

Generally speaking the full age range continues to be covered in most services.

Age – Service Users	Gender Identity Service		Learning Disability		Mental illness		Perinatal Mental Health	
	16/17	17/18	16/17	17/18	16/17	17/18	16/17	17/18
Under 18	0.1%	1.6%	1.0%	0.7%	1.7%	1.8%	0.6%	1.0%
18-29	57.7%	61.2%	35.1%	35.7%	30.7%	31.2%	50.7%	49.8%
30-39	14.2%	14.3%	15.2%	16.3%	21.8%	22.7%	42.8%	43.4%
40-49	11.9%	10.2%	14.2%	12.5%	20.2%	18.9%	6.0%	5.8%
50-59	10.8%	8.9%	17.9%	17.4%	16.0%	15.8%	0.0%	0.0%
60-69	4.2%	3.2%	11.2%	11.4%	6.3%	6.3%	0.0%	0.0%
70 -79	1.1%	0.7%	5.4%	5.9%	3.3%	3.4%	0.0%	0.0%

Age – Service Users	Substance Misuse		Eating Disorders Service		IAPT	
	16/17	17/18	16/17	17/18	16/17	17/18
Under 18	0.0%	0.0%	13.1%	9.3%	1.4%	1.1%
18-29	15.8%	14.9%	48.6%	55.3%	34.2%	34.4%
30-39	30.8%	30.2%	20.0%	17.5%	22.2%	21.9%
40-49	31.8%	32.3%	10.9%	11.0%	18.4%	17.6%
50-59	15.6%	17.3%	5.4%	5.5%	14.4%	14.6%
60-69	4.6%	4.3%	0.9%	0.8%	6.1%	6.8%
70 -79	1.3%	1.0%	1.1%	0.8%	3.3%	3.5%

Age of people who work in our services

In 2017/18 the number of staff in the 20-29 years age group has stayed static with a small increase in the number of staff in the 30-39 age group. The reduction in staff in the 50-54 age group is likely to be due to staff leaving the Trust following the Trust Mutually Agreed Resignation Scheme (MARS).

Age - Staff	2016/17	2017/18
Under 20	0.7%	1.0%
20 - 29	13.1%	13.1%
30 - 39	20.4%	21.0%
40 - 49	25.9%	24.6%
50 - 54	16.2%	15.9%
55 - 59	13.4%	13.8%
60 - 64	7.1%	7.4%
65 and Over	3.3%	3.2%

In 2017/18 we continued to work closely with the University Technical College (UTC) in Sheffield and ran a Career Development Workshop for over 40 young people from the UTC in October 2017.

Disability

Long-Term Health Problem or Disability in the Sheffield Population

The Equality Act 2010 says a person has a disability if they have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on a person's ability to do normal daily activities. The 2011 census asks about long term health conditions and in Sheffield:

- 9.1% of people said that their day-to-day activities were limited 'a lot' due long-term health problem or disability
- 9.6 % of people said that their day-to-day activities were limited 'a little' due long-term health problem or disability
- 81.2% said that their day-to-day activities were not limited due to a long-term health problem or disability.

Mental Health

- Around 12.27% of Sheffield adults are estimated to have depression compared with 11.68% in England. **Sheffield JSNA 2013 p.26**
- Data from 2011/12 suggests that the number of people with a psychosis (all ages) registered with a Sheffield GP practice was approximately 4,500. When considered as a percentage of all people registered with a Sheffield GP, this represents 0.80% which is on a par with the England average of 0.82%. **Sheffield JSNA 2013 p.26**

Dementia

- There are currently around 6,400 people living with dementia in the City, but this is expected to rise to over 7,300 by 2020 and 9,300 by 2030, with the biggest increase in people aged 85 and over. **Sheffield JSNA 2013 p.26**

Learning Disability

- Sheffield has a higher prevalence of people with learning disabilities than the national average – this relates both to adults (18-64 years) where prevalence is 5.17 per 1,000 people registered with a GP compared with 4.33 nationally, and to children where

35.20 per 1,000 known to schools have a learning difficulty compared with 24.61 nationally – **Sheffield JSNA 2013 p.26**

People who are Deaf

- The Health and Information Centre reports the number of people in Sheffield registered Deaf in Sheffield on the 31st of March 2010 was 990 people of all ages.¹

People who are registered 'hard of hearing'

- The Health and Information Centre reports the number of people in Sheffield registered as Hard of Hearing in Sheffield on the 31st of March 2010 550 people of all ages.²

People who are Blind or Partially Sighted

The report of people registered as Blind or Partially Sighted was updated by NHS digital for 2016/17.

- NHS Digital register of people who are blind or partially sighted 2016/17 reports the number of people of all ages in Sheffield registered as Blind was **1,625**, of these **1,350** were aged 18+.
- The register reports the number of people of all ages in Sheffield registered as partially sighted as **3,645**, of these **3,300** were aged 18+.

In 2017/18 recording of disability in SHSC remains low however this continues to improve slowly and at the time of this report staff briefings were being undertaken on the accessible information standard and the importance of recording disability for services users.

(For more detail please see the section below on equality objectives)

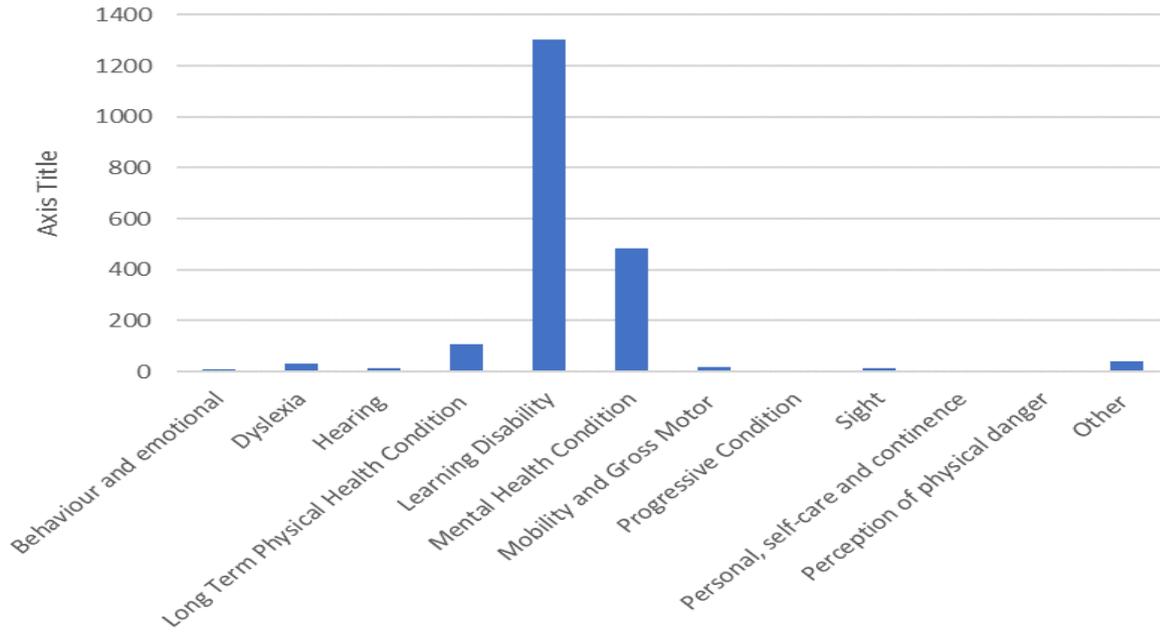
The tables below show the types of disability (number of people) of service users where a disability is recorded for 2017/18, numbers do not include no disability or where there is nothing recorded. Recording of physical disability has improved from 2016/17 to 17/18 with more service users recorded as having a sight or hearing impairment in 2017/18.

The second table below shows the percentage change.

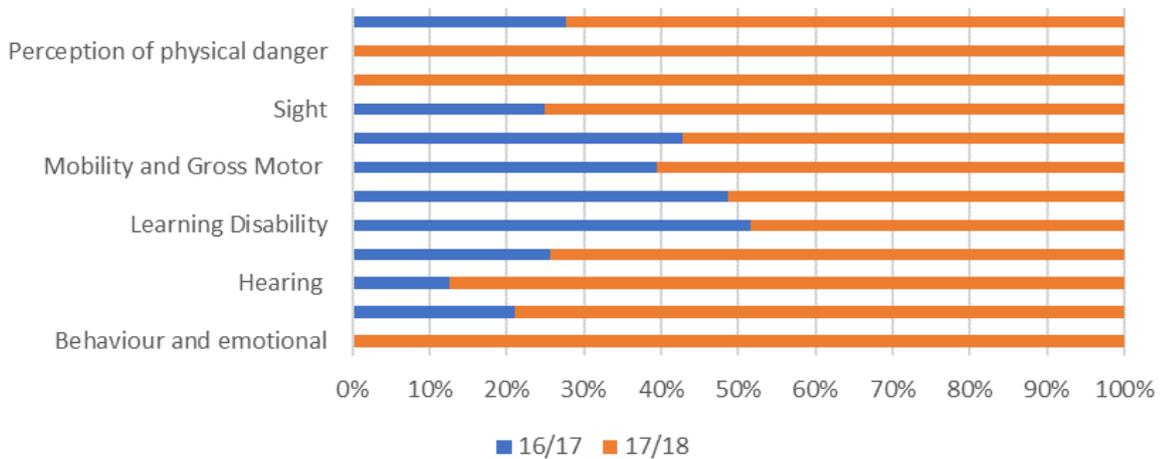
¹ <http://www.hscic.gov.uk/article/2021/Website-Search?productid=1758&q=Deaf&sort=Relevance&size=10&page=1&area=both#top>

² <http://www.hscic.gov.uk/article/2021/Website-Search?productid=1758&q=Deaf&sort=Relevance&size=10&page=1&area=both#top>

Type of Disability (Number) 17/18



Change in Percentage of Disability Type Reported 2016/17 and 2017/18



Disability and people who work in our services

In 2017/18 preparations have been underway for the introduction of a new standard for the NHS focused on disabled staff, the Workforce Disability Equality Standard (WDES). This will operate in a similar way to the NHS Workforce Race Equality Standard, but NHS organisations will not report on the WDES until 2019.

In 2017 the trust took part alongside 17 other trusts in piloting the new standards associated with the WDES and also introduced a new standalone Disabled Staff policy with the aim of moving the emphasis away from disability associated being associated with ill health towards an approach that recognises the barriers that people face and looking at how we can address these as an organisation.

Recording disability remains good in the organisation with an ongoing reduction in the number of not stated /not declared/prefer not to answer/ undefined reducing year on year.

Disability	2016	2017	2018
Yes	7.89%	6.14%	6.6%
No	60.53%	78.08%	78.8%
Not Stated	31.58%	15.78%	14.6%

Staff Survey 2017

The tables below show responses to the NHS staff survey that are relevant to Disabled staff The staff survey reports some questions by Protected Characteristic and again it is likely that some of these key questions will form part of the metrics that will be reported on under the new NHS Workforce Disability Equality Standard due to be reported on for the first time in April 2019. These findings are not weighted in any way so it is difficult to be clear which are statistically significant, however for all questions highlighted by Disabled and Non-Disabled responses in the 2016 and 2017 Staff Survey staff who said they had a longstanding illness, health problem or disability expressed a worse score than those who did not. Also comparing the staff survey results and the results of records on the trust staff record is a useful way of looking at how confident staffs feel about disclosing a disability however it should be noted that the staff survey definition is wider than the electronic staff record.

Staff Survey disabled staff response rate and reasonable adjustments	2016 staff survey	2017 Staff Survey
a) Do you have a longstanding illness, health problem or disability?	There were 1,010 responses 23% said yes (231) 77% said no (778)	There were 805 responses 22% said yes (173) 78% said no (632)
b) Has your employer made adequate adjustment(s) to enable you to carry out your work?	Of the 231 above: 56% said yes 11% said no 33% said these were not needed	Of the 173 above: 51% said yes 14% said no 35% said these were not needed

Key Staff Survey Questions

Staff Survey Questions	2016 Staff survey		2017 Staff Survey	
	Disabled	Non – Disabled	Disabled	Non – Disabled
KF20. % experiencing discrimination at work in last 12 months	21%	12%	21%	15%
KF21. % believing the organisation provides equal opportunities for career progression / promotion	83%	92%	76%	83%
KF17. % feeling unwell due to work related stress in last 12 months	56%	38%	68%	44%
KF18. % attending work in last 3 months despite feeling unwell because they felt pressure	78%	62%	70%	51%
KF15. % satisfied with the opportunities for flexible working patterns	50%	63%	51%	60%

There has been no real change in the negative experience of disabled staff between the 2016 and 2017 survey with disabled staff giving less positive responses than non-disabled staff across all of the five staff survey questions above.

Race

Nearly 81% of the Sheffield population in the 2011 census described themselves as White - English/Welsh/Scottish/Northern Irish/British. This is higher than the overall population in England but lower than the population of Yorkshire and the Humber. Of the remaining 19% the highest alternative ethnicity reported in Sheffield is the Asian / Asian British Pakistani group (4%). The 2011 Census included two new groups 'gypsy and Irish traveller' and 'Arab'. The percentage of people in Sheffield who describe their ethnicity as Arab (1.5%) is higher than the percentage population in England and in Yorkshire and the Humber

The Ethnicity of people who use our services

In 2018 we introduced three new reporting categories for ethnicity recording 'gypsy and Irish traveller' and 'Arab' to reflect the full census options and Roma. Roma was introduced because there is a significant minority of Roma people in Sheffield and it's important that all organisations can record this information.

The table below shows ethnicity only for service users where ethnicity is known i.e. it excludes not known / not asked and blank records. It can be seen that in particular mental health and perinatal mental health services have a relatively high percentage of people

from BME groups in their services. For perinatal mental health this is likely to be a mirror effect because there are a high proportion of women from BME groups using maternity service generally. Discussion has taken place with mental health services to review service use by people from BME groups across the mental health care pathway and the head of the IAPT service has jointly written national guidance for IAPT on improving equity of access and outcomes for IAPT.

Ethnicity – Service Users

Ethnicity recording has not improved however this has been discussed in services.

Ethnicity Recording	Gender Identity Service	Learning Disability	Mental Health	Perinatal Mental Health	Substance Misuse	Eating Disorders Service	IAPT
Not asked /not known total 2017/18	23.8%	15.9%	20.9%	11.0%	16.5%	23.8%	28.0%
Not asked /not known total 2016/17	21.2%	13.7%	19.0%	9.2%	15.2%	18.0%	30.1%
Not Asked Not Known 2015/16	24.6%	9.12%	15.67%	15.93%	14.60%	20.43%	25.10%
Not Asked Not Known 2014/15	21.05%	17.66%	18.02%	11.29%	16.52%	19.47%	Not Available

Ethnicity – service users	Gender Identity Service		Learning Disability		Mental Health	
	16/17	17/18	16/17	17/18	16/17	17/18
White British	90.40%	90.14%	85.70%	84.42%	79.90%	80.38%
White Irish	0.60%	0.63%	0.20%	0.26%	0.60%	0.61%
White other	3.40%	3.67%	0.90%	0.86%	2.10%	1.98%
Asian or Asian British Bangladeshi	0.00%	0.00%	0.20%	0.17%	0.40%	0.39%
Asian or Asian British Indian	0.10%	0.31%	0.20%	0.26%	0.40%	0.50%
Asian or Asian British Pakistani	0.40%	0.42%	5.40%	5.34%	3.20%	3.11%
Asian other	0.70%	0.42%	0.70%	0.69%	1.30%	1.32%
Black or Black British African	0.00%	0.00%	0.30%	0.52%	1.60%	1.43%
Black or Black British Caribbean	0.30%	0.21%	1.40%	1.46%	2.00%	1.87%
Somali	0.00%	0.00%	0.60%	0.86%	1.10%	1.23%
Yemeni	0.10%	0.10%	0.90%	0.95%	0.70%	0.71%
Black other	0.10%	0.00%	0.20%	0.17%	0.60%	0.63%
Vietnamese	0.00%	0.00%	0.10%	0.00%	0.00%	0.04%
Chinese	0.10%	0.21%	0.10%	0.17%	0.30%	0.34%
Mixed other	1.00%	0.94%	0.60%	0.34%	1.00%	0.65%
Mixed White & Asian	0.90%	0.00%	0.30%	0.09%	0.60%	0.22%
Mixed White & Black African	0.00%	0.94%	0.10%	1.64%	0.20%	1.48%
Mixed White & Black Caribbean	0.90%	1.36%	1.20%	0.52%	1.50%	0.84%
Other	0.90%	0.63%	1.10%	1.29%	2.30%	2.26%

Ethnicity – service users	Perinatal Mental Health		Substance Misuse		Eating Disorders Service		IAPT	
	16/17	17/18	16/17	17/18	16/17	17/18	16/17	17/18
White British	73.50%	75.72%	87.30%	87.38%	94.80%	92.05%	85.30%	84.90%
White Irish	0.50%	0.18%	0.60%	0.58%	0.00%	0.00%	0.40%	0.45%
White other	3.70%	2.90%	1.60%	1.92%	1.00%	2.32%	2.10%	2.26%
Asian or Asian British Bangladeshi	0.30%	0.36%	0.20%	0.13%	0.00%	0.00%	0.20%	0.23%
Asian or Asian British Indian	0.00%	0.91%	0.50%	0.45%	0.00%	0.33%	0.50%	0.59%
Asian or Asian British Pakistani	4.70%	3.80%	1.90%	1.74%	0.70%	1.32%	2.70%	2.67%
Asian other	2.60%	2.72%	0.80%	0.94%	0.00%	0.66%	0.90%	1.06%
Black or Black British African	3.20%	1.81%	0.50%	0.58%	0.30%	0.33%	0.80%	0.83%
Black or Black British Caribbean	1.30%	0.72%	1.40%	1.27%	0.00%	0.00%	1.30%	1.19%
Somali	0.50%	0.72%	0.30%	0.29%	0.00%	0.33%	0.30%	0.32%
Yemeni	0.20%	0.54%	0.30%	0.20%	0.00%	0.00%	0.60%	0.53%
Black other	0.30%	0.36%	0.40%	0.40%	0.00%	0.00%	0.40%	0.32%
Vietnamese	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.02%
Chinese	0.50%	0.72%	0.00%	0.00%	0.30%	0.33%	0.20%	0.27%
Mixed other	1.30%	0.36%	0.80%	0.82%	0.30%	0.00%	0.60%	0.40%
Mixed White & Asian	0.30%	0.36%	0.80%	0.13%	0.30%	0.66%	0.40%	0.22%
Mixed White & Black African	0.80%	2.90%	0.10%	1.11%	0.00%	0.99%	0.20%	0.96%
Mixed White & Black Caribbean	3.40%	0.91%	1.20%	0.85%	1.00%	0.66%	1.10%	0.66%
Other	3.10%	3.99%	1.30%	1.20%	1.00%	0.00%	2.00%	2.14%

Ethnicity - Staff	SHSC Staff 2016/17	SHSC Staff 2017/18	Sheffield Population 18 - 64 (2011 Census)
White - British	76.6%	75.4%	80.6%
White - Irish	1.1%	1.1%	0.5%
White - Any Other White background	1.7%	1.7%	2.7%
White; Gypsy or Irish Traveller	-	-	0.1%
Mixed - White & Black Caribbean	0.9%	1.0%	0.8%
Mixed - White & Black African	0.6%	0.5%	0.2%
Mixed - White & Asian	0.1%	0.2%	0.5%
Mixed - Any other mixed background	0.5%	0.5%	0.4%
Asian or Asian British - Indian	1.4%	1.3%	1.3%
Asian or Asian British - Pakistani	1.5%	1.6%	3.6%
Asian or Asian British - Bangladeshi	0.2%	0.2%	0.6%
Asian or Asian British - Any other Asian background	0.6%	0.6%	1.1%
Black or Black British - Caribbean	1.8%	1.8%	1.0%
Black or Black British - African	4.5%	4.6%	2.2%
Black or Black British - Any Other Black background	0.4%	0.5%	0.5%
Chinese	0.4%	0.4%	1.8%
Any Other Ethnic Group - Arab	-	-	1.4%
Any Other Ethnic Group	0.6%	0.5%	0.8%
Not Stated	7.2%	8.1%	0.0%

Ethnicity of people who work in our services

The table above shows the percentages of staff by ethnicity compared to the Sheffield population 18- 64 at the time of the 2011 census. Nationally Arab and Gypsy or Irish Traveller are still not available in the Electronic Staff which is why there is no figure for these two groups. A more detailed breakdown of staff ethnicity can be found in the trust Workforce Race Equality Standard Report 2017

Build Modify Expand

The Trust Build Modify Expand work stream of action and activity linked to the Trust strategy to Promote and Improve Equality Diversity and Inclusion for Black Asian and Minority Ethnic Service Users and Staff continues with funding agreed until March 2019.

In 2017/18 we achieved all of the programmes current objectives.



- We held a second Working Together Conference
- We rolled out staff development workshops and two staff have since gone on to gain places on the national Stepping Up and Ready Now
- We achieved a Healthcare People management Association Award for Most Effective use of Diversity to Strengthen Governance Recruitment or promotion
- Increased the numbers of staff involved in the trust BME staff network group.
- Supported 11 nominations for the National NHS 70 Windrush Awards

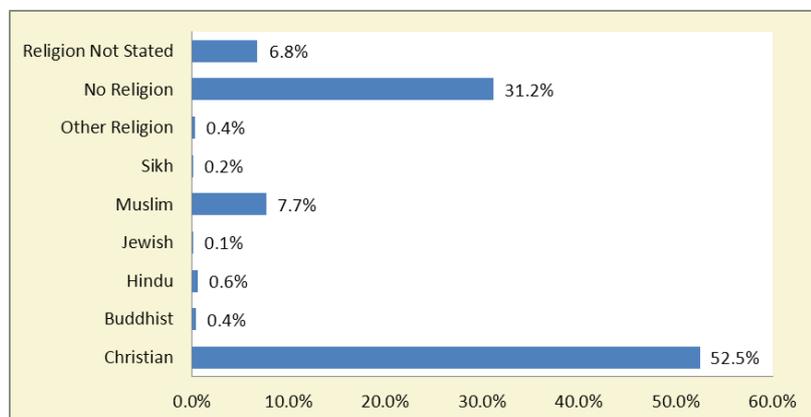
In 2018/19 we plan to:

- Establish as much as we can of this work as part of mainstream activity
- Hold a third Working Together Conference
- Build the capacity of the Trust BME staff network group
- Implement an action plan focused on racial harassment experienced by staff from service users and the public.

Religion or Belief

Religion or belief and the Sheffield Population

In the 2011 census just over 50% of Sheffield people stated they had a Christian religion, 31% no religion and 7.7% Muslim.



Religion or Belief of people who use our services

The percentages below are of all services users in the service i.e. not just a percentage from those who gave a response. This is because the numbers of not asked is very high across services. The data for services users does not reflect the population data but this is likely to be because of the number not asked rather than actual.

	Gender Identity Service		Learning Disability		Mental illness		Perinatal Mental Health	
	16/17	17/18	16/17	17/18	16/17	17/18	16/17	17/18
Agnostic/ Atheist / No Religion	2.82%	2.41%	2.28%	2.10%	12.22%	12.74%	5.11%	8.71%
Christian	1.35%	0.66%	16.38%	16.84%	15.81%	15.10%	3.65%	4.19%
Muslim	0.00%	0.00%	1.73%	1.81%	3.20%	3.04%	2.63%	2.42%
other	0.56%	0.58%	0.35%	0.51%	1.95%	1.90%	0.73%	0.97%
prefer not to say	0.11%	0.08%	0.07%	0.14%	0.25%	0.25%	0.00%	0.16%
Not asked	95.16%	96.27%	79.06%	78.61%	66.56%	66.96%	87.88%	83.55%

	Substance Misuse		Eating Disorders Service		IAPT	
	16/17	17/18	16/17	17/18	16/17	17/18
Agnostic/ Atheist / No Religion	23.70%	23.36%	25.43%	20.75%	4.35%	4.14%
Christian	18.82%	17.47%	23.43%	20.75%	4.46%	4.12%
Muslim	1.99%	1.99%	0.29%	0.50%	0.82%	0.68%
other	1.21%	1.13%	2.57%	2.75%	0.34%	0.34%
prefer not to say	0.05%	0.09%	6.86%	8.25%	0.07%	0.06%
Not asked	54.21%	55.96%	41.43%	47.00%	89.96%	90.65%

Religion or Beliefs of people who work in our services

In 2018 the percentage of not known for staff in terms of religion or belief has reduced to 7.9% from 9% in 2017. The demographics of the trust staff indicated that there is a lower percentage of people who share Christian faiths or are Agnostic/ Atheist / No Religion compared to the Sheffield population there is a a high percentage of people who identify as 'other'.

	16/17	17/18
Agnostic/ Atheist / No Religion	14.30%	15.7%
Christian	35.9%	35.7%
Muslim	2.3%	2.5%
other	10.2%	10.6%
prefer not to say	28.3%	27.5%
Undefined	9.0%	7.9%

Sex

In Sheffield the 2011 census indicated that overall there were slightly more women (50.7%) in Sheffield than men (49.3%) but that in age groups up to mid-fifties there were slightly more men than women but in older age groups there are more women than men.

Gender of people who use our services

This data is reported under the heading 'sex' as a protected characteristic but the data is collected under 'gender' and includes an option for service users who do not identify as other than male or female.

Gender – service users	Gender Identity Service		Learning Disability		Mental Health		Perinatal Mental Health	
	16/17	17/18	16/17	17/18	16/17	17/18	16/17	17/18
Female	43.70%	42.8%	42.60%	41.8%	51.00%	51.4%	100.00%	100.0%
Male	55.20%	55.9%	57.40%	58.2%	49.00%	48.5%	0.00%	0.0%
Other	1.13%	1.33%	0.00%	0.00%	0.02%	0.02%	0.00%	0.00%

Gender – service users	Substance Misuse		Eating Disorders Service		IAPT	
	16/17	17/18	16/17	17/18	16/17	17/18
Female	29.60%	30.8%	92.00%	88.5%	63.60%	63.7%
Male	70.40%	69.2%	8.00%	11.5%	36.40%	36.3%
Other	0.00%	0.00%	0.00%	0.00%	0.03%	0.01%

The most significant change in 2017/18 is the percentage of male service user in the trust Eating Disorders service which has increased from 8% in 2016/17 to 11.55 in 2017/18.

Gender of people who work in our service

	16/17	17/18
Female	74.0%	74.0%
Male	26.0%	26.0%

Part time / Full time split

The table below shows the percentage of women in the trust who work part time and full time and the percentage of men in the trust who work part time and full time.

	Full Time		Part Time	
	16/17	17/18	16/17	17/18
Female	46%	44%	54%	56%
Male	69%	66%	31%	34%

The percentage of women and men working in the trust in 2017/18 has not altered since 2016/17 despite changes in numbers staff and services. 56% of women work part time compared to 34% of men with part time working increasing for both men and women in 2017/18 however after reviewing trends in part time working in the trust since 2013 this does not appear to be a significant change /trend.

In March 2018 the Trust published its first [Gender Pay Gap Report](#) (2017 report) – this can be found on the trusts web site and contains more details of the Gender Pay Gap in the organisation.

Sexual Orientation

Sexual Orientation of the population

The Office of National Statistic (ONS) most recent statistical bulletin on Sexual Orientation provides data for 2016, this highlighted that:

- *In 2016, just over 1 million (2.0%) of the UK population aged 16 and over identified themselves as lesbian, gay or bisexual (LGB).*
- *The population aged 16 to 24 were the age group most likely to identify as LGB in 2016 (4.1%).*

- More males (2.3%) than females (1.6%) identified themselves as LGB in 2016.
- The population who identified as LGB in 2016 were most likely to be single, never married or civil partnered, at 70.7%.

2.0% is an increase from 1.7% in 2015 and is noted that this is a statistically significant increase by the ONS.

Sexual orientation of people who use our services

Recording of sexual orientation for service users continues to be low and this and improving recording remains a trust equality objective. In 2016/17 2029 service user had been asked about sexual orientation, this had increase in 2017/18 to 2965.

Until recording is improved it is difficult to say to what extent the sexual orientation of people who use the Trust is in line with the national picture. In 2018 if blank responses are excluded then of those who have been asked 4.12% identify as Lesbian Gay or Bisexual however this is likely to be heavily influenced by the number of blank records.

The percentages below are based on the number of records that are not blank so these include a record where it has been recorded that someone has not been asked. Blank records are excluded.

	2016/17	3017/18
Sexual orientation – service users		
Bi-sexual	1.1%	2.0%
Client asked and does not know or is not sure	0.1%	0.2%
Gay/Lesbian	1.3%	2.1%
Heterosexual	87.2%	86.3%
Not asked	6.3%	7.0%
Refused to answer	0.5%	0.6%
Unable to answer	1.1%	1.7%
%LGB of above i.e. excluding blank records	2.5%	4.12%

The table below shows the percentage recorded in each service this is a change from how this information has been reported previously i.e. in previous years we have reported the percentage blank records.

Sexual orientation – service users – recording	Eating Disorder	Gender Identity Service	IAPT	Learning Disability	Mental Health	Perinatal Mental Health	Substance Misuse	All
2017/18 % asked	47%	16%	3%	13%	13%	6%	4%	7%
2016/17 % asked	47%	16%	3%	16%	12%	5%	3%	4%

Sexual orientation of people who work in our services

Recording of sexual orientation of people who work in our services is much higher with the number undefined continuing to reduce from 8% in 2016/17 to 7.9% in 2017/18.

The percentage of staff who say they are LGB is now 3.2% an increase from 2016/17. This is higher than the 2016 ONS estimate for the UK population

Sexual orientation staff	2015/16	2016/17	2017/18
Heterosexual	63.8%	66.1%	67.2%
Lesbian, Gay or Bisexual	2.6%	2.7%	3.2%
Prefer not to say	23.7%	23.2%	21.7%
Undefined	9.9%	8.0%	7.9%

The more detailed breakdown provided by the ONS indicates that 0.8 of the UK population identify as bisexual and 1.2% as Gay or Lesbian – the breakdown for the trust is 0.8% Bisexual and 2.4% Gay or lesbian. Given the low percentage of undefined these figures are likely to be an accurate reflection of the trust LGB staff group.

Equality Objectives and Equality Delivery System Priorities

Staff and Service Users

This section provides information about the progress the Trust has made in achieving its equality objectives. This report is as of October 2018.

Equality Objectives cover two areas, **Service Objectives and Priorities** and **Workforce Objectives and Priorities**; this reflects the different goals in the NHS Equality Delivery System. Equality Objectives should be measurable; the Equality Delivery System Two does not require specifically measurable objectives but does expect that progress should be demonstrated.

Objectives and Priorities Progress Report

Service Objectives and Priorities

	Objective /Priority	Source	PC	Target Timescale
1.	Improve the knowledge of staff regarding LGBT people in nursing and residential care homes and improve the experience of LGBT service users in residential care homes.	EDS 2 review	Sexual Orientation Gender Reassignment	10/2017
	Progress This objective was linked to work being undertaken by the city Equality Engagement group. This group has not met in 2017 and its role and functions are being reviewed in partnership with Sheffield City Council and Sheffield CCG. An interim plan has been discussed to develop a Health Equality Hub – until plans are in place this objective will be delayed			
2.	Evaluate the implementation of the Accessible Information Standard (AIS) SCCI1605	EDS 2 review	Disability	3/1017
	Progress An audit took place as planned which indicated low recording using new systems implemented by the trust to support the AIS. As a result a plan was agreed. This is being implemented at the time of writing this report (October 2018).			
3.	Use information available on service use by Black Asian and Minority Ethnic Service Users to inform service improvement, design and delivery.	EDS 2 review	Race	4/2017

	Progress Profiles of service use have been developed for services across the mental health care pathway. These have been shared with service directors and teams and action has started in some areas to respond to these. This work is integrated with the equality impact analysis process being undertaken linked to two service developments in mental health services.			
4.	Work in partnership to improve awareness of and take up of health screening for Trust service users in mental health and learning disability services and service users from BME groups.	EDS 2 review	Disability Race	10/2017
	Progress This has been delayed for the same reasons as outlines in item 1 above			
5.	Work in partnership to improve information available to support the health and wellbeing of the Roma community in Sheffield.	EDS 2 review	Race	10/2017
	Progress It is now possible to record a service user's ethnicity as Roma.			
6.	Work in partnership to support increasing the frequency of hormone prescribing in primary care for trans service users in Sheffield.	EDS 2 review	Gender Reassignment	10/2017
	Progress The trust specialist Gender identity staff have provided advice to GP's in Sheffield. Although hormone prescribing in primary care appears to remain an issue the action agreed that the trust can take forward has been completed.			
7.	Work in partnership to improve the knowledge of services involved in End of Life care, of the needs of people who are Lesbian Gay Bisexual or Trans.	EDS 2 review	Sexual Orientation and Gender Reassignment	10/2017
	Progress This has been delayed for the same reasons as outlines in item 1 above			
8.	Improve knowledge of IAPT and mental health and wellbeing for people in the Deaf community.	EDS 2 review	Disability	7/2017

	Progress			
	The Trust supported a health event held by the Sheffield Equality Hubs in June 2017, this included the Disability Hub. This event was attended by IAPT staff who will took part in a workshop and provided information at the event.			
9.	Improve ethnicity recording in all services where current recording is less than 90%.	BME Strategy / WRES Targets agreed by SHSC Board 13 th July 2016	Race	10/ 2019
	Progress			
	Services now have information about levels of not known recording (linked to item 3 above) discussion has been had with the new Crisis and Emergency Care Network and Scheduled and Planned Care Network. Low levels of ethnicity recording are also being flagged through staff briefings taking place at the time of this report. Levels of recording remain low in a numbers of services with limited improvements since 2016/17.			
10.	Each Directorate to agree and implemented an improvement target for an area they have identified locally associated with race or where relevant another PC group.	BME Strategy / WRES Targets agreed by SHSC Board 13 th July 2016	Race Or other PC group.	Targets agreed 3/2017 Targets - up to 2020
	Progress			
	Discussion has been had with the new Crisis and Emergency Care Network and Scheduled and Planned Care Network. Meeting have taken place to start to look at specific action. This action is delayed.			
11.	Work in partnership through the Black Asian and Minority Ethnic and Refugee (BAMER) health sub group of the Sheffield City Council BAMER Equality Hub. ³ Current priority areas identified by BAMER Hub relevant to SHSC: Access to and experience of mental health services for African Caribbean Young men.	Sheffield City Council BAMER Health Sub Group	Age Race Disability	Detail to be agreed with the BAMER Hub by 3/2017

³ This is a new group that has recently been convened by through the Sheffield City Council 'Equality Hubs' structure, therefore full details of priorities identified are yet to be agreed.

	Mental health of refugees			
	<p>Progress</p> <p>Progressed through the health event discussed above at item 8. Discussion is taking place about development of a health Equality Hub chaired through Faith Star who are commissioned by Sheffield City Council to support equalities engagement projects.</p>			
12.	<p>Work in partnership through the Sheffield Hallam Student Health and Wellbeing Board.</p> <p>Current priority areas of the Board relevant to SHSC:</p> <p>Mental health of Students</p>	Sheffield Hallam Student Health and Wellbeing Board	Age Disability	2020
	<p>Progress</p> <p>The Trust is an active member of the Board and has explored opportunities for working in partnership , various actions have been taken forward by the trust in partnership with local</p> <p>Separately the trust IAPT services have been working with Universities through a working group in order to work together to meet the needs of students. An asthma group with GPs is being piloted. IAPT are also in the process of writing bespoke courses for students as well as a range of other interventions including looking at integration with University systems (online booking systems on University intranet) and running courses/clinics on University premises.</p> <p>SHSC membership of the Student Health and Wellbeing Board has been reviewed to ensure that various activities associated with Sheffield universities involving the trust are co-ordinated.</p>			
13.	Continue to set year on year improvement targets for recording Sexual Orientation and Disability.	Existing Equality Objective	Sexual Orientation Disability	2020
	<p>Progress</p> <p>Recording Sexual Orientation - A new sexual orientation recording standard was introduced nationally early in 2017. This requires NHS organisations to be able to record the sexual orientation of service users but does not set targets for monitoring. As such the Trust is already compliant with this standard.</p> <p>Briefings for staff who use the trust patient information system are currently taking place which include the importance of considering Sexual Orientation.</p> <p>In 2017/18 there has been a small improvement in the number of service user records for sexual orientation (see p. 19 above)</p> <p>Recording Disability –</p> <p>Briefings of staff who use the trust patient information system are also currently taking place which include the importance of recording Disability.</p>			

<p>The target for 2017/18 for the above to areas is:</p> <p>Sexual Orientation – Target = 10% recorded sexual orientation in all services by 31st March 2018</p> <p>The current percentage as of March 2018 is 8% therefore this target has not been met however this is an increase since 2016/17 where the percentage recording across all services was 7%.</p> <p>Disability –Target = 20% recorded disability (i.e. including no disability) by 31st March 2018</p> <p>The current level of recording is only 5.2% similar to the level in 2016/17 which was 5.7%</p>

Workforce Objectives and Priorities

Workforce Objectives and Priorities				
	Objective	Source	PC	Achieved By
1.	<ul style="list-style-type: none"> Be prepared for the Disability Workforce Equality Standard (DWES) by. Complete the first DWES report in 2019 within the timescale to be set by NHS England. Identify improvement targets relevant to the DWES 	EDS 2 review/ New Standard in the NHS Standard Contract from April 2018	Disability	4/ 2019 4/2019 2020
<p>Progress</p> <p>The NHS standard contract now states that the first Workforce Disability Equality Standard reports should be published by April 2019 with preparation taking place in 2017/18. At the time of writing this report technical guidance was still awaited from NHS England. Targets for achievement have been amended above to reflect this.</p> <p>The Disability Confident Leader task and finish group. This group is working on four areas:</p> <ul style="list-style-type: none"> Working towards the Trust achieving Disability Confident Leader which is level three of the award that has now replaced the two-tick's standard. <p>We have agreed with Disability Sheffield that they will review our self-assessment which is what is required in order to meet level three. This assessment should take place before March 2019.</p> <ul style="list-style-type: none"> Maintaining the Trust Mindful Employer Charter status and leading any action to support this. <p>The trust continues to have an action plan in place for the Mindful Employer Charter</p> <ul style="list-style-type: none"> Planning for the Workforce Disability Equality Standard – as above the technical guidance is awaited however the trust took part in piloting the new 				

	<p>metrics associated with the standard.</p> <ul style="list-style-type: none"> Developing a new Disability Policy for the Trust. <p>The Disabled staff policy has been developed and agreed.</p>			
2.	<ul style="list-style-type: none"> Achieve Level 2 'Disability Confident Employer'. Become a Level 3: 'Disability Confident Leader'. 	EDS 2 review/ new standard replacing 'two ticks'	Disability	7/ 2017 7/ 2017
<p>Progress</p> <p>Organisations that met the 'Two Ticks' standard already when Disability Confident Employer came in were passported to level two 'Disability Confident Employer' with a requirement to self-review evidence to support this by August 2017. We are now moving to achieved level three as described in item 1 above.</p>				
3.	Achieve the Workforce Race Equality Standard Targets (ref targets 3 -11) agreed by Board 13 th July 2016)	BME Strategy / WRES Targets agreed by SHSC Board 13 th July 2016	Race	2020
<p>Progress</p> <p>Progress is being made in achieving the Workforce Race Equality Standard targets agreed by the Trust Board in July 2016. Progress is reported in detail in the Trust annual Workforce Race Equality Standard report and action plan progress report are published annually on the Trust internet. The targets can be found in the following report. The Trust WRES report and action plan 2017 can be found through the following links</p> <p>Workforce Race Equality Standard Report and Action Plan 2017</p>				
4.	<ul style="list-style-type: none"> Review the Trust gender pay gap Publish a gender pay gap report in line with legislative timescales Agree action based on the results 	EDS 2 review/ gender pay gap reporting for the Public Sector	Sex	4/2017 4/2018 4/2018 ⁴
<p>Progress</p> <p>The Trust published its gender pay gap in 30th March 2018. Action was agreed – please see the trust gender pay gap report for more details</p>				

	Gender Pay Gap Report 2017			
5.	Work in partnership with Sheffield University and Sheffield Teaching Hospitals to support their objective to introduce a Gender Equality Charter for the NHS.	Supporting Women in Medicine (SWiM)	Sex	9/2017
	<p>Progress</p> <p>This initiative is being piloted at Sheffield Teaching Hospitals and the Trust has reviewed how it might be relevant for SHSC through meeting with the leads for the project. At present, there is no specific additional action planned whilst awaiting the progress of the STH pilot. The trust has supported the activities of the Sheffield Supporting Women in Medicine initiative.</p>			
6.	Provide better information about flexible working options to trust staff	Carers Strategy EDS2 Review	Disability Sex Carers	3/2017
	<p>Progress</p> <p>The Trust Carers Strategy has been agreed – this includes action to provide better information through the SHSC intranet pages for staff that are Carers about areas such as flexible working. Completion of the pages is behind schedule but in progress.</p>			
7.	Implement the Problem Resolution Framework	WRES key priority	Race Disability	3/2017
	<p>Progress</p> <p>Progress has been delayed on implementing the framework due to work being undertaken to improve the Trust disciplinary process. The framework has been piloted and is being developed further as a result.</p>			
8.	<ul style="list-style-type: none"> Complete Business Case for the second phase of the 'Innov8' work stream Implement business case priorities 	WRES key priority	Race Disability	10/2016 3/2020
	<p>Progress</p> <p>The trust agreed funding through to march 2019 to continue to develop this area. From 2019 the expectation is that this work will move to mainstream activity, plans are currently being developed to support this.</p>			