

Board of Directors

SUMMARY REPORT

Meeting Date: 24th November 2021

Agenda Item: 14

| | | |
|---|---|-------------------------------|
| Report Title: | Annual Equality and Human Rights Report 2020- 2021 | |
| Author(s): | Liz Johnson, Head of Equality and Inclusion | |
| Accountable Director: | Caroline Parry, Executive Director of People | |
| Other meetings this paper has been presented to or previously agreed at: | Committee/Tier 2 Group/Tier 3 Group | People Committee |
| | Date: | 9 th November 2021 |
| Key points/ recommendations from those meetings | Agreed to proceed to Board. | |

Summary of key points in report

The Public sector equality duty (s.149 of the Equality Act 2010) requires public organisations, in carrying out their functions, to have due regard to the need to achieve the objectives set out under s149 of the Equality Act 2010 to:

- (a) eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited by or under the Equality Act 2010.
- (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

There is a statutory duty, for public sector organisations set out in the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 to publish:

Equality Objectives, at least every four years and to publish information annually to demonstrate compliance with the public sector equality duty.

The report appended to this summary is produced annually to support our organisation to meet this duty. In the context of taking forward our Equality Objectives (2020 – 2024), it sets out what we have done to meet the public sector equality duty including reference to supporting information - Equality Objectives are required to be specific and measurable and a table of RAG rated measures is provided in appendix 1 of the report.

The Public sector equality duty and related NHS policy is a framework for public organisation strategy on Equality Diversity and Inclusion – this report therefore also constitutes part of our organisational reporting on delivery of our strategic approach which is supplemented in more detail by NHS mandatory reporting and additional reports to Board

| Recommendation for the Board to consider: | | | | | | | |
|--|--|----------|---|-----------|---|-------------|---|
| Consider for Action | | Approval | x | Assurance | X | Information | X |
| It is recommended that: | | | | | | | |
| 1. The Board are assured that our organisation is responding to the statutory duties of the Equality Act 2010. | | | | | | | |
| 2. That the Board are assured that they are clear of progress against our Equality Objectives. | | | | | | | |
| 3. That the Board agree that the report can proceed to publication. | | | | | | | |

| Please identify which strategic priorities will be impacted by this report: | | | | |
|---|-----|---|----|---|
| Covid-19 Recovering Effectively | Yes | | No | X |
| CQC Getting Back to Good | Yes | | No | X |
| Transformation – Changing things that will make a difference | Yes | X | No | |
| Partnerships – working together to make a bigger impact | Yes | X | No | |

| Is this report relevant to compliance with any key standards? | | | | | State specific standard |
|---|-----|--|----|---|---|
| Care Quality Commission | Yes | | No | X | |
| IG Governance Toolkit | Yes | | No | X | |
| Any other specific standard? | | | | | Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017. The NHS Standard Contract |

| Have these areas been considered? | YES/NO | | | | If Yes, what are the implications or the impact? If no, please explain why |
|-----------------------------------|--------|---|----|---|---|
| Patient Safety and Experience | Yes | | No | x | |
| Financial (revenue & capital) | Yes | | No | X | There are no direct implications for expenditure related to the content of this paper however to note reference to resource agreed in 2021 to support achievement. |
| OD/Workforce | Yes | X | No | | The content of this report is specifically relevant to the composition of workforce and organisational culture which may impact on achieving these objectives. |
| Equality, Diversity & Inclusion | Yes | X | No | | See section 4.2 |
| Legal | Yes | X | No | | Compliance with section 149 of the Equality Act 2010 (the Public Sector Equality Duty) and the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017. |

| | |
|--------------|---|
| Title | Annual Equality and Human Rights Report 2021 |
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Section 1: Analysis and supporting detail

Background

1.1 Under provisions set out in the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 public organisations including NHS Foundation Trusts are required to annually publish information about how they have met the public section equality duty (PSED) set out in section 149(1) of the Equality Act 2010. This report should be publicly available and include information about employees and people who use services or are affected by our organisations policies and practices. This report is therefore relevant to workforce and service areas.

The report presented meets the reporting requirements and is also presented to provide the Board with an overview of activity and the strategic direction of the organisation with regard to meeting the Public-Sector Equality Duty.

The report highlights a strategic aim of Promoting and Ensuring Equality Diversity and Inclusion in all that we do within our diverse organisation.

There are a number of specifically associated reports that are referenced in this report which have been presented separately to the Board (WRES, WDES, Gender Pay Gap).

Changes to the format and approach in this year's report

1.2 The format of the report for publication presented today has been amended so that is less focused on detailed objective data and more focused on the specifics of progress against our Equality Objectives and overall approach in 2020/21.

The outcomes and measures table has been reviewed with the aim of showing progress against objectives more clearly and staff survey measures taken from the WRES and WDES metrics have been reviewed so that only those measures that are likely to show specific change over time are included in the dashboard (the measures taken out will continue to be reported in the WRES and WDES specific reports provided separately).

The report contains a section on Human Rights a report on human rights is not required on a statutory basis however Human Rights is fundamental in underpinning our approach to Equality and Inclusion particularly in relation to providing services which is why this section remains in the report.

The report is relevant to objectives that relate to people who use our services and to our workforce functions.

Method of Publication and Communication

1.3 This report is provided on our web site. A copy is also provided to commissioners as part of our compliance with the NHS standard contract terms. This year it is proposed that the report is communicated more widely through our communications department, and through the infrastructure now provided by the Chairs of the Staff network groups group and the Inclusion and Equality Group. The format of the report has been amended so that it provides a more visual overview of the scope of our Equality Objectives and activity in our organisation, this approach will be continued in promoting the report within our organisation.

Section 2: Risks

2.1 There is a risk of not complying with our statutory duties if we fail to publish this report. There is also a risk of not meeting our equality objectives, however it is not within the scope of this report to provide full assurance in respect to achievement of the equality objectives as noted above, this should be expected in additional reporting to the Board .

Section 3: Assurance

3.1 This report covers the specific requirements of the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017. Additional reports are provided to the Board providing more detail for assurance.

Benchmarking

3.2 The Head of Equality and Inclusion has reviewed the approach of other NHS organisations in meeting this specific duty, this is also an area that is regularly reviewed through the regional equality leads network.

NHS organisations tend to take a similar approach in framing their objectives around the four 'Goals' of the NHS Equality Delivery System.

Good practice suggests the inclusion or appending of a dashboard – to note there is national working being undertaken on devising an Equality, Diversity and Inclusion dashboard (appendix 1 of the report)

The report notes the agreement of a Quality Objective that is relevant to our service use objectives – this includes measures that are being included on the IPQR, it is intended that discussion will take place with the Quality Director about how best to cross reference these going forward.

Engagement

3.3 The report includes specific reference to the development and activity of the organisations staff network groups generally, and in terms of the development of action around specific objectives. The report also provides reference to engagement around service equality objectives in terms of the Quality Objectives noted above.

Section 4: Implications

Strategic Aims and Board Assurance Framework

4.1 This paper is relevant to the strategic aim of -Transformation - Changing things that will make a difference – several enabling strategies are in place reference to these has not been included in this year’s report in order to provide a less detailed report for publication.

Equalities, diversity, and inclusion

4.2 The Public sector equality duty (s.149 of the Equality Act 2010) requires public organisations, in carrying out their functions, to have due regard to the need to achieve the objectives set out under s149 of the Equality Act 2010 to:

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constitutes part of our organisational reporting on delivery of our strategic approach which is supplemented in more detail by NHS mandatory reporting and additional reports to the Board.

Financial

4.3 There are no specific financial considerations associated with this particular report

Compliance - Legal/Regulatory

4.4 see section 4.3 above

Section 5: List of Appendices

Appended to this report - The Annual Equality and Human Rights Report 2020 – 2021



NHS

Sheffield Health
and Social Care
NHS Foundation Trust

Annual Equality and Human Rights Report 2020 - 2021

Promoting and Ensuring Equality
Diversity and Inclusion in all that we
do within our Diverse Organisation



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Introduction

The Equality Act 2010 includes the '**Public Sector Equality Duty**'. This duty applies to everything we do in our organisation, but our main function is to provide health and social care related services and to support us in doing this we employ in the region of 3000 people. The Public Sector Equality Duty expects that when we are doing anything associated with these two areas that we pay attention to:



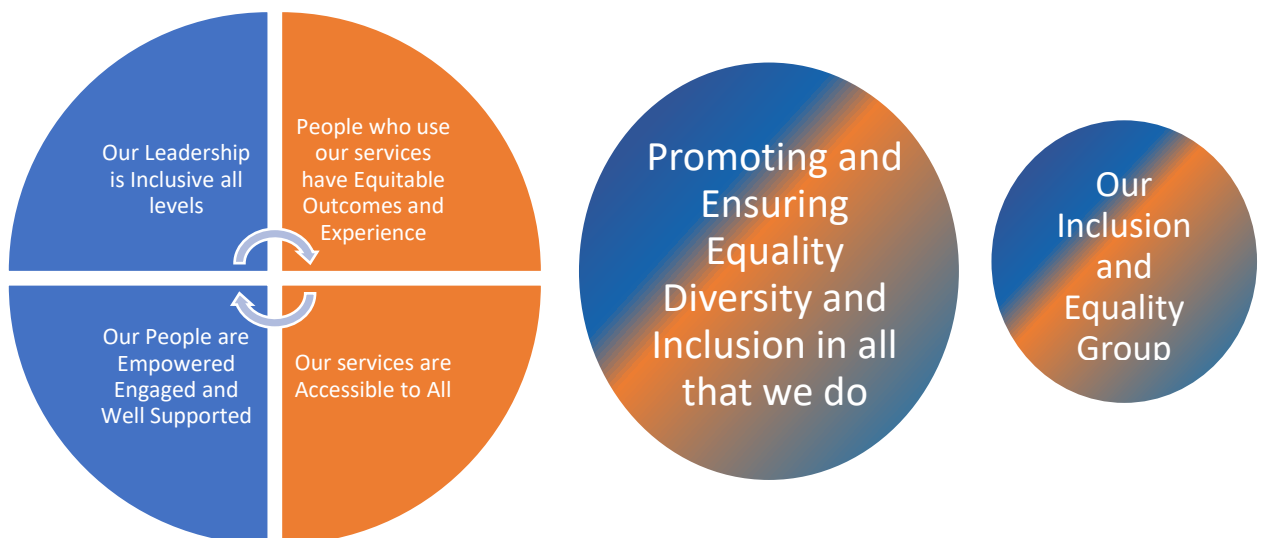
The Protected Characteristics covered by the 2010 Equality Act are:

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

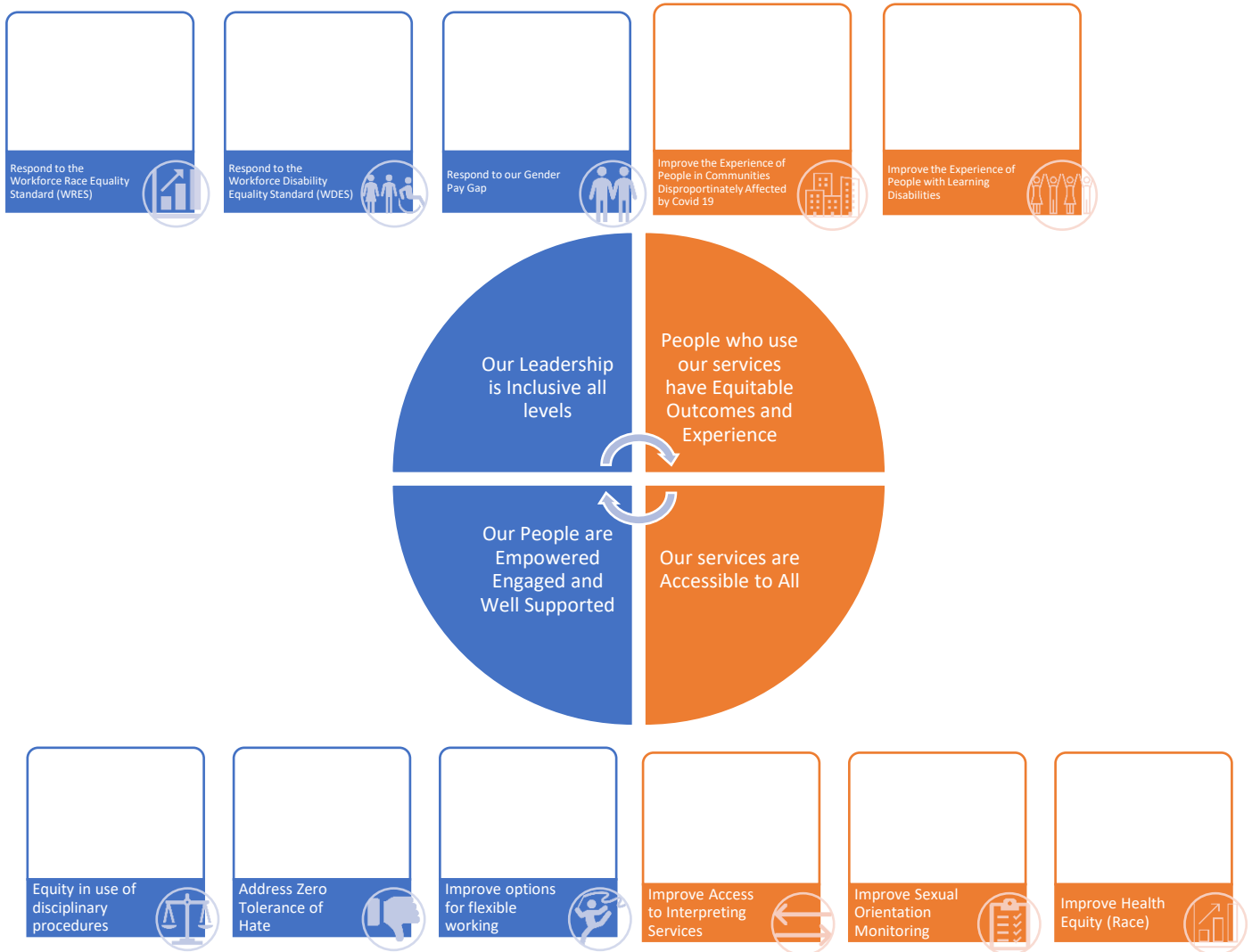
We have a legal duty to identify Equality Objectives to support the Public Sector Equality Duty and we report each year on our progress in meeting these, The NHS has a framework known as the Equality Delivery System 2 (EDS2) the four 'Goals' of the EDS2 help NHS organisations to focus their Equality Objectives, two goals focus on people who use NHS services and two on the people who work in NHS services and on leadership.



Our Equality Objectives are aligned to these four Goals. Our Equality Objectives were updated and agreed in 2020 and cover a four-year period, we review these annually to check progress and ensure that these priorities are still those we should be focusing on.

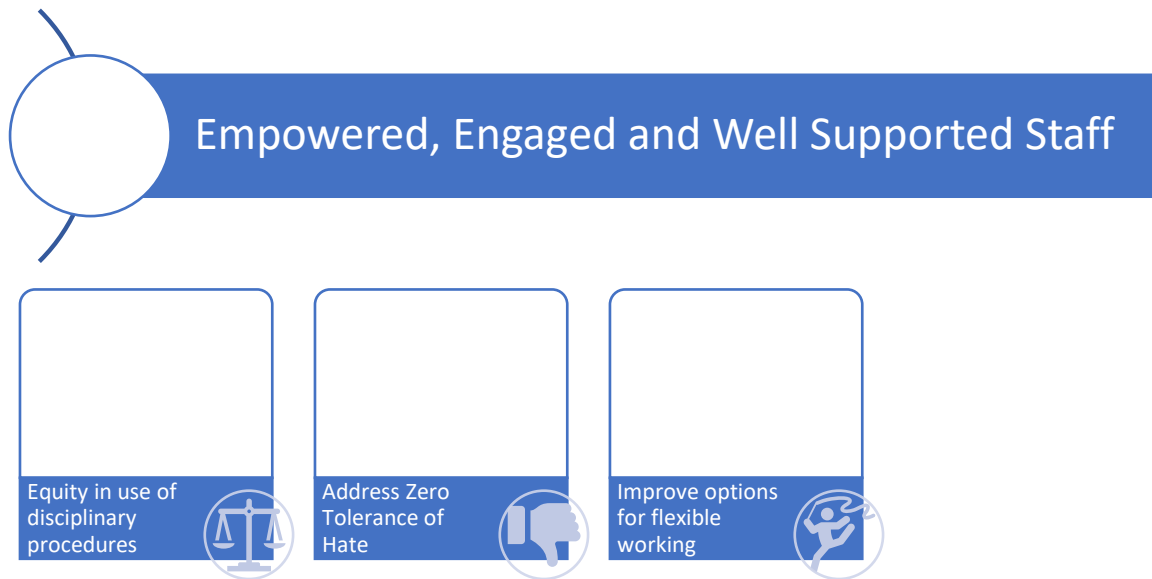


Progress on Our Equality Objectives 2020 - 2024



Our objectives are delivered in partnership across the organisation, overall responsibility sits with our Director of People, but our service objectives sit in other parts of the organisation helping us to collectively respond proactively to the Public Sector Equality Duty, and ultimately improve our organisation for people who work here and who use our services. Then following report provides details on progress

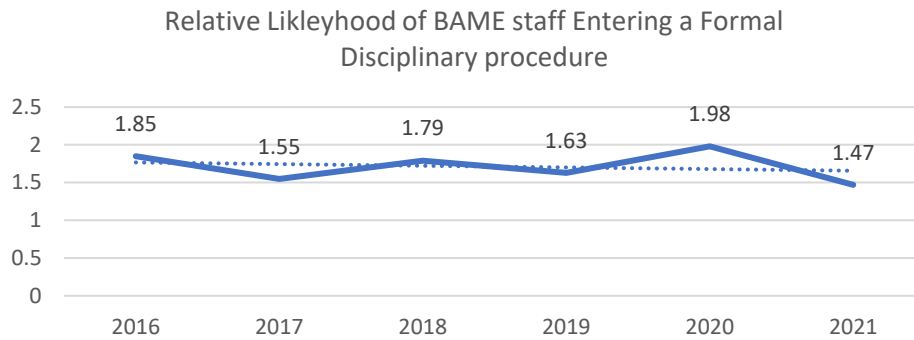
and our priorities relevant to our workforce and services Equality Objectives highlighted above.



Equity in Use of Disciplinary Procedures



This objective is one that is linked to the Workforce Race Equality Standard. We have made some progress in 2021 in reducing the disproportionate number of people from Black and Asian groups who are subject to our formal disciplinary procedures. The data score reported below is the one used in the Workforce Race Equality Standard which looks at the ‘relative likelihood’ of entering a formal disciplinary procedure for White and for Black and Asian staff. Our target is to reduce this to below 1.25. We have progressed this to the lowest point since we started reporting this in 2017.



We have progressed this area by:

- Taking time to review disciplinary cases and use informal approaches wherever possible – this approach is now embeded in a new policy that was introduced in 2021.
- We have also introduced two ‘check points’ in our process, one at a very early stage before an issue is progressed to a formal stage and the second which takes place after an issue has been formally investigated and a decision is being made about what action will be taken next. These check points help us, for example, to review areas such as wellbeing and provide a check that we have considered any possible bias.

Address Zero Tolerance of Hate



Our Workforce Race Equality Standard data and our Workforce Disability Equality Standard data both tell us that people who work for us experience hate related incidents regularly while they are at work from people who use our services. For our staff this is a daily occurrence. We have progressed a number of areas in 2020/21 these have been focused on providing better support to staff, making zero tolerance a reality in practice, and improving reporting to the police. We have:

- Established pilots to enable a better approach to supporting staff in three of our inpatient wards.
- Developed a new protocol for reporting incidents to the police

- Extended our internal reporting systems so we can record hate related incidents associated with disability and sexual orientation as well as race.
- Allocated some targeted senior staff time to ensure that the learning from the pilots is rolled out in all inpatient areas.
- We are sharing our learning regionally and developing a toolkit with other mental health trusts in the region.
- We have also developed a real time survey that measures the experience of staff in terms of post incident support as it occurs.

Our target is to have rolled out these new protocols and approaches, so they are embeded in practice across our inpatient areas by the end of March 2022.

Improve Options for Flexible Working



In 2021 the NHS adopted a new policy requiring that all staff are offered the option of flexible working from day one of their employment, our organisation had adopted a policy of offering flexible working from day one a number of years ago, however we have identified that we lack data that supports this policy and the take up of this option. In October 2021 we joined a national programme 'Flex for the Future' this is being led by the national lead for flexible working in the NHS.

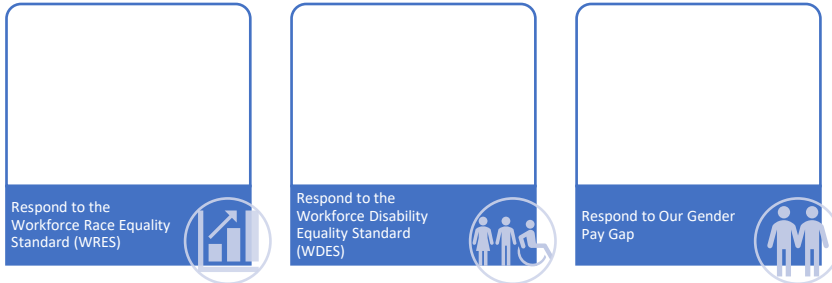
A cross discipline task and finish group has been established to progress action associated with the programme, this includes improving the information we have about flexible working agreements and in future reports provide more data to support this objective.

Areas being progressed at the time of this report include:

- Ensuring that all stakeholders are identified and included in this work
- Looking at available data internal and external
- Looking at our current position in terms of maturity of flexible working options, and take up using the programme '*flex maturity curve*'
- Agreeing our aspirations and the short and longer-term goals

Progress is being overseen by our Recruitment and Retention group.

Inclusive Leadership at All Levels



Respond to the Workforce Race Equality Standard



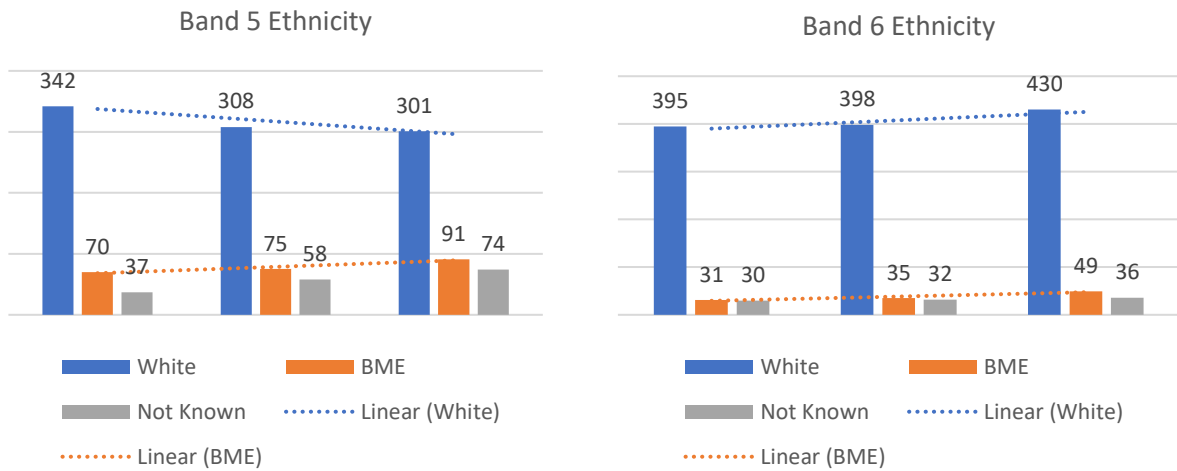
Review of our Workforce Race Equality Standard metrics have led us to focus on three areas:

1. Levelling up of ethnicity diversity in management and leadership roles
2. Eliminating the overrepresentation of people from ethnically diverse groups in our formal disciplinary procedures
3. Addressing racial harassment of people from people using our services

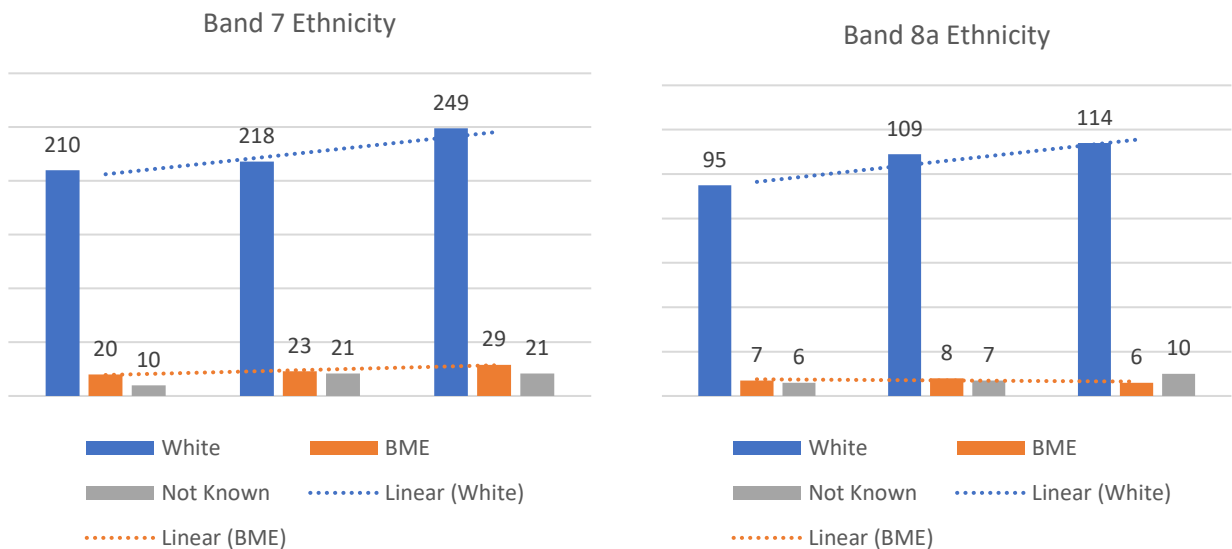
Areas 2 and 3 are covered in detail under specific objectives elsewhere in this report, this section therefore focuses on the first of these priorities and looks at progress in improving the ethnicity diversity of people in our organisation in senior roles.

In 2021 we have made some progress in this area in increasing the ethnicity diversity of people in our management roles in Bands 6 and 7, and in our Band 5 roles, however in our most senior management and leadership roles the ethnicity diversity has decreased.

Band 5 and Band 6



Band 7 and Band 8a



In 2021 we published our first organisational ‘Disparity Ratio’ data. The Disparity Ratio is a new data set that we have been asked to look at by the national WRES team, this helps NHS organisations to measure their progress year on year on staff from Black and Asian groups progressing in seniority through the NHS agenda for change bands. Our target is the same as the national target which is to reduce our race Disparity Ratios to 1.50 by 2025. The disparity ratio without and with Bank is included in the information below because our Bank makes a significant difference to this data, however not all NHS organisations have their own staff bank or chose to

include Bank data in their overall WRES figures as we do. We have also been asked to review this data focusing on the subgroup of Nursing and Midwifery.

Our Disparity Ratio 2020 - 2021

| | 2020 | 2021 | | Nursing and Midwifery 2021 | |
|---|-------------------------------|-------------------------------|--------------------------------|-------------------------------|--------------------------------|
| | Disparity Ratio Includes Bank | Disparity Ratio Includes Bank | Disparity Ratio Excluding Bank | Disparity Ratio Includes Bank | Disparity Ratio Excluding Bank |
| lower to middle (Bands 2-5) | 2.54 | 2.54 | 1.74 | 3.27 | 2.90 |
| middle to upper (Bands 6-7) | 1.28 | 1.87 | 1.81 | 2.79 | 2.78 |
| lower to upper Bands 8a upwards) | 3.27 | 4.73 | 3.14 | 9.11 | 8.04 |

- We are about to start focused work on development of our leadership programme and will be focusing on this in terms of action to reduce the disparity ratio.
- We also plan to monitor changes in the disparity ratio on a quarterly basis rather than annually.
- We have two specific action plans that we have agreed, a Disparity Ratio action plan and a Recruitment and Promotion action plan.

Progress on our Recruitment and Promotion action plan and Disparity Ratio action plan is being overseen by our Recruitment and Retention Group which includes key stakeholders and also allows us to cross reference action on recruitment and retention generally.

In 2021 we introduced a new Equality Diversity and Inclusion (Workforce Race Equality Standard) lead role to focus on specific work around the Workforce Race Equality Standard metric scores that are of the most concern.

They will work with the chairs of our Ethnically Diverse staff network to engage with the network to develop positive and proactive engagement with all areas of the organisation. They will focus on:

- Development of the Staff Network Group including the interface with other staff networks
- Staff experience of racial discrimination and harassment
- The use of our Disciplinary procedures
- Maintaining our BAME Reciprocal Mentoring Programme and Working Together approach.
- Implementation of the Improving Race Disparity Ratio Action Plan and the Recruitment and Promotion Action Plan
- Implementation of action agreed as a result of the organisations Big Conversation ensuring a plan is in place and implemented to communicate progress across the organisation, corporate and clinical.
- Support the organisations anti-racist aims, delivery of the implementation plan and education and training.

Full details of our Workforce Race Equality Standard action plan and data are published separately - this report can be found on our web site at:

<https://www.shsc.nhs.uk/about-us/equality-diversity-and-inclusion>

Respond to the Workforce Disability Equality Standard



7% of people in our organisation identify as disabled this has been a consistent figure since 2018 but when we look at the number of people who respond to our staff survey in 2020 who say they have a disability or long-term health condition (275) this suggests an average nearer to 9%.

- We have an improvement target to reduce the number of not known from 14% in 2019 to below 8% by 2024. Unfortunately, the number of people not known has increased to 16% in 2020 we are continuing to work with our staff network on this area and hope to be nearer our target by mid-2022 with an interim target of 10%.
- Re-establishing our Disabled Staff Network Group was our main priority in 2020/21 and this action has progressed well (please see the section later in

this report on our staff network groups). The number of members (around 34) appears to be small compared to over 272 disabled staff responding to our staff survey. Identifying action to grow the SNG is a 2021/22 priority action identified in this report particularly given that we intend to continue to co-produce our action with our Staff Network Group.

- Our 2020 Workforce Disability Equality Standard report highlighted poor scores for the majority of our WDES metrics, we reviewed these in detail with our staff network group to agree how to prioritise action. Several WDES metrics are taken from the NHS Staff Survey, we benchmarked our organisation against similar organisations this helped us to highlight specific areas to focus on which we then agreed with our staff network and produced an action plan for 2020/21. The areas we agreed were of most concern and therefore a focus for 2021/22 were:
 1. Disabled staff experiencing harassment and abuse
 2. Reporting of bullying and harassment by disabled staff
 3. The percentage of disabled staff who believe the organisation values their work
 4. A decrease in the percentage of disabled staff saying they have had adequate adjustments.

Our review of our data also highlighted that in 2021 the difference in the percentage of disabled people on our Board, and in the organisation was + 1.35% (7% of our workforce identify as disabled and but we have no voting members of our Board who have declared disability. Improving the diversity of our Board is an ongoing objective and we hope to build on the success we have had in increasing the gender and ethnicity diversity of the Board.

Full details of our Workforce Disability Equality Standard action plan are published separately as part of our WDES annual reporting – this report can be found on our web site at <https://www.shsc.nhs.uk/about-us/equality-diversity-and-inclusion>

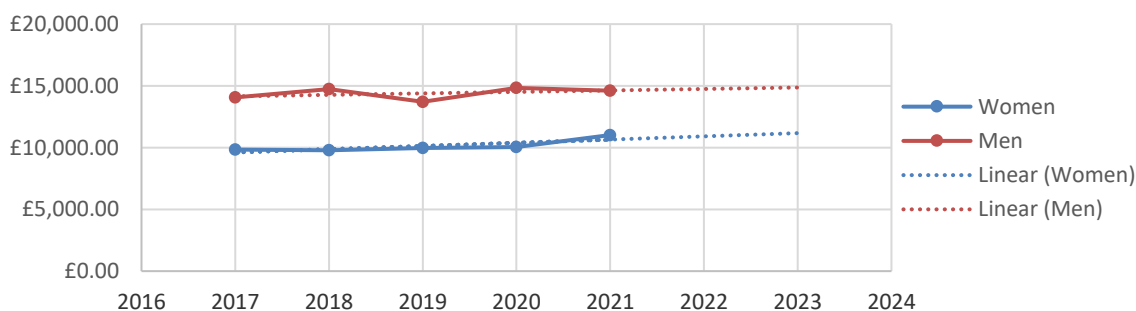
Respond to Our Gender Pay Gap



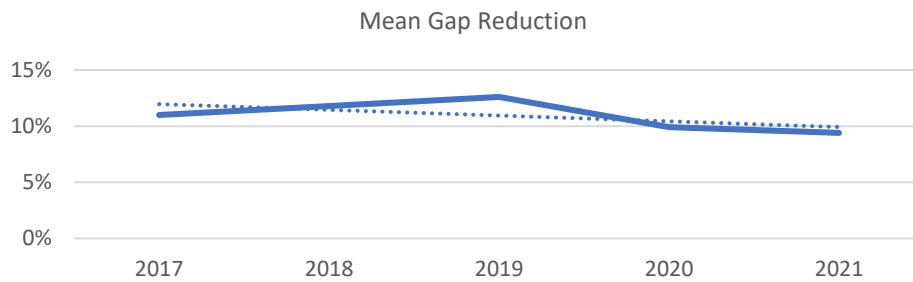
We have continued to review the reasons for our pay gap including benchmarking our gap with other similar organisations, each year we produce a detailed report on our [Gender Pay Gap](#) which can be found on our website. The review we have undertaken of our pay gaps indicates that the gap in pay in our Agenda for Change pay bands is low, but it is significant in two other pay groups, our senior manager pay, and our medical workforce pay. Our 2021 data indicates that although the pay gap in these groups remains high it is reducing.

The Mean Gender Pay Gap in the Medical and Dental group is down to 10.83% from 13.67%. The gap in medical pay is also seen in our Bonus pay gap, the Medical Directorate has been focusing on gender for the last few years, in particular on balancing the gender of consultants receiving Clinical Excellence Awards. Our data also indicates an ongoing improvement trend in our Bonus pay gap, the table below shows that the Mean Gap for 'Bonus' pay remains but is reducing.

Mean Clinical Excellence Awards Pay 2017 - 2021



The gender diversity at our Executive Board level has changed in favour of women, this is likely to have supported a reduction we have seen in the Mean pay gap in our Administrative and Clerical group pay group which is down to 16.68% from 21.24%. Overall, improvements in these two areas impact on the downward trend in the overall Mean pay gap of our organisation as a whole from when we first published our pay gap in 2017, this can be seen in the table below.



A Focus on Workforce Health Inequalities and Wellbeing in 2021/2022

In 2021 we submitted a successful bid to fund a one-year post that will focus on wellbeing for specific groups – the objectives of this role include a focus on improving wellbeing for people in our workforce who:

- Identify as being in a Black or Asian ethnicity group
- People who provide regular care for a relative or friend, who will in the main be women
- People in our workforce who work part time (including people who work 22.5 hours or more through our Bank)
- People in our workforce who have a Disability or long-term health condition

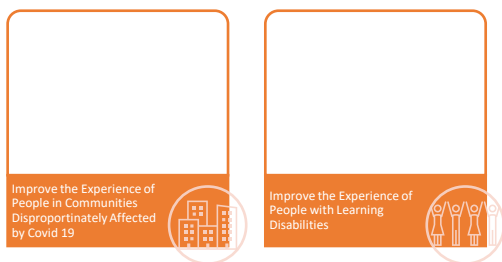
The focus of this role over twelve months will be to:

- Embed use of our Health and Wellbeing Passport and Carers Passport including measuring take up by gender, ethnicity, and disability.
- Provide training to managers on the Health and Wellbeing Passport and Carers Passport
- Increase the number of people from Black and Asian groups accessing workplace wellbeing
- Work with staff network groups and Freedom To Speak Up (FTSU) guardian to align Culture champion roles to include a focus on wellbeing.
- Review the organisations health screening, smoking, weight management offer to identify any cultural or access barriers associated with protected characteristics, and measure take up by ethnicity and gender.

- Identify staff who are high risk as identified in our Covid 19 Risk assessments and review their access to our health and wellbeing offers and work with managers to understand how health inequalities are relevant.
- Include additional wellbeing actions in our Zero Tolerance of Hate task and finish action plan.
- Review the inequalities faced by Bank Staff working in the priority groups identified above.



Better Health Outcomes For All



Improve the Experience of People in our Communities Adversely Affected by Covid19



In 2021 we worked in partnership to take forward this objective with other organisations that are members of the Sheffield Accountable Care Partnership (ACP). One of our senior leaders agreed to jointly chair a new group, the **Racial Equity, and Inclusion Group (REIG)** this was established as a result of work taken forward to respond to the impact of Covid 19 on people in Sheffield's ethnically diverse communities, as a key representative of our organisation in the ACP executive team our Chief Executive has championed and supported this.

As noted, our organisation is a partner in this initiative and does not of itself own the outcomes of this work, leadership lies within Sheffield communities and is supported and enabled through the Sheffield Accountable Care Partnership, however we have organisationally supported and been involved in development and maintenance of this approach and have been actively involved in:

- The early development and implementation of tailored covid risk assessments.
- Learning from good practice shared by Sheffield Childrens Hospitals to change our approach to our Board recruitment process and successfully recruited to our Board as a result.
- Shared good practice on implementing new processes for recruitment panels to improve racial equity.
- Supporting the development of a Race Equity Charter for use across partner organisations which we are currently aligning to the intentions set out in our Anti-racism Statement.
- Presented to the Racial Equity and Inclusion Group Community Subgroup on our organisational strategy and provided information to facilitate access to our services.

The success of this group in supporting our Sheffield communities includes:

- More than £500,000 funding being allocated to community organisations in the city to provide tailored communications on preventing the spread of Covid19
- Commitment from Public Health to run bespoke campaigns targeting specific BAME (African/Pakistani/Bangladeshi/Roma and Chinese) communities to reduce their risk from Covid19
- An open letter from the ACP in support of Sheffield's Chinese community following reports of continued racist abuse.

In addition to activity associated with the REIG our Director of Quality has led activity to engage with organisations in our Sheffield communities to agree priority areas which are now being taken forward through our organisational Quality Objectives.

Improve the Experience of People with Learning Disabilities



Our organisation has been engaged with using the Green Light Toolkit for a number of years to support inclusivity and quality improvement and enable people with a learning disability and/or autism to access the same services as everyone else. Repeat audits of the Greenlight Toolkit (Basic, Better & Best versions) have been completed. Compliance is amber/green across all areas and there is an action plan to support progress. The areas of work currently being focused on are:

- Reviewing and implementing training focused on Autism and on Learning Disability awareness
- Accessible Information for People with Learning Disabilities with a particular focus on:
 - Easy Read information about services
 - Website accessibility
 - Systems for creating Easy Read information
- Implementation of Learning Disabilities and Autism Champions Meetings



Improved Access and Experience



Improve Access to Interpreting Services



The Accessible Information Standard and Access to Interpreting and Translation

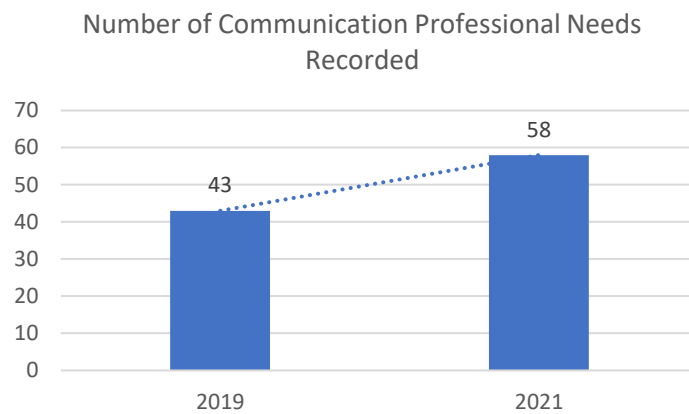
- In 2021 we introduced a new Accessible Information and Communication Policy. This covers how we meet the requirements set out in the accessible information standard and how we provide Interpreting and Translation services.
- In 2020 / 2021 we worked alongside other health providers and the North of England Procurement leads to tender for Interpreting and Translation services. In November 2021 we will move to a new provider, the tender process included requirements around provision of interpreting language services that we have had difficulty in accessing previously. Future reports will include data on access to language interpreting including British Sign Language.
- In 2021 we have been taking forward a tender for a new Electronic Patient Record system – we are ensuring that as part of the process we ensure that a new system will provide for all of the requirements of the Accessible Information Standard.

Our performance data indicates an increase between 2019 and 2021 of needs recorded for people under the Accessible Information Standard, this is where someone who uses our services has a disability impairment or sensory loss that means that they need communication support or alternative formats. The numbers in the following tables are the number of recorded needs rather than individuals because a person may have a need in more than one category.

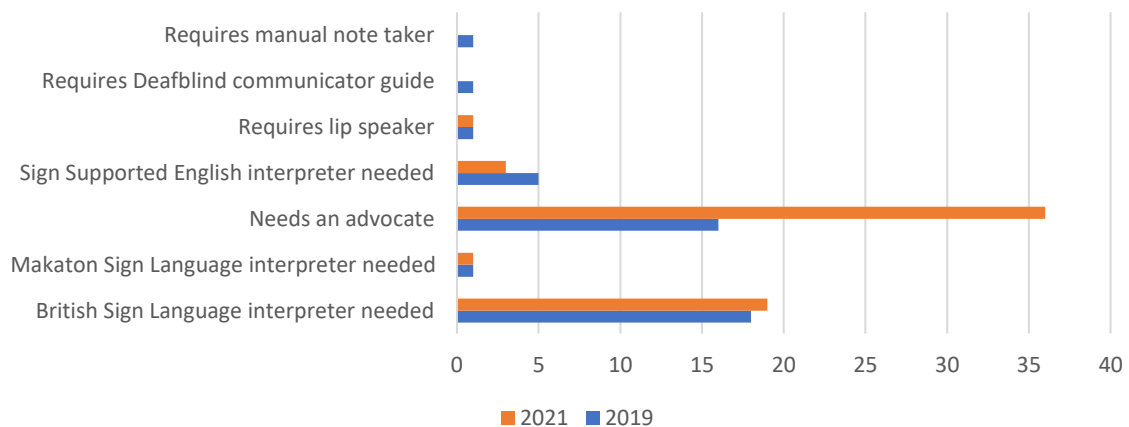
Need for a Communication Professional

People may need a communication professional booking for when they attend an appointment or to help with communication at assessment and case discussions –

the most common recorded needs are for an Advocate or a British Sign Language interpreter

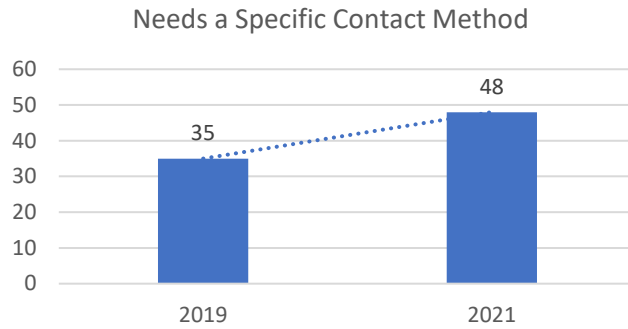


Range and Number of Needs for a Communication Professional Recorded

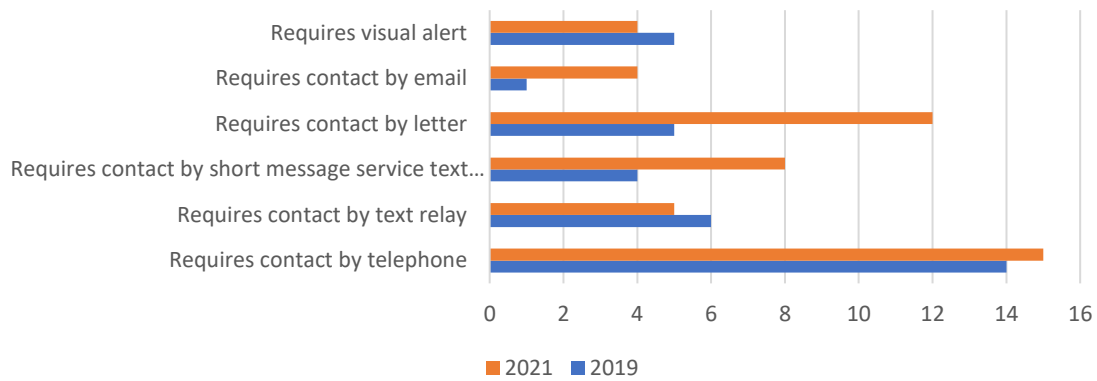


Needs for a Specific Contact Method

A person may have a need to be communicated with using a specified contact method, the number of requests for a text message or an email contact has increased.

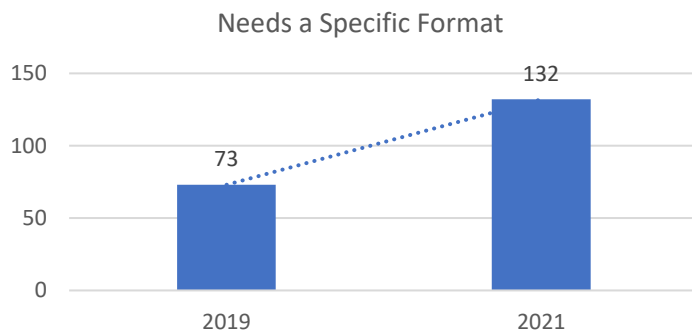


Range and Number of Needs for a Specific Contact Method



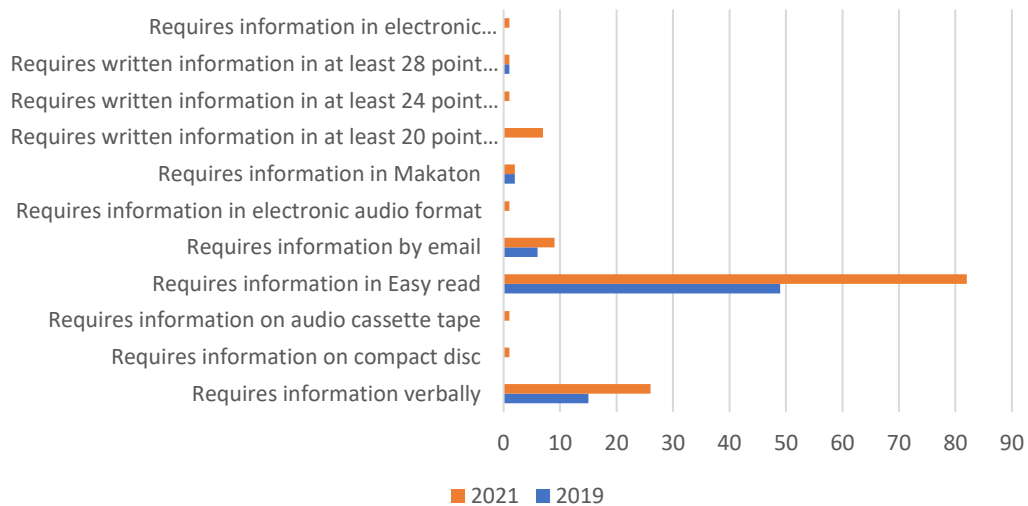
Need for a Specific Format

A person may request information that is personal to them, such as case notes or information they will use in their treatment and support, to be provided in a specific format.



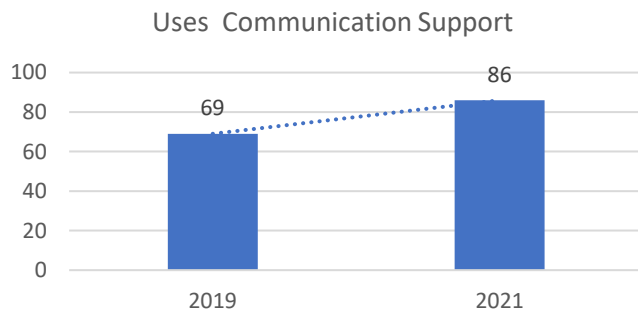
Range and Number of Needs for a Specific Format

The most common alternative format needed is Easy Read



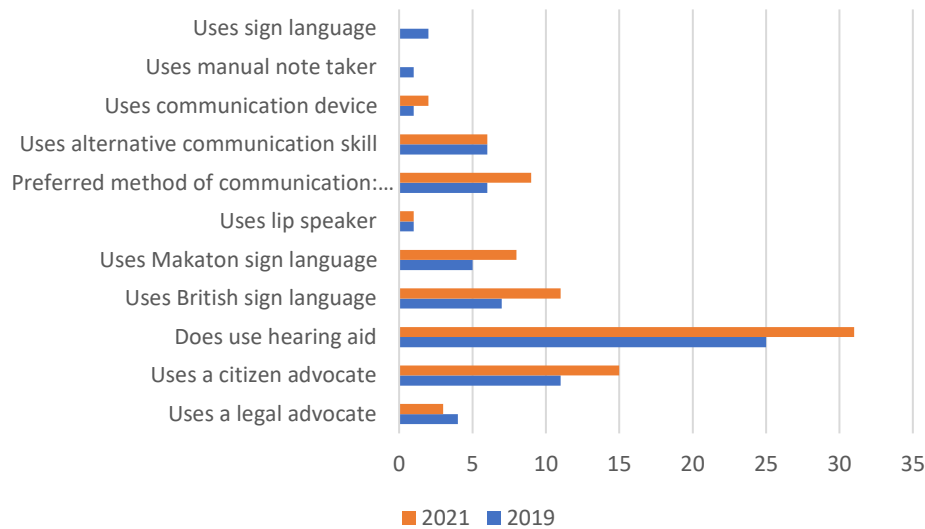
Uses Communication Support

The final need is where someone asks us to record that they use a communication support.



Range and Number Uses Communication Support

The most common record in this group is that someone uses a hearing aid

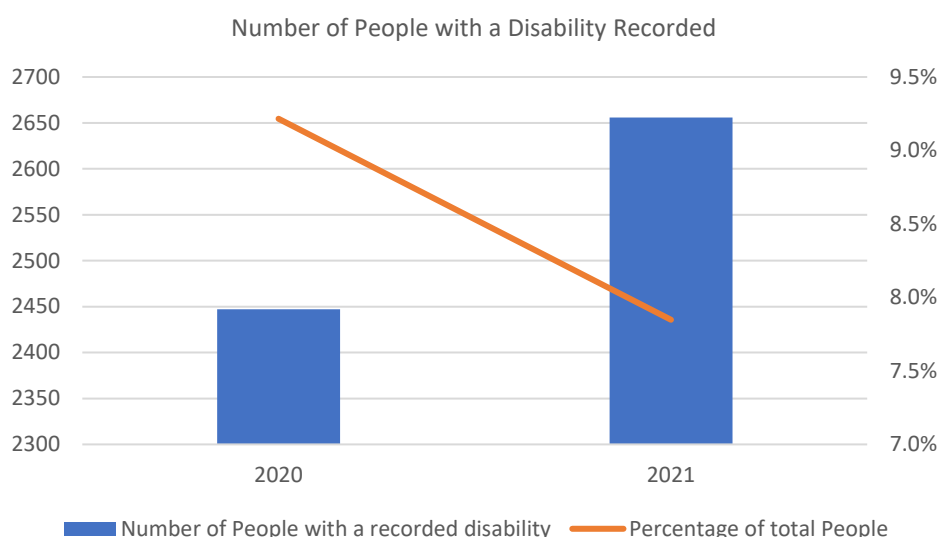


Despite improvements in the numbers of needs identified and recorded we have identified that we have limited information on the numbers of people who use our services that have a disability (as a base line), and the numbers of people who have been specifically asked if they have a need for accessible information.

In 2021 we will introduce a new performance measure to address these two areas looking at:

- A new element on our EPR that specifically asks if someone has a need for accessible information, and
- A focus on performance at a local service level on recording of Disability.
- We plan to introduce more regular reporting at service level of use of Interpreting and Translation

A base line for increasing reporting is the number of people who have a specific disability recorded, this has increased from 2020 to 2021 however as a percentage of the total number of people recorded in our system the actual percentage has decreased and remains very low overall at around 7% of total users of our services.



Improved Sexual Orientation Monitoring



Improving monitoring of Sexual Orientation has been a long-term objective, but progress has been slow. Improving knowledge of services regarding the reasons why sexual orientation is an important area in provision of our services and how improving monitoring is important is a key focus and a number of staff have now undertaken Rainbow badge training which is an hour-long session that includes a focus on the importance of good data. Overall, the total percentage of people asked has only increased slightly in 2021 to 12%, some service areas have significantly improved recording though. In 2021 we will consider if this area should be performance led, we will review this after we have the results of a survey that our Rainbow staff network is undertaking so that we can identify where the best focus for further action should be.

| Sexual orientation recording | Eating Disorder | Gender Identity Service | IAPT | Learning Disability | Mental Health | Perinatal Mental Health | Substance Misuse | All |
|------------------------------|-----------------|-------------------------|------|---------------------|---------------|-------------------------|------------------|-----|
| 2020/21 % asked | 34% | 7% | 3% | 17% | 17% | 26% | 6% | 12% |
| 2019/20 % asked | 74% | 11% | 3% | 13% | 15% | 10% | 3% | 11% |
| 2018/19 % asked | 72% | 17% | 3% | 14% | 13% | 10% | 4% | 8% |
| 2017/18 % asked | 47% | 16% | 3% | 13% | 13% | 6% | 4% | 7% |
| 2016/17 % asked | 47% | 16% | 3% | 16% | 12% | 5% | 3% | 4% |

Of service users who were asked, there has been a reduction in the percentage of people who identify as bisexual, some of this could be associated with the inclusion of the 'other orientation not listed' option but does not account for what appears to be quite a big reduction. As noted in previous reports, it is difficult to rely on the data below as helpful when the number of records are so low. We anticipate that as recording is improved the overall percentage of people identifying as LGB+ may reduce.

| Sexual Orientation % of all service users who were asked | 2019 | 2020 | 2021 |
|---|-------------|-------------|-------------|
| Bi-sexual | 1.80% | 1.90% | 1.38% |
| Gay/Lesbian | 1.90% | 2.20% | 1.77% |
| Heterosexual | 92.60% | 92.10% | 94.19% |
| Other orientation not listed | - | - | 0.15% |
| Client asked and does not know or is not sure | 0.20% | 0.30% | 0.25% |
| Refused to answer | 2.00% | 2.10% | 1.13% |
| Unable to answer | 1.50% | 1.40% | 1.13% |
| | | | |
| % LGB+ of above i.e., excluding blank records | 3.70% | 4.10% | 3.30% |
| Percentage Asked (includes all records) | 8.00% | 11.50% | 12% |

In 2021 supported by our Rainbow staff Network group we have continued to provide Rainbow Badge training and in October the network developed a survey focused on the experience of people who use our services as observed by staff in our organisation.

We are hoping in 2021/22 to take part in Phase 2 of the national Rainbow Badge programme, this has been centralised and a new programme launched with organisations being able to provide evidence to achieve gradings of Foundation to Gold standard.

Improve Health Equity Race



The Patient and Carer Race Equality Framework

One of our objectives set out in 2020 was to respond to development of the Patient and Carer Race Equality Framework (PCREF). Development of this framework was a recommendation following the national Mental Health Act Review to eliminate the unacceptable racial disparity in the access, experience, and outcomes of Black communities and to improve their trust and confidence in mental health services. The PCREF is being developed through pilots and will be rolled out by NHS England across all Mental Health Trusts by 2022, it remains our aim to work within this new framework as it is rolled out and our Quality Director is leading this area of work and identified a lead in services to support this.

Relevant Quality Objectives

In the interim our organisation Quality Objectives include objectives to:

- Over a three-year period demonstrate a measurable and equitable reduction in the use of seclusion and restraint.

This objective includes attention to monitoring use by ethnicity

- Over a three-year period demonstrate improvements in the number of people from BAME communities accessing community-based mental health services.

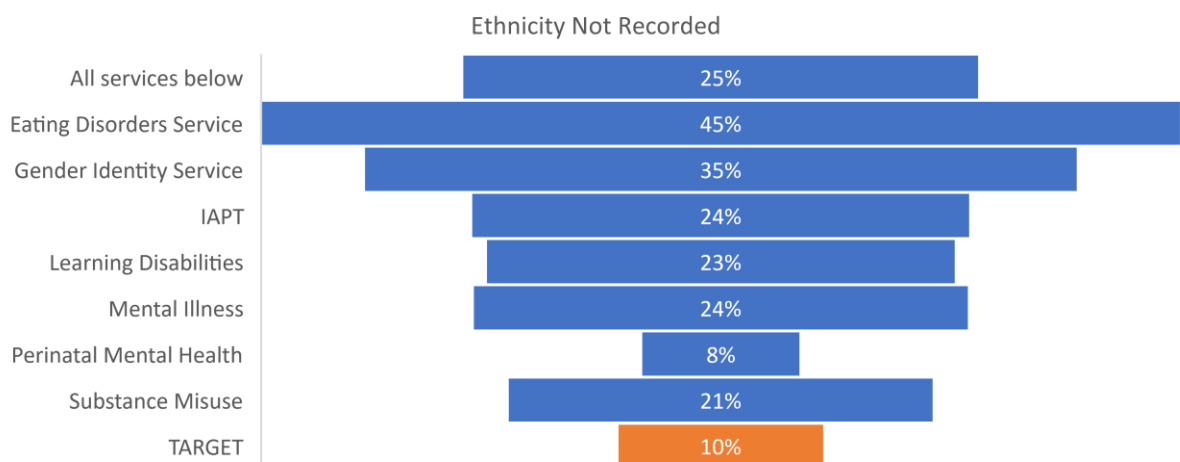
In relation to this objective in 2020/21 the following action was progressed:

- A workshop was held in September 2021 with community, research, and psychology service leaders to share existing workstreams and development plans re engaging with and learning from communities in Sheffield.
- Findings from recent projects, e.g., Sheffield Flourish's and Sheffield Healthwatch's work around 'Black Lives Matter' has been brought together to understand the themes around the challenges faced by the ethnically diverse populations of Sheffield, and the barriers/stigma they face in accessing services.

- Demographics incorporated into the restrictive practice data, provided to the Least Restrictive Practice Operational Group.
- Demographics in a limited set of indicators included within our Integrated Performance and Quality Report from August 2021.
- Initial scoping discussion with colleagues to determine demographic data requirements to build baseline assessment on which to base year two and three targets.

Recording Ethnicity

A target was set of reducing ethnicity 'does not know' to 10%, as of March 2021 the target has only been met in one of the service areas broken down in this report. We will be exploring the reasons for this in more detail in support of the Quality Objective above.



Human Rights

In 2021 a new role was introduced to our organisation, and we welcomed Tallyn Gray as our first Human Rights Officer:

Update from our Human Rights Officer

Sheffield Health and Social Care Trust has committed to improve the rights of and empowerment of service users; become a human rights-based organisation; improve

staff understanding of the law; improve the quality of the services offered; reduce restrictive practices; and raise the profile of human rights in general Trust-wide. To this end a permanent Human Rights Officer (HRO) was appointed specifically to oversee training, enhance the profile of human rights, and generally lead the Trust on human rights issues. The HRO has engaged with and is already being consulted on human rights issues that arise in day-to-day practice (such as particular instances on the wards) and in the development of policy (for example reviewing policy on ligatures, scanners, and drug detection dogs).

In Autumn 2021 our first major human rights project began. Its aim is to develop and deliver human rights capacity training throughout Autumn 2021-to-Spring 2022. The HRO will oversee this within the Mental Health Legislation Department. We have commissioned the leading human rights capacity-building organisation in the UK, the British Institute of Human Rights (BIHR) to develop a training and capacity building package to assist us in embedding human rights into our service. Both the Sheffield Health and Social Care and the BIHR intend this capacity-building project to be a co-production exercise. This means that service users and our staff work together to develop the training packages, so that they are reflective and responsive to the existing baseline knowledge and understanding of human rights amongst our personnel and relevant to the needs of the service users on whom these issues impact.

This project is implemented in five phases and is currently at the opening phase.

- 1) Research, development, evaluation, and baseline Research (September-October 2021): this will capture data on the current state of baseline knowledge and understanding about human rights via a survey of service users and staff. The head of mental health legislation and the HRO have been reaching out across the organisations networks to seek out people who will be willing to work on the co-production element of the project. The HRO has been gathering intelligence across the organisation about how networks, service users and staff can be best accessed.
- 2) Co-production workshops (October-November 2021): These will co-produce the development of training packages with service users' and staff via a series of workshops.

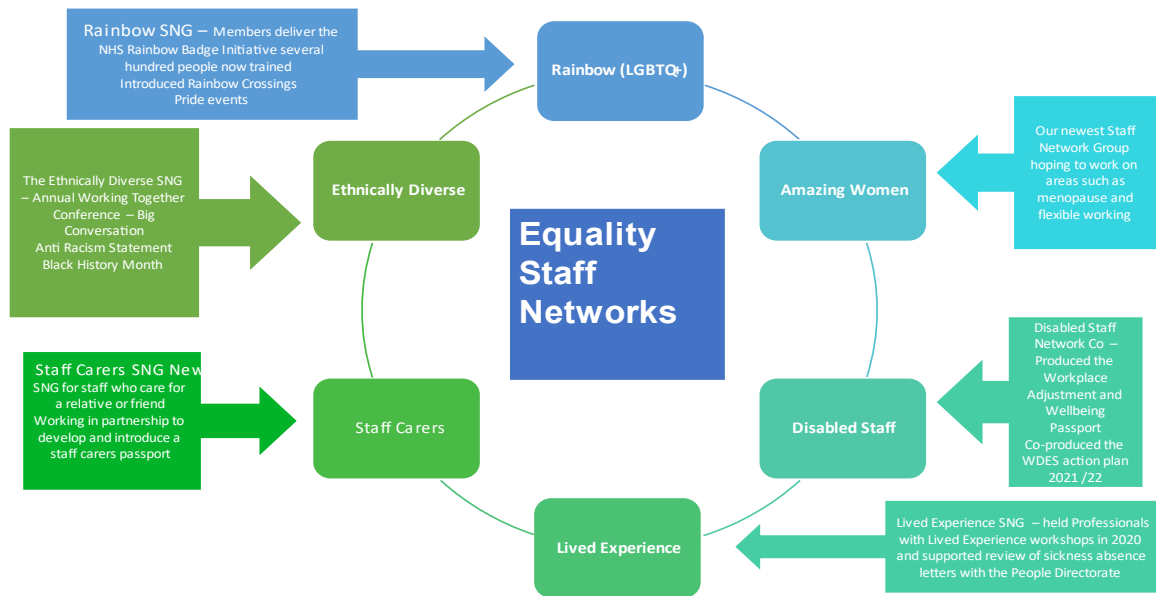
- 3) Human Rights Training for staff (November 2021-April 2022): Training will be delivered to 150 members of staff across the organisation via five sets of two half-day sessions. This initial training will be generic and introductory.
- 4) Practice leads programme (April-September 2022): Out of the cohort of 150 staff trained in the introductory training sessions, 30 members of staff will be put forward for a higher level of human rights training. This smaller cohort receiving advanced training will then go on to become human rights leaders/champions within our organisation.
- 5) Creation of Communities of Practice platform (September 2022-onwards): The final stage will be to create a community of practice. The HRO will then maintain the capacity training programme started in 2021/22 in the long term and establish it within our organisation. The HRO will also act as the coordinating facilitator of the wider group of human rights leads/champions.

As part of our renewed commitment to human rights the Quality Directorate has decided to mark International Human Rights Day (10 December annually). This presents an opportunity not only to announce our commitment to human rights and a human rights-centric approach, but also to promote our human rights projects (such as our project with BIHR).

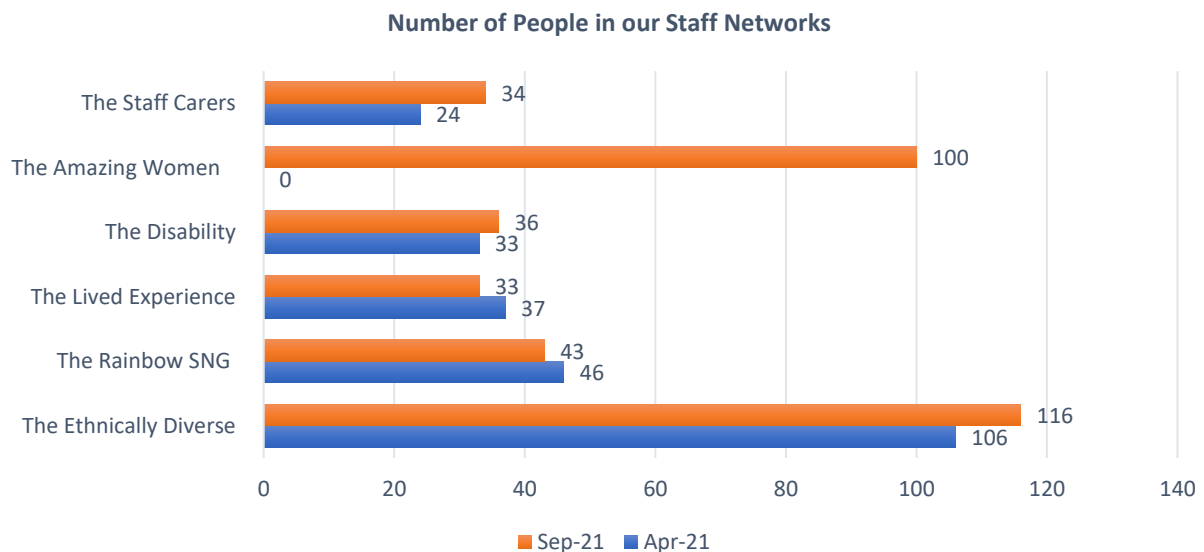
It is the aspiration that the combined strategies of the human rights programme, the appointment of a human rights officer, and the reorientation of our Values towards a human rights centric approach will facilitate a cultural shift away from risk protection and paternalism towards an individual right.

Our Staff Network Groups

Our staff networks are becoming an increasingly important part of our approach to equality diversity and inclusion in our organisation. We have six Staff Networks and in October 2021 successfully recruited to a role that includes providing administrative support to the Staff Network Groups.



The numbers of people in our SNGs is steadily increasing.



Increasing membership of the SNG's is important and is one of the indicators that we are using to measure progress, however a more important measure is the extent to which our staff network group members are engaged with our organisation and feel that their voices are heard. In 2021 terms of reference for the Chairs of the Staff Network Groups group were co-produced with the SNG chairs. This group is part of the People Directorate governance structure. The chairs met with members of our

Board and progress has been made on areas identified as a priority for our staff network groups including:

- Agreeing permanent administration support for the Staff Network Groups
- Agreeing protected time for Chairs
- Co-producing the Terms of Reference of the Chairs of Staff network Groups Group and agreeing a chair for this role that would facilitate effective communication through the governance tiers.
- Improving links with the Freedom to Speak Up Guardian including FTSU training for SNG chairs due to take place in November and December 2021.
- Providing information on the staff networks for new staff as part of induction.
- Board members have attended SNG meetings and are committed to meetings on a regular basis with Chairs of the Staff network groups.
- Staff networks presented information about the networks and the areas they are prioritising at our leaders call in summer 2021 – the scope of the activity being progressed through these groups is highlighted below.

Appendix 1 – Measure Dashboard

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

| RAG | Annual Progress |
|-----|---------------------------------------|
| | Not started |
| | Progress towards target on track |
| | Progressing towards target of concern |
| | Target deadline passed and not met |
| | Interim target met / target met |

| Outcome | Improvement Measure / Target | Position 2020 | Position 2021 | Position 2022 | Position 2023 |
|--|--|---|---|---------------|---------------|
| The Percentage of staff in Agenda for Change Bands 1-9 (or equivalent) and VSM (including Executive Board members) should be comparable with the percentage of staff in the overall workforce. (Note there is no specific requirement for this metric to include Bank so from 2021 our targets will be measured excluding Bank) | This will be measured by the Disparity Ratio Calculation – Target all DR figures are 1.50 or less by 2025 | Low - middle 2.40 Middle – Upper 1.28 Lower to upper 3.27 | Low - middle 1.74 (no Bank) Middle – Upper 1.81 (no Bank) Lower to upper 3.14 (no Bank) | | |
| Maintain the Relative likelihood of staff from BAME groups being appointed from shortlisting across all posts to between 0.8 and 1.25. | Relative likelihood between 0.8 and 1.25 | 1.06 | 1.09 | | |
| Decrease the Relative likelihood of staff from BAME groups entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation to a target range of 0.8 to 1.25 | Relative likelihood between 0.8 and 1.25 | 1.98 | 1.47 | | |
| Maintain the Relative likelihood of BAME staff accessing non-mandatory training and CPD to an equal level with White staff. | Relative likelihood between 0.8 and 1.25 | 1.14 | 1.38 | | |

| | | | | | |
|---|--|--|--|--|--|
| Increase the percentage of staff in AfC pay bands or medical and dental subgroups and very senior managers (including Executive Board members) who identify as Disabled, so it is comparable across these groups with the percentage of staff in the overall workforce. | Decrease the number of staff with Disability not known less than 8% - interim target 10% by July 2022 | 15% | 16% | | |
| | Apply the WRES disparity ratio calculation to assess progress. | Low - middle 1.20 Middle – Upper 0.85 Lower to upper 1.01 | Low - middle 1.03 Middle – Upper 1.08 Lower to upper 1.10 | | |
| The Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts is within the target range. | Relative likelihood 0.8 and 1.25 | 1.29 | 0.87 | | |
| Reduce the Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.is within the target range | Relative likelihood 0.8 and 1.25 | 3.51 (NB based on very low numbers) | 0.0 | | |
| Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it. Is equal to or above the experience of non-Disabled Staff. | = to staff that are not disabled | Difference in favour of non-disabled staff 11% | 2021 report data not available | | |
| The percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties is equal to or below the score for non-disabled staff | = to staff that are not disabled | Difference in favour of non-disabled staff 5.8% | 2021 report data not available | | |
| The Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work is equal to or above the score for non-disabled staff | = to staff that are not disabled | Difference in favour of non-disabled staff 11.1% | 2021 report data not available | | |
| The percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work. | Percentage of Disabled staff who say they have had adequate adjustments made is = to or above the staff survey benchmark group | SHSC 79.2% Benchmark 81.4% (National 73.8%) | 2021 report data not available | | |
| Take action to facilitate the voices of Disabled staff in the organisation | Membership of Disabled Staff network group increases year on year. | 12 | 33 | | |
| Reduce the Mean Bonus Pay Gap so it is equal or below the benchmark or confirm that any gap is beyond the control of the organisation. | Reduction year on year to the Mean Pay Gap | 9.9 (2019 12.6) | Data not reported yet for 2021 | | |

| | | | | | |
|---|--|--|---|--|--|
| Reduce the Median Bonus Gap so it is equal or below the benchmark or confirm that any gap is beyond the control of the organisation. | Reduction year on year to Median Bonus Gap | 9.2 (2019 7.6) | Data not reported yet for 2021 | | |
| Reduced the difference in the percentage of Men and Women receiving a Bonus or confirm that any gap is beyond the control of the organisation. | Reduction year on year in the difference between Men and Women receiving a Bonus. | Women 2020 0.42% Men 2020 2.01% Women 2019 0.44% Men 2019 2.14% | Data not reported yet for 2021 | | |
| Reduce the Median Bonus Pay Gap | Reduction year on year to Mean Bonus Gap | 26.0 (25.0 2019) | Data not reported yet for 2021 | | |
| Reduce the Mean Bonus Pay Gap | Reduction year on year to Median Bonus Gap | 32.3 (27.3 2019) | Data not reported yet for 2021 | | |
| Flexible Working There is good understanding in the organisation of the need for and the benefits of flexible working | Increase positive response to the Staff Survey Question on flexible working year on year to 2024 | 65.5% (61% 2019) | Data not available for 2021 | | |
| Flexible Working - The number of people benefiting from flexible working is known and increasing year on year. | Increase the number of staff with a flexible working agreement in place Year on year to 2024 | | Problems identified with accessing data under review as part of Flex for the future | | |
| LGBTQ+ Staff engagement - There is a voice for LGBTQ staff in the Trust and LGBTQ+ staff are empowered to inform and support the trust in areas that impact on LGBTQ staff and local communities. | Year on year increase in number of members of the LGBTQ+ SNG | | 43 | | |
| | LGBTQ+ SNG Priorities identified, and action agreed to deliver by March 2021 | | | | |
| Recording of Sexual Orientation of people who use our services - Recording of sexual orientation of service users across our services has improved year on year | Year on year increase in the number of people using trust services that have been asked about their Sexual Orientation | 11% | 12% Measure needs review | | |
| Interpreting Services - Access to interpreting services in areas where services may have had trouble and fulfilment rates for bookings are low have improved year on year. | Measure progress through Key performance measures defined through the NHS NOECP Collaborative framework for Interpreting and Translation | | Contract start delayed to 1/11/21 | | |
| Race Equality – People who use our services - We have a better understanding and have made measurable improvements the experience of people from Black Asian and Minority Ethnic backgrounds in terms of accessing and using our services. | Identify KPI and specific objectives following establishment of the National Observatory and action linked to | | | | |

| | | | | | |
|---|--|--|-----------------------|--|--|
| - also see IPQR performance targets associated with the organisations relevant Quality Objectives | phase three of response to Covid 19 | | | | |
| | Reduce the number of not known ethnicity to less than 10% in all service areas. | | Below 10% in one area | | |
| | Meet targets set for specialist services for ethnicity monitoring (Phase 3 Response to Covid 19) | | | | |
| Learning Disability and Autism All service information leaflets available in Easy Read | Service Leaflet Project Completed | | | | |
| Autism and Learning Disability training has been delivered in line with plan – now mandatory so will be measured through mandatory training | Number of training sessions delivered | | | | |