



NHS

Sheffield Health
and Social Care
NHS Foundation Trust



▶ Annual Equality and Human Rights Report 2021 - 2022

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



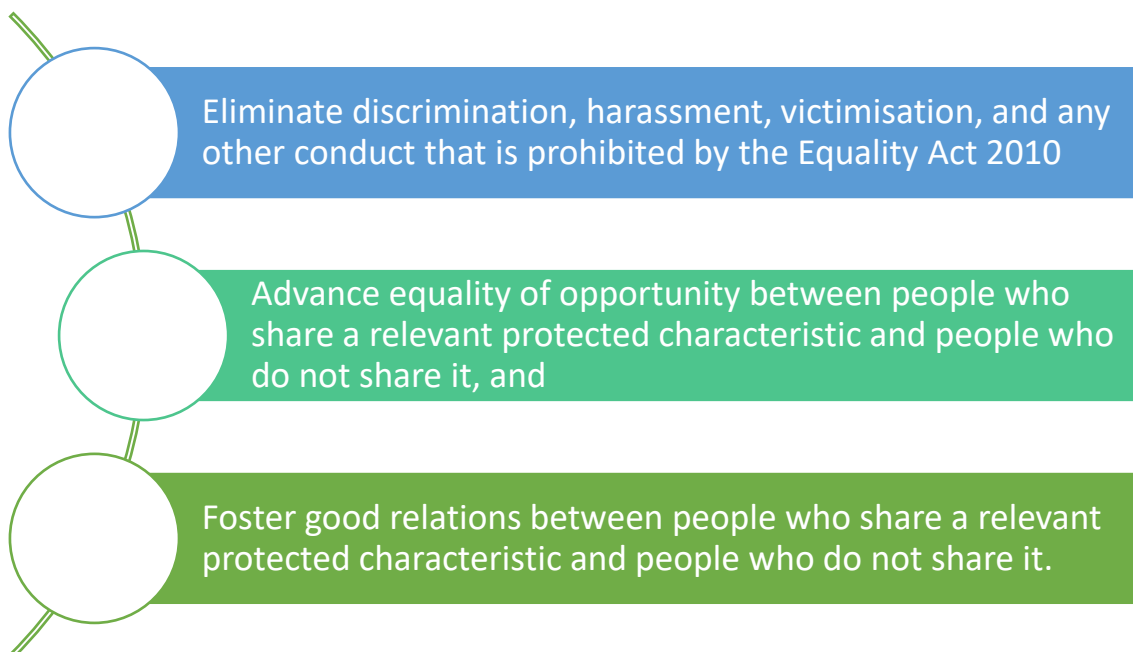
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Introduction

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 care services and to do this we employ around 3000 people.

The Public Sector Equality Duty means that we need to take account these three areas when we are providing services and for people who work in our organisation:



The Characteristics protected by the 2010 Equality Act are:

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

Our Equality Objectives Progress in 2021/2022

About Our Equality Objectives

Our Equality Objectives 2020 to 2024 focus on our two main functions, employment and providing health and care services. In 2020 we also identified how we would measure progress – some of these measures have been refined and developed since 2020 in response to development of national measures and targets. Appendix one of this report contains a table of our performance measures and progress.

Our Equality Objectives will be formally reviewed and refreshed in 2023/2024 and we will publish updated objectives in March 2024.

This report focuses on what we have done to progress our objectives between April 2021 and March 2022, most of the data information in this report is as of the 31st of March 2022, however where we have developed quarterly reporting, data up to Quarter 1 of 2022 is presented – this is because we want to show the most current information supporting how we are progressing our aims and objectives.

Public organisations have a legal duty to identify measurable Equality Objectives that support them to achieve the Public Sector Equality Duty. This annual report highlights our Equality Objectives and how these are progressing – our current objectives cover the four-year period 2020 to 2024.

The NHS Equality Delivery System

The NHS has developed the NHS Equality Delivery System (EDS), this provides a framework that helps NHS organisations to take forward the Public Sector Equality Duty by providing agreed levels of performance in three areas (Domains). The EDS domains have replaced the four 'goals' of the original EDS referred to in our previous annual reports.

The NHS Equality Delivery System

EDS Domain 1

Equal Access Experience
& Outcomes

EDS Domain 2

Workforce Health and
Wellbeing

EDS Domain 3

Inclusive Leadership

Our Equality Objectives are aligned with these three Domains.

Our workforce objectives also take account of the NHS Workforce Race Equality Standard (WRES) the Workforce Disability Equality Standard (WDES) and our Gender Pay Gap.

Our objectives that focus on people who use our services are also aligned with national policy priorities such as The Patient and Carer Race Equality Framework (PCREF)) and the LGBTQ+ equality NHS Rainbow Badge Initiative.

In March 2022 a refreshed EDS (draft) was made available for NHS organisations to review and test. The EDS draft guidance expects that we will review our evidence against the outcomes for the three domains, share this evidence with stakeholders, agree a EDS grade with them based on our evidence, then publish this grade with an EDS report and action plan in February 2023.

Our Workforce Equality Aims and Objectives

Workforce Equality Aims and Objectives

Improve understanding of and opportunities for flexible working

Improve our Workforce Disability Equality Standard metrics

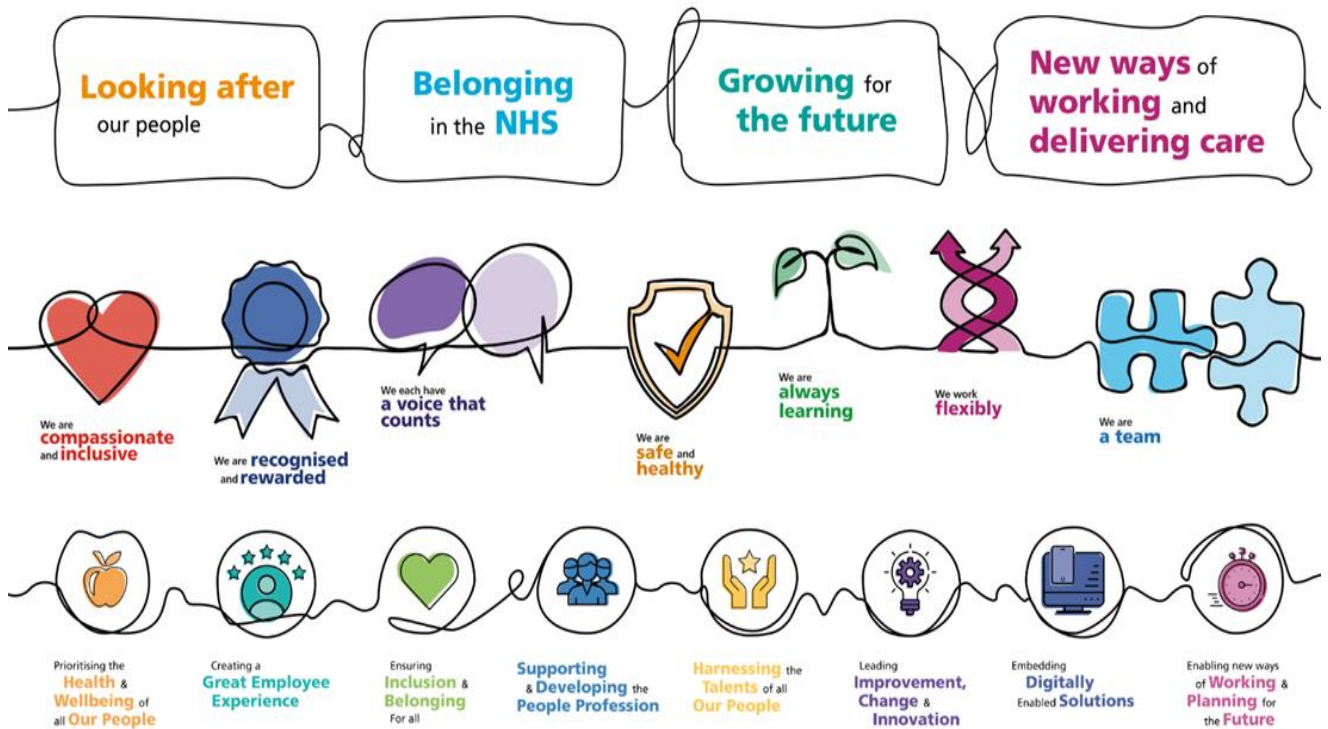
Improve the voice of LGBTQ staff

Improve our Workforce Race Equality Standard metrics

Reduce our Gender Pay Gap

Respond to Domain 2 and Domain 3 of the Refreshed EDS

Our Workforce Equality Aims and Objectives are part of our overall People Strategy - which in turn links to the NHS People Plan and the aims of the NHS Long Term Plan.





Improve understanding of and opportunities for flexible working

Our aim is to improve our understanding of the relevance of flexible working for our organisation and the opportunities for flexible working.

Flexible working is a key element of the NHS People Plan and has been embedded as a priority in our organisations People Strategy. In 2021 offering flexible working from day one become a national NHS policy, however this offer was already part of our organisations policy before this national change. Flexible working is relevant across our organisations roles and age groups, as people progress in their career availability of flexible working options becomes increasingly more complex.



Early Career

Limited need for flexible working but may be linked to

Personal Development
Disability



Mid Career

Need to work flexibly increases

Children
Relatives
Disability
Personal Circumstances



Late Career

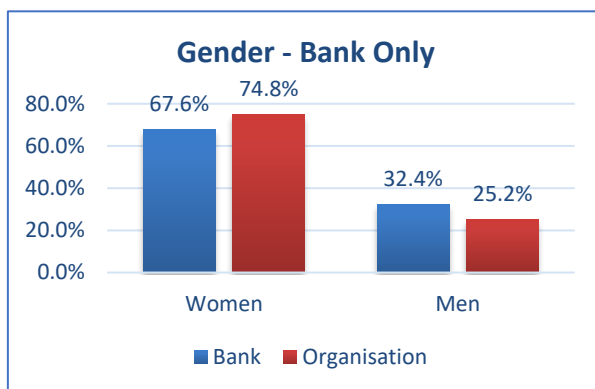
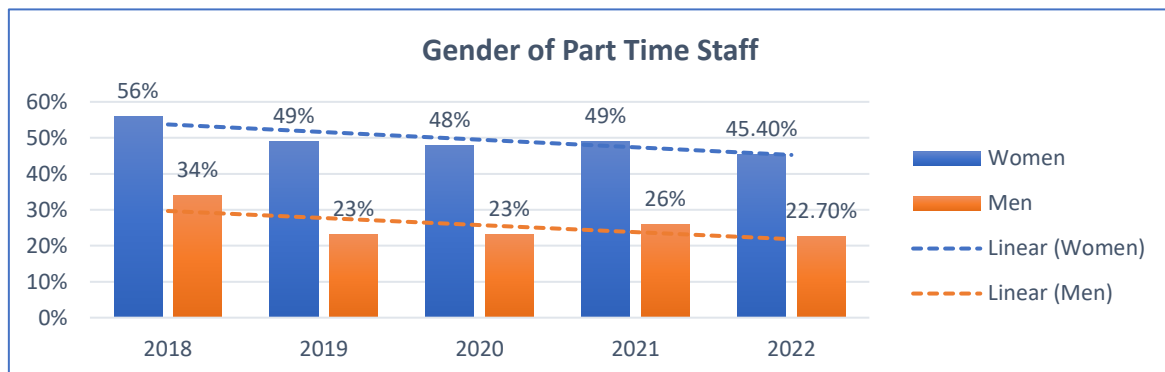
Reasons for need to work flexibly are less obvious but may multiply

Disability
Sandwich Caring
Personal circumstances
Family Commitments
Health

- ✓ In 2021 we took part in the NHS Flex for the Future programme and a 'Flex for the Future' action plan was developed which is being implemented in 2022/23
- ✓ Our Trac recruitment system now prompts recruiting managers to consider if a post is available for flexible working
- ✓ We have introduced an Agile Working policy.
- ✓ In 2021 we have been looking at the data/information that we have about flexible working opportunities.

Flexible Working and Gender – March 2022

Since 2018 the percentage of both women and men working part time has decreased.



The percentage of women and men working only on our bank differs from the gender breakdown of our non-bank workforce, which is more or less the same as the NHS gender breakdown as a whole, in our Bank there is a higher percentage of men.

Our NHS Staff Survey Data

The NHS Staff Survey provides us with detailed information about our staff experience of opportunities for flexible working – the tables below are from the results of our 2021 staff survey, these show that the experience of people who work in our organisation varies depending on the type of role, their age, gender and caring responsibilities and if they have a disability or long-term health condition.

In 2022/23 we will be considering this information as we take forward our Flex for the Future action plan



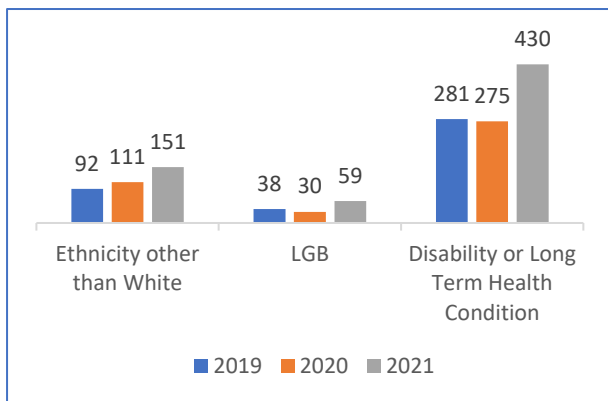


Improve our Workforce Disability Equality Standard metrics

Our aim is to improve our Workforce Disability Equality Standard metrics. To do this our initial objective was to develop our Disability Staff Network and in turn our staff network have identified priorities for action which have been progressed in 2021/22.

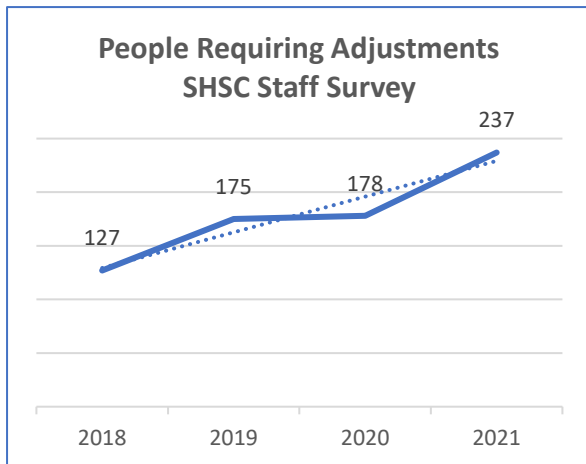
We publish our [Annual WDES Reports and Action Plans](#) on our web site which provide more detail of our data and action plans.

The percentage of disabled staff in our organisation as of March 2022 was 8% but for 18% of staff we do not have this information recorded. We set a target to reduce the percentage of not know to 8% by 2024 however our not know percentage is actually worsening over time so in 2022 we will take more active action to improve our records working with our staff network. The NHS staff survey includes



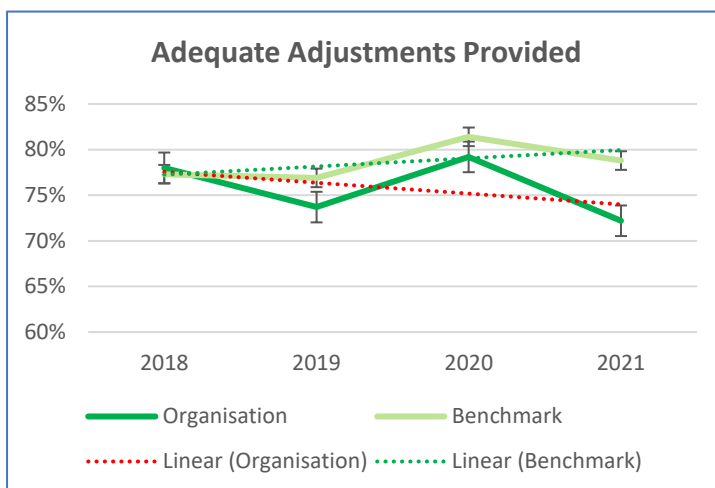
information about the people who have completed the survey. In our 2021 staff survey there was a large increase in the number of staff saying that they have a disability or long-term health condition. The Staff Survey also includes a question that asks if staff who have identified that they have a need for

adjustments have had adequate adjustments made. In the 2021 survey 430 staff said they had a disability or long-term health condition, of these 237 said they needed adjustments but only 72% said they had had adequate adjustment made.



In 2021 our Disability Staff Network reviewed our staff survey results for 2020 and co-produced a response and set of actions. Our network group wanted to prioritise improving line managers understanding of adjustments and to focus on hidden disability. Our data indicates that adequate adjustments are not being provided, the percentage of

staff in our organisation that say that they have not been provided with adequate adjustments is decreasing year on year whereas our benchmark groups performance is improving year in year. We are establishing a project group to look at the process we have in place for providing practical adjustments and equipment, this



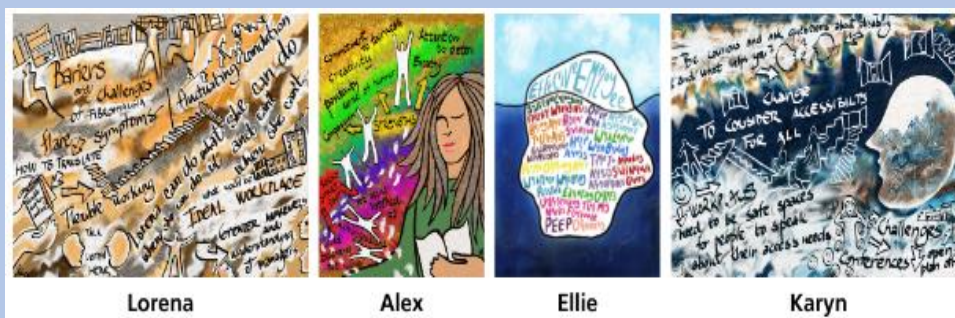
will involve a number of areas of our organisation the group will be in place until March 2023 to ensure that action is identified and implemented. Our staff network have provided a detailed record of their experience which we will use as a starting point for this work.

Our Staff Network also highlighted that they would like there to be a greater awareness of microaggressions and how these impact on disabled people in our organisation. The staff network wanted to look at how working environments that 'promote resilience' can be developed including a focus on compassionate and informed management. Our staff network proposed that to take this forward, based on their personal experience, there needed to be an approach that supported learning and development for managers leaders and colleagues focused on insight into the experience of disabled staff, particularly people with hidden and fluctuating conditions, this would provide a foundation for managers to gain a better understanding of how they could approach making adequate adjustments.

The action the network proposed was the development of co - produce resources. The opportunity to put in a bid to the Workforce Disability Equality Standard Innovation Fund 2021-22 supported this, we submitted a bid and were successful.

Our Objective was to

- ✓ Develop a training resource to be used as part of a full training package through commissioning production of a set of short but high impact digital storytelling films, based on various aspects of the experience of NHS staff with hidden and fluctuating disabilities.
- ✓ To commission the Digital Stories from Flourish a Social enterprise with a track record of producing materials focused on lived experience.
- ✓ The project was implemented by our EDI lead for Health and Wellbeing, our network members were fundamental in supporting engagement with a diverse range of participants and creating an environment for stories to be shared.
- ✓ A set of Digital stories were produced which can be viewed below, a detailed report on this project can be provided on request to our EDI team EDI@shsc.nhs.uk .



In 2022/23 we plan to develop using these resources by,

- Working collaboratively with three of our organisations staff networks our Disability staff Network group, our Lived Experience Staff Network Group, and

our Carers Staff network group to integrate this resource into a training programme.

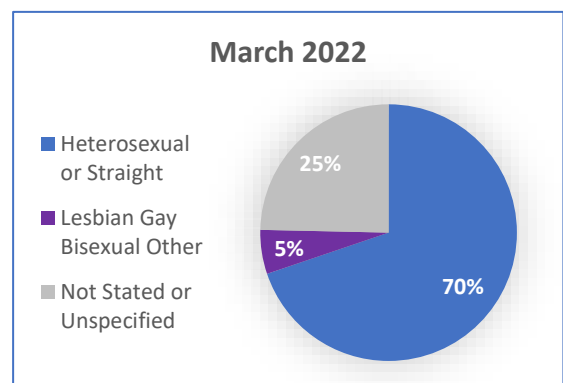
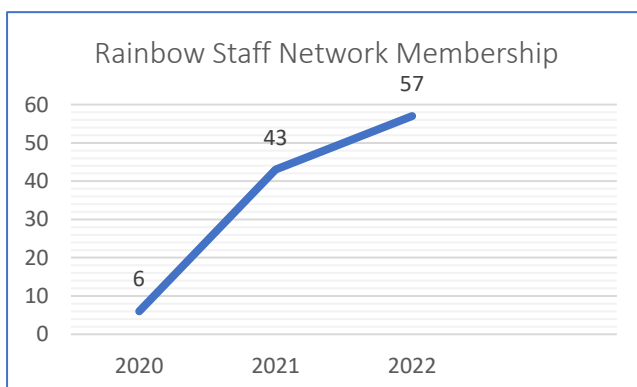
- Collaboratively engage with Health Inequalities Health and Wellbeing leads across the South Yorkshire and Bassetlaw Integrated Care System to take forward development of the use of this resource across NHS trusts and share good practice in implementation.
- We also plan to work with the Yorkshire and Humber Equality Leads network to establish a short-term group focused on accessing adjustments and the development of training resources.



Improve the voice of LGBTQ staff

Our aim is to ensure that there is a voice for LGBTQ+ staff in our organisation and that they are empowered to inform and support us in areas that impact on them

Membership of our Rainbow Staff Network is increasing year on year, but we know that this does not reflect the LGBTQ+ diversity of our organisation in 2022



- ✓ In 2020 we introduced the NHS Rainbow Badge scheme to our organisation; our Rainbow Staff network members developed a training/education package and by 2021/22 over 400 people have taken part in training and received our NHS Rainbow badges and lanyards.
- ✓ In LGBTQ+ history month the Rainbow Staff Network led the development and delivery of workshops on:
 - “The Evolution of Gender”
 - “Are you confused about Pronouns? Find out more”
 - “Faith and LGBTQ+”
- ✓ Our executive leaders met with our Staff network groups chairs and supported communication of our organisation position when concerns were raised by members of our Staff Network about the national publicity focused on ‘conversion’ of LGBTQ+ people.
- ✓ Members of our network have promoted the case for rainbow crossings in our organisation and worked with our estates and service managers to have these introduced.



Improve our Workforce Race Equality Standard metrics

Our aim is to improve our Workforce Race Equality Standard (WRES) metrics. To do this we have identified the areas that we think we should prioritise for action based on our WRES data review. We publish our [Annual WRES Reports and Action Plans](#) through our web site these provide more detail of our data and action plans.

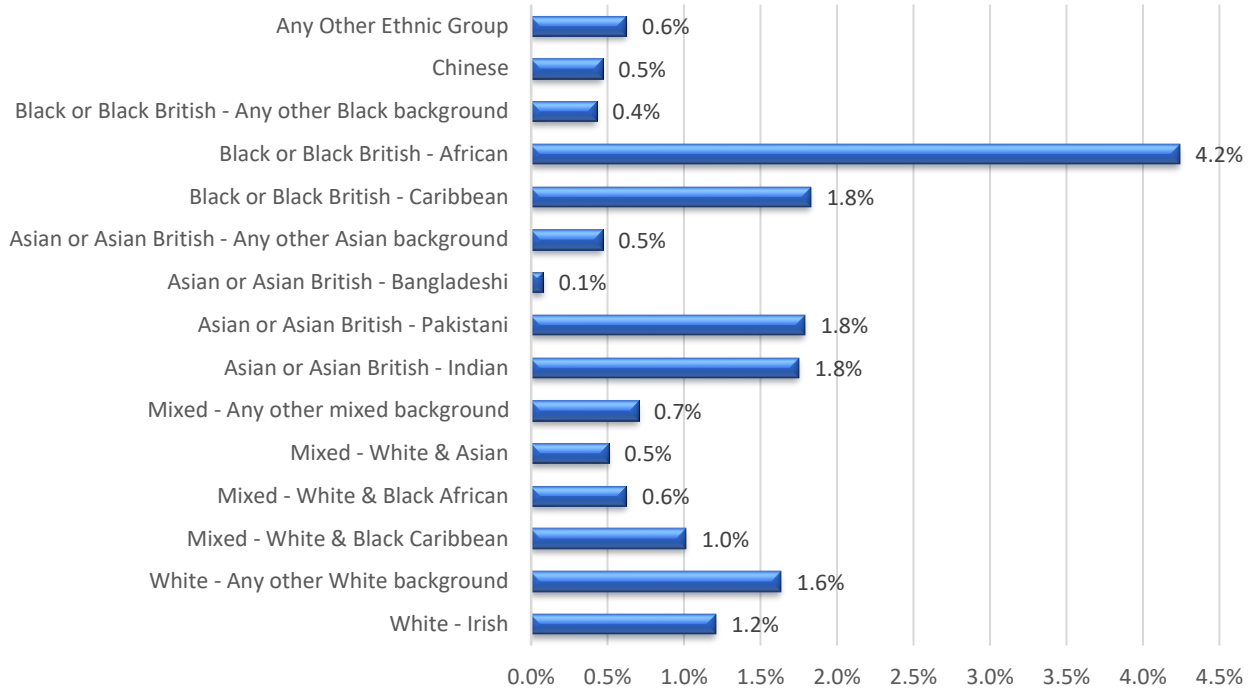
In this report we talk about our Ethnically Diverse staff as an alternative to BME or BAME, as requested by our Ethnically Diverse Staff Network Group. When we are referring to our WRES data however we maintain the terms BME and White this is because the WRES data we report includes White Other in the White group in line with the definitions set out in the WRES technical guidance.

The charts below highlight the ethnicity diversity of people who work in our organisation. Some of the people who work in our organisation work through our staff Bank but do not have a permanent contract. The first table below is based on data without Bank only staff, White British (73.1%) and unspecified /not stated (9.6%) are not included in the table so that the diversity of ethnicity in this group is highlighted.

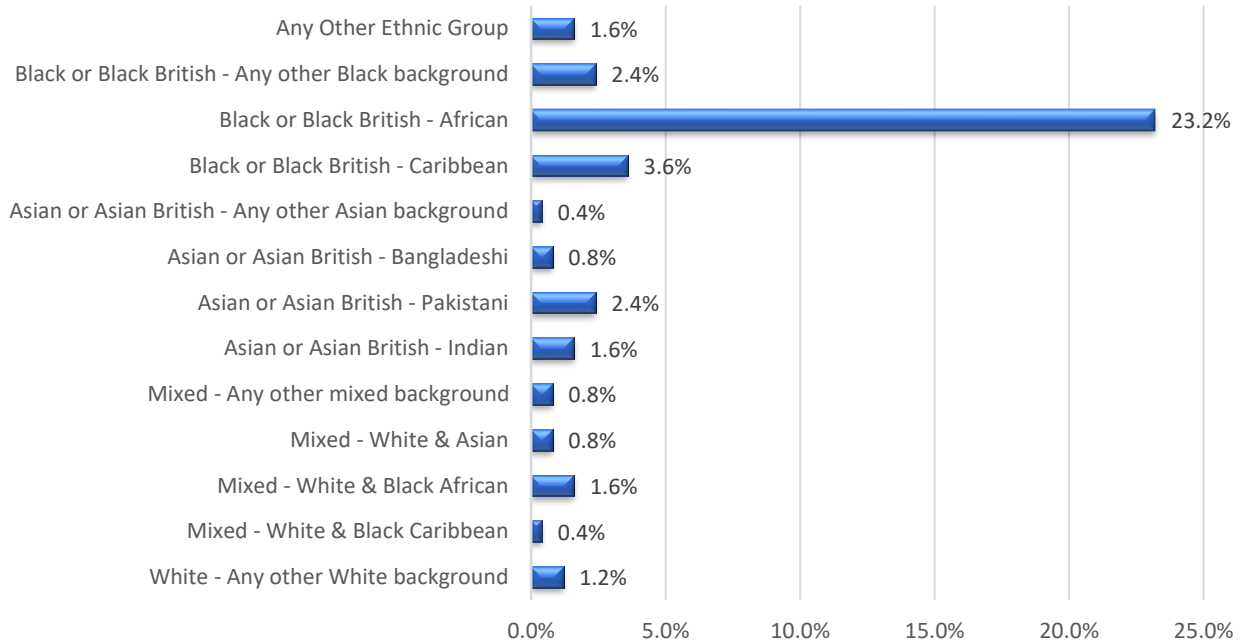
The second chart is based on data showing the diversity of people who have a Bank only agreement again White British (43.2%) and unspecified /not stated 16% are not included in the table above.

In 2022/23 we plan to review our ethnicity data against the new Office of National Statistics data due to be released in November following the latest national census, we will use this data when we are reviewing and updating our equality objectives.

Ethnicity Diversity (Without Bank)



Ethnicity Diversity Bank Staff



Our Priority WRES Objectives

In April 2022 the national WRES team provided a tailored report to each NHS organisation based on the organisations 2021 data returns, the report provided an analysis of the historic trends for each of the WRES indicators and compared our metrics against the regional and national data. This report suggested that our organisational priority for action should be on the following areas:

- Harassment, bullying or abuse from patients, relatives, or the public in last 12 months against BME staff.
- Career progression in clinical roles (lower i.e., below Band 5) to upper levels i.e., 8a Upwards) this is measured through the 'disparity ratio'.
- Career progression in clinical roles (lower i.e., below Band 5 to middle levels i.e., Band 6 and 7) measured through the 'disparity ratio'.

These three areas aligned with our existing priorities; in addition, we had also prioritised reducing the relative likelihood of BME staff entering our formal disciplinary procedures.

In addition, our WRES report highlights that the percentage of not know ethnicity for our workforce (9.6%) is much higher than the regional benchmark figure of 3.0%. In 2022/23 we plan to review our current action on improving workforce data in this area.

Harassment, bullying or abuse from patients, relatives, or the public in last 12 months against BME staff.

We have had a focus on Zero tolerance of race and other hate related incidents over the last few years and in 2021/22 we made progress in developing a robust approach. We have implemented our planned action as well as continuing to develop our networking and collaboration in taking forward this important area.

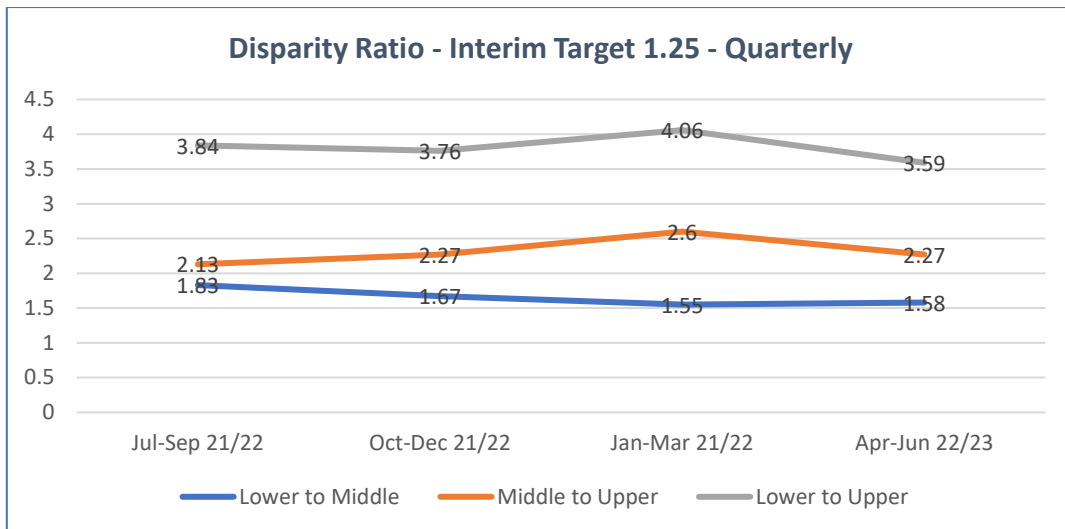
In 2021/22

- ✓ We have improved the content and focus of our incident reports, the report grading now reflects the impact of racism on our staff – this improvement has been welcomed by people working in our services.
- ✓ A Standard Procedure for reporting racist and other types of hate incidents was agreed in May 2022, the procedure emphasises ensuring staff are supported when experiencing racism and other hate incidents in our services – the procedure has been rolled out in our acute in-patient services.
- ✓ A central ‘third party’ hate crime reporting centre is being established administered through our EDI team. The Sheffield City hate crime lead has been working closely with our services to support the introduction of this initiative
- ✓ Liaison with a new mental health team established by South Yorkshire Police is helping to connect people working in our services and members of this team.

Career Progression Measured Through the Disparity Ratio

The national WRES team have introduced a measure, the Disparity Ratio, this compares how staff in different groups of Agenda for Change pay bands are represented in terms of ethnicity compares these – the team have set an interim target for organisations of 1.25 by 2025.

In 2021/22 we started to review our disparity ratio data every three months to see how we are progressing in real time, to date the ratio is only showing minor changes which has highlighted a risk that we may not reach the target of 1.25 by 2025.

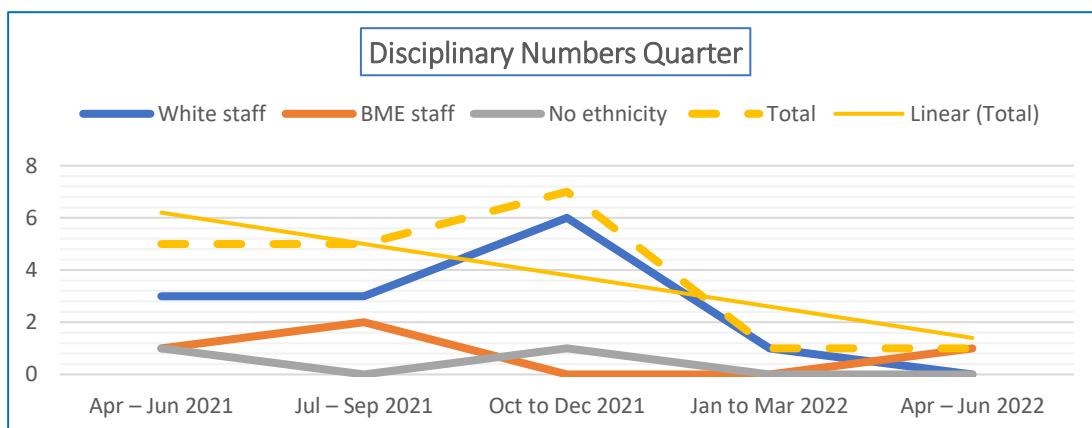


In 2022/23 we plan to focus on staff in our nursing at leadership level and we are also taking action to support people who work regularly on Bank only contracts into permanent roles.

Disciplinary Procedures

Our latest WRES metric (metric 3) focused on disciplinary cases has worsened slightly in 2021/22 however we have introduced earlier review of cases that previously may have been dealt with under formal processes this is supported by our WRES EDI lead and our HR business partners. The overall number of people entering our formal disciplinary procedures is reducing year on year, this is linked to work we are doing to focused on having a [Just and Learning Culture](#).

The table below shows how our disciplinary cases have reduced in 2021/22,



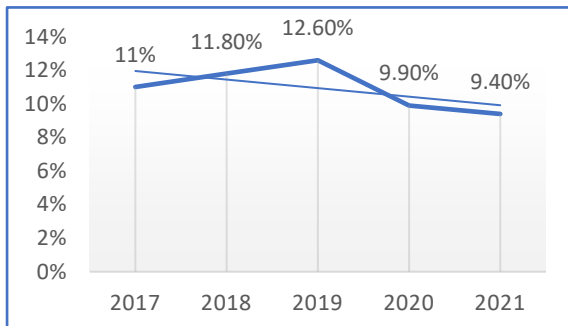


Reduce Our Gender Pay Gap

Our aim is to reduce our Gender Pay Gap, in 2020 our initial objectives were to focus on decreasing the bonus pay gap and to explore and understand the reasons for our pay gaps

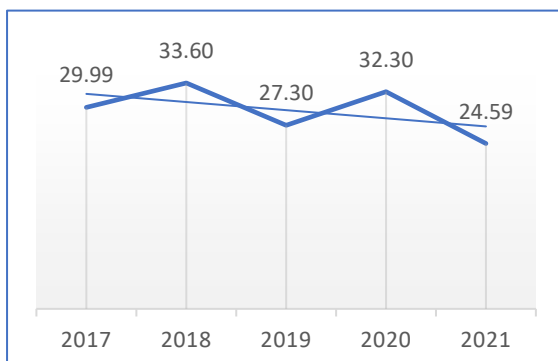
- Our organisations [Gender Pay Gap](#) reports are published annually and provide details of all of our pay gaps and our plans to reduce or account for these where we believe that the reasons are beyond the control of our organisation. We published our 2021 Gender Pay Gap Report in March 2022.
- We are progressing the objectives we identified in 2020 and some progress is being achieved.

Our Mean Pay Gap is Reducing



Our Mean pay gap is reducing in 2021 it has continued to reduce from 9.9% in 2020 to 9.4% in 2021.

Our Bonus Pay Gap is Decreasing



Our Medical Directorate has been focusing on gender for the last few years, in particular on balancing the gender of our medical consultants receiving Clinical Excellence Awards. Our 2021 pay gap data indicated an improvement trend in the Mean Bonus Pay Gap



Men are still Overrepresented in Our Top Pay Quartile

We have also reviewed changes in the percentage of women and men in each of the four pay quartiles. Quartile four includes the highest paid members of our organisation. Unfortunately, the percentage of men and women in this quartile is not in line with the gender split of men and women in the organisation. Men are overrepresented in the upper quartile and women underrepresented.

Understanding the Reasons for Our Pay Gaps

In 2020/21 we reviewed which areas might be contributing most to our gender pay gaps by looking at the pay gap in each NHS staff group. In 2020 this indicated larger Gender Pay Gaps in two groups, the Medical and Dental group, and the Administrative and Clerical group – the administrative and clerical group includes our highest paid managers and senior managers, we therefore anticipated that changes in the gender diversity of our senior management roles could impact positively on reducing the gender pay gap.

When we reviewed our 2021 pay gap data this indicated a reduction in the Gender Pay Gap in the Medical and Dental group from **13.67%** (2020) to **10.83%** (2021).

Gender diversity at Executive Board level had also changed in favour of women and the Mean Pay Gap in the 2021 Administrative and Clerical group has also reduced from **21.24%** (2020) to **16.68%** (2021).

| | Gap (Group Only) 2020 | Gap (Group Only) 2021 |
|--|-----------------------|-----------------------|
| Medical and Dental Group | 13.67% | 10.83% |
| Administrative and Clerical Group | 21.24% | 16.68% |

Our 2021 data still indicates a large difference in the average hourly rate of pay for men and women in these groups (£3.50 and £3.04). We intend to review our 2022 Gender Pay gap to see if this reduction continues with further recruitment of women into the most senior roles in our organisation.



Respond to the Domain 2 and Domain 3 of the refreshed Equality Delivery System

In

EDS Domain 2

Workforce Health and Wellbeing

The Equality Delivery System has a set of outcomes for each Domain, the outcomes are specifically associated with people who share the Equality Act protected characteristics. The Domain 1 outcomes are:

2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions

2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source

2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source

2D: Staff recommend the organisation as a place to work and receive treatment

Early in 2022, as a first step, we took action to align the action plans we already have in place that were associated with these four outcomes – these plans align with our organisations People Strategy and the actions in them have been mapped against each of the EDS outcomes 2A to 2D. We are refreshing our People Strategy

in 2022/23 and this will take account of the outcomes set out in the EDS to maintain the connect to our overall People Strategy.

EDS Domain 3
Inclusive Leadership

In 2022 we aim to review our evidence to support the outcomes associated with the EDS Domain 3 including benchmarking review with other NHS organisations. We will publish details of how we have progressed this in our EDS Report due in February 2023

The EDS outcomes associated with Domain 3 outcomes are:

3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities

3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed

3C: Board members, system and senior leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients

Several areas already support these outcomes including:

- Having an Executive lead for Equality Diversity and Inclusion and an Executive lead for Health Inequalities, as well as a non-executive lead for Equality diversity and Inclusion.
- All of our Committee and Board papers including a required section on Equality Diversity and Inclusion
- A Quality and Equality Impact Assessment policy aligned to our business case mandates and planning process
- Our very senior managers having EDI objectives
- Our new Developing as Leaders programme

Our Service Equality Aims and Objectives

Our Service Equality Aims and Objectives

Improve recording of Sexual Orientation

Improve access to interpreting and translation

Improve the experience of ethnically diverse service users in accessing and using our services

Identify objectives from the Green Light Toolkit

Identify service objectives through the refreshed Equality Delivery System

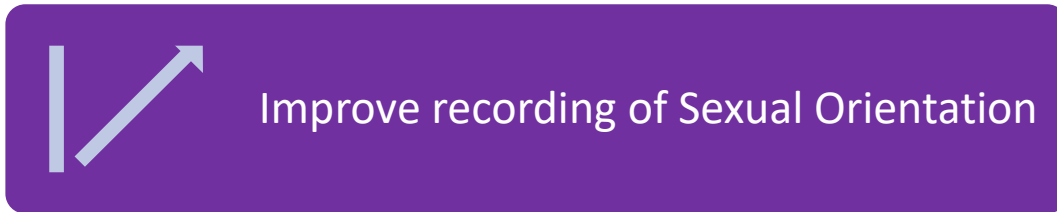
Our service Equality Aims, and Objectives support the boarder aims and objectives of our organisation Strategy and as with our workforce objectives we have maintained this alignment.

In 2021/22 we introduced the **Inclusion and Equality Group** to our governance structure, this reports to our People Committee but is chaired by our Director of Operations and Transformation.

The group aims to align assurance and activity relevant to the three domains of the EDS and its objectives include:

- Ensuring a strategic approach to Equality, Diversity, and Inclusion
- Ensuring that equality, diversity and inclusion is an integral part of our agenda and is actively promoted and communicated both for the workforce and to promote equality and inclusion for people who use our services.
- Support action planning, partnership working and engagement in working to reduce health inequalities for groups protected by equalities legislation.

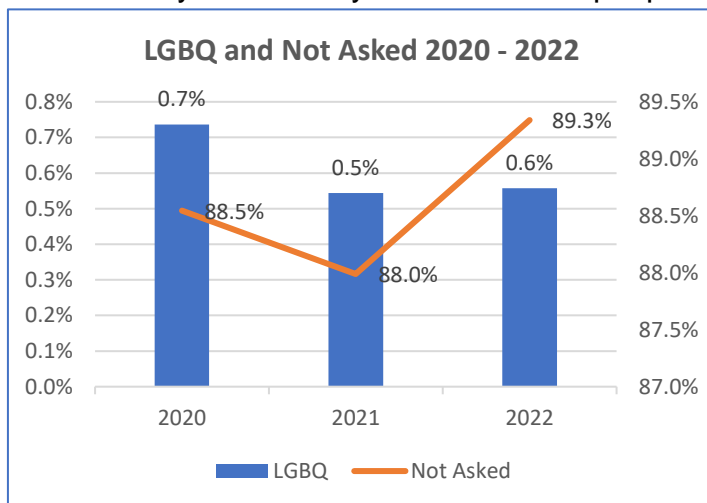
- Promoting our values and intentions around inclusion and equality and ensure that achievements are communicated to all stakeholders internally and externally



Our Aim is to improve recording of sexual orientation for our service users

We set this Equality Objective because of the strength of evidence that people in LGBTQ+ groups may experience higher levels of mental health and substance misuse problems, this is a long-term equality objective first identified in 2012 when recording was only 3%.

Although there has been a year-on-year improvement this remains slow and unfortunately to date only around 10% of people using our services are asked.



As reported above our organisation has introduced the NHS rainbow badges to our organisation but despite this the number of people who have been asked about their sexual orientation remains low.

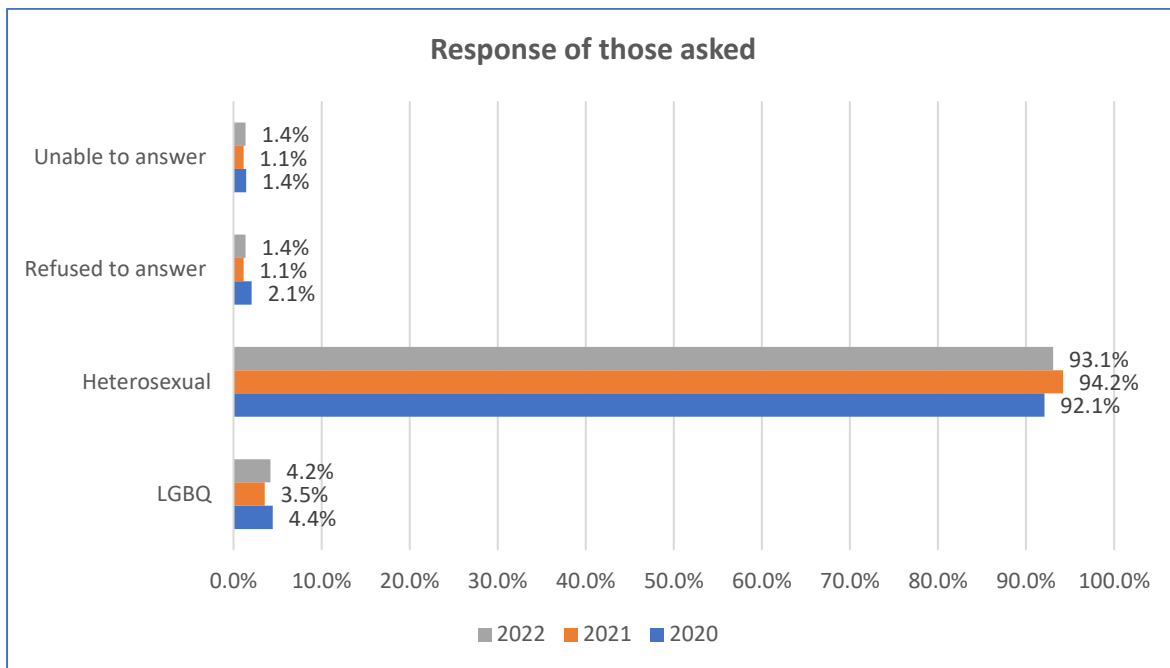
In 2021 our Rainbow Staff Network led our organisations


involvement in 'Phase 2' of the NHS Rainbow badge initiative. This this cuts across service user and staff experience. By taking part in this we wanted to establish where we were as an organisation by looking at the quality of our services and support of our workforce who identify as LGBTQ+ and to help us to develop action to make improvements, being involved in this project included:

- Having some of our policies externally reviewed
- Facilitating involvement for our staff in an external Survey

- Facilitating involvement for people who use or services in a Service User Survey
- Facilitating review of our Services through an external services survey

In 2022 our objectives will focus on reviewing the results of our review and developing and implementing action that has been identified for us to progress. Our current knowledge of the diversity of our service users is highlighted below based only on the data of those who have been asked.



 **Improve access to interpreting and translation**

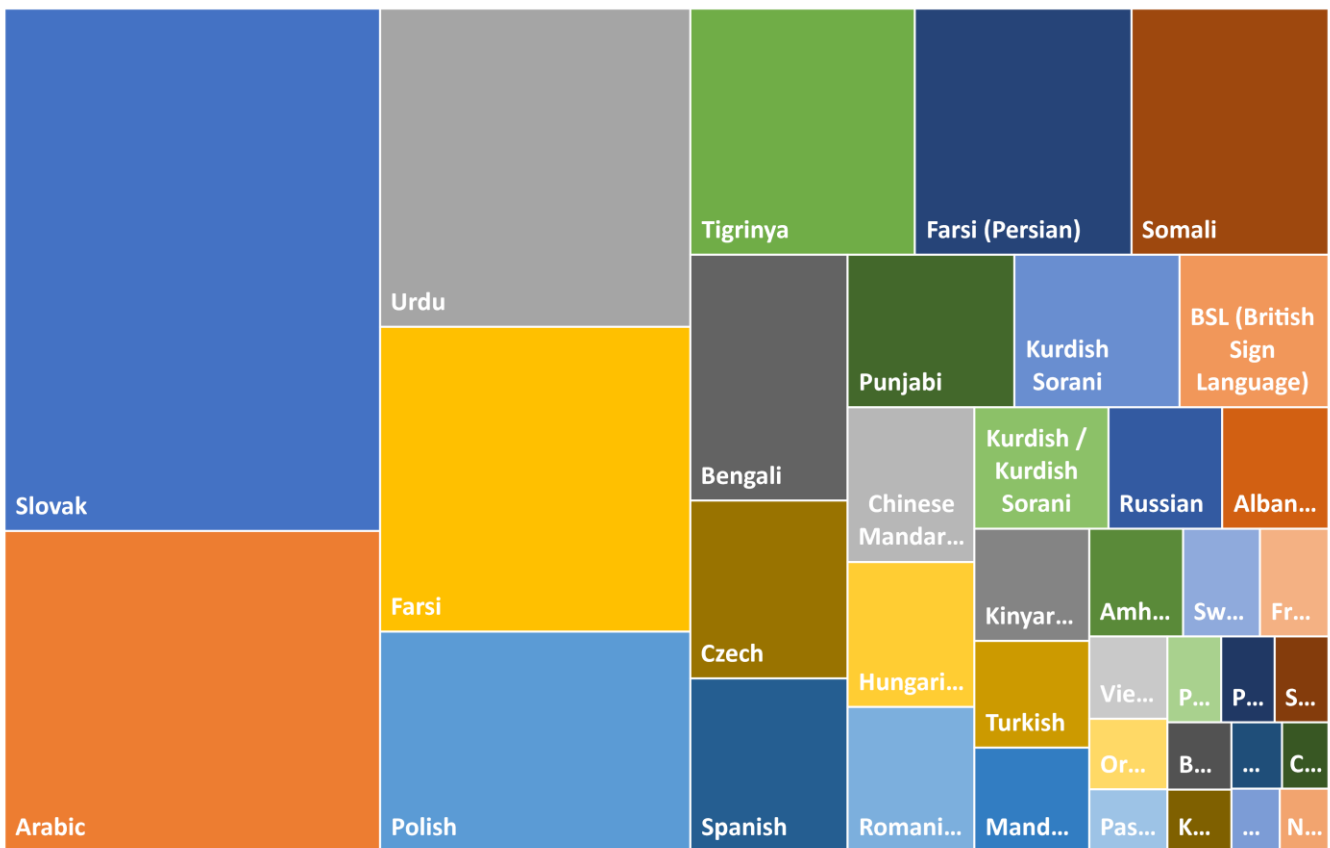
Our Aim is to improve access to interpreting and translation. To do this we planned to look at improving access to interpreting services in areas where services may have experienced difficulty and fulfilment rates for bookings are low.

- In December 2021 we moved to a new contract for accessing interpreting and translation this contract is part of a wider agreement that covers the other NHS provider organisations in Sheffield and across South Yorkshire.

- To support introduction of a new provider we updated our intranet information and also took the opportunity to ensure that all of our service areas had clear information and access codes for booking interpreters.
- Because this contract extends beyond our organisation, we meet regularly with other NHS organisations and the provider to review fulfilment rates for bookings and agree action if this is needed.

Our new service started in December 2021, the table below shows the range and usage of this service between March 2022 and August 2022 – the table highlights any language that has had 10 or more request in this period which was 38 different languages as a percentage of the total number of request for those 38 languages. The top requested languages for this period have been Slovak; Arabic; Urdu; Farsi; Polish; Tigrinya; Farsi (Persian); Somali and Bengali.

TOP THIRTY EIGHT MOST REQUESTED LANGUAGES APRIL TO AUGUST 2022



In 2020 when we set our objectives, we looked at the top eleven requested languages and of these the seven with the lowest fulfilment of bookings, these are

languages that we would hope would show an improvement in the level of fulfilment of bookings for those languages.

| 2020 | Percentage of requests not met | 2022 | Percentage of requests not met |
|------------------------------------|--------------------------------|-----------------------------|--------------------------------|
| Tigrinya | 7% | Tigrinya | 9% |
| Somali | 4% | Somali | 5% |
| Slovak | 3% | Slovak | 5% |
| Kurdish (Sorani) | 6% | Not in Top 7 in this period | 5% |
| Bengali | 3% | Not in Top 7 in this period | 2% |
| Not in Top 7 in this period | - | Czech | 7% |
| French | 3% | Not in Top 7 in this period | 0% |
| Not in Top 7 in this period | - | Kinyarwanda | 14% |
| Not in Top 7 in this period | 3% | BSL | 8% |
| Amharic | 3% | Amharic | 11% |

The table above indicates that there are still languages that have a high usage need for our organisation that cannot always be provided through the available interpreting provision. Some of the languages are not common and therefore interpreting services may not be able to recruit interpreters easily to provide these services, in Sheffield we have some communities where the language is not uncommon in our city.

Provision of interpreting for the most requested languages in our organisation generally however appears to be met.

- Arabic - 1% not filled
- Farsi – 3% not filled
- Polish - 1% not filled
- Urdu - 0% not filled

We recognise some of the challenges associated with provision of rarer language interpreting and are working closely with our interpreting and translation provider.



Improve the experience of ethnically diverse service users in accessing and using our services

Our aim is to improve the experience of ethnically diverse service users in accessing and using our services. To do this we agreed that we would respond to development nationally of the Patient and Carer Race Equality Framework (PCREF).

Our organisation is now an early adopter for the NHSE Patient and Carer Race Equality Framework which will be a new contractual requirement from 2023 aligned to addressing racialised experiences of care that were highlighted in the review of the Mental Health Act in 2020. This work is led by our Director of Quality and supported by our Board.

In 2021/22 we have:

- Appointed a head of engagement from our 3rd sector partnership organisation “Flourish” to strengthen our connections with the VCS and Sheffield racialised communities.
- Appointed a lead for PCREF who sits in the engagement team and will work with NHSE to develop our PCREF as an early adopter
- Following robust conversations about the racialised experiences of African Caribbean Sheffield people in accessing our services, a Two-year improvement plan has been funded to Sheffield African Caribbean Mental Health Association (SACMHA) and Sheffield Flourish focused specifically on work to deliver reductions in the use of restrictive practices and to better understand the antecedents of black male suicide.
- We have further developed our Respect training to reduce restrictive practices and including elements of race equity.

NHS Foundation Trusts have a separate requirement to identify and progress Quality Objectives, these are aligned to our Strategic Objectives and Operational Priorities – Quality Objective 2 commits us over a three-year period to demonstrate improvements in the number of people from Black Asian and Minority Ethnic communities accessing community-based mental health services.

Our Quality Objective progress is reported annually in our [Quality Account Report](#) Where we publish detail about our progress, for this quality objective we said we would:

- Measure and publicly report the demographics of people accessing services
- Engage with community groups to explore the barriers to people from BAME communities accessing services
- Identify and agree improvement actions with BAME community groups

In this period our organisation has also been involved in a co-designed study for improving mental health care for individuals from ethnically diverse backgrounds. Four NHS organisations were involved to hear about and share views on the co-designed national actions for improving care.

Five areas of change were identified: staff diversity, working with people with lived experience, open discussion on race, training, and early education.

Our involvement was to signpost the research team to people with lived experience, staff, service users and carers who would be interested in attending the three project workshops.

This is ongoing at the time of this report, and we will update on our involvement in our next report.



Identify objectives from the Green Light Toolkit

Our Aim is to meet the standards set out in the Green Light Toolkit through focusing some of our Equality Objectives.

The toolkit has a set of standards for supporting people with a learning disability and /or Autism to access mainstream mental health services. A wider action plan is in place to take forward the priorities identified as a result of the Green Light toolkit audit however in 2021 areas relevant to this have been:

- Ensuring that our new Interpreting and Translation provider contract includes the relevant requirements associated with the Accessible Information Standard.
- Progressing action to produce up to date and standardised service information to be translated to Easy Read.
- Ensuring that the procurement process for our new Electronic Patient Record system included attention to the standards set out in the Accessible Information Standard.

The refresh of our objectives due to take place in 23/24 will be an opportunity to refocus our Equality Objectives in this area and we aim to co-produce future objectives.



Identify service objectives through the refreshed Equality Delivery System

As noted above the refreshed EDS has been made available for NHS organisations to review and test. The Outcomes associated with Domain 1 are:

1A: Service users have required levels of access to the service

1B: Individual Service User's health needs are met

1C: When Service Users use the service, they are free from harm

1D: Service Users report positive experiences of the service

For Domain 1 responding to the EDS involves reviewing three service areas (two in 2022) selected services.

The two services that we have identified to review are our **Perinatal Mental Health Service** and our **Early Intervention Service**, for these services we aim to review the EDS outcomes above for each service, share our findings with key stakeholders and agree to what extent we are meeting these outcomes using the EDR published grading criteria.

We plan to work with other NHS provider organisation when we share and discuss our findings with services users, their families, and external stakeholders. We will publish our first EDS report In February 2023.

Human Rights



Human Rights Update

The Human Rights Act 1998 requires all public sector agencies to protect, respect and fulfil human rights. But beyond this being a legal duty, our organisation regards upholding human rights as central to the wellbeing and dignity of patients and service users. A rights-based approach actively helps to improve care quality and wellbeing outcomes. To ensure a rights-based approach, we work actively towards service user participatory care and prioritisation of service users' individual rights, underpinned by an ethos of staff accountability. Human rights law helps service users to affirm their own agency and helps staff know the best way to proceed in situations where they are uncertain of how to balance service user autonomy with issues of risk, best interests, and good practice.

We appointed a Human Rights Officer (HRO) in 2021 to ensure long term Human Rights Act compliance in policy and practice and to launch a permanent human rights training initiative, available to all our staff, so that a rights-respecting culture is infused at both frontline and management levels. We are the first NHS mental health

organisation in England to have appointed a permanent HRO as part of the process of embedding rights- respecting practice into our organisation. Further to this, two experts by experience have been engaged, who work with the HRO to co-deliver training and provide input into the work of the HRO.

Our human rights agenda actively promotes the reduction of restrictive practices, and, where restrictions are necessary, to ensure staff recognise and mitigate the risks and impact on human rights that restrictions raise. We have and will continue to enhance human rights knowledge and understanding amongst staff, equipping them

with a human rights framework to support decision-making in all areas of service delivery.

In 2021/22

Between 2021-2022 we worked with partners at the British Institute of Human Rights (BIHR) to kickstart a long-term human rights training package to staff. Work began with establishing an approximate snapshot of baseline knowledge and understanding about human rights amongst staff and service users, via a Trust-wide survey.

There have been two co-production workshops with service users to develop the staff human rights training curriculum. 121 staff signed up to first wave training. Trainees were drawn from across our organisation with frontline staff from community and in-patient services and management and administrative staff.

This initial training enabled staff to understand how human rights law and principles are operationalised in the practice. Out of this initial cohort, 27 team leaders are now receiving advanced training. This smaller cohort's training will enable them to become human rights leaders/champions within their respective units to promote and embed a human right- centric culture.

Looking ahead, BIHR will assist in the development of a communities of practice platform. This will enable staff to work with the Human Rights Act and support them in their work long-term. The content of the platform will be developed by BIHR and the HRO, responsive to the needs of the staff who will utilise it. It will include materials, legal updates and a peer-to-peer support network for our human rights leads.

Human rights can sometimes be a complex area of law to navigate. The HRO has acted as an internal resource for staff across the service, providing internal guidance on the operation of the Human Rights Act as it relates to day-to-day patient care planning, Trust governance, policy development and review and staff training. The HRO has delivered specific training in relation to requests from service users, staff, groups and initiatives (for example, human rights and learning disabilities, human rights and dementia, induction for student nurses, and Human Rights and Safeguarding). The HRO has also collaborated with colleagues on the 'Big Conversation' about Blanket Restrictions and the revision of the Blanket Restrictions Register as well as work on reducing the use of CCTV in in-patient settings.

Part of the HRO's work has been promoting human rights with internal and external service user support organisations to enhance and promote human rights knowledge and understanding amongst service users and the utilisation of the Human Rights Act as a key factor in supporting mental health and social care. This has included reaching out and developing relationships with our internal service user forum, SunRise, and externally with Sheffield African Caribbean Mental Health Association, Sheffield Voices and Flourish. The HRO has also showcased the Trust's work in invited addresses to the Restraint Reduction Network and Amnesty International (Sheffield caucus).

In the long term, the capacity training programme started in 2021/22 will become a fixture in our organisation, and the number of human rights leads will expand. The HRO will aid our leadership to enhance a human rights culture. Furthermore, the HRO will continue to provide targeted trainings tailored to the needs of staff working in their specialisms to promote human rights frameworks geared towards the specificities of their practice areas and work to the Trust's goal of engraining human rights as central to its operational culture.

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 / Data not yet available for period |
| | Progress towards target on track |
| | Progressing towards target |
| | Target deadline passed and not met/ or at risk |
| | Interim target met / target met |

| Outcome | Improvement Measure / Target | Progress March 2020 | Progress March 2021 | Progress March 2022 | Progress 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 | Lower - middle 2.40 Middle – Upper 1.28 Lower to upper 3.27 | Lower - middle 1.74 (no Bank) Middle – Upper 1.81 (no Bank) Lower to upper 3.14 (no Bank) | Lower - middle 1.60 (no Bank) Middle – Upper 2.47 (no Bank) Lower to upper 3.97 (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 | 0.88 | |
| Decrease the Relative likelihood of staff from BAME groups entering the formal disciplinary process, as measured by entry | Relative likelihood between 0.8 and 1.25 | 1.98 | 1.47 | 1.63 | |

| | | | | |
|---|---|--|--|------|
| into a formal disciplinary investigation to a target range of 0.8 to 1.25 | | | | |
| 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 | 1.01 |
| 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% | 18% |
| | 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 | 0.77 |
| 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 | 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% | more of less equal to non-disabled staff | |
| The percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to | = to staff that are not disabled | Difference in favour of non- | Difference in favour of non- | |

| | | | | |
|--|--|--|--|----|
| work, despite not feeling well enough to perform their duties is equal to or below the score for non-disabled staff | | disabled staff 5.8% | disabled staff 4.8% | |
| 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% | Difference in favour of non-disabled staff 4.7% | |
| 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% | SHSC 72% Benchmark 78.8% | |
| Take action to facilitate the voices of Disabled staff in the organisation | Membership of Disabled Staff network group increases year on year. | 12 | 33 | 39 |
| 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) | 9.4 | |
| 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) | 8.09 | |
| 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% | Women 2021 0.28% Men 2021 1.98% (Both Reduced) | |
| Reduce the Median Bonus Pay Gap | Reduction year on year to Mean Bonus Gap | 26.0 (25.0 2019) | 25% | |

| | | | | |
|--|---|---------------------|---|---|
| Reduce the Mean Bonus Pay Gap | Reduction year on year to Median Bonus Gap | 32.3 (27.3 2019) | 24.59% | |
| 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 | Some data reviewed no targets identified |
| 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 | See page 8-9 of this report |
| 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 | 57 |
| | LGBTQ+ SNG Priorities identified, and action agreed to deliver by March 2021 | | | Priorities will be identified through the Phase 2 recommendations |
| 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% known | 12% known | 10.7% Known |
| 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 | Contract Commenced December 2021 See page 28 |
| 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. - also see IPQR performance targets associated with the organisations relevant Quality Objectives | Identify KPI and specific objectives following establishment of the National Observatory and action linked to phase three of response to Covid 19 | | | PCREF Implementation started |

| | | | | | |
|---|---|--|-----------------------|------------------------------------|--|
| | Reduce the number of not known ethnicity to less than 10% in all service areas. | | Below 10% in one area | Overall, 37% not known | |
| Learning Disability and Autism All service information leaflets available in Easy Read | Service Leaflet Project Completed | | | Overdue remedial action identified | |
| 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 | | | 422 staff Trained | |