Public Board of Directors
Item number: 22
Date: 28 May 2025

Private/ public paper:	Public
Report Title:	**Equality Delivery System Report 2024**
Accountable Director:	Caroline Parry executive director of people
Presented by:	Liz Johnson head of equality and inclusion
Vision and values:	The draft Equality Delivery System Report 2024 relates to the value **we are inclusive** by helping us to review and improve our performance for people with characteristics protected by the Equality Act 2010.
Purpose:	To share the draft Equality Delivery System Report 2024 for ratification agreement prior to publication.
Executive summary:	The Equality Delivery System (EDS) is a nationally defined tool intended to help NHS organisations, to review and improve their performance for people with characteristics protected by the Equality Act 2010. The EDS has three 'domains': commissioned or provided services, workforce health and well-being and inclusive leadership. There are a total of eleven 'outcomes' associated with these three domains. **The EDS is measured** using the published EDS ratings and score card guidance 2022 each 'outcome' is scored by the organisation taking account of the evidence it has. Scores for each outcome are graded 0 -3 and scores are then added together for the overall organisation 'level of activity'. The table below highlights this scoring.

Undeveloped activity – **organisations score 0** for each outcome	Those who score **under 8,** adding all outcome scores in all domains, are rated **Undeveloped**
Developing activity – **organisations score 1** for each outcome	Those who score **between 8 and 21,** adding all outcome scores in all domains, are rated **Developing**
Achieving activity – **organisations score 2** for each outcome	Those who score **between 22 and 30,** adding all outcome scores in all domains, are rated **Achieving**
Excelling activity – **organisations score 3** for most outcomes	Those who score **31 and above,** adding all outcome scores in all domains, are rated **Excelling**

EDS Requirements:

- The EDS is an annual exercise.
- Organisation scores should be agreed with stakeholders.
- EDS Domain 1 requires three service area reviews annually.
- The EDS report should be published annually (in January) using the EDS template.
- The EDS technical guidance sated that the EDS ratings are intended to 'provide assurance or point to the need for improvement'.

Alert:
The Inclusion and Equality Group Terms of Refence aim to provide a structure for oversight and governance of the Equality Delivery System however this is not as effective as it could be in particular with aligning service-based plans and strategic objectives.

Assure:

- In 2023 a 360-degree audit was completed to provide assurance for Domain 3 Inclusive leadership. The 2024 report takes account of the recommendations
- In 2024 Domain 2 and 3 outcome sores and evidence have been

	reviewed by an external peer group of mental health trusts and by staff side – changes to domain 2 and 3 scores from 2023 to 2024 have been agreed through this process.
	• The 2024 organisational score has improved moving from a total of 15 in 2023 to 22 in 2024 – this means that we have moved from Developing to Achieving.
	• The reasons for improvement are:
	  ○ Service Reviews achieving a score of 8 (this was 6 in 2023)
	  ○ Domain 2 Workforce Health and Well-being improvement in evidence (see p.27) with a score of 7 (from 5 in 2003) his was due to detailed data being available from workplace wellbeing and work focused on specific groups though the charitable Trust funded project in 2024 and improvements noted by staff side in action to address bullying and harassment. (p.28)
	  ○ Domain 3 – Inclusive Leadership with a score of 7 (4 in 2003) – the recruitment of a Population Health lead and an increased focus of the Board on health Inequalities was a significant factor in this sore improvement.
	
	Advise:
	• A summary version of key points of the report and findings will be published alongside the attached report to make the report accessible for publication
	• The EDS report includes a summary of actions from 2023 (p.9) and updated action following the 2024 report (p.37) which will be overseen by the Inclusion and Equality group.
	• **Publication** EDS Reports are published on the trust internet: Equality, diversity and inclusion | Sheffield Health and Social Care
	• The draft has been considered by the Inclusion and Equality group the Executive Management Team and the People Committee.
	Appendix A - Draft Equality Delivery System Report 2024
	Appendix B – Summary Power Point

Which strategic objective does the item primarily contribute to:					
Effective Use of Resources	*Yes*		*No*		
Deliver Outstanding Care	*Yes*	**x**	*No*		
Great Place to Work	*Yes*	**x**	*No*		
Reduce inequalities	*Yes*	**x**	*No*		

What is the contribution to the delivery of standards, legal obligations and/or wider system and partnership working.
The EDS technical guidance suggest that the EDS is delivered though a system wide approach how this might be achieved is an ongoing discussion with colleagues in the integrated care board (ICB).

BAF and corporate risk/s:	There are no BAF risks associated with this report.
Any background papers/ items previously considered:	Reports on the Equality Delivery System have been reported to Board and to The Inclusion and Equality Group received and agreed the 2023 report for publication.
Recommendation:	The Board of Directors are asked to: • **Agree** and **ratify** for publication.

NHS England

NHS Equality Delivery System (Version 2022)

EDS Report Sheffield Health and Social Care – 2024

Contents

Equality Delivery System for the NHS

About the NHS Equality Delivery System

The EDS is intended to be an improvement tool for service users, staff, and leaders of the NHS. It supports NHS organisations in England - in active conversations with service users , public, staff, staff networks, community groups and trade unions - to review and develop their approach in addressing inequalities through three ‘domains’, Commissioned or Provided Services, Workforce Health and Wellbeing, Inclusive leadership:

Our EDS report gives an overview of our organisation's most recent EDS implementation and grade and will be published on our organisation's web site.

About Our Organisation

Our organisation is an NHS Foundation Trust, we provide mental health, learning disability, and a range of specialist services to the people of Sheffield. Our services are provided in hospital and community settings including visiting people in their own homes. Because our organisation is a Foundation Trusts, we are member based and our Board of Directors are accountable to the communities that we serve, mainly through our Council of Governors, and directly to our members at our Annual Members' Meeting. Our Council of Governors consists of people who use our services, their careers, members of the public and our staff. They work alongside appointed governors from other Sheffield-based organisations with whom we work in close partnership, including:

- NHS Sheffield Clinical Commissioning Group
- Sheffield City Council
- Sheffield Hallam University
- University of Sheffield
- Sheffield Carers Centre
- The Pakistan Muslim Centre
- The Sheffield African and Caribbean Mental Health Association
- MENCAP Sheffield

The diverse membership of our Council of Governors helps our Board of Directors ensure that our services are shaped by the people who live in the communities we serve. Sheffield residents make up about 94% of all service users we provide care and

treatment for, and overall, we provide services to around 55,000 people a year. Some of our specialist services, such as our gender identity clinic and our autism service, are also available to people living outside of Sheffield.

We employ about 2,500 people in our organisation, they work across sites in Sheffield in in-patient, community locations and visiting people in their own homes.

How we reviewed our EDS score for 2023

Domain 1

In 2023, following the EDS national guidance, we chose three service areas to focus on. We reviewed how those areas were doing based on the EDS guidance that has been published, the three areas were:

The Talking Therapies Service

Our review of the Talking Treatments service was detailed with a deep dive into its service data and activity as it is a service that delivers its activity in line with its KPI’s and is a large service.

The Patient and Carer Race Equality Framework

Our review of the Patient and Carer Race Equality Framework builds on our review in 2023 (the ICB have confirmed that the same service may be reviewed for more than one year)

The Interpreting and Translation Service (provided under contract)

Our review of the Interpreting and Translation service takes account of the Risk associated with this service on the organisation risk register and the retendering of this contract in 2024

Domain 2

To review our Domain 2 score, we looked at the following sources of data and information:

- The NHS Staff Survey 2023
- Our Assessment using the **Health and Wellbeing Framework** NHS England » NHS health and wellbeing framework organisational diagnostic tool.
- Feedback from our staff networks groups and staff side representatives and Organisational Development team

Domain 3

- In 2023 we asked 360 Audit to do a review of our EDI governance and to have a detailed look at our evidence to support EDS Domain 3. Our 2024 review highlights progress in areas we needed to improve.

Peer Review

- We took part in a peer review process to review our evidence and scores for Domain 2 and 3 with two other mental health NHS Foundation Trusts – South West Yorkshire Partnership Trust and Bradford Care Trust.

Presentation of our report

- We have used the report template provided as part of the EDS 2022 Technical Guidance and support documentation.

- We have used the EDS Rating and Score Card Guidance to assess our evidence. This provides details of the evidence organisations should provide to assess which of four levels they meet, these are:

- **Undeveloped** activity (scores 0)
- **Developing** activity (scores 1)
- **Achieving** activity (scores 2)
- **Excelling** activity (scores 3)

In our report we have provided details of the ‘evidence statement’ for each of the scores we have agreed with stakeholders alongside the evidence we have relied on for that score.

We are required to add our scores together and use the guide below to calculate our overall EDS Score.

Undeveloped activity – **organisations score out of 0** for each outcome	Those who score **under 8,** adding all outcome scores in all domains, are rated **Undeveloped**
Developing activity – **organisations score out of 1** for each outcome	Those who score **between 8 and 21,** adding all outcome scores in all domains, are rated **Developing**
Achieving activity – **organisations score out of 2** for each outcome	Those who score **between 22 and 32,** adding all outcome scores in all domains, are rated **Achieving**
Excelling activity – **organisations score out of 3** for each outcome	Those who score **33,** adding all outcome scores in all domains, are rated **Excelling**

The next section of this report provides a summary of the outcome of our 2023 assessment and scores.

NHS Equality Delivery System (EDS) – Report

Name of Organisation	Sheffield Health and Social Care	**Organisation Board Sponsor/Lead**	
		Caroline Parry Executive Director of People	
Name of Integrated Care System	South Yorkshire		

EDS Lead	Liz Johnson Head of Equality and Inclusion	**At what level has this been completed?**	
			***List organisations**
EDS engagement date(s)	2024	**Individual organisation**	Sheffield Health and Social Care
		Partnership* (two or more organisations)	N/A
		Integrated Care System-wide*	N/A

Date completed	2024	**Month and year published**	TBC
Date authorised	March 2025	**Revision date**	N/A

Completed Action from 2023

Action/activity	Related equality objectives
Improve recording of Ethnicity, Sexual Orientation, Disability and Religion or Belief identified as an organisation Equality Objective – A Project group has been established	Improve Recording of Service User Information in these areas: - Disability - Sexual Orientation - Ethnicity - The Accessible Information Standard - Reasonable Adjustments - Recording Interpreting
Liaison Psychiatry Service were advised to make links with the PCREF programme.	'Ensure our services are inclusive' – Priorities
The Engagement and Experience team maintained a focus on improving feedback information and data and in particular from a range of service users	'Ensure our services are inclusive' – Priorities
Wellbeing services include demographic data on ethnicity age and gender	Improve the Knowledge Understanding and Attitude of people who work in our organisation around: - Neurodivergence - Reasonable Adjustments - Cultural Humility - Allyship - Microaggression
The NHS Sexual Safety Charter was implemented	Create a Great Place to Work Priority
Workforce Race Equality Standard Action Plan 2024 implemented for 2024	Achieve a Gold Level Accreditation Under The North -West Assembly Anti-racist Framework
A Population Health Lead was appointed	'Ensure our services are inclusive' – Priorities
All Executive Directors have Equality Objectives	'Ensure our services are inclusive' – Priorities

Domain 1: Commissioned or Provided Services – Service Areas Reviewed in 2023

Domain 1 Service Area One - Talking Therapies Service

Domain 1 Service Area Two - Patient and Carer Race Equality Framework

Domain 1 Service Area Three - Interpreting and Translation Service (Contract)

Domain 1: Commissioned or Provided Services

1.1 Talking Therapies Service – Summary

Talking Therapies Service				
Domain	**Outcome**	**Evidence**	**Rating**	**Owner (Dept/Lead)**
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	Service use data was obtained from NHS Digital for use between the 1st April 2023 and 31st March 2024 June 2024 for Age; Gender; Ethnicity ; Sexual Orientation; Disability and Deprivation Indices. **Age:** The Talking Therapies service data indicates that there is a higher percentage of 18 – 25-year-olds referred to the service than the Sheffield population and a higher percentage of 26- to 64-year-olds but a lower percentage of people over 64. **Gender** The Talking Therapies data for 2024 indicates that men access the service at a lower rate to women when comparing the Sheffield population 16 – 64. The split is reflected in access to the service following referral and completion of treatment. **Ethnicity:** The National Collaborating Centre for Mental Health. Ethnic Inequalities in Improving Access to Psychological Therapies (IAPT): Full report (2023) Explores national access and outcomes data by ethnicity. Some of these findings were considered to see if national findings mirror local access. Data in the detailed summary (excluding not known ethnicity) suggests use by service users from Black African ethnicity group is lower than the Sheffield population by 1.0 percentage points and the Asian Pakistani ethnicity group is lower by 1.5 percentage points and service use from the White Other ethnicity group higher than the Sheffield Population by 1.2 percentage points. Use of the Talking Treatments service by service users	2 We have given this service a score of 2 = Achieving Activity for Outcome 1A We have proposed this score because we believe that there is evidence of equitable access to the service but have identified areas to consider in more detail to see if there are barriers to services for people identifying with Black or Asian ethnicity.	Talking Therapies

		describing their ethnicity as 'other' is 0.8 percentage point higher than the Sheffield population this might explain some of the apparent under representation in the African group. **Sexual Orientation** Percentage wise referrals to the service from LGBO people are at a higher percentage rate than the Sheffield population this may be partly to do with the age range of service users but also may be indicative of facts related to mental health and LBGT mental health highlighted in the Introducing the NHS LGBTQ+ Talking Therapies Positive Practice Guide - LGBT Foundation **Disability** Data from NHS Digital provides an indication of access to the service by different types of disability however because of the categories used and the lack of detail it is difficult to draw any conclusions from the data. The service does provide specific services for groups with long term conditions and for this category there appears to be consistency in terms of access and outcomes. **Deprivation indices** Data indicates relatively equitable access to the service from referral for people accessing the service living in areas of deprivation across indices 02 – 09 but applicants in indices 01 – least deprived are more likely (+1%) to access a service from referral whereas applicants in 10 are less likely (-2%) to access a service from referral.		
	1B: Individual patients (service users) health needs are met	**Age:** The percentage of people completing treatment is slightly higher for service users in the 18 – 25-year-old group compared to percentage of referrals accessing the service (+ 1.8 percentage points). The service identified a number of initiatives to support access to the service by older age groups. • Service wide Older Adults working group – bimonthly meeting with representatives across teams/professions. Links to relevant national guidance. • Wellbeing sessions at local residential villages	3 We have given this service a score of 3 = Excelling Activity for Outcome 1B The Talking Therapies service have identified a number of initiatives and areas of focus that are	Talking Therapies

		• Promotional stall at Showroom Cinema – Older Adults screenings
		• Specific Older Adults promotional materials
		• GP bulletin promoting STT for Older Adults
		• Older Adult focus groups planned
		• Working with Older Adults service guide and younger groups
		  • Promotional stalls in student accommodation
		  • Student Outreach sessions – 5 attended across 2 sessions.
		  • Ongoing promotion through flyer distribution across both University campuses – targeted for student population.
		  • Student project work – supported by Hallam University students, providing feedback around enhancing engagement and promotion with student population.
		  • Working with Students service guide
		
		Gender
		The percentage of referrals accessing the services and completing treatment were the same. The service has targeted interventions for men who are underrepresented and for areas such as perinatal.
		Perinatal
		• Service wide Perinatal working group – bimonthly meeting with representatives across teams/professions. Links to relevant national guidance.
		• Established PWP clinics in 5 (soon to be 6) Family Hubs across the city
		• Outreach sessions with Sheffield Light
		• SPWP Perinatal role in service to establish positive links with relevant organisations and increase access
		Men
		• Video/blog around mental health & STT for promotion on International Men's Day: https://www.shsc.nhs.uk/news/help-and-advice-mental-health-international-mens-day#:~:text=We%20have%20a%20team%20of,team%20to%20find%20out%20more.
		• Outreach sessions for men
			relevant to ensuring access to the service.
			
			We have considered the context of health inequalities experienced by people accessing the service and identified that people sharing Black and Asian ethnicity using the service are represented to a greater extent in areas of multiple deprivation as indicated by the deprivation indices of where they live but the service initiatives support this.	

		Ethnicity Of referrals accessing the service again there are small differences in the percentage of successful referrals and people completing treatment people from different ethnicities with the highest being Pakistani (-1.0%) African (0.8%) other Asian (- 0.7%), cumulatively again these differences amount to a +5.8% point difference in White British service users completing treatment comparted to all other ethnicity groups. The service noted that they has tried initiatives in the past (for example targeted groups) focused on key communities and this was being reviewed due to these not achieving the intended outcomes. **Sexual Orientation** The percentage of LGBO people referred to the service who go on to access the service (figure 13) appears to be equal to the percentage of people who identify as Gay/Lesbian or Bisexual maintaining the higher rate than the Sheffield. Population and slightly lower for people identifying as heterosexual. The percentage of LGBO people completing their treatment as a percentage of all people completing appears slightly better than the heterosexual group when comparted to the percentage breakdown by referral. The service uses the positive practice guide to inform its service delivery Introducing the NHS LGBTQ+ Talking Therapies Positive Practice Guide - LGBT Foundation • Service wide LGBTQIA+ working group – bimonthly meeting with representatives across teams/professions. Links to relevant national guidance. • Attended Pinknic • VCSE links with SayIT • Service CPD event – LGBTQIA+ training with guest speaker from University of Reading		

		Disability Looking at the percentage of referrals from each category that went on to finish treatment (rather than percentage of the total number of people who completed treatment) indicates that it might be helpful to review in more detail some areas , for example for people who identified hearing as a disability 90 people entered the service but only 35 completed treatment. **Deprivation Indices** The difference in the percentage of people across deciles finishing treatment is more marked than that in referrals with a higher percentage completing treatment in areas 01 – 05 – no difference in area 06 and 07 and less likely in areas 08 – 10 with the biggest gap being in deprivation indices 10 at – 5%. The Talking Therapies service run a number of initiatives to provide an inclusive service: • City wide Outreach sessions – 426 attending across 35 sessions. Includes schools, council staff, Retirement village staff, Job Centre staff & clients, healthcare teams, voluntary & community sector organisations. • Online referral form has been reviewed and updated to include capturing information about protected characteristics as well as where somebody had heard about our service. This informs ongoing promotional strategies. • Website – current review of STT website to enhance inclusivity and more specific content for different community groups. • Equality Strategy – developed and reviewed annually by the STT Central & Equalites Team. ECDC • Service wide ECDC working group – bimonthly meeting with representatives across teams/professions. Links to relevant national guidance. • Library drop in • Improving Wellbeing Session F2F at Zest – Women Only • SOAR Outreach sessions – VCSE organisation within ECDC communities – 24 in booked sessions • Moor Market Promotion		

		• Darnall Community Connector Newsletter • Community Engagement Project (across all) – questionnaires to specific community groups to gather feedback about access, experience and outcomes within STT.		
	1C: When patients (service users) use the service, they are free from harm	In the year 2024 there were 70 incidents reported for the service. No incidents related specifically to a protected characteristic. The service review feedback to identify any specific issues and take action – for example access to interpreters.	2 We have given this service a score of 2 = Achieving Activity for Outcome 1C. EDS evidence to support Achieving Activity expects that our organisation has procedures in place to enhance safety in services for patients in all protected characteristic groups where there is known H&S risks. Staff and patients feel confident, and are supported to, report incidents and near misses. The organisation encourages an improvement culture giving consideration to equality and health inequality themes in safety incidents and near misses. For level 3 the following would be required in addition:	Talking Therapies

			The organisations work with system and community partners to improve safety outcomes for people, using existing data and driven by service need/risk	
	1D: Patients (service users) report positive experiences of the service	The service provide all service users a feedback survey after assessment and after treatment. The results of these are collated and discussed at team level to identify themes and areas for action. The service identified that access to interpreting was a regular theme. The service does not collate the feedback by protected characteristic at the moment. The service also engage widely (as above) with different groups	2 We have given this service a score of 2 = Achieving Activity for Outcome 1D EDS grading for level 2 says that ...the organisations collate data from patients with protected characteristics about their experience of the service. The organisations create evidence-based action plans in collaboration with patients and relevant stakeholders, and monitors progress. The organisation shows understanding of the link between staff and patient treatment and demonstrate improvement in patient experiences. For level 3 the following would be required in addition:	Talking Therapies

			The organisation actively works with the VCSE to ensure all patient voices are heard. The organisations create data driven/evidence-based action plans, and monitors progress. The organisation shows understanding of the link between staff and patient treatment. The organisations use patient experience data to influence the wider system and build interventions in an innovative way.	
Domain 1: Commissioned or provided services – Talking Therapies Service Rating				9

1.2 Patient and Carer Race Equality Framework– Summary

Patient and Carer Race Equality Framework (PCREF)				
Domain	**Outcome**	**Evidence**	**Rating**	**Owner (Dept/Lead)**
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	There is poor recording for ethnicity and this impacts on the ability to assess and to understand access to services. Despite this a significant amount of work has been done on collating data relevant to access to services and good information is available about overrepresentation of black ethnicity service users in inpatient areas. In 2024 a multiagency group was established to look at improving recording of protected characteristics. This has led to a small improvement. Two videos were produced with the community on the importance of recording ethnicity and other characteristics. The project group covers all protected characteristics. The PECREF project has already identified priorities based on national and local data and collates data on areas such as • Out of city placement by ethnicity • Patient Safety incidents by ethnicity • Complaints • Restraints	2 We have given this service a score of 2 = Achieving Activity for Outcome 1A. We have considered the evidence requirements against either level 1 - Underdeveloped activity or Level 2 Achieving activity: We have proposed a level of 2 Achieving Activity in the main due to the detailed data available based on ethnicity even though the percentage of not known remains high.	Experience and Engagement Team

	1B: Individual patients (service users) health needs are met	The areas below continue to support the score for 1B • Cultural awareness training commissioned and delivered across SHSC from a range of individuals and organisations. This includes through RESPECT level 3 training, Refugee and Asylum Seeker training (University of Sheffield study). MAAN & SACMHA, ROMA and Gypsy traveller and PMC workshops in development for delivery in early 2024. • Delivery of hearing voices workshops with ethnically diverse lens narrated through delivery • Reciprocal mentoring scheme in place • SACMHA race equity programme devolved to direct commissioning. SACMHA now employ a race equity lead who works into SHSC and focusses on inpatient areas and the use and avoidance of use of restrictive practices including after event reviews and cultural support to clinical teams. • SACMHA Man Talk programme has increased opportunities for black men to receive support and to talk about issues they face with skilled facilitation. • Human Rights training available across teams and to key leads in the organisation including cultural advocates to strengthen human rights understanding across Sheffield and in mental health care	3 We have given a score of = 3 Excelling Activity for Outcome 1B We assessed our evidence against a score of 3. There is a range of activity and interventions which evidence this. The following criteria apply for Excelling Activity: *The organisation has procedures/initiatives in place to enhance safety in services for all patients in protected characteristic groups where there is known H&S risks.* *Staff and patients are supported and encouraged to report incidents and near misses. The organisation encourages and promotes an improvement culture actively including equality and health inequality themes in safety incidents and near misses.* *The organisations work with system and community partners to improve safety outcomes for people, using existing data and driven by service need/risk*	Experience and Engagement Team

	1C: When patients (service users) use the service, they are free from harm	• A race equity dashboard is in development which is being extended over time to include a wider range of protected characteristic • Sheffield African Caribbean Mental Health Association (SACHMA) have been working with SHSC through Sheffield Flourish to address racial inequalities in inpatient care, and there has been a focus on understanding suicide in their community and support to address black male suicide. This has been included into the early adoption of the Patient and Carer Race Equality Framework (PCREF). • The February 2025 report highlights a high percentage of seclusion episodes and sexual safety incidents for ethnically diverse service users.	3 We have given a score of = 3 Excelling Activity for Outcome 1C PCREF focused action has highlighted that there is a need to prioritise at this stage at this stage improving recording of ethnicity in order that we truly understand where inequalities in the provision of services, care and treatment to our service users. The following criteria apply for Excelling Activity: *The organisation has procedures/initiatives in place to enhance safety in services for all patients in protected characteristic groups where there is known H&S risks.* *Staff and patients are supported and encouraged to report incidents and near misses. The organisation encourages and promotes an improvement culture actively including equality and health inequality themes in safety incidents and near misses.* *The organisations work with system and community partners to improve safety outcomes for people, using existing data and driven by service need/risk*	Experience and Engagement Team
	1D: Patients (service users) report positive	In Quarter 2 of 2024 /2025 20% of complaints were received from ethnically diverse people and 52.5% did not have an ethnicity recorded for the complainant. Over the past 2 years of formal complaints, people from racialised communities' make	3 We have given a score of = 3 Excelling Activity for Outcome 1B The criteria for level 3 is met which is:	Experience and Engagement Team

	experiences of the service	up 17.82% of the total complaints, 32% did not have an ethnicity recorded and highest complaint category is Access to Treatment and admissions/discharges. MC and SACMHA involved in recording ethnicity data this will be incorporated into the Trust wide data and systems to reflect the feedback received from the 'Being There' cultural advocacy workers from PMC and the Race Equity Officer from SACMHA. **Then following initiatives continue from 2023 report.** Qualitative feedback from SACMHA race equity lead on patient experience • PMC Qualitative and Quantitative feedback on patient experience • Implementation of Carer Strategy which includes coproduction of Triangle of Care Delivery Plan • Engagement Lead input to wards and out of city patients to gather qualitative patient experience feedback • Experience of Care survey implemented via Tendable across the wards (Ethnicity not asked) • 3 major transformation projects embedding lived experience within the governance • Introduction of a lived experience bank and growth of lived experience colleagues in a range of opportunities and fixed roles across the organisation • Delivering against the lived experience strategy including focus on communities marginalised by race • Feedback shared with Lived Experience and Coproduction Assurance Group	The organisation actively engages with patients with protected characteristics and other groups at risk of health inequalities about their experience of the service. The organisation actively works with the VCSE to ensure all patient voices are heard. The organisations create data driven/evidence-based action plans, and monitors progress. The organisation shows understanding of the link between staff and patient treatment. The organisations use patient experience data to influence the wider system and build interventions in an innovative way.	
Domain 1: Commissioned or Provided Services – Patient and Carer Race Equality Framework				2023 9/ 2024 11

1.3 Interpreting and Translation Contract - Summary

Transitions				
Domain	**Outcome**	**Evidence**	**Rating**	**Owner (Dept/Lead)**
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service.	One of the main measures of performance (KPI) for our interpreting and translation provider is the fulfilment rate of bookings. Our current provider maintained an overall fulfilment rate of 97-98% in 2024. In 2024 Slovak was the most requested language, Arabic the second and Farsi (Persian) the third with Urdu also being requested frequently. Although our contact does delivery a significant level of service the areas above need to be improved.	1 We have given this service a score of 1 = Developing Activity for Outcome 1A. We have proposed this score because we have data to support areas of poor performance and a plan to address these In addition fulfilment in line with the contract has been achieved. We have sued flexibility in applying the EDS criteria due to the type of service and arrangements.	Procurement
	1B: Individual patients (service users) health needs are met	A number of languages are rarely requested, and sometimes difficult to provide due to lack of interpreters in the system. Figure x in appendix X highlights these languages i.e. where there were 4 or less requests across the year. As part of development of the current tender specification we fed back concerns highlighted by the Talking Therapies service, these were:	1 We have given a score of = 1 Developing Activity for Outcome 1B We have proposed this score because we have data to support areas of poor performance and a plan to address these In addition fulfilment in line with the contract has been achieved. We have sued flexibility	Procurement

		• Issues with availability of Roma/Slovak interpreters • Issues with the telephone connections on occasion • The current provision does not support the fact that some of the Talking Therapies appointments can be up to two hours long • Some issues with availability of 'rarer' languages • Being able to book the same interpreter for a series of appointments	in applying the EDS criteria due to the type of service and arrangements.	
	1C: When patients (service users) use the service, they are free from harm	Between the 1st of January 2024 and the 31st of December 2024 there were 10 incidents associated with access to interpreting formally recorded (figure x below) . These incidents were reviewed by the service manager and in some cases, intervention took place directly with the DALS contract manager where urgent or focus action was required. There were also a number of issues escalated direct to DALS through their complaints procedures that were not recorded by the service as incidents. Feedback is always received on action taken by DALS and complaints are addressed quickly. Some improvements / quality issues were resolved with DALS in 2024 and including: When the contract started a specific process was put in place so that services could pre book telephone interpreting. Due to an apparent miscommunication in DALS this provision was abruptly stopped. Following interventions via the contract manager this was resolved. One of the incident was impacted on by it being unclear what dialect/language the person needed consideration to providing training to people booking interpreters and clearer SHSC guidance may be helpful. It may also be helpful to see if the Rio system can be updated record a primary and secondary language.	2 We have given a score of = 2 Developing Activity for Outcome 1c We have proposed this score because we believe that there is evidence of review of incidents both from the contractor and from the organisation The criteria for level 2 is: *The organisation has procedures/initiatives in place to enhance safety in services for patients in all protected characteristic groups where there is known H&S risks. Staff and patients feel confident, and are supported to, report incidents and near misses.* *The organisation encourages an improvement culture giving consideration to equality and health inequality themes in safety incidents and near misses*	Procurement

		The issue of not being able to book the same interpreter for a series of appointments was resolved however this requires specific interventions by the DALS contract manager so will need to be ensured with any future provider. All issues of unprofessional behaviour by an interpreter are escalated to DALS and they provide details of the action they have taken. If SHSC are unhappy with this action they can request that the interpreter is no longer used by SHSC.		
	1D: Patients (service users) report positive experiences of the service	DALS have systems in place for seeking feedback from service users however providing this to SHSC has been inconsistent and is an area that will be addressed as part of the new contract / monitoring requirements. In 2024 DALS provided two feedback reports containing both positive and negative feedback – examples of positive feedback received through these reports are in appendix 1. Due to the nature of the service protected characteristics are not recorded but this feedback would relate to Race and Disability	0 We have given this service a score of 0 = Undeveloped Activity for Outcome 1D. Due to the lack of consistent feedback reports, we have considered if we should We have considered the guidance on evidence for these two levels Level 0 assumes we do not engage with patients about their experience of the service and do not recognise the link between staff and patient treatment and that we do not act upon data or monitor progress. We consider that we do not meet the standard at level 0 and have the intention of improving feedback though our new contract after the tender has completed.	Procurement
Domain 1: Commissioned or Provided Services – Interpreting and Translation				4

Domain 1 – Summary Score (Average for three services)

Service 1 Total 9

Service 2 Total 11

Service 3 Total 4

Total = 24 – Domain Average = **8**

Domain 2: Workforce Health and Well-Being

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 2: Workforce health and well-being	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD, and mental health conditions	**Workplace Wellbeing** – Mental Health specific support for ethnically diverse staff and data available on use. Workplace Wellbeing | JARVIS (shsc.nhs.uk) **Smoking** (COPD and asthma relevant) – (data is available by ethnicity) **Menopause** We are now an accredited menopause friendly employer. Roadshows took place in 2024 to ensure access to information about menopause. **Wellbeing walks –** wellbeing walks took place in 2024 **Mobilising wellbeing offers to staff in Bands 2 – 5 in patient facing roles** aims to increase access to wellbeing offers for staff who may be more vulnerable to health inequalities due to: - Bank only - Carers (specifically women) - Due to ethnicity (i.e., link to Covid data) - Disability Charitable Trust funding was used to employ an improvement and development lead for 15 months to progress this project leading to improvements in access to wellbeing information and roadshows targeted at specific groups. We now have over 40 wellbeing champions and are developing a workforce health inequalities plan covering mental health discrimination digital inclusion smoking and sickness absence. Access to Reasonable adjustments has been a focus with over 90 pieces of equipment or software being purchased in 2024	3 We have given a score of 3 = Excelling for Outcome2 A EDS requires evidence for this level that we monitor the health of staff with protected characteristics. We promotes self-management of conditions to all staff. We use sickness and absence data to support staff to self-manage long term conditions and to reduce negative impacts of the working environment. We provide support to staff who have protected characteristics for all mentioned conditions. We promotes work-life balance and healthy lifestyles. We signposts to national and VSCE support. We discussed our updated evidence with staff side colleagues who proposed that the score was increased to 3 (from 2 in 2023) this was due to detailed data being available from workplace wellbeing and work focused on specific groups though the charitable Trust funded project in 2024	OD assurance Group and the Health and Wellbeing Assurance Group People Directorate OD Team and EDI team

	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	Zero Tolerance of harassment work focuses on particular racism experienced by staff from service users. • **Single Operating Procedure** • **Support flow chart/process** • Links with South Yorkshire Police • Steering group • Incident grading changes • **Reports to the Inclusion and equality group** • **Hate Incident Reporting** We have new draft SOP for sexual safety incidents Lived Experience – is highlighted through our Staff Network Groups, we have the following groups: Ethnically Diverse SNG; Disabled SNG; Rainbow (LGBTQ+) SNG Carers SNG; Lived experience SNG ; Amazing Women SNG. We have a central system for supporting staff to report hate incidents as a third party hate incident reporting centre Infrastructure in place Although particular groups continue to experience higher levels of bullying and harassment there has been a year-on-year improvement since 2020 across all staff groups. In 2024 we have undertaken a project looking at Values into behaviours and can evidence that we have taken active action where staff have experienced bullying or harassment at work from managers or colleagues iN 2024 We have held a multiagency workshop to support manager in encouraging reporting of incidents of racism from service users. We have also worked with two of our support workers who work in inpatient areas to look in more detail at ethnically diverse staff experience to inform more confidence in reporting incidents of racism	2 We have given a score of 2 = Developing Activity for Outcome 2B Review by Staff Side representatives noted an improvement in work on this area and our evidence supports a move from our 2023 score of 1 to 2 in 2024 – the criteria for meeting this are: The organisation has a zero-tolerance policy for verbal and physical abuse towards staff. The organisation penalises staff who abuse, harass or bully other members of staff and takes action to address and prevent bullying behaviour and closed cultures, recognising the link between staff and patient experience Staff with protected characteristics are supported to report patients who verbally or physically abuse them. The organisation provides appropriate support to staff and where appropriate signposts staff to VSCE organisations who provide support for those who have suffered verbal and physical abuse. Our Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) data shows poorer experience for ethnically diverse and disabled staff	

	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment, and physical violence from any source	**Workplace Wellbeing** – Mental Health specific support for ethnically diverse staff and data is available on use. **Occupational Health** **Freedom to Speak Up Guardian** Our FTSU guardian is embedded and has provided training and support to Staff network group chairs on FTSU. FTSU champions are in place and supported. FTSU guardian provides regular reports for assurance. FTSU Guardian attend the Inclusion and Equality Assurance Group. **Staff Networks** – are in place although staff have reported that they are not always supported to attend. Chairs of the SNG's meet regularly, and are staff led. They are not specifically funded, and this is a factor that reduces our score from 3 to 2 Our Trade Union representatives agreed a score of 2. All Policies require an Equality Impact Assessment, and this includes procedures for reporting abuse, harassment, bullying and physical violence. Support outside of line management can be made available on a case-by-case basis.	2 We have given a score of 2 = Achieving Activity for Outcome 2C In our review with staff side, we agreed that would stay at level 2 for the reasons highlighted below EDS requires evidence for this level that we - Support union representatives to be independent and impartial. - Freedom to Speak Up guardians are embedded. - Relevant staff networks are active, accessible and staff led. - Equality impact assessments are applied when amending or creating policy and procedures for reporting abuse, harassment, bullying and physical violence. - Support is provided for staff outside of their line management structure. Level 3 Excelling Activity would require additional evidence taking our organisation beyond exceeding requirements for example, our Staff networks are not specifically funded, and our staff survey data does not indicate a reduction in cases of staff experiencing bullying and harassment year on year.	

<table>
<tr>
<td></td>
<td>2D: Staff recommend the organisation as a place to work and receive treatment</td>
<td>Staff Survey data from 2023 is used for the 2024 review :
In 2023 – Staff Survey Data shows that over 52.03% of staff recommend our organisation as a place to work.
2023 Staff Survey positive score for this question is an improvement on the 2022 staff survey score of 43.8% and shows that in 2023 over 50% of staff would recommend the organisations as a place to work
2023 – Staff Survey Data shows that over 50% of staff who live locally are not be happy with the standard of care provided by the organisation
2023 Staff Survey positive score for this question is 47.98% although this is an improvement from 2022 (44.1%) so 52.02% are not happy with the standard of care provided by the organisation.
We compare the experience of ‘BAME,LGBT+ and Disabled Staff which has shown improvements in some areas between 2022 and 2023
<table>
<tr><th></th><th colspan="2">I would recommend the organisation as a place to work</th><th colspan="2">I am happy with the standard of care provided by the organisation</th></tr>
<tr><td></td><td>2022</td><td>2023</td><td>2022</td><td>2023</td></tr>
<tr><td>White</td><td>45.1%</td><td>48.91%</td><td>45.8%</td><td>45.59%</td></tr>
<tr><td>Ethnically Diverse</td><td>52.1%</td><td>72.25%</td><td>44.8%</td><td>66.99%</td></tr>
<tr><td>Disability/LTHC YES</td><td>44.03%</td><td>56.80%</td><td>41.13%</td><td>53.25%</td></tr>
<tr><td>Heterosexual</td><td>47.5%</td><td>55.46%</td><td>48.4%</td><td>51.79%</td></tr>
<tr><td>Gay/Lesbian</td><td>51.9%</td><td>51.06%</td><td>36.5%</td><td>38.30%</td></tr>
<tr><td>Bisexual</td><td>34%</td><td>38.10%</td><td>36%</td><td>30.16%</td></tr>
<tr><td>Other</td><td>50%</td><td>25%</td><td>50%</td><td>66.67%</td></tr>
<tr><td></td><td></td><td></td><td></td><td></td></tr>
</table>
</td>
<td>0

We have given a score of 0 = Underdeveloped activity for Outcome 2D

We have given a score of 0 = Underdeveloped activity for Outcome 2D

The EDS requires evidence for 2D based only on the NHS Staff Survey results.
Our results for 2023 show that:
Under 50% of staff who live locally to services provided by the organisation do/would choose to use those services.
Over 50% of staff who live locally would recommend the organisation as a place to work.
The other evidence criteria for outcome 2D relates to if we compare the experiences of Ethnically Diverse, LGBT+ and Disabled staff against other staff members. We do this and comparisons between 2022 and 2023 show improvements for some groups.

Based on the EDS criteria we are not able to move our grading from 0 to 1 until over 50% of staff who live locally to services provided by the organisation do/would choose to use those services.</td>
<td></td>
</tr>
<tr>
<td colspan="3">Domain 2: Workforce health and well-being overall rating</td>
<td></td>
<td>2023 5 /2024 7</td>
</tr>
</table>

Domain 3: Inclusive leadership

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 3: Inclusive leadership	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	The Trust has designated senior leads (an executive director and non-executive director) for EDI. The Trust has a designated senior lead (an executive director) for health inequalities. In 2024 a senior lead for population health was recruited The board mow receive updates on health Inequalities twice a year reports in 2024 were received May and November . The Board work programme includes consideration of the EDI framework such as WRES, WDES, EDS and Gender Pay Gap. Meeting minutes record discussion and challenge on items/papers presented on equality and diversity . The Board seeks input from diverse perspectives through experience stories at the beginning of the agenda. The Trust champions the inclusive leadership programme; this includes a focus on equality and inclusion. Board members meet chairs of staff networks four times a year communication and collaboration and have regular standing items on service user and staff voice. We consider that Board members and senior leaders do acknowledge religious, cultural, or local events and/or celebrations and engage with staff about equality, diversity and/or inclusion and health Inequalities though initiatives such as the PCREF , CEO bulletins and mainstream activity.	3 We have given a score of 3 = Excelling Activity for Outcome 3A. In 2023 we had a score of 1 Developing Activity in 2024 this has been moved to a score of 3 Excelling Activity – this is because our evidence supports the criteria for level 3 which is: Board members and senior leaders actively communicate with staff and/or system partners about health inequalities, equality, diversity and inclusion. Staff networks have more than one senior sponsor. Board members and senior leaders sponsor religious, cultural or local events and/or celebrations. Board members and senior leaders enable underserved voices to be heard Board members hold services to account, allocate resources, and raise issues relating to equality and health inequalities on a regular basis Board members implement the Leadership Framework for Health Inequalities Improvement. and Board members and senior leaders demonstrate commitment to health inequalities, equality, diversity	Executive Directors

	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	The Board now received updates focused on Health Inequalities twice a year. Reports were received in May and November 2024 In 2023 our auditor found that: • Quality and Equality Impact Assessment (QEIA) is considered by the QAC. Evidenced supported that the May 2023 QAC meeting received and discussed the assurance report relating to QEIA. The QEIA policy and procedures remain in place in 2024 • Evidenced supported that the Board received and considered the Gender Pay Gap report in May 2023. The purpose of the report was to assure that Board the organisation is compliant with its legal duties in relation to Gender Pay Gap. The 2024 Gender pay Gap report was provided to Board in May 2024 • In 2023 Auditors noted that they were unable to provide evidence to support the oversight of staff risk assessments. They were informed that the monitoring of staff risk assessments introduced during Covid (monitored through ESR) has now been stood down (peer review suggests that this is common, and staff risk is monitored though mainstream systems such as occupational health as it is now at SHSC). In 2024 Staff risk continues to be monitored through occupational health and local risk assessment processes • We evidenced that the Inclusion and Equality Group received updates on the Patient and Carer Race	3 We have given a score of 3 = Excelling Activity for Outcome 3B In 2024 we reviewed our evidence against a score of 3 moving the score from 2 in 2022 for this outcome the following areas are required for this level, and we believe these have been achieved: Both equality and health inequalities are standing agenda items in all board and committee meetings. Equality and health inequalities impact assessments are completed for all projects and policies and are signed off at the appropriate level where required – (through the QEIA Policy and business planning) Required actions and interventions are measured and monitored. WRES, WDES are used to develop approaches and build strategies. Equality and health inequalities are reflected in the organisational business plans to help shape work to address needs.	

		Equality Framework (PCREF) from the Director of Quality and the PCREF lead in May 2023. In 2024 Updates on the PECREF continue to be received by the Inclusion and Equality group • PECREF forms part of the reporting on the Trust Service User Engagement and Experience Strategy. The Board is updated on the progress of the strategy on an annual basis, six monthly progress reports are provided to QAC. In 2024 updates on the PCREF were presented to Board. The last update on the Strategy was provided to QAC in January 2024. • The 2023 EDS report was agreed though the Inclusion and Equality Group and is published on the Trust internet • Oversight of the Accessible Information Standard. Is provided through the Accessible Information and Communications Policy the executive lead is the Executive Director of Nursing, Professions and Operations		

	3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	In 2023 auditors identified evidence that: Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) reports are provided annually to the Inclusion and Equality Group, People Committee, and the Board. Our auditors evidenced the presentation of the annual summary WRES and WDES reports to the July Board which included action plans for 2023. In 2024 reporting to committees and Board continues as was in 2023 with action plans updated and published. Evidence related to 3B above was considered for 3C in 2023 the following gaps were identified: • ensuring equality and health inequalities are a standing agenda items for Board and Board committees. As noted above health Inequalities are now standing agenda items • ensuring all staff networks have more than one senior sponsor This was considered and an additional senior sponsor was identified for the disabled staff network group. • strengthening evidence that Board members are holding services to account, allocating resources, and raising issues in relation to health inequalities. As noted, the organisation has appointed a senior lead for population health and health inequalities, this area is led by the Executive lead for Strategy. • reviewing whether EDI-related tools are adequality monitored, particularly the gaps we identified for staff risk assessments (for each relevant characteristic), • Sexual Orientation Monitoring, exit interviews and	1 We have given a score of 1 = Developing Activity for Outcome 3A. We assessed our evidence against a score of 2 Achieving for this outcome however our evidence was lacking in the following areas against this level: *In our organisation staff holding roles at AFC Band 8C and above are not reflective of the population served – This is a requirement for level 2 .* This remains the case in 2024.	

		Accessible Information Standard. Staff risk assessments were a requirement in response to Covid and post Covid. In 2024 a multi service group has been established to improve recording of service users protected characteristics including sexual orientation • The outstanding area in 2024 is exit interviews.		
Domain 3: Inclusive leadership overall rating				2023 4 2024 7

Third-party involvement in Domain 3 rating and review	
Trade Union Rep(s): Joint Policy Group Members reviewed Domain 3 on the 16th of January 2025	**Independent Evaluator(s)/Peer Reviewer(s):** South West Yorkshire Partnership Trust/ Bradford Care Trust on the 24th of October 2024.

EDS Organisation Rating (overall rating):

Each outcome is to be scored based on the evidence provided. Once each outcome has a score, they are added together to gain domain ratings. Using the middle score out of the three services from Domain 1, domain scores are then added together to provide the overall score, or the EDS organisation rating. Ratings in accordance with scores are below. The scoring system allows organisations to identify gaps and areas requiring action

Domain 1 = (Average) = 8 (6 in 2023)

Domain 2 = 7

Domain 3 = 7

Score (2024) = 22 **Achieving** (15 in 2023 **Developing**)

Organisation name Sheffield Health and Social Care
Those who score **under 8,** adding all outcome scores in all domains, are rated **Undeveloped** Those who score **between 8 and 21,** adding all outcome scores in all domains, are rated **Developing** Those who score **between 22 and 32,** adding all outcome scores in all domains, are rated **Achieving** Those who score **33,** adding all outcome scores in all domains, are rated **Excelling**

EDS Action Plan	
EDS Lead	**Year(s) active**
Head of Equality and Inclusion	2024 - 2025
EDS Sponsor	**Authorisation date**
Executive Director of People	March 2025

Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	Improve recording of Ethnicity, Sexual Orientation, Disability and Religion or Belief	Identified as an organisation Equality Objective action to be identified in Equality Objectives Implementation Plan	March 2026
	1B: Individual patients (service users) health needs are met	Improve access to 'rarer' language interpreting	Address though the new contract for Interpreting and Translation	March 2026
	1C: When patients (service users) use the service, they are free from harm	Reduce the number of incidents impacting on service user safety associated with access to Interpreting and Translation	Ensure the new contract includes specific reporting and incidents reported internally are reported back to the provider and action agreed	March 2026
	1D: Patients (service users) report positive experiences of the service	Improve Talking Therapies knowledge of the different experiences of service users by protected characteristic	The Talking Therapies service to consider how they review feedback by protected characteristics and use this to inform action.	March 2025

Domain	Outcome	Objective	Action	Completion date
Domain 2: Workforce health and well-being	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	Ensure that access to wellbeing support across the relevant health areas is maximised	Implement though the Wellbeing Hub development	March 2026
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	Improve the accessibility of anonymous reporting	Introduce the new ESR reporting portal	September 2025
	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	Improve Staff Survey metrics discrimination	See Workforce Race Equality Standard Action Plan 2024 (as agreed with the Ethnically Diverse Staff Network Group	July 2025
	2D: Staff recommend the organisation as a place to work and receive treatment	Improve relevant Staff Survey metrics	Take a report on staff survey results to the Chairs of the Staff Network Groups to support review of existing action plans.	May 2025

Domain	Outcome	Objective	Action	Completion date
Domain 3: Inclusive leadership	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	Implement the population health lead priorities	To be progressed by the Population Health Lead	March 2026
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	Ensure that Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	Through governance review	March 2026
	3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	Ensure EDI and health Inequalities objectives are embeded in the system	Through governance review	March 2026

Appendix 1 – Background Information

Census 2021 – Sheffield

Access and use of services has been reviewed against data from the 2021 census for the Sheffield area summarised below:

- **Age of the Sheffield Population**
- **Ethnicity of the Sheffield Population**
- **Gender of the Sheffield Population**
- **Languages Spoken in Sheffield**
- **Sexual Orientation of the Sheffield Population**
- **Disability (People Living with a Long-Term Health Condition) of the Sheffield Population**
- **Religion of the Sheffield Population**

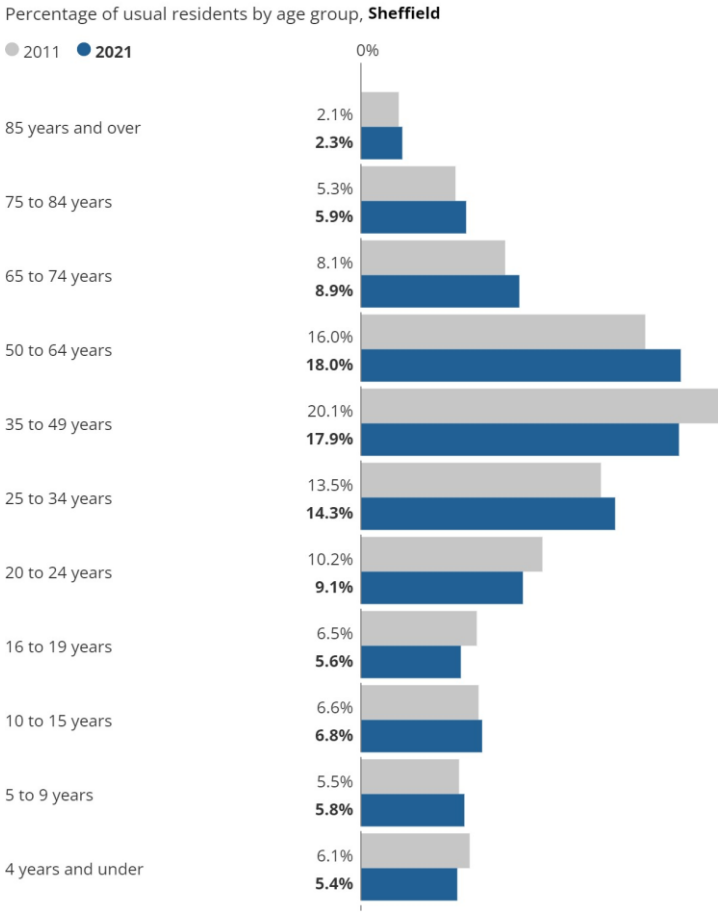
  Deprivation - Sheffield Population

About Sheffield

The most recent population data is the 2021 national census, most of the information below is based on the census data published by the Office of National Statistics unless otherwise stated.

At census date, Sheffield had a population of 556,500 individuals, in 232,000 households. This is 0.7% higher than at the 2011 census (552,698).

Age of the Sheffield Population



Source: Office for National Statistics – 2011 Census and Census 2021

Table 1

Table 1 shows the age range of the Sheffield population in 2021 and how this has changed since the previous census in 2011.

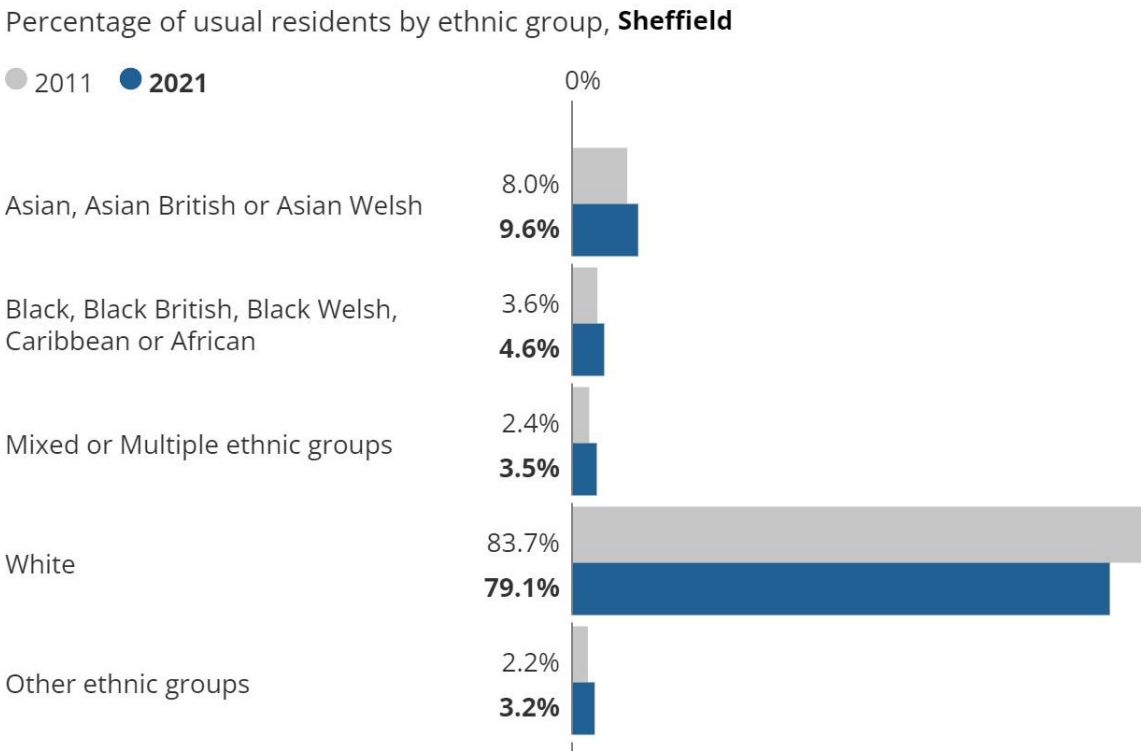
Our organisation provides services in the main for people that are over 18 but young people move into our services from Sheffield Childrens Hospital, and we also have younger people who may be waiting for services that are not available to them until they are 18.

The most relevant age groups for our EDS review is the 18 plus group.

We also need to think about the age of people using our services, some key changes are:

- The number of people aged 50 to 64 years rose by just over 11,800 (an increase of 13.4%), between the 2011 and 2021 census, and
- The number of residents between 35 and 49 years fell by just over 11,400 (10.3% decrease).
- The share of residents aged between 50 and 64 years increased by 2.0 percentage points between 2011 and 2021

Ethnicity of the Sheffield Population



Source: Office for National Statistics – 2011 Census and Census 2021

Table 2

Table 2 shows the ethnicity of the Sheffield population - these figures are for the whole population not the age demographic of people who use our services. The table shows the change in population since 2011.

- In 2021, 9.6% of Sheffield residents identified their ethnic group within the "Asian, Asian British or Asian Welsh" category, up from 8.0% in 2011.
- In 2021, 79.1% of people in Sheffield identified their ethnic group within the "White" category (compared with 83.7% in 2011).
- In 2021 4.6% identified their ethnic group within the "Black, Black British, Black Welsh, Caribbean or African" category (compared with 3.6% the previous decade), and
- The percentage of people who identified their ethnic group within the "Mixed or Multiple" category increased from 2.4% in 2011 to 3.5% in 2021.

For our EDS review we have aimed to match ethnicity data as closely as we can to age so the data comparisons in our report below contain slightly different percentages.

Disability the Sheffield Population

The 2021 Census showed that:

- 9.1% of Sheffield residents were identified as being disabled and limited a lot.
- 11.6% were identified as being disabled and limited a little
- 79.4% were not disabled

Gender of the Sheffield Population

The 2021 Census asked about sex and gender identity

- Sheffield Population – Female = 50.6%
- Sheffield Population – Male = 49.4%

The difference is attributed to a larger number of people stating female in the 75+ age groups.

- 2021 census data shows that 0.76% of people in Sheffield stated that they had a gender identity different from their sex registered at birth.

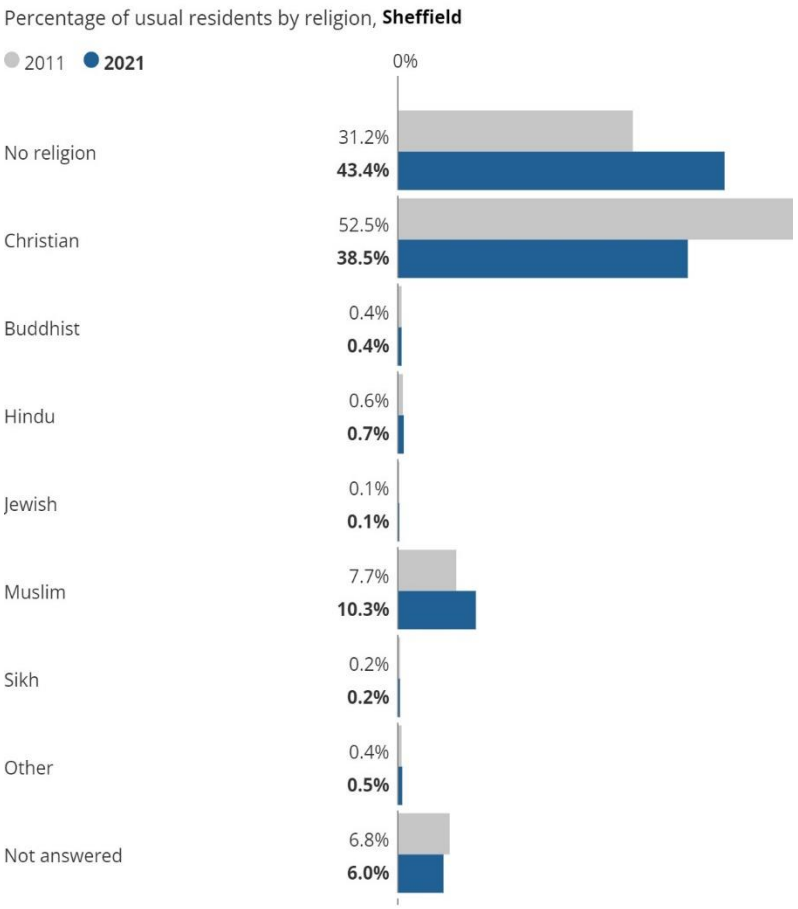
Sexual Orientation - Sheffield

The 2021 asked people 16 or over about their Sexual Orientation, the Census showed that in:

England and Wales
3.2% identified with an LGB+ orientation ('Gay or Lesbian', 'Bisexual' or 'Other sexual orientation').
(7.9% did not answer the question)
Sheffield
4.13% of identified as lesbian, gay, bisexual, or other (LGB+)
(6.33% did not answer the question)

For the age group 16 to 35 in Sheffield 7.9% identified lesbian, gay, bisexual, or other (LGB+)

Religion



Source: Office for National Statistics – 2011 Census and Census 2021

The 2021 Census results reported that 38.5% of people in Sheffield described themselves as Christian this was a reduction from 52.5% in the previous census.
10.3% described themselves as Muslim which was an increase from 7.7% in the previous Census.
43.4% of Sheffield residents reported having "No religion", making it the most common response in Sheffield this was up from 31.2% in 2011.

Languages

More than 120 languages are spoken across Sheffield.

- 90% of all people have English as a main language
- 3.8% have at least one adult who has English as the main language.
- 1.3% have no adults but some children who have English as a main language
- 4.8% have no household members with English as main language .

Overall, 92.2% of people in Sheffield speak English (even if this is not their main) language.

Top Languages Spoken Sheffield

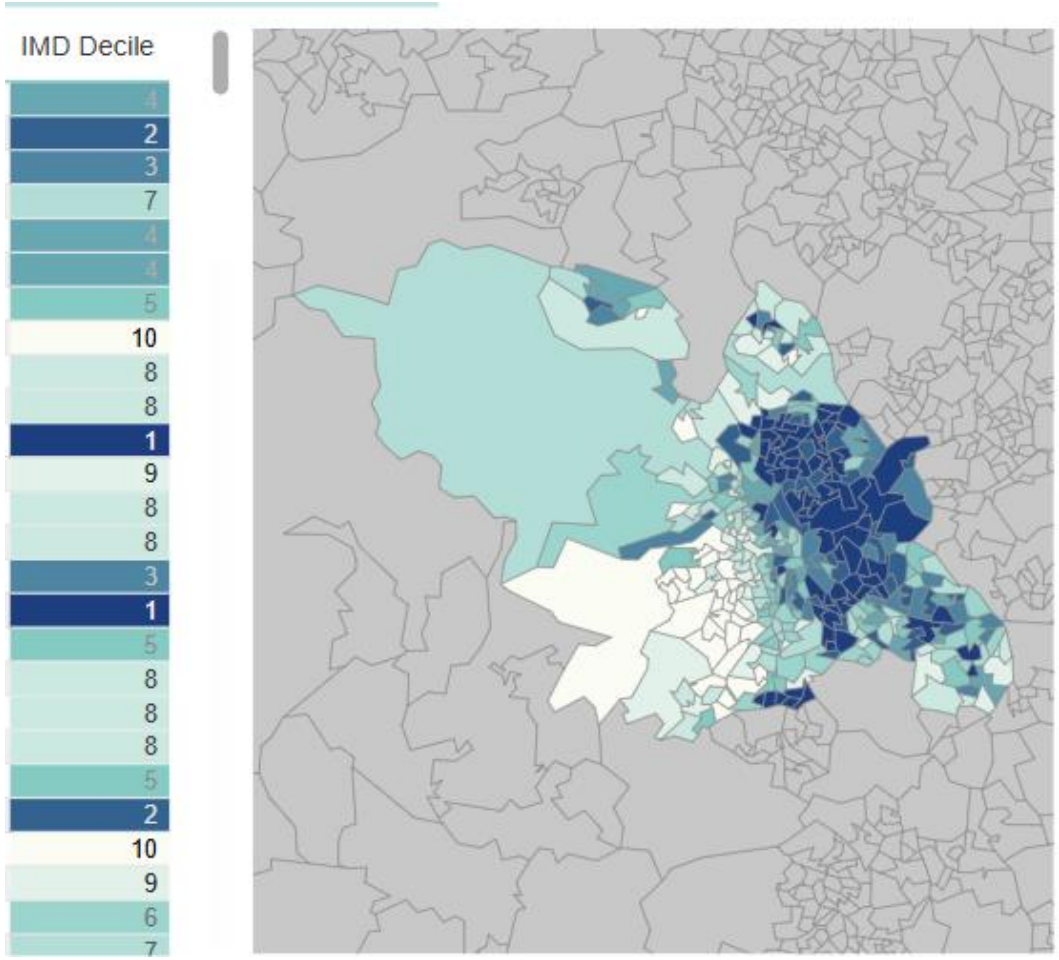
- Arabic 0.9%
- Chinese (various dialects) 0.8%
- Urdu 0.8%
- Polish 0.5%
- Somali 0.4%
- Bengali 0.3%
- Slovak 0.2%
- Persian/Farsi 0.2%

Top Language Requests SHSC

- Arabic
- Slovak
- Urdu
- Farsi
- Farsi (Persian)
- Tigrinya
- Polish
- Kurdish Sorani
- Kurdish / Kurdish Sorani

Deprivation Indices Sheffield

Deprivation indices 1 – 10 by area - Ministry of Housing [Microsoft Power BI]



Appendix 2 Service Review Detail

Talking Therapies Service

About the Service

Sheffield Talking Therapies (formerly known as IAPT) offers a range of free courses and one to one talking therapies for adults(18+) living in Sheffield or with a Sheffield consultant.

The service offers treatment for stress, anxiety and worry or low mood and can also offer treatment where a long-term physical health condition such as pain or diabetes impacts on mood or causes anxiety.

The employment support service is also available to support service users with work related issues.

Services are provided through:

- **Online courses** – focused on Managing Stress, Overcoming Low Mood, Overcoming Anxiety and Worry, Living well with long term health conditions, Mindfulness for health, Mindfulness based cognitive therapy for depression.
- **Silvercloud** – Which is an Online programme for depression and anxiety and living well with some long-term health conditions.
- **One to one appointments** – virtually via video link or face to face.

Accessing the Service

The service is available to people over 18 who need to be registered with a GP.

Service Users can refer themselves or be referred by their GP.

https://www.nhs.uk/nhs-services/mental-health-services/find-nhs-talking-therapies/

The service is open from 8.30am to 5pm, Monday to Friday.

Service Measures

One of the stated targets of the NHS Talking Therapies programme is that for referrals finishing a course of treatment in the month, 75% access services within 6 weeks, and 95% within 18 weeks. These are based on the waiting time between the referral date and the first attended treatment appointment. Service data for Sheffield is published by NHS Digital .

Access to Services All - 2023-2024

Mean Wait to access the service for Sheffield was 9.4 days which is less than the national average for period of 18.4 days.

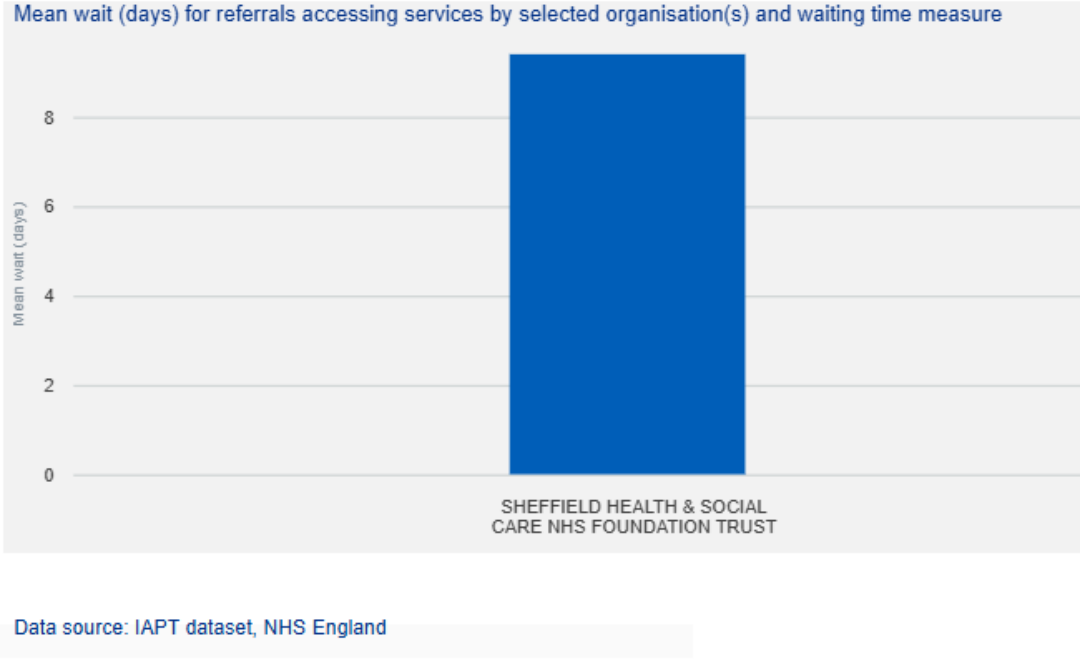
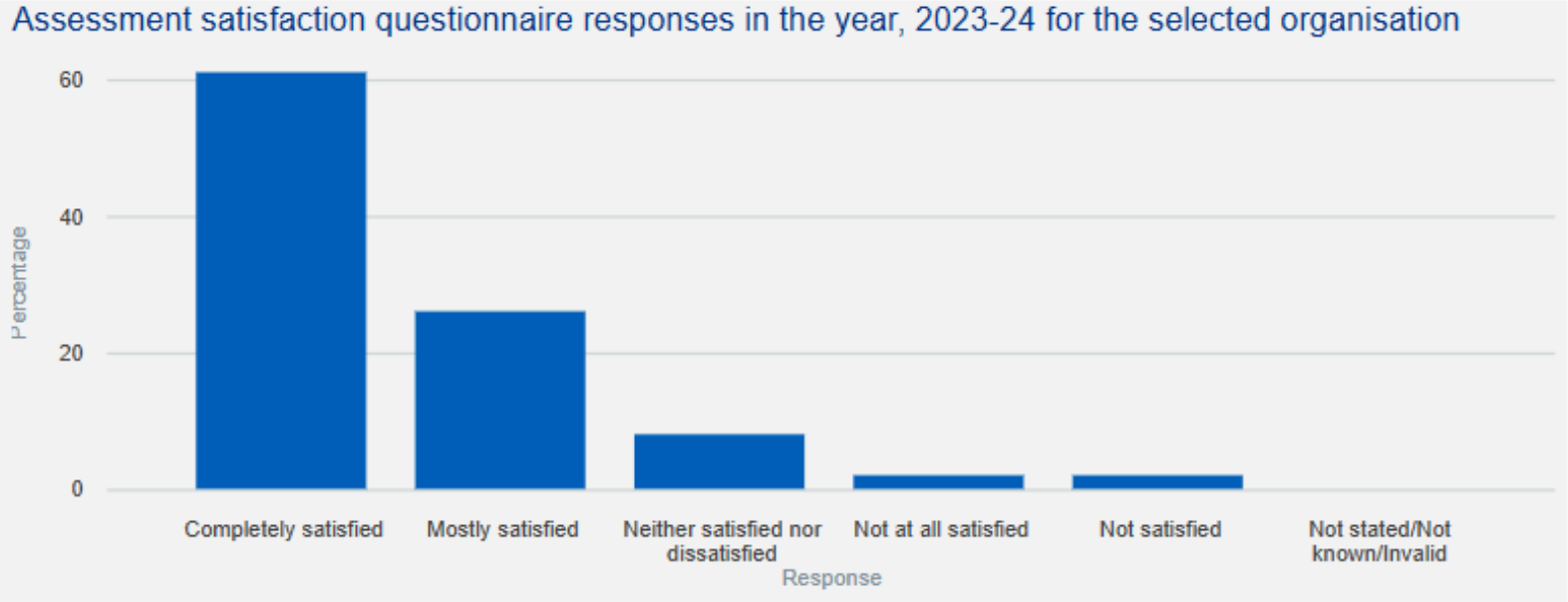


Figure 1

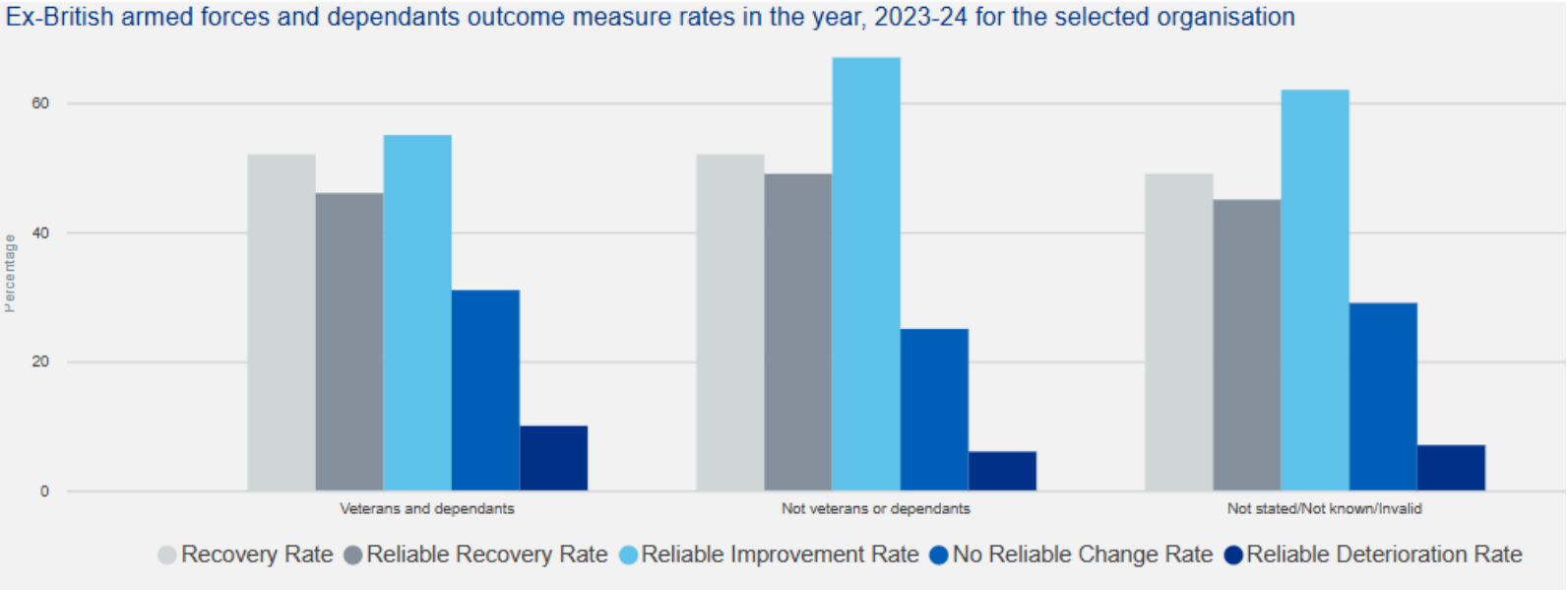
Satisfaction with the service 2023-2024 - all



Data source: IAPT Dataset, NHS England

Figure 2

Veterans and Dependants



Data source: IAPT Dataset, NHS England

Figure 3

National Data and Reports

This review has considered the following reports and guidance:

Socio-demographic differences in use of Improving Access to Psychological Therapies services, England - Office for National Statistics

This report was published in July 2022 by the ONS although it reviews data from 2017 – 2018 drawn from the 2011 Census if reviews a range of protected characteristics with findings highlighted in relevant sections below.

One of the largest surveys looking at LGBTQ+ health was undertaken in 2017 and highlighted health inequalities associated with the mental health and wellbeing of the LGBTQ+ population in the UK. National LGBT Survey: Summary report

The survey highlighted that

- LGBT respondents were less satisfied with their life than the general UK population (rating satisfaction 6.5 on average out of 10 compared with 7.7). Trans respondents had particularly low scores (around 5.4 out of 10).
- More than two thirds of LGBT respondents said they avoided holding hands with a same-sex partner for fear of a negative reaction from others.
- At least two in five respondents had experienced an incident because they were LGBT, such as verbal harassment or physical violence, in the 12 months preceding the survey. However, more than nine in ten of the most serious incidents went unreported, often because respondents thought ‘ it happens all the time’.
- 2% of respondents had undergone conversion or reparative therapy in an attempt to ‘cure’ them of being LGBT, and a further 5% had been offered it.
- 24% of respondents had accessed mental health services in the 12 months preceding the survey.

In 2023 a national NHS practice guide was published focused on LGBTQ+ service users. The Sheffield Talking Treatments service work to this guidance and were involved in its development.

Introducing the NHS LGBTQ+ Talking Therapies Positive Practice Guide - LGBT Foundation

The Ethnic Inequalities in Improving Access to Psychological Treatments

Ethnic Inequalities in Improving Access to Psychological Therapies (IAPT). Executive Summary and Recommendations

Is the most current overview of access and outcomes to the service nationally by ethnicity

Outcome 1A: Talking Treatment Service - Service Users have required levels of access to the service and Outcome 1B Individual Service Users Health Needs Are Met

To review these outcomes service use data between the 1st of April 2023 and the 31st of March 2024 was reviewed which is published by NHS digital as part of the NHS Talking Therapies Annual Report. This was the most up to date and accurate data available and covers the following Protected Characteristic:

- Age
- Gender
- Ethnicity
- Sexual Orientation
- Disability

Data is also available by deprivation indices and veterans and the family's access.

Access to the Talking Therapies service – Age of Service Users 2023 – 2024

The ONS report highlights that *'Among adults with probable CMD, older age groups were underrepresented in IAPT services with only 4.5% of those aged 65 and over accessing the IAPT services compared with 13.6% of those aged 18 to 24 years; the differences were found to be statistically significant.'* The Talking Therapies service data indicates that there is a higher percentage of 18 – 25-year-olds referred to the service than the Sheffield population and a higher percentage of 26- to 64-year-olds but a lower percentage of people over 64. Of successful referrals the percentage of people completing treatment is slightly higher for these two age groups as well.

Referrals Received			
	Talking Therapies	Sheffield population	
Under 18	0.1%	-	
18 to 25	24.8%	18.2%	
26 to 64	69.3%	62.8%	
65 to 74	3.4%	11.5%	
75 to 89	2.3%	7.6%	Sheffield Data only available for 75 - 84
90 and over	0.1%	over 85	-

Figure 4

Referrals Accessing the Service	
	Talking Therapies
Under 18	-
18 to 25	23.3%
26 to 64	70.2%
65 to 74	3.8%
75 to 89	2.6%
90 and over	-

Figure 5

% completing treatment (as a percentage of all people completing treatment)	
	Talking Therapies
Under 18	-
18 to 25	25%
26 to 64	70%
65 to 74	4%
75 to 89	2%
90 and over	-

Figure 6

Service Activity and feedback relevant to Age

- Service wide Older Adults working group – bimonthly meeting with representatives across teams/professions. Links to relevant national guidance.
- Wellbeing sessions at local residential villages
- Promotional stall at Showroom Cinema – Older Adults screenings
- Specific Older Adults promotional materials
- GP bulletin promoting STT for Older Adults
- Older Adult focus groups planned
- Working with Older Adults service guide

Access to the Talking Therapies service – Gender of Service Users 2023 – 2024

The ONS report noted that '*Looking at sex, men with a CMD were found to be underrepresented in IAPT services with only 8.0% of males with a probable CMD entering this service compared with 10.3% of females. The differences were found to be statistically significant. The CMD prevalence rates in the general population were higher in women (22.5%) than men (15.9%). However, elevated IAPT services treatment rates in women (2.3%), in comparison with men (1.3%), suggest that men suffering with a probable CMD are less likely to access and receive treatment for it through IAPT services'*

The Talking Therapies data for 2024 also indicates that men access the service at a lower rate to women when comparing the Sheffield population 16 – 64. The split is reflected in access to the service following referral and completion of treatment.
The service has undertaken specific initiatives focused on Men and Perinatal

Men

- Video/blog around mental health & STT for promotion on International Men's Day: https://www.shsc.nhs.uk/news/help-and-advice-mental-health-international-mens-day#:~:text=We%20have%20a%20team%20of,team%20to%20find%20out%20more.
- Outreach sessions for men
- Incidents relevant to protected characteristics
- Ongoing difficulties with consistency, quality & reliability of DA Languages interpreting services. Staff feedback specific concerns/complaints as part of the ongoing response to this.

Perinatal

- Service wide Perinatal working group – bimonthly meeting with representatives across teams/professions. Links to relevant national guidance.
- Established PWP clinics in 5 (soon to be 6) Family Hubs across the city
- Outreach sessions with Sheffield Light
- SPWP Perinatal role in service to establish positive links with relevant organisations and increase access

Referrals Received		
	Talking Therapies	Sheffield Population 16 to 64
Women	65.5%	64.2%
Men	33.5%	65.4%
Not stated/Not known/Invalid	0.9%	-

Figure 7

Referrals Accessing the Service	
	Talking Therapies
Women	65.5%
Men	33.6%
Not stated/Not known/Invalid	0.9%

Figure 8

% completing treatment (as a percentage of all people completing treatment)	
	Talking Therapies
Women	65%
Men	33%
Not stated/Not known/Invalid	1%

Figure 9

Access to the Talking Therapies service by Ethnicity 2023 – 2024

The Ethnic Inequalities in Improving Access to Psychological Treatments

Ethnic Inequalities in Improving Access to Psychological Therapies (IAPT). Executive Summary and Recommendations

Is the most current overview of access and outcomes to the service nationally by ethnicity

SHSC Ethnicity Data

Data in figures 10 and 11 below (excluding not known ethnicity) suggests referrals by service users from Black African ethnicity group is lower than the Sheffield population by 1.0 percentage points, the Asian Pakistani ethnicity group is lower by 1.5 percentage points and service use from the White Other ethnicity group is higher than the Sheffield Population by 1.2 percentage points.

Referrals to the Talking Treatments service by service users describing their ethnicity as 'other' is 0.7 percentage point higher than the Sheffield population this might explain some of the apparent under representation in the African group i.e. where Arab is not an option.

There are small differences in the percentage of people from different ethnicities accessing the service from referral however cumulatively these amount to a +1% point difference in White British referrals accessing the services comparted to all other ethnicity groups (excluding not known).

Appendix 1.2.2.of the National Collaborating Centre for Mental Health. Ethnic Inequalities in Improving Access to Psychological Therapies (IAPT): Full report (2023) presents trends in course of treatment rate by the detailed ONS ethnic categories. These show that, although all ethnic groups are less likely to receive a course of treatment than the 'White: British' group, the 'Asian: Bangladeshi', 'Asian – Pakistani, and 'Black: African' groups were also less likely to have a course of treatment when compared with people of the same high-level ONS category.

In the past the service have provided bespoke sessions targeting different ethnicity groups however these were not well attended and did not lead generally to better outcomes.

The service runs a group that focuses specifically on improving access and experience for different groups and this group is considering how to improve access and experience in respect to underrepresented communities in Sheffield.

This publication also highlights that 'People with a probable CMD who classed English as their first language were more likely to receive treatment through IAPT services (9.7%) than those who did not class English as their first language (6.0%).

	Talking Therapies including not known	Talking Therapies Without Not Known	Sheffield Population 2021 ONS	Difference
Asian, Asian British or Asian Welsh: Bangladeshi	0.0%	0.4%	0.8%	-0.4%
Asian, Asian British or Asian Welsh: Chinese	0.8%	0.9%	1.3%	-0.5%
Asian, Asian British or Asian Welsh: Indian	1.4%	1.5%	1.2%	0.3%
Asian, Asian British or Asian Welsh: Pakistani	3.3%	3.5%	5.0%	-1.5%
Asian, Asian British or Asian Welsh: Other Asian	2.4%	2.5%	1.3%	1.2%
Black, Black British, Black Welsh, Caribbean or African: African	2.2%	2.3%	3.3%	-1.0%
Black, Black British, Black Welsh, Caribbean or African: Caribbean	1.1%	1.2%	0.8%	0.4%
Black, Black British, Black Welsh, Caribbean or African: Other Black	0.4%	0.4%	0.5%	0.0%
Mixed or Multiple ethnic groups: White and Asian	0.8%	0.9%	0.9%	-0.1%
Mixed or Multiple ethnic groups: White and Black African	0.3%	0.4%	0.4%	-0.1%
Mixed or Multiple ethnic groups: White and Black Caribbean	1.5%	1.6%	1.4%	0.2%
Mixed or Multiple ethnic groups: Other Mixed or Multiple ethnic groups	0.9%	0.9%	0.8%	0.1%
White: English, Welsh, Scottish, Northern Irish or British	71.4%	76.0%	74.5%	1.5%
White: Irish	0.5%	0.5%	0.5%	0.1%
White: Gypsy or Irish Traveller	0.0%	0.0%	0.1%	-0.1%
White: Roma	0.0%	0.0%	0.4%	-0.4%
White: Other White	4.5%	4.8%	3.6%	1.2%
Other ethnic group: Arab	0.0%	0.0%	1.6%	-1.6%
Other ethnic group: Any other ethnic group	2.1%	2.2%	1.5%	0.7%
Not Stated /Not Known/Not Populated	6.0%			

Figure 10

	% Referrals	% Referrals Accessing the Services	% Finishing Treatment	Difference
Bangladeshi	0.4%	0.4%	0.3%	-0.1%
Chinese	0.8%	0.8%	0.7%	-0.1%
Indian	1.4%	1.4%	1.2%	-0.2%
Pakistani	3.3%	3.2%	2.3%	-1.0%
Any other Asian background	2.4%	2.3%	1.6%	-0.7%
African	2.2%	2.1%	1.4%	-0.8%
Caribbean	1.1%	1.1%	1.1%	0.0%
Any other Black background	0.4%	0.4%	0.2%	-0.2%
White and Asian	0.8%	0.8%	1.0%	0.1%
White and Black African	0.3%	0.3%	0.2%	-0.1%
White and Black Caribbean	1.5%	1.4%	1.1%	-0.4%
Any other Mixed background	0.9%	0.9%	0.9%	0.0%
White British	71.4%	72.4%	77.2%	5.8%
Irish	0.5%	0.5%	0.6%	0.1%
Any other White background	4.5%	4.6%	4.2%	-0.2%
Any Other Ethnic Group	2.1%	2.0%	1.6%	-0.5%

Figure 11

Of referrals accessing the service again there are small differences in the percentage of successful referrals and people completing treatment people from different ethnicities with the highest being Pakistani (-1.0%) African (0.8%) other Asian (- 0.7%), cumulatively again these differences amount to a +5.8% point difference in White British service users completing treatment comparted to all other ethnicity groups.

Access to the Talking Therapies service – Sexual Orientation 2023 – 2024

Referrals Received		
	Talking Therapies	Sheffield Population
Heterosexual	63.1%	88.01%
Gay/Lesbian	3.1%	1.62%
Bi-sexual	6.2%	1.98%
Other	-	0.54%
Not stated/Not known/Invalid	27.5%	7.87%

Figure 12

Percentage wise referrals to the service from LGBO people (figure 12) are at a higher percentage rate than the Sheffield population this may be partly to do with the age range of service users (see age above) but also may be indicative of the facts highlighted above in relation to LBGO mental health (note other is not an option in the available data).

Referrals Accessing the Services	
	Talking Therapies
Heterosexual	62.1%
Gay/Lesbian	3.0%
Bi-sexual	6.2%
Other	-
Not stated/Not known/Invalid	28.7%

Figure 13

The percentage of LGBO people referred to the service who go on to access the service (figure 13) appears to be equal to the percentage of people who identify as Gay/Lesbian or Bisexual maintaining the higher rate than the Sheffield. Population and slightly lower for people identifying as heterosexual

% completing treatment (as a percentage of all people completing treatment)	
	Talking Therapies
Heterosexual	59%
Gay/Lesbian	3%
Bi-sexual	5%
Other	N/A
Not stated/Not known/Invalid	33%

Figure 14

The percentage of LGBO people completing their treatment (figure 14) as a percentage of all people completing appears slightly better than the heterosexual group when comparted to the percentage breakdown by referral.

Service Activity and feedback relevant to LGBTQIA+

- Service wide LGBTQIA+ working group – bimonthly meeting with representatives across teams/professions. Links to relevant national guidance.
- Attended Pinknic
- VCSE links with SayIT
- Service CPD event – LGBTQIA+ training with guest speaker from University of Reading

Access to the Talking Therapies Service – Disability Service Users 2023 – 2024

The ONS report based on 2018 data found that *'Only 6.4% of disabled people with a probable CMD were treated in IAPT services compared with 10.9% of non-disabled people, suggesting that disabled people are statistically significantly underrepresented in IAPT services.'* The data in Figure 15 below provides an indication of access to the service by different types of disability however because of the

categories used and the lack of detail it's difficult to draw any conclusions from the data. The service does provide specific services for groups with long term conditions and for this category there appears to be consistency in terms of access and outcomes.

	% Referrals Received	% Referrals accessing the service	% Finishing Treatment	Difference
Behaviour and Emotional	0.6%	0.6%	0.6%	0.0%
Hearing	0.7%	0.7%	0.5%	-0.2%
Manual Dexterity	0.1%	0.1%	0.1%	0.0%
Memory or ability to concentrate, learn or understand (Learning Disability)	0.8%	0.8%	0.8%	0.0%
Mobility and Gross Motor	1.6%	1.6%	1.5%	-0.1%
Personal, Self Care and Continence	0.1%	0.1%	0.1%	0.0%
Progressive Conditions and Physical Health (such as HIV, cancer, multiple sclerosis, fits etc)	0.3%	0.3%	0.3%	0.0%
Sight	0.3%	0.3%	0.3%	0.0%
Speech	0.1%	0.0%	-	-
Other	9.0%	8.9%	5.6%	-3.3%
No Disability	67.7%	67.3%	57.8%	-9.5%
Not Stated (Person asked but declined to provide a response)	2.5%	2.7%	4.4%	1.7%
No Code Recorded	16.3%	16.6%	28.0%	11.4%

Figure 15

Figure 16 shows the percentage of referrals from each category that went on to finish treatment (rather than percentage of the total number of people who completed treatment). The significance of this is affected by the numbers in each group which in some cases are low however for hearing for example 90 people entered the service but only 35 completed treatment.

	% of referral in each group accessing the service that then completed treatment
Behaviour and Emotional	50.0%
Hearing	38.9%
Manual Dexterity	66.7%
Memory or ability to concentrate, learn or understand (Learning Disability)	50.0%
Mobility and Gross Motor	46.5%
Personal, Self Care and Continence	33.3%
Progressive Conditions and Physical Health (such as HIV, cancer, multiple sclerosis, fits etc)	57.1%
Sight	50.0%
Speech	-
Other	31.8%
No Disability	43.4%
Not Stated (Person asked but declined to provide a response)	81.9%
No Code Recorded	85.2%

Figure 16

The service publishes information about access to its services on its dedicated web site Accessibility | NHS Sheffield Talking Therapies Services are available online as well as face to face and service users have access to interpreting including British Sign Language. The service is advertised to disabled people in Sheffield though routes such as Disability Sheffield

Access to the Talking Therapies Service – Deprivation indices - Service Users 2023 – 2024

The tables in Figure 17 below highlight data on access to the service by deprivation indices.

Details of deprivation indices in Sheffield are highlighted on Page 45 of this report.

Figure 17 indicates relatively equitable access to the service from referral for people accessing the service living in areas of deprivation across indices 02 – 09 but applicants in indices 01 – least deprived are more likely (+1%) to access a service from referral whereas applicants in 10 are less likely (-2%) to access a service from referral.

The difference in the percentage of people across deciles finishing treatment is more marked however with a higher percentage completing treatment in areas 01 – 05 – no difference in area 06 and 07 and less likely in areas 08 – 10 with the biggest gap being in deprivation indices 10 at – 5%.

	Referrals	% Referrals accessing the service	Difference	% Finishing Treatment	Difference
01 Least deprived	6.9%	7.4%	1%	9.4%	2%
02 Less deprived	8.0%	8.3%	0%	10.2%	2%
03 Less deprived	6.6%	6.8%	0%	7.5%	1%
04 Less deprived	7.2%	7.3%	0%	8.5%	1%
05 Less deprived	9.0%	9.3%	0%	10.4%	1%
06 More deprived	9.6%	9.6%	0%	10.1%	0%
07 More deprived	7.8%	7.9%	0%	7.8%	0%
08 More deprived	8.0%	8.1%	0%	7.4%	-1%
09 More deprived	11.7%	11.6%	0%	9.7%	-2%
10 Most deprived	25.1%	23.4%	-2%	18.7%	-5%
Not stated/Not known/Invalid	0.2%	0.3%	0%	0.2%	0%

Figure 17

The Service has implemented a range of initiatives relevant to Health Inequalities

- Online referral form has been reviewed and updated to include capturing information about protected characteristics as well as where somebody had heard about our service. This informs ongoing promotional strategies.
- Website – current review of STT website to enhance inclusivity and more specific content for different community groups.

- Equality Strategy – developed and reviewed annually by the STT Central & Equalites Team. ECDC
- Service wide ECDC working group – bimonthly meeting with representatives across teams/professions. Links to relevant national guidance.
- Library drop in
- Improving Wellbeing Session F2F at Zest – Women Only
- SOAR Outreach sessions – VCSE organisation within ECDC communities – 24 in booked sessions
- Moor Market Promotion
- Darnall Community Connector Newsletter
- Community Engagement Project (across all) – questionnaires to specific community groups to gather feedback about access, experience and outcomes within STT.

Patient Experience Working Group

Anonymised patient feedback following assessment & treatment regardless of outcome. Themes are shared within Team Governance Meetings for overall learning & reflection.

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

Incident Review Numbers

In the year 2024 there were 70 incidents reported for the service. No incidents related specifically to a protected characteristic

Outcome 1D: Service Users report positive experiences of the service

We reviewed availability of feedback data on use of the service, this was not available to review this by key demographics of:

The service provide all service users a feedback survey after assessment and after treatment. The results of these are collated and discussed at team level to identify themes and areas for action. The service identified that access to interpreting was a regular theme. The service does not collate the feedback by protected characteristic at the moment. The service also engage widely (as above) with different groups

The service had not received any complaints or complements in the period relevant to:

- Ethnicity
- Age
- Gender
- Sexual Orientation
- Disability

The Patient and Carer Race Equality Framework (PCREF)

About the Service

The Advancing Mental Health Equalities Strategy outlines the short and longer-term actions NHS England and NHS Improvement will take to advance equalities in access, experience, and outcomes in mental health services. The Patient and Carers Race Equity Framework (PCREF) is a key objective of the strategy to support local systems to address race inequalities in mental health.

Mental health trusts and mental health providers are responsible for the delivery of the PCREF in collaboration with their partners, including local authorities, commissioners, communities, patients, and carers from racialised and ethnically and culturally diverse communities.

Delivery of the PCREF is supported by the SHSC Engagement and Experience team, a Race Equity Community Leader is in post and work is done in close collaboration with Sheffield Flourish and the Sheffield African Caribbean Mental Health Association and people who are experts by experience.

The PCREF is split into three core components:

Part 1 – Legislative and regulatory obligations (Leadership and governance): Legislation has been identified that applies to all NHS mental health trusts and mental health providers in fulfilling their statutory duties, and leaders of the Trusts and mental health providers will need to ensure these core pieces of legislation are complied with across their organisation.

Part 2 – National organisational competencies: aligns with the vision in the Independent Review of the Mental Health Act 2018 (MHA). Through a co-production process, six organisational competencies have been identified working with racialised communities, patients and carers. Trusts and mental health providers should work with their communities and patients and carers to assess how they fair against the six organisational competencies (and any more identified as local priorities) and co-develop a plan of action to improve them.

Part 3 – The patient and carers feedback mechanism: which seeks to embed patient and carer voice at the heart of the planning, implementation, and learning cycles.

SHSC has been focussing across all three components between 2021 and 2023 to develop early learning and priorities as an early adopter.

PCREF is an anti-racism approach however the principles and practice of embedding PCREF will support inclusive services for other groups.

Other VCS organisations involved include the Pakistan Muslim Centre and the Israac Somali Community Association.

Interpreting and Translation

About the Service

Interpreting and Translation services are provided to SHSC through a procurement contract overseen by the North of England Commercial Procurement Collaborative (NOECPC) , six other NHS Trusts that are part of the South Yorkshire Integrated Care System (SY ICS) receive interpreting and translation services under the same contract framework. The current managed service provider under the SY ICS Language Services Joint Award is **Dals** formerly known as **DA languages**.

At the time of this report a tender process was underway associated with this contract – for this reason financial details are excluded from this report.

Access to the Service

Face to Face including BSL and Telephone and video interpreting are available through Dals as well at Translation services including Easy Read. If Dals cannot provide these services direct, they are responsible for identifying a second-tier provider. Dals have also put in place a telephone booking options specifically for SHSC.

Details of how to book an interpreter have been provided to staff in all areas from the start of the contract and are also available on the SHSC Intranet.

Bookings are facilitated through a cloud-based application with information about bookings going direct to services.

Quality and Contract Monitoring

The Dals service meet regularly with the NOECPC and also have contract review meetings with SHSC at least monthly these are based on contract monitoring reports. Complaints are reviewed in contract monitoring meetings where these relate to a trend or ongoing problem. Meetings at SHSC are attended by Dals contract lead, SHSC procurement lead for the contract and the SHSC Head of Equality and Inclusion.

Under the NOECPC contract there are a number of expected performance indicators, consistent problems in achieving these are dealt with through the NOECPC in agreement with participating trusts and performance delivery for each trust is addressed though local contract meetings.

In 2023 delivery of the service to SHSC was impacted on by a general reduction in the required percentage of fulfilment of bookings by Dals. The situation was addressed though the NOECPC and locally SHSC put a risk on the SHSC risk register

SHSC Policy Standards

SHSC sets out how they will provide Interpreting and translation including meeting the requirements of the Accessible Information Standard in the Accessible Information and Communication Policy (NP306).

The policy is due for review, and this has been extended to March 2025 to take account of the introduction of the new EPR (Rio) and retender of the Interpreting and Translation contract by the NOECPC and the introduction of new requirements to record service users Reasonable Adjustment in EPR systems.

Outcome 1A: Talking Treatment Service - Service Users have required levels of access to the service and Outcome 1B Individual Service Users Health Needs Are Met

Language Sheffield

In the 2021 Census 491,478 people in Sheffield said that English (English or Welsh if in Wales) was their main language, other languages recorded as the persons main language are highlighted in Figure 18.

Data from the 2021 Census showed that in Sheffield 1.8% of people spoke a South Asian language as their main language, with the most common being Urdu. The most commonly spoken European languages were Slovak, Polish, and Romanian, with Slovak and Romanian having the largest increases of all of the most commonly spoken languages between the 2011 and the 2021 Census.

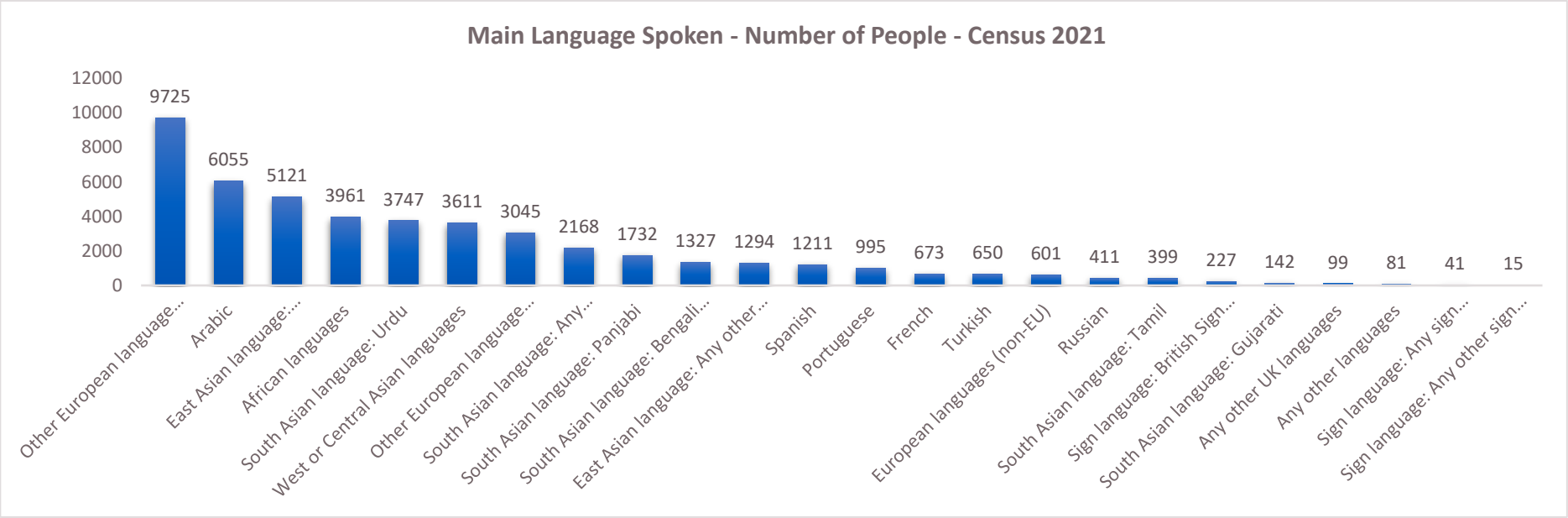


Figure 18

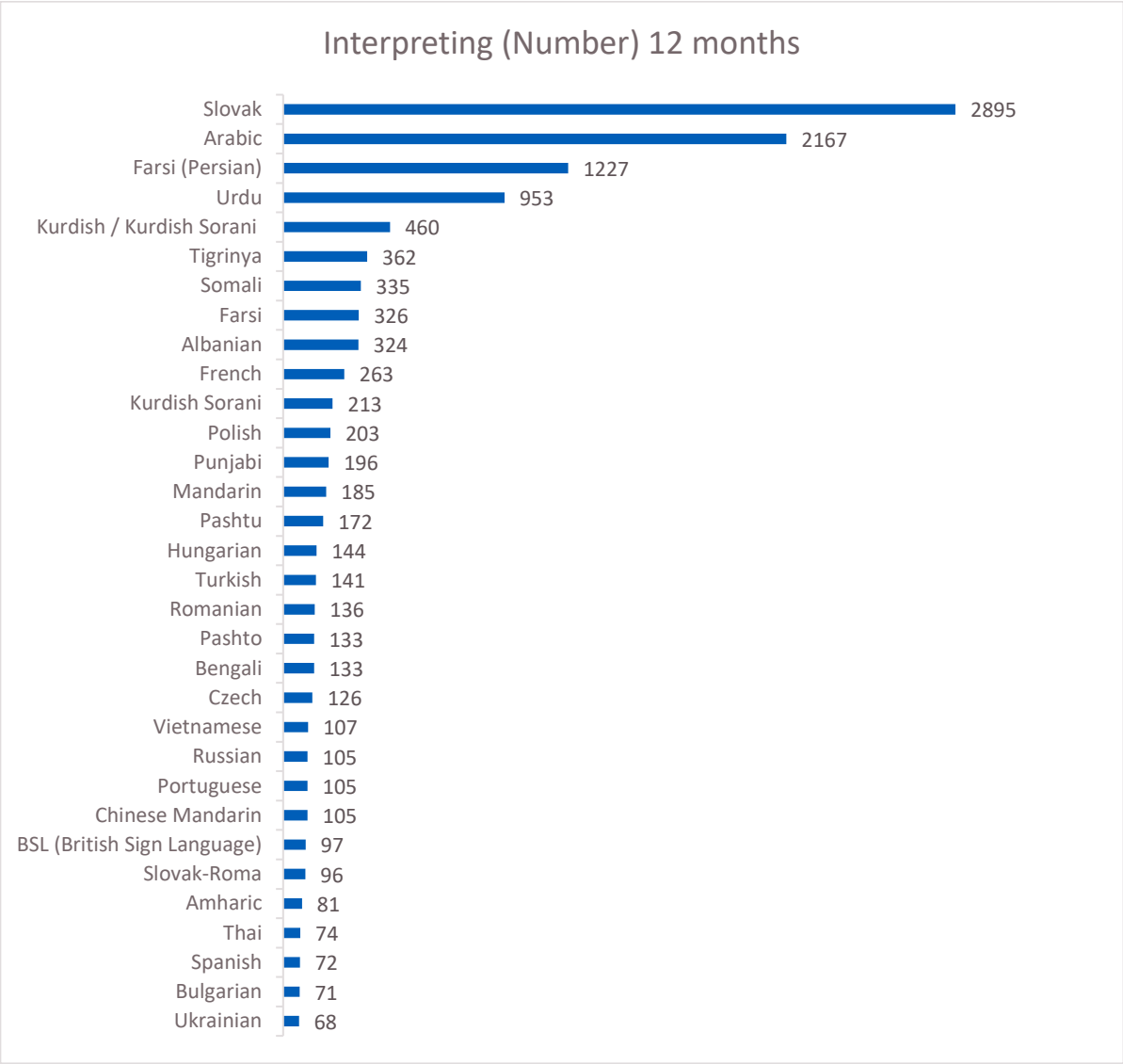


Figure 19

SHSC Interpreting Requests by Language

Looking at use of the interpreting service across twelve months, December 2023 to November 2024, highlights the use of the SHSC service by language breakdown. Table 19 shows the languages that have the highest level of requests i.e. over 60 per annum.

Over the period there were requests for interpreters across eighty-four different languages /dialects with a large variation in the number of requests. Slovak was the most requested language, Arabic the second and Farsi (Persian) the third with Urdu also being requested frequently.

A number of languages are rarely requested, Figure 20 shows the languages where there were 4 or less requests across the year.

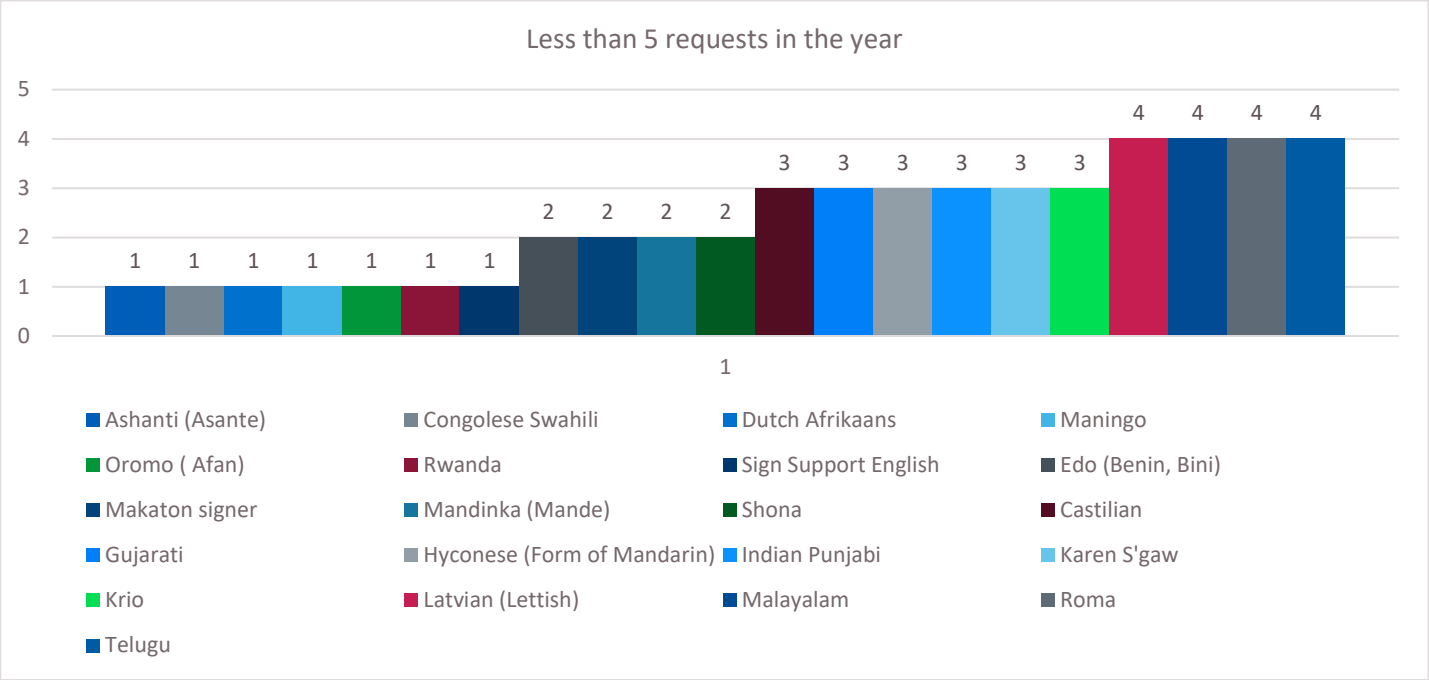


Figure 20

Contract Performance

One of the main measures of performance (KPI) for our interpreting and translation provider is the fulfilment rate of bookings. Our current provider maintained an overall fulfilment rate of 97-98% in 2024.

Access to Interpreting and Translation by SHSC Service Area

Use of interpreting across our services varies with the largest use being in the Talking Therapies service with the second highest area being the Early Intervention Service (Figure 21). It is difficult to draw conclusions from service use data because of the different numbers of potential service users and the fact that in some areas may have a small number of people requiring a high volume of interpreting.

When looking only at the Talking Therapies service they have identified the following issues associated with access to the current services:

- Issue with availability of Roma/Slovak interpreters
- Issues with the telephone connections on occasion
- The current provision does not support the fact that some of the Talking Therapies appointments can be up to two hours long
- Some issues with availability of ‘rarer’ languages
- Being able to book the same interpreter for a series of appointments

The above issues were fed back and considered when the latest specification for interpreting services was being developed through the NOECPC and reflected in the specification and the tender questions.

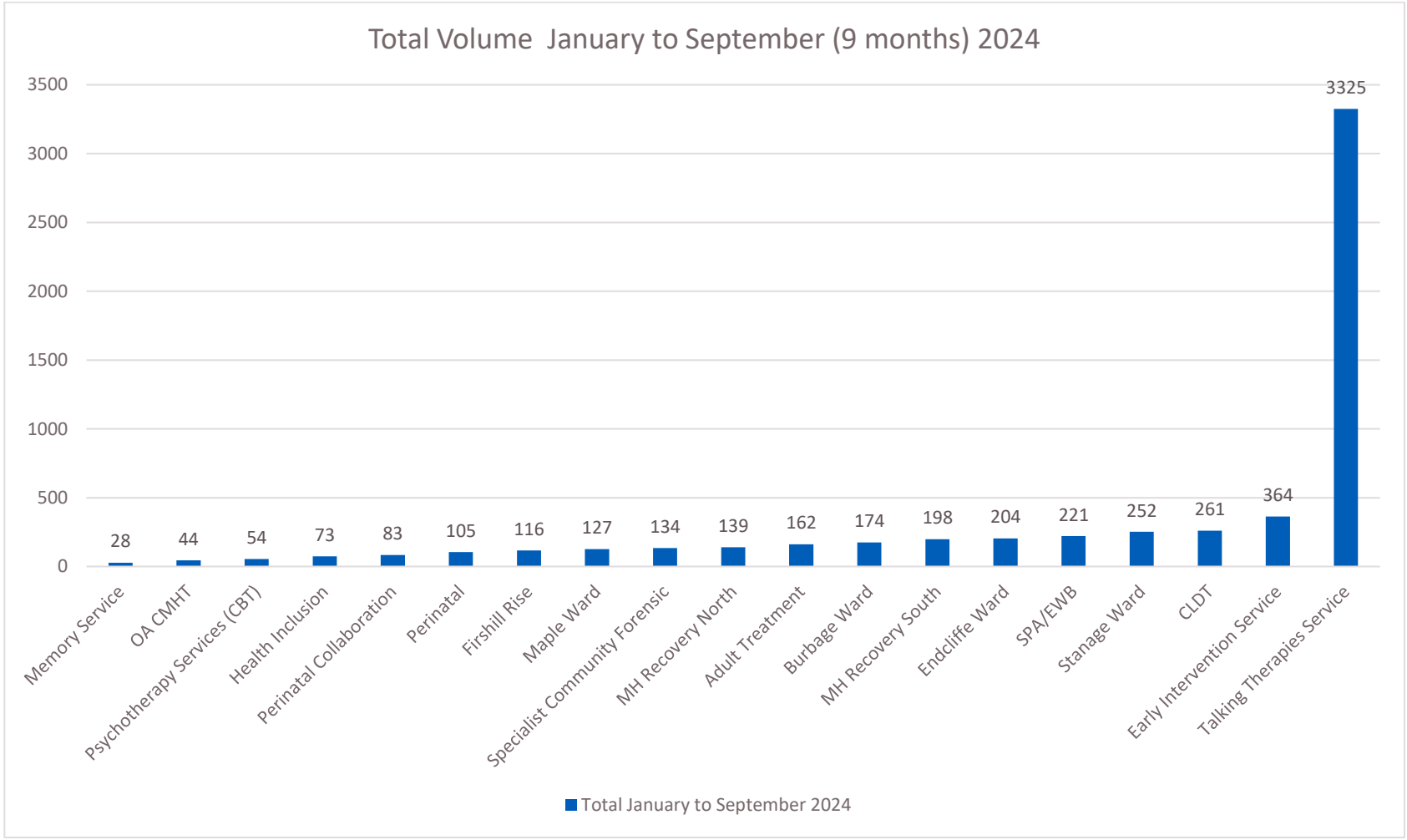

Total Volume January to September (9 months) 2024
3500
3000
2500
2000
1500
1000
500
0
28
44
54
73
83
105
116
127
134
139
162
174
198
204
221
252
261
364
3325
Memory Service
OA CMHT
Psychotherapy Services (CBT)
Health Inclusion
Perinatal Collaboration
Perinatal
Firshill Rise
Maple Ward
Specialist Community Forensic
MH Recovery North
Adult Treatment
Burbage Ward
MH Recovery South
Endcliffe Ward
SPA/EWB
Stanage Ward
CLDT
Early Intervention Service
Talking Therapies Service
Total January to September 2024

Figure 21

Outcome 1D: Patients (service users) report positive experiences of the service

DALS have systems in place for seeking feedback from service users however providing this to SHSC has been inconsistent and is an area that will be addressed as part of the new contract / monitoring requirements. In 2024 DALS provided two feedback reports containing both positive and negative feedback – examples of positive feedback received through these reports:

May	August	September
Polite and friendly	Brilliant interpreting. Patient with both client and myself. Compassionate and friendly.	Polite and friendly
Good interpreting skills. Friendly and punctual.	Great interpretation	Good interpreting skills. Friendly and punctual.
The best, very knowledgeable.	Excellent service again many thanks	The best, very knowledgeable.
Very helpful thankyou	Good	Very helpful thankyou
Excellent services provided	Brilliant, thanks for the help!!	Excellent services provided
Very good	I wanted to send over a compliment regarding [redacted] His work with a particular service user of ours has been exemplary –	Very good
Good	I want to say how utterly amazing one of your interpreters and her	Good

	efforts today in potentially saving someone's life. She stayed on call whilst the police were involved and went above and beyond. Her name is Fatemeh pin:91271.Please pass on my thanks to her	
Excellent	Great interpretation	Excellent
Good translation, good patient rapport	Excellent service again many thanks	Good translation, good patient rapport
Great rapport	Good	Great rapport
Excellent thank you	Brilliant, thanks for the help!!	Excellent thank you
Brilliant, best worker you have.	Fab	Brilliant, best worker you have.
	Great work	Good interpreter
	Excellent service as ever many thanks	Very helpful
	Very helpful and knowledgeable, thank you.	Polite and friendly

Outcome 1B: Individual patients (service user's) health needs are met and Outcome 1C: When patients (service users) use the service, they are free from harm

Between the 1st of January 2024 and the 31st of December 2024 there were 10 incidents associated with access to interpreting formally recorded (Figure 22 below). These incidents were reviewed by the service manager and in some cases, intervention took place directly with the DALS contract manager where urgent or focus action was required. There were also a number of issues escalated direct to DALS through their complaints procedures that were not recorded by the service as incidents. Feedback is always received on action taken by DALS and complaints are addressed quickly.

Some improvements / quality issues were resolved with DALS in 2024 and including:

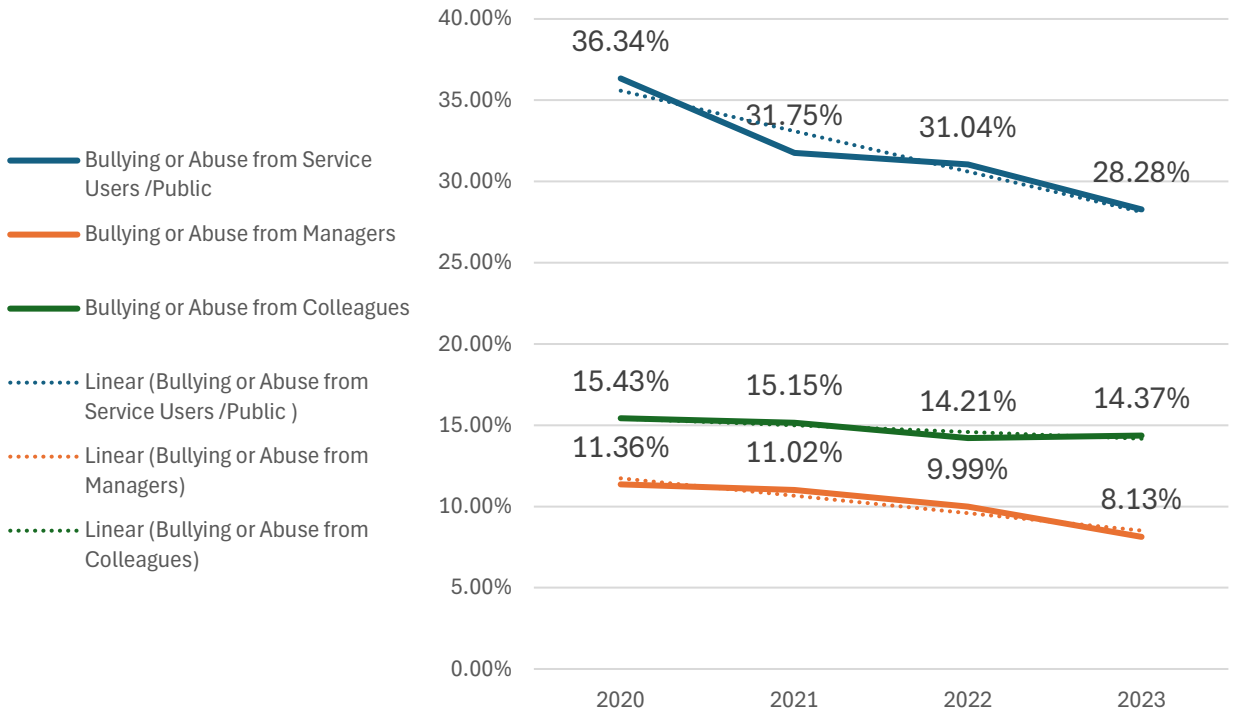
- When the contract started a specific process was put in place so that services could pre book telephone interpreting. Due to an apparent miscommunication in DALS this provision was abruptly stopped. Following interventions via the contract manager this was resolved.
- One of the incidents below was impacted on by it being unclear what dialect/language the person needed consideration to providing training to people booking interpreters and clearer SHSC guidance may be helpful. It may also be helpful to see if the Rio system can be updated record a primary and secondary language.
- The issue of not being able to book the same interpreter for a series of appointments was resolved however this requires specific interventions by the DALS contract manager so will need to be ensured with any future provider.
- All issues of unprofessional behaviour by an interpreter are escalated to DALS and they provide details of the action they have taken. If SHSC are unhappy with this action they can request that the interpreter is no longer used by SHSC.

Service	Language	Brief Details
Perinatal	Pashto	Used on demand telephone interpreting to request a female interpreter but was directed to a male interpreter. There were then several problems with the standard of interpreting and the call
Perinatal	Not Recorded	Booked Video interpreter DNA
Perinatal	Slovak	Unable to source face to face Slovak interpreter
Dovedale	Pashtu	Patient admitted to the ward under a Section 2 significant difficulties with accessing an interpreter face to face or telephone.
Psychotherapy	Not recorded	Service wished to book the same interpreter for several sessions DALS service were not helpful.
SPA/EWS (Netherthorpe)	Fasi	Farsi translator unavailable for around 20 minutes, which affected planned session (not possible to book telephone translator in advance) and additional issues when an interpreter was finally accessed.
SPA/EWS (Netherthorpe)	Not recorded	Translator from DA languages dropped call during intervention session. Was able to source a second translator after some time, but the interpreter was driving a car and acted unprofessionally.
SPA/EWS (Netherthorpe)	Not recorded	issues with DA language's interpreters, multiple during one patient triage.
Neuro Enablement Service	Not Recorded	Requested to not have one specific interpreter as they personally known to the client. DA languages then booked this interpreter who we had requested not to have. resulted in the session being cancelled. Requested to then re-book with a different interpreter - DA languages then booked the same interpreter. This happened 5 times, resulting in 5 sessions being cancelled.
SPA/EWS (Longley)	Arabic	Series of problems with interpreters on one session

Figure 22

Appendix 3 Workforce Data

Year on Year Reduction in Bullying and Harassment



The table shows that there has been a year-on-year reduction in the percentage of staff saying they have experienced bullying or harassment across three different areas. From service users or the public, from managers, or from Colleagues.

The Equality Delivery System

- Framework for the NHS to look at EDI across three ‘Domains’

Doman 1 – Commissioned or Provided Services

Service One

Talking Therapies Service

EDS Score 2024 = 9 out of a possible maximum of 12

Service Two

The Patient and Carer Race Equality Framework (progress review in 2024 from 2023)

EDS Score 2024 = 11 (2023 = 9) out of a possible maximum of 12

Service Three

Interpreting and Translation Service (Contract)

EDS Score 2024 = 4 out of a possible maximum of 12

Domain 1 Average = 8

Doman 2 – Workforce Health and Wellbeing

- Scored using evidence gathered
- Peer Reviewer(s): Southwest Yorkshire Partnership Trust/ Bradford Care Trust
- Reviewed by Staff Side with the Joint Policy Group Members

  Summary EDS Score Domain 2 2023 = 5 out of a possible maximum of 12

  Summary EDS Score Domain 2 2024 = 7 out of a possible maximum of 12

Main reasons for improvement was linked to improvement in focus on staff health and wellbeing.

Doman 3 – Inclusive Leadership

- Scored using evidence gathered and a 360 audit in 2023
- Peer Reviewer(s): Southwest Yorkshire Partnership Trust/ Bradford Care Trust
- Reviewed by Staff Side with the Joint Policy Group Members

  Summary EDS Score Domain 2 2023 = 4 out of a possible maximum of 9

  Summary EDS Score Domain 2 2024 = 7 out of a possible maximum of 9

The recruitment of a Population Health lead and an increased focus of the Board on health Inequalities was a significant factor in this sore improvement.

The Equality Delivery System 2024 – 2025

- The overall EDS Score in 2023 was 15 ‘Developing’, the organisation score has improved to 22 in 2024.
- This means that we have moved from ‘Developing’ to ‘Achieving’ (under the EDS scoring system).
- The highest level in the EDS is ‘Excelling’ which requires a score of 31 and above.

The Equality Delivery System 2024 - Reason for Improved Score

- Domain 1 - Service Reviews achieved a score of 8 an improvement from 6 in 2023.
- Improvement in a focus on Health Inequalities
- Completed action from 2023 is highlighted on P.9 of the report.

Action Plan 2024 - 2025 p.37 - 39