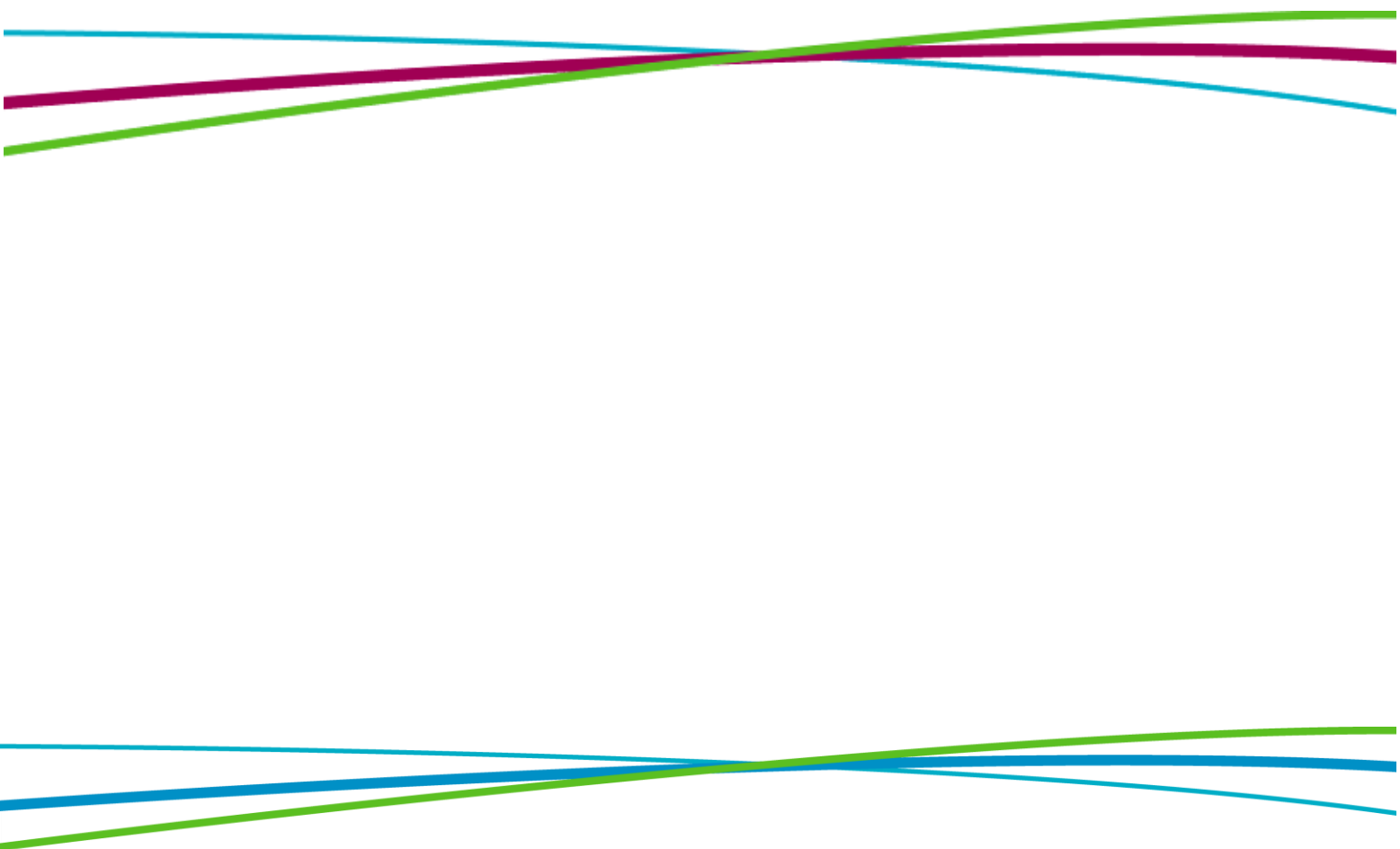


# SHSC Equality Objectives and Priorities 2016 – 2020



## Introduction

### The Public Sector Equality Duty

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

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

The '*Protected Characteristics*' are:

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

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

### Equality Objectives

The **Equality Act 2010 (Specific Duties) Regulations 2011** set out specific actions public sector organisations must take to support meeting the PSED. These duties include a requirement to identify and publish 'Equality Objectives'.

The Trust Equality Objectives were first identified and published in April 2012 and the original objectives have been reviewed and updated annually in terms of progress, this information is

published in the Trust Annual Equality and Human Rights report. Equality Objectives must be reviewed at least every four years.

## **The NHS Equality Delivery System 2**

The NHS Equality Delivery System 2 (EDS2) was developed by the NHS to support NHS organisations to meet identify equality objectives and priorities, focusing on four EDS2 Goals:

- Better health outcomes
- Improved patient access and experience
- A representative and supported workforce
- Inclusive leadership

The EDS2 also provides a framework to support the identification of priority areas in collaboration with key stakeholders. In Sheffield the Equality Engagement group (Chaired through Sheffield CCG) assists in this function. In addition Sheffield City Council have established an comprehensive 'Equality Hubs' structure, although this is not a specific forum for consultation and engagement for health the Hubs do provide useful feedback and a number of the Hubs have highlighted health related issues of concern.

## **Identification of Equality Objectives and Priorities**

### **EDS Goals one and two**

In 2015/16 the EDS2 framework was used by health and social care commissioners and providers in the city, in partnership with key stakeholders, to review equality data and information and identify priority areas for action under the EDS. Reports and data relevant to Protected Characteristic groups in the city and national reports were reviewed.

The Sheffield Equality Engagement group provided feedback and information about priority areas that they had identified. Feedback from the Sheffield City Council Equality Hubs health focused event was also considered. Priority areas identified through this collaborative approach have informed the SHSC proposed Equality Objectives 2016 – 2020.

### **EDS Goals three and four**

Identification of priorities under goals three and four have been influenced by review of SHSC current policy and priority areas and national drivers including the Workforce Race Equality Standard (WRES), the Workforce Disability Equality Standard and the Gender Pay gap. There are already a number of trust targets and priorities that are not specifically defined as Equality Objectives, for example those identified through the WRES, that the trust is working towards achieving.

## Proposed Equality Objectives and Priorities 2016 - 2020

This paper presents proposed objectives and priorities relevant to meeting the PSED and in support of EDS2. Equality Objectives must be measurable, however there are actions and priorities that are relevant to EDS2 and the PSED that are not specifically measurable, but are important to identify support and achieve, these are therefore also included in this paper. Appendix 2 provides information about existing Equality Objectives that it is proposed should continue to be prioritized. Appendix 3 Provides data, for reference, that had been considered to inform some of the proposed equality objectives and priorities.

Equality Objectives have only been identified for protected characteristic groups where evidence supports the need for an Equality Objective or for action to be taken because a priority area has been identified. This does not mean that the PC area is not important but rather that the area is already covered in mainstream activity.

In some cases detailed specific targets and goals have or will be identified in associated papers, for example the Workforce Race Equality Targets are specified in detail in the WRES 2016 -2021 report. If this is the case then these targets have not been reiterated in detail in this paper.

Specific relevant papers are:

- [WRES Reports and Action plans 2015 and 2016](#)
- [Board Report 2016 - Workforce Race Equality Standard 2016 – 2021](#)
- [Annual Equality and Human Rights Reports](#)

## Summary Proposed Equality Objectives

The tables below summarise proposed Equality Objectives and Equality Priorities focused on Services and Workforce. Each area identified will require, or already has in place, a detailed action plan; action plans will be incorporated into mainstream business planning and agreed through relevant governance group's dependant on the nature of the objective or priority. All of the objectives and priorities will be achieved or revised by 2020. Some areas identified through the EDS2 review involve working in partnership, where this is the case the tables in appendix 1 highlight the actions that are relevant to SHSC and the action identified for other stakeholders.

The EDS2 review process is still on-going therefore a couple of items described lack detail, in this case they may be included in appendix 1 but not in the list of equality objectives /priorities.

## Summary Objectives and Priorities 2016 to 2020

Service Objectives and Priorities				
	Objective /Priority	Source	PC	Achieved By
1.	Improve the knowledge of staff regarding LGBT people in nursing and residential care homes and improve the experience of LGBT service users in residential care homes.	EDS 2 review	Sexual Orientation Gender Reassignment	10/2017
2.	Evaluate the implementation of the <b>Accessible Information Standard</b> SCCI1605	EDS 2 review	Disability	3/1017
3.	Use information available on service use by Black Asian and Minority Ethnic Service Users to inform service improvement, design and delivery.	EDS 2 review	Race	4/2017
4.	Work in partnership to improve awareness of and take up of health screening for Trust service users in mental health and learning disability services and service users from BME groups.	EDS 2 review	Disability Race	10/2017
5.	Work in partnership to improve information available to support the health and wellbeing of the Roma community in Sheffield.	EDS 2 review	Race	10/2017
6.	Work in partnership to support increasing the frequency of hormone prescribing in primary care for trans service users in Sheffield.	EDS 2 review	Gender Reassignment	10/2017
7.	Work in partnership to improve the knowledge of services involved in End of Life care, of the needs of people who are Lesbian Gay Bisexual or Trans.	EDS 2 review	Sexual Orientation and Gender Reassignment	10/2017
8.	Improve knowledge of IAPT and mental health and wellbeing for people in the Deaf community.	EDS 2 review	Disability	7/2017
9.	Improve ethnicity recording in all services where current recording is less than 90%. ( see appendix 3)	BME Strategy / WRES Targets agreed by SHSC Board 13 <sup>th</sup> July 2016	Race	10/ 2019

10.	Each Directorate to agree and implemented an improvement target for an area they have identified locally associated with race or where relevant another PC group.	BME Strategy / WRES Targets agreed by SHSC Board 13 <sup>th</sup> July 2016	Race Or other PC group.	Targets agreed 3/2017 Targets - up to 2020
11.	Work in partnership through the Black Asian and Minority Ethnic and Refugee (BAMER) health sub group of the Sheffield City Council BAMER Equality Hub. <sup>1</sup> Current priority areas identified by BAMER Hub relevant to SHSC: Access to and experience of mental health services for African Caribbean Young men. Mental health of refugees	Sheffield City Council BAMER Health Sub Group	Age Race Disability	Detail to be agreed with the BAMER Hub by 3/2017
12.	Work in partnership through the Sheffield Hallam Student Health and Wellbeing Board. Current priority areas of the Board relevant to SHSC: Mental health of Students	Sheffield Hallam Student Health and Wellbeing Board	Age Disability	2020
13.	Continue to set year on year improvement targets for recording Sexual Orientation and Disability (see appendix 2) <sup>2</sup>	Existing Equality Objective	Sexual Orientation Disability	2020

<sup>1</sup> This is a new group that has recently been convened by through the Sheffield City Council 'Equality Hubs' structure, therefore full details of priorities identified are yet to be agreed.

<sup>2</sup> NHS England Data Recording Information Standard awaited.

Workforce Objectives and Priorities				
	Objective	Source	PC	Achieved By
1.	<ul style="list-style-type: none"> <li>Be prepared for the Disability Workforce Equality Standard (DWES) by.</li> <li>Complete the first DWES report in 2018 within the timescale to be set by NHS England.</li> <li>Identify improvement targets relevant to the DWES</li> </ul>	EDS 2 review/ New Standard in the NHS Standard Contract from April 2018	Disability	4/ 2018  2018  2018
2.	<ul style="list-style-type: none"> <li>Achieve Level 2 'Disability Confident Employer'.</li> <li>Become a Level 3: 'Disability Confident Leader'.</li> </ul>	EDS 2 review/ new standard replacing 'two ticks'	Disability	7/ 2017  7/ 2017
3.	Achieve the Workforce Race Equality Standard Targets (ref targets 3 -11) agreed by Board 13 <sup>th</sup> July 2016)	BME Strategy / WRES Targets agreed by SHSC Board 13 <sup>th</sup> July 2016	Race	2020
4.	<ul style="list-style-type: none"> <li>Review the Trust gender pay gap</li> <li>Publish a gender pay gap report in line with legislative timescales</li> <li>Agree action based on the results</li> </ul>	EDS 2 review/ gender pay gap reporting for the Public Sector	Sex	4/2017 4/2018 4/2018 <sup>3</sup>
5.	Work in partnership with Sheffield University and Sheffield Teaching Hospitals to support their objective to introduce a Gender Equality Charter for the NHS.	Supporting Women in Medicine (SWiM)	Sex	9/2017
6.	Provide better information about flexible working options to trust staff	Carers Strategy EDS2 Review	Disability Sex Carers	3/2017
7.	Implement the Problem Resolution Framework	WRES key priority	Race Disability	3/2017
8.	<ul style="list-style-type: none"> <li>Complete Business Case for the second phase of the 'Innov8' work stream</li> <li>Implement business case priorities</li> </ul>	WRES key priority	Race Disability	10/2016  3/2020

<sup>3</sup> Timescales reflect current timescales proposed as part of the recent government consultation on gender pay gap reporting for the public sector

## Appendix 1 – EDS2 Review

### EDS2 Goals and Outcomes

The goals and outcomes of <i>EDS2</i>		
Goal	Number	Description of outcome
Better health outcomes	1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local communities
	1.2	Individual people's health needs are assessed and met in appropriate and effective ways
	1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed
	1.4	When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse
	1.5	Screening, vaccination and other health promotion services reach and benefit all local communities
Improved patient access and experience	2.1	People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds
	2.2	People are informed and supported to be as involved as they wish to be in decisions about their care
	2.3	People report positive experiences of the NHS
	2.4	People's complaints about services are handled respectfully and efficiently

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## The goals and outcomes of *EDS2* (continued)

<b>A representative and supported workforce</b>	3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels
	3.2	The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations
	3.3	Training and development opportunities are taken up and positively evaluated by all staff
	3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source
	3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives
	3.6	Staff report positive experiences of their membership of the workforce
<b>Inclusive leadership</b>	4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations
	4.2	Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed
	4.3	Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination

## Sheffield Equality Delivery System 2 Joint Review – SHSC Relevant Areas Identified

### Goals 1 and 2

Goal 1 and 2 (item 1)				
PC Group/ EDS Goal		Priority Identified	Evidence	Stakeholders
<ul style="list-style-type: none"> <li>• <b>Sexual Orientation</b></li> </ul>	<ul style="list-style-type: none"> <li>• 1.1</li> <li>• 1.2</li> <li>• 2.3</li> </ul>	<ul style="list-style-type: none"> <li>• LGBT people are concerned about the level of knowledge of staff and the experience of LGBT people in nursing and residential care homes. (Local)</li> <li>• LGBT people have had negative experiences of health and social care. (National)</li> <li>• Positive work of Sheffield 50+ (Local)</li> </ul>	<ul style="list-style-type: none"> <li>• Healthwatch Sheffield Consultation/ SCC Equality Hub Health Even</li> <li>• <i>Unhealthy Attitudes Experience of LGBT people in Health and Social Care Stonewall 2015</i></li> <li>• LGBT 50+</li> </ul>	<ul style="list-style-type: none"> <li>• Sheffield City Council</li> <li>• Sheffield Teaching Hospitals</li> <li>• Sheffield Health and Social Care</li> <li>• NHS Commissioners</li> <li>• LGBT Sheffield LGBT Hub</li> <li>• LGBT Community</li> </ul>
Issues		Improvement Target	Action /Lead /Deadline	
<ul style="list-style-type: none"> <li>• Staff in registered care services may not be knowledgeable about and meet the needs of LGBT people in registered and nursing care. Level of knowledge not known.</li> </ul>		<ul style="list-style-type: none"> <li>• Review level of knowledge in relevant SHSC services.</li> <li>• Provide training</li> <li>• Review improvement in knowledge and understanding</li> </ul>	<p><b>SHSC</b></p> <ul style="list-style-type: none"> <li>• <b>Provide training and information to staff in relevant SHSC services.</b></li> </ul> <p>Other Stakeholders</p> <p>Training to be undertaken in services in the city</p>	

Goal 1 and 2 (item 2)				
PC Group/ EDS Goal		Priority Identified	Evidence	Stakeholders
Disability	<ul style="list-style-type: none"> <li>• 1.1</li> <li>• 1.2</li> <li>• 1.4</li> <li>• 2.1</li> <li>• 2.2</li> <li>• 2.3</li> <li>• 2.4</li> </ul>	<ul style="list-style-type: none"> <li>• Health and Social Care organisations progress on meeting the accessible information standard.</li> </ul>	<p>Accessible Information Standard SCI1605</p> <p><i>South Yorkshire Service for Deaf People with Mental Health Needs</i> Deaf Accessibility report June 2016</p>	<ul style="list-style-type: none"> <li>• Sheffield City Council</li> <li>• Sheffield Teaching Hospitals</li> <li>• Sheffield Health and Social Care</li> <li>• Sheffield Children's Hospitals</li> <li>• Disability Sheffield</li> </ul>
Issues		Improvement Target	Action /Lead /Deadline	
<ul style="list-style-type: none"> <li>• Health and Social Care organisations must meet the requirements of the standard by July 2016</li> </ul>		<ul style="list-style-type: none"> <li>• Identify improvement following an audit in of NEEDS recorded and records of NEEDS met (through procurement records).</li> <li>• Review results to identify an improvement targets or be assured of effective implementation.</li> </ul>	<p><b>SHSC</b></p> <ul style="list-style-type: none"> <li>• <b>Communicate changes to Insight</b></li> <li>• <b>Communicate the new Intranet site for staff to use providing advice about the standard and specific information about how to meet needs described in the standard</b></li> <li>• <b>Communicate changes in Insight linked to carers assessment process</b></li> <li>• <b>Advise GP services we are responsible for who have made changes to their systems to accommodate the standard</b></li> <li>• <b>Look at specific action required by some of our services,</b></li> </ul>	

		<p>(for example review how Deaf service users are able to access the Crisis Helpline.</p> <ul style="list-style-type: none"> <li>• Consider in provision of Interpreting and translation to SHSC services.</li> <li>• Undertake an audit on effectiveness of implementation.</li> </ul>
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Goal 1 and 2 (item 3)					
PC Group/ EDS Goal		Priority Identified	Evidence	Stakeholders	
<ul style="list-style-type: none"> <li>• Race</li> <li>• Disability</li> </ul>	<ul style="list-style-type: none"> <li>• 1.1</li> <li>• 1.2</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of systems and processes for cross organisational (provider, commissioner, public health) sharing and analysis of Ethnicity i.e. to inform service commissioning and delivery. Specific issue re mental health but may be wider</li> </ul>	<ul style="list-style-type: none"> <li>• Feedback from commissioners, providers and Public Health.</li> </ul>	<ul style="list-style-type: none"> <li>• Sheffield City Council Public Health</li> <li>• Sheffield Health and Social Care</li> <li>• Service Users from PC groups</li> </ul>	
Issues		Improvement Target	Action /Lead /Deadline		
<ul style="list-style-type: none"> <li>• Data and knowledge could be used more efficiently to inform commissioning and service delivery to BME groups in the city.</li> </ul>		<ul style="list-style-type: none"> <li>• The data available to the SHSC on ethnicity is used effectively to inform service improvement.</li> </ul>	<p><b>SHSC</b></p> <ul style="list-style-type: none"> <li>• <b>Undertake the Knowledge Mobilisation Case Study – maximising knowledge use in reviewing two mental health service developments (in patient bed move to Longley and community service reconfiguration.</b></li> <li>• <b>SHSC to liaise with the mental health Commissioning Group on findings from data review.</b></li> </ul>		

Goal 1 and 2 (4)					
PC Group/ EDS Goal		Priority Identified	Evidence	Stakeholders	
Race Disability	<ul style="list-style-type: none"> <li>• 1.2</li> <li>• 2.1</li> </ul>	<ul style="list-style-type: none"> <li>• Use of mental health services by BME groups</li> </ul>	<ul style="list-style-type: none"> <li>• Data published as part of SHSC annual Equality and Human Rights report.</li> <li>• Issues raised by commissioners about data availability</li> <li>• Healthwatch BME Health &amp; Social Care event December 2015 feedback</li> </ul>	<ul style="list-style-type: none"> <li>• Sheffield Health and Social Care</li> <li>• Mental Health Service users</li> <li>• Health and Social care commissioners</li> <li>• Public Health</li> </ul>	
Issues		Improvement Target	Action /Lead /Deadline		
Under and over representation of some BME groups in some services and overrepresentation in others.		<p>Service use by BME groups across the city is understood by commissioners and providers using available data collaboratively.</p> <ul style="list-style-type: none"> <li>• Changes are made to services in response to this information.</li> </ul>	SHSC to undertake a 'knowledge mobilisation case study' focusing on EIA of acute bed and community team changes.		

Goal 1 and 2 (Item 5)				
PC Group/ EDS Goal		Priority Identified	Evidence	Stakeholders
<ul style="list-style-type: none"> <li>• <b>Disability</b></li> <li>• <b>Age</b></li> <li>• <b>Race</b></li> <li>• <b>Geographic health Inequality</b></li> </ul>	<ul style="list-style-type: none"> <li>• 1.2</li> <li>• 1.4</li> <li>• 2.1</li> <li>• 2.3</li> </ul>	<ul style="list-style-type: none"> <li>• Equal access to health screening</li> <li>• Priority groups identified mental health, learning disability and BME groups with a view to increasing cervical, breast, diabetic eye and Abdominal Aortic Aneurysm (AAA) screening</li> <li>• Breast screening: women living in the most deprived areas</li> <li>• Cervical screening: younger age groups (under 34), especially those living in more deprived areas</li> <li>• Bowel screening: men in the lowest age bracket (60-64), especially those living in the most deprived areas.</li> </ul>	<ul style="list-style-type: none"> <li>• Doncaster and Bassetlaw Hospitals health promotion of South Yorkshire and Bassetlaw NHS Screening programmes</li> <li>• Sheffield JSNA Cancer Health needs Assessment 2015</li> </ul>	<ul style="list-style-type: none"> <li>• SHSC and STH</li> <li>• Health Commissioners</li> <li>• Age, BME and Women's Hub</li> <li>• Organisations that support people with PC's noted</li> </ul>
Issues		Improvement Target	Action /Lead /Deadline	
<ul style="list-style-type: none"> <li>• Doncaster and Bassetlaw Hospitals promotion of South Yorkshire and Bassetlaw NHS Screening programmes for Cervical, Breast diabetic eye and Abdominal Aortic Aneurysm (AAA) screening.</li> </ul>		<ul style="list-style-type: none"> <li>• Increasing awareness in Sheffield in 2016 re mental health, learning disability and BME groups.</li> </ul>	<p><b>SHSC</b></p> <ul style="list-style-type: none"> <li>• <b>SHSC to provide advice to SHSC service users in liaison with Macmillan</b></li> </ul> <p>Other Stakeholders</p> <ul style="list-style-type: none"> <li>• Work with Macmillan on access to cancer screening advice</li> </ul>	

Goal 1 and 2 (Item 6)				
PC Group/ EDS Goal		Priority Identified	Evidence	Stakeholders
<ul style="list-style-type: none"> <li>Race</li> </ul>	<ul style="list-style-type: none"> <li>1.1</li> <li>1.2</li> <li>2.1</li> </ul>	<p>Roma health inequalities</p> <ul style="list-style-type: none"> <li>Lack of consistency across services in recording Roma Ethnicity/ lack of available field to record</li> <li>Anecdotal assumptions about use of services</li> </ul>	<p>Public Health Impact Assessment on Roma Community Report</p> <ul style="list-style-type: none"> <li>Public Health review of data fields proposed data fields. Requests to SHSC to develop a field</li> </ul>	<p>Sheffield City Council</p> <ul style="list-style-type: none"> <li>Sheffield Teaching Hospitals</li> <li>Sheffield Health and Social Care</li> <li>Sheffield Teaching Hospitals</li> <li>People from the Roma Community</li> <li>Organisations that support people from the Roma Community</li> <li>Race Hub</li> </ul>
Issues		Improvement Target	Action /Lead /Deadline	
<ul style="list-style-type: none"> <li>There is no consistency in recording data about Roma groups.</li> <li>There is no satisfactory alternative HSCIC field.</li> </ul>		<ul style="list-style-type: none"> <li>To be agreed in line with Roma health needs assessment recommendations</li> </ul>	<p><b>SHSC</b></p> <ul style="list-style-type: none"> <li><b>SHSC to start to use new fields proposed by Public Health/ LJ/April 2017</b></li> <li><b>GP practices to use new fields</b></li> <li><b>To consider options for SHSC and SCH</b></li> <li><b>SHSC to liaise with partners re effective use of data drawing on gaps identified in the Roma Health Impact Review</b></li> </ul> <p>Other Stakeholders <b>To adopt new fields consistently</b></p> <p><b>Identify action as a result of the Roma Health Impact Review</b></p>	

Goal 1 and 2 (Item 7)					
PC Group/ EDS Goal		Priority Identified	Evidence	Stakeholders	
<ul style="list-style-type: none"> <li>Gender Reassignment</li> </ul>	<ul style="list-style-type: none"> <li>1.1</li> <li>1.2</li> <li>2.1</li> <li>2.3</li> </ul>	<ul style="list-style-type: none"> <li>Hormone prescribing in primary care for trans patients</li> </ul>	<ul style="list-style-type: none"> <li>Raised by Trans service users</li> <li>Letter from LGBT Sheffield</li> <li>National protocol</li> <li>National government Trans review</li> </ul>	<ul style="list-style-type: none"> <li>Sheffield City Council</li> <li>Sheffield Teaching Hospitals</li> <li>People from BME groups who have a sight impairment</li> <li>Organisations that support people with sight impairments</li> </ul>	
Issues		Improvement Target	Action /Lead /Deadline		
<p>Tran's service users feel that they should be able to access hormone therapy at primary care level rather than prescriptions only being available from gender services.</p>		<p>Where appropriate trans service users receive hormone prescriptions from their GP.</p>	<p>SHSC to provide advice and input dependant on plan agreed.</p>		



Goal 1 and 2 (Item 8)				
PC Group/ EDS Goal		Priority Identified	Evidence	Stakeholders
Sexual Orientation	<ul style="list-style-type: none"> <li>1.1</li> <li>1.2</li> </ul>	<ul style="list-style-type: none"> <li>People from LGBT groups may have a negative experience of End of Life care</li> </ul>	<ul style="list-style-type: none"> <li>Marie Cure report - Hiding who I am: exposing the reality of end of life care for LGBT</li> </ul>	<ul style="list-style-type: none"> <li>End of Life care Providers and Commissioners</li> <li>LGBT Sheffield</li> <li>LGBT Hub</li> </ul>
Gender Reassignment	<ul style="list-style-type: none"> <li>2.1</li> <li>2.3</li> </ul>			
Issues		Improvement Target	Action /Lead /Deadline	
For SHSC this area is relevant to Dementia Care.		<ul style="list-style-type: none"> <li>People from LGBT communities have equal experiences of end of life care to people who are not from the LGBT communities.</li> <li>End of Life care services have a good understanding of the specific needs of people experiencing end of life care.</li> </ul>	<p><b>SHSC</b></p> <ul style="list-style-type: none"> <li><b>Undertake training for staff on the specific concerns or needs of LGBT people at the end of life.</b></li> <li><b>Review knowledge in Dementia care services and provide training based on review.</b></li> </ul> <p>Other Stakeholders</p> <ul style="list-style-type: none"> <li>Take action to ensure that literature and materials about end of life care services represents all diverse groups</li> <li>Share examples of local excellence in end of life care for LGBT people.</li> <li>Work with local LGBT groups to understand more about end of life care needs.</li> </ul>	

Goal 1 and 2 (Item 9)				
PC Group/ EDS Goal		Priority Identified	Evidence	Stakeholders
<ul style="list-style-type: none"> <li>Disability</li> </ul>	<ul style="list-style-type: none"> <li>2.1</li> <li>2.3</li> </ul>	<ul style="list-style-type: none"> <li>Negative experience of Deaf patients using NHS services.</li> <li>Deaf people in the city lack information about health</li> <li>Request from people who have a sight impairment for health promotion advice</li> </ul>	<ul style="list-style-type: none"> <li>Feedback from the Deaf Advice Service</li> <li>Feedback from SRSB</li> </ul>	<ul style="list-style-type: none"> <li>Sheffield City Council</li> <li>Sheffield Teaching Hospitals</li> <li>People from BME groups who have a sight impairment</li> <li>Organisations that support people with hearing and sight impairments</li> </ul>
Issues		Improvement Target	Action /Lead Organisation/Deadline	
<ul style="list-style-type: none"> <li>Evidence that people in the Deaf community regularly seek advice from the Deaf Advice service in relation to health related correspondence they have received.</li> <li>People with sight impairments may not have equal access to health promotion advice.</li> </ul>		<ul style="list-style-type: none"> <li>This area is relevant to SHSC in terms of <b>access to primary level Mental Health services and access to crisis services in secondary care.</b></li> <li>People who are Deaf will report positive experiences of health services.</li> <li>People who are Deaf will report that they have access to have information about their health</li> <li>People who have sight impairments have accessible health information.</li> </ul>	<p><b>SHSC</b></p> <ul style="list-style-type: none"> <li><b>Provide advice on IAPT and mental health and wellbeing via the Deaf advice service.</b></li> <li><b>Review access to crisis house services for service users who are deaf in liaison with the regional lead CPN for people who are Deaf</b></li> </ul> <p>Other Stakeholders</p> <ul style="list-style-type: none"> <li>Work with pharmacies to develop a “BSL friendly” accreditation scheme – particularly around minor ailments –</li> </ul>	

		SCCG/ <ul style="list-style-type: none"> <li>• Develop a simple minor ailments / self-care protocol to support people whose first language is BSL SCCG</li> <li>• Consider producing short films in collaboration with the Deaf advice Service – SCCG</li> </ul>
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Goal 1 and 2 (Item 10)					
PC Group/ EDS Goal		Priority Identified	Evidence	Stakeholders	
<ul style="list-style-type: none"> <li>• Disability</li> <li>• Ethnicity</li> </ul>	<ul style="list-style-type: none"> <li>• 1.1</li> </ul>	<ul style="list-style-type: none"> <li>• Data quality and completeness</li> </ul>	<ul style="list-style-type: none"> <li>• CCG PPI Team</li> <li>• Provider Annual Reports and data review</li> </ul>	<ul style="list-style-type: none"> <li>• Sheffield Health and Social Care</li> <li>• Sheffield Children’s Hospital</li> <li>• Sheffield Health and Social Care</li> <li>• Commissioners</li> </ul>	
Issues		Improvement Target	Action /Lead /Deadline		
<ul style="list-style-type: none"> <li>• There are gaps in availability of data and quality of data in particular Disability and Ethnicity recording in provider services.</li> </ul>		<ul style="list-style-type: none"> <li>• Provider organisations will have improved their base line</li> <li>• Commissioners will have reviewed expectations and implemented any action required.</li> </ul>	<ul style="list-style-type: none"> <li>• Provider organisations should have information regarding the quality of data recording across their services, they should review this and set targets for improvement in levels of recording</li> </ul>		

Goal 1 and 2 (Item 11)				
PC Group/ EDS Goal		Priority Identified	Evidence	Stakeholders
<ul style="list-style-type: none"> <li>Disability</li> <li>Age</li> </ul>	<ul style="list-style-type: none"> <li>1.3</li> </ul>	<ul style="list-style-type: none"> <li>Transitions from CAMHS into adult MH and from childhood LD services into adult provision.</li> </ul>	<ul style="list-style-type: none"> <li>CCG PPI Team</li> <li><b>Hidden Voices in Health and Social Care</b> Young Healthwatch and Chillypep Children and Young people's empowerment project</li> </ul>	<ul style="list-style-type: none"> <li>Sheffield Health and Social Care</li> <li>Sheffield Children's Hospital</li> <li>Mental Health Commissioners</li> </ul>
Issues		Improvement Target	Action /Lead /Deadline	
<ul style="list-style-type: none"> <li>Hidden Voices Recommendations P.32 of report</li> </ul>		To be agreed	To be discussed in more detail to identify action in the Sheffield Equality Engagement Group	

## Goals 3 and 4

Goal 3 (Item 1)					
PC Group/ EDS Goal		Priority Identified	Evidence	Stakeholders	
<b>Disability Race</b>	<ul style="list-style-type: none"> <li>3.1</li> </ul>	<ul style="list-style-type: none"> <li>Workforce Race Equality</li> <li>Disability Equality</li> </ul>	<ul style="list-style-type: none"> <li>WRES</li> <li>Staff Survey</li> <li>Recruitment data</li> </ul>	<ul style="list-style-type: none"> <li>Workforce</li> <li>Staff Side</li> <li>Mangers</li> <li>HR staff</li> <li>Staff Governors</li> </ul>	
Issues		Improvement Target	Action /Lead /Deadline		
<ul style="list-style-type: none"> <li>WRES Metric scores</li> <li>Staff Survey results – Disability</li> <li>New Disability Confident Standard</li> </ul>		<ul style="list-style-type: none"> <li>Workforce Race Equality Standard (WRES) – improvement targets as per WRES action plan and targets</li> <li>Disability Equality Standard review metrics as they are developed by NHS England.</li> </ul>	<ul style="list-style-type: none"> <li>Workforce Disability Standard - establish a working group to achieve level three Disability Confident Employer Status</li> <li>Workforce Race Equality Standard – Implement WRES action Plan</li> <li>Engage with recruitment policy review undertake EIA analysis.</li> <li>Survey all staff in next staff survey</li> </ul>		

Goal 3 (Item 2)				
PC Group/ EDS Goal		Priority Identified	Evidence	Stakeholders
<b>Gender Race</b>	<ul style="list-style-type: none"> <li>3.2</li> </ul>	<ul style="list-style-type: none"> <li>Gender Pay Gap reporting</li> <li>WRES Metric one lack of BME staff in senior posts</li> </ul>	<ul style="list-style-type: none"> <li>Proposals for Public Sector gender pay gap Reporting</li> <li>Existing data on gender pay reviewed</li> </ul>	<ul style="list-style-type: none"> <li>Workforce</li> <li>Staff Side</li> <li>Mangers</li> <li>HR staff</li> <li>Staff Governors</li> </ul>
Issues		Improvement Target	Action /Lead /Deadline	
<ul style="list-style-type: none"> <li>Public Organisations will be required to report their gender pay gap and there is an expectation that they will plan action to address any negative gaps</li> </ul>		Workforce Race Equality Standard (WRES) – improvement targets as per WRES action plan and targets <ul style="list-style-type: none"> <li>Review gender pay targets based on pay gap review</li> </ul>	<ul style="list-style-type: none"> <li>Undertake gender pay gap review in 2017/18</li> <li>Workforce Race Equality Standard – Implement WRES action Plan</li> </ul>	

Goal 3 (Item 3)				
PC Group/ EDS Goal		Priority Identified	Evidence	Stakeholders
<b>Race Disability</b>	<ul style="list-style-type: none"> <li>3.3</li> </ul>	WRES score for access to training by BME staff difference in BME and White	WRES metric data Anecdotal evidence from staff who have a disability	<ul style="list-style-type: none"> <li>Workforce</li> <li>Staff Side</li> <li>Mangers</li> <li>HR staff</li> <li>Staff Governors</li> </ul>

Issues		Improvement Target	Action /Lead /Deadline	
<ul style="list-style-type: none"> <li>BME staff appears to have disproportionately less opportunities to access development opportunities in some areas.</li> <li>There is some evidence of dissatisfaction from staff that have a disability.</li> </ul>			<ul style="list-style-type: none"> <li>Circulate information about opportunities, develop specific mailing list and look at ways of advertising opportunities through cascade information (i.e. through BME network for example) - Innov8 work</li> <li>Drop in advice sessions –Innov8 work</li> <li>Mentoring and coaching - Innov8 work</li> <li>Review successful funded applications by ethnicity and gender</li> <li>Consider any action relevant to workforce plan</li> <li>Review access to training and development through a survey monkey – all staff.</li> <li>Staff Survey to go to all staff in 2016 – include additional section Leadership and Development and review by PC group.</li> </ul>	
<b>Goal 3 (Item 4)</b>				
PC Group/ EDS Goal		Priority Identified	Evidence	Stakeholders
<b>Race Disability</b>	<ul style="list-style-type: none"> <li>3.4</li> </ul>		Staff Survey Safeguard reports	<ul style="list-style-type: none"> <li>Workforce</li> <li>Staff Side</li> <li>Mangers</li> <li>HR staff</li> <li>Staff Governors</li> </ul>

Issues	Improvement Target	Action /Lead /Deadline
<ul style="list-style-type: none"> <li>High rate of incidents reported through safeguard that involve racial abuse</li> <li>Disabled staff and staff from BME group's report a worse experience in terms of harassment than others</li> </ul>	<ul style="list-style-type: none"> <li>Year on year Improvement in staff survey score</li> </ul>	<ul style="list-style-type: none"> <li>Third party harassment policy/ \Zero tolerance – launch with visual resources</li> <li>Check if LD are using the LD resources.</li> <li>Review incident report at operational group and identify further action.</li> <li>Review staff survey data.</li> </ul>

Goal 3 (Item 5)				
PC Group/ EDS Goal		Priority Identified	Evidence	Stakeholders
<b>Disability Sex Carers</b>	<ul style="list-style-type: none"> <li>3.5</li> </ul>	<ul style="list-style-type: none"> <li>Providing better information about flexible working options policy and procedure</li> </ul>	<ul style="list-style-type: none"> <li>Complaints</li> <li>Carers Strategy</li> </ul>	<ul style="list-style-type: none"> <li>Workforce</li> <li>Staff Side</li> <li>Mangers</li> <li>HR staff</li> <li>Staff Governors</li> </ul>
Issues		Improvement Target	Action /Lead /Deadline	
<ul style="list-style-type: none"> <li>Some staff may not be fully aware of options and trust policy on flexible working</li> </ul>		<ul style="list-style-type: none"> <li>No specific improvement target</li> </ul>	<ul style="list-style-type: none"> <li>Provide written and electronic information and distribute</li> <li>Include on induction</li> </ul>	



Goal 3 (Item 6 )				
PC Group/ EDS Goal		Priority Identified	Evidence	Stakeholders
Disability Race	<ul style="list-style-type: none"> <li>3.6</li> </ul>	<ul style="list-style-type: none"> <li>Race</li> <li>Disability</li> </ul>	<ul style="list-style-type: none"> <li>Staff survey data indicates that staff from BME groups and Disabled staff have a less positive experience</li> </ul>	<ul style="list-style-type: none"> <li><b>Disabled Staff</b></li> <li><b>Staff from BME Groups</b></li> </ul>
Issues		Improvement Target	Action /Lead /Deadline	
As identified in the WRES and review of data by Disabled staff in staff survey		<ul style="list-style-type: none"> <li>As per WRES targets and Action</li> <li>Become a level three Disability Confident Employer</li> </ul>	<ul style="list-style-type: none"> <li>WRES action Plan</li> <li>Working group to look at how to achieve standard for third level Disability Confident Employer</li> <li>Review Disability Equality Standard when published</li> <li>Undertake staff survey of all staff in 2016</li> </ul>	

## Goal 4

Goal 4 considers Inclusive leadership the following section identifies evidence to support **Goal 4**.

PC Group/ EDS Goal		Evidence
ALL	<ul style="list-style-type: none"><li>4.1</li></ul>	<ul style="list-style-type: none"><li>SHSC Board members have been involved in supporting the Trust BME mentoring project and have expressed a commitment to continue and expand this work.</li><li>The SHSC Chair has requested a Business case of diversity to be presented to the Trust Board in the new year</li><li>The Business Planning Group have supported continued funding of the Innov8 project work</li></ul>
ALL	<ul style="list-style-type: none"><li>4.2</li></ul>	<ul style="list-style-type: none"><li>The Trust project management document suite includes Equality impact analysis process through the project management process.</li><li>Trust Board front sheets require authors to consider if the papers contents are relevant to the Equality Act 2010</li></ul>
ALL	<ul style="list-style-type: none"><li>4.3</li></ul>	<ul style="list-style-type: none"><li>Senior staff are encouraged to attend a three day Race Equality Cultural Capability Training , over 70 senior staff have completed this course) they are encouraged to and feed learning back into their areas of work.</li></ul>

## Appendix 2 - Equality Objectives 2012 – 2016

A full report on the Trust Equality Objectives can be found in the Trust Annual Equality and Human Rights Report 2015/16. Of the objectives identified in 2011/12 the following Objective will be rolled forward. Work will continue on objectives related to Improving **Recording When Service Users Have Physical Impairments** and **Improving Staff Satisfaction for Staff from Black and Minority Ethnic Groups**, through objectives linked to the Accessible Information Standard and the Workforce Race Equality Standard.

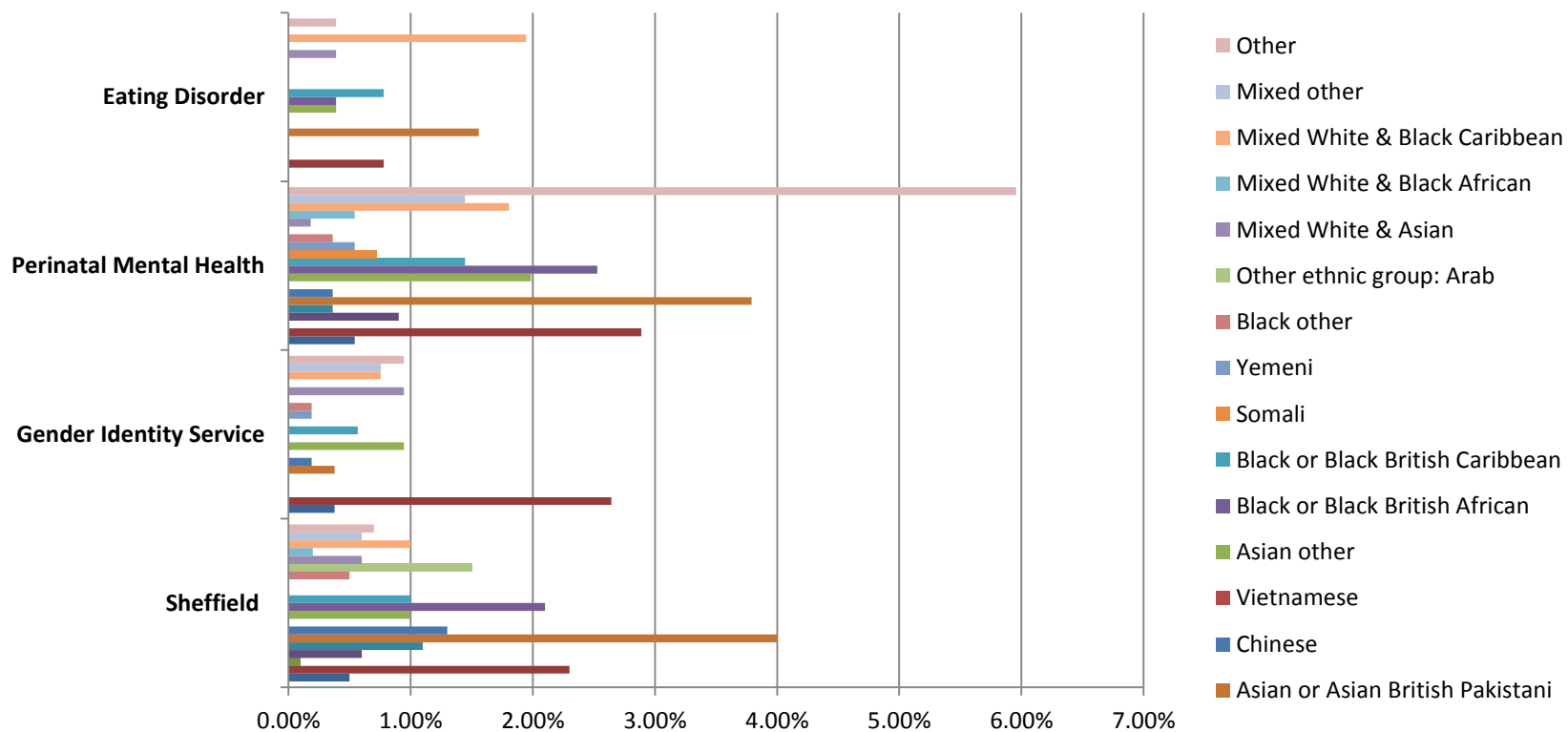
In relation to the Objective of **Improving Recordings of Sexual orientation in services**, the number of records that are blank for sexual orientation remains high at an average of 95%, an improvement of only 2%, despite a number of actions being taken to promote recording of sexual orientation. This area will therefore remain a priority for improvement.

Sexual Orientation Field Percentage Blank								
	Gender Identity Service	Learning Disability Service	Mental Health Service	Perinatal Mental Health	Substance Misuse Service	Eating Disorders Service	Improving Access to Psychological Services (IAPT)	Average for All
<b>2015/2016</b>	93.60%	84.18%	90.76%	97.42%	98.10%	56.35%	97.32%	94.68%
<b>2014/2015</b>	97.68%	90.21%	92.71%	96.71%	98.45%			95.15%
<b>2013/2014</b>	99.00%	96.00%	95.00%	96.40%	99.30%			96.30%
<b>2012/2013</b>	99.20%	96.90%	95.60%	97.00%	99.40%			96.80%

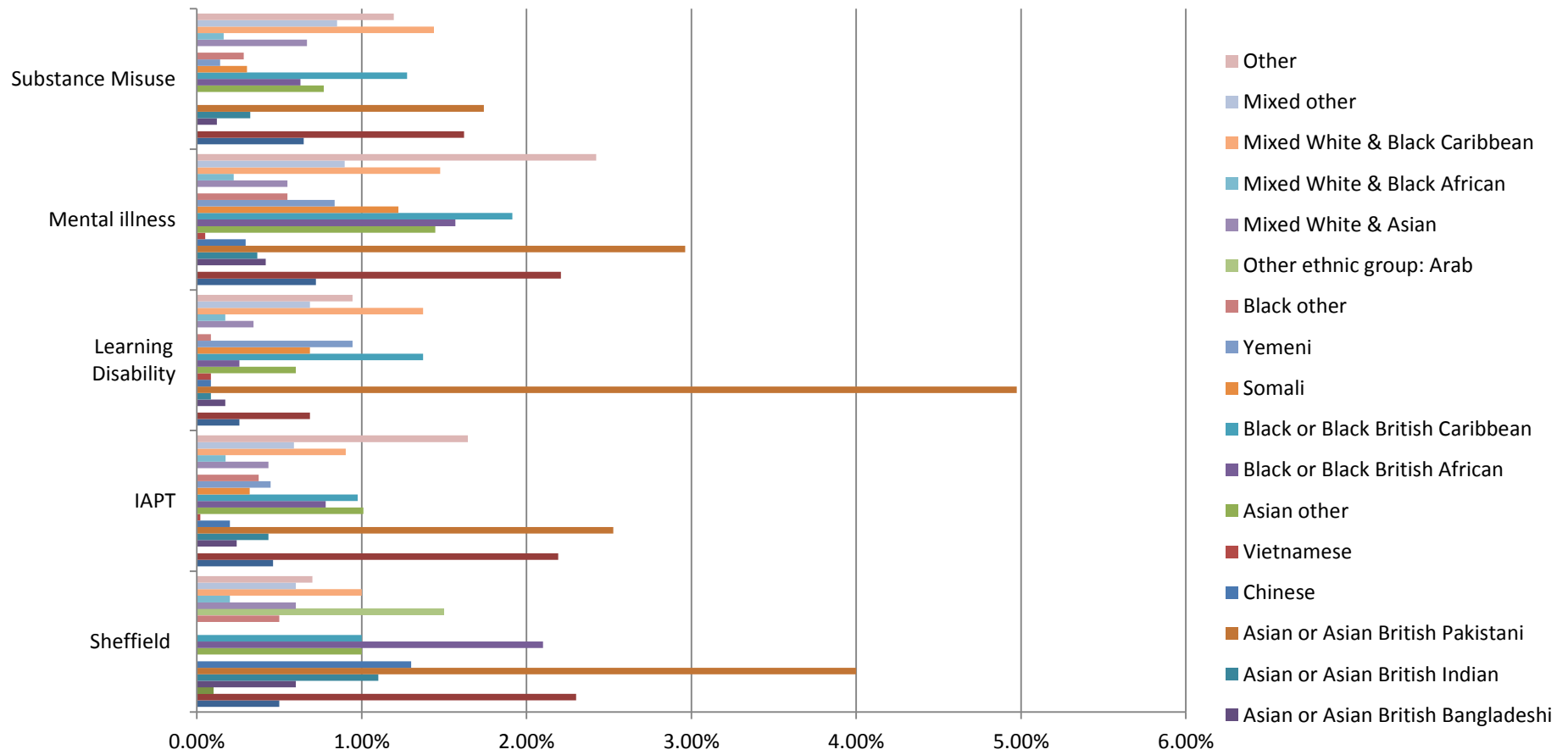
### Appendix 3 - Data Relevant to Equality Objectives

**Ethnicity and Ethnicity Recording** - The tables below show the numbers of service users by ethnicity in different services in the Trust and the numbers of records where ethnicity is not recorded.

### Ethnicity by Service Compared to the Sheffield Population (Excludes White British)



## Ethnicity by Service Compared to the Sheffield Population (Excludes White British)



# Percentage White British by Service

