

# Annual Equality and Human Rights Report 2018/19





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# Introduction

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

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

Protected Characteristics are:

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

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

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

This report provides information about activity the Trust has undertaken between in 2018/19 to support these duties. The report also includes an update on progress the Trust has made towards achieving the Trust Equality Objectives 2016 – 2020.

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

- The [Workforce Race Equality Standard Report and Action plan](#)
- The Trust [Gender Pay Gap Report 2018](#) and [Infographic](#)
- The Sheffield Health and Social Care Annual Report

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

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

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

# Moving Forward Equality of Opportunity

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

Information about people who use our services applies to use between 1<sup>st</sup> April 2018 and the 31<sup>st</sup> of March 2019. Reports are provided for use of the following services:

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

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

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

## Age

### The Age of the Sheffield Population

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

## Age of people who use our services

Services in the Trust operate across the age range – the Trust does not provide specific services to people under 18 – where they do this exception is closely monitored. The tables below show the age profile of people using Trust services which reflects that the largest age groups are 18-29 in most services apart from Substance Misuse service where the largest age groups are 30-39 and 40-49. Last year we reported an increase in the number of people under 18 in the gender identity service which reflected service users that were 17 and a half and had been referred to the service and placed on a waiting list until they were 18 these service users now appear to be using the service as the number of under 18's has reduced to 0% with the gender service having the highest percentage of 18- 29 year olds in comparison to other services.

	Gender Identity Service	Learning Disability	Mental illness	Perinatal Mental Health
	18/19	18/19	18/19	18/19
Under 18	0.0%	0.2%	1.3%	0.6%
18-29	61.0%	33.7%	22.2%	47.8%
30-39	15.2%	16.4%	16.3%	45.0%
40-49	11.0%	12.0%	13.9%	6.6%
50-59	8.4%	16.5%	11.4%	0.0%
60-69	3.8%	12.0%	6.3%	0.0%
70 -79	0.6%	5.6%	10.7%	0.0%
80+	0.0%	3.7%	17.8%	0.0%

	Substance Misuse	Eating Disorders Service	IAPT
	18/19	18/19	18/19
Under 18	0.0%	10.7%	1.0%
18-29	12.8%	58.0%	32.7%
30-39	29.3%	17.6%	22.2%
40-49	33.6%	8.1%	16.6%
50-59	18.5%	5.2%	15.5%
60-69	5.0%	0.3%	7.6%
70 -79	0.7%	0.0%	3.6%
80+	0.1%	0.0%	0.9%

## Age of people who work in our services

In 2018/19 there has been a small increase in staff in the 20 – 29 age group.

Comparisons on age data have been made considering the impact of staff who work at the Trust on a bank contract. It appears that this group affect the age profile of the trust most in the 65+ age group, this is likely to be reflective of staff who retire and come back to work on the Bank.

	2017	2018	2019	2019 Without Bank
Under 20	0.7%	1.0%	0.9%	0.7%
20 - 29	13.1%	13.1%	15.4%	15.0%
30 - 39	20.4%	21.0%	20.8%	22.1%
40 - 49	25.9%	24.6%	24.3%	24.9%
50 - 54	16.2%	15.9%	15.5%	15.5%
55 - 59	13.4%	13.8%	13.3%	13.0%
60 - 64	7.1%	7.4%	6.8%	6.4%
65 and Over	3.3%	3.2%	3.0%	1.8%

## Disability

### Long-Term Health Problem or Disability in the Sheffield Population

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

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



## **Mental Health**

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

## **Dementia**

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

## **Learning Disability**

- Sheffield has a higher prevalence of people with learning disabilities than the national average – this relates both to adults (18-64 years) where prevalence is 5.17 per 1,000 people registered with a GP compared with 4.33 nationally, and to children where 35.20 per 1,000 known to schools have a learning difficulty compared with 24.61 nationally – **Sheffield JSNA 2013 p.26**

## **People who are Deaf**

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

## **People who are registered 'hard of hearing'**

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

## **People who are Blind or Partially Sighted**

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

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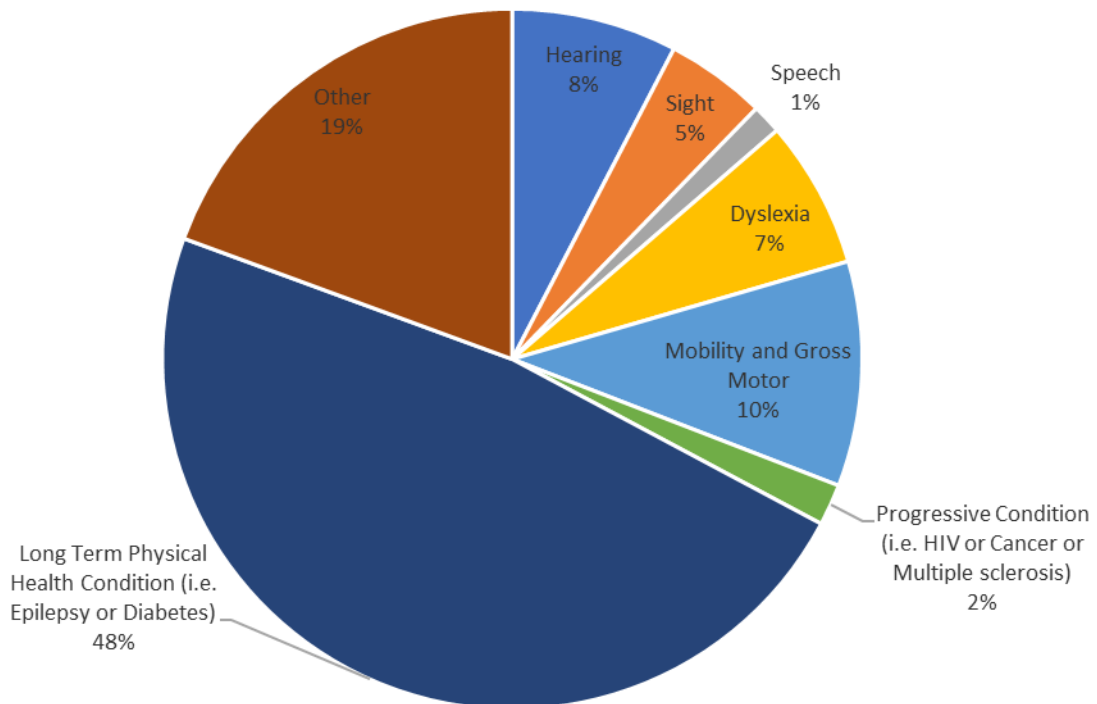
<sup>1</sup> <http://www.hscic.gov.uk/article/2021/Website-Search?productid=1758&q=Deaf&sort=Relevance&size=10&page=1&area=both#top>

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

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

### Disability People Who Use Our Services

Recording of disability remains low with 94% of people using services in 2018/19 not having a record that they have been asked. 5.3% of all people using services in 2018/19 said they had a disability, this reduces to 1% if Learning Disability and Mental Health are excluded. The chart below shows the breakdown of this 1%.



### The Accessible Information Standard

In 2017/18 we reported that a series of staff briefings were being undertaken to improve knowledge of the changes that had taken place in the Service User information system (Insight). The tables below show an improvement year on year of

people's needs under the accessible information standard are being identified and recorded. The records below include records for 2019 as of September 2019.

<b>Needs a Communication Professional</b>	2017	2018	2019	Total
British Sign Language interpreter needed	6	5	7	18
Makaton Sign Language interpreter needed		1		1
Needs an advocate	3	5	8	16
Requires Deafblind communicator guide			1	1
Requires lip speaker	1			1
Requires manual note taker	1			1
Sign Supported English interpreter needed	2	3		5
<b>Total</b>	<b>13</b>	<b>14</b>	<b>16</b>	<b>43</b>

<b>Needs a Specific Contact Method</b>	2017	2018	2019	Total
Requires contact by email		1		1
Requires contact by letter	1	2	2	5
Requires contact by short message service text message		3	1	4
Requires contact by telephone	7	4	3	14
Requires contact by text relay	1	4	1	6
Requires visual alert	2	2	1	5
<b>Total</b>	<b>11</b>	<b>16</b>	<b>8</b>	<b>36</b>

<b>Needs a Specific Format</b>	2017	2018	2019	Total
Requires information by email	4		2	6
Requires information in Easy read	3	15	31	49
Requires information in Makaton		2		2
Requires information verbally	3	7	5	15
Requires written information in at least 28 point sans serif font			1	1
<b>Total</b>	<b>10</b>	<b>24</b>	<b>39</b>	<b>73</b>

Uses Communication Support	2017	2018	2019	Total
Does use hearing aid	3	2	20	25
Preferred method of communication: written	1	4	1	6
Uses a citizen advocate	1	1	9	11
Uses a legal advocate	1	1	2	4
Uses alternative communication skill	2	3	1	6
Uses British sign language	1	2	4	7
Uses communication device			1	1
Uses lip speaker			1	1
Uses Makaton sign language		1	4	5
Uses manual note taker	1			1
Uses sign language	1		1	2
Total	11	14	44	69

Recording appears to be improving year on year and covers all four need areas. The main need for a communication professional are service users who require a British Sign Language. Interpreting services are provided to the Trust by Enable2, in 2018/19 there were 46 British Sign Language requests and of these there were 5 that could not be provided.

### **Disability and people who work in our services**

In 2018/19 we have continued to prepare for introduction of the Workforce Disability Equality Standard (WDES). This will operate in a similar way to the NHS Workforce Race Equality Standard. The Trust will publish its first WDES report and action plan in September 2019, for more details please visit:

<https://shsc.nhs.uk/about-us/equality/meeting-our-equality-duties/>

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

We would hope to reach a position where there are less than 10% of staff with no record and hope that introduction of the self-service Electronic Staff Record (ESR) will support this.

Disability	2016	2017	2018	2019	2019 Without Bank
Yes	7.89%	6.14%	6.60%	6.9%	7.2%
No	60.53%	78.08%	78.80%	79.1%	79.5%
Not Stated	31.58%	15.78%	14.60%	14.1%	13.2%

In comparison, of staff who responded in the staff survey to the question - Do you have any physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last for 12 months or more? (803), 25.7% said that they did, this compares to a response rate of 22.0% for the benchmark group (Mental Health/Learning Disability NHS Trusts). Of note the question on Disability in the staff survey and in ESR are worded differently but in terms of people responding to the Trust staff survey in 2018 over 200 staff said yes to this question. Of these 127 said they required reasonable adjustments.

### The NHS Staff Experience Survey 2018

The tables below show responses to the NHS staff survey that are relevant to Disabled staff. These specific questions from the staff survey are now part of the metrics that the Trust will report on and review for the new NHS Workforce Disability Equality Standard (WDES).

	Disabled	Not Disabled
% of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public in the last 12 months	36.9%	29.8%
% of staff experiencing harassment, bullying or abuse from managers in the last 12 months	16.7%	10.7%
% of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	17.6%	13.0%
% of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months	61.0%	59.7%

	Disabled	Not Disabled
% of staff believing that the Trust provides equal opportunities for career progression or promotion.	75.4%	84.6%

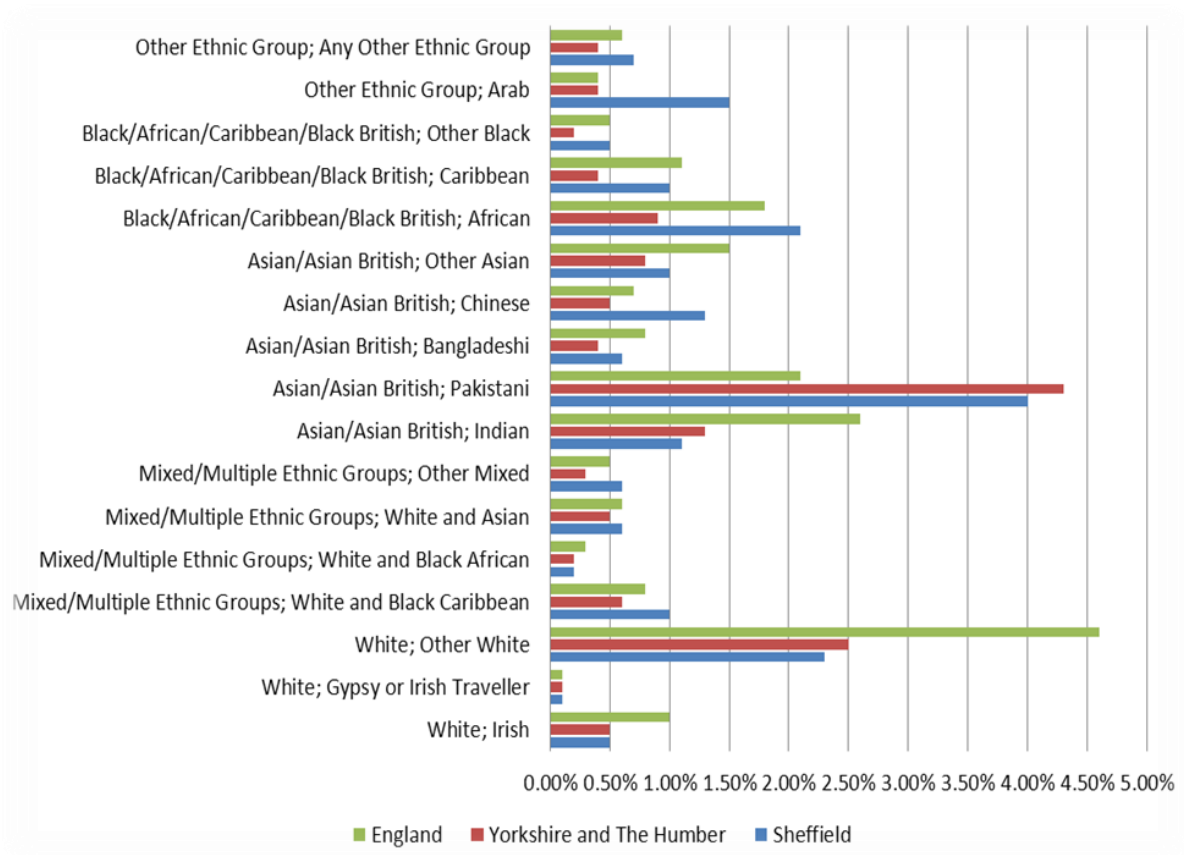
	Disabled	Not Disabled
% of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	24.8 %	14 %

	Disabled	Not Disabled
% staff saying that they are satisfied with the extent to which their organisation values their work.	34.5%	46.8 %

## Race

### Ethnicity of the Sheffield Population

The table below shows the percentage of people in Black Asian and Minority ethnic groups in Sheffield based on the 2011 census, white British is not included in this table. Nearly 81% of the Sheffield population in the 2011 census described themselves as White - English/Welsh/Scottish/Northern Irish/British. This is higher than the overall population in England but lower than the population of Yorkshire and the Humber. Of the remaining 19% the highest alternative ethnicity reported in Sheffield is the Asian / Asian British Pakistani group (4%). The 2011 Census included two new groups 'gypsy and Irish traveller' and 'Arab'. The percentage of people in Sheffield who describe their ethnicity as Arab (1.5%) is higher than the percentage population in England and in Yorkshire and the Humber.



### Ethnicity of People who use our Services

The tables below focus on the ethnicity of service users where ethnicity is known i.e. not known / not asked and blank records are excluded. The ethnicity categories in the grey boxes are those that are used in the National Census and the ethnicity percentage for the city is included for people aged 18-64. This provides a rough indication of the use of trust service compared to the population of Sheffield. The Trust also uses four optional ethnicity categories that can be used in NHS Patient Information Systems:

- Roma
- Vietnamese
- Somali, and
- Yemeni

We have included these groups because of the size of the Sheffield communities sharing these ethnicities. A separate table of these groups is provided because this level of detail is not available from the national census data. It should be noted that

some service users in these groups and in the 'Gypsy and Irish Traveller' and 'Arab' group may have been recorded with a different ethnicity in previous years.

Ethnicity – service users	Gender Identity Service		Learning Disability		Mental Health		Sheffield 18 - 64
	17/18	18/19	17/18	18/19	17/18	18/19	2011
White British	90.40%	90.27%	85.70%	84.34%	79.90%	84.85%	80.60%
White Irish	0.60%	0.62%	0.20%	0.20%	0.60%	0.66%	0.50%
White other	3.40%	3.45%	0.90%	0.91%	2.10%	1.83%	2.70%
Gypsy or Irish Traveller		0.00%		0.00%		0.00%	0.10%
Mixed White & Black Caribbean	0.90%	0.62%	1.20%	1.72%	1.50%	1.06%	0.80%
Mixed White & Black African	0.00%	0.00%	0.10%	0.00%	0.20%	0.21%	0.20%
Mixed White & Asian	0.90%	1.23%	0.30%	0.30%	0.60%	0.42%	0.50%
Mixed other	1.00%	1.48%	0.60%	0.71%	1.00%	0.58%	0.40%
Asian or Asian British Indian	0.10%	0.25%	0.20%	0.20%	0.40%	0.46%	1.30%
Asian or Asian British Pakistani	0.40%	0.37%	5.40%	5.86%	3.20%	2.34%	3.60%
Asian or Asian British Bangladeshi	0.00%	0.00%	0.20%	0.10%	0.40%	0.27%	0.60%
Asian other	0.70%	0.49%	0.70%	0.61%	1.30%	1.04%	1.10%
Black or Black British Caribbean	0.30%	0.25%	1.40%	1.62%	2.00%	1.65%	1.00%
Black or Black British African	0.00%	0.00%	0.30%	0.51%	1.60%	1.11%	2.20%
Black other	0.10%	0.00%	0.20%	0.20%	0.60%	0.43%	0.50%
Chinese	0.10%	0.25%	0.10%	0.20%	0.30%	0.25%	1.80%
Any Other Ethnic Group - Arab		0.00%		0.00%		0.05%	1.40%
Any Other Ethnic Group	0.90%	0.49%	1.10%	0.81%	2.30%	1.32%	0.80%
Roma	-	0.00%	-	0.32%	-	0.03%	-
Vietnamese	0.00%	0.12%	0.00%	0.01%	0.04%	0.06%	-
Somali	0.00%	0.00%	0.86%	0.33%	1.23%	0.85%	-
Yemeni	0.10%	0.12%	0.95%	0.58%	0.71%	0.50%	-



Ethnicity – service users	Perinatal Mental Health		Substance Misuse		Eating Disorders Service		IAPT		Sheffield 18 - 64
	17/18	18/19	17/18	18/19	17/18	18/19	17/18	18/19	2011
White British	73.50%	75.5%	87.30%	87.2%	94.80%	91.3%	85.30%	84.2%	80.6%
White Irish	0.50%	0.3%	0.60%	0.6%	0.00%	0.0%	0.40%	0.5%	0.5%
White other	3.70%	3.3%	1.60%	1.9%	1.00%	2.0%	2.10%	2.7%	2.7%
Gypsy or Irish Traveller		0.0%		0.0%		0.0%		0.0%	0.1%
Mixed White & Black Caribbean	3.40%	2.4%	1.20%	1.3%	1.00%	1.2%	1.10%	0.9%	0.8%
Mixed White & Black African	0.80%	0.9%	0.10%	0.2%	0.00%	0.0%	0.20%	0.3%	0.2%
Mixed White & Asian	0.30%	0.0%	0.80%	0.8%	0.30%	1.2%	0.40%	0.4%	0.5%
Mixed other	1.30%	1.2%	0.80%	0.9%	0.30%	0.8%	0.60%	0.7%	0.4%
Asian or Asian British Indian	0.00%	1.8%	0.50%	0.4%	0.00%	0.4%	0.50%	0.7%	1.3%
Asian or Asian British Pakistani	4.70%	3.9%	1.90%	1.7%	0.70%	2.4%	2.70%	2.6%	3.6%
Asian or Asian British Bangladeshi	0.30%	0.3%	0.20%	0.1%	0.00%	0.0%	0.20%	0.2%	0.6%
Asian other	2.60%	3.0%	0.80%	1.1%	0.00%	0.4%	0.90%	1.3%	1.1%
Black or Black British Caribbean	1.30%	0.3%	1.40%	1.3%	0.00%	0.0%	1.30%	1.1%	1.0%
Black or Black British African	3.20%	2.1%	0.50%	0.5%	0.30%	0.0%	0.80%	0.7%	2.2%
Black other	0.30%	0.6%	0.40%	0.3%	0.00%	0.0%	0.40%	0.4%	0.5%
Chinese	0.50%	0.9%	0.00%	0.0%	0.30%	0.4%	0.20%	0.3%	1.8%
Any Other Ethnic Group - Arab		0.0%		0.0%		0.0%		0.2%	1.4%
Any Other Ethnic Group	3.10%	1.5%	1.30%	1.2%	1.00%	0.0%	2.00%	1.6%	0.8%
Roma	-	0.30%	-	0.03%	-	0.00%	-	0.32%	-
Vietnamese	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.02%	0.01%	-
Somali	0.72%	0.90%	0.29%	0.26%	0.33%	0.00%	0.32%	0.33%	-
Yemeni	0.54%	0.90%	0.20%	0.16%	0.00%	0.00%	0.53%	0.58%	-

Service Users in all services apart from gender and eating disorders have identified as Roma since the inclusion of this new option in 2017/18.

The diversity of use of the perinatal mental health services continues further work is planned for 19/20 to explore the trusts data on ethnicity.

### Ethnicity Recording

Ethnicity recording was discussed in a series of workshops which took place in late 2018 early 2019. Recording of ethnicity has significantly improved in some services but only one service is below 10% for not known/not asked.

Ethnicity Recording	Gender Identity Service	Learning Disability	Mental Health	Perinatal Mental Health	Substance Misuse	Eating Disorders Service	IAPT
Not known 18/19	14.2%	16.6%	19.1%	7.5%	16.2%	17.6%	16.8%
Not known 17/18	23.8%	15.9%	20.9%	11.0%	16.5%	23.8%	28.0%
Not known 16/17	21.2%	13.7%	19.0%	9.2%	15.2%	18.0%	30.1%
Not known 15/16	24.6%	9.12%	15.67%	15.93%	14.60%	20.43%	25.10%
Not known 14/15	21.05%	17.66%	18.02%	11.29%	16.52%	19.47%	–

## Ethnicity of people who work in our services

The table below shows the percentages of staff by ethnicity compared to the Sheffield population 18- 64 (2011 census). Arab and Gypsy or Irish Traveller are not available in the NHS Electronic Staff Record (ESR) which is why there is no figure for these two groups. More detail can be found in the Workforce Race Equality Standard Reports.

Ethnicity - Staff	2017	2018	2019	2019 without Bank	Sheffield 18 - 64 2011
White - British	76.6%	75.4%	73.5%	79.5%	80.6%
White - Irish	1.1%	1.1%	1.1%	1.2%	0.5%
White - Any Other White background	1.7%	1.7%	1.5%	1.6%	2.7%
White; Gypsy or Irish Traveller	-	-	-	-	0.1%
Mixed - White & Black Caribbean	0.9%	1.0%	0.9%	0.9%	0.8%
Mixed - White & Black African	0.6%	0.5%	0.5%	0.3%	0.2%
Mixed - White & Asian	0.1%	0.2%	0.2%	0.2%	0.5%
Mixed - Any other mixed background	0.5%	0.5%	0.6%	0.6%	0.4%
Asian or Asian British - Indian	1.4%	1.3%	1.2%	1.4%	1.3%
Asian or Asian British - Pakistani	1.5%	1.6%	1.7%	1.8%	3.6%
Asian or Asian British - Bangladeshi	0.2%	0.2%	0.1%	0.1%	0.6%
Asian or Asian British - Any other Asian background	0.6%	0.6%	0.7%	0.7%	1.1%
Black or Black British - Caribbean	1.8%	1.8%	2.0%	1.7%	1.0%
Black or Black British - African	4.5%	4.6%	4.7%	2.8%	2.2%
Black or Black British - Any Other Black background	0.4%	0.5%	0.5%	0.5%	0.5%
Chinese	0.4%	0.4%	0.4%	0.5%	1.8%
Any Other Ethnic Group - Arab	-	-	-	-	1.4%
Any Other Ethnic Group	0.6%	0.5%	0.6%	0.7%	0.8%
Not Stated/Not Specified	7.2%	8.1%	9.7%	5.7%	0.0%

## Pay Banding and Ethnicity

There are in the region of 450 Bank staff mostly working in Health Care Support Worker Roles at Bands 2 and 3. When looking at the percentage of BME staff in the organisation Bank staff have a significant impact on the percentage of BME staff both across the organisation and in relation to Banding.

The table below shows the difference in the percentage of BME staff in Band 2 and Band 3. Although there are some Registered Nurse Bank Staff these only make up a small number of the overall Bank Staff although the impact in terms of the percentage of BME staff there is an impact due to the overall numbers of BME staff being reduced when Bank are excluded.

	Excluding Bank		Including Bank	
	White	BME	White	BME
Band 2	15.1%	20.5%	17.2%	32.0%
Band 3	16.0%	12.6%	17.2%	16.3%
Band 4	8.5%	6.5%	7.9%	4.9%
Band 5	15.4%	20.1%	15.5%	17.2%
Band 6	19.5%	9.9%	18.0%	7.6%
Band 7	10.5%	6.8%	9.6%	4.9%
Band 8 A	4.7%	2.4%	4.4%	1.7%
Band 8 B	2.0%	0.3%	1.9%	0.2%
Band 8 C	0.9%	0.3%	0.9%	0.2%
Band 8 D	0.6%	0.7%	0.6%	0.5%
Band 9	0.1%	0.0%	0.1%	0.0%
Other	6.5%	19.8%	6.7%	14.3%

## Build Modify Expand



The **Build Modify Expand** programme of action and activity continues and in March 2019 it was agreed that the funding for this would be made permanent . In 2018/19 all the annual objectives were achieved.

A Third Working Together Conference was held building on the success of the previous two conferences. Funding for this initiative has now been made available permanently due to the support of the Trust executive team. The Trust BME staff network group have continued to grow and in 208/19 they established a cultural awareness briefing programme in services and continued to ensure that all recruitments at Band 7 and above have a BME representative on the recruitment panel. A plan proposed in last year’s annual report, to establish an action plan focused on the racial harassment experienced by staff from service users has been agreed and is being implemented in partnership with other mental health trusts in the region. This is a two-year plan, full details can be found in the trust WRES report.

## Religion or Belief

### Religion or Belief of the Sheffield Population

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



### Religion or Belief of people who use our services

The percentages below are of all services users in the service not just a percentage from those who gave a response. This is because the numbers of not asked is very high across services this has improved however in 2018/19.

	Gender Identity Service		Learning Disability		Mental illness		Perinatal Mental Health	
	17/18	18/19	17/18	18/19	17/18	18/19	17/18	18/19
Agnostic/ Atheist / No Religion	2.41%	2.54%	2.10%	3.12%	12.74%	12.38%	8.71%	9.17%
Christian	0.66%	0.85%	16.84%	18.03%	15.10%	25.00%	4.19%	6.67%
Muslim	0.00%	0.00%	1.81%	2.02%	3.04%	2.52%	2.42%	2.50%
other	0.58%	0.53%	0.51%	0.59%	1.90%	2.14%	0.97%	6.94%
prefer not to say	0.08%	0.11%	0.14%	0.84%	0.25%	1.00%	0.16%	0.28%
Not asked	96.27%	95.98%	78.61%	75.40%	66.96%	56.95%	83.55%	74.44%

	Substance Misuse		Eating Disorders Service		IAPT	
	17/18	18/19	17/18	18/19	17/18	18/19
Agnostic/ Atheist / No Religion	23.36%	23.76%	20.75%	24.10%	4.14%	3.50%
Christian	17.47%	17.24%	20.75%	20.85%	4.12%	3.74%
Muslim	1.99%	2.18%	0.50%	1.63%	0.68%	0.65%
other	1.13%	1.39%	2.75%	2.93%	0.34%	0.39%
prefer not to say	0.09%	0.68%	8.25%	29.64%	0.06%	0.25%
Not asked	55.96%	54.75%	47.00%	20.85%	90.65%	91.47%

### Religion or Beliefs of people who work in our services

The table below again indicates that data is influenced by the numbers of staff with bank contracts. The percentage of not known for staff in terms of religion or belief is 6.8 excluding bank and 9.5 including bank the increase including bank is an increase on the 2017/18 figure of 7.9%.

	17/18	18/19	18/19 Without Bank
Agnostic/ Atheist / No Religion	15.7%	16.8%	18.2%
Christian	35.7%	34.9%	33.5%
Muslim	2.5%	2.6%	2.7%
other	10.6%	10.7%	11.5%
Prefer not to say	27.5%	25.6%	27.3%
Undefined	7.9%	9.5%	6.8%

### Protected Characteristic of Sex

This section of the annual report focuses on the protected characteristic of 'sex' however it is important to note that Sex and Gender are different and only some of the data collected will have been collected on the basis of gender where there may be options other than male or female.

## The Sheffield Population

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

## Gender of people who use our services

This data includes an option for service users who do not identify as other than male or female.

	Gender Identity Service		Learning Disability		Mental Health		Perinatal Mental Health	
	17/18	18/19	17/18	18/19	17/18	18/19	17/18	18/19
Female	42.80%	45.45%	41.80%	44.06%	51.40%	52.26%	100.00%	100.00%
Male	55.90%	53.49%	58.20%	55.94%	48.50%	47.72%	0.00%	0.00%
Other	1.33%	1.06%	0.00%	0.00%	0.02%	0.02%	0.00%	0.00%

	Substance Misuse		Eating Disorders Service		IAPT	
	17/18	18/19	17/18	18/19	17/18	18/19
Female	30.80%	29.58%	88.50%	86.97%	63.70%	63.87%
Male	69.20%	70.42%	11.50%	13.03%	36.30%	36.10%
Other	0.00%	0.00%	0.00%	0.00%	0.01%	0.02%

The significant trend upwards for male use of the Trust Eating Disorders service continues.

Eating Disorders Service			
	16/17	17/18	18/19
Female	92.00%	88.50%	86.97%
Male	8.00%	11.50%	13.03%
Other	0.00%	0.00%	0.00%

## Gender of people who work in our service

	2017	2018	2019	2019 Without Bank
Female	74.0%	74.0%	73.3%	74.0%
Male	26.0%	26.0%	26.7%	26.0%

74% of trust employees are women. In March 2019 the Trust published its second [Gender Pay Gap Report](#) (2018 report) – this can be found on the trusts web site and contains more details of the Gender Pay Gap in the organisation. The main areas of action in respect to the Gender Pay gap have been in relation to the Clinical Excellence Awards that consultants in the trust can apply for. The 2018 report indicated that there had been an increase in the number of women applying for and being successful in achieving awards.

In a workforce with such a large population of women there will be issues that are specifically relevant to women, this includes the impact of the menopause. This is increasingly being recognised in the NHS. In early 2019 workshop on the menopause was included in the trust Health and Wellbeing Conference and further focus is planned for 2019/20 on this important area.

### Part time / Full time

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

	Full Time			Part Time		
	2017	2018	2019	2017	2018	2019
Female	46%	44%	51%	54%	56%	49%
Male	69%	66%	77%	31%	34%	23%

In 2019 there has been a reduction in the percentage of both men and women working part time although the change appears to be more significant for men than women. It is still the case that a significant number of women in the Trust (around 50%) work part time. This is relevant to the Trusts approach to flexible working and in 2019 / 20 the aim is to consider this area in more detail.

## Sexual Orientation

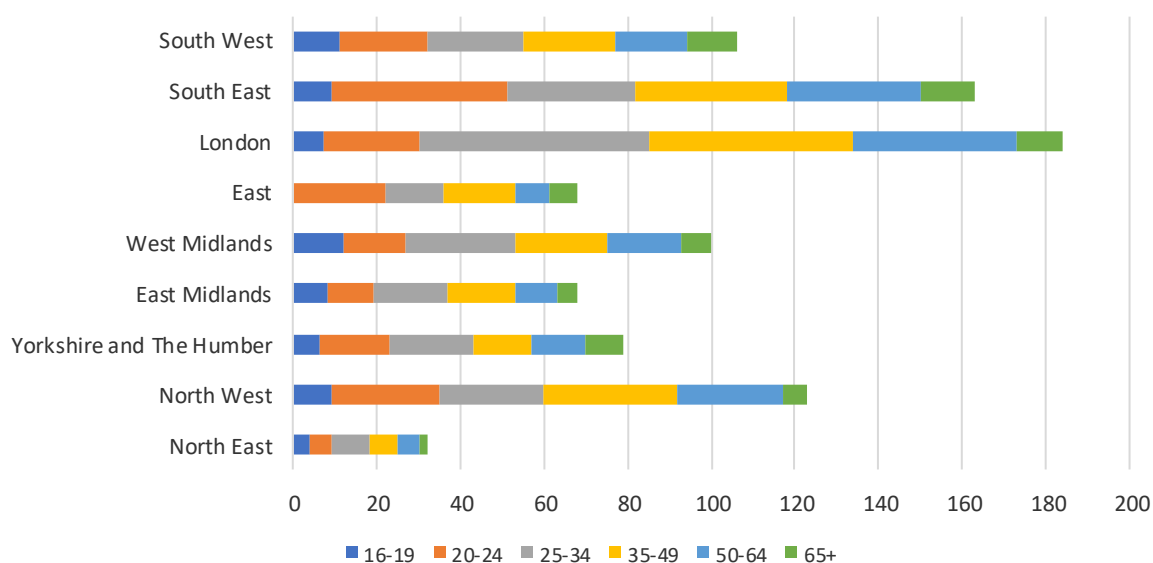
### Sexual Orientation of the population

The Office of National Statistic (ONS) published updated data on Sexual Orientation in January 2019, this included a new breakdown by region available up to 2017.

They also published data by region and age. This data was from the Annual Population Survey. The tables below are based on this data.

		Yorkshire and the Humber	UK
2017	Heterosexual or straight	91.8%	93.2%
	Gay or lesbian	0.9%	1.3%
	Bisexual	0.9%	0.7%
	Other	0.5%	0.6%
	Don't know or refuse	5.9%	4.1%

Number (thousands) identifying as lesbian Gay or Bisexual



### Sexual orientation of people who use our services

Recording of sexual orientation for service users continues to be low. In 2018/19.

The data below is based on the number of individuals using any service whereas the data on service use includes people who may use more than one service.



In 2018/19 the percentage of all service users that were asked about their sexual orientation has increased from 7% in 2017/18 to 8% in 2018/19.

Sexual Orientation % of all service users who were asked in 2018/19	
Bi-sexual	1.76%
Gay/Lesbian	1.93%
Heterosexual	92.55%
Client asked and does not know or is not sure	0.24%
Refused to answer	2.04%
Unable to answer	1.48%
% LGB of above i.e. excluding blank records	3.69%
Percentage Asked	8.04%

The percentages below provide information about service use and exclude blank records.

The table below shows the percentage recorded in each service however the actual record may have been generated when the person was using a different service so the data below only reflects the percentage of people that have been asked that are then using the service. Recording of Sexual orientation for people using the Eating Disorders service appears to have significantly improved to in 2018/19 to 72% from 47% in 2017/18.

Sexual orientation recording	Eating Disorder	Gender Identity Service	IAPT	Learning Disability	Mental Health	Perinatal Mental Health	Substance Misuse	All
2018/19 % asked	72%	17%	3%	14%	13%	10%	4%	8%
2017/18 % asked	47%	16%	3%	13%	13%	6%	4%	7%
2016/17 % asked	47%	16%	3%	16%	12%	5%	3%	4%

The table below shows the percentage of people who have said they are Gay/lesbian or Bisexual as a percentage of all people asked and as a percentage of all service users. This data needs to be used with caution however in the eating

disorders service there does appear to be a high percentage of service users who have said they are LGB (220 people asked). Higher percentages are also found in the IAPT service (470 asked) and Substance Misuse Service (204 asked).

	Eating Disorders	Gender	IAPT	Learning Disabilities	Mental Illness	Perinatal Mental Health	Substance Misuse
Percentage LGB using service as a percentage of all service users	7.8%	0.2%	0.2%	0.2%	0.4%	0.3%	0.4%
Percentage LGB using service as a percentage of those asked	10.9%	1.3%	5.7%	1.2%	3.1%	2.6%	8.3%

### Sexual orientation of people who work in our services

Recording of sexual orientation of people who work in our services is much higher with the number undefined without bank being 6.9%.

The percentage of staff who say they are LGB is now 3.7% without bank. This is higher than the 2017 ONS estimate for the region which is 2.3% if 'other' is included.

Sexual Orientation Staff	2016	2017	2018	2019	2019 Without Bank
Heterosexual	63.8%	66.1%	67.2%	67.6%	68.8%
Lesbian, Gay or Bisexual	2.6%	2.7%	3.2%	3.4%	3.7%
Prefer not to say	23.7%	23.2%	21.7%	19.5%	20.5%
Undefined/Undecided	9.9%	8.0%	7.9%	9.5%	6.9%

In 2019/20 we plan to introduce the popular NHS rainbow badge scheme which a number of staff have requested. This is a national initiative aimed at raising awareness of LGBT equality and diversity in the NHS, both for services users and staff.

# Equality Objectives and Equality Delivery System Priorities

This section provides information about the progress the Trust has made in achieving its Equality Objectives for staff and Service Users and reports progress as of October 2019.

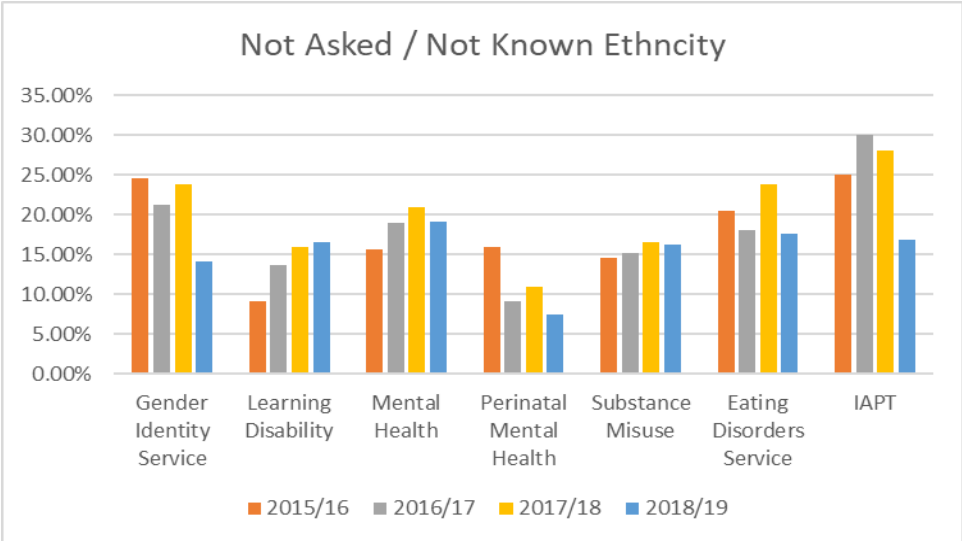
There are two sets of Objectives and Priorities and **Service and Workforce Objectives and Priorities** this reflects the four goals in the NHS Equality Delivery System. Equality Objectives must be measurable, the Equality Delivery System does not require identified priorities to be measurable but does expect that progress should be demonstrated.

In 2020 new Objectives and priorities will be identified in line with legislation and introduction of the new EDS3.

## Service Objectives and Priorities

	Objective / Priority	Source	PC	Target Timescale
1.	Improve the knowledge of staff regarding LGBT people in nursing and residential care homes and improve the experience of LGBT service users in residential care homes.	EDS 2 review	Sexual Orientation Gender Reassignment	10/2017
<b>Progress</b>	This objective was linked to work being undertaken by the city Equality Engagement group. This group has not met in 2017 and its role and functions are being reviewed in partnership with Sheffield City Council and Sheffield CCG. An interim plan has been discussed to develop a Health Equality Hub – until plans are in place this objective will be delayed			
2.	Evaluate the implementation of the <b>Accessible Information Standard (AIS)</b> SCCI1605	EDS 2 review	Disability	3/1017

<b>Progress</b>	An audit took place as planned which indicated low recording using new systems implemented by the trust to support the AIS. The plan to address this was implemented with a series of workshops being held in later 2018 early 2019. Recording has improved please see the section on service user disability above for more details.			
<b>3.</b>	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
<b>Progress</b>	Profiles of service use have been developed for services across the mental health care pathway. These have been shared with service directors and teams and action has started in some areas to respond to these.			
<b>4.</b>	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
<b>Progress</b>	This has been delayed for the same reasons as outlines in item 1 above			
<b>5.</b>	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
<b>Progress</b>	It is now possible to record a service user's ethnicity as Roma. Since this change there has been a positive increase in the number of service users of the Trust who have identified as having Roma ethnicity.			
<b>6.</b>	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
<b>Progress</b>	The trust specialist Gender identity staff have provided advice to GP's in Sheffield. Although hormone prescribing in primary care appears to remain an issue the action agreed that the trust can take forward has been completed.			
<b>7.</b>	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
<b>Progress</b>	This has been delayed for the same reasons as outlines in item 1 above			

8.	Improve knowledge of IAPT and mental health and wellbeing for people in the Deaf community.	EDS 2 review	Disability	7/2017																																								
<b>Progress</b>	The Trust supported a health event held by the Sheffield Equality Hubs in June 2017, this included the Disability Hub. This event was attended by IAPT staff who will took part in a workshop and provided information at the event.																																											
9.	Improve ethnicity recording in all services where current recording is less than 90%.	BME Strategy / WRES Targets agreed by SHSC Board 13 <sup>th</sup> July 2016	Race	10/ 2019																																								
<b>Progress</b>	<p>Services were informed of levels of recording and this was discussed in the Crisis and Emergency Care Network and Scheduled and Planned Care Networks. Levels of not known continue to improve however only one service has achieved the target level by 31<sup>st</sup> March 2019. A focus on this area will continue until the 31<sup>st</sup> of March 2020.</p>  <table border="1" data-bbox="280 958 1246 1496"> <caption>Not Asked / Not Known Ethncity</caption> <thead> <tr> <th>Service</th> <th>2015/16</th> <th>2016/17</th> <th>2017/18</th> <th>2018/19</th> </tr> </thead> <tbody> <tr> <td>Gender Identity Service</td> <td>24.5%</td> <td>21.5%</td> <td>23.5%</td> <td>14.0%</td> </tr> <tr> <td>Learning Disability</td> <td>9.0%</td> <td>13.5%</td> <td>16.0%</td> <td>16.5%</td> </tr> <tr> <td>Mental Health</td> <td>15.5%</td> <td>18.5%</td> <td>21.0%</td> <td>19.0%</td> </tr> <tr> <td>Perinatal Mental Health</td> <td>16.0%</td> <td>9.0%</td> <td>11.5%</td> <td>7.5%</td> </tr> <tr> <td>Substance Misuse</td> <td>14.5%</td> <td>15.0%</td> <td>16.5%</td> <td>16.0%</td> </tr> <tr> <td>Eating Disorders Service</td> <td>20.5%</td> <td>18.0%</td> <td>23.5%</td> <td>17.5%</td> </tr> <tr> <td>IAPT</td> <td>25.0%</td> <td>30.0%</td> <td>28.0%</td> <td>16.5%</td> </tr> </tbody> </table>				Service	2015/16	2016/17	2017/18	2018/19	Gender Identity Service	24.5%	21.5%	23.5%	14.0%	Learning Disability	9.0%	13.5%	16.0%	16.5%	Mental Health	15.5%	18.5%	21.0%	19.0%	Perinatal Mental Health	16.0%	9.0%	11.5%	7.5%	Substance Misuse	14.5%	15.0%	16.5%	16.0%	Eating Disorders Service	20.5%	18.0%	23.5%	17.5%	IAPT	25.0%	30.0%	28.0%	16.5%
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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																																								
<b>Progress</b>	Discussion has been had with the new Crisis and Emergency Care Network and Scheduled and Planned Care Network. Meeting have taken place to start to look at specific action. This action has not been achieved within the identified time frame. This Target will be reviewed once the EDS3 is published as this should provide a specific framework for focused action. The EDS3 is expected to be published in autumn/winter 2019.																																											

11.	<p>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>3</sup></p> <p>Current priority areas identified by BAMER Hub relevant to SHSC:</p> <ul style="list-style-type: none"> <li>• Access to and experience of mental health services for African Caribbean Young men.</li> <li>• Mental health of refugees</li> </ul>	Sheffield City Council BAMER Health Sub Group	Age Race Disability	Detail to be agreed with the BAMER Hub by 3/2017
Progress	Progressed through the health event discussed above at item 8. A Health Equality Hub has been established which is chaired through Faith Star who are commissioned by Sheffield City Council to support equalities engagement projects.			
12.	<p>Work in partnership through the Sheffield Hallam Student Health and Wellbeing Board.</p> <p>Current priority areas of the Board relevant to SHSC:</p> <ul style="list-style-type: none"> <li>• Mental Health of Students</li> </ul>	Sheffield Hallam Student Health and Wellbeing Board	Age Disability	2020
Progress	<p>The Trust is an active member of the Board and has explored opportunities for working in partnership, various actions have been taken forward by the trust in partnership with local</p> <p>The trust IAPT services have worked with Universities through a working group in order to meet the needs of students. IAPT have also written bespoke courses for students as well as a range of other interventions including looking at integration with University systems (online booking systems on University intranet) and running courses/clinics on University premises.</p> <p>SHSC membership of the Student Health and Wellbeing Board has been reviewed to ensure that various activities associated with Sheffield universities involving the trust are co-ordinated.</p>			
13.	Continue to set year on year improvement targets for recording Sexual Orientation and Disability.	Existing Equality Objective	Sexual Orientation Disability	2020
Progress	<p><b>Recording Sexual Orientation</b> – The Trust is compliant with the NHS service user sexual orientation recording standard which was introduced nationally early in 2017. This requires NHS organisations to be able to record the sexual orientation of service users but does not set targets</p> <p>In late 2018 early 2019 briefings took place for staff who use the trust patient information system this included considering Sexual Orientation.</p> <p>In 2018/19 there continued to be improvement in the number of service user records for sexual orientation from 7% in 2017/18 to 8% in 2018/19. Some services however have had a significant improvement in recording.</p>			

	Gender Identity	Learning Disability	Mental Health	Perinatal Mental Health	Substance Misuse	Eating Disorders	IAPT	All
<b>2018/19</b>	17%	14%	13%	10%	4%	72%	3%	8%
<b>2015/16</b>	6%	16%	9%	3%	2%	44%	3%	5%

The section in the report above titled **Sexual orientation of people who use our services** contains more information and detail about each service.

Generally, there is progress being made on this objective with 5 of 7 services achieving 10% recording.

In 19/20 the trust is taking part in survey to review if Sexual Orientation monitoring should be mandated and will also be introducing the NHS Rainbow badge scheme to the Trust.

Recording Disability

The briefings mentioned above also included the importance of recording Disability.

The target for 2017/18 is 20% recorded disability (i.e. including no disability) however there has been limited progress with recording only increasing slightly from 5% in 2018 to 6% in 2019.

## Workforce Objectives and Priorities

	Objective	Source	PC	Achieved By
<b>1.</b>	<ul style="list-style-type: none"> <li>Be prepared for the Disability Workforce Equality Standard (DWES).</li> <li>Complete the first DWES report in 2019 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/ 2019 7/2019 2020
<b>Progress</b>	<p>The NHS standard contract states that the first Workforce Disability Equality Standard (WDES) reports should be published by September 2019.</p> <p>(at the time of this report the trust had published its first WDES data and report however this report covers the period 2018/19)</p>			
<b>2.</b>	<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

<b>Progress</b>	Organisations that met the 'Two Ticks' standard already when Disability Confident Employer came in were passported to level two 'Disability Confident Employer' with a requirement to self-review evidence to support this by August 2017 this was completed.  Disability Sheffield are currently working with the Trust to assess our evidence with a view to supporting achievement of level 3.			
<b>3.</b>	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
<b>Progress</b>	Progress is being made in achieving the Workforce Race Equality Standard targets agreed by the Trust Board in July 2016. Progress is reported in detail in the Trust Annual Workforce Race Equality Standard report and action plan, progress reports are published on the Trust internet. <a href="https://shsc.nhs.uk/about-us/equality/meeting-our-equality-duties/">https://shsc.nhs.uk/about-us/equality/meeting-our-equality-duties/</a>			
<b>4.</b>	<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
<b>Progress</b>	The Trust has now published two Gender Pay Gap reports in March 2018 and March 2019 . The gender pay gap data is published in line with legislation on the government GPG reporting site and also on the trust internet. The main focus on action to date has been on the high Bonus Pay gap identified which is related to Clinical Excellence Awards.			
<b>5.</b>	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
<b>Progress</b>	<p>This initiative has been piloted at Sheffield Teaching Hospitals. The Trust reviewed how it might be relevant for SHSC through meeting with the leads for the project. It was agreed that no further involvement was planned although the Trust is undertaking the following actions some of which are also included in the objectives below:</p> <ul style="list-style-type: none"> <li>Piloting a mentoring initiative for Trust staff returning from maternity leave (2019)</li> <li>Undertaking a review of flexible working in the Trust (now incorporated in the trust health and wellbeing action plan)</li> <li>Maintaining the GPG action plan</li> </ul> <p>The trust has provided funding to support the Supporting Women in Medicine and Healthcare Network (SWiM)</p>			



<b>6.</b>	Provide better information about flexible working options to trust staff	Carers Strategy EDS2 Review	Disability Sex Carers	3/2017
<b>Progress</b>	Action has been incorporated into the Health and Wellbeing action plan. A successful workshop was held at the trust Health and Wellbeing Conference in may 2019.			
<b>7.</b>	Implement the Problem Resolution Framework	WRES key priority	Race Disability	3/2017
<b>Progress</b>	Progress has been delayed on implementing the framework due to work being undertaken to improve the Trust disciplinary process. The framework was piloted but progress since the pilot has stalled. This remains a priority area and will be implemented in 2019/20.			
<b>8.</b>	<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
<b>Progress</b>	<p>In 2019 funding was made permanent for the Build Modify Expand lead and to undertake an annual conference (following successful conferences in 2016, 17 and 18) focusing on the objectives of 'Build Modify Expand'.</p> <p>Resource has been identified to support a similar approach to the Workforce Disability Equality Standard.</p>			