Equality Diversity and Inclusion Strategic Overview 2020 – 2024

Promoting and ensuring Equality Diversity and Inclusion in all that we do within our diverse organisation

NHS
Sheffield Health and Social Care
NHS Foundation Trust

Proud to care in Sheffield

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Introduction

For NHS organisations Aims and Objectives focused on Equality Diversity and Inclusion are influenced by a strong legal framework as well as NHS values and policy.

The Equality Act 2010

The Equality Act 2010 includes the **'Public Sector Equality Duty'**. This duty applies to our organisation across all our 'functions' the main ones being, providing services and being an employer. This means that when we are doing anything associated with these functions we must pay attention to:

- *Eliminating discrimination, harassment, victimisation and any other conduct that is prohibited by the Equality Act 2010*

- *Advancing equality of opportunity between people who share a relevant protected characteristic and people who do not share it, and*

- *Fostering good relations between people who share a relevant protected characteristic and people who do not share it.*

The Protected Characteristics referred to are:

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

All public organisations have a duty to set Equality Objectives to support the PSED and to report on progress against these and the PSED annually.

All NHS organisations must meet these legal duties a national framework known as the Equality Delivery System 2 (EDS2) has been developed to support this.

The EDS has four 'Goals' two focused on people who use NHS services and two focused on people who work in NHs services and inclusive leadership. Each Goal of the EDS has a set of outcomes and there is a national framework to support delivery.

In addition to EDS2 specific 'Standards' have been established for the key areas of Race (the Workforce Race Equality Standard WRES) and Disability (The Workforce Disability Equality Standard WDES) and all public organisations also have legal duty to focus on Gender equality, this requirement is embeded in the Equality Act Regulations[1] for Public Organisations.

These legal and policy requirements provide NHS organisations with a framework on which to build an organisational Equality Diversity and Inclusion, strategic direction and plan taking account of the local organisational and external context.

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[1] Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017

Our People and Our Communities

Our organisation and the people who access our services are diverse and when we are looking at the goals of EDS 2 and the expectations of the Public-Sector Equality Duty it's important that we have a good understanding of this diversity.

The 2011 census is the most current comprehensive source of information about the diversity of the Sheffield Population and we gain information about the use of our services and our workforce from our internal information systems.

The following picture of people who use our services and work in our services excludes bank staff the reason for this is that they are a large but regularly fluctuating group and when looking longer term plans and targets a clearer picture of the demographic of the organisation is gained by excluding bank staff.

Bank staff are an important part of our staffing however and data including and excluding bank staff is included each year in our annual equality report and targeted initiatives in terms of equality diversity and inclusion are important. The characteristics of age and ethnicity show variations when looking at this information.

Age

The Age of the Sheffield Population

The 2011 census 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 our organisation are provided across the age range from 18 upwards. The age profile of people who used our services in 2018/19 indicated that the largest age groups is 18-29 in most services apart from Substance Misuse services where the largest age groups was 30-39 and 40-49.

	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

Increasing the number of younger people working in our services has been an aim and in 2018/19 there was 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
Under 20	0.7%	1.0%	0.9%
20 - 29	13.1%	13.1%	15.4%
30 - 39	20.4%	21.0%	20.8%

40 - 49	25.9%	24.6%	24.3%
50 - 54	16.2%	15.9%	15.5%
55 - 59	13.4%	13.8%	13.3%
60 - 64	7.1%	7.4%	6.8%
65 and Over	3.3%	3.2%	3.0%

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, 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[2].

- Data from 2011/12 [3]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%.

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[2] Sheffield JSNA 2013
[3] Sheffield JSNA 2013

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.[4]

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.[5]

People who are Deaf

- The Health and Information Centre reports the number of people in Sheffield registered Deaf in Sheffield on the 31st of March 2010 was 990 people of all ages.[6]

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 31st of March 2010 550 people of all ages.[7]

People who are Blind or Partially Sighted

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

- 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+.

[4] Sheffield JSNA 2013
[5] Sheffield JSNA 2013
[6] http://www.hscic.gov.uk/article/2021/Website-Search?productid=1758&q=Deaf&sort=Relevance&size=10&page=1&area=both#top
[7] http://www.hscic.gov.uk/article/2021/Website-Search?productid=1758&q=Deaf&sort=Relevance&size=10&page=1&area=both#top

Disability People Who Use Our Services

Recording of disability is 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%.
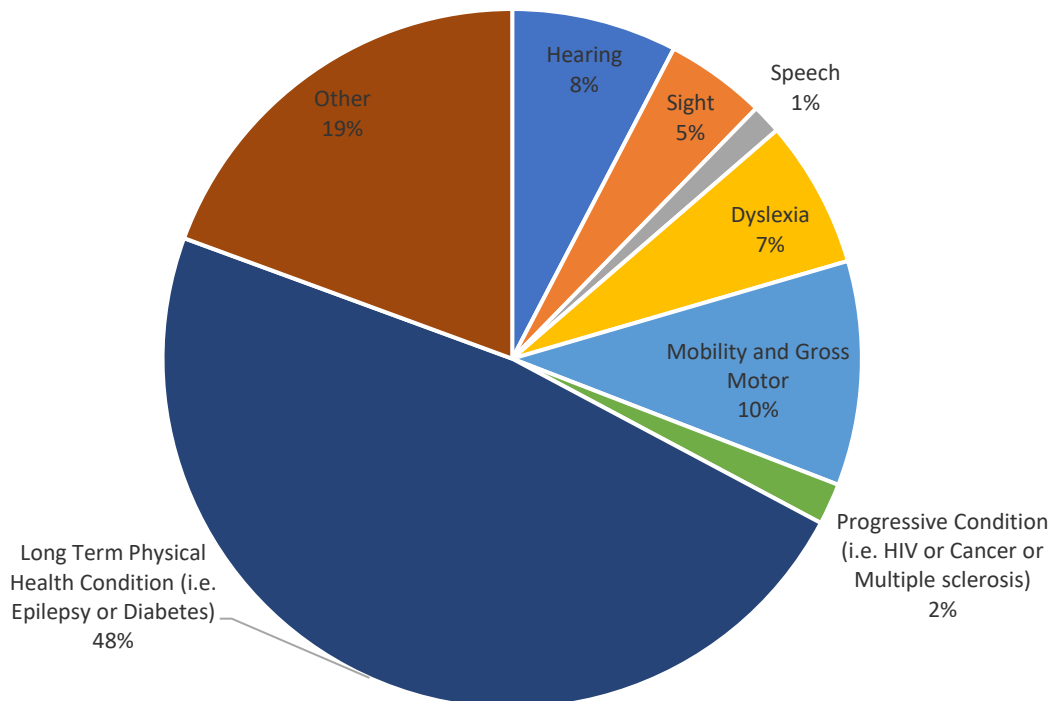
Disability and people who work in our services

Recording disability is good in our organisation compared with other NHS organisations. We hope to reach a position where there are less than 10% of staff with no record. It's not possible using NHS systems to break down in detail the type of disability that a member of staff may report.

Disability	2016	2017	2018	2019
Yes	7.89%	6.14%	6.60%	6.9%
No	60.53%	78.08%	78.80%	79.1%
Not Stated	31.58%	15.78%	14.60%	14.1%

A detailed report about staff and disability is now published as part of the Workforce Disability Equality Standard.

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
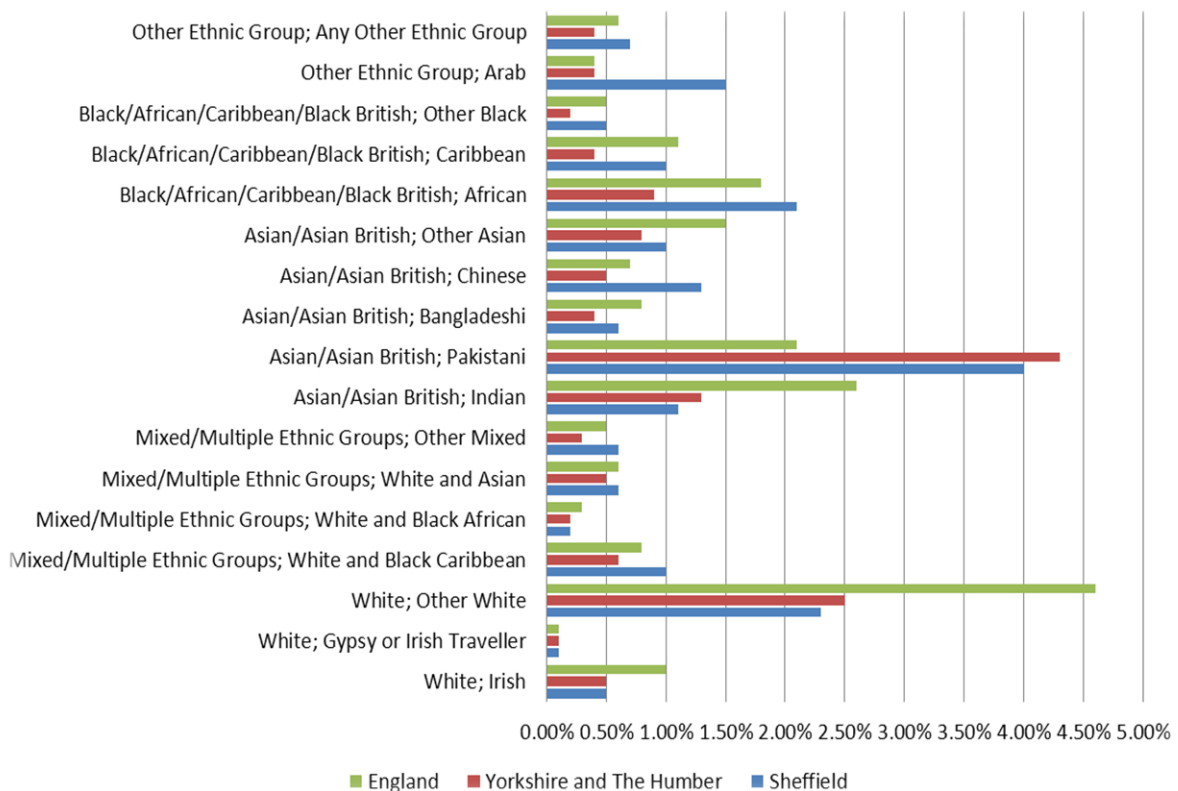
The Ethnicity of People who use our Services

The tables below focus on the ethnicity of people who use our services 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 our service compared to the population of Sheffield. We also also use 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.

	Gender Identity Service		Learning Disability		Mental Health		Sheffield 18 - 64
Ethnicity – service users	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%	-

	Perinatal Mental Health		Substance Misuse		Eating Disorders Service		IAPT		Sheffield 18 - 64
Ethnicity – service users	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%	-

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

Ethnicity Recording

Ethnicity recording is variable but has significantly improved in some services over recent years. This is an area that will be a focus of attention for improvement across health and social care in response to the impact of Covid19 on BAME communities in particular.

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%

Religion or Belief

Religion or Belief of the Sheffield Population

Religion or Belief is a protected characteristic and this includes people who have no belief. In the 2011 census just over 50% of Sheffield people stated they had a Christian religion, 31% no religion and 7.7% Muslim.

Religion Sheffield 2011

Religion or Belief of people who use our services

The percentages below are of all people in the service not just a percentage from those who gave a response. This is because the numbers of not asked is very high.

	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%

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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 Belief of people who work in our services

The percentage of not known for people who work for us in terms of religion or belief is 6.8%.

	17/18	**18/19**
Agnostic/ Atheist / No Religion	15.7%	16.8%
Christian	35.7%	34.9%
Muslim	2.5%	2.6%
other	10.6%	10.7%
Prefer not to say	27.5%	25.6%
Undefined	7.9%	9.5%

Protected Characteristic of Sex

Sex and Gender are different and only some of the data we are able to collect will have been collected on the basis of gender, where there may an option 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 people who use our services who 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%

Gender of people who work in our service

	2017	2018	2019
Female	74.0%	74.0%	73.3%
Male	26.0%	26.0%	26.7%

74% of trust employees are women and 26% men, there is no option in the national electronic staff record to record 'other'.

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.

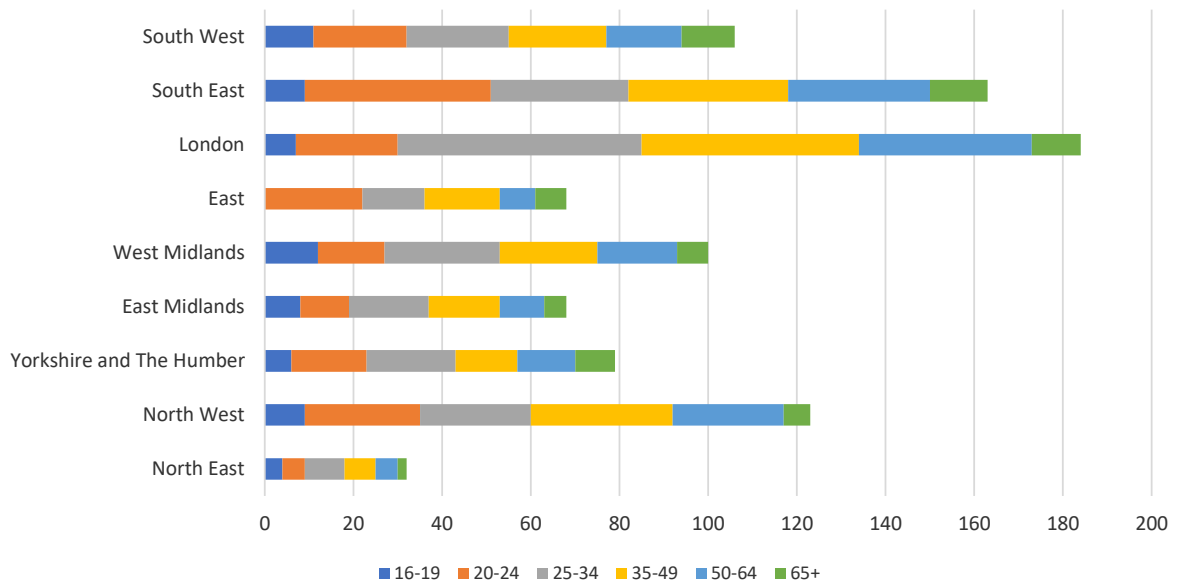|	Full Time			Part Time		
	2017	2018	2019	2017	2018	2019
Female	46%	44%	51%	54%	56%	49%
Male	69%	66%	77%	31%	34%	23%

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. This data was from the Annual Population Survey. The tables below are based on this data including age.

		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

Legend: 16-19, 20-24, 25-34, 35-49, 50-64, 65+

Categories (top to bottom): South West, South East, London, East, West Midlands, East Midlands, Yorkshire and The Humber, North West, North East

Sexual orientation of people who use our services

Recording of sexual orientation for people who use our services is low however this has improved over time. The data below is based on the number of individuals using any service. In 2018/19 the percentage of all people who used our services that were asked about their sexual orientation had 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 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.

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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.

	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 being 6.9%.

The percentage of people who say they are LGB is now 3.7%. 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
Heterosexual	63.8%	66.1%	67.2%	67.6%
Lesbian, Gay or Bisexual	2.6%	2.7%	3.2%	3.4%
Prefer not to say	23.7%	23.2%	21.7%	19.5%
Undefined/Undecided	9.9%	8.0%	7.9%	9.5%

Equality Diversity and Inclusion Objectives and Priorities

Our vision is to

> **Promote and Ensure Equality Diversity and Inclusion in all that we do within our diverse organisation**

This is, and will be, achieved through a focus on Equality Diversity and Inclusion in all our organisational strategy and delivery as well as specifically focused areas such as the WRES, WDES EDS and Gender Pay.

Two key areas that are particularly relevant to our EDI approach now are:

- The NHS People Plan for 2020/21
- Responding to Covid19 - Phase 3

These two areas have elements that are fundamental to our EDI strategic approach. These elements are summarised below.

We are the NHS: People Plan for 2020/21

The NHS People Plan for 2020/21 was published in July 2020 it contains actions and expectations many of which are already will be incorporated within own people Strategy Implementation plan and Equality Objectives – the table below summarises these and reviews the action that we are already taking and the action we will take in response.

NHS People Plan 2020/21 Action	What we are doing and plan to do
Establishment of an NHS Race and Health Observatory.	**We have** already identified an objective to understand and improve the experience of people from Black Asian and Minority Ethnic backgrounds in terms of accessing and using our services **We will** - review the work of the observatory in taking this forward.

Recruitment and promotion practices will be overhauled by October 2020, to make sure that their staffing reflects the diversity of their community, and regional and national labour markets, this includes agreeing diversity targets.	**We have** Reviewed our WRES and WDES metrics and these indicate that disabled staff and BME staff fair equally well from recruitment to selection. We identified targets for improving the number of BAME staff in senior roles in 2016 and these are progressing. We have a system for BAME panel members for all posts Band 7 and above. **We will** Review targets with our staff network groups taking account of the data we have about our local population. Undertake equality analysis of item 2.1 (Targeted and Streamlined Recruitment Practices) of our People Strategy Implementation Plan
From September 2020, line managers should discuss equality, diversity and inclusion as part of health and wellbeing conversations	**We have** Included wellbeing as a key element of our People Strategy **We will** Make sure that when we implement staff training and support on workplace wellbeing under item 1.9 of the People strategy we will include the need for specific focus on ED&I
Every NHS trust, foundation trust and CCG must publish progress against the Model Employer goals to ensure that at every level, the workforce is representative of the overall BAME workforce.	Model Employer has an aspiration for the NHS to reach equality in representation across the workforce pipeline by 2028. It expects NHS organisations to identify measurable improvement targets based on organisations current position. **We have** in 2016 agreed targets with our Board for increasing representation of BAME staff at senior level**.** **We Have** progressed action to support these targets and some of these targets have been met **We Will** review these targets with our BAME staff network group by March 2021 using the Model Employer methodology **We Will** evaluate the action we have taken to date and introduce a new action plan from March 2021 aligned with our People Strategy
NHS England and NHS Improvement will refresh the evidence base for action, to ensure the senior leadership (very senior managers and board members) represents the diversity of the NHS, spanning all protected characteristics.	**We will** – continue to review Board diversity to meet targets set by the WRES WDES and any others set at national level.
Across the NHS we must close the ethnicity gap in entry to formal disciplinary processes. By the end of 2020, we expect 51% of organisations to have eliminated the gap in relative likelihood of entry into the disciplinary process.	**We have** – monitored this through the WRES since 20165 Our data still indicates a negative position Developed and are implementing the new

	We will –
	Review the decision tree checklist being introduced nationally
	Undertake review of all disciplinary cases involving BAME staff and provide a report to the People Committee
	Introduce a pre- formal stage action checklist and process for all potential disciplinary cases
	Provide monthly reports to the People Committee on two year rolling relative likelihood position
	Introduce a new process for checking ethnicity of all people entering the formal disciplinary process.
Governance: By December 2021, all NHS organisations should have reviewed their governance arrangements to ensure that staff networks are able to contribute to and inform decision-making processes.	**We have** – established four staff networks **We will** – work with all networks to identify a robust governance structure
Publication by NHS England and NHS Improvement of resources, guides and tools to help leaders and individuals have productive conversations about race The NHS equality, diversity and inclusion training will also be refreshed	**We have** stated a **Big Conversation** in our organisation about Race Equality to identify issues related to racism we will co-design actions and interventions to tackle them and make change. **We will** review the tools and resource to be published and work with our staff network groups use them in our organisation **We Will** review and implement new EDI training when it is available **We Will** review our current approach to EDI training and develop a fit for purpose model and approach
By March 2021, NHS England and NHS Improvement will have published competency frameworks for every board-level position in NHS providers and commissioners. These frameworks reinforce that it is the explicit responsibility of the chief executive to lead on equality, diversity and inclusion, and of all senior leaders to hold each other to account for the progress they are making	**We have** confirmed that our CEO is responsible at Board level for equality, diversity and inclusion and our CEO has asked all Board members to identify Equality Objectives **We Will** review relevant competency frameworks as they develop and implement them in our organisation
Over 2020/21, as part of its 'well led' assessment of trusts, the Care Quality Commission (CQC) will place increasing emphasis on whether organisations have made real and measurable progress on equality, diversity, and inclusion - and whether they are able to demonstrate the positive impact of this progress on staff and patients	**We have –** further developed our staff network groups partly in response to feedback from the CQC. **We Will** ensure that considering Equality Diversity and Inclusion is embeded in our Back to Good streams.
by March 2021, NHS England and NHS Improvement will work with the Faculty of Medical Leadership and Management to expand the number of placements available for talented clinical leaders each year. These roles will be based in systems, and will focus on improvement projects across clinical pathways.	**We Will** review this development with our Medical Director as it develops

By December 2020, NHS England and NHS Improvement will update the talent management process to make sure there is greater prioritisation and consistency of diversity in talent being considered for director, executive senior manager, chair and board roles. This will include clearer guidance on the recruitment process, and metrics to track progress	**We Have** improved the number of staff from BAME groups in Band 6 to Band 9 by 20 since 2016 **We have** supported staff who have gained places on the national Ready Now and Stepping Up programmes **We Will** review the work of NHSI to ensure we are doing all that we can to promote diversity at senior levels.

Responding to Covid19 - Phase 3

The NHs plan set out in Implementing phase 3 of the NHS response to the COVID-19 pandemic was published in August 2020 and has several areas of action relevant to our EDI strategic direction actions to address inequalities in NHS provision and outcomes.

Phase 3 Urgent Action	What are we doing and what do we plan to do
Protect the most vulnerable from COVID-19, with enhanced analysis and community engagement, to mitigate the risks associated with relevant protected characteristics and social and economic conditions; and better engage those communities who need most support.	**We are –** members of the Sheffield Accountable Care Partnership BAME Covid19 Steering group. We are members of the community and staffing subgroups. The ACP Steering group have established a comprehensive plan which will support this action.
new, core performance monitoring of service use and outcomes among those from the most deprived neighbourhoods and from Black and Asian communities, by 31 October.	**We have –** a focus on reviewing our data by ethnicity in relation to key areas for people who use our services **We Will** work in partnership to respond to monitoring and outcome developments.
Particularly support those who suffer mental ill health, as society and the NHS recover from COVID-19, underpinned by more robust data collection and monitoring by 31 December.	**We have** – included objectives to improve data in our objectives **We will** work in partnership to look at data use in Health and social care in Sheffield through the ACP steering group
Strengthen leadership and accountability, with a named executive board member responsible for tackling inequalities in place in September in every NHS organisation, alongside action to increase the diversity of senior leaders.	**We have –** identified objectives relevant to increasing the diversity of our leadership. **We will** – identify a Board member responsible for tackling inequalities
All NHS organisations should proactively review and ensure the completeness of patient ethnicity data by no later than 31 December, with general practice prioritising those groups at significant risk of COVID-19 from 1 September.	**We have** – included objectives to improve data in our objectives **We will** – review the current position and agree how to measure progress and reporting.

Our equality objectives were refreshed in 2020, at the time we noted that the Equality Delivery System 2 was under review and due to be relaunched. This is important because the relaunched version is planned to take account of new relevant NHS policy in defining the expected outcomes defined in the EDS. In addition, our objectives were refreshed prior to the Covid19 pandemic. The significant adverse impact on groups sharing some protected characteristics is now known with detail still emerging however our objectives over the following four years have and will be updated to reflect this, these two areas in themselves are currently identified as Objectives. The **Workforce** and **Service** Objectives have been reviewed to take account of the new NHS People Plan and the Phase 3 Response to Covid 19 actin plans recently published. Measures and Implement targets for each objective are in Appendix 1. Action plans are in place and are reviewed through the People Committee and for the WRES and the WDES and Gender Pay Gap confirmed by the Board in September (WRES and WDES) and March (GPG) each year.

Our People Strategy and Organisational Development Strategy will be the lead routes for responding to the NHS People Plan 2020/21.

We will engage in responding to requirements of phase 3 by working in partnership with the Sheffield Accountable Care Partnership and the Integrated Care System.

Sheffield City have also commissioned a Race Equality Commission which was established in August 2020. We will support the commission in its work and with requests for evidence as the commission explores health as a topic area.

Equality Diversity and Inclusion Objectives 2020 -2024

Promoting and Ensuring Equality Diversity and Inclusion in all that we do within our diverse organisation

Aim	Objective	Measurable Outcomes
Our services are accessible to all	Improve recording of sexual orientation of service users	Recording of sexual orientation of service users across our services has improved year on year
	Improve access to interpreting services	Access to interpreting services in areas where services may have had trouble and fulfilment rates for bookings are low have improved year on year.
	Improve race health inequality for people who use or may use our services	We have a better understanding and have made measurable improvements the experience of people from Black Asian and Minority Ethnic backgrounds in terms of accessing and using our services.
People who use our services have equitable outcomes and experience	Improve the experience of people with Learning Disability and Autism	Improvements relevant to Disability equality highlighted through Greenlight for Mental Health group have been implemented
	Improve the experience of communities disproportionately impacted by Covid 19	Actions set out in the phase three response to Covid 19 that are relevant to our organisation and health inequalities have been responded to

Equality Diversity and Inclusion Objectives 2020 -2024

Promoting and Ensuring Equality Diversity and Inclusion in all that we do within our diverse organisation

Aim	Objective	Outcomes
Our People are Empowered, Engaged and Well Supported	Ensure a voice for LGBTQ + staff in the Trust and they are empowered to inform and support us in areas that impact on LGBTQ staff and in the local community	There is a voice for LGBTQ staff in the Trust and LGBTQ+ staff are empowered to inform and support the trust in areas that impact on LGBTQ staff and local community's.
	To improve understanding of flexible working in the organisation and maximise opportunities for flexible working across all services	There is good understanding in the organisation of the benefits of flexible working and the number of people benefiting from flexible working is known and increasing year on year.
	Continue to improve the Trust Workforce Race Equality Standard metrics	The Improvement Measure / Targets set nationally and by the organisation in relation to the Workforce Race Equality Standard (WRES) have been met
Our Leadership is Inclusive at All Levels	To improve the Trust Workforce Disability Equality Standard metrics	The Improvement Measure / Targets set nationally and by the organisation in relation to the Workforce Disability Equality Standard (WRES) have been met
	Reduce the Trust Gender Pay Gap	The Mean and Median pay gaps have reduced or evidence confirms that any gaps are beyond the control of the organisation.

Appendix 1 – Outome and Measure Dashboard

Workforce Race Equality Standard	
Workforce Disability Equality Standard	
Gender Pay Gap	
Equality Objective	
Associated Objectives	

Outcome	Improvement Measure / Target
The Percentage of staff in Agenda for Change Bands 1-9 (or equivalent) and VSM (including Executive Board members) should be comparable with the percentage of staff in the overall workforce **(Workforce Race Equality Standard Metric 1).**	• Five-year target to Increase year on year in the number of BAME staff in staff groups o **Bands 3 and 4 to 14% by March 2021** o **Bands 6 and 7 to 9% by March 2021** o **Bands 8a, b, c, d 9% by March 2021** • Improve Ethnicity recording for staff in Band 3 to **5%** not known.
Maintain the Relative likelihood of staff from BAME groups being appointed from shortlisting across all posts to between 0.8 and 1.25. **(Workforce Race Equality Standard Metric 2)**	The WRES national target is between **0.8** and **1.25**
Decrease the Relative likelihood of staff from BAME groups entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation to a target range of 0.8 to 1.25 **(Workforce Race Equality Standard Metric 3)**	The WRES national target is between **0.8** and **1.25**
Maintain the Relative likelihood of BAME staff accessing non-mandatory training and CPD to an equal level with White staff. **(Workforce Race Equality Standard Metric 4)**	The WRES national target is between **0.8** and **1.25**
Reduce the percentage of staff from BAME groups reporting that they have experienced harassment, bullying or abuse from patients, relatives or the public in last 12 months as reported in the National NHS Staff Experience Survey. **(Workforce Race Equality Standard Metric 5)**	Target – Staff Survey percentage at least equal or below the average of other mental health and learning disability Trusts (Benchmark group) and equal to or below the percentage for white staff.

Reduce the percentage of staff from BAME groups reporting that they have experience of staff harassment, bullying or abuse from staff in last 12 months, as reported in the National NHS Staff Experience Survey. **(Workforce Race Equality Standard Metric 6)**	Target of being at least equal or below the average of other mental health and learning disability Trusts (Benchmark group) and equal to or below the percentage for white staff.
Improve the percentage of BAME staff believing that trust provides equal opportunities for career progression or promotion as reported in the NHS staff experience survey. **(Workforce Race Equality Standard Metric 7)**	Maintain at least above the average for the benchmark group and equal to or above the percentage for white staff.
Reduce the percentage of BAME staff who say that in the last 12 months they have personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues. **(Workforce Race Equality Standard Metric 8)**	Target of being at least equal or below the average of other mental health and learning disability Trusts (Benchmark group) and equal to or below the percentage for white staff.
BAME ethnicity of the organisations' Board voting membership and its overall workforce is equal. **(Workforce Race Equality Standard Metric 9)**	- BAME ethnicity of the organisations' Board *Voting* membership is equality to the overall BAME ethnicity of the organisation. - BAME ethnicity of the organisations' Board *executive membership* is equality to the overall BAME ethnicity of the organisation.
Increase the percentage of staff in AfC pay bands or medical and dental subgroups and very senior managers (including Executive Board members) who identify as Disabled so it is comparable across these groups with the percentage of staff in the overall workforce **(Workforce Disability Equality Standard Metric 1).**	**Local Target** – decrease the number of staff with Disability not known less than 8%.
The Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts is within the target range. **(Workforce Disability Equality Standard Metric 2)**	The WDES national target is between **0.8** and **1.25**
Reduce the Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.is within the target range **(Workforce Disability Equality Standard Metric 3)**	The WDES national target is between **0.8** and **1.25**
Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from: i. Patients/service users, their relatives or other members of the public ii. Managers iii. Other colleagues Is equal to or below the experience of non-Disabled Staff **WDES 4 (a)**	Target of being at least equal to or below the average of other mental health and learning disability Trusts (Benchmark group) and equal to or below the percentage for non-disabled staff.
Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it. Is equal to or above the experience of non-Disabled Staff. **WDES 4 (b)**	Target of being at least equal to or below the average of other mental health and learning disability Trusts (Benchmark group) and equal to or below the percentage for non-disabled staff.

Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion. Equal to or above the score for non-disabled staff **(Workforce Disability Equality Standard Metric 3).**	Target of being at least equal to or above the average of other mental health and learning disability Trusts (Benchmark group) and equal to or above the percentage for non-disabled staff.
The percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties is equal to or below the score for non-disabled staff **(Workforce Disability Equality Standard Metric 4).**	Target of being at least equal to or below the average of other mental health and learning disability Trusts (Benchmark group) and equal to or below the percentage for non-disabled staff.
The Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work is equal to or above the score for non-disabled staff (Workforce Disability Equality Standard Metric 5)	Target of being at least equal to or above the average of other mental health and learning disability Trusts (Benchmark group) and equal to or above the percentage for non-disabled staff.
The percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work is above the national level in the NHS staff survey by 5% points or more. (Workforce Disability Equality Standard Metric 6)	**Local Target** - Percentage of Disabled staff who say they have had reasonable adjustments made is 5% above the national level in the NHS staff survey.
The staff engagement score for Disabled staff is comparable to the overall engagement score for the organisation **WDES 9 (a)**	The staff engagement score for Disabled staff is comparable to the overall engagement score for the organisation.
Take action to facilitate the voices of Disabled staff in the organisation **WDES 9 (b)**	Membership of Disabled Staff network group increases year on year.
Report the percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated: • By voting membership of the Board. • By Executive membership of the Board. And improve representation of Disabled people at Board level so representation is equal to the workforce. (Workforce Disability Equality Standard Metric 10)	- Disability % of the organisations' Board *Voting* membership is equality to the overall BAME ethnicity of the organisation. - Disability % of the organisations' Board *executive membership* is equality to the overall BAME ethnicity of the organisation.
Gender Pay Gap Reduce the Mean Bonus Pay Gap or confirm that any gap is beyond the control of the organisation. Reduce the Median Bonus Gap or confirm that any gap is beyond the control of the organisation. Reduced the difference in the percentage of Men and Women receiving a Bonus or confirm that any gap is beyond the control of the organisation. Reduce the Mean and Median Bonus Pay Gap or confirm that any gap is beyond the control of the organisation.	- Reduction year on year to Mean Bonus Gap - Reduction year on year to Median Bonus Gap - Reduction year on year in the difference between Men and Women receiving a Bonus. - Reduction year on year of the Mean and Median Bonus Pay Gap

Gender Pay Gap Increase the number of people having flexible working agreed.	Increase the number of people recorded on the ERostering system as having flexible working agreed.
Flexible Working There is good understanding in the organisation of the need for and the benefits of flexible working. The number of people benefiting from flexible working is known and increasing year on year.	• Increase positive response to the Staff Survey Question on flexible working year on year to 2024 • Increase the number of staff with a flexible working agreement in place Year on year to 2024
LGBTQ+ Staff engagement There is a voice for LGBTQ staff in the Trust and LGBTQ+ staff are empowered to inform and support the trust in areas that impact on LGBTQ staff and local community's.	• Year on year increase in number of members of the LGBTQ+ SNG • LGBTQ+ SNG Priorities identified and action agreed to deliver by March 2021
Respond to EDS3 EDS3 review has informed review and further development of our equality objectives and priorities between 2020 and 2024	Review and action has been completed.
Recording of Sexual Orientation of people who use our services Recording of sexual orientation of service users across our services has improved year on year	Year on year increase in the number of people using trust services that have been asked about their Sexual Orientation
Interpreting Services Access to interpreting services in areas where services may have had trouble and fulfilment rates for bookings are low have improved year on year.	Year on year improvement Measure progress through Key performance measures defined through the NHS NOECP Collaborative framework for Interpreting and Translation
Race Equality – People who use our services We have a better understanding and have made measurable improvements the experience of people from Black Asian and Minority Ethnic backgrounds in terms of accessing and using our services.	Identify KPI and specific objectives following establishment of the National Observatory and action linked to phase three of response to Covid 19

	Reduce the number of not known ethnicity to less than 5% in all service areas.
	Meet targets set for specialist services for ethnicity monitoring (Phase 3 Response to Covid 19)
Learning Disability and Autism • Improvements relevant to Disability equality highlighted through Greenlight for Mental Health group have been implemented • All service information leaflets available in Easy Read • Autism and Learning Disability training has been delivered in line with plan	Service Leaflet Project Completed Number of training sessions delivered