NHS
Sheffield Health and Social Care
NHS Foundation Trust

Annual Equality and Human Rights Report 2019 - 2020

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

Proud to care in Sheffield

Contents

Introduction

We are a diverse organisation both in terms of the people who work here and the people who use our services and we offer services and employment in a diverse city with a history of inclusion and being a place of sanctuary. Our aim is to do all that we can to ensure that we promote Equality and Inclusion in everything that we do and that this is always at the heart of our services and in everything that we do that is about the People who work and train in our organisation.

In this report we highlight how we have taken this forward in the last twelve months focusing on the diversity of our workforce and the people who use our services, our Equality, Diversity and Inclusion activity over the last 12 months and our longer term aims and objectives.

The Equality Act 2010 gives us a focus for how as a public organisation we should consider equality, this is known as the **'Public Sector Equality Duty'**. The duty applies to our organisation across all our 'functions' the main functions that NHS Trust have are providing services and being an employer. This means that when we are doing anything associated with these two areas 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

Although these are the main two functions other areas, for example, how we manage our buildings and our contracts are also areas we need to apply the PSED to.

We have a duty to identify Equality Objectives to report each year on our progress The NHS has a framework known as the Equality Delivery System 2 (EDS2) support this. The EDS has four 'Goals' two focus on people who use NHS services and two on the people who work in NHS services and on leadership.

The NHS EDS Goals

Better Health Outcomes For All	Improved Patient Access and Experience
Empowered, Engaged and Well Supported Staff	Inclusive Leadership at All Levels

NHS EDS 2

The NHS has also developed standards for two areas, Race and Disability. The Race focused standards are the **Workforce Race Equality Standard** (WRES) and the Disability standard is known as **The Workforce Disability Equality Standard** (WDES) organisations also have legal duty to focus on Gender equality and for public organisations this is a legal duty within the Equality Act Regulations[1]. These legal and policy requirements provide NHS organisations with a framework on which to build an organisational Equality Diversity and Inclusion, strategic direction and plans.

In this report the data about people who use our services and who work in our services is as of 31st of March 2020, otherwise the report covers the preceding twelve months of this report.

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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. Our annual report is an opportunity to review how the diversity of our services and People have changed year on year, taking account of the fact that in some areas we have identified improvement targets and in others we need to knowledge in order to make sure that we are meeting the needs of Sheffield our communities.

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.

A new census is due to take place in 2021 and we look forward to undertaking a comprehensive review of how the updated demographics of the city compare.

The following picture of people work in our services makes reference to data including and excluding Bank staff, the reason for this is that Bank staff who work solely for our Bank 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 included in data that we report as part of the WRES and the WDES.

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 2020 indicated that the largest age groups is 18-29 and 30-39 in most services apart from Substance Misuse services. Our organisation does not provide services to people under 18 generally and only in specific circumstances, in some services the under age 18 percentage relates to people on a waiting list who will join the service when they are 18.

	Gender Identity Service	Learning Disability	Mental illness	Perinatal Mental Health
	2020	2020	2020	2020
Under 18	2.6%	0.1%	0.3%	0.67%
18-29	62.3%	36.7%	20.7%	47.65%
30-39	15.2%	17.0%	15.7%	45.64%
40-49	9.5%	11.7%	12.9%	6.04%
50-59	7.1%	16.1%	10.7%	0.00%
60-69	2.7%	12.8%	5.8%	0.00%
70 -79	0.6%	4.7%	11.2%	0.00%
80+	0.1%	0.9%	22.8%	0.00%

	Substance Misuse	Eating Disorders Service	IAPT
	2020	2020	2020
Under 18	0.0%	6.0%	0.3%
18-29	4.9%	58.5%	34.0%
30-39	25.6%	17.5%	22.8%
40-49	44.0%	12.0%	16.8%
50-59	20.4%	4.9%	15.3%
60-69	4.7%	0.5%	7.1%
70 -79	0.5%	0.5%	3.0%
80+	0.0%	0.0%	0.7%

Age of people who work in our services

The number of younger people working in our services continues to rise slowly however the increase in people aged up to 30 is reflected mostly in the Bank. The number of staff over 65 has decreased however again this decrease is reflected in Bank staff (over 65 without Bank in 2019 was 1.8%). The percentage of staff in the

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50 – 54 age group has also decreased. Other age groups remain relatively static. We intend to undertake a survey of Bank staff in 2021 and will include questions relevant to why staff choose to use the Bank in these age groups.

	2018	2019	2020	2020 Without Bank
Under 20	1.0%	0.9%	0.9%	0.4%
20 - 29	13.1%	15.4%	16.2%	15.9%
30 - 39	21.0%	20.8%	21.7%	22.4%
40 - 49	24.6%	24.3%	24.5%	24.8%
50 - 54	15.9%	15.5%	14.2%	14.5%
55 - 59	13.8%	13.3%	13.3%	13.3%
60 - 64	7.4%	6.8%	6.8%	6.9%
65 and Over	3.2%	3.0%	2.4%	1.7%

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].

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[2] Sheffield JSNA 2013

- 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%.

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.

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[3] Sheffield JSNA 2013
[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

- 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 very low with a small increase from 2019 from 6% recorded to 9.2% asked. The percentage of people with a disability varies across services. As an organisation that provides Learning Disability and Mental Health services we would hope that in both areas we would meet the needs of people who use our services however where a person has a physical or sensory disability that requires specific adjustments it's important that we are able to provide these and have good knowledge of need. The table below shows the percentage of people that have a recorded disability in each service area.

Eating Disorders	Gender	IAPT	Learning Disabilities	Mental Illness	Perinatal	Substance Misuse
5.4%	1.4%	2.0%	73.6%	8.0%	6.6%	2.7%

Although recording is low of the 2232 people with a record of a disability the following table shows the range of disabilities.

Type	% of recorded
Hearing	1.7%
Sight	0.9%
Speech	0.2%
Learning Disability	51.1%
Dyslexia	1.2%
Mental Health Condition	29.2%
Mobility and Gross Motor	3.0%
Progressive Condition	0.4%
Long Term Physical Health Condition (i.e. Epilepsy or Diabetes)	7.9%
Behaviour and emotional	1.2%
Manual dexterity	0.8%
Perception of physical danger	0.1%
Personal, self-care and continence	0.3%
Other	2.1%

We will continue to focus attention on the importance of asking people who use our services about disability particularly as we know many disabilities are hidden.

Disability and people who work in our services

In March 2020 the first national [Workforce Disability Equality Standard](#) report was published. This allows us for the first time to compare areas of Workforce Disability to a national picture. Our organisation published its second [WDES report](#) in October 2020 and this is published separately.

Looking at the national report reveals a positive picture in terms of comparing declaration rates for disability to the national average which is on average 24% not declared compared to 15.1% not declared for our organisation. We aim to improve this position and our objective is to reduce the number of staff not declared to less than 10%. Although our declaration rates are relatively good they have remained static despite a specific focus on this area in 2019/20 including producing guidance for staff about how to change their record using the Electronic Staff Record (ESR) self-service. The WDES average of declared disability in the national report is broken down by clinical and non-clinical and indicates that 3.6% of non-clinical and 2.9% of clinical staff declared disability with a range across organisations. Our organisation figure of 7.3% (for all staff) in 2020 therefore appears positive.

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	2020
Yes	7.9%	6.1%	6.6%	6.9%	7.3%
No	60.5%	78.1%	78.8%	79.1%	77.6%
Not Stated	31.6%	15.8%	14.6%	14.1%	15.1%

In 2019/20 our main focus has been on improving staff engagement and our Disabled Staff Network was relaunched. Membership of the network is increasing and members have been at the forefront of several positive initiatives including development of a Wellbeing Passport. We have also received formal confirmation from Disability Sheffield that the evidence submitted to them supports us applying for Disability Confident Leader level, the national criteria has changed since we commissioned this review from Disability Sheffield so we are reviewing this at the

moment with a view to confirming our organisation as a Disability Confident Leader organisation early in 2021.

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
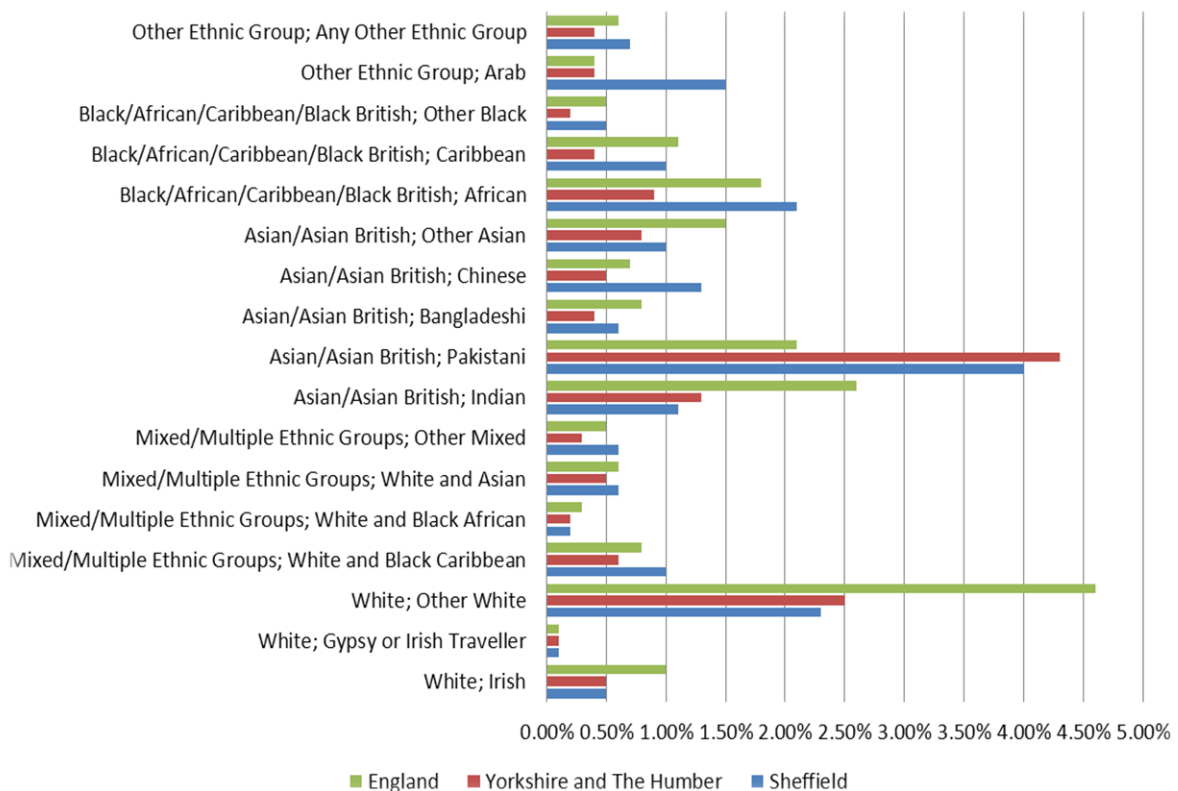
The Ethnicity of People who use our Services

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.

Ethnicity – service users	Gender Identity Service		Learning Disability		Mental Health		Sheffield 18 - 64
	2019	2020	2019	2020	2019	2020	2011
White British	90.3%	90.0%	84.3%	84.8%	84.9%	84.3%	80.60%
White Irish	0.6%	0.5%	0.2%	0.1%	0.7%	0.7%	0.50%
White other	3.5%	3.9%	0.9%	0.5%	1.8%	1.8%	2.70%
Gypsy or Irish Traveller	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.10%
Mixed White & Black Caribbean	0.6%	0.9%	1.7%	1.8%	1.1%	1.1%	0.80%
Mixed White & Black African	0.0%	0.2%	0.0%	0.0%	0.2%	0.2%	0.20%
Mixed White & Asian	1.2%	1.2%	0.3%	0.4%	0.4%	0.4%	0.50%
Mixed other	1.5%	1.0%	0.7%	1.0%	0.6%	0.6%	0.40%
Asian or Asian British Indian	0.3%	0.4%	0.2%	0.2%	0.5%	0.4%	1.30%
Asian or Asian British Pakistani	0.4%	0.4%	5.9%	5.7%	2.3%	2.7%	3.60%
Asian or Asian British Bangladeshi	0.0%	0.0%	0.1%	0.2%	0.3%	0.3%	0.60%
Asian other	0.5%	0.2%	0.6%	0.2%	1.0%	0.9%	1.10%
Black or Black British Caribbean	0.3%	0.3%	1.6%	1.8%	1.7%	2.0%	1.00%
Black or Black British African	0.0%	0.0%	0.5%	0.6%	1.1%	1.2%	2.20%
Black other	0.0%	0.2%	0.2%	0.2%	0.4%	0.5%	0.50%
Chinese	0.3%	0.3%	0.2%	0.3%	0.3%	0.2%	1.80%
Any Other Ethnic Group - Arab	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%	1.40%
Any Other Ethnic Group	0.5%	0.5%	0.8%	0.5%	1.3%	1.1%	0.80%
Roma	0.00%	0.00%	0.32%	0.0%	0.03%	0.0%	-
Vietnamese	0.12%	0.09%	0.01%	0.0%	0.06%	0.0%	-
Somali	0.00%	0.00%	0.33%	0.6%	0.85%	1.0%	-
Yemeni	0.12%	0.09%	0.58%	1.0%	0.50%	0.5%	-

We use four optional ethnicity categories that can be used in NHS Patient Information Systems:

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- Roma
- Vietnamese
- Somali, and
- Yemeni

These groups are included 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	Perinatal Mental Health		Substance Misuse		Eating Disorders Service		IAPT		Sheffield 18 - 64
	2019	2020	2019	2020	2019	2020	2019	2020	2011
White British	75.5%	73.8%	87.2%	88.4%	91.3%	90.1%	84.2%	82.7%	80.6%
White Irish	0.3%	0.7%	0.6%	0.5%	0.0%	0.0%	0.5%	0.6%	0.5%
White other	3.3%	3.4%	1.9%	1.7%	2.0%	1.2%	2.7%	3.1%	2.7%
Gypsy or Irish Traveller	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%
Mixed White & Black Caribbean	2.4%	1.3%	1.3%	1.1%	1.2%	1.9%	0.9%	1.0%	0.8%
Mixed White & Black African	0.9%	0.7%	0.2%	0.1%	0.0%	0.0%	0.3%	0.3%	0.2%
Mixed White & Asian	0.0%	0.0%	0.8%	0.8%	1.2%	1.9%	0.4%	0.5%	0.5%
Mixed other	1.2%	0.7%	0.9%	0.7%	0.8%	0.6%	0.7%	0.7%	0.4%
Asian or Asian British Indian	1.8%	2.0%	0.4%	0.3%	0.4%	1.2%	0.7%	0.6%	1.3%
Asian or Asian British Pakistani	3.9%	4.7%	1.7%	1.8%	2.4%	2.5%	2.6%	2.9%	3.6%
Asian or Asian British Bangladeshi	0.3%	0.7%	0.1%	0.1%	0.0%	0.0%	0.2%	0.2%	0.6%
Asian other	3.0%	3.4%	1.1%	1.2%	0.4%	0.6%	1.3%	1.3%	1.1%
Black or Black British Caribbean	0.3%	0.7%	1.3%	1.2%	0.0%	0.0%	1.1%	1.3%	1.0%
Black or Black British African	2.1%	2.7%	0.5%	0.3%	0.0%	0.0%	0.7%	0.9%	2.2%
Black other	0.6%	0.7%	0.3%	0.5%	0.0%	0.0%	0.4%	0.4%	0.5%
Chinese	0.9%	0.0%	0.0%	0.0%	0.4%	0.0%	0.3%	0.3%	1.8%
Any Other Ethnic Group - Arab	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%	0.5%	1.4%
Any Other Ethnic Group	1.5%	2.0%	1.2%	1.1%	0.0%	0.0%	1.6%	1.5%	0.8%
Roma	0.30%	0.0%	0.03%	0.00%	0.00%	0.00%	0.32%	0.61%	-
Vietnamese	0.00%	0.7%	0.00%	0.00%	0.00%	0.00%	0.01%	0.00%	-
Somali	0.90%	1.3%	0.26%	0.09%	0.00%	0.00%	0.33%	0.38%	-
Yemeni	0.90%	0.7%	0.16%	0.23%	0.00%	0.00%	0.58%	0.54%	-

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 with a need for NHS organisations to proactively review and ensure the completeness of the ethnicity data of people who use NHS services no later than the 31 December.

Ethnicity Recording	Gender Identity Service	Learning Disability	Mental Health	Perinatal Mental Health	Substance Misuse	Eating Disorders Service	IAPT
Not known 19/20	23%	15.6%	17.2%	0%	10.6%	11.5%	15.9%
Not known 18/19	20.9%	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%	_

Examples of Positive Practice in 2019/20

- In 2020 the Community Learning Disability Team drew up a comprehensive plan and guidance for recording of ethnicity for people using their services to underpin their commitment to tackling recognised health inequalities and in October

- In October 2019 the   IAPT BAME Positive Practice guide was published co-authored by Saiqa Naz who at the time of writing was a cognitive behavioural therapist at SHSC and the Chair of the British Association of Behavioural and Cognitive Psychotherapies (BABCP) Equality and Culture Special Interest Group. It has been recognised that this guide is a resource that can be used across our services and this is planned as part of our equality objectives.

- A number of our staff were involved in a live streamed programme http://blackmentalhealth.live/ this was delivered in partnership with ADIRA a survivor-led mental health & well-being organisation supporting black people with mental health issues and with Flourish. They worked together to put on the event which aimed to look at ways to engage with the BAME community to build better relationships, break down barriers, dispel any myths about

mental health services and build positive relationships with this community. The event was viewed nationally and can be watched through the link above.

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 on can be found in the Workforce Race Equality Standard report published in October 2020.

Ethnicity - Staff	2018	2019	2020	2020 without Bank	Sheffield 18 - 64 2011
White - British	75.4%	73.5%	72.7%	76.4%	80.6%
White - Irish	1.1%	1.1%	1.2%	1.2%	0.5%
White - Any Other White background	1.7%	1.5%	1.6%	1.7%	2.7%
White; Gypsy or Irish Traveller	-	-	-	-	0.1%
Mixed - White & Black Caribbean	1.0%	0.9%	1.0%	1.1%	0.8%
Mixed - White & Black African	0.5%	0.5%	0.6%	0.5%	0.2%
Mixed - White & Asian	0.2%	0.2%	0.4%	0.3%	0.5%
Mixed - Any other mixed background	0.5%	0.6%	0.5%	0.5%	0.4%
Asian or Asian British - Indian	1.3%	1.2%	1.4%	1.3%	1.3%
Asian or Asian British - Pakistani	1.6%	1.7%	2.0%	2.0%	3.6%
Asian or Asian British - Bangladeshi	0.2%	0.1%	0.1%	0.1%	0.6%
Asian or Asian British - Any other Asian background	0.6%	0.7%	0.6%	0.6%	1.1%
Black or Black British - Caribbean	1.8%	2.0%	2.0%	1.7%	1.0%
Black or Black British - African	4.6%	4.7%	4.8%	3.2%	2.2%
Black or Black British - Any Other Black background	0.5%	0.5%	0.6%	0.6%	0.5%
Chinese	0.4%	0.4%	0.4%	0.4%	1.8%
Any Other Ethnic Group - Arab	-	-	-	-	1.4%
Any Other Ethnic Group	0.6%	0.5%	0.7%	0.6%	0.8%
Not Stated/Not Specified	7.2%	8.1%	9.5%	7.7%	0.0%

There are several layers in terms of our aims and objectives with regard to race. We aim to have a workforce that reflects the diversity of the Sheffield both in terms of our offer to people who use our services and also in terms of equality of opportunity. We know from detailed analysis (see the WRES Report) that over 40% of our medical workforce who identify as being in an Asian ethnicity groups and that we have a

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higher percentage of staff in Band 5 roles, many of which are nursing roles who identify as being in an African ethnicity group but very few if any that identify as being in an Asian ethnicity group. The data below reflects this with only 2% of our workforce identify as being in the Asian Pakistani groups whereas the ethnicity of the Sheffield population reflects 3.6% of the working age population in this group. We know that there is an overrepresentation of people using our inpatient services who identify as being from in an African ethnicity group so having a workforce that is overrepresented in terms of the city population could be seen as a good thing , however we have to recognise that a number of staff in this group are employed through the staff Bank and we also know from NHS Staff Experience survey data that a number of these staff regularly experience racial harassment from people who use our services, in addition, again looking in detail at our data we know that staff identifying as being in this group are underrepresented in senior roles. These factors are relevant when we are looking at where we need to make improvements.

In 2020 our Organisational Development team working in collaboration with members of our BAME staff network have started a 'Big Conversation' focused on racism. The experience of involvement in this has been profound for many staff and many areas of concern have emerged. The Big Conversation is ongoing at the time of this report and has reached the stage of identifying specific action however some action is already taking place including a 'task and finish' group focused on a number of areas for improvement focused on racial harassment of staff from service users.

As an organisation we are involved, in partnership with other NHS, organisations, Sheffield City Council and voluntary sector organisations in work focused race equality following the impact of Covid19 and concern over the high impact on BAME staff working in the NHS and other roles. A comprehensive action plan has been agreed which is currently being taken forward though a working group of partner organisations and key stakeholders including the chairs of our organisations BAME staff networks.

As noted above we intend to undertake a specific survey of Bank staff and as we are implementing our People Strategy we are mindful of inequalities reflected in our workforce data and continue to maintain an equality impact analysis process as part of the implementation plan.

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Our WRES data in 2020 has shown some positive movement since 2016 in the numbers of staff from BAME groups being promoted to senior roles and the targets agreed by our Board for Band 6 and 7 have been met. The targets were for a five-year period and end in March 2021 so are currently being reviewed.

The most significant areas of concern related to our WRES data are the number of BAME staff reporting harassment from service users and the disproportionate number of staff who identify as being from a BAME ethnicity group that are subject to disciplinary procedures. In 2020 all workforce cases are now reported by ethnicity so there is ongoing scrutiny and challenge and a new protocol is being developed to ensure that ethnicity is taken account of in disciplinary procedures. Toward the end of 2020 our data suggests that this position is improving as the WRES data is based on a two-year rolling figure however it is essential that this progress is maintained as this area had appeared to be improving previously and this has not been maintained.

Pay Banding and Ethnicity

As noted above the number of Bank staff fluctuates however most have a contract for Band 2 or 3 roles and this accounts for just over 200 Bank staff as of March 2020. 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 and in Bands 2 and 3 BAME staff account for

Staff identifying as having a BAME ethnicity account for 14% of staff in Bands 2 and 3 without Bank and 20% with Bank We know that Banks staff are overrepresented in disciplinary procedures and also that they have raised concerns about lack of development opportunities. The number of BAME staff subject to disciplinary procedures has reduced however initiatives focused on development of staff in bands 2 and 3 that are planned will continue to include a focus on Bank staff.

Build Modify Expand
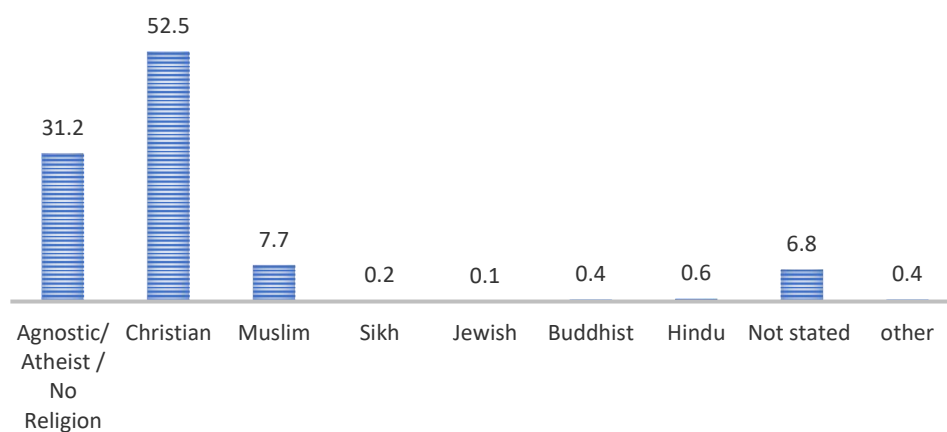

Working Together
to Embrace Diversity

Build Modify Expand has our BAME staff Reciprocal mentoring programme at its heart and the priority areas for the BAME staff network group are highlighted annually now in November through the Working Together Conference. The focus in 2019 was Privilege and Bias, what it means for organisations and again the conference was attended by over 100 staff with a social evening taking place for the first time after the main event which was enjoyed by all who attended.

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

31.2	52.5	7.7	0.2	0.1	0.4	0.6	6.8	0.4
Agnostic/ Atheist / No Religion	Christian	Muslim	Sikh	Jewish	Buddhist	Hindu	Not stated	other

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.

The chaplaincy service regularly reviews the diversity of religion and belief of people using our services so that services are able to respond to this.

	Gender Identity Service		Learning Disability		Mental illness		Perinatal Mental Health	
	2019	2020	2019	2020	2019	2020	2019	2020
Agnostic/ Atheist / No Religion	2.5%	2.2%	3.1%	1.9%	12.4%	12.7%	9.2%	12.1%
Christian	0.9%	0.8%	18.0%	17.3%	25.0%	29.0%	6.7%	6.7%
Muslim	0.0%	0.0%	2.0%	2.0%	2.5%	3.0%	2.5%	3.4%
other	0.5%	0.3%	0.6%	1.0%	2.1%	3.0%	6.9%	16.1%
prefer not to say	0.1%	0.2%	0.8%	0.3%	1.0%	0.3%	0.3%	0.0%
Not asked	96.0%	96.4%	75.4%	77.6%	57.0%	52.1%	74.4%	61.7%

	Substance Misuse		Eating Disorders Service		IAPT	
	2019	2020	2019	2020	2019	2020
Agnostic/ Atheist / No Religion	23.8%	28.5%	24.1%	26.8%	3.5%	3.8%
Christian	17.2%	19.7%	20.9%	16.9%	3.7%	3.6%
Muslim	2.2%	2.2%	1.6%	1.6%	0.7%	0.7%
other	1.4%	0.8%	2.9%	3.8%	0.4%	0.3%
prefer not to say	0.7%	0.1%	29.6%	27.3%	0.3%	0.1%
Not asked	54.8%	48.4%	20.9%	23.5%	91.5%	0.1%

Religion or Belief of people who work in our services

There have been some changes in the reported religion or belief of people who work for us between 2019 and 2020 the percentage of people reporting Agnostic / Atheist or no religion or belief has increased as has people who share a Muslim religion. The faith or people who work in our organisation continues to be an important area and space for prayer for staff and people who use our services is an important issue when we are changing our service buildings as has been the case over the last 12 months. During the Covid19 pandemic we have also paid attention to providing staff with appropriate Personal Protective Equipment (PPE) for example disposable arm coverings, and providing guidance for staff and managers on ensuring staff religious beliefs are not compromised whilst maintaining staff safety.

	2019	2020	2020 Without Bank
Agnostic/ Atheist / No Religion	16.8%	18.1%	19.7%
Christian	34.9%	33.4%	33.6%
Muslim	2.6%	3.0%	3.1%
Other	10.7%	10.6%	11.5%
Prefer not to say	25.6%	25.5%	27.1%
Undefined	9.5%	9.2%	5.1%

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. There have not been any significant changes in the breakdown of gender across services.

	Gender Identity Service		Learning Disability		Mental Health		Perinatal Mental Health	
	2019	2020	2019	2020	2019	2020	2019	2020
Female	45.5%	47.7%	44.1%	41.4%	52.3%	52.7%	100.0%	100.0%
Male	53.5%	51.3%	55.9%	58.6%	47.7%	47.2%	0.0%	0.0%
Other	1.1%	1.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

	Substance Misuse		Eating Disorders Service		IAPT	
	2019	2020	2019	2020	2019	2020
Female	29.6%	29.7%	87.0%	88.0%	63.9%	65.2%
Male	70.4%	70.3%	13.0%	12.0%	36.1%	34.8%
Other	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Gender of people who work in our service

	2017	2018	2019	2020	2020 without Bank
Female	74.0%	74.0%	73.3%	73.8%	74.2%
Male	26.0%	26.0%	26.7%	26.2%	25.8%

The breakdown of employees by gender remains at a rounded figure of 74% women and 26% men, there is a slightly higher number of men who work on the Bank. There is no option in the national electronic staff record to record 'other' at the moment however we understand that a change to this is being planned and in the future, as soon as this is available we will provide information to our staff so they can change their details if they wish.

Each year we produce and publish a full report and action plan on the Gender Pay Gap and our last report that contained data for 2019 was published in March 2020. Our data can be compared to other organisations by using the government Gender Pay Gap reporting portal https://gender-pay-gap.service.gov.uk/ and our Gender pay Gap report can be found on our intranet . In 2019 our report showed that we had managed to close some of the Bonus Pay Gap which in the NHS is usually from awards given to Medical Consultants known as Clinical Excellence Awards. We also report to our Board the demographics of people receiving Clinical Excellence Awards annually.

Part time / Full time

|	Full Time			Part Time		
	2018	2019	2020	2018	2019	2020
Female	44%	51%	52%	56%	49%	48%
Male	66%	77%	77%	34%	23%	23%

A significant number of our staff, 58% overall, work part time and the table above shows the percentage of male and female staff who work part time and full time which is significantly more and rising slowly for female staff. We know that many of our staff work part time due to caring responsibilities and opportunities for and attention to flexible working is a significant element of the Trust People Strategy. There are also other reasons why staff may choose to work part time and considering these and the changing demographics of our workforce is the focus for
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flexible working workshops that have taken place and continue to run in 2019 /20. At the request of staff, we have recently supported the establishment of a new Staff Network Group for Carers. We have recognised through the Covid19 pandemic that services can be provided flexibly and that facilitating flexible working for staff can empower them to maintain a caring role. We plan to build on this learning.

Sexual Orientation

Sexual Orientation of the population

The Office of National Statistic (ONS) published updated data on Sexual Orientation in March 2020, this reported that the proportion of the UK population aged 16 years and over identifying as heterosexual or straight had decreased from 95.3% in 2014 to 94.6% in 2018 and that the proportion identifying as lesbian, gay or bisexual (LGB) increased from 1.6% in 2014 to 2.2% in 2018. This percentage varies by region as the ONS table below shows and for our region there has been a move from an estimate of 1.4% in 2014 to 2.3% in 2018.
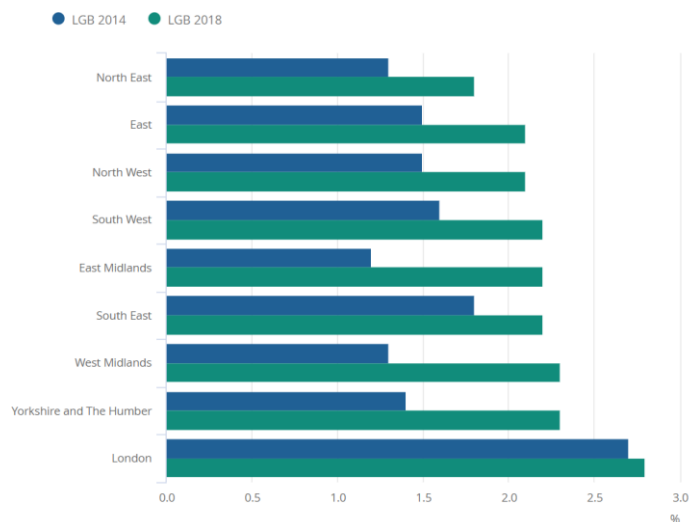
Sexual orientation of people who use our services

Recording of sexual orientation for people who use our services is low however this has improved over time. The data in the table below is based on the number of individuals using any service. The percentage of all people who used our services that were asked about their sexual orientation continues to increase slowly and has increased from 7% in 2018 11.5% in 2020. Of those people who were asked 4.1% identified as being Lesbian Gay or Bisexual, 0.1% identified as other. The number of people asked was 3032 however it is difficult to draw conclusions about the

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percentage of LGB people using our services until asking about sexual orientation is consistently high in all areas, progress does appear to be being made however and we believe that raising issues of health inequalities faced by LGB people though our Rainbow Badge training (see below) will increase knowledge and therefore consistency.

Sexual Orientation % of all service users who were asked	2019	2020
Bi-sexual	1.8%	1.9%
Gay/Lesbian	1.9%	2.2%
Heterosexual	92.6%	92.1%
Client asked and does not know or is not sure	0.2%	0.3%
Refused to answer	2.0%	2.1%
Unable to answer	1.5%	1.4%

	2019	2020
% LGB of above i.e. excluding blank records	3.7%	4.1%
Percentage Asked	8.0%	11.5%

The table below shows the percentage asked 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.

Sexual orientation recording	Eating Disorder	Gender Identity Service	IAPT	Learning Disability	Mental Health	Perinatal Mental Health	Substance Misuse	All
2019/20 % asked	7.8%	11%	3%	13.2%	15.1%	10.1%	3.4%	11.5%
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.

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	Eating Disorders 2019	Eating Disorders 2020	IAPT 2019	IAPT 2020	Mental Health 2019	Mental Health 2020
Percentage LGB using service as a percentage of all service users	7.8%	9.3%	0.2%	0.1%	0.4%	0.6%
Percentage LGB using service as a percentage of those asked	10.9%	12.6%	5.7%	3.5%	3.1%	3.6%

	Learning Disabilities 2019	Learning Disability 2020	Gender 2019	Gender 2020	Perinatal Mental Health 2019	Perinatal Mental Health 2020
Percentage LGB using service as a percentage of all service users	0.2%	0.4%	0.2%	0.2%	0.3%	0%
Percentage LGB using service as a percentage of those asked	1.2%	2.6%	1.3%	1.9%	2.6%	0%

	Substance Misuse 2019	Substance Misuse 2020
Percentage LGB using service as a percentage of all service users	0.4%	0.4%
Percentage LGB using service as a percentage of those asked	8.3%	10.6%

NHS Rainbow Badge Scheme

In 2020 as planned we introduced the NHS Rainbow Badge scheme to our organisation.

The Rainbow Badge initiative originated at Evelina London Children's Hospital to make a positive difference by promoting a message of inclusion. Since then the

scheme has now won two awards and has been rolled out nationally. The scheme aims to highlight evidence that lesbian, gay, bisexual and transgender (LGBT+) people face inequalities in their experience of NHS healthcare it is estimated that one in five LGBT+ people are not out to any healthcare professional about their sexual orientation when seeking general medical care, and one in seven LGBT+ people have avoided treatment for fear of discrimination.

Since the launch of the scheme in our organisation by the end of September 2020 over 150 staff had attended our training programme, delivered by staff from our Rainbow Staff network.

The depth of interest generated has been phenomenal and led to resources begin developed to support staff and bespoke training being provided to teams.

Sexual orientation of people who work in our services

Sexual Orientation Staff	2016	2017	2018	2019	2020	2020 Without Bank
Heterosexual	63.8%	66.1%	67.2%	67.6%	67.3%	70%
Lesbian, Gay or Bisexual	2.6%	2.7%	3.2%	3.4%	3.7%	4.0%
Prefer not to say	23.7%	23.2%	21.7%	19.5%	19.7%	20.8%
Undefined/Undecided	9.9%	8.0%	7.9%	9.5%	9.2%	5.2%

Recording of sexual orientation of people who work in our services is much higher with the number undefined as of March 2020 being 5% excluding Bank and 9% including Bank. The percentage of people who say they are LGB (including Bank) is now 3.7% and excluding bank taking account of lower number of not known the figure is 4%. This is higher than the 2018 ONS estimate for the region which is 2.3%. The 2020 census is likely to provide better information about sexual orientation than it has in the past when this takes place in 2021.

As discussed above the national Rainbow Badge project has been a huge success launching in May 2020 his has led as planned to the re- establishment of our LGBTQ+ staff network which has been renamed the Rainbow network. Membership is open to all staff and the network and the rainbow badge training is leading to a better understanding in the organisation of the experience of LGBTQ+ staff and

service users in using services and in working in the NHS and our organisation. We are dovetailing some of the work focused on harassment of staff by service users to take account of homophobic abuse.

Equality Diversity and Inclusion Objectives and Priorities

In March 2020 we refreshed our Equality Objectives this section of the report provides an update and also focuses on how we have reviewed our objectives in the light of the Covid19 pandemic, and the learning that is emerging from it and the change in national policy relevant to Equality and Inclusion that is emerging. Our objectives support our vision which 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. As our objectives were refreshed in March 2020 as the pandemic was starting to impact and have been updated in response this report does not include detail of specific progress made between March 2020 and the date of this report. Our Board will continue to receive reports on progress for assurance through reports from the organisations People Committee and we are reviewing governance of service related equality objectives.

As noted above 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	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.
The NHS equality, diversity and inclusion training will also be refreshed	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 sub groups. 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 Will** undertake a fresh review of ethnicity reporting and work with partners to us this data to shape and improve our services. Review outcome measures that we currently use and new ones that emerge.
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 action 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 **Bands 3 and 4 to 14% by March 2021** **Bands 6 and 7 to 9% by March 2021** **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

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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