

Executive Summary

Report to the Board of Directors

Being Held on 29th November 2022

Subject	Annual Equality, Diversity and Inclusion (EDI) Report
Supporting TEG Member	Paula Ward, Organisational Development Director on behalf of Kirsten Major, Chief Executive
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Status¹	D, A

PURPOSE OF THE REPORT

The purpose of this report is to present the Trust's 2022 Annual EDI Report for the Board of Directors to discuss and agree.

The production of an annual report is a requirement of the 2010 Equality Act's Public Sector Equality Duty (PSED), which requires all public organisations to publish externally their EDI performance information by 31st January every year.

The Annual EDI Report, once agreed and published, will bring STH in line with the requirements of the PSED and will be a useful tool in communicating - to both patients and staff - information about the important work the Trust is undertaking on EDI.

KEY POINTS

Background

The Trust is required, under the Equality Act 2010, to show how it is meeting the PSED. The production of an Annual EDI Report is the way that the Trust has chosen to show this.

The main purpose of the PSED is to:

- Integrate consideration of equality and creating good relations into the everyday activities of public authorities.
- Eliminate unlawful discrimination, harassment and victimisation, and other conduct prohibited by the Act
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who have a protected characteristic and those who do not

The Annual EDI Report provides a comprehensive overview of the EDI performance of the Trust, in terms of both workforce and patients, employment and service design and delivery. It also contains information about the Trust's EDI governance arrangements, an overview of the EDI Strategy and Implementation Plan, details of current projects and programmes and of who to contact for further information. The content of the report has been produced by the EDI Team and it has been designed by the Communications Team. An Easy Read version will also be produced and made available.

An early draft of the report was considered by the EDI Board at its meeting on 30th May 2022 and a revised version of the report was presented to TEG on 12th October 2022. TEG members put forward a number of additional comments and suggestions which have been considered and many have been incorporated in the production of this final version. In addition, some helpful suggestions that will be incorporated into the design for the 2023 report were made by executive colleagues. The report has also been shared with the Quality Committee at the 21st November 2022 meeting.

Once agreed by the Board of Directors, the Annual EDI Report will be published on the Trust's website by the end of January 2023.

IMPLICATIONS²

Aim of the STHFT Corporate Strategy		✓ Tick as appropriate
1	Deliver the Best Clinical Outcomes	✓
2	Provide Patient Centred Services	✓
3	Employ Caring and Cared for Staff	✓
4	Spend Public Money Wisely	✓
5	Create a Sustainable Organisation	✓
6	Deliver Excellent Research, Education & Innovation	✓

RECOMMENDATIONS

It is recommended that the Board of Directors review and agree the final draft of the Trust's Annual EDI Report (at Appendix 1) and approve its publication on the Trust's website by the end of January 2023.

APPROVAL PROCESS

Meeting	Date	Approved Y/N
EDI Board	30/05/22	Y
TEG	12/10/22	Y
Board of Directors	29/11/22	

¹ Status: A = Approval
A* = Approval & Requiring Board Approval
D = Debate
N = Note

² Against the six aims of the STHFT Corporate Strategy 'Making a Difference – The next Chapter 2022-27'



Equality, Diversity, and Inclusion Annual Report - 2022

PROUD TO MAKE A DIFFERENCE

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST



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Introduction

Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) is one of the UK's largest, and busiest NHS Foundation Trusts.

We provide a full range of hospital and community services for people in Sheffield, as well as specialist care for patients from further afield. We manage five of Yorkshire's best known adult teaching hospitals including:

- Northern General Hospital
- Royal Hallamshire Hospital
- Charles Clifford Dental Hospital
- Weston Park Cancer Hospital
- Jessop Wing Maternity Hospital
- Over 40 community health locations

With around 18,500 employees, we are one of the biggest employers locally. We aim to reflect the diversity of local communities and are proud of our partnerships with local people, patients, neighbouring NHS organisations, local authority, and charitable bodies.

Our aim is to create a culture of inclusion where everyone feels valued and respected for who they are and what they bring to our organisation.

Our Equality, Diversity and Inclusion activity is linked to the NHS People Plan, the Trust's People Plan, PROUD values and behaviours and our strategic objectives.

This report highlights the progress we have made in 2021/2022 in line with our 2021-2025 Strategy. The last year, and indeed 2020, has been one of the most challenging times, but it has further raised the importance of equality, inclusion, and diversity at a time when a global pandemic has brought underlying issues to the forefront.



Legal requirements

The Public Sector Equality Duty (PSED) was created by the Equality Act 2010 and is set out in section 149. The main purpose of the Public Sector Equality Duty is to integrate consideration of equality and creating good relations into the everyday activities of public authorities. If Sheffield Teaching Hospitals NHS Foundation Trust do not consider how a practice could impact differently on different groups, this can contribute to greater inequality and poorer outcomes.

The Duty lays out three main functions, to:

- Eliminate unlawful discrimination, harassment and victimisation, and other conduct prohibited by the Act
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who have a protected characteristic and those who do not

This means that the Trust must consider how we contribute to the advancement of equality and good relations, by reflecting equality, diversity and inclusion considerations into the design of policies and delivery of services and policies.

As with all Public Authorities, we are required to publish information to demonstrate compliance with the general equality duty.

Context

Sheffield Teaching Hospitals is a public sector health care provider. We monitor equality and diversity data internally across the organisation, the information shared in this document relates to 1st April 2021 to 21st March 2022.

The age, gender, ethnic origin, religion, sexual orientation, and disability of all staff is recorded, with 'prefer not to say' being a selectable option for each category.

We capture a range of patient diversity data and this is included within this report

Vision

Our vision is to have a workforce that fully reflects the communities we serve and a workplace culture in which everyone feels valued and is treated with fairness and respect, where we collectively work to eradicate gender-based discrimination, misogyny and sexism; racism, homophobia, biphobia, transphobia, ageism, and disablism etc. ensuring that barriers to progression are identified and addressed and for the hospital to be an exemplar of best practice.

We want to provide inclusive, culturally competent, personalised and patient-centred care of the highest quality that meets patients individual needs.

Equality objectives

Sheffield Teaching Hospitals Equality Objectives can be found within our Equality, Diversity, and Inclusion Strategy (2021 – 2025).

The objectives focus on.

- The impact of COVID-19
- Improving service user access and experiences
- Better health outcomes for all
- Culture change & mainstreaming EDI
- A representative and supported workforce
- Inclusive leadership



The strategy reflects our commitment to ensuring that our services are fully accessible and that they meet the diverse needs of the people we serve. It also aims to positively promote inclusivity and ensure our treatment pathways are personalised and meet individual needs. Additionally, the strategy identifies our workforce aspirations and establishes our priority areas to support and promote diversity and inclusion for all staff, including our plans to create a diverse workforce.

The development of this strategy was delayed due to the impact of COVID-19 where understandably the attention and priority was to ensure that staff time was focussed on responding to the unprecedented pressures.

Events during 2020 shone a spotlight on racism and the inequalities that exist within our society, particularly within the context of the disproportionate impact of the COVID-19 pandemic, which has further reinforced the need for us to develop a much bolder strategy to secure equality, diversity and inclusion for our patients, staff and communities.

The strategy was circulated to a wide range of stakeholders as part of the consultation, including senior managers, board members, directors, governors, staff side, staff network members and chairs and made available to all staff through staff and manager bulletins and the Good Health Magazine to all of our 12,035 Foundation Trust membership. In addition, we have sought feedback from external partner organisations including Voluntary Action Sheffield, Sheffield Healthwatch, Sheffield's City EDI Leads Network, Sheffield Accountable Care Partnership, South Yorkshire Police and Sheffield Children's Hospital.

The impact of COVID-19

We are actively engaging with our partners across South Yorkshire to understand the disproportionate impact that COVID-19 has had on diverse communities as well as looking at the wider health inequalities across the city and the impact across all protected groups.

Improve service user access and experience

We want to ensure that our services are accessible to all service users and carers who require care and treatment. We want to ensure the information we provide can be adapted to meet individual needs.

Better health outcomes for all.

We want to identify if there are health inequalities in our services and have systems in place to tackle these in an open and transparent way. We want to ensure that inequalities are flagged and transformed into service improvement measures, which are evident in-service business planning and captured by the Trust's equality, diversity, and inclusion work streams.

Culture change and mainstreaming equality, diversity, and inclusion

We will create a culture where staff feel valued and recognised for their important and individual contributions. We will promote an environment where health and other inequalities can be identified in a safe and transparent way and for the organisation to learn and improve as a result.

A representative and supported workforce

An inclusive and diverse workforce that is representative of the community with measurable improvement through effective recruitment, selection, and promotion in order to positively attract, retain and support the progression of under-represented groups of staff at all levels. An environment that embraces diversity, and promotes inclusion, gender equality and a zero tolerance to all forms of discrimination, bullying, harassment and victimisation and provides a safe and caring environment for staff where they can be themselves at work.

Inclusive Leadership

We want our workforce to demonstrate compassionate and inclusive leadership. We will create a culture where staff feel valued and recognised for their important and individual contributions. We will promote an environment where health inequalities can be identified in a safe and transparent way and for the organisation to learn and improve as a result.

The delivery of the strategy against agreed metrics and timeframes will be overseen by the EDI Board. A more formal review will be conducted annually to ensure that it remains fit for purpose and takes account of any new requirements or changes to legislation, standards (new or revised), government consultation / feedback, health inequality outcomes and data or information.

The strategy is available on our website, (sth.nhs.uk).

Achievements

During the previous 12 months, significant improvements have been made regarding Equality, Diversity, and Inclusion (EDI) across our organisation.

These include:

- EDI dashboard created to access and analyse live patient and workforce EDI data
- Race Equality Charter devised and embedded, which aims to improve the experience, representation and progression of the Black, Asian and Ethnic Minority colleagues within our hospitals
- The appointment of Equality, Diversity, and Inclusion Health and Wellbeing Leads to improve wellbeing offers and access for colleagues
- Reciprocal mentoring programme launched, with four cohorts completed and an evaluation underway
- Four staff network groups established and running: Race Equality and Inclusion Network; STHAbility Network; Women's Network and LGBTQI+ PROUDER Network
- A suite of Equality, Diversity, and Inclusion training programmes available for colleagues
- Deaf Awareness and British Sign Language workshops delivered and more planned
- 24 colleagues trained to be Dyslexia Workplace Assessors across the Trust
- Accessible Information Action Plan in place to ensure we better understand, record, and meet our patients' communication needs

Section 1:

Our Employees

The people we employ and the people who access our services are diverse, and we are striving to understand the diversity of our people and the best and most appropriate way to meet their needs.

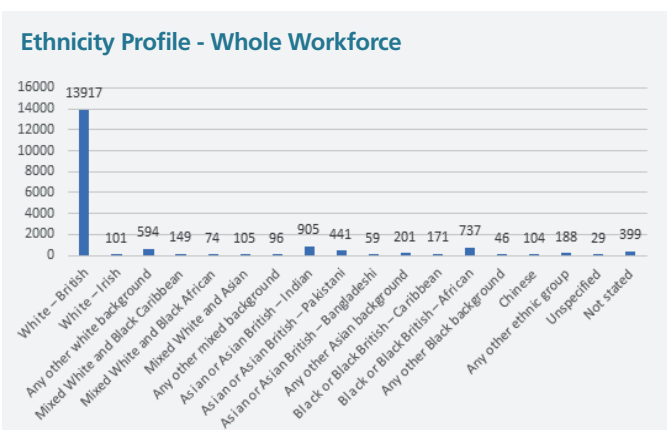
As an organisation we are continually working towards creating a knowledge base which supports our people and communities. In this section we provide internal information regarding our people, this data is accurate as of 31st March 2022.

This information supports further analysis and the implementation of interventions to ensure that equity is given to all our people, they represent the communities we serve, and diversity is supported throughout the organisation. Census details are taken from the 2011 National Census, the 2021 Census details will only be available in May 2022.

The workforce of the Trust stands at 18,316 as of 31st March 2022.

Ethnicity

The most common ethnicity after 'White British' (75.99%) was 'Asian or Asian British – Indian' (4.94%), followed by 'Black or Black British – African' (4.02%) and 'Any other White Background' (3.24%). 18% of staff have not stated their ethnicity.



The 2011 Census data¹ shows that 80.8% of Sheffield's communities are 'White British', with the largest Black, Asian or Minority Ethnic community group being 'Asian or Asian British – Pakistani' at 4%, followed by 'Any other white background' and 'Black or Black British – African'.

The 2011 census data on ethnicity broadly reflects our workforce, with 'Black or Black British – African' and 'Any other white background' being the 3rd and 4th most represented groups, respectively.

In some wards, including Burngreave, Darnall and Central, the Black, Asian and Minority Ethnic proportion is much higher. It is therefore apparent that more needs to be done in terms of recruitment and retention, to ensure that Sheffield Teaching Hospitals represents its communities.

Table 1 below shows that the percentage of staff who are from a Black, Asian and Ethnic Minority backgrounds, have increased each year.

Table 1

2016/17	13.01%
2017/18	13.16%
2018/19	13.55%
2019/20	14.07%
2020/21	14.80%
2021/22	17.56%

There is still work to be done to reflect the diversity of the communities, which according to the 2011 census is 19%, this is also below the national average of 21% for 2020.

There is a consistent level of representation at band 8a and above and as VSM, with 6.12% of staff at these levels from Black, Asian and/or Ethnic Minority backgrounds. This shows a slightly more significant increase year by year, particularly during the previous two years.

Table 2

2016/17	4.20%
2017/18	4.30%
2018/19	4.35%
2019/20	5.38%
2020/21	6.12%
2021/22	6.88%

This is some way below the representative target of 13% but is closer to the 2020 national average of 6.8%.

The highest percentage of Black, Asian and/or Ethnic Minority staff at any band is Medical Trainees, with 34.68% of all Medical Trainees being from Black, Asian and/or Ethnic Minority backgrounds.

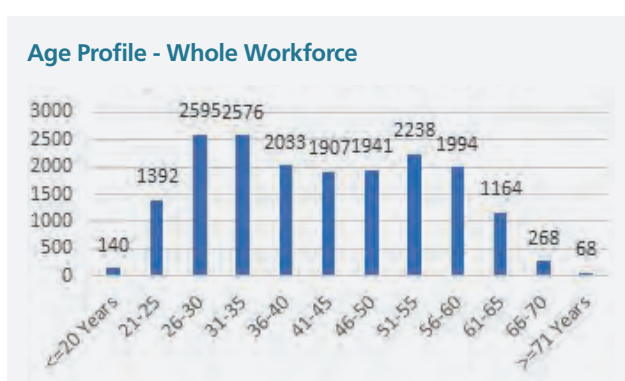
Band 5 has the highest number of Black, Asian and/or Ethnic Minority staff, with 29.18% being from a Black, Asian and/or Ethnic Minority background (31.6% of overall Black, Asian and/or Ethnic Minority staff).

7% of Board Membership are from a Black, Asian and/or Minority Ethnic background, an increase from 0% in 2020, but significantly below the representative target of 19%, which is the profile of the local community.

Age

The most common age ranges are 26-30 (14.17%) and 31-35 (14.06%). The least common age range is 71+ (0.37%).

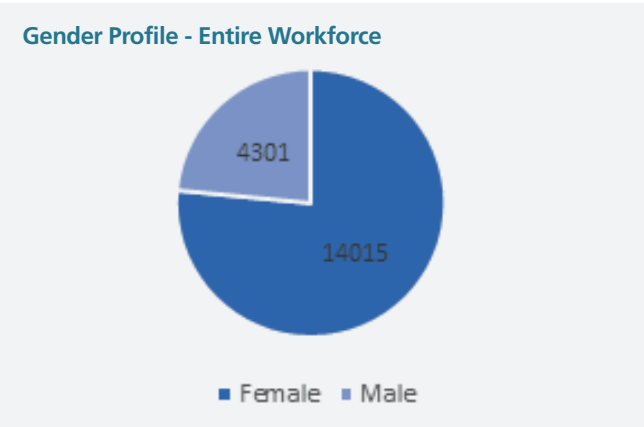
Age ranges are mostly stable across all bandings, although those aged 56-70 are statistically more likely to be at Band 2 (34.79% of those aged 56-70 are at Band 2).



Gender

The gender make-up of the workforce is 76.52% female and 23.48% male.

Workforce data does not currently measure more diverse gender categories, or those who have a transgender status or history.



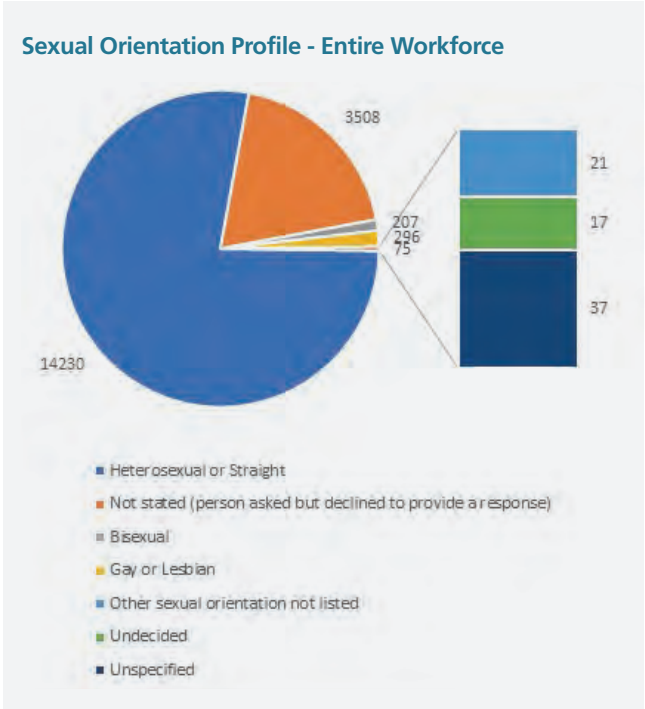
Census data shows that 51% of Sheffield are female and 49% are male. This means that STH are over-represented for women, a trend that is mirrored across the NHS.

Women are currently over-represented in Bands 4-6 (Band 4: 83.17%; Band 5: 85.59%; Band 6: 83.49%) and men are over-represented, compared to their representation in the rest of the workforce, at Band 8c, Medical (Career Grade), Medical Consultant and Medical (Trainee Grade) (Band 8c: 41.8%; MCG: 36.36%; MC: 61.13%; MTG: 48.2%).

Sexual Orientation

The most common sexual orientation was Heterosexual (77.7%), with Lesbian, Gay and Bisexual (LGB) identities accounting for 2.86% of all staff (Bisexual: 1.13%; Lesbian/Gay: 1.62%; Other sexual orientation not listed: 0.11%).

In total, 19.15% of staff have not stated their sexual orientation.



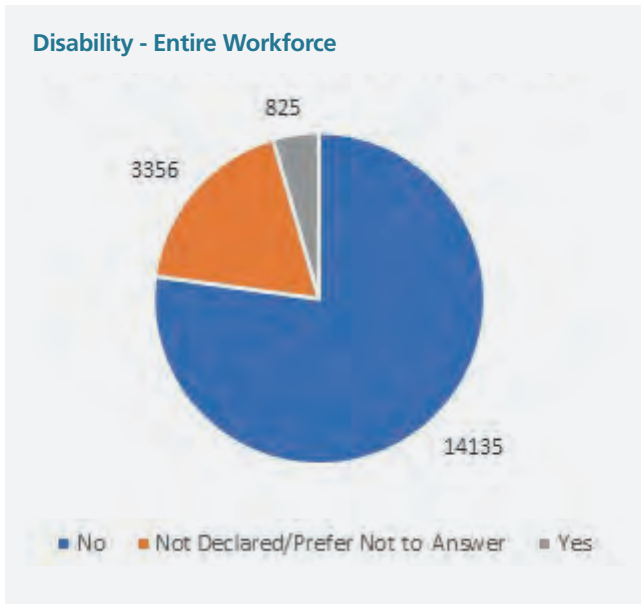
LGB identities are over-represented, when compared to the rest of the workforce, at Band 4 and Medical (Trainee Grade) (Band 4: 3.59%; MTG: 4.28%), but are under-represented at Band 6 and Medical (Consultant) (Band 6: 1.67%; MC: 1.41%).

Numbers are too low to be recorded for the LGB workforce for Under Band 1, Band 1, Band 8b-d, Band 9, Medical (Career Grade) and Very Senior Managers (VSM), so these areas should also be considered as being under-represented for LGB staff.

2011 Census data did not include monitoring on sexual orientation, which means that comparisons cannot be accurately made. However, estimates have suggested that between 2% and 5% of the UK are LGB, meaning that Sheffield Teaching Hospitals are representative in these areas. 2021 Census data will give more recent data in this area, including data on the separate categories (lesbian, gay and bisexual).

Disability

4.5% of people have declared that they have a disability, with 18.32% of people not declaring or preferring not to answer.



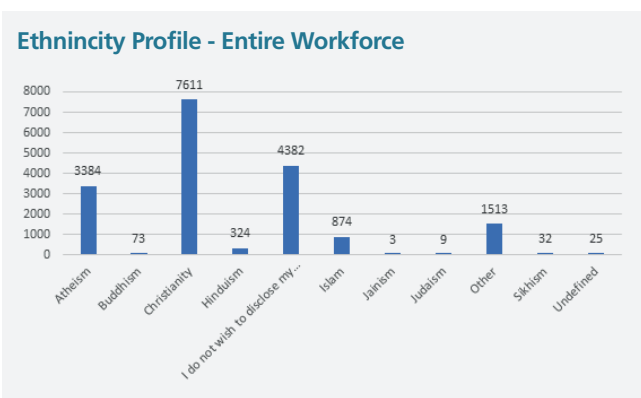
Staff with a disability are over-represented at Under Band 1 and Band 1-5 (Under Band 1:15.94%; Band 1: 14.91%; Band 2: 5.84%; Band 3: 4.3%; Band 4: 4.86%; Band 5: 4.71%).

Workforce Disability Equality Standard (WDES) data shows that the numbers of staff with disabilities at Bands 8a+ and VSM is 2.26%, which shows an increase from 1.62% in 2020, but is not representative of the average number of staff with disabilities within the Trust.

13% of those with voting membership on the Board describe themselves as having a disability, an increase from 0% in 2020.

Religion

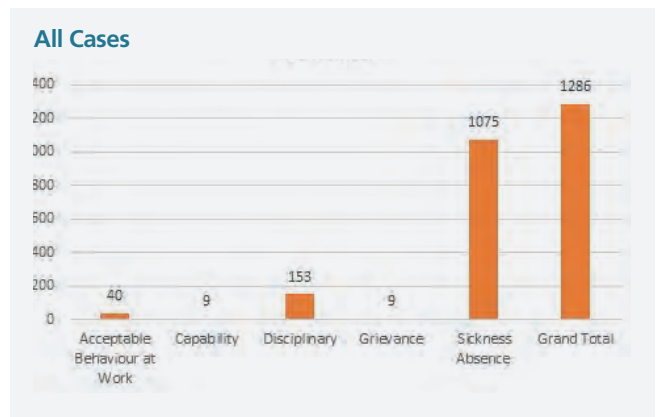
76% of staff have stated that they have a religion or belief, with 24% declining to disclose.



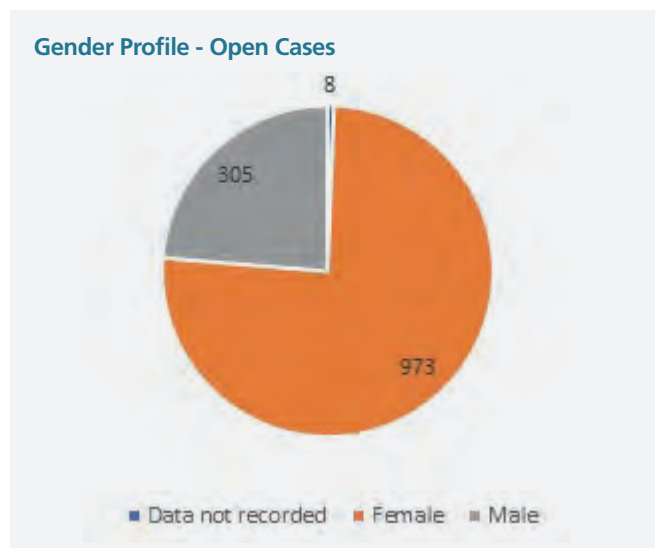
Most staff are Christian (41.7%), followed by Atheism (18.6%), Other religion or belief (8.3%) and Islam (4.7%). Other religious groups include Hinduism, Sikhism, Buddhism, Judaism and Jainism.

HR Case Management

In total, 1,286 cases were raised during 2021-22.

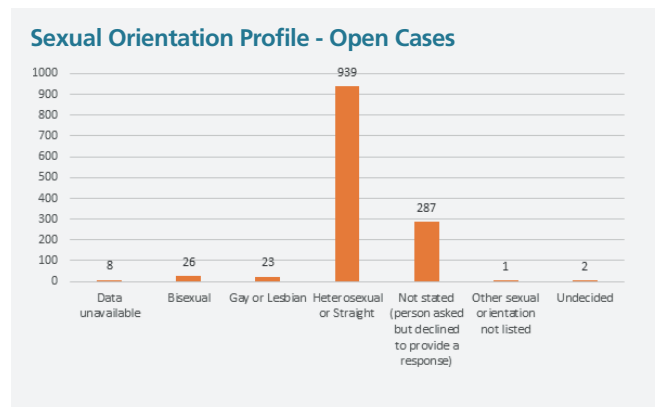
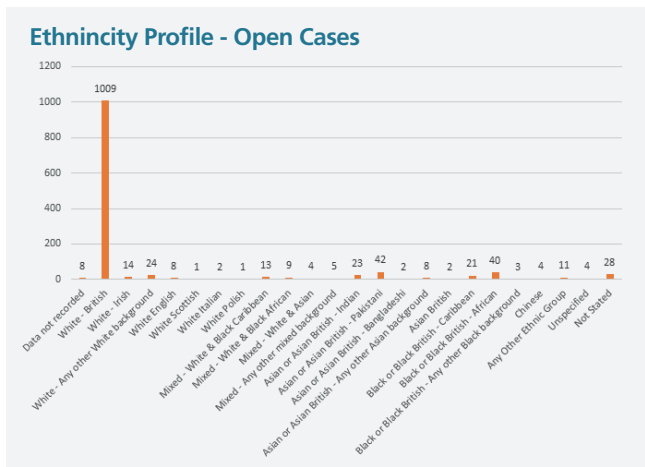


Of all open cases, 973 (75.66%) involved females and 255 (23.72%) involved males.



47.06% (72) of disciplinaries, 47.5% (19) of acceptable behaviour at work cases and 66.6% of grievances (6) involved females. Although sometimes involving low numbers, this does show that the number of these cases involving females are low when compared to the overall profile of the workforce (76.52%).

The ethnicity profile of all open cases shows that 14.54% (187) involved those from Black, Asian and Ethnic Minority backgrounds, which is similar when compared to the overall profile of the workforce (14.8%).



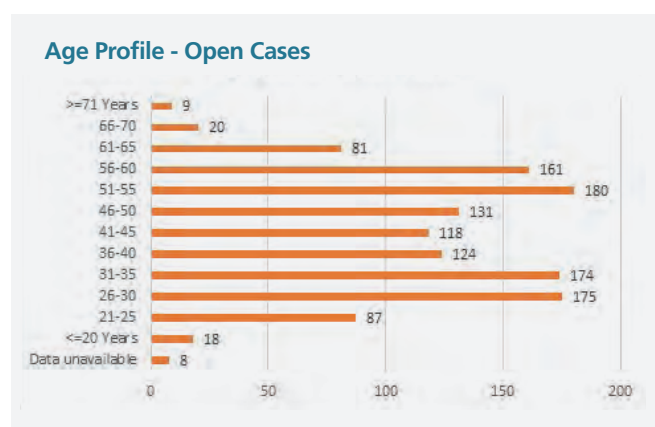
The highest number of cases after White-British and White – Any Other, were Black or Black British – African (3.11%) and Asian or Asian British – Pakistani (3.27%). Black or Black British – African staff were disproportionately represented in disciplinary cases, accounting for 7.84% of the total number, compared to just over 4% in the overall workforce. In addition, 20.92% of disciplinary cases involved staff from Black, Asian and Ethnic Minority backgrounds, which is higher than the representation of (14.8%) in the overall workforce.

There were 9 open capability cases during this time, with 55.56% of these involving staff from Black, Asian and Ethnic Minority backgrounds. Although only involving small numbers, this is still a disproportionately high percentage.

7.39% (95) of all open cases involved someone who had a disability, which is above the 4.5% who are represented in the overall workforce. Those who stated that they had a disability were also over-represented in the disciplinary cases (7.19%).

Colleagues from LGB communities represent 3.89% (50) of all open cases, which is higher than the 2.86% in the overall workforce. LGB identities are consistently represented in all categories of open cases.

The age bands of those involved in open cases are representative of the age bands of the overall workforce, with no group disproportionately over- or under-represented.



Section 2

Our Patients

In this section, we present information about our patient services related to protected equality characteristics.

The areas highlighted below showcase only a small portfolio of the extensive work that we are doing to promote equality and inclusion in the way we diagnose, treat and care for our patients.

Headline data:

Between 1st April 2021 and 31st March 2022, 154,307 patients were seen or treated in our emergency department. 1176,839 patients were seen or treated within outpatient service and 237,624 patients were seen or treated within inpatient services.

Key findings from the patient equality information are:

The highest number of patients seen or treated within emergency services were aged between 20 – 29 at 19.19% followed by patients aged between 30 – 49 at 15.03%

The highest proportion of patients seen or treated within inpatient services were aged 60 and over (45.62%) within outpatients for the same age range was 46.10%.

More female patients than male were seen or treated across emergency, inpatient and outpatient services, these figures are consistent with the census data that shows there are more women than men resident in Sheffield.

7.42% of the patients being seen or treated in emergency services; 5.11% Inpatients and 5.18% outpatients recorded their ethnicity as Asian (Bangladeshi, Indian, Chinese, Pakistani + other Asian) which is lower rate when compared with the percentage (8.03%) of Asian people in the community.

3.67% of the patients being seen or treated in emergency services; 2.51% inpatients and 2.70% outpatients recorded their ethnicity as Black (African, Caribbean, Other Black and Black British) which is slightly lower than the percentage (3.64%) of Black people in the community.

8.85% of our patients identified as Buddhist, Hindu, Jewish or Sikh.

Of patients with a disability alert, the highest number of alerts were for visual impairment (15,735); followed by (7,317) for a Learning Disability and (425) for hearing impairment.

Other than English the most requested language over the year was Arabic (17%) followed by Slovak (14%) and Urdu at (7%)

Age of people who use our services

Department	0-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80+
Emergency	0.09%	6.31%	19.19%	15.03%	12.82%	13.58%	10.79%	10.74%	11.46%
In-Patient	2.88%	2.11%	11.47%	13.70%	9.61%	14.60%	16.88%	17.58%	11.16%
Out-Patient	0.88%	3.15%	10.58%	13.47%	10.36%	15.45%	17.07%	18.01%	11.02%
Sheffield community profile	11.63%	13.12%	17.17%	12.81%	13.75%	10.82%	9.55%	6.77%	4.38%

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.

Department	Female	Male
Emergency	51.45%	48.55%
In-Patient	58.65%	41.35%
Out-Patient	57.70%	42.30%
Sheffield community profile	50.66%	49.34%

Disability of people who use our services

Alert Name	Registrations	Outpatients	Inpatients
Communication Difficulties	5	195	38
Communication Issues		138	16
Hearing Impairment	12	346	79
Learning Disability	2	6138	1179
Mobility Difficulties	1	309	73
Other	2	43	7
Visual Impairment	369	13717	2018

Ethnicity of people who use our services

Asian / Asian British / Asian Other Patients

Service category	Bangladeshi	Indian	Chinese	Pakistani	Other Asian	Total
Emergency	0.46%	0.63%	0.53%	4.39%	1.41%	7.42%
In-patient	0.33%	0.54%	0.27%	3.05%	0.92%	5.11%
Out-patient	0.33%	0.59%	0.32%	3.02%	0.92%	5.18%
Sheffield community profile	0.60%	1.06%	1.34%	3.98%	1.05%	8.03%

Black African / Black Caribbean / Black British / Black Other Patients

Service category	African	Caribbean	Other Black / Black British	Total
Emergency	1.72%	0.93%	1.02%	3.67%
In-patient	1.26%	0.68%	0.57%	2.51%
Out-patient	1.37%	0.76%	0.57%	2.70%
Sheffield community profile	2.09%	1.00%	0.55%	3.64%

Service Category	White Other	British	Irish	Not known	Not stated
Emergency	2.37%	73.46%	0.37%	2.06%	3.24%
In-patient	1.97%	74.46%	0.36%	4.54%	7.17%
Out-patient	1.87%	74.51%	0.37%	4.95%	6.81%
Sheffield community profile	2.25%	80.85%	0.52%	0.00%	0.00%

Service Category	Other Ethnic group	Other Dual	Dual Wte/Asian	Dual Wte /Black African	Dual Wte/Black Caribbean
Emergency	5.72%	0.65%	0.34%	0.19%	0.52%
In-patient	2.72%	0.38%	0.24%	0.10%	0.44%
Out-patient	2.45%	0.41%	0.24%	0.11%	0.40%
Sheffield community profile	2.24%	0.55%	0.63%	0.23%	0.99%

Religion or Belief of people who use our services

Department	Church Of England	Not Religious	Muslim	Roman Catholic	Not Known	Christian Non-Specific
Emergency	34.42%	35.04%	8.74%	4.36%	1.56%	3.51%
In-Patient	38.69%	24.91%	4.92%	4.57%	6.08%	3.02%
Out-Patient	39.71%	24.17%	5.16%	4.68%	4.89%	3.33%
Grand Total	39.04%	25.35%	5.48%	4.63%	4.75%	3.30%

Interpreting and Translation provided for people who use our services

Languages – top ten	Number of bookings	% of all bookings
Arabic	3542	17%
Slovak	2871	14%
Urdu	1397	7%
Tigrine	1087	5%
Farsi	966	5%
Polish	947	4%
British Sign Language	942	4%
Somali	869	4%
Mandarin	729	3%
Bengali	693	3%

Face to Face Interpreting –Top Ten Languages over the last 3 years

2019 - 2020	2020 - 2021	2021 - 2022
Slovak	Slovak	Arabic
Arabic	Arabic	Slovak
Urdu	Urdu	Urdu
Polish	Polish	Tigrina
Farsi (Persian)	Farsi (Persian)	Farsi
Somali	Kurdish Sorani	Polish
Kurdish Sorani	Somali	BSL
Punjabi	Bengali	Somali
Bengali	Cantonese Chinese	Mandarin
Chinese, Mandarin	Punjabi	Bengali

Patient Experience

Friends and Family Test (FFT)

Age - Overall, younger age groups are under-represented and older age groups were over-represented in terms of the amount of FFT feedback compared to number of attendances. However, this varies by the type of service for example in community services, 53% of attendances were by patients aged 75+ but this age range gave 59% of feedback. For in-patients, the effect is reversed with patients aged 54 and below giving more responses in proportion to their attendances.

Ethnicity – Overall, patients of White British ethnic background are over-represented in the data, with 75.7% of responses compared to 71.7% of attendances. This leads to all other ethnic groups being under-represented in terms of the number of FFT responses compared to the number of appointments. The graph below is ordered by the ethnic group which shows that there is no group significantly under-represented. Again, there is

variation by service type with the overall trend being reversed in Maternity, which was the only area in which feedback from patients of White British background was under-represented.

Gender - Overall, responses from patients identifying as male were slightly over-presentative with 45.7% of FFT responses coming from patients who accounted for 44.7% of attendances. Accident and Emergency was the only area in which responses from patients who identified as female were slightly over-representative with 52.5% of responses and 51% of attendances.

Overall, there are small discrepancies in the amount of feedback received from groups in comparison to the number of appointments for people of that group. However, there are no areas in which any group is unrepresented or particularly under-represented to cause concern. It may be noted that FFT feedback may favour patients from a White British background, and opportunities to increase responses from other ethnic groups is being explored.

Patient Complaints

The complaints team try to capture key demographic data for patients and/or the people who contact our services (carers/family members). This includes age, gender and ethnic background. However, it is not mandatory to share this data to make a complaint/access complaints procedure.

We are also asked to report on ethnic background of the patients and staff complained about in national complaints reporting. However, one of the options for both patients and staff is 'not stated' or 'not known'.

Analysis of data for the past 12 months shows that the proportion of records with relevant information recorded is as follows:

Protected Characteristic	Formal	Concern
Age	16%	14%
Ethnicity	16%	14%
Disability	55%	21%
Gender	29%	23%

Sexual orientation and religion were only reported on in 4 (1%) of cases.

EDI Accountability and Governance

Board of Directors

Board members are directly accountable for the Trust's compliance with legislation and mandated National Standards.

Trust Executive Group

Executive Directors of the Trust receive copies of the EDI Board minutes and have oversight of progress on the EDI agenda.

People Committee

The People Committee is a Board committee of the Trust's Board of Directors which oversees workforce and has an overview of EDI, work plans and receives updates from the EDI Board.

Quality Committee

The Quality Committee is a Board committee of the Trust's Board of Directors which oversees the service delivery and has an overview of EDI workplans and receives updates from the EDI Board.

Equality, Diversity, and Inclusion Board

The Chief Executive is the Trust Board Champion for EDI and sits on the EDI Board. 'Membership includes Staff Network Group Chairs, Governors, Organisational Development Director, Head of HR Operations, Director of Communications, Deputy Medical Director, Operation Director(s), Nurse Director(s) and key managers from across all service areas.

Equality, Diversity and Inclusion Team

The EDI Team are responsible for developing and supporting the EDI programmes and projects across the Trust, in relation to both workforce and patients. The team is tasked with ensuring that the priority objectives are achieved and also that the EDI agenda is driven forward across the Trust.

Staff Network Groups

Sheffield Teaching Hospitals have four Staff Network Groups, which are pivotal to our success in promoting equality, celebrating diversity, and achieving inclusion across our organisation.

As a Trust, we want to ensure that every colleague, patient and service user feels valued, supported and heard. We want everyone to treat each other and to be treated with fairness, dignity, and respect. We also want people to be able to be their authentic selves and, whether as colleagues or patients, have a positive experience of working for Sheffield Teaching Hospitals or receiving care from us.

EDI involves everyone and is the responsibility of all of us; our Staff Network Groups play a key role in this. Our four Networks are: Race, Equality, and Inclusion Network (REIN), STH Ability Network, LGBTQI+ PROUDER Network and the Women's Network.

Equality Impact Assessments (EIAs)

EIAs are undertaken to ensure that we don't discriminate, either knowingly or unknowingly, on anyone with a Protected Characteristic, or who could be classed as a more vulnerable group/individual. They are required by law through the PSED.

Sheffield Teaching Hospitals have a Rapid EIA process, with a proforma, guidance document and training, including a RAG-rated (Red, Amber, Green) Quality Assurance process. Work is ongoing to embed this across all areas of the Trust.

Conclusion and Action Points

There have been significant improvements in EDI within the Trust over the last two years and the main areas of focus for the next 12 months is to strive to maintain and improve performance across all areas of EDI.

Key action points for 2022-2023 include:

- Implement Year 2 actions in the EDI Strategy Implementation Plan
- Continue to work on the Accessible Information Standard Action Plan
- Complete the new Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) Action Plans
- Continue to complete benchmarking to measure our performance, and to improve on benchmarks that have previously been completed
- Continue to improve community engagement and involvement
- Formulate an action plan to address health inequalities (using the new EDI Dashboard to increase awareness and understanding)

- Roll out the wide range of EDI awareness and training options:
 - Becoming an Inclusive Leader
 - Deaf Awareness and Introduction to British Sign Language
 - Bespoke training for Board of Directors
 - Governor's training
- Promote the Diversity Calendar for 2022/23 and mark a number of key dates and events
- Evaluate the Reciprocal Mentoring Programme and run further cohorts
- Launch the Workplace Reasonable Adjustments Policy and Passport
- Continue to challenge discrimination and support colleagues

For further information, or translation of this report in an alternative format please contact:

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