



DIVERSITY



EQUALITY



INCLUSION

# Equality, Diversity and Inclusion Annual Report - 2023

**PROUD TO MAKE A DIFFERENCE**

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST



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## Introduction and welcome by Kirsten Major, Chief Executive

I am delighted to be able to share our Annual EDI Report for 2023. It clearly shows the progress that we've made as an organisation on Equality, Diversity and Inclusion (EDI) over the last 12 months in supporting our colleagues and in ensuring our patients can access and receive services that meet their needs.

I wanted to give an overview of our Trust, to provide some context to the challenges we face in achieving our ambition of becoming an inclusive organisation and embedding EDI best practice in everything we do. 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 adults in Sheffield, as well as specialist care for patients from further afield. We manage five of Yorkshire's best known teaching hospitals, including:

- Northern General Hospital
- Royal Hallamshire Hospital
- Charles Clifford Dental Services
- Weston Park Cancer Centre
- Jessop Wing Maternity Hospital

We also have over 40 community health locations.

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

2022-23 continued to be a challenging year for the Trust and for the NHS nationally, with industrial action, Covid recovery and financial challenges, but EDI continues to be at the heart of our decision making.

Our EDI work, as this year's Annual Report shows, has focussed on ensuring that our staff feel empowered and engaged and that patients have access to, and report positive experiences of our services. Our activity is linked directly to our EDI Strategy, the Trust's People Strategy, our PROUD values and behaviours, our strategic objectives and the Workforce Race and Workforce

Disability Equality Standards as well as other legal standards and requirements.

Our next EDI Strategy will be published in 2025 and during 2024 we will be speaking to a wide range of stakeholders including staff, patients and their carers, community groups and partner organisations, about what matters most to them and what actions they believe we should and need to be taking as a Trust.

Some of our most notable successes have been supporting the Sheffield Race Equality Commission's Legacy Working Group, building stronger relationships with patient groups in the community, being named in the Stonewall Workplace Equality Index Top 100 LGBTQ+ organisations, developing and running our own Reciprocal Mentoring Programme which has been positively evaluated, training 37 in-house Dyslexia Assessors who are supporting our staff with Dyslexia in getting the reasonable adjustments they need, and completing two Equality Delivery System 2022 (EDS2022) reviews into our Maternity Services and Accident and Emergency (A&E) Services.

Despite the challenges to the importance of the EDI agenda and the value of dedicated professional EDI roles with the remit of co-ordinating and driving improvement on EDI within NHS organisations, we value our EDI Team and have benefitted immensely from their support to increase our inclusivity of both colleagues and patients. We consider EDI a bedrock – it is pivotal to all that we do and aspire to be. We will not waiver from our commitments to become an inclusive organisation for staff and patients, to be actively anti-racist and to take a zero tolerance approach to discrimination in all its forms. We have high ambitions and we are confident that we will see them achieved.

I hope you enjoy reading the Report and will be part of us doing better and going further in the year ahead.



## 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 PSED is to integrate consideration of equality, tackling discrimination and creating good relations into the everyday activities of public authorities. If we do not consider how a practice could impact differently on different groups, this can contribute to greater inequality and poorer outcomes.

The PSED has 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 and development of policies and delivery of services.

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, and the information shared in this report relates to 1st April 2022 to 31st March 2023.

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

We also capture a range of diversity data for patients, 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 and any other forms or types of discrimination. Ensuring that barriers to progression are identified and addressed and for the Trust 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 are grouped into five themes:

- 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 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 people, including our plans to create a diverse workforce.

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 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 Health and Care Partnership, South Yorkshire Police and Sheffield Children's Hospital.

### **Improve service user access and experience**

We want to ensure that our services are accessible to all patients, 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 changes and mainstreaming equality, diversity, and inclusion**

We will create a culture where all 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 Executive Committee. 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, [www.sth.nhs.uk](http://www.sth.nhs.uk).

# Achievements

During the previous 12 months, significant improvements have been made regarding equality, diversity and inclusion across our organisation:

## These include:

- Achieved a Top 100 ranking and Gold Award in the Stonewall Workplace Equality Index
- Awarded a 'Good' rating for our Workforce Race Equality Standard
- 'Becoming an Inclusive Leader' training sessions delivered to over 500 staff.
- Evaluation of the Reciprocal Mentoring Programme completed, and three more cohorts planned.
- Bespoke training created and delivered across the Trust, including Understanding Microaggressions and An Introduction to Trans, gender diverse and non-binary equality.
- 37 Dyslexia Workplace Assessors trained and over 100 referrals from colleagues completed.
- Completed two Equality Delivery System 2022 (EDS 2022) reviews during 2022-23, into our Maternity Services and Accident and Emergency Services (the latter had a focus on mental health).

- Introduced 'virtual support' sessions for patients with long Covid.
- Opening of discharge lounges to support improvement in patient flow from wards and reducing the time spent by patients waiting for discharge.
- The programme called Patient Initiative Follow Up (PIFU) allows patients to arrange their own appointments for their condition as and when they need them.
- Introduced an electrophysiology 'clinic logbook' to improve the management of waiting lists.
- Introduced a hearing screening pathway to reduce the number of unnecessary referrals to diagnostic testing.
- Introduced a physical activity education programme aimed at increasing patients' knowledge and confidence to participate in physical activity.
- Developed personalised care plans to support patients with Inflammatory Bowel Disease and help them prepare for appointments.
- Developed an 'Active Together' programme to support people with cancer to prepare for and recover from treatment through physical activity, nutrition, and psychological wellbeing support.
- Artificial Intelligence tool has been developed to accurately measure heart function of MRI scans, sending results to the electronic imaging systems for clinicians to review within one minute.
- Deaf Awareness pack has been introduced to increase awareness of issues faced by the Deaf community and improve communication with patients with hearing impairments.

## Section 1: Our Patients

In this section, we present information about our patient services. The areas highlighted in the report showcase only a small portfolio of the extensive work that we are doing to promote equality, diversity and inclusion in the way we diagnose, treat and care for our patients.

### Making a difference to patients in 2022/23

- Reduced the risks of post-partum haemorrhage for women and birthing people by introducing a new set of interventions and staff awareness campaign.

Additional information on the initiatives described above can be found in the 'Celebrating our fantastic Change Makers' publication.

### Equality Delivery System

The Equality Delivery System (EDS) has been designed by NHS England to address health inequalities and measure equality performance.

The main aim of EDS is to produce better outcomes for people using and working in the NHS. In addition, it gathers evidence that demonstrates compliance with the PSED of the Equality Act (2010) and the commissioning contract.

NHS England refreshed the EDS in 2022 and launched a new framework identified as EDS2022.

### EDS2022 aims to achieve three goals:

1. Patient outcomes that are relevant to access, safety, experience, and needs.
2. Workforce health and well-being.
3. Inclusive leadership.

Within the three goals, there are eleven standards where STH, peer reviewers and patients/public assess and grade our equality performance.

### The benefits of EDS2022

- It unifies our approach to implementing and monitoring equality standards and mitigate risks, such as inconsistent data collection and varying interpretations of standards.
- Gives ownership over equality and diversity standards, improved benchmarking and shared practice across the various departments, and more data-led assessments in identifying key areas of improvement.

### Our Approach

Two services were identified for the EDS2022 assessment:

- Accident and Emergency Services (A&E) - with a focus on mental health provision
- Maternity Services

The assessment process identified actions for improvements in relation to Domain 1 of the EDS2022:

- patient access
- patients' needs being met
- patients are free from harm and
- patient satisfaction.

The A&E service was graded as "Developing", and, Maternity Service as "Developing" (internally, peer reviewers and also patients/public).

The EDS2022 reports are available on [www.sth.nhs.uk](http://www.sth.nhs.uk).

### Patient data:

For this report we focused on:

- A&E attendance
- Inpatient and Daycase admissions
- Outpatient admissions
- Maternity and Neonatal services

For the period 2022 – 2023, drawing comparison with the 2021 census data for Sheffield.

<sup>1</sup>Census and Population | Sheffield City Council

### Headline data:

#### SEX OF SHEFFIELD RESIDENTS

There are currently more females than males in Sheffield. 273,100 males were living there in 2021 (49.26% of the total) compared to 281,300 females (50.74% of the total).

### Sex of Patients

Note: We do not routinely capture gender data of our patients so are currently unable to show how many are Trans, gender-diverse and/or non-binary.

The attendance figures across our services are consistent with the census data that shows there are more women than men resident in Sheffield.

- 160,926 people attended our A&E within the year, showing a reduction of 6,619 people from the previous year (154,307). 52% of people attending this year were female and 46% male.
- 1,067,762 people attended our outpatient services a reduction of 109,074 people from the previous year (1,176,839). 52% of people attending this year were female and 48% male.
- 223,326 people were admitted as inpatients or Daycases an increase of 14,298 people compared with last year (237,624). 53.8% of the patients were female and 46.2% male.
- 127,657 people attended our maternity and neonatal services.

#### AGE OF SHEFFIELD RESIDENTS

Sheffield's age structure shows the working-age population to be 365,126 which is 64.9% of the population. People under the age of 16 represent 18% of the population, and over 65s represent 17.1% of the population.

## Age of Patients

The ages of the people who use our services are consistent with other regions and other NHS Trusts.

- As with last year, the highest number of people attending the A&E, 18.21% were aged 20 – 29 years, 15.28% were aged 30 – 39 years and 13.71% aged 50 – 59 years.
- 68.77% of the people seen or treated within Inpatient or Daycase services were aged 50 and over.
- 67.47% of the people seen or treated within Outpatients were aged 50 and over.
- 52.95% of women and birthing people attending our Maternity and Neonatal services were aged 30-39 years.

### ETHNICITY OF SHEFFIELD RESIDENTS

The 2021 Census shows that a of a total population of 556,500 people, 79.1% broadly identified as White and 19.2% identified as being from a Black, Asian or Ethnic Minority community

## Ethnicity of Patients

The ethnicity data shows an under-representation of people from Black, Asian other Ethnic Minority communities accessing our A&E, Inpatient, Daycase and Outpatient services.

- 7.99% of people attending the A&E were Asian (Bangladeshi, Indian, Chinese, Pakistani + other Asian), 4.51% Inpatients or Daycases, 4.72% Outpatients and 14.35% Maternity and Neonatal services.
- 3.81% of people attending the A&E were Black (Black other, Caribbean, African), 2.31% Inpatients or Daycases, 2.39% Outpatients and 8.55% Maternity and Neonatal services.
- 2.78% of people attending the A&E Department were of dual or multiple heritage (White/Asian, White/African, White/Caribbean, White/Other)
- 1.03% Inpatients and Daycases, 1.06% Outpatients and 2.99% Maternity and Neonatal services.
- 75.11% of people attending the A&E Department were White (British/Irish/Other), 78.14% Inpatients or Daycases, 77.56% Outpatients and 59.69% Maternity and Neonatal services.

- 5.95% of people attending the A&E Department were recorded as Other Ethnic group, 2.37% Inpatients or Daycases, 2.14% Outpatients and 8.28% Maternity and Neonatal services.

### DISABILITY OF SHEFFIELD RESIDENTS

Disability data from the 2021 census shows that a fifth of people in Sheffield are living with a disability, census data shows. 109,869 people in Sheffield said they had such an impairment as of March 2021 – 20.7% of the area's population.

## Disability of Patients

There were 24,838 disability alerts placed on the Electronic Patient Record (EPR) system, used to inform staff that a patient may require additional assistance. Of these, the highest number of alerts were for visual impairment at 63.63%, followed by 30.29% for a Learning Disability, 1.8% for hearing impairment and 1.78% for mobility issues.

### LANGUAGES OF SHEFFIELD RESIDENTS

92.2% of the populace speaks English language. 0.9% of the people converse through Arabic, 0.8% speaks various Chinese languages, 0.8% of the people make communication via Urdu, 0.5% exchange talks through Polish, 0.4% speaks Somali, 0.3% are Bengali speakers, 0.2% speaks Slovak and 0.2% make conversation through Persian/Farsi language.  
Source: <https://www.ukpopulation.org>

## Languages of Patients

In community language interpretation, the most requested language over the year was Arabic (17%) followed by Slovak (14%) and Urdu at (7%).

### RELIGION OF SHEFFIELD RESIDENTS

In 2021, 38.5% of people in Sheffield described themselves as Christian (down from 52.5%), while 10.3% described themselves as Muslim (up from 7.7% the decade before).

## Religion of Patients

Christianity was the largest religious group across all our services, the second largest group were those who identified as not religious, then Muslim, Buddhist and Sikh.



## Patient data in more detail:

### 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+
A&E	0.14%	5.99%	18.21%	15.28%	12.48%	13.71%	11.25%	11.08%	11.85%
Inpatients and Daycases	2.87%	1.88%	7.34%	9.19%	9.96%	16.69%	19.27%	19.98%	12.83%
Outpatients	1.03%	3.23%	7.80%	9.91%	10.54%	16.88%	18.93%	19.71%	11.95%
Maternity	0.02%	3.51%	39.10%	52.95%	4.42%	0.01%	-	-	-

### Disability of people who use our services

Department	Visual Impairment	Other	Hearing Impairment	Communication Issues	Learning Disability	Mobility Difficulties	Communication Difficulties
A&E	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Outpatients	64%	0.42%	1.8%	0.72%	30%	1.7%	1.42%
Inpatients and Daycases	60.86%	0.95%	1.78%	0.52%	32.4%	0.90%	2.5%
Maternity	50.4%	-	-	-	49.2%	-	0.03%

### Ethnicity of people who use our services

#### Asian / Asian British / Asian Other Patients

Service category	Bangladeshi	Indian	Chinese	Pakistani	Other Asian	Total
A&E	0.43%	0.86%	0.86%	4.35%	1.49%	7.99%
Inpatients and Daycases	0.28%	0.53%	0.29%	2.60%	0.81%	4.51%
Outpatients	0.28%	0.58%	0.33%	2.70%	0.83%	4.72%
Maternity	1.11%	2.64%	0.78%	7.46%	2.36%	14.35%
Total	0.36%	0.77%	0.41%	3.24%	1.02%	5.83%

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

Service category	African	Caribbean	Other Black / Black British	Total
A&E	1.79%	0.93%	1.09%	3.81%
Inpatients and Daycases	1.05%	0.74%	0.52%	2.31%
Outpatients	1.06%	0.81%	0.52%	2.39%
Maternity	6.95%	0.58%	1.02%	8.55%

#### White British, White Irish, and White Other

Service Category	British	Irish	Other	Roma	Gypsy/travellers	Total
A&E	72.3%	0.34%	2.47%	-	-	75.11%
Inpatients and Daycases	76.12%	0.38%	1.64%	-	-	78.14%
Outpatients	75.56%	0.36%	1.64%	-	-	77.56%
Maternity	54.19%	0.25%	5.25%	-	-	59.69%

## Other Ethnic groups

Service Category	Other Ethnic group	Other Dual	Dual Wte/Asian	Dual Wte /Black African	Dual Wte/Black Caribbean
A&E	0.67%	0.36%	0.19%	0.56%	1.78%
Inpatients and Daycases	0.35%	0.21%	0.10%	0.37%	1.03%
Outpatients	0.39%	0.23%	0.11%	0.33%	1.06%
Maternity	1.12%	0.43%	0.25%	1.19%	2.99%

Sheffield's Black, Asian and Ethnic Minority population has a much younger age profile overall when compared to its White population. This has an impact on the use of different services, for example, there is an over-representation of Black, Asian and Ethnic Minority patients using Maternity Services, but are under-represented in our Inpatient, Daycase and Outpatient Services.

## Sex of people who use our services

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

Note: We do not routinely capture gender data of our patients so are currently unable to show how many are Trans, gender-diverse and/or non-binary.

Department	Female	Male
A&E	51.97%	48.02%
Inpatients and Daycases	53.80%	46.19%
Outpatients	53.97%	46.03%
Maternity	99.99%	0.01%
Sheffield	50.74%	49.26%

## Religion or Belief of people who use our services

Department	CHRISTIAN	MUSLIM	HINDU	BUDDHIST	SIKH	JEWISH	NOT RELIGIOUS	NO KNOWN
A&E	47.94%	9.46%	0.48%	0.23%	0.12%	0.12%	36.24%	4.82%
Inpatients and Daycases	54.72%	4.57%	0.24%	0.15%	0.10%	0.07%	25.21%	14.38%
Outpatients	54.21%	4.93%	0.27%	0.14%	0.11%	0.08%	24.60%	15.01%
Maternity	27.03%	12.03%	0.20%	0.19%	0.12%	0.05%	34.80%	18.66%
Sheffield	38.5%	10.3%	0.7%	0.4%	0.2%	0.1%		

# Patient Feedback (Friends and Family Test)

## Emergency Department

During 2022 - 2023, we received 61,345 Friends and Family Test (FFT) cards for A&E, of which 54.8% were from female patients and 45.2% male. 62.5% were from White patients and 3.7% from Black, Asian, and other Ethnic Minority patients.

## Inpatients

During 2022 - 2023, we received 15,635 Friends and Family Test (FFT) cards for Inpatients and Daycase service of which 53.1% were from female patients and 46.8% male. 61.7% were from White patients and 5.4% from Black, Asian, and Ethnic Minority patients.

## Outpatients

During 2022 - 2023, we received 85,947 Friends and Family Test (FFT) cards for Outpatient's service of which 55.4% were from female patients and 44.5% male. 85.6% were from White patients and 4.3% from Black, Asian, and Ethnic Minority patients.

## Maternity

During 2022 - 2023, we received 7,360 Friends and family test cards for Maternity services of which 66.87% were from female patients and 33% male. 83.4% were from White patients and 10.6% % from Black, Asian, and Ethnic minority patients.

## Age

Overall, for 2022 - 2023, the age group reporting the least positive experience through FFT feedback are patients aged 16-24, providing an 89% positive score (4,778 responses), compared to a 96% positive score reported by patients in the 65-74 age category (34,841 responses).

This does vary by the type of service. For example, for Community services, the age group 25-34 reported the least positive experience (93% positive score, 181 responses), but 65-74-year-olds still reported the most positive experience (98% positive score, 1,079 responses). Again, the much smaller number of responses in the 25-34 age category means that the impact of any negative responses is more significant to the overall score.

For Inpatients and Daycases in 2022/23, patients aged 65 and above reported the most positive experience (65-74 reported 96% positive score,

6,967 responses; 75+ reported 96% positive score, 8,801 responses), and 16-24-year-olds reported the least positive experience (86% positive score, 761 responses). It is worth noting that the younger age categories are under-represented in the data.

## Ethnicity

Overall, patients of White British ethnic background are over-represented in the data, with 94% of positive responses across the Trust coming from patients of White background.

Only 2% of positive responses are from patients of Asian background, 2% of positive response are from patients of Black background, 1% of positive responses are from people of Dual/Multiple Ethnic background, and 1% of positive responses are from Other Ethnic backgrounds.

Overall, in the Trust, people from a White background reported the most positive experience, with a positive score of 95% (132,057 responses), while people from a Dual/Multiple Ethnic background reported the least positive experience, reporting a positive score of 90% (1,046 responses).

## Sex

Overall, responses from patients identifying as male reported a slightly more positive experience than patients identifying as female (96% positive score for males from 75,766 responses, compared with 94% positive score for females from 94,552 responses).

## Gender

For patients who identified as Trans, gender diverse or non-binary, a 99% positive experience was reported across the Trust overall (127 responses).

## Disability

Overall, patients identifying as having a disability reported a very slightly more positive experience (97% positive score, 4,295 responses) than those reporting not to have a disability (96% positive score, 8,182 responses).

This trend is reflected in all areas, apart from Maternity services where those identifying as having a disability reported a less positive experience (94% positive score, 101 responses) compared to those who do not identify as having a disability (98% positive score, 1,336 responses).

## Complaints and Compliments

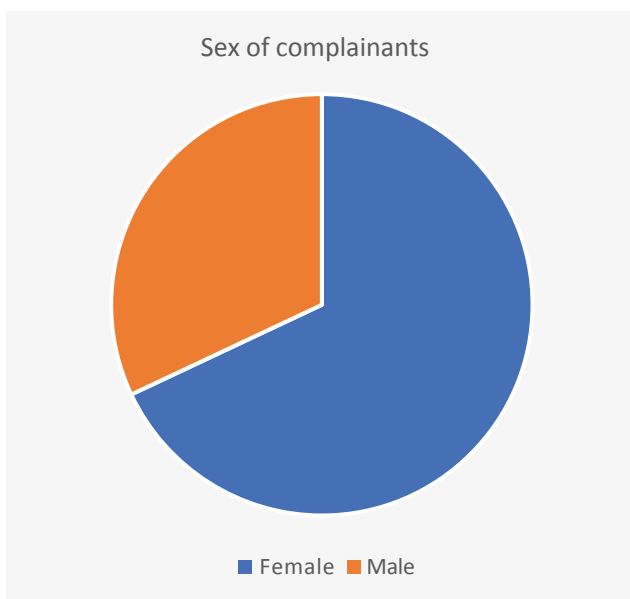
The Complaints Team try to capture key demographic data for patients and/or the people who contact our services (carers/family members). This includes age, sex and ethnic background. However, it is not mandatory to share this information in order to make a complaint or access the Trust's complaints procedure.

Following a review in June 2022, we identified gaps in the recording of key demographic data in the Trust's complaints system. This meant that we were unable to identify any patterns, e.g. under or over-representation of specific groups. We have now linked our local risk management system (currently Datix) with the EPR (Lorenzo) so that key demographic and protected characteristic data can be pulled from the clinical system where it is already recorded. This data includes age, sex and ethnicity. Other protected characteristics are not routinely recorded on Lorenzo therefore analysis of these characteristics has not been possible at present.

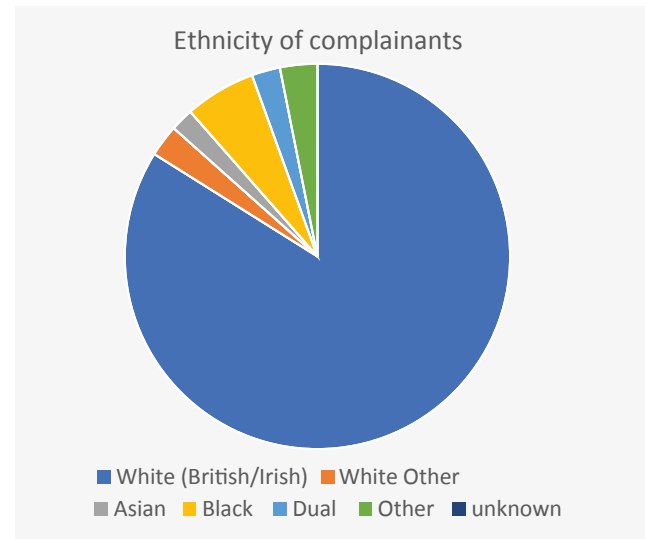
We are also asked to report on ethnic background of the patient and staff complained about in national complaints reporting. However, one of the options for both patients and staff is 'not stated' or 'not known'.

### Sex

There were 747 formal complaints for 2022-2023, of which 68% (511) were female and 32% (235) male.



## Ethnicity



75.36% (563) of the complaints were from White (British/Irish) people.

2.4% (18) were from people identifying as 'White Other'

5.35% (40) were from people identifying as Asian

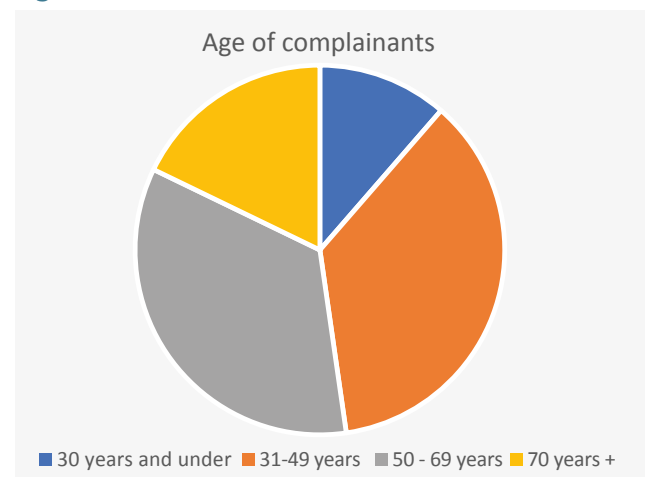
1.74% (13) were from people identifying as Black

2.14% (16) were from people identifying as having dual ethnicities

2.81% (21) were from people identifying as being in any other ethnic group

10.17% (76) were from people with an unknown ethnicity

### Age



The highest percentage of complainants by age were in the 31 – 40 age bracket at 20.8%, followed by those aged 51 – 60 at 18.7% and those aged 41 -50 at 17%.

8 (1%) were from people aged 20 years or under

77 (10.3%) were aged between 21 – 30 years

156 (20.8%) were aged between 31 - 40 years

127 (17%) were aged between aged 41 – 50 years

140 (18.7% were aged between aged 51 – 60 years

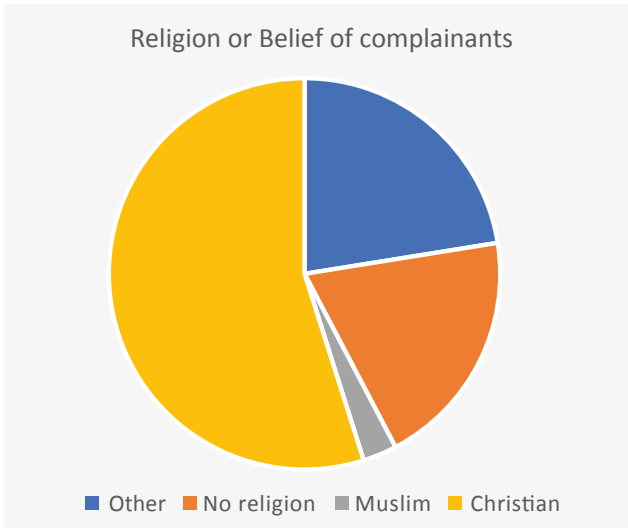
112 (15%) were aged between aged 61 – 70 years

86 (11.5%) were aged between aged 71 – 80 years

40 (5.3%) were aged over 81 year

1 did not state their age

## Religion or Belief



Out of the 747 complaints:

The highest percentage of complaints by Religion or Belief were from Christians at 49.1% followed by people with no religion at 32%, the number of complaints by Muslims was 6.1%.

367 (49.1%) were from people identifying as Christian

236 (32%) were from people identifying as having no religion or belief

88 (11.8%) were from people whose religion or belief was not known

46 (6.1%) were from people identifying as Muslim

10 (1.3%) were from people with other religions or belief

## Section 2: Our Employees

The people we employ are diverse and we are constantly striving to understand and 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 staff, this data is accurate as of 31st March 2023.

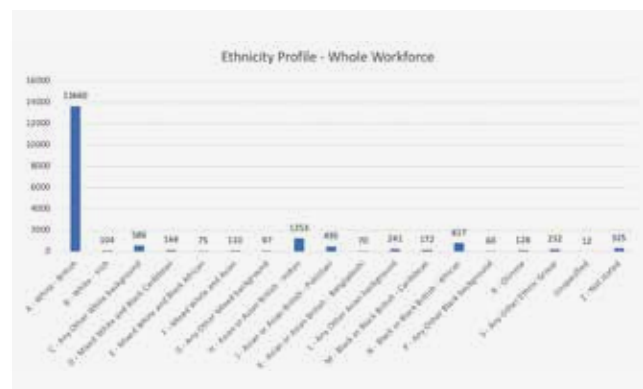
This information supports further analysis and the implementation of interventions to ensure that equity is given to all our people, they represent the communities we serve, and diversity is supported throughout the organisation. Census details are taken from the 2021 National Census.

The workforce of the Trust stands at 18,601 as of 31st March 2023.

### Ethnicity

The most common ethnicity after 'White British' (13,660/73%) was 'Asian or Asian British – Indian' (1,253/7%), followed by 'Black or Black British – African' (817/4%) and 'Any other white background' (586/3%). This remains the same as 2021/22, although 'Asian or Asian British – Indian' has shown an increase of 348 people/2.06%.

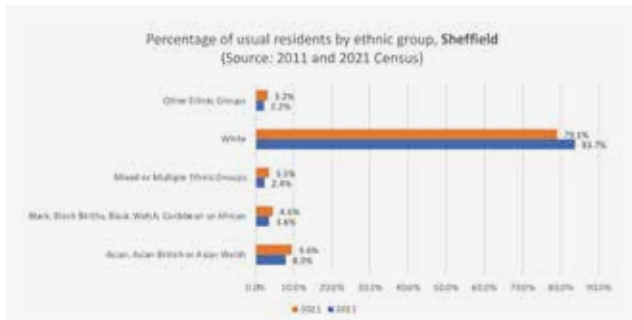
325/2% have not stated their ethnicity, showing a decline from 399 last year.



2021 Census data is now available, allowing for more representative comparisons<sup>1</sup>. In the 2021 Census, 9.6% of Sheffield residents identified their ethnic group within the 'Asian/Asian British' category, up from 8.0% in 2011. The 1.6 percentage point change was the largest increase among high-level ethnic groups in the area<sup>2</sup>.

In 2021, 79.1% of people in Sheffield identified their ethnic group as 'White', compared to 83.7% in 2011, while 4.6% identified their ethnic group within the 'Black/Black British/Caribbean/African' category, compared with 3.6% previously.

The percentage of people who identified their ethnic group within the 'Mixed or Multiple' category increased to 3.5% in 2021, from 2.4% the previous decade.



20.69% of STHFTs workforce are Black, Asian or Ethnic Minority, showing a significant increase compared to previous years (2018: 13.16%; 2019: 13.55%; 2020: 14.07%; 2021: 14.8%). This is below the national average of 24.2% of the NHS workforce overall<sup>3</sup>, but shows a significant increase.

The percentage of Black, Asian or Ethnic Minority staff at band 8a and above and at VSM levels is lower than compared to the overall workforce, at 7.96%. This has shown an increase compared to 6.88% in 2021-22 and a consistent increase over the previous five years (2017-18: 4.3%; 2018-19: 4.35%; 2019-20: 5.38%; 2020-21: 6.12%; 2021-22, 6.88%).

The highest percentage of Black, Asian and/or Ethnic Minority staff at and band is Medical Trainees (38.24%, up from 34.68% in 2021). This accounts for 14% of all Black, Asian or Ethnic Minority Staff. Band 5 has the highest number of Black, Asian or Ethnic Minority staff, with 1,428 of 3,735 staff (38.23%, up from 29.18% in 2021) being from a Black, Asian or Ethnic Minority background (36.48% of all Black, Asian or Ethnic Minority staff, up from 31.6% in 2021).

7% of Board membership are from a Black, Asian or Ethnic Minority background.

### Age

The most common age ranges are 31-35 (2,738/14.72%) and 26-30 (2,709/14.56%), both of which have seen a small increase compared to 2021-22. The least common age range remains <=71 (73/0.39%). Age ranges are stable across all bandings, although those aged 51-65 are statistically more likely to be at Band 2 (31.14% of those aged 51-65 are at Band 2) and Medical Trainees are statistically more likely to be aged 26-35 (74.32% of all Medical Trainees are in this age range).



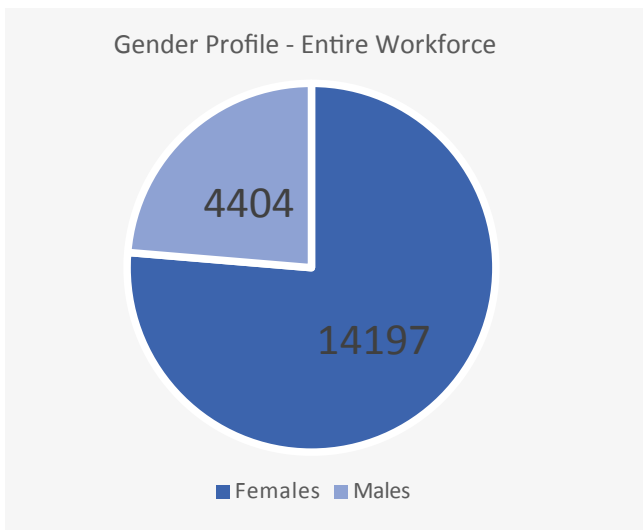
<sup>2</sup>High-level ethnic groups means a larger grouping of people, for example 'Asian/Asian British' rather than the more specific groups of 'Asian/Asian British – Indian' or 'Asian/Asian British – Pakistani'

<sup>3</sup>NHS England » New figures show NHS workforce most diverse it has ever been

<sup>4</sup>Each NHS organisations sets its own representative target for representation across its leadership team and broader workforce.

## Sex

The make-up of the workforce is 76% female and 24% male. Workforce data does not currently measure more diverse gender categories, or those who have a transgender status or history.



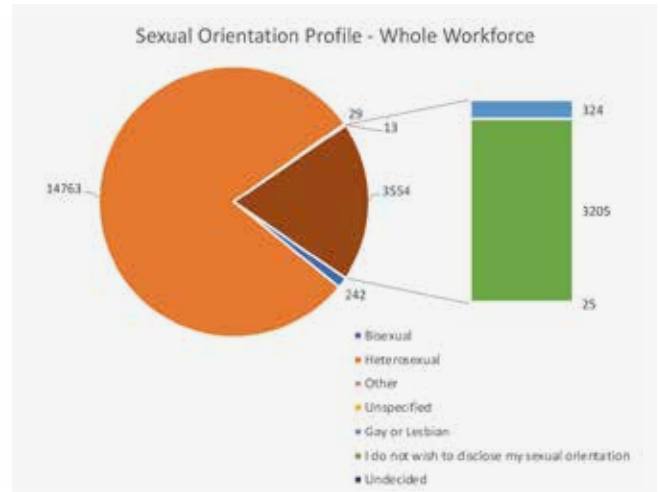
Census data shows that 50.6% of Sheffield are female and 49.4% are male. This means that STH are over-represented for women, a trend that is mirrored across the NHS.

Women are currently over-represented in Bands 5 (86.45%/3,229) and 6 (82.62%/2,167) and men are over-represented, compared to their representation in the rest of the workforce, at Band 8a (31.74%/173), 8b (34.32%/58), 8c (38.24%/26), Medical (Career Grade) (35.71%/25), Medical (Consultant) (59.9%/484), Medical (Trainee Grade) (47.03%/674) and VSM (30.5%/18).

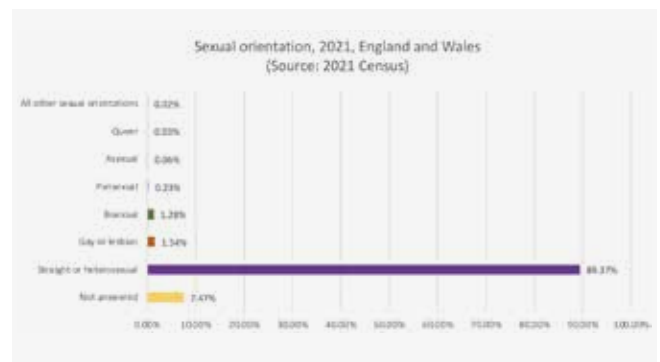
47% of Board membership are female and 53% are male, meaning this is broadly representative of Sheffield.

## Sexual orientation

The most common sexual orientation was Heterosexual (79.37%/14,688), with LGB identities accounting for 3.2%/595 people (Bisexual: 242/1.3%; Gay/Lesbian: 324/1.74%; Other sexual orientation: 25/0.13%). In total, 17.23% of 3,205 people have not disclosed their sexual orientation, a decrease from 19.15% in 2021-22.



LGB identities are over-represented, when compared to the rest of the workforce, at Medical (Trainee Grade) (4.33%/62) but are under-represented at Bands 4 (1.47%/55), 7 (2.25%/34) and Medical (Consultant) (1.86%/15). Numbers are too low to be recorded for the LGB workforce for Under Band 1, Bands 1, 8b, 8c, 8d, 9, Medical (Career Grade) and VSM, so these areas should also be considered as under-represented. The most significant change was for Band 4, going from over-represented in 2021-22 (3.59%) to under-represented in 2022-23 (1.47%).



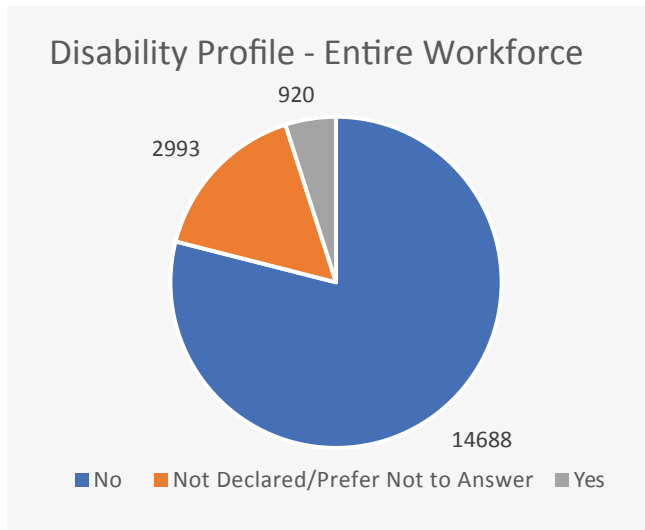
Census data included monitoring on sexual orientation for the first time<sup>6</sup>. This was a voluntary question asked for those aged 16 years and over, with 3.2% identifying as LGB. In Sheffield, 4.13% of people aged 16 or over identified as LGB.

7% of Board members are LGB, with 20% declining to provide a response.

<sup>6</sup>Sexual orientation, England and Wales - Office for National Statistics (ons.gov.uk)

## Disability

920/4.95% of people have declared that they have a disability, with 2,993/16.08% of people not declaring or preferring not to answer, a decrease from 18.32% in 2021-22.



Staff with a disability are over-represented at Band 2 (249/6.07%) and under-represented at Medical (Trainee) (42/2.93%). There is not enough data available for under Band 1, Bands 8b-9, Medical (Career Grade) or Medical (Consultant), so these areas should also be considered as under-represented.

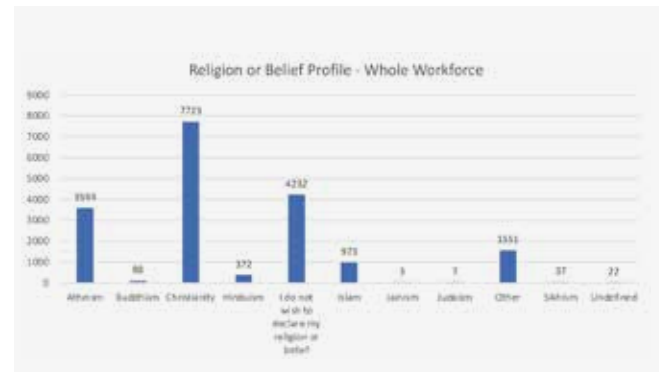
WDES data shows that the number of staff with disabilities at Bands 8a+ and VSM is 4.51%, which shows an increase since 2018-19 (2018-19: 1.97%; 2019-20: 1.62%; 2020-21: 2.26%; 2021-22: 3.25%).

13% of those with voting membership on the Board describe themselves as having a disability, which has remained the same since 2021-22.

20.7% of people in Sheffield declared that they had a disability in the 2021 Census, which means that STH does not represent their communities in relation to disability.

## Religion

77.25%/14,369 staff have disclosed their religion or belief (including those who are Atheist or have no belief), with 4,254/22.86% declining to disclose, which is an improvement compared to 2021-22.



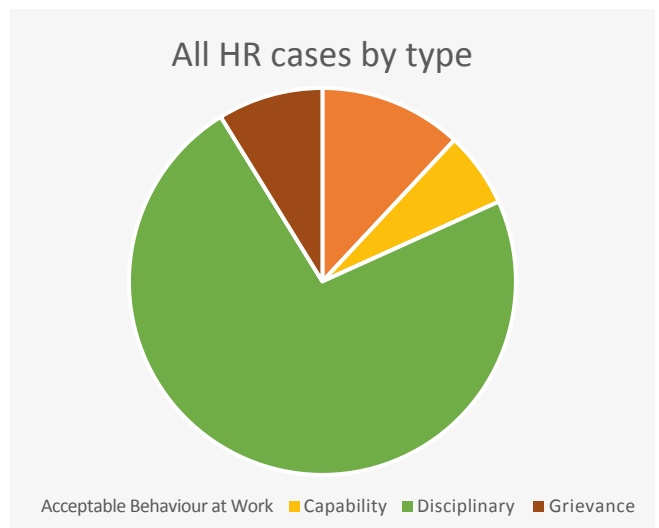
Christian (41.52%/7,723), followed by Atheism (19.32%/3,593). 'Other', with an option to self-describe, (8.34%/1,551), Islam (5.23%/973) and Hinduism (2%/372). The numbers of those identifying as Christian have decreased, whereas Atheism, Islam and Hinduism have all increased.

2021 Census data shows that 43.4% of people in Sheffield stated that they had no religion, 38.5% identified as Christian, 10.3% followed Islam, 0.5% followed another religion and 0.7% were Hindu. 6% of people did not answer the question.

## HR Case Management

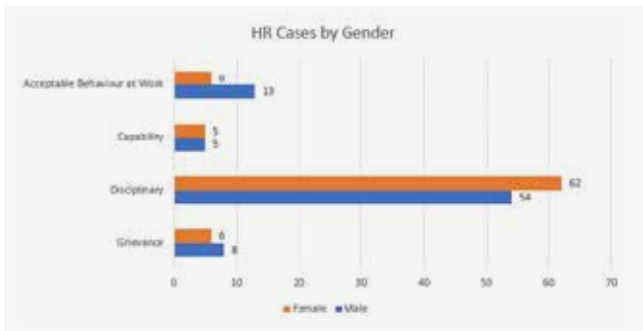
In total, 159 cases were raised during 2022-23

The Acceptable Behaviour at Work and Grievance cases use demographic data based on the person raising the concern. Whereas Capability and Disciplinary cases are based on the person who is going through the process.

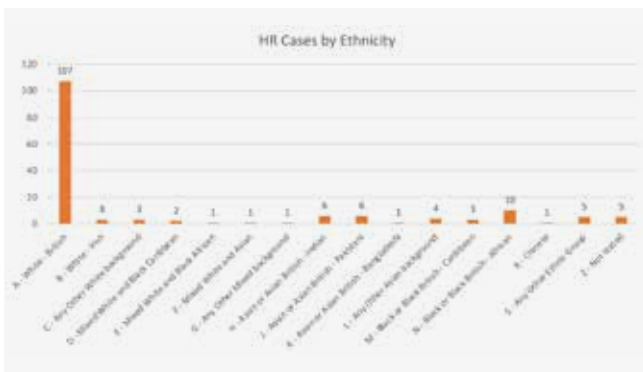




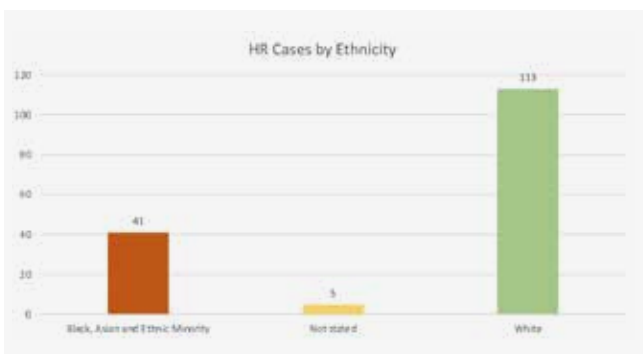
Of all open cases, 79 (49.7%) involved females and 80 (50.3%) involved males.



The HR case data suggests that men are more likely to be involved in HR cases when compared to the overall profile of the workforce, especially for Grievance cases (8/57.14%) and Acceptable Behaviour at Work (ABAW) (13/68.42%). Although working with low numbers in some cases, meaning that this data should be used with caution, this data does show that the number of cases involving men (50.3%) is high when compared with the overall workforce (24%).



The ethnicity profile of all open cases shows that 25.79% (41) involved those from Black, Asian and Ethnic Minority backgrounds, which is higher than the overall profile of the workforce (20.69%) for the second year running.



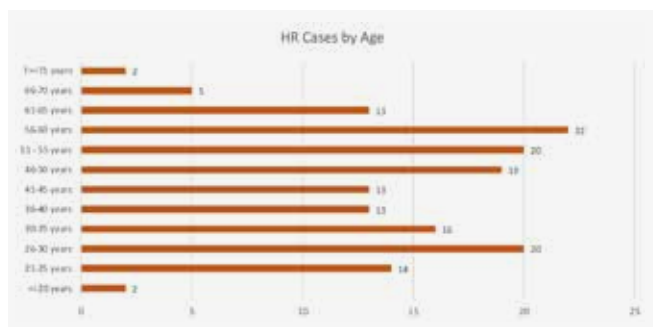
The highest number of cases after White-British were Black or Black British – African (10/6.29%) and Asian or Asian British – Indian and Asian or Asian British – Pakistani (both 6/3.77%). Black or Black British – African staff were disproportionately represented in HR cases for the second year in a row, representing 6.29% of total cases compared to 4% in the overall workforce.

Staff from Black, Asian and Ethnic Minority backgrounds were disproportionately likely to be involved in ABAW (57.89%) and capability (50%) cases. Although only involving small numbers, this is still a disproportionately high percentage.

8.81% (14) of all open cases involved someone who had a disability, which is above the 4.95% represented in the overall workforce. Those who stated that they had a disability were also over-represented in the disciplinary cases (11/9.48%).

Colleagues from LGB communities represent 6.29% (10) of all open cases, an increase from 3.89% in 2022 and overrepresented when compared to workforce figures of 3.2%. LGB colleagues were especially overrepresented in disciplinary cases (9/7.75%).

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.



# EDI Strategy and Implementation Plan

The Trust's EDI Strategy, 2021 – 2025, 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.

## EDI Accountability and Governance

### Board of Directors

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

### Trust Executive Group (TEG)

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

### People Committee

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

### Quality Committee

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

### Equality, Diversity, and Inclusion (EDI) Executive Committee

The Chief Executive is the Trust Board Champion for EDI and sits on the EDI Executive Committee.

Membership includes Staff Network Group Chairs, Organisational Development Director, Head of HR Operations, Director of Communications, Operation Director(s), Nurse Director(s) and key managers from across all service areas.

### Equality, Diversity, and Inclusion (EDI) 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

The Trust has 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 the Trust 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), Disability and Wellbeing Network (DAWN), 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, against anyone with a Protected Characteristic, or who could be classed as a more vulnerable group/individual. They are required by law through the PSED.

The Trust has a Rapid EIA process, with a proforma, guidance document and training, including a RAG-rated Quality Assurance process. Work is ongoing to embed this across all areas of the Trust.

## Conclusion and Action Points

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

The Trust has an EDI Strategy and corresponding annual Implementation Plans that identify the key EDI objectives and main priorities for action. More information can be found at [www.sth.nhs.uk](http://www.sth.nhs.uk).

The EDI Strategy's Implementation Plan for the next 12 months also takes account of the NHSE EDI Improvement Plan, which was launched in June 2023, along with its 6 High Impact actions for 2023/24, which are:

NHSE High Impact Action	STH action
1. Chief executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable.	All Board members are currently undergoing an EDI Development Programme; attendance at this is the EDI Objective for all Board members for 2023/24
2. Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.	The Trust has a new Recruitment and Selection Policy and training is being delivered to all recruiting managers over the next 18 months, which has a primary focus on fair and inclusive recruitment.
3. Develop and implement an improvement plan to eliminate pay gaps.	Pay Gap Analysis is being conducted for ethnicity and disability as well as gender during 2023/24. An action plan to address these gaps will be developed.
4. Develop and implement an improvement plan to address health inequalities within the workforce.	The Trust is currently considering its approach to addressing health inequalities and will agree a plan for 2024/25. There is a comprehensive employee wellbeing offer available to all employees at the Trust.
5. Implement a comprehensive induction, onboarding and development programme for internationally recruited staff.	There is a dedicated team in place to support internationally educated employees, which provides a wide range of support and guidance and regular feedback is sought from colleagues and acted upon.
6. Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.	The Trust is committed to becoming an inclusive organisation and having a culture which values diversity and protects people from discrimination in all its forms. The Trust's PROUD Values are well embedded and Behaviours Framework has been developed to provide guidance on what is acceptable and unacceptable behaviour at STH. Supporting policies and procedures are constantly used and reviewed.

### For further information, please contact:

#### The EDI Team

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 Email: [STH.equalityanddiversity@nhs.net](mailto:STH.equalityanddiversity@nhs.net)  
 Tel: 0114 27 13893

