NHS England

NHS Equality Delivery System (Version 2022)

EDS Report Sheffield Health and Social Care – 2023

Contents

Equality Delivery System for the NHS

About the NHS Equality Delivery System

The EDS is intended to be an improvement tool for service users, staff, and leaders of the NHS. It supports NHS organisations in England - in active conversations with service users , public, staff, staff networks, community groups and trade unions - to review and develop their approach in addressing inequalities through three 'domains', Commissioned or Provided Services, Workforce Health and Wellbeing, Inclusive leadership:

Our EDS report gives an overview of our organisation's most recent EDS implementation and grade and will be published on our organisation's web site.

About Our Organisation

Our organisation is an NHS Foundation Trust, we provide mental health, learning disability, and a range of specialist services to the people of Sheffield. Our services are provided in hospital and community settings including visiting people in their own homes. Because our organisation is a Foundation Trusts, we are member based and our Board of Directors are accountable to the communities that we serve, mainly through our Council of Governors, and directly to our members at our Annual Members' Meeting. Our Council of Governors consists of people who use our services, their carers, members of the public and our staff. They work alongside appointed governors from other Sheffield-based organisations with whom we work in close partnership, including:

- NHS Sheffield Clinical Commissioning Group
- Sheffield City Council
- Sheffield Hallam University
- University of Sheffield
- Sheffield Carers Centre
- The Pakistan Muslim Centre
- The Sheffield African and Caribbean Mental Health Association
- MENCAP Sheffield

The diverse membership of our Council of Governors helps our Board of Directors ensure that our services are shaped by the people who live in the communities we serve. Sheffield residents make up about 94% of all service users we provide care and

treatment for, and overall, we provide services to around 55,000 people a year. Some of our specialist services, such as our gender identity clinic and our autism service, are also available to people living outside of Sheffield.

We employ about 2,500 people in our organisation, they work across sites in Sheffield in in-patient, community locations and visiting people in their own homes.

How we reviewed our EDS score for 2023

Domain 1

Commissioned or Provided Services

In 2023, following the EDS national guidance, we chose three service areas to focus on. We reviewed how those areas were doing based on the EDS guidance that has been published, the three areas were:

- Our Liaison Psychiatry Service
- Transitions from Childrens to SHSC Adult Services
- The Patient and Carer Race Equality Framework

Domain 2

To review our Domain 2 score, we looked at the following sources of data and information:

- The NHS Staff Survey 2022
- Our Assessment using the **Health and Wellbeing Framework** NHS England » NHS health and wellbeing framework organisational diagnostic tool,
- Feedback from our staff networks groups and staff side representatives and Organisational Development team

Domain 3

- We asked 360 Audit to do a review of our EDI governance and to have a detailed look at our evidence to support EDS Domain 3.

Peer Review

- We took part in a peer review process to review our evidence and scores for Domain 2 and 3 with two other mental health NHS Foundation Trusts – South West Yorkshire Partnership Trust and Bradford Care Trust.

Presentation of our report

- We have used the report template provided as part of the EDS 2022 Technical Guidance and support documentation.

- We have used the EDS Rating and Score Card Guidance to assess our evidence. This provides details of the evidence organisations should provide to assess which of four levels they meet, these are:

- **Undeveloped** activity (scores 0)
- **Developing** activity (scores 1)
- **Achieving** activity (scores 2)
- **Excelling** activity (scores 3)

In our report we have provided details of the 'evidence statement' for each of the scores we have agreed with stakeholders alongside the evidence we have relied on for that score.

We are required to add our scores together and use the guide below to calculate our overall EDS Score.

Undeveloped activity – **organisations score out of 0** for each outcome	Those who score **under 8,** adding all outcome scores in all domains, are rated **Undeveloped**
Developing activity – **organisations score out of 1** for each outcome	Those who score **between 8 and 21,** adding all outcome scores in all domains, are rated **Developing**
Achieving activity – **organisations score out of 2** for each outcome	Those who score **between 22 and 32,** adding all outcome scores in all domains, are rated **Achieving**
Excelling activity – **organisations score out of 3** for each outcome	Those who score **33,** adding all outcome scores in all domains, are rated **Excelling**

The next section of this report provides a summary of the outcome of our 2023 assessment and scores.

NHS Equality Delivery System (EDS) – Report

| Name of Organisation	Sheffield Health and Social Care	Organisation Board Sponsor/Lead
		Caroline Parry Executive Director of People
Name of Integrated Care System	South Yorkshire	

EDS Lead	Liz Johnson Head of Equality and Inclusion	At what level has this been completed?	
			*List organisations
EDS engagement date(s)	2023	Individual organisation	Sheffield Health and Social Care
		Partnership* (two or more organisations)	N/A
		Integrated Care System-wide*	N/A

Date completed	2023	Month and year published	June 2024
Date authorised	March 2023	Revision date	N/A

Domain 1: Commissioned or Provided Services – Service Areas Reviewed in 2023

Domain 1 Service One

The Liaison Psychiatry Service
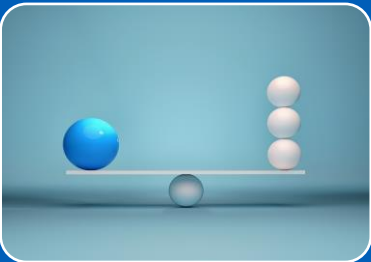
Domain 1 Service Two

The Patient and Carer Race Equality Framework

Domain 1 Service Three

Transitions - Early Intervention

Domain 1: Commissioned or provided services

1.1 Liaison Psychiatry Service – Summary

Liaison Psychiatry Service				
Domain	**Outcome**	**Evidence**	**Rating**	**Owner (Dept/Lead)**
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	The type /nature of the Liaison Psychiatry service and the relatively low numbers generally using this service(compared for example to the type of services seen in an acute setting) mean that we have limited data and have taken a pragmatic approach to scoring based on the evidence we have been able to review. We reviewed Service Use data from the Liaison Psychiatry service for • Ethnicity • Age • Gender • Sexual Orientation, and • Disability **Ethnicity** We identified that service use was lower than the Sheffield population percentage (18 – 65) in Black and Asian ethnicity groups . Our inpatient service data shows that people in Black ethnicity groups are over-represented compared to the Sheffield population in our acute inpatient services, so it was	**1** We have given this service a score of 1 = Developing Activity for Outcome 1A. We have proposed this score because we believe that there is evidence of equitable access to the service but have identified areas to consider in more detail to see if there are barriers to services for people identifying with Black or Asian ethnicity. We have recognised in this score that there is a lack of data for some groups, and we also have a lack of feedback data around access to the service.	Liaison Psychiatry

		surprising to find that use of the liaison psychiatry service appears to be lower for this group. - Liaison Psychiatry referrals Asian Ethnicity 4.3% compared to 8.9% Sheffield Population (18 -65) - Liaison Psychiatry referrals Black 2.8% compared to 4.1% for Sheffield Population (18-65) **Age** The age of people accessing the service was proportional to the Sheffield population **Gender** The gender of people accessing the service was similar to the Sheffield Census **Sexual Orientation, and Disability** Due to the high percentage of 'not known' in our service use data for Sexual Orientation and Disability we cannot assess access to the service by these two demographics.		
	1B: Individual patients (service users) health needs are met	The service aims to provide mental health support for people accessing the Accident and Emergency Service at the Northern general Hospital (acute) Sheffield. Physical health needs are met by the Sheffield Teaching Hospitals who refer on to the Liaison Psychiatry Service for a mental health assessment / support. To support our review of Outcome 1B we looked at the deprivation deciles for the areas people accessing the service live in for referrals between July 2022 – Jun 2023. We only had sufficient data to look at ethnicity. Deprivation deciles are based on the Index of Multiple Deprivation (IMD), this is a measure of relative deprivation. Decile 1 represents the most deprived and Decile 10 represents the least deprived.	**1** We have given this service a score of 1 = Developing Activity for Outcome 1B. We have considered the context of health inequalities experienced by people accessing the service and identified that people sharing Black and Asian ethnicity using the service are represented to a greater extent in areas of multiple deprivation as indicated by the deprivation indices of where they live. We need to understand if there are barriers to accessing the service associated with these factors and are recommending an action of the service making links with the	Liaison Psychiatry

		The aim was to provide an indication of the level of need in terms of health generally of people accessing the service and differences based on personal demographics Between July 2022 – June 2023 47% of all referrals to the Liaison Psychiatry service lived in Decile 1 or 2, with nearly a third of all referrals 32.5% living in Decile 1. - For White ethnicity referrals 47% lived in decile areas 1 or 2 , 32.5% in decile 1 areas. - For Asian ethnicity referrals 56.7% lived in decile areas 1 or 2 , 39.8% were in Decile 1 areas. - For Black ethnicity referrals 67.8% lived in decile areas 1 or 2, 47.6% were in Decile 1 areas.	work being undertaken through the Patient and Carer Race Equality Framework.	
	1C: When patients (service users) use the service, they are free from harm	Incidents involving people using the service are recorded on our incident reporting system. Incidents involving racism can be specifically flagged and incidents involving other protected characteristics will be picked up by managers investigating incidents or by teams reviewing incidents. We reviewed incident report data for the period July 2022 – July 2023 – there were no incidents reported that related to issues associated with the protected characteristics of: • Ethnicity • Age • Gender • Sexual Orientation, and • Disability	**2** We have given this service a score of 2 = Achieving Activity for Outcome 1C. EDS evidence to support Achieving Activity expects that our organisation has procedures in place to enhance safety in services for patients in all protected characteristic groups where there is known H&S risks. Staff and patients feel confident, and are supported to, report incidents and near misses. The organisation encourages an improvement culture giving consideration to equality and health inequality themes in safety incidents and near misses.	Liaison Psychiatry

	1D: Patients (service users) report positive experiences of the service	We have insufficient service feedback data to assess 1D but there have been no complaints received in the time period relevant to protected characteristics.	**1** We have given this service a score of 1 = Developing Activity for Outcome 1D. Due to the lack of feedback data, we have considered if we should apply a score of 0 = Underdeveloped Activity, or 1 = Developing Activity We have considered the guidance on evidence for these two levels Level 0 assumes we do not engage with patients about their experience of the service and do not recognise the link between staff and patient treatment and that we do not act upon data or monitor progress. Level 1 assumes we collate data from patients with protected characteristics about their experience of the service and we creates action plans, and monitors progress based on this. We consider that we do not meet the standard at level 0 and have the intention of improving feedback (given the challenges of obtaining feedback from individuals in this type of service and therefore should be graded at 1	Liaison Psychiatry
Domain 1: Commissioned or provided services – Liaison Psychiatry Service Rating				**5**

1.2 Patient and Carer Race Equality Framework– Summary

Patient and Carer Race Equality Framework (PCREF)				
Domain	**Outcome**	**Evidence**	**Rating**	**Owner (Dept/Lead)**
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	There is poor recording for ethnicity and that this impacts on the ability to assess and to understand access to services. Despite this a significant amount of work has been done on collating data relevant to access to services and good information is available about overrepresentation of black ethnicity service users in inpatient areas. We therefore consider that although the exact criteria is not met for level 1 'Developing' this is the level this outcome should be scored at because equally we are above the criteria for level 0.	**1** We have given this service a score of 1 = Developing Activity for Outcome 1A. We have considered the evidence requirements against either level 0 - Underdeveloped activity or Level 1 Developing activity: **Level 0 criteria:** *Organisations/systems have little or nothing in place to ensure patients with protected characteristics have adequate and appropriate access to the services they require.* *Feedback from patients is not acted upon. Organisations have not identified barriers facing patients* **Level 1 Criteria** *Data and evidence to show relevant patients with higher risks due to a protected characteristic or at risk of health inequalities (50% of those using the service) have adequate access to the service.*	Experience and Engagement Team

			Patients consistently report fair or good (or the equivalent) when asked about accessing services. Demonstration that the organisation has identified barriers to accessing services	
	1B: Individual patients (service users) health needs are met	- A range of cultural awareness training has been commissioned and delivered across SHSC from a range of individuals and organisations. This includes through RESPECT level 3 training, Refugee and Asylum Seeker training (University of Sheffield study). MAAN & SACMHA, ROMA and Gypsy traveller and PMC workshops in development for delivery in early 2024. - Delivery of hearing voices workshops with ethnically diverse lens narrated through delivery - Reciprocal mentoring scheme in place - IAPT race equity post to support access to services - Quality Objectives aligned to access to services across recovery teams to develop localised teams engaging with communities - SACMHA race equity programme devolved to direct commissioning. SACMHA now employ a race equity lead who works into SHSC and focusses on inpatient areas and the use and avoidance of use of restrictive practices including after event reviews and cultural support to clinical teams. - SACMHA Man Talk programme has increased opportunities for black man to receive support and to talk about issues they face with skilled facilitation.	**3** We have given a score of = 3 Excelling Activity for Outcome 1B We assessed our evidence against a score of 3. There is a range of activity and interventions which evidence this. Scoring has been considered with specific reference to Race due to the nature of the PCREF and the service supporting the PCREF.	Experience and Engagement Team

		• Human Rights training available across teams and to key leads in the organisation including cultural advocates to strengthen human rights understanding across Sheffield and in mental health care • Review of an existing Pakistan Muslim Centre contract into a number of wards, contract extended and enhanced to provide cultural advocacy to all inpatient wards and to stretch into Crisis team to support service users and carers prior to and during admission including supporting culturally appropriate discharge planning. • Local team developments on improving culturally appropriate care such as review of food provision, hair care and access to faith requirements. • Review of translation and interpreting services to provide accessible information for diverse communities. • Reporting hate crimes work in conjunction with People Directorate • Lets Talk About RACE events with staff and communities in 2023 • Festival of Debate : Bevan through the lens of race event at Israac		
	1C: When patients (service users) use the service, they are free from harm	• A race equity dashboard is in development which is being extended over time to include a wider range of protected characteristic • Sheffield African Caribbean Mental Health Association (SACHMA) have been working with SHSC through Sheffield Flourish to develop a plan to address racial inequalities in inpatient care, and there has been a	**2** We have given a score of = 2 Developing Activity for Outcome 1C PCREF focused action has highlighted that there is a need to prioritise at this stage at this stage improving recording of ethnicity	Experience and Engagement Team

		focus on understanding suicide in their community and support to address black male suicide. This has been included into the early adoption of the Patient and Carer Race Equality Framework (PCREF). • Detailed review of key areas such as patient safety incidents has been undertaken as part of work associated with the PCREF, this highlighted 20% of patient safety incidents recorded had unknown ethnicity.	in order that we truly understand where inequalities in the provision of services, care and treatment to our service users.	
	1D: Patients (service users) report positive experiences of the service	Work that has progressed through 2023 the year to date includes : • Qualitative feedback from SACMHA race equity lead on patient experience • PMC Qualitative and Quantitative feedback on patient experience • Implementation of Carer Strategy which includes coproduction of Triangle of Care Delivery Plan • Engagement Lead input to wards and out of city patients to gather qualitative patient experience feedback • Experience of Care survey implemented via Tendable across the wards (Ethnicity not asked) • 3 major transformation projects embedding lived experience within the governance • Introduction of a lived experience bank and growth of lived experience colleagues in a range of opportunities and fixed roles across the organisation • Delivering against the lived experience strategy including focus on communities marginalised by race	**3** We have given a score of = 3 Excelling Activity for Outcome 1B There is a range of activity and interventions which evidence Excelling Activity. Scoring has in the main been considered with specific reference to Race due to the nature of the PCREF and the service supporting the PCREF.	Experience and Engagement Team

	• Focus on data and representation with the development of videos to highlight issues with data completeness and support staff and communities to share ethnicity data • Leading work on Safe2Share, a cross arm's length body project of interest to implement a live patient feedback tool within services. Led by lived experience colleagues with support from Engagement Team. • Feedback shared with Lived Experience and Coproduction Assurance Group	
Domain 1: Commissioned or Provided Services – Patient and Carer Race Equality Framework		9

1.3 Transitions – Summary

Transitions				
Domain	**Outcome**	**Evidence**	**Rating**	**Owner (Dept/Lead)**
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service.	SHSC has undertaken a review of access to services for young people transitioning into our services. There have been some incidents related to transitions and this has led to a review and planned changes in services these had not been implemented at the time of the 2023 review.	**1** We have given this service a score of 1 = Developing Activity for Outcome 1A. We have proposed this score because we believe that there is evidence of review of access associated with age but more detail to see if there are barriers to services for people identifying with Black or Asian ethnicity is needed. We have recognised in this score that there is a lack of data for some groups, and we also have a lack of feedback data around access to the service.	
	1B: Individual patients (service users) health needs are met	A transitions protocol was in place and work had been done to review the effectiveness of transitions from Child and Adolescent to Adult services changes were planned to make improvements.	**2** We have given a score of = 2 Developing Activity for Outcome 1B Action undertaken has highlighted a need to make improvements for younger people although there is a need to improving access to demographic data to understand where inequalities in the provision of	

			services, care and treatment to our service users.	
	1C: When patients (service users) use the service, they are free from harm	Insufficient data was available to assess if incidents affected different groups disproportionally. As the service area is inherently focused on age implicitly younger people were the subject of incidents reported. Low numbers may mean that it is not possible to draw conclusions however even if the data was available.	**1** We have given this service a score of 1 = Developing Activity for Outcome 1C. We have proposed this score because we believe that there is evidence of review of access associated with age where incident reports have highlighted issues in access to services. We have recognised in this score that there is a lack of data for some groups, and we also have a lack of feedback data around access to the service.	
	1D: Patients (service users) report positive experiences of the service	Insufficient data was available to assess if different groups had positive or negative experiences of transitions. Low numbers may mean that it is not possible to draw conclusions however even if the data was available. At the time of the review specific engagement had been planned led by Chillypep (a Children and Young People's Empowerment Project) looking at the experience of young people in relation to transition an developing improvements	**1** We have given this service a score of 1 = Developing Activity for Outcome 1D. Due to the lack of feedback data, we have considered if we should apply a score of 0 = Underdeveloped Activity, or 1 = Developing Activity We have considered the guidance on evidence for these two levels Level 0 assumes we do not engage with patients about their experience of the service and do not recognise the link between staff and patient treatment and	

			that we do not act upon data or monitor progress. Level 1 assumes we collate data from patients with protected characteristics about their experience of the service and we creates action plans, and monitors progress based on this. We consider that we do not meet the standard at level 0 and have the intention of improving feedback (given the challenges of obtaining feedback from individuals in this type of service and therefore should be graded at 1	
Domain 1: Commissioned or Provided Services – Transitions				5

Domain 1 – Summary Score (Average for three services)

Service 1 Total **5**

Service 2 Total **9**

Service 3 Total **5**

Total = 18 – Domain Average = **6**

Domain 2: Workforce health and well-being

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 2: Workforce health and well-being	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD, and mental health conditions	**Workplace Wellbeing** – Mental Health specific support for ethnically diverse staff and data available on use. [Workplace Wellbeing | JARVIS (shsc.nhs.uk)](Workplace Wellbeing	JARVIS (shsc.nhs.uk)) **Know your numbers** – provides Blood pressure and diabetes screening attended the working together conference 2022 (planned by the Ethnically Diverse Staff network group) **Smoking** (COPD and asthma relevant) – (data is available by ethnicity) **Mobilising wellbeing offers to staff in Bands 2 – 5 in patient facing roles** aims to increase access to wellbeing offers for staff who may be more vulnerable to health inequalities due to: - Bank only - Carers (specifically women) - Due to ethnicity (i.e., link to Covid data) - Disability Charitable Trust funding obtained to employ an improvement and development lead for 15 months to progress this project **Occupational health** Demographic data is expected from Occupational health but was not available at the time of the EDS review not available at the **Health and Wellbeing Framework** NHS England » NHS health and wellbeing framework We have undertaken a separate review using the NHS Health and Wellbeing Framework this includes	**2** We have given a score of 2 = Achieving Activity for Outcome2 A EDS requires evidence for this level that we monitor the health of staff with protected characteristics. We promotes self-management of conditions to all staff. We use sickness and absence data to support staff to self-manage long term conditions and to reduce negative impacts of the working environment. We provide support to staff who have protected characteristics for all mentioned conditions. We promotes work-life balance and healthy lifestyles. We signposts to national and VSCE support. We believe the evidence highlighted covers these areas Lack of data by protected characteristics on access to offers is the reason for not scoring this as level 3 (Excelling)	OD assurance Group and the Health and Wellbeing Assurance Group People Directorate OD Team and EDI team

2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	Zero Tolerance of harassment work focuses on particular racism experienced by staff from service users. • **Single Operating Procedure** • **Support flow chart/process** • Links with South Yorkshire Police • Steering group • Incident grading changes • **Reports to the Inclusion and equality group** • **Hate Incident Reporting** Covers Race and other PC's but only race identified separately in incident reporting. Lived Experience – is highlighted through our Staff Network Groups, we have the following groups: - Ethnically Diverse SNG - Disabled SNG - Rainbow (LGBTQ+) SNG - Carers SNG - Lived experience SNG - Amazing Women SNG We have a central system for supporting staff to report hate incidents as a third party hate incident reporting centre Infrastructure in place but data poor Our Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) data shows poorer experience for ethnically diverse and disabled staff	**1** We have given a score of 1 = Developing Activity for Outcome 2B Review by Staff Side representatives highlighted they would like to see more progress on development on Violence and Aggression policy and procedures and that the Violence and Aggression group was not always well attended. Staff Survey WRES and WDES data benchmarks lower than peer groups. For these reasons we have identified a grading of 1 rather the 2 for Outcome 2B A **recommended action** following Peer Review was that SHSC lead in reconvening a regional group focused on staff experiencing racial abuse from service users	

| 2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment, and physical violence from any source | **Workplace Wellbeing** – Mental Health specific support for ethnically diverse staff and data is available on use. **Occupational Health**

Freedom to Speak Up Guardian
Our FTSU guardian is embedded and has provided training and support to Staff network group chairs on FTSU. FTSU champions are in place and supported. FTSU guardian provides regular reports for assurance. FTSU Guardian attend the Inclusion and Equality Assurance Group.

Staff Networks – are in place although staff have reported that the are not always supported to attend. Chairs of the SNG's meet regularly, and are staff led. They are not specifically funded, and this is a factor that reduces our score from 3 to 2

Our Trade Union representatives agreed a score of 2.

All Policies require an Equality Impact Assessment, and this includes procedures for reporting abuse, harassment, bullying and physical violence.

Support outside of line management can be made available on a case by case basis. | **2**

We have given a score of 2 = Achieving Activity for Outcome 2C

EDS requires evidence for this level that we
- Support union representatives to be independent and impartial.
- Freedom to Speak Up guardians are embedded.
- Relevant staff networks are active, accessible and staff led.
- Equality impact assessments are applied when amending or creating policy and procedures for reporting abuse, harassment, bullying and physical violence.
- Support is provided for staff outside of their line management structure.

Level 3 Excelling Activity would require additional evidence taking our organisation beyond exceeding requirements for example, our Staff networks are not specifically funded, and our staff survey data does not indicate a reduction in cases of staff experiencing bullying and harassment year on year. | |

| | 2D: Staff recommend the organisation as a place to work and receive treatment | 2022 – Staff Survey Data shows that over 50% of staff do not recommend our organisation as a place to work.

2022 Staff Survey positive score for this question = **43.8% (therefore 56.2% would not recommend the organisation as a place to work)**

2022 – Staff Survey Data shows that over 50% of staff who live locally are not be happy with the standard of care provided by the organisation
2022 Staff Survey positive score for this question = **44.1% (therefore 55.9% are not be happy with the standard of care provided by the organisation)**
We do compare the experience of 'BAME,LGBT+ and Disabled Staff. | <table><tr><td colspan="3" style="background:#1F5EA8;color:white;text-align:center">0</td></tr></table>We have given a score of 0 = **Underdeveloped activity** for Outcome 2D

The EDS requires evidence for 2D based only on the NHS Staff Survey results.
Our results for (2022)show that:

• Over 50% of staff who live locally to services provided would not be happy with the standard of care provided by the organisation choose to use those services.

• Over 50% of staff who live locally are unhappy and **would not** recommend the organisation as a place to work.

The other evidence criteria for outcome 2D relates to if we compare the experiences of Ethnically Diverse, LGBT+ and Disabled staff against other staff members. We do this but this is not sufficient to bring the grade above 0. | |

	I would recommend the organisation as a place to work	I am happy with the standard of care provided by the organisation
White	45.1%	45.8%
Ethnically Diverse	52.1%	44.8%
Heterosexual	47.5%	48.4%
Gay/Lesbian	51.9%	36.5%
Bisexual	34%	36%
Other	50%	50%
Disability or Long-Term Health Condition YES	38.2%	41.8%
Disability or Long-Term Health Condition NO	49.5%	47.4%

Domain 2: Workforce health and well-being overall rating		5

Domain 3: Inclusive leadership

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 3: Inclusive leadership	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	The Trust has designated senior leads (an executive director and non-executive director) for EDI. The Trust has a designated senior lead (an executive director) for health inequalities. Our examination of the Board's work programme for 2023/2024 and meeting minutes from November 2022 to May 2023 to identified: • the Board work programme includes consideration of the EDI framework such as WRES, WDES, EDS and Gender Pay Gap • meeting minutes record discussion and challenge on items/papers presented on equality and diversity • the Board seeks input from diverse perspectives through experience stories at the beginning of the agenda. The Trust champions the inclusive leadership programme; this includes a focus on equality and inclusion. Board members meet chairs of staff networks to foster communication and collaboration.	**1** We have given a score of 1 = Developing Activity for Outcome 3A. The reason for this is that equality and health inequalities are discussed in board and committee meetings, but they are not standing Items. For a score of 2 the EDS would expect these to be standing items. Board members and senior leaders do have at least yearly/twice yearly engagement with staff networks. For a score of 2 the Eds expects that this would be at least 3 times a year. We consider that Board members and senior leaders do acknowledge religious, cultural, or local events and/or celebrations and engage with staff about equality, diversity and/or inclusion only. For a score of 2 this would need to include health Inequalities.	

3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	Our auditor found that: • Quality and Equality Impact Assessment (QEIA) is considered by the QAC. Evidenced supported that the May 2023 QAC meeting received and discussed the assurance report relating to QEIA. • Evidenced supported that the Board received and considered the Gender Pay Gap report in May 2023. The purpose of the report was to assure that Board the organisation is compliant with its legal duties in relation to Gender Pay Gap. • Auditors noted that we were unable to provide evidence to support the oversight of staff risk assessments. They were informed that the monitoring of staff risk assessments introduced during Covid (monitored through ESR) has now been stood down (peer review suggests that this is common and staff risk is monitored though mainstream systems such as occupational health as it is now at SHSC) • The EDS makes reference to evidence to support the oversight of end of employment exit interviews for protected characteristic groups – we were not able to evidence this. • We evidenced that the Inclusion and Equality Group received updates on the Patient and Carer Race Equality Framework (PCREF) from the Director of Quality and the PCREF lead in May 2023. • PECREF forms part of the reporting on the Trust Service User Engagement and Experience Strategy. The Board is updated on the progress of the strategy on an annual	**2** We have given a score of 2 = Achieving Activity for Outcome 3B We assessed our evidence against a score of 3 – excelling for this outcome however our evidence was lacking in the following areas against this level: • Equality and health inequalities are not standing agenda items in all Board and committee meetings. • Although EQIA are completed for all projects and policies and are signed off at the appropriate level where required these do not include Health Inequalities. • We are not able to evidence data on exit interviews for protected characteristic groups. • We are not able to evidence oversight of the Accessible Information Standard	

| | | basis, six monthly progress reports are provided to QAC. The last update on the Strategy was provided to QAC in January 2023. The annual report was presented to the Board in March 2023.
• An EDS report to the Board in January 2023 set out the progress the Trust had made in relation to the 2022/23 draft guidance and proposed how EDS will be progressed for the 2023/24 cycle.
• Tier II reports from Inclusion and Equality Group to the People Committee in January and in May 2023 also provided an update on progress against the 2022/23 draft guidance.
• We were not able to provide evidence to support the oversight of the Accessible Information Standard. | | |

3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	Our auditors identified evidence that: Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) reports are provided annually to the Inclusion and Equality Group, People Committee, and the Board. Our auditors evidenced the presentation of the annual summary WRES and WDES reports to the July Board which included action plans for 2023. Evidence related to 3B above was also considered for this outcome – Gaps - ensuring equality and health inequalities are a standing agenda items for Board and Board committees - ensuring all staff networks have more than one senior sponsor - strengthening evidence that Board members are holding services to account, allocating resources, and raising issues in relation to health inequalities - reviewing whether EDI-related tools are adequality monitored, particularly the gaps we identified for staff risk assessments (for each relevant characteristic), Sexual Orientation Monitoring, exit interviews and Accessible Information Standard.	**1** We have given a score of 1 = Developing Activity for Outcome 3A. We assessed our evidence against a score of 2 Achieving for this outcome however our evidence was lacking in the following areas against this level: In our organisation staff holding roles at AFC Band 8C and above are not reflective of the population served – This is a requirement for level 2	
Domain 3: Inclusive leadership overall rating			**4**

Third-party involvement in Domain 3 rating and review	
Trade Union Rep(s): Joint Policy Group Members	**Independent Evaluator(s)/Peer Reviewer(s):** South West Yorkshire Partnership Trust/ Bradford Care Trust

EDS Organisation Rating (overall rating):

Each outcome is to be scored based on the evidence provided. Once each outcome has a score, they are added together to gain domain ratings. Using the middle score out of the three services from Domain 1, domain scores are then added together to provide the overall score, or the EDS organisation rating. Ratings in accordance with scores are below. The scoring system allows organisations to identify gaps and areas requiring action

Domain 1 = (Average) = 6

Domain 2 = 5

Domain 3 = 4

Score = 15 Developing

Organisation name

Sheffield Health and Social Care

Those who score **under 8,** adding all outcome scores in all domains, are rated **Undeveloped**

Those who score **between 8 and 21,** adding all outcome scores in all domains, are rated **Developing**

Those who score **between 22 and 32,** adding all outcome scores in all domains, are rated **Achieving**

Those who score **33,** adding all outcome scores in all domains, are rated **Excelling**

	EDS Action Plan	
EDS Lead		**Year(s) active**
Head of Equality and Inclusion		2024 - 2025
EDS Sponsor		**Authorisation date**
Executive Director of People		March 2024

Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	Improve recording of Ethnicity, Sexual Orientation, Disability and Religion or Belief	Identified as an organisation Equality Objective action to be identified in Equality Objectives Implementation Plan	March 2024
	1B: Individual patients (service users) health needs are met	Understand the apparent lower use of the Liaison Psychiatry Service by Black and asian ethnicity groups	Advise the Liaison Psychiatry Service to make links with the PCREF programme.	March 2025
	1C: When patients (service users) use the service, they are free from harm	Improve information on incidents experienced by service users in terms of Ethnicity, Sexual Orientation, Disability and Religion or Belief	Improving data Identified as an organisation Equality Objective action to be identified in Equality Objectives Implementation Plan	March 2025
	1D: Patients (service users) report positive experiences of the service	Improve availability of feedback from service users in Protected Characteristic groups.	The Engagement and Experience team have a focus on improving feedback information and data and in particular from a range of service users	March 2025

Domain	Outcome	Objective	Action	Completion date
Domain 2: Workforce health and well-being	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	Improve the range of demographic data available on use of relevant services.	Ensure that all specific wellbeing services include demographic data on ethnicity age and gender	September 2024
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	Improve organisation focus on the experience of ethnically diverse staff and staff who may experience sexual harassment or abuse.	Adopt the NHS Sexual Safety Charter A recommended action following Peer Review was that SHSC lead in reconvening a regional group focused on staff experiencing racial abuse from service users	July 2025 May 2024
	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	Improve Staff Survey metrics on experience of bullying and harassment	See Workforce Race Equality Standard Action Plan 2024 (as agreed with the Ethnically Diverse Staff Network Group	July 2024
	2D: Staff recommend the organisation as a place to work and receive treatment	Improve relevant Staff Survey metrics	Take a report on staff survey results to the Chairs of the Staff Network Groups to support review of existing action plans. All areas to have a Staff Survey action plan in place.	May 2024 September 2024

Domain	Outcome	Objective	Action	Completion date
Domain 3: Inclusive leadership	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	Support action that will improve understanding of Health Inequalities and focus at Board level	Appoint a Population Health Lead	December 2023
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	Improve access to data on exit interviews for protected characteristic groups. Improve oversight of the Accessible Information Standard (AIS)	Ensure that demographics on ethnicity age disability and gender are recorded in exit interview reports. Improving data on the AIS has been identified as an Equality Objective	May 2024 March 2024
	3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	Ensure that the NHS EDI High Impact Action 1 focused on requiring Executive and Board members to have Annual Equality Objectives is implemented	Take action as part of the 2023/24 People Strategy Implementation Plan.	March 2024

Appendix 1 – Background Information

Census 2021 – Sheffield

Access and use of services has been reviewed against data from the 2021 census for the Sheffield area summarised below:

- **Age of the Sheffield Population**

- **Ethnicity of the Sheffield Population**

- **Gender of the Sheffield Population**

- **Languages Spoken in Sheffield**

- **Sexual Orientation of the Sheffield Population**

- **Disability (People Living with a Long-Term Health Condition) of the Sheffield Population**

- **Religion of the Sheffield Population**

- **Deprivation - Sheffield Population**
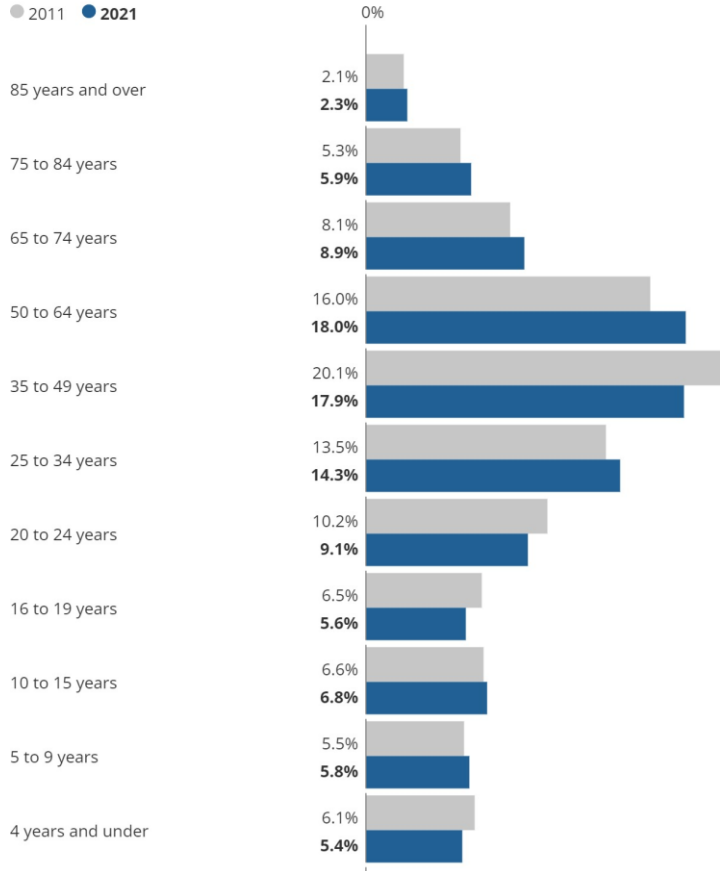
About Sheffield

The most recent population data is the 2021 national census, most of the information below is based on the census data published by the Office of National Statistics unless otherwise stated.

At census date, Sheffield had a population of 556,500 individuals, in 232,000 households. This is 0.7% higher than at the 2011 census (552,698).

Age of the Sheffield Population

Percentage of usual residents by age group, **Sheffield**

● 2011 ● **2021**

0%

Age group	2011	2021
85 years and over	2.1%	**2.3%**
75 to 84 years	5.3%	**5.9%**
65 to 74 years	8.1%	**8.9%**
50 to 64 years	16.0%	**18.0%**
35 to 49 years	20.1%	**17.9%**
25 to 34 years	13.5%	**14.3%**
20 to 24 years	10.2%	**9.1%**
16 to 19 years	6.5%	**5.6%**
10 to 15 years	6.6%	**6.8%**
5 to 9 years	5.5%	**5.8%**
4 years and under	6.1%	**5.4%**

Source: Office for National Statistics – 2011 Census and Census 2021

Table 1

Table 1 shows the age range of the Sheffield population in 2021 and how this has changed since the previous census in 2011.

Our organisation provides services in the main for people that are over 18 but young people move into our services from Sheffield Childrens Hospital, and we also have younger people who may be waiting for services that are not available to them until they are 18.

The most relevant age groups for our EDS review is the 18 plus group.

We also need to think about the age of people using our services, some key changes are:

- The number of people aged 50 to 64 years rose by just over 11,800 (an increase of 13.4%), between the 2011 and 2021 census, and

- The number of residents between 35 and 49 years fell by just over 11,400 (10.3% decrease).

- The share of residents aged between 50 and 64 years increased by 2.0 percentage points between 2011 and 2021

Ethnicity of the Sheffield Population

Percentage of usual residents by ethnic group, **Sheffield**

● 2011   ● **2021**

	2011	2021
Asian, Asian British or Asian Welsh	8.0%	**9.6%**
Black, Black British, Black Welsh, Caribbean or African	3.6%	**4.6%**
Mixed or Multiple ethnic groups	2.4%	**3.5%**
White	83.7%	**79.1%**
Other ethnic groups	2.2%	**3.2%**
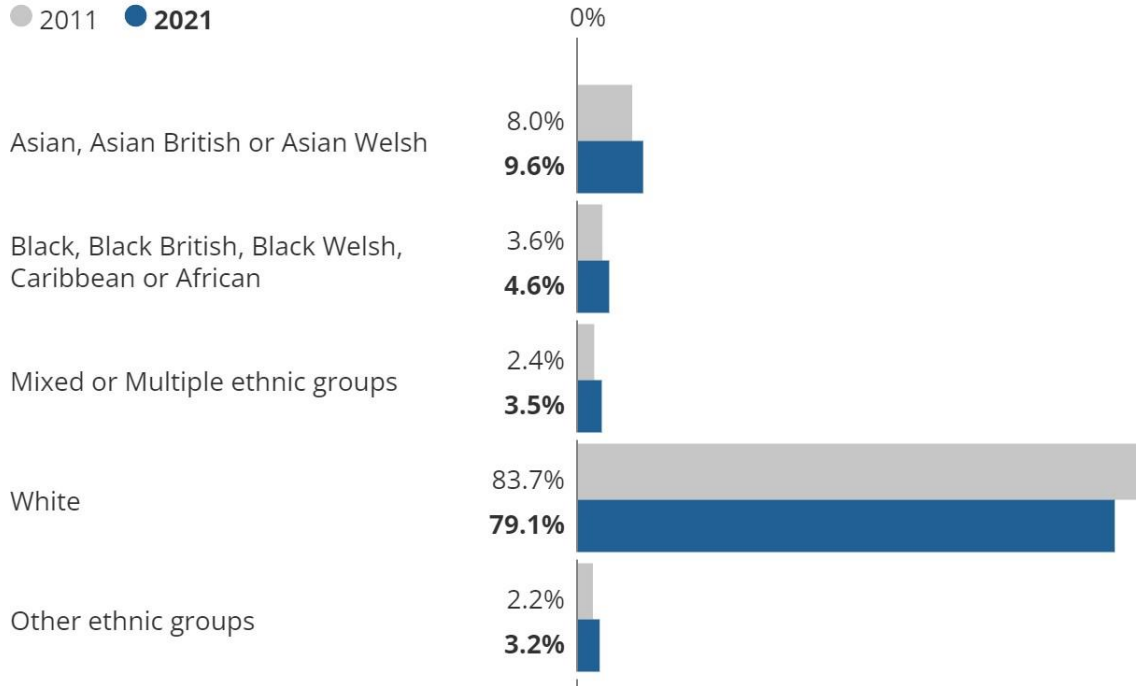
Source: Office for National Statistics – 2011 Census and Census 2021

Table 2

Table 2 shows the ethnicity of the Sheffield population - these figures are for the whole population not the age demographic of people who use our services. The table shows the change in population since 2011.

- In 2021, 9.6% of Sheffield residents identified their ethnic group within the "Asian, Asian British or Asian Welsh" category, up from 8.0% in 2011.

- In 2021, 79.1% of people in Sheffield identified their ethnic group within the "White" category (compared with 83.7% in 2011).

- In 2021 4.6% identified their ethnic group within the "Black, Black British, Black Welsh, Caribbean or African" category (compared with 3.6% the previous decade), and

- The percentage of people who identified their ethnic group within the "Mixed or Multiple" category increased from 2.4% in 2011 to 3.5% in 2021.

For our EDS review we have aimed to match ethnicity data as closely as we can to age so the data comparisons in our report below contain slightly different percentages.

Disability the Sheffield Population

The 2021 Census showed that:

- 9.1% of Sheffield residents were identified as being disabled and limited a lot.

- 11.6% were identified as being disabled and limited a little

- 79.4% were not disabled

Gender of the Sheffield Population

The 2021 Census asked about sex and gender identity

- Sheffield Population – Female = 50.6%
- Sheffield Population – Male = 49.4%

The difference is attributed to a larger number of people stating female in the 75+ age groups.

- 2021 census data shows that 0.76% of people in Sheffield stated that they had a gender identity different from their sex registered at birth.

Sexual Orientation - Sheffield

The 2021 asked people 16 or over about their Sexual Orientation, the Census showed that in:

England and Wales
3.2% identified with an LGB+ orientation ('Gay or Lesbian', 'Bisexual' or 'Other sexual orientation').
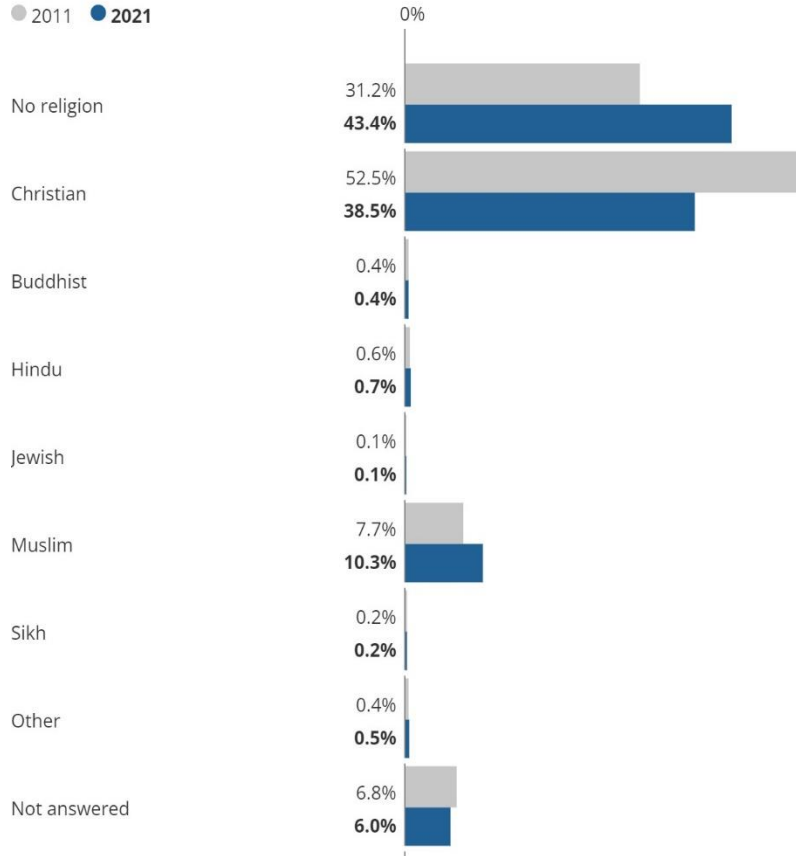(7.9% did not answer the question)
Sheffield
4.13% of identified as lesbian, gay, bisexual, or other (LGB+)
(6.33% did not answer the question)

For the age group 16 to 35 in Sheffield 7.9% identified lesbian, gay, bisexual, or other (LGB+)

Religion

Percentage of usual residents by religion, Sheffield

● 2011   ● **2021**

0%

	2011	2021
No religion	31.2%	**43.4%**
Christian	52.5%	**38.5%**
Buddhist	0.4%	**0.4%**
Hindu	0.6%	**0.7%**
Jewish	0.1%	**0.1%**
Muslim	7.7%	**10.3%**
Sikh	0.2%	**0.2%**
Other	0.4%	**0.5%**
Not answered	6.8%	**6.0%**

Source: Office for National Statistics – 2011 Census and Census 2021

The 2021 Census results reported that 38.5% of people in Sheffield described themselves as Christian this was a reduction from 52.5% in the previous census. 10.3% described themselves as Muslim which was an increase from 7.7% in the previous Census.

43.4% of Sheffield residents reported having "No religion", making it the most common response in Sheffield this was up from 31.2% in 2011.

Languages

More than 120 languages are spoken across Sheffield.

- 90% of all people have English as a main language
- 3.8% have at least one adult who has English as the main language.
- 1.3% have no adults but some children who have English as a main language
- 4.8% have no household members with English as main language .

Overall, 92.2% of people in Sheffield speak English (even if this is not their main) language.

Top Languages Spoken Sheffield

- Arabic 0.9%
- Chinese (various dialects) 0.8%
- Urdu 0.8%
- Polish 0.5%
- Somali 0.4%
- Bengali 0.3%
- Slovak 0.2%
- Persian/Farsi 0.2%

Top Language Requests SHSC
- Arabic
- Slovak
- Urdu
- Farsi
- Farsi (Persian)
- Tigrinya
- Polish
- Kurdish Sorani
- Kurdish / Kurdish Sorani

Appendix 2 Service Review Detail

The Liaison Psychiatry Service

About the Service

Sheffield Health and Social Care provide a liaison psychiatry service to patients accessing the Sheffield Teaching Hospitals Emergency Care Department at the city Norther General Hospital site.

Patients presenting with mental health needs are supported with 'physical healthcare' requirements and then referred to the Mental Health Liaison Team.

The Mental Health Liaison Team is a multidisciplinary team based at the Northern General Hospital. The team provides mental health assessment and care to inpatients and people who attend the Emergency Department. The team consists of mental health nurses, support workers, psychiatrists, social workers, and administrative staff and is available to the Emergency Department 24 hours a day, 7 days a week.

The service is a member of the Psychiatric Liaison Accreditation Network (PLAN), a quality improvement and accreditation network for psychiatric liaison services in the UK.

Referrals

Sheffield teaching Hospitals refer patients to the Mental Health Liaison Team who have been diagnosed with or have a suspected mental health condition and who need additional help during their hospital attendance or stay or have psychological difficulties as a consequence of a physical illness this includes patients who have self-harmed or are expressing suicidal ideas/plans.

Outcome 1A: Liaison Psychiatry - Service Users have required levels of access to the service

To review this outcome, we looked at service use data between July 2022 – Jun 2023

How is the service accessed?

A referral and assessment process are in place. Following an assessment, the Mental Health Liaison Team will either put in place a discharge plan or refer for further additional mental health assessment and sometimes a mental health bed.

Service Use

Figure 1 below highlights that between July 2022 – Jun 2023 there were 6042 referrals for Liaison Psychiatry, 3177 were from Accident and Emergency and 2732 were from Inpatient Wards, predominantly at the North General Hospital and Royal Hallamshire Hospital sites.

Referral Source	Jul 22	Aug 22	Sept 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23
A&E	269	266	208	253	234	199	279	258	290	307	325	289
Inpatient Wards	223	243	211	203	232	214	249	221	235	214	239	248
Total Number of Referrals	508	513	430	488	479	420	535	484	537	528	569	551

Figure 1

Use of the Liaison Psychiatry Service compared to the Sheffield population

The Sheffield figures in the charts below have been taken from the Sheffield 2021 census. People under the age of 16 have been excluded from the Sheffield figures as the Liaison Psychiatry does not provide services to people under 16.

We reviewed our data on access to the service by:

- Ethnicity
- Age
- Gender
- Sexual Orientation
- Disability

Ethnicity of people using the service

The ethnicity data below excludes all Ethnicity is not stated data.

The table in Figure 2 below indicates that:

- The proportion of Liaison Psychiatry referrals that were of an Asian Ethnicity is lower when compared to the Sheffield population (4.3% compared to 8.9%).
- **The proportion that were of a Black ethnicity was also lower (2.8% compared to 4.1% for Sheffield).**

Ethnic Group	Liaison Referrals	Sheffield Census	Difference
White British/Irish/Other	88.6%	81.9%	6.6%
Asian	4.3%	8.9%	-4.6%
Black	2.8%	4.1%	-1.2%
Other	2.3%	2.7%	-0.4%
Dual/Multiple Heritage	2.0%	2.4%	-0.5%

Figure 2

Our data therefore indicates that there may be an issue in terms of accessing the liaison psychiatry service for people in these two ethnicity groups. Data we collect elsewhere in the organisation, which reflects a national picture shows that people who identify as being in a black ethnicity group are significantly overrepresented in our inpatient areas and in services where people need the highest levels of mental health support, we therefore need to understand the lower representation in use of the liaison psychiatry service. We also need to consider in more detail why service users who identify with Asian ethnicity are underrepresented.

Age of people using the service

Gender

Use was in line with the percentage population of Sheffield

Sexual Orientation
There were insufficient records to inform the review

Disability

There were insufficient records to inform the review

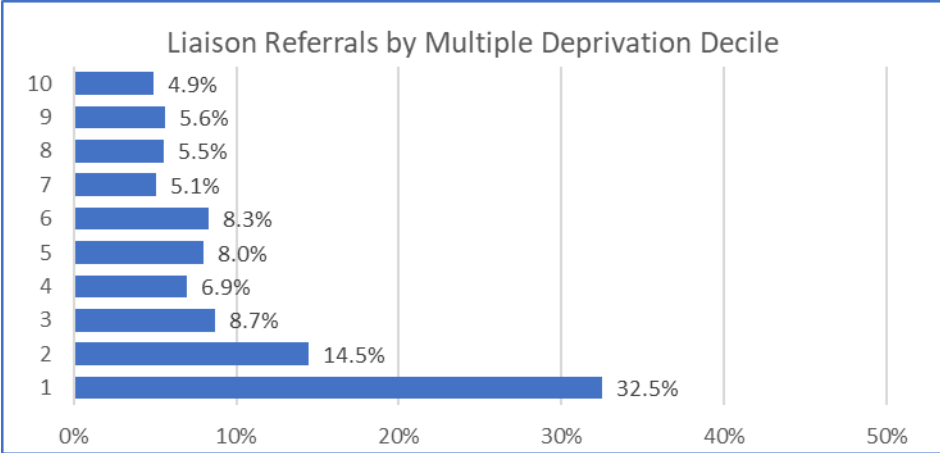**Outcome 1B Liaison Psychiatry - Individual Service Users Health Needs Are Met**

Health Inequalities

Overall Decile Information (Overall & Ethnicity)

The charts below display the percentage of Liaison Psychiatry referrals split by the 'Index of Multiple Deprivation Decile' they fall within, which is dependent on the postcode they are registered to. The charts have been produced for all Liaison Referrals between July 2022 – Jun 2023 and also specifically where the patient's ethnic group was recorded as White British, Asian or Black.

In this time period just under a third (32.5%) of Liaison referrals came from patients that were in the lowest Multiple Deprivation Decile. This increased to 39.8% if their ethnicity was Asian and 47.6% if their ethnicity was Black.

All Liaison Referrals

Liaison Referrals by Multiple Deprivation Decile

Decile	Percentage
10	4.9%
9	5.6%
8	5.5%
7	5.1%
6	8.3%
5	8.0%
4	6.9%
3	8.7%
2	14.5%
1	32.5%

Liaison Referrals – Asian Ethnicity Group

Liaison Referrals by Multiple Deprivation Decile

Decile	Percentage
10	6.0%
9	1.5%
8	3.0%
7	1.0%
6	3.5%
5	10.9%
4	6.0%
3	11.4%
2	16.9%
1	39.8%
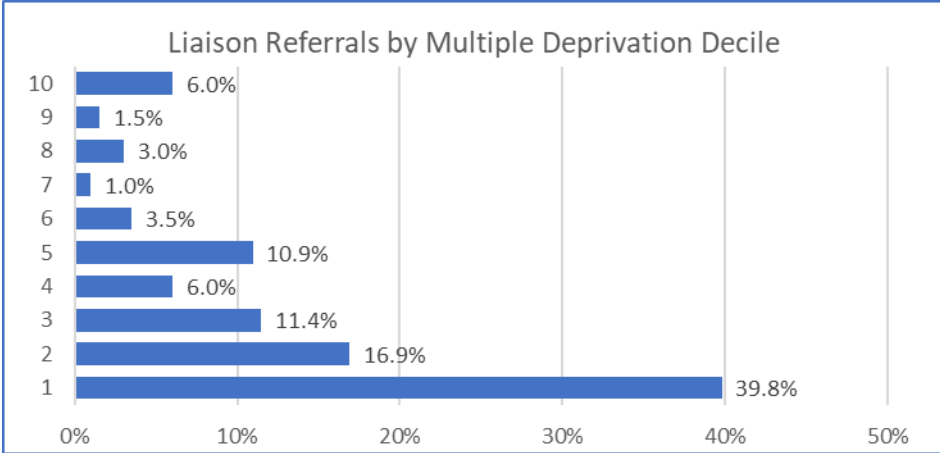
Liaison Referrals – White British Ethnicity Group

Liaison Referrals – Black Ethnicity Group

Liaison Referrals by Multiple Deprivation Decile

Decile	Percentage
10	5.0%
9	5.5%
8	5.5%
7	5.4%
6	8.1%
5	8.1%
4	6.4%
3	8.2%
2	13.4%
1	34.3%

Liaison Referrals by Multiple Deprivation Decile

Decile	Percentage
10	0.0%
9	0.0%
8	0.0%
7	1.6%
6	5.6%
5	3.2%
4	6.5%
3	15.3%
2	20.2%
1	47.6%
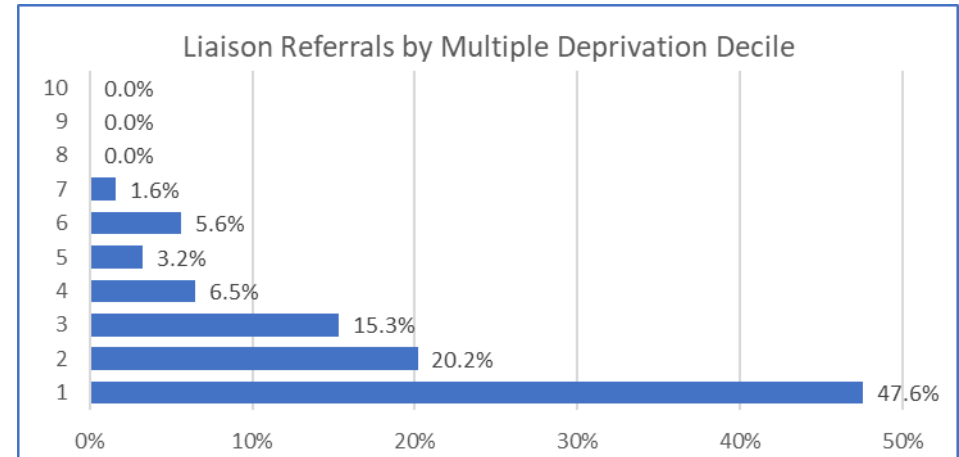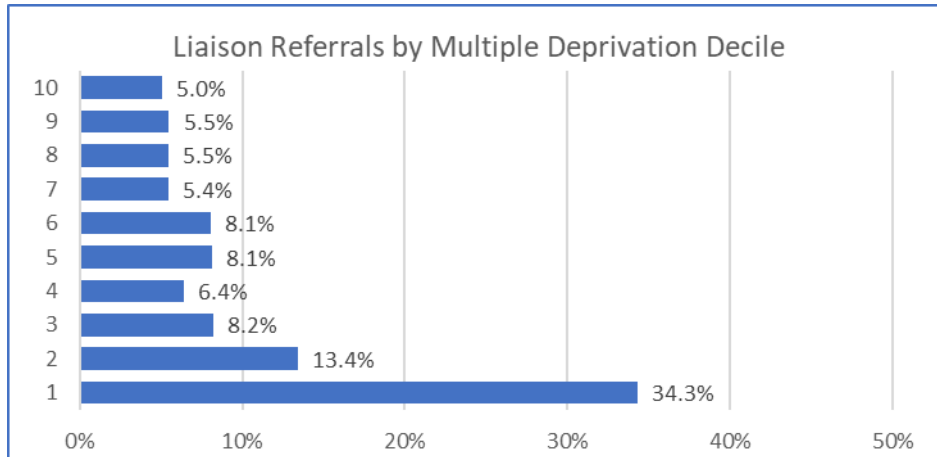
Outcome 1C: When Service Users use the service, they are free from harm

Incident Review Numbers

In the period of June 2022 – July 2023 there were 110 reported incidents for the Liaison Psychiatry.

None related specifically to a protected characteristic.

Outcome 1D: Service Users report positive experiences of the service

We reviewed availability of feedback data on use of the service unfortunately this was not available in sufficient quantities to review this by key demographics of:

- The Ethnicity
- Age
- Gender

- Sexual Orientation
- Disability

The service had not received any complaints or complements in the period relevant to

- Ethnicity
- Age
- Gender
- Sexual Orientation
- Disability

The Patient and Carer Race Equality Framework (PCREF)

About the Service

The Advancing Mental Health Equalities Strategy outlines the short and longer-term actions NHS England and NHS Improvement will take to advance equalities in access, experience, and outcomes in mental health services. The Patient and Carers Race Equity Framework (PCREF) is a key objective of the strategy to support local systems to address race inequalities in mental health.

Mental health trusts and mental health providers are responsible for the delivery of the PCREF in collaboration with their partners, including local authorities, commissioners, communities, patients, and carers from racialised and ethnically and culturally diverse communities.

Delivery of the PCREF is supported by the SHSC Engagement and Experience team, a Race Equity Community Leader is in post and work is done in close collaboration with Sheffield Flourish and the Sheffield African Caribbean Mental Health Association and people who are experts by experience.

The PCREF is split into three core components:

•	Part 1 – Legislative and regulatory obligations (Leadership and governance): Legislation has been identified that applies to all NHS mental health trusts and mental health providers in fulfilling their statutory duties, and leaders of the Trusts and mental health providers will need to ensure these core pieces of legislation are complied with across their organisation.

•	Part 2 – National organisational competencies: aligns with the vision in the Independent Review of the Mental Health Act 2018 (MHA). Through a co-production process, six organisational competencies have been identified working with racialised communities, patients and carers. Trusts and mental health providers should work with their communities and patients and

carers to assess how they fair against the six organisational competencies (and any more identified as local priorities) and co-develop a plan of action to improve them.

• Part 3 – The patient and carers feedback mechanism: which seeks to embed patient and carer voice at the heart of the planning, implementation, and learning cycles.

SHSC has been focussing across all three components between 2021 and 2023 to develop early learning and priorities as an early adopter.

PCREF is an anti-racism approach however the principles and practice of embedding PCREF will support inclusive services for other groups.

Other VCS organisations involved include the Pakistan Muslim Centre and the Israac Somali Community Association.

Transitions

A protocol exists on transition of young people from Children's and Adolescent Mental Health Service (CAMHS) to Adult Mental Health Services the aim of the protocol is to ensure a smooth transition.

The protocol was created by staff from Sheffield Childrens Hospital and Sheffield Health and Social Care, transitions is not a service in itself but represents a important aspect of ensuring effective service provision for young people in Sheffield and also moving into and out of Sheffield.

[Transition of Young People from CAMHs to Adult Mental Health Services Protocol Apr 2022.pdf (shsc.nhs.uk)](shsc.nhs.uk)

Monthly transitions meetings take place and these can identify issues with transitions.

At the time of the 2023 EDS implementation of the new Electronic Patient Information System meant limited data was available but service areas had previously reviewed data in particular incident data, also at the time of the review work was ongoing to look at planned improvements to transitions due to be implemented.

It was not possible to do as detailed review as originally planned but review of service developments associated with improving transitions will be undertaken in a future EDS review.