

Sheffield Teaching Hospital's written evidence to the Sheffield Race Equality Commission – November 2020

Summary:

Sheffield Teaching Hospitals provides an extensive range of adult and community services to the people of Sheffield and beyond. We are amongst the largest NHS Foundation Trusts in the country and employ almost 18,000 people. With this degree of scale and scope we have both the opportunity and responsibility to make a positive impact not only through the direct care we provide, but also through our actions as an employer and purchaser of goods and services. We acknowledge however the deep structural inequalities that the people of Sheffield experience and whilst this has become even more apparent during the COVID-19 pandemic, this inequality is not new. As a universal service of our scale, these societal inequalities are also apparent in our organisation, and we are deeply committed to improving the lives of our patients and staff with a BAME heritage and are keen to work with our partners and the people of Sheffield as well as within our organisation to make lasting change.

- 14% of our workforce are BAME, compared to Sheffield population of 19%
- 23.6% of BAME employees report experience of harassment, bullying or abuse from patients, relatives or the public compared to 21.1% of white staff
- 22.4% of BAME employees report harassment, bullying and abuse from staff compared to 18.6% of white staff
- 12.6% of BAME staff have experienced discrimination in the workplace compared to 4.7% of white staff
- 73.2% of BAME employees believe the Trust provides equal opportunities for career progression or promotion compared to 89.2% of white staff
- We have ethnicity data for 97% of all our patients (97.2% in Inpatients; 96.5% in Outpatients and 97.3% in ED or A&E), which is higher than the national average
- Our patient's ethnicity profile broadly matches that of the Sheffield population
- 21.8% of all patients with COVID-19 (483 of 2217 patients), since the start of the pandemic and up to 03/11/20, were BAME
- 30.7% of maternity services users were BAME
- Overall, 73.6% of BAME patients completing the Friends and Family Test report a positive experience compared to 79.6% of white patients
- 90 complaints in total were received about maternity services; 26.7% of complainants were BAME and 68.9% were white

1. Introduction:

About Sheffield Teaching Hospitals

We are one of the England's largest, busiest, and most successful 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 employ almost 18,000 people, making us one of the biggest employers locally.

We are responsible for 5 Hospitals:

1. Northern General Hospital
2. Royal Hallamshire Hospital
3. Charles Clifford Dental Hospital
4. Weston Park Cancer Hospital
5. Jessop Wing Maternity Hospital

The Trust's **current CQC overall rating** from 14 November 2018 is 'Good' ([click here for report](#)).

Our **vision** is to be recognised as the best provider of health, clinical research and education in the UK and a strong contributor to the aspiration of Sheffield to be a vibrant and healthy city region. Our **PROUD values** are what make us different, and they were developed by the people who work for us. Over 4,000 members of staff gave their views on what they should be:

- **Patients first** – Ensure that the people we service are at the heart of all that we do
- Respectful** – Be kind, respectful, fair and value diversity
- Ownership** – Celebrate our successes, learn continuously, and ensure we improve
- Unity** – Work in partnership with others
- Deliver** – Be efficient, effective, and accountable for our actions

Our People Strategy communicates how we want to create a brilliant, personal place to work where:

- Everyone's talents and differences are promoted, developed, and respected
- Brilliant team working is the norm within and across departments and organisations
- Creativity, innovation, and continuous improvement is part of our DNA
- Investment and excellence in leadership and development is recognised as critical to success
- A sense of belonging, engagement and advocacy for the organisation is nurtured
- We are the employer of choice, attracting, developing, and retaining staff from local, national, and international labour markets and achieving a workforce reflective of our community
- Every individual feels supported, cared for, empowered and is PROUD to work here
- The employee experience of every individual is personal to them

Board of Directors

The Board of Directors is made up of eight Non-Executive Directors including the Chair, and seven Executive Directors, which includes the Chief Executive.

Council of Governors

There are 13 public governors: 7 patient governors; 6 staff governors and 7 appointed governors who make up the council.

Membership of STH

STH is a Foundation Trust with a membership of 9,755, consisting of 6,579 members of the public and patient representatives. 80.5% of members are white and 19% are BAME. A detailed breakdown is available upon request.

Our workforce

Our workforce does not currently reflect the make-up of the Sheffield City population.

14% of our workforce is BAME, compared to the Sheffield population of 19% (and it is recognised that this figure is likely to have increased significantly since the last Census in 2011).

Chaplaincy/Multi faith provision

STH's Chaplaincy and multi-faith service is well established and provides support for staff as well as patients. There are chapels and prayer rooms at our hospital sites.

2. About Equality, Diversity, and Inclusion (EDI) at STH

Our Equality Objectives

Our new Equality, Diversity, and Inclusion (EDI) Strategy identifies our equality objectives as:

- Improving performance – developing a robust way to manage performance and embed EDI best practice
- Leadership and accountability – ensuring there is visible leadership of EDI, and that people are leading by example
- Trust and confidence – building strong community connections and networks with local people and partners
- Behavioural and cultural change – having a zero-tolerance approach to any form of discrimination, bullying, harassment, and victimisation
- Employee development – building the EDI capability of every member of staff
- Audit and scrutiny – embedding an effective way of measuring and evaluating what we are achieving and the impact we are having

Additionally, due to the impact of COVID-19, we have agreed 3 additional objectives to focus on, which are:

1. Acknowledging the disproportionate impact of COVID-19 on our communities – due to the impact of racism, structural and health inequalities – take focused action to build strong and effective relationships and partnerships with all key stakeholders to address issues of inequality and exclusion, including access to services and employment, across the city.
2. To address issues of access to healthcare, and health inequalities during COVID-19, by being able to deliver culturally competent and inclusive services. This will specifically highlight issues around privilege, systemic discrimination, and the impact of this on under-represented groups and those at risk of discrimination and disadvantage.
3. To ensure fair and equitable outcomes for groups most affected by COVID-19, undertake a forensic review of our policies, procedures, and processes to remove any bias, stereotyping or subtle / covert discrimination and address issues relating to equitable access to information in collaboration with the 3 Staff Network Groups.

Our EDI governance processes

Our EDI Board reports to the Trust Executive Group (TEG) and provides assurance to both the HR and OD Committee, and the Healthcare Governance Committee, both of which are formal sub-committees of the Board of Directors.

The purpose of the EDI Board, which meets bi-monthly, is to provide effective governance of the agenda and ensure that progress is being made.

The EDI Team

The Trust has recently appointed a new EDI Team – a Head of EDI (wte 1.0, Band 8b), 2 EDI Managers (both wte 1.0, one permanent and one 12-month fixed term, Band 7) and a Project Support Officer (wte 0.5, Band 5).

The Trust's Chief Executive is the lead accountable officer for EDI; it is within her operational portfolio. The EDI Team sit under the Trust's Organisational Development Director.

3. The Trust's approach to achieving race equality

Staff Survey

An employee engagement survey is run annually to capture the experiences of staff across STH. For the 2019 staff survey we received 7,661 completed questionnaires, representing a 45% response rate (this is comparable to a median response rate for similar Trusts of 46%).

In terms of performance against the equality, diversity and inclusion themed questions, the Trust matches the average score of 9.2% (where 10 is the highest score attainable and 0 the lowest). The top scoring Trust scored 9.6% and the worst performing Trust scored 8.3%.

In terms of the findings in relation to harassment, equality of opportunities and discrimination at work:

- 23.6% of BAME report that they have experienced harassment, bullying or abuse from patients, relatives, or the public. This compares to 21.1% of white employees.
- 22.4% of BAME employees report harassment, bullying and abuse from staff. This compares to 18.6% of white employees.
- 73.2% of BAME employees believe the Trust provides equal opportunities for career progression or promotion. This compares to 89.2% of white employees.
- 12.6% of BAME staff have experienced discrimination in the workplace, within the previous 12 months. This compares to 4.7% of white employees.

Workforce Race Equality Standard (WRES)

We are required, by NHS England, to measure ourselves against a set of nationally determined metrics. STH's performance against the 9 metrics is available on the Trusts website at [Sheffield Teaching Hospital - Equality and Diversity \(sth.nhs.uk\)](https://www.sheffieldteachinghospital.nhs.uk/equality-diversity)

Here is a summary of how we performed against the 9 WRES metrics in 2020:

- Percentage of BME staff in Bands 8-9, VSM (including executive Board members and senior medical staff) compared with the percentage of BME staff in the overall Workforce is 14.07% (BAME staff in post) and 5.38% (BAME 8a+ and VSM)
- Relative likelihood of White staff being appointed from shortlisting compared to that of BME staff being appointed from shortlisting across all posts is 1.24
- Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process is 0.95
- Relative likelihood of White staff accessing non mandatory training and CPD compared to BME staff is 1.03
- KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in last 12 months is 23.6% BAME and 21.1% white
- KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months is 22.4% BAME and 18.6% white
- KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion is 73.2% BAME and 89.2% white
- Q17. In the last 12 months have you personally experienced discrimination at work from any of

the following? b) Manager/team or other colleagues is 12.6% BAME and 4.7% white

- Percentage of BME Board membership is 0% BAME, 86% white and 14% unknown.

This year's data shows that we have made progress across some of the metrics since last year and from previous years; however, it also clearly shows that we have a significant amount of work to do, particularly in terms of workforce / Board level representation and staff experiences.

The main areas for improvement that have been flagged by these metrics are the focus of activity in our WRES Action Plan. A copy can be found on our website here <https://www.sth.nhs.uk/about-us/equality-and-diversity>

- **Our BAME Staff Network Group**

We established our BAME Staff Network Group in mid-2019, along with Staff Network Groups for our disabled and LGBTQ+ colleagues. The network group has grown since its inception to now have 9 core members, around 184 members on its circulation list and it has provided a vital channel through which we have been able to connect with BAME staff through the COVID-19 pandemic.

The aims of the network are to:

- Provide a safe, supportive, and confidential environment to meet and network with other BAME staff to share experiences, opinions, concerns, and ideas
- Promote race equality through active involvement and consultation on STH's strategy, HR policies and equality monitoring
- Understand the issues faced by BAME staff within the Trust and signpost support services
- Develop key working relationships with BAME leaders outside of STH and support the Trust by highlighting the impact of policy changes (both positive and negative)
- Promote awareness of the positive cultural impact of the BAME community via media campaigns and events across the Trust.

Our patients / service users

- **COVID-19 specific data**

The data shows that, to date, 21.8% of all patients with COVID-19 were BAME. This is slightly higher than the BAME population of Sheffield as a whole (19%).

- **Ethnic profile of patients for specific services**

We have looked at the ethnicity of our patients to determine if this is reflective of the wider Sheffield population. We have also considered data related to waiting times and DNAs by ethnicity to check for any issues of disproportionality that may signal issues or concerns. Whilst there are some specific issues worthy of further exploration, there is no indication of disproportionality in these aspects of service delivery.

We have focussed on looking at the data and providing information for the following areas, as these are where some of the most extreme health inequalities are found:

- Maternity
- Thalassaemia
- Diabetes
- Cardiovascular
- Stroke
- Dental
- Cancer

What the data shows:

- Our patients / service users broadly reflect the make-up of the local population (22% of patients from 01/10/19 to 01/09/20 were BAME which is slightly higher than the Census 2011 population figure of 19% for Sheffield).

In terms of attendance at our Emergency Department:

- 27.2% of all patients were BAME

The proportion of BAME patients, over the same period, for specific service areas is:

For Cancer services, 15.3% of our Inpatients and 14.6% of our Outpatients.

For Cardiovascular services, 16.4% of Inpatients and 15.9% of Outpatients.

For Dental services, 19% of Inpatients and 20.4% of Outpatients.

For Diabetes services, 14.1% of Inpatients and 16.5% of Outpatients.

For Maternity services, 30.7 of Inpatients and 33.3% of Outpatients.

For Thalassaemia services, 11.6% of Inpatients and 79.8% of Outpatients.

Outpatient data shows that:

- 20.8% of all patients were BAME
- 23% of all DNAs were from BAME patients

In terms of Outpatient DNAs, BAME patients make up:

- For Cancer services, 17% (439 of 2,583)
- For Cardiovascular services, 23.4% (64 of 209)
- For Dental services, 26.8% (1,840 of 5,012)
- For Diabetes services, 23.4% (666 of 2,843)
- For Maternity services, 42.2% (1,254 of 2,967)
- For Thalassaemia services, 82% (55 of 67)

In terms of waiting list admissions, the data shows that:

- 62.9% of BAME patients wait 0-6 weeks; 14.1% wait 7-12 weeks; 9.5% wait 13-18 weeks; 13.4% wait 19-52 weeks and 0.1% wait over 53 weeks.
- 62.9% of white patients wait 0-6 weeks; 16.5% wait 7-12 weeks; 7.6% wait 13-18 weeks; 12.8% wait 19-52 weeks and 0.2% wait over 53 weeks.

Most patients – both BAME and white – wait between 0 and 6 weeks to be admitted to hospital. A higher proportion of BAME patients than white patients wait between 13 – 18 weeks (9.5% compared to 7.6%). A slightly higher proportion of BAME patients than white patients wait between 19 and 52 weeks (13.4% compared to 12.8%).

Again, in relation to Outpatient waiting times, the data shows that the wait to a new appointment is:

- 77.4% of BAME patients wait 0-6 weeks; 11.1% wait 7-12 weeks; 6.1% wait 13-18 weeks; 4.8% wait 19-52 weeks and 0.6% wait over 53 weeks.
- 73.6% of white patients wait 0-6 weeks; 13.2% wait 7-12 weeks; 6.2% wait 13-18 weeks; 6.2% wait 19-52 weeks and 0.8% wait over 53 weeks.

In terms of attendance at our Emergency Department, between 01/10/19 and 01/09/20 a total of 27.2% A&E patients were BAME.

- **Patient experience**

Friends and Family Test (FFT) data, complaints, and comments (for the service areas listed above) provide an indication of whether our BAME patients and service users are reporting more negative experiences.

FFT results

Overall, 73.6% of BAME patients completing the Friends and Family Test report a positive experience compared to 79.6% of white patients.

Maternity services

- 96.3% of BAME patients reported a positive experience. This compares to 97.5% of white patients.
- 3 negative comments from BAME patients; related to care and implementation of care, particularly during labour.

Thalassemia services

- 100% of BAME patients reported a positive experience.
- There were no negative comments received from BAME patients.

Diabetes services

- 73.9% of BAME patients reported a positive experience. This compares to 93.5% of white patients.
- 1 negative comment from a BAME patient; related to a Diabetes education session that was not felt to be worthwhile.

Cardiovascular services

- 94.9% of BAME patients said their experience was positive. This compares to 96% of white patients.
- There were no negative comments received from BAME patients.

Stroke services

- 96.2% of BAME patients reported a positive experience, compared to 95.7% of white patients.
- There were no negative comments received from BAME patients.

Dental services

- 94.9% of BAME patients reported a positive experience. This compares to 95.7% of white patients.
- 2 negative comments were received from BAME patients; related to staff attitude and waiting times.

Cancer services

- 99% of BAME patients reported a positive experience, compared to 96% of white patients.
- No negative comments were received from BAME patients.

Complaint's data

The services with the highest numbers of complaints from BAME patients were 'Obstetrics, Gynaecology and Neonatology' with 26.7% (a total of 24 complaints) and 'Specialised Medicine' with 28.6% (a total of 10 complaints). 15% of complaints about Diabetes / Endocrinology services were from BAME patients (a total of 3 complaints).

Amongst generally high levels of positive experiences, there is a tendency in some areas for a less positive experience amongst BAME patients and through the work of the EDI Board we will continue to strive to understand these and improve these experiences.

End.
12/11/20

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