NHS
South West Yorkshire Partnership
NHS Foundation Trust

Equality, involvement, communication and membership strategy

Sept 2020- March 2024

An inclusive, values-based approach to support our mission and vision

With **all of us** in mind.

Contents

Foreword

Our mission here at South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) is to help everyone to fulfil their potential and live well in their community. This is supported by a clear set of values that put people at the heart of everything we do.

Thousands of people use our services across south and west Yorkshire each year and we make over a million contacts with them. Each is an opportunity to work together on their mental, physical and social needs. This strategy sets out our commitment to recognising the power in their lived experiences, life skills and personal histories. This extends to our service users, carers, families and friends who we know all matter. It also includes our staff, foundation trust members and people who live in the local communities we serve. All of us can help make our services outstanding.

In 2020, collaborative working and joined up care is more important than ever. Health and care services have undergone rapid changes to respond to the global public health emergency presented by the coronavirus pandemic (COVID-19). Whilst it has been an incredibly difficult time, the pandemic has given us the opportunity to work differently, often without barriers, to do the best we can as a partner in integrated systems.

We know we have more to do if we are to meet the diverse needs of our communities. The pandemic has further exposed the gross inequalities in our society. Inequalities in health, housing, income, barriers to accessing services and discrimination remain and there is a need for improvement across the region. We know these inequalities put people at greater risk of ill health, mental ill health or distress. We also know that people who are mentally ill, those with a learning disability and those who live in poverty face wider health consequences as a result. Systemic racism and prejudice also affect our black, Asian and minority ethnic communities. More work needs to be done to ensure our services are accessible to everyone and reflect the populations we serve by ensuring we understand, inform, communicate with and involve those communities.

We must continuously improve and develop our services through effective communication, involvement and engagement. By working with people, we will develop services that are person centred, culturally appropriate and better than they were before.

This strategy sets out how we will build on the work we have done so far with our valued and diverse communities to make local health and care services better for everyone.

Rob Webster
Chief executive

Angela Monaghan
Chair

1. About the strategy

Our Trust belongs to us all. It considers the voices of service users, carers, families and friends, our staff, board members and people who live in the local communities we serve. We take this responsibility very seriously. It is fundamental to how we communicate with and work alongside everyone.

Our ambition is driven by those who need care and support to live a long and healthy life - this is what motivates us to drive consistent high-quality care, 365 days a year. We want our care to meet that standard we would want for ourselves, our family and friends. We want to demonstrate our commitment by ensuring we are inclusive, meet the needs of our diverse communities and by working in partnership. We know that when we do this, we get our services right, our staff thrive, our outcomes improve for those people who use our services, their family, friends and carers.

We exist to provide service to our local communities and in turn our communities have a wealth of insight, talent and skill they can offer. We are committed to taking full advantage of this opportunity to ensure we provide the best possible high quality and effective services now and in the future.

2. About us

South West Yorkshire Partnership NHS Foundation Trust is a specialist NHS Foundation Trust that provides community, mental health and learning disability services to the people of Barnsley, Calderdale, Kirklees and Wakefield. We also provide some medium secure (forensic) services to the whole of Yorkshire and the Humber. All our services are focused on principles of recovery and co-production, working with the strengths of each person and those of their carers and wider community.

The Trust also provides services that promote health-producing communities and prevention through supported self-care, recovery focused approaches, peer support and community involvement, volunteering to supported employment. The Trust's recovery colleges, linked charities Creative Minds, Spirit in Mind, Mental Health Museum and significant volunteering services, as well as Altogether Better (a national organisation that is hosted by the Trust) further contribute to this.

Our daily mission is to help people reach their potential and live well in their communities. We employ over 4,500 staff, in both clinical and non-clinical support services. Our staff work hard day in day out to make a difference to the lives of service users, families and carers. How we work is as important to us as what we do. Our values and how we behave really matter to us. Set out below are our vision, mission and values.

Our vision

To provide outstanding physical, mental and social care in a modern health and care system

Our mission

We help people reach their potential and live well in their community

Our values

We put the person first and in the centre

We know that families and carers matter

We are respectful, honest, open and transparent

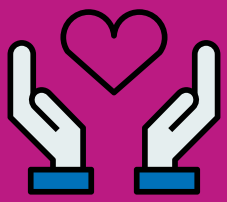
We improve and aim to be outstanding

We are relevant today and ready for tomorrow

Our strategic objectives are:

Improve health

Improve care



Improving resources

Make this a great place to work

Who we serve

We primarily serve 1.22m people who live across south and west Yorkshire in the local authorities of Barnsley (239,300 people), Calderdale (209,800), Kirklees (440,000) and Wakefield (332,000). However, we also have services and staff in North Leeds, Sheffield, Doncaster and Rotherham.

Most of the care we provide is delivered in local communities. This means we work in all the villages, towns and cities from Todmorden and Hebden Bridge in the west, to Castleford and Pontefract in the east and to Hoyland and the Dearne Valley to the south of Barnsley – and all points in between. Our population lives in a mix of rural and urban areas.

Diversity

We know that there are differential impacts on different groups in our population and this will have an impact on health and wellbeing outcomes. For example, if you experience a mental health problem or have a learning disability, your years of life will be reduced. People with a learning disability have worse physical and mental health than people without. On average, the life expectancy of women with a learning disability is 18 years shorter than for women in the general population; and the life expectancy of men with a learning disability is 14 years shorter than for men in the general population (NHS Digital 2017).

Black, Asian and Minority Ethnic staff and service users are also more likely to experience poor health. Black men are three times more likely to have a psychotic condition than any other group and there is evidence that Black women are more likely to have depression or anxiety (McManus et al 2016). People from Gypsy, Roma and Traveller

communities face large barriers to accessing services. Barriers can include language and lack of interpreters, stigma, trust and concerns about discrimination.

People with a physical or sensory disability experience impacts relating to communication, information and the built environment and people living in more deprived areas have a lower average life expectancy than those living in less deprived areas. Men living in the most disadvantaged communities can now expect to live for 9.5 years less than those living in the wealthiest areas, while for women, the difference is 7.5 years (The Kings Fund: Health inequalities: our position). A national survey to understand the experiences of lesbian, gay, bisexual or transgender (LGBT) people living in the UK found that 51% of survey respondents who accessed or tried to access mental health services said they had to wait too long. The evidence that LGBT people have disproportionately worse health outcomes and experiences of healthcare is both compelling and consistent.

We know that White British people make up 87% of our region's local authority population, more than the England average of 81%. The other main minority groups include Black or Black British people comprised 1%, less than the England average of 3%, while Asian or Asian British people comprised 8%, the same as the England average (2011 census). The local authorities with the largest proportions of Asian people are Kirklees (16%) and Calderdale (8%). This profile is likely to change significantly over the next 20 years with BME groups accounting for almost 80% of the UK's population growth (Policy Exchange, 2014). Whilst the UK population is generally ageing, among BME communities specifically, this pattern is reversed.

Understanding the diversity of our audience plays a key role in getting our services right. For example, West Yorkshire and Harrogate Health and Care Partnership commissioned an Independent review to take stock of the existing work across the partnership and to identify gaps in order to accelerate progress in tackling inequalities across the region. The report from the review sets out several recommendations which are embedded in our approach.

Delivering for our communities

The overarching Trust strategy sets out the Trust's ambitions for each of these places. This strategy will act as an enabler, helping the Trust deliver on its ambitions and plans. This strategy sets out the relationship we will have with our communities to achieve our goals. It acknowledges our diverse audience and range of local partners and stakeholders.

We know that if we are to truly involve people, a one size fits all approach will not work. Our internal approach will be driven by clear and consistent processes with equality as the golden thread. Our external delivery will be locally focussed, agile and flexible enough to respond to the needs of the people we serve. Due to the timing of the strategy refresh, we have also embedded the requirements of both the NHS People Plan 2020/21 and 'Implementing phase 3 of the NHS response to the COVID-19 pandemic recommendations'.

The Trust will deliver on all our strategic ambitions as an active partner in both South Yorkshire and Bassetlaw Integrated Care System (formerly known as Accountable Care System) and West Yorkshire and Harrogate Health and Care Partnership (formerly known as STP), and through the development of ambitious shared plans for each of the places in which we work; Barnsley, Calderdale, Kirklees, and Wakefield.

3. An integrated approach

The Trust believes that an integrated approach to equality, involvement, communication and membership will ensure we deliver on our inclusion agenda. We know that each of these areas has its own drivers and legal obligations which we will need to adhere to and deliver on.

Our approach to equality will be driven by involving people and will ensure our methods and approaches are reflective of the audience we are aiming to reach. This means that a one size fits all or single approach will not provide the right conditions. Our commitment will be to always understand our audience before we start any activity.

We will map audiences using the approach set out below and ensure three lines of enquiry before we get started:

We will identify the individuals we need to reach and how we involve individuals now. We will use mechanisms already in place to support our work. This would include using existing service user groups and feedback from those individuals using complaints and patient experience data. We will capture the equality data so we have the right profile in the first place and create culturally and religiously sensitive services.

We will involve people who have a shared or common interest. This would include staff networks, service user, carer, family and friends' groups, staff groups, governors and members. We will look at any feedback we have gathered before that we can use. We will go to where people are with a genuine interest in listening to gather more views, ensuring equality of voice.

We will involve communities at a place based, locality or neighbourhood level. We will map our stakeholders and understand the groups or organisations already in place. We will harness the voice of those communities and work together to ensure equality of access to information, communication and ensure insight and understanding is representative of the population.

By working this way, we can build on the community assets and resources that already exist. This will include working with our consumer champions Healthwatch, the voluntary and community sector and key agencies and partners. Our staff networks and workforce will inform, shape, design and deliver changes as part of our 'all of us improve' approach.

Essentially at the heart of this strategy is the commitment to ***'put people first and in the centre'*** and that ***'families and carers matter,'*** which when delivered using an integrated and insight led approach fosters partnership as a central component which makes us ***'relevant today and ready for tomorrow'.***

Using the principle of involvement to underpin everything we do; we will drive the equality and inclusion agenda. This strategy sets out the core components that will enable us to deliver a clear and comprehensive approach to meaningful involvement and inclusion. Underpinned by communication and supported and driven by our members. This will ensure our ambition to ensure;

- Every person living in the communities we serve will know our **services are appropriate and reflect the population** we serve;
- That our **workforce reflects communities**, ensuring our services are culturally appropriate and fit for purpose;
- Service users, carers and families receive timely and **accessible information** and communication, ensuring a **person-centred approach** to care;
- That our services are **co-created and designed with our staff and communities**

3.1 A co-created approach

The content of the strategy has also been informed by extensive engagement with over 700 service user, carer and community views, staff and key. People told us the areas we needed to deliver on to ensure that the strategy could meet the needs of our local population. To ensure we **deliver on our values**, people told us that:

- They want the Trust to be more visible
- They want an honest, trusting and reciprocal relationship
- They want to help us get our services right
- We should 'listen before we talk' and not just come when there is a set agenda
- They want a 'human to human' relationship built on dignity and respect
- They want to feel valued when they work with us

People told us **our approach** should be:

- To communicate in plain jargon free language appropriate to the target audience
- To use images and pictures with accompanying clear, short and to the point text
- To go where people are
- To use our assets and networks to involve and include people
- To reimburse any out of pocket expenses and think about other support requirements when involving people
- To provide feedback on what we have done, remain accountable and demonstrate real improvements through involvement and inclusive approaches

To ensure we deliver on our **Equality Duty** we need to:

- Ensure people who do not have English as a first language feel equally treated
- Have support and access to conversations to ensure they can contribute
- Make sure the use of internet, social media and computers are part of but not the main source of information
- Use large print and different languages in posters and produce information in audio
- Employ bilingual speaking staff
- Demonstrate an understanding of community, culture and belief
- Use local community contacts including faith leaders to support mental health and wellbeing
- Posters and leaflets need to also be in Urdu and other community languages
- Use community images to reflect the audience in printed material
- Use symbols and images more than the written word
- Help break the mental health taboo and barriers that exist in Asian communities by working with those communities

3.2 Alignment with other strategies

The ambitions set out in this strategy will also inform and align with other Trust strategies and approaches. The strategies and approaches aligned are:

- Our **organisational development (OD) strategy** contains the essential enablers to a successful organisation (structure, strategy, systems, shared values, skills, staff and style).
- Our **workforce strategy** sets out a strategic approach to leadership, management and development to ensure the Trust is well led and has the right people to achieve the strategic direction, deliver the mission and demonstrate the values.
- Our **digital strategy** is an essential enabler to effective communication and involvement and aims to help reduce inequalities.
- Our **volunteering policy/strategy** sets out ways for people to be involved in the organisation and influence how services are developed and delivered.
- Our **customer services policy** supports seeking the views of people who use our services and their carers and responding appropriately to feedback, including when things go wrong.
- **Quality strategy** and specifically the change and improvement framework that underpins our approach to driving quality to support the outcomes of this strategy.
- **Estates strategy** and the importance of ensuring that our environments are safe and sensitive to the needs of all our communities and stakeholders.

In addition to Trust strategies, we must ensure that we maintain our duty under the NHS Constitution and deliver on our constitutional commitments in line with the Human Rights Act 1998. T**he NHS Constitution states that the NHS works across organisational boundaries.** It works in partnership with other organisations in the interest of patients, local communities and the wider population. The NHS is an integrated system of organisations and services bound together by the principles and values reflected in the Constitution. The NHS is committed to working jointly with other local authority services, other public sector organisations and a wide range of private and voluntary sector organisations to provide and deliver improvements in health and wellbeing.

3.3 Collecting the right data

Underpinning our integrated approach is the effective use of insight and data required. Without quality data, the Trust will not be able to demonstrate the effectiveness of our approach. Plans for developing and implementing shared care records, allowing the safe flow of patient data between care settings and the aggregation of data for population health is ongoing. The data we will use to the drive strategy is demonstrated in the diagram below:

About me:

A person centred approach involves capturing **equality data** at the first point of contact and using this data to inform care that is personalised. **'SystmOne'** will be the tool to capture data for people who use our services and **equality monitoring at recruitment s**tage for staff. There will be more support, training, information and communication to ensure staff and patients understand the importance of this data. The Trust will also create the right conditions to ensure this information is captured in a respectful and sensitive way.

About us:

Having an **Equality Impact Assessments** (EIA) for every service. Using the EIA to ensure our service meets the needs of the target audience, are culturally sensitive, appropriate and relevant. We will capture the diversity of voice using **equality monitoring**, using this intelligence to identify gaps in reach. Findings from our involvement will also include a dedicated **equality** section.

About places:

We will know who our places are by using place-based intelligence. This information will come from our local government partners who have a Joint Needs Assessment, Healthwatch and the voluntary and community sector. We will use this information when we are planning services, preparing for involvement, designing information or communicating with audiences. This intelligence will help to inform our service design, workforce and place-based offer.

4. Our promise to you – a clear set of principles

The Trust has developed a set of principles using the feedback we had from the engagement conversations we held as part of the strategy refresh process. The principles reflect the findings and have incorporated the organisation's vision and values and our legal obligations whilst building on existing good practice.

The principles will drive the work we do to achieve our mission and values. The principles are set out below:

- We will **demonstrate we know our audience** using data intelligence and local network approaches.
- **We will use what we already know** as a starting point and we will not duplicate effort or repeat conversations.
- All our work will be supported by **accessible and clear information**, so people feel informed.
- We will use diverse and inclusive approaches consistently across all services/teams.
- We will also be **honest and transparent** in our day to day communication.
- We will ensure that we **include the right people at the right time** in all our work.
- The Trust will be honest about what people can and can't influence and **transparent** by using the website as one approach, mindful of "digital exclusion."
- For the things people can influence, the Trust will provide a **genuine opportunity for involvement**. This will include providing the right conditions for people to get involved.
- The views gathered from any involvement will be properly **documented** so people can see the information they have provided and feel confident that it is gathered in such a way that it will inform a decision.
- We will **value lived experience** and actively demonstrate an approach to embed this in everything we do.
- We will remain humble and ensure that we **thank people for their contribution** with out of pocket expenses and hospitality.
- We will keep people with us on our journey by **providing feedback** when we say we will and describing our next steps.
- We will keep people **informed and in the loop** by providing information and a communication platform which everyone can access.

Embedded in these principles and a golden thread throughout is our continuing duty to ensure that the Trust demonstrate **due regard to the Equality Act 2010, Public Sector Equality Duty (PSED).**

We must remain committed to the mission of ensuring people reach their potential and live well in their community by reaching communities who may be under-represented or not always heard. By ensuring the voices of those groups and communities that experience or are impacted by structural disadvantage or discrimination are also engaged with through each of our places and the work we do with our partners in communities.

5. Principles into practice

5.1 Fostering the right conditions

As a Trust we will work hard to foster the right conditions to ensure we can demonstrate better outcomes for all. This means ensuring we work hard to understand our communities by building meaningful and reciprocal partnerships and relationships. Our staff and members will act as our ambassadors to drive our inclusive approach. We will do this by equipping and enabling staff to work with different and diverse service users, carers in a sensitive way to ensure we deliver culturally sensitive care. This will include faith communities, gender sensitive and culturally appropriate care and support to those who have experienced trauma, using models and new approaches as they become available.

5.2 Skilling our workforce and wider networks

As a Trust employing over 4,400 staff, we will ensure that all staff receive the relevant training required to deliver the approach. Processes will be put in place to ensure that we remain consistent in our delivery and maintain best practice. Our staff will be trained in and supported to understand;

- **Our Equality Duty** – this is undertaken by core mandatory training for all staff within a three year cycle and bespoke one-off training.
- **Legal obligations for involvement** – training will be available for key staff, volunteers, peer workers, members, service users and carers.
- **Involvement techniques and approaches** – this will be delivered through quarterly in-house courses for anyone who would like to attend.
- **Communications** – toolkits and short workshops will be made available on using communications, including social media. These will be underpinned by insights from the different groups and communities we serve.
- **Information will be tested** with people before we use it. This approach already informs our branding and communications approach.
- **Branding** – consistent branding guidelines are already available, supported by templates and guidance.

5.3 Knowing our audience

Knowing our audience is a key component if we are to get the strategy right. The Trust covers a diverse geographical footprint which means we need to work hard to understand who our stakeholders are. Our approach will cover the following groups of people:

- People who use services now or in the future
- Families, friends and carers
- Staff
- Membership and members council
- Local councillors and MPs
- Partner agencies including Clinical Commissioning Groups (CCGs), NHS England, NHS Trusts, Local Authority and voluntary and community sector services in each of our places
- We are also partners in two Integrated Care Systems (ICS) in West Yorkshire and Harrogate and South Yorkshire and Bassetlaw

Using a stakeholder mapping approach, a local Joint Needs Assessment (JNA) for communities, localities and neighbourhoods and an Equality Impact Assessment (EIA) at a service level, we will ensure we identify the right audience. This intelligence will be used as a baseline to identify the audience and inform the approach we should take.

5.4 Processes we have in place

For any conversation on service change, service leads will complete a **checklist for equality, engagement and communication**. The checklist will be assessed by the communication, engagement and equality team and shared with the patient experience team who will also support the completion of a Quality Impact Assessment (QIA). This will ensure that we get our approach right and audit trail any activity. A delivery plan for each service can be developed and actions identified. This form will identify if the Trust are required to do any work in relation to each of these areas.

5.5 Using insight

Our commitment is to use what we already know as a starting point, so we are not repeating conversations. We will always conduct a desk top review of all relevant data held which has been gathered from people who use services, including their families, carers and friends and staff. Intelligence will be considered as far back as 2 years and would include:

- **Staff and members survey**
- **Patient experience data**
- **Customer service comments, complaints and compliments**
- **Patient opinion and NHS Choices postings**
- **Friends and Family Test feedback**
- **Serious incident learning reports**
- **Any previous engagement or consultation activity**

This data will act as a baseline and used to inform the direction of travel for any future conversations, whilst highlighting any specific areas of service improvement. A short summary report of the key themes from this mapping approach will be considered prior to any planned activity. This information will be included in our plan and reflected in a final report of findings.

5.6 Maintaining communication and providing feedback

Existing communication channels will be used to reach key stakeholders, including our staff, who will remain informed so they can represent the Trust at all levels and in the communities we serve.

The Trust website will act as our shop front and provide accessible and up to date information on Trust services, approaches, strategies and governance. Social media, written information and images will provide proactive platforms to reach audiences. An annual communication plan describes our priority programmes and approach.

When we have a conversation about a service change or improvement, a report of findings will be created for each engagement and consultation activity. The report will be published and include:

- **The methods and approaches we used**
- **The audience reached, who was in the room**
- **What people told us and key themes**
- **Equality data and any emerging themes**
- **What we will do with the information and next steps**

A report will be published on the Trust website no later than 8 weeks following an involvement activity. This will be accompanied by a 'you said we did' section that can be updated as developments take place. We will acknowledge the contribution of those attending and thank people for their time.

6. Equality and diversity

Equality
is about creating a fairer organisation in which everyone can fulfil their potential.

Diversity
is about recognising and valuing difference in its broadest sense.

This strategy is about treating everyone with fairness and understanding, not necessarily treating everyone the same, including those linked to deprivation and the Equality Act protected characteristics. It aims to reduce inequalities in our services as well as to tackle stigma and discrimination.

The Trust is committed to being responsive and supporting the needs of the diverse population it serves, reflected in the Trust's values. Equality and diversity are not an 'add on', but central to all we do as a provider of services, as an employer and as part of the public sector. People who use the Trust's services are all different - in terms of social circumstances.

To ensure we comply with our statutory responsibilities under the Equality Act 2010 and our Public Sector Equality Duty (PSED), we must aim to gather accurate equality data. By doing so, it will ensure we have the right data to consider all impacts on each protected group at every decision-making stage.

What this means in practice is that we will aim to capture 100% of our equality data using consistent tools and evidence this data in a format that demonstrates we have considered equality in the development of our services and any proposals. This will **enable us to make fair and informed decisions**; identify where we need to take action to **mitigate any negative impacts or maximise any positive impacts** on equality and ensure we comply with our statutory responsibilities under the Equality Act 2010.

The Equality Act 2010 requires all public sector organisations to be able to show that in the **development of any changes or decisions that impact people, they have shown 'due regard.'**

To evidence that equality is being properly considered as part of the decision-making process, an equality impact assessment (EIA) will be carried out to ensure this process is documented and adhered to and action is taken to address unequal impacts.

It is essential that the Trust considers the content of an **equality impact assessment (EIA)** in the planning, development and design of future services. The EIA will act as a baseline of evidence. This will ensure the Trust designs services that are appropriate and reflective of the population.

An EIA will be developed to support every service, describing the target audience using intelligence from our local authority partners through the Joint Needs Assessments (JNA) in each local area. Each EIA will need to identify the following:

- **The demographic audience of those who will use the specific service**
- **The demographic audience of staff working in the specific service**

Once we have this data, there will be more work to do as we move forward to implementation stage and future service models. We will ensure these are developed and co-designed by those who work in and use the service.

The Trust has clear guidelines on the completion of an EIA . By following the guidelines, the Trust can be confident that they are working to ensure the required legislation has been met.

In situations where we must make a quick decision such as an urgent or emergency, we will still maintain our commitment to evidence that equality is being properly considered. A compact equality impact assessment (EIA) will be used to ensure all known impacts have been considered and any action required been recorded, therefore, identifying the need to complete or update a full EIA.
We also know that to fully consider equality, we need the right people in the room. We will ensure that we have diverse representation in decision making structures that reflect the voice of the workforce and population. This will mean including staff that have lived experience who can work with and alongside system leaders.

And finally, we need to ensure we have a diverse workforce representative of the communities we serve at every level of the organisation, including increasing the value placed upon lived experience in roles. All systems will develop a local 'People Plan' to support this approach.

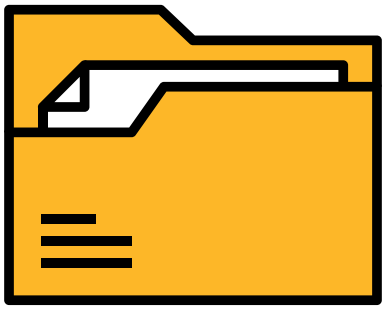
6.1 Legislation

The Equality Act 2010

The Equality Act 2010 unifies and extends previous equality legislation. Nine characteristics are protected by the Act: Gender, age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation. In addition, the Trust includes carers as an additional priority.

Section 149 of the Equality Act 2010 states that all public authorities must have due regard to the need to a) eliminate discrimination, harassment and victimisation, b) advance 'Equality of Opportunity' and c) foster good relations.

All public authorities have this additional duty so partners will need to be assured that "due regard" has been paid through the delivery of all communication and involvement activity.



The Public Sector Equality Duty

The Public Sector Equality Duty states that public authorities must consider how they ensure people have equal access to services. The Trust must:

- Remove or minimise discrimination in different groups
- Take steps to meet the needs of people from different groups by using creative approaches and the principles of co-production
- Encourage people from different groups to have a say and influence the way services are planned and delivered
- Make sure people from different groups can participate by removing unnecessary barriers
- Tackle prejudice and promote understanding

This means the Trust must consider the needs of all individuals in its day to day work, for example in shaping policies or how services are delivered. The Trust must ensure that everyone, no matter what their background or personal circumstances, is treated with dignity and respect. This strategy provides a framework to ensure that this consideration takes place.

NHS Constitution

The NHS Constitution came into force in January 2010 following the Health Act 2009. The constitution places a statutory duty on NHS bodies and explains several patient rights which are a legal entitlement protected by law. One of these rights is that **the NHS provides a comprehensive service, available to all:**

It is available to all irrespective of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status. The service is designed to improve, prevent, diagnose and treat both physical and mental health problems with equal regard. It has a duty to everyone that it serves and must respect their human rights. At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population.

Equality Delivery System 2 (EDS2)

The Equality Delivery System (EDS2) was designed by the Department of Health and reviewed by NHS England to help the NHS measure equality performance. It helps organisations evaluate practices and procedures and understand how driving equality improvements can strengthen accountability to service users and the public. EDS2 helps the Trust to ensure it meets the Public Sector Equality Duty and includes 18 outcomes grouped into 4 goals.

2 of the goals are about services:
- Better health outcomes for all
- Improved patient access and experience

And 2 are about NHS staff:
- Empowered, engaged and included staff
- Inclusive leadership.

The Trust's strategic aims for Equality are linked to these goals. The Trust Board approach is to assess Trust performance via assessment of 4 outcomes from the 18 covered by EDS2, reflecting the incremental nature of the journey to improved performance. Priorities are agreed by the Equality and Inclusion Committee, with EDS2 goals to be included in Director objectives.

Workforce Race Equality Standard WRES

The 2019 Workforce Race Equality Standard (WRES) is delivered through the workforce strategy but supported by this strategy. This is because *'evidence suggests that improving racial inequality in the workplace not only improves staff experience and organisational innovation but improves safety and outcomes for service users.'* The standard has the following key roles:

- To enable organisations to compare their performance with others in their region
- Aim of encouraging improvement by learning and sharing good practice
- To provide a national picture of WRES in practice to colleagues, organisations and the public on developments in the workforce race equality agenda
- Nine indicators of staff experience and opportunity are reported nationally and figures are analysed to understand improvements

Workforce Disability Equality Standard (WDES)

The Workforce Disability Equality Standard (WDES) is made up of ten specific measures to help compare the experiences of disabled and non-disabled staff. Mandated through the NHS standard contract, its aim is to support positive change for existing employees and enable a more inclusive environment. The specific measures are:

- Line management and the recruitment and retention of disabled staff
- Improving disability declaration rates
- The role of senior leaders in supporting workplace disability
- Developing WDES action plans

Sexual Orientation Monitoring Information Standard

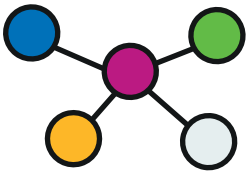
Research shows that LGBTQ+ people experience greater health inequalities compared to heterosexual people. This includes a higher risk of poor mental health or missing out on routine health screening. If a healthcare service collects information on patient sexual orientation, they will be able to target specific health promotion and services to LGBTQ+ patients. Sexual orientation monitoring questions need to be part of the data we gather to ensure we meet the needs of this group. This standard provides the categories for recording sexual orientation but does not mandate data collection. Data must only be collected where there is a definite purpose/use for the data, which is a requirement under the Data Protection Act. In order to meet the requirements of the Public Sector Equality Duty, there is no need to collect data from every patient; representative sampling across services is acceptable.

6.2 Objectives

The strategic objectives for equality are set out below. Each year the objectives will be supported by an annual action plan which will be published on the Trust website. Our objectives are;

Ensure we gather **good quality data** which can be used to support performance monitoring of service use and **improve outcomes**, among those from the most deprived neighbourhoods including Black, Asian and Minority Ethnic communities, people with a Learning Disability, ASD and Autism and people who identify as LGBTQ+, young people and carers

Ensure **we provide person centred care which promotes inclusive, culturally and gender sensitive services**, delivered by a **diverse and representative workforce** who seek to understand and pro-actively address inequalities and challenge discrimination



Ensure we work in partnership with partners and communities, including the voluntary, community and faith sector to **improve access to services** and ensure those from our most deprived neighbourhoods have **equal access to pathways of care**

Develop and sustain an equality competent organisation that **demonstrates inclusive and diverse leadership** and workforce, addressing the balance of power and ownership at all levels and improve equality of opportunity for staff and volunteers

We will know we have got this right when:

- ✓ We can demonstrate an improvement in outcomes and experience for people who use our services.
- ✓ We can demonstrate meaningful engagement with communities to understand population needs, strengths and experiences.
- ✓ The Trust has a representative workforce that demonstrates we are reflective of our population and exemplars in employing people with lived experience.
- ✓ All services will have an equality impact assessment (EIA) with annual review and delivery of actions monitored through governance arrangements.
- ✓ All change programmes will be co-produced where appropriate and include equality considerations informed by EIA.
- ✓ We will improve data capture and accuracy of recording in respect of protected characteristics, monitoring of service access by ethnicity in relation to the local population.
- ✓ Services will evidence equality considerations in support of Equality Delivery System (EDS2) to demonstrate how driving equality improvements can strengthen accountability to service users and the public.
- ✓ We will monitor any complaints and reported incident about access to services where discrimination was a factor.
- ✓ An increase in positive stakeholder perceptions via Friends and Family Test and feedback via customer services and dedicated surveys.
- ✓ Our staff wellbeing survey results see improvements in feedback regarding equality of opportunity in training, support and career progression.
- ✓ NHS staff survey feedback will report increased staff satisfaction with equality of opportunity.

The achievement against each objective and the measures in place will be captured using a range of methods which will include publishing our EIAs used to inform decision making.

7. Involvement

A key component to delivering our strategic ambition is to ensure we involve and encourage the active participation of all our stakeholders. This includes listening to the voice of our stakeholders to ensure our services are designed to meet the needs of our audience and communities.

Involvement should not be confused with 'patient experience' which is in place to gather real time feedback to monitor existing service arrangements. Patient experience information will be used however to identify hot spots or areas for improvement that require solutions. Involvement will help to identify those solutions by involving others.

When we refer to involvement in the development, design and delivery of services, it includes the following:

- **Redesigning a pathway** in which people may access a service and the workforce who will deliver that service
- **Adapting or changing an environment** in which people may receive a service or a staff base
- **Identifying a new way of working** which would have an impact on people who use the service including staff
- **Enhancing or developing a new service**
- **Any change to a service which would impact on the way it is currently provided or delivered** (it is important to note that if this was deemed as significant service change, then the Trust would follow the steps below and an additional approach of formal consultation which is not set out. A separate consultation plan would be developed to support this).

All NHS organisations need to work within the legal obligations set out below. Some of the duties described are delegated directly to commissioners but the Trust will be required to work within this legislation under any contract agreement.

We will also be expected to build on the work the CCG has delivered to ensure the legal obligations continue to be delivered. In addition, there may need to be joint arrangements in place to support any significant service change to ensure the CCG can assure the work. The Equality Act and NHS constitution applies directly to all NHS organisations.

To identify the target audience for involvement, we will go back to the EIA and identify the gaps in intelligence as a starting point. The aim will be to deliver on all or some of the following;

- To involve the audiences highlighted as a gap through the EIA
- To engage on specific topics where there are gaps in intelligence
- To engage on changes to services
- To co-design and create systems

Any involvement will be proportionate to the target audience and meet the needs of our equality duty. Stakeholders will be identified through stakeholder mapping.

The Trust will need to use the appropriate methods and approaches to involve each stakeholder. Care should be taken to ensure that seldom-heard interests are fully

engaged and supported to participate.

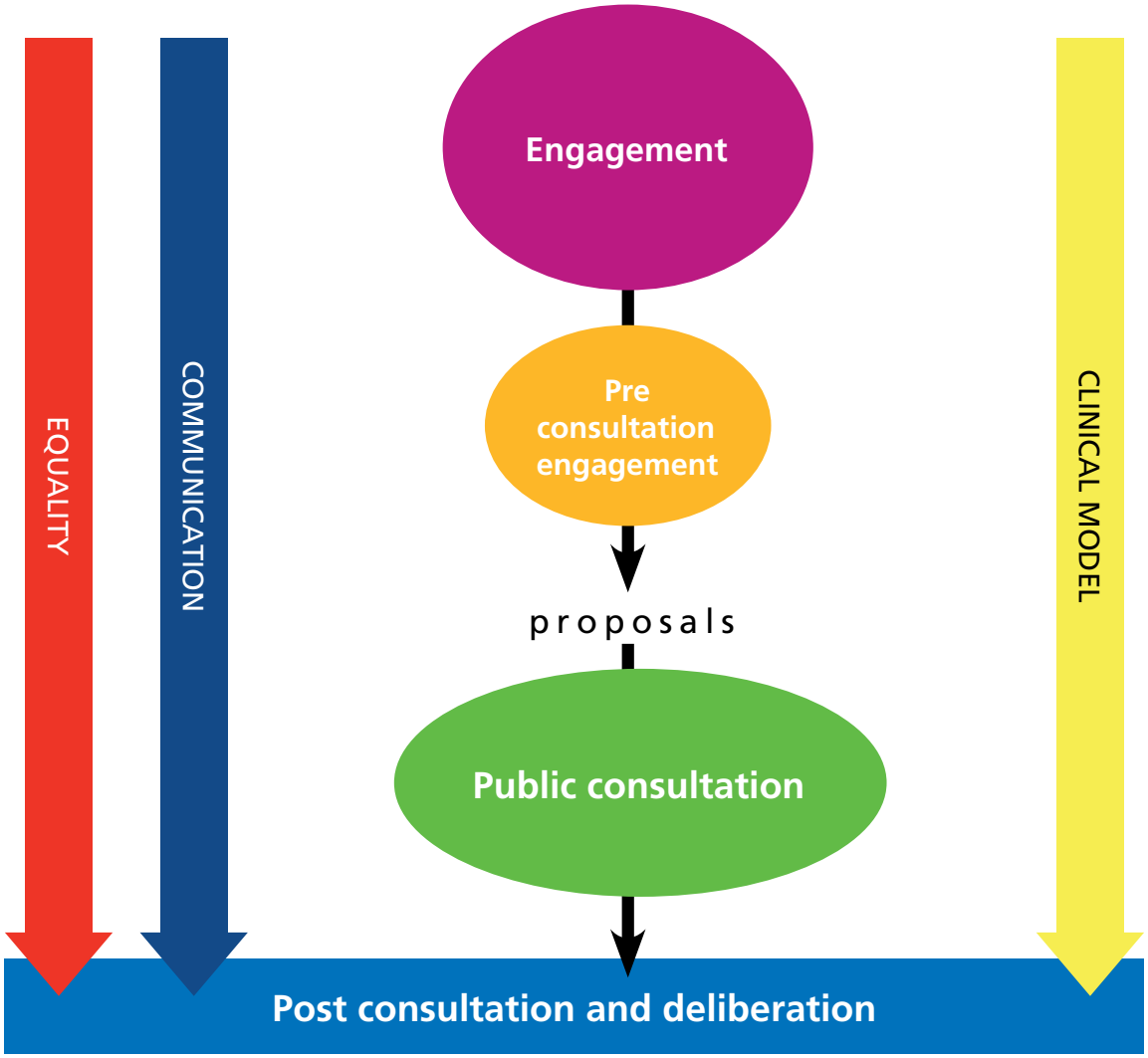
All involvement activity will be equality monitored using an equality monitoring form. This will ensure that the Trust can assess the representativeness of the views gathered during the process. Where there are further gaps in gathering the views of specific groups relating to the protected characteristics, this will be addressed with more targeted engagement.

The legal responsibilities we must work to will ensure that the Trust continue to involve people in the development and design of any future proposals. Any proposals that constitute significant service change will be subject to formal consultation and the Trust will be required to work closely with the CCG and Overview and Scrutiny Committees (OSC) to support this work. If significant service change is required, a separate consultation plan will be developed to support the process.

Significant service change

For any proposals that may be deemed as significant service change, an approach to delivering a more formal process using the functions of 'Communication, engagement and equality' will be implemented. This will include the development of a plan and timeline to support the process.

Significant service change would include any large-scale transformation programmes which would result in a change to the way a service is currently provided and/or delivered. The CEE checklist will pick this up at an early stage and ensure that an integrated approach, process and audit trail are in place. The approach will be supported by a plan on a page, see diagram below:



7.1 Legislation

All NHS organisations need to work within the legal obligations set out below. Some of the duties described are delegated directly to commissioners but the Trust will be required to work within this legislation under any contract agreement.

We will also be expected to build on the work the CCG has delivered to ensure the legal obligations continue to be delivered. In addition, there may need to be joint arrangements in place to support any significant service change to ensure the CCG can assure the work. The Equality Act and NHS constitution applies directly to all NHS organisations.

Health and Social Care Act 2012

The Health and Social Care Act 2012 makes provision for Clinical Commissioning Groups (CCGs) to establish appropriate collaborative arrangements with other CCGs, local authorities and other partners. It also places a specific duty on CCGs to ensure that health services are provided in a way which promotes the NHS Constitution – and to promote awareness of the NHS Constitution. Specifically, CCGs must involve and consult patients and the public:

- In their planning of commissioning arrangements
- In the development and consideration of proposals for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them
- In decisions affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact

The Act also updates Section 244 of the consolidated NHS Act 2006 which requires NHS organisations to consult relevant Overview and Scrutiny Committees (OSCs) on any proposals for a substantial development of the health service in the area of the local authority or a substantial variation in the provision of services.

The NHS Constitution

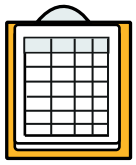
The NHS Constitution came into force in January 2010 following the Health Act 2009. The constitution places a statutory duty on NHS bodies and explains several patient rights which are a legal entitlement protected by law. One of these rights is the **right to be involved directly or through representatives:**

- In the planning of healthcare services
- In the development and consideration of proposals for changes in the way those services are provided
- In the decisions to be made affecting the operation of those services

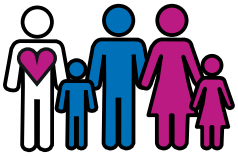
7.2 Objectives

The strategic objectives for involvement are set out below. Each year the objectives will be supported by an annual action plan which will be published on the Trust website. Our objectives are:

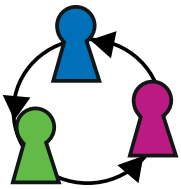
To use what we already know as a starting point and working with our partners so we do not repeat conversations or create involvement fatigue.



To use equality and demographic data to ensure we inclusively **involve the right people at the very beginning** of a process in order to influence the development and design of services.



To ensure people who access health and social care services, families, carers and the **public are involved in shaping health and care** developments, proposals and plans. Going to where people are and using the assets that already exist in our communities to reach audiences by creating the right conditions to involve local people.



To ensure we are an exemplar in **co-production** - through equal and reciprocal relationships with communities and professionals; recognising that both partners have vital contributions to make and ensuring we have a clear reward and recognition approach.

To be transparent in our approach by publishing our approach and insight so people can see the information driving our service decisions and actively demonstrating how we are **using the intelligence we capture** to deliver service improvement and patient centred outcomes

We will know we have got this right when;

- ✓ Our communities know who we are and we have fostered reciprocal relationships
- ✓ Voice is representative of the population we serve
- ✓ We can demonstrate the number of services co-designing and co-creating services with key stakeholders
- ✓ Our stakeholders feel listened to, able to contribute and involved
- ✓ Patient experience demonstrates service improvement and we reduce customer complaints
- ✓ We publish the findings from all our involvement activity and can demonstrate an inclusive approach representative of the population we serve
- ✓ We can demonstrate real influence using a 'you said we did' approach

The achievement against each objective and the measures in place will be captured using a range of methods which will include an annual perception survey for staff and stakeholders, which will inform the following years' action plan.

8. Membership

Membership of the Trust means local people and our staff have a greater say in how services are provided in the areas the Trust serves. Members are made up of local people and staff. Membership is an opportunity to get involved and to shape the services we provide and as a foundation trust we are accountable to members.

Our aim is to develop an effective membership which is reflective of the populations we serve. All members are equal but the Trust recognises that some members may wish to be more actively involved in the life of our Trust than others.

We know that an effective membership can only be achieved if we embrace an inclusive approach, encourage diverse representation, demonstrate effective involvement and ensure accessible information and communication. We will strive to create a culture of active involvement for as many members as possible through active engagement of the membership.

Membership is free, with few specific requirements apart from a lower age limit of 11 and no upper age limit. The Trust's Constitution sets out the role and duties of members. The details of current members are publicly available on the members section of the website.

The Members' Council

The Members' Council is made up of elected representatives and nominated members from key local partner organisations. The council's role is to make sure that the board of Directors, which retains responsibility for the day to day running of the Trust, is accountable to their local communities. Representatives from the members' council (governors) will be actively involved in key local community groups.

8.1 Legislation

Foundation Trust governor and membership arrangements – ensuring local people have a greater say in how services are provided, supporting our governance arrangements and ensuring we are accountable to local communities.

8.2 Objectives

The strategic objectives for members are set out below. Each year the objectives will be supported by an annual action plan which will be published on the Trust website. Our objectives are;

The Members' Council will work with the Communication, Equality and Engagement teams to publicise the Trust throughout the population of the area they represent and work to increase the membership of the Trust and increase enthusiastic engagement at all levels.

Quality is at the heart of delivering an outstanding service to the Trust's service users, carers, families, friends, other partners and stakeholders. The Members' Council will endeavour to ensure continuous improvement throughout the Trust by providing feedback and constructive challenge from the communities that they serve.

The Members' Council has a legal requirement to support the work of SWYPFT. It can only fulfil this role if the Governors are well trained, informed, committed and active within the Trust and the wider communities that they represent.

We will know we have got this right when;

- ✓ Our members and Members' Council reflect the population we serve
- ✓ Members feel informed
- ✓ Members feel engaged and actively involved
- ✓ Our approach to supporting members is accessible and inclusive

The achievement against each objective and the measures in place will be captured in the governor evaluations. The outcome will be presented each year at the Annual Members' Meeting. The action plan will be published each year on the website, this will be in the form of an infographic (an image which sets out the actions against each of the Trust priorities).

9. Communication

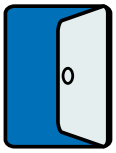
Any information and communication requirements will be supported by a planned approach to communication or a separate communication plan. We will ensure that our communication approach is;

Accessible and inclusive – to all our audiences following the accessible information standard

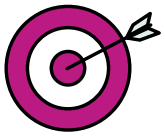
Clear and concise – allowing messages to be easily understood by all

Consistent and accountable - in line with our vision, messages and purpose

Flexible – ensuring communications and engagement activity follows a variety of formats, tailored to and appropriate for each audience



Open, honest and transparent – we will be clear from the start of the conversations what our plans are, what is and what is not negotiable, the reasons why and ultimately how decisions will be made



Insight driven and targeted – making sure we get messages to the right people and in the right way

Timely – making sure people have enough time to respond and are kept updated

Two-way – we will listen and respond accordingly, letting people know the outcome

We know that digital technology and platforms need to be fully utilised to communicate and engage with our members but we also recognise that many people do not have access to digital solutions. We will therefore use our intranet, website, social media channels and i-hub as one approach to reaching people whilst maintain face to face and accessible information and communication methods to involve and include everyone. Our approach to communication will be fully appreciative of all our audiences so we do not widen health inequalities by replacing all communications with a digital only offer.

When we do use technology, we will work closely with our information technology colleagues to make sure we are using the most up to date technology as effectively and inclusively as possible to implement our objectives; whilst being mindful of digital literacy and exclusion amongst staff and people who use our services. As the EIA will be used as a tool to identify the target audiences we serve, the Trust will create a clear and consistent narrative which will be adapted to ensure it meets the needs of the target audience and remains inclusive open and honest.

A key principle of the way we work in partnership is to build on existing communication and engagement work already in place at a local level – rather than developing new mechanisms and channels. Our focus is on informing, sharing, listening and responding.

The Trust has developed a clear brand which will be used in all our information and communication to ensure people recognise our services.

9.1 Legislation

In the delivery of our communication approach, there are several obligations we will adhere to. These are set out below:

- Accessible Information Standard – ensuring that people who have a disability, impairment or sensory loss are given information in a way that they can access and understand and any communication support that they need is identified and provided.
- NHS identity guidelines – ensuring that the NHS identity, one of the most recognised brands in the world, is consistently and clearly applied. It acts as a signpost, helping people to identify NHS organisations and services. It represents high quality care, free at the point of delivery, and evokes high levels of trust and reassurance.
- NHS standard contract – including service condition on communicating with and involving service users, public and staff. It further strengthens the requirements on providers to communicate properly with service users about their care. It adds new obligations to put in place efficient arrangements for handling service user queries promptly and publicising these arrangements to service users on websites and in appointment and admission letters.
- GDPR and data protections regulations – which protect people on the use of personal data and information. This puts an obligation on us to seek and maintain consent for the sharing of information and images.

9.2 Objectives

The strategic objectives for communication are set out below. Each year the objectives will be supported by an annual action plan which will be published on the Trust website. Our objectives are;

- Be visible, a recognised provider in communities and recognised by the population we serve.
- To ensure we always use a tone of voice that is human, professional, reliable and has people at the centre.
- Maintain and proactively support stakeholder communications including our staff, service users, carers and families, members of parliament (MPs), councillors and partner organisations.
- Maintain credibility by being open, honest and transparent throughout our communications.
- Ensure communications are in line with national and local priorities; and follows national regulations.
- Strengthen our communications and marketing approach to share success stories, receive feedback and engage and involve members, service users, carers, volunteers and partners in all we do.
- Reframe perceptions that make us known as a mental health provider by doing more to communicate the full range of our activities we can deliver.
- Further develop two-way dialogue and communications so that it becomes fully inclusive and participatory.
- Reset and stabilisation (communication and engagement support – in partnership with local place leads).
- We will raise awareness and understanding of the need for joined up health and care across the Trust and with the ICS.
- Keep public, partners and staff updated on the positive difference our partnership is making.
- Making the most of digital information – whilst supporting people to take advantage of the digital opportunities (both through access and skills development), including VCS organisations that provide invaluable support.

We will know we have got this right when;

- ✓ We are a recognised provider in all the places we serve
- ✓ Our audiences feel informed
- ✓ Our approach to communication is both accessible and inclusive
- ✓ We communicate messages that proactively reduce stigma and discrimination

The achievement against each objective and the measures in place will be captured in the annual staff and stakeholder survey. The findings from this survey will be published and will inform the following year's action plan.

10. Providing assurance/governance

This strategy is subject to Trust Board approval with delivery through the Trust's Executive Management Team. The Director of Nursing and Quality will be the lead Director who will be accountable for delivery of this strategy. This will be supported by the Director of Human Resources, Organisational Development and Estates in respect of workforce related matters and day to day support from all executive directors, deputy directors, business delivery units (BDUs) championed by the Trust chair and non-executive directors.

Implementation of the strategy will see involvement from teams across the organisation, in both business delivery units and in support service functions. Delivery will be monitored by the Trust's equality and inclusion committee, who will sign off annual action plans and agree priorities and goals with clear measurable targets to evidence progress against this agenda.

10.1 Equality and inclusion committee

The Trust's equality objectives are decided by the equality and inclusion committee (formerly the equality and inclusion forum) which was set up by Trust Board in 2015 and is a sub-committee of the Board. The committee's prime purpose is to ensure the Trust improves the diversity of its workforce and embeds diversity and inclusion in everything it does, through promoting the values of inclusivity and treating people with respect and dignity.

The committee will oversee this strategy, including the approach to positive action, to improve access, experience and outcomes for people from all backgrounds and communities, including people who work and volunteer for the organisation, those who use Trust services and their families, and those who work in partnership with the Trust to improve the health and wellbeing of local communities.

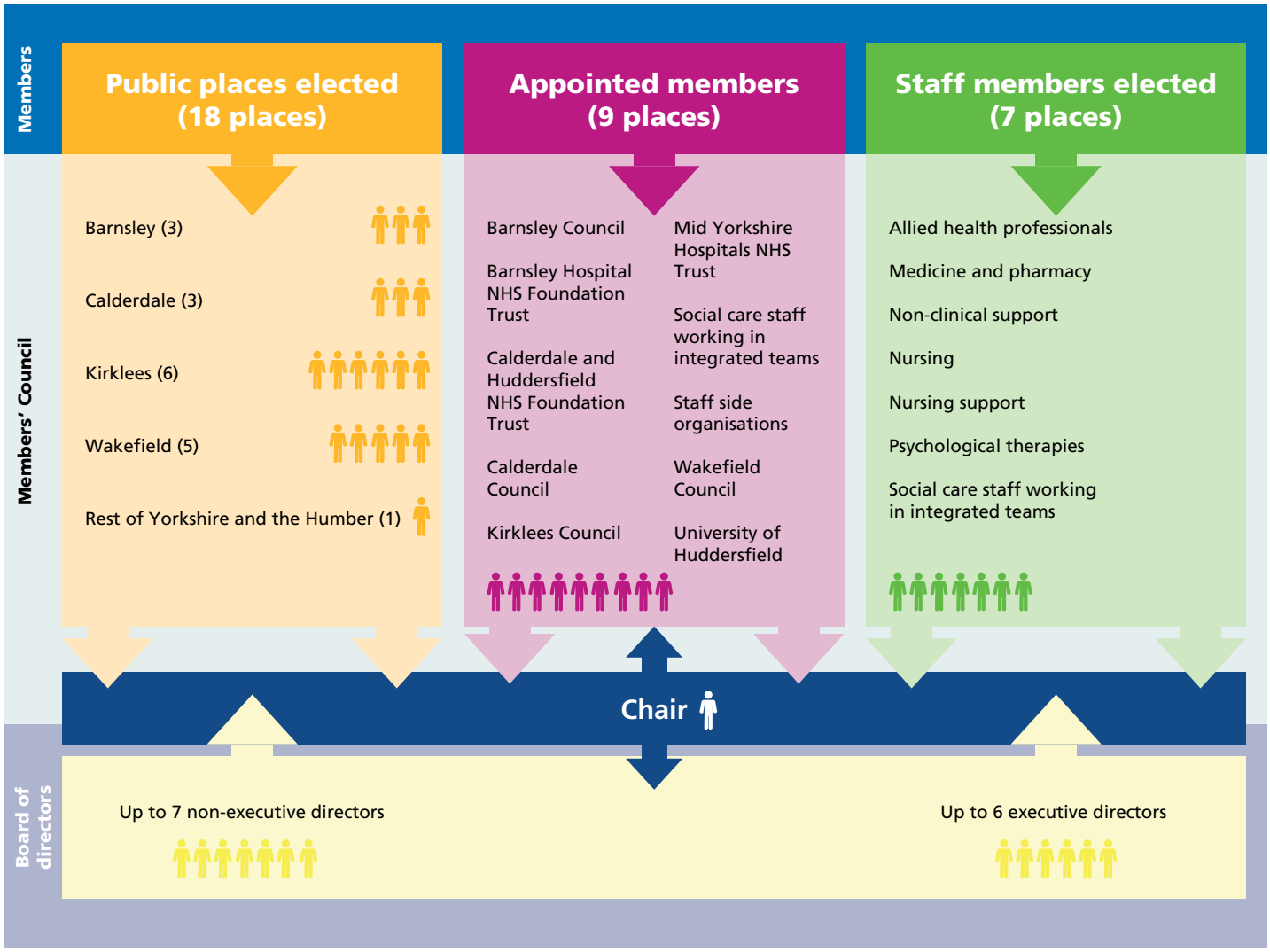
Committee membership includes the staff side representative with the lead for equality and diversity, representation from the Trust staff networks and a representative from the Members' Council. Duties of the equality and inclusion committee are:

- To promote the values of inclusivity, mainstreaming equality, diversity and inclusion across the Trust.
- To ensure a co-ordinated approach to promoting the values of inclusivity developed in partnership with other key stakeholders including service users, carers and staff and Members' Council.
- To ensure that the Trust embeds diversity and inclusion in all its activities and functions.
- To agree an annual work plan/schedule of priorities that link to the Trust's strategic direction, workforce plan and the wider transformation of services and to monitor progress.
- To ensure that as a consequence of promoting the values of inclusivity, the Trust's services comply with legal and national guidance, including EDS2, WRES (Workforce Race Equality Standard) and WDES (Workforce Disability Equality Standard).
- To provide updates to Trust Board following each meeting.

The committee will oversee this strategy which will be evaluated and updated in 2023. Progress will be monitored via the equality and inclusion committee and via an annual report to Trust Board, with a public facing summary report to demonstrate the Trust's commitment to equitable services.

10.2 Members' Council

Our Members' Council is made up of elected representatives of members, including staff and nominated members from key local partner organisations. The role of the Members' Council is to make sure the Board of directors, who are responsible for the day-to-day running of the Trust, remain accountable to our local communities. The council will play a key role in delivering the strategic objectives set out in the strategy.



11. Accountability to local people

The Trust has several established approaches, networks and relationships that remain at the centre of our approach to ensure we are inclusive and relevant to the population we serve. These established relationships are used to support us in our work. The approaches we have are set out below:

11.1 Public Board meetings

We hold eight Board meetings a year. These meetings are open to anyone – including people who use our services, their carers, our members, partner organisations, members of the public and the media. Key performance information and board meeting minutes will still be published on this website and interested members of the public are invited to submit questions to membership@swyt.nhs.uk

11.2 Freedom to Speak Up Guardians (FTSU)

Our FTSU guardian network consists of the staff governors on our Members' Council and representatives from our staff network. The guardians' role is to support the Trust to continually build a healthy culture where staff feel safe and confident to raise concerns at work. They also can provide confidential advice and support to staff in how to raise their concerns about patient/service user safety and/or the way their concerns were handled.

11.3 Staff networks

The Trust already has several staff networks and is committed to developing more. The Trust regularly involve and consult network members on areas of Trust business; each network is set up to support improvements in the workplace. Networks foster good relationships between staff, service users, carers, friends and families. This also supports our work with communities. The current networks are detailed below:

- The LGBT+ network
- The BAME network
- The Disability network
- Staff who are Carers network

Each network has been set up with a view to ensure the Trust is supportive of those from the LGBT+, BAME community and those with a disability. Demonstrating a commitment to this agenda means the Trust can promote itself as a great place to work, encouraging a diverse range of staff to join. A diverse workforce means the Trust can better reflect the population we serve resulting in better outcomes for all.

11.4 Peer support workers

Recruiting staff with a lived experience ensures that the Trust can enrich care by gaining insight from workers who have experience of services. The Trust will continue to focus on the opportunities to increase peer support worker posts. This will ensure that services remain connected to lived experience of mental health.

11.5 Membership

The Trust has a membership database covering the Trust footprint which consists of 13,000 members. Our plans are to fully utilise the database we hold. A refresh of the database will take place so the Trust can use the equality monitoring data to identify members by geography and protected group. This will enable a more targeted approach to involving members going forward. By actively engaging our members and championing membership, the Trust can ensure that we are reaching, involving and hearing the voice of individuals who have actively shown an interest in the work of the Trust.

11.6 Involving our patients, carers, families and friends

The Trust has an ongoing commitment to ensure it involves people who use our services. Inpatient areas and services include and involve people using several different approaches. Each approach is set out below;

- **Patient groups** are in place in all our inpatient areas. Each group is set up differently to meet the needs of the patients during their stay. Inpatient areas have notice boards, comments, complaints and compliments mechanisms and a range of published information to support their stay.
- **Carers support groups** are in place for some of our services. The Trust recently co-created a 'carer's passport' which describes our commitment to carers. The commitments set out what a carer can expect from our Trust. The commitment is visible in all our service settings. The Trust will continue to build on this work by creating an annual action plan for carers.
- **Creative Minds** is all about the use of creative approaches and activities in healthcare; increasing self-esteem, providing a sense of purpose, developing social skills, helping community integration and improving quality of life. Based on partnerships, Creative Minds co-funds and co-delivers a range of projects for local people. To date, Creative Minds has enabled 500+ projects, 100 sports events in partnership with 130 Creative Minds partner organisations from across all localities.
- **Spirit in Mind** is an innovative project that brings together community-based spiritual bodies in collaboration with the Trust. Working in partnership with faith leaders, the project provides an opportunity for community connections as a source of comfort and support for people who use Trust services.
- **Recovery colleges** are in each of our places: Barnsley, Calderdale, Kirklees and Wakefield. Recovery colleges offer a range of courses and one-off workshops with the aim of improving mental health through learning. Courses are co-designed with local people and focus on staying mentally healthy and well. Each course is co-delivered by people with real life experience, who work in conjunction with health professionals.
- **Trust-wide volunteer service** – 230+ volunteers and growing means that we are involving people in the day to day work of our Trust. The Trust is nationally accredited for the work it does with volunteers. Volunteers provide annual feedback on their volunteering experience using surveys and events.

11.7 Patient feedback and insight

Gathering the views of service users, carers, friends and family following an episode of care is an embedded way of working. The Trust has a customer service function which acts as a first point of contact and a patient experience function which systematically gathers feedback using several methods including 'The NHS Friends and Family Test'.

Patient experience is one element of the Quality Improvement and Assurance Team's (QIAT) portfolio. The QIAT triangulate quality information from various sources including clinical audit, service evaluation and from the Care Quality Commission. These are discussed within the wider Nursing and Quality Directorate in a weekly risk meeting.

A monthly risk and quality report is being developed by the Nursing and Quality Directorate to build upon current reporting reviewed by the Operational Management Group. This information is used to support The Trust in its Vision, Mission and Values and to inform our journey of continuous quality improvement. Annual patient experience surveys are managed by the QIAT and staff surveys managed by the human resources (HR) Directorate. Annual staff and members surveys also form part of the insight gathered on an ongoing basis. We will be working closely with our Nursing and Quality Directorate to ensure we always use what we know as a baseline.

11.8 Involving our partners in each place

The Trust is committed to playing an active role as a partner in each place. This means the Trust meets regularly with partner organisations, plays an active role in place-based planning, workshops, events and conversations. Our partners include;

- Wider health partners including Clinical Commissioning Groups (CCG) and providers
- Local government in each of our local areas
- Healthwatch organisations
- Voluntary and community sector umbrella organisations and groups
- West Yorkshire and Harrogate Health and Care Partnership
- South Yorkshire and Bassetlaw Integrated Care System

Appendix 1: Glossary of terms

Term	What it means
Foundation Trust	NHS foundation trusts provide NHS services. They were created to devolve decision making from central government to local organisations and communities.
Inequalities	The unfair situation in society when some people have more opportunities, money, etc. than other people
Systemic racism	Policies and practices that exist throughout a whole society or organisation, and that result in and support a continued unfair advantage to some people and unfair or harmful treatment of others based on race
Prejudice	Prejudice is a bias or a preconceived opinion, idea, or belief about something
Peer support	Peer support workers are people who have lived experience of mental health challenges and choose to support others receiving services
Recovery college	A Recovery College is a course of workshops that have been specifically designed to increase awareness and understanding of recovery and what it means to everyone. South West Yorkshire NHS Foundation Trust have a recovery college in Calderdale, Kirklees, Wakefield and Barnsley
Creative Minds	Creative Minds is a charity hosted by South West Yorkshire NHS Foundation Trust. Our charitable aim is to develop creative activities in partnership with community organisations that help improve the health and wellbeing of people who use Trust services
Spirit in Mind	Spirit in Mind is an innovative project that brings together community-based spiritual organisations in collaboration with South West Yorkshire NHS Foundation Trust
Mental health museum	The Mental Health Museum houses a remarkable collection of mental health-related objects that span the history of mental health care from the early 19th century through to the present day
Altogether better	Altogether Better is a project which helps health services and local people find new ways of working together – making a difference to people's lives, releasing resources, and improving services.
IAPT	Improving Access to Psychological Therapies (IAPT) is the treatment of adult anxiety disorders and depression using treatments such as talking therapies
Talking therapies	The term 'talking therapy' covers all the psychological therapies that involve a person talking to a therapist about their problems
NHS People Plan	NHS People Plan 2020/21 sets out guidelines for employers and systems within the NHS, as well as actions for NHS England and NHS Improvement and Health Education England throughout the coming months and year
Phase 3 response	The letter from Simon Stevens NHS Chief Executive setting out the priorities for the third phase of NHS Covid19 response
Integrated Care System (ICS)	ICSs are partnerships that bring together providers and commissioners of NHS services across a geographical area with local authorities and other local partners, to collectively plan and integrate care to meet the needs of their population
Sustainability transformation plan (STP)	STPs are five-year plans covering all aspects of NHS services and spending in England

Healthwatch	Healthwatch was established under the Health and Social Care Act 2012 to understand the needs, experiences and concerns of people who use health and social care
Voluntary and community sector/ Third Sector	The community and voluntary sector, or third sector is huge and incredibly diverse and covers everything from neighbourhood watch groups to social enterprises to national and international charities and everything in between
NHS Constitution	The NHS Constitution came into force in January 2010 following the Health Act 2009. The constitution places a statutory duty on NHS bodies and explains several patient rights which are a legal entitlement protected by law
Human rights Act	The Human Rights Act 1998 sets out the fundamental rights and freedoms that everyone in the UK is entitled to
SystmOne	SystmOne is a clinical IT system used by the Trust. It permits healthcare professionals to record patient information securely onto a computer. It is possible for this information to be shared with other healthcare professionals
Equality Impact Assessment	An equality impact assessment (EqIA) is a process designed to ensure that a policy, project or scheme does not unlawfully discriminate against any protected characteristic
Joint needs assessment (JNA)	A Joint Needs Assessment (JNA) looks at the current and future health and care needs of local populations to inform and guide the planning and commissioning (buying) of health, well-being and social care services within a local authority area.
Equality Act 2010	The Equality Act 2010 requires all public sector organisations to be able to show that in the development of any changes or decisions that impact people, they have shown 'due regard' to all protected groups set out in the act. Nine characteristics are protected by the Act: Gender, age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation
Public sector equality duty	The Public Sector Equality Duty states that public authorities must consider how they ensure people have equal access to services
Discrimination	Discrimination is the practice of treating one person or group of people less fairly or less well than other people or groups
Clinical commissioning group	Clinical Commissioning Groups (CCGs) commission most of the hospital and community NHS services in the local areas for which they are responsible
NHS England	NHS England is an executive non-departmental public body of the Department of Health and Social Care
NHS Trust	An NHS trust is an organisational unit within the English National Health Service, generally serving either a geographical area or a specialised function
Local Authority	A local authority is an organisation that is officially responsible for all the public services and facilities in a particular area
Quality Impact Assessment	An impact assessment is a continuous process to ensure that possible or actual business plans are assessed and the potential consequences on quality are considered and any necessary mitigating actions are outlined
Patient experience	Patient experience is what the process of receiving care feels like for the patient, their family and carers

Care opinion	Care Opinion is an online organisation where you can share your experiences of UK health and care services
NHS Choices/ website	NHS website (formerly called NHS Choices) is the public facing website of the NHS. It includes directories of local health services, information on a wide range of conditions and treatments and accessible public health information. The site also provides comparative data about healthcare providers, to help people make informed choices about their healthcare and allows patients to provide online feedback on services
Friends and family test	The NHS Friends and Family Test (FFT) was created to help service providers and commissioners understand whether patients are happy with the service provided
Equality	creating a fairer organisation in which everyone can fulfil their potential
Diversity	Recognising and valuing difference in its broadest sense
Equality Delivery System	The Equality Delivery System (EDS2) was designed by the Department of Health, and reviewed by NHS England, to help the NHS measure equality performance
Workforce Race Equality Standard WRES	The Workforce Race Equality Standard (WRES) has been developed as a tool to measure improvements in the workforce with respect to Black & Minority Ethnic (BME) staff
Workforce Disability Equality Standard (WDES)	The Workforce Disability Equality Standard (WDES) is made up of ten specific measures to help compare the experiences of disabled and non-disabled staff. Mandated through the NHS standard contract its aim is to support positive change for existing employees and enable a more inclusive environment.
Sexual Orientation Monitoring Information Standard	This standard provides the categories for recording sexual orientation but does not mandate data collection.
Overview and Scrutiny Committee	Local Government scrutiny was created by the Local Government Act 2000 which required every local authority to have a scrutiny function. Scrutiny is a way of holding the council and external service providers to account on behalf of residents
Co-production	Co-production is an approach where people work together in an equal way, sharing influence, skills and experience to design, deliver and monitor services and projects
Accessible information standard	The Accessible Information Standard is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need
NHS standard contract	NHS Standard Contract is mandated by NHS England for use by NHS commissioners for all contracts for healthcare services other than primary care
GDPR and data protections regulations	The General Data Protection Regulation (GDPR) came into force on 25 May 2018. This wide-ranging piece of legislation governs data protection requirements for any entity managing personal data across the entirety of the European Union
Care quality commission	The Care Quality Commission (CQC) regulates all health and social care services in England

Appendix 2 – Equality impact assessment

Date of assessment: November 2020

	Equality Impact Assessment Questions:	Evidence based answers & actions:
1	Name of the document that you are Equality Impact Assessing	Equality, Involvement, Communication and Membership strategy
2	Describe the overall aim of your document and context? Who will benefit from this policy/ procedure/strategy?	The single strategy replaces and combines previous strategies. The previous strategies are the Communication, Engagement and Involvement Strategy, Equality and Inclusion Strategy and Membership Strategy. The strategy is insight driven and offers a joined-up approach to delivering equality, involvement, communication and membership. Staff, governors, members and people who use our services and the communities we serve. The strategy will ensure we improve the health and wellbeing of everyone. Our inclusive approach will ensure the involvement of those who use our services, through person centred care and planning, driven by robust insight and data will put the person first and in the centre. Equality and diversity will act as the golden thread to ensure our approaches and services are inclusive and equitable so we can continue to improve and aim to be outstanding.
3	Who is the overall lead for this assessment?	• Director of Nursing and Quality • Director of Strategy • Director of Corporate Development • Director of HR, OD and Estates
4	Who else was involved in conducting this assessment?	• Staff, governors, members and people who use our services and the communities we serve • Stakeholders and partners • Equality and engagement managers
5	Have you involved and consulted service users, carers, and staff in developing this policy/procedure/ strategy? What did you find out and how have you used this information?	The timescale for developing the strategy had been delayed following the COVID19 Pandemic but the timeline and plan for involving people in the development of the strategy was successfully delivered. The findings from engagement resulted in the Trust gathering views from **720 people** from across our places and communities. The Trust also used insight from several existing sources including the Integrated Care Systems and Health watch findings, staff survey and members survey.

5 cont		Conversations also took place during the Summer with Governing Body members, staff networks, partners and equality, communication, engagement professionals across the Trust footprint. The feedback from these conversations has been positive and the integrated approach was endorsed and well received. The Equality and Inclusion Committee received the strategy on 22 September 2020 and recommended that the narrative and objectives set out in the strategy may need to be strengthened if the Trust were to demonstrate a commitment to addressing inequalities. It was also agreed that the strategy would cover a 3-year period with a review after the first year. Trust Board also received a first draft of the strategy on 29 September 2020 for comment. The timescale for developing the strategy had been delayed following the COVID19 Pandemic but the timeline and plan for involving people in the development of the strategy was successfully delivered. The findings from engagement resulted in the Trust gathering views from 720 people from across our places and communities. The Trust also used insight from several existing sources including the Integrated Care Systems and Health watch findings, staff survey and members survey. The feedback has been used to inform the strategy and accompanying action plans. People told us the areas we needed to deliver on to ensure that the strategy could meet the needs of our local population. To ensure we deliver on our **values** people told us that: • They want the Trust to be more visible • They want an honest, trusting and reciprocal relationship • They want to help us get our services right • We should 'listen before we talk' and not just come when there is a set agenda • They want a 'human to human' relationship built on dignity and respect • They want to feel valued when they work with us
5 cont		People told us **our approach** should be • To communicate in plain jargon free language appropriate to the target audience • To use images and pictures with accompanying clear, short and to the point text • To go where people are • To use our assets and networks to involve and include people • To reimburse any out of pocket expenses and think about other support requirements when involving people • To provide feedback on what we have done, remain accountable and demonstrate real improvements through involvement and inclusive approaches

5 cont		To ensure we deliver on our **Equality Duty** we need to: • Ensure people who do not have English as a first language feel equally treated • Have support and access to conversations to ensure they can contribute • Make sure the use of internet, social media and computers are part of but not the main source of information • Use large print and different languages in posters and produce information in audio • Employ bilingual speaking staff • Demonstrate an understanding of community, culture and belief • Use local community contacts including faith leaders to support mental health and well-being • Posters and leaflets need to also be in Urdu and other community languages • Use community images to reflect the audience in printed material • Use symbols and images more than the written word • Help break the mental health taboo and barriers that exist in Asian communities by working with those communities
6	What equality data have you used to inform this equality impact assessment?	Population statistics for our localities in respect of race equality, disability, gender, age and sexual orientation, religion and belief, marriage and civil partnership from census data. We also have access to JNA and public health profiles for our localities. **The communities we serve:** In all communities the 2011 census tells us there is on average across all areas there is a 1% difference in the population reported as male and female, with female reporting higher. Across all ages Calderdale has the highest 0-15 population at 19.6% and Barnsley has a higher working age population 30-44 at 26% and older population 60+ at 23.8%. Christianity and Islam respectively are both the highest reported religion and belief. We know that White British people make up 87% of our region's local authority population, more than the England average of 81%. The other main minority groups include Black or Black British people comprised 1%, less than the England average of 3%, while Asian or Asian British people comprised 8%, the same as the England average (2011 census). The local authorities with the largest proportions of Asian people are Kirklees (16%) and Calderdale (8%). This profile is likely to change significantly over the next 20 years with BME groups accounting for almost 80% of the UK's population growth (Policy Exchange, 2014). We know that those who report having a disability that impacts them a lot is higher than the census 2011 national average of just over 4% in our local areas range from 8% to over 13% in the communities the Trust cover.

6 cont		**Workforce data** As per workforce annual report 2020 The Trust currently employs **4,328** staff delivering a range of services including mental health, learning disability, forensic, some physical health and an extensive range of community services. • The Trust split of 77.9% female to 22.1% male is reflected approximately across most areas, except for Medical Staff (36%/64%). As in previous years, female staff make up over three quarters of Trust staff • As in previous years, the highest number of Trust staff fall in the age bands 40-49 and 50-59 with over 55% of the total staff being between 40 and 59. Just over 42% of medical staff are between 40 and 49. Support Services have the highest percentage of staff in the 60-69 age bands with 14% (102) being 60 or over • The data shows that 6.1% of our staff consider themselves to have a disability, the same figure as last year. The total number of staff is 266, this is an increase of 11 since last year. • The Trusts staff profile has a larger White British representation than the local demographic of the people that it serves collectively. Trust wide, 90% of the total staff in post are white British which is similar to previous years and equates to an over-representation of 1.3% (last year 1.1%). Mixed race staff are underrepresented by 0.2%, Chinese staff are over-represented by 0.2%, Black staff are over-represented by 1.6% and South Asian staff are under-represented by 3.2%. However, the Trust's local demographic has large variation in BAME representation and there is a significant under-representation of South Asian staff in Kirklees/Calderdale (exact figures not available due to mixed teams) • The number of staff who have not stated their religious belief (Unknown) has decreased slightly from 2018 (23%) to just below 21% currently. Staff reported as 48% Christianity, 3%Islam, 12% other and 17% Atheism. • There has been a significant increase in the number of staff reporting their religion and sexual orientation. Currently 83% of staff have provided data indicating their sexual orientation, which is a slight improvement on last year's figures.
		Volunteers review 2020 The diversity of volunteers recruited by the Trust will be improved following a targeted piece of work to reach communities which highlighted several recommendations. The current position for volunteers is reported below and the service will aim to ensure the volunteer offer is reflective of the communities we serve.

Ethnicity	Number
Arab	1
Asian or Asian British Chinese	1
Asian or Asian British Indian	3
Asian or Asian British Pakistani	4
Black British	1
Black or Black British African	2
Black or Black British Caribbean	2
Black or Black British Other	1
Caribbean	1
Mixed White & Black Caribbean	1
White British	210
White Irish	4
White Other	3
Not Stated	2
Cognitive Delay	4
Learning Disability	5
Long Term Condition	5
Mental Health	102
No Disability	93
Other	8
Physical Impairment	13
Blank	6
Bi-Sexual	9
Gay	8
Heterosexual	195
Lesbian	6
Transgender	0
Prefer not to say	13
Blank	5
Agnostic	2
Buddhist	3
Christian	127
Hindu	1
Jewish	1
Muslim	6
No Religion	66
None stated	3
Other	16
Prefer not to say	7
Blank	4
No of Volunteers	236

7	What does this data say?	The local population we serve and the staff who work in our services represent a diverse population. Our public sector equality places a legal duty to ensure we do not discriminate and ensure fair and equal access to our services making sure they are cultural appropriate and that working conditions for staff offer equality of opportunity in employment and development. From the figures shown in the data there is more work to do to ensure that our services reach and support our diverse population and that workforce and volunteers continue to reflect and represent the population we serve. This work will be reflected in the annual action plan for equality and inclusion, workforce and volunteers.	
8	Taking into account the information gathered above, could this strategy affect any of the following equality group unfavourably:	No	Evidence based answers & actions. Where negative impact has been identified please explain what action you will take to remove or mitigate this impact. The purpose of the strategy is to support an equality competent and inclusive organisation who involve people to ensure care is person centred, environments and services are inclusive and accessible, culturally appropriate. This approach supported by clear, accessible timely information and communication and membership will help to achieve this ambition. In addition to the strategy each discipline will co-develop an action plan. Action plans will drive the work required to deliver the strategy in workplace settings, service settings and in the communities we serve. Working with partners and stakeholders the strategy will demonstrate through clear metrics and measures year on year improvements for people with protected characteristics and carers, families and friends to ensure we improve the lives of everyone. The strategy will have a positive impact on the groups set out below and will drive service improvements to ensure the voice of these groups is gathered, recorded, reflected and considered in the decisions we make as a Trust. **Each of our services has an Equality Impact Assessment (EIA)** which sets out the intended audience for this strategy. It is worth noting that the Trust have services in North Leeds, Sheffield, Rotheram and Doncaster and this information will be used to support services in those areas. The information below describes the demographic makeup of the communities we serve, and figures are based on the 2011 census. The Trust will update these figures following the information from the census due in 2021.

<table>
<tr>
<td>8.1</td>
<td>Race</td>
<td>No</td>
<td>The Trust need to consider services which meet the needs of our diverse population. Specific targeted work to ensure the diverse population of Kirklees are served well and the emerging growth of an Asian population in Wakefield will be considered in all service development and delivery.

Race equality
<table>
<tr><td></td><td>White</td><td>Asian</td><td>Black</td><td>Mixed</td><td>Chinese & Other</td></tr>
<tr><td>England % av.</td><td>85.5</td><td>5.1</td><td>3.4</td><td>2.2</td><td>1.7</td></tr>
<tr><td>Kirklees</td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>% average</td><td>79.1</td><td>15.7</td><td>1.9</td><td>2.3</td><td>0.7</td></tr>
<tr><td>Barnsley</td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>% average</td><td>97.9</td><td>0.7</td><td>0.5</td><td>0.7</td><td>0.2</td></tr>
<tr><td>Calderdale</td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>% average</td><td>89.6</td><td>7</td><td>0.9</td><td>1.3</td><td>0.6</td></tr>
<tr><td>Wakefield</td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>% average</td><td>95.4</td><td>2.6</td><td>0.77</td><td>0.9</td><td>0.29</td></tr>
</table>
Taken from Census 2011 for each area</td>
</tr>
<tr>
<td>8.2</td>
<td>Disability</td>
<td>No</td>
<td>Across all communities the Trust will ensure that services remain fully accessible due to a higher than national average proportion of people whose day to day activities are limited ‘a lot’ by their disability. We will use the service EIA to ensure we fully understand the nature of the disability so we can adjust and adapt our services according to need, remaining person centred throughout.
Disability groups

Disability groups
<table>
<tr><td></td><td colspan="3">Day to day activities limited by disability</td></tr>
<tr><td></td><td>Not at all</td><td>A little</td><td>A lot</td></tr>
<tr><td>England % av.</td><td>47.2</td><td>13.2</td><td>4.2</td></tr>
<tr><td>Kirklees</td><td></td><td></td><td></td></tr>
<tr><td>% average</td><td>45.5</td><td>12.5</td><td>13.7</td></tr>
<tr><td>Barnsley</td><td></td><td></td><td></td></tr>
<tr><td>% average</td><td>76.1</td><td>11.3</td><td>12.6</td></tr>
<tr><td>Calderdale</td><td></td><td></td><td></td></tr>
<tr><td>% average</td><td>56.5</td><td>12.2</td><td>13.8</td></tr>
<tr><td>Wakefield</td><td></td><td></td><td></td></tr>
<tr><td>% average</td><td>77.93</td><td>9.33</td><td>8.31</td></tr>
</table>
Taken from Census 2011 for each area</td>
</tr>
</table>

<table>
<tr>
<td>8.3</td>
<td>Gender</td>
<td>No</td>
<td>Gender equality is reported as part of our workforce approach and services continue to ensure environments and workplaces remain gender sensitive and appropriate.

<table>
<tr><td></td><td>Male</td><td>Female</td></tr>
<tr><td>England % av.</td><td>49.2</td><td>50.8</td></tr>
<tr><td>Kirklees</td><td></td><td></td></tr>
<tr><td>% average</td><td>49.4</td><td>50.6</td></tr>
<tr><td>Barnsley</td><td></td><td></td></tr>
<tr><td>% average</td><td>49.1</td><td>50.9</td></tr>
<tr><td>Calderdale</td><td></td><td></td></tr>
<tr><td>% average</td><td>48.9</td><td>51.1</td></tr>
<tr><td>Wakefield</td><td></td><td></td></tr>
<tr><td>% average</td><td>49</td><td>51</td></tr>
</table>

Taken from Census 2011 data</td>
</tr>
<tr>
<td>8.4</td>
<td>Age</td>
<td>No</td>
<td>The Trust provides services to children and young people through to older age adults. The table reflects the population age of the communities the Trust serve and there is increasing evidence that Barnsley represent a higher than average older population and Calderdale a higher than average age range of 0-15 age range. The Trust will ensure that information, communication and environments support people of all ages.

<table>
<tr><td></td><td>0-15</td><td>16-29</td><td>30-44</td><td>45-64</td><td>65+</td></tr>
<tr><td>England % av.</td><td>18.9</td><td>18.6</td><td>20.3</td><td>22.4</td><td>16.9</td></tr>
<tr><td>Kirklees</td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>% average</td><td>15.8</td><td>18.5</td><td>20.3</td><td>22.2</td><td>15.8</td></tr>
<tr><td>Barnsley (2011 data)</td><td></td><td>16-24</td><td>25-44</td><td>45-59</td><td>60+</td></tr>
<tr><td>% average</td><td>18.5</td><td>10.8</td><td>26</td><td>20.9</td><td>23.8</td></tr>
<tr><td>Calderdale</td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>% average</td><td>19.6</td><td>16.4</td><td>20.1</td><td>24.2</td><td>16.6</td></tr>
<tr><td>Wakefield</td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>% average</td><td>18.4</td><td>17.2</td><td>19.6</td><td>24.2</td><td>17.6</td></tr>
</table>

Taken from Census 2011 data</td>
</tr>
</table>

<table>
<tr><td>8.5</td><td>Sexual orientation</td><td>No</td><td>The Trust will improve on the recording of sexual orientation in line with the ‘Sexual Orientation Monitoring standard’ so the Trust can ensure that services and workforce adequately represent the population they serve. The 2020/21 census may contain further baseline information which can be used to support the Trust understanding further. A campaign to support better data collection will improve our reporting.</td></tr>
<tr><td>8.6</td><td>Religion or belief</td><td>No</td><td>Faith and spiritual care and support in an important component of person-centred care provided. The Trust have a spirit in mind service who play a central role in engaging faith and spiritual leaders in the communities we serve and involving them in the work of the Trust. Understanding religion and belief plays an important role in driving our offer.

The information below tell us that Calderdale and Kirklees require a focus on Muslim faith, with Christian faith representing a large proportion of people who use our services in all areas. Other faiths will be reflected in geographical areas and in line with service EIAs and person-centred care and planning.

<table>
<tr><th></th><th>Christian</th><th>Buddhist</th><th>Hindu</th><th>Jewish</th><th>Sikh</th><th>Muslim</th><th>Other</th><th>No religion</th></tr>
<tr><td>England % av.</td><td>71.8</td><td>0.3</td><td>1</td><td>0.5</td><td>0.7</td><td>10.1</td><td>0.2</td><td>15.1</td></tr>
<tr><td>Kirklees</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>% average</td><td>67.2</td><td>0.2</td><td>0.3</td><td>0.1</td><td>0.7</td><td>10.1</td><td>0.2</td><td>14</td></tr>
<tr><td>Barnsley</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>% average</td><td>59.4</td><td>0.5</td><td>1.5</td><td>0.5</td><td>0.8</td><td>5</td><td>0.4</td><td>24.7</td></tr>
<tr><td>Calderdale</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>% average</td><td>60.6</td><td>0.3</td><td>0.3</td><td>0.1</td><td>0.2</td><td>7.8</td><td>0.4</td><td>30.2</td></tr>
<tr><td>Wakefield</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>% average</td><td>66.4</td><td>0.16</td><td>0.25</td><td>0.04</td><td>0.12</td><td>2.0</td><td>0.3</td><td>24.4</td></tr>
</table>
Taken from Census 2011 data</td></tr>
<tr><td>8.7</td><td>Transgender</td><td>No</td><td>A trans equality policy aimed at workforce and people who use services will be co-designed and the approach endorsed by partner organisations. The policy and agenda for transgender people will remain a key focus and data collection will be reviewed and improved using a campaign to support improvements to disclosure and recording. The 2020/21 Census report may provide further baseline data.</td></tr>
</table>

<table>
<tr><td>8.8</td><td>Maternity & Pregnancy</td><td>No</td><td>Workforce policies and services aimed at maternity and pregnancy will be co-designed with people who represent this group. Peer support worker roles in areas of work that support people with maternity and pregnancy mental health issues are increasing, this ensures that lived experience is reflected in our service offer.</td></tr>
<tr><td>8.9</td><td>Marriage & civil partnerships</td><td>No</td><td>Marriage and civil partnerships will be recorded in line with workforce recruitment and selection procedures and as part of person-centred care and planning.

<table>
<tr><th></th><th>Married</th><th>Single</th><th>In a [registered] civil partnership</th><th>Divorced</th><th>Widowed</th><th>Separated</th></tr>
<tr><td>England % av.</td><td>46.6</td><td>34.6</td><td>0.2</td><td>9.0</td><td>6.9</td><td>2.7</td></tr>
<tr><td>Kirklees</td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>% average</td><td>48.4</td><td>32.4</td><td>0.2</td><td>9.3</td><td>6.8</td><td>2.8</td></tr>
<tr><td>Barnsley</td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>% average</td><td>46.6</td><td>34.6</td><td>0.2</td><td>9</td><td>6.9</td><td>2.7</td></tr>
<tr><td>Calderdale</td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>% average</td><td>46.7</td><td>32.1</td><td>0.3</td><td>10.5</td><td>7.3</td><td>3.0</td></tr>
<tr><td>Wakefield</td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>% average</td><td>48.2</td><td>30.9</td><td>0.18</td><td>10.5</td><td>7.5</td><td>2.6</td></tr>
</table>

Source unknown</td></tr>
<tr><td>8.10</td><td>Carers (Our Trust requirement)</td><td>No</td><td>It’s likely that every one of us will have caring responsibilities at some time in our lives with the challenges faced by carers taking many forms. Many carers juggle their caring responsibilities with work, study and other family commitments. Some, younger carers, are not known to be carers and this means that the sort of roles and responsibilities that carers must provide varies widely.

Within the local footprint of South West Yorkshire Partnership NHS Foundation Trust, there is an estimated 160,000 unpaid carers.

The Trust will continue to record carers as part of equality monitoring and continue to develop and deliver actions to support carers as part of the strategy action plans.</td></tr>
</table>

9	What monitoring arrangements are you implementing or already have in place to ensure that this policy/ procedure/ strategy: -	This strategy is subject to Trust Board approval with delivery through the Trust's Executive Management Team. The Director of nursing and quality will be the lead director who will be accountable for delivery of this strategy. This will be supported by the Director of Human Resources, Organisational Development and Estates in respect of workforce related matters, and day to day support from all executive directors, deputy directors, business delivery units (BDUs) championed by the Trust chair and non-executive directors. Implementation of the strategy will see involvement from teams across the organisation, in both business delivery units and in support service functions. Delivery will be monitored by the Trust's equality and inclusion committee, who will sign off annual action plans and agree priorities and goals with clear measurable targets to evidence progress against this agenda. The committee will oversee this strategy, including the approach to positive action, to improve access, experience and outcomes for people from all backgrounds and communities, including people who work and volunteer for the organisation, those who use Trust services and their families, and those who work in partnership with the Trust to improve the health and wellbeing of local communities. Committee membership includes the staff side representative with the lead for equality and diversity, representation from the Trust staff networks and a representative from the members' council. Duties of the equality and inclusion committee are: Progress will be monitored via the equality and inclusion committee and via an annual report to Trust Board, with a public facing summary report to demonstrate the Trust's commitment to equitable services. Current governance processes include monitoring of WDES/ WRES and EDS2 indicators and customer service and patient experience data capture processes.

9a	Promotes equality of opportunity for people who share the above protected characteristics	The Trust ensure that all **training is recorded and monitored**, study leave forms are completed and that training outcomes are identified through formal learning needs analyses. From the workforce data in 2020 the Trust sees no adverse barriers to training access for any of its staff regardless of their ethnicity, disability or sexuality. The number of coursed accessed exceeds the Trust population for BAME, disabled and LGBT+ staff. **Development of BAME staff** – The Trust supports the BAME network, the development of both 'Stepping Up' and "Ready Now", the NHS Leadership Academy inclusive leadership programmes; and partnering with Bradford District Care Trust on the 'Moving Forward' programme. **Supporting staff with a disability** – Continuing to focus on improving staff disability experience remains a priority, and we have established a Staff Disability network across the Trust and are implementing the Workforce Disability Equality Standard (WDES). The Trust encourages all staff to access Occupational Health and wellbeing services, access health checks and attend Trust wellbeing workshops. **A representative workforce** that is reflective of its localised need – The Trust considers workforce diversity issues as part of our annual planning process and will continue to support the 'New Horizons' project, working with schools and engaging with local communities in the areas of mental health awareness, employability skills and promoting the NHS as an employer of choice, particularly regarding apprenticeships and HCSW opportunities in the Trust. The Trust is continuing with its participation in the Insight programme which seeks to increase Trust Board BAME representation.
9b	Eliminates discrimination, harassment and bullying for people who share the above protected characteristics	Harassment & Bullying – The Trust has introduced a new model for preventing Harassment and Bullying and has 12 months communications plan. A senior leadership forum with a focus on Making SWYT A Great Place to Work is being rolled out and will include local action plans on creating a team culture to prevent harassment and bullying. The RACE Forward network has been established to review the approach to harassment and bullying from service users, carers and visitors.
9c	Promotes good relations between different equality groups	The Trust values promote good relations and these form part of recruitment, training and appraisal functions. Other areas are: • Mandatory training • Staff Networks • WRES and WDES monitoring information • Race forward • Accessible information standard • Translation and interpreter services

9d	Public Sector Equality Duty – "Due Regard"	The Equality Delivery System (EDS2) captures our progress against several standards. These standards are reported on each year and a report is shared at the Equality and Inclusion Committee who identify a grading for the Trust. EIAs are routinely completed at a service level and updated every 3 years. These documents are used in the planning and development of services. A short form EIA and process supports decisions a that are required urgently. Each assessment has an identified action plan to support service improvement. The voice of people who use our services is captured using feedback and involvement. All activity is equality monitored and the findings are reported for each protected group to ensure the reach and audience are reflective of the target audience and that any differential impact is recorded and considered.
10	Have you developed an Action Plan arising from this assessment?	There will be an annual action plan, plans will be published on the website. Each plan will be co-designed, and progress monitored by the Equality and Inclusion Committee. The action plans will be for; • Equality and Inclusion • Involvement • Communication • Membership
11	Assessment/ Action Plan approved by (Director Lead)	Sign: Dawn Pearson on behalf of Tim Breedon Date: November 2020 Title: Director of Nursing and Quality
12		Once approved, you must forward a copy of this Assessment/Action Plan to the Equality and Engagement Development Managers: Aboobaker.bhana@swyt.nhs.uk Zahida.mallard@swyt.nhs.uk Please note that the EIA is a public document and will be published on the web. Failing to complete an EIA could expose the Trust to future legal challenge.