NHS
South West Yorkshire Partnership
NHS Foundation Trust

Equality and diversity annual report

2020 - 2021

With **all of us** in mind.

1. Introduction

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.

In the reporting period 2020-2021 our Trust alongside all health and social care services has undergone rapid changes to respond to the global public health emergency presented by the coronavirus pandemic (COVID-19). The pandemic has further exposed the gross inequalities in our society.

These inequalities in health and barriers to accessing services alongside systemic and institutionalised racism and discrimination have been a key focus this year. 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 Trust and as a partner in our places and wider healthcare systems.

Whilst we know there is still much more that we need to do, this year the Trust has made significant progress in delivering on our equality and public sector equality duty and work is progressing at pace to ensure we continue to build on our progress in the forthcoming year and beyond.

2. About the Trust

We are South West Yorkshire Partnership NHS Foundation Trust, 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 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. 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 are a value-based organization, this means our values are followed by all our staff and underpin everything we do:

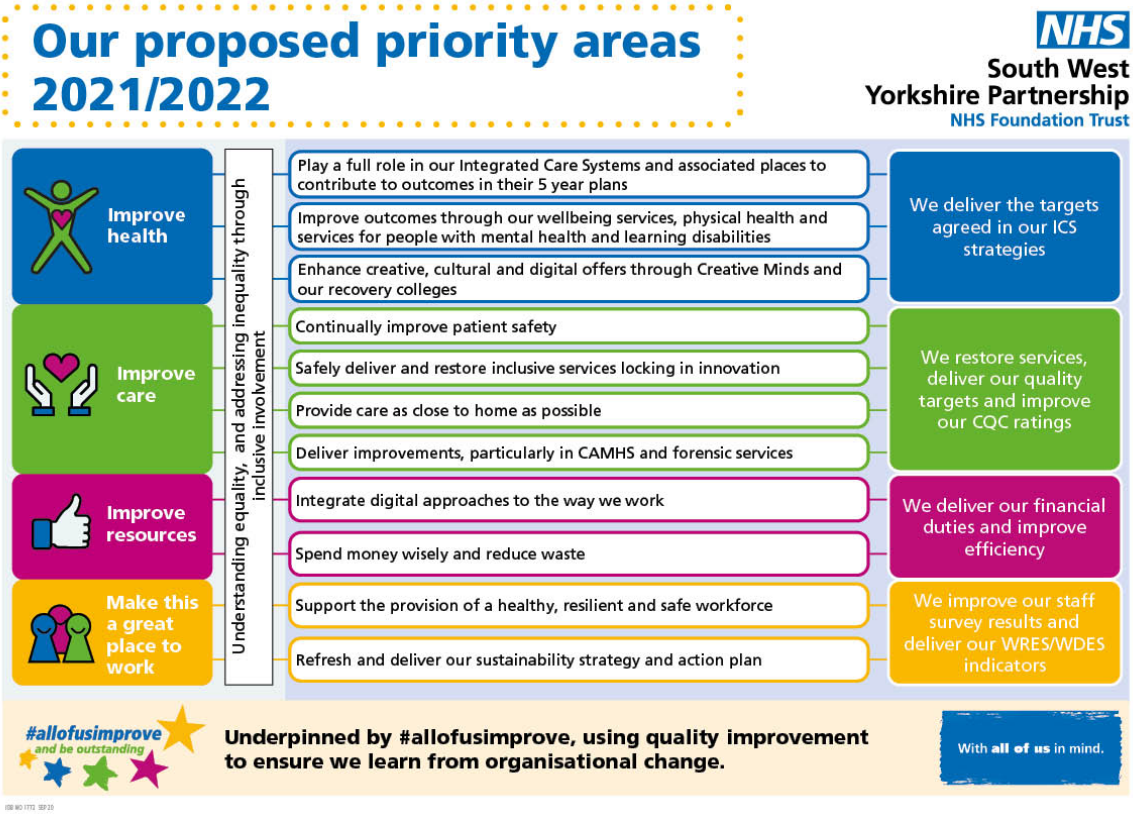
- We put the person first, and in the centre
- We know that families and carers matter

- 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 our use of resources
- ✓ Make this a great place to work

Our priorities for 2021/2022 are driven by understanding equality, and addressing inequality through inclusive involvement. This is the consistent theme that runs through everything that we do driven by our Equality, Involvement, Communication and Membership Strategy.



3. Our strategic approach to equality and diversity

During the period 2020-2021 the Trust has created a single strategy with equality as the key driver. The integrated approach replaced three existing strategies and aligned them into one current strategy. The previous strategies were a Communication, Engagement and Involvement Strategy, an Equality and Inclusion Strategy, and a Membership Strategy.

The integrated 'Equality, Involvement, Communication and Membership Strategy' has been developed over the reporting period. Using the views of over 720 people including our diverse community (see full report here), the new strategy is insight driven and offers a joined-up approach to delivering equality, involvement, communication, and membership.

The strategy is supported by accompanying annual action plans to ensure that the Trust has an integrated approach to improve the health and wellbeing of everyone. Our approach has always been to live our values and *'put the person first and in the centre,'* ensuring the involvement of those who use our services is representative, that care is person centred and that our services are driven by robust insight and data.

4. Progress during the period 2020-2021

As a Trust we are proud of the progress we have made. Despite the pandemic and increased pressure on both staff and services the Trust has continued to build on the previous years' achievements. Some of the highlights from this year are set out below:

We know we have got it right when	Our progress
We can demonstrate an improvement in outcomes and experience for people who use our services.	✓ The Trust has co-designed and launched a **carer's passport** which is now being rolled out across our Trust. The passport will ensure that carers get the support they need. ✓ We continue to support people's **religious and spiritual needs** by providing a multi-faith room in our inpatient settings. ✓ **Co-action study to identify cultural competency** in both forensic services and CAMHS and a chance to replicate the approach in other services. ✓ We have reviewed ourselves against **the Accessible Information Standard** to ensure that people who have a disability, impairment or sensory loops receive information in a way they can access and understand, and that any communication support they need is identified and provided. Continuing to work in partnership with Language Empire, our interpreting, translation, and transcribing provider. ✓ As part of **Active Calderdale**, we have employed a change and innovation facilitator to work alongside our community teams to get physical activity embedded into care plans. This post is a new role and the postholder has developed a collaborative plan for this work. ✓ We work closely with our **advocacy partner organisations** to gain insight about the experience of those who access our services. The acute care forums in Barnsley and Wakefield have representatives from the advocacy services in attendance. ✓ We have reviewed our communications request form to include the 10 most common **translation requests** and request this at the design stage to guide people to producing accessible versions.

	✓ **Digital inclusion** work is progressing, including the launch of 'CHATpad', which is available for service users on all wards to support contact with loved ones, advocacy and capturing views. ✓ Continued compliance of mandatory **equality training,** at 95% throughout the pandemic. This included a specific focus on transgender awareness through training, and an annual celebration event arranged by BAME staff network to support understanding of systemic racism. ✓ Dedicated piece of work to develop a **data set to inform access, waiting times** starting with people from a BAME background
We can demonstrate meaningful engagement with communities to understand population needs, strengths and experiences.	✓ The **development of a co-created and integrated strategy** for 'Equality, Involvement, Communication and Membership' and accompanying annual action plans. ✓ Ensuring that our Trustwide **digital strategy has a strong focus on our communities** and protected groups to address digital exclusion and promote digital inclusion. ✓ Working as a **partner in the wider integrated care systems (ICS) to develop and drive campaigns** such as 'looking out for your neighbour', 'suicide prevention and awareness' and 'root out racism'. This includes being part of a hate crime podcast and other promotional materials and films featuring Trust staff. ✓ Our '**Choose well for mental' health guide** was co-designed with staff, service users, carers and families and is available on our website to download. This includes easy read and Urdu versions ✓ The Trust **value led recruitment approach** recruits public panels resulting in a diverse range of service users, carers and volunteers who are now able to attend recruitment of senior roles (band 7 and above). This means that there is BAME representation on all senior appointments which will be extended to all key appointments. ✓ **Recovery colleges** in each of our places (Barnsley, Calderdale, Kirklees, and Wakefield) have invested in dedicated websites. The websites went live in July 2020, during the pandemic, to ensure people can continue to access courses as a part of a digital offer. ✓ **An investment in the Third Sector** to map and support relationships with communities in each of our places to ensure we reach diverse groups ✓ The development of a **quarterly insight report,** including equality themes to capture feedback from communities, governors, and partners such as Healthwatch. ✓ The **Calderdale Creativity and Cultural programme** has been developed over several years, following the approval of the living a larger life creativity arts and culture strategy, supported by the Calderdale Health and Wellbeing Board.
The Trust has a representative workforce that demonstrates we are reflective of our population and exemplars in employing	✓ **Dedicated equality and inclusion task force and BAME staff workforce taskforce** to support our work to address health inequalities through the pandemic, including leading on dedicated BAME workforce support. This involves a BAME staff wellbeing practitioner, accelerated risk assessments, dedicated intranet resources and a BAME workforce WRES (workforce race equality standard) lead.

people with lived experience.	✓ The Trust has further developed a **coaching and mentoring framework**. This includes the provision of coaching via 'Crucial Conversations', 360-feedback, peer coaching and executive coaching programmes to which we have added medical mentoring and reciprocal mentoring for our BAME staff. ✓ A new **staff network for carers**, partner network for carer organisations and the launch of a carers passport which resulted in the appointment of a dedicated carers lead for the Trust ✓ A dedicated programme of work to **roll out peer support workers** and ensure lived experience is part of our approach has resulted in the development of a dedicated training programme and increase in internal posts. ✓ The Trust remains committed to **Project Search** in partnership with Mid Yorkshire Hospitals NHS Trust. The project is a pre-employment programme which helps young people with learning disabilities gain the skills they need to obtain meaningful paid employment. Due to Covid-19 restrictions an internship has not been possible, however, the commitment remains, and we intend to offer an internship when appropriate.
All services will have an equality impact assessment (EIA) with annual review and delivery of actions monitored through governance arrangements.	✓ A focus on **using and improving equality impact assessments (EIA) to drive our work,** including a dedicated COVID-19 EIA to ensure impacts during the pandemic were collated and impacts mitigated against. ✓ A **quick decision EIA** and process to ensure decisions made during the pandemic considered impact as part of urgent planning. ✓ **Ongoing monitoring of EIA compliance.**
All change programmes will be co-produced where appropriate and include equality considerations informed by EIA.	✓ A **recovery and reset toolkit for staff** which includes a clear steer on ensuring equality, diversity and insight is central to decision making. ✓ A **clear process for change programmes** using a checklist and dedicated inbox to assess EIA and approach for involvement at the beginning of a programme of work.
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.	✓ Targeted work to encourage staff whose **disability data** is recorded as null/not known to update their status on the Electronic Staff Record (ESR), resulting in a significant reduction in the percentage of staff with an undeclared/unknown status. ✓ **Improvements in collecting and reporting on equality data** during the pandemic and for use in service settings, including a live dashboard for vaccine roll out and take up. ✓ Progress of a **campaign to increase data collection.**
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	✓ **Part completion of EDS2** 3&4 (with 1&2 due in December 2021) includes our Workforce Race Equality System (WRES) and Workforce Disability Equality System (WDES) data and survey results.
We will monitor any complaints and	✓ **Monitoring systems** in place using Datix recording to identify and flag incidents.

reported incident about access to services where discrimination was a factor.	✓ **Process in place** to ensure incidents are recorded and reported and individuals supported.
An increase in positive stakeholder perceptions via Friends and Family Test and feedback via customer services and dedicated surveys.	✓ **Capturing consistent equality data** when gathering views and patient experience, in line with census data. ✓ A Trust wide survey toolkit to support the **collection of patient experience and feedback** allowing for a central collection of data and equality monitoring ensuring insight is reflective and equality themes highlighted.
Our staff wellbeing survey results see improvements in feedback regarding equality of opportunity in training, support and career progression.	✓ A **'Moving Forward Plus'** pilot programme is currently underway as a part of our inaugural talent programme. ✓ Our next **shadow board programme** is planned for August to December 2021 and is targeted at staff from under-represented communities and/or with protected characteristics. ✓ We further developed the **leadership programmes for medical and clinical leaders** in 2020/21 including further masterclasses, access to 'Introduction to Leading & Managing', and launched a 'Medical Leadership Development Programme' in January 2021 for new medical consultants. ✓ A review and refresh of our **Leadership and Management Development strategy** has been completed. 'Stepping Up' and 'Ready Now' programmes are embedded into our Leader and Manager (L&M) Pathway. Access for staff will continue when NHS Leadership Academy programmes resume these programmes, post-pandemic. ✓ As a Trust, we piloted a **Reciprocal Mentoring programme** in 2019/20, subsequently incorporated into our refreshed L&M Pathway with two further cohorts commencing in May 2021, access to which has also been extended to all staff with protected characteristics.
NHS staff survey feedback will report increased staff satisfaction with equality of opportunity.	✓ The Trust has also established a clinical network, called **Race Forward**, to reduce bullying and harassment from service users and carers on staff from BAME backgrounds. ✓ **Workplace health and wellbeing** has been a key priority for 2020/21. Actions included a dedicated health and wellbeing practitioner for BAME staff members and intranet support during the pandemic. ✓ Building on the previous work undertaken to tackle bullying and harassment issues we are establishing and developing **civility and respect champions across services and teams** to support local action plans and improve team cultures. A champion has been recruited from the disability staff network.

5. A focus on addressing inequalities in health

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. We know that there are differential impacts on different groups in our population and this will have an impact on health and wellbeing outcomes.

If you have experience of a mental health problem or have a learning disability your years of life will be reduced. Black, Asian, and Minority Ethnic (BAME) staff and service users are also more likely to experience poor health. People from Gypsy, Roma and Traveller communities face large barriers to accessing services. People with a physical or sensory disability experience impacts relating to communication, information, and the built environment. Those living in our more deprived areas have a lower average life expectancy and there is evidence that LGBT+ people have disproportionately worse health outcomes. This year we have focussed on addressing the 8 health inequalities highlighted in 'Urgent actions to address 8 inequalities in NHS provision and outcomes'.

5.1 Action1: Protect the most vulnerable from COVID19

Our response:

- Trustwide COVID-19 EIA and research toolkit.
- Quick decision EIA to support response to COVID-19.
- Equality, involvement, communication, and membership strategy and supporting Involvement and Equality action plans which set out our approach, co-designed principles, and specific actions to address inequalities across the Trust.
- Insight composite report to inform recovery using insight from Healthwatch and place-based engagement – key themes identified, and insight fed into recovery.
- Trustwide patient engagement and experience toolkit with mandatory equality monitoring to capture feedback.
- Process now in place for working with communities. A spreadsheet has been set up to capture insight from the process and to map target audience and reach by protected group.
- Co-action study in service settings with individual action plans to ensure service improvement.
- Community reporter programme including specific funding for a BAME lead to support community engagement in North Kirklees.

5.2 Action 2: Restore NHS services inclusively

Our response:

- Recovery toolkit with a requirement to update EIAs and a 'checklist' to ensure patient experience and involvement are part of a planned recovery approach if changes to services, redesign or developments are part of recovery.
- Joint Strategic Needs Assessment (JSNA) used to support EIAs, which are in place for every service, including an action plan to mitigate impacts, address inequalities and ensure culturally sensitive and appropriate care.
- Patient experience and Friends and Family equality monitoring and reporting.
- Monthly Integrated Performance Report (IPR) to our Trust Board, which includes equality and deprivation data and reporting.

- Performance dashboard for all services which can be used to identify activity for all protected groups in every service setting.

5.3 Action 3: Develop digitally enabled care pathways

Our response:

- Digital strategy informed by insight and intelligence.
- Insight captured on digital care and learning used to support recovery of services.
- Co-designed choose well for mental health including national and local digital offers.
- Virtual visitor in all service areas to support communication with friends, family and loved ones.
- Digital inclusion programme to address and mitigate impacts of digital exclusion.
- Recovery college website and digital offer.
- Creative Minds digital offer.
- Digital access in service settings.
- Digital applications identified and approved by the online platform ORCHA.

5.4 Action 4: Accelerate preventative programmes which proactively engage those at greatest risk of poor health outcomes

Our response:

- Yorkshire Smoke Free initiatives.
- Work in Barnsley and Kirklees through the preventative work of IAPT.
- Health and wellbeing services.
- South Yorkshire's smoking cessation QUIT programme.
- Creative approaches and recovery colleges in each of our places.

5.5 Action 5: Particularly support those who suffer mental ill health

Our response:

- Inpatient and community mental health benchmarking.
- 'SystmOne' data collection and equality monitoring review.
- Electronic Staff Record data collection review.
- Performance dashboard created to support data for each service and broken down by all protected groups in line with census data.
- Vaccination programme roll out, informed by EIA and a data dashboard broken down by diversity, age, gender, and role to ensure communications and approaches were insight led.
- Choose well for mental health campaign and supporting materials.

5.6 Action 6: Strengthen leadership and accountability

Our response:

- Equality, Inclusion and Involvement (EII) Committee and sub committee with named lead.
- BAME workforce task force.
- Appointment of a WRES Organisational Development (OD) Lead.
- Inclusive Leadership Development for Boards Opportunity (ILDBO) OD & development programme commenced.
- Reciprocal mentoring programme applications open for 2021.
- Appraisals and career conversations.

- Identify leadership opportunities, reflected in our leader and manager pathway and Building Leadership for Inclusion (BLI) programmes.
- Support BAME fellowship programme across the West Yorkshire ICS.

5.7 Action 7: Ensure datasets are complete and timely

Our response:

- The Trust has developed an experience and engagement tool which includes a mandatory equality monitoring form so data can be disaggregated and interrogated by diversity and ethnicity.
- All services have an EIA in place, completion and updates are monitored and reported to the EII Committee to provide assurance.
- The Trust has created a Trust wide COVID-19 EIA and an evidence and research toolkit to support staff to update and completed existing EIAs.
- Campaign to improve equality monitoring aimed at staff and people who use services in development to be launched in Summer 2021.

5.8 Action 8: Collaborate locally in planning and delivering action to address health inequalities

Our response:

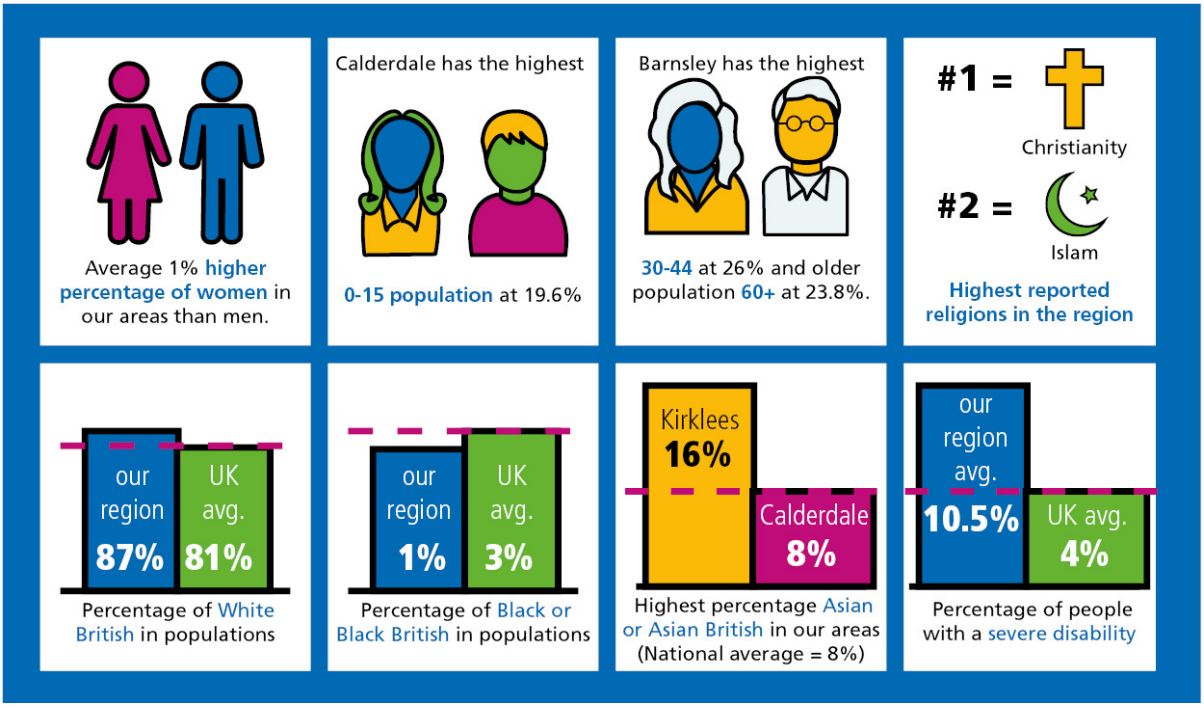
- Health Intelligence and Insight Group in place - sharing the learning from Barnsley, Calderdale, Kirklees, and Wakefield partners.
- Arts for health in partnership with Calderdale.
- Active health initiatives across the Trust.
- Partner in place based whole system approaches to improving outcomes for people with a learning disability in Calderdale and Wakefield.
- Inequalities priorities to focus on co-morbidities for people with mental health issues in Barnsley.
- Creative Minds in partnership with voluntary and community sector and partners.
- Recovery college and courses co-designed with communities.
- Further use of translations in all information, easy read and translation and interpreter services to be analysed and actions taken to improve access.
- Voluntary and community sector support and grant fund for Barnsley, Calderdale, Kirklees, and Wakefield has been rolled out to support capacity building; identification of partnerships and ensure greater voice and influence.

As a Trust we are active partner in the West Yorkshire Health and Care Partnership and South Yorkshire and Bassetlaw ICS with a commitment as a partner to accelerate progress in tackling inequalities across the region. Whilst we know we know we have more to do to meet the diverse needs of our communities we are working hard to address inequalities that put people at greater risk of ill health, mental ill health, or distress.

6. About our population

We 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. In all communities the 2011 census tells us:



- There is on average across all areas 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%.
- Of the other main minority groups Black or Black British people comprised 1%, less than the England average of 3%
- Asian or Asian British people comprised 8%, the same as the England average. The local authorities with the largest proportions of Asian people are Kirklees (16%) and Calderdale (8%).
- 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 the communities the Trust covers. This ranges from 8% to over 13%.

We know this profile is likely to change significantly over the next 20 years with BAME groups accounting for almost 80% of the UK's population growth (Policy Exchange, 2014).

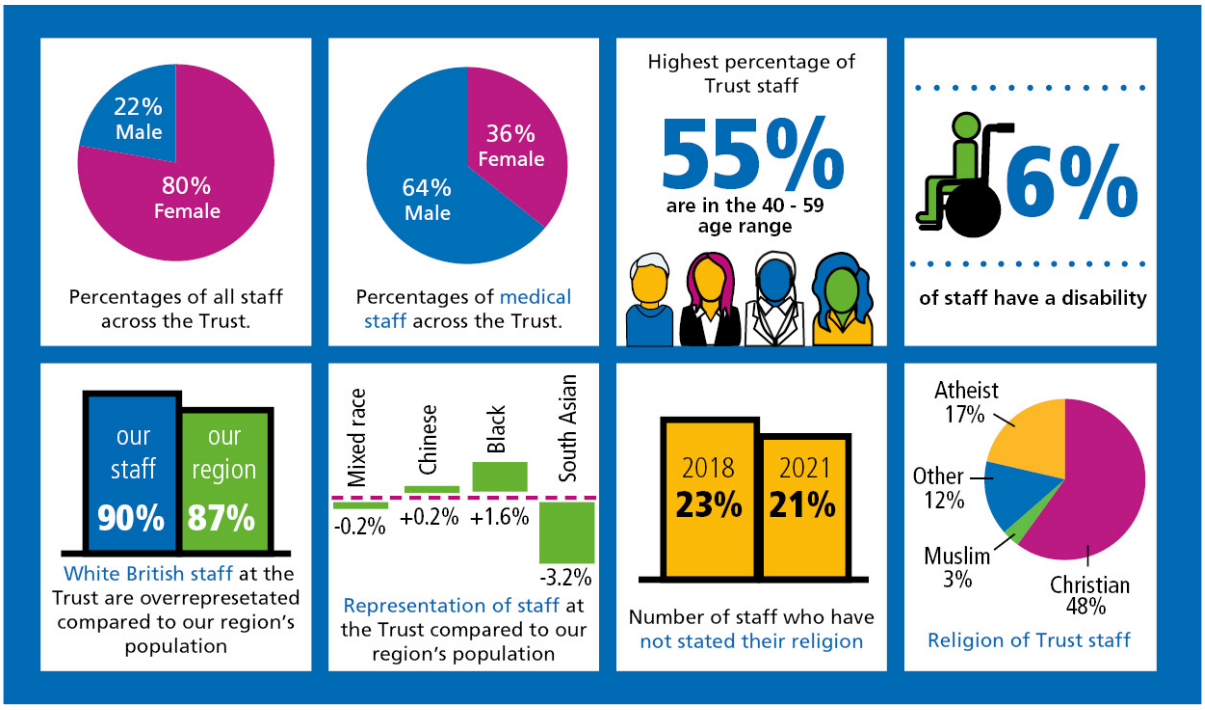
7. About our workforce

The Trust currently employs **4,597** (data March 2021) staff in both clinical and non-clinical support services. Our staff work hard to make a difference to the lives of service users,

families, and carers. Services delivered include mental health, learning disability, forensic, wellbeing services, some physical health and an extensive range of community services.

The Board and Governors believe they, and the workforce, should be reflective of communities we serve. Over the last year diversity has been retained across the Board with a good balance of gender, age, and ethnicity. Governors use a targeted approach to support recruitment from local communities.

Our workforce data is set out below:



- The Trust split of 77.9% female to 22.1% male staff is reflected approximately across most areas, except for medical staff (36% / 64%). As in previous years, female staff continue to 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. Trustwide, 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%.

- 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.

All our staff receive mandatory equality and diversity training and over the past year the Trust has managed to retain compliance of 95% across all staff groups. In addition to mandatory training, staff receive specific training, and in the period 2021/2022 staff received training on:

- Transgender awareness
- Carers
- Peer support working
- Cultural awareness and in relation to the BAME staff network

There are four Trust staff networks. Each network is set up to engage and involve staff, ensure they have a representative voice, and that they can influence the approach for our workforce. Networks can influence our direction of travel, consider equality and address inequalities through discussion, participation, and leadership. The staff networks we have in place are listed below.

- BAME staff network
- Carers staff network
- Disability staff network
- LGBT+ staff network

8. Monitoring our workforce

The Trust requirement for recording and monitoring the diversity of our workforce is further enforced by the requirement to implement a standard for race and measure the experience of staff with a disability.

Implementing the Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES) are requirements for NHS commissioners and NHS healthcare providers including independent organisations, through the NHS standard contract.

The Workforce Disability Equality Standard (WDES) is a set of ten specific measures (metrics) that will enable NHS organisations to compare the experiences of Disabled and non-disabled staff. NHS organisations use the metrics data and local data to develop a local action plan and enable them to demonstrate progress against the indicators of disability equality.

8.1 Workforce Race Equality Standard (WRES)

The 2019 Workforce Race Equality Standard (WRES) is delivered through the workforce 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

This year 2020/21 the WRES data has told us that we are now 100% compliant with the collection of equality data. In addition the data shows:

- The number of BAME staff in the workforce has increased by headcount of 72, this equates to 1.6%. The total percentage of BAME staff in the workforce is now 10.8%. (total workforce headcount is 4,597 at 31 March 2021).
- BAME applicants are less likely to be appointed from shortlisting than white applicants.
- BAME staff are less likely to enter a formal disciplinary process than white staff.
- BAME staff are more likely to access non-mandatory training and continuous professional development (CPD) than white staff. The data includes medical staff.
- The 2020 staff survey indicates that the BAME staff who responded indicated they were more likely to experience harassment and bullying from service users and carers than white staff. This position has improved since last year.
- The 2020 staff survey indicates that the BAME staff who responded indicated they were more likely to experience harassment and bullying from staff than white staff. This position has worsened since last year and we are below average compared to similar organisations.
- The 2020 staff survey indicates that the BAME staff who responded indicated they were more negative regarding believing the Trust provides equal opportunities for career progression or promotion than white staff. This position has improved slightly since last year and we are better than average compared to similar organisations.
- The 2020 staff survey indicates that the BAME staff who responded indicated they were more likely to experience discrimination at work from their Manager/team leader or other colleagues than white staff. This position has worsened slightly since last year; however, we remain significantly better than average compared to similar organisations.

You can see the full WRES data report and action plan for 2021/2022 on the Trust website.

8.2 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:

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

This year 2020/21 the WRES data has told us that overall, 6.6% of the non-clinical and 9.1% of the clinical workforce (excluding medical and dental staff) have declared a disability through the NHS Electronic Staff Record. In addition the data shows:

- For medical and dental staff, 0% of trainee grades, 4.2% of non-consultant career grade and 4.9% of consultants have declared a disability.
- For the total workforce, 8.4% of staff have declared a disability.
- There has been a significant reduction in the percentage of staff with an undeclared/unknown status i.e., 5.1% compared to 19% in the previous year.
- A higher proportion of disabled staff compared to non-disabled staff state they have experienced harassment, bullying or abuse from patients, relatives, or the public in the last 12 months. This is not significantly different to the previous year.
- A higher proportion of disabled staff compared to non-disabled staff state they have experienced harassment, bullying or abuse from managers in the last 12 months. However, this has improved since the previous year and is the lowest percentage of the last 3 years.
- A higher proportion of disabled staff compared to non-disabled staff state they have experienced harassment, bullying or abuse from colleagues in the last 12 months. However, this has improved compared to the previous year and is the lowest percentage of the last 3 years.
- There is lower reporting of harassment, bullying or abuse from disabled staff compared to non-disabled. However, this has improved since the previous year and is the highest percentage of the last 3 years.
- A lower proportion of disabled staff compared to non-disabled staff believe that the Trust provides equal opportunities for career progression or promotion. However, this has improved since the previous year.
- Disabled staff report being more likely, compared to non-disabled staff to experience pressure to attend work despite not feeling well enough to perform their duties. However, this has improved since the previous year.
- Disabled staff report less satisfaction that their work is valued by the organisation compared to non-disabled staff. However, this has improved since the previous year.
- 80.9% of disabled staff report that the Trust had made adequate adjustments to enable them to carry out their work. This has improved since the previous year when 71.6% reported that adequate adjustments had been made.
- Disabled staff report a lower NHS Staff Survey engagement score than non-disabled staff. However, this has improved since the previous year.

You can see the full WDES data report and action plan for 2021/2022 on the Trust website.

8.3 Sexual Orientation Monitoring Information Standard

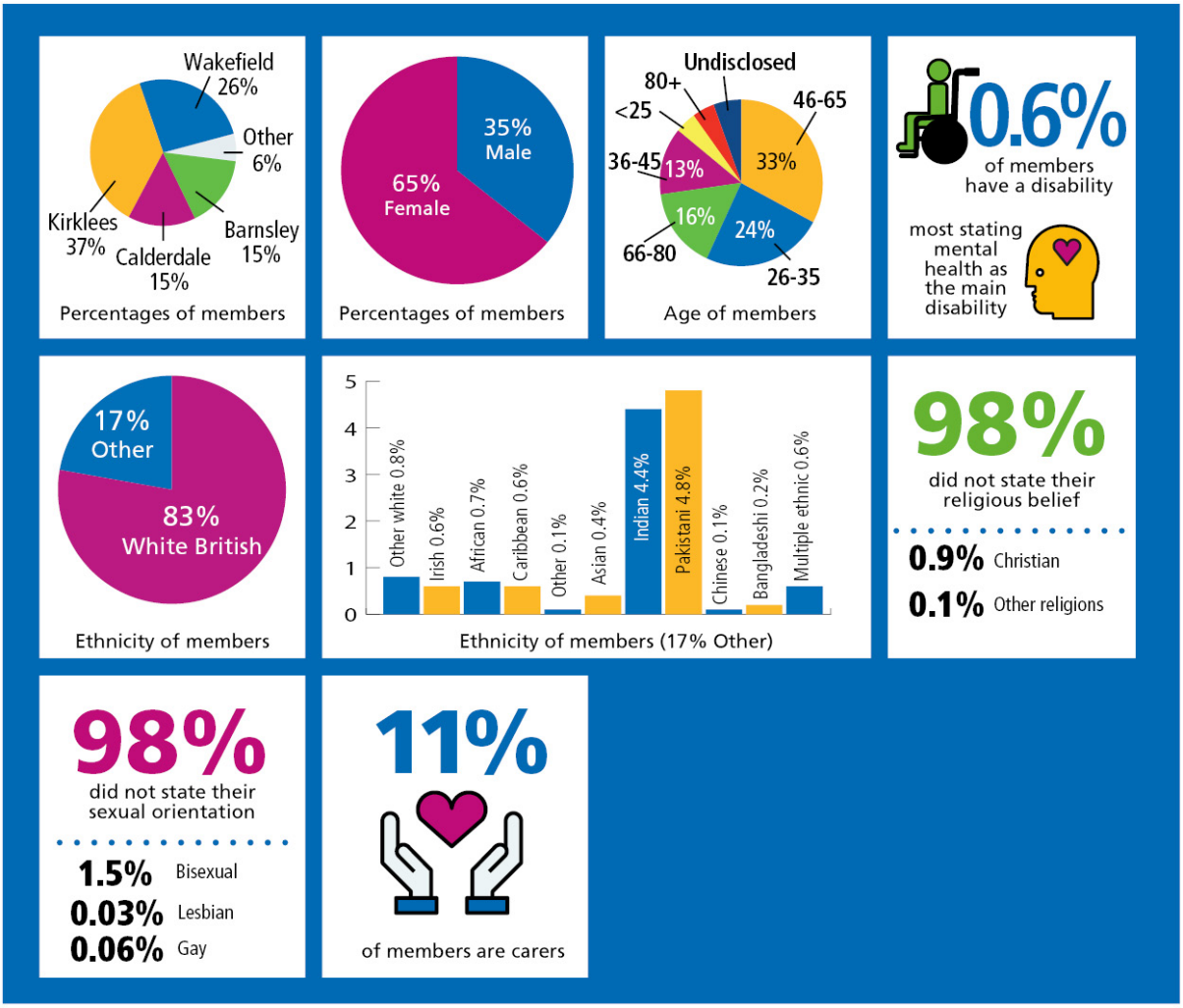
Research shows that LGBT+ people experience greater health inequalities compared to heterosexual people. This includes a higher risk of poor mental health or missing out on routine health screening. This standard provides the categories for recording sexual orientation but does not mandate data collection. The Trust is increasing data collection to ensure we have a minimum standard of representative sampling across services.

If a healthcare service collects information on patient sexual orientation, they will be able to target specific health promotion and services to LGBT+ patients. Sexual orientation monitoring questions need to be part of the data we gather to ensure we meet the needs of this group.

9. About our members

Members are made up of local people and staff. Being a member of the Trust means local people and staff have a greater say in how services are provided in the areas the Trust serves and how the Trust is run. Members have an opportunity to get involved and to shape the services we provide and as a foundation trust we are accountable to our members. The Trust currently has 8,971 public and 4,259 staff members

Our aim is to develop membership which is reflective of the populations we serve. The diversity of our public members is set out below. Not all members disclosed equality data during recruitment and in particular there are gaps for recording religion and belief and sexual orientation. All percentages relate to the total number of members who declared equality data which is 8920 (this means 100% equals 8920). The equality data of public members is as follows:



- Members are split across the localities as follows: 16% Barnsley, 15% Calderdale, 37% Kirklees, 26% Wakefield, 6% other parts of South and West Yorkshire.
- The members split is 65% female to 35% male.
- The highest number of members fall in the age bands 46- 65 with over 33% of the total, followed by 26-35 with 24%, 66-80 follows with 16% then 36-45 with 13%. Young people under 25 represent 4% and 80+ at 4.5%. 5.5% did not disclose an age.
- The data shows that 0.6% consider themselves to have a disability, with most stating mental health as the main disability and a few stating a long-term condition or illness.
- Members are predominantly white British with 83% representation, other white at 0.8% and Irish 0.6%.
- African is 0.7%, Caribbean 0.6% and other 0.1%.
- Asian is 0.4%, Indian 4.4%, Pakistani 4.8%, Chinese 0.1% and Bangladeshi 0.2% with mixed and multiple ethnic groups 0.6%.
- Members who have not stated their religious belief is 98% (unknown) with recorded religions being 0.9% Christianity. Other religions such as Islam, Buddhist, Hindu, and other are 0.05% or less.
- Sexual orientation was 98% not recorded, leaving heterosexual 1.5%, bisexual and lesbian 0.03% and gay 0.06%
- 11% of our members declared they are carers

At present we do not collect equality data on our governors, which is a gap we have identified, so we don't know to what extent our governors are representative of our members and/or the communities we serve. We plan to looking at how we address this action going forward.

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.

The Trust's Constitution sets out the role and duties of members. Information on membership is publicly available on the members section of the website. Membership to the Trust is free, with few specific requirements apart from a lower age limit of 11 and no upper age limit, which need to be addressed as we look to recruitment in the future.

10. Equality Delivery System (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 addresses the Public Sector Equality Duty and includes 18 outcomes grouped into four goals. There are two goals about services:

- Better health outcomes for all
- Improved patient access and experience

There are two goals 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 the Trust performance via assessment of the four outcomes from the 18 covered by EDS2, reflecting the incremental nature of the journey to improved performance. Priorities are agreed by the commissioners and ratified by the Trust's Equality, Inclusion and Involvement Committee, with EDS2 goals incorporated in director objectives.

The Trust is graded using the national criteria below. Each goal is graded separately following engagement with staff and the public, after the subject or service has been decided. The overall Trust grade is discussed with the Equality, Inclusion and Involvement Committee after the collation of the evidence from the engagement has taken place. The grades and explanation are in the table below:

Table 1: EDS2 Grading Key

Excelling	**We are doing very well** People from all protected groups fare as well as people overall
Achieving	**We are doing well** People from most protected groups fare as well as people overall
Developing	**We are doing ok** People from some protected groups fare as well as well as people overall
Undeveloped	**We are doing badly** People from all protected groups fare poorly compared with people overall or not enough evidence to make an assessment

In 2020-2021 due to the COVID-19 pandemic the assessment of goals 1 and 2 has been postponed until Autumn 2021. This falls outside the reporting of the annual report. By delaying the start date of assessment, the Trust can ensure that the involvement of key stakeholders is inclusive and not just reliant on digital engagement. In addition, EDS2 grading took place during the peak period of vaccination roll out which was presenting significant challenges to communities and healthcare systems.

The agreed topic to be tested for the period 2020-2021 was agreed as 'Reset and Recovery'. This will be reported on in 2022 with the grading and overall grading updated. The grading for 2020/2021 at the time of the report is as follows. Go to the Trust website for more information.

Goal 1: Grading not complete
Goal 2: Grading not complete
Goal 3: Achieving
Goal 4: Achieving

Overall Trust Grade: To be confirmed: awaiting grading of Goal 1 and 2

11. Our legal and statutory obligations

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 is not an 'add on', it is 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 and diverse in their requirements and needs. 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 and treating everyone with fairness and understanding, not necessarily treating everyone the same.

To ensure we comply with our statutory responsibilities under the Equality Act 2010, especially the Public Sector Equality Duty (PSED) and the Health and Social Care Act 2014, we must consider equality and involvement at each stage of service delivery including as part of any decision-making process.

11.1 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.

11.2 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. The Trust's strategy provides a framework to ensure that this consideration takes place.

11.3 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 a legal entitlement is protected by law. One of these rights is that t**he NHS provides a comprehensive service, available to all**:

I*t 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.*

12. Governance

The Equality, Inclusion and Involvement (EI&I) Committee oversees the agenda to improve access, experience, and outcomes for people from all backgrounds and communities. This includes people who use, work and volunteer for our Trust services and those who work in partnership with the Trust with the strategic aim of improving health, care, resources and making our Trust a great place to work.

The Committee was established to act on behalf of the Board and to ensure the Trust improves the diversity of its workforce and embeds diversity and inclusion in everything it does. More recently the committee has changed its title to include involvement to ensure it aligns with our integrated approach.

The Committee oversees the implementation of the Equality, Involvement, Communication and Membership Strategy which was approved by Trust Board in December 2020 and has delegated responsibility for signing off annual action plans.

In addition to the Committee, the Trust response to the pandemic in the past year resulted in the establishment of an Equality and Inclusion Task Force to address and understand wider health inequalities; and a specific task force to address the inequalities that were highlighted during the pandemic for people from a BAME background in the form of a BAME Workforce Task Force. Whilst the BAME task force was time limited, the Equality and Inclusion Task Force has more recently been established as a sub-group of the EII Committee demonstrating our commitment to aligning Trust resources so we can deliver on this agenda.

13. Forward view

The next steps for 2021/22 will be to deliver on the actions set out in the Equality action plan which include:

- Improve baseline equality data and data collection using a campaign and training.
- Improve the resources to support the development and completion of EIAs.
- Demonstrate compliance with our Public Sector Equality Duty (PSED) using EDS2 and action plans in EIAs.
- Review our mandatory and focussed training to support equality, diversity, and inclusion.

- Continue to deliver and report on the WRES and WDES including action planning and improvements.
- Continue to deliver and report on EDS2 and create a public facing website page to share our progress.
- Ensure services remain accessible and inclusive with a focus on ensuring information and communication is timely and appropriate to the target audience.
- Develop tools to ensure we can use data and insight to reduce health inequalities
- Build relationships in each of our places and communities and sustain our work with Healthwatch, the third sector and faith groups and partners.
- Continue to roll out the carer's passport, support for carers and identification of carers.
- Continue to roll out initiatives which will result in a diverse workforce and in particular leadership.
- Continue to support and develop staff networks as a voice and influence network
- Reduce disparity in disciplinary and complaints processes through advocacy and support.
- Eradicate discrimination and prevent bullying across all protected groups and roll out visible campaigns across the Trust in partnership with our ICS and places.
- Increase the diversity of volunteers with a focus this year on people from a BAME background, those with a learning disability, people living with ASD and Autism, LGBT+ people, young people and carers.
- Increase number of peer support workers by identifying vacancy opportunities and accelerating the peer support worker offer in all Trust services.
- Capture insight from all Trust wide data sources and use the information we already hold to inform our decisions.
- Continue to roll out the Trust wide use of the checklist to ensure there is a consistent approach to involving people.
- Use service line and staff equality data to identify the target audience to ensure involvement methods and approaches meet the needs of those audiences.
- Introduce a training package for staff and governors to support the involvement approach and ensure the reach into our communities reflects the population.
- Identify and invest in existing asset-based approaches and identify new opportunities to grow the opportunities for voice in our communities, particularly those who are under-represented.