NHS
South West Yorkshire Partnership
NHS Foundation Trust

With all of us in mind

Equality, diversity, and inclusion annual report 2023-2024

1. Introduction

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. The Trust has just launched its new strategy to take us to 2030, supported once again by a clear set of values and behaviours that put people at the heart of everything we do. From this we know that addressing inequalities in health remains a key priority and barriers to accessing services will remain in focus.

The racially motivated riots which took place this year have spurred us on to take further action by declaring our Trust 'Anti Racist'. This means maintaining a strong focus on racial discrimination, tackling stigma and ensuring we are an inclusive organisation. We know this commitment requires action not words and have been working closely with our REACH staff network, staff side and wider colleagues to co-design a statement with measures which can be tested against an annual framework. This framework will be overseen by our Equality, Inclusion and Involvement Committee (EIIC) who monitor and assure the delivery of the Trust Equality Involvement Communication and Membership (EICM) Strategy. The EICM strategy will be refreshed this year taking us to 2028 and will include an objective dedicated to becoming a gold standard anti-racist organisation.

Becoming anti racist will support our people promise and the work we deliver through Workforce Race Equality Standard (WRES) Medical Race Equality Standard (MWRES) and in turn support delivery of the Patient Carer Race Equality Framework (PCREF). Building on, and maintaining and growing our diverse workforce, ensuring services are culturally competent and that we demonstrate inclusive leadership. We will continue to work closely on this agenda with our wider system partners to develop shared resources and approaches, recognising we have a clear role to play but acknowledging we cannot do this on our own.

At the heart of what we do is putting people first and in the centre. Ensuring we hear the voice of the people we serve in the planning, development and design of all our services has been a huge part of our efforts this year. The work builds on our connection with the voluntary and community sector over the previous 3 years to deliver Connecting people, our Trust approach to involvement. 'Connecting People' offers training to people from our community to support our approach to involvement. Once trained our 'community connectors' work in partnership with us to deliver peer led involvement approaches which are inclusive, culturally and spiritually sensitive and reach people we would not normally hear the voice of. This means our services meet the needs of our local population. Our Trust will remain committed to using insight and intelligence to inform our thinking which relies on good quality data and information to help us be curious so we can get to the 'so what' and make progress to co-design improvements. Our continued focus to improve the quality of our equality data remains a priority and we are measuring our progress through annual metrics.

A few examples of the work we have delivered this year is the work with partners to increase the involvement of children and young people and increase our membership. A key outcome has been the development of involvement principles and a co-designed social media campaign, designed by young people for use on 'Tik Tok', Instagram and other channels to increase recruitment of young people as governors, volunteers or community connectors. Secondly, our commitment to carers has further progressed from our level 2 carers status with the introduction of Triangle of Care (TOC). The roll out of TOC has resulted in our Trust being awarded our first star for inpatient areas. This work has been led by our awarding winning carers lead and has been driven forward with the full commitment from our clinical colleagues.

Whilst we know there is still much more that we need to do, this year the Trust has made considerable 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. 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 2022 we must consider equality and involvement at each stage of service delivery including as part of any decision-making process.

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

The Trust Equality, Involvement, Communication and Membership strategy Equality-Involvement-Communication-and-Membership-Strategy.pdf (southwestyorkshire.nhs.uk) and supporting annual action plans will ensure an integrated approach to delivering on our strategic objectives.

About the Trust

We are South West Yorkshire Partnership NHS Foundation Trust, a specialist NHS Foundation Trust that provides community, mental health, learning disability, and autism services to the people of Barnsley, Calderdale, Kirklees, and Wakefield. We also provide some secure (forensic) services to the whole of West Yorkshire. 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 healthier communities and prevention through supported self-care, recovery focused approaches, peer support and community involvement, and 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 the current 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 organisation, 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.

Delivering priorities for 2023/2024

The priorities for 2023-2024 reporting period were driven by understanding equality and addressing inequality through inclusive involvement. This is one of three golden threads that run through everything we do. In addition, the Trust's improving health objective for the past 2 years has been to address inequalities, improve involvement and focus on equality in each of our places.

The report below sets out how we have our priorities as a Trust and how we have maintained a focus on aligning our golden threads to embed a culture of 'trauma informed' and 'social responsibility and sustainability' in the work we have delivered.

2. About our population (infographic to add)

According to the latest census data 2021 The Trust serve 1.237 million people living across South and West Yorkshire, this is an increase of 17,000 people since 2011. This is broken down by the local authorities of Barnsley which is 244,572 (an increase by 5,272 since 2011), Calderdale 206,631 (decrease by 3169 since 2011) , Kirklees 433,213 (decrease by 6,787 since 2011) and Wakefield 353,370 (an increase of 21,370. The Trust 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, 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 2021 census tells us:

- Overall, the population total average of male and female reflects the England average. The England average is male 49.2% and female 50.8%, with female reporting higher across all local areas.
- Across all ages Kirklees now has the highest 0-18 population at 22.6% with Calderdale second highest at 21.8%. Barnsley has a higher age population 60-79 at 21.1%
- Christianity (highest in Barnsley at 51.3%) and Islam (which is highest in Kirklees at 18.5%) respectively are both the highest reported religion and belief.
- We know that white people England average of 81%.
- Of the other ethnicity Black or Black British people comprised 4.2% in England and in Kirklees 2.3%.
- Asian or Asian British in Kirklees 19.4% and Calderdale 10.5%
- The percentage population of people who reported having a disability was highest in Barnsley at 22% and Wakefield 20.1%.
- Gender identity different from registered at birth in England is 0.55% in Barnsley 0.74%, Calderdale 0.89%, Kirklees 0.9%, and Wakefield 0,81

- Marriage and civil partnership figures are again comparable to the England average with 44.7% of people married or in a civil partnership.
- The number of individuals who reported they provided more than 50 hours of unpaid care were highest in Kirklees (10,079 people) and Wakefield (10,861 people

4. About our workforce

According to the Workforce Equality Monitoring Annual Report published May 2024 the **Trust employs 5,142** 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 (source: Workforce equality information - South West Yorkshire Partnership NHS Foundation Trust). Services delivered include mental health, learning disability, forensic, wellbeing services, some physical health, and an extensive range of community services.

The Board and Governors strongly 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, ethnicity, and sexual orientation. Governors use a targeted approach to support recruitment from local communities. Our workforce data is set out below:

- The data shows that 11.5% of our staff consider themselves to have a disability, an increase from the previous year's figure of 8.8% (2023). The total number of disabled staff is 662, this is an increase of 248 since last year when the figure was 414 staff members.
- We see improvements in the number of staff reporting their religion and sexual orientation. Currently 84.7% of staff have provided data regarding their religion (an increase of 2.17%) and 90.3% of staff have provided data indicating their sexual orientation, an increase of 2.3% from last year's report.
- 85.4% of all staff consider themselves as White in 2023, which is a 2.3% decrease from 2022 data. Of the remaining 14.2% of the workforce are BME. The figure for Unknown, where staff declined to state their ethnicity, for the year 2023 is at 0.4%. This has increased marginally compared to last year which was at 0.2% of Trust staff. This year's percentage of BME staff has increased by 2.1% from 2022 data.
- Gender – stable at 21% male 79% female – this is indicative of all NHS bodies and static from last year's report figures.
- The Trust is aware that the ethnic mix of the Trust is not reflected in the higher pay bandings. Actions have been developed to address this to ensure a more representative workforce from band 6 and above of all ethnicities.
- The data has shown an in increase in staff age group 30-39 of 0.8%. Staff in the over 60 age bands has decreased again this year by 2.1% to 8.3%. suggesting a shift to a younger workforce.
- Training access data by ethnicity is broadly in line with the Trust workforce profile (staff in post)

All our staff receive mandatory equality training, and over the past year the Trust has achieved compliance of an average 95% across all staff groups. In addition to mandatory training, staff have received additional training, development and support on the following:

- Focus on each protected group using a series of lunchbox talks, developed by the community with an accompanying presentation, discussion and resources to take into team meetings.
- Essential to job role Enhanced Equality Diversity and Inclusion (EDI) training for all 500 plus senior managers with a focus on bias, dominant identity and with reflective practice built in.
- Cultural competency training to teams directly delivering services.
- Training to support the use of translation and interpretation services.
- Training to support our workforce to understand and support carers.
- Hate crime prevention training in partnership with the police in targeted areas.

- A leaders engagement session on ‘All of You’ accompanied by a film, toolkit and action planner to support inclusive leadership

To support our approach to workforce we have:

- ✓ Ensured our workforce are compliant with equality and diversity mandatory training.
- ✓ Delivered enhanced equality and inclusion training for all leaders and managers.
- ✓ Delivered a series of monthly lunch box talks using films created by our community with an equality theme.
- ✓ Continued to support our international nurses with pastoral care and buddying.
- ✓ Developed an animation to communicate the culture of our Trust with accompanying self-reflection tools.
- ✓ Co-designed and published a micro-aggression guide
- ✓ Continued to progress the work of ‘All of you: Race Forward’ which identifies how we will tackle racial abuse and harassment of staff by people who use our services.
- ✓ Developed guidance to support incident reporting – with a particular focus on how to manage hate crime, racial abuse and harassment.
- ✓ Rolled out Triangle of Care (TOC) through the training and development of our workforce and identifying champions.
- ✓ Delivered training on equality impact assessments and created a resource bank of literature.
- ✓ Continued to develop, grow and support all our staff networks.

Finally, the Trust have four Trust staff networks. Each network is set up to engage and involve staff, ensure they have a representative voice, provide peer support and safe spaces as well as influence the Trust so we can ensure our approach to our workforce remains inclusive. 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.

- Race Equality and Cultural Heritage (REaCH) staff network.
- Carers’ staff network.
- DisAbility staff network.
- LGBT+ staff network.

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. As A Trust we want to make sure that our workforce remains reflective and representative of our population. By doing so our service offer and work environments benefit. A diverse workforce means our awareness of cultural competency improves and our Trust becomes more inclusive for everyone.

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.

You can see the full WRES and WDES data report and action plan for 2023/2024 on the Trust website

5. About our membership (infographic to add)

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. In March 2024 the Trust had **8,358 public** and **4,651 staff** members. The membership database was refreshed in 2023-2024. All public members were contacted, and asked the following:

- If people wanted to remain a member – 522 people stated they did not want to.
- The preferred method of contact – most people wanted information by post 76.3% with email at 23.7%.
- If members wanted to be more actively involved with Trust business, of which 30% stated they did.

Our aim is to continue to develop our membership, so we can work more proactively with the 30% who want to have more involvement with the Trust, whilst continuing to increase representation, so it is reflective of the populations we serve. This year we have involved our members in 2 big pieces of work, our 'Trust Strategy' refresh engagement and the 'Older People Mental Health Inpatient' consultation; both of which took place in early 2024. The Trust have also launched a quarterly newsletter for our members which now provides a platform to communicate the work of our Trust, involvement opportunities and governor elections. You can find the latest newsletter here: Members newsletter - South West Yorkshire Partnership NHS Foundation Trust

The diversity of our public members is set out below:

- **The age range of our members demonstrates that most are working age adults. The data is as follows,** under 25 stands at 1.9%**,** 26-35 is 21.8%**,** 36-45 is 13.8%**,** 46-65 is 33.7%**,** 66-80 is 17.8% and 80+ is at 6% with 5% not disclosing their age.
- **Members are representative of the population we serve** and are split across the localities as follows: 15.5% Barnsley, 14.5% Calderdale, 37% Kirklees, 25% Wakefield, 8% other parts of South and West Yorkshire.
- **The member's gender split is predominantly female** which does not reflect the gender split of the population we serve, 65% of members are female to 34.7% male, with 0.3% identifying as a gender not assigned at birth, left blank or prefer not to say.
- The data shows that **1.7% 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.
- **11.6% of our members declared they are carers.**
- **Members are predominantly white British** with 82% representation with Asian, Asian British, and Pakistani at 5.5%, Indian at 4.5%, African, Black Africa and Caribbean at 1.6% and other ethnic groups making up 8% which includes, Polish, Chinese, mixed background and other.
- **Members who stated their religious belief were identified as predominantly Christianity at 60%,** with other religions such as Islam, Jewish, Buddhist, Hindu, all under 1% or less. It is worth noting that only 4% of all members responding stated their religious belief.
- **95% of Sexual orientation was not declared**, with those responding reporting as heterosexual 3.8% and 1.2% reported as gay, lesbian, or bisexual.

- **95% of marital status was not declared,** of those who did 2% were married or in a civil partnership.
- **There are no records of members who are pregnant or who have given birth in the last 12 months.**

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.

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 of the Trust is free, with few specific requirements apart from a lower age limit of 11 and no upper age limit. This year we have once again continued to work hard to increase our representation of young people which is now reflected within our governor population. More work to understand the involvement of children and young people has continued into 2024 with the support of our partners in each place. These partners, who already reach and work directly with children and young people, will help us adjust and improve our approach so it is more inclusive. Any improvement will be co-designed with the voice of young people at the centre.

6. Our strategic approach to equality and diversity

The integrated 'Equality, Involvement, Communication and Membership (EICM) Strategy' was developed in 2020. Using the views of over 720 people including our diverse community, the 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.

In January 2025 a refreshed EICM will be published. The strategy will be developed using all the insight from the insight we already hold, national and local drivers and the strategy engagement which took place early 2024. The refresh has been informed by the voice and views of people who use our services, colleagues, carers, families and loved ones and other key stakeholders.

The new strategy will set out the objectives for the next 3 years. These will once again be delivered through annual action plans overseen by the Trust Equality Inclusion and Involvement Committee.

7. Progress during the period 2023-2024

As a Trust we continue to be proud of the progress we are making, we know there is always more to do, but we can see through the delivery of our action plans that we continue to make progress year on year. The annual report for 2024-2025 will report delivery of our refreshed strategic objectives developed in the new EICM strategy and will support our new Trust Strategy deliver the wider strategic ambitions of our Trust.

This means this will be our last annual report on our current strategic objectives. The EICM strategy 2020-2024 clearly set out objectives and measures to deliver actions and identify progress, the 'how we will know when we have got it right' statements came from the voice and views of all our stakeholders.

For 2023–2024 we have rated ourselves once again using a traffic light system with red meaning we have not achieved anything; amber we are on our journey, and green meaning we are progressing well.

Based on the information below this is how we have rated our progress this past year:

We know we have got it right when….	**Our rating**
Ensure we gather good quality data which can be used to support performance monitoring of service use.	
Ensure we work in partnership with partners and communities including the voluntary, community (VCS) and faith sector	
Ensure we provide person centred care which promotes inclusive, culturally and gender sensitive services	
Develop and sustain an equality competent organisation that demonstrates inclusive and diverse leadership and workforce	
To ensure people who access health and social care services, families, carers, and the public are involved	
To use equality and demographic data to ensure we inclusively involve the right people	
To use the assets in our communities and create the right conditions to involve local people. To ensure we are an exemplar in co-production	
To record, report and publish insight so people can see the information driving our service decisions	

In addition, we measure our progress using the Equality Delivery System (EDS). The results for the period 2023-2024 graded as 'achieving' and the detailed results can be found here [How well are we doing? - South West Yorkshire Partnership NHS Foundation Trust]

Our progress this year is set out below:

To support the collection of insight and data we have:

- ✓ Updated a Trust wide mental health equality impact assessment (EIA) and toolkit.
- ✓ Developed a Trust wide EIA to support a shared understanding on each protected group.
- ✓ Maintained a resources library for equality publications and data and shared with care groups and teams.
- ✓ Progressed the 'All of You' campaign which continues to maintain data recording for ethnicity over 95% and increasing sexual orientation and disability data.
- ✓ Maintain a dedicated intranet page for staff to access resources and materials ' All of you' on equality strands.
- ✓ Continue to use our health inequalities dashboard metrics at a service level to identify any anomalies or patterns that identify service improvement.

	✓ Improved equality data collection of our linked charities 'Creative Minds' and 'EYUP' ✓ Continue to focus on our service EIAs and action plans which are now part of our performance reporting and demonstrate delivery of our public sector equality duty. ✓ A literature bank, census, service and workforce data all maintained through an intranet platform.

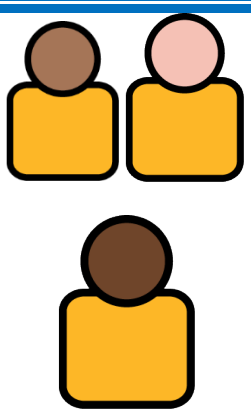
To support our approach to capturing the voice and views of people we have:

	✓ Continue to embed and deliver on our Trust wide approach to involvement 'Connecting People' in partnership with leads from Calderdale and Kirklees and building relationship in Barnsley. ✓ Delivered a formal consultation on our older people inpatient transformation, following extensive engagement with partners and communities resulting in a diverse response from over 1700 people. ✓ Delivered a Trust Strategy refresh engagement driven through connecting people, workshops with colleagues and stakeholder surveys resulting in over 1500 diverse views. ✓ Maintaining a Trust wide approach to developing surveys which now all include equality monitoring as standard. ✓ Quarterly insight reports to EMT which capture the voice and views of people with contributions from our Governors, Healthwatch and partners are developed quarterly with you told us, we listened published on our website. ✓ Developed a 'what we already know' insight report to feed in to the Trust Strategy refresh and shared with the University OF Huddersfield for wider research baseline intelligence. ✓ Developed a new Trust Volunteer Strategy using the voice of views our volunteers, volunteer supervisors and wider partners. ✓ Involved key stakeholders in the Trust in the volunteer service accreditation which was renewed in Spring 2024. ✓ Continue to work in partnership with the Third sector to co-design and develop our service offers in each place.

We can demonstrate an improvement in outcomes and experience for specific groups protected under the equality act, including carers:

	✓ 'DisAbility' Staff Network which includes long term conditions ✓ Monitoring and developing action because of Workforce Disability Equality Standard (WDES) ✓ Disability policy and plan on a page to highlight key actions required by each service. ✓ Learning Disability health checks ✓ Serious mental illness (SMI) checks in each area, delivered in partnership with our places. ✓ Green light toolkit for people with a Learning Disability and the roll out and recruitment of over 80 champions across the Trust. ✓ Stomp and stamp approach to reduce over medication of adults with a learning disability.

	✓ Disability awareness through visual stories and campaigns throughout the year ✓ Creative interventions through our linked charity 'Creative Minds.' ✓ Delivering the accessible information standard using a dedicated intranet page, training offer and good practice guidance.

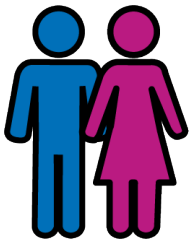
	✓ Race Equality and Cultural Heritage (REACH) Staff network ✓ Dedicated leadership programme ✓ Monitoring and developing action because of Workforce Race Equality Standard (WRES) ✓ Dedicated lead to deliver (MRES) ✓ Delivery of a Forensic service culturally competent care action plan. ✓ Cultural competency training developed and tested. ✓ Continue to report on improvements to RACE equality data using our equality dashboard. ✓ Attended the Asian Professional Network Association (APNA)annual event with clinicians. Last year it led to clinical involvement in programmes and training. ✓ Celebrated South Asian heritage month with stories and cultural cuisine in our canteen and onwards. ✓ Reducing hate crime and incidents by working in partnership with local crime prevention officers to host several sessions for staff in each place location. ✓ Proud to support in partnership the 'Root out Racism' campaign. ✓ Specific cultural creative activities on our wards and in communities. ✓ Using the 'Translation and interpretation service' training with over 200 staff trained. ✓ Developing the new translation and information policy.

	✓ Pronoun awareness, badges, and a film to raise awareness developed by young people has been shared with staff. ✓ A commitment to add pronouns to staff signatures is being progressed. ✓ Celebrated trans gender awareness day in March with a staff development session led by a panel who answered openly any questions people had. ✓ Annual 'Pride' month long celebrations attending community events, sharing stories, media campaign and screen savers. ✓ Rainbow badge pledge

- ✓ Visible symbols of support in our built environment including a rainbow crossing and flags
- ✓ Transgender policy guidance and a quick guide and tips for staff.
- ✓ Continued investment in ‘Trans-Barnsley’ a group hosted by our recovery college, with a visible identify and presence.
- ✓ Gender neutral toilets in all our estates
- ✓ Specific creative interventions through our linked charity ‘Creative Minds’
- ✓ A dedicated working group and action plan to deliver the national LGBT+ good practice framework.

- ✓ Widening our faith connection in each of our places to ensure we can support people in our services.
- ✓ Prayer rooms in our buildings
- ✓ Pastoral care talk line
- ✓ Befriender service in all inpatient services
- ✓ Newsletter for inpatients
- ✓ Digital pastoral offer
- ✓ Celebration of faith calendar through communication, social media, and staff stories
- ✓ Improving prayer facilities by introducing Friday prayers through a volunteer Imam at our Fieldhead hospital site – open to all.
- ✓ Improving our ablution facilities for prayer by adding a facility at Fieldhead hospital Wakefield in Summer 2024.
- ✓ Guidance for fasting and a prayer pack training to support staff and service users.

- ✓ Achieved star 1 in triangle of care (TOC)
- ✓ Thriving staff network
- ✓ A dedicated staff member driving this work.
- ✓ Charitable funding for carers which has enabled day trips and activities for carers of people who use services and a staff retreat.
- ✓ Identifying carers and recording of carer status for people who use services is improving.
- ✓ Identifying carers and recording of carer status for our workforce
- ✓ Successfully continue to roll out the ‘carers passport’
- ✓ Carers week celebrations including a community film, social; media stories and a celebration event.
- ✓ One of only a few Trusts to achieved Carer Confident status Level 1 and 2.
- ✓ Carers champions in Trust services.
- ✓ Dedicated support groups for carers on some of our wards.
- ✓ Co-designed training by carers is now being delivered across our Trust, including our executive team.



- ✓ Menopause staff support group in place
- ✓ The Trust have a perinatal mental health service which also includes peer support workers.
- ✓ There are male and female focussed activities in all our recovery colleges.
- ✓ Celebrating women through International Day of Women using media, stories, and events
- ✓ Continue to develop creative and recovery interventions with a gender focus through 'Creative Minds'
- ✓ Celebrate international men's health day using media, stories, and events.

8. A focus on addressing inequalities in health.

Health inequalities are unfair and avoidable. To reduce health inequalities, we need to act to tackle them through actions with a specific focus on disadvantaged groups and deprived areas. We know that there are groups who are more adversely impacted. The Trust are using the CORE20PLUS5 approach to identify the target audience and the areas of improvement.

Examples of work to address inequalities in our Trust during 2023-2024 are set out below:

Inequality identified.	Our progress
Asian, Asian British, and Black, Black African, Caribbean over represented in forensic inpatient services. A deep dive into Trust admissions data for Forensic services indicated service users aged 18 to 64 from mixed, Black, and other ethnic groups and Asian population aged 35 to 64 are more likely to be admitted and detained.	The 'our voice counts' project commenced in 2022, and the aim of the project was to understand the pathway of the person to service and what could have been done differently. The report concluded in October 2022, the report of this work can be found on: Engagement and consultation - South West Yorkshire Partnership NHS Foundation Trust The focus of this work was on inpatient services. A deep dive into wider service referral and admission activity took place with a focus on ethnicity. This data has been used at a service level using our equality metrics comparison tool to identify areas of improvement. **Equality Metrics Comparison Tool** This year more work has taken place to progress wider service improvements and action plans. Work to further involve our communities has progressed and the Trust are now onboarding research colleagues and the NHS confederation in broader work to involve our communities using our 'Connecting People' approach to help co-

Ethnic Category (group)	Population	Avg. SPA Referrals (Apr 22-Mar 23)	Avg. CMHT Referrals (Apr 22-Mar 23)	Avg. CMHT Caseload (end Mar 23)	Avg. CMHT case length (days) (end Mar 23)	Crisis Referrals (Apr 22-Mar 23)	Acute Admissions (total)	Acute Admissions (Avg. LoS days)	Acute Admissions (detained)	Admissions Detained (Avg. LoS days)	Readmissions Within 28 Days
White	85.8%	90.1%	93.1%	91.3%	1105	90.9%	84.6%	60.4	79.5%	62.5	86.3%
White British	82.0%	86.7%	90.7%	88.5%	1108	87.8%	79.9%	61.8	74.7%	61.7	81.4%
White Irish	0.4%	0.8%	0.7%	0.7%	913	0.5%	0.8%	38.3	0.7%	86.8	0.0%
Any Other White background	3.4%	2.6%	1.8%	2.1%	1075	2.6%	3.8%	50.0	4.1%	67.3	4.9%
Mixed	2.0%	1.3%	1.0%	1.2%	1191	1.5%	2.5%	34.5	2.5%	180.9	2.0%
White and Asian	0.6%	0.3%	0.2%	0.2%	955	0.3%	0.7%	25.3	0.3%	10.6	0.0%
White and Black African	0.2%	0.1%	0.1%	0.1%	732	0.1%	0.3%	36.0	0.1%	30.0	0.0%
White and Black Caribbean	0.8%	0.5%	0.4%	0.5%	1284	0.5%	0.4%	26.8	0.5%	762.8	0.0%
Any Other mixed background	0.4%	0.4%	0.3%	0.5%	1271	0.7%	1.1%	41.3	1.5%	22.0	2.0%
Asian	9.8%	6.4%	4.2%	5.4%	1329	5.3%	8.9%	53.4	12.2%	88.1	9.8%
Bangladeshi	0.2%	0.0%	0.0%	0.1%	891	0.0%	0.0%		0.0%		0.0%
Indian	2.2%	1.0%	0.8%	1.0%	1289	0.9%	1.8%	52.4	2.7%	110.1	1.0%
Pakistani	6.5%	4.6%	2.9%	3.8%	1344	3.7%	6.3%	51.2	8.2%	49.6	8.8%
Chinese	0.3%	0.1%	0.1%	0.1%	1430	0.1%	0.2%	22.7	0.0%	520.0	0.0%
Any other Asian background	0.7%	0.7%	0.4%	0.6%	1343	0.6%	0.7%	73.3	1.2%	146.9	0.0%
Black	1.4%	1.2%	1.0%	1.3%	1583	1.3%	2.4%	68.1	4.1%	57.7	0.0%
Black African	0.8%	0.4%	0.5%	0.5%	840	0.7%	1.2%	59.6	1.8%	72.6	0.0%
Black Caribbean	0.4%	0.5%	0.3%	0.6%	2026	0.3%	0.5%	81.7	1.1%	49.7	0.0%
Any other black background	0.2%	0.3%	0.2%	0.3%	2001	0.3%	0.7%	75.3	1.2%	27.3	0.0%
Other	1.0%	0.9%	0.7%	0.7%	1226	1.0%	1.6%	82.7	1.8%	85.6	2.0%
Any other Ethnic group	1.0%	0.9%	0.7%	0.7%	1226	1.0%	1.6%	82.7	1.8%	85.6	2.0%
Grand Total	100.0%	100.0%	100.0%	100.0%	1130	100.0%	100.0%	59.2	100.0%	71.8	100.0%

ICB Locality: a. Barnsley; b. Calderdale; c. Kirklees; d. Wakefield; e. Other

Pivot - Ethnicity | Pivot - Age & Gender | Pivot - Deprivation Decile | Pivot - Deprivation Quintile

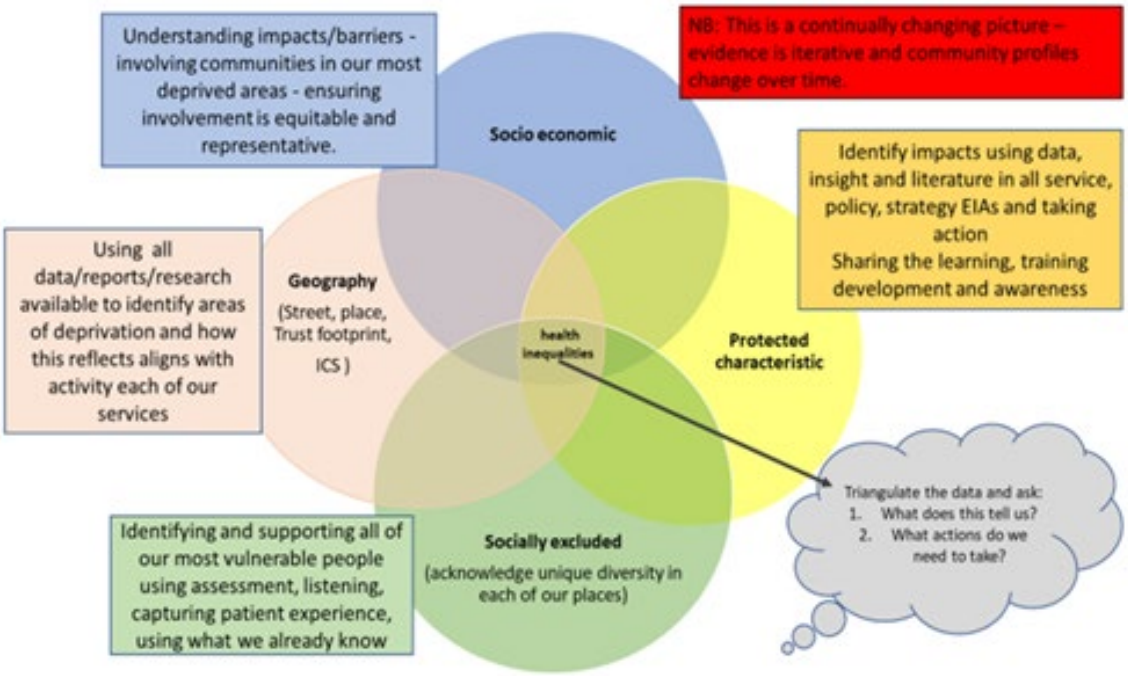
	design further solutions. This approach is driven by data and insight and will ensure we identify pathway improvements in community settings. Driven by data using the example below we can start to look at service activity and compare it against population data. This means we are better placed to identify areas of concern and work with our communities to co-design improvements. **Adult and OPS Community Mental Health Services** **Equalities Monitoring: Referrals and Caseload 2022-23** Community Mental Health Services provide support to service users with moderate to severe mental health difficulties. Evidence suggests that black and minority ethnic communities are at comparatively higher risk of mental ill health, disproportionately impacted by social detriments associated with mental ill health and more likely to experience difficulties accessing appropriate care and support for their mental health needs (Bignall et al., 2019). **Referrals (Ethnicity)** Referrals to both SPA and CMHT show that ethnic minority groups are under-represented across all localities. A breakdown shows that Asian and Asian British are significantly under-represented with Black and Black British being slightly under-represented. |	Trustwide BAME population (Census 2021) | % Ethnic Minorities referred to CMHT* | |---|---|---| | Barnsley | 3.1% | 1.5% | | Calderdale | 13.9% | 9.4% | | Kirklees | 26.4% | 14.5% | | Wakefield | 7.0% | 2.4% | | Trustwide | 14.2% | 6.9% | **Waiting Times (Ethnicity)** On average, service users from ethnic minorities wait 2 days longer than white service users for their first appointment but there is local variation with Calderdale and Wakefield recording a shorter wait to first appointment for BAME service users, and Kirklees with longer waits. |	Avg. wait to first appointment - White | Avg. wait to first appointment - BAME | |---|---|---| | Barnsley | 42 days | 43 days | | Calderdale | 63 days | 53 days | | Kirklees | 47 days | 54 days | | Wakefield | 57 days | 40 days | | Trustwide | 49 days | 51 days | **Caseload (Ethnicity)** Based on caseload at 31.3.23. Ethnic minorities are under-represented on CMHT caseloads, and in particular Asian and Asian British (5.4% of CMHT caseload as against 9.8% of the Trust population). Black and Black British caseloads are more closely representative of the population (1.3% of caseload as against 1.4% of the Trust Population |	Trustwide BAME population (Census 2021) | % Ethnic Minorities on caseload | |---|---|---| | Barnsley | 3.1% | 1.3% | | Calderdale | 13.9% | 11.7% | | Kirklees | 26.4% | 18.6% | | Wakefield | 7.0% | 3.9% | | Trustwide | 14.2% | 8.7% | **Case Length (Ethnicity)** Based on caseload at 31.3.23. On average, service users from ethnic minorities have a longer case length than white service users but there are variations, with Kirklees (Asian, Black and Other) having an average case length of 1618 days and Wakefield (Mixed ethnic groups) having a case length of 1809 days. Case lengths can be 'skewed' by small numbers of service users with particularly long care spells. |	Avg. days on caseload - White | Avg. days on caseload - BAME | |---|---|---| | Barnsley | 924 days | 746 days | | Calderdale | 1203 days | 1088 days | | Kirklees | 1125 days | 1493 days | | Wakefield | 1177 days | 1288 days | | Trustwide | 1105 days | 1332 days |
People with a learning Disability 'Annual Health checks' (AHC).	There has been a Trust wide improvement in achieving and encouraging service users to access the appropriate health prevention and screening. The figures for 2 years demonstrate how the Trust are contributing to an increase in annual health checks. The national target is 75% so all localities achieved the target in 2023/24. |	**2023 -24** | **2022 -23** | |---|---|---| | **Kirklees** | 76.2% | 71.2% | | **Calderdale** | 86% | 80.9% | | **Wakefield** | 85.5% | 73.9% | | **Barnsley** | 87.5% | 79.7% | Annual health checks are the responsibility of GPs, but health checks are supported by the service strategic health facilitators in each locality. GPs are paid for each health check they complete, and the strategic health facilitators are currently working closely with them to ensure all protective characteristics are recorded too. This national requirement to record ethnicity has been added to our plans for this year as we continue to support and improve the quality of Annual Health Action Plans.
Severe mental health and deprivation Only 6% - 8% of people with severe mental illness (SMI) are in paid employment,	The Trust Individual placement and support (IPR) service offers people a chance to find the right job, with ongoing support for the employer and employee. The 'Employment Specialist' is integrated into the clinical team so individuals with severe mental illness can access paid employment in the Calderdale, Kirklees and Wakefield areas. The service also offers benefits counselling to support the person through the transition from benefits to paid work.

however, approximately 80% of people with SMI want to work. 27% of patients are from the most deprived 20% of communities nationally (Mental Health Services Data Set).	Wakefield and Calderdale IPS services have both been awarded the highest possible rating by IPS Grow, a 'Quality Kite Mark', joining only a handful of other teams across the country. The service supports people to engage in or return to work as part of their recovery journey.
Older people mental health transformation – listening to the voice of our communities	Following a formal consultation resulting in over 1700 diverse views our inclusive approach to transform mental health inpatient services using an extensive equality impact assessments has supported us to consider the impact we have could have – both positive and negative on all protected groups. The transformation will improve the health and well-being and outcomes of older adults with dementia and functional mental health by ensuring care is provided in dedicated inpatient settings. The opportunity to further improve our offer to be more culturally and spiritually aligned will form part of this work. The equality impact assessment also focussed on deprivation. The biggest impact was travel, transport and parking which could act as a barrier to accessing services for carers, families and loved ones. A travel and transport working group was set up to look at how the Trust could identify solutions to address inequality in access. This programme of work will drive improvements that address several inequalities of access and outcome for our older population.

Inequalities in health, housing, income, barriers to accessing services and discrimination remain and there is need for improvement across each of our places. 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, and involve those communities.

Our approach to improving and developing services is through the comprehensive use of Equality Impact Assessments (EIA) in every service. Our service EIAs include population data and service activity data (including staff profiles) broken down by each protected characteristic. This information means that we can identify at a service level any under or over representation in services, determine if the workforce is reflective of the population which may determine a barrier for access and if there are specific areas of inequality these groups experience which can be picked up in clear action plans. We have over 170 services who review their EIAs on an annual basis. EIAs also drive Trust policies and ensure that the approaches we develop consider and mitigate against any barriers for protected groups.

In addition, we also use a service improvement approach. We are using the Kings Fund tool to help us drill down further into the service level data so we can further capture and collate insight to inform a more targeted approach. The diagram below sets out our Trust approach:



Going forward into 2024 -2025 the Trust golden thread and priority programme to work in partnership with each of our places will continue to ensure the Trust retains a focus on addressing health inequalities as a priority.

9. Governance

The Trust's Equality Inclusion and Involvement Committee and sub-committee has been 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. The Committee oversees the implementation of the Equality, Involvement, Communication and Membership Strategy 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 Trust works with a range of partners across the system including West Yorkshire and South Yorkshire Integrated Care Board (ICB) to ensure a partnership approach to system transformation. In addition, senior leaders work at a place-based level, led by local authorities and commissioners to ensure the Trust is part of local decisions and can respond in partnership to protect and support the most vulnerable. The Trust uses the Joint Needs Assessment (JNA) intelligence to understand the local population and the Equality Impact Assessment (EIA) as a tool to inform service impacts, identify actions and ensure service improvement.

10. Our forward view

The Trust will continue to focus on providing high quality care that is culturally and spiritually appropriate with staff who are reflective of the local population through inclusive recruitment and retention. We will also ensure all our priority programmes are driven using robust data and insight that ensure we hear the voice and views of everyone and identify and address health inequalities. Our Trust objectives set out in our Equality, Involvement, Communication and Membership (EICM) Strategy and the actions are set out below.

10.1 Trust equality objectives

Objective	Overview /description	Success measure
Objective 1: We can demonstrate we are meeting our public sector equality duty	This will be demonstrated through our governance, assurance, reporting mechanisms and mandatory reporting. EIIC and Sub Committee workplan and risk management	All required reports and assurance documents are submitted/ published. We have delivered annual action plans for equality and involvement Timely completion of EIAs for every service and policy achieving set percentage target and reported in the Trust IPR. The Trust target for equality mandatory training is achieved.
Objective 2: We routinely collect data, organise and review data	This will demonstrate by improving data collection using drivers such as the 'all of you' campaign and 'SystmOne' dashboard. The EIIC equality dashboard identifies metrics so data can be organised and reviewed at service level.	Key performance indicator (KPI) for recording of equality data, achieves the set percentage target which is reported in the Trust IPR. Evidence that equality data and insight has been used to inform programmes of work.
Objective 3: We are an inclusive, 'Trauma Informed' organisation who where everyone feels valued, safe and included.	Being 'trauma informed' means delivering on equality, diversity and inclusion:	Delivering on the 6 competencies for becoming a trauma informed organisation.
Objective 4: We are a gold standard anti racist organisation	Publishing a statement of intent and introducing a peer review framework overseen by EII sub-committee.	Delivering on the 5 competencies set out in the anti-racist framework of bronze, silver and gold demonstrating year on year improvements.
Objective 5: We address health inequalities using data, insight and inclusive involvement.	We are starting to use all the information available to us to get to the so what. Using co-production, involvement, change and improvement methodologies or research.	We know where to focus our efforts and we can demonstrate delivery through improvements, data, insight and by telling our story.

Objective 6: We are an inclusive employer led by Trust culture and values	We have a People Plan in place which demonstarts workstreams working towards objective 6. Additionaly we have action plans following our annual WRES and WDES reporting. Annual analysis of our NHSSS.	WRES and WDES metric performace and our annaul NHS staff survay results. Recruitment dashboard.

10.2 Trust wide involvement objectives

Objective	Overview/ description	Success measure
Objective 1: We work together as a system partner to hear the voice of local people	We work together and in partnership to hear the voice of local people.	We are visible in each place and have shared approaches to involvement.
Objective 2: We systematically collect feedback, so we do not have to repeat conversations	We use what we already know as a starting point before we involve our communities.	We gather insight from a range of sources and create a composite report which we publish on our website.
Objective 3: 'Connecting People' delivers effective and inclusive involvement in all our places	Connecting people is the Trust approach to aligning our involvement. This means we maintain and develop a relationship with our communities using this approach.	Dashboards for each place demonstrate the work we are doing to build reflective relationships in each place.
Objective 4: Our workforce, key stakeholders and communities feel involved	When we deliver involvement we can demonstrate we have been inclusive by understanding whose voice we have heard.	All involvement is equality monitored so we can demonstrate inclusive involvement in line with workforce and census data.
Objective 5: We use stories to describe our journey and celebrate our success	We use stories to demonstrate our progress. All stories need to be inclusive and trauma informed and	A toolkit to support story telling is rolled out and used in partnership with ICB colleagues. Stories are told at Trust Board and in relevant Committees.

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 are not an 'add on,' they are 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 2022, we must consider equality and involvement at each stage of service delivery including as part of any decision-making process. Information on the obligations we must work to can be found on the following links:

The Equality Act 2020

Public sector equality duty

NHS Constitution

Health and Care Act 2022 (legislation.gov.uk)

12. Conclusion

This report not only complies with the requirements of the Equality Act 2010 but also highlights good practices and identify gaps in both service provision and staff support. It captures data required under the general duty and showcases our ongoing Equality, Diversity and Inclusion (EDI) initiatives. Our annual equality report detailed our performance as a Trust and outlines our plans for improvement. This fulfils the requirements of the Equality Act 2010's Public Sector Equality Duty, which mandates the Trust to annually publish equality data on our service users and workforce.

South West
Yorkshire Partnership
NHS Foundation Trust