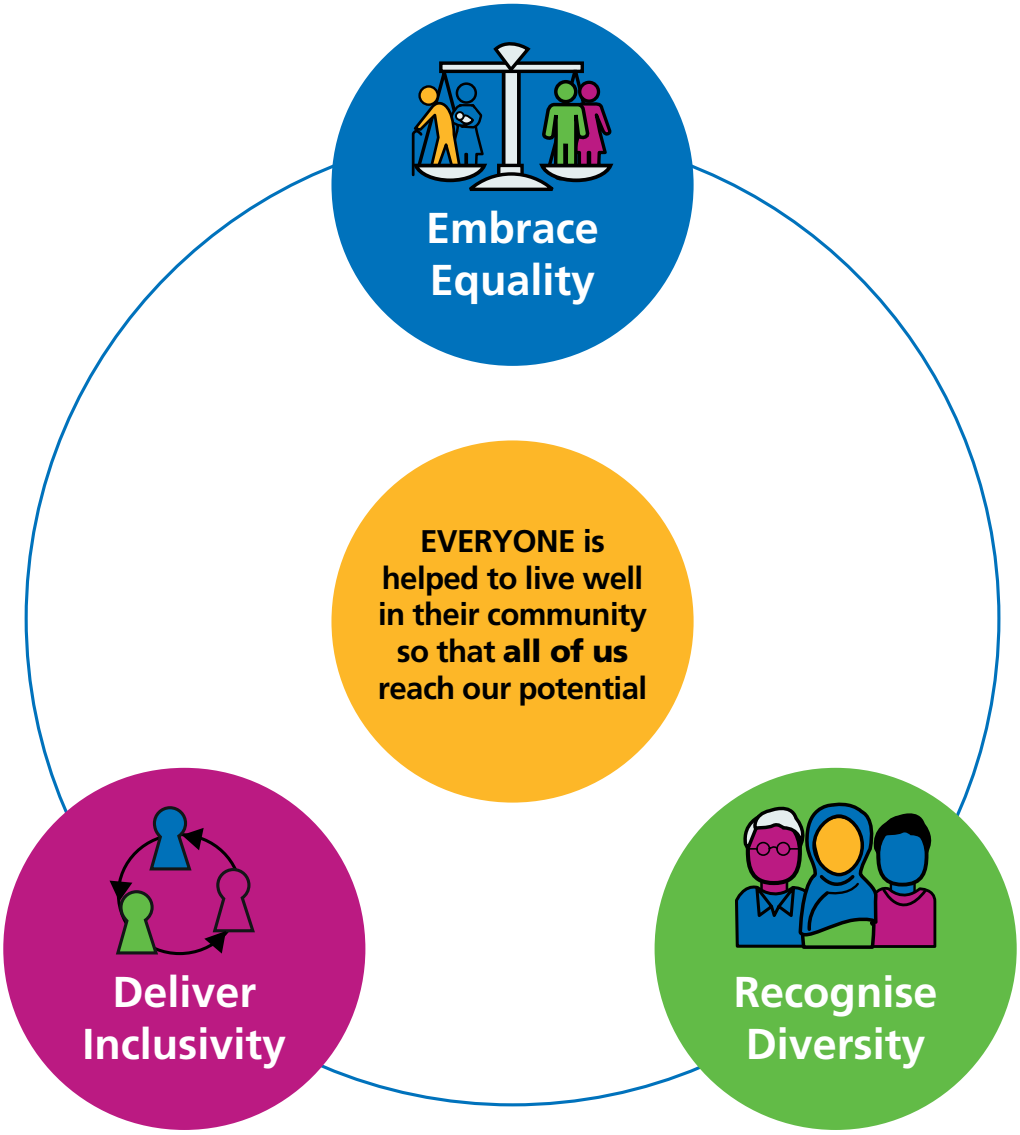
NHS
South West Yorkshire Partnership
NHS Foundation Trust



Equality, diversity and inclusion (EDI) strategy

2025 to 2030

With **all of us** in mind.

Contents

Foreword

Welcome from chair and chief executive

We understand that everyone is different. We value the unique contributions that our individual experiences, knowledge and skills make in both delivering and receiving care. Every contact we make is as unique as the individuals involved.

Every service user, patient, carer, family member and loved one we meet across our varied and diverse communities brings their own background, preferences and experiences to our services. As do our colleagues, many of whom are members of the communities that we serve.

It's therefore important that all our services are respectful, responsive, and considerate of every single person as an individual. This strategy provides a vision and plan for us to ensure that equality, diversity and inclusion is at the core of everything we do. We know that our organisation does not operate in isolation but exists in a society in which too many of our colleagues and service users do not experience equality and inclusion.

We know that stigma and discrimination can negatively impact on people's care experiences, their health and their future. We want to ensure we embrace equality, recognise diversity, and deliver inclusivity so that people are given personalised, meaningful and appropriate care and support.

Listening to people's experiences and views is important to make sure we get our approach right. This is why we involved both our colleagues and our communities in the #allofus conversation from the very start which helped us shape our strategic vision until 2030. We heard from almost a quarter of our colleagues and over 1,500 members of the communities that we serve. This insight directly shaped our thinking and approach. We have continued to develop our thinking to co-produce this final strategy.

Our strategy sets out how we will live our values so that we can be the best we can be. We will provide the best quality services, be the best place to work and learn, be the best partner, and provide the best value we can. This will support us to achieve our purpose of helping EVERYONE to reach their potential and live well in their communities.

Our strategy will guide us to delivering more responsive and equitable services for our communities and will guide us to being an inclusive employer where everyone can be themselves and feel valued for their contribution. When we do this, we make services better for everyone.

Mark Brooks

Chief executive

Marie Burnham

Chair

1.0 Context to refreshing our equality, diversity and inclusion strategy

Why do we need an EDI strategy?

Our purpose as an organisation is to help people reach their potential and live well in their community. It is important to us that we help EVERYONE to achieve this – the people we serve, our colleagues and our communities. We understand that there are differences in power, experience and opportunity which can lead to inequity, discrimination and inequality. We are committed to doing everything we can to address this for the communities we serve and for our colleagues. For us this is not just about being 'compliant' with our statutory duties, we know that a clear and proactive approach to equality diversity and inclusion means that the care we deliver will be better for our patients and service users. We know that running our organisation where everyone feels valued and included will make us a more effective organisation for EVERYONE, which in turns means we deliver better care.

Our overall Trust strategy sets out a range of aims and objectives to help us achieve our purpose. Our equality, diversity and inclusion strategy considers how we make sure that all of these elements are woven through everything we do and are embedded into our ways of working. This will ensure that all of us can reach our full potential, and that our Trust is the best place to receive care, as well as the best place to work and learn. We have developed this strategy to focus on the actions we will take and how we will demonstrate the positive and real difference that we will make.

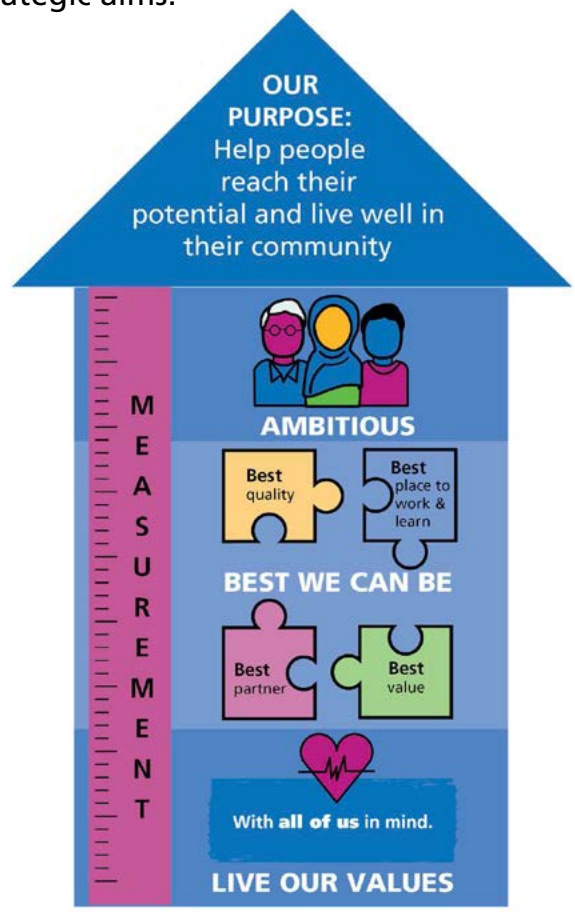
Previous strategy

This strategy replaces the equality, involvement, communication and membership strategy which was approved in September 2020. Membership is an essential part of being a Foundation Trust and therefore it is a key component for all trust strategies. How we work with our members is an important part of our inclusion approach which is described in this strategy. Communication is a key enabler for the strategy and is part of our deployment approach and plan which we are developing to make this strategy real. Our EDI strategy sets out our strategic intent and development for equality, diversity and inclusion. This new strategy has been developed through, extensive engagement, comprehensive analysis and clear alignment to our overall Trust strategy.

Trust strategy

Our purpose is to help people reach their potential and live well in their communities. We do this through our values and actions, directed by the ambitions and objectives we set through our strategy.

We agreed our new Trust strategy on 1 October 2024. This sets out how we will deliver our purpose through three strategic aims:



Equality, diversity and inclusion is a key feature woven through all elements of our Trust strategy.

More detail of our specific strategic intentions can be found in our main Trust strategy.

National context for equality, diversity and inclusion

The national context for equality, diversity and inclusion requires us to:

- Meet the requirements of the Public Sector Equality Duty
- Meet our legal obligations under the Equality Act 2010
- Deliver the standards in the NHS Constitution
- Meet the requirements of the Human Rights Act (1998) which apply in healthcare settings
- We are assessed by the Care Quality Commission (CQC) as part of their 'well led' reviews.

Many national published documents also include references to equality, diversity and inclusion. This includes:

- The 'Belonging in the NHS' section of the NHS People Plan
- The Equality, Diversity and Inclusion Improvement Plan (NHS Employers)
- Patient Carer Race Equality Framework (PCREF)
- Workforce indicators, such as the Workforce Race
- Equality Standards (WRES) and the disability pay gap
- NHS England health inequalities legal duties
- Equality Delivery System 2022 (EDS 2022)

Protected characteristics

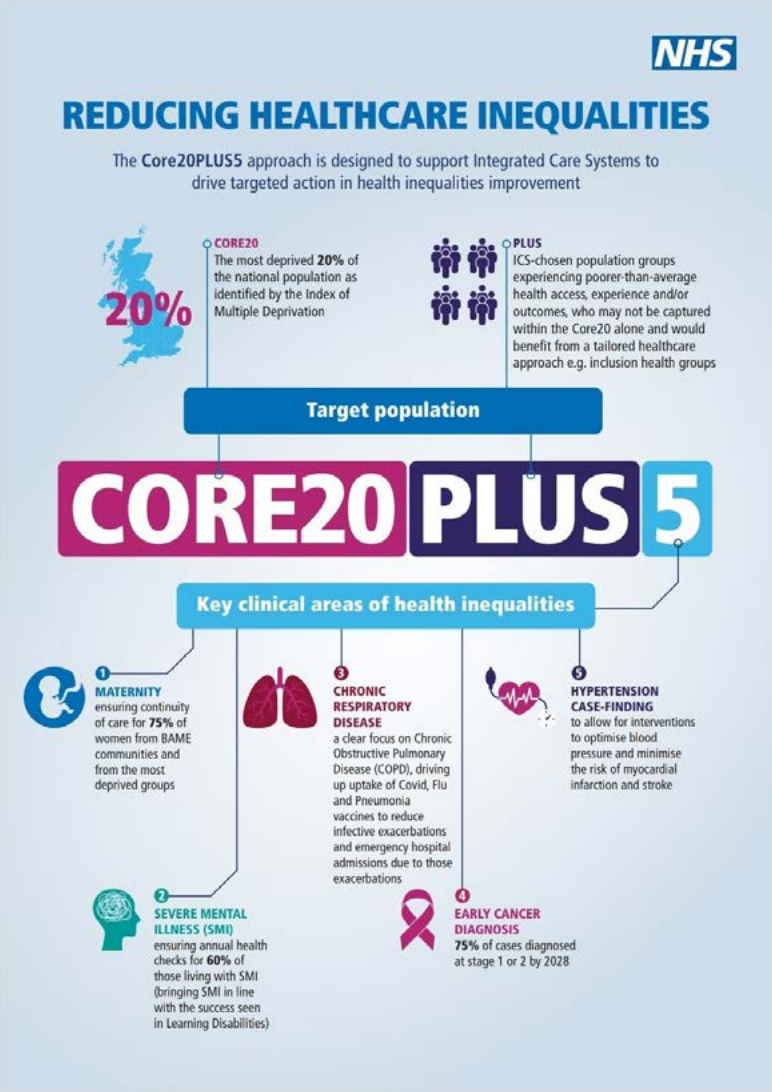
There are nine protected characteristics identified within the Equality Act (2010). In addition, the Trust has added a tenth protected characteristic for carers. This reflects our values and our shared belief that 'families and carers matter.'

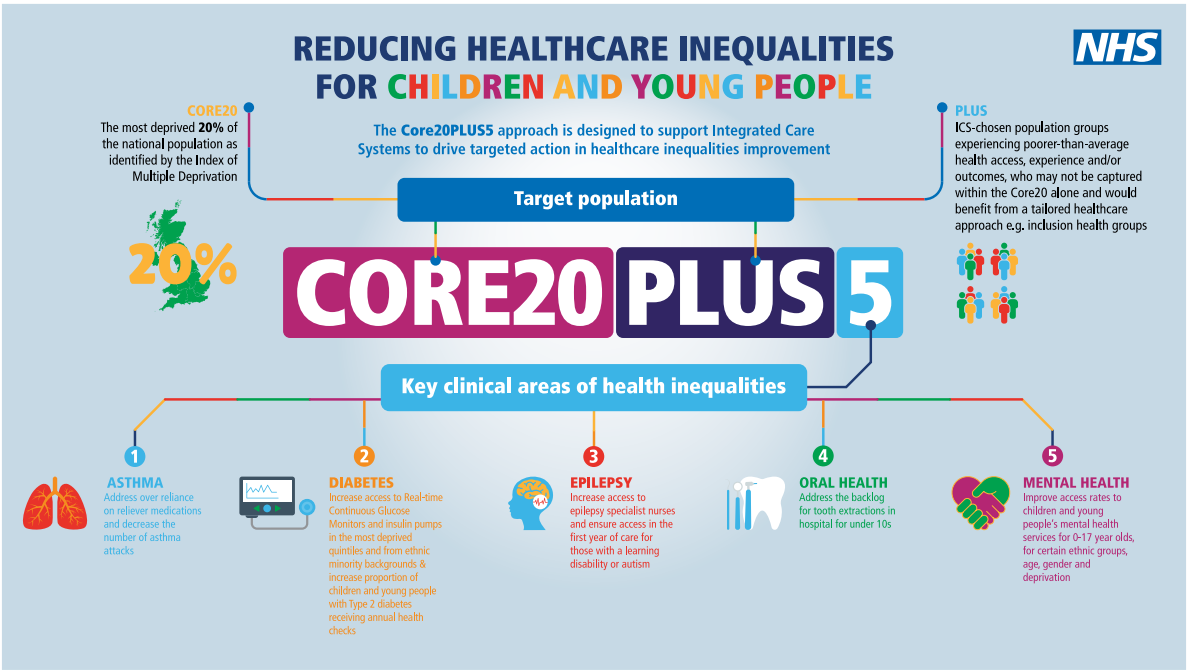
The Trust have adopted carers as a tenth protected characteristic

National context for health inequalities

NHS England define health inequalities as "inequalities [which] are unfair and avoidable differences in health across the population, and between different groups within society. These include how long people are likely to live, the health conditions they may experience, and the care that is available to them."

The Core20PLUS5 approach is designed to drive targeted action in health inequalities improvement. There is a Core20PLUS5 approach for adults and one for children and young people.





Local context for health inequalities

The following are some of the key inequalities relating to the people we serve:

- People with mental health or learning disability are known to have reduced years of life
- Black, Asian, and minority ethnic people are more likely to experience poor health
- 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 experience poorer health
- There is evidence that LGBTQ+ people have disproportionately worse health outcomes
- Some people experience multiple impacts and disadvantage

Our staff survey results

Headline results from our 2024 staff survey are:

- Our workforce race equality data has improved slightly since 2023 but is still higher than we want it to be. Harassment, bullying and abuse from both service users and staff has reduced. The percentage of staff believing there are equal opportunities for career progression / promotion has increased slightly. The percentage of staff who in the last 12 months personally experienced discrimination from managers or colleagues has reduced slightly
- The workforce disability scheme data has improved since 2023 in six of the nine indicators
- NHS people promise theme scores for LGBTQ+ colleagues have worsened in nine themes since 2023. All nine theme scores for LGBTQ+ staff are worse than those of heterosexual staff
- NHS people promise theme scores for staff who have caring responsibilities for adults are similar to 2023, all nine theme scores are worse than the Trust averages, this has been seen over recent years. NHS people promise theme scores for staff who are responsible for the care of children are similar to 2023, results are similar to the Trust averages

2.0 Who we are and who we serve

Background

At South West Yorkshire Partnership NHS Foundation Trust, we exist to help people reach their potential and live well in their community. We are a provider of mental health, learning disability and wellbeing services in Barnsley, Calderdale, Kirklees and Wakefield; and additionally provide physical health community services in Barnsley. We also provide specialist secure mental health (forensic) services for the whole of Yorkshire and Humber.

Our organisation also provides services that promote healthier communities and prevention through supported self-care, recovery focused approaches, peer support and community involvement, as well as volunteering and supported employment. Our Recovery Colleges, three linked charities of Creative Minds, Spirit in Mind, and the Mental Health Museum and our volunteering services further contribute to this.

All our services are focused on principles of recovery and co-production, working with the strengths of each person, along with their carers and the wider community.

We have about 5,600 colleagues, in both clinical and non-clinical support services, working hard every day to make a difference to the lives of service users, their families and carers. We have over 83,000 contacts with our service users, their families and carers every month. How we work is as important to us as what we do, and our values really matter to us.

Being a foundation trust means we're accountable to our members, who can have a say in how we're run and how they'd like our services to be developed. Around 13,700 local people (including our colleagues) are members of our organisation.

According to the latest census data 2021 The Trust serve 1.237 million people living across South and West Yorkshire. The Trust also have services and colleagues 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, Hoyland and the Dearne Valley to the south of Barnsley. We know that the people we serve are diverse and spread across our geography. We continually work with system partners to understand the public health profiles across our places using data sources such as the Joint Strategic Needs Assessments in each place to inform our understanding. In line with the Neighbourhood Health Guidelines (NHSE, 2025) we are increasing our use of neighbourhood profile data, service user, carer and family voice. This increasing understanding helps us to focus resources effectively to meet the varying needs across our areas. This systems approach strengthens our understanding of the wider determinant influences on health outcomes, which vary across our places.

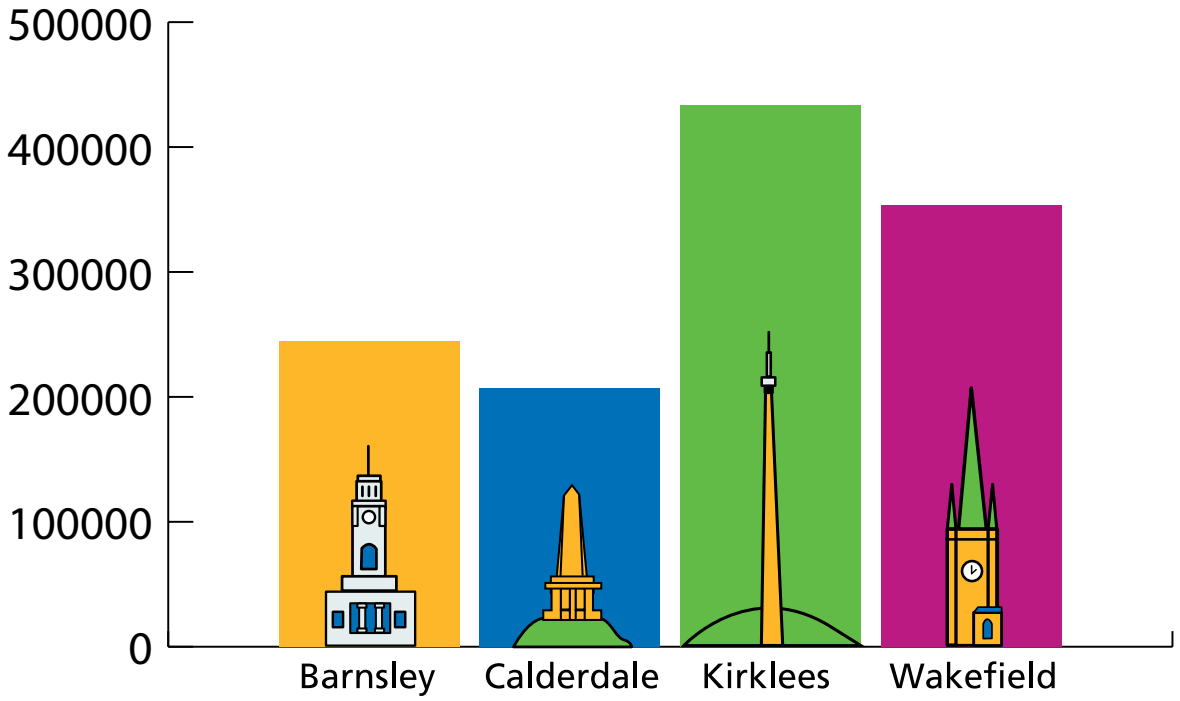
Our approach is led by our strong set of values, which unite our colleagues and guide our efforts every day - with all of us in mind.

Specific data and information

Our Trust serves 1.237 million people living across South and West Yorkshire. This is an increase of approximately 54,000 people since 2011, according to the latest census data (2021).

In addition, this tells us:

- Barnsley population is 244,600 (an increase by 13,400 since 2011)
- Calderdale is 206,600 (increase by 2,800 since 2011)
- Kirklees is 433,300 (increase by 10,800 since 2011)
- Wakefield is 353,300 (an increase of 27,500)
- The Trust also have services and staff in North Leeds, Sheffield, Doncaster, and Rotherham



Inequalities in health, housing, income 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.

In July 2024, Office of National Statistics (ONS) published its 2023 mid-year population estimates and revised mid-year population estimates for 2012 to 2021. According to ONS there has been an increase in the population across all our places, but importantly we recognise that the rate of increase has been different for each individual place, but also for individual population groups within each place.

In Calderdale (ONS 2023 Mid-year population estimates) 21% of residents are in the 50 to 64 age group compared with 19% for England, supported by local aging well priorities. In the 75 and over age group the proportion of males to females reduces indicating that a key determinant to higher life expectancy is gender.

Kirklees population data shows rich ethnic diversity where individuals may have described their ethnic group based on their culture, family background, identity or physical appearance (ONS, Census 2021). Approximately 26% of the Kirklees population describe themselves as being from one of the broad minority ethnic groups. Kirklees also has a significant student population accounting for 30.7% of the economically inactive population aged 16-64.

The State of the District Report (2024) for Wakefield noted that the main component of population change is continuing high net internal migration, where more people were noted to have moved to Wakefield from elsewhere in the UK compared to those leaving, largely due to housing growth locally. From the same report, over the last 20 years the Wakefield District has become a more ethnically diverse place. In 2001, 3.3% of the population defined their ethnicity as other than White British, compared with 11.8% in the 2021 Census. Understanding our increasing ethnic and cultural diversity is key when co-designing our service provision.

Over 60% of Lower Layer Super Output Areas (LSOAs) in Barnsley are in the top 20% most deprived in England in terms of Health Deprivation and Disability; reported living healthy / well figures are also found to be 5% lower than the England average.

The proportion of minority ethnic groups is increasing for those in the younger age groups across our places. This helps to recognise the increasing diversity amongst the younger populations in our places and helps us make long term plans that are informed by the triangulation of data obtained through community engagement, population statistics and a rich understanding of local need.

The above is only a snapshot of the distinctly different place populations and the geographies in which they live. We must work in collaboration with our communities as well as our statutory and VCSE system partners, to understand the associated public health needs across and within, each of our places.

EVERYONE is helped to live well in their community so that all of us reach our potential

3.0 Our places and partnerships

To help people live well in their communities we understand that services need to be joined up, responsive and delivered as close to people's homes as possible. We know that to achieve this we need to work together across the whole health and social care sector and with other anchor organisations in each of our places. We are committed to helping join up care and support wherever possible and are working in partnership on a local level in each of our areas to make this happen.

West Yorkshire
Health and Care Partnership

We are an integral partner in the West Yorkshire Health and Care Partnership. We are also a leading partner in the West Yorkshire Mental Health, Learning Disability and Autism Collaborative. This involves collaborative work in key areas such as suicide prevention, acute mental health inpatient services, community mental health services, learning disability services, services for people with autism/ADHD, and other complex care systems. We are also lead providers for the West Yorkshire Adult Secure Provider Collaborative and are partners in the West Yorkshire Adult Eating Disorders and Children and Young People's Mental Health provider collaboratives.

As well as working on a sub-regional level in West Yorkshire we are also involved in provider alliances across Kirklees and Wakefield, the Wakefield Integrated Care Partnership, the Wakefield Mental Health Alliance, and with Calderdale Cares. We are working closely with partners to ensure that mental health services are integrated into the local health and care systems and are delivered in a collaborative and partnership focused way.

South Yorkshire
Integrated Care System

We are members of the South Yorkshire Integrated Care System with our colleagues involved in the workstreams driving forward collaborative working. Our partnership work includes a focus on stroke services, Autistic Spectrum Disorders (ASD), Attention Deficit Hyperactivity Disorder (ADHD), Child and Adolescent mental health (CAMHS) and employment. We are also a leading partner in the South Yorkshire Mental Health, Learning Disability and Autism Alliance and the lead for the South Yorkshire Adult Secure Provider Collaborative.

In South Yorkshire we are founding members of the Barnsley Community Health and Care Alliance, which integrates physical, mental and community health with primary care along with social care. We are key members in the integrated care partnership, committed to joining up care for the people of Barnsley. We are working as part of area-

based partnerships in Barnsley to provide more localised community services, including the development of joined up care in neighbourhoods and primary care networks, which are more responsive and focused on places nearer to where people live. This includes work on stroke services, frailty and older people, neighbourhood nursing and cardio-vascular disease. We have recently extended this partnership working to include Barnsley Hospital NHS Foundation Trust.

We are also the lead provider for the South Yorkshire and Bassetlaw adult secure NHS-led provider collaborative. In October 2024, the Trust also took over ownership and management of Cheswold Park Hospital, an adult secure mental health unit in Doncaster.

Yorkshire Smokefree service

Our Yorkshire Smokefree service helps the people of Barnsley, Calderdale, Doncaster, Sheffield, Wakefield and Barnsley to go smoke free, achieving in 2023 the second-best quit results nationally

We believe that partnership working across the whole health and care system is essential to delivering for local people. We are committed to making sure that we continue to be active partners on the local, regional and national level.

4.0 All of us conversation and the development of our equality diversity and inclusion strategy

Our process

We were clear that we needed to consider three different, interrelated areas to ensure that we developed a refreshed EDI strategy that was based on evidence, what we already know, and what our colleagues, local communities and partners wanted to tell us. It is important that our strategy reflects the voice of the people we serve and work with. This included:

1. A full strategic analysis to develop a comprehensive picture of our strategic context
2. The development and use of a comprehensive Trustwide equality impact assessment
3. An extensive, inclusive engagement exercise.

Strategic analysis

Our comprehensive strategic analysis involved consideration of:

- Our Trust strategy
- The wealth of information already gathered in the research bank for equality and inclusion
- Other data and information such as previous reports and projects, such as the workforce data report
- Friends and family feedback and compliments, complaints and serious incidents reports
- Our performance data
- Our data gathered on communities, protected characteristics and deprivation.
- The national context on EDI and health inequalities
- An assessment of our strengths and weaknesses

From this we were able to identify the key themes the strategy needed to address, which we used to complement the information gathered as part of our engagement. We made sure we described these themes in language used routinely by our communities.

Trustwide equality impact assessment (EIA)

We developed a comprehensive equality impact assessment and discussed this widely as part of our strategy development. We also considered all front facing service EIAs and action plans.

The headline themes we identified were:

- Health inequality
- The impact of delays and waiting
- Levels of male suicide with an even higher rate in gay and bisexual men.
- Access to talking therapies
- Workforce gender ratio
- High number of women with history of abuse accessing mental health services, and the link to trauma informed care
- Demand
- Stigma
- Smoking prevalence and mental health
- Links to voluntary sector
- Large number of unpaid carers, many struggling with poor physical and mental health
- People from the white gypsy or Irish traveller, Bangladeshi and Pakistani communities have the poorest health outcomes across a range of indicators
- Black-British men are overrepresented in mental health secure care
- Communication and digital accessibility
- Support for carers
- Racial abuse to staff

Engagement – our #allofus conversation

We carried out extensive engagement as part of our #allofus conversation to develop our Trust strategy and our EDI strategy. The collective effort of those who took the time to share with us their voice, views, opinions, and insights means we have genuinely been able to put the person first and in the centre.

The engagement approach was extensive. We wanted to ensure the strategy refresh belonged to everyone, adequately reflecting the voice, views and experiences of our colleagues, governors, members, service users, carers, families, partners, and stakeholders. Our priority was to hear the voice of the people we serve.

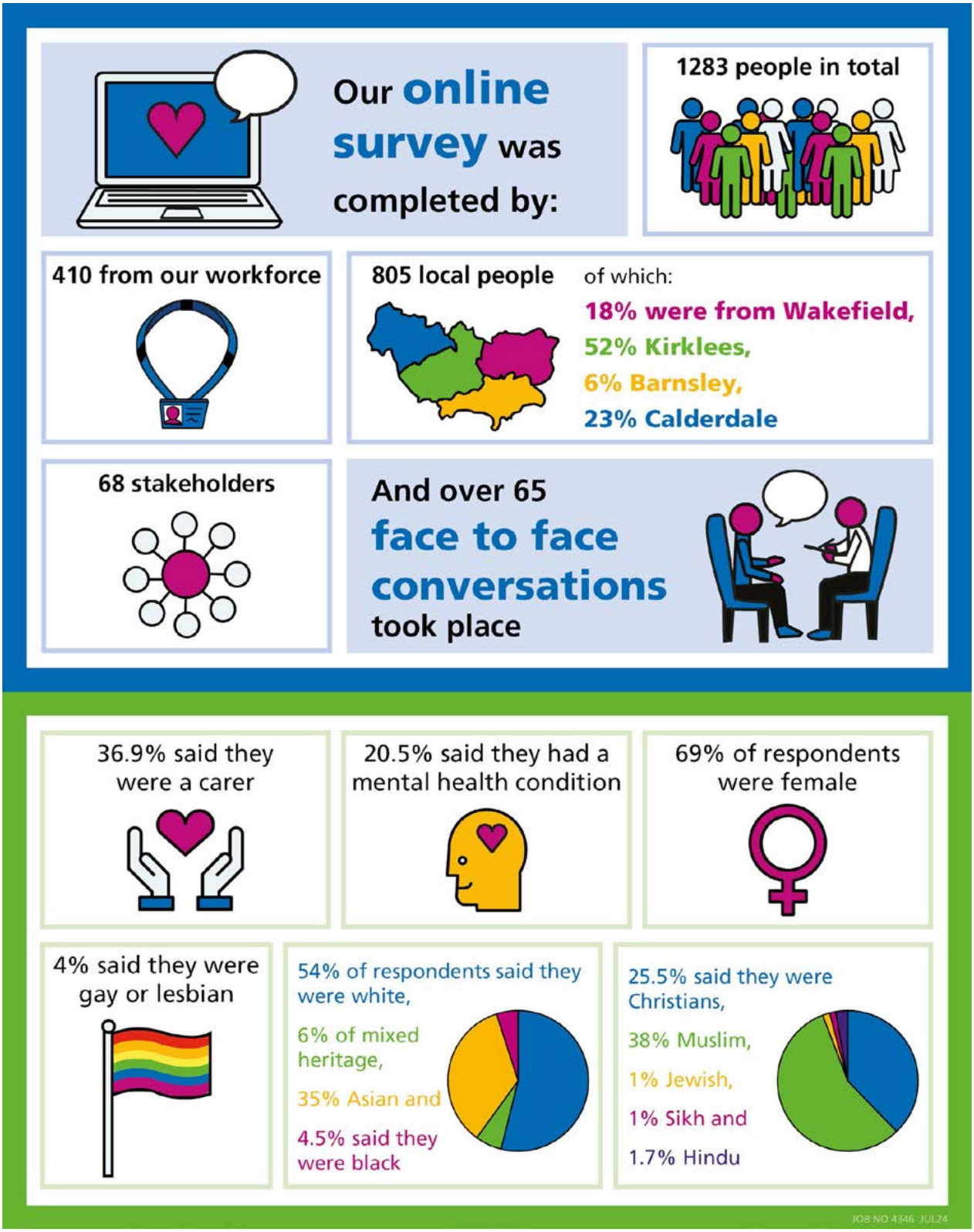
Before starting our approach, we identified existing insight from a range of internal and external sources to identify what people had already told us. This information came from the work we have done over many years of engaging people, partners, and the wider system. We truly value when people share their views freely. We wanted to honour this voice and make sure we did not lose anything that had already been shared with us.

This information already created a rich picture of our services, progress, and what matters to people. We found key areas of excellence, themes for improvement, as well as challenges. This information gave us in-depth knowledge and a solid place to start.

To hear a broad range of voices, our approach was to go to where people live and meet to have conversations. By supporting those already connected to others, we were able to use forums, spaces, and places to talk, listen and share ideas that we would not otherwise have been able to. This means we are able to include the voices that often are not heard.

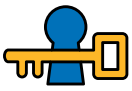
During our involvement we heard from colleagues, who valued the time to talk about our organisation, engaged partners in conversations, and used our community assets through 'connecting people.' It is a testament to our strong relationship with the voluntary and community sector, that we were able to engage extensively with our communities. The result was a reflective response of the workforce and population we serve. Each voice giving us a unique perspective. We heard from over 1,500 people from our communities, and almost a quarter of our workforce, and all our partners were involved.

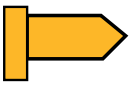
This is who we heard from:



From individual experiences, day-to-day encounters, survey feedback, community conversations and informal chats, each unique voice has helped us to understand what really matters to people and therefore provided valuable information which was used to shape this strategy.

Here is what people told us:


Access to services, specifically when in crisis, and in young people services can be challenging


Continued support following discharge or signpost to places where people can wait well is important


Cost of living and digital accessibility are still barriers that some people struggle with


Person centred care that is trauma informed, delivered by a kind and compassionate workforce built on trust and good relationships where people feel safe is critical


Waiting for services is difficult and increased community support would improve this as well as our experience of services. Its better when we work with all the system, including voluntary sector & primary care working in a joined-up way


More shared decision making in the design and delivery of health and care is needed. It was felt we sometimes overlook the role of families, carers and loved ones


Most people value being treated with dignity and respect. This includes culturally and spiritually appropriate care and environments


Workforce colleagues would like to feel more valued within design and delivery and be able to make improvements


There are some blockages in the system around communication and sharing of information


There is sometimes a lack of capacity within our workforce


A diverse workforce that is reflective of the population but also types of roles is yet to be achieved consistently


Narrowing the gap and addressing health inequalities needs more work


Holding people to account to do their job in a compassionate way is needed to 'close the loop'


Demystifying what we do is needed as it is confusing

As an organisation, we value voice and wanted everyone to feel included, from our colleagues to the people we serve. Everyone's voice has counted in the development of this strategy. The ideas, views, ambitions, and passion for our organisation has been evident.

Strategy development

The richness of our analysis and extensive engagement has helped us to identify the areas of focus for our refreshed strategy. We have done this by triangulating the information from what people have told us, with the EIA and our strategic analysis. These have been used to develop the aims and objectives set out in our strategy.

5.0 Language

In the development of this strategy, we have had many conversations about language and terminology and what words we should use. We are aware that language is powerful and can help to shift attitudes and behaviours.

We have discussed other terminology such as equity, involvement and fairness. After all our discussions we have chosen to use equality, diversity and inclusion for the title of the strategy. The definitions we have used for these words have been co-produced with a wide range of stakeholders including staff and representatives from our networks, we use these definitions in our training.

We have referred to the protected characteristics as defined in the Equality Act (2010). However, our strategy intends to positively impact groups and individuals beyond these terms and definitions and recognises that people have complex and multiple identities. We recognise that multiple forms of inequality or disadvantage sometimes combine to create obstacles that cannot be addressed through the lens of a single characteristic in isolation.

Some specific points on language:

- When referring to ethnicity, we use the term Black and minority ethnic (BME) to be consistent with NHS Workforce Race Equality Standard terminology
- We use the term 'disability' as it is defined in the Equality Act 2010
- We use the acronym LGBTQ+ where the 'plus' includes all those identities and sexual orientations not specifically referenced
- To promote the use of inclusive language, this document uses the terms 'trans and non-binary,' 'gender identity' and 'sexual orientation'

Definitions Co-produced with Professor Uduak Archibong, Centre for Inclusion and Diversity, University of Bradford	
Equality 	Creating a **fairer society** where everyone can be **involved** and fulfil their potential.
Diversity 	Recognising, acknowledging and **valuing** difference.
Inclusion 	Being **valued, respected** and **supported** so we can actively participate and influence decisions.

6.0 The purpose of our equality diversity and inclusion strategy

Our purpose as an organisation is to help people reach their potential and live well in their community.

Our EDI strategy ensures that EVERYONE is helped to live well in their community. It describes how we will work to actively understand our communities and colleagues so that all of us reach our potential, identity does not predict outcome, and this is the best place to work and learn for all.

Explicitly, the strategy sets out our EDI approach and plans for our community of colleagues (our workforce) and the communities we serve (our public). An important part of the communities we serve are our service users, patients and carers. It is deliberately written as a strategy that describes the action that we will take in order to make a demonstrable impact on the experience of our colleagues and the people we serve.

7.0 Our strategic aims and objectives

Strategic aims

From our analysis and extensive engagement, we have identified six strategic aims.

Definitions	Strategic aim
Strengthen our approach to EDI 	1 One: We will strengthen our approach and **weave EDI through everything that we do** so it is easier to do the right thing.
Embrace Equality 	2 Two: Consistently address health inequalities across our services, ensuring we are inclusive and working to minimise the impact of deprivation and the wider determinants of health.
	3 We will actively address equality for the people we serve and our colleagues
Recognise Diversity 	4 Four: We will ensure we recognise and value diversity through the systematic collection and analysis of data (both numbers and voice) according to protected characteristics. We will use this to develop understanding and as the basis for our decisions.
Deliver inclusivity 	5 Five: We will ensure inclusive practices with #allo-fusinmind so that our colleagues feel they belong, are proud to work here and want to stay.
	6 Six: We will truly listen to all our communities and demonstrate the difference we make to those we serve.

For each strategic aim, using the evidence from our engagement and analysis, we have identified our strategic objectives and what this means we will do. We have also considered what we will see if we are getting this right

Strengthen our approach to EDI We will go beyond compliance to make a real difference to the people we serve		
Equality	**What this means we will do (our objectives)**	**What we will see if we are getting this right**
1 **Strategic aim one:** We will strengthen our approach and **weave EDI through everything that we do** so it is easier to do the right thing. 	1.1: Living our values – we will ensure we embrace equality, recognise diversity and deliver inclusivity as part of our work on living our values.	A clear, explicit understanding of our progress and impact that we can share and use to guide our focus to new priorities. Evidence that we are trauma informed and demonstrate emotional intelligence. Improved access for all. People will tell us they feel heard and treated fairly and equally. The ways we work will have EDI embedded in them e.g. our governance, our planning, our performance management.
	1.2: We will weave EDI through all that we do.	
	1.3: We will use an insight driven improvement approach.	
	1.4: We will take action and demonstrate the impact we have.	
	1.5: We will ensure services are inclusive and welcoming and able to easily adapt to respond to individual needs.	

Further details on some of these objectives are provided below

Objective 1.1

Living our values – we will ensure we embrace equality, recognise diversity and deliver inclusivity as part of our work on living our values.

Our approach to EDI is described by truly living our values with all of us in mind. EDI is therefore a key component in the planned work to deliver strategic aim one from the overall Trust strategy. In relation to EDI, it particularly includes the areas identified below:

Our values and EDI

Person first and in the centre	Families and carers matter	Respectful, honest, open, and transparent	Improve and aim to be outstanding	Relevant today and ready for tomorrow
We will be equitable, diverse and inclusive and support culturally and spiritually appropriate care. We will be compassionate, trauma informed, and recovery focussed and make safeguarding everybody's business. We will involve people, listen and respond to feedback from service users, patients, carers and staff.	We will support carers. We will involve people, work in co-production and share decision making.	We will use our values as the basis for the way we communicate with each other. We will use our values as the basis for the way we behave with each other to support and challenge.	We will focus on improving all that we do.	We will focus on the difference we make and use data and insight to demonstrate the impact.

Objective 1.2

We will weave EDI through all that we do.

We will ensure that EDI is woven through, linked and connected to:

- All our priorities, actions and objectives
- Our links to communities and partners
- Our connections to members and our members council
- Our ways of working:
- Our involvement approach where we use what we know and are honest about what people can influence
- Our operational processes so that our colleagues have the insight available to inform decisions
- Our inclusive improvement approach
- All stages of our employee journey
- How we develop and sustain strong relationships
- The narrative we use and how we communicate and share information
- The conversations that we have and the ways in which we support each other
- We know sometimes that these conversations are uncomfortable, and we need to support each other to hold this discomfort so we can collectively develop and learn
- The good practice that we celebrate

Objective 1.4

We will take action and demonstrate the impact we have.

We will:

- Be clear on our intentions, our actions and the difference we will make
- Develop and share clear, inclusive measurement, these will include both numbers and voice
- Demonstrate impact through regular, transparent reporting to:
- The people we serve
- Our communities
- Our colleagues
- Our partners
- Our members

Embrace Equality

Strategic aim:	What this means we will do (our objectives):	What we will see if we are getting this right:
2 **Strategic aim two:** Consistently address health inequalities across our services, ensuring we are inclusive and working to minimise the impact of deprivation and the wider determinants of health. 	2.1: We will improve our detailed understanding of the communities we serve and the health inequalities of our population. We will ensure this is shared and understood.	A widely published annual summary of the communities we serve and the health inequalities of our population which is routinely built into the annual planning processes.
	2.2: We will improve our detailed understanding of the health inequalities in each of our places and neighbourhoods and linked to each of our care groups. We will ensure this is shared and understood.	Health inequalities part of our routine decision-making process and governance processes with a clear link between this information and decision making relating to service provision and policy.
	2.3: We will co-develop targeted plans to address key inequalities. We will ensure the plans are informed by lived experience and include robust metrics and feedback to measure progress and impact.	We are able to demonstrate that we are having a positive impact.
	2.4: We will ensure that consideration of health inequalities is woven through our ways of working.	We will have a clear and measurable way of working in partnership and monitoring the impact we have.
	2.5 We will work closely with other organisations across the places and communities we support to collectively address health inequalities for our communities.	Improved access for all.
	2.6 We will empower our communities to help build their influence and voice.	
3 **Strategic aim three:** We will actively address equality for the people we serve and our colleagues	We will challenge ourselves about the assumptions we make so we learn together.	The Trust is somewhere that people want to work.
	We will deliver this strategic aim through the following headline initiatives: • Delivering a programme of work to ensure equitable access, experience and outcomes for all • Delivering the Patient Carer Race Equality Framework (PCREF) • Becoming an actively anti-racist organisation • Supporting patients and service users to access our services	Evidence that we are trauma informed and demonstrate emotional intelligence.

Continued...

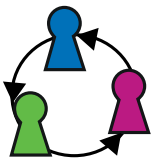
Embrace Equality

Strategic aim:	What this means we will do (our objectives):	What we will see if we are getting this right:
	• Delivering the Equality Delivery System 2022 (EDS 2022) • Actioning the NHS response to health inequalities Some of these headline initiatives focus on race and marginalised communities. Whilst this may be the early focus of the work, we will use this learning to deliver improvement for all protected characteristics.	Improved access for all. People will tell us they feel treated fairly and equally. Clear priorities with clear expected impacts. Our colleagues will feel they are individuals who are valued. They will routinely feel included. We will be able to demonstrate this through various measures such as staff survey results. Our patients, service users, carers and families will feel they have a personalised service that meets their needs. We will be able to demonstrate this through various measures such as service user feedback and friends and family test results. We will have examples of active learning when things do not go as intended so we do not repeat our mistakes.
	To help us to deliver this strategic aim we will use some of the following tools: • Data and measurement • Equality Impact assessments of our strategies, policies and services and subsequent improvement plans • The suite of workforce equality standards such as WRES and WDES • The EDI High Impact Goals developed by NHS England • Workforce training and development which is linked to the core skills framework and designed to enhance knowledge, skills and confidence • Disability confident standards	

Recognise diversity

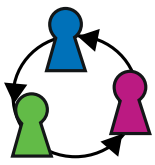
Strategic aim:	What this means we will do (our objectives):	What we will see if we are getting this right:
4 **Strategic aim four:** We will ensure we **recognise and value diversity** through the systematic collection and analysis of data (both numbers and voice) according to identified protected characteristics. We will use this to develop understanding and as the basis for our decisions. 	4.1 We will develop ways of demonstrating the value of diversity in all elements of what we do. 4.2 We will ensure we use a broad definition of diversity which includes protected characteristics but is widened to include the wider determinants of health and other elements of who we are. 4.3 We will improve our collection and recording of information so that our analysis is based on high quality, comprehensive data. 4.4 We will provide insights on diversity at places, neighbourhoods and teams so that those who provide the data can reflect on what it is telling them. 4.5 We will provide insights on workforce diversity across the organisation so that those who provide the data can reflect on what it is telling them. 4.6 We will provide support and staff development for people to understand, value and interpret what they see. 4.7 We will ensure that insight informs the actions we take and that these lead to improved performance and positive impact for people.	The Trust is somewhere that people want to work. Our workforce is increasingly representative of our community. We will be confident and clear in our understanding of what we do well and where we need to improve. We will have plans in place which set out how we will improve including measures and feedback.

Deliver inclusivity

Strategic aim:	What this means we will do (our objectives):	What we will see if we are getting this right:
5 **Strategic aim five:** Ensure inclusive practices with all of us in mind so that our colleagues feel they belong, are proud to work here and want to stay. 	5.1 We will analyse all our workforce information and feedback, including our annual staff survey, so we have a detailed understanding of the experience of all our colleagues and clarity on how this differs between different groups. We will ensure this is shared and understood.	The Trust is somewhere that people want to work. Evidence that we are trauma informed and demonstrate emotional intelligence. Our workforce is increasingly representative of our community. Colleagues will tell us they feel treated fairly and equally. Colleagues will report feeling heard and listened to. We be able to evidence a culture where inclusion is a lived reality for EVRYONE through measures such as our staff survey, friends and family rest results, staff turnover, representation.
	5.2: We will develop targeted plans to improve the experience of all our colleagues and take action to address those areas where staff have a less positive experience. We will ensure we have robust metrics and feedback mechanisms to measure and deliver improvement.	
	5.3 We will ensure we have a comprehensive programme of learning and development opportunities and activities for individuals and teams. We will ensure the programme supports skill development and values diversity, cultural sensitivity and inclusive behaviours.	
	5.4 We will ensure we have a comprehensive pathway of leadership development opportunities and activities so we develop leaders who value diversity, can create psychological safety and civility for their teams, and are role models and allies for colleagues.	
	5.5 We will develop a programme of talent management and succession planning which promotes diversity. We will ensure we have robust metrics and feedback mechanisms to measure and deliver improvement.	
	5.6 We will address all the high impact actions in the NHS Employers EDI improvement plan.	
	5.7 We will devise a programme of development opportunities for colleagues, such as reverse mentoring and allyship.	

Continued...

Deliver inclusivity

Strategic aim:	What this means we will do (our objectives):	What we will see if we are getting this right:
6 **Strategic aim six:** We will truly listen to all our communities and demonstrate the difference we make to those we serve. 	We will be honest, open and transparent about what decisions people can influence. We will challenge ourselves to hear and respond rather than just do what we are required to do. We have identified the following headline initiatives that we will use to truly listen and demonstrate the difference: • A programme to co-produce and use impact measures which demonstrate the difference we are making • We will continue to develop and actively support our staff networks • We will further develop a programme of work to fully embed our connecting people approach and how we work closely with our communities to continue to amplify voices and influence • We will continue to work with our partners to further embed stakeholder collaboration and partnership working To help us to deliver this strategic aim we will work with our Members' Council and governors and use some of the following tools: • Co-production • Our stakeholder map and plan • Connecting people and community asset building • Collection of stories to demonstrate real impact on real people	Our workforce is increasingly representative of our community. People will tell us they feel treated fairly and equally. We will have a wealth of stories about the difference we have contributed to. We will have lots of different voices which give us varied feedback and a rich picture of our impact.

The difference we will make

The purpose of our EDI strategy is to ensure that EVERYONE is helped to live well in their community. We are clear that we want to make a demonstrable impact on the experience of our colleagues and the people we serve. In summary, through the delivery of this strategy.

We will be able to demonstrate that we deliver accessible, flexible and responsive services

We will have a clear, consistent, constructive dialogue with our communities

We will have clear examples where we have responded to feedback from our communities

Our patients and service users will consistently receive individualised care which meets their needs

We will reach people in ways that are helpful, and which deliver the best outcome for them

Our colleagues will routinely experience an environment where they feel valued, appreciated and clear about what their contribution is.

We will value individual differences and use listening and learning to make a positive impact

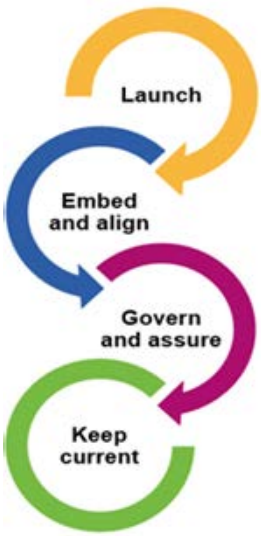
8.0 Deployment

Deployment of our EDI strategy is as important as its development. It is how we 'hard wire' the delivery of the strategy and make it real. It is also how we demonstrate our commitment to deliver inclusivity. Deployment is a management process that connects and aligns the way we will function with our strategic aims and objectives.

We will develop a detailed deployment plan to ensure we implement this strategy in line with our values.

This will include:

How we will launch our strategy so that our service users, patients, carers, staff, partners and communities know our plans and can see how thesehave been shaped by their engagement



- How we will embed and align new and existing ways of working to make sure that we inclusively deliver the strategy and are consistently moving forward in line with our intentions and ambitions
- How we will embed and align new and existing ways of working to make sure that we inclusively deliver the strategy and are consistently moving forward in line with our intentions and ambitions
- How we will govern and assure the things we do so we are confident that we are delivering and achieving in line with our strategy
- How we will co-produce the ways we measure our progress and demonstrate the difference we make to those we serve
- How, in a changing environment we will make sure our strategy remains relevant and current

We will use our annual planning processes to describe the actions we will take each year so that we deliver the strategy between now and 2030.

Measuring our progress

We already have a range of metrics and measurement in place around the EDI agenda. We have commenced work to clarify the measures we will use to see how well we are delivering what we set out to do and where we need to put more or different effort. We are very aware that finalisation of these example measures will require further engagement and co-creation with a variety of different people if they are going to accurately demonstrate impact for people. This will be undertaken as part of the deployment and ongoing delivery of the strategy and will be aligned to the measurement work being done to demonstrate delivery of the Trust strategy.

As part of the further development of our measures we will be clear about the measures that we are using to manage performance and those which are for improvement. This work will be a component of work to ensure we increase the use of intelligence and insight to inform decisions and drive improvement.

9.0 Conclusion

We are proud of the how we have refreshed this EDI strategy through strategic analysis, equality impact assessment, and extensive conversations, considerations and engagement. It sets out how we will deliver our purpose to help everyone live well in their community. It describes how we will work to actively understand our communities and colleagues so that all of us reach our potential, identity does not predict outcome, and this is the best place to work and learn for all people.

If you require a copy of this information in any other format or language please contact the Trust.

إذا كنت تحتاج إلى نسخة من هذه المعلومات بأي تنسيق أو لغة أخرى، فيرجى الاتصال بـ Trust.(Arabic)

اگر شما به یک نسخه از این اطلاعات در هر قالب(فرمت) یا زبان دیگری نیاز دارید، لطفاً با بنیاد (Trust) تماس بگیرید.(Farsi)

Ha a jelen információk másolatát más formátumban vagy nyelven szeretné megkapni, akkor kérjük, hogy lépjen kapcsolatba a trösztte l. (Hungarian)

ئەگەر ڕوونووسی ئەم زانیارییانەت بە هەر زمان یان فۆرماتێکی دیکە پێویستە تکایە لەگەڵ ئیمە پێوەندی بگرە.(Kurdish Sorani)

Jeśli potrzebują Państwo uzyskać kopię niniejszej informacji w innym formacie lub języku, prosimy o kontakt z Funduszem Zdrowia. (Polish)

Se necessitar de uma cópia destas informações em qualquer outro formato ou idioma, entre em contato com a Fundação. (Portuguese)

جے تہانوں ایس جانکاری دی اک کاپی دی کسے ہور فارمیٹ یا بولی وچ لوڑ اے تے مہربانی کر کے ٹرسٹ نال رابطہ کرو۔ (Punjabi Pakistani)

Dacă aveți nevoie de o copie a acestor informații în orice alt format sau limbă, vă rugăm să contactați Trustul nostru. (Romanian)

اگر آپ کو اس معلومات کی ایک کاپی کی کسی دوسرے فارمیٹ یا زبان میں ضرورت ہو تو براہِ مہربانی ٹرسٹ سے رابطہ کریں۔(Urdu)

JOB NO 4867 MAY 25