South West Yorkshire Partnership Teaching NHS Foundation Trust

Equality Diversity and Inclusion (EDI) Annual Report for Trust Board

1. Background and introduction

On 1st October 2024, the Trust Board formally agreed the new trust strategy to take the organisation up to 2030. Reducing inequalities and addressing EDI is a key component in achieving our strategy. We have refreshed our EDI strategy, and this was approved by Trust Board at the meeting on the 25th March 2025.

The Trust has previously supplied an annual report on EDI into the January meeting of Trust Board. The last annual report was presented in January 2025 and covered 2023/24. This report covers the period April 24 until March 25.

2. Public Sector Equality Duty (PSED)

We are committed to the EDI agenda and to publishing our work on EDI in line with our Trust mission, strategy and values. In addition the public sector equality duty (PSED) requires us to

Publish one or more equality objectives at least every 4 years. **These are set out in our EDI strategy**

Publish information on general duty compliance with regard to people affected by our policies and practices every year. **This report, along with the other reports referenced within it, covers this for the period of 2024/25.**

Publish information on general duty compliance with regard to our employees every year. **This report, along with the other reports referenced within it, covers this for the period of 2024/25.**

Publish gender pay gap data by 31.03 every year. This is a sperate process led by the Chief People Officer.

3. Board reporting on EDI

3.1. Regular reporting

We report a range of EDI items into our Trust Board and members council on a regular basis. The list below sets out the reports that have been considered since April 2024 which demonstrates the breadth and frequency of Board consideration of this agenda.

Table one EDI reports presented to Trust Board, Committees and Members Council

Date	Where	What
30/01/24	Public Board meeting	EDI annual report
01/10/24	Public Board meeting	WRES and WDES
11/12/24	Equality, Inclusion and Involvement Committee	EDS 2022
28/01/25	Public Board meeting	EDI annual report
14/02/25	Members Council	Review of new EDI strategy
25/03/25	Public Board meeting	Approval of new EDI strategy
28/10/25	Public Board meeting	WRES AND WDES
17/12/25	Equality, Inclusion and Involvement Committee	EDS 2022

3.2. Annual reporting

Our refreshed EDI strategy is the key driver of our EDI agenda across the Trust. It sets out how we will ensure 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.

We will develop our future annual reporting to provide an update against the delivery of the strategy on an annual basis. As the strategy was approved in March 2025, we will start to produce the annual report in April each year, commencing April 2026. It will cover the reporting period of the previous year (April to March). It will be presented into the first Board committee after April and then onto Trust Board. This means, going forward, that our annual report is likely to be reported into Trust Board in June/July each year.

4. Progress Report

This progress report covers the period 2024/25 to ensure that we report on this time period before we align to the new reporting pattern set out above. It sets out the main areas of work during this time period.

4.1. Strategy development

4.1.1. Who we heard from

During 2024/25 we undertook extensive consultation with our service users, carers, staff and communities. We heard from almost a quarter of our colleagues and 1500 members of the communities we serve

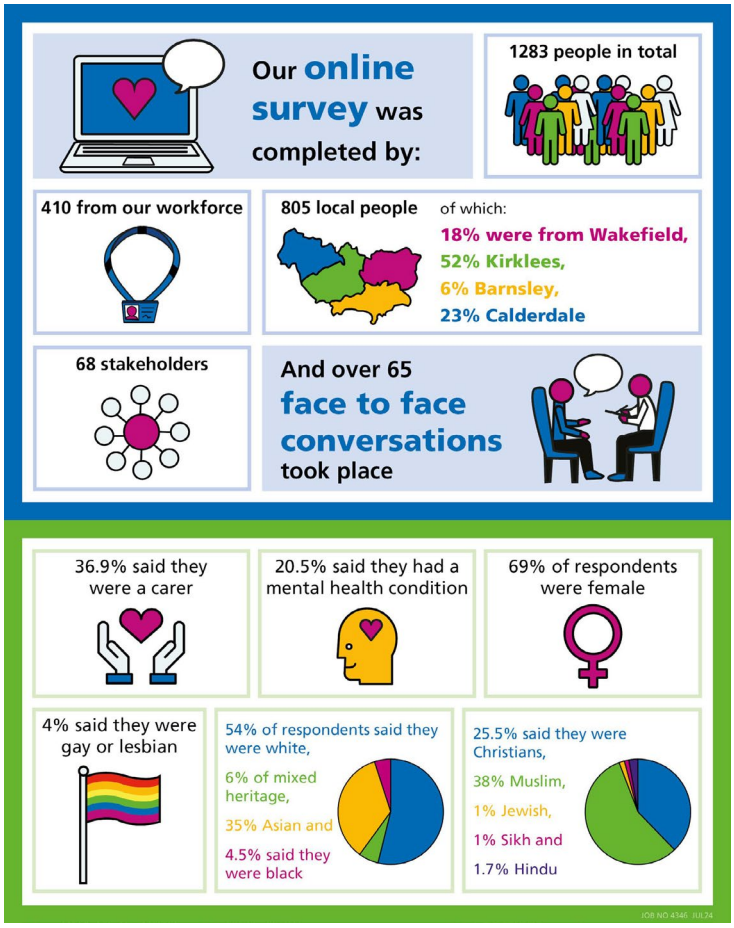


Figure one: Infographic of the people we heard from

4.1.2. Themes from our engagement

We took all this rich feedback and identified the following themes:

- Access to services specifically when in crisis, young people services & continued support following discharge or sign post to places where people can wait well.
- Consideration to the cost of living and digital are still barriers.
- Person centred care that is Trauma informed delivered by a kind and compassionate workforce built on trust & good relationships where people feel safe.
- Waiting times and increased community support would improve experience of our services – 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. We sometimes overlook the role of families, carers and loved ones.
- Most 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
- identified blockages in the system around communication and sharing of information.
- Identified a lack of capacity within our workforce
- A diverse workforce that is reflective of the population but also types of roles
- Narrowing the gap and addressing health inequalities.
- Demystifying what we do

4.1.3. Our Equality Impact assessment (EIA)

We also undertook a full equality impact assessment and considered all front facing service EIAs and action plans. From this we identified the following themes:

- Health inequality e.g. life expectancy for people with serious mental illness or learning disability
- Impact of delays and waiting
- Levels of male suicide with even higher rate in gay and bisexual men
- Access to IAPT - low numbers of men, older people and people from black and minoritised ethnic backgrounds
- Workforce gender ratio
- High number of women with history of abuse accessing mental health services and link to trauma informed care
- Demand e.g. eating disorders
- 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

4.1.4. Feedback and strategic analysis

This feedback, along with our strategic analysis resulted in a refreshed EDI strategy that was approved at Trust Board in March 2025 and published shortly after. The strategy contains six strategic aims which are set out below. These meet our public sector equality duty to publish our equality objectives.

Table two EDI strategy strategic aims

Strengthen our approach to EDI	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	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*
	Three: We will **actively address equality** for the people we serve and our colleagues
Recognise Diversity	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	Five: We will ensure inclusive practices with #allofusinmind so that our colleagues feel they belong, are proud to work here and want to stay*
	Six: We will **truly listen** to all our communities and **demonstrate the difference we make** to those we serve

4.2. Streamlining our approach

In early 2025 we recognised the need to streamline our approach to ensuring we meet our statutory responsibilities under the Equality Act 2010 especially the Public Sector Equality Duty, (PSED) and the Health and Social Care Act 2022. These require us to consider equality and involvement at each stage of service delivery including as part of any decision-making process.

The refreshed EDI strategy and focus on improving the use of our resources provided the opportunity to undertake improvements in use of EIAs and EDS2022 as tools for demonstrating and providing assurance evidence towards delivering on our PSED aiming to streamline the processes to aide efficiency and effectiveness. In p[articular, our engagement on the strategy demonstrated that we wanted to strengthen the actions that are taken as a result of the EIAs and therefore the impact we are having. We therefore developed a proposal to follow a quality improvement approach to explore and understand the issues and identify improvement ideas for testing and solutions for adopting.

A Task and Finish group has been established, led by the Equality and Inclusion team and including care groups, quality, nursing, professions, and the People Directorate. This work is drawing on best practice from across the public sector. The group has identified and begun testing solutions to enhance assurance, compliance, and service equity.

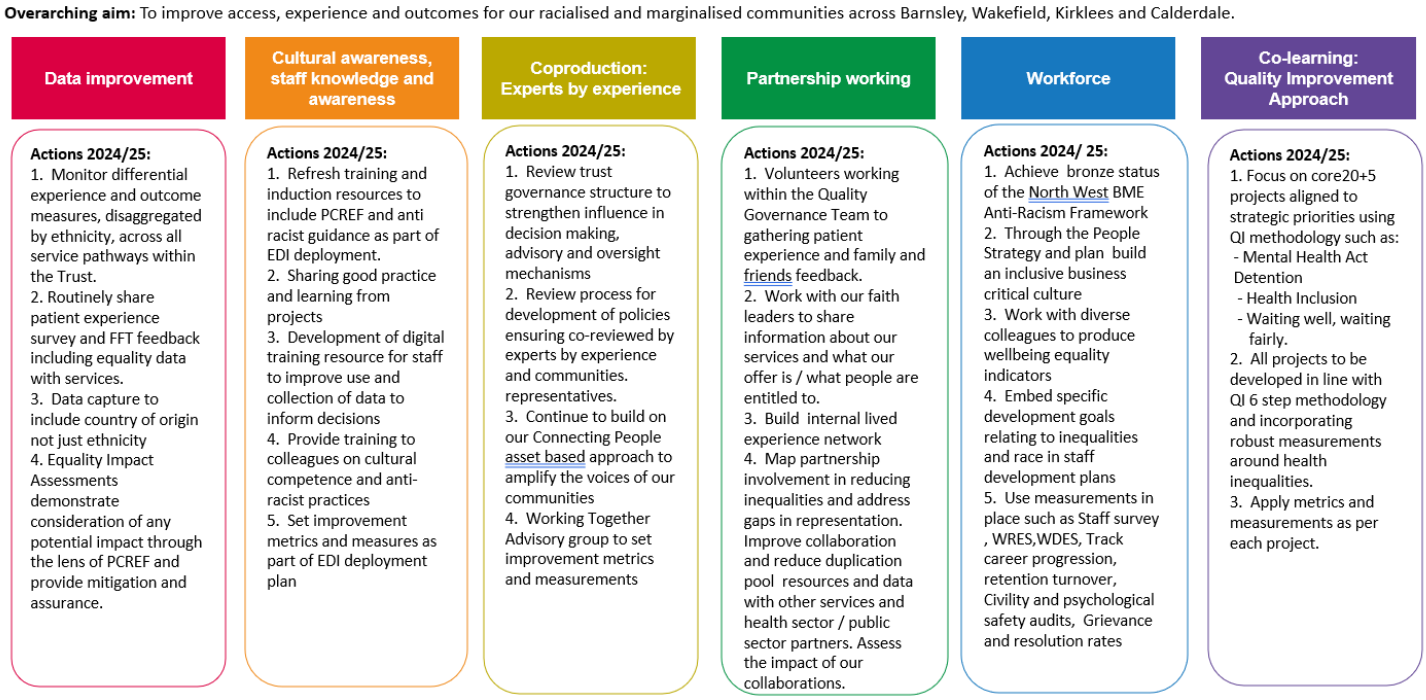
4.3. Patient Carer Race Equality Frameworks (PCREF)

In our EDI strategy PCREF is identified as a key tool for delivery and measuring a meaningful and sustainable shift towards participation and collaboration. This national framework sets the foundations for improvement in our work towards actively involving our service users and carers in decision making, and improving their access, experiences and outcomes. It acts as an anti-racism, race equity and accountability framework, supporting mental health trusts to demonstrate how they are meeting their core legislative requirements and how they can improve the cultural competence of their organisation. The aim of the PCREF programme is to improve access, experience and outcomes for our racialised and marginalised communities including our workforce by:

- Fostering closer working relationships with our racialised and marginalised communities to implement real time and transparent feedback loops
- Ensuring ethnically and culturally diverse patients and carers are treated as equal partners in decision making on their care and treatment plans, and actively involved in the design, development and review of care pathways.

During 24/25 we established this programme of work in the trust. This included the development of an external PCREF advisory group made up of our communities with lived experience or those advocating on behalf of others through the VCSE sector. The group have rated the competencies identified through NHSE from highest importance to lowest importance in their opinions and experiences and this has enabled the coproduction of our PCREF action plan which is set out in figure two below. We have also made sure that we have aligned this work with other existing strands of work, including Culture of Care, Mental Health Detention Act, and Triangle of Care as well as our anti-racism work.

Figure two: PCREF 2025/26 Action Plan



4.4. Culture of Care

Our EDI approach is grounded in the NHSE Culture of Care framework. The Framework originates as the Cultural aspect of the NHSE Inpatient Quality Transformation Programme (QTP) which emphasises the power of Lived Experience, compassion, dignity, and respect in every interaction. Through the programme we are applying an equity principles lens to ensure fairness and inclusion are embedded in decision-making and service improvement processes. This means actively considering the impact of our actions on reducing disparities and ensuring identity does not predict outcomes. The pilot for this is currently on four wards working within a Quality Improvement methodology which aligns with the Trust approach, within the in-Patient system in SWYPTFT.

4.5. Equality Delivery System (EDS 2022)

We completed our EDS 2022 template in January 2025 and published it in February 2025.

The template provided detail on our work in:

- Children and young people mental health services
- Accessible information standard
- Perinatal services

It explained how this work aligned to our equality objectives.

The template was discussed with all our stakeholders and we were graded as **Achieving.**

4.6. Embedding the Anti racism statement and framework

In October 2024, the Trust agreed an anti-racism statement. Our statement can be summarised as:

- We are an anti-racist organisation and will not tolerate any form of racism.
- We have a role in challenging racism and delivering anti-racist practice.
- We acknowledge that racism and inequality exist and there is more we need to do.
- We will listen to the voice of those with lived experience to help our understanding and actions
- We are proud of our diverse workforce and want to actively recruit a workforce reflective of our communities
- We will actively gather and share insight to drive our actions in reducing race disparity

In January 2025 we undertook a self-assessment against the North West BAME Assembly framework and agreed a series of actions to put this statement into effect.

4.7. Carer Confident

Carer Confident is a scheme that supports employers to build a positive and inclusive workplace for all staff who are or will become carers and to make the most of the talents that carers can bring to the workplace. It seeks to recognise employers who achieve this, and to inspire others to follow suit. As a Carer Confident employer we recognise the importance of retaining valued members of staff, reducing absence and unnecessary recruitment costs, and increasing staff resilience, engagement and productivity.

There are three levels under the Carer Confident framework:

Level 1: Active in addressing carer support

Level 2: Accomplished in providing carer support:

Level 3: Ambassador for carer support both internally and externally:

In 24/25 we were achieving level 2 and commenced gathering evidence to support our application for level three.

This application was successful and we became the first NHS Trust in the North to have this accolade.

5. Conclusion and recommendations

This report sets out the headline achievements on our EDI agenda in 2024/5 to ensure that we report on this time period before we align to the new proposed reporting pattern which is in line with the approval of the EDI strategy

Trust Board is asked to

- Receive and note this progress report
- Approve the new proposed reporting approach and timetable